

# Biennial Report

Roseland Community Medical District  
2019/2020



ROSELAND MEDICAL DISTRICT COMMISSION

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ROSELAND MEDICAL DISTRICT COMMISSION

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# Letter From The Roseland Community Medical District Commission

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When we joined the Roseland Community Medical District Commission (RCMDC) in 2011, and beyond, we knew RCMDC had tremendous potential to be the economic anchor that would improve the neighborhood of Roseland in Chicago, despite the chronic conditions that has plagued the community for decades due to purposeful disinvestment. Yet, RCMD has existing neighborhood assets and recent developments, both in and surrounding the district, that provided a foundation to once again bring Roseland toward its fullest potential.

Nearly nine years later, we reflect on what has been accomplished and look to the future as we, along with our partners, continue to transform RCMD into a medical district model, which will be recognize nationally for addressing the healthcare and socioeconomic needs of the community and the surrounding region that has been ravished by poverty, racial inequity, social despair, and crime and safety concerns.

With a trade area surrounding the district that consist of 14,000 jobs, we know RCMD will be a catalyst for innovation around the delivery of healthcare services for our seniors, mentally disabled, veterans, prenatal care, and youth. RCMD will be a leader and developer of infrastructure improvements that will attract talent and investments, including healthcare and research facilities; educational institutions of higher learning; industry-specific jobs in manufacturing, distribution, and logistics; public utilities; and housing development.

Thanks to the political and business leadership represented on the Commission and through partnerships, RCMDC received a \$25 million investment from the State of Illinois' Build Illinois Bond Fund as seed funding to be leveraged for private and public investments. Additionally, the City of Chicago's Department of Planning and Development awarded RCMDC \$300,000 toward the development of RCMD Comprehensive Master Plan. We recognize the district is at a critical juncture and there is so much more work to be done. Our commitment to this end is unwavering, and we are grateful for our stakeholders and supporters for their contribution to these achievements.

Sincerely,



William Towns  
President, RCMDC



Abraham Lacy  
Interim Executive Director, RCMDC

# About The RCMDC

The Roseland Community Medical District Commission (RCMDC), an intergovernmental agency, was signed into law by the State of Illinois in 2011 by Governor Patrick Quinn. The District is created to attract and retain academic centers of excellence, viable health care facilities, medical research facilities, emerging high technology enterprises, and other facilities and uses as permitted by this Act. RCMDC acts as an independent third-party convener and facilitator that brings institutions and individuals together around common themes and goals.

Governed by the Commission, the Roseland Community Medical District (RCMD) is a 100-acre district whose general purpose: (1) 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 facilities, or other facilities permitted under this Act; and (2) provide for the orderly creation, maintenance, development, and expansion of (i) health care facilities and other ancillary or related facilities that the Commission may from time to time determine are established and operated (A) for any aspect of the carrying out of the Commission's purposes as set forth in this Act, (B) for the study, diagnosis, and treatment of human ailments and injuries, whether physical or mental, or (C) to promote medical, surgical, and scientific research and knowledge as permitted under this Act; and (ii) medical research and high technology parks, together with the necessary lands, buildings, facilities, equipment, and personal property for those parks.



# About The RCMDC

The Roseland Community Medical District (RCMD) consists of historic and recent assets that enrich the community experience and provides a foundation for improvement and growth for the Roseland neighborhood. Anchored by Roseland Community Hospital and the U.S. Postal Service, RCMD can be the catalyst for new development and conduit for attracting residents to choose Roseland as a **Community of Choice**.

## Major Institutions



Roseland Community Hospital



Chicago Family Health Center



U.S. Postal Service Facility

## Transportation



CTA Bus Access – 111<sup>th</sup> Street



Metra Rail Station Access – 1 mile



Union Pacific Rail Line

## Development



Roseland Medical Center



Emil Jones Jr Senior Housing



Wentworth Commons

## Historic Assets



Old Fashion Donuts



Seaway Bank



Agape Community Center

# Roseland Community Medical District Commissioners



## **William Towns**

President (Appointed by Cook County)  
Term Started: 2014

## **Leon Walker**

Vice-President (Appointed by Governor)  
Term Started: 2013

## **Tiffany Hightower**

Secretary (Appointed by Mayor)  
Term Started: 2016

## **Timothy Egan**

Commissioner (Appointed by Governor)  
Term Started: 2015

## **Ciere Boatright**

Commissioner (Appointed by Mayor)  
Term Started: 2016

## **Shirley Bomar-Cole**

Commissioner (Appointed by Cook County)  
Term Started: 2014

## Ex-Officio Commissioners

**Jonathan McGee**, IL Dept. of Commerce & Economic Opportunity

**Sharron Matthews**, IL Dept. of Human Services

**Justin DeWitt**, IL Dept. of Public Health

## Governing Entity:

Governor Appointee Vacancies: 1

Cook County Appointee Vacancies: 1

Mayor Appointee Vacancies: 1

Note: All Commissioner appointees serve until resignation or replaced by governing entity.

# History Of The Roseland Community Medical District

The August 5, 2011 signing of the bill by Gov. Pat Quinn created the Roseland Community Medical District. The legislation will help the far south side of Chicago attract high-tech and medical research investments.

Sponsored by Rep. Bob Rita (D-Blue Island) and Sen. Emil Jones III (D-Chicago), House Bill 1888 establishes the Roseland Community Medical District (RCMD). It also creates a commission that will generate a comprehensive economic development plan with the goal of attracting academic institutions, medical research facilities and high-tech businesses to the area.

“We need to use everything in our toolbox to grow our economy and create jobs,” Governor Quinn said. “Keys to our future prosperity are in the high-tech and medical fields, where revolutionary advancements are made every day. This legislation will help ensure that more of those breakthroughs are made in Illinois.” – William Leonard Public Library



# 2019/2020 Activities

## Legislative Activities



State Representative, Justin Slaughter



Senator, Emil Jones Jr III



Photo Courtesy of Illinois Legislative Black Caucus

### Appropriation, Section 415 Lines 12 - 17:

“The sum of **\$25,000,000**, or so much thereof as may be necessary, is appropriated from the **Build Illinois Bond Fund** to the Illinois Department of Commerce and Economic Opportunity for a grant to Roseland Community Medical District for costs associated with the development and redevelopment in and around Roseland Hospital.”

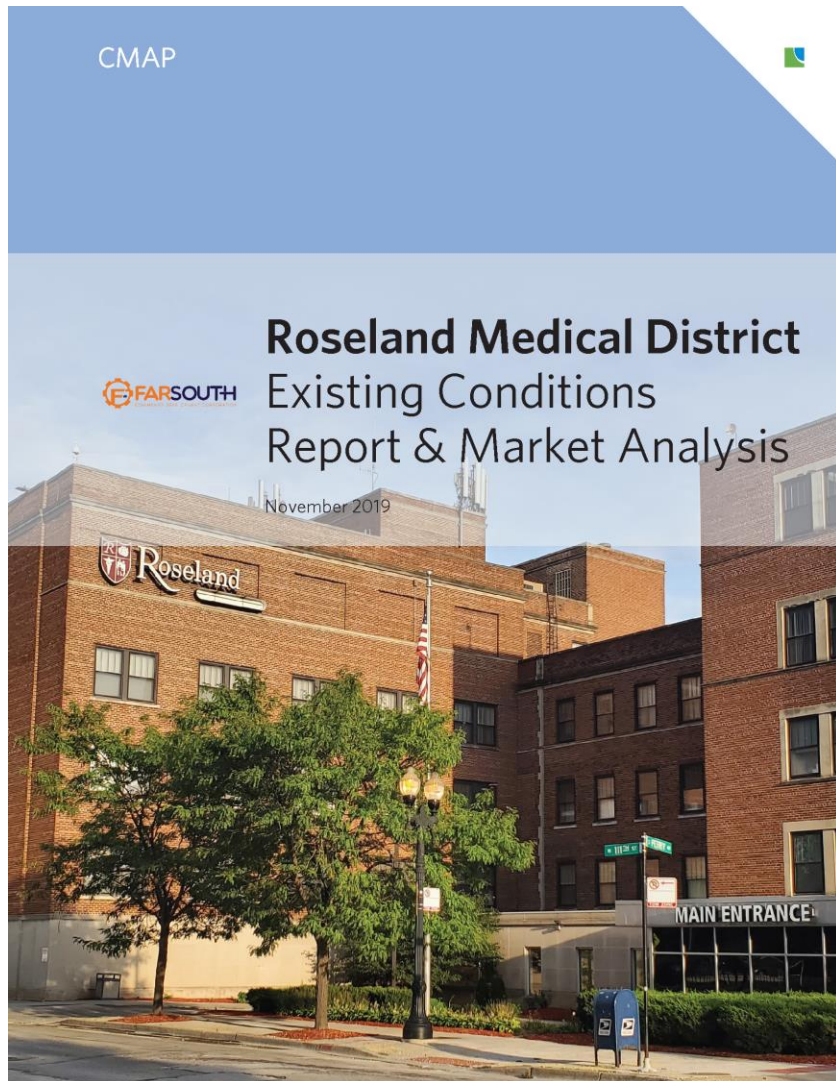
The Roseland Community Medical District Commission (RCMDC) advocated, through the Illinois Legislative Black Caucus, for **\$25 million** in State funding to redevelop the medical district based on the recommendations from CMAP’s Existing Conditions Report and Comprehensive Plan.

The **Build Illinois Bond Fund** capital project expenditures generally include one or more of the following purposes:

- ❑ Architectural planning and engineering design; site selection; land and building acquisition; demolition (in preparation for additional work); site preparation and improvement; utility work; new construction of buildings and structures; reconstruction or improvement of existing buildings or structure; original furnishings and durable equipment; replacement of currently utilized assets by a better asset; expansion of existing buildings or facilities; direct costs associated with the issuance of State general obligation bonds and any other work which significantly increases the service potential of a building or structure used by the State of Illinois.



# 2019/2020 Activities



With support from CMAP's Local Technical Assistance (LTA) program, the Far South Community Development Corporation (CDC) developed an **Existing Conditions Report** centered on 111th Street Corridor and the Roseland Medical District within the Roseland community on Chicago's far south side. The report prioritized the main issues of the corridor and surrounding community, formulating a plan of action including assessments of mobility, land use, and development potential, as well as community engagement and visioning. Key themes of the final report include mobility, land use, and economic development.

The planning process consisted of four phases. Phase one assessed existing conditions of the neighborhood, including data analysis and research. The second phase focused on gathering input about the community's past, present, and future planning priorities. CMAP conducted interviews with community stakeholders who are critical to the development of the corridor. In phase three, initial recommendations were created and vetted with Far South CDC staff, project partners, and other key institutions. The final phase included report creation and discussion of report implementation. The report development consisted of four phases:

- Existing Conditions Research
- Community Outreach and Stakeholder Engagement
- Draft Recommendations
- Final Report

# Research & Strategy

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## **Population Health**

A healthier population contributes to decreased hospitalization rates, fewer emergency room visits, and lower healthcare costs per patient. The Roseland Community Medical District should focus its resources on preventative health care as well as treating sick patients. The District and the hospital will need to better understand the health and demographic data of the community to target specific health issues and understand the environmental, physical, and socio-economic factors that contribute to them. Examples of concerns that greatly affect the greater Roseland community are brain health issues, including Alzheimer's and dementia. Although the Roseland Community Area ranked the highest in the city for Alzheimer's cases, the primary focus of Roseland Community Hospital has been pulmonary and asthma care. The hospital will need to utilize data to become better informed and prepared to address other acute healthcare needs for the community.

## **Place**

The Roseland Community Medical Commission and the hospital need to identify strategies to create an appealing aesthetic for the hospital and the District as a whole. The medical offices and retail storefronts across 111th Street from the hospital have the potential for complementary development, but vacancy in this development has been an issue. According to Perkins+Will, placemaking in health districts should focus on the street level interface between facilities and surrounding communities as well as memorable public places that support vibrant community life. These attributes should be taken into consideration by future developers to satisfy residents' desires for improved streetscaping and community beautification.

## **Mobility**

With the anticipated extension of the CTA Red Line and the addition of Pace Pulse service on Halsted Street, the Roseland community will have opportunities for increased connectivity. While better transportation options will bring more people to the area in the future, the development of these new rapid transit lines are still several years away. In the short-term, the District will need to consider ways to work with multiple agencies to provide improved facilities for pedestrians, bicyclists, and transit riders. Transportation investments should be coordinated with land use decisions to activate the corridor with new amenities for patients, residents, employees, and visitors. Over time, the Roseland community will become less auto-dependent, which will provide positive contributions to the overall health and economic outcomes for the community.

# Research & Strategy

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## Housing

The high vacancy rates found in the District and surrounding areas indicates a need to define a housing development strategy for the area. The need for this strategy is particularly evident in the area immediately surrounding the hospital, where housing vacancies are highest. As an anchor institution, Roseland Community Hospital is a key partner in leading the surrounding area's development. Adding affordable multi-family and senior housing options along 111th Street will provide modern housing that reflects the neighborhood's income and age demographics, activates the corridor, and creates a distinct identity for the Medical District.

Health providers in peer communities have been leaders in funding affordable housing development in the communities they serve in to address aspects of the built environment that negatively impact community health. For example, Bon Secours Health System in Baltimore, is partnering with residents in Southwest Baltimore to develop more than 650 units of affordable housing. This partnership has converted more than 640 vacant lots into green space over the past two decades.

Upon improving safety, creating a sense of place, and increasing amenities, workforce housing options for employees of the District may become viable. The District should work with Roseland Hospital staff to create incentives for new home purchases by medical staff, which could give a much-needed boost to the local economy and help better connect the institution's employees with the residents that they serve.

## Economic Development

The economic vitality of the District depends on the vitality of the hospital as its anchor. The presence of the hospital offers an opportunity to develop complimentary health-focused businesses within the 111th Street corridor. Several economic development incentives are available within the study area and could help attract new business activity within the corridor. The District and the 111th Street corridor should take advantage of economic development incentives such as Tax Increment Financing, Chicago's Neighborhood Opportunity Funds, and Opportunity Zone investors to spur new opportunities for entrepreneurs, job creation, and to increase synergies around health and wellness within the District. In the short term, vacant storefronts along the 111th Street corridor could be utilized for pop-up healthy food establishments or retail stores. Pop-up establishments not only allow entrepreneurs to test a new product before making a long-term investment, but also temporarily activate vacant storefronts. When integrated into a larger economic development strategy, these small investments can help revitalize a retail district.

# District Of Opportunity

In November 2019, the Far South Community Development Corporation and the Chicago Metropolitan Agency for Planning (CMAP) published the Roseland Medical District Existing Conditions Report & Market Analysis which outlines the baseline conditions of the Medical District and surrounding area. The goal of this project is to build on this report and develop a comprehensive plan for the Roseland Community Medical District to guide future public and private investment, focused on the expansion of health- and wellness-related uses, as well as ensure the public way and publicly-accessible private outdoor space is conducive to safe mobility. The City of Chicago's Department of Planning and Development is providing the funding for the development of the **Comprehensive Plan**.

**Task I:** Review and analyze existing Roseland Community Hospital and Medical District strategic plan documents, capital and facility planning documents, neighborhood plans, planned developments, proposed projects, regulations and policies that may impact or conflict with Medical District plan.

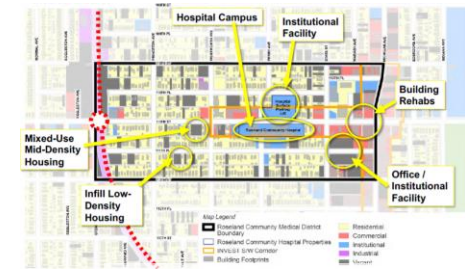
**Task II (Stakeholder and Public Participation):** Develop a strategy for stakeholder coordination with community members, business owners, property owners, elected officials, impacted City departments, and other public/private agencies involved.

**Task III (Needs Assessment):** Build on the data presented in the Roseland Medical District Existing Conditions Report & Market Analysis, as well as the Roseland Community Hospital capital and facility planning documents, to outline institutional, commercial, housing and open space investment needs and aligned with the character of the area and community goals.

**Task IV (Urban Design):** Complete eight examples of site development scenarios, which may include plans, elevations, three-dimensional models and renderings, to illustrate feasible institutional, commercial, housing and open space development based on the market analysis and needs assessment. Develop building Design Guidelines considering the impacts of proposed buildings along the corridor.

**Task V (Mobility and Streetscape):** Identify publicly-accessible open and green space opportunities in the public way or on hospital property. Develop a public way design aesthetic and determine the need for wayfinding signage.

**Task VI (Implementation Resources):** A Resource Reference Guide for the Roseland stakeholders identifying all available tools and city resources to promote growth and improvement of the corridor.



Draft Site Map of Roseland Community Medical District



Photo/Rendering Courtesy of Las Vegas Medical District

# District Of Opportunity

On June 26, 2013, prior to taking over as Roseland Community Hospital's Chief Restructuring Officer, Tim Egan was quoted in Crain's Chicago Business as saying; "Having access to health care is critical to (the Roseland) community," Mr. Egan said in an interview. "What form of health care is the question? The hospital is going to have to change itself to meet the needs of the health care world." Roseland Community Hospital Transformation Plan seeks to enhance and improve itself as a stable anchor for the Roseland Community Medical District and for the entire far south side community's population health needs. The stability and prosperity of Roseland Community Hospital is critical for future development, including housing, parks and recreation, business attraction, and public safety.

## Phase One: Senate Emil Jones Jr Medical Center

- Facilities Improvements (Regulatory)
- Information Technology
- Outpatient Pharmacy
- Mobile Health Services
- Discharge Clinic
- Opioid Treatment Program
- OB Programs
- Advanced Wound Healing Center



## Phase Two: Center for Breathing Easy

- FQHC Look-ALike
- ED Expansion
- Center For Breathing Easy
- Behavioral Health Expansion
- Veteran's Clinic
- In-Patient Dialysis

# District Of Opportunity



CTA 111<sup>th</sup> Street Proposed Terminal

Photo/Rendering Courtesy of CTA

## Red Line Extension (RLE) Project

The Chicago Transit Authority (CTA) is proposing to extend the Red Line from the existing terminal at 95th/Dan Ryan to 130th Street, subject to the availability of funding. The proposed 5.6-mile extension would include four new stations near 103rd Street, 111th Street, Michigan Avenue, and 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 (CTA, 2020).

The 111<sup>th</sup> Street Terminal would border the western boundary of the Roseland Community Medical District and provide access to Roseland Community Hospital, Chicago Family Health Center, Pullman to the east, and south Halsted business district to the west. RLE Project would 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 (CTA, 2020).

Roseland Community Medical District is working with the CTA's 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. eTOD prioritizes investments and policies to close the socioeconomic gaps.



New 95<sup>th</sup> Street Terminal

Photo Courtesy of CTA



## Contact Information

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