The CARITAS Project
Generative Space Award 2018
Unity Health Care Brentwood Waiting Room // Gensler // Sunbrella

Project Overview

UNITY HEALTH CARE

Unity Health Care (Unity) is a network of community health centers that provides care to underserved communities in Washington, DC. To better serve one of those communities—the Brentwood neighborhood, in Northeast DC—Unity turned to design as a tool for creating transformational experiences. That led them to partner with global design firm Gensler, and fabrics company Sunbrella Contract, which served as a research partner.

Together, the three organizations initiated research on the registration and waiting experience, which led to valuable key findings and targeted design interventions that helped the facility to better serve patients and visitors, enhance the staff experience, and strengthen bonds with the Brentwood community.

TEAM

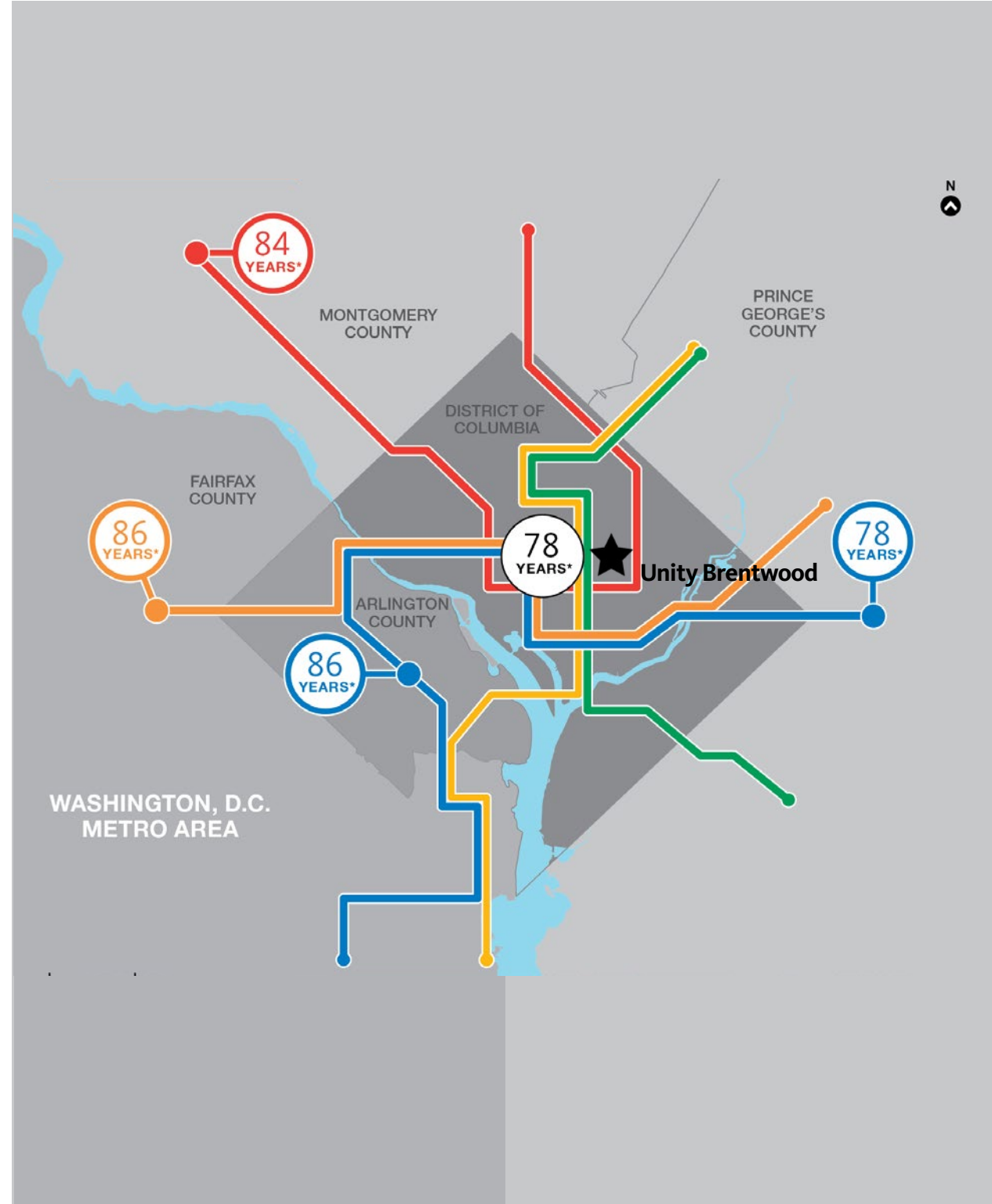|		
UNITY HEALTH CARE *We treat you well!*	**Gensler**	sunbrella CONTRACT
Network of Community Health Centers	Global Design Firm	Textile Manufacturer

HEALTH DISPARITIES IN DC

Where you live says a lot about life expectancy, your income, access to healthy food and affordable healthcare, and a number of other determinates of health. And our nation's capital has some of the greatest health disparities in the nations – with some of the highest and lowest life expectancies.

As with food deserts, health care deserts are most common in minority and low income urban neighborhoods like Brentwood, where primary-care physicians, mental health professionals, and dentists can be as elusive as access to fresh food. This is why services like those provided by Unity are so critical to overall neighborhood health and social sustainability.

"Your biggest health predictor isn't your cholesterol level, your blood pressure or your age; it's your ZIP code."

N

84 YEARS*

MONTGOMERY COUNTY

DISTRICT OF COLUMBIA

PRINCE GEORGE'S COUNTY

FAIRFAX COUNTY

86 YEARS*

78 YEARS*

★ Unity Brentwood

78 YEARS*

ARLINGTON COUNTY

86 YEARS*

WASHINGTON, D.C. METRO AREA

About Unity Health Care

One out of six Washington, DC, residents receives medical, behavioral, dental, or social services from Unity Health Care, a local network of federally qualified health centers that promote healthier communities, regardless of ability to pay.

DC residents are by no means alone in their reliance on such programs. Across the nation, federally qualified health centers provide services to more than 24.3 million people in underserved and low-income areas. These centers are key to improving community health by providing accessible, wholistic care that addresses the physical, mental, and social health of their patients.

Unity was founded in 1985 as the Health Care for the Homeless project, providing primary healthcare services to homeless individuals and families in D.C. When they received federal government emergency funds in 1996, their reach was expanded to include the underserved, uninsured, and working poor. Unity has a mobile medical outreach vehicle and 29 health centers that are located in the poorest ZIP codes surrounding Washington, D.C.

Focused on well-being, Unity's team of compassionate and multicultural health professionals provide a full-range of health and human services that reach every facet of health from pregnancy and infancy through your senior years. As a patient-centered medical home (PCMH), Unity offers a team-based approach that encourages patients to become an active participant in their own health care.

Project Context: Unity Brentwood

With its unassuming mix of pre-war rowhomes, retail strips, and rail yards embroidered across the landscape, Brentwood bears little resemblance to the Washington of neoclassical monuments and K Street office buildings. Yet the neighborhood sits just three miles from the Capitol Dome. The demographic shifts and new developments that have spread across DC in recent years are only now brushing against Brentwood's edges. So for the time being, the community retains a considerable share of older, low-income, and minority residents, many of whom depend on Unity's services.

When those residents arrived at the previous incarnation of the Unity Brentwood waiting area, they were greeted by a space featuring the usual signifiers of healthcare facilities: walls largely unadorned and neutral-colored; chairs upholstered in a vinyl-like material and arranged in a rigid, rectangular layout around a coffee table; and an environment that spoke to institutional standardization. See existing photos to the left.
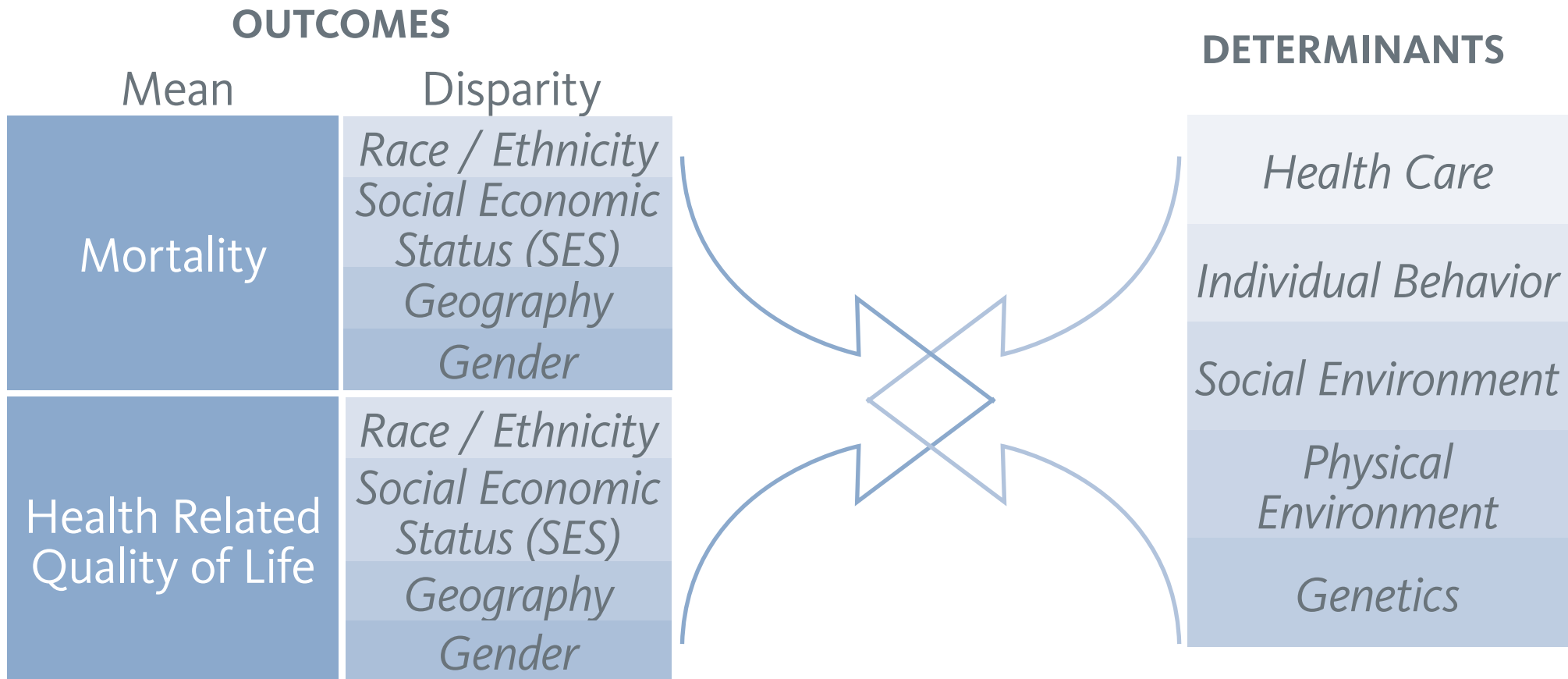
UNITY BRENTWOOD
Demographics
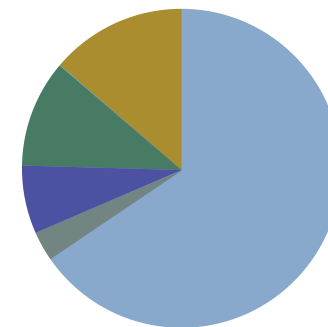
Insurance
- 66% Medicaid
- 13% Uninsured
- 11% Private
- 7% Medicare
- 3% Self Pay

10,766 Patients Per Year
34,257 Encounters Per Year
87.9% Black / African American

Health Care Transformation
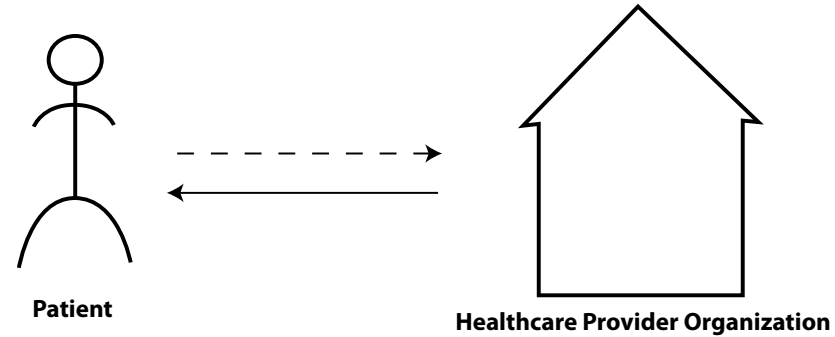## Shift from to Fee-for-Service Medicine to **Population Health Models**

As the health care industry shifts from a fee-for service model to one focused on outcomes, Unity is moving towards a population health model. Unity's challenge is to help their patients overcome the disparities we commonly see in health outcomes by working on the determinants they can directly impact: Access to quality health care, healthy individual behaviors, a supportive social environment, and a healthy, safe and uplifting physical environment.

OUTCOMES

Mean | Disparity

Mortality

Race / Ethnicity
Social Economic Status (SES)
Geography
Gender

Health Related Quality of Life

Race / Ethnicity
Social Economic Status (SES)
Geography
Gender

DETERMINANTS

Health Care

Individual Behavior

Social Environment
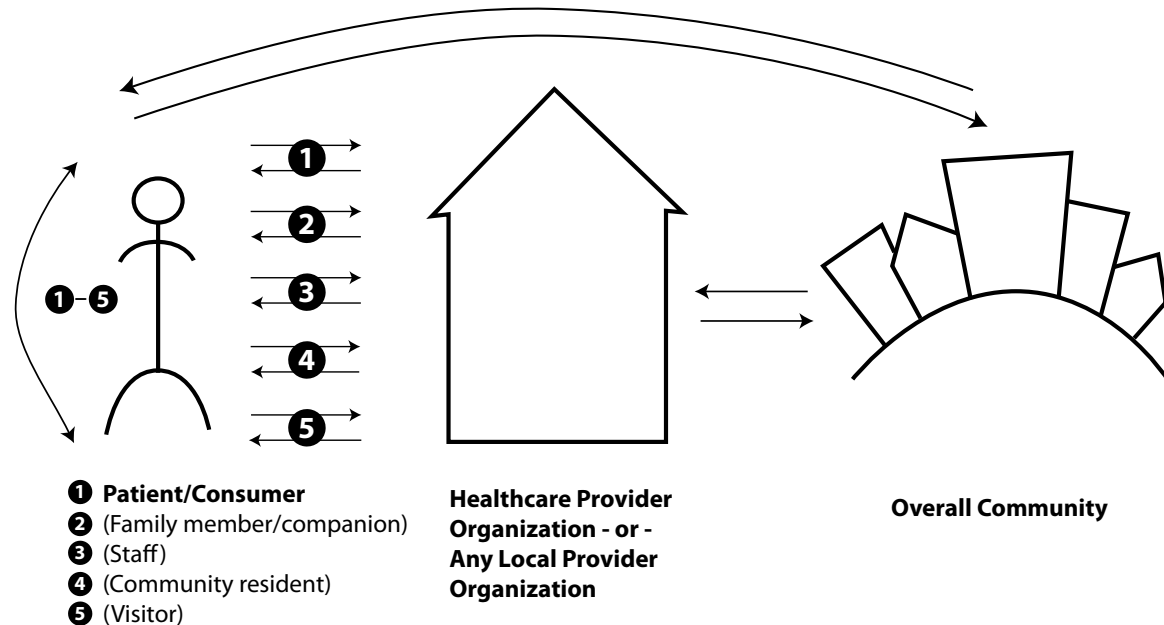
Physical Environment

Genetics

Exercising 'Health Design Leadership' to Cultivate a More 'Generative Space':
Toward a Care-Centered Model of Whole-Community Health, Healthcare, and Quality of Life

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The Status Quo: Instrumental Transactions
(1+ arrow)

Patient

Healthcare Provider Organization

The New Paradigm: A Place to Flourish
(15+ arrows)

❶ **Patient/Consumer**
❷ (Family member/companion)
❸ (Staff)
❹ (Community resident)
❺ (Visitor)

Healthcare Provider Organization - or - Any Local Provider Organization

Overall Community

The CARITAS Project © 2010

Research Process

This project followed a rigorous process of inquiry, designed strategically in collaboration with researchers, designers and practitioners. The team began with no assumptions or preconceptions regarding to the result. The below diagram summarizes the process we undertook, and the following pages walk through our process in detail to explain our methods, findings, and conclusions.

DEFINING THE PROBLEM

DATA COLLECTION

DATA ANALYSIS

Trends Review

Literature Review

Hypothesis

Intervention #1

Intervention #2

Intervention #3

Analysis & Synthesis

Report
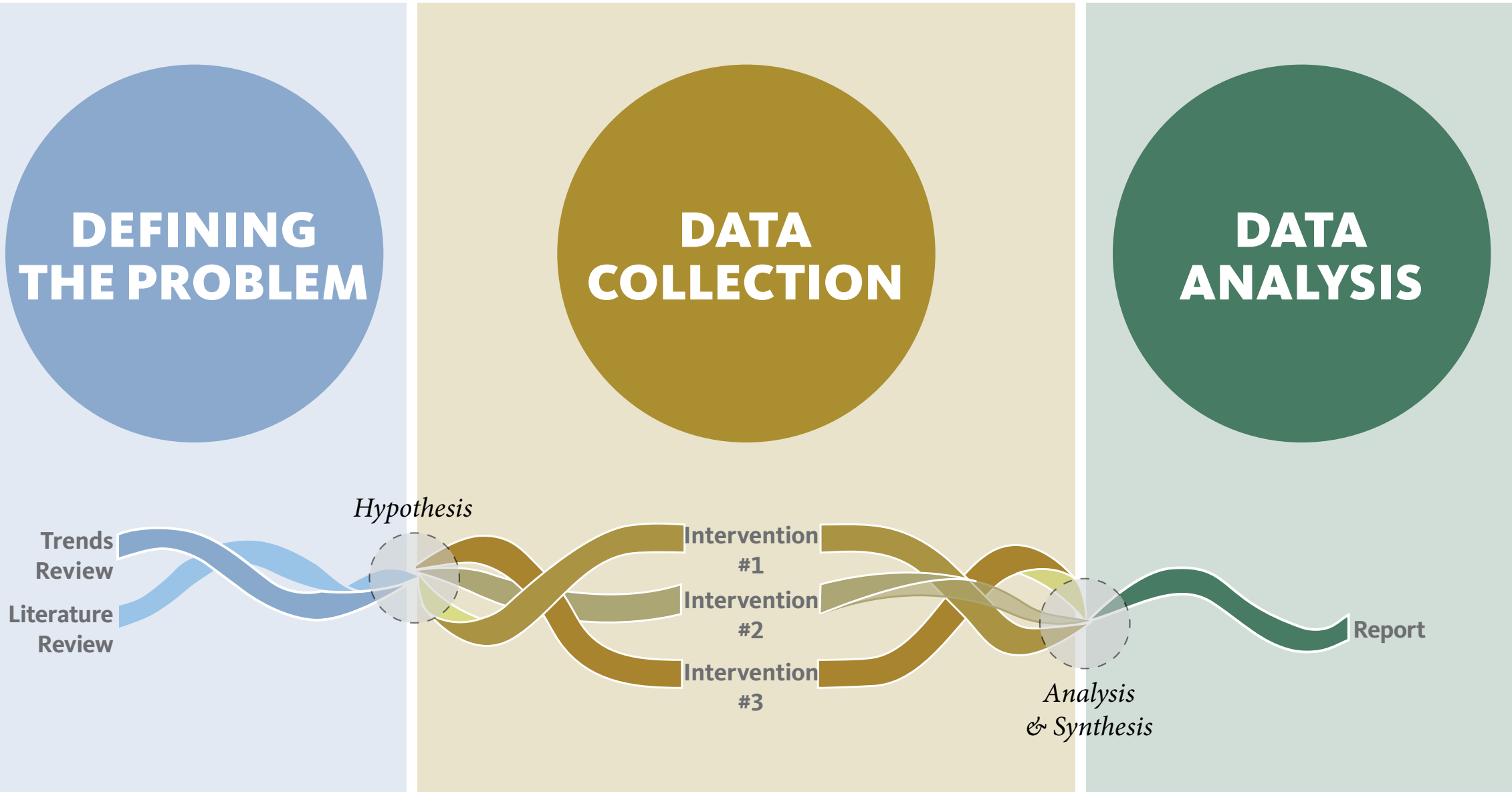
1 DEFINING THE PROBLEM

Our team was comprised of people with vastly differing backgrounds, so the first step was to educate the team by reviewing the major trends shaping the industry.

Trends in the Healthcare Industry

Our team was comprised of people with vastly differing backgrounds, so the first step was to create a common basis for discussion. We reviewed the major trends shaping the health care industry, and their implications for Unity.

THE EMPOWERED PATIENT

SHIFTING SERVICE MODELS

COMMUNITY HEALTH

WELLBEING

TECHNOLOGY

EVIDENCE BASED DESIGN & GENERATIVE SPACE

Literature Review

We undertook a literature review to understand what evidence around the design of waiting spaces already exists, including what has been well established and where further investigation is needed. The below 27 papers represent the works reviewed and the ones highlighted had the greatest alignment with this project.

SUMMARY OF ARTICLES:

1. **Waiting rooms may be a missed opportunity in facility design** | J. Morgan
http://www.hfmmagazine.com/articles/2032-waiting-rooms-may-be-a-missed-opportunity-in-facilitydesign

2. **Healthcare Quality: Waiting Room Issues** | V. Yeddula
http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1032&context=imsediss

3. **Impact Of Visual Art In Patient Waiting Rooms: Survey Of Patients Attending A Transplant Clinic In Dumfries** | P. Cusack, L. Lankston, C. Isles
https://www.healthdesign.org/knowledge-repository/impact-visual-art-patient-waiting-rooms-surveypatients-attending-transplant

4. **Winning Strategies for Waiting Rooms** | Nemschoff
http://www.nemschoff.com/uploads/case-study-files/Nemschoff_Insight_2015_02_17.pdf

5. **Lessons from Waiting Rooms** | D. Fried
http://profitable-practice.softwareadvice.com/lessons-from-waiting-rooms-1111912/

6. **The Waiting Room "Wait" : From Annoyance To Opportunity** | H. Sherwin, M. McKeown, M. Evans, O. Bhattacharyya
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3653648/

7. **The Waiting Room: Where Suffering Begins** | S. Mazer
http://www.healinghealth.com/waiting-room-suffering-begins/

8. **Healing Can Begin In Your Waiting Room** | M. Hamilton
http://medicaleconomics.modernmedicine.com/medical-economics/news/modernmedicine/modernmedicine-feature-articles/healing-can-begin-your-waitin

9. **Make Better Use Of The Patient's Time In The Waiting Room** | Flip the Clinic
http://fliptheclinic.org/flips/make-better-use-of-the-patients-time-in-the-waiting-room/

10. **Improving Wait Times and Patient Satisfaction in Primary Care** | M. Michael, S. Schaffer, P. Egan, B. Little, P. Prichard
http://onlinelibrary.wiley.com/doi/10.1111/jhq.12004/full

11. **Positive Distraction and Age Differences** | S. Pasha, J. Huffcut, T. D. Day
http://arearesearch.org/positive-distraction-and-age-differences/

12. **It hinges on the door: Time, spaces and identity in Australian Aboriginal Health Services** | T. Jowsey, L. Yen, N. Ward, J. McNab, C. Aspin, T. Usherwood, SCHIPPS Team

13. **Exhibition: A Healing Space** | J. Jouret

14. **A Hospital's Contemporary Art Collection: Effects on Patient Mood, Stress, Comfort, and Expectations** | M. Karnik, B. Printz, J. Finkelv

15. **An Inquiry**: **Aesthetics of Art in Hospitals** | J. Gates

16. **Designing Practices : Using Evidence to do better** | I. Watts, B. Jones

17. **Effects of Music Listening on Pre-treatment Anxiety and Stress Levels in a Dental Hygiene Recall Population** | M. Thoma, M. Zemp, L. Kreienbuhl, D. Hofer, P. Schmidlin, T. Attin, U. Ehlert, U. Nater

18. **Pediatric Art Preferences: Countering The One-Size-Fits-All Approach** | U. Nanda, C. Chanaud, L. Brown, R. Hart, K. Hathorn

19. **Positive Distraction and the Rehabilitation Hospitals of Joao Filgueiras Lima** | G. Campagnol, M. M. Shepley

20. **Stop Waiting and Start Creating: Service Learning with an Outpatient Bone Marrow Transplant Unit Art Cart Program** | T. Fletcher, C. Bayer, E. Beyer, J. Gonzales, A. Ralston, P. Yount

21. **The Application of Hospitality Elements in Hospitals** | Z. Wu, S. Robson

22. **The Design and Testing of Interactive Hospital Spaces to Meet the Needs of Waiting Children** | E. Biddiss, G. Shea, P. McKeever

23. **Waiting Room: Exploring the impact of medical and educational discourse on identy through painting** | E. Sellman

24. **The Efficacy of a bBrief Nature Sound Intervention on Muscle Tension, Pulse Rate, and Self-Reported Stress: Nature Contact Micro-Break in an Office or Waiting Room** | E. Largo-Wight, B. O'Hara, W. W. Chen

25. **The Application of Hospitality Elements in Hospitals** | Z. Wu, S. Robson

26. **An Action Research of Spatial Design On Waiting Room In The Pediatrics Clinic** | S. Morita, S. Mori

27. **Influence of Positive Distractions on Children in Two Clinic Waiting Areas** | D. Pati, U. Nanda

Literature Summary

Our review of existing Evidence-Based Design literature on waiting room design uncovered gaps and opportunities for further study. This chart summarizes our findings, and illustrates where the gaps currently lie. On the left you can see the typical patient and staff outcomes (stress, communication, satisfaction, engagement), and along the top are the various environmental factors. The dots indicate where relationships were found between a given intervention and outcome, with in-filled dots indicating correlations found in multiple studies.

Through this analysis of previous research, factors such as seating choice and arrangement, artwork, amenities, cultural relevance, lines of sight, and wayfinding arose as elements in need of further exploration.

PATIENT / STAFF OUTCOMES	Access to daylight	Appropriate lighting	Views of nature	Plants / nature	Noise-reducing finishes	Seating choice	Seating arrangements	Artwork	Amenities	Cultural Relevancy	Visibility / line of sight	Wayfinding	Television*	Entertainment	Education
Reduced patient stress	●	●	●	●		○		●	○	○	○		○*		●
Improved patient mood	●		●	●		○	●		○					●	
Reduced length of wait	●														
Reduced perceived length of wait	●		●	●		○		●					○*	●	
Improved patient privacy and confidentiality						○	○								
Improved communication with patients and family members		●				○	○			○					○
Improved social support		●				○	○								
Improved patient satisfaction	●			○		●	●	●	○				○*	○	
Improved perceived quality of care	●		●	●						○					
Reduced staff stress	●	●	●	●										●	
Increased staff effectiveness	●	●			○			○		○				●	
Increased staff satisfaction	●	●	●					○		○					
Increased community engagement								○		○					○

○ Indicates that a relationship between the specific design factor and healthcare outcomes was observed, directly or indirectly, by empirical studies reviewed

● Indicates that there is especially strong evidence (converging findings from multiple rigorous studies) indicating that a design intervention improves a healthcare outcome.

✶ Effects dependent on the nature of selected programming

Big Question & Hypotheses

Our analysis of existing research directly informed the development of the fundamental research question, and a range of hypotheses that touched on everything from how furniture arrangement impacts communication to how art inspired by the community affects how staff and patients feel about the space.

RESEARCH QUESTION

Can a waiting area designed with intention and community engagement (patients, family, staff and providers) improve the patient experience and increase patient satisfaction?

RESEARCH HYPOTHESES

- A furniture arrangement will increase communication among patients.

- Community engagement in the design process impacts design solutions.

- Diversity in seating type will influence patient seating choice.

- Woven upholstery in a waiting room is preferred over vinyl upholstery.

- Art representative of the community increases staff happiness.

- A waiting room with art inspired by the community improves the waiting experience.

- An enhanced waiting room will decrease perceived wait times.

2 DATA COLLECTION

To lay the groundwork for testing our hypotheses, we undertook a series of data collection exercises geared toward informing our design interventions. The methods selected were designed to ensure a rich mix of quantitative and qualitative data, and to involve all of the stakeholders: patients, family, visitors, staff, and the Brentwood community.

SURVEY
Pre- and Post-Occupancy

Quantitative

Staff - Patient

OBSERVATION
Behavioral Mapping

Qualitative and Quantitative

Staff - Patient - Family - Visitors

PARTICIPATORY OBSERVATION
Community Engagement

Qualitative

Staff - Patient - Family - Visitors Community

Data collection began with staff surveys, to understand how Unity's staff perceive the waiting area.

Following the surveys, Gensler facilitated a lunch discussion to better understand their survey responses and hear their ideas for improvement.

The survey and follow-up discussions surfaced several key insights. Staff thought that the space looked and felt like other Unity clinics, but it did not reflect the Brentwood Community. Patients were displeased with the wait times, and the complaints contributed to staff stress. Staff also felt the patients were unhappy with the cold and unwelcoming environment.

Staff also wanted to be seen as a trusted part of the Brentwood community - not as outsiders. They wanted patients to know their faces and names. This would become a key part of the design solution.

" There's lack of community identity. "

Survey: Pre-Occupancy Staff Evaluation

Unity Health Care Staff Survey
Friday, March 10, 2017

This survey asks questions about your perception of the waiting environment at Unity Health Care Brentwood. Please circle the number that most closely represents your level of agreement with each statement below. We are interested in your honest opinions. If you have comments about any one statement, please provide the comments in the spaces below the statement or on the back. Thank you in advance for your time and opinions.

Waiting Room Environment

	Strongly Agree			Strongly Disagree	Don't Know Not Applicable
1. The waiting room visually looks like a Unity Health Care environment.	(1)	2	3	4	5	DK/NA
2. The waiting room visually looks like it represents the Unity Health Care Brentwood community. Please explain.	1	2	3	(4)	5	DK/NA
3. I see patients interacting with each other in the waiting room while they are waiting.	1	2	(3)	4	5	DK/NA
4. Patients complain about the time spent waiting.	(1)	2	3	4	5	DK/NA
5. The waiting room atmosphere feels warm and inviting.	1	2	3	(4)	5	DK/NA
6. The art and/or color in the waiting room makes me happy.	1	2	3	4	(5)	DK/NA

Key Insights

Space does not reflect the Unity Brentwood Community

Patients are unhappy with the wait times

Patients are unhappy with the unwelcoming environment

Observations: Behavioral Mapping
### Where People Currently Sit

The team observed behaviors in the waiting areas over the course of several days, focusing on times with both peak and average patient volumes.

One part of these observations was behavioral mapping. We tracked the paths people took, where they sat, and if they talked to other patients.
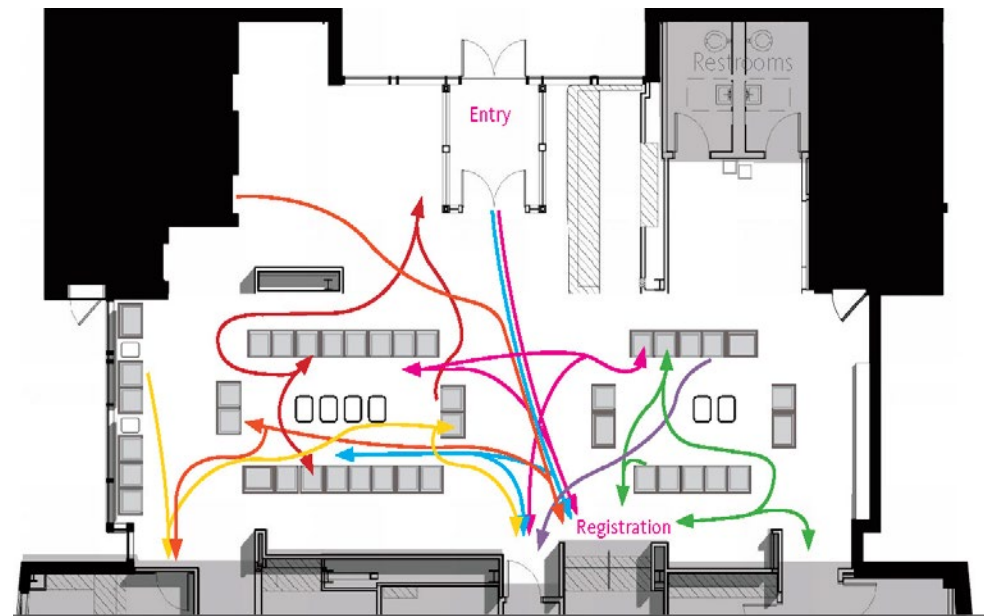
We discovered that seat location really is key - the most popular seats were closest to registration and call points.

Key Insights

| Define Personal Space

| Clarify the Process

| Support the Process

| Encourage Communication
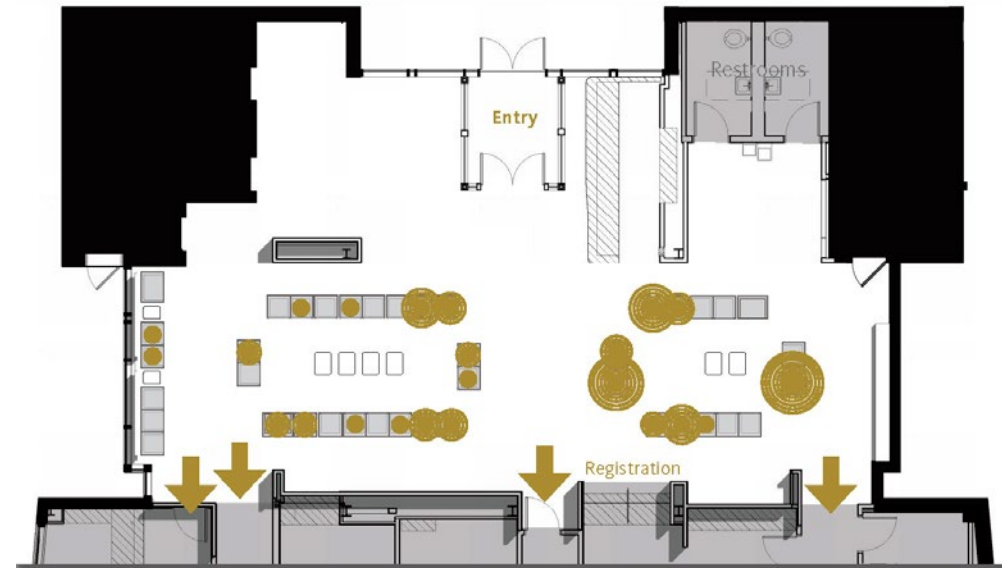
Behavior Mapping: Mapping of where people sit.

Circulation Diagram: Circulation of movement and interaction of people.

Observations

Wider "bariatric" seats are the first to fill

People occupy 2-3 seats to define personal boundaries

Check-in process is confusing with too many signs

People cluster near registration and call points

Patients are up & down during the registration process, and have nowhere to complete forms

No activities or distractions for children. The children's bookcase is empty.

Patients know each other and want to talk, but seating layout doesn't support conversation

No defined areas for families.

Insights

Our observations led to four key insights about how the space could better support patient, family, staff, and visitor needs

Define Personal Space

We all value our personal space. No one wants to sit right next to a stranger unless they have to, so we devise ways of claiming space to feel comfortable.

Clarify the Process

The registration process and queue isn't clearly communicated, so staff compensate with numerous signs directing patients to "STAND BEHIND THE LINE!!!" .

Support the Process

Patients struggle to complete forms, while simultaneously trying to manage young children climbing the furniture. Everyone appears stressed.

Encourage Communication

The long rectangular array of ganged seats make it difficult for people to chat or a large family to sit together. People end up standing so they can face each other to speak.

Participatory Observation: Community Engagement Event

Our third method of data collection was an event designed to engage the entire Brentwood community in a way that allowed researchers to observe and document, but also participate and interact with the community for a richer understanding of who they are.

Notices were posted around the neighborhood, with promise of food and a prize raffle to elicit broader participation.

The Unity, Sunbrella, and Gensler teams all donated their weekend to lead the event. We led four activity stations designed to elicit thoughts around color, pattern, Unity's waiting area, and their community. Participants included patients and their families, staff, members of the community church, and community leaders.

Through this event it became clear that the existing waiting area didn't reflect the aesthetic preferences of Brentwood neighborhood or create the sense of community they sought.
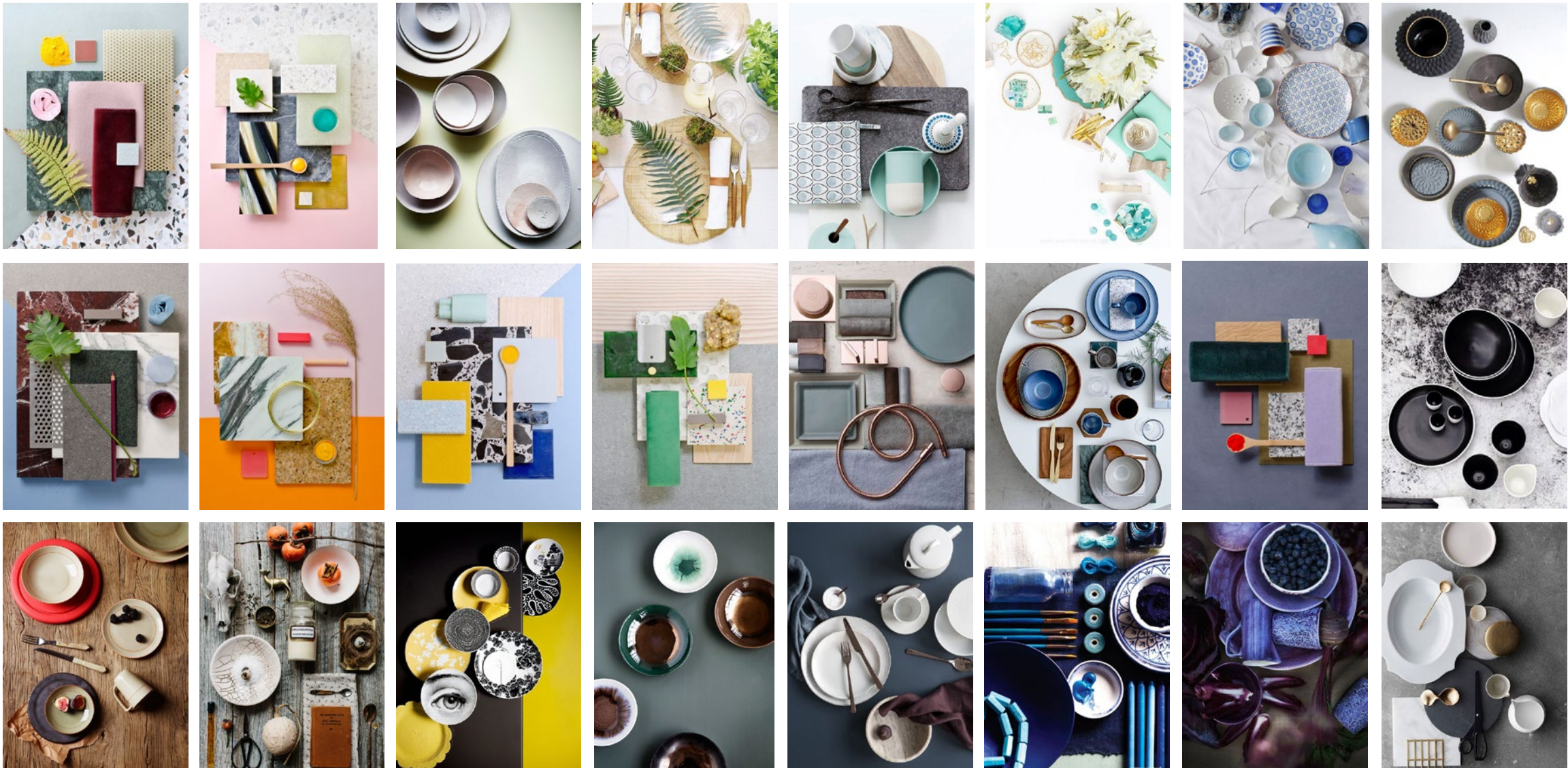
| COLOR | PATTERN |
| STORY | POETRY |

" What would improve this waiting room? "

Community Event

The color discussion used an array of 24 color palettes with varying hues, saturation, and contrast. Participants were asked to vote on their most and least preferred palettes by placing green and red dots. A facilitator then explored why certain palettes were preferred over others

COLOR   PATTERN   STORY   POETRY

Color

Top 3 Color Palettes

Results revealed a strong preference for palettes with zbright, saturated colors against a white background, with blue being the clear favorite. Feedback on colors like orange and yellow were strong but divided –
people either loved them or hated them.

Key Insights

| Palettes dominated by blues, whites, and wood tones

| Multiple colors in combination

| Bright, saturated colors

| Light colored backgrounds

The least preferred color palettes were those dominates by darker and more neutral tones - the exact colors dominating the existing waiting space.

Community Event

The pattern discussion was set up similarly to the color activity, using an array of greyscale textile patterns in varying scales and forms.
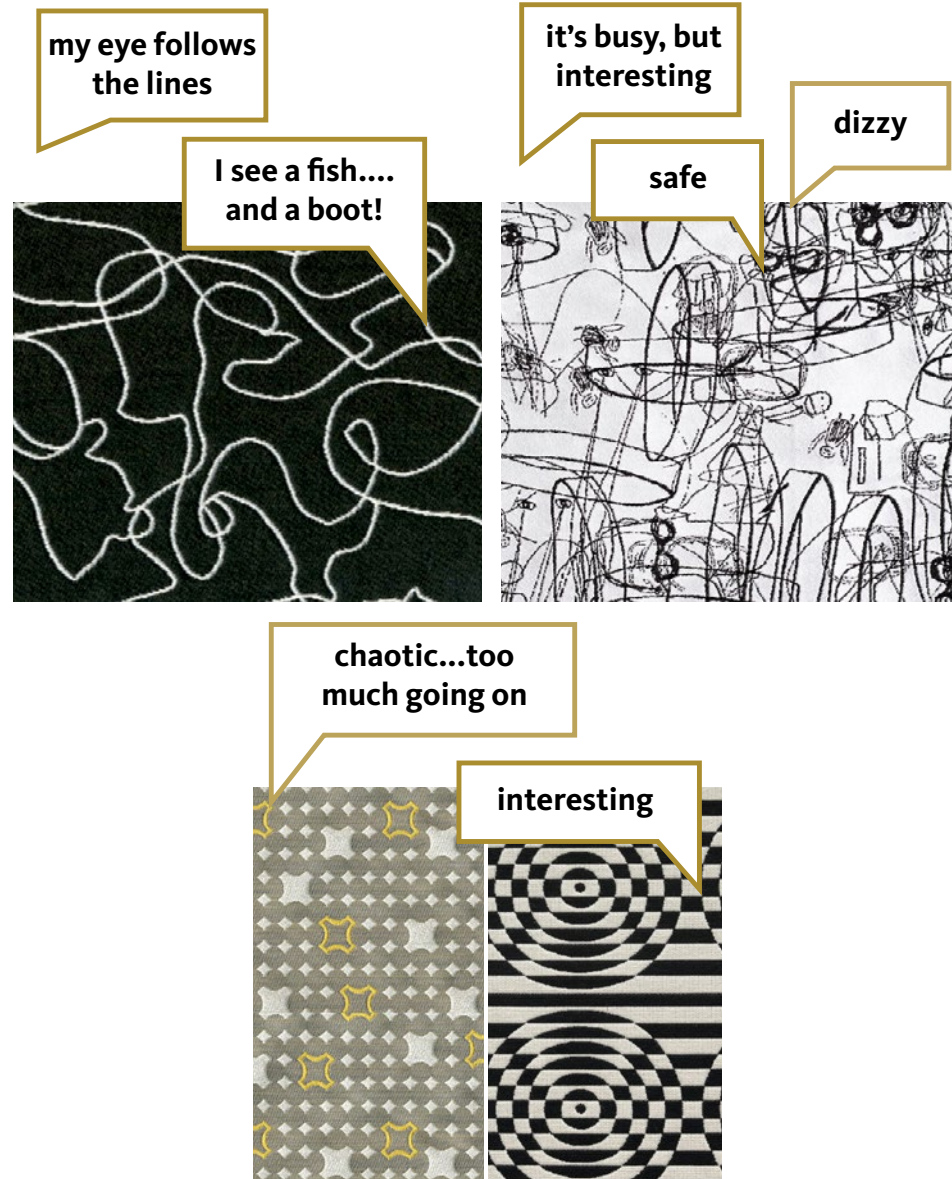
COLOR PATTERN STORY POETRY

Pattern

my eye follows the lines

I see a fish.... and a boot!

it's busy, but interesting

safe

dizzy

chaotic...too much going on

interesting

Top 3 Patterns

Participants tended to prefer visually complex patterns where additional elements could be "discovered" over time – creating a calming distraction. Most of these patterns were more residential or hospitality styles, with larger scales and abstracted forms. The least preferred patterns were those with small-scale geometric patterns, and traditional European patterns like plaid, paisley, and houndstooth.

Key Insights

Abstract/Complex: open to interpretation and creates a sense of discovery

Active: Patterns that encourage eye movement

Geometric/Variation: Variation of color/scale/material within a predictable framework held interest

Community Event: Story

Knowing that some people might not particularly care about color and pattern, we designed our story station to better understand the dynamics in the community, and explore what would improve the waiting experience for them. We facilitated a discussion an collected thoughts on note pads.

Our big takeaway here was that Unity is already seen as an integral part of supporting the community, but the physical waiting area doesn't match who they are and what they represent. The space was lacking the unique Brentwood character. The space was seen as sterile, corporate, and anonymous.

How would you describe your community?

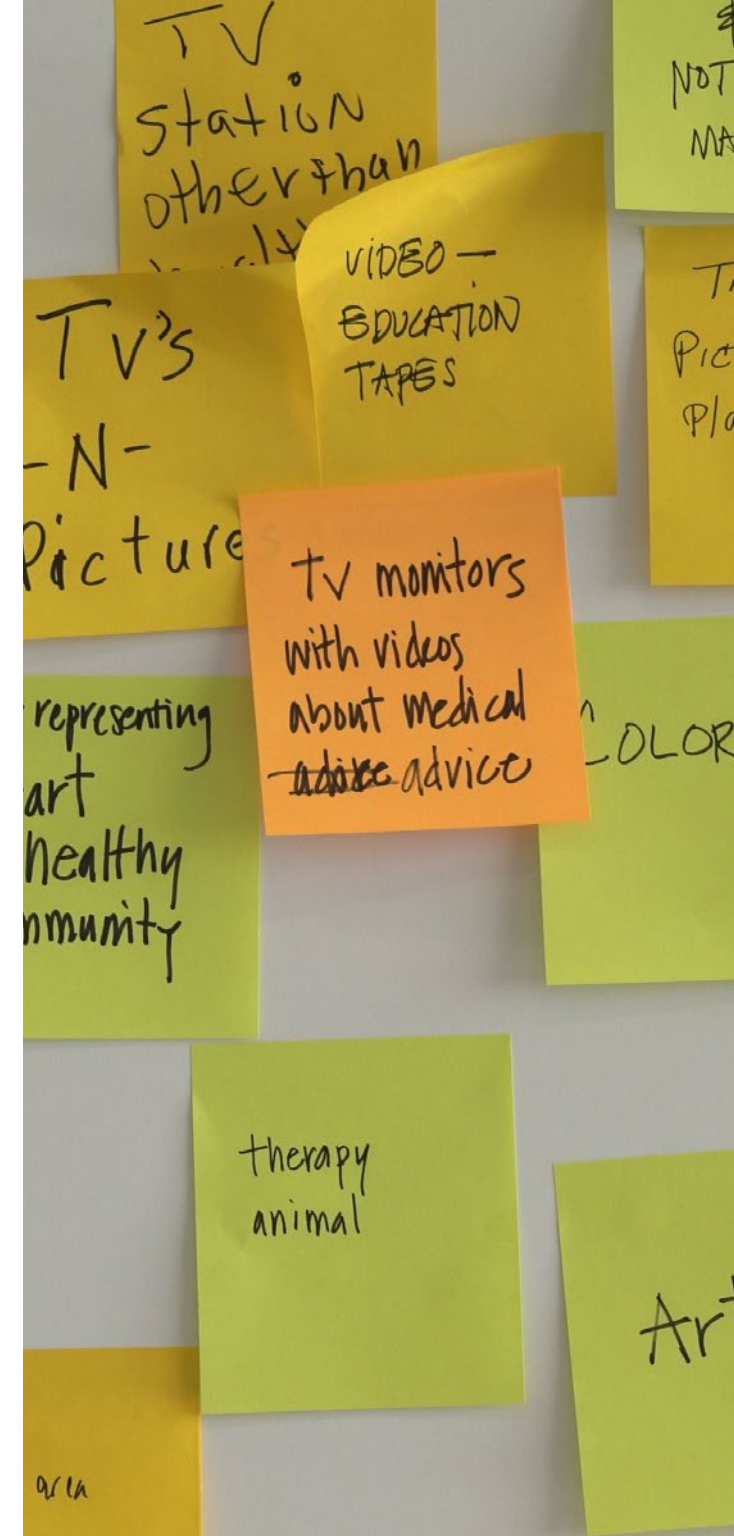in the midst of transition/change

The community is a mixing bowl

Helpful, friendly, and welcoming

How would you improve the waiting room?

More activities in the children's zone

Introduction of art

Provide educational health related content on the TV

Community Event: Poetry

Poetry Exercise

The poetry station was designed as a way to capture the community's thoughts. We gave no direction, and just let participants play with magnetic boards and words.

We were all really blown away by the positivity and resilience expressed through their words, especially given the difficult circumstances some are in. Their words suggest a real strength in the community that is worth celebrating.

Types of Phrases

Always use your smile... Spring is happiness Peace + Positive... Beautiful... Believe ...Listen to your heart.... Whisper... Aroma Sanctuary... Love... Super cool...The best heart could never go lonely... Jubilant... Fight through always...Believe in yourself....Love your friend.... Reach above awesome... Sunshine encourages smiles...... Live and make it fantastic...Murmuring... Supporting... Grow... Worship... They spring through... Heart... Glimmer... Fragrant... Sympathy...

Please click here to follow a video that speaks about the original space

3 DESIGN INTERVENTION

Our next step was to analyze all the amazing data gathered, and begin designing our intervention. Insights continued to cluster under the four insights gained during observations, but a fifth was added after speaking directly to staff, patients and the community: the need to reflect the Brentwood community.

KEY INTERVENTIONS

Define Personal Space	Clarify the Process	Support the Process	Encourage Communication	Reflect the Community
Provide additional wide seats	Reduce visual clutter and clarify queuing	Provide a perch near registration.	Create conversational seating arrangements.	Utilize bright, saturated colors, visually complex patterns, and familiar textures.
Increase spacing between seats and incorporate elements to define boundaries	Provide clear sightlines to call points	Fill the children's bookcase.	Provide small clusters to support family groups.	Create artwork inspired by the community: quilt wall and window art macramé.
		Provide tables for work & play.	Provide community table.	Celebrate Unity's community of providers.
		Provide seating in the lobby for those waiting for rides.	Supply educational programming on TV.	

1

DEFINE PERSONAL SPACE

To better define personal space, we introduced a modular lounge system with wide bench seats. Each bench can comfortably accommodate one person, or a patient and family member.

We also increased spacing between seats, and incorporated elements to help define boundaries – such as screens and small moveable tables. The mobile furniture has the added benefit of allowing patients a degree of control over their environment

A variety of furniture seating was selected to offer choice, and to meet specific patient needs. wide benches accommodate bariatric patients with dignity, and arm chairs provide support for older patients.

2

CLARIFY THE PROCESS

To clarify the check-in process, we created a clear path to registration and replaced numerous confusing signs with a simple station designating where to queue.

We also arranged seating so that each cluster has a clear view to and from the call points, so patients don't feel like they'll be missed or forgotten.
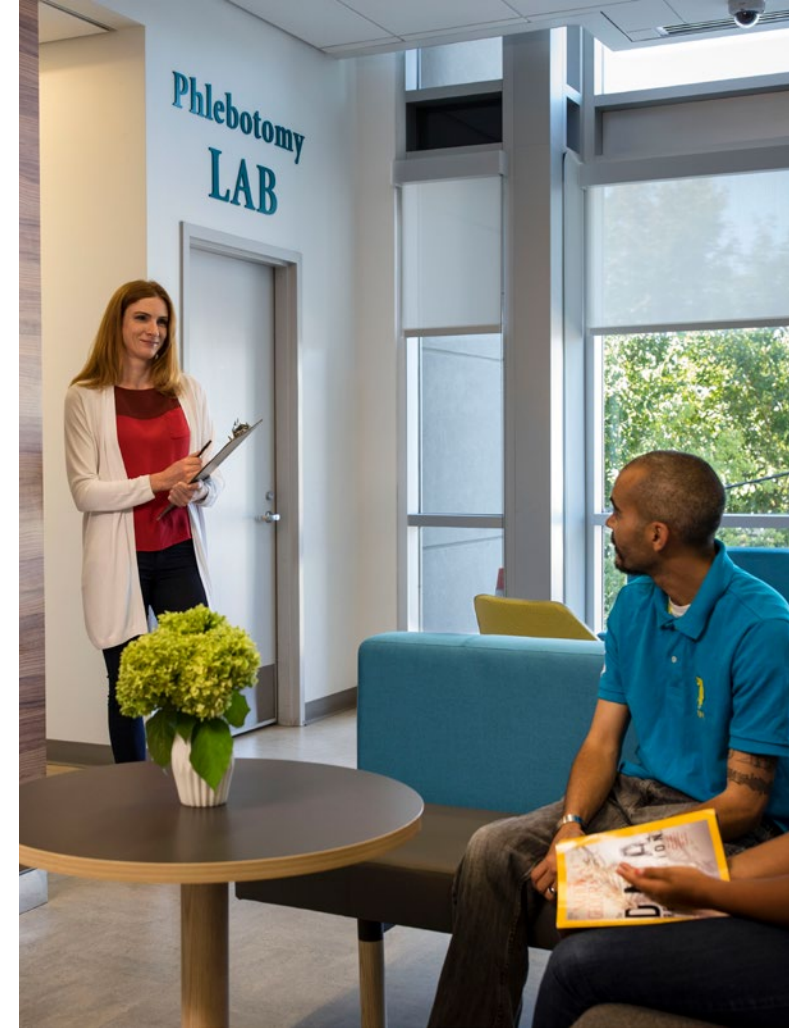
3

SUPPORT THE PROCESS

Our intervention incorporated several elements designed to support the other miscellaneous activities identified in our research.

To support the registration process, we added a bench with small tables as a perch for those filling out forms.

To help occupy children, we added small activity tables, and we collected more than 300 donated books to fill the children's book case. We also added a lobby seating area for those waiting for a ride.
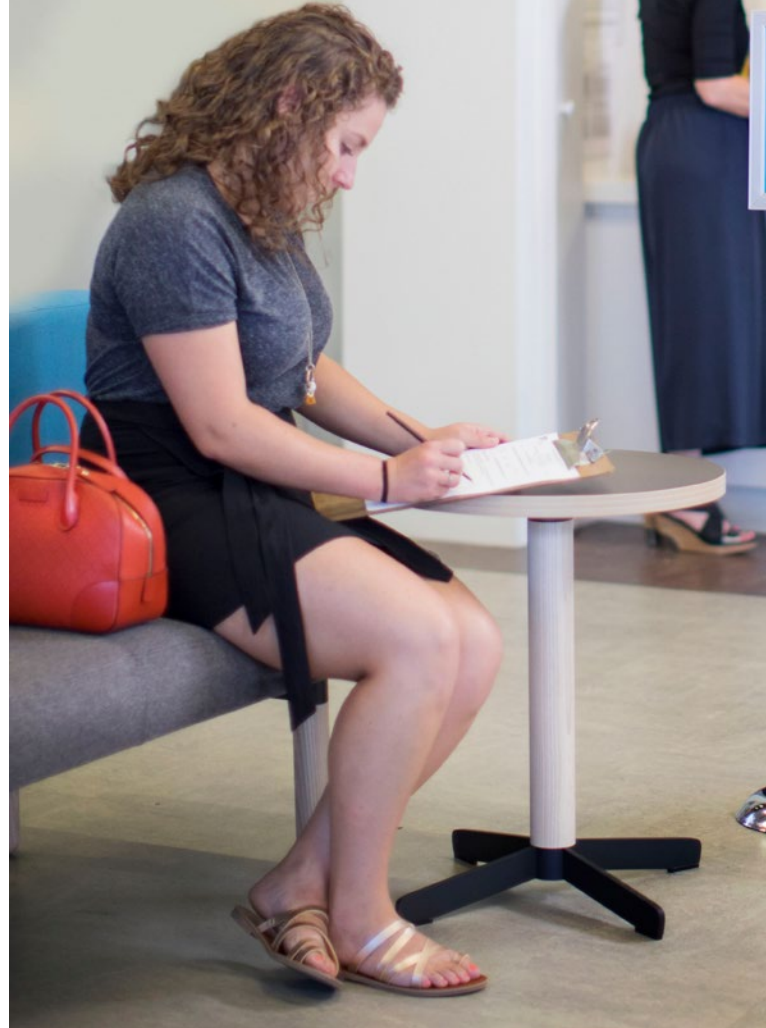
Guests used to pace around the lobby while waiting for their Uber. Now comfortable lounge chairs allow a more relaxed experience.

4

ENCOURAGE COMMUNICATION

The community was really looking for opportunities to connect and support each other, so we created furniture arrangements designed to encourage communication amongst the patients.

We focused on creating conversational seating arrangements in small clusters, with movable tables & chairs to allow adjustments. One cluster can easily become two for a large family.

We also included a community table where people can charge their phones and watch educational programs, or work on a puzzle together.

REGISTRATION

Small seating clusters accommodate the many families that visit Unity.

5

REFLECT THE COMMUNITY

Feedback from the community engagement event directly influenced the finishes and colors. The bright blues, fresh greens, complex patterns, and art all reflect the community's aesthetic preferences and desire to create a joyful space that reflects their character.

In addition to upholstery, Sunbrella contributed high-performance Sunbrella Contract fabrics and decorative rope for several art installations. Created in collaboration with textile designer Louise Russell, these installations enrich the environment by utilizing textiles in ways rarely seen in healthcare settings.

Sunbrella textiles for quilt wall

Sunbrella furniture upholsteries

Sunbrella yarns for macramé art

FINISH PALETTE

Sunbrella contributed solution-dyed Sunbrella Contract fabrics to upholster the waiting area's furniture. Seating in clinic waiting areas are very often upholstered in vinyl-like materials that can easily be wiped clean, but contribute to the often cold and institutional feel of these environments. Sunbrella Contract offers bleach-cleanable woven textiles that allowed the design team freedom to incorporate large-scale patterns and subtle textures in the furniture, and achieve greater warmth and comfort for patients.

Reflect the Community: **Quilt Wall**

The focal art installation is a wall of fabric-wrapped triangles that incorporates the community's preference for visually complex patterns and fresh color palettes of blues and whites.

The overall pattern of the wall adds an additional layer of interest and complexity, with a nod to the vernacular tradition of quilting to create something familiar and relatable. As a final layer, the community's own inspirational words drawn from the outreach session were hand silk-screened on carefully selected areas of textiles within the quilt art wall. As a visual remnant of the inspirited determination of the community, these affirmations held meaning and purpose to resonate the community's energy outward within the space.

" The Brentwood neighborhood's role as co-creator manifested itself in numerous interventions. "

Reflect the Community: **Macramé**

As second installation depicts the Brentwood community itself through an exploration in macramé. The design team worked with artist Kathy Naegele to create the piece, which hangs in front of a clerestory window to temper the intense morning light. The macramé was inspired by an outline shape of the Brentwood neighborhood within a map. The use of cords and untraditional knot pairings represent the diversity of the clinic's members. The loosely tied rope - like cords hold delicate lead crystal drops which refract prisms of rainbows, along with lace - like patterns reflecting back onto the floor and walls. Dependent on the time and season when the sun shone through the window – at no particular visit would a patient experience the space in the exact same way.
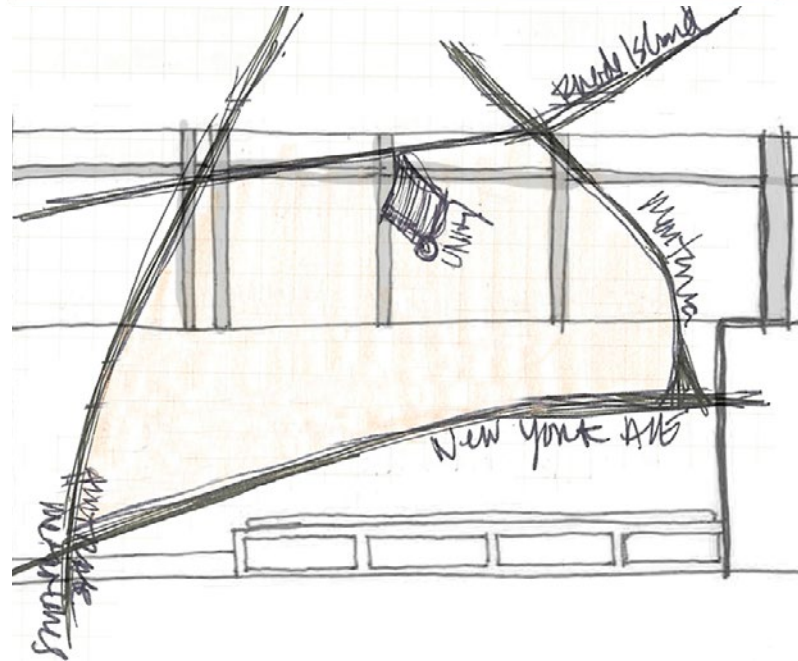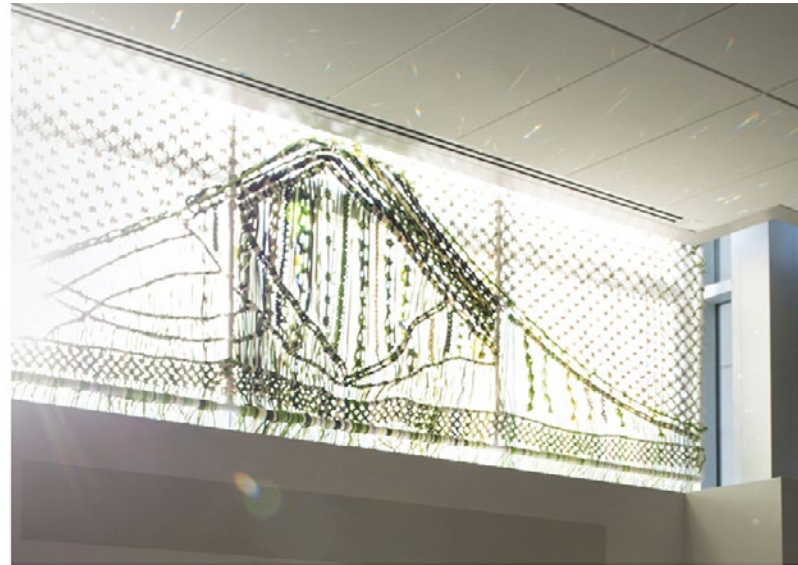
Framework | Map of Brentwood Community, with Unity as the 'heart'

Form | Defines 'Neighborhood'

Pattern | Variation within a predictable framework
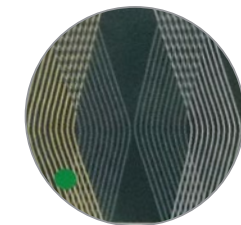
Refraction | Phenomenon of Light
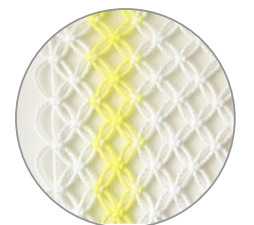
Color | Individuality in Community

"The use of cords and untraditional knot pairings represent the diversity of the clinic's members."

- Textile designer Louise Russell
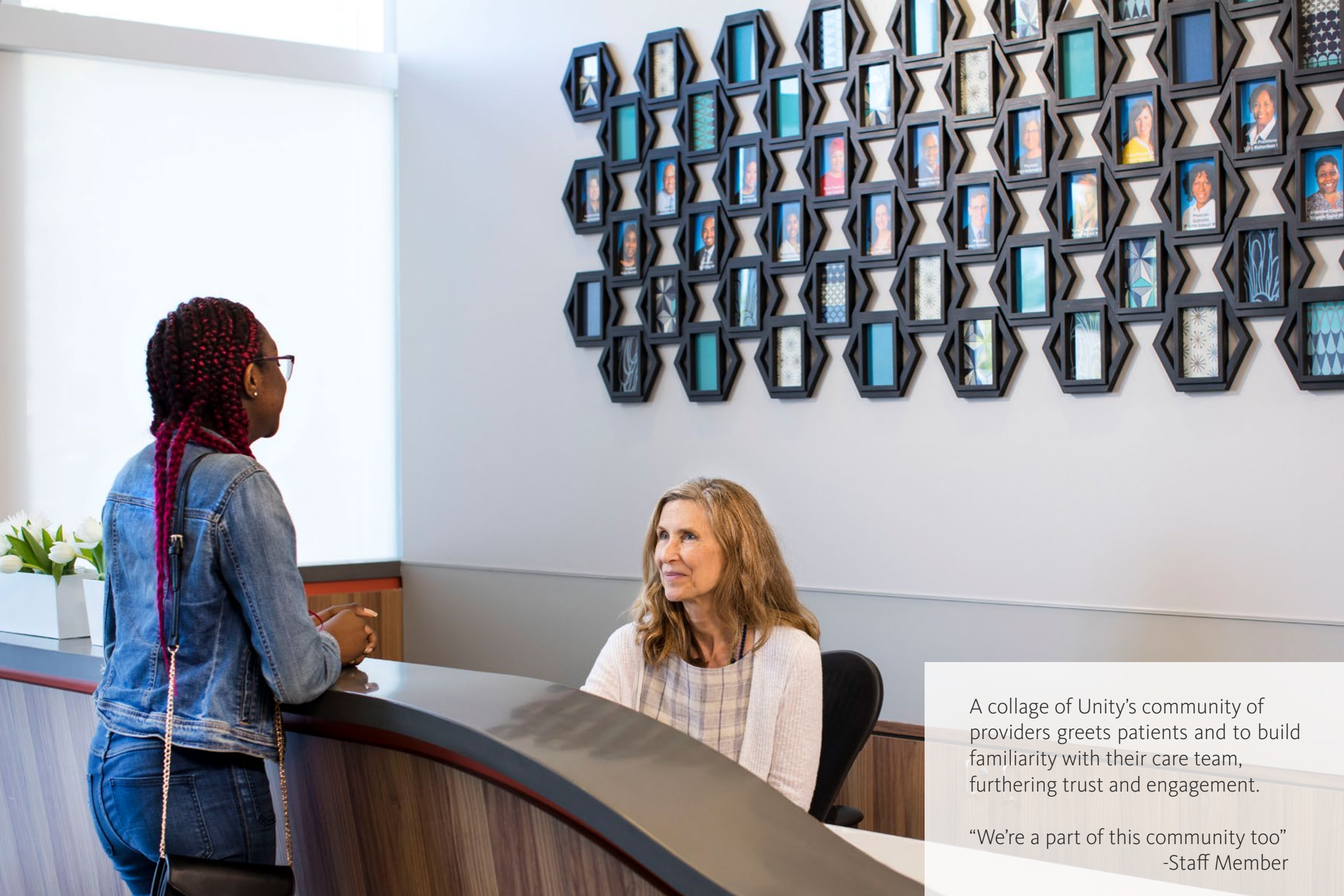
A collage of Unity's community of providers greets patients and to build familiarity with their care team, furthering trust and engagement.

"We're a part of this community too"
-Staff Member

4 OUTCOMES

Following the design intervention (seven months after the installation was complete), the research team repeated our pre-occupancy data collection to test our hypotheses and answer the question: Can a waiting area designed with intention and community engagement (patients, family, staff and providers) improve the patient experience and increase patient satisfaction?

We repeated the staff surveys with follow-up interviews, and the behavioral observations were repeated following the pre-occupancy methodology. Patients were surveyed to gain a sense of perceived wait time (using the second floor clinic as a control), and community members were interviewed about their reactions to the new space.

Hypothesis

A furniture arrangement will increase communication among patients.

Finding

YES - 100% increase in instances of communication between people who did not arrive at the clinic together.

Hypothesis

Community engagement in the design process impacts design solutions.

Finding

YES, community input directly impacted decisions on color, pattern, art and activities.
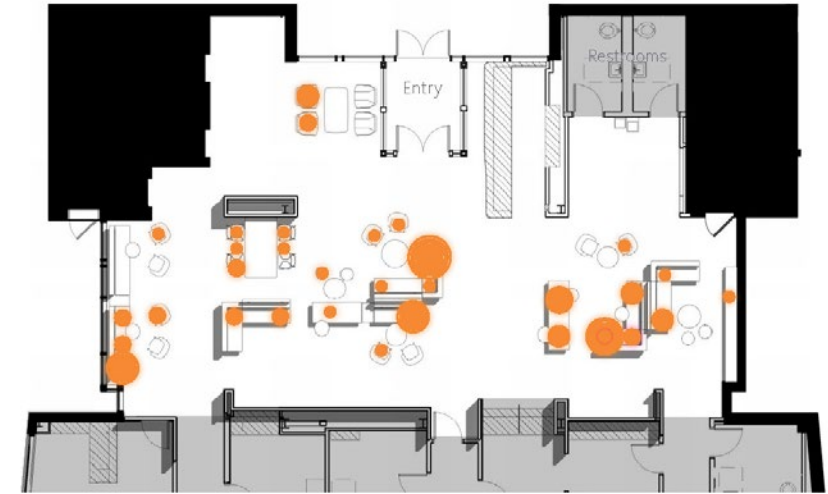
Hypothesis

Diversity in furniture type will influence patient seating choice.

Finding

YES - All of the seating types were used, but the modular sofas were the most popular, especially by patients visiting the clinic alone.

Future projects should incorporate additional arms into the modular sofas, for use by bariatric patients who need assistance getting up from their seat.

Legend:
- Sunbrella Woven Textile
- Polyurethane
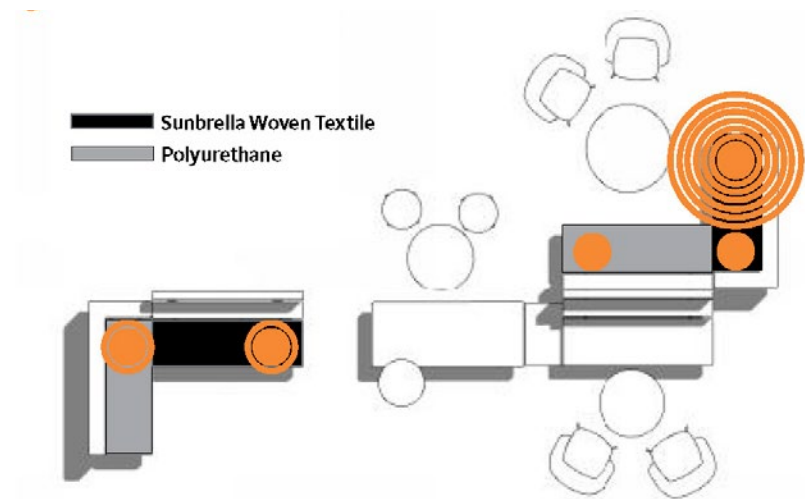
Hypothesis

Woven upholstery in a waiting room is preferred over "vinyl" upholstery.

Finding

YES - woven upholstery seats were preferred 8 to 1.

Modular sofas were upholstered in either polyurethane or Sunbrella woven textiles on the seats - in a matching grey color. Guests did tend to prefer sitting on a woven textile.

Hypothesis

Art representative of the community increases staff happiness.

Finding

YES - staff happiness increased by 45%

The co-creation design process and community-inspired art lead to a notable increase in staff pride, with staff at other Unity clinics asking for the same interventions and process of engagement with their communities.

Hypothesis

An enhanced waiting room will decrease perceived wait time.

Finding

We did not find a change in perceived wait times. However, complaints about the wait time decreased by 25%.

This suggests that waiting in a more pleasant environment may increase our tolerance for waiting.

Hypothesis

A waiting room with art inspired by the community improves the waiting experience.

Finding

Yes - patient & staff interviews suggest an improved waiting experience, with positive comments focused around incorporation of the community's preferences.

As a side note, we did find that experience ratings are strongly associated with wait times, so efforts to reduce actual wait times are ongoing.

Please click here to follow a video that speaks about the stakeholders

COMMUNITY IMPACT

One of the most revealing findings involves how positively patients reacted to the community-specific design. Patients in different cities and even different neighborhoods have varying aesthetic preferences and expectations of how interiors should be designed. With feedback from actual patients and nearby residents, the health center is designed both for and by the neighborhood it serves, strengthening their position in the community and increasing levels of trust and patient engagement – a key to improving health.

This project has created life-long community ambassadors for Unity - those patients who saw their words and thoughts reflected in the new space are now advocates for Unity's care and commitment to health, making sure the neighborhood takes full advantage of their services, and ultimately improving the overall health and wellbeing of the Brentwood community. Gensler collected about 300 books for the bookshelf.

The Brentwood community's role as co-creator in the project helped to solidify Unity's position in the community by increasing trust. The community's input of the aesthetics of the space became key to defining the character of the space. And the inspirational messaging that residents created during the community engagement event was installed as part of a quilt wall, thus providing an added layer of humanity, warmth, and soul.

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