

THE WELLNESS CENTER

-Bridging a healthy community-

A non-degree-required thesis submitted to the
Master of Architecture Program
Department of Architecture

by

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advised by

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ABSTRACT

The Wellness Center is dedicated to cultivating a health-oriented community center, designed to bolster activities that promote well-being. This research explores critical questions within healthcare design—a field at the intersection of architectural innovation and the extensive development programs for health facilities currently underway. At the heart of this study is a deceptively simple question: Can architecture significantly impact hospital effectiveness, prevent health complications, and extend community longevity? The answers, while complex, are decidedly affirmative.

The onset of the 21st century brought with it rapid advancements in medical technology, necessitating a paradigm shift in healthcare design. This new era calls for reevaluation of spatial requirements—including alterations in size, scope, and functionality. The Wellness Center represents a pioneering step towards reimagining the traditional hospital model. It introduces the concept of a hybrid facility that serves as a nexus between urbanity, mega-hospitals, and individual human needs.

*Dedicated to my advisors, Schaeffer Somers,
whose passion has guided me on this journey;
Nana Last and Leena Cho,
for their encouragement and insightful perspectives;
and Manuel Bailo,
whose support was pivotal in making my research and investigations possible.*

*In memory of Dr. Donald Zimmerman,
who supported my journey into healthcare and architecture*

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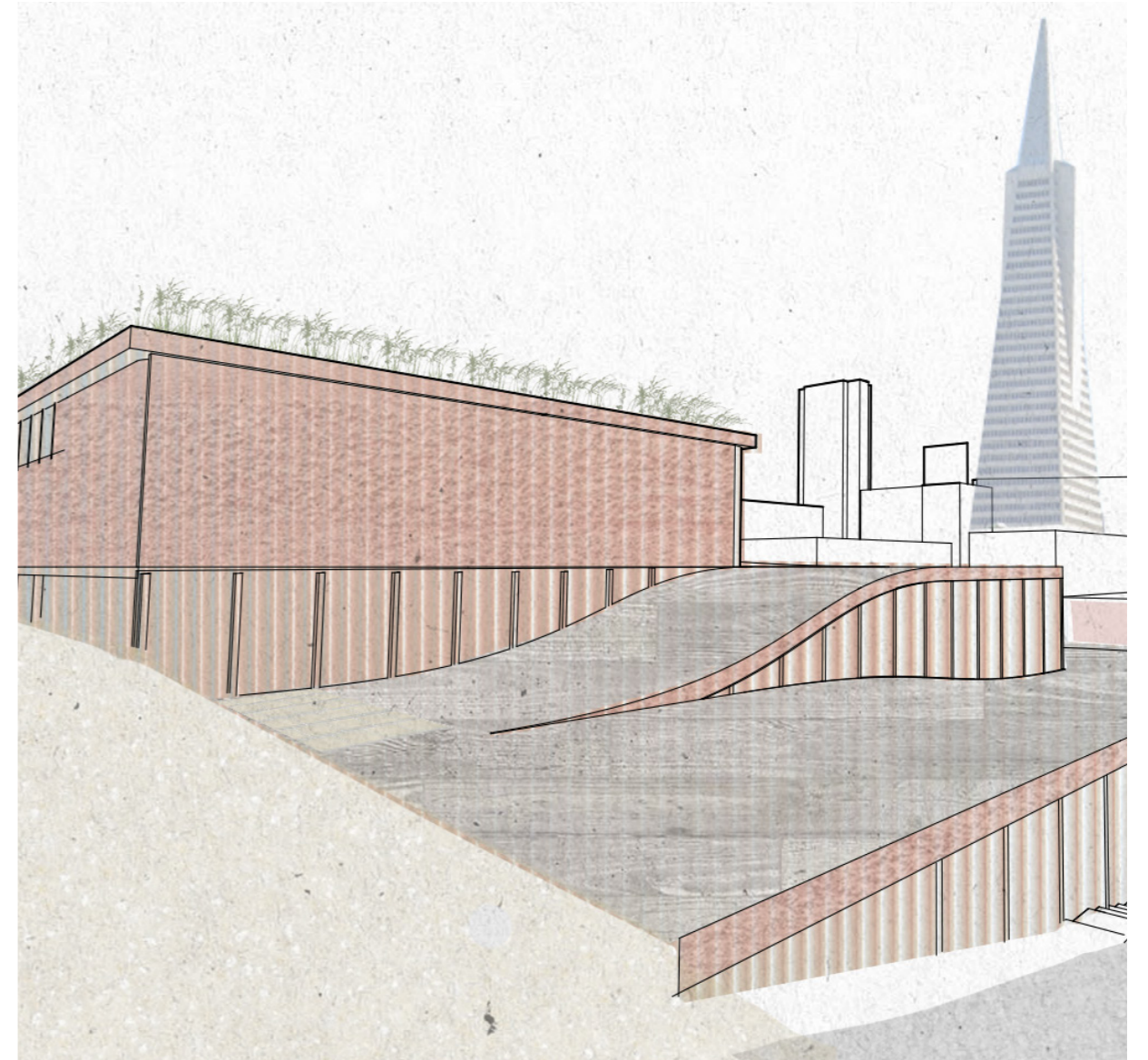
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A place of care, a social vehicle that create purposeful and ongoing exchange of resources and learning among older and younger generations.

PREFACE

Can architecture significantly impact hospital effectiveness, prevent health complications, and extend community longevity?

The Wellness Center is committed to fostering a health-focused community hub, designed to support activities that enhance well-being. This research explored pivotal questions at the nexus of healthcare design, which marries architectural innovation with the ongoing development of health facilities. Central to this inquiry is a seemingly straightforward question: At the heart of this study is a deceptively simple question: Can architecture significantly impact hospital effectiveness, prevent health complications, and extend community longevity? The answers, while complex, are decidedly affirmative.

Historically, the idea of the hospital as merely a medical apparatus—a sterile facility lacking in aesthetic value—has been shown to be insufficient for integrating impactful architecture into cityscapes. As Heathcote observes, the contemporary hospital often stands out as a discordant element in

urban environments. Unlike during the Renaissance or medieval times, when it was a key component of urban and spiritual life, today's hospital has become a sterile, industrial behemoth. Its immense size often seems to resist architectural refinement, presenting an impression of inflexibility when viewed as a singular, imposing structure.

The dawn of the 21st century ushered in rapid advancements in medical technology, demanding a shift in the paradigm of healthcare design. This new era necessitates a reevaluation of spatial requirements, including changes in size, scope, and functionality. The Wellness Center exemplifies a forward-thinking approach to redefining the traditional hospital framework. It introduces a hybrid facility concept that acts as a bridge between urban life, large-scale hospitals, and the individual needs of humans.

Distinctly different from traditional hospitals, the Wellness Center is crafted with a welcoming environment that aligns with the needs of the local community. It goes beyond merely recognizing to actively celebrating the human condition, paving the way for a future where sustained well-being and high quality of life are standard expectations.

ARCHITECTURE AND WELLNESS

Throughout its varied and rich history, healthcare architecture has mirrored evolving societal values: from divine reverence in ancient temples to the glorification of empirical science during the Enlightenment. It has been a tribute to deities, a testament to divine worship, and an accolade to scientific progress. Yet, despite its significance, it has rarely been a monument to humanity itself. In ancient and classical times, health facilities were central to urban life, a theme that continued through the devotional constructions of the medieval era and the civic-oriented urbanism of the Renaissance.

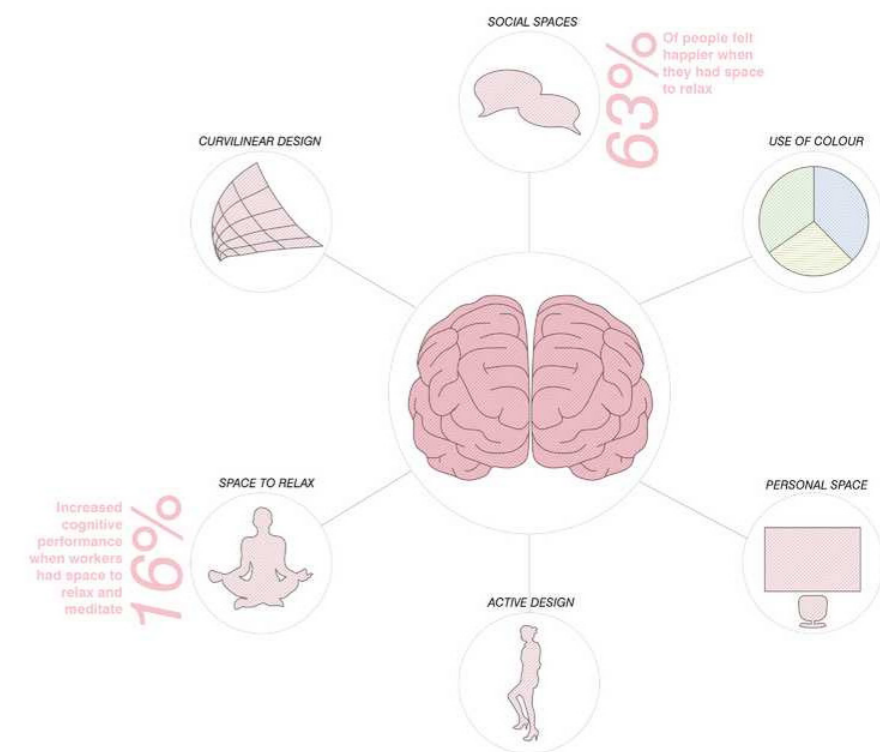
However, in the modern era, these institutions have morphed from grand edifices into utilitarian structures—functional machines for extending life, marked by stark, efficient designs that favor technical functionality over architectural beauty.

As the architecture of healthcare has evolved, its physical forms have varied widely in function, appearance, and location, either integrated into or placed on the

fringes of the urban landscape. Despite these changes, these buildings have consistently played a critical role as architectural focal points.

Unfortunately, modern designs often do not mirror their significant societal function, relegating them to the status of basic, service-oriented facilities rather than celebrated urban landmarks.

This thesis challenges existing norms by reimagining healthcare facilities as spaces that not only provide essential medical services but also enhance the urban fabric and honor the human spirit. It calls for a new paradigm



Right:
Health and Architecture
in the Home and Office:
Space and Layout

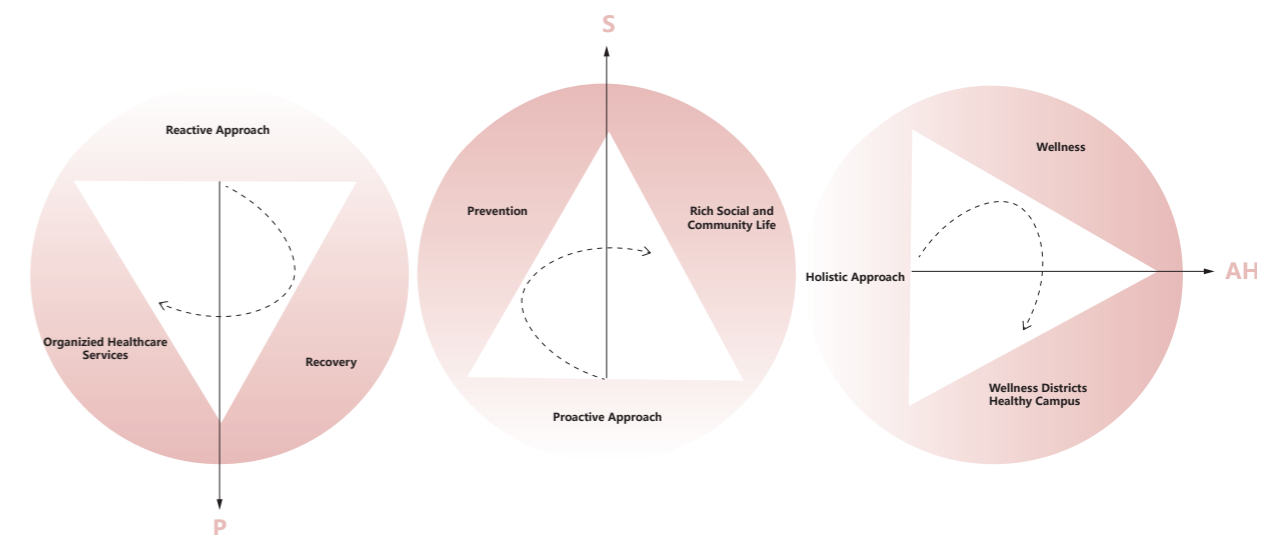
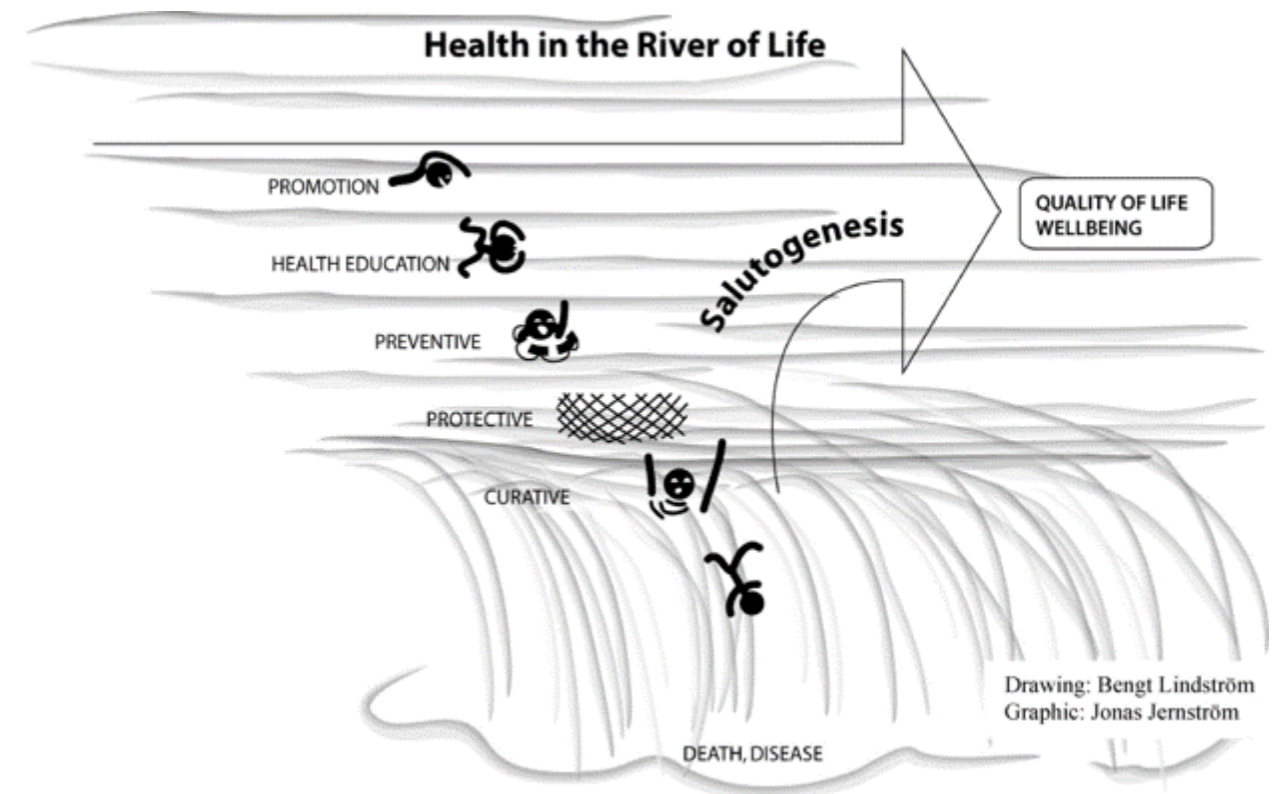
RESEARCH METHODOLOGY

LOGIC MODEL:

A graphic tool that details specific components of an intervention and the proposed short and long-term outcomes. The tool has been used to assess the health outcomes of plans, policies, and projects in urban planning through a methodology called Health Impact Assessment (HIA).

PATHGENESIS and SALUTOGENESIS:

Dr. Sudip Bhattacharya and colleagues state in their research paper "Salutogenesis: A bona fide guide towards health preservation" (2020), that the most neglected part in an individual's life is most likely their own health. People may go to the doctor, but mostly only then, when there is already something wrong, and oftentimes after a longer time of denial or pain. We may care about our health when we are diseased, but we don't think about the things that keep our bodies and minds happy and healthy. Why? Modern medicine most certainly plays a big role in this perspective.



Upper Right:
Salutogenesis

Lowr RightL
HOLISTIC APPROACH
DIAGRAM

THESIS OBJECTIVES

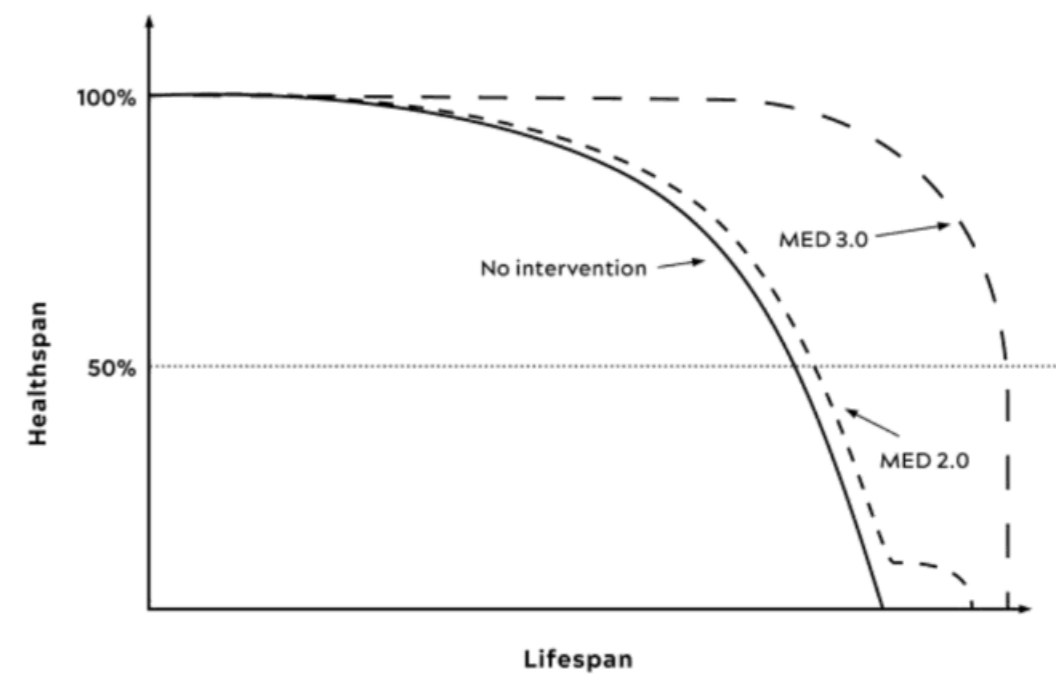
The goal of this study is to think about how can we design healthcare facilities to enable the shift in thinking that healthcare is more than preventive care and pathogenesis?

Challenging the traditional stigma of hospitals and designing a wellness and therapeutic center that supports health rather than treating illness. This project is also about reaching the community and breaking the traditional wall of the healthcare center.

3 Main Objectives:

- 1 The exploration of designing healthcare architecture between interior and exterior spaces, and the consideration of human experience design within the digital invention.
- 2 The use of range of drawing, modeling, advanced tools like VR headset, for representation and prototyping.
- 3 The iterative development of urban and architectural typologies that explore complex hybrid programmatic relationships with healthcare facilities and public spaces.

Figure 2. Lifespan vs. Healthspan in Medicine 2.0 vs. Medicine 3.0



Right:
Attia, Peter. *Outlive: The science and art of longevity*. Harmony, 2023.

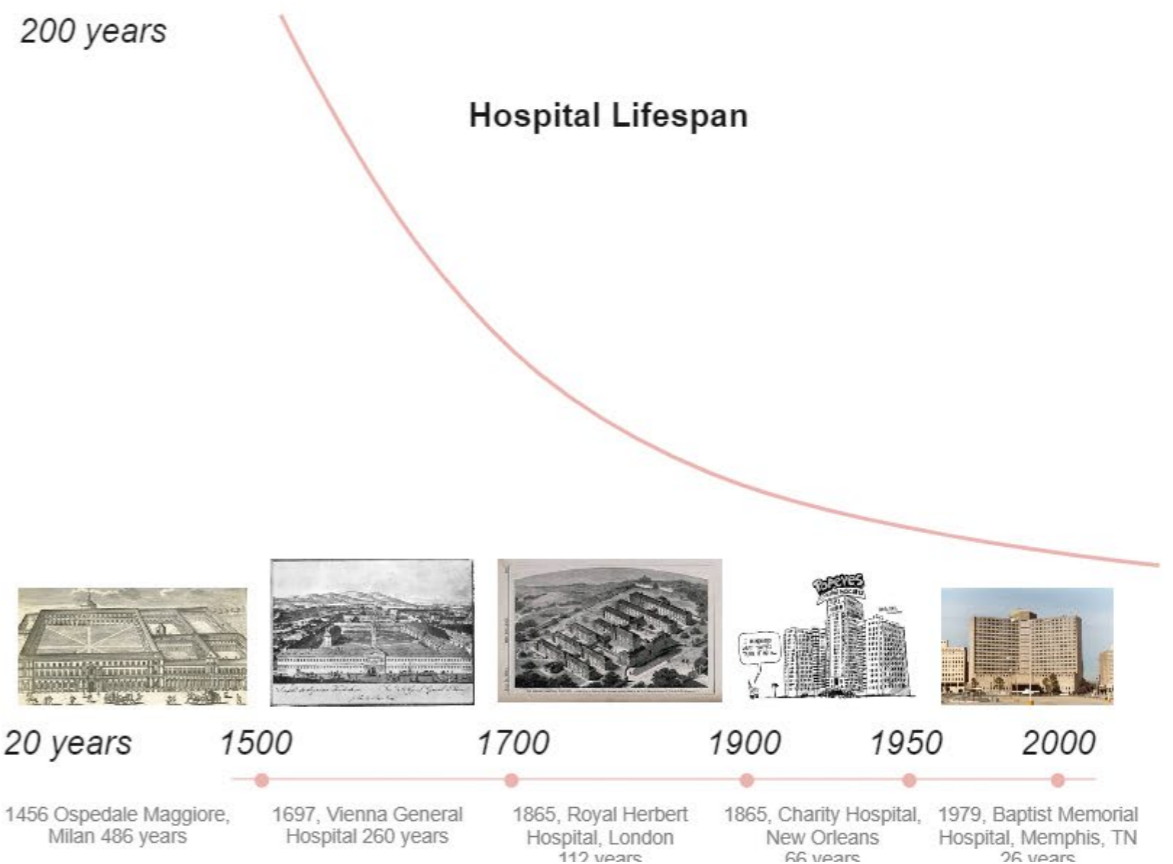
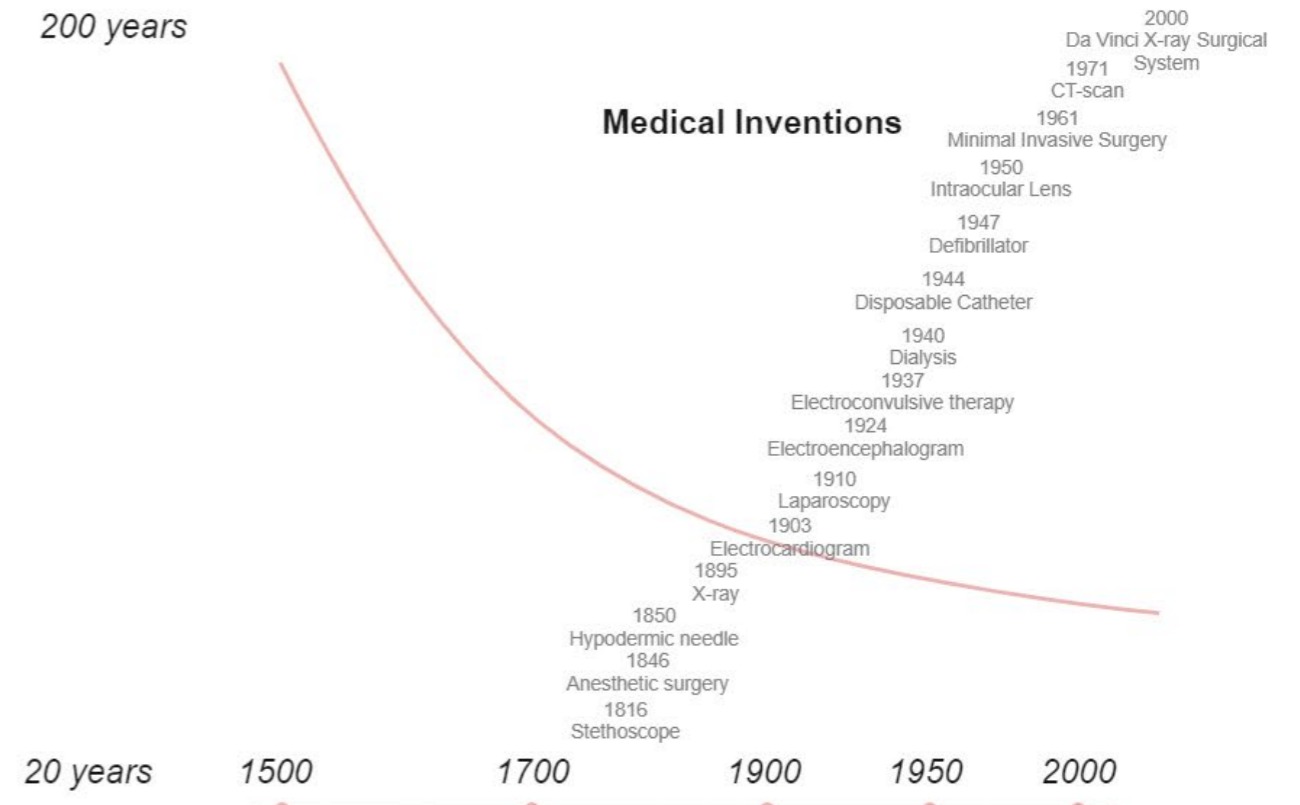
TELEMEDICINE

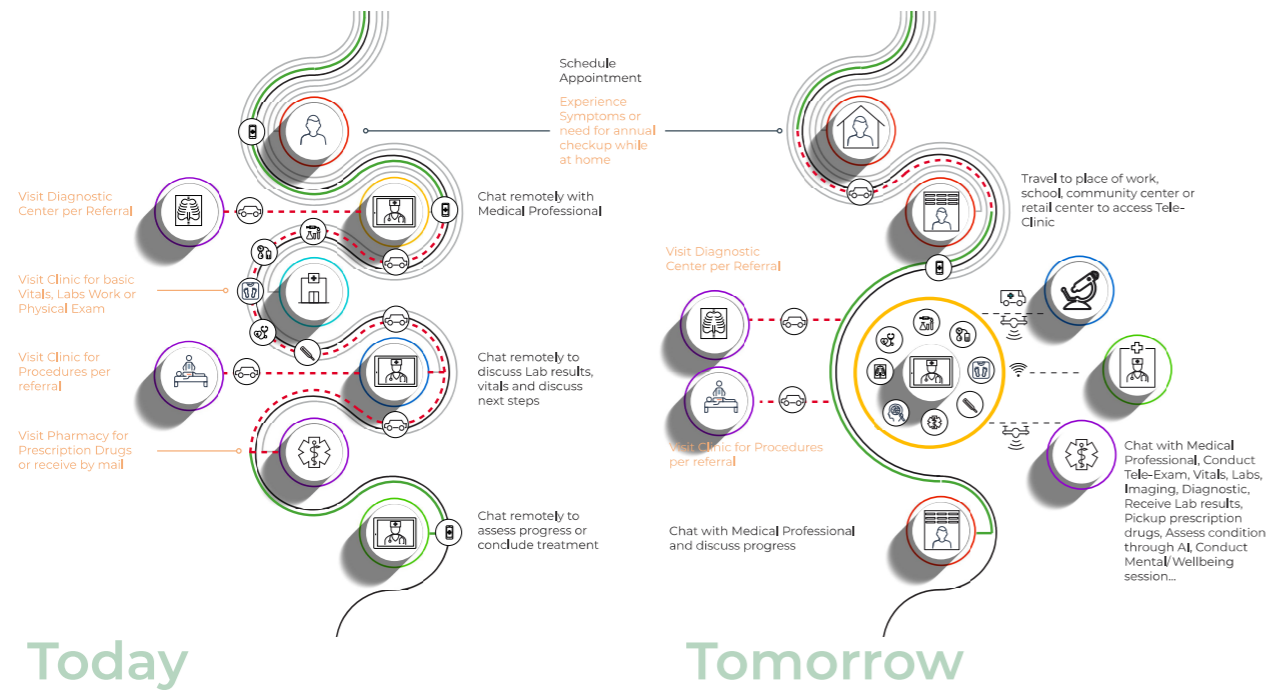
With the invention of the X-ray, the hospital became a mandatory destination for all, rich and poor alike, ensuring its spread as a technological institution. The tragic irony of the 20th century hospital has been that the more it tries to catch up with innovation, the faster it became obsolete. Hospital suffer from an increasingly short life span.

Meanwhile, we are getting older, and a shrinking proportion of society shoulders the burden of the retired and the aging. There's a structure change of the patient will be like tomorrow.

After the COVID19 global influences since 2019, a surge of medical technological inventions are bring the "care" from hospital to home. Healthcare became more accessible, the system of how the healthcare being delivered are shifting,

"The current physical infrastructure significantly hinders health services, highlighting a stark disconnect between medical technologies and healthcare design."





Today

Tomorrow

Telemedicine has been part of the medical landscape for over 50 years, originating in the late 1960s through initiatives by NASA and the Nebraska Psychology Institute.

Despite its early inception, telemedicine faced numerous barriers that hindered widespread adoption until the onset of the global pandemic.

This crisis transformed telemedicine from a supplementary option to the primary mode of healthcare delivery, enabling patients and physicians to maintain continuity of care under unprecedented conditions.

The pandemic-induced ascendancy of telemedicine demonstrated that this model of care could become an unstoppable force in the healthcare sector. Although many providers swiftly adapted to these changes, the transition revealed that the healthcare system was largely unprepared for such a

rapid and comprehensive shift.

By integrating telemedicine into wellness centers and enabling various degrees of mobility, this approach assesses the benefits and shortcomings of connected healthcare. It also offers recommendations for its future, exploring solutions to identified issues through the investigation of both existing and emerging technologies. These innovations could drive forward a new model of care and delineate the role of telemedicine within both the current and future urban contexts.

Right: Patient Experience Journey Map (Resource: Perkins&Will HelloDoctor)

PROJECT DESCRIPTION



The Wellness Center represents a pivotal endeavor to reintegrate health architecture within the community, not merely as a site of treatment but as an active contributor to the healing process. This project aims to unravel the intricate relationship between architectural environments and health outcomes, situating The Wellness Center within a broader historical, cultural, and architectural framework.

Premised on the concept that a hospital should fundamentally be a place of care, this research focuses on the conceptualization of a groundbreaking healthcare outpatient center. This center challenges traditional hospital confines and fosters a deep connection between individuals and their environments. Moving away from the conventional view of hospitals as recovery factories, this new model proposes a welcoming space that is fully integrated into its community. It serves not only

patients but also healthcare workers and local residents, irrespective of their health status. The goal of this study is to find a balance between human-centric and architectural spaces, exploring how their thoughtful integration can amplify the facility's effectiveness and community impact.

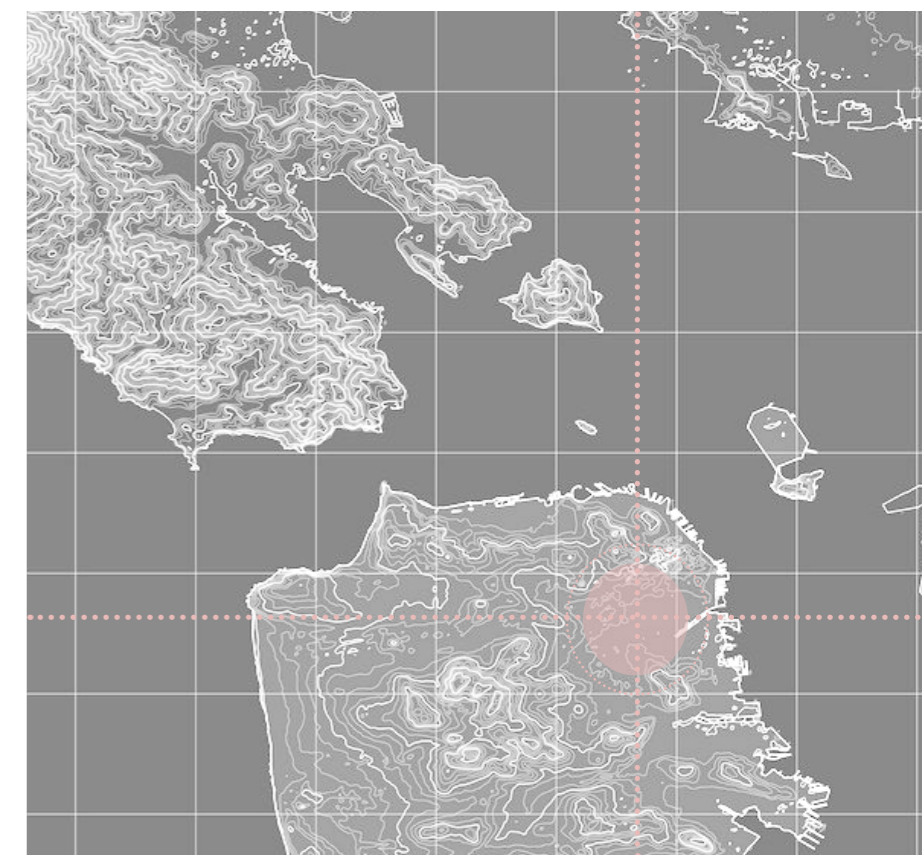
LOCATION

San Francisco has long been recognized for its robust and comprehensive healthcare system. However, as the home of the oldest Chinatown in the United States, its rich history and diverse demographic composition introduce complexities that the data alone may not fully capture.

Situated at the base of Telegraph Hill, nestled between the Coit Tower and the iconic Transamerica Pyramid, this area serves as a crossroads of commercial districts, affordable housing, the Chinatown district, and educational institutions.

San Francisco, known for its varied topography in the Bay Area, is famous for its hills and mountains. This research also delves into the interaction between the American grid system and the topography, examining how the landscape influences the layout of streets and the surrounding buildings.

In this project, we aim to explore the culture of the area, its demographic elements, and how its history has defined and shaped the region.



LOCAL COMMUNITY

In the 1850s, spurred by the allure of the California Gold Rush and the construction of the first transcontinental railroad, large numbers of Chinese immigrants from the Pearl River Delta villages in Guangdong started arriving in San Francisco. They settled in Chinatown, seeking refuge from the hostilities they faced in the West.

By the late 1960s, working-class emigrants from Hong Kong began arriving in significant numbers. Despite their qualifications and professional statuses in Hong Kong, many accepted low-wage jobs in Chinatown's restaurants and garment factories due to their limited English proficiency.

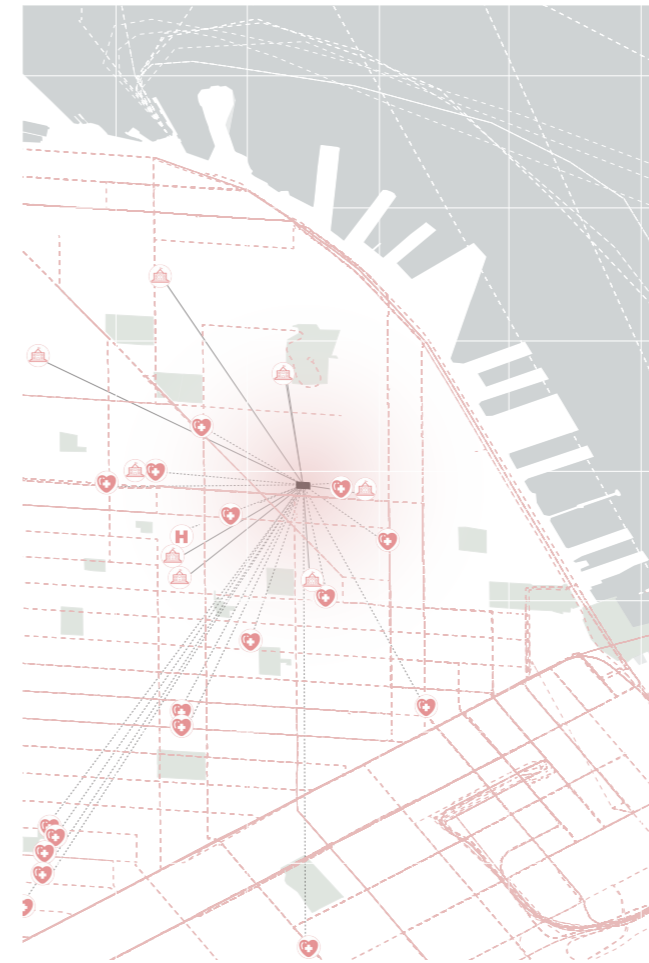
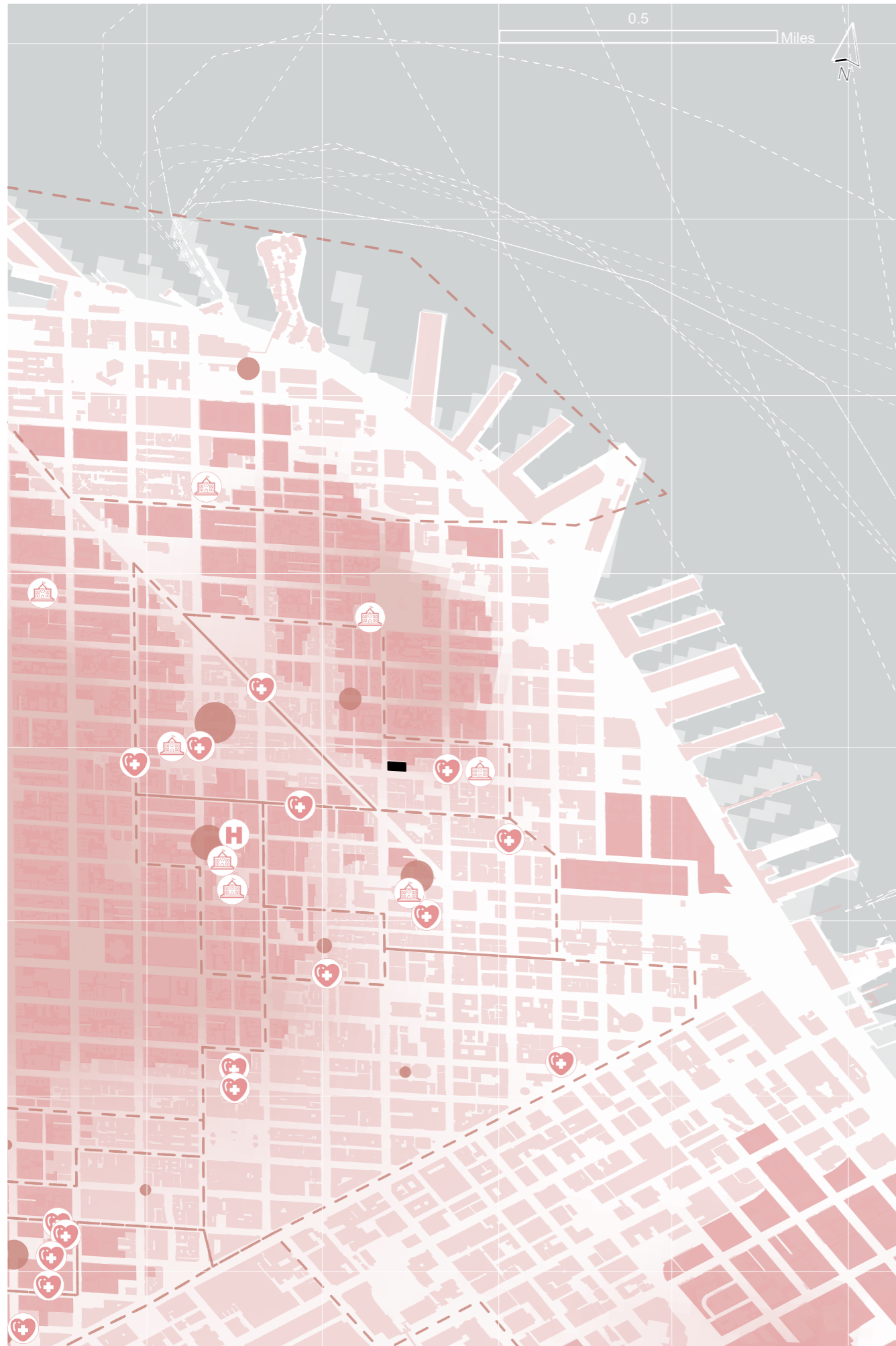
Faced with overcrowding and poverty, additional Chinese communities were established within San Francisco, including in the Richmond and Sunset districts—with three areas in Sunset alone—and more recently, in the Visitacion Valley neighborhood. These newer neighborhoods mainly house Chinese immigrants from Southeast Asia. Furthermore, numerous suburban Chinese communities have



developed around the San Francisco Bay Area, particularly in Silicon Valley towns like Cupertino, Fremont, and Milpitas, which have attracted many Mandarin-speaking Taiwanese Americans. Despite the growth of these suburban and outer city communities, many residents still travel to Chinatown for shopping, leading to significant traffic congestion and public transit delays, especially on weekends.

SITE OVERVIEW















Upper Left:
Accessibility to Healthcare Facilities
Lower Left:
Equity Priority Groups and Transportation
Map

Located within the “Equity Priority Community,” our site is near the Chinatown area of San Francisco, surrounded by educational and clinical infrastructures.

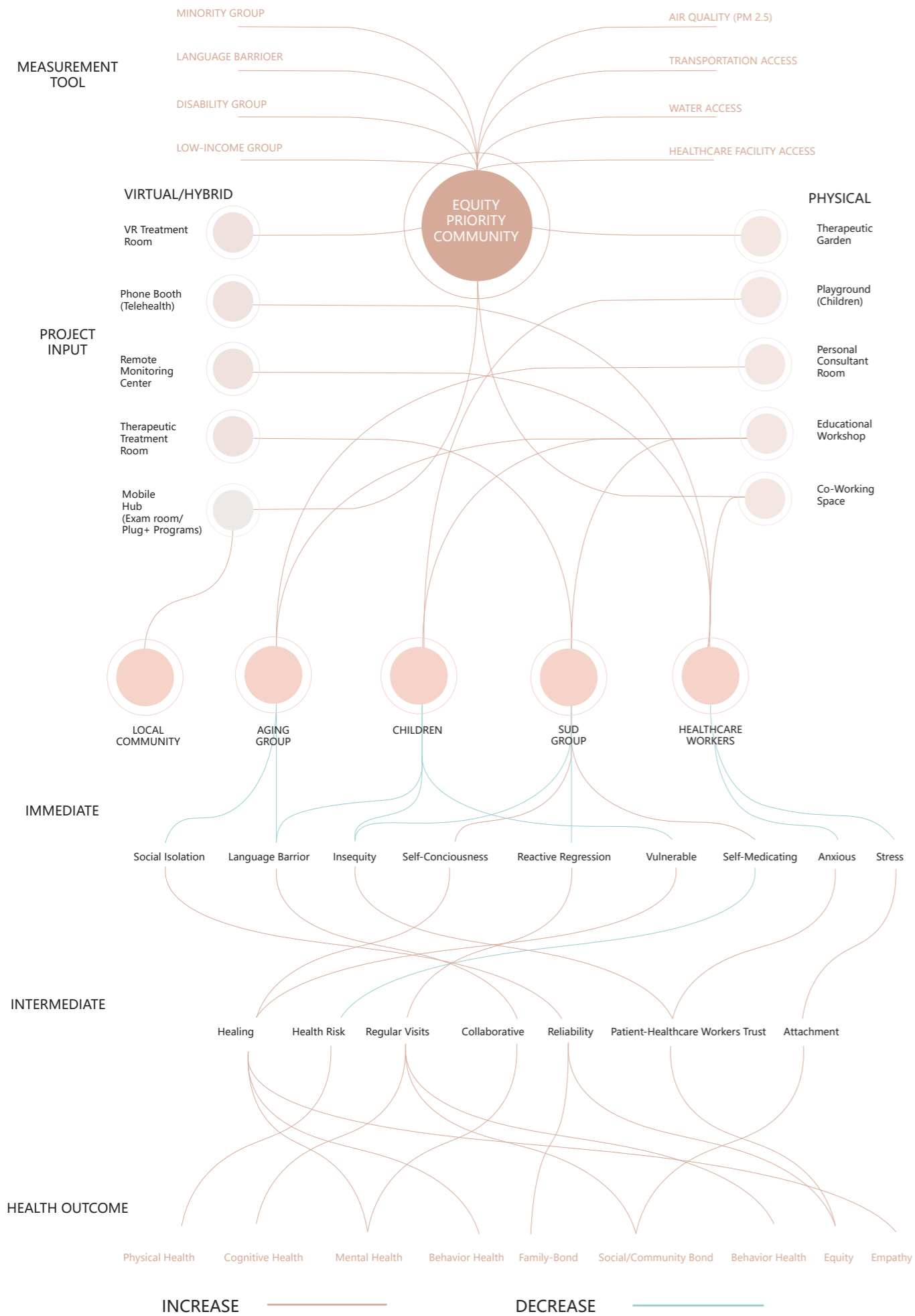
The site’s bustling nature highlights potential transportation needs and commuting functionalities.

These maps are designed to spark a discussion on the accessibility of healthcare services, educational institutions, and green parks from the site.

- CLINICS 
- HOSPITALS 
- SCHOOLS 
- SITE 
- ELDERS POPULATION (%) 
- EQUITY PRIORITY COMMUNITY 
- HOUSING DISTRICT:
- single housing 
- mixed-use housing 
- PUBLIC TRANSPORTATION 
- PUBLIC PARKS 

ANALYSIS



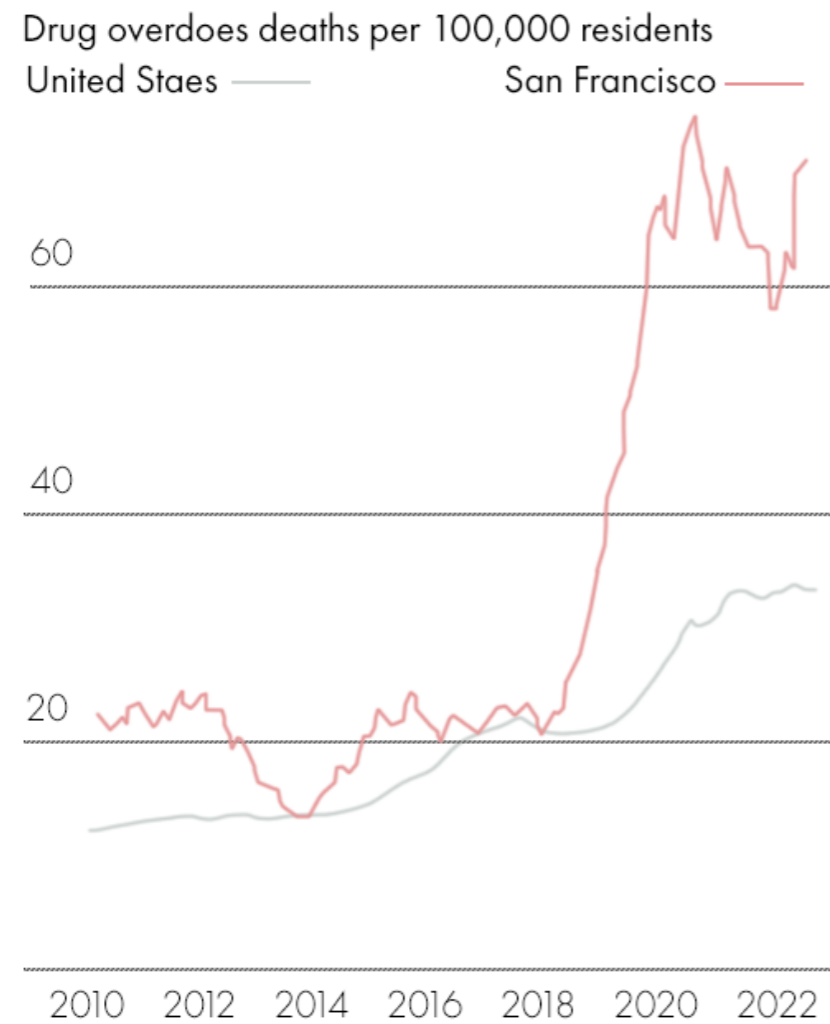


By assessing the public facilities of the Equity Priority Community in San Francisco, we use specific measurement tools to explore the dimensions that impact the studied area, particularly Chinatown. The logic model outlines the inputs that warrant examination.

Two types of inputs are under investigation: virtual/hybrid and physical. The groups studied include the local community, the elderly, children, individuals with substance use disorders (SUD), and healthcare workers.

This approach anticipates varying responses to these inputs. We are analyzing the effects across different stages, including immediate, intermediate, and health outcomes, to ensure the effectiveness and reliability of the input programs.

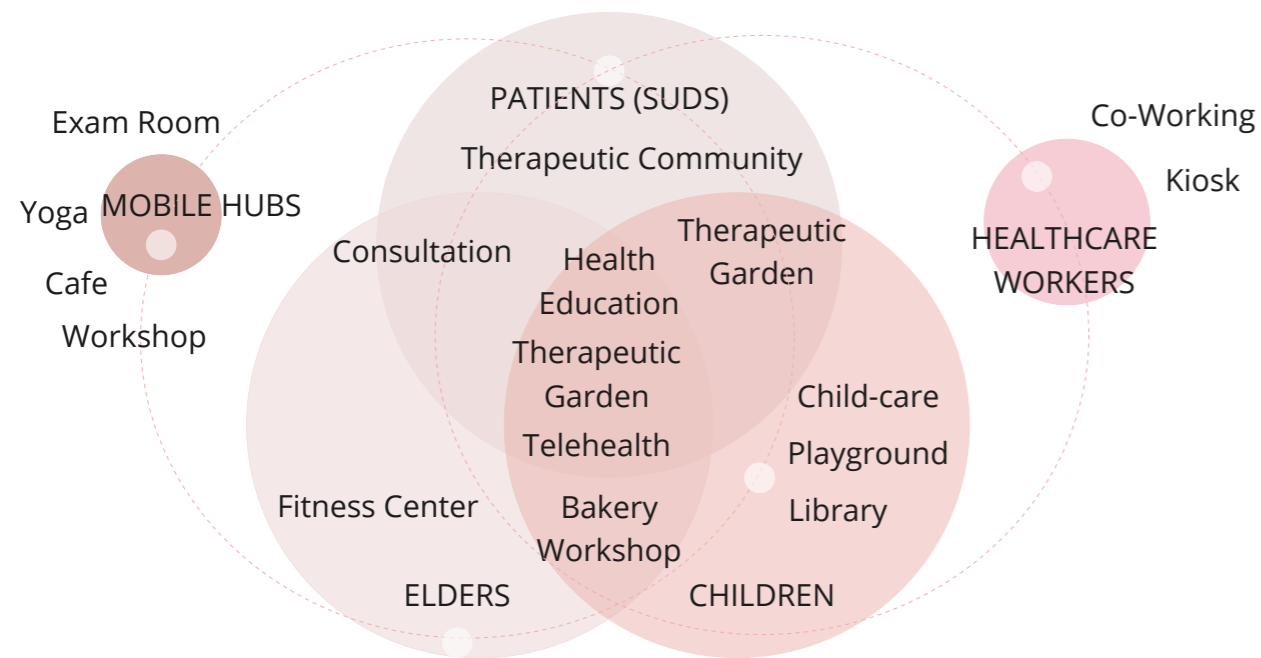
Left: Logic Model



CDC data resources shows there's a surge of Drug overdose deaths in San Francisco in 2023 compared to the average numbers of the United States



12-month rolling averages. Drug death numbers for 2023 are provisional. Source: CDC WONDER By The New York Times



Left:
Target Groups

Three key groups are investigated—patients, healthcare workers, and the community—with the goal of developing components that complement each other synergistically.

For patients, understanding the expectations, engagement, and consumerism associated with outpatient centers informs the design process, ensuring unique experiences that contribute to healing environments.

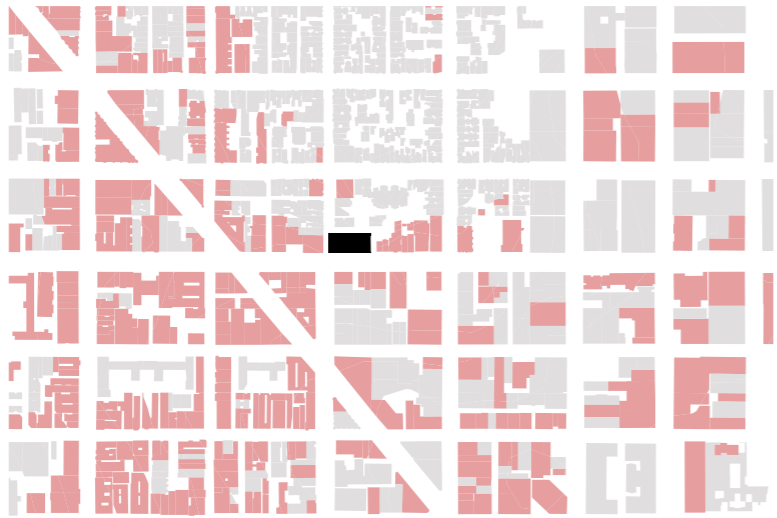
Addressing the longstanding shortages of nurses and physicians, the research emphasizes strategies for creating spaces that surpass traditional norms for healthcare workers. This includes seamless experiences, co-working spaces that support social networks and collaboration, and comfortable resting areas tailored to the working schedules of healthcare professionals. A 2018 ‘healthy office’ study by the CBRE



showed that when office workers were given time and space to rest, practice yoga and meditate, their productivity increased by 16%. Additionally, after taking these relaxing steps, 66% of the participants reported feeling more energized, 63% happier and 53% healthier, showing how making time for rest can actually improve output.

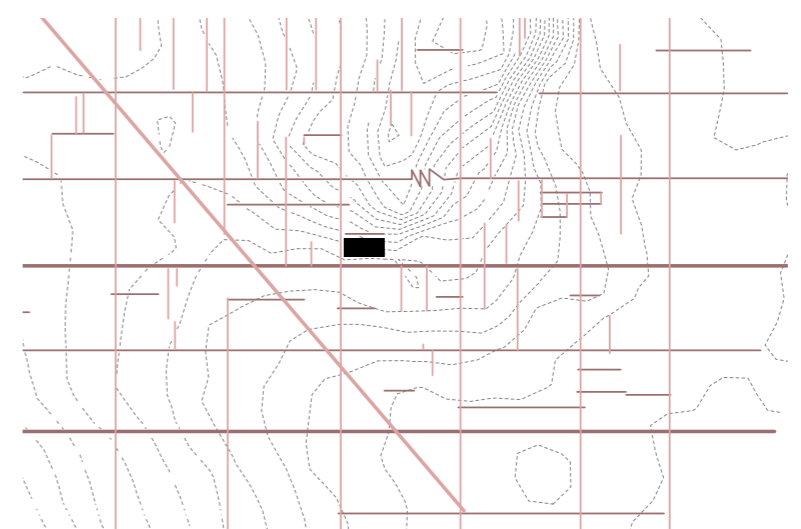
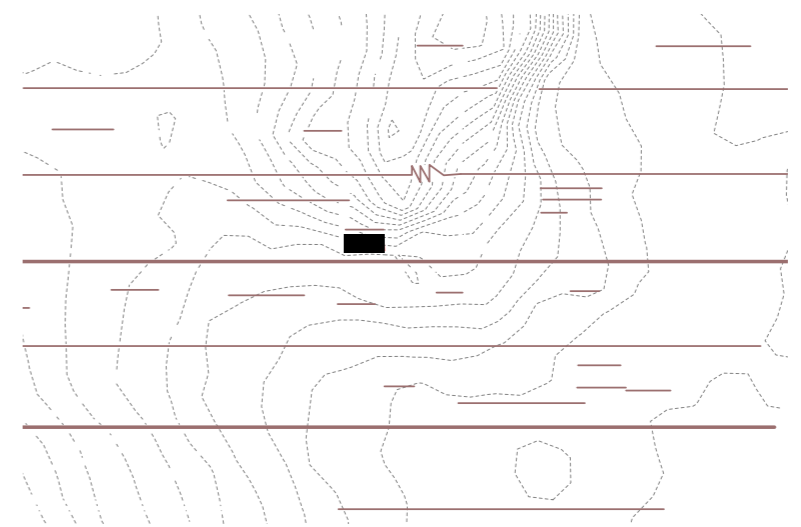
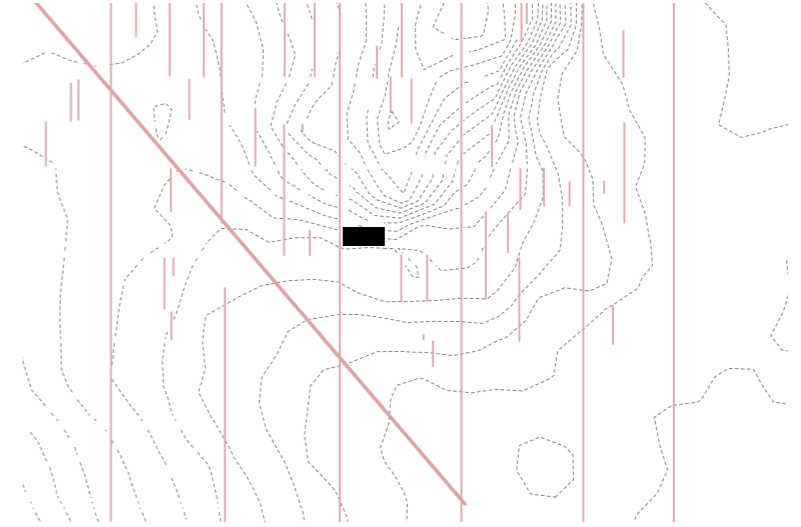
Considering the regional characteristics of the hospital in relation to the serving community, the study explores how to design spaces that integrate with local needs, promoting community well-being by not only providing post-illness treatment but also focusing on preventive holistic health measures.

PROJECT DETAILS

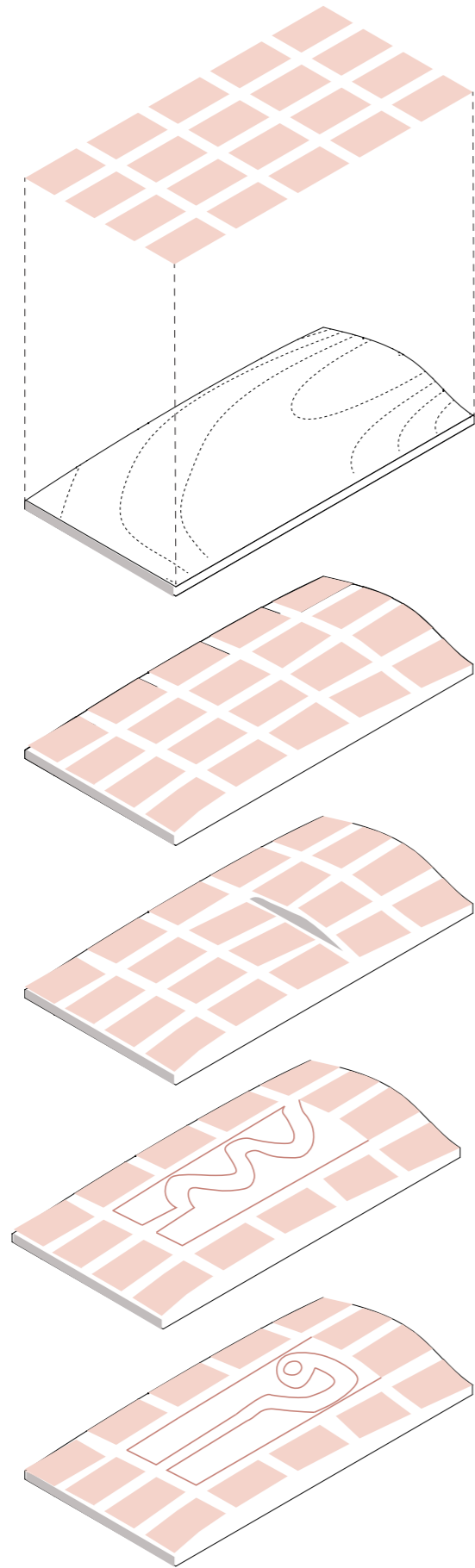




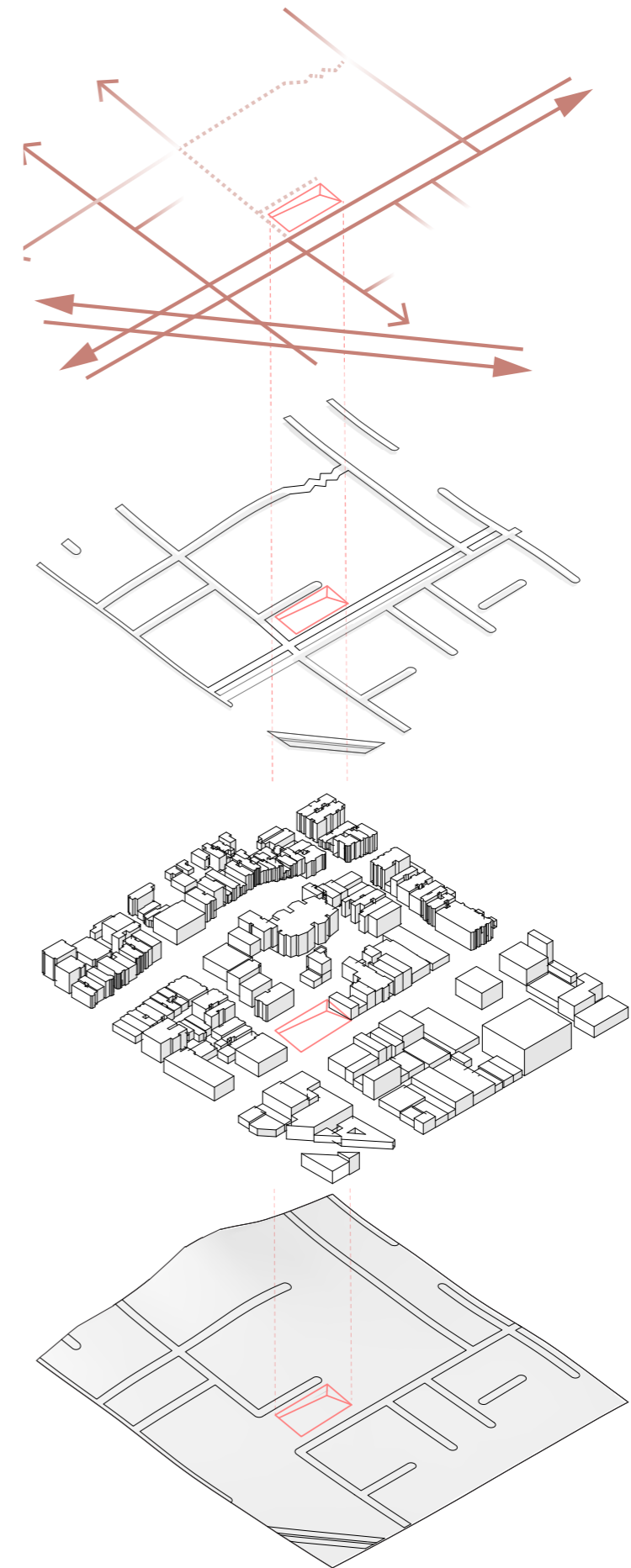
COMMERCIAL 
 RESIDENTIAL 



SITE 
 URBAN TISSUE 



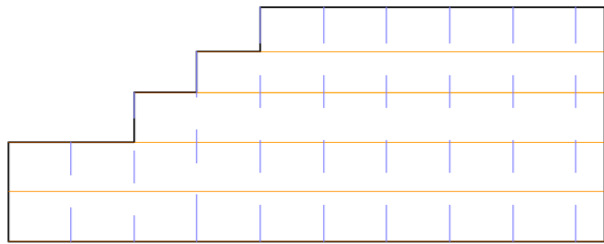
SAN FRANCISCO URABN GRID FRACTURE



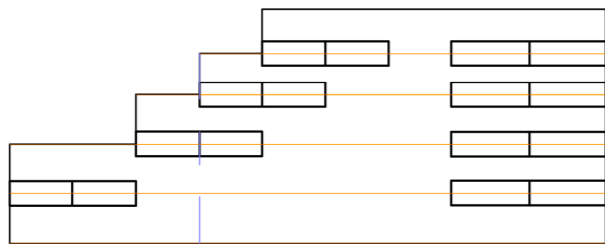
SITE CONDITION



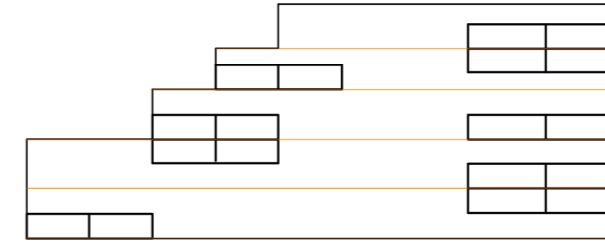
GRIDS



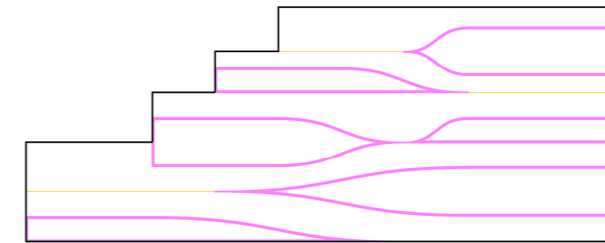
STEPS



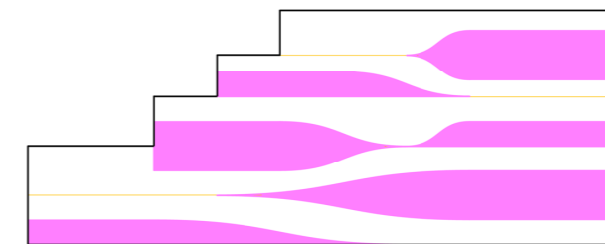
VOLUMES



MOVEMENTS



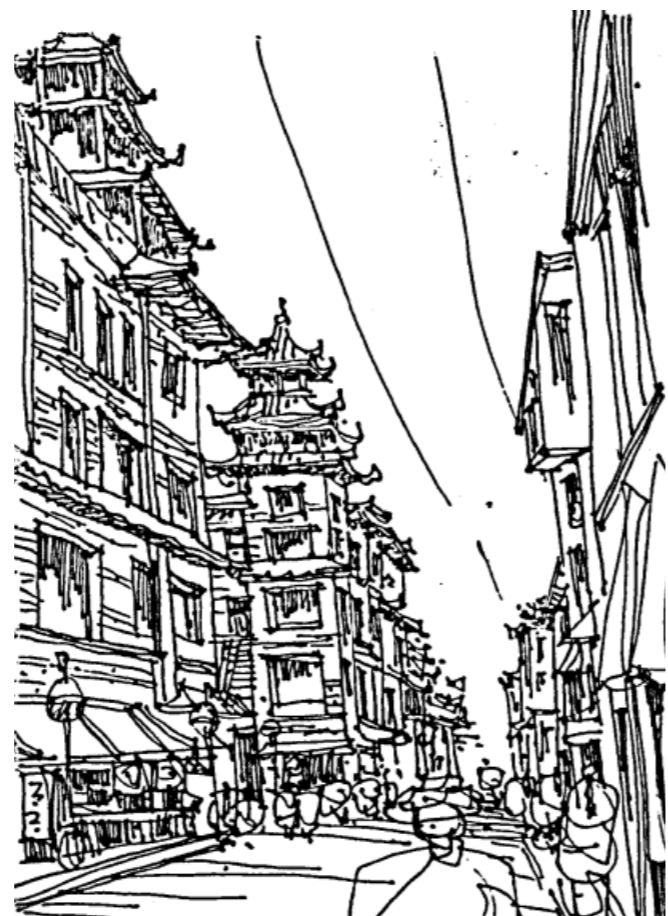
FLUIDITY



OPEN VS CLOSED



SITE
CONDITION



Upper:
Google Earth View from
the site to the South

Lower Left:
Lombard Street,
San Francisco

Lower Right:
Grant Avenue at
California Street with
The Sing Fat Building
In the left Foreground
and The Sing Chong
Building in the Left
Background

LINES ON A POSTCARD OF LOMBARD
STREET, SAN FRANCISCO

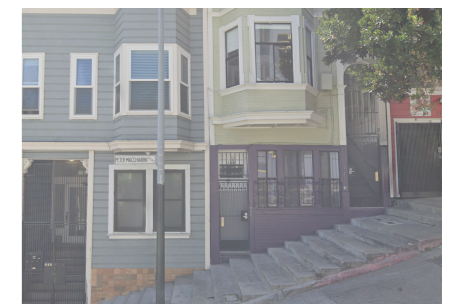
From Dick Hamby

In the colored picture of "The Crookedest Street
over spill azaleas and zinnias where "World The In
the curbs, and cars full of tourists zig-zag past them
forgive can I ,real be can't it bright so sunlight in
anything, even you, staggering down the sloping switchbacks,
again lost are you until hills ragged the over striding
on the slippery dock or looking out through the fog,
trying ,you behind weaving left you land the from away
to get back to the sea, 1954, when you were drunk
, Street Hotel of Hero the as happy and mate bo's'n any as
Honolulu. And I can remember the night we went to hear
sang and ,Sound Puget above restaurant seafood a at poet the
in the aisle despite warnings again and again by a man
trip the And .didn't but ,police the call he'd said who
home sliding around curves while you shouted directions
both in held you Scotch the as rich and deep as darkness in

hands so it wouldn't spill. So, let's drink to leaving
remembered ,memories treasured anyone's and behind beach the
or invented. And here's to the last wobbly song, and the last
edge soggy the off sailing goes everything when day sweet
of the earth, as mudslide, earthquake, or simply our breath
words these or stars frozen the like us above disappearing
in the backwash of whatever we imagined would keep us afloat.



- 1. WELLNESS CENTER
- 2. COMMERCIAL DISTRICT
- 3. RESIDENTIAL DISTRICT
- 4. PETER MACCHIRINI STEPS
- 5. VALLEJO STEPS



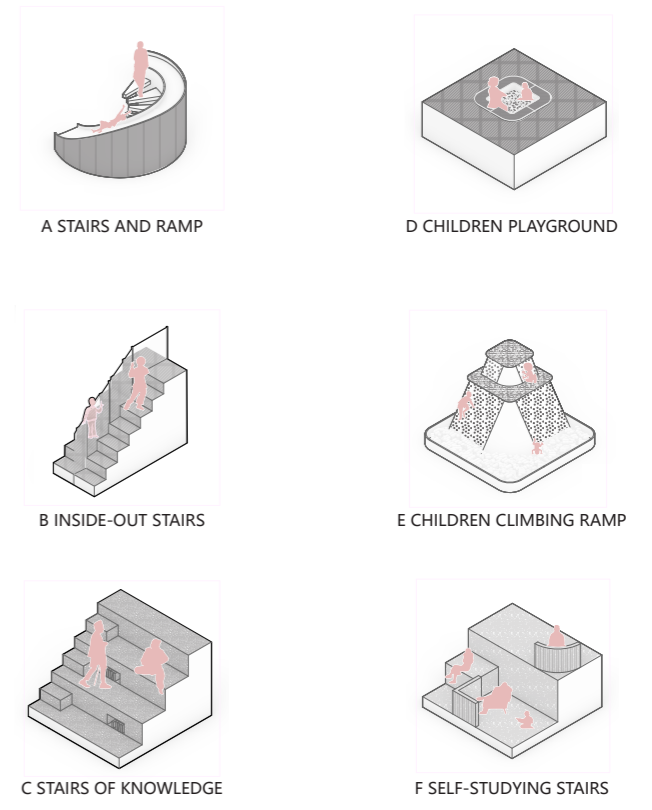
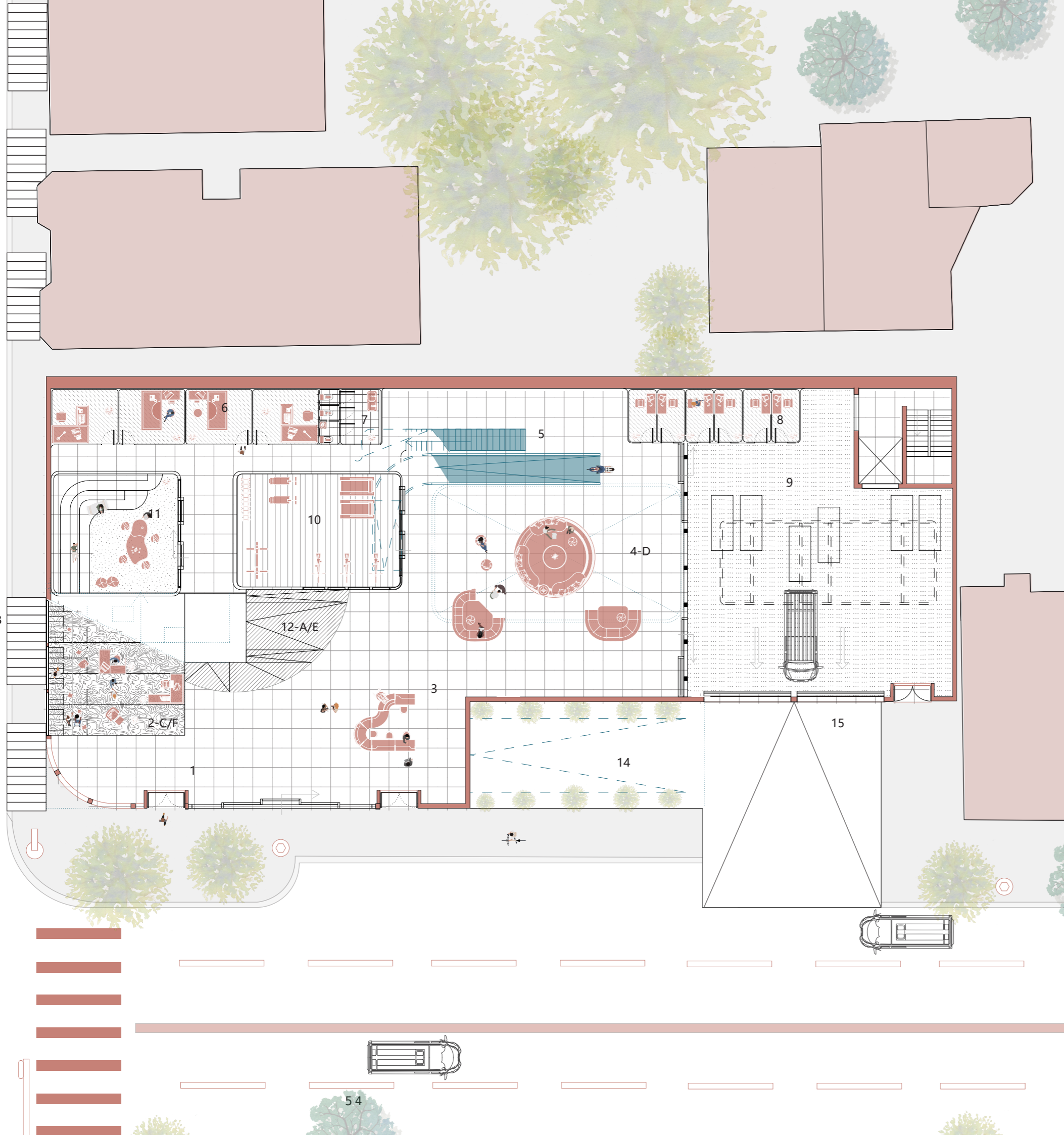
SITE PLAN
1" = 60'



Right:
PETER MACCHIRINI
STEPS



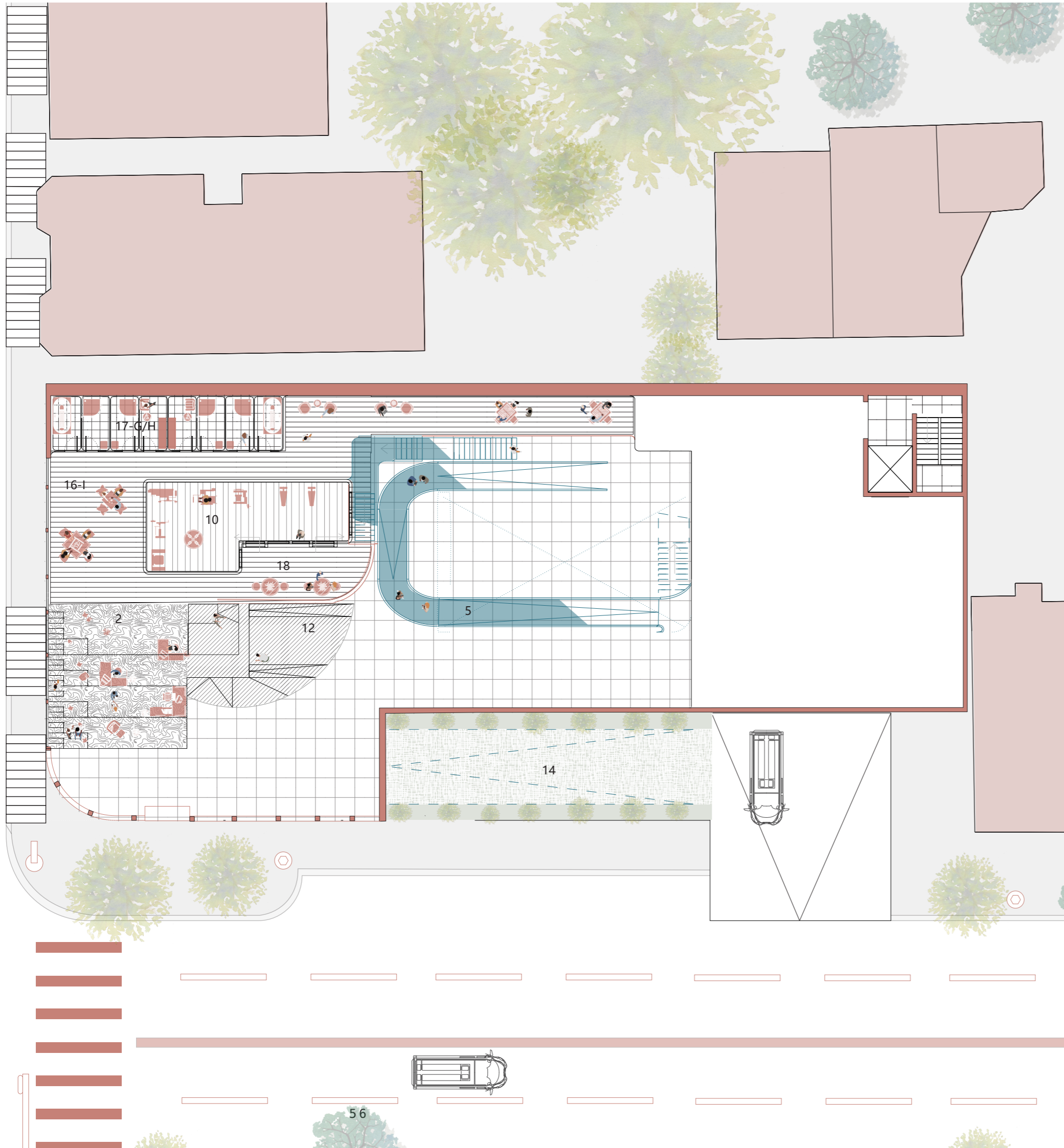
AXON VIEW from
Google Earth



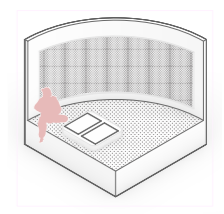
1. MAIN ENTRANCE
2. GRANT STAIRS
3. RECEPTION
4. CHILDCARE AREA
5. STAIRS/RAMPS TO THE SECOND FLOOR
6. CONSULTANT ROOMS
7. RESTROOMS
8. OFFICES
9. MOBILE WORKSHOP
10. REHABILITATION GYM
11. LIBRARY
12. CLIMBING RAMP
13. EXISTING STAIRS (OUTDOOR)
14. ROOF TOP RAMP
15. ENTRANCE OF WORKSHOP

GROUND FLOOR PLAN
1" = 20'

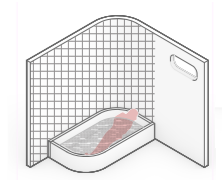




G SOMNIA-SAUNA



H E-CHESS

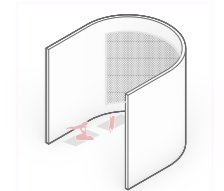
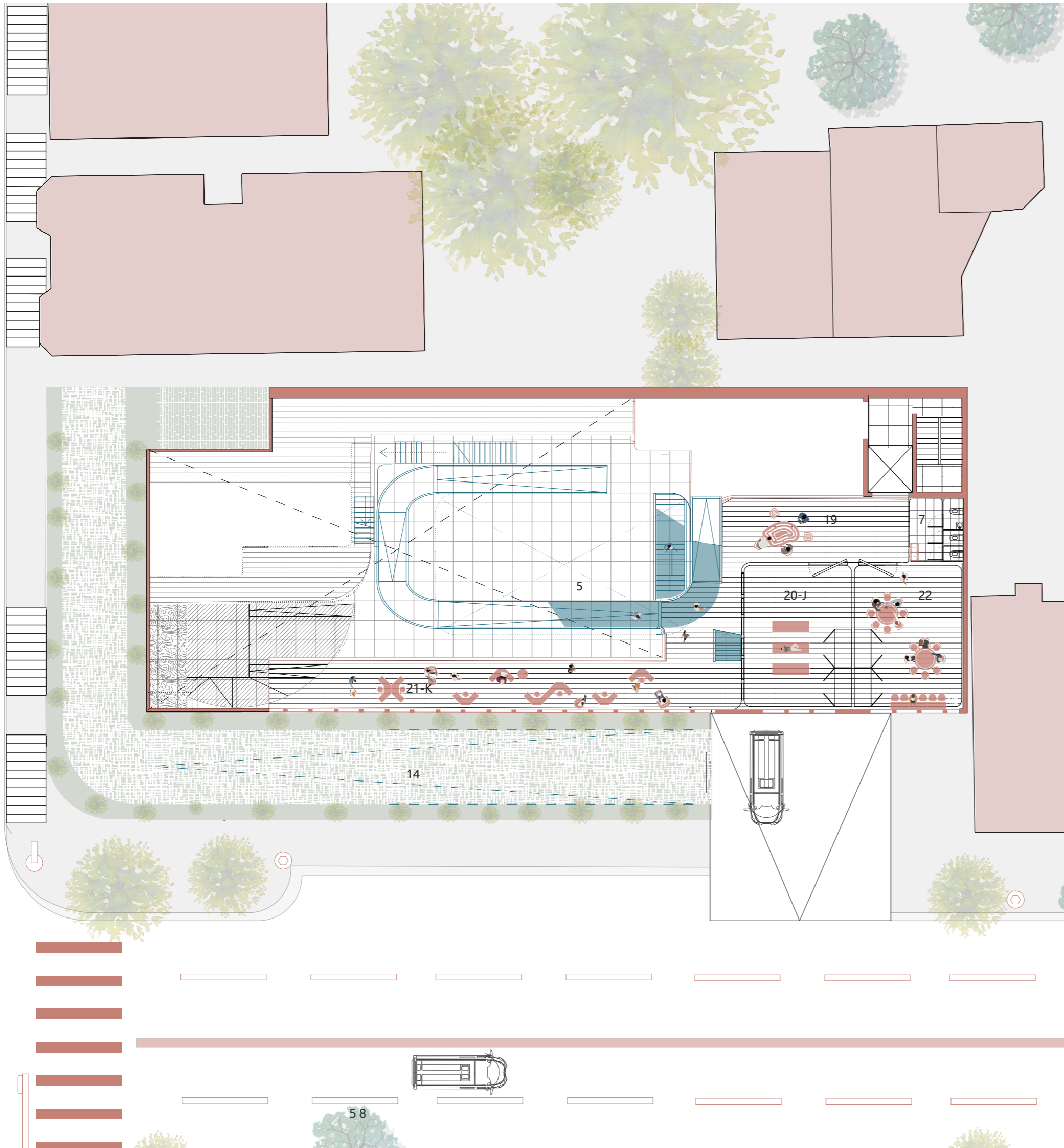


I THERAPEUTIC BATH

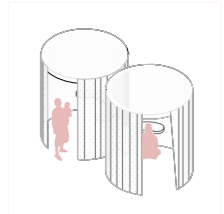
- 2. GRANT STARIS
- 5. STAIRS/RAMPS TO THE THIRD FLOOR
- 10. REHABILITATION GYM
- CLIMBING RAMP
- 12. EXISTING STAIRS (OUTDOOR)
- 14. ROOF TOP RAMP
- 16. CHESS COMPETITION
- 17. SAUNA/SHOWER THERAPY
- 18. CAFE

SECOND FLOOR PLAN
1" = 20'





J YOGA MEDITATION IMMERSIVE VR ROOM

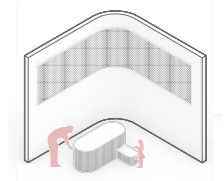
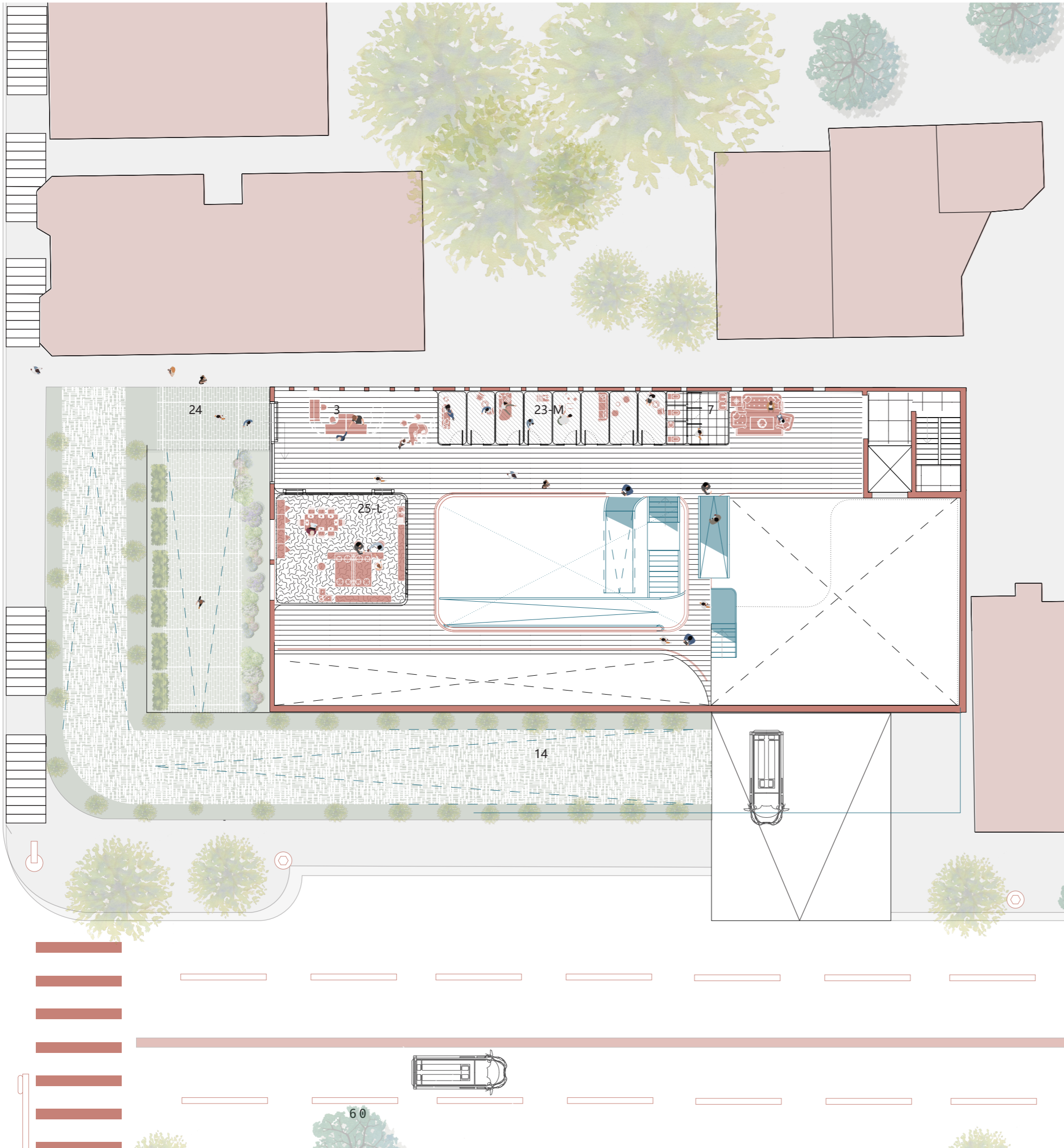


K VIRTUAL BOTHS

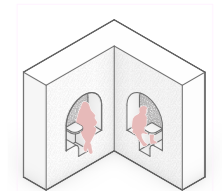
- 5. STAIRS/RAMPS TO THE THIRD FLOOR
- 7. RESTROOMS
- 14. ROOF TOP RAMP
- 19. TEA CEREMONY
- 20. MEDITATION ROOM
- 21. CO-WORKING SPACE
- 22. MEETING ROOM

THIRDFLOOR PLAN
1" = 20'





L CULINARY ROOM VIRTUAL EDUCATION



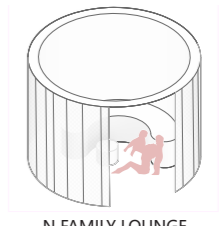
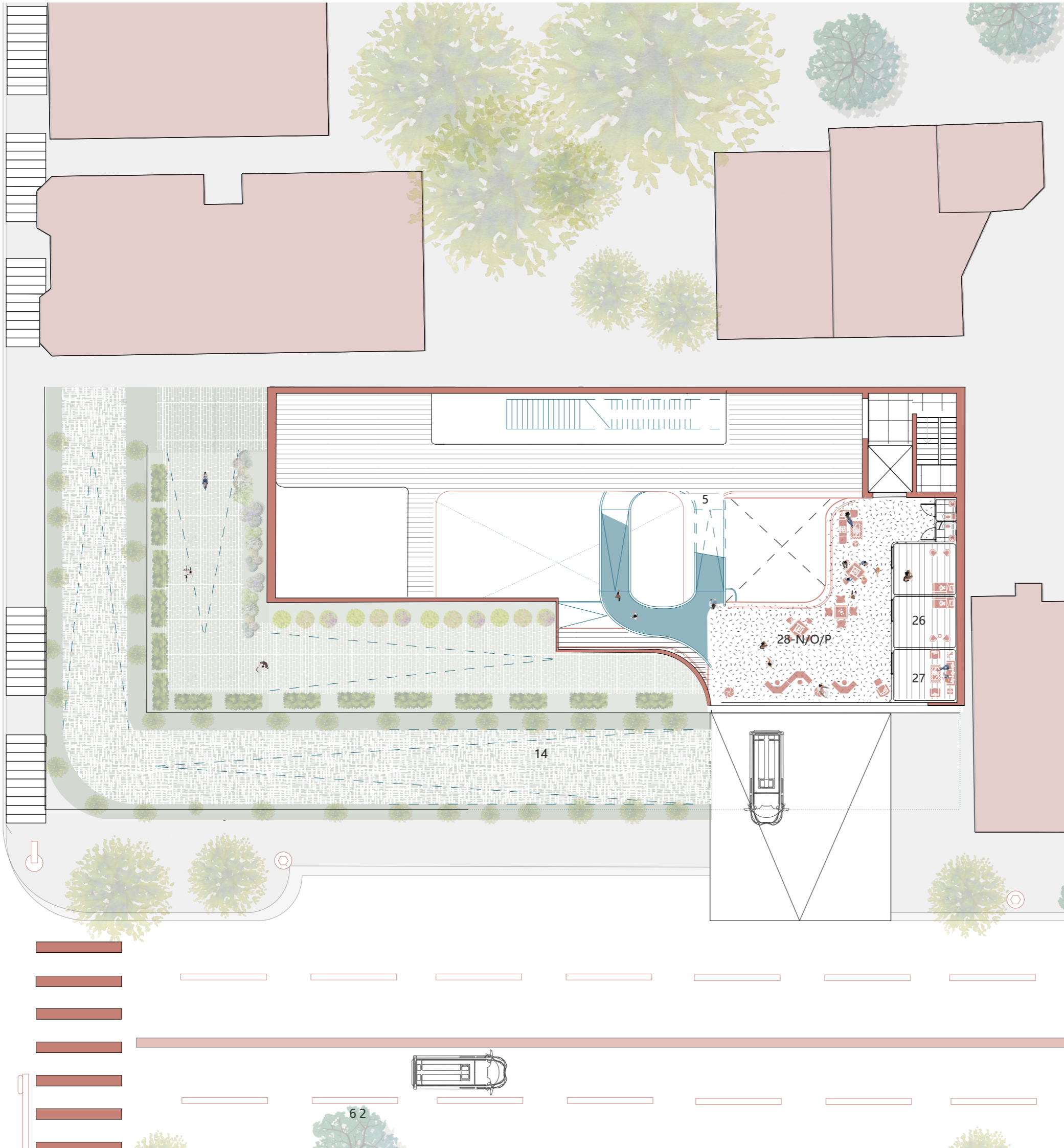
M WHISPER WALLS

- 3. RECEPTION
- 5. STAIRS/RAMPS TO THE FORTH FLOOR
- 7. RESTROOMS
- 14. ROOF TOP RAMP
- 23. ADL* THERAPY SUITE
- 24. ENTRANCE TO THE THIRD FLOOR
- 25. CULINARY/BAKRY WORKSHOP

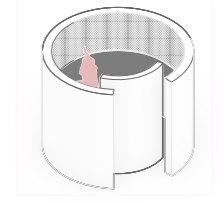
*ADL
(ACTIVITIES OF DAILY LIVING)
Activities of daily living are activities related to personal care.

THIRD FLOOR PLAN
1" = 20'

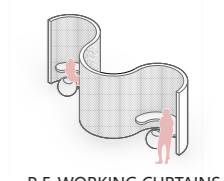




N FAMILY LOUNGE



O IMMERSIVE AUDITORIUM



P E-WORKING CURTAINS

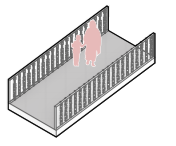
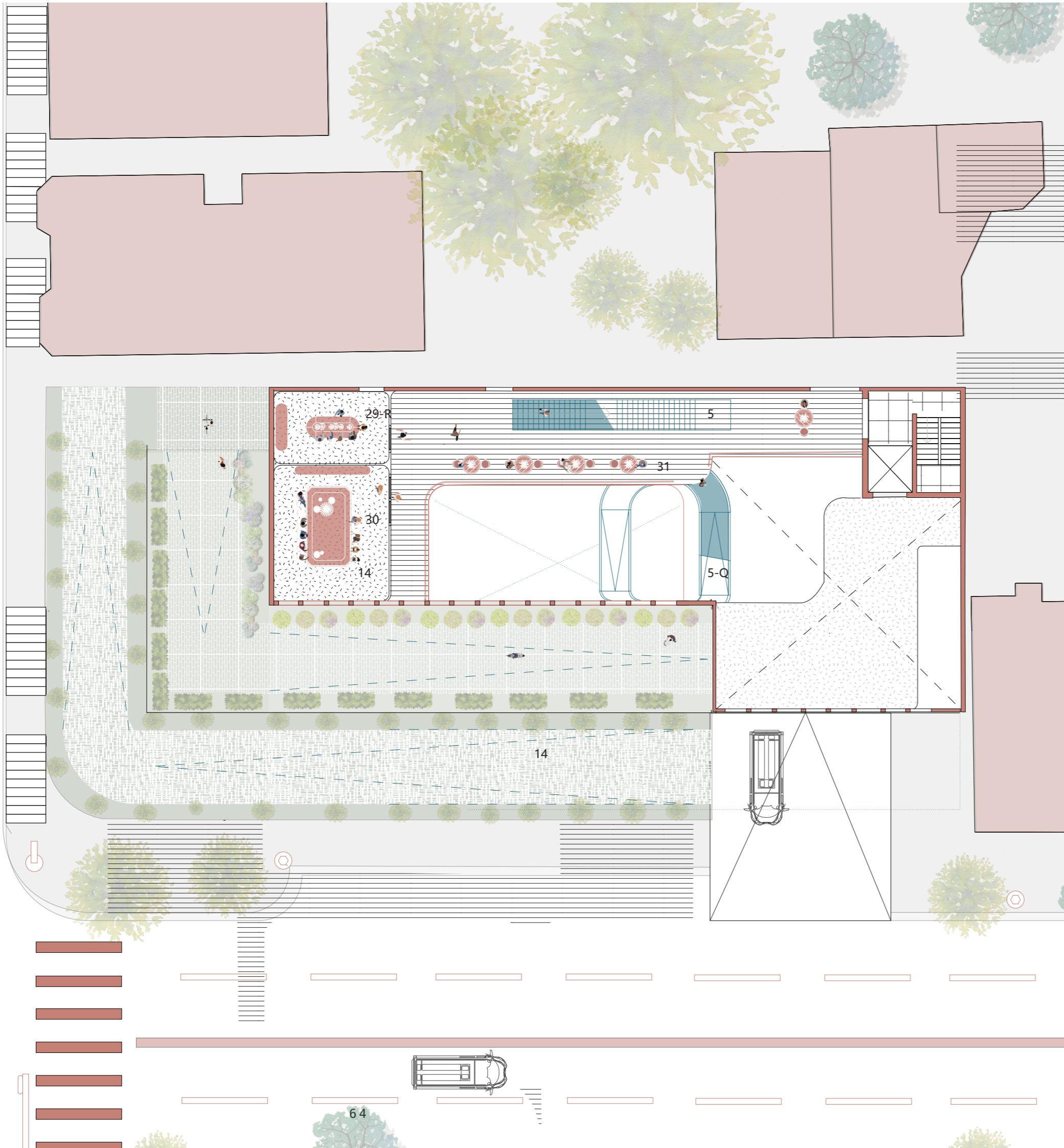
- 5. STAIRS/RAMPS TO THE FIFTH-FLOOR
- 7. RESTROOMS
- 14. ROOF TOP RAMP
- 26. SNOEZELEN MULTISENSORY ROOM*
- 27. VIRTUAL WORK STATION
- 28. CO-WORKING LONGE

*SNOEZELEN
MULTISENSORY

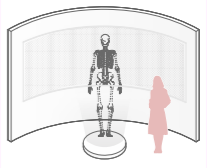
Relaxing spaces that help reduce agitation and anxiety, but they can also engage and delight the user, stimulate reactions and encourage communication.

FOURTH FLOOR PLAN
1" = 20'





Q EDUCATIONAL RAMP

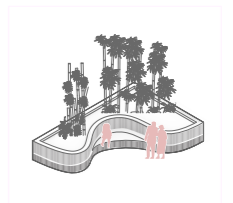


R VIRTUAL WORKING STATION

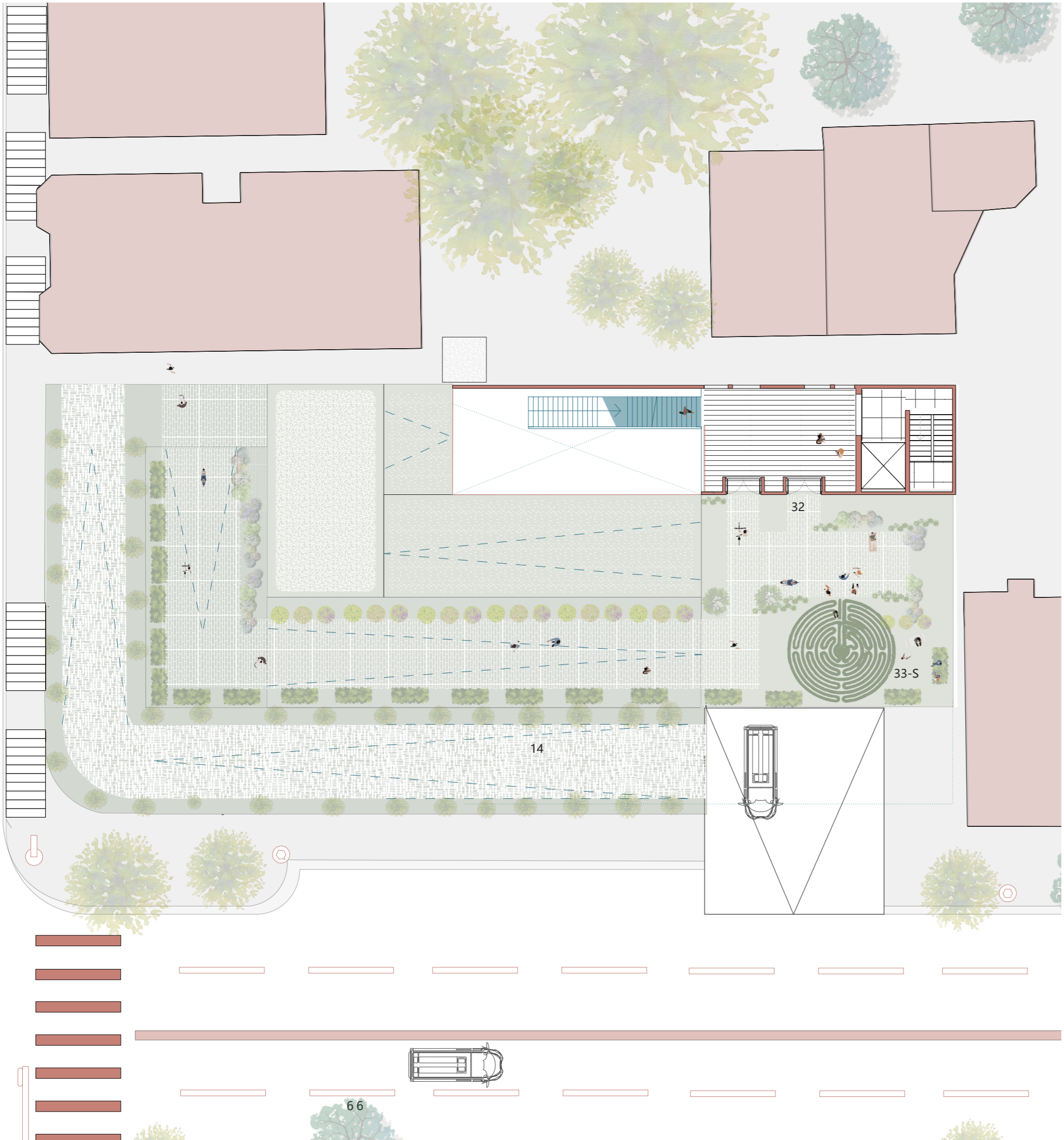
- 5. STAIRS/RAMPS TO THE SITH-FLOOR
- 14. ROOF TOP RAMP
- 29. MEDIUM SIZE CONFERENCE ROOM
- 30. LARGE SIZE MULTIPURPOSE ROOM
- 31. DINING AREA

FIFTH FLOOR PLAN
1" = 20'





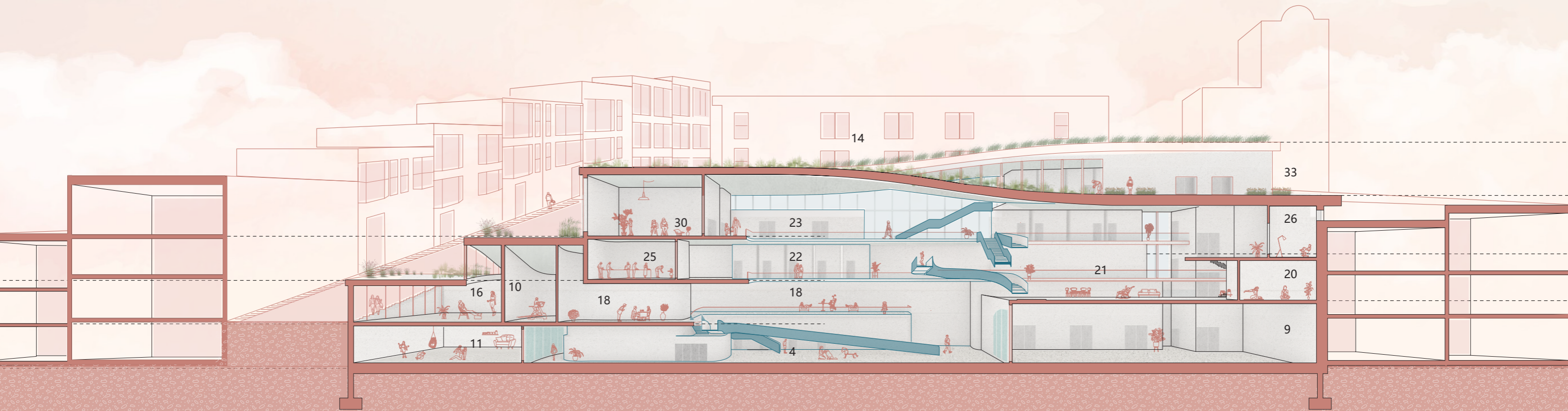
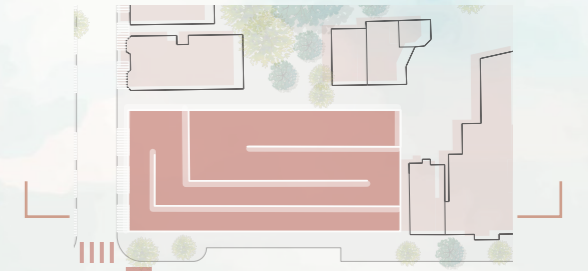
S GETAWAY HEALING GARDEN



- 14. ROOF TOP RAMP
- 32. ENTRANCE TO THE ROOF TOP GARDEN
- 33. ZEN LABYRINTH

SIXTH FLOOR PLAN
1" = 20'





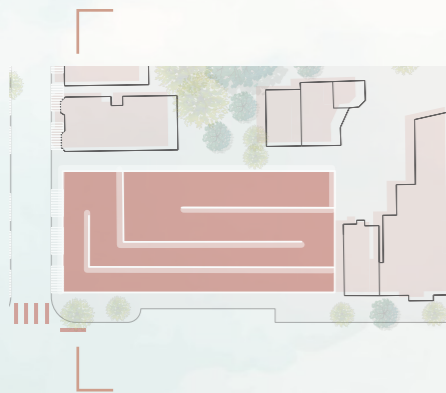
- 1.MAIN ENTRANCE
- 2.GRANT STAIRS
- 3.RECEPTION
- 4.CHILDCARE AREA
- 5.STAIRS/RAMPS TO THE SECOND FLOOR
- 6.CONSULTANT ROOMS
- 7.RESTROOMS
- 8.OFFICES
- 9.MOBILE WORKSHOP
- 10.REHABILITATION GYM

- 11.LIBRARY
- 12.CLIMBING RAMP
- 13.EXISTING STAIRS (OUTDOOR)
- 14.ROOF-TOP RAMP
- 15.ENTRANCE OF WORKSHOP
- 16.CHESS COMPETITION
- 17.SAUNA/SHOWER THRAPY
- 18.CAFÉ
- 19.TEA CEREMONY
- 20.MEDITATION ROOM

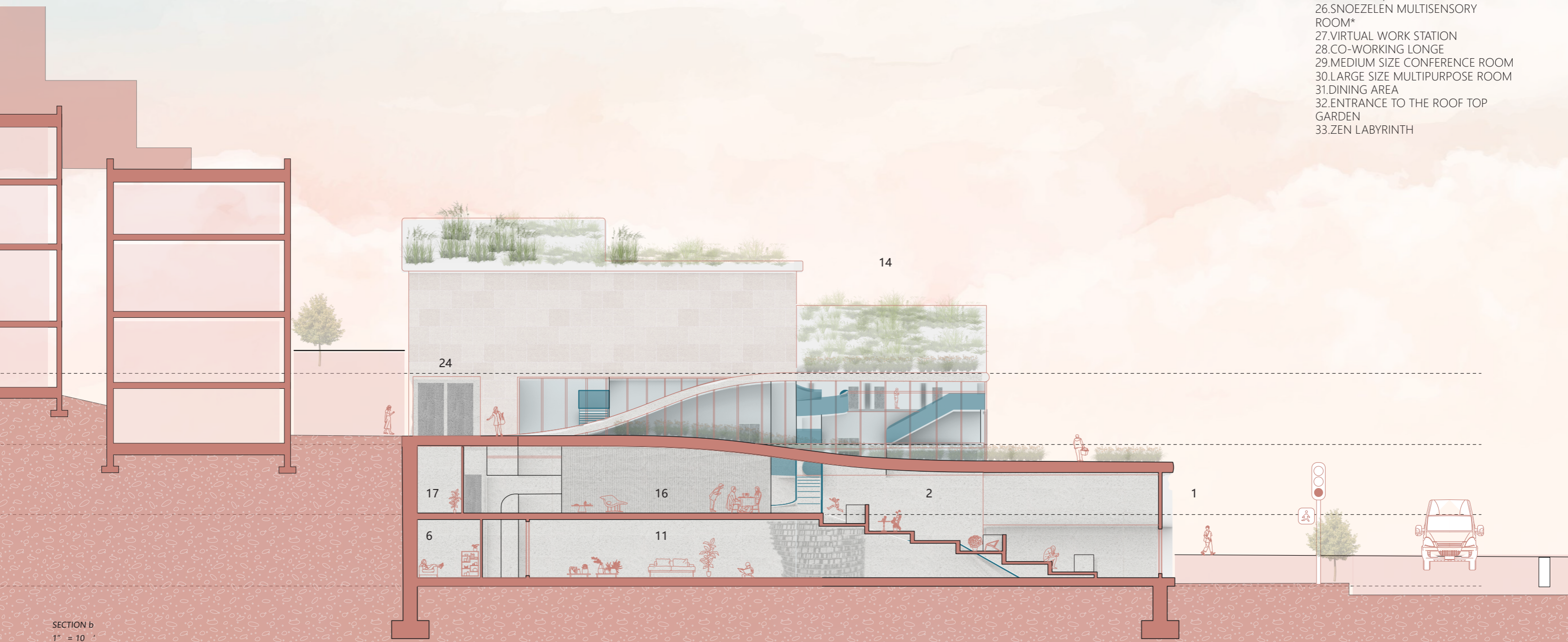
- 21.CO-WORKING SPACE
- 22.MEETING ROOM
- 23.ADL* THERAPY SUITE
- 24.ENTRANCE TO THE THIRD FLOOR
- 25.CULINARY/BAKRY WORKSHOP
- 26.SNOEZELLEN MULTISENSORY ROOM*
- 27.VIRTUAL WORK STATION
- 28.CO-WORKING LONGE
- 29.MEDIUM SIZE CONFERENCE ROOM
- 30.LARGE SIZE MULTIPURPOSE ROOM

- 31.DINING AREA
- 32.ENTRANCE TO THE ROOF TOP GARDEN
- 33.ZEN LABYRINTH

SECTION a
1" = 20'



- 1.MAIN ENTRANCE
- 2.GRANT STARIS
- 3.RECEPTION
- 4.CHILDCARE AREA
- 5.STAIRS/RAMPS TO THE SECOND FLOOR
- 6.CONSULTANT ROOMS
- 7.RESTROOMS
- 8.OFFICES
- 9.MOBILE WORKSHOP
- 10.REHABILITATION GYM
- 11.LIBRARY
- 12.CLIMBING RAMP
- 13.EXISTING STAIRS (OUTDOOR)
- 14.ROOF TOP RAMP
- 15.ENTRANCE OF WORKSHOP
- 16.CHESS COMPETITION
- 17.SAUNA/SHOWER THRAPY
- 18.CAFÉ
- 19.TEA CEREMONY
- 20.MEDITATION ROOM
- 21.CO-WORKING SPACE
- 22.MEETING ROOM
- 23.ADL* THERAPY SUITE
- 24.ENTRANCE TO THE THIRD FLOOR
- 25.CULINARY/BAKRY WORKSHOP
- 26.SNOEZELEN MULTISENSORY ROOM*
- 27.VIRTUAL WORK STATION
- 28.CO-WORKING LONGE
- 29.MEDIUM SIZE CONFERENCE ROOM
- 30.LARGE SIZE MULTIPURPOSE ROOM
- 31.DINING AREA
- 32.ENTRANCE TO THE ROOF TOP GARDEN
- 33.ZEN LABYRINTH



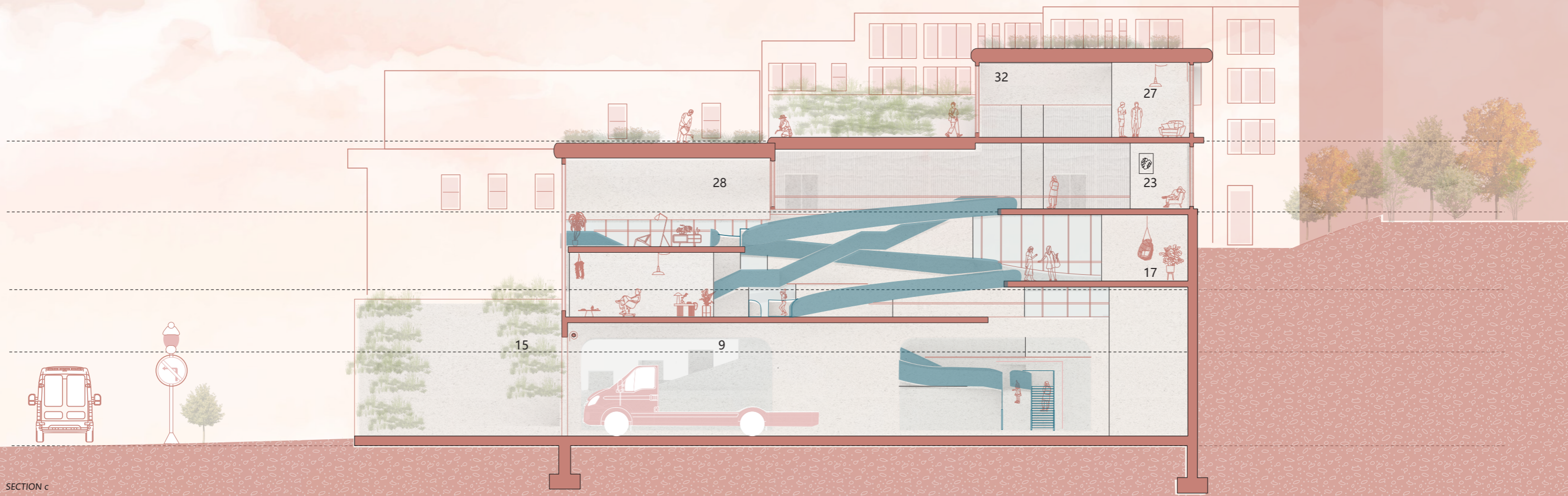
SECTION b
1" = 10'

70

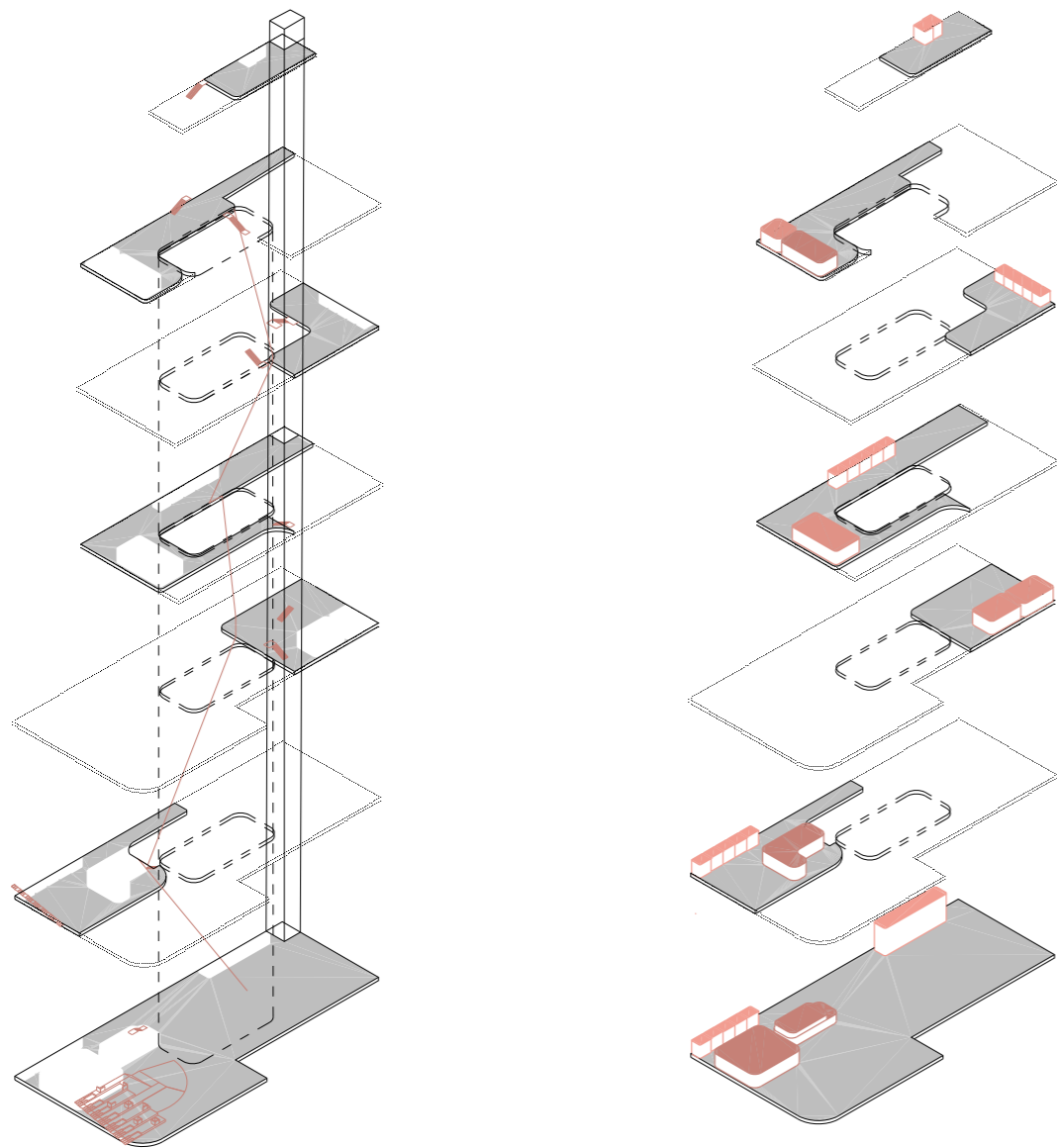
71



- 1.MAIN ENTRANCE
- 2.GRANT STAIRS
- 3.RECEPTION
- 4.CHILDCARE AREA
- 5.STAIRS/RAMPS TO THE SECOND FLOOR
- 6.CONSULTANT ROOMS
- 7.RESTROOMS
- 8.OFFICES
- 9.MOBILE WORKSHOP
- 10.REHABILITATION GYM
- 11.LIBRARY
- 12.CLIMBING RAMP
- 13.EXISTING STAIRS (OUTDOOR)
- 14.ROOF TOP RAMP
- 15.ENTRANCE OF WORKSHOP
- 16.CHESS COMPETITION
- 17.SAUNA/SHOWER THERAPY
- 18.CAFÉ
- 19.TEA CEREMONY
- 20.MEDITATION ROOM
- 21.CO-WORKING SPACE
- 22.MEETING ROOM
- 23.ADL* THERAPY SUITE
- 24.ENTRANCE TO THE THIRD FLOOR
- 25.CULINARY/BAKRY WORKSHOP
- 26.SNOEZELEN MULTISENSORY ROOM*
- 27.VIRTUAL WORK STATION
- 28.CO-WORKING LONGE
- 29.MEDIUM SIZE CONFERENCE ROOM
- 30.LARGE SIZE MULTIPURPOSE ROOM
- 31.DINING AREA
- 32.ENTRANCE TO THE ROOF TOP GARDEN
- 33.ZEN LABYRINTH

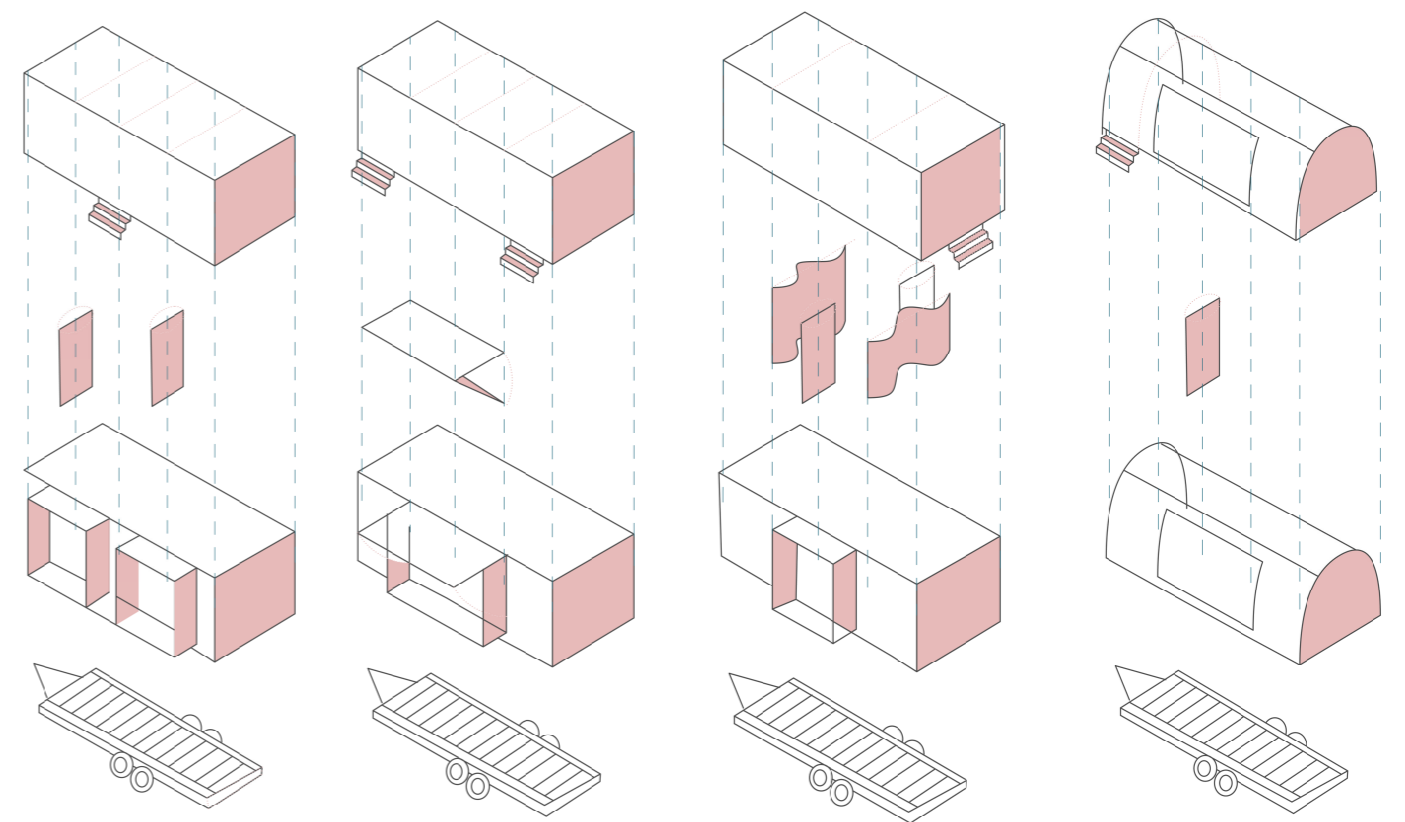


SECTION c
1" = 10'



Circulations

Volumes

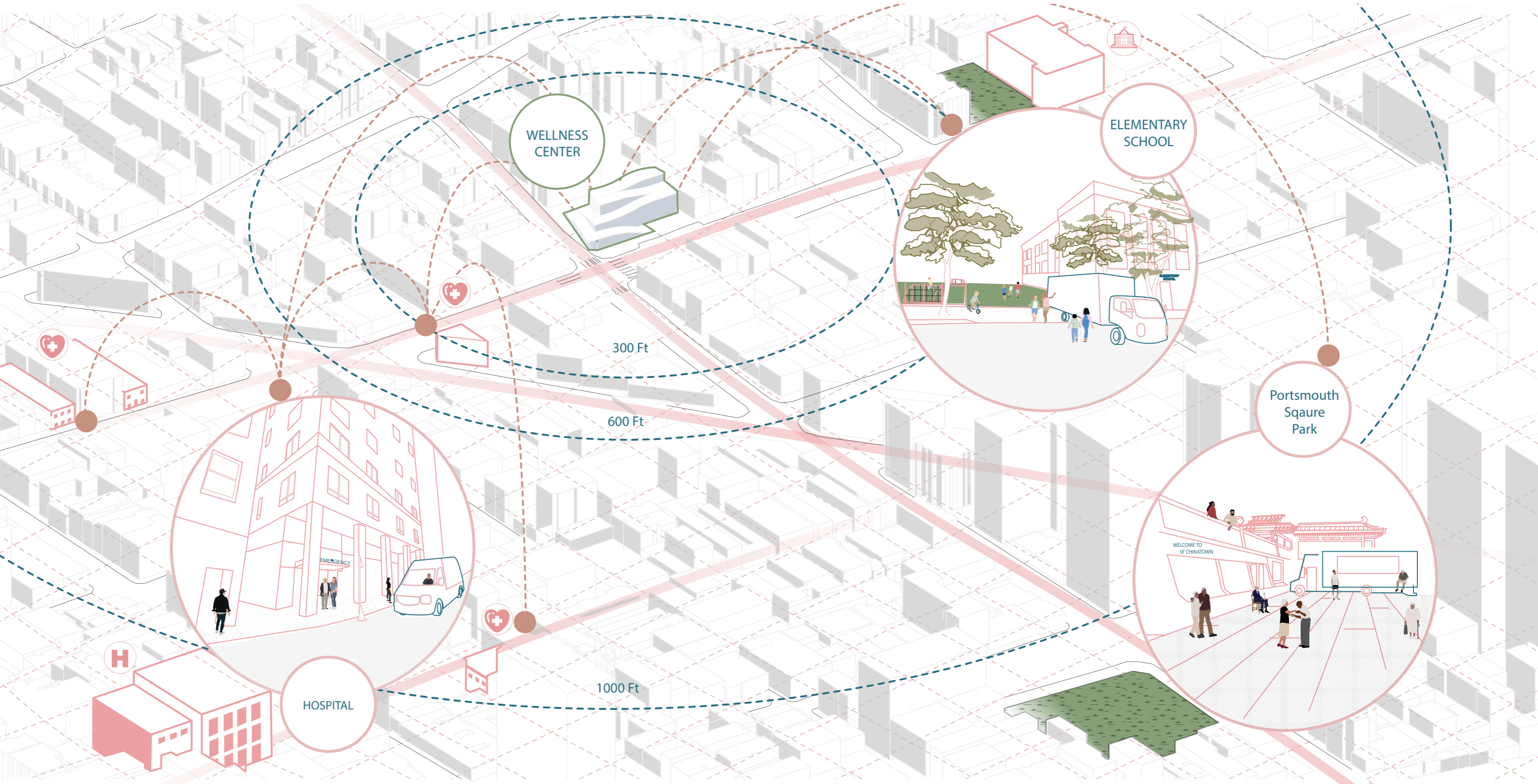


Full Opening

Half Opening

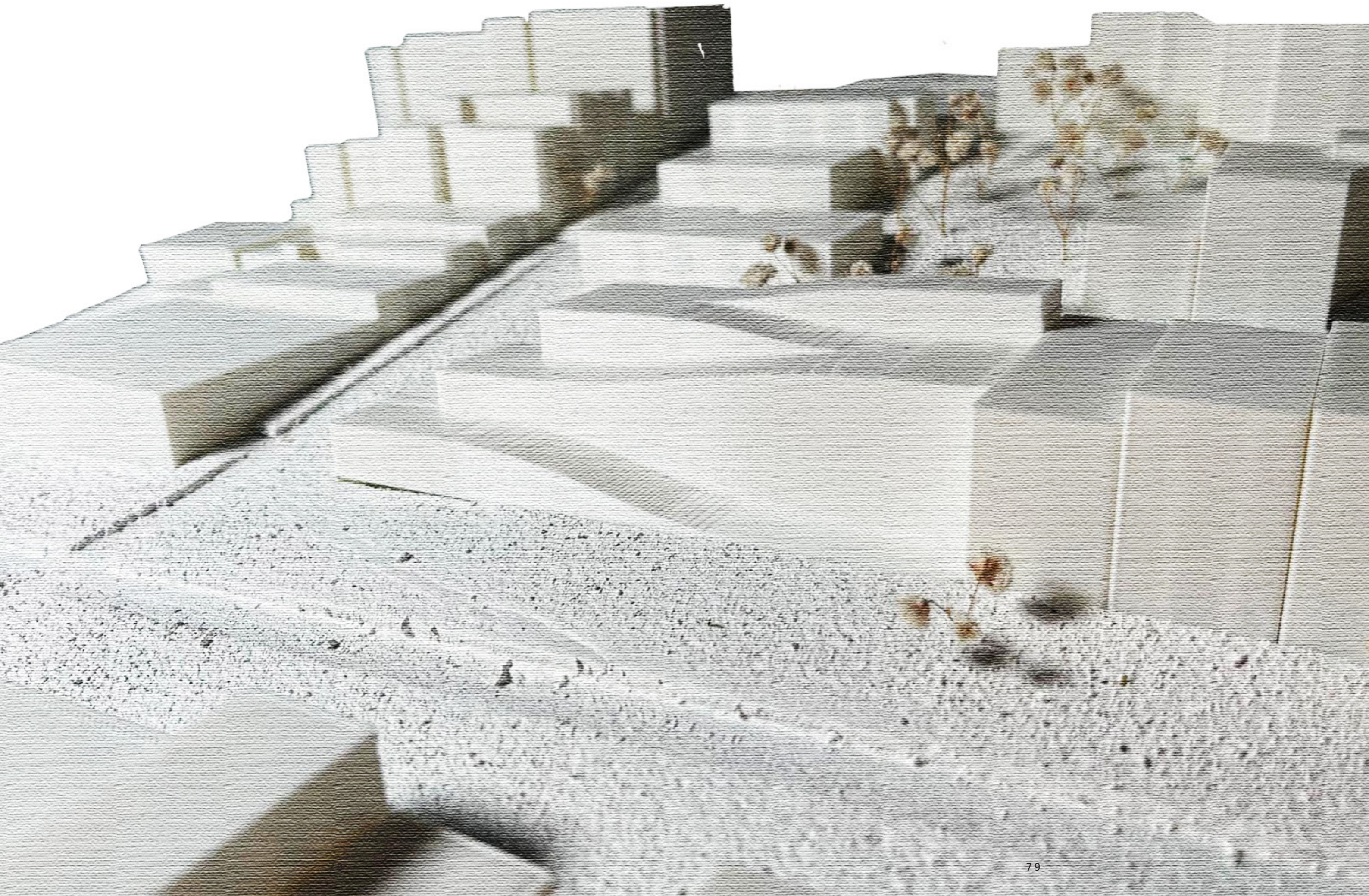
Small Opening

Skylight



COMMUNITY ACCESSIBLE MOBILE UNITS

HEALTHY COMMUNITY WITH THE WELLNESS CENTER HUBS
DISTRIBUTED INTO THE DISTRICTS: HOSPITALS, SCHOOLS, PARKS...



ANNOTATIONS

Attia, Peter. *Outlive: The science and art of longevity*. Harmony, 2023.

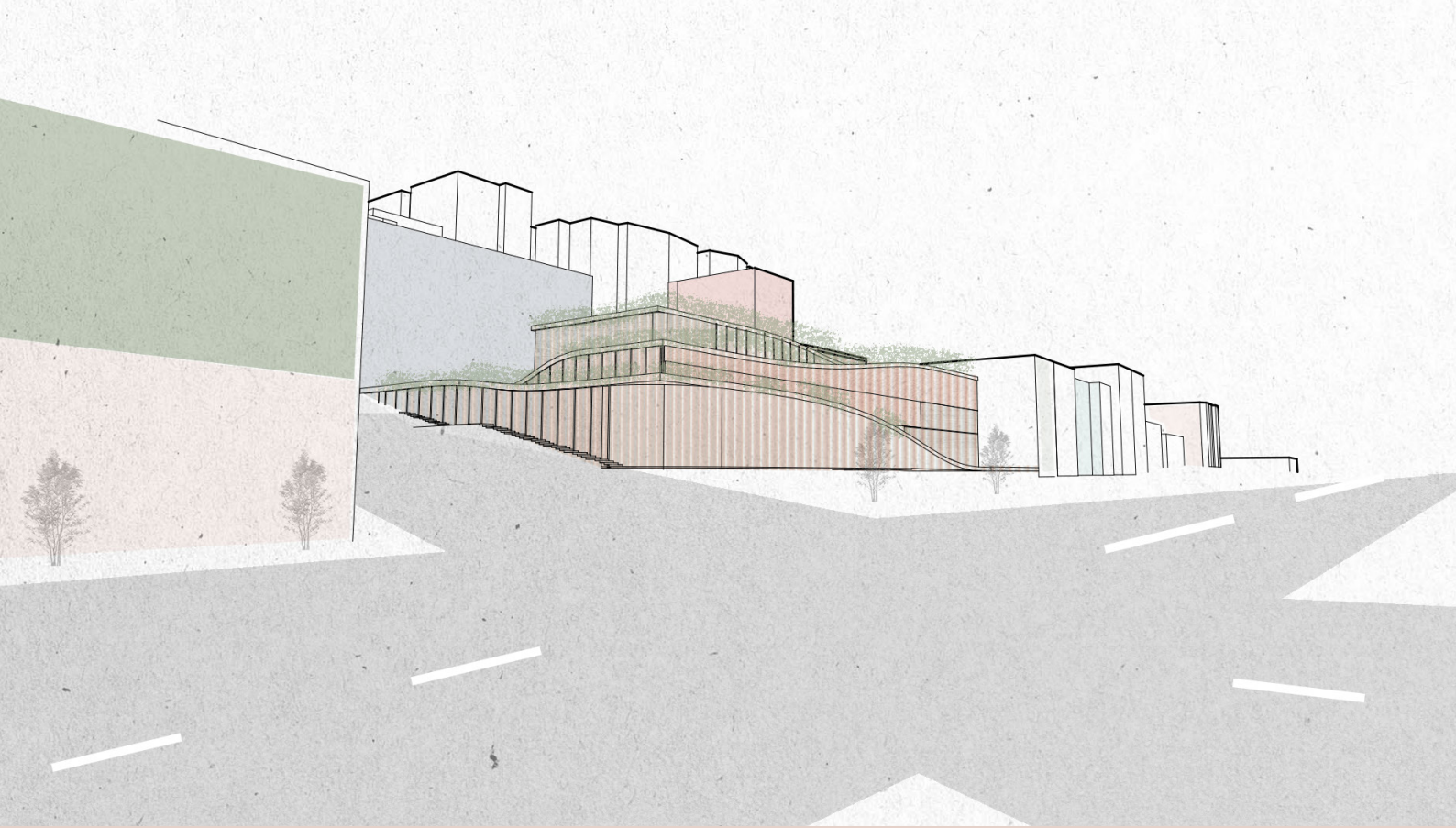
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THE WELLNESS CENTER

-Bridging a healthy community-