

THE COMMUNITY HEALTH CENTER:  
AN ARCHITECTURE OF PLACE, AUTHENTICITY, AND POSSIBILITIES,  
BOWEN ISLAND, B. C.

by

CRAIG EDMUND JAMES DUFFIELD

B.Sc., McGill University, 1990

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF

THE REQUIREMENTS FOR THE DEGREE OF  
MASTER OF ARCHITECTURE

in

THE FACULTY OF GRADUATE STUDIES

School of Architecture

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

August 1995

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Department of ARCHITECTURE

The University of British Columbia  
Vancouver, Canada

Date 9/5/8/29

## ABSTRACT

A contemporary view of health and health care has arisen, out of the broadened social understandings of the later half of this century, which recognizes the individual as a whole person (rather than a clinical object), and which recognizes the local community as the preferable locus of care. The community health center model has emerged as a response to this contemporary view. It is a community-specific model of health care delivery, health promotion, and community action. Its services cover a full range of primary health care needs (from social work to urgent care), utilizing a multi-disciplinary team approach. While the response of facility planning and programming to the contemporary view of health and health care has been explored to great depth over the past twenty five years, the response of architecture has not. The intent of this thesis was, therefore, to create an architectural design that may serve as a model of the multi-service community health center, and as a source of architectural ideas which respond to the contemporary view of health and health care. A rural site was selected as the most appropriate setting for a new purpose-built facility. The design solution specifically sought to countermand the alienation, stress, loss of sense of personal control, unfamiliarity, sterility, and institutional qualities of the common medical environment - particularly, from the experiential viewpoint of the client. The design also sought to stand on its own as a legitimate work of architecture. Towards these ends, the building was bound to the community via prominence, accessibility and familiarity in the activities of daily life. A concept of democratic space sought to extend the public realm and a sense of public ownership into the facility. A marketplace vocabulary and community-controlled space contributed towards this end. The building was bound to place via architectural expression and explorations of processional qualities; responding to the nature of its island place, to the forest environment, and to local vernacular architecture. The design sought to establish a relationship with nature, or natural order, via an interstitial relationship with the forest, the use of natural materials, a truthful structural expression, a presence of natural light, and, at the conceptual level, an interplay between order and aggregation. As a representation of health care architecture, the design sought to express the notion of a community of services, rather than that of an untouchable institution. It also sought to achieve all of this in accord with efficient functioning and way-finding, and to achieve it at costs comparable to existing facilities (if not less expensive), via strategic choices regarding systems and construction.

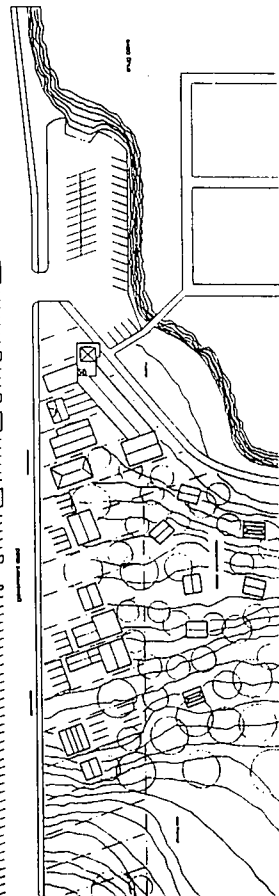
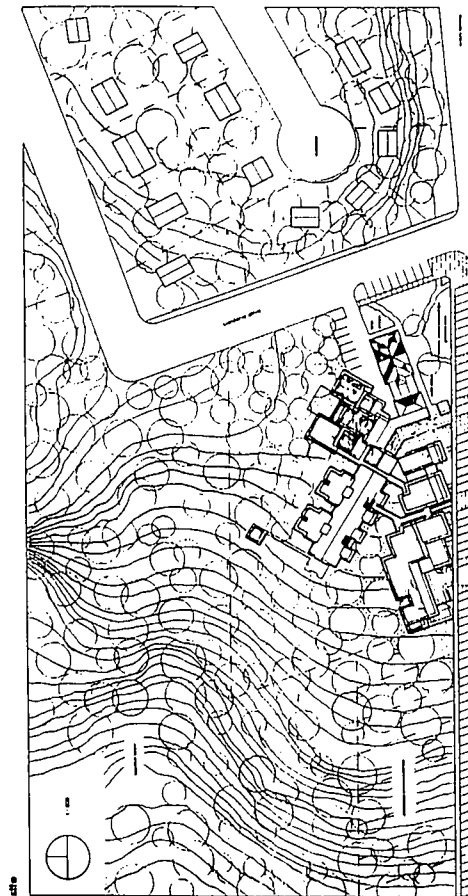
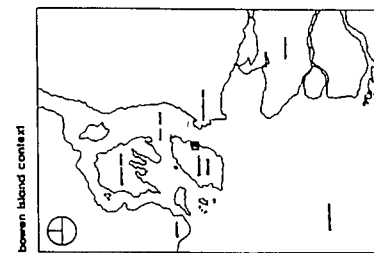
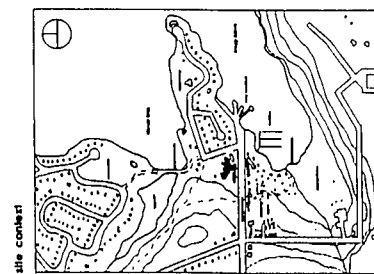
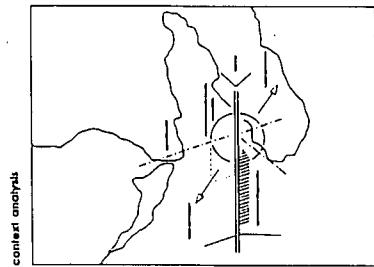
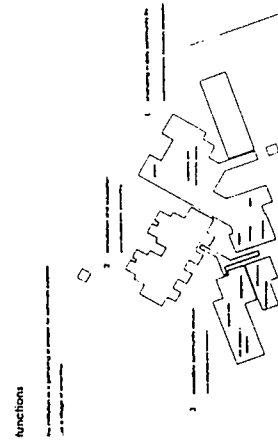
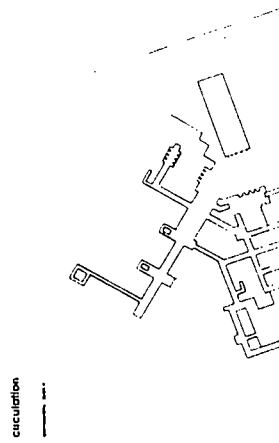
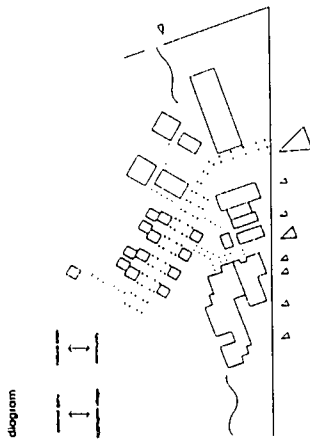
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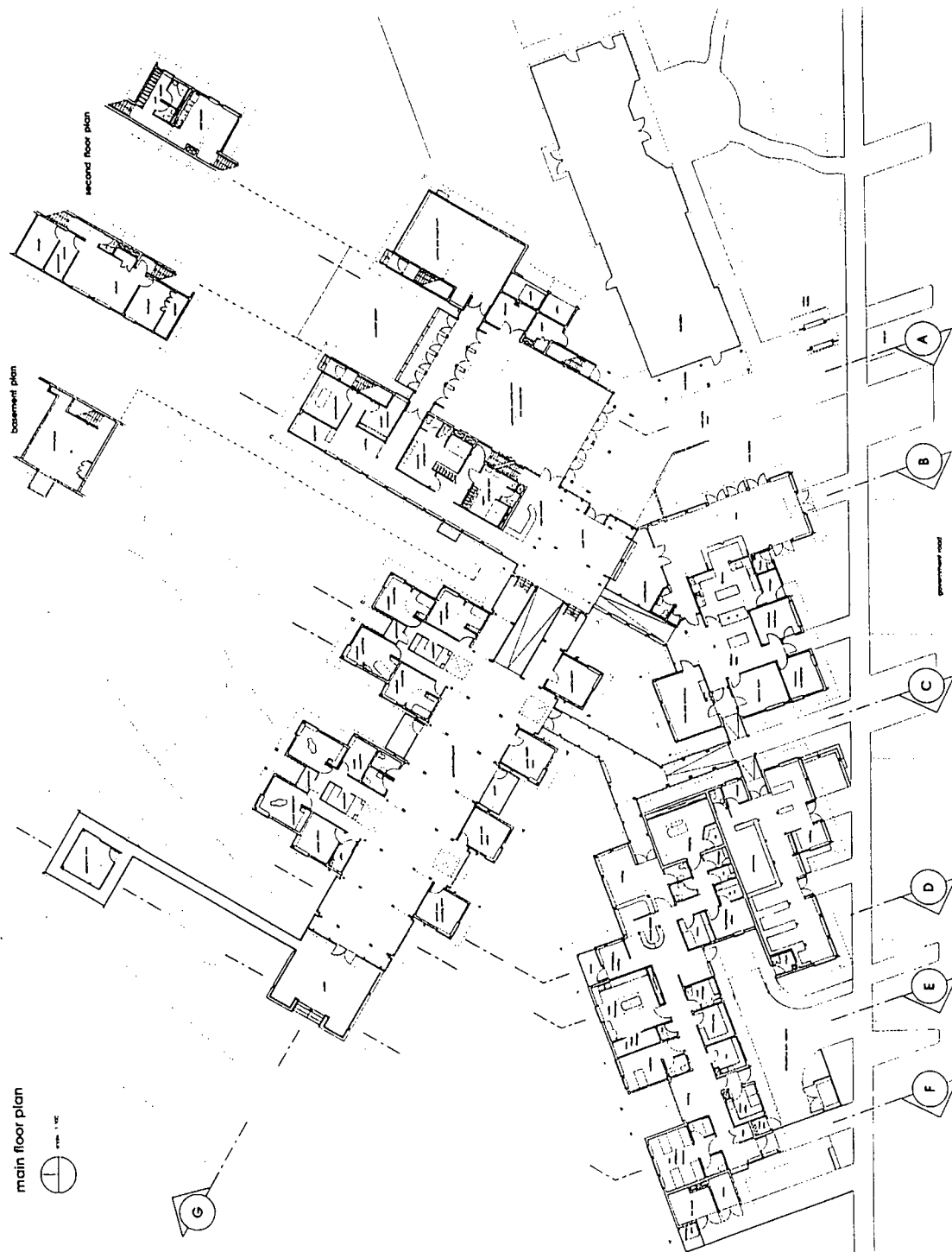
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## ACKNOWLEDGMENT

I am deeply indebted to my mentors, Assistant Professor Dino Rapanos, Professor Sanford Hirshen and Mr. Ian Carter, for their thoughtful discussions, for their sage counsel, and for their continual encouragement and inspiration.



# Site and Concepts



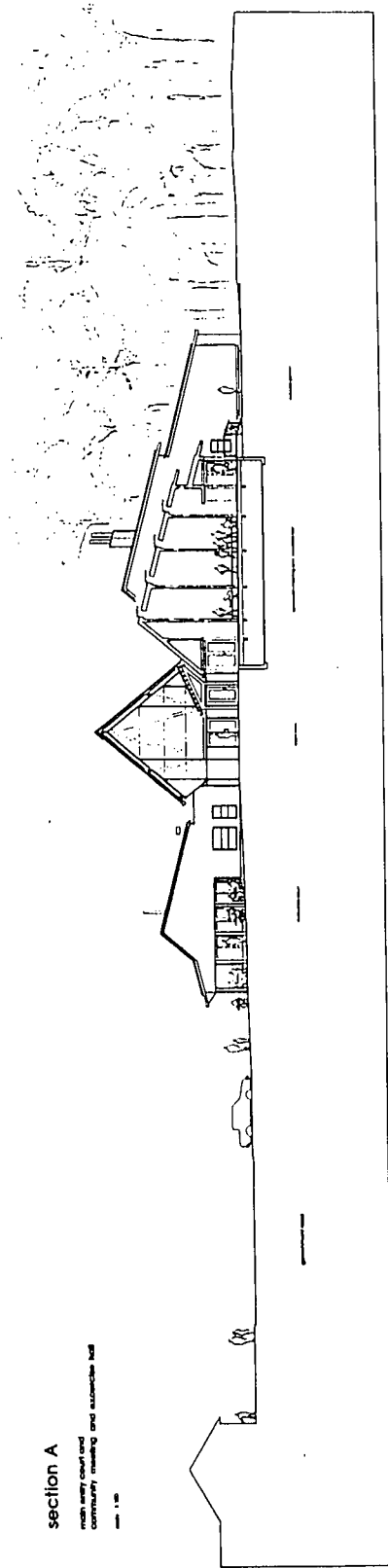
Floor Plans



section A

main entry court and  
community meeting and assembly hall

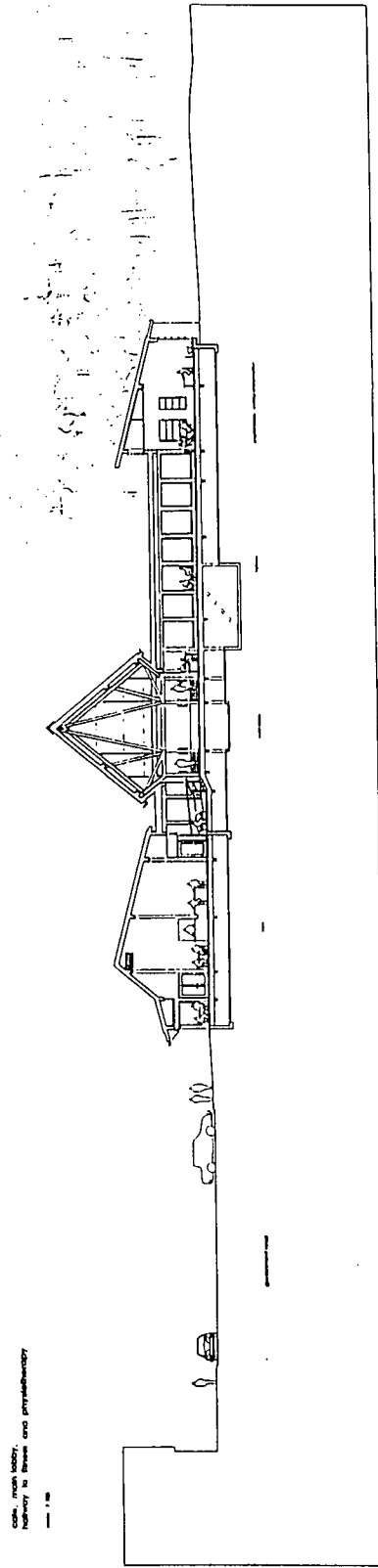
1" = 10'



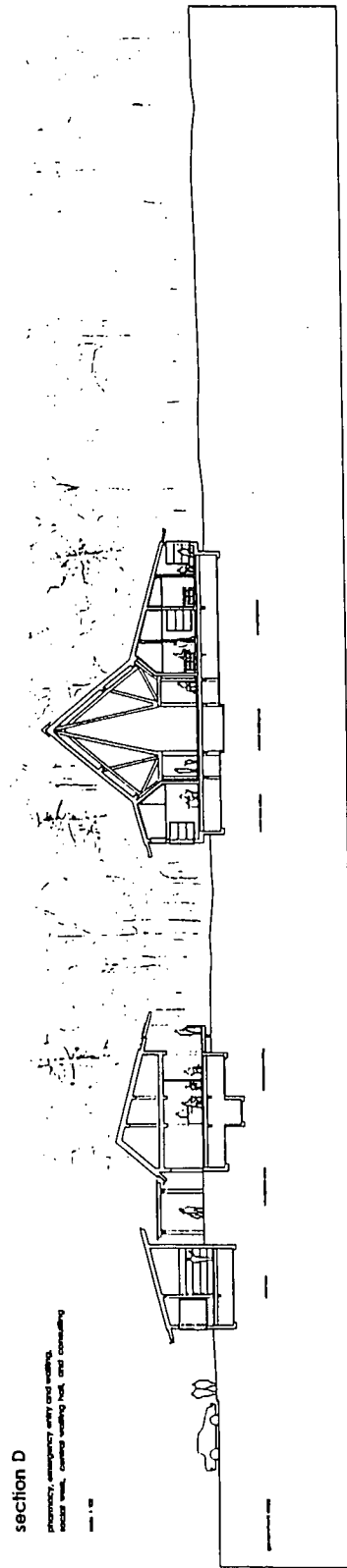
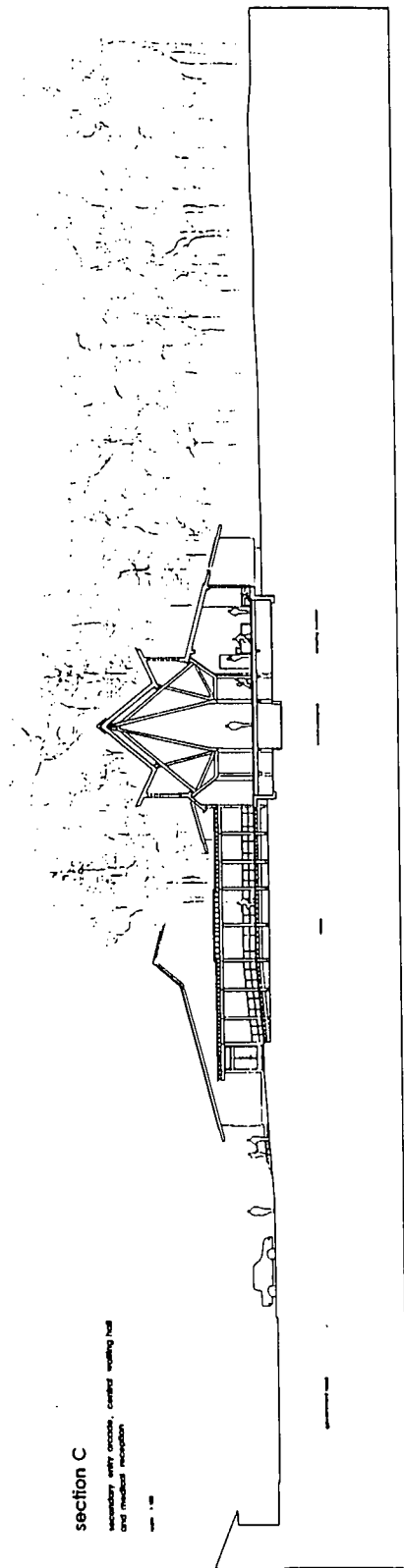
section B

club, main lobby,  
hallway to fitness and playground

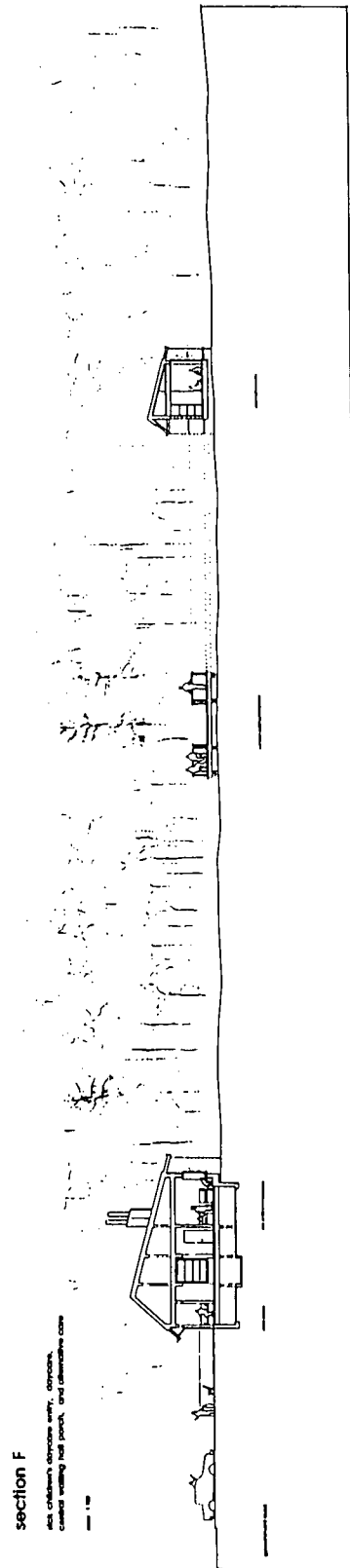
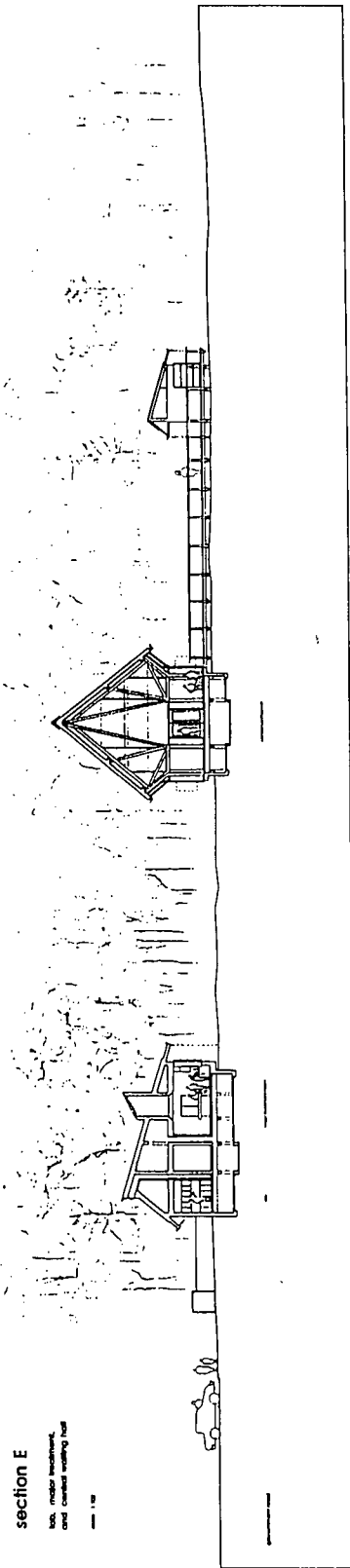
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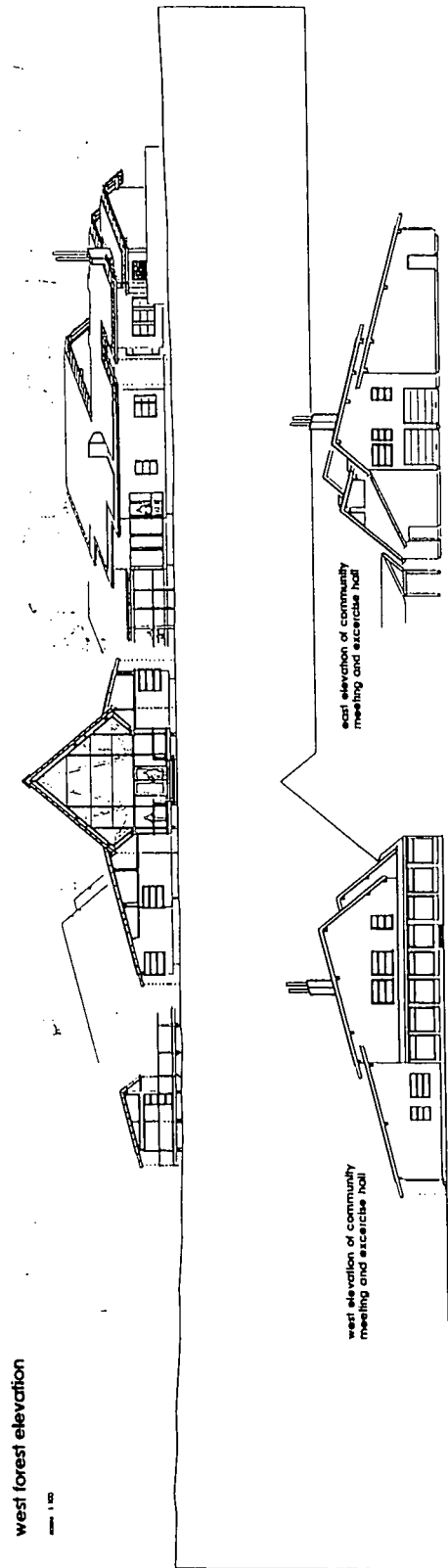
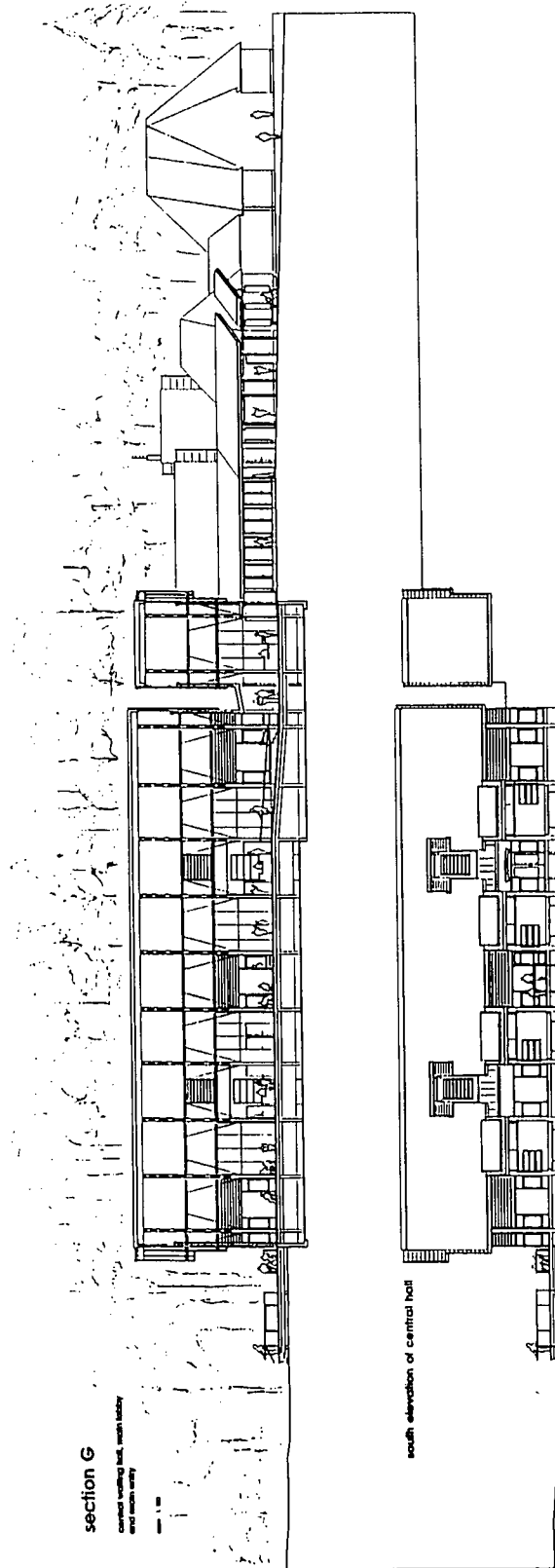
Sections: A and B



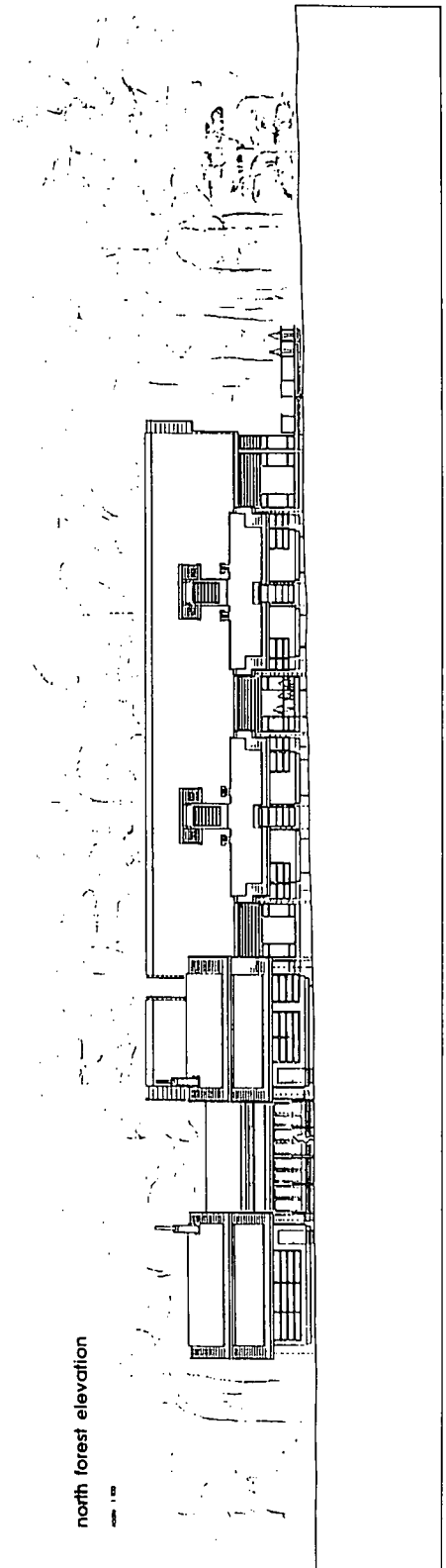
Sections: C and D



Sections: E and F

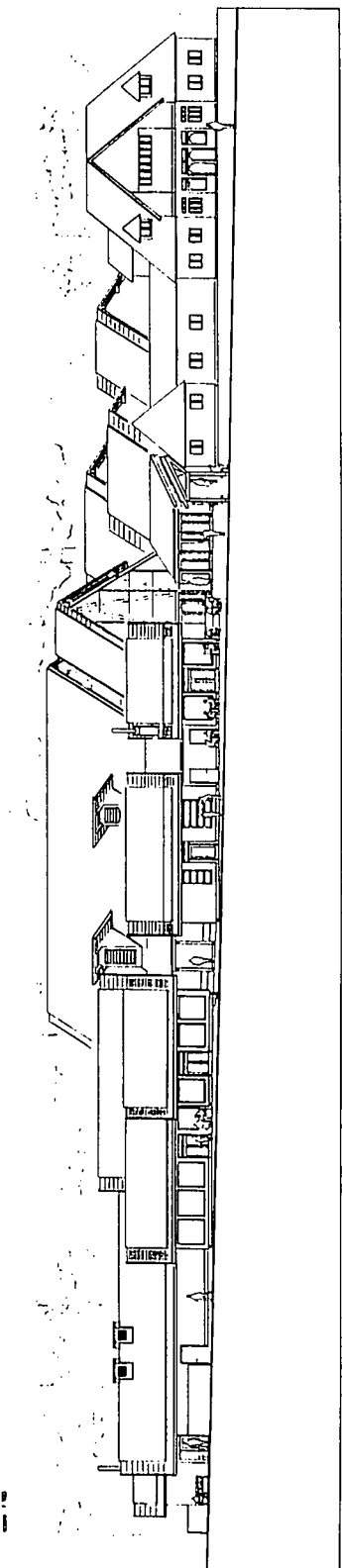


Section G and West Forest Elevation



north forest elevation

1" = 10'



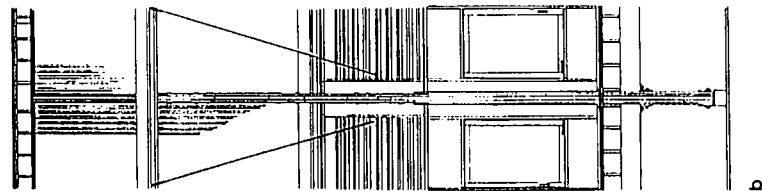
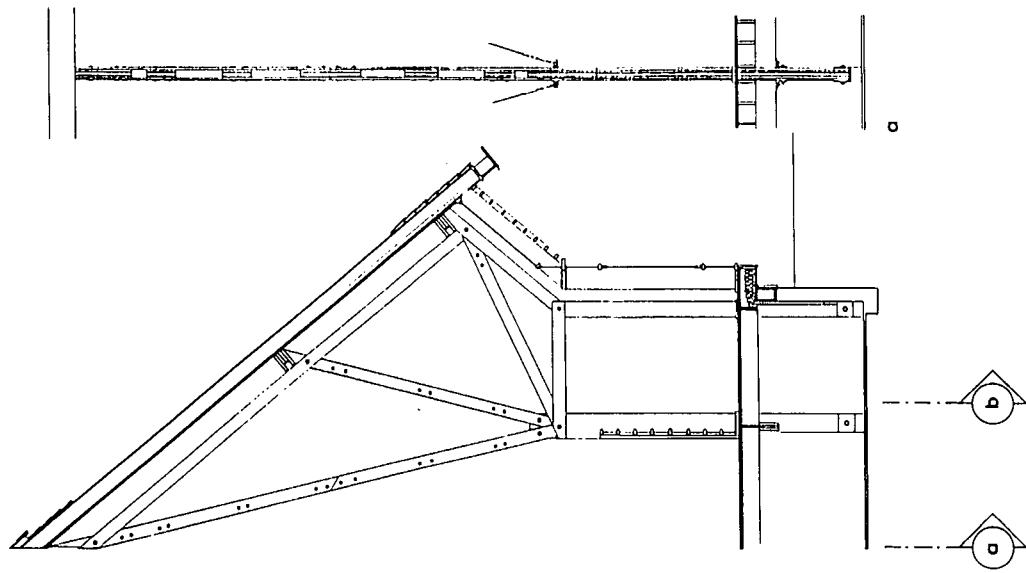
south village elevation

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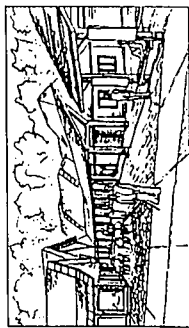
North Forest Elevation and South Village Elevation

detail of central hall

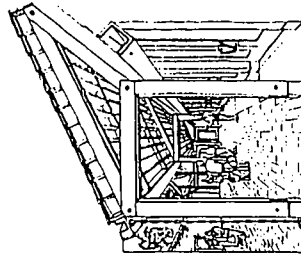
scale 1:20



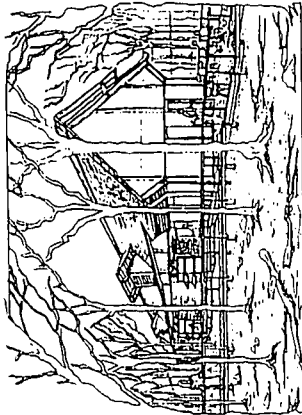
vignettes



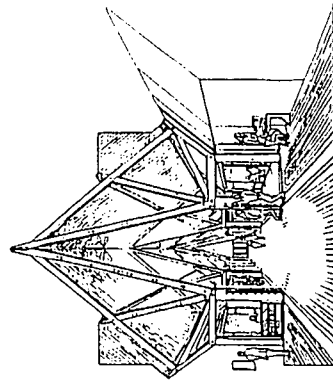
1 main entry court and cafe terrace



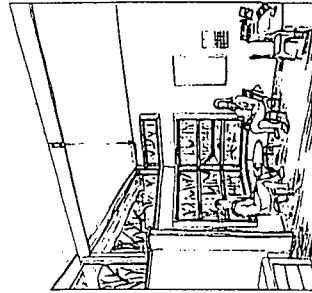
2 main entry and arcade



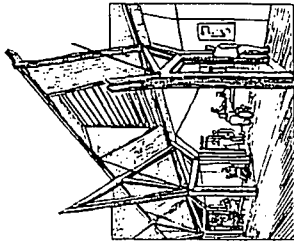
5 central waiting hall porch



3 central waiting hall



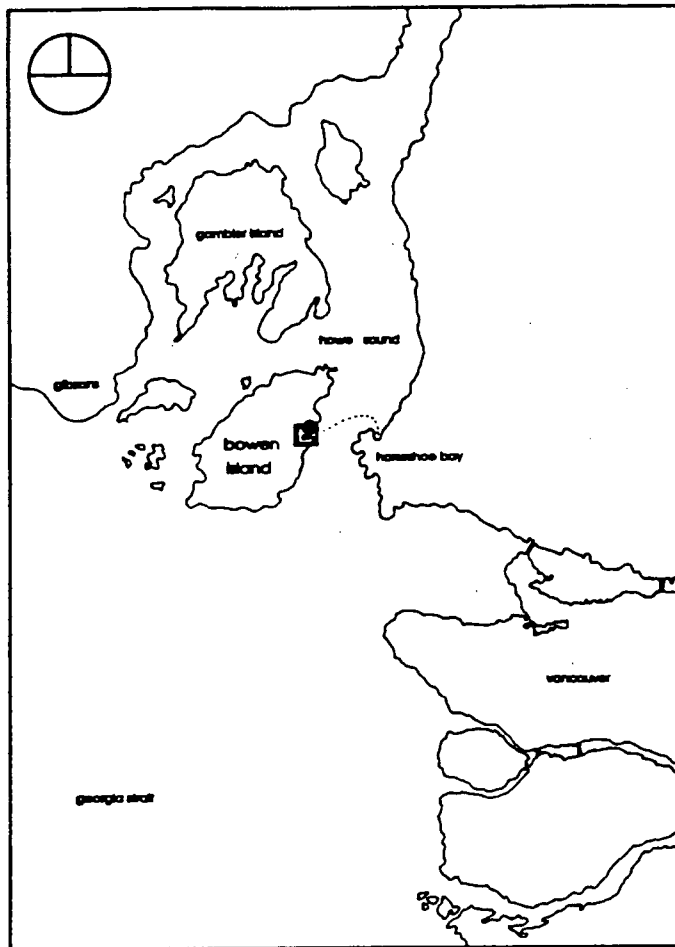
6 consulting room



4 consulting reception

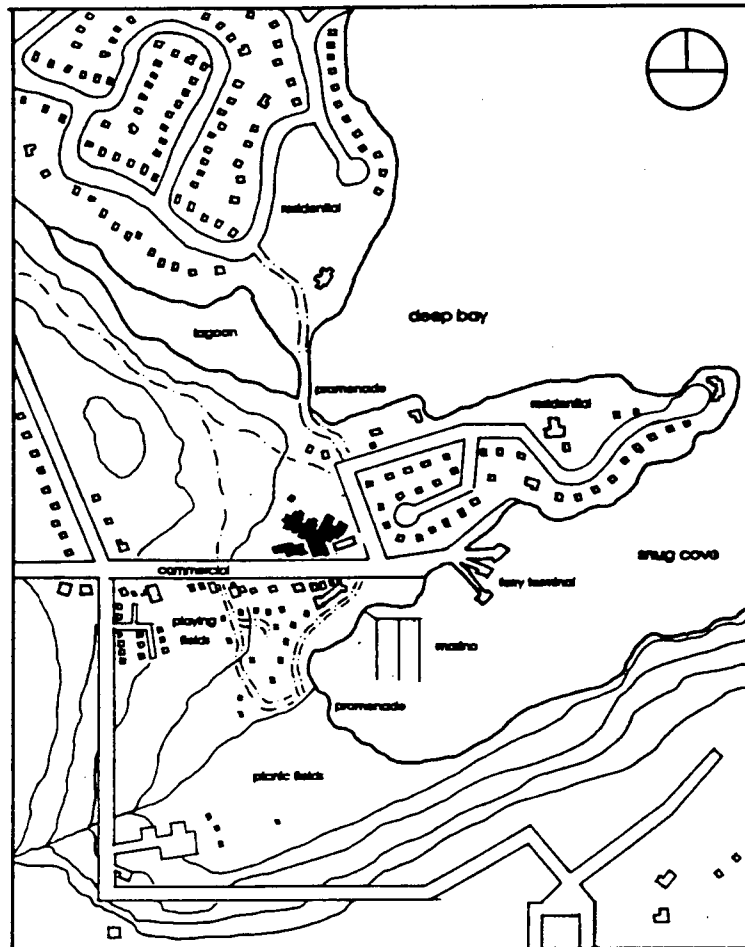
Detail of Central Hall and Vignettes

## **bowen island context**



**Detail: Bowen Island Context**

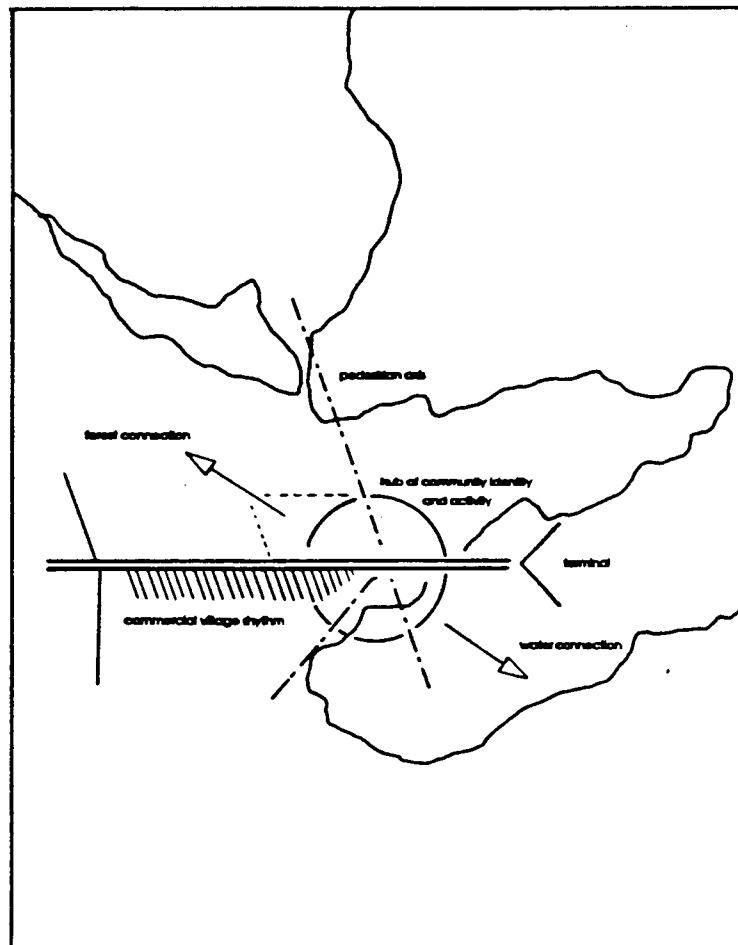
## site context



Detail: Site Context

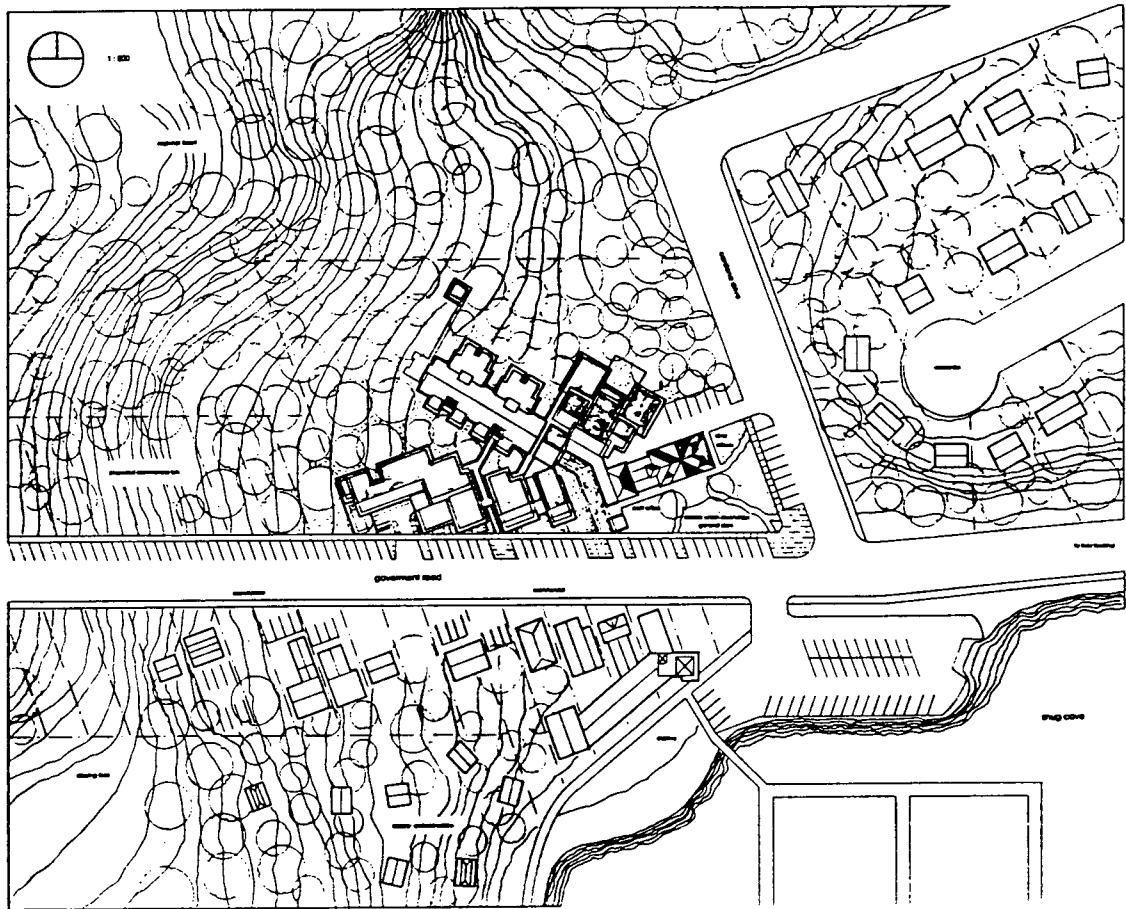


## context analysis



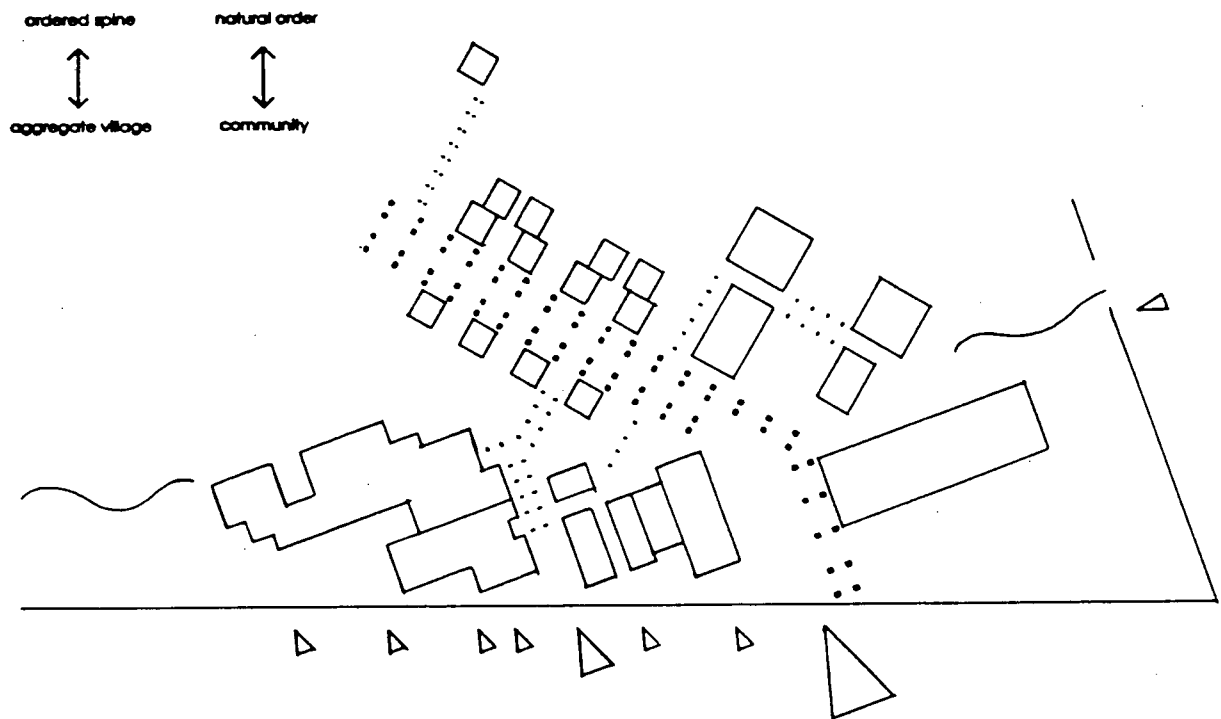
Concept: Context Analysis

site



Detail: Site

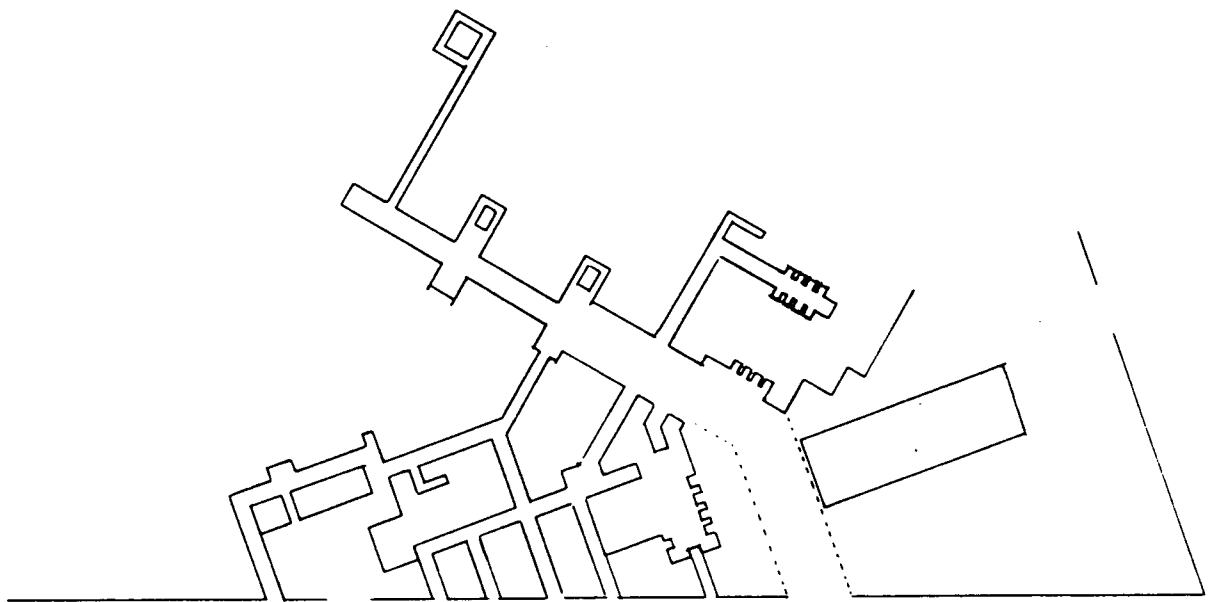
## diagram



Concept: Diagram

## circulation

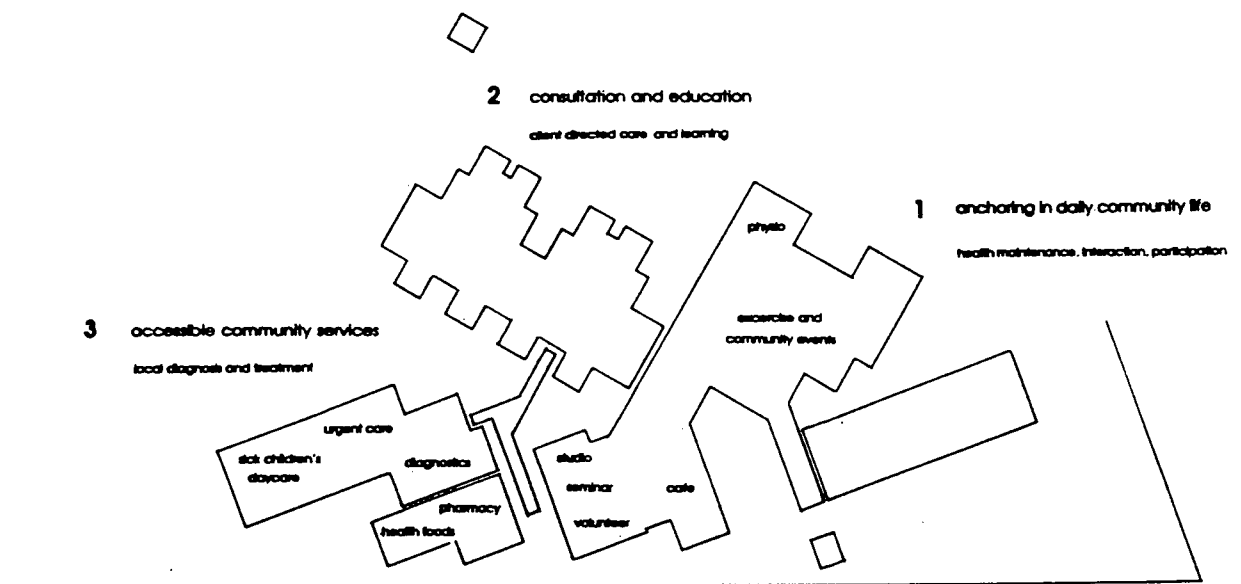
democratic space



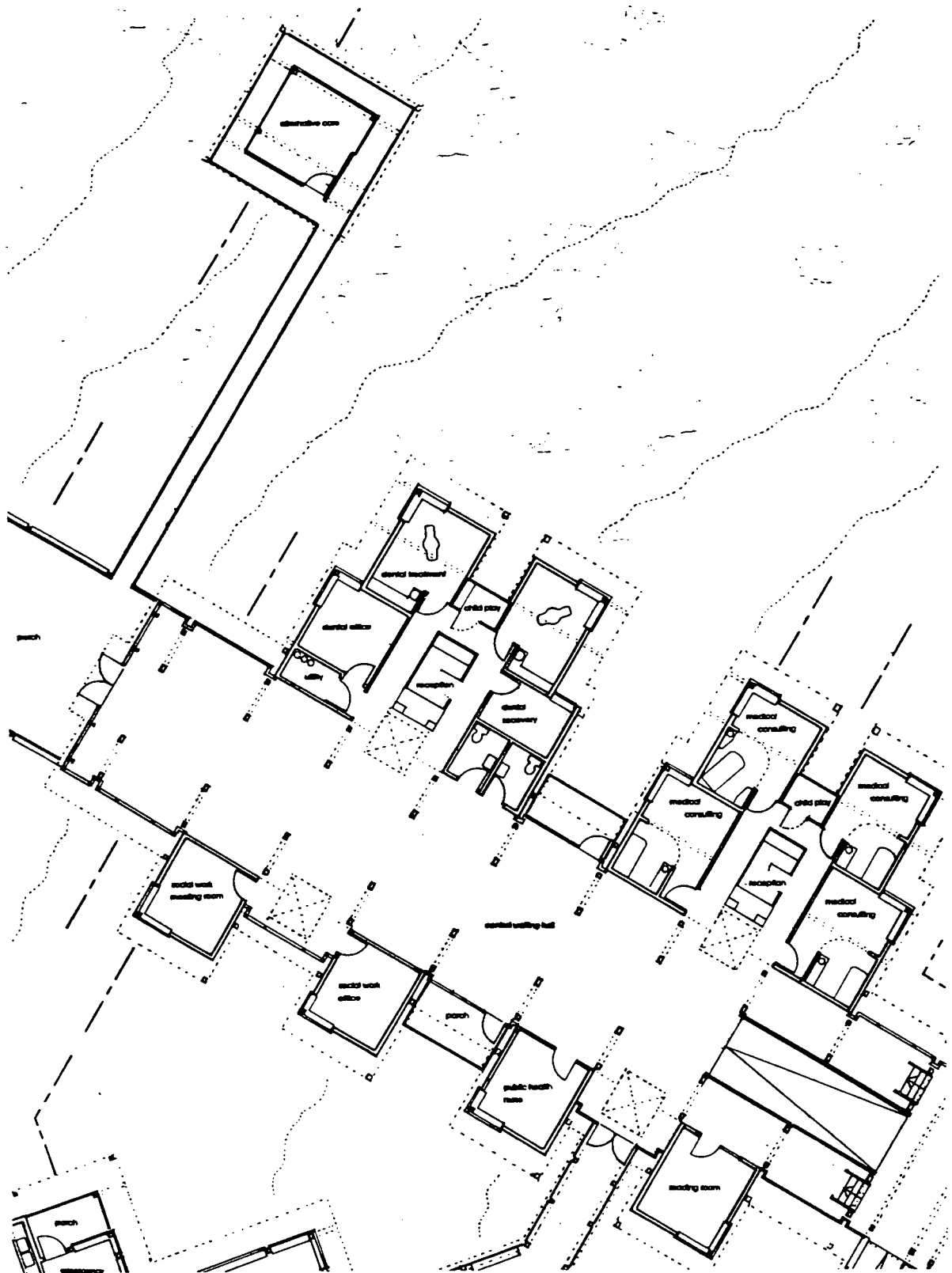
Concept: Circulation

## functions

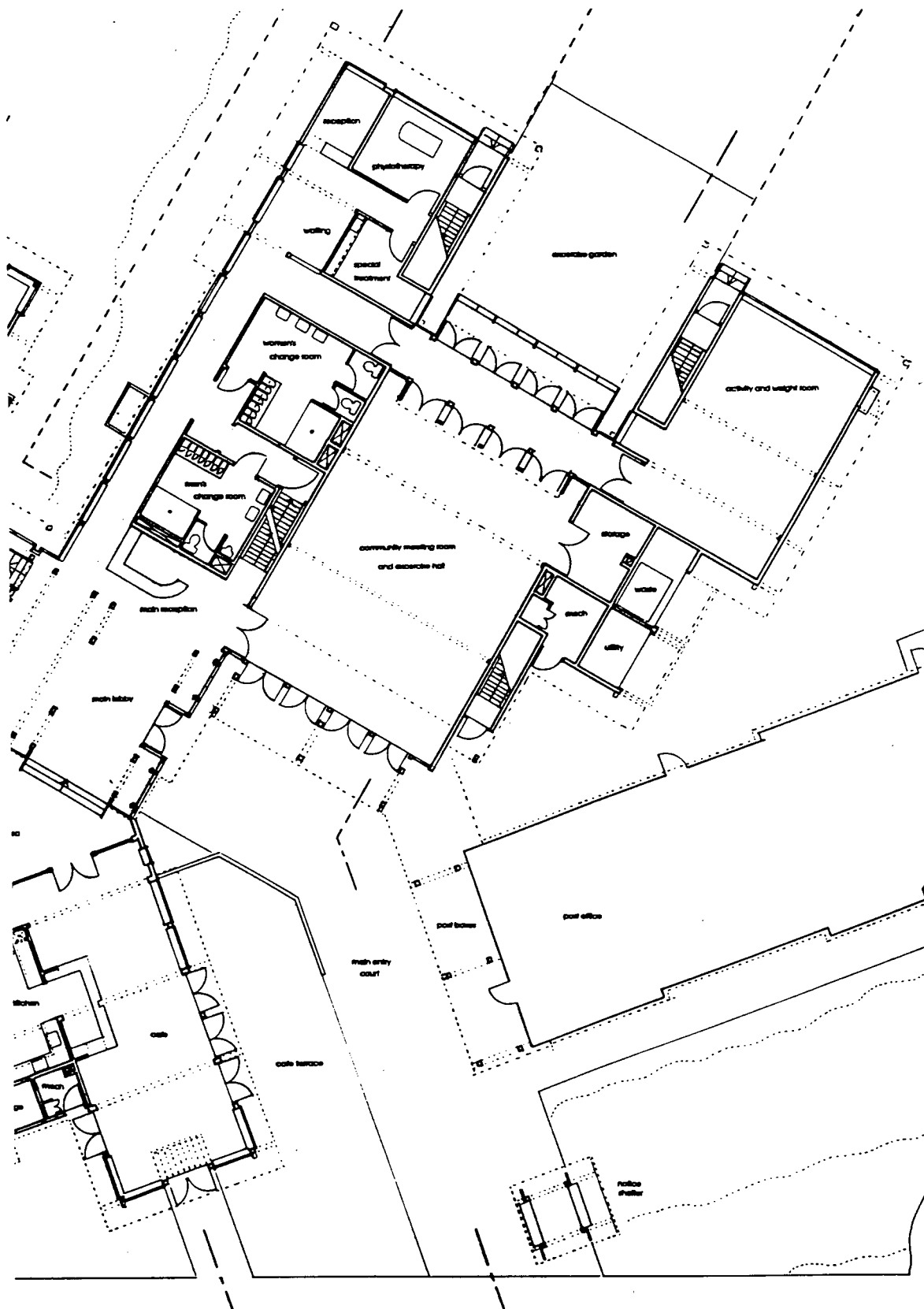
the institution as a gathering of people for common purpose  
...as a village of amenities



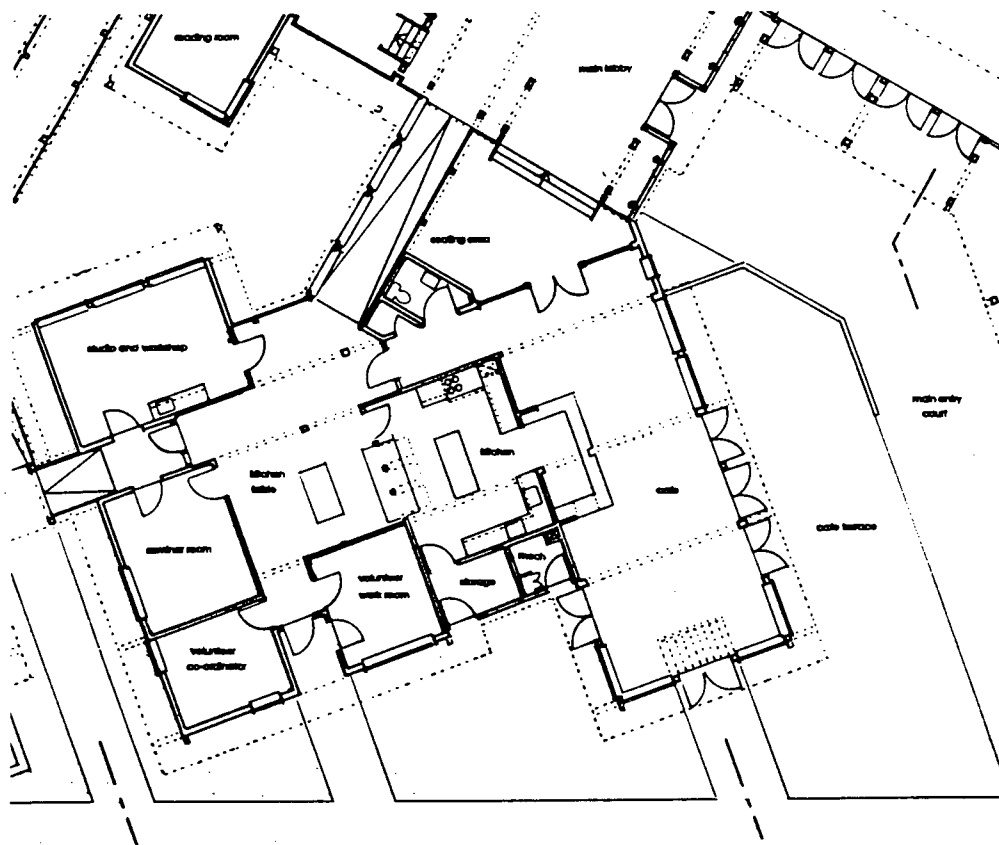
Concept: Functions



Detail of Floor Plans: Central Waiting Hall, Consulting Rooms,  
and Alternative Care

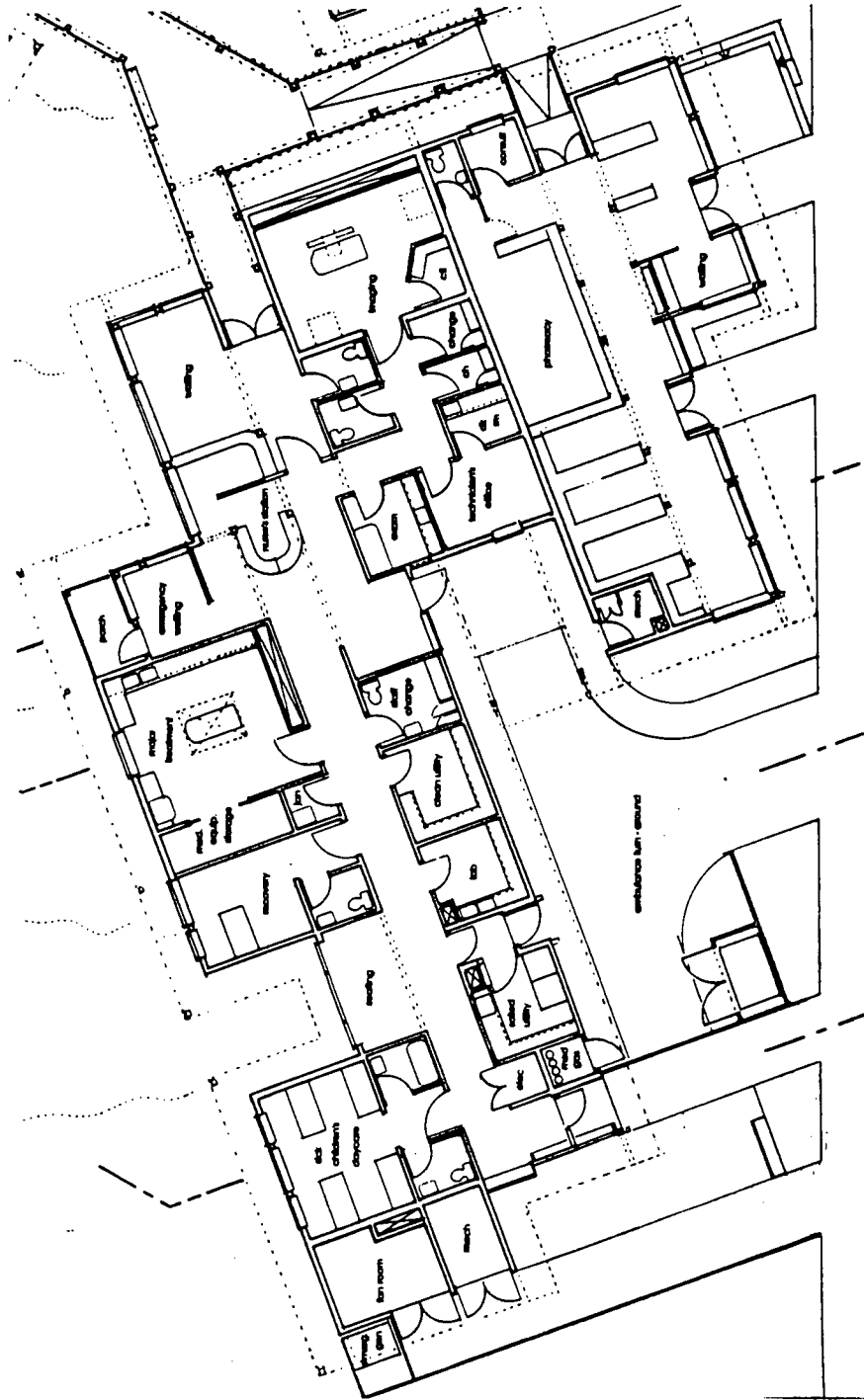


Detail of Floor Plans: Main Entry Court, Notice Shelter, Community Meeting and Exercise Hall, Cafe, Fitness Areas, and Physiotherapy Rooms

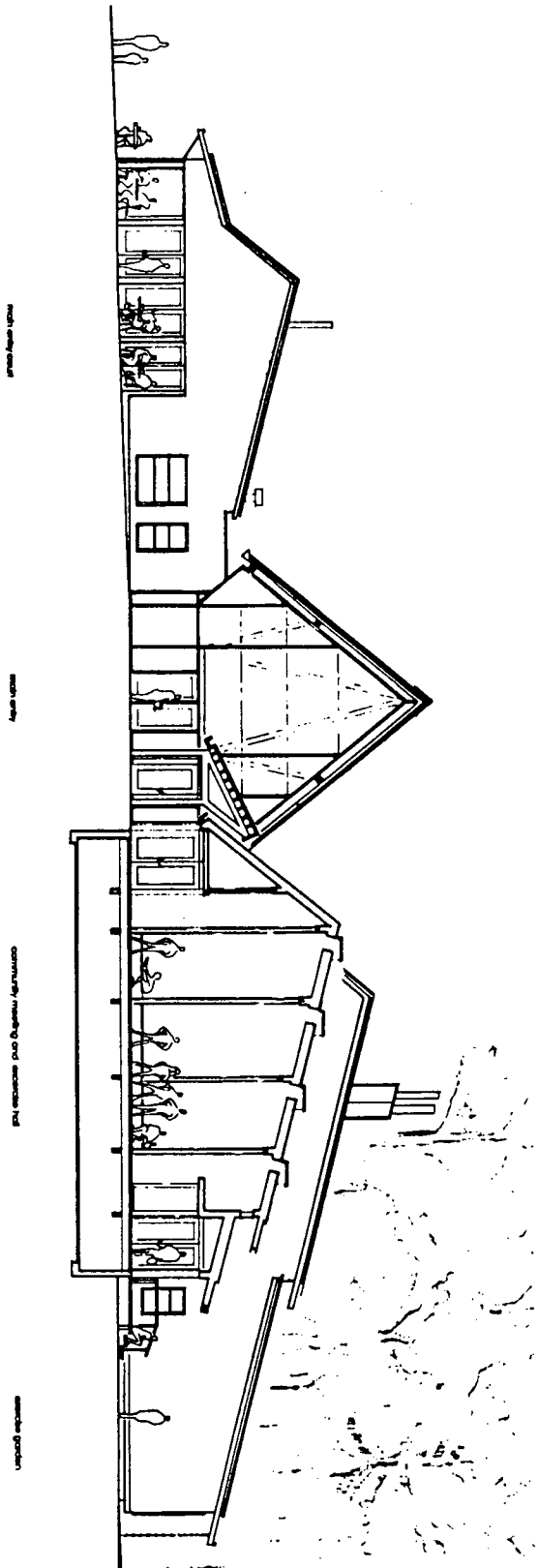


Detail of Floor Plans: Cafe Terrace, Cafe, Kitchen, Volunteer Rooms, Kitchen Table Gathering Area, Seminar Room, Studio and Workshop

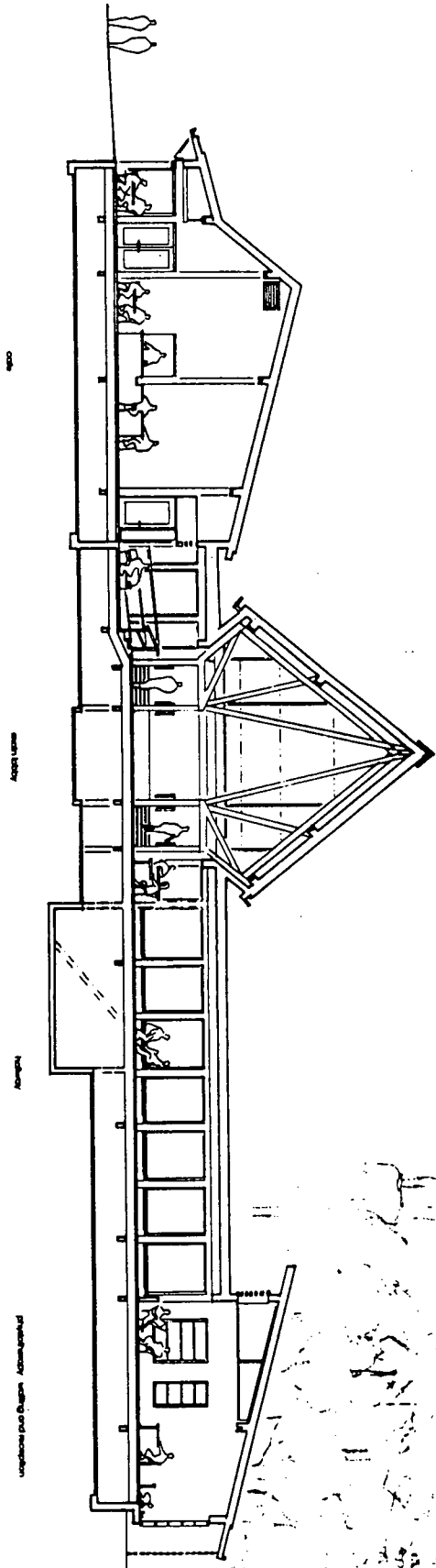




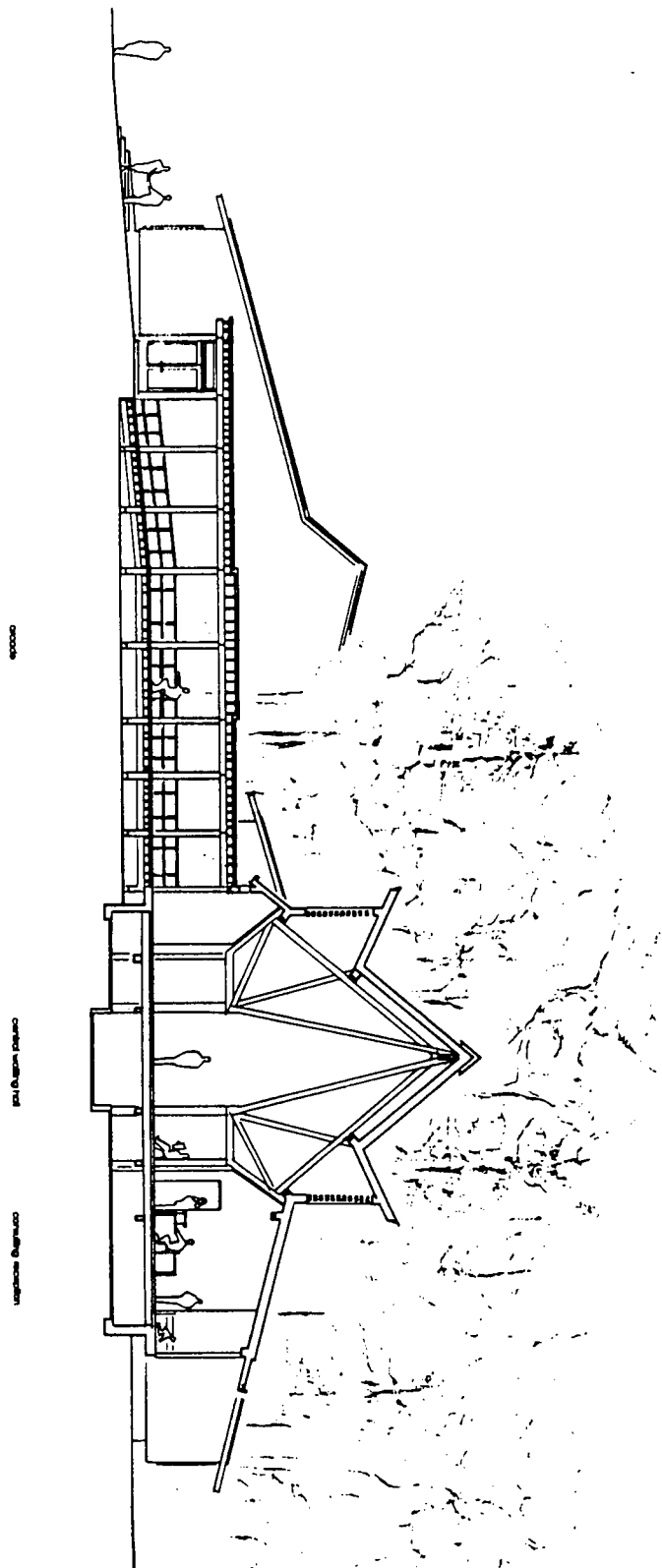
Detail of Floor Plans: Diagnostic and Treatment Area, Sick Children's  
Daycare, and Pharmacy



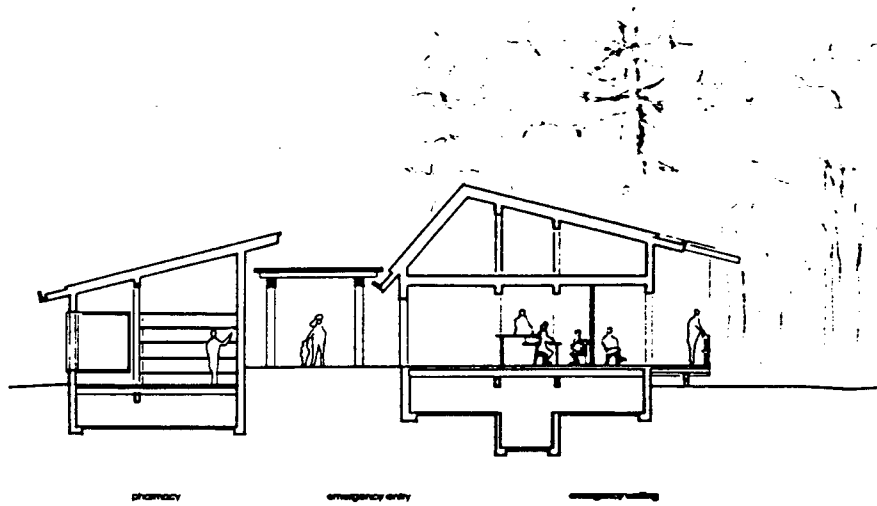
Detail of Section A: Main Entry Court, Main Entry, Community Meeting and Exercise Hall, and Exercise Garden



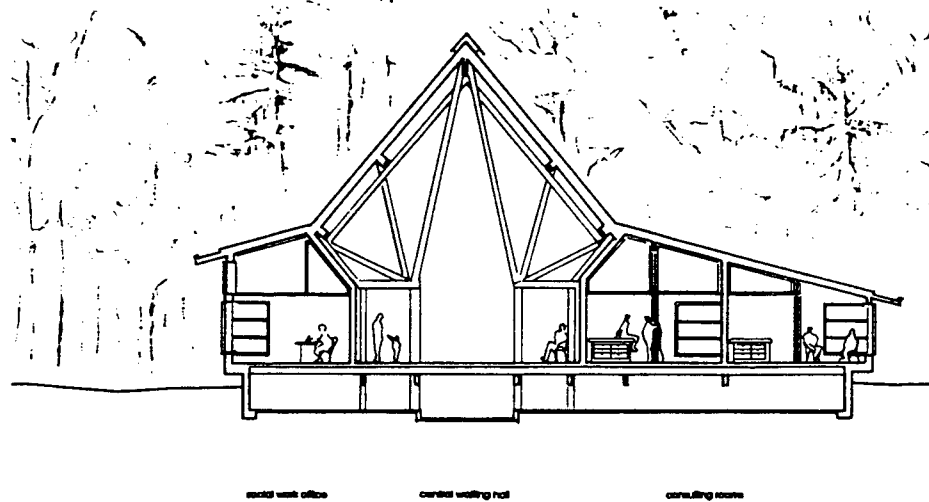
Detail of Section B: Cafe, Main Lobby, Hallway to Fitness Areas,  
and Physiotherapy Waiting and Reception



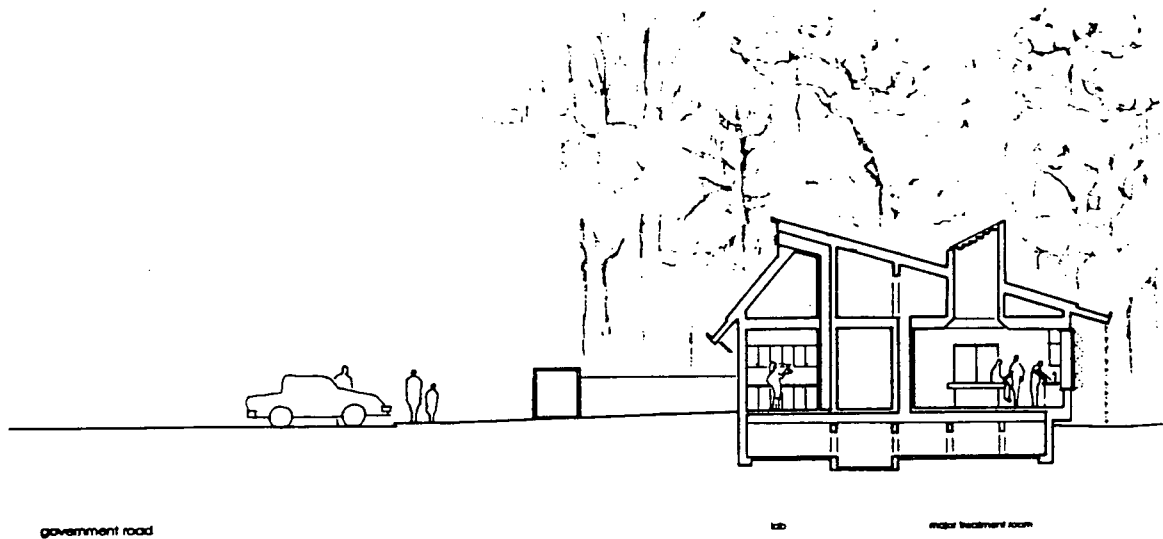
Detail of Section C: Secondary Entry Arcade, Central Waiting Hall,  
and Consulting Reception



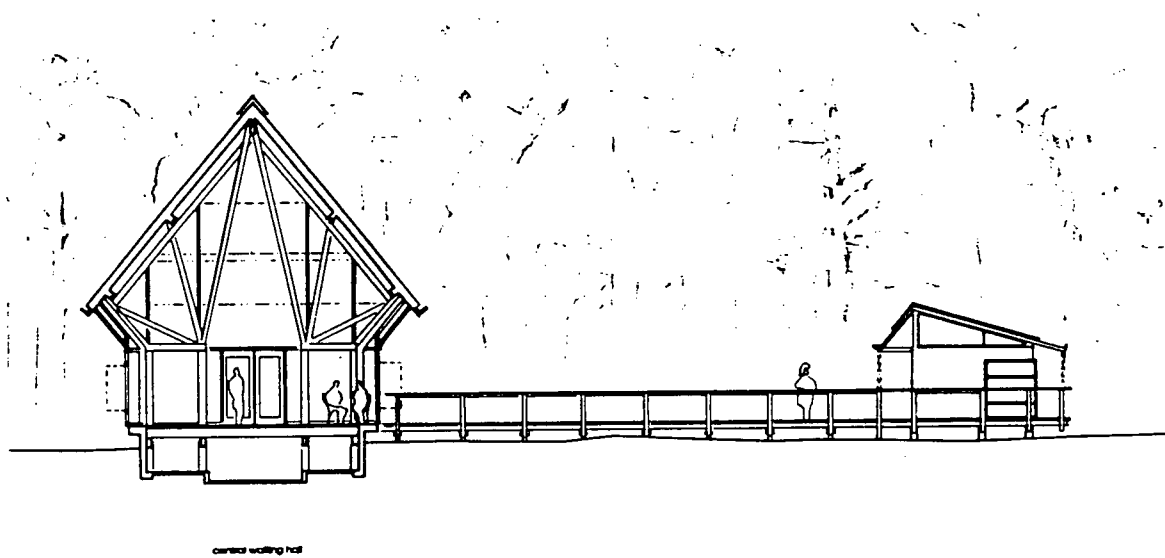
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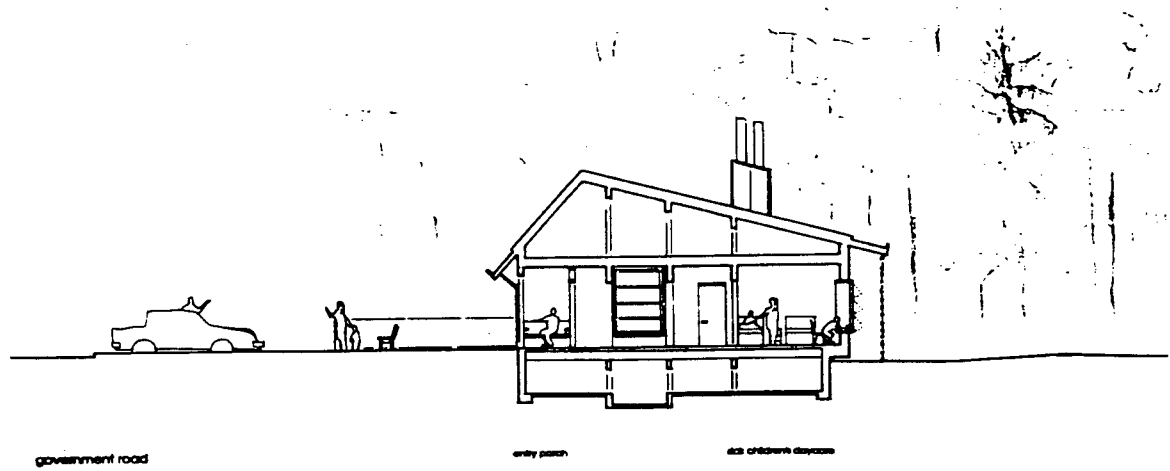
B. Detail of Section D: Social Work, Central Waiting Hall, and Consulting Rooms



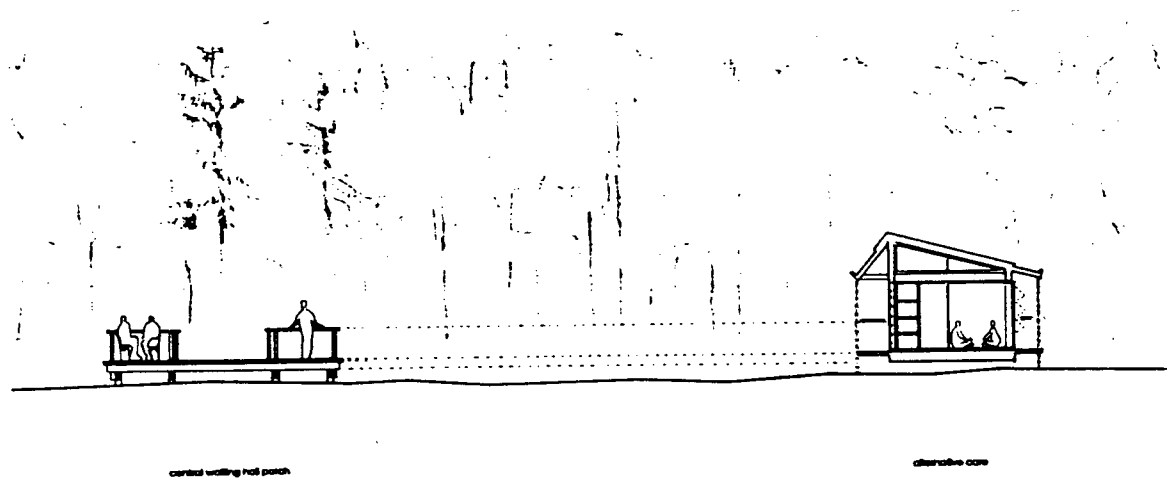
A. Detail of Section E: Lab and Major Treatment Room



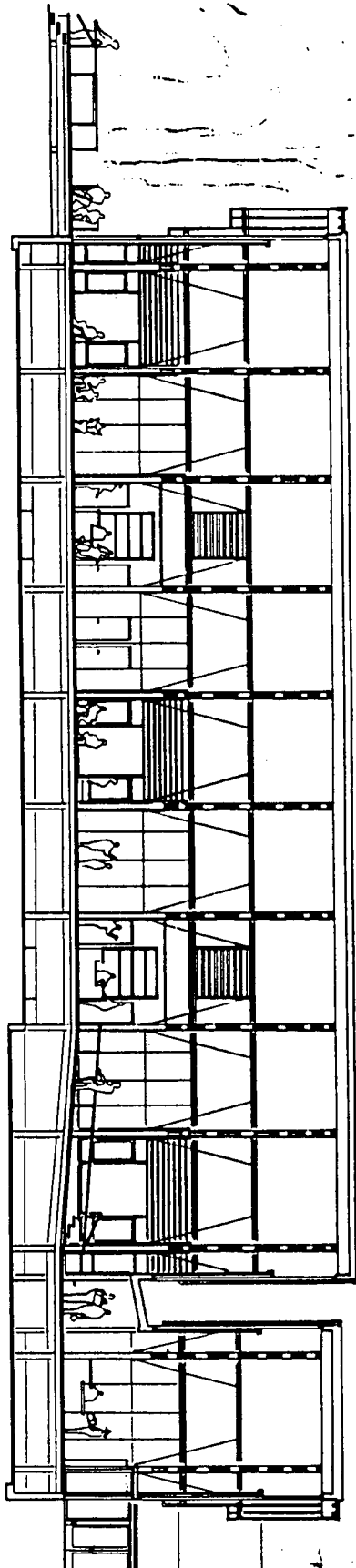
B. Detail of Section E: Central Waiting Hall and East Elevation of Alternative Care



A. Detail of Section F: Sick Children's Daycare Entry and Daycare



B. Detail of Section F: Central Waiting Hall Porch and Alternative Care

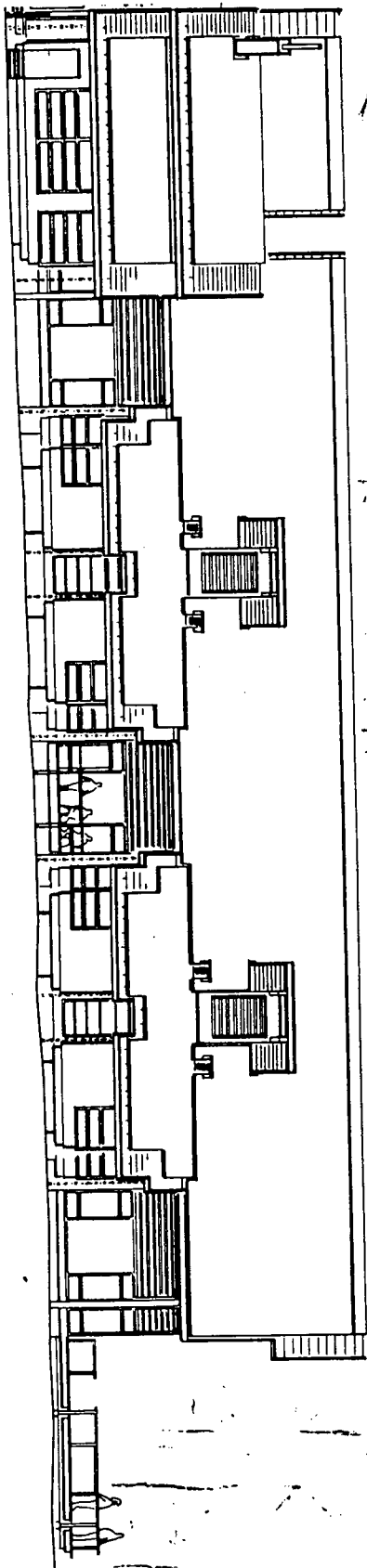


Detail of Section G: Porch, Central Waiting Hall, and Main Lobby

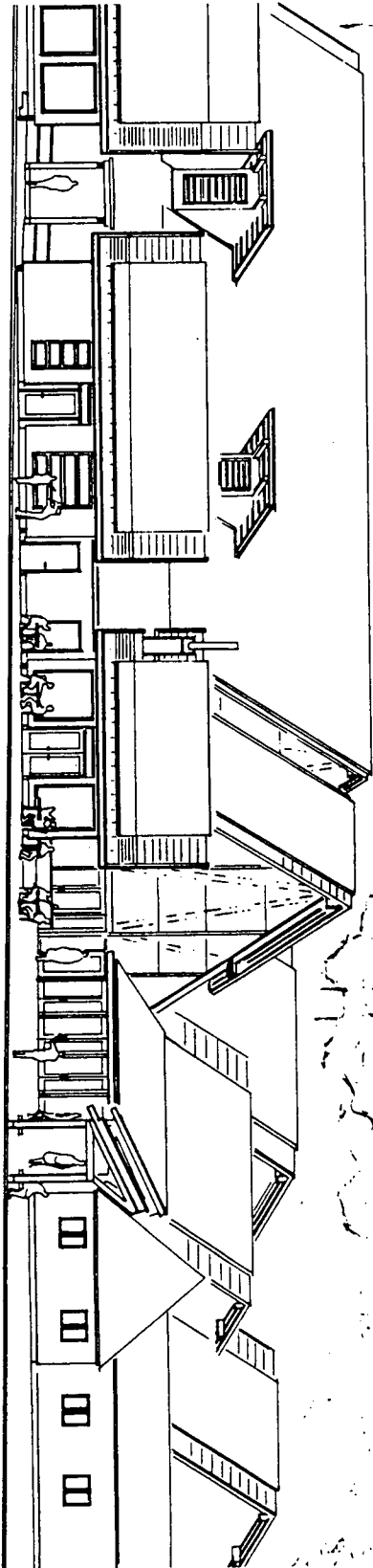




Detail of West Forest Elevation: Central Waiting Hall, with Consulting Rooms and Porch



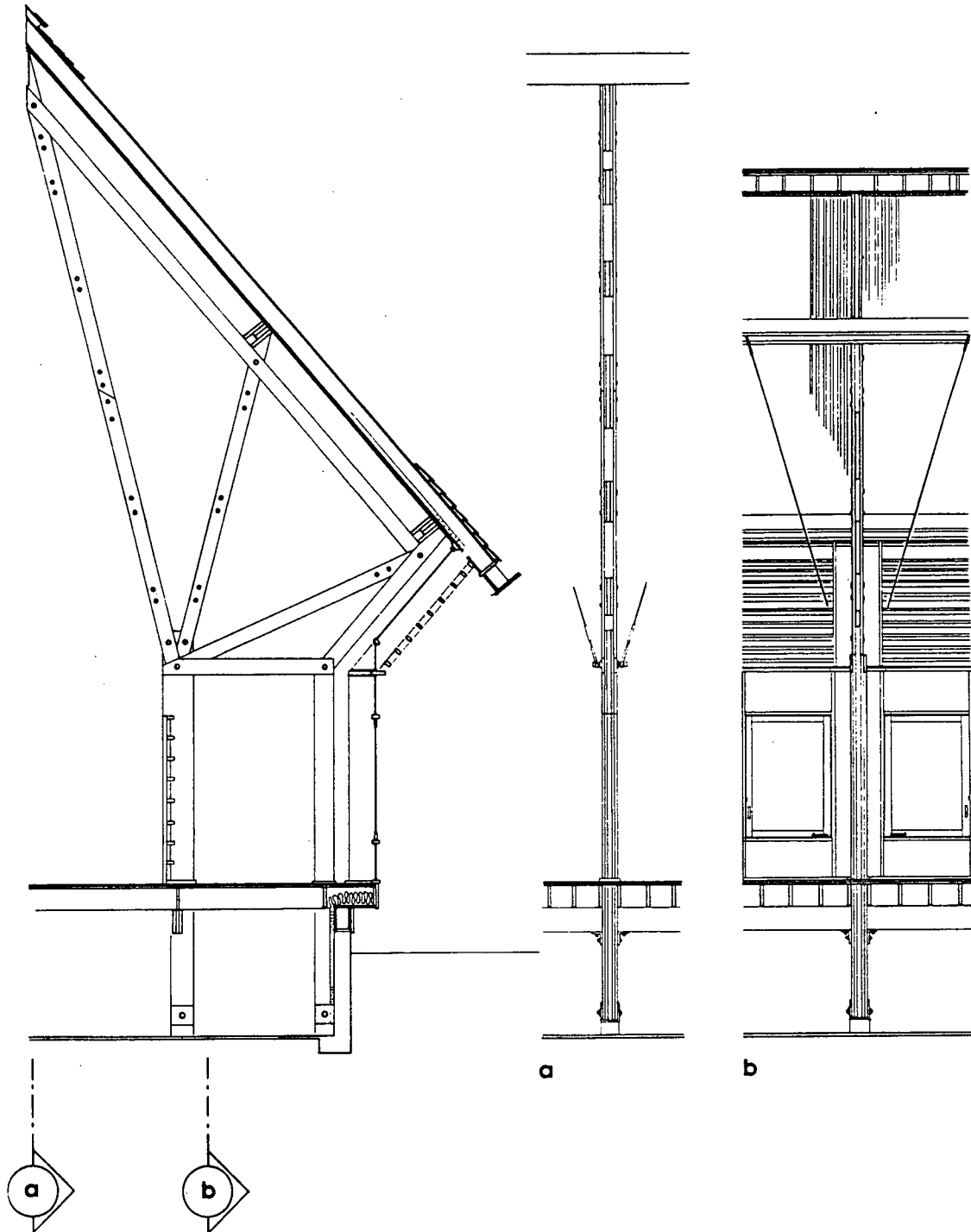
Detail of North Forest Elevation: Central Waiting Hall and Consulting Rooms



Detail of South Village Elevation: Secondary Entry Arcade, Volunteer Rooms, Cafe, Main Entry Court, Notice Shelter, and Existing Post Office

detail of central hall

scale 1:20

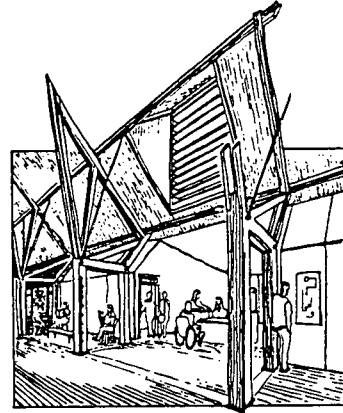


Detail: Structural Element of Central Waiting Hall

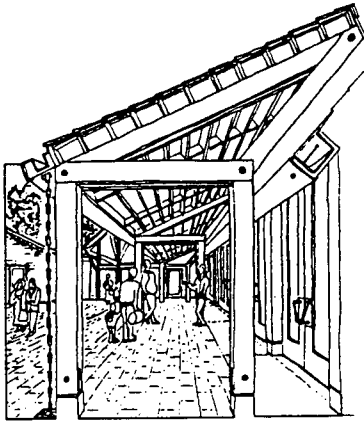
## vignettes



1 main entry court and cafe terrace



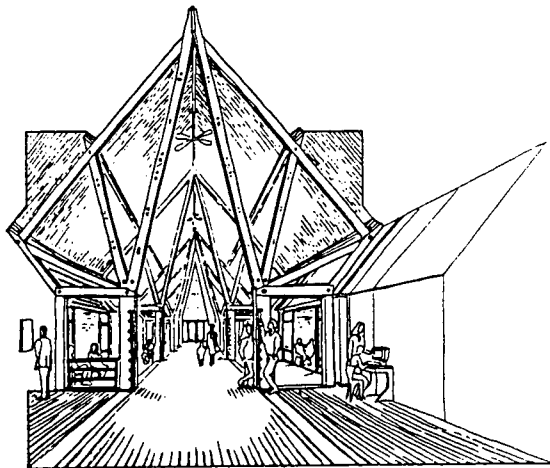
4 consulting reception



2 main entry and arcade



5 central waiting hall porch

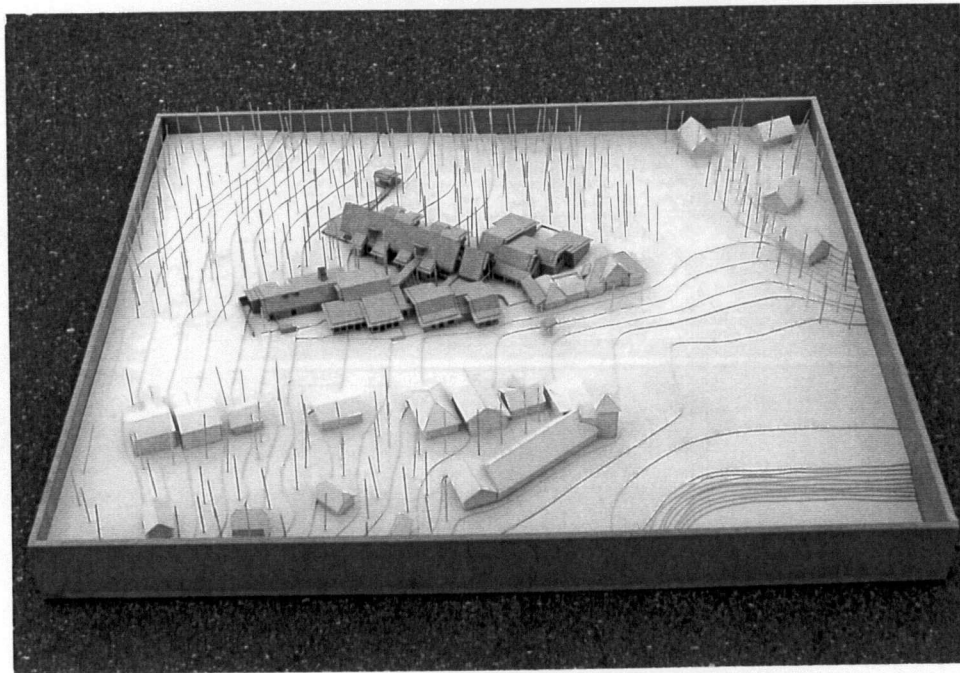


3 central waiting hall

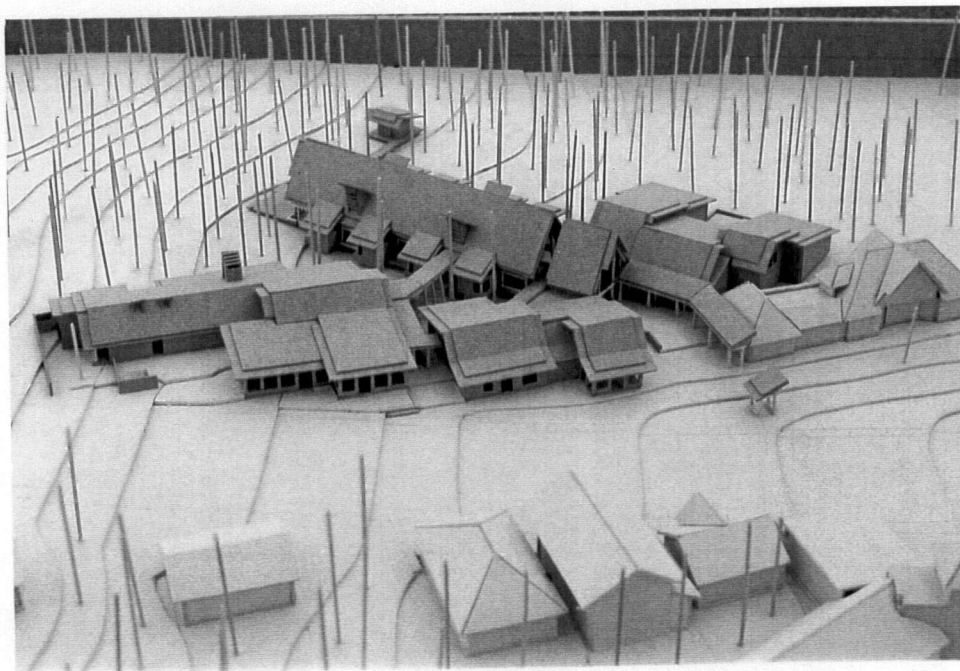


6 consulting room

Detail: Vignettes



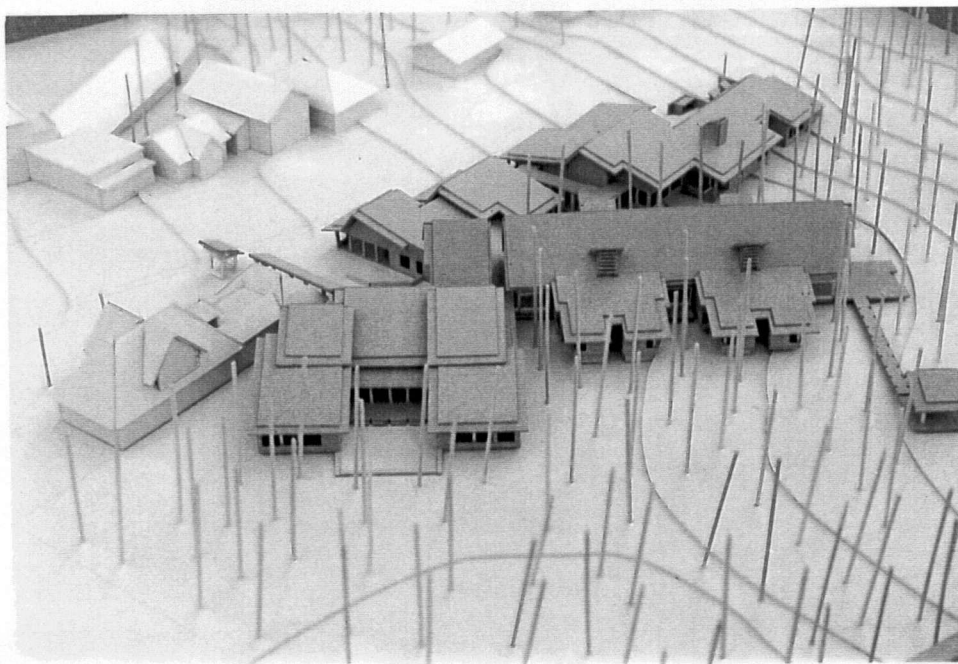
A. Project Model: South View



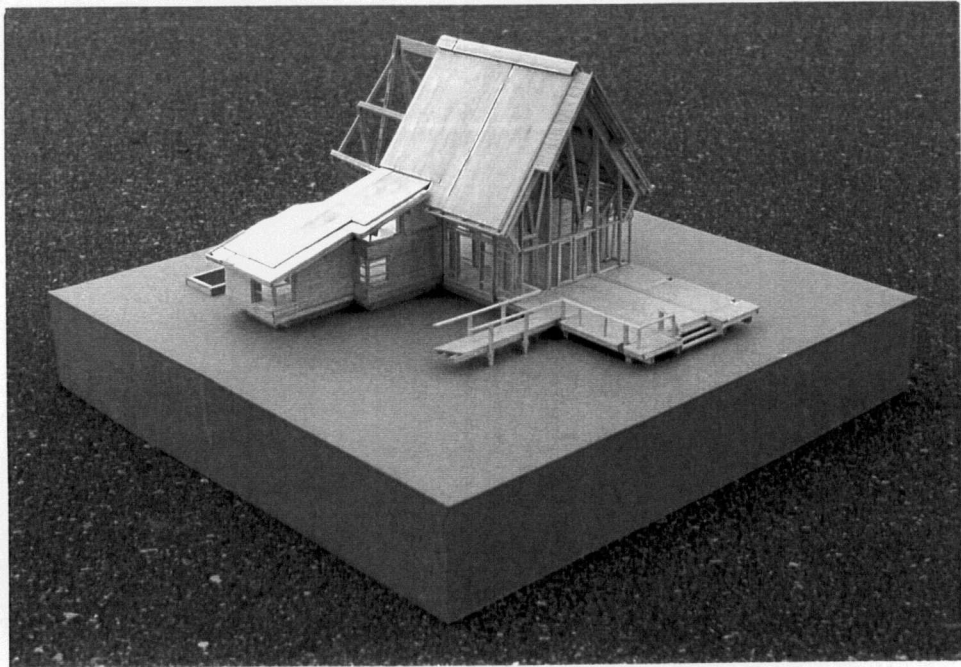
B. Detail of Project Model: South View



A. Detail of Project Model: North West View



B. Detail of Project Model: North East View

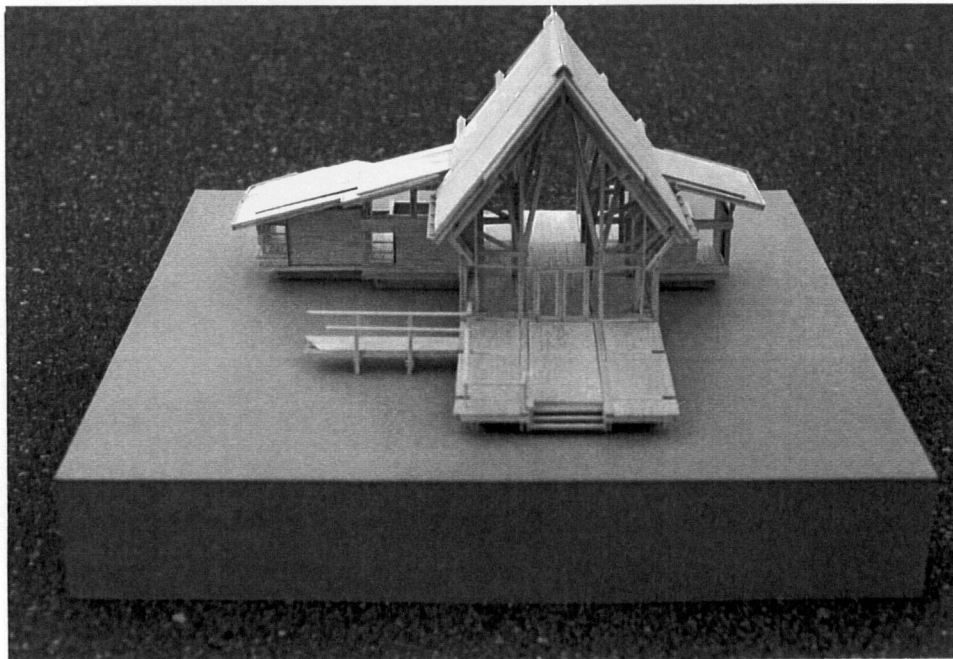


Techtonic Model: North View





Detail of Techtonic Model: West View



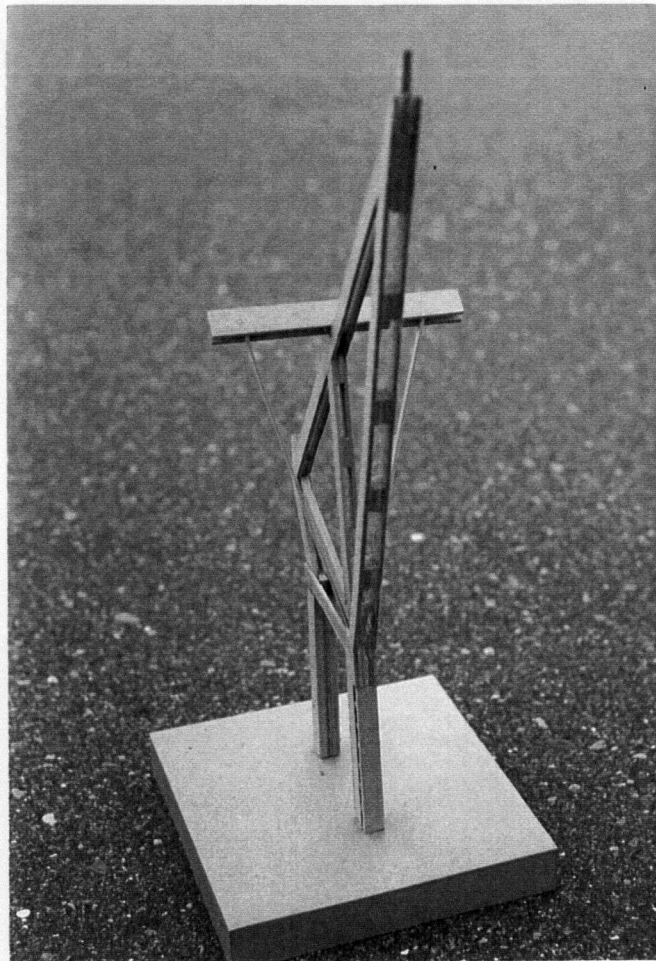
A. Techtonic Model: West View



B. Techtonic Model: East View of Cut-Away

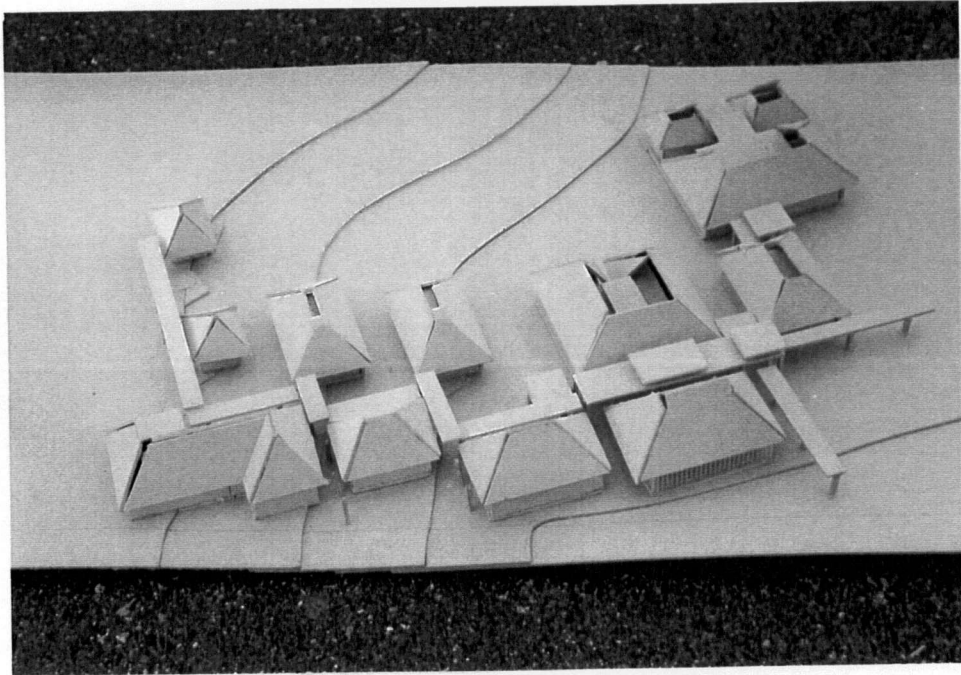


Detail Model: Structural Element of Central Waiting Hall

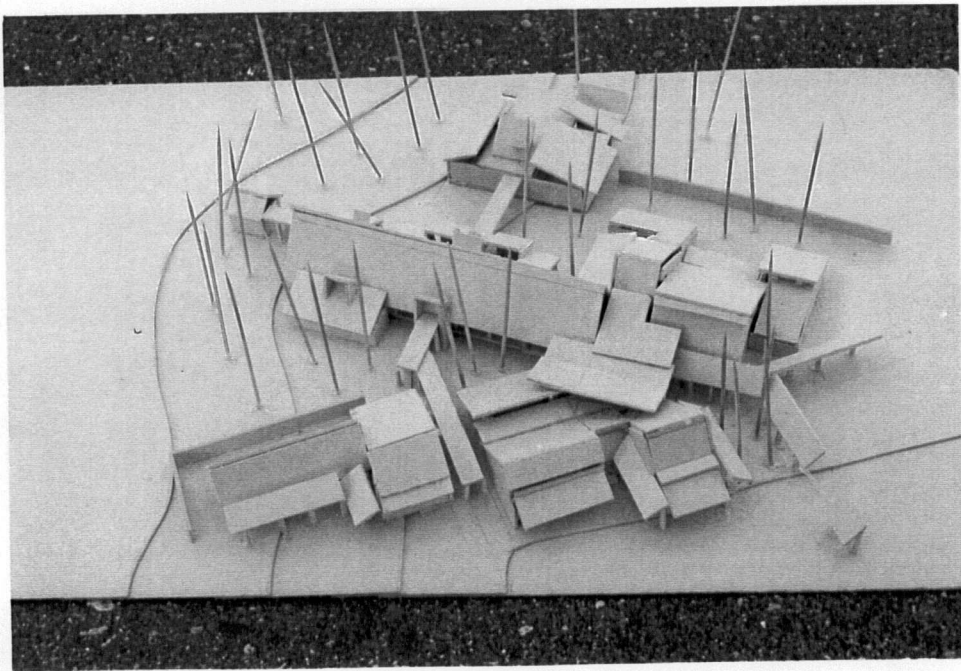


Detail Model: Structural Element of Central Waiting Hall

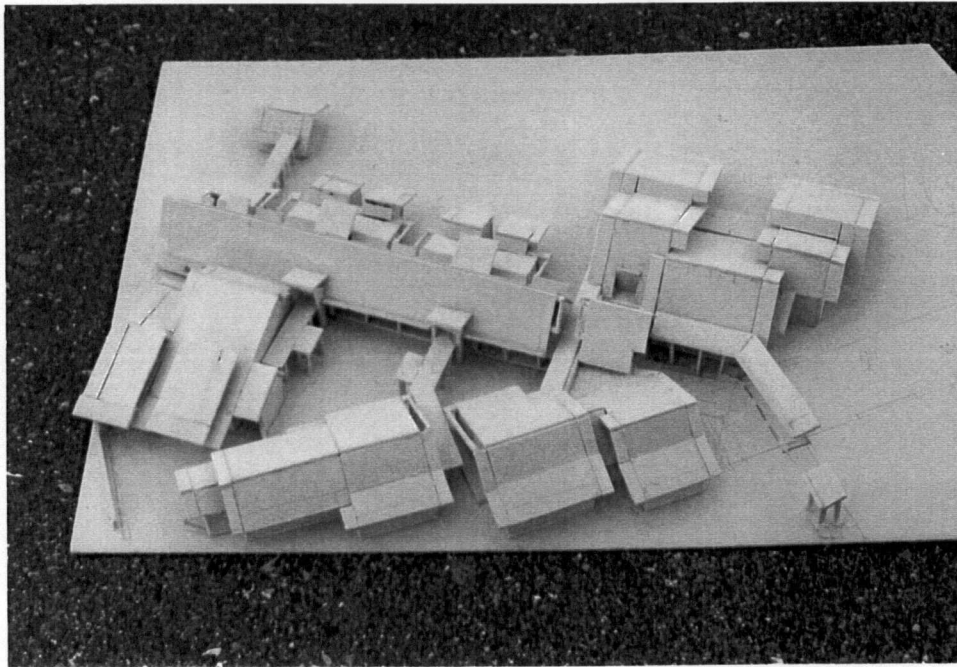




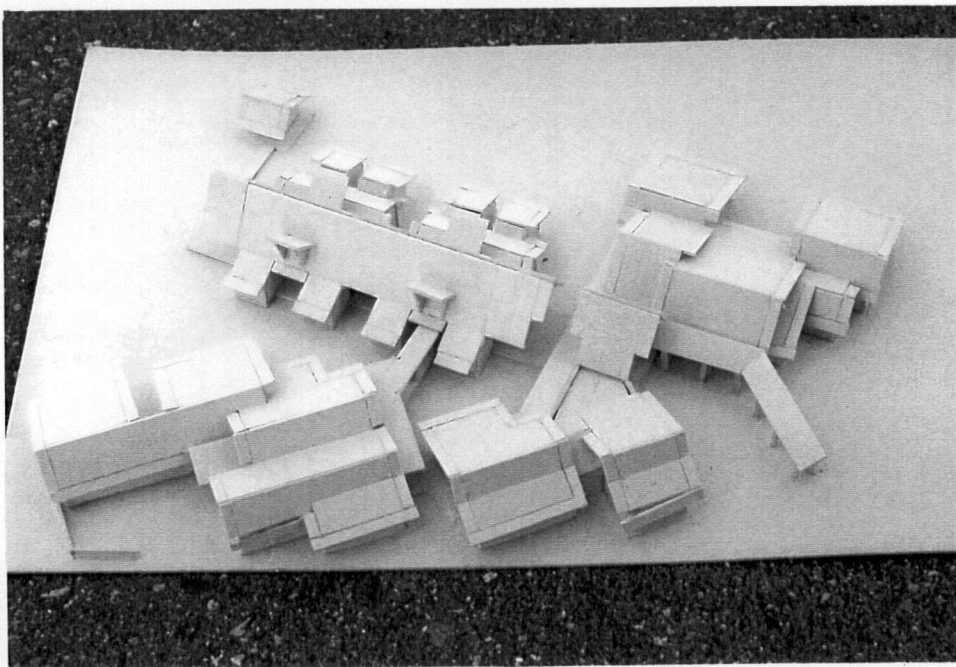
A. Process Model: One



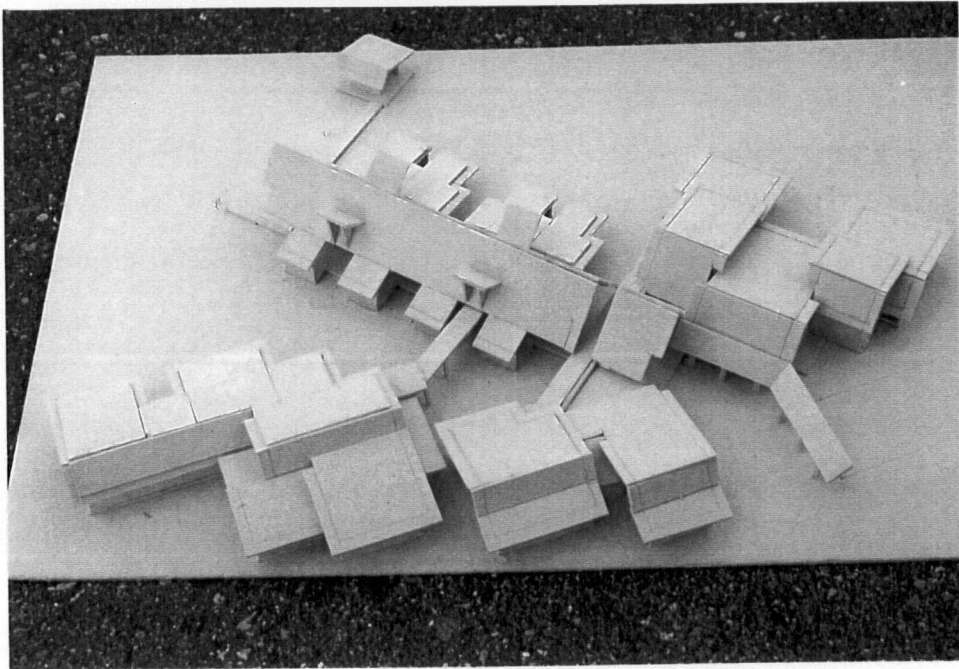
B. Process Model: Two



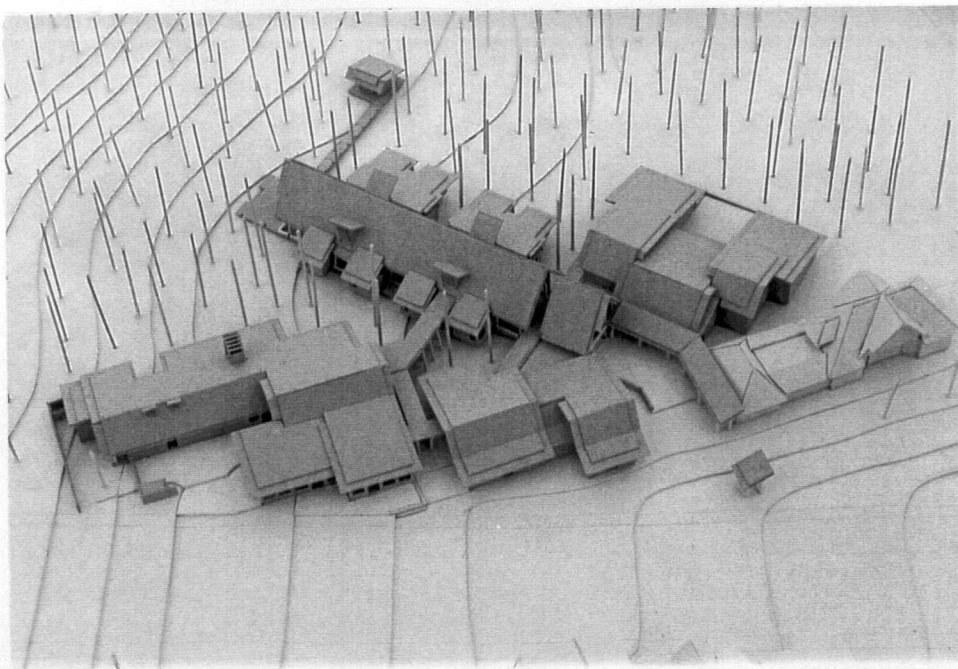
A. Process Model: Three



B. Process Model: Four



A. Process Model: Five



B. Process Model: Final Model