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May, 1980

Jeffrey C. Hume

CHURCH HILL MULTI-CENTER Richmond, Virginia

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Jeffrey C. Hume

A terminal project submitted to the Faculty of the College of Architecture, Clemson University, in partial fulfillment of the requirements for the degree Master of Architecture.

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PROJECT BRIEF

The continued plight of poor communities reflected in the civil rights and other advocacy movements during the 1960's helped to focus attention towards the inadequacy of aid being given to residents of poverty areas in the cities of this nation.

Partly as a result of these developments, public service agencies reevaluated their programs and the delivery of services to people in
these areas. One step taken to increase the efficiency and effectiveness of these agencies was to decentralize their services and locate
offices within communities which contained concentrations of users of
their services.

During this time period, the Church Hill neighborhood along with the City of Richmond, Virginia, undertook a comprehensive study of the Church Hill area in order to arrest the decay of the neighborhood. A final master plan for the area was developed by the Church Hill Planning and Zoning Committee and this was approved by the Richmond City Council in 1972.

The plan was still born however, as the Model Cities Program, under which it was implemented, was terminated that same year. The City and community then decided that a 'Multi-Center' would be the most effective means of meeting the needs of the community since it was no longer possible to fully implement the entire master plan. This 'Multi-Center' would bring, under one roof, many of the agencies and services which

were needed to provide the necessary aid to the community. Funds were then acquired through federal, state and city agencies for the construction and maintenance of such a facility.

The goal of this project is to develop a design proposal for a multipurpose community facility along the lines outlined by the Church Hill Model Neighborhood Area Master Plan in accordance with the needs of both community and publicly provided programs.

COMMUNITY

During the 1960's, past attempts at revitalizing poor and decaying neighborhoods were assessed. Because previous methods of providing health and social services, and community planning for these areas were thought to be inadequate, new approaches were developed.

Prior to the 1960's health and social services were centralized in the City's core. Health care and social services for the disadvantaged were available at large, impersonal clinics and offices which were inconveniently located for many poor city dwellers.

This centralized concept came under criticism when it appeared that the capability of residents of decaying neighborhoods to procure health and social services was not improving. It appeared that a subtle screening was occurring because the centralized location and bureaucratic character of the services kept many people away. City hospitals' emergency rooms were becoming overloaded as they became the primary health care facility for many residents. The extent of services provided were seen as inadequate also. Welfare professionals sensed that simple monetary assistance (such as welfare, food stamps, etc.) was not sufficient to overcome poverty conditions without the availability of aid in the form of services.

The 1960's was a time of renewed interest in civil rights and in the concepts of neighborhood and community. The emerging approach to health and social services reflected this attitude. It was felt that the decentralization of public services into communities would help improve access to those services by those served. This would, in turn, increase the

efficiency and effectiveness of those agencies because of the increased use of the services by the residents and the improved ability of the agencies to follow up and more accurately evaluate the effect of their efforts on the community. It was also anticipated that many residents of the community would be employed by these agencies to decrease unemployment and increase policy making tuned to the needs of the community.

To further enhance the effectiveness of the community services, a 'one-stop' capability for area residents to procure services of many disparate agencies both public and private was proposed. Prior to this, many organizations had located small 'store-front' operations scattered through the neighborhood. This one-stop facility would act as the middleman to help the neighborhood residents take advantage of services from several autonomous and previously uncoordinated agencies.

Past community planning proposals appeared to be unsympathetic to the inhabitants of inner city neighborhoods and ineffective towards achieving long term improvement in these areas. Inner city neighborhoods continued to deteriorate. Middle and upper income groups were leaving inner city neighborhoods because of worsening living conditions and decreasing opportunities for employment. Doctors, lawyers and businesses also moved out of these neighborhoods to locate closer to their preferred clients.

To help reverse this trend, the Johnson Administration developed the Model Cities Program. This was to be a five year demonstration program to be

administered by the then newly formed Department of Housing and Urban Development. Congress passed legislation to enact the Model Cities Program in October, 1966.

The main idea behind the Model Cities Program was to concentrate large sums of federal money in special slum neighborhoods where intensive community participation could be directed at a comprehensive rehabilitation effort. This was meant to effect a change in the total environment through improved schools, parks and community services while maintaining the residential character of the neighborhood. This program was specifically aimed at residential areas, with business and commercial districts to be provided for separately. Cities were required to initiate their own rehabilitation plans in order to become eligible for a Model Cities Grant which would then fund the means of implementing the plans.

BICHMOND)

DESCRIPTION

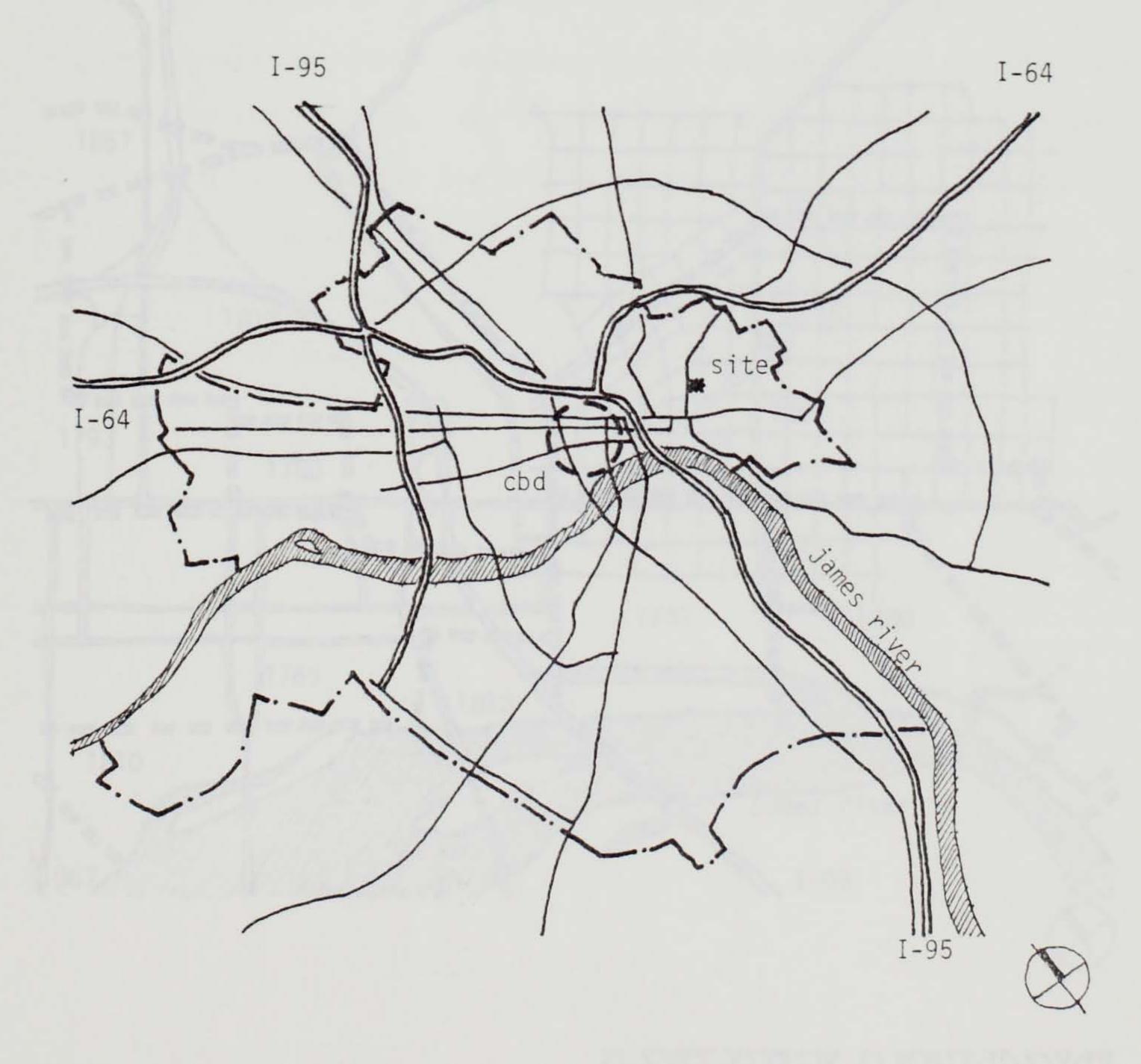
Richmond, the Virginia State Capitol, has approximately 250,000 residents and is the second largest city in Virginia. It is located on the James River about one hundred miles south of Washington, D.C. Richmond's chief industries are chemicals and tobacco. The headquarters for the Phillip Morris Tobacco Company and the Reynolds Metal Company are located here.

Settlers first came to Richmond, at the falls of the James River, from Jamestown in 1607. The first permanent settlement, established in 1644, became a trading center for points being settled to the west. Land in the area was owned by William Byrd I who established the area's first trading post. His son William Byrd II laid out the town of Richmond in 1742.

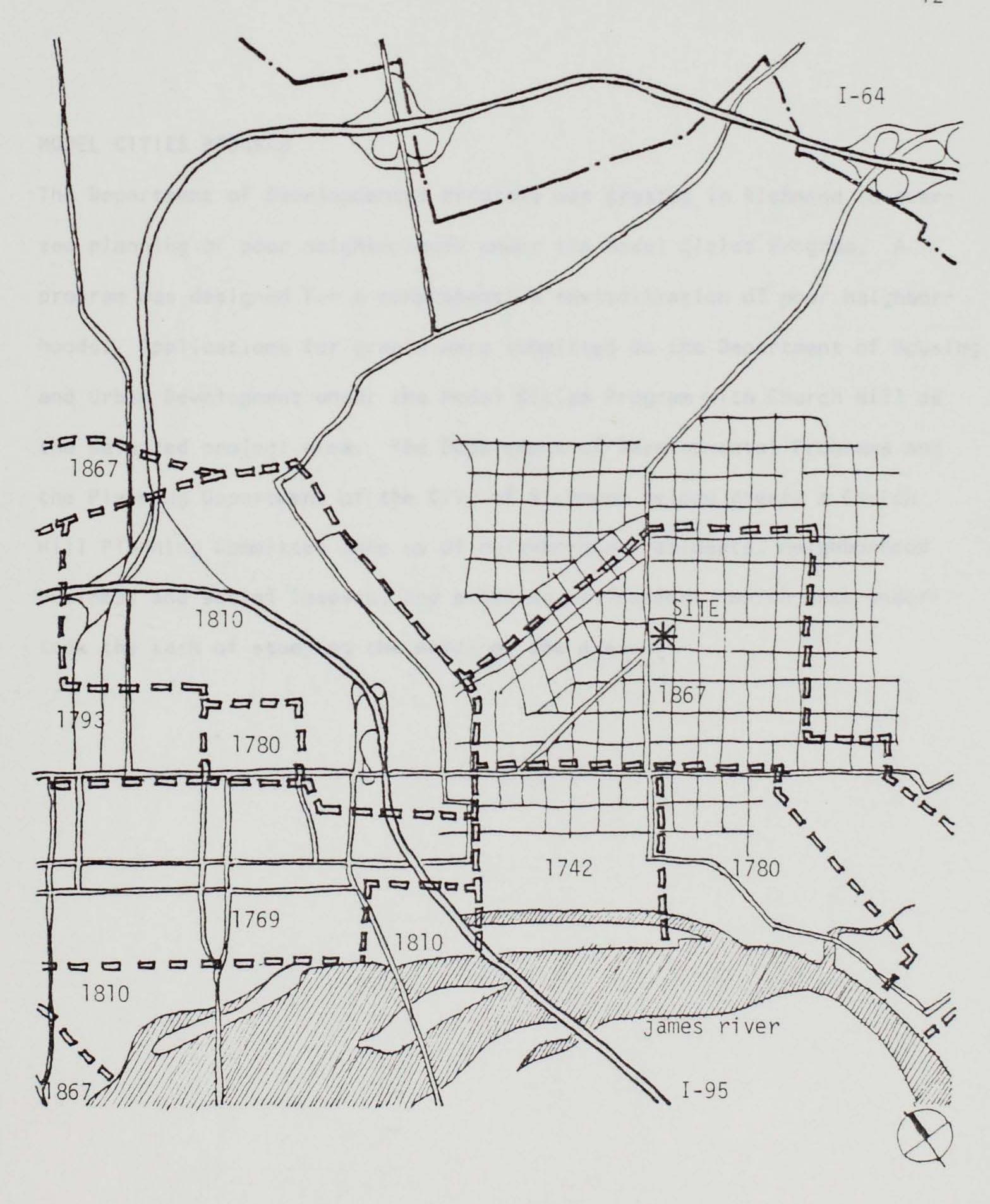
Richmond became Virginia's capitol in 1779 when it was moved from the City of Williamsburg. Richmond was also the capitol of the Confederate States of America during the Civil War. Although the city was burned at the conclusion of the war in 1865, it was quickly rebuilt and became a major trade center with canals, railroad lines and a deepwater terminal connecting it to the Atlantic Ocean, to cities north and south, and points west.

Present day Richmond is expanding rapidly due to its location on major transportation routes and its close proximity to the recreational areas of the Atlantic Ocean and the Blue Ridge Mountains. The city's retail industry attracts people from forty counties and ten cities. Richmond

is Virginia's education and cultural center with eight institutions of higher learning, the Virginia Museum of Fine Arts, and many independent art galleries and arts organizations. The city's population is slightly surpassed by the two surrounding counties which give the metropolitan area a population of approximately 600,000. These neighboring counties are growing rapidly and have drawn many residents away from the city. This movement to the suburbs has left some of Richmond's older neighborhoods with poor and struggling populations and without the services they need to renew themselves.



BICH MOND



ANNEXATIONS CITY GIROWIII

MODEL CITIES PROGRAM

The Department of Developmental Programs was created in Richmond to oversee planning of poor neighborhoods under the Model Cities Program. A program was designed for a comprehensive revitalization of poor neighborhoods. Applications for grants were submitted to the Department of Housing and Urban Development under the Model Cities Program with Church Hill as the selected project area. The Department of Developmental Programs and the Planning Department of the City of Richmond helped create a Church Hill Planning Committee made up of neighborhood residents, neighborhood business and social leaders, and planning professions, which then undertook the task of studying the needs of the area.

CHURCH HILL

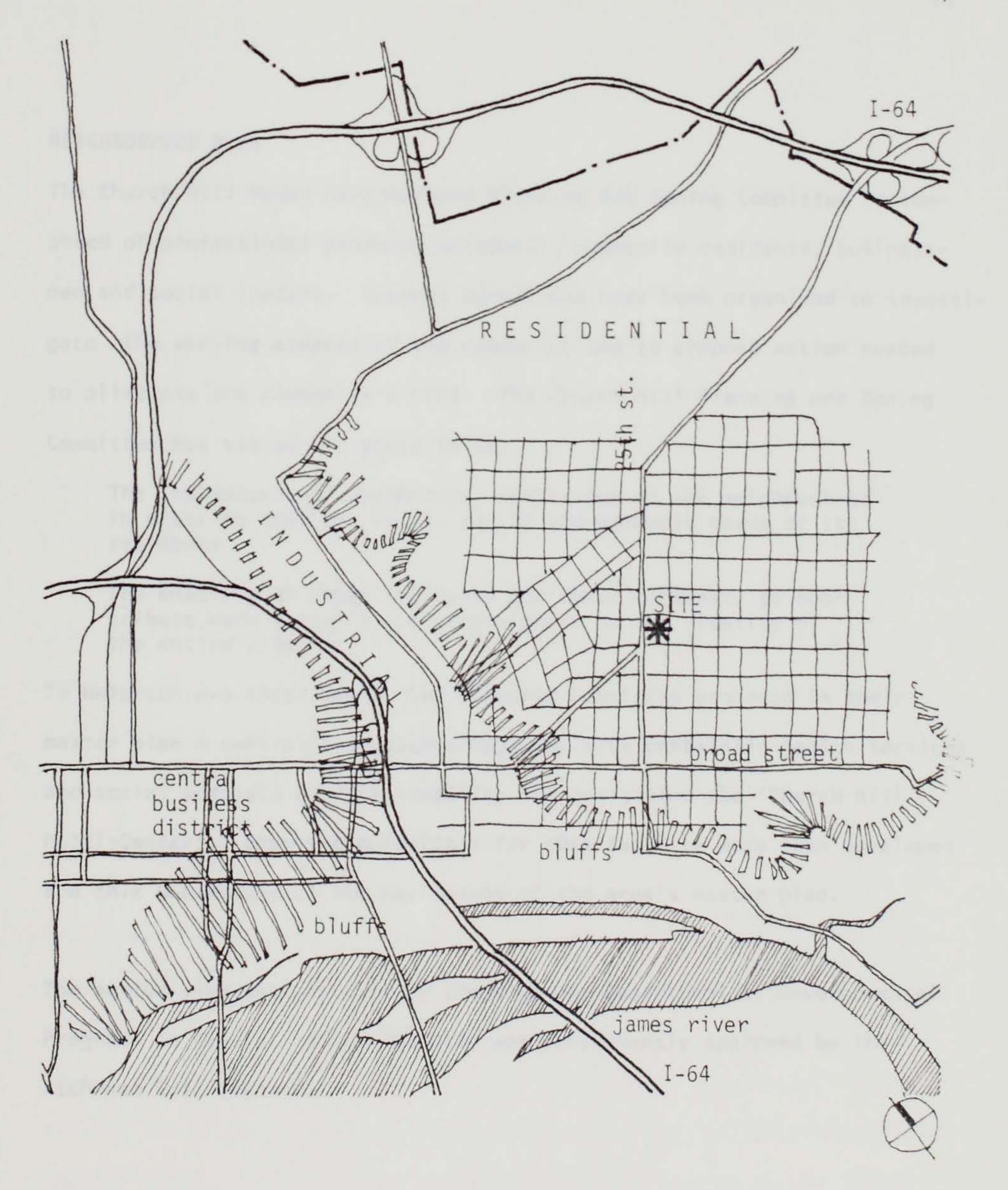
DESCRIPTION

The Church Hill planning area is made up of many small residential communities which have blended together through outward growth. The southern most part of the planning area, located on bluffs overlooking the James River and downtown Richmond, is the oldest section. This was the site of the original City of Richmond, first surveyed in 1737 by William Byrd II, and incorporated in 1742. Saint John's Church, where Patrick Henry delivered his 'Liberty or Death' speech, is located here and gave the area its name, 'Church Hill'. Sections of the area to the west of this were annexed by the City in 1769 and 1810. In 1780, a large area to the east was annexed followed nearly a century later, in 1867, by a large area to the north. Areas along the north and east boundaries of the planning area were not heavily populated until the 1930's. Increased development in other portions occurred during World War II.

Over the past twenty years, the population make-up of Church Hill has changed from a 50 percent black community to one that is almost totally black. This is due to the westward growth of the City and the outward migration of mainly white residents. The income-producing segment of the population, both black and white, has moved to the new areas and has been replaced by a more transient and disadvantaged population.

Some of the Church Hill area's residential character has been destroyed by early public housing projects. This, coupled with social and economic changes in the community, have resulted in a high crime rate, increased dependence on welfare, and physical and economic decay.

Recently, the immediate Church Hill area which constituted the original City of Richmond was designated a historical district and considerable revitalization is now occurring there. So far this has had little effect on the remainder of the area. Proposals have been developed to preserve the physical character of the overall Church Hill area, but these have yet to emerge.



CHURCH HILL

NEIGHBORHOOD PLAN

The Church Hill Model Neighborhood Planning and Zoning Committee is composed of professional planning personnel, community residents, businessmen and social leaders. Several committees have been organized to investigate the varying aspects of the community and to propose action needed to alleviate the community's ills. The Church Hill Planning and Zoning Committee has stated its goals to be:

The improvement of the physical conditions of the neighborhood in order to meet the human, social and economic needs of its residents

The enabling of those residents and their community to contribute both socially and economically to the vitality of the entire city.

To help achieve these goals, the Planning Committee proposed in their master plan a centralized neighborhood facility containing health services and social services for the community and designated the 'Church Hill Multi-Center'. Specific guidelines for this facility were then developed and this became one of the key issues of the area's master plan.

The master plan was endorsed by the Richmond Department of Developmental Programs in August, 1972. The plan was subsequently approved by the Richmond City Council.

MULTI-CENTER MULTI-CENTER

In the 'First Action Year' of the Church Hill Model Neighborhood Area Master Plan provisions for a community service center were outlined. This was a response to a commitment by the City and neighborhood to deal with the problems of poverty facing the community. One of the major planning objectives was to create a new image for Church Hill by locating a high activity facility such as the Multi-Center in the area to encourage and create a 'total community'. The proposal for the center included services in the areas of health, welfare, education, recreation, crime and delinquency prevention, parent-child care and development, economic development and housing development. The proposal also recommended a site that was a familiar place in the community, that would not conflict with other special use areas, and would aid in linking activities within a half-mile radius. Activities which would emphasize continued community participation were also encouraged.

The Model Cities five year demonstration program came to an end in 1972 and federal funds for proposed projects of model neighborhood plans were no longer available through the Model Cities Program. This did not mean that funds for neighborhood improvement had stopped completely. Other federal and state programs provide assistance to poor neighborhoods on a smaller scale. Funds for the construction and operation of the Multi-Center were attained through these programs. Due to the reduced federal assistance, services at the Multi-Center will be provided through existing City agencies.

Health services will be provided by a new city health clinic which had been proposed for the neighborhood prior to the model cities study. The remaining services will be supplied by a variety of public and private agencies selected and coordinated by the Department of Developmental Programs. Management of these services is divided. The health services will be managed by the City Health Department while the social services will be managed by the City's Department of Developmental Programs. A neighborhood welfare office will be incorporated into the Multi-Center and will be managed independently by the City and State Welfare Department.

CASE STUDIES

HARRIET TUBMAN HOUSE Boston, Massachusetts

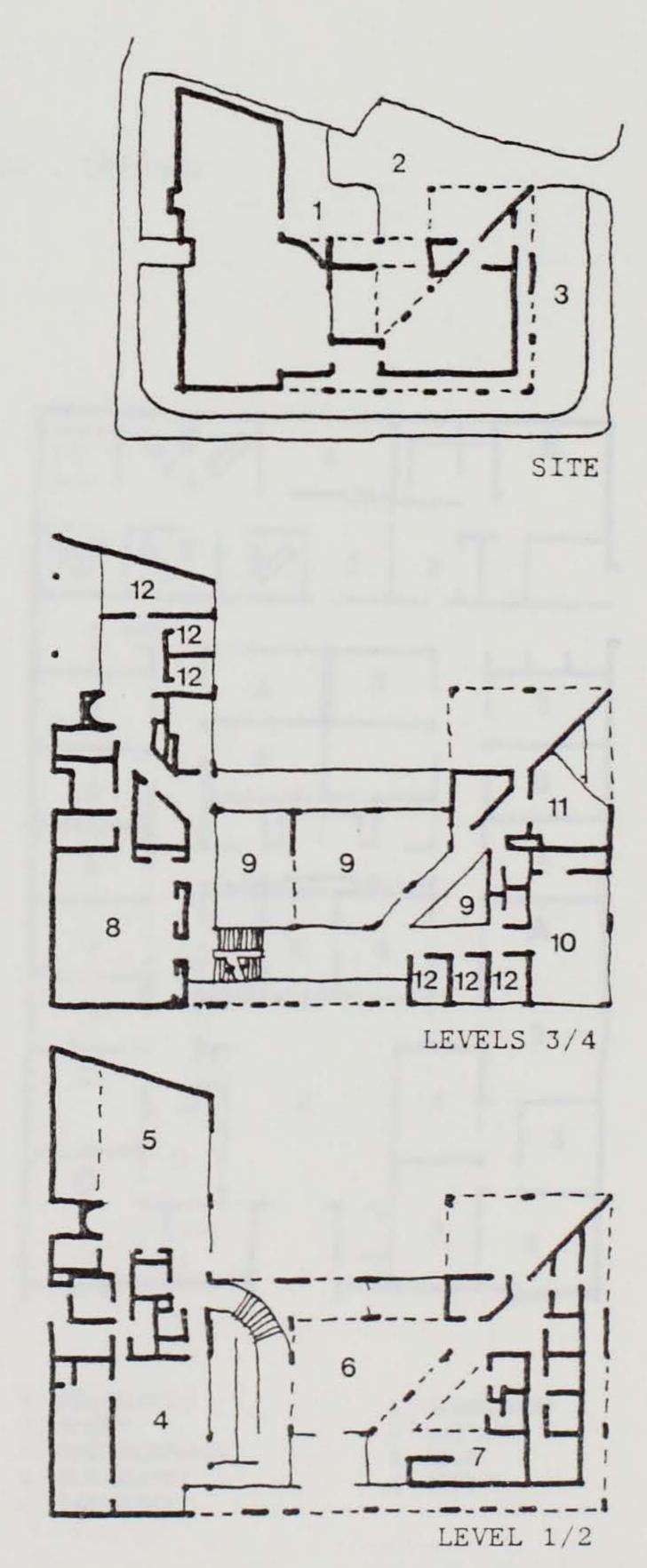
Stull Associates, Boston 1976

Functions:

The Harriet Tubman House houses a variety of service organizations and is operated by the United South End Settlements Organization. It contains a senior citizen cafeteria, day care programs as well as meeting rooms and offices.

Architectural Elements:

There are six half story levels composed around a central, open, skylit space with an open stair connecting the levels. This central space, besides acting as the entry to the building, is also used for a variety of activities. The building is sited to maintain the urban street front with parking and play areas at the rear, screened from street noise and activity.



- 1 PLAY AREA
- 2 PARKING
- 3 SIDEWALK PARK
- 4 CAFETERIA
- 5 DAYCARE
- 6 EXHIBITION
- 7 ELDERLY LOUNGE
- 8 MULTI-PURPOSE
- 9 OPEN
- 10 GAMES
- 11 CLUB ROOM
- 12 OFFICE

THE SOUTHWEST SIDE MEDICAL CENTER Chicago, Illinois

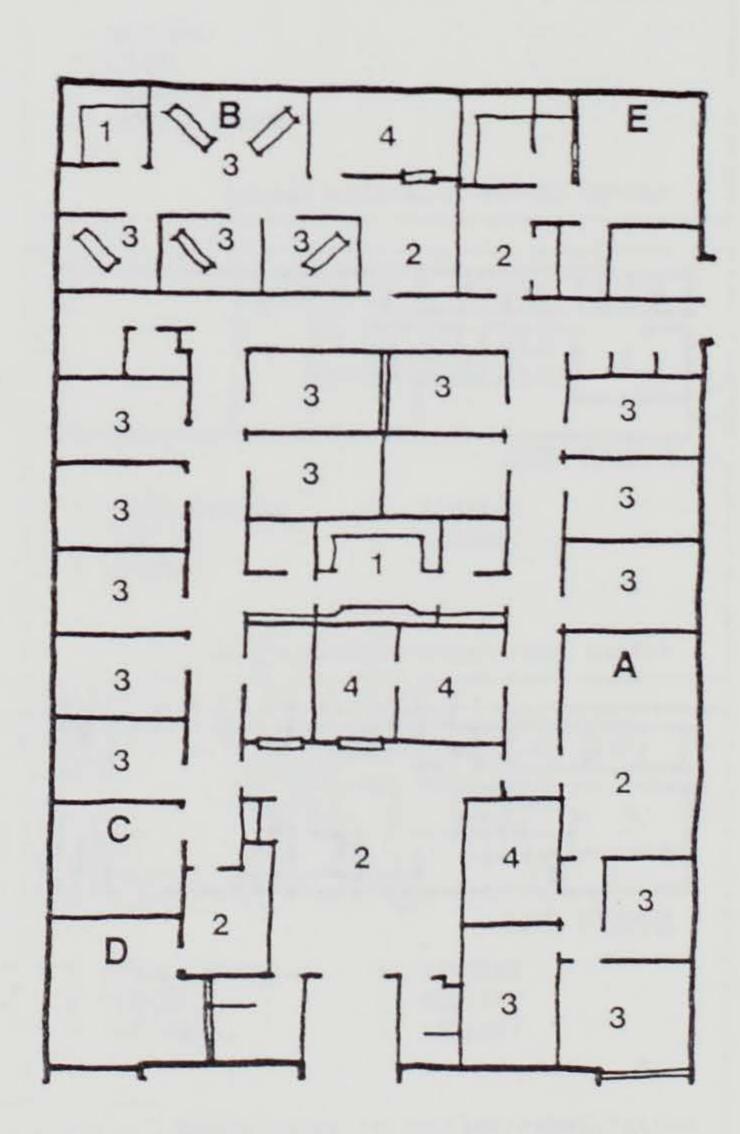
Bernheim Kahn and Lozano Architects, Ltd., Chicago 1976

Functions:

This facility is a neighbor-hood outpatient clinic linked with Mount Sinai Hospital Medical Center. Its services include Psychiatry, Obstetrics and Gynecology, General Practice, Ophthalmology and Dentistry. X-ray and laboratory services are also included. Seventy medical staff, members of the Sinai Medical Group, come from the medical center and rotate shifts between the medical center and the clinic.

Architectural Elements:

The clinic is a single story building, fitting in with the low rise residential community. There is one large waiting space for the basic services with separate waiting areas for the pediatrics, radiology, psychiatry and dental departments.



- A PEDIATRICS
- B DENTAL
- C OPHTHALMOLOGY
- D PSYCHIATRY
- E RADIOLOGY
- 1 LABORATORY
- 2 WAITING
- 3 EXAM
- 4 OFFICE

SHIELDFIELD HEALTH AND SOCIAL SERVICES CENTER Newcastle upon Tyne, Great Britain

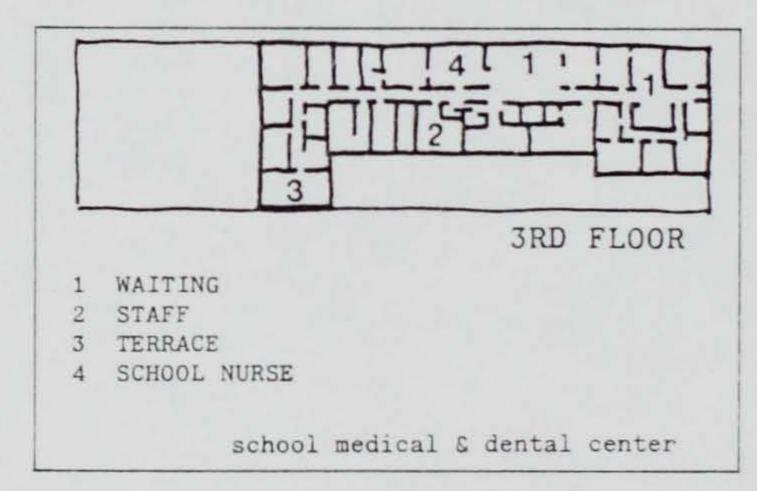
City Housing Architect's Office 1973

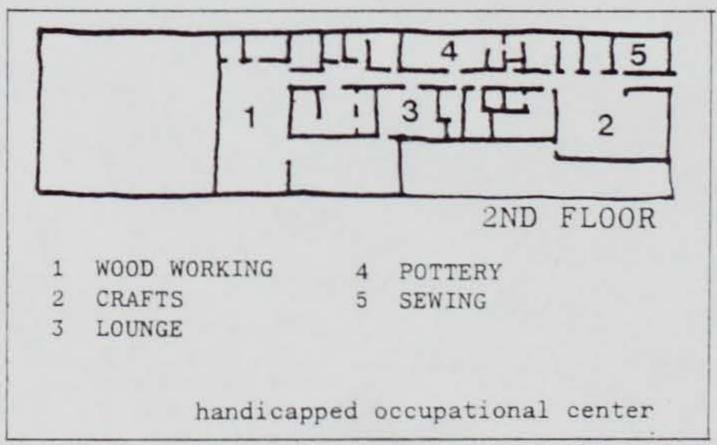
Functions:

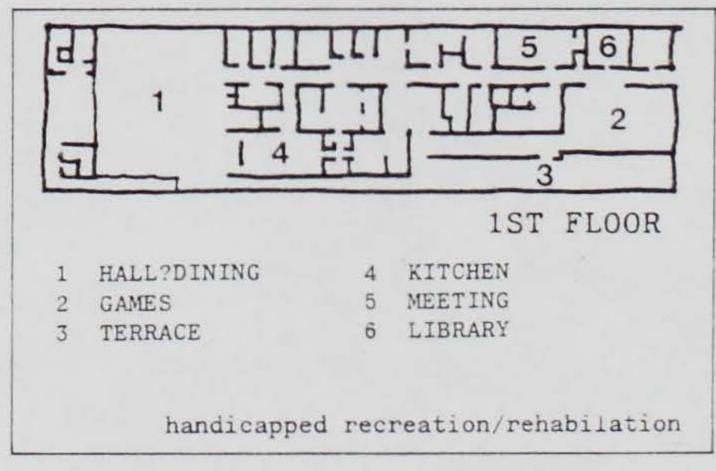
This large multi-story facility contains a day nursery, a health center, recreation and rehabilitation facilities, an occupational center and a school medical and dental clinic. Staff for the various departments can exchange ideas, information and patients. Clients have the advantage of obtaining a wider variety of services than is normally available under one roof.

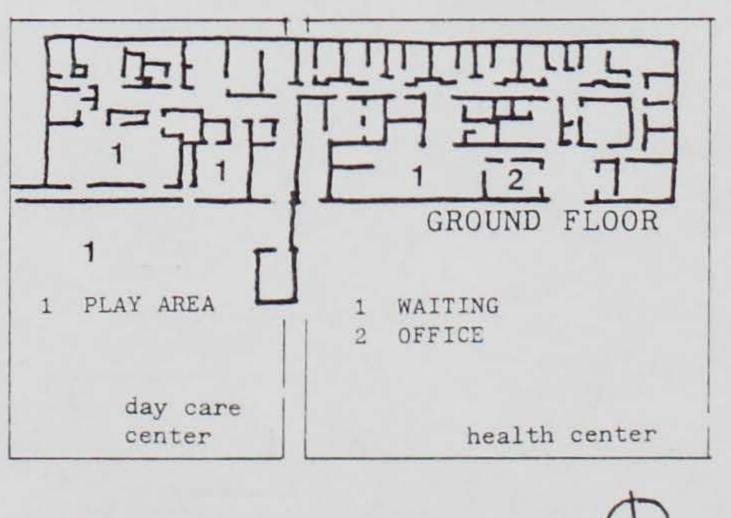
Architectural Elements:

Functions are zoned vertically on five separate levels. Parking occupies the lowest level which is above grade on the street side only. Pedestrian entrances are on the second level on the opposite side. The multi-level facility reflects the scale of the medium and high rise neighborhood and maintains the street front. Play spaces are on the pedestrian side, away from the street. Rooms on each level are arranged around a central service core.











SITI

SELECTION

The dominant criteria established by the City of Richmond's Department of Planning and Community Development and the Church Hill Planning and Zoning Committee for the selection of a site for the neighborhood Multi-Center were maximum accessibility for the users and proper fit in the community.

The site should be accessible to as many people in the community as possible; preferably, it would be centrally located and near public transportation routes. If possible, it should also be near existing and proposed school areas and other neighborhood activity areas, existing and proposed. Caution should also be taken that physical or psychological barriers such as rivers, expressways or non-conforming uses, between the facility and the users should be avoided.

To insure a proper fit within the community, the facility should be located in an area familiar to residents. Activities around the site should conform and be compatible with the function of the center. Since the planning program would not provide for outdoor recreation space, the center would benefit from a location near a community park or playground. The site should also be one which would minimize the relocation of community residents.

DESCRIPTION

A single city block located in a residential area at the center of the Church Hill community was selected by the planning committee. It is bounded by streets with mixed residential and commercial uses. Three public bus routes and two major traffic arteries converge at its western corner. Approaches to the site from downtown Richmond and from the historic district are uphill, thus enhancing the presence of the site within the community.

The site occupies a familiar location in the community because it is situated near many existing neighborhood activities and circulation paths.

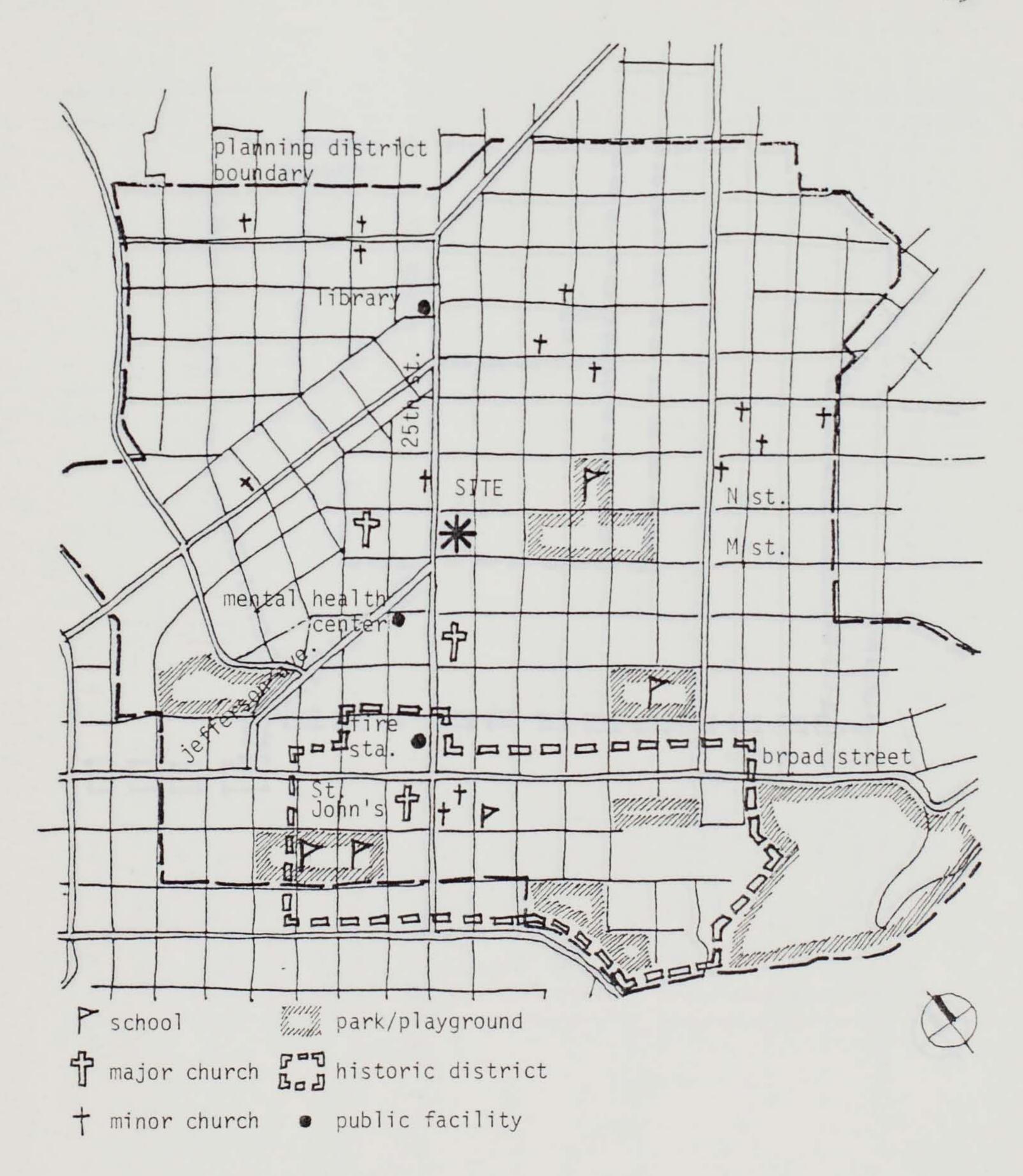
Within a half-mile radius of the site are two elementary schools, the Church Hill Mental Health Center, a large vacant area to be developed into a community playground, several of the community's major churches including St. John's Church, a branch library, and two small supermarkets.

The site is bounded on the northwest side by 25th Street, a busy neighborhood street with mixed commercial, residential and public use. This street also links Church Hill to areas beyond the neighborhood to the north and to the historic district to the south. The other three sides of the site are bounded by smaller streets used primarily for access to points within the community. Jefferson Avenue, terminating at the site's west corner, lies at nearly a 45° angle to the dominant street grid of Church Hill. Mixed commercial and residential uses lie along Jefferson

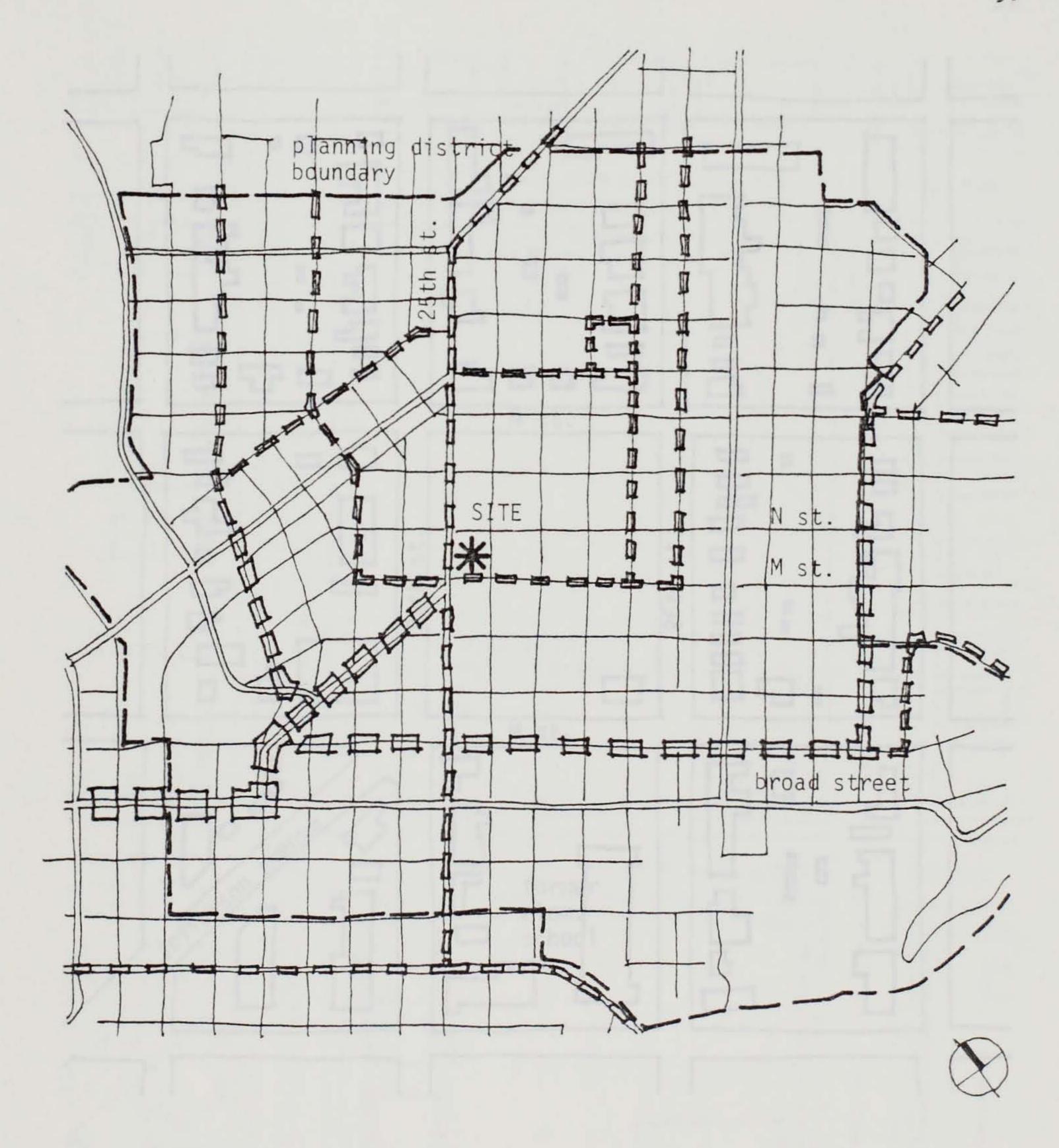
Avenue which also serves as a primary link to Richmond's downtown, less than a mile away. It also serves to connect downtown Richmond to points north and east of Church Hill.

Residences fronting the site are mostly single family townhouses. These frame structures range from very poor condition along N Street to fair and good condition along 25th and 26th Streets. The former Bowler Elementary School is located across M Street from the site; and is, presently, the headquarters for the Richmond Community Action Program Offices.

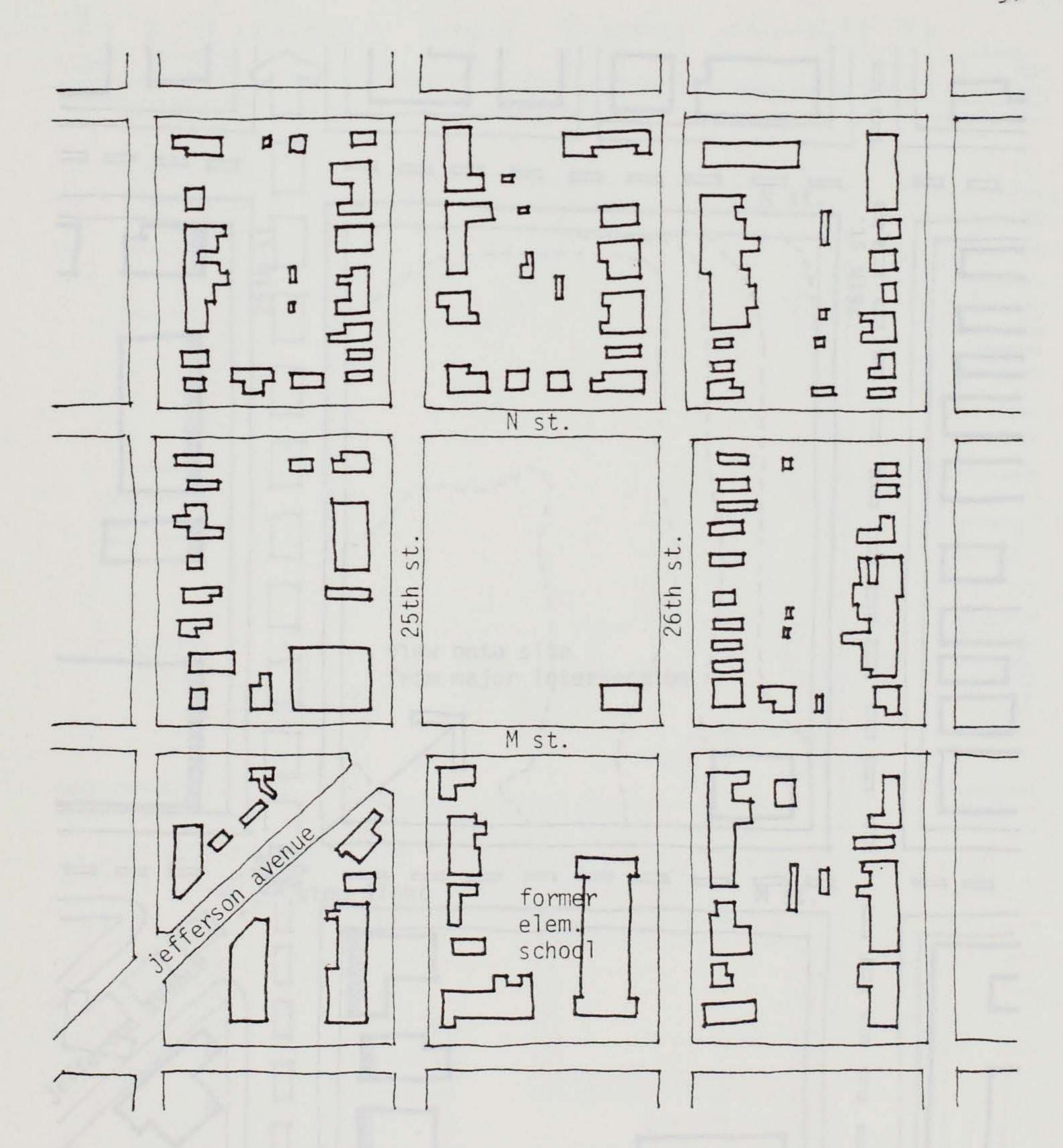
Residences of similar character to those in the adjoining blocks have been cleared from the site, which is now vacant, except for a small two-story brick building on its south corner. Formerly a church, this building serves as a minor landmark within the immediate community. No vegetation exists on the site although most of the yards facing the site are landscaped and a few trees remain standing along sidewalks across from the site. The land slopes upward from the west corner to the east corner of the site giving a 10-foot elevation difference between these points. Bus stops are located at the west corner of the site. These public bus routes loop through most of the Church Hill community and connect with other bus lines in downtown Richmond. One bus line continues through Church Hill to a community to the east.



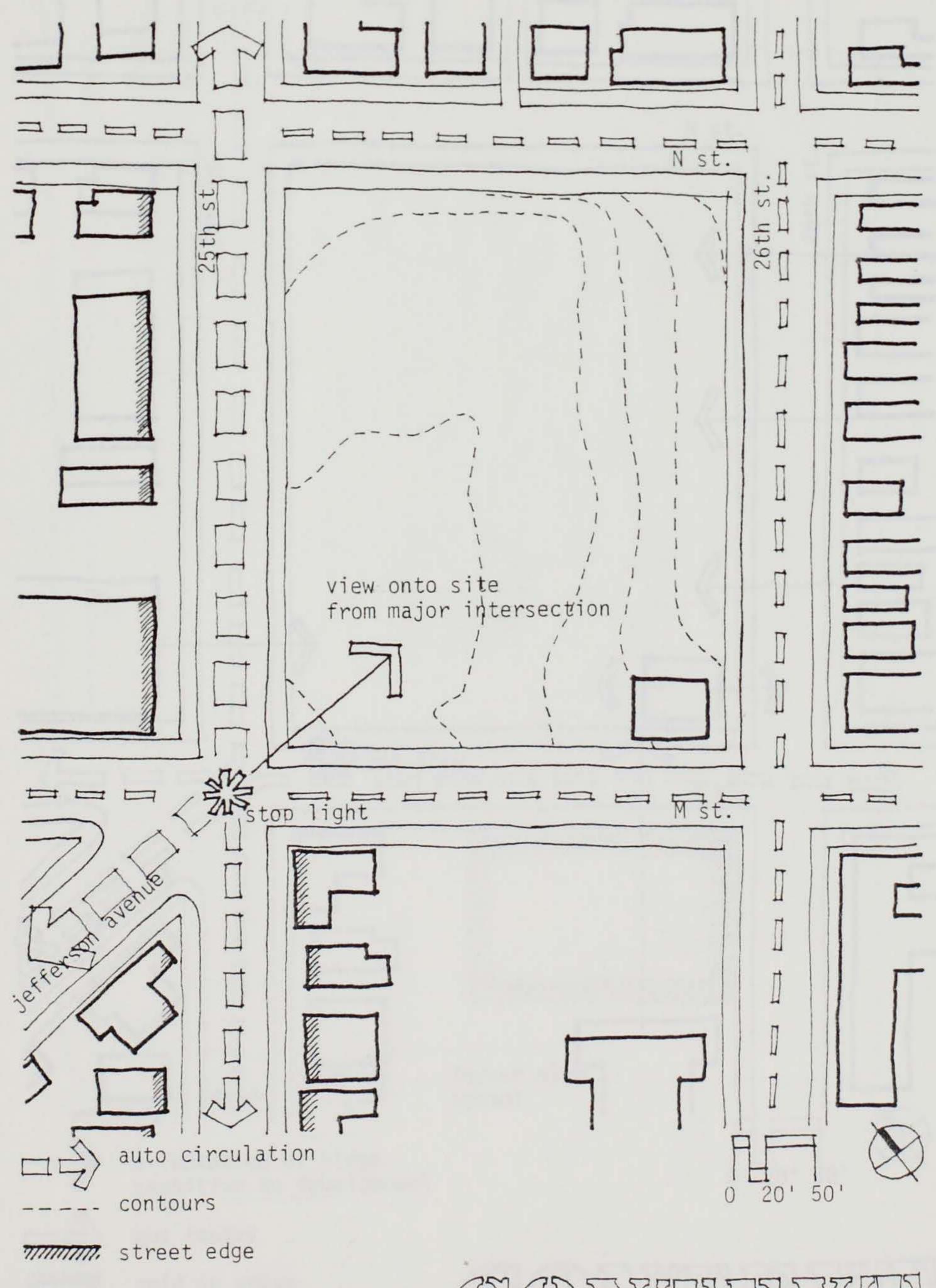
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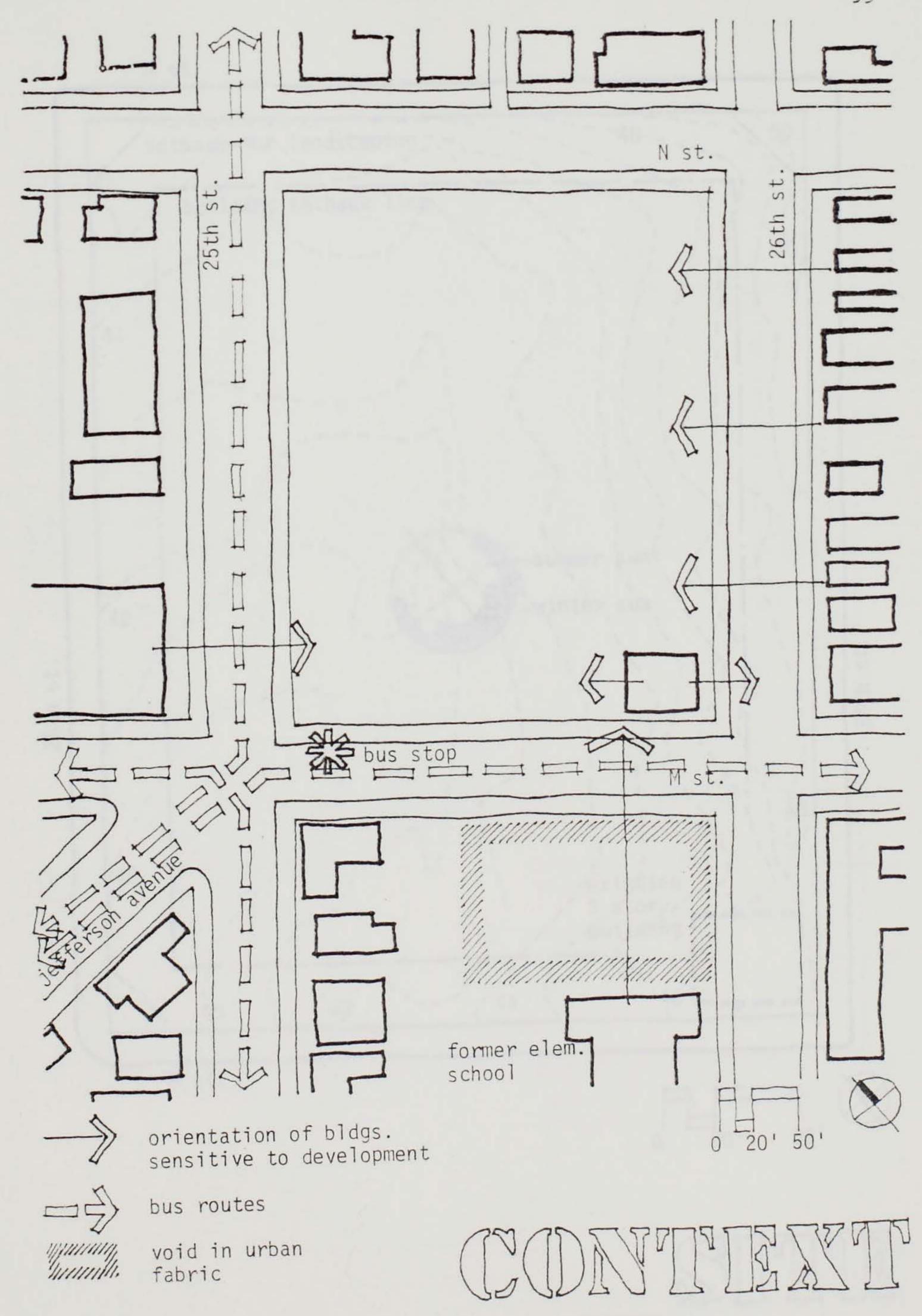
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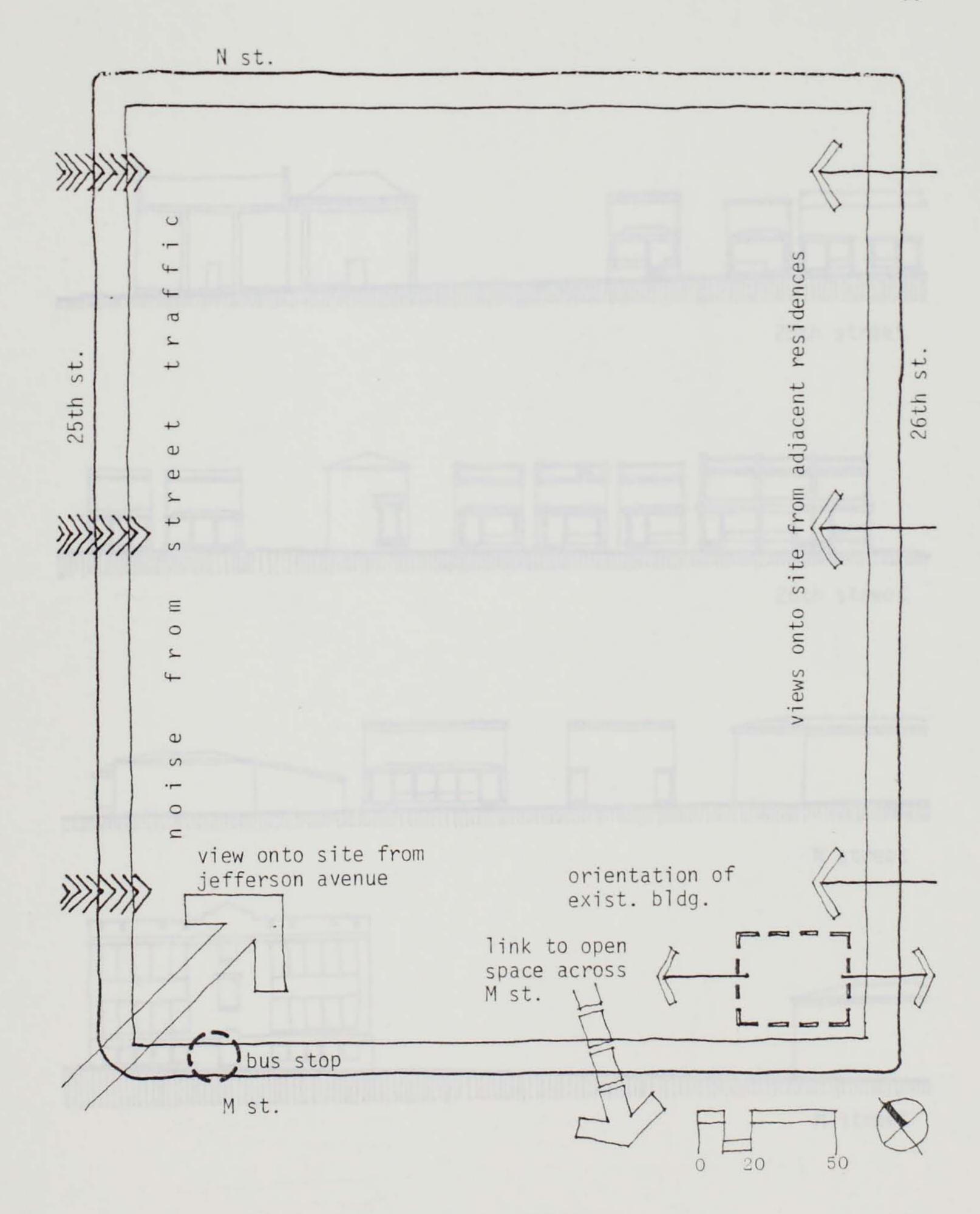


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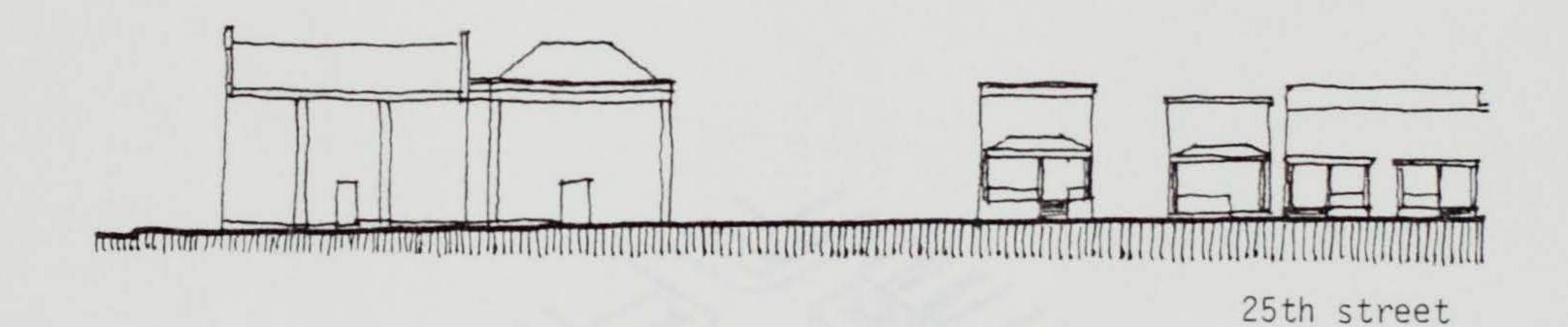


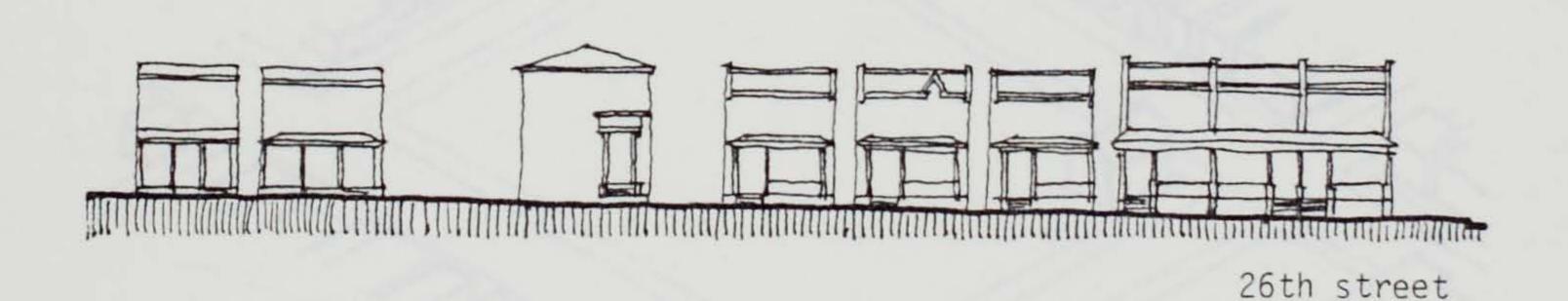
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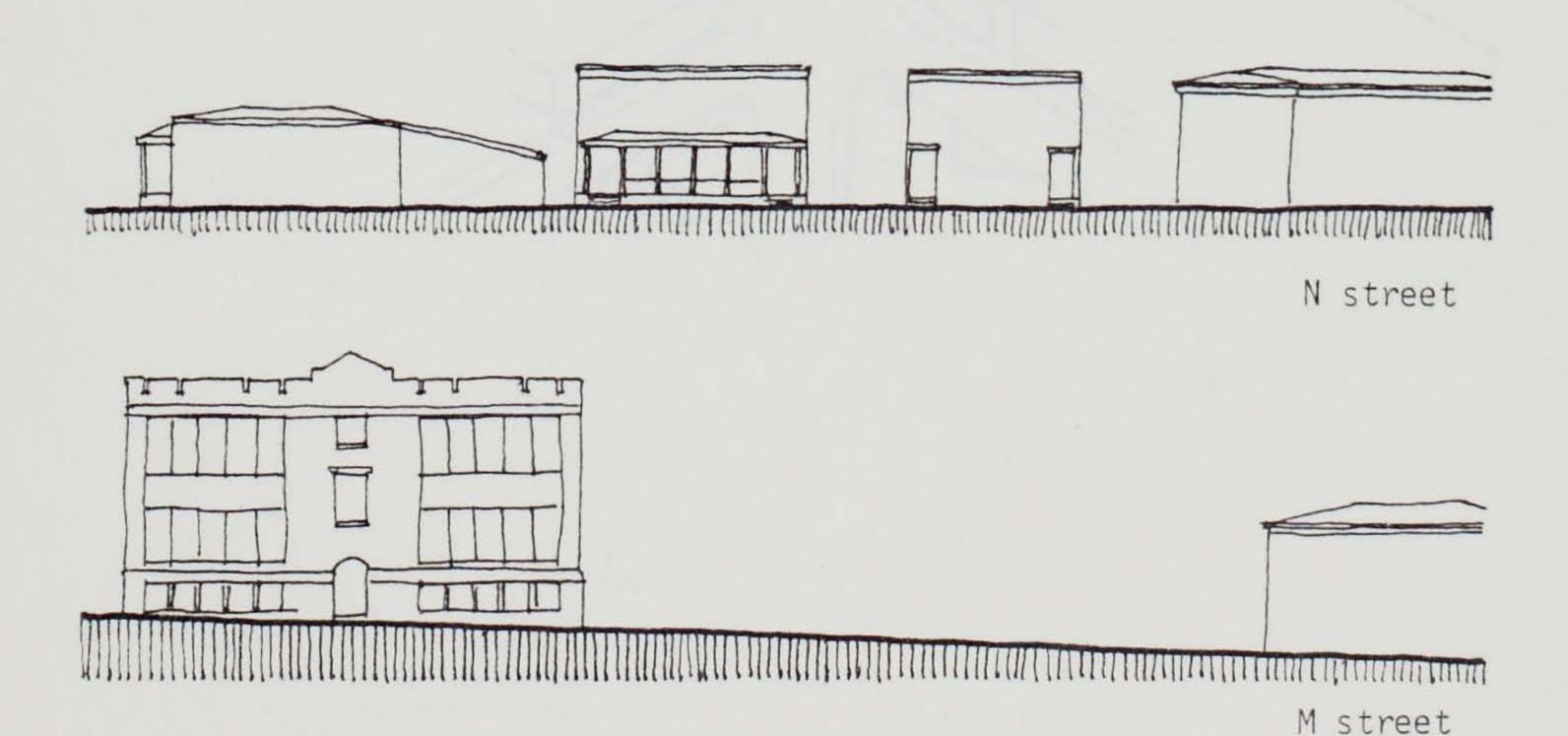
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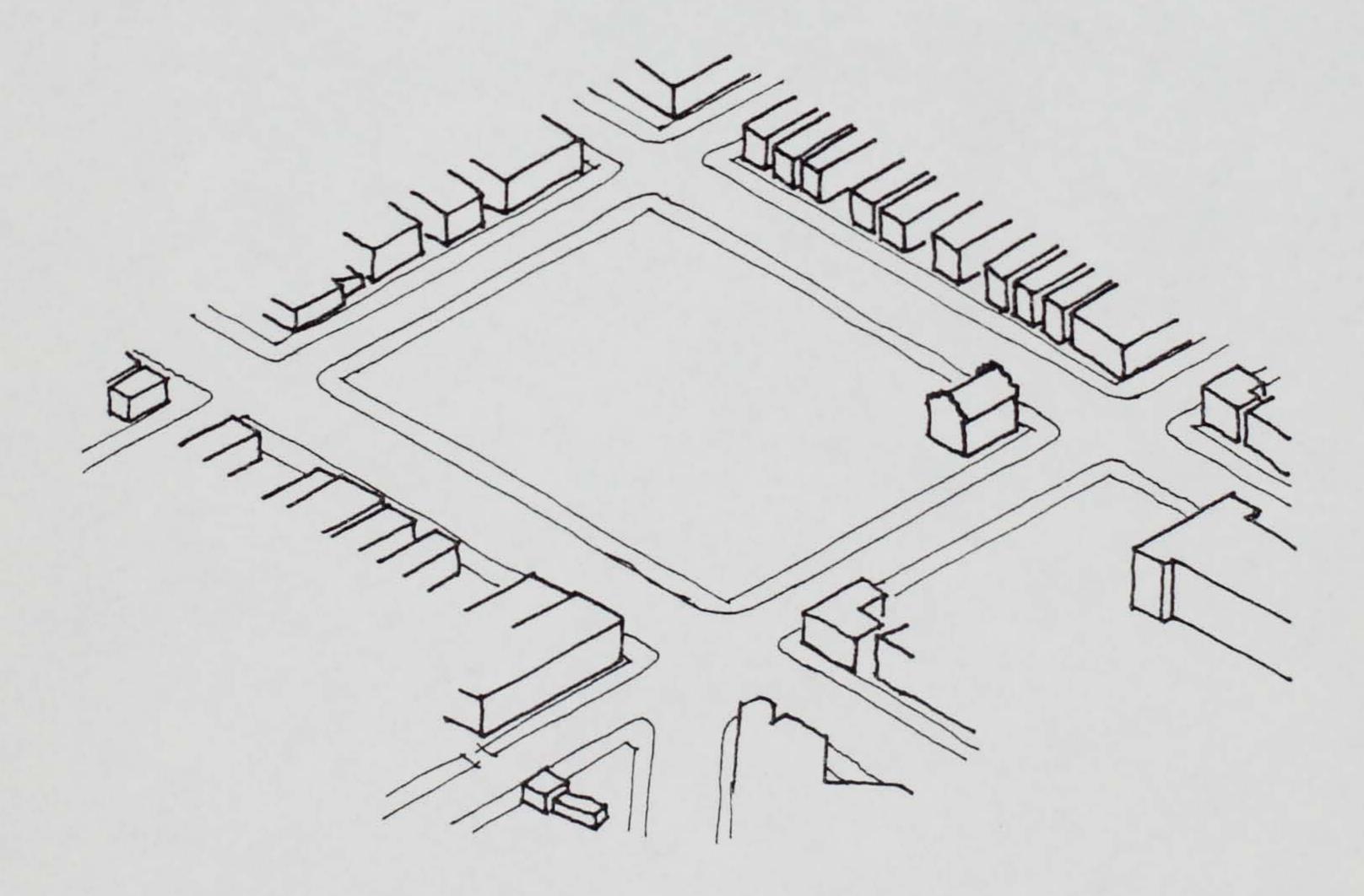
SITI







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PROBRAM

ACTIVITIES

The Multi-Center will contain a wide variety of services enabling residents to meet fundamental human needs and to become more self sufficient, thus insuring the continuing and long term improvement and growth of Church Hill. Though many of these services function independently, the Multi-Center's purpose is to bring them together to make them available to the entire community to insure their most effective use. Services at the Multi-Center are divided into two components: Health Services and Community Services. The Health Services provide for the treatment of illness and emphasize maintenance of good health and prevention of illness. The Community Services encompass a broad spectrum involving services in safety, education, recreation, employment and include social and cultural activities.

HEALTH SERVICES

Health services at the Church Hill Multi-Center are under the jurisdiction of the Richmond Department of Health, which also maintains five
similar facilities around the city. Certain health services are provided under federal programs and administered by the city health
department. The health services will be available to the public from
8:30 AM to 5:00 PM, Monday through Friday. Dental and x-ray services
will only be available at certain times during the week due to budget
constraints and the current low demand for these services.

A wide range of health care will be provided under the health services. These will include diagnosis and treatment of disease, dental care, prenatal and post-natal care, nutrition and health education. They will be available to any walk-in patient, children up to five years of age, the elderly, and maternity patients.

Fees for all health services must be paid in advance. For those with low incomes the fees may be paid in part or waived completely, depending on a person's income. Partial payment of fees is determined in an interview with the health care staff.

The staff of physicians for the health services will come from area hospitals. Doctors will work one to two four hour shifts per week at the clinic. Staff members such as nurses, other professionals, clerical and administrative personnel will be full time employees of the Health Department. Staff for specially funded programs will work at the clinic as their programs and funds dictate.

COMMUNITY SERVICES

Community services will be provided by a variety of service organizations which are coordinated by the Richmond Department of Developmental Programs. The scope of these services is constantly evaluated by the Department of Developmental Programs so that new services may be added to reflect the growth of the community. Community services will be open from 8:30 AM until 5:00 PM Monday through Saturday. Operating hours of some service organizations may vary during this period depending upon individual service programs.

The community services will provide aid to a large segment of the Church Hill population. These services will include aid in the areas of recreation, education, safety, rehabilitation, employment, financial aid, and aid to senior citizens. All services will be provided free of charge, though eligibility requirements must be met to receive certain services.

Offices for each service organization will be staffed, financed and managed by the individual organization. The Department of Developmental Programs will provide staff for coordinating and updating the services and maintenance of the facilities.

HEALTH CARE

Health service facilities will be made up of three components: Administration, Examination, and Supplemental Services.

The administrative component will have management oriented and client oriented divisions. The management division will oversee the operations of the health services and will contain offices, a conference room, staff lounge and toilets. The client oriented division will match services with a client's needs and will contain reception and waiting areas, toilets, intake offices and a record storage area.

The examination component will consist of general examination, nursing examination, dental examination and support areas. The general exam area, the heart of the health services, will provide diagnosis and treatment for illnesses and will contain twelve examination rooms.

General health services not requiring the attention of a physician, such as innoculations and blood testing, will be provided at the nursing examination area. This area will consist of an office, waiting area, four examination rooms and a laboratory. Dental care will be provided in the dental examination area which will consist of an office, waiting area, four examination rooms and a laboratory. The support area will be made up of a pharmacy, an x-ray suite, a laboratory, work rooms and toilets. As community needs change, the examination areas may be modified to accommodate new or enlarged services.

Additional health care services will be provided through the supplemental services to encourage maintenance of proper health in order to prevent

illness. Functions of this component include providing nutritional foods to needy maternity patients, referrals to obtain specialized health care, health care in the home and health education. Spaces will include offices for the Women, Infant and Child program, the Maternity and Infant Care program, a liaison nurse, and a social worker, with a waiting area. A classroom for health education will also be a part of the supplemental services. It is anticipated that the supplemental services will grow and change, reflecting the changing needs of the community and changes in federal and state health programs.

Directors

one or two people are held in his office.

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Breeze and copyringted burelog activity and programs in all

Health Educator:

Cathering and dispension of termston on health related toxics

la the health educators duty. This includes presenting and dis-

pributing pamphiets and directing classes and health courseling

ADMINISTRATION

Staff Lounge:

This serves as a resting, dining and informal discussion area for health service staff. A work counter with sink and cabinets, tables and chairs are needed. Vending machines and a refrigerator may be added later.

Staff Toilets:

Toilets for the use of health service staff only.

Director:

The director maintains contact with the city health department, insures that adequate staff and services are made available and supervises the operation of all health services. Meetings with one or two people are held in his office.

Nurse Supervisor:

The entire nursing staff is managed by the nurse supervisor who directs and coordinates nursing activity and programs in all areas of the health services. Meetings with one or two staff members will be conducted in this office.

Health Educator:

Gathering and dispensing information on health related topics is the health educators duty. This includes preparing and distributing pamphlets and directing classes and health counseling.

Nutrition Supervisor:

The nutrition supervisor provides information concerning nutrition to the health educator and aids in determining what foods may be purchased with food vouchers under the Women, Infant and Child program.

Information Technician:

Aid to the health educator is provided by the information technician who helps research topics and assemble information for pamphlets, for health counseling and classes.

Conference Room:

This will be used for meetings within the health service staff.

Occasional meetings between health department personnel and other

city agencies will take place here. This room should accommodate

eight to ten people around a table.

Clerical:

The clerical staff consists of individual secretaries for the director and nurse supervisor, a telephone operator and eight other staff members including full and part time secretaries, bookkeepers and clerks who maintain health service records, forms, documents, and files. Space should be allowed for a copy machine, expanded file storage and supplies storage.

Registration:

A client's first contact with health service personnel is at the registration area. Here a file on the client is started. When repeat visits are made this file is pulled from record storage and brought to the registration area. Since visits to the health clinic are normally by appointment, this can be done in advance. Payment is made here before the client receives health services. Most clients from the Church Hill community are not able to pay full fees and space should be provided to conduct interviews to determine eligibility for reduced fees.

Record Storage:

Storage for client's record should be conveniently located to the registration area. Files are stored on open shelves.

to be refiled. Each office consists of a desk and chair with a

Waiting Area:

The waiting area must be large enough for the clients as well as friends, family members and/or children who may accompany the client. Seating should be provided for thirty-five to forty people. Space to place notices and health information as well as space to store a few wheel chairs and bassinetts should be provided here.

Toilets:

Toilets should be conveniently located for the use of clients and others in the waiting area.

Intake Offices:

Before and after receiving services of the general examination area the client is interviewed by one of six intake workers. The intake worker picks up the client's file and with the client, evaluates needs and arranges for the client to receive the appropriate services. After receiving health services, the client meets with this staff member again to insure that the needs were met, to arrange follow up treatment or to answer any questions the client may have concerning his or her health care program. The client then leaves and the intake worker returns the file to the registration area to be refiled. Each office consists of a desk and chair with a chair for the client.

EXAMINATION

General Examination:

The typical examination room requires an examining table, a work surface for writing prescriptions and making notes in the client's file, and a sink. Ample space around three sides of the examining table should be provided, as well as sufficient space for one person to assist the physician. These rooms should be quiet, private and conveniently located to the support facilities.

Nursing Examination:

Office:

This area is for the nursing staff to fill out forms and confer with clients. Patients will register here after checking in at the main registration area and before being seen by the nursing staff.

Waiting:

A small waiting area for eight to ten people is needed while clients wait to be cared for.

Examination:

These are similar to the general examination rooms but may be slightly smaller since a smaller variety of services are performed here and assistants are not required.

Laboratory:

A small laboratory will be used to perform minor tests and to store supplies for the nursing examination services. A countertop work space with sink and storage cabinets are required.

Dental Examination:

Office:

Clients register here after checking in at the main registration area. Dental records are filed here by dental assistants who also schedule dental appointments.

Waiting:

A small waiting area for eight to ten people is needed while clients wait to be cared for.

Examination:

These rooms would be similar in size to the nursing examination rooms. The final dimensions are determined by the dental equipment which consists of a dental chair, a work counter with sink and a portable service unit which rolls under the work counter when not in use.

Laboratory:

Dental equipment is sterilized and stored and tasks such as building forms and mixing compounds are performed here. Storage cabinets and a work counter with a sink are needed.

Support:

Pharmacy:

The pharmacy supplies prescriptions to users at this health services facility and to the other public health service facilities in the city. It must, therefore, be located conveniently to the service access for receiving supplies and for sending out orders. Medicines, stored on shelves, are measured, prepared, and labeled for individual prescriptions at work counters. These prescriptions are then handed to the client at a walk up counter. A space for keeping receipts, records, forms and for performing other office duties should be provided. Security is a vital part of the pharmacy since many valuable and potentially dangerous medicines are kept here.

X-ray Suite:

The x-ray suite is composed of an x-ray room with lead shielded walls, a work room for processing film and storing film and other supplies, and a technician's area for operating the x-ray equipment and viewing the x-ray negative. The x-ray room contains x-ray equipment which is controlled from the technician's area. The work room contains film processing equipment and a work counter with sink. The technician's area will contain a work counter and a wall mounted x-ray viewer.

Laboratory:

Tests which aid in a client's diagnosis are performed in the laboratory. The primary elements in the laboratory are work counters with sinks and storage cabinets for keeping equipment and supplies. Laboratory services will be performed by two lab technicians and one or two clients will be served in the laboratory at one time. Since urinallysis is a common lab procedure, toilets for procuring samples should be conveniently located.

Waiting Areas:

A seating area should be provided for clients waiting to receive prescriptions or to receive services in the x-ray suite or laboratory areas.

Work Rooms:

A soiled work room and a clean work room are required for the general exam area. Used equipment and supplies are kept in the soiled area until they can be taken to be cleaned and sterilized. The clean work room is a supply center for sterilized instruments and fresh supplies.

SUPPLEMENTAL SERVICES

Women, Infant and Child Program (W.I.C.)

This is a federally funded program which helps insure proper nutrition for maternity patients and infants. Eligible clients may receive funds for nutritious food items to help in the proper growth and development of infants. There are two staff members who interview clients to determine eligibility and nutritive need. Vouchers for specific food items are also dispensed here.

Maternity and Infant Care Program (M. & I.)

Most of the duties of this federally funded program are carried out in the community by two field nurses. These nurses visit homes in the community to care for those who cannot come to the center, check on the progress of clients who have visited the center and are continuing treatment at home. Office space is needed for these two nurses for filing records and forms and for receiving occasional office visits by community members.

Liaison Nurse:

The liaison nurse refers clients to other facilities to receive care not available a this facility. The liaison nurse will make any arrangements that are required, and follow up the client's progress to insure that the services are being used and that further treatment, if required, is arranged for. Office space is needed for one staff member for office duties and client interviews.

Social Worker:

Services of the welfare department are provided through this office. When conditions in the community of the home interfere with proper health a client may be referred to the social worker. Cases of child abuse, or neglect, malnutrition and other situations that are best handled by the Welfare Department are referred to the social worker. A work space with room for conducting interviews is required.

Classroom:

The health education classroom will be used for special classes for thirty to forty people as well as to provide information and health counseling to individual clients and families. Storage space should be provided for books, audio-visual equipment and other teaching aids.

COMMUNITY SERVICES

The community services will be made up of five components: Administration,

Community Service, Community Activities Area, Senior Center, and Welfare

Office.

Similar to the health services, the community services administration will have a management section and a client oriented section. The management division will oversee the operation of the services, the community activities area, and the senior center. Management will attempt to attract organizations to the Multi-Center which provide services needed by the community and coordinate these activities to optimize their usefulness to the community. Management spaces will include offices, a conference room, staff lounge and toilets. The client oriented section will match services to a client's needs and will contain a reception and information area, a waiting area, toilets and intake offices.

The services component will contain office space for the organizations dispensing services to the community. This would be a highly adaptable space since the scope of the services will constantly be adjusted to keep pace with the community's needs. Space requirements for each individual organization will vary with the type of service they provide and their current program constraints. A display space should be available to enable service organizations to inform the community of their activities and services.

The community activities area will be a highly flexible, multi-use space used both by Multi-Center staff and community groups. During the Multi-Center's business hours, this space will be used by service organizations and city agencies for meetings and other activities. After business hours this space would play a key role in the community by providing space for community groups to meet and to hold their activities.

Recreational and social activities for Church Hill's senior citizens will be conducted in the senior center. This would consist of a large multiuse space, toilets and a small kitchen. Activities at the senior center may occur at night and at other times when the other services at the Multi-Center are closed.

An independent branch of the Welfare Department will operate at the Multi-Center. This agency would consist of administration and service areas. The administration will be composed of a senior supervisor, a secretary and a receptionist. The service area will consist of caseworkers and casework supervisors. Aid would be provided in three areas; financial aid, adult services, and family services. The financial aid section administers Medicaid and Food Stamp programs and provides financial aid to parents with dependent children. A large segment of the community participates in the Food Stamp program. The distribution of food stamps would take place on the first five days of each month and should not disrupt other activities of the Multi-Center. The adult services provide care for the elderly. This involves placing senior citizens in nursing homes or finding suitable roommates for senior citizens and

getting their social security checks cashed. Aid to parents and children is provided by the family services section. This involves prevention of child abuse, placing needy children into foster homes and adoption programs. Family services also help parents find jobs through the Virginia Employment Commission. Space requirements for the three departments would be identical. The service areas will consist of office space for caseworkers and casework supervisors, a small waiting area for clients, two interviewing cubicles, a dictation area and a small conference area.

ADMINISTRATION

Staff Lounge:

This area is for the use of all community services personnel.

It will be used for coffee breaks, lunch breaks and informal discussions. The lounge would contain space for tables and chairs, a work counter with sink and space for vending machines and a refrigerator.

Staff Toilets:

Toilets for the use of community service personnel only.

Director:

The director will maintain contact with the Department of Developmental Programs and the service organizations. His duties consist of planning a program of services tailored to the needs of the community and maintaining a collection of organizations to provide these services. Small meetings with department personnel and others may be held in this office.

Activities Coordinator:

This officer will aid the director in planning the service program. He also would help coordinate the disparate organizations to make each one more effective, and schedule the use of the community activities area.

Senior Services Director:

Activities and administration of the senior center will be attended to by the senior services director. Transportation for the community's elderly, the hot meals program and coordination with other organizations and services would be arranged through this office.

Community Planner:

The community planner will aid the City Planning Department in developing planning guidelines for the Church Hill community.

Through public meetings and other contacts in the community, he will keep the plan for Church Hill up-to-date, reflecting the development of the community.

Conference:

A conference room for the use of administrative staff is to be provided. This will be used by up to ten people during office hours. Meetings with staff from the Department of Developmental Programs and with community leaders may be held here also.

Clerical:

Individual secretaries for the director and the community planner will be provided. Space for a copy machine and office supply storage are also needed.

Reception/Information:

Clients seeking services will first check in at the registration desk. If specific services are requested, the client may be directed to the appropriate office. Clients who require additional information to obtain services will be directed to the intake workers.

Waiting:

The waiting area will be used by clients waiting to be interviewed or to be helped by one of the service organizations. Though waiting periods are expected to be short, ample space will be necessary to accommodate family members or friends of the client as would be the case in the health services waiting room.

Toilets:

Toilets should be conveniently located for the use of those in the community services waiting area.

Intake:

If a client is unsure how to obtain the necessary services, he would be first interviewed by one of two intake staff members to determine his exact needs and to arrange services to meet those needs.

COMMUNITY SERVICE

Richmond Department of Recreation and Parks:

This office will be for two staff members whose duties include supervision, maintenance, design and operation of neighborhood parks and playgrounds. These duties will be performed both in the field and in the office.

Richmond Public Schools:

This office will contain ten staff members which include: three secretaries, one coordinator, and six school board officials who will be active at this neighborhood office only during the nine months of the school year. Duties will consist of administration of the area's schools, and coordination of school activities such as adult education, recreational and cultural programs. These tasks consist of office duties with some field work. Small meetings with community members would occur here.

Richmond Bureau of Police:

One officer from the Police Department's Office of Community
Relations will occupy this office. This official works with the
community to identify the community's security needs. Meetings
with community groups for discussions on crime prevention and
other topics are arranged by this official.

Virginia Department of Rehabilitative Services:

Two full time staff members from this organization aid the handicapped in finding jobs. Duties would be performed in the office and in the field.

Richmond Extension Services:

This branch of Virginia Polytechnic Institute will contain offices for three part time personnel, and a classroom with a demonstration kitchen. Information concerning consumer affairs, nutrition and food preparation would be obtained here. The classroom will be used once or twice a week.

Stork's Nest:

This private agency's services are available three days a week and has one staff member. Clothing is provided for children of needy families. Used clothing would be stored and distributed at this office.

Rubicon Alcoholism Program:

One or two part time staff will maintain this private agency's neighborhood office. Privacy is an important consideration since confidential interviews with individuals would be performed here.

Women In Community:

Services aiding the community in a variety of ways are offered by two part time volunteers. Meeting client to schedule aid would be done in this office.

U. S. Department of Commerce:

This temporary office will be manned by one person who will aid in the taking of the 1980 census in the Church Hill community.

Virginia Electric and Power Company:

Two clerks from the electric utility company would take payments for bills, arrange payment plans and receive inquiries from the community.

COMMUNITY ACTIVITIES AREA

This space should be divisible into two or more areas. Activities such as classes, planning meetings and social events will take place here.

SENIOR CITIZEN CENTER

Multi-use Space:

Activities such as crafts, reading, dining and social events will occur here. Work counters with sinks, storage cabinets, tables and chairs are needed. Activities would be supervised by two senior activities staff.

Toilets:

Toilets for the use of senior citizens and staff.

Kitchen:

This will be used primarily to reheat meals which are prepared at a central kitchen and brought to the senior center.

DEPARTMENT OF PUBLIC WELFARE

Administration:

Senior Supervisor:

The senior supervisor will oversee all aspects of the branch Welfare Department. This supervisor maintains contacts with the casework supervisors of the three service departments and with the city's main Welfare Department. Meetings with one or two people would be held in the supervisor's office with larger meetings taking place in a conference area. A full time secretary will aid the senior supervisor in office work.

Receptionist:

The receptionist will direct welfare clients to the applicable department where they will be attended to by a caseworker.

Some minor office duties are performed by this staff member.

Service Departments:

Waiting/Interview:

The waiting area should be sufficient for two to three people and should be near two private interviewing cubicles. A caseworker interviews clients in these cubicles to determine eligibility for services and the extent of services required.

Casework and Supervisor Area:

An open office arrangement would contain work spaces for eight caseworkers and two supervisors. Each work space should allow room for conducting interviews with clients.

Dictation:

An area for caseworkers to dictate reports without disturbing the activities in the casework area should be provided. Dictation stations are required for three people.

Conference:

A small conference area for up to four people is required. Casework supervisors and caseworkers will use this area to discuss office and casework matters.

SPACES

COMPONENT	SPACE	N	0.	AREA
Administration	Director Secretary Nurse Supervisor			105 105 105
	Information Technician Nutrition Supervisor Health Educator Clerical	n		90 90 90 600
	Reception Intake Waiting	6 @	65	205 390 432
Sub-total:				2,212
Examination	Exam Rooms 13	2 @	95	1,140
	Nursing Office Waiting Exam Rooms Laboratory	4 @	85	90 200 340 85
	Dental Office Waiting Exam Rooms Laboratory	4 @	90	100 200 360 85
	Pharmacy X-ray Room X-ray Work Room X-ray Technician Laboratory Soiled Work Room Clean Work Room			1,010 130 100 130 130 70 70
Sub-total:				3,250
Supplemental Services	Woman, Infant & Child Maternity & Infant Liaison Nurse Social Worker			250 240 120 120
	Waiting Classroom Storage			190 530 <u>65</u>
Sub-total:				1,515

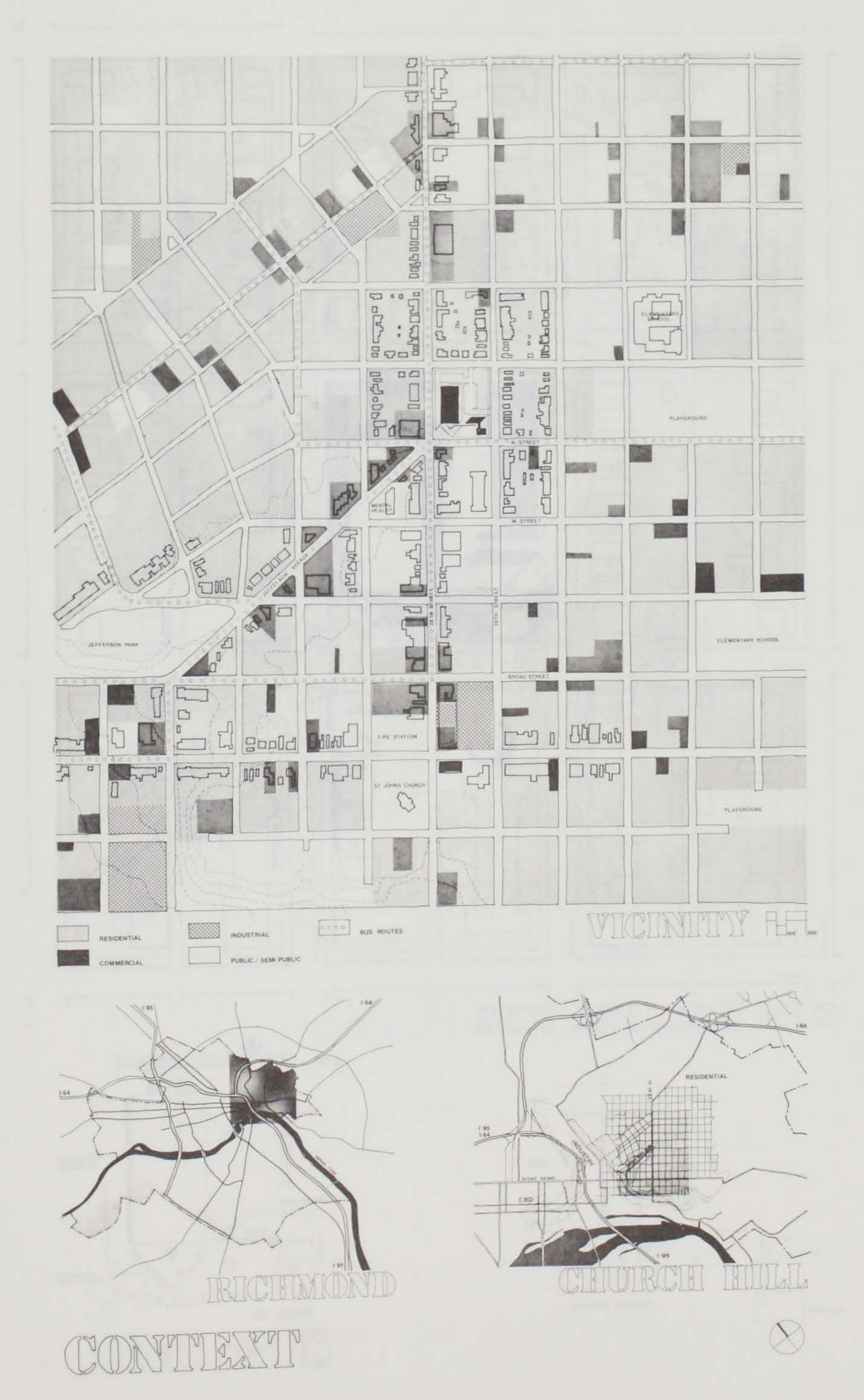
COMMUNITY SERVICES			
COMPONENT	SPACE	NO.	AREA
Administration	Director Activities Coordinat Senior Citizen	tor	180 130
	Director Planner Clerical		120 120 180
	Reception/Waiting Intake	2 @ 120	500 240
Sub-total:			1,470
Community Services	Recreation & Parks Public Schools Fire Police Rehabilitative Servi Extension Services Stork's Nest Rubicon Women In Community Dept. of Commerce Electric Utility	ices	130 1,200 150 150 200 1,200 120 120 120 120 120
Sub-total:			4,510
Community Activities Area			2,450
Senior Citizen Center	Multi-Use Kitchen		1,450
Sub-total:			1,700
Welfare	Senior Supervisor Secretary Reception		150 60 100
	Financial Aid Adult Services Family Services		975 975 975
Sub-total:			3,235

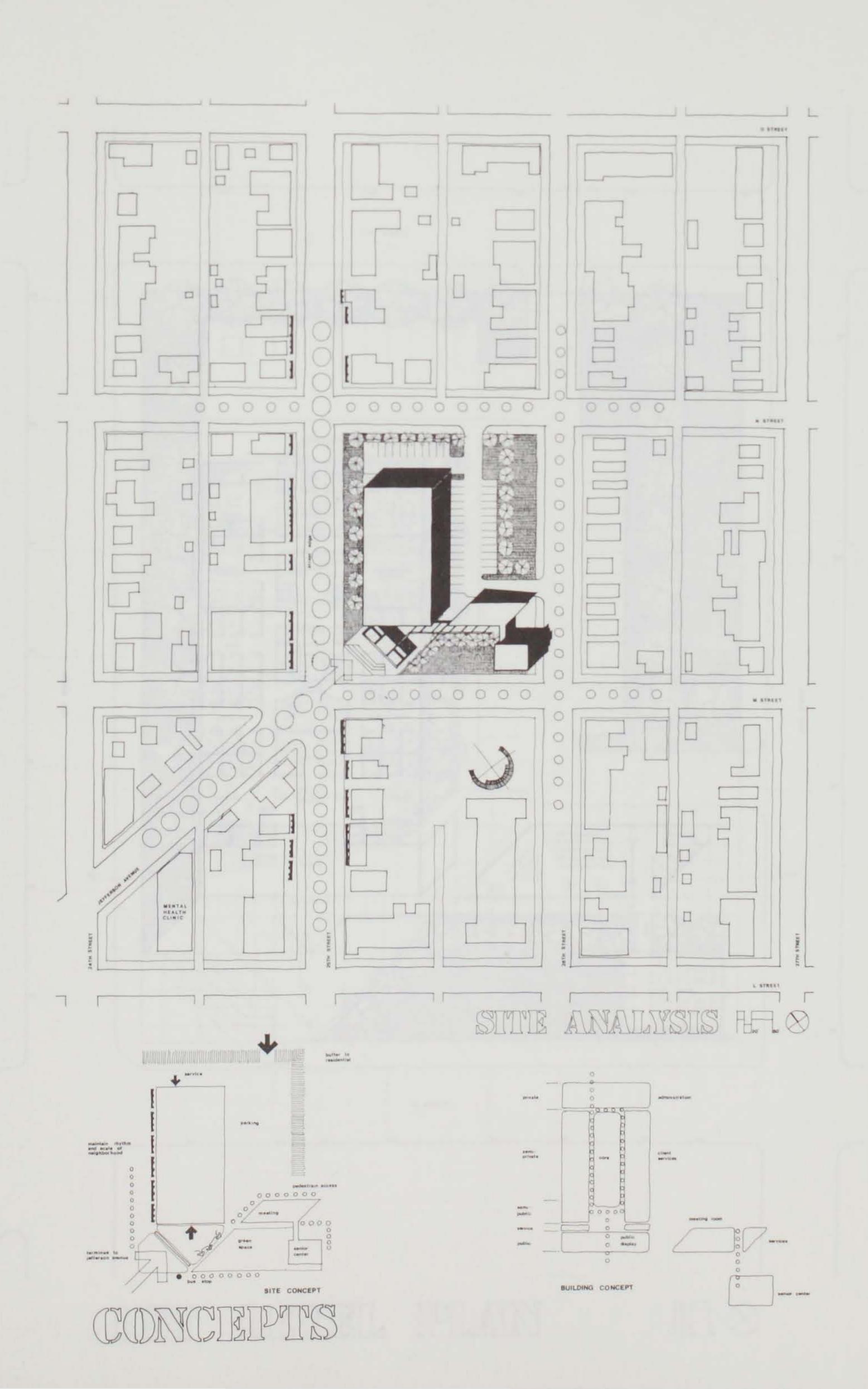
HEALTH CARE	AREA
Administration Examination Supplemental Services	2,212 3,250 1,515
COMMUNITY SERVICES	
Administration Community Services Community Activities Area Senior Citizen Center Department of Welfare	1,470 4,510 2,450 1,700 3,235
NET AREA	20,342
Circulation, Mechanical, Support @ 25%	5,085
GROSS AREA	25,427

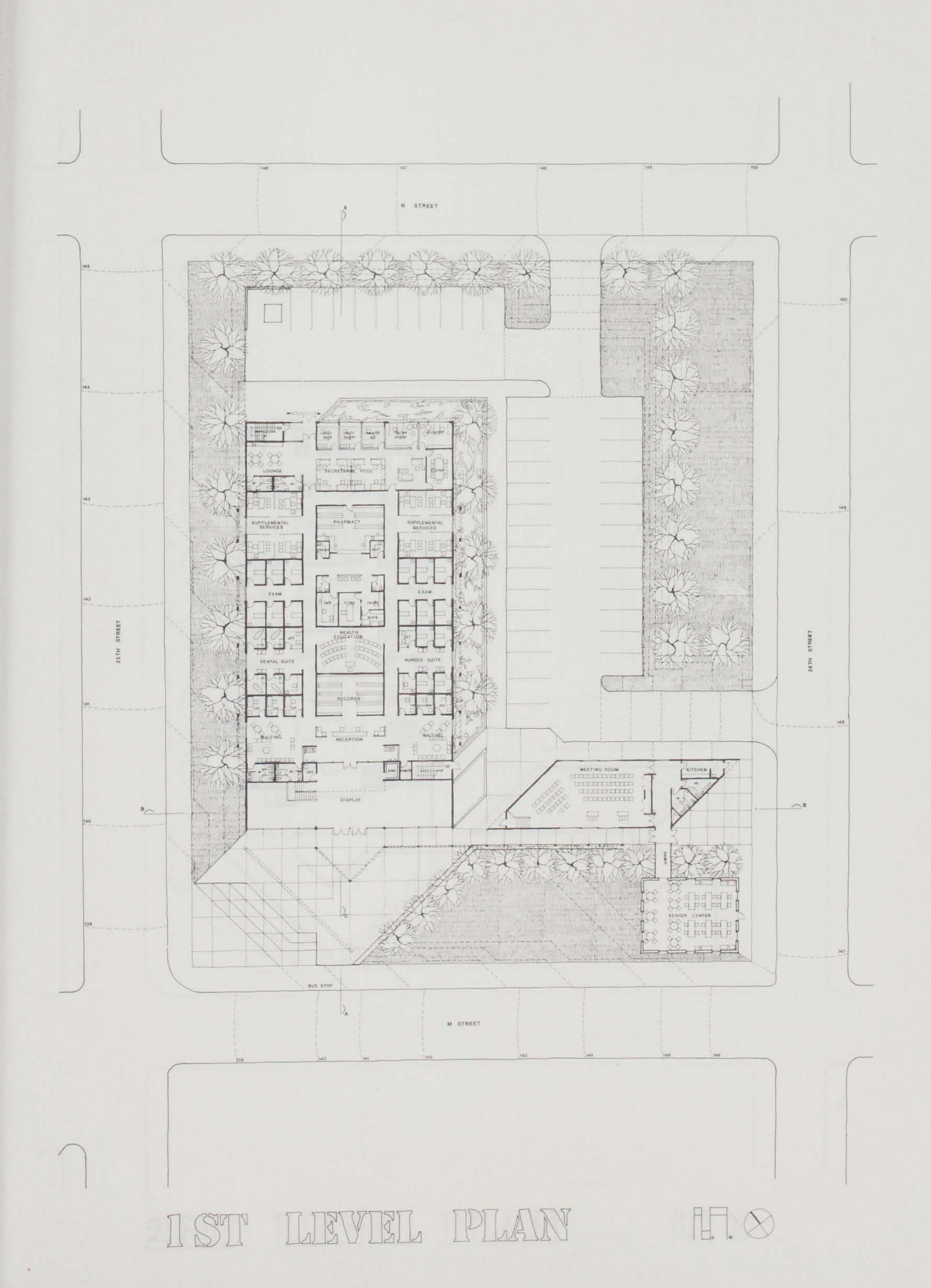
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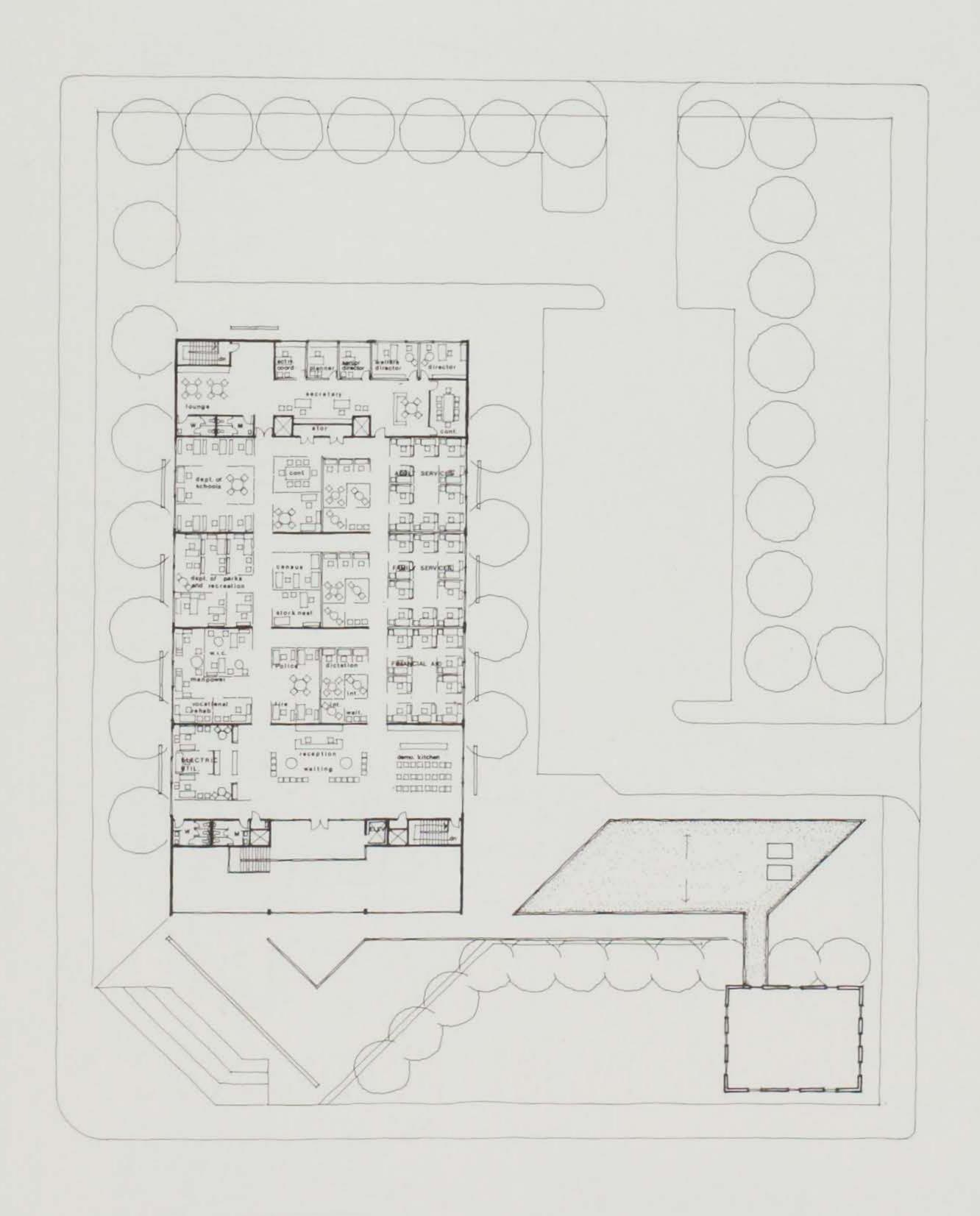


CHUIRCH REIL MULTI- CENTER
HEALTH CLINIC & SOCIAL SERVICES

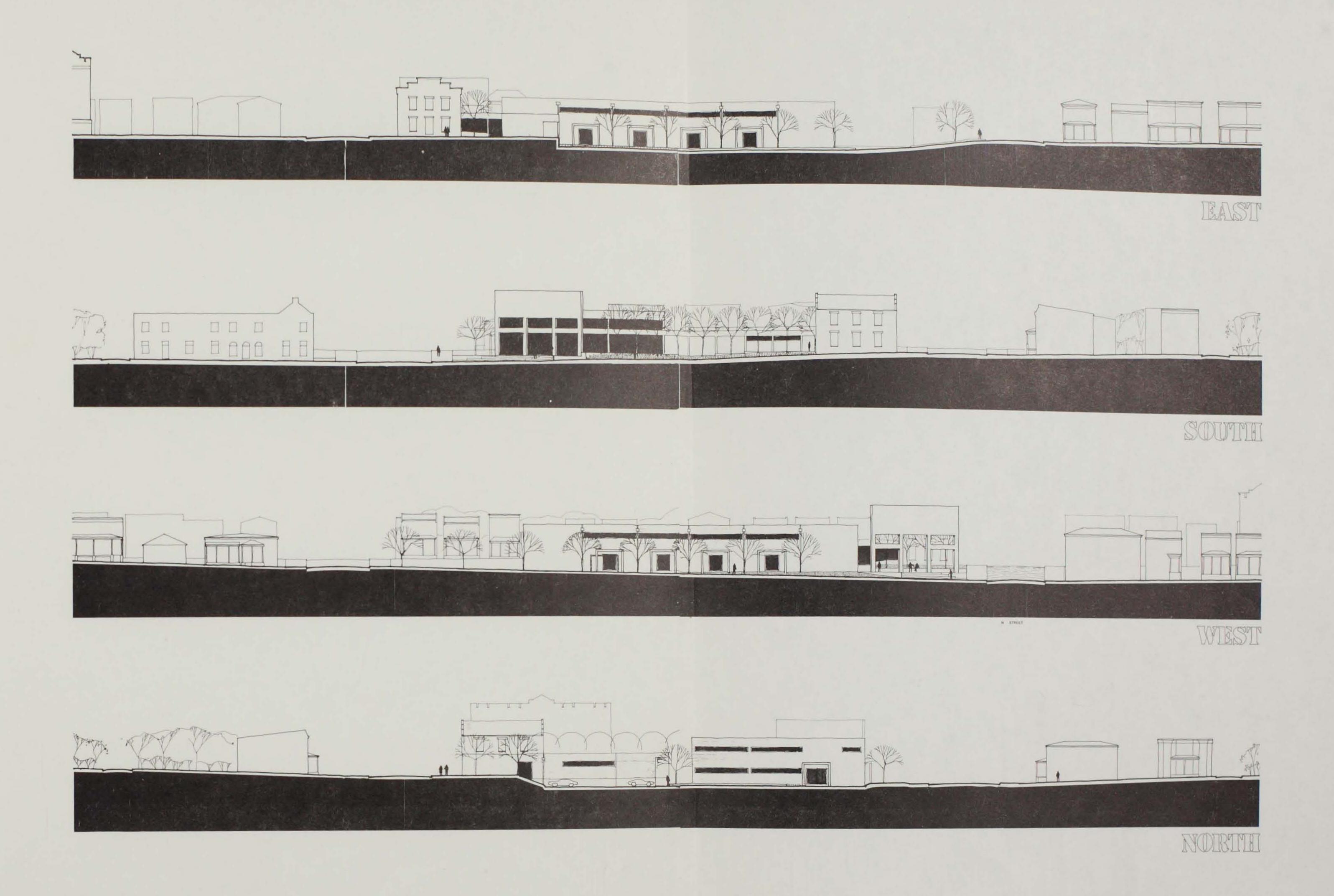


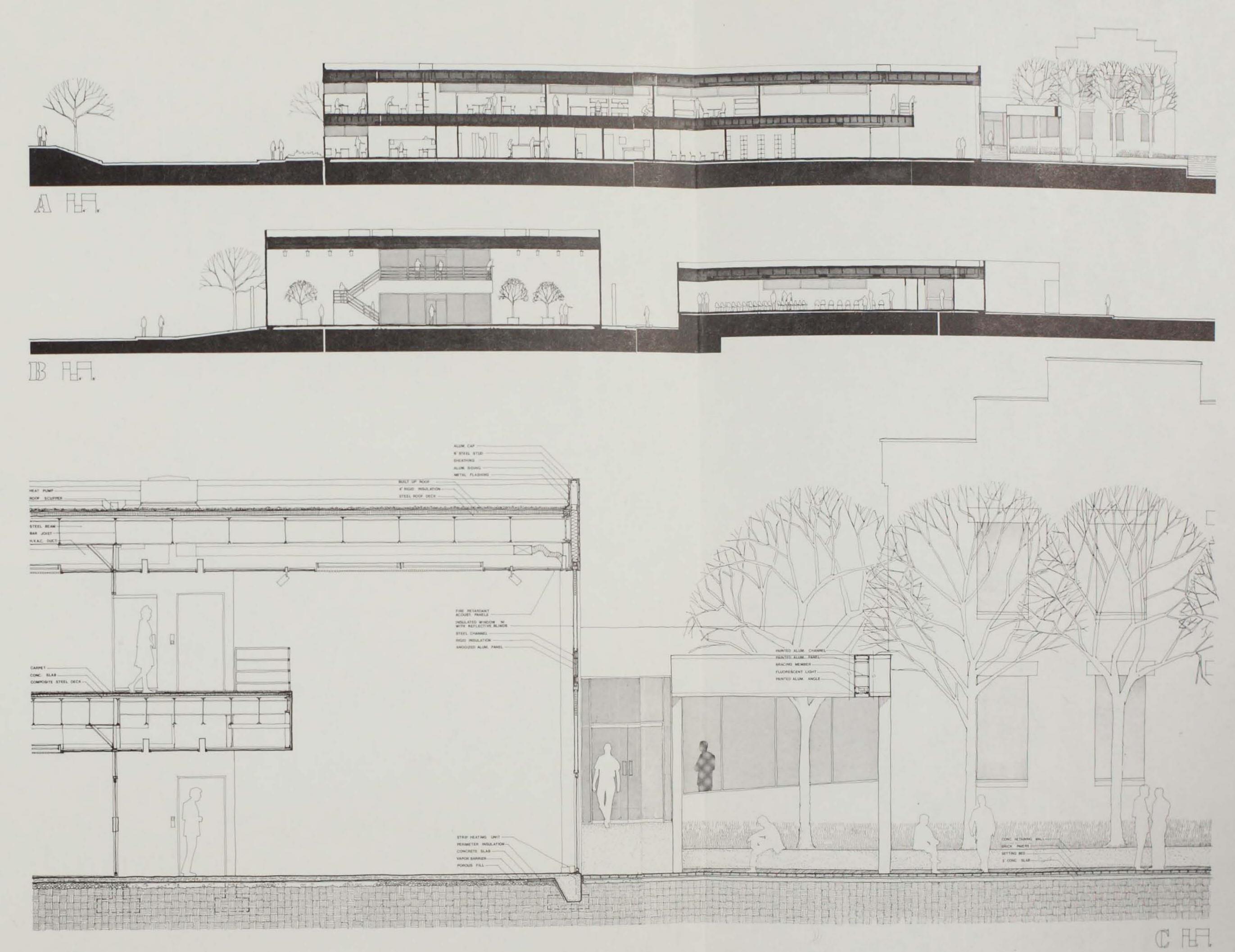


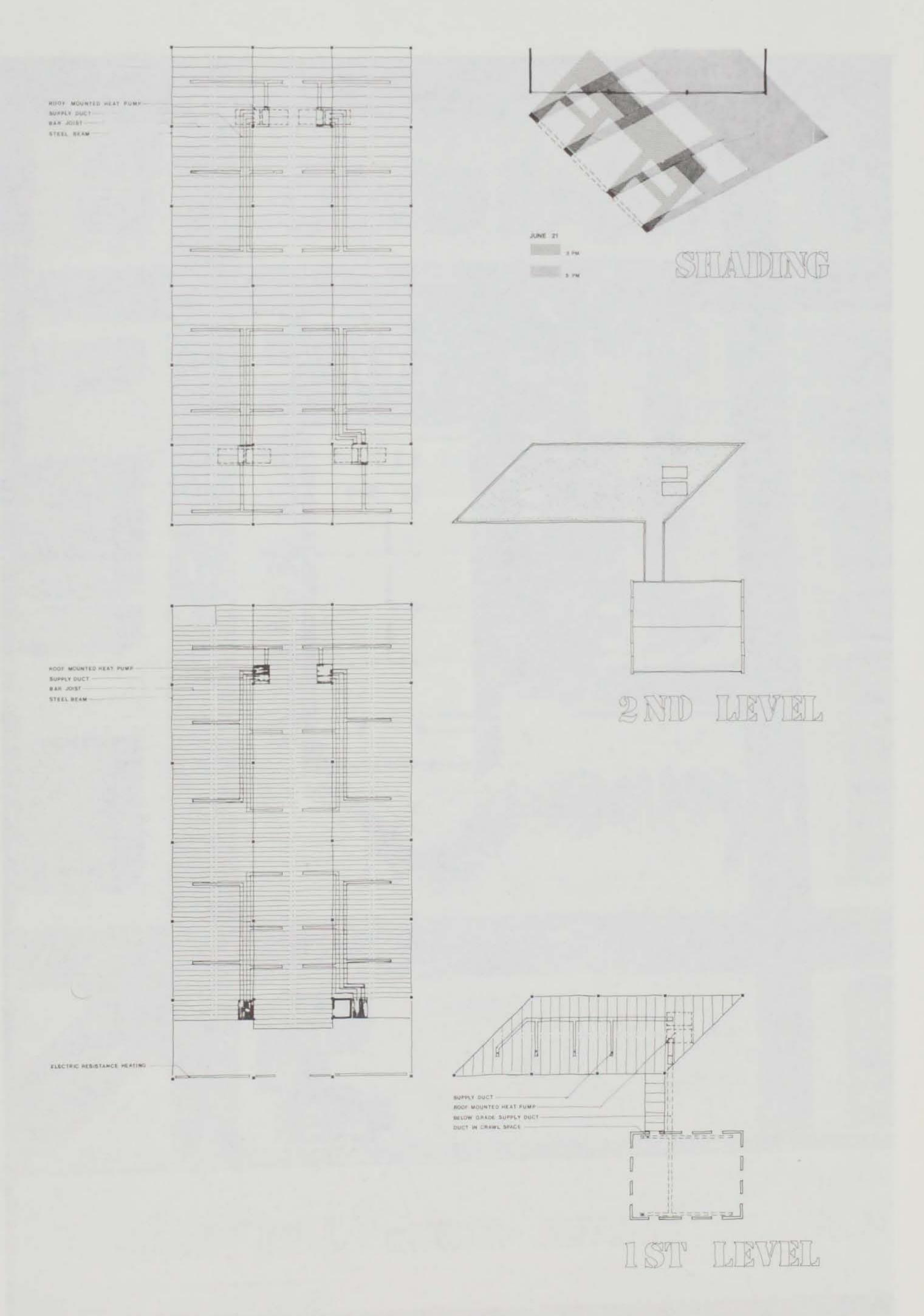




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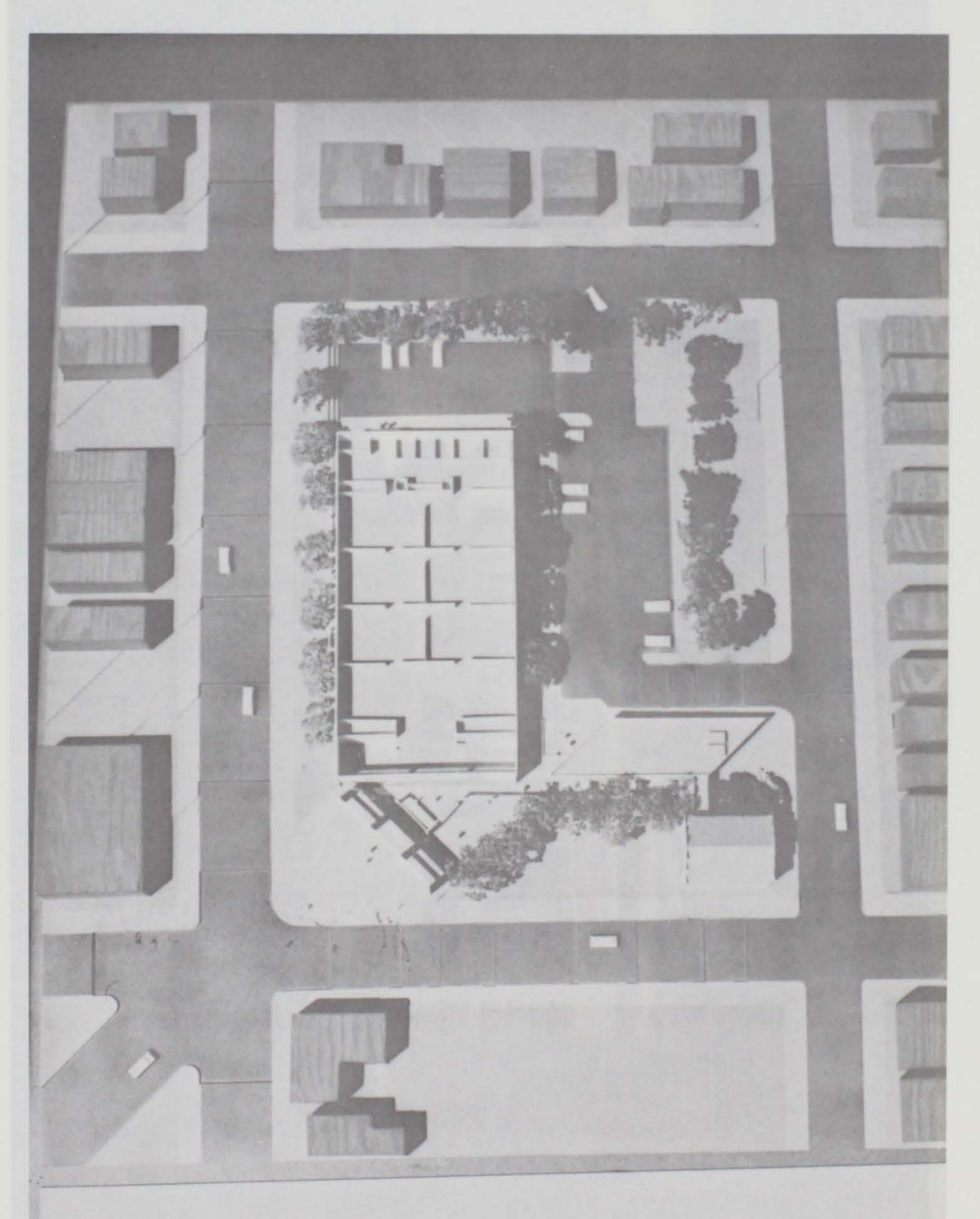






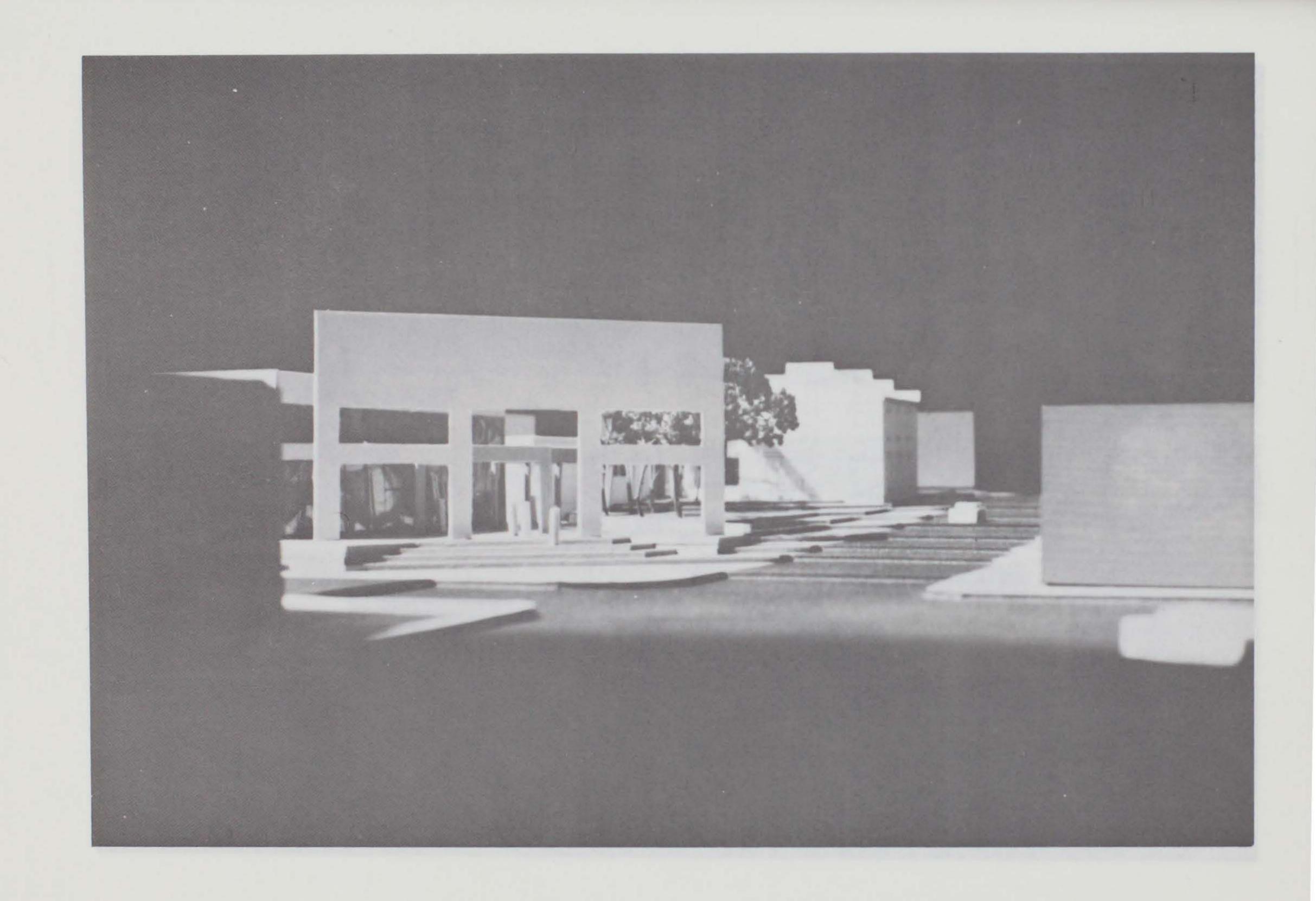
STANTEMS

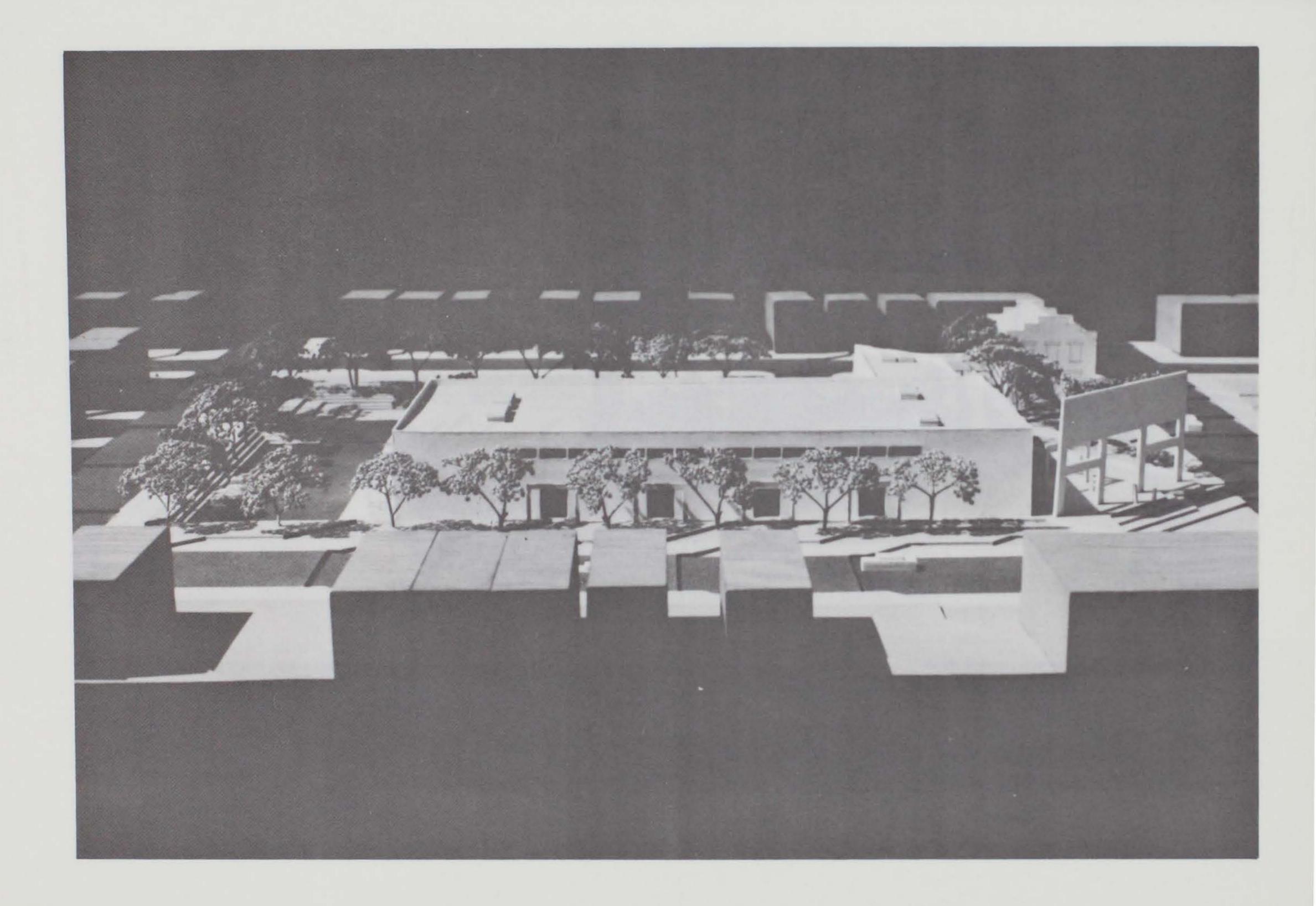
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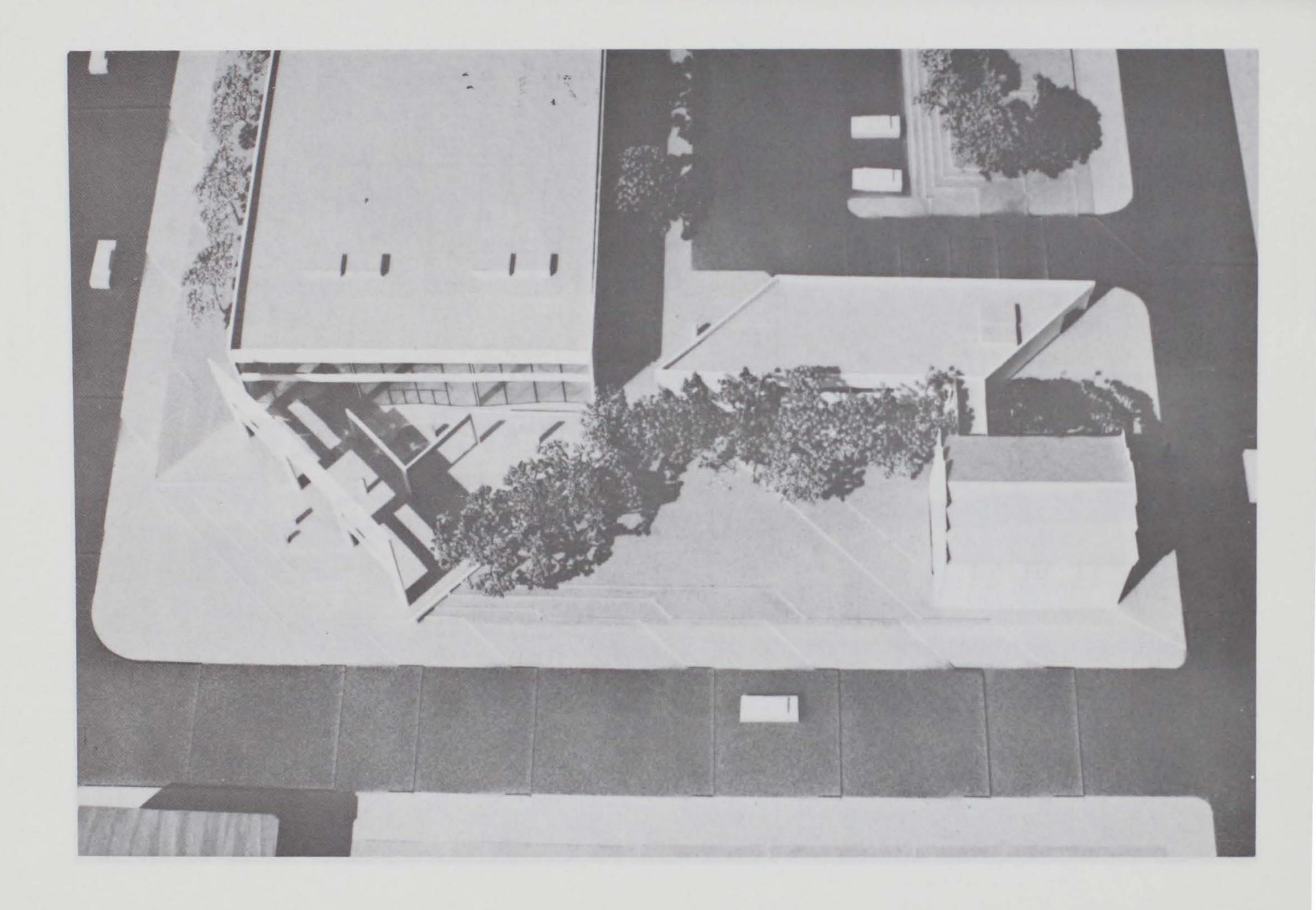


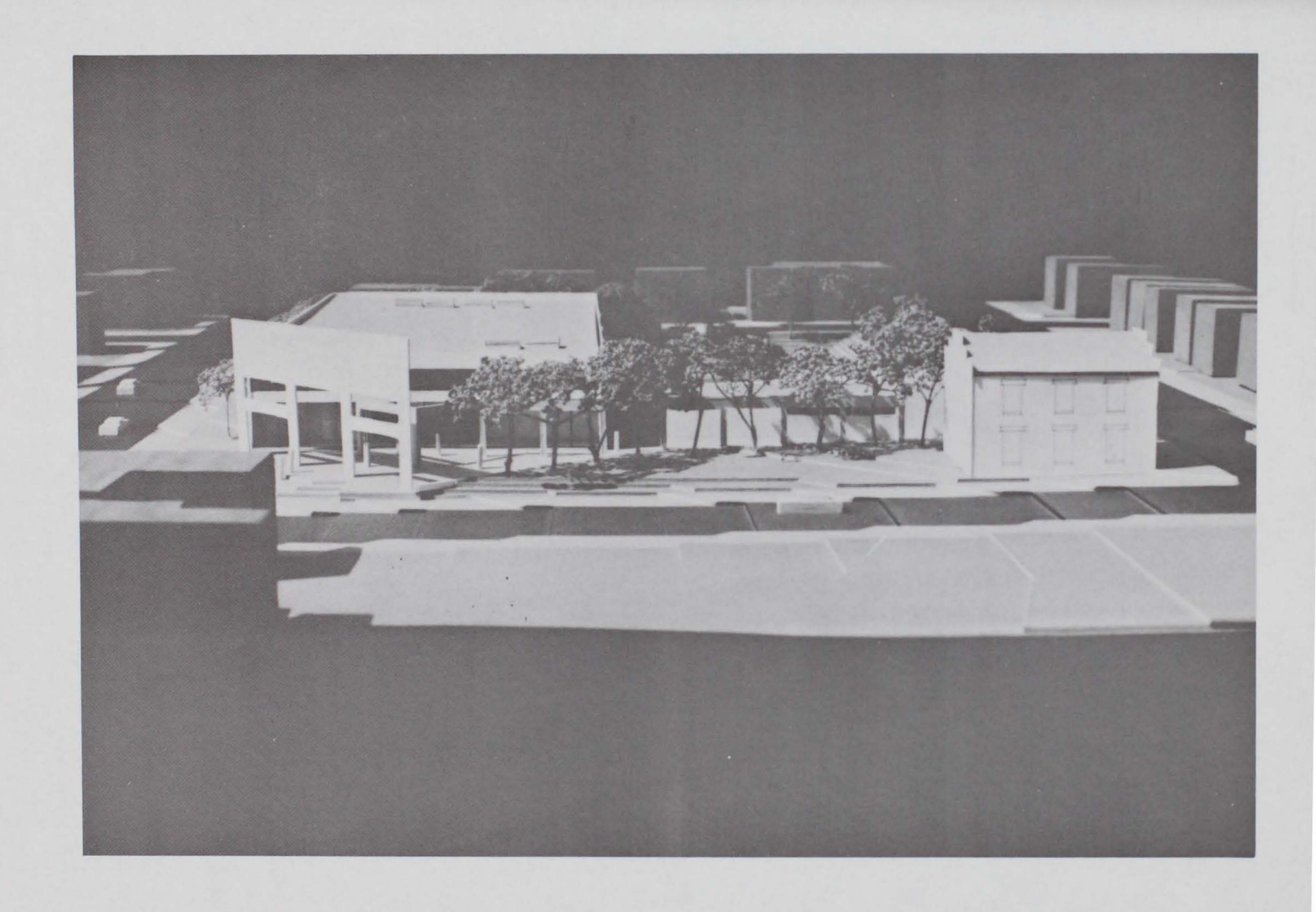
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