



## KEY POINT SUMMARY

### OBJECTIVES

This study explores considerations around adaptive reuse of vacant malls, applying the European model of dementia villages as a guiding principle.

## Thinking outside of the box: Medical provider perspectives on adaptive reuse of closed mall sites for mixed-use Dementia programs and services

Roberts, E., Kleszynski, K., Shehadeh, A., Carter, H. C. 2021 | *Journal of Aging and Environment*, Volume 35, Issue 4, Pages 385-405

### Key Concepts/Context

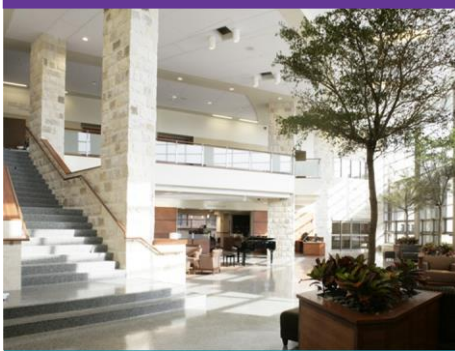
The COVID-19 pandemic brought to light many problems in how we design for aging and memory care. Dementia Friendly Initiatives are becoming more widespread as a way to better address the needs of these vulnerable populations, and often include considerations around the built environment. However, new construction is expensive, especially for concepts such as Dementia Friendly Cities (DFC), which require large facilities and campuses. Findings from this study suggest that adaptive reuse of vacant malls may provide a sustainable means to address this complex issue.

### Methods

This project began by developing design ideas for a vacant urban mall site through a three-day student design charrette. These students from various disciplines within a university (including architecture, interior design, human development, and family science) created a program that included memory care housing, medical care, a grocery store, a library, a restaurant, and outdoor areas.

The research team then held a workshop and presented the designs developed in the charrette with 65 community members including medical, memory care, architecture and landscape architecture professionals, family caregivers, and students. Attendees provided feedback, which was integrated into a final design for the case study.

The researchers posed three research questions around what factors are needed to create a successful Dementia Friendly City Center (DFCC), and how adaptive reuse of a vacant mall space can adequately address those needs. In order to explore these questions, researchers conducted five one-hour online focus groups with a subset of participants from the workshop (number of participants not specified in



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the paper), including medical providers, independent living retirement home residents, architects, developers, dementia program and service providers, and family caregivers. Researchers used a semi-structured interview guide with questions focusing on participants' perceptions of the DFCC design.

The data was analyzed using qualitative inductive content analysis, which involves reading the scripts, determining themes and subthemes, and categorizing content from the interviews.

## Findings

Results of the focus groups were categorized in four major themes: (1) applicability of the DFCC concept, (2) spectrum of services, (3) economic feasibility, and (4) on-site medical care. In terms of applicability of the DFCC concept, participants in the medical provider focus group felt that while the DFCC model seems like a great idea conceptually, and appears to work well in European countries, there are reservations around how it well it would work in the United States. Provider participants discussed the importance of addressing a range of needs among people with dementia, given that the disease presents differently in different people and the vast range of severity that people experience.

Participants also shared their impression that the space available in a vacant mall site may be well suited to address the gaps programs and services in dementia care in the current healthcare system. Finally, the group discussed the economic viability of the model, including suggestions such as faith-based or university investment in the development of a facility/campus like this. Participants agreed that adding onsite medical clinics would add value because then services could be provided to people not living at the facility.

## Limitations

In this study, participants who helped inform the design were then asked to review the design, and so there are some inherent issues with bias. While a healthcare system and healthcare professionals were involved in this study, the design is theoretical and based on a student project, so findings must be considered in that context.



## Design Implications

Further conversations on the viability of using vacant malls for DFCC seem reasonable, as these sites are generally large enough to provide a range of services (medical and other care-related programming, as locally desired/needed), have useful infrastructure in place (such as lighting and HVAC), and include areas that can be used as public spaces.

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