

# Designing A Culture of Health

By Alberto Salvatore

Designers have accepted the challenge to use design to have a positive impact on the health of patients, family members, and staff within the healthcare space. It's time now for us to activate the power of design beyond the healthcare space to have a positive influence on health and well-being in all the spaces and places where people live, work, and play.

Because we know people spend 90 percent of their time in the built environment, designers have an opportunity to design these spaces looking through a "culture of health" approach, which helps us make informed decisions in our design process that directly impact our health.

For starters, this process involves looking at the health status of the population that will experience your project. Community Health Needs Assessments (CHNA) are available for almost every community and provide a systematic examination of health status indicators for a given population, identifying key problems and assets in a community. Designers can use this document as a baseline for their design assignment to address local health issues and identify design interventions that can coordinate with clinical and/or socioeconomic interventions to incentivize behaviors that address these health issues.

Designers can then consider what opportunities there are to improve health status. For example, in designing a K-12 project in an area where the CHNA identifies spread of infections, obesity, nutrition, and physical activity as concerns, some design interventions may be the strategic location of sinks for handwashing in the classrooms to be used by children and staff. Incentives for staff and student movements from one location to another can help address specific curriculum requirements. Additionally, spaces that maximize exposure to nature and natural light have been proven to enhance educational outcomes.

Finally, it's important to measure how design solutions can enhance the health status of all who experience or utilize a facility. Building on the K-12 example above, the strategic location of sinks in the classrooms is hypothesized to decrease the spread of infections in the classroom for students and staff. This can be measured by using a baseline of absenteeism related to health by students and staff prior to the new design implementation and the resulting absenteeism after the design is operational for 6-12 months (recognizing that there would be the potential for other confounding variables).

Health has been redefined to be more than just the absence of disease (see the [World Health Organization definition of health](#)). So, it's time for us to rethink design to be more than just a process of creating an aesthetically pleasing sculpture in the landscape or a lifeless envelope in which we exist.

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The new definition should be the design of experiences in spaces, in and around our buildings, that not only please our eyes but also incentivize healthy behaviors like

exercise, community interaction, and artistic expression; create equitable access to varied aspects of life; and contribute to personal, community, and planetary health.

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