ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

ROSELAND MEDICAL DISTRICT COMMISSION

CHICAGO, ILLINOIS, OCTOBER 2022

9TH WARD ALDERMAN BEALL
34TH WARD ALDERMAN AUSTIN
ADRIAN SMITH + GORDON GILL ARCHITECTURE
PLANNING | ARCHITECTURE | SUSTAINABILITY | PROJECT MANAGEMENT
- TEAM LEAD RICHARD WILSON, GORDON GILL, LUIS PALACIO, YUXIN ZHENG, WILL BASCO

FAR SOUTH CDC
NEW ROSELAND COMMUNITY HOSPITAL AND MEDICAL DISTRICT ENGAGEMENT | BUSINESS AND WORKFORCE DEVELOPMENT
- ABRAHAM LACY, KATANYA RABY

GREATER ROSELAND CHAMBER OF COMMERCE
NEIGHBORHOOD AND COMMUNITY ENGAGEMENT | BUSINESS AND WORKFORCE DEVELOPMENT
- ANDREA REED

CHICAGO NEIGHBORHOOD INITIATIVES
ECONOMIC DEVELOPMENT & IMPLEMENTATION STRATEGIST
- DAVE DOIG, KIMBERLY MORRIS, DONALD HIGGINS, JOSHUA WATSON

APPLIED REAL ESTATE ANALYSIS
REAL ESTATE MARKET POSITIONING
- MAXINE MITCHELL, ROBERT MILLER

JOHNSON & LEE
ARCHITECTURAL PLANNING & DESIGN GUIDELINES
- PHIL JOHNSON, IOANNIS DAVIS, NATALIE ZEPEDA
Master Plan for the 95-acre Roseland Community Medical District, which was established in 2011 by the Illinois State Legislature. The purpose of the Medical District is to attract and retain viable healthcare facilities, medical research facilities, academic centers of excellence, emerging high technology enterprises, and supportive uses.

The Medical District is bounded by S Stewart Ave on the west, W 110th St on the north, S Michigan Ave on the east, and W 112th St on the south. Roseland Community Hospital is located within the District at 45 W 111th Street, between S State St and S Wentworth Ave.

Historically, Roseland Community Hospital was an anchor that provided healthcare for Far South Side residents and an economic engine that worked in tandem with “The Avenue,” the commercial stretch of S Michigan Ave between W 107th and W 115th Streets. In its heyday, this combination of stores, goods, services and high-quality healthcare attracted and served people from the entire south side of Chicago.

However, downturns in area industrial operations, employment loss and low levels of investment by the City, State and major institutions over a long period of time diminished these important assets.
The COVID-19 pandemic further highlighted **racial healthcare disparities** across Chicago and demonstrated the essential need for direct access to healthcare, treatment and preventative care in this part of the city. Investment in the Roseland Medical District is essential to address the health of approximately **300,000 people within its service area**.

Therefore, this Master Plan provides the physical framework for the planning, design, construction and operation of a mixed-use campus focused on **high-quality outpatient services, community facilities, supportive housing** and other longstanding community needs.

The vision presented in the following material is the result of extensive discussions and collaboration among community residents and stakeholders, large and small network healthcare providers, DPD, CDOT and CTA regarding the Red Line Extension, the Roseland Medical District Commission and the Roseland Community Hospital Board of Directors.

**Pending Chicago Plan Commission adoption of this Master Plan**, which fulfills State requirements for appropriation and use of funds, the Medical District Commission may begin land acquisition and medical project partner collaborations.
WORKPLAN AND SCHEDULE

2021

**OCTOBER:** Medical Industry Focus Groups; Medical District Commission Engagement

**NOVEMBER:** Public Workshop One; Community Vision Discussion

**DECEMBER:** Public Workshop Two; Design Workshop; Goals-Oriented Evaluation; Medical District Commission Engagement

2022

**JANUARY-FEBRUARY:** Medical Industry Roundtables and Focus Group Meetings

**MARCH-SEPTEMBER:** Medical District Commission and Hospital Workshops: Draft Plan, Design Guidelines and Implementation Strategy; Public Draft Review

**OCTOBER-NOVEMBER:** Final Plan and Guidelines Document; Final Implementation Strategy; Chicago Plan Commission
DISTRICT LOCATION & BOUNDARIES

ROSELAND COMMUNITY MEDICAL DISTRICT

95TH/ DAN RYAN
103RD
111TH
MICHIGAN

CHICAGO PLAN COMMISSION BRIEFING
10.20.2022
“Housing, restaurants and retail are important to recruiting talent and attracting investors to a bustling innovation district.” - Kate Schellinger, Interim Executive Director, Illinois Medical District, October 2021
Roseland Medical District
Established in 2011 by the State of Illinois to attract and retain:

- Viable Health Care Facilities
- Medical Research Facilities
- Academic Centers of Excellence
- Emerging High-Tech Enterprises
- Supportive Facilities and Uses

Roseland Medical District Commission
Established to create, maintain and expand health care facilities and services by:

- Acquiring, Selling and Leasing Property
- Constructing Facilities
- Holding and Managing Contracts
- Applying for Loans, Grants and Appropriations
- Collecting Assessments and Fees
- Making Grants to Neighborhood Organizations
- Twelve community areas depicted in colors.
- Ward boundaries depicted in white.
- Red Line study area depicted in red dashed lines that encompass 20 square miles.
- Medical District is located at the center of the Hospital and Red Line service areas.
- Master Plan addresses the regional scale broadly and the Medical District in detail.
MEETINGS, INTERVIEWS, FOCUS GROUPS

- ROSELAND MEDICAL DISTRICT COMMISSION
- ROSELAND HOSPITAL BOARD
- FAR SOUTH COALITION QUALITY OF LIFE STEERING COMMITTEE
- INVEST SOUTH/WEST
- ALDERMAN BEALE
- ALDERMAN AUSTIN
- REPRESENTATIVE SLAUGHTER
- REPRESENTATIVE RITA
- SENATOR JONES
- LAWNDALE CHRISTIAN
- CHICAGO CREDIT
- CHICAGO TRANSIT AUTHORITY
- RED LINE PLANNING TEAM
- CHICAGO DEPARTMENT OF PLANNING & DEVELOPMENT
- COOK COUNTY LAND BANK AUTHORITY
- DEVELOPERS
- NATIONAL PARK SERVICE
- HISTORIC PULLMAN FOUNDATION
WHAT DOES A MEDICAL DISTRICT MEAN TO YOU?

“A medical district is an **inclusive, welcoming, and safe area** that provides quality, specialized medical care for the community, as well as **opportunities for jobs, education, and convenient and equitable access** to a variety of **services and amenities**.

A medical district, while attracting health-focused service providers, should also **attract complementary service providers** such as mental health, community, rehab, and other wrap-around services.

These ideal qualities for the district will **improve the quality of life for residents**, attract the best and brightest **medical professionals**, and provide **support for future development** in the area.”

*Source: Community Vision Meeting Response*
HEALTH CARE
IMPERATIVE
HEALTH NEEDS ASSESSMENT

Population
~300,000
+11% of Chicago Population

Race and Ethnicity
- 86% Black
- 31.4% of Service Area
- 29.9% White
- 20.7% Hispanic
- 8% Asian
- 4.9% Other

Poverty
31%
19% of Service Area

Median Household Income
$36,713
Chicago: $62,097

Unemployment
22%
8% of Service Area

Violent Crime
per 100,000 people
- 7,414
- 4,491

HEALTH CARE PRIORITIES
END STRUCTURAL RACISM AND ECONOMIC DEPRIVATION
REDUCE HEALTH INEQUITY BY ADDRESSING
SOCIAL DETERMINANTS OF HEALTH
ACCESS TO CARE, FOOD, FITNESS & EMPLOYMENT
PREVENT AND MANAGE CHRONIC DISEASE
ADDRESS TRAUMA WITH VIOLENCE RECOVERY
AND MENTAL HEALTH CARE
CARE FOR MOTHERS AND BABIES

Age 72
Life Expectancy in Service Area

10 Years
Life Expectancy Gap between Black & White Chicagoans

TOP CAUSES OF DEATH
1 HEART DISEASE
2 CANCER
3 INJURY
4 DIABETES-RELATED
5 STROKE
6 HOMICIDE*

* Homicide is the #4 cause of death for Black Men in Chicago

6X
African-American Women More Likely to Die from Pregnancy than White Women in Illinois

48%
Expectant Mothers with No Prenatal Care

Health Issues Augmented by High Violence Rates
- Chronic Stress
- Decreased Mental Wellbeing
- Trauma
- Decreased Physical Activity
(Resistance to exercise in unsafe neighborhood)

Vacant Housing
56%
Feel safe in their neighborhood

44%
Do not feel safe in their neighborhood

18%
MEDICAL INDUSTRY ENGAGEMENT

- ROSELAND HOSPITAL
- ADVOCATE
- NORTHWESTERN
- UNIVERSITY OF CHICAGO
- COOK COUNTY / STATE
- CHICAGO FAMILY HEALTH
- TCA HEALTH
- CHRISTIAN COMMUNITY HEALTH CENTER
- RUSH UNIVERSITY MEDICAL CENTER
- LAWNDALE CHRISTIAN
- GIFT OF HOPE ORGAN AND TISSUE
- BLUE CROSS/BLUE SHIELD ILLINOIS
- MARCH OF DIMES
- U OF C HEALTH AND SOCIAL SCIENCES
- COMPLETE CARE MGMT PARTNERS
- PLANNED PARENTHOOD
HEALTH CARE TRENDS

The Health Care Industry is undergoing major shifts in the approach to patient care and financial models......

- FINANCIAL MODELS FOCUS ON TRYING TO KEEP PEOPLE OUT OF HOSPITALS
- FOCUS ON REDUCING NUMBER OF HOSPITAL BEDS
- OUTPATIENT FACILITIES ARE GENERATING A GREATER PORTION OF REVENUE
- CARE IS TRANSITIONING TO CHEAPER AND MORE CONVENIENT SETTINGS
- FLEXIBILITY NEEDED FOR CONSTANTLY CHANGING CARE DELIVERY MODELS
- SMALLER HOSPITALS ARE SCALING DOWN AND STRIPPING SERVICES
- LARGER SYSTEMS ARE STRATEGICALLY INCREASING OUTPATIENT FACILITIES
- IMPERATIVE TO ADDRESS SOCIETAL DETERMINANTS OF POOR HEALTH
URBAN DESIGN FRAMEWORK
VACANT LAND AND BUILDINGS
CITY/COUNTY OWNED VACANT LAND

ROSELAND COMMUNITY MEDICAL DISTRICT
MASTER PLAN - DRAFT FOR REVIEW

CHICAGO PLAN COMMISSION BRIEFING
10.20.2022
MEDICAL DISTRICT VISION
OUTPATIENT CAMPUS CONCEPT
### BLOCK 1 (2.15 ac)

<table>
<thead>
<tr>
<th>Part</th>
<th>Use</th>
<th>Area</th>
<th>Unit</th>
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<tbody>
<tr>
<td>1.A</td>
<td>Medical</td>
<td>150,000</td>
<td>sf</td>
</tr>
<tr>
<td>1.B</td>
<td>Parking Mixed-Use</td>
<td>50,000</td>
<td>sf</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>200,000</strong></td>
<td><strong>sf</strong></td>
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### BLOCK 2 (2.15 ac)

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<th>Unit</th>
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<tr>
<td>2.A</td>
<td>Medical</td>
<td>65,000</td>
<td>sf</td>
</tr>
<tr>
<td>2.B</td>
<td>Fitness/Learning</td>
<td>80,000</td>
<td>sf</td>
</tr>
<tr>
<td>2.C</td>
<td>Community Services</td>
<td>55,000</td>
<td>sf</td>
</tr>
<tr>
<td>2.D</td>
<td>Plaza (not counted as building area)</td>
<td>&lt;10,500</td>
<td>sf</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>200,000</strong></td>
<td><strong>sf</strong></td>
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</table>

### BLOCK 3 * (2.15 ac)

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<tr>
<td>3.A</td>
<td>Medical</td>
<td>75,000</td>
<td>sf</td>
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<tr>
<td>3.B</td>
<td>Community Services</td>
<td>55,000</td>
<td>sf</td>
</tr>
<tr>
<td>3.C</td>
<td>Parking Mixed-Use</td>
<td>50,000</td>
<td>sf</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>180,000</strong></td>
<td><strong>sf</strong></td>
</tr>
</tbody>
</table>
MIXED USE CONCEPT

Medical = 300,000 sf
Learning/Fitness = 80,000 sf
Community Services = 100,000 sf
CIRCULATION CONCEPT

PARKING LOCATIONS
- Parking located between Michigan Avenue and State Street.
- Parking is integrated into buildings with active street fronting uses.
- No standalone parking structures or surface parking lots.

LINK TO MICHIGAN AVENUE
- Parking serves the Medical District and Michigan Avenue commercial corridor.
- Location is intentional to promote foot traffic between the two.

STREET HIERARCHY
- The intersection of 111th and State Streets is the primary Medical District address.
- 111th and 112th Place prioritized for vehicular access and parking.
- 112th Street prioritized for pedestrians and community uses.
CIRCULATION CONCEPT

DROP-OFF / PICK-UP ZONES
- Drop-off / pick-up zones located on east-west streets throughout the district.
- Drop-off / pick-up zones located adjacent to parking entrances.
- Lay-by lanes located on block perimeters.

CIRCULATION AND ENTRY
- Primary entrances from major streets.
- Campus connector links drop-off / pick-up zones with parking lobbies, medical uses and public plaza.

PARK / PLAZA CONNECTOR
- 112th Street prioritized for pedestrian circulation east to Palmer Park.
- Public plaza located at corner of 112th and State Streets.
- Community uses and outdoor seating activate this corridor.
OUTPATIENT CAMPUS PRIMARY ADDRESS
VIEW AT 111TH AND STATE LOOKING SOUTHEAST

ROSELAND COMMUNITY MEDICAL DISTRICT
MASTER PLAN - DRAFT FOR REVIEW

CHICAGO PLAN COMMISSION BRIEFING
10.20.2022
CONNECT TO MICHIGAN AVENUE
VIEW LOOKING WEST ALONG 112TH ST

ROSELAND COMMUNITY MEDICAL DISTRICT
MASTER PLAN - DRAFT FOR REVIEW

MICHIGAN AVE ACTIVATOR
OUTPATIENT MIXED-USE/CAMPUS
ROSELAND HOSPITAL

CHICAGO PLAN COMMISSION BRIEFING
10.20.2022
IMPLEMENTATION FRAMEWORK
**PHASING CONCEPT**

**PHASE 1: BLOCK ONE**

Site Area = 2.15 ac  
Floor Area = 200,000 sf (including parking)  
Development of outpatient facilities and parking with active ground floor uses. Hospital pursues addition.

**PHASE 2: BLOCK TWO**

Site Area = 2.15 ac  
Floor Area = 200,000 sf (including parking)  
Development of additional medical facilities together with community uses such as a family fitness center.

**PHASE 3: BLOCK THREE**

Site Area = 2.15 ac  
Floor Area = 180,000 sf (including parking)  
Development of additional medical facilities, community uses and special needs support.
IMPLEMENTATION YEARS 1-3

ROSELAND HOSPITAL

BUILD TWO-STORY ADDITION OVER EXISTING EMERGENCY ROOM

- ICU Facilities
- New Surgery Center

RECONFIGURE AND MODERNIZE USES IN HOSPITAL

- OB/GYN Family Birth Facilities
- Inpatient Acute Care
- Behavioral Health

MEDICAL DISTRICT COMMISSION

FOCUS ON OUTPATIENT CARE FACILITIES

- Assemble and prepare land for outpatient facilities.
- Conduct RFP process to solicit outpatient project partners.
- Secure outpatient project partners and finalize agreements.
- Support planning, design and entitlement activities.
ROSELAND HOSPITAL

STREAMLINE HOSPITAL SERVICE AND BUSINESS MODEL IN COORDINATION WITH NEW OUTPATIENT SERVICES

- Transition select functions out of the hospital into new outpatient facilities.
  (Examples: Adult Behavioral Health, Adolescent Behavioral Health, Detox)

- Identify support services that could locate in the Medical District to benefit the hospital.
  (Examples: Diagnostic and Treatment Centers, Labs, Pharmacy, Data Center)

MEDICAL DISTRICT COMMISSION

BUILD AND MANAGE MEDICAL DISTRICT

- Establish Preventive Medicine Center of Excellence to change health outcomes through healthy living.
- Develop outpatient mixed-use facilities with project partners.
- Structure mutually-beneficial reciprocal business model between outpatient care providers and Roseland Hospital.
- Develop security and local transportation services for medical district operations.
- Partner in housing and human investment initiatives at community scale.
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ROSELAND MEDICAL DISTRICT COMMISSION

CHICAGO, ILLINOIS, OCTOBER 2022

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34TH WARD ALDERMAN AUSTIN