



Partners

Organizations and those involved



a project of the
Mary Queen of Viet Nam Community Development Corporation

in partnership with
Tulane University School of Medicine,
Office of Community Affairs and Health Policy

with the cooperation of the
Tulane City Center

with the firm
TZ.CO

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Acknowledgments

Our thanks

Vision

A new vision for healthcare

The mission of the Mary Queen of Viet Nam Community Development Corporation (MQVN CDC) and the Tulane School of Medicine is to build a neighborhood-based Community Health Center for the medically underserved community of New Orleans East. The health center will provide comprehensive primary care to 15,000 citizens in the community irrespective of insurance status or ability to pay.

The largely Vietnamese-American community of New Orleans East was underserved pre-Hurricane Katrina and has had ongoing unmet health care needs post-Hurricane Katrina. The lack of primary care services impedes the return and recovery of the community - particularly the elderly and families with young children. The health needs of the community are now increasingly unique because of the influx of the Latino workforce.

To meet the anticipated needs of the population, MQVN CDC will develop a Community-owned Health Center which will provide comprehensive health services to all. The goals of this health center are to:

+ Establish high quality and culturally appropriate health services catered to low-income, working, or uninsured/underinsured families.

+ Address social determinants of health by establishing relationships with existing health and social services and building community collaborations.

Our vision is to identify and eliminate the unique health disparities of the residents of New Orleans and beyond. The residents will be provided with quality, culturally competent, comprehensive primary and preventative health care services.

Because of the dense population of Vietnamese and Latinos in New Orleans East, the health center will address the diverse cultural and linguistic needs of the community. The demographic mix in these parishes includes African-Americans, Anglo-Americans, Asian-Americans, and Latinos.

Our goal is for community members to take ownership of their health, and to remain empowered through knowledge, understanding, and acceptance of personal responsibility for their health and wellness. This will be done through health education programs, preventative care, and outreach programs. Health services will be provided to the uninsured, underserved patients with private insurance, as well as the inclusion of a sliding scale payment option. The Community Health Center will provide high-quality, cost-effective primary and preventative care to the residents of New Orleans East and beyond.



Introduction

Creating a sustainable community health center



We have identified a location for the permanent health center on Chef Menteur Hwy near I-510, an accessible location for the neighboring population and others since it is near the highway at a visible location. The building, a former post office, will be renovated into a quality, state-of-the-art 5000 sq ft health facility. As the population in the area continues to grow, and given the overwhelming need for health services in the community, we anticipate needing more space in the future. Thus, in year three, we will construct an additional 10,000 sq ft building adjacent to the core site to allow us to provide more services to more people.

MQVN CDC in partnership with the Tulane University School of Medicine is collaborating with the Tulane City Center (TCC) to develop the following proposal with Tulane University School

of Architecture faculty member, Thaddeus Zarse and his office TZ.CO. The proposal is developed as a two stage development with Phase I consisting of the 5000 sq ft renovation of the existing building and site modifications. Phase II consists of the proposed 10,000 sq ft addition projected for construction in three years. The design of each phase of the project creates an environmentally sustainable and culturally specific design. The Phase I design process included interviews with the clinic staff in order to produce a design that would be as specific as possible to their needs and the way they use the space.

Left and Right, these images show the existing exterior and interior conditions of the post office building located in New Orleans East on Chef Menteur Hwy.





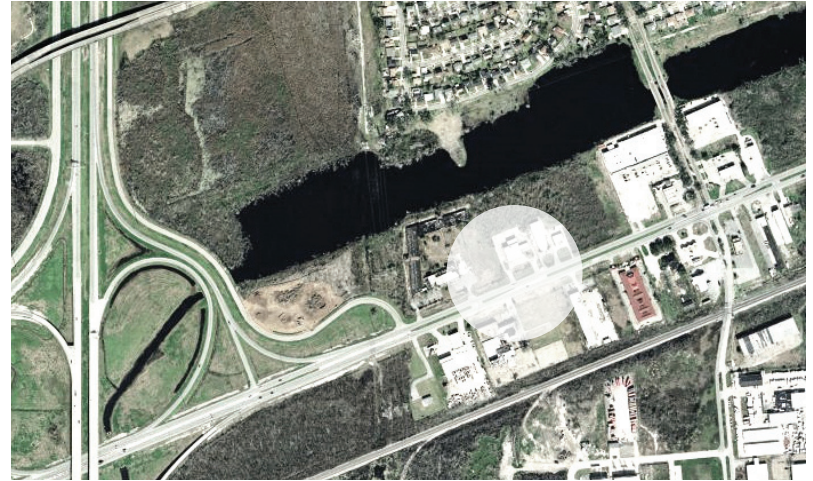


1a

City Map, this drawing locates the New Orleans East Louisiana Community Health Center within the larger city, exposing the neighborhood's lack of easy access to current health care options.

Site: New Orleans East

Reconnecting a neighborhood



The health center will be located on Chef Menteur Hwy in New Orleans East. This location is easily accessible to citizens living in the community and surrounding areas. The site is near the I-510 and is also near canals that separate it from residential neighborhoods. The location in New Orleans East allows residents who

are medically underserved affordable and accessible health care within their own neighborhood. The Phase I and Phase II proposals take advantage of the opportunities presented with such a dynamic site location and its variety of context relationships.

Left, New Orleans Block Map courtesy of the Lime Agency for Sustainable Hot/Humid Design

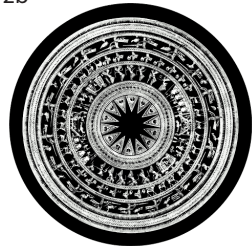
Phase One: New Entrance

Embedding cultural specificity in architecture

2a



2b



Above, 2a. Trong Dong Drum.
2b. Top of Drum

Phase I for the New Orleans East Louisiana Community Health Center starts with the renovation and adaptation of an existing post office building turning it into a sustainable and culturally significant health clinic for the community of New Orleans East. The act of renovating an existing unused building in the neighborhood and returning it to the community conveys a strong commitment to environmental sustainability by not creating large quantities of building waste that would result from tearing the building down to build new.

As part of the process of adapting the post office building to a health center, a new image of the building is created in order to redefine its purpose. A metal screen is added to the front of the building which not only formally evens out the mass, but also allows

for cultural specific patterns to be embedded in the design. The pattern used is from an ancient Vietnamese brass drum named the Trong Dong, which holds historical importance for the local Vietnamese community members. The pattern is multiplied across the length of the building creating a dynamic perforated pattern in the metal screen. The pattern, while being specific to the Vietnamese community, tries to also be culturally inclusive to all community members by not making the design a cultural stereotype of traditional Vietnamese architecture.

The site around the former post office is also redesigned to allow for more landscape to be embedded within the parking. This serves several functions including making the entry to the clinic more inviting and

welcoming for patients and staff while the taller bamboo at the front breaks up the facade from the exterior while screening views of the busy commercial street from the interior of the lobby space.

The landscape design utilizes plants native to Vietnam to increase the cultural specificity of the center while ensuring the selection is suitable for growing in the often similar Louisiana climate.

Right Rendering, this digital image shows a new facade screen and landscape which creates an inviting, cultural specific, and sustainable new entrance to the health clinic.



Phase One: Building Planning

Redefining the existing conditions

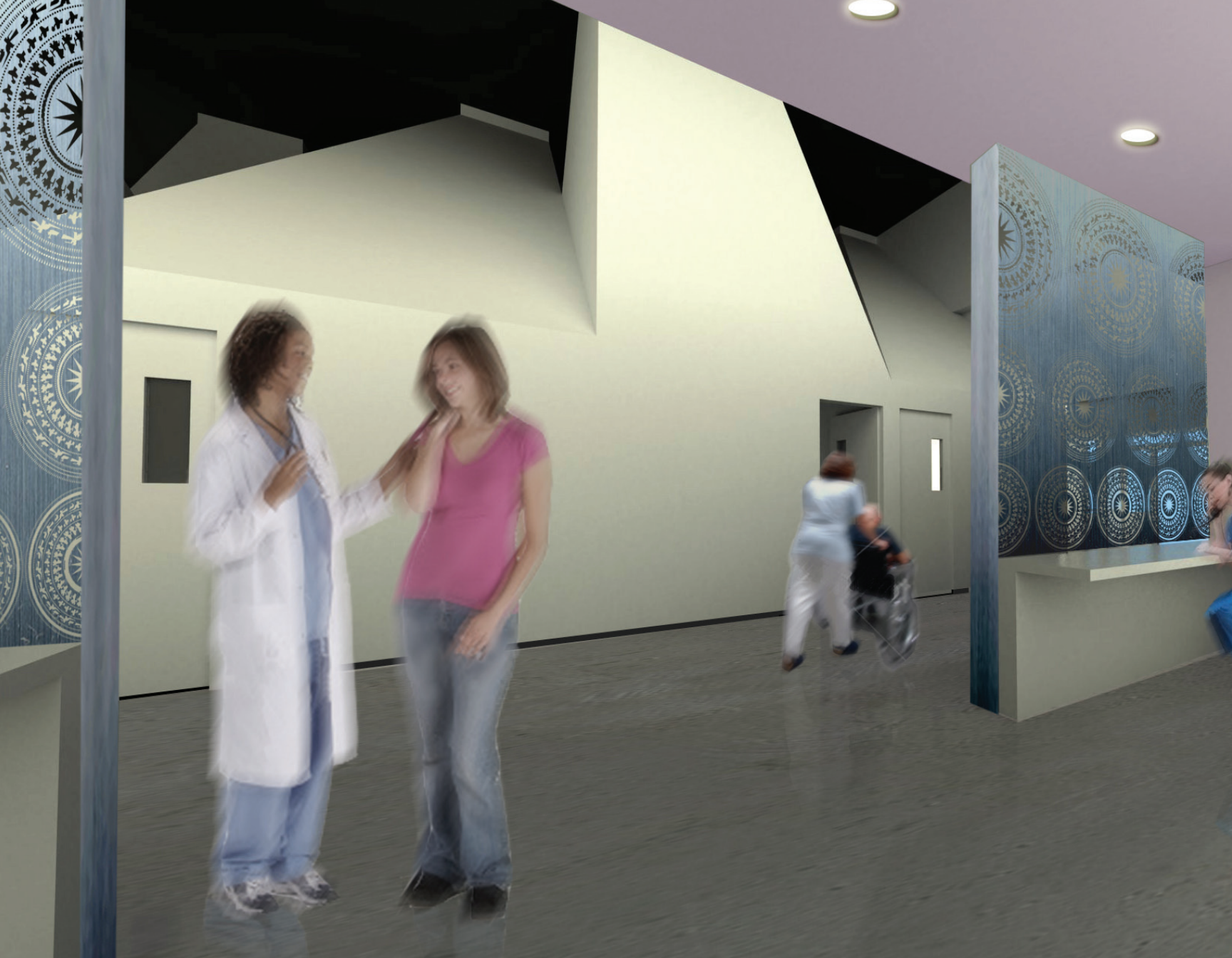


The flat roof of the existing post office building allows for easy positioning of solar panels to create a further sustainable approach to the design. The parking and landscape are reconfigured to allow separate parking zones and entrances to the building for

patients versus staff members. The landscape is strategically placed to help define entries to the building while simultaneously controlling views out of the site.

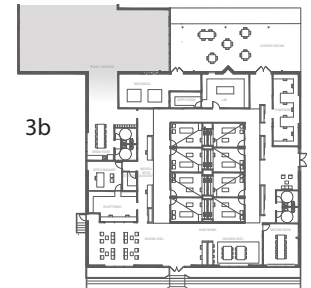
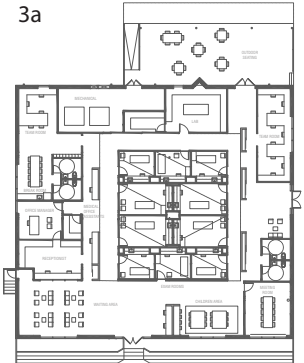


Above Site Plan and Right Axonometric, the drawings show overhead depictions exposing the relationship of the existing building to the new site plan and landscape.



Phase One: Interior Renovation

Maximizing opportunities within an existing building



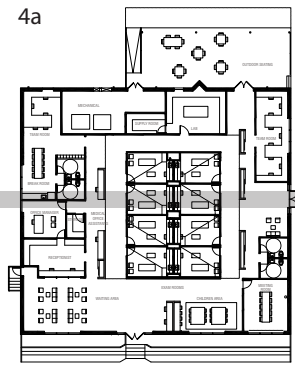
Plans, 3a. Ten room variation.
3b. Phase II expansion variation.

Left Rendering and Above Plans, the image and drawing show the openness and close proximity of the clinic staff with the patients and exam rooms allowing for direct connections and interactions between users.

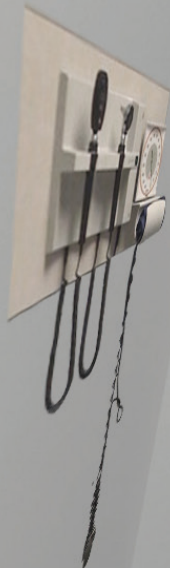
Phase One: Building Section

Developing opportunistic interior interventions



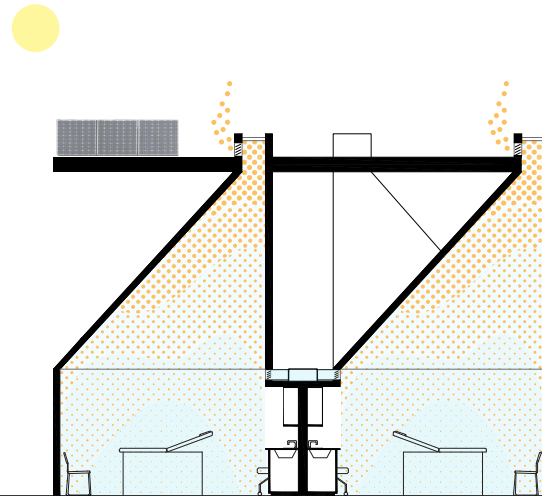


Above Section 4a, this drawing shows a section cut through the existing building exposing the dynamic space of the exam rooms and the building's integration with the site and landscape.



Phase One: Exam Rooms

Maximizing spatial and sustainable opportunities and connecting patients with light



The existing post office building is predominantly comprised of a very large and tall space. While this space works well for the sorting of mail it poses difficulty in its conversion to another building use. The exam rooms are nested in the center of the space, thus initially perceived to receive no

natural light or view to the exterior. To counterbalance this spatial inequality, the exam rooms extend to the full height of the center space, creating small punctures in the roof that allow patients a small framed view of the sky above while allowing some indirect natural light into the space. The

resulting space creates a visual funnel directing the attention towards nature. The room shape can also be designed to produce ventilation through the rooms through the stack effect, pulling hot air to the top of the room and releasing it through a small vent near the roof.

Left Rendering, this image shows an example of an exam room where light and view are attained through a skylight, allowing each room to have a connection to nature while maintaining privacy.



Phase Two: New Entry Court

Defining a culturally specific and sustainable landscape

5a



Above, 5a. Horizontal thatch construction

Phase II for the New Orleans East Louisiana Community Health Center includes planning for a 10,000 sq ft addition proposed at the rear of the existing clinic building. As part of the master plan for the site, additional parking and landscape is added to continue the creation of sustainable, culturally specific and beautiful design.

The addition employs spatial strategies utilized in the interior of the existing clinic building. These continue to allow dynamic spaces while allowing natural light and views for every space. The building's exterior material, rendered as a metal panel, allows for reflectivity reducing the heat gain of the facade while allowing for little maintenance. The panels are organized horizontally with a thatch texture to reduce the scale of the building and recall historical Vietnamese structures. This detail allows some cultural understanding of the building without being

overwhelming to non-Vietnamese staff and visitors.

The entry of the building is located through a landscaped courtyard space that allows for a gradual raise in elevation from the parking, preventing the building from flooding and giving the entry an easily accessible and welcoming appearance, rather than one that appears too raised. The landscape design within the courtyard and embedded in the parking utilizes plants native to Vietnam to increase the cultural specificity of the clinic while ensuring that the selection is suitable for growing in the often similar Louisiana climate. Water features embedded in the landscape not only act as a point of interest, but also perform as water retention cisterns and filtration beds to reduce reliance on the city's sewer infrastructure.

Left Rendering, this digital image shows a new entry courtyard located behind the existing building that leads to the Phase II new building entrance lobby.

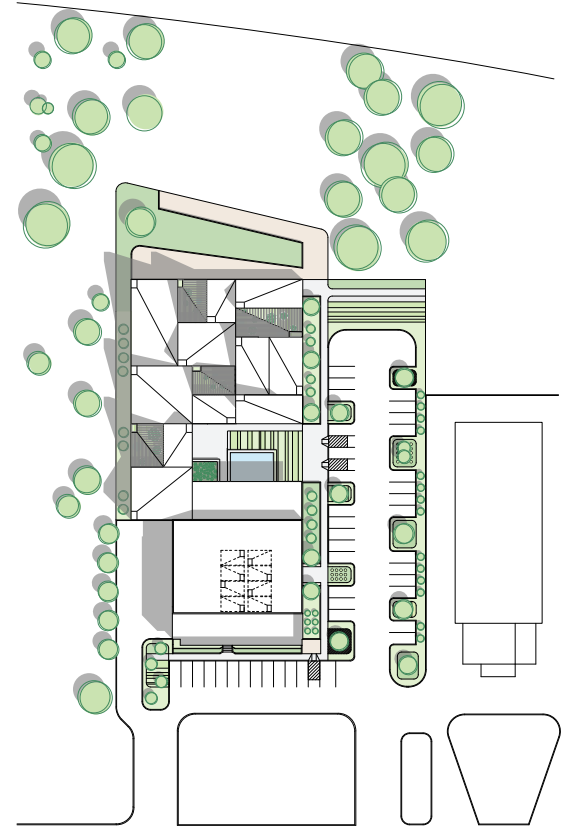
Phase Two: Building Planning

Creating a collective campus whole with individual masses

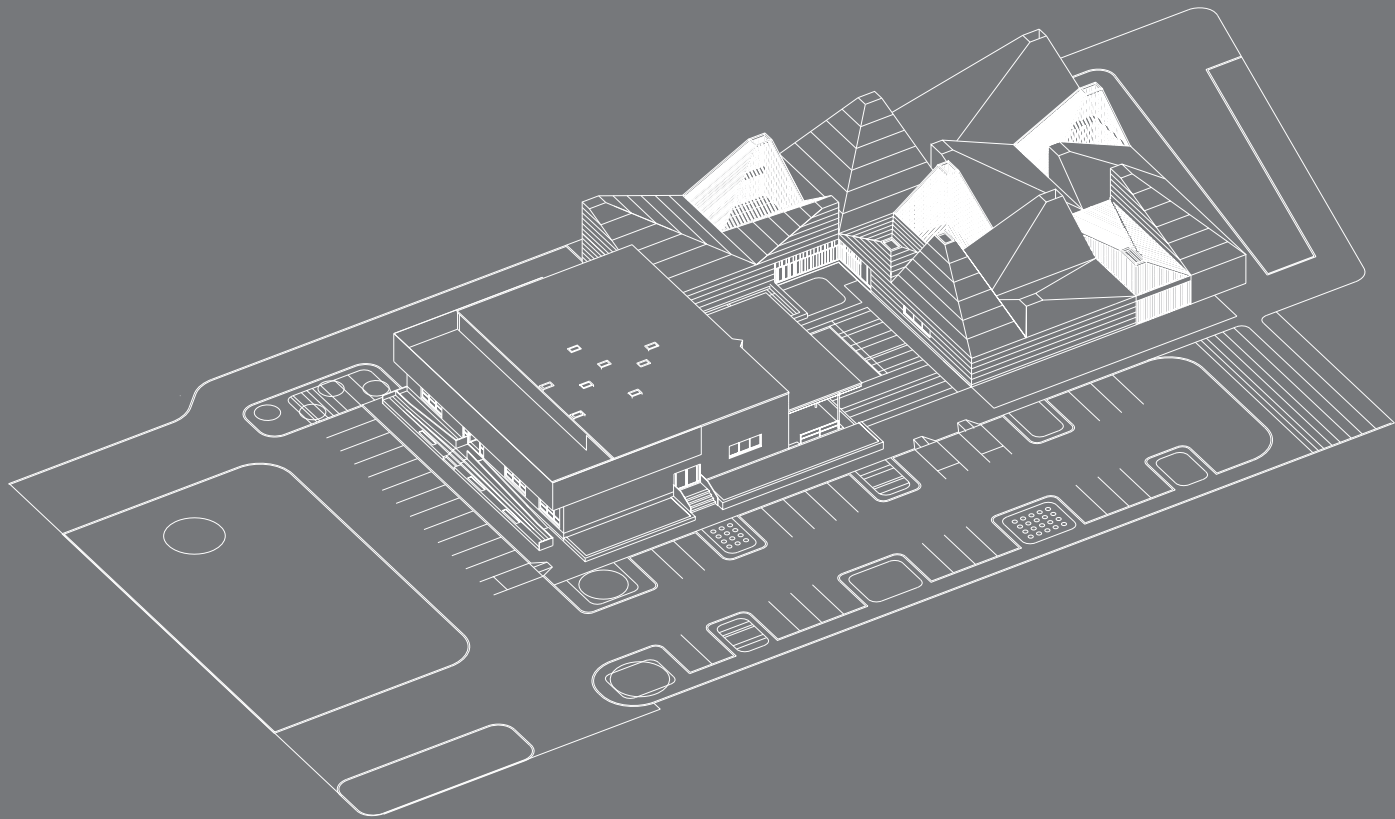


The Phase II addition utilizes a technique of clustering together several smaller aggregates to create the whole. This technique, visually reminiscent of densely clustered villages, breaks down the larger mass of the building

and allows for the interior space to be broken by different spatial conditions. Areas are also left void to allow for internal pergolas allowing light and air to reach the deep building mass.



Above Site Plan and Right Axonometric, the drawings show overhead depictions exposing the relationship of the existing building to the new Phase II building with the integration of landscape and courtyards.







Phase Two: Internal Courtyards

Connecting interior program with exterior space

The Phase II addition creates several courtyard spaces within the building. These allow for increased light and air to enter the building while allowing for visitors and staff to have views outside of the building. The design of each courtyard differs to create varied areas in the health center which also assists in wayfinding within what are typically confusing complexes. The pergola within the courtyards defines a spatial volume framing a shape, similar to the masses found in the buildings clustered shapes.

These also shade the space from the sun much of the time while still allowing for indirect light into the interior spaces. The exterior spaces will be designed to adjoin interior programs allowing for an openness and transparency between interior and exterior. This physical and visual openness to nature is known to produce a calming effect on potentially nervous patients.

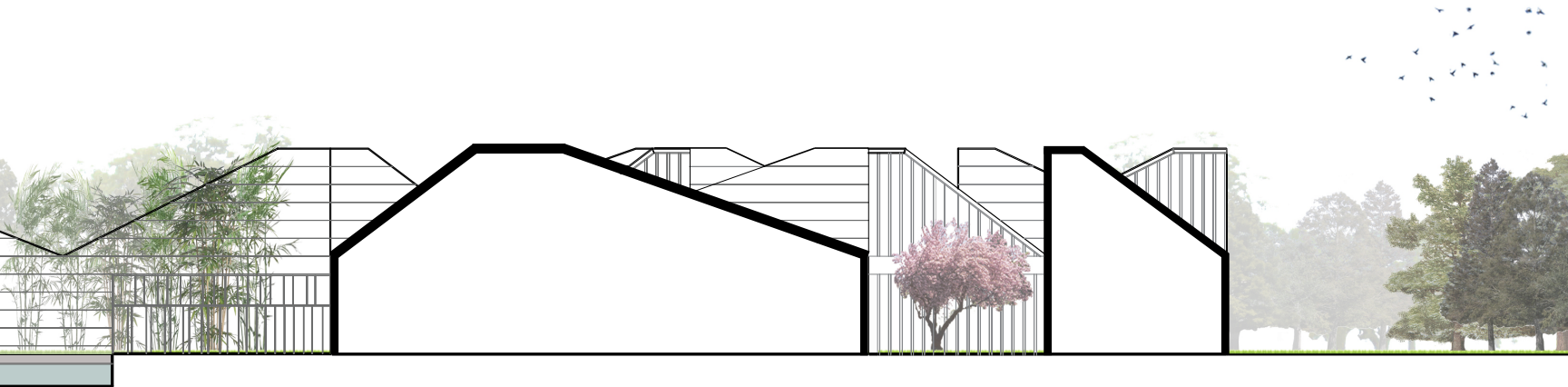
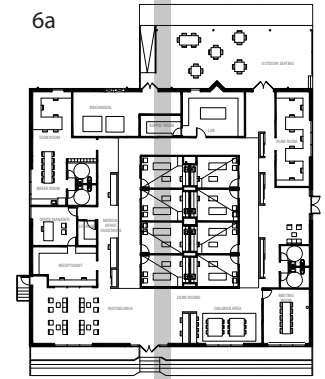
Left Rendering, this digital image shows a trellised outdoor courtyard space within the new building allowing easy access from the inside to outside spaces.

Phase Two: Building Section

Connecting the old with the new



6a



Above Section 6a, this drawing shows a section cut through the entire length of the site, displaying the existing building's connection to the Phase II addition to the clinic.

Acknowledgements

Our thanks to ...



Research and Design Team

Thaddeus Zarse
Advising professor + Principal of TZ.CO

Joseph Keppel
Tulane City Center Intern

Rebecca Miller
Tulane City Center Intern

Scott Berger
Tulane City Center Intern

Tulane City Center

Scott Bernhard
Director

Dan Etheridge
Associate Director

Emilie Taylor
Senior Program Coordinator

Mary Queen of Viet Nam Community Dev. Co.

Mary Tran
Executive Director

Diem Nguyen, PharmD
Health Center Project Manager

Christina Wadhwani
Health Outreach Coordinator

Tulane University School of Medicine Office of Community Affairs and Health Policy

Karen DeSalvo, MD, MPH
Vice Dean

Leah Berger, MPH
Director

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