

ADOPTED BY THE
CHICAGO PLAN COMMISSION
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ROSELAND COMMUNITY
MEDICAL DISTRICT MASTER PLAN

ROSELAND MEDICAL DISTRICT COMMISSION

CHICAGO, ILLINOIS

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ROSELAND MEDICAL DISTRICT CAMPUS



EXECUTIVE SUMMARY

1



FITNESS

HOPE

TRUST

ROSELAND MEDICAL DISTRICT

The Roseland Medical District will be heart of the community, both in terms of its care for people and the economic lifeblood it pumps into revitalization of Chicago's far south side.



ROSELAND MEDICAL DISTRICT

VIEW TO NORTHEAST

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



EXECUTIVE SUMMARY

INTRODUCTION

This **Roseland Community Medical District Master Plan** sets forth the vision, physical framework, development strategy and design guidelines for the planning, design, construction and operation of a mixed-use campus focused on high-quality patient care, outpatient services and related investment to address longstanding community needs.

The **Roseland Community Medical District** was established in 2011 by the Illinois State Legislature. The purpose of the Medical District is to attract and retain viable health care facilities, medical research facilities, academic centers of excellence, emerging high technology enterprises, and supportive uses.

The **Roseland Community Medical District Commission** is responsible for the maintenance of proper surroundings for a medical center and the orderly creation, maintenance, development, and expansion of health care facilities. The Commission is the primary point of contact for all activities associated with the Medical District.

The Commission is required by statute to prepare and approve a comprehensive master plan to guide the orderly development and management of all property within the Medical District prior to construction and operations. This Master Plan fulfills that requirement.

BACKGROUND

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

However, downturns in area industrial operations, employment loss and low levels of investment over a long period of time diminished these assets.

Although Roseland Hospital has maintained consistent operations since opening in 1924, it faces significant modern-day challenges delivering quality health care in outdated, undersized and inefficient facilities. It also faces significant economic challenges as an Illinois Safety Net Hospital providing care for the low-income, uninsured and vulnerable populations that comprise most of its current patients. Investment in the hospital together with adjacent complementary and synergistic health care facilities and services is the primary focus of this master plan.

Developing the Medical District to its full potential is a critical step in addressing the needs of far south Chicago residents who face daily challenges accessing quality medical services and preventative

health care, business and employment opportunities, housing, fresh food, goods and services, and other vital needs.

These challenges existed long before the COVID-19 crisis but the pandemic further highlighted inequities that result in tragic consequences. Too often Chicago zip codes are indicators of life expectancies and mortality rates and that is not acceptable.

It is imperative that this Roseland Community Medical District Master Plan delivers results that improve the health and wellbeing of the 300,000 people within the service area, where 86% are African American.

CALL TO ACTION

This Master Plan provides the physical framework, design guidelines and delivery strategy for the planning, design, construction and operation of a mixed-use campus comprised of approximately 400,000 sf of new development for the provision of high-quality preventive, outpatient and immediate care services, community facilities, supportive housing and other longstanding needs.

The development of this plan is the result of extensive discussions and collaboration among community residents and stakeholders, the

EXECUTIVE SUMMARY

Medical District Commission, the New Roseland Community Hospital Board of Directors, large and small network health care providers, the Chicago Department of Planning and Development (DPD), the Chicago Department of Transportation (CDOT), the Chicago Transit Authority (CTA), and the CTA Red Line Extension (RLE) Transit-Supportive Development Plan team.

Successful implementation of this master plan has the power to positively impact Roseland and adjacent communities by improving the health of far south residents, creating a health care economic engine that creates jobs and personal growth opportunities, creating synergy to drive revitalization of the historic South Michigan Avenue commercial corridor, and attracting visitors to the region.

When fully leveraged with DPD and CDOT investment in South Michigan Avenue, the extension of the CTA Red Line, and meaningful public and private sector participation, the Medical District can be positioned to return prosperity and wellbeing to far south residents, while driving inclusive, measurable growth broadly in this area of the city.

Although this Plan establishes a compelling vision and implementation roadmap for the development of high-quality community health

care facilities and preventative health care services, public and private sector resources must be invested to target and mitigate the environmental, physical and socio-economic factors that contribute to poor health.

The goal is to improve the overall health of area residents, while driving down hospitalization rates, emergency room visits and burdensome health care costs. This can be done in an inclusive manner that cares for and supports families and individuals at all stages of life.

The physical character of the district is important too. It must be a welcoming, safe and memorable place that reflects the unique identity of the Greater Roseland area communities. The district will be anchored by health and wellness facilities in a mixed-use environment in order to create urban vitality in a pedestrian-friendly, walkable and bikeable setting. It will be linked physically and programmatically to historic South Michigan Avenue to help drive renovation and activation of this important commercial corridor.

PROGRAM

A mixed-use development program is envisioned to be delivered in phases on three city blocks adjacent to Roseland Hospital fronting East 111th Street, between South State Street and historic South Michigan Avenue.

The mix of uses will include outpatient services, medical office and treatment facilities, immediate care, health-focused businesses, retail, food and beverage amenities, and community fitness and nutrition centers. These uses will be programmed to meet the needs of people at various stages of life and abilities and may include some level of medical-related supportive housing.

Within the broader extents of the 95-acre district, new and renovated housing for diverse populations with focus on medical district workforce accommodation is envisioned to be developed in partnership with private, nonprofit and public partners.

Although the Medical District Commission is charged with developing medical facilities and programs as its primary focus, it is also enabled to work with and fund community development initiatives with project partners that have expertise in human investment to address a wide variety of existing needs.

The Roseland Community Medical District Commission and The New Roseland Community Hospital Board of Directors will work collaboratively for the successful delivery, operation, maintenance and expansion of their respective components of the Medical District, though each have distinct purpose and authority.

EXECUTIVE SUMMARY

The New Roseland Community Hospital Board of Directors is solely responsible for the operation and maintenance of the hospital.

The Roseland Community Medical District Commission is responsible for the attraction and retention of viable health care partners, programs and services, and the orderly development and management of properties in which to do so.

The Commission will assemble and prepare land, solicit and execute contractual agreements with health care partners, partner in community development initiatives, and operate and maintain a safe and secure physical environment with enhanced transportation.

Implementation of this master plan is targeted for a 10-year timeframe.

Years 1-3, the Medical District Commission will assemble and prepare land for outpatient facilities, conduct Solicitations of Interest (SOIs) and Requests for Proposals (RFPs) to engage outpatient project partners, secure partners and finalize agreements, and support land planning, design, entitlement and preparation activities. All work will be closely coordinated with the hospital.

Years 4-10, the Medical District Commission will build and manage the Medical District to achieve the following goals:

- **Establish a 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 The New Roseland Community Hospital.**
- **Develop security and local transportation services for medical district operations.**
- **Partner in housing and human investment initiatives at community scale.**

“The Roseland Medical District will be heart of the community, both in terms of its care for people and the economic lifeblood it pumps into revitalization of Chicago’s far south side.”

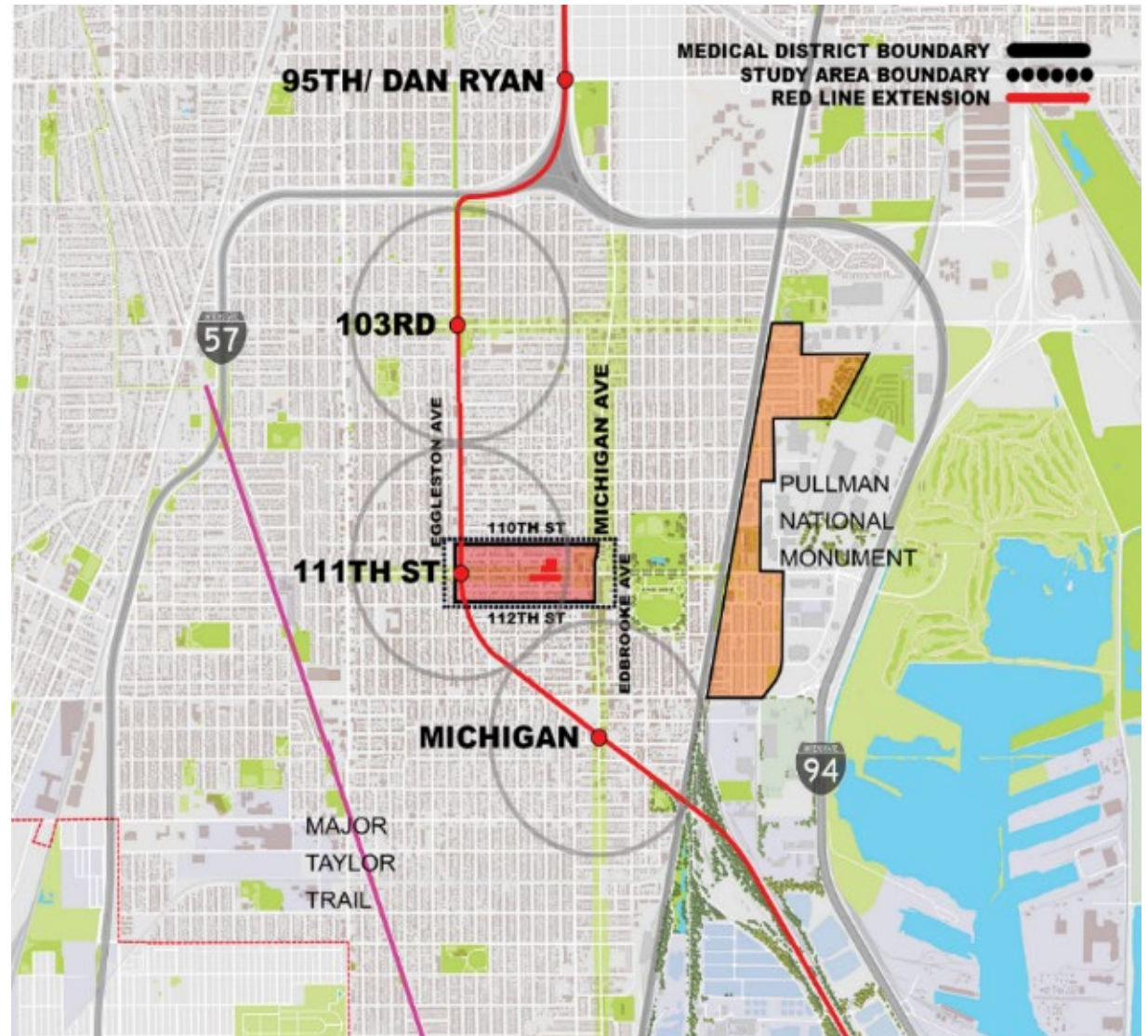
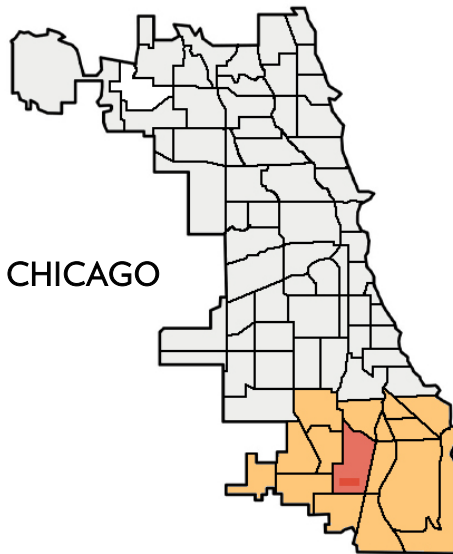
HEALTH CARE IMPERATIVE 2

LOCATION AND BOUNDARIES

The 95-acre Roseland Community Medical District is located within the Roseland Community Area in the far south region of the City of Chicago.

The Medical District Boundaries are South Stewart Avenue on the west, West 110th Street on the north, South Michigan Avenue on the east, and West 112th Street on the south. 111th Street is the central corridor that runs east/west through the district.

The New Roseland Community Hospital is located at 45 West 111th Street, between South State Street and South Wentworth Avenue.



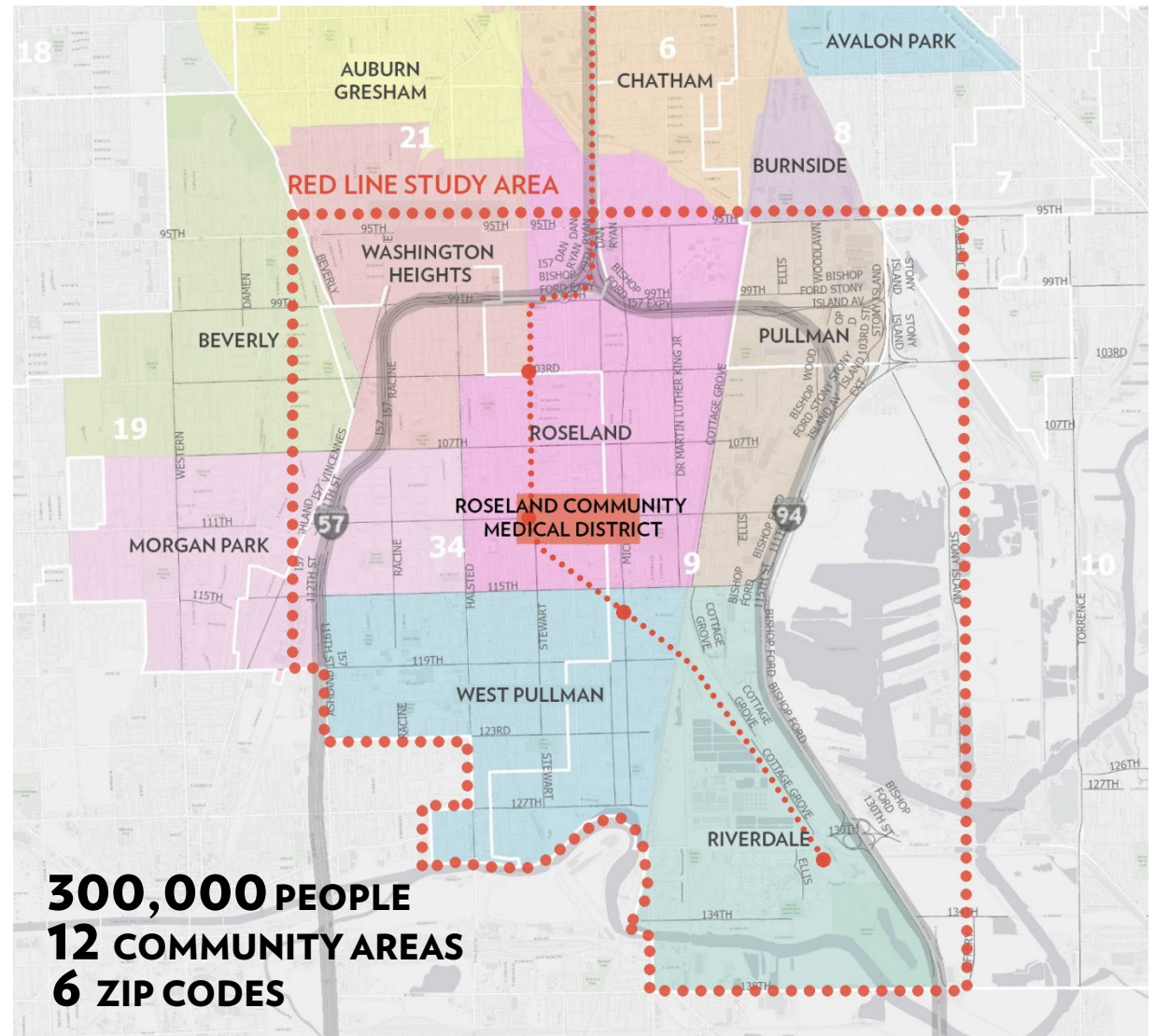
MEDICAL DISTRICT SERVICE AREA

The Medical District Service Area is home to approximately 300,000 people spanning twelve Community Areas and six zip codes. This constitutes more than 10 percent of Chicago's population. The population is 86% African American, 8% White and 4% Hispanic.

Over the past decade the majority of small network, neighborhood hospitals that provided accessible service to area residents have closed. This has diminished the health and wellbeing of individuals and families and has created hardship for people with limited transportation and financial resources in search of care.

The lack of adequate outpatient services has also created strain on Roseland Hospital because people use the Emergency Department for immediate care. The need to develop accessible, high quality outpatient health facilities in the far south region of Chicago cannot be overstated.

The central location of the Roseland Medical District is ideally situated to serve local and regional needs. It is at the geographic center of two interstate highways, I-57 and I-94, and is accessible via Metra Electric commuter rail service, CTA and PACE bus service, and the planned extension of the CTA Red Line.



ROSELAND MEDICAL DISTRICT AUTHORITY

Roseland Community Medical District

Established in 2011 by State of Illinois Act 70 ILCS 935 to attract and retain academic centers of excellence, viable health care facilities, medical research facilities, emerging high technology enterprises, and other facilities and uses.

Roseland Community Medical District Commission

The Roseland Community Medical District Commission (Commission) was established 1) to maintain the proper surroundings for a medical center and a related technology center in order to attract, stabilize, and retain within the District hospitals, clinics, research facilities, educational and other facilities; and 2) to provide for the orderly creation, maintenance, development, and expansion of health care facilities and other ancillary or related facilities, medical research and high technology parks, together with the necessary lands, buildings, facilities, equipment, and personal property for those parks.

The Commission is comprised of nine members appointed by the Governor, Chicago Mayor and Cook County Board President. Three ex-officio members include the Director of Commerce and Economic Opportunity, the Director of Public Health and the Secretary of Human Services.

The Commission has administrative powers and public process requirements defined in the Act, though it does not have quick take powers, zoning powers, nor power to establish or enforce building codes. Property owned by and used exclusively by the Commission is exempt from taxation.

The Commission is Empowered and Entrusted to do the following as it pertains to development and operations:

- Acquire, Sell and Lease Real and Personal Property
- Construct Facilities, such as Hospitals, Clinics, Laboratories, Institution Buildings and Related Facilities
- Apply for Loans, Grants and Appropriations
- Accept and Collect Assessments and Fees
- Make Grants to Neighborhood Organizations
- Hold and Manage Contracts
- Exercise Right of Eminent Domain
- Provide Relocation Assistance

The Commission is required by statute to prepare and approve a comprehensive master plan to guide the orderly development and management of all property within the District prior to construction and operations of facilities and programs. This Roseland Medical District Master Plan fulfills this requirement.

Roseland Community 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 Community 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

ILLINOIS MEDICAL DISTRICTS

Three medical districts in the State of Illinois were created and empowered by the State Legislature. Each medical district is governed by an appointed Commission and charged with developing and implementing a master plan. Master plans are living documents that are updated periodically to adjust to advances in health care service models, as well as patient and workforce needs.

Notably, the Illinois Medical District revised its master plan in 2021 to incorporate a wider range of mixed use. The Roseland Community Medical District is distinguished by its mixed-use character as it is surrounded by a variety of residential neighborhoods and connected to the S Michigan Ave commercial corridor.

MID-ILLINOIS MEDICAL DISTRICT

Springfield

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

640
Acres

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

560
Acres

ROSELAND MEDICAL DISTRICT

Chicago

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

95
Acres

“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

HEALTH NEEDS ASSESSMENT

Health Care Imperative

This sample of seven community areas within the Roseland Medical District Service Area depicts the imperative need for quality health care for far south Chicago residents. It is essential that the societal determinants of health that result in poor health outcomes are addressed.

Societal Determinants of Health

Societal determinants of health are social, economic, and physical conditions in which people are born, live and work that affect health and wellbeing.

Health Outcomes

Health outcomes are the measures that define the health and wellbeing of the community and are the result of social determinants of health, access to clinical care, and health behaviors.

METRIC	ROSELAND	PULLMAN	WEST PULLMAN	RIVERDALE	MORGAN PARK	WASHINGTON HEIGHTS	BURNSIDE	AVERAGE	CHICAGO	REGION
HOUSEHOLD INCOME	\$38,562	\$36,777	\$37,675	\$14,415	\$59,027	\$46,848	\$23,684	\$36,713	62,097	\$76,606
POVERTY RATE	30%	25%	29%	66%	18%	19%	33%	31%	19%	16%
UNEMPLOYMENT RATE	26%	20%	25%	37%	11%	19%	18%	22%	8%	6%
VACANT HOUSING	19%	15%	18%	27%	10%	9%	29%	18%		
VIOLENT CRIME INCIDENTS	7,916	7,915	6,809	12,512	4,214	5,711	6,824	7,414	4,491	
FEEL SAFE IN NEIGHBORHOOD	66%	89%	62%	32%	76%	68%		56%		
LIFE EXPECTANCY	72	72	72	72	75	74	71	72.6	77	79
INFANT MORTALITY*	12	19	12	13	13	15	13	14	7	5.7
PRENATAL/MATERNAL CARE	49%	57%	47%	46%	63%	56%	44%	52%		
HIGH BLOOD PRESSURE	45%	47%	36%	19%	34%	29%	58%	38%		
NO PHYSICAL ACTIVITY/EXERCISE	37%	26%	34%		34%	31%	46%	35%		
OBESITY	53%	28%	53%	24%	41%	32%		39%	36%	28.2%
DIABETIC	22%	28%	10%		12%	7%		16%	11%	12.5%
ASTHMA	10%		10%		10%	8%		10%	16%	11%
TOP CAUSES OF DEATH**										
HEART DISEASE	1	1	1	1	1	1	2	#1	#1	#1
CANCER	2	2	2	2	2	2	1	#2	#2	#2
INJURY	3	3	3	3	3	3	3	#3	#3	#4
DIABETES-RELATED	4	4	4	4	4	4	4	#4	#6	#8
STROKE		5	5		5	5		#5	#4	#5
HOMICIDE***	5			5			5	#6	#10	

* Deaths per 1,000 live births.

** Ranked 1-5 by Community Area.

*** Chicago #10 for All People; #5 for Non-Hispanic Black; #4 for Non-Hispanic Black Men.

Sources: UChicago Medicine Community Health Needs Assessment; CMAP Community Data Snapshot; CDC Community Profile; IL Dept of Public Health; Chicago Dept of Public Health.

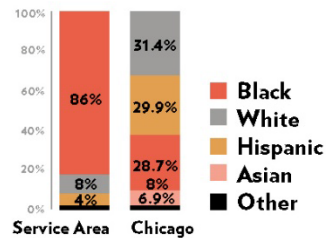
HEALTH NEEDS DASHBOARD

ROSELAND COMMUNITY MEDICAL DISTRICT SERVICE AREA

Population
~300,000



Race and Ethnicity



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

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

6X

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

48%

Expectant Mothers with No Prenatal Care

Poverty
31%



Median Household Income

\$36,713

Chicago: \$62,097

Unemployment



Violent Crime per 100,000 people

7,414

4,491

Service Area Chicago

Health Issues Augmented by High Violence Rates

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

Vacant Housing



56%

Feel safe in their neighborhood

44%

Do not feel safe in their neighborhood

COLLABORATION AND BENCHMARKS 3

COLLABORATION

From “Survive” to “Thrive”

Over the course of six months, interviews, focus groups, and visioning workshops were conducted with various stakeholders including local elected officials, city officials, residents, community leaders, and representatives from the Roseland Community Medical District Commission, the Roseland Community Hospital, local businesses, and non-profit organizations.

Conversations with stakeholders revealed concerns and hopes for the future of the District. These interactions provided opportunities for confidential, candid responses from stakeholders, which aided in the development of the master plan recommendations. The following is a summary of stakeholder impressions on the needs, aspirations, and challenges for the Medical District.

MEDICAL NEEDS

For decades, outdated facilities, limited services and other challenges at Roseland Community Hospital have discouraged community members from seeking care outside of the Emergency Department. However, community members recognize the potential of the Medical District and hope to see improvements to the hospital together with new health care partners, outpatient facilities and services. Stakeholders shared a variety of ideas to introduce new healthcare options in the District, supporting the hospital’s future growth and development.

Key Priorities

Of the medical improvements that stakeholders would like to see, the addition of a trauma center is seen as a top priority. Residents have expressed their concern over the heightened need for Level-1 emergency trauma care in the area as the nearest center of that standard is over five miles away.

Stakeholders made note of the need for quality obstetrics, gynecology, and pediatric services due to the recent closure of nearby facilities. According to the March of Dimes, the threat of maternal mortality and morbidity is especial acute for women of color. Black mothers of all ages are six times more likely to die from pregnancy-related complications than their white peers. The need for quality women’s health care is critical in the far south area and the District has potential to bring that level of care to fruition.

Overall, stakeholders acknowledged the most pressing community health concerns are maternal health, lung care and dementia care. The community would like to see these issues addressed within the District, while working towards reducing emergency room visits through preventative health care.

Opportunities

Stakeholders stated the importance of complementary services in the District, including dental clinics, optometrists, and other specialized care providers. Additionally, associated retail such as optical stores, pharmacies, health and alternative medicine would be ideal.

Other opportunities for health and wellness include wrap-around services such as mental health providers, art and music therapy, physical therapy, substance abuse clinics, veteran services, a health food store and grocery with fresh produce, and other preventative health care providers.

Housing for hospital staff and medical residents, partnerships with hospital systems, providing resources, and educating residents about healthy eating and healthy lifestyle choices will help promote better overall health for the community.

Challenges

The District has faced numerous hurdles over the years and community stakeholders were very forthright in their responses to questions regarding challenges. Due to Roseland Hospital’s reputation and lack of funding, community members feel that they need to leave the area to receive adequate care; a new narrative for the hospital needs to be developed. Stakeholders would like to see less politics and more community involvement as the hospital continues to develop.

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



COLLABORATION

MEETINGS, INTERVIEWS, FOCUS GROUPS

- ROSELAND MEDICAL DISTRICT COMMISSION
- ROSELAND HOSPITAL BOARD
- FAR SOUTH COALITION QOL STEERING COMMITTEE
- INVEST SOUTH/WEST
- ALDERMAN BEALE
- ALDERMAN AUSTIN
- REPRESENTATIVE SLAUGHTER
- REPRESENTATIVE RITA
- SENATOR JONES
- LAWDALE CHRISTIAN
- RED LINE PLANNING TEAM
- CHICAGO TRANSIT AUTHORITY
- CHICAGO DEPARTMENT OF PLANNING & DEVELOPMENT
- COOK COUNTY LAND BANK AUTHORITY
- REAL ESTATE DEVELOPERS
- NATIONAL PARK SERVICE
- HISTORIC PULLMAN FOUNDATION

COMMUNITY CONCERNS

- **PRIORITIZE COMMUNITY NEEDS**
- **ENVISION NEW NATIONAL MODEL**
- **FOCUS ON PREVENTIVE CARE**
- **CREATE CULTURE OF HEALTHY LIFESTYLE, EATING & EXERCISE**
- **MAKE NEIGHBORHOOD SAFE SO PEOPLE CAN GO OUTSIDE**
- **ECONOMIC DEVELOPMENT AND JOB CREATION**
- **INVEST IN PEOPLE ALREADY IN THE NEIGHBORHOOD**
- **ATTRACT NEW RESIDENTS**
- **MEDICAL DISTRICT MUST DELIVER TRANSFORMATIVE CHANGE**
- **ADDRESS SYSTEMIC RACISM**
- **ALIGN FEDERAL, STATE & LOCAL RESOURCES**
- **DELIVER THE RED LINE**
- **RESTORE & ENERGIZE MICHIGAN AVENUE**
- **LEVERAGE PULLMAN NATIONAL MONUMENT VISITATION**
- **CONNECT TO LOCAL RIVERS, LAKES, PARKS & PRESERVES**
- **GROW TALENT PIPELINE**

VISION WORKSHOPS



DESIGN WORKSHOPS



COMMUNITY INPUT

HUMAN INVESTMENT

Stakeholders discussed the importance of including a human investment focus in the medical district plan. The group discussed the disproportionate impact by disease of the mind, body and finances on people in the surrounding census tracts. There was an overall agreement that the plan should create opportunities to better the medical district and inspire improvements to the surrounding areas, creating opportunities to improve resident health on many levels.

There was also agreement that the plan should fill service and experience gaps for the people most in need and those directly impacted by the project due to the proximity of their place of residence, where they work, worship, do business and receive care, however the challenges were not overlooked and were discussed in detail.

Most recognized that the partnerships will be key because the Medical District Commission must focus on delivery of medical facilities and services and may not have the skills and network required to address other critical human investment needs. Therefore, working with organizations and nonprofits that address special needs housing, workforce development, mental health support, fresh food delivery and other essential needs must be a priority. There is support for the Commission to partner with organizations to address such critical needs.

Key Priorities

There were eight identified areas of community concerns that were seen as opportunities. In general terms they were identified as: community psychiatric care, health and wellness, improved and inclusive housing, child and youth services and programs, arts and culture, transportation and safety, financial education, and health industry-related businesses and services.

Opportunities

Participants in the discussion noted the following opportunities: that improving health care in the district must include psychiatric services for those impacted by trauma, drugs and other forms of mental illness, as well as free or affordable preventative activities to prevent illness overall.

They also recognized that creating positive experiences and inspiring youth to look at STEM related trainings, jobs and entrepreneurial endeavors related to health care as a major opportunity to refocus youth and teach wealth creation that would leave the greatest future impact.

Arts and culture were identified as key elements that could bring uniqueness to the district and allow community designers and entertainers to feel a sense of ownership and inclusion while creating a positive gathering space.

It was suggested that the plan mimic U of C's transportation and safety model which would benefit all parties for residents to employees and - participants hope the district will create jobs and opportunities by attracting health industry partners and businesses to the area.

Challenges

Whereas participants spoke candidly about how gentrification and affordability often follow, community investments when the human investment is secondary, so there was much thought given to creating a supportive lived community with the necessary resourced included.

Some of those resources included senior, accessible and affordable housing. The term "affordable" concerned some of the resident, as they equated affordable with Section-8, which they equate with poor property upkeep and behavior. Homelessness prevention and intervention services was also rallied for but also created pause.

Homelessness intervention sparked a debate about how creating services for the homeless could also increase the homeless population, but all agreed something must be done.

PUBLIC REALM

The District has a unique opportunity to offer a beautiful and inviting pedestrian experience along 111th Street and Michigan Avenue. While the corridor currently does not boast as many amenities as Stakeholders would like to see, the potential exists. The future addition of a CTA Red Line Station on the west end of the study area as well as CDOT’s streetscape improvements along the corridor, including tree plantings, updated crosswalks, and medians leaves community members with hope for a more vibrant District.

Key Priorities

Stakeholders highlighted their desire to celebrate the history of Roseland, the District and the surrounding community through new investments like a museum, theater, and an art gallery. Design-wise, stakeholders are interested in public art such as murals and sculptures, activated spaces such as roller rinks and dog parks, and attractive places to dine and shop.

Community members are also concerned about connectivity throughout the area and would like to see improved walking and bike trails, wider sidewalks, and access to the District’s points of interest via circulating shuttle services.

Furthermore, stakeholders would like to see a hotel or extended stay suites for visiting medical professionals, as well as for friends and family.

Opportunities

Participants realize the proximity of the District to both Interstates 57 and 90/94, as well as the extension of the CTA Red Line, the Pullman National Monument, and other planned projects throughout the far south side present a multitude of opportunities for the area.

Stakeholders pointed out potential access to the Little Calumet River via the nearby Riverdale community area and Altgeld Gardens and noted their desire to see more nature programming and water activities for youth. Additionally, stakeholders the potential for improved connectivity across the far south neighborhoods so that community members can access and enjoy the variety of sites and programs offered in the area.

Challenges

Although participants were largely optimistic about the future of the District and the surrounding areas, they did share thoughts on potential hindrances. Many expressed that public safety is a major concern. One example shared was about safety at night while traveling to and from work. Others mentioned the need for better lighting and more transit options to get to destinations faster.

Additionally, the District lacks green space and places for recreation – stakeholders would like to see an increase in outdoor spaces such as playlots, walking paths, and fitness amenities.

HEALTH CARE PROVIDER INPUT

MEDICAL INDUSTRY ENGAGEMENT

Interviews and collaborative workshops were conducted throughout the master planning process with local and national health care providers, listed as follows, to identify opportunities and challenges specific to the Roseland Medical District as addressed in this master plan.

- **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. This master plan responds to opportunities and challenges for the development of partnerships and property to meet patient needs in a flexible setting that can be delivered in phases and optimized over time.

- **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 TARGETING SERVICES**
- **LARGER SYSTEMS ARE STRATEGICALLY INCREASING OUTPATIENT FACILITIES**
- **IMPERATIVE TO ADDRESS SOCIETAL DETERMINANTS OF POOR HEALTH**

DEMOGRAPHIC AND MARKET POTENTIAL

The Roseland Medical District serves a large swath of Chicago's South Side. The community areas at the center of the hospital's extended service area subject to analysis include Roseland, Pullman, South Deering, Riverdale, West Pullman, Morgan Park and Washington Heights. In addition to being the core geography served by Roseland Hospital, it is also the area most affected by the planned extension of the CTA Red Line from 95th Street and the Dan Ryan Expressway to 130th Street just west of the Bishop Ford Freeway.

Although this market area contains a broad spectrum of housing in age, size and type and with widely varying price points, broad stretches of the market area are characterized by modest homes interspersed with a growing number of vacant lots. Deferred maintenance is slowly spreading across larger portions of the market area though the layout of streets, parks, commercial corridors and schools are desirable assets upon which to build.

Population

The market area has been losing population for decades. The decline started with the demise of steel mills and other manufacturing plants in Pullman and West Pullman in the 1970s and 1980s. From a population of just over 193,000 in 2000, the area's population dropped to just over 180,000 in 2010 and then, according to American Community Survey declined another 28,000 by 2018. The 2018 five-year estimate put the market area population at 152,223.

However, by 2015 when the Chicago Metropolitan Agency for Planning (CMAP) began its comprehensive planning effort "ON TO 2050," there were indications that this trend might be changing. Substantial new investments had been made in manufacturing facilities within the area and additional investments were being planned. This activity, plus plans for the Red Line extension and other investments, were part of the consideration in the projections for how population would change in five-year increments going forward.

The optimism generated by investments that were creating jobs led CMAP to project that the decades-long trend of population declines would indeed reverse and the agency's estimate for 2020 put the market area population at 154,510, an increase of approximately 2,300 persons. By 2040, the projections indicated a market area population of 183,296, an increase of 18.6 percent.

While admitting that its projections could be optimistic, CMAP felt that the transportation improvements and other investments would attract additional population to the area. Unfortunately, CMAP's projections were more optimistic than they imagined. Not only did the trend of population decline continue, the trend appears to have accelerated.

After declining by about 13,000 between 2000 and 2010, the market area lost over 40,000 population during the subsequent decade. So far, the redistricting data on population by race is the

only data released from the 2020 Decennial Census. The 2020 population for the market area was 139,453, or approximately 15,000 persons below CMAP's 2020 estimate.

The Roseland Community Area's population declined by 5,324 between 2010 and 2020. And even the Pullman Community Area, which was the focus for most of the investment in the area's new manufacturing facilities during the decade, had 2,672 fewer persons living there in 2020 than it had in 2010. Although the new jobs may have been drawing persons to the neighborhood to work, the attraction has yet to involve moving into the neighborhood.

Households

CMAP's 2020 projections included 56,150 households living in the market area. That assumes an average household size of approximately 2.7 persons. Assuming that the 2020 population lives in similarly sized households, then the 2020 household count would have been about 51,650. This has implications for the housing market, meaning that more than 4,000 additional units may be vacant in 2020 over 2010. In an area with a vacancy rate of about 12.5 percent in 2010, the addition of these new vacant units pushed the vacancy up to approximately 15 percent. This compared to a vacancy rate in 2000 of about seven percent, less than half the current rate.

DEMOGRAPHIC AND MARKET POTENTIAL

Household Income

It is not surprising that with the large decline in population and households over the past 20 years that the median household income in the market area declined by around 36 percent. As disinvestment grew, fueled significantly by the Great Recession near the end of the century's first decade, more affluent households moved to the suburbs or to more stable city neighborhoods. The households with more moderate incomes, who often could not afford to move, were left behind.

The combination of fewer households with less money has led to physical deterioration in many properties and to the demise of commercial corridors throughout the area.

Income distribution is uneven across the study area. In Morgan Park, the median household income, at \$61,000 is still a few thousand dollars higher than the citywide median. Conversely, the median income in Riverdale is closer to \$15,000 due to the large concentration of public and other subsidized housing in that community area.

Age Cohorts

The market study area population is both younger and older than the citywide population. The percentage of the population aged 19 and under is about two percent higher than the citywide percentage, and the population aged 50 and older constitutes about 37 percent of the market area population compared to 29 percent citywide.

The concentrations of population at both ends of the age spectrum has implications for the housing market, the need for education and recreation facilities and the types of health care needed in the community.

Employment

The labor participation rate in the Roseland Medical District market area is close to the citywide rate. However, very few area residents also work in the area and the unemployment rate in the market area is considerably higher than in the rest of the city. Most of the persons working in the area, live elsewhere.

As indicated above, even as more jobs were created in the Pullman Community Area, the neighborhood's population continued to decline. In Pullman, this may be because the development of new housing has not paralleled the job growth. However, there is no indication that persons taking those Pullman jobs have found housing in other parts of the market area either.

Going forward, job creation needs to be accompanied by housing that matches the needs of the persons likely to be employed in the area. At the same time, economic development efforts need to be accompanied by job training programs to align the skills of area residents with the skills needed to take advantage of the new opportunities.

Other Demographic/Socioeconomic Characteristics

Despite challenges there are advances. Over the past 20 years the population of the market area has become more educated. Approximately 30 percent of the adult population now has an associate degree or more. The largest jump has been in people with associate degrees, however the percentages of the population with college and graduate degrees has also increased. Citywide, 45 percent of Chicago's adult residents have a comparable level of education.

The home ownership rate is also high within the market area. With the exception of the Riverdale Community Area, where the housing stock is dominated by public housing and other large, subsidized apartment complexes, the home ownership rate is higher than the citywide rate of about 46 percent. In some of the community areas, more than 70 percent of the households own the residence in which they reside. This approaches the ownership rate in most suburban communities. In other community areas, the home ownership rate is closer to the national average of 63 percent.

Housing Market

The characteristics of the existing housing stock have both positive and negative aspects. The existing unsubsidized housing stock is composed primarily of single family detached houses. Therefore, the housing stock appeals to families.

DEMOGRAPHIC AND MARKET POTENTIAL

Households headed by persons in their late 20s through early 40s are most likely to be the market for this type of housing, yet this is the smallest segment of the area's population. The result is that with low demand, housing prices are very affordable. The low for-sale prices may have contributed to the uptick in the number of sales from 2018 through 2020. At the same time, houses were being sold more rapidly. At least a portion of this sales activity was apparently coming from outside the market area.

Thus, the relative affordability of the housing stock is a positive aspect of the local housing market and could help to spur future population growth by attracting households from other, less affordable areas of the city and adjacent communities.

The affordable nature of the housing stock may also encourage some of the current younger cohort of the population to stay in, or return to, the market area as they start their own households.

The negative aspect of predominance of single-family detached units is that nationwide, the one- and two-persons households are fast-growing segments of the population. This trend includes older couples and individuals who are living longer, persons choosing to live alone and young couples who have decided not to have, or at least to delay having, children. And although a portion of one- and two-person segments of the market may choose a detached unit, they are more likely to concentrate in multiple-unit communities.

The market report for the Red Line extension developed a demand model that showed a potential demand for more than 12,000 new housing units between 2020 and 2040. That averaged more than 600 units per year.

In addition, the report noted the market could absorb almost 4,000 renovated existing units over that 20-year period. Because this model was influenced by CMAP's optimistic projections of population growth, the immediate demand may be lower than anticipated and absorbing more than 15,000 units may take until 2050 instead of 2040.

While immediate demand may not be as large as projected, developing a more diverse housing stock that can appeal to all market segments will be the key to revitalizing the market area.

Just such a development is being planned for a 12-acre site at 115th Street and Halsted Street. Construction is scheduled to start next year with 80 rental units. The full, mixed-use plan for the development includes 390 residential units and 20,000 square feet of commercial space.

Similar concentrations of new housing in strategic locations around the study area may help attract more jobs and spur both population growth and economic development.

The area around the Roseland Medical District is a prime location for new residential development, including rental apartments and additional age-restricted units.

Buildout of new outpatient services and fortification of hospital facilities and services will grow the area workforce. Workforce housing for the medical district would be beneficial for employees who would like to live closer to their jobs. In particular, employees with varied or late-night schedules might find new housing in the area to be very attractive.

Commercial Development Potential

Throughout the market area there are large shopping complexes that serve resident needs. The largest, Marshfield Plaza at 115-119th South Marshfield, is in the southwest corner of the market area and is more than 2.5 miles from the Roseland Hospital. Pullman Plaza, just north of 111th and the Bishop Ford Expressway is about 1.5 miles from the hospital. These two shopping centers serve residents in the southwestern and eastern sections of the study area. Residents in the north of the area have a variety of shopping options along 95th Street, both to the east and west. It is the center of the Roseland Medical District market area that is less well served by retail establishments, including grocery stores.

The largest concentration of struggling retail is the commercial corridor along Michigan Avenue from 111th Street to 115th Street. The revitalization of this retail corridor will depend to a large extent on the attraction of smaller, independent retailers as a follow-on to the development of new jobs within the Medical District and new residential

DEMOGRAPHIC AND MARKET POTENTIAL

development. Catalytic investment in an anchor use, such as a grocery store, is essential to bring about positive change.

Previously, there was a grocery store located at 115th and Michigan though it was closed and demolished. With a station on the Red Line extension planned for this location, it is a key site for a 20,000 to 30,000 square foot grocery store.

This stretch of Michigan Avenue is also a target area for the City's INVEST South/West initiative of commercial corridor revitalization and will likely be included in a future round of Request for Proposals and funding for property renovation and small business support.

The best prospect for commercial development within the district will be for medical related uses. Roseland Hospital employs approximately 900 people at present. With expansion of the medical district to include a major outpatient and mixed use campus, it is not unreasonable to assume employment could grow to exceed 3,000 jobs.

The Red Line Extension report labels target uses as “medtail,” including outpatient care, urgent care, physical therapy, dialysis centers, dental care other such services and facilities.

Current Federally Qualified Health Centers (FQHCs) providing essential service with the study area, including Chicago Family Health Center, Christian Community Health Center, TCA Health and others, are important assets and

their operations should be integrated and expanded in coordination with the medical district to the full extent possible. Other providers, such as the Blue Door Neighborhood Centers by Blue Cross-Blue Shield in Pullman and Morgan Park, are important assets too.

Strength to Build Upon

This analysis is based heavily on data contained in the Red Line Extension market analysis report, entitled RED AHEAD, Transit-Supportive Development Comprehensive Report, dated May 31, 2021. Although there are certain challenges that must be addressed, there are also reasons to be optimistic about the future.

Planning for the CTA Red Line Extension is underway and construction is anticipated to be funded and to commence. However, transit planning and construction is a multi-year process so development of the medical district is not dependent upon delivery of the Red Line though it will benefit directly from it once it is in service.

In the short term, a majority of new development, whether residential or commercial, is likely to need some form of subsidy due to the high costs of new construction. It is recommended that strategies for the development and provision of housing for medical district staff be part of the neighborhood revitalization strategy, while also serving as a means to attract and retain employees.

Significant investment by Federal and State

government in Pullman National Monument within the market area is poised to grow visitation to as many as 300,000 people per year. There are opportunities to draw national monument visitors into the medical district via the historic Michigan Avenue retail corridor in order to support small business growth and operations.

Significant private sector investment is ongoing at Pullman Park with the delivery of nearly \$400 M of new retail, industrial and logistics facilities and the creation of ~1,500 jobs.

The Illinois International Port District is moving forward with implementation of a comprehensive master plan that seeks to improve business operations and create jobs in the area, as well as to open land for new recreation and tourism uses to grow visitation to the area.

The Little Calumet River in the Riverdale neighborhood provides unique opportunities for area residents to engage nature as part of a healthy lifestyle. The Forest Preserves of Cook County are actively engaged with area residents in the stewardship of Beaubien Woods, Flatfoot Lake, Whistler Woods, Calumet Woods and Kickapoo Meadows.

The area is also home to some of the better performing Chicago Public Schools, including Gwendolyn Brooks College Preparatory High School, Poe Elementary Classical School, and Lavizzo Elementary Schools, and others.

DEMOGRAPHIC AND MARKET POTENTIAL

Although the area has suffered decline, the structural configuration of neighborhoods with housing, parks, schools and commercial corridors is among the most desirable in the Chicagoland area.

In conclusion, delivery and activation of the Roseland Medical District would be a gamechanger for the far south side.

It would provide access to quality health care and improve the health outcomes of families and individuals.

It would create an economic engine located at the geographic center of two federal highways served by existing Metra regional commuter rail and future expanded CTA rail.

It would be an employment hub with growth potential for individuals at multiple skill and income levels.

And it would generate demand for housing rehab and infill, repopulate the neighborhood, and lead to comprehensive community revitalization.

WHAT OTHERS ARE DOING

The following set of scale comparisons and benchmark projects were studied to understand recent health care investments in Chicago neighborhoods.

These projects document responses to the critical needs that are being addressed by health care providers at a variety of scales, the innovative partnerships and design responses that are positively impacting local communities, and the synergistic public and private business models and funding strategies that are being deployed.

Lessons learned from these studies were used to develop the mixed-use development concept for an outpatient campus detailed in this master plan.

SCALE COMPARISON

ROSELAND HOSPITAL

Roseland Community Hospital has provided comprehensive healthcare services to residents of Chicago's far South Side neighborhoods since 1924.

2024 will mark its 100-year anniversary.

GFA: 140,000 SF

Land Area: 4 Acres

Number Beds: 134

Beds per Acre: 33

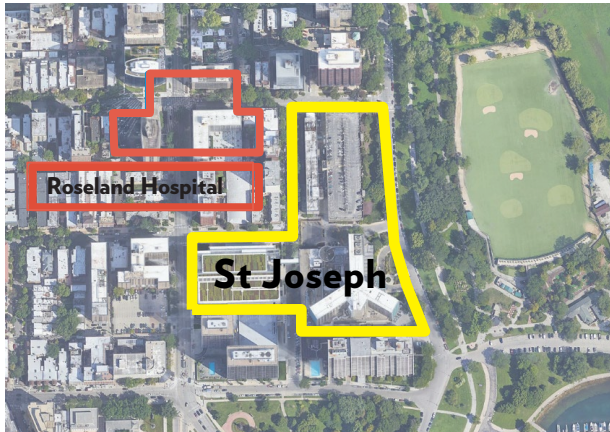
Jobs: 500



HOSPITAL SCALE COMPARISONS

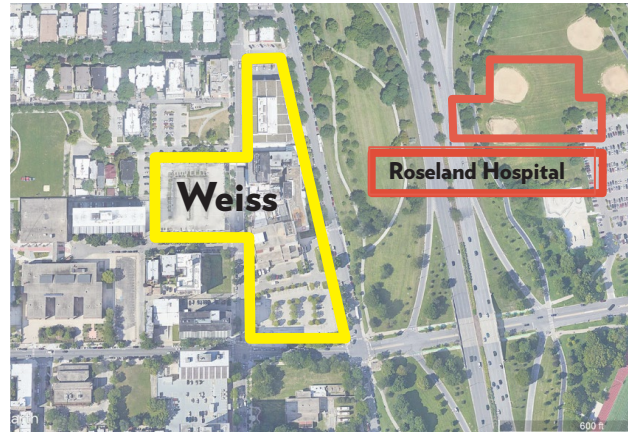
Amita Health Saint Joseph Hospital

Land Area: 7 Acres
Number Beds: 327
Beds per Acre: 46



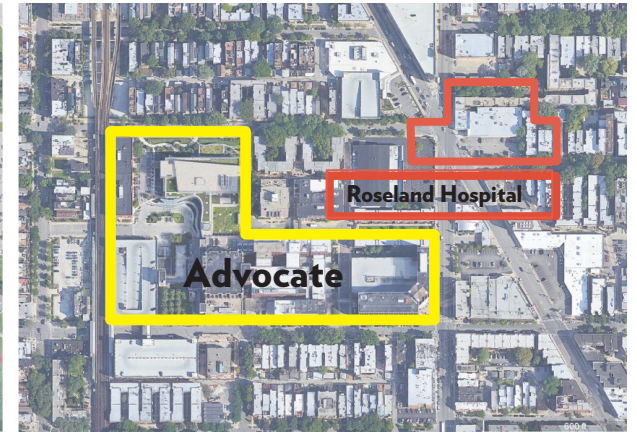
Weiss Memorial Hospital



Land Area: 7 Acres
Number Beds: 236
Beds per Acre: 33



Advocate Masonic Hospital

Land Area: 11 Acres
Number Beds: 551
Beds per Acre: 50



Benchmark Hospital Outline 
Roseland Hospital Site Outline 

BENCHMARK

PCC AUSTIN FAMILY HEALTH CENTER

The PCC Community Wellness Center (PCC) began in 1980 as a three-room clinic on Chicago’s West Side. It was incorporated as a 501 (c) (3) in 1992 and attained the status of a Federally Qualified Health Center in 1994. Currently, PCC has 14 health centers, including the PCC Austin Family Health Center, which established its location at 5425 W. Lake Street in 2010.

PCC Austin Family Health Center currently occupies the two-story, 18,300 square-foot building shown above. The facility is an environmentally friendly community health center that has achieved Energy and Environmental Design (LEED) Gold certification from the U.S. Green Building Council. The PCC Austin Family Health Center offers a variety of healthcare and community services and is in the process of adding additional facilities and services in the area.

City: Chicago, Illinois

Community Area Location: Austin

Community Area Population Characteristics:

Total Population 2020:	96,557
Racial and Ethnicity Composition (%):	
White (Non-Hispanic)	5.6%
Black (Non-Hispanic)	15.1%
Hispanic or Latino (of Any Race)	77.8%
Asian (Non-Hispanic)	0.5%
Other/Multiple Races (Non-Hispanic)	1.1%
Median Household Income (2019):	\$33,515

FACILITIES

- 32,000 sf Health and Wellness Center
- 24 Primary Care Exam Rooms
- Behavioral Health Facilities
- Telemedicine Center to Support Virtual Appointments
- Lifestyle Center with Basketball Court, Running Track, Fitness Equipment, Classrooms for Health Education Programs

KEY FINANCIAL RESOURCES

- New Market Tax Credits
- Federal Resources and Services Administration Grant
- PCC Foundation and PCC Community Wellness Funds

COMMUNITY ECONOMIC IMPACTS/ RESOURCES

- Retain 70 jobs and create 35 jobs
- Average wage exceeds \$30/hour
- All employees receive benefits
- Recruits heavily from Austin and community colleges

PRIMARY CARE SERVICES

- Pediatric Care
- Adult Care
- Pregnancy Services
- Sports Medicine Services
- Immunizations
- Hepatitis C Program
- Reproductive Health and Family Planning Services
- Diabetes Management

ADDITIONAL SERVICES

- Behavioral Health Services
- Dental Services
- Community Farm, Nutrition
- Stress Management and Yoga Classes



BENCHMARK

LAWNDALE CHRISTIAN HEALTH CENTER

Lawndale Christian Health Center (LCHC) is a Federally Qualified Health Center that operates 10 sites on Chicago’s West Side, including its main clinic at 3860 West Ogden, which houses its adult/internal medicine, specialty care, behavioral health services, and X-ray services, as well as the organization’s administrative offices. Other area facilities operated by LCHC include an eye clinic, a health and fitness center, children’s health services, women’s health and prenatal care, health support services, and counseling services.

In 2017, the Chicago Development Fund awarded LCHC \$6 million in New Market Tax Credits to rehabilitate existing buildings in North Lawndale. The funds enabled LCHC to substantially improve the façade of LCHC-owned buildings along Ogden Avenue, change the visual image of the Ogden Avenue area, and expand LCHC’s operations. Resulting facilities included an Urgent Care facility at 3910 W. Ogden Avenue, an Adult/Senior Day Care center at 3745 W. Ogden Avenue, and a greenhouse and garden at 3555 W. Ogden Avenue. The Urgent Care facility includes a pharmacy and was initially designed to serve 5,800 unique patients each year, who could avoid emergency room visits and receive primary care services.

The Farm on Ogden is operated by Windy City Harvest, which offers a job training program in urban agriculture for previously incarcerated individuals and veterans as well as affordable, locally-grown fresh food for the community. The Senior Day Services Center provides services for up to 150 adults and seniors each day, including medical care, recreation, fitness training, physical therapy, socialization opportunities, and nutrition instructions.

City: Chicago, Illinois

Community Area Location: North Lawndale

Community Area Population Characteristics:

Total Population 2020:	34,794
Racial and Ethnicity Composition (%):	
White (Non-Hispanic)	3.6%
Black (Non-Hispanic)	85.8%
Hispanic or Latino (of Any Race)	9.2%
Asian (Non-Hispanic)	0.2%
Other/Multiple Races (Non-Hispanic)	1.2%
Median Household Income (2019):	\$28,327

FACILITIES

- 6,000 sf Health Center
- 17,000 sf Adult/Senior Day Care Center
- 17,000 sf Greenhouse and Urban Farm
- 10,000 sf Renovated Building
- 7,000 sf Greenhouse Addition with Aquaponics System

KEY FINANCIAL RESOURCES

- Chicago Development Fund New Market Tax Credits: \$6 Million
- JPMorgan Chase: Equity and \$1.5 Million NMTC

COMMUNITY ECONOMIC IMPACTS/ RESOURCES

- 80 Full-Time Equivalent Jobs
- Jobs include 15 Positions for Graduates of Windy City Harvest Corps

HEALTH CENTER COMPLEX

- Urgent Care Facility and Pharmacy (A)
- Adult/Senior Day Care Center (B)
- Farm on Ogden and Greenhouse (C)



BENCHMARK

LAWNDALE CHRISTIAN OGDEN MEDICAL CORRIDOR



200,000 SF MIXED-USE PROGRAM

HEALTH CENTER = 75,000 sf (39%)

IMMEDIATE CARE | SENIOR CENTER | EYE CLINIC | DENTIST

OFFICE = 38,000 sf (20%)

RESOURCE CENTER = 15,000 sf (8%)

GALLERY | MEETING ROOMS | CONFERENCE ROOMS

IT/STORAGE = 5,000 sf (2%)

RETAIL = 15,000 sf (8%)

FOOD | BEVERAGE

CULTURE/EDUCATION = 18,000 sf (9%)

FITNESS CENTER = 28,000 sf (14%)

GYM | INDOOR TRACK



BENCHMARK

- A Resource Center: 7,200 sf
IDHS: 12,000 sf
Immediate Care/Pharmacy: 12,000 sf
Total: 31,200 sf
Parking (44 cars): 14,100 sf
- B Health Center: 9,500 sf
Gym: 8,000 sf
Administrative Offices: 16,000 sf
Total GFA: 33,500 sf
Parking (25 Cars): 11,300 sf
- C The Gallery
Total GFA: 3,700 sf
- D OpBrotherhood, WIC, Meier Clinic
Total GFA: 5,500 sf
Parking (16 Cars): 6,100 sf
- E Receiving & Storage, Purchase Office
Total GFA: 3,100 sf
Parking (26 Cars): 11,300 sf
- F Health Center: 24,000 sf
Fitness Center: 20,000 sf
Cafe: 5,000 sf
Dental: 11,000 ss
Conference Center: 4,000 sf
Total GFA: 64,000 sf
Parking (29 Cars): 12,000 sf

- G Parking (73 cars): 30,000 sf
- H Parking (71 cars): 31,000 sf
- I Vacant: 35,500 sf
- J Eye Clinic, Marketing Office, HIM, IT
Total GFA: 5,300 sf
- K Senior Center, Clinic
Total GFA: 16,500 sf
- L Vacant: 26,500 sf
- M Farm on Ogden: 17,500 sf
Total GFA: 17,500 sf
Parking (9 Cars): 4,000 sf



BENCHMARK

AUBURN GRESHAM HEALTHY LIFESTYLE HUB

In spring 2021, the Chicago Development Fund awarded \$11 million in New Market Tax Credits (NMTC) to the Greater Auburn Gresham Development Corporation (GAGDC) to fund rehabilitation of the historic Rusnak Brothers Furniture building, which was originally built in 1926. The building, which was previously served as a prominent office building, had been vacant for about 20 years. The renovation of this property is part of an ongoing effort to reinvigorate the 79th Street and Halsted commercial area, which is a key business district in the Auburn Gresham community area.

The renovated building will include an expanded location of the UI Mile Square Health Center, which is a Federally Qualified Health Center (FQHC). Other planned uses include office space for GAGDC, a pharmacy, a restaurant and coffee shop, a banking facility, two community engagement divisions of University of Illinois at Chicago, and Heartland Human Care Services. A future roof terrace is planned to provide urban agriculture and renewable energy opportunities.

City: Chicago, Illinois

Community Area Location: Auburn Gresham

Community Area Population Characteristics:

Total Population 2020:	44,878
Racial and Ethnicity Composition (%):	
White (Non-Hispanic)	1.1%
Black (Non-Hispanic)	95.4%
Hispanic or Latino (of Any Race)	2.2%
Asian (Non-Hispanic)	0.3%
Other/Multiple Races (Non-Hispanic)	1.0%
Median Household Income (2019):	\$34,396

FACILITY

- 49,860 sf Building Renovation
- 16,469 sf FQHC UI Mile Square Health Center (Anchor Tenant)
- 1,300 sf Pharmacy
- 11,000 Square Feet of Space for Community Engagement Services
- GAGDC Office Space

KEY FINANCIAL RESOURCES

- Chicago Development Fund NMTC: \$11 Million
- JPMorgan Chase: NMTC Equity

COMMUNITY ECONOMIC IMPACTS/ RESOURCES

- 121 Permanent Full-Time Equivalent Jobs
- 66 Construction FTEs

UI MILE SQUARE HEALTH CENTER

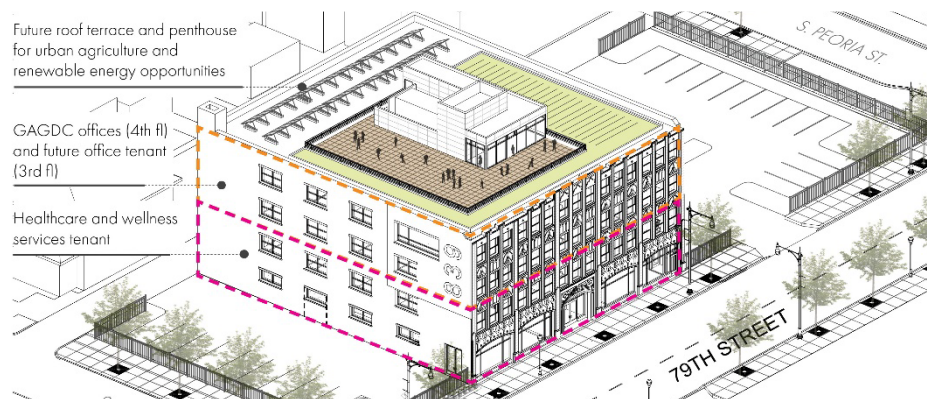
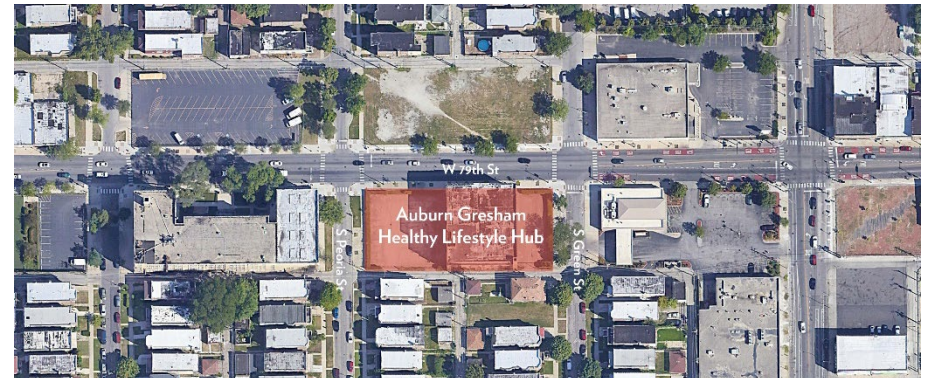
- Will Serve More Than 8,000 Individuals Annually
- Services Include: Primary Care, Dental Care, Behavioral Health Care

GREATER AUBURN GRESHAM DEVELOPMENT CORPORATION

- Will Serve Approximately 3,060 Individuals Annually
- Social Services Include: Financial Health Counseling, Job Training and Placement, Small Business Development Support

HEARTLAND HUMAN CARE SERVICES

- Will Serve Approximately 1,200 Individuals Annually
- Social Services Include: Financial Health Counseling, Employment Preparedness Counseling



BENCHMARK

ESPERANZA HEALTH CENTERS, BRIGHTON PARK

Esperanza Health Centers was founded in 2004 by community members and Saint Anthony Hospital administrators to provide healthcare services on Chicago’s Southwest Side. The organization operates five Federally Qualified Health Centers serving over 35,000 patients per year. In 2018, the Chicago Development Fund provided \$10 million in New Market Tax Credits to Esperanza Health Centers to support construction of a new 26,100-square-foot medical home for the Brighton Park community. The Brighton Park facility is located at 4700 S. California Avenue.

In addition to primary care facilities, the Brighton Park location provides primary office space and service delivery facilities for Mujeres Latinas en Accion. Founded in 1973, the organization focuses on empowering Latinas and their families and offers violence prevention programming, a safe place for supervised parental visitation, and reproductive health training.

City: Chicago, Illinois

Community Area Location: Brighton Park

Community Area Population Characteristics:

Total Population 2020:	45,053
Racial and Ethnicity Composition (%):	
White (Non-Hispanic)	6.8%
Black (Non-Hispanic)	1.2%
Hispanic or Latino (of Any Race)	80.9%
Asian (Non-Hispanic)	10.2%
Other/Multiple Races (Non-Hispanic)	0.9%
Median Household Income (2019):	\$41,650

FACILITY

- 26,100 sf Health Center
- 30 Exam Rooms
- Counseling Rooms
- Teaching Kitchen
- Community Garden
- Playground
- Pharmacy
- Service and Primary Office Space

KEY FINANCIAL RESOURCES

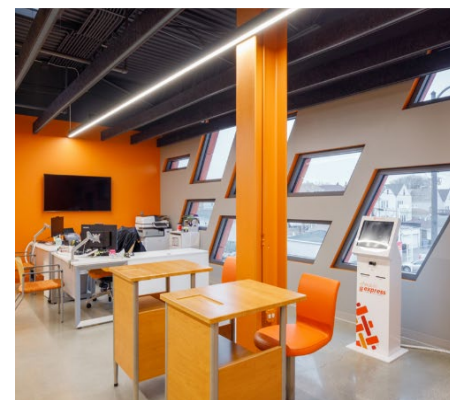
- Chicago Development Fund New Market Tax Credits (NMTC): \$10 M Allocation
- Raza Development Fund NMTC: \$6 Million Allocation
- PNC Bank NMTC: Equity and \$2 Million Allocation

COMMUNITY ECONOMIC IMPACTS/ RESOURCES

- 84 Full-Time Equivalent Jobs
- 30 Temporary Construction Jobs

PRIMARY CARE SERVICES

- Family Medicine
- Internal Medicine
- Pediatrics
- Behavioral Health Consultation
- Women's Health
- Psychiatry
- Substance Use



BENCHMARK

LA CASA NORTE, PEIRCE HOUSE

In 2017, the Chicago Development Fund awarded \$9.5 million in New Market Tax Credits to La Casa Norte for development of Pierce House. The facility consists of a Federally Qualified Health Center (FQHC) operated by the Howard Brown Health Center, a food pantry, a café/soup kitchen, a youth drop-in center, a community computer lab, and administrative offices for La Casa Norte. Funded separately were 25 units of permanent supportive housing for homeless families and unaccompanied youth with incomes below 30 percent of area median income.

La Casa Norte has served youth and families confronting homelessness since 2002. The organization started out as a small storefront operation that served people facing homelessness in the Humboldt Park area. Currently, the organization offers permanent, transitional, and emergency housing serving youth and families in 43 zip codes. Services include case management, therapy, and food, clothing, and transportation assistance.

As part of an effort to provide fresh, nutritious groceries for area residents, La Casa Norte's Fresh Market is operated by Lakeview Pantry, which provides fresh produce, dairy, and meat, as well as access to health counseling services. La Casa Norte also offers educational funds that provide scholarships and educational support for youth confronting homelessness.

City: Chicago, Illinois

Community Area Location: Humboldt Park

Community Area Population Characteristics:

Total Population 2020:	54,165
Racial and Ethnicity Composition (%):	
White (Non-Hispanic)	7.7%
Black (Non-Hispanic)	32.0%
Hispanic or Latino (of Any Race)	58.4%
Asian (Non-Hispanic)	0.6%
Other/Multiple Races (Non-Hispanic)	1.3%
Median Household Income (2019):	\$39,492

FACILITY

- 47,700 sf LEED Silver Certified Development
- 8,600 sf Health Center
- Operated by Howard Brown Health Center
- 4 Exam Rooms
- 25 Units of Supportive Housing

KEY FINANCIAL RESOURCES

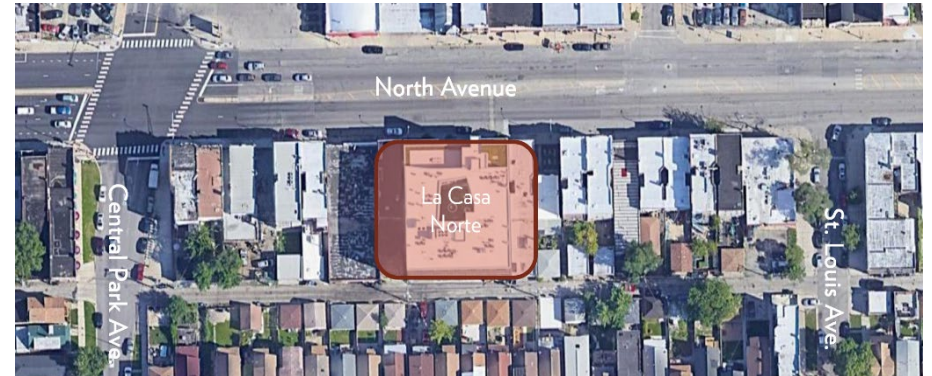
- Illinois Facilities Fund New Market Tax Credits: \$6 Million
- Chicago Development Fund NMTC: \$9.5 Million
- PNC Bank NMTC: Equity and \$3.5 Million
- City of Chicago: \$3.5 Million TIF and \$4.2 Million Loan

COMMUNITY ECONOMIC IMPACTS/ RESOURCES

- 76 Permanent Full-Time Equivalent Jobs

LA CASA NORTE HEALTH CENTER

- Will Serve More Than 1,600 Individuals Annually
- Services Include: Healthy Food and Nutrition Guidance, Job Training and Placement, Youth Drop-In Programming, Community Computer Labs



BENCHMARK

SINAI OGDEN COMMONS, SURGICAL AND AMBULATORY CARE CENTER

Ogden Commons is a multi-phase redevelopment project with key joint venture partners, including Sinai Health Systems, The Habitat Company, and Cinespace Film Studios. The overall development area consists of 10.9 acres, including two Chicago Housing Authority sites totaling 5.4 acres, a 3.0-acre site owned by Sinai, and a 2.5-acre site owned by Cinespace. A variety of mixed-use commercial and mixed-income housing is planned for the sites.

One key component of the overall redevelopment project is a new Surgical & Ambulatory Care Center. Funded in November 2021 with New Market Tax Credits, the 30,000-square-foot center will provide residents of North Lawndale and the surrounding areas with access to expanded services for medical, surgical, and wellness needs. It will relocate and expand services currently offered by Sinai Health System's ambulatory services from the existing hospital. The new patient-centered facility will provide a cost-effective setting to provide access to high-quality, culturally competent medical and chronic care management for patients.

The second and third floors of the Surgical & Ambulatory Center will accommodate the health services and the first floor will contain a Wintrust Bank and minority-owned restaurants, including Momentum Coffee and Ja'Grill.

City: Chicago, Illinois

Community Area Location: North Lawndale

Community Area Population Characteristics:

Total Population 2020:	34,794
Racial and Ethnicity Composition (%):	
White (Non-Hispanic)	3.6%
Black (Non-Hispanic)	85.8%
Hispanic or Latino (of Any Race)	9.2%
Asian (Non-Hispanic)	0.2%
Other/Multiple Races (Non-Hispanic)	1.2%
Median Household Income (2019):	\$28,327

FACILITY

- 30,000 sf Building

KEY FINANCIAL RESOURCES

- Chicago Development Fund New Market Tax Credits: \$5.5 Million
- Southside Community Optimal Redevelopment Enterprise NMTC: \$10 Million
- State of Illinois NMTC: \$8.25 Million
- US Bank: NMTC Equity

COMMUNITY ECONOMIC IMPACTS/ RESOURCES

- 41 Full-Time Equivalent Jobs
- 100 Percent of FTEs Paid above Chicago's Living Wage

MEDICAL AND SURGICAL SERVICES

- Ambulatory Surgery
- Renal Dialysis
- Digestive Health Program

WELLNESS PROGRAMS

- Surgical and Ambulatory Concierge and Wellness Program
- Social Determinants of Health Screening and Services
- Care Navigation and Resource Coordination
- Clinical Ambulatory Care Management
- Pre-Surgical Care



BENCHMARK

NORTHWESTERN BRONZEVILLE

Northwestern Medicine is planning for a new 120,000 sf advanced outpatient care center on the 4800 block of South Cottage Grove Avenue. Subject to regulatory approval, construction could begin in summer 2023 with a scheduled opening in summer 2025.

FACILITIES

- 100,000 sf Clinical, Community and Local Retail Space
- Behavioral Health/Preventative Services
- Dermatology
- Heart Care
- OB/GYN

ADVANCED DIAGNOSTICS

- Mammography
- OB Ultrasound
- X-Ray

STATE OF THE ART CANCER CENTER

- Chemotherapy Infusion
- Pharmacy and Lab Services

IMMEDIATE CARE

- 7 Days per Week



NORTHWESTERN MEDICINE AND BRONZEVILLE: A LONG-STANDING PARTNERSHIP

Northwestern Medicine's mission goes beyond delivering world-class health care. For more than 20 years, the health system has partnered with local organizations in Bronzeville and surrounding areas that have a shared vision of building stronger and healthier neighborhoods.

NEAR NORTH KOMED-HOLMAN HEALTH CENTER

Northwestern Medicine and the Near North Health Services Corporation have been clinical partners for 55 years. Since the opening of Near North's Komed-Holman Health Center in 1999, Northwestern Medicine has provided community residents with:

- Access to clinical and medical care, including mammograms, colonoscopies, X-rays, mental health care, heart care, eye care, and much more.
- Culturally responsive, user-friendly patient education and advanced medical care for people with Type 2 diabetes.

BRIGHT STAR COMMUNITY OUTREACH (BSCO)

Since 2014, Northwestern Medicine has partnered with BSCO on a variety of activities, including:

- NM has supported The Urban Resilience Network (TURN) Center in Bronzeville, which provides counseling and other social services to reduce negative factors that cause violence while increasing opportunities that lead to positive outcomes.
- NM developed the video series, "Clergy & Clinicians," with BSCO Founder and CEO Pastor Chris Harris. Each episode features Northwestern Medicine experts discussing topics of key interest to Black and Latinx viewers.
- NM has partnered with BSCO to recruit residents of the greater Bronzeville area to work at Northwestern Medicine.

CHICAGO HEAL

Launched in 2018 by Senator Richard Durbin, Chicago HEAL (Hospital Engagement, Action and Leadership) is a collaborative effort among Chicago's 10 largest hospitals, including Northwestern Memorial Hospital, to share best practices to address social risk factors and advance health equity in 18 of Chicago's neighborhoods with the highest rates of violence, poverty, and inequality.

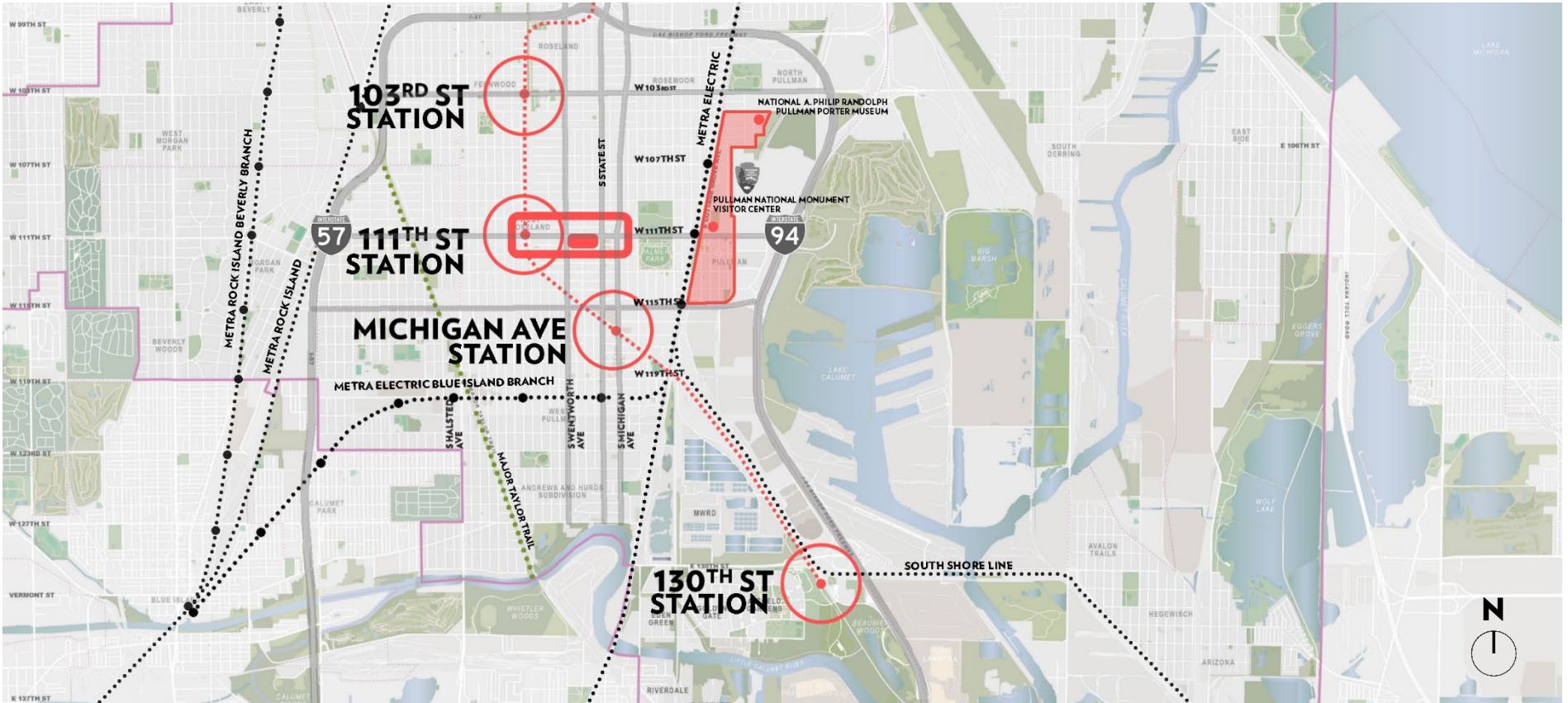
The HEAL initiative focuses on three pillars:

- Increasing local workforce commitment to reduce economic hardship;
- Supporting community partnerships to improve the health and safety of public environments;
- Prioritizing key in-hospital clinical practices to address unmet needs.

URBAN DESIGN FRAMEWORK 4

REGIONAL CONTEXT

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



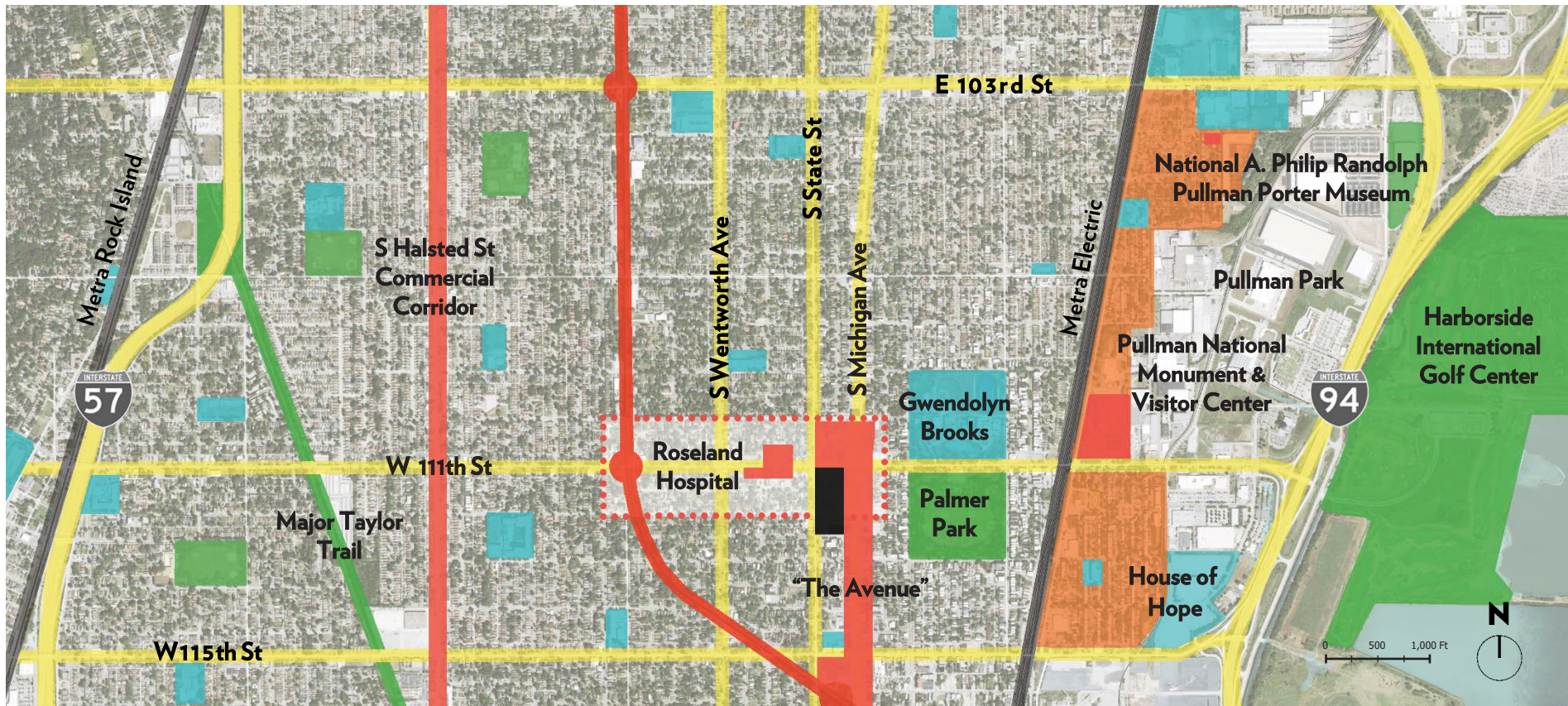
The central location of the Roseland Medical District within its service area is ideally situated to address local and regional needs. It is at the geographic center of two interstate highways, I-57 and I-94, and is accessible via Metra Electric and Rock Island passenger rail service, CTA and PACE bus service, and the CTA Red Line extension.

This area is also rich in natural and cultural heritage. Lake Calumet, Big Marsh Park, Harborside International Golf Center, the Little Calumet River, the Major Taylor Trail, and a network of Cook County Forest Preserves provide area residents access to nature for exercise, recreation and wellbeing.

Pullman National Monument and the National A. Philip Randolph Pullman Porter Museum, which are anticipated to draw 300,000 visitors annually within the next ten years, are located within easy walking distance of the Medical District and historic South Michigan Avenue. Visitors should be attracted to the district to support local businesses.

LOCAL CONTEXT

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



The Medical District is in the center of the Roseland Neighborhood along 111th Street between South Michigan and South Stewart Avenues. It includes a portion of “The Avenue,” the historic commercial corridor along South Michigan Avenue between East 110th Place and East 115th Street. The Medical District and The Avenue can benefit

one another by attracting foot traffic to the area to support local businesses, while offering the mixed-use amenities that are essential for recruiting talent and attracting investors. Three blocks of vacant and underutilized land are located along South State Street, south of East 111th Street, which should be developed for medical district use. The area

surrounding the Medical District is comprised of tree-lined residential streets with good distribution of schools, parks and recreation facilities. The area is accessible by a networks of regional and local streets, as well as by regional commuter rail. The CTA Red Line extension will include stations at 111th and 115th Streets to serve this area.

RED LINE EXTENSION

The Chicago Transit Authority (CTA) is proposing to extend the Red Line from the existing terminal at 95th/Dan Ryan to 130th Street. The proposed 5.6-mile extension would include four new stations near West 103rd Street, West 111th Street, South Michigan Avenue at East 115th Street, and East 130th Street. Each new station would include bus and parking facilities. This project is one part of the Red Ahead Program to extend and enhance the entire Red Line.

The West 111th Street Station would form the west getaway to the Roseland Medical District. It would provide access to Medical District services, The New Roseland Community Hospital, historic South Michigan Avenue and Pullman National Monument to the east. It would also provide access to the South Halsted Street commercial corridor to the west.

The Michigan Avenue Station would provide access to the historic South Michigan Avenue commercial corridor and the Roseland Medical District to the north and would anchor mixed use infill development including a new grocery store and multifamily residential buildings.

The Red Line Extension (RLE) is intended to reduce commute times for residents, improve mobility and accessibility, and provide connection to other transportation modes, such as PACE Buses, CTA Buses, and Metra Electric.

The Roseland Medical District will continue to work with the CTA RLE development team and other community partners to develop Equitable Transit Oriented Development (eTOD) that enables all people regardless of income, race, ethnicity, age, gender, immigration status or ability to experience the benefits of dense, mixed-use, pedestrian-oriented development near transit hubs.

It is important to note that the buildout and operation of the Roseland Medical District is intended to commence prior to the construction of the Red Line. Though mutually beneficial, the two initiatives are independent of one another. The Medical District will serve the needs of the ~300,000 people within its service area and the Red Line will improve access to and from it.

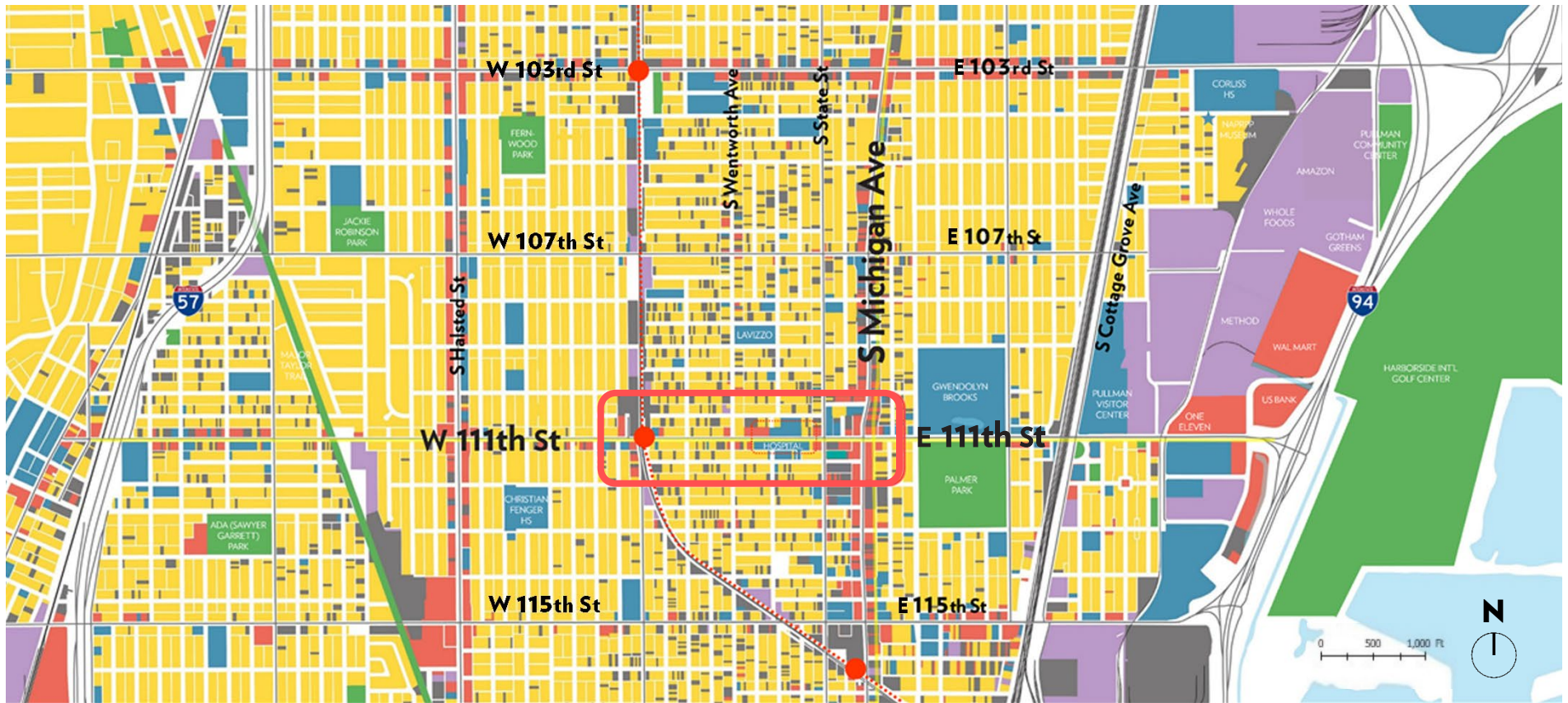


Source: CTA 2022

RED LINE EXTENSION



EXISTING LAND USE



Residential is the largest land use in Roseland. Detached single-family homes are the dominant housing type, though three-flats, six-flats, courtyard apartments, senior and special needs housing are included too. Neighborhood scale parks and schools with athletic facilities are distributed throughout the area.

Roseland Hospital is located on West 111th Street between South State Street and South Wentworth Avenue. Palmer Park and Gwendolyn Brooks College Preparatory Academy are anchor facilities that could be programmed to support the Medical District’s focus on healthy lifestyles. Pedestrian-oriented shopping is located on South Michigan

Avenue from East 110th Place to East 115th Street. Vehicular-oriented shopping and services are located on South Halsted Street and 103rd Street. Regional scale shopping, recreation and employment uses are located adjacent to I-94. Pullman National Monument is located along South Cottage Grove Avenue.

EXISTING ZONING

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

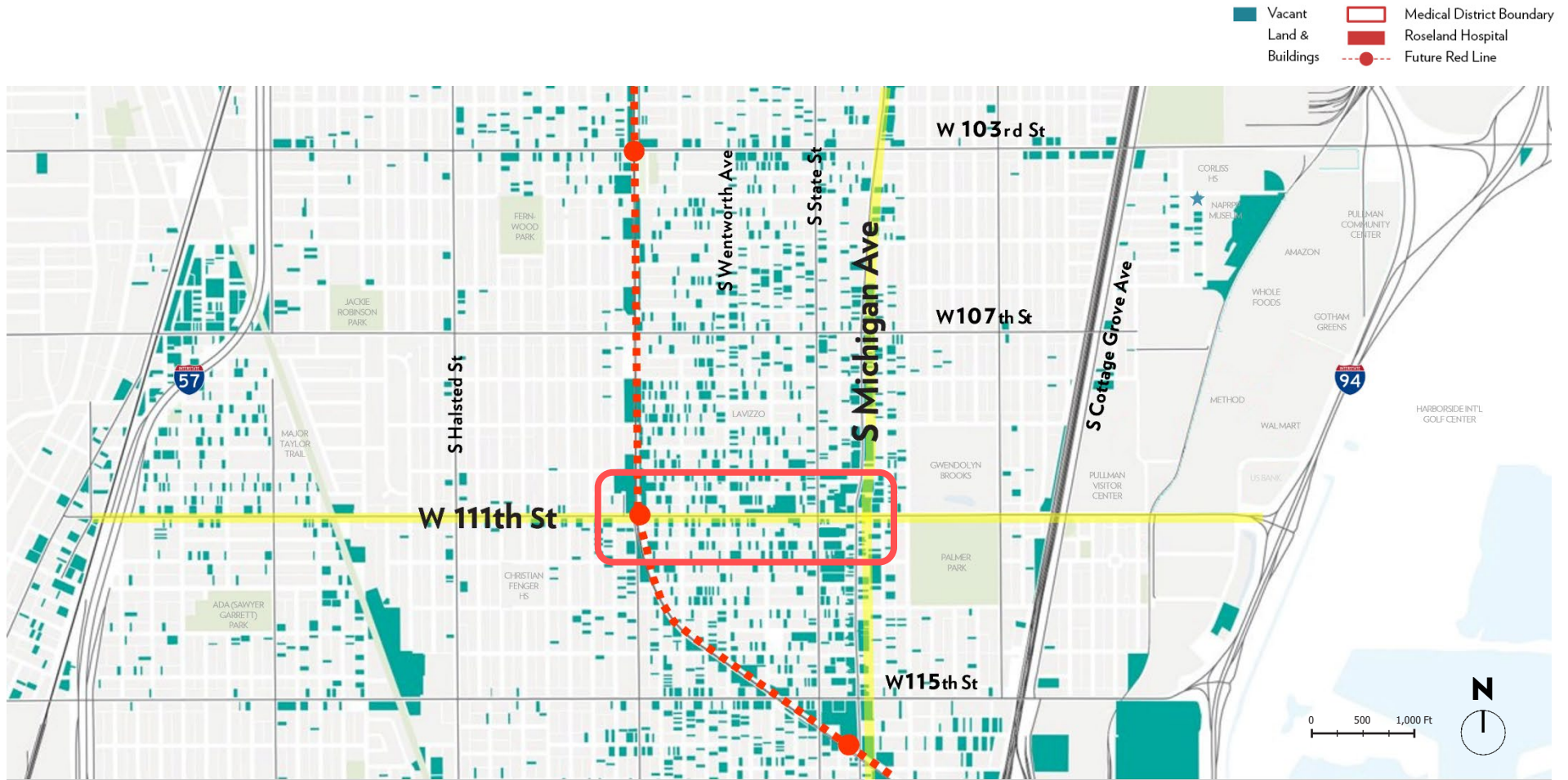


Existing zoning reflects the existing land use pattern. Residential, depicted in yellow, is the primary zoning classification. RS-3 Residential Single Unit and RT-4 Residential Two-Flat, Townhouse and Multi-Unit Residential are the primary classifications. Areas adjacent to commercial corridors and transit should be considered for higher density multi-unit housing.

Business and commercial classifications, depicted in red and dark blue, are located along primary collector streets. Between East 110th Place and East 115th Street, business and commercial classifications extend from South Michigan Avenue west to South State Street. This configuration of business and commercial land use between two major north/south

collector streets provides the ideal setting for significant concentrations of medical district programming that are in substantial compliance with longstanding zoning and land use policies. Large scale redevelopment within the district would be entitled and managed through a Planned Development (PD) process.

VACANT LAND AND BUILDINGS



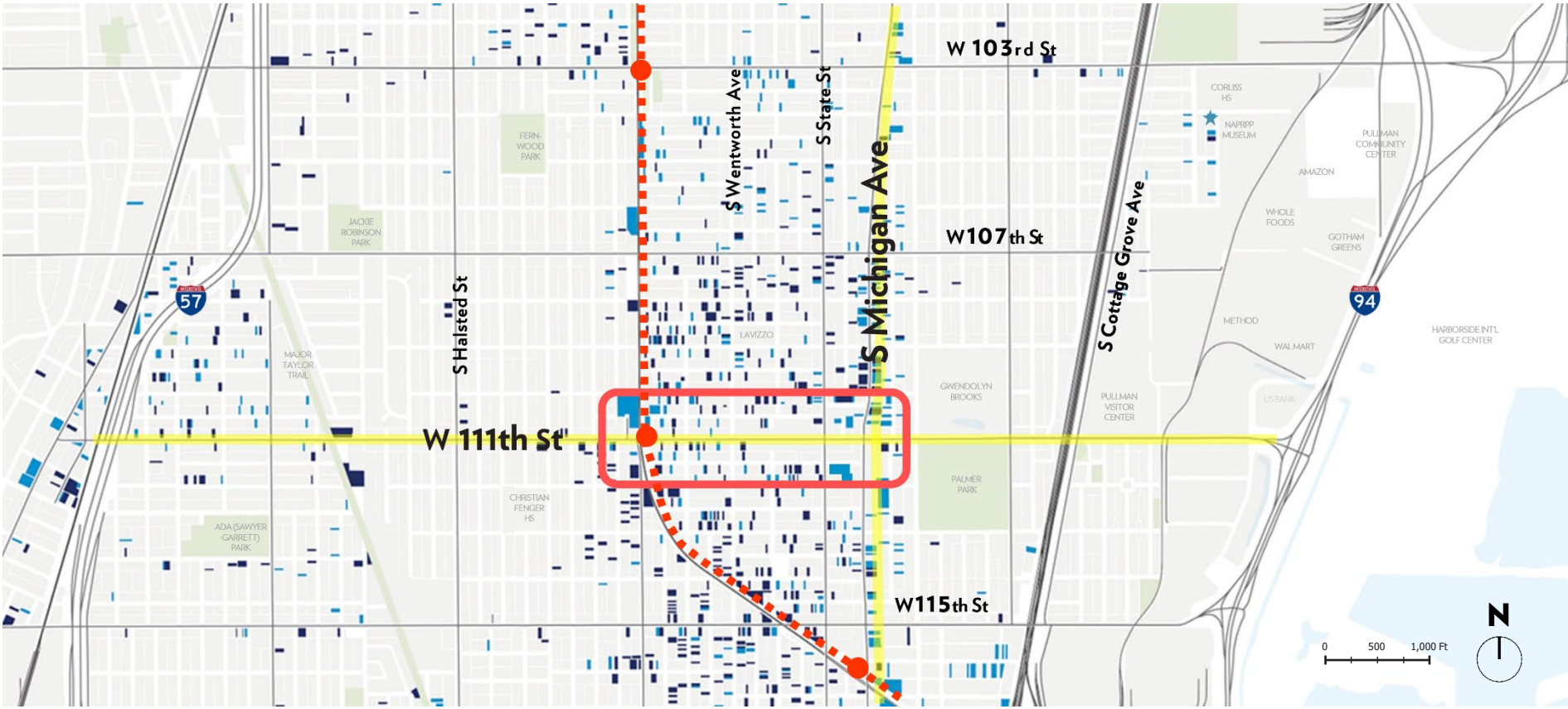
This image depicts the pattern of vacant land and buildings within the Medical District and surrounding area. The high concentration of vacant land and buildings between South Michigan Avenue and the rail corridor at South Stewart Avenue is a result of historic settlement patterns. Roseland was settled by Dutch immigrants in 1849

on a ridge overlooking Lake Calumet that today is known as South Michigan Avenue. Wood frame houses and commercial buildings were constructed during that period which have fallen into disrepair or have been demolished. Brick construction was used for subsequent generations of development adjacent to the original settlement area and many

of those structure remain and have been moderately well maintained. The location and quantity of vacant land in and adjacent to the Medical District can be turned from a negative into a positive with infill development to provide outpatient services in a mixed-use environment with renovated and infill housing for existing and new residents.

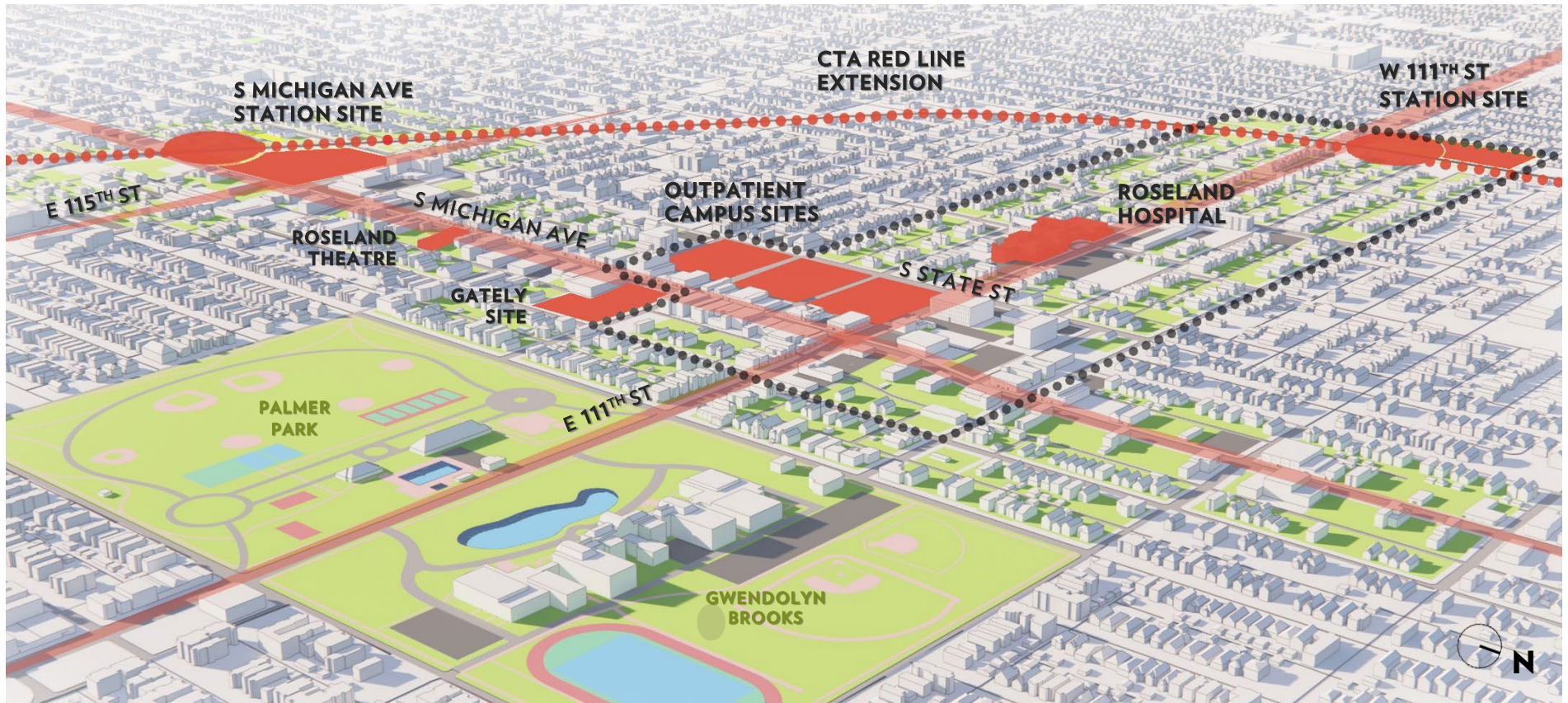
CITY/COUNTY OWNED VACANT LAND

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



Vacant land and buildings controlled by the City of Chicago and the Cook County Land Bank Authority could be redeveloped as reliable and sustainable community assets and housing in support of the Medical District buildout, operation and workforce attraction and retention strategies.

CATALYTIC SITES



Catalytic investment locations are indicated in red within the Roseland Medical District, the South Michigan Avenue commercial corridor, and the future CTA red line station areas at West 111th Street and South Eggleston Ave, and at East 115th Street and South Michigan Avenue.

Major health care initiatives include investment in upgrades to The New Roseland Community Hospital and the development of a new, mixed-use outpatient campus on three blocks of land located between South Michigan Avenue and South State Street, south of East 111th Street.

Community quality of life projects include infill development on the former Gately's Peoples Store site, redevelopment of the Roseland Theatre, development of a new food store and residential community at East 115th Street and South Michigan Avenue, and new housing at West 111th Street and South Eggleston Avenue.

ILLUSTRATIVE DEVELOPMENT CONCEPT



ROSELAND MEDICAL DISTRICT OUTPATIENT CAMPUS VISION

EAST 111TH STREET AND SOUTH STATE STREET



ROSELAND MEDICAL DISTRICT

VIEW TO NORTHEAST

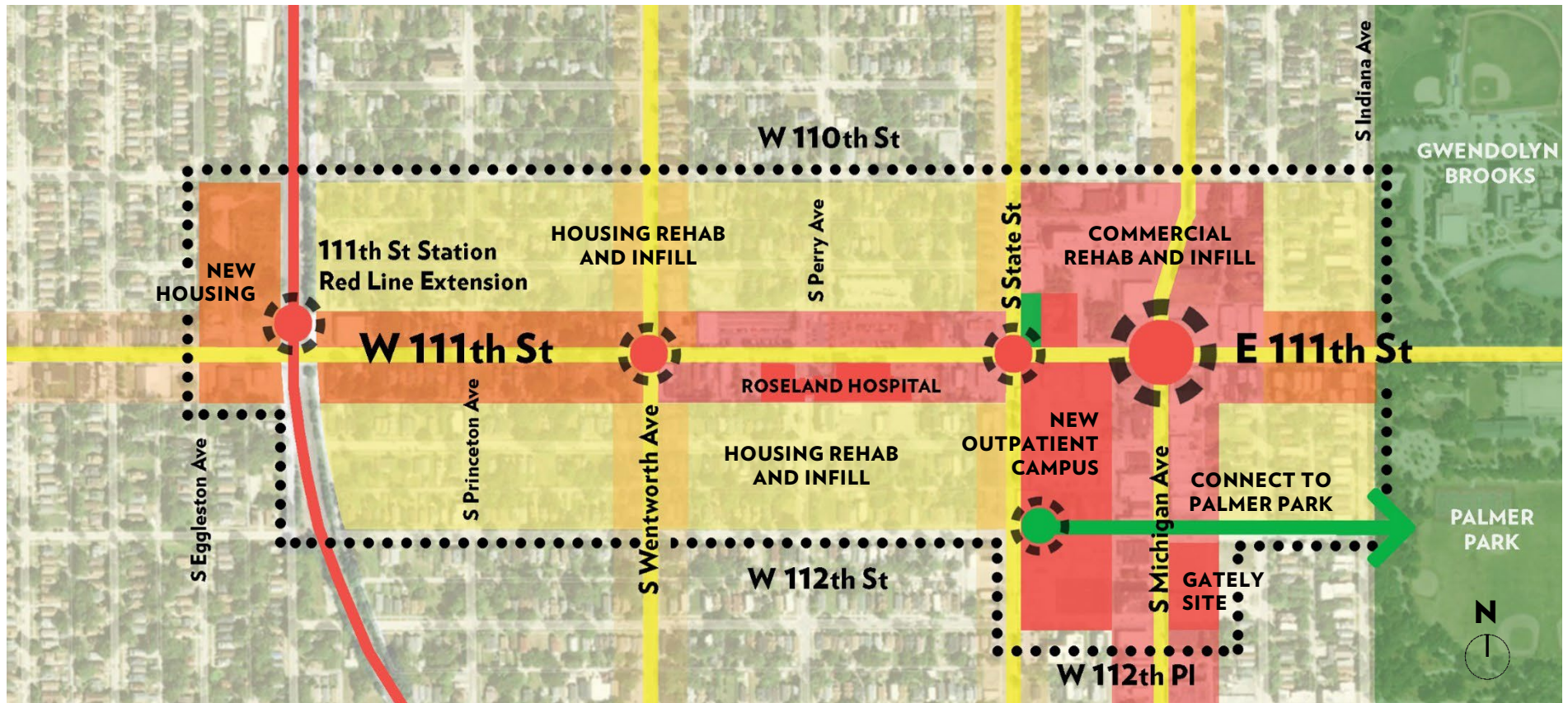
This image depicts the buildout of a new Roseland Medical District Outpatient Campus, investment in The New Roseland Community Hospital, new mixed-use residential infill at the forthcoming CTA Red Line stations, and infill and activation of the South Michigan Avenue commercial corridor and adjacent neighborhoods.

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



LAND USE 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



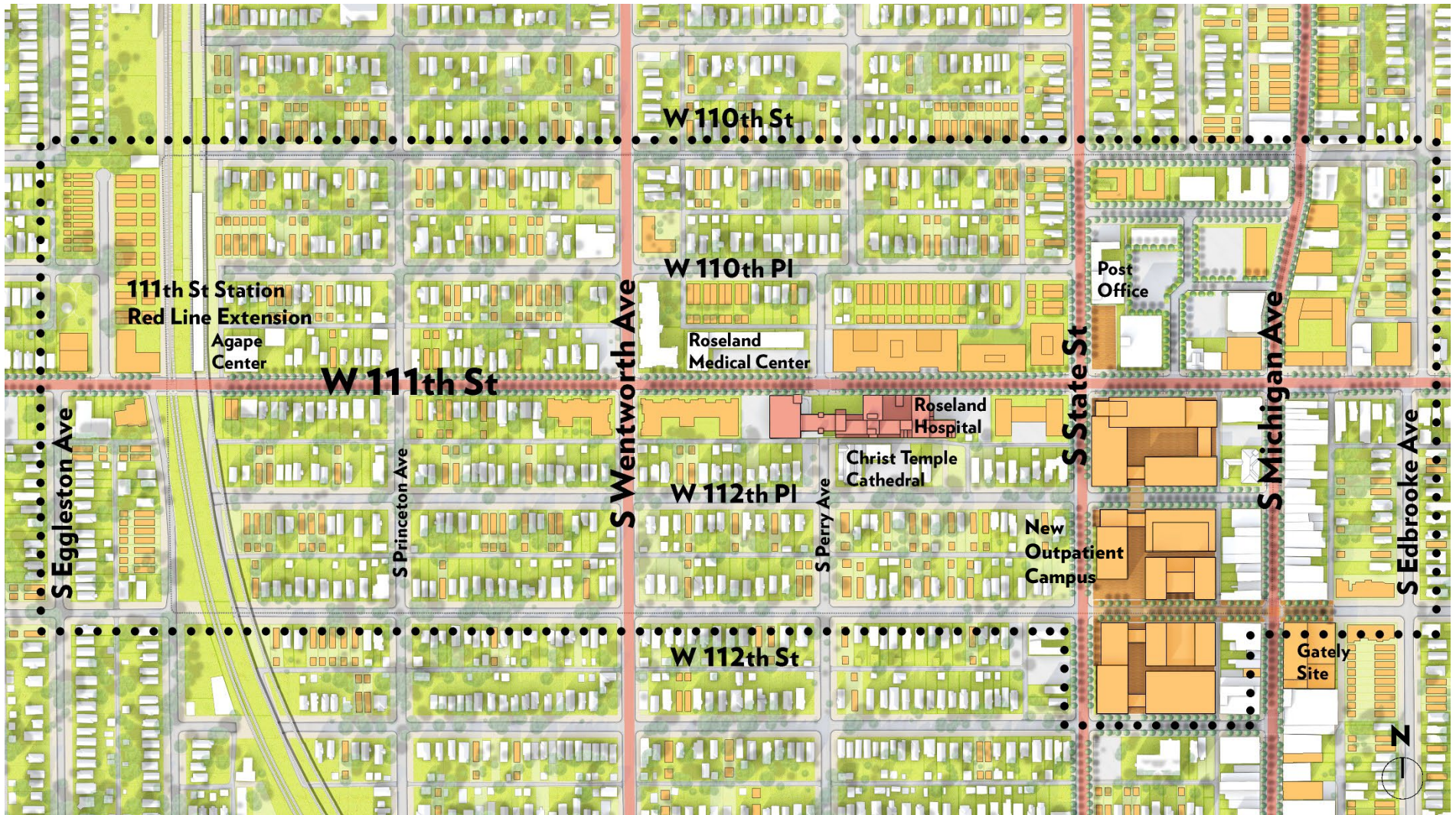
This land use framework depicts the general policies and development principles that will be used to guide development within the Roseland Medical District. Red depicts the concentrations of commercial land use with particular focus on catalytic sites dedicated for medical mixed-use and community development.

Orange depicts areas along the 111th Street corridor subject to redevelopment with medium density commercial mixed-use and housing. Yellow depicts areas for lower density housing rehab and infill development. Green depicts locations for landscaped plazas to enhance the pedestrian experience within the district.

112th Street is prioritized for community use and to promote pedestrian circulation to Palmer Park. Redevelopment of the Gately's Peoples site can establish a destination that creates synergy between the Medical District and South Michigan Avenue commercial corridor.

ILLUSTRATIVE SITE PLAN

- Roseland Hospital
- Infill Development
- Medical District Planning Area



This illustrative site plan illustrates the development potential of the Roseland Medical District. Phased development of a new outpatient

campus is depicted between South State Street and South Michigan Avenue, between East 111th Street and East 112th Place. Infill commercial and

residential mixed-use is depicted along South Michigan Avenue and 111th Street. Residential rehab and infill is proposed in and adjacent to the district.

OUTPATIENT CAMPUS CONCEPT

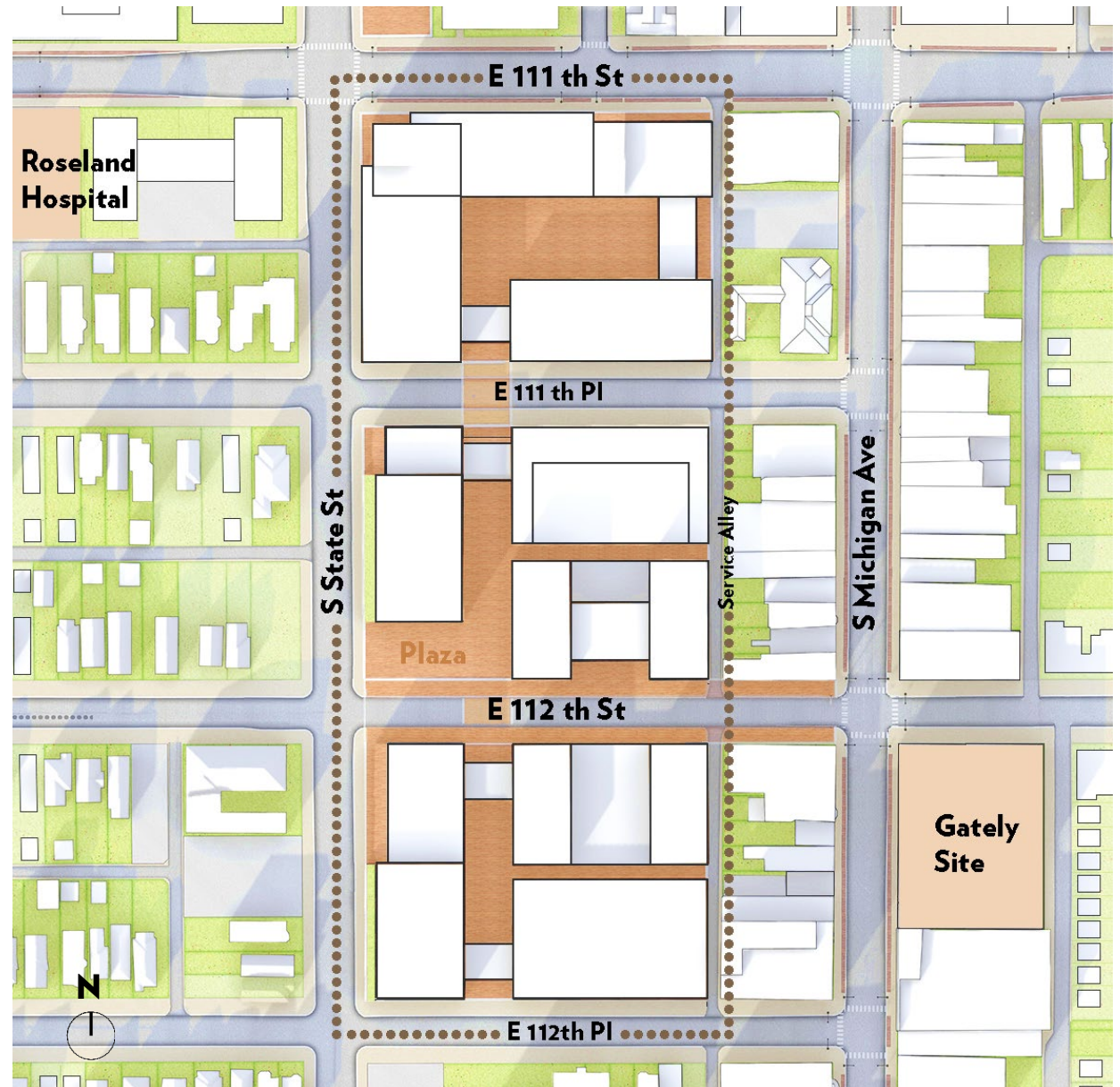
CONCEPT PLAN

A new outpatient campus is envisioned for three blocks of land adjacent to The New Roseland Community Hospital south of East 111th Street, between South State Street and South Michigan Avenue. Development would start at East 111th Street and progress in phases south to East 112th Place.

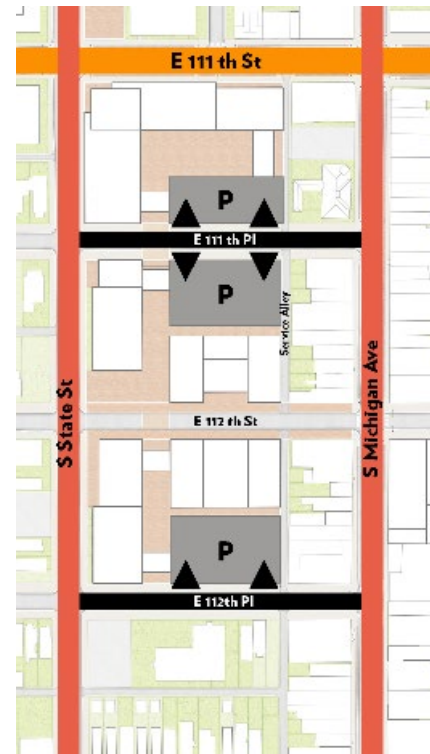
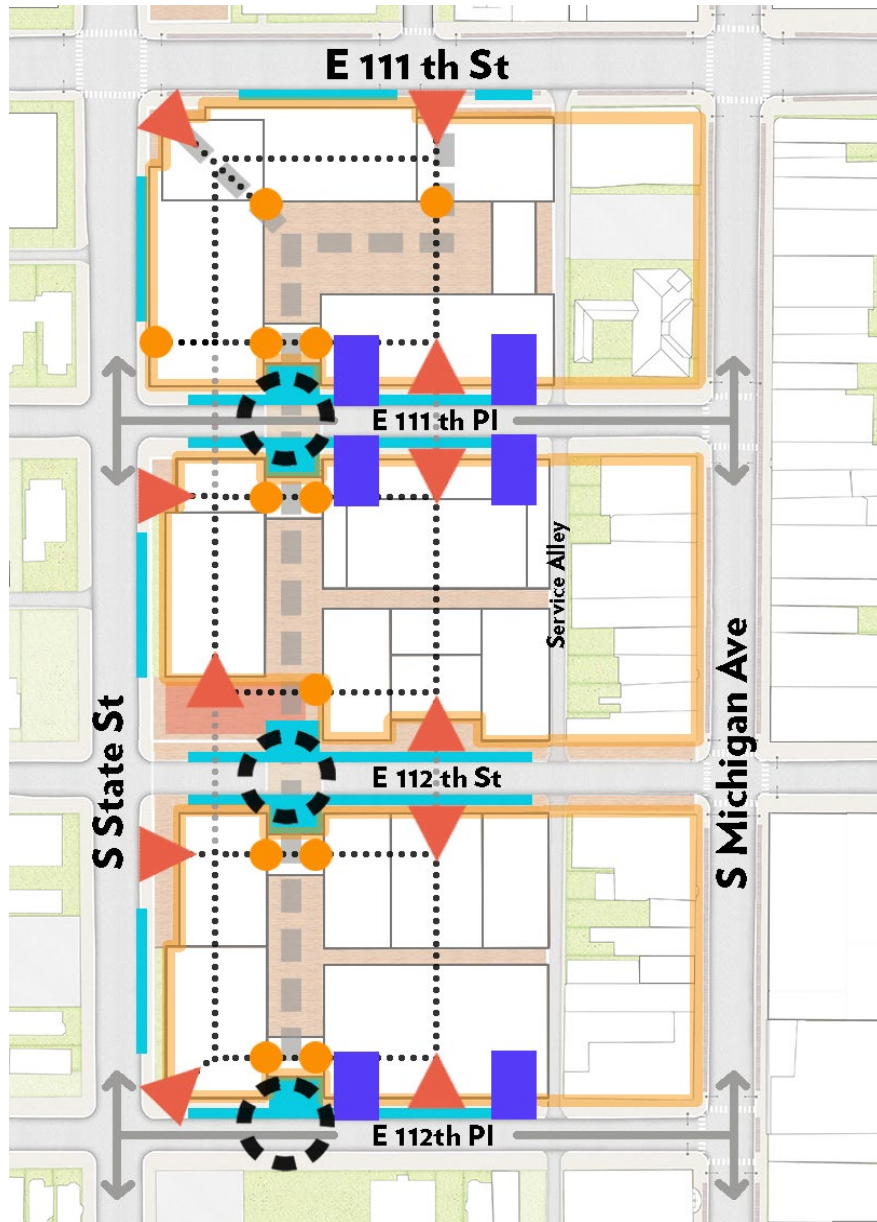
This illustrative concept plan is based upon the goals and aspirations of the community as discussed in a series of vision and design workshop, together with input and feedback from medical industry operators and real estate development experts.

Blocks and buildings are organized in a campus configuration with shared parking and high-quality public realm. Special paving, landscape, art and other features would be integrated to create a unique environment and social hub that celebrates the values of the community.

In terms of massing, buildings step down in height from 111th Street towards Michigan Avenue to blend with the historic commercial corridor. Along State Street, buildings are stepped and integrated with garden edges and public space to avoid creating a large walled complex that is out of scale with the adjacent neighborhood.

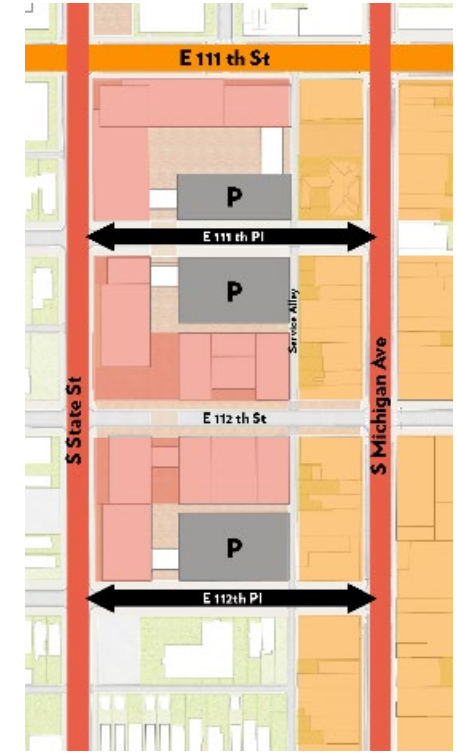


CIRCULATION CONCEPT



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.

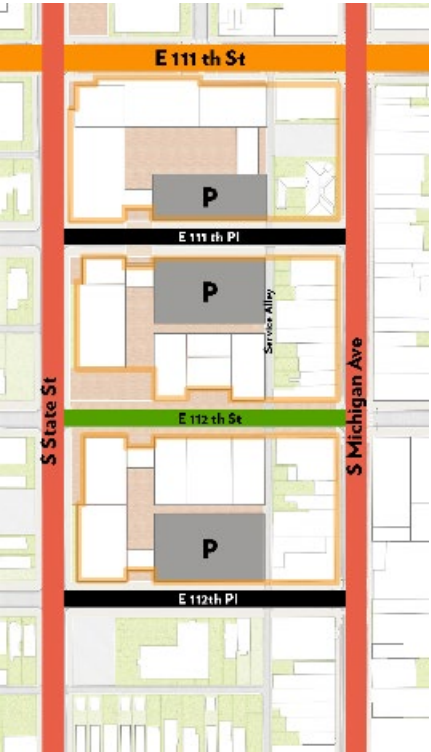


LINK TO MICHIGAN AVENUE

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

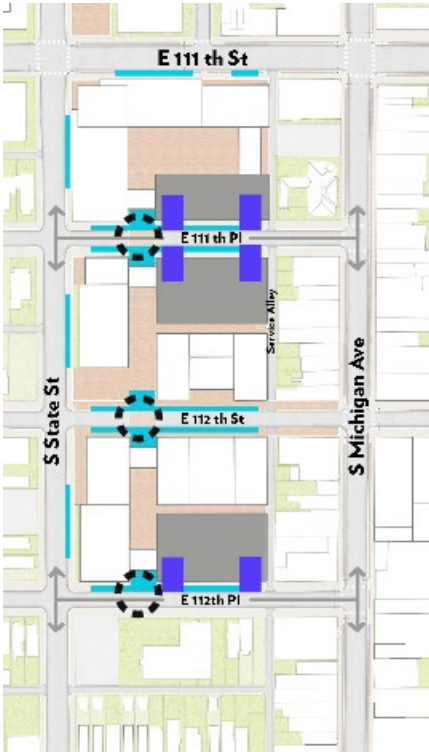
- ▶ Primary Entrance
- Secondary Entrance
- ⚙ Drop-Off / Pick-Up Areas
- ▬ Lay-By Zones or Street Parking
- District Parking Access Points
- ⋯ Building Internal Circulation
- Campus Connector

CIRCULATION CONCEPT



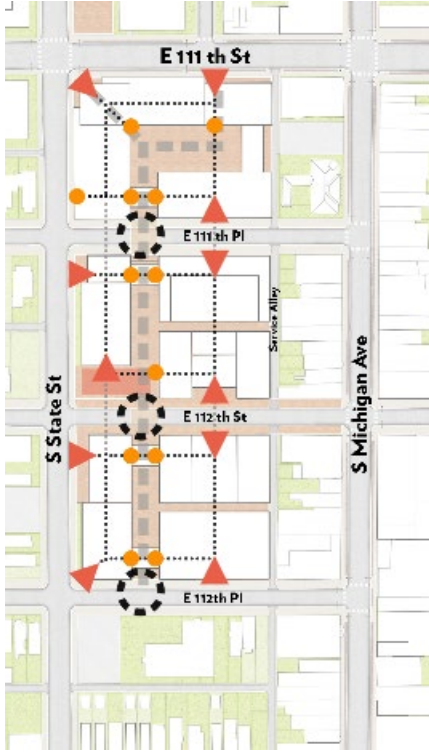
STREET HIERARCHY

- 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.



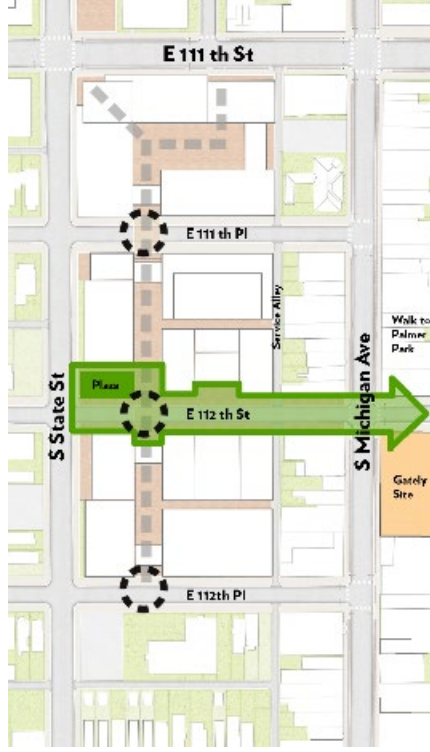
DROP-OFF / PICK-UP ZONES

- 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.



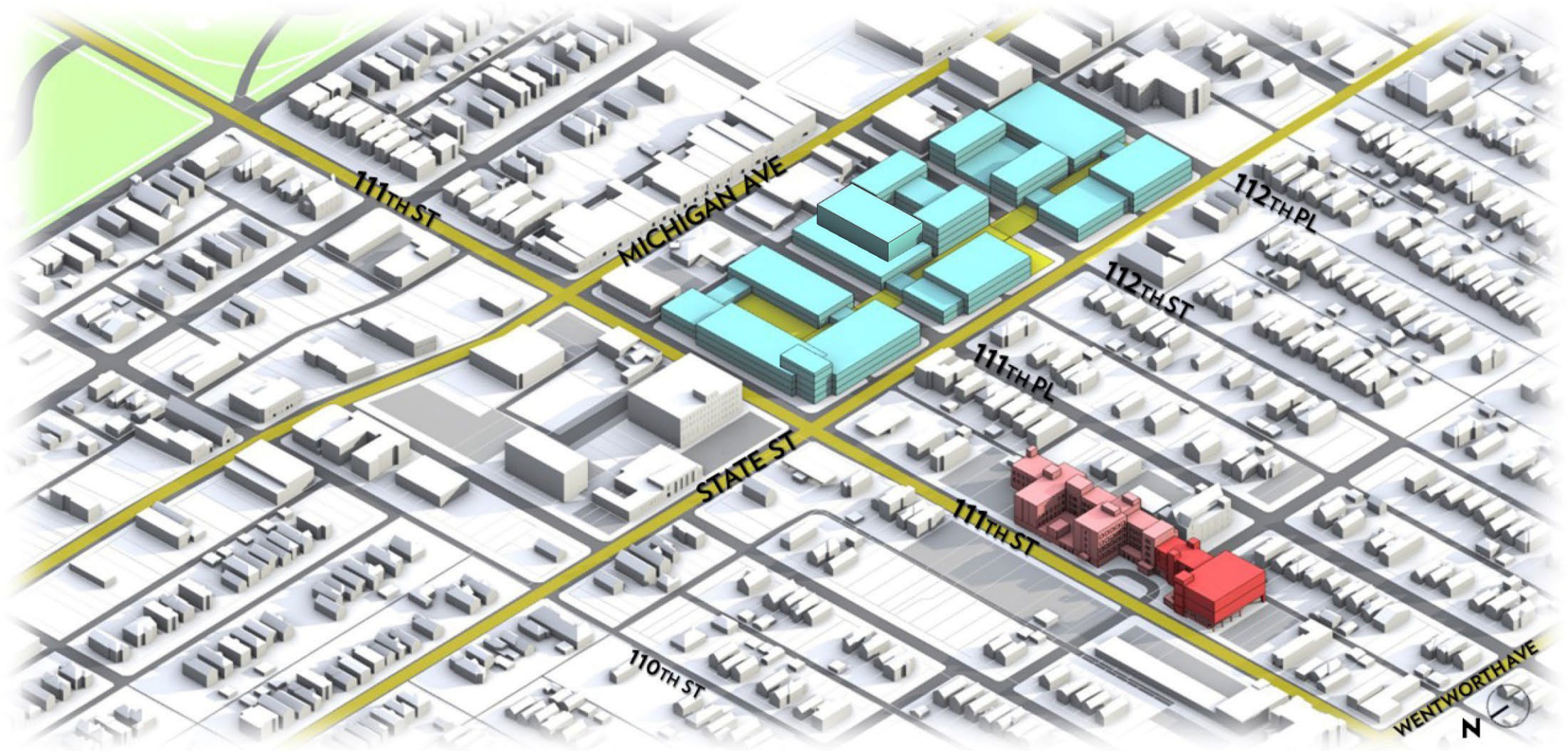
MEDICAL DISTRICT CAMPUS CONNECTOR



MASSING CONCEPT

VIEW TO SOUTHEAST

■ Outpatient Mixed-Use ■ Roseland Hospital

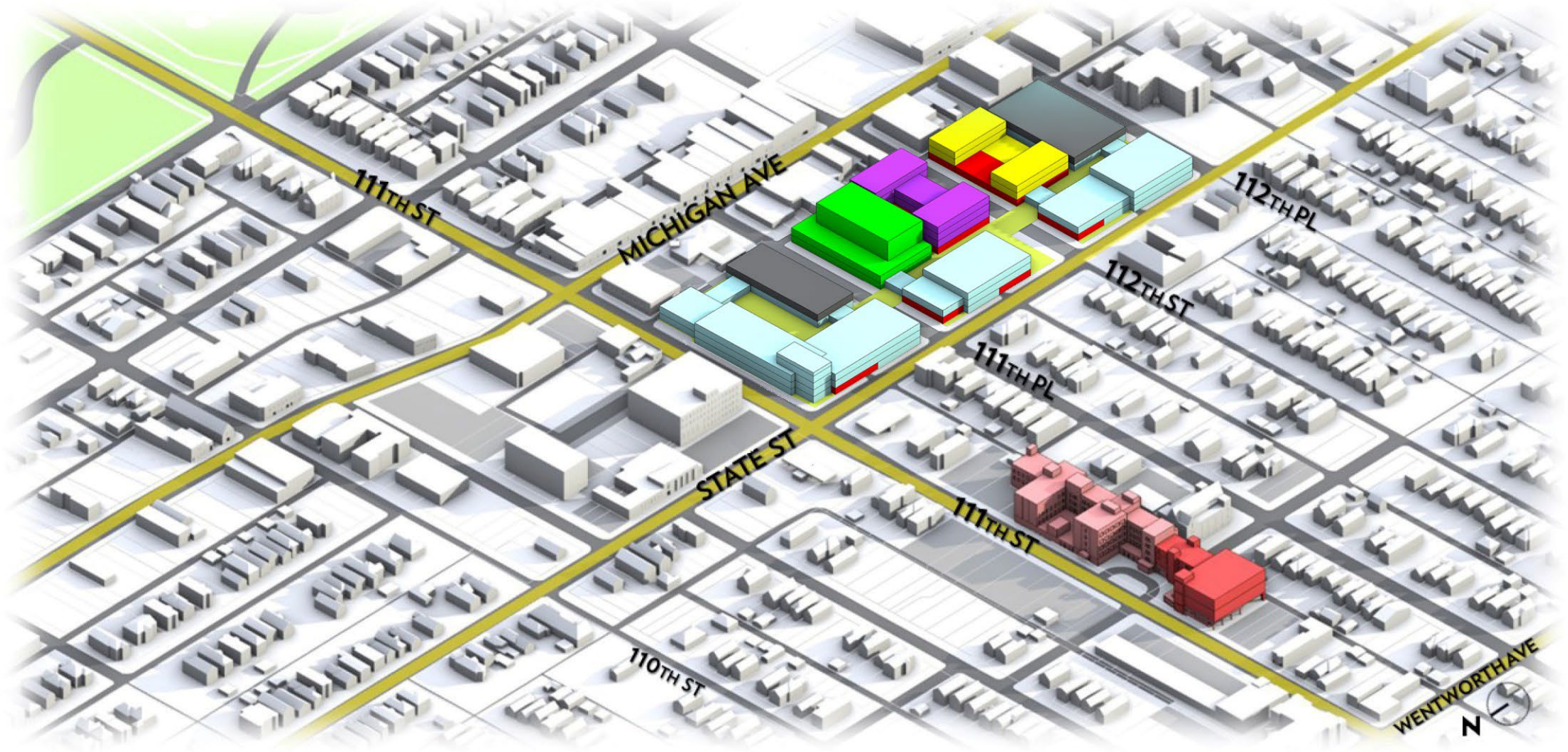


MIXED-USE CONCEPT

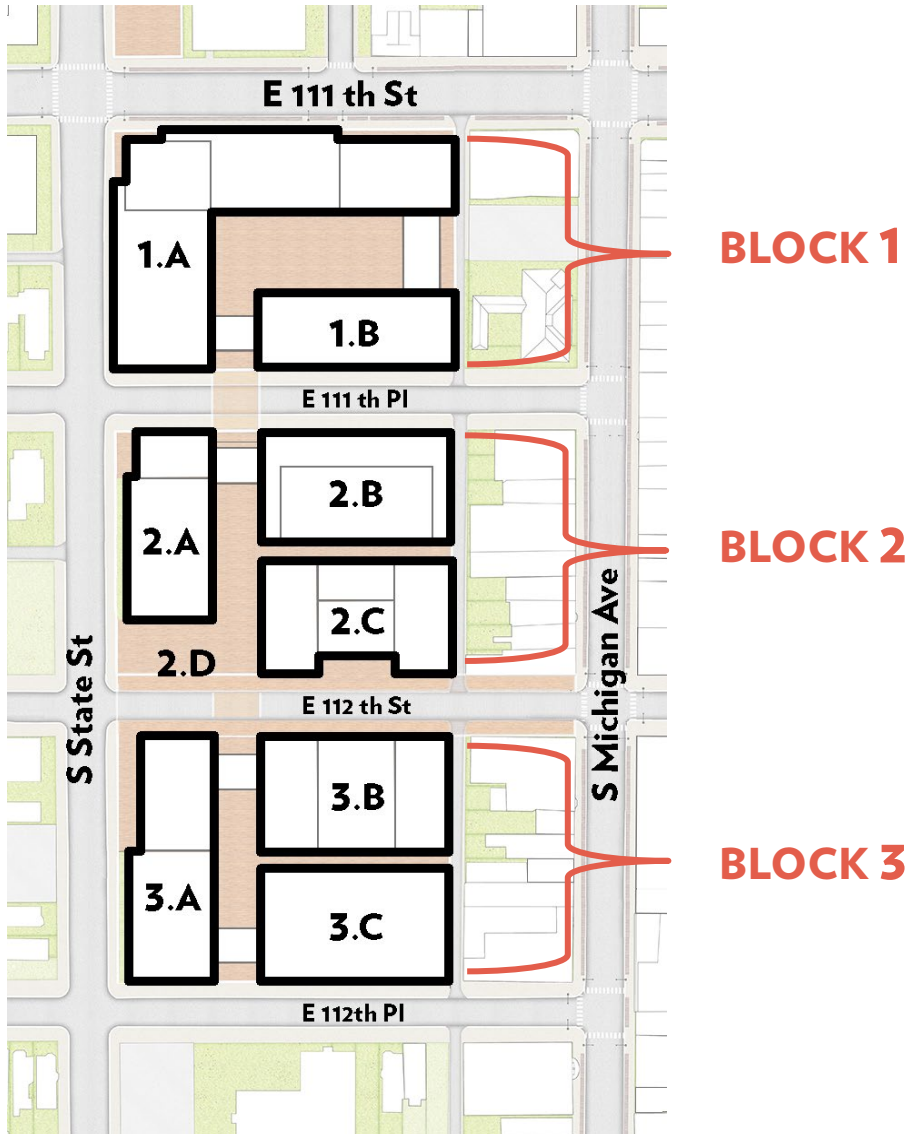
VIEW TO SOUTHEAST

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

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



PROGRAM AND AREA DISTRIBUTION



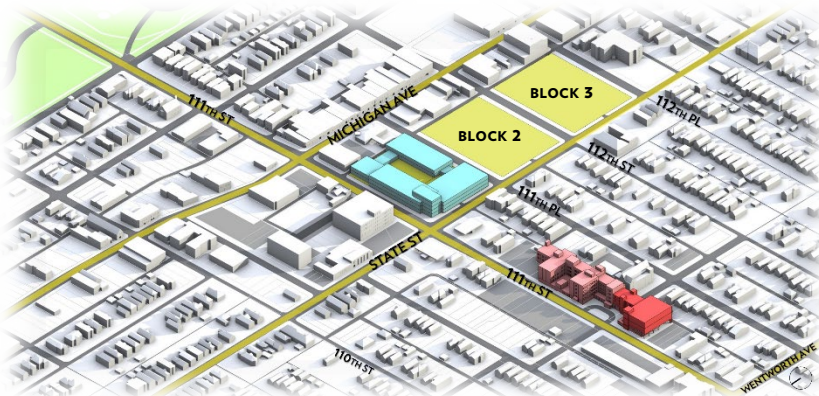
BUILT UP AREA BY BLOCK

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

* NOTE: Block 3 is located outside of the current legislative boundary of the Medical District. Given its strategic location and underutilized condition, it should be acquired and incorporated for a third phase of development.

PHASING

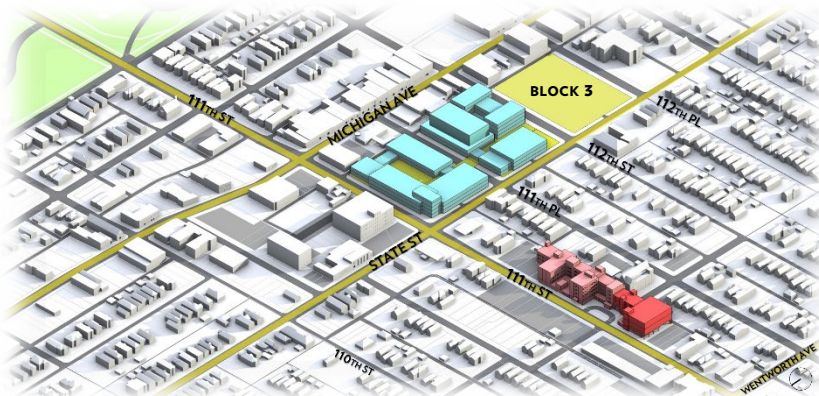
■ Outpatient Mixed-Use ■ Roseland Hospital



PHASE 1: BLOCK ONE

Development of outpatient facilities and parking with active ground floor uses.

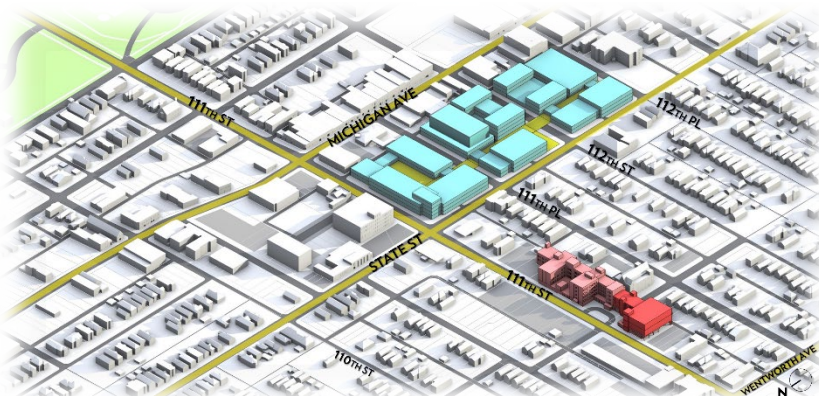
Site Area = 2.15 ac
Floor Area = 200,000 sf (including parking)



PHASE 2: BLOCK TWO

Development of additional medical facilities together with community uses such as a family fitness complex and community center.

Site Area = 2.15 ac
Floor Area = 200,000 sf (including parking)



PHASE 3: BLOCK THREE

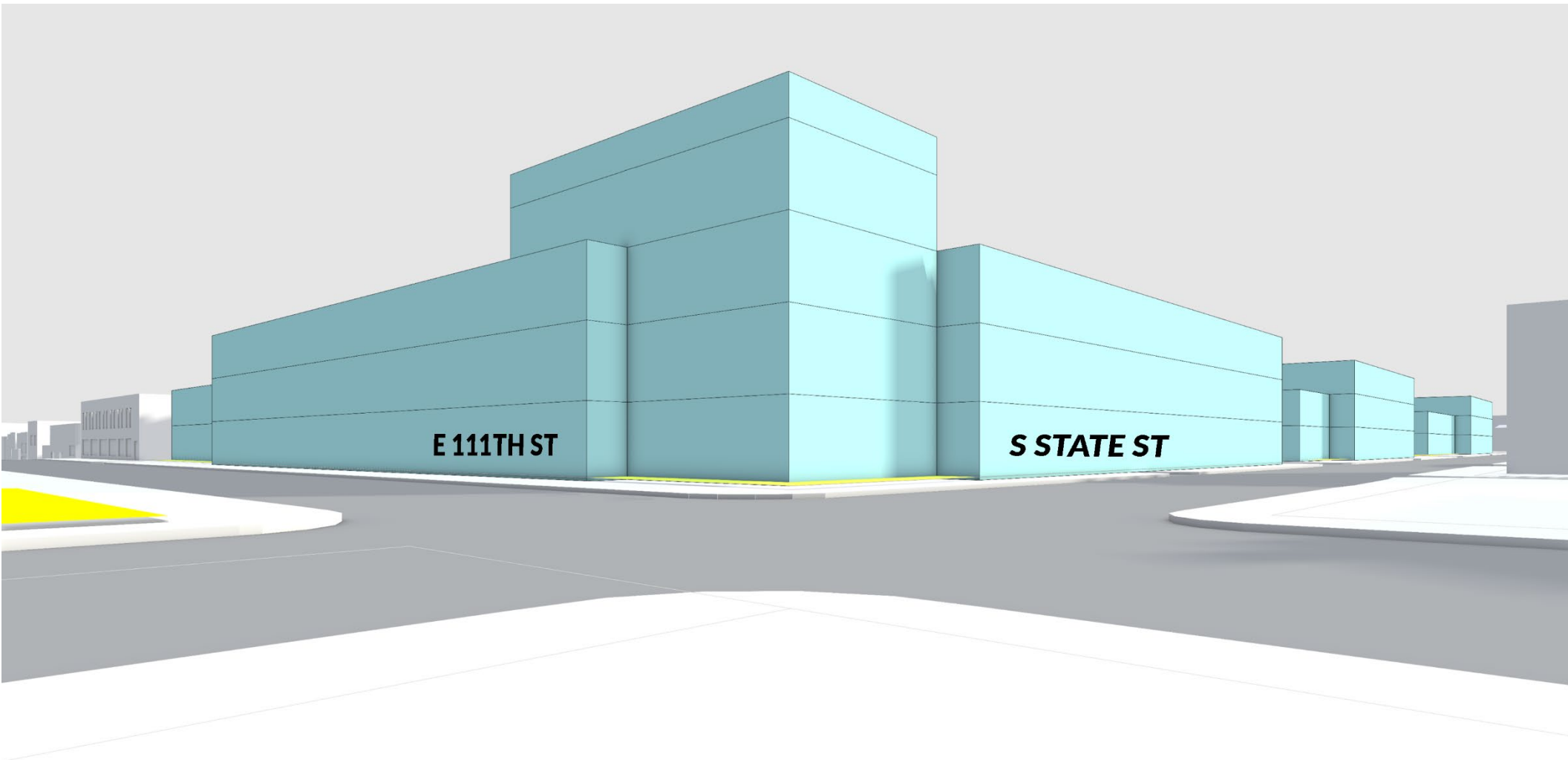
Development of additional medical facilities, community uses and supportive housing.

Site Area = 2.15 ac
Floor Area = 180,000 sf (including parking)

PRIMARY ADDRESS

VIEW AT 111TH AND STATE LOOKING SOUTH

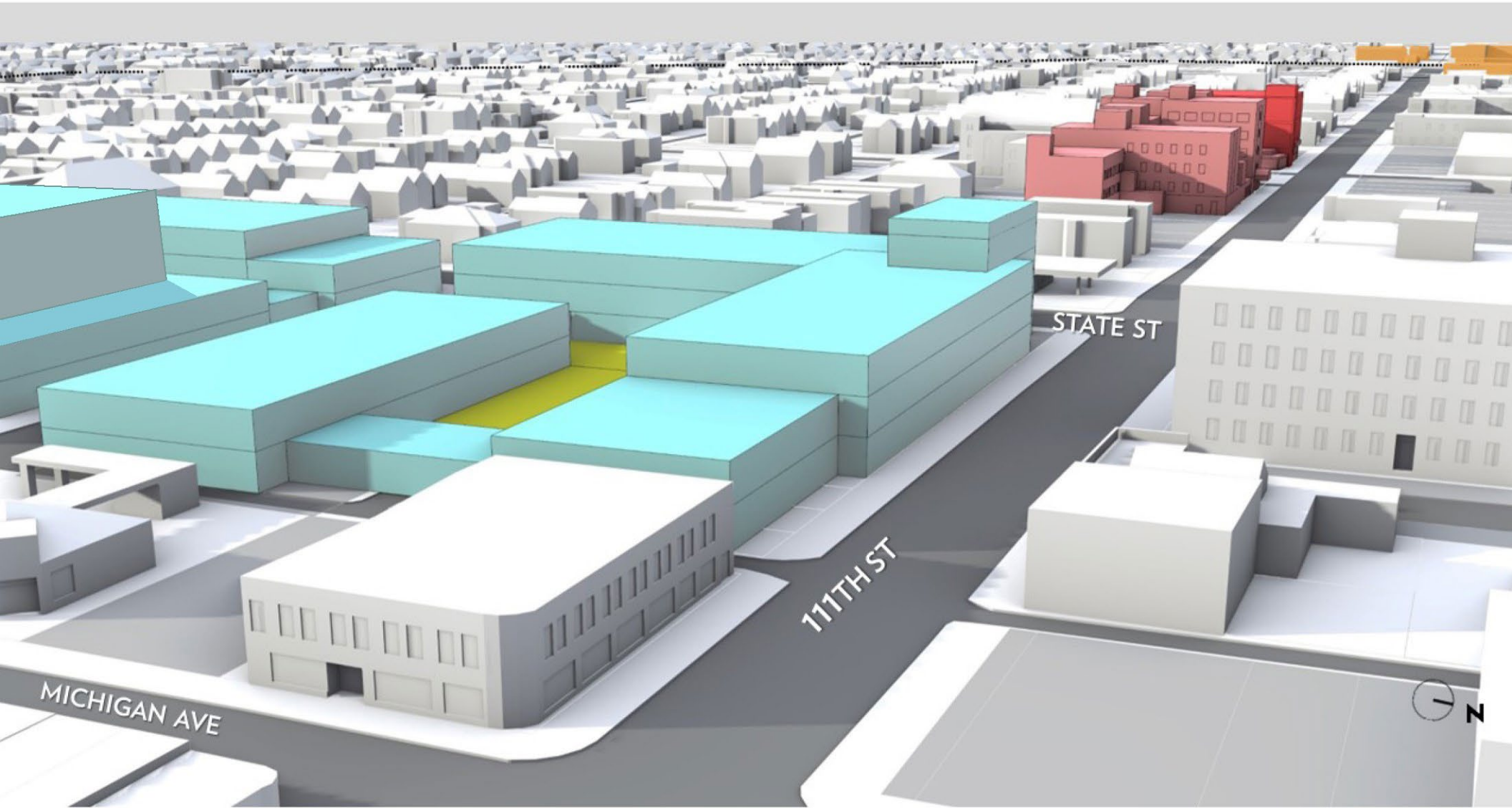
■ Outpatient Mixed-Use



MEDICAL DISTRICT BUILDOUT

VIEW WEST ALONG 111TH ST

■ Outpatient Mixed-Use ■ Roseland Hospital ■ 111th TOD Infill Development



MEDICAL DISTRICT BUILDOUT

VIEW EAST ALONG 111TH PL

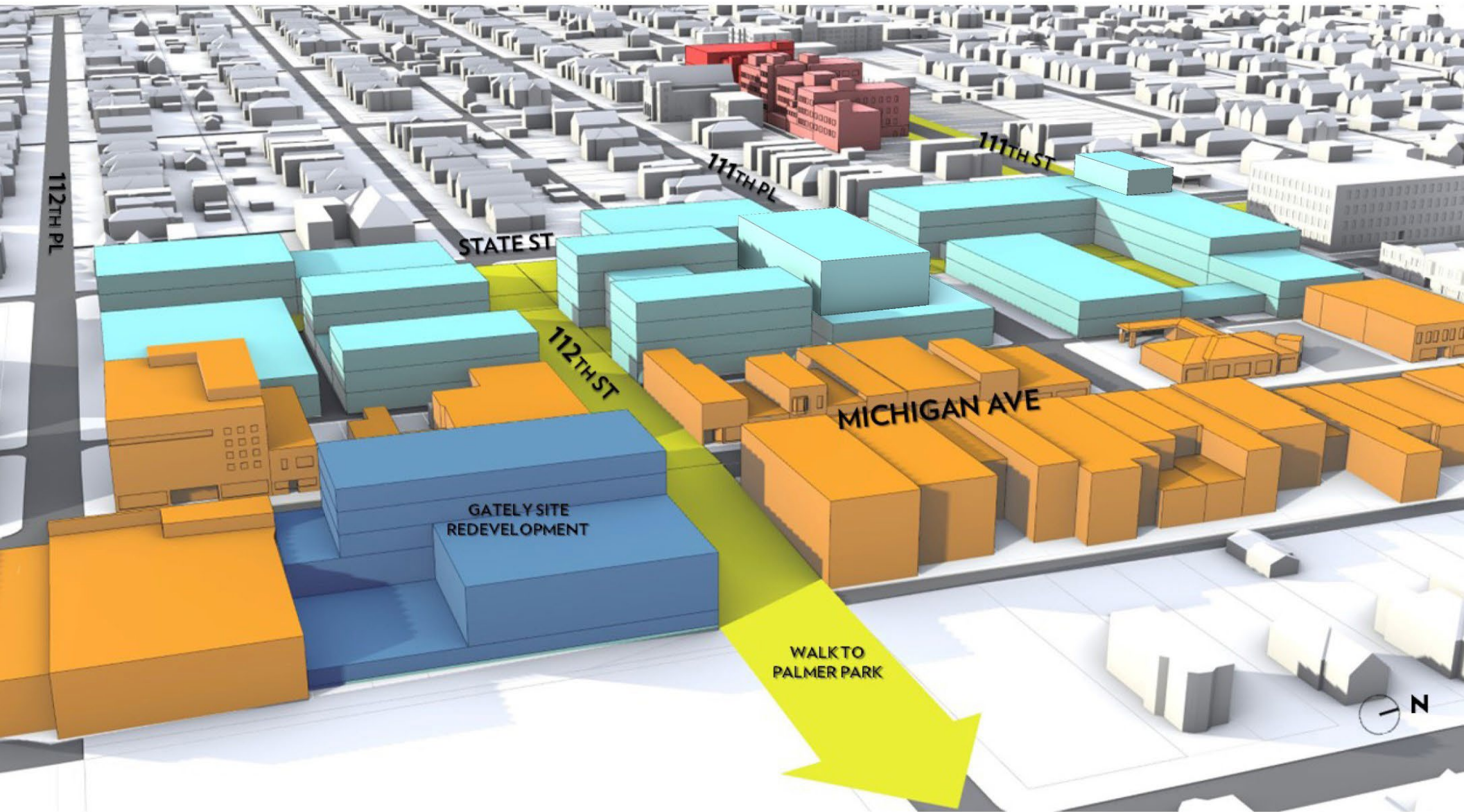
■ Outpatient Mixed-Use ■ Roseland Hospital



CONNECT TO MICHIGAN AVENUE

VIEW TO WEST

Outpatient Mixed-Use Roseland Hospital Michigan Ave Activator

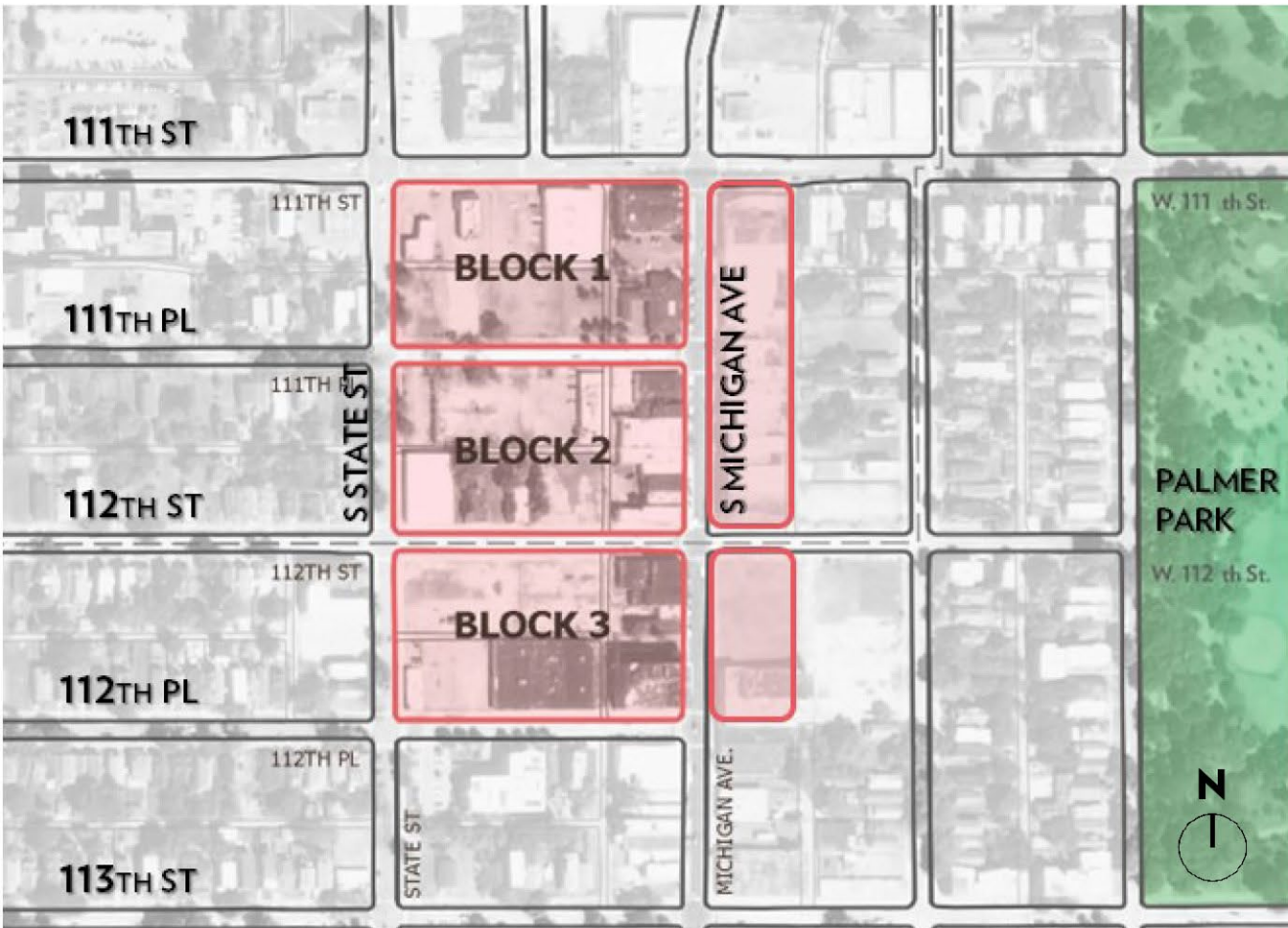




DESIGN GUIDELINES 4

MEDICAL DISTRICT DESIGN GUIDELINES

INTRODUCTION



The Medical District is envisioned as multi-program project that can be realized over several phases and over time.

Although the Medical component is the focus of the project, the district will also include community oriented facilities, sports and fitness components, commercial areas and specialty housing. All complementary programs will closely support the bigger vision of the Medical District.

To attain this vision the block organization will allow for a flexible framework that can accommodate flexibility, growth and change. The intent of this document is to communicate a simple set of guidelines to help shape the long term vision into a reality.

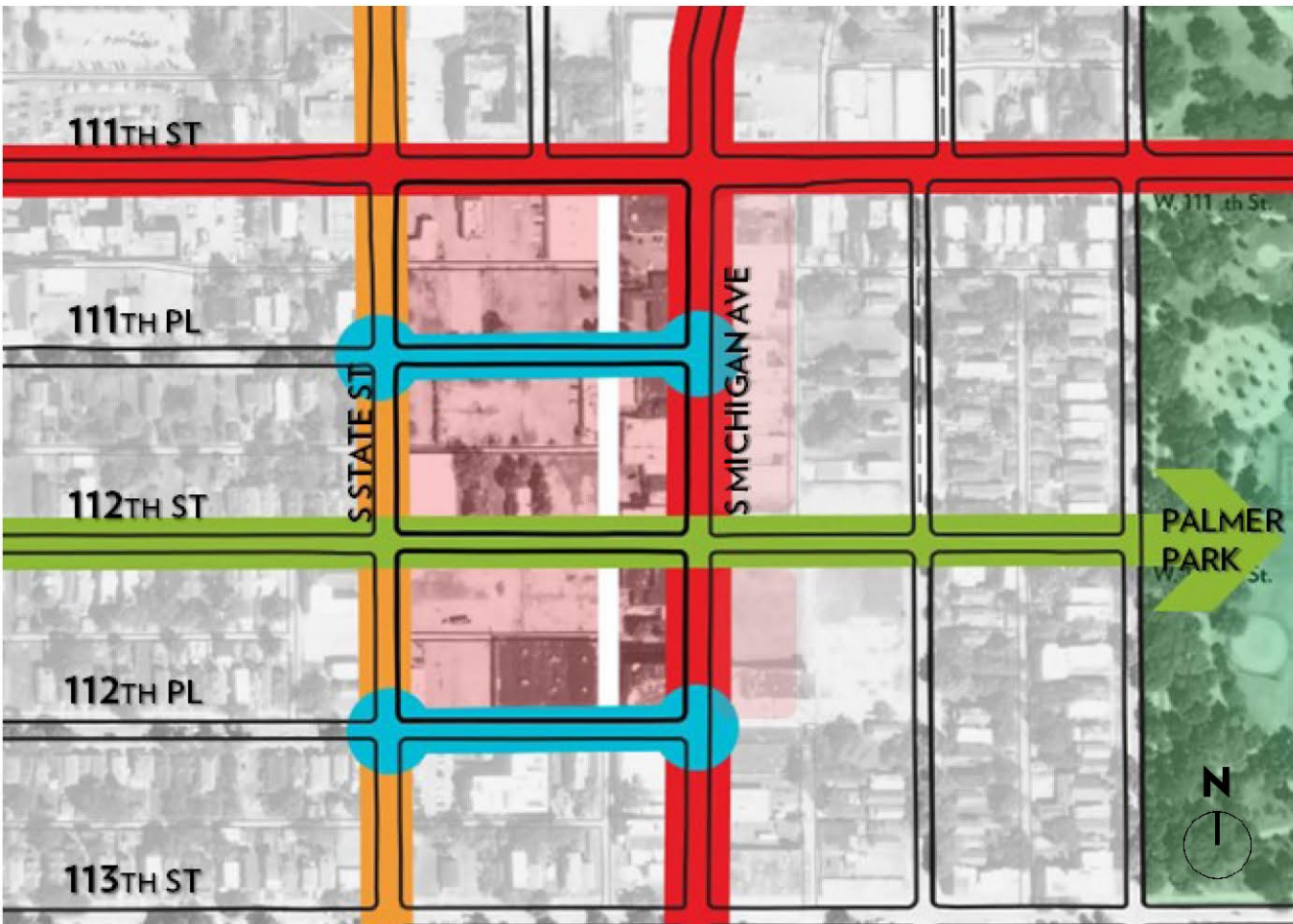
It is understood that the order of the district development will occur from north to south, starting at Block 1 - on the intersection of 111th st and State St, continuing with Block 2 and Block 3.





SITE ORGANIZATION PRINCIPLES

STREET FUNCTION & CHARACTER

The location of the blocks that conform the medical district have key adjacencies to a variety of street types that allow for easy and convenient access from the city and the region.

This diversity of street types and scales allows for optimal connectivity not only to regional roads systems and public transit, but also to nearby urban amenities that provide character, and that permit functional accessibility for day-to-day operations.



-  **111TH/ MICHIGAN AVE.**
MAIN ACCESS AND CHARACTER
-  **STATE AVE.**
NORTH - SOUTH CONNECTOR
-  **112TH**
PARK CONNECTION
-  **111TH PL / 12TH PL**
LOCAL ACCESS - SERVICE

STREET CHARACTER



**111TH STREET / MICHIGAN AVENUE
NEIGHBORHOOD CENTER**

111th Street and Michigan Avenue connect the Medical District to the larger context in all directions. They provide connections to nearby interstate routes and to the city at large as they lead to nearby planned Red Line station locations.

The Michigan Avenue commercial corridor offers programmatic balance with the medical program, while 111th enhances the medical theme of the district with Roseland Hospital.



**111TH STREET / STATE STREET
PRIMARY MEDICAL ADDRESS**

The intersection of 111th and State Streets is the primary medical district address. State Street together with Michigan Avenue, located one block to the east, provide strong north south access to the concentration of medical uses to be developed in the district.

The plots fronting State Street present opportunities to revitalize this important corridor as it mediates between medical and neighborhood scale uses.



**112TH STREET
PARK CONNECTOR**

112th Street is the only local street that goes through Michigan Avenue, creating an important way of access and gateway from the medical district outpatient campus to Palmer Park.

112th Street is conceived as a pedestrian friendly street lined with community uses, outdoor seating, coffee shops and complementary uses to promote foot traffic between the medical district and commercial attractions on Michigan Avenue.



**111TH / 112TH PLACE
LOCAL ACCESS AND PARKING**

111th and 112th Place are two local ways of access that connect State Street to Michigan Avenue, though they do not run east of Michigan Avenue. This unique configuration is ideal to direct and manage local traffic in terms of parking access and service to serve day-to-day operations of the medical district outpatient campus.

MEDICAL BLOCK ORGANIZATION PRINCIPLES

1 - EDGE MEDICAL

The blocks of the Medical district are to be lined in their perimeter along the main streets with medical use linear buildings.

This will ensure:

- Easy access
- Urban presence
- An identifiable image
- A building type that can be easily programmed, and constructed



MEDICAL BLOCK ORGANIZATION PRINCIPLES

2 - CORE COMMUNITY

A “Core” of used for community support will be organized on a central location in the inside of the blocks.

This configuration allows this supporting functions like meeting areas, sports facilities, gardens , specialty housing, and parking to be located in close proximity to the medical buildings they serve.

The community buildings can be access via the east west streets, the alley and from an interior pedestrian “spine” and courtyards.



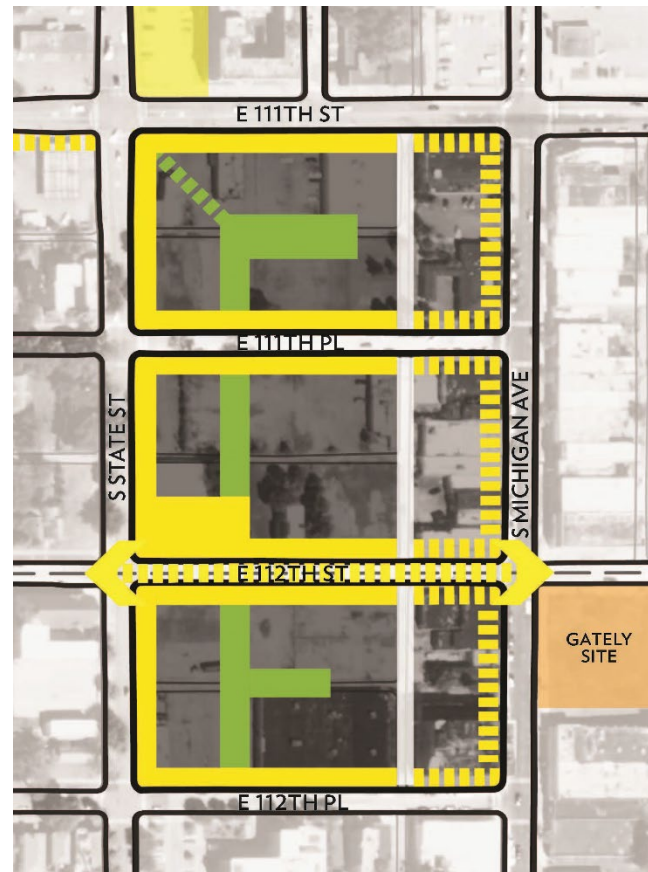
MEDICAL BLOCK ORGANIZATION PRINCIPLES

3 - ACTIVE PUBLIC SPACE

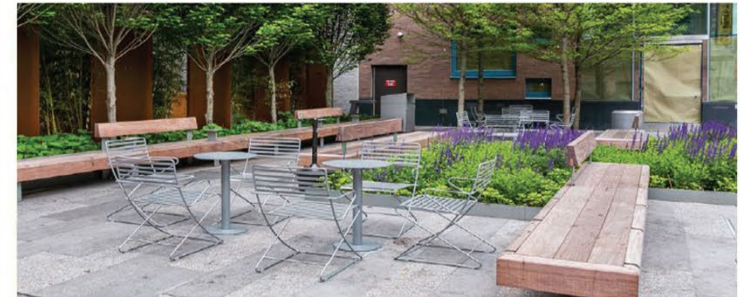
A network of active public sidewalks will provide for pedestrian circulation between all properties. These sidewalks will extend to the historic S Michigan Ave business corridor to encourage foot traffic and business synergy. Sidewalks along 111th St will link the new outpatient campus to Roseland Hospital.

The primary entrance of every building will front and open onto a public sidewalk. Special paving, landscape lighting, public art and seating should be incorporated into the public realm design to create a distinctive visual character for the district.

A secondary, pedestrian circulation spine is provided internally within the blocks for medical-related programming, patient and staff use in a semi-public, controlled space.



PUBLIC SPACE ACTIVATION
SEMI-PUBLIC MEDICAL ACTIVATION



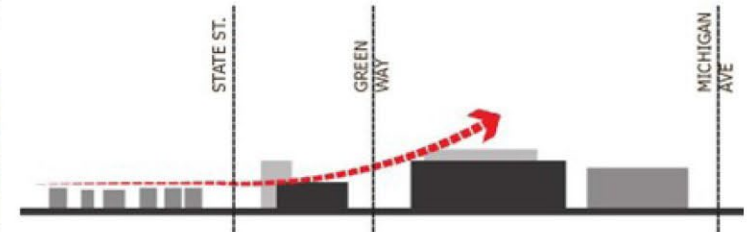
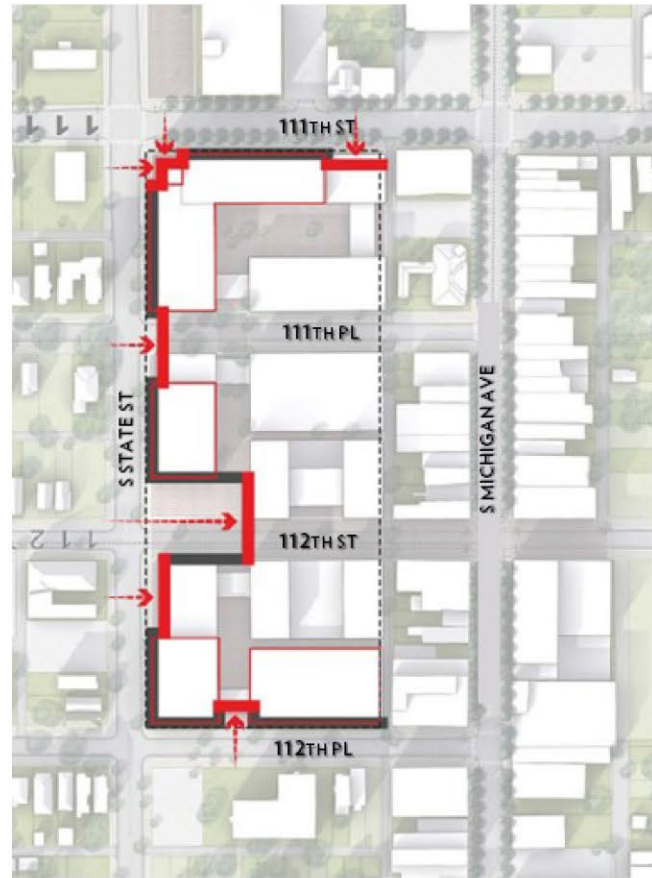
BUILDING ORGANIZATION PRINCIPLES

STREET EDGE

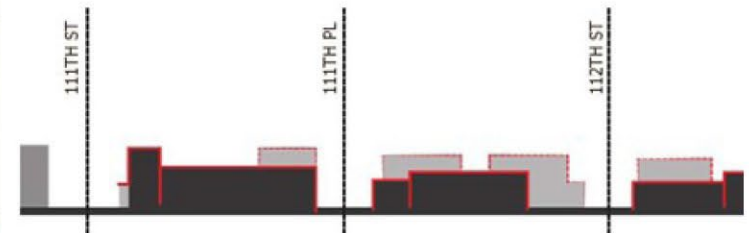
Considering the length of the district, and being conscious of the urban context and the neighborhood, building massing and facades shall be broken up to better relate to the smaller scale structures that surround the Medical District.

Street edge and elevation articulation shall address:

- Block corners
- Entrance plazas
- Mid-block breaks
- Building functions



BUILDING PROFILE VARIATION
NEIGHBORHOOD TRANSITION



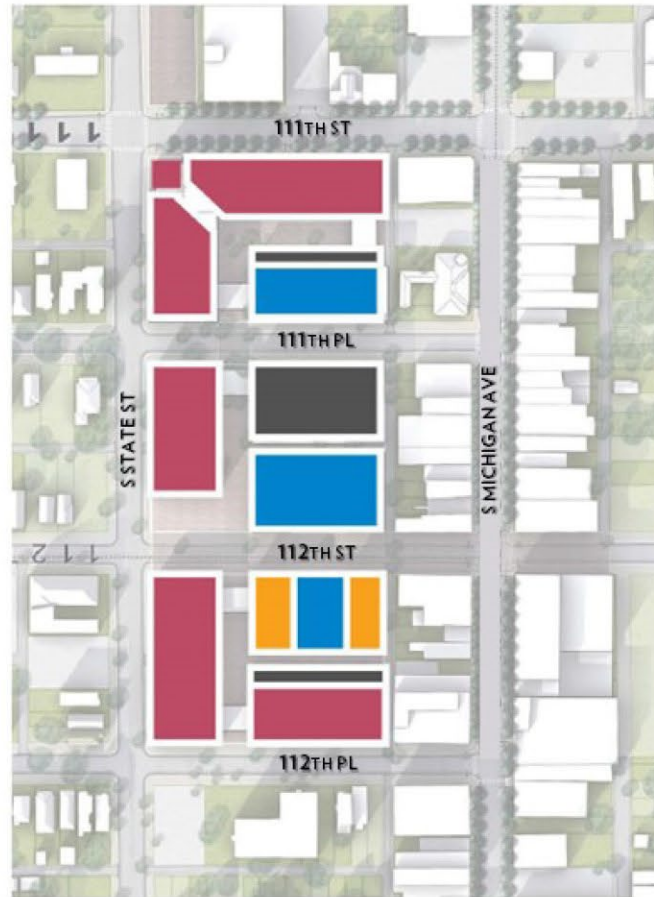
BUILDING PROFILE VARIATION
ALONG STATE ST.

BUILDING ORGANIZATION PRINCIPLES

BUILDING TYPES

The Medical District shall incorporate a variety of building types and programs. Each building typology will feature distinct architectural features that are derived from the use and the location within the plan

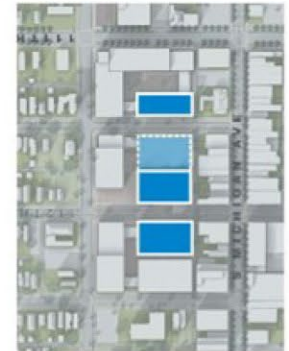
Building design shall focus on efficiency, constructibility, access and the synergy with other programs within the district the neighborhood.



**TYPE 1
MEDICAL**



**TYPE 2
COMMUNITY**



**TYPE 3
SUPPORT HOUSING**



**TYPE 4
PARKING - SUPPORT**



BUILDING ORGANIZATION PRINCIPLES

TYPE 1 - MEDICAL

TYOLOGY

Bar building typology with variable depths as required by program. Buildings are often arranged around a central space with a more public side fronting the street and more quiet side facing an inner court

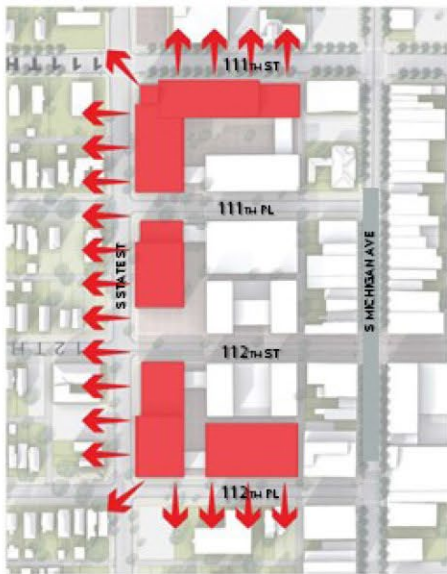


BUILDING ORGANIZATION PRINCIPLES

TYPE 1 - MEDICAL

ARRANGEMENT

Block Perimeter Organization



Primary Facade On 111th St & State St



Secondary Facades Along 111th Pl, 112th St & 112th Pl



Access To Inner Green Way & Courts

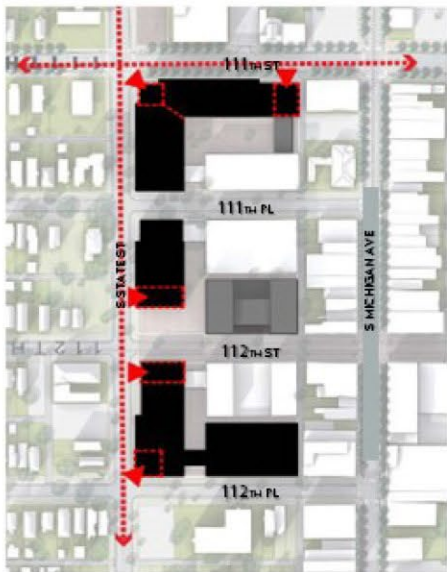


BUILDING ORGANIZATION PRINCIPLES

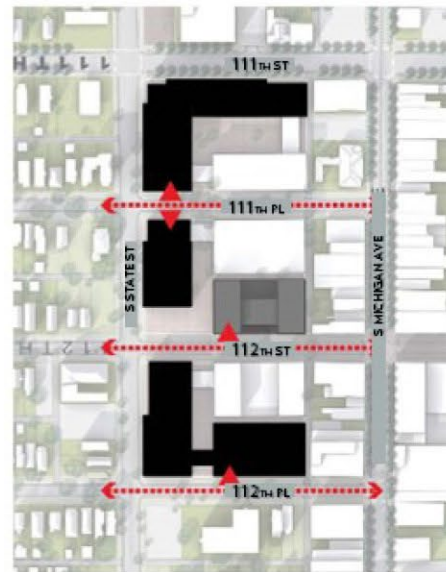
TYPE 1 - MEDICAL

ACCESS

Primary Entrances



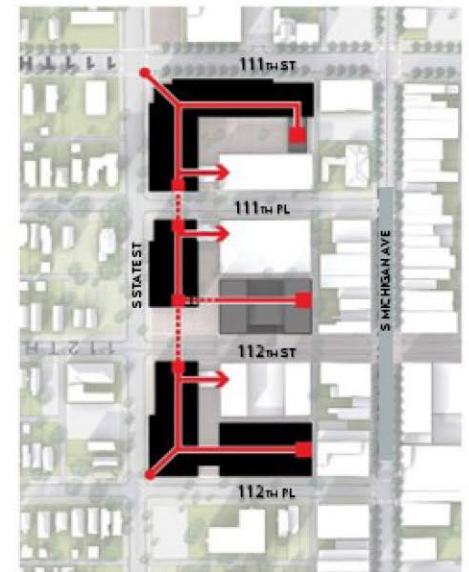
Secondary Entrances



Service



Internal Connectivity

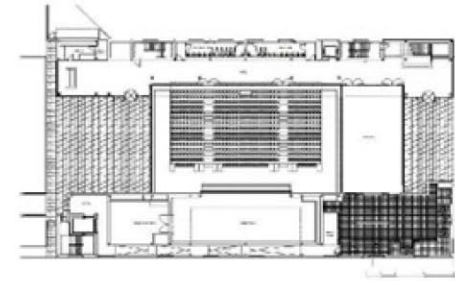
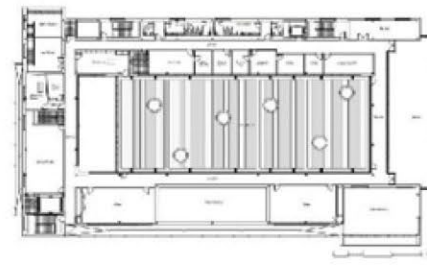
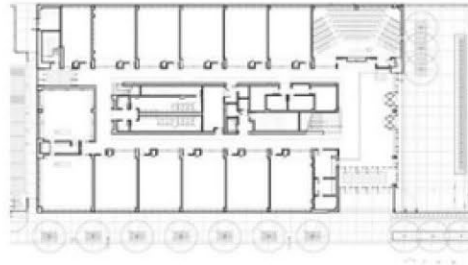


BUILDING ORGANIZATION PRINCIPLES

TYPE 2 - COMMUNITY

TYOLOGY

The Community buildings shall feature big flexible floor prints and long span construction, as they will house spaces for community assembly, sports, educational and other activities.

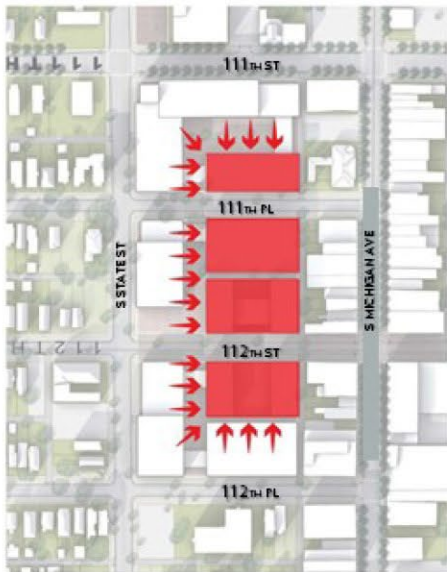


BUILDING ORGANIZATION PRINCIPLES

TYPE 2 - COMMUNITY

ARRANGEMENT

Block Core Arrangement
Central To Other Uses



Primary Facade On Along
111th Pl And 112th St



Secondary Facades Along
Inner Green Way

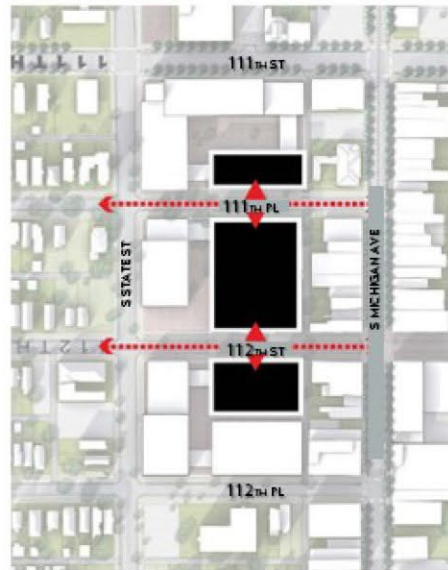


BUILDING ORGANIZATION PRINCIPLES

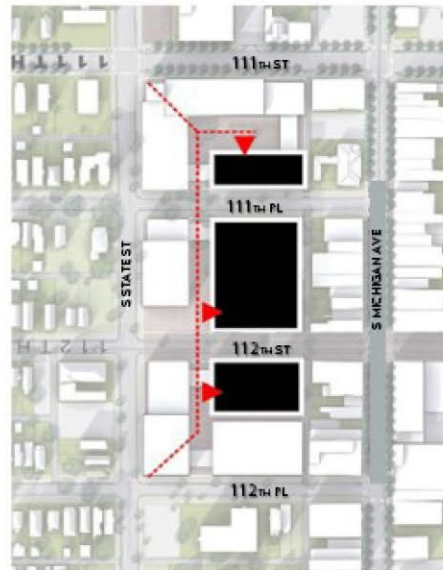
TYPE 2 - COMMUNITY

ACCESS

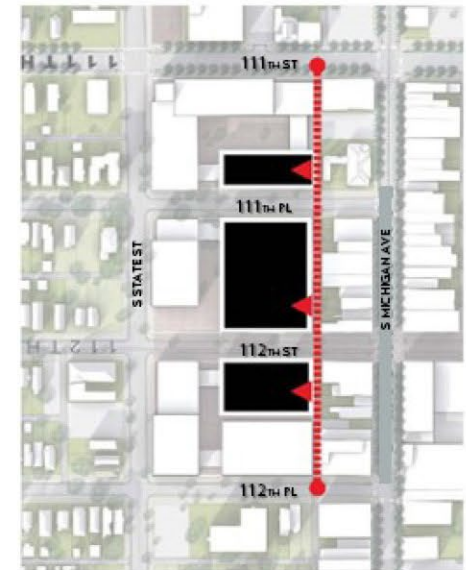
Primary
Entrances



Secondary
Entrances



Service



BUILDING MATERIALS

MAIN FACADES



Main facades are the ones that face the perimeter of the district, because of the direct interface with the neighborhood, it is recommended that the primary materials to be used are contextual with the existing building stock of the area, in this case, Brick, Terracotta, and Stone.



BRICK



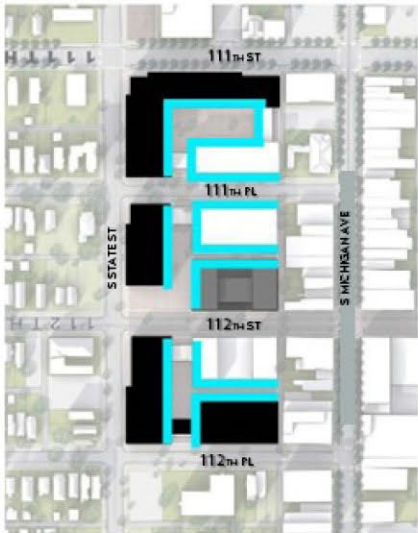
TERRACOTTA



STONE

BUILDING MATERIALS

INTERIOR FACADES



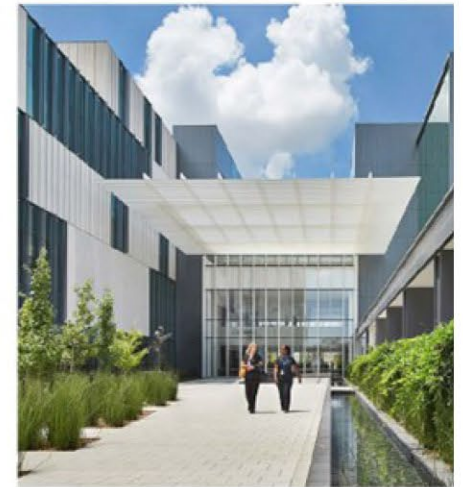
The interior facades of the buildings that face the green spine and the courtyards are recommended to be more transparent, birth and light materials to allow for more clear connection the medical and community programs with the landscapes areas and with each other.



GLASS



SCREENS



METAL

BUILDING MATERIALS

FOCAL POINTS



At key locations within the district, such as entrance points or prominent corners, it is recommended to use material that spark interest and become a feature. Use of color, wood, screens and glass is encouraged as a way to bring visual interest while aiding way finding.



GLASS



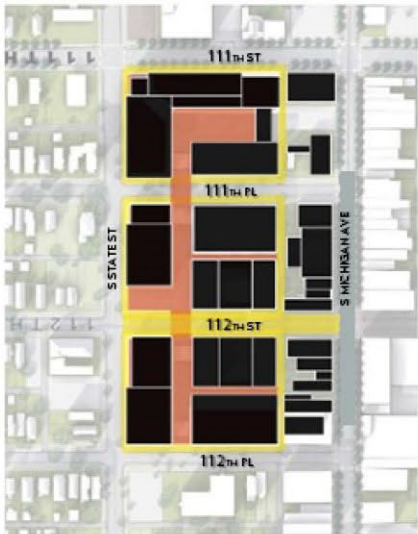
WOOD



SCREENS

PUBLIC REALM MATERIALS

PUBLIC REALM



Smart use of materials on horizontal surfaces will enhance the identity of the district. Implementing special paving patterns and materials along with landscape and urban furnishings will enhance the user experience of the public realm, and contribute for a safer and more enjoyable place.



PED. STREET + COURTS

- Brick
- Wood
- Landscape



SIDEWALKS + 112TH ST + ALLEY

- Brick
- Concrete

IMPLEMENTATION FRAMEWORK 5

IMPLEMENTATION FRAMEWORK

Implementation of this master plan is the primary responsibility of the Roseland Community Medical District Commission. Success will rely on strategic partnerships with the community and The New Roseland Community Hospital, together with City, State and County leaders, working together to attract and support medical industry and human investment project partners on an ongoing basis.

ROLES AND RESPONSIBILITIES

The Roseland Medical District Commission and The New Roseland Hospital Board of Directors will work collaboratively in their distinct roles with clear responsibilities, summarized as follows:

ROSELAND COMMUNITY MEDICAL DISTRICT COMMISSION

- Establish preventive medicine and wellness center of excellence.
- Attract and develop new outpatient facilities and services with project partners.
- Structure mutually beneficial reciprocal business model between outpatient care providers and Roseland Hospital.
- Operate a safe, welcoming and accessible medical district.
- Partner in human investment and community development initiatives that support good health.

THE NEW ROSELAND COMMUNITY HOSPITAL BOARD OF DIRECTORS

- Deliver high quality inpatient care in expanded and renovated facilities.
- Support development of new outpatient facilities and services in coordination with the Roseland Medical District Commission.
- Structure mutually beneficial reciprocal business model between the hospital and outpatient care providers.

WORKPLAN

The implementation of the projects and programs documented within this master plan involves a series of workstreams that will be advanced concurrently to achieve both near- and long-term goals. This master plan is a working document that is intended to guide coordinated action over a multi-year timeframe. It will be updated periodically to address evolving opportunities and needs.

The following actions will be implemented to grow the operational capacity of the district, to solicit, contract and operate with project partners and programs, to prepare, develop and manage real property, and to address human investment needs.

WORKSTREAM ONE:

OPERATIONAL CAPACITY

The Roseland Community Medical District Commission is established and empowered by the Roseland Community Medical District Act, 70 ILCS 935/1. The Act establishes the structure of the Commission and its responsibilities. Workstream One focuses on the pursuit of excellence in building and evolving the Commission's operational capacity.

1.1 Maintain a Full Slate of Commissioners with the Unique Skills, Experience and Networks Required to Successfully Develop and Manage the Medical District.

Per the Act, the Commission will consist of nine appointed members and three ex officio members, as follows:

Appointed Members

- Three by the Governor of Illinois
- Three by the Mayor of the City of Chicago
- Three by the Cook County President

Ex Officio Members

- Illinois Director of Commerce and Economic Opportunity, or Designee
- Illinois Director of Public Health, or Designee
- Illinois Secretary of Human Services, or Designee

IMPLEMENTATION FRAMEWORK

It is anticipated that the composition of the Commission will change periodically as different skillsets are needed for different stages of the delivery and operation of the Medical District.

The Commission will conduct and maintain a Skills Gap Analysis to determine needs and will communicate these on regular basis to the Governor, Mayor and County Board President.

The Commission has the responsibility of being an active participant in the identification, vetting and selection process of members in collaboration with elected and appointed officials.

1.2 Establish a Roseland Community Medical District Advisory Council.

The Advisory Council will be comprised of a group of individuals that effectively supplement the Commission's skills and abilities to help guide the organization toward its stated mission. Council members will be advocates for the Medical District and will contribute their time and expertise as active participants in its planning, design and operation. The Advisory Council will receive briefing material and will meet quarterly.

1.3 Hire and Develop Staff.

The Commission will employ an Executive Director who will be responsible for working

directly with the Commission regarding the identification and deployment of actions.

The Executive Director will be responsible for the development and direction of organizational strategy, drafting organizational policies and philosophies, management of day-to-day operations, compliance with internal controls, growing and managing staff, preparing comprehensive budgets, reporting on revenue and expenditures and engaging with project partners and community groups.

As reliable sources of funding are secured at levels required to sustain new employees, the Executive Director will hire staff to fill key roles tied to the execution of projects, programs and initiatives. Initial key hires will likely include an administrative assistant to support the Executive Director, an accountant and financial analysis director, a planning and design director, a grant writer and manager, and other strategic roles that evolve with the Medical District as the size and complexity of operations grow.

1.4 Fund Operations.

The Commission, via the Executive Director and staff, will pursue funding from a wide range of sources including federal, state, county and city government, foundations and not-for-profit organizations, health care networks and institutions of higher education, private sector

ventures, philanthropists, donors and other sources.

The Commission will enter agreements with funders and be responsible for compliance and reporting. To the extent possible, set-aside amounts in the 10% range of all funds received should be dedicated to fund the administration costs and staffing of all projects, programs and initiatives.

1.5 Establish and Maintain Internal Controls.

The Commission, via the Executive Director and staff, will identify and comply with laws, regulations, contracts and grant agreements that have material effect on the operation of the Medical District and Commission. They will do so by establishing and maintaining an effective system of internal controls over compliance. Such controls will be used to obligate, expend, receive and use public and other funds in accordance with the purpose for which such funds are appropriated or otherwise authorized by law.

The Commission will use the State uniform accounting and reporting system for all receipts and expenditures in its financial and fiscal operations. The resulting control environment will provide assurance regarding compliance with the Roseland Community Medical District Act, the Illinois Governmental Ethics Act, the State Records Act, the Fiscal Control and Internal

IMPLEMENTATION FRAMEWORK

Auditing Act, and other relevant governance requirements.

1.6 Establish Roseland Community Medical District Headquarters.

As reliable sources of funding are secured at levels required to sustain operations, a Medical District Headquarters office should be established within the physical boundaries of the District.

The office should include space for the Executive Director and staff, as well as meeting space for the Commission and other groups involved in delivery and operation of the Medical District.

WORKSTREAM TWO:

PROJECT PARTNERS

The Roseland Community Medical District is conceived of as a welcoming and supportive environment for the provision of world class health care made possible via collaboration of multiple project partners.

More than fifty strategic interviews and focus group sessions were conducted with health care experts, medical, family and behavioral health service providers, community groups and service area residents during the planning process. A recurring theme was the need to attract and nurture mutually beneficial partnerships in a

shared space where provider productivity may be enhanced while improving patient outcomes and affordability.

2.1 Engage Medical Industry Experts.

The Commission will convene and sustain ongoing dialogue with leaders in the medical industry via roundtables, interviews, research, symposia and other means. The purpose of this interaction is to identify innovative approaches, policies and procedures for delivering high quality health care via sustainable business models honed to address specific service area needs. It is also intended to raise the visibility of the Medical District within the health care industry in order to lay foundations for innovative and collaborative partnerships.

2.2 Solicit Health Care Partners.

The Commission will issue Solicitations of Interest (SOI) to health care providers to introduce the master plan vision for the development of a mixed-use outpatient campus and to seek interest and/or feedback from potential project partners.

The Commission will issue Requests for Proposals (RFP) once programmatic and physical development parameters are defined for specific sites and/or programs.

2.3 Structure and Execute Agreements.

The Commission will enter into contractual agreements with project partners, as warranted, and will fulfill their obligations. Agreements may address, but are not limited to, the acquisition, sale and leasing of real and personal property, the construction and/or operation of facilities and housing, and the provision of district-scale services addressing transportation, security, property management and other functional needs, and other relevant actions.

2.4 Manage Operations.

The Commission will maintain the proper surroundings for the Medical District in terms lands, buildings, facilities, equipment, and personal property. It will maintain the physical character of the public realm in coordination with the City of Chicago and will be responsible for the coordination of district and wayfinding signage, district security, and microtransit.

The Commission will serve as the primary point of contact for public relations, press interface, political engagement and community collaborations.

The Commission is likely to engage the services of a professional property management organization in the early phases of operation. Ultimately, the Commission may develop their own property management division.

WORKSTREAM THREE:

PHYSICAL DEVELOPMENT

The Commission will prioritize the assembly of real property and construction of site improvements required to prepare land for the development of a mixed-use outpatient campus and other features. Development-ready land is a key asset that the Commission can leverage to attract and secure investment in vertical development by health care partners.

3.1 Assemble Land.

The Commission will assemble the land required for implementation of this master plan. It will work with Cook County and the City of Chicago to acquire publicly owned and controlled land within the Medical District boundary; and will purchase all land required for the proposed outpatient campus. Additional sites may be purchased for housing rehab and infill.

3.2 Prepare Sites.

The Commission will initiate a process of site improvements for acquired land to create development-ready pads for vertical development. This will likely involve demolition of existing structures, grading, leveling and clearing of land, geotechnical site investigation, soil compaction, drainage works, and trunk utility assessments and upgrades as needed.

The Commission will likely engage the services of a Pre-Development Consultant and Site and Utilities Contractor to scope, budget and execute this work.

3.3 Entitle Development.

As the landowner, the Commission will work with the City of Chicago and relevant agencies to prepare and enact a Planned Development (PD) for the Roseland Community Medical District Outpatient Campus and/or other large-scale projects. A PD is a special zoning district established for complex development projects due to size, use, scale and location.

The PD review process is divided into two parts. Part I involves legislation outlining the basic zoning controls intended to guide the development of a particular site. This part of the process can commence once the land is assembled. Attainment of the PD designation is a powerful tool to convey certainty to investment.

WORKSTREAM FOUR:

HUMAN INVESTMENT

It is widely recognized that investment in people and the challenges they face is one of the most pressing needs in the service area. Addressing societal determinants of poor health in a coordinated and timely manner is a top priority.

Health outcomes in the area are largely exacerbated by historic racism and economic deprivation, violence and trauma, poor nutrition, limited physical activity, homelessness, and other critical factors.

Although the Medical District can work to deliver access to quality health care, fitness, food and housing, the sheer scale and geographic scope of need will require coordinated partnerships both within the Medical District boundaries and the broader far south service area.

Initially, the Commission will focus on actions it can take within its 95-acre jurisdiction. However, the Commission will explore a boundary expansion with the Illinois State Legislature in order to extend its impact in terms of its ability to address a broader set of issues that could contribute to improved health outcomes.

Per the Roseland Community Medical District Act, the Commission is empowered to make grants to neighborhood organizations to address needs. The Commission will work with the Far South Chicago Coalition and other groups working to address needs and create opportunities for enhanced wellbeing and prosperity.

Far South Chicago Coalition

<https://www.chicagoqlps.org/far-south-chicago-2021>

IMPLEMENTATION FRAMEWORK

4.1 Partner in Human Investment Initiatives.

The Commission will work with neighborhood organizations and groups addressing social service, violence reduction, trauma counseling, food security, youth homelessness, substance abuse, and other critical needs. The Commission will convene meetings and workshops with stakeholders and potential project partners to scope needs and actions. The Commission will fund and conduct work, either directly or via partners, where enabled to do so.

4.2 Partner in Housing Initiatives.

The Commission will work with neighborhood organizations and groups addressing housing at a variety of scales. The Commission will convene meetings and workshops with stakeholders and potential project partners to scope needs and actions. The Commission will fund and conduct work, either directly or via partners, where enabled to do so.

4.3 Partner in Small Business and Workforce Development Initiatives.

The Commission will work with neighborhood organizations and groups addressing small business and workforce development. The Commission will convene meetings and workshops with stakeholders and potential project partners to scope needs and actions. The Commission will fund and conduct work, either directly or via partners, where enabled to do so.

STRATEGY YEARS 1-3

ROSELAND HOSPITAL BOARD

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 SOI and RFP processes to solicit outpatient project partners.
- Secure outpatient project partners and finalize agreements.
- Support planning, design and entitlement activities.

STRATEGY YEARS 4-10

ROSELAND HOSPITAL BOARD

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

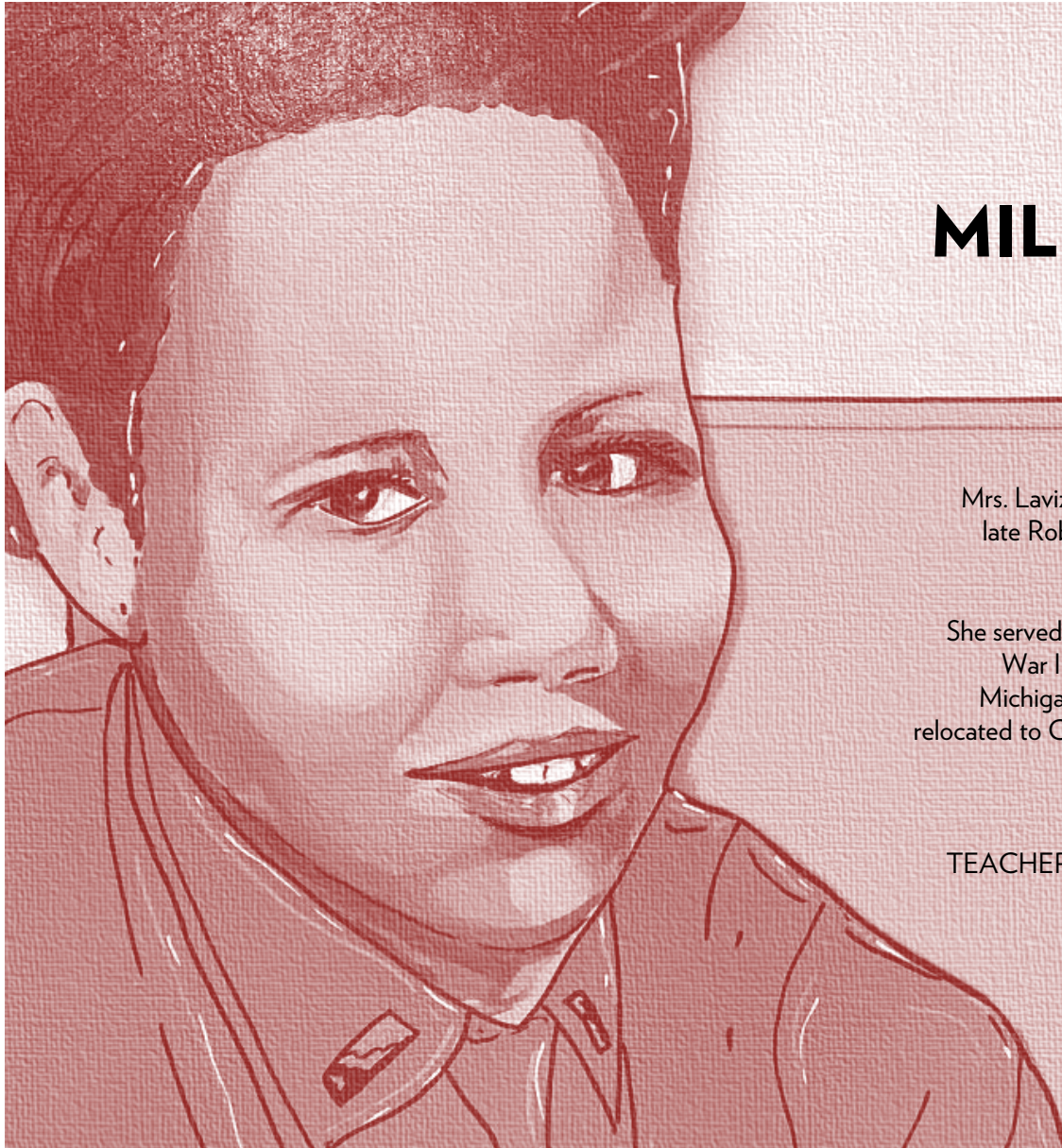
- Transition select functions out of the hospital into new outpatient facilities and expand inpatient services in the hospital.
(Adult Behavioral Health, Adolescent Behavioral Health, Detox)
- Identify support services that could locate in the Medical District to benefit the hospital
(Diagnostic and 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 transportation services for district operations.
- Partner in housing and human investment initiatives at community.

IN HONOR OF



THIS MASTER PLAN HONORS THE
LEGACY OF ROSELAND RESIDENT

MILDRED ILES LAVIZZO

1916-1996

Mrs. Lavizzo was born in New Orleans, Louisiana. She was the wife of the late Robert Lavizzo. She received a diploma in Nursing Education from Grady Hospital at Emory University in Atlanta, Georgia.

She served as 1st Lieutenant in the United States Army Corps during World War II. After the war, she continued her education at the University of Michigan where she earned a Bachelor's Degree in Nursing. In 1947, she relocated to Chicago where she became a public health nurse for the Chicago Board of Health and earned her Master's Degree.

As the **FIRST AFRICAN-AMERICAN SUPERVISOR OF TEACHER NURSES** for the Chicago Board of Education, her efforts were primarily focused on the health of school-age children.

Her legacy includes the initiation of the
HEAD START PROGRAMS
in Chicago Public Schools.

APPRECIATION

CHICAGO ALDERMEN

Alderman Anthony Beale, 9th Ward
Alderman Carrie Austin, 34th Ward
(Pending Change to 21st Ward)

CHICAGO DEPARTMENT OF PLANNING AND DEVELOPMENT

Maurice Cox, Commissioner
Erika Sellke, Lead Planner, Far South Region
Michael Penicnak, Planning Coordinator, Far South Region; Jasmine Gunn, City Planner V

ILLINOIS LEGISLATORS

Justin Slaughter, State Rep. 27th District
Bob Rita, State Rep. 28th District
Emil Jones, III, State Senator 14th District

ROSELAND MEDICAL DISTRICT COMMISSION

Tiffany Hightower; Dennis O'Malley; Darnell Hill; Joseph Harrington; Ciere Boatright; Harry Wilkins; Timothy Egan

THE NEW ROSELAND COMMUNITY HOSPITAL

Timothy Egan, CEO; Rupert Evans, Chair; Jeffery Waddy, Vice Chair; Jai Dev Arya, Treasurer; Angelique Tribett, Secretary; Khurram Khan, MD; Joyce Chapman; Bruce Limatainen; Ray Mcelroy; Tunji Ladipo; Narcisa Fletcher; Jose Deleon; Yvonne Springfield; Monica Cottrell

COMMUNITY CONTRIBUTION

Dr. William Towns
Leon Walker

FAR SOUTH CHICAGO COALITION

Dr. Joyce Chapman, President
Lauren Lewis, LISC Program Officer

MILDRED LAVIZZO ELEMENTARY SCHOOL

Tracey Stelly, Principal

PLANNING CONSULTANTS

Adrian Smith + Gordon Gill Architecture
Richard Wilson, Team Lead; Gordon Gill; Luis Palacio; Yuxin Zheng; Tyler Austin; William Basco

Far South Community Development Corporation

Abraham Lacy, President; Katanya Raby, Director of Planning; Janece Simmons, Vice President Community and Housing Services

Greater Roseland Chamber of Commerce
Andrea Reed, Executive Director

Chicago Neighborhood Initiatives

David Doig, President; Kimberly Morris; Donald Higgins; Joshua Watson

Applied Real Estate Analysis, Inc.

Maxine Mitchell, President; Robert Miller

Johnson and Lee, Ltd.

Philip Johnson; Natalie Zepeda

CTA RED LINE TEAM

Christine Carlyle; Teresa Fourcher; Ammar Elmajdoub; Leah Dawson Mooney; Linda Goodman; Maxine Mitchell, Erin Cabonargi



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134 WEST 111TH STREET, CHICAGO, IL 60628
CONTACT: ABRAHAM LACY
PHONE: 1.773.830.6652