

graduation reflection: health creation campus

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 resulted from this, the studio's topic of creating an inclusive environment for health and care is deeply interwoven. The goal of the resulting architecture is to provide support for its users and create a framework so that people can live out and express themselves in it. These measures are intended to promote the strengthening or even the creation of new communities and human connections.

As aspiring architects, we are equipped with the means to explore new directions beyond the traditional institutional approaches to establish a more health-creating environment for our society. Health Creation has emerged as a promising approach in this respect, whereby an attempt is made to view health as a holistic approach that moves beyond the purely physical aspects of health and emphasizes mental and social aspects.

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 health care concerning the socioeconomic 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!

Fresh approaches are needed to raise awareness among (elderly) individuals about the significance of their health and to offer them the necessary support to maintain or enhance their well-being and social inclusion.

Health Creation as a guiding principle tries to bring the aspects of health closer to the community and attempts to overcome the traditional views of institutional health. *Health Creation Campus* emerged from thorough research, aiming to architecturally translate a fundamental focus on creating adaptable and flexible housing, catering to various target groups and providing access to health facilities, in the sense of nearby care within the immediate neighborhood.

In this respect, Poptahof Noord has crystallized as a seeding place with an aging and socio-economically disadvantaged population. The outdated "Reigerflat" high-rise complex, considered one of the first high-rise buildings in Delft, serves as the foundation for creating healthy living space. The complex will be completely cored down to its supporting structure, which is composed of the MuWi system, frequently used in the post-war era. Within the remaining framework, various flat typologies are made possible, which, thanks to strategically placed new shafts, allow a high degree of flexibility for the arrangement of the rooms and thus grant the residents a high degree of freedom. By rethinking the gallery accesses, additional encounter space is created in front of the apartments, which also enables self-appropriation and personalization and can thus be seen as an extended outdoor living space. These measures grant the complex a second life, marked by the emergence of new diversity and enhanced flexibility.

Concerning the publicly accessible health-creating environment, the aim was to create a transparent and low-threshold environment. This consists of a library with an adjoining open study space, an intergenerational café with a community kitchen, an intergenerational daycare, and spaces for creative workshops and physical activities with opportunities for health consultations. By dividing these functions into three separate buildings, a more small-scale urban structure is made possible, which is anticipated to enhance accessibility. The three volumes and the high-rise slab are connected by a raised platform

level, which can be seen as a second urban level where educational garden programs for young and old can be offered. This platform also frames the central patio, which functions as an open space with sports opportunities and can be used for various scenarios such as a weekly market, flea market, open-air cinema, Christmas market, or community-curated events.

The aim is for people to appropriate the space and realize themselves in it, thereby feeling connected to their surroundings – the users should thus become inhabitants.

3. How did the research influence the design/recommendations and how did the design/recommendations influence the research?

In the course of the study, the research topic of Health Creation proved to be far more wide-ranging than anticipated, going beyond the originally intended target group of elderly people and the socioeconomically disadvantaged and, on closer inspection, affecting the entire society. Topics such as flexibly adaptable and usable spatial structures have shaped the translation of research into an architectural design. By moving away from rigid spatial constructs towards freely playable spaces that allow diverse spontaneous scenarios, an urban spatial fabric is generated in which users can realize themselves and get involved in the creation of a community spirit.

The choice of site and the decision to adapt the existing high-rise structure of "De Reiger" meant that the theme of flexible spaces was also related to the creation of residential space. The focus here was primarily on the generation of a residential framework that enables diverse spatial constellations and gives future residents as much freedom as possible by also mixing various types of apartments and residents.

This implementation has resulted in a flexible spatial framework that is reflected in the public buildings, as well as in private residential units.

4. How do you assess the value of your way of working (your approach, your used methods, used methodology)?

The project as a whole turned out to be more complex and time-consuming than originally assumed. The intensive investigation of the existing high-rise structure, with associated archive visits, plan analyses, professional exchanges with architects who have already dealt with the adaptation of such a construction system, and, in general, the investigation of the adaptation possibilities required more time than anticipated at the beginning of MSc3. The countless experiments to enable diverse and varied floor plan configurations in the rigid high-rise structure resulted in the provision of different apartment modules that can be placed freely in the grid of the structure, thus guaranteeing great flexibility.

Concerning the implementation of the public part of the project, countless attempts were made as to how the existing high-rise slab and the new building volumes could be perceived as a coherent unit. Initial attempts such as linking the new building directly to the high-rise slab proved not to be leading the way in terms of programmatic and interior qualities. The detachment of the additional public functions with a connecting platform proved to be a more elegant approach, without sacrificing the desire to connect the public and residential areas.

5. How do you assess the academic and societal value, scope, and implication of your graduation project, including ethical aspects?

Since we live in an aging society and this is associated with (future) cost increases in the healthcare sector that will probably no longer be sustainable by the social system, it is time to consider new approaches to care. The *Health Creation Campus* is intended to serve as an extension of the established healthcare facilities (GPs, hospitals, ...) and become a place for positive health in contrast to conventional treatments. The aim is for those involved to be better informed about their health and to learn new methods playfully to maintain their health for as long as possible.

The creation of "healthy living space" by adapting the existing high-rise structure enables, among other things, social living space and apartments specifically for the needs of elderly people who want to live independently for as long as possible. The immediate proximity to the public Health Creation functions means that interaction with these is possible with little effort ("nearby care").

6. How do you assess the value of the transferability of your project results?

Considering the adaptation of high-rise construction and the fact that countless high-rise complexes were built in the Netherlands post-war using the MuWi construction method, this approach could be seen as a blueprint for the reuse and adaptation of such constructions. Highlighting the potential for reuse in such constructions also underscores the environmental benefits by reducing the need for demolition and the consequent carbon dioxide emissions associated with entirely new builds.

The public part of the *Health Creation Campus* is to be perceived as the antithesis of conventional healthcare facilities: A spatial structure in which, among other things, health aspects such as physical activity, nutrition, intergenerational cohesion, and learning of new skills are addressed in a flexible spatial framework. The interaction of the different functions along the exterior colonnade enables the exchange of different users and provides a spatial setting that can be used by users in different scenarios (weekly market, exhibition, flea market, community dinner, ...). Implementation on such a scale is perhaps not feasible on a widespread basis, but individual components such as intergenerational daycare and café, or community kitchens, which can be used to introduce healthy eating to the population, can be set up on a smaller scale or as separate facilities and thus become part of a comprehensive Health Creation Network.

7. What challenges did you encounter during your research process, and what strategies did you employ to address them?

Since Dutch is not my native language, communication with the target group, which initially tended to be older people, became more difficult. This became particularly clear in the course of the fieldwork in a Dutch "residence for the elderly", as almost none of the elderly residents could speak English. This forced me to revert to the ethnographic research form of observation, which enabled me to identify the behavioral patterns of the target group and how people use their everyday environment.