



GREEN NEW DEAL SUPERSTUDIO

PROJECT TITLE:

Hospital[C]ity: Transforming Old Hospitals to New Community Health Resources

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STATEMENT:

Under Senate Bill 1953, California hospitals have until 2030 to make regulatory seismic upgrades to continue to operate. What happens after 2030 and over 775 acute care facilities across the state are to be decommissioned or abandoned?

Too often, the wasteful and detrimental trend is to demolish old buildings and build new from the ground up. Designing for adaptability extends the life of materials and buildings, conserves resources and avoids environmental pollution associated with new manufacturing and construction.

Hospitals are often built to be large enough to hold various uses and occupancies. They are often built of materials meant to have long life spans. They also tend to be centrally located in their communities and on campuses that receive heavy traffic every day and serve a wide range of people in that region. Considering that these existing buildings are large in scale, durable in material, and centrally located, there is great potential of adaptive reuse of these buildings to serve many more years.

Our proposal for the Green New Deal is to incentivize the adaptive reuse of decommissioned hospital buildings to become a wealth of community health resources. Re-purpose old patient rooms to housing, create live/work communities, adapt old kitchens and cafeterias to new restaurants and food shops, turn old care suites to new day clinics, old pharmacies to new offices, abandoned materials management and supply storage to new fitness centers.

Remove the hospital - but add in the hospitality - with the many wellness amenities to create a hospital(c)ity.

WEB LINKS:

<https://www.smithgroup.com/tackling-climate-justice-and-jobs-smithgroups-superstudio>

CITATIONS:

¹ Created by Adrien Coquet from the Noun Project

² Data from 2006 via <https://www.eird.org/isdr-biblio/PDF/SB%201953.pdf>

³ Created by Vaibhav Radhakrishnan from the Noun Project

⁴ <https://www.macrotrands.net/states/california/population>

⁵ Created by Trang5000 from the Noun Project

⁶ Created by Creative Stall from the Noun Project

⁷

<https://www.medpagetoday.com/publichealthpolicy/environmentalhealth/90182>

<https://www.epa.gov/ghgemissions/inventory-us-greenhouse-gas-emissions-and-sinks>

⁸ Created by KP Arts from the Noun Project

⁹ Created by Shashank Singh from the Noun Project

¹⁰ Created by Ayub Irawan from the Noun Project

¹¹ Created by Adrien Coquet from the Noun Project

¹² Created by Wawan Hermawan from the Noun Project

¹³ Created by Karacis Studio from the Noun Project

¹⁴ Created by Hare Krishna from the Noun Project

¹⁵ According to the San Diego Regional Task Force on Homeless's yearly point in time count of the county's unsheltered and sheltered in January

2018. https://evollution.com/attracting-students/todays_learner/on-fixing-san-diegos-homelessness-epidemic-expanding-fast-and-free-training/

¹⁶ <https://timesofsandiego.com/politics/2021/02/25/san-diego-partners-with-three-nonprofits-to-alleviate-homelessness-in-youth/>

¹⁷ <https://www.sandiegouniontribune.com/news/homelessness/story/2021-04-21/report-number-of-newly-homeless-people-in-county-doubled-in-2020>

¹⁸ Created by Humantech from the Noun Project

¹⁹ Created by Icongeek26 from the Noun Project

²⁰ According to the American Lung Association's new State of the Air report. <https://www.kget.com/news/local-news/air-report-bakersfield-still-one-of-most-polluted-cities-in-nation/>

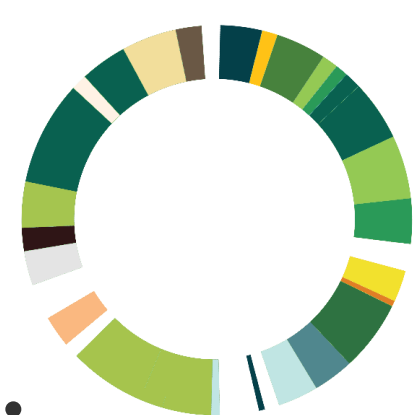
²¹ <https://www.lung.org/research/sota/city-rankings/states/california/kern>

²²

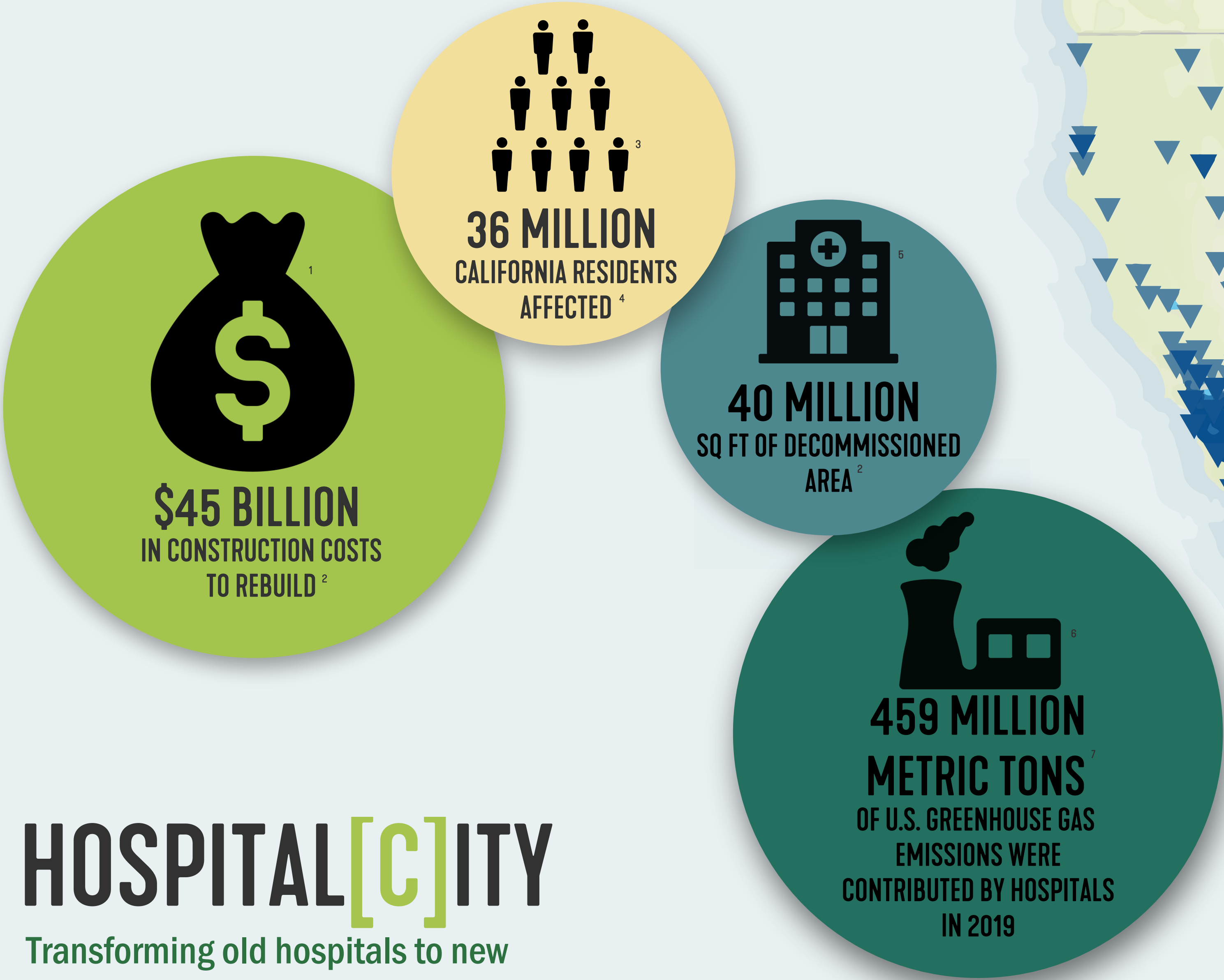
https://community.kp.org/downloads/KP_Kern_County_2019_CHNA_Report.pdf

²³ Created by Vicons Designs from the Noun Project

²⁴ Calculated from <https://coolclimate.org/business-calculator>



BY 2030, 775 HOSPITAL BUILDINGS IN CALIFORNIA WILL BE DECOMMISSIONED, WHICH WOULD MEAN:



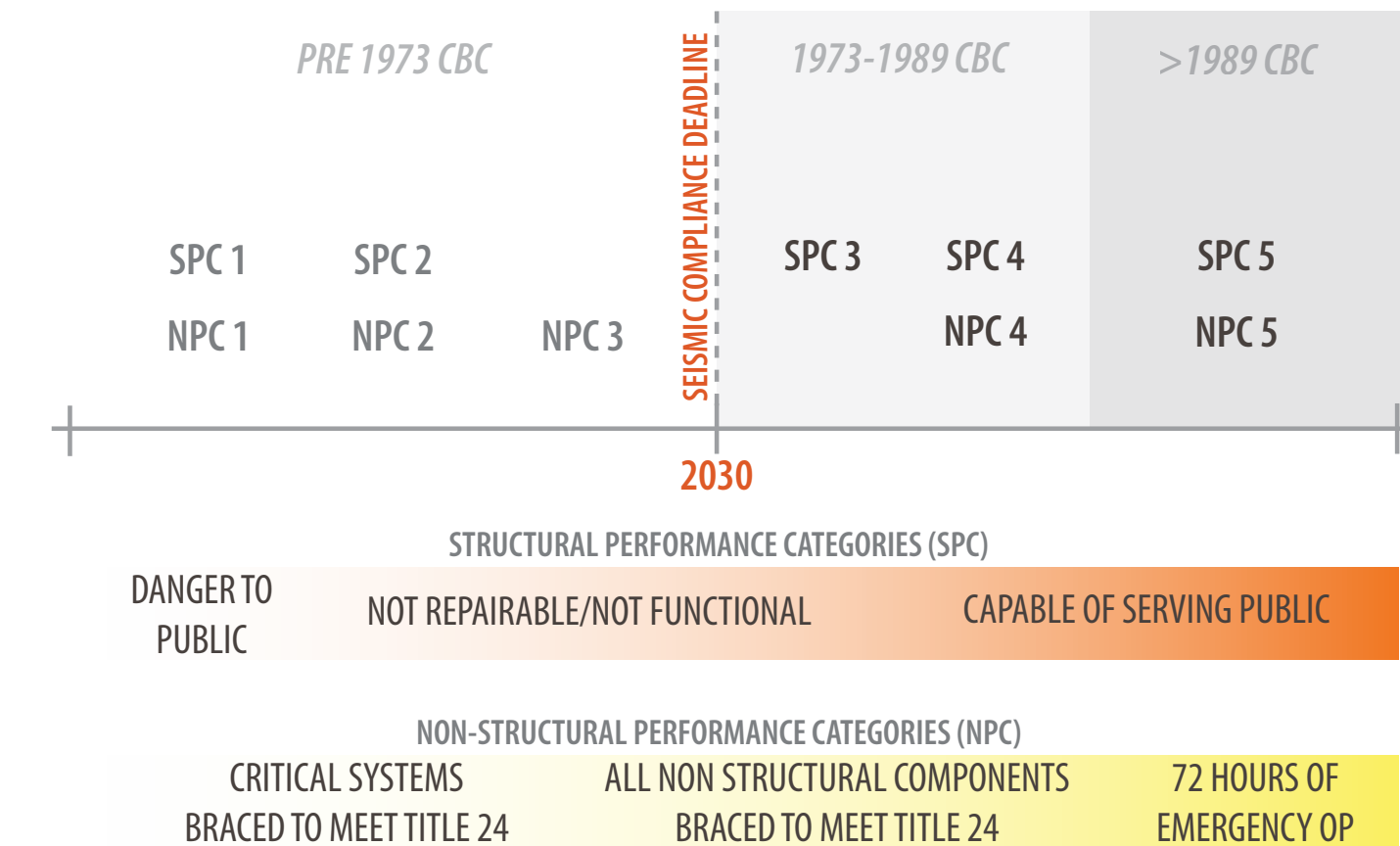
HOSPITAL[C]ITY

Transforming old hospitals to new
Community Health Resources

[THE PROBLEM]

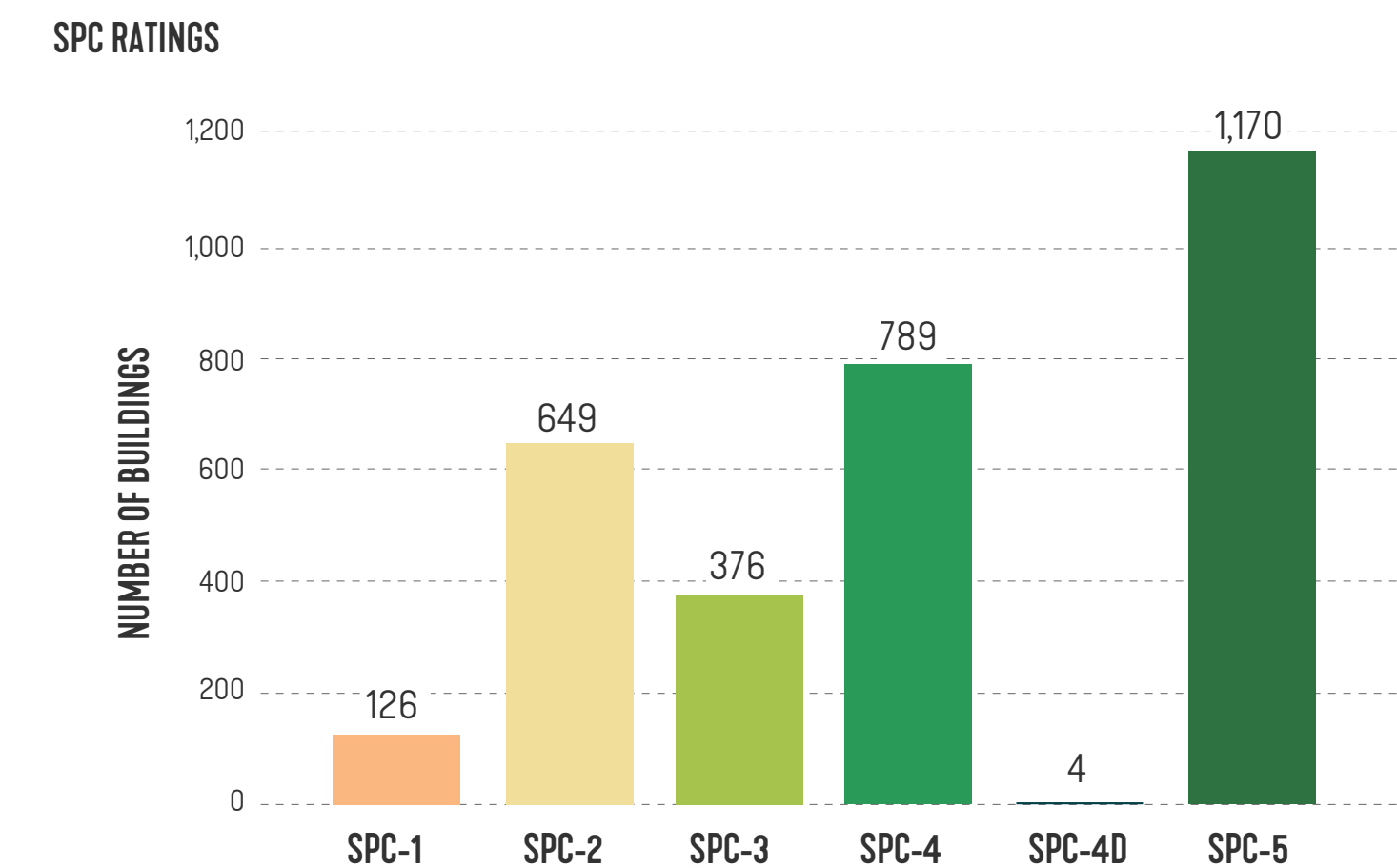
CALIFORNIA HOSPITALS & SENATE BILL 1953

By 2030 all hospitals will be able to withstand a significant earthquake. All general acute care hospital buildings in California are assigned a structural performance category (SPC) rating. The ratings range from 1 to 5 with SPC-1 assigned to buildings that may be at risk of collapse during a strong earthquake. State law requires all buildings with a rating below SPC-3 to be removed from providing general acute care services by 2030.



As of 2020, there are 126 SPC-1 buildings and 649 SPC-2 buildings. If those facilities do not make the necessary seismic upgrades by 2030, a total of 775 hospital buildings throughout the state are decommissioned.

GENERAL ACUTE CARE HOSPITAL BUILDINGS



HOSPITAL[C]ITY

Transforming old hospitals to new Community Health Resources

WHAT IF WE REUSE THESE BUILDINGS INSTEAD OF BUILDING NEW?

DECARBONIZATION

When it comes to reducing embodied carbon, the greenest building is one that has already been built. Design for adaptability avoids the significant impacts from demolition and landfilling of existing materials, and from sourcing of new building materials. It also keeps in place all the natural resources that have been withdrawn to produce and install new materials as well as all the environmental releases to water, air, and land generated by the extraction, manufacturing, construction, and installation of those materials. We can further the decarbonization effort by considering embodied carbon when selecting materials and systems, favoring products that embrace the circular economy and leverage Life Cycle Assessment tools in the process.

JOB CREATION

Adaptable buildings have more inherent financial value because they can be economically adapted and renovated as occupant needs change. Design and construction create jobs in the building industry and associated trades, changing the uses to retail and hospitality also creates jobs in the service industry.

JUSTICE

Hospitals are typically centrally located in their communities and connected by public transit. By re purposing these decommissioned buildings into community resource centers, wellness becomes accessible and central to that community. You can provide grocery stores in food deserts, outpatient clinical services to vulnerable populations, affordable or transitional housing to the unhoused, and other essential wellness amenities.

Design for adaptability is also good for communities. Because building demolition and new construction can affect the quality of local life for years with noise pollution and disruption of sidewalks and streets, reducing the need for new construction can be a benefit for neighborhoods. Overall, building adaptation takes less time and causes less disruption than demolishing and building new. And when buildings are demolished and not replaced, the vacant lots can attract crime and litter.

Equity will look different at each community. In many urban contexts, equity can look like providing essential services that are not currently accessible to the most vulnerable populations of the area. In suburban contexts, equity can look like providing educational and technological accessibility to the community that has challenges keeping connected to those advancements.

THE ROADMAP

11. Understand the context to understand the new purpose of the building:

1. Demographic study of population served & alignment with stakeholder interests
 - 1A. What ailments does this community suffer from most?
 - 1B. What amenities and services does this community lack?
 - 1C. What services can generate revenue?
 - 1D. Is leasing the building to future tenants an option?

12. Confirmation of program with participants

- 2A. Owner and Stakeholders
- 2B. Users
- 2C. Community
- 2D. Future Tenants

13. How feasible is the new use given the current state of the building?

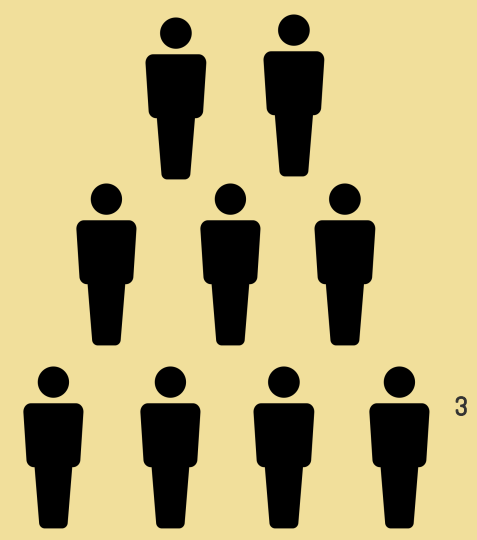
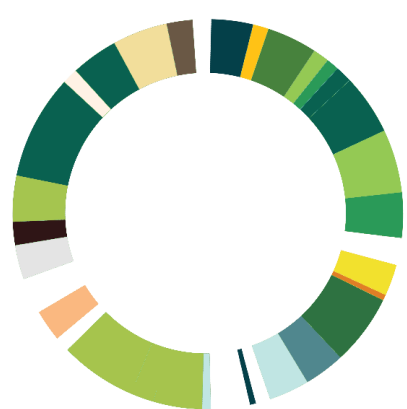
3. Site/Structural/ MEP Systems/ Accessibility/ Fire Life Safety Verification
 - 3A. Survey of existing conditions
 - 3B. Is the new program feasible in the existing structure?
 - 3C. What major renovation will be required, if any, to support new program?

14. What partnerships need to be established to achieve this solution?

What implications does this have on the current services?

4. Collaboration with OSHPD, the State, the City, and any other Authority Having Jurisdiction
 - 4A. Establish functional program of OSHPD-1R and its impact to agencies to existing OSHPD-1
 - 4B. What policy changes need to occur to promote adaptive reuse in the area?

Does zoning need to change? How can legislation incentivize adaptive reuse?



4TH LARGEST HOUSELESS
POPULATION IN THE U.S.¹⁶

10%
ARE YOUTH
AGES 18-24¹⁶

51%
ARE BLACK¹⁷

AN URBAN CONTEXT

UTILIZE DENSITY & REHABILITATE THE UNHOUSED

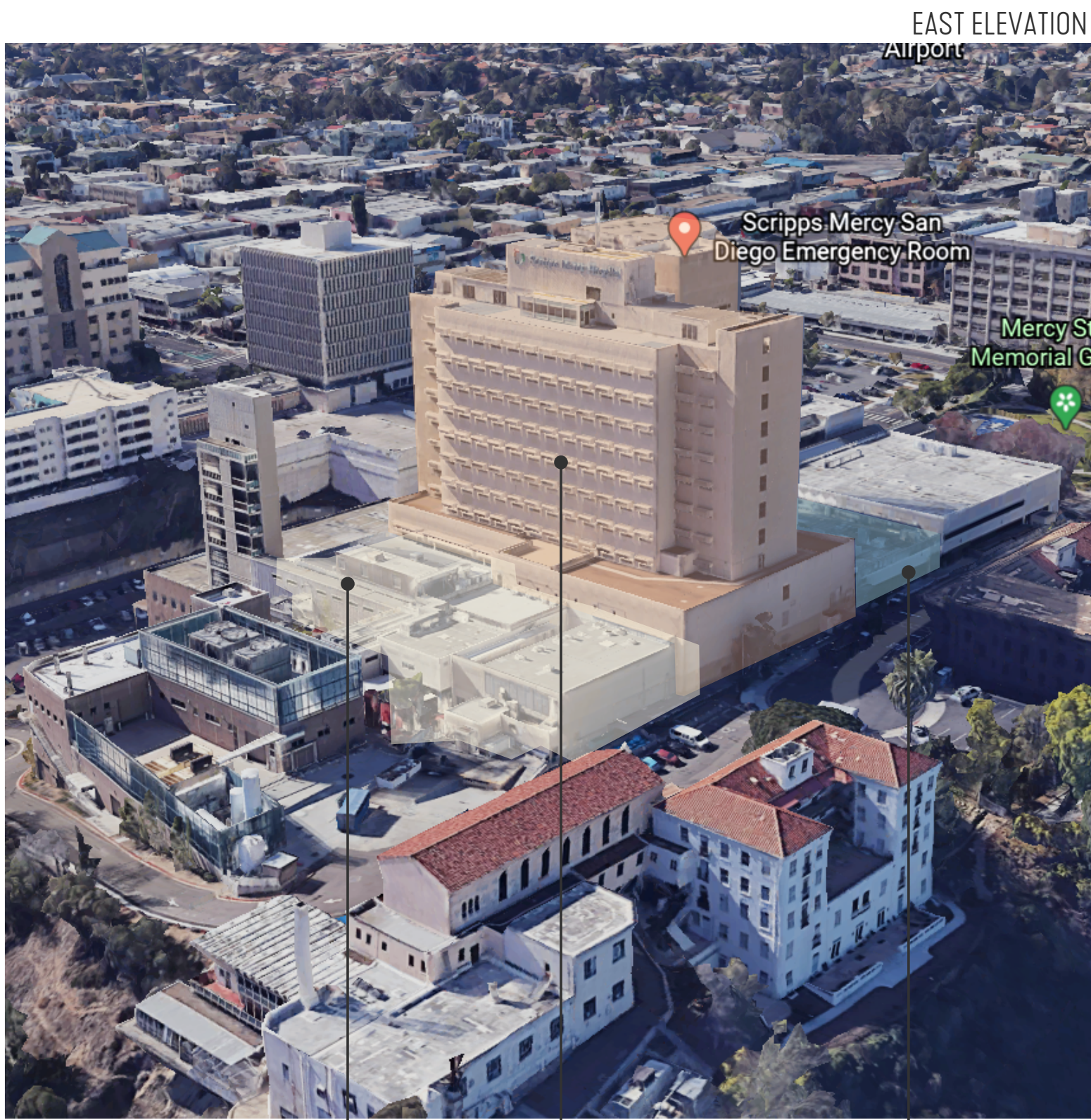
San Diego County's homeless population is the fourth largest in the country. With a reported number of over 8,102 homeless individuals. Homelessness also affects Black people disproportionately; while Black people make up only 5.5 percent of the county's population, the January 2020 point-in-time count found they made up 21% of people living without shelter and 30% of people in shelters on the night of the count.

Housing alone cannot address this crisis. In November 2019, the San Diego Union Tribune reported many local residents return to the streets after overcoming homelessness within six months, at a greater rate than in other West Coast cities, and almost 80% of them became homeless while living locally.

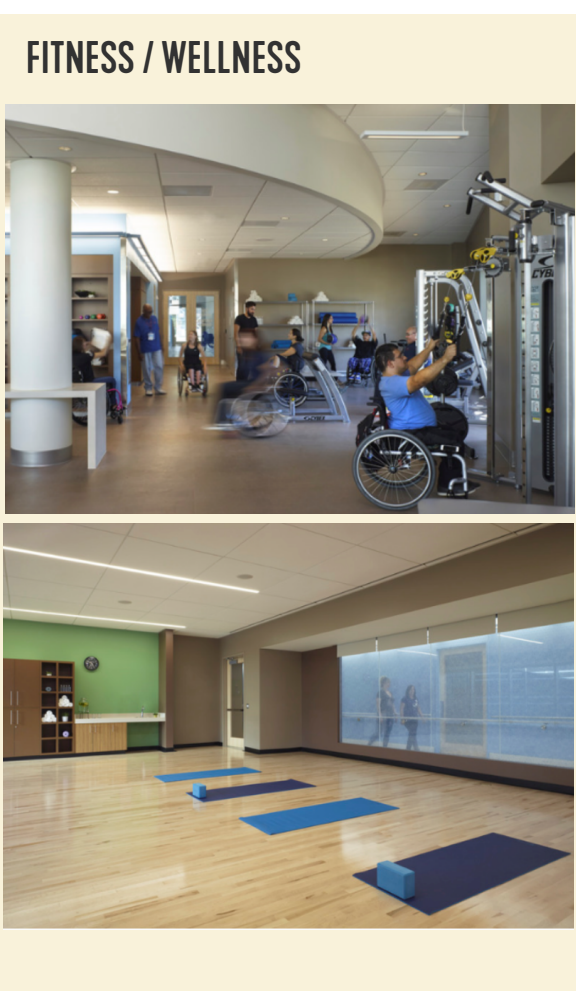
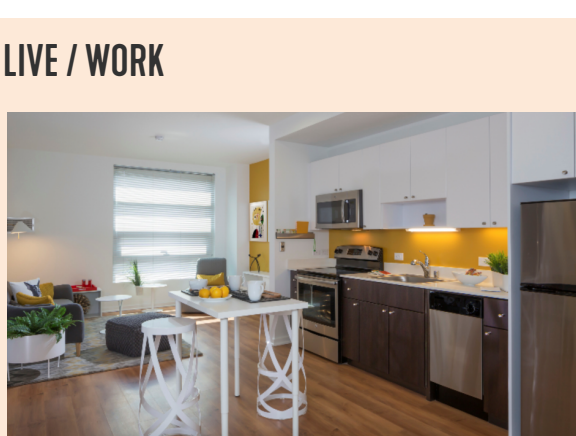
Free education and accessible resources provide a proven model to facilitate the quick reintegration of the community's most disadvantaged residents back into society. These resources include: vocational educational services, substance abuse treatment, mental and physical health services, childcare, transportation, food, clothing, and other critical basic needs.



AREA OUT OF COMPLIANCE TO BE REPURPOSED
BUILDING SEPARATION
EXISTING HOSPITAL IN COMPLIANCE TO REMAIN
WEST ELEVATION



FITNESS/WELLNESS CENTER
FOOD SHOP/RESTAURANT
LIVE/WORK
EAST ELEVATION



SAN DIEGO COUNTY

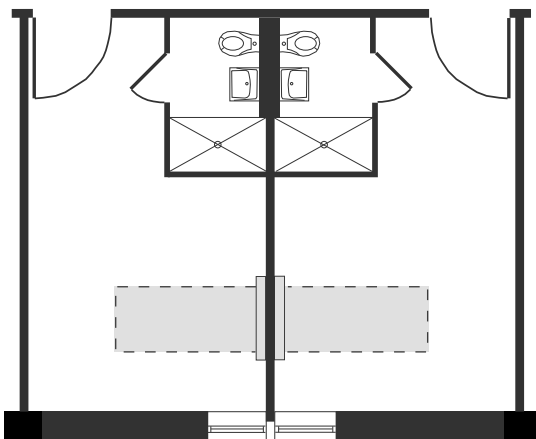
In the San Diego County region, there are over 72 hospital facilities with a rating below SPC-3. The Scripps Mercy Hospital campus located in Hillcrest is an example of a hospital campus situated in a dense urban context. This campus currently has 4 buildings with a SPC-2 rating. The campus currently includes a surgery pavilion, a breast care center, an emergency and trauma center, an infusion center, behavioral health services, and a cancer center.

SCRIPPS MERCY CAMPUS

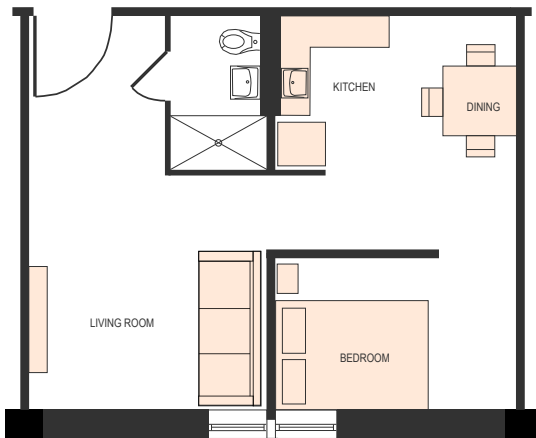
The campus is situated in the neighborhood of Hillcrest. Hillcrest is known to have a growing population of the unsheltered. The existing bed tower is one of the SPC-2 buildings that will be decommissioned after 2030. Adapting the bed tower into affordable or transitional housing in this community would be very beneficial to get this vulnerable population off the streets. It can also be a mixed use building, where residential and office space are provided to tenants as a live/work community. It can be used to house services to help transition the unsheltered to find employment and permanent housing.

The existing kitchen that once serviced the bed tower can be re-purposed into a grocery store, food shop, or restaurant, which will provide healthy food and meals to the community. It can also be used as a vocational tool to train people to work in the food and service industry.

The exiting diagnostic and treatment podium can be used as clinic and office space, which can provide primary and preventative care to the community. These clinics can also specialize in behavioral and mental health. The existing material management and sterile processing department can be repurposed into a fitness center and daycare for those who live on this campus and/or be open to the community.



EXISTING TYPICAL PATIENT ROOM



NEW TRANSITIONAL LIVING

The existing bed tower contains 500 patient beds. The module of two patient bed rooms converts easily to a 500 square foot studio apartment. With this module, the bed tower can convert into 250 new studio apartments that can be used as transitional housing. This potentially can take at least 250 homeless individuals off the street. This module can also be adapted to accommodate more bedrooms to house families.

[THE SOLUTION]



250 NEW APARTMENTS
FROM 500 PATIENT BEDS

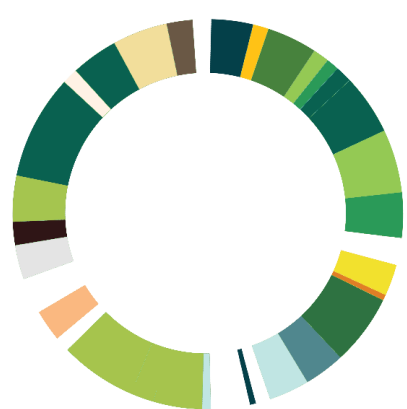


SAVE 561 TONS
OF CO2/YEAR IN
CONSTRUCTION

HOSPITAL[C]ITY

Transforming old hospitals to new Community Health Resources

SMITHGROUP



**RANKED MOST
POLLUTED CITY IN U.S.**²⁰

**67%
AT RISK ARE
PEOPLE OF
COLOR**²¹

**14%
AT RISK ARE
UNINSURED**²²

A SUBURBAN CONTEXT

KERN COUNTY AND THE ADVENTIST HEALTH CAMPUS

Kern County is known for its agricultural and oil industries that have contributed to its fast-growing population. The nature of these industries in such a rural environment creates a need for spaces that focus on the community, wellness, and access for its residents to combat the challenges associated with rural health.

The Adventist Health Bakersfield Campus located in the city's downtown area, is comprised of 2 existing bed towers, one of which is an SPC-2 building. The diagrams below illustrate the building separation of the buildings that will soon be out of compliance. The other existing bed tower which houses the surgical suite and emergency department, was constructed in 2004 and meets SPC-5 regulations with a lifespan beyond 2030.

In considering the community of Bakersfield, various programs can be implemented to enhance access and improve wellness. The buildings that will be out of compliance can be re-purposed into programs such as an urgent care, dining, an education/resource center, and much needed green space that would benefit the community at large. Additionally, the tower portion of the hospital has the opportunity to be reused for telemedicine offices for physicians on campus, meeting rooms, or outpatient clinics for preventative care.



EXPAND ON CONNECTIVITY AND ACCESS

Bakersfield ranks among the most polluted cities in the nation, according to the American Lung Association's new State of the Air report. The Bakersfield metropolitan area was ranked first for annual particle pollution out of 204 other metro areas. It ranked second for high-ozone days and third in 24-hour particle pollution.

Approximately 2 out of every 3 people in the Kern County service area (well over 519,000) are also living in a severely under-resourced area.

The following were identified by community residents as barriers and challenges: lack and high cost of health insurance, transportation limitations in being able to access health care, constraints in obtaining childcare to be able seek medical attention, and lack of awareness of available resources.

Many Kern residents do not have access to these resources and thus experience a high rate of obesity. Black and Latino residents in the Kern service area are disproportionately impacted, as they are obese at above average rates (25% and 14%, respectively) when compared to other ethnic and racial groups.

EXISTING CAMPUS



AREA OUT OF COMPLIANCE
TO BE REPURPOSED

BUILDING SEPARATION

EXISTING HOSPITAL IN
COMPLIANCE TO REMAIN

ADAPTIVE REUSE



URGENT CARE

DINING/CAFE

GREEN SPACE

RETAIL PHARMACY

EDUCATION/RESOURCE CENTER

CLINICS

TELEMEDICINE OFFICES

DINING



URGENT CARE



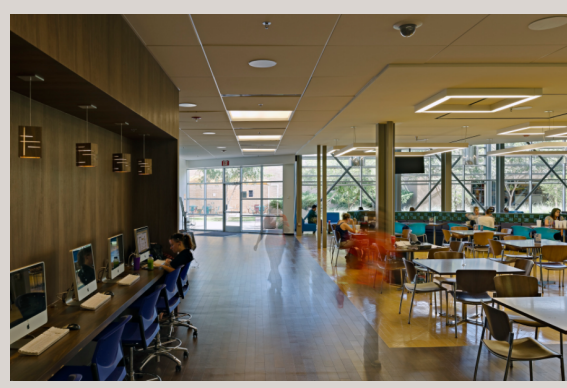
OUTPATIENT CLINIC



RETAIL PHARMACY



RESOURCE CENTER



TELEMEDICINE OFFICE



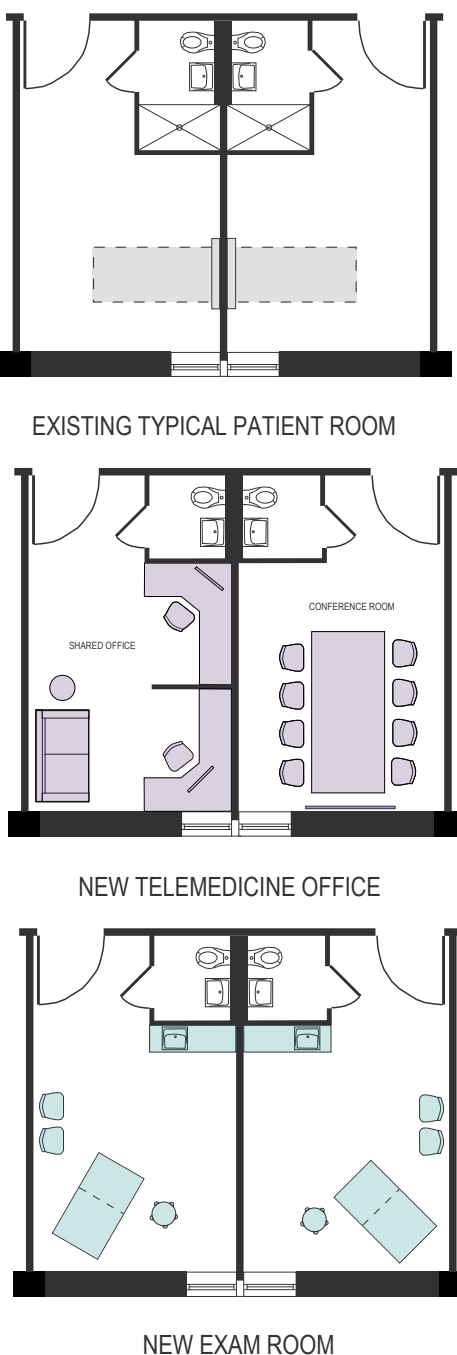
ADAPTABILITY AND VERSATILITY

The modularity of the typical medical/surgical patient room in a hospital lends itself to an array of opportunities for future adaptability. The diagrams on the right illustrate how the existing patient room can be re-purposed to accommodate various programs and future needs, such as offices for telemedicine and virtual visits, conference rooms for group meetings, and exam rooms for outpatient visits. These options all require minimal construction and demolition of existing infrastructure and utilities and allow for maximum flexibility of spaces and use.

The bed tower can be repurposed to telemedicine offices and conference spaces for the health professionals of this campus. As the future of healthcare delivery trends more towards telemedicine, paired with the current challenges of driving far distances in a rural community to access health services, Kern County can benefit from more access to healthcare providers from their homes, and healthcare professionals can see more patients through telemedicine.

These communities are often made up of a working class community that has little to no healthcare insurance coverage, causing a growing need for more urgent care facilities to provide services to those who cannot afford preventative healthcare.

These communities are also challenged with access to education about their health wellness. Creating affordable resources and free education centers to benefit the community would be an essential service to a population that lacks preventative health options. Retail pharmacies also help with the access to healthcare services and educational resources. It is also a good way to get community traffic into the campus by providing retail services.



EXISTING TYPICAL PATIENT ROOM

NEW TELEMEDICINE OFFICE

NEW EXAM ROOM

[THE SOLUTION]



**ACCESS TO 120 MORE
HEALTH PROFESSIONALS**



**SAVE 250 TONS
OF CO2/YEAR IN
CONSTRUCTION**²⁴

HOSPITAL[C]ITY

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