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The primary mission of Architect Colorado is to inform AIA Colorado members about architectural news, trends and developments occurring throughout the state and about work being done in our region and beyond by our members. The publication also serves as an outreach tool to educate the community about the value of architectural excellence and the contributions of AIA Colorado architects.
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In reading through this issue of Architect Colorado, I am reminded that everything we design and build affects our health and wellness—whether it is a physical or mental effect.

When I think about the profession we have chosen in life, it seems rather obvious that the idea of health and wellness should be at the forefront of every act of architecture we commit. Certainly, the Health, Safety and Welfare minimums that we are bound by code to achieve provide a basis for all of our built endeavors. However, we constantly work to achieve so much more.

In Colorado we are surrounded by natural beauty and weather that provide for a wonderful variety of outdoor activities. These activities lead Coloradoans to a certain lifestyle, one easily enhanced by recreation facilities—several of which are featured on the following pages.

In pursuit of the lifestyles we hope to achieve, however, we are bound to experience built environments that help us stay healthy—whether physician offices, hospitals or extended care facilities. These environments can make all of the difference to the patients they serve: relaxation for those who are anxious; comfort for those who are suffering; calm for those who are grieving.

I invite you to read through each of the interesting features within and discover how some AIA Colorado members are meeting the call of this niche through innovative design. Perhaps it is this building type that possesses the most possibilities for lifting the human spirit or allowing users to be the most they can be.

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(Above & right) Setting the top floors of Palazzo Verdi in Greenwood Plaza.

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BISON Deck Supports and BISON Ipê Wood Tiles

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The National Association of the Remodeling Industry awarded Terra Verde Architects and Parrish Construction the Regional Contractor of the Year 2008 award in the residential additions over $250,000 category.

The Children’s Hospital made its move to the University of Colorado Health Science Center campus in Aurora in late 2007. The new 1.44 million-square-foot complex houses 270 patient beds, outpatient clinics, a pavilion for specialized services, offices, research and education space. Zimmer Gunsul Frasca Architects LLP served as design architect with H+L Architecture as architect of record.

Davis Partnership Architects (DPA) celebrated its 40th anniversary under the Rodney S. Davis moniker, and its 115th year in practice in the state of Colorado. In addition, DPA’s Anchor Center for Blind Children was recently featured in Colorado Expressions, and has been nominated for the Colorado Business Community for the Arts 2008 award.

Fentress Architects won the following AIA awards in 2007: Honor Award, AIA Virginia Society, for the National Museum of Marine Corps.; Citation Award, AIA Colorado, for the University of Colorado Health Sciences Center Research Complex I; Honor Award, AIA Denver, for the Seattle-Tacoma International Airport Central Terminal Expansion; Citation Award, AIA Western Mountain Region, for the Seattle-Tacoma International Airport Central Terminal Expansion; and Citation Award, AIA Western Mountain Region, for the Colorado Convention Center Expansion.

Looney Ricks Kiss founding principal, J. Carson Looney, FAIA, was one of three inductees into Builder magazine’s William S. Marvin Hall of Fame for Design Excellence at the 27th Annual Builder’s Choice Design and Planning awards in Washington, D.C. In addition, the firm received the event’s highest honor, the celebrated Project of the Year award for the Mercado at Rosemary Beach, an acclaim that landed the firm’s design on the cover of Builder magazine.

H+L Architecture announces the retirement of Michael E. Ossian, AIA, who has provided leadership and growth for 14 years, including 10 years as principal of the firm. Ossian will remain associated with H+L in the capacity of principal emeritus to allow him time to complete projects.

In 2007, Architectural Concepts’ owner and principal, Kevin P. Mills, AIA, was presented the Heartbeat of America award sponsored by William Shatner.
MOA Architecture recently awarded its DIMENSIONS 2007 Awards to the following organizations: 2007 Client of the Year, Forest City Stapleton Inc.; 2007 Contractor of the Year, Provident Construction Company; and 2007 Consultant of the Year, Design Concepts.

Architecture 2000 has changed its name to Avenue L Architects and relocated its offices to Ringsby Court in the TAXI 2 development in the River North (RiNo) Art District. Principals Kathy Lingo, AIA, and Len Lingo, AIA, LEED AP, announce this change as they mark their company’s 20th year in business.

Denver-based Van Tillburg, Banvard & Soderbergh was awarded the Rocky Mountain Region Council of Educational Facility Planners Mountain and Plains Planning award for the Goshen County Day School District 1 Comprehensive Master Plan in Wyo.

Centennial Collaborative, headquartered in Sheridan, Wyo., opened a new architectural division branch in Colorado Springs. RJ Steer, AIA, stepped into the partnership with the goal of centralizing the new consolidated division.

Keat Tan, AIA, of Klipp was awarded the Denver Business Journal’s Power Book award (2007-08) in the architect’s category.

Daryl Robinson, AIA, senior specifications manager for HKS Inc. in Canon City, was appointed as Canyon City District 1 city councilor by unanimous affirmation in January.

Matrix IMA, a national architectural group headquartered in Arlington, Va., will be relocating its Lafayette office to Denver in the spring.

According to principal Michael J. Holtz, FAIA, Architectural Energy Corporation has been selected by the World Conservation Union to provide sustainable design consulting services on the design of the expansion of its world headquarters in Gland, Switzerland.

Alan Ford, AIA, was appointed National Content Editor for the design section of the new AIA Soloso Web site. Soloso connects the membership to the most current and emerging information on architecture. Ford’s editorial position includes: writing “White Papers”, featuring Web sites, writing reviews on articles on architecture and reviewing submitted design content.
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Recreation Centers Invite Community Members To Enjoy Healthier Lifestyles

Community recreation centers are the front line in the war against obesity and with that new responsibility a new emphasis on their design is emerging. "For many years recreation was a pretty utilitarian or institutional endeavor. It was just never quite elevated to the level of other architecture," observes Christopher Kastelic, AIA, a principal in Sink Combs Dethlefs. "It's only been in the last few decades that recreation and fitness architecture has really matured."

People who have seen the amenities of private sector exercise facilities want similar features and services in public facilities. They also look to recreation centers as gathering places. "In many communities, there is really no place that's the center of the community," says Craig Bouck, CEO of Barker Rinker Seacat Architecture. "Community recreation centers are really stepping up and becoming that, trying to fill the needs both for recreation and for more passive activities. They have become a symbol of quality of life for communities."

That concept is highlighted in facilities like the Ashland Recreation Center and the new Student Recreation Center at Colorado State University at Pueblo. Christopher Carvell, AIA, of Christopher Carvell Architects, designed these recreation centers to serve as "lanterns" in their respective neighborhoods or campuses, drawing people in. "They are beacons, open and welcoming," he says.

Factors in recreational design
Designing a recreation center requires a balance between community demands and revenue-producing amenities that will allow the center to flourish. "Wet spaces generate the most revenues, so today's municipal recreation center is mainly a leisure pool facility that has a variety of bodies of waters," observes Carvell. His design for the 17,000-sq-ft aquatic expansion at Ashland Recreation Center, for example, includes a pool for lap exercises and a second warm pool, with water features, platform and loop slide.

Multi-purpose and multi-generational usage is another important ingredient in facility design. "Communities often can't afford to do separate exercise and fun pools, so we have merged the two. Now just about every single feature in the pool has a dual use," Bouck says. "A
current channel that is used by seniors for resistance walking in the morning becomes a fun place for kids to float and play in the afternoon. Lap lanes used for warm water exercise in the morning become water basketball or volleyball courts in the afternoon.

Fitness equipment also attracts users, especially when they include bells and whistles like connections to audio and visual systems and computerized read-outs that let people track their progress. Other popular features include: climbing walls, pilates and spinning rooms, steam rooms, jacuzzis and saunas.

“People are also looking for a broader use of facilities,” says Kastelic. “When you combine good group exercise with a cardio area and maybe even child sitting, all of a sudden you’ve developed a program that’s appealing to many users, where providing a bunch of bicycles facing a TV only appeals to a narrow segment.”

Passive space should be included in active space, adds Bouck. “People are looking for spaces to lounge, gather and socialize; they want a real community center.” For the Gypsum Colorado Community Center, he included a seating area and living room, accessible to all. It reaches from the front of the building to the back. The space invites people to linger and enjoy it with its large fireplace and relief of a mountain carved by a local artist.

Communities want open floor plans in new recreational facilities. “People like to see what other people are doing, and it’s also better from a security management point of view,” Bouck continues. Open plans also allows facilities to update their equipment and programs without expensive remodeling.

Carvell often uses design elements like three-story atriums to show off all centers’ amenities. “When you walk, you want to see exactly what the facility has to offer,” he says. “The building showcases itself, and you get new members that way.”

**Good values at all budget levels**

The size of the community’s budget dictates a recreation center’s features and finishes, but good design can accommodate needs at both ends of the scale.
The Whitlock Recreation Center in Lakewood, Colo, designed by Sink Combs Dethlefs, is an upscale facility of wood and metal. "Daylighting and openness were key to the building," says Kastelic. "It’s very simple – a gymnasium, a fitness center, a small therapeutic pool and a few other spaces—but every single space has a quality of light and warmth." The building’s rich, natural palette adds to the feeling of comfort.

The Parker, Colo., Community Center had a much tighter budget for its Recreation Center Field House. "This was an instance in which the community said we need to enclose a lot of building for not a lot of money," says Kastelic. "They wanted a rec center that was more geared to leagues and teams—an indoor version of outdoor activities." The nearly 100,000-sq.-ft. facility cost about half of what other similar buildings did.

"Rather than say we couldn’t do anything interesting for that price, we took on the challenge to do something special for this community," Kastelic continues. That meant using simple forms in the big, open internal spaces plus interesting colors and good, durable materials like colored concrete and painted steel in a way that made them seem warmer.

"The inside is spatially complex, with two levels of open mezzanine almost intertwined, so that you get views from one mezzanine to another and from the mezzanines to the athletic venues themselves," adds Ernest Joyner, AIA, an associate with the firm. The complexity adds interest to the building but does not necessarily cost additional money.

Designs for every community
In previous decades, visitors to an area might have been able to pick out a recreation center by looking for the big box with a few high windows. That’s not the case now. "Ultimately what a facility will look like depends on the site that’s chosen, and what we learn about what’s valued by the community itself," says Bouck. "So even though the building type is the same, the buildings themselves look amazingly different. We’ve done facilities that range from a kind of historic Georgia brick mansion in an new urbanist neighborhood to a rustic mountain barn in a meadow."
For the Paul Derda Recreation Center in Broomfield, Colorado, "the community wanted the connection with the outside to be very strong, so bringing in daylight was a big issue," Bouck continues. He accommodated that request with windows that stretch from ground to the roof overlooking an adjacent open space park. This theme of "bringing mountains to the plains" is echoed throughout the building: in the colorful butterflies that flutter below the cut-out ceiling in the baby sitting room, in the flooring in the family locker room area (brown at the edges and multi-colored blue in the center, suggesting a mountain stream) and in the lazy river and waterfalls of the aquatic center.

At the Gypsum Recreation Center, trying to squeeze every dollar out of the budget was essential. The synthetic gym flooring can handle every activity from basketball and indoor soccer to roller blading. Casework is made from stained OSB with pieces of metal protecting its corners, providing a warm look without great expense. The fitness space features ceilings painted black, with white acoustic elements creating a dramatic effect.

**Sustainability is key**

No matter what their budget, most recreational facilities built today incorporate at least some elements of sustainable design.

"We focus on good, energy efficient design and good use of daylighting to reduce the amount of artificial lighting that we have to provide. We also use products that are environmentally friendly; this may mean lower toxicity products. People come to these facilities to be healthy, so the materials should contribute to healthier air quality," says Kastelic.

"These are some of the worst energy users, just by their nature—large, high-volume spaces, operated from 5 a.m. to 10 p.m., and requiring heating or cooling the entire time," says Bouck. It just makes sense that communities looking to improve the health of their citizens should also be concerned about the health of the earth. "These buildings become an opportunity for communities that talk about sustainability to put their money where their mouth is."
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Situated on the campus of the Boulder Community Foothills Hospital, the 42,000-sq.-ft. Tebo Family Medical Pavilion is an outpatient cancer center that treats patients through surgery, medical oncology, radiation oncology, holistic therapies and education.
Designing a cancer center is different from any other medical facility because of the way that it resonates with the people involved in the project, says Drew Garst, AIA, of Boulder Associates. “So many of us have been personally affected by cancer, through a family member or a close friend. When you’re looking at the spaces, you can emphasize with the discomfort of the patients and their family members.”

Boulder Associates’ design aims to alleviate patients’ stress as much as possible, beginning with architecture that draws upon re-
gional forms to create a unique, warm environment both inside and out. The exterior, brick and stone against exposed structural steel, is similar in color to the adjacent hospital. The copper paneling and large expanses of glass on the curved, western face of the building look out on the Flatirons. Signage in the building’s interior, including the donor recognition wall, incorporates the same copper sheathing used on the exterior.

“We tried to make the space something that felt natural in Colorado, a modern twist on the lodge with lots of natural daylight with views,” says Garst. “We exposed some of the actual structure of the building, with wooden ceilings and gray structural support beams. Sometimes you’ll design the exterior of the building and put something in it, or sometimes you’ll design the layout and put the building around it. We let the two play with each other, working both ways, so the building tries to take the shape of what is needed on the inside but also tries to respond to the exterior, creating views and vistas of the whole site.”

Patients and their families get a sense of support from the moment they enter the cancer center. The first space they encounter is the patient navigator office. Here patients and their families can seek advice from an employee of the American Cancer Society, finding answers to practical questions like where to buy a wig after treatment. Nearby, a library provides computers and informational materials that people use to research their illnesses. A coffee shop with wireless access gives family members a place to relax and check e-mails while loved ones are receiving treatment.
On their initial visit, patients often stop at the first-floor reception desk for directions. For subsequent appointments they usually go directly to the first-floor diagnostic and radiation treatment portion of the facility, where there is a separate waiting area, or proceed to the second-floor medical oncology area. This area includes chemotherapy treatment rooms and medical office space for physicians.

“We provided a back door access, two-sided elevator, so that if you’re a medical oncology patient, you can come into the facility from the back door and go directly up to the medical oncology reception area,” says Garst.

In the medical oncology waiting room, “the glass is an important design element, since the owners did not want the view to the mountains obstructed, regardless of where you were in the waiting room. You get a peaceful feeling when you’re looking out on one of the most beautiful scenes in the country,” Garst continues. Wood slat ceilings and a large fireplace detailed in slate and copper lend comfort to the space.

Custom glass and wood screens in the medical oncology waiting area and throughout the facility allow nurses to keep a watchful eye on patients and provide patients a sense of privacy. “You can sit behind the space, but at the same time the facility is open and accessible,” says Garst.

Three garden areas offer visitors and staff some relief from the stress of dealing with cancer. One small area off the main waiting area includes a privacy wall and some planters. Another garden at the back of the building allows employees to get away for a few minutes.

The third garden, located off the integrative therapies area on the first floor, includes a labyrinth and a water feature that masks the sound of traffic from a nearby busy thoroughfare. The garden offers a serene spot for patients taking part in yoga classes, massage therapy, acupuncture, tai chi and art therapy. In this space, rooms with spa-like finishes and fixtures radiate off an integral waiting area.

The décor throughout the building is carefully chosen—no busy patterns or inappropriate colors—because many cancer patients experience nausea after treatment. Health and sustainability were considered in materials selection. Solar panels on the roof help offset the cancer center’s energy usage, and low volatile organic compound paints, (VOC) and adhesives are used throughout. “With cancer care, it’s especially important that you get materials that may be harmful out of the building as much as you can,” says Garst.

**TEBO FAMILY MEDICAL PAVILION**

*Architect & Interior Designer* Boulder Associates Architects

*Location* Boulder

*Construction Cost* $6.1 million (core and shell) $2.6 million (tenant improvement)

*Scope* 30,000-sq.-ft. Cancer Center

*Purpose* This facility consolidates previously fragmented treatment services into a fully integrated outpatient cancer center treating patients through surgery, medical oncology, radiation oncology, integrative therapies and education.

*Completion* July 2007

*Owner* Boulder Community Foothills Hospital & US Oncology

*Core & Shell Contractor* Wyatt Construction Co. Inc.

*Tenant Improvement Contractor* Golden Triangle Construction Inc.

*Mechanical, Electrical, Plumbing Engineer* Smith Seckman Reid Inc.

*Civil Engineer* Drexel, Barrell & Co.

*Structural Engineer* JVA Consulting Engineers


*Mechanical Contractor* M-Tech Mechanical Technologies Group

*Electrical Contractor* Core & Shell Electric Inc.

*Tenant Improvement* Montgomery Electric

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**Other Notable Projects by Boulder Associates**

- Poudre Valley Lemay Campus Medical Office Building, Ft. Collins
- Lincoln Medical Center, Lone Tree
- New Meadows Longterm Care Facility, Las Vegas, Nev.
- Denver Health Bond Backfill Unit One (First - Floor & Emergency Department), Denver
- Sutter Gould Medical Foundation 600 Coffee - Road Replacement Facility, Modesto, Calif.
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Integrated Facility Helps Convert Rehab Patients into Fitness Aficionados

Located adjacent to the main hospital on the campus of St. Francis Medical Center in Cape Girardeau, Mo., the 72,000-sq.-ft. Fitness Plus facility offers a unique integration of rehabilitative, health and wellness services. Community members enjoy it as a health club, working out and using the facility’s swimming pools, strength training equipment and indoor track. Fitness Plus also serves people who require therapy after an injury or heart attack, housing both physicians’ offices and equipment needed for rehabilitative exercise.
The design challenge, says Hervey Lavoie, AIA, architect for the project and president of Ohlson Lavoie Collaborative of Denver, "is in the planning of the solution, of the way that all these disparate pieces were knitted together in a productive and manageable fashion, an unprecedented use mix under one roof."

That solution started with the entrances. "A medically affiliated fitness center is usually done off the main hospital campus, put in a more retail type of environment," Lavoie explains. "St. Francis' campus was unique in that there was a site available that enjoyed retail-like frontage on an adjacent roadway and that it offered the ability to attach to the hospital, allowing two entrances into the building."

One entrance, on the lower level, fronts the road and serves health club members. The other, on the third floor, is designed for outpatients coming from the hospital side. "But it was important that these access ways communicate through the building in an attractive and open fashion so that people who come in one entrance can go out another," Lavoie says. A central atrium, with exposed elevators, serves as this communication channel and provides controlled access to the members-only sectors of the building.

Despite the separate entrances, part of the intent behind Fitness Plus is to bring the member and patient groups together. "The second floor became the integration floor," says Lavoie. "Some of the outpatient population from the third and fourth floors circulate down..."
"The whole idea is to transition people into a lifestyle fitness mode as members. That takes place on the second floor, and that's where the real magic happens in the building." Hervey Lavoie, AIA

to clinical destinations that integrate with fitness populations on the second floor. That's where you get the clinical/fitness integration and the synergistic center of the building."

On this floor, clinical and wellness programs are intertwined to create a seamless, community-oriented environment. The walk/jog track, for example, hugs the perimeter of the building's multi-story atrium, passing a mixture of clinical destinations, exercise areas and group exercise rooms. The flow allows for sharing of staff, space and equipment between the various clinical and wellness services. The efficiency enhancements and reduced duplication of services lowers the facility's operating costs.

The design helps boost the club membership as well. After expe-
riencing physical therapy in this space, patients are more likely to return to it for their on-going exercise needs, Lavoie says. "The whole idea is to transition people into a lifestyle fitness mode as members. That takes place on the second floor, and that's where the real magic happens in the building."

The theme of integration is echoed in the blending of the new Fitness Plus building with the older hospital structure. The center's brick and precast concrete bands match the exterior finish of the hospital, although the windows in the newer facility are much larger.

On the interior, however, there is a marked departure from the clinical hospital environment. "There's a richness to the color palette that distinguishes this venue from the more muted tones you might expect to see in hospitals," Lavoie continues.

Like private health and fitness clubs, hospital wellness centers must appeal to a wider population, Lavoie explains. "Many athletic facilities for true athletes are fairly spartan in feeling. Here, we've done just the opposite. The ambiance is more like a resort than a varsity athletic training center. In some respects, especially in areas like the locker rooms, the environment has a hospitality or country club feel."

That is necessary to bring in new members and retain the current ones. "The business of hospital-based fitness is very much looking forward into attracting segments of the population who don't typically participate in sports or fitness activities," Lavoie says.

Fitness Plus boasts amenities that most spas would be glad to have: three pools (lap lane, therapy and recreational), sauna and steam rooms, exercise stations with cardio theater, pilates and group exercise studio, strength training machines and medically approved children's exercise equipment in the Kids Plus room.

There's a food service component (Deli Plus), meeting and conference rooms and a baby-sitting area. Clinical services offered include cardiac rehab, occupation, speech and physical therapy, a diabetes center, and biometrics.

The concept of Fitness Plus was so popular with physicians that the office space in the building was fully leased before construction even began. The hospital had to add another floor to accommodate the demand. The center has garnered several awards, including recognition by the Medical Fitness Association, as the best medical fitness center in the country operating for less than three years. 

**Fitness Plus**

**Architect** Ohlson Lavoie Collaborative  
**Location** Cape Girardeau, Mo.  
**Construction Cost** $16.1 million  
**Scope** 112,000-sq.-ft. fitness center for St. Francis Medical Center  
**Purpose** Fitness Plus is a medically integrated fitness center that dually functions as St. Francis Medical Center's health and wellness center.  
**Completion** September 2004  

**Owner** St. Francis Medical Center  
**Contractor** Kiefner Brothers, Cape Girardeau, MO  
**Mechanical Engineer** The Ballard Group  
**Civil Engineer** Bowen Engineering  
**Electrical Engineer/Lighting Design** IES  
**Structural Engineer** KYSE Structural  

**Other Notable Projects by Ohlson Lavoie Collaborative**  
- Holy Family Memorial Wellness Center, Manitowoc, Wis.  
- Washtenaw Community College Health and Fitness Center, Ann Arbor, Mich.  
- VillaSport Athletic Club, Colorado Springs  
- Highland Park Health and Wellness Center, Buffalo Grove, Ill.  
- Institute for Healthy Living, Longview, Texas
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The six-story addition attaches to the west side of the hospital. One section of the existing building was removed to make room for the new structure.
Going With the Flow:
Efficient Movement Critical to Design of Hospital Addition
When a hospital decides to sacrifice some parts of its current building to make way for a new addition, it is not always the age of the structure that determines which pieces go and which are left standing.

Above: The hospital's new main lobby features high-tech stainless steel beams and granite countertops. That look is balanced with wood trelliswork.

Opposite page: Patients and visitors obtain a sense of order and clarity from wayfinding tools like light and dark floor treatments.

At St. Mary-Corwin Medical Center in Pueblo, Colo., patient flow dictated the hospital remove certain sections that had been built in the 1980s while keeping some from the 1960s. "The primary concern was developing the patient flow that worked within the context of the existing building," says John Hoelscher, AIA, ACHA, principal in RTA Architects. "We had to identify critical points of connection for existing elevator banks and corridors so that the flow of staff material and patients from the new facility to the old would be as efficient as possible."

RTA and Earl Swensen Associates of Nashville, Tenn., assisted the hospital with a programming/master planning process to determine which areas of the hospital would be relocated to the new structure. Then, RTA designed a 240,000-sq.-ft. addition that attaches to the west end of the hospital. "Demolition of that one 1980s piece of the building allowed us to develop a large enough footprint to build a new facility without totally disrupting the day-to-day disruptions of the hospital and still have a reasonable connection to the hospital," Hoelscher explains.

“That same elevator goes up to the roof and services the helicopter access, so that patients coming in from Flight to Life can come down directly into the emergency department without any kind of horizontal transport required,” John Hoelscher, AIA, ACHA
The addition, six stories on this side, is styled to be sympathetic to the bulk of the existing masonry hospital. "We selected brick as one of the building components and due to cost considerations ended up having a combination of brick and stucco, colored to blend with the brick," Hoelscher continues.

The new space includes a relocated emergency department, patient registration area and imaging center on the first floor and a new 20 bed critical care unit and step-down unit on the second floor. Each of the four upper floors contains a 36-bed medical surgical unit.

"The previous emergency department was very small and broken up; the goal of the new facility was to expand its capabilities in terms of trauma and exam space. An equally important goal was to have a good link back to imaging, because one of the problems in the old facility was that you had to cross a public corridor to get an emergency patient to the imaging department for services," Hoelscher explains.

The critical care unit is stacked on top of the emergency unit, and patients moving from one area to another travel via a dedicated elevator. "That same elevator goes up to the roof and services the helicopter access, so that patients coming in from Flight to Life can come down directly into the emergency department without any kind of horizontal transport required," Hoelscher continues. The design also improved the travel routes of patients arriving via ambulance to the ER, providing more direct access and avoiding patient driveways and parking areas.

To soften the hard clinical setting, RTA chose a soft earth tones palette that is calming and quieting for patients. A special pod designed for pediatric patients features colorful deep-sea murals that distract young patients from their worries.

The new main lobby features high-tech stainless steel beams and granite countertops. The look is balanced with wood trelliswork. "We wanted to make the area look warm and welcoming while letting patients know that this is a state-of-the-art health care facility," says Hoelscher. The central registration area is set up to meet the Health Information Privacy Accountability Act (HIPAA) privacy requirements, with separate registration cubicles that open into a corridor off the main area. "You can go in and register without being visible to anyone who happens to be coming into the building," he adds.

"The previous emergency department was very small and broken up; the goal of the new facility was to expand its capabilities in terms of trauma and exam space. An equally important goal was to have a good link back to imaging..."  

John Hoelscher, AIA, ACHA
The north side of the new structure is a two-story addition with its own entrance. It contains the relocated cancer department, with three linear accelerators and complete radiation and medical oncology treatment areas.

As patients and their families enter the new building one of the first things that they see is an internal healing garden, a small seating area with waterfalls and sculpture where they can go to get away from the intimidating high-tech equipment often used in cancer treatment. The finishes and the ambiance in this building are again calming. "There has to be a sense of 'I'm okay here.' The setting is comforting and has clarity," Hoelscher says. "Even in the procedure rooms we try to use colors and finishes that disguise the equipment; we want to make those rooms as friendly and welcoming as possible so people don't feel intimidated."

Clarity is built into the building's layout, with wayfinding tools and landmarks located along the corridors so that patients know where they are. "You come into a two-story atrium space and all the other functions spin off of that, so you always have that visual focus of the atrium to know where you started," Hoelscher adds.

With the addition complete, the hospital now must decide upon the best uses for the vacated space. "The plan has always been to backfill those spaces, but the exact functions are still being determined," says Hoelscher. One possible use is for outpatient clinics.

ST. MARY-CORWIN MEDICAL CENTER
Architect of Record RTA Architects, John C. Hoelscher, AIA, ACHA
Location Pueblo
Budget $48 million
Scope 240,000-sq.-ft. addition to existing hospital
Purpose Relocation of several hospital departments (ER, imaging, main entry/lobby, and patient registration area) and construction of a new cancer center.
Completion January 2006

Owner St. Mary-Corwin Medical Center
Associate Architect Earl Swensen Associates
Consultants Cator Ruma and Associates, Smith Seckman Reid

Other notable projects from RTA Architects
- Penrose Hospital E Tower Addition, Colorado Springs
- St. Francis Medical Center, Colorado Springs
- St. Thomas More Hospital Addition, Canon City
- Parkview Medical Center Addition, Pueblo
- Audubon Surgery Center, Colorado Springs

Above: Deep sea murals offer a friendly and calming touch in the pediatric pod of the new emergency unit.

Opposite page: Waiting areas are comfortable and light filled.
The classic image of a mother is a woman enfolding her child in a strong, embrace—a small figure held protectively within a larger one. When Mercy Medical Center in Des Moines, Iowa, wanted to build an addition to its hospital focusing primarily on women and infants, Davis Partnership Architects found ways to incorporate that imagery throughout its design.

The primary tenants in the 234,000-sq.-ft., six-floor addition are the hospital’s relocated birthing, postpartum, nursery and Neonatal Intensive Care Units (NICU). It includes a conference center and a 16-bed, critical care unit as well. The objective of the project was to convey a new identity for the hospital, “to give them a little more presence in Des Moines,” says Wendi J. Ekborg, AIA, an associate with the Davis Partnership. A six-story atrium at the front of the building serves as a beacon for the community, inviting and welcoming patients and their families to the facility.

The “woman and child” theme started in that atrium. As it was originally conceived, the atrium space was very tall in proportion to its footprint. “To make it a little more functional, we came up with the idea of dividing it into two stacking volumes by bringing the mid-level floor across the atrium,” Ekborg explains. The design held this floor back 3
feet from the curtain wall, allowing light to fall through all levels, while also acting as an integral element to the smoke evacuation system.

“As we developed the design, the atrium started to take on the symbolism of a mother standing behind a child, with a taller volume behind and a lower volume in front of it—the vestibule area,” Ekborg says. The three upper levels of the space became the women’s center.

An open staircase wraps all the way up through the atrium, also conveying the idea of a small space within a larger one. The imagery is reinforced in the public area’s water feature, where water creates a void in a 35-ft. mass. “As you go into the upper atrium, the strength of the water feature is changed to a glass art sculpture that

“As we developed the design, the atrium started to take on the symbolism of a mother standing behind a child, with a taller volume behind and a lower volume in front of it—the vestibule area,”

Wendi J. Ekborg, AIA

Above and left: A colorful glass art sculpture in the upper atrium provides a playful, celebratory note in the building.

Opposite page: The atrium of Mercy Medical Center’s new addition is designed to be a beacon for the community, raising awareness of the hospital’s services.
hangs down through the center of the stair. This creates a more playful and celebratory feature in the women’s center,” says Ekborg.

Inside the women’s center, larger-than-usual patient rooms will be flexible enough to accommodate the hospital’s present and future needs. “We designed a large, canted curtain wall system two stories tall, creating a window seat area in those patient rooms. That gave a little space within the larger patient room to identify ‘this is where family can be,’” says Ekborg.

Mercy Medical Center’s original plans were to include labor and delivery, ante-partum and the NICU functions all on one floor. To improve the flow, “we were able to convince the owner that vertical circulation would be a much faster approach and would involve fewer steps for the staff,” says Ekborg. The NICU moved up to its own floor, and now has room for expansion in the future. On the patient floors, workflow is improved with an elevator dedicated to staff use and with decentralized, small nursing stations that allow nurses to stay closer to their patients’ rooms.

A circulation spine at mid-level serves as the primary link between the east end of the existing hospital and the new tower. It features visitor seating and a coffee shop. The architects maintained the addition’s connectivity to the existing cafeteria with a ramp that wraps around a courtyard located on the conference center level. The conference center features nine classrooms with movable partitions, a 300-seat auditorium and executive boardroom.

On the exterior of the building, the glass atrium serves as a dramatic entrance to the addition. Architectural precast concrete, metal panel and glass curtain wall work together to unify the new tower with the existing campus. On the interior, the overall palette is terra cotta,
blue and green, deep hued on the lower three floors and softer-hued for the three floors of the women’s center. Wood accents throughout the new tower, including the pilasters on the two main public corridors and handrails on the stairs, provide a warm and welcoming style.

Carpeting throughout the facility features colors blocks within larger color blocks—a smaller object embraced by a larger—and ceilings in some areas feature undulating sine curves that lead down the corridors. “That gave us the opportunity to provide light coves along the corridors instead of having 2 by 4 fluorescent lights, to create an extra level of interest,” says Ekborg.

The tower was completed in August 2006, and Davis Partner Architects has continued to meet with the users to understand how the building is working. They have found that some of the most popular features in the new tower are the waiting areas and atrium space and the family areas within the patient rooms.
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Dental Offices: Spaces for Smile Makeovers Receive Their Own Transformation

A pop of persimmon: For the office of Dr. Makala Hubbell of Lowry Family Dentistry, Matt Piper, AIA, built the design around the doctor's favorite color, persimmon.

A smile mirror where patients can check out their new smile on the way out is a popular feature in many of Piper's dental offices.

Dentists today do much more than clean teeth and fill cavities. Many high-profile, financially successful practices emphasize cosmetic dental services, and that change in practice direction is reflected in the design of their offices.

"Ten years ago, dental offices typically had predictable spaces with rather poor lighting and a minimum of design treatment," says Lynne Thom, AIA, of Lynne Thom Architects in Denver, who has been working with dentist clients since 1994. "Today, design advances, combined with technological innovation, make better, more interesting spaces for dentists to practice and for their patients to enjoy."

Dental patients paying as much as $20,000 or more for cosmetic services expect a certain level of design, says Matt Piper, AIA, of Piper Zenk Architects in Denver. "The doctors who do these bigger cases are finding that to be competitive they must have a more aesthetically pleasing dental office."

Piper has designed more than a dozen dental offices and finds doctors appreciate the value of design. Staff who work in a beautiful space are more likely to stay, a real benefit in a high-turnover profession. In addition, dentists with well-designed offices find their close ratio on big cases is much better. Although they may initially worry that patients will react negatively, expecting higher fees, those who have made the investment find that is not the case. "Instead, their patients think, 'These dentists are class acts, they're who I want to go to," Piper adds.

"Architects tell clients that good design is going to pay off, that it will have its own rewards. With these dentists I've actually heard about some of those rewards. I've gotten feedback about actual impacts that quality design has had on their businesses," Piper says.

**A collaborative process**

To bring out the individuality of the space, the dentist must be at the center of the design process. "We need several sessions or interviews where we get to know that dentist and the people he depends on in the decision-making process. We try not to make assumptions—to let the facts emerge on their own," says Thom. If the design process is trusted and followed with good architectural practice procedures, the initial solid idea or 'party' evolves."

"We look at the bigger picture first, trying to understand the dentists' business models and what they're trying to achieve above and beyond architecture," says Piper. Once the initial direction is clear, the focus shifts to details, like placement and flow of reception areas, waiting rooms and operatories.

"Ergonomics are very important to dentists—how far they have to reach behind them or beside them, how many movements they have to make. That all becomes critical as part of the workflow," continues Piper. "Each doctor has a very subjective idea of what will be most effective and efficient."

For Thom's client, Dr. Roger Nishimura, a workable design meant a centralized sterilization area. "His staff has to take the trays from the sterilization center to the operatories and back, and he wanted to reduce the number of trips," she explains. "So his operatories wrapped around the sterilization area, which became more of a living room instead of a back area. The finishes and lighting of
sterilization center were just as attractive as the ones in the reception room.”
Old paradigms might have dictated sterilization in the rear, “but if it's more convenient for the staff, which means it services patients better, why not find a way to bring sterilization in to the center and make it look nice?”
To meet Nishimura’s patient flow requirements, the office features a curving reception area with check-in and check-out desks. At the doctor’s request, Shoji screens were incorporated into the design. They serve as lanterns, partitions and doors throughout the office. Made from a drapery fabric encapsulated in resin panels, these screens help provide an Asian fusion look of clean lines and natural elements.

Comforting environment reduces stress
Thom likes to incorporate natural elements into her dental office designs. In addition to stone and wood, she uses biodegradable resin panels with imbedded natural materials. “We know for a fact that more natural environments promote healing and can really help in times of stress,” she says. The colors and iridescence of natural materials provide nervous patients with a subliminal sense of comfort. Waiting rooms that are inviting and relaxing with interesting, comfortable places to sit, a water feature and a sense of personal space for each person can help pre-disposition patients to calm.

The office of Dr. Jon Whitley, also designed by Thom, was inspired by the image of a ski lodge and has references to the natural materials of Colorado. Stone walls intersecting the space at an angle provide the sense of order important for waiting patients. “If the space is organized, and if there is a clear theme, patients will understand the space and be calmed by the organization,” Thom says. “What we don’t want is chaos—we want a space that looks clean and inviting for our health care.

Creating that inviting space in a small footprint is not an uncommon challenge in dental office design, she adds. For Dr. Kevin McAuliffe, Thom popped up a section of the low ceiling in the waiting area and created an oval-shaped recess that translated down into both the table shape and the contrasting carpeting below. “We specified a light, airy wood chair and cream white tiles that recall buff sandstone. It has a very light and natural feeling, with room for five or six people to sit comfortably,” says Thom.

Younger dentists move to bolder designs
“Dental clients frequently request fireplaces and residential furnishing in reception areas and video screens for patients to watch on
the ceilings in operatories," says Piper. Another popular feature is a prominent smile mirror that patients can use to check out their smile enhancements as they leave the treatment areas.

Dentists' preferences for office design usually vary with their age. According to Piper, "The younger dentists tend to want bold, exciting colors, and they're willing to have loft-type concepts and more open space. The more seasoned dentists, with 20 years or more of experience, expect dropped ceilings and more traditional walls out of drywall," he says.

In the office of Dr. Makala Hubbell of Lowry Family Dentistry, Piper built the design around the doctor's favorite color, persimmon. "We used it sparingly and for high impact. It's basically a gray office, which makes the little bit of persimmon pop out," says Piper.

For Dr. Adam Weaver of Mountain Top Periodontics, a young dentist with an older patient base, Piper found a way to blend styles. "We had to try and walk a line, making it a place that he's excited about but also having a traditional look for his patients, who are mostly older," he says.

Piper opened up the cathedral ceilings in the existing space to add visual excitement, but used walnut stained doors, floors and moldings to achieve a traditional flavor. The colors in the office are deep, rich and historic—golds, greens and browns. "One of the strong accents, one of the ways that we played to Dr. Weaver's visual needs, is with exposed ductwork that we painted copper. It really has a huge impact," says Piper. Beams sheathed with copper maple leaves fly their way through the space as an accent, balanced with traditional dark wood floors in the treatment areas. Copper sinks and copper waterfall features provide interesting details.

No matter what style the dentist prefers, a well-designed office space increases patients' goodwill and provides the doctor with long-term payoffs. "When a dentist improves his office, it is a gift from the dentist to the patient, and the patient will appreciate it by asking for more services," says Thom. "If a space is comfortable and welcoming, patients will not only come back but will also bring others. That's the value of good design."
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As a founding partner of RNL, which celebrated its 50th anniversary last year, John B. Rogers, FAIA, has impacted both the design and the business of Colorado architecture.

Denver's skyline might look very different today if a certain ninth-grade teacher in Manhattan, Kan., had not assigned his class an essay on careers back in 1936. After considering a wide range of possibilities, one of the students, John B. Rogers, chose to write about architecture.

"It looked like fun, and I wanted to do it from that perspective. Then they said you could make $100 a month as an architect, and that sounded like a lot of money to me—and in 1936, it probably was," Rogers says. "I've thanked that ninth-grade teacher and have enjoyed my work every day since."

Rogers went on to Kansas State College to study architectural engineering, but his college days were interrupted when he was volunteered to serve in the U.S. Army in 1943. He spent three years in the service, two of those in Europe—one in Austria where he learned to ski—and returned home to finish his degree in 1947.

Shortly after graduation, Rogers and a friend took a skiing trip to Colorado. "There were no lifts in Austria, so after the wonderful experience of a T-bar and a rope tow, I decided to stay in Denver," he says. To find a job, he went down the list of architects in the phone book. When none would hire him without work experience, he took a position in the Colorado Bureau of Reclamation as a structural engineer to get some. He eventually landed a job with Smith, Hegner and Moore.

In 1948 he left Colorado to enroll in the University of Texas' architectural program, earning his design degree in 1951. It was in Texas that he met his future wife, Bette Peek, who graduated from the program the same year. The couple married in 1951 and returned to Denver, where Rogers worked on projects for several architectural firms. But when the owner of one building he was designing, the First National Bank of Denver, refused to allow any public space on its new property, Rogers decided he could better control his own design integrity as an independent architect. He resigned and opened his own office in 1956.

Rogers started small, but the business grew steadily. In 1958, he was awarded his first school in Jefferson County. "That was right after Sputnik, when the whole country was embarrassed and every bond issue passed," he recalls. "We did a lot of schools, and I liked working for the kids and designing good places for them to learn."

But Rogers was frustrated by his inability to win projects more than $1 million. "They always asked, 'What if you got hit by a truck?'" he recalls. So in 1961 he and Jerry Nagel went into partner-
ship after winning a big project with the Colorado National Bank. Five years later they joined forces with Vic Langhart, AIA, becoming Rogers/Nagel/Langhart. (The firm shortened the name to RNL Design in 1970 and later, RNL.)

Uncovering the heart of each project
Rogers was involved in many high-profile projects, including the Colorado Supreme Court and the Colorado History Museum; the Mountain Bell Denver Service Center at 17th and Curtis Streets; the Rocky Mountain News Building; and Vail Tower, which earned a 25-year award from AIA Colorado in 2003.

The key to a successful project, he says, is getting to its heart. “What is this building really going to do, and who is it really for? It’s not my building; it’s the client’s building. Too many so-called “star” architects want to have their own mark on a building, but I don’t think that’s right. I think you ought to design for the client, who’s going to be there way after you’re gone.”
That is not something that can be done in the course of just a few formal conversations. “Your clients don’t really know what you need to know, so you have to find a way to talk with them long enough that they tell you what you need to know,” he says. When he was designing the Mountain Bell executive offices, for example, he ended up the day after Christmas at the company’s office, talking with the president, who was the only one there. “He told me, ‘My real problem is that the vice presidents—there was one for each state—don’t talk to each other.’ So we created an exterior corridor against the glass and gave the vice presidents glass offices so they had a way to move back and forth and talk to each other, peer to peer. They didn’t have to go through any secretaries—they could just talk. We changed the whole design based on that statement, and I would have never known if we hadn’t had that casual conversation.”

In keeping with this philosophy, Rogers was a firm advocate of on-site design at RNL. It was a concept that he learned from his mentor Bill Caudill, a senior partner at Houston’s CRS. “After you have done your research, we take a design team to work in the client’s space,” Rogers explains. “You see them more often and on a casual basis; we put diagrams and sketches on the wall and listen to them talk to each other. You hear things that they’d never remember to tell you. We turn out to be a catalyst...pretty soon we have found out how the outfit really works and what the heart of it is.”
For the Rocky Mountain News Building, Rogers spent time with the president talking about what the company symbolized. "He told me 'We've been here 100 years, we've only missed two deliveries in all that time, we're a solid citizen, a part of the community.' So we designed a granite building, which was a statement and a feeling for what they wanted to be. He didn't know how to tell me that, and we could have designed anything, but it would not have been right."

It was the same with the schools, he adds. "Before we designed a school, we would get involved with the parents and students who would go to that school. We designed it for the neighborhood, because different neighborhoods have different character, different flavors and different cultures. I think it's important that the architect figure that out and take it into account."

**Designing for the environment**

Rogers was an early proponent of energy-efficient design. "In 1973 RNL started design of a new high-rise office building for the telephone company," he says. "The oil embargo had alerted everyone to the energy shortage. In particular, the architectural community was getting involved and RNL was a leader. We were able to get the interest of our client, Mountain Bell, in designing for energy conservation," he recalls in one of his L3 e-mails (see sidebar pg 40). "However, it took three months to convince them that double glazing was the right thing to do."

RNL engineers also designed a split-cooling system using both electrical and steam absorption equipment to save energy and reduce costs. When the building was complete, the Public Service Company changed the meter three times before they were finally convinced that usage readings they were getting were correct. The new building used half of the energy required by a smaller building across the street.

Rogers' interest in environmental preservation is evident in the design of Vail Tower, one of a series of microwave towers that crossed the mountains. "We told them that we could design something that looked better than a ski tower," Rogers says. "We were paying attention to the environment; we didn't want an ugly structure up there."

**Groundbreaking business model**

Rogers has been a pioneer in the business side of architectural practice as well. In 1973, when he and his partners received a buyout offer, they considered their three options: go on as they were; take the buyout; or figure out how to transition to the next generation. They chose the third, "although nobody around here had ever done that,
and we found out it was more difficult than we thought," he admits.

Fortunately, Rogers got to know Dr. Don Stevens, then dean of the University of Colorado at Denver (UCD) business school. He suggested that I take the school's executive MBA program. The last assignment at the end of the two-year course was to write a paper on how you were going to get ahead in your company. I didn't need to do that, so the professor said, "Well, why don't you write about how you're going to quit? So I did some research and I learned about ESOPs (employee stock ownership plans)." In 1984, the same year that he received his MBA, RNL created its own ESOP. "Now, 24 years later, we have finished all of our transition. We are an employee-owned company."

Life Lessons Learned

To celebrate RNL's 50th anniversary in 2006, John Rogers documented some of his practice experience in a series of e-mails to his office. He called them L-3s, for Life Lessons Learned.

Here are some excerpts:

"RNL has a responsibility to our clients to design an appropriate building. How? We must take whatever time and measures necessary to understand our client's needs, aspirations, image and values whether or not they understand or stay involved in the design process.

We have so much control of the design process that we must be responsible for our client's interests."

"If you always try to recruit people who are smarter than you are, the firm will improve, grow and prosper."

"When we have a good idea or process, it's OK to give it away. Then, while someone else is working to learn how to use it, we will have time to generate even better new ideas."

RNL has continued to flourish during this transition, growing to just under 200 employees with offices in Denver, Phoenix, Los Angeles and Dubai. Rogers says the company has maintained the open culture that he and his partners encouraged during the early years—something else he learned from Caudill. "Everybody knows what's going on, and we don't have much of a hierarchy. I think we get a better product that way, because everybody can have input."

Throughout his career, Rogers has been involved in countless civic and community endeavors as well as many professional activities. He served as president of the Colorado Society of Architects in 1975 and again as president of AIA Colorado in 1995 and as a member of the board of the National American Institute of Architects for several years. He was on the AIA's Committee on Architecture for Education from 1970 to 1972 and on its Energy Committee from 1979 to 1981. Rogers was named AIA Colorado Architect of the Year in 1989, won the AIA Western Mountain Region Silver Medal in 1994 and was presented AIA Denver's first Lifetime Achievement Award in 2007.
In 1993, the new Dean of the UCD College of Business, Yash Gupta, asked Rogers to serve as the first Executive in Residence. "I worked out of the Dean's office for three years, setting up lunches and meetings between the professors and their peers in the private sector. Although it took some doing to convince each party of the potential value of such meetings, they were always pleased with the results," Rogers says.

"During this time I worked with Dr. Larry Johnston, finance professor to develop a business-based course for architectural students, since there is no mention of business in the standard curriculum. Finally, in 1996, the College of Architecture and Planning allowed me to start an experimental course in the evening for masters' students. We called the course 'The Business of Architectural Practice,' and I taught it for four years. It has become a required course for graduation," he adds.

Rogers is now a principal emeritus with the firm and no longer involved in design. "I don't think you can practice part time, but you can do business development," he says. He does participate on the Design Review Committee for the redevelopment of Stapleton (Denver's previous airport). Since 2000 he has devoted a great deal of time and energy to the Denver Architectural Foundation, whose programs include a partnership which pairs architects with public school students from third to eighth grade. "The teachers use architecture as a catalyst for whatever they want to teach—history, science, math—and the architect goes to the classroom once a week for eight weeks," he explains. The program has been very popular with the 23 schools that have participated so far, and the foundation would like to find additional funding to serve more that are waiting to get involved.

Rogers says his proudest accomplishments are "our family and the firm." He and his wife Bette live today in a single-story home equipped to grow old in. They designed it with their son Rob, also an architect. They have two other sons, Scot and Richard.

Despite some recent health problems, Rogers is not ready to retire. "I have some friends who have done that, but it doesn't interest me. I like to stay involved."
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The design team was challenged with adapting W Hotel’s standard four-story, 136-room suburban facility into a 14-story, 226-room urban model with four levels of structured parking and an elevated pool deck. The design had to meet requirements for adjacent amenities and maintain prototype room layouts while inserting structured parking into the middle of the facility.

A small, oddly shaped site necessitated creative thinking and planning in order to fit an urban infill design. To solve the issue of limited space, the design stacks the building vertically, with the room tower resting upon the four levels of structured parking, all of which sits on top of the main lobby and ballroom area. Construction will be post-tensioned concrete structure with light gauge metal framing and a skin of metal panel and/or exterior insulation and finish system.

Project challenges included the site’s many setback requirements and the numerous deviations that the owner requested in the design, which had to be approved by the hotel brand. The prototype changed many times during the design process, and the architect had to continually revise and update documents. Although the movement from conceptual design phase to construction documents has been difficult, the project is now nearly ready for construction.
The new Student Recreation Center will be an addition located at the south side of the existing Health, Physical Education and Recreation building. Student fees will fund construction of the building and maintain it.

This is one of a handful of new projects that will change the face of the campus and the image of CSU-Pueblo. The exterior features an aluminum composite panel system and a curtain wall with multicolored glazing and shading system that will dapple the lobby with natural light. A trellis system provides shade for exterior decks opening off both the student care and juice bar on the main level and second-level aerobics room.

The 40,000-sq.-ft. center will feature cardiovascular/aerobic and strength/conditioning areas, aerobics/dance room and experiential learning center programs (meeting area, resource center, equipment rental and repair). Also included are a two-court, multipurpose gymnasium with elevated running track; locker rooms (shower, toilet, changing); health and wellness office suite; a commons with café and juice bar; reception/control desk; associated support spaces; and minor renovations to the existing racquetball courts and swimming pool areas.

The Good Shepherd Institute for Healthy Living promises to be a facility like no other in the region of Longview, Texas. OLC designed the two-story state-of-the-art wellness center to be a “continuum of care” for patients and members alike. The array of amenities includes gymnasiums, an aquatic center, fitness studios, weights, physical therapy, occupational therapy, cardiac rehabilitation and sports medicine. The center also includes a multi-purpose classroom for community education and functions. The design features separate member and patient entries that join together in a large common concourse lobby.

This building was designed to meet LEED™ Silver certification standards and will be the first LEED™-certified building in Longview. The design blurs the lines between the inside and outside, while taking advantage of views such as a nearby natural pond and the piney woods ecological region.

The aquatic center includes an indoor lap pool and a current-resistant therapy pool for physical rehabilitation patients to strengthen muscles and improve range of motion.

The design of this building is both functional and artistic and will have positive impacts on the community, the region and the environment through careful planning and sustainable design.
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Looking Ahead

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