**The Center for Design and Wellness**

**473 Fairfield Street**

**Ypsilanti, Michigan 48197**

November 17, 2011

Jerome Lemelson, Founder

The Lemelson Foundation-Grant-making Department

45 SW Ankeny Street, Suite 200

Portland, OR 97204 503-827-8910

REF: HOUSING DESIGN PROGRAM as blueprint for elderly/intergenerational wellbeing

Dear Mr. Lemelson:

The Center for Design and Wellness has been created to serve humanity by influencing the physical and social designs of our urban and rural landscapes, particularly regarding the design of public and private housing and housing complexes within neighborhoods and urban landscapes.

Every successful architectural development requires a project evaluation and design program from which to develop architectural designs. The complex nature of developing the built environment’s citywide and regional character suggests that before expensive infrastructure is built, design programs include relevant and accurately reflected human and social factors within the design. Too often, the research of many pertinent factors are dismissed as not cost feasible to research. Often, each specialist (not a social scientist) focuses on their own area of expertise as project participants.

The Center for Design and Wellness proposes to be the research agent that connects all the interdisciplinary factors, especially, social wellbeing and social cohesion. By recommending best practices within a design program of new normative housing project requirements from which architects, developers and government agencies deliver housing designs that support social and community wellbeing within the design of our future housing, neighborhood and urban/regional development.

We are requesting a grant to fund this important research and the design program development that will respond to the housing and service needs of the new aging and their inter-familial conditions. To answer questions about our proposed project please contact Lisa Danovich, ASID, and MSW: voice 734.730.7797, fax 734.730.77777, email lisa@cdw.org.

Sincerely,

Lisa L. Froemke

Director

Enclosures: Proposal – I original with signatures, and 3 copies LLF/lld

**The center for design and Wellness**

**Executive Summary**

**Project Title**

Housing Design Program: A Blueprint for the Elderly

**Contact Person**

Lisa Danovich ASID and MSW (voice 734.730.7797, fax 734.730.7777, e-mail *lisa@cdw.org*)

**Applicant Information**

The Center or Design and Wellness

473 Fairfield Street

Ypsilanti, Michigan 48197

**Mission Statement**

To create a design program as baseline criteria that encourages personal and community wellbeing, and social cohesion and capital, in the development of affordable and sustainable neighborhood housing developments that are community assets to the urban landscape and will address the unique needs and desires of the new aging population for use by design professionals, developers and government agencies.

# Problem Statement

The aging “boomer” generation has unique expectations and requirements as their life spans, numbers, level of education and professional capacity have increased along with their expected increase in expensive medical interventions and health care assistance in spite of increasing family and social isolation. As the general and this specific population increase, so do their health care and other expenses, while economic funding venues have decreased. A lack of affordable and desirable housing is already in short supply which will exasperate the need for housing specific to the special requirements of this expanding population group. Various housing typologies have been successful in solving many problems in common with those of the new aging boomers, like isolation, lack of social cohesion, social supports, as well as unique functional needs of the aging and environmentally sound sustainable affordability. The quality of life within our cities and neighborhoods is at stake as well as provision of the complex physical housing framework that serves society, with this increasing population group.

**Project Summary**

The development of the design program which design professionals and developers will use as a baseline of project requirements will be based on research into factors that enhance and support sociological and psychological wellbeing, social cohesion and builds social capital based on studies, best practices and grass roots research. These determined and prominent factors will be aligned with physical characteristics and adjacencies, which professional designers will incorporate into their housing designs. The project team will cull existing best practices and evidence-based research as well as conduct interviews, observations and focus groups to assess needs from which the recommended criteria will be published in the format of a design program.

**Expected Results**

The health and wellness of our city’s elderly improves. Seniors benefit mentally and emotionally from improved housing conditions, which support their unique requirements, and extended families and communities are strengthened. Seniors have an effective single point of entry to the providers of services. The long-range and overall cost of living is reduced while the standard of living increases for seniors and all affected families and citizens. Social, economic and aesthetic justice prevails which deters marginalization, isolation and social stigma.

**Our Investment**

The Center for Design and Wellness will provide office space ad supplies to carry out the research and program development.

**Funding Request**

We are requesting funds to provide research staff positions for one year and project expenses.

**The Center For Design and Wellness**

Table of Contents

Problem Statement………………………………………………………………………………………PAGES 2 - 4

Mission, Goals and Objectives…………………………………………………………………………..……… 5-6

Project Description………………………………………………………………………………………………….. 7 -9

 Implementation Plan

 Scope of Work/ Project Timetable

 Impact Statement

Management Plan…………………………………………………………………………………………………… 10-11

Evaluation Plan…………………………………………………………………………………………………………… 12

Documentation Plan………………………………………………………………………………………………….. 13

Dissemination Plan…………………………………………………………………………………………………….. 14

Continuation Plan……………………………………………………………………………………………………….. 15

Budget Plan………………………………………………………………………………………………………………… 16

Budget Justification…………………………………………………………………………………………………….. 17

Appendix A: Letters of Support……………………………………………………………………………… 18-21

Bibliography……………………………………………………………………………………………………………….. 22

**The Center For Design and Wellness**

**Problem Statement**

With more than one billion people worldwide living in inadequate housing, 100 million people living in conditions classified as homeless (Office of UN High Commissioner for Human Rights), and in the United States, approximately 3.5 million people annually experiencing homelessness (Urban Institute), as the population density increases, providing shelter and creating an infrastructure framework that supports human capacity is an evermore urgent and compelling challenge and necessity.

According to the 2008 demographic surveys by the US census, in 2030, when all of the baby boomers will be 65 and older, nearly one in five U.S. residents is expected to be 65 and older. This age group is projected to increase to 88.5 million in 2050, more than doubling the number in 2008 (38.7 million).

The oldest-old population is projected to grow rapidly after 2030 when the baby-boomers move into this age group. The 85 and older population is expected to more than triple, from 5.4 million to 19 million between 2008 and 2050 (US Census). This population 85 and older could grow from 5.7 million in 2008 to 19 million in 2050 (US Census). Some researchers predict that death rates at older ages will decline more rapidly than is reflected in the US. Census bureau’s projections, which could lead to a higher population of those in the 85 and older age group whom may require not only appropriate housing, but also greater services and medical care.

The aging “boomer” generation has unique expectations and requirements as their life spans, numbers, level of education and professional capacity has increased– along with their expected population increase. They will require increased expensive medical interventions and health care assistance, in spite of increasing family and social isolation and increasing poverty levels. As the general, and this specific, population increases, so do their health care and other expenses. While simultaneously, economic funding venues have decreased. Who will assist them? The elderly live more isolated because of changing family dynamics and mobility. Women live longer than men so that even within traditional family structures, isolation is most likely for women. This means that assistance must be hired from outside the family system. Supported living within communities for multi-functioning elderly groups is indicated.

A lack of affordable and desirable housing is already in short supply which will exasperate the need for housing specific to the special requirements of this expanding population group. New housing and neighborhood designs could address the needs for the various functioning levels of the elderly who will need to be supported in their living arrangements.

Creating new spatial arrangements and activity adjacencies that move away from the normative single family home and neighborhood of the past generations may better serve all individuals, but also new family configurations of the employed, school-age, disabled and the elderly, and reignite social cohesion and social capital that seems to have waned within American neighborhoods and indeed, within the single-family home system which has become normalized over the short past few decades.

Various housing typologies have been successful in solving many problems in common with those of the new aging boomers, like isolation, lack of social cohesion and inconvenient access to basic necessities and services. Many of these models have been designed and developed to cater to a variety of functional needs as well as designed for sustainable affordability that is environmentally sound. The quality of life within our cities and neighborhoods is at stake. The provision of the complex and interdisciplinary housing infrastructure that serves society in our cities and suburbs should be designed and developed not as a knee-jerk bid to what has become familiar, but to specifically address current realities. In our mobile, educated and technologically-advanced age, with expanding populations and changing family dynamics will be ever-more demanding of capacity from our natural resources– considering the dynamic needs of this increasing population group.

In the past, designing urban landscapes and neighborhood/housing has not used research that includes psychological, sociological perspectives typical of today’s social work lens, even though immensely relevant. And so, the human dynamics of how people can be supported to mature into healthy, socialized and contributing citizens has not normally or expressly been factored into the design elements of how the built environment can contribute to individual, family and society’s well being. Urban and housing designs seem to have been based upon common social assumptions, which may not be valid then, or particularly now, looking forward to the changing demographics of our communities.

A study by Taylor (2009) explored the role of environment in creating chronic and acute health disorders. Unhealthy environments are those that contribute to chronic stress/allostatic load, mental distress, difficult to navigate and cope within with minimal resources result in behaviors and health habits that lead to disorders. Across multiple environments, unhealthy environments are those that threaten safety, that undermine the creation of social ties, and that are conflictual, abusive, or violent. A healthy environment, in contrast, provides safety, opportunities for social integration, and the ability to predict and/ or control aspects of the environment.

Low levels of social organization are associated with high levels of adult crime. A lack of social capital may erode the quality of social support available to an individual (Garbarino & Sherman 1980). Fear of crimes fosters a distrust of others that can contribute to social isolation (Krause 1992). Social Isolation has in turn, been related to an array of adverse health outcomes (house et al. 1998) and compromises immunologic functions (Kielcolt-Glazer et al. 1994).

 In contrast, social opportunities provided via information networks, intergenerational networks, churches, and other community organizations may foster the creation of individual social ties that have a health-protective effect (Sampson 1992). Environments characterized by supportive relationships appear to serve a stress-reducing, health-promoting function, enhancing psychological functioning and reducing physiologic arousal. (Mc Ewen& Steller 1993)

A study by Lantz et al. (2008) suggests that while health behaviors are related to both income and education, they account for a small proportion of observed socio-economic differentials in mortality. Mortality is not simply a problem of lifestyle choices, but a result of a broader range of explanatory risk factors, including structural elements of inequality in our society.

Structural elements of inequality influences health and wellbeing, or the opposite–mental and physical illness and anti-social behaviors. These structural elements include not only our laws and policies, but these are then reflected into the designs of our cities– infrastructure like transportation, water and sewage systems, our neighborhoods and districts (determined with zoning laws, as just one example). But also, public policy (and assumed policy or custom) then determines aspects of the designs related to housing and neighborhood developments, which rely on public infrastructure, approvals and so on– based in policy decisions and resultant laws.

With the massive investment of resources, the complex nature of erecting our cities’ and suburbs’ built environment should deserve designs founded upon valid psycho-sociological factors favorable to increasing society’s wellbeing and social cohesion, and with enhanced design solutions, that our society will invest in, purchase and consume. Housing development failures have been torn down as extreme examples of housing/neighborhood designs that are harmful to individuals, families and communities, which waste resources and damages human capital. Likewise, housing and community development which bases project requirements upon a range of factors which could, most importantly, include physical representations in the design requirements of how to shape our homes based in what people need to succeed in health and capacity as productive contributors to society.

 Analyzing the interdisciplinary components and making recommendations as a project foundation in the form of a “design program” that can be used as a baseline of project requirements is not a new concept for architects and designers. However, incorporating the wisdom of best practices and research which leads to the understanding of making society function at a premium that uses a psycho-social lens is unique and ever more critical. Particularly critical is assessing how best to design new housing arrangements that supports a society that anticipates a massive population increase, with the imbalance of elderly, at numbers not before experienced in the history of human evolution.

**The Center For Design and Wellness**

**Mission, Goals and Objectives**

**Mission:**

To create a design program as baseline criteria that encourages personal and community wellbeing, and social cohesion and capital, in the development of affordable and sustainable neighborhood housing developments that are community assets to the urban landscape and will address the unique needs and desires of the new aging population for use by design professionals, developers and government agencies.

**Goals**

**Goal 1**

***Perform all preparatory activities– hire staff and consultants, identify and establish relationships with stakeholders.***

*Objective 1.1* Executive Director hires key personnel (Project Director) using organization’s approved hiring practices.

*Objective 1.2* Project Director hires project team personnel (MSW Social Worker, Interior Design ASID Professional, Architect, Landscape Architect, Urban Planner and Marketing Consultants) using organization’s approved hiring practices.

*Objective 1.3* Team establishes collaborative research relationships with regional elderly and senior groups/care/support providers, and relevant university or other think tanks, government and professional agencies, developers, architects/designers and media outlets.

**Goal 2**

***Research human psychology and sociology studies and best practices for relevant factors in natural and built environments that foster human health and capacity and social well being and cohesion.***

*Objective 2.1* Gather relevant data through published studies and information, informal interviews with stakeholders and on-site observations.

*Objective 2.2* Analyze findings and themes.

*Objective 2.3* Synthesize analyses and produce a design program of recommended building and design criteria. (Design manual document)

***Goal 3***

***Prepare findings to support design element and goal recommendations to be set as design program criteria in a variety of useful formats appropriate for the relevant stakeholders: designers, developers and government agencies.***

*Objective 3.1* Prepare a Design Program for use by interior designers, architects, developers and building code organizations. (Web pages and links, manual document)

*Objective 3.2* Prepare design program documents for use by federal, regional and local government housing and development agencies. (Web pages and links, manual document)

*Objective 3.3* Prepare design program recommendations in a format for use by product developers. (Web pages and links)

***Goal 4***

***Public and private dissemination of findings, recommendations to relevant stakeholders including the general and aging public using a variety of media and reporting formats.***

*Objective 4.1* Prepare findings and recommendations in an appropriate format for dissemination to senior and elderly organizations including care providers and the elderly public: AARP and other senior memberships and senior care residential facilities. (Brochure, web link, social media, newspaper, journal, radio television releases)

*Objective 4.2* Prepare the findings and recommendations to the general public using a variety of media outlets: books, journals, popular magazines, social media, television and newspaper news and press releases.

**The Center For Design and Wellness**

**Project Description**

The mission of the Center for Design and Wellness (CDW) is to foster individual and community well being and social cohesion within our society by consciously shaping our built environment, by design, to incorporate features and elements that are known to enhance the quality of interpersonal life in society. This project is a foundational research project to synthesize and formalize what has already been appraised as positive factors into working criteria, named a design program, which can be operationalized into building designs of our future urban and suburban landscapes. Specifically, this foundational research is focused upon the needs and desires of 20% our population – the new “boomer” aging population as of 2035.

**Implementation Plan**

To achieve the four goals of assembling a collaborative team, research/analysis/synthesis, document/media preparation and public dissemination the posited objectives will be systematically actualized. The program director works directly under the executive director. The results of the research and synthesis leading to a design program is a centerpiece of best practices that will be permanently embedded into the activities of the CDW and serving society and the elderly with housing designed to accommodate access to services that foster societal wellbeing and sustainable stewardship of economic and human resources.

**Scope of Work**

**Interagency Collaborations**

Research findings and best practices in the interdisciplinary fields of psychology, cultural anthropology, sociology and behavioral science, social work, urban planning, architecture, interior design and landscape architecture will be synthesized– especially focused upon enhancing society by providing for the new aging population’ needs. University and research centers, business and development agencies, all levels of government policy, medical and aging organizations will be referenced for best practice concepts addressing the complex and interdisciplinary aspects of positively addressing human habitation as a social construct.

**Project Resource Requirements**

The project research site will be based within our offices such that CDW will provide office equipment and supplies.

Team project consultants will be hired: a project director who hires a MSW social worker, consultants spanning the array of design team professional, and a marketing/graphic consultant for the 12 month project. Based on projected income from future consulting projects resulting from of the disseminated design program, it is anticipated to retain members of the consultation team composed of the Project Director and Social Worker as permanent staff, and members of the professional design team and marketing/graphics as contractual consultants on a per-need basis.

Special computer and technology equipment for graphic reproduction for preparing and producing public documents is to be funded within this grant.

**Impact Statement**

The CDW is a non-profit whose long-term goals are threefold: First CDW acts as a research think tank to constantly review new and emerging thought on how best our built environments can serve to positively shape social well being and to disseminate formalized recommendations for baseline project criteria to the general public and to private and governmental concerns, as we acknowledge that all are relative stakeholders and will be affected by how our urban landscape is shaped. This research and dissemination project that we are proposing fits directly into our foundational structure. Thus, the research results will be continually used as a blueprint for many stakeholders– wherever society exists. We offer without fees the most recent findings to everyone on our website.

A second goal of CDW is to participate in the design of buildings and urban and regional development as consultant to design teams everywhere and anywhere that buildings used by people – particularly, where residential buildings are plotted. As a design team consultant to designers, architects, developers and government agencies, we charge modest fees that are the basis of our non-profit income. This allows our organizational sustainability so that we may act upon our research findings consistently and for the long-term.

A third and future goal of CDW is to implement our design programs as developers ourselves, working in partnership with stakeholders to provide affordable and sustainable housing that meets our criteria for social wellbeing, cohesion and builds social capital. In order to meet the challenges of this third goal, we anticipate founding partnerships with organizations having the multi-disciplinary skill sets required to design, develop and build/operate such housing developments that ate socially and economically just, as well as raising our own capital to invest via a retail marketing campaign to sell a branded “little luxuries for life and living” products which will employ as many unemployed, disabled and recovering persons scattered throughout communities as members within our housing developments which are designed to be class, ability, racial, gender, ethnic inclusive.

CDW is committed to the principles of an economically and socially just democratic society, which welcomes all to be honored participants. Worldwide and within our own democratic American mini-cultures, differing cultural norms, practices and self-identities are to be respected. Research finds consistent variables that humans require across the divide of distinct cultural practices– as we, humans, regardless of cultural affiliation, are social creatures.

Winston Churchill famously stated: “We shape our dwellings, and then our dwellings shape us”. Research findings confirm Winston Churchill’s theory. CDW’s mission is to operationalize human behavior theory by “shaping our dwellings” so that modern humanity prospers individually, and as a society. CDW is committed to sharing design programming to all stakeholders so that this baseline “blueprint” will be used everywhere housing is renovated or built and neighborhoods exists.

**The Center for Design and Wellness**

**Project Management Plan**

The Center for Design and Wellness vision was inspired when the executive director in her work as a design professional drew associations between the structures of space, be it a natural setting or a contrived one, affects how people feel and use those spaces. This revelation may not be unusual, but for professionals whose directive it is to design spaces that will interact with the surrounding environment and serve (not under-serve) its inhabitants, therein lays a heavy responsibility to understand human psychology, social behavior and how to understand social cohesion/capital and what accounts for well being. Technical expertise of the design professional, as to how to design to meet health and safety codes and a project criterion, based on economic profit motive requirements is in itself a specialty. As well, designers are committed to aesthetic excellence for their clients, which designed project attributes are often diminished nearing project’s end in favor increasing profit margins for the developers.

 Business and politics affect what buildings are built, where they are placed in the environment and how users will pay for consumption of the built spaces. Even buildings meant for public use provided by public funds often are built without but a limited examination of psychological and social behavioral reaction to a development’s actual placement and construction. The result is that missed opportunities often fail individuals, families, neighborhoods and communities.

The seemingly tangible factors in realizing a complex construction does not often favor a conscious awareness of the true impact on human and social capacity as the rationale for constructing residences in urban and suburban settings. Common assumptions about how to structure neighborhoods and living spaces may not reflect truthfully on how best to organize the residences of society living in the human beehive that is our place on earth. With this lens, the members of the executive, management and research teams will address urban and residential planning because the status quo has shown humanistic design vulnerability under using the lens of commercial capitalism as the primary criteria of development.

Our organization melds experts and award-winners from many disciplines, particularly the disciplines which study human behavior and design, and melds many priorities into a workshop, of sometimes competing agendas, and searches for “solutions” (or design criteria of the design program) that best serve the human capacity while subservient to other “practical” and compelling factors. For what seems most practical for humankind is to use human and material resources wisely in promotion of healthy societies that improve the quality of life not just for the few, but for everyone.

Our organization boasts staff and consultants with advanced specialty degrees, practical professional experience and creative intelligence that have worked as collaborators in relevant ventures. Moreover, the CDW team is committed to affecting positive change in the world from a humanitarian standpoint that fuels passion for this project’s results and outcomes. The project manager works directly under the executive leadership and has project autonomy leading the collaborative team of design professionals.

Funding for this project will be managed with separate banking accounts monitored by CDW bookkeepers and accountants under the authority of the Project Director.

Key research and records will be stored under limited access in the CDW offices for review of research methodology and transparency. All current recommendations will be publicly shared via links on our Internet website. As the mission is to freely share our design program in service to humanity’s well being, CDW newsletters and other published articles will explain the research, methodology and findings that formed the design program for well-being recommendations.

**The Center for Design and Wellness**

**Evaluation Plan**

For CDW evaluation is necessary and valuable because it identifies the project activities that are not producing the expected results allowing for modifications, as needed. Because the Project is the basis for further actions, and id in the formative stage itself, a formative evaluation of process activities is fitting.

Some goals and objectives can be measured quantitatively, such as has the collaboration team been assembled and within time schedules? Has the design program document been completed, produced in varying formats and representing aspects of concern to all the disciplines examined? Likewise, we can measure how many variations of design program formats have been produced, disseminated and actively published?

Finally, CDW can track the website “hits” and numbers of documents in the differing formats that have been offered.

A qualitative online survey to those using the online links and documents can be developed within the design program documents asking of usefulness, ease of use.

Samples will be taken from those you have accessed the Design Program Document to determine how its intended audience receives it: design professionals, developers and senior housing and services stakeholders.

Questions using a Likkert scale can be incorporated into the survey documents. An open-ended question will be included to ascertain qualitative responses to the Design Program Document.

The Marketing and Graphics Consultant will work with the Project Manager to produce the survey instruments that the collaborative design team will have input as to pertinent questions to measure the programs’ success.

**The Center for Design and Wellness**

**Documentation Plan**

**Goal 1– *Perform all preparatory activities– hire staff and consultants, identify and establish relationships with stakeholders.***

Our plans for documentation include gathering in the executive Director’s office: staff and consultant hiring records, recruitment, screening and procedures for collaboration team; hiring materials, rosters, evaluations and contracts; and reference, guidance, individual support and other materials to support the Project; and purchasing records for materials.

**Goal 2– *Research human psychology and sociology studies and best practices for relevant factors in natural and built environments that foster human health and capacity and social well being and cohesion.***

Our plans for documentation include gathering in the office of the Project Director: research materials upon which the analysis is based, methodology and evaluation procedures, documents provided by each collaborator, schedules and meeting records; individual consultant contributions and design criteria recommendations and materials, participant tracking record and deliverables; all reports, meeting minutes, partner agreements, planning session records; all communications among collaborators.

**Goal 3– *Prepare findings to support design element and goal recommendations to be set as design program criteria in a variety of useful formats appropriate for the relevant stakeholders: designers, developers and government agencies.***

Our plans for documentation include gathering in the office of the Program Director: design program documents and drafts, timeline schedules and meeting notes, communication logs between collaborators and the research, analysis and synthesis production team of collaborators.

**Goal 4– *Public and private dissemination of findings, recommendations to relevant stakeholders including the general and aging public using a variety of media and reporting formats.***

Our plans for documentation include gathering in the office of the marketing/graphics consultant: all draft and final graphic layouts and release records of all media documents, website with key information, website development materials and web links to relevant services and information sources, lists of contacts with government agencies, searchable relational databases, printing or other marketing contracts and billing records

**The Center for Design and Wellness**

**Dissemination Plan**

Without dissemination, this Design Program will be useless in practical terms. The mission of the CDW is to actively promote social well-being as fostered and encouraged by design. Therefore this Design Program will be a permanent document that is dispersed via our Internet website and other public media to all interested parties– free of charge.

For those who would like personal consulting on how to integrate the proposed design criteria into their singular design projects, consultation on a fee basis will be offered by CDW. Hard-copied Design Program Documents will be offered for sale at a 100% markup to cover material, delivery and handling costs.

Presentations will be offered locally, statewide, nationally and internationally on a per-fee basis. Annually, a percentage of public presentations will be offered at no charge with the intention to promote these well-being design concepts to be operationalized into the built environment to promote social responsibility and to affect social, economic and aesthetic justice, personal and social well-being, and social cohesion/capacity in our own communities, and universally.

*Intended dissemination formats for Well-being Design Program:*

~ CDW Well-Being and Senior Housing Design Program Criteria Document.

~ CDW Internet website

~ Private Consultation.

~ Public Presentations at community meetings, state/national conferences and conventions.

~ National publishing in magazines, journals (articles and reports).

~ Television local cable access channel.

~ Radio Interviews.

~ Video presentation tape, DVD, or online (future budgeting).

~ Informational pamphlets, leaflets, and brochures.

~ Via collaboration with stakeholder organizations and agencies.

**The Center for Design and Wellness**

**Continuation Plan**

The purpose of this interdisciplinary design professional/psychological/social behavioral research, analysis and synthesis to produce a Design Program of baseline senior housing project criteria is to improve the standard of living for elders, their families and the surrounding communities. It is also to help the design professional to include best practices into their unique designed-developments and projects without need of extra consulting expertise that is usually not budgeted into such projects. As well, funding institutions and government agencies that do not have the collaborative professional expertise, may use this Design Program Criteria to have a baseline of expectations for the senior housing/neighborhood development projects that they fund.

The Design Program for Senior Well-being is the infrastructure and institutional knowledge of the future activities of CDW in promoting affordable, sustainable and healthy environments into our society. Improving the standard of living for seniors (20% of our population in 2030) affects everyone and will stabilize our communities. Promoting social, economic and aesthetic equality into American and universal infrastructure is a democratic principle and promotes peace.

This interdisciplinary research product will be a cornerstone for promoting the mission of CDW. The information will be available free of chare to all interested parties in perpetuity. In order to fund future dissemination in other formats outlined in the dissemination plan, consultation fees will be charged to commercial interests that desire applied interpretation of the design criteria within their unique project developments. The consultation fee will sustain the viability of future dissemination.

In addition, in consideration of future implemental expansion to be operationalized, an online retail boutique in anticipated in the future. This boutique would feature hand-picked well-being and little home-life luxuries that would be sold for profit to raise funds for future CDW projects and even sustainable affordable housing developments which would be examples of best practices in actuality as a model for future universal developments. It is anticipated that a separate staff to form this “department” expansion will be employed at such time CDW feels it would be appropriate.

**The Center for Design and Wellness**

**Senior Well-Being Design Program Budget**

|  |  |  |
| --- | --- | --- |
| **Expenses** |  **Amount Requested** |  **Project Expenses** |
| **Salaries** | 150,000 | 150,000 |
| **Consultants and Professional Fees** | 160,000 | 160,000 |
| **Insurance** | 5000 | 5000 |
| **Travel** | 6000 | 6000 |
| **Equipment** | 11,000 | 11,000 |
| **Supplies** | 400 | 400 |
| **Printing and Copying** | 10,000 | 10,000 |
| **Telephone and Fax** | 0 | 4200 |
| **Postage and Delivery** | 300 | 300 |
| **Rent** | 0 | 12,000.00 |
| **Utilities** | 0 | 4000 |
| **Maintenance** | 0 | 2500 |
| **Evaluation** | 4,500 | 4500 |
| **Marketing** | 6500 | 6500 |
|  |  |  |
| **Total Project Expenses** |  | **387,400** |
|  |  |  |
| **Total Amount Requested** | **353,700** |  |
|  |  |  |

**The Center for Design and Wellness**

**Budget Justification**

**Goal 1**

*Staff Salary:*

Project Manager $50,000

Marketing/Graphics 50,000

Consultant Salary (4@ $40,000) 160,000

**Goal 2**

Create Design Program Document

**Goal 3**

Web Development 8000

Document Printing 3000

Brochure Printing 7000

Radio Productions 2000

Cable Television Production 4000

Public Presentation Production 500

Conferences/Travel 5000

**The Center for Design and Wellness**

**Appendix**

1. **Biographic Sketches / Job Descriptions**
2. **Organizational Charts**
3. **Surveys, Tests, Questionnaires**
4. **Equipment**
5. **Collaborative Contracts**
6. **Collaborative Agreements**
7. **Advisory Board Lists**
8. **Tax Exempt Letters**
9. **Last Audit**
10. **Current Agency Budget**
11. **Bibliography**

**The Center for Design and Wellness**

**Appendix B**

**Implementation Plan Matrix**

**Project Timetable Appendix B**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Schedule Design Program Project** |  | Month 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Goal 1: Preparation*** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **1.1 Hire Project Director** |   |  |  |  |  |  |  |  |  |  |  |  |
| **1.2 Hire Team:**  |  |   |  |  |  |  |  |  |  |  |  |  |
| **Social Worker/Design Professionals/ Graphics/Marketing** |  |   |  |  |  |  |  |  |  |  |  |  |
| **1.3 Establish Relationships** |  |  |   |   |   |   |   |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Goal 2: Research*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **2.1 Gather data** |  |  |   |   |   |   |   |   |  |  |  |  |
| **2.2 Analyze Data** |  |  |  |   |   |   |   |   |   |   |  |  |
| **2.3 Synthesize Analysis/** |  |  |  |  |   |   |   |   |   |   |  |  |
| **Produce Program** |  |  |  |  |  |  |  |  |  |  |  |  |
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| ***Goal 3: Dissemination:*** |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Professional Developers*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **3.1 Trade Professionals/Developers** |  |  |  |  |  |  |  |  |  |  |   |   |
| **3.2 Government** |  |  |  |  |  |  |  |  |  |  |   |   |
| **3.3 Product Developers** |  |  |  |  |  |  |  |  |  |  |   |   |
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| ***Goal 4 Dissemination:*** |  |  |  |  |  |  |  |  |  |  |  |  |
| ***Public Stakeholders*** |  |  |  |  |  |  |  |  |  |  |   |   |
| **4.1 Elderly Stakeholders** |  |  |  |  |  |  |  |  |  |  |   |   |
| **4.2 Public Media**  |  |  |  |  |  |  |  |  |  |  |   |   |
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**Lund September 20, 2011**

**University**

**Department of Design Sciences**

**Lund, Sweden**

**Dear Sir/Madam,**

**The Center For Design and Wellness and Lisa Danovich ASID MSW has been an integral member of our research team over the past year. The Aging and Design Program’s on behalf of the Swedish government is researching the growing issue of housing for senior citizens with the aim to meet the demographic changes and to develop the basis for regional planning and housing relevant to the needs and demands of today’s and tomorrow’s older generations. The Department of the Aging and Design Program are key players in this development, will be carrying out research, and will be the hub for a network to build initiatives.**

**Lisa Danovich of the Center For Design and Wellness is a key team member of this progressive program and has made major contributions to the team’s research and analysis and initiative development. It is unusual to have the expertise of two professions: design and social work integrated so seamlessly into the considerations of a broad and compelling project that will affect all of Sweden’s population directly as seniors, and their family members. Her demonstrated creative ability along with her knowledge of psychology, social behavior, social justice and technical proficiencies has widened the reach and effectiveness of our research with key contributions to our project results.**

**It is with great pleasure that I heartily recommend Lisa Danovich and The Center For Design and Wellness to your organization.**

**Sincerely,**

**Dr. Gerd Johansson**

**Head of the Department of Design Sciences– Lund University**

**The Center for Design and Wellness**

**Bibliography**

Garbarino & Sherman 1997, Social Support In Child Abuse and Neglect: Support Functions, Sources, and Contexts, Child Abuse and Neglect, Vol. 21, No 7, pp 607-615, Elsevier Science Ltd., Pergamon

House et al 1988, Understanding Social factors and Inequalities in Health: 20th Century Progress and 21st Century Prospects, Journal of Health and Social behavior 2001, vol.43 (June): 125-142.

Kiecolt-Glazer et al 1994, Measuring Stress: A Guide for Health and Social Scientists, Oxford University Press.

Lantz, PM. Socioeconomic Factors, Health behaviors and Mortality\_ Results from a Nationally Representative Study of US Adults, JAMA-Journal of the American Medical Association, Vol: 279.

Tavernise, Sabrina, 2011, September 13, US Poverty Rate, at 15 Percent, Is the Highest Since 1993, New York Times.

Taylor, Shelley and Rena Repaetti, 1997, Health Psychology: What is an Unhealthy Environment and How Does it Get Under the Skin? Annual Review Psychology, 48:411-47.

United States Census, US Census Bureau, 2000.