

Learning from Post-occupancy Evaluations

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Post-occupancy evaluations (POEs) have been utilized by environmental researchers for some time to inform future designs that are healthier, more effective in their purpose, and more aesthetically pleasing. POEs on environments for the aging are particularly important because this building type is both a residence and place of work: if these workplaces are conducive to productive resident-centered care, they will thereby enhance the quality of life of the residents.

The Design for Aging Knowledge Community (DFAKC) initiative provides useful and sometimes critical information garnered from an ongoing series of POEs on environments for the elderly population. Evaluations have been featured in *Design for Aging Review* and most recently were published by John Wiley & Sons, Inc. in *Design for Aging Post-occupancy Evaluations* (2007). This compendium of comparative data, subjective evaluations of environments for the aging, and introspective views of what really may and may not work for the elderly community is based on 21 site evaluations of elderly care facilities in the United States and 4 in Scandinavia completed by teams of designers and care providers. Among the facilities evaluated were 4 assisted living (AL) facilities, 5 AL for those with dementia, and 5 CCRCs that included AL.

Each facility's evaluation included information provided by the designer and owner in the submission data, including the stated design and



The 70-unit Fran and Ray Stark Villa AL residence sits on the grounds of the Motion Picture and Television Fund (MPTF) Foundation's Woodland Hills campus in San Fernando Valley, California. The barreled roof design is reminiscent of a movie studio sound stage building. The MPTF was begun by Mary Pickford and Charlie Chaplin as a self-help support service for unemployed actors that has grown to embrace insurance, wellness, home health services, acute health care, and long-term care as part of its mission. The Villa makes an architectural statement that reflects its southern California setting and yet presents a stark contrast to typical AL residences.



program objectives, responses to those objectives, and field observations of how the designs met objectives and affected residents and staff in their daily lives. The teams interviewed administration, staff, residents, and when possible, resident family members. Studied areas were:

- Creating community
- Making a home
- Regional and cultural design
- Outdoor environment
- Quality of workplace
- Physical plant

These subjective data were combined with objective data such as *area per resident*. Although general conclusions are both dangerous and difficult to draw from the POEs, identifiable trends were found.

Eliminating Segregation of Care

Not surprisingly, AL facilities within CCRCs have become clearly identifiable as part of the healthcare portion of the campus rather than a bridge between independent living and nursing care. Perhaps because of this, walls tend to be erected, both real and psychological, between these portions of the campus community. These walls are apparent at both resident and staffing levels, with few connections between them.

With appropriate design and care programs, visually and psychologically seamless transitions between levels of care in any setting

can be developed. Accomplishing this seamlessness helps maintain resident connections to the community as their care needs change. Fewer barriers between care levels also enable staff to develop deeper understandings of and connection to the residents.

Creating Community

One of the most significant trends in AL design, particularly AL for those with dementia, is the creation of a community center or main street (see *Creating Community Through Design* on page 21 of this issue). Combined with the continuing trend toward the household design of resident living areas, a main street, complete with the activities it im-

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plies, provides residents with a community venue not unlike what they may have been used to while living in their own single-family homes. Inclusion of a dedicated main street element obviously increases cost and building area per resident, but more important, it provides a meeting place where the campus community and larger community can come together. Meaningful activities, both structured and unstructured, for residents and visitors are encouraged by the varied design.

Larger Resident Rooms

Not surprisingly, resident rooms in AL facilities are increasing in size. Residents and their family members

are demanding rooms that define living and sleeping areas. The designs based on this trend give a suite-like feeling to what would otherwise be just a room. The increased sizes of resident rooms and the social and community spaces that designers are increasingly providing may reflect the increased age and frailty of AL residents who have greater needs for ambulatory assistive devices. But it also has to do with an increased desire among designers and care providers to engage residents in social activities and events, thus establishing a sense of community. Additionally, larger resident rooms increase the dignity and privacy of residents and the feeling of having their own home rather than simply a room in a home.

Dining Choices

For some time designers and care providers have been searching for ways to provide residents with increased choices in their daily activities. One outcome of this desire is a focus on variety in dining venues and menus to provide residents with meal choices that suit their particular desires and mealtime schedules. More formal dining rooms, smaller cafes, and cafeterias are being created with the main street theme in mind.

These results will inform future design of AL and other types of facilities for the aging. DFAKC's initiative will also continue, in collaboration with the Aging Research Institute, for the foreseeable future with about 10 evaluations planned for each year. A number of focused research initiatives will be undertaken; they will be based on proven environmental behavioral research techniques and will benefit both designers and care providers with evidence-based designs that can make a difference in resident quality of life.

ALC

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