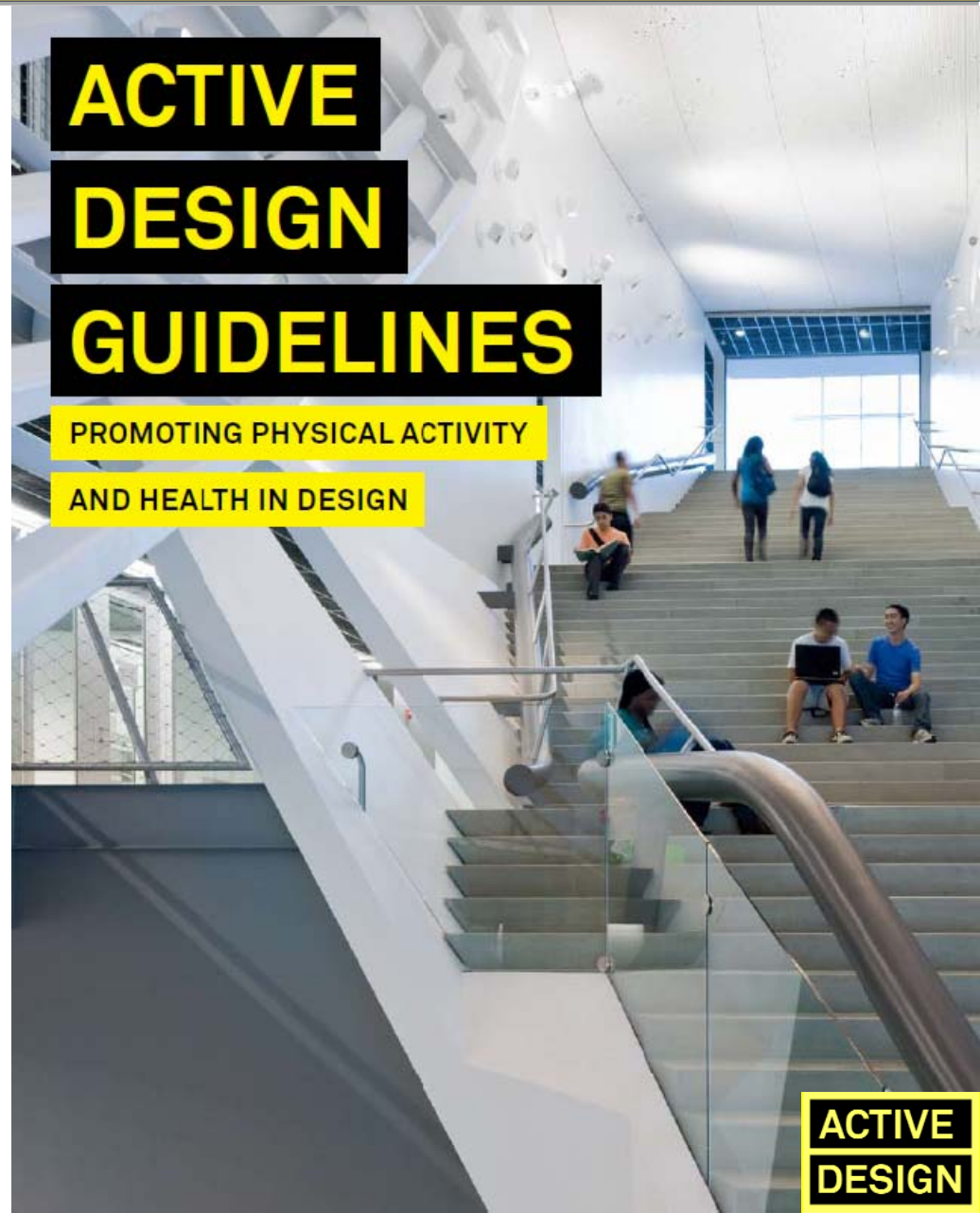


2011 Active Living Research Conference

Evaluating the Active Design Guidelines

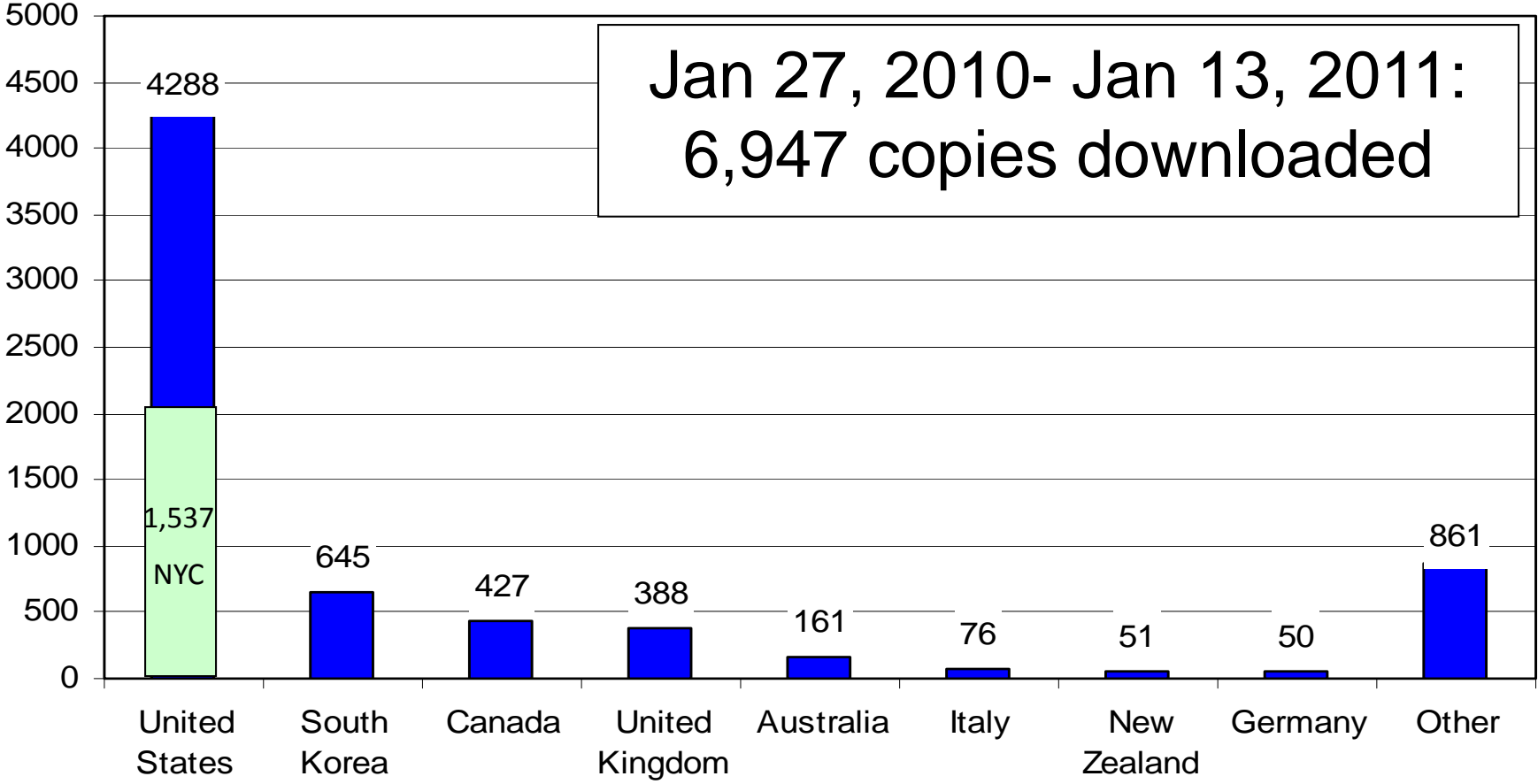
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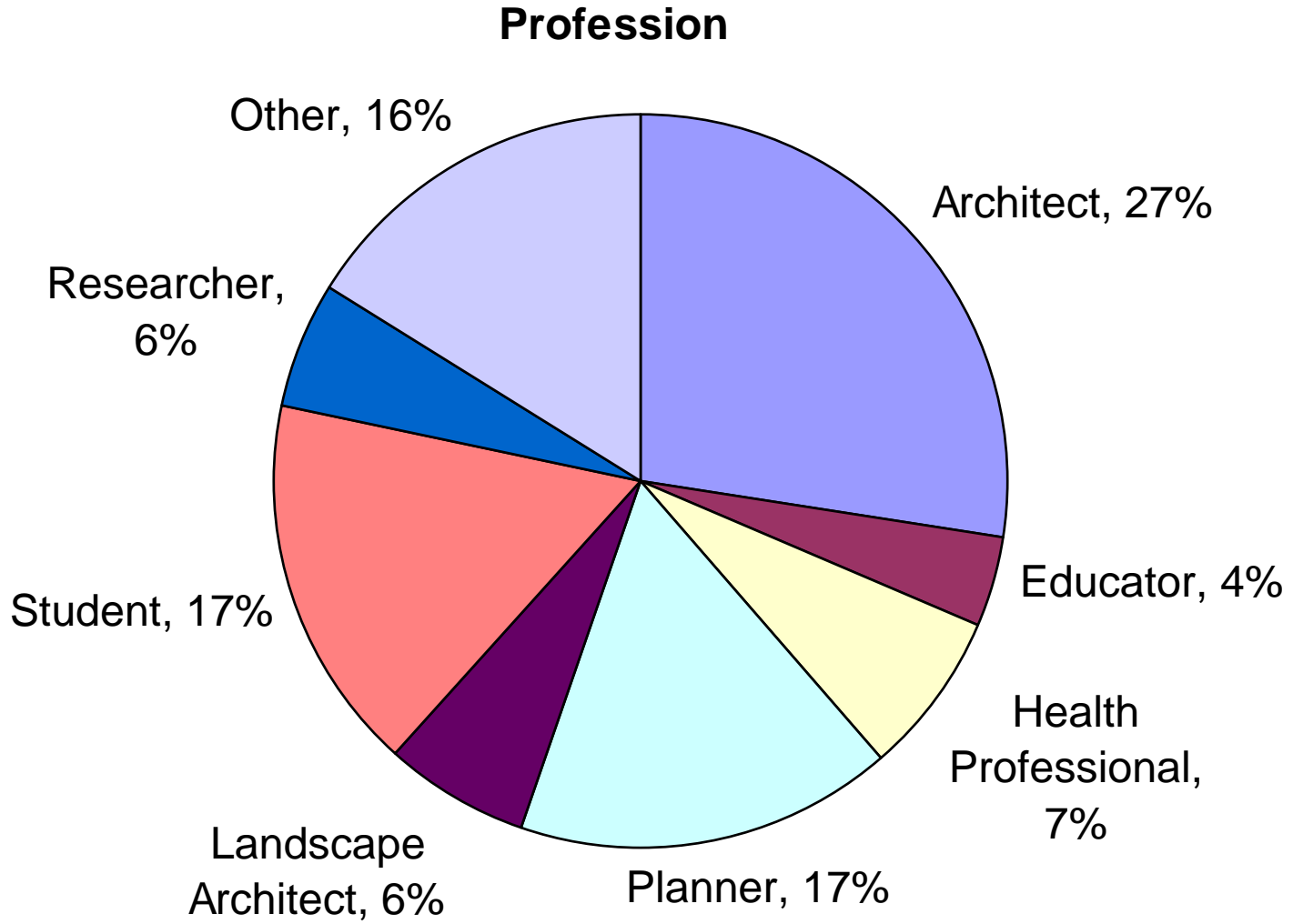


Downloads of the Active Design Guidelines by Country

Number of Downloads by Country



Downloads of the Active Design Guidelines by Profession



Three Evaluation Components

- Surveys of >500 professionals pre-ADG and >500 post-ADG
- Baseline audits of 32 NYC Dept of Design and Construction (DDC) Building Projects
- Case studies of design teams on 4 DDC projects

- Architect survey pre- and post- (5 months) ADG release
- Evaluation assessed potential change in four domains
 - Knowledge of evidence linking the built environment and health
 - Confidence to implement ADG strategies
 - Implementation of ADG strategies (i.e., self-reported practice)
 - Perceptions of clients' attitudes toward active design
- Web survey sent to architects at AIANY and DDC
 - Wave 1: $N = 561$
 - Wave 2: $N = 504$
 - Response rate: 20% at both waves
- Demographics
 - Male: Pre: 79%; Post: 75% (AIANY = 79%)
 - White, non-Hispanic: 78%; 81% (AIANY = 82%)
 - Age: 49.9; 51.2
 - Years licensed: 18.1; 19.6
 - AIA members: 93%; 94%

- Source of New Information:
 - Continuing Education Seminars – Pre: 86%; Post: 89%
 - Architecture Industry Magazines – 83%; 80%
 - Websites – 73%; 68%
 - **Guidelines – 56%; 54%**
 - **Research Journals – 32%; 27%**
- Design Factors Clients are “Somewhat” or “Very” Interested In:
 - Energy Efficiency – 91%; 93%
 - Universal Accessibility – 82%; 82%
 - Indoor Air Quality – 88%; 87%
 - **Other Aspects of Healthy Environment, incl. PA promotion – 63%; 64%**
- Architects’ Intentions in Design:
 - Universal Design – 95%; 96%
 - Improve Air Quality – 84%; 84%
 - **Increase PA – 45%; 56%**

- Post-ADG: **19% reported using ADGs**
- Pre- to Post-ADG:
 - **Knowledge** of evidence linking the built environment and health
 - Strategies to increase stair use (correct knowledge **increased** from 27% to 32%, $p < .05$)
 - **Confidence** to address physical inactivity, obesity, chronic diseases
 - Addressing risk behaviors and conditions such as physical inactivity and obesity (“somewhat confident” or greater **increased** from 48% to 52%, $p < .05$)
 - Addressing chronic diseases such as heart disease and diabetes (“somewhat confident” or greater **increased** from 27% to 32%, $p < .05$)
 - **Self-reported practices**
 - Consciously incorporating design elements to increase physical activity (**increased** from 45% to 56%, $p < .01$)

Regression analyses examined whether exposure to Active Design Guidelines or Conferences (Fit City or ADG Launch) predicted higher scores on:

- **Confidence** to address physical inactivity or obesity
 - Participants who read the ADGs and who attended ADG-related conferences scored one point **higher** (on a scale of 1 to 5) compared to those who were not exposed to either (“somewhat confident” compared to “a little confident”).
 - Conferences had twice the impact as the ADGs.
- **Self-reported advocacy** of active design to clients
 - Participants who read the ADGs and who attended ADG-related conferences rated client interest one-half point **higher** (on a scale of 1 to 5) compared to those who were not exposed to either.
 - Conferences had triple the impact as the ADGs.

Regression analyses examined whether exposure to Active Design Guidelines or Conferences (Fit City or ADG Launch) predicted higher scores on:

- **Client interest** in design strategies that promote physical activity
 - Participants who read the ADGs and who attended ADG-related conferences rated client interest one-half point **higher** (on a scale of 1 to 5) compared to those who were not exposed to either.
 - Conferences and ADGs had similar impact
- **Self-reported implementation** of design strategies that increase physical activity
 - Participants who read the ADGs and who attended ADG-related conferences rated client interest one-third point **higher** (on a scale of 1 to 5) compared to those who were not exposed to either.
 - ADGs had more than double the impact compared to conferences.
- Exposure to other types of active design documents (Fit City conference reports) did not significantly predict key outcomes.

Pre-ADG Building Audits

- 32 (of 78) DDC public sector building projects over 3 years
- Active Design strategies were not well-represented in public sector project designs completed prior to the release of the ADG
- Strategies related to accessible stair use showed higher prevalence compared with other strategies:
 - 68% had placement of stairs closer to the entrance than the elevators
 - 58% had grand stairs or open stairs
- 38% had stairs with windows
- One building implemented stair prompt signage
- 29% had dedicated spaces for recreational exercise
- 13% (4 buildings) had bicycle storage units

Pre-ADG Building Audits

Comparison of Stairs & Elevators in Existing and New Buildings

	Pre-1970 buildings (n = 19)	New Buildings (2006-2008) (n = 13)
Average Number of Stairs per Multi-level Building	3.3 stairs	3.6 stairs
Average Number of Elevators per Multi-level Building	1.5 elevators	.9 elevators
Stair Positioned Before Elevator	63% (10 of 16 buildings of more than one story)	43% (3 of 7 buildings of more than one story)
Grand or Open Stairs	69% (11 in the 16 buildings of more than one story)	57% (4 in the 7 buildings of more than one story)
Average Number of Stairs with Windows per Multi-level Building	1.4 stairs with windows per multi-level building	.9 stairs with windows per multi-level building
Exercise Rooms	21% (4 of 19)	38% (5 of 13)

Post-ADG Design Team Case Studies

- Design teams were generally positive about the ADGs and use them as a road map from which to proceed with their designs from the outset as well as a tool against which they can check their design proposals.
- Occupant culture, building function, and the design beliefs of a designer shape the successful incorporation of active design strategies.
- Designers would like a “face” to the ADGs that they can turn to for guidance or help, and there is some desire for there to be an interactive and savable digital format for the ADG.
- While the ADGs are generally well received as an idea, designers and their clients have not yet reached a consensus on their potential dollar cost impacts.

Limitations

- Response rate of 20% (though much higher than previous AIANY surveys and sample appeared representative on limited number of demographic factors available from AIANY membership).
- Anonymous survey – therefore samples were 2 cross-sectional samples rather than longitudinal samples from pre to post.
- Short time frame between release of ADGs and post survey - may not have been enough time to show more or larger impacts.

Conclusions

- From surveys, the majority of architects say they acquire new knowledge from continuing education conferences, architecture industry magazines, websites and guidelines; only a minority use research journals.
- Architects and their clients are most interested currently in issues of energy efficiency and universal accessibility; therefore, addressing synergies with these issues is likely helpful.
- Although completed only 5 months after the release of the ADGs, the post-ADG surveys showed small but significant increases in:
 - architects' knowledge of evidence-based stair strategies;
 - confidence in addressing physical inactivity, obesity and chronic diseases;
 - intention to incorporate physical activity promoting design elements.

Conclusions

- Exposure to Active Design through reading the ADGs and/or attendance at ADG-related conferences are associated with increased confidence, self-reported advocacy on active design to clients, client interest in active design and self-reported implementation of active design strategies.
- Baseline audits suggest that there is room for improvement in public sector building designs for physical activity promotion.
- Case studies suggest that design teams lack consensus on potential cost impacts of implementing active design strategies into projects.