NO PLACE LIKE HOME: RECLAIMING HISTORIC URBAN SPACES INTO A COMMUNITY OF CARE

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ABSTRACT

This architectural thesis explores the adaptive reuse of an abandoned site surrounding an existing church, repurposing it for community programs and surrounding it with intergenerational, low-income, and accessible housing. This project reimagines the church site as a vibrant community anchor, preserving cultural heritage while integrating essential services and medical staff, and providing public amenities. Through sustainable design and intentional land use, the proposal establishes a resilient model of housing and healing that strengthens social connection and supports diverse populations. By integrating therapeutic design principles with existing architectural design theories, this study will propose a new framework for community care that is both adaptive and human-centered, redefining how built environments can enhance quality of life for individuals within the community. It challenges conventional housing models by demonstrating how the built environment can serve as a platform for healing and social cohesion.

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DEDICATION

To my family, for their endless support

ACKNOWLEDGEMENTS

This thesis is the result of not just my own efforts, but the collective wisdom, patience, and support of an incredible community.

I owe my deepest thanks to my committee Craig Hinrichs, Terry Welker, and Murali Paranandi. Your rigorous feedback, sharp insights, and steady mentorship provided the framework for this research. You challenged me to elevate my work and steered this project to its final form.

My perspective on the built environment is the product of a diverse academic foundation spanning Miami University, the University of Cincinnati, and Bluegrass Community and Technical College. Beyond my committee, educators like Kevin Murphy and Tom Rogers heavily influenced my trajectory. Their earlier teachings laid the vital groundwork that made this current research possible.

Behind the academic milestones is the quiet, constant support of my family. Thank you for your enduring patience and for always believing in my capacity to succeed. You gave me the courage to dedicate myself fully to this discipline. To the friends and peers who walked this path alongside me: you transformed what could have been a grueling and isolating process into a remarkably joyful chapter of my life. Thank you for the debates, the shared resilience, and the invaluable friendships.

This work stands as a milestone I could not have reached alone. I am profoundly grateful to every person who offered their time, wisdom, or encouragement along the way.

No Place Like Home: Reclaiming Historic Urban Spaces into a Community of Care

Thesis Statement:

The integration of accessible independent housing for people with disabilities into existing neighborhoods is essential for community growth. Traditional housing models often isolate individuals with disabilities, limiting their opportunities for social interaction, employment, and community engagement. By designing an accessible housing scheme and healing facility, environments can be created to promote independence and house essential medical staff, providing quality care and public amenities through the lens of sustainable housing models and thoughtful land use development.

Abstract:

This architectural thesis will explore how therapeutic design principles and temporality can be leveraged to create communities that are sensory-conscious and integrated into residential neighborhoods rather than isolated from them for adults with Intellectual and Developmental Disabilities. Much of the existing scholarship around healthcare and long-stay facilities focuses on hospital-like settings that prioritize medical efficiency over holistic, human-centered living environments, often creating isolated, institutionalized spaces that separate residents from the larger community, reinforcing stigmas and limiting opportunities for social interaction and autonomy. By bridging the gap between care-centered design and neighborhood integration, this study contributes to the somewhat outdated research by challenging conventional models of long-term care and advocating for dignified community-embedded living spaces for individuals with IDD. Temporality plays a crucial role in this approach, as individuals with IDD often experience time through routine, environmental cues, and structured spatial sequencing. Incorporating gradual adaptability, circadian-supportive design (as outlined in the supporting text), and sensory aware design, long-stay facilities evolve with residents' needs while fostering a sense of belonging and stability. By integrating therapeutic design principles with existing architectural design theories, this study proposes a new framework for long-term care that is both adaptive and human-centered, redefining how built environments can enhance quality of life for individuals with IDD.

Introduction:

The built environment plays a crucial role in shaping the opportunities and quality of life for individuals with disabilities. However, traditional housing models often fail to provide inclusive and integrated living spaces, instead isolating individuals in specialized

facilities or inadequately designed homes. This segregation limits their ability to engage in social interactions, secure employment, and access essential community resources. As cities continue to evolve, there is a pressing need to rethink housing strategies that prioritize accessibility and inclusivity within existing neighborhoods. This thesis explores how the integration of independent, accessible housing within established communities can foster social inclusion and improve the overall well-being of individuals with disabilities. By employing universal design principles, sustainable development strategies, and innovative urban planning approaches, housing can be reimagined to accommodate diverse needs while enhancing the fabric of the surrounding community.

Methodology:

The primary research methods that will be applied to this architectural thesis are focus groups and interviews. These three areas of qualitative research correspond to each other, building upon the analysis and interpretation of the given feedback from various stakeholders that this thesis project accompanies.

The interview process of the research methods for this thesis aims to explore and understand the opinions and perceptions of the caretakers for the individuals with disabilities. The interview process of these methods will be particularly useful for this thesis by providing a platform for individuals to share their lived experiences within their existing working models, and provide an understanding as to what behaviours and feelings are being experienced. The interview phase of the research process is an opportunity to ask questions that can assist the design process for a new facility, ranging from the interior design to the neighborhood scale of the community.
Interviews provide a lens to not only help design the program and spatial layout[1], but creates an opportunity to connect to the staff and caretakers of existing facilities by understanding their preferences and needs of their day to day life. The interview process inherently includes the sub-category topic of observation. This observation refers to the experience felt while conducting interviews whether that be on site in a facility or within the community. Building upon the data collected in the interview process, the inherent observations will assist in creating a personal narrative of the topic and the problem.

Alternatively, the qualitative research must be conducted in a Focus Group setting. To adapt this interview methodology into a focus group format, the research process would shift to facilitate a collective discussion among caretakers and management simultaneously, allowing for a shared exploration of their experiences and perceptions. Focus groups would provide a dynamic platform for participants to not only share their individual stories but also to react to and build upon each other's insights, fostering a deeper understanding of common themes, challenges, and preferences in existing care models[2]. This group setting can highlight social dynamics, uncover collective concerns, and spark new ideas through dialogue, which may not surface in one-on-one interviews. Questions would now invite group interaction, encouraging participants to elaborate on or contrast their experiences with those of others. Additionally, the focus group setting enhances observational opportunities, allowing the researcher to observe group dynamics, non-verbal cues, and shared emotional responses, which can further inform the design process and strengthen the narrative of the research.

Theoretical Lens+Literature Review:

The integration of therapeutic architecture and temporality in the design of long-stay facilities for individuals with severe intellectual and developmental disabilities (IDD) provides a framework for shifting from institutionalized

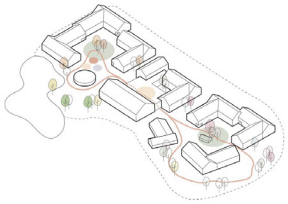
care models to environments that foster well-being, sensory design, and community integration. The theoretical lens of Therapeutic Architecture and Temporality[3], with several evidence based design studies, theories of spatial sequencing, time perception, and empirical design evidence will contribute to the architectural design problem. Therapeutic architecture considers how spatial qualities and biophilic elements contribute to psychological and physiological health, ensuring that care facilities are not only functional but also nurturing and home-like. However, much of the existing scholarship focuses on hospital-like settings that prioritize medical efficiency over holistic, human-centered living environments. These models often create isolated, institutionalized spaces that separate residents from the larger community, reinforcing stigmas and limiting opportunities for social interaction and autonomy. This research will address these gaps by exploring how therapeutic design principles and temporality can be leveraged to create communities that are sensory-conscious and integrated into residential neighborhoods rather than isolated from them. Temporality plays a crucial role in this approach, as individuals with IDD often experience time through routine, environmental cues, and structured spatial sequencing. Incorporating gradual adaptability, circadian-supportive design[4] (as outlined in the supporting text), and sensory aware design, long-stay facilities evolve with residents' needs while fostering a sense of belonging and stability.

Another key objective of this research is to understand and redefine Ulrich's Supportive Design Theory[5] relative to the context of the research problem in order to facilitate the development of long-stay facilities that blend seamlessly into their urban or suburban contexts, fostering community-oriented environments. By bridging the gap between care-centered design and neighborhood integration, this study contributes to the somewhat outdated research by challenging conventional models of long-term care and advocating for dignified community-embedded living spaces for individuals with IDD. The proposed thesis contributes to the research in three key ways. First, it expands the role of therapeutic architecture beyond hospitals and medical facilities, demonstrating its importance in residential long-term care for individuals with severe intellectual and developmental disabilities. Second, it introduces a temporal perspective (as outlined in the first paragraph and reading), to disability-centered design, emphasizing that architecture must support not only physical accessibility [6] but also the cognitive and sensory rhythms of residents over time [7]. This includes designing spaces that adapt to changing needs and promote emotional stability. Third, it challenges the institutional nature of traditional long-stay facilities by advocating for environments that go beyond providing basic shelter, instead to foster a sense of belonging. By integrating therapeutic design principles with existing architectural healthcare design theories, this study proposes a new framework for long-term care that is both adaptive and human-centered, redefining how built environments can enhance quality of life for individuals with IDD.

Case Study Analysis:

Marlin and Doris Thomas Memory Center - NORD Architects

The memory care facility from NORD Architects is located in Pennsylvania. Applications from this project can be useful to my thesis by drawing precedent from the shared community spaces, materiality, and overall masterplanning. The emphasis on shared spaces such as the community greenhouse and the large gathering space provide examples in space planning and public/ private adjacencies.

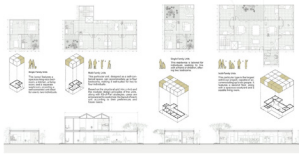


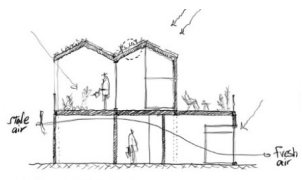




La Vie; Shared Living Room - Design Competition - BEYOND ISOLATION: SENIOR HOUSING

This design competition project from Beyond Isolation: Senior Housing is a conceptual senior care facility, and 1st place award for the design competition. Applications from this project can be useful to my thesis by drawing precedent from the modularity and flexibility of the unit typologies in order to create a housing scheme that works with residents with IDD and caretakers.

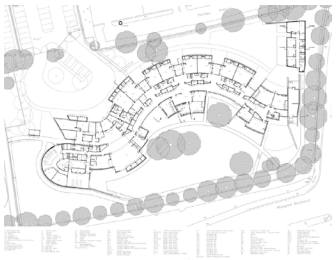




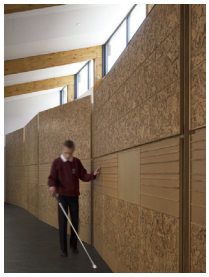


Villa T-Extension by OFIS architects, Ljubljana, Slovenia

Villa T-Extension by OFIS architects provides an excellent example of designing with accessible material choices without sacrificing aesthetics and function. The mild curvature of the floor plan provides a simple yet articulated circulation path between residential units and common spaces.





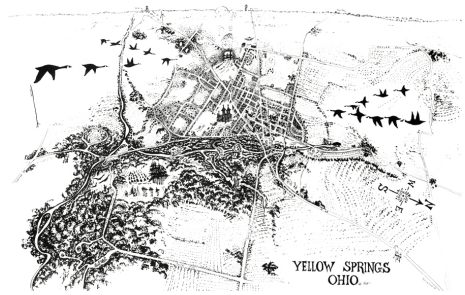


Site Options:

Location A (Primary): Yellow Springs, Ohio

Yellow Springs, OH presents a promising location for a proposed integrated housing community for adults with disabilities, thanks to its ample available land both within the town core and surrounding areas. The town's rich cultural fabric, rooted in the arts, nature, and year-round community events, offers a vibrant, inclusive environment for residents to engage with. Inspired by its historical foundation, originally modeled after the utopian ideals of New Harmony, Indiana, this project has the potential to honor Yellow Springs' legacy by creating a space that fosters healing, connection, and well-being through intentional architectural design and the integration of natural elements as a

platform for healing. This site provides a rural/ sparse suburban scale for the project.

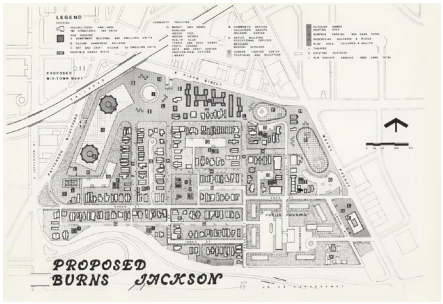


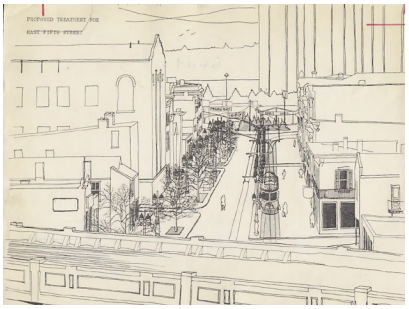


Context:
Primarily residential with a vast amount of nature preserve and open public green space surrounding the historical downtown core. Thus, inviting many visitors to the extremely walkable town center and surrounding areas. The actual Yellow Spring, located in Glen Helen Nature Preserve was discovered around 1800 and quickly became a major attraction for those seeking its curative waters. For more than one hundred years, the town was a popular health resort with hotels, spas, boarding houses and a tavern to serve travelers on the nearby stagecoach road. With the completion of the Little Miami Railroad in 1846, Yellow Springs became the center of trade and recreation for the region.

Location B: Dayton, Ohio (Oregon District)

With significant economic revitalization over the past decade, the Oregon District in Dayton, OH emerges as a strong candidate for the integration of a housing model for adults with disabilities. Its close proximity to numerous medical centers and hospitals enhances the long-term viability and support structure of the proposed community.





Context:
Rooted in rich historical context, the Oregon District offers an opportunity to develop an architectural and community-driven project that contributes both cultural and economic value. The district's existing mixed-use character combined with its vibrant art festivals, local businesses, and community events creates an ideal environment for inclusive living, fostering meaningful connections between residents and the broader community.This site provides a dense urban / suburban scale for the project.

Theoretical Frameworks

Traditional housing models have historically failed to accommodate the needs of individuals with disabilities, often resulting in physical and social isolation. Many housing developments designed for people with disabilities are placed in segregated locations, far from employment opportunities, public transportation, often in non-residential zones. This separation limits their ability to form social connections, engage in daily activities, or maintain independence. The lack of

integrated housing also affects employment rates among people with disabilities, as they frequently encounter difficulties in commuting or finding housing near workplaces. Through the lens of these outlined theoretical frameworks, accessible housing is investigated to improve the quality of life and overall well-being of individuals with disabilities by promoting social interaction and reducing dependence on institutional care. Without addressing these systemic issues, traditional housing models will continue to reinforce barriers rather than dismantle them, highlighting the need for integrated, community-based solutions.

Therapeutic architecture offers a new lens to view these challenges by leveraging environmental design to promote well-being and autonomy. The built environment can function as a therapeutic intervention[8], not merely as a passive backdrop for care, but as a vital contributor to recovery and social integration. Spatial design elements such as access to natural light, modularity of spaces, privacy gradients, and proximity to green areas significantly impact psychological and social outcomes. When applied to community-based housing, these principles can reduce feelings of marginalization and instead promote interaction and independence. In addition to therapeutic architecture's role in supporting social integration, the emphasis on person-centred care[9] in design is essential to creating housing environments that respect the individual needs of residents with disabilities. Care environments should be conceived not merely for functionality or safety, but to support the holistic well-being of individuals by recognizing them as active agents in their own care. This perspective challenges the institutional legacy of one-size-fits-all housing solutions and advocates for more adaptable, human-scale environments. Applying person-centred design principles to housing for people with disabilities means creating flexible spaces that can be personalized, ensuring privacy while also allowing for social engagement, and enabling access to nature and meaningful routines. Spatial design is a form of care in itself, and that inclusive, therapeutic environments must be grounded in respect for the lived experiences and preferences of their inhabitants.

A critical component in designing inclusive and supportive housing for individuals with disabilities is the spatial configuration of the built environment and the psycho-spatial approach[10] to evaluate long-term care facilities, emphasizing that spatial layout is tied to the resident cognitive and emotional well-being. The framework underscores how spatial organization, such as the arrangement of private and communal areas, visibility of landmarks, and the clarity of wayfinding can either support or hinder residents ability to navigate and feel at ease within their environment. For individuals with disabilities, poorly designed layouts can intensify disorientation, dependency, and social withdrawal, increasing caregiver burden. Thus, incorporating psycho-spatial principles into caregiving and residential architecture ensures that environments are not only accessible, but also designed with therapeutic and person-centred care values.

Universal Design Integration

Integrating accessible housing into existing neighborhoods requires a thoughtful approach that prioritizes universal design and community-centered planning. Universal design principles provided from outlined case studies prove to accommodate individuals with varying mobility needs without sacrificing functionality or aesthetics. Beyond housing itself, the broader urban environment must also be designed to support inclusivity, with features such as accessible public transportation and community gathering spaces that foster social interaction. When accessibility is considered as part of a larger urban framework rather than an isolated issue, entire neighborhoods benefit from increased diversity and social cohesion. Incorporating housing for medical staff and caregivers within these developments

provides residents with immediate access to essential support without creating an institutionalized environment. Selected case studies that have successfully implemented inclusive housing models will be investigated, demonstrating that accessible housing fosters stronger social connections, enhances economic participation, and enriches the overall neighborhood fabric. By designing housing that blends seamlessly into established communities, rather than isolating individuals with disabilities, environments can be created to promote dignity, autonomy, and long-term social integration.

The successful integration of accessible housing into existing neighborhoods requires a sustainable and inclusive approach to land use development. Implementing passive house and cost-effective design strategies, such as modular housing and sustainable materials not only ensures long-term affordability but also promotes the longevity of the built environment. Sustainable housing models can be designed to reduce energy consumption, improve indoor air quality, and enhance overall livability for individuals with disabilities. Existing zoning regulations and housing policies often fail to encourage inclusive, diversified development, perpetuating a cycle of exclusion; rather, zoning policies and urban planning regulations must be reformed to encourage new housing typologies[11], such as allowing for care facility developments within existing residential zones. By embracing sustainable and inclusive land use development, cities can create communities that are not only accessible but also resilient, equitable, and supportive of people of all abilities.

Conclusion:

The integration of accessible, independent housing within existing neighborhoods is not only a necessity for individuals with disabilities but also a crucial step toward fostering more inclusive and sustainable communities. Traditional models of long term care facilities have long perpetuated segregation and isolation, limiting opportunities for social engagement, employment, and overall well-being. By rethinking urban planning strategies and embracing universal design principles, it is possible to create housing that promotes both independence and accessibility while enriching the community at large. By prioritizing accessibility in housing design, cities can move toward a future where individuals with disabilities are active and engaged members of society rather than marginalized by their built environments. This thesis highlights the importance of inclusive development as a means of promoting equality and long-term community growth. In doing so, it reaffirms that accessible housing is not just a specialized need but a fundamental aspect of sustainable and equitable urban planning.

Annotated Endnotes:

[1]Douglas CH, Douglas MR. Patient-centred improvements in health-care built environments: perspectives and design indicators. Health Expect. 2005 Sep;8(3):264-76. doi: 10.1111/j.1369-7625.2005.00336.x. PMID: 16098156; PMCID: PMC5060295.

In this article, Douglas and Douglas explore how the physical environment of healthcare settings impacts patient experiences and outcomes, emphasizing the importance of patient-centred design. Drawing on qualitative data from both patients and staff, the authors identify key environmental factors—such as privacy, accessibility, comfort, and aesthetic quality—that significantly influence patient satisfaction and well-being. The study also proposes a set of design indicators that can be used to assess and guide improvements in healthcare facility planning. The authors advocate for more participatory design processes where patient voices are integrated into architectural decisions. This research contributes to the growing body of evidence supporting therapeutic architecture by underscoring how the built environment can serve as a catalyst for healing, empowerment, and improved healthcare delivery.

[2]LaVela SL, Etingen B, Hill JN, Miskevics S. Patient Perceptions of the Environment of Care in Which Their Healthcare is Delivered. HERD. 2016

Apr;9(3):31-46. doi: 10.1177/1937586715610577. Epub 2015 Nov 23. PMID: 26597101.

This study examines how patients perceive the physical environment of care settings and how these perceptions relate to overall satisfaction with healthcare services. Through a cross-sectional survey involving over 6,000 patients from the U.S. Department of Veterans Affairs, the researchers found that environmental factors such as cleanliness, noise levels, privacy, and wayfinding significantly influenced patient experiences. The study highlights the critical role of the built environment in shaping patients' emotional comfort, safety, and trust in healthcare providers. By analyzing real-world data from a large and diverse sample, the authors contribute valuable insights into patient-centred design practices. This article supports the broader argument for therapeutic architecture by demonstrating that well-designed environments can enhance patient outcomes and reinforce perceptions of quality care.

[3]Vollmer, T.C.; Koppen, G.; Iovit,a, C.; Schießl, L. Therapeutic Architecture and Temporality: Evidence-Based Design for Long-Stay Facilities for Individuals with Severe Intellectual Disabilities and Challenging Behaviour. Architecture 2024, 4, 541–570. https://doi.org/10.3390/architecture4030029

This study examines the role of therapeutic architecture in designing long-stay facilities for individuals with severe intellectual disabilities and challenging behavior. The authors emphasize evidence-based design strategies that improve well-being by considering spatial organization, sensory experiences, and temporality, highlighting how environments evolve with users' needs over time. The research highlights the importance of balancing safety, comfort, and stimulation to create supportive and adaptable care settings. This article is a valuable resource for the thesis problem as it assists in seeking to design more inclusive and responsive healthcare environments.

[4]Benedetti F., Colombo C., Barbini B., Campori E., Smeraldi E. (2001). “Morning sunlight reduces length of hospitalization in bipolar depression.” Journal of Affective Disorders, 62(3), 221–223. 10.1016/S0165-0327(00)00149-X

This study investigates the impact of natural light exposure on the hospitalization duration of patients with bipolar depression. The authors found that patients assigned to east-facing rooms, which receive more morning sunlight, had significantly shorter hospital stays compared to those in west-facing rooms. The findings support the therapeutic role of environmental design, specifically natural light exposure in improving psychiatric treatment outcomes. This article is frequently cited in literature on evidence-based design and remains a foundational reference for architects and clinicians interested in optimizing healthcare environments through passive environmental features.

[5]Ulrich, Roger. (1997). A theory of supportive design for healthcare facilities. Journal of healthcare design : proceedings from the ... Symposium on Healthcare Design. Symposium on Healthcare Design. 9. 3-7; discussion 21.

In this article, Ulrich, a Professor of Architecture at the Center for Healthcare Building Research at Chalmers University of Technology, presents a theory of supportive design, emphasizing how healthcare environments can positively impact patient recovery and well-being. He identifies three primary elements of supportive design: reducing stress, fostering social support, and providing patients with a sense of control over their environment. The study highlights the role of natural light, access to nature, and comfortable, aesthetically pleasing spaces in improving health outcomes. Ulrich's work is foundational in healthcare design, influencing the creation of patient-centered environments that enhance healing and reduce stress. This article is particularly valuable for research in evidence-based design for medical facilities.

[6]Boys, Jos. “Starting from Disability.” In *Doing Disability Differently: An Alternative Handbook on Architecture, Dis/ability and Designing for Everyday Life*. London: Routledge, 2014.

Jos Boys critiques conventional architectural approaches that treat disability as an obstacle rather than an integral design consideration. She argues for a shift in perspective that embraces disability as a starting point for more inclusive and innovative design. Rather than focusing solely on compliance with accessibility standards, Boys advocates for a creative, socially conscious approach that enhances everyday experiences for all individuals. Her work challenges designers to rethink the built environment in ways that recognize and celebrate human diversity. This article is particularly relevant as it offers a framework for creating living spaces that prioritize accessibility,

adaptability, and inclusivity, ultimately fostering a more empowering and supportive environment.

[7]Massey, Doreen. "A Global Sense of Place." In *Space, Place, and Gender*. Minneapolis: University of Minnesota Press, 1994. [pp.146–156]

The concept of global sense of place is questioned by Doreen Massey, a British social scientist, geographer, and Professor Emerita at the Open University. She aims to redefine traditional understandings of space by suggesting that places are not fixed, but rather are open and constantly shaped by global flows and interactions. Massey introduces the concept of the time-space compression which views places as interconnected, yet dynamic areas influenced by various social, economic, and cultural factors. Through this perspective, Massey challenges the notion of place as stable or fixed, arguing that understanding places in this relational way allows for a more inclusive and accurate representation of local and global identities. This article is particularly useful in understanding the psychology of place, as it provides a lens to understand places that promote inclusivity in the globalized urban environment. I can evaluate Massey's non-western perspective of a global sense of place to assist the thesis problem statement.

[8]Rodríguez-Labajos L, Kinloch J, Grant S, O'Brien G. "The Role of the Built Environment as a Therapeutic Intervention in Mental Health Facilities: A Systematic Literature Review." HERD. 2024 Apr;17(2):281-308. doi: 10.1177/19375867231219031. Epub 2024 Feb 22. PMID: 38385552; PMCID: PMC11080396.

This systematic literature review evaluates the role of architectural and environmental design as a therapeutic intervention within adult mental health inpatient facilities. Drawing on a broad spectrum of empirical studies, the authors identify key design factors such as natural light, access to nature, spatial layout, and sensory modulation that support patient recovery and well-being. The paper emphasizes the growing importance of evidence-based design in mental health architecture and outlines both current trends and research gaps. It is particularly valuable for architects, healthcare planners, and policymakers aiming to create therapeutic environments that align with modern mental health care approaches.

[9]Golembiewski JA. Mental health facility design: The case for person-centred care. *Australian & New Zealand Journal of Psychiatry*. 2015;49(3):203-206. doi:10.1177/0004867414565477

In this article, Golembiewski argues for a shift in mental health facility design toward person-centred care, emphasizing the role of architectural environments in influencing psychological and emotional well-being. The author critiques traditional, institutional models of mental health care design and advocates for environments that promote autonomy, dignity, and recovery through thoughtful spatial organization, access to nature, and sensory considerations. This paper is influential in bridging architecture and psychiatry, offering key insights for healthcare designers and mental health practitioners committed to therapeutic, human-centered environments.

[10]Rom Y, Palgi Y, Isaacson M. "Analyzing the Layout of Long-Term Care Facilities: A Psycho-Spatial Approach." *HERD*. 2022;15(2):22-42. doi:10.1177/19375867211064538

This article introduces a psycho-spatial framework for analyzing the architectural layout of long-term care facilities (LTCFs), emphasizing the relationship between spatial design and residents' psychological well-being. The authors outline five well-being categories: cognitive, emotional, social, functional, and behavioral to use them to assess how design elements such as room placement, circulation, and spatial hierarchy impact quality of life. The study presents a practical methodology for architects and planners aiming to create person-centered care environments that support autonomy, orientation, and social interaction in LTCFs.

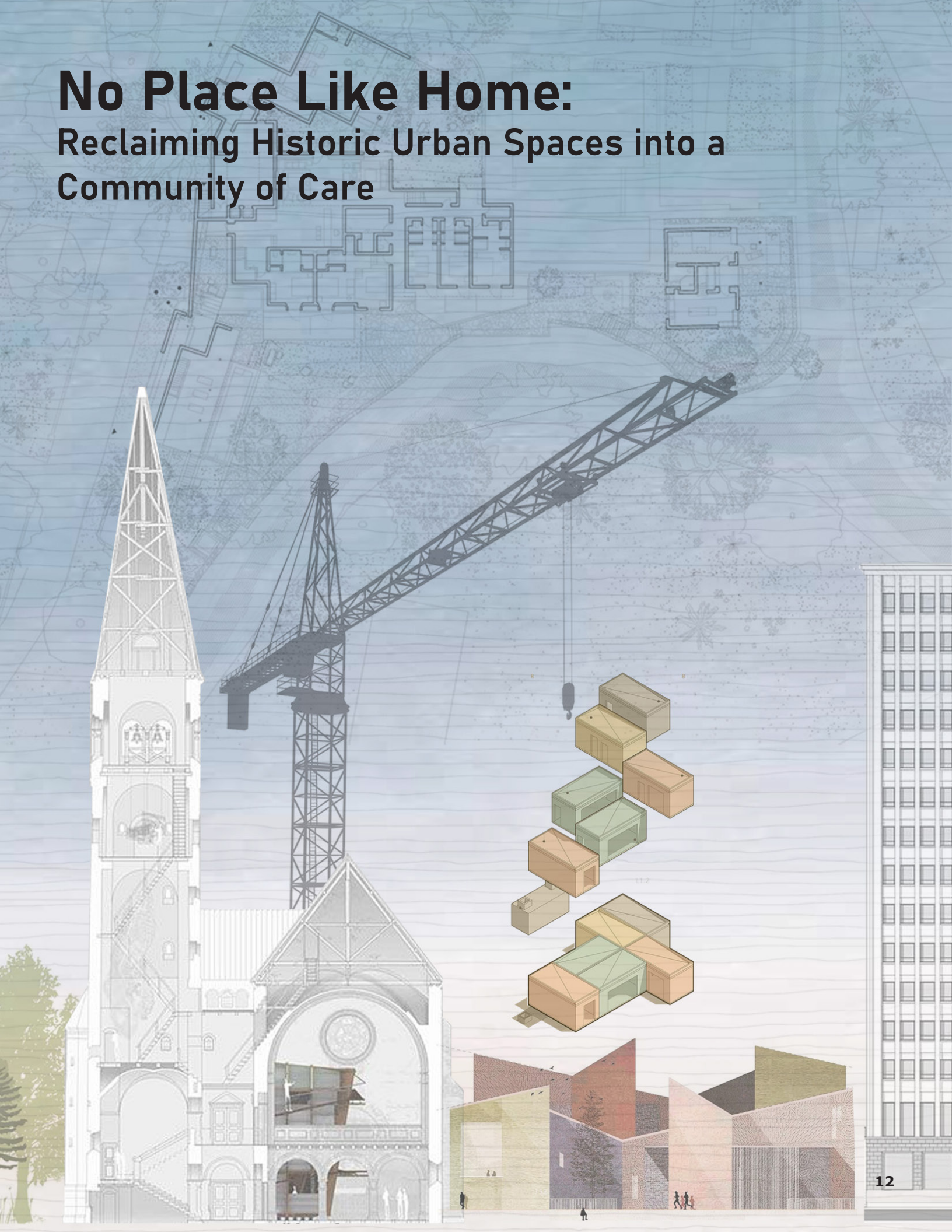
[11]Soja, Edward W. "Beyond *Postmetropolis*." *Urban Geography* 32, no.4 (2011): 451-469.

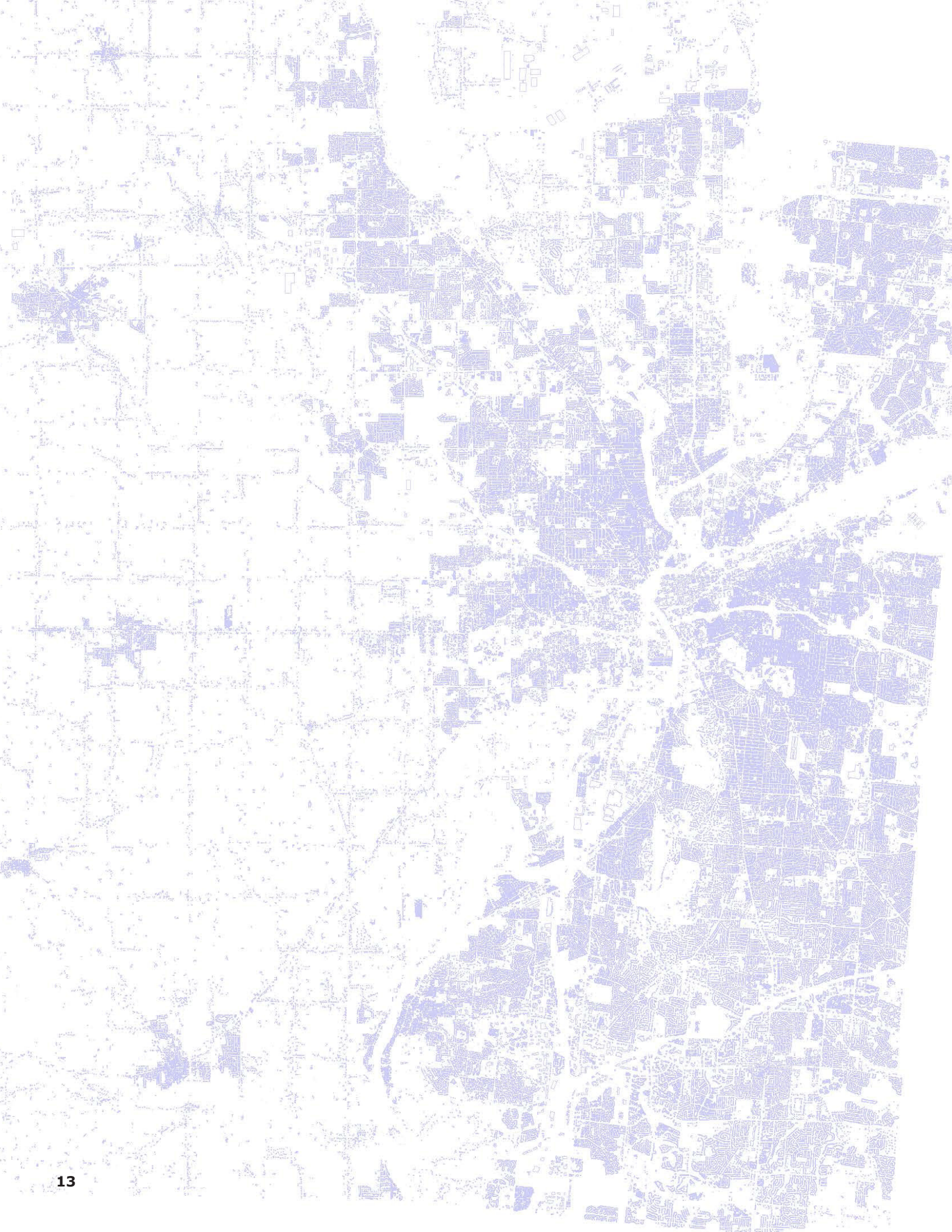
The concept of the evolution of urban spaces in response to globalization is analyzed by Edward Soja, a prominent urban theorist and geographer. He argues that contemporary cities have moved beyond the traditional model, investigating the complex changes contemporary cities undergo in the context of globalization. Soja argues that these shifts call for new theoretical approaches to understand modern urban spaces, as traditional urban models do not capture the intricacies of new urbanism. Soja's article is a significant contribution to urban studies and geography, emphasizing the need to move past outdated urban frameworks by

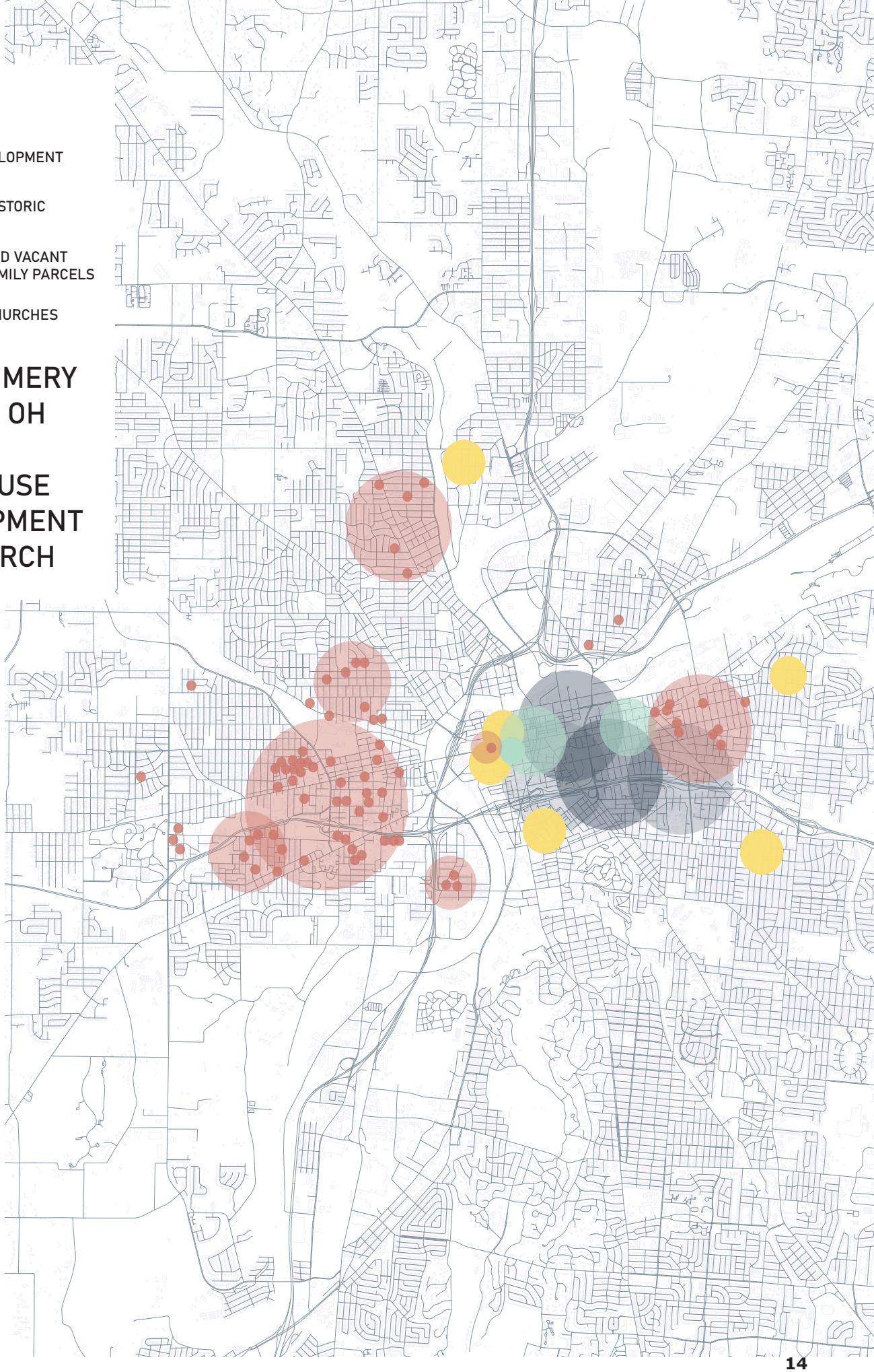
providing a new perspective that challenges static or oversimplified views of cities. This article is useful to understand the context of the urban site to provide critical insight in understanding new innovative city planning techniques and housing models. American urban spaces, such as Dayton, can be compared to the Soja's characteristics of new urbanism to understand what they have in common and what must be developed to answer the research question.

No Place Like Home:

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MONTGOMERY COUNTY, OH

LAND USE DEVELOPMENT RESEARCH



Sacred Heart Church, Dayton, OH

Completed 1864



Dayton Daily News Building, Dayton, OH

Completed 1908



Dayton Steele High School, Dayton, OH

Demolished 1955



Dayton Union
Dayton, OH

Demolished 1

1920 → Dayton's population 152,559

WW1, 1914 - 1918

1960 → Dayton's population peaks at 262,332

← 1960's I-75 Constructed through Downtown



Saint Paul Methodist Church, Dayton, OH

Photographed: 1889



Miami Erie Canal, Photographed: 1900



Sinclair Community College Established, 1940



195
Ho
in
Su



Dayton Edgemont Housing Master Plan, Post WW1 Housing, 1919

Downtown Dayton Building Timeline



West Facade of Dayton Daily News Building

Demolished 2013



Center City Building

Vacant in 2012, current Adaptive Reuse for offices and residential



n Station,

1964

No Place Like Home: Reclaiming sacred space into a community of care

1985 Construction of the outer regional beltway- I-675

1990 Dayton's population is 182,005

COVID-19 Pandemic 2019-2021

2025 Dayton's population is 134,189

Oregon District Redevelopment

Retail and Residential, bringing new life to Downtown



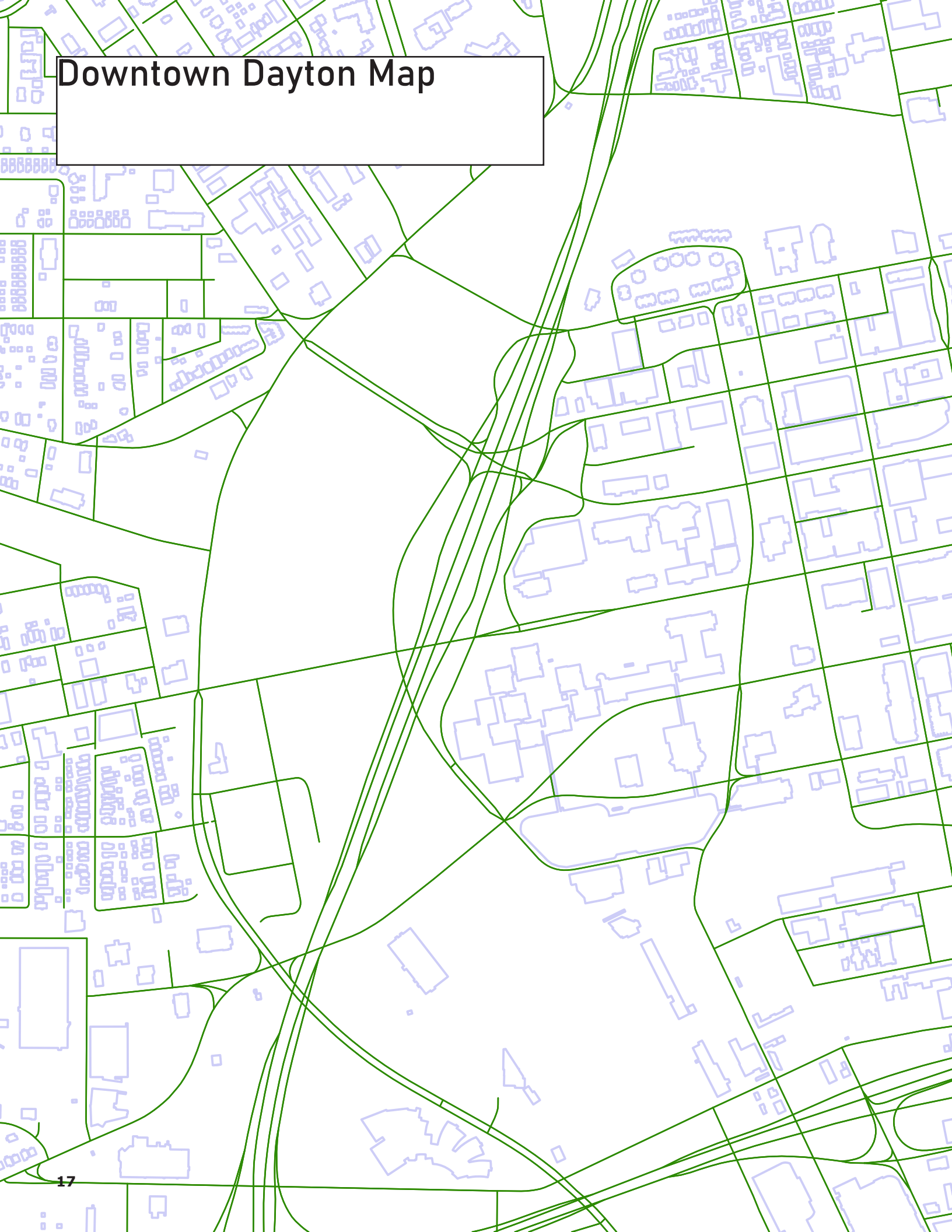


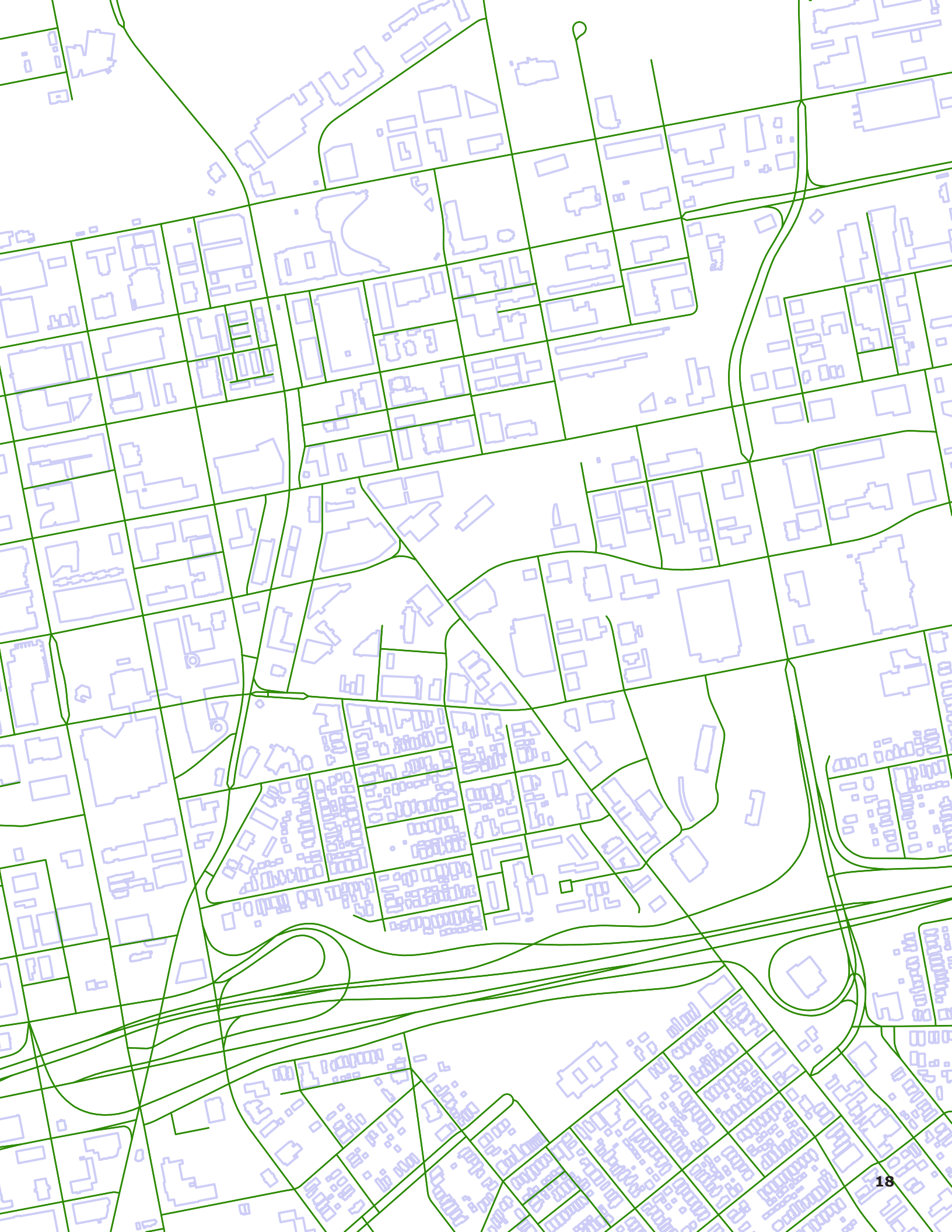
50-1970
using boom
Dayton
burbs



1990-2010
New housing typologies introduced to Dayton Suburbs

Downtown Dayton Map

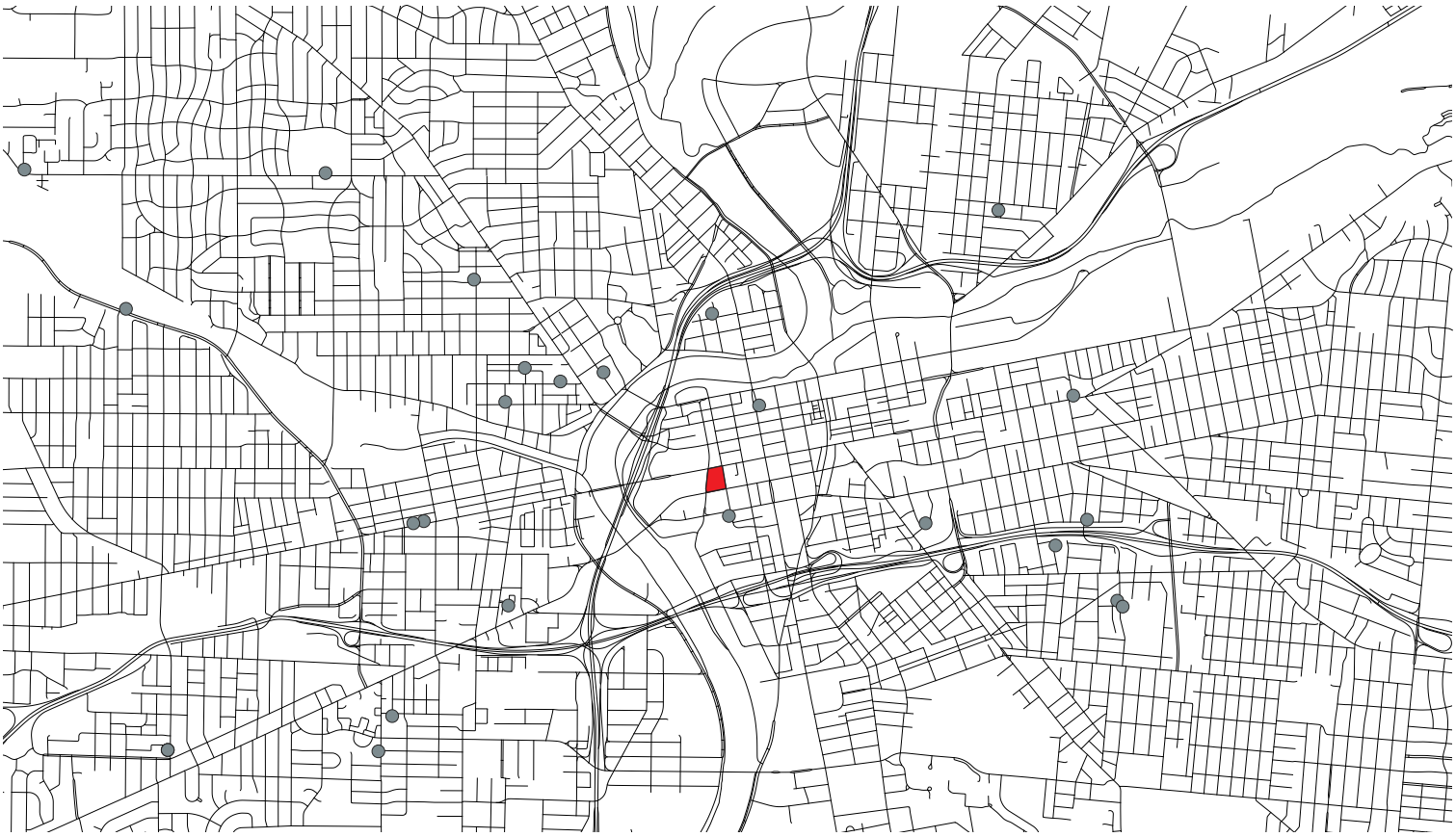






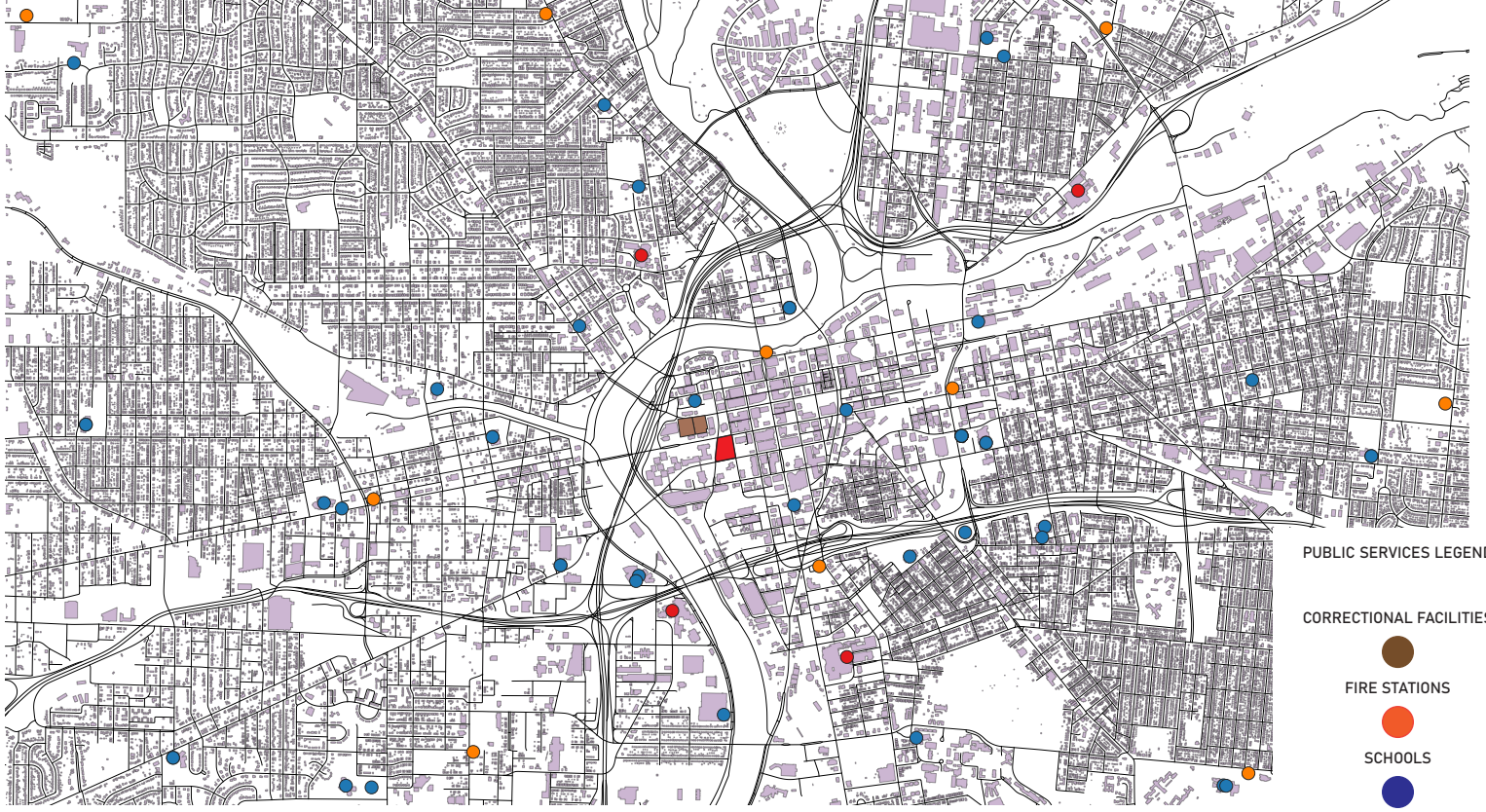
Dayton, OH Public Housing

0 2,500 5,000 ft



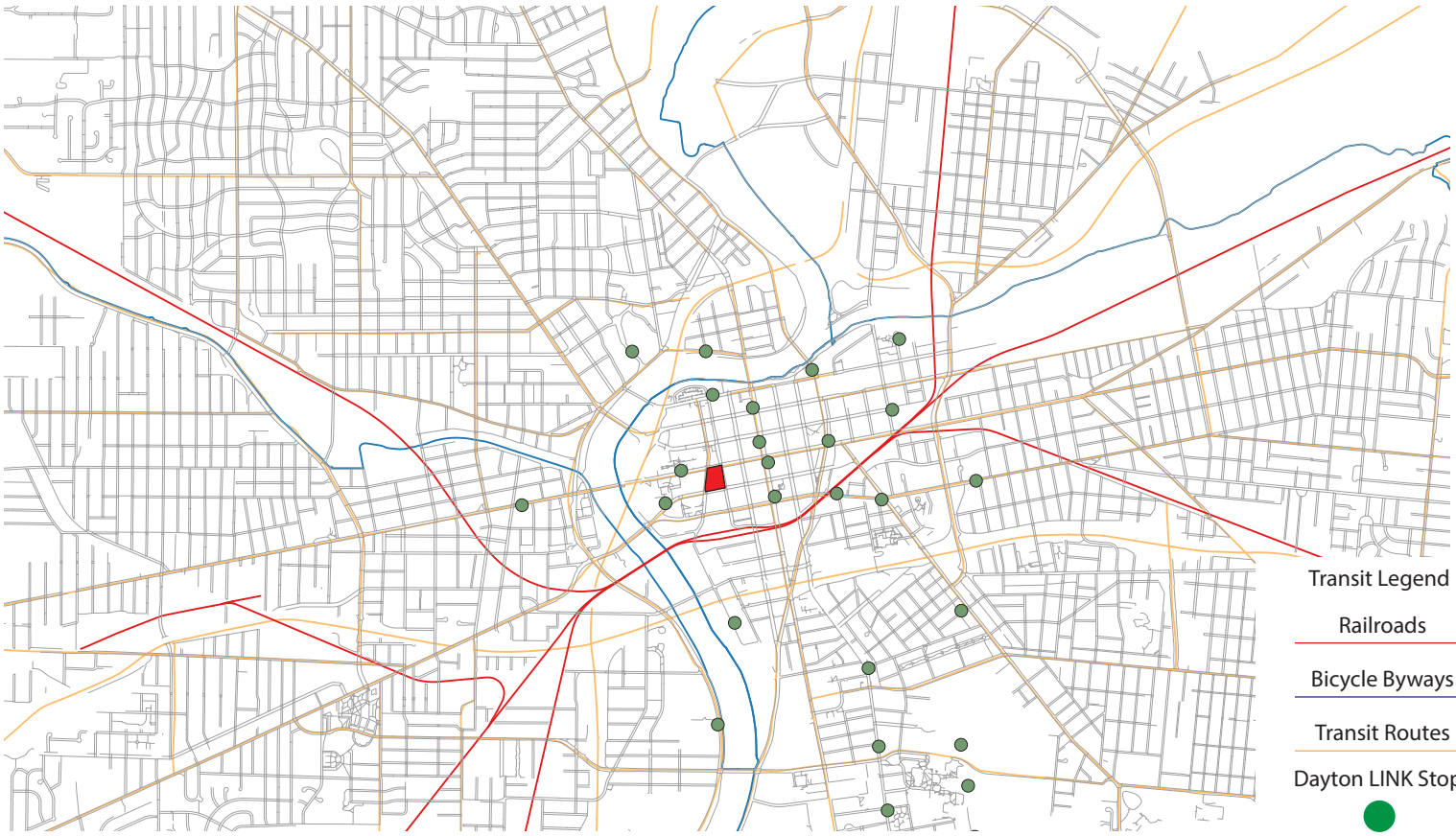
Dayton, OH Assisted Living Facilities

0 2,500 5,000 ft



Dayton, OH Public Services Buildings

0 2,500 5,000 ft



Dayton, OH Transportation

0 2,500 5,000 ft

Downtown Dayton Programmatic Assets Map







eliminating racism
empowering women
ywca
dayton, ohio

05

04

03

02

01



















06

07

08

09

10

11

12

LEGEND

01 ..... SENIOR RESOURCE CENTER

02 ..... SINCLAIR COMMUNITY COLLEGE

03 ..... DAYTON YWCA

04 ..... DAYTON CITY HALL

05 ..... PERFORMING ARTS CENTER

06 ..... COURTHOUSE SQUARE

07 ..... WRIGHT STOP PLAZA

08 ..... DAYTON METRO LIBRARY

09 ..... FIRE BLOCKS AMENITIES DISTRICT

10 ..... LEVITT PAVILION

11 ..... DAYTON CONVENTION CENTER

12 ..... DAYTON ARCADE



Selected Site

Selected Site

USERS

Downtown Dayton is a strong site for an architectural thesis because it blends historic buildings, underused spaces, and ongoing revitalization efforts. Its walkable scale, riverfront setting, and active community initiatives create real opportunities to explore mixed-use development opportunities, urban design, and sustainable development.

HISTORICAL CONTEXT

Downtown Dayton has a long history as a hub of innovation and industry, known for its role in aviation, manufacturing, and invention. In the late 19th and early 20th centuries, it thrived as a center of commerce and culture, with a dense core of historic architecture that still shapes the city's character. Like many Midwestern cities, it faced economic decline in the late 20th century, leaving behind underused buildings and vacant lots. Today, revitalization efforts are reactivating these spaces, making its layered history an important backdrop for new architectural ideas.



Highlighted Area for New Intervention

Highlighted Area for New Intervention

SITE FEATURES

The site includes the Sacred Heart Catholic Church, a Romanesque Revival structure that remains an active place of worship. Surrounding these are a mix of vacant lots, historic commercial buildings, and a walkable street grid, all within close proximity to the Great Miami River and key civic spaces.

WHY DOWNTOWN DAYTON?

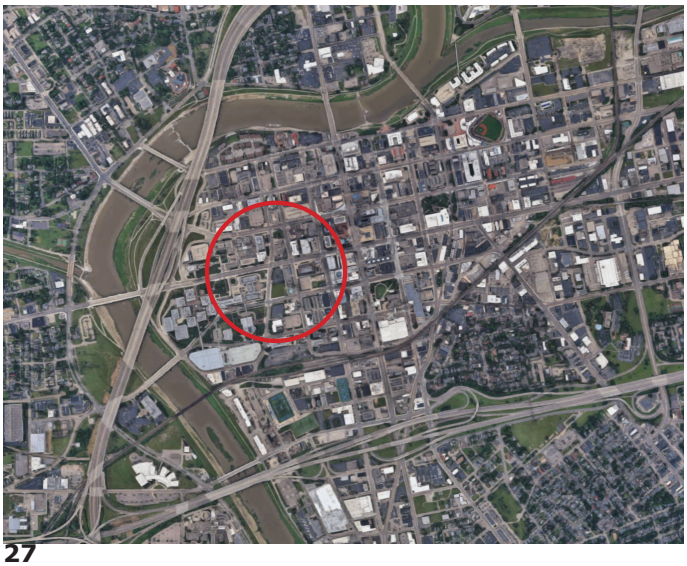
Downtown Dayton is the ideal site for this thesis because its mix of historic architecture and underused land supports both preservation and new growth. The Sacred Heart Catholic Church will be preserved as community anchor, maintaining their cultural and historic value. The large amount of surrounding empty lots and parking areas offers ample space for new intergenerational, low-income, and accessible housing, allowing the project to address pressing social needs while weaving new development into the existing urban fabric. This combination of landmark buildings and open land creates a unique opportunity to link heritage with forward-looking design, establishing a foundation for meaningful community revitalization.

Downtown Dayton, OH

AERIAL VIEW



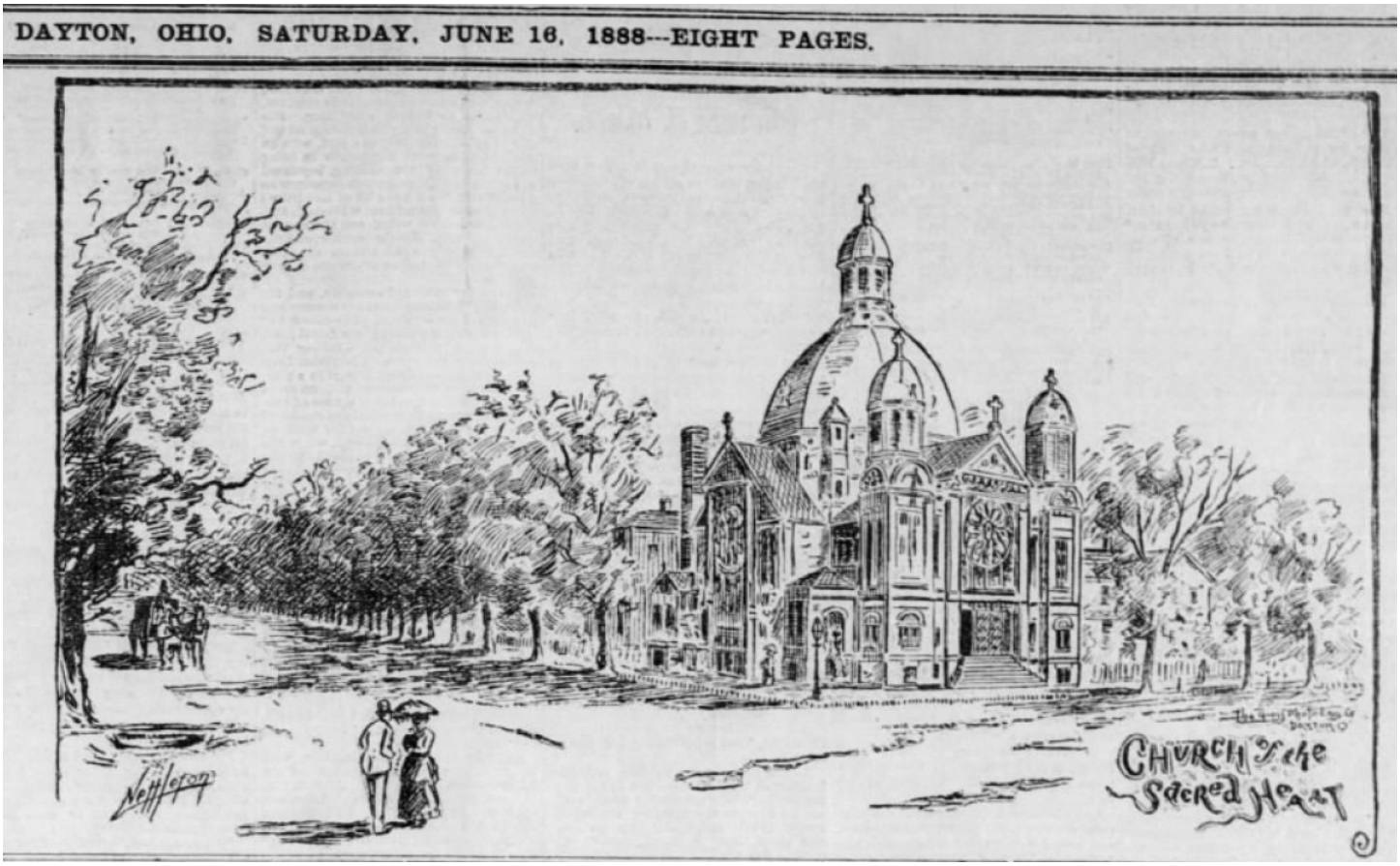
VICINITY MAP



BLOCK VIEW



HISTORIC DOCUMENTATION

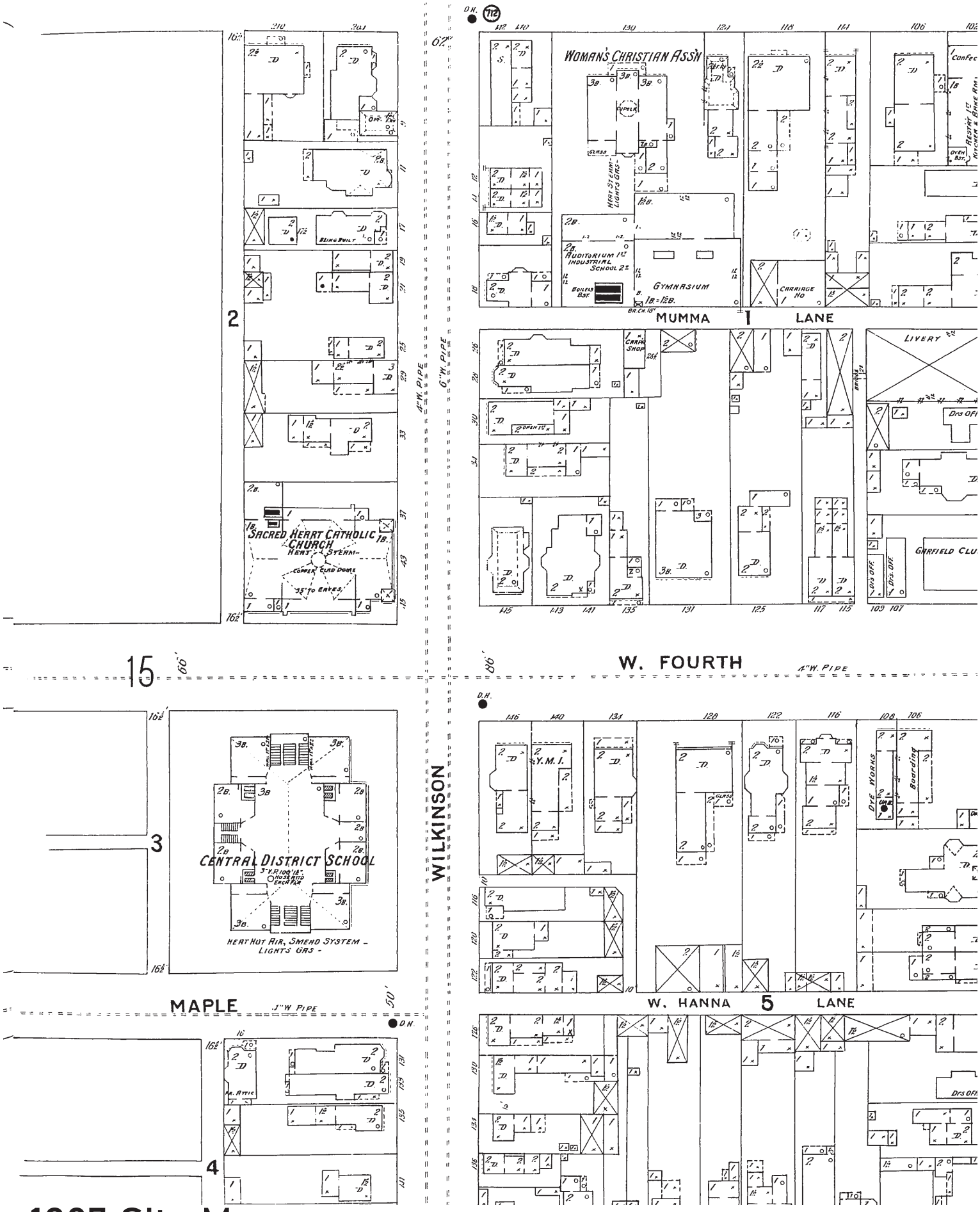


Sacred Heart Catholic Church

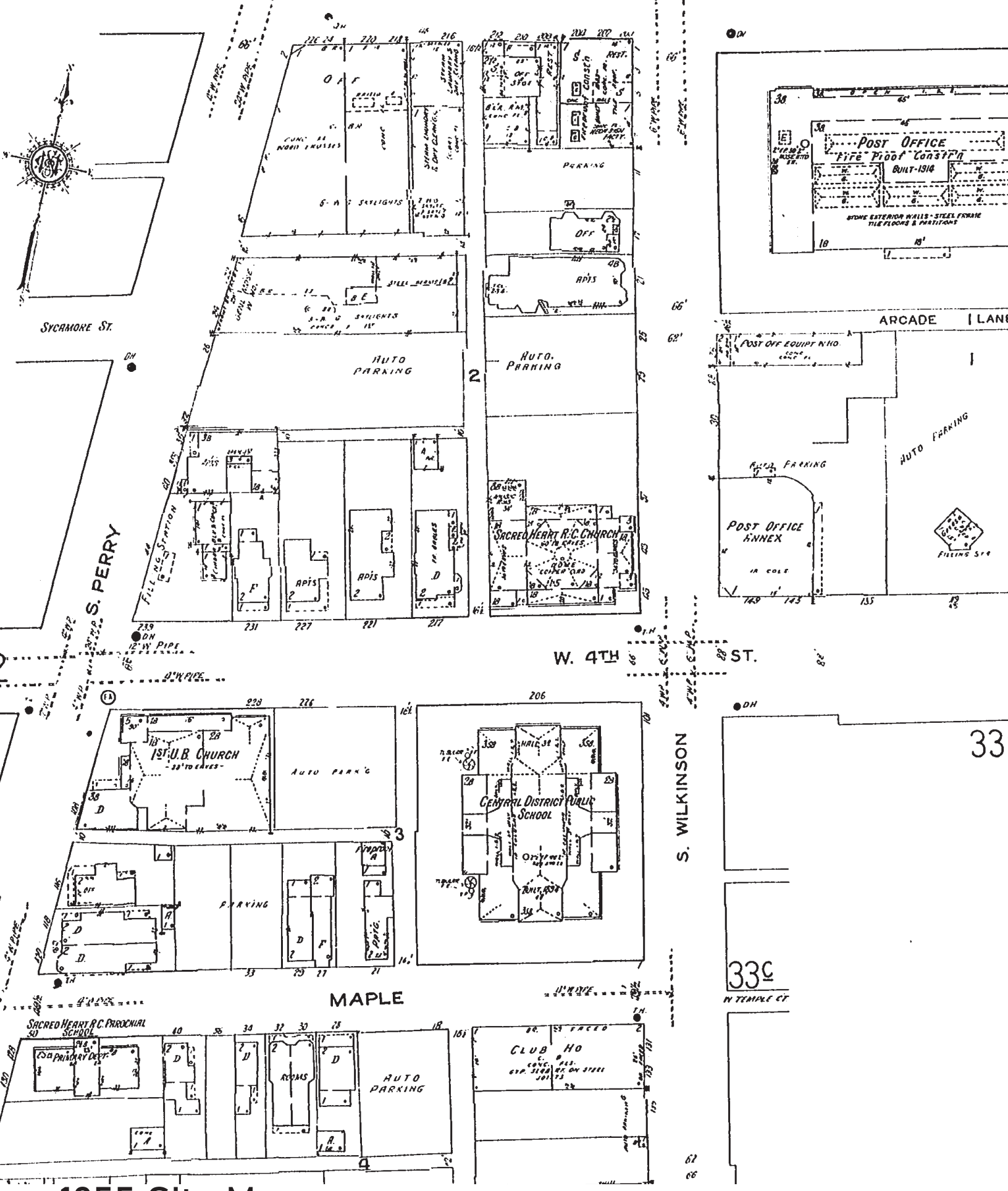
Historic Images and Documentation







1897 Site Map



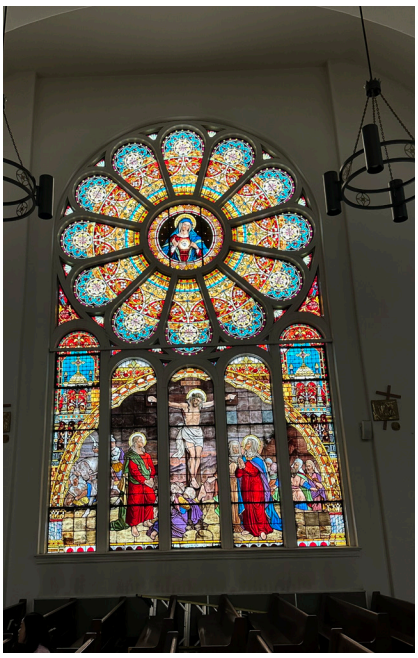
1955 Site Map

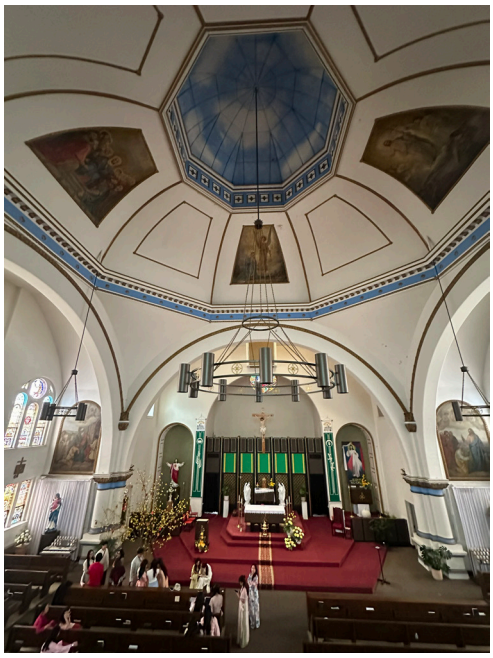


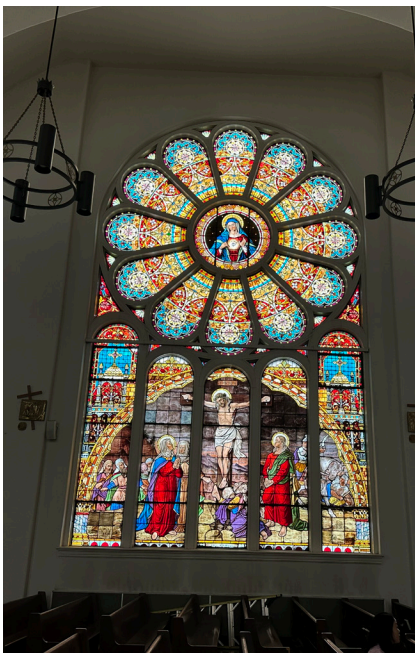




Stained Glass Windows at Sacred Heart Catholic Church











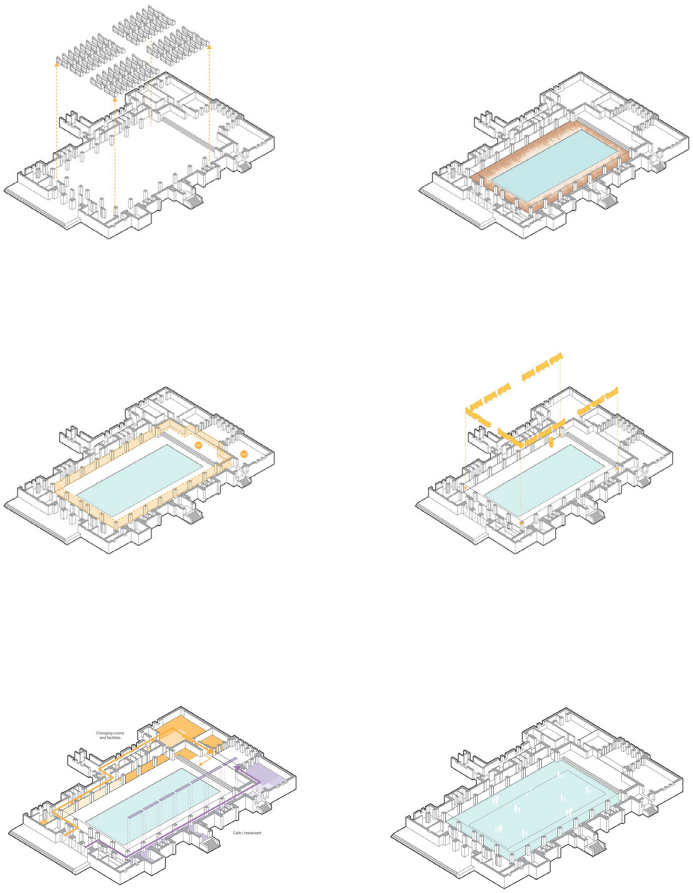


CASE STUDIES

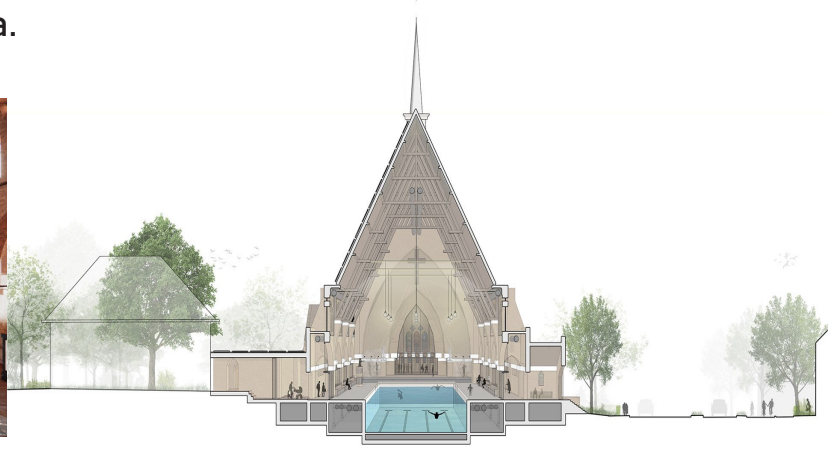
Case Study 01

Heerlen Holy Water- MVRDV ARCHITECTS

The adaptive reuse transformation gives the vacant church a new, social function, while preserving the historic elements of this listed national monument. An adjustable swimming pool floor brings flexibility to the space that was once the church's nave, allowing it to host a variety of activities in addition to swimming.Originally built over 100 years ago, the St. Francis of Assisi Church in Heerlen, in the south of the Netherlands, stopped hosting services in 2023, providing the municipality the opportunity to find another purpose for the building. A new pool in this national monument offers a solution for the increasing number of visitors to Heerlen's existing pools, while giving the vacant building with its recognisable silhouette in the city centre a new lease of life. The transformation of the church fits within the larger city centre development, which includes the arrival of a Roman museum and the renovation of the Royal-Rivoli cinema.



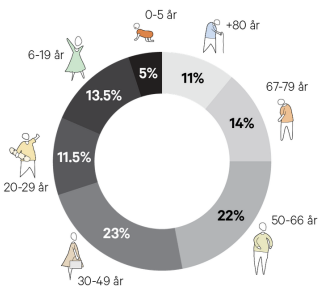


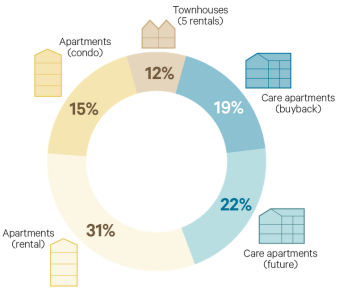


Case Study 02

Runnivegen Health Community Strategic Master plan for a Health Promoting Neighborhood- NORD ARCHITECTS

Runnivegen Health Community is an innovative strategic urban development and master plan, designed to create a diverse and health-centered living environment. The new neighborhood addresses several present challenges, including demographic changes, shifts in the health sector, and evolving care needs in the coming years. The strategy is based on principles that stimulate physical movement and active participation in the community. The overall goal is to postpone care needs and enable the residents to enjoy a higher quality of life by implementing 4 principles of Accessibility, Recreation, Social infrastructure and Healthy buildings and places.The total of 160 housing units includes care homes, dementia care homes, senior collective housing, and mixed family and youth housing. All residential buildings are designed with a residential identity while the common areas and functionalities are differentiated and adapted to various needs.The goal is to avoid a stigmatizing environment. The neighborhood also includes facilities for physical activity, a health center, a community house, as well as plenty of green areas.



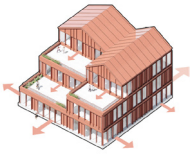










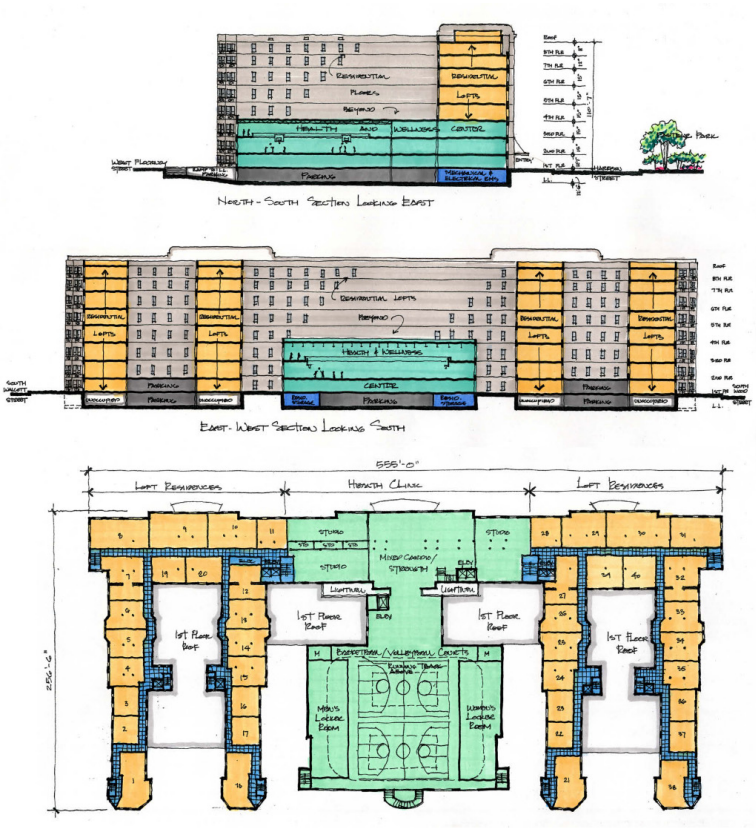




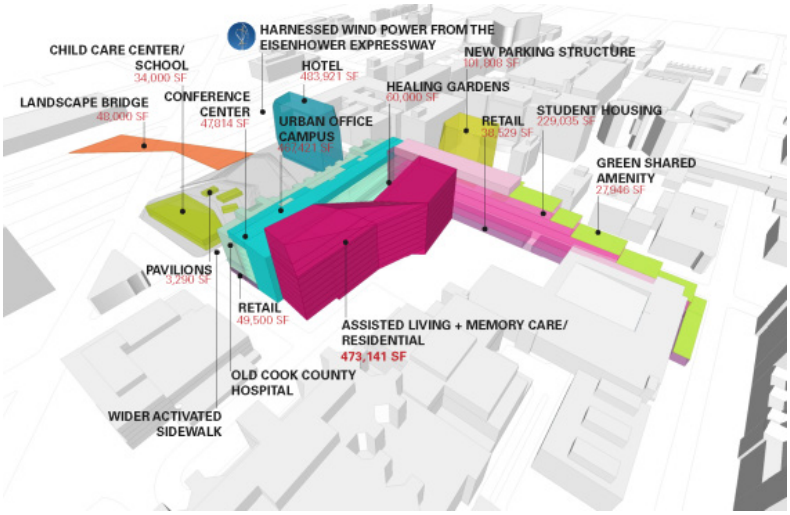
Case Study 03

Cook County Hospital Adaptive Reuse - SOM Architects

SOM's Cook County Hospital project is a landmark adaptive reuse effort that transformed a long-abandoned civic building into a vibrant mixed use destination. The historic Beaux-Arts façade was carefully preserved, while the interior was modernized to accommodate medical offices, hotel rooms, and flexible community spaces. This strategy conserved embodied carbon by avoiding demolition and new construction, while also restoring a key urban landmark to active use. For the surrounding neighborhood, the project generated new jobs, attracted visitors, and reintroduced essential healthcare services, reinforcing the hospital's original mission of care. By combining preservation with modern functionality, the redevelopment revitalized the West Side of Chicago, strengthened cultural identity, and demonstrated how large-scale reuse can deliver environmental sustainability and meaningful community benefits

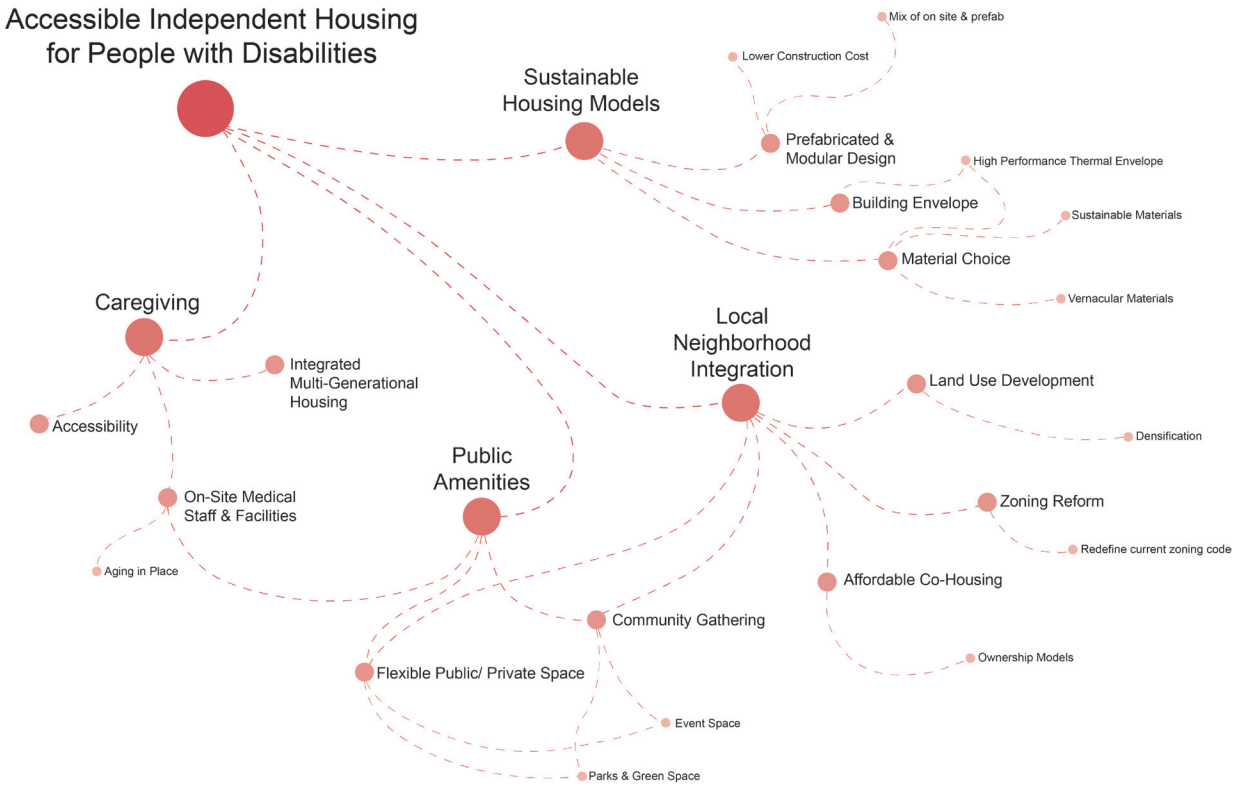






CONCEPT DESIGN

Concept Design





REUSE OF HISTORIC HERITAGE SITE



CAREGIVING



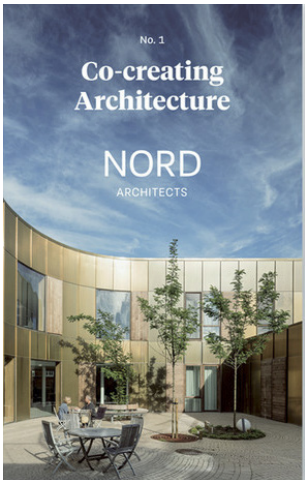
TRAINED MEDICAL PROFESSIONALS



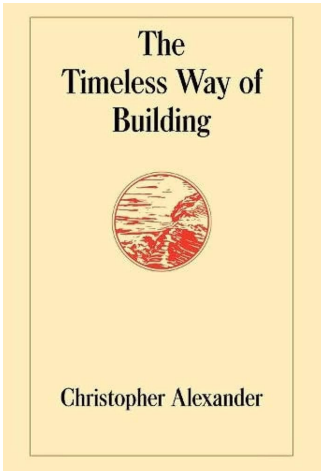
SUSTAINABLE CONSTRUCTION



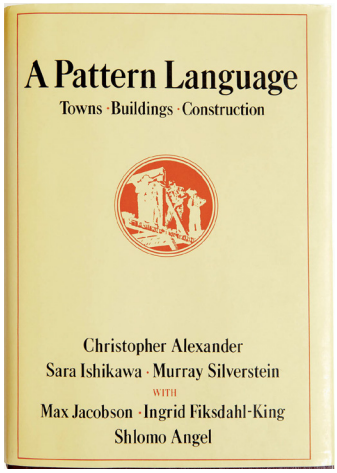
DIVERSE HOUSING TYPOLOGIES

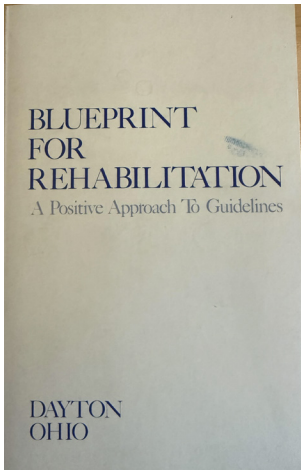


PRECEDENT ANALYSIS



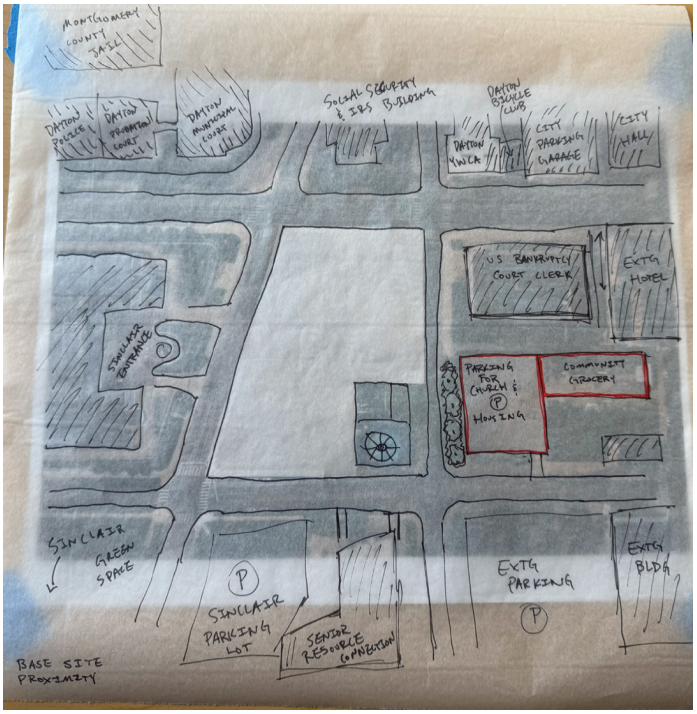
SPACE PLANNING AND MASSING



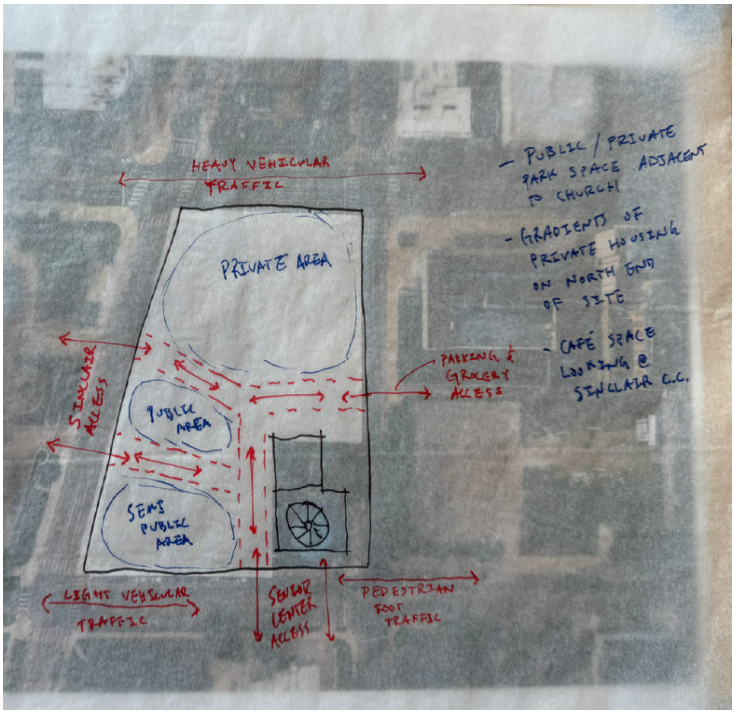


SITE SPECIFIC DESIGN GUIDELINES

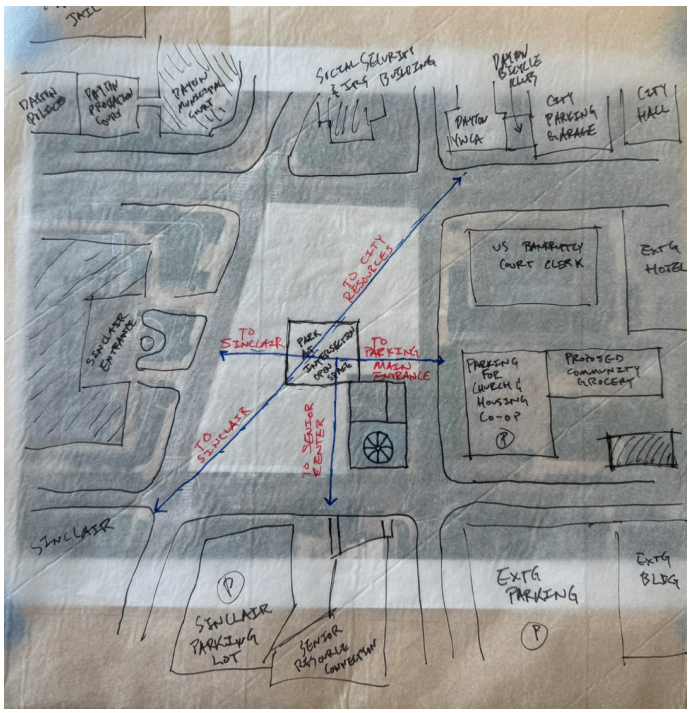
Sketch Iterations



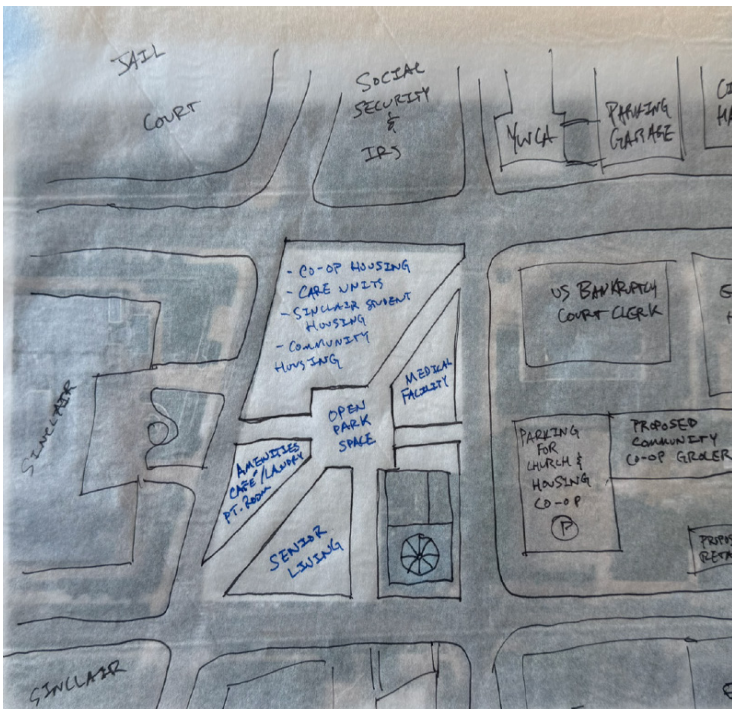
BASE MAP WITH CONTEXT



PRIVACY GRADIENT OF SITE ZONES



SITE CIRCULATION AND AXIS



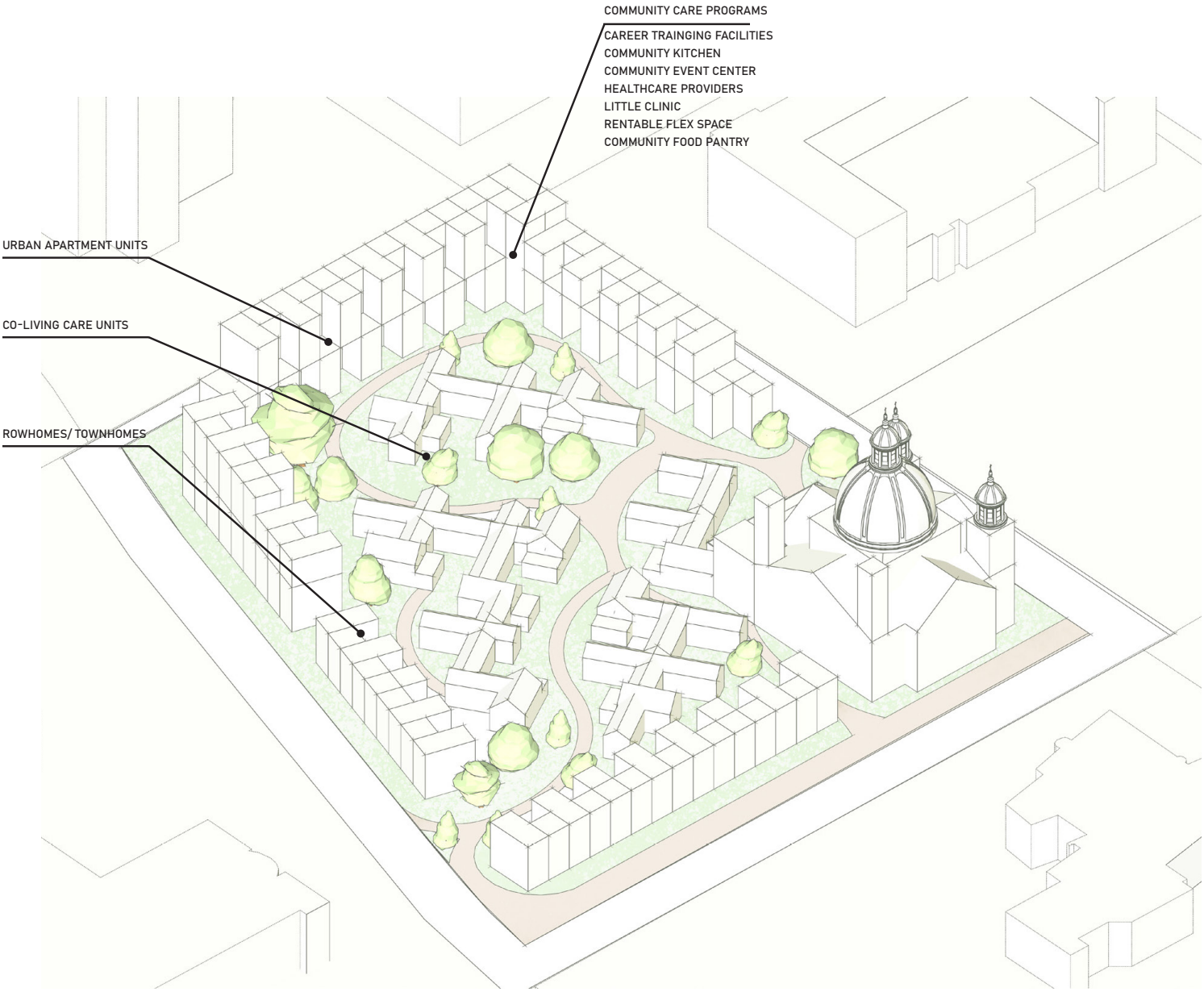
PROGRAM PLANNING

Sketch Iterations



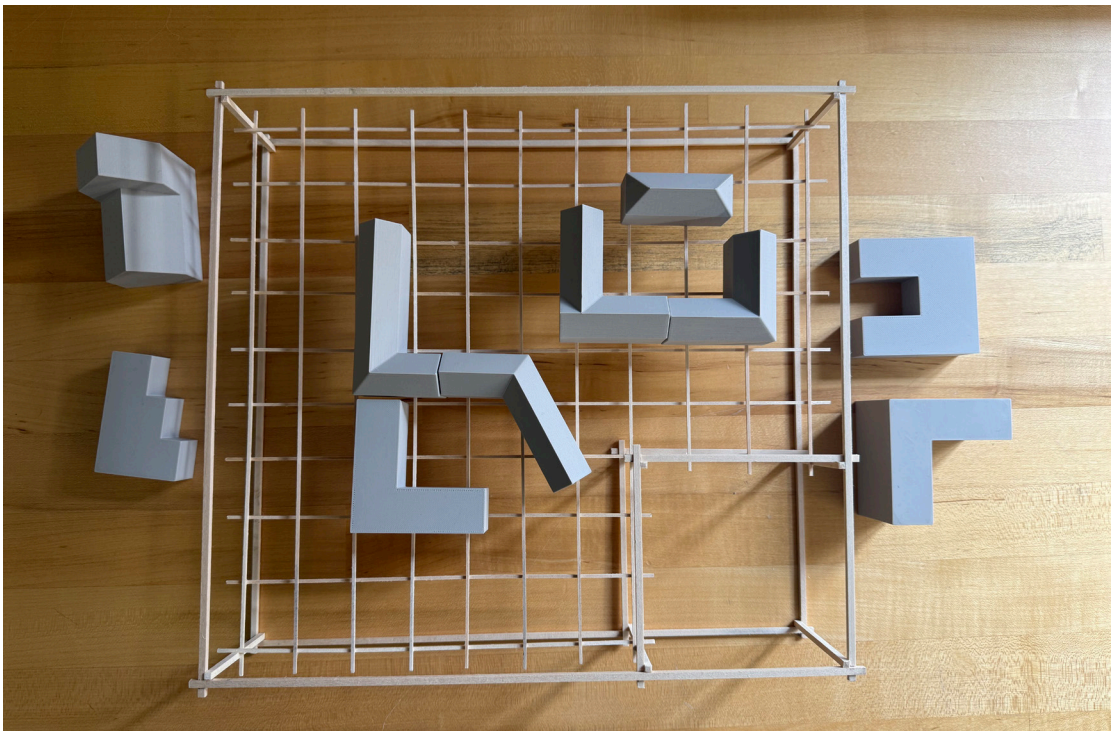
EARLY CONCEPT SITE PLAN

Sketch Iterations

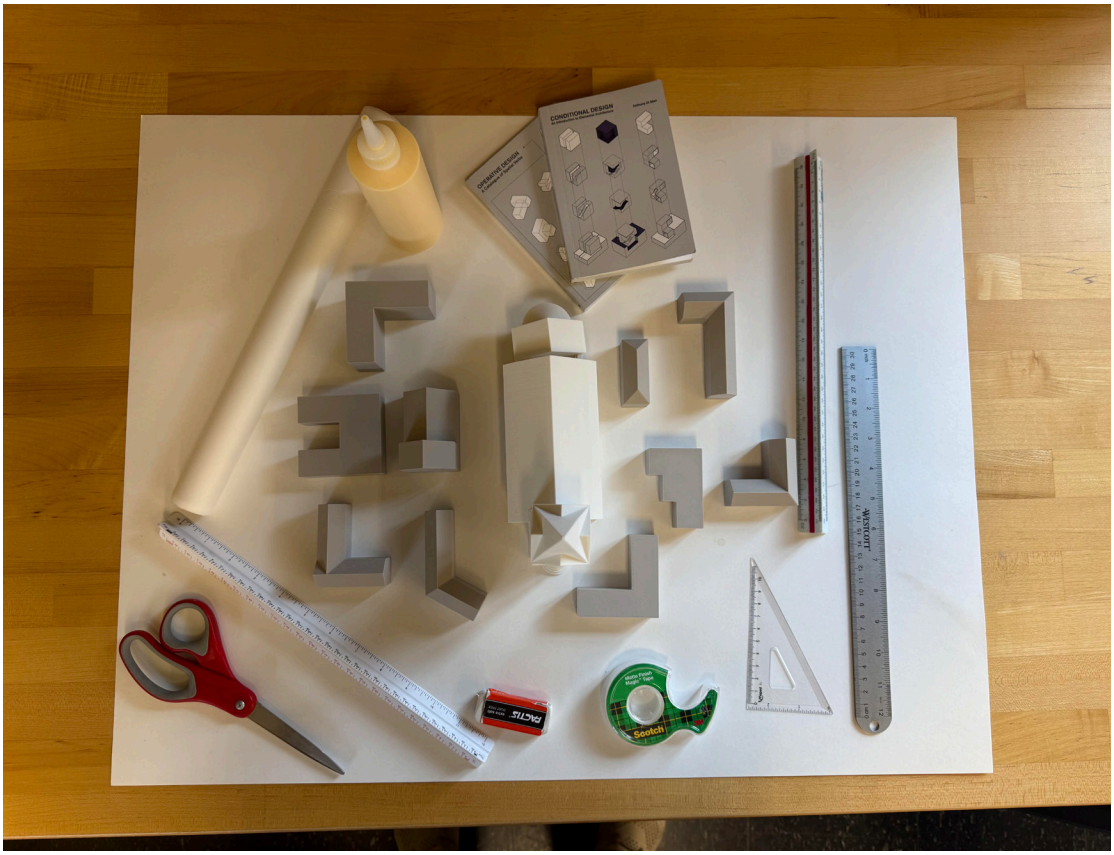


EARLY CONCEPT SITE AXONOMETRIC

Model Building

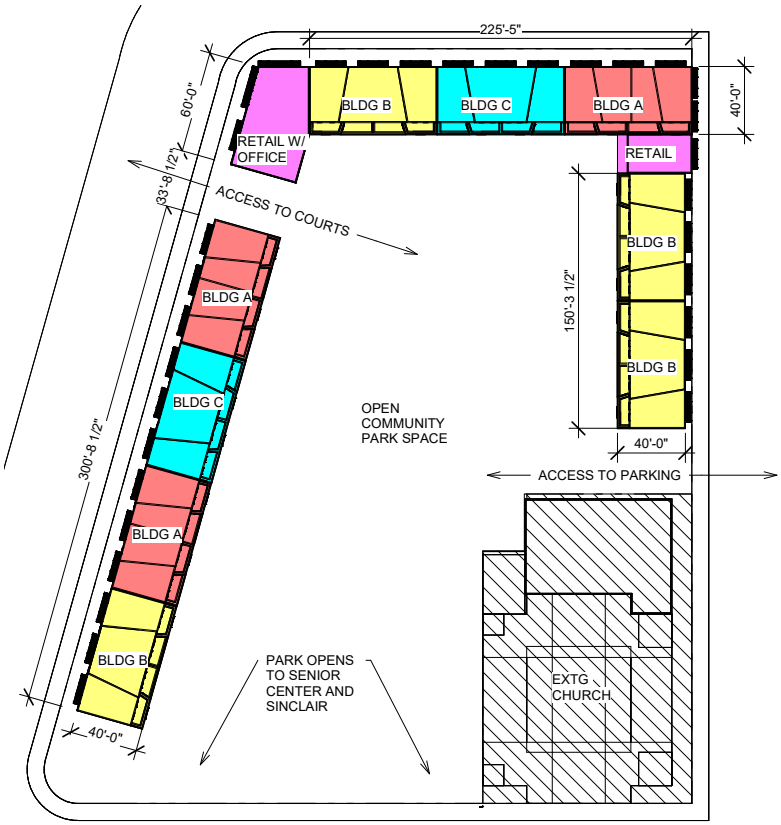


FRAMING THE SITE AS A GRID TO GENERATE HOUSING TYPOLOGY FORMS

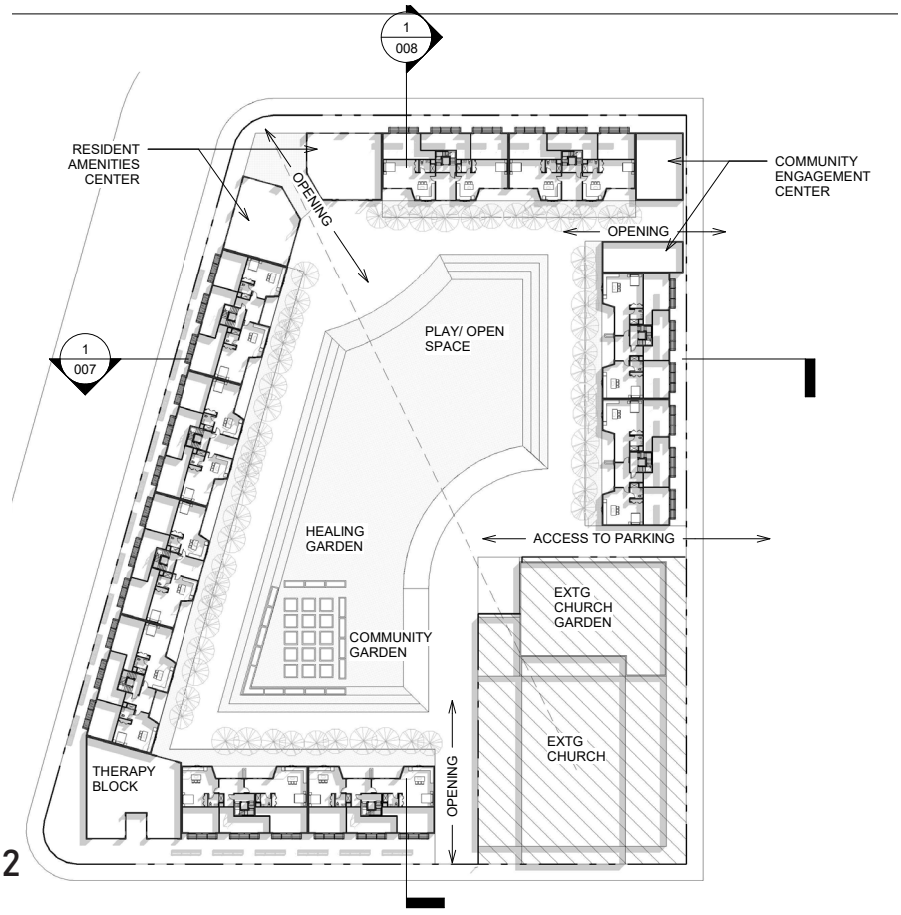


VISUAL TAXONOMY OF MODEL BUILDING MATERIALS

Site Plan Iterations

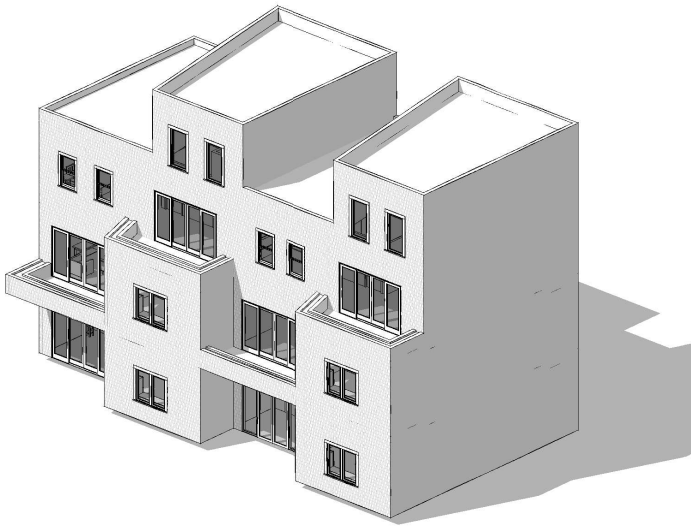


ITERATION 01

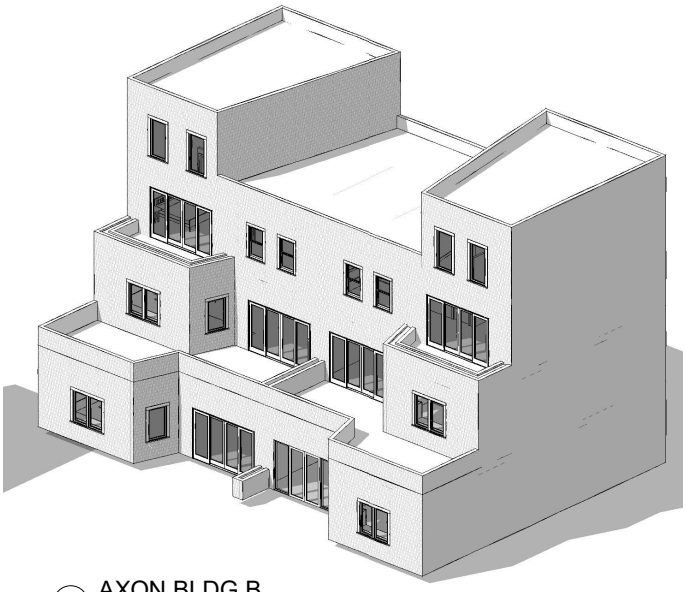


ITERATION 02

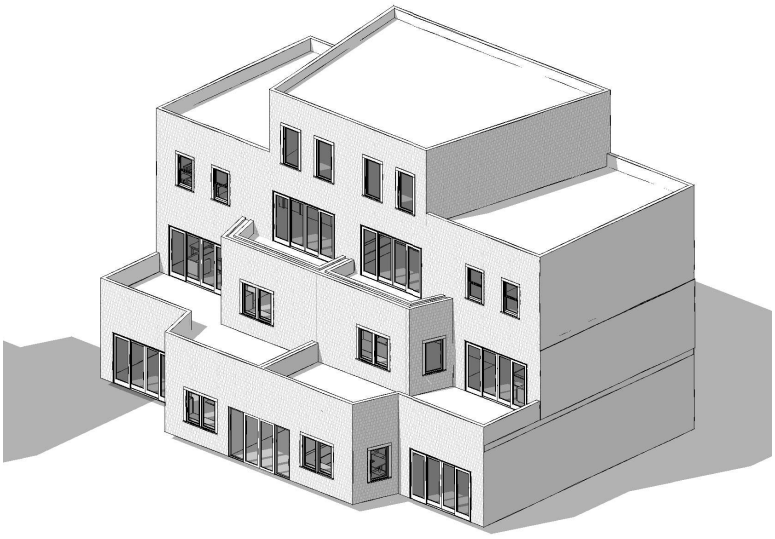
Housing Building Block Variants



1 AXON BLDG A



2 AXON BLDG B



3 AXON BLDG C



4 WEST BUILDING ROW

PROPOSED DESIGN

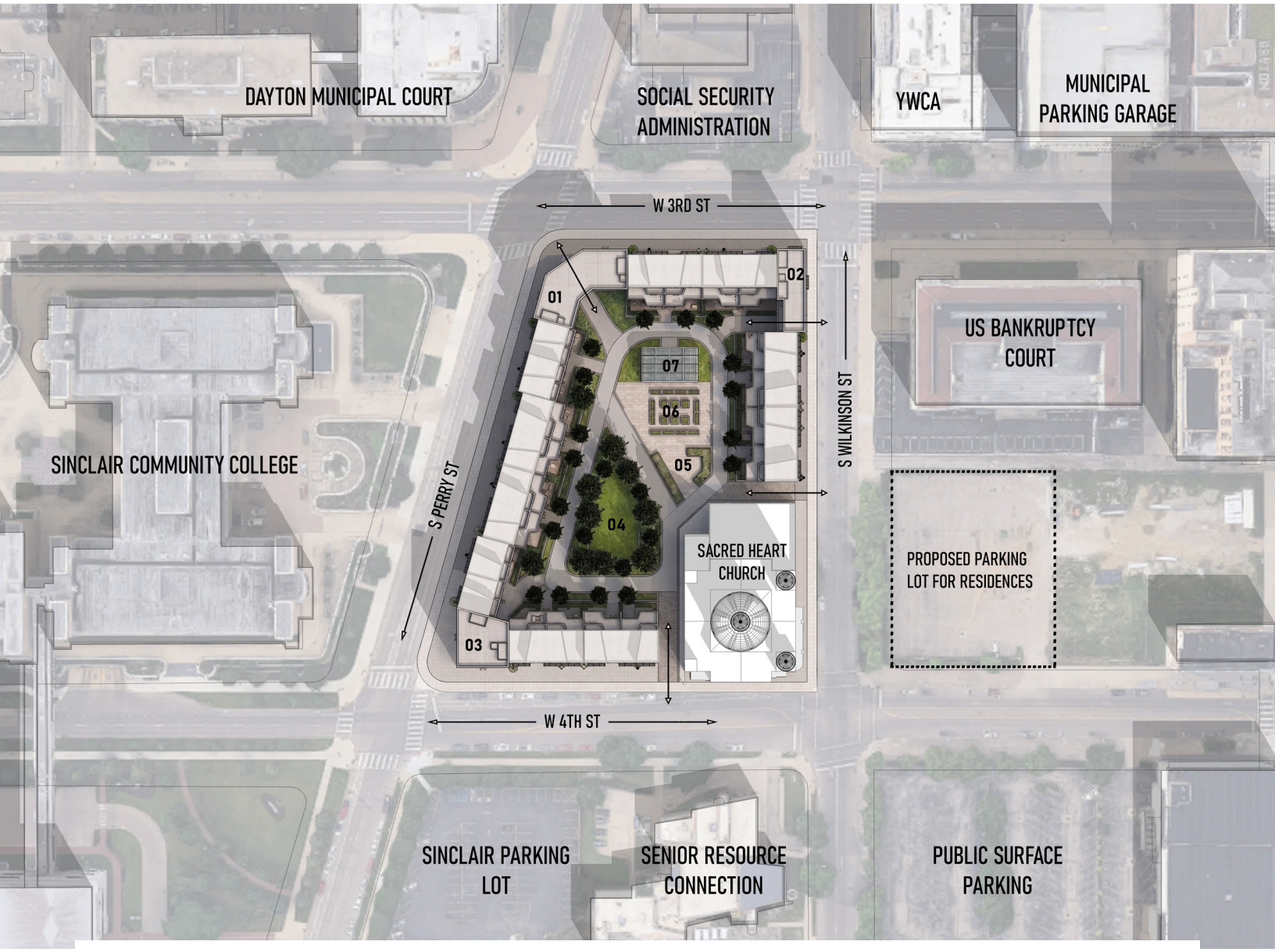
NO PLACE LIKE HOME: RECLAIMING HISTORIC URBAN SPACES INTO A COMMUNITY OF CARE





LEGEND

1. RESIDENT HEALTHCARE BUILDING
2. RESIDENT AMENITIES BUILDING
3. COMMUNITY CONNECTION BUILDING
4. HEALING GARDEN
5. HERB GARDEN
6. VEGETABLE GARDEN
7. GREENHOUSE

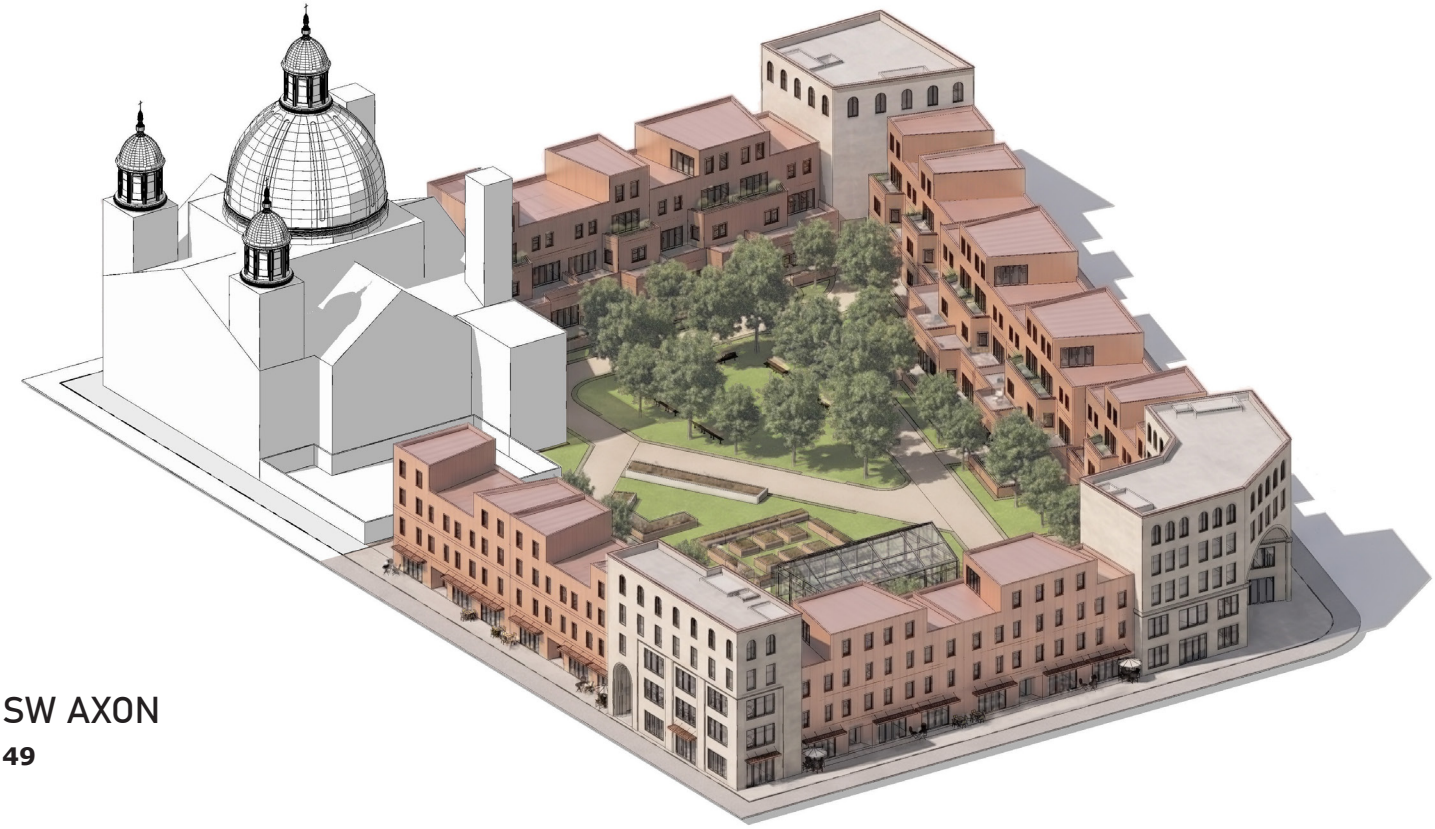


AREA SITE PLAN

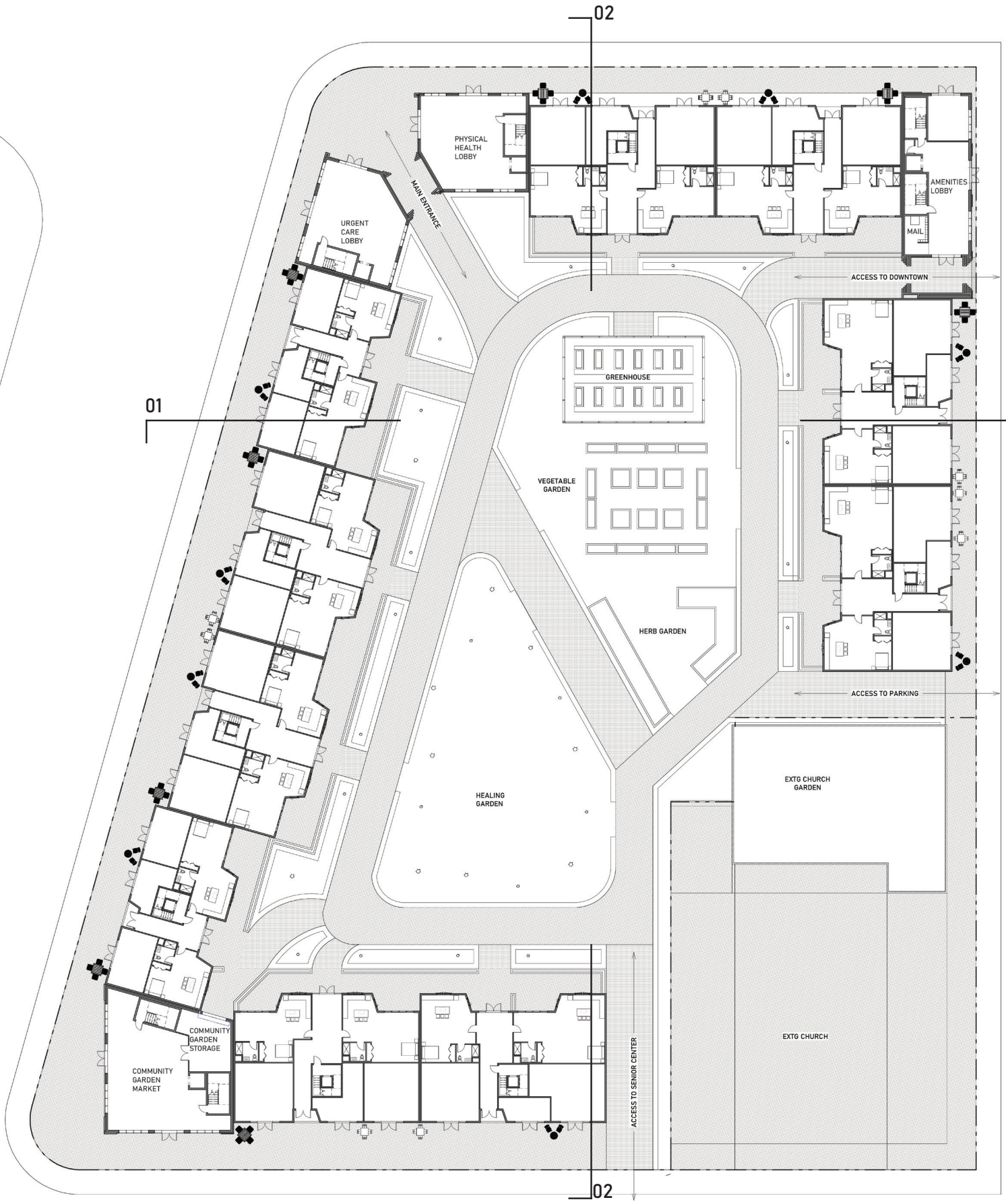
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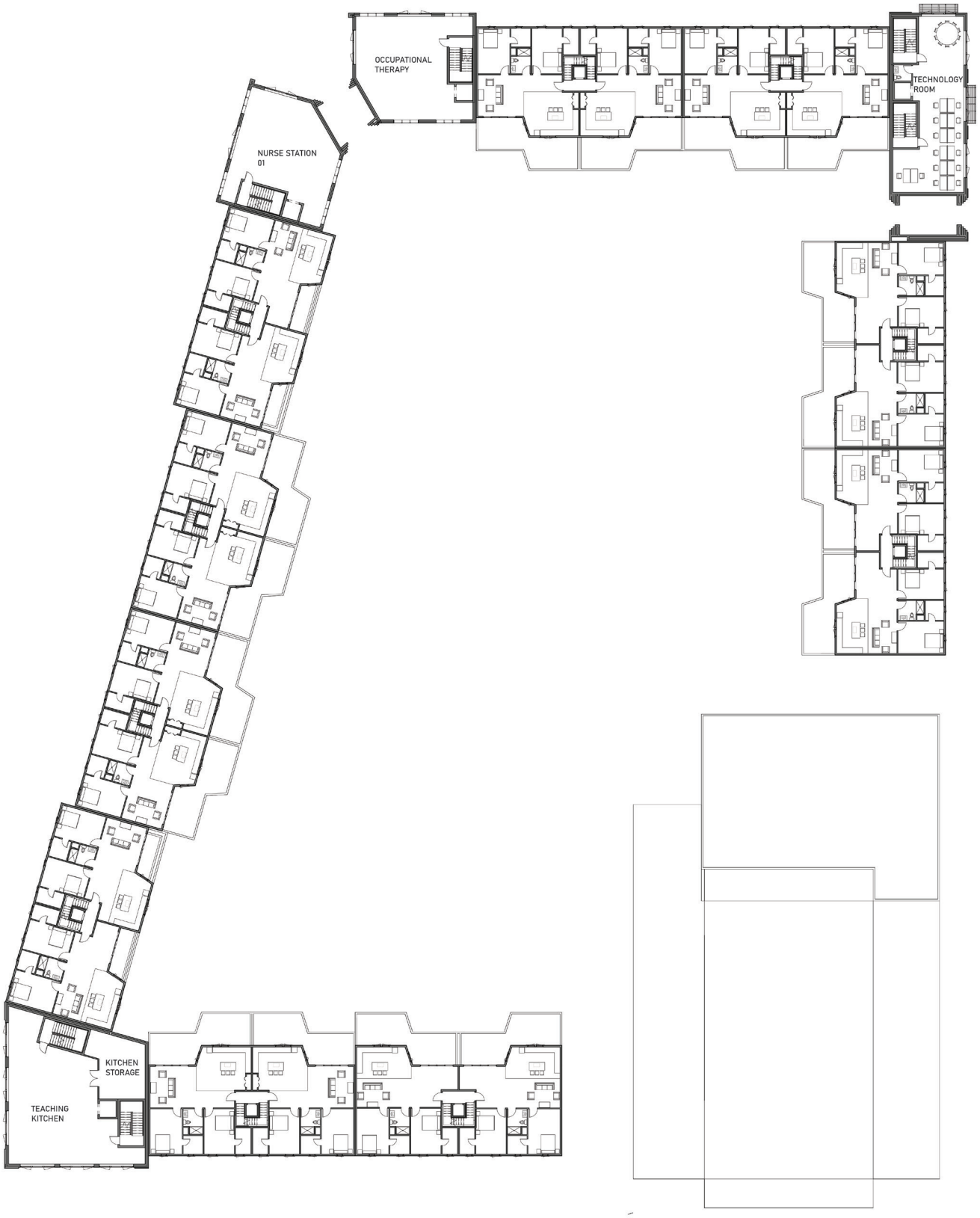
NE AXON



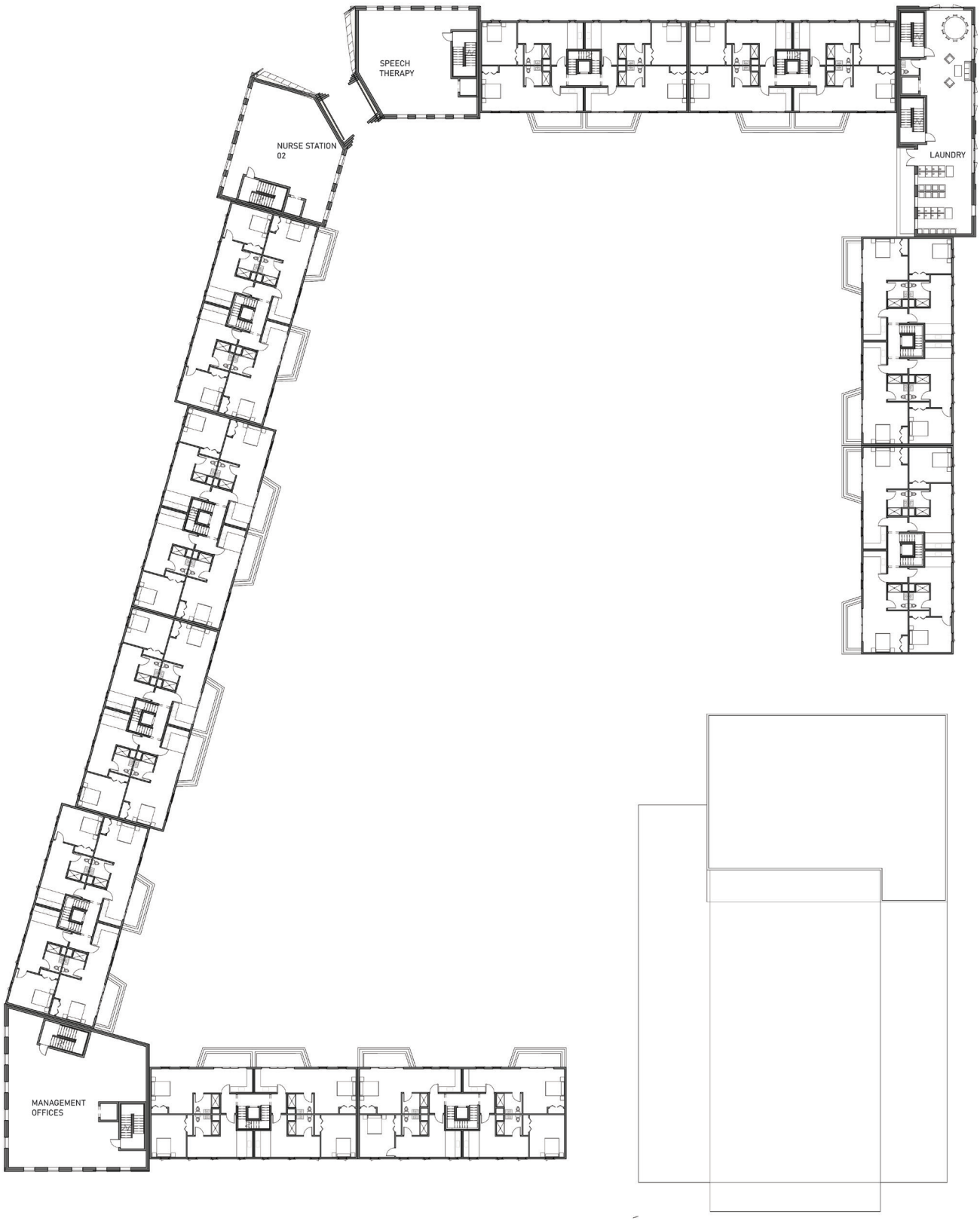
SW AXON



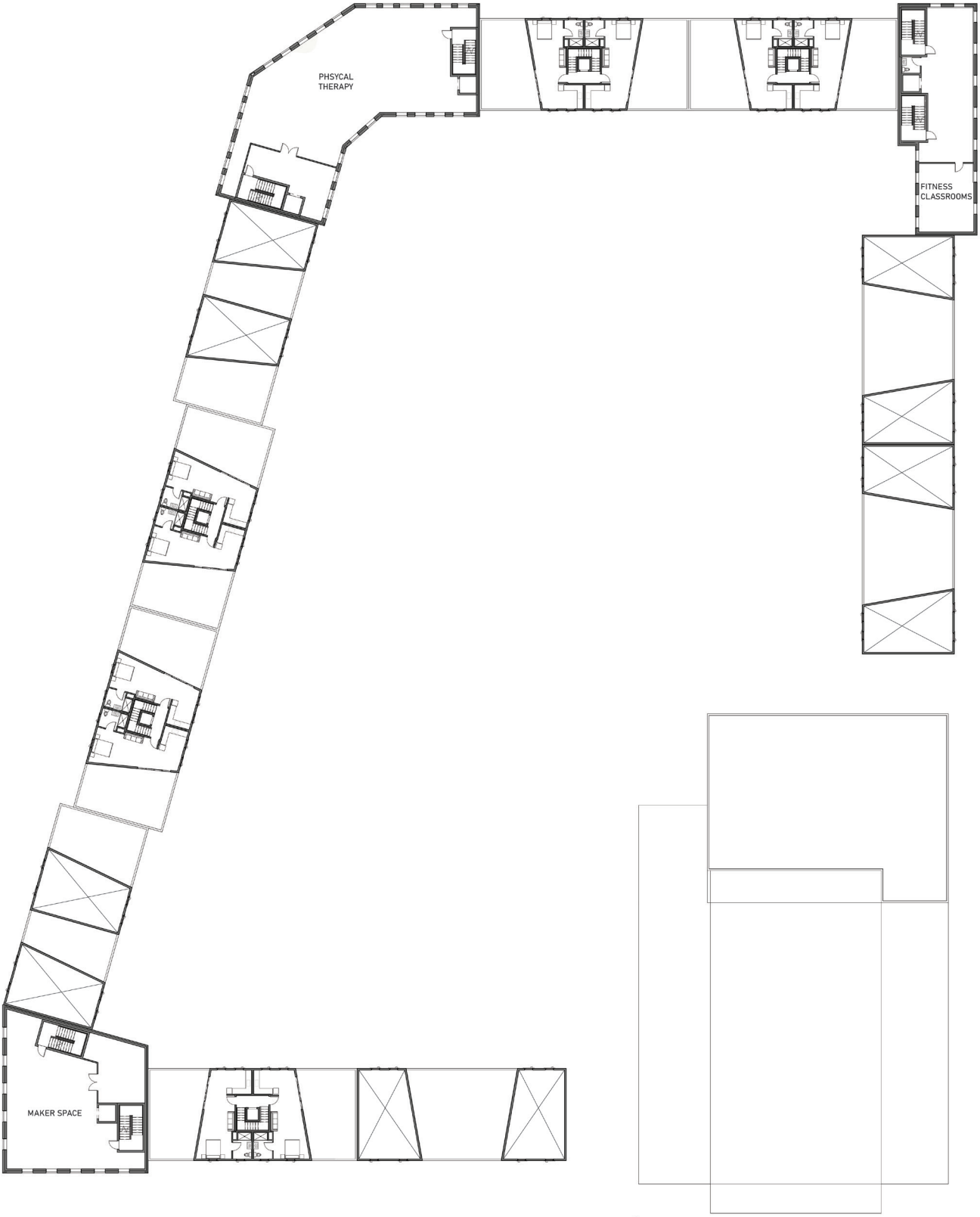
GROUND FLOOR WITH SITE



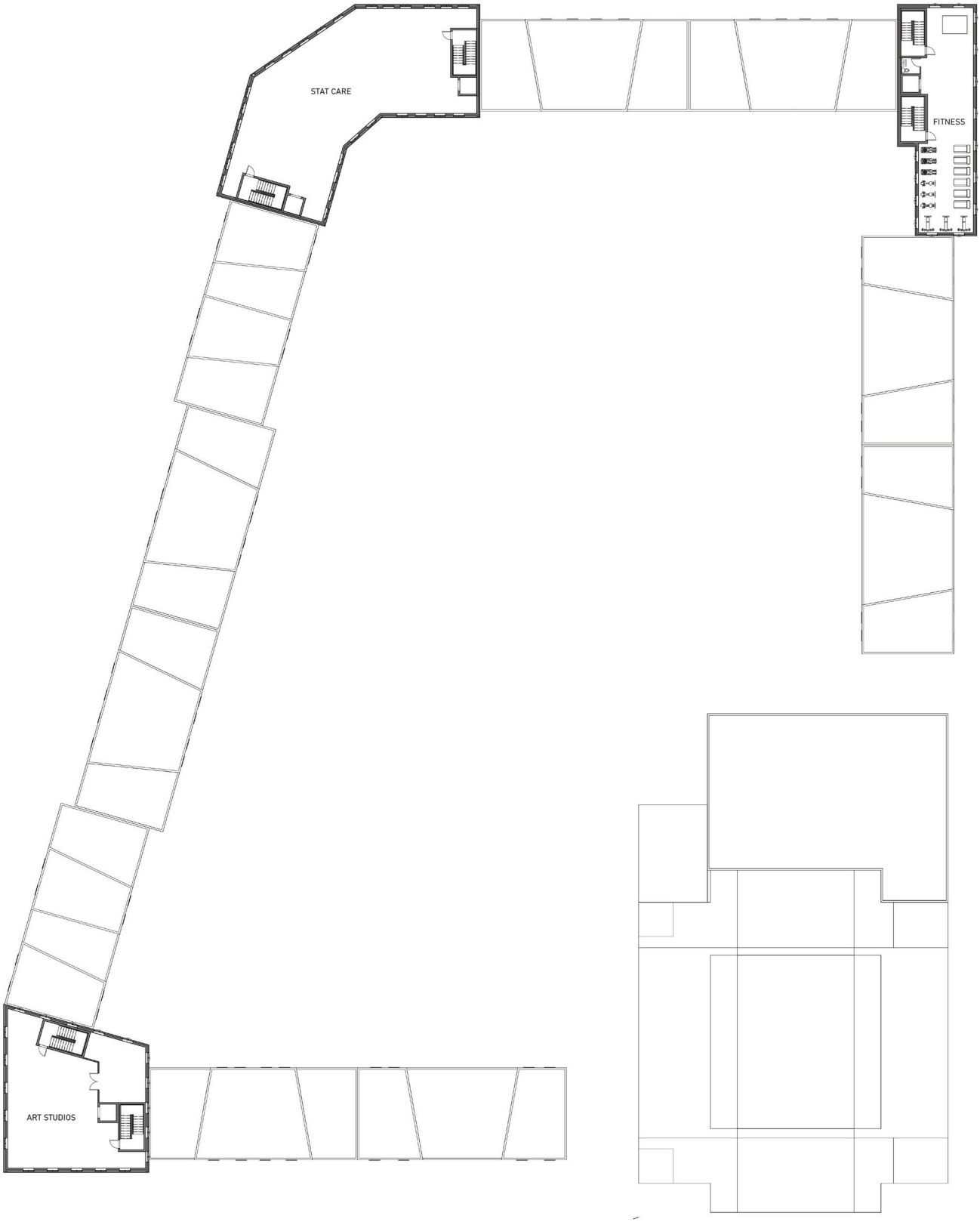
2ND FLOOR PLAN



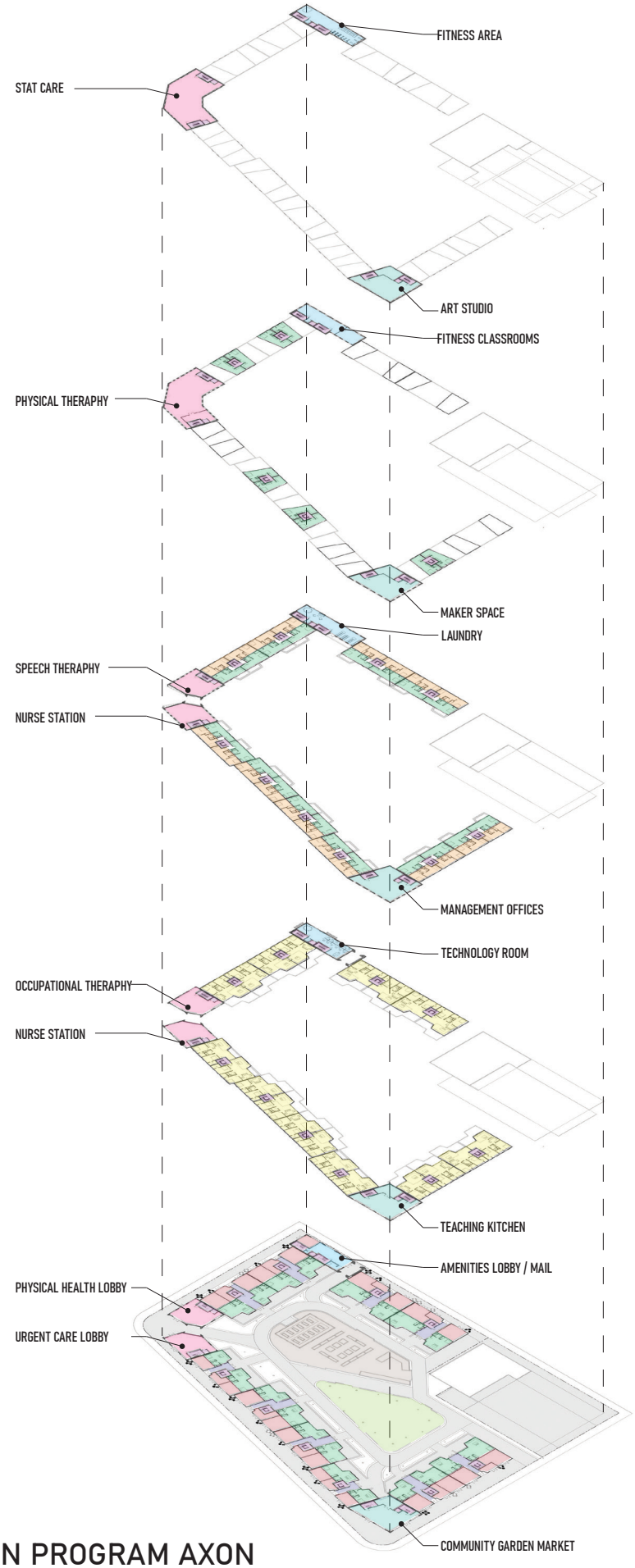
3RD FLOOR PLAN



4TH FLOOR PLAN



5TH FLOOR PLAN



LEGEND

- STUDIO UNIT
- 1 BED UNIT
- 2 BED UNIT
- COMMERCIAL
- HEALTHCARE
- AMENITIES
- COMMUNITY CONNECTION
- RESIDENT LOBBY
- VERTICAL CORE
- HEALING GARDEN
- GARDEN

SITE FLOOR PLAN PROGRAM AXON

PROGRAM

RESIDENTIAL:	**90 UNITS**
STUDIOS:	50 UNITS
1 BEDS:	20 UNITS
2 BEDS:	20 UNITS
RETAIL AT BASE:	**14,010 SF**

- COFFEE SHOP(S)
- BAKERY
- PUBLIC LAUNDRY SERVICE
- PHARMACY
- FLORIST
- BARBER SHOP
- FOOD PANTRY/ MARKET
- RESTAURANTS
- RETAIL SHOPS
- BIKE REPAIR SHOP
- LOCAL BUSINESSES

RESIDENT AMENITIES BLOCK :	**6,485 SF**
- MAIL / PACKAGE ROOM	150 SF
- LOBBY	785 SF
- TECHNOLOGY LAB	1200 SF
- LAUNDRY / LOUNGE	1450 SF
- FITNESS	1450 SF
- FITNESS CLASSROOMS	1450 SF
COMMUNITY CONNECTION :	**9,400 SF**
-MARKET	1700 SF
-GARDEN STORAGE/ MAINTENANCE	450 SF
-TEACHING KITCHEN	1700 SF
-MANAGEMENT OFFICES	2150 SF
-MAKER SPACE	1700 SF
-ART STUDIO	1700 SF
HEALTHCARE BLOCK:	**13,850 SF**
- URGENT CARE LOBBY	1250 SF
- PHYSICAL HEALTH LOBBY	1300 SF
- NURSE STATION	1250 SF
- OCCUPATIONAL THERAPY	1300 SF
- NURSE STATION	1250 SF
- SPEECH THERAPY	1300 SF
- PHYSICAL THERAPY	3100 SF
- STAT CARE	3100 SF


Dayton Municipal Court
Social Security Administration
YWCA
Sinclair Community College
US Bankruptcy Court
Sacred Heart Church
Proposed Parking Lot for Residents
Sinclair Parking Lot
Senior Resource Connection
Public Surface Parking

RESIDENT A CHOREOGRAPHY

RESIDENT A

- 80 y.o.
- Widowed
- Does not want to maintain large house and yard
- Daily choreography:
  - Home
  - Check on growth at the Vegetable Garden
  - Appointment with Occupational Therapist
  - Meet a friend for coffee
  - Check mail
  - Read in the Lounge while doing laundry
  - Art gallery
  - Home



GARDEN VIEW LOOKING NORTH EAST


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RESIDENT B CHOREOGRAPHY

RESIDENT B

- 58 y.o.
- Married
- Has a lifelong injury
- Daily choreography:
  - Home
  - Appointments with Physical Therapists
  - Picnic in the Healing Garden
  - Weekly class at Sinclair Community College
  - Art studio for art therapy session
  - Technology room
  - Home



ARCH ENTRYWAY FRAMING CHURCH


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RESIDENT C CHOREOGRAPHY

RESIDENT C

- 74 y.o.
- Single
- Recently retired with grandkids who visit frequently
- Daily choreography:
  - Home
  - Service at the Sacred Heart Chapel
  - Pick up grandkids at Parking Lot
  - Pick fresh herbs and vegetables from the Gardens
  - Family cooking class at the Teaching Kitchen
  - Out for ice cream
  - Home



GREENHOUSE VIEW LOOKING EAST


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RESIDENT D CHOREOGRAPHY

RESIDENT D

- 68 y.o.
- Married
- Lifelong yoga and pilates instructor
- Daily choreography:
  - Home
  - Coffee shop
  - Teach a yoga class in a Fitness Classroom
  - Volunteer at YWCA
  - Meditation in the Healing Garden
  - Wine mixer at the Art Gallery
  - Home



ENTRY AT NORTHEAST CORNER


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RESIDENT E CHOREOGRAPHY

RESIDENT E

- 60 y.o.
- Single
- Resident and small business owner
- Daily choreography:
  - Home
  - Appointment at Urgent Care for sore throat
  - Pick up a hot tea at a Cafe
  - Open and work the florals shop
  - Computer work in the Technology Room
  - Barre class in a Fitness Classroom
  - Home



GARDEN VIEW LOOKING NORTH



SITE SECTION 01

SCALE: 1/16" = 1'-0"



SITE SECTION 02

SCALE: 1/16" = 1'-0"



WEST EXTERIOR ELEVATION

SCALE: 1/16" = 1'-0"



EAST EXTERIOR ELEVATION

SCALE: 1/16" = 1'-0"



SOUTH EXTERIOR ELEVATION

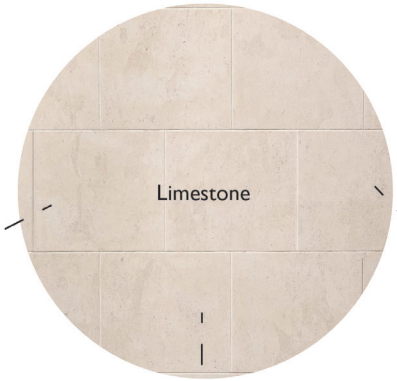
SCALE: 1/16" = 1'-0"



NORTH EXTERIOR ELEVATION

SCALE: 1/16" = 1'-0"





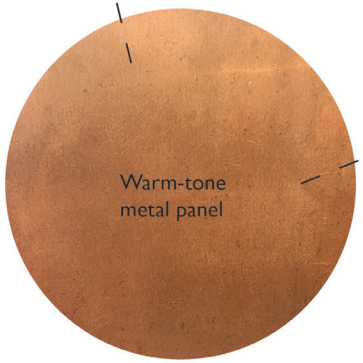


Arch motif



Imposed colonnades

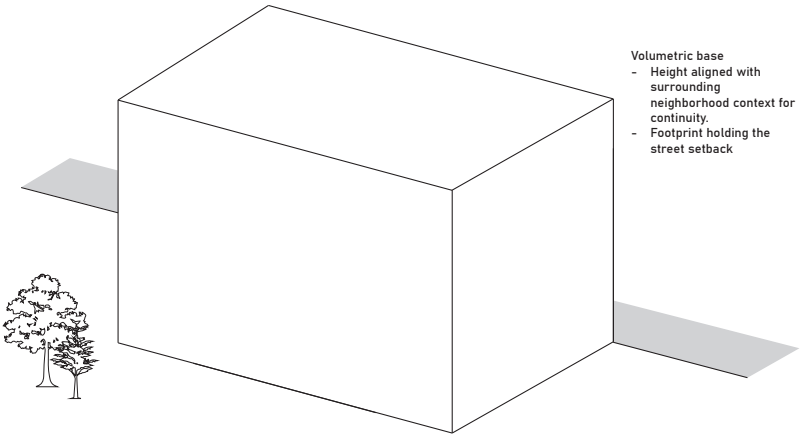
Gridded window placement



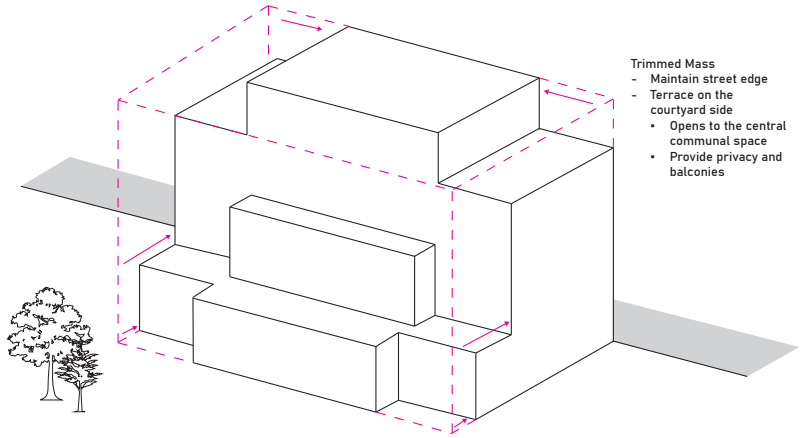


Brick relief

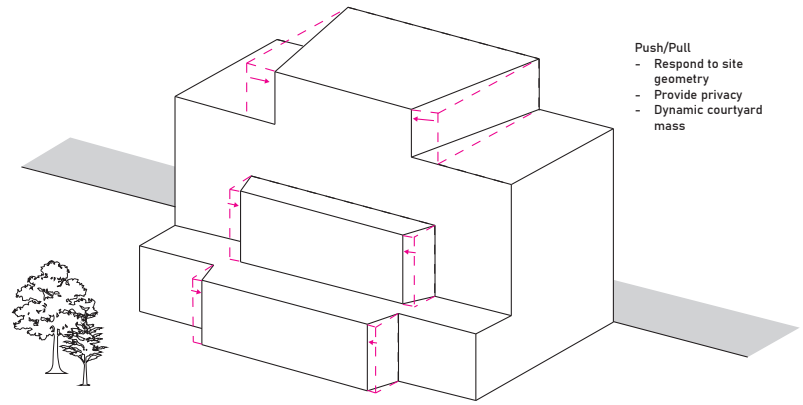
BUILDING MATERIAL BOARD



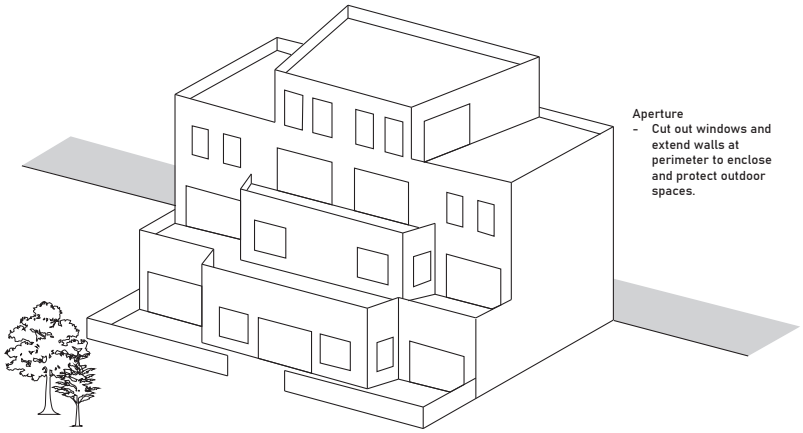
Volumetric base
- Height aligned with surrounding neighborhood context for continuity.
- Footprint holding the street setback



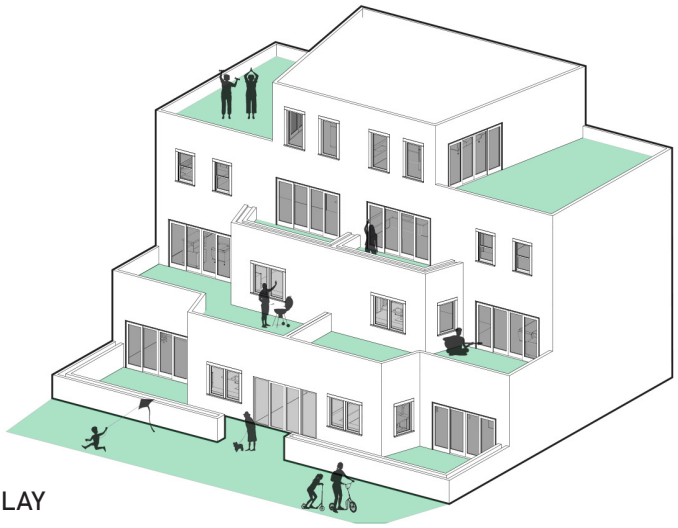
Trimmed Mass
- Maintain street edge
- Terrace on the courtyard side
  - Opens to the central communal space
  - Provide privacy and balconies



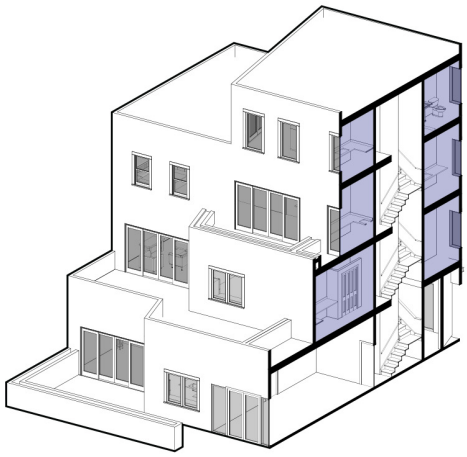
Push/Pull
- Respond to site geometry
- Provide privacy
- Dynamic courtyard mass



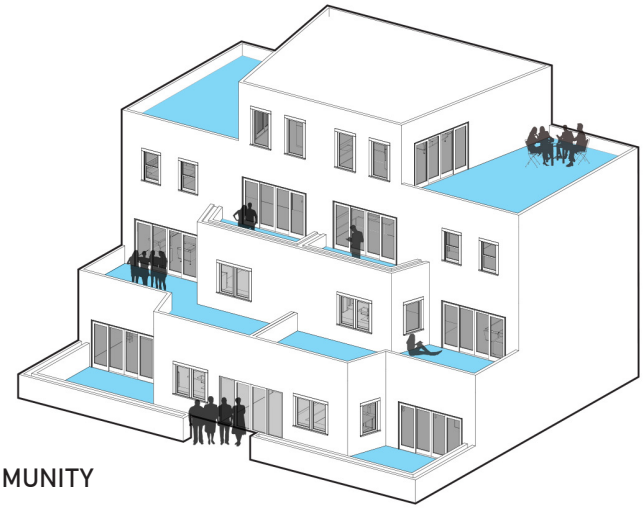
Aperture
- Cut out windows and extend walls at perimeter to enclose and protect outdoor spaces.



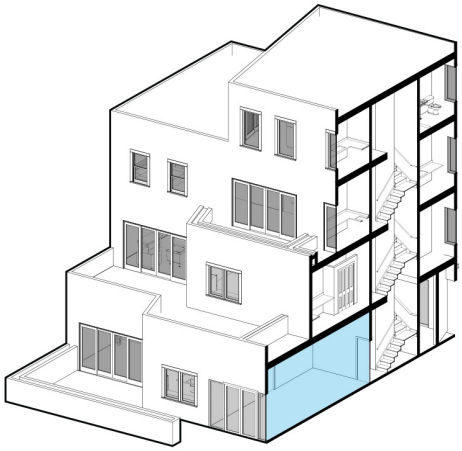
PLAY



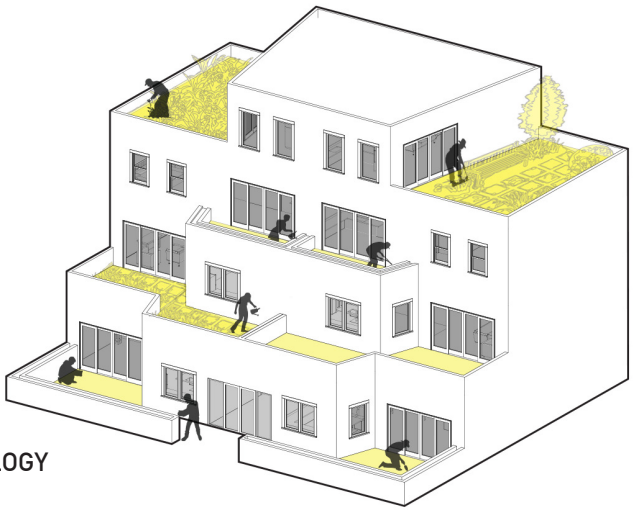
RESIDENTIAL UNITS



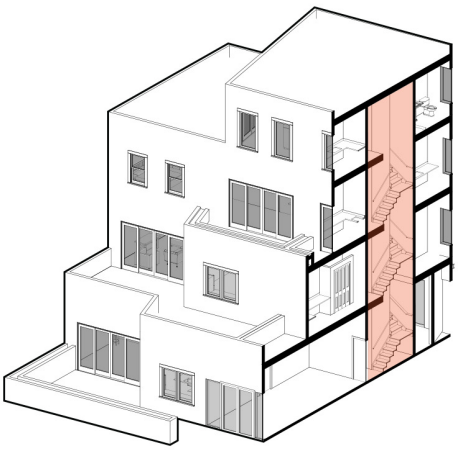
COMMUNITY



RESIDENTIAL LOBBY

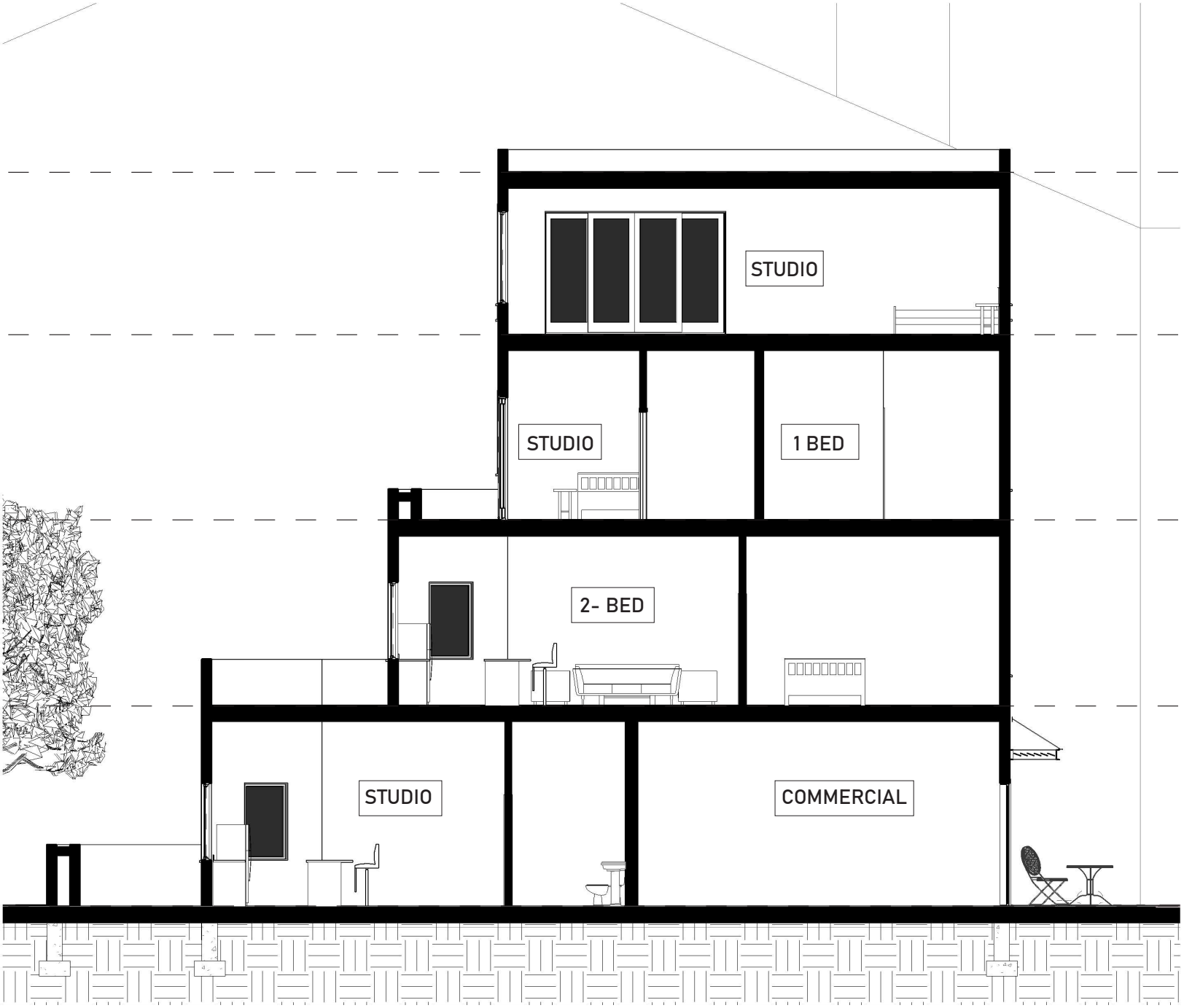


ECOLOGY



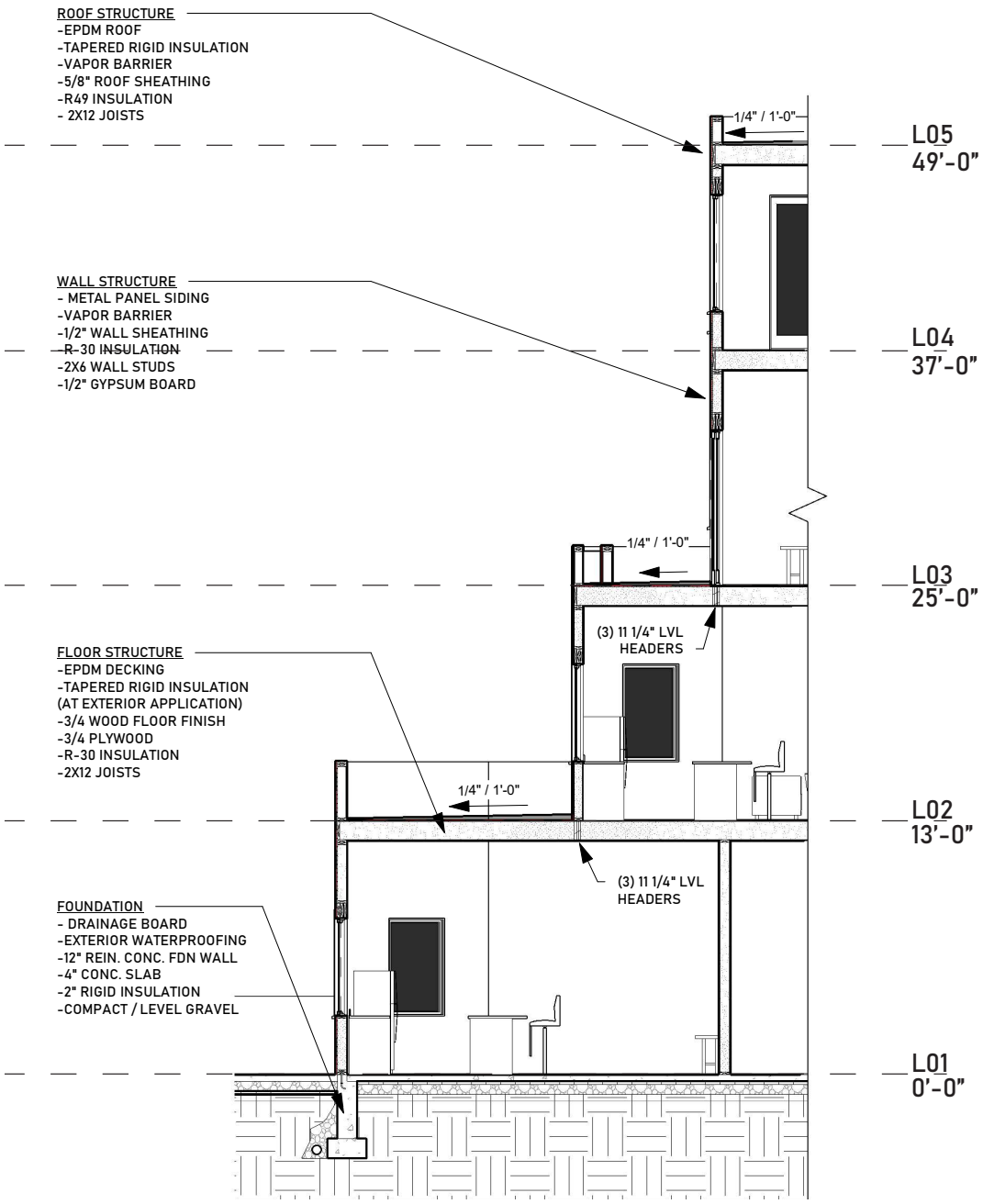
VERTICAL CORE

HOUSING ACTIVITY DIAGRAMS



TYPICAL RESIDENTIAL UNIT BUILDING SECTION

SCALE: 1/8" = 1'-0"



TYPICAL RESIDENTIAL UNIT WALL SECTION

SCALE: 1/8" = 1'-0"



