

Diploma program

# Neighborhood of Care

A strategy for reprogramming vacant hospitals  
into caring communities

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Frontpage image:  
Woven art piece Blurred Pale Blue Elipse, by Korean artist Mimi Jung, edited by authors  
In this context used as an expression of the interwoven concepts of care.  
[www.mimijung.com/neonorangetowhite](http://www.mimijung.com/neonorangetowhite)



Royal Danish Academy

Architecture  
Design  
Conservation

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*“Care is a species activity that includes everything that we do to maintain, continue, and repair our world so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex, life-sustaining web”.* (Tronto and Fisher)

## EXECUTIVE SUMMARY

This project is an exploration of the societal and spatial implications of reprogramming vacant hospitals in Denmark with a point of departure in care beyond health care.

### **Societal theme** // *Rethinking Care*

In our modern western world, climate change and inequality are challenging our urban context. This project introduces care as a central value in the development of our urban environment. The project is not about health care in a traditional perception, but is based on the Danish concept of 'omsorg', meaning 'taking care of' or 'caring about'.

This project will contribute to expanding the perception of care to not only concern health care, but also care for the marginalized groups of society, care for the climate and the limited resources, etc. (Hansen and Thomsen 2021, 8). The project aims to rethink what is considered valuable in urban planning by taking these concepts of care into consideration when planning.



Fig. 1.1 - Traditional perception of Care



Fig. 1.2 - Care as a complex concept

### **Spatial context and opportunity** // *The Legacy of Health Care*

The development of the new Super Hospitals is moving the perception of care in a further centralized and streamlined direction.

As a consequence of the development of the new Super Hospitals, 19 sites of former hospitals are or will be empty for either demolishing or development. These sites tell a story about the Danish welfare society and the architecture of health care. With a point of departure in their inherited care, it is relevant to pose the question: How can the former hospital areas be used as a testing ground for developing new caring communities as a reflection of the care that they used to provide?

### **Site and program** // *Neighborhood of Care*

This project is developing a strategy for the vacant and not yet demolished or transformed hospitals. Aalborg North Hospital is used as a case example, to demonstrate a site-specific proposal on a strategic/programmatic level. The proposal is a new Neighborhood of Care with a focus on housing functions that sustains different types of living and create better connections with the city of Aalborg.

#### // *House of Care*

The project will zoom in to one existing building and the surroundings to investigate the spatial implications of new caring functions. The proposal is a new community house, House of Care, with a focus on the meeting point between different societal groups. This will be a testing ground for small-scale interventions to create and support a caring community.

**SOCIETAL THEME**



Fig. 13 - Food distribution on Fred-eriksberg, L.A. Ring (1887). Women of the bourgeoisie handing out food to the poor during economic crises. The translation of their household skills of care became a way into playing a role in society.

## SOCIETAL THEME

### THE HISTORY OF HEALTH CARE IN A DANISH CONTEXT

The Danish and Northern European welfare societies have care as one of the central values. Care for the people can be seen as an important factor in the way we plan cities - from the mid-1800s focus on creating a healthy alternative to the dense city centers, to the past years' increasing debate around inclusive public spaces and cities.

Health care is one of many aspects in the complex matter of care. In the establishment of the Danish welfare state, access to health care plays a central role. In the mid-1700s the idea of having a healthy population became an important sign of status for the state. Smaller local hospitals were established for those who were unable to be treated in their homes and birth departments helped to bring down the high number of maternal mortality (Vallgård 2022). With these initiatives, the perception and responsibility of care moved gradually from the private to the state. This development has been intensified over time with an increased focus on new technology and the centralization of the health care system.

Sources for timeline:

<sup>1</sup> Dansk Sygeplejehistorisk Museum. "De første hospitaler i Danmark og deres plejepersonale." Dansk Sygeplejeråd. 11/02-2022.

<sup>2</sup> Dahl, Holger. "Engang var målet med Københavns hospitaler ikke nødvendigvis, at patienterne skulle komme levende ud." Berlingske. 11/05-2020.

<sup>3</sup> Engelbrecht, Nils. "sanatorium." Den Store Danske. 11/02-2022.

<sup>4</sup> Dansk Sygeplejehistorisk Museum. "Historien om dansk sygehusbyggeri og indretning af patientstuerne." Dansk Sygeplejeråd. 11/02-2022.

<sup>5</sup> Dansk Sygeplejehistorisk Museum. "Historien om dansk sygehusbyggeri og indretning af patientstuerne." Dansk Sygeplejeråd. 11/02-2022.

<sup>6</sup> Rosenkilde, Kim. "Reformen der forandrede Danmark." Altinget. 05/12-2016.





1800

11 hospitals outside Copenhagen



Fig. 2.1 - Frederiks Hospital

### 1750s First Hospital in Denmark

Frederik V's Royal Frederiks Hospital was in 1757 the first hospital in Denmark, inaugurated with the words "God to Glory and the Poor and abandoned helpless and needy sick to Healing, Relief, Help, and Housing"<sup>1</sup>. The Hospital was built with a focus on architectural aesthetics rather than medical functions. To be hospitalized one would have to be unable to support one-self economically and have the prospect of getting well again.



Fig. 2.2 - Copenhagen Municipal Hospital

### 1850s Municipal Hospitals

With the cholera epidemic in 1853, the lack of hospital capacity was exposed. As a consequence Municipal Hospitals were established in the biggest cities of Denmark - often with large inner gardens and bed departments facing south so that patients could get both light and air<sup>2</sup>.



Fig. 2.3 - Vejle Fjord Sanatorium

### 1900s Sanatoriums

In the beginning of the 1900's the first sanatoriums in Denmark for patients with Tuberculosis were built. Sanatorium comes from lat. *sanare* 'healing', and *-orium* 'place'. Architecturally, these buildings were different from classic hospitals with a higher focus on relation to nature and healing surroundings<sup>3</sup>.



Fig. 2.4 - Bispebjerg Hospital

### 1900s Pavilion Hospitals

The establishment of the Pavilion Hospitals showed a turn towards a higher focus on medical functions in the hospital architecture. The separated pavilions as a typology served to prevent the spread of infections and was inspired by Florence Nightingale's thoughts on the importance of high hygiene, good ventilation, aesthetics, and consideration for the patient and their visitors<sup>4</sup>.

1926

160 hospitals on national level



Fig. 2.5 - Glostrup Hospital

### 1950s Modernist Hospitals

In the post-war period rational factory- and machine-thinking characterized hospital construction. The industrialized concrete constructions were organized to make the healing as efficient as possible and the hospitals became machine-like and super logical<sup>5</sup>.



Architecture of health care



Fig. 2.6 - New Health Strategy

### 2007 Super Hospitals

With the Municipal Reform, the 13 counties were combined into five regions that took over the task of taking care of the Danes' health. As a part of this, a plan was made to centralize the health care system into 20 specialized Super Hospitals by 2020<sup>6</sup>.

## SOCIETAL THEME TOWARDS A CENTRALIZED PERCEPTION OF HEALTH CARE

In 2007 the Government presented a new health care plan as a part of the Municipal Reform, where the 13 counties were combined into five regions. The region's most important task was to run the hospitals, psychiatry, and general practitioners and specialists.

A part of the plan was to establish 20 new Super Hospitals by 2020. 12 existing hospitals were to be transformed into Super Hospitals, while six completely new Super Hospitals were to be built in Odense, Aalborg, Herning, Aarhus, Køge, and Hillerød. Some have already been finished and the rest is planned to open in the coming years.

As a consequence of the establishment of the Super Hospitals, existing hospitals all over Denmark are planned to be closed. 19 hospitals are today closed and transformed into local Health Centers, two hospitals are demolished, while 15 are closed and sold off or in waiting position to be so and to be further developed by private developers. In addition to this, four hospitals are planned to be sold within the coming years as their functions will be transferred to the new Super Hospitals (Pabst 2018).



Fig. 3.1 - Existing functioning hospitals



Fig. 3.2 - Existing hospitals that are transformed into Super Hospitals



Fig. 3.3 - New built Super Hospitals



Fig. 3.4 - Hospitals transformed into smaller Health Centers



Fig. 3.5 - Hospitals to be closed as a result of the establishment of the Super Hospitals



Fig. 3.6 - Already closed hospitals and demolished hospitals as a result of the establishment of the Super Hospitals

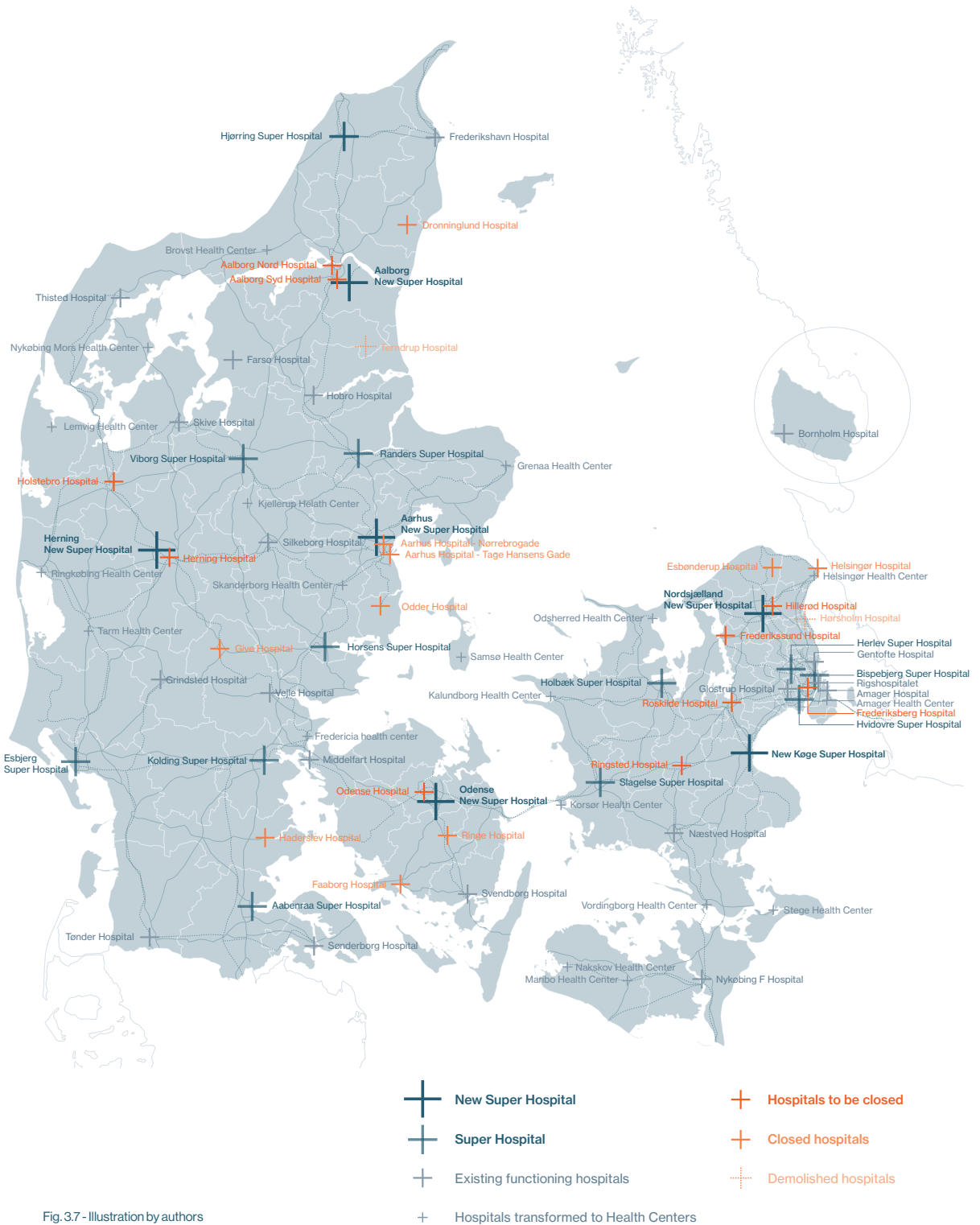


Fig. 3.7 - Illustration by authors  
 Source: Pabst, Brian and Sundhed.dk

The Super Hospitals are one of the biggest building projects in Danish history with an estimated cost of 40 billion DKK (Hoe 2019). The opening of the Super Hospitals has in many cases been delayed. In addition to this, many of them have already exceeded the planned budget. To make up for this, the hospitals will have to cut down on basic functions such as wards, ventilation, and kitchens. Furthermore, it is hard to imagine that this will not also cause savings on the fundamental health care, once the Hospitals open (Hoe 2019).

The development of the Super Hospitals will increase the distance to an emergency room - especially for the population living in the outskirts of Denmark.

The new Super Hospitals create an illusion of dealing with every aspect of care, by being super efficient and specialized. However, by centralizing health care, the community functions that create a caring urban environment beyond health care are not taken into consideration.



Fig 5.1 - construction



Fig 6.1 - visualization



**Aalborg Super Hospital**



Fig. 5.2 - construction



Fig 6.2 - visualization



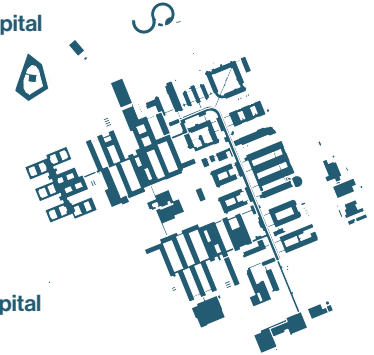
**Hilerød Super Hospital**



Fig. 5.3 - construction



Fig 6.3 - visualization



**Aarhus Super Hospital**



Fig. 5.4 - construction



Fig 6.4 - visualization



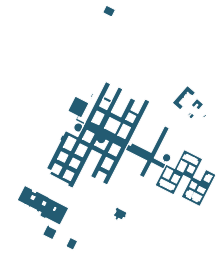
**Køge Super Hospital**



Fig. 5.5 - construction



Fig 6.5 - visualization



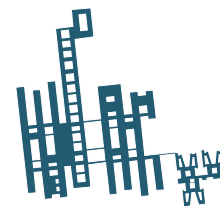
**Herning Super Hospital**



Fig. 5.6 - construction



Fig 6.6 - visualization



**Odense Super Hospital**

1:20.000

## SOCIETAL THEME POTENTIALS FOR VACANT HOSPITALS AS CARING COMMUNITIES

The paradigm shift in health care is leaving 19 spaces of former hospitals in a position to be developed. This project will work with these spaces with a point of departure in the legacy of health care transferred into a broader perception of care.

The analysis of the 19 vacant or soon to be vacant hospitals shows that four hospitals have already been developed and are currently being transformed and four hospitals have a finished development plan. Seven hospitals are in the process of development by either being for sale or being in the process of making a development plan. Four hospitals are planned to be developed in the future but have not been put up for sale yet.

The 19 hospitals vary in size and relation to the urban environment. The majority of the hospitals are smaller and located within an urban context where it has been impossible to expand.

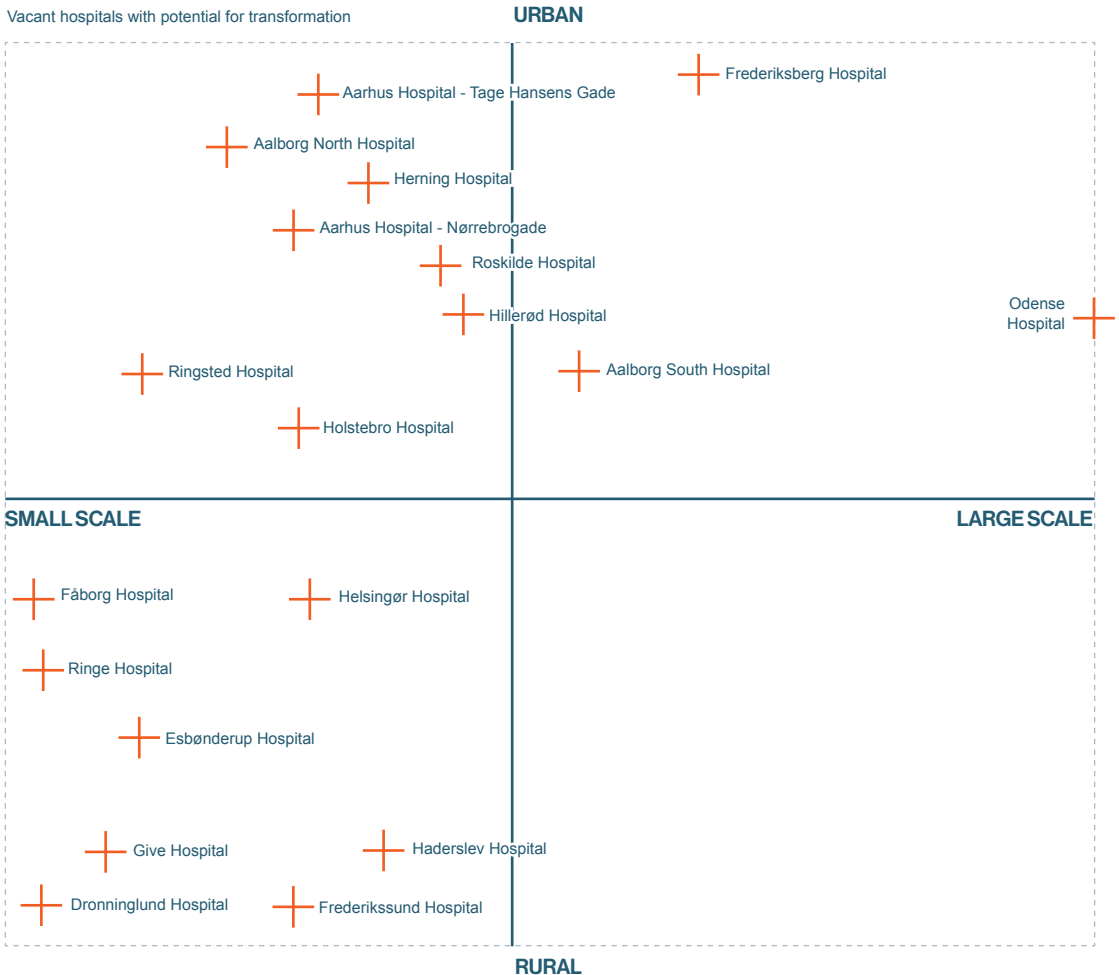


Fig. 7.0 - Illustration by authors

## UNDER CONSTRUCTION



Fig. 8.1 - Aarhus Hospital - Nørrebrogade



Fig. 8.2 - Faaborg Hospital



Fig. 8.3 - Helsingør Hospital



Fig. 8.4 - Esbønderup Hospital

## DEVELOPMENT PLAN FINISHED



Fig. 8.5 - Holstebro Hospital

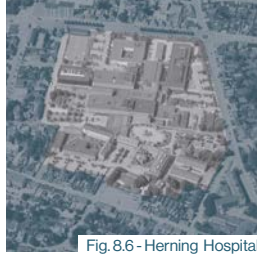


Fig. 8.6 - Herning Hospital



Fig. 8.7 - Aarhus Hospital - Tage Hansens Gade



Fig. 8.8 - Givø Hospital

## DEVELOPMENT IN PROCESS



Fig. 8.9 - Aalborg North Hospital



Fig. 8.10 - Dronninglund Hospital



Fig. 8.11 - Haderslev Hospital



Fig. 8.12 - Ringø Hospital



Fig. 8.13 - Ringsted Hospital



Fig. 8.14 - Frederiksberg Hospital



Fig. 8.15 - Frederikssund Hospital

## FUTURE DEVELOPMENT



Fig. 8.16 - Aalborg South Hospital



Fig. 8.17 - Odense Hospital



Fig. 8.18 - Roskilde Hospital



Fig. 8.19 - Hillerød Hospital

# SOCIETAL THEME

## ANALYSIS OF VACANT HOSPITALS

### UNDER CONSTRUCTION

AARHUS HOSPITAL -  
NØRREBROGADE



Fig. 8.1

FAABORG HOSPITAL



Fig. 8.2

HELSINGØR HOSPITAL



Fig. 8.3

ESBØNNERUP  
HOSPITAL



Fig. 8.4

HOLSTEBRO HOSPITAL



Fig. 8.5



1:20.000

1:20.000

1:20.000

1:20.000

1:20.000



Context: Urban



Context: Suburban



Context: Suburban



Context: Suburban



Context: Suburban

Buildings pre 1950  
Buildings post 1950

Buildings pre 1950

Buildings post 1950

Buildings post 1950

Buildings pre 1950  
Buildings post 1950





DEVELOPMENT PLAN FINISHED

HERNING HOSPITAL

AARHUS HOSPITAL -  
TAGE HANSENS GADE

GIVE HOSPITAL

AALBORG NORTH  
HOSPITAL

DRONNINGLUND  
HOSPITAL



1:20.000

1:20.000

1:20.000

1:20.000

1:20.000



Context: Urban

Context: Urban

Context: Rural

Context: Urban

Context: Suburban

Buildings pre 1950  
Buildings post 1950

Buildings pre 1950  
Buildings post 1950

Buildings post 1950

Buildings pre 1950  
Buildings post 1950

Buildings post 1950



DEVELOPMENT IN PROCESS

HADERSLEV HOSPITAL



Fig. 8.11

RINGE HOSPITAL



Fig. 8.12

RINGSTED HOSPITAL



Fig. 8.13

FREDERIKSBERG HOSPITAL



Fig. 8.14

FREDERIKSSUND HOSPITAL



Fig. 8.15



1:20.000



1:20.000



1:20.000



1:20.000



1:20.000



Context: Rural



Context: Suburban



Context: Suburban



Context: Urban



Context: Rural

Buildings post 1950



Buildings post 1950



Buildings pre 1950  
Buildings post 1950



Buildings pre 1950



Buildings post 1950



FUTURE DEVELOPMENT

AALBORG SOUTH HOSPITAL

ODENSE HOSPITAL

ROSKILDE HOSPITAL

HILLERØD HOSPITAL



1:20.000

1:20.000

1:20.000

1:20.000



Context: Urban

Context: Urban

Context: Urban

Context: Urban

Buildings pre 1950  
Buildings post 1950

Buildings pre 1950  
Buildings post 1950

Buildings pre 1950  
Buildings post 1950

Buildings pre 1950  
Buildings post 1950



**SITE**



Fig. 90 - Aalborg North Hospital



Fig. 10.0 - Illustration by authors



Nørresundby

Stigsborg

new developed harbour front

harbour bath

Utzon center

Aalborghus castle

500m

750m

shopping center

shopping center

library

medieval city center

Musikkens Hus

Østre Havn

Nordkraft culture house

Østre anlæg park

Tulip slaughterhouse

Karolinelunden

Vesterbro

Godsbaneearealet

Øgade Kvarteret

## SITE AALBORG NORTH HOSPITAL

Aalborg North Hospital consists of different building typologies that tell a story about the functions and aesthetic of health care through time. They reflect how the technical possibilities and requirements for health care buildings have changed in Denmark in the past 150 years. The site is a central part of many local people's lives, where important life events from birth to death have taken place. It carries a story as a place of care.

The hospital functions will be moved to the new Super Hospital currently under construction in Aalborg East. This is largely due to the reform from 2007 and changes in technological development and centralization. This leaves the large area facing a transformation from hospital to a new city district.

In 2021 the municipality sold the site to the private developer Nordud A/S who is currently facilitating a vision competition for the area that is planned to be published in May 2022 (Nordud 2022).

### EXISTING SITUATION

+ Ground area	→	27,817 m <sup>2</sup>
+ Built area	→	9.969 m <sup>2</sup>
+ Plot ratio	→	173 %
+ Retail area	→	40.136 m <sup>2</sup>
+ Housing area	→	4.314 m <sup>2</sup>
+ Basement area	→	10.923 m <sup>2</sup>

Source: Nordud



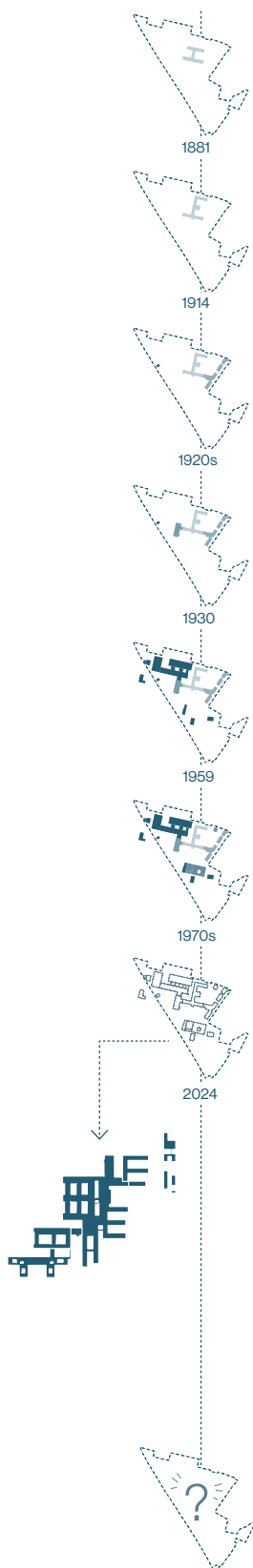


Fig. 11.1

## 1881 The old Hospital

The first hospital was built outside the medieval city in 1881. The hospital was built to secure access to light and air and with better hygiene than inside the city center. The wing in the south is the only part that has been preserved from the old hospital.



Fig. 11.2

## 1914 Municipal Hospital

In 1914 the new Municipal Hospital opened as an addition to the original hospital. The buildings were built in historicist style with yellow bricks. The funkis building that houses the maternity ward was built in the 1930s and has characteristic brick details. Many people from Aalborg are born here and it, therefore, carries a special identity.

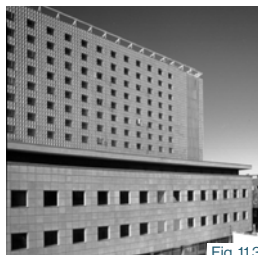


Fig. 11.3

## 1950-1959 Modernist Hospital

The modernist buildings from the late 1950s are examples of industrialized modernism. They are built in concrete with a characteristic facade in concrete tiles with different reliefs. They represent the technological development in health care from that period.



Fig. 11.4

## 2012 New Super Hospital in Aalborg

The new Super Hospital is located in Aalborg East outside the city in relation to the university. It is currently under construction and is planned to open in June 2022. It is 170,000 m<sup>2</sup> with 564 beds. It has cost more than 5 billion DKK with a huge exceeding in the price.



Fig. 11.5

## 2021 Aalborg North Hospital sold

In 2021 the Aalborg North Hospital was put up for sale and bought by the private developer Nordud for more than 200 million DKK.



Fig. 11.6

## 2022 Current competition

Nordud is currently facilitating a competition around the hospital and the area around. The competition is planned to be published on the 10th of May 2022.

## SITE AALBORG NORTH HOSPITAL / LOCAL SCALE

The site is located centrally in Aalborg in Reberbanskvarteret in the transition between Vestbyen and Hasseris to the west and the medieval city center to the east.

The northern part of the site is connected to Reberbansgade, a popular food street with many restaurants and cafés and a “quirky” identity. In addition to this, there is an entry point at the east connected to the small square Gåsepigen located at the main street Vesterbro.

The infrastructure is planned according to the hospital’s functions with cars circulating around parking lots and roads ending blindly in narrow pedestrian paths facing the back of the buildings making it difficult to navigate through the area.

The buildings on site are a mix of typologies ranging from the old hospital from the 1880s to the modernist buildings from the 1950s to the modern facilities. The high-rise building can be seen from most parts of Aalborg and is, therefore, an identity marker for the area and the city, but is as well causing the outdoor area to the north to be dominated by shadow.



Fig. 12.1 - The outdoor spaces are dominated by parking

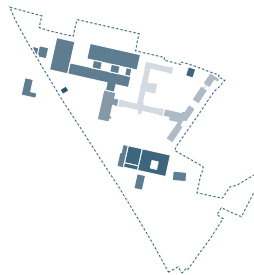


Fig. 12.2 - The site consists of different building typologies from different time periods

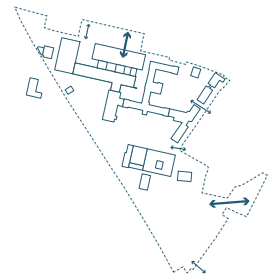


Fig. 12.3 - The two main entrance points to the site are Gåsepigen Square and Reberbansgade



Fig. 12.4 - The infrastructure is dominated by blind roads and narrow pedestrian paths



Fig. 12.5 - The site is characterized by heavy wind because of the highrise building

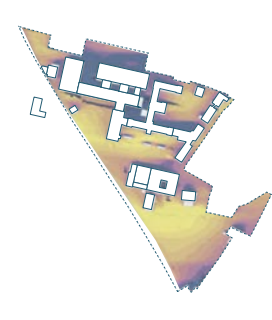


Fig. 12.6 - The highrise buildings are creating shadow in the northern part of the site



Fig. 13.0



Fig. 14.1 - Reberbansgade, Aalborg "food street"

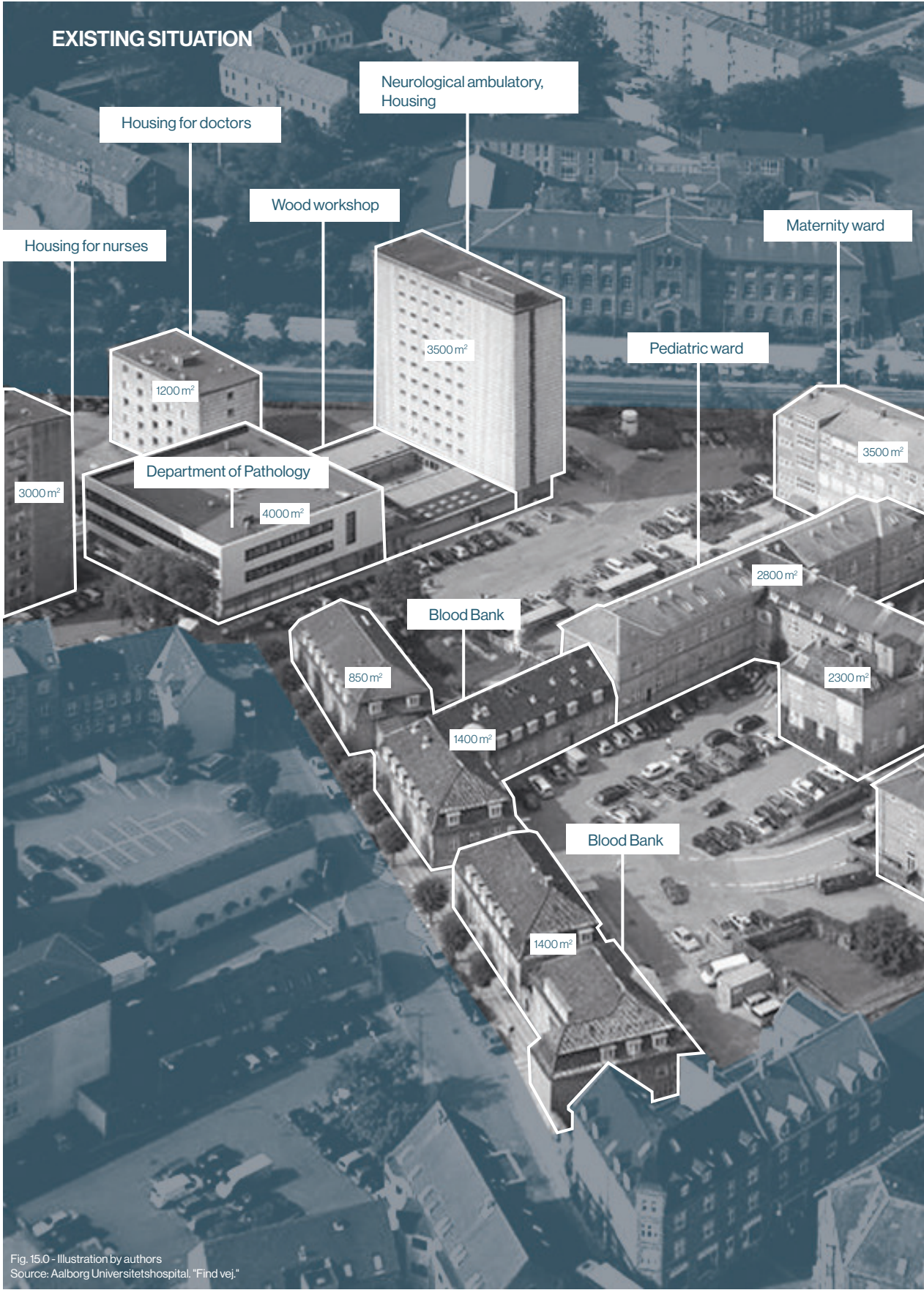


Fig. 14.1 - Vesterbro, main street in Aalborg



Fig. 14.1 - Gåsepigen Square, entrance to site

# EXISTING SITUATION



Housing for doctors

Neurological ambulatory,  
Housing

Wood workshop

Maternity ward

Housing for nurses

Department of Pathology

3500 m<sup>2</sup>

Pediatric ward

1200 m<sup>2</sup>

3500 m<sup>2</sup>

3000 m<sup>2</sup>

4000 m<sup>2</sup>

2800 m<sup>2</sup>

Blood Bank

850 m<sup>2</sup>

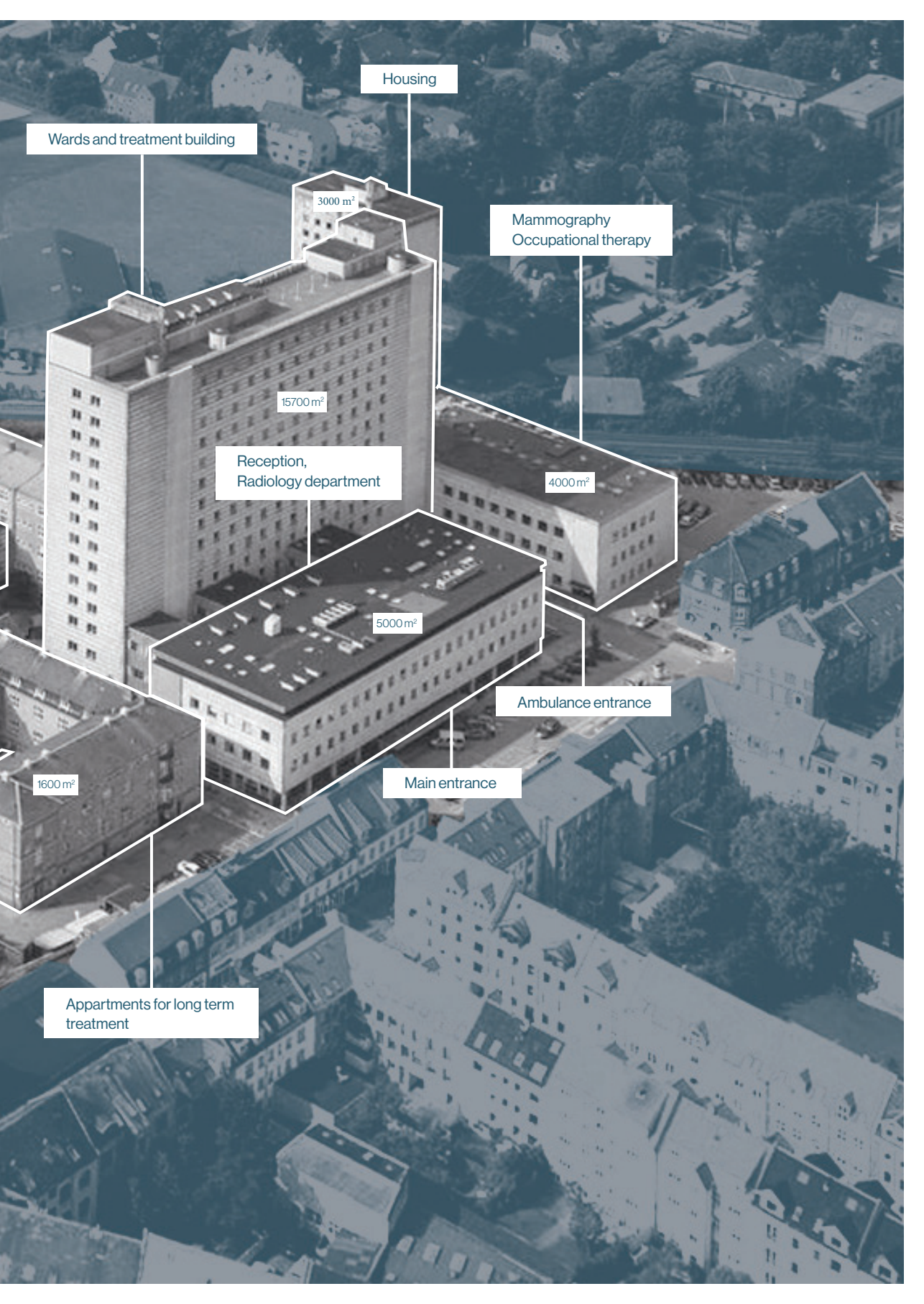
2300 m<sup>2</sup>

1400 m<sup>2</sup>

Blood Bank

1400 m<sup>2</sup>

Fig. 15.0 - Illustration by authors  
Source: Aalborg Universitetshospital. "Find vej."



Housing

Wards and treatment building

3000 m<sup>2</sup>

Mammography  
Occupational therapy

15700 m<sup>2</sup>

Reception,  
Radiology department

4000 m<sup>2</sup>

5000 m<sup>2</sup>

Ambulance entrance

1600 m<sup>2</sup>

Main entrance

Appartments for long term  
treatment

## SITE AALBORG NORTH HOSPITAL / BUILDING SCALE

The entrance building to the north will be the focus of the project on a building scale. It is well connected to Reberbansgade and the rest of the city and is the main entry point to the site. Today the building houses the reception, an x-ray department, surgery rooms and an entire floor for technical equipment. Three covered walkways are connecting the building to the highrise. Due to the highrise building, the building and the surroundings are dominated by a lack of sun.

The building consists of a concrete structure with concrete tiles as facade elements. Like the rest of the modernist buildings on site, the building is signified by a lack of care and maintenance.

### EXISTING SITUATION

+ Basement -2 (changing rooms)	→	1165,5 m2
+ Basement -1 (storage)	→	1833,2 m2
+ Floor 01 (reception)	→	1356,5 m2
+ Floor 02 (x-ray department)	→	1452,5 m2
+ Floor 03 (surgery rooms)	→	1464,7 m2
+ Floor 04 (technical)	→	978,4 m2
+ <b>Total</b>	→	<b>8250,8 m2</b>

Source: Nordud

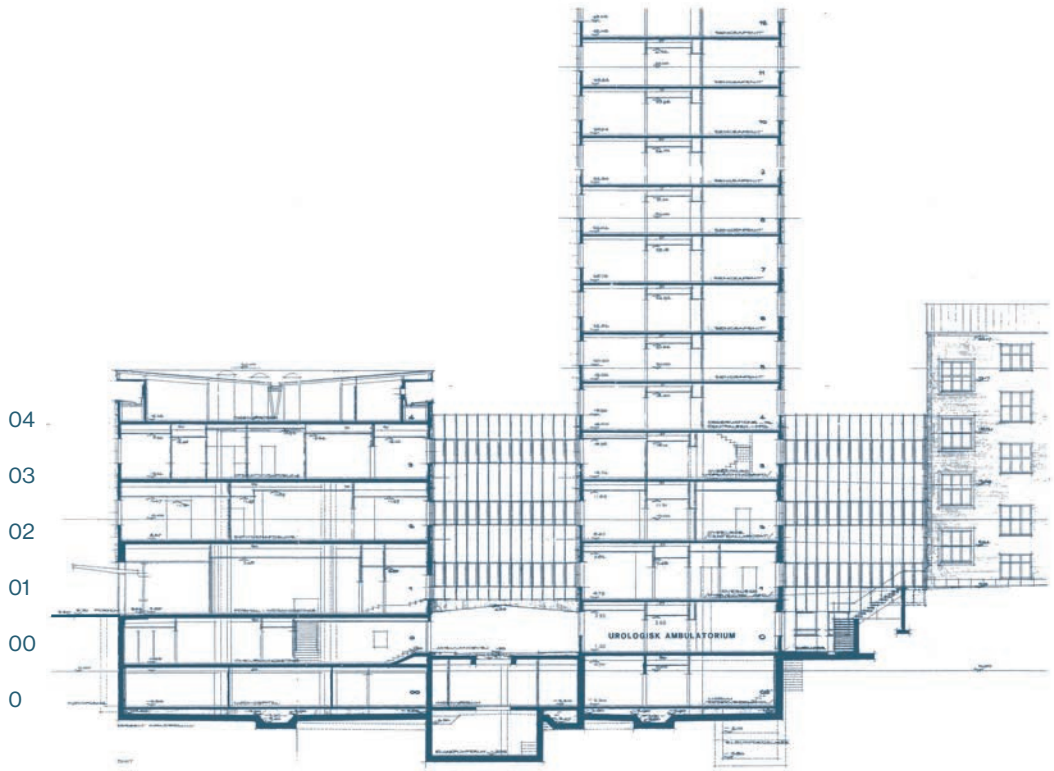


Fig. 16.1 - 1:500 section

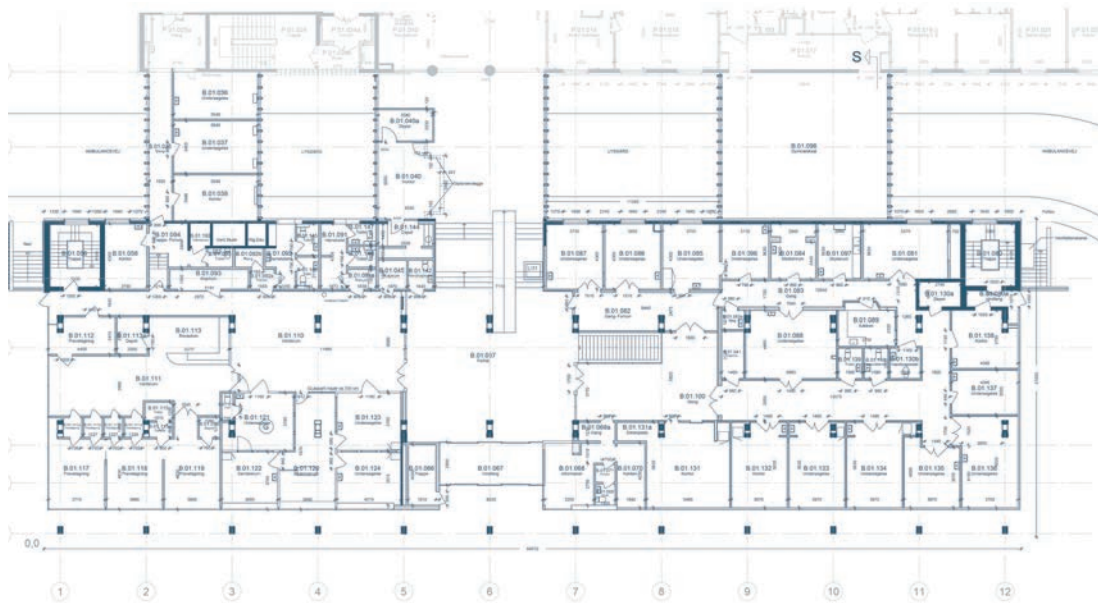


Fig. 16.2 - 1:500 plan



Fig.171 - Main entrance



Fig.172



Fig.173



Fig.174



Fig.175



Fig.176

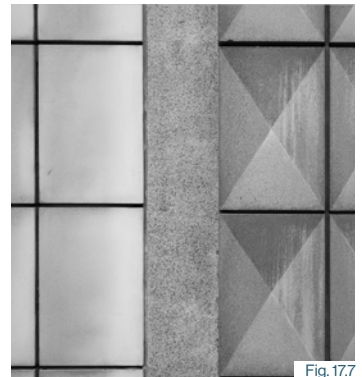


Fig.177





Fig. 18.1 - Entrance Hall, 1966



Fig. 18.2 - Concrete structure, 1955

**PROGRAM**



HOUS  
Colom

Fig. 190 - *Your Restroom is a Battleground*, Matilde Cassani, Ignacio G. Galán, Iván L. Munuera, Joel Sanders (2021). Scenarios of public restrooms exploring safety, accessibility, gender, age, race, religion, faith and disability.

## PROGRAM CARE BEYOND HEALTH CARE

This Diploma project contributes to expanding the perception of care to not alone concern health care, but as well mental care, care for the marginalized groups of society, and care for the climate and the limited resources.

Care should not be viewed as an isolated element that only concerns parts of society or one group alone. Care is complex and consists of an endless number of sub-categories that should be treated together as interlinked concepts.

In the written assignment we developed a method to examine care in different architectural cases. The method is based on six concepts of care: Public health, Preservation, and Adaptive reuse relating to physical care and Citizen involvement, Inclusion of marginalized groups, and Gender equality relating to social care (Hansen and Thomsen 2021)

On the opposite side are three examples from the written assignment of how the method can be used to examine the presence or lack of care in architectural cases.

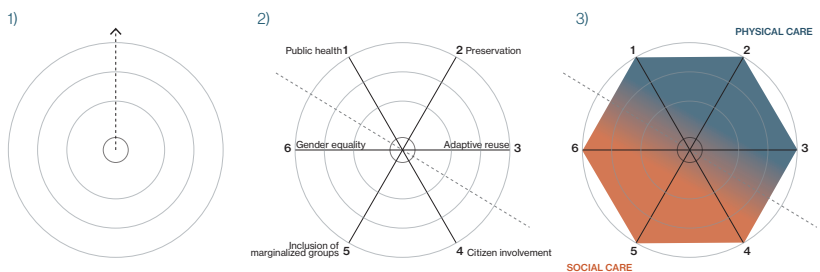


Fig. 201 - Illustration by authors

1. The circles indicate the amount of care - the closer to the outer circle, the higher amount of care. 2. The six concepts of care are represented in the outline of the circle. 3. An example of a case with a maximum level of care in all concepts, with an even focus on physical care (blue) and social care (red) (Hansen and Thomsen 2021).



Fig. 20.2

### Nordkraft, Aalborg

A former heat and power station, was transformed into a culture house. The building is in many ways left with its raw expression exposing the concrete structure, rooted in the common identity of Aalborg as an industrial working-class city, but now opened up and inviting outsiders in sharing the story through the physical environment

The case focuses on Preservation (2) as a way of caring for our industrial history. The case also represent an example of Adaptive reuse (3) by transforming the existing built material into new functions.

Citizen involvement (4) is present in the final project as Nordkraft is today functioning as an involving public cultural institution (Hansen and Thomsen 2021).

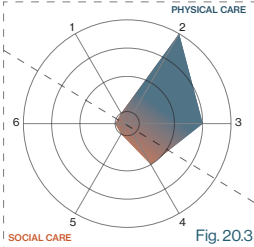


Fig. 20.3



Fig. 20.4

### Dannehuset, Copenhagen

Dannehuset is a historical building originally functioning as a house for poor female workers. It was occupied by a group from The Women's Movement and they restored it to become a crisis center run by women.

The case represents a degree of all the six concepts of care. On the physical level, Adaptive reuse (3) is represented by a transformation of an existing building. In this process Preservation (2) of our common history is cared for, while Public health (1) is present due to the care for upgrading the physical standards of the building.

Social care in the shape of Citizen involvement (4) is represented as the citizens claiming care through activism. Inclusion of marginalized groups (5), as well as a focus on Gender equality, is represented by the project being a Crises center for women. (Hansen and Thomsen 2021).

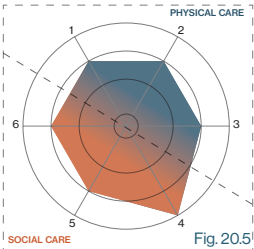


Fig. 20.5



Fig. 20.6

### Buens Torv, Copenhagen

Buens Torv is a temporary project under Bispeengbuen created in a dialog with local girls and young women. Initial research showed that only 15% of the people hanging out under the bridge were girls, even though the percentage of girls and women passing by the area is 50%. The physical interventions to respond to these challenges were to add wayfinding to increase the level of safety, an art installation, and a greenhouse that gives identity and invites for more intimate interactions.

The case focuses on Gender equality (6) by being an example of a public space designed to attract more young girls and women. The process focused on Citizen involvement (4) by including young girls in the design of the space.

Inclusion of marginalized groups (5) is a consequence of designing for women, which leads more space for vulnerable groups of all kinds (Hansen and Thomsen 2021).

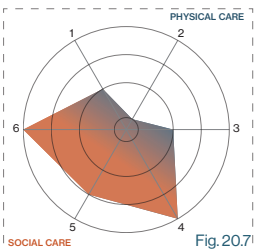


Fig. 20.7

The six concepts should be viewed as a way of broadening the perception of care. With these concepts as a base, this project aims to develop a strategy for transforming the vacant hospitals into Neighborhoods of Care, depending on their different points of departure, relation to the landscape or urban area, and social context.



Fig. 11 - Traditional perception of Care

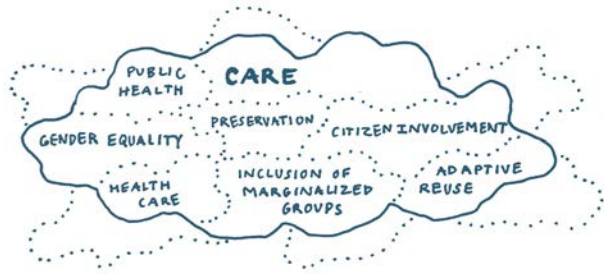


Fig. 12 - Care as a complex concept

## CONCEPTS OF CARE

## SPATIAL INTERVENTIONS

### PHYSICAL CARE

#### PUBLIC HEALTH

- + Redevelop into a level of livability
- + Investigate conditions harmful to health
- + Add light and air
- + Demolish buildings that are harmful to health
- + Create green recreational areas
- + Gouge light wells into buildings with great depth

#### PRESERVATION

- + Keep the historical/physical identity
- + Preserve as much as possible when redeveloping
- + Take advantage of former hospital facilities
- + Preserve architectural identity markers

#### ADAPTIVE REUSE

- + Transform with the possibility of future societal change in mind
- + Preferably keep the load bearing structure
- + Use reversible building design
- + Reuse materials on site

### SOCIAL CARE

#### CITIZEN INVOLVEMENT

- + Establish a process where the local citizens are involved through the process
- + Facilitate a transparent process
- + Include citizens through town hall meetings, steering committees etc.
- + Establish a development office on site

#### INCLUSION OF MARGINALIZED GROUPS

- + Investigate local stakeholders including marginalised groups and listen to their needs
- + Facilitate a co-creating process to create ownership
- + Develop in dialog on site

#### GENDER EQUALITY

- + Take different user groups in mind when planning/designing
- + Establish supportive community functions
- + Focus on accessibility and safety

## NEIGHBORHOOD OF CARE

### Site-specific housing functions

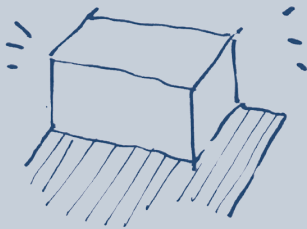


In the cases where the vacant hospitals are not yet developed or do not have a development plan, there is a potential to suggest large-scale area development with care as a central value - A Neighborhood of Care with a focus on site-specific housing functions. Examples of housing programs could be affordable housing, housing for the elderly, co-housing, homeless shelters, women's shelters, etc. The program of the neighborhood varies according to the potential of the built environment and the society they are a part of.

The programs could be developed with inspiration from the adaptive reuse transformation project Cité du Grand Parc and the feminist planned city area Frauen-Werk-Stadt.

## HOUSE OF CARE

### Site-specific community functions



The vision for the House of Care is to establish site-specific community functions in the vacant hospitals. Examples could be a citizen's office where it is possible to participate in the development of the area, volunteer activities, a public café for locals and residents to meet, etc.

The House of Care can vary in size - from a transformation of an existing building in the areas that are not yet developed to a small-scale pavilion as an addition in the already developed areas.

The House of Care could be developed with inspiration from the informal and social atmosphere of Folkehuset Absalon or the multiple and mixed community functions in Diakonissestiftelsen.

## SMALL INTERVENTIONS OF CARE

### Site-specific social functions



The hospitals that are far along in their development have the potential for smaller interventions with site-specific social functions. These could be developed through participatory design facilitated in the citizen's office. Examples of interventions could be elements for everyday use for the residents and locals such as benches, playgrounds, and green pockets that invite different user groups of all ages and genders. It could as well be site-specific care facilities that relate to the challenges of the local society such as a supervised drug consumption facility or shared space for refugees.

The Interventions of Care could be developed with inspiration from the socially inclusive and participatory pavilion project Enghave Minipark and The Red Van, a mobile clinic providing safe facilities for sex workers with the slogan Rights Not Rescue.





Fig. 211 - Frauen-Werk-Stadt



Fig. 212 - Cité du Grand Parc



Fig. 213 - Diakonissestiftelsen



Fig. 214 - Folkehuset Absalon



Fig. 215 - Enghave Minipark



Fig. 216 - The Red Van

## PROGRAM VISION / NEIGHBORHOOD OF CARE IN AALBORG

The strategy for the transformation of vacant hospitals will be tested in the soon-to-be-vacant Aalborg North Hospital. The vision is to transform this area into a Neighborhood of Care housing approximately 1000 people. This will be done on a physical as well as social level with a base in the six concepts of care as an addition to health care.

### Physical care

This diploma project suggests to rethink the value of unused buildings and transform what is already here instead of building new as a way of showing care for the climate. On a strategic level, the former hospital buildings will be preserved as much as possible and be transformed in relevant places with a focus on reusing materials and with the possibility of changing the building in the future when new needs occur. This will be done with care for our physical environment, the existing network, and the inherited identity that the site carries.

### Social care

The site will be developed on a programmatic level taking different groups in need of care into consideration e.g. elderly, people living on the street, students, and vulnerable women.

As a part of the current development competition residents of Aalborg have been able to express their opinion and dreams for the area through meetings and an online platform. With Citizen Involvement being one of the six concepts of care, the functions of the building and outdoor spaces will be developed with a point of departure in the local's wishes for the future area.

We have translated the local wishes into specific housing functions based on the six concepts of care and the view on care as a complex matter concerning many different groups of society. The different building typologies and the facilities they offer will be a base for developing clusters for different types of housing.

### INITIAL DISTRIBUTION OF M<sup>2</sup>

+ Affordable housing for families	→	8-10.000 m <sup>2</sup>	} apx. 1000 residents
+ Community housing for families, elderly, young etc.	→	8-10.000 m <sup>2</sup>	
+ Crisis center for vulnerable women	→	2-3.000 m <sup>2</sup>	
+ Dorms for students	→	2-3.000 m <sup>2</sup>	
+ House of temporary living for elderly, students and migrants	→	3-4.000 m <sup>2</sup>	
+ Shelter for people living on the streets	→	500-1.000 m <sup>2</sup>	

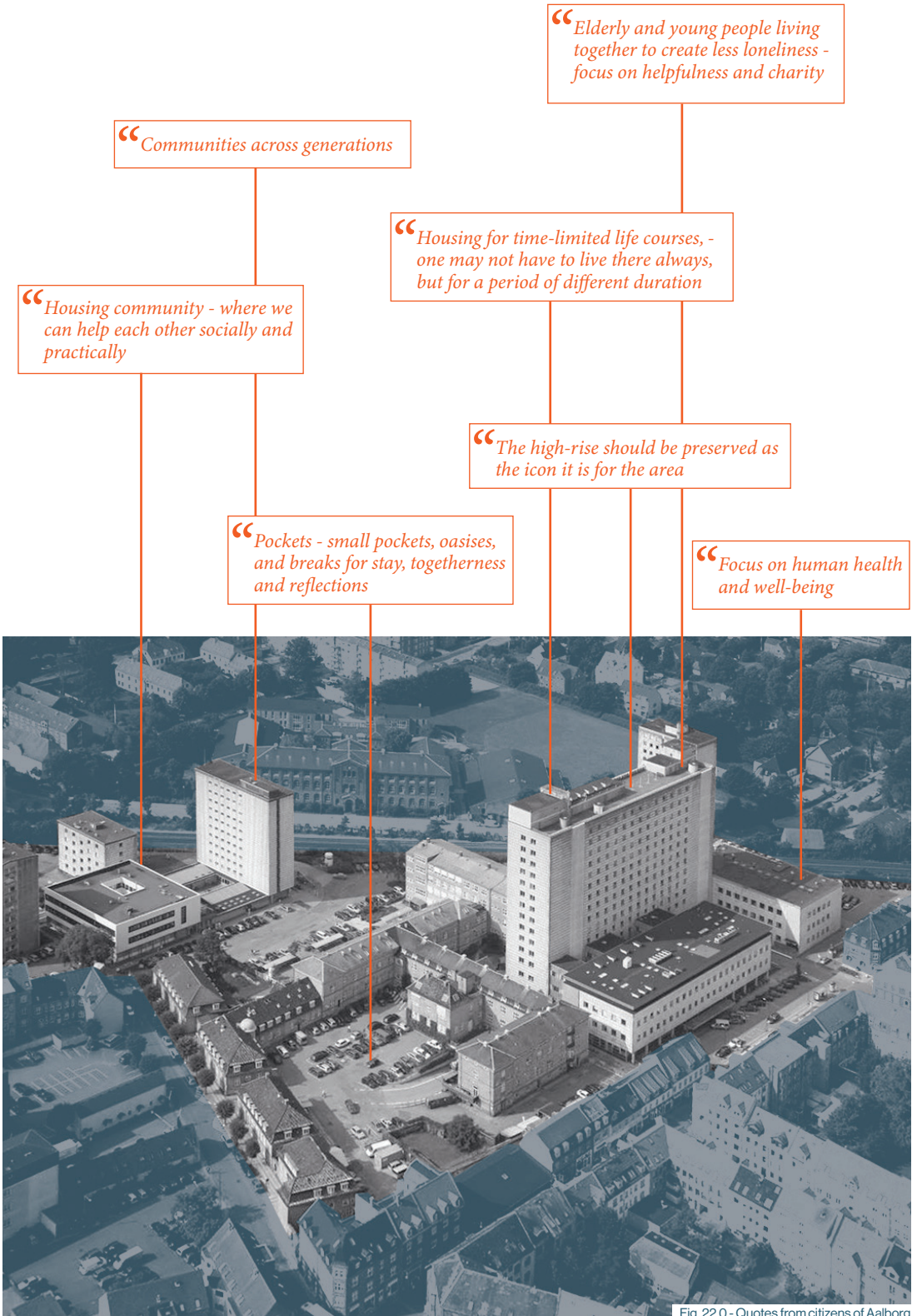


Fig. 22.0 - Quotes from citizens of Aalborg

## PROGRAM INITIAL SITE SKETCHES

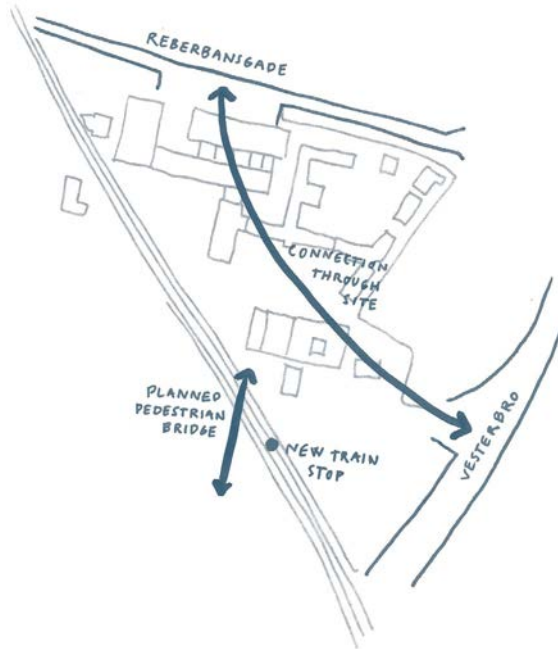


Fig. 23.1 - Connecting the two entry points, Gåsepigen at Vesterbro and Reberbanegade. Adding a new train stop next to the planned pedestrian bridge to increase accessibility.

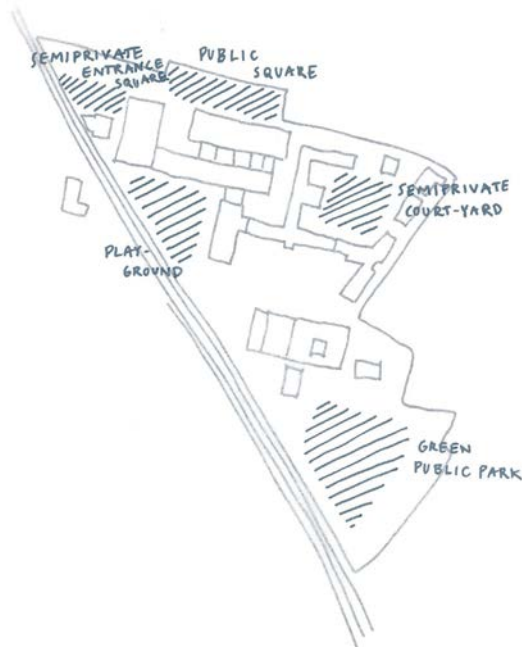


Fig. 23.2- Transforming the large existing parking areas into new shared spaces with zones ranging from public to semi-private.



Fig. 23.3 - The different building typologies and the facilities they offer will be a base for developing clusters for different types of housing

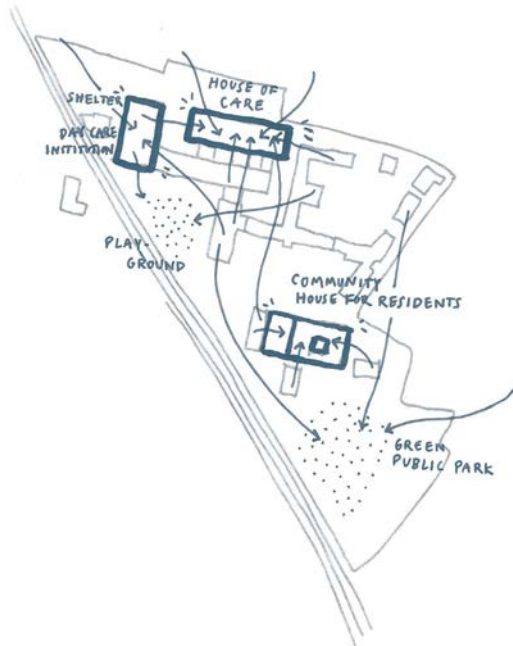


Fig. 23.4 - Public community functions will create a new interwoven flow of care on site

## PROGRAM VISION / HOUSE OF CARE IN AALBORG

On a building scale, this project will work on developing the House of Care where the different housing programs will meet and connect to the rest of Aalborg. The House of Care will facilitate the complex meeting point between different social groups in need of different types of care and at the same time care for the buildings that have been left empty. This will be done with a point of departure in social care and physical care.

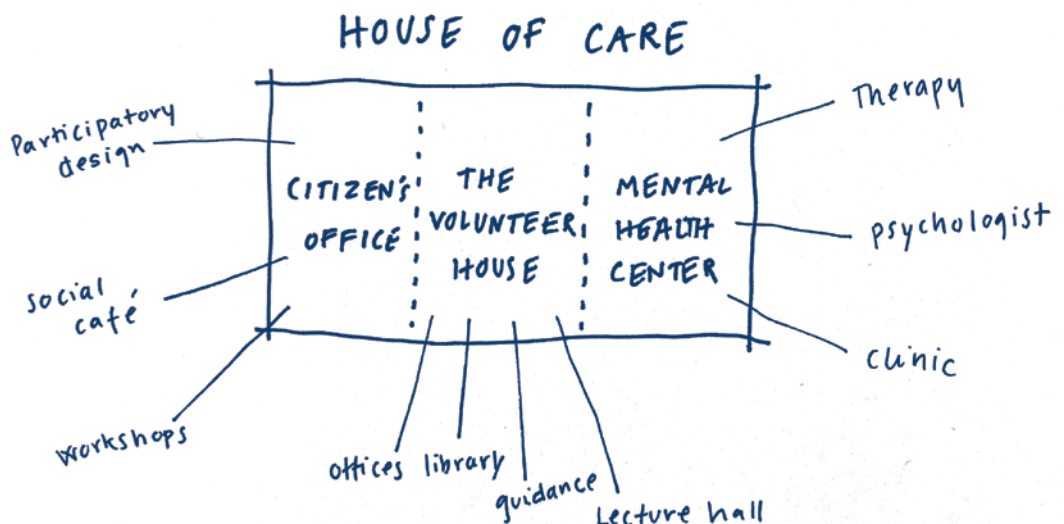
### Social care

The house will accommodate different programs that will share the facilities. One program will be 'The Volunteer House' which is an organization that works with initiatives for a range of groups in Aalborg - young, vulnerable, elderly, men, women, lgbt+ communities, etc. They facilitate volunteer work and create community and networks between different organizations working with vulnerable groups.

The building will also house a Citizen's Office, staffed with employees from the development department, where the locals can take part in the development of the area. This department will also house a public cafe, that can be used for residents as well as the rest of Aalborg.

In addition to this, the house will have a department for Mental Health that will house practitioners and The Social Emergency Room, which is an already existing organization in Aalborg. Here, people can drop by if they need someone to talk to who listens, supports, and guides.

It is the ambition that the House of Care can offer care facilities that go beyond the classic health facilities and help to lift some of the tasks that today lie within the hospital system - e.g. loneliness among both the elderly and young, failure to thrive, and mental challenges. In this way, the house and the neighborhood will function as preventive measures so that fewer become a part of the hospital system.



Initial concept sketch for House of Care  
Illustration by authors

“ *The spirit of the future area must be that it is an area where we will help each other* ”

“ *Functions and activities must be offered that cater for different citizens living in the mixed forms of housing* ”

“ *Increase the meeting between people, both in terms of mobility, but also in functions and activities* ”

“ *Move something like ‘The Volunteer House’ into the area* ”

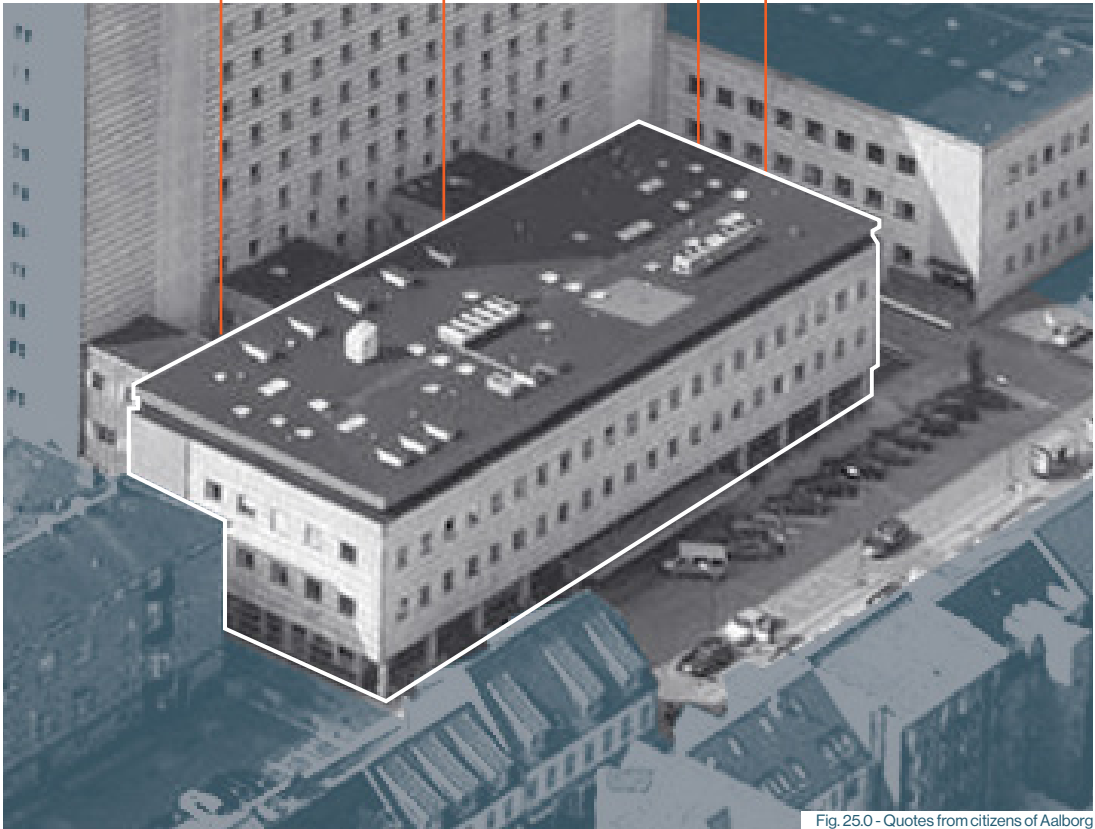


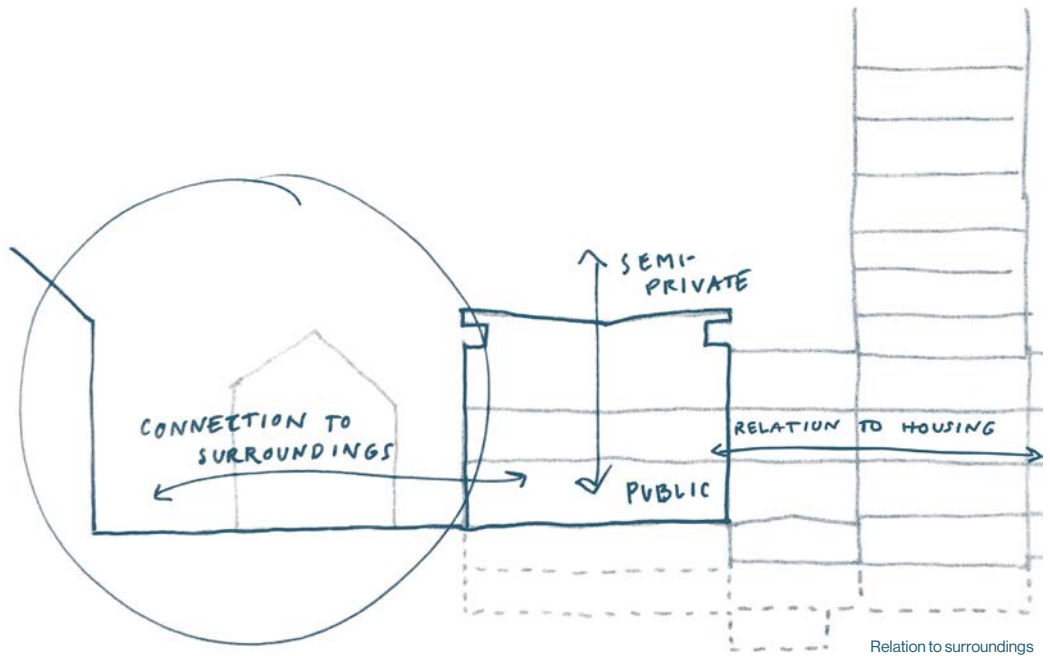
Fig. 25.0 - Quotes from citizens of Aalborg

### Physical care

The building has around 5000 m<sup>2</sup> on four floors and two basement floors in addition to this.

This project investigates how to work with the existing hospital facilities and the opportunities that they can give as guidelines for the design in the form of e.g. the ward structure, the big entrance hall, accessibility in the shape of elevators, and the direct access to the high-rise building. Furthermore, the project examines how to reuse materials from the existing building e.g. the load-bearing structure and the facade tiles as a way of caring for our climate and existing environment.

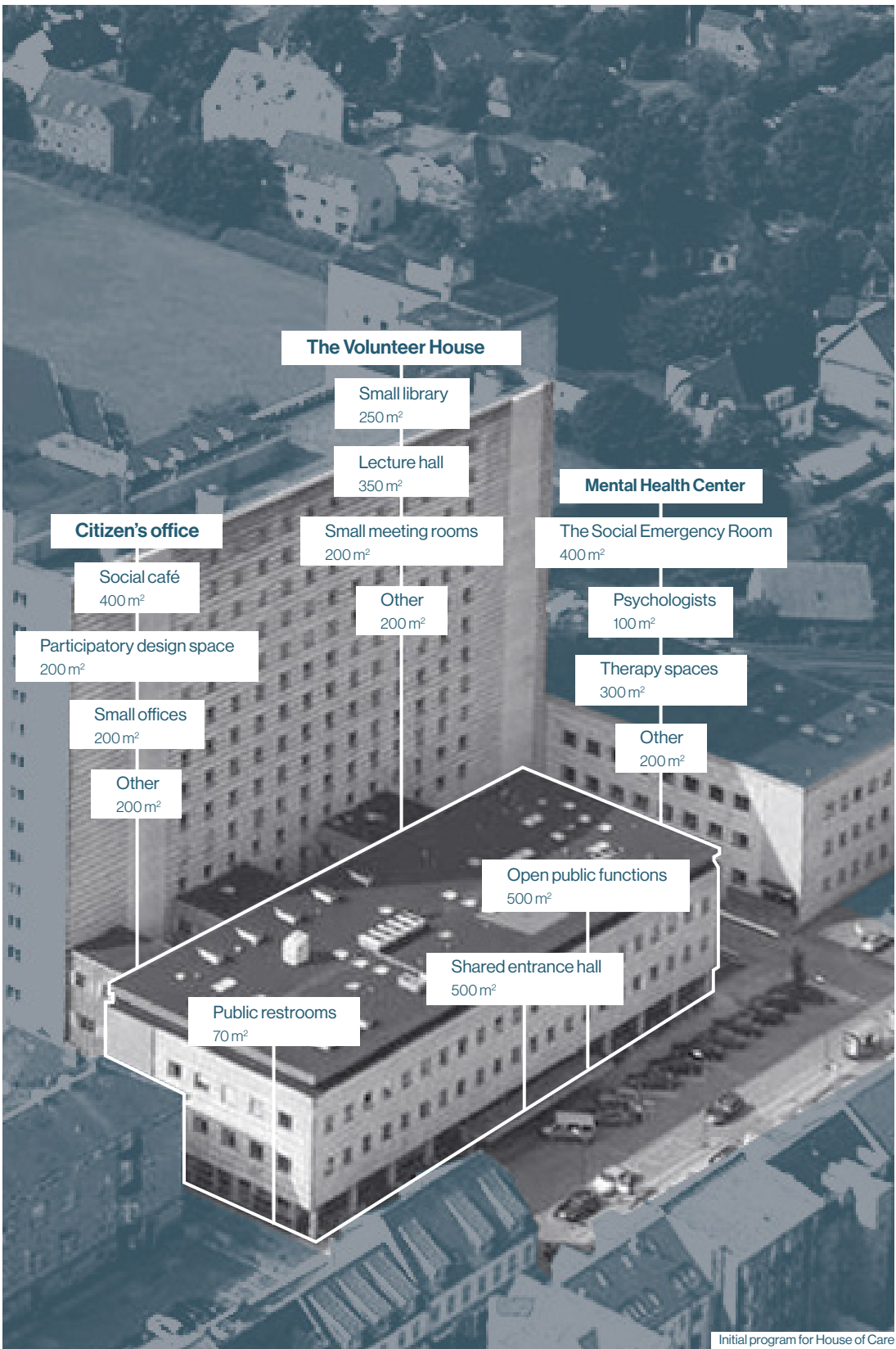
Architecturally, the House of Care aims to have an informal expression, that invites all kinds of people to enter without feeling stigmatized as people in need of help. This project will investigate architecture, that can support a caring environment, e.g. by working with atmosphere and lightning. The specific spatial interventions will be developed further in the process.



#### INITIAL DISTRIBUTION OF M<sup>2</sup>

+ The Volunteer House	→	1000 m <sup>2</sup>
+ The Citizen's Office	→	1000 m <sup>2</sup>
+ Mental Health Center	→	1000 m <sup>2</sup>
+ Technical facilities, open public functions, shared entrance hall, etc.	→	TBD





**The Volunteer House**

Small library  
250 m<sup>2</sup>

Lecture hall  
350 m<sup>2</sup>

Small meeting rooms  
200 m<sup>2</sup>

Other  
200 m<sup>2</sup>

**Mental Health Center**

The Social Emergency Room  
400 m<sup>2</sup>

Psychologists  
100 m<sup>2</sup>

Therapy spaces  
300 m<sup>2</sup>

Other  
200 m<sup>2</sup>

**Citizen's office**

Social café  
400 m<sup>2</sup>

Participatory design space  
200 m<sup>2</sup>

Small offices  
200 m<sup>2</sup>

Other  
200 m<sup>2</sup>

Open public functions  
500 m<sup>2</sup>

Shared entrance hall  
500 m<sup>2</sup>

Public restrooms  
70 m<sup>2</sup>

Initial program for House of Care

### **Strategic scale**

#### *Legacy of Care*

This thesis will develop an overall strategy for transforming and developing vacant hospitals through mapping and diagrams.

### **Urban scale**

1:1000 / 1:500

#### *Neighborhood of Care*

The strategy for vacant hospitals will be investigated further on an urban scale on the site Aalborg North Hospital. This will be done on a programmatic level to test the interlinked programs of care and the connections to the rest of the city.

### **Building scale**

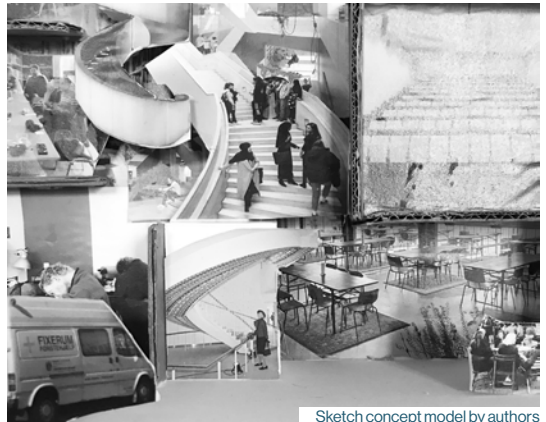
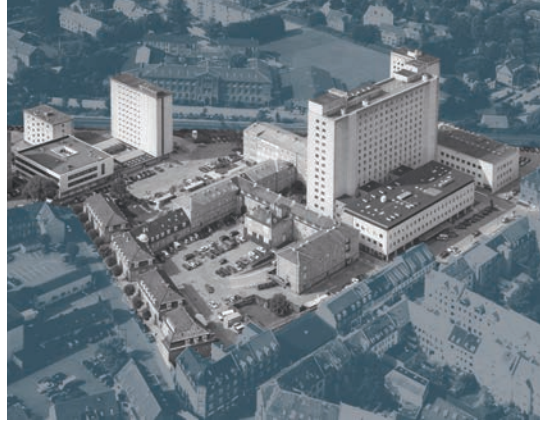
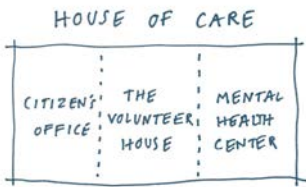
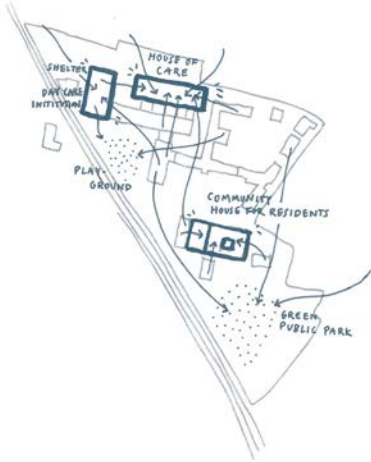
1:200

#### *House of Care*

The project will zoom in to one existing building on site to propose a programmatic as well as structural transformation with a focus on adaptive reuse.

#### *Interactions of Care*

Furthermore, smaller interventions and situations of care will be explored in model.



Sketch concept model by authors

## PROGRAM UN GOALS

This project will work with the “UN Sustainable Development Goals” as the underlying ideology to shape the architectural development.

### **Sustainable cities and communities**

The site of Aalborg North Hospital will be developed around concepts of inclusion and participatory design process to strengthen the efforts around sustainable urbanization.

### **Good health and well being**

The project addresses good health and well-being as a central value in urban environments by developing with care for people as a point of departure.

### **Climate action**

This project investigates already existing built materials and methods to transform and reuse instead of building new as a way of caring for the climate and environment.

### **Gender equality**

Giving attention to the existing and often overlooked gender inequalities in public space and health care is central in this project. The project will work with how to create an environment that cares for all people regardless of gender, ethnicity, social status, age, etc.



# CV

## **Nina Christine Hansen**

### Education

- 2015 - 2018 KADK, Institute of Architecture, Urbanism and Landscape
- 2020 - 2022 The Royal Academy - Architecture, Design, Conservation, Urbanism and Societal Change

### Work experience

- 2018-2020 Bark Rådgivning  
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- 2018 Secretariat of Area Renewal, Copenhagen Municipality  
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### Education

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- 2019 - 2022 Tegnestuen Vandkunsten  
Student employee
- 2019 Loerakker Olsson Architects  
Student employee
- 2019 Nobel Arkitekter  
Student employee
- 2018 Entasis  
Student employee
- 2018 Loer · Loerakker  
Internship

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## FIGURES

- Fig. 1.1 By authors
- Fig. 1.2 By authors
- Fig. 1.3 Source: Ring, L. A.. Maduddeling på Frederiksberg. 1887, Sorø Kunstmuseum, Sorø. Useum, [www.useum.org/artwork/Food-distribution-in-Frederiksberg-Laurits-Andersen-Ring](http://www.useum.org/artwork/Food-distribution-in-Frederiksberg-Laurits-Andersen-Ring).
- Fig. 2.1 Source: Dansk Sygeplejehistorisk Museum, edited by authors [www.dsr.dk/dshm/sygeplejens-historie/sygeplejens-historie-i-danmark/de-foerste-hospitaler-i-danmark-og-deres](http://www.dsr.dk/dshm/sygeplejens-historie/sygeplejens-historie-i-danmark/de-foerste-hospitaler-i-danmark-og-deres)
- Fig. 2.2 Source: Dansk Sygeplejehistorisk Museum, edited by authors [www.dsr.dk/dshm/sygeplejens-historie/dansk-sygepleje-i-150-aar/koebenhavns-kommunehospital-indviet-i-1863-0](http://www.dsr.dk/dshm/sygeplejens-historie/dansk-sygepleje-i-150-aar/koebenhavns-kommunehospital-indviet-i-1863-0)
- Fig. 2.3 Source: Hotal Vejlefjord, edited by authors [www.hotelvejlefjord.dk/om-os/vejlefjords-historie/](http://www.hotelvejlefjord.dk/om-os/vejlefjords-historie/)
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- Fig. 2.6 Source: Altinget, Credit: Bjarke Ørsted, edited by authors [www.altinget.dk/artikel/reformen-der-forandrede-danmark](http://www.altinget.dk/artikel/reformen-der-forandrede-danmark)
- Fig. 3.1-3.7 By authors, source: Pabst, Brian. "Supersygehuse skyder op: 18 lokale hospitaler er lukket." Faglige Seniorer. 13/09-2018. [www.fagligsenior.dk/2018/09/13/supersygehuse-har-koestet-18-hospitaler-livet/](http://www.fagligsenior.dk/2018/09/13/supersygehuse-har-koestet-18-hospitaler-livet/).
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- Fig. 4-0 Source: Hansen, Bodil Helbech and Lasse Vej Toft, edited by authors [www.kl.dk/media/7417/t2eindjfqfntfhkwvni.pdf](http://www.kl.dk/media/7417/t2eindjfqfntfhkwvni.pdf)
- Fig. 5.1-5.6 Source: Skråfoto, Kortforsyningen, 22/11-21, edited by authors
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