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services matched for level of both photo and service (2), or mismatched (services superior-photo unattractive or services average-photo attractive) (2). Results show the circumstances in which using online pictures may be beneficial in healthcare advertising. The presentation will discuss the implications of this research for healthcare advertising and the role played by the physical environment.


Orcun Kepez, orcun.kepez@khas.edu.tr, (Kadir Has University)

Review of existing assessment instruments for assisted living settings revealed three important facts: that first, most of these instruments were developed by using survey databases; second, their underlying theoretical argument did not extend beyond congruence between assisted living settings and the elderly; and third, the findings of these instruments were not able to build a strong evidence-based practice in long-term care environments. However, design of assessment instruments for Alzheimer’s Special Care Units were developed by including a complex and rigorous array of environmental variables. The salutogenic approach highlighted the importance of multi-variables that contribute to well being and criticized the pathogenic approach that oversimplified “being healthy” as the opposite of “being sick”. Early theoretical models were developed in the 1990s and recognized the potential use of the salutogenic model to make better understanding of the relationship between health and environment, especially in macro (e.g. urban) and mezzo (e.g. neighborhood) scale. Application of the salutogenic model to long-term care settings was discussed decades later. Focusing on objective measurement of positive features of assisted living environments that support well-being and the autonomy of the elderly is the core of the Salutogenic Assessment Instrument for Assisted Living Facilities, which has been developed under the scope of the DesignHEALS Project—a three year research project funded by the European Union 7th Framework Program. The aim of this research is to study the link between environmental qualities of assisted living facilities and the well being of cognitively intact elderly. Multiple case study methodology was followed by selecting 18 facilities varying in three size and plan layout configurations. The size of facility, plan layout configuration, walking distances between residents’ rooms and common areas, accessibility, and presence of neighborhood amenities are the independent variables of this study. Well-being outcomes (dependent variables) were collected by structured observation of residents’ use of common spaces and their social interactions. Residents were surveyed and their non-medical records were taken from caregivers. Quality issues, such as inter-rater reliability of observers and interviewers, were taken into consideration. Spatial analysis methods such as Space Syntax and Geographical Information Systems were incorporated to maintain objectivity and analytic reasoning.

Impacts of Window Views and Daylight Exposure on Recovery: A Prospective Study of Post-Cesarean Section

Chia-Hui Wang, chcatherinewang@gmail.com, (Hwa-Hsia Institute of Technology); Kathryn Anthony, kanthony@illinois.edu, (University of Illinois at Urbana-Champaign); Nai-Wen Kuo, nwkuo@tmu.edu.tw, (Taipei Medical University)

Prior studies showed that natural and physical environments have significant impacts on human health. However, very few studies have been published on examining impacts of natural and physical environments within healthcare facilities on their users’ health. This research aims to explore the effects of built environments, specifically in terms of daylight exposure and window views, on recovery of patients. Hospital cesarean rates in the U.S. have soared to a record high of over 30 percent in 2007, making Cesarean sections a significant issue of women’s health. Therefore, the researcher focused on explore the impact of the built environment on recovery such as patient-controlled analgesia (PCA) usage, length of stay, perceived pain, and general well-being of women who have undergone Cesarean sections. The researcher recruited 296 women undergoing Cesarean sections and using PCA for pain control after their Cesarean sections from three tertiary hospitals in Taiwan for this research. However, four subjects were dropped...
out from analysis due to incomplete data. Data collection methods include self-administered questionnaire surveys, reviews of medical charts, and observations. The researcher applied BPI (Brief Pain Inventory) to measure perceived pain and used SF-36 to measure general well-being of the subjects. PCA usage and length of stay were subtracted from charts. Some confounding variables such as socioeconomic data were collected from self-administered questionnaires. The subjects were asked to evaluate the percentage of natural components from their window view and their satisfaction. Daylight exposure of each patient was measured by Konica Minolta Illuminance Meter T-10 twice a day according to a predetermined guideline. Results showed that both window view and daylight exposure have significant impact on reduced recovery, some dimensions of perceived pain, and general well-beings. The researcher tried to identify the best practice of patient room design, which may decrease the use of medication (analgesic), reduce length of stay, and therefore reduce healthcare costs substantially.

The (Informal) Economy of Cities: Analyzing the Spatial Logic of Street Markets in Santiago, Chile

Rodrigo Mora, rodrigo.mora@udp.cl, (Universidad Diego Portales); Francisco Bosch, fbosch@ingenovaconsultores.cl, (Universidad Diego Portales)

Street markets are a fundamental part of cities. They not only provide goods, mainly vegetables and fruits, to the urban population (especially the poor), but also serve to make cities more livable and strengthen communities. In the case of Chile, street markets account for sales of about 75 percent of all fruits and vegetables, 50 percent of eggs, and 50 percent of fish and seafood consumed by the urban population. In spite of their importance, little research has explored how street markets are placed in cities and the role of metric and configurational variables in their placement. This paper investigates the spatial logic of Santiago's 331 street markets belonging to all 34 municipalities in two ways. First, the catchment area of each market was calculated using a street-based threshold of 600 m (about a 10-minute walk), which allowed us to determine how much of the existing grid in each municipality is being covered by their local street markets considering a 10-minute walk. Then, the configurational characteristics of all street markets belonging to each of the 34 municipalities were observed and compared with the configurational properties of all segments belonging to each of these municipalities. This used a standard road-center map of Santiago (which contains about 330,000 segments and is used by most GIS systems) processed by Depthmap's segment analysis software, which permits the assessment of the degree of centrality of each segment within a system. The results showed that, overall, street markets cover 58 percent of all the city's streets, although important differences exist according to the socioeconomic characteristics of each district, for in well-off districts street markets cover less than 5 percent of the existing grid in a 10-minute walk, whereas in deprived ones this figure is more than 90 percent. It was also discovered that streets markets are more likely to be within the highest ranges of configurational values of their districts.

The Landscape of Accountable Care: How a Patient Focus is Changing the Industry at the New Parkland Hospital

Gena English, gena.english@phhs.org, (Parkland Hospital and Health System); Nicholas Watkins, nwatkins@BBH-Design.com, (BBH Design); Esperanza Harper, eharper@BBH-Design.com, (BBH Design); Lori McGilberry, lori.mcgilberry@corgan.com, (Corgan Associates); Upali Nanda, upali.nanda@gmail.com, (HKS); Robyn Bajema, robyn.bajema@americanartresources.com, (American Art Resources); Erin Peavey, erin.peavey@hok.com, (HOK); S. Alan Black, sblack@fkp.com, (FKP Architects); Deborah Breunig, debbie.breunig@ki.com, (KI)

On October 11, 2013, EDRA hosted its inaugural Fall Symposium at the New York School of Interior Design in New York City. The theme of the Symposium was the Landscape of Accountable Care: How a Patient Focus is Changing the Industry. At EDRA 44 in Provi-