



MASTER PLAN  
DRAFT FOR REVIEW

INFORMATIONAL BRIEFING

# ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

ROSELAND MEDICAL DISTRICT COMMISSION

CHICAGO, ILLINOIS, OCTOBER 2022

9<sup>TH</sup> WARD ALDERMAN BEALE

34<sup>TH</sup> WARD ALDERMAN AUSTIN



# TEAM INTRODUCTION

## **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



# PLANNING NARRATIVE

- 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 110<sup>th</sup> St on the north, S Michigan Ave on the east, and W 112<sup>th</sup> St on the south. **Roseland Community Hospital** is located within the District at 45 W 111<sup>th</sup> 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 107<sup>th</sup> and W 115<sup>th</sup> 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.



# PLANNING NARRATIVE

- 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

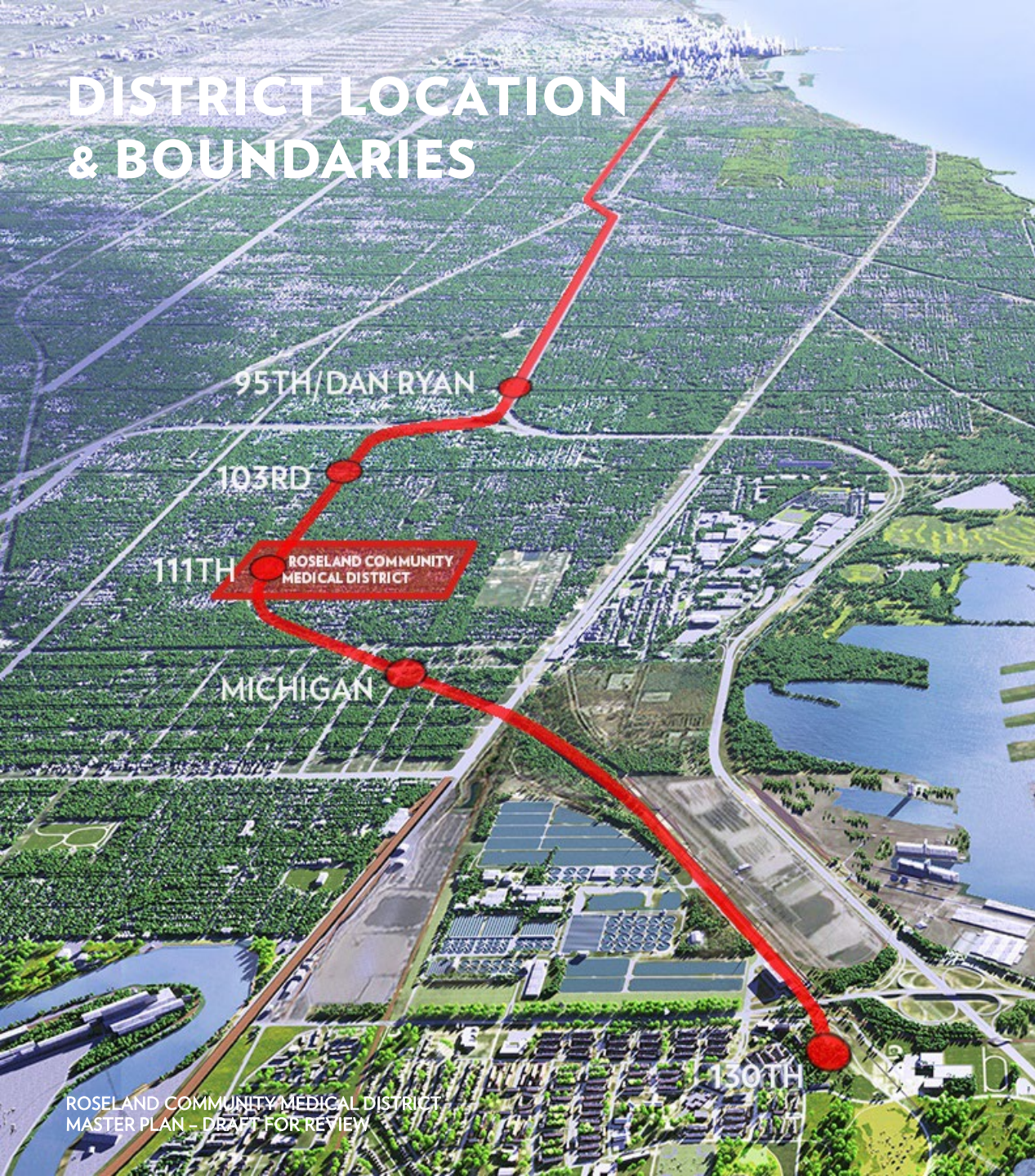
## 2022

**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



# ILLINOIS MEDICAL DISTRICTS

## MID-ILLINOIS MEDICAL DISTRICT

Springfield

2003 Established  
13,500 Employees  
400,000 Residents  
4.7 M Square Feet  
Two Hospitals  
Medical University  
Clinics



## ILLINOIS MEDICAL DISTRICT

Chicago

1941 Established  
29,000 Employees  
80,000 People Per Day  
\$220 M Research/Yr  
\$3.4 B Economic Activity/Yr  
Four Health Systems, 40 Health Care  
Facilities, Labs, Universities, Incubator



## ROSELAND MEDICAL DISTRICT

Chicago

2011 Established  
95 Acres  
490 Employees  
300,000 Residents  
Roseland Hospital,  
Clinics



*“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 AUTHORITY

## Roseland Medical District

Established in 2011 by the State of Illinois to attract and retain:

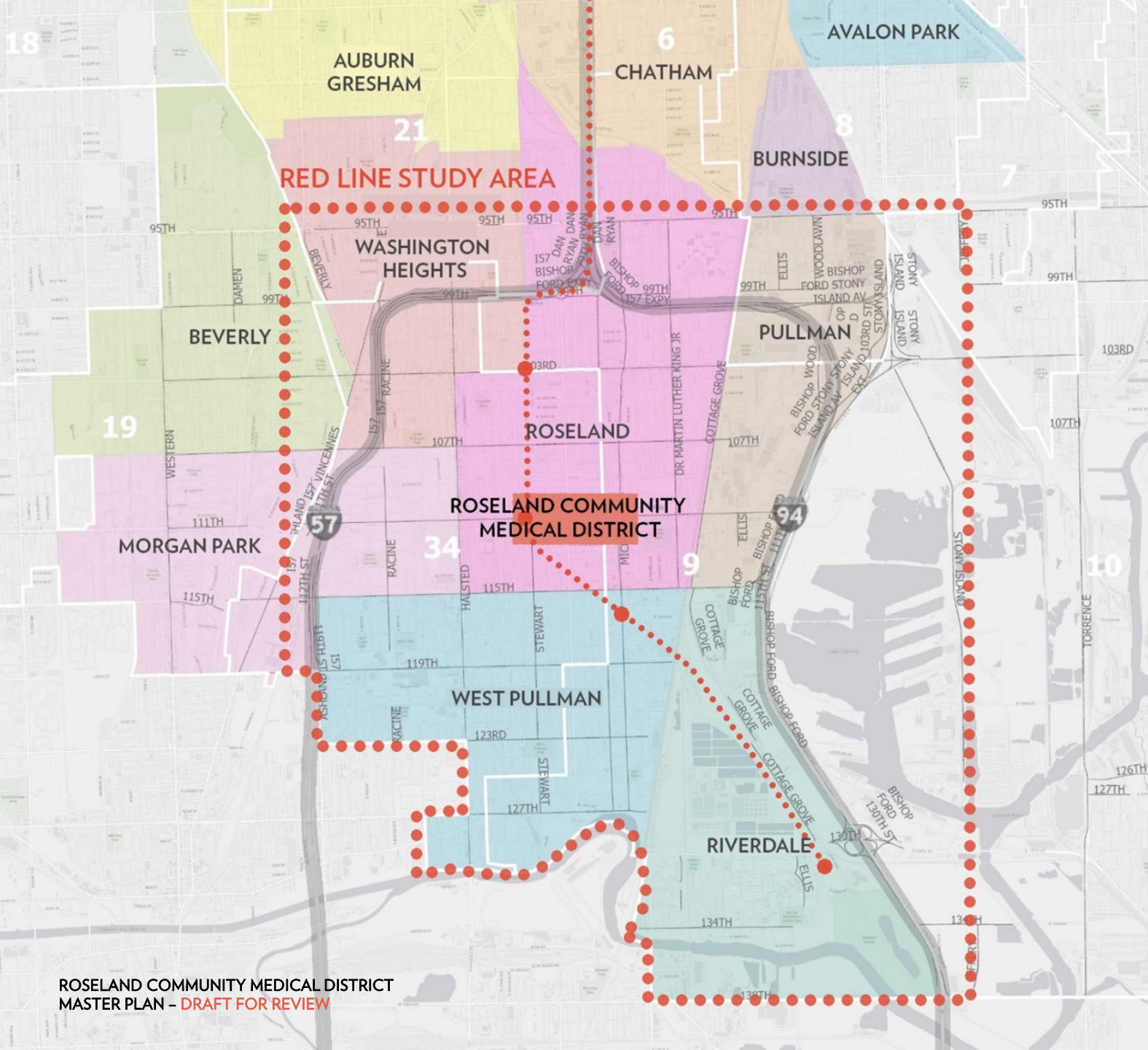
- Viable Health Care Facilities
- Medical Research Facilities
- Academic Centers of Excellence
- Emerging High-Tech Enterprises
- Supportive Facilities and Uses

## 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





# SERVICE AREA

## ROSELAND MEDICAL DISTRICT

### 300,000 PEOPLE

### 12 COMMUNITY AREAS

### 6 ZIP CODES

- 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
- LAWNSDALE CHRISTIAN
- CHICAGO CRED
- CHICAGO TRANSIT AUTHORITY
- RED LINE PLANNING TEAM
- CHICAGO DEPARTMENT OF PLANNING & DEVELOPMENT
- COOK COUNTY LAND BANK AUTHORITY
- DEVELOPERS
- NATIONAL PARK SERVICE
- HISTORIC PULLMAN FOUNDATION

# MEDICAL NEEDS

ROSELAND MEDICAL DISTRICT MASTER PLAN WORKSHOP



# HUMAN INVESTMENT

ROSELAND MEDICAL DISTRICT MASTER PLAN WORKSHOP



# PUBLIC REALM

ROSELAND MEDICAL DISTRICT MASTER PLAN WORKSHOP





ROSELAND COMMUNITY MEDICAL DISTRICT  
MASTER PLAN - DRAFT FOR REVIEW

CHICAGO PLAN COMMISSION BRIEFING  
10.20.2022

## 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*



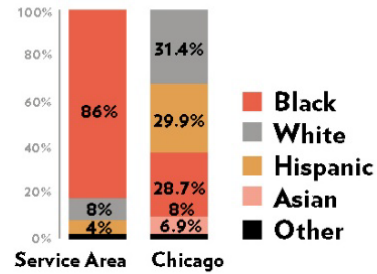
# HEALTH CARE IMPERATIVE

# HEALTH NEEDS ASSESSMENT

Population  
~300,000



## Race and Ethnicity



**Age 72**

Life Expectancy  
in Service Area

**10 Years**

Life Expectancy Gap between  
Black & White Chicagoans

## 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

## 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

## Poverty

31%



## Median Household Income

**\$36,713**

Chicago: \$62,097

## Violent Crime

per 100,000 people

**7,414**



Health Issues Augmented  
by High Violence Rates

Chronic Stress  
Decreased Mental Wellbeing  
Trauma  
Decreased Physical Activity  
(Reluctance to exercise in unsafe neighborhood)

## Vacant Housing



**6X**

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

**48%**

Expectant Mothers  
with No Prenatal Care

## Unemployment

22%



**56%**

Feel safe in  
their neighborhood

**44%**

Do not feel safe  
in their neighborhood

# 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
- LAWDALE 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

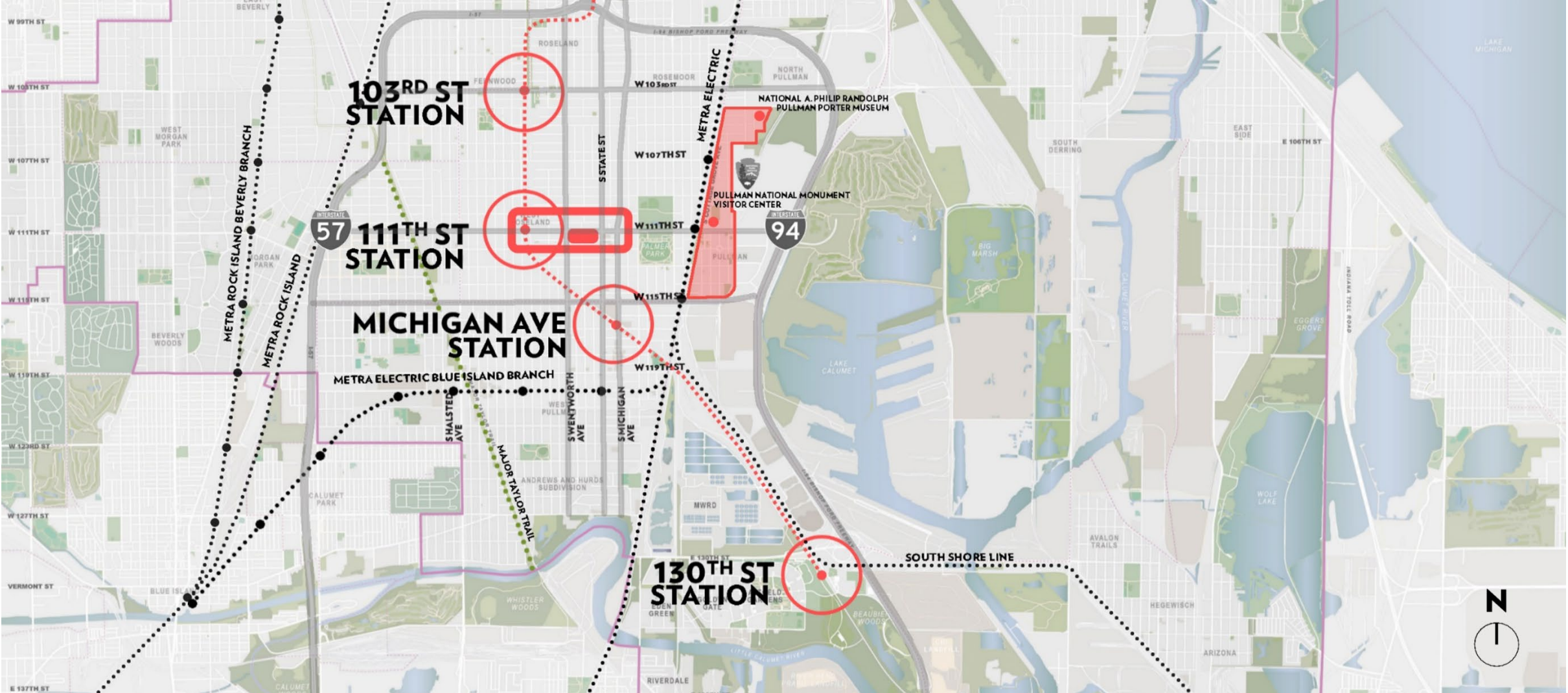
The Health Care Industry is undergoing major shifts in the approach to patient care and financial models.....

- **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

# REGIONAL CONTEXT

- Medical District Boundary
- Roseland Hospital
- Future CTA Red Line
- Regional Commuter Train
- Pullman National Monument



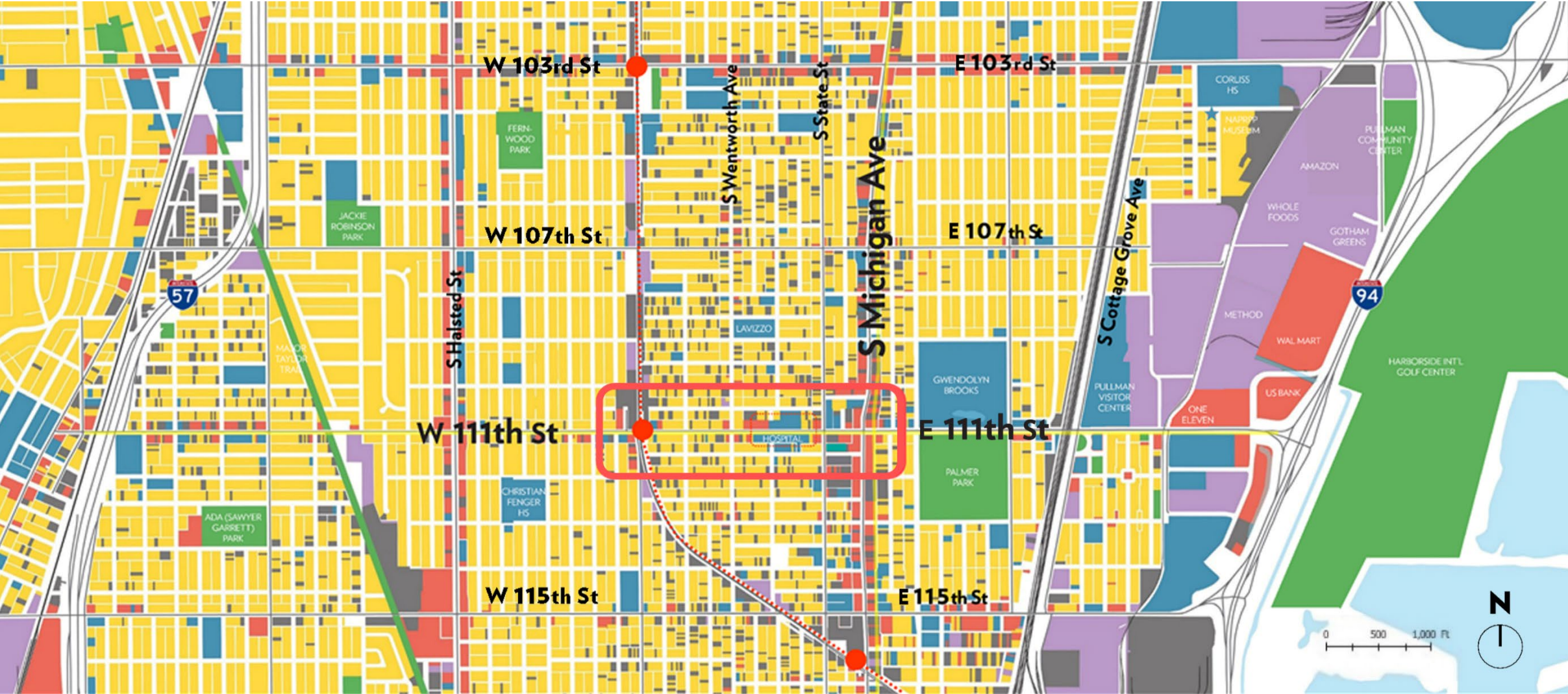
# LOCAL CONTEXT

- ⋯ Medical District Boundary
- Pullman National Monument
- Future CTA Red Line
- Regional Commuter Train
- Schools and Institutions
- Parks and Recreation
- Underutilized Land



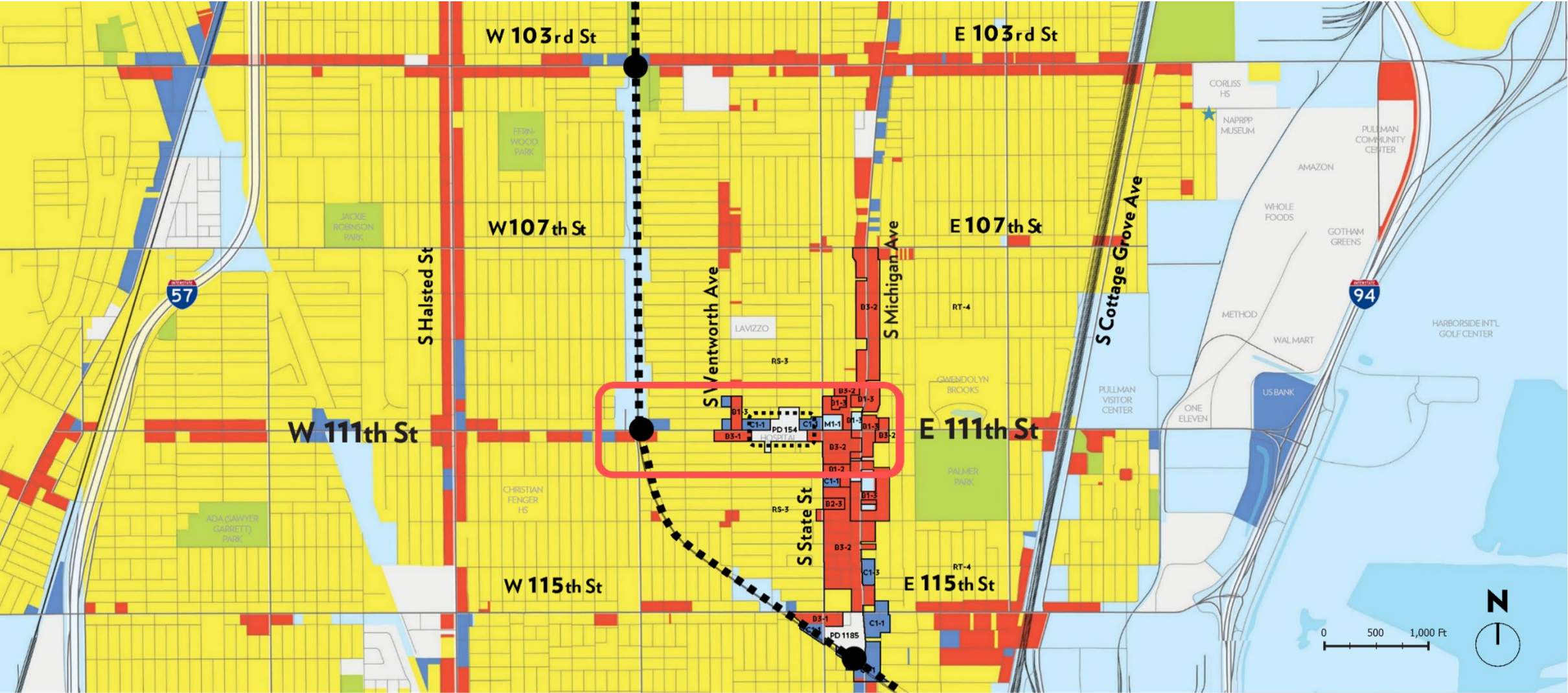
# CURRENT LAND USE

- Residential
- Industrial
- Water
- Medical District Boundary
- Commercial
- Agriculture
- TCUW
- Roseland Hospital
- Institution
- Recreation
- Vacant
- Future Red Line



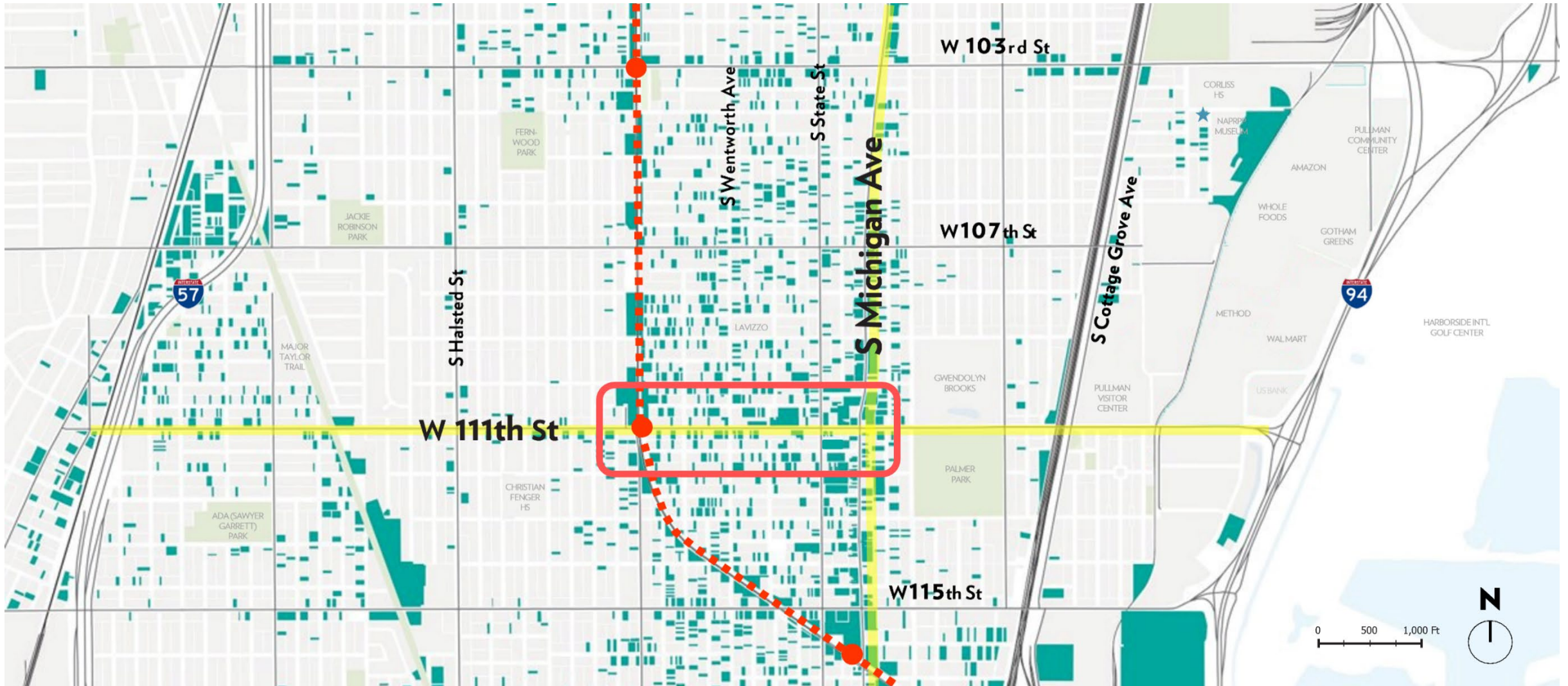
# CURRENT ZONING

- Business
- Residential
- PD
- Medical District Boundary
- Commercial
- Transportation
- POS
- Roseland Hospital
- Manufacturing



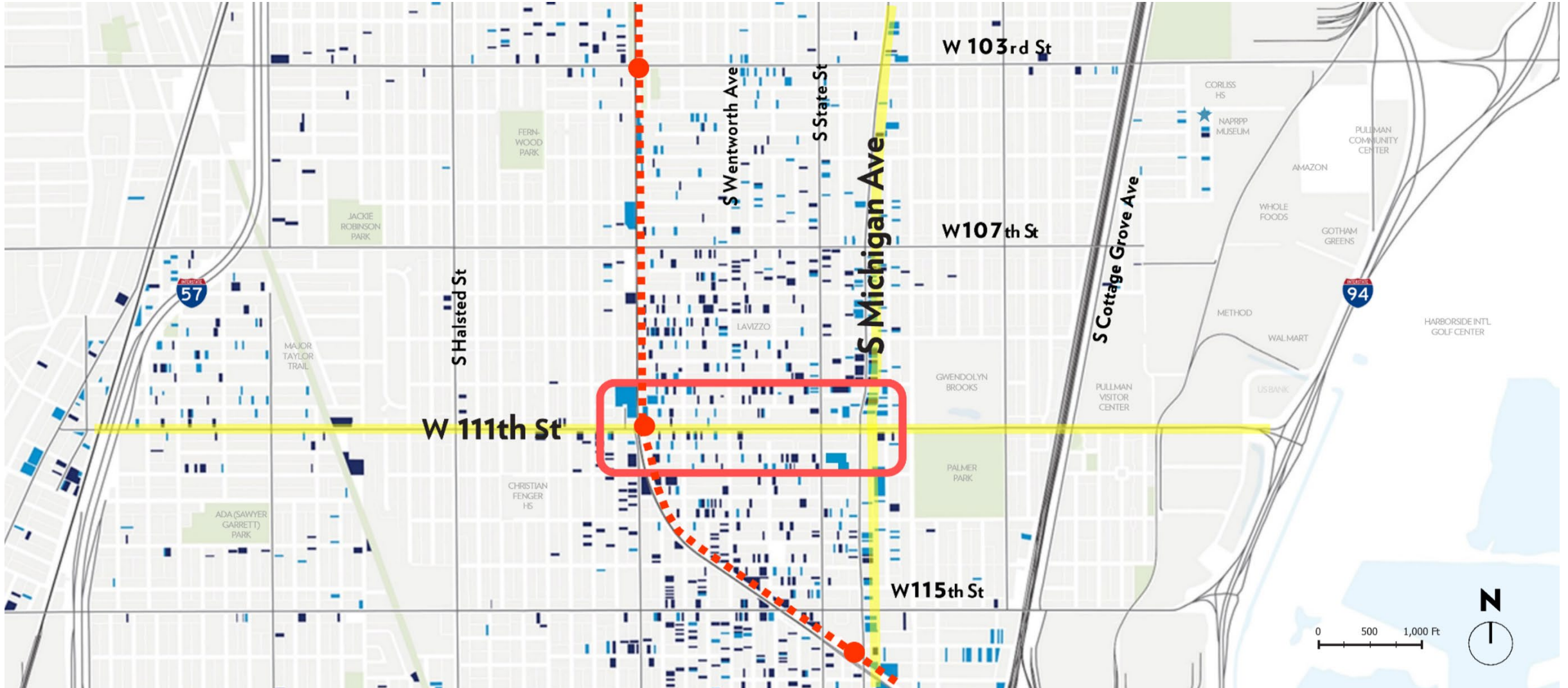
# VACANT LAND AND BUILDINGS

-  Vacant Land & Buildings
-  Medical District Boundary
-  Roseland Hospital
-  Future Red Line



# CITY/COUNTY OWNED VACANT LAND

- City Owned Land
- Cook County Land Bank
- Medical District Boundary
- Roseland Hospital





# CATALYTIC SITES



# MEDICAL DISTRICT VISION

# ROSELAND MEDICAL DISTRICT

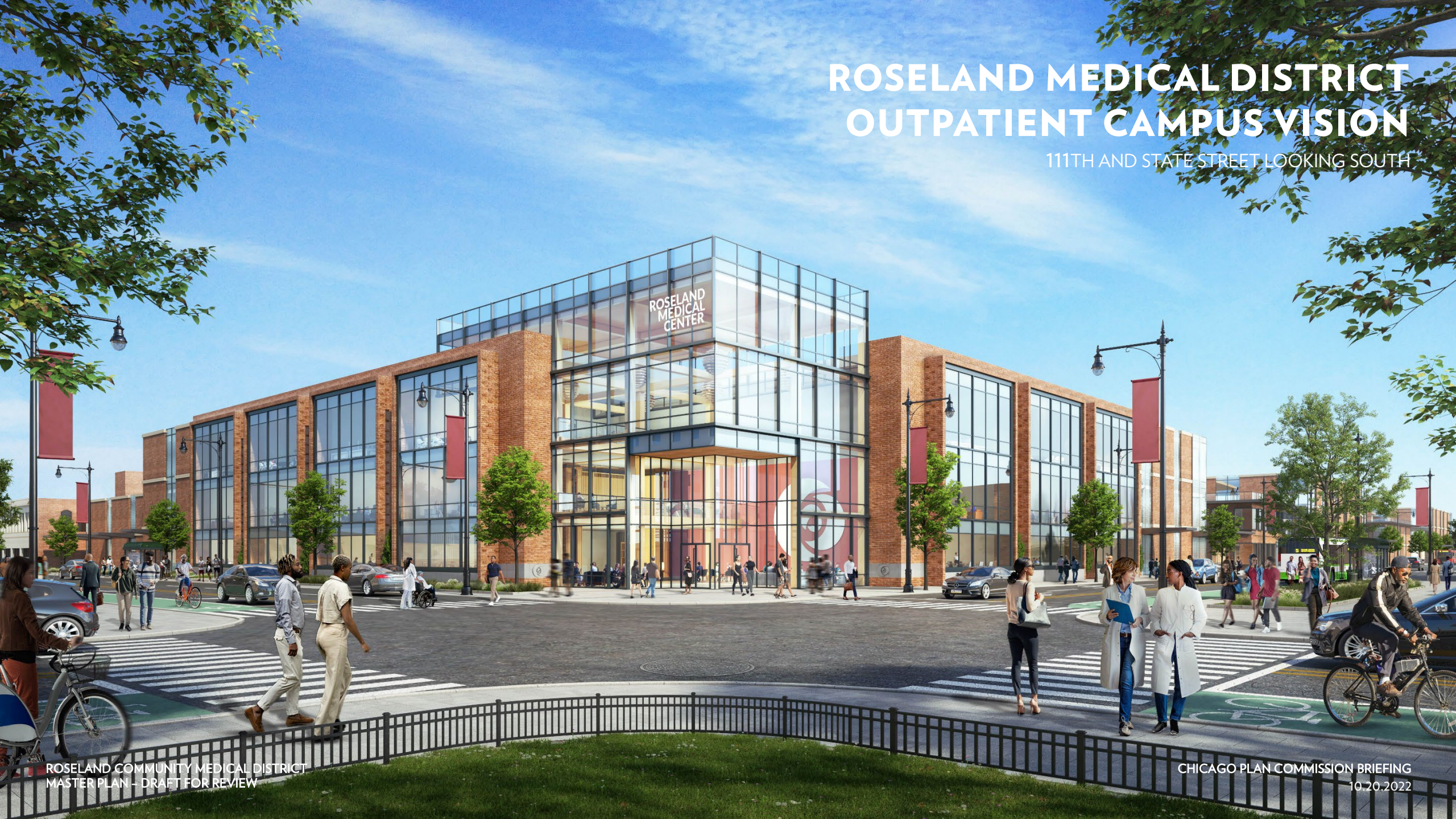
VIEW TO NORTHEAST

- Roseland Hospital
- New Outpatient Campus
- Infill Development
- Medical District Planning Area



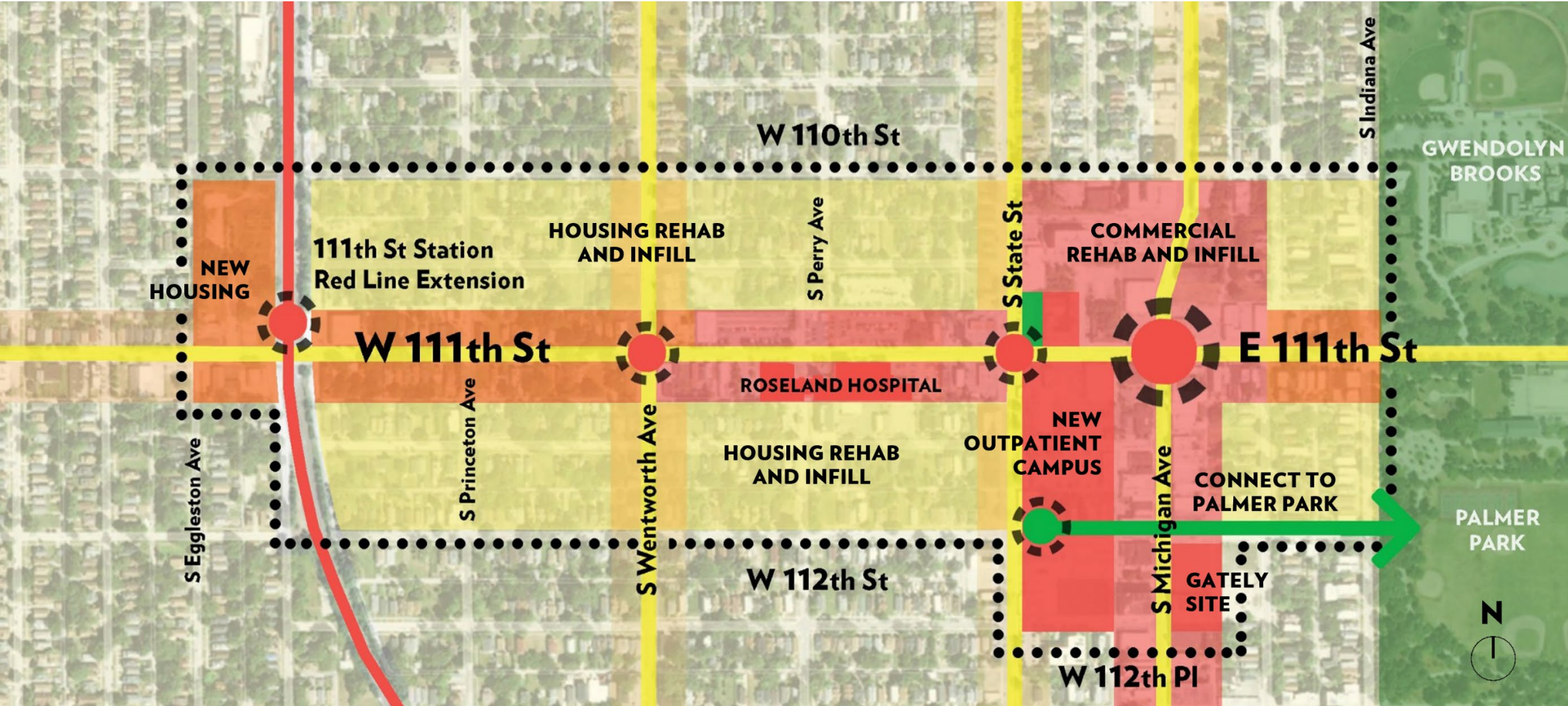
# ROSELAND MEDICAL DISTRICT OUTPATIENT CAMPUS VISION

111TH AND STATE STREET LOOKING SOUTH



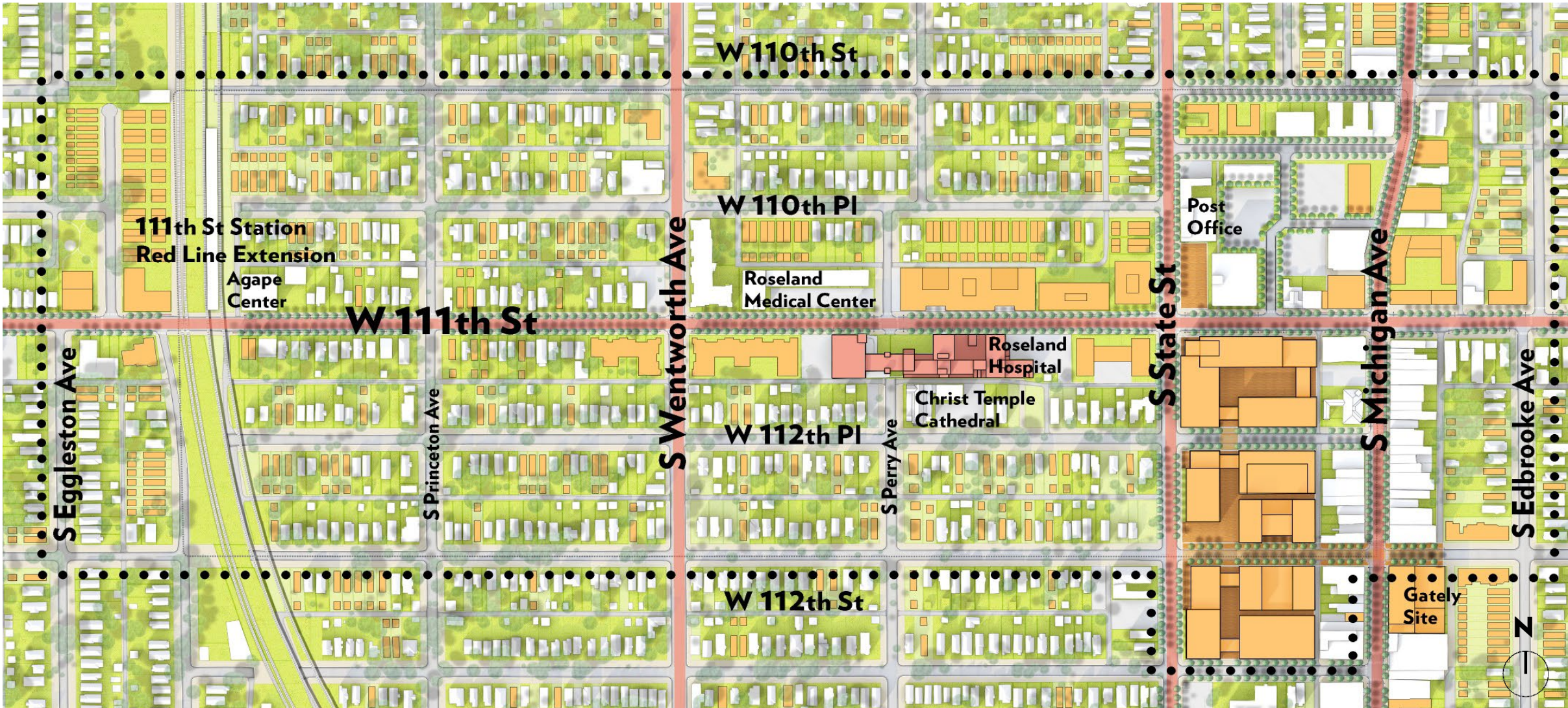
# MASTER PLAN FRAMEWORK

- Medical Mixed-Use Priority Sites
- Commercial Mixed-Use Revitalization
- Medium Density Residential Mixed-Use
- Lower Density Residential Rehab and Infill
- Medical District Planning Area
- - - Future CTA Red Line
- Gateways

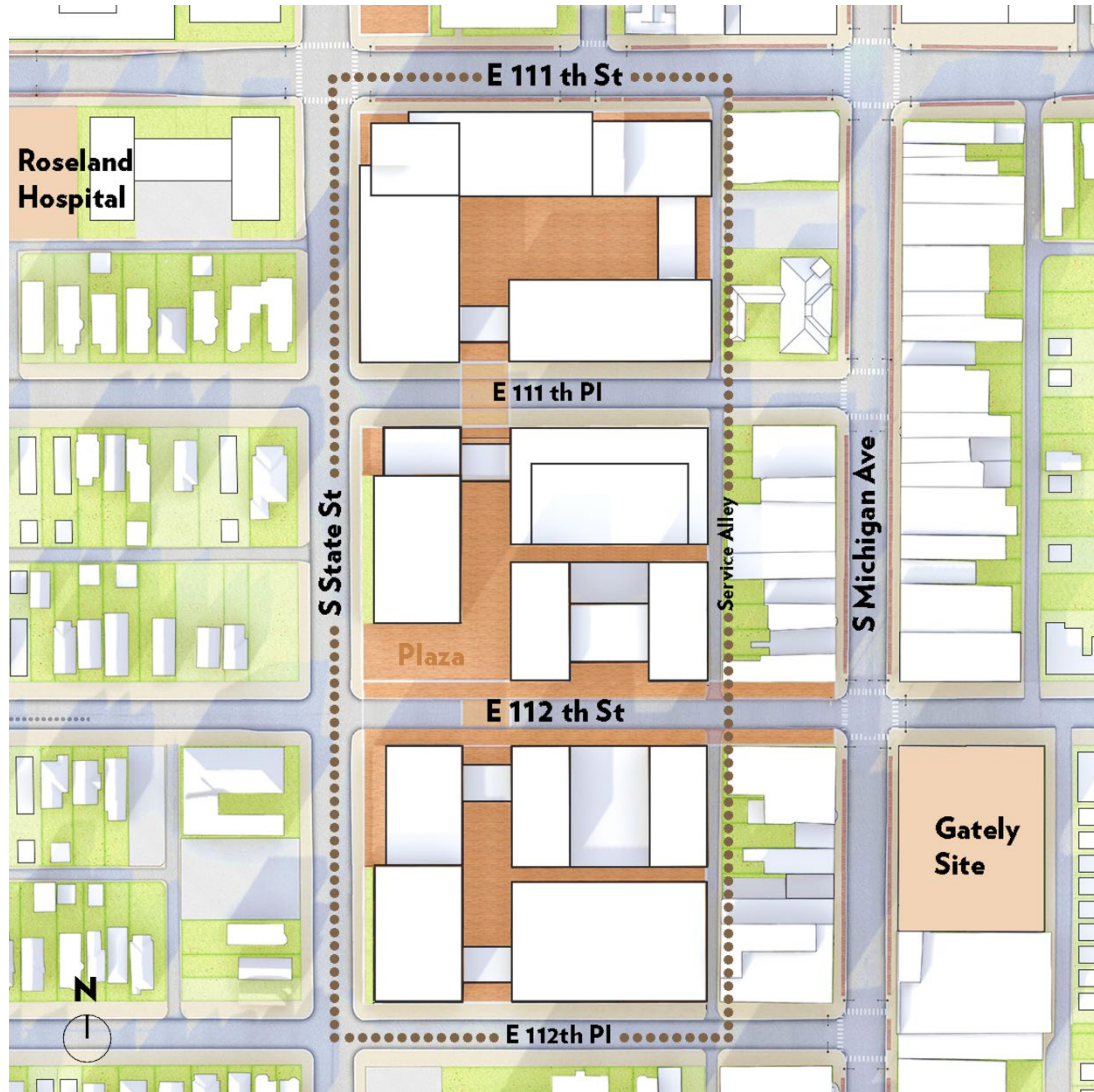


# ILLUSTRATIVE SITE PLAN

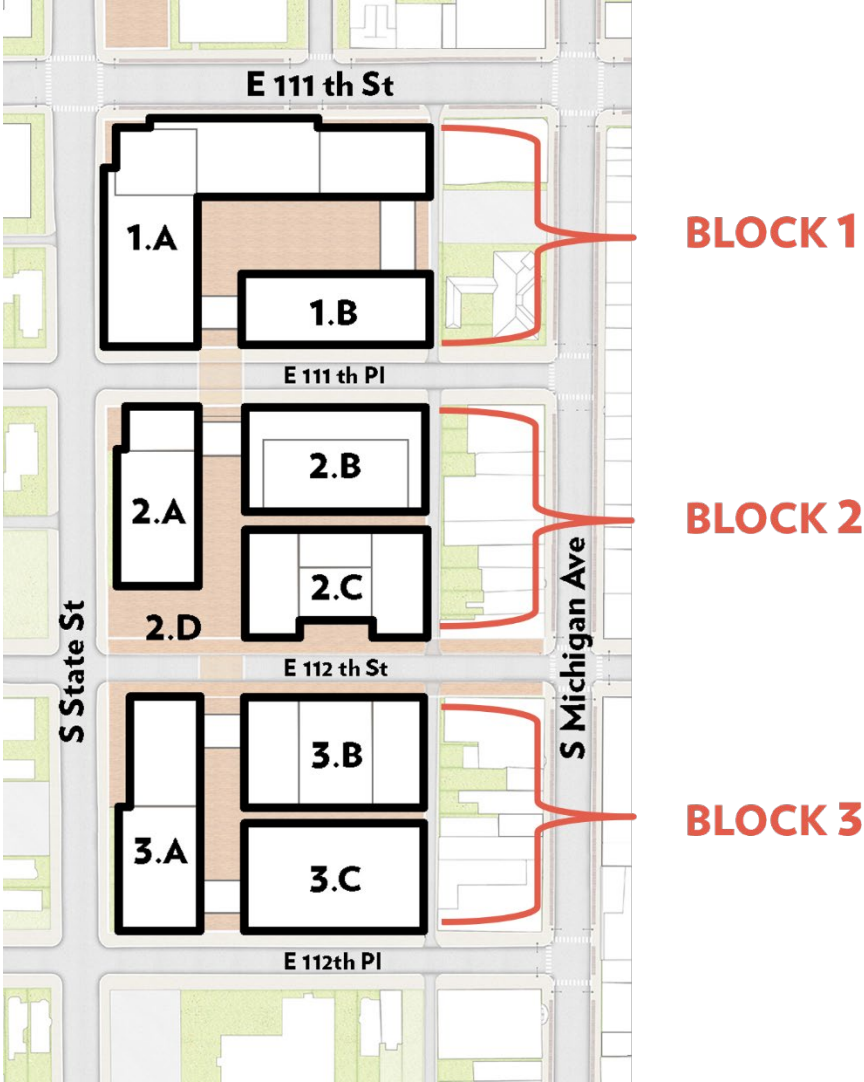
- Roseland Hospital
- Infill Development
- Medical District Planning Area



# OUTPATIENT CAMPUS CONCEPT



# PROGRAM AND AREA DISTRIBUTION



BLOCK 1 (2.15 ac)			
1.A	Medical	150,000	sf
1.B	Parking Mixed-Use	50,000	sf
	Total =	200,000	sf
BLOCK 2 (2.15 ac)			
2.A	Medical	65,000	sf
2.B	Fitness/Learning	80,000	sf
2.C	Community Services	55,000	sf
2.D	Plaza (not counted as building area)	<10,500>	sf
	Total =	200,000	sf
BLOCK 3 * (2.15 ac)			
3.A	Medical	75,000	sf
3.B	Community Services	55,000	sf
3.C	Parking Mixed-Use	50,000	sf
	Total =	180,000	sf



# MASSING CONCEPT

Outpatient Mixed-Use Roseland Hospital



# MIXED USE CONCEPT

Medical = 300,000 sf

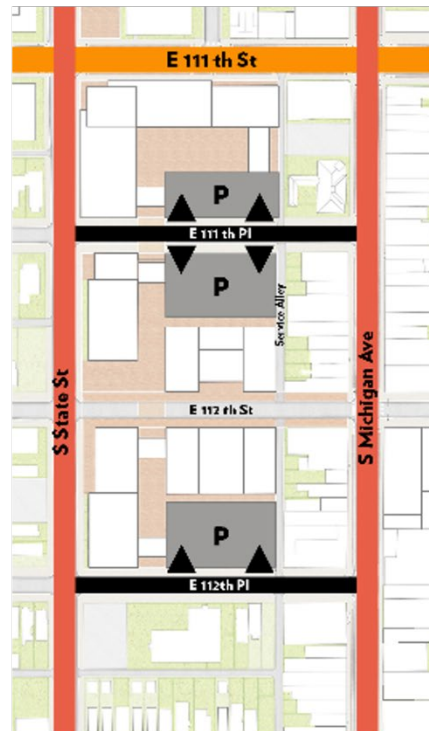
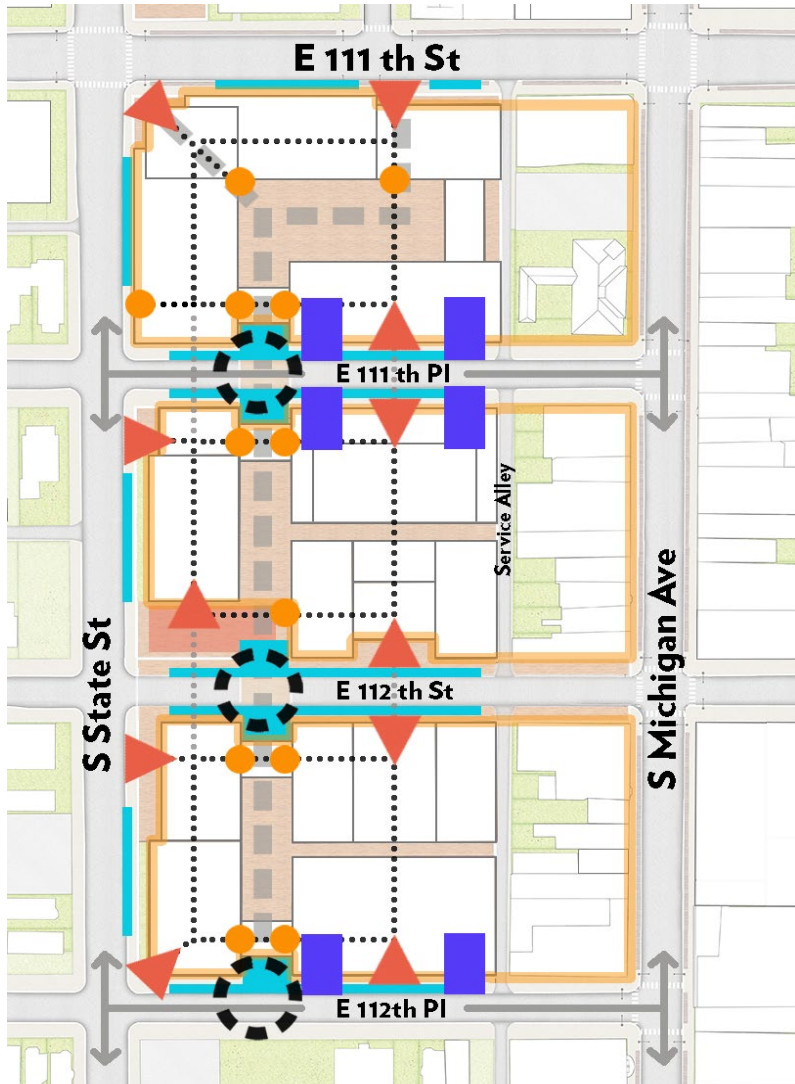
Learning/Fitness = 80,000 sf

Community Services = 100,000 sf

- Outpatient/ Medical
- Retail (Pharmacy, Medical Equipment, Coffee, Convenience)
- Family Fitness
- Community Center
- Medical Supportive Housing
- Shared Parking
- Roseland Hospital

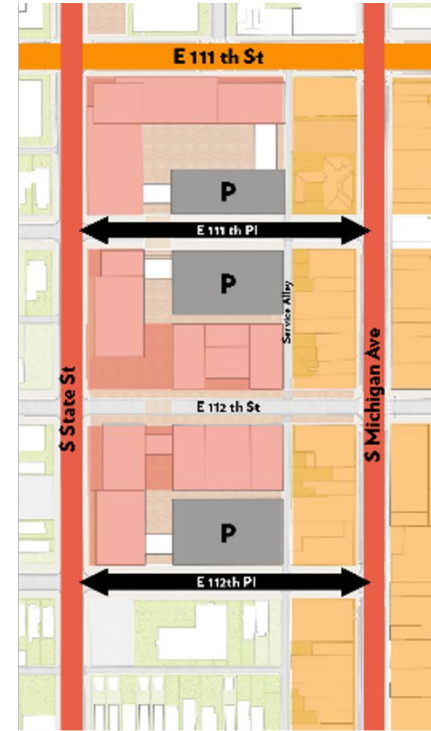


# CIRCULATION CONCEPT



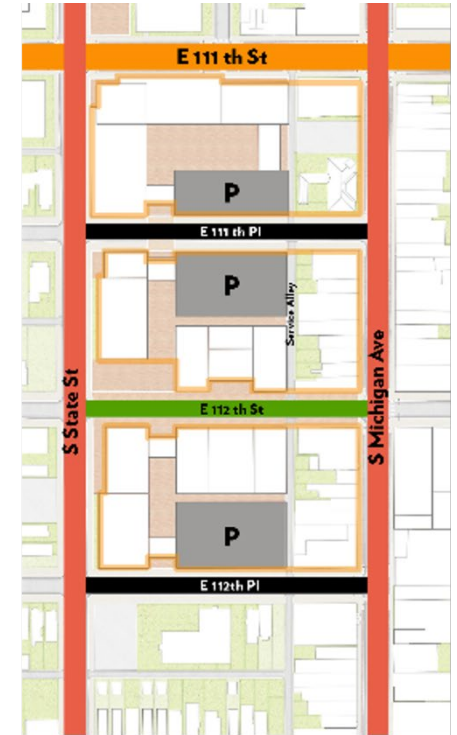
## PARKING LOCATIONS

- 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.

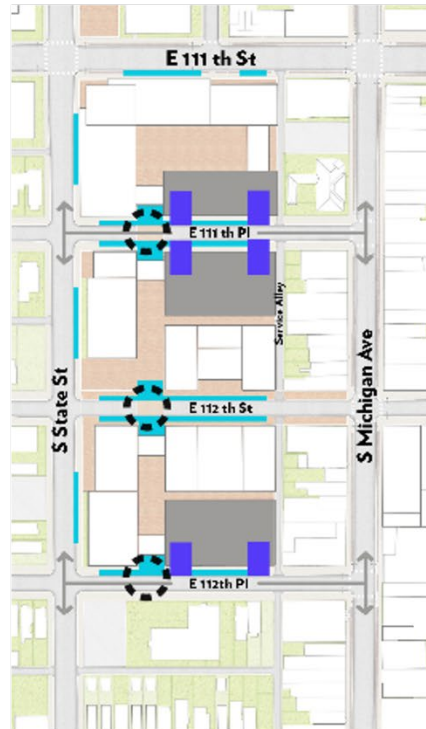
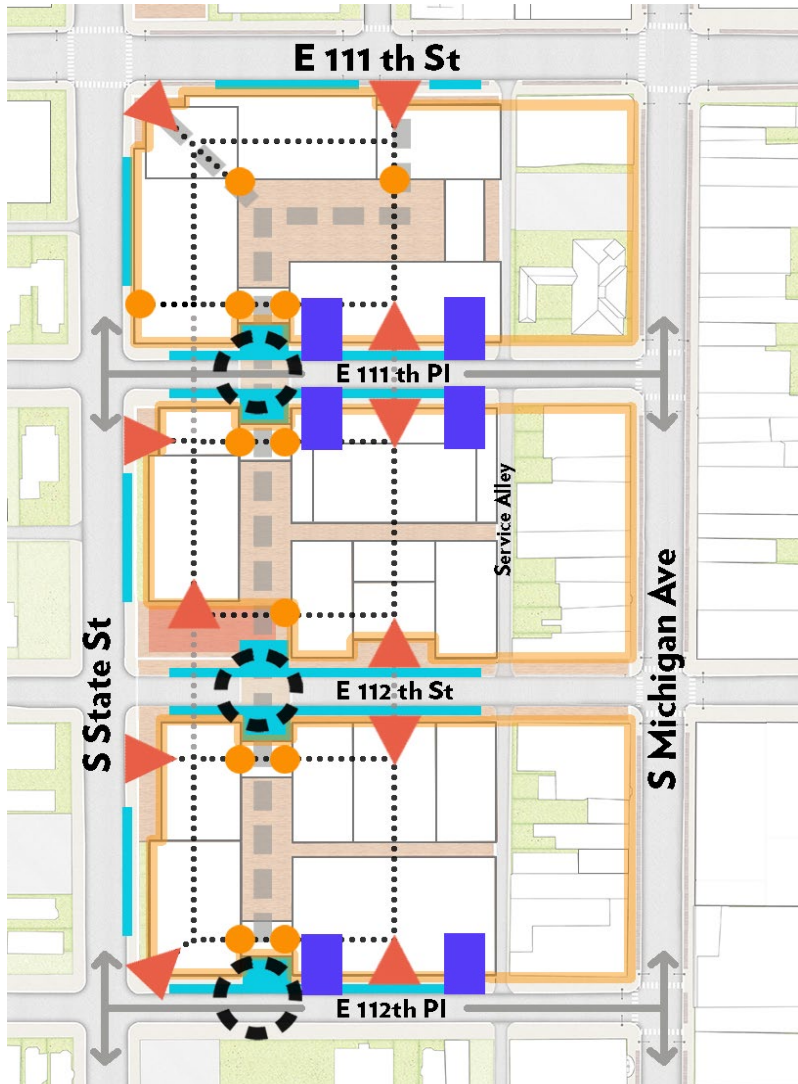


## STREET HIERARCHY

- 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.

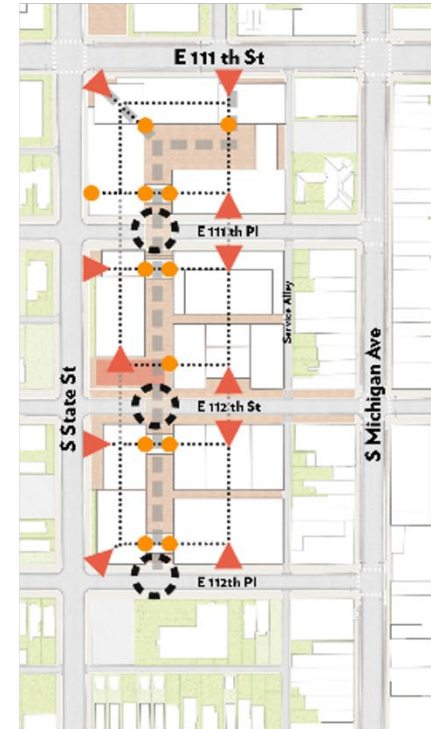


# CIRCULATION CONCEPT



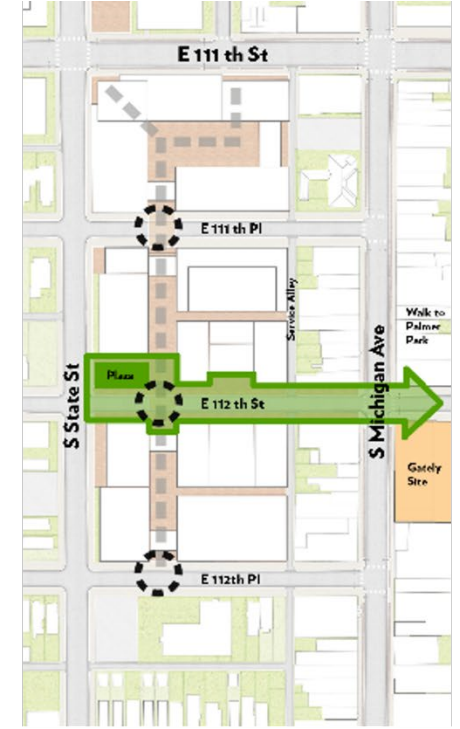
## DROP-OFF / PICK-UP ZONES

- 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.



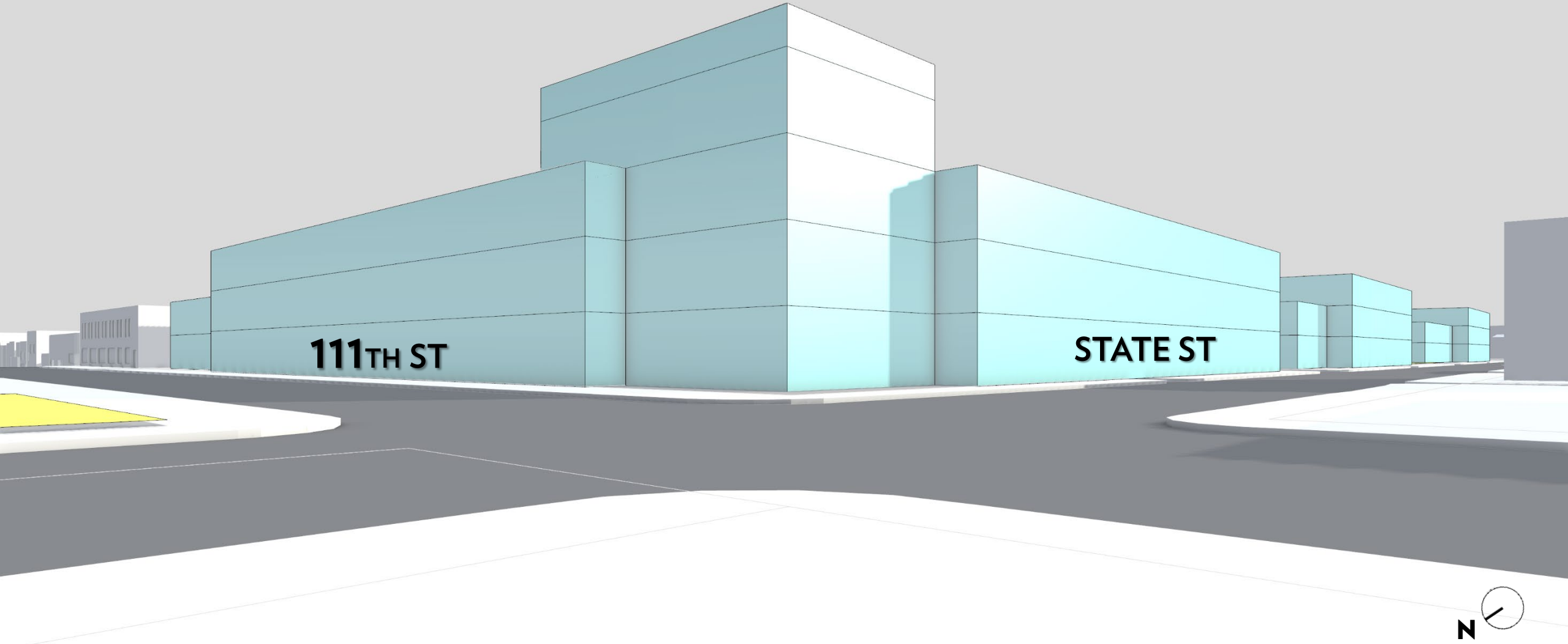
## PARK / PLAZA CONNECTOR

- 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

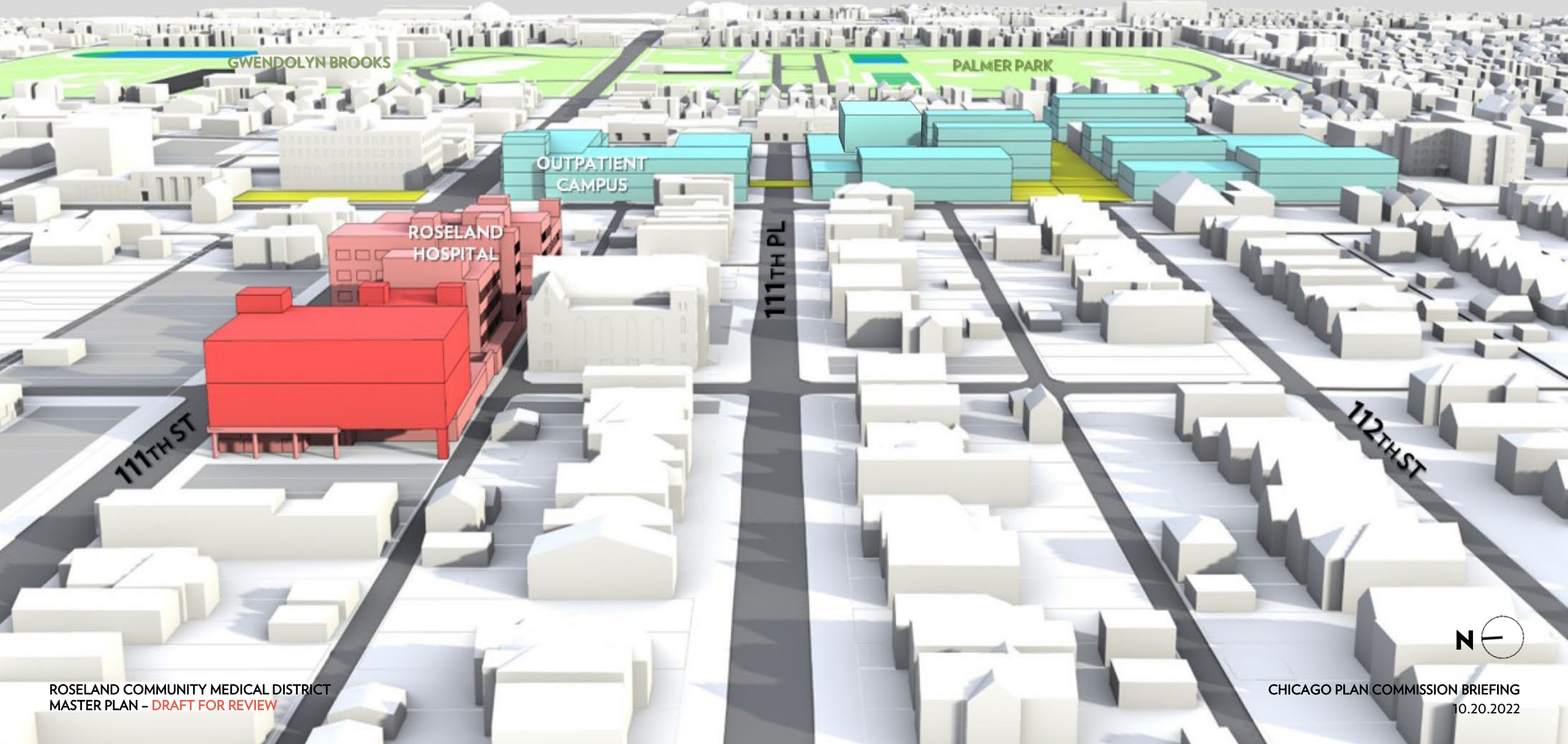
VIEW AT 111<sup>TH</sup> AND STATE LOOKING SOUTHEAST



# MEDICAL DISTRICT BUILDOUT

VIEW LOOKING EAST

PULLMAN NATIONAL MONUMENT



GWENDOLYN BROOKS

PALMER PARK

OUTPATIENT  
CAMPUS

ROSELAND  
HOSPITAL

111TH PL

111TH ST

112TH ST



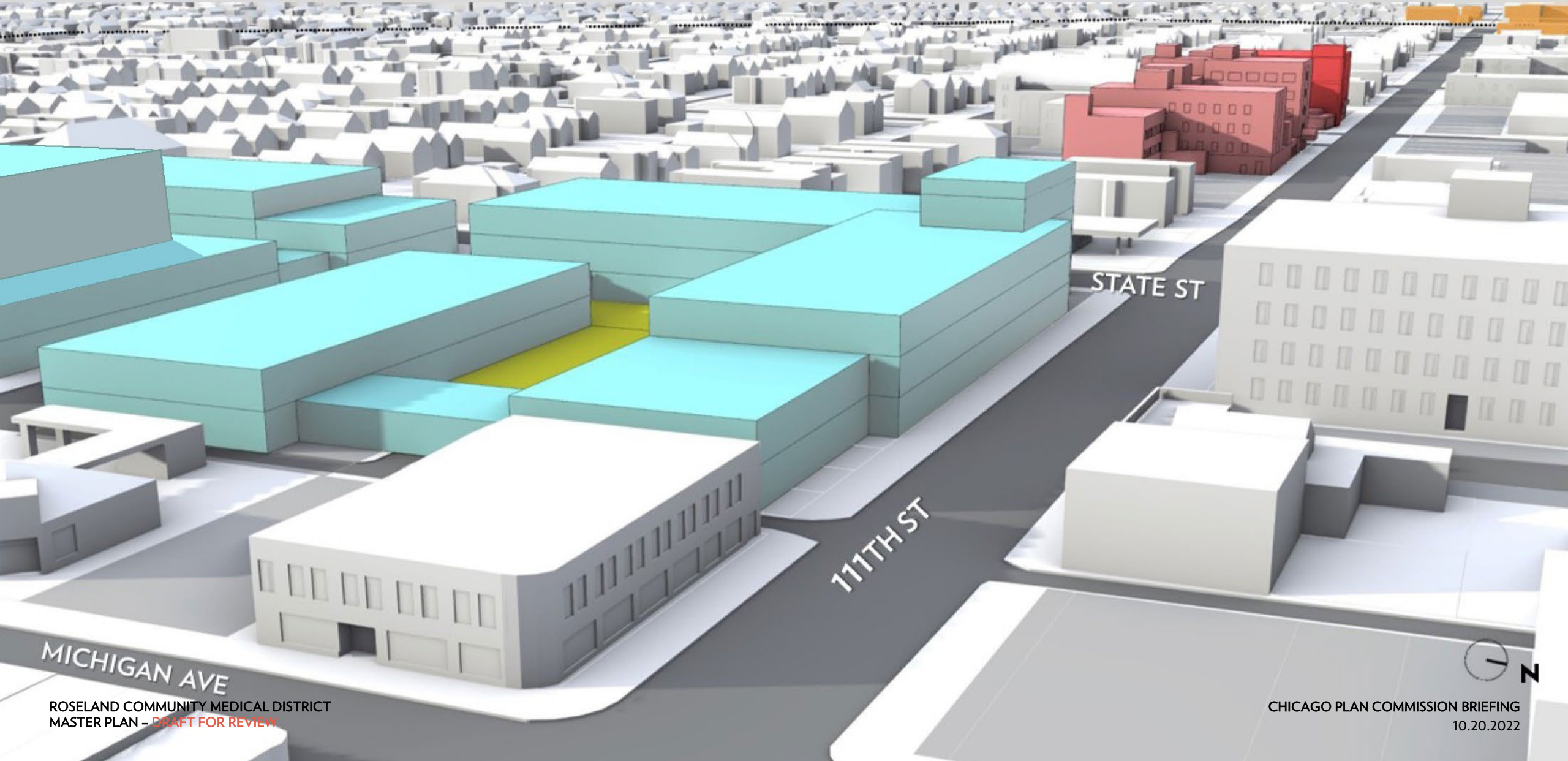
# MEDICAL DISTRICT BUILDOUT

VIEW LOOKING WEST ALONG 111<sup>TH</sup> ST

111<sup>TH</sup> TOD INFILL DEVELOPMENT

OUTPATIENT MIXED-USE CAMPUS

ROSELAND HOSPITAL 39



STATE ST

111TH ST

MICHIGAN AVE

# 111<sup>TH</sup> STREET RED LINE STATION

VIEW LOOKING EAST

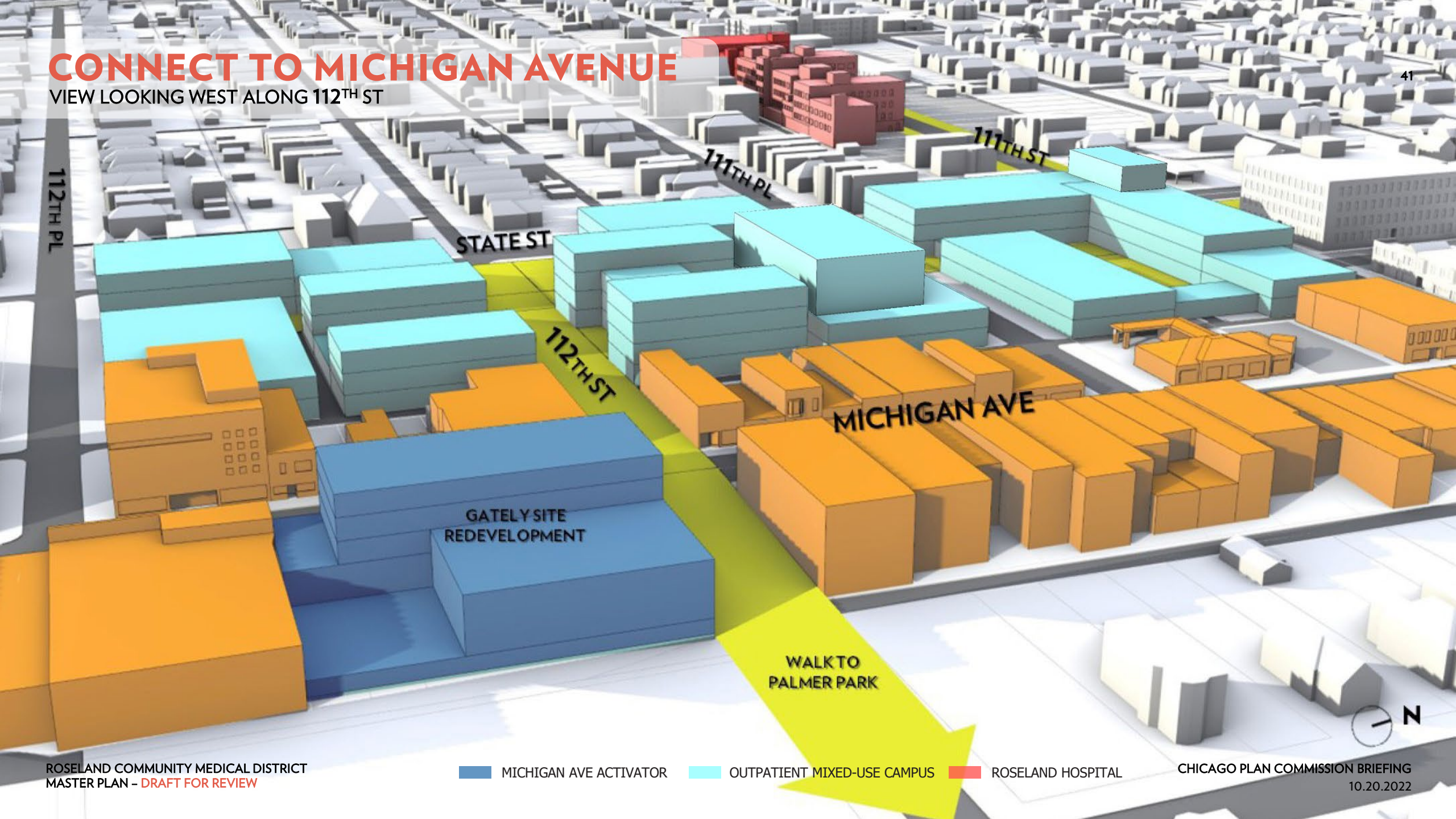
- Roseland Hospital
- New Outpatient Campus
- Infill Development
- Medical District Planning Area





# CONNECT TO MICHIGAN AVENUE

VIEW LOOKING WEST ALONG 112<sup>TH</sup> ST



# MICHIGAN AVENUE RED LINE STATION

VIEW LOOKING SOUTHWEST

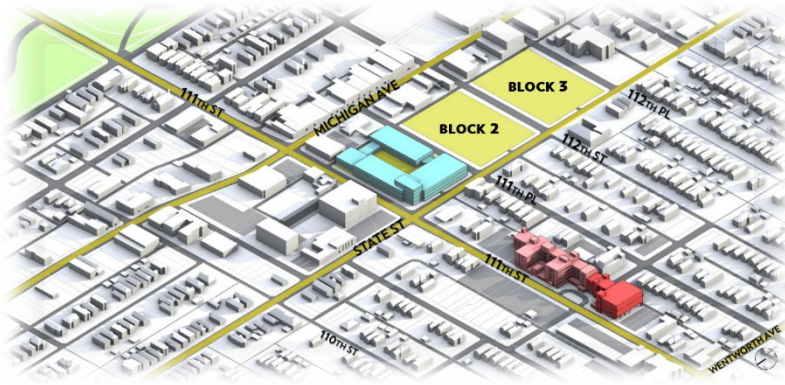
Infill Development



# IMPLEMENTATION FRAMEWORK

# PHASING CONCEPT

## PHASE 1: BLOCK ONE

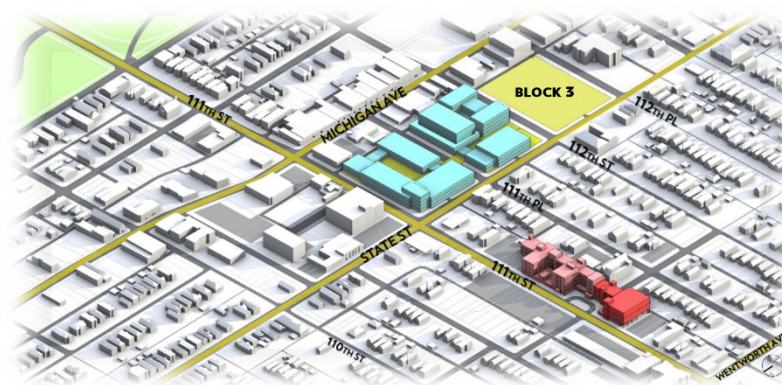


Site Area = 2.15 ac

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.

# OUTPATIENT CAMPUS



# CAMPUS CONNECTOR





MASTER PLAN  
DRAFT FOR REVIEW

INFORMATIONAL BRIEFING

# ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

ROSELAND MEDICAL DISTRICT COMMISSION

CHICAGO, ILLINOIS, OCTOBER 2022

9<sup>TH</sup> WARD ALDERMAN BEALE

34<sup>TH</sup> WARD ALDERMAN AUSTIN