

Rebecca Lewis brings nationally-recognized medical design expertise to small and isolated communities, represents AIA in creating healthcare design codes for projects across the country, and leads the profession to improve wellness in rural America.

Rebecca Lewis believes that people living in small towns, tribal communities, and in remote areas deserve the same access to superb healthcare as those living in large cities. By becoming immersed in local culture, extended site visits, and the use of electronic communication technologies, Rebecca overcomes barriers of distance to achieve extraordinary levels of user input and community trust in her design process. She shares her healthcare expertise and design process with the profession and develops state-of-the-art codes for the design of small in-patient facilities and outpatient clinics nationwide.

A Nationally-Recognized Advocate for Rural Healthcare

Rural healthcare is an often misunderstood and under-served practice area for architects. In lectures and web-based seminars for practitioners, Rebecca argues, “one size does not fit all” and shows how to adapt urban healthcare design codes to the reality of rural healthcare project needs and budgets. Through tangible examples, she shows how rural medical facilities can become community centers motivating wellness, building confidence in the health system, and encouraging preventative medicine.

Preserving Communities and Culture through Wellness

Rebecca’s practice is rooted in listening to the subtle differences of locality and culture to promote wellness. For example, she works with the Fort Peck Reservation in Montana designing a “well clinic” that promotes long-term health maintenance within the Assiniboine & Sioux community. By creating clinics that are also community centers, her projects help elders engage and live longer as they pass down their language and culture.

Located in twelve small communities in Minnesota, the Diamond Willow Assisted Living cottages also exemplify Rebecca’s concern for community legacy and connection. The cottages feel like a home for a family of ten but are designed to match hospital standards. These standards allow for continuous residency throughout the aging process. Residents can live there for years and, if they require hospice care at the end of their lives, there is no need to move to another, possibly distant care facility. In their final days, the elderly can remain in their own community, sustained by nearby friends and family.

Building the Profession’s Rural Healthcare Expertise

Rebecca shares her focused expertise with the profession. Since 2003, she has served as the AIA Academy of Architecture for Health (AAH) representative to the Facility Guidelines Institute. This role requires active participation on the Health Guidelines Revision Committee. She leads as co-chair of the AIA-AAH Codes and Standards Forum, sharing new healthcare-related design standards to meet emerging and un-met needs in all types of healthcare facilities.

Rebecca represented AIA-MN on the Minnesota State Designer Selection Board bringing the profession’s voice to the design of five-hundred million dollars in projects for state university campuses and state buildings.

Rebecca led the American College of Healthcare Architects (ACHA) as president in 2008. During her tenure, she guided ACHA in achieving formal recognition from the AIA as an organization that provides specialty credentialing for healthcare architects. ACHA is the first organization of its kind to achieve such recognition from AIA.

Rebecca’s professional practice area builds a leadership role for architects in rural healthcare. The profession benefits from her 25 year commitment to creating the highest standard of healthcare design for everyone, no matter where they live.