



COMMITTEE ON DESIGN Department of Planning and Development

ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

Far South | 9th Ward Alderman Beale | 34th Ward Alderman Austin

Implementation Authority: Roseland Medical District Commission

Planner/Urban Designer: Adrian Smith + Gordon Gill Architecture with Far South CDC, Greater Roseland Chamber of Commerce, CNI, Johnson and Lee, and AREA

Committee Meeting Date: May 11, 2022



ADRIAN SMITH + GORDON GILL ARCHITECTURE

MASTER PLANNING | ARCHITECTURE | SUSTAINABILITY | PROJECT MANAGEMENT

• RICHARD WILSON, GORDON GILL, LUIS PALACIO, VINCENT ZHENG

FAR SOUTH CDC

NEW ROSELAND COMMUNITY HOSPITAL & MEDICAL DISTRICT ENGAGEMENT | BUSINESS & WORKFORCE DEVELOPMENT

ABRAHAM LACY, KATANYA RABY

GREATER ROSELAND CHAMBER OF COMMERCE

NEIGHBORHOOD & COMMUNITY ENGAGEMENT | BUSINESS & WORKFORCE DEVELOPMENT

ANDREA REED

CHICAGO NEIGHBORHOOD INITIATIVES

ECONOMIC DEVELOPMENT & IMPLEMENTATION STRATEGIST

DAVE DOIG, DONALD HIGGINS, JOSHUA WATSON, KIMBERLY MORRIS

APPLIED REAL ESTATE ANALYSIS

REAL ESTATE MARKET POSITIONING

MAXINE MITCHELL & ROBERT MILLER

JOHNSON & LEE

ARCHITECTURAL PLANNING & DESIGN GUIDELINES

PHIL JOHNSON, IOANNIS DAVIS, NATALIE ZEPEDA



- Master Plan for the 95-acre Roseland Community Medical District, which was established in 2011 by the Illinois State Legislature. The purpose of the Medical District is to attract and retain viable healthcare facilities, medical research facilities, academic centers of excellence, emerging high technology enterprises, and supportive uses.
- The Medical District is bounded by S Stewart Ave on the west, W 110th St on the north, S Michigan Ave on the east, and W 112th St on the south. Roseland Community Hospital is located within the District at 45 W 111th Street, between S State St and S Wentworth Ave.
- Historically, Roseland Community Hospital was an anchor that provided healthcare for Far South Side residents and an economic engine that worked in tandem with "The Avenue," the commercial stretch of S Michigan Ave between W 107th and W 115th Streets. In its heyday, this combination of stores, goods, services and high-quality healthcare attracted and served people from the entire south side of Chicago.
- However, downturns in area industrial operations, employment loss and low levels of investment by the City, State and major institutions over a long period of time diminished these important assets.



- The COVID-19 pandemic further highlighted racial healthcare disparities across Chicago and demonstrated the essential need for direct access to healthcare, treatment and preventative care in this part of the city. Investment in the Roseland Medical District is essential to address the health of approximately 300,000 people within its service area.
- Therefore, this Master Plan provides the physical framework for the planning, design, construction and operation of a mixed-use campus focused on high-quality outpatient services, community facilities, supportive housing and other longstanding community needs.
- The vision presented in the following material is the result of extensive discussions and collaboration among community residents and stakeholders, large and small network healthcare providers, DPD, CDOT and CTA regarding the Red Line Extension, the Roseland Medical District Commission and the Roseland Community Hospital Board of Directors.

WORKPLAN AND SCHEDULE

2021

OCTOBER: MEDICAL INDUSTRY FOCUS GROUPS; COMMISSION ENGAGEMENT

NOVEMBER: PUBLIC WORKSHOP ONE (NOV 6); COMMUNITY VISION DISCUSSION

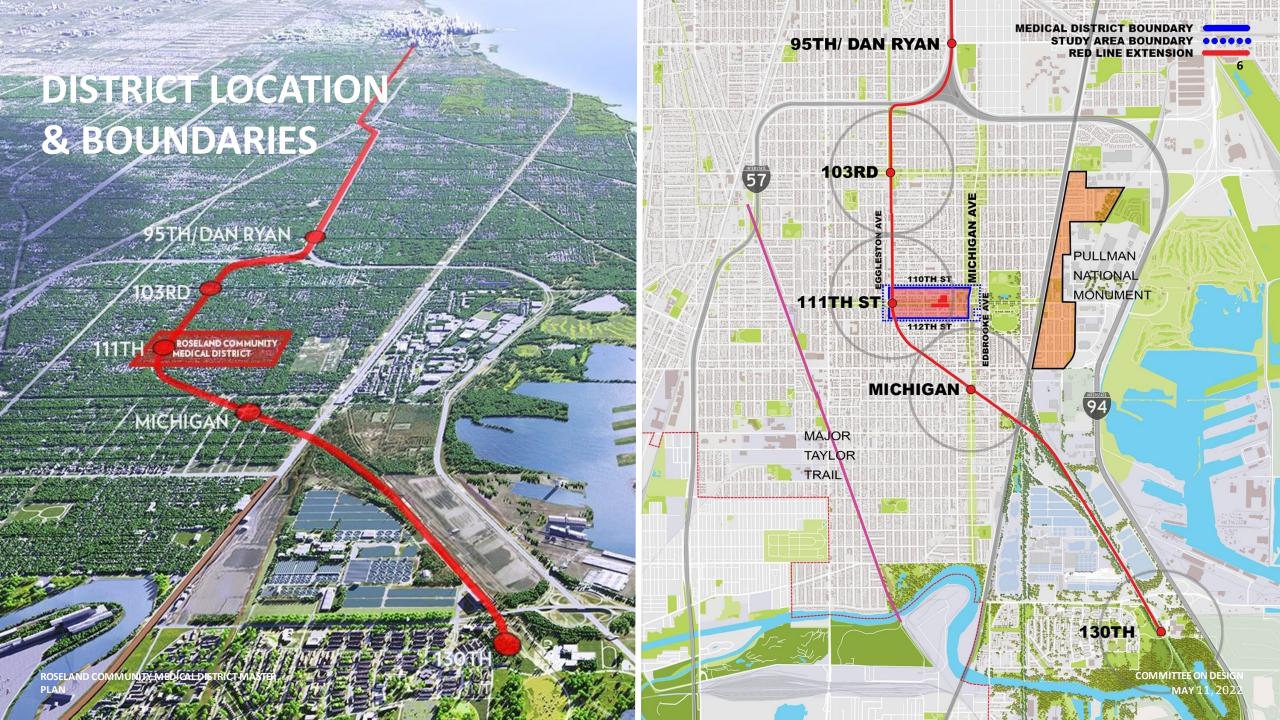
DECEMBER: PUBLIC WORKSHOP TWO (DEC 11); DESIGN WORKSHOP; GOALS-ORIENTED EVALUATION; COMMISSION ENGAGEMENT

2022

JANUARY/FEB: MEDICAL INDUSTRY ROUNDTABLES; DRAFT PLAN AND GUIDELINES; DRAFT IMPLEMENTATION STRATEGY

MARCH/APRIL: MEDICAL DISTRICT COMMISSION AND HOSPITAL WORKSHOP; DRAFT PLAN, DESIGN GUIDELINES AND IMPLEMENTATION STRATEGY

MAY/JUNE: FINAL PLAN AND GUIDELINES DOCUMENT; FINAL IMPLEMENTATION STRATEGY; CHICAGO PLAN COMMISSION CONSIDERATION



ILLINOIS MEDICAL DISTRICTS

MID-ILLINOIS MFDICAL 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

ROSELAND MEDICAL DISTRICT Chicago

2011 Established 95 Acres

95 Acres

490 Employees **300,000** Residents **Roseland Hospital**, Clinics

"Housing, restaurants and retail are important to recruiting talent and attracting investors to a bustling innovation district." - Kate Schellinger, Interim Executive Director, Illinois Medical District, October 2021

560

Acres

7

ROSELAND MEDICAL DISTRICT AUTHORITY

Roseland Medical District

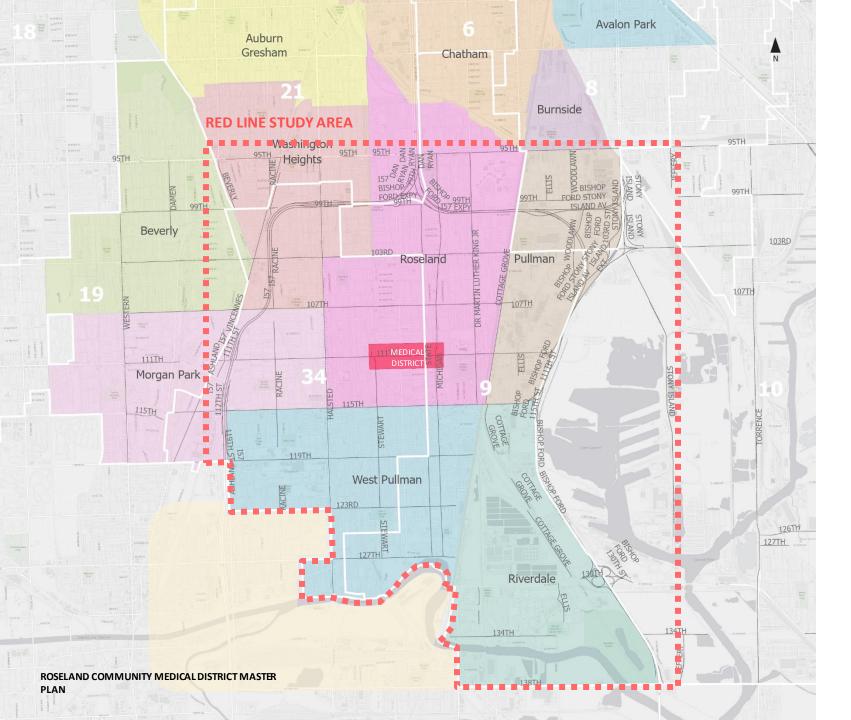
Established in 2011 by the State of Illinois to attract and retain:

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

Roseland Medical District Commission

Established to create, maintain and expand health care facilities and services by:

- Acquiring, Selling and Leasing Property
- Constructing Facilities
- Holding and Managing Contracts
- Applying for Loans, Grants and Appropriations
- Collecting Assessments and Fees
- Making Grants to Neighborhood
 Organizations



SERVICE AREA ROSELAND MEDICAL DISTRICT

300,000 PEOPLE 12 COMMUNITY AREAS 6 ZIP CODES

- Twelve community areas depicted in colors.
- Ward boundaries depicted in white.
- Red Line study area depicted in red dashed lines that encompass 20 square miles.
- Medical District is located at the center of the Hospital and Red Line service areas.
- Master Plan will address the regional scale broadly and the Medical District in detail.

WHAT DOES A MEDICAL DISTRICT MEAN TO YOU?







WORKING TOGETHER

RESIDENTS • ELECTED OFFICIALS • MEDICAL DISTRICT COMMISSION QUALITY-OF-LIFE PLAN • RED LINE EXTENSION INVEST SOUTH/WEST • PULLMAN NATIONAL MONUMENT ROSELAND HOSPITAL • MEDICAL INDUSTRY LEADERS

MEETINGS, INTERVIEWS, FOCUS GROUPS

- MEDICAL DISTRICT COMMISSION
- ROSELAND HOSPITAL
- FSCC QUALITY OF LIFE STEERING COMMITTEE
- INVEST SOUTH/WEST
- ALDERMAN BEALE
- ALDERMAN AUSTIN OUTREACH
- REPRESENTATIVE SLAUGHTER

- LAWNDALE CHRISTIAN
- RED LINE PLANNING TEAM
- CHICAGO TRANSIT AUTHORITY
- CHICAGO DEPARTMENT OF PLANNING & DEVELOPMENT
- DEVELOPMENT EXPERTS
- 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

MEDICAL INDUSTRY ENGAGEMENT

- ROSELAND HOSPITAL
- ADVOCATE
- NORTHWESTERN
- UNIVERSITY OF CHICAGO
- COOK COUNTY / STATE
- CHICAGO FAMILY HEALTH
- TCA HEALTH
- CHRISTIAN COMMUNITY HEALTH 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
- COOK COUNTY LAND BANK AUTHORITY
- PLANNED PARENTHOOD

HEALTH CARE TRENDS

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

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

MIXED-USE PROGRAM

\pm 200,000 SF

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%)

MEDICAL, FITNESS, FOOD, CULTURE, RETAIL

RETAIL = 15,000 sf (8%)

FOOD | BEVERAGE

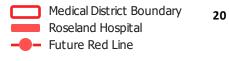
CULTURE/EDUCATION = 18,000 sf (9%)

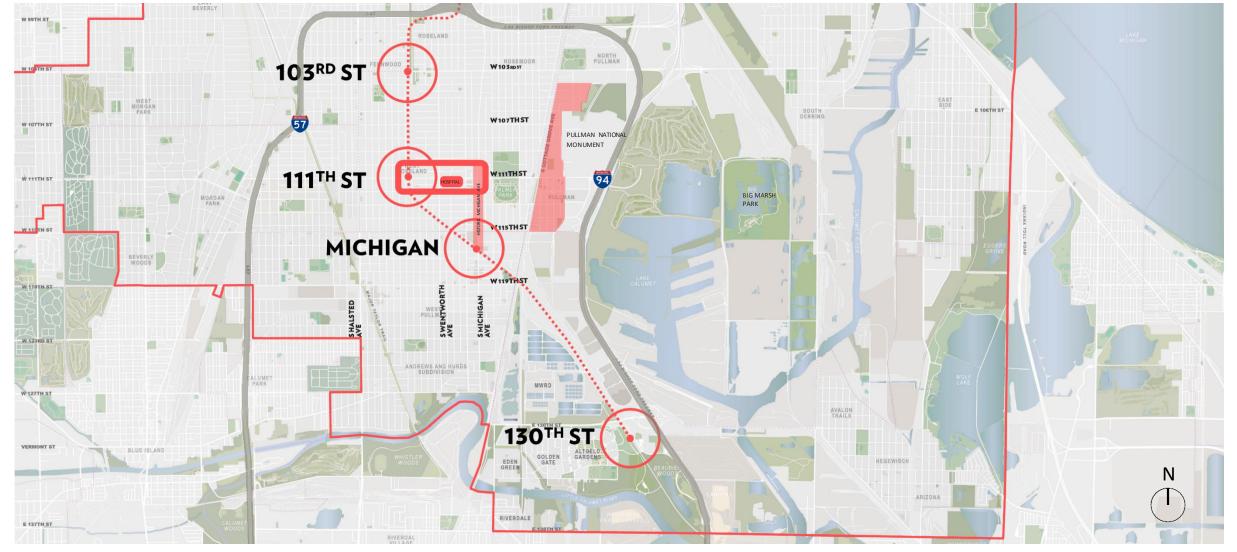
FITNESS CENTER = 28,000 sf (14%)

GYM | INDOOR TRACK

LOCATION & CONTEXT

REGIONAL CONTEXT

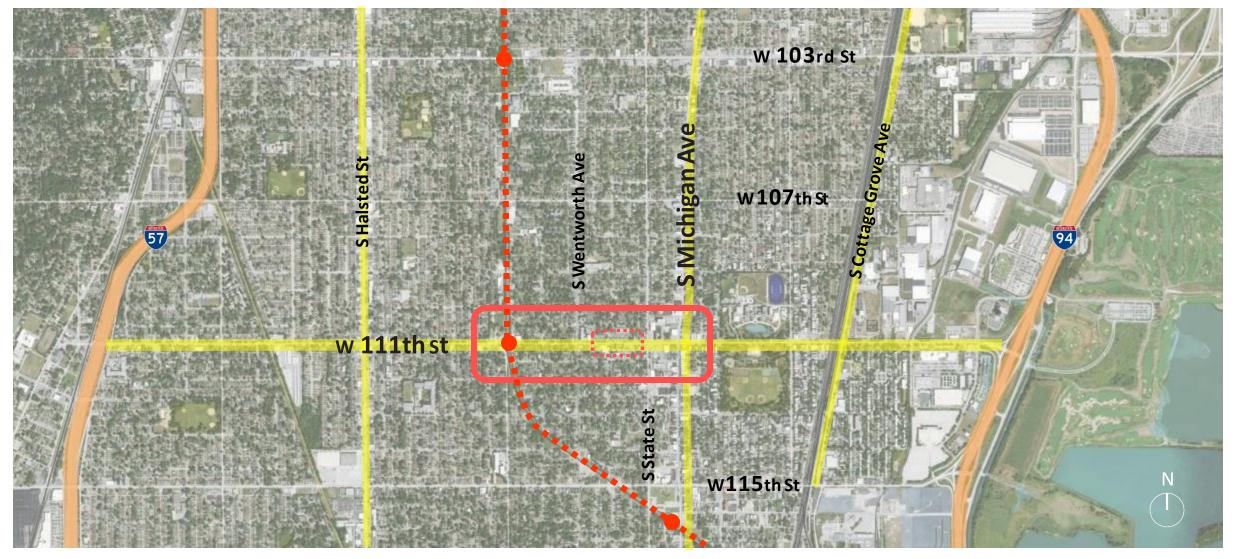




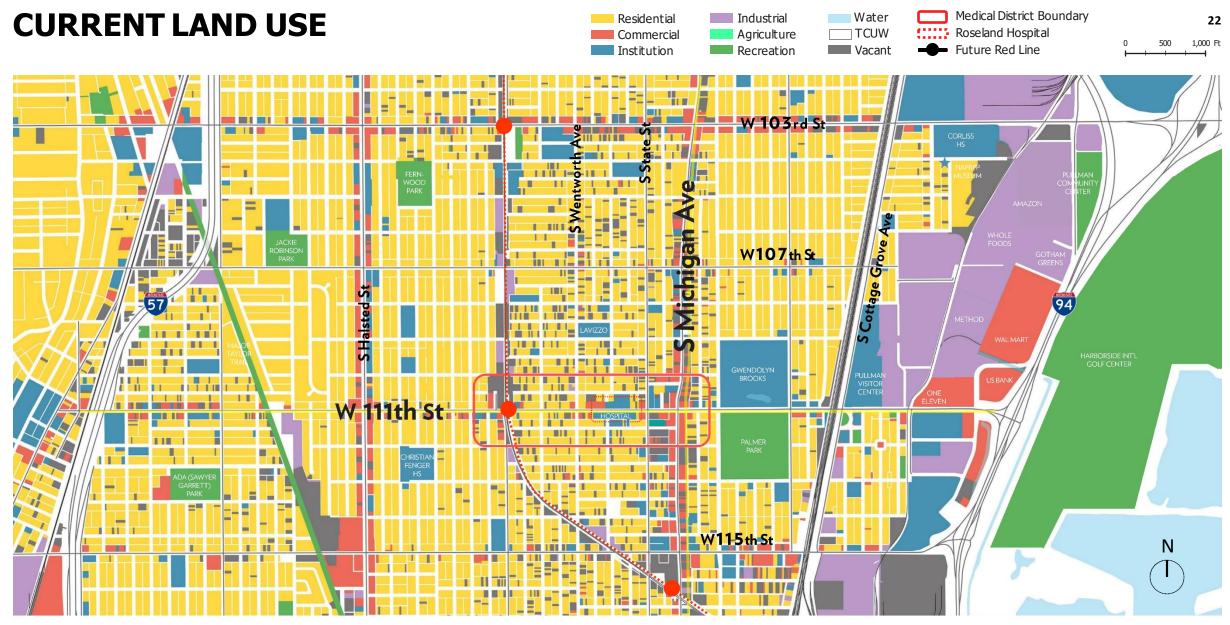
ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

LOCAL CONTEXT





ROSELAND COMMUNITY MEDICAL DISTRICT MASTER



ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

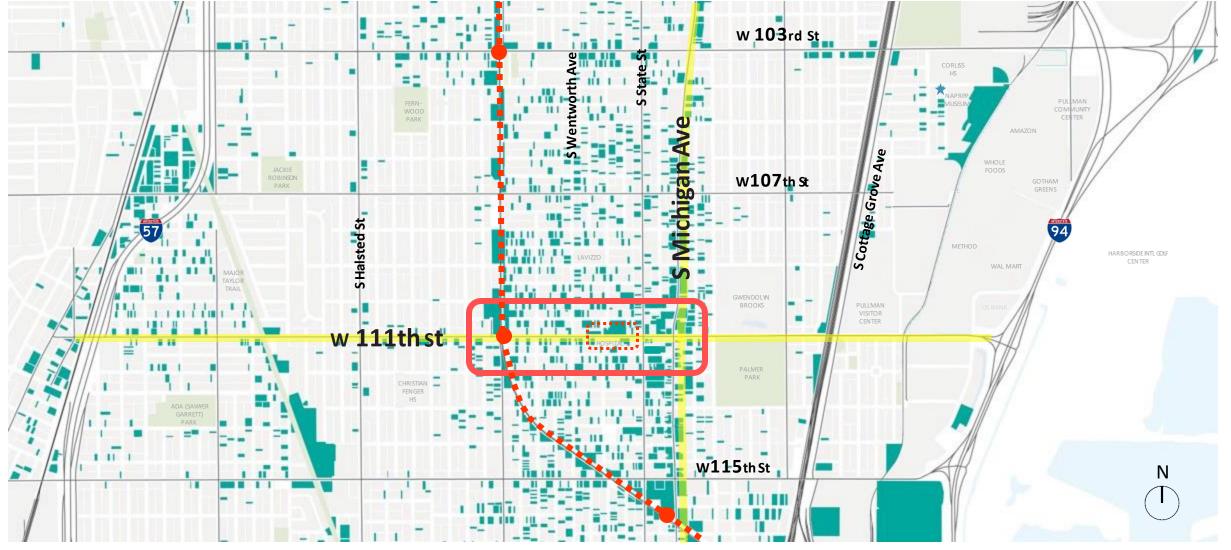


ROSELAND COMMUNITY MEDICAL DISTRICT MASTER

PLAN

VACANT LAND AND BUILDINGS

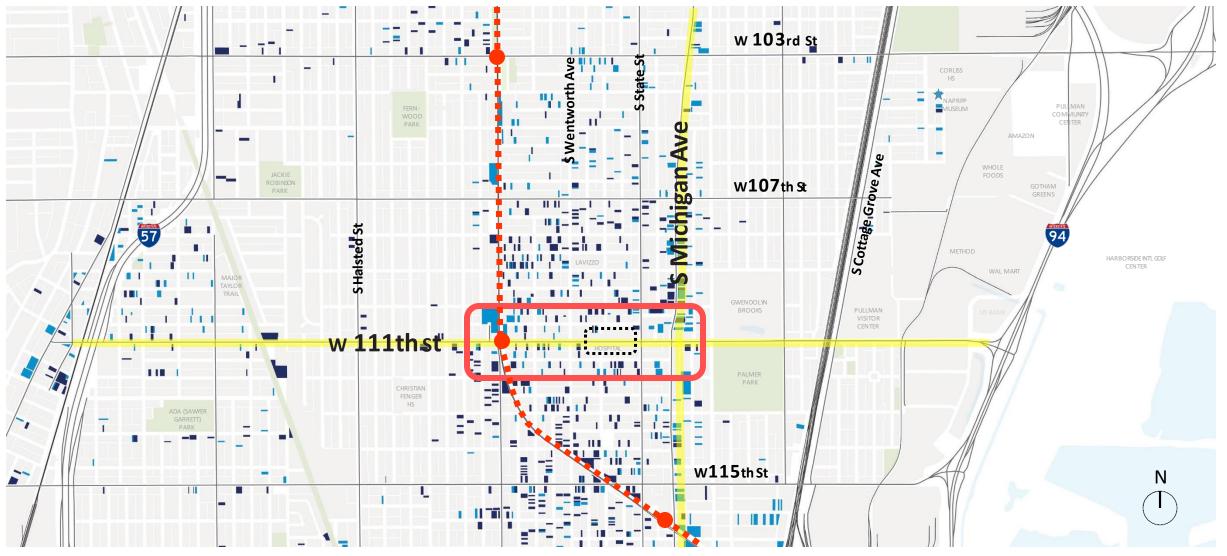
Vacant Land & Buildings Medical District Boundary 24 Conseland Hospital Future Red Line



ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

CITY/COUNTY-OWNED VACANT LAND

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



ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

COMMITTEE ON DESIGN MAY 11, 2022

25

1,000 Ft

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500

MEDICAL DISTRICT VISION

ROSELAND MEDICAL DISTRICT

VIEW TO SOUTHWEST



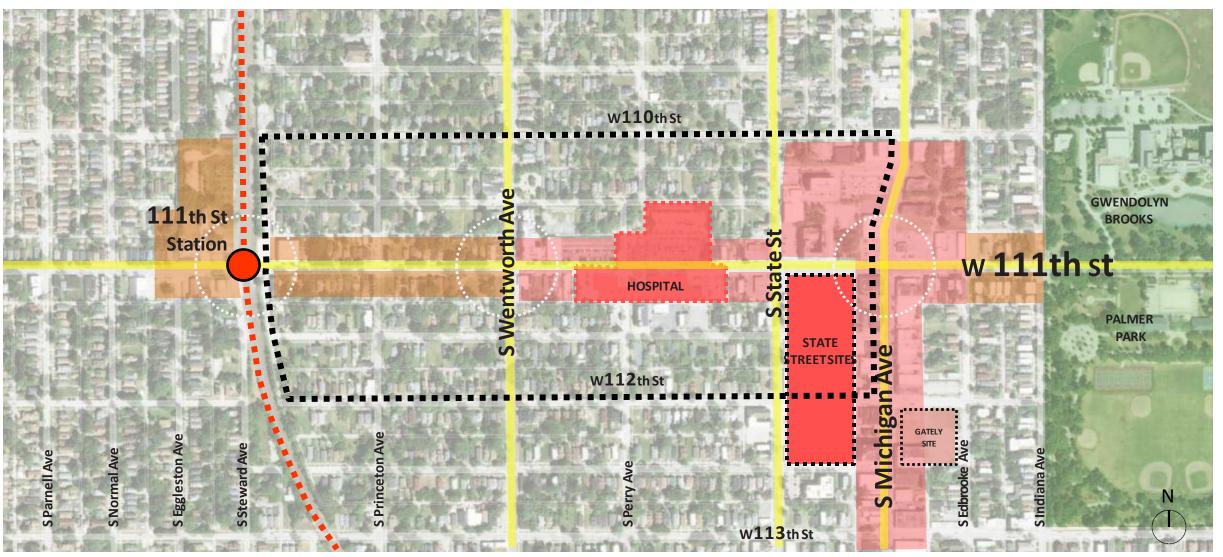
ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

MASTER PLAN FRAMEWORK

 Medical Concentration Sites
 Image: Medical District Boundary

 Commercial Mixed-Use Revitalization
 Roseland Hospital

 Residential Mixed-Use Revitalization
 Future Red Line



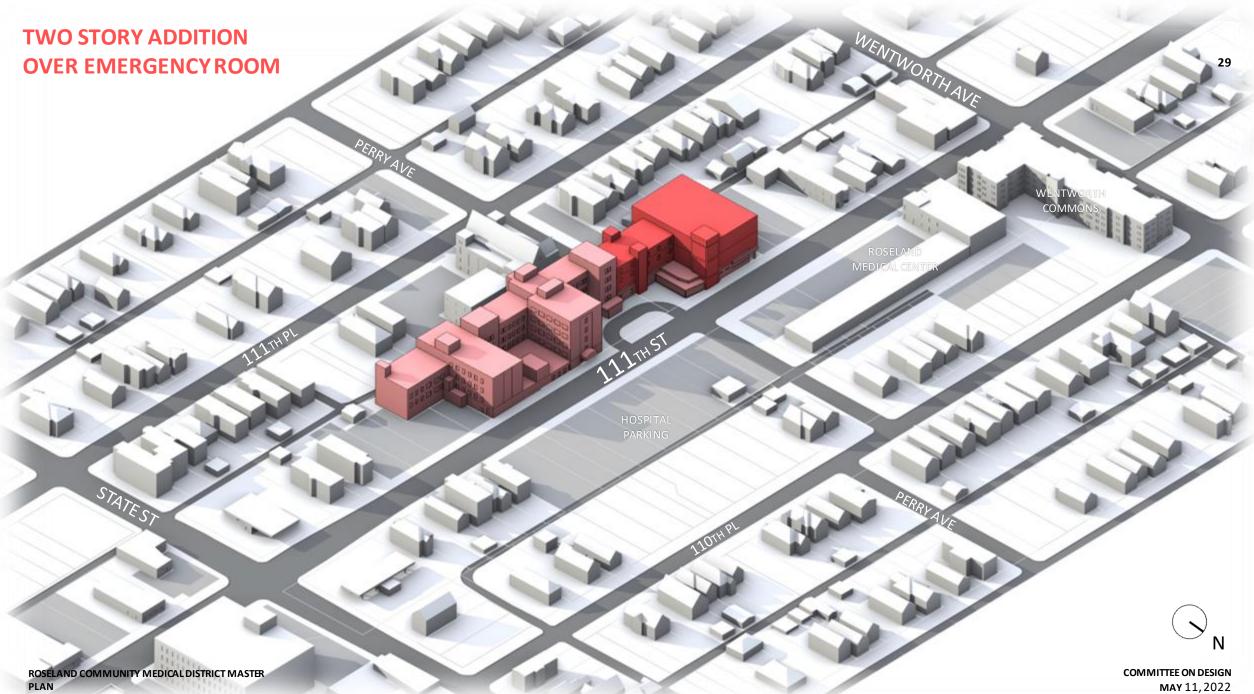
ROSELAND COMMUNITY MEDICAL DISTRICT MASTER

COMMITTEE ON DESIGN MAY 11, 2022

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400 Ft

PLAN



TWO STORY ADDITION OVER EMERGENCY ROOM

VIEW SOUTH FROM PARKING LOT ON $111^{\text{TH}}\,\text{st}$



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ASSEMBLE AND PREPARE SITES FOR OUTPATIENT CAMPUS

VIEW TO SOUTHEAST



ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

PHASE ONE

VIEW TO SOUTHEAST



PHASE TWO

VIEW TO SOUTHEAST



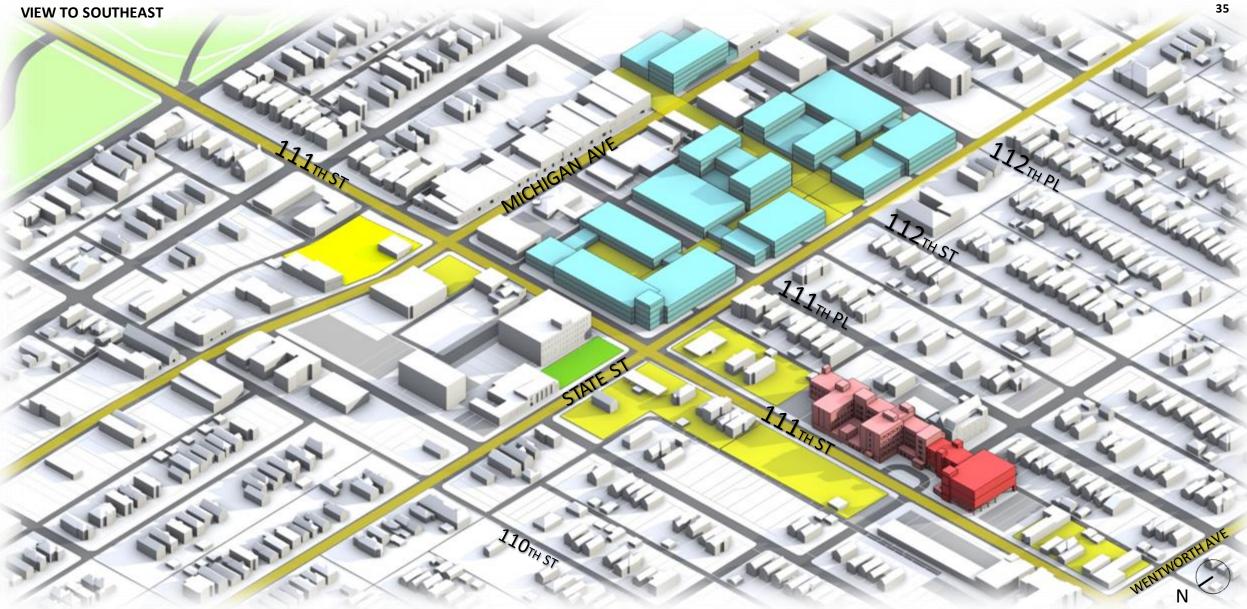
PHASE THREE

VIEW TO SOUTHEAST



ADJACENT REDEVELOPMENT SITES

VIEW TO SOUTHEAST

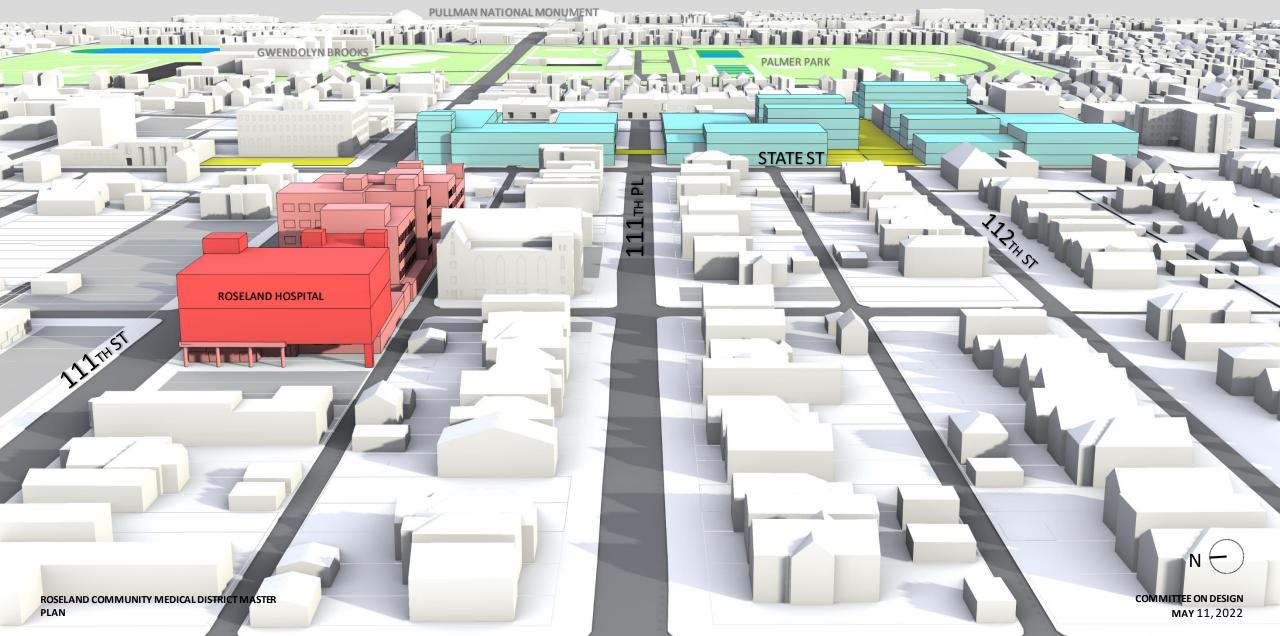


OUTPATIENT MIXED-USE CAMPUS ROSELAND HOSPITAL

36

MEDICAL DISTRICT BUILDOUT

VIEW LOOKING EAST



CURRENT CONDITIONS

VIEW LOOKING WEST ALONG 111TH ST

ROSELAND HOSPITAL

STATE ST

1111151

111111

MICHIGAN AVE

ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

MEDICAL DISTRICT BUILDOUT

1111111

111451

STATE ST

38

VIEW LOOKING WEST ALONG 111TH ST

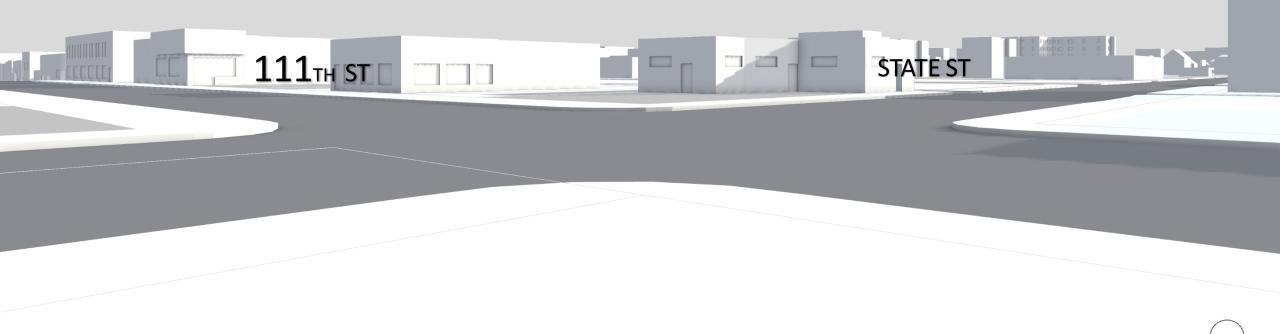


ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

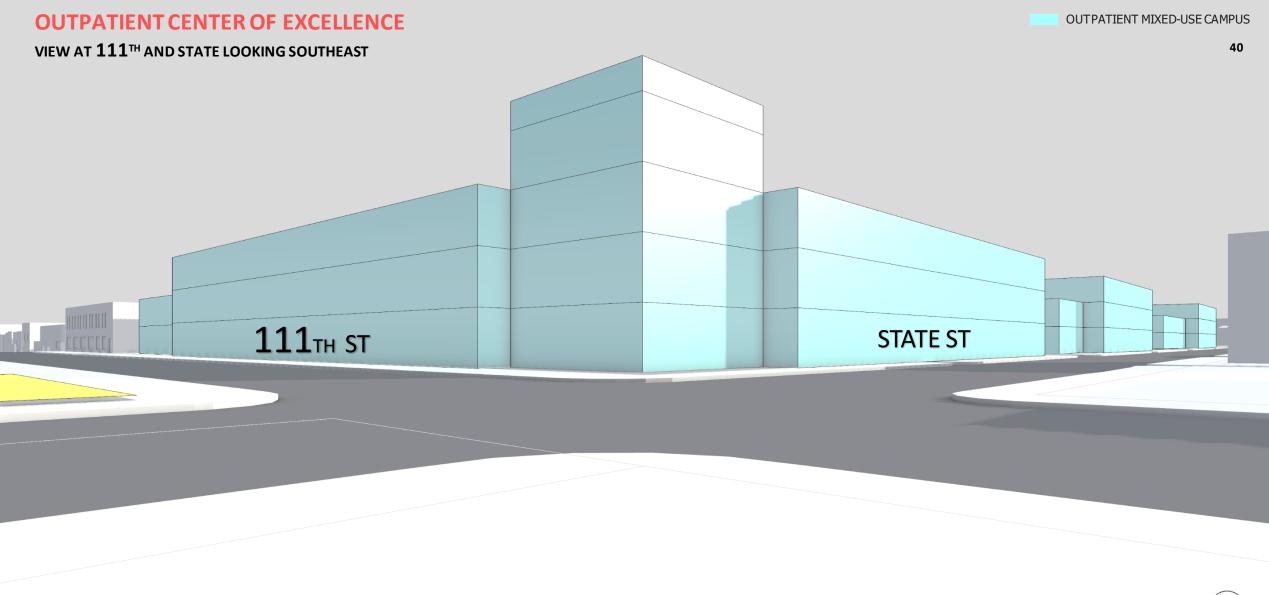
EDD'

CURRENT CONDITIONS

VIEW AT 111^{TH} and state looking southeast



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CURRENT CONDITIONS

VIEW LOOKING WEST ALONG 112TH ST

FORMER GATELY

MICHIGAN AVE

PEOPLES STORE SITE

STATE ST

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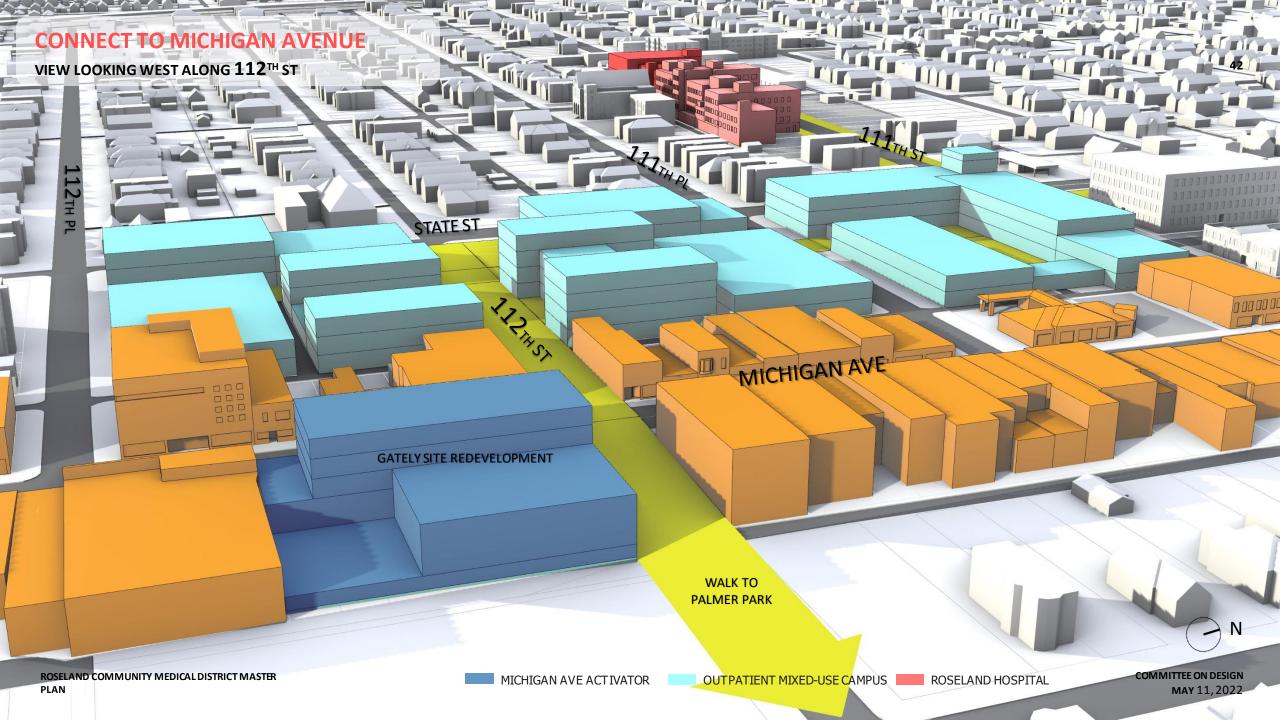
THS.

ROSELAND COMMUNITY MEDICAL DISTRICT MASTER

COMMITTEE ON DESIGN MAY 11, 2022

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MEDICAL DISTRICT GUIDELINES: INTRO



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 and 2 and Block 3.



ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

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-today operations.



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STREET CHARACTER



111TH/ MICHIGAN AVE. MAIN ACCESS AND CHARACTER

111th St and Michigan Avenue connect the Medical District to the larger context on all directions, they provide direct and quick access to nearby interstate routes and to the city at large as they both least to nearby planned Red line stations. The Michigan Ave. Commercial corridor offers programmatic balance with the medical program while 111th enhances the medical theme of the district with the Roseland Hospital.



STATE AVE. NORTH - SOUTH CONNECTOR

State St, Offers a direct link on the North - South axis providing enhanced accessibility.

Because the plots are aligned along State St, it offers an opportunity for an identity and address for the medical district in conjunction with 111th street. The character for the renewed State street will be an important aspect of the districts as it will mediate in between the medical use and the neighborhood



112TH PARK CONNECTION

112th st, is the only local street that goes through Michigan Ave, creating an important way of access and gateway from the neighborhood to Palmer Park. 112th is positioned like a park-like street that will have a more natural, pedestrian and commercial character and will offer secondary entrance points to the medical district.



111TH PL / 112TH PL LOCAL ACCESS - SERVICE

111th Pl and 112th Pl, are 2 local ways of access that bridge in between Michigan ave and State St, but that don't go through Michigan ave. Because of the unique configuration they are very effective service and fictional ways of access for the day to day operations of the medical district.

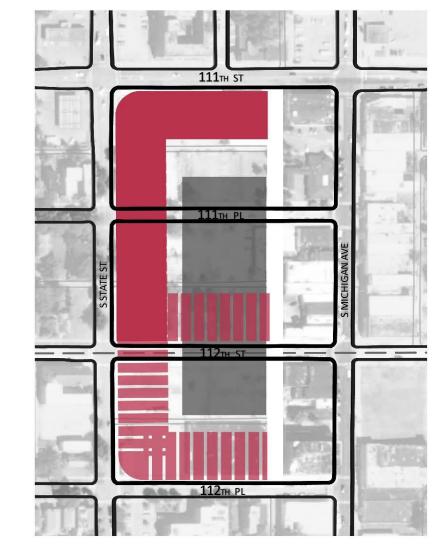
Both Pls will take a more low key utilitarian role on the design of the public realm of the district.

MEDICAL BLOCK ORGANIZATION PRINCIPLES

1 - EDGE MEDICAL

The blocks of the Medical district are to be lined int 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.



ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

MEDICAL BLOCK ORGANIZATION PRINCIPLES

3 - SPINE PUBLIC SPACE

An organizing semi public space will mediate in between the perimeter medical buildings and the core of support programs.

The space will focus on weaving together the block and allow for entrance plazas, linear gardens and interior courtyards where the community, patients and medical staff can find quiet and safe spaces for enjoyment and relaxation.

The spine will extend east towards Michigan to strengthen the corridor that will connect to the Park.



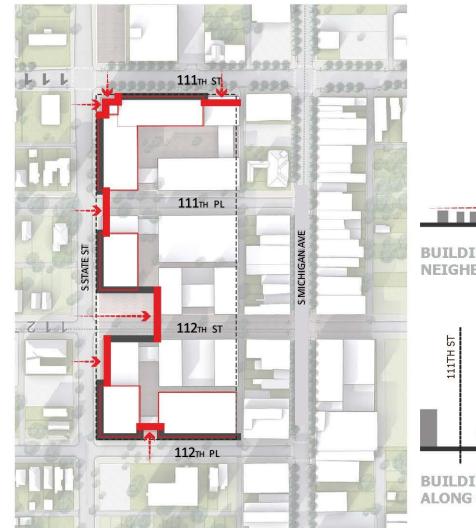
BUILDING ORGANIZATION PRINCIPLES

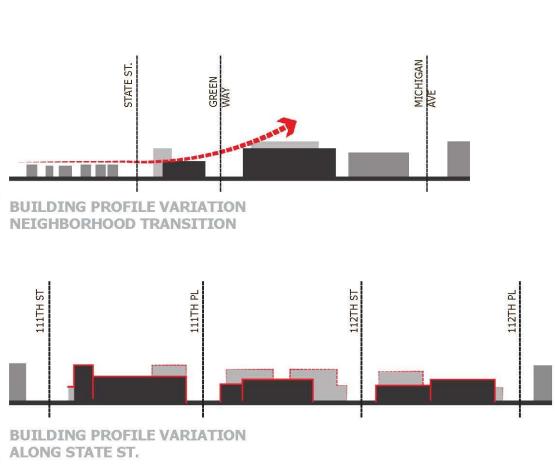
STREET EDGE

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



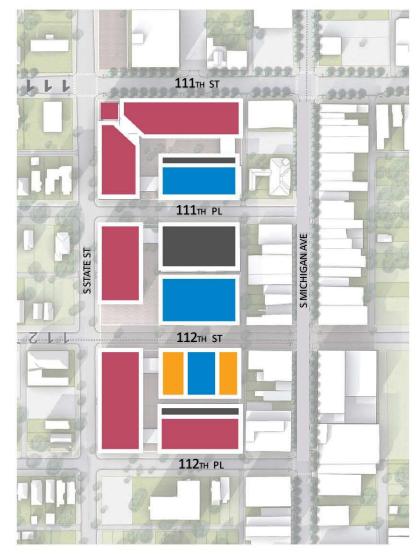


BUILDING ORGANIZATION PRINCIPLES

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 3 SUPPORT HOUSING



TYPE 2 COMMUNITY



TYPE 4 PARKING - SUPPORT



district the neighborhood.

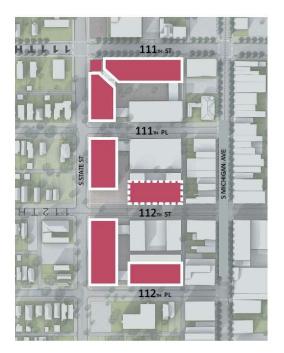
BUILDING ORGANIZATION PRINCIPLES - TYPE 1 - MEDICAL

TYPOLOGY

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 quite side facing an inner court













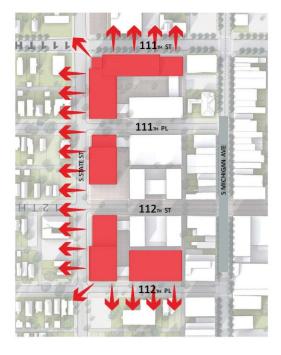
BUILDING ORGANIZATION PRINCIPLES - TYPE 1 - MEDICAL

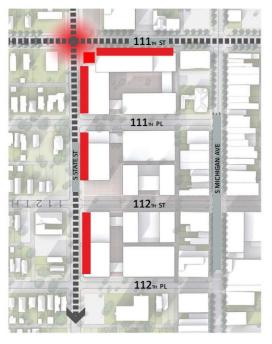
ARRANGEMENT

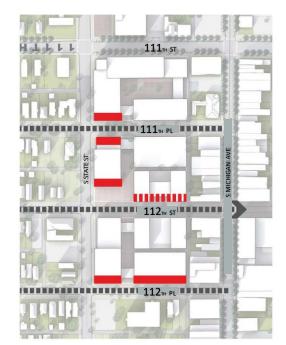
BLOCK PERIMETER ORGANIZATION

PRIMARY FACADE ON 111TH St & STATE St

SECONDARY FACADES ALONG 111TH PL, 112TH st & 112TH PL ACCESS TO INNER GREEN WAY AND COURTS









BUILDING ORGANIZATION PRINCIPLES - TYPE 1 - MEDICAL

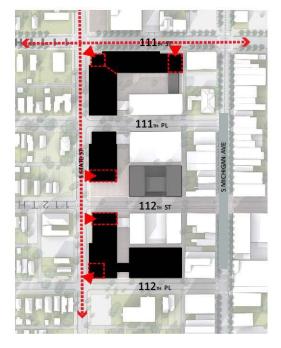
ACCESS

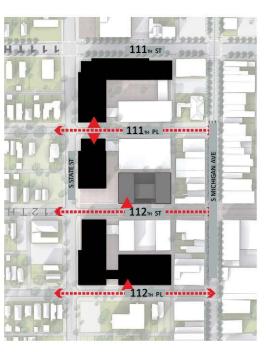
PRIMARY ENTRANCES

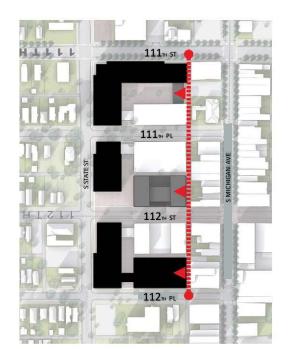
SECONDARY ENTRANCES

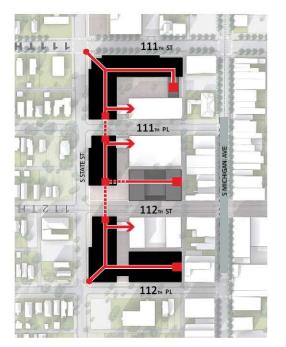
SERVICE

INTERNAL CONNECTIVITY





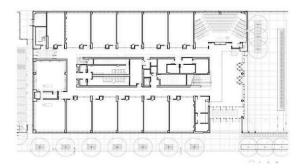


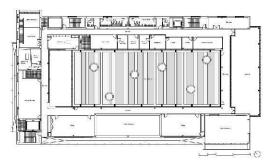


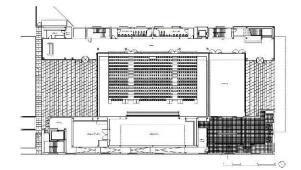
BUILDING ORGANIZATION PRINCIPLES - TYPE 2 - COMMUNITY

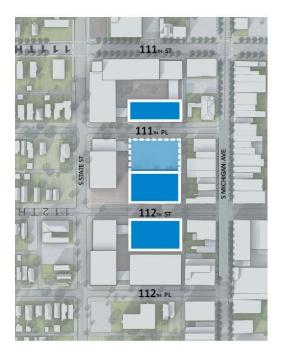
TYPOLOGY

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.











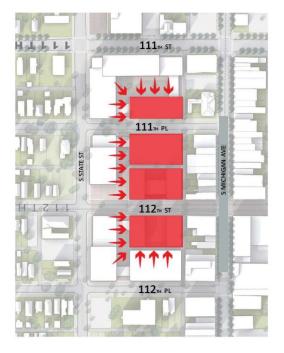


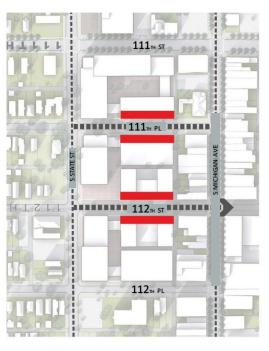


BUILDING ORGANIZATION PRINCIPLES - TYPE 2 - COMMUNITY

ARRANGEMENT

- BLOCK CORE ARRANGEMENT
- CENTRAL TO OTHER USES
- PRIMARY FACADE ON ALONG
 111TH PL AND 112TH st
- SECONDARY FACADES ALONG
 INNER GREEN WAY





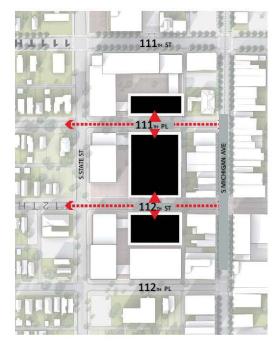


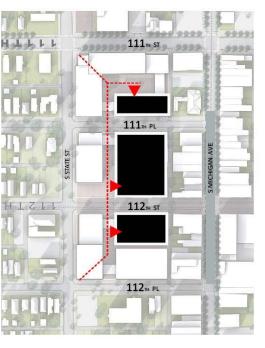
BUILDING ORGANIZATION PRINCIPLES - TYPE 2 - COMMUNITY

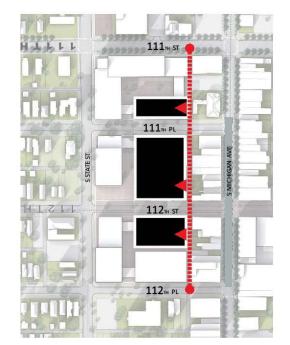
ACCESS

PRIMARY ENTRANCES

- SECONDARY ENTRANCES
- SERVICE

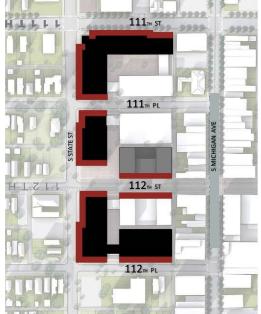






BUILDING MATERIALS - MAIN FACADES

BRICK



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



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





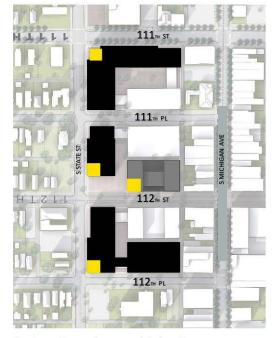
SCREENS





• 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

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SCREENS

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

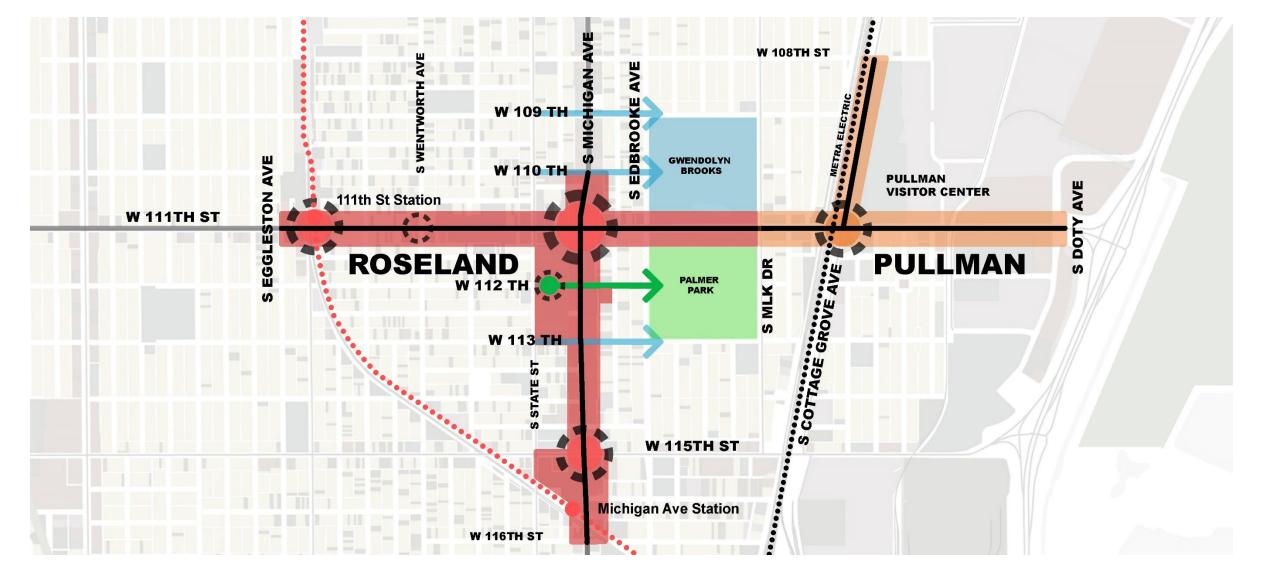






CONNECTIONS

CDOT STREETSCAPE COORDINATION





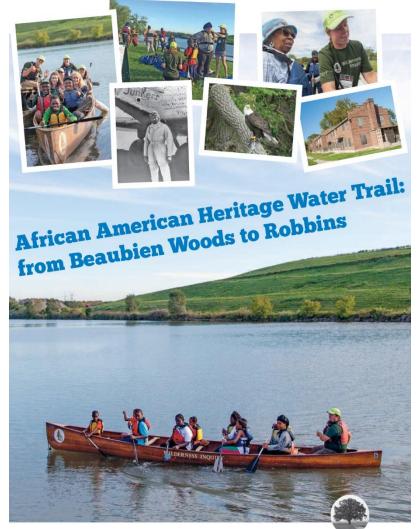


ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN

TRANSFER PIT

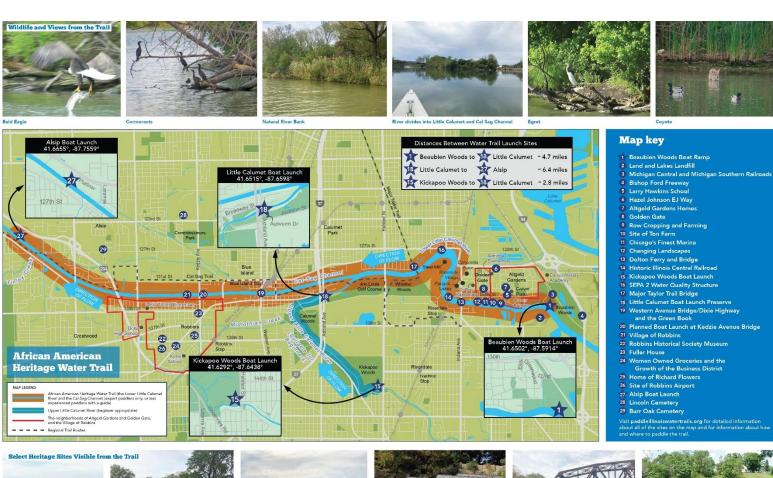
AFRICAN AMERICAN HERITAGE WATER TRAIL

FROM BEAUBIEN WOODS TO ROBBINS



ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN











Indiana St. bridge/Site of Dolton ferry and bridge
 SEPA 2 water quality station
 (foreground), Historic IC (background)





Little Calumet River Boat Launch Preserve



FREEDOM SEEKERS GARDEN

HTTLE CALUMET MARITIME ARTS

LITTLE CALUMET CLEARING

ROSELAND COMMUNITY MEDICAL DISTRICT MASTER PLAN



ACME BEND