

Graduation Plan

Master of Science Architecture, Urbanism & Building Sciences



Graduation Plan: All tracks

Submit your Graduation Plan to the Board of Examiners (Examencommissie-BK@tudelft.nl), Mentors, and Delegate of the Board of Examiners one week before P2 at the latest.

The graduation plan consists of at least the following data/segments:

Personal information	
Name	Alexander Feilmair
Student number	5849047

Studio		
Name / Theme	Designing for Care – Towards an Inclusive Living Environment	
Main mentor	Kobe Macco	Architecture
Second mentor	Maria Meizoso Aguilar	Building Technology
Third mentor	Birgit Jürgehake	Research
Argumentation of choice of the studio	Vulnerable people are part of our society, which is why the goal of architecture should be to create an inclusive environment that is for everyone!	

Graduation project	
Title of the graduation project	Health Creation The Search for a New Place for Health
Goal	
Location:	Delft, Netherlands
The posed problem,	Due to a demographic shift, resulting in a larger proportion of elderly people in the population of the Netherlands, without a rethink in the healthcare system, we are at risk of meeting an imbalance between the care needed and the available care! The focus of our society should be to encourage people to stay healthy and active instead of seeking medical help when this could have been avoided by early interventions – the approach should be towards Health Creation
research questions and	How can the principles of Health Creation be embedded into architecture that supports (elderly) people in remaining both physically and mentally active as well as socially integrated?

design assignment in which these result.

Establishing of a health-creating environment that encourages (elderly) people to maintain or improve their state of health from a physical, mental, and social perspective

This research aims to find new approaches to Health Creation and in this sense, how architecture can support especially elderly people (aged 60+) and socio-economically disadvantaged people. This should take place in a "health-creating environment" where people can gain an awareness of their own health and playfully learn methods to preserve or enhance their health condition without the feeling of a conventional institutional health setting.

Process

Method description

- Conversation with people of the target group (people aged 60+) regarding their needs, their methods to stay healthy and valued or missing facilities in their living environment
- conversation with geriatric care experts
- conversation with a physiotherapist
- ethnographic observation to understand the moving of (elderly) people within their living environment and to identify preferred and avoided places, documented in sketches, headcounts, movement diagrams and notes
- literature studies of the three main categories of psychology/medicine, lifestyle habits, and human-centered design approaches and additional topic-relevant literature
- Documentary series such as "Old People's Home for 4-year-olds", which attempts to show the potential of interaction between the generations, or "Live to 100 - Secrets of the Blue Zones", which attempts to demonstrate how lifestyle adaptations can promote a longer, healthier life.
- case studies of relevant projects like the former Pioneer Health Center or spatial settings like the Viennese intergenerational café "Vollpension" which try to lead in a new direction of health creation and social integration
- fieldwork at a Dutch nursing home

Literature and general practical references

- **Informal Health Checks**

The *Peckham Experiment* (1926-1950) tried to lower the hurdle of such examinations by linking a community center with medical check-ups.

- **Importance of the Built Environment**

In his work "*Effects of Interior Design on Wellness: Theory and Recent Scientific Research*" Roger S. Ulrich examined the significance of nature and the built environment in general in the human healing process.

- The book "Healing Gardens: Therapeutic Benefits and Design Recommendations" by Marcus C. C. & Barnes M. attempts to demonstrate the supportive aspects of natural elements in people's well-being.

- **Lifestyle Habits**

- In the framework of the *Blue Zones*, formulated by Dan Buettner, essential components for longevity have been identified. Components such as increased physical activity, the importance of a balanced diet, the promotion of social connectedness, or the creation of a purpose could serve as guidelines for translation into an architectural language.

- **Human-Centered Design**

The approaches of *Christopher Alexander* and *Herman Hertzberger* towards a more human-centered architecture, such as user-centered design, flexibility, and adaptability, or interaction-promoting design are of great interest and importance.

- **Social Interaction / Intergenerational Interaction**

The experiment "*Old People's Home for 4 Year Olds*" showed the potential of intergenerational interactions for older people and younger ones.

The Viennese intergeneration café "*Vollpension*" is an approach to giving elderly people meaning again and at the same time reintegrating them into society through interaction with younger people.

Reflection

1. What is the relation between your graduation (project) topic, the studio topic (if applicable), your master's track (A,U,BT,LA,MBE), and your master's program (MSc AUBS)?

In my research, and the design that results from this, the studio's topic of creating an inclusive environment for health and care are deeply interwoven with each other. The goal of architecture is to provide support for its users and create a framework so that people can live out and express themselves in it.

We, as future architects, are equipped with the means to explore new directions beyond the traditional institutional approaches to establish a more health-creating environment for our society.

2. What is the relevance of your graduation work in the larger social, professional, and scientific framework?

We are currently heading towards an imbalance between needed care and available care, which is due to the demographic shift in terms of a larger proportion of elderly people (65+) in the population. In addition, there is also an existing inequality of access to healthcare concerning the socio-economic

situation of certain people, resulting in many serious conditions that could be prevented through better inclusion.

If the approach of simply treating the disease remains the same, hospitals will be overburdened and costs in the area of (geriatric) care will consequently explode, which in turn could cause the healthcare sector to falter!

New approaches towards health are required to make (elderly) people aware of the importance of their health and provide them with support in maintaining or even improving their state of health that goes beyond an institutional approach. Health Creation could serve as a guiding principle in this respect, as health should not only be seen in physical terms but should also include aspects of mental and social health.

By becoming aware in this way, people should remain independent for as long as possible and thus avoid medical treatment as far as possible.