Call for Abstracts on Design and Research Projects

The Value of Design: Design and Health

Deadline: February 12, 2014

The American Institute of Architects (AIA), AIA Foundation, and Association of Collegiate Schools of Architecture (ACSA) invite the submission of abstracts of ongoing or recently completed design and research projects that address the intersection of design and human health. The projects should propose solutions to specific conditions or use quantitative or qualitative methods to document the positive impact of design interventions on human health.

The submissions are for an April 2014 summit funded in part by a grant from the National Endowment for the Arts entitled **The Value of Design: Design and Health**, initiated by the AIA's Design and Health Leadership Group.

Abstracts are due **Wednesday, February 12.** Following a blind peer review by a panel of educators and practitioners, authors of accepted abstracts will be notified **March 5** and invited to submit either a complete paper or a poster by April 2, 2014. The final materials will frame the Design and Health conversation and form the basis of a digital and print publication released after the meeting. A limited number of authors will also be invited to participate in the summit in person.

Authors must submit abstracts online at ACSA's website (acsa-arch.org). Abstracts should not exceed 500 words and must be formatted for blind peer review with no identifying information in the text. Abstracts should be text only and not include images. Authors should clearly describe the design or research project, its link to health issues described below, and the outcomes documented. Reports from firm-based projects, design studio courses, community design centers, university research centers, and affiliated disciplines are encouraged.

Desired Outcomes for Design and Health Projects

Domestically, the average American lifespan has begun to decline, and vehicle-centric urban plans have contributed to sedentary lifestyles and sharp rises in obesity and health care

costs. Communities designed to encourage physical activity, develop smart infrastructure, reduce air pollution, and support the natural environment are developing a framework for positive change. Although public health challenges vary broadly by community type and geography, leaders in public health, architecture, and other fields recognize the role the built environment plays in community health and wellness.

The AIA/AIA Foundation Design and Health Initiative seeks to develop real-world design solutions to promote health and wellness in diverse communities. To frame the summit's discussion the following questions are posed to prospective authors in education and practice alike. They are intended as challenges to spark discussion that will yield desired outcomes from the summit, described further below.

- What part of public health belongs to design?
- How do we drive design into codes and standards to intentionally achieve positive health outcomes?
- How can design solutions address a wide range of health outcomes as a question of equity?

Areas of exploration may include but are not limited to:
- Incorporating physical activity into daily routines;
- Providing attractive destinations within walking or biking distance;
- Applying resilient and biomimetic design techniques;
- Ensuring safety through lighting and other design features;
- Providing access to clean water for agriculture, sanitation, and consumption;
- Addressing environmental justice in planning;
- Improving pedestrian and bicyclist safety;
- Promoting positive mind-body relationships through design; and
- A myriad of other creative solutions.

Submissions are encouraged about health and wellness impacts at several scales:
- **Individual scale:** addressing the physical elements in immediate surroundings that affect individual health and well-being, such as materials, ergonomics, layout, dimensions, etc.

- **Building scale**: addressing planning and design, building envelope, interiors, and external connections that can benefit the occupants' well-being; these include a focus in much of the developed world on existing buildings upgrades and interior renovations as well as new construction additions and facilities.

- **Neighborhood/city scale:** solutions affecting the health of the local community through design of places and spaces that support local infrastructure, human connectivity, and the local economy; solutions at the urban scale address broad health and wellness issues through planning and zoning, design of infrastructure systems, and large-scale redevelopment or new construction.

Desired Outcomes for Design and Health Summit

1. **The AIA, AIA Foundation and its partners will create a single professional vocabulary for design and health.**
   The integration of knowledge from architecture and public health will allow practitioners, clients, lawmakers, and the public at large to better appreciate their intellectual and practical convergence. Moreover, clearly defined terms and concepts common to architecture and public health will foster a consensus around ways that design impacts health and health informs design.

2. **Architects will be drivers of community discussions on design and health.**
   Architects will use their knowledge and the new design and health vocabulary to catalyze discourse and policy in partnership with city and state governments. Architects will work within their local AIA community to engage local governments on design and health.

3. **The AIA and AIA Foundation will engage the public imagination for design and health.**
   While influencing policy is fundamental to change, clearer demonstrations of the reciprocity between design and health promise to influence public perception about the value of architecture, in particular its impact on environmental integrity and well-being.

Topical Focus Areas for Design and Health Initiative

Architects possess a broad set of unique skills that, coupled with a proactive spirit and distinctive vocabulary, result in changes to both the natural and built environment. This ability to act as change agents comes with an enormous responsibility. Design at its core is about improving lives at work, play, and rest. Architects should employ design techniques in everyday practice that promote an absence of disease, improve mental health and cognitive function, promote physical wellness and public health, and address health disparities by extending healthy environments to those who need it most. Further, healthy places are sustainable places; the optimal building of this century is one that minimizes its ecological footprint while promoting health and well-being.

The Design and Health Leadership Group has identified five areas essential to making explicit connections between design and health:

1. **How can design and policy address equitably built environments?**
   We seek new ideas about buildings and public spaces that create safe, comforting conditions, promote human interaction, and enable equitable access to optimal conditions for people of all economic classes and abilities.

2. **How can design and policy address the sensory quality of built environments?**
   We seek new ideas about spaces and places designed to optimize controlled access to favorable natural light, olfaction, tactility, and acoustics.

3. **How can design and policy address nature in built environments?**
   We seek new ideas about spaces, places, and buildings that incorporate direct contact with bio-diverse species, natural forms, and ecosystems.

4. **How can design and policy address healthy physical activity in built environments?**
   We seek new thinking about design that integrates physical and social activity into daily life for all age groups.

5. **How can design and policy address continuous environmental integrity?**
   We seek new ideas about spaces and places that provide access to basic amenities—clean, toxin- and pest-free environments with appropriate levels of social connectedness, quiet, and privacy, attentive to both physical and mental well-being.