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Compassion in Architecture: Evidence-Based Design for Health in Louisiana

Stephen Verderber

Too often, Stephen Verderber believes, architectural practice is overly concerned with formal composition, siting and materials, and relatively unconcerned with a building's lived qualities, social standing, and representational impact. *Compassion in Architecture* examines these issues in light of a fifteen-year initiative he has directed to improve the delivery of public health services in Louisiana.

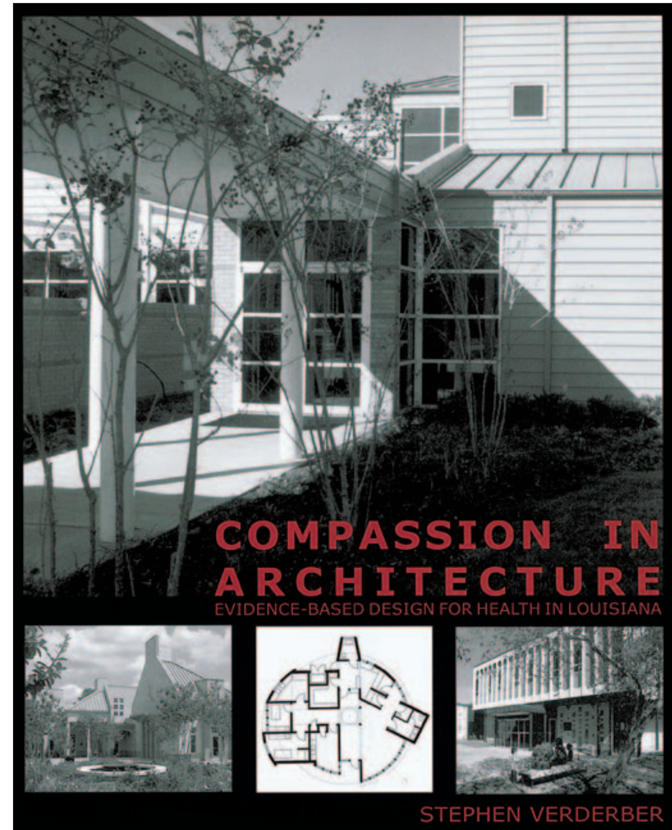
Published by the Center for Louisiana Studies in 2005, the book combines Verderber's background as a practicing architect with his research activities as a Professor of Architecture at Tulane University. It showcases his twin passions: concern for social justice in the delivery of health services to poor, frequently minority populations; and the development of a new paradigm for architectural practice rooted in a closer correlation of design intent and design effect.

Since 1991, Verderber has been involved in a state-funded effort to rebuild neglected community-care clinics in Louisiana's 64 parishes. The book investigates the history, purpose and design of these clinics, emphasizing the personal stories of those who work and are taken care of there. According to the jury, the result is a convincing argument that such facilities work best when they are conceived as "healthplaces," and as sources of community pride and dignity.

Verderber's evidence-based approach attempts to tie research directly to design, based on what he believes is "the longest ongoing post-occupancy study of this kind in the world." It concludes by offering 140 planning and design principles derived from the Louisiana work, but adaptable to many other types of outpatient facilities. As its title indicates, it also presents a critique of mainstream architecture and a call for a new era of social advocacy based on the rediscovery of an attitude of compassion.

Louisiana Paradigm

Verderber's work on the project began when he received a phone call in 1990 from the Louisiana Office of Public health. They had just found a stack of five-year-old surveys detailing the conditions at public health centers across the state, and were looking for help determining if their data was still relevant. The new director of the agency had just become aware of the deplorable condition of the health centers, and realized that further improvement to its programs would be impossible without a parallel effort to improve these obsolete buildings.



Above: The research contained in *Compassion in Architecture* has contributed to a massive rebuilding campaign that is transforming Louisiana's community health clinics.

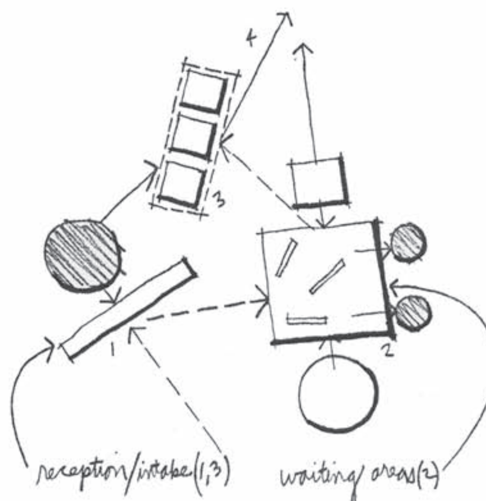
A parish in Louisiana has much the same function as a county in other U.S. states. In each parish, the health unit is charged with providing state and federally funded clinical, environmental, nutritional, and vital-records services. As a walk-in health center, this includes such services as immunization, blood-pressure monitoring, women/infant/children nutrition, communicable diseases treatment, family planning, prenatal counseling, and health education in such areas as domestic violence, tobacco use, and obesity. Each health unit also contains the offices of the health inspectors responsible for monitoring water quality, milk safety, restaurant sanitation, etc.

Along with nine state-run charity hospitals, these parish-owned, state-operated clinics provide the backbone for health delivery to the uninsured and working poor in Louisiana. The size of this group has grown rapidly since 1980, as the number of state residents who today lack health insurance is now estimated at 750,000 out of a total population of 4.2 million. For these and other reasons, Louisiana in 1996 was deemed the unhealthiest state in the nation.

A system of local public health centers was first funded

4.3 THE RECEPTION AND WAITING MILIEU SHOULD SUPPORT MULTIPLE FUNCTIONS

The reception-intake area is a nucleus of activity. It is typically the center of administrative operations and the initial point of contact for the patient. It should be a welcoming place as well as a screening and control point--the gateway to the clinic. Staffing limitations may necessitate that a staff person must assume multiple roles, particularly in small facilities in rural settings. By the same token, the waiting area may have to double function as a seminar room for community health education or a prescreening area in addition to its basic function as the place where one waits before the examination. Clear signage at the entry and intake reception will direct people to the sign in, waiting area, counseling, treatment, and administrative areas. Seating in the waiting area should be flexible to allow rearrangement in response to these changing uses. The waiting area should be large enough to allow for movable partitions to subdivide the space as warranted, particularly on days of peak utilization.



in Louisiana by the Rockefeller Foundation following a massive Mississippi River flood in 1927 that spread disease and suffering across the region. The program was made an official part of the state constitution during the populist governorship of Huey Long in the 1930s. After World War II a great number of parish facilities were built using money from the federal Hill-Burton act. At the time, these progressive, modernist-styled structures were a source of great community pride and a symbol of the importance of local government, Verderber writes.

But in a four-volume study that won a PA Award in 1992, a research team led by Verderber documented just how far this system had deteriorated. In many of these now-outmoded buildings leaks and faulty air conditioning

Sample Jury Comments—*Compassion in Architecture*

McNally: I was completely bowled over by this one. It presented a really strong, compelling, well-documented story about public health clinics in Louisiana. This person knows the place and how it works politically. They've been doing this project for fifteen years. They've spent $52 million implementing it in 44 projects. They've tested it and done the postoccupancy work. They take you right up to different design patterns. And each of the projects they profile explain how all this gets pieced together and set in place.

Ahrentzen: It takes time to figure out how the pieces are connected, and how one relates to the other. I was sort of confused, but I was also compelled. It's not as smoothly connected as you'd be able to find in a fast read.

McNally: It is also the first exposé of how defunct and corrupt this whole system was. How people were still trying to operate out of these clinics that should have been torn down many years ago.

Jones: Yes, but too often we generate these formula books as a generic kit, but stop shy of actually making it.

Hull: Say you are an architect and you were going to be doing a health clinic. Would this be of value to you, reading this book?

McNally: Yes.

were common; hallways and waiting rooms were so overcrowded patients had to wait outside in the rain; records and supplies were improperly stored and poorly secured; and privacy and confidentiality were poor or nonexistent. Furthermore, in many of those instances where new facilities had been provided to replace older ones, these had been relegated to dismal sites far from "Main Street." One was even located in a former bowling alley and bar.

Verderber's 1991 study provided the catalyst for what would become a new statewide participatory planning and design effort. Known as the Strategic Facilities Initiative, it has since sought to replace or renovate old buildings, but to do so in a way that prioritizes the needs of the patients, and of the nurses, clerks and sanitarians who work there.

For the last fifteen years, on contract to the state, Verderber has directed many aspects of this program. When a parish initiates a project, he is available to help with due-diligence and best-practices research, tax and budget analysis, and planning and design services. Many new facilities are subsequently designed as joint ventures between his office and local architects of record. But in the simplest cases, he has performed the architectural work himself.

Design Quality and Effect

Verderber believes that the quality of an environment, even the simple configuration of space, can have a powerful effect on social intercourse. To be truly effective, therefore, the parish health units should have the same dignity and public presence as a library or a school.

Such views grow out of a background in environment-behavior studies. Indeed, Verderber places SFI's theoretical roots in positivist, empirically based management theories. But recently, most work in this area has neglected concern for the effects of physical space on organizational creativity, he writes.

This has been a particular problem in facilities management, where outsourcing and exclusively cost-driven analysis have also undercut concern for "user needs" and the benefits of a better person-environment "fit." As he writes, "These once linked facilities management via productivity to strategic facility planning." But now the prevailing view is of "space (versus place) defined solely as a commodity to be bought or sold."

One of the central aspects of this story is the failure of the mainstream architectural profession to become more engaged with environmental advocacy. The health care pyramid rarely takes an interest in either the patient or the caregiver, he believes. After all, the client is usually a wealthy patron or a cash-strapped state agency. "Value engineering" has further reduced concern for caring buildings to marketing slogans.

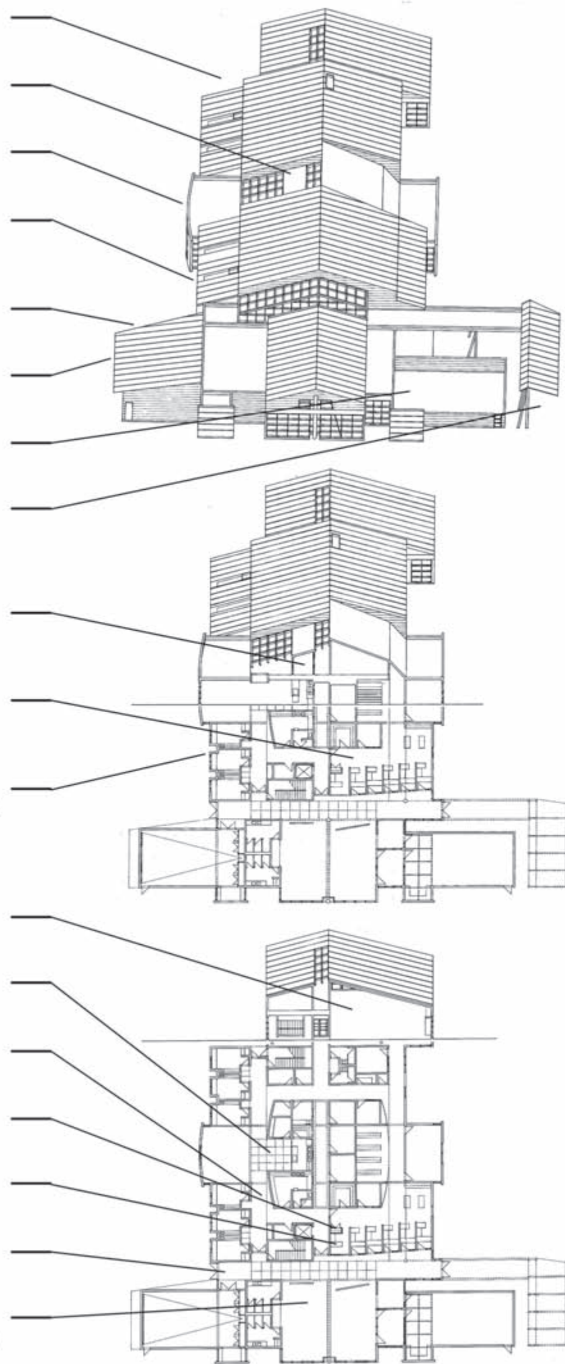
But forces within the architectural profession have made the situation worse. Modernism first added the elitist vision of the architect as the aesthetic purifier, for whom the indigent public was largely a contaminant. But, he also believes that, since architecture lacks a tradition of verification, the success of many designs is frequently also a "hit or miss" proposition. This has compromised the architect's ability to stand up for known principle during the design process.

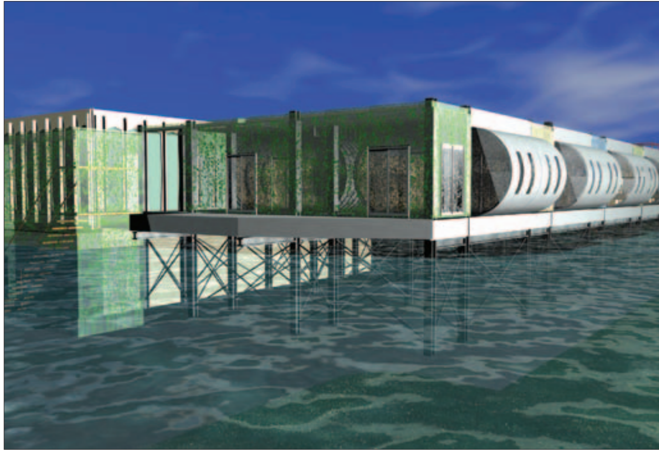
As an answer, Verderber offers evidence-based design and planning. This involves a much more rigorous cycle of preparation, participatory engagement, coordination, commitment, and assessment.

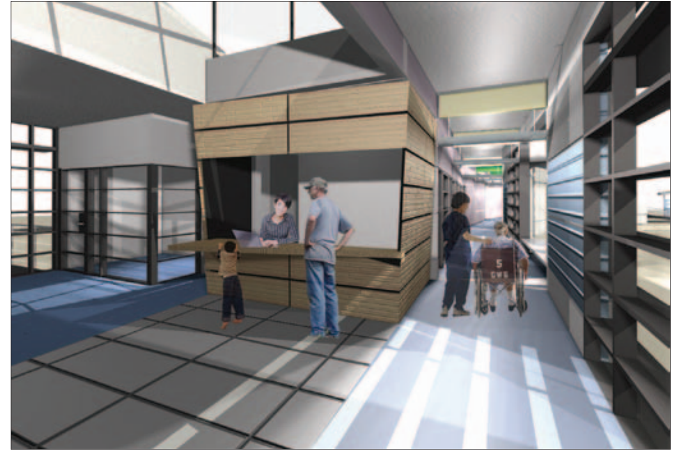
But it also involves a renewed humanistic vision that emphasizes a noninstitutional attitude toward community health care facilities, one that projects a spirit of warmth,

Opposite: The book includes 143 guidelines intended to govern the rebuilding of community clinics as places of dignity and community pride.

Hull: That's what I find strange about some of the research projects. They're interesting, but you can't use them.
Kelbaugh: That's a good point. At the back is a "how to"—maybe a bit too formulaic, but it's qualitatively different.
Ahrentzen: And it's not just for architects. It might be a facility manager who has to deal with an architect, and can look at this and actually challenge a person. And it is in a particular place—Louisiana. It's really specific, but there are probably implications to other places as well.
Hull: I still distrust the architecture side of this a little bit.
Ahrentzen: He does a lot of different types of research. Part of it is ethnography—just talking to people. But he also has surveys. All of that helps direct not only the case studies in terms of the designs, but also the schematic design principles.
Jones: But isn't this more along the lines of a statewide health infrastructure than a place?
Hull: Did it make the facilities more place-like?
Ahrentzen: If you put down a health clinic in a poorer area there is a real sense of that being an important place in the community.
McNally: It is going to have a huge impact. They are trying for a wholesale replacement. And they figured out how to mobilize this enormous machine. They could have just panicked. Or they could have continued to ignore it, which is the way so many things are done in Louisiana. Instead, they said we can be calm, teach ourselves about what needs to happen, and then go for it.


Site Context- Suburban:
1.1-1.6, 3.1, 3.2, 6.1
Daylighting/Passive:
6.9, 6.10, 7.5
Subwaiting:
4.2, 4.16, 6.16
Examination "Houses"/Clinic:
2.3, 2.8, 2.9, 4.15, 4.17, 4.27, 4.35
Conference/Classroom Wing:
1.7, 4.30
Articulated Bandwidths:
6.3, 6.8, 6.11, 6.26
Exterior Play Space:
4.19-4.26
Canopy-Seating Area:
3.5, 3.6, 6.18-6.20
Environmental Health Section (Level Two):
2.3, 4.46-4.48
Internal Transparency/Intake-Consult/Clerical Admin:
6.11, 6.12, 6.16, 6.17
Views of Nature:
3.8, 4.19, 4.22, 4.23-4.26, 6.7, 6.9
Nursing Administration:
4.36-4.39, 4.41, 6.15
Nutritional Education:
4.31-4.34
Legibility/Wayfinding:
3.6, 6.4-6.6, 6.21-6.23
Patient Intake/Consult:
4.4-4.7, 4.9, 4.13
Reception/Sign-in:
4.8, 4.11
Serialized Arrival:
1.1, 1.4, 3.3, 3.5, 4.12, 6.1
Main Waiting:
1.5, 4.1, 4.3, 4.10, 4.18, 4.20, 6.32-6.34





caring, and human scale. It is compassion for the needs of those who use a building that should drive major decisions regarding its siting, spatial organization, and "language of materiality"—the palette of materials and objects used.

A Record of Success

Compassion in Architecture combines analysis of these larger social and theoretical issues (largely framed in terms of extended quotations from patients and caregivers), with a history of parish-based health services in Louisiana, an extended section of case studies, and a lengthy set of 143 illustrated guidelines.

The case studies involve a range of actual work under the SFI program, from large to small, from new construction (in various forms and styles) to renovation. Not all Verderber's collaborations have turned out as originally planned; indeed, some of the more compelling designs presented were not built for political and/or budgetary reasons.

Interestingly, the book was also conceived and written before Hurricanes Katrina and Rita in 2005. Yet the jurors were impressed that in several crucial respects, it predicted the social outcomes that followed these disastrous events. Indeed, one of its case studies described plans for a modular health center, deployable by boat, train or truck in the wake of a natural disaster.

In the tradition of Christopher Alexander's work, the illustrated guidelines emphasize a broadly scaled range of physical and policy priorities: from developing community support; to sensitively siting individual new buildings and laying out spaces inside them; to ensuring proper daylighting, workflow and ergonomics.

Some embody practices that seem relatively obvious, like designing an effective wayfinding system and avoiding windowless double-loaded corridors. Others are less so, such as creating a tiered system of waiting areas after check-in to reduce patient stress. In general, their goal is to create environments that are secure, yet lively and uplifting.

Verderber stresses that the content areas all originally emerged following a series of meetings, discussions and focus groups. They have all since been "tested" and adjusted through postoccupancy evaluation of completed SFI projects.

In general, the guidelines are less important as individual instances of dramatic revelation than as an enumeration of important concerns that should not be ignored or forgotten—a kind of task sheet for a more humanistic practice. For this reason, Verderber says, the book has great relevance to an array of community-based health centers, such as clinics for outpatient oncology and kidney dialysis centers, which are taking over from increasingly beleaguered hospitals.

What may be most enduring about his book, however, is not its ability to shape any particular building form or style, but the impact of its call for a renewed attitude of design awareness and compassion.

— David Moffat

Left: One of the proposals documented in the book is for a mobile clinic that can be delivered to flooded areas by truck, train, helicopter or barge. Image by Julia Ford and Claudia Foronda.

Right: The new Richland Parish health unit replaces a prefab metal structure where occupants had endured the stench of sewage and where staff complained of headaches, muscle aches, and nausea. Image by Romy Diaz and Jessica Gramcko.

Opposite: The new community health clinic in West Monroe, Ouachita Parish, and the specific guidelines used in its design. Drawing by Stephen Verderber, Victoria Yee, and Jessica Gramcko.