ENGAGING THE AGING
Community Design that Supports the Process of Aging

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My thesis deals with an alternative to the progressive disengagement of the aging: the engagement and extended independence of the aging by way of an infill urban housing and activity community for the aging.

The senior living community will be sited in downtown Winchester, Indiana as part of a community revitalization program. The aging adult apartments will be carefully inserted into the downtown with local retail and commercial establishments that are existing or will be developed. The new senior living community will also have commercially functioning spaces for further engagement of the aging adults. The streetscape will also be reconfigured to accommodate accessibility needs as well as encourage greater community involvement in the downtown. The engagement of the aging adults in the downtown community is intended to add vitality to both the senior living community and the existing community of Winchester, Indiana.
DEVELOPING HOUSING FOR AN AGING SOCIETY
A History and Evaluation of Housing for Aging Adults

Throughout time, the amount of money, degree of care, or level of activity of the aging adult determined the amount and degree of care they received. Retired people are an ever increasing percentage of the population. This has presented the need for more housing developed specifically for their needs. This project will show how housing for the aging adults has taken steps for the better, but must continue to develop in order for aging adults to live healthy productive lives.

Housing for the aging was not a problem for the greater society to deal with before industrial times. Children were raised by their parents in mostly rural settings. When the parents were too frail to help with work they turned the business and property over to their heirs, who in turn took care of them. The family would continue to encourage the aging adult to remain active in the duties of the home and rearing of their grandchildren. The aging adults would indefinitely reach a point to were they were only able to do the smallest of chores and must be completely taken care of by the family. This was a strain on the family, but was not considered to be above or beyond what the aging family member deserved for what they had given. The older members of society were also given respect for their knowledge and leadership. They were given the highest positions as the elders of the church and the heads of the government positions by their age (Barrow, 1992).
This model continued into the nineteenth century. However, it is merely a model and not the rule. Industrialization gave the younger generations the ability to leave the family business and work in the growing cities. With industrialization moving families from their rural settings into the cramped cities, there was limited room for the noncontributing elderly. In some cases, the elderly were left to fend for themselves or sell their property to pay for someone to take care of them (Barrow, 1992).

However, the increase in the reaction against the older generations created one of the largest problems of today. The older generation lost the respect and dignity they carried with the ownership of land and the possession of knowledge. The industrialized cities offered young adults the opportunity for success without the constraints of their parents. The power was shifted to the younger generations, because they held the new technical knowledge (Barrow, 1992).

Industrialization caused many other problems throughout all generations. Most of the problems were attributed to the chaotic conditions causing stress and mental illness. To treat the mentally ill, insane asylums were planned. These institutions originated in England, but became popular in America in the late nineteenth century. By the turn of the century, institutions had set-up moral guidelines and treatment standards that rival the success rates of today’s mental institutions.
The institutional setting was also a great way to help the aging adults who were afflicted with the many diseases unknown to doctors of the time. The industrial age population explosion increased the number of mental patients and the need for more institutions (Barrow, 1992). The specialization of the institutions became apparent as in the case of the elderly who could not take care of themselves. Since these institutions took care of mentally stable patients, they were given the name nursing homes.

Nursing homes were not much different from mental institutions at the time. The nursing homes were often centers of research for doctors interested in the ailments of the older generations. This did not create a home for the aging adults, just a place to take care of them. In most cases the buildings were designed for the nurses to have maximum efficiency and not the accessibility of the elderly patients. This laboratory feel only caused the elderly patients to become more frail and fade away from society.

The nursing home developed more into a community, however, the theory of disengagement contributed to the lack of development from that point. The theory of disengagement can be dated back to the middle of the twentieth century, but some of the basic principles were present in the beginning of the institutionalization of the aging. The theory of disengagement states that death is inevitable and an aging adult reaches a maturation point were their inabilities
separate them from an active role in society (Cumming, 1961). This caused the acceptance of moving nursing homes even farther from the communities and any social involvement.

After World War II, women began to move into the job market and out of the home life. This lack of full time family care created a need to take care of even more aging adults, because the at-home mother was unable to take care of the older family member. This increase created the need for more nursing homes with better care. Nursing homes were made bigger, and made communities of their own within the nursing homes property. The aging adults were more capable, but were not completely able to take care of themselves. This created the need for movement and activity among the aging adults. Exercise and proper nutrition were also becoming more important to all age groups, including the oldest.

This increase in the activity of the aging caused a need for more programmed activities within the nursing homes. This required spaces for interaction, and allowed personnel to have a more intimate relationship with the patrons of the nursing homes. The aging adults relationships with nurses and other patrons of the nursing homes created a community atmosphere that increased the need for interior and exterior community spaces. The activity of the aging adults also gave them more access to exterior spaces. Nursing homes started developing in large open land areas that had wonderful views for the mental health of the residents, because the market was demanding more attention to the wellbeing of the aging adults (Matla, 2000).
The Americans with Disabilities Act also made facilities owners and operators create more spaces that are accessible for the disabled. Considering the large amount of patrons in nursing homes that are disabled, the Americans with Disabilities Act's guidelines were required in almost every space of the new nursing homes. This created even more chances of activity for those aging individuals who were restricted by many of the disabiling designs before.

More requirements placed on design of facilities for the aging, both from the ADA and the aging adults, required even more specialization in the market. The aging population was also becoming larger due to the achievements of health professionals (Barrow, 1992). This also created a need for specialization due to differing needs. The nursing home became the last step for many aging adults before death and remained a full care facility.

The specialization of the elderly health care field created many housing options for the aging adult. This brings us to the present developments of elderly housing. These developments will be discussed with their context and needs of the specific aging group.

The AIA has taken steps to better develop guidelines for architects in designing for the aging adult. They have also lead the way in determining the appropriate naming of various facilities in the continuum of care. The AIA has determined there to be five standard facility types including senior/community centers, elderly housing, residential care facilities, nursing homes and continuing care retirement communities (AIA, 1985). These are neither indepen-
dent of each other nor the only types determined to date. They are a basis for understanding, because even the AIA has published material iterating more general types of facilities for aging adults (AIA, 1994).

The senior/community center is a good type to start with, because it does not include housing. The center does require the designer to be conscious of the aging communities needs and wants in a place of gathering and nurturing. The center is named senior/community center, because it is designed and built according to the needs of the aging adults, but is used by the entire community. These centers consist of a main gathering space with many adjacent spaces fulfilling the various needs of a community center. These adjacent spaces usually consist of a lounge for small groups to meet and informal gathering, a reception area many times not including a receptionist, administrative suites, public restrooms, plenty of storage, a kitchen for full meal preparation, and an arts and crafts area for activities needing a classroom orientation (AIA, 1985). Other spaces may include a library or information center, a conference room, an exercise room, a game room, a display space, a chapel, and a small theater. The senior/community center must accommodate for the movement and activity of less mobile persons, because those using this type of facility must be active themselves. Since it is a center, membership is often a requirement for usage of the senior/community centers spaces. Those who are members are generally able to take care of themselves once transported to the center. Senior

Entrance (top) and Floor Plan (bottom) of Focal Pointe Senior Center in Sunrise, Florida from the AIA Design for the Aging 1994 Review, p. 106.
centers are able to serve the general public, but often times are started by senior organizations with volunteers or are a facility of an existing senior community, commercial or independent.

The elderly housing facility type is often commercially funded, but is the considered to be as close to home orientation as an aging adult can receive with assistance in some activities. Elderly housing consists of multiunit apartments, retirement subdivisions, retirement villages, and there are even retirement towns. Elderly housing consists of a group of residences for older retired persons who are semi-independent. Independent individuals sometimes prefer to live in this type of housing, because they want to be active with their peers and not have to take care of everything themselves. The advantage of the elderly housing over types of housing with more assistance is that the aging individuals still takes care of themselves and remain active. Elderly housing communities must offer different choices in living units, because there are many different types of needs to fulfill at this level of care. Some elderly housing communities will offer a range of housing choices from apartments of varying sizes to full houses dependent on the aging adults needs, amount of independence, and their monetary situation. Each unit within a community will consist of a living and dining area, kitchen, bathroom, storage space, and a bedroom, although some facilities have started to offer economy or studio types without separate bedrooms (AIA, 1985). The elderly housing types however are not seen as the last living place of many aging adults.
The next step of care for some individuals in an elderly housing community might be to a residential care facility. Residential care facilities are still seen as having a residential quality, rather than institutional, but have residences who need assistance in everyday activity. Residential care facilities consist of domiciliary care facilities, board and care facilities, personal care homes, adult foster homes, homes for the aged, and rest homes. These all provide assistance with personal needs, housekeeping, administration of medication, but most important there is a central meal service. This extra assistance to the patrons requires the facility to enclose itself and require access to all community spaces by all patrons. There is also a need for full-time assistance with their own spaces. This requires a greater need for space planning with the inclusion of gathering spaces while only having a single room for each patron. A residential care facility still requires the aging adults to remain active in taking care of themselves throughout most of the day. This type of facility is only regulated under each state's department of social services (AIA, 1985).

The nursing home must meet the state's strict rules under the department of health and hygiene. This consistently requires the need for institutionalization in the design and activities of a nursing home. Nursing homes are also known as convalescent homes, health-related facilities, intermediate care facilities, and continuing care retirement communities. This institutionalization occurs because of the need for 24-hour care by the aging adult. Nursing homes assist with
eating, dressing, mobility, and personal hygiene which require many staff, some needing registration in nursing. These assistants require stations and a rooms for assisting the residents including special bathing rooms, dining rooms, medication rooms, examination and treatment rooms, and physical therapy rooms. The individual bedrooms are often small and consist of only enough room for the bed and some personal furniture with each room having a full bathroom (AIA, 1985). Because of the great need of assistance most residents of nursing homes only stay for periods of a few months. There are the few that are functionally impaired, and live long lives in the nursing home.

Continuing care retirement communities are listed as a type of nursing home, however as the name states, they are communities and allow for the residents of the community to have various types of assistance. Residents of continuing care retirement communities move in to stay at these facilities for the rest of their lives. These communities offer assistance in care from all of the types discussed so far in a setting allowing activity between those of differing ranges of need. The activity is even more encouraged through the community spaces that include an assembly area, library, laundry, arts and crafts area, gaming area, lounges, cafe, coffee shop, and various other forms of retail. Continuing care retirement communities also offer a range in types of living units. The living units may have separate bedrooms and kitchens ranging from
full to mini. However, there is still the need for nursing care and the spaces required for those services. Retirement communities often are less institutional with clinics instead of examination rooms, and pharmacies to buy your own drugs. Rooms are also designed to be interchangeable according to residents' needs. This creates a room that is made as comfortable as possible for the initial sale to the semi-independent client who plans to stay in that room for the rest of their life (AIA, 1985). Continuing care retirement communities can also be situated to move the residents within the community according to their needs. This creates a stable community relationship while fulfilling the resident's needs. Retirement communities have become the next step in housing for the growing population of aging adults.

The most specialized of aging adult care is acute-care hospitals. They are hospitals that take care of the aging adults as patients because of their high level of dependence (AIA, 1985). The patient is monitored continually due to strain on the aging body. Only family and close friends are allowed to see the patient. Patients often have limited stays because of increase in health or the lack of health, they are deceased. Acute-care hospitals are not seen by its residents or the general public as having the feeling of home, but it has been determined in most cases to be the last of the needs of the patient. Acute-care hospitals are often a part of a local hospital and its wing is often designed the same as the rest of the hospital for continuity.
As discussed earlier, these levels of care do not make clear steps, therefore making the distinction across the line is difficult in many cases. Housing projects for aging adults are increasing in their capacity and their difference in housing types creating villages owned and operated by the developer. This difference within the same project, which is becoming more common, has led to the common naming of them as assisted living. This naming has caused even more problems due to the difference in state procedures according to levels of care. So states have developed their own name for what is popularly known as assisted living. For example: Indiana refers to them as residential care facilities; Kentucky named them personal care homes; Washington still refers to them as boarding homes; North Carolina has become most politically correct with a series of different names including group homes for the developmentally disabled. However it is called, assisted living tends to refer to any facility that is professionally managed extending care to a group of residents for the development or extension of their activity independently (Schwarz, 1999).

Assisted living environments are different throughout the spectrum of care and across the map, but some European nations have broadened their ability to serve the aging adult population through even more options in housing. Whether it be a difference in governmental participation or differing cultural views towards the older generation, many European nations are seen as forward thinking in their designs and ideas for continuing care facilities.
Europe has many different nations that act separate of each other and have very different cultures, but they are so easily accessed by each other that ideas in design tend to be diffused throughout the continent. Their governmental policies in building design and zoning tend to reflect the artistic and liberal culture present. Most of these European countries also have government funded programs for continuing care residences. This all allows architects in the field of assisted living design to have more freedom in design with a greater respect for their older generation. However forward the design thinking is considered, most European nations have site restrictions to deal with that American architects do not worry about in most cases.

Continuing care facilities in Europe tend to be placed in downtown sites that are limited in space and require high-rise structures. With these constraints, the architects must constantly be designing new ways to create healing environments for the aging adults of their culture to remain active. These wants for the residents of the facilities and the governmental support give architects the freedom to expand the design ideas and create buildings and forms that reflect the entire culture. This allows the architect to plan for the residents to be active in the community (Goldenberg, 1981).

Many architects and geriatric specialists in both America and Europe believe that to keep up the level of activity it is best for the aging adults to stay in their own homes as long as possible. European culture’s practice of serving its older population through extra care given by

The Gooyer project in Amsterdam was designed in an urban environment keeping the storefront facade at the ground level and the assisted living facilities on the upper levels. This reinforces city living and gives the residents the activity of the urban setting. [Victor A. Regnier’s Assisted Living Housing for the Elderly: Design Innovations from the United States and Europe, p. 82]
family or neighbors has not been preserved in the United States.

Currently, the general population is becoming increasingly concerned about housing the growing population of aging adults. The percentage of the population over the age of 65 is becoming larger every year. With the increase in population of aging adults comes the increase in the need for their housing. People are living healthier lives and for a longer period of time, adding to the increased differences in activity and need of the aging adult population. This in turn causes a greater need for different types of housing for them. Technology is ever changing and discoveries in the aging process allow for even more development in the field of continuing care facilities. The world has made strides to better the lives of aging adults, but there is still much left to do. The design of these facilities must enhance the activity of the aging and better engage them in society.
THESIS TOPIC
Issues and Positions

The engagement of an aging adult into community activity is an important factor in the fulfilled life of a healthy retired person. The aging adults in today’s American society have had to deal with many inequities in the decisions that have been made about their future. Many of these retired Americans have been shunted into living their final years in institutions that are attempting to accommodate their needs. These institutions make families and friends of the aging adult feel more comfortable, because these “frail” people are being taken care of. The American society has come to believe this process is best because of the Theory of Disengagement.

For many years, the Disengagement Theory has been the approach to dealing with “the problem” of the elderly. The theory states that once an older retired adult reaches a certain point in their life, they remove themselves from society. This is supposed to allow society to function more smoothly. The aging adult is supposed to be completely retired and not interact in any substantive way with society as a whole. Finding the point when disengagement should take over a retiree’s life is usually based on the level of activity of the adult. In some cases, an aging adult remains active in the community and in many cases holds a part-time job. By taking it upon themselves to remain active and involved, retired persons may be able to sustain societal engagement well into their advanced years.

Interaction and activity between aging adults and children is healthy for all generations. The interaction returns the respect to the older generation that they deserve and it creates a healthy, learning relationship for the younger generation as seen in the upper and lower picture’s from Aging, the Individual, and Society, p. 67 and p. 111.
There are many who retire and cannot keep up with the activities and involvement necessary to be an active participant in today’s American society. Society begins to isolate them into retirement communities. There they become accustomed to only having occasional visitors and being cared for. This lack of stimulus engenders a downward spiral into ever-increasing inactivity, frailty, and disengagement.

Giving the aging adults independence promotes an active lifestyle and engagement in society. The feeling of independence in an aging adult is hard to accomplish when they feel they have someone watching over them at all times. To counteract this problem, they must take control of their own lives, have multiple choices of activity, and be physically capable of some of the opportunities presented.

Having choices of which activity to pursue is symbolic of independence. With some activities unavailable due to physical limitations of aging adults, the community must have a variety of activities made accessible to the less able people of the community. This must be done in a way that makes the aging adult feel independent and engaged in the community.

A community must engage all members of the community in order for it to thrive. The retirement community must be organized to function within the existing community. This is the essence of engaging the aging adults into intergenerational activity. No one must feel threatened if everyone is to participate in the community. The feeling of safety is integral to the independence of the aging adults and the activity of the individuals in the community.
DESIGN OBJECTIVES
Methodologies

Implementing strategies to engage the senior living community patrons into the activities of the society will involve both developing design solutions and community programs. The creative design of accessibility requirements from the city’s macro-scale down to the micro-scale of the individual apartments will facilitate an all-inclusive community. And, the fine line between the privacy of the individual and the need for the community involvement must also receive appropriate attention.

Engaging the aging adults into the community activities will demand taking advantage of every opportunity of involvement between the aging adult and the community. The new building forms must encourage the interaction of the existing community and the senior living community. The projected community’s acceptance of the design will rely on its “fit” with the existing community, but the design must also be cognizant of the technologies and ideas of design that will be influential in the development of assisting living centers for the twenty-first century.

Current design standards call for the recognition of accessibility of all spaces to all patrons. Redesigning the streetscape to allow for accessibility of the aging adults and the disabled will reflect positively on the community. The street level will also be the space for the greatest potential for interaction between the retired patrons and the citizens of the community. Widening the sidewalks will allow for outdoor activities, seating, and group functions to accommodate everyone. The design and placement of elevators will be crucial to the layout of the apartments, the amenities, the parking, and the streetscape. There will be the need for direct elevator access to the senior living community amenities.
and also private elevator access to the ground level and to the rooftop levels for the patrons. The apartments must be designed to reflect the needs of the aging adults; they must accommodate those patrons less able to perform tasks taken for granted by able people.

The aging adults must first feel independent and safe before they will engage themselves in the community, so the security of the apartments is an important factor. The design of the procession from the streetscape to the apartments will be as a sequence of steps from the most public, least secure to the most private, most secure. This will be accomplished by using the streetscape and amenities as buffers before reaching the private, residential elevators. Monitoring of the hallways of the apartments will also increase security.

The community's involvement in the lives of the aging adults will be directly affected by the programs designed to bring the aging adults together with the larger community. The cafe, welcome center, career center, and community center are spaces where this will take place. These places must have a program of activities in which both the aging adults and the community can become involved. The senior living community must also develop programs to get the aging adults out into the community and to strengthen the community outside of the senior living community. This will only increase the awareness of the community of the patrons and employees of the retirement community.
CONTEXT
Physical and Cultural

Engaging aging adults into the community can take place in many settings. The historic downtown center of a small city or town is the perfect opportunity to test the theory of urban living for aging adults. The downtown provides the project with the potential for an upper residential and with the main level commercial needed to achieve the design goals described earlier. The small town carries with it a culture that recognizes the needs of the aging adults. The downtown of the small town of Winchester, Indiana has these characteristics, making it an appropriate choice for a downtown senior living community.

In order for the project to succeed in and with the site and culture, the community must first wish to rehabilitate its downtown buildings and bring more activity to its downtown. Winchester, Indiana, is a strong community as a whole, and is making strides to improve its downtown. The Main Street Society, composed of local business owners and the local government agencies is supportive of finding new uses for the upper levels of their downtown buildings. They also believe their community can be made stronger through developing the downtown to meet contemporary and future needs. Many of the owners of the downtown buildings are citizens of the community looking for better uses of their upper floors.

The Winchester downtown is in good condition, with many of its buildings having been maintained and restored and thus still exhibiting their historic character. There are historically non-contributing buildings that can be removed without detracting from the downtown’s character. This will allow for the amenities of the retirement community to
replace these undistinguished buildings without community disapproval. This redevelopment will strengthen the downtown design as a whole.

Winchester, Indiana, the county seat of Randolph County with a population of 6,000 is already a strong community with an active downtown. This means that placing the senior living community in the downtown will strengthen what is already there. In many struggling downtowns, the new development would be an isolated improvement. That is not the case in Winchester which has a well-kept hotel in which visitors of the aging adults can stay, a drug store, a thrift store, personal medical practitioners, law offices, banks, and several restaurants of varying ethnicity. The downtown also has a library, all the governmental offices, a post office, and the police and fire station, a needed safety feature.
Along with the presence of the police and fire department, high community involvement keeps downtown crime and harassment rates low. This strengthens the ability of Winchester, Indiana, to accommodate a senior living community of this type.

Winchester has a traditional courthouse square which allows for easy access to any point in the downtown. Connecting the residential levels together will be a design challenge. The courthouse square also has adequate street parking, some of which can be converted into wider streetscape, but the removal of parking could be problematic, because most of the parking is used daily and its removal would not be welcomed by merchants.

Winchester, Indiana, is a community that boasts low crime rates and high community involvement. This is shown in the actions of the local townspeople and the way they carry themselves in a relaxed manner. Winchester is in need of the development of the upper floors of their downtown buildings, creating the opportunity for the proposed senior living apartments.
THESIS PROJECT
Senior Living Community

EAST ELEVATION

STREETSCAPE PLAN
This thesis project is the design of assisted living apartments in the upper registers of existing downtown buildings with acquainted amenities inserted into a carefully selected, limited number of main commercial storefronts. The streetscape is redesigned to better serve the senior living community. The project fuses aging adults' apartments and acquainted amenities into an already amenity-rich area of an active community.

The amenities added are those needed for the senior living community to thrive and increase the engagement of the retired adults into the community. These spaces include a welcome center to make visitors and the community feel free to interact with the aging adults of the senior living community; a cafe to serve the aging adults and the community; a community center for activities of all ages to take place; a daycare center for the interaction of the aging adults with the youngest generation of the community; a wellness center for the continuing activity and health of the entire community; and a career center to help find employment for both the aging adults and the unemployed members of the community.
The rooftops will also be taken advantage of as usable space. The aging adults should have outdoor activities in which to spend their personal time. The rooftops are used as gardens, outdoor patios, and mechanical rooms for the new equipment. Access to the rooftops is from elevators placed strategically for functional and accessibility reasons. These direct access elevators reach the streetscape and are for patrons of the retirement community only.

The streetscape is designed to be completely accessible for all and to all buildings in the downtown. The streetscape takes advantage of the interaction of the community while creating buffered entrances for the aged adults. The parking for the downtown is in lots created for the
use of everyone, including designated spots for the retirement community. The alleys are reconfigured to take advantage of the golf cart or local transportation methods. The goal of all of these measures is to create spaces and functions for everyone in the community so they can better engage the activities of the downtown.
The senior living apartments are arranged along the circulation spaces that act as organizing spaces. The hallways are covered by large skylights that cover the entire width and supply the corridor and aligning apartments with ample daylight.

The apartments are arranged with the living spaces along the outside walls and the support spaces along the corridors. This orientation allows for maximum daylighting into the living spaces and ease of feeding mechanical lines off of the circulation spaces into the support spaces. The support spaces still receive daylighting from windows facing the skylit hallways.
The Welcome Center is designed to fit into the existing facade of the Main Street Block. The Welcome Center is also designed to reference the Italianate design of the courthouse that dominates the courthouse square. The entrance of the Welcome Center is on axis with the Courthouse entrance creating a visual reference and direct pedestrian access.

WEST ELEVATION

ENTRANCE
The parking lot facade was designed to add character to an existing facade that is blank. The parking lot entrance will be used by residents of the senior living community who are returning from a ride, or patrons of the community walking from the parking lot through the Welcome Center to access the courthouse square retail.
The gathering space will be the main interaction space within the senior living community. The gathering space will serve many functions for the community of Winchester and the senior living community. The gathering space will serve as an open area for public use during the Welcome Center’s open hours and a gathering space during times of importance for the senior living community and the community of Winchester. The fountain will serve as a focal point within the space as the falling water calms and soothes the environment.
LOUNGE

The Welcome Center also has a quiet intimate side. The lounge and reception areas will both inform and make everyone feel welcome in the building. The Lounge will be used for intimate conversations and time to sit back and watch the surroundings or read a book. The receptionist will be able to help any visitors find their way around the community while watching over the access points to the senior living community. The grand staircase creates points of viewing the activities of the Welcome center and creates the elegant feel of the civic space.
REFLECTION

The project was designed to increase the engagement of the aging adults living in the senior living community with the existing community. This created several scales of design from the entire city of Winchester down to the interior of the Welcome center. Completing designs for each of the scales made it difficult designing in depth at any of the scales. Having incomplete parts of the entire project leaves the designer open for criticism.

In trying to finish the project according to the perimeters set forth by the proposal, the project began to spread itself thin. This immediately left problems for the designer. In order to solve these problems, the project was broken into phases to limit the design to one block of the downtown. This block would be the base for the future expansion of the senior living community and the renewal of the corresponding downtown blocks. This phasing made starting the design easier by breaking it down. However, the design of the entire community was left out to make time for the further development of the first phase of design. By not having designs for the rest of the amenities it was hard to show the project as a cohesive community design.

The project did become quite complicated after delving deeper into the first phase of construction. The senior living apartments needed to fit into the existing buildings. This became quite difficult considering the differences between the actual buildings and the need for the senior living community to be cohesive and accessible. The process of completing a design for the upper registers of the existing downtown buildings along the first phase block was exhausting in time and design energy. This created a lack of proper effort in the design of the rest of the first phase. The proof of the apartments actually fitting and having a cohesive and engaging design was accomplished. Was it at the ex-
pense of other important parts of the project, such as the rooftop gardens, the secondary traffic layer and its activity, and the programming of proper activities for the senior living community to further its involvement with the existing community?

The Welcome Center became the flagship for the design of the first phase. The design of the Welcome Center showed the intricacies needed to increase the interaction of the different people of the community inside a building form. With the rest of the project taking increasing amounts of design effort, the Welcome Center was created with the simplest concepts that are the easiest to understand. These concepts include the copying of traditional elements to create the feeling of the Welcome center belonging in the existing streetscape, and the simplifying of the assistance rooms, including the activity room and the offices, to basic blocks. The incomplete design of these rooms made the plans look separated with the central gathering space reigning supreme. In order for the flagship building to control the design of the rest of the project of the future phases of the project, it should be designed more in depth by showing the intricacies of the need of the aging adults in an intergenerational space.

Although the project seems to have many problems as discussed already, it is a strong project following a strong thesis idea that is prevalent in the American culture of today. The project completed the thesis ideas and proved without being built that the problem of disengaged elderly can be combated with the rebuilding of many downtowns. The time needed to explore this idea has come to an end and left me with many ideas to build upon in future projects. These ideas include the need for buildings to increase the involvement of the existing community with what they already have, the idea of looking towards alternatives to new buildings as a means of solving a client’s problems, and the need to look at how all generations will be using a space, so the disengagement of no generation happens in any design.
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