

# From Illness to Health - New Venues for a Modern Care Model

### RESEARCH TEAM:

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Design Institute for Health at The University of Texas at Austin



## EXECUTIVE SUMMARY

### RESEARCH SUMMARY

This research project focused on the redevelopment of Chalmers Courts, one of the first public housing projects in the US arising from the 1937 Housing Act. As part of the rebuild, 5000 sq ft of space was dedicated to development of a clinic to provide medical services to the community. The Design Institute for Health at The University of Texas embarked on a research project to not only better understand how to design the space at the clinic, but also what the residents needed to support their health and wellness in the broadest sense, and discovered that the needs for the clinic fell far beyond just medical services.

In conducting traditional ethnographic studies, it became apparent that conversational approaches did not capture all the necessary nuance of the residents' needs. Two participatory mapping exercises were developed to give research subjects a different mechanism to express those needs, giving them the freedom to identify the people, places, and things that contributed to their health, and how they might materialize in their community. What emerged were insights about the tangible things individuals needed, but also the way they framed their health in non-medical terms, and subsequently how the design of physical space could support those needs.

Social connection, safety, conflict management, economic enablement, and the ability to give back to community, in addition to medical services, all factored highly in their hierarchy of needs, and the clinic, reimagined as a hub for community, could play a significant role in solving for those needs. Understanding the role of individuals in the community who served as influencers and realists, alongside those struggling and striving for change, helped shape a portfolio of interventions that could enable those ready to act, and elevate those who needed assistance. Within that portfolio of proposed interventions were capabilities that resided in the home, in the transition between home and clinic, at the clinic itself, and spanned onboarding, in-clinic experience, and follow-up.

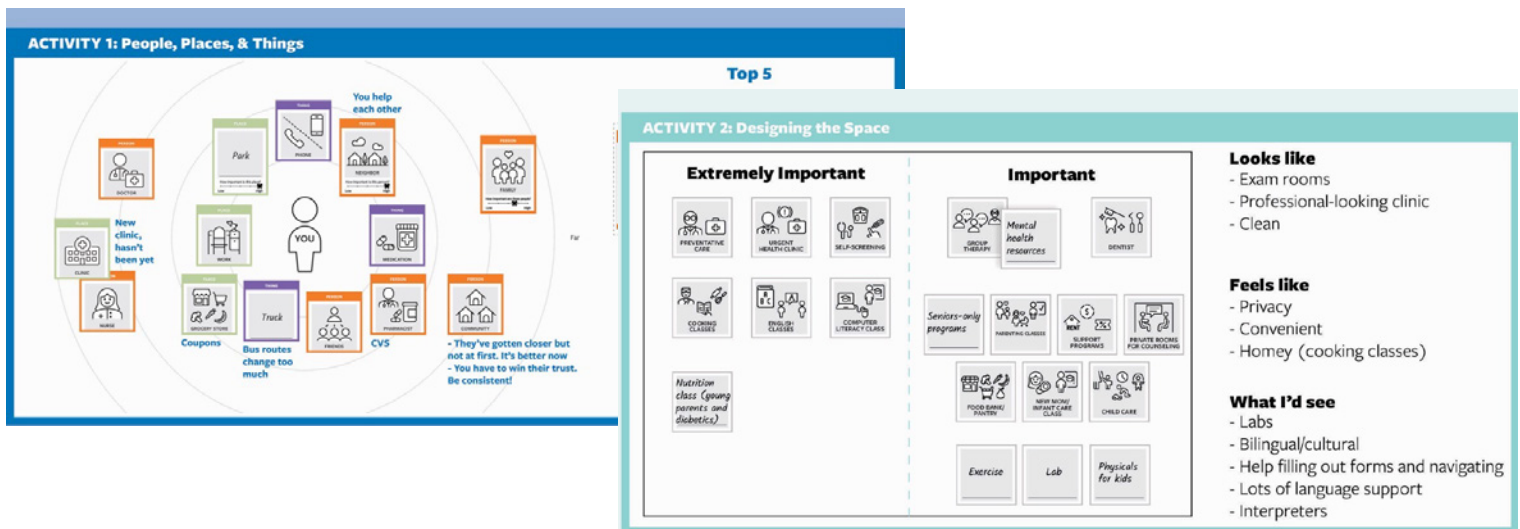
## KEY FINDINGS

1. A healthy, functioning community is one that can both handle conflict and grow from setbacks when they occur.
2. Wellbeing is not only a steady, physical state but also an evolving, whole-person condition that enables growth and self-actualization.
3. Equipping people to give back to others provides personal fulfillment, and supports an environment where positive, extended impact can occur.
4. Once “stable”, people will look for ways to capitalize on their talents and skills, and better their life standing.
5. Enabling connections to family and friends supports healthier personal behaviors and healthier, more resilient communities.

## IMPLICATION HIGHLIGHTS

1. A clinic, embedded in a community, is more a hub of social connection than a venue for medical care, and should be designed to reduce stigma and amplify that connection.
2. Care extends beyond the clinic, into homes and into the community, and part of the role of the clinic is to anchor, support, and amplify those extensions.
3. A clinic is only a small part of an existing health & wellness ecosystem that is established even in its absence. Designing that clinic well means honoring that ecosystem and understanding its role in improving that ecosystem.

## HEALTH AND WELL-BEING ARE REALIZED IN TANGIBLE AND INDIVIDUAL WAYS.



## PROCESS

The research effort was treated as an emergent process, in that the early ethnographic observations were meant to inform additional efforts that would become evident and necessary during the research itself. What emerged were the two mapping exercises previously described. The team was a multi-disciplinary one, with the intention that the designers who would act on the research should also participate in it, to better inform the eventual conceptualization for the clinic space. This approach had the advantage of deeply embedding the insights and motivations for the design with those who would eventually execute on it. The challenges with this approach centered mostly on a larger team being involved throughout the project.

## METHOD

The mapping exercises allowed non-verbal nuance to emerge. It gave research subjects an opportunity to reflect on their own responses and synthesize higher-level needs after that reflection.

## LESSONS

Individuals and communities, especially those that are under-served, are rarely granted the time and permission to express their needs in a way that give them room to reflect and revise. This process was participatory from beginning to end and served to build advocacy in the community for the solutions they most desired.

## RESEARCH TIPS

Giving individuals free-form constructs within which to express themselves, rather than structured surveys that only derive answers that the researcher knew to ask, reveals a richer, more nuanced, output.

## NEXT STEPS

The research center is focused on evaluating the deployment of these services and interventions for ongoing refinement.

## RESEARCH BIO

The Design Institute for Health at the University of Texas at Austin is a first-of-its-kind institution, applying design approaches to solving systemic healthcare challenges as part of an operating health system and medical school. The Institute creates human-centered solutions in clinical and community environments to improve people's health outcomes and experiences. The Institute works on products, services, built environments, and the structure and functionality of the health ecosystem itself.

**STACEY CHANG** served as the Executive Director.

**LINDSEY MOSBY** served as a Program Lead.

**KIJANA KNIGHT-TORRES** served as a Design Researcher.

**NATALIE CAMPBELL** served as a Visual Designer.

**JEFF STEINBERG** served as the Director of Operations.

**JOSE COLUCCI** served as the Director of Research and Development.

**KATE PAYNE** served as a Brand and Communications Strategist.