Section I: "Globesity": A New Health Epidemic

Obesity has earned itself a position on the list of global health issues. With the World Health Organization (WHO) declaring a global obesity epidemic in 1998 (Horgen 95), statistics shows that within the last twenty years, obesity has become serious international crisis and continues to become increasingly widespread. Thus, it has been dubbed the phrase "globesity" ("England confronts"). The damage done by this chronic disease is not just apparent in international health; obesity's effects have seeped into economics, social behavior and lifestyle, politics and vice versa (Brownell 955). As a result, obesity is an international concern to be addressed.

International statistics show the rising of obesity at alarming rates. The WHO's latest statistical analysis of global obesity in 2005 confirm this. Approximately 1.6 billion people over the age of fifteen are overweight. Out of that number, 400 million of them are considered obese. Even more shocking are figures of worldwide child obesity in which 20 million children under the age of five years are overweight. It is estimated that by the year 2015, "2.3 billion adults will be overweight and more that 700 million will be obese" ("Obesity and overweight", WHO). With these numbers in hand, it is no wonder why obesity and its effects are so prevalent today.

Before looking at the worldwide impact of the obesity epidemic, it is important to clarify how it is defined and where its origins lie. The International Obesity Task Ford officially defines obesity as the "abnormal or excessive fat accumulation that may impair health" (IOTF). However, in further detail, the WHO, since 1997, has tried to condense the classification of obesity into uniform measurements. Overweight and obesity are based on the Body-Mass Index (BMI), the ratio of a person's weight and height (kg/m^2), which has become a helpful measuring tool for both males and females of all ages (James, "The Worldwide"). The BMI of 18.5 to 24.9

kg/m^2 is considered ideal for an adult eighteen years of age and older. Anything above 25 is overweight and above 30 is considered obese (Horgen 95). These numbers however, are only guidelines: because obesity affects various ethnic groups differently, the BMI will fluctuate between countries to accommodate for biological differences. However, the establishment of these figures is a stepping-stone in recognizing the obesity epidemic.

The cause of obesity is simple; an increased intake of energy and decrease in physical activity. In fact, "diet and nutrition along with life-style changes are recognized as the principal environmental component affecting …developing countries (Schmidhuber 15). But, what caused this change in diet? Where did this sedentary lifestyle first develop and how has it spread throughout the world? Although genetics account for 25 to 40 percent of a person's weight, the beginning stages of overweight and obesity lie within obesity's correlation to economics (James, "The Worldwide"). Since then, globalization has played its role in spreading obesity and its effects across boundaries and into developing countries.

The most important factor that initiated a change in diet within affluent countries occurred during the agro-industrial revolution in the nineteenth century (Schmidhuber 15). Modernization of agriculture, technological advances, and technique improvements all contributed to a growth of food production and a major decline in prices. Consequently, this played a key role in the transformation of diets in countries that experienced this growth. The industrialization of agriculture in developed countries finally began to transform developing countries in the 1960, enhancing their food production by similar means of agricultural improvements (Rashad 105). Although not all developing countries benefited during this time, many today enjoy better quality and affordable food, which, as a result, leading to higher food consumption.

In today's world, a great influence of consumer behavior is change in food distribution systems (Schmidhuber 18). For example, the introduction of supermarkets to developing countries has changed food retailing and distribution. In South and Latin America, supermarkets dominated approximately 60 percent the region's retail sector (18). The combination of more abundant food production and efficient food distribution in developing countries have obviously led to increase consumption of food. According to the IOTF, "as food companies watch incomes rise in the developing world, they are setting their sights on new markets. From Mexico to Morocco, the same foods that jeopardize health in wealthy countries are now tempting poor ones ("The nutrition"). Such is the case of obesity shifting from developed to developing countries.

Another obvious relationship between economics and obesity is change in food marketing, such as the food and beverage industries' advertisements, in which "persuading [children] to become consumers is a key goal" (Brownell 962). These big industries, such as McDonald's and Pepsi, have not only penetrated television, the web, movies, and even video games, they have also created a worldwide network influencing the environment and lifestyle of the entire globe aside from the western hemisphere. What is a greater concern is that "approximately 95 percent of the messages advertise foods sugared cereals, soft drinks, candy, fast foods, and high-calorie snacks" (963). Although this statistic pertains to the western hemisphere, these marketing techniques are evident in developing countries as well.

Food marketing and the growing food industry have together contributed not only to transforming diets, but it has changed consumer behavior. The simple fact that dinnertime preparations have diminished due to conveniences of fast food and full service restaurants explain this industry's growth (Rashad 106). Moreover, food marketing and its industry have significantly larger portion sizes, which also encourage high-energy consumption. America's

"super size culture", more specifically the fast food industry, has offered both significantly larger portions of high-energy foods. Furthermore the, "provision of larger portion sizes as a marketing technique, and the immediate availability of fast foods everywhere" easily translate to a tendency to eat more (James, "The Worldwide"). However, portion sizes in general, such as frozen dinners, individually packed snacks, and soft drink bottles, have influenced every-day portions to become larger. For example, in China people consumed "more high-fat and high-energy foods such as meats and processed foods…which in the past was usually considered a luxury" (Wang 83). Other countries followed suit.

Although the rise in caloric intake through the influences mentioned above contribute to the global increase in overweight and obesity, the effects due to lack of physical activity play an equally detrimental role. Before, physical activity was just part of life rather than an extracurricular activity. However, due to advance technology and economic development, new forms of work offer sedentary careers (Anderson 28). For one, the industrialization and mechanization of farm activities have reduced physically activity in this sector. Looking at China's growing economy, many farmers have left to live and work in urban areas where "people are employed in less labor-demanding occupations" (Wang 85). This, however, can be seen all over world, as 50 percent of the world population lives in cities ("The nutrition).

Job markets are not the only sectors that encourage a sedentary lifestyle. Urbanization, which, until recently, existed mostly in developed countries, has created an inactive environment and way of life, even in the developing world. In Sub-Saharan Africa and Asia "urban populations will be growing at an astounding rate of nearly 5% per year"; in Latin America "urbanization is expected to continue a rate of more than 2% annually" (Schmidhuber 17). According to Josef Schmidhuber, a member of the Food and Agriculture Organization of the

United Nations, urbanization "severs the traditional environment that affects family links and creates a new geographic, social and cultural environment that affects existing family structures and social cohesion" (18). An example of this new environment that encourages inactivity is the ease of public modes of transportation, allowing less daily exercise. Furthermore, with the cities becoming so dense in space, everything needed is conveniently within reach. Urban sprawl, a consequence of urbanization, has also increased the commute for suburbia into the city. Consequently, "government spending on roadwork and infrastructure may thus have an influence on the obesity rate by subsidizing sprawl" (106). All of these factors play a role in the embracing of a sedentary lifestyle.

Clearly obesity has become a worldwide epidemic, as its growth is parallel to economic growth and industrialization. However, on a more positive note, there is a whole industry that has emerged to counteract this battle, and that is the weight control industry. This industry is, however, more prevalent in developed countries. With pressures to be thin for men and women, this industry focuses on dieting and weight control (Horgen 95). One aspect of this industry is the explosion of fitness centers and diet centers. Another characteristic of the weight control industry is the surging variety of healthy foods from low-fat foods and snacks and zero trans fat products to low sodium meals at restaurants (96). Beverages that have health and well being benefits are also being promoted ("OBESITY: The fat").

To get a picture of the pervasiveness and seriousness of obesity, statistics show that "a higher body-mass index has been shown to account for up to 16% of the global burden of disease" and the fifth most common cause of disease (Hossain 215). Furthermore, although obesity is associated more with developed countries, it has tripled in developing countries in the past twenty years. And although countries continuing their traditional lifestyle are little affected

by this global issue, many developing countries are now overwhelmed with communicable diseases as well as obesity and its effects (215). According to the IOTF statistical analysis, obesity levels in South Africa are equivalent to that of United States, where one-third of men and one half of women are overweight or obese. Moreover "in Morroco 40 percent of the population are overweight, while in Kenya it is 12 percent. In Nigeria it is estimated that between 6 percent and 8 percent of people are obese" (Lichtarowicz). Along with obesity come other health problems and diseases.

Obesity has proportionally increased diabetes, a notably growing health problem itself. In fact, "about 90 percent of type 2 diabetes is attributable to excess weight (Hossain 215). The number of people with diabetes reached to 171 million in 2000. However, by 2025, obesity-related diabetes is said to reach 300 million, and three-quarters of that figure is expected to take in the developing world ("The nutrition"). Health problems generated by obesity are, however, not limited to diabetes. Cardiovascular disease, such as heart disease and stroke, is a major contributor to mortality rates, killing 17 million people each year ("Obesity and overweight"). Hypertension, certain cancers, including endometrial, breast, and color cancer, are also emerging at global health issues as a result of obesity. Philip James, a member of the IOTF states that "the greatest burden is borne by the poorer countries in Asia, Latin America and Africa, with these diseases being shown to affect particularly the poor, underprivileged sections of society. So chronic diseases, as well as obesity, affect the poor, especially those who have moved to live in the burgeoning slums of the big cities (41).

Today, both low- and middle-income countries are challenged with twice the burden of diseases: on one hand, diseases caused by obesity, on the other, diseases caused by hunger. There is a complex juxtaposition between obesity and poverty: "being poor in one of the world's

poorest countries is associated with underweight and malnutrition, whereas being poor in a middle-income country is associated with an increased risk of obesity" (Hossain 214). Certainly, an explanation of this phenomenon states that people with inadequate nutrition as an infant or child are more susceptible and vulnerable to developing these diseases, especially after exposure to high-fat, energy-dense foods and lack of physical activity in the adult life ("Obesity and overweight"). Another possible reason for this paradox is the availability of food. Schmidhuber states "at low income levels, the main thrust of change in one towards higher energy supplies whereby the additional calories come largely from cheaper foodstuffs of vegetal origins. This has been an almost universal development and seems to take place regardless of cultural, religious factors, food traditions or agricultural production patterns" (19). Both of these reasons are plausible in explaining the interconnection between obesity and hunger.

Obviously, measures need to be taken both nationally and internationally. There is, however, one controversial issue as to whether body weight should be an individual responsibility or whether businesses, economics and politics should intervene on this personal behavior in order to help rectify this epidemic. Because studies show that the environment is crucial in determining the quality of life, it is important for create a healthy environment that promotes good heating and physical activity for both children and adults (Brownell 960). Furthermore, obesity is not just an issue of vanity because it is a detriment to public health. Therefore, responses to obesity must be addressed on both a "macro" level and a "micro" level, to encourage both individual and social responsibility.

The main focus, as mentioned before, is to create a healthier environment that promotes healthy eating and physical activity. One way of doing so is by informing and education the population. For instance, the Federal Communication Commission in the United States require

broadcasters to show educating and informing programs at least three hours per week (Horgen 99). It is especially important to inform children as a way to prevent obesity from even starting. Another example lies in the United Kingdom as manufacturers, retailers and government organizations have taken action to promote a healthier image by establishing effective labeling schemes ("OBESITY: The fat"). Promoting a healthy living by urging consumers to eat better and become more active is addressing obesity at a micro level as it is meant encourage individual responsibility.

Quoted by Ania Lichtarowicz, of BBC, Philip James, the chair of IOTF believes that "the only way that [to] manage obesity is to get governments involved". Political involvement can be seen in the past, for example in the United States and Europe, when high cigarette prices and taxes were places to minimize smoking. There is also a proposal to tax foods, especially junk food, fast food, and foods with high caloric content, to subsidize healthy foods (Rashad 107). Other countries, such as Brazil, India and China, have started establishing programs to monitor obesity and nutrition (Hossain 215). This provides an idea of the capacity that national political regulation could possible extend to. It is obvious that, although obesity is an individual responsibility, government intervention to change an environment is needed and sometimes even welcomed.

A number of international groups and organizations have also attempted to address problems of obesity. These groups include the World Health Organization, the International Obesity Task Force, and the Pan American Health Organization, all of which face an immense challenge. In 2003 the Global Strategy on Diet, Physical Activity and Healthy, adopted by the World Health assembly, sought to change lifestyles as way of alleviating health issues of obesity. Within developing countries, the WHO also established intentions of regulations of school meals

as well as promotion for healthy living (Hossain 215). Further studies and analysis will also assist in the battle again obesity and its affects, as this disease is a new and recent epidemic. The WHO and FAO, in their 2005 report, plan to conduct research to further understand the nature of obesity by focusing on the "social and cultural factors influencing the development of disease" (James, Philip "The challenge" 43). Because obesity is a global epidemic, international organizations have taken it upon themselves to tackle this new challenge.

Clearly, obesity is increasingly prevalent in international health concern in both the developed and the developing regions of the world. It can be said that this new epidemic is a result of an imbalance of over consumption and lack of physical activity. Obesity can also be traced back to economic growth and industrialization. Due to obesity's worldwide spread, its consequential health problems, such as diabetes, hypertension, and cancer, have also become a growing issue in global health. Although there is the argument of whether obesity is an individual or a public responsibility, manufacturers, national governments and international organizations are all involved in address this global trend. Because obesity is a recent occurrence, there is still much more to do in order to address it. The importance in responding to this global is not for vanity; it is for the sake of the public health and a better way of life.

Section II: Obesity and England and Designers, Oh my!

In the twenty first century, the global population and its social, economic, physical environment have become extremely interrelated. From Section I, it can be assumed that a lifestyle of over consumption and inactivity has triggered the growth of obesity. England is a prime example of practicing this way of life. As a result, it has become a forerunner in one of world's major health crises: obesity. Moreover, this epidemic has also affected many industries

and professions including interior design. As the design field is faced with this new challenge, designers are not only affected by obesity, but they also must come up with solutions to help the cause.

In all of the United Kingdom, fifty percent of adults are overweight and twenty two percent are obese (Williams 62). England's population has fallen victim to obesity for several reasons. Like many countries, England has cultivated an inactive environment and lifestyle, due to technological advance such as conveniences of modern transportation and the efficiency of communication. Computers, Internet, cell phones and other forms of telecommunications also call for a less active work environment. Especially in a developed country like England, many jobs, where people are deskbound, provided with high-sugar and fat snacks at meetings, do not take lunch breaks, and work longer hours, hone this type of lifestyle outside of work as well. Many adults in this cyclic sedentary routine, feeling uncomfortable with daily physical routines, prefer to stay sedentary which encourages weight gain (Hill).

Children have also adopted this lifestyle, as they prefer videogames and watching television to playing outside or joining school or recreational sports. In fact, 8.5 percent of six year olds and fifteen percent of fifteen year old are obese (Coote). Another reason for an increase in obesity is an increase of energy and caloric intake, all of which was explained in Section I. To reiterate this point, increased consumption is also a result of bigger proportions as well as unhealthy snacks and foods. The explosion of fast food, soda, and junk food companies add to immensity of this epidemic. Especially the poor, who cannot afford healthier foods and are exposed to convenient fast food, are more likely to be overweight and obese ("OBESITY: The fat").

However, obesity is more than just a lifestyle issue; it is a medical condition and needs treatment (Williams 63). Britain has several organizations and plans to address this matter. For, example, because pediatric obesity is so prevalent in Britain, many schools have adopted efforts for children to promote a healthy and active lifestyle, therefore, preventing future obesity. Some of these efforts include providing healthier and more appetizing school meals (Coote). Vending machines for soda and junk food are also banned in some schools. Another change is the promotion of physical exercise in the schools' curriculums that are more appealing for children. The development of more spaces for children to play and do sports is also being implemented (Coote). According to Philip James, Chairman of the International Obesity Task Force, physical activity in children is often constrained by the lack of safe play areas, and walking and cycling routes immediately adjacent to homes…Pedometers, easy public access to gyms, parks and other facilities may all help" ("The challenge to movers and shakers" 3). Britain and other part of the UK have also joined with international forces to face this challenge. Government involvement will soon provide policies that readjust tax systems in response to farm subsidies, limit marketing of high-energy goods and drinks, the restrict expansion carry-out foods, and implementing more succinct food labels (James, Philip "The challenge to movers and shakers" 3). It is obvious that Britain is doing much to address the obesity trend.

Clearly, the effect of obesity is prevalent in all aspects if Britain's environment, culture, and people. It can also be said that the profession of interior design can affect all three of these elements of a country. As a result, obesity and interior design are equally interconnected. In England, interior design has been affected and has responded to obesity in three ways: through healthcare facilities, a surge of clinics as a new building type, as well as the increase of fitness centers and gyms.

With so many chronic health problems linked to obesity in addition to its already existing medical conditions, it is no surprise that the design of healthcare facilities have needed updating and adjusting. Whether they are newly built or remodeled, there is an increasing demand for healthcare facilities to accommodate larger patients. The number of obese hospital patients has nearly doubled between 1999 and 2004 (Thrall). Bariatric design, which is design to assist obese and overweight patients, is a growing concern to take into account when planning a hospital. According to Lynne Mueller, a clinical materials resource manager, "sixty-four percent of hospitals saw an increase in morbidly obese patients in 2004 compared with 2003" (Thrall).

Architects and designers believe that a bigger patient room is needed for obese patients as well as for the nurses' convenience. An additional one hundred square feet is recommended for patient rooms to accommodate for larger equipment, larger beds, and room for nurses on both sides (Thrall). A bariatric patient room also offers wider door and circulation clearance for convenient mobility as well as enlarging the shower stall to four feet by five feet. Rather than clustering the bariatric rooms together, they are instead scattered throughout the hospital. By keeping the dimensions proportional to a regular patient room and integrating them through location, the designer is able to provide for bariatric needs as well as keep their dignity by not singling out any patient (Thrall). For an interior designer, it is important to keep patients feeling better by making them feel safe and comfortable.

There is a fine line between furniture design and interior design, and bariatric design is where these two realms meet. Furniture and equipment is extremely important for accommodating a building's public assembly in ensuring comfort and functional as well as aesthetics. In addressing public areas of hospitals, new waiting room furniture is designed to endure five hundred to eight hundred pounds. In the patient rooms, bariatric furniture, such as

the bed and the seats are designed and engineered to withstand more weight. One example or such a product was designed by Hill Rom's, a global provide for healthcare solutions. The new "Excel Care ™ ES Bariatric Bed was designed to" safely and comfortably support patients weighing up to 1,000 pounds, while providing wound-prevention therapy and pressure-ulcer treatment" ("Hill-Rom"). Because obesity results in changes in the parameters of the human body, ergonomic products have adapted to these changes. Britain's hospitals have incorporated these sorts of products and interior design services as a response to the nation's escalating issue of obesity.

The emergence of a new building type was also a response to England's obesity epidemic. To help overweight and obese people overcome their condition, new clinics that perform research, analysis, and rehabilitation are now being created to provide for these types of services. England has experienced an introduction to several specialist centers for obese individuals seeking treatment (Tuthill). An example of such a clinic one located in England is the Institute of Health Science and Social Care Research. In clinic centers, such as this one, individuals attend weight loss and weight management programs. Furthermore, participants fill out questionnaires for researches to collect data and analysis. These clinics do more that address obesity; they also handle anxiety and depression, eating disorders, body image, and most importantly, one's quality of life (Tuthill). Treating obesity as a medical condition rather than a social lifestyle, interior designers in England and the United Kingdom have provided a facility specific to the needs of this global issue.

One final response of interior designers and architects to the growing obesity trend is the rise of another type of building: gyms, more specifically, gyms for children. This is a response to Britain's preventive efforts to promote a healthy lifestyle, especially for children. Case in

point is the Kids Gym at the Magnum Leisure Centre and its "mission to encourage even the littlest of little 'uns to embrace a healthier lifestyle" (Pidd). Although the idea of gym for children sounded unnatural for the locals, it is specially designed in aesthetics, function, and equipment for children. For example, the interiors are colorful with purple and orange corridors and spaces and rooms have incorporated disco, pop music and modern culture (Pidd).

These gym facilities include workout equipment specifically for children. For example, resistance of weight lifting machines for smaller limbs, as they are more prone to tearing and damage. Furthermore, the "equipment is specially designed with small bodies in mind and aims to promote movement, balance, and coordination rather than sinister baby bodybuilding" (Pidd). There are also instructors who teach proper form and technique to avoid future injuries. Instructors also instruct group activities such as gymnastics, dodge ball, and hopscotch. These gyms provide a healthy environment not only by encouraging physical activity and health eating, but it also by eliminating televisions with MTV pop stars, celebrities, and models, encouraging positive self-image. Interior designers in England have created a facility that will help and prevent possible outcomes of obesity.

As interior designers, regardless of what country it is, have a responsibility to the world and its issues. England's designers have found new ways to help the global issue of obesity through renovations and improvements to healthcare facilities. Also, through the development of new building types, such as the specialty clinics and gyms mentioned before, interior designers have played an active role in addressing obesity. As England is becoming one of heaviest countries in Europe, obesity's prevalence has affected many aspects of the country, including interior design. As a result, designers and architects have fought back to help the country in any

way it knows how: through design, function, and aesthetics, improving or working to improve the quality of life.

Section III: Interior Design Goes Global

The goal of an interior designer is to improve the quality of life and protect the public's health, safety and welfare. Aside from interior design's response to obesity in England by improving the functionality of healthcare facilities and by providing new building types for research and rehabilitation as mentioned in Section II, interior design has responded in other various ways. In applying interior design's goal to obesity, this profession has attempted to improve the quality of life by enhancing the physical environment that the population inhabits. In collaboration of architecture and landscape design, these three realms of design meet in order to address the pressure problems of obesity on a global scale.

Although obesity is a medical condition, it is, as a result of its interconnection with social and cultural factors, a social issue as well. Therefore it is important to stress the importance "to change the current environment to be more supportive of healthy lifestyle choices, and/or develop strategies that will help individuals manage better within the current environment" (Ben-Gal 14). However, on an international scale, this is easier said than done, especially for interior design because of its focus on interior spaces. Therefore, architecture, landscaping and industrial design play a huge role in providing better quality spaces both interiorly and exteriorly.

Consequently, many international organizations have formed to merge different realms of design together and address international issues. Although the world of design is almost exclusive to developed countries, many international groups have formed to expand the borders of design. Some examples of these organizations include the International Federation of Interior

Architects/Interior Designers (IFI) and Design for the World (DW) (www.icsid.org). These groups have reached out to offer their knowledge and skills in order to help disadvantaged countries and group of people and to improve the life of everyone through design.

General public spaces have altered in order to accommodate for a more ergonomically comfortable environment. Similar to hospital facilities mentioned in Section II, public buildings' hallways and stair widths, door sizes, bathroom sizes, and elevator functions have altered and made its way into functional design, enforced health codes and building standards. The International Standards Organisation (ISO) does just this: its objective is to "facilitate the international coordination and unification of industrial standards" (www.iso.org). One way this organization has addressed obesity through its standards is by providing a technological and scientific basis for health, safety and environmental legislation. This is just a fraction of else can be done for obesity.

Not only are public interior spaces addressed, but exterior spaces also have been altered to accommodate for obesity. City planning has become an essential key in creating a physical environment that will encourage physical activity. This is a reaction to global urban sprawl's effect on obesity, which we've learned in Section I. Lawrence Frank, a professor of urban planning at University of British Columbia, have discovered through several conducted studies that the density of an area is correlated with physical activity: the denser the area, the more people are inclined to be walk, bike, and be active (Harder 44). Certain features in areas will also stimulate physical activities. Parks, walking paths, and recreational facilities will also initiate more physical activities as well. It is these studies and implementation of these types of lifestyle that will provide a healthy opportunity to be more active.

In the working environment, "obese workers have higher rates of sickness absence than their non-obese colleagues" (Williams 63). This could be due to obese workers not being able to withstand heat, experience more physical stress, and other factors in the working environment that are not ergonomically friendly. Therefore, it is important to provide a space that will not only offer comfort, but also inspire productivity and mood of employees. One way of improving the work environment for obese employers is address the actual workstation and the heights, lengths, and depths of it, whether the job entails working at a desk or a conveyer belt. By studying the body in motion at rest, ergonomic design in work stations will enable a person to perform their tasks with as little physical strain as possible, thus improving productivity (Ben-Gal, 15). The increase size of the body's parameter is also addressed, as many products and furniture used in the working environment now accommodates, allowing more comfort for larger employees. These are just a few examples of how interior design as addressed obesity.

Unlike in England, where interior design has made specific changes and impressions on obesity, interior design on a global scale is indefinable and still underdeveloped. As a result, there are still many researches and studies being conducted to address interior design and health issues, such as obesity. The difference between looking at the response of interior design to obesity on a national level and an international level is the amount of detail involved. Obviously in England, an affluent and developed country, interior design services are easily much more easily accessible, and thus, the work that the profession provides is much more significant in influencing England's physical and social environment. From Section I, as the interrelationship between obesity and economics, it is important to also recognize that the progression of a country's economy will also affect the prominence of interior design.

With that said, interior design is obviously much less visible and influential in the developing nations of the world. Therefore, as obesity and its many health consequences plague these low and middle-income countries, there is much less ability for interior design to become involved. Besides from international organizations mentioned above that have reached out to these countries and try to help, the product of interior design is still quite indistinct. The first step in addressing this challenge is first by attempting to spread the concept of a physical environment that will inspire health living and physical activity.

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