International Innovative Design for Health

JURY REPORT

UIA International Innovative Design for Health Award

This award edition is sponsored by MillerKnoll, a global design collective of modern, iconic brands committed to sustainable, equitable, and beautiful design.

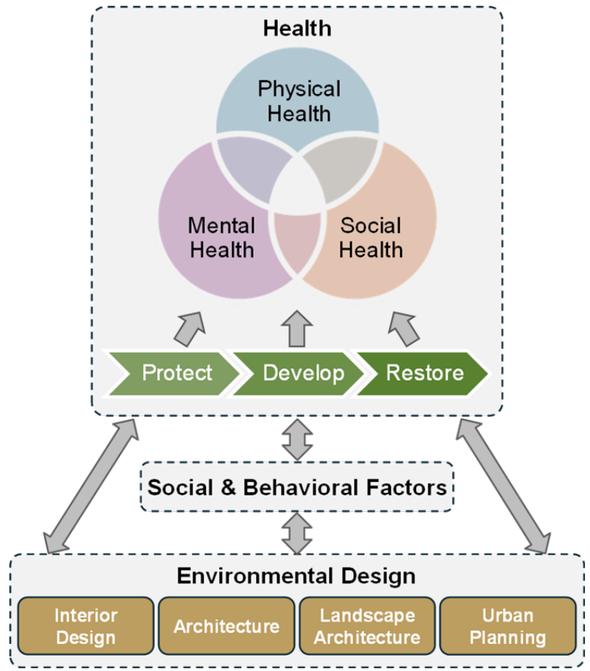
uia uia PUBLIC HEALTH GROUP MillerKnoll

I. INTRODUCTION

I.1 Description of the Award

To respond to global health crises, the International Union of Architects (UIA) General Assembly in July 2021 declared "2022: UIA Year of Design for Health."

This commitment urged all UIA Member Sections to encourage architects and their clients to use evidence-based design to promote health in buildings and cities, and promotes **"Design that protects health, design that develops Better Health, and design that restores health once it is impaired."** Sponsored by MillerKnoll, the UIA and its Public Health Work Programme (PHG) organize this 2026 International Innovative Design for Health Award. The award is established to honor and celebrate architects, together with design researchers, whose work demonstrates innovation and strong commitment to health and wellbeing.



Conceptual Framework of Environmental Design for Health
Source: Zhu, X. (2026). Introduction to environmental design for health. In Zhu, X., Shepley, M. M., & Lu, Z. (Eds.), Environmental Design for Health (pp. 1–9). Routledge.

I.2 Objectives of the Award

This award program is established to formally recognize outstanding and innovative architectural design solutions and research that help protect, promote, and restore human health.

I.3 Eligibility and Categories of Award

All practicing architects and architecture academics across the globe are eligible. Members of the organiser's team, the jury and their associates, business partners, employees and close relatives are not allowed to submit entries. Any person who has been involved in the preparation of the award is not eligible to participate or to assist any participant.

The award categories include:

Category 1: Built Work
Eligible "Built Works" include those architectural or urban design projects built between January 1, 2023 to March 2, 2026.
Each individual, team, or organization can submit up to two (2) projects.

Category 2: Research Work
Eligible "Research Work" include architectural or urban design research projects completed between January 1, 2023 to March 2, 2026.
Each individual, team, or organization can submit up to two (2) research projects.

I.4 Evaluation Criteria

Category 1: Built Work

- Innovation: Creative and innovative approaches for design for health
- Health outcomes: Evidence and/or evaluation results to demonstrate how the design approaches promote health and wellbeing and its health impacts on the community and/or the society
- Quality of architectural design
- Functional considerations
- Environmental and sustainability considerations
- Social and cultural responsiveness

Category 2: Design Research

- Relevance to Health Outcomes: Demonstrates a clear and meaningful connection between design and the protection, development, or restoration of human health.
- Rigor of Research Methods: Employs appropriate and rigorous architectural research methods.
- Innovation and Originality: Contributes to new knowledge of design for health.
- Evidence-Based: Draws upon established theories, prior studies, or empirical data to support or advance the research.

I.5 UIA Endorsement and Legal Framework

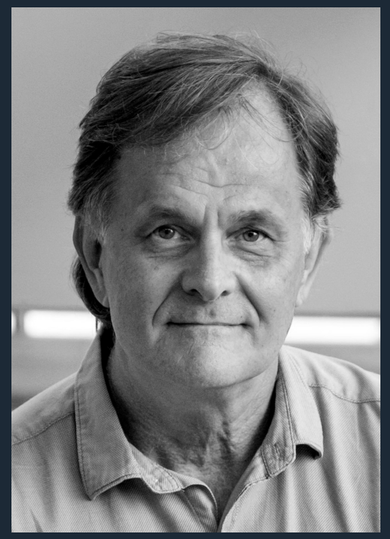
This award has been reviewed by the UIA international Competition Consultancy Board and endorsed by UIA.

The award was conducted according to the UNESCO Standard Regulations for International Competitions in Architecture and Town Planning and the UIA best practice recommendations.

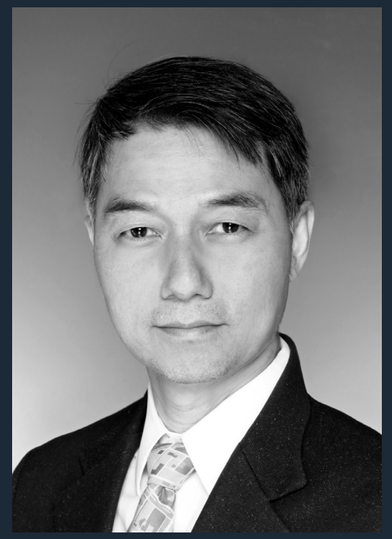
Reference:
International Union of Architects International Competition Commission. (2020). Guidelines: UIA Competition Guide for Design Competitions in Architecture and Related Fields.
https://www.uia-architectes.org/wp-content/uploads/2022/02/2_UIA_competition_guide_2020.pdf

I.6 International Jury

Built Work Category:



Jury Chair: Architect Kevin Bingham
(UIA representative and PHWP Advisor)
Managing Director, FGG Architects, South Africa, Region V



Architect Dr. Yulong Liu
Chairman, Tsinghua University Architecture Design and Research Institute, China, Region IV

Architect Henning Lensch
CEO, RRP International Hospital Planners, Germany, Region I

Dr. Ruzica Bozovic Stamenovic
Associate Professor, National University of Singapore, Serbia & Singapore, Region II & IV

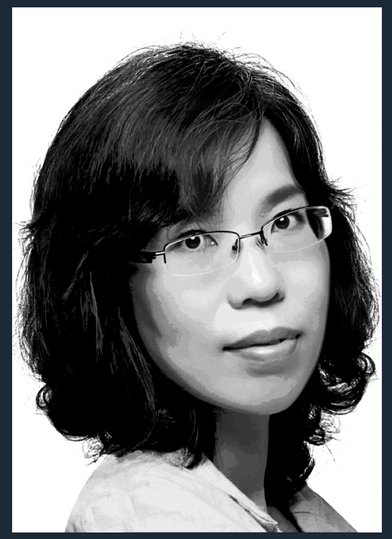
Architect Pei Ing Tan
Founder, PI Architect, Malaysia, Region IV

Alternate juror: Architect Dr. Fani Vavili-Tsinika
Vavili-Tsinika (UIA representative and PHWP Advisor)
Professor Emerita, Aristotle University of Thessaloniki, Greece, Region II

I.6 International Jury

Research Work Category:

Jury Chair: Dr. Hui Cai
Professor, Georgia Institute of Technology, USA, Region III



Architect Dr. Xiaosai Hao
Professor, Beijing University of Civil Engineering and Architecture, China, Region IV

Architect Dr. Fani Vavili-Tsinika
(UIA representative and PHWP Advisor)
Professor Emerita, Aristotle University of Thessaloniki, Greece, Region II

Alternate juror: Architect Stephen Kin Wai Ho
(UIA representative and PHWP Member)
Deputy Director, Estate and Campus Development Office, Vocational Training Council Hong Kong, Region IV

Jury Session Coordinator: Dr. Zhipeng Lu
The jury sessions were coordinated by **Dr. Zhipeng Lu**, Manager of the Design for Health Award and Coordinator of the UIA-Public Health Work Programme Secretariat.

II. JURY SESSIONS

II.1 Evaluation Process

The jury sessions took place on 14 and 21 April 2026 for the Built Work category and 17 and 24 April 2026 for the Research Work Category. The jurors met virtually through the Zoom teleconference platform.

According to the report of the technical committee:

- 23 entries were submitted before the deadline: 13 for the Built Work Category and 10 for the Research Work Category
- One in the Built Work Category violate the requirement for language

The jury noted the report of the technical committee. The jury of the Built Work Category decided to remove the entry that violated the requirement. Eventually 12 Built Work and 10 Research Work entries were entered into the evaluation process.

II.2 Meetings and Evaluation Results of Each Round

First Meeting (April 14, 2026)

Attendees: Kevin Bingham, Yulong Liu, Henning Lensch, Ruzica Bozovic Stamenovic, Pei Ing Tan, and Zhipeng Lu.

Before the virtual meeting, the coordinator downloaded all entries from the UIA competition platform and created a PDF file for each one. At the beginning of the meeting, the jurors introduced themselves and discussed the detailed arrangements for the evaluation process and criteria.

During the meeting, the coordinator displayed all entries via screen sharing. The jurors first discussed and agreed to eliminate one entry that did not meet the submission requirements. They then reviewed and discussed each remaining entry according to the evaluation criteria. The jurors agreed to continue the evaluation after the meeting, with each juror to provide their selection of the top three entries before the next meeting.

The PDF files of the 12 entries were shared with the jurors after the meeting so they could continue their evaluations.

Second Meeting (April 21, 2026)

Attendees: Kevin Bingham, Yulong Liu, Henning Lensch, Ruzica Bozovic Stamenovic, Pei Ing Tan, and Zhipeng Lu.

Before the meeting, each juror submitted their top three selections to the coordinator, who then compiled a list of the entries for further evaluation. The remaining entries were: 4816, 4901, 5038, 5052, 5083, and 5086.

During the meeting, the jurors thoroughly discussed and reviewed the entries and selected the top three prize winners and one honorable mention. Decisions were made either by consensus among the jurors or, when consensus could not be reached, by majority vote.

- 1st Prize: 4816
- 2nd Prize: 4901
- 3rd Prize: 5083
- Honorable Mention: 5086

Research Work Category

First Meeting (April 17, 2026)

Attendees: Hui Cai, Xiaosai Hao, Fani Vavili-Tsinika, Stephen Kin Wai Ho, and Zhipeng Lu.

Before the virtual meeting, the coordinator downloaded all entries from the UIA competition platform and created a PDF file for each one. At the beginning of the meeting, the jurors introduced themselves and then discussed the detailed arrangements for the evaluation process and criteria.

During the meeting, the coordinator displayed all entries via screen sharing. The jurors first discussed the eligibility of the entries and decided to keep all of them in the evaluation process. They then reviewed and discussed each entry according to the evaluation criteria. The jurors agreed to continue the evaluation individually after the meeting, with each juror to provide their selection of the top three entries before the next meeting.

The PDF files of the 10 entries were shared with the jurors after the meeting so they could continue their evaluations.

Second Meeting (April 24, 2026)

Attendees: Hui Cai, Xiaosai Hao, Fani Vavili-Tsinika, and Zhipeng Lu.

Before the meeting, each juror submitted their top three selections to the coordinator, who then compiled a list of the entries for further evaluation. The remaining entries were: 4845, 4880, 5080, 5090, 5091, 5095, 5096, and 5098.

During the meeting, the jurors thoroughly discussed and reviewed the remaining entries and selected the top two prize winners. Decisions were made either by consensus among the jurors or, when consensus could not be reached, by majority vote.

- 1st Prize: 4845
- 2nd Prize: 5095

II.3 Prizes and Honorable Mentions

There will be up to three (3) awards allocated per category for the first, second, and third prizes. Awardees will be presented with certificates entitled:

International Union of Architects
International Innovative Design for Health Award (2026)

in recognition and honor of their achievement. While no monetary prize will be granted, **one member from each winning team will be offered complimentary registration** to attend the 2026 UIA Congress.

II.4 Remarks and Recommendations of the Jury

Built Work Category

The jury recognized a strong group of submissions and evaluated the entries through multiple dimensions, including architectural quality, innovation, functionality, sustainability, social and cultural relevance, health impact, environmental performance, and the human experience of care. Across the discussion, jurors emphasized that the strongest projects went beyond conventional healthcare design by demonstrating how architecture can actively support health, healing, community engagement, education, and long-term wellbeing.

The jury particularly valued projects that achieved coherence across scales—from urban and campus planning to interior experience and personal moments of care. They also discussed the importance of daylight, ventilation, materiality, tactility, wayfinding, social interaction, environmental responsibility, and sensitivity to context. Jurors also noted that health projects, particularly healthcare facilities, are often constrained by functional and regulatory requirements; therefore, projects that brought warmth, clarity, and humanity into complex medical environments were especially appreciated.

First Prize Winner

The jury strongly agreed that entry #4816 was an outstanding submission. Jurors praised the project for fundamentally redefining the role of architecture in health by shifting attention from treatment to prevention, from institution to community, and from passive accommodation to active behavioral engagement.

The project was commended for its quiet yet powerful architectural language, its strong healing qualities, and its ability to address the full range of evaluation criteria. Jurors highlighted its careful use of daylight, orientation, glazing, material selection, tactility, and community support. They also appreciated its modesty and effectiveness, noting that the design did not rely on grand gestures or expensive materials but instead placed every element thoughtfully and purposefully. Overall, the jury regarded it as a beautiful, humane, and highly deserving winner.

Second Prize Winner

Entry #4901 was recognized for its strong campus planning and its integration of medical education, research, and clinical functions into a cohesive environment. Jurors noted that the project breaks down traditional silos between learning and research, and contributes to improving people's health by supporting education, interdisciplinary collaboration, and knowledge exchange.

The project was also praised for its spatial hierarchy, complex yet clear planning, daylight penetration, ventilation, and functional circulation between teaching, laboratory, research, and clinical spaces. Jurors appreciated the slenderness of the buildings, the environmental performance, and the opportunities for social interaction across spaces.

Third Prize Winner

Entry #5083, a children's hospital, was praised for its strong attention to evidence-based design principles, including color, interior atmosphere, wayfinding, views, lighting, and child-scaled design details. Jurors appreciated how the project created a friendly, warm, and supportive healthcare environment for children while maintaining a functional hospital layout.

The jury highlighted the connection between façade design and interior design, the careful use of materials and colors, and thoughtful architectural elements that support children's experience, such as visual connections from a child's perspective. The project was considered particularly strong in its human-centered interior qualities and its ability to bring warmth and clarity into a complex healthcare setting. Jurors noted limitations related to medical planning and internal courtyards or light wells, but the overall design quality and sensitivity to children's needs justified its selection as third prize.

Honorable Mention

Entry #5086 was awarded honorable mention after the jury recognized its strong architectural quality, warm expression, and sensitive response to a constrained context. Jurors described it as a very good project, with appropriate materials, a pleasant atmosphere, and a compact yet effective hospital design.

The jury also acknowledged the contextual significance of the project, including the challenges of working within a post-Soviet environment and a less wealthy setting. Jurors believed that, despite certain compromises such as the narrow lightwells and complex layouts, the project achieved a beautiful and humane result within challenging constraints.

Jurors noted that this project deserved recognition as an honorable mention for its architectural merit, warmth, and contextual achievement.

Research Work Category

The jurors considered whether each entry demonstrated relevance to health outcomes, methodological strength, originality and innovation, connection to evidence-based design, and a clear contribution to design for health. The jurors agreed that strong submissions needed to do more than present a good design or apply existing evidence-based design principles. The jurors also emphasized that, for this award category, entries should demonstrate credible research methods, clear findings, and a convincing translation of research outcomes into tangible design solutions. Several entries were viewed as strong design proposals but weaker research projects, while others had solid research but less persuasive design implications.

First Prize Winner

The jurors viewed entry #4845 as the most well-rounded research project. They praised the project for combining a timely and meaningful health topic—integrating hospice care into the neighborhood or urban context—with a solid research approach that led to clear design outcomes.

Jurors highlighted the project's use of spatial analysis, qualitative and quantitative methods, surveys, and simulation. They particularly valued how the research findings were translated into a design prototype.

Two suggestions to improve the project or report: (1) the literature review could cite more up-to-date studies and theories, and (2) the methodology and results sections could include greater detail (such as the number of subjects).

Overall, entry #4845 was described as rigorous, innovative, and representative of the mission of the UIA Public Health Group.

Second Prize Winner

The jurors recognized entry #5095 as a strong second-prize winner because of its well-established research foundation and its focus on the relationship between loneliness and the built environment at the urban scale. The project was praised for drawing on a solid theoretical framework, ethnographic approaches, urban mapping, and clear measures based on existing theory. Jurors noted that the project appeared to be a collection or series of related studies rather than a single, unified design project. They appreciated that much of the work had already been validated through publication or presentation in academic and professional venues. The involvement of students was also seen positively, especially in relation to research, education, and public health design. At the same time, the jury felt that the translation from research to specific design solutions was not as clear or complete as in entry #4845. Overall, it was valued as a substantial, credible, and meaningful contribution linking loneliness, public health, and the built environment.

III. INTERNATIONAL PARTICIPATION

36 entries from 19 countries registered for the award, among which 23 entries from 15 countries submitted their projects. The participating countries and the related number of submissions are listed below:

Austria	2	Netherlands	1
Bangladesh	3	Puerto Rico	1
Denmark	1	South Africa	1
Egypt	2	Spain	1
Finland	1	Switzerland	1
Greece	2	USA	2
Italy	2	Viet Nam	2
Mexico	1		

IV. ACKNOWLEDGEMENT

The jury extends heartfelt gratitude to the following individuals and organizations responsible for orchestrating and supporting this remarkable international award. The profound impact of this award will undoubtedly resonate in the years to come.

Organizer
International Union of Architects Public Health Work Progamme (UIA-PHG)

Sponsor: Millerknoll
Albert Calet
Kurt Donakowski
Lily Kitchener
Stacy Stewart

Technical Committee
Manager: Zhipeng Lu, PhD (USA, UIA-PHG)
Advisors: A. Ray Pentecost, PhD (USA, UIA-PHG), Long Hao, PhD (China, UIA-PHG), and Philip Patrick Sun (USA, UIA-PHG)
Administrative Assistant: Min Pan

UIA-PHG Leadership
A. Ray Pentecost, Co-directorHao Long, Co-director

UIA Secretariat
Rui Leao, UIA Secretary General
Sofia Salgueiro
Carla Lima Vieira
Mwiyathi Wanjira

UIA International Competitions Consultancy Board
Paula Huotelin, Co-director
Tibor Fátyol, Co-director

V. DOCUMENTATION OF WINNING ENTRIES

Built Work Category

First Prize

Name of the project: Center for Health

Location: Copenhagen, Denmark

Architect: Dorte Mandrup

Client: Copenhagen Municipality

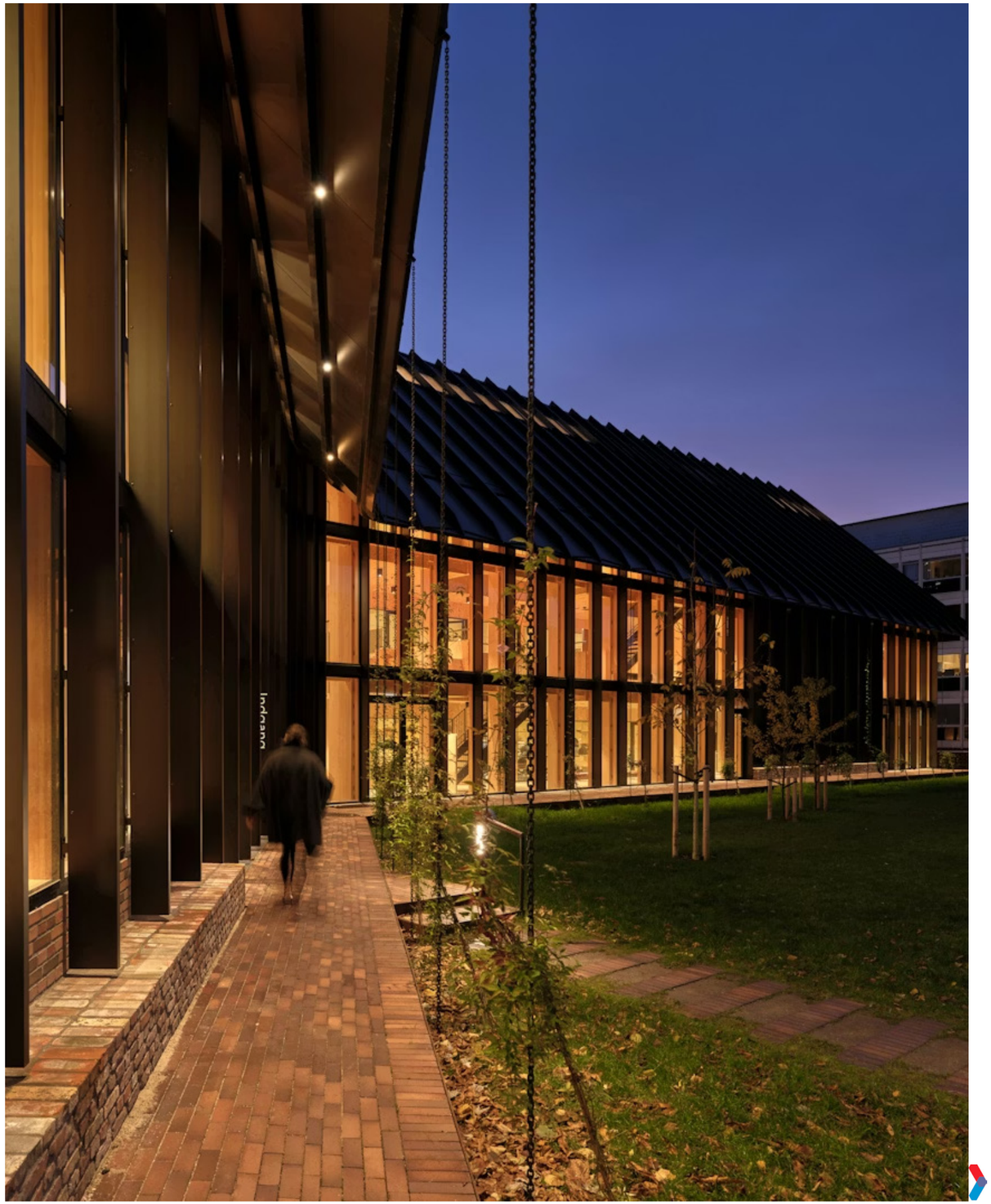
Partners: Bisgaard Landscape, Landscape Architect
ABC Rågivende Ingeniører, Engineer

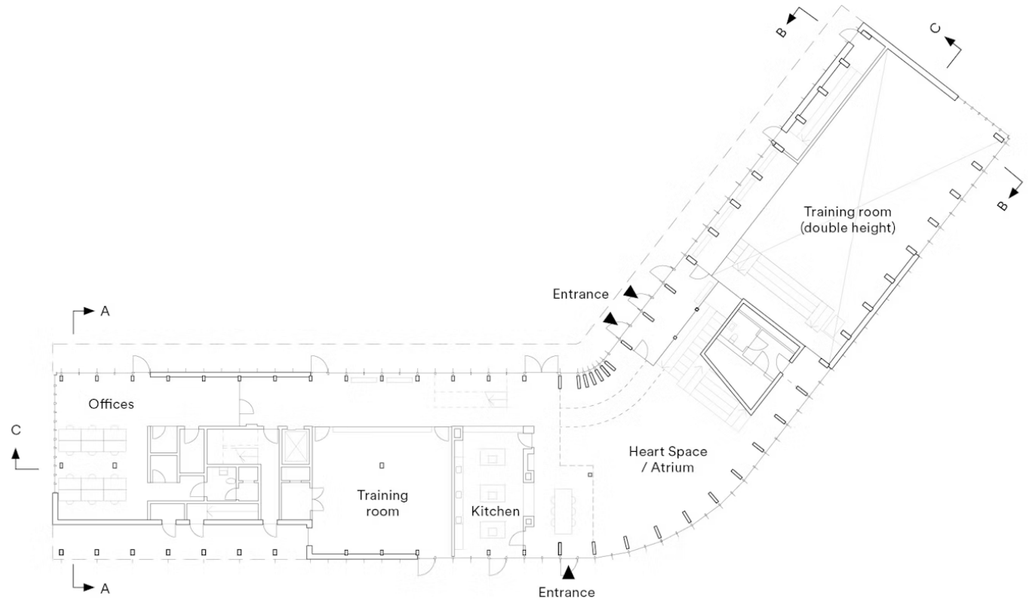
Completion date: October 2025

Entry ID: #4816

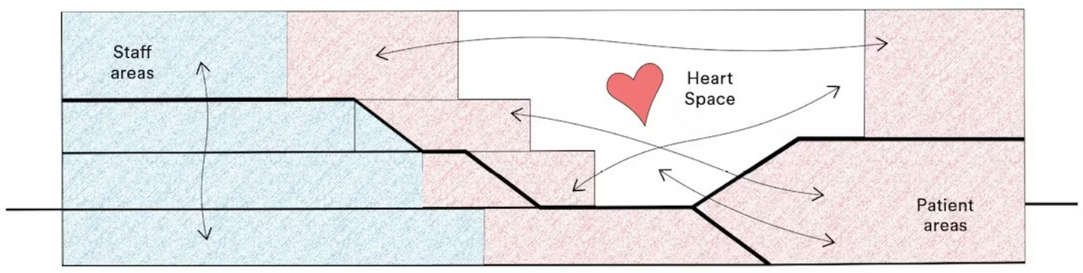
The buildings and landscapes that surround us can profoundly affect our behaviour, emotions, and physical health. With this in mind, Danish architecture studio Dorte Mandrup has designed a new Centre for Health in Copenhagen that combines plenty of daylight, natural materials, and room for movement and community to support and improve rehabilitation and treatment of lifestyle-related illnesses. Bordering the historic Copenhagen neighbourhood 'De Gamles By', Centre for Health is sensitively integrated into a historic urban context long associated with care and wellbeing. The building addresses the rising need for holistic treatment and embodies the transformative potential of architecture, employing thoughtful design to restore dignity, promote physical activity, foster rehabilitation, and improve quality of life for individuals affected by lifestyle-related illnesses. Through its functionality and design, it offers an inclusive alternative to traditional healthcare institutions, returning control to people, who have lost some of theirs.

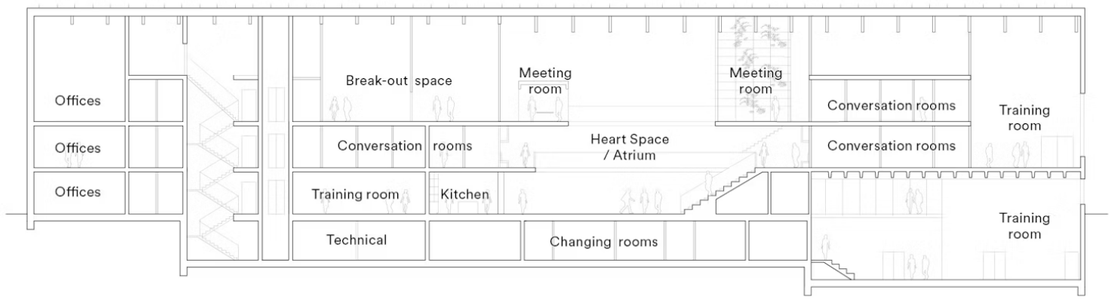
Centre for Health was initiated by the City of Copenhagen to address the growing demand for rehabilitation and holistic treatment among people suffering from lifestyle-related illnesses. The building's design was developed through an inclusive and collaborative process involving future users, staff, the central administration, and architects. This open dialogue enabled exploration of functions, spatial qualities, architecture, tactility, and materiality to support the user's specific needs. One of the central aims was to create a welcoming building – a place where people feel at home, inspired, and part of a community centred on healthy living.
The spatial layout serves as an active tool to support movement, interaction and a sense of community, ultimately encouraging long-term changes. By prioritising greenery, plenty of natural light, physical activity, and opportunities for social connection, the building becomes an inviting and soothing environment. It gently nudges and empowers individuals towards a healthier lifestyle, offering a dignified alternative to the often impersonal and clinical atmosphere of traditional healthcare institutions.





Ground floor plan





Section C-C

Second Prize

Name of the project: Office and Laboratory Buildings, Medical University of Graz

Location: Graz, Austria

Architect: Riegler Riewe Architects

Site area: 101.763 m^2

Net area: 51.905 m^2

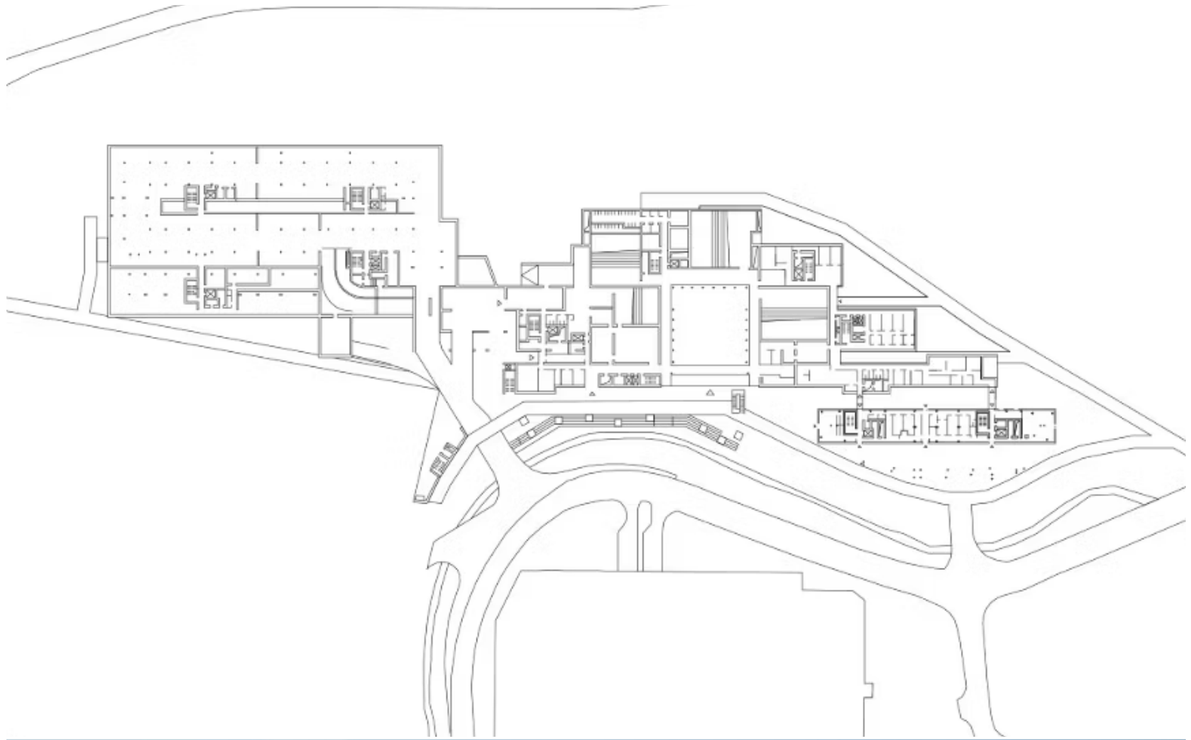
Gross volume: 433.648 m^3

Completion date: September 2023

Entry ID: #4901

The concept for the Med Uni Campus Graz is based on the integration of work, teaching and leisure spaces on a shared inner-city site. The project implements a clearly structured ensemble of coherent yet differentiated buildings, taking the various requirements into account as far as possible. Openness, accessibility and communication play important roles here. The campus is characterized by the clear placement of the volumes, which creates an exciting interplay between buildings and open spaces, between public and non-public uses and thus a high potential for identification in the urban context.
In terms of their content requirements, some of the uses go beyond the classic campus concept - be it in the scientific area due to the requirements of medical research, or due to the lively public traffic. The project responds to these diverse requirements primarily by vertically staggering the utilisation areas. As a contemporary response to the local microclimatic parameters, narrow, longitudinally orientated structures were developed to ensure the greatest possible supply of fresh air into the Graz basin.

The central areas for teaching, such as lecture theatres and the auditorium, were built on two storeys, with the so-called campus level above as an important distribution level from which the institutes, laboratories and research areas are accessed. A pedestrian and cycle bridge on the campus level connects further teaching areas, the canteen and the administration. This has made it possible to realise a superordinate network of footpaths and cycle paths, to which the University Hospital Graz is also connected. The Med Uni Campus Graz was certified in accordance with ÖGNI and DGNB criteria, achieving the prestigious Platinum rating for its high standards in sustainability and sociocultural quality.




Pupilla vallata

Third Prize

Name of the project: Children's and Adolescent Hospital Freiburg

Client: State of Baden-Württemberg

User: University Medical Center Freiburg

Location: Freiburg, Germany

Architect: Health Team Vienna, Albert Wimmer ZT-GmbH, and Architects Collective ZT-GmbH

Gross Floor Area: 32,000 m^2

Completion date: September 2024

Entry ID: #5083

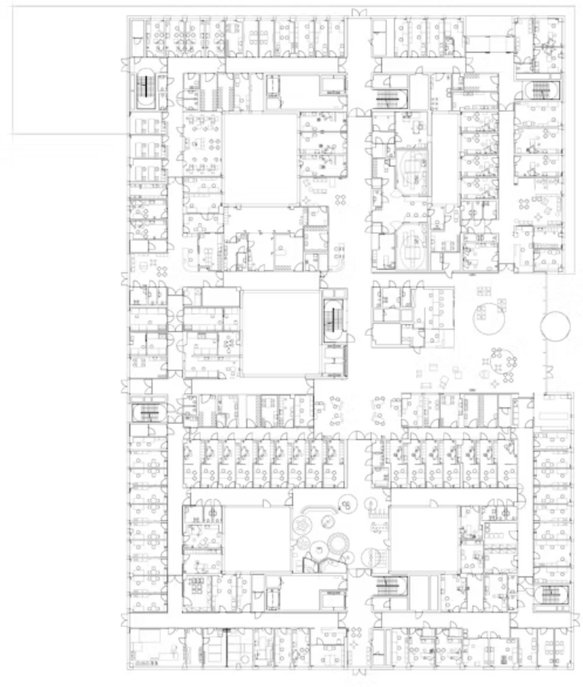
The comprehensive provision of cutting-edge medicine under one roof, a consistent focus on the well-being of patients and their families in the spirit of the parent–child patient, clinical research and teaching, and a vibrant culture of communication formed
the foundation of the design. The new Children's and Adolescent Hospital establishes an international benchmark for a new generation of pediatric hospitals worldwide, creating optimal conditions for healing and development.

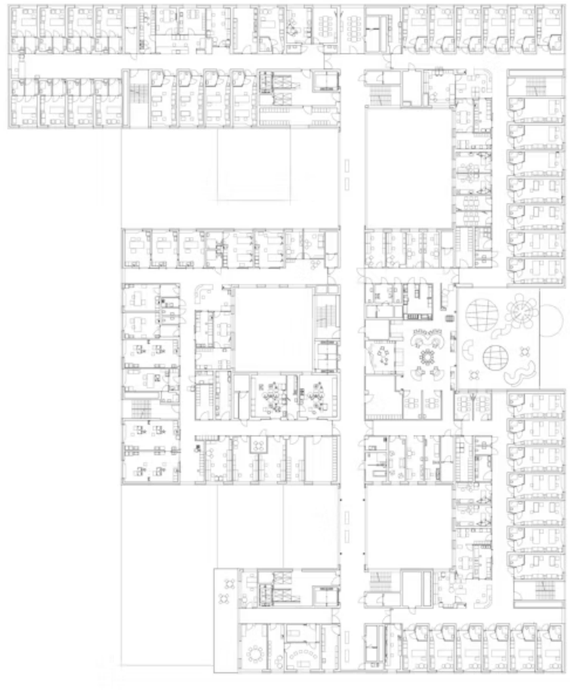
The entire planning process takes the specific needs of children, adolescents, and their families exceptionally seriously. The increased need for closeness between parents and a sick child is reciprocal. Parents not only wish to ensure the best possible medical care for their children, but also to remain actively involved, to maintain oversight, to participate, and to take part in decision-making.

Empowerment is therefore a core element of the hospital concept. Parents and caregivers are offered programs that support them in managing their child's illness--learning how to cook appropriately, study together, and provide the best possible emotional and practical support. Parents are understood as an essential part of the healing process, and the spatial concept provides the framework for these productive
synergies.

Site Plan

Project: Children's and Adolescent Hospital Freiburg
Architecture: HEALTH TEAM VIENNA
Albert Wimmer ZT-GmbH | Architects Collective ZT-GmbH





Honorable Mention

Name of the project: Viljandi Hospital

Location: Viljandi, Estonia

Architect: Bakpak Architects, Planho and DAGOpen

Gross Floor Area: 25.826 m^2

Partners:
Engineering: Arro & Agasild Inseneribüroo OÜ (Structural Engineering);
Integrated Healthcare Design (Medical Installations);
ITK Inseneribüroo OÜ (General Installations).
Landscape Design: OÜ Kino maastikuarhitektid.
Interior Design: OÜ Pink.

Photography: Tõnu Tunnel.

Completion date: June 2025

Entry ID: #5086

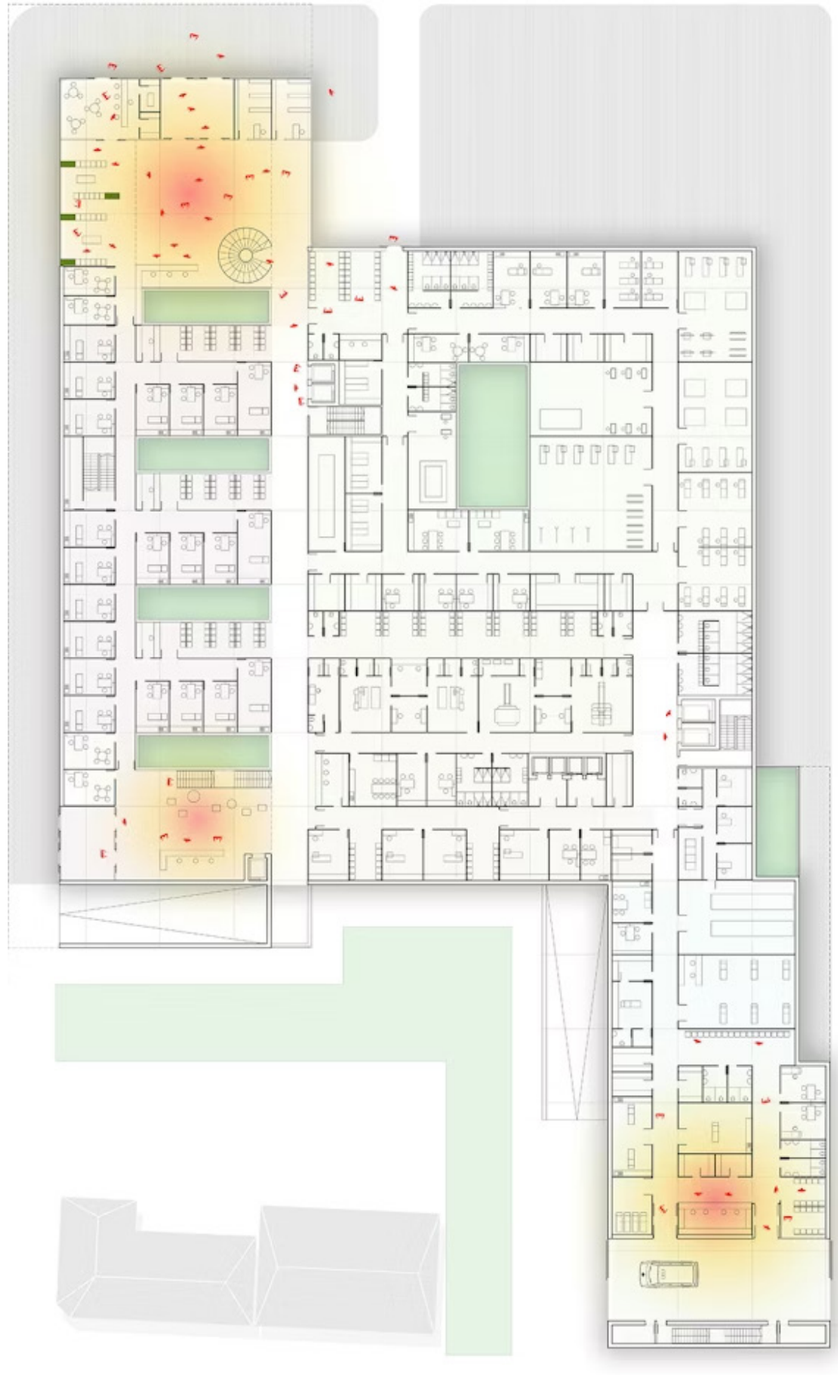
The modern hospital is more than just a place to provide healthcare services. It is generally the most important building in the city and the main reference of a society and a time.

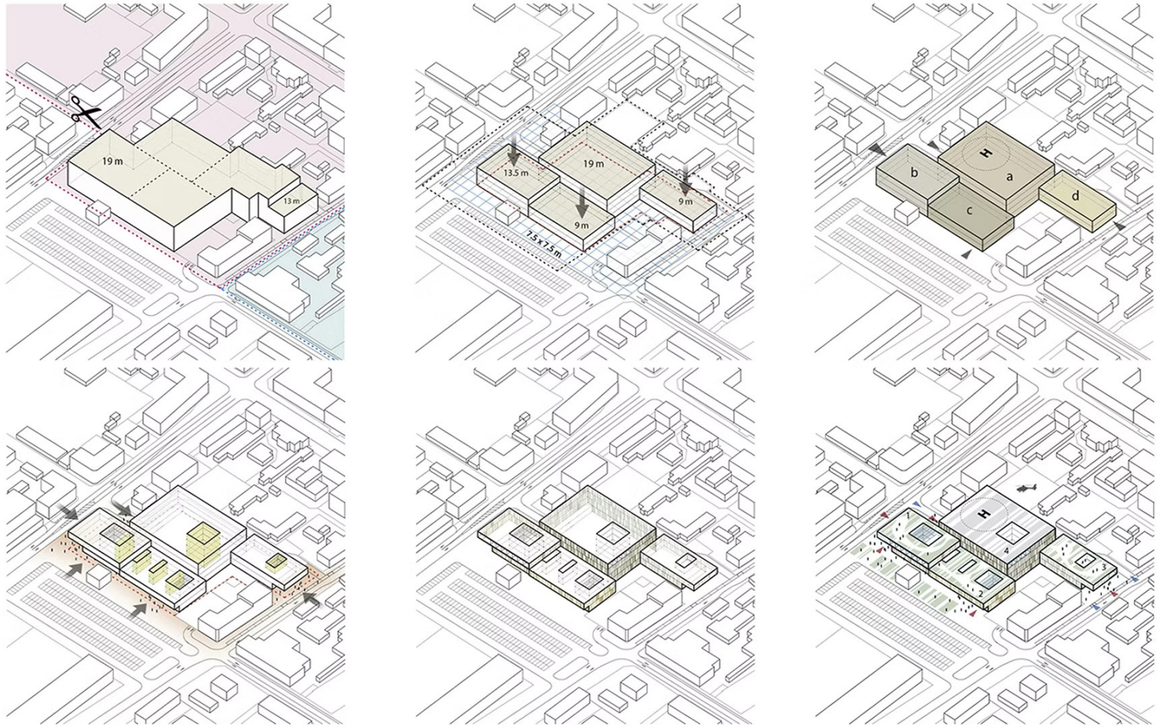
The principal objective of this proposal is to achieve the maximum efficiency of the structure, combining the shape with the function, resulting in a highly resolutive hospital model, where the criteria of functional organization as well as classification of circulations and circuits, promoting accessibility and the optimization of all healthcare processes at the service of the user.

This proposal responds to a simple and modular structure, based on a very efficient functional organization, which facilitates the implementation of management systems based on processes, and favoring the accessibility of the patient to all services. The structural framework originates from the dimensions of the hospital room, which allows for the organization of the floor plan and the rationalization of space. This 7.5 x 7.5 m framework is also adaptable to other rooms such as offices and certain halls.

The initial approach is that the apparent segregation of the bodies of the volumetry has its reflection in the character of the pieces and in its internal functioning, at the same time that this “segregation” is searched to provide an optimal inter-connection that promotes the integration of the different services focused on high resolution the consultation, by means of a single act, as well as favoring the diagnosis and treatment of multi-pathological patients that require the concurrence of several specialties.

The hospital is therefore conceived as a composition of four clearly defined modules, each one adapting to the urban scale of Viljandi and responding to specific functional demands. This fragmentation deliberately distances the project from the traditional monolithic hospital model, replacing the image of a single massive institutional block with a series of articulated volumes that integrate naturally into the surrounding fabric. The strategy enhances urban continuity, improves orientation, and humanizes the perception of the building at street level.

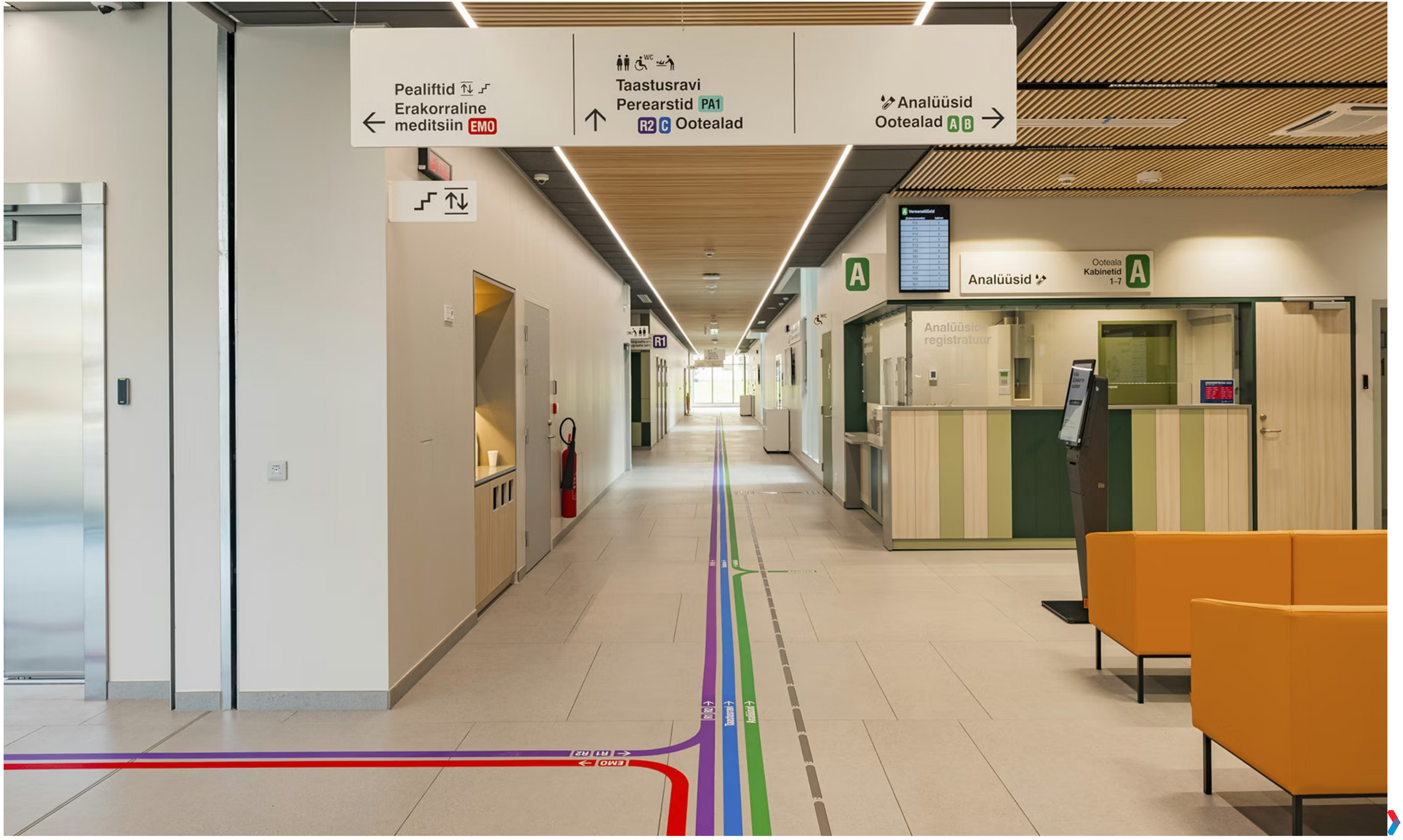



19 m
13 m
13.5 m
19 m
9 m
9 m
7.5 x 7.5 m
H
a
b
c
d


Tervikum


Peasissepääs
Tervikum


4T
B426


Pealiftid
Erakorraline meditsiin EMO
Taastusravi
Perearstid PA1
R2 C Ootealad
Analüüsid
Ootealad A B
A
Analüüsid
Ooteala
Kabinetid
1–7
A
R1
EMO
R1 R2


Registratuu


C
Taastusravi
registratuur

Research Work Category

First Prize

Title of the Research: Within Reach: Restoring Spatial Sovereignty and Social Integration of Hospice Care within Urban Neighborhoods

Researcher(s): Yixuan Liu and Yilin Zhang

Country: USA

Completion date: November 2025

Entry ID: #4845

Abstract

In high-density cities, hospice care spaces have long been organized primarily around medical efficiency and risk management. Their sites and spatial organization are typically removed from everyday urban life and characterized by reduced social visibility, leading to a persistent process of spatial disembedding in the end-of-life stage. This condition not only erodes patients' dignity but also precipitates the structural collapse of caregivers' social roles. Rather than treating this phenomenon as a primarily emotional or ethical concern, this study frames it as a spatial-structural problem with identifiable and measurable psychological and social health consequences. Using the historic Baita Temple neighborhood in Beijing as an empirical field, the research draws on Arthur Kleinman's theory of "local moral worlds" (Kleinman, Das & Lock, 1997) and introduces the concept of secondary spatial exile to describe the social rupture experienced by caregivers and patients when they are detached from their original life structures. This rupture is measured through observable health-related proxies, including contraction of caregivers' daily activity radius, reduced community interactions, and changes in participation at social nodes.

Based on a comparative analysis of Beijing Songtang and Haidian Hospice Hospitals, combined with respondent-driven surveys, descriptive statistics, and discrete choice modeling, the study derives spatial parameters that balance privacy and social continuity. Results indicate that when hospice facilities lie within a 180-260 meter walking radius of caregivers' daily networks and generate roughly 14-18% unavoidable nodes, community acceptance remains stable without significant emotional resistance.

The design outcome, Within Reach, serves as a spatial prototype that validates these findings, demonstrating that the critical role of hospice architecture lies not in isolating death but in sustaining the continuity of social relationships at the end of life. The core contribution of this research is its demonstration that the degree of spatial embedding can function as a structural design variable for regulating patients' and caregivers' psychosocial health risks.

FIGURE I. COMPARATIVE CASE STUDY OF SONGTANG HOSPICE HOSPITAL AND BEIJING HAIDIAN HOSPITAL HOSPICE CENTER

Space Syntax Study & Spatial Analysis of Urban Intergration

CASE STUDY

a. Songtang Hospice Hospital

b. Beijing Haidian Hospital

SITE LOCATION

Urban–suburban Interface

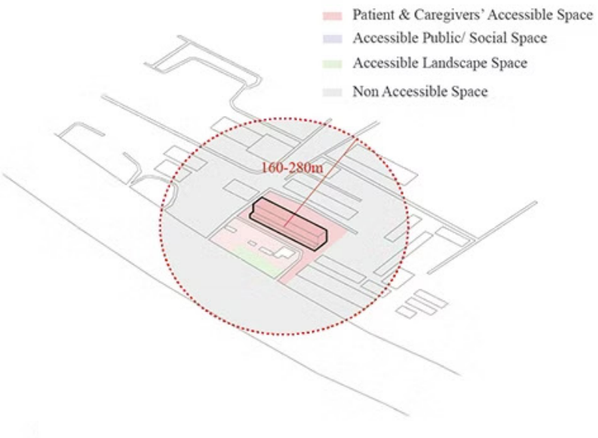
Inner-city Peripheral Area

SPACE SYNTAX STUDY FOR URBAN INTERGRATION

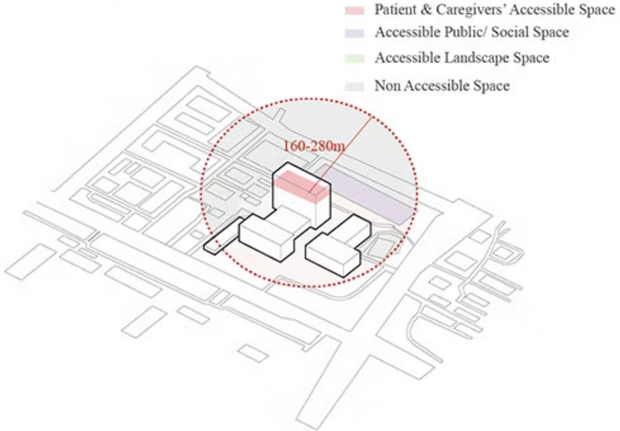
Deeply Segregated Spatial Structure

Partially Integrated Spatial Structure

SURROUNDING SPATIAL ANALYSIS



Independent Courtyard Typology with Low Permeability



Highly Enclosed General Hospital Typology

FIGURE II. COMPARATIVE CASE STUDY OF SONGTANG HOSPICE HOSPITAL AND BEIJING HAIDIAN HOSPITAL HOSPICE CENTER

Spatial Analysis of Interior Space Quality

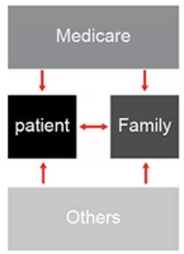
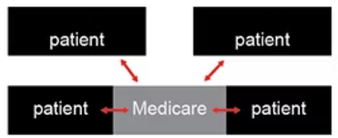
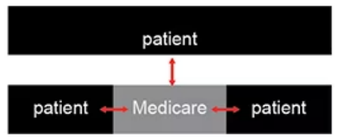
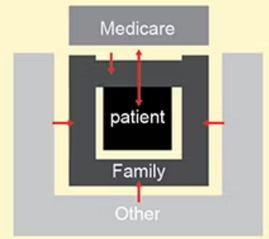
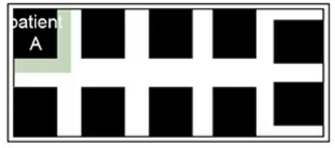
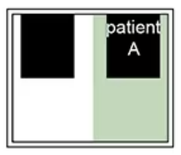
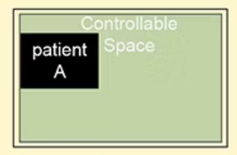
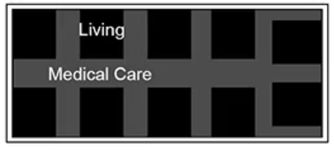
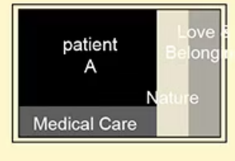
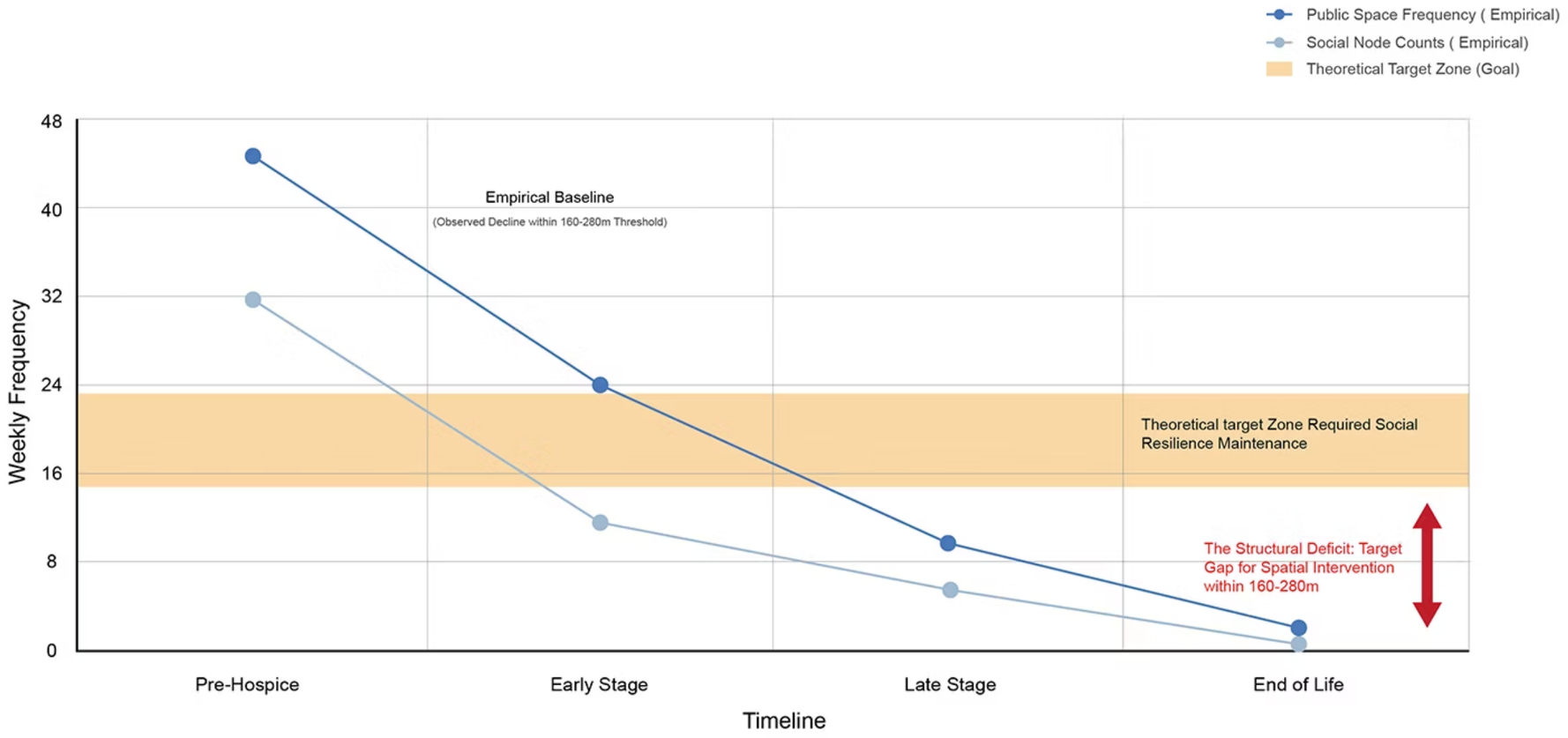
	Survey Result	Case Study - Songtang Hospice Hospital	Case Study - Beijing Haidian Hospital	Research Outcome - Proposed Layout
Overall Layout – Spatial Organization of Care Relationships	 Required Closed & Comprehensive Relational Framework	 Conventional Hospital Layout Relational Constrained Spatial Structural	 Conventional Hospital Layout Relational Constrained Spatial Structural	 New Hospice Layout Relationally Inclusive Spatial Structural
Individual Unit – Patient Visual Depth & Controlled Spatial Domain	 Required Closed & Comprehensive Relational Framework	 Institutionally Dominated Spatial Model Minimal Spatial Angency	 Institutionally Dominated Spatial Model Medium Spatial Angency	 Patient Centered Spatial Model Optimal Spatial Angency
Individual Unit – Integrated Support Systems	 Required Closed & Comprehensive Relational Framework	 Clinically Oriented Model	 Relationally Integrated Care Model	 Relationally Integrated Care Model

FIGURE III. DATA ANALYSIS & VISUALIZATION BASED ON FAMILY & FRIENDS' SURVEY

Longitudinal Comparison Between Empirical Social Displacement Distance (160–280 m) and the Theoretical Role-Maintenance Zone (n = 37 families)



Note: This figure juxtaposes empirically observed social displacement (blue line, n = 37 families) with the theoretically derived spatial zone associated with psychological resilience. The discrepancy between the two defines a measurable structural gap, establishing the analytical basis and spatial parameters (160–280 m) for the proposed intervention, without presuming post-occupancy effects.

FIGURE V. DATA ANALYSIS & VISUALIZATION BASED ON RESIDENTIAL SURVEY

Figure VA. Nonlinear Regression Modeling of the R Index Threshold for Community Acceptance (n=217)

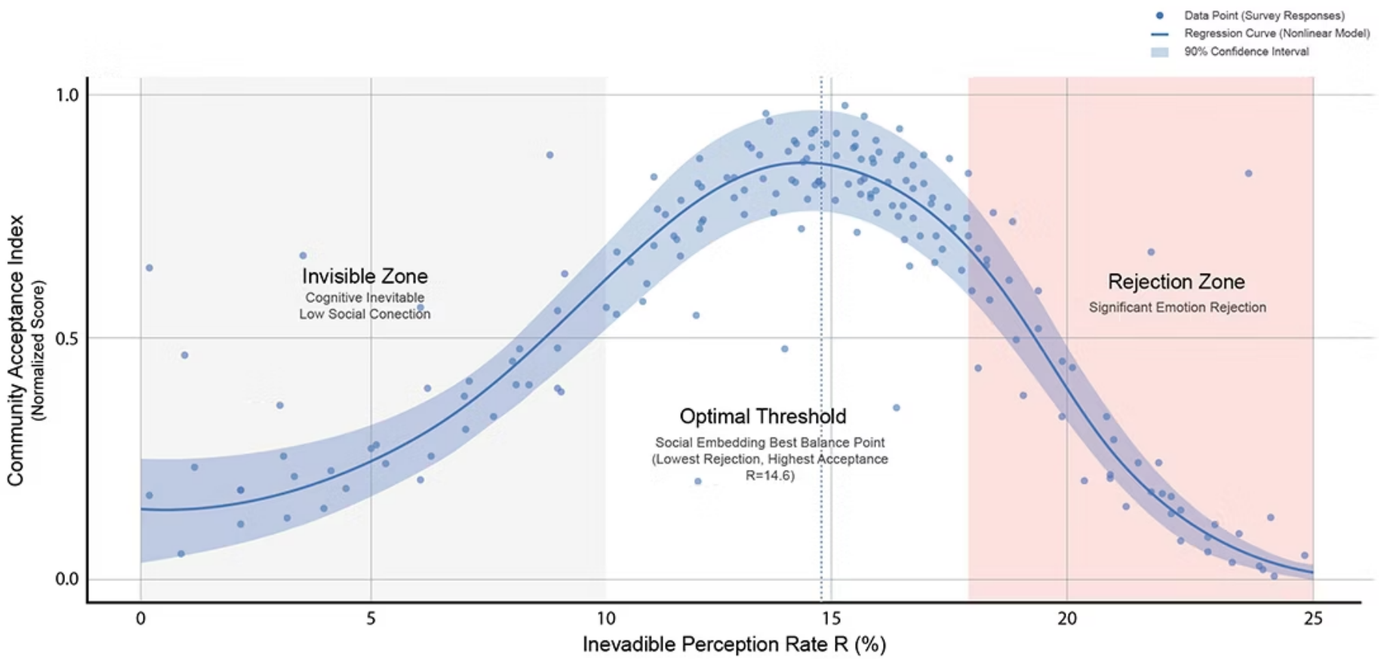
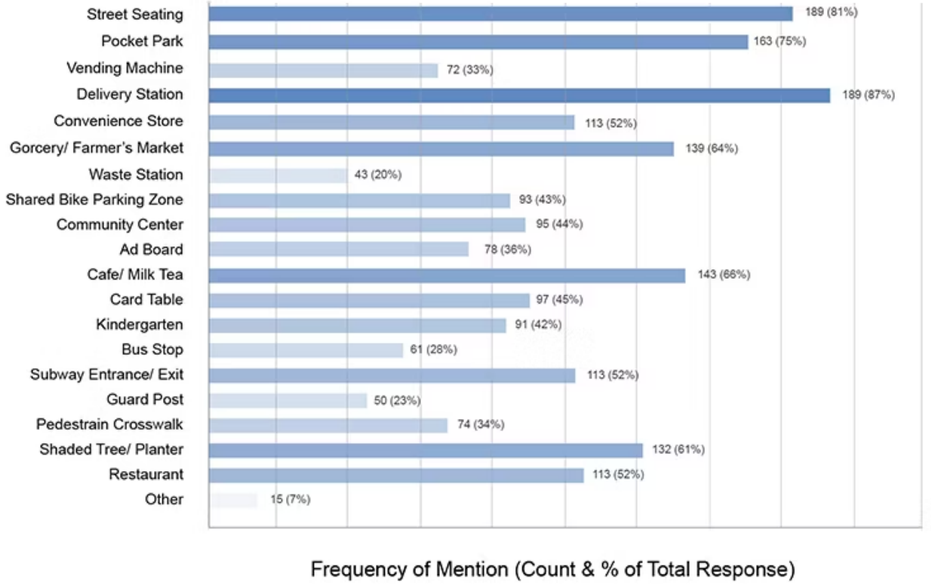


Figure VB. Frequency Analysis of Resident Reported "Inevitable Perception Nodes"



Note: The left diagram (R-model) demonstrates that the relationship between spatial visibility and community acceptance is non-linear. Based on 217 resident samples, the model identifies R = 14.6% as the optimal equilibrium point, indicating that social visibility can be calibrated through precise spatial parameters rather than maximized or minimized absolutely.

The right chart categorizes and evaluates all distinct types of "inevitable perception nodes" reported by residents. The data shows that high-frequency functional interfaces and micro-resting spaces constitute the primary points of unavoidable social contact. These nodes correspond to the visibility threshold identified in the R-model, providing empirical grounding for the spatial intervention strategy.

Together, the two diagrams establish a correlated framework: the R-value defines the quantitative threshold of acceptable visibility, while the node classification clarifies the qualitative spatial carriers through which this visibility is produced.

FIGURE VI. RESEARCH OUTCOME - URBAN INTERGRATION OF ‘WITHIN REACH’ HOSPICE PROTOTYPE - FORMATION

Initial Site Mass

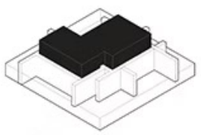
A solid site mass is defined as the starting point for formal transformation.

Grid-Based Massing

The massing strategy follows the logic of the existing urban grid, fragmenting the overall volume into modular, scalable units that enable incremental embedding within the surrounding urban fabric.

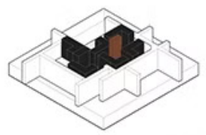
Concentric Spatial Organization

The massing is reconfigured to establish a centralized spatial hierarchy, consolidating the patient domain at the core as the primary locus of spatial sovereignty.



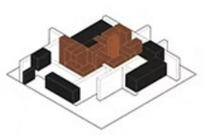
Vertical Hierarchy

Variations in building height are deployed as a spatial instrument to register differentiated degrees of sovereignty, articulating patients as the primary spatial subject and caregivers as a secondary yet structurally supported presence within the programmatic hierarchy.



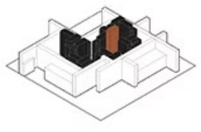
Individual Unit Development

Patient units are distinct, providing privacy, control over their space, and access to calming greenspaces for well-being.



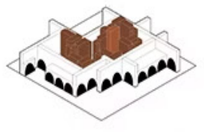
Supporting Program Modification

Peripheral volumes are adjusted to accommodate supporting and service programs, strategically creating unavoidable interaction nodes and circulation paths.



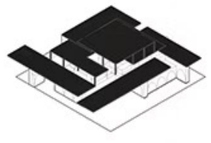
Curvilinear Plan Intervention

Curved elements are introduced to soften the rigid grid, creating a more comforting, human-centered spatial experience.



Curved Facade Expression

Curvilinear logic extends to the facade, reinforcing spatial continuity and fostering a gentle, emotionally resonant environment.



Column and Elevated Roof System

Columns and elevated roof forms create transitional spaces and improve spatial permeability.

Second Prize

Title of the Research: Loneliness and the Built Environment

Researchers:
Fernando Nieto Fernández, Tampere University, School of Architecture, Tampere, Finland;
Rosana Rubio HernándezCenter for Historical Studies of Public Works and Urban Planning at the Center for Studies and Experimentation in Public Works (CEDEX-CEHOPU), Madrid, Spain

Completion date: April 2024

Entry ID: #5095

Abstract

Nowadays, broad sectors of society suffer from loneliness and social isolation, while the positive dimension of being alone, solitude, is also compromised. These phenomena are frequently approached from a medicalised and deficit-based perspective, while the social health viewpoint remains underdeveloped. The research project Loneliness and the Built Environment, carried out at Tampere University's School of Architecture, involved multidisciplinary work across faculties—ranging from social sciences to technology fields—with architecture at the core. It focused on the relationship between the built environment and loneliness. The sub-projects LOBE, SOCIETAL, SocialBlock and AIsola are presented here, with emphasis on the latter, which employed design research and methods such as surveys, ethnographic studies, sensor-based measurements, and architectural drawings and analyses. The project results—including two research books, several academic papers, and guidelines for social policies—have had academic and societal impact at both national and international levels, receiving multiple recognitions in different forums in recent years.

AgeCare/GEREC
Gerontology

ETLab
Social Psychology

SPREAD
Architecture

FAST-Lab.
Mechanical
Engineering

TLTPOS
Electrical
Engineering

SOCIETY

TECHNOLOGY

1 Preliminary research
(months 1-6)

2 Empirical research
(months 7-20)

Research outcomes

3 Dissemination & impact

Spatial-social data gathering

Phase I ⟲ Phase II

Techno data gathering

Sointu Senioripalvelut

improved
AI detection & prediction model
+
Ideas on hybrid solutions
to assess social isolation

- Conference paper (month 15)
- Journal paper (month 23)
- AISOLA' s Exhibition (month 24)

Tampere
City centre

Kuuselakeskus

Taatalakeskus

Kaukaharjukeskus

Keinupuistokeskus

COVID-19

TAMPERE
metropolitan area

Older people sample
N=15-25

Future developments

Platform to assess
older people's social isolation

Data. Architecture sub-group

Pedestrian mobility


Accesibility

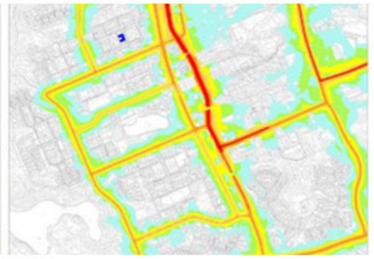

Street manteinance category


Vehicular trafic volume

Vehicular mobility


Bus and tram


Bike routes and stops


Noise

Environmental quality

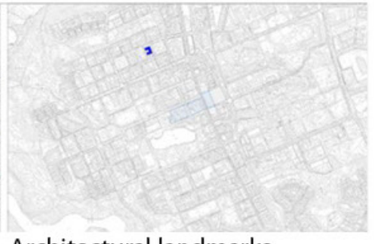

Terrain and contour lines

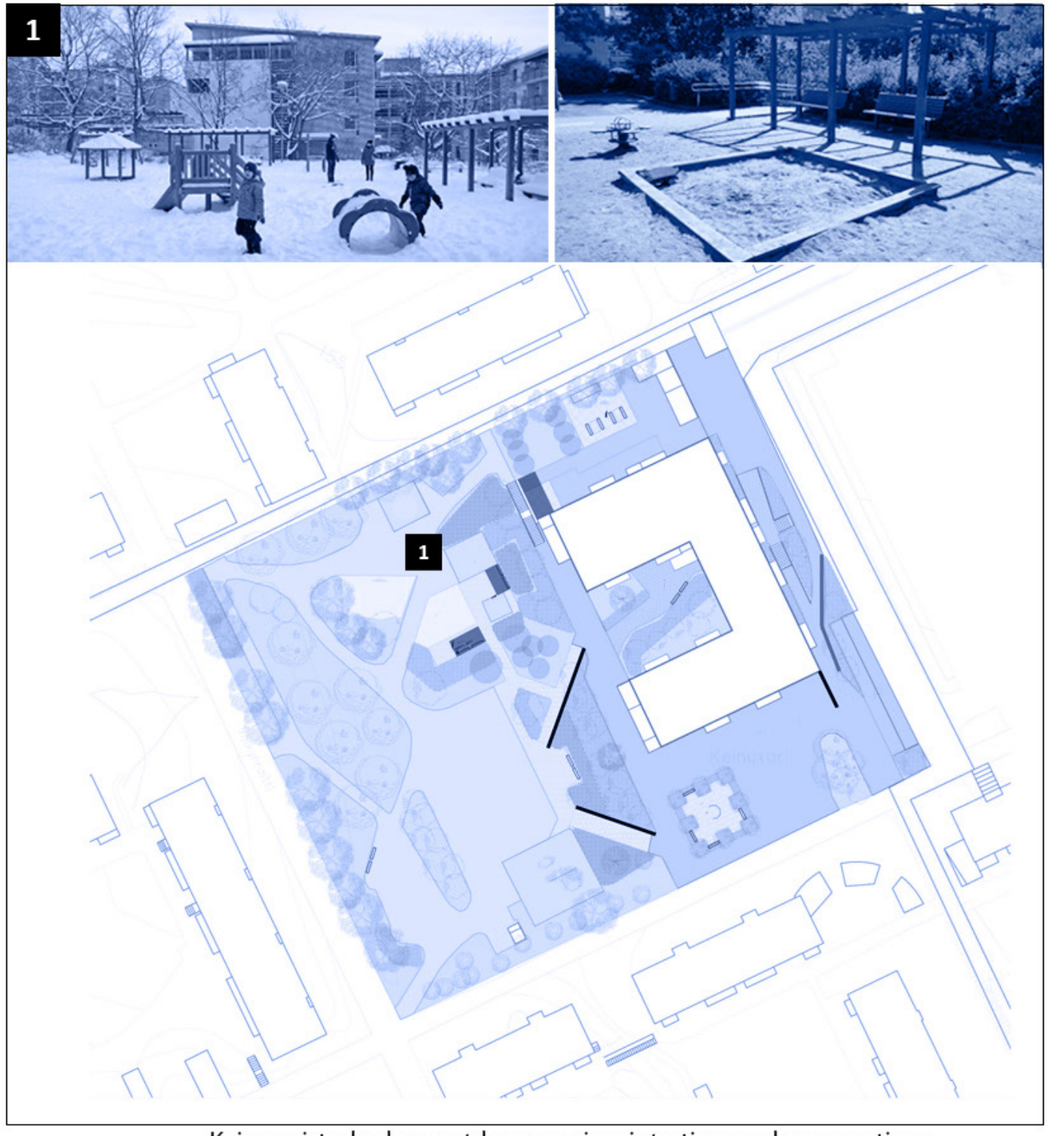

Parks and greeen areas


Street trees


Green environmental plan 2040


Biodiversity

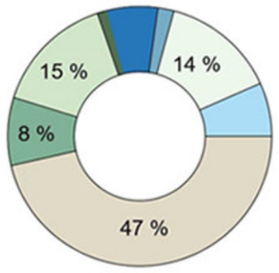

Architectural landmarks

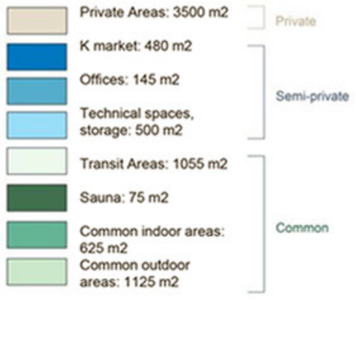


Keinupuisto-keskus outdoor area in wintertime and summertime

Data. Architecture sub-group

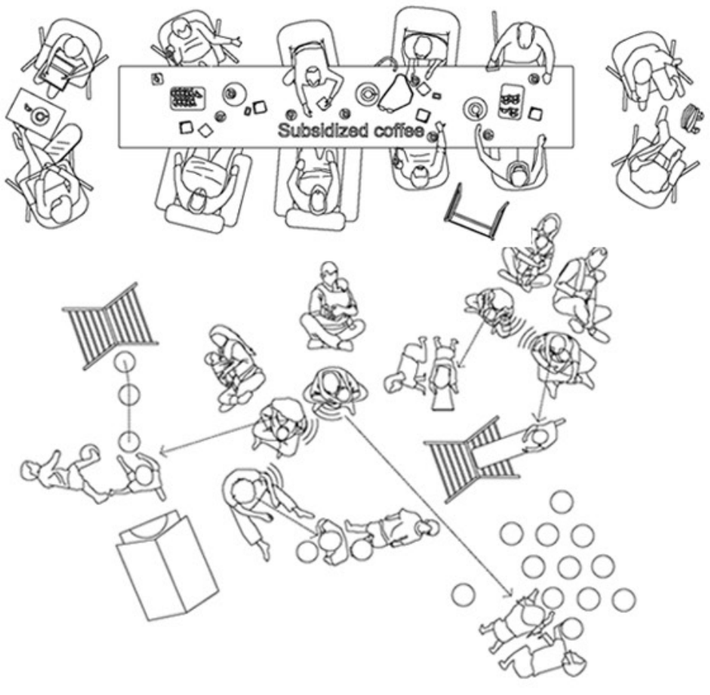
Sequence of meeting spaces distributed across the common areas of Keinupuisto-keskus





Keinupuisto-kesku. Ground and first floors. Distribution and proportion of spaces by degree of privacy

Analysis & Results. Assemblages



Intergenerational subsidised coffee. Improved assemblage

Analysis. Triangulated data by volunteer

KP1

Streets	Opiskelijankatu
	Valtaraitti
	Lindforsinkatu
	Ruovendenkatu
Areas	Hervanta central axis
	Keinupuisto
Ext. areas	Prisma Tampere Kaleva
	Commercial area around IKEA
	Lidl Janka

Tracking data. Technology sub-study

Loneliness

User	UCLA score	Loneliness Index
1	3	0

Social Isolation

User	Lubben score	Loneliness Index
1	12	2

Not lonely but socially isolated

Elements of the Assemblage

Built environment
Natural environment
Devices, objects, materials
Trafic
Atmospheric, sound and lighting conditions
Past
Future
Services and transportation
People
Habits
Safety
Policies

Interviews. Social sub-study

KP1 Female, 68, living independently

Walking (3 times)

On walking tours, she mentioned that she avoids large, paved parking lots because of the heat pockets they cause. It is also hotter closer to the streets.

Her apartment was quite near to Keinupuisto. The lack of benches came up during the walks, and during the walks she also wanted to sit with the interviewer several times. Lack of benches is "bigger issue" during the summer because it is hot and need for rest is also bigger.

Lights are not that important since she likes to walk and move during the day. Possibilities to take care of the yard sounds important since she shows the Peony (or where it is under the snow) she had been taken care of.

On one walking-interview we pass the Vesitorni, she remembers that there has been a cafeteria on top of it back in the days but not anymore. From up there you could see far away, and the scenery was great. Nowadays, Hervanta is uglier than before, because the places are not taken care of. "Eveything" is broken and it makes her sad.

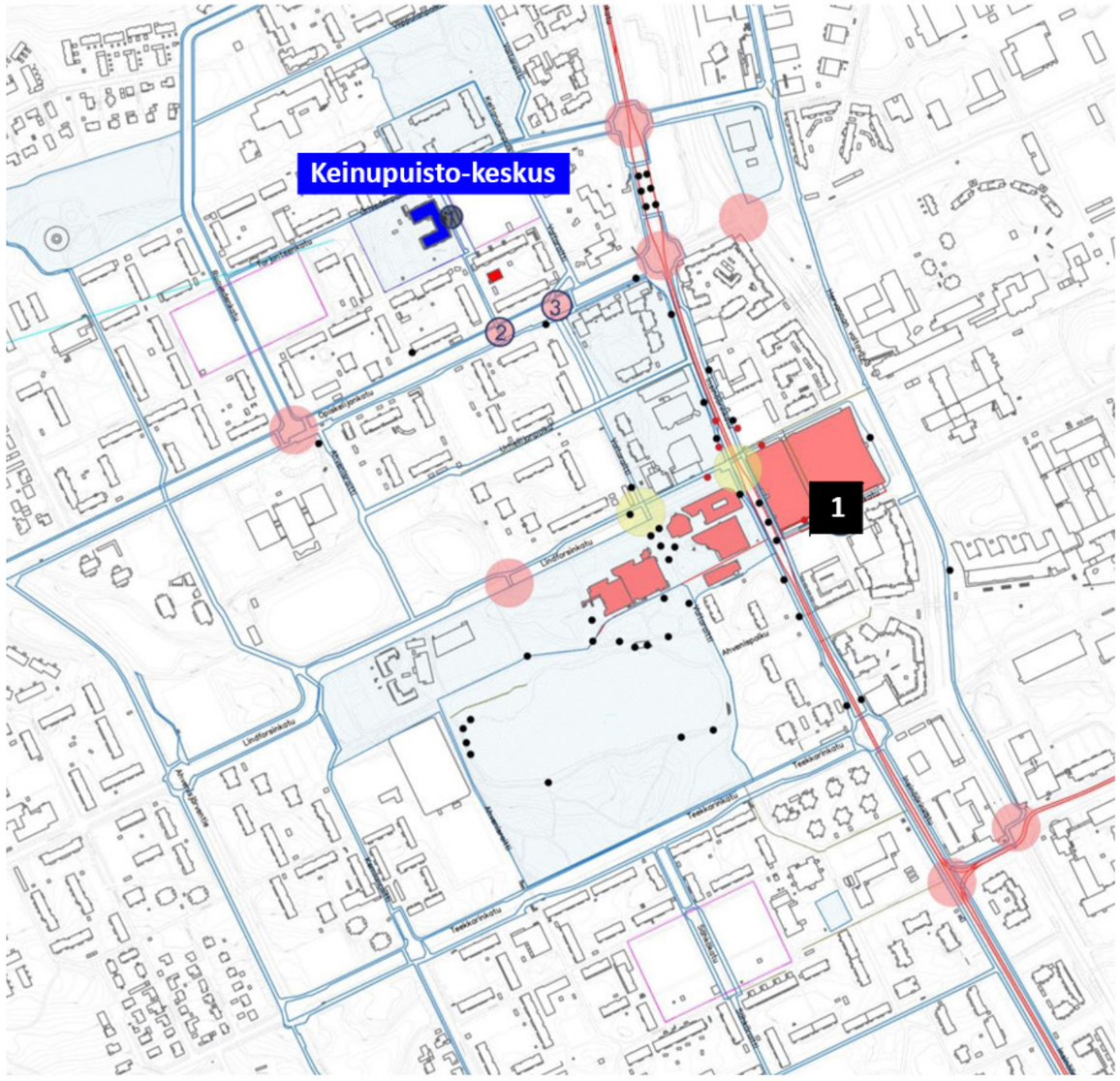
Pictures are taken from Ahvenisjärvi and these views are also familiar from the time she had dog.

The state of health affected her movement, and it was easier to move in the summer compared to the winter.

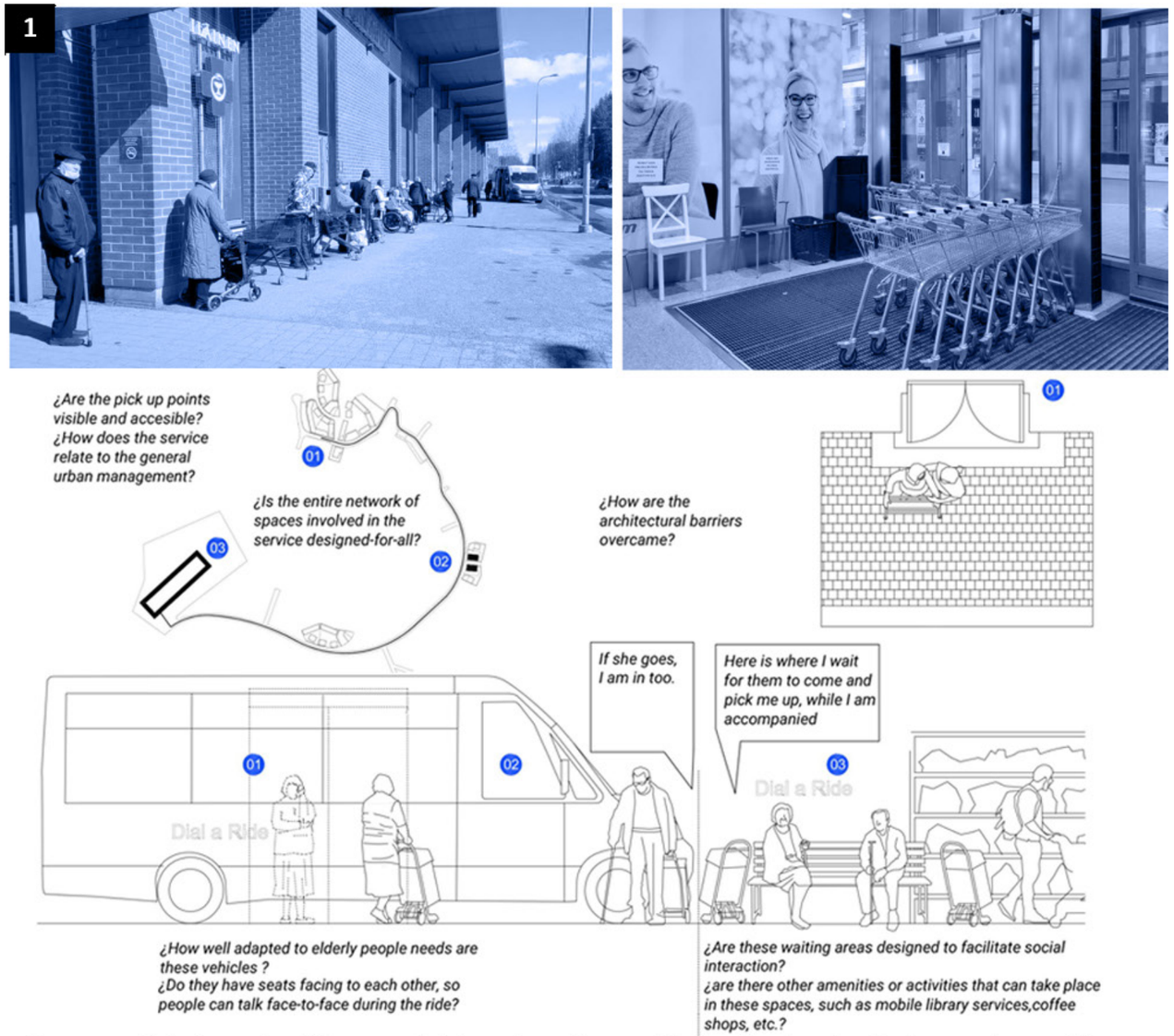
R: Do you move a lot in here neighbourhood?
Alma: Yes, I will try if I can get out, because of my lungs. Sometimes there is a [bad] feeling in there. I will try to go outside a few times a week. Three, four, five times. And the summer, if the weather is nice, I go outside many times a day.
The participant described Hervanta's nature as easily accessible (nearby) and clean. In addition to the fact that nature was accessible, she also highlighted the importance of visual connection.

Alma: Yeah. Yes and some way here, I don't know. I think that when they left that tree there, they chopped of three or four trees but luckily they left that one there. It is lovely to look at it and watch the birds, and I like.

Analysis & Results. Assemblages



Dial-a-Ride Service in Tampere



Sequence of photographs of the current state and an ethnographic drawing showing the improved assemblage

VI. STATEMENT & CONTACT INFORMATION

VI.1 Statement

This document presents an overview of the 2026 International Innovative Design for Health Award, describing the judging sessions, evaluation process, and results. All information provided herein is accurate. This document was initially developed by Zhipeng Lu, the manager of the award, and has been reviewed and approved by the competition jurors: (1) Built Work Category: Kevin Bingham (Chair), Henning Lensch, Yulong Liu, Ruzica Bozovic Stamenovic, Pei Ing Tan, and Fani Vavili-Tsinika (alternative); and (2) Research Work Category: Hui Cai (Chair), Xiaosai Hao, Fani Vavili-Tsinika, and Stephen Kin Wai Ho (alternative).

VI.2 Contact Information

If there are any questions regarding this report, please contact the manager:

Zhipeng Lu, PhD, MArch, Assoc. AIA

Secretariat Coordinator, UIA-Public Health Work ProgrammeJulie & Craig Beale Endowed Professor in Health Facilities Design

Associate Director, Center for Health Systems & Design
Texas A&M university, College Station, Texas, USA

Luzhipeng@tamu.edu
+1-979-845-6183