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## Hidden Gem: Realizing the Value of Community in Healthcare Environments

Nicole Lee

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HIDDEN

GEM



realizing the value of

COMMUNITY

in healthcare

This thesis is submitted in partial fulfillment of the requirements for the degree of Master of Fine Arts at Virginia Commonwealth University.

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BFA, Painting and Printmaking  
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**DESIGNERS** PLAY AN ACTIVE ROLE

A **DESIGNER** CANNOT BE

**DESIGN** HAS THE POWER TO

AND TO HELP

**DESIGNERS** ARE RESPONSIBLE

ACCESSIBILITY,

SUSTAINABILITY,

**DESIGN** FOR THE CHANGE

AND FOR THE CHANGE

SIMULTANEOUSLY RESPECTING

HISTORY

IN CHANGE.

PASSIVE OR INDIFFERENT.

IMPROVE OUR WORLD,

SUSTAIN IT.

FOR CONSIDERING

THEREFORE INCLUSIVITY;

THEREFORE FLEXIBILITY.

YOU WANT TO SEE,

THAT YOU ANTICIPATE,

AND CARRYING ON

AND CULTURE.

## Abstract

**Holistic** approaches in healthcare address a problem from its root causes. The American healthcare model – both its treatment and distribution methods – is among the many issues that divides the nation. **We have found ourselves with millions of uninsured people among a growing population where chronic illness is on the rise among adults and children**, especially within low-income demographics (Goodman & Conway, 2016). Though this is a **widespread epidemic**, only recently has there been any effort to **question and reform traditional healthcare**.

**The way that wellness is assessed in America has been detrimental to patient outcomes.**

The **over prescription of and dependency** on pharmaceutical drugs has resulted in widespread addiction (World Health Organization, 2017). Too often, individuals wait until a problem is beyond fixing and are prescribed pharmaceuticals to simply cover the symptoms. These go-to drugs simplify the patient's issue, contributing to the **impersonal, rushed treatment** that people have become accustomed to.

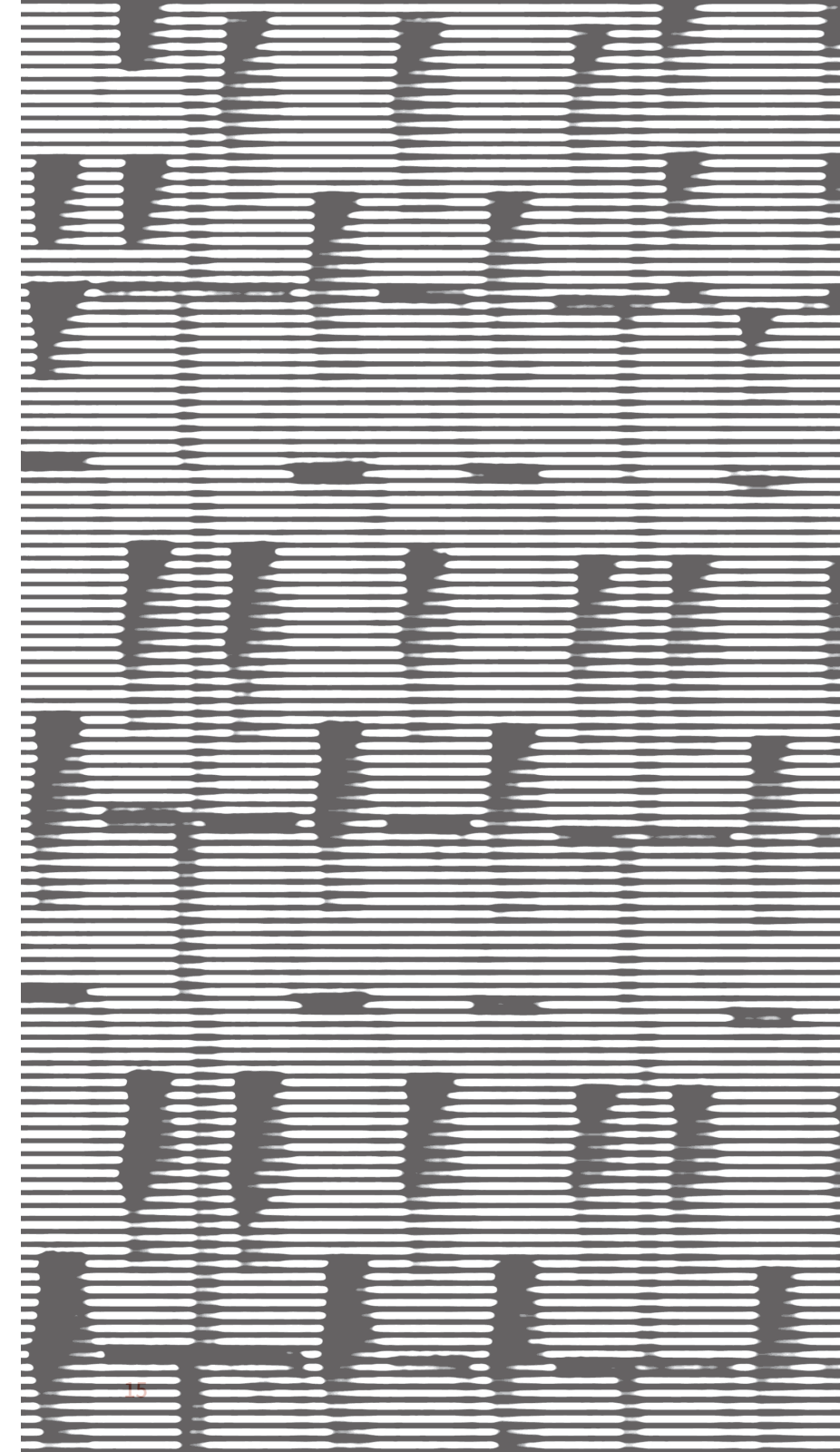
This is especially true for **women navigating a healthcare system that is not only uneducated in** (Perez, 2019), **but dismissive of female specific chronic conditions**. It has created a cycle that we now must dig ourselves out of, and people are talking about it. It is becoming clear that, **“for everyone, life is a preexisting condition waiting to happen”** (Gawande, 2019).

**While access to healthcare and wellness resources is limited for many due to financial factors, race and gender bias also play a role** (Blair, Steiner & Havranek, 2011). Hesitation to seek advice and treatment often comes from the anticipation of discrimination. The **holistic** approach of **functional medicine** is on the rise and addresses this bias by emphasizing **individualized treatments and empathy**.

**Holistic** medicine is derived from nature and aims to **treat the causes** of chronic pain or illness, **rather than merely treating its symptoms**. These types of treatments include massage and bodywork, nutritional counseling, acupuncture, chiropractic care, herbalism and stress management.

**A key aspect of functional medicine is that it fosters community**. By considering **the interconnectedness of the human body and mind**, grassroots holistic practices work to overcome discrimination by focusing on **accessible resources, meaningful patient to physician relationships and education that raises awareness**.

This research, supplemented by surveys and interviews with practitioners, experts and business owners both outside of and within Richmond's wellness community, explores the ways in which the **built environment can influence empathy and empowerment** within healthcare. It will emphasize the value of **community** in healthcare environments, supporting the idea that **functional medicine within a group setting** promotes wellness and an overall **better quality of life**. Research findings support the **development of a design concept for a functional medicine facility centered around a space for gathering, dialogue and education**.



## Research & Literature Review

The design of interiors influences the ways that people interact and the sequence in which things are done. Designers assume social responsibility and must take accessibility and equity into account with every design and program. This is especially relevant to the realm of healthcare design, where designers work to create environments for clinical practice and healing.

**This body of research will investigate interior design's role in facilitating healthcare reform by addressing the ways that people approach and think about wellness.**

It will argue for the value of **community** and the **group model** in healthcare, suggesting that accessible functional medicine can help to promote wellness and an overall improved quality of life. This evidence will ultimately support the exploration of a design for a holistic wellness center with integrated spaces for gathering, dialogue and education. In doing so, the project works to contest the common disservice to women and minorities throughout the healthcare system.

### Chronic Inaccessibility

There are billions of uninsured people across the world, among a constantly growing population where chronic illness is on the rise for adults and children, especially within low-income demographics (Goodman & Conway, 2016). Chronic illness prevalence is steadily increasing internationally, while access to health services decreases (World Health Organization, 2019). This inaccessibility is due to many factors related to cost of care, organizational inaccessibility, complications with and/or complete lack of health coverage. On top of this, contemporary means of communication via the convenience of technology has made Millennials and Gen-Z the loneliest generations ever (Maskell, 2019). Those who are lonely are more likely to develop chronic disease and live a lower quality of life. The Chief Medical Officer of Cigna, Douglas Nemecek, MD, contends that **living a lonely lifestyle “has the same impact on mortality as smoking fifteen cigarettes a day, making it even more dangerous than obesity”** (Maskell,



2019).

A recent study revealed that, in Virginia alone, an average of **12.6% of nonelderly adults are living without health insurance** (The Virginia Health Care Foundation, 2016). Other findings from the same study highlight the fact that **“three out of five uninsured adults under the age of 65 reported having problems with medical bills or medical debt”** and that **“as many as 11 working-age Virginians die each week because they lack health insurance – most from diseases that could have been treated easily if caught early”** (Virginia Health Care Foundation, 2016). **These alarming numbers point to the need for accessible incremental healthcare and wellness education.**

## Systematic Incrementalism

The seemingly simple idea of checking in regularly with a practitioner who listens and is knowledgeable on the subject yields consistent, positive results. Atul Gawande, a practicing surgeon and writer for the *New Yorker*, argues that this approach, or **“systematic incrementalism”**, is effective but uncommon (Gawande, 2019). Gawande speaks from first-hand experience about the difference between “incrementalists,” or general primary care providers, and “interventionists,” or surgeons and emergency rescuers.

**“The difference between what’s made available to me as a surgeon and what’s made available to our internists or pediatricians or H.I.V. specialists is not just shortsighted – it’s immoral”**

(Gawande, 2019). All of this speaks to the lack of resources devoted to medical care that focuses on prolonged, personalized care and meaningful patient-physician relationships. **It is time for a change.**

**“...The coming years will [reveal] that, for everyone, life is a preexisting condition waiting to happen.**

**This is a problem for our health-care system, [which] doesn’t put great value on care that takes time to pay off. But this is also an opportunity...[to accelerate] efforts begun under health reform to restructure the**

## way we deliver and pay for healthcare.”

(Gawande, 2019)

In addition to financial barriers, people seeking treatment often experience discrimination based on race, gender or financial standing (Ayers & Kronenfeld, 2012). **Perceived discrimination in healthcare settings, higher among women and minorities**, correlate with reluctance to seek treatment (Weech-Maldonado et al., 2012, Earnshaw & Quinn, 2011), thus resulting in an overall lower quality of life.



Figure 1: Illustration by Brian Stauffer



Figure 2: Illustration by Brian Stauffer

## Hands-On Research

A survey distributed to 40 adults throughout the United States Mid-Atlantic region revealed that **38.5% of participants see a healthcare professional for a general wellness check less than once a year. 100% of those adults said that, ideally, they would like to have a general wellness check at least once a year, with the next highest preference being a check-up every three to six months.** When asked about their typical experience with their healthcare provider, **46.1% said that it is “highly unlikely” or “unlikely” that their doctor will remember details of their last visit.** 61.5% said that it is “highly unlikely” or “unlikely” that their doctor will check in about their mental health, and **71.7% said the same about the likelihood of their doctor checking in on their social life.**

The most frequented healthcare provider is a Therapist

or Psychiatrist (33.3%), while a close second is a PCP, or Primary Care Physician (30.8%). **With social isolation having such great impact on peoples’ health and so many people seeking stress, anxiety and depression management, PCPs should make these check-ins on social and mental health a priority.**

In the same survey, participants were asked about reasons why they might postpone consulting a doctor about a specific issue or concern. **61.5% claimed that complications with health coverage prevents them from seeking treatment.** The same percentage claimed that the reluctance to see a healthcare professional is due to scheduling issues, and 13% accredited it to anticipation of discrimination. **Nearly 40% reported to have felt discriminated against in a healthcare setting because of their gender, 20.5% because of their sexual preference, 12.8% because of their race, and 10.3% because of their income bracket.**

“I took my mom to the hospital due to extreme pain in her leg. She was squirming in pain and several nurses came in to get her vitals, doctor arrived for less than a minute, never acknowledged our presence and we were later given some pills to take home for the pain. Weeks later we received a bill for thousands of dollars directly from the doctor who ‘saw us’. **We were charged thousands of dollars by a doctor who literally saw us from the corner of his eye.**”

“Empowerment Through Storytelling” Survey Participant, 2020

About half of adults are living with a chronic illness, most of whom have reported feeling stigmatized by their illness in different contexts, including healthcare environments (Earnshaw & Quinn, 2011). **Chronic disease accounts for 70% of deaths in this country and is deeply rooted in poverty** (Goodman & Conway, 2016). The Center for Vulnerable Populations reports that **chronic conditions are striking minority communities earlier and more often** (Goodman & Conway, 2016). **Discrimination results in isolation, and social stressors like this can have more of an impact on a person's health than any other factor** (Maskell, 2019).

People facing discriminatory barriers and receiving less than adequate treatment are more likely to seek out relief through alternative healthcare treatments (Su & Li, 2011). These alternative practices, commonly referred to among the medical community as **Complementary and Alternative Medicine**, or **CAM**, provide an avenue based on individualized care. In general, people are likely to seek out multiple types of treatment and tend to find more optimism in a **holistic approach** (Ayers & Kronenfeld, 2012). **When the values and approaches of holistic medicine are applied to a group setting, loneliness is combatted, truly meaningful relationships are developed, and patients are more likely to improve their health more quickly and effectively.** Therefore, the necessity of holistic and community-based, inclusive approaches to wellness is evident.

## Healthcare for Women and the Hysteria Myth

The story of a female-bodied person living most of her life with an undiagnosed chronic illness – despite seeking treatment – is all too common. There is an apparent need for women's access to inclusive environments for wellness. **It can be exhausting and frustrating to navigate a healthcare system that**

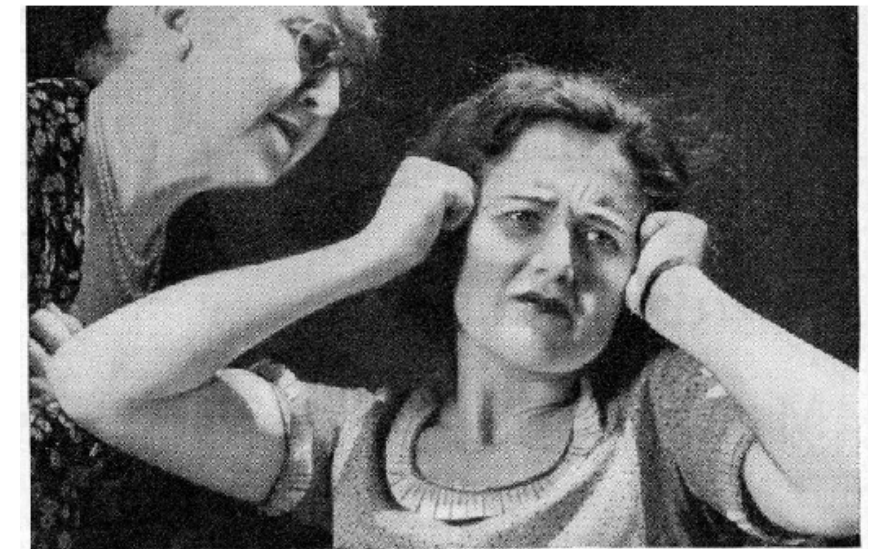
**is not only uneducated in, but often dismissive of, female-specific conditions** (Criado Perez, 2019). In *Invisible Women*, Caroline Criado Perez outlines injustices towards women specifically within the medical field. Criado Perez claims that **these instances “are the products of a medical system which... is systematically discriminating against women, leaving them chronically misunderstood, mistreated and misdiagnosed”** (Criado Perez, 2019).

Biases begin early, including with how medical students are trained, with the vast majority of typical medical school curriculum referring to the male body as the all-encompassing standard. **Women have been largely excluded from medical research, resulting in ignorance in understanding the anatomical and cellular differences among the sexes** (Criado Perez, 2019).

Men and women experience symptoms differently, but this is not taught to medical students and results in the ongoing misdiagnosing of women. A fatal example of this is the common instance in which women are misdiagnosed and discharged in the event of a heart attack (Kiesel, 2017). A study published in 2000 found that **heart attacks experienced by women are seven times more likely to be undetected** (*The New England Journal of Medicine*, 2000). This is because medical professionals and the public are taught only to notice the classic male heart attack symptoms, when in fact these symptoms show up completely differently in women (Criado Perez, 2019). At the very same time, **women from a lower socio-economic background are “25% more likely to suffer a heart attack than men in the same income bracket”** (*The George Institute for Global Health*, 2017).

In 2014, the National Pain Report conducted a survey of 2,400 women showing that **90% of those women believed that the healthcare system discriminates against female patients** (Anson, 2014). Often, medical practitioners refuse to believe in the legitimacy of a

woman's described symptoms. This notion has strong historical roots. Originating in the ancient world, **hysteria** was the first mental disorder attributed to women only. Hysteria served as a quick diagnosis for virtually any female-specific pain, emotional “outbursts” or even sexual tendencies (Tasca, Rapetti, Carta & Fadda, 2012). Sigmund Freud coined the term “female hysteria” in 1933, resulting in much of his widespread notoriety (Criado Perez). **Hysteria is derived from the Greek word for “uterus”, hence the “hysterectomy” procedure. Humanity has been dismissing women since, essentially, the beginning of time.**



## These Hysterical Women

**C**RYING . . . sobbing . . . laughing! She has no control of herself . . . the slightest thing drives her to distraction. Tired all the time . . . overwrought . . . nerves strung to the breaking point. Constant headache, backache, and dizzy spells are robbing this woman of youth, beauty and health.

If she would only give Lydia E. Pinkham's Vegetable Compound a chance to help her. How well and happy she might be.

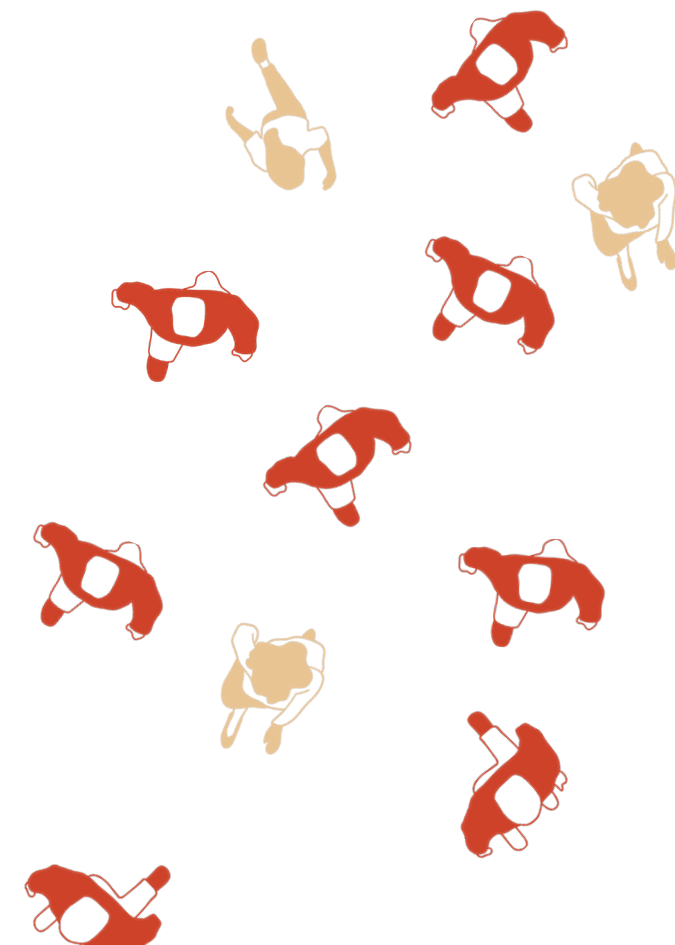
The tablet form is so easy to take. Send fifty cents to the Lydia E. Pinkham Medicine Company, 1172 Cleveland St., Lynn Massachusetts for a bottle which sells regularly for \$1.50. Let us prove that this medicine can do for you what it has done for other suffering women.

*Try Lydia E. Pinkham's Vegetable Compound Tablet Form*

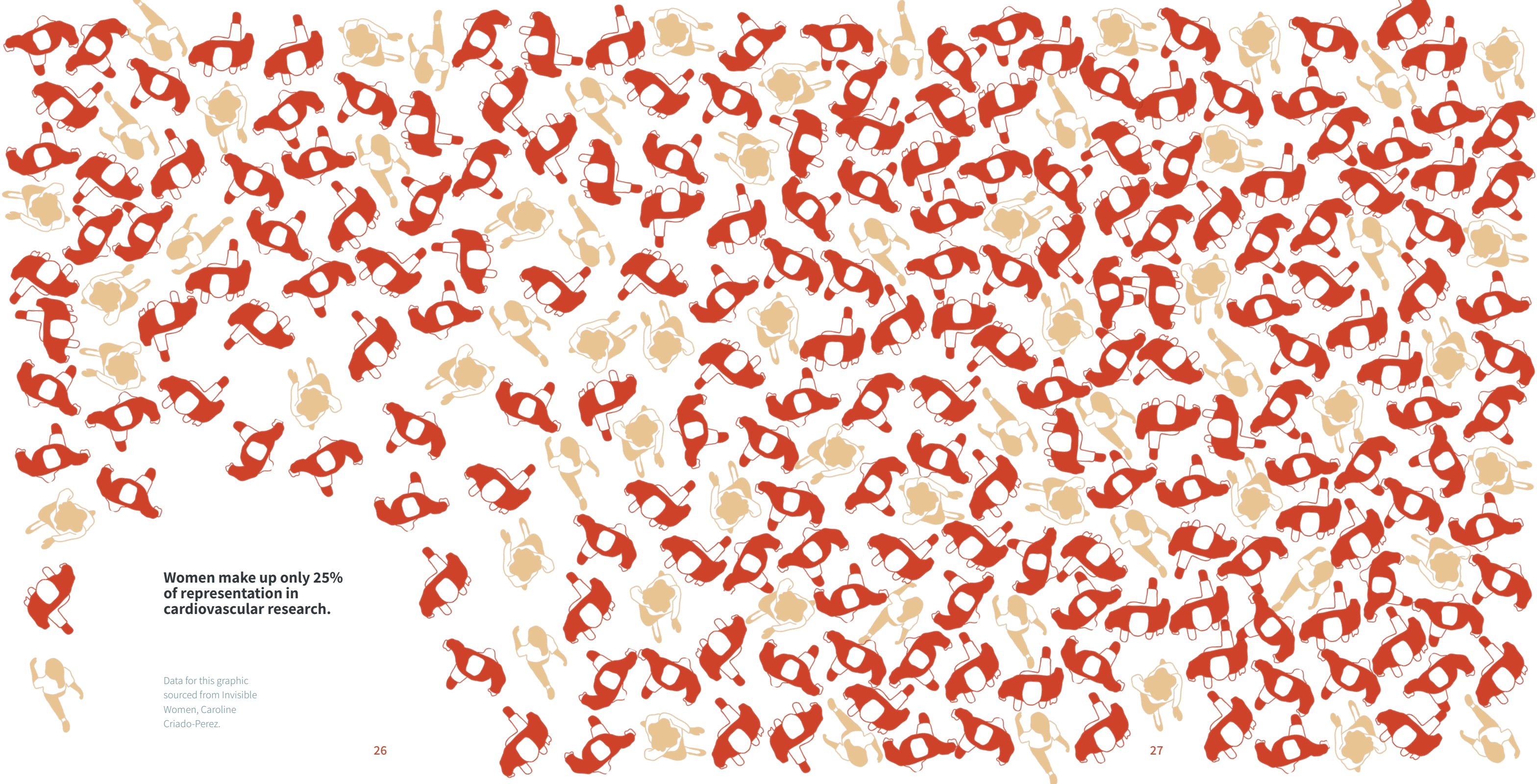
Figure 3: 1932 Advertisement for Lydia E Pinkham's Vegetable Compound

“I feel as though I’m never taken seriously in my concerns about my mental and physical health by therapists, primary care physicians, OBGYN, etc. I know there are groups of folks who are taken even less seriously, but it’s a huge deterrent for me to not seek help because **it feels pointless**, or I feel I am just overreacting about my concerns. **I wonder if other women feel that way sometimes**. It’s hard to find a doctor who truly listens, without brushing off, without judgment.”

“Empowerment Through Storytelling” Survey Participant, 2020







**Women make up only 25%  
of representation in  
cardiovascular research.**

Data for this graphic  
sourced from Invisible  
Women, Caroline  
Criado-Perez.

**“Race plays a huge role in healthcare.** It has taken me, a black female, 10 years to find doctors that will genuinely listen and not write me off as just complaining or making me think I’m crazy.”

“Empowerment Through Storytelling” Survey Participant, 2020

“I was assigned my first doctor in Richmond based on location so I didn’t know anything about him. When I went in, I asked him if I could get on PreP (truvada, the pill that helps prevent HIV) and he told me that **if I really don’t want AIDS I shouldn’t have gay sex, then dismissed my request.**”

“Empowerment Through Storytelling” Survey Participant, 2020



In 2018, 77 articles published in 39 different medical journals were analyzed to compare language used to describe men and women in chronic pain (Samulowitz et al, 2018). The literature review concluded that **men are most likely described as “stoic” and “in control” of their pain, while women are described as being “sensitive” to, “hysterical,” “emotional” and “unfit”** (Samulowitz et al, 2018). **Discrimination against women, in general, is rooted so deeply in our culture that it shows in our language, the ways that we are educated and the information we absorb every day.** When this mindset seeps into our healthcare system, coming between women and their right to treatment, it can be dangerous.

CAM practitioners work to fight against the one-size-fits-all types of treatments and rushed, impersonal medical experiences to which people have become accustomed. **Addressing an ailment from its root cause or causes takes time and compassion, things that the United States healthcare system is not currently set up to provide.**

Physicians rely heavily on quick-fix remedies and prescription drugs that treat symptoms rather than the actual cause of an ailment. This dependency has resulted in widespread addiction and unsafe practices (Sanchez-Serrano, 2011), which has created a destructive cycle that people are beginning to talk about.

Rates of overdose and addiction continue to rise in tandem with the over-prescription of pharmaceutical drugs. **More than two million Americans abuse opioids; more than 90 Americans die because of opioid overdose every day** (American Society of Anesthesiologists, 2019).

**“Overreliance on opioids is emblematic of a health care system that incentivizes quick, simplistic answers to complex physical and mental health needs”** (Dasgupta, Beletsky & Ciccarone, 2018). It is clear that the opioid epidemic we are facing stems from a lack

of resources that allow for individuals to take the necessary steps to productively cope with illness.

## A Holistic Approach to Design

A holistic approach is one that addresses a problem from its root causes and from every angle. Such an approach relies upon a sense of community and the acknowledgment of the interconnectedness of the human body, spirit and experience **Healthcare design is adapting a more holistic-leaning model, placing less emphasis on the clinical and more on humanity.**

**More environments for care prioritize socialization, community engagement and connection to nature.** Hospitality design principles are being translated to healthcare design through incorporation of leisure activities and strategic use of light, color and material geared towards healing (Mattioli, 2019).

## Biophilic Design and the Interior Environment

**The use of natural material** and color within design is referred to as **“biophilic design”**. As this concept gains more attention, mounting evidence suggests that mimicking the outdoors within an interior alleviates stress and speeds recovery, having an impact on one’s overall health and wellbeing (Browning, Ryan & Clancy, 2014).

**Biophilic design elements are applied to interiors primarily through material, pattern, texture, color and emphasis on natural light and views.** Given that many humans spend most of their time indoors and within dense, urban areas, interior designers should aim to provide opportunities to connect with nature indoors. This ideology applies to interiors with all types of

programs and users. For instance, **“elderly residents of apartments are more satisfied if their unit overlooks a natural setting... (and) children with visual access to nature do better in school”** (Gosling, Gifford & Mccunn, 2013).

## Case Studies

In Toronto, Ontario, **Bridgepoint Active Healthcare** implements this philosophy at a large, campus-wide scale. Bridgepoint is a center for chronic illness treatment designed around patient experience and community engagement. **Connection to the surrounding city is emphasized through a focus on views - “a window for every room”** - and the repurpose of a historic jail. The design features an outdoor terrace and a green roof for patients to socialize and be active. The interior and exterior spaces are joined to promote healing, utilizing the **“therapeutic benefits of nature... emphasizing visual and physical access to the outdoors”** (Canadian Architect, 2016).

The **Los Angeles LGBT Center** is designed to integrate with its surrounding city while providing refuge from it. The newest addition marks the opening of the Anita May Rosenstein Campus, expanding the Center’s **community outreach**. The building has several entrances, making it porous and approachable from multiple directions with various experiences. The space is programmed to include beds for homeless youth, multiple activity centers, educational resources, event space and offices. The complexity of the LGBT Center’s program warranted an **ultra-flexible design**, achieved by the central, expandable event area known as the Pride Hall and many outdoor areas throughout. These components work to distinguish spaces while simultaneously connecting them and bringing in greenspaces and natural light. **The narrow and comforting interior courtyards dispersed throughout the site provide protected areas for pause and socializing.**



Figure 4 (above): Bridgepoint Active Health, view of communal patient terrace



Figure 5 (left): Los Angeles LGBT Center, view of interior courtyard



“I have a genetic mutation on my BRCA-2 gene that makes me more susceptible to breast and ovarian cancers. **I have found that this diagnosis has been very isolating** without a single medical provider to offer overall support--emotional and physical as well as long-term care. Instead, surgeons focus on the short-term surgical results rather than long-term side effects and the psychological strain of those surgeries. Genetic testing is becoming more readily available and can save lives - however, **the medical field hasn't caught up in terms of offering more holistic care for those afflicted with these genetic mutations.**”

“Empowerment Through Storytelling” Survey Participant, 2020





## Conclusion

Each of these projects exemplifies the acknowledgement of **“pluralistic approaches to wellness,”** a concept that architects and designers have the opportunity of contributing to (Vanette, 2017). **Design for intentional interconnectedness among treatment, research and education is, in fact, a holistic way of thinking.**

**In 2017, an article in Metropolis addressed healthcare as evolving to be a more collaborative and team-based practice.** In the article, Dora Vanette uses the **Clinical Translational Research Building at the University of Florida** and the **Ridge Hospital in Accra, Ghana** as examples of how healthcare design is shifting to accommodate these holistic operations.

The focus here is on **flexibility** and **multifunctional spaces**. The Clinical and Translational Research Building doubles as an individualized treatment center and research facility, allowing treatments to be analyzed in real-time while they are given to patients. **This unconventional model encourages interactions between physician teams and patients.**

The Ridge Hospital also focuses on multipurpose spaces by way of efficiency. This project puts more of an **emphasis on connecting the indoors and nature, urging patients to use outdoor waiting areas and the many communal courtyards and passageways.**

Pat Bosch, Design Director of Perkins+Will Miami, states that **health challenges “know no boundaries of language, culture, disease, education, economic development, or social status,”** and that **architecture and design should reflect these ideas** (Vanette, 2017).



Figure 6: Rendering of Ridge Hospital in Accra, Ghana



Figure 7: Rendering of the Clinical Translational Research Building at the University of Florida

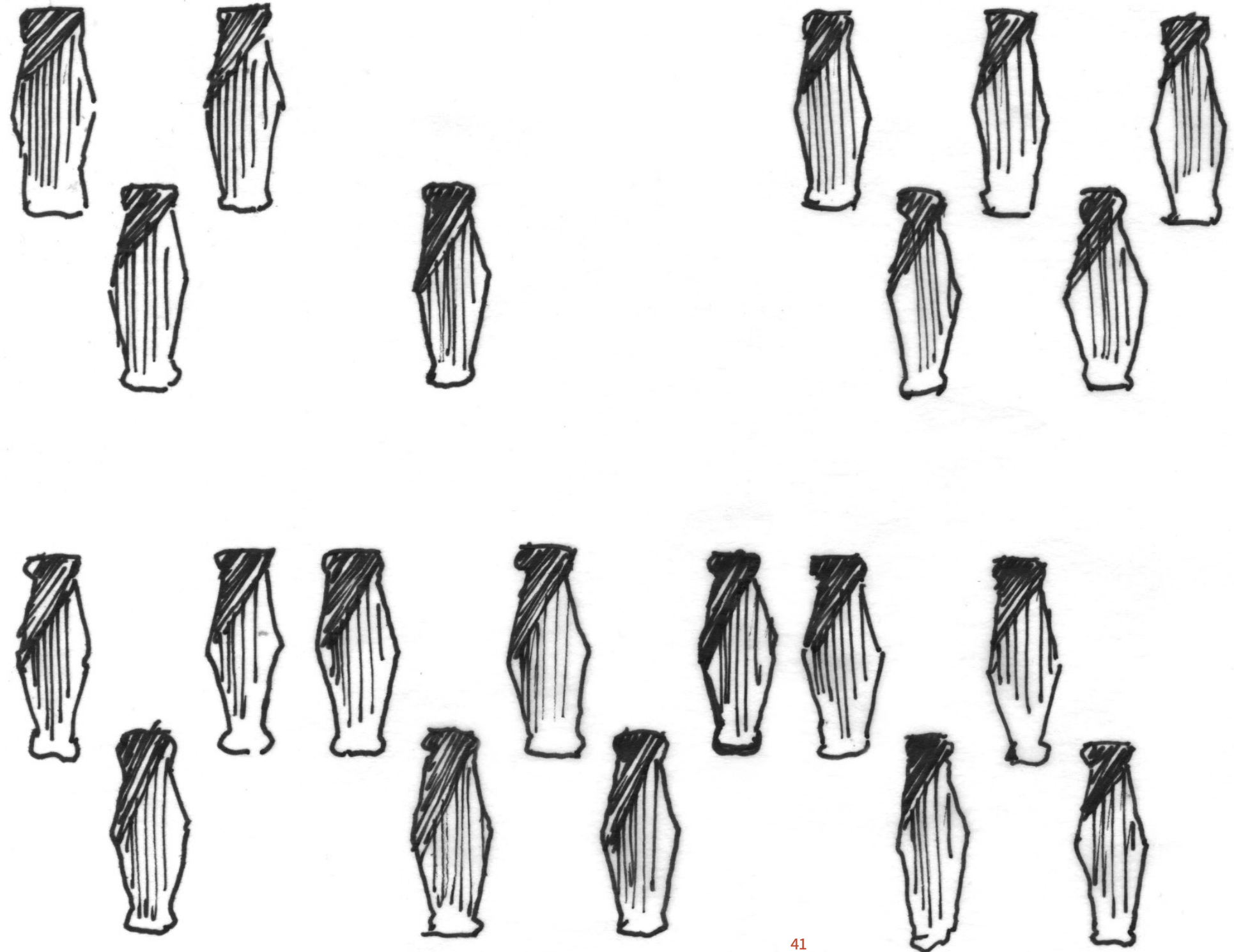


Figure 8: Clinical Translational Research Building at the University of Florida engaging with the surrounding landscape



James Maskell, an expert in healthcare economics and functional medicine, outlines throughout his book, *The Community Cure*, a feasible plan for transforming typical healthcare models into group based, highly effective models. The idea of the **group model**, also known as shared medical appointments, is not a new approach. However, Maskell argues, when this concept is paired with holistic medicine, it yields overwhelmingly positive and lasting results (Maskell, 2019). **This model works to reconstitute senses of community and culture through wellness. Simply put, healthy behavior changes are facilitated through the accountability and empathy that manifests within a support system, or group.**

The core aim of this thesis is to explore **how an interior environment can encourage community and, by doing so, promote healing**. By approaching design with a holistic mindset, the thesis will attempt to string together the many facets of wellness by connecting these spaces through central areas for group gathering. The project will explore design's role in **inclusivity, equity** and the qualities of **safe spaces within architecture**. Through an investigation of the correlation of color and material with healing, spatial flexibility, collaborative wellness, and the hypothetical restoration of a historic modernist building, the thesis will celebrate the unique sense of genuine community, history and progress of Richmond, Virginia.



## Precedent Studies



# Ballarat Community Health

Lucus, Australia  
DesignInc Architects  
2015



Figure 9



Figure 10

Designed based on a “**whole-of-life philosophy**”, Barrarat Community Health connects patients with nature and the surrounding community. The central component of the plan is a double-height landscaped atrium that **acts as a passageway and a series of spaces for gathering**. Natural, local materials are used throughout the building.

Sustainability is emphasized through energy efficiency, maximized daylight, waste recycling and water efficiency. The building hosts a huge **variety of services and resources** including general primary care, sexual health, podiatry clinics, a range of consultation rooms, a gym, café, conference rooms, meeting rooms and offices for staff.

Much of the focus for this design was based around the idea of people gathering at the center of the building. Every effort was put towards **promoting wellness on a mental and physical level**. Connection with nature and the community are the main focus for the thesis, and the Ballarat Community Health Centre supports this concept.

Figure X (left): view of main double height gathering space

Figure X (above): view towards reception and planted seating area

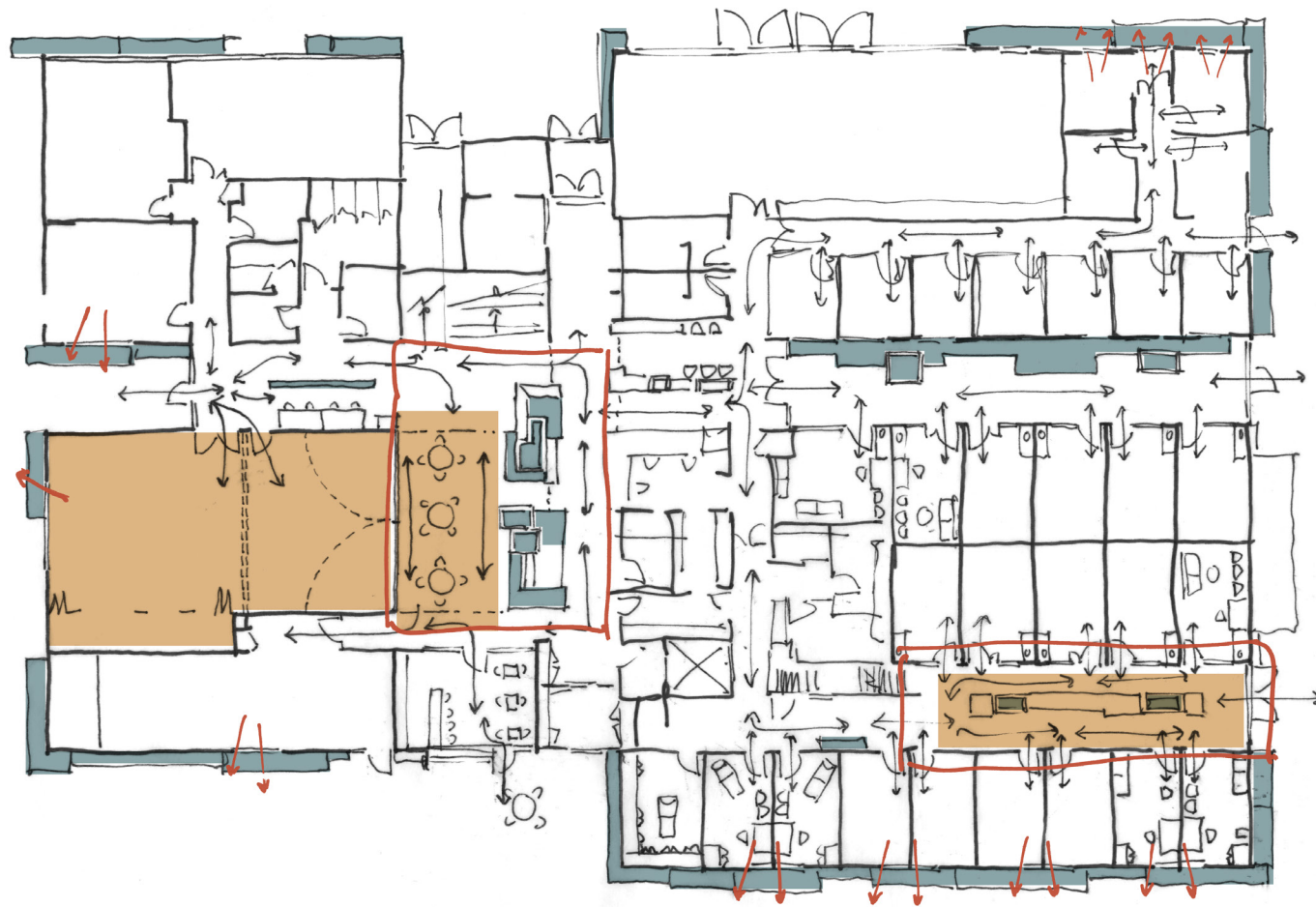
Figure X (right): view of performance stair and central gathering space from second story



Figure 11







- Planted areas
- Communal areas

The **planted areas** define the edges of this environment while creating a transition into the surrounding landscape. Arch Studio prides itself on seamlessly fusing old and new, indoors and outdoors (Pearson, 2015). There are several strategies at play here. Highlighted are the **direct views from the interior out to the planted areas**, and the unique **private courtyards** accessible through the study, master suite and guest suite.



# Courtyard Villa

Tangshan, China  
Arch Studio  
2019



Figure 12



Figure 13

The entire interior of the structure has brick floors and walls, creating an undeniable **connection and fluidity** between the four courtyards and even the most private of the interior spaces (see figure x, the guest suite). The ceilings are covered with natural wood paneling. The entire space boasts **authenticity and timelessness** through an explicit reference to nature and a reliance on natural light.

Figure X (left): overall site view  
Figure X (above): view of garden plot with roof overhang  
Figure X (right): view of guest suite and private interior courtyard space

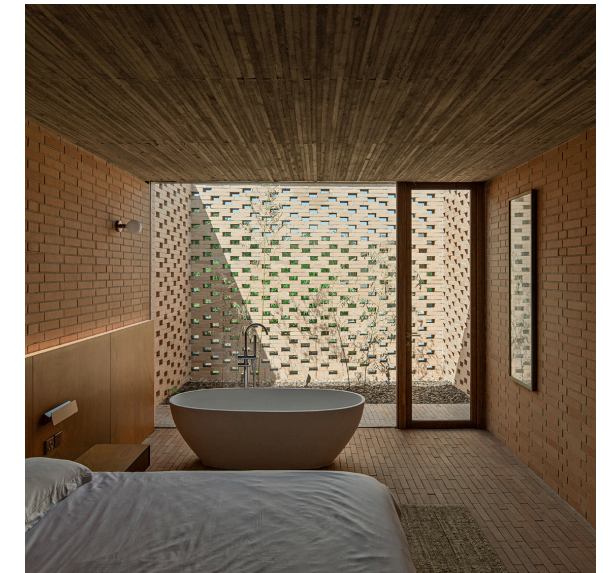
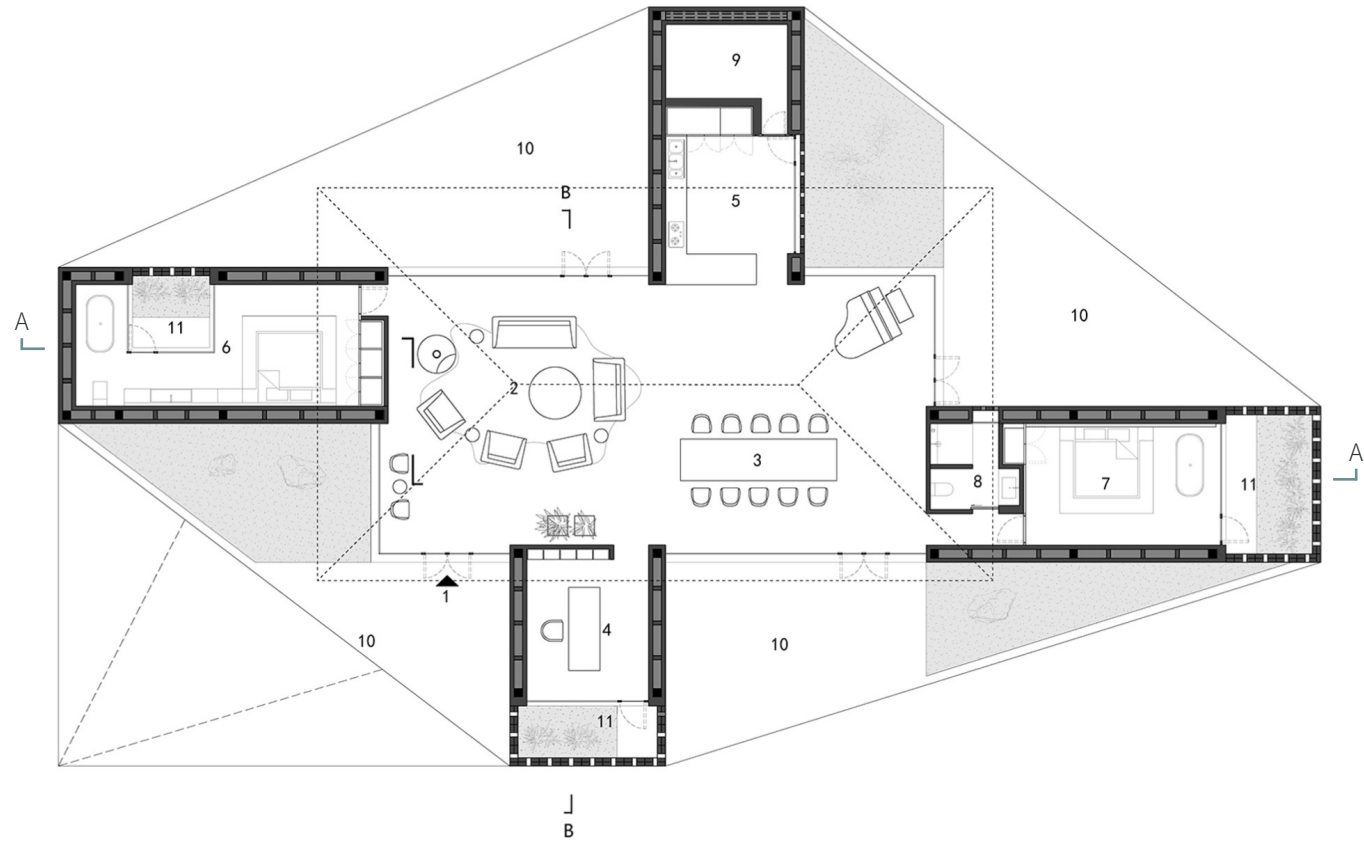


Figure 14

Arch Studio, founded in 2010, designed this holiday home as a play off of traditional courtyard dwellings in China called **siheyuan** (Astbury, 2020). While siheyuan typically features inward-facing structure around a courtyard, the plan of this home has four structures that taper off into exterior “terraces”, or courtyard areas, inverting this concept.

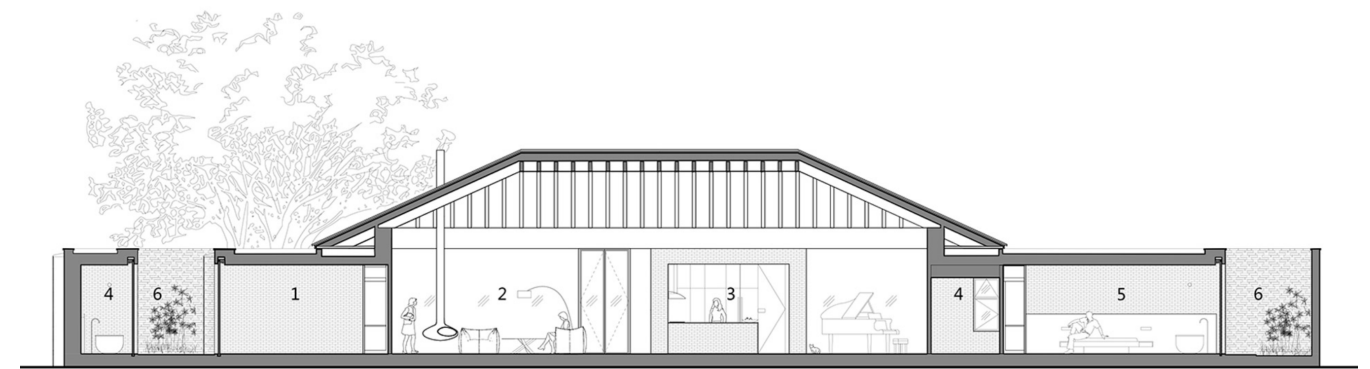
The main interior communal area is **central** to the design, and the open floorplan of the living and dining area has views to the exterior in every angle, mediated by layers of glass or patterned brick.





- KEY**
- 1 Main entrance
  - 2 Living room
  - 3 Dining room
  - 4 Study
  - 5 Kitchen
  - 6 Master suite
  - 7 Guest suite
  - 8 Toilet
  - 9 Equipment
  - 10 Terrace
  - 11 Courtyard

PLAN

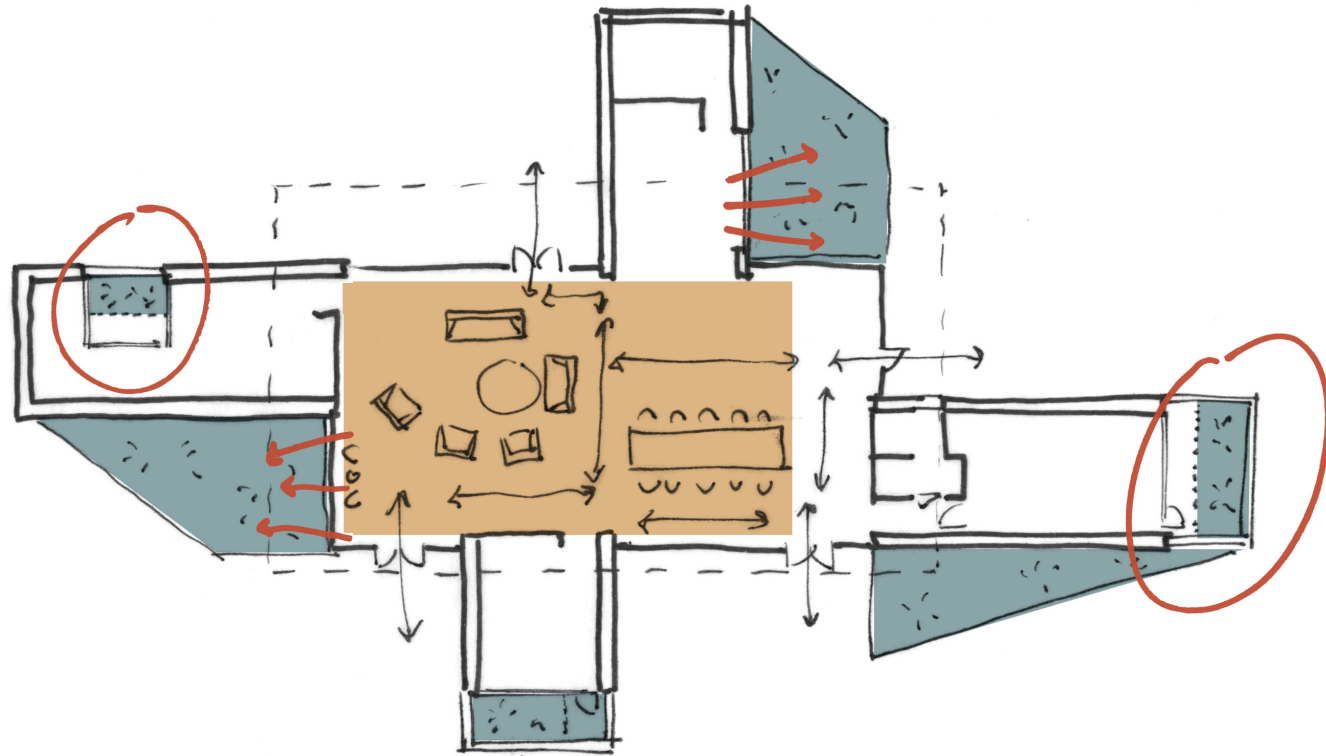


SECTION AA

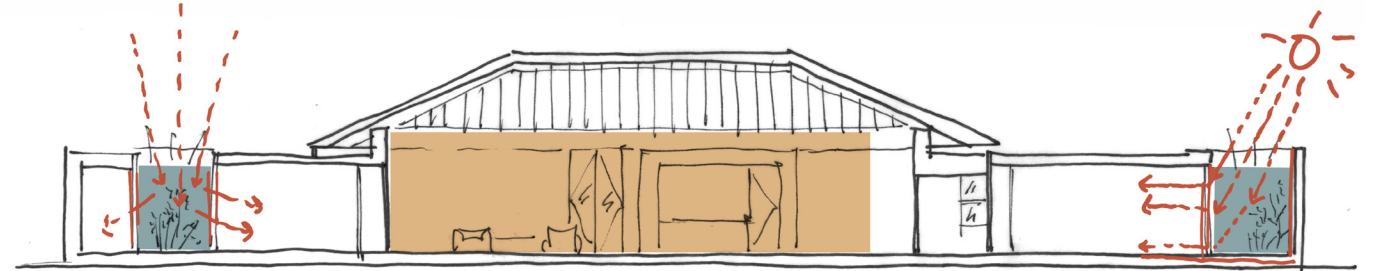


The **planted areas** define the edges of this environment while creating a transition into the surrounding landscape. Arch Studio prides itself on seamlessly fusing old and new, indoors and outdoors (Pearson, 2015). There are several strategies at play here. Highlighted are the **direct views from the interior out to the planted areas**, and the unique **private courtyards** accessible through the study, master suite and guest suite.

- Planted areas
- Communal areas



These **private courtyards** also function as cavities for the **redirection of natural light**. Completely open to the sky above, sunlight enters these areas and is pushed through glass and into the room.





# Taverny Medical Centre

Taverny, France  
Maaj Architects  
2020



Figure 16

The driving force behind the design and opening of the Taverny Medical Centre was to bring multiple separate medical resources under one roof (Astbury, 2020). This responds to the understanding that wellbeing requires a **holistic, multi-faceted approach**.



Figure 15

Drawing design inspiration from **cloister** typology, – architecture including a large enclosed open area surrounded by walkways, almost exclusively used in the design of sacred buildings (Encyclopedia Britannica) – the result is a **central medicinal garden** that can be seen only upon entering the building.

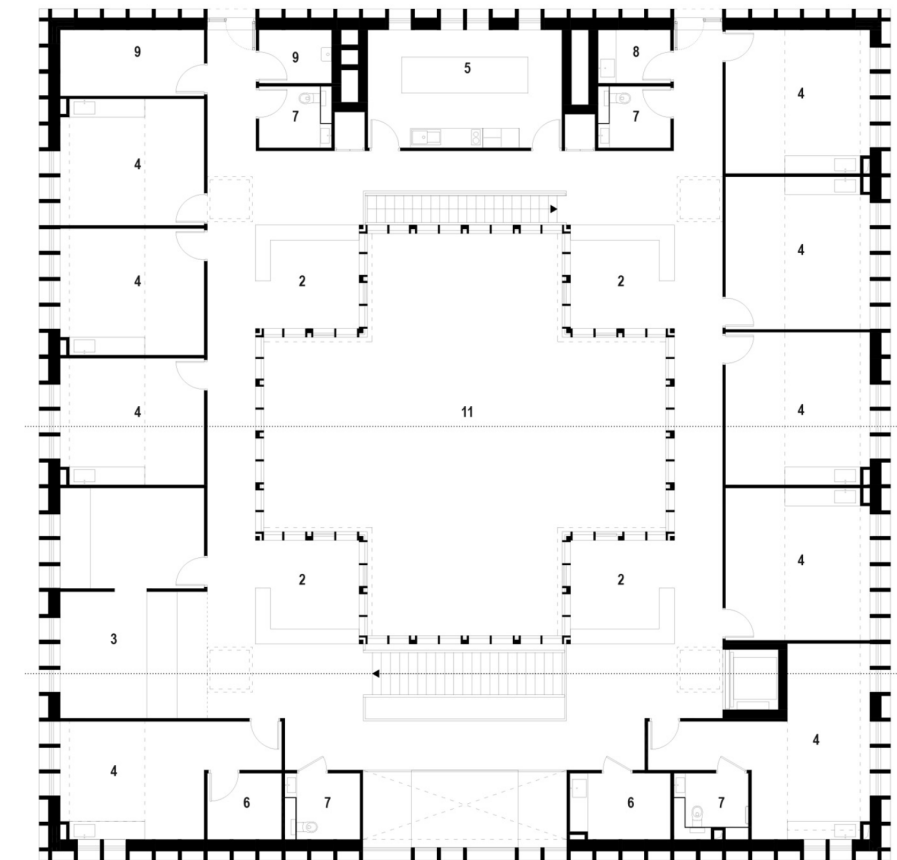
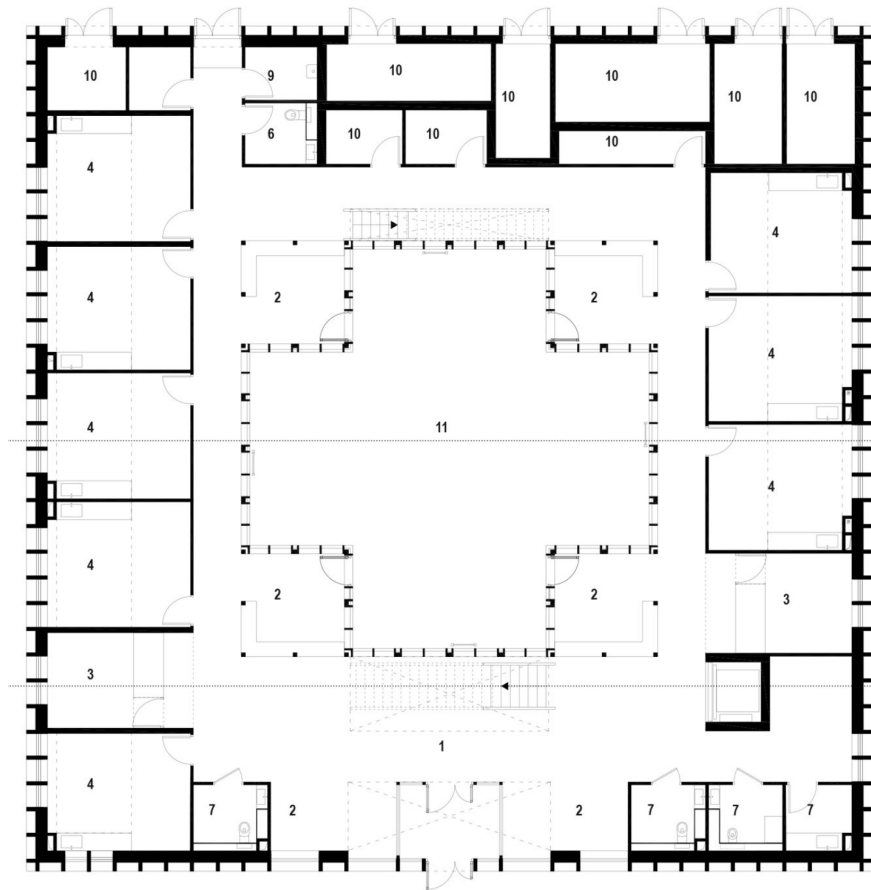
Figure X (left): view of central courtyard  
Figure X (above): view of interior finishes  
Figure X (right): view of main entrance



Figure 17

KEY

- 1 Lobby
- 2 Waiting room
- 3 Reception
- 4 Consultation
- 5 Meeting room
- 6 Equipment
- 7 Restroom
- 8 Sterilization
- 9 Storage
- 10 Mechanical
- 11 Courtyard



PLAN: LEVEL 01



PLAN: LEVEL 02

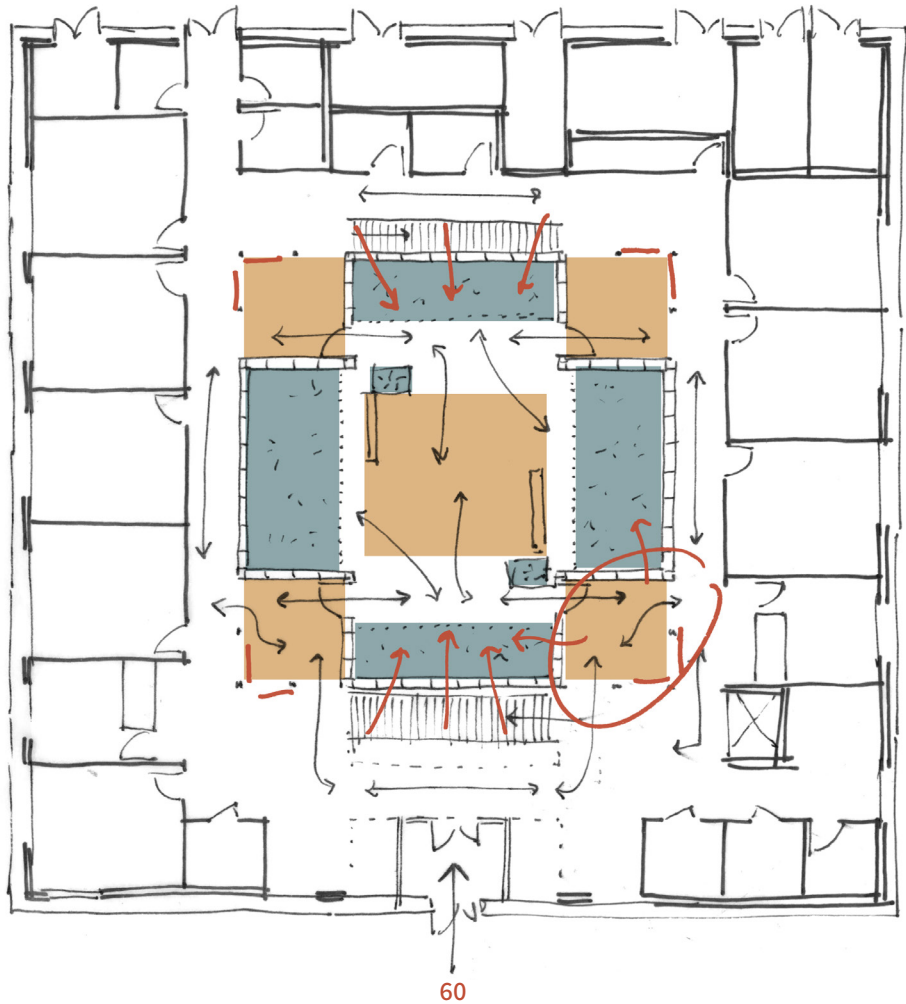




**The main circulation moves around and through the large courtyard** housing the central medicinal garden. The garden includes areas for seating and pathways for walking through.

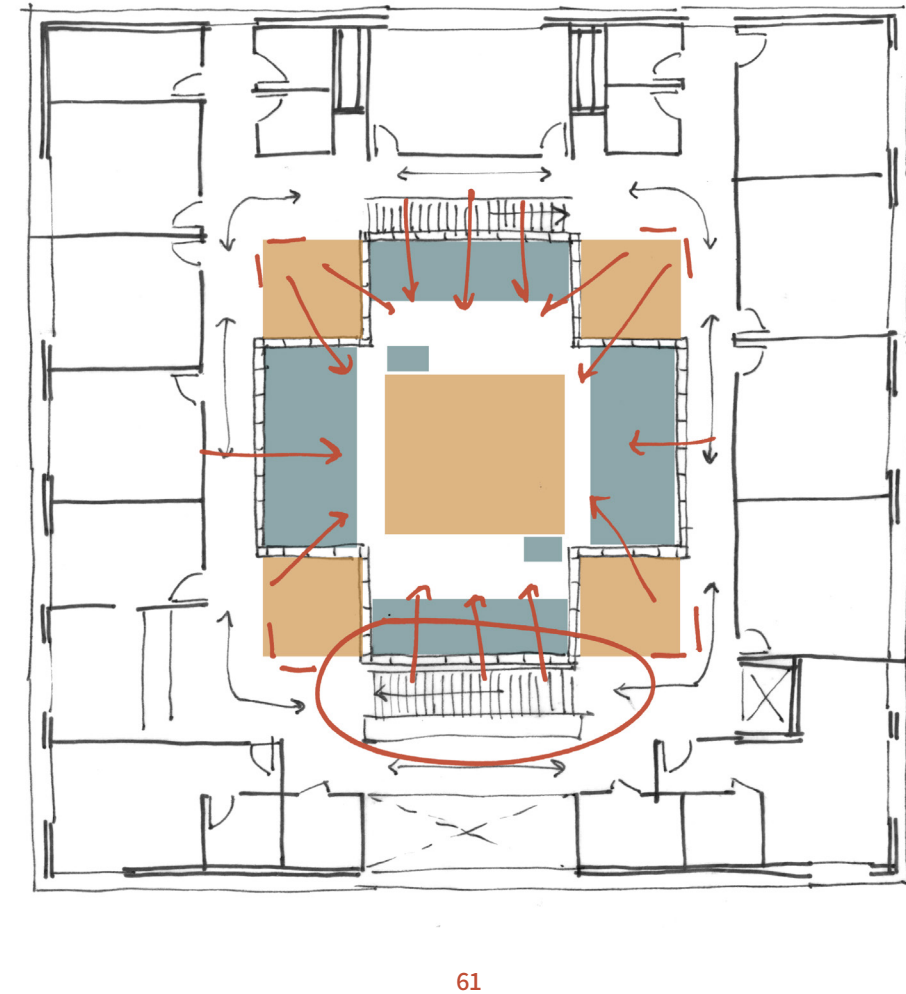
By surrounding the courtyard with glass, it becomes the most open and public space while the most private areas occupy the outermost edges of the building on both the first and second levels.

- Planted areas
- Communal areas



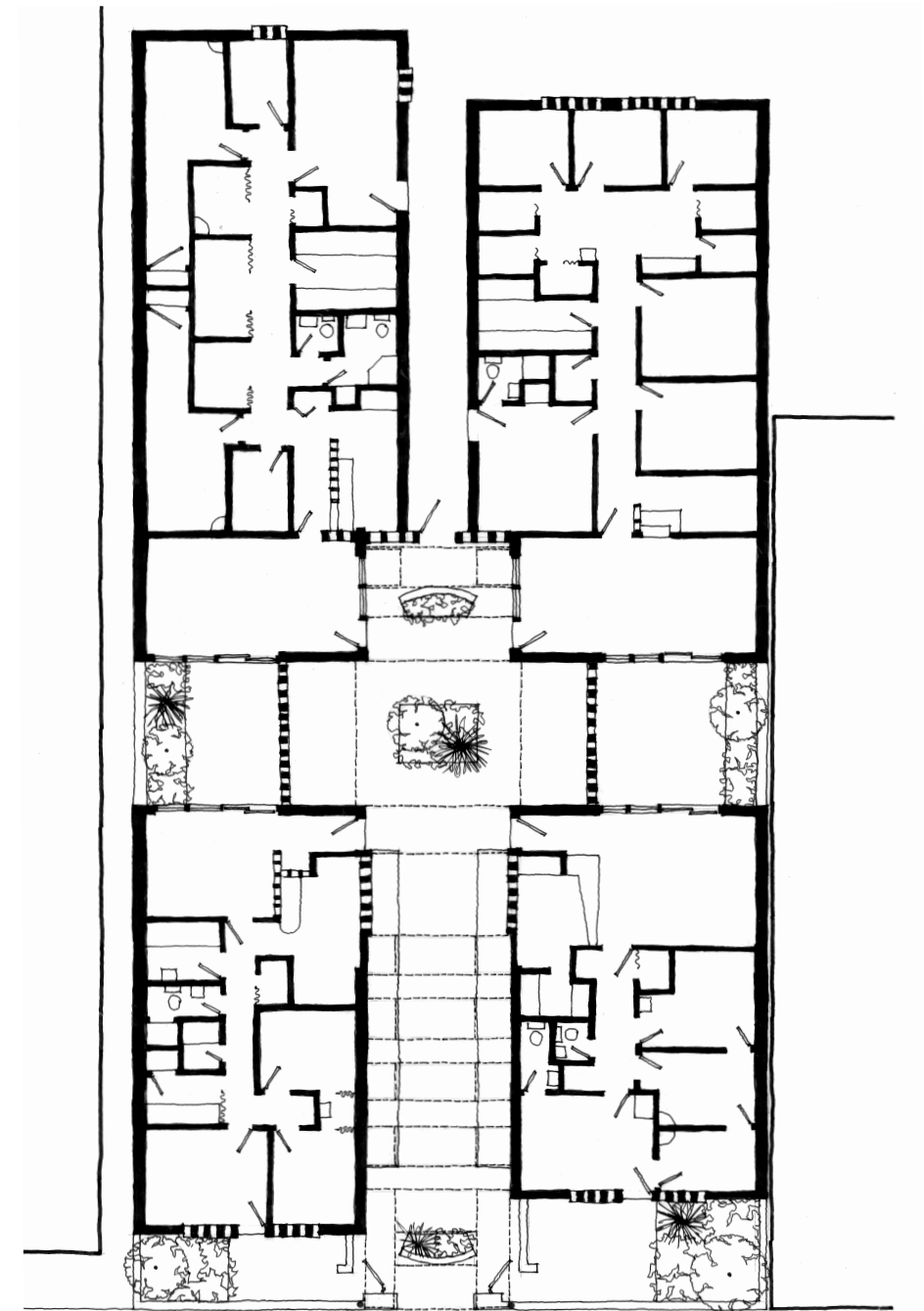
**Views** into the courtyard are encouraged from all angles surrounding the **cross-shaped center**. Communal waiting areas are situated on the four inward-facing corners around the garden.

By designing the **planted areas as the central focus** and using **honest, natural materials** throughout the interior, Taverny Medical Centre emphasizes the power of natural medicine and the importance of one's connection with fresh air and natural light.

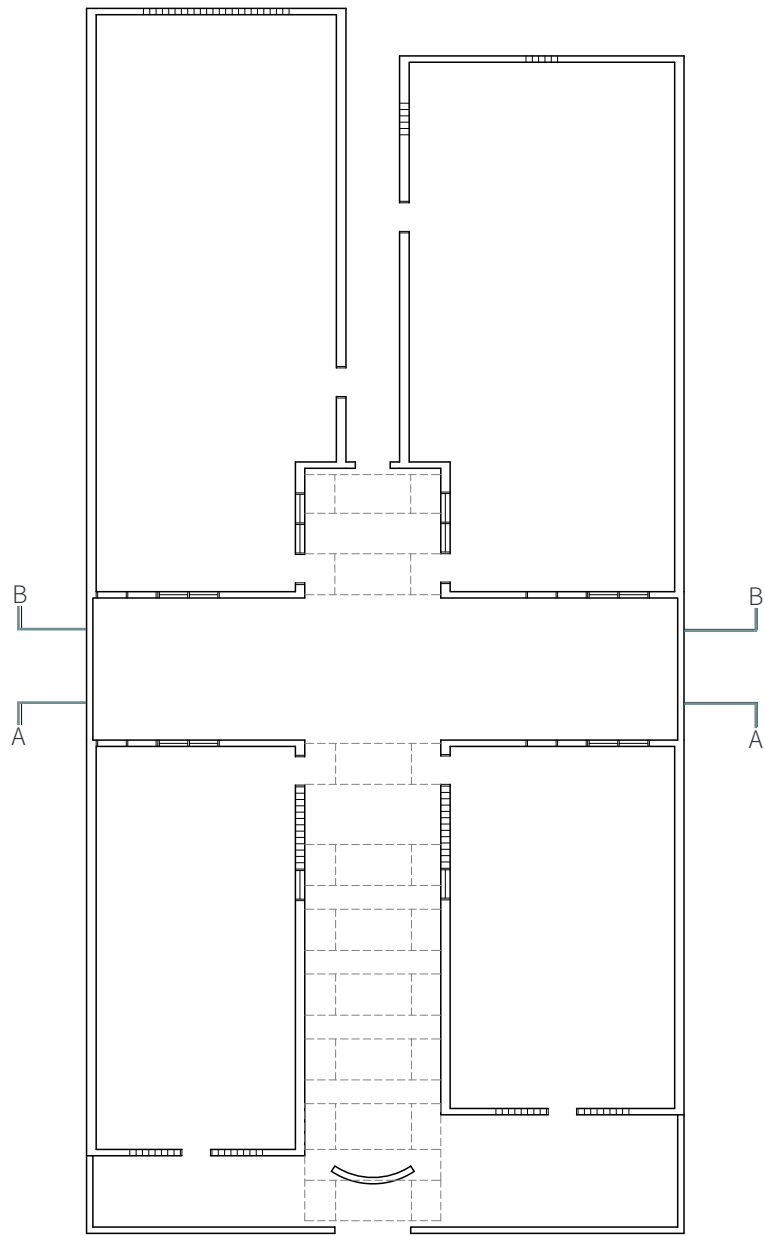


## Existing Building Documentation

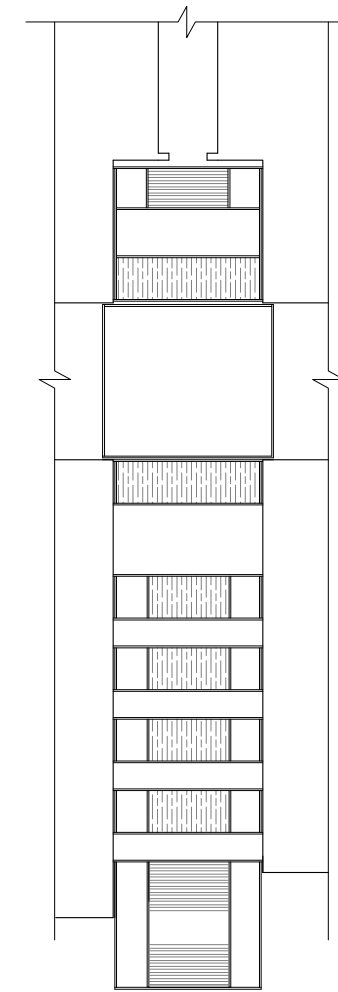
Figure X (opposite): plan drawing of the doctors offices at 206 and 208 East Clay Street with original layout. Courtesy of Joseph Dye Lahendro



Plan drawing of the doctors offices at 206 and 208 East Clay Street with original layout. Courtesy of Joseph Dye Lahendro



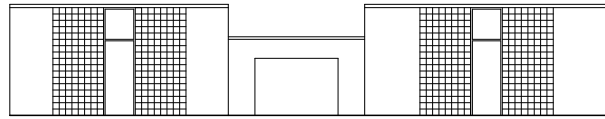
FOUNDATION PLAN



COURTYARD RCP

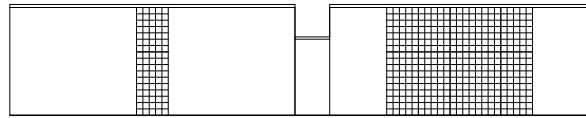






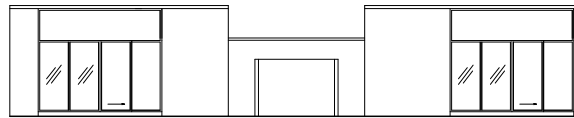
SOUTH ELEVATION

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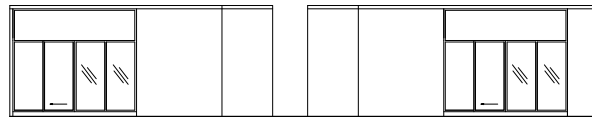
NORTH ELEVATION

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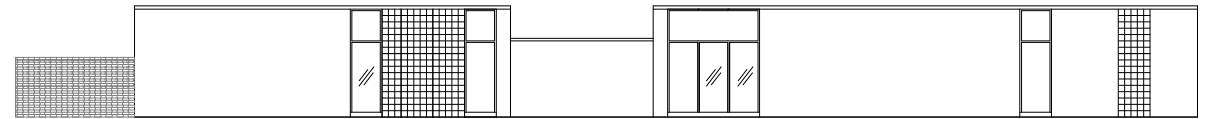
SECTION A LOOKING SOUTH

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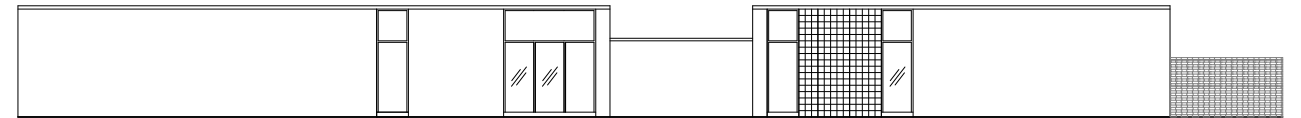
SECTION B LOOKING NORTH

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INNER COURTYARD LOOKING WEST

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INNER COURTYARD LOOKING EAST

---

# Building History



Figure 18: Color photographs of building in 1985. . January, 2020



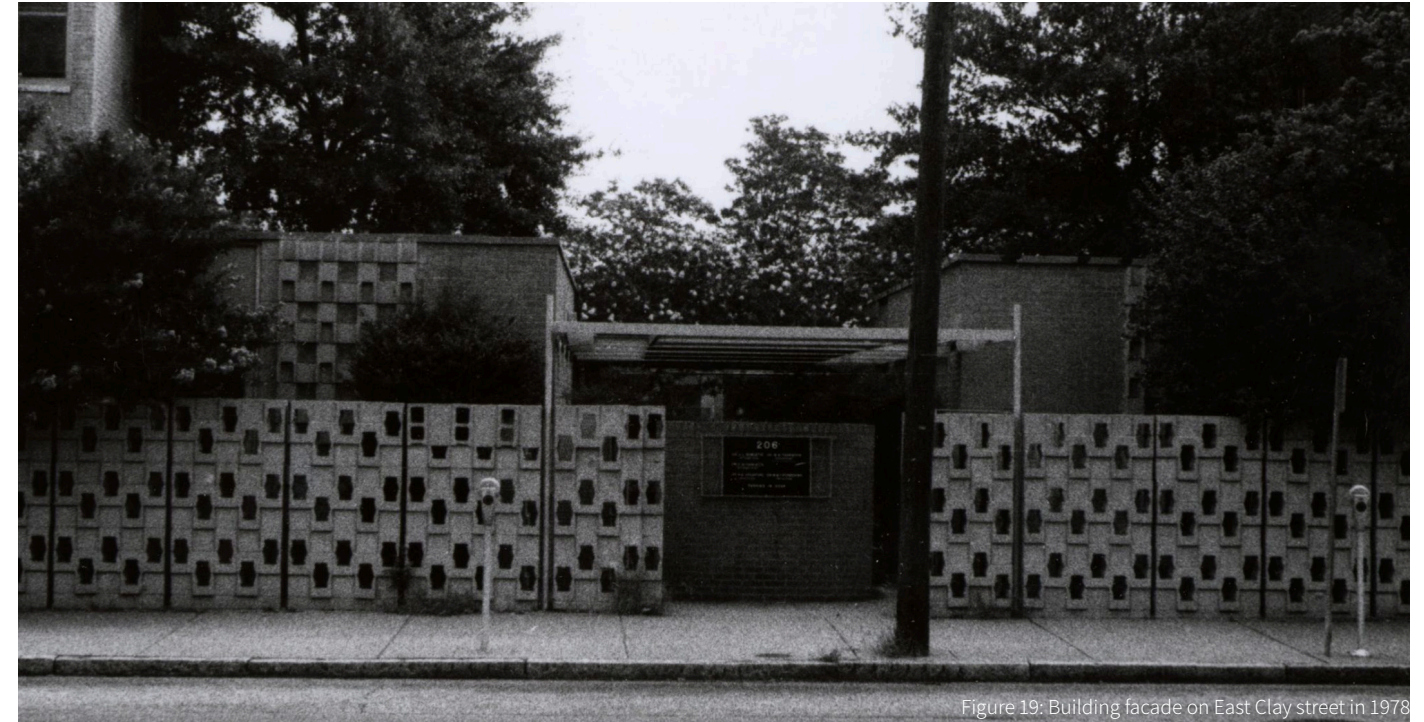


Figure 19: Building facade on East Clay street in 1978

The building was designed by **Frederick “Bud” Hyland** in 1961. Hyland was a student of Frank Lloyd Wright and is remembered as the designer who brought **modernist architecture to Richmond** in the 1930’s. The offices at 206 & 208 East Clay street is among several buildings, mostly residential but some commercial, that Hyland designed here in Richmond. However, it seems to have been forgotten. The modernist, Frank Lloyd Wright-esque residences that Hyland designed are what he is best known for in Richmond. Not only is information on the Clay Street offices hard to come by, the original design has been drastically altered, with little consideration given to Hyland’s original intention.

The office complex was designed for **Dr. William S. Thornton** and **Dr. John H. Howlette**. Dr. Thornton occupied 208 East Clay, while Dr. Howlette occupied 206 East Clay.

**Thornton (1920-1999)** was a Richmond native and podiatrist. He was among the very first African American doctors to practice in Richmond. He was **community oriented and an activist**, a co-founder of the **Richmond Crusade for Voters**, established in 1956. Thornton was the first President of the Crusade from 1956 to 1961. He was also a member of the **NAACP**, and a founder of the **Richmond Black History Museum and Cultural Center of Virginia** (Gresham, 2018).





**Howlette (1927-2002)** was the **first African American optometrist to practice in Richmond, and the second in all of Virginia** (Richmond Free Press, 2019). Howlette and his wife, **Fay A. Howlette**, ran their optometry practice together.

**“Mrs. Howlette managed the office in Jackson Ward while her husband checked the eyes and prescribed glasses for patients who previously were examined by white doctors who saw African-American patients only one day a week and usually at night... During their marriage, she backed his efforts to turn around the business community in Jackson Ward that had been hit hard after Interstate 95 carved through the**

**neighborhood. She also supported his other civic endeavors, including his service on the Richmond School Board in the 1980s.”** (RFP, 2019).



Figure 20 (opposite): The three co-founders of the Richmond Crusade for Voters pictured with a group outside the city of Richmond who wanted to learn more about the organization. Back row second from the left is William Ferguson Reid, M.D., and second from the right is William S. Thornton, D.P.M. On the first row, third from the

right, is John Mitchell Brooks.  
Figure 21 (above): Dr. John Howlette in his optometrist office  
Figure 22 (above far right): Mrs. Fay A. Howlette



Figure X



Painted tile at courtyard entrance to what was Dr. Howlette's office, February 20th, 2020





The building was constructed mostly of **brick** - synonymous with the architectural vernacular of Jackson Ward - with suspended metal panels, **glass block panel, concrete** and **wood**. The areas for planting, placed throughout the plan, were well considered as a key component to the space. The central courtyard with smaller areas stemming from it has potential to suit the thesis's program well. Since much of Hyland's sensibility has been lost over multiple architectural and landscaping alterations, **the thesis will aim to appropriately restore and reference those details as much as possible.**



Figure 23 (opposite): view of facade from across Clay street, 1985

Figure 24 (above): view of facade from sidewalk, facing East

Figure 25 (above right): view of facade from sidewalk, facing West

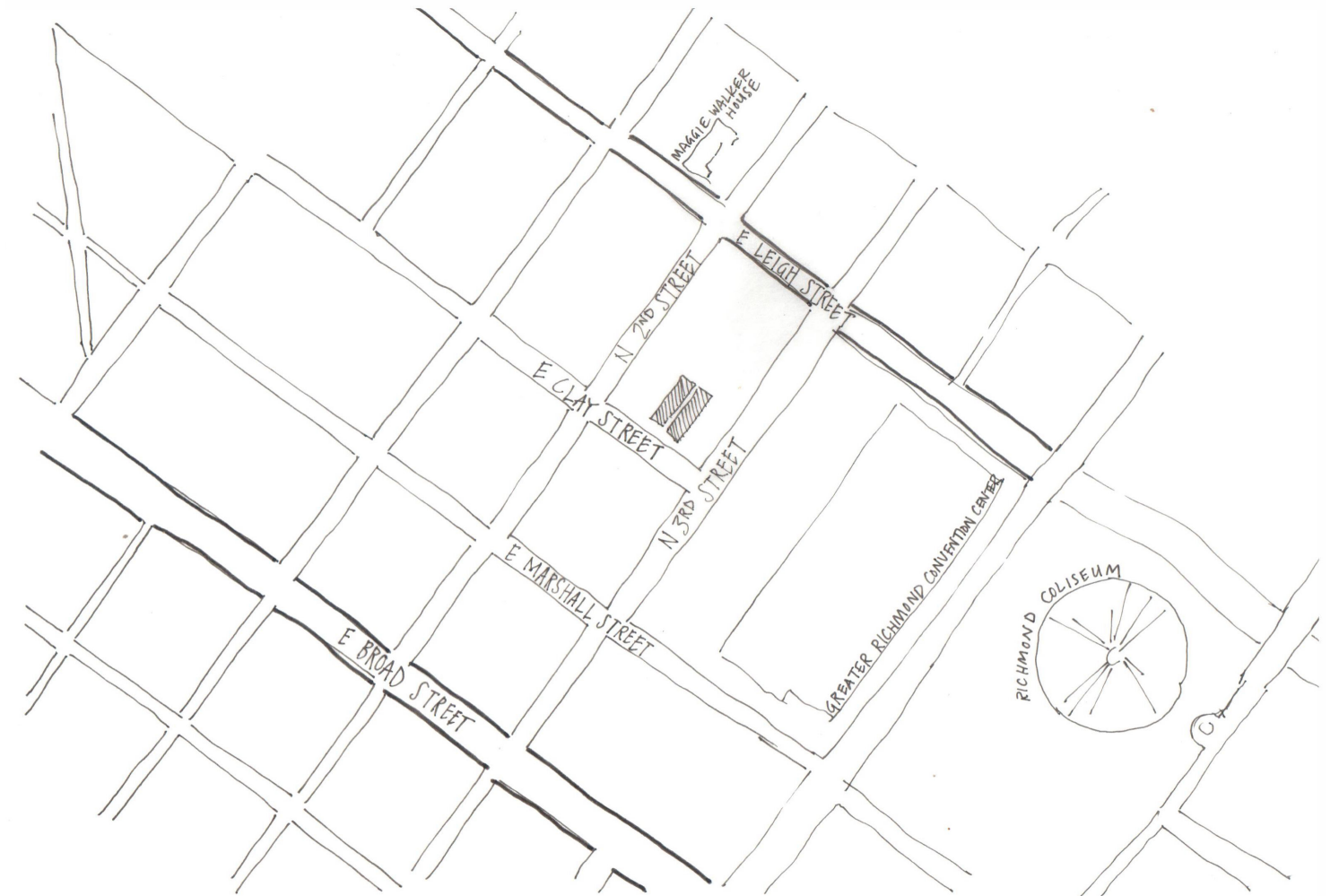






Figure 26: View of courtyard, 1985

# Neighborhood History







Weathered brick and glass block in Jackson Ward, March 2020



Figure 27: Constuction and ad for the development of I-95

The site is located right on the edge of historic **Jackson Ward**. It sits on the North side of East Clay street between 2nd and 3rd street. This part of the neighborhood is where the architecture takes a dramatic shift from historic residential buildings to newer, large government buildings. **This shift came with the expansion of Interstate-95 through the neighborhood in the 1950's - undoubtedly a strategy to displace the Black communities occupying the area.** Following that was the establishment of the Richmond Coliseum in 1971 and the Richmond Convention Center in 1986.

Jackson Ward was added to the National Register of

Historic Places in 1976. Long before that and prior to the start of the Civil War, the area was a **“home to free blacks and enslaves individuals, along with European immigrants and Jewish residents”** (Department of Historic Resources, 2005). The area was central to the Civil Rights Movement in Richmond. By the early 1900's, the area was a **hub for African American owned businesses** “such as the St. Luke Penny Savings Bank, the Southern Aid Insurance Company, the *Richmond Planet* newspaper, and Miller's Hotel” (Department of Historic Resources, 2005). The neighborhood is still fondly referred to as being the “Black Harlem” and “Black Wall Street of the South”.





200 - 202



204



206



210



212 - 214

### 200 block of East Clay street, 1978



213



211



209, 207, 205, 203, 201

Compilation of historic facade photos found in Zehmer, John G., and Robert P. Winthrop. 1978. The Jackson Ward historic district. Richmond: Dept. of Planning and Community Development.





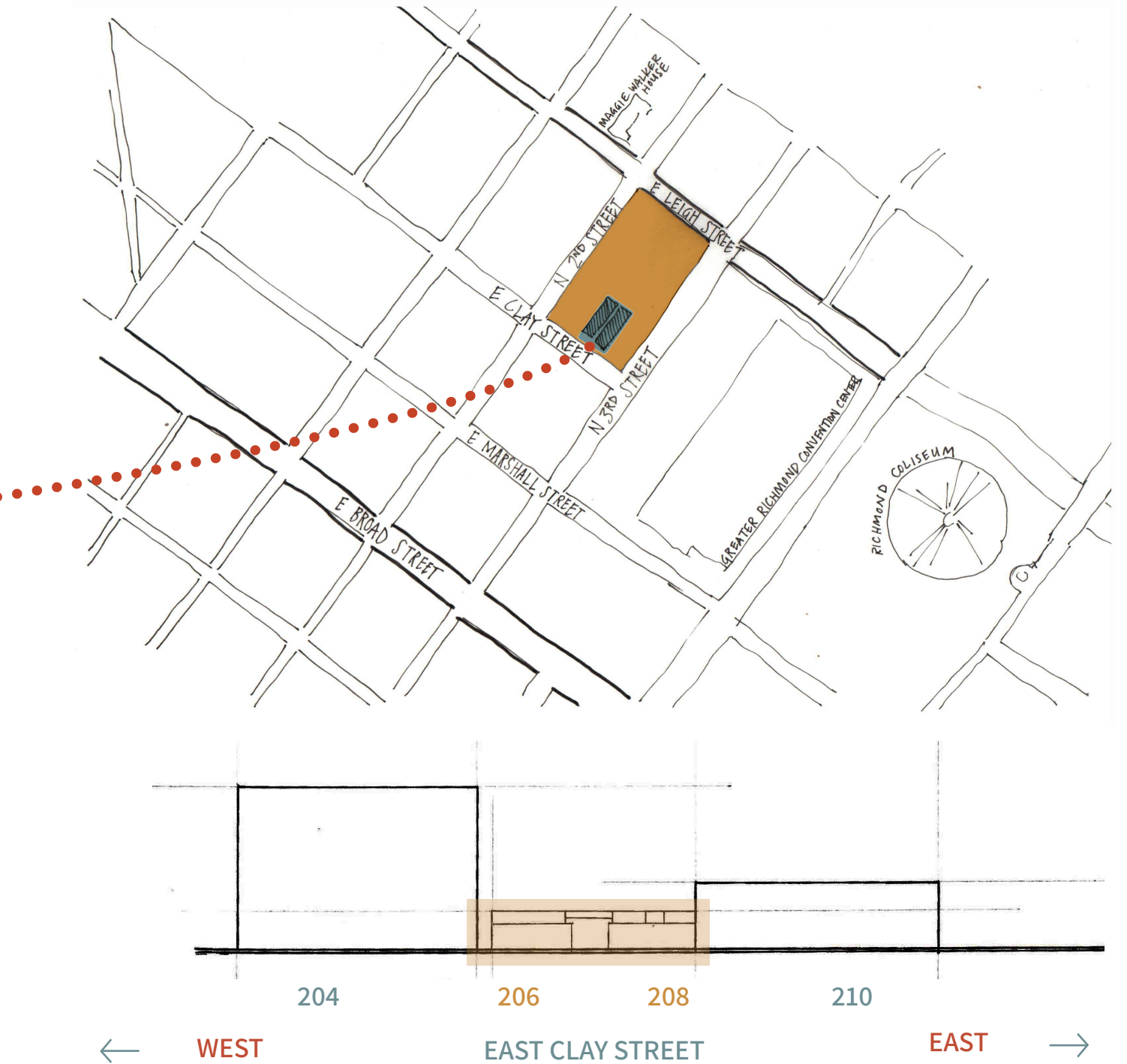
200 Block of East Clay street facing East, March 2020



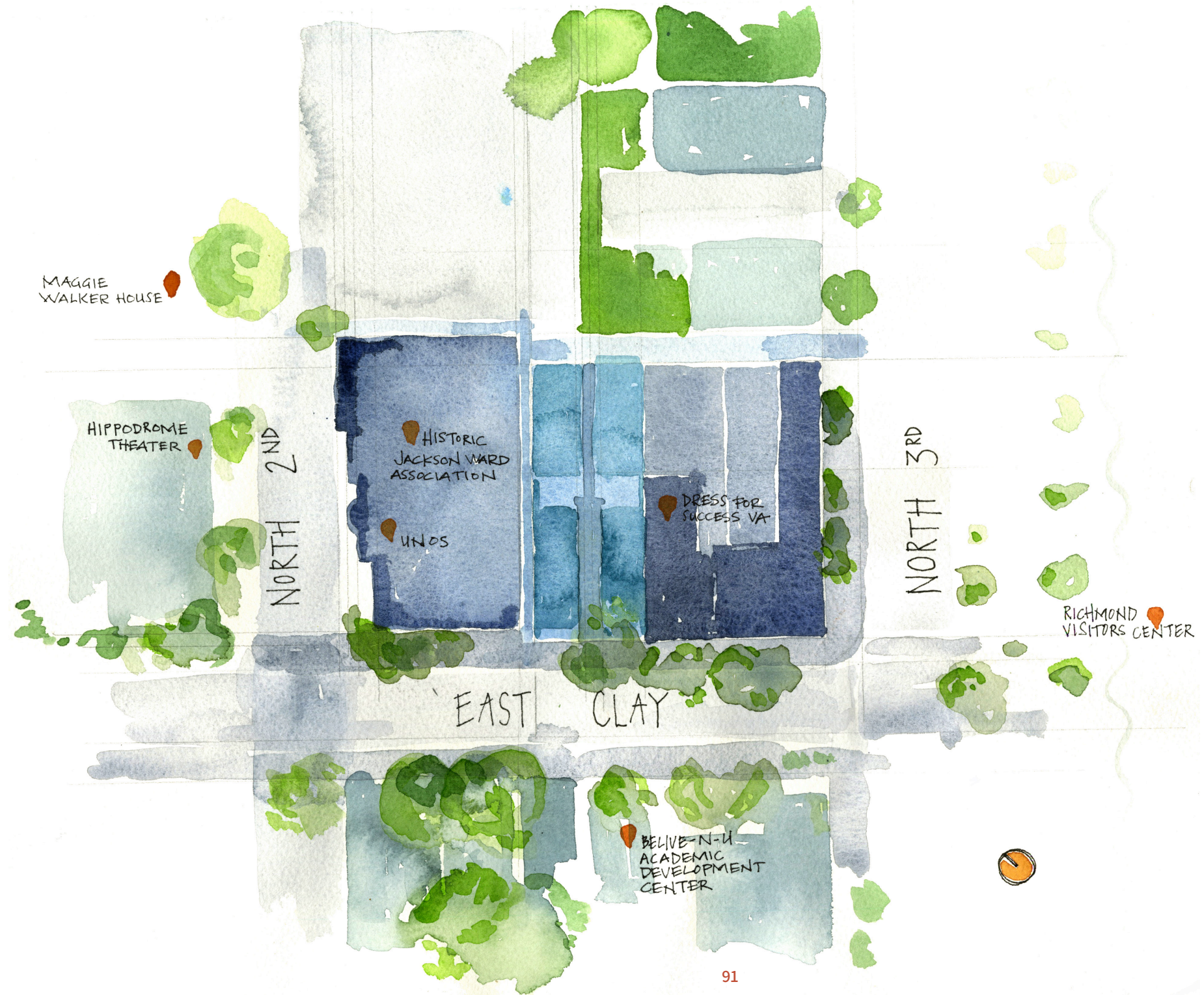
# Site Study











MAGGIE WALKER HOUSE

HIPPODROME THEATER

HISTORIC JACKSON WARD ASSOCIATION

UNOS

DRESS FOR SUCCESS VA

NORTH 3RD

RICHMOND VISITORS CENTER

EAST CLAY

BELVE-N-U ACADEMIC DEVELOPMENT CENTER



# Photographic Studies



< View towards 206 from sidewalk >



View towards 208 from sidewalk >



< View of curvilinear courtyard path, looking north >



View of courtyard looking north >





< View towards 206 from sidewalk



View towards 208 from sidewalk >



< View towards 206 from sidewalk



View towards 208 from sidewalk >



< View towards 206 from sidewalk



View towards 208 from sidewalk >



< View towards 206 from sidewalk



View towards 208 from sidewalk >



< View towards 206 from sidewalk



View towards 208 from sidewalk >



< View towards 206 from sidewalk



View towards 208 from sidewalk >





< View towards 206 from sidewalk



View towards 208 from sidewalk >



View towards 208 from sidewalk >



< View towards 206 from sidewalk



View towards 208 from sidewalk >



## Program & Code Analysis

**Type of Construction:** Type III

**Building Gross Area:** 7,512 sf

**Target Net Area:** 4,508 sf

**Total Occupancy:** 164

**Primary Occupancy:** Group B

## Waiting

Reception and waiting area for scheduled appointments and consultations.

<b>Quantity:</b> 1	<b>Users:</b>
<b>Occupancy:</b> Group B	Administrative staff, patients
<b>Occupant Load:</b> 10	
<b>Total Occupants:</b> 10	<b>Special FF&amp;E:</b>
<b>Required Exits:</b> 1	Reception desk, seating
<b>Area:</b> 600 SF	
<b>Total Area:</b> 600 SF	<b>Special Considerations:</b>
<b>Accessible:</b> Yes	Variety of seating, adjacent to central courtyard space
<b>Plumbing:</b> No	
<b>Daylight:</b> High	
<b>Security:</b> Med	
<b>Privacy (Visual):</b> Low	
<b>Privacy (Acoustic):</b> Med	

## Retail Apothecary

Storefront area with medicinal herb retail and small cafe serving teas and tinctures grown and produced on site.

<b>Quantity:</b> 1	<b>Users:</b>
<b>Occupancy:</b> Group B	Administrative staff, patients, specialists, physicians, visitors
<b>Occupant Load:</b> 15	
<b>Total Occupants:</b> 15	<b>Special FF&amp;E:</b>
<b>Required Exits:</b> 1	Cash wrap, display shelving, temperature controlled display, cafe counter and seating
<b>Area:</b> 450 SF	
<b>Total Area:</b> 450 SF	<b>Special Considerations:</b>
<b>Accessible:</b> Yes	Adjacent to central courtyard space
<b>Plumbing:</b> Yes	
<b>Daylight:</b> High	
<b>Security:</b> Med	
<b>Privacy (Visual):</b> Low	
<b>Privacy (Acoustic):</b> Med	

## Multipurpose Community Space

Large flexible communal space for events, classes, workout classes, workshops, etc.

<b>Quantity:</b> 1	<b>Users:</b>
<b>Occupancy:</b> Group B	Administrative staff, patients, specialists, physicians, visitors
<b>Occupant Load:</b> 50	
<b>Total Occupants:</b> 50	<b>Special FF&amp;E:</b>
<b>Required Exits:</b> 2	Reconfigurable furniture, adjustable partition (to divide space into two), A/V equipment
<b>Area:</b> 1,000 SF	
<b>Total Area:</b> 1,000 SF	<b>Special Considerations:</b>
<b>Accessible:</b> Yes	Storage areas for furniture, workout equipment and personal items. Adjacent to central courtyard space
<b>Plumbing:</b> No	
<b>Daylight:</b> High	
<b>Security:</b> Med	
<b>Privacy (Visual):</b> Med	
<b>Privacy (Acoustic):</b> Med	

## Specialist Workspace & Break Room

Storage, open workspace and shared kitchen for physicians and therapists participating in the cooperative.

<b>Quantity:</b> 1	<b>Users:</b>
<b>Occupancy:</b> Group B	Specialists, physicians
<b>Occupant Load:</b> 10	
<b>Total Occupants:</b> 10	<b>Special FF&amp;E:</b>
<b>Required Exits:</b> 1	Community work table, individual workspaces, fridge, dishwasher
<b>Area:</b> 900 SF	
<b>Total Area:</b>	<b>Special Considerations:</b>
<b>Accessible:</b> Yes	Secure storage, natural light. Adjacent to central courtyard space - direct access to planted areas
<b>Plumbing:</b> Yes	
<b>Daylight:</b> Med - High	
<b>Security:</b> High	
<b>Privacy (Visual):</b> Low	
<b>Privacy (Acoustic):</b> Med	

## Consultation

Private consultation areas within the building provide a place to determine a patient's unique methods of care. Designed for one-on-one and for small group conversation.

<b>Quantity:</b> 2	<b>Users:</b>
<b>Occupancy:</b> Group B	Patients, specialists, physicians
<b>Occupant Load:</b> 4	
<b>Total Occupants:</b> 8	<b>Special FF&amp;E:</b>
<b>Required Exits:</b> 1	Comfortable seating
<b>Area:</b> 100 SF	
<b>Total Area:</b> 200 SF	<b>Special Considerations:</b>
<b>Accessible:</b> Yes	Away from central courtyard space
<b>Plumbing:</b> No	
<b>Daylight:</b> Med	
<b>Security:</b> High	
<b>Privacy (Visual):</b> High	
<b>Privacy (Acoustic):</b> High	

## Group Visit

This room is set up to run focused group visits that are ailment specific.

<b>Quantity:</b> 1	<b>Users:</b>
<b>Occupancy:</b> Group B	Patients, specialists, physicians
<b>Occupant Load:</b> 15	
<b>Total Occupants:</b> 15	<b>Special FF&amp;E:</b>
<b>Required Exits:</b> 1	Flexible tables and seating for 12, tools for content delivery
<b>Area:</b> 420 SF	
<b>Total Area:</b> 420 SF	<b>Special Considerations:</b>
<b>Accessible:</b> Yes	Away from central courtyard space
<b>Plumbing:</b> No	
<b>Daylight:</b> High	
<b>Security:</b> Med	
<b>Privacy (Visual):</b> Med	
<b>Privacy (Acoustic):</b> High	

## Bodywork

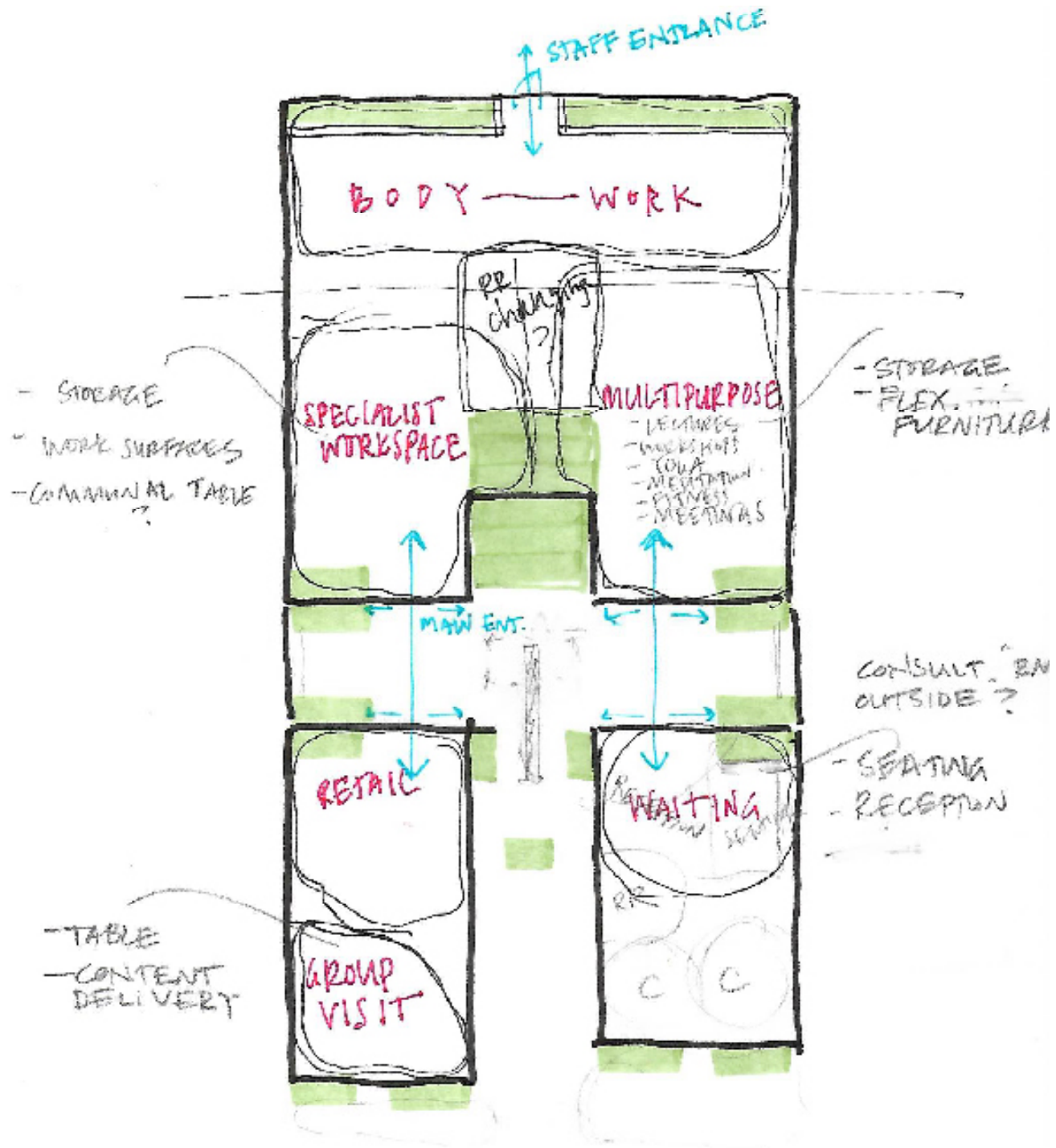
Treatment rooms for different types of massage and chiropractic therapy.

<b>Quantity:</b> 4	<b>Users:</b>
<b>Occupancy:</b> Group B	Patients, specialists, physicians
<b>Occupant Load:</b> 2	
<b>Total Occupants:</b> 8	<b>Special FF&amp;E:</b>
<b>Required Exits:</b> 1	Massage table, supply storage
<b>Area:</b> 200 SF	
<b>Total Area:</b> 800 SF	<b>Special Considerations:</b>
<b>Accessible:</b> Yes	Away from central courtyard space. Adjustable lighting and temperature
<b>Plumbing:</b> No	
<b>Daylight:</b> Med	
<b>Security:</b> High	
<b>Privacy (Visual):</b> High	
<b>Privacy (Acoustic):</b> High	

## Courtyard

Greenspaces throughout the courtyard function as a community area and a gardening resource for the individuals running the facility.

<b>Quantity:</b> 1	<b>Users:</b>
<b>Occupancy:</b> N/A	Administrative staff, patients, specialists, physicians, visitors
<b>Occupant Load:</b> 0	
<b>Total Occupants:</b> 0	<b>Special FF&amp;E:</b>
<b>Required Exits:</b> N/A	Planted areas, bench seating, water feature(s)
<b>Area:</b> N/A	
<b>Total Area:</b> N/A	<b>Special Considerations:</b>
<b>Accessible:</b> Yes	Open to the public but visually obscured from the sidewalk and Clay street. Acts as the central community area to the facility. Directly adjacent to Waiting, Multipurpose, Retail and Workspace areas
<b>Plumbing:</b> Yes	
<b>Daylight:</b> High	
<b>Security:</b> Low	
<b>Privacy (Visual):</b> Low	
<b>Privacy (Acoustic):</b> Low	



### Restrooms

Quantity: 3  
 Occupancy: Group B  
 Occupant Load: 0  
 Total Occupants: 0  
 Required Exits: 1  
 Area: 30 - 70 SF  
 Total Area: 90 - 210 SF  
 Accessible: Yes  
 Plumbing: Yes  
 Daylight: Med  
 Security: Med  
 Privacy (Visual): High  
 Privacy (Acoustic): High

### Housekeeping

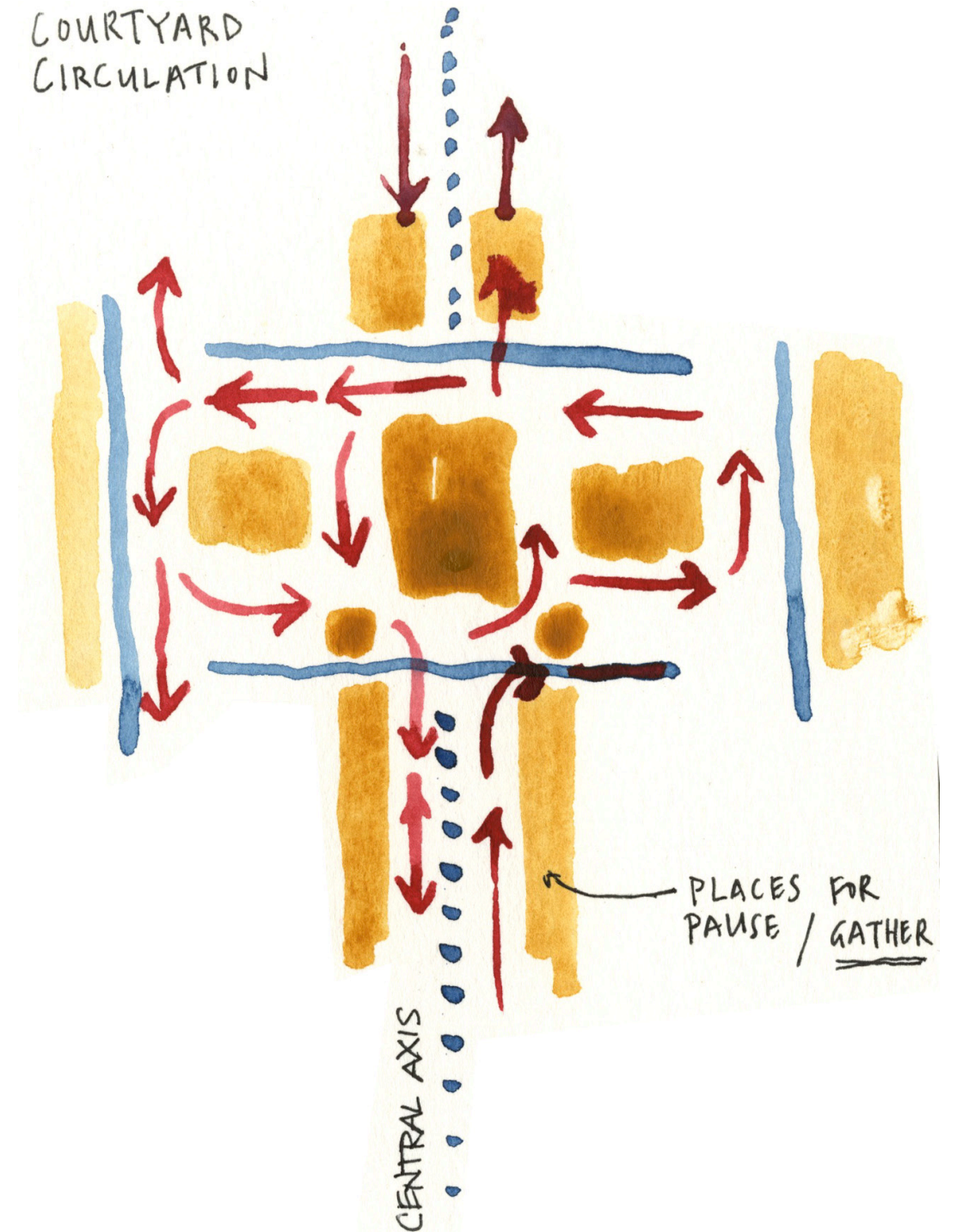
Quantity: 1  
 Occupancy: Group B  
 Occupant Load: 0  
 Total Occupants: 0  
 Required Exits: 1  
 Area: 35 SF  
 Total Area: 35 SF  
 Accessible: Yes  
 Plumbing: No  
 Daylight: Low  
 Security: Med  
 Privacy (Visual): High  
 Privacy (Acoustic): High

### Mechanical

Quantity: 1  
 Occupancy: Group B  
 Occupant Load: 0  
 Total Occupants: 0  
 Required Exits: 1  
 Area: 35 SF  
 Total Area: 35 SF  
 Accessible: Yes  
 Plumbing: No  
 Daylight: Low  
 Security: High  
 Privacy (Visual): High  
 Privacy (Acoustic): High



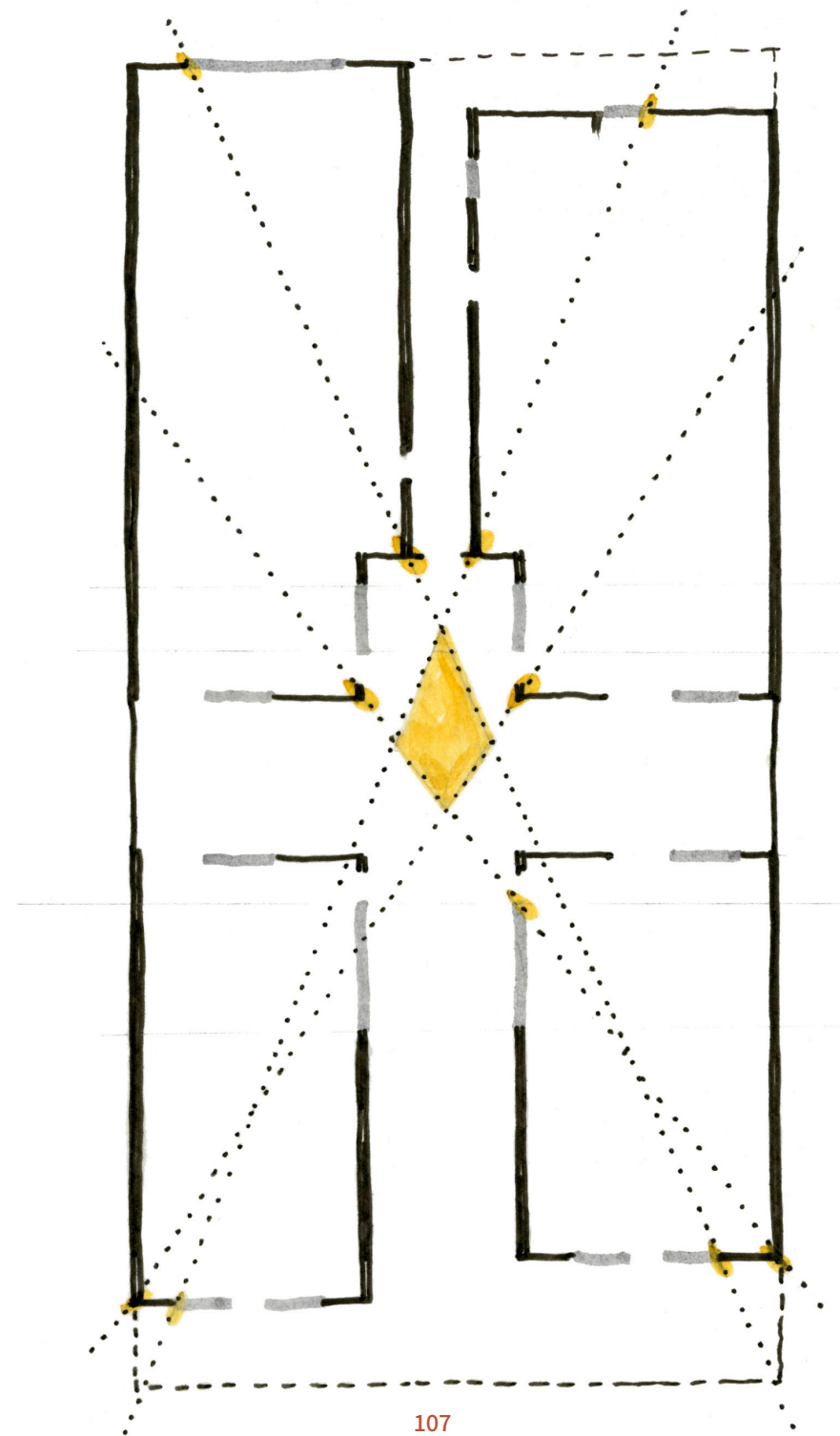
# Concept Development



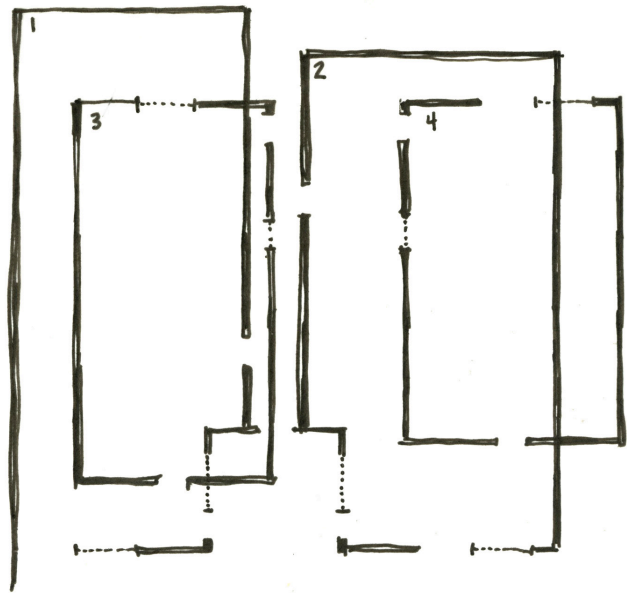
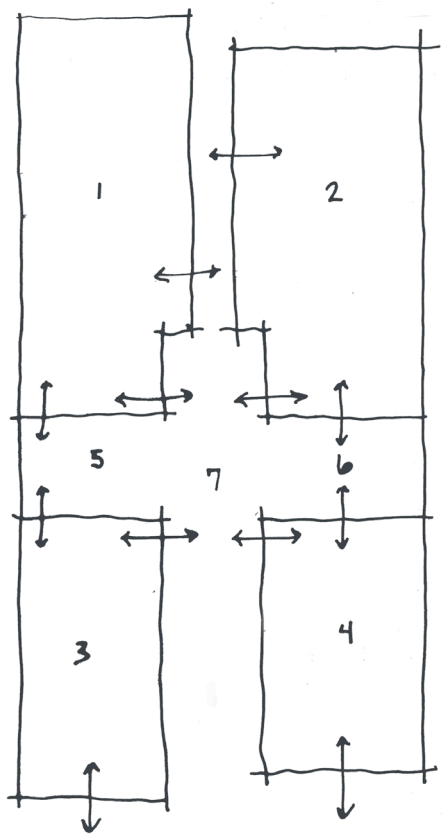
**The project is a wellness center that revolves around, and depends on, community. The concept is a hidden gem.**

The site itself is a hidden gem, a small but glorious courtyard and complex tucked away at the edge of historic Jackson Ward. The building is an anomaly, as it was at the time that it was completed in the early 1960's. A California modernist sanctuary hidden from view, filled with people dedicated to making healthcare accessible to their community, taking a stance at a turning point of the Civil Rights movement.

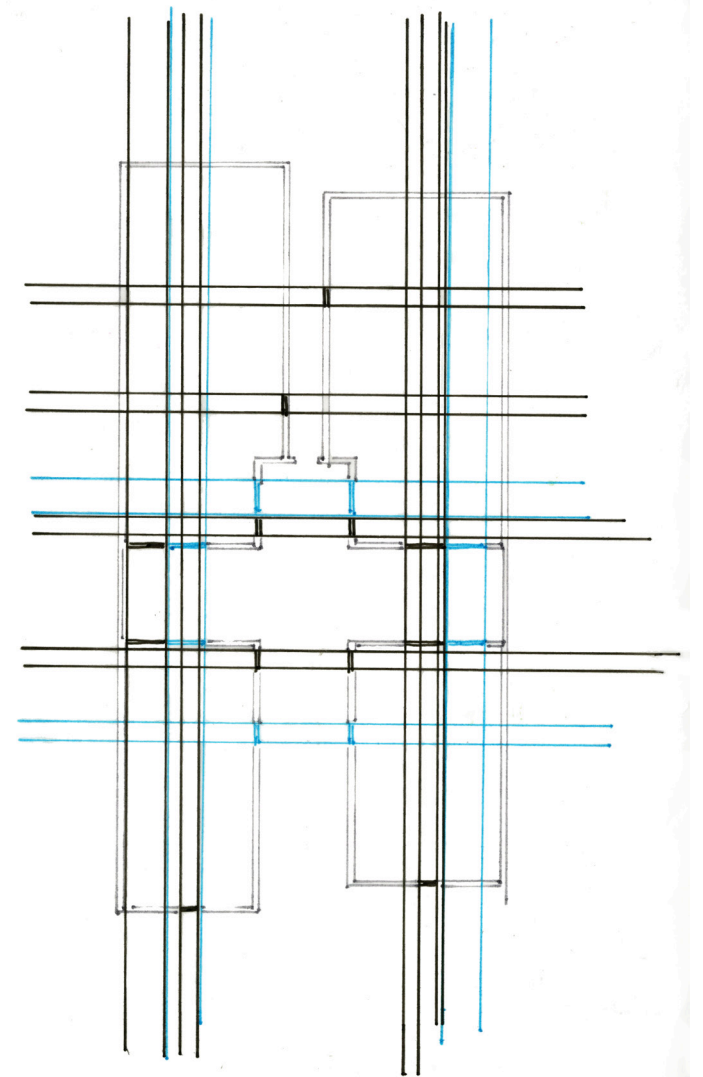
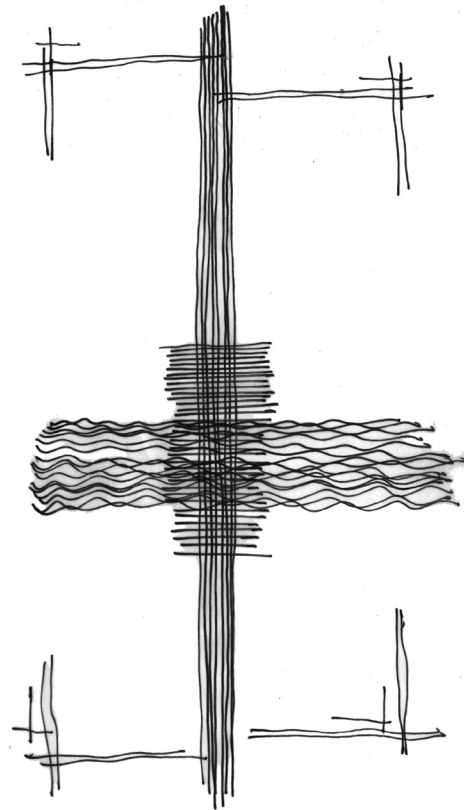
When health and wellness is addressed at a community level, magic happens. In terms of the project program, the hidden gem is the potential of community, the beauty of meaningful relationships, and the possibility of self-efficacy and a higher quality of life for every body and mind.

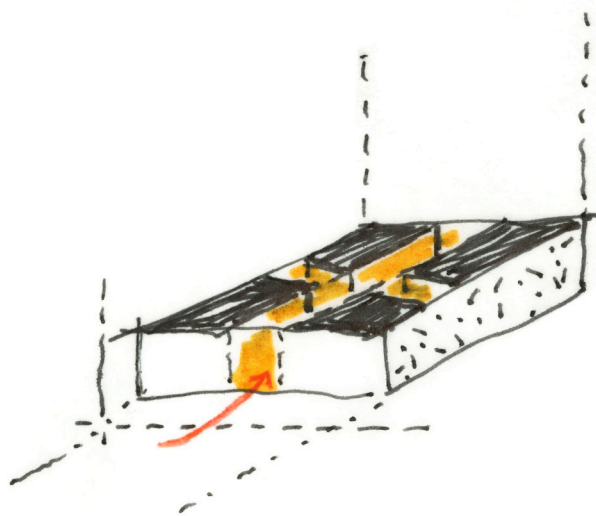
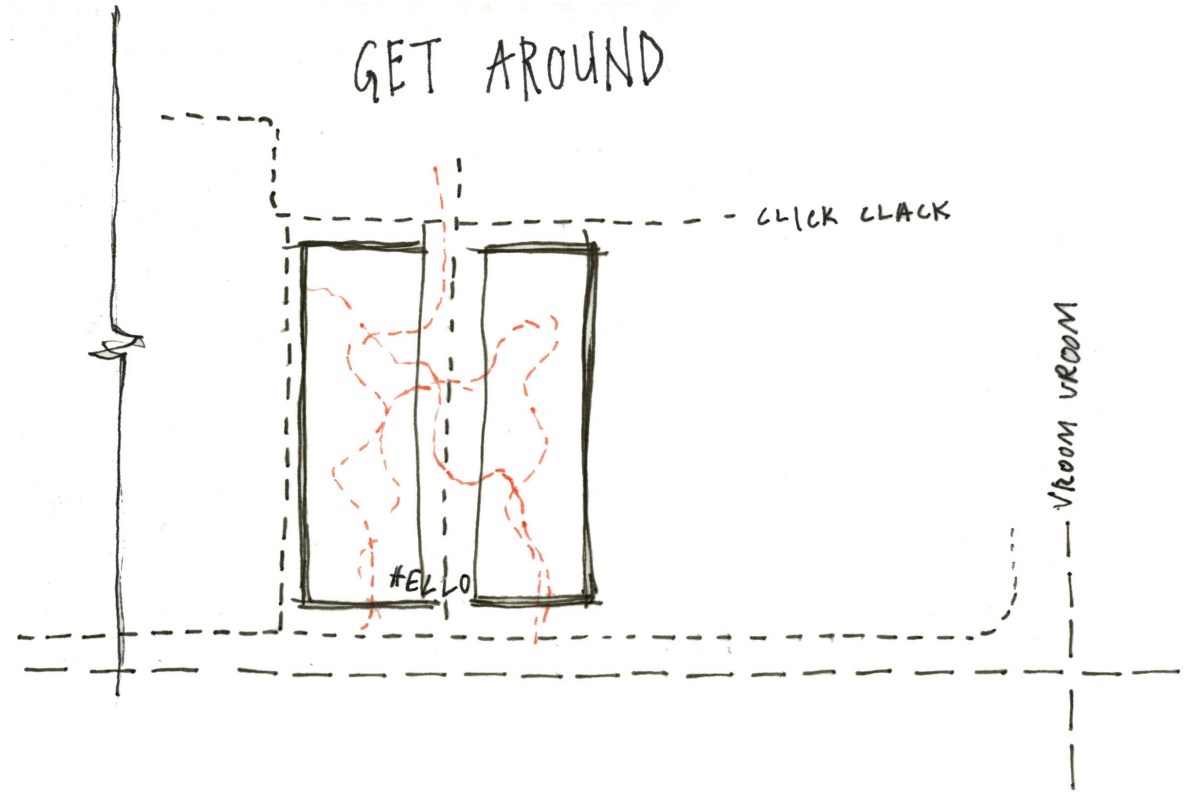
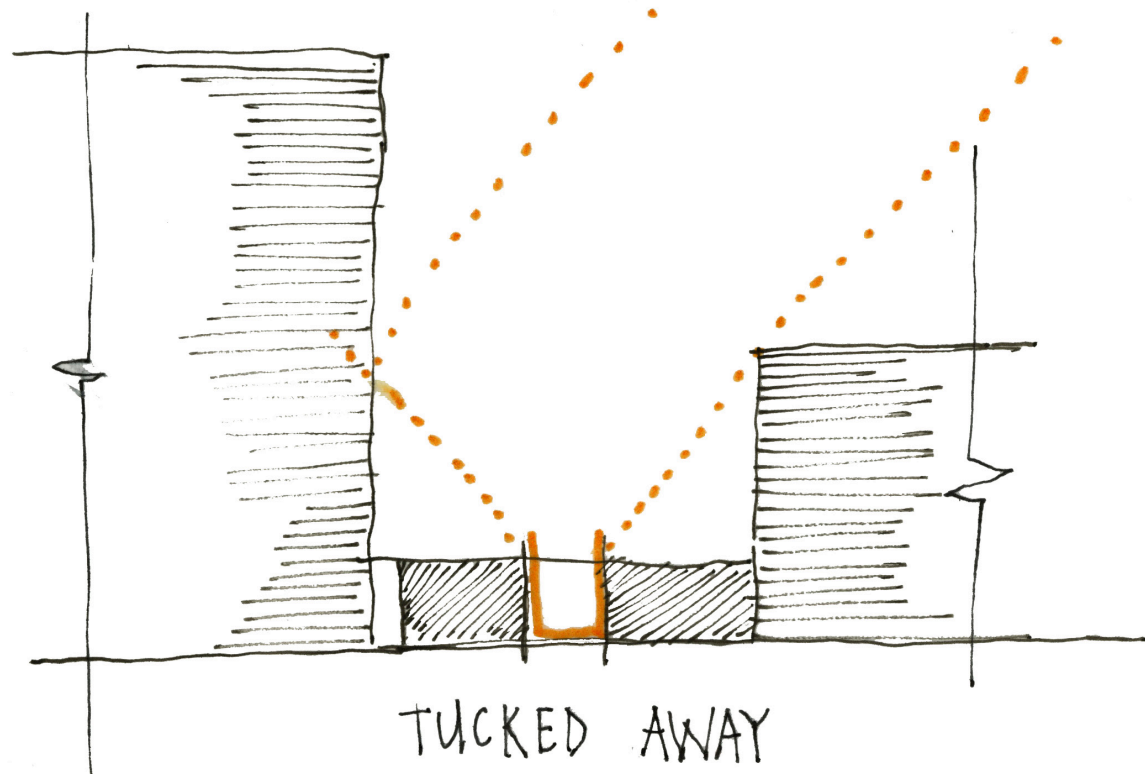




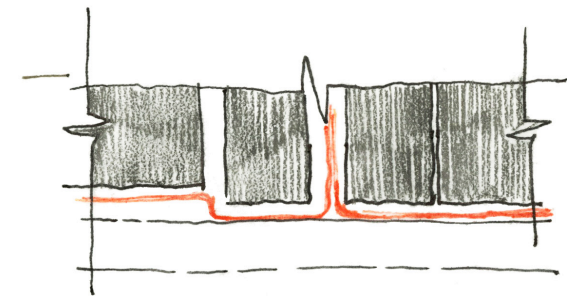
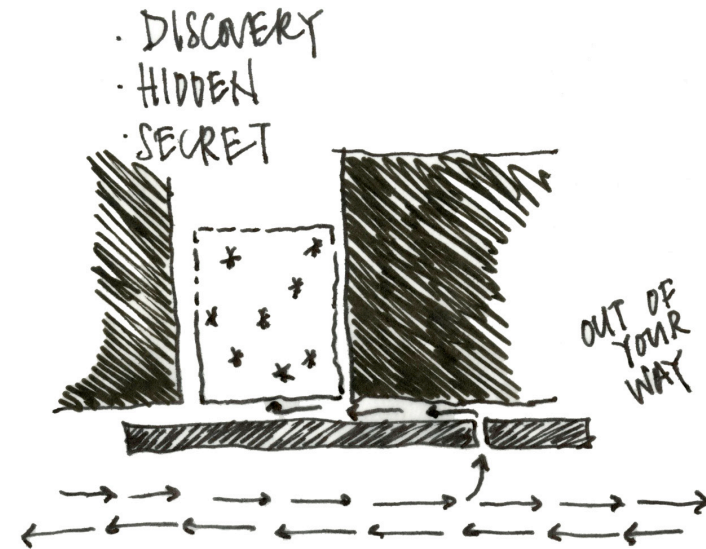


Getting to know the building: zones, circulation and fenestration.

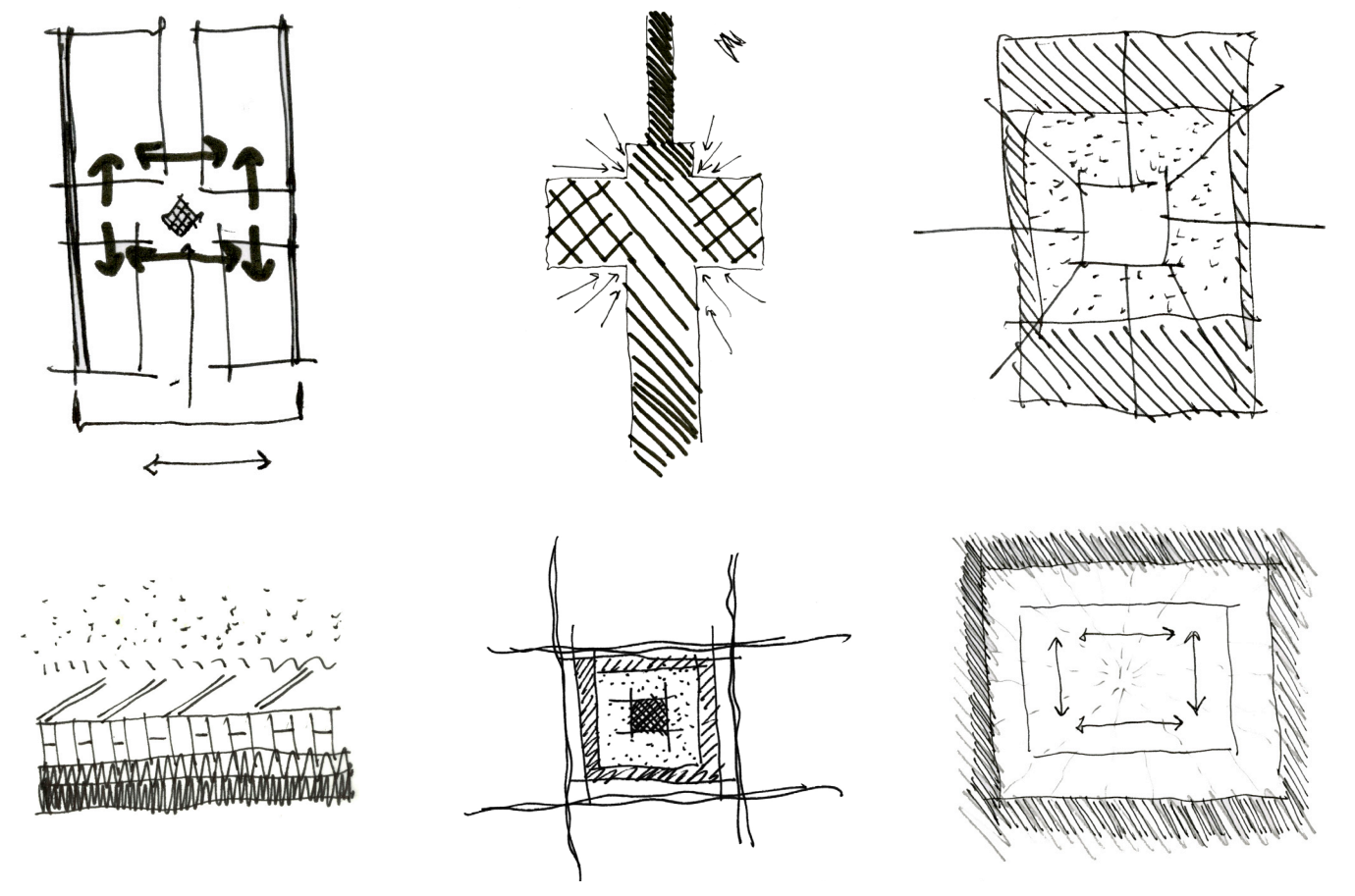
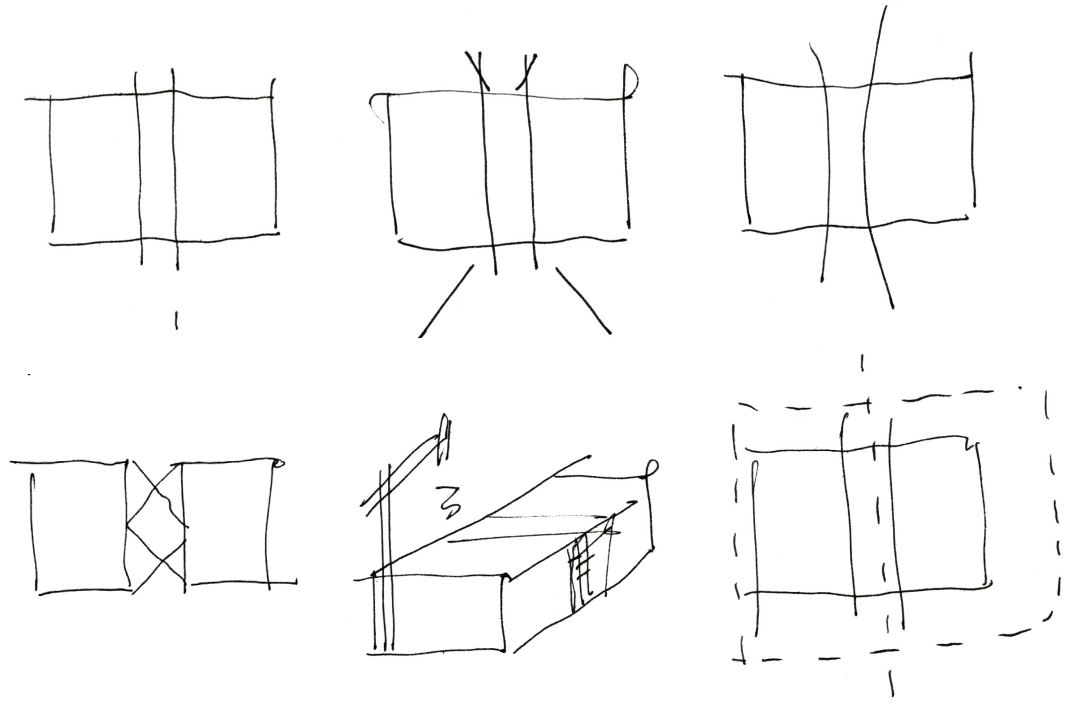




Getting to know the building: context and relationship to its surroundings.







BUILDING

- RESTORE
- RESPECT
- MODERN
- ↓
- INNOVATIVE
- URBAN
- HIDDEN
- ↓
- DISCOVERY
- "UNIVERSAL"

PROGRAM

- COMMUNAL
- EDUCATIONAL
- EMPATHETIC
- ACCESS
- WELLNESS
- MINDFULNESS
- SUPPORT
- CONNECTION
- **INDIVIDUAL**

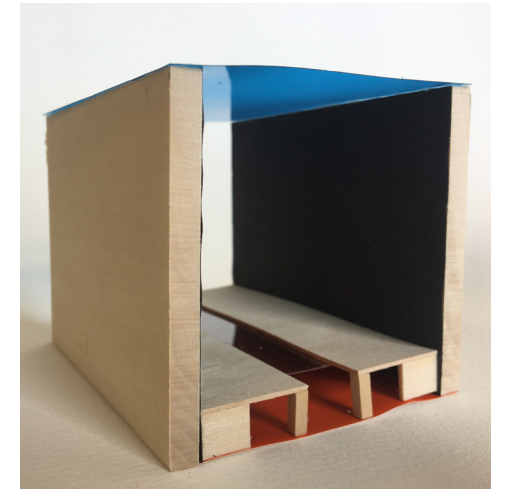
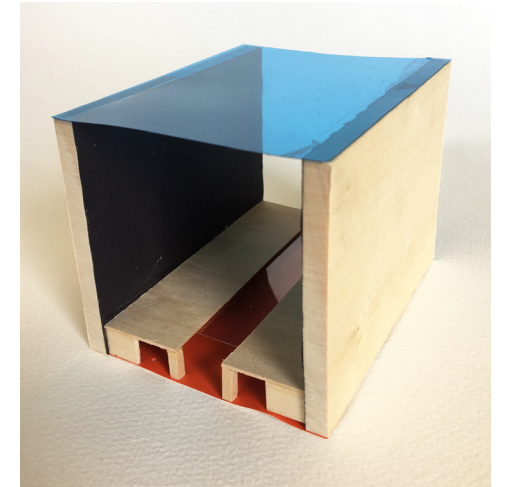
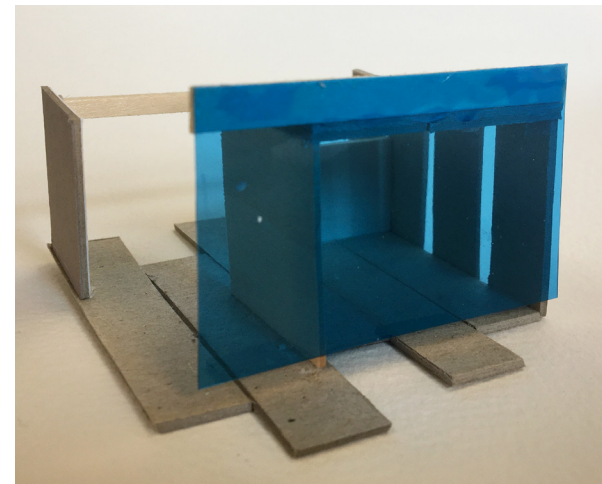
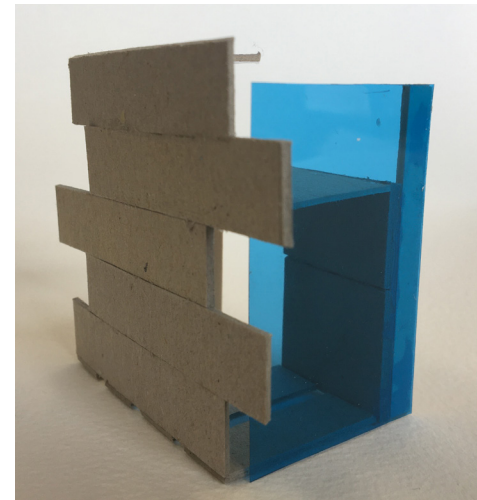
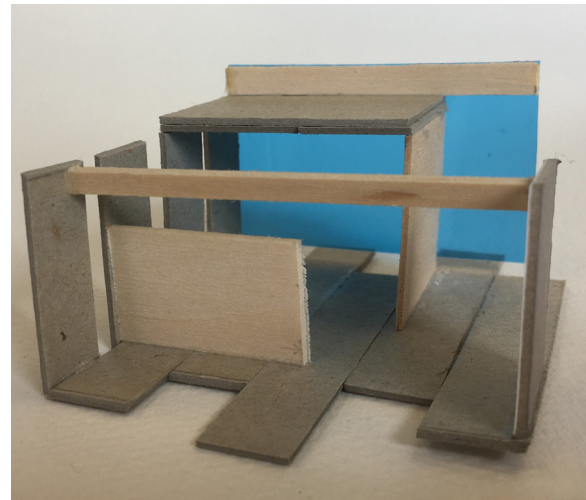
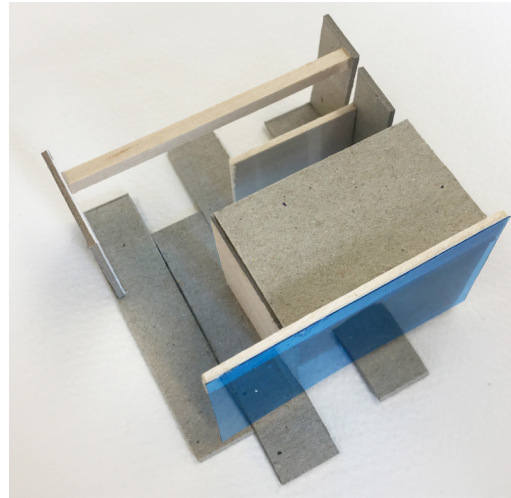
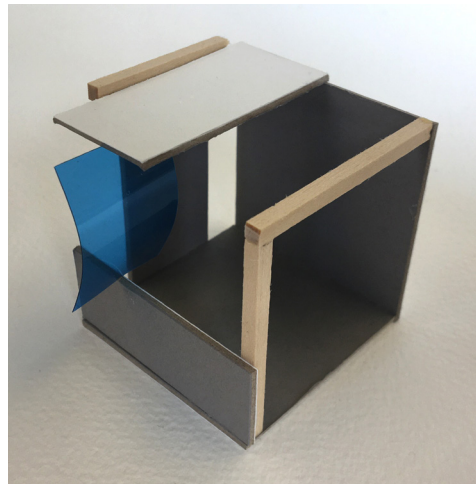
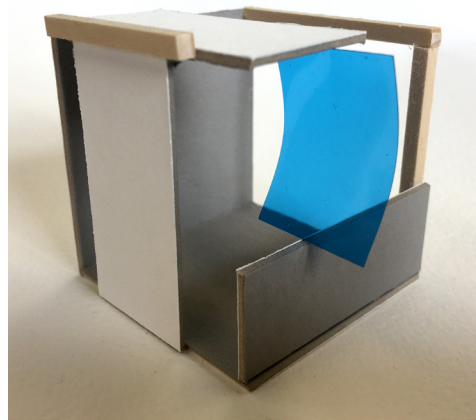
USERS

- PRACTITIONERS
- EDUCATORS
- SICK
- HEALTHY
- **OPTIMISTIC**
- **HOPEFUL**
- **TRUSTING**

DESIGNER

- ARTIST — PAINTER
- WOMAN
- PEOPLE-CENTRIC
- **SOCIAL**
- **SUBTLE**

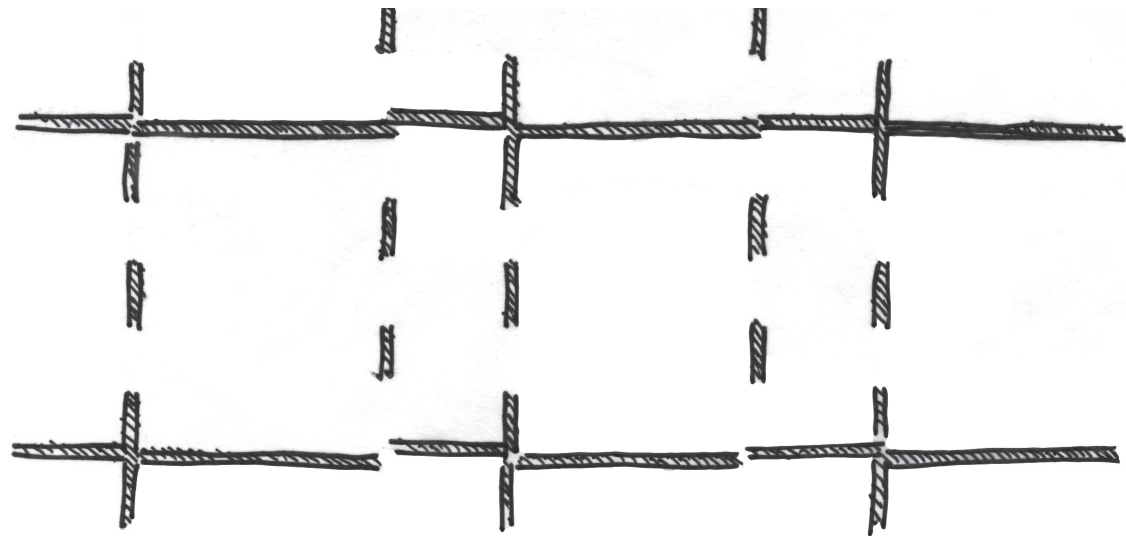
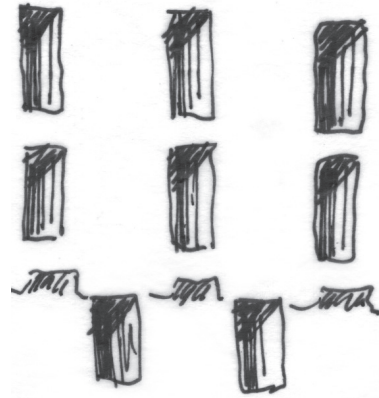
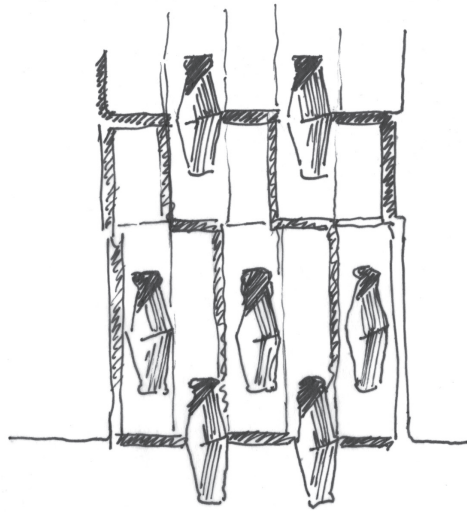




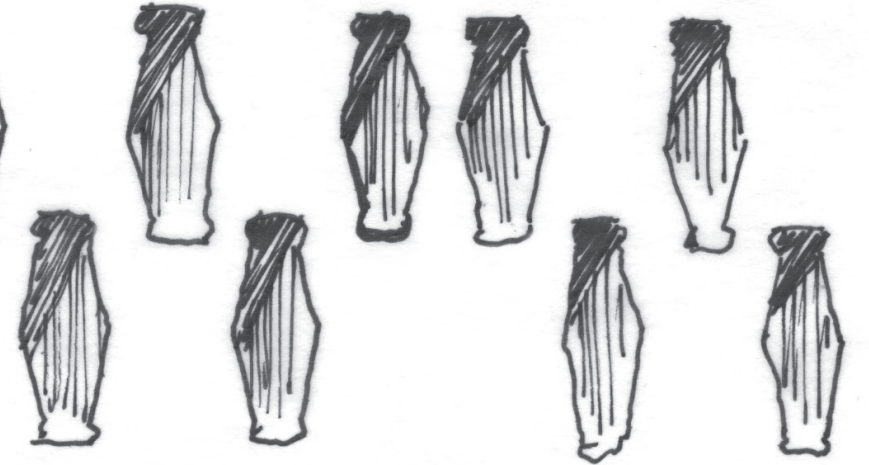
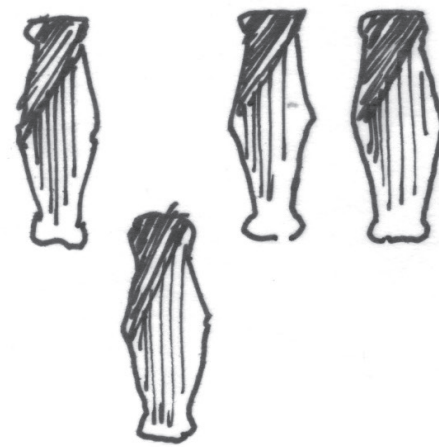
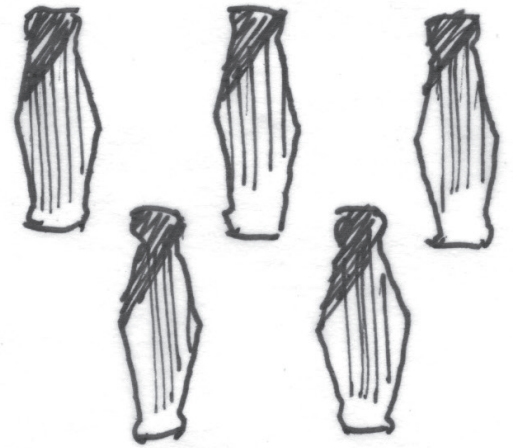
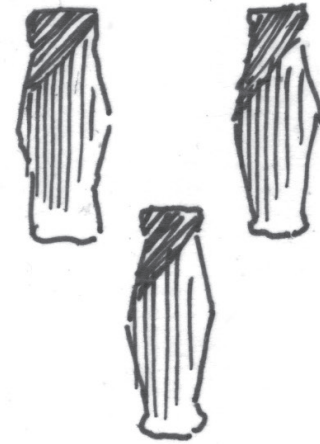


## Respect Through Restoration

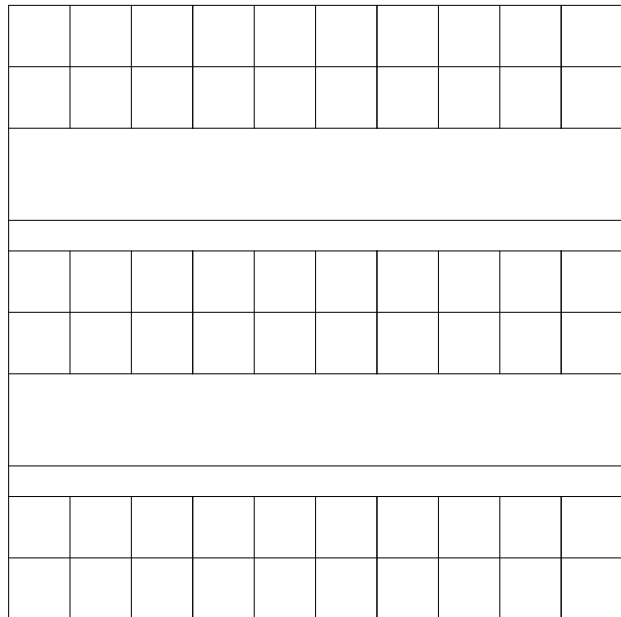
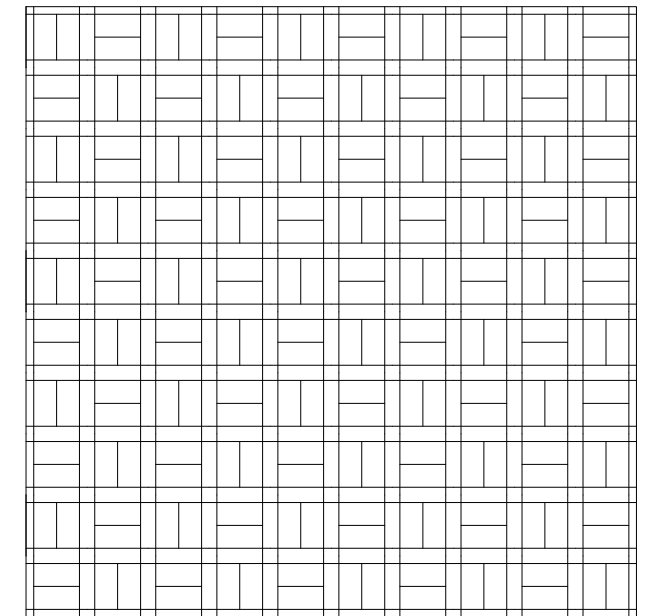
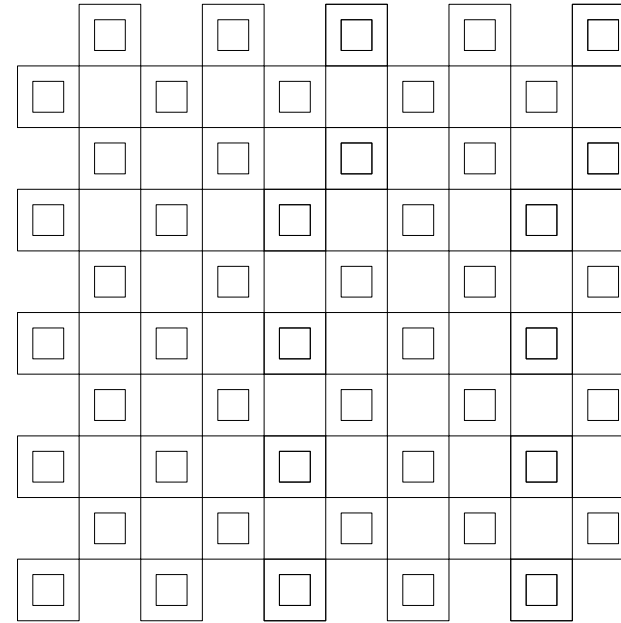
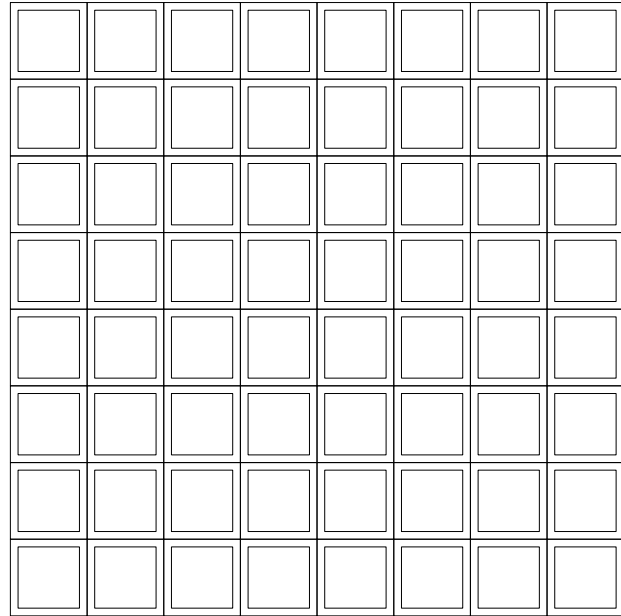
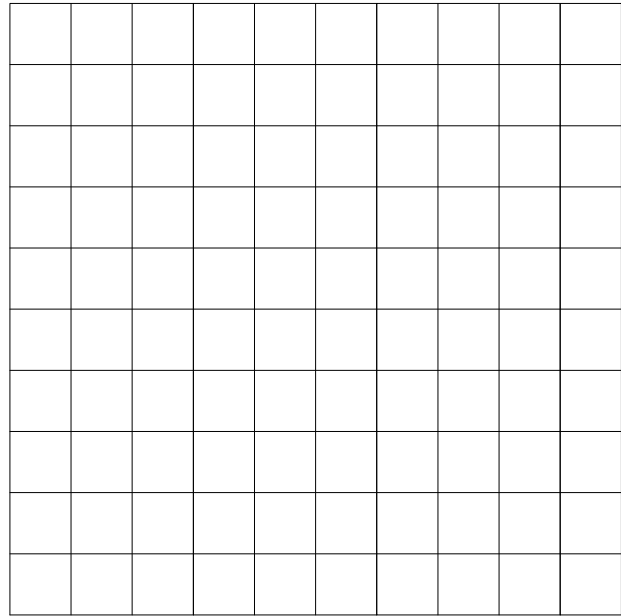




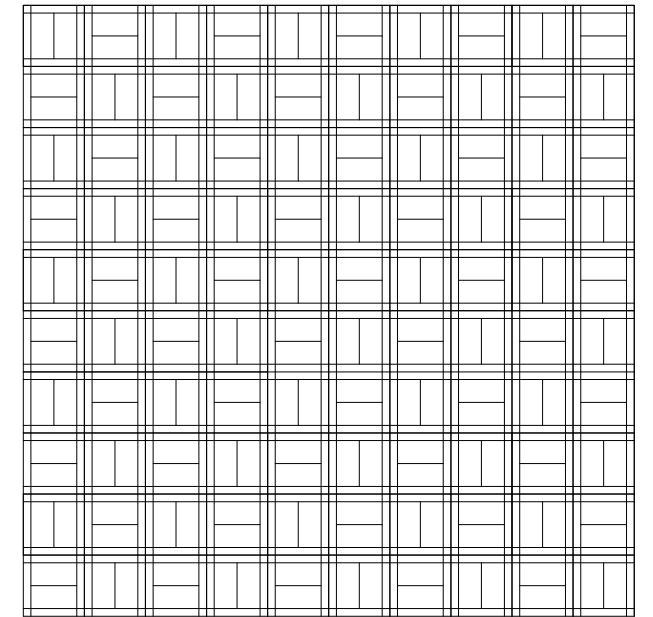
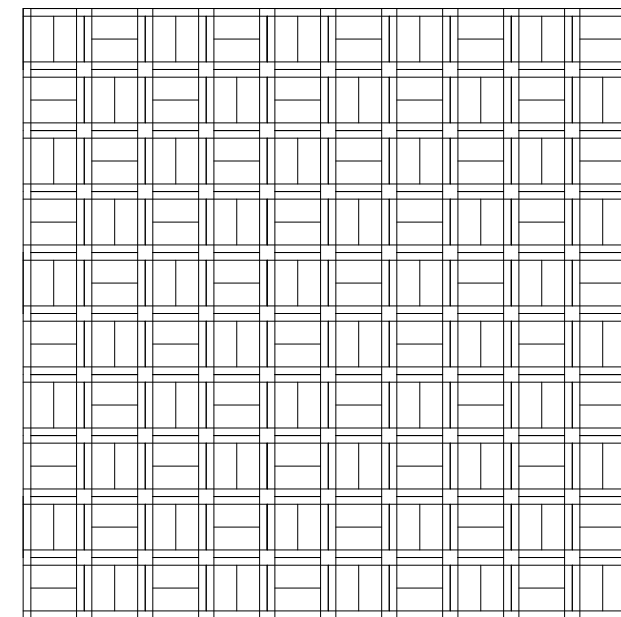
Original masonry facade investigation: pattern play.

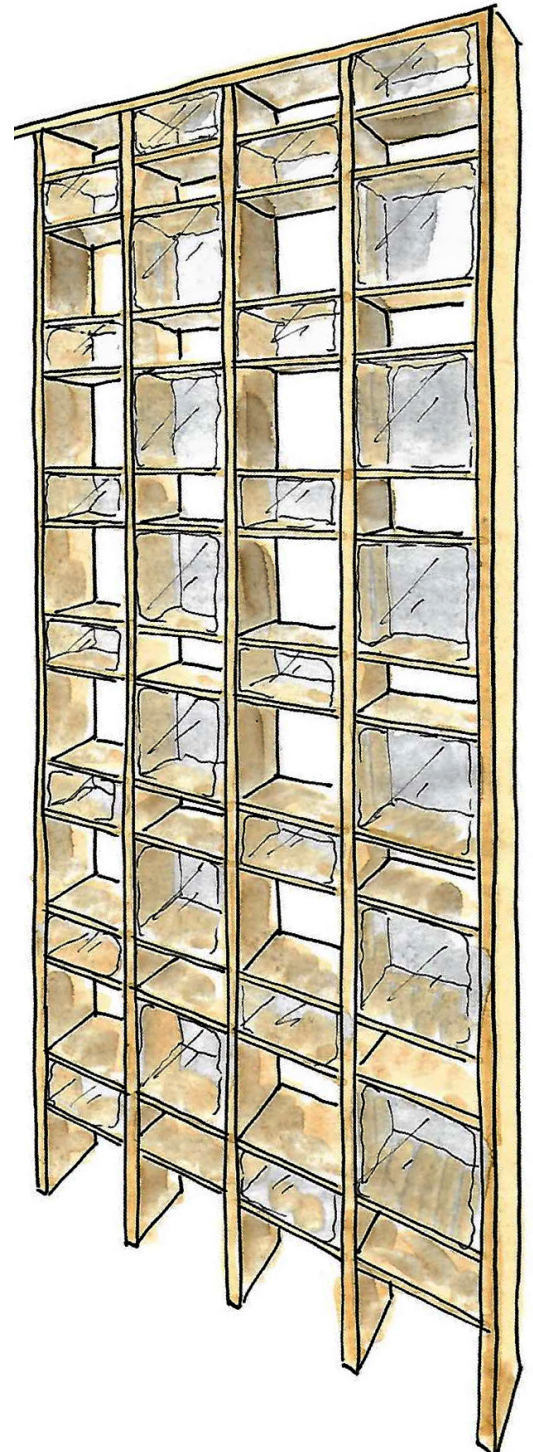
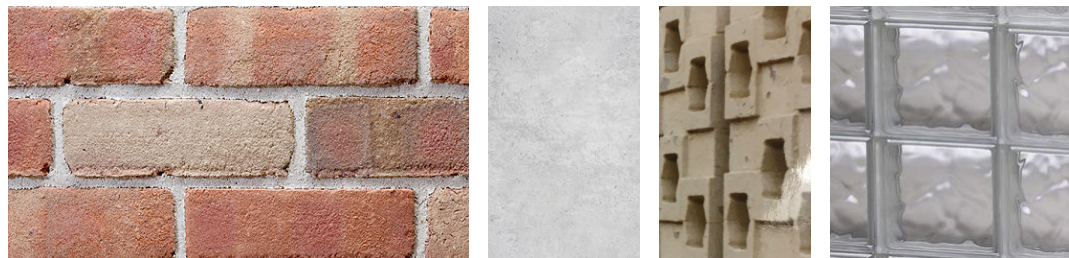
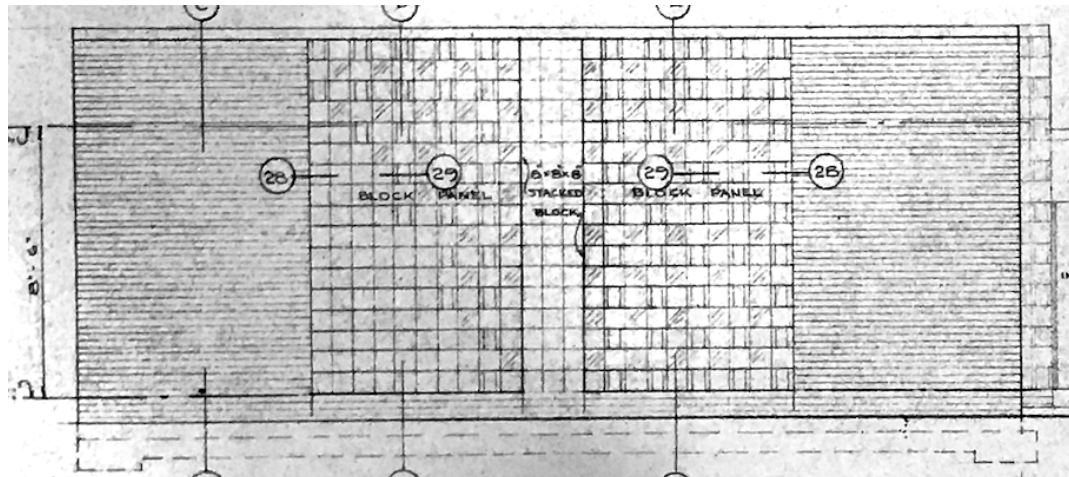
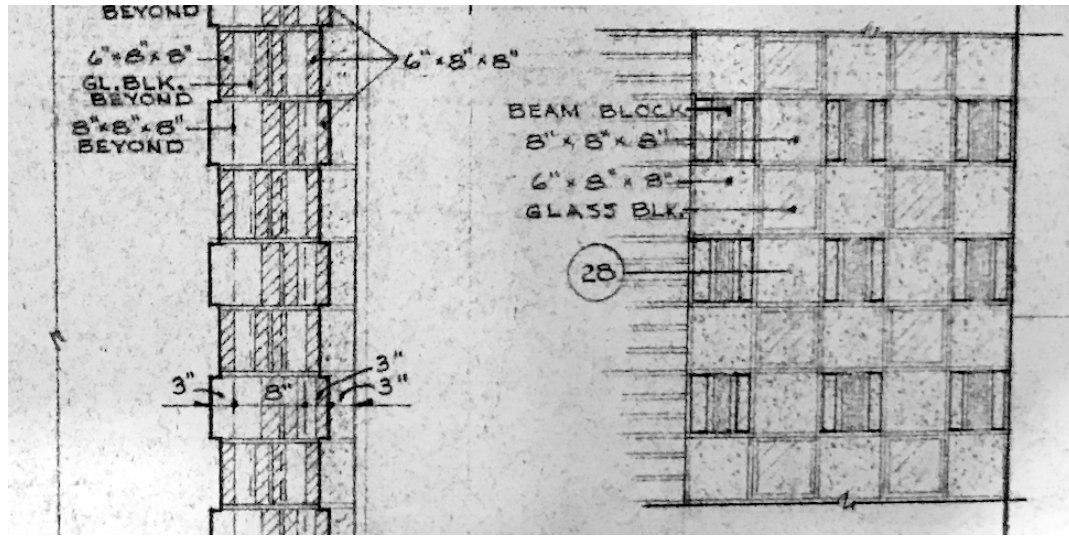






Original concrete and glass block investigation: pattern play conforming to Hyland's 8x8 inch grid.

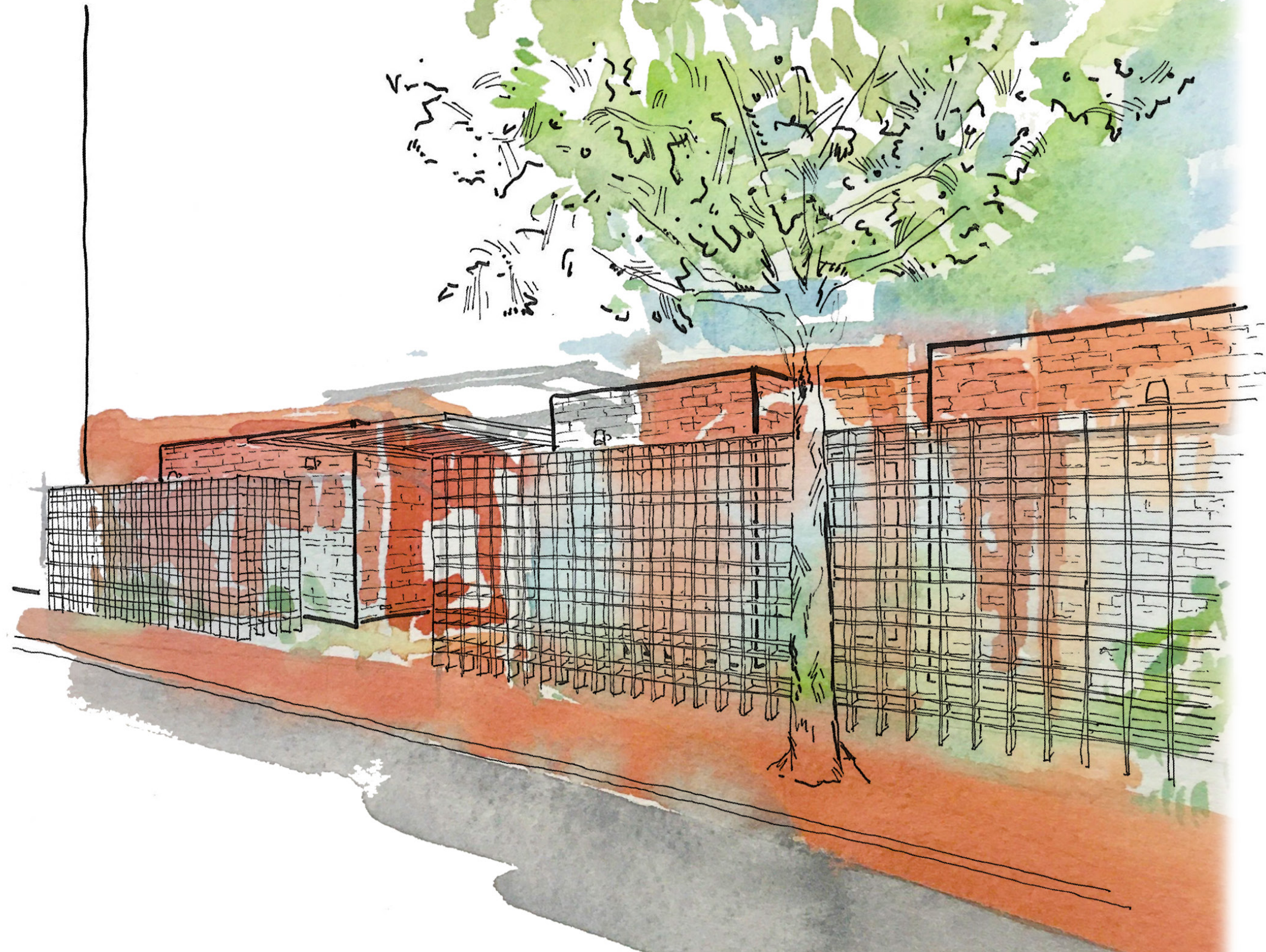




**Result:** development of custom semi-private partition. Wood framed alternating 8x8 inch and 4x8 inch glass block.



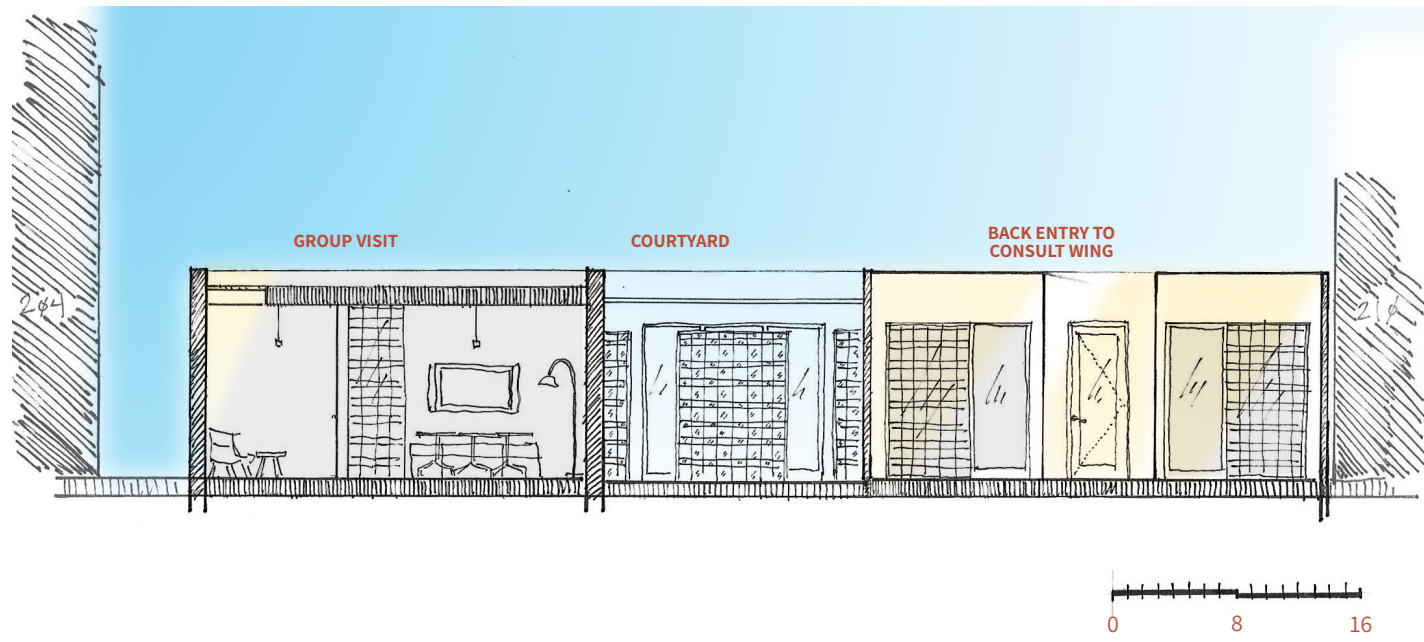
## Design Realization



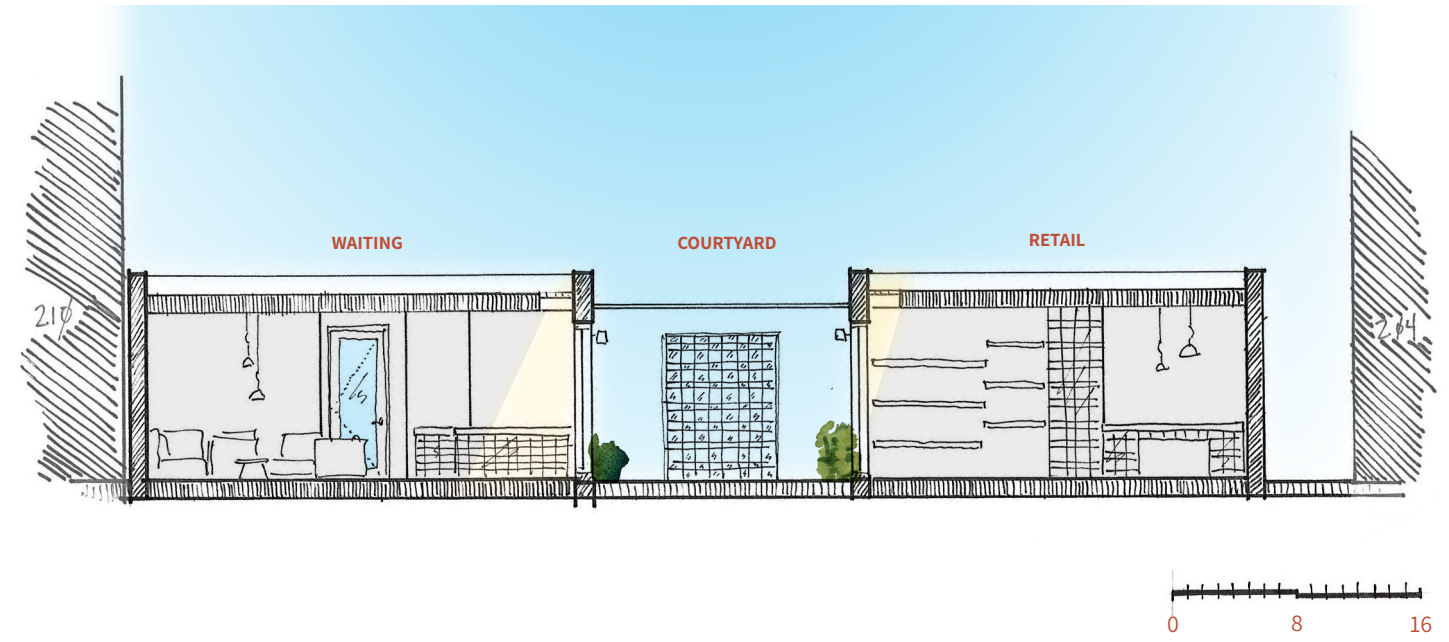




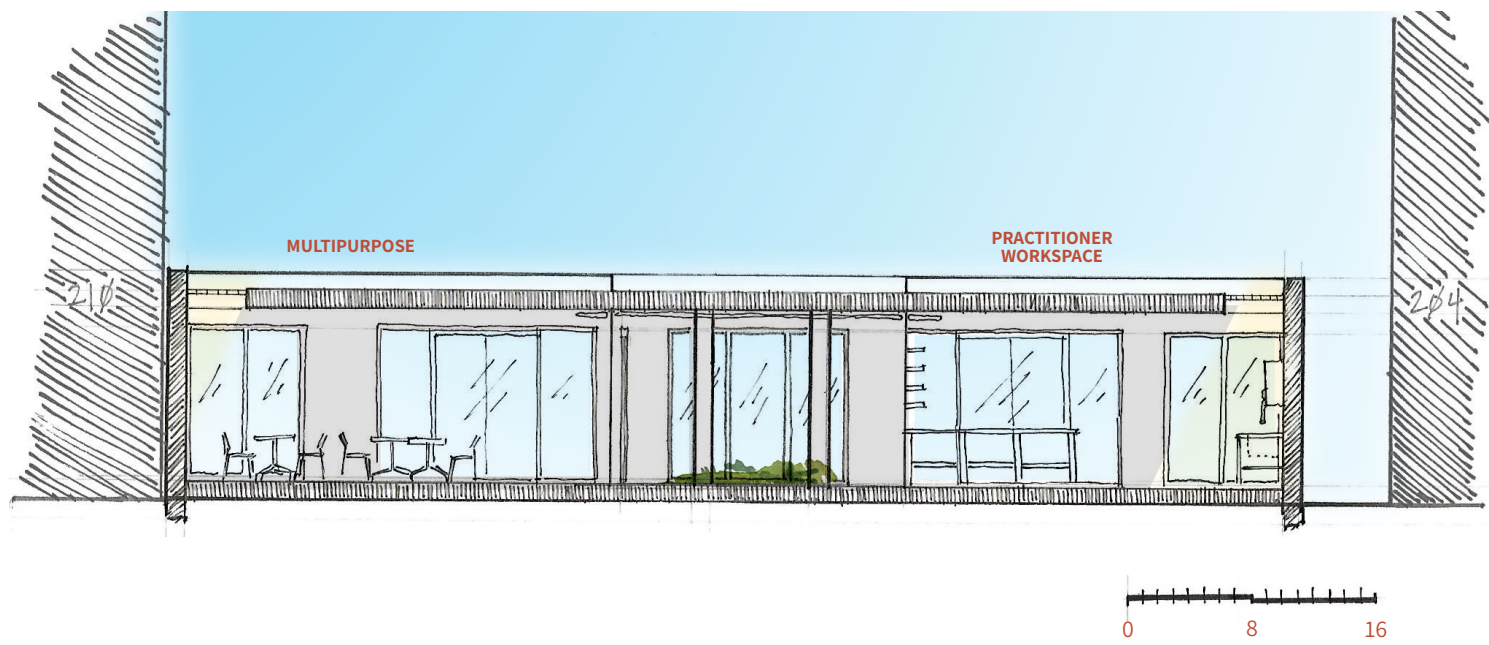




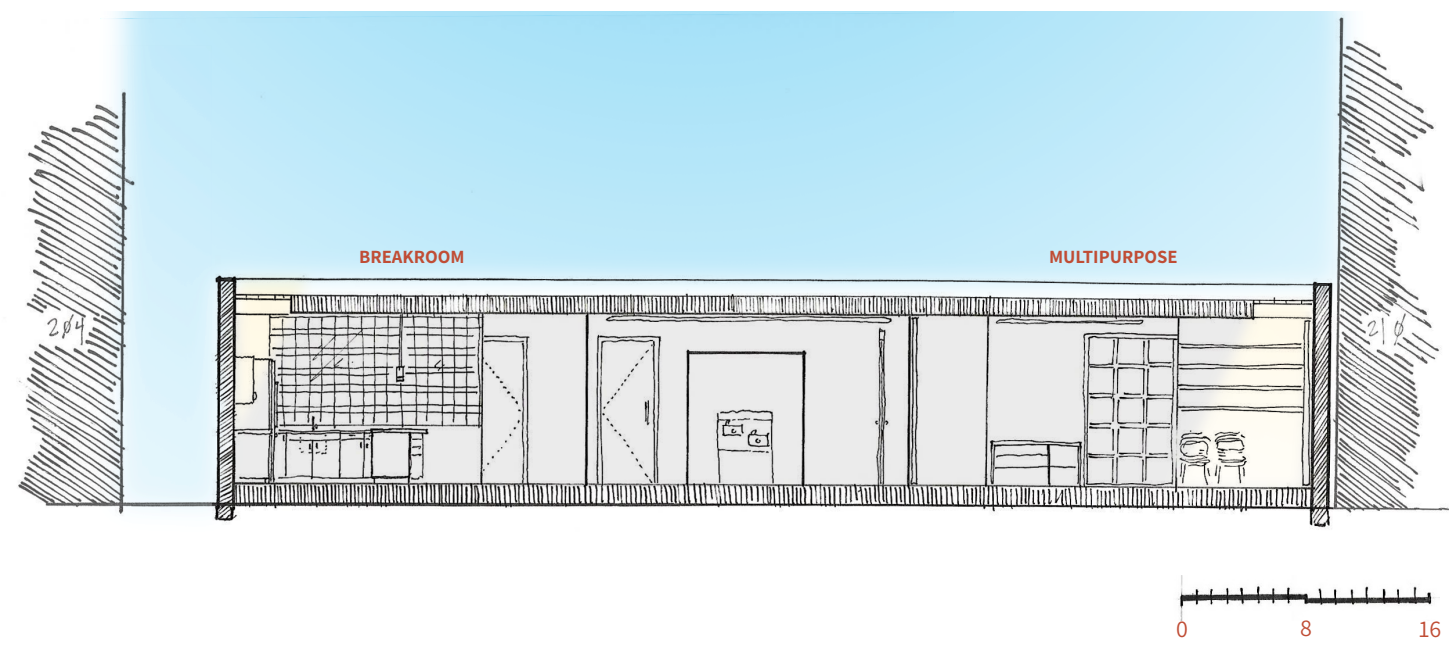
SECTION AA



SECTION BB

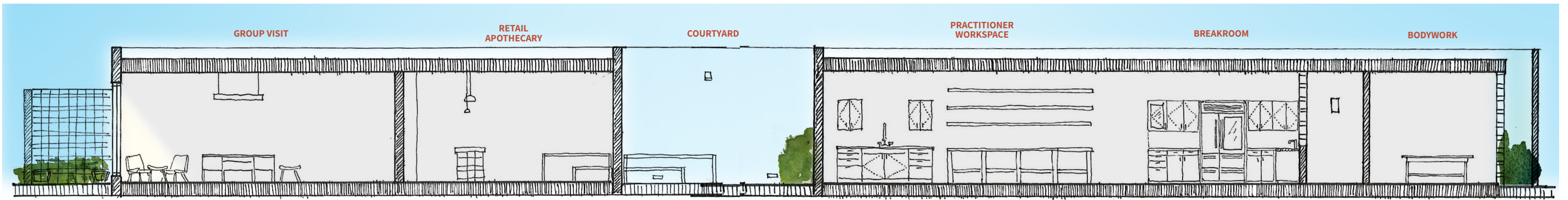


SECTION CC

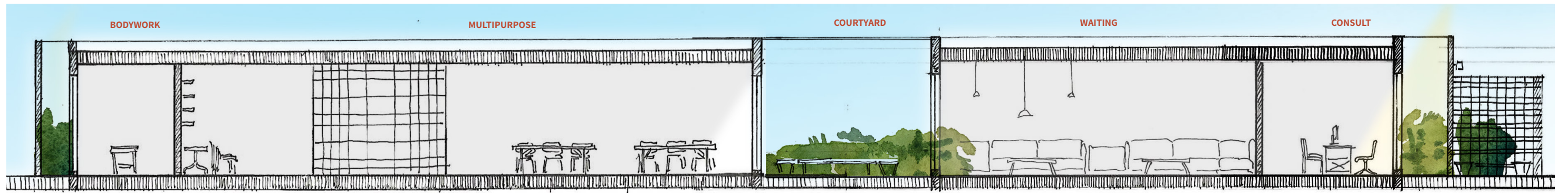


SECTION DD





SECTION EE

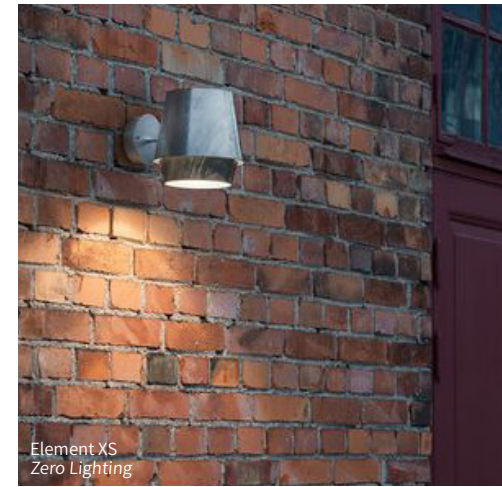


SECTION FF





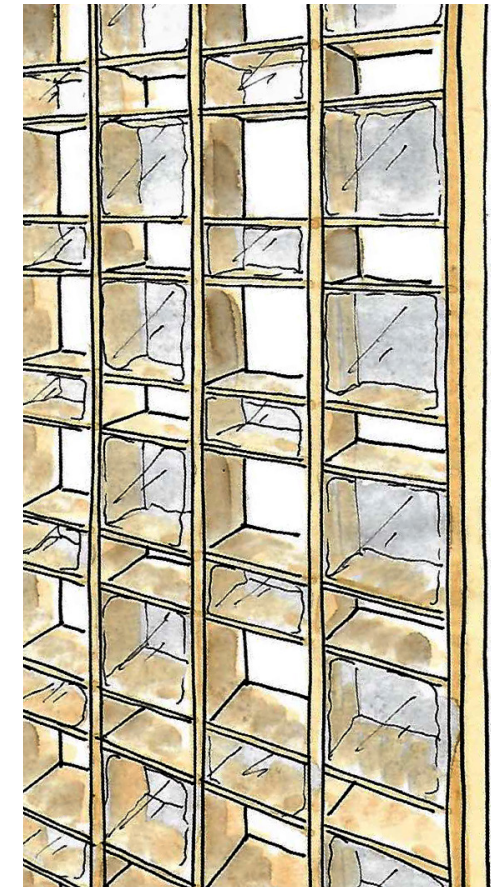




Element XS  
Zero Lighting



Water Feature  
Cast Concrete



Brick of Light  
Simes Lighting



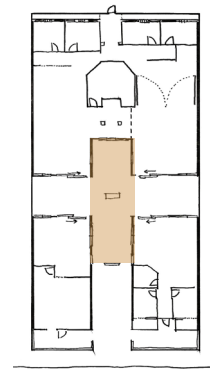
Existing Brick



Nelson Outdoor Bench  
Herman Miller

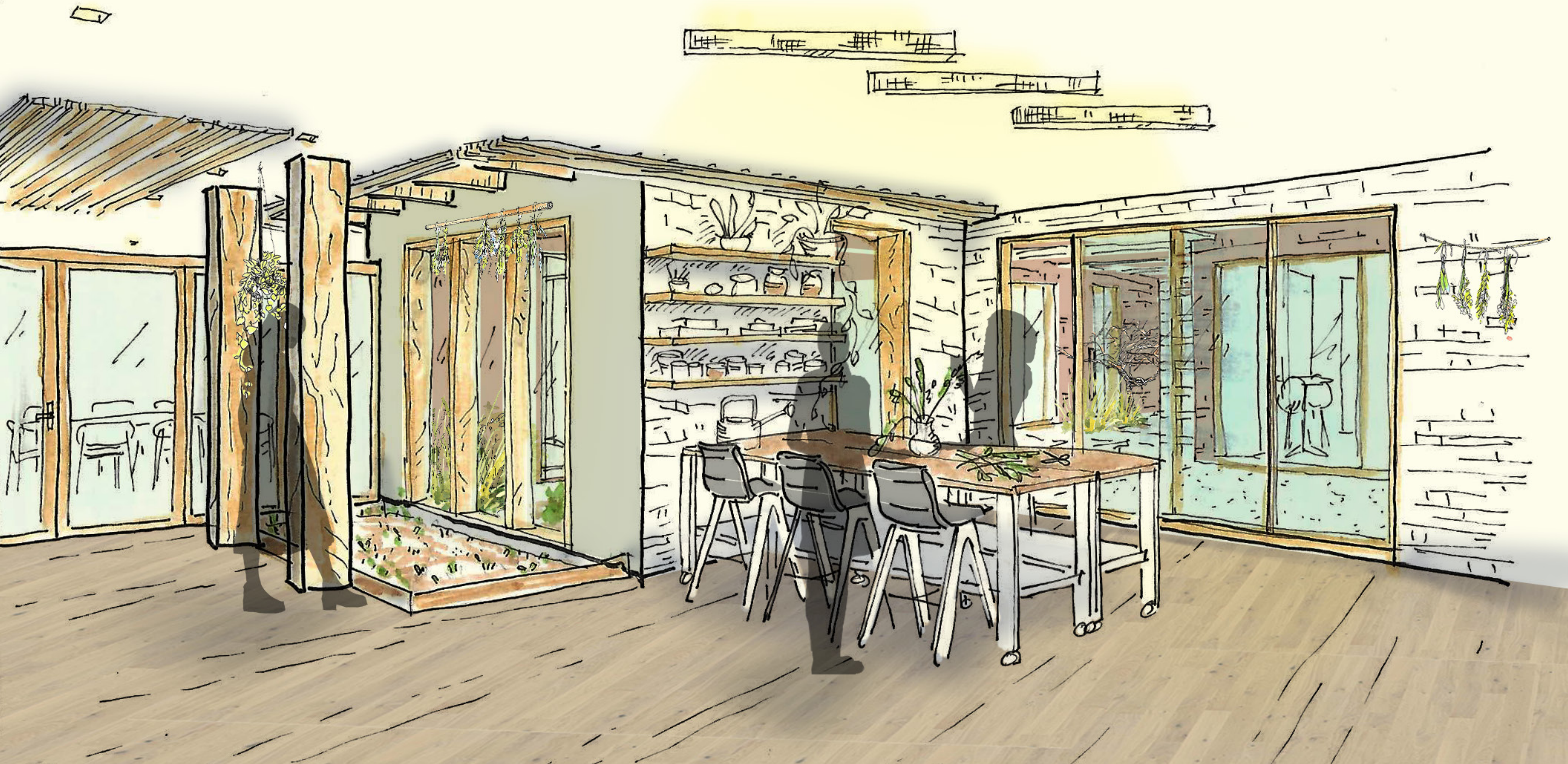


Concrete Paving



COURTYARD FF & E

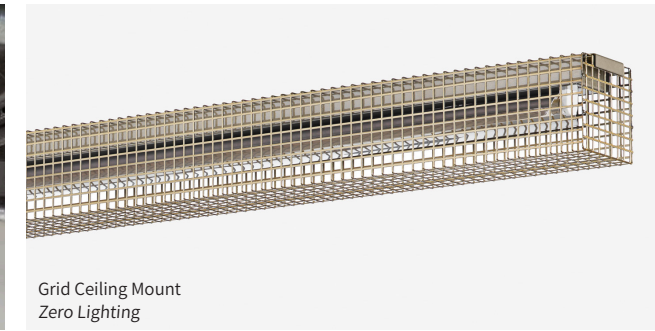








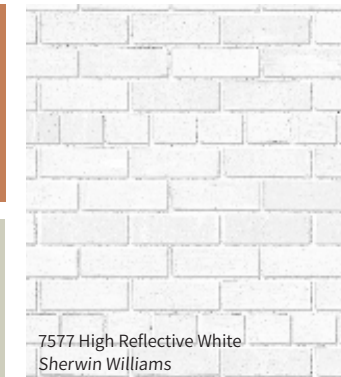
Woodworks Linear Acoustic Panels  
Armstrong



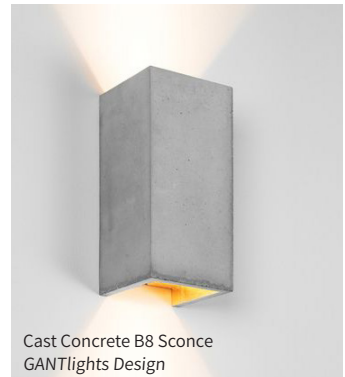
Grid Ceiling Mount  
Zero Lighting



6354 Armagnac  
Sherwin Williams



7577 High Reflective White  
Sherwin Williams



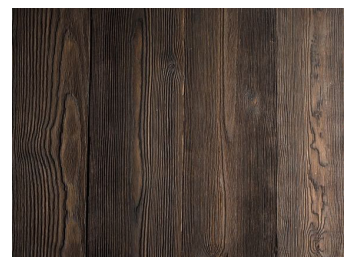
Cast Concrete B8 Sconce  
GANTlights Design



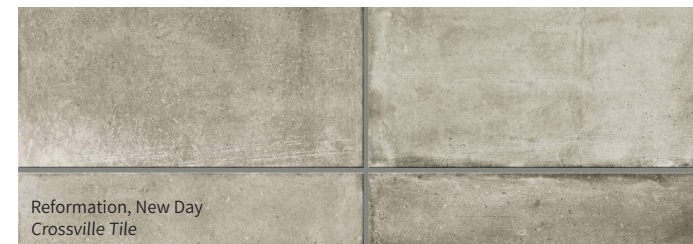
6176 Liveable Green  
Sherwin Williams



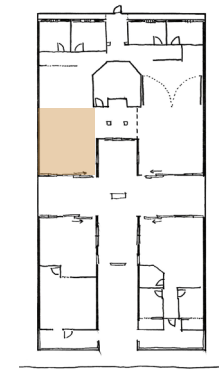
Ritual Cast Concrete Sink  
Pu Beton



Greyed Oak Plank  
South Cypress



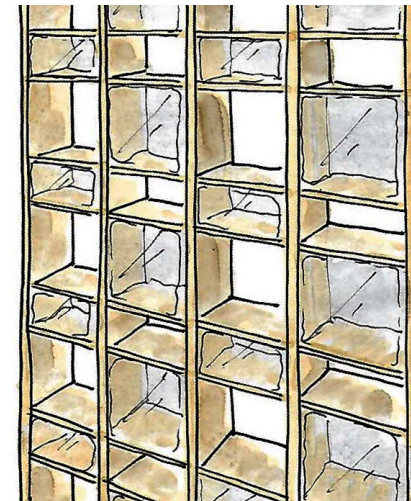
Reformation, New Day  
Crossville Tile



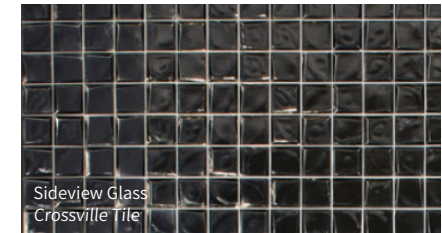








7577 High Reflective White  
Sherwin Williams



Sideview Glass  
Crossville Tile



Cast Concrete B8 Sconce  
GANTlights Design



Glazed brick in Turquoise  
Arto



9128 Green Onyx  
Sherwin Williams



Greyed Oak Plank  
South Cypress



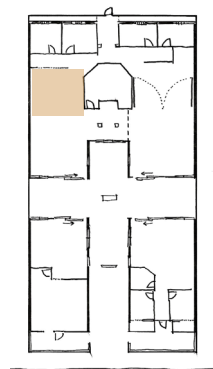
Eames Wire Stool  
Herman Miller



Pacifica Chunky Terrazzo  
Concrete Love



Reformation, New Day  
Crossville Tile

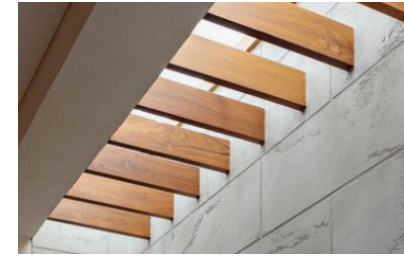


BREAK ROOM FF & E

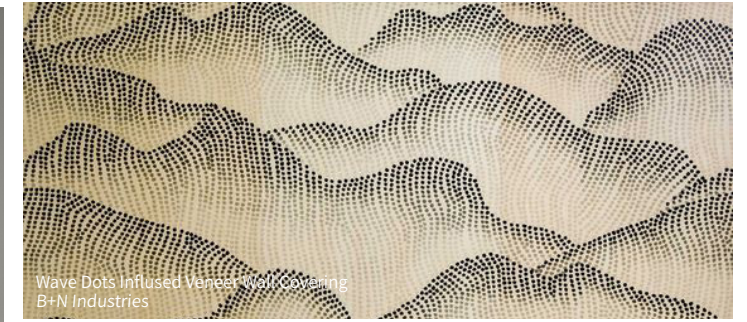








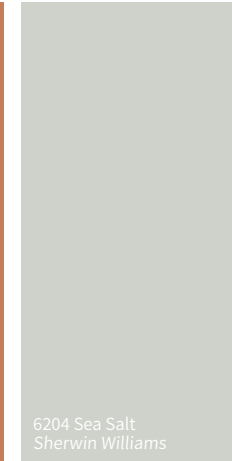
Curve Pendant  
Zero Lighting



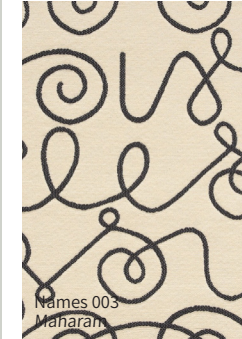
Wave Dots Inflused Veneer Wall Covering  
B+N Industries



6354 Armagnac  
Sherwin Williams



6204 Sea Salt  
Sherwin Williams



Names 003  
Maharam



Pacifica Chunky Terrazzo  
Concrete Love



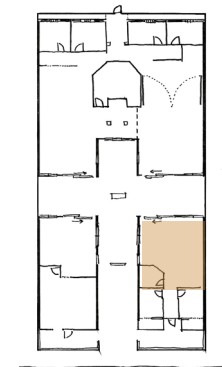
Greyed Oak Plank  
South Cypress



Colourform Sofa Collection  
Herman Miller



Colourform Tete-a-Tete  
Herman Miller

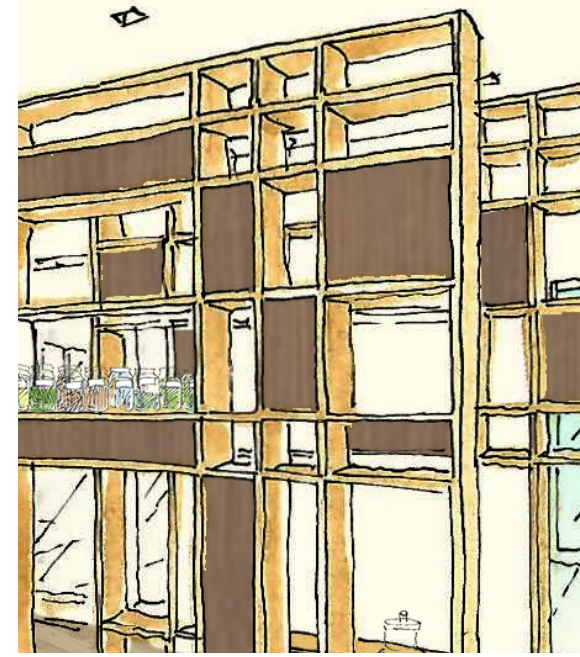


WAITING LOUNGE FF & E

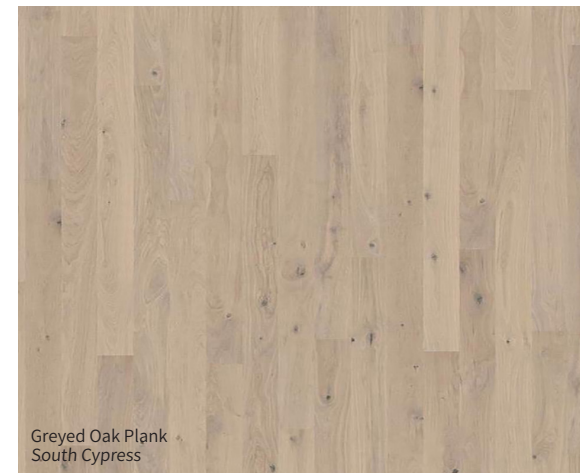








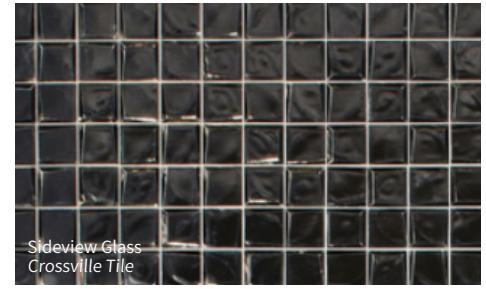
6471 Hazel  
Sherwin Williams



Greyed Oak Plank  
South Cypress



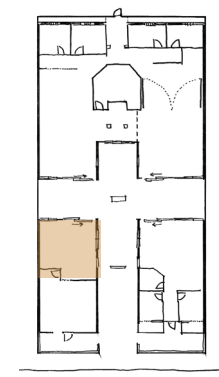
Stockholm Pendant Light  
Tudu and Co



Sideview Glass  
Crossville Tile



Pacifica Chunky Terrazzo  
Concrete Love



RETAIL APOTHECARY FF & E





## Post-Defense Reflection



## CENTRAL POINTS OF CONVERSATION AND QUESTIONS

### Dealing with light

How can the **skylights** become more integrated into the conversation with the original design? This could be another opportunity for glass block.

Where could the skylights potentially **direct and/or respond to the program**?

### Water feature

#### Theme of water as comfort and healing.

Could this also be a hidden gem? This is an opportunity to symbolize the concept, and also seems like an appropriate area to custom design the outdoor water features as well as the indoor drinking fountains.

### Circulation

Think of someone's experience here. What is the **sequence**? This gets tricky – an example being the flow from the waiting area back to the bodywork rooms.

The **axis through the building has been maintained**, and this is important. What are ways to further emphasize this? There is a **focus on views** from space to space, so why not be able to see the back of the building from the front?

### Furniture

There is endless opportunity presented with the partition designed for this project. Ask more of it.

For example, how does it break into **units** and become modular, custom pieces? By breaking down the units, turning corners and inserting purposeful openings, the partition adapts **new use**.

## Acknowledgements



Thank you to the VCU Department of Interior Design for two life changing years filled with curiosity, frustration, exploration and discipline. Thank you to the incredible faculty members who I have had the pleasure of working with during my time here: Sara Reed, Camden Whitehead, Roberto Ventura, Emily Smith, Rob Smith, Jillian Chapin and Lexy Holcombe.

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