Hidden Gem: Realizing the Value of Community in Healthcare Environments

Nicole Lee

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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.

Nicole J. Lee

BFA, Painting and Printmaking
Virginia Commonwealth University, 2016

MFA, Design, Interior Environments
Virginia Commonwealth University, 2020
Respect Through Restoration
Pattern Play
Partition Design Development

Design Realization
Plan
Sections
Perspective Views
FF&E

Post-Defense Reflection

Acknowledgments
Post-Defense Reflection
Complete Survey Findings
Transcript: Interview with James Maskell

Bibliography
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Design plays an active role. A designer cannot be passive or indifferent. Design has the power to improve our world, sustain it. Designers are responsible for considering inclusivity; therefore flexibility. You want to see, that you anticipate, and carrying on and culture.
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 (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.
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,
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.

**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 systemically 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 1883, 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.
“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 Woman, 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
that the opioid epidemic we are facing stems from a lack of addresses a problem from its root cause 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. Healthcare design principles are being translated to healthcare design through incorporation of leisure activities and strategic use of light, color and material geared towards healing (Mattioti, 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" (Gasling, Gifford & Mccurn, 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.
“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
“men are most likely described as ‘stoic’ and ‘in control’ of their pain, while women are described as being ‘sensitive’, ‘hysterical’, ‘emotional’ and ‘unfit’”

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
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.

Designed based on a “whole-of-life philosophy”, Ballarat 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.
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.
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.

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 floor plan 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
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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

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.

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.
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
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.

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
Figure 18: Color photographs of building in 1965. January, 2020
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).
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.
Neighborhood History
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 enslaved 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 block of East Clay street, 1978

Site Study
Photographic Studies

View of curvilinear courtyard path, looking north

View towards 206 from sidewalk

View towards 208 from sidewalk

View of courtyard, looking north
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.

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

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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.

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Bodywork
Treatment rooms for different types of massage and chiropractic therapy.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy: Group B</td>
<td>10</td>
</tr>
<tr>
<td>Total Occupants: 40</td>
<td></td>
</tr>
<tr>
<td>Required Exits: 4</td>
<td></td>
</tr>
<tr>
<td>Area: 1,000 SF</td>
<td></td>
</tr>
<tr>
<td>Total Area: 1,000 SF</td>
<td></td>
</tr>
<tr>
<td>Accessible: Yes</td>
<td></td>
</tr>
<tr>
<td>Plumbing: No</td>
<td></td>
</tr>
<tr>
<td>Daylight: High</td>
<td></td>
</tr>
<tr>
<td>Security: High</td>
<td></td>
</tr>
<tr>
<td>Privacy (Visual): High</td>
<td></td>
</tr>
<tr>
<td>Privacy (Acoustic): High</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Quantity</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy: Group B</td>
<td>15</td>
</tr>
<tr>
<td>Total Occupants: 15</td>
<td></td>
</tr>
<tr>
<td>Required Exits: 1</td>
<td></td>
</tr>
<tr>
<td>Area: 450 SF</td>
<td></td>
</tr>
<tr>
<td>Total Area: 450 SF</td>
<td></td>
</tr>
<tr>
<td>Accessible: Yes</td>
<td></td>
</tr>
<tr>
<td>Plumbing: Yes</td>
<td></td>
</tr>
<tr>
<td>Daylight: High</td>
<td></td>
</tr>
<tr>
<td>Security: Med</td>
<td></td>
</tr>
<tr>
<td>Privacy (Visual): Low</td>
<td></td>
</tr>
<tr>
<td>Privacy (Acoustic): Med</td>
<td></td>
</tr>
</tbody>
</table>

Specialist Workspace & Break Room
Storage, open workspace and shared kitchen for physicians and therapists participating in the cooperative.

<table>
<thead>
<tr>
<th>Quantity</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy: Group B</td>
<td>10</td>
</tr>
<tr>
<td>Total Occupants: 10</td>
<td></td>
</tr>
<tr>
<td>Required Exits: 1</td>
<td></td>
</tr>
<tr>
<td>Area: 600 SF</td>
<td></td>
</tr>
<tr>
<td>Total Area: 600 SF</td>
<td></td>
</tr>
<tr>
<td>Accessible: Yes</td>
<td></td>
</tr>
<tr>
<td>Plumbing: Yes</td>
<td></td>
</tr>
<tr>
<td>Daylight: Med - High</td>
<td></td>
</tr>
<tr>
<td>Security: High</td>
<td></td>
</tr>
<tr>
<td>Privacy (Visual): Low</td>
<td></td>
</tr>
<tr>
<td>Privacy (Acoustic): Med</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Quantity</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupancy: Group B</td>
<td>15</td>
</tr>
<tr>
<td>Total Occupants: 15</td>
<td></td>
</tr>
<tr>
<td>Required Exits: 1</td>
<td></td>
</tr>
<tr>
<td>Area: 600 SF</td>
<td></td>
</tr>
<tr>
<td>Total Area: 600 SF</td>
<td></td>
</tr>
<tr>
<td>Accessible: Yes</td>
<td></td>
</tr>
<tr>
<td>Plumbing: No</td>
<td></td>
</tr>
<tr>
<td>Daylight: High</td>
<td></td>
</tr>
<tr>
<td>Security: Med</td>
<td></td>
</tr>
<tr>
<td>Privacy (Visual): Med</td>
<td></td>
</tr>
<tr>
<td>Privacy (Acoustic): High</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Quantity</th>
<th>1</th>
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</thead>
<tbody>
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<td>Required Exits: N/A</td>
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</tr>
<tr>
<td>Area: N/A</td>
<td></td>
</tr>
<tr>
<td>Total Area: N/A</td>
<td></td>
</tr>
<tr>
<td>Accessible: Yes</td>
<td></td>
</tr>
<tr>
<td>Plumbing: Yes</td>
<td></td>
</tr>
<tr>
<td>Daylight: High</td>
<td></td>
</tr>
<tr>
<td>Security: Low</td>
<td></td>
</tr>
<tr>
<td>Privacy (Visual): Low</td>
<td></td>
</tr>
<tr>
<td>Privacy (Acoustic): Low</td>
<td></td>
</tr>
</tbody>
</table>

Special Considerations:
- Privacy (Acoustic): High
- Privacy (Visual): High
- Security: High
- Daylight: High
- Plumbing: Yes
- Accessible: Yes
- Special FF&E: Massage table, supply storage
- Special Considerations: Awary from central courtyard space.

Special Considerations:
- Privacy (Acoustic): Med
- Privacy (Visual): Med
- Security: Med
- Daylight: Med
- Plumbing: No
- Accessible: Yes
- Special FF&E: Reconfigurable furniture, adjustable partition (to divide space into two), AV equipment
- Special Considerations: Storage areas for furniture, workout equipment and personal items. Adjacent to central courtyard space.

Special Considerations:
- Privacy (Acoustic): Low
- Privacy (Visual): Low
- Security: Med
- Daylight: Low
- Plumbing: No
- Accessible: Yes
- Special FF&E: Cash wrap, display shelving, temperature controlled display, cafe counter and seating
- Special Considerations: Adjacent to central courtyard space.

Special Considerations:
- Privacy (Acoustic): Low
- Privacy (Visual): Low
- Security: Med
- Daylight: Med
- Plumbing: No
- Accessible: Yes
- Special FF&E: Community work table, personal items. Adjacent to central courtyard space.
- Special Considerations: Secure storage, natural light. Adjacent to central courtyard space - direct access to planted areas.

Special Considerations:
- Privacy (Acoustic): Med
- Privacy (Visual): Med
- Security: Med
- Daylight: Med
- Plumbing: No
- Accessible: Yes
- Special FF&E: Massage table, supply storage
- Special Considerations: Comfortable seating
- Special Considerations: Away from central courtyard space.

Special Considerations:
- Privacy (Acoustic): Med
- Privacy (Visual): Med
- Security: Med
- Daylight: Med
- Plumbing: No
- Accessible: Yes
- Special FF&E: Reconfigurable furniture, adjustable partition (to divide space into two), AV equipment
- Special Considerations: Storage areas for furniture, workout equipment and personal items. Adjacent to central courtyard space.

Special Considerations:
- Privacy (Acoustic): Med
- Privacy (Visual): Med
- Security: Med
- Daylight: Med
- Plumbing: No
- Accessible: Yes
- Special FF&E: Cash wrap, display shelving, temperature controlled display, cafe counter and seating
- Special Considerations: Adjacent to central courtyard space.

Special Considerations:
- Privacy (Acoustic): Low
- Privacy (Visual): Low
- Security: Med
- Daylight: Med
- Plumbing: No
- Accessible: Yes
- Special FF&E: Community work table, personal items. Adjacent to central courtyard space.
- Special Considerations: Secure storage, natural light. Adjacent to central courtyard space - direct access to planted areas.

Special Considerations:
- Privacy (Acoustic): Med
- Privacy (Visual): Med
- Security: Med
- Daylight: Med
- Plumbing: No
- Accessible: Yes
- Special FF&E: Cash wrap, display shelving, temperature controlled display, cafe counter and seating
- Special Considerations: Adjacent to central courtyard space.
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
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
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
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.
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
Sideview Glass
Crossville Tile
7577 High Reflective White
Sherwin Williams
Glazed brick & Terrazzo
Arto
Eames Wire Stool
Herman Miller
Greyed Oak Plank
South Cypress
Restoration; New Day
Crossville Tile
Grey Concrete B8 Sconce
GANTlights Design
Cast Concrete Bill Sconce
GANTlights Design
1220 Green Onyx
Sherwin Williams
Pacifica Chunky Terrazzo
Corkwood Tile
Break Room FF & E
Reformation, New Day
Crossville Tile
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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Thank you to Julie Mishler for your steadfast friendship through this!

Thank you, also, to Beth Heller and to Greg Johnson, two people who steadily prove kindness and compassion to me.
WORKS CITED

ABSTRACT


LITERATURE REVIEW


PRECEDENT STUDIES


