

Architecture Culture Design

10 Designers Charting New Territories

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Healing Cities

Noncommunicable diseases cause more than 36 million deaths per year, according to World Health Organization data. There is a tremendous fear that the increasing health-care costs that come from treating the obesity and diabetes epidemics around the world—and rising rates of heart disease, strokes, and cancer—could bankrupt many low- and middle-income countries if they're not addressed. Dr. Karen Lee, a global-health and built-environment consultant to government and non-government organizations, is spearheading programs to improve our health through our built environment, and has worked with 40 cities worldwide to advance these developments. Lee took the time to speak to *Metropolis's* managing editor, Shannon Sharpe, about how we can address these health issues through our streets, buildings, and transit.



You worked with New York City to develop its Active Design Guidelines beginning with the Fit City conference, which has since expanded to other cities. What was the mind-set behind establishing these guidelines?

Prior to my current work, I spearheaded this work for the New York City Department of Health and Mental Hygiene. The work in New York began in 2006 with me working on behalf of the health department to partner with the American Institute of Architects (AIA) New York to mount a Fit City conference. Prior to New York, I was at the Centers for Disease Control and Prevention in Atlanta and I was doing work there around built environments as they relate to obesity. New York City's health department was interested in my applied research and research-translation work, and recruited me to work for them because growing research and evidence was pointing to the importance of the built environment—the design and construction of our streets, buildings, and their amenities—in shaping health behaviors like physical inactivity and unhealthy diets that are now amongst the key leading risk factors for the main causes of death today.

Around the world, noncommunicable diseases are now the leading causes of death. At the first Fit City conference, health folks brainstormed with architects, urban planners, landscape architects, and people in the green-building industry to see what ideas New York City could potentially implement.

What came out of the brainstorming?

A number of things. One was that health needed to synergize with issues of environmental sustainability, which was also a key priority for New York City. Out of that came many things, one of which was that I began working with architects and green-building professionals—including the U.S. Green Building Council's national office in Washington, DC—to come up with a new innovation credit for the LEED green-building rating system, which has since become a pilot credit called "Design for Active Occupants." So now, if you have building features that promote stair use and active recreation, you can get an extra

point towards green-building certification. Another idea was to synergize with the work being done under Mayor Bloomberg's PlaNYC initiative. New York City's health department and the Mayor's Office of Long-Term Planning and Sustainability started working together to see how health could be integrated into the greening of the city.

Fit City is a venue for people from different disciplines to come together from both the public and private sectors and we brainstorm together what we might be able to do going forward in the upcoming year—and celebrate the successes achieved the previous year. One of the ideas that came out at the second Fit City conference was that we should integrate the evidence base around health—particularly around physical activity and things like access to healthy food—into a set of guidelines that would be directly used for city construction and would also be shared with private-sector architects, designers, and planners to encourage these practices in design and construction across the city. The Active Design Guidelines for New York launched in 2010.

How has your work in New York expanded to include other cities?

I now consult and function as an advisor on health, built-environment, and noncommunicable disease issues to city, regional, and state governments in several countries globally. I work with some of the World Health Organization offices, and with nonprofits like the Heart and Stroke Foundation of Canada, and the Heart Foundation of Australia—foundations that have started to do this work with cities. I also help some small nonprofits that are interested in starting this work in the United States, as well as in other countries, like Brazil. My role is either to initiate or accelerate the progress of work to advance a healthy built environment. I have worked with places like Boston, Louisville, Miami, San Diego, London, São Paulo, New South Wales in Australia, and various Canadian cities to mount Fit City conferences or the equivalent. I've worked on the healthy built-environment issue in one capacity or another with about 40 cities globally.

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WHERE WE'LL BE IN OCTOBER

SZENASY, DESIGN ADVOCATE

OCTOBER 2 / NEW YORK, NY
Nucraft Showroom
Book Talk & Signing with Susan S. Szenasy
Sponsored by Nucraft

25 YEARS STARCK + DURAVIT

OCTOBER 6 / NEW YORK, NY
Duravit NYC
Moderated by Avinash Rajagopal
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GENERATION SHIFT

OCTOBER 8 / NEW YORK, NY
Poggenpohl Park Design Studio
Moderated by Paul Makovsky
Sponsored by Poggenpohl & BLANCO

CREATIVE COLLISIONS/ FRUITFUL CONNECTIONS

OCTOBER 9 / HOUSTON, TX
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Moderated by Susan S. Szenasy
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SHAPE THE FUTURE

OCTOBER 16 / PHILADELPHIA, PA
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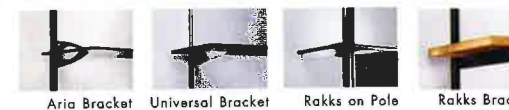
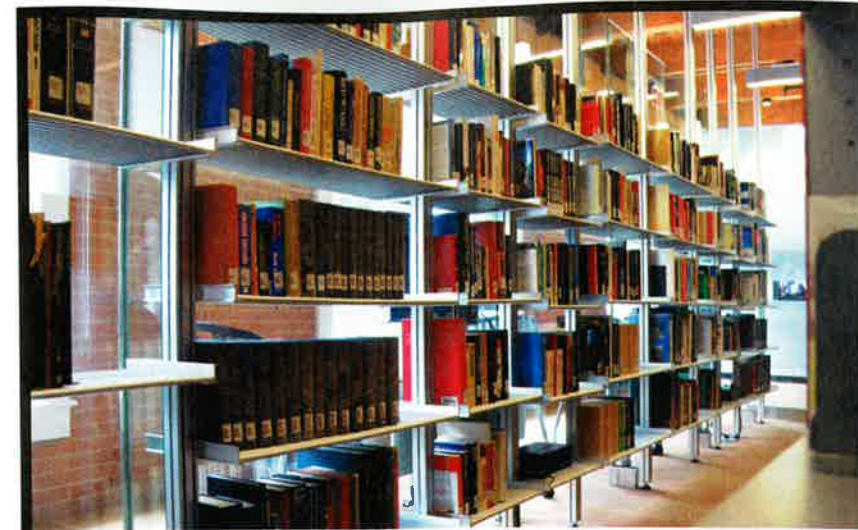
OCTOBER 29 / BOSTON, MA
Architecture Boston Expo
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How do cities' needs differ?

If you look at the statistics around health issues, obesity, and noncommunicable diseases, they're either high or rapidly rising everywhere around the world. So there is the need to address these issues throughout the globe today and there are some common physical environmental changes that we need to create across all our different cities to address these epidemics. We need more pedestrianization, cycling, and public transport, rather than relying on only cars to get around. We need to make sure that we have access to healthy food and drinking water in all neighborhoods. We need to design healthier and more active buildings across the board, and also ensure that there is access to active play—recreation structures for both children and adults, where they live, go to school, and work.

Some cities face additional challenges because of infrastructure issues that haven't been fully addressed—for example, sanitation. In many of the cities in the developed world, the issues around infrastructure for the control of infectious diseases, like sanitation, have been more fully addressed and the challenge for those cities is to now turn their focus to the current noncommunicable disease epidemics. For cities that have not fully addressed sanitation issues, infectious diseases might still be rampant in certain areas. These cities now have dual issues to assess when they think about their infrastructure.

Crime and traffic safety are also important things to consider as part of thinking about the public realm. The interventions that we can undertake to improve pedestrianization—which is an active and sustainable transportation mode—often overlap with safety, so there are opportunities to synergistically improve both issues at once.

The political context and structures in local contexts may also be different depending upon the city, so it's really important that people working in different sectors in different cities actually participate so that they can find solutions that make sense locally.

Are certain cities healthier than others?

Different cities have different strengths and challenges. What we are trying to create is a set of environmental supports that can help reduce the key risk factors for the current epidemics across all cities.

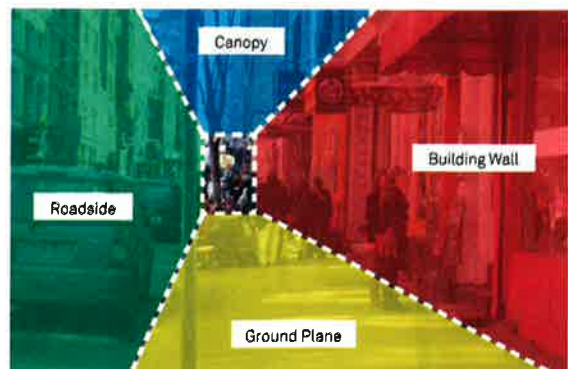
Cities that are supportive of active living have higher levels of this healthy behavior. If we take New York City as an example, it has higher levels of physical activity and lower levels of sedentariness than the rest of the United States. Much of that physical activity is achieved by people walking for transport in their daily life. That, in turn, translates into things such as life-expectancy rates—in New York City, life expectancy is longer than in the rest of the United States and it's rising faster.

European cities such as Copenhagen have really good cycling infrastructure and

their policies are very supportive of people cycling and walking. For example, during snow days they'll actually clear the bike lanes, as well as the roads for cars. Some Latin American cities have instituted *ciclovías*, or street closures, for several decades. A city such as Bogotá closes about 76 miles of its streets every Sunday to allow its people to walk, cycle, and run. Along the route there are multiple *recreovías*, or recreation stations, that are free and support people being able to access active recreation on a regular basis.

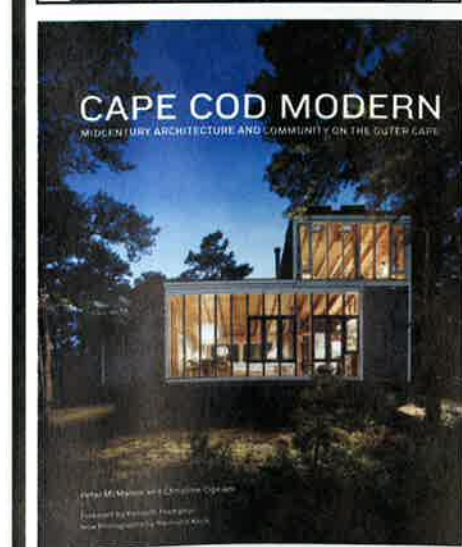
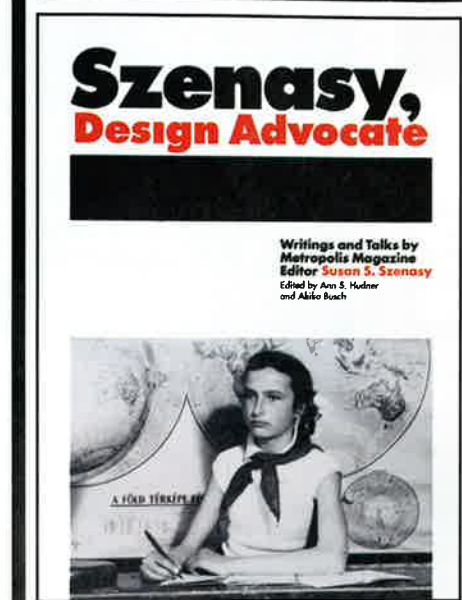
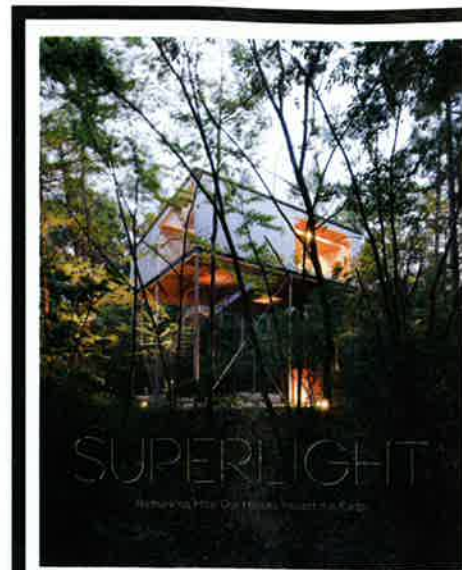
I was involved in a study on how seniors use parks in Taipei and it's incredible. Every morning you'll see swarms of seniors using the public parks in Taipei. There are all sorts of classes going on, formally and informally—everything from learning how to throw a Frisbee, to tai chi, to country-western dancing, to traditional Chinese dance. And there's also just walking and cycling.

One of the most important things for cities to be aware of, and try to measure, is the disparities that are occurring in health and health-supporting infrastructure in their different geographic areas and populations. So a healthy city is one that not only achieves health for some of its population, but also looks at the disparities across its populations and geographies. And it is working to improve health across all those geographies and all those populations, and then to decrease the disparities that are seen among those areas and groups of people. ■



Shaping the sidewalk experience was an integral part of the New York City Active Design Guidelines. They looked at the sidewalk from a pedestrian's perspective, as a room defined by four planes, all contributing to the spatial quality.

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