JANUARY-2016

ILLINOIS MEDICAL DISTRICT

MASTER PLAN

ILLINOIS MEDICAL DISTRICT
COMMISSION

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The Illinois Medical District (IMD) is located less than two miles west of Chicago's downtown loop and is the largest urban medical district in the country. This special-use zoning district consists of 560 acres of medical research facilities, labs, biotech business incubator, raw development land, universities, and more than 40 healthcare related facilities. The District is a 24/7/365 environment that includes four world-class medical centers and hospitals, with convenient access to public transportation and major expressways. The Illinois Medical District Commission (IMDC) fosters economic growth of the IMD partners by supporting healthcare, research, program, technology commercialization and real estate development initiatives. The IMDC facilitates collaboration among clinicians, academic researchers, private industry and patients, acting as an independent third party convener that brings institutions and individuals together around common needs, goals and themes. Our mission is to be a leader in patient care and medical research utilizing our diversity and unique assets while driving economic growth.

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INTRO-
DUCTION

IMD MASTER PLAN

Introduction

WHY PLAN NOW?

The numerous initiatives currently underway in the District make an updated IMD Master Plan essential for future success and will provide a road map for development coordination and establish a cohesive vision for the District. The following points highlight some of the significant development projects currently being planned and validate why a Master Plan is truly needed to coordinate these efforts District-wide.

- The IMD Gateway Development, consisting of 9.5 acres of vacant land located at 2020 W. Ogden Avenue, will provide 1.2 million square feet of new mixed-use development including retail, convention center, hotel, student housing, parking, laboratories, medical offices, and open space.
- Each of the (4) major stakeholder institutions are simultaneously preparing future plans including individual facilities master plans: Rush University Medical Center; University of Illinois at Chicago - West Campus; Jesse Brown Veterans Affairs Medical Center; and John H. Stroger, Jr. Hospital of Cook County.
- The Cook County Strategic Campus Development Plan by the Office of Capital Planning and Policy is actively engaged in the redesign of the Stroger Hospital Campus, into a significant medical center hub in the center of the District. Inclusive in this planning effort is the repurposing of the historic Cook County Hospital structure, which is strategically located in the center of the campus.
- Many District stakeholders, especially in the Chicago Technology Park (CTP), are experiencing growth, occupying obsolete buildings, and actively seeking opportunities to update facilities.
- Chicago Transit Authority (CTA) is in the process of modernizing Blue Line stations with improved entrances, lighting, signage, a new elevator, and public artwork. This project includes a major renovation of the Illinois Medical District Blue Line station with entrances at Damen, Ogden, and Paulina Avenues.
- The Jane Byrne (former Circle) Interchange reconstruction by the Illinois Department of Transportation (IDOT) on the Eisenhower Expressway I-290 directly impacts the District. This project will collectively improve safety and mobility by improving the bridges, roadway and drainage systems; minimizing environmental impacts while enhancing community connectivity on the local street network surrounding the expressway.
- Malcolm X College, located just north of I-290 and the District, is currently constructing an ambitious expansion to double its campus and expand the academic healthcare curriculum to become the City College's healthcare school. Coordinating with Malcolm X College and neighboring Crane Medical College Preparatory High School is important to integrate learning opportunities within the District's vast healthcare network.

- Many of the communities bordering the District are experiencing development pressure, especially the West Loop, University Village, Near West Side, and Pilsen neighborhoods. A master plan can assist in coordinating development issues with neighboring communities.

Implementation of the IMD Strategic Plan

In 2012, under new leadership and with the participation of over 50 stakeholder District partners and elected officials, the Illinois Medical District Commission (IMDC) conducted its first-ever strategic plan. Through a series of stakeholder interviews and facilitated dialogues, goals were prioritized and a mission statement was developed: To be a leader in patient care and medical research utilizing the diversity and unique assets of the District while driving economic growth. The number one recommendation for immediate implementation of the strategic plan was to update the IMD Master Plan to align with the IMDC mission and individual stakeholder institutional goals.

The strategic plan is the foundation of this new IMD Master Plan and the next step in achieving the 64 unique initiatives that were categorized into four (4) over-arching District priorities:

- Infrastructure and development
- Community health
- Translational research
- Clinical data

This Master Planning process provides an opportunity for the IMDC to strategically guide future development by establishing a conceptual framework that fosters the following comprehensive goals for District development and infrastructure to:

- Improve IMD recognition as a world class medical center.
- Enhance aesthetics, identity, gateway development, and wayfinding to create a cohesive and inviting District atmosphere.
- Support institutional advancement and collaboration through strategic development and joint institutional initiatives.
- Encourage coordination between institutions and develop opportunities for shared or new facilities to be a catalyst for IMD economic development (i.e. clinical trial research, bioinformatics, and other medical support industries).
- Improve District infrastructure including public utilities, roads, transit and pedestrian realm, and open space.
- Improve multiple modes of transportation and access for all District stakeholders.
- Establish efficient transportation alternatives and connections throughout the District and coordinate transportation initiatives with institutional and community needs.
- Strategize and support the highest and best land use available for real estate, including potential redevelopment opportunities for each institution.
- Provide a strong framework for implementing new development through coordinated land uses, zoning modifications, financial incentives, and other regulatory coordination.

Introduction

HISTORY

The first healthcare institution to be established on Chicago's Near West Side was the historic Cook County Hospital building, built in the 1870s. The hospital was relocated due to the Great Chicago Fire of 1871, and was followed by the development of the Rush Medical College and the College of Physicians and Surgeons. The Illinois Medical Center was officially established in 1941 by an act of the Illinois Legislature which granted the Medical Center Commission regulatory control of the District and its properties.

After pausing briefly during World War II, development continued in the District during the 1950s. The Veterans Affairs opened its new West Side Medical Center in 1953, and the Fantus Clinic was built adjacent to Cook County Hospital in 1957. During the 1960s the District experienced significant growth, especially Rush Medical College and the associated Presbyterian St. Luke's Hospital. Throughout this period the Commission continued to acquire and assemble property north of Roosevelt Road.

In the 1980s the District continued to grow with the founding of the Chicago Technology Park (CTP). In 1995 the Medical Center was formally renamed the Illinois Medical District. Today the State of Illinois, Cook County, Rush University Medical Center, University of Illinois at Chicago, the Veterans Affairs, the Federal Bureau of Investigation, and the IMDC own sizeable property in the District. There are also many other public and private facilities in the District devoted to healthcare, education, and community support.

"The Commission shall so improve and manage such District as to provide conditions most favorable for the special care and treatment of the sick and injured and for the study of disease and for any other purpose. . . The Commission shall, by ordinance in the manner hereinafter set forth, classify, regulate and restrict the location and construction of all buildings within the District, shall regulate the height and size of such buildings, determine the area of open space within and around such buildings, fix standards of construction, control and regulate additions to or alterations of existing buildings and prohibit the use of buildings and structures incompatible with the character of the District. . . " (70 ILCS 915 - Illinois Medical District Act, 1995)

Image:
Aerial taken in 1973 looking east with IMD in the foreground.

Introduction

PLANNING PROCESS

The purpose of the master plan process is to update the past IMD master plans to reflect changes in the District, provide a clear vision for future growth, and create regulatory tools for the IMDC to help guide future decision making. The planning process is made up of the following phases, which will occur over the course of one year:

Phase 1: Data Gathering

The District's existing conditions were assessed in detail, including a review of previous plans and studies, analysis of site conditions, and researching institutional data. To augment this information and better understand current needs of diverse District stakeholders, a series of focus groups, interviews, and collaborative meetings were organized to learn about key issues impacting the District and details of each organization. The purpose of this Existing Conditions Report is to provide a summary of the gathered data and to set the stage for further analysis, goal-setting and planning recommendations.

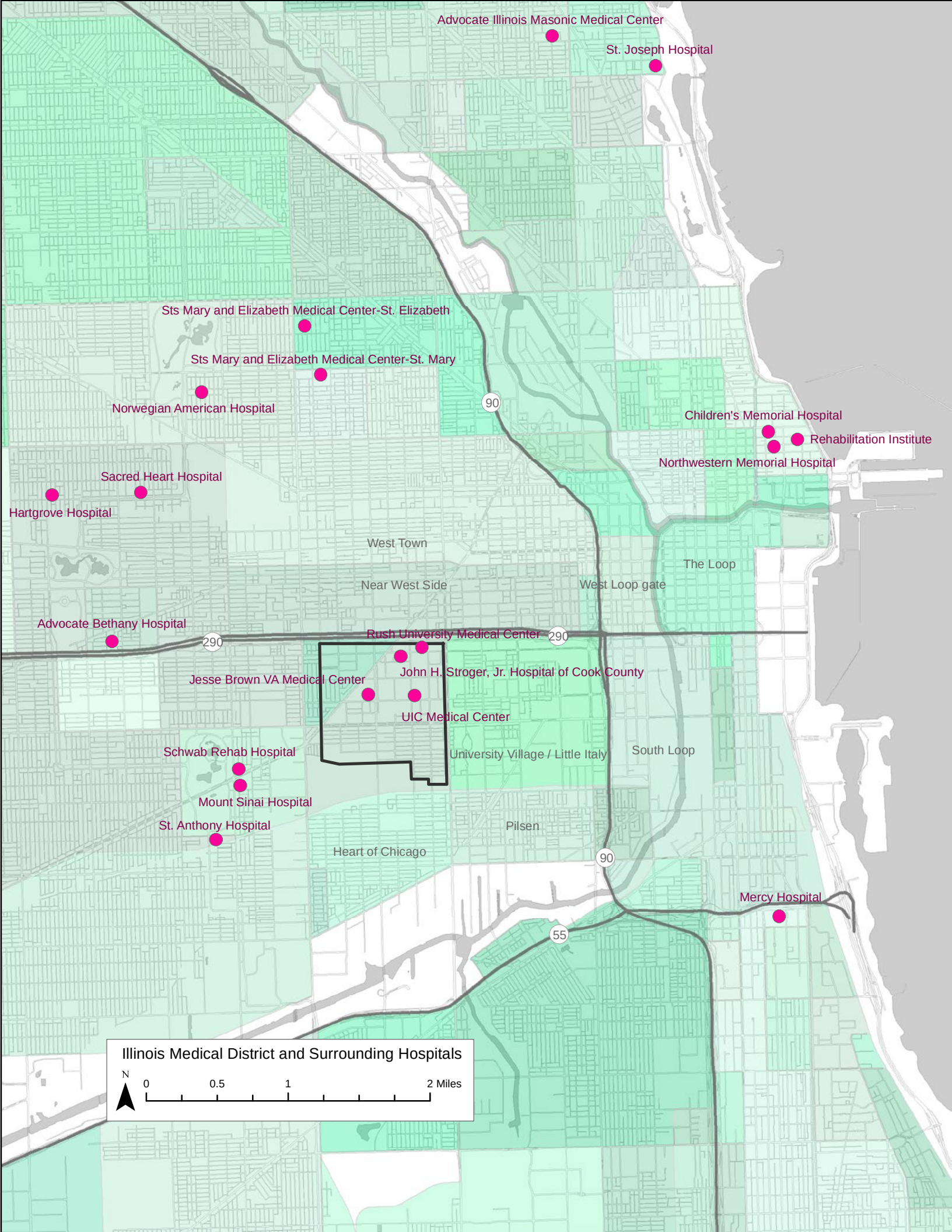
Phase 2: Master Plan Update and District Recommendations:

A majority of the data and recommendations contained in the 2004 Master Plan Update and 1997 Comprehensive Master Plan are now obsolete and not in keeping with current IMD institutional goals. The existing conditions information gathered in this document will serve as the foundation for the new 2015 IMD Master Plan. Recommendations will be developed to support implementing the IMDC and stakeholder institution policy, goals, and overall collective vision for the future of the District. This updated Master Plan will be developed over several months and will include recommendations at both the District scale and more detailed strategies at the sub-district scale.

Phase 3: IMD Design Guidelines:

To provide a tool for implementing the updated IMD Master Plan and aiding the IMDC in their decision making, a document of design guidelines will be developed in the final phase of the master planning effort. The design guidelines will establish requirements and suggestions for building character, public realm, and landscape areas to help the IMDC implement the goals of the new 2015 IMD Master Plan.

Image:
Patients walking near the John H. Stroger, Jr. Hospital of Cook County Campus


Advocate Illinois Masonic Medical Center
St. Joseph Hospital
Sts Mary and Elizabeth Medical Center-St. Elizabeth
Sts Mary and Elizabeth Medical Center-St. Mary
Norwegian American Hospital
90
Children's Memorial Hospital
Rehabilitation Institute
Northwestern Memorial Hospital
Sacred Heart Hospital
Hartgrove Hospital
West Town
The Loop
Near West Side
West Loop gate
Advocate Bethany Hospital
290
Rush University Medical Center
290
John H. Stroger, Jr. Hospital of Cook County
Jesse Brown VA Medical Center
UIC Medical Center
Schwab Rehab Hospital
University Village / Little Italy
South Loop
Mount Sinai Hospital
St. Anthony Hospital
Pilsen
Heart of Chicago
90
Mercy Hospital
55
Illinois Medical District and Surrounding Hospitals
N
0
0.5
1
2 Miles

Introduction

LOCATION + CONTEXT

The District is a diverse assemblage of medical and educational institutions surrounded by a rapidly changing urban context. Only minutes from Chicago's Loop, the District is well positioned to serve its roughly 50,000 daily visitors and 29,000 employees. Multiple existing transportation options connect the District to the region beyond: the I-290 expressway; CTA Blue and Pink Line stations; multiple bus routes; and major arterial streets including Roosevelt Road, Ogden and Damen Avenues. The District land area, defined by its regulatory zoning (Planned Development #30), is bounded by Ashland Avenue, Oakley Boulevard, Congress Parkway, and the rail embankment to the south.

The District is located between several diverse and culturally unique Chicago neighborhoods. Directly to the east are the University Village, Little Italy, Roosevelt Square neighborhoods, and the University of Illinois at Chicago (UIC). UIC enrolls over 27,000 students and hosts one of the largest medical schools in the country. Little Italy centers on the historic Taylor Street retail corridor, which has deep roots in Chicago's Italian immigrant community. Roosevelt Square is a combination of several former Chicago Housing Authority public housing projects that were recently demolished as part of the CHA Plan for Transformation. Currently, Roosevelt Square is being re-planned as a new mixed income community. South of the rail embankment lies Pilsen. With its narrow streets and historic building stock, Pilsen has attracted a lot of residential redevelopment in recent years, but continues to maintain its unique cultural identity as the heart of the Mexican American community. To the north, the Near West Side, Westown, and Greek Town neighborhoods have seen expansive growth over the past ten years but are somewhat disconnected from the District due to the I-290 expressway corridor. These communities house major educational institutions such as Malcom X College; attractions like the United Center; and a mix of historic affordable housing and newer higher end condos, apartments, and town homes. The Tri-Taylor neighborhood to the west lies partially within the District boundary and is listed on the National Register of Historic Places. Further west are the Humboldt Park and North Lawndale neighborhoods, which are home to Douglas Park and Mt. Sinai Medical Center.

IMD TODAY

IMD MASTER PLAN

Image:
Image from the GreatPoint Energy Ribbon Cutting Ceremony

IMD Today

DISTRICT OVERVIEW

The Illinois Medical District (IMD) is the largest concentration of healthcare institutions in the state, and is a major contributor to the city, state, and regional economy. It provides an estimated $3.4 billion in economic impact annually (Scott, 2013). Four major healthcare institutions anchor the District, and are supported by a growing number of small educational, not-for-profit, and community health organizations. Together, these core institutions of the IMD have 2,200 hospital beds (Illinois Department of Public Health, 2013).

The four core medical institutions are:

- University of Illinois Hospital & Health Sciences System
- John H. Stroger Jr. Hospital of Cook County
- Rush University Medical Center
- Jesse Brown Veterans Affairs Medical Center

The District has a unique mix of uses and the most diverse patient population in the country. This diversity sets the stage for important research and healthcare innovation. More than 700 clinical trials and 500 National Institutes of Health funded principal investigator grants take place in the District every year. In addition, the District serves as a hub for higher education, including two major medical universities which enroll over 9,000 students - University of Illinois College of Medicine at Chicago and the Rush University Medical College.

The District is a significant economic development resource for the region and is recognized for the following unique characteristics;

- Nation's largest urban medical district
- Statewide hub for biotechnology
- Provides incubation for approximately 30 emerging technology-based companies

Role of the IMD Commission

The IMD governance and management authority was established by the state, through the creation of the Illinois Medical District Commission (IMDC). The Commission is made up of seven members appointed by the Governor, Cook County President, and the Mayor of Chicago. The Commission is responsible for the administration and development of the District in accordance with the Medical District Act. An administrative staff is charged with overseeing the day-to-day operations of the District. The main responsibility of the IMDC and their staff is to (IMD Master Plan, 1997):

- **Maintain the District Environment**: Maintain the proper environment and surroundings required to attract, stabilize, develop, and retain hospitals, clinics, research facilities, educational facilities, and other facilities/uses supportive of the District.
- **Oversee District Expansion**: Provide for the orderly creation and expansion of medically-related facilities for Federal, State, County, City, and private organizations as deemed appropriate, including medical research and education.
- **Enhance Economic Development**: Provide for economic development and job creation in the Chicago Technology Park and the Development Area located south of Roosevelt Road.
- **Facilitate Cooperative Planning**: Set the stage for cooperative planning, shared programs, services, ventures, and facilities.

"To be a leader in patient care and medical research utilizing our diversity and unique assets while driving economic growth"
- IMDC Mission Statement

Powers of the Commission

- Develop a master plan for the District.
- Manage and improve the District to provide favorable conditions for healthcare, treatment of the sick and injured, and study of disease.
- Implement and coordinate shared services and cost effective programs.
- Manage and develop the Chicago Technology Park.
- Construct or permit institutions to construct buildings, structures, walkways, or parks.
- Classify, zone, regulate, or restrict the location and construction of institutional, commercial, or residential buildings within the District.
- Implement development projects appropriate to the District including joint ventures.
- Acquire land for expansion through voluntary purchase, gift, or eminent domain.
- Prepare properties for redevelopment.
- Sell, transfer, or lease property at market or use value to any qualified public or private user.
- Contract with any public or private entity to administer and develop the District and Chicago Technology Park.


Emergency
UIC
Parking Lot C4
Card Access Only
1119 South Wolcott Avenue
STOP

IMD Today

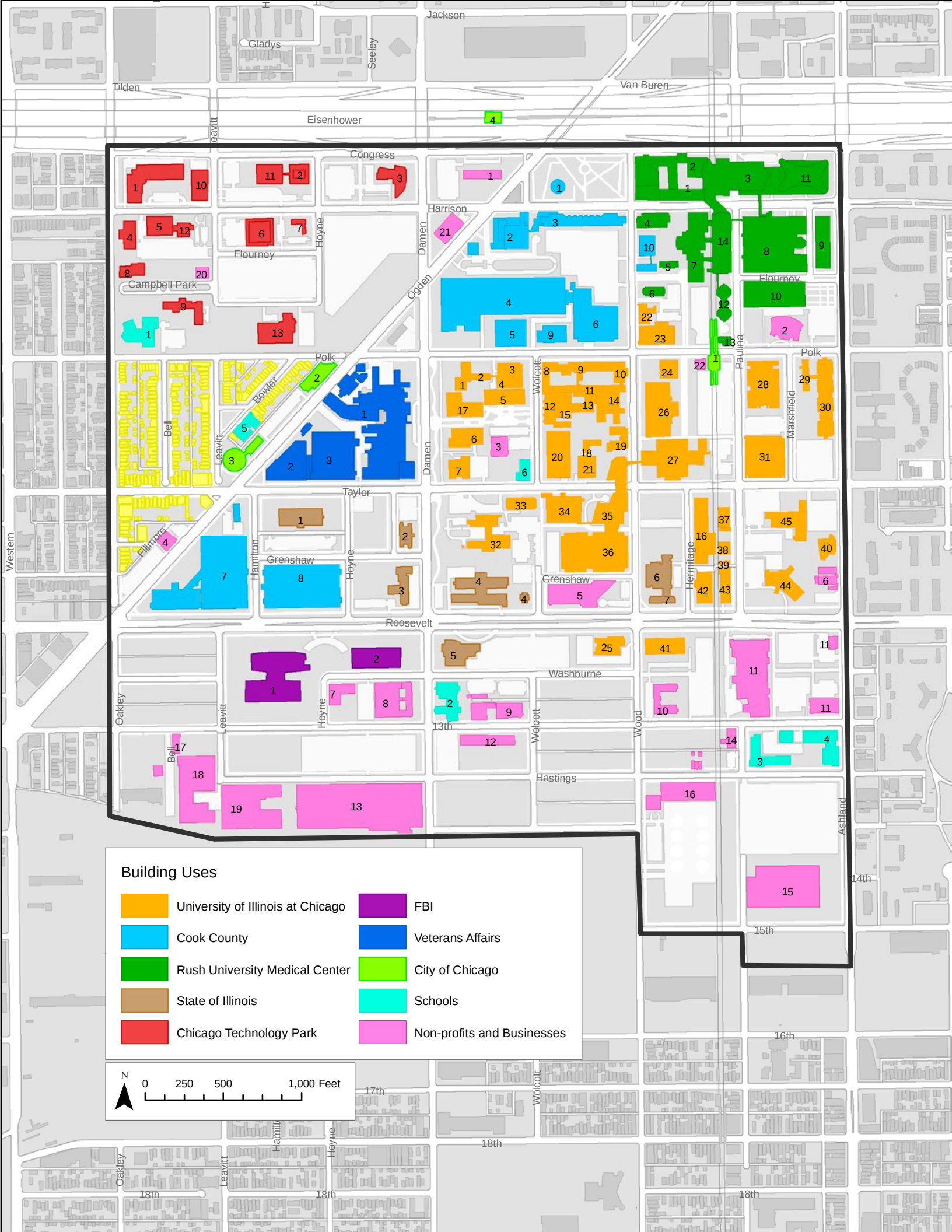
STAKEHOLDER OVERVIEW

The diverse range of institutions, organizations and residents that make up the District is incredibly unique. Ranging from century old medical institutions to new innovative energy technology companies, the stakeholders of the District provide services for an expanding regional user group. As the District grows and expands, management of resources available in the District and an understanding of how they can best be leveraged will be critical to future success. The District has been described as a city within a city because it supports collaboration between community healthcare providers, research entities, places for learning, and innovative industries as well as provides a significant regional economic impact.

An overview of the following stakeholders, institutions, and organizations is provided on the following pages:

- Rush University Medical Center
- University of Illinois at Chicago - West Campus and University of Illinois Hospital and Health Sciences System
- Jesse Brown Veterans Affairs Medical Center
- John H. Stroger, Jr. Hospital of Cook County
- Chicago Technology Park
- Governmental Institutional Services
- Specialized Community Support Services
- Youth Educational Institutions
- Tri-Taylor Neighborhood

Image:
Employees of UIHHSS


Jackson
Gladys
Seeley
Tilden
Van Buren
Eisenhower
Leavitt
Congress
Harrison
Damen
Hoyne
Flournoy
Campbell Park
Ogden
Polk
Bowler
Bell
Taylor
Fillmore
Hamilton
Grenshaw
Roosevelt
Wolcott
Paulina
Marshfield
Hermitage
Washburne
Wood
13th
Hastings
Ashland
Oakley
Western
14th
15th
16th
17th
18th
Building Uses
University of Illinois at Chicago
Cook County
Rush University Medical Center
State of Illinois
Chicago Technology Park
FBI
Veterans Affairs
City of Chicago
Schools
Non-profits and Businesses
N
0
250
500
1,000 Feet

IMD Today

STAKEHOLDER OVERVIEW

Chicago Technology Park

1. 2242 W. Harrison
   - Health, Technology, Innovation Lab
   - STAT Analysis
   - Cordnamics, Inc.
   - Creatv MicroTech, Inc.
   - UIC Healthcare System, Sleep Lab
   - UIC Healthcare System, Radiology
   - Medical District Veterinary Clinic at Illinois
   - UIC 3T MRI
2. IMDC Administrative Offices
3. Ruth M. Rothstein CORE Center
4. Enterprise Center II
   - Illinois State Police Forensic Science Lab
   - Charles River Labs
5. Enterprise Center I
   - GreatPoint Energy
   - Women's Interagency HIV Study
   - Bioresistance Technologies
   - Xomix
6. Cook County Medical Examiner's Office
7. Cook County Health and Hospitals System (CCHHS)
8. Litholink, Inc.
9. Incubator Laboratory Facility
10. American Red Cross of Greater Chicago
11. 2150 W Harrison
    - Rush - Laurance Armour Day School
12. GreatPoint Energy North American HQ
13. Chicago "311" Communication Center

Cook County

1. Heli-pad
2. Cook County Fantus Health Center
3. Old Cook County Hospital Building
4. John H. Stroger, Jr. Hospital of Cook County
5. Cook County Bureau of Health Services
6. Cook County Parking Deck
7. Cook County Juvenile Court Center
8. Cook County Parking Deck
9. Cook County Support Building
10. Cook County - Hektoen Building

Rush University Medical Center

1. Rush Jelke Building
2. Rush Kellogg Hospital Building
3. Rush Atrium Building
4. Rush Cohn Research Building
5. Rush Kidston Building
6. Rush Annex Building
7. Rush Professional Building
8. Rush Parking Deck
9. Rush Orthopedic Ambulatory Building
10. Rush Parking and Utilities Structure
11. Rush East Tower Hospital
12. Rush Bowman Elderly Center
13. Rush Central Refrigeration Plant
14. Rush Armour Academic Center

University of Illinois at Chicago

1. UIC Single Student Residence
2. UIC Polk Street Residence Hall
3. UIC Student Residence Hall
4. UIC Auxiliary Service Refrigeration Plant
5. UIC Chicago Illini Union
6. UIC College of Nursing
7. UIC Benjamin Goldberg Research Center
8. UIC College of Medicine West Tower
9. UIC College of Medicine West Building
10. UIC College of Medicine East Tower
11. UIC Clinical Sciences North Building
12. UIC Medical Science Building
13. UIC Magnetic Resonance Imaging Center
14. UIC Clinical Services South Building
15. UIC Medical Science South Building
16. UIC Medical Center Steam Plant
17. UIC Sports and Fitness Center
18. UIC Betatron Building
19. UIC Campus Health Center
20. UIC College of Medicine
21. UIC Biologic Resource Center
22. UIC Neuropsychiatric Center
23. UIC Library of the Health Sciences
24. UIC Administrative Building
25. Mile Square Health Center
26. UIC College of Pharmacy
27. UIC Medical Center Hospital
28. UIC College of Dentistry
29. UIC Marshfield Avenue Building
30. UIC Molecular Biology Research Building
31. UIC Paulina Parking Deck
32. UIC Applied Health Sciences Building
33. UIC Lions of Illinois Eye Research Institute
34. UIC Eye and Ear Infirmary
35. UIC Outpatient Care Center
36. UIC Wood Parking Deck
37. UIC Central Refrigeration Plant
38. UIC Environmental Safety Facility
39. UIC Hazardous Materials Storage Facility
40. UIC Center for Structural Biology Building
41. UIC West Side Research Building
42. Laundry Building
43. UIC Paulina Street Building
44. UIC Institute for Developmental Disorder
45. UIC/State Psychiatric Institute

Veterans Affairs

1. Jesse Brown VA Medical Center
2. VA Benefits Administration Center
3. VA Parking Deck

State of Illinois

1. State Public Health Laboratory
2. State Regional Office (DCFS)
3. State Edwards Center (DCFS)
4. Illinois Center for Rehabilitation and Education – Roosevelt
5. Illinois State Police Forensic Science Center
6. UIC Illinois Center for Rehabilitation and Education – Wood
7. UIC Illinois State Police Protective Services Unit

Non-Profits and Businesses

1. CDA Medical Center Apartments
2. Union Health Services Clinic
3. Holy Trinity School for the Deaf
4. 2240 Ogden Professional Building
5. Chicago Lighthouse for the Blind
6. Emmanuel Lutheran Church
7. Anixter Village
8. Chicago Children's Advocacy Center
9. New Zion Missionary Baptist Church
10. Barton Senior Living Center
11. Ashland Commercial Shopping Center
12. Easter Seals Autism School
13. Multi-Use Professional Building
14. 1701 W. 13th Street - IMDC
15. Costco
16. Vertiport Chicago
17. Anatomical Gift Association
18. Buddy Products Complex - IMDC
19. 2059 W. Hastings - Commercial Storage Facility
20. Julie and Michael Tracy Foundation/ Growing Solutions Urban Garden
21. Comed Facility
22. Sbarro the Italian Eatery

Schools

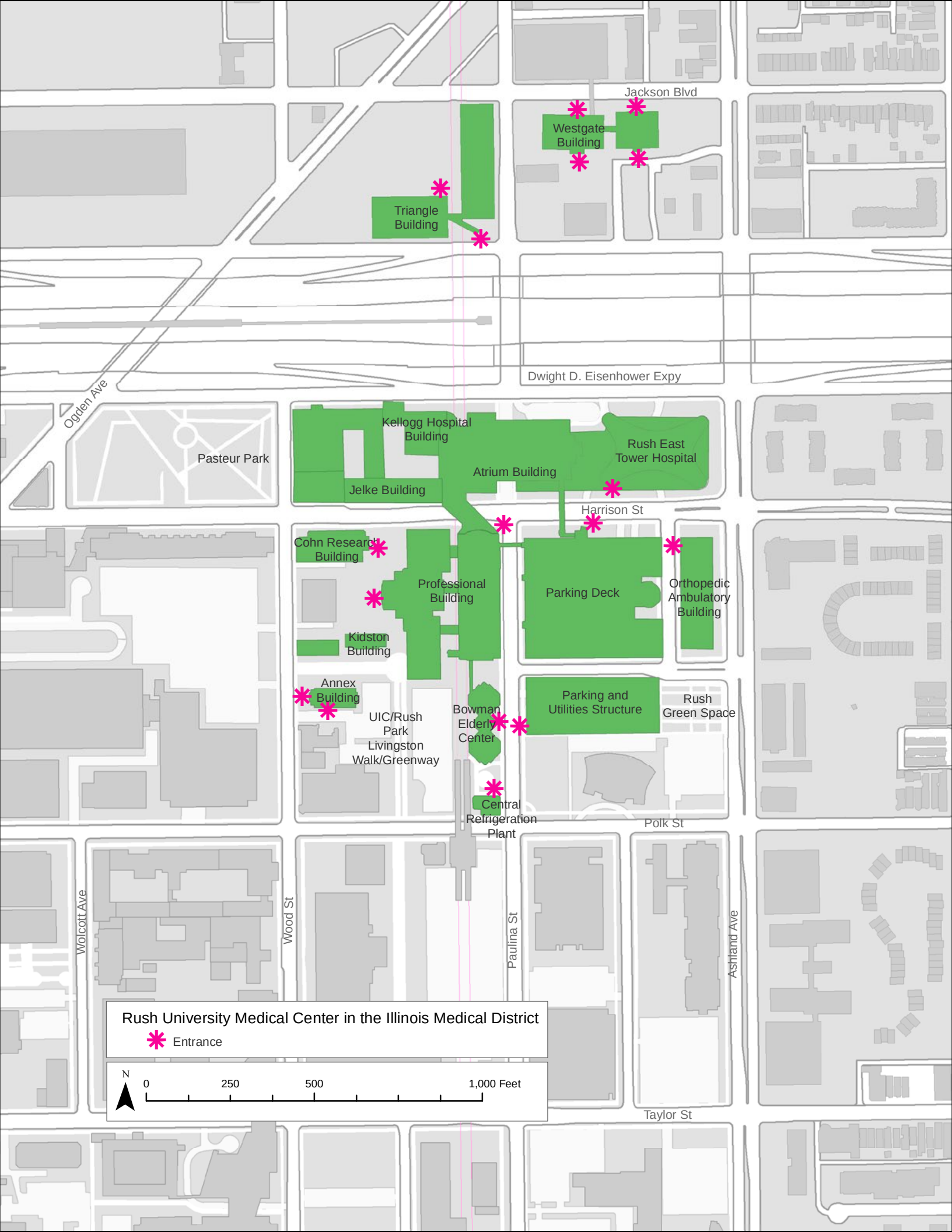
1. Washington Irving Elementary School
2. UIC College Preparatory High School
3. Simpson Alternative Girls School
4. Montefiore Alternative Boys School
5. Chicago Hope Academy
6. Children of Peace School

City of Chicago

1. CTA Pink Line – Polk/Medical Center
2. City of Chicago Senior/Disability Services
3. City of Chicago Westside Disease Control
4. CTA Blue Line – Illinois Medical District

Federal Bureau of Investigation

1. Headquarters
2. Parking Garage


Jackson Blvd
Westgate Building
Triangle Building
Dwight D. Eisenhower Expy
Ogden Ave
Pasteur Park
Kellogg Hospital Building
Rush East Tower Hospital
Atrium Building
Jelke Building
Harrison St
Cohn Research Building
Professional Building
Parking Deck
Orthopedic Ambulatory Building
Kidston Building
Annex Building
UIC/Rush Park Livingston Walk/Greenway
Bowman Elderly Center
Parking and Utilities Structure
Rush Green Space
Central Refrigeration Plant
Polk St
Wolcott Ave
Wood St
Paulina St
Ashland Ave
Taylor St
Rush University Medical Center in the Illinois Medical District
Entrance
N
0
250
500
1,000 Feet

RUSH UNIVERSITY MEDICAL CENTER

The Rush University Medical Center campus occupies roughly 25 acres in the north-east corner of the Illinois Medical District. The core of the campus is the super-block between Harrison Street and Congress Parkway, which consists of an agglomeration of buildings built over a century of medical development. The western edge of the block contains the older administrative buildings and the recently opened (2012) Tower inpatient facility anchors the eastern edge, creating a new gateway on Ashland Avenue. The 376-bed Tower serves as the main Rush hospital facility. The Tower's design and prominent location provides a signature icon for both Rush Medical Center and the District. South of the super-block are several other Rush University academic buildings, a 4,000 space parking structure, the recently developed Orthopedic Building, and other administrative functions. The primary entrances for the parking garage and the Tower are off Harrison Street, creating traffic congestion in the center of campus.

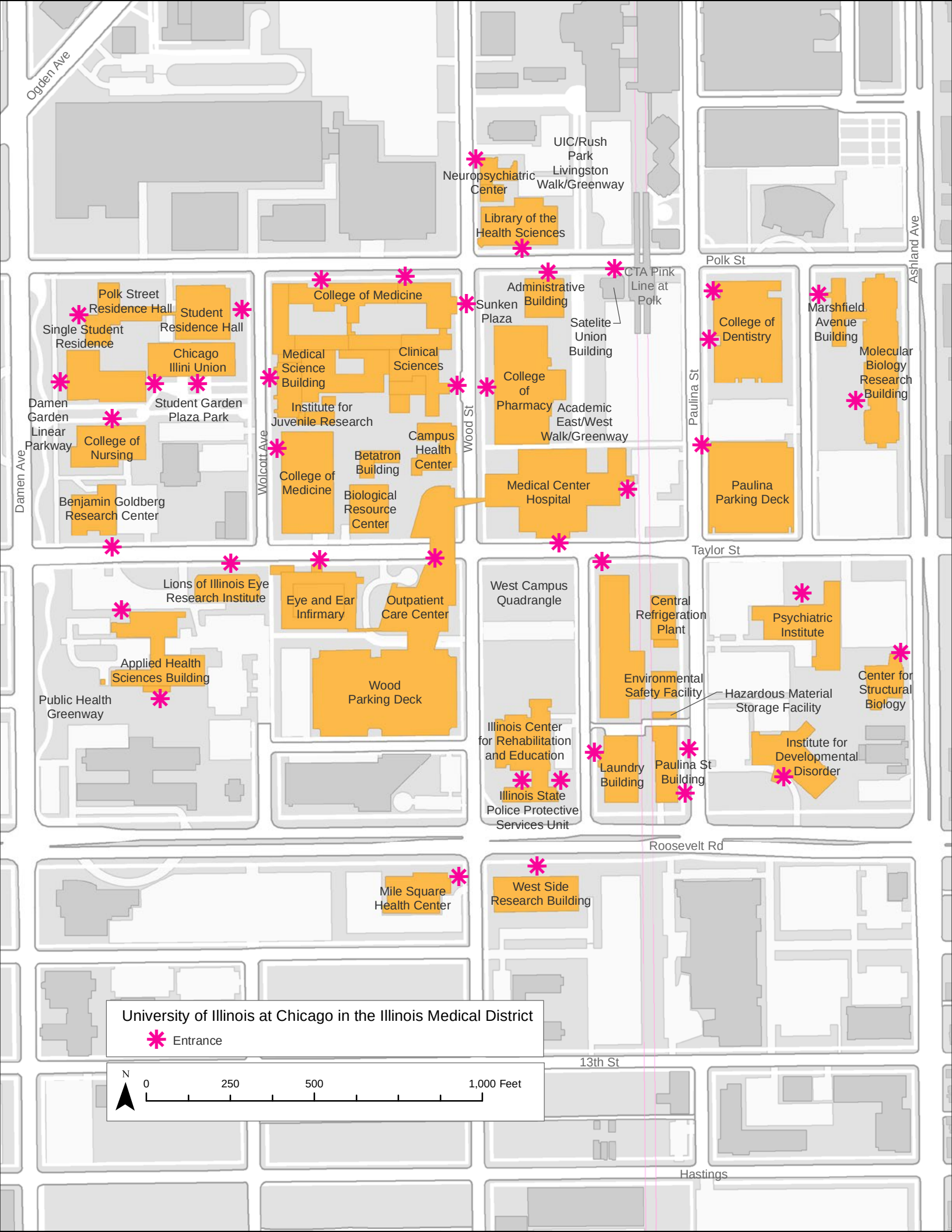
Rush University Medical Center is a not-for-profit academic medical institution that is nationally and internationally known for specialties in healthcare and research. Rush employs 800 medical staff, and serves over 30,000 inpatient, 660 beds, and 430,000 outpatient visits annually (Illinois Department of Public Health, 2013).The campus is part of an affiliated healthcare system including, Rush University and Rush Oak Park Hospital.

> "The mission of Rush University is to teach, study and provide the highest quality healthcare, using a unique and multidisciplinary practitioner-teacher model for health sciences education and research, while reflecting the diversity of our communities in its programs, faculty, students and service."
>
> -Rush University Mission Statement

Rush University has a long history in Chicago; starting with 100 students in the 19th century; the University has grown to 2,100 students today. Rush University includes Rush Medical College, College of Nursing, College of Health Sciences, and The Graduate School. Rush uses a "practitioner-teacher" educational model, where students have the opportunity to learn from world-renowned practicing healthcare professionals in a hands-on setting. Rush also offers a highly selective residency and fellowship program. The University provides 285 units of student housing, located directly to the east (outside the District) of the campus.

Rush is currently undergoing a comprehensive facility planning process to identify goals and strategies for future growth and modernization of their facilities. According to the medical center's leadership, several of Rush's existing facilities need modernization and/or renovation. Throughout the master planning process, meetings with Rush's planning team will take place to ensure that a coordinated vision results.

Image:
Rush Hospital East Tower


Ogden Ave
UIC/Rush
Park
Livingston
Walk/Greenway
Neuropsychiatric
Center
Library of the
Health Sciences
Polk St
Ashland Ave
CTA Pink
Line at
Polk
Administrative
Building
Sunken
Plaza
Satelite
Union
Building
College of
Dentistry
Marshfield
Avenue
Building
Molecular
Biology
Research
Building
Polk Street
Residence Hall
Student
Residence Hall
Single Student
Residence
Chicago
Illini Union
College of Medicine
Medical
Science
Building
Clinical
Sciences
Institute for
Juvenile Research
Damen
Garden
Linear
Parkway
Student Garden
Plaza Park
College of
Nursing
Damen Ave
Wolcott Ave
Wood St
College
of
Pharmacy
Academic
East/West
Walk/Greenway
Paulina St
Campus
Health
Center
Betatron
Building
College of
Medicine
Biological
Resource
Center
Benjamin Goldberg
Research Center
Medical Center
Hospital
Paulina
Parking Deck
Taylor St
Lions of Illinois Eye
Research Institute
Eye and Ear
Infirmary
Outpatient
Care Center
West Campus
Quadrangle
Central
Refrigeration
Plant
Psychiatric
Institute
Applied Health
Sciences Building
Wood
Parking Deck
Environmental
Safety Facility
Hazardous Material
Storage Facility
Center for
Structural
Biology
Public Health
Greenway
Illinois Center
for Rehabilitation
and Education
Laundry
Building
Paulina St
Building
Institute for
Developmental
Disorder
Illinois State
Police Protective
Services Unit
Roosevelt Rd
Mile Square
Health Center
West Side
Research Building
University of Illinois at Chicago in the Illinois Medical District
Entrance
N
0
250
500
1,000 Feet
13th St
Hastings

UNIVERSITY OF ILLINOIS AT CHICAGO

The UIC West Campus anchors the center of the District, and with over 80 acres it is one of the District's largest land holders. The West Campus contains the Uinversity of Illinois Hospital and Health Sciences System (UIHHSS), as well as supporting residence halls, student unions, parking structures, administration buildings, and campus infrastructure. The physical layout of UIC's West Campus reflects over one hundred years of campus development, influenced by changes in campus planning, city zoning, practices in healthcare, and technology. A dense core of historic buildings with private courtyards exists at the center of the West Campus, while more sporadic development in a suburban layout has developed at the campus edges. As a result, the UIC West Campus lacks a clear identity or gateway from the District's arterial streets. However within the campus environment, there are several open spaces along Wolcott Street and between Polk and Taylor Streets that serve as gathering places for students.

Several major transportation routes serve the two UIC campuses, including CTA Blue and Pink Lines, CTA bus routes, and a private UIC shuttle that provides circulation between the two campuses and the Chicago Technology Park (CTP). The primary east-west circulation routes for students and faculty are Taylor Street, Harrison Street, and Roosevelt Road.

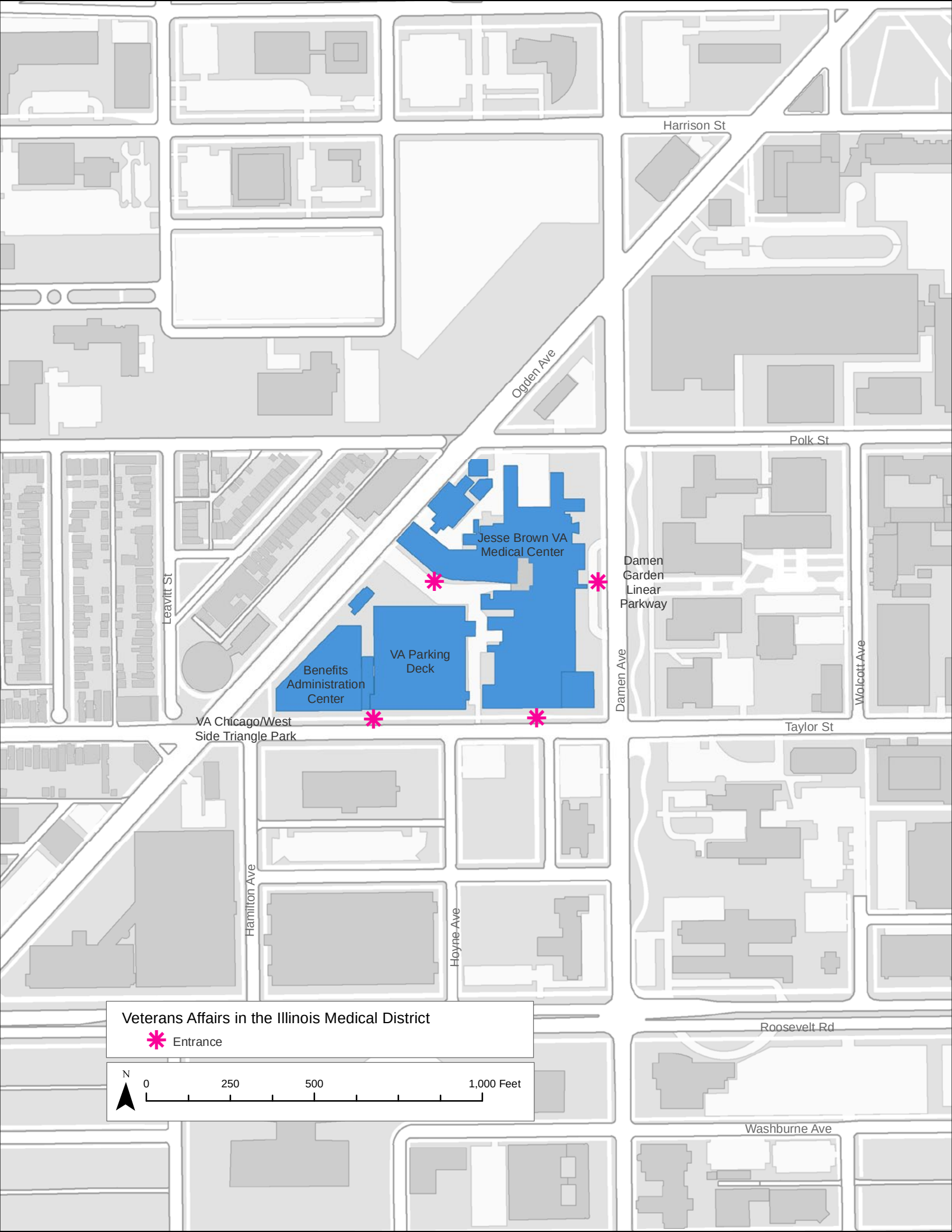
Image:
Open space on UIC's West Campus

The UIHHSS includes a central hospital, an outpatient clinic, and dozens of other specialty clinics. The UIHHSS main hospital building is located at the intersection of Taylor and Wood Streets. Adjacent to the Hospital facility are the Outpatient Care Center, the Ear & Eye Infirmary, the Dentistry Building and the Neuropsychiatry & Psychology Services facility. Combined, the UIHHSS facilities have 495 beds that serve over 18,000 inpatient admissions, over 400,000 outpatient visits, and 42,000 emergency room visits annually (Illinois Department of Public Health, 2013).

The collocation of the Health Sciences colleges and the UIHHSS provides an excellent opportunity for UIC to participate in medical research and innovation. UIHHSS spends more than $380 million on research projects each year, and is a major supporter of start-up and innovation activities taking place within the CTP located in the western portion of the District.

In the CTP, the Incubator Laboratory Facility and Health Technology and Innovation Center, managed by EnterpriseWorks Chicago under auspices of the University of Illinois' Office of the Vice Chancellor for Research, are direct links to the University of Illinois Research Park (UIRP) in Champaign.

UIC completed an extensive campus master planning process in 2010, which outlines recommendations for the modernization of the two campuses, and an improved flow between them. The University is currently undergoing significant leadership change, and will likely need to update master plan goals and implementation as new leadership becomes more established.


Harrison St
Ogden Ave
Polk St
Jesse Brown VA Medical Center
Damen Garden Linear Parkway
Leavitt St
VA Parking Deck
Benefits Administration Center
VA Chicago/West Side Triangle Park
Damen Ave
Wolcott Ave
Taylor St
Hamilton Ave
Hoyne Ave
Roosevelt Rd
Washburne Ave
Veterans Affairs in the Illinois Medical District
Entrance
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1,000 Feet

JESSE BROWN VA MEDICAL CENTER

Image:
Jesse Brown VA Medical Center

The Jesse Brown VA Medical Center (JBVAMC) occupies a 13 acre site within the District and is bounded by Taylor Street, Damen Avenue, Polk Street, and Ogden Avenue. The primary entrances for the facility are located off Ogden and Damen Avenues. This medical center contains a 210 bed inpatient hospital facility, as well as the Chicago Veterans Benefits Administration Regional Office Building, a 1,500 space parking structure and energy plant. Owned and operated by the Department of Veterans Affairs, the center accommodates 7,900 hospital admissions and more than 490,000 outpatient visits annually and serves 62,000 enrolled veterans in the Chicago area. In addition, more than 2,000 employees and 500 medical staff work at the Center. The JBVAMC also has four community based outpatient satellite clinics located throughout the Chicago region. A private shuttle system is used by the JBVAMC to transfer patients and staff between these regional facilities.

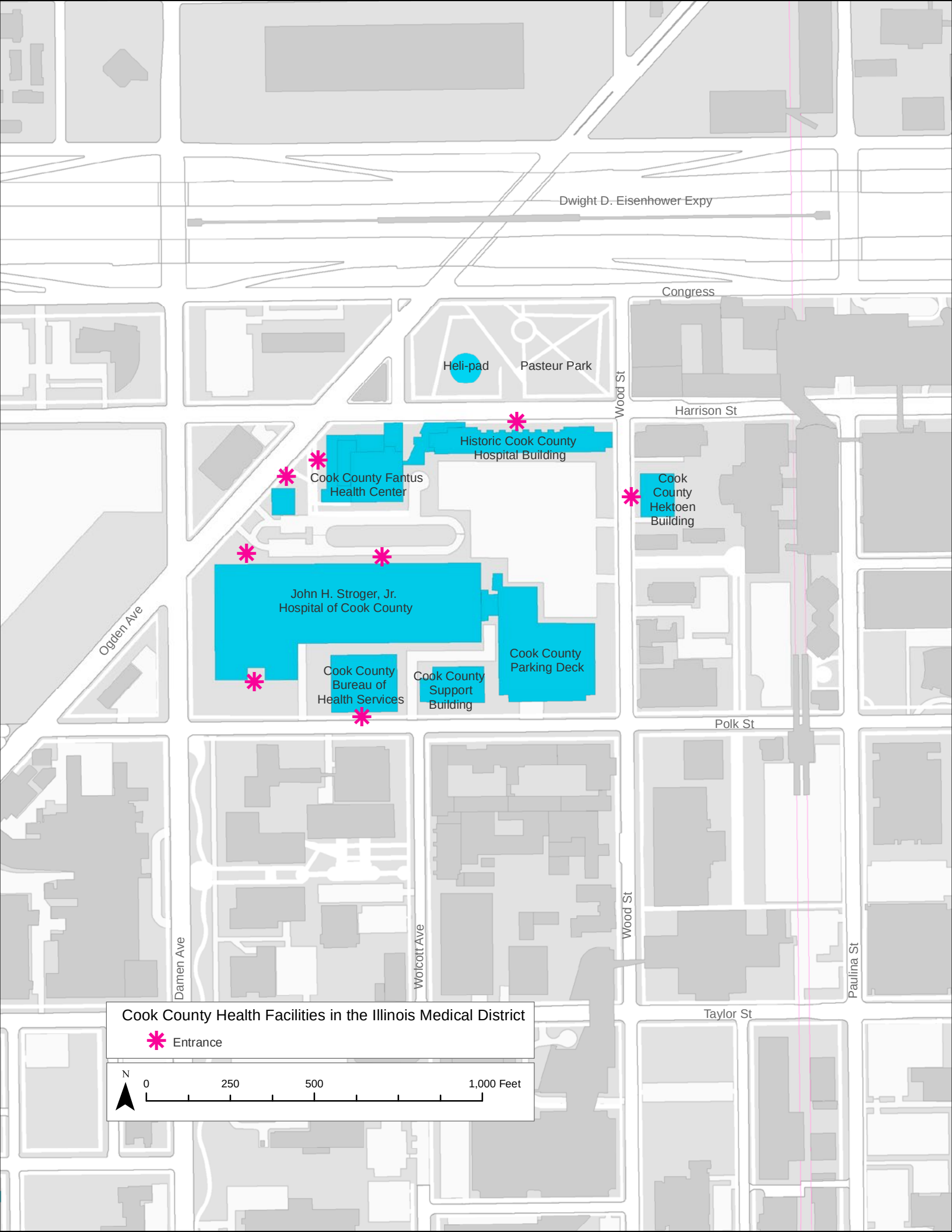
The core mission of Veterans Affairs (VA) is to:

- Empower veterans to improve their well-being;
- Enhance and develop trusted partnerships; and
- Manage and improve VA operations to deliver seamless and integrated support.

The primary focus of the JBVAMC is to provide high quality medical, mental health, and social support services for veterans living in the region. In 2012, the JBVAMC introduced an innovative approach to dealing with veteran homelessness with the opening of the Community Resource and Referral Center. This collaborative center, supported by federal agencies and community organizations, is the first of its kind in the Chicago area, and provides safe and secure transitional housing, employment, education, and other benefits. The JBVAMC facility offers a wide variety of other activities and support services for veterans, including an auditorium for special events, a credit union, and a military store (Department of Veteran Affairs).

The JBVAMC has several long-established higher educational affiliations, including the Northwestern Feinberg School of Medicine, University of Illinois at Chicago College of Medicine, Malcom X College, and Loyola University Chicago. More than 900 university residents, interns, and students are trained at the JBVAMC each year. The VA supports research activities and provides for $6 million in annual medical research funding.

The JBVAMC is in the process of updating its capital improvements and facilities master plan. As the planning process progresses, the IMD master planning team will coordinate efforts with the JBVAMC to ensure its future plans are reflected in the new IMD planning vision and recommendations.


Dwight D. Eisenhower Expy
Congress
Heli-pad
Pasteur Park
Wood St
Harrison St
Historic Cook County Hospital Building
Cook County Fantus Health Center
Cook County Hektoen Building
John H. Stroger, Jr. Hospital of Cook County
Cook County Parking Deck
Cook County Bureau of Health Services
Cook County Support Building
Ogden Ave
Polk St
Damen Ave
Wolcott Ave
Wood St
Paulina St
Taylor St
Cook County Health Facilities in the Illinois Medical District
Entrance
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IMD Today > Stakeholders

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

John H. Stroger, Jr. Hospital of Cook County is located in the northern portion of the District, directly west of the Rush University Medical Center campus. The Cook County Health and Hospitals System covers 30 acres of land area, including the five acre Pasteur Park and former helipad. The main facility entrance is located off Ogden Avenue, which leads to an internal circulation roadway that serves as a drop-off route and parking area for visitors. The historic Cook County hospital building (vacant since 2002) is located along the Harrison Street frontage, while the current Stroger Hospital building sits along the southern frontage of the block.

The core mission of the John H. Stroger, Jr. Hospital is to provide the highest quality healthcare services for populations in need. The hospital is also a teaching facility, with 300 physicians and more than 400 residents and fellows (Illinois Department of Public Health, 2013).

John H. Stroger, Jr. Hospital of Cook County is the core facility of the Cook County Health & Hospitals System, which includes the Provident Hospital of Cook County, the Oak Forest Health Center, the Ruth M. Rothstein CORE center, the Cermak Health Services center, and several outpatient clinics. The 464-bed hospital serves as the hub for acute

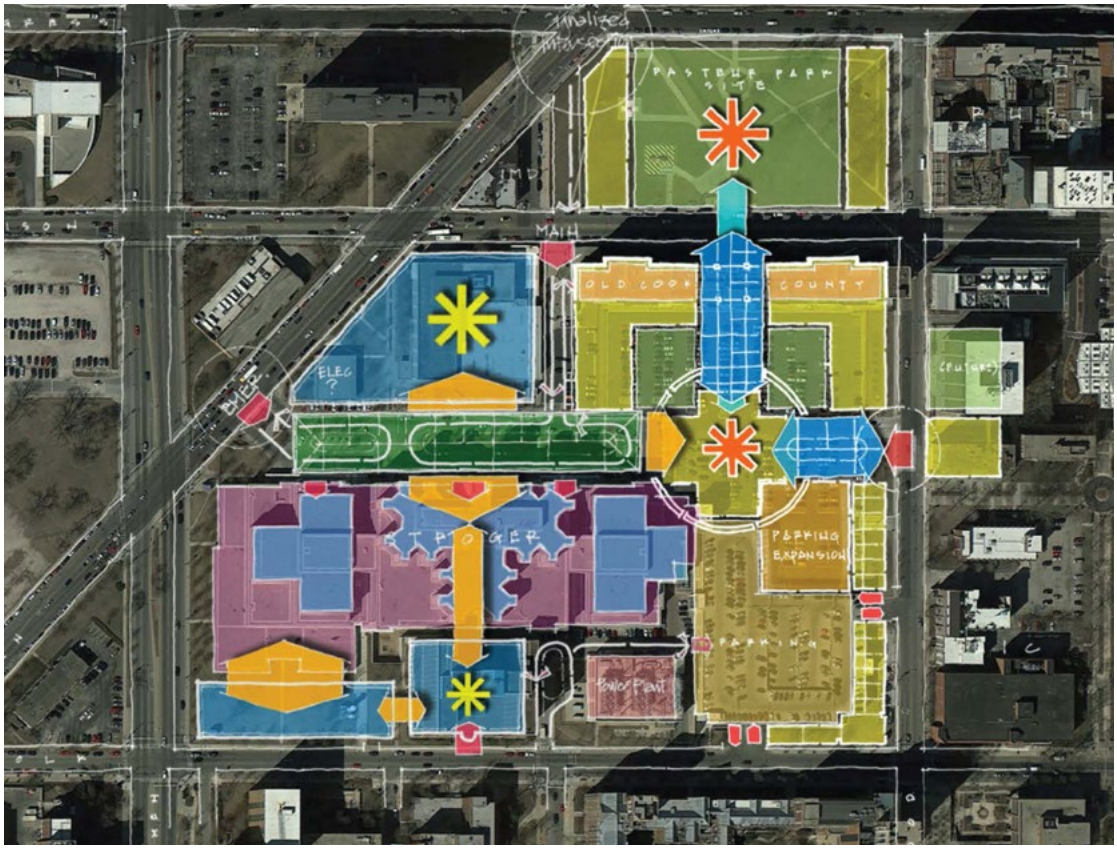


Image:
Diagram from the Cook County Campus Strategic Development Framework Plan, by Chicago Consultants Studio, 2014

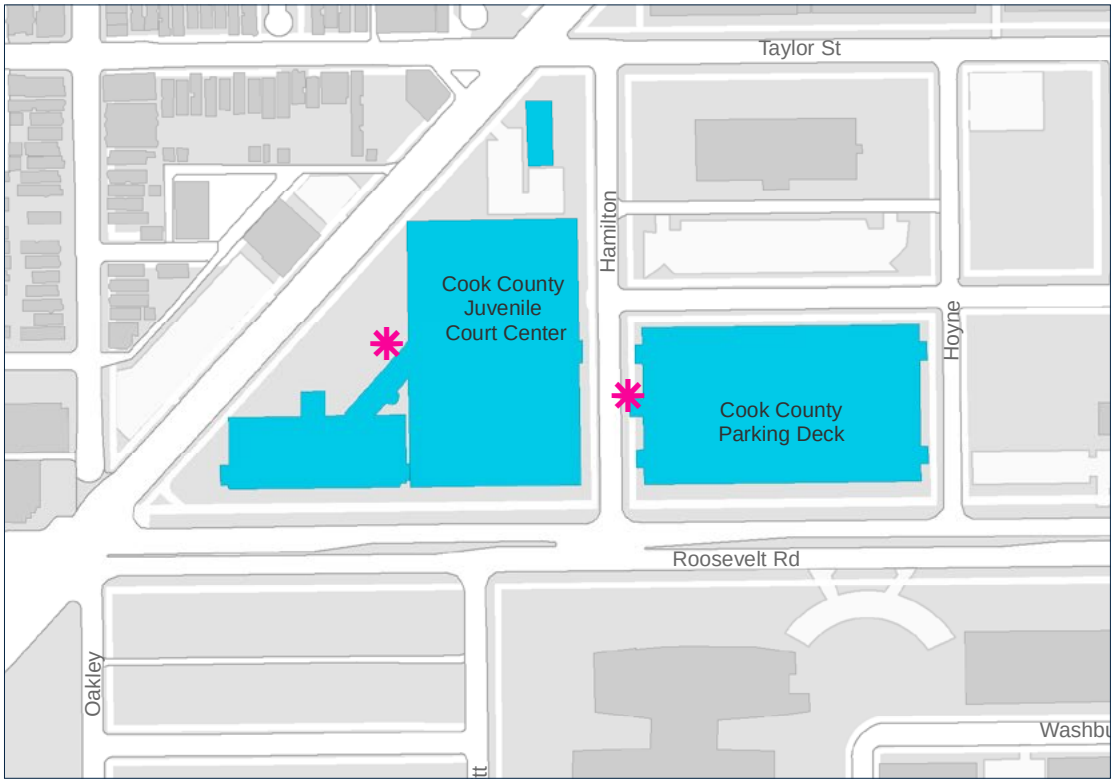


Image:
Map of Cook County Juvenile Courts located along Roosevelt Road

healthcare and a wide variety of medical specialities. More than 40% of the hospital's services are dedicated to the Outpatient Specialty Care Center. The emergency room treats over 110,000 patients annually (Cook County, 2014).

Cook County is currently engaged in an extensive redevelopment effort for this core healthcare campus, which has included a public outreach campaign, collaborative ideas charrette, and the release of two Requests for Proposals (RFP). The County solicited ideas for repurposing the historic Cook County Hospital through a public ideas charrette, which resulted in five multidisciplinary teams submitting concepts. Participants were led by civic groups including the Chicago Central Area Committee, Lambda Alpha, Landmarks Illinois, and the Metropolitan Planning Council. Concepts focused on redevelopment of the vacant old Cook County hospital into private mixed use development, as well as revitalizing the open space of Pastuer Park and better connecting the County's campus to the neighboring institutions. Several ideas for new uses for the historic building were proposed, including ground floor retail, a hotel, affordable housing, and a medical museum.

The outcomes of the ideas charrette were used to prepare the RFP packages, the first of which was released in November of 2014. The initial RFP is focused on redevelopment of the core medical uses on the site, including the active hospital and the outdated Fantus Clinic, slated for demolition. The second RFP will focus on developing the other areas of the site, including the historic hospital building and open spaces.

SPECIALIZED COMMUNITY SUPPORT SERVICES

The Illinois Medical District is home to various community support organizations, each with a distinct, health-related mission. These institutions include the Chicago Lighthouse for the Blind, Anixter Village, IMD Guesthouse, Julie + Michael Tracy Foundation/ Growing Solutions Farm, Easter Seals Metropolitan Chicago, and Union Health Services Clinic.

The Chicago Lighthouse for the Blind has numerous programs for adolescents, teens, and adults with vision impairments. The Chicago Lighthouse is a major employer of the visually impaired and has future plans for expansion. At their current location, the Chicago Lighthouse is home to a school, radio station, store, clinic, library, technology center, and a clock-making factory. Over the years, the Lighthouse has successfully created hundreds of employment opportunities for the visually impaired in the Chicagoland area.

Anixter Village was the first transitional residence for young adults with spina bifida and similar disabilities in the nation. The facility is comprised of 15 units and enables young adults with spina bifida to live more independent lives. Residents at the facility are taught household skills, public transportation navigation, and employment-development skills, among others.

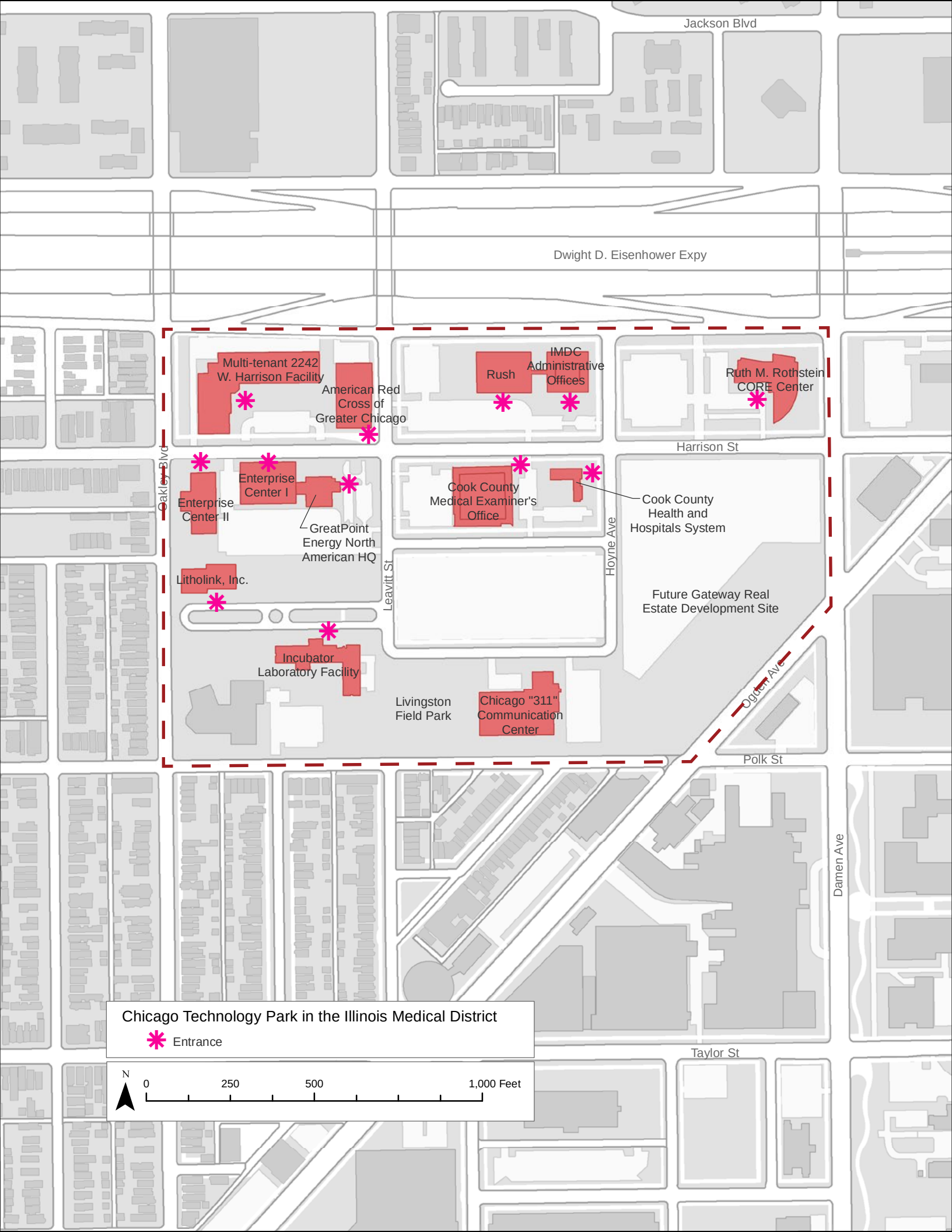
The IMD Guesthouse provides affordable lodging for families of patients at the District's hospitals who otherwise could not afford to be near their loved ones during medical procedures. Rates at the guesthouse are significantly lower than a hotel stay, and each unit is designed for extended stays.

The Julie + Michael Tracy Foundation established the Growing Solutions Farm on IMDC-owned property in 2013. Young adults with autism maintain the vocational garden and learn to plant, cultivate, harvest, and store a variety of produce and herbs. Students also learn how to cook with the produce, and sell produce via a farm stand. The farm employs some paid interns from schools and organizations in the area, including Easter Seals Metropolitan Chicago, which is also located in the District.

Easter Seals Metropolitan Chicago is a non-profit organization that provides services to individuals with disabilities and/or special needs. Easter Seals services are not limited to a specific disability, but the organization does have numerous programs for individuals with autism. Their Chicago Headquarters is located south of Roosevelt Road in the District.

The Union Health Services Clinic provides cost-effective benefits to groups that cover Chicagoland union members. The clinic has primary-care physicians, specialty services, and a pharmacy. The clinic was established in 1954, and is one of three locations in Chicago.

Image:
The Julie + Michael Tracy Foundation Growing Solutions Farm


Jackson Blvd
Dwight D. Eisenhower Expy
Multi-tenant 2242 W. Harrison Facility
American Red Cross of Greater Chicago
Rush
IMDC Administrative Offices
Ruth M. Rothstein CORE Center
Harrison St
Oakley Blvd
Enterprise Center I
Enterprise Center II
GreatPoint Energy North American HQ
Cook County Medical Examiner's Office
Cook County Health and Hospitals System
Hoyne Ave
Leavitt St
Litholink, Inc.
Future Gateway Real Estate Development Site
Incubator Laboratory Facility
Livingston Field Park
Chicago "311" Communication Center
Ogden Ave
Polk St
Damen Ave
Taylor St
Chicago Technology Park in the Illinois Medical District
Entrance
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1,000 Feet

CHICAGO TECHNOLOGY PARK

The Chicago Technology Park (CTP) was built in 1982 and is home to the country's first biotechnology incubator. The CTP, whose mission is to assist in the growth of companies, is comprised of approximately 55 acres of land in the northwest corner of the District. The CTP was very successful in its earlier years, housing the company that eventually became Amgen, Inc. Over the past decade, the success of the CTP has diminished, and today, the CTP is not operating at its full potential. Many of the existing facilities are outdated and/or underutilized. However, current IMDC-initiated revitalization plans and growing institutional partnerships have the potential to catalyze growth and return the CTP to its former success.

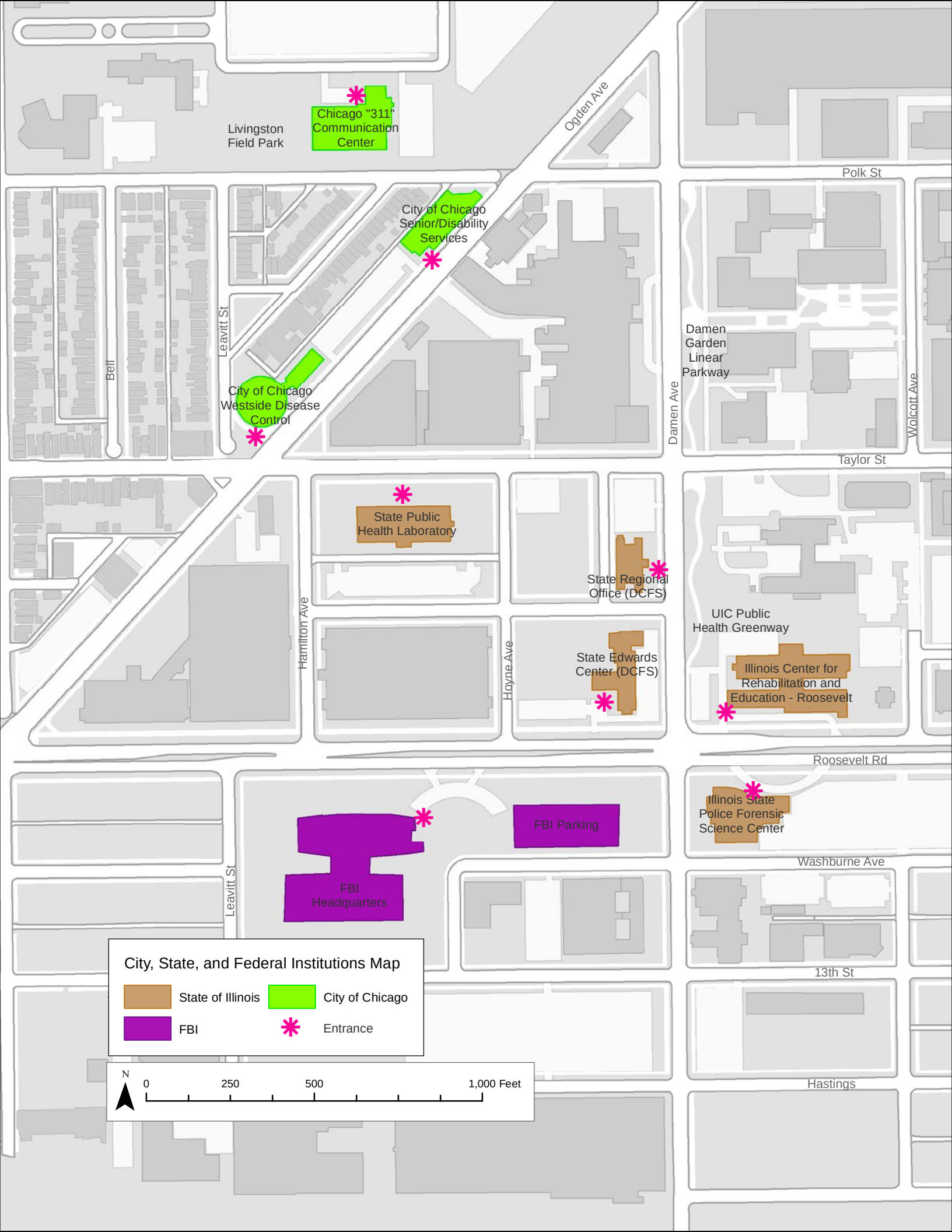
There are a variety of facilities within the 60 acre CTP: incubators, government offices/labs, multi-tenant offices/labs, and private labs/offices. The two incubators, the Incubator Lab Facility (ILF) and the Health, Technology, Innovation Center (HTI), are the cornerstones of the CTP and are operated by EnterpriseWorks Chicago, an organization affiliated with the University of Illinois.

The CTP is home to approximately 30 companies specializing in drug discovery and delivery, medical device testing, genomics, nanotechnology, and alternative energy. In addition to these private companies, there are numerous governmental and non-governmental organizations within the tech park. In total, there are over 500 employees in the CTP. The largest employers include:

- Illinois Medical District Commission
- EnterpriseWorks Chicago
- American Red Cross of Greater Chicago
- Ruth M. Rothstein CORE Center
- Cook County Medical Examiner's Office
- GreatPoint Energy
- Charles River Laboratories
- Litholink Corporation
- Illinois State Police Forensic Science Center
- STAT Analysis Corporation
- Women's Interagency HIV Study
- DHS Family Community Resource Center of Cook County
- VA Home and Community Based Programs and Patient Administration Services

In the coming years, this list will grow significantly with the completion of the IMD Gateway Development. The project, coupled with other IMDC initiatives, will provide the space and amenities necessary to recruit intellectual talent and spark new innovative industries in the CTP.

The IMDC is the largest property owner in the tech park, owning six buildings and 15 acres of undeveloped land. As the governing body of the District and a major landowner in the CTP, the IMDC has helped recruit and retain numerous companies in the tech park.


Livingston Field Park
Chicago "311" Communication Center
Ogden Ave
Polk St
City of Chicago Senior/Disability Services
Leavitt St
Bell
City of Chicago Westside Disease Control
Damen Garden Linear Parkway
Damen Ave
Wolcott Ave
Taylor St
State Public Health Laboratory
State Regional Office (DCFS)
Hamilton Ave
Hoyne Ave
State Edwards Center (DCFS)
UIC Public Health Greenway
Illinois Center for Rehabilitation and Education - Roosevelt
Roosevelt Rd
Illinois State Police Forensic Science Center
FBI Parking
FBI Headquarters
Leavitt St
Washburne Ave
13th St
Hastings
City, State, and Federal Institutions Map
State of Illinois
City of Chicago
FBI
Entrance
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GOVERNMENT INSTITUTIONAL SERVICES

In additional to the healthcare services provided by the four primary hospital institutions, there are a range of government institutional service facilities within the District. The services offered are predominantly related to public health, public safety, and emergency response. Similar to the medical facilities, the service areas for these institutions are citywide and often regional.

Image:
Illinois State Police Forensic Science Center

Image:
FBI Building

Numerous levels of government are represented in the District, including City of Chicago, Cook County, State of Illinois, and U.S. Federal Government. These service institutions include:

City of Chicago

- Chicago 311 Communication Center
- Chicago Westside Center for Disease Control
- Chicago Senior Disability Services

Cook County

- Cook County Juvenile Court Center
- Cook County Medical Examiner's Office

State of Illinois

- Department of Public Health Lab
- Center for Rehabilitation and Education
- Police Forensic Science Center
- Department of Children and Family Services Regional Office

Federal

- Federal Bureau of Investigation Regional Office

In terms of location, the majority of institutions are arranged in close proximity to other institutions under the same level of government. The Cook County Medical Examiner's Office and the County Juvenile Court Center are the only exceptions. While each of these entities provide different services and operate under different jurisdictions, there are still potential synergies between all of these service providers.

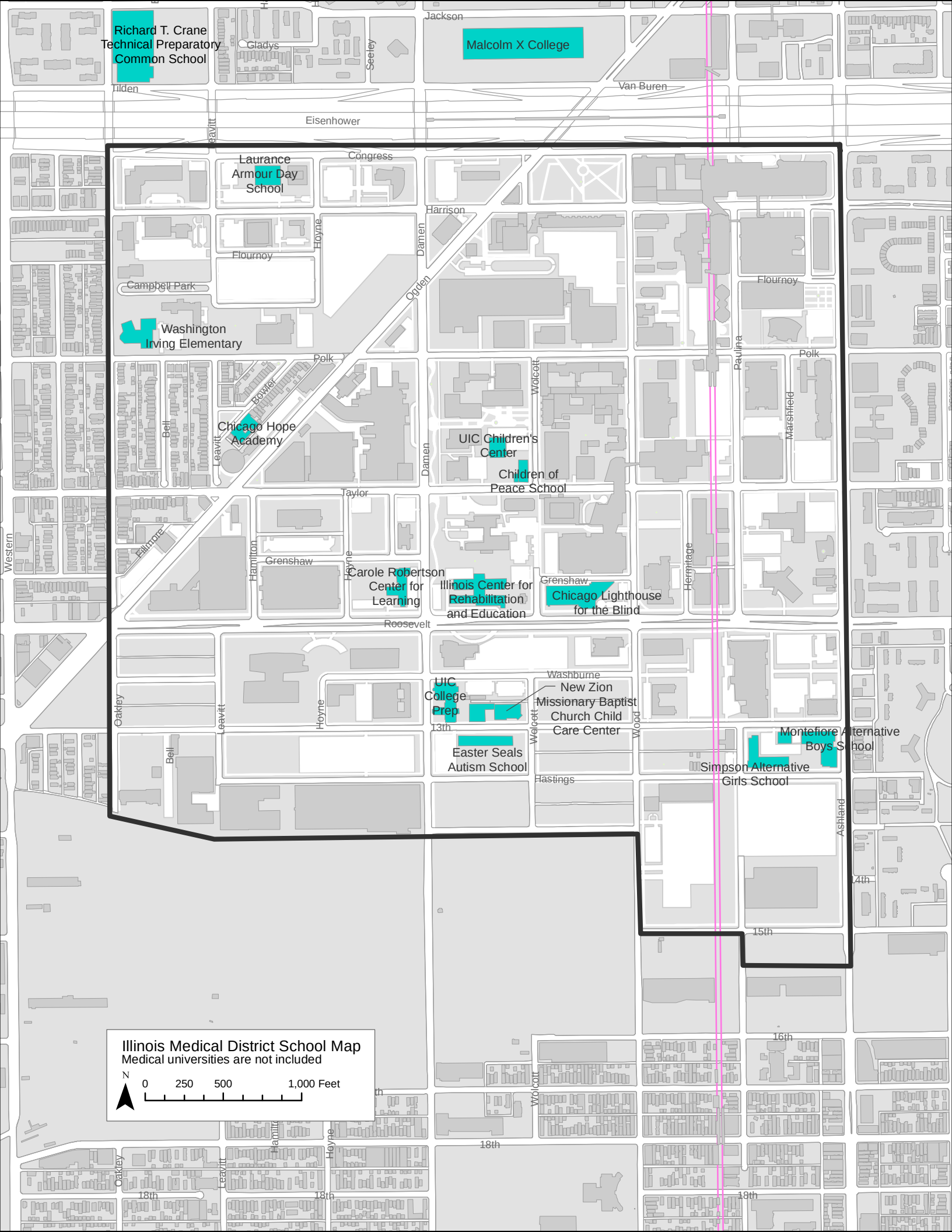
Richard T. Crane Technical Preparatory Common School
Malcolm X College
Laurance Armour Day School
Washington Irving Elementary
Chicago Hope Academy
UIC Children's Center
Children of Peace School
Carole Robertson Center for Learning
Illinois Center for Rehabilitation and Education
Chicago Lighthouse for the Blind
UIC College Prep
New Zion Missionary Baptist Church Child Care Center
Easter Seals Autism School
Montefiore Alternative Boys School
Simpson Alternative Girls School
Jackson
Van Buren
Eisenhower
Congress
Harrison
Flournoy
Campbell Park
Polk
Taylor
Roosevelt
Washburne
13th
Hastings
15th
16th
18th
Ogden
Damen
Hoyne
Leavitt
Bell
Bowler
Wolcott
Paulina
Marshfield
Hermitage
Wood
Ashland
Western
Oakley
Hamilton
Fillmore
Grenshaw
Seeley
Tilden
Gladys
Illinois Medical District School Map
Medical universities are not included
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Image:
Easter Seals School for Autism

YOUTH EDUCATIONAL INSTITUTIONS

In addition to the two medical schools, there are numerous other educational institutions, including day schools, primary schools, high schools, and specialty schools in the District. Due to the abundance of employees in the District, there are also limited childcare services offered. The District's educational institutions include:

Child Care

- Carole Robertson Center for Learning
- Easter Seals Gilchrist-Marchman Child Development Center
- Laurence Armour Day School
- UIC Children's Center
- New Zion Missionary Baptist Church Child Care Academy

Therapeutic Day Schools

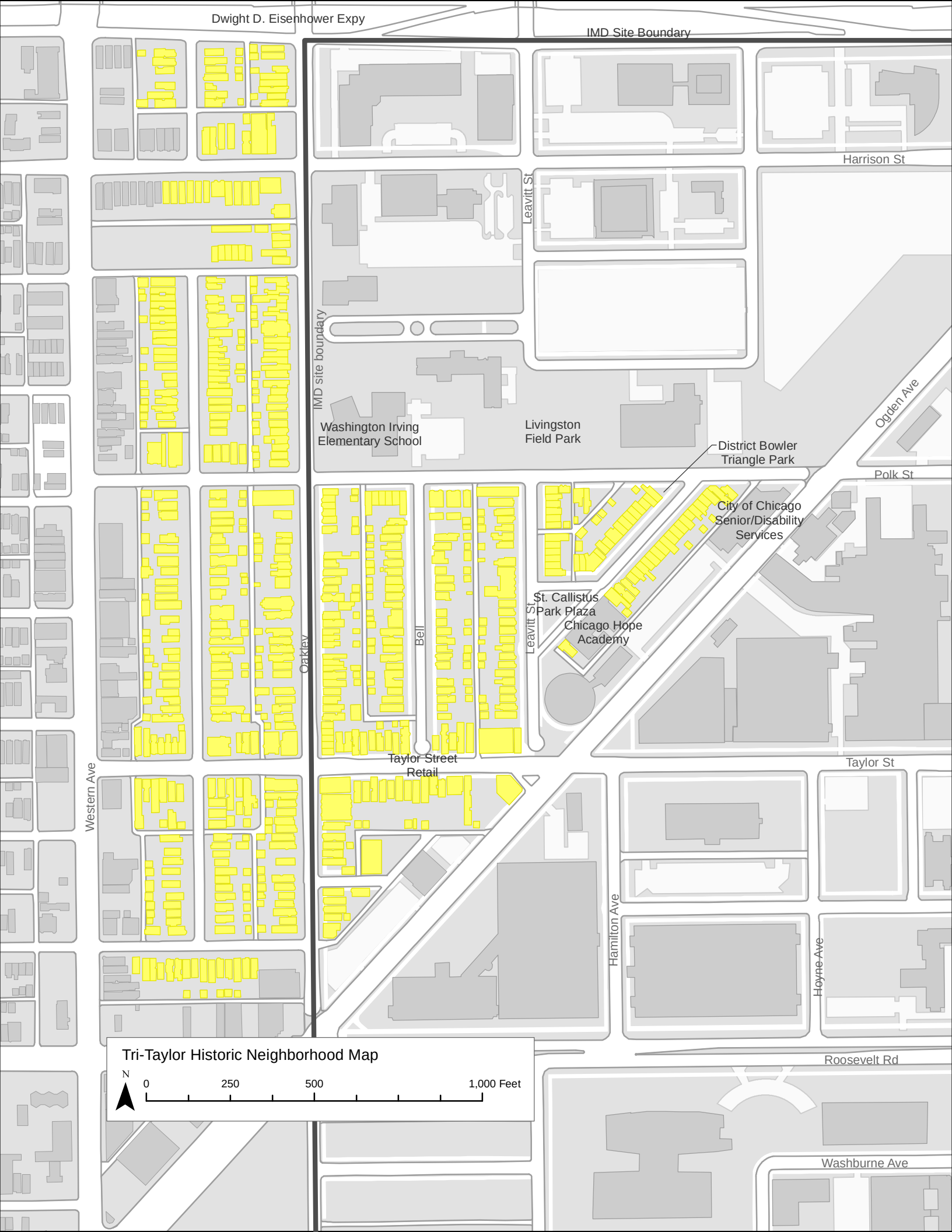
- The Chicago Lighthouse Development Center for Blind, Multi-Disabled Children
- Easter Seals Autism Therapeutic Day School
- Montefiore Therapeutic Day School
- Illinois Center for Rehabilitation and Education
- Rush Day School / Laurance Armour Day

Elementary Schools

- Washington Irving Elementary School
- Children of Peace School

High Schools

- Chicago Hope Academy
- Simpson Academy for Young Women
- UIC College Prep


Dwight D. Eisenhower Expy
IMD Site Boundary
Harrison St
Leavitt St
IMD site boundary
Washington Irving
Elementary School
Livingston
Field Park
District Bowler
Triangle Park
Ogden Ave
Polk St
City of Chicago
Senior/Disability
Services
St. Callistus
Park Plaza
Chicago Hope
Academy
Leavitt St
Bell
Oakley
Western Ave
Taylor Street
Retail
Taylor St
Hamilton Ave
Hoyne Ave
Roosevelt Rd
Washburne Ave
Tri-Taylor Historic Neighborhood Map
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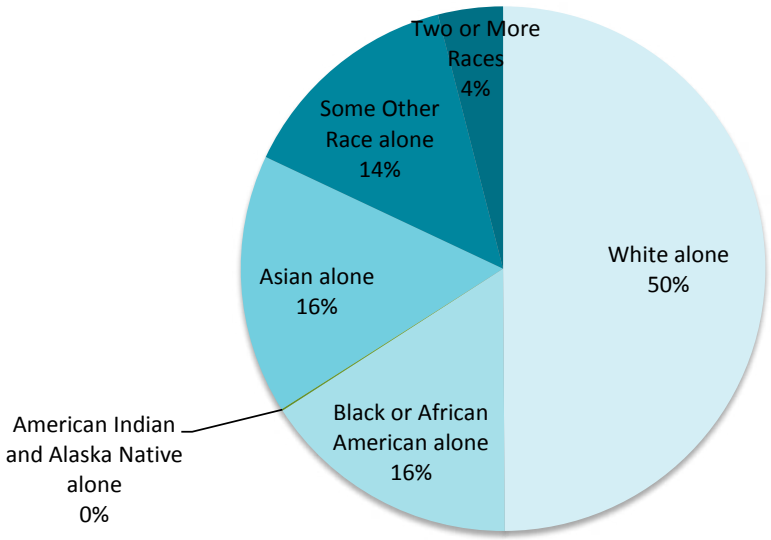
TRI-TAYLOR HISTORIC NEIGHBORHOOD

Image:
Tri-Taylor Neighborhood

The IMD is primarily an institutional district, but it is also home to the ten-block neighborhood known as Tri-Taylor. The Tri-Taylor neighborhood was designated as a National Historic District in 1983, and is located near the western boundary of the District. The neighborhood is bounded by Harrison Street to the north, Ogden Avenue to the east, Roosevelt Road to the south, and Western Avenue to the west. In total, there are 1,259 housing units and houses and a population of 2,693 (U.S. Census, 2010). The neighborhood consists primarily of 19th century row houses and two/three flats constructed following the Chicago Fire in 1872. There has also been new construction in recent years.

Racial Makeup of the Tri-Taylor Neighborhood, 2010



Due to its proximity to the medical institutions and University of Illinois at Chicago, it has been popular neighborhood for employees of the District and faculty of UIC. Residents of the Tri-Taylor neighborhood are typically younger when compared to the city as a whole, with a median age of 29.7. The neighborhood is diverse, as seen in the pie-chart summarizing demographics to the left.

In fall of 2014, the Tri-Taylor Community Association was re-established after several years of dormancy. One of the concerns of the association is preserving the tight-knit neighborhood in the face of institutional development in the District. Though portions of the neighborhood are within the District, the current street design limits automobile traffic through the neighborhood. Traffic calming measures have been implemented in the area to slow traffic and encourage alternate routes that do not encroach on the neighborhood.

STAKEHOLDER OUTREACH

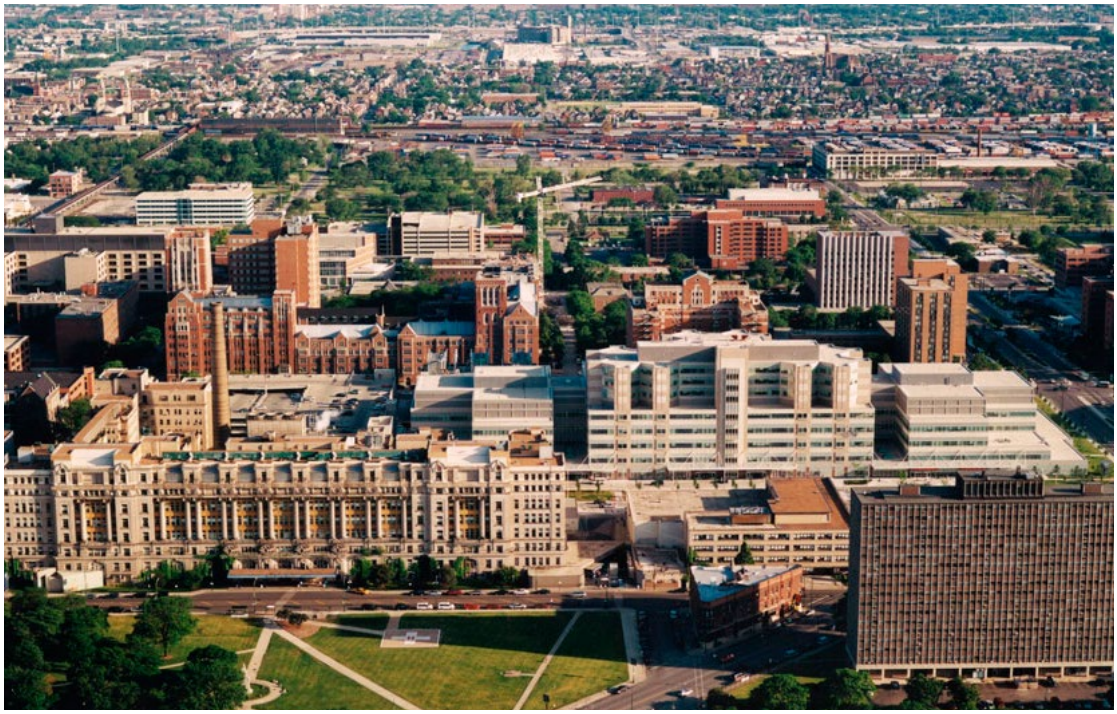
During the data collection phase of the project, private interviews with facilities level staff from each of the IMD core institutions including Rush University Medical Center (Rush), the University of Illinois Hospital & Health Sciences System (UIHHSS), John H. Stroger, Jr. Hospital of Cook County, and the Jesse Brown VA Medical Center (VA) were conducted to discuss current needs, future expansion plans, and visions for the District. Additionally, a series of thematic focus groups were organized to provide an opportunity for all the DIstrict stakeholder institutions, non-profits, foundations, and private businesses to provide input and share knowledge with the planning team. The focus groups were organized based on the type of institution or their location in the District. A summary of these discussions is provided below.

Core Institutional Interviews

UIC, Rush, the VA, and Cook County facilities make up roughly 60% of the total land area and therefore serve as the foundation for the District, supporting the various other services and institutions, and creating demand for health and wellness supporting industries. Future changes to these core institutions will have the greatest impact on the future character of the District, so their involvement in the planning process is critical. Discussions with each institution focused on current institutional needs, shared facilities within the District, employee needs, and coordination of any future expansion. All of the core institutions are planning for facility growth and/or modernization in the coming years.

There were several common themes that emerged from the discussions. Many staff noted that the image of the District as a whole needed to be elevated. Staff suggested that more extensive future marketing of the District, better branding, and collaboration is needed to attract new investment and growth. Many of the staff noted that an expanded role of the IMDC in reaching out to potential new investors and partnerships

Image:
Aerial image of the IMD



to provide infrastructure improvements would help the District flourish in the future. Due to the close proximity of these major institutions, staff noted that institutions already work together on medical services to provide high quality experiences for all their users and staff. Research, on the other hand, is most often a stand-alone effort for each institution. Future opportunities exist for more collaboration in the District – especially, as noted by the staff, for shared infrastructure, maintenance, and support services (such as labs and x-rays).

Thematic Focus Group Discussions

Each focus group discussion included a variety of staff from many of the smaller institutions and organizations within the District. The discussions were informal and focused on relevant master planning themes of expansion needs, staff needs, district amenities, resource sharing, transportation, and walkability. The discussions revealed many unique collaborative relationships within the District, and helped the master planning team better understand the daily needs of those working and operating within the District. A summary of the meeting discussions is provided below:

District Connectivity, Walkability and Transportation

A recurring discussion topic was the lack of connectivity and walkability in the District. The District is well served by public transit, but stakeholders noted that there are currently some perceived or real barriers for widespread use by patients and staff. Many stakeholders noted that a majority of their patients and employees drive to their institution, which is evidenced by the large and growing demand for parking within the District. This is due to many factors which are further described in the the transportation portions of the Master Plan.

Sharing of Resources and Services

Several institutional representatives noted that more collaboration and sharing of resources is needed in the District to encourage future growth and attract talented professional and research staff. Several shared infrastructure opportunities identified by focus groups included:

- Create a centralized entity to manage shuttle services in the District. Costs of this service could be shared among institutional users.
- Coordinate efforts to improve utility supply in the District to reduce the cost burden of upgrading each institution's services. UIC and Rush currently have steam plants that could potentially be rented to other institutions. Institutional savings on natural gas and high speed internet services were also of interest.
- Share maintenance needs between all institutions to reduce the costs. Concepts discussed were shared landscaping maintenance services, window washing, or HVAC maintenance contractors.
- Centralize and share basic medical support services. For example focus groups noted that some lab services and MRI facilities could be shared between several institutions.

Focus groups stressed that the IMDC has the opportunity, through its unique governance, to help shape future shared arrangements, providing for a more unified District.

Need for Expansion and Modernization of Facilities

Many of the services and research needs provided by stakeholders in the District are in high demand and therefore almost all focus groups stated a need for future growth or modernization of their facilities. Many of the buildings in the District, especially in the Chicago Technology Park and at UIC's West Campus, are aging and have not been able to keep up with rapidly changing technology needs associated with healthcare and cutting edge research. These facilities will either need to take on major renovations in the near future or relocate to maintain competitivenes. Further collaboration between the IMDC and stakeholders will be needed to ensure that facility expansion in the District is well coordinated with the vision and goals for the future as outlined in this Master Plan.

Lack of a Clear District Identity

Focus group participants often alluded to the "inward facing" character of District institutions. Many of the core institutions have created campuses that face inward towards their main facility, while turning their back to District gateways and arterial streets. Due to increasing density and urbanization of the District, this strategy is contributing to the District's lack of a prominent gateway, perception of disjointed streetscapes, and lack of clear wayfinding or cohesiveness. In the future, attention to transition areas between institutions will be important to improving the overall identity of the District, and will also improve walkability and continuity.

Need for Amenities within the District

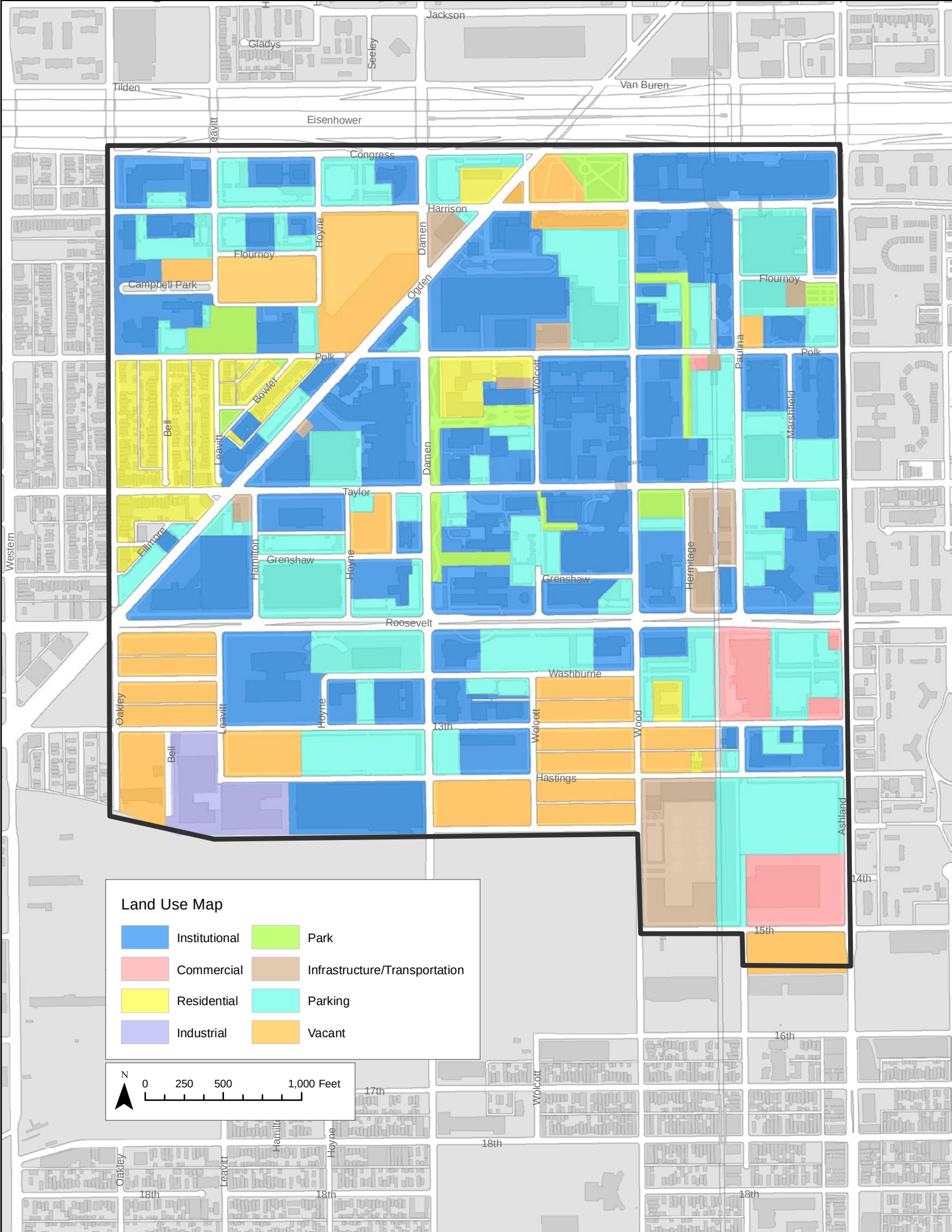
Stakeholders expressed overwhelming need for District amenities and services for staff and visitors. Suggestions included:

- Informal Meeting Places: Stakeholders expressed the need for places where informal business meetings can take place, such as a fast/casual lunch restaurants, fine dining establishments for business dinners, or coffee shops for quick meetings.
- Formal Meeting Places: Stakeholders noted a desire for a conference center, that would support small coordination meetings and larger seminars and conventions that all stakeholders could use.
- Restaurants / Lunch Spots and Coffee Shops: The closest destination for dining and/or coffee is Taylor Street, located east of the IMD boundaries and within walking distance for only some District organizations, more convenient options are desired.
- Entertainment or Cultural Venues: The higher educational institutions noted that many students live in or closely adjacent to the District. These stakeholders expressed that there are few entertainment, arts, theater, and nightlife options for students living in the area and would like to see more 24/7 activities available.
- Hotels: Some of the focus group participants noted that the capacity and price range of the current hotel in the District does not meet the needs of patients and families visiting the medical facilities. Hospital stakeholders also expressed a need for more capacity for hospice care.
- High Quality, On-Demand Daycare: Many of the institutions expressed a need for daycare, especially for infants, within the District. Daycare for patients visiting the hospitals and clinics is also needed, and would have to be available on short-term notice and for a temporary situation.

Safety and Security

Stakeholders expressed that security in the District seems to have improved over the past five years. However, safety remains an issue for some facilities, especially institutions that are open at non-regular hours (late evening, 24 hours, or early morning). Contributing factors to safety issues expressed by stakeholders included:

- Inadequate street lighting or maintenance of street lighting in some areas;
- Lack of street activity or active facades, lack of eyes on the street; and
- Unsecured vacant parcels with informal parking that seems to attract more car vandalism and theft.


Land Use Map
Institutional
Park
Commercial
Infrastructure/Transportation
Residential
Parking
Industrial
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Jackson
Gladys
Seeley
Tilden
Van Buren
Eisenhower
Leavitt
Congress
Harrison
Hoyne
Damen
Flournoy
Campbell Park
Ogden
Polk
Bowler
Bell
Wolcott
Paulina
Marshfield
Taylor
Fillmore
Hamilton
Grenshaw
Hermitage
Roosevelt
Washburne
Oakley
13th
Wood
Hastings
Ashland
14th
15th
16th
17th
18th
Western

IMD Today

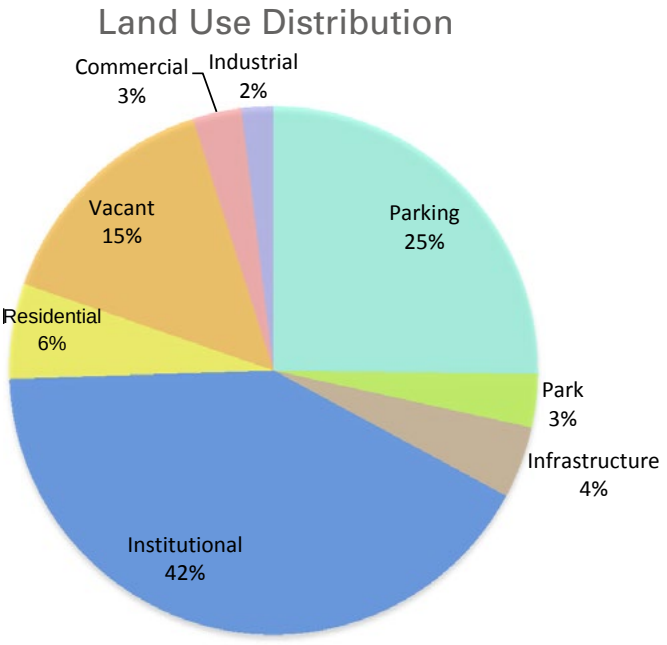
LAND USE

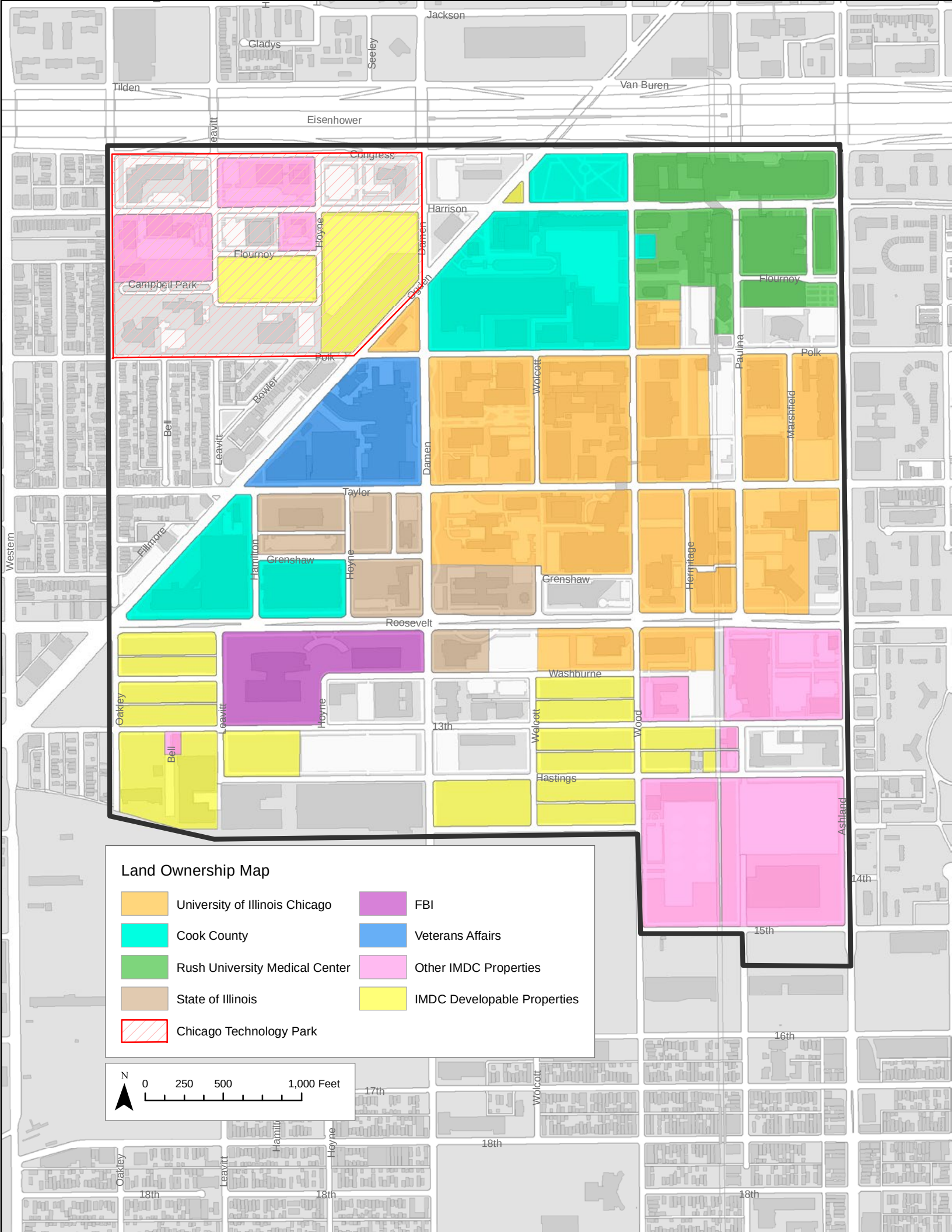
The land in the District today is dominated by institutional uses, which is consistent with the goals of the District to be a concentration of healthcare and educational entities. However, due to abundant availability of land within the District throughout its history, the District also has roughly 25% of usable land dedicated to parking. In the future, as development land becomes sparse, denser development patterns will be needed to accommodate institutional growth.

Vacant land in the District, comprising 15% of the total land area, is primarily found in the area south of Roosevelt Road. Nearly eight city blocks of land are available for redevelopment in this area, representing a significant opportunity for new development. The Chicago Tech Park also has several large vacant parcels available for future development, including the parcel bounded by Ogden Ave, Harrison, Hoyne, and Polk Streets that will soon house the IMD Gateway Development, a 9.5 acre mixed-use complex. In the future, if vacant land continues to be developed into new institutional uses, the District could have over 80% of its land area dedicated to institutional uses (including parking), which would fully realize the vision of the District as a regional hub for healthcare and health science innovation.

Currently, less than 3% of land area in the District is dedicated to commercial/retail uses, which echoes comments heard from District stakeholders who stressed the need for employee amenities, especially restaurants and coffee shops. The grocery store and strip retail located at the intersection of Ashland Avenue and Roosevelt Road is the largest concentration of retail within the District and contains a mix of small restaurants, services, and the national grocery chain, Jewel-Osco. A Costco wholesale grocery store is located on Ashland Avenue, just to the south of the Jewel. Land dedicated to public parks, at roughly 3%, is very low to serve the employee and resident population of the District (6-8% is ideal).

Residential uses are sparse in the District, and are mostly located within the 15-acre Tri-Taylor Historic District. Other residential uses are student housing in UIC's West Campus, senior housing located south of Roosevelt Road, and the apartment tower located along Ogden Avenue at Harrison Street.




Land Ownership Map
University of Illinois Chicago
Cook County
Rush University Medical Center
State of Illinois
Chicago Technology Park
FBI
Veterans Affairs
Other IMDC Properties
IMDC Developable Properties
N
0
250
500
1,000 Feet
Jackson
Van Buren
Eisenhower
Tilden
Gladys
Seeley
Congress
Harrison
Flournoy
Campbell Park
Hoyne
Damen
Ogden
Polk
Bowen
Bell
Leavitt
Taylor
Wolcott
Paulina
Marshfield
Hermitage
Grenshaw
Roosevelt
Washburne
Oakley
Fillmore
Hamilton
Western
13th
Hastings
Wood
Ashland
14th
15th
16th
17th
18th

IMD Today

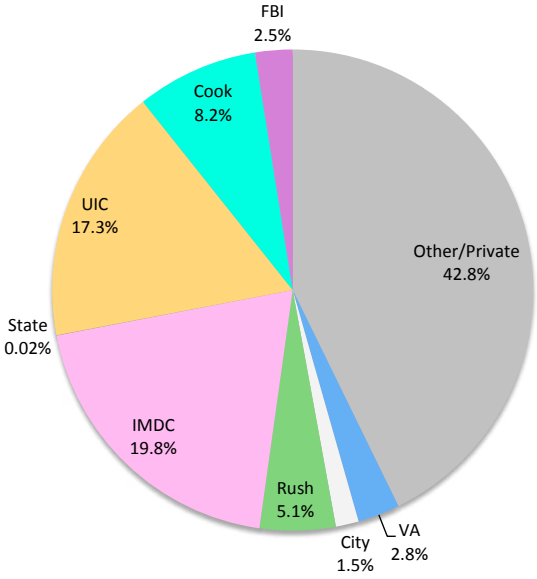
LAND OWNERSHIP

The four core District institutions were the largest landowners in 1997 and remain dominant today. However, in 1997 the District's southern boundary was Roosevelt Road. At the time, the IMDC and City controlled more than 60% of the land area south of Roosevelt, and eventually the Planned Development was altered to include these areas formally in the District boundary. To account for this change in the District size, this southern portion is included as "Other/Private" land ownership in the "1997 Adjust Land Ownership" chart below.

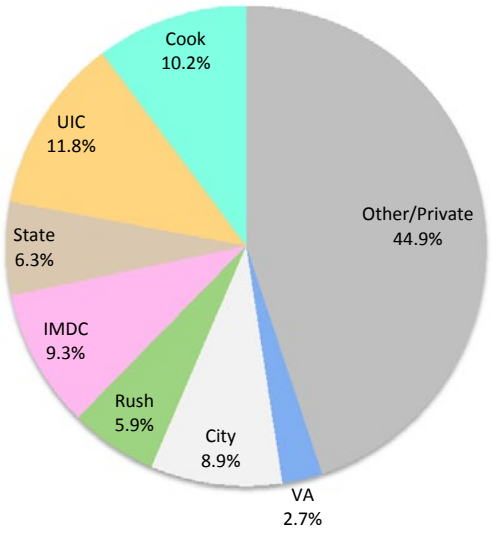
The charts illustrate shifts in land ownership among the seven major entities within today's boundaries. Nearly 60% of the District is currently owned by either a local government agency or a District member institution. Major landowners with over 20 acres each include the IMDC, the University of Illinois at Chicago, Cook County, and Rush University Medical Center. The City of Chicago, Veterans Affairs and State of Illinois are also signficant District land owners.

The "2014 Land Ownership" chart below shows that a substantial percentage of property within the District today is owned by UIC and IMDC. UIC and IMDC have shown growth over the past 17 years, as has the FBI which is a new addition to the District since 1997. The IMDC has shown the most growth as they have acquired more properties for development.

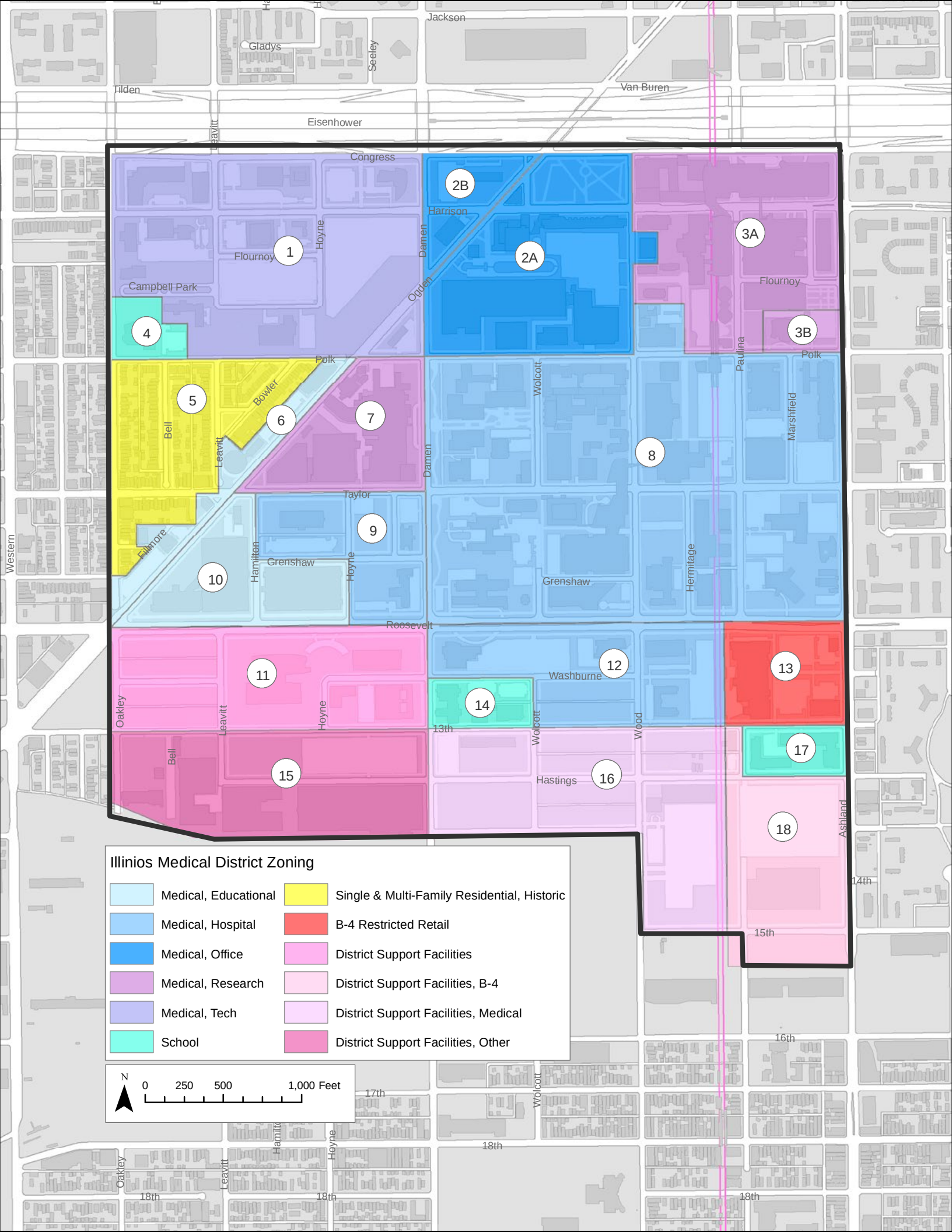
2014 Land Ownership



1997 Adjusted Land Ownership*



* The 1997 IMD southern boundary was Roosevelt Avenue but the land south of Roosevelt Avenue that is within today's IMD boundaries is included in this chart as part of the "Other/Private" land ownership. The land south of Roosevelt accounts for 32.4% of today's entire District.


Illinios Medical District Zoning
Medical, Educational
Medical, Hospital
Medical, Office
Medical, Research
Medical, Tech
School
Single & Multi-Family Residential, Historic
B-4 Restricted Retail
District Support Facilities
District Support Facilities, B-4
District Support Facilities, Medical
District Support Facilities, Other
N
0
250
500
1,000 Feet
Jackson
Gladys
Seeley
Tilden
Van Buren
Eisenhower
Leavitt
Congress
Harrison
Flournoy
Hoyne
Damen
Ogden
Campbell Park
Polk
Bowler
Bell
Wolcott
Paulina
Marshfield
Taylor
Filmore
Hamilton
Grenshaw
Hermitage
Roosevelt
Washburne
Oakley
13th
Wood
Hastings
Ashland
14th
15th
16th
17th
18th
Western
1
2A
2B
3A
3B
4
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16
17
18

IMD Today

ZONING - PLANNED DEVELOPMENT DISTRICT 30

The Illinois Medical District governance was established by the Illinois Medical Center District Act, adopted by the state legislature in 1941. The Act created the District as a legal entity and established that the IMDC would be the governing body with power to regulate zoning and development within the District's boundaries. The primary mechanism the Commission has to implement its governing authority is the Planned Development (PD) #30 zoning regulation, which the Commission created jointly with the City of Chicago. The initial PD #30 was enacted in 1964, and has seen several amend-

Illinois Medical District Zoning Descriptions from PD-30

3A, 3B, 7 — Medical: Hospital; Educational; University; Research; Office (business and professional}; Public and Private Club (which may sell liquor for consumption on the premises)*

2A, 2B — Medical; Hospital; Educational; University; Office (business and professional}; District Staff, Employee, and Student Residential Apartment; Park: Recreation Center*

1 — Medical; Hospital; Educational; University; Office (business and professional); Research; Technology; Telecommunications; Public and Private Utilities and Service.*

4, 14, 17 — Elementary and High School; Park Open Space; Community Recreation or Community Center.*

5 — Single Family and Multi Family Residential (historic district); Uses permitted in the B2-I Restricted Retail and Service District (Taylor Street only) as approved by the Commission under the Act as necessary and appropriate to the District.*

6,10 — Medical, Educational; Office (business and professional); Public and Private Human Services.*

8, 9, 12 — Medical; Hospital; Educational; University; Office (business and professional); Public and Private Club (which may sell liquor for consumption on the premises) Public and Human Services: Crime Laboratory; Public and Private Utility and Services.*

11 — District Support Facilities; Medical; Educational, Public and Private Human Services, Research, Technology. Office (business and professional}; Other land uses as permitted under the Act and approved by the Commission; and related or ancillary or accessory uses.

13 — Uses permitted in the B-4 Restricted Retail and Service District approved by the Commission under the Act as necessary and appropriate to the District.*

15 — District Support Facilities; Other land uses permitted under the Act approved by the Commission: and related or ancillary or accessory uses.*

16 — District Support Facilities; Medical; Public and Private Utility and Services.*

18 — District Support Facilities; Uses permitted in the B-4 Restricted Retail and Service District: as approved by the Commission under the Act as necessary and appropriate to the District; District; Staff, Employee, and Student Residential Apartment.*

* Other land uses permitted under the Act and approved by the Commission; and related, ancillary or accessory uses. These uses must include written notice of such action to the Commissioner of Planning and Development

Net Site Area				
Sub-Area	Square Feet	Acres	Maximum Floor Area Ratio	Maximum Land Coverage (%)
1	1,833,274	42.09	1.00	40 %
2A	1,314,711	30.18	2.17	40 %
2B	186,180	4.27	2.33	55 %
3A	1,328,447	30.50	3.70	55 %
3B	131,484	3.02	1.20	30 %
4	130,498	2.99	1.00	40 %
5	647,116	14.86	1.20	40 %
6	220,606	5.06	1.80	65 %
7	569,658	13.08	1.40	45 %
8	3,777,008	86.71	2.00	55 %
9	413,662	9.50	1.30	40 %
10	689,973	15.83	1.30	65 %
11	1,074,471	24.66	1.50	40 %
12	850,790	17.82	1.50	40 %
13	460,046	10.56	1.50	40 %
14	182,700	4.19	1.50	40 %
15	1,115,550	25.61	1.50	40 %
16	1,385,282	31.80	1.50	40 %
17	189,000	4.34	1.50	40 %
18	788,200	18.09	1.50	40 %
Totals	**17,288,656**	**387.94**	**1.79**	**45 %**

Table:
Table of existing bulk density requirements, source, PD#30

ments throughout the District's history. The purpose of Planned Development #30 is to implement planning and development mandates of the Medical District Act, and advance/require unified planning and development to improve and foster the objectives of the District and its member institutions.

The principal components of PD #30 include:

- Development Statements
- Zoning Area Map
- Planned Development Boundary/Sub-Areas
- Generalized Land Use Plan
- Use and Bulk Density Regulations

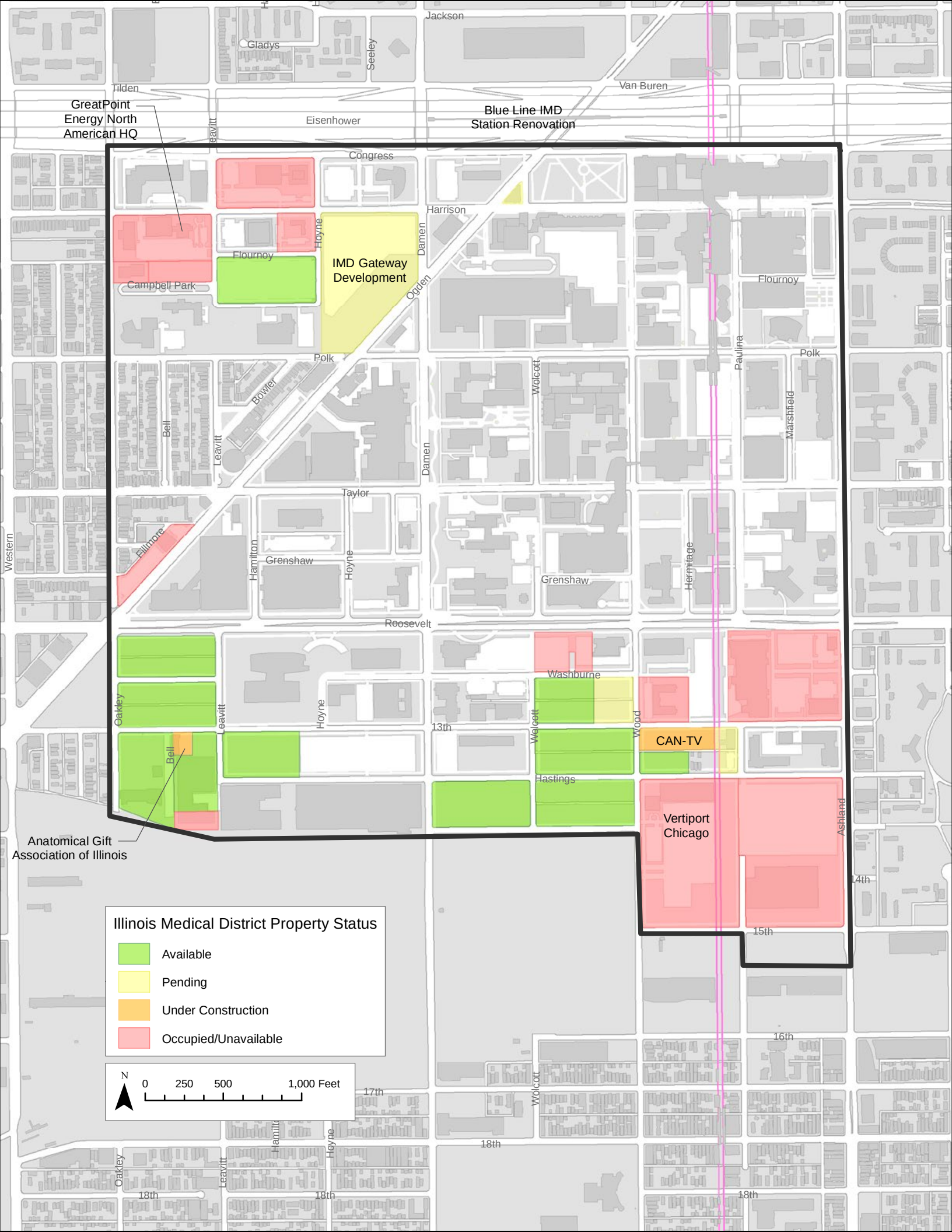
The Illinois Medical District Center Act also clearly establishes that the IMDC is to create and maintain a District master plan to serve as the basis for development decisions. Public agencies located within the District must comply with the land use provisions set forth in the Medical District Act. The Act provides for input and consent of such agencies to further development objectives of the District as a whole.

The power of the Commission to control and regulate land use within the District has been firmly upheld by the Illinois courts. Court action also confirmed that the Commission has the express power to enjoin or prevent land use or development not consistent with the requirements of the Act, zoning regulations in the PD #30, or the goals of the adopted master plan and district design guidelines. Because of this unique regulatory relationship and authority of the IMDC, it is critical that they continuously update and modernize their planning tools to account for changing market conditions of the District.

Image:
Historic photo of the IMD showing the original density of the historic hospital buildings , as well as some of the more recent lower density facilities

At the time of the 1997 IMD Master Plan, PD #30 no longer accurately reflected the diversity of uses existing and those being planned for in the District, nor did it include the land parcels south of Roosevelt Road. The PD had not been amended since 1988, and was long overdue for a comprehensive revision. The 1997 Master Plan therefore made recommendations for amendments to PD #30 to expand the IMD boundary, modernize land use typologies and controls, and revise bulk density and other requirements. A PD amendment occurred following the adoption of the master plan, which has remained unchanged.

Density requirements as amended in the 1997 Master Plan reflect the planning vision to create a less urban District, with generous open space, surface parking, and deep setbacks. The concept of the District as a suburban office park was appropriate at the time, due to the lack of interest in high density development on Chicago's west side. The average floor-to-area-ratio (FAR) allowed in the PD amounts to 1.79, which is relatively low for the District's urban context. This master planning process will comprehensively re-evaluate zoning and density requirements to ensure that they meet the goals of the IMDC today and in the future.


GreatPoint Energy North American HQ
Blue Line IMD Station Renovation
IMD Gateway Development
Anatomical Gift Association of Illinois
Vertiport Chicago
CAN-TV
Jackson
Van Buren
Eisenhower
Congress
Harrison
Flournoy
Campbell Park
Polk
Taylor
Roosevelt
Washburne
Hastings
Grenshaw
Tilden
Gladys
Seeley
Hoyne
Damen
Ogden
Wolcott
Paulina
Marshfield
Hermitage
Wood
Ashland
Bell
Bowler
Leavitt
Oakley
Hamilton
Fillmore
Western
13th
14th
15th
16th
17th
18th
Illinois Medical District Property Status
Available
Pending
Under Construction
Occupied/Unavailable
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1,000 Feet

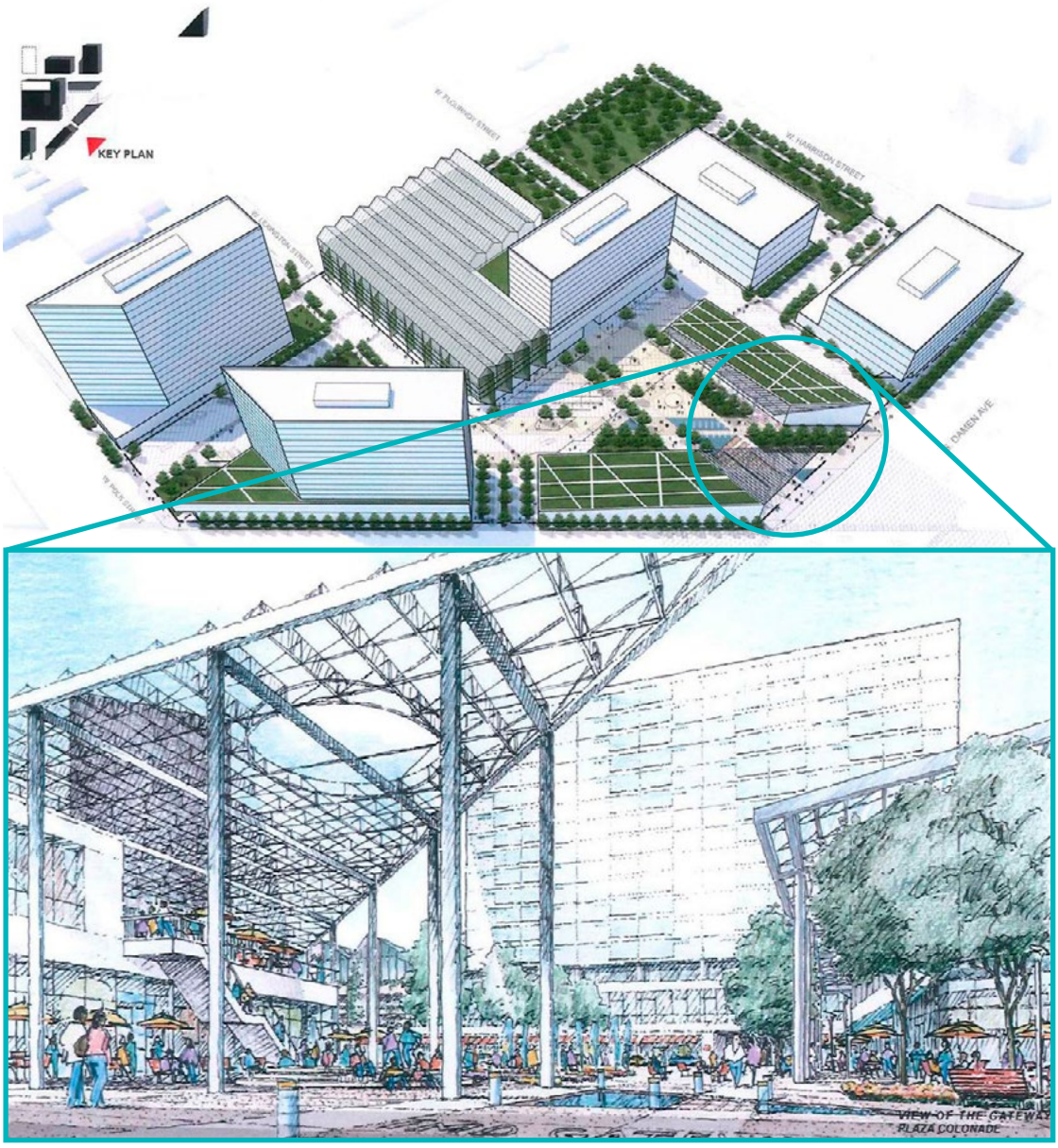


Image:
IMD Gateway Development conceptual renderings by Epstein Architects

IMD Today

CURRENT PROJECTS

IMD Gateway Development

The Gateway Development is a mixed-use development to be located on 9.5 acres of IMDC land at the intersection of Damen, Ogden, and Harrison. The 1.2 million square foot development will include a hotel, young professional housing, multi-family housing, retail space, laboratory space, office space, a parking structure, and a rooftop greenhouse. The development will offer many amenities currently lacking in the District, including restaurants, fitness center, conference space, and daycare. Ground breaking is expected in the spring of 2015 and construction is expected to last through 2017.

Image:
Image of the recently completed Vertiport Chicago facility.

Image:
Ribbon cutting for Vertiport Chicago opening.

Vertiport Chicago

Vertiport Chicago is a privately owned and operated helipad and hangar facility located on 11 acres of IMDC land in the southwest corner of the District. The Vertiport is built to accommodate helicopter and tilt rotor flights, though at this time, the latter is not yet commercially available. Corporate and tourist flights will make up the majority of flights at the Vertiport, but emergency medical helicopters will have 24-hour priority access. The Vertiport will become one of the most convenient landing sites near the Loop since the closing of Meigs field in 2003. Vertiport Chicago officially opened in April 2015.

Chicago Area Network Television (CAN TV)

Chicago Access Network Television (CAN TV) is constructing a 20,500 square foot facility that will become their new headquarters. CAN TV, a public access television organization, has numerous outreach and health related programs, making it an ideal fit in the District. The facility will include an updated TV studio, new equipment, and increased training spaces. The new location will allow CAN TV to increase visibility, improve accessibility, and provide the infrastructure to support future technology growth.

Image:
GreatPoint Energy North American Headquarters

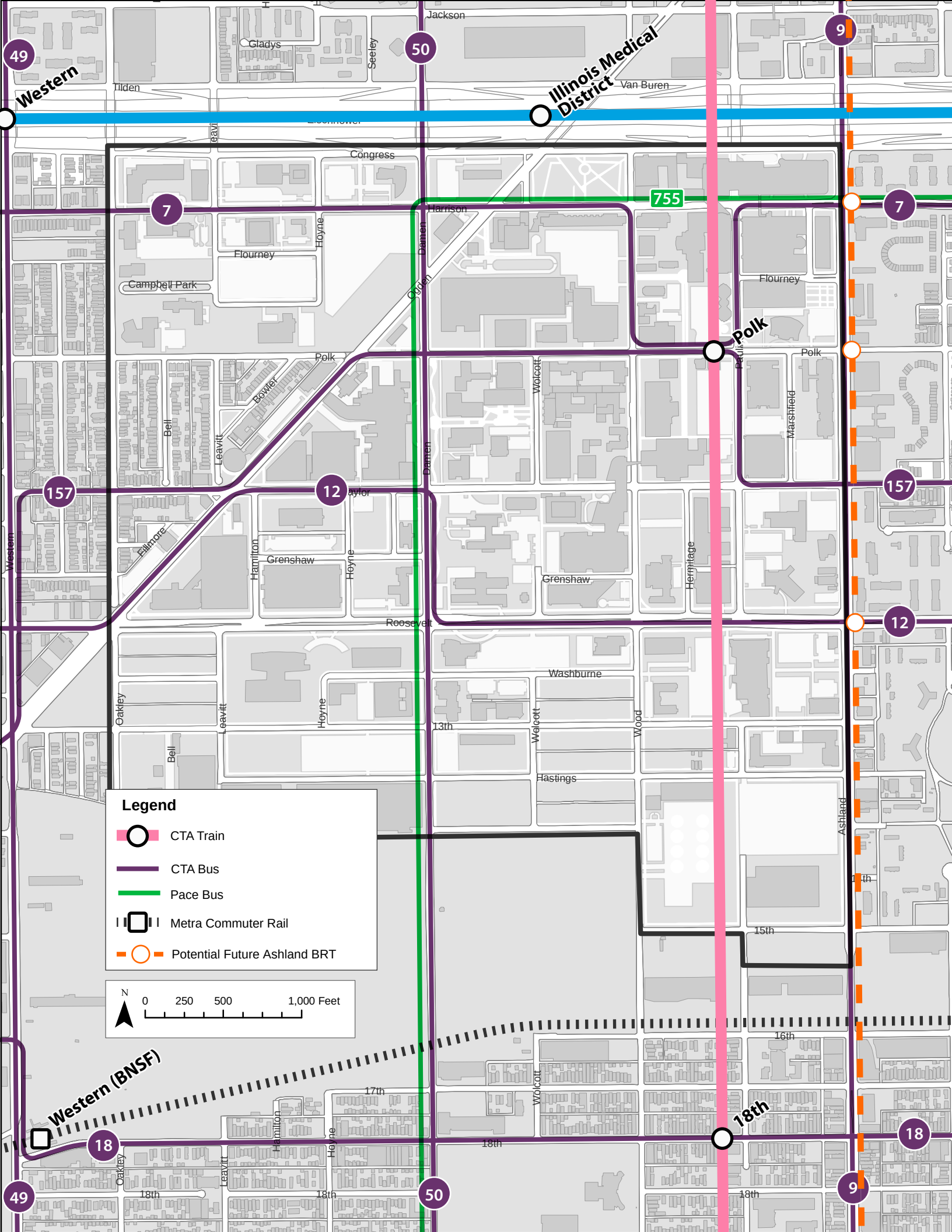
Anatomical Gift Association of Illinois (AGA)

The IMDC is rehabbing a circa 1900, 5-story building to accommodate the Anatomical Gift Association of Illinois (AGA). The AGA procures and prepares medical cadavers and distributes them to various medical schools. The AGA will occupy three floors of the building, leaving the top two floors open and available for future programming. Construction is underway and is expected to be completed by late 2015.

GreatPoint Energy North American Headquarters

In early 2014, the IMDC completed construction on an 8,400 square foot office building to house the North American Headquarters for GreatPoint Energy. Following the completion of the building, GreatPoint Energy relocated their HQ from Cambridge, Massachusetts to the Chicago Technology Park.

The new Headquarters is connected to the research and development space that GreatPoint is also leasing from the IMDC, allowing for intellectual synergies by having many employees in the same location.


Legend
CTA Train
CTA Bus
Pace Bus
Metra Commuter Rail
Potential Future Ashland BRT
N
0
250
500
1,000 Feet
Western
Illinois Medical District
Western (BNSF)
Polk
18th
Jackson
Van Buren
Congress
Harrison
Flourney
Campbell Park
Polk
Roosevelt
Grenshaw
Washburne
Hastings
13th
15th
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18th
Gladys
Tilden
Seeley
Hoyne
Damen
Ogden
Wolcott
Paulina
Marshfield
Hermitage
Wood
Ashland
Bower
Bell
Leavitt
Oakley
Hamilton
Fillmore
Taylor
755
7
9
12
18
49
50
157

PUBLIC TRANSPORTATION

Existing public transportation facilities provides excellent connectivity between the District, downtown, and the region beyond. The District's access to numerous CTA rail and bus assets, as well as its proximity to regional rail service at Chicago Union Station and Ogilvie Transportation Center, make it convenient for many to take public transit to reach their destination.

CTA Blue Line rail service runs east/west along Interstate 290 (Eisenhower Expressway), approximately two blocks north of Harrison Street. The IMD Station has entrances on Paulina Street, Ogden Avenue, and Damen Avenue (accessible via ramps). As part of the CTA's station upgrade project, this station will undergo renovations that will, amongst other improvements, add elevator access at Ogden Avenue. CTA Pink Line rail service runs north/south along Paulina Street, approximately two blocks west of Ashland Avenue, and serves the District via the Polk station. Entrances to this station are on Polk Street and Paulina Street. A summary of the CTA rail average weekday ridership serving the IMD is depicted in the table below. The IMD station has the third highest ridership on the Forest Park Blue line branch. The Polk station has the highest ridership on the Pink Line.

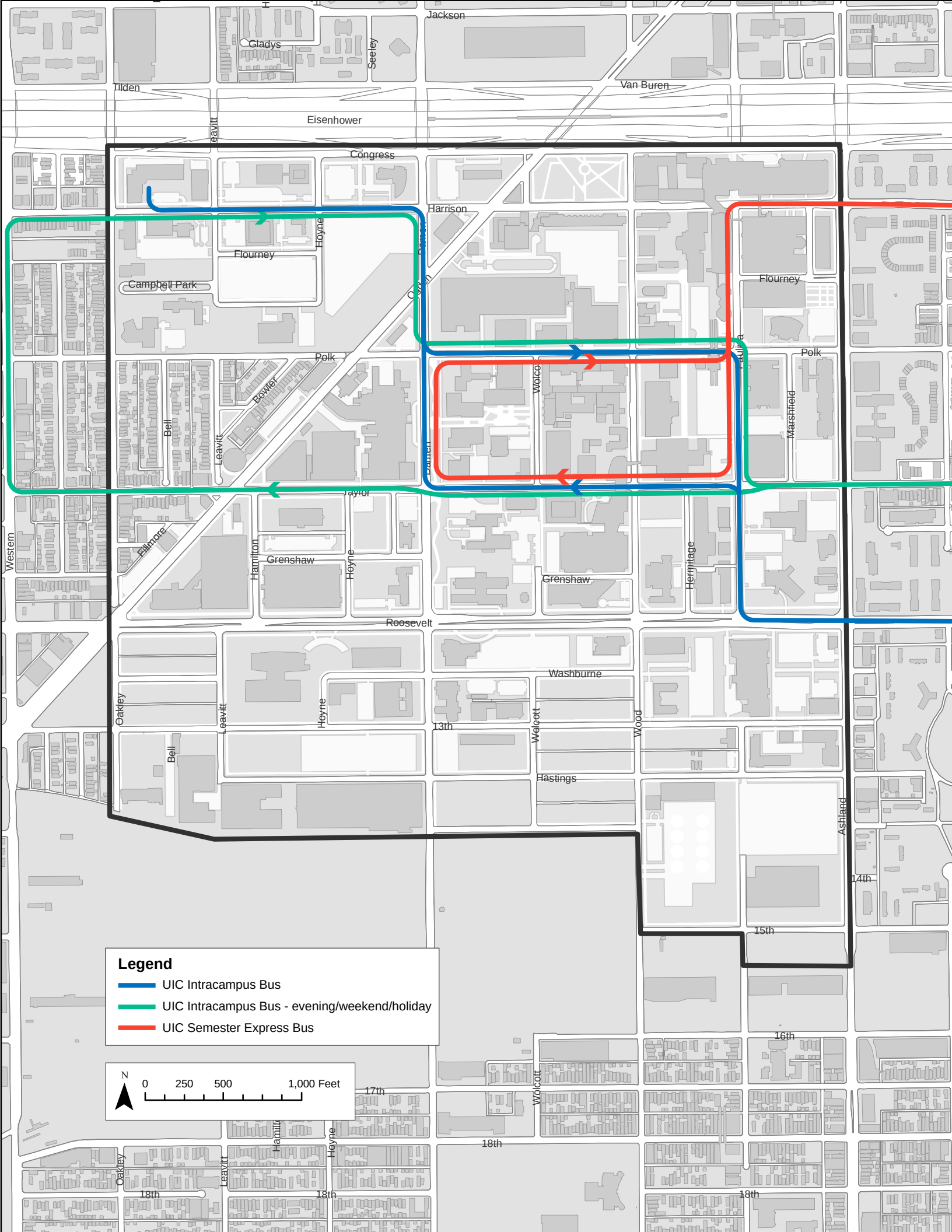
Six CTA bus routes run within the District's boundaries: #7 Harrison, #9 Ashland, #12 Roosevelt, #49 Western, #50 Damen, and #157 Streeterville/Taylor. The #7 Harrison bus makes connections to Union Station, the LaSalle Street and Van Buren Metra stations, and CTA Red Line and Loop trains. The #9 Ashland bus makes connections to the Clybourn Metra station as well as the CTA Green, Pink, and Blue Lines. The #9 Roosevelt bus makes connections to the Roosevelt CTA station (Red, Green, and Orange lines) and the Roosevelt Metra station. The #49 Western bus makes connections to the Western 430N and 1800S Metra stations, the CTA Brown, Pink, and Orange Line stations, and branches of the CTA Blue Line. The #157 Streeterville/Taylor bus makes connections to Northwestern Hospital, the Millennium Park Metra station, Ogilvie Metra Station, and Union Station. The District is also served by one Pace bus route, the 755 Plainfield – IMD – West Loop Express, which is one of the express Pace routes utilizing the Bus on Shoulder Bus Rapid Transit facility along Interstate 55 (Stevenson Expressway).

Additionally, CDOT and the CTA are in the process of studying the potential for Bus Rapid Transit (BRT) service along Ashland Avenue. This service would provide a faster north-south connection for transit riders on the west side, and would be a benefit to future District development.

The map to the left shows public transit routes within the District.

Table: 2013 Weekday Average CTA Rail Ridership

CTA Rail Station	2013 Weekday Average CTA Rail Ridership
Blue Western	1,687
Blue IMD	3,734
Pink Polk	3,357
Pink 18th St	1,862


Jackson
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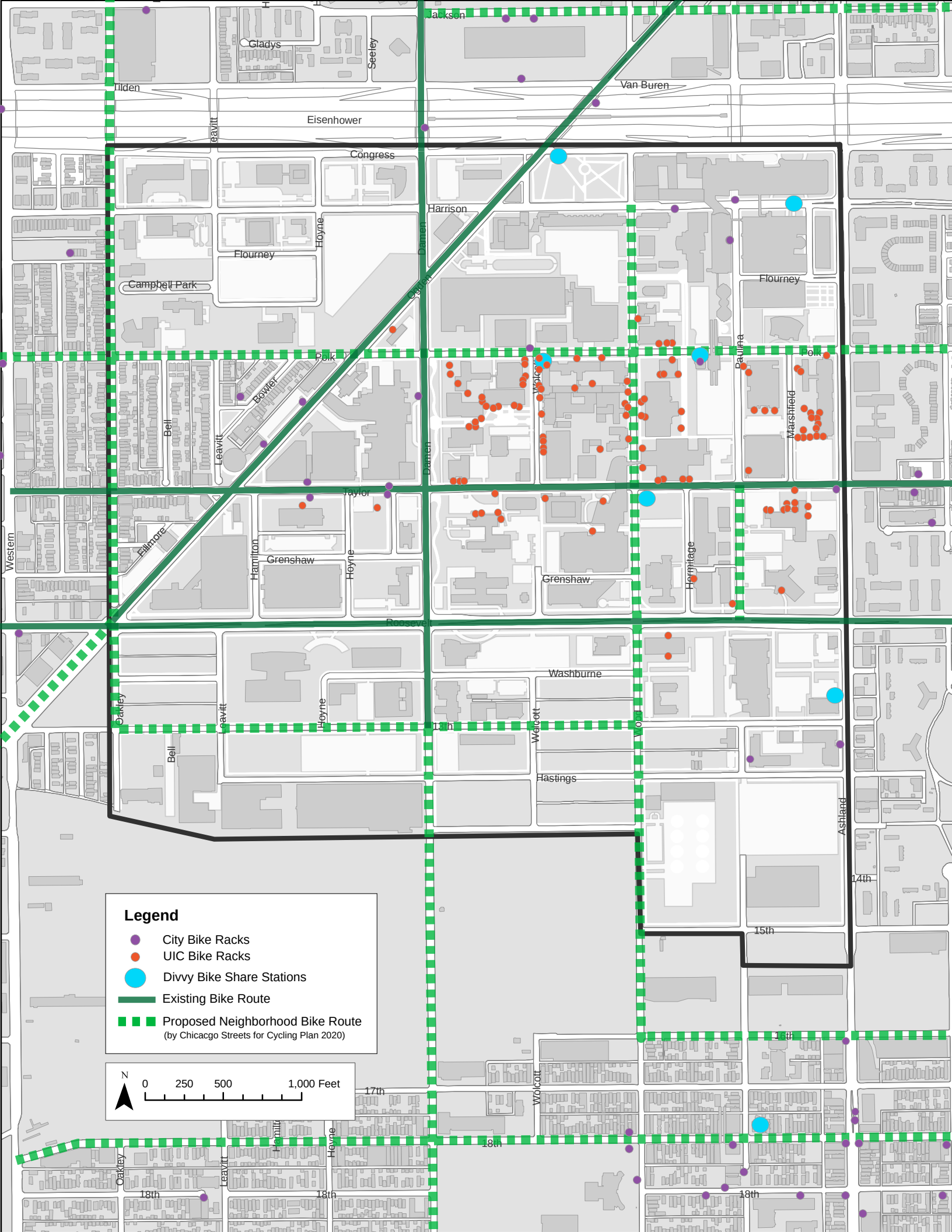
Leavitt
Wolcott
Marshfield
Taylor
Western
Ellimore
Hamilton
Grenshaw
Hermitage
Roosevelt
Washburne
Oakley
13th
Wood
Hastings
Ashland
14th
15th
16th
17th
18th
Legend
UIC Intracampus Bus
UIC Intracampus Bus - evening/weekend/holiday
UIC Semester Express Bus
N
0
250
500
1,000 Feet

INSTITUTIONAL SHUTTLES

In addition to public transit offerings, many individual institutions supplement public transit service with their own private shuttle services. Below is a description of the various shuttle bus services that currently operate within the District.

- **John H. Stroger, Jr. Hospital of Cook County** provides weekday shuttle service between the Juvenile Detention Center Parking Garage, located at 1100 South Hamilton, and the hospital, with stops at Fantus Health Center and the Cook County Administration Building. Bus service is provided between 5:00 AM and 8:00 PM and 11:00 PM to 12:30 AM. The 2012 average weekly ridership was 11,225 persons. It is operated by Colonial Coach Lines.
- **Jesse Brown VA Medical Center** provides daily shuttle transportation for Crown Point (IN) patients who have appointments at the hospital as well as to the Edward Hines, Jr. VA Hospital (in Hines, IL) to patients receiving Cardiology, Radiation Therapy, Mammogram, and Module 4 treatments.
- **Rush University Medical Center (RUMC)** provides a weekday shuttle service that transports students, faculty, and staff between RUMC, Ogilvie Transportation Center, and Union Station. Pick-ups at Ogilvie Transportation Center/Union Station are every 10 to 15 minutes in the morning between 6:05 AM and 9:35 AM. In the afternoon, pick-ups from RUMC are every 10 to 15 minutes between 3:15 PM and 6:35 PM. Tickets are sold in books of 20 for $35.00.
- **The University of Illinois at Chicago (UIC)** provides one commuter service shuttle and two intracampus bus routes that provide connections within the District. These services are free for UIC students, faculty, and staff. The Commuter Service route operates between the UIC Campus and the Ogilvie Transportation Center/Union Station Metra rail stations along Clinton Street. It operates between 7:00 and 9:30 AM and 4:00 and 6:00 PM. The UIC Intracampus Route provides shuttle service between the east and west sides of the campus via Roosevelt Road and Taylor Street. It operates from 7:00 AM to 11:00 PM daily at 30 minute intervals. The UIC Semester Express Route provides an express shuttle service from the south side UIC residence halls to the east and west sides of campus via Harrison Street. It operates on weekdays only, between the hours of 7:00 AM and 3:00 PM at 30 minute intervals. The UIC shuttle routes are shown in the map to the left.
- **The Federal Bureau of Investigation (FBI)** provides on-call shuttle services for employees to/from nearby destinations, such as for downtown deliveries and meetings.


Jackson
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Leavitt
Wolcott
Paulina
Marshfield
Taylor
Western
Ellimore
Hamilton
Grenshaw
Roosevelt
Washburne
Oakley
Hastings
Ashland
14th
15th
16th
17th
18th
Legend
City Bike Racks
UIC Bike Racks
Divvy Bike Share Stations
Existing Bike Route
Proposed Neighborhood Bike Route
(by Chicagco Streets for Cycling Plan 2020)
N
0
250
500
1,000 Feet

Image: Divvy station located along Harrison Street

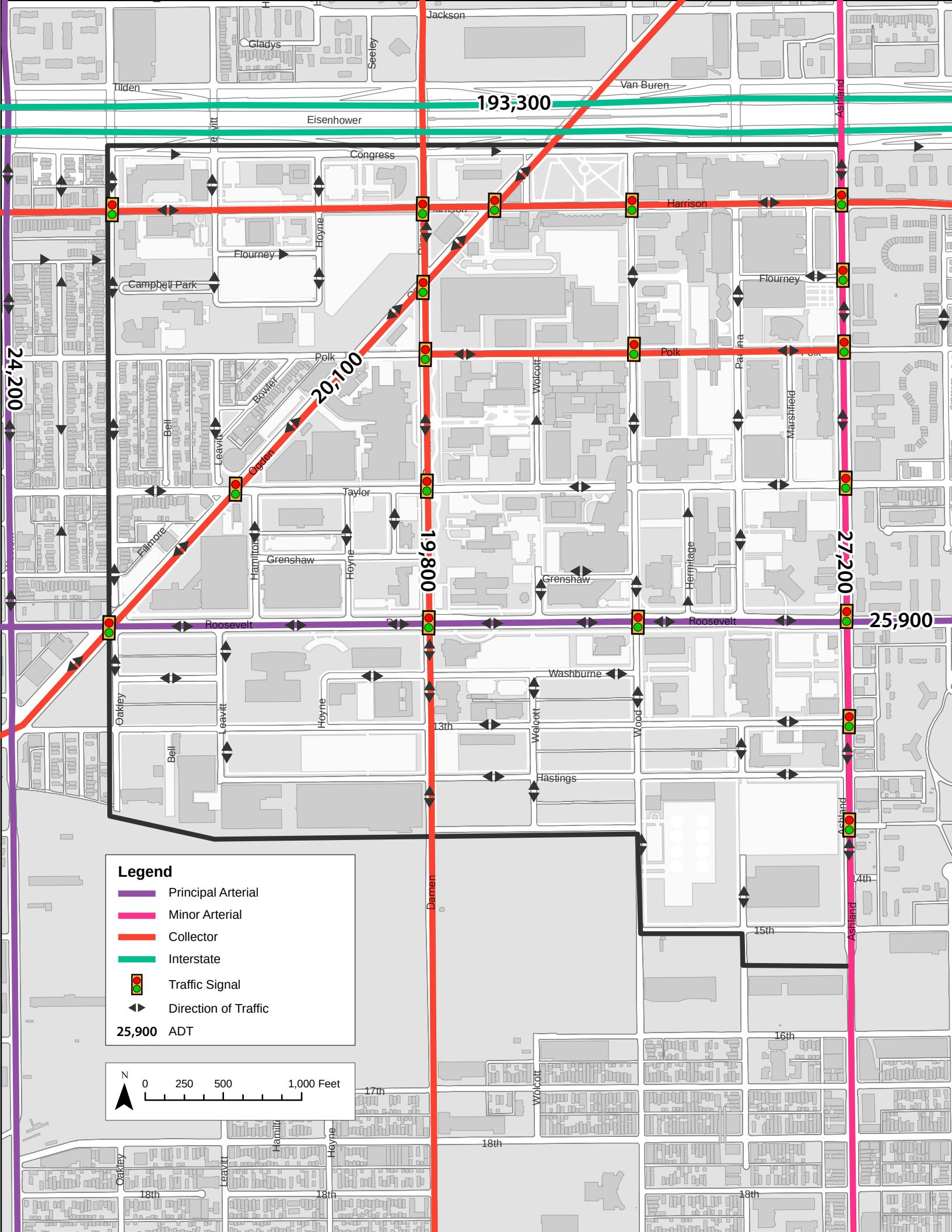
IMD Today > Transportation

BICYCLE CIRCULATION

The City of Chicago has numerous miles of bicycle routes composed of recommended routes without signage, signed on-street routes, striped bike lanes, and off-street paths/routes. Within the study area, the District is served by bikeways along Damen Avenue (north-south bike lane), Roosevelt Road (east-west bike lane), Taylor Street (east-west bike lane), and Ogden Avenue (southwest-northeast shared lane). Portions of the District need additional bike parking for locking up personal bicycles. The majority of the racks in the District are sponsored by UIC.

Chicago's bike share system, Divvy, is also available in the District, there are five existing station. Currently, the District is at the western edge of the bike share service area. Planned Divvy system expansion throughout 2015 and 2016 will provide additional stations to the District and further west. A map of existing bicycle routes, bike racks, and bike share stations as well as planned City of Chicago bike routes is to the left.

Image: Bicyclists don't have designated space on most roads through the District



Legend

- Principal Arterial
- Minor Arterial
- Collector
- Interstate
- Traffic Signal
- Direction of Traffic
- **25,900** ADT

N

0 250 500 1,000 Feet

IMD Today > Transportation

TRAFFIC + ROADWAYS

The District's location provides excellent access to the region's interstate and arterial networks. Interstate 290 (Eisenhower Expressway) is to the north and access to the facility is provided at Ashland Avenue/ Paulina Street and Damen Avenue. A number of the city's major east-west and north-south arterials, including Ashland Avenue, Western Avenue, Roosevelt Road, and Ogden Avenue, run through the District. Damen Avenue and Harrison Street both provide additional roadway capacity to move vehicles to, from, and within the campus.

Even though the District has excellent street connections to its campus, vehicle circulation within the District is an issue. Previous developments, as well as barriers such as the expressway and rail system, have created a number of T-intersections and cul-de-sacs, essentially breaking up Chicago's typical grid network. This causes congestion and makes it a challenge to travel within the District easily. The map to the left shows signalized intersection locations, roadway classifications, and Average Daily Traffic (ADT) volumes along major roadways.

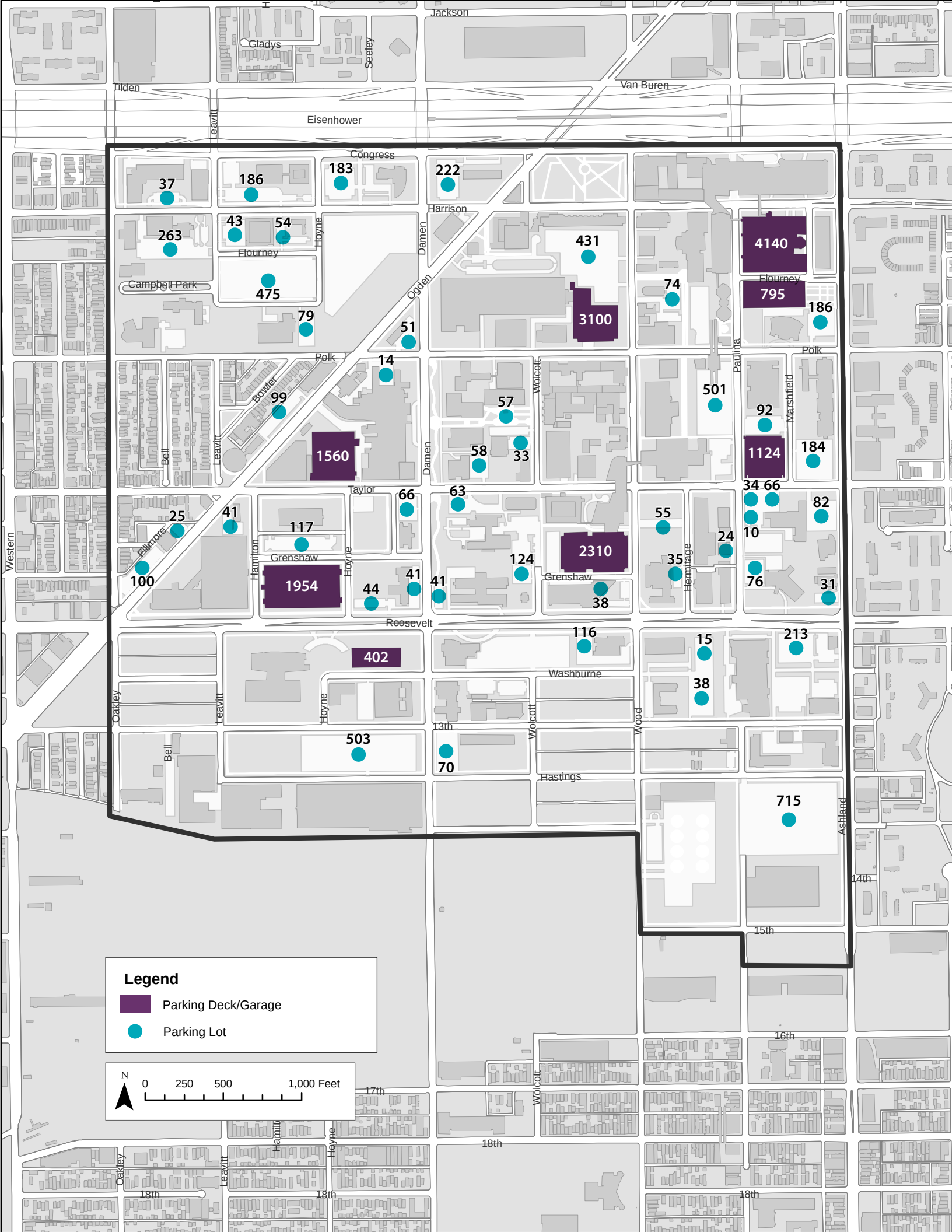
Sam Schwartz Engineering previously conducted a traffic study in 2012 for the District, which included vehicle capacity analyses of intersections and of arterial segments within the District during the morning and evening peak hours. Traffic operation was found to be satisfactory at all signalized study intersections during the morning and evening peak hours with two exceptions:

The Harrison Street eastbound approach at Ogden Avenue during the weekday morning peak hour, and the Oakley Avenue northbound approach at Roosevelt Road and Ogden Avenue during the weekday evening peak both operated at unsatisfactory levels of service ("E" or "F"). Level of Service, as defined in the Highway Capacity Manual, is assigned from "A" to "F," with "E" and "F" being unsatisfactory in an urban area. Level of Service "A" represents free-flow conditions.

The study also performed roadway segment capacity analyses. All arterial roadway segments in the District have satisfactory vehicle capacity during the peak hours, with the following exceptions:

- Harrison Street: eastbound segment between Damen Avenue and Ogden Avenue, and westbound segment between Ogden Avenue and Damen Avenue.
- Damen Avenue: northbound segment between Polk Street and Ogden Avenue and southbound segment between Harrison Street and Ogden Avenue.
- Ashland Avenue: northbound segment between 13th Street and Roosevelt Road.

All the roadways are under the jurisdiction of the Chicago Department of Transportation (CDOT) with the exception of Ogden Avenue and Roosevelt Road, which are under the jurisdiction of the Illinois Department of Transportation.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54
475
79
51
431
3100
74
4140
795
186
14
99
1560
57
58
33
501
92
1124
184
34
66
82
10
24
35
76
31
25
41
117
100
1954
44
41
66
63
55
124
2310
38
116
15
213
38
402
503
70
715
0
250
500
1,000 Feet
N
Legend
Parking Deck/Garage
Parking Lot

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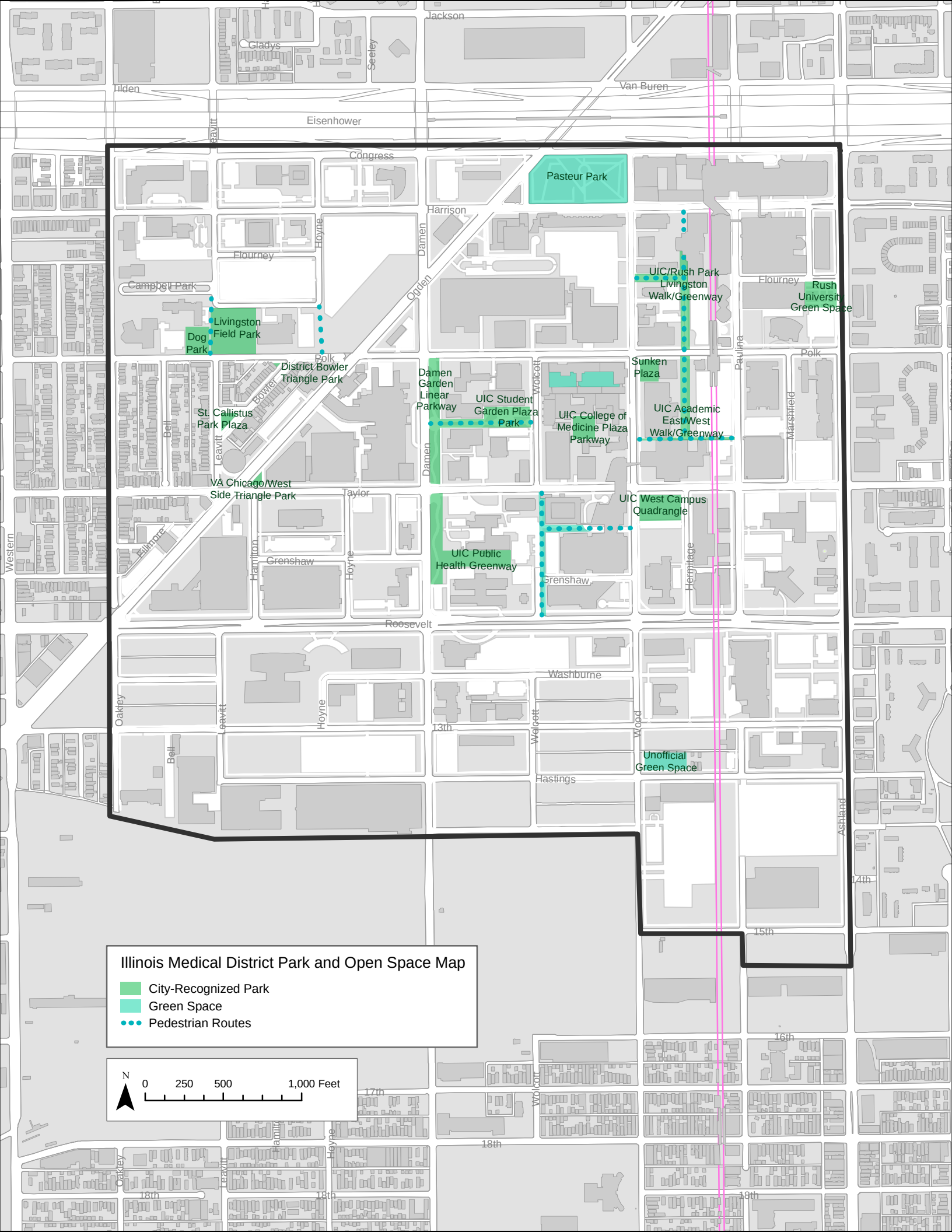
PARKING

Image:
Rush Parking Garage on Flournoy Street

There are many parking opportunities for visitors, guests, and employees of the District. To understand the current parking supply and demand characteristics within the District, parking inventory counts were conducted in 2012 at each of the District's off-street parking facilities (surface lots and garages), as well as on-street spaces. The parking surveys were conducted during July, August, and September 2012 between the hours of 9:00 AM and 4:00 PM. This study included an inventory of the quantity, type, and location of all existing parking, including on-and off-street parking spaces. Also identified were the current cost of structures, time limits, permitted and metered on-street spaces, and parking restrictions for all current parking inventoried within the study area.

There are seven parking garages in the District with a total of 14,983 spaces, and a daytime utilization rate of 81%. There are 57 surface parking lots in the District with a total of 6,051 spaces and a daytime utilization rate of 45%. Three of the 57 lots were shown to be parked at capacity, with a utilization of 100% or more. In addition to garages and lots, there are 2,620 on-street parking spaces within in the District (inclusive of all parking restrictions, such as metered parking, 2 hour parking, loading zones, etc), with a daytime utilization rate of 61%. Taken together, there are 6,383 open parking spaces during the daytime within the District. It should be noted that the above summary provides only a limited snapshot into the parking demand within the District. Parking demand fluctuates throughout the day and is related to shift changes in medical staff, arrival of administrative/office staff, patient and visitor arrival, etc. The map to the left shows parking capacity of garages and lots within the District.

Image:
Cook County Hospital Parking structure and surface lot on Wood Street


Illinois Medical District Park and Open Space Map
City-Recognized Park
Green Space
Pedestrian Routes
N
0
250
500
1,000 Feet
Pasteur Park
Livingston Field Park
Dog Park
Campbell Park
District Bowler Triangle Park
St. Callistus Park Plaza
VA Chicago/West Side Triangle Park
Damen Garden Linear Parkway
UIC Student Garden Plaza
UIC College of Medicine Plaza Parkway
UIC/Rush Park Livingston Walk/Greenway
Sunken Plaza
UIC Academic East/West Walk/Greenway
Rush University Green Space
UIC West Campus Quadrangle
UIC Public Health Greenway
Unofficial Green Space
Jackson
Van Buren
Eisenhower
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Flourney
Polk
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Bower
Oakley
Western
Hamilton
Fillmore
Wolcott
Paulina
Marshfield
Hermitage
Wood
Ashland
Gladys
Seeley
Tilden

Image:
UIC Student
Garden Plaza Park

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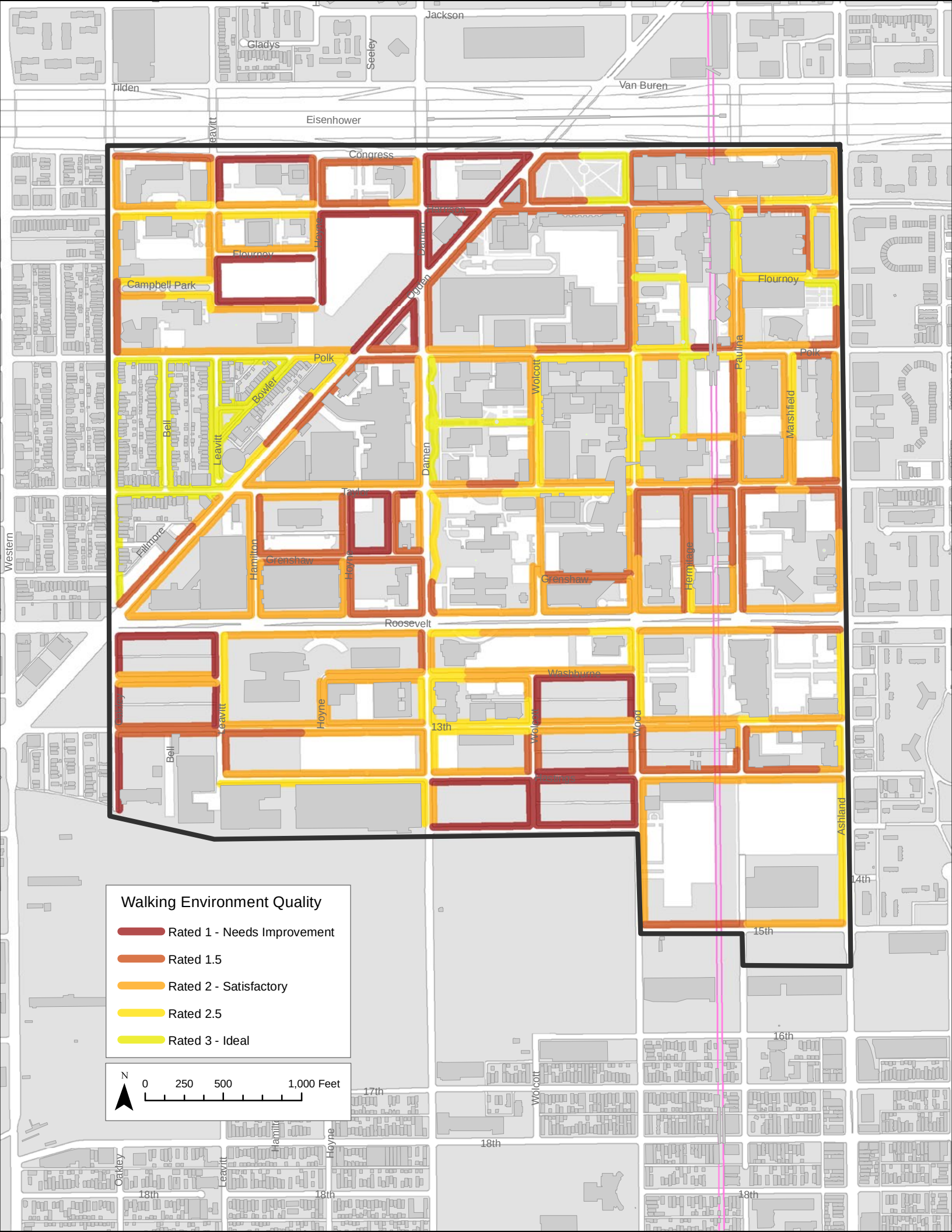
PARKS + OPEN SPACE

Due to the incremental development of the District throughout its history, the District's open spaces and parks have not been the result of an intentional master design plan. Open spaces have been developed as individual institutions expanded overtime, and are therefore scattered throughout the District. The most prominent, Pasteur Park, is located at the northern gateway to the District at the intersection of Congress Parkway and Ogden Avenue. This open space is not a City of Chicago park, but rather is open space owned by Cook County. Pastuer Park occupies roughly 2/3 of the 5 acre parcel; the other land was originally used as a helipad, which will soon be relocated. Other well used open spaces are located throughout the UIC West Campus area, including the greenway park adjacent to the student union along Wolcott Avenue. This space originates several pedestrian walkways that have been developed on UIC's campus. The pedestrian routes serve as mid-block shortcuts, and are nicely landscaped and maintained. However, as a system, the pedestrian routes often do not lead to a clear destination or do not connect well to each other (as illustrated in the map to the left) and therefore are not very successful. Expansion of these walkways to create a complete system is needed.

The UIC West Campus also has several blocks of historic buildings designed to include private internal courtyards. These are very useful for the occupants of the building, but do not provide usable open space for other users of the District. A system of usable, secure, and consistently landscaped spaces within the District is needed to provide needed employee amenities and opportunities for outdoor recreation.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Grenshaw
Roosevelt
Hermitage
Washburne
Cermak
13th
Wood
Ashland
14th
15th
16th
17th
18th
Oakley
Walking Environment Quality
Rated 1 - Needs Improvement
Rated 1.5
Rated 2 - Satisfactory
Rated 2.5
Rated 3 - Ideal
N
0
250
500
1,000 Feet

STREETSCAPE

As part of the comprehensive site assessment conducted by the planning team, the pedestrian experience was evaluated using a set of criteria to rate each street in the District. Every sidewalk and pedestrian path was assessed for the quality of its streetscape, the appropriateness of the building's setback, the building's ground floor use, and accessibility. A qualitative scoring system was used and then averaged to help identify areas in the District where improvements could be made. The scores are illustrated in the Walking Environment Quality Map to the left.

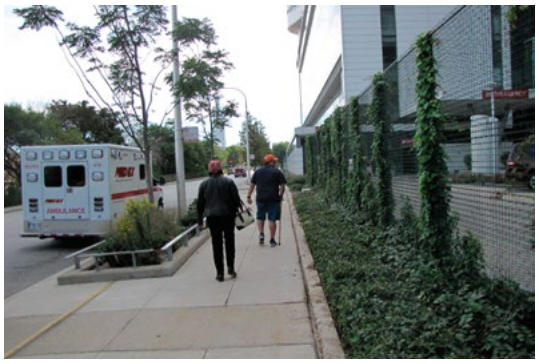
Characteristics of a high-quality pedestrian environment, identified by the team, include: well-maintained or updated sidewalks, vegetation that buffers pedestrians from streets or buildings, and adequate street furnishings. Ideally the building façade should be in good condition and acknowledge the street. Ground floor uses should be active, and entrances should be easy to identify. Other good characteristics include: adequate sidewalk width, building frontages with setbacks appropriate to the width of the street, and corridors exhibiting a continuous urban street wall.

Characteristics resulting in a low pedestrian realm score include: poorly maintained sidewalks, unkept or lacking landscaping, and outdated or lack of street furnishings. Sidewalks adjacent to an inaccessible side of a building or a building with a lack of fenestrations on the ground level create a feeling of isolation the on street and do not encourage walkability. Deep setbacks also create gaps in the streetwall and do not support a walkable environment, and therefore scored low in the planning team's pedestrian experience assessment.

	Needs Improvement	Satisfactory	Ideal
Streetscape	Old sidewalks, no plantings or furniture	Old sidewalks, plantings, and street furniture	Updated sidewalks, plantings/trees, and furniture
Setbacks	> 30	10 - 30	< 10
Activity	No activity - private service, loading dock	Some activity - specific public, government, school	Active - retail, public park
Buildings	Poor condition, doesn't address the street	Addresses the street	Good condition, attractive, addresses the street

Table: Evaluation criteria for the Walking Environment Quality Map

Images:
Good examples of pedestrian environments in the District. Clockwise from top left: UIC pedestrian path, Mile Square Health Center on Roosevelt, Wood Street through UIC, Rush facade along Congress.



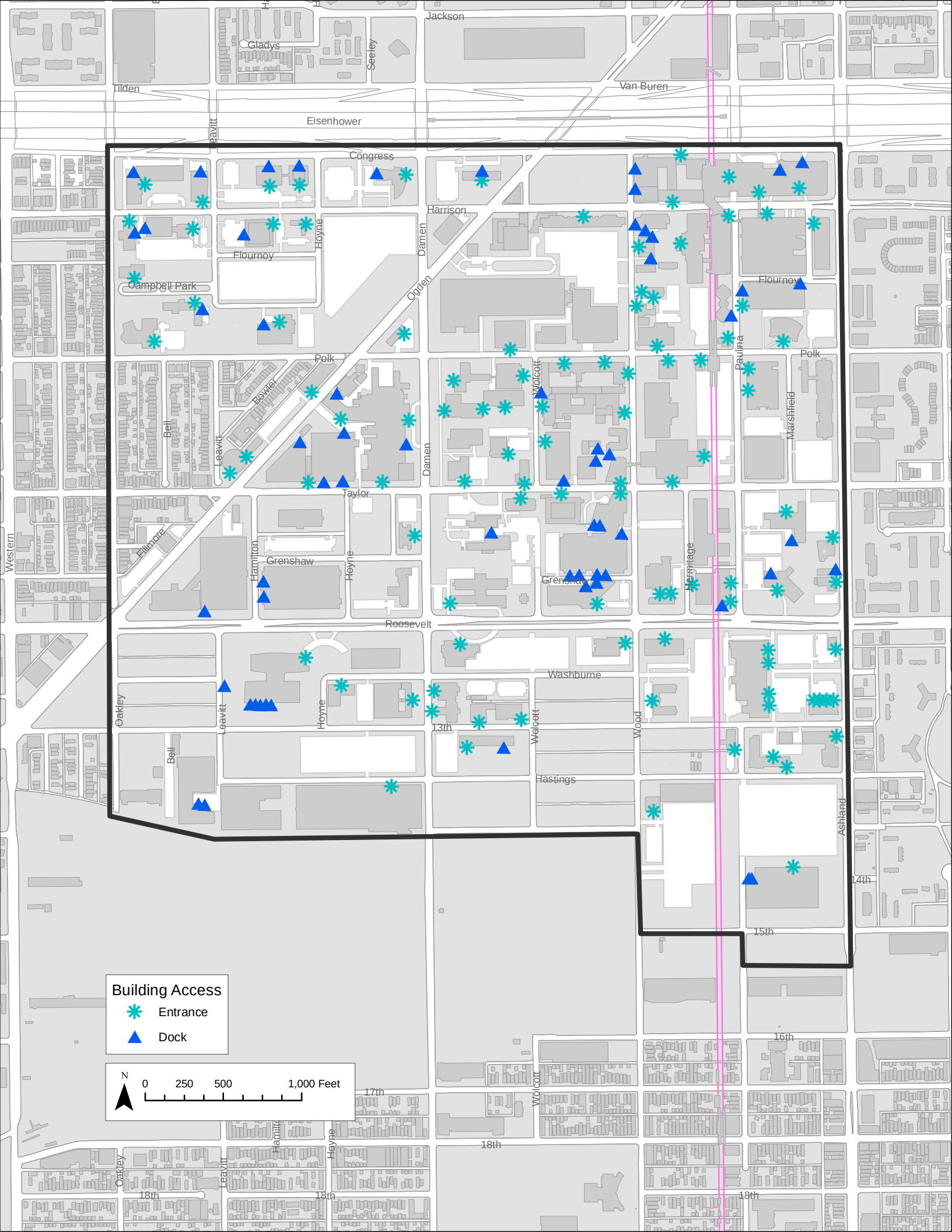
Pedestrian Evaluation

Based on this high-level pedestrian realm analysis, several positive and negative relationships were identified. Most of the higher-rated walking environments correspond with the District institutions' main building entrances. Though the location of service access points often contributed to poorly-rated corridors, there is a stronger correlation between building facades with no access or openings and the lowest scoring corridors. These lowest scoring corridors were often experienced along surface parking lots, buildings with no acknowledgment of the street, and along vacant parcels. Streets and pedestrian paths within the UIC and Rush campuses are generally rated a better quality walking experience than perimeter or arterial streets. Roosevelt Road, one of the busiest thoroughfares through the District, has high quality streetscape but generally lacks activity and buildings that address the street.

Several strengths and weaknesses can be identified from the evaluation. Most of the older, historic areas of the District have denser development, closer setbacks, and higher quality streetscape, especially those within a campus environment. On the other hand, areas of the District developed throughout the 1950s and 60s began to respond to larger setback regulations and were constructed further from the street edge. The resulting irregular setbacks and impenetrable property-line fencing has created an inconsistent and uninviting pedestrian environment in many areas of the District. As the IMD Master Plan progresses, further assessment of the challenged areas will be considered to ensure that more consistency and walkability in the District can be achieved in the future.

Images:
Examples of less desirable pedestrian environments in the District, top to bottom: Veterans Affairs on Ogden, Apartments on Congress Parkway, IL Center for Rehabilitation and Education on Roosevelt, fencing on Ashland

Image:
Wider arterials, such as Roosevelt Road require more extensive landsacpe zones as shown in this example.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Wolcott
Wood
Bell
Hastings
Ashland
14th
15th
16th
17th
18th
Building Access
Entrance
Dock
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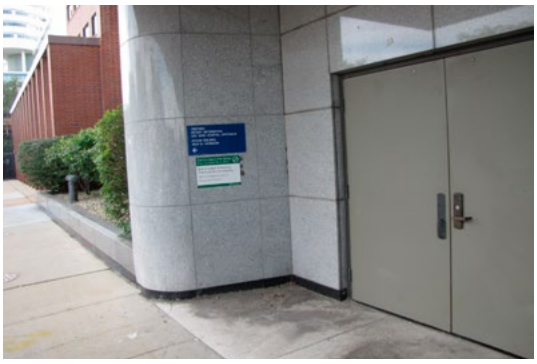
0
250
500
1,000 Feet

Images:
Photos of service entrances located in the District



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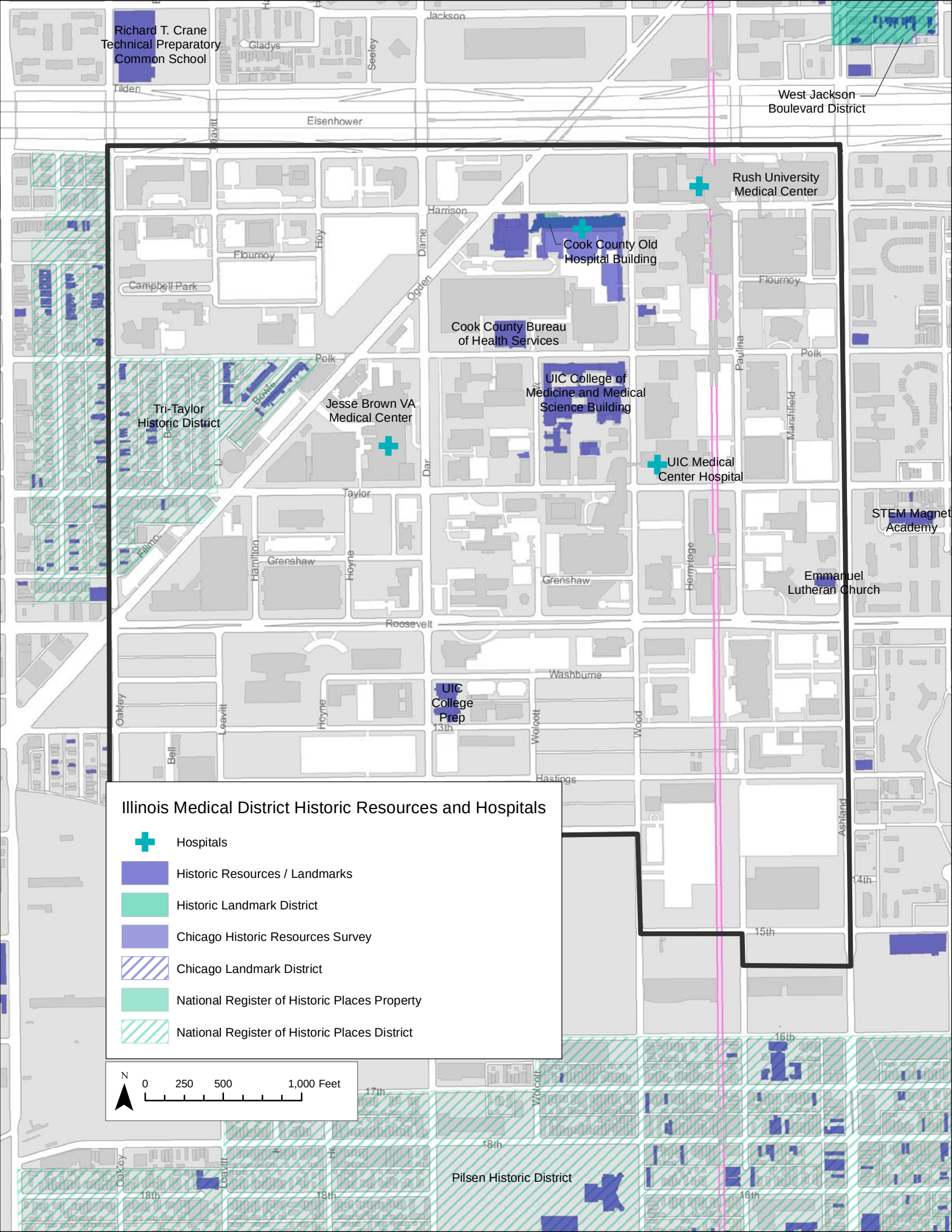
SERVICE + BUILDING ACCESS

During the walking survey, the planning team also recorded the locations of each building's primary pedestrian entrance and main service entry (shown in the map to the left). The goal of this survey was to help identify pedestrian conflict areas within the District.

The four IMD core medical institutions developed incrementally over time, which has resulted in areas where service entrances and loading docks are located along major street frontages. This most often occurs along the arterials of Ashland, Roosevelt, and Ogden. Future planning to cluster these loading areas, and better screen them from the street, is needed to improve the pedestrian experience and walkability of the District.

Pedestrian entrances in pre-1950s facilities are usually located along the street, formally designed, and easily identified. For buildings developed in the mid 20th century, the entrances are often located adjacent to parking areas, sometimes at the rear of the building, and are not as easily identified from the street. Recently developed facilities such as UIHHSS's Outpatient Pavilion and the Mile Square Health Center have returned to creating more formal entrances along the street. This continuously adapting approach to development in the District has resulted in many corridors where entrances are not consistently located, creating District wayfinding problems. To better activate the District streets, as stakeholders desire, a coordinated approach to locating entrances and service areas is needed.


Richard T. Crane Technical Preparatory Common School
West Jackson Boulevard District
Rush University Medical Center
Cook County Old Hospital Building
Cook County Bureau of Health Services
UIC College of Medicine and Medical Science Building
Jesse Brown VA Medical Center
Tri-Taylor Historic District
UIC Medical Center Hospital
STEM Magnet Academy
Emmanuel Lutheran Church
UIC College Prep
Pilsen Historic District
Jackson
Eisenhower
Harrison
Flournoy
Campbell Park
Polk
Taylor
Grenshaw
Roosevelt
Washburne
Hastings
Tilden
Gladys
Seeley
Leavitt
Hoyt
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Paulina
Marshfield
Hermitage
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Hoyne
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Wolcott
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Ashland
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Bowler
Fillmore
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14th
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16th
17th
18th
Illinois Medical District Historic Resources and Hospitals
Hospitals
Historic Resources / Landmarks
Historic Landmark District
Chicago Historic Resources Survey
Chicago Landmark District
National Register of Historic Places Property
National Register of Historic Places District
N
0
250
500
1,000 Feet

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HISTORIC PROPERTIES

The rich history of the District is evident by it eclectic mix of architecture. There are a handful of buildings listed on both the National Register of Historic Places and the City of Chicago Historic Resources Survey. Most notably, the old Cook County Hospital Building, located at the northern gateway to the site, has a Beaux-Arts facade that demands attention. The building opened in 1914 and was built to accommodate 650 patients. It was the world's largest medical facility throughout the 1920s. It closed and has been vacant since 2002, following the opening of the new John H. Stroger, Jr. Hospital of Cook County to the south. Old Cook County was added to the National Register of Historic Places in 2004, and is currently listed on the 11 Most Endangered list. Several attempts have been made to envision a new use for the building, including the 2014 Cook County Ideas Charrette, which engaged local design and development experts to come up with fresh concepts for the redevelopment of the Cook County medical campus.

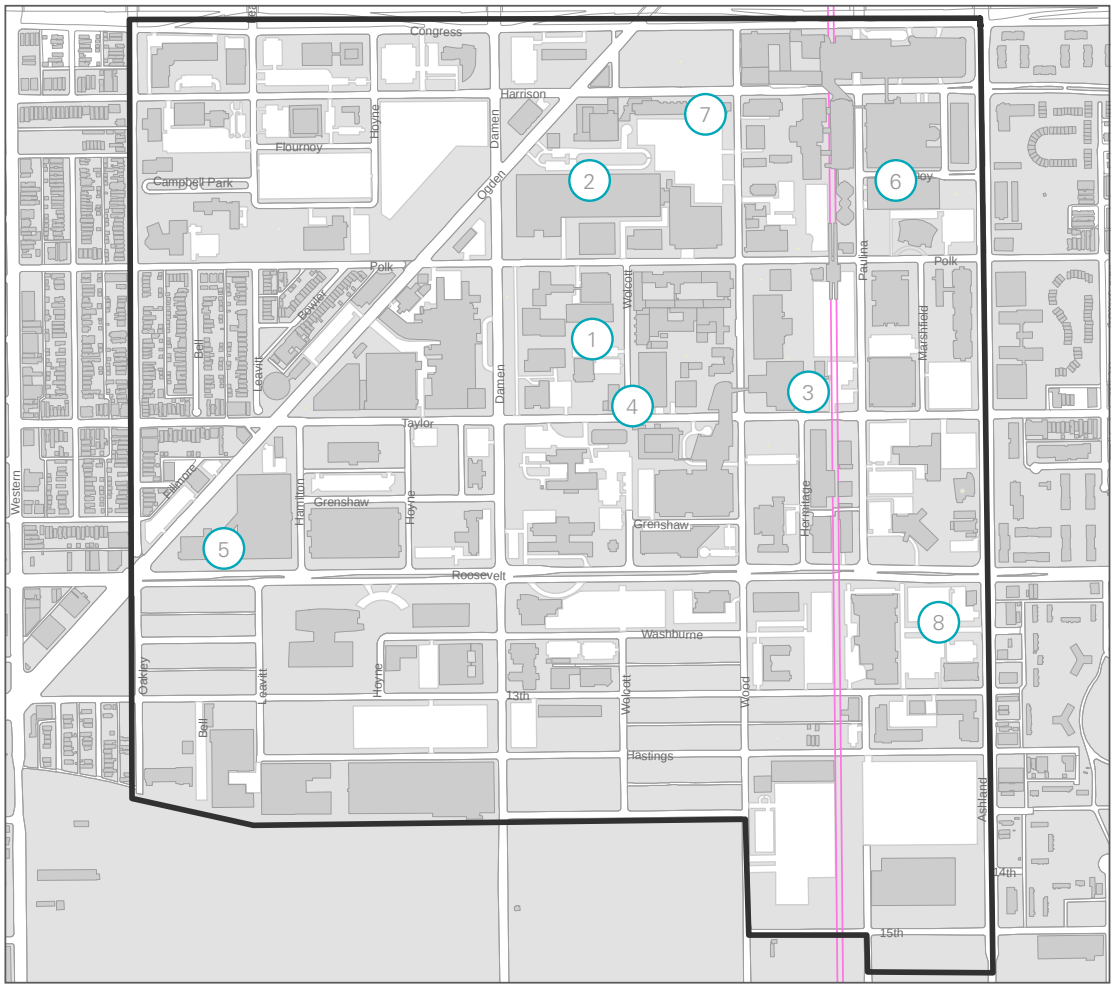
Another historic property in the District is the original UIC College of Medicine and Science building within UIC's West Campus. The brick masonry, collegiate, gothic building was constructed in 1917 after the state acquired parcels that were formerly the Chicago Cubs Park. These buildings were added to incrementally over time, resulting in the series of brick buildings, with central private courtyards. The historic UIC campus buildings are recognized on the Chicago Historical Resources Survey and therefore protected by its zoning regulations.

The Tri-Taylor National Historic District, which is partially located within the IMD, includes many unique 19th century townhomes that have been carefully restored by residents of the neighborhood. The community retains its historic character, including narrow streets, storefront retail, and pocket parks.

As future development in the District is planned and implemented, careful consideration of ways to highlight these historic assets will ensure that the uniqueness of Chicago's west side neighborhoods is maintained.

Images:
Image of one of the private gothic revival courtyards located on UIC's West Campus

Images:
The District houses a wide variety of building types and styles, shown to the left:
1. UIC's Student Union Building
2. Stroger Hospital Campus
3. UIHHSS
4. UIHHSS Laboratory Building



Images:
Shown to the right:
5. Cook County Juvenile Courts Building
6. A recently developed parking ramp on the Rush Campus,
7. The facade of the historic Cook County Hospital Building
8. Retail center located at Ashland Ave and Roosevelt Rd

IMD Today

BUILT ENVIRONMENT

The historic centers of the District serve as the core to each of the institutions, and were mostly established over a century ago. These areas have the densest development pattern, characterized by tall masonry buildings, with narrow floor plates centered on small internal courtyards. Throughout time, building styles within the District changed, and more suburban layouts became standard. Larger parcels were developed, which included deeper setbacks and large surface parking areas, resulting in the spreading of development out from the center, and often to developments meeting the neighboring institution in an awkward way. These transition zones were left unplanned and have resulted in uninviting building frontages, confusing wayfinding, and a lack of a sense of place. With recent developments in the District, institutions have begun repairing poor development decisions by returning to a more urban development pattern, with buildings that address the street and have structured parking.

The master planning team has learned from stakeholders that many of the buildings and facilities in the District are nearing their useful life. Institutional growth, changes in technology, and standards of healthcare providence have created a demand for expansion and modernization. Many of the buildings built throughout the middle of the 20th century could not have anticipated the technological needs of modern healthcare environments and will therefore need to be completely reimagined. This provides the unique opportunity to reshape and improve the built environment of the District by coordinating designs to improve the overall image and brand of the IMD.

IMD Today

PREVIOUS PLANS + STUDIES

1997 IMD Master Plan

The 1997 Illinois Medical District Master Plan is a comprehensive document that provides detailed planning recommendations, redevelopment concepts, and design guidelines for the District. The two year collaborative planning process involved District institutional members, governmental agencies, and community groups. The District recommendations addressed regional, district and sub-district scales. As the first long-range plan for the District the document played a significant role in guiding development. Today the Master Plan is more than 17 years old, and many of its recommendations are irrelevant due to the rapidly changing character of the District and the City as a whole.

In 1997, the District was undergoing major changes. The following are critical issues that faced the District at the time, which motivated the creation of the Master Plan:

- A new influx of small, unplanned developments within the District that did not relate to the vision of the District as a regional medical campus.
- The IMDC acquired approximately 60% of the land south of Roosevelt Road with the acquisition and subsequent redevelopment of a residential neighborhood adjacent to the rail lines. This land area needed to be repositioned and formally incorporated into the IMD planned development district.
- For years, the IMDC received capital funding from the State of Illinois to enable additional land acquisition and infrastructure improvements.

Image: The 1997 IMD Master Plan proposed the closure of several of the north south streets to provide the opportunity for mid-block pedestrian connections

- A formal collaborative relationship between the IMDC and the City of Chicago formed to provide cooperative governance of District development.
- Several large-scale institutional demolitions and expansions were planned that would dramatically change core medical institutional campuses.
- Transportation within the District was oriented primarily towards automobile transportation and parking. Transit and pedestrian movement was a secondary issue and considered in the local context.

The plan's response to these issues was to break the District into distinct campus zones that integrated institutional facilities within a series of cohesive sub-district goals, with supporting build-out scenarios and design guidelines. This new vision proposed new infill development with landscape enhancements, parking locations, pedestrian walkways, and infrastructure improvements to accommodate facility growth. A revised street network was designed, which disrupted the existing grid block system by closing portions of the north-south neighbor-

Image:
Rendering of potential District development, 1997 IMD Master Plan

hood streets to create internal through-block pedestrian connections. At the same time, density in the District was reassessed. It was determined that the average FAR was unrealistically high in relation to the proposed street layout and development potential, and therefore was reduced. The resulting Master Plan is a series of internal and individual campuses with buildings fronting onto central park spaces.

The building, landscape, and signage design guidelines included in the Master Plan support the overall vision for the District and include requirements for setbacks, site coverage, and landscaping. The plan incorporates recommendations for an extensive amendment to the Planned Development #30 regulatory documents. The proposed amendments included reduction in maximum density, new expanded setback controls, and the addition of the development area south of Roosevelt Road. Implementation of these amendments occurred shortly after the plan was adopted.

2004 IMD Master Plan Update

An update to the 1997 Master Plan was created in 2004 to incorporate infrastructure developments that occurred. The Master Plan Update did not change the fundamental policies, strategies or goals of the original Master Plan but rather updated the sub-area strategies to take into account demolished and newly built facilities and infrastructure. Also new to the Master Plan was the IMDC's acquisition of the development area south of Roosevelt Road, one of the key recommendations of the 1997 plan. The Chicago Technology Park also expanded substantially by the time of the planning process, and several new sites became available for development. A concept for infill development the 2020 W Ogden Site is included in the plan concepts, and focuses on creating a centralized shared parking facility for the Chicago Technology Park. A park was proposed for the triangle site bounded by Damen, Ogden, and Polk Streets. Concepts in the Master Plan Update expanded on the recommendations of the 1997 plan, which encouraged the creation of institutional super-blocks with shared parking and deep setbacks along major arterials.

Illinois Medical District Sustainability Plan (2014)

The IMD Sustainability Plan was developed from 2013-2014 with the goal of improving the social, economic, and environmental health of the District. The document was the first stand alone environmental plan of its kind for the IMDC. Though the plan is comprehensive, the recommendations do not address all aspects of sustainable development. The scope is focused on four primary topics: energy, storm water management, air quality, and institutional collaboration.

The IMD Sustainability Plan includes goals, strategies, and actions to help achieve the plan's vision to become a model for sustainability by enhancing the environmental and social quality of the District while fostering economic development. Through green storm water management techniques, greater energy efficiency, improved air quality, and institutional collaboration, the District can become a leader in environmental stewardship.

Goals set forth in the plan include: reduce storm water runoff within the District Development Area; promote energy efficiency and alternative energy technologies; improve air quality through emissions reduction and carbon sequestration; and foster institutional collaboration to promote district-wide sustainability projects. Under each goal are broad strategies and nineteen specific strategies to help achieve the sustainable vision for the District.

The recommendations outlined in the plan include policy changes, establishing new partnerships, and reallocation of existing IMDC resources. The recommendations range from providing density bonuses for real estate projects with low impact development principles to tracking IMDC energy usage and reinvesting revenues in retrofits to establishing a district-wide Sustainability Network.

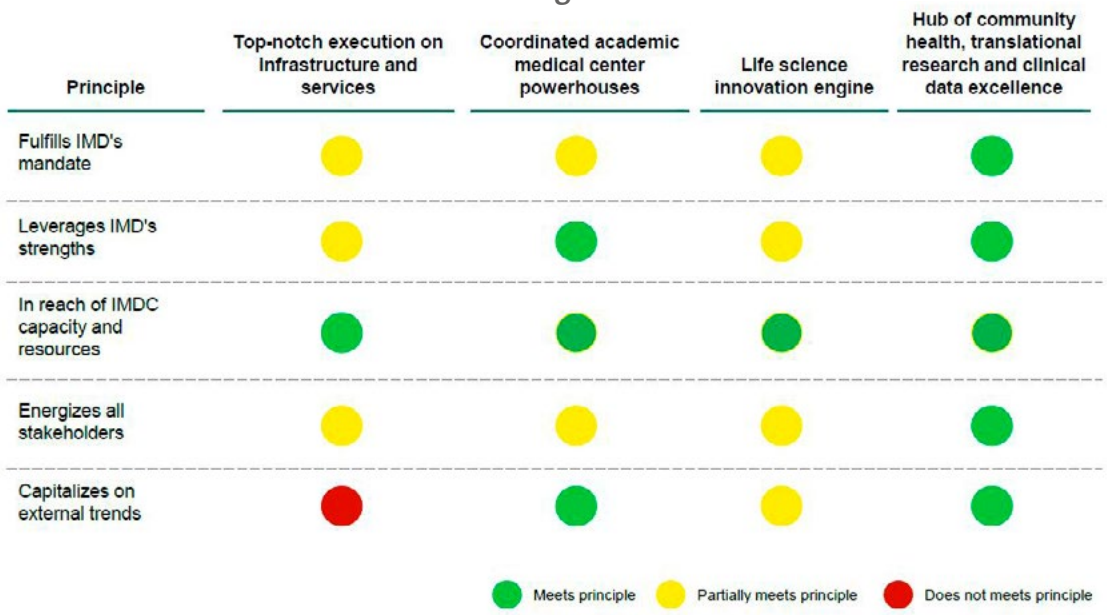
Illinois Medical District Commission Compendium (2012) prepared by Boston Consulting Group

When the District's new Commission took office in March of 2012, one of the first priorities was to develop a strategic plan with specific steps to make the District vision a reality among the four hospitals, two universities, medical research facilities, labs, and more than 40 healthcare-related facilities. To that end, the Commission immediately formed a C-suite level strategic planning committee. The committee included representation from major life sciences companies and business leaders from across the country. At their recommendation, the District brought in the expertise and insight of Boston Consulting Group (BCG) and their Chicago-led team of business strategists from the healthcare practice.

BCG conducted more than 50 high-level, in-depth interviews with leaders from the District's hospitals, colleges, clinics, and businesses, elected officials, and others to receive candid feedback on their priorities and determine areas where the District could utilize shared financial and physical resources. Consistent themes emerged from those meetings, specifically the desire for collaboration between District entities to benefit areas such as community health, translational research, and clinical data.

BCG also researched and benchmarked the District against six select cutting-edge health districts from around the country, including Research Triangle Park in Raleigh-Durham, Indiana BioCrossroads, Mission Bay Development Area in San Francisco, Science

Assessing Visions



Principle	Top-notch execution on infrastructure and services	Coordinated academic medical center powerhouses	Life science innovation engine	Hub of community health, translational research and clinical data excellence
Fulfills IMD's mandate	Partially meets	Partially meets	Partially meets	Meets
Leverages IMD's strengths	Partially meets	Meets	Partially meets	Meets
In reach of IMDC capacity and resources	Meets	Meets	Meets	Meets
Energizes all stakeholders	Partially meets	Partially meets	Partially meets	Meets
Capitalizes on external trends	Does not meets	Meets	Partially meets	Meets

Meets principle · Partially meets principle · Does not meets principle

Table: Five principles assessing visions, IMDC Compendium (2012) by the Boston Consulting Group

Center at University Park in Philadelphia, Lake Nona Medical City in Orlando, and New York City Bioscience Initiative. While the Illinois Medical District is distinct, particularly with its rich diversity among patient populations from the four major medical hospitals, these insights provided cautionary lessons and best practices.

Key Findings and Priorities

Sixty-four initiatives around which partners aligned were catalogued and further examined by BCG. These were prioritized for impact and feasibility, resulting in 12 initiatives that were grouped into four areas, including:

Infrastructure and development: Improve the experience of employees, patients, and community members with enhanced District services, improved attractiveness, and a cohesive campus atmosphere.

Community health: Improve healthcare access and reduce cost of care through a focus on chronic diseases.

Translational research: Support the translation of research from biomedical discovery to patient care, and the subsequent commercialization of that research.

Clinical data: Facilitate the sharing of healthcare data to improve patient care, patient service, hospital resource effectiveness, and cost efficiency.

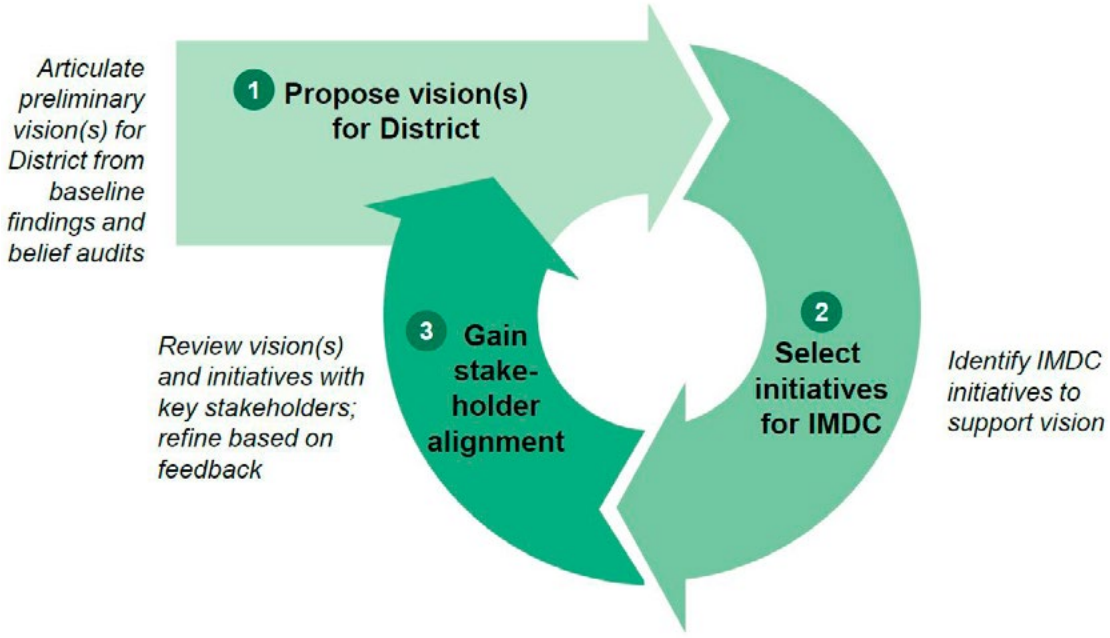
The BCG provided a four step approach to determine the highest priority initiatives:

Step1: Identified 64 unique initiatives cataloged from belief audits with stakeholders, benchmark clusters, and BCG experience.

Step 2: Scored and filtered initiatives into a shortlist of 26 initiatives for more detailed evaluation.

Step 3: Detailed benefits and requirements (e.g.;financial impact, stakeholder involvement, etc.).

Step 4: Prioritized initiatives for impact and feasibility and selected initiatives for comprehensive assessment.



Graphic:
Utilizing iterative 3-step process, IMDC Compendium by the Boston Consulting Group

The 26 filtered Initiatives included:

1. Attract a Clinical Research Organization (CRO) for clinical trials to leverage District's diverse patient population
2. Create a Master Plan with diverse development portfolio to support Asset needs, coordinate development efforts, and improve District aesthetics
3. Create joint-use service facility
4. Bring in additional signage / transportation for new Medicaid facility and facilitate enrollment best practice sharing
5. Facilitate partnership with pharma (e.g., pre-clinical to phase II)
6. Recruit hospital support service companies to District
7. Facilitate creation of preventive health institute
8. Bring fiber optic infrastructure into District to enable ultra high speed Internet for businesses
9. Recruit, market, and increase access to supporting business to improve work environment in District
10. Market diverse patient population to industry to attract more translational research
11. Establish a jointly owned outpatient site
12. Recruit businesses that service high volume of students
13. Bring District organizations together to share best practices in chronic disease management; potentially attract innovative direct primary care provider to better manage chronic disease
14. Develop shared services for early stage companies
15. Create a community outreach clearinghouse to match medical student outreach across District to need
16. Facilitate build out of smart grid infrastructure
17. Bring District organizations together to leverage clinical data and computational resources to become a bioinformatics hub

18. Develop shared service capability in procurement to economize cost of hospital products and services
19. Build a post-acute short-term rehabilitation facility within District
20. Facilitate development of joint-use facility with Anatomical Gift Association
21. Facilitate development of conference center, hotel, and other related businesses
22. Recruit nursing homes into District
23. Focus on attracting foreign companies
24. Create clinical and teaching collaboration across medical schools in areas of excellence
25. Bring universities and industry together to identify workforce needs and potential curriculum changes
26. Facilitate sharing of additional District patient data on top of MCHC-led HIE infrastructure

In the process of setting priorities, the strategic plan identified eight key success factors to shape District: 1) Leadership, 2) Information sharing, 3) Asset Coordination, 4) Infrastructure, 5) Policy, 6) Marketing, 7) Incentives, and 8) Financing. The report cataloged potential lessons for IMDC across benchmarks utilizing data from the six select cutting-edge medical/health districts from around the country.

When assessing the initiatives based on detailed benefits and requirements, and then prioritizing the initiatives for impact and feasibility, creating a master plan was determined to be a critical first step towards meeting district-wide goals. The IMDC's major assets are real estate holdings consisting of both developed and undeveloped properties. The strategic plan outlined the first wave of IMDC-led initiatives focused on infrastructure, including:

1. Create a master plan with diverse development portfolio to support Asset needs, coordinate development efforts and improve District aesthetics
2. Bring fiber optic infrastructure into District to enable ultra high speed Internet for businesses
3. Facilitate development of joint-use facility with Anatomical Gift Association
4. Recruit, market, and increase access to supporting business to improve work environment in District
5. Coordinate District assets to act as a cohesive entity for emergency response
6. Facilitate development of conference center, hotel, and related businesses
7. Bring in additional signage / transportation for new Medicaid facility and facilitate enrollment best practice sharing
8. Bring District organizations together to share best practices in chronic disease management; potentially attract innovative direct primary care provider to better manage chronic disease
9. Attract a CRO for clinical trials to leverage District's diverse patient population
10. Facilitate research partnership with pharma (e.g., pre-clinical to phase II)
11. Facilitate sharing of additional District patient data on top of MCHC-led HIE infrastructure
12. Bring District organizations together to leverage clinical data and computational resources to become bioinformatics hub

The Illinois Medical District: Its Economic Impact and Workforce (2013)

In October of 2013, the UIC Center for Urban Economic Development prepared a report that provides an assessment of the District's impact on the Chicago regional economy. According to the report, in 2011, the District employed more than 29,000 people, and offered average salaries 10% higher than that of the rest of the metropolitan area. The major hospitals and educational institutions account for two-thirds of the total employment in the District. The District contributes significantly to the state and region's economy, both directly through $75 million in tax revenue and billions in employee compensation, as well as indirectly through educational opportunity and research ingenuity. Much of this estimated economic contribution is related to the higher earnings resulting from higher educational attainment provided by UIC and Rush University, student spending, and employment at the Universities. The core medical and educational institutions in the District also contribute to the region by funding research and development projects that result in roughly 20-30 new patents each year. These research projects also attract small business start-ups to the City and region as a whole. The report cites that the District, with some modernization, has the potential to have even greater impacts by attracting patients from destinations outside the region. The report recommends that the medical institutions strive to be more export oriented in the future to help harness the growth potential of serving a larger patient base.

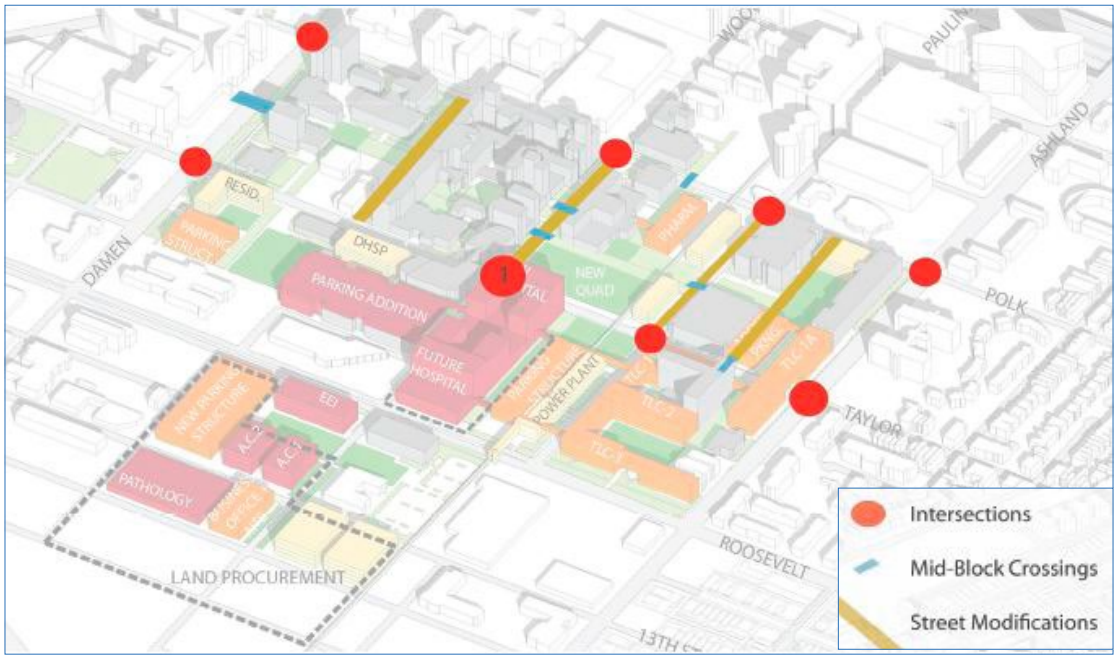
Illinois Medical District / Campuses Signage System Design (2011)

In 2011, Lakota Group was contracted to prepare a signage and wayfinding plan for the IMDC as part of a modernization effort. The document maps existing signage and provides detailed guidelines for the many types of wayfinding needs found in the District. The guidelines are divided into five key scales of signs:

- District External Wayfinding
- District Gateways
- District Internal Wayfinding
- Campus Identity
- Building Identity

The signage system required in the plan aims to provide a consistent layout and format for signage throughout the District while also providing opportunities for each institution to have an individual identity. Through the current planning team's observations during site assessments, it is clear that the signage plan has been partially implemented by the core intuitions with the exception of the UIC campus, which has maintained its campus-branded signage system. Strategies for the further implementation of these signage requirements, adjustments to their policies, and further recommendations for future signage and wayfinding will be addressed in the master planning process. For example, one element missing from the current standards is a coordinated approach to signage lighting, which has been identified by stakeholders as an issue in the District. The requirements established by this 2011 signage system plan will serve as the basis for any future signage and wayfinding requirements.

Image:
Vehicular pedestrian Conflict Locations, UIC Campus Master Plan (2010)



UIC Campus Master Plan (2010)

The 2010 UIC Campus Master Plan was developed to provide a framework for the next 30-40 years of campus development and expansion. The Master Plan contains recommendations for campus landscape, buildings and development, infrastructure, and strategies for sustainability. The plan aims to raise the aspirations for the future of the university by planning for modernization of facilities, strengthening of campus circulation systems, better definition of campus edges, and improvements to the image and branding of the campus. Plan objectives include integrating buildings and public spaces, defining entry points to campus, better connecting the east and west campuses, improving pedestrian circulation, increasing transit ridership, and defining a sense of place. The area of the plan most relevant to planning in the IMD is the West Campus. UIC's West Campus is made up of a core set of historic buildings that originally began as an independent healthcare institution in the middle of the 19th century and then joined with the University of Illinois in the 1920s. The West Campus expanded throughout the 20th century by acquiring and building new facilities surrounding the central core. Newer facilities were added piecemeal and developed in a more suburban style, standard to the day, which has resulted in a West Campus that lacks a clear perimeter or identity. Key planning goals that will be incorporated into plans for the District include:

- Create a stronger presence along the Roosevelt Road corridor by adding gateway identifiers, improving streetscape, and creating new facilities facing the street.
- Extend and improve the existing off-street pedestrian greenways in the West Campus to improve walkability and connectivity within and between the two campuses.

- Improve streetscape, plazas, and open spaces in the West Campus to provide gathering places and a more inviting public realm. This includes replacing existing street furnishings with more contemporary materials, reducing the amount of perimeter barriers (walls and fences), adding street trees, and reducing street width.
- Use strategic infill redevelopment on existing sites north of Roosevelt Road to condense the West Campus into a denser urban super-block, with active plazas, pedestrian corridors, and parks interspersed.
- Reduce the number of surface parking lots to help improve the walkability and image of the University.
- Improve campus alternative transportation options, including revising shuttle routes to provide more efficient service, creating a shuttle tracker app, and expanding and improving bike lanes and storage.

In addition, more detailed recommendations in the plan for the UIC West Campus will be evaluated as part of the IMD master planning process. These recommendations outline plans for specific open spaces, intersection improvements and new facilities that UIC has proposed in their Master Plan:

- New Academic Health Gateway development at the intersection of Ashland Avenue and Taylor Street to create a stronger presence at the eastern boundary of the campus and provide a Teaching-Learning Research Center.
- A medical center gateway along the Roosevelt Road corridor to better identify this entrance to UIC's West Campus, including a possible pedestrian overpass connection with UIC signage.
- Create a signature open space near the college of Pharmacy and the CTA Pink Line called the Health Sciences Commons.
- Closing portions of Wolcott to expand the existing pedestrian greenway network to coincide with landscape improvements.

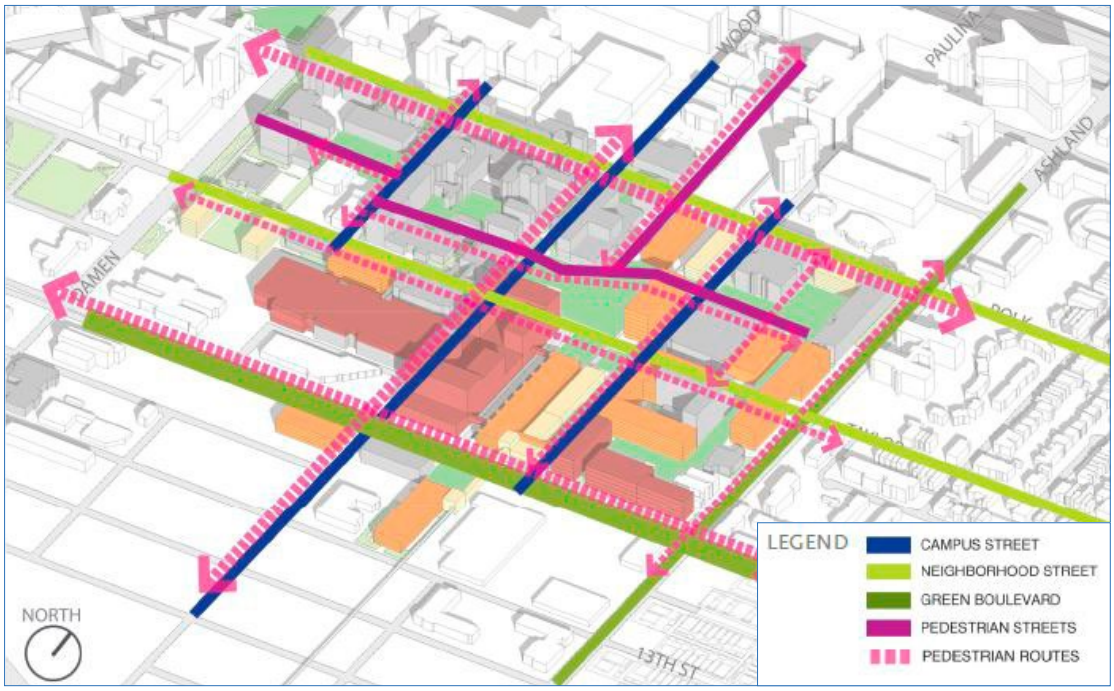


Image: Streetscape Typologies, UIC Campus Master Plan (2010)

2006 Pilsen and 2007 West Haven Quality of Life Plans

The Local Initiatives Support Corporation (LISC), working collaboratively with a group of community groups and non-profits, created a series of Quality of Life Plans in 2006-2007 for two of the adjacent neighborhoods to the District; Pilsen to the south and West Haven to the north. The Quality of Life Plans outline opportunities and challenges, reveal unique qualities of each neighborhood, identify strategies for future improvements, and provide an implementation matrix to guide future priorities.

Pilsen has been transforming rapidly in recent years and is facing significant residential redevelopment pressure. The neighborhood has a strong identity as the center for Mexican life in Chicago, and has been home to generations of the City's Mexican families and businesses. The IMD serves as an employment center for many Pilsen residents, and provides health and community services for the neighborhood. The Quality of Life Plan recommendations focus on preserving affordable housing in the neighborhood, encouraging growth of small and locally owned businesses, making the neighborhood attractive for families, preserving Pilsen's cultural heritage, and improving educational opportunities for residents. The plan also calls for strengthening the pedestrian connections to the District and other neighborhoods to the north by improving the streetscape of the north-south corridors, especially the underpasses that connect under the rail right-of-way. The plan also proposes providing a free Sunday afternoon trolley to better connect residents to the University of Illinois and to attract students to Pilsen's retail areas on weekends.

West Haven has faced many challenges throughout its history. Urban renewal and disinvestment occurred throughout the 1950s, followed by destructive riots, redlining, and decline that left the community scattered with an abundance of vacant land. The neighborhood has been gradually improving in recent years with the leadership of the Near West CDC, which has organized the community and encouraged infill development and reinvestment. The Chicago Housing Authority has redeveloped the public housing project Henry Horner

Image: Proposed Western Avenue Enhancements, 2007 West Haven Quality of Life Plan

Homes, which was demolished in 2008, to provide much needed affordable housing in the neighborhood. Infill retail development along the major arterials has also started to revitalize the neighborhood. The goal of the LISC Quality of Life plan was to set the stage for more coordinated neighborhood development and to help plan for future growth. A series of topic based focus groups was established during the planning process to establish a shared vision for the future of the neighborhood. The resulting goals and strategies for the neighborhood called for rebuilding the neighborhood's social infrastructure, improving the physical identity of the community, increasing education opportunities for residents, expanding the quantity of housing stock, preserving housing affordability, and attracting sustainable jobs. Connectivity and walkability are also challenges facing the West Haven community. The expressway to the south was seen as a major barrier for the community. The plan also called for transit oriented development in the areas surrounding CTA Pink and Green Line stations, creating infill development to improve transition zones along the east-west corridors, and façade improvement incentives to help existing businesses improve aesthetics.

CHA Roosevelt Square Master Plan (2014-2015)

The Chicago Housing Authority (CHA) has hired a multidisciplinary team to work with community members and stakeholders to create a new master plan and quality of life study for the Roosevelt Square neighborhood, located directly to the east of the IMD. The goal of the study is to plan for the implementation of sustainable, community sensitive, vibrant, and livable communities. The neighborhood originally contained approximately 3,600 affordable housing units that were situated on approximately 94 acres of land. The CHA completed demolition of the original structures in early 2010. In the last ten years, the CHA has worked in collaboration with a development partner to create 591 mixed-income housing units in a new development named Roosevelt Square on a portion of the site. The new master planning process was started in the fall of 2014, and will be completed over a roughly one year process. As the plan develops concurrently with this IMD Master Plan, planning coordination will take place throughout the plan development process to ensure a shared future vision results.

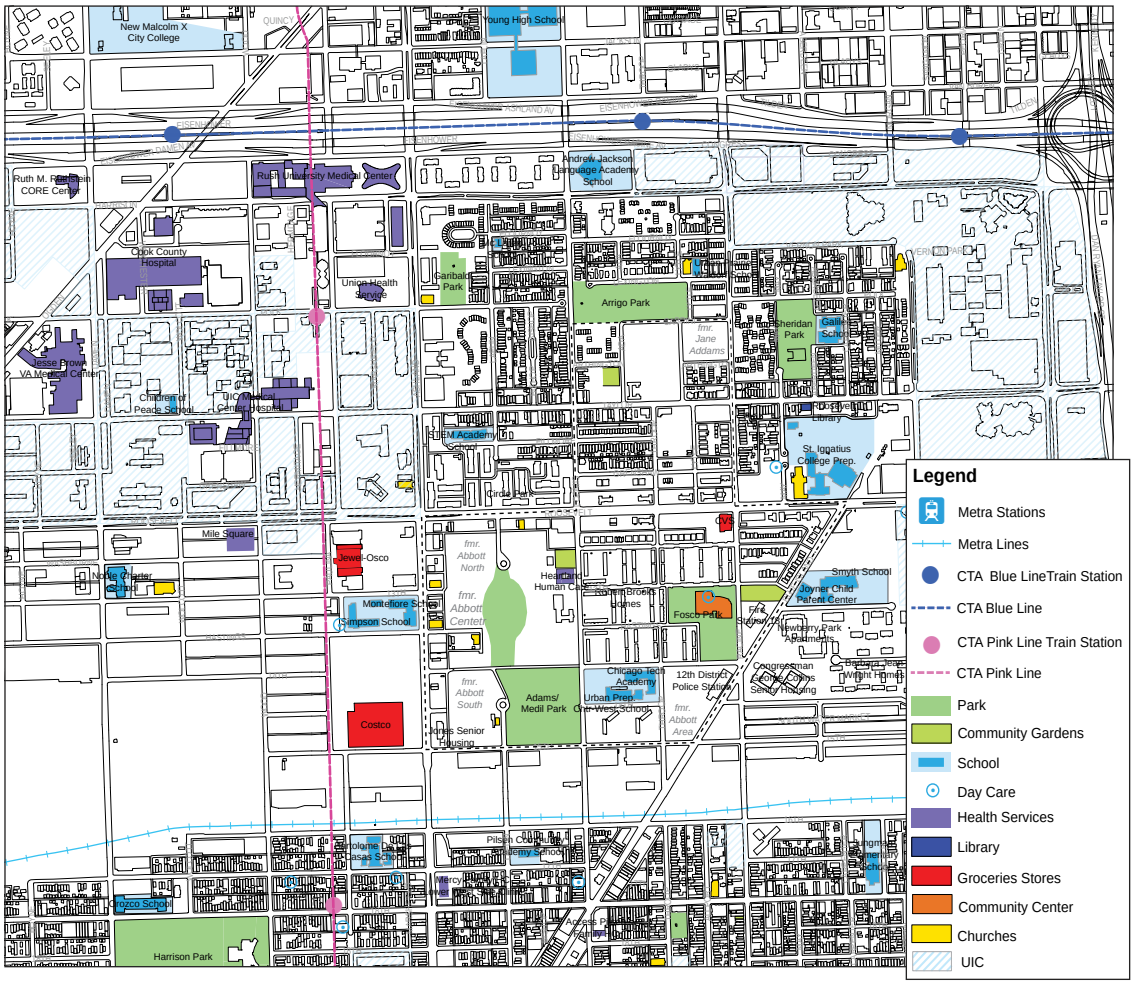
Illinois Department of Transportation Road Safety Assessment (2010)

The Illinois Department of Transportation (IDOT) conducted a Road Safety Assessment that was focused on maximizing the safety of the roadway environment within the IMD. The primary objective was to identify factors contributing to pedestrian crashes and identify mitigation strategies to enhance safety. Recommendations addressed traffic signal timings, traffic signal design, adding dedicated left-turn lanes, eliminating on-street parking, adding raised medians, relocating bus stops to far sides of intersections, and adding curb extensions and speed tables where appropriate.

CTA Blue Line Forest Park Branch Feasibility/Vision Study (2014)

The Blue Line Forest Park Branch Feasibility/Vision Study is being undertaken to determine a long-term planning strategy. The CTA's study will involve the assessment of transit and highway integrated enhancements, regional mobility issues, and the identification of funding sources and future collaboration opportunities. The work will be

Image:
Education, Recreation, and Health Map from the CHA Roosevelt Square Master Plan public meeting in November 2014

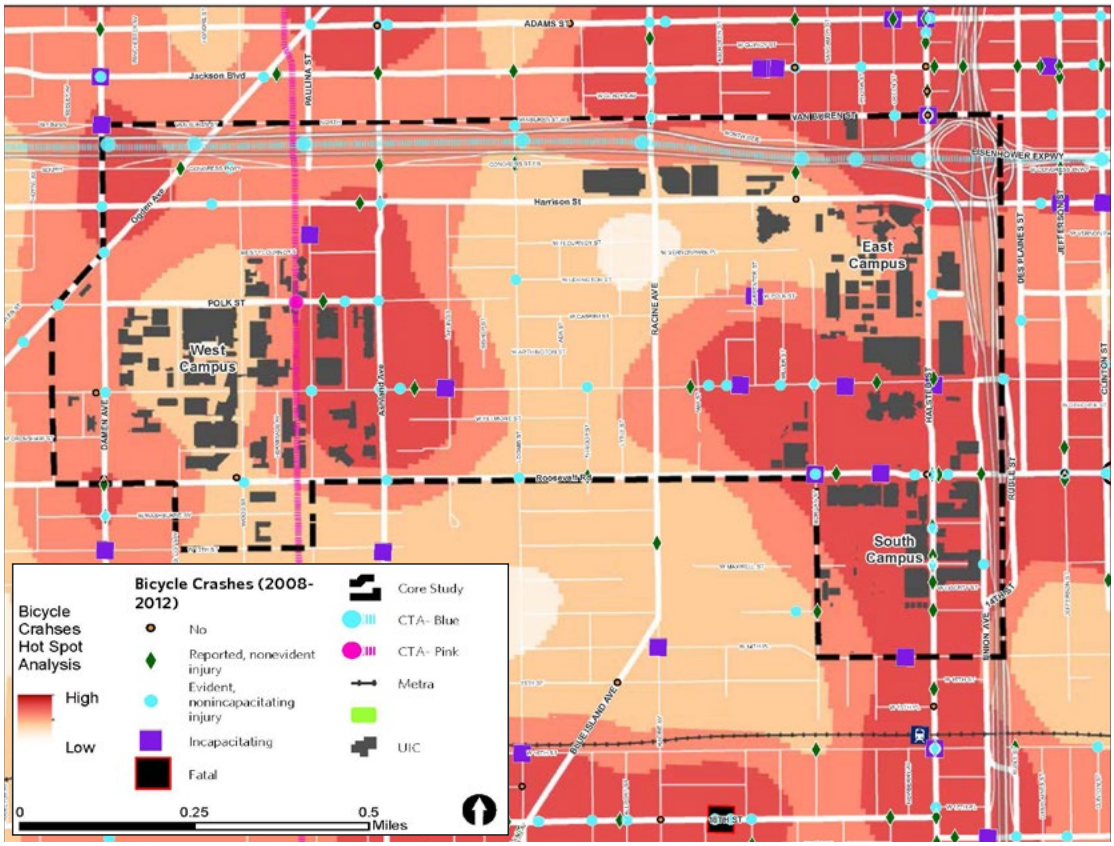


conducted in coordination with alternatives prepared for two ongoing Illinois Department of Transportation (IDOT) studies, including the I-290 Environmental Impact Statement (EIS) and the Jane Byrne Interchange Rehabilitation Project. Concepts for all stations in the study area will include, but not be limited to, station access, redesign opportunities, and right-of-way (ROW) needs at specific stations along the corridor. The study will explore innovative solutions that preserve transit, but also integrate highway and transit operations to maximize mobility in this important regional corridor.

University of Illinois at Chicago Multi-modal Transportation Plan (2014)

In partnership with the Chicago Metropolitan Agency for Planning (CMAP) through the Local Technical Assistance Program, the University of Illinois at Chicago (UIC) conducted a multi-modal plan for its campus. The plan provides a comprehensive set of specific recommendations to improve conditions for walking, biking, and transit, within the IMD's boundaries. Notable recommendations include: implementing a wayfinding system, installing woonerf streets (where pedestrians and vehicles share space and vehicle speeds are very low), simplifying and improving the UIC shuttle system, providing enhanced transit commuter benefits, developing a comprehensive parking strategy

Image:
Bicycle Crash Hot Spot Analysis Map, UIC Multi-modal Transportation Plan (2014)



for UIC, and installing a new bike route on Lexington and Polk. The plan also proposes a number of new or upgraded pedestrian crossings, including the following locations: across Taylor at Filmore, across Taylor at Marshfield, across Taylor between Morgan and Halsted, across Paulina between Taylor and Polk, and across Harrison at the Peoria Street CTA entrance.

Illinois Medical District Traffic and Parking Study (2012)

Sam Schwartz Engineering conducted a traffic study in 2012 for the IMD. It collected traffic data at all study intersections in the area and included an analysis to understand existing delays at each intersection. Utilization of on- and off-street parking was analyzed to provide an understanding of supply and demand. Additional recommendations were provided for developing a transportation demand program and improving intersections for pedestrians and cyclists.

City-wide Plans

The City of Chicago has conducted a number of city-wide plans that affect the transportation planning of the IMD. The Streets for Cycling Plan 2020 (2012) identified a future citywide network of bicycle facilities, including Crosstown Bike Routes on Ogden Avenue and Damen Avenue; and Neighborhood Bike Routes on Polk Street, Wood Street, and Oakley Avenue. The Chicago Pedestrian Plan (2012) is a high level policy network that provides recommendations to address all aspects of the pedestrian experience. It provides guidance for the design of intersection and crossing barriers, such as viaducts and expressways.

PLANNING ISSUES, POLICIES + GOALS

IMD MASTER PLAN

Planning Issues, Policies + Goals

ISSUES IDENTIFICATION MATRIX

The matrix below is a summary of the District planning challenges and opportunities that have been identified through stakeholder and IMDC staff discussions, existing conditions analysis, review of previous planning studies, and site assessment tours. These issues served as the basis for creating planning recommendations and concepts for the future of the District.

TOPIC 1: FACILITIES MODERNIZATION AND EXPANSION			
		Source	
	Issues:	Stakeholder / IMDC Staff Comment	Planning Team Site Observation
1.1	There is a need for modernized facilities to compete for talented staff and cutting edge researchers	X	
1.2	Institutions are rapidly growing, and in need of space for expansion	X	
1.3	The District needs to include a broader mix of uses to support more street life and to help retain a talented employee base	X	X
1.4	Greater capacity of modern lab space is needed in the District to attract research activities, and to provide replacements for outdated labs	X	
1.5	The Chicago Technology Park needs to be reinvigorated to capitalize on its potential as a healthcare research and innovation hub	X	X
1.6	The current District zoning regulations do not provide the opportunity for full build out at an appropriate density for its urban context		X
1.7	Previous concepts of the District as a suburban office park are no longer relevant due to its location surrounding rapidly changing and growing urban neighborhoods	X	
1.8	Many of the District's institutions are undergoing facilities master planning processes; the IMD Master Plan is an excellent opportunity to coordinate future growth plans and strategies	X	X
1.9	Many new development proposals are on the table for the District, which requires careful coordination to ensure future success of all	X	X

TOPIC 2: LACK OF DISTRICT IDENTITY

	Issues:	Source: Stakeholder / IMDC Staff Comment	Source: Planning Team Site Observation
2.1	Need to rebrand the District as a whole to modernize its image	X	
2.2	Institutions are very internally focused, District transition zones need to be improved to create consistency	X	X
2.3	Gateways to the District are currently poorly defined		X
2.4	Many institutions turn their back to the major arterial streets -- institutional edges need to be addressed		X
2.5	The current signage system was not fully realized, better attention to directing visitors throughout the District is needed; most existing signs direct people within each institution only		X
2.6	The expressway and existing transit stations are opportunities to create new signage and wayfinding systems		X
2.7	Current signage located at the major gateways to the District is outdated, in disrepair, and is not the appropriate scale for the size of the streets and buildings		X
2.8	The physical realm of the District needs to reflect the recent improvements to institutional collaboration and interaction	X	

TOPIC 3: DISTRICT TRANSPORTATION AND CONNECTIVITY

	Issues:	Source: Stakeholder / IMDC Staff Comment	Source: Planning Team Site Observation
3.1	Pedestrian crossings at the intersections of District's major arterials (Ashland, Damen, Roosevelt and Ogden) need to be improved to address pedestrian safety	X	X
3.2	Better connectivity to existing CTA rail stations is needed to encourage more transit use by employees	X	X
3.3	District stakeholder institutions' private shuttle systems needs to be coordinated, and analyzed for potential resource-sharing opportunities	X	
3.4	A comprehensive approach to addressing parking demand is needed to address the high percentage of the District's land area being dedicated to parking, and the lack of parking coordination between institutions	X	X
3.5	Vacant parcels in the District are major barriers for pedestrians	X	X
3.6	Inadequate nighttime lighting or night street life creates the perception of an unsafe walking environment	X	
3.7	The system of pedestrian paths created by UIC is incomplete, it does not provide connectivity between major destinations		X
3.8	Many patients of the institutions have unique accessibility needs, future transportation plans must account for the unique needs of the District	X	

TOPIC 3: DISTRICT TRANSPORTATION AND CONNECTIVITY

	Issues:	Source: Stakeholder / IMDC Staff Comment	Source: Planning Team Site Observation
3.9	Malcom X expansions, the United Center developments, and other redevelopments north of the expressway have created a need for better connectivity across the I-290 corridor for pedestrians		X
3.10	Road width of major arterials, especially Ogden Ave, create unsafe pedestrian crossings; these issues will become more apparent as new developments, such as the IMD Gateway Development provide new employee amenities within a walkable distance to major hospitals and institutions	X	
3.11	Traffic flow in the District is often congested due to lack of connectivity		X
3.12	Streetscape and landscape in the District is very inconsistent; conflicts between service activities and primary entrances exist throughout the District and have resulted in many areas where pedestrian and vehicular travel is in conflict		X

TOPIC 4: DISTRICT EMPLOYEE AND PATIENT AMENITIES

	Issues:	Source: Stakeholder / IMDC Staff Comment	Source: Planning Team Site Observation
4.1	The District needs to provide more services and amenities for employees	X	X
4.2	The District lacks adequate lunch spots, cafes, coffee shops or informal gathering places	X	
4.3	Larger hotel capacity is needed to serve the healthcare institutions	X	
4.4	A need for high quality, affordable housing for staff of the institutions is needed in the area	X	
4.5	Informal meeting places for both large and small groups are needed, such as fast/casual restaurants, and coffee shops	X	
4.6	Short term daycare facilities for patients and employees with children between the ages of 0-3 are needed	X	
4.7	Formal meetings places such as conference facilities are needed in the District	X	

TOPIC 5: SHARING OF DISTRICT RESOURCES AND SERVICES

	Issues:	Source: Stakeholder / IMDC Staff Comment	Source: Planning Team Site Observation
5.1	Need to coordinate efforts to improve utility supply in the District to reduce the cost burden of upgrading each institution's services	X	
5.2	Opportunities for sharing maintenance costs between stakeholders in the District need to be investigated	X	
5.3	Improvements to District technology and internet services are needed to support innovation, education, and research	X	


Pedestrian Safety

Connectivity / Distance

Building-Street Relationship


Parking Buffering


Gateways


Vacant Parcels

ENCOURAGE URBAN STYLE DEVELOPMENT
APPROPRIATE FOR THE CONTEXT WITH A MORE DIVERSE MIX OF USES

PROVIDE HIGH QUALITY EMPLOYEE AMENITIES
RETAIL, SERVICES, & SOCIAL PLACES

SUPPORT TRANSIT USE & WALKABILITY
WHILE REDUCING DEMAND FOR PARKING & TRAFFIC

ELEVATE THE BRAND OF THE IMD
BY CREATING A SENSE OF PLACE & IDENTITY

Planning Issues, Policies + Goals

VISION FOR THE FUTURE OF THE IMD

The IMD Master Plan articulates a new vision that capitalizes on its strategic location, just west of Chicago's downtown Loop. Looking forward, the District will continue to grow into a robust, urban setting that supports medical centers of excellence while also fostering innovation, research, collaboration, and a strong sense of community. A key goal of the District is to strengthen and promote a diverse mix of land uses that integrates healthcare, teaching, and research within an interdisciplinary setting, and that takes full advantage of existing and future resources. The District will provide a high quality and welcoming environment for physicians, faculty, students, researchers, patients, and visitors. The Master Plan outlines opportunities for enhancing the quality of life within the District through improved facilities, transportation, high quality services, and amenities.

As an urban medical district, adjacent to the nation's third largest downtown, the District should reflect a city character with building scale, density and intensity of uses. The District is surrounded by a rapidly changing urban environment, with significant increases in the near-west-side development encroaching on its boundaries. As a result, this is a critical time to define the long-term future of the District to take advantage of its unique position and leverage its core assets.

Previous IMD plans outlined a vision for a low density, office park-like setting, comprised with only medical and educational uses. Today, the District faces an incredible opportunity to create a more vibrant urban environment, with active gathering places, informal meeting spots, and opportunities for leisure and wellness activities. Creating a District with an urban character appropriate to this context will require defining building street edges and pedestrian zones, as well as strategically decreasing suburban style setbacks, and coordinating the development to meet both institutional and district-wide needs. Through urban design guidelines the plan will provide an urban campus environment with an interconnected system of pedestrian-oriented, tree-lined streets, as well as walking paths and a network of inviting park spaces.

The master planning team collaborated with IMDC staff and District stakeholders to develop the following policies to guide future management and development:

Guiding Plan Policies

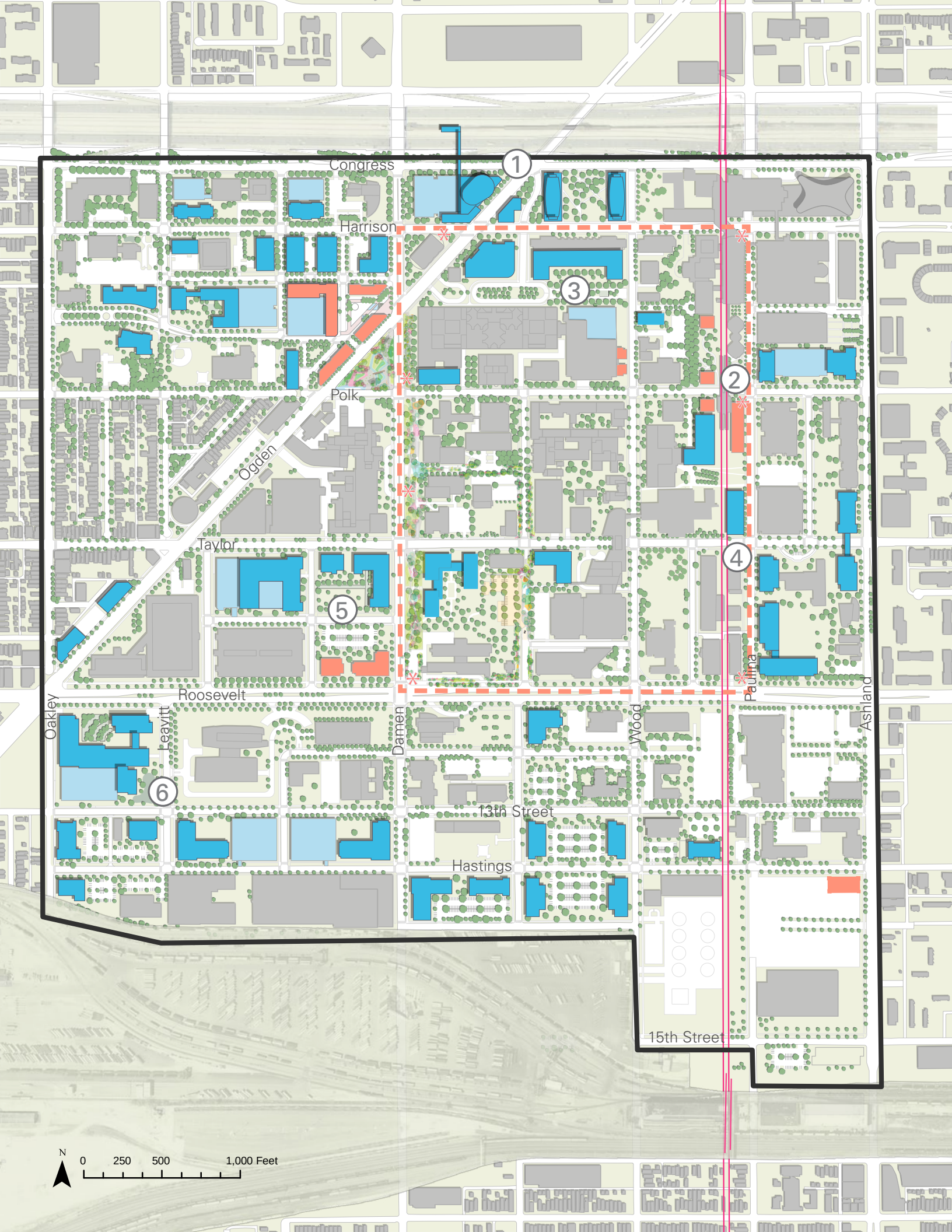
- Encourage urban-style development appropriate for the context with a more diverse mix of uses to animate spaces with activity throughout the day and increase safety.
- Attract new investment and a talented workforce by providing high quality employee amenities including new retail, services, informal and formal social gathering places, and recreational spaces.
- Support transit use while reducing the demand for parking and traffic by enhancing the walkability of the District's streets, creating shared parking infrastructure and management, and improving the safety and access of connections to CTA transit options.
- Provide opportunities for stakeholders to share resources, infrastructure, and maintenance costs.
- Elevate the brand and image of the IMD by creating a distinct sense of place and identity.
- Become a model for sustainable urbanism and healthcare providence by requiring the use of innovative technologies in new developments and landscapes.

Planning Goals

- Maximize development and leasing opportunities to strengthen the revenue stream for the IMDC and begin to establish a denser urban fabric.
- Create new, and enhance and preserve existing public open spaces.
- Revitalize the Chicago Technology Park by attracting new users and talented employees, and by replacing outdated facilities.
- Improve District infrastructure to support stakeholders' technology needs.
- Establish shared patient and visitor services, as well as clear wayfinding.
- Implement and support the development of mixed-use centers with amenities, services, and retail throughout the District.
- Attract and provide infrastructure to support small, regional healthcare conferences and events.

CONCEPT MASTER PLAN OVERVIEW

IMD MASTER PLAN


Congress
Harrison
Polk
Ogden
Taylor
Roosevelt
Oakley
Leavitt
Damen
Wood
Paulina
Ashland
13th Street
Hastings
15th Street
1
2
3
4
5
6
N
0
250
500
1,000 Feet

CONCEPT VISION

The following urban design framework provides a conceptual structure for the District from land use, landscape, and mobility perspectives. This framework illustrates a long-term vision for the IMD's evolution that addresses District stakeholder and leadership goals. Infill concepts are visualized for underutilized and vacant properties to strategically activate areas of the District, and provide new opportunities for development of modern research, education, and healthcare facilities. To further enhance the walkability of the District, the existing street network is enhanced to improve connections to core assets and District mobility. Buildings are conceptualized with an urban sensibility to establish a more pedestrian-oriented environment, for example, with active uses at the street level, storefront style facades, and a continuous street wall. These design considerations will establish a stronger identity for the District and will create a welcoming sense of place. The framework also identifies strategic development features at the entry points to the District to establish gateway zones and intersections. Densities and building heights were distributed throughout the District, with special focus to the northern, southwestern and eastern gateways. Key elements of the concept plan are:

1. **Northern Gateway Transit Hub:** redevelopment of this northern site to include indoor access to the CTA Blue Line, a mixed-use office research tower, ground floor retail, and a large shared park and ride facility.

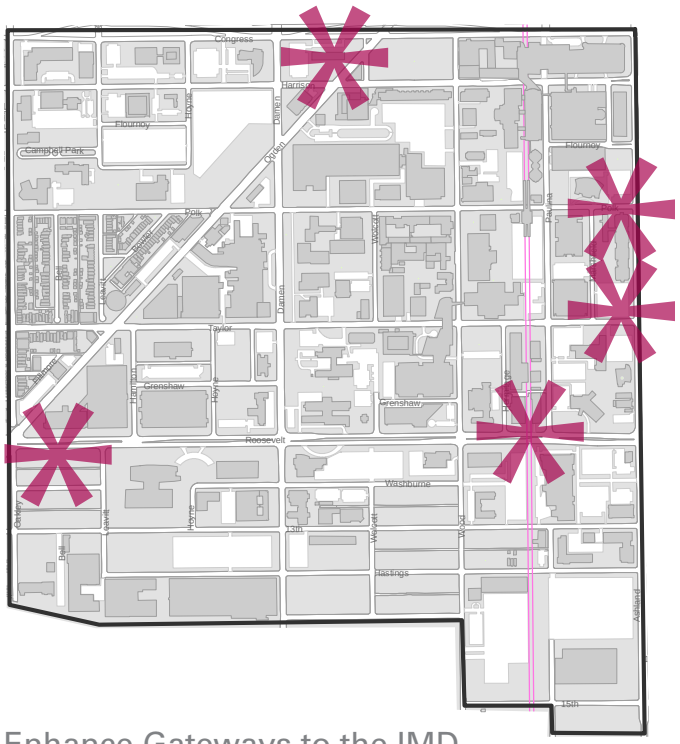
2. **CTA Pink Line - Transit Oriented Developments:** infill and redevelopment of underutilized properties surrounding the existing CTA station are conceptualized, including the creation of a plaza with adjacent restaurants and areas for food trucks and other retail; infill development east of the CTA train tracks to activate the street; and creation of a mixed use building that incorporates an updated location for the Union Health Center, residential uses, and shared parking ramp.

3. **Cook County Health and Hospital Systems Campus Revitalization:** consistent with current plans for the Cook County campus redevelopment, build-out of the edges of Pasteur Park, and adaptive reuse of the historic hospital building.

4. **Concepts from the UIC Campus Master Plan:** elements from the UIC Master Plan are shown, including strengthening campus gateways by creating new development along Roosevelt Road and Ashland Avenue, replacing outdated facilities with more modern facilities built along the streets to enhance walkability, and creating a student gathering place along Taylor Street.

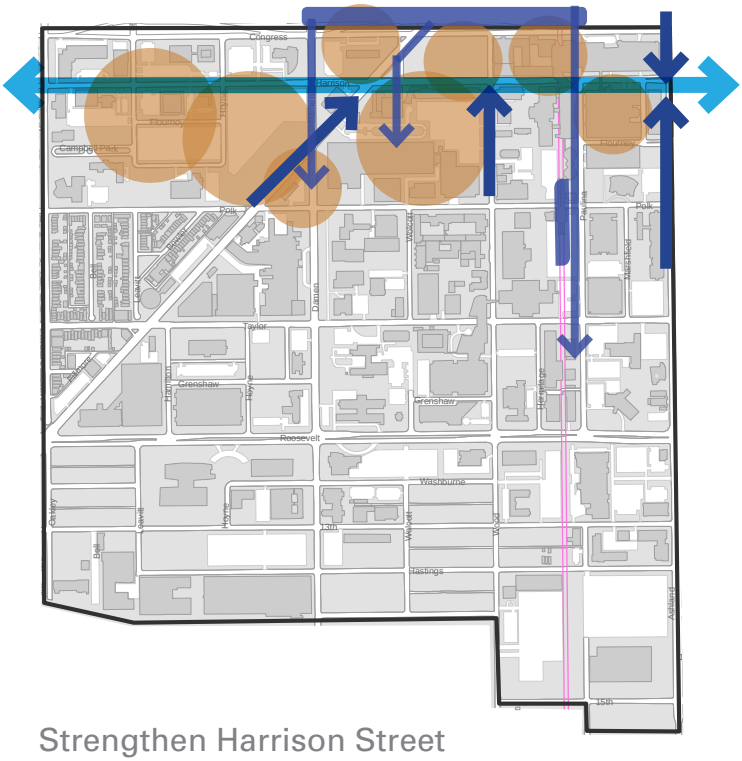
5. **Reorganizing and enhancing of State of Illinois Properties:** Replacing and condensing the properties at the intersection of Damen Avenue and Roosevelt Road into a more efficient layout would allow for the creation of a small amenity area to serve the southwestern portion of the District.

6. **Southern Gateway Office Campus:** combination of two blocks to create the opportunity for larger scale office development at the southern gateway, related in size to other existing developments, would help complete the build-out of this important gateway to the District.



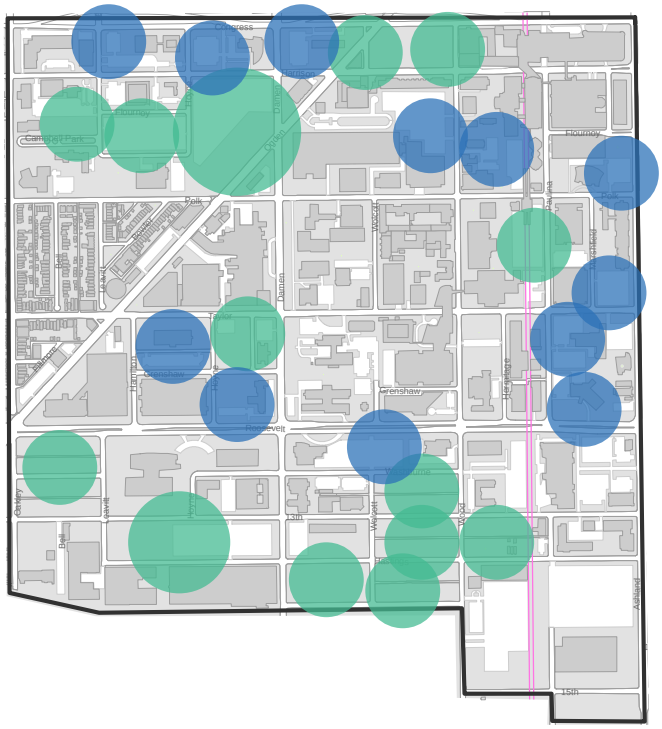
Enhance Gateways to the IMD

Redevelopment in the District should focus on the northern, eastern, and southwestern entrances that currently lack a sense of arrival.



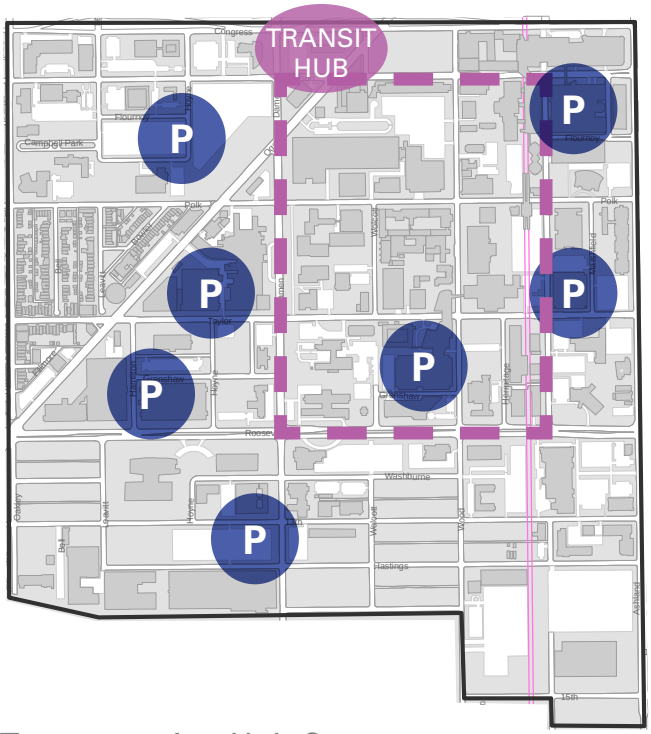
Strengthen Harrison Street

Many new developments are occurring surrounding Harrison Street in the northern portion of the District. Infrastructure improvements should support the future importance of this corridor.



Infill / Redevelopment Opportunities

There are currently 60 acres of vacant developable land in the District, mostly located south of Roosevelt Road. In addition, many stakeholders noted that facilities are outdated and need replacement, providing opportunity for a transformation of the District through redevelopment in a more compact urban layout.



Transportation Hub Concept

To allow for more convenient transit access, and to encourage higher transit use and reduce future parking demand; a system of shared parking served by a simple shuttle loop is conceptualized.

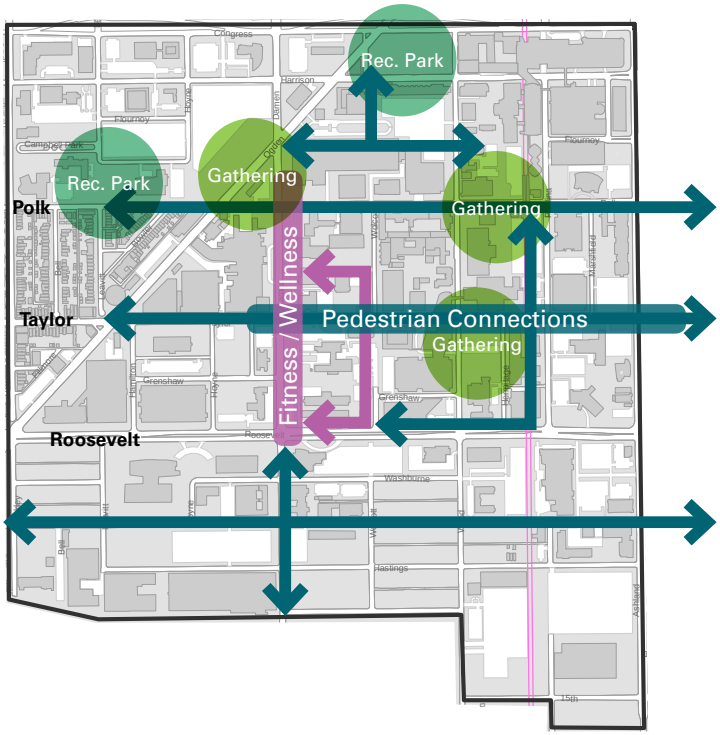
Urban Design + Land Use

PLANNING STRATEGIES

Today, the District lacks identity due to the extensive surface parking areas and underutilized vacant land. To foster a more vibrant urban medical center, strategic design of these underutilized sites will add a sense of character throughout the District. The design criteria will include expanded opportunities for ground floor active uses and expanded amenities at appropriate locations. By focusing these changes along primary pedestrian corridors such as Polk, Harrison, and Taylor Streets, and adjacent to existing transit stations, people will naturally gravitate to these areas, generating street activity and supporting retail vitality. This framework of planning strategies was used to create a planning vision that satisfies the goals and aspirations of the District.

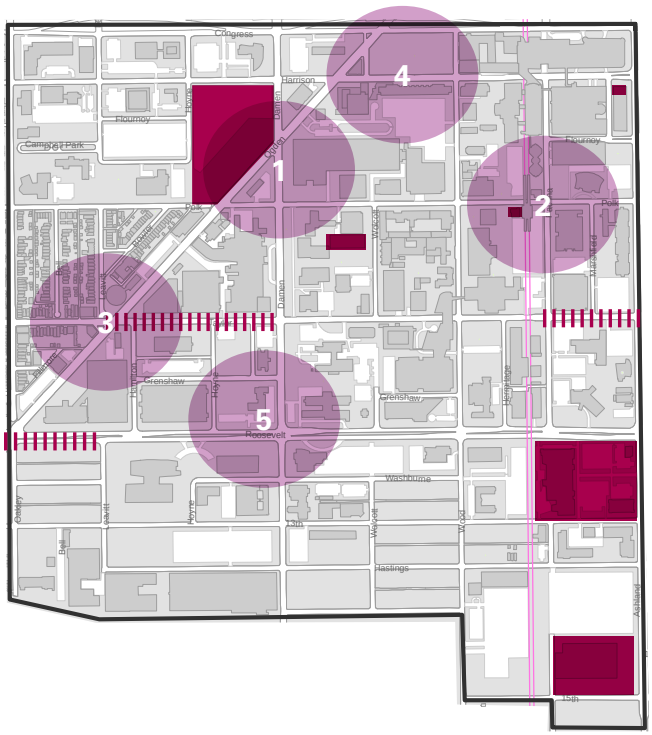
IMD Sustainability Plan

The IMD Master Plan offers a tremendous opportunity to implement the goals of the IMD 2014 Sustainability Plan, and deploy sustainable design strategies at the District level, for both buildings and landscape. This IMD framework is a unique opportunity for achieving community and health-oriented outcomes, as well as innovative design and engineering performance. Specifically, there are opportunities relating to conservation of natural resources by outlining benchmarks and energy goals for power, heating, and cooling; reducing the number of parking spaces and consolidating parking locations through the use of a shared shuttle system; enhancing stormwater management, promoting of natural habitats, and establishing consistent guidelines for landscape materials, maintenance and plant specifications.



Pedestrian Connections / Gathering Space

A more systematic approach to open space and recreation is needed to serve the District. A hierarchy of linear parkways, pedestrian streets, and pockets parks is planned to provide more opportunities for street life, and social interaction.



Retail Nodes Strategy

1. Expand Gateway retail along Polk Street and Harrison Street 2. Create infill services and retail along Paulina Street and near the Pink Line 3. Extend Taylor Street to the east and west 4. Cook County planned retail 5.Create a retail node along Roosevelt Road.

Concept Master Plan Overview

FUTURE MASSING CONCEPT

Concept Master Plan Overview

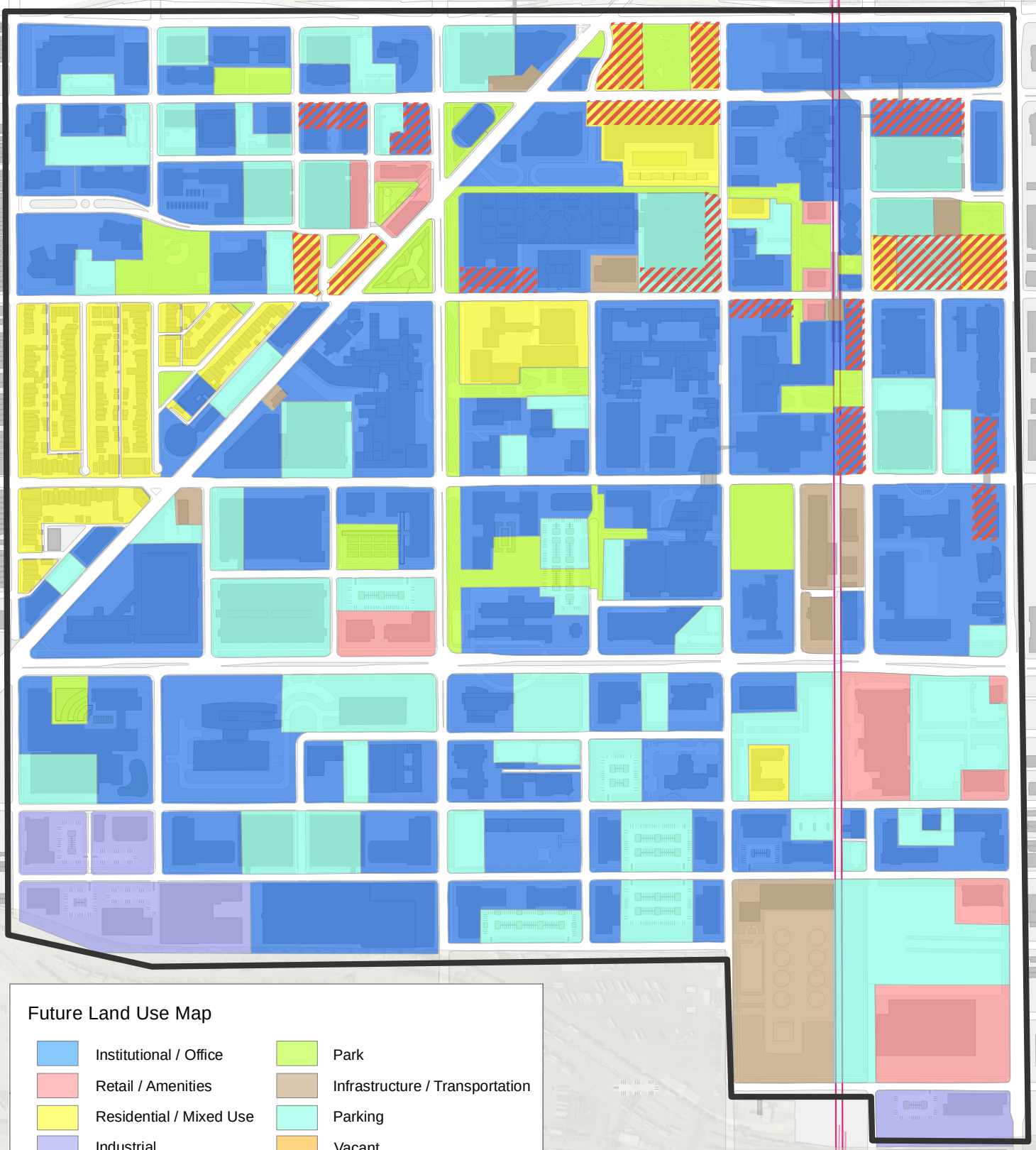
FUTURE MASSING CONCEPT

Concept Master Plan Overview

FUTURE MASSING CONCEPT

URBAN DESIGN + LAND USE

IMD MASTER PLAN

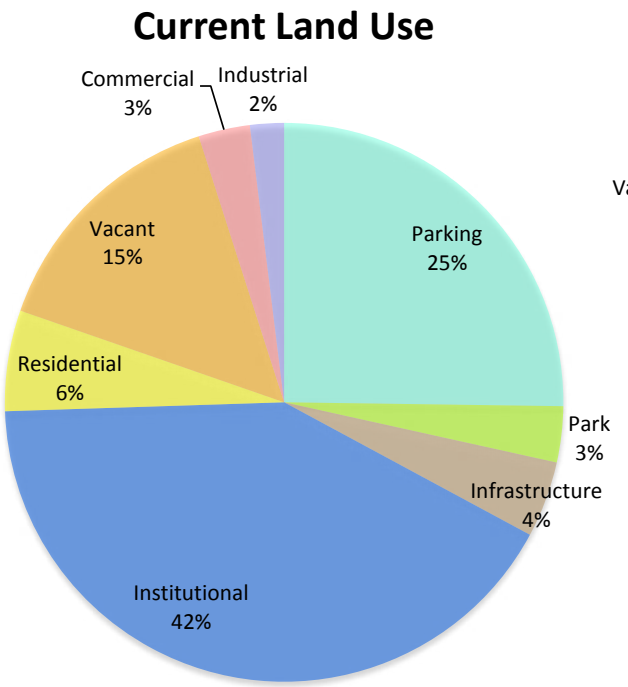

Future Land Use Map
Institutional / Office
Retail / Amenities
Residential / Mixed Use
Industrial
Ground Floor Retail
Park
Infrastructure / Transportation
Parking
Vacant
N
0
250
500
1,000 Feet

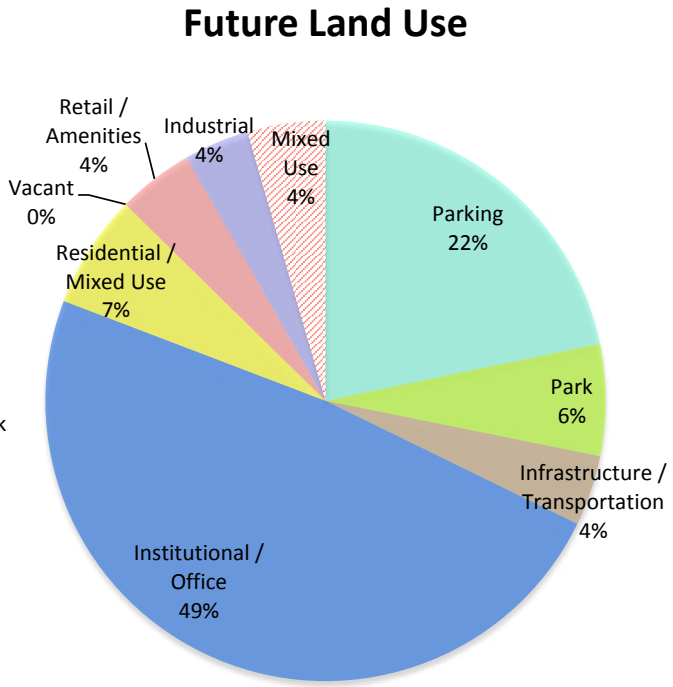
Urban Design + Land Use

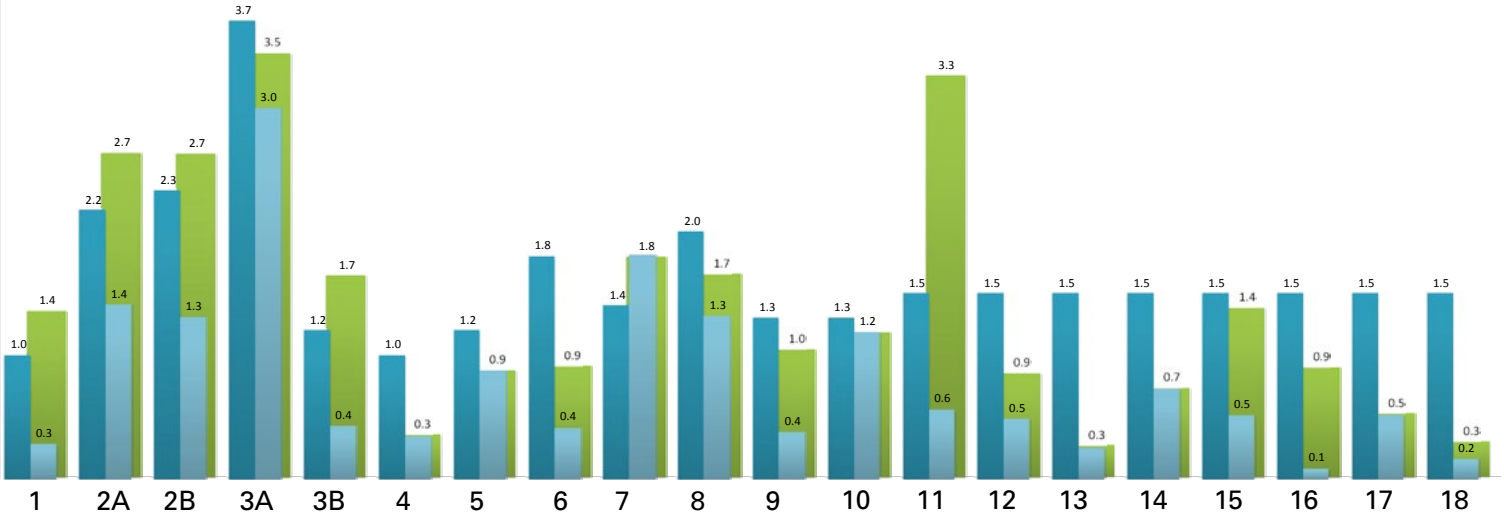
FUTURE LAND USE PLAN

The Master Plan conceptualizes both proposed institutional expansion and strategic development of active land uses and support amenities within the District, with the goal of providing a full build-out scenario of the vacant property. Most of the new development will be for institutional, office, research, and educational uses that support the core medical mission of the IMD. To facilitate this growth, increases in retail, amenities, housing, and open space will help establish a livelier 24/7 district. It is recommended, to the extent possible, that surface parking expansion be discouraged, favoring denser and more efficient forms of parking supply such as shared garages.

The creation of mixed-use zones throughout the District is also critical to changing the character of the District. Shown with a hatch in the accompanying diagram, active ground floor uses in the District such as neighborhood services and small-scale retail and food service businesses are planned to be clustered along existing pedestrian corridors and adjacent to transit stations. The locations for these nodes were selected to provide activity zones throughout the District, so that amenities and services are convenient and available for all District employees and visitors.





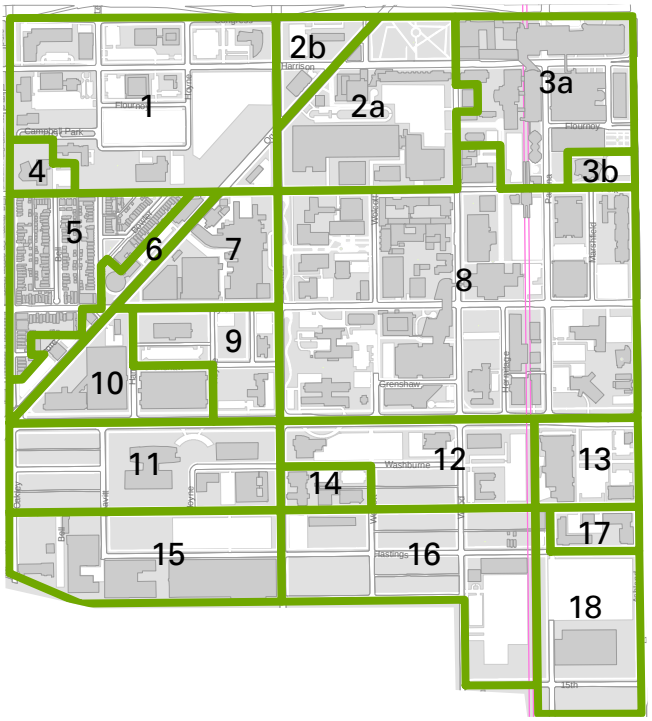


Needed FAR for Full Buildout (as shown in the concept plan)

Current Allowable FAR (per PD#30)

Current Used FAR (based on previous plans and stakeholder data)

Sub-Area Name	GFA Deficit / Excess (to support concept for full build out)	Proposed Future Action
1	**(666,049)**	**Needs Increase**
2A	**(650,133)**	**Needs Increase**
2B	**(74,355)**	**Needs Increase**
3A	273,661	Should Stay the Same
3B	**(54,928)**	**Needs Increase**
4	97,548	Should Stay the Same
5	***211,639***	***Could decrease***
6	***209,008***	***Could decrease***
7	**(254,450)**	**Currently Over Allowable FAR**
8	**1,371,839**	**Needs Increase**
9	137,741	Should Stay the Same
10	65,976	Should Stay the Same
11	**(1,941,225)**	**Needs Increase**
12	***537,966***	***Could decrease***
13	***586,212***	***Could decrease***
14	***135,818***	***Could decrease***
15	132,686	Should Stay the Same
16	***795,823***	***Could decrease***
17	***180,860***	***Could decrease***
18	***1,107,638***	***Could decrease***

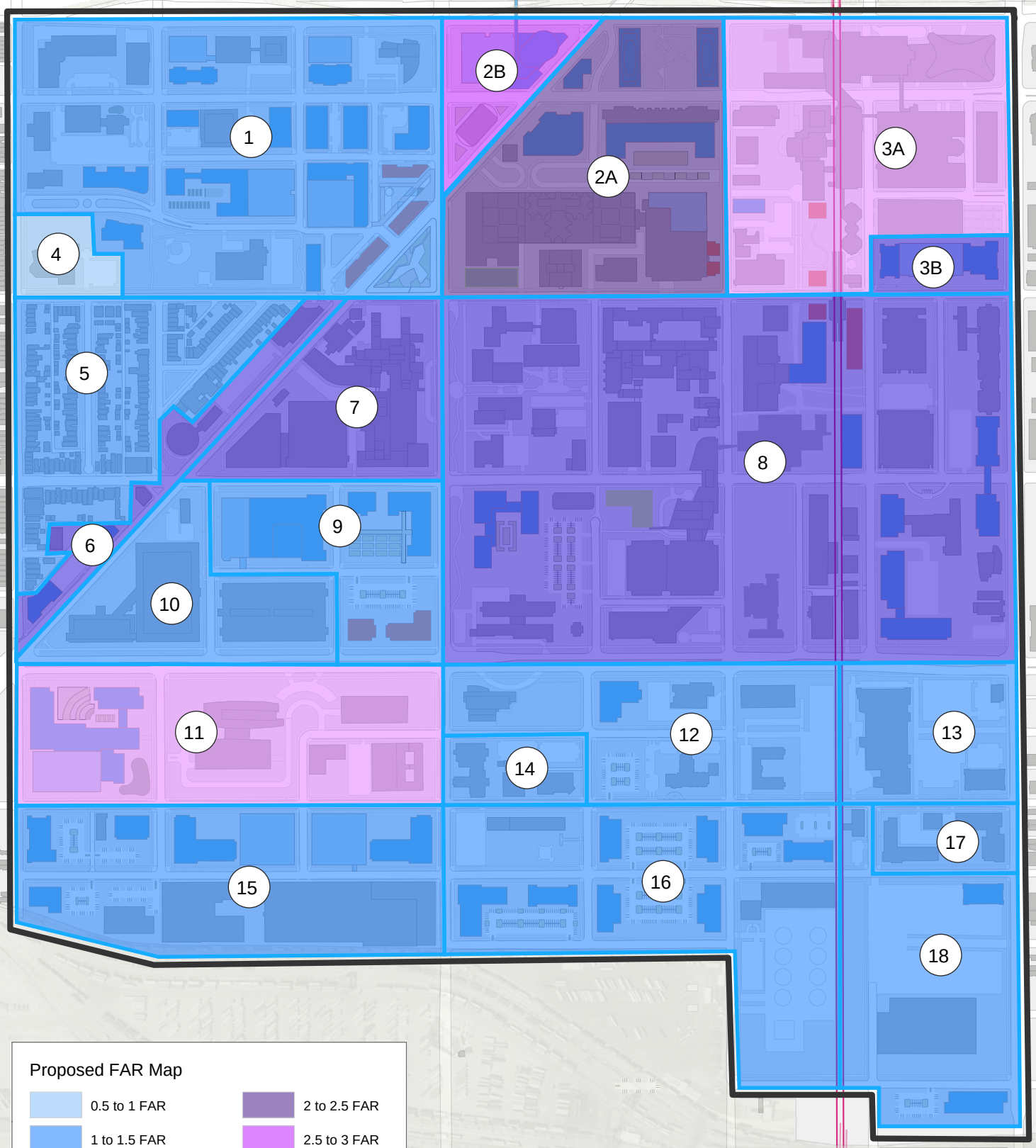


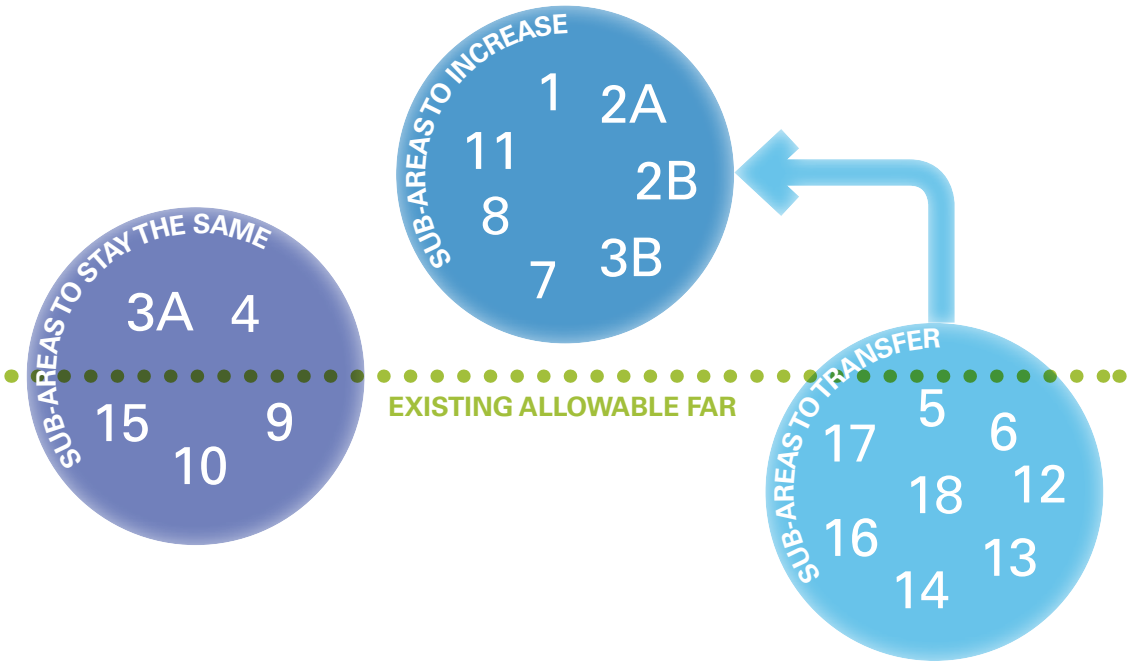
Urban Design + Land Use

ANALYSIS OF DEVELOPMENT POTENTIAL

An analysis of the existing built-up-area (Gross Floor Area, or GFA) was conducted to provide a baseline for understanding the remaining development potential allowed under the City of Chicago Planned Development #30, the District's legal regulation document regarding land development. The building area information was compiled by zoning sub area, with information gathered directly from stakeholder institutions, previous plans, and studies. The bar chart to the left is a summary of this information for each sub-area, which identifies allowable FAR, used FAR, and the remaining balance. Many of the District sub-areas have excess FAR that can be utilized for future development. Some sub-areas have more FAR available than could reasonably be used, based on the land area. Other District sub-areas lack adequate FAR to accommodate the proposed development in a more urban block and building configuration.

To better understand these built form relationships, a conceptual infill development land plan was created. These building massing diagrams (as illustrated in the adjoining concept plans and visualizations) represent a full build-out scenario, based on development best practices and with consideration of the District goals to create a higher density, well-designed, urban district. General assumptions based on urban design best practices were utilized to substantiate the relocation of GFA areas within the Master Plan concepts. This analysis identified allowable FAR in each sub-area and revealed sub-areas lacking sufficient allowable FAR. The tables and charts on this page illustrate the findings of this district density and GFA analysis.

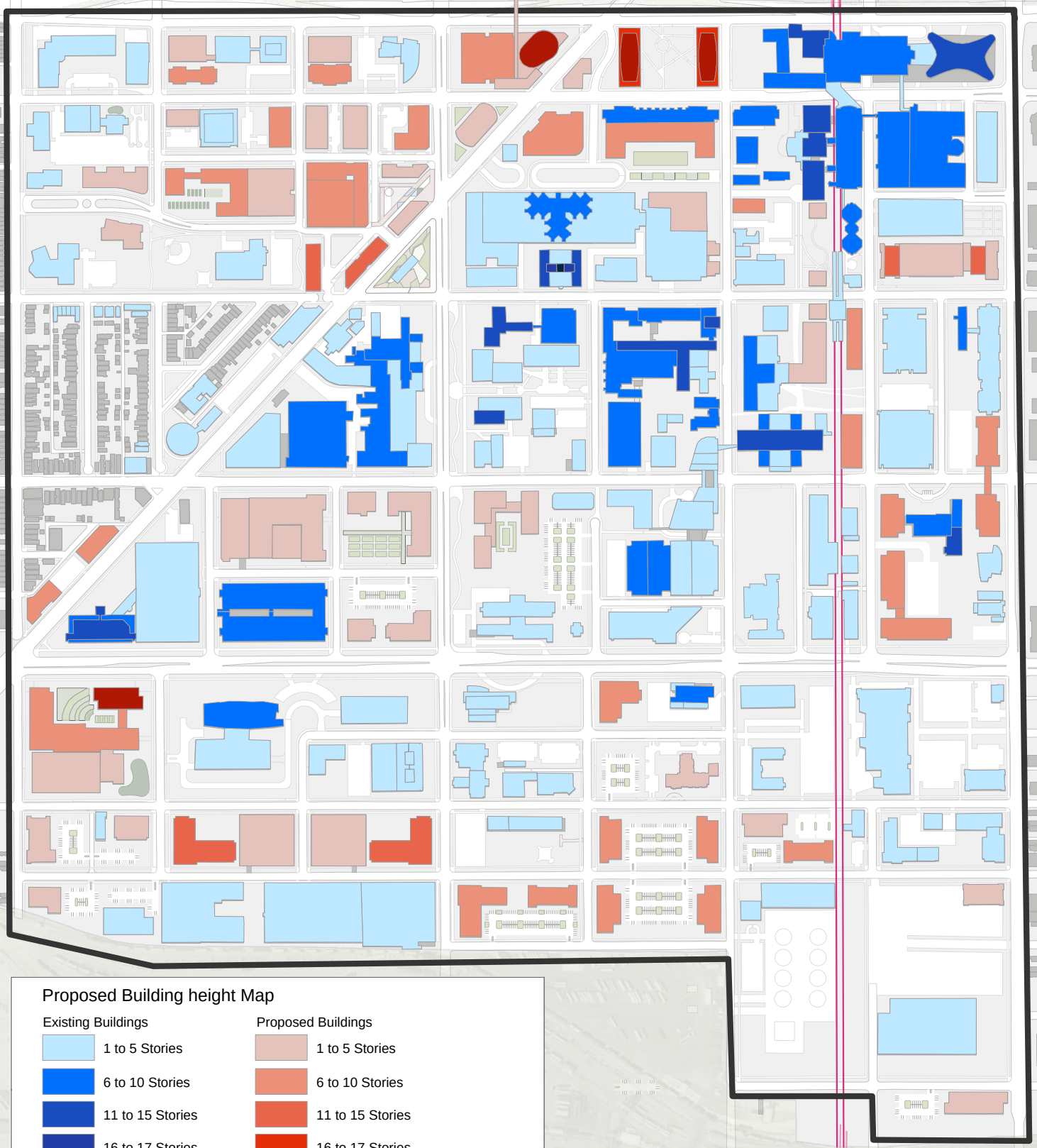

2B
1
2A
3A
4
3B
5
7
8
9
6
10
11
12
13
14
17
15
16
18
Proposed FAR Map
0.5 to 1 FAR
1 to 1.5 FAR
1.5 to 2 FAR
2 to 2.5 FAR
2.5 to 3 FAR
3 to 3.5 FAR
N
0
250
500
1,000 Feet



Urban Design + Land Use

FUTURE DENSITY

Based on the GFA analysis of this plan, the allowable GFA for the entire District can accommodate anticipated future District-wide development goals. However, transferring GFA from sub-areas with excessive FAR to sub-areas with inadequate FAR will be necessary. Specific sub-areas that require an increase include the northern and southern gateways (sub-areas 2A, 2B, and 11) and the Chicago Technology Park (sub-area 1). In order to accommodate development appropriate for these large sites, GFA transfers from smaller, substantially built-out sub-areas is recommended. For example, with the construction of the IMD Gateway Development the Chicago Technology Park will not have enough FAR to accommodate the full development program on the property. The future proposed densities conceptualized in the Master Plan focus higher density development in areas adjacent to transit stops, along major thoroughfares, at District gateways, and in existing higher density locations. Shifting available FAR to these sub-areas would help to create a strong urban character with a sense of arrival for visitors to the District, walkability near transit stations, and appropriate scaled development. This higher density development can be achieved by transferring allowable GFA from built-out sub-areas such as 6, 17, or 18, that have remaining unused GFA available as defined in the PD requirements. Additionally, this transfer of GFA would ensure that developments within existing residential areas and adjacent to other low density uses would remain appropriately scaled to the neighborhood context.


Proposed Building height Map
Existing Buildings
1 to 5 Stories
6 to 10 Stories
11 to 15 Stories
16 to 17 Stories
18+ Stories
Proposed Buildings
1 to 5 Stories
6 to 10 Stories
11 to 15 Stories
16 to 17 Stories
18+ Stories
N
0
250
500
1,000 Feet

Urban Design + Land Use

FUTURE BUILDING HEIGHTS

Strategically locating taller buildings in gateway zones and along major corridors will help transform the District into a more recognizable, inviting and cohesive urban place. The tallest buildings in the District today generally delineate the center of each medical institution, and are the result of sequential growth of that individual institution, with little relevance to the District as a whole. The Rush East Tower, at the intersection of Congress Parkway and Ashland Avenue, is one of the most recognizable and iconic buildings in the District. The facility's unique shape, height, and corner visibility successfully marks the entrance to the Rush Medical Center campus. Other recognizable buildings in the District include UIC's historic College of Medicine towers, the Jesse Brown VA Medical Center, and the FBI building. The IMD Master Plan outlines guidelines for creating transition zones between these centers by developing vacant property to establish street walls, with taller buildings at key intersections that will define the gateways and create a cohesive district. Some of the recommended strategies / locations for future taller and signature buildings in the District include:

Northern Gateway

Taller buildings along Congress Parkway and Harrison Street would extend the existing massing of Rush's core facilities, Cook County's main hospital, and the historic Cook County hospital building. Tall buildings flanking Pasteur Park and on the proposed Transit Hub site would create a strong gateway to the District from the north.

UIC West Campus Gateways

Similar to recommendations found in the 2010 UIC Master Plan, gateway buildings at the intersection of Ashland Avenue and Taylor Street and along Roosevelt Road would better define the entrances to their West Campus, and give the University a stronger presence along the District's major thoroughfares.

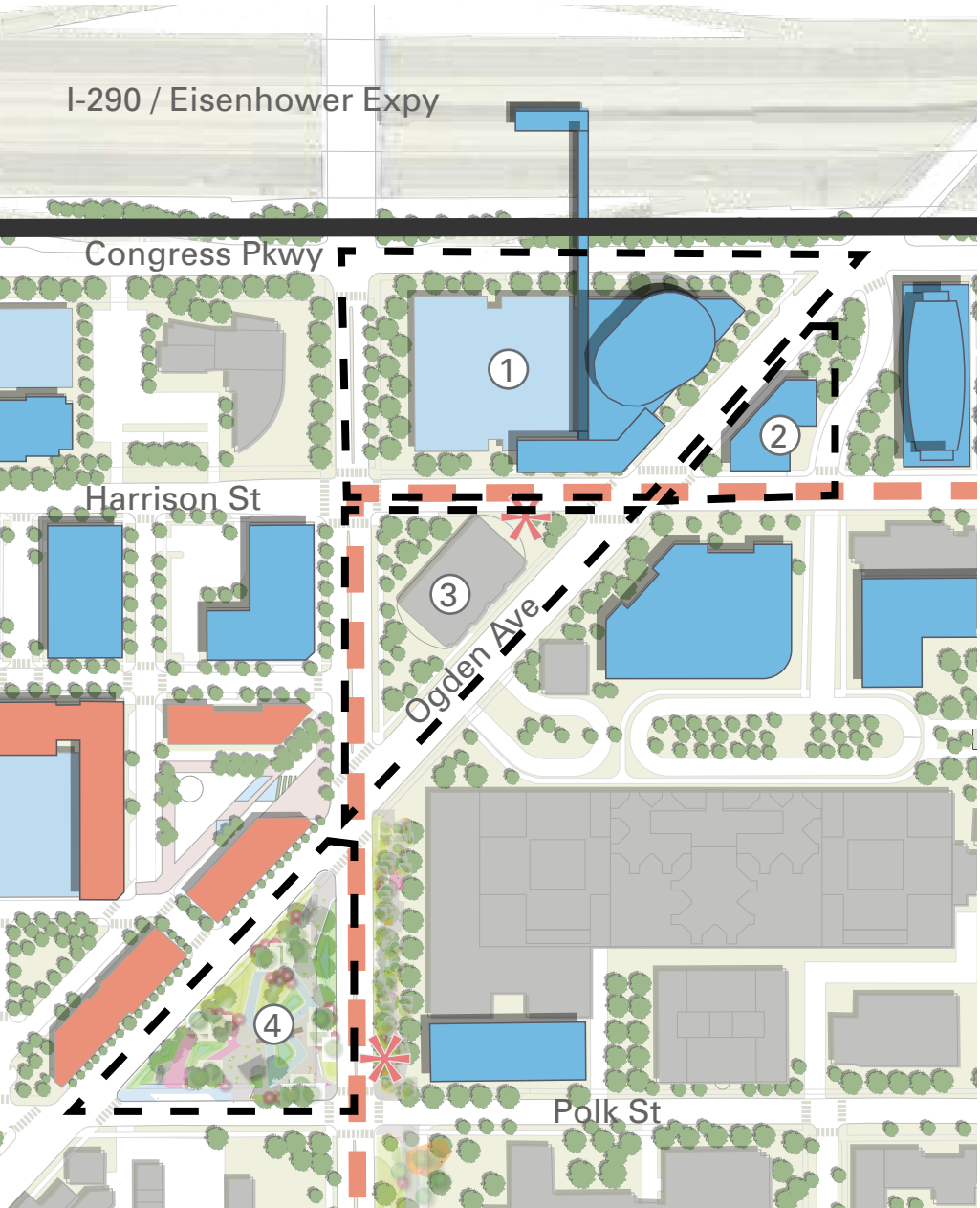
Southwestern District Gateway

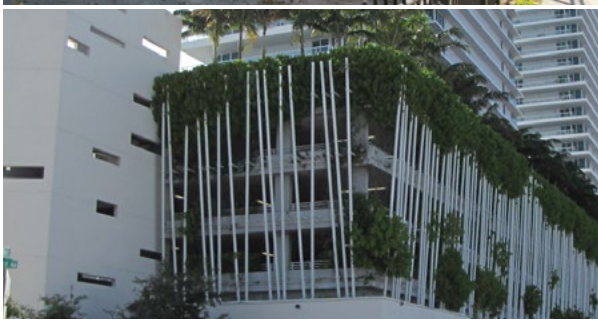
Currently, the gateway to the District from the south and west is defined by vacant land. The IMD Master Plan envisions a larger office- or research-related use for these sites, which would include a tall office tower. This building height would be consistent with other recent developments along Roosevelt Road, and appropriate to the scale of the street.

Urban Design + Land Use

NORTHERN GATEWAY CONCEPTS

The primary vehicular approaches to the IMD are from the major arterial roadways, including Ogden Avenue, Damen Street and Ashland Avenue. At these primary District entry intersections, it is important to create "welcome gateway zones" to provide clear and convenient visitor access to the District's key stakeholder institutions and facilities. Currently the access into the District from the north, along Ogden and Damen Avenues lacks identity but has the potential to create a gateway with a true sense of arrival. Several of the triangle-shaped parcels currently house vacant buildings or underutilized land. The future development of these sites is critical to the branding and identity of the District. Also, a multifaceted approach to transportation in the gateway zones will ensure that there is an appropriate balance between vehicular and service needs and the pedestrian experience.





Urban Design + Land Use

NORTHERN GATEWAY CONCEPTS

1 Gateway Transit Hub Concept:
Currently this site houses a mid twentieth-century, multi-family housing tower that covers very little of the site area, with deep setbacks, blank facades, and surface parking lots. This is a prime location and should be redeveloped in a manner that takes advantage of location and adds value to the District. The location, adjacent to the expressway and CTA Blue Line stations, is ideal for the creation of a future District transit hub. The transit hub could house a mix of uses including office, laboratory, retail, and housing, as well as a shared park and ride for use with the proposed District shuttle. The site is also situated to facilitate the creation of an indoor connection over the expressway to the CTA stations.

2 New Gateway Retail:
Directly adjacent to the transit hub site is a vacant mixed use building that is slated for demolition. Plans for the rehabilitation of the former Cook County Hospital building and expansion of the Stroger Medical campus include modifications to the street network in this area. This parcel would be best suited for a small mixed-use development or IMD visitor center.

3 Gateway Signage / IMD Branding:
Directly to the south, the triangular block bounded by Damen, Ogden, and Harrison Streets is ideally located to provide future wayfinding and IMD-branded signage. Currently the site houses an electrical sub-station, which has four blank façade and basic landscaping. This site could be easily transformed by artful signage, pylon signs, and wrapping the façade with a new design, signage, and material to disguise the station. A redesign of the façade could incorporate imagery related to the community or to healthcare, and should involve the stakeholders, local artists, and the surrounding communities in its design. The projecting corners of the site are ideally shaped for large scale District wayfinding signage that could serve to direct visitors to the various District stakeholder institutions and amenities. These signs would provide a distinct sense of identity and arrival for visitors and employees of the District.

4 New Gathering Place:
The triangle parcel furthest south currently contains a vacant office building planned for demolition. This property, located at the crossroads between the historic Tri-Taylor neighborhood to the west the Jesse Brown VA Medical Center to the south, and UIC West Campus to the east, would work well as a District park. This park space could host community and District events, as well as provide program space for employee and residents' recreational activities. Further discussion of the programming and concept design for this space is located in the Public Realm + Landscape chapter.

Concept for Future Harrison Street

Urban Design + Land Use

HARRISON STREET

Images:
Several images of exisitng Harrison Street illustrate the many different characters of the street.

Harrison Street is already a key corridor for the District, and it will continue to grow in importance as new facility developments are realized by stakeholder institutions. The street today serves as the main access corridor for Rush Medical Center, the Chicago Technology Park, the proposed IMD Gateway Development, and the revitalized historic Cook County Medical Center campus. Strategically, Harrison Street is the District's "main street," and should be a focus of coordinated infrastructure and streetscape improvements. The street width is well suited to become a walkable, multimodel street. Community and institutional stakeholders have noted that Harrison Street already serves as a major bike route.

Some of the issues that should be addressed to improve the street are:

- Lack of continuity: Many areas of Harrison Street already have high quality streetscape, such as the area adjacent to Rush University Medical Center between Paulina Street and Ashland Avenue, and the blocks west of Hoyne Avenue. Other areas are not inviting to pedestrians, with broken and narrow sidewalks, such as the area between Damen Avenue and Paulina Street.
- Unsafe Pedestrian Crossings: Several intersections need to be improved to support the walkability and pedestrian safety of this corridor, including the intersections of: Damen / Harrison, Damen / Ogden, and the Ogden and Harrison intersections.
- Ground Floor Uses: To encourage pedestrian activity along Harrison Street throughout the day, building façades need improvements to better address the street, allowing for greater transparency, storefront design, and active uses. New ground floor retail is currently planned for the intersection of Damen Avenue and Harrison Street as part of the IMD Gateway Development. Active ground floor uses along Harrison should be required for new developments.
- Urban Streetwall Design: Most of the buildings currently along the corridor have deep setbacks of varying widths, and some contain landscaped areas while others support surface parking lots and vehicle drop-off zones. Future buildings along the corridor should be required to build closer to the Harrison Street frontage, and locate major entrances along the street to redirect pedestrian activity to the public realm. Parking, loading, and service functions should be encouraged to be located at the rear of parcel, and not visible from the Harrison Street frontage.

Concept for Future of the Pink Line Station Area, at Polk Street and Paulina Street

Images:
Examples of active retail streets show successful opportunities for mixing office and retail uses.

Urban Design + Land Use
RETAIL NODE CONCEPTS

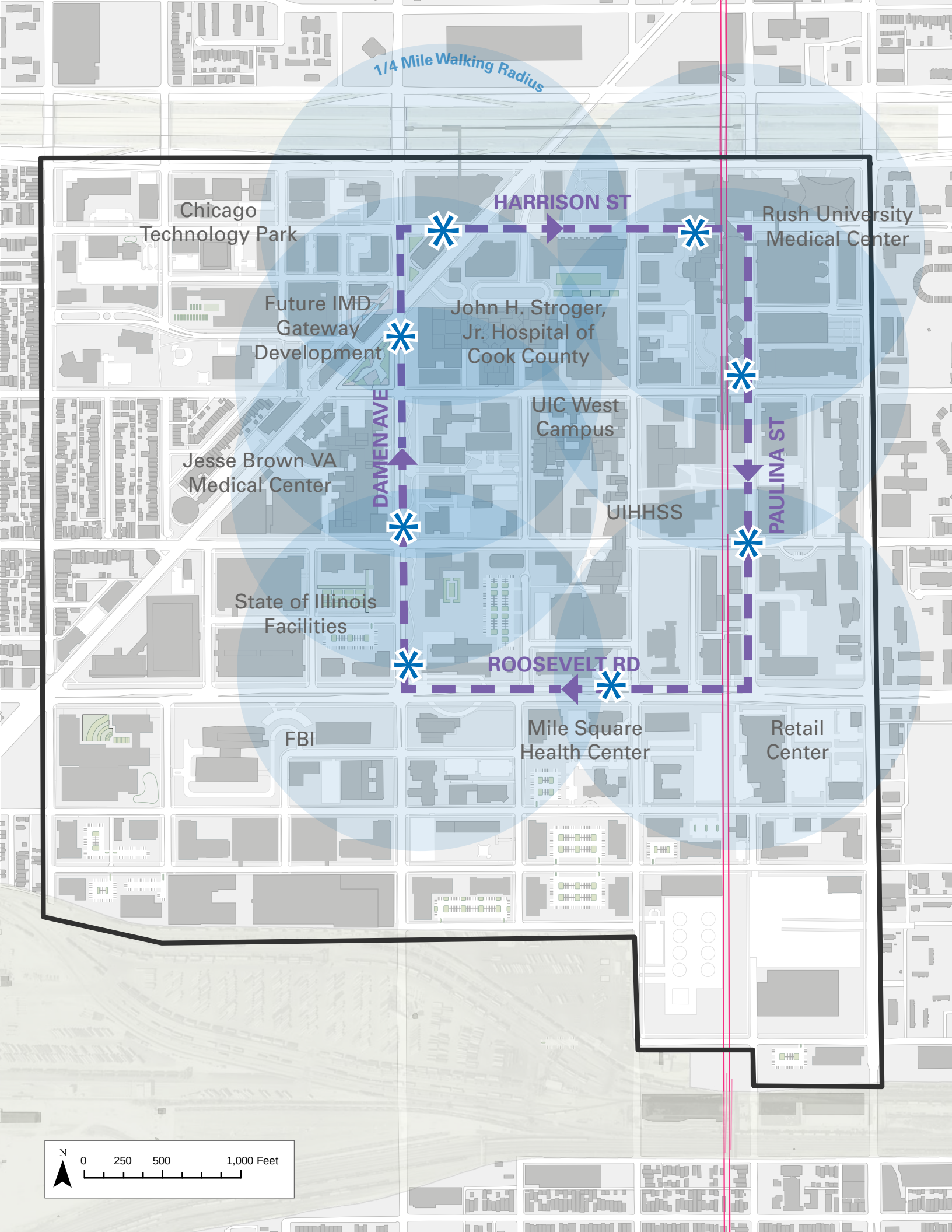
One of the key goals of the Master Plan is to strengthen the walkability of the District by decreasing the distance between transit links and urban amenities such as retail, hotels, and restaurants. This District operates in an urban context, and the plan outlines guidelines that will harmonize the expansion of multiple institutions with mixed-use development. The desire for additional retail, amenities, and services was a common theme supported by community and institutional stakeholders. The creation of pockets of urban amenities with ground-floor restaurants, coffee shops and services is an important part of realizing a safer, more mixed-use, and more active medical district in the future. Active storefront uses will help create a vibrant street presence, provide spaces for informal meetings and collaboration, and attract new development interest.

Several locations in the District have been identified as appropriate for ground floor retail nodes:

- Paulina Corridor / CTA Pink Line Station: Vacant parcels located adjacent to the CTA station are ideal for small scale retail, or mixed use buildings with ground floor retail. This location offers a strong opportunity to capture some of the retail needs of the commuter/pedestrian traffic to and from the CTA station. A larger vacant parcel north of Polk Street and to the west of the CTA tracks is an opportunity to provide both green open space (along the existing pedestrian path) and additional retail/restaurant development.
- Intersection of Damen Avenue and Roosevelt Road: The proposed consolidation of the Illinois State facilities in this area will open up future development parcels, in a prime location for convenience retail to serve the southwestern portion of the District. Currently this area lacks retail amenities within a walkable distance.
- Roosevelt Road and Ogden Avenue: The Cook County Juvenile Court anchors the northeast corner of Roosevelt Road and Ogden Avenue intersection. Many of surrounding parcels at that intersection are vacant and present an excellent opportunity for significant institutional development and/or retail amenities.
- Taylor Street and Ashland Avenue Gateway: Taylor Street is a neighborhood scale retail street, emanating from the heart of the former 'Little Italy' community. Lined with historic mixed-use buildings, including many Italian restaurants, Taylor Street has a vibrant and walkable street character. As Taylor Street extends into the District it needs continue to support that walkable pedestrian environment, with compatible building scales, storefront retail and inviting streetscapes.
- Cook County Campus: The County is currently evaluating their core medical needs and campus aspirations to reposition the Stroger Hospital and Cook County Buildings along Polk Street. The Fantus Clinic is slated for demolition with the goal of relocating the medical program to a new facility. Retail and a new cafeteria is being planned as part of this new clinic, along the Polk Street frontage. Along with these development plans, the County is also addressing improved vehicular circulation and parking needs on campus.

TRANS-PORTATION + CONNEC-TIVITY

IMD MASTER PLAN


1/4 Mile Walking Radius
HARRISON ST
Chicago Technology Park
Rush University Medical Center
Future IMD Gateway Development
John H. Stroger, Jr. Hospital of Cook County
UIC West Campus
DAMEN AVE
PAULINA ST
Jesse Brown VA Medical Center
UIHHSS
State of Illinois Facilities
ROOSEVELT RD
FBI
Mile Square Health Center
Retail Center
N
0
250
500
1,000 Feet

Transportation + Connectivity

PROPOSED "DISTRICT LOOP" SHUTTLE

One of the primary connectivity issues is the lack of continuity linking the different institutions within the District. Due to the size and the underlying nature of several distinct hospitals and facilities, the District is often not truly utilized as a campus.

Internal shuttles have been successful in moving people within major medical campuses, both locally and nationally. Locally, the University of Chicago has an internal shuttle – both private and CTA operated– that provides internal campus circulation and connections to regional Metra and CTA systems. Texas Medical Center (Houston) has a successful example of a campus shuttle service, which operates from early morning through late evening at five-minute frequencies, on three bus lines. This service connects to the Metro Rail network which provides links to locations throughout the region. This service also includes real-time arrival information for customers.

Shuttle systems improve safety, provide campus continuity, and spur activity by expanding the distance that people can access without a car. The average distance that a person will walk for a trip – also known as walkshed -- ranges from ¼ to ½ mile. A District Loop shuttle service on the IMD campus will expand the distance everyone can access without driving. Providing this service will help to create a holistic sense of the campus, reduce the demand for parking, and contribute to a greener, healthier more sustainable District environment.

A proposal to implement the District Loop Shuttle follows, including details on the proposed route, service and importance of this transportation strategy.

Route

The shuttle will connect all major institutions – including UIC, Rush, Cook County, VA Hospital, and the FBI Chicago Office -- through a simple one-way transit loop operating on Paulina, Roosevelt, Damen, and Harrison. The route will also provide a transfer connection to the CTA Blue and Pink lines. Employees and visitors will have access to the entire District for discretionary trips as well. The proposed shuttle route would also connect several large parking facilities and current and proposed retail zones.

Service

This one-way loop is designed to be completed in approximately 10 minutes, providing a fast, easy and convenient mode of transportation. In order to accomplish these goals, it is vital that the shuttle has a simplified route structure with limited stops. The shuttle must also run at a high frequency of approximately 3 to 5 minute headways. It will require 2-3 vehicles to operate and could be accomplished through a number of different financing mechanisms, including new District assessments, contributions from institutions, grants and other future new revenue sources.

Importance for First/Last Mile

The shuttle would work as a first and last mile solution for both internal circulation and connections to the larger CTA public transit network. Workers and visitors that take the CTA Blue or Pink Lines to the District are often restricted by a 1/4-1/2 mile walkshed. This is the average range of distance that most commuters would walk to access transit, commute and/or for discretionary trips. The new shuttle will double this walkshed and access to regional transit connections.

Operations and Estimated Costs

Options for operating the shuttle service would include private contractors or a partnership with the Chicago Transit Authority. The estimated operating costs of this conceptual shuttle would range from $500,000 - $800,000 annually.

District Loop Shuttle Details

- Simple 1.75 mile one-way loop
- Connects all major institutions
- Connects IMD Gateway Development site
- Connects all CTA rail station entrances (Pink and Blue Line Stations)
- Loop circulation time = 10 minutes
- 3 buses = 3 minute frequency, 40-45 operating hours/day (assuming a 15 hour day)
- Could run smaller vehicles (20' - 30' buses) that would accommodate roughly 40 passengers each.

Images:
CTA Jeffery Jump is an example of a branded, higher speed bus route in Chicago.

Image:
To help expand the brand of the IMD, shuttles could take on a unique identity as shown in this example photo.

Images:
Photos of existing parking conditions in the District, including onstreet free parking, surface parking and structures.




Transportation + Connectivity
PARKING

While many areas of the District experience significant parking constraints, at any one time there are at least 5,000 parking spaces on campus that are empty in surface lots or parking structures. Because of the inefficiencies of the parking system, only a fraction of those empty spaces will be available to meet future growth if conditions continue as-is. A comprehensive parking approach is suggested to address the high percentage of the District's land area being dedicated to parking, and the lack of parking coordination between institutions.

Management Structure

Many parking management arrangements are used throughout the country in districts similar to the IMD. Minimum, medium, and maximum levels of involvement and leadership in parking management were reviewed to evaluate the benefits and challenges for the District. The table on the following page summarizes this review.

PARKING

	Benefits	Challenges	Examples
Do Nothing • Business as usual • No IMDC parking role • Members set supply and pricing • No change to use of facilities or on-street parking	• No implementation	• Inefficient use of land • High cost • Auto centric growth & urban form • No control on mode share in the District	
Min • Implement parking task force consisting of District stakeholders • Meet & collaborate regularly on parking needs	• Allows for some coordination between stakeholders • Easy to implement	• Limited control of land resources, mode share and urban form	
Mid • Form overarching Transportation Management Association to develop/administer a Transportation Demand Management program • Set up bylaws to control +50% parking & focus on strategically located large structures • Meter on-street parking	• Successfully manage mode share & urban form if at least 50% of parking controlled • Parking can be strategically placed, shared & amount limited • Part-time stakeholder participation • Revenue generator	• Significant implementation task • Recruit stakeholder members • Association dues	• Portland, OR Transportation Management Associations • Municipality model to control 50% parking in CBD
Max • Hire full-time Transportation Director • Parking advisory committee • Takes over all parking operations and pricing structure • Meter on-street parking & sell employee permits	• Single point of contact to coordinate planning • Streamline decision making process • Control on mode share & urban form • Centralized marketing effort • Allows reaction to changing demand • Person in charge of seeking funding • Revenue generator	• Significant implementation task • Stakeholder gives up revenue & control in exchange for cost burdens • Requires additional staff	• Texas Medical Center (TMC)

Transportation + Connectivity

PARKING

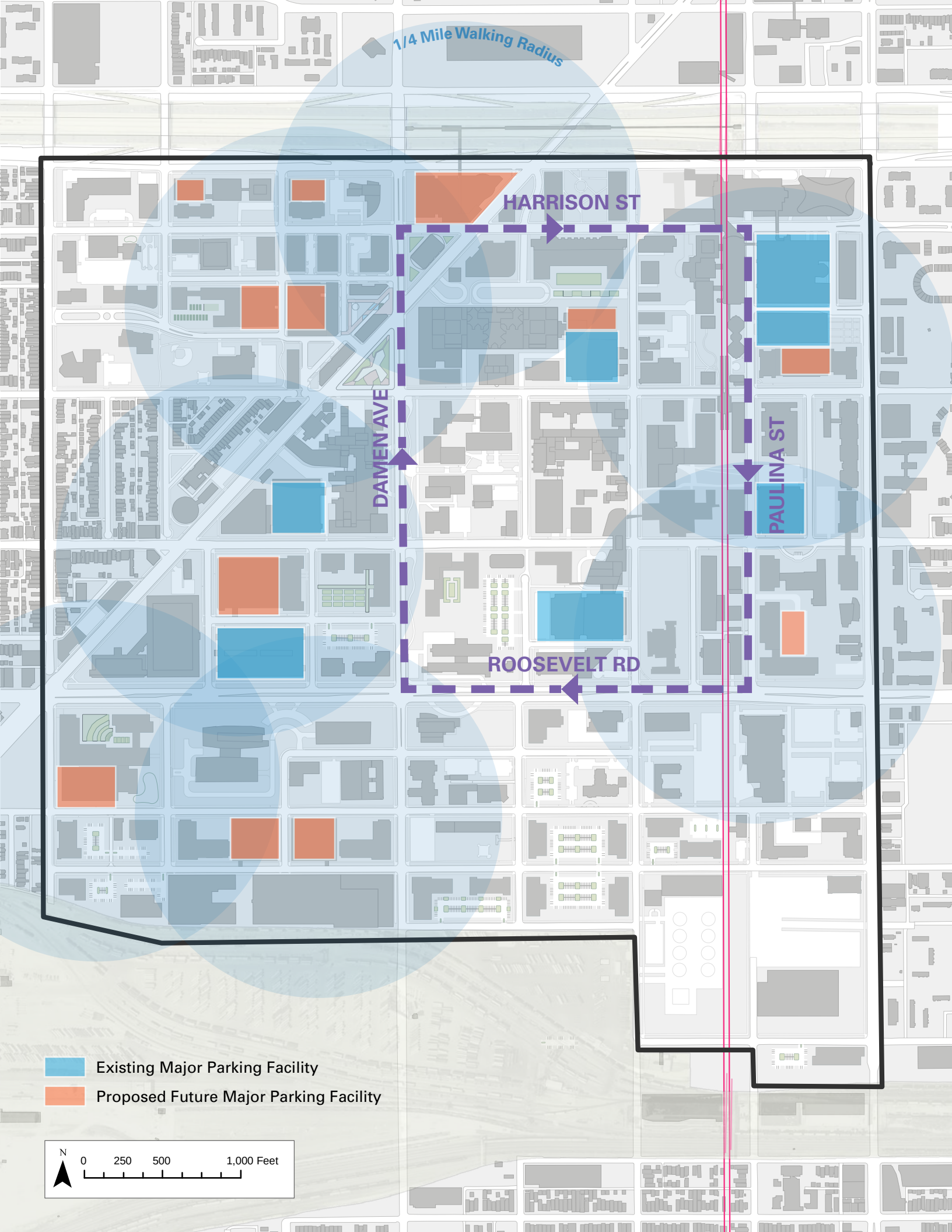
This peer review of parking management structures shows that in a massive, world-class district such as the IMD, a takeover of parking is one of the keys to realizing full development potential as outlined in this Master Plan. It will allow the IMDC to implement a comprehensive Transportation Demand Management (TDM) plan that should include controlling the operations and pricing structure of at least 50 percent of the parking supply in the District. This will create a pool of centralized, public parking spaces shared with all IMD institutions that encourages a "park once" environment. The TDM plan will allow the District to control the direction of transportation issues and create smart parking policy, as well as generate revenue. To establish this system, the IMDC should create the full-time Transportation Director position. Amongst other duties this position would serve as a coordinator tasked with supporting the development, marketing, and implementation of a TDM plan, as well as all coordination, decision processes, and funding. A parking advisory committee should also be established consisting of member stakeholders to inform the proposed Transportation Director and IMDC transportation staff. The IMDC will need to conduct a feasibility study to outline the steps necessary to accomplish this restructuring.

Image:
Top image shows the existing CTA Pink LIne station, Lower image shows existing bike racks on UIC's West Campus.

Transportation Demand Management Plan

With the establishment of a Transportation Director, a comprehensive IMD Transportation Demand Management (TDM) plan should be implemented. As mentioned, an important initial piece of this plan is to put in place a pool of shared public parking by controlling the operations and pricing structure of at least 50 percent of the parking supply in the District. The plan should feature other components that create a "park once" campus such as the proposed shuttle service, wayfinding, enhanced walkability, expanded skyway access, limited surface parking, marketing materials, and intelligent parking systems such as real-time parking availability applications. Additionally, a benefit of a TDM plan is that it can significantly affect mode share in the District. The plan should work to reduce vehicle mode share so that parking supply and traffic impacts can be minimized. Elements of the TDM plan may include:

- Adopt a quantifiable District mode share goal and routinely survey to measure progress


1/4 Mile Walking Radius
HARRISON ST
DAMEN AVE
PAULINA ST
ROOSEVELT RD
Existing Major Parking Facility
Proposed Future Major Parking Facility
N
0
250
500
1,000 Feet

Transportation + Connectivity

PARKING

- Develop a commuter program that tracks (gamification) employee commute habits and offers parking cash out benefits in which employees have the option of accepting cash income instead of using a parking space
- Develop a District transit benefit program that subsidizes CTA users
- Improve carpool and rideshare programs with logistics, marketing, priority parking and subsidies
- Ensure all new development provides bike commuter amenities such as employee showers, lockers, and secure bike parking
- Work with the larger member employers/ institutions to implement a transportation options coordinator to assist employees and students with commuter choices

On-Street Parking

Currently, there is a substantial amount of unmetered parking in the District (over 2,000 spaces in 2012) that is free and time unrestricted. It is recommended that the TDM plan reduce and eventually phase out free on-street parking. Street parking should be maintained as much as possible, but in order to successfully manage parking in the District, on-street parking should be priced at market rate and coordinated with the District-wide parking fees.

It is recommended that the IMDC work with the City of Chicago to conduct a parking meter pilot project. There is not enough demand for standard parking meters everywhere, so the types of meters installed should represent the context of the block. If the block requires rapid turnover, for patients or retail customers, standard parking meters with two-hour restrictions should be installed. If the block does not have much

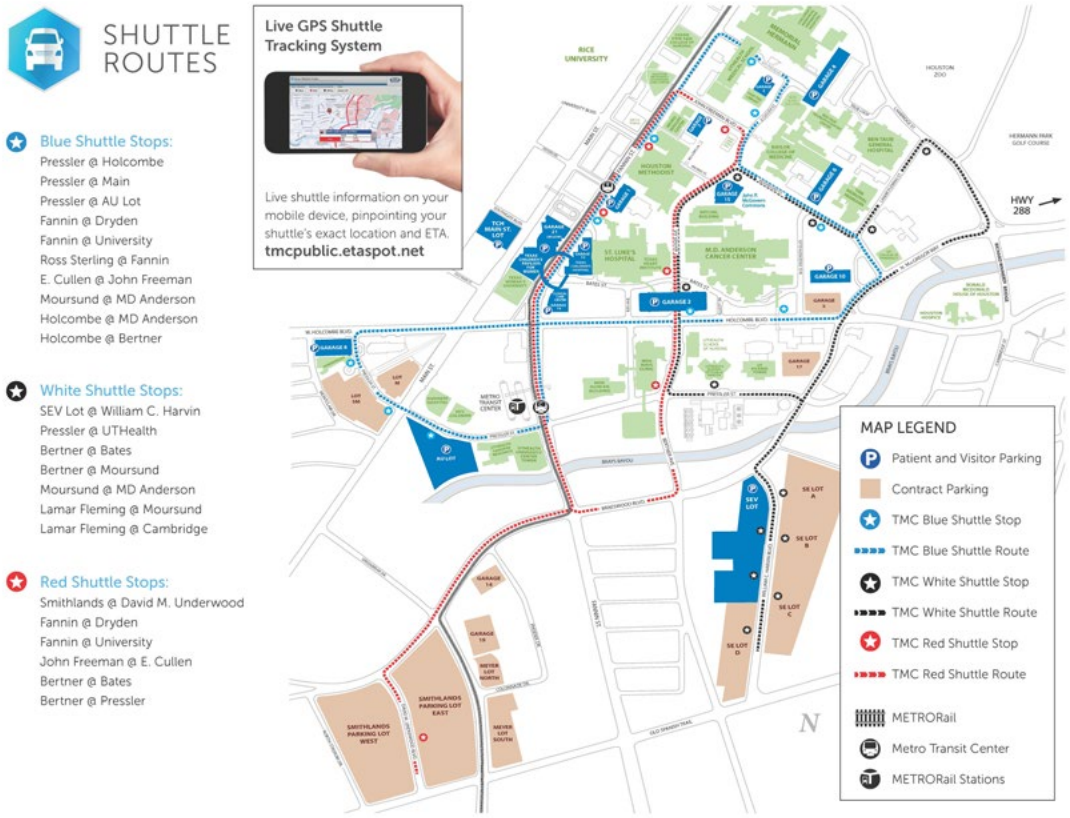
visitor or retail customer activity, it should be metered or permitted for employees.

Residential Parking

All transportation and parking changes within the District must be sensitive to any impacts to the surrounding residential areas. The IMDC should work with residents to protect their neighborhoods from the negative impacts of parking and traffic through establishing residential permit programs and traffic calming elements.

Future Supply

This Master Plan contemplates close to 13 million square feet of new development occurring within the District. Based on parking generation rates specific to the District, an additional 16,800 vehicles may require parking on campus, if build out is realized and mode share remains similar to current levels. To accommodate this growth, the IMDC should work towards the creation of an "outside-in" system of shared parking where garages are strategically located in close proximity to shuttle service but just outside the "District Loop" transit concept so that walking is encouraged within the core area. The concepts in this Master Plan place parking nearby transit, convenient to new development and also serving the central parking supply. Surface parking is limited and is meant to serve short-term patient parking only.



Medical District Parking Best Practices
Texas Medical Center

Texas Medical Center is the largest medical complex in the world. Located in Houston, Texas, it consists of over 40 hospitals, support organizations, academic and research institutions, and public health organizations. TMC operates one of the largest parking systems in the country with almost 27,000 public parking spaces located in 43 parking garages or surface lots throughout the campus and accessible to all TMC institutions. There are also private parking facilities located on campus owned by member institutions. Three complimentary shuttle service routes are operated by TMC to provide transportation for patients, visitors, students and employees around campus.

The majority of the public parking facilities have the same hourly/daily pricing structure, with some economy location options available. TMC parking services also manage a contract (monthly) parking program that offers varying rates based on convenience and allows for shared and off-peak user benefits.

To make parking easily accessible, TMC distributes visitor parking material, operates a helpline phone number and 24/7 security, provides payment options including a prepaid "Smart Chip", and offers a parking website and mobile parking application. The mobile app currently provides parking and shuttle information, maps, traffic conditions, and information on Smart Chips. Using this app, guests can identify parking closest to their current location or destination.

Transportation + Connectivity

BUILT ENVIRONMENT

Pedestrian Environment

Create a master wayfinding program: A District-wide wayfinding system will help to create a unified campus environment and will promote a users to park once. A master wayfinding program should be implemented and administered by the IMDC Transportation Manager. A master wayfinding and signage plan should be developed that would create a master design standard for all District exterior directional and informational signage while still allowing member institutions to have a distinguishable brand. The program should create a streamlined system for signage approval to help create more universal wayfinding signage that is oriented to bikes, pedestrians, and vehicles.

Improve intersection pedestrian refuge areas: There are several arterial or major collector roadways that serve the District such as Ogden Avenue, Ashland Avenue, and Roosevelt Road. In some cases, these roadway widths and high traffic volumes

create a barrier for pedestrian mobility. IMDC should work with CDOT to continue improving intersection design on these streets so that pedestrian crossing distances are as short as possible. Pedestrian refuge islands, curb extensions and smaller curb radii are recommended to minimize both the distance pedestrians have to cross the street and the speed at which motorists make turns. Furthermore, IMDC should work with CDOT to install pedestrian countdown timers at signalized intersections where they do not already exists.

Image:
Pedestrian refuge islands are needed on major arterials such as Ogden and Damen Avenues

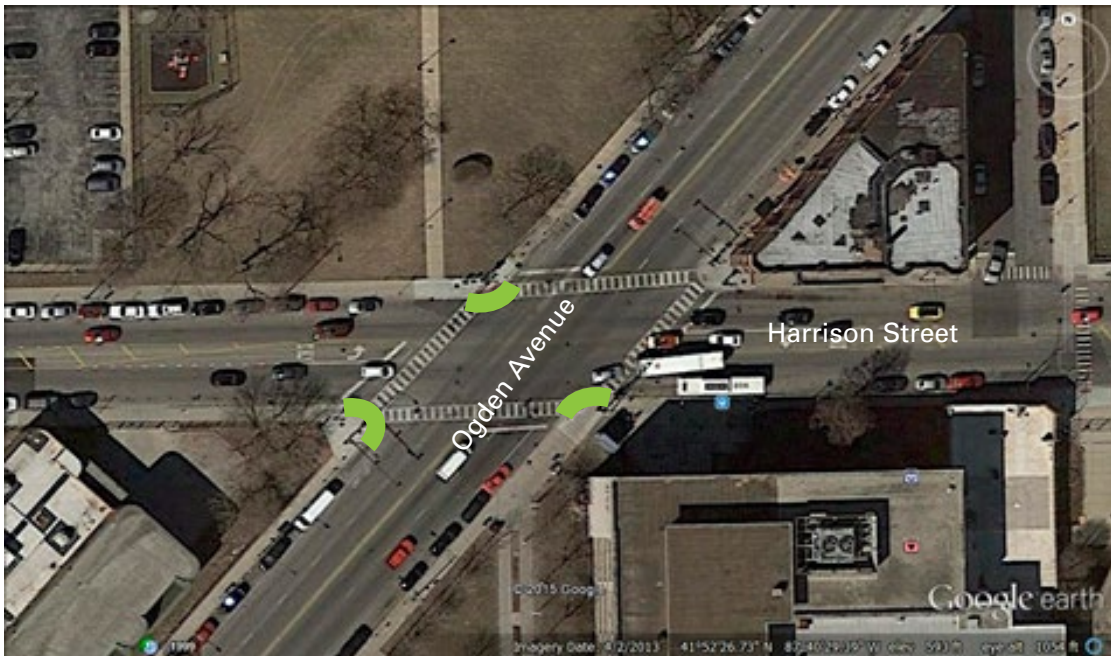


Image:
Bump outs, or tightened turn radii are needed on diagonal streets

Improve mid-block crossings. Mid-block crossings are located throughout the District that accommodate employees, students, and visitors crossing the street on a direct pedestrian path. While future building orientation should locate pedestrian entries/pathways near intersection crossings, mid-block crossings will continue to be necessary to safely accommodate crossings along established ped routes. Tools such as high-visibility pavement markings, pedestrian refuge islands, and pedestrian "stop law" signs can be used to make the District a safer place to travel on foot. Additionally, mid-block crossing locations should be reviewed on a campus-wide level to determine if there are consolidation or relocation opportunities that may make more sense. Some specific locations where consolidating, relocating or enhancing may be appropriate include:

- Consolidate and enhance crosswalk on Damen Avenue at the JBVAMC
- Consolidate and enhance crosswalk on Harrison Street near the IMD Blue Line stations

Formalize pedestrian and cut through paths. In several locations throughout the District, informal pedestrian pathways have been identified that function as a primary route between key District destinations. It is recommended that these paths be formalized and mapped in an effort to reduce pedestrian barriers and establish a systematic framework for open space and recreation. For example, the Flournoy/Winchester "corridors" between Paulina and Ogden should serve as a continuous formal pedestrian way through parking area and buildings, perhaps with wayfinding. Furthermore, "goat trails" have developed where pedestrians and cyclists cut across open space where there isn't already a sidewalk or path. These are indications of a preferred route between two points and should be looked at as a deficiency in the existing pedestrian network. New sidewalk or pathway should be installed in these locations to better accommodate pedestrian access.

Transportation + Connectivity

BUILT ENVIRONMENT

Bicycling Environment

Build out the city-wide bicycle network. In 2012 CDOT released the Streets for Cycling Plan 2020, which identifies 645-mile network of bikeways on city streets so that, when fully built, all Chicagoans will live within ½ mile of a bicycle facility. The infrastructure plan identifies specific roadways and proposed bicycle facility types such as protected bike lanes, standard bike lanes and neighborhood greenways. Since the release of the plan, CDOT has been installing miles of bike facilities each year. The Plan also calls for existing bicycle facilities to be upgraded to accommodate safe cycling for anyone from 8 to 80 years of age. The IMDC should work with CDOT on the implementation of the design and installation of new and upgraded bicycle facilities in the District. These streets include:

- Damen Avenue
- Ogden Avenue
- Polk Street
- 13th Street
- Wood Street

Review bike parking conditions and policies. To continue to expand transportation options for those visiting and working within the District, a review of bicycle parking should be undertaken. A lack of a secure places to park bikes is a major deterrent to people looking to travel by bicycle. There is a mix of city-owned and privately owned bicycle racks within the District, making responsibility for tracking the state of bike parking unclear. It is recommended that the IMDC undertake a comprehensive review of supply and demand of bike parking as part of the TDM plan. Additionally, newly built buildings should provide indoor secure bicycle parking for employees, as well as showers and lockers for personal use. Supply of these facilities could become part of the provisions and incentives within the district-wide transportation policies to help encourage their installation in existing buildings as well. The ongoing management of the District's bike parking and bicycle policies should be under the same administration as the District-wide vehicle parking policies.

Image:
Existing bike racks along Taylor Street near Paulina Street

Expand the bike share system within the District. Divvy is Chicago's bikes share system, whereby 475 stations are located throughout the city with bicycles available for short term, point-to-point rentals. Day passes and annual memberships are available. The system launched in 2013 and is positioned as not only a recreational resource, but one for everyday transportation needs and commuting. There are currently three bike share stations within the District and there are plans for one additional station to be installed as part of system expansion. To increase the utility of bike share for trips within and to and from the District, it is recommended that three to five additional stations be installed. Typically, to obtain more stations that the minimum provided by the city program in an area, the


STREET
CLEANING
NO PARKING
7AM - 9AM
TUESDAYS
APRIL 1 - OCT 31
TOW ZONE


Jesse Brown
Medical Center
TAYLOR ST

Transportation + Connectivity
BUILT ENVIRONMENT

Image:
Existing pedestrian conditions along Taylor Street within the District.

stations must be purchased. Purchased stations can be placed on public right of way, or on private property. The IMDC should work with CDOT to explore funding avenues for Divvy expansion within the District and to locate ideal station sites.

Roadway Network

Eisenhower Expressway Bridges. The roadway bridges across the Eisenhower Expressway have been identified by IDOT as needing rehabilitation. This rehabilitation project's timing presents a excellent opportunity for IDOT, CDOT and the IMDC to explore the District's transportation needs, as these bridges will not be rehabilitated again for decades. The affected roadway bridges are listed below:

- Leavitt Street
- Damen Avenue
- Ogden Avenue
- Paulina Street
- Loomis Street

Image:
Existing crosswalks and roadway conditions on Damen Avenue and Taylor Street.

As part of this master planning effort, IDOT coordinated with the IMDC staff, the consultant team, and other stakeholders including CDOT and the CTA in the preliminary planning of the new bridge cross sections. The planning team introduced initial recommendations for bridge improvements, related to the walkability goals of the Master Plan, for IDOT's consideration. The IMDC should continue to facilitate discussions about these bridge projects and their eventual construction impacts in order to influence the best outcomes for the area's transportation network.

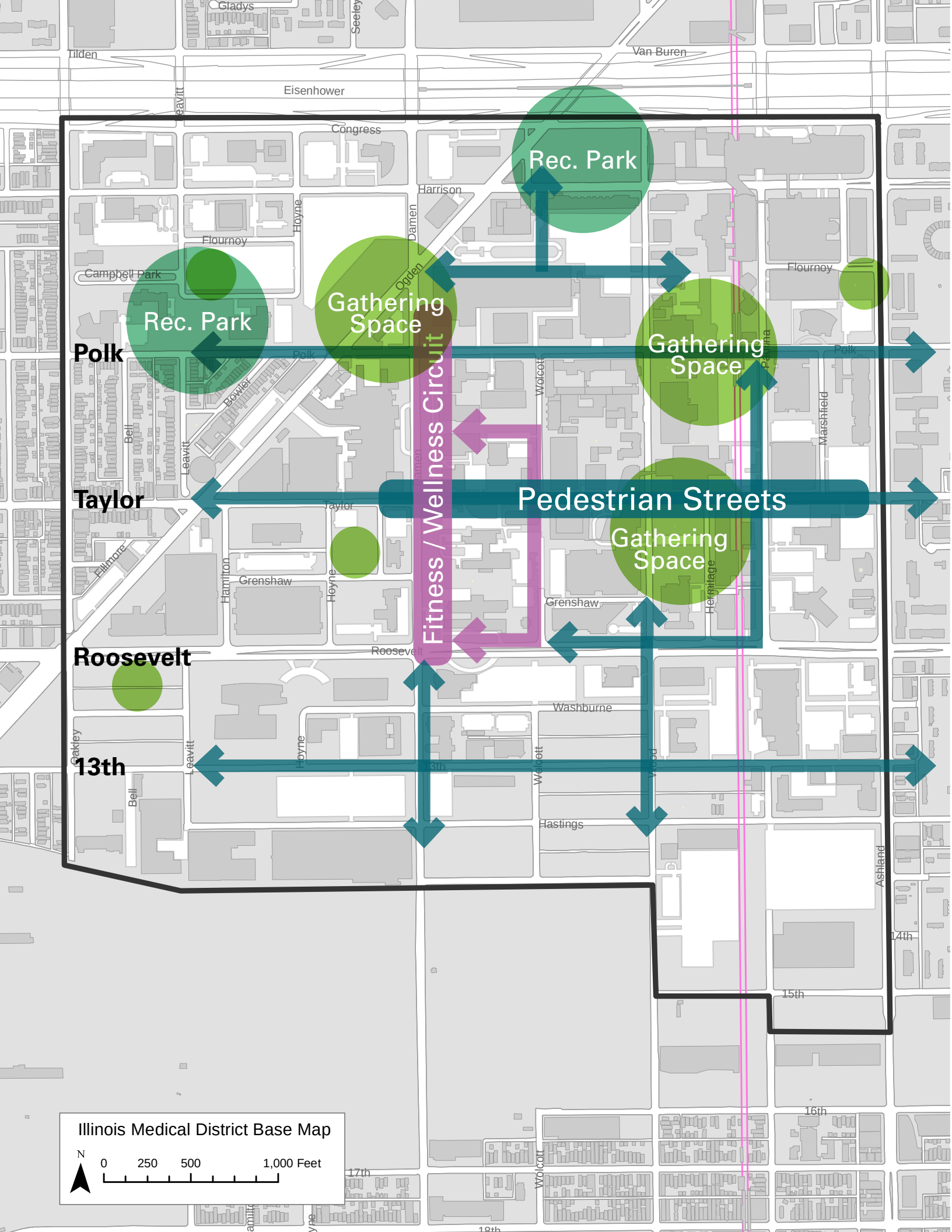
Damen Avenue. Damen Avenue is important to the roadway network within the District and is one of the continuous north-south roadways providing points of entry to the District from the region. It is also identified as a bikeway route in the CDOT Streets for Cycling Plan.

Currently, from Congress Parkway to Roosevelt Road, Damen Avenue provides two to three vehicle lanes, a standard bike lane in each direction, and a landscaped median with left turn lanes. Portions of the eastern frontage of Damen Avenue also have a linear parkway, with mature landscaping, and a meandering walkway in lieu of a standard sidewalk. The segment of Damen Avenue, south of Roosevelt to Hastings Street, has two lanes in each direction with no bike lanes. Further south, Damen Ave transitions to a single lane in each direction, with curbside parking. North of Washington Boulevard, Damen Avenue has one lane in each direction, curbside parking, and bike lanes.

The character along Damen Avenue changes noticeably as you travel throughout the District. Portions of Damen also have excess vehicle capacity. It is recommended that a road narrowing be implemented on Damen Avenue within the District to take advantage of the excess capacity and to create a more consistent feel to the street. Roadway width narrowing, sometimes called a "road diet", would allow the Damen Avenue bike lane to be extended and upgraded to a protected bike lane. A Damen Avenue road diet would also facilitate shorter pedestrian crossing distances.

PUBLIC REALM + LANDSCAPE

IMD MASTER PLAN


Rec. Park
Gathering Space
Rec. Park
Gathering Space
Gathering Space
Polk
Taylor
Roosevelt
13th
Fitness / Wellness Circuit
Pedestrian Streets
Illinois Medical District Base Map
N
0
250
500
1,000 Feet

Public Realm + Landscape

OPEN SPACE NETWORK CONCEPT

One of the most important urban design strategies for the District is the landscape framework. This Master Plan seeks to tie together many small and fragmented open spaces into a larger context and network of spaces serving the entire District with a strong landscape identity and cohesive design. The tree-lined walkways, fitness paths and landscaped streets that connect a wide variety of linear parks, courtyards and plazas will ensure an inviting pedestrian experience throughout the District.

Recreational Parks

Recreational parks are an important part of the public realm and provide recreation opportunities for employees, visitors, and residents of the District. There is one existing recreational park located on Polk Street just north of the Tri-Taylor neighborhood. This City of Chicago park includes a baseball diamond, soccer practice field, and a dog park. Additional recreational opportunities are needed in the District, and it is therefore recommended that Pasteur Park (located along Harrison Street north of the historic Cook County buildings) be adapted for recreational uses due to its size and location.

Gathering Places

Parks that can serve as gathering places need less space than a recreational park and provide opportunities for outdoor events such as farmers' markets, as well as informal gathering, and leisure. There are several existing gathering places, mostly located within the UIC West Campus, that also serve the eastern portion of the District. Based on stakeholder conversations, additional open spaces are desired by employees. A concept for the transformation of the triangle block along Ogden Avenue is illustrated in this chapter.

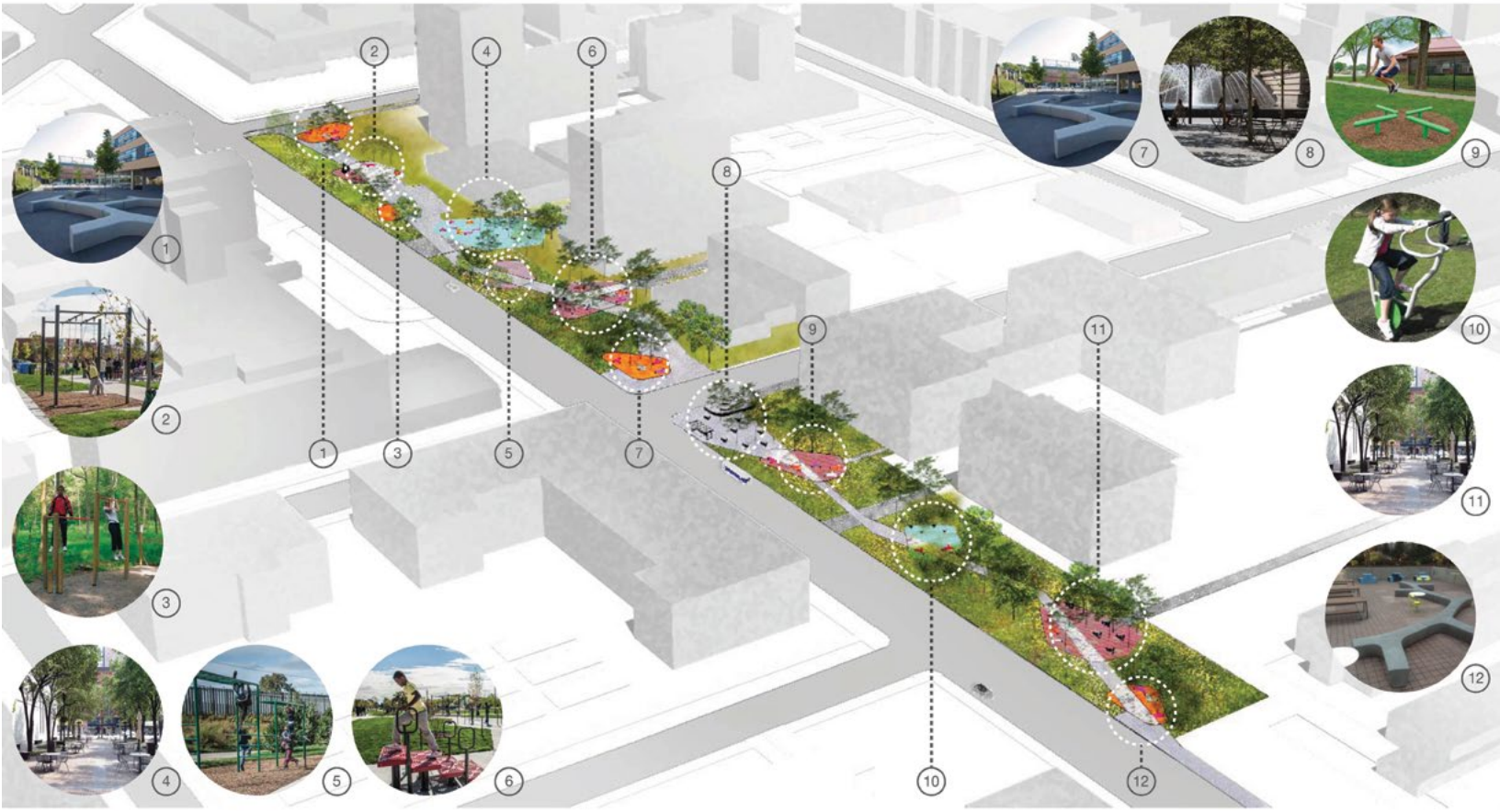
Fitness/Wellness Circuit

The large existing setback on the east side of Damen Avenue is designed as a wellness linear park and walking/running trail with periodic interactive fitness activities, leisure spots and sensory gardens. The parkway equipment would be designed to serve users at all activity levels including, disabled individuals, seniors, children and active adults. Walkers and runners may also make use of the closed circuit pathway that minimizes the street crossings.

Pedestrian Street

Streets identified as pedestrian streets provide safe, walkable corridors with quality sidewalks and storefront-style facades. Active ground floor uses along these corridors such as retail, restaurants and other service amenities are important to encourage pedestrian activity. Other characteristics of these streets include: quality landscape plantings, street trees, minimal building setbacks, and pedestrian scaled lighting.

Damen Avenue Setback Today



1. GATHERING PLAZA W/ CONTEMPORARY SEATING
2. ACTIVE FITNESS: TRAPEZE RACK
3. ACTIVE FITNESS: PULL UP BARS
4. HARDSCAPE PLAZA WITH TREES IN GRATES
5. ACTIVE FINTESS: HORIZONTAL BARS
6. SENIOR FITNESS: STEP UP STATION
7. GATHERING PLAZA W/ CONTEMPORARY SEATING
8. HARDSCAPE PLAZA WITH TREES IN GRATES
9. ACTIVE FITNESS: LOG HOP STATION
10. ACTIVE FITNESS: UPRIGHT CYCLE
11. HARDSCAPE PLAZA WITH TREES IN GRATES
12. GATHERING PLAZA WITH CONTEMORARY SEATING

Images:
Interactive equipment can be fun for people of all ages as shown in these examples from other parks.

Public Realm + Landscape

DAMEN AVENUE LINEAR FITNESS/WELLESS LOOP

The eastern frontage of Damen Avenue, between Ogden Avenue and Roosevelt Road, has an existing setback that was designed as part of the UIC campus circulation system, and currently contains mature trees and a winding pedestrian path. This space is somewhat isolated from adjacent buildings and facilities due to the location of fencing and building entrances, and is therefore not utlized to its full potential.

Modernizing the space, with targeted programming, better connectivity to surrounding uses, and contemporary landscape design, will help to attract new users for the greenway and improve the perception of safety in the area. There are many types of users surrounding this corridor, ranging from patients with a wide range of health issues, children, disabled persons, seniors, professionals, university students, and employees of the District. Programming that addresses the needs of these user groups, promotes healing and wellness, and provides opportunities for fitness and therapy are needed to support the unique community within the District. The space is envisioned as a linear fitness / wellness loop that contains a series of nodes along a continuous circular path. The path itself could be used for employee/patient

Public Realm + Landscape

DAMEN AVENUE LINEAR FITNESS/WELLESS LOOP

exercise and lunchtime leisure. The nodes along the path would contain a wide variety of uses, ranging from highly stimulating and interactive equipment, to calm, passive spaces. Programming concepts include:

Active / Fitness Equipment / Therapeutic Activities:

- Exercise / Training Equipment such as pull-up bars, trapeze racks, parallel bars, and sit-up bars
- Therapy equipment (accessible to many ability levels and ages) such as step-up stations, range of motion machines, and guided senior therapy stations
- Running / walking track with distance markers and health awareness information

Passive / Healing Places:

- Sensory gardens
- Meditative gardens
- Informal seating areas and tables
- Public health awareness and learning spaces

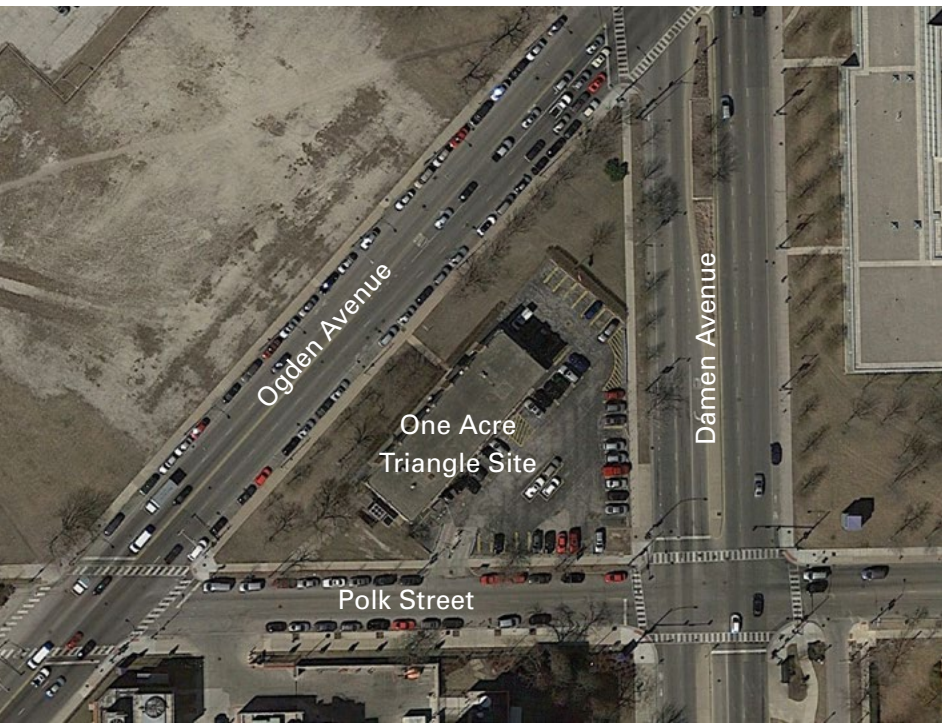
In addition to the programming, the landscape of the greenway should be updated to include better lighting, new paving surfaces, and wayfinding signage. Special consideration for access to the paths and gathering nodes for persons with disabilities is extremely important due to the site's adjacent institutions. Landscape design should also include green technology that allows for greater on-site stormwater infiltration, less irrigation water use, cleansing of run-off, and provides opportunities for urban habitat.

Public Realm + Landscape

OGDEN AVENUE TRIANGLE PARK

Concept for Triangle Park Space

The triangle-shaped, approximately one acre block at the intersection of Damen and Ogden Avenues is located adjacent to the historic Tri-Taylor residential neighborhood, the planned IMD Gateway Development, and the Cook County medical campus. The site is expected to be acquired by the IMDC, and is occupied by a vacant office building planned for demolition. Once demolished, the prominent location of this vacant block is an excellent opportunity for the IMDC to create a unique plaza/park to serve nearby institutions and future residents of the IMD Gateway Development. The creation of a new gathering place in this location will provide much needed additional landscaped space along Ogden Avenue, allowing for a greater sense of arrival for neighborhood visitors.


Ogden Avenue
Damen Avenue
One Acre
Triangle Site
Polk Street


BURAKA


IMD Gateway Development
KIOSK TO HOUSE TEMPORARY PROGRAM
John H. Stroger, Jr. Hospital of Cook County
BIOSWALE / RAINGARDEN
ICE RINK RIBBON
PEDESTRIAN OVERPASS BRIDGE
SEATWALLS
PERMEABLE PAVEMENT (14,703 SF)
GATHERING PLAZA
KIOSK TO HOUSE TEMPORARY PROGRAM
ANGLED PARKING
OGDEN AVENUE
DAMEN AVENUE
POLK STREET
VISUAL CONNECTION TO GATEWAY
EXISTING CURB CUT
KIOSK TO HOUSE TEMPORARY PROGRAM
CANOPY OUTLINE
Jesse Brown VA Medical Center

Images:
Examples of creative programming for small park spaces include concerts and food carts as shown in these examples.

Public Realm + Landscape

OGDEN AVENUE TRIANGLE PARK CONCEPT

Programming any new public park space in the District should consider year-round activity to ensure that the space is well used throughout the seasons. The programming should also closely relate to the site's location and potential user group. Opportunities for formal and informal community gatherings are important, as well as space for activities unique to the District such as wellness fairs and conference activities. Possible other program ideas for the park include:

- Food-related activities such as food truck parking, food tasting events, and a weekly farmers market
- Recreational facilities such as an ice skating rink, jogging/walking loop, and yoga or fitness class space
- Seasonal marketplaces selling pumpkins in the fall, Christmas trees in the winter, and plants in the summer
- Health and wellness events such as health fairs, employment events, District educational events, charity/fundraising events, and conference activities
- Community gatherings such as live music, performances, and block parties

To provide the flexibility to accommodate these types of activities the park should be designed with movable furnishings, adaptable kiosks, storage for equipment, hardscape, and loading and unloading space. The sketches shown in the facing page illustrate a concept for reimagining the triangle parcel into a multi-use people-gathering space.

Concept for Shared Street Prototype on Wolcott Street

Public Realm + Landscape

WOLCOTT SHARED STREET PROTOTYPE

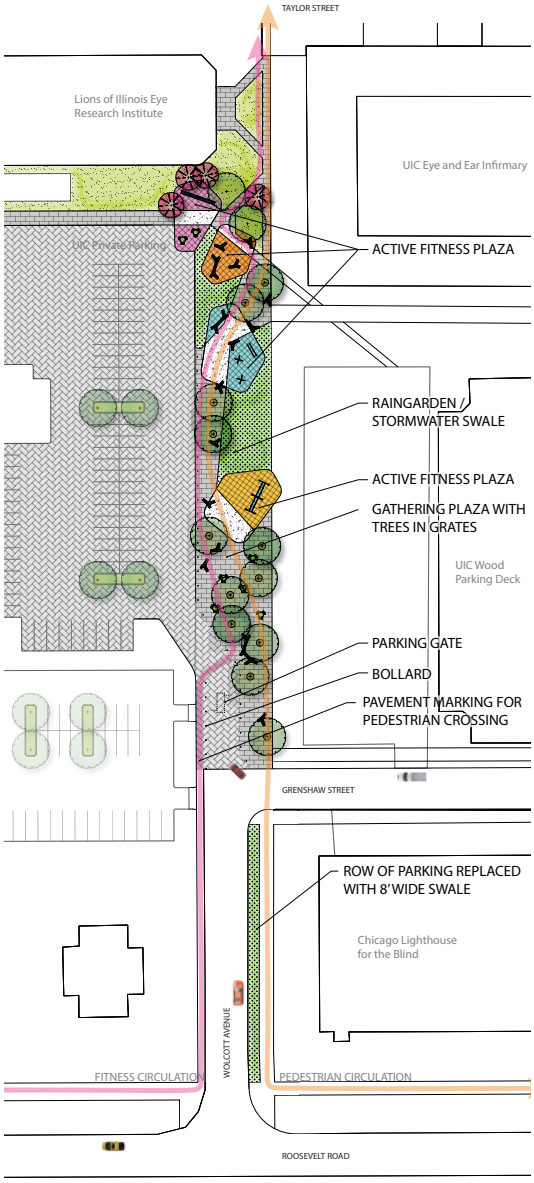
Images:
Run-off can be reduced by keeping stormwater on-site, in swales as shown in these examples from Vancouver, BC.

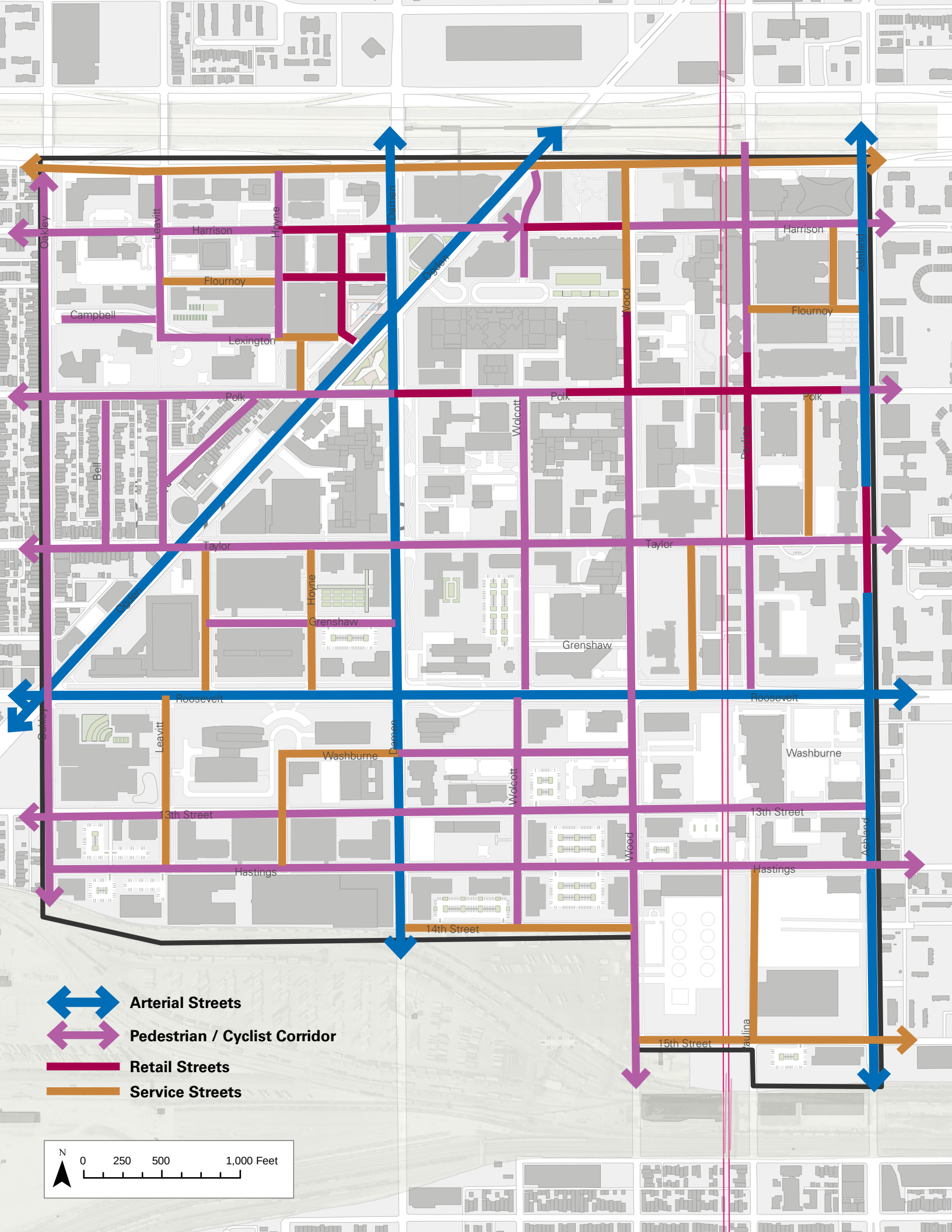
Many facilities in the District require accessible surface parking lots to serve visitors and patients. Surface parking can be designed in a way that doesn't disrupt pedestrian circulation, and further complements the landscape of the District. Many current District surface lots could be improved by better fencing and more extensive landscape buffers. To achieve these strategies, coordination between institutions to share surface parking areas would be necessary. Sharing of parking will help alleviate some of the parking demand for each facility, ensure that parking areas are used throughout the day, and that parking can be designed efficiently.

Image:
This is a shared street in Madison, WI.

To illustrate possible surface parking strategies for the District, a concept was prepared for the block bounded by Damen Avenue, Roosevelt Road, Wood Street, and Taylor Street. Currently, Wolcott Avenue dead-ends into this block, but historically the street continued through to Roosevelt Road. This area still serves as a pedestrian cut-through, but the route is unclear due to multiple individual surface parking areas located in the center of the block. The shared-street concept, shown on the facing page, illustrates a strategy to better integrate the parking, landscape, and pedestrian paths. Elements of the concept include:

- Traffic circulation has been streamlined and reorganized to provide the opportunity for additional landscaped area.
- The pedestrian way has been expanded to include pocket spaces of seating areas to serve adjacent institutions as well as opportunities to connect to the uses of the proposed Damen Avenue Fitness/ Wellness Loop.
- Porous paving, rain gardens and swales have been included to reduce storm water run-off and improve the lot's aesthetics.




Oakley
Leavitt
Harrison
Hoyne
Damen
Ogden
Wood
Ashland
Flournoy
Campbell
Lexington
Polk
Wolcott
Paulina
Bell
Taylor
Grenshaw
Roosevelt
Washburne
13th Street
Hastings
14th Street
15th Street
Arterial Streets
Pedestrian / Cyclist Corridor
Retail Streets
Service Streets
N
0
250
500
1,000 Feet

Concept Master Plan Overview

STREET TYPOLOGIES

For the purposes of this Master Plan, the streets within the District are categorized into four typologies that describe the types of activity / use of the street today, or that is desired for the future:

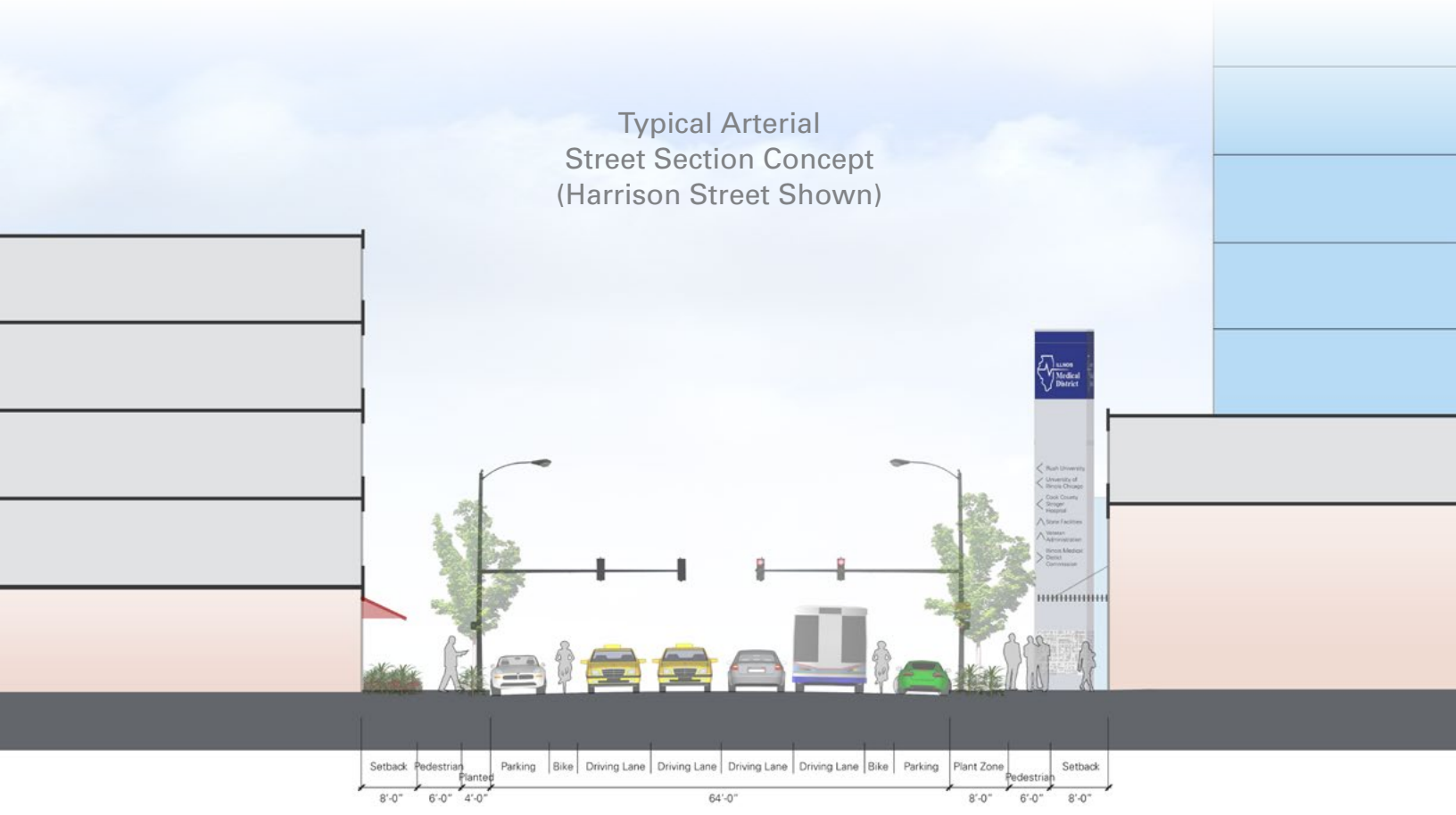
Arterial Streets are the primary circulation routes connecting other City and regional destinations. Roosevelt Road, Damen Avenue, Ogden Avenue, and Congress Parkway and Ashland Avenues are all considered arterial streets. These corridors will need more extensive landscape and wider sidewalks to buffer the pedestrian zone from vehicular traffic. Medians and pedestrian islands are recommended along these corridors to improve the intersections and safety of crosswalk areas.

Pedestrian / Cyclist Corridors are characterized as having potential to serve as walking and cycling routes in the District. Polk Street, Taylor Street, and Harrison Street connect neighborhood destinations, including the East and West Campuses of UIC. Other north-south streets such as Paulina Street and Wood Street help connect employees from District institutions to the CTA Pink and Blue Line stations. These streets already have many characteristics of walkable streets, with narrower driving lanes, sidewalks, and streetscape. Currently, many of the streets lack consistency in the character of streetscape. Future streetscape improvements, cyclist enhancements, and signal modernization should focus on these corridors to ensure that they continue to encourage pedestrian walkability throughout the District.

Typical Retail
Street Section Concept
(Polk Street Shown)

Typical Institutional Street Section Concept (Harrison Street Shown)

Typical Arterial Street Section Concept (Harrison Street Shown)



Concept Master Plan Overview

STREET TYPOLOGIES

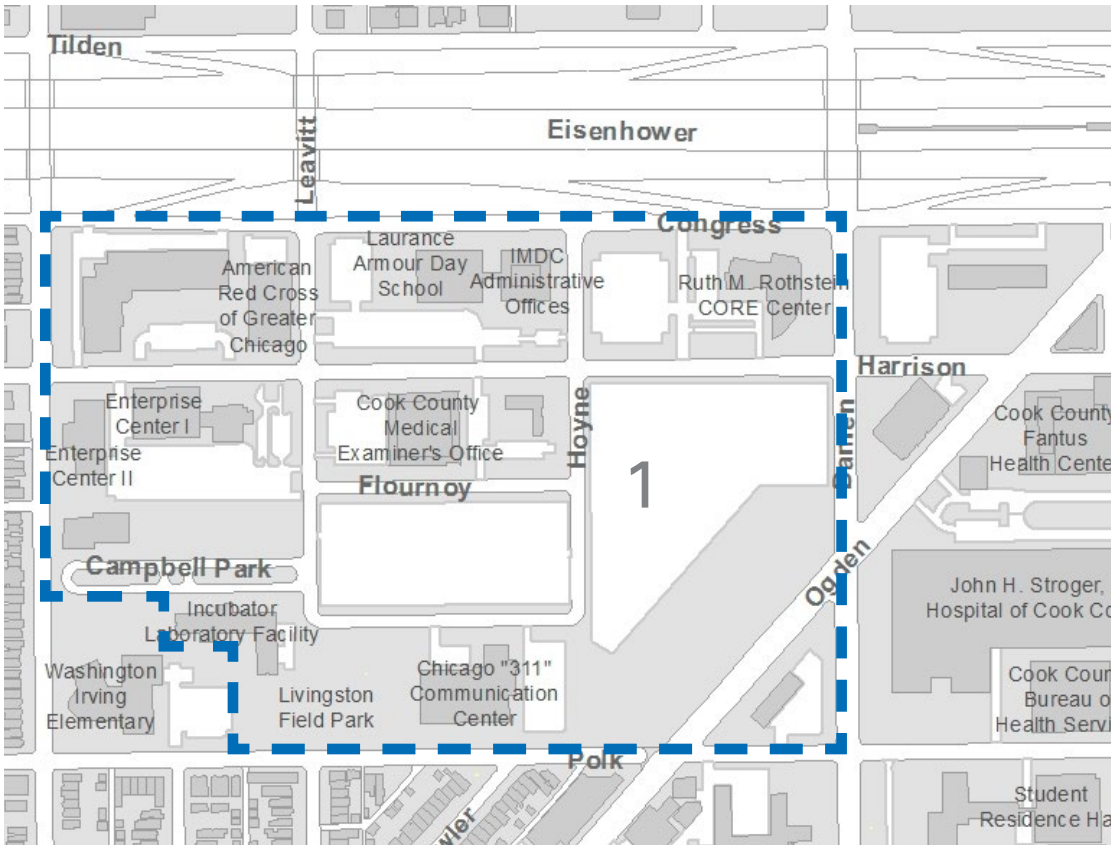
Retail Streets are portions of pedestrian corridors that are situated along a street that currently supports or could in the future support storefront retail uses. The goal is to create vibrant neighborhood shopping streets within the District. Some of the elements that define urban shopping streets include:

- Smaller scale retail buildings, facing the street that are built along the property line
- Extensive sidewalk space and pedestrian amenities such as wayfinding signage, benches, trash cans, and planters
- Pedestrian-scaled storefront facades and signage that is situated at eye-level
- Street trees and building awnings to provide shading for the street
- Sidewalk cafes and pocket parks to provide gathering places along the street

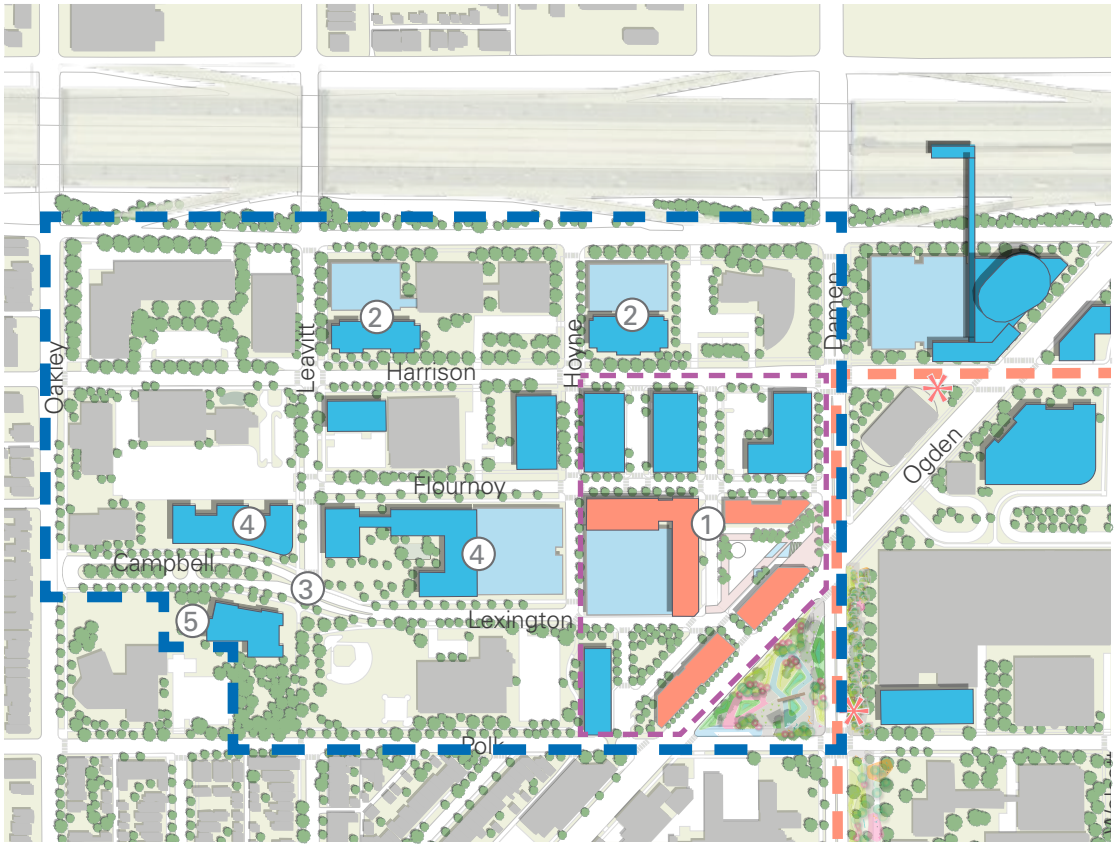
Service Streets have the primary purpose of providing adequate space for loading, delivery, trash removal, and drop-off functions of a building. Currently the District lacks a coordinated approach to service, but as the District continues to be developed, more service coordination will be needed to ensure that pedestrian and vehicular conflicts are minimized. This is especially important for the District, as healthcare facilities require extensive materials handling, as well as emergency drop-off functions. Future clustering of these functions into nodes and corridors, away from the front entrances to buildings, and visually screened from pedestrian areas will improve the District's image and sense of safety.

SUB-AREA PLANS

IMD MASTER PLAN



Existing Plan



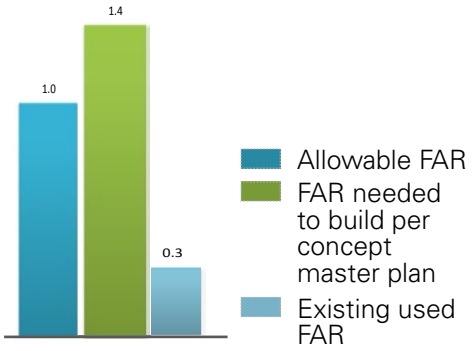
Proposed Future Plan

- Proposed Parking Structure
- Proposed Buildings
- Proposed Retail / Amenities
- Existing
- Sub-Area Boundary
- Proposed District Shuttle Route
- Proposed District Shuttle Stop
- IMD Gateway Development Boundary

SUB-AREA 1 OVERVIEW

Existing Land Area	1,833,274.0
Allowable FAR	1.0
Current GFA	523,380
Used FAR	0.29
Proposed Development Concept	2,499,323
GFA Deficit/Excess	(666,049)

FAR Needs increase



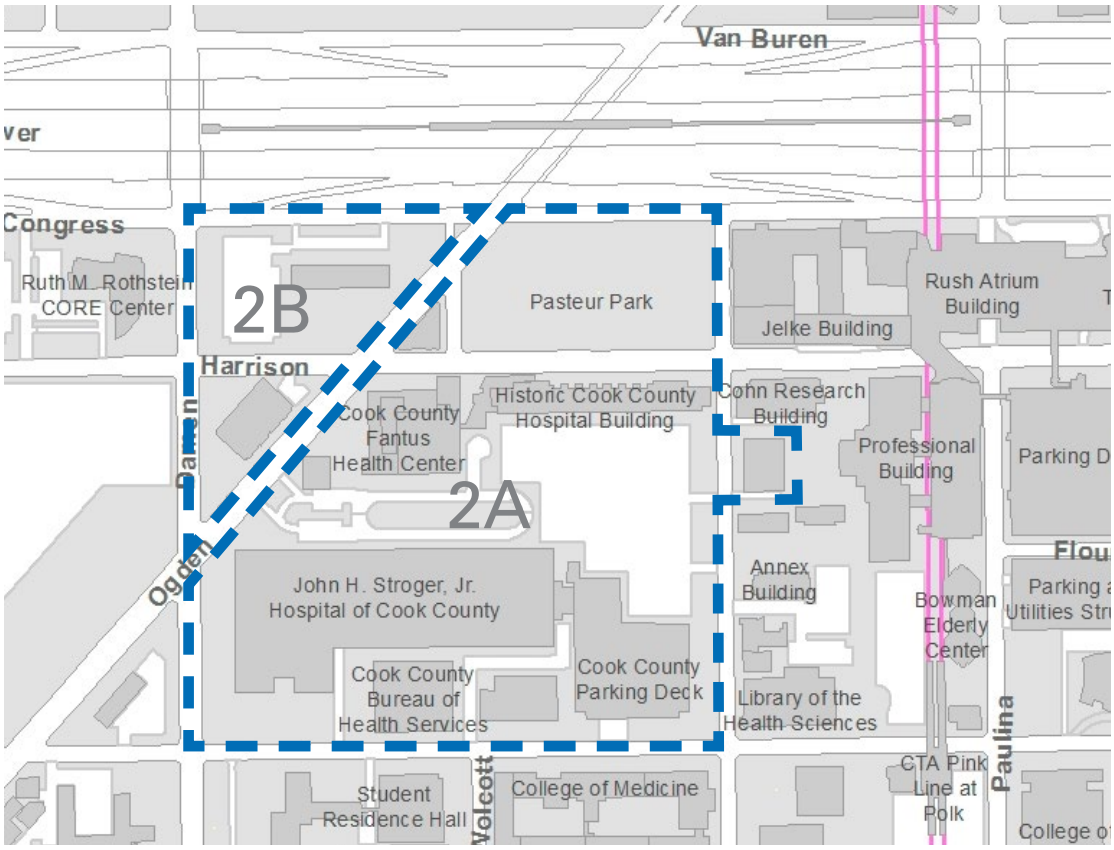
① **IMD Gateway Development:** At the time of the creation of this Master Plan, the IMD Gateway Partners development group was finalizing initial plans to create a 9.5 acre mixed use development at 2020 W. Ogden Avenue (outlined in purple) that will include housing, hotel, retail, and research uses.

② **Harrison Street Infill Office / Research Facilities:** Current surface parking lots and on-street parking along Harrison Street could be relocated by creating new multi-story parking structures along Congress Parkway. This relocation would provide new land for development of office or laboratory buildings within the center of the Chicago Technology Park.

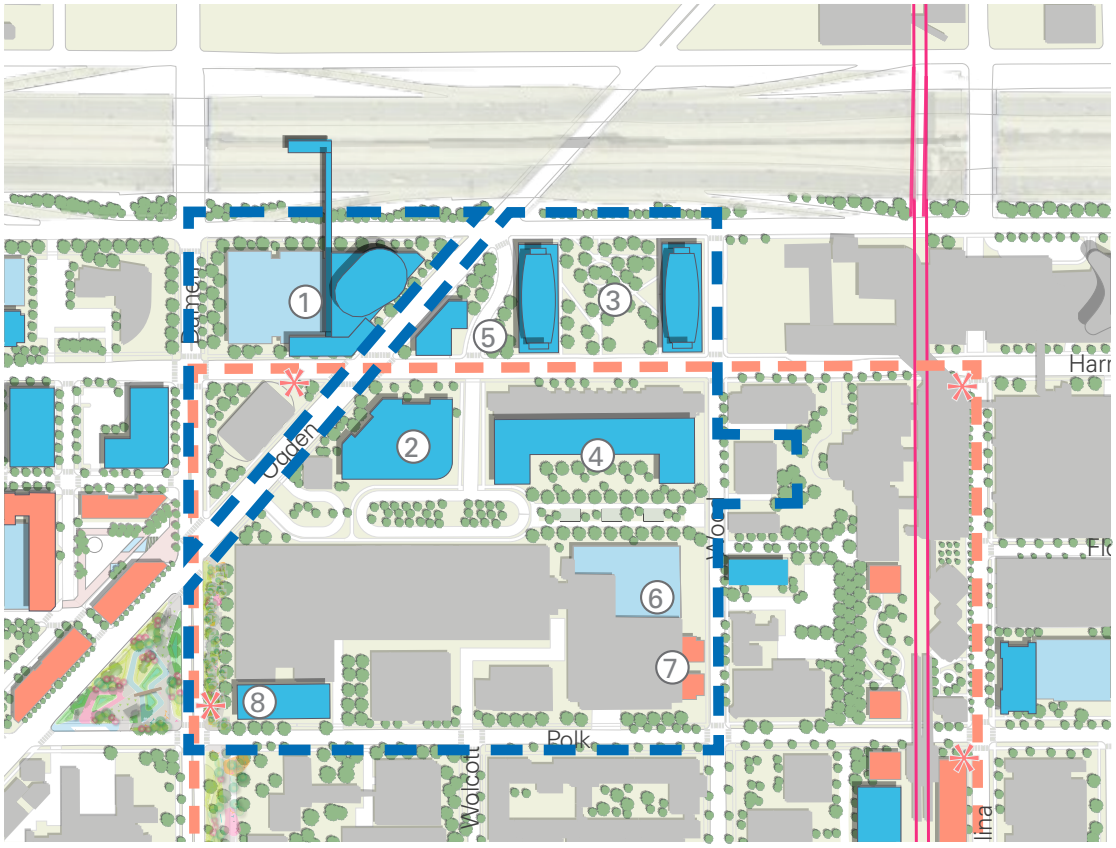
③ **Realignment of Campbell Park Drive:** To create better traffic circulation and access to development parcels in the Chicago Technology Park, a realignment of the intersection of Campbell Park Drive and Leavitt Street is recommended, as shown in the diagram to the left.

④ **New Research Hub and Permanent Home for the Julie + Michael Tracy Foundation:** To complete the build out of the Chicago Tech Park, a courtyard shaped laboratory or office building is envisioned for the vacant site along Flournoy Street. This proposed courtyard open space is well suited, with southern exposure, to house the Julie + Michael Tracy Foundation Garden (currently located adjacent to Flournoy Street). This relocation would allow for additional Chicago Technology Park development along Campbell Park Drive.

⑤ **Modernization of the Incubator Laboratory Facility:** Throughout stakeholder discussions, many of the research facilities in the District were noted as needing modernization and / or replacement. The current incubator facility in this location was noted as needing to be modernized to support needs of contemporary research and development activities.



Existing Plan



Proposed Future Plan

- Proposed Parking Structure
- Proposed Buildings
- Proposed Retail / Amenities
- Existing
- Sub-Area Boundary
- Proposed District Shuttle Route
- Proposed District Shuttle Stop

SUB-AREA 2A + 2B OVERVIEW

Sub-Area 2A

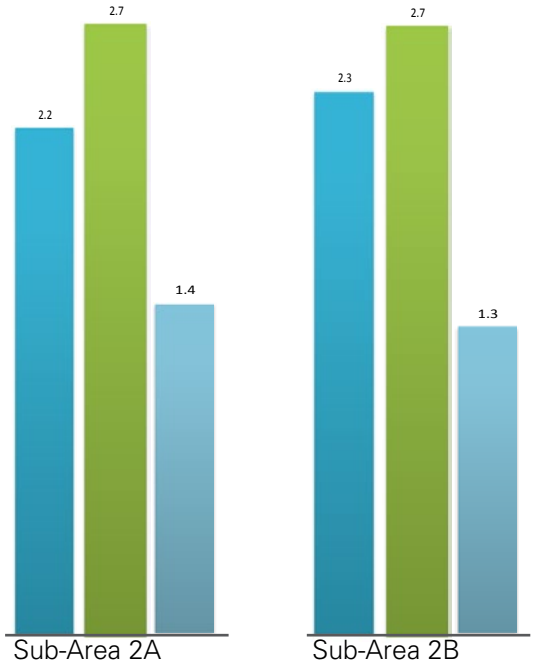
Existing Land Area	1,314,711.0
Allowable FAR	2.2
Current GFA	1,850,324
Used FAR	1.41
Proposed Development Concept	3,503,056
GFA Deficit/Excess	(650,133)

FAR Needs increase

Sub-Area 2B

Existing Land Area	227,101.0
Allowable FAR	2.3
Current GFA	296,940
Used FAR	1.31
Proposed Development Concept	603,500
GFA Deficit/Excess	(74,355)

FAR Needs increase



① **IMD Transportation Hub Concept:** Concept for this development includes a District park and ride facility, office tower, indoor CTA Blue Line connection, IMD shuttle stop, IMD visitor services desk and mix of services and retail.

Cook County Stroger Hospital Campus Development Plans: Current planning is underway for a revitalization of the Cook County medical campus, and adjacent property at the northern gateway to the District. Several concepts are being considered, including these shown in the concept plan:

② Replacement of the Fantus Clinic

③ Define the Edges of Pasteur Park

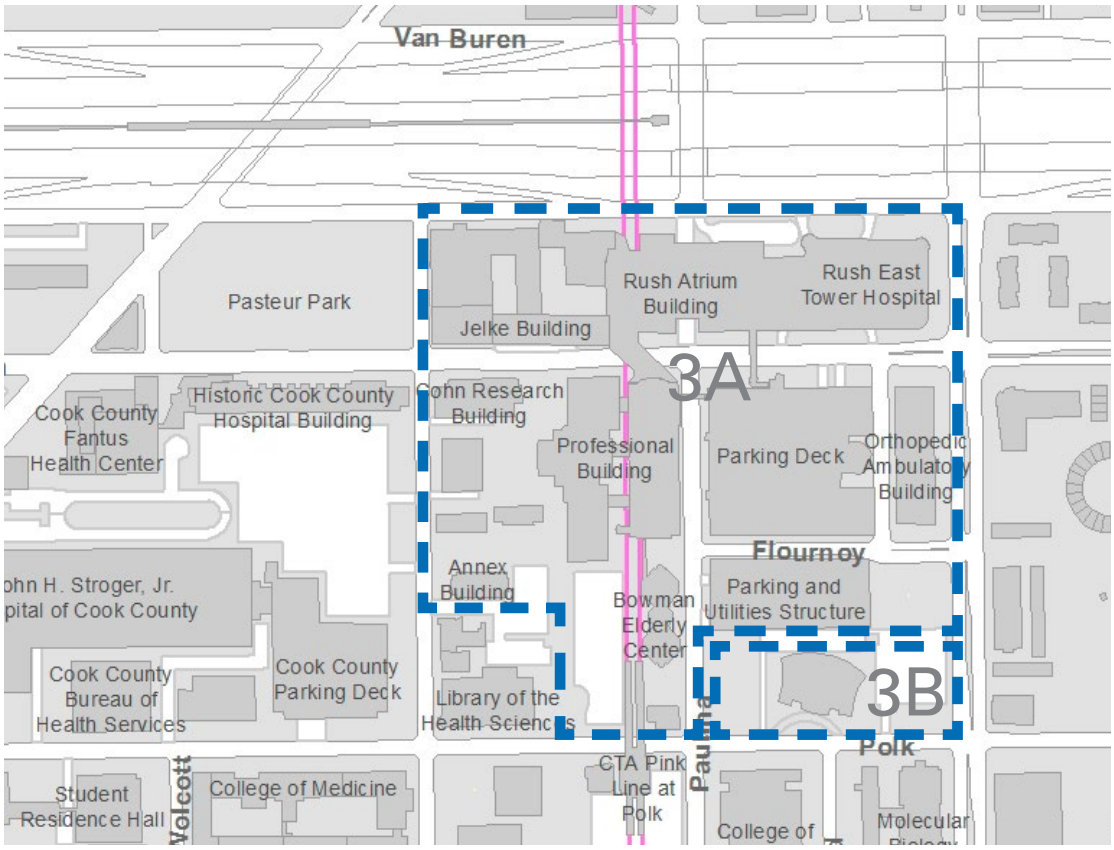
④ Adaptive Reuse of the Historic Cook County Hospital

⑤ Realignment of the Entrance Roadway to Cook County Medical Campus

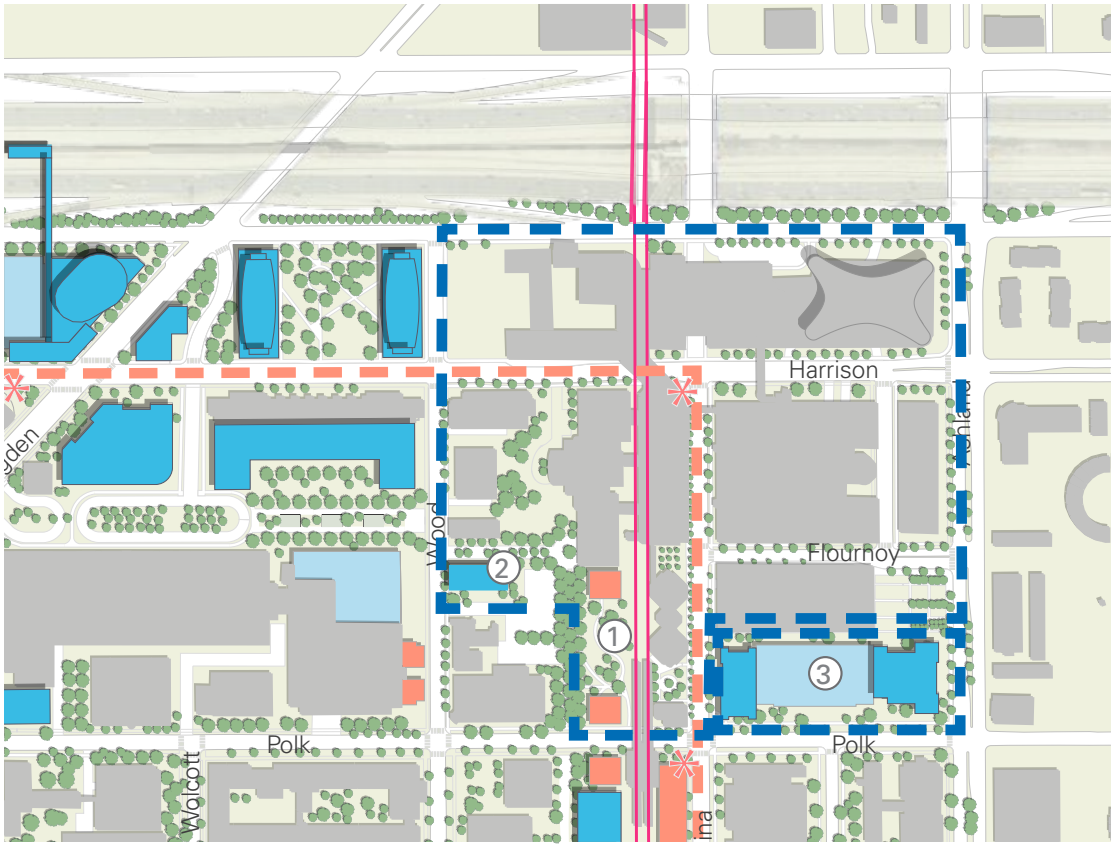
⑥ Planned Expansion of the Cook County Parking Garage

⑦ Infill Retail Along Wood Street

⑧ Planned New Outpatient Facility and retail along Polk Street



Existing Plan



Proposed Future Plan

- Proposed Parking Structure
- Proposed Buildings
- Proposed Retail / Amenities
- Existing
- Sub-Area Boundary
- Proposed District Shuttle Route
- Proposed District Shuttle Stop

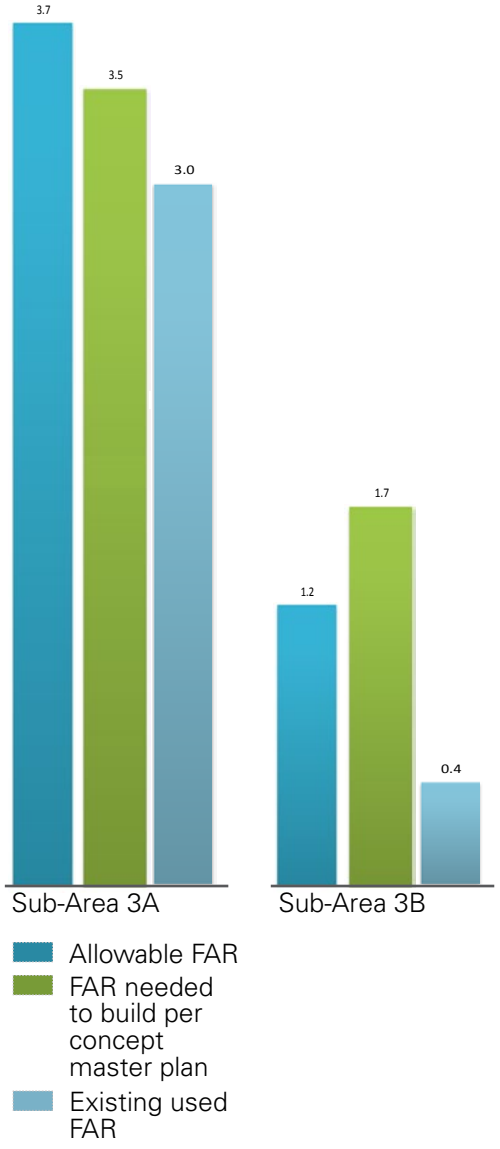
SUB-AREA 3A + 3B OVERVIEW

Sub-Area 3A	
Existing Land Area	1,265,519.7
Allowable FAR	3.7
Current GFA	3,797,245
Used FAR	3.00
Proposed Development Concept	4,408,762
GFA Deficit/Excess	273,661

FAR could stay the same

Sub-Area 3B	
Existing Land Area	120,893.7
Allowable FAR	1.2
Current GFA	52,000
Used FAR	0.43
Proposed Development Concept	200,000
GFA Deficit/Excess	(54,928)

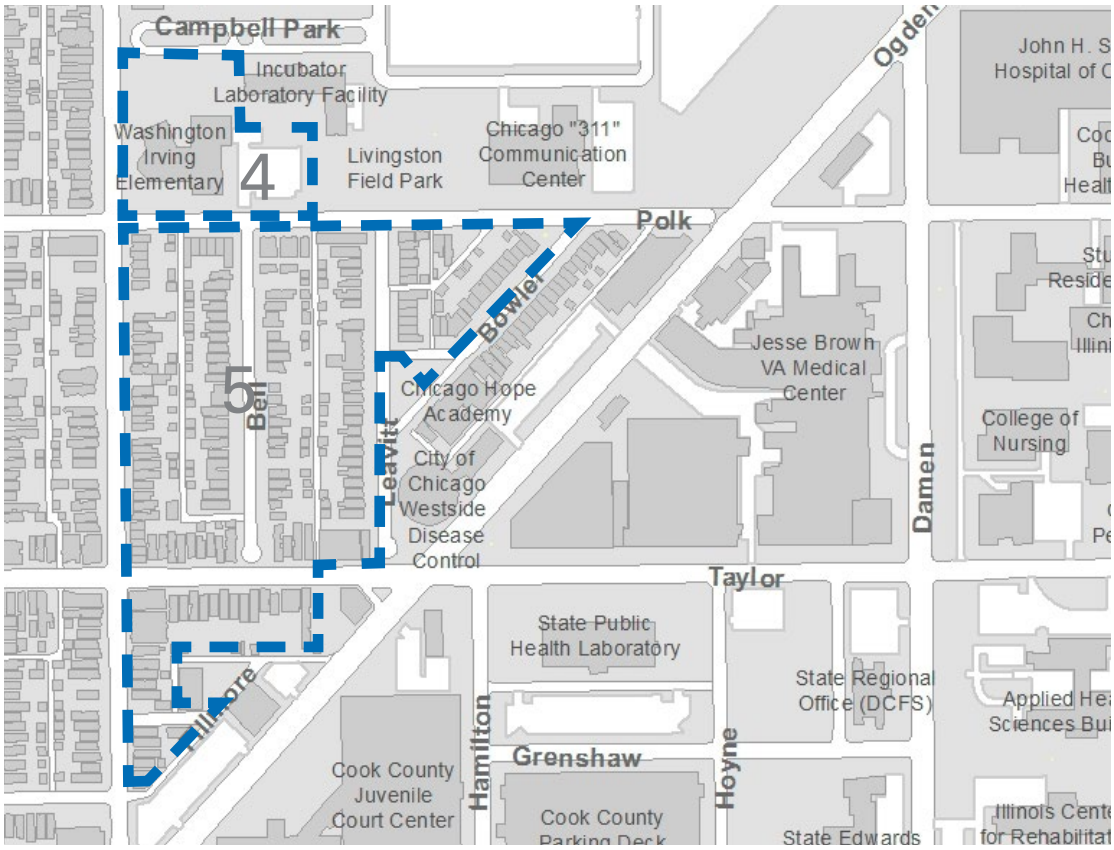
FAR Needs increase



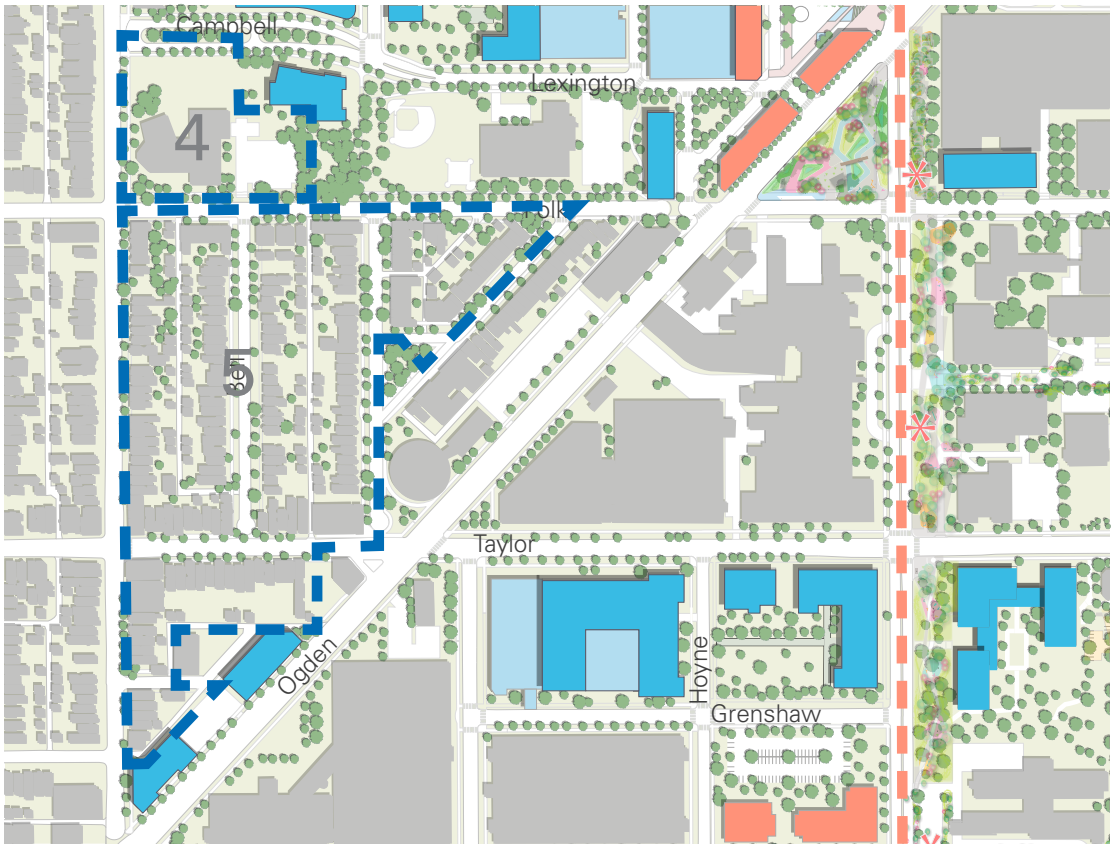
① **Plaza Park with Retail Adjacent to the Existing UIC Pedestrian Path:** A large vacant parcel exists along Polk Street, directly to the west of the CTA Pink Line station. This site represents a unique opportunity to provide new development with retail, restaurants or services in a location that already has significant pedestrian traffic. Cafes and fast-casual lunch restaurants are envisioned. The concept plan also proposes a new adjacent open space. The scale of this plaza could also support other food kiosks. Together, the new open space, the existing pedestrian path, and new retail along Polk Street would help to create a more vibrant zone surrounding the station.

② **Expansion of Student Housing:** Rush University and UIC continue to expand, and will require new locations for student housing within the District. Today, this portion of Wood Street contains several under-utilized buildings. The location, adjacent to the existing pedestrian path and new open space described above, would be an excellent opportunity to provide new student housing because it is in close proximity to other similar uses.

③ **Mixed Use Development Concept Along Polk Street:** Parking needs associated with the existing Union Health Center are challenging, and land utilization on this block is inefficient. A long term vision to create a new building for the health center that includes more extensive patient parking would help to improve this area. Additionally, the block could support residential or other uses as part of a mixed use development.



Existing Plan



Proposed Parking Structure
Proposed Buildings
Proposed Retail / Amenities
Existing
Sub-Area Boundary
Proposed District Shuttle Route
Proposed District Shuttle Stop

Proposed Future Plan

Sub-Area Plans

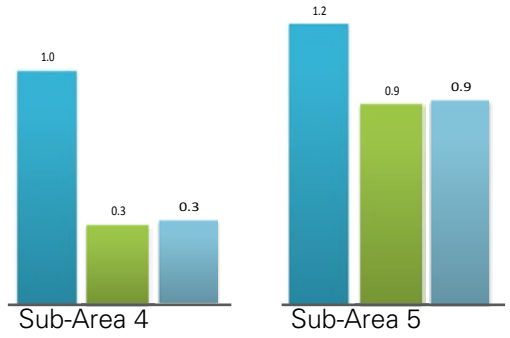
SUB-AREAS 4 + 5 OVERVIEW

Sub-Area 4	
Existing Land Area	149,547.8
Allowable FAR	1.0
Current GFA	52,000
Used FAR	0.35
Proposed Development Concept	52,000
GFA Deficit/Excess	97,548

FAR could stay the same

Sub-Area 5	
Existing Land Area	647,116.0
Allowable FAR	1.2
Current GFA	564,900
Used FAR	0.87
Proposed Development Concept	564,900
GFA Deficit/Excess	211,639

FAR could decrease

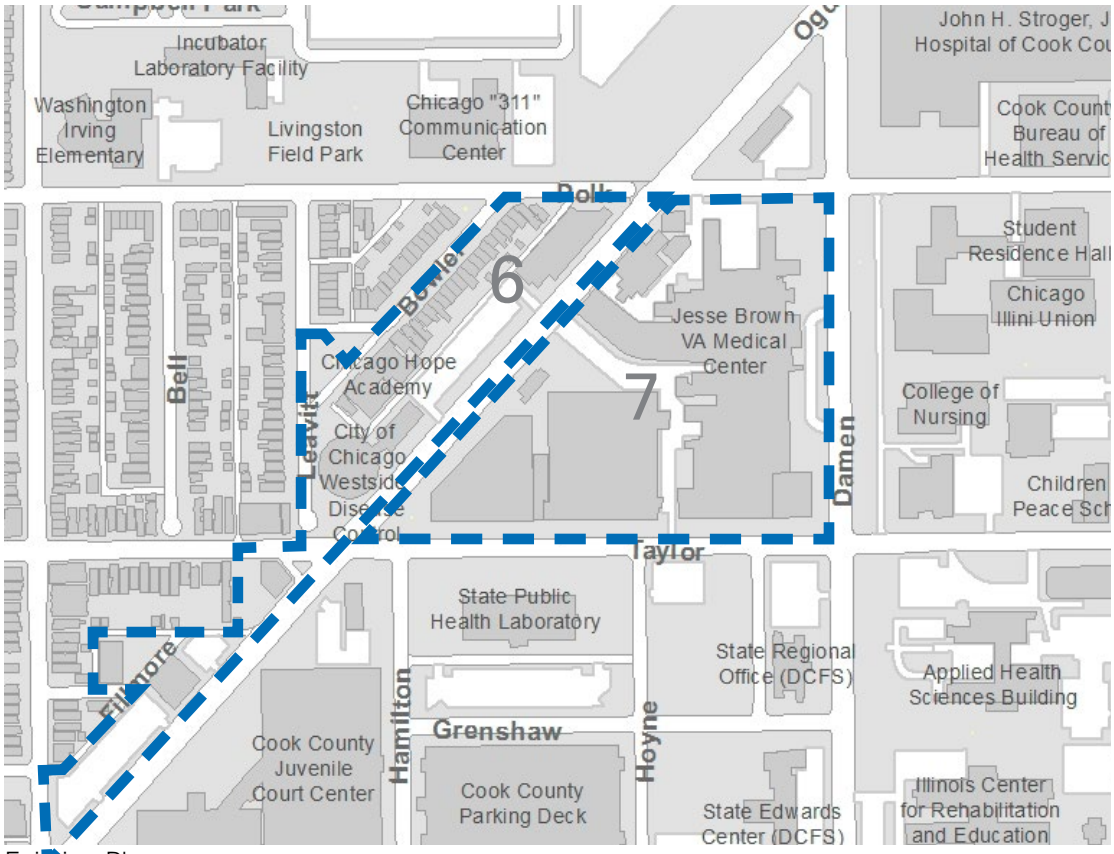


Preserve the Current Residential Character of the Tri-Taylor Neighborhood

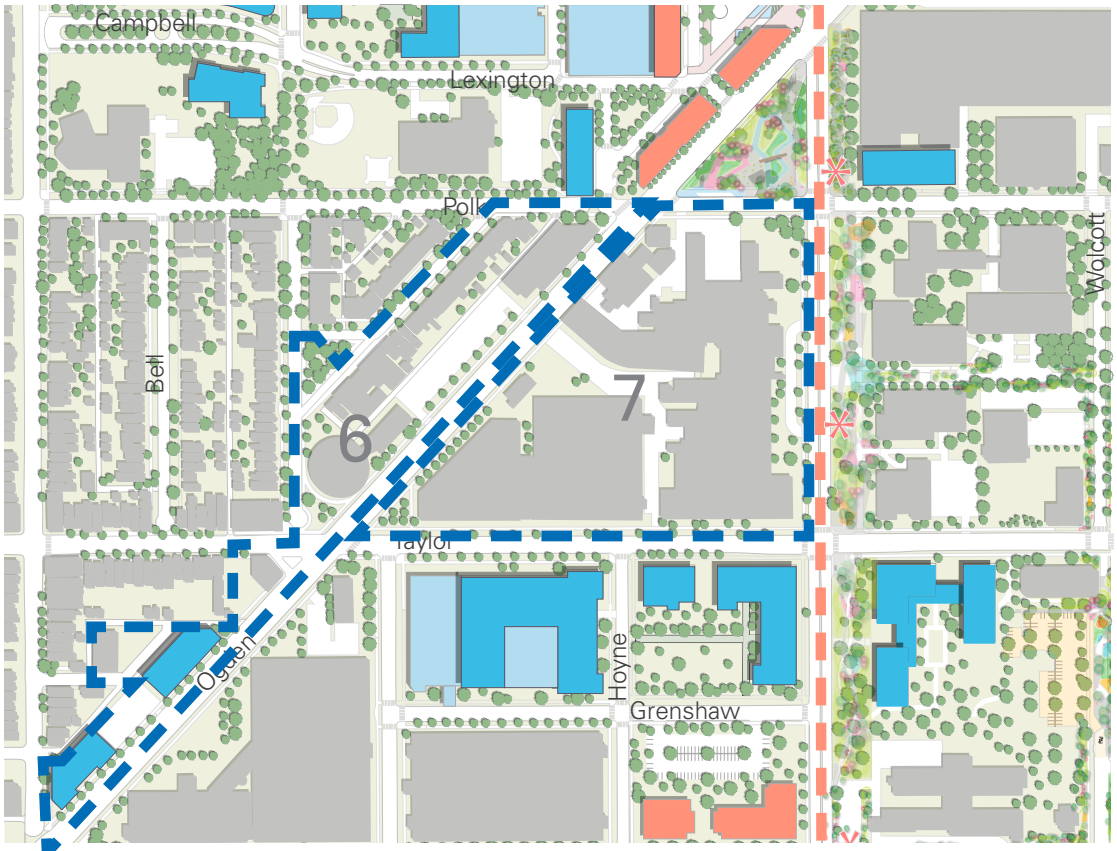
The Historic Tri-Taylor neighborhood (Sub-area 5) and adjacent Washington Irving Elementary School (Sub-area 4) are predominately built-out zones within the District, and should not be considered for future large-scale development.

To the extent possible, developments surrounding the neighborhood should protect the existing residential character of the community.

The excess FAR available in these sub-areas can be transferred to the other sub-areas in the IMD, to discourage large scale developments within the this portion of the District.



Existing Plan



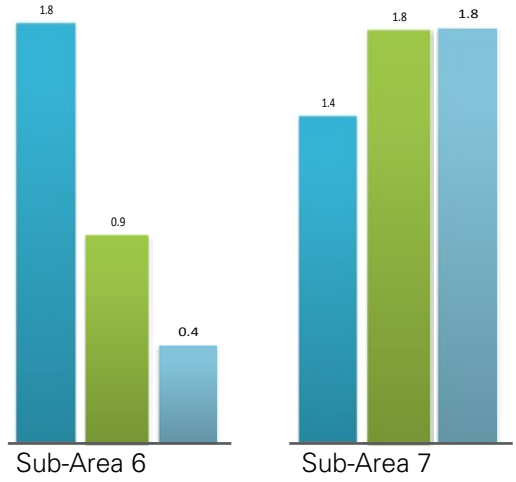
Proposed Future Plan

Sub-Area Plans

SUB-AREAS 6 + 7 OVERVIEW

Sub-Area 6	
Existing Land Area	234,442.2
Allowable FAR	1.8
Current GFA	97,813
Used FAR	0.42
Proposed Development Concept	212,988
GFA Deficit/Excess	209,008
	FAR could decrease

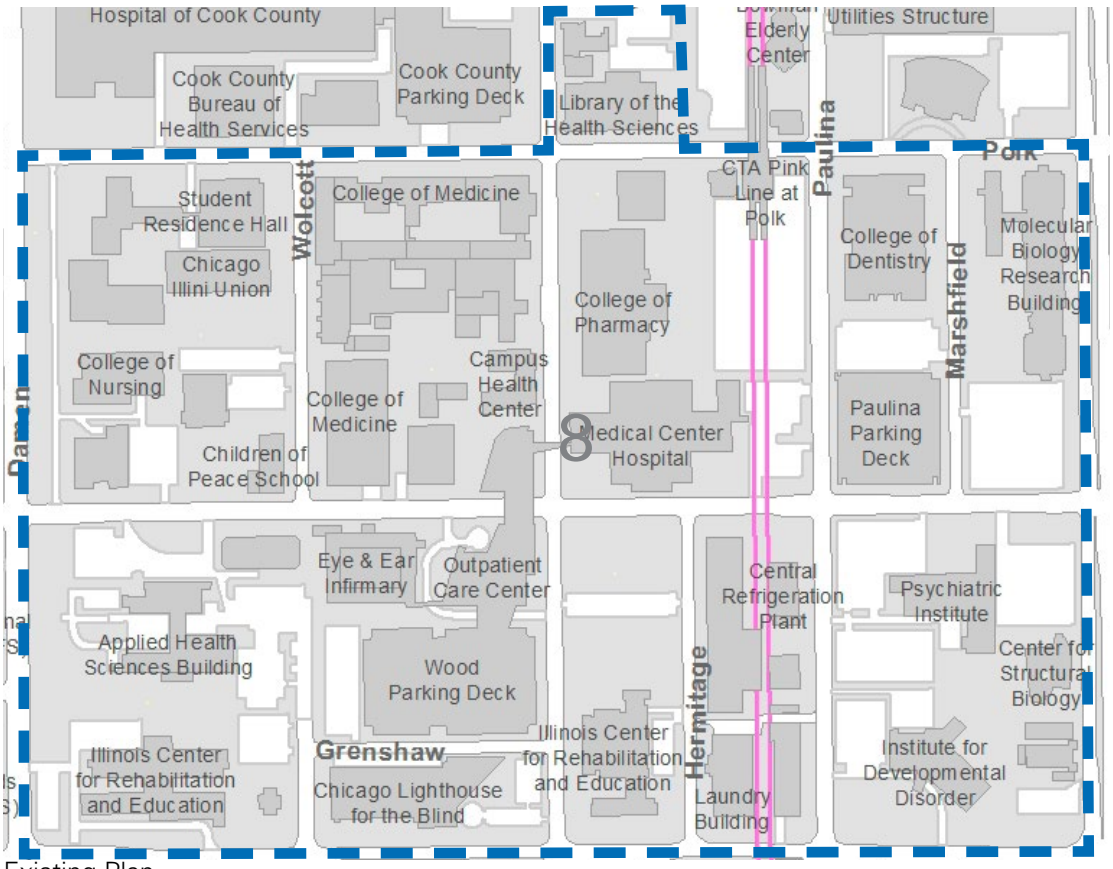
Sub-Area 7	
Existing Land Area	628,360.2
Allowable FAR	1.4
Current GFA	1,134,154
Used FAR	1.80
Proposed Development Concept	1,134,154
GFA Deficit/Excess	(254,450)
	FAR Needs increase



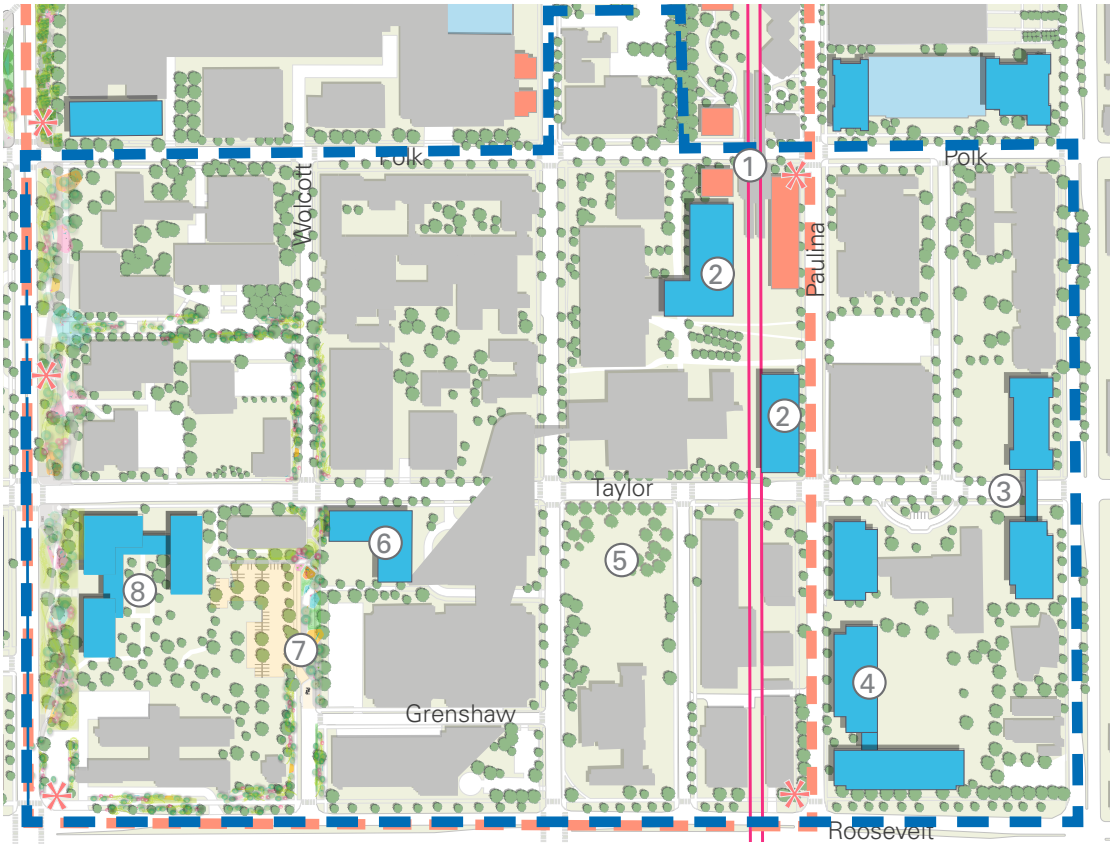
① **Infill Development along the Ogden Corridor:** Several large under-utilized parcels exist along the Ogden Corridor. The size and shape these parcels make them suitable for a variety of uses, including small scale medical office, residential or mixed use buildings. A general concept for infill mixed use office buildings along the is envisioned.

Jesse Brown VA Medical Center

Sub-area 7 houses the Jesse Brown VA Medical Center (JBVAMC), associated support offices, and parking. Based on discussions with JBVAMC staff, future growth of the facility will be small-scaled and incremental, and as facility upgrades are necessary. No major development are expected in this sub-area.



Existing Plan



Proposed Future Plan

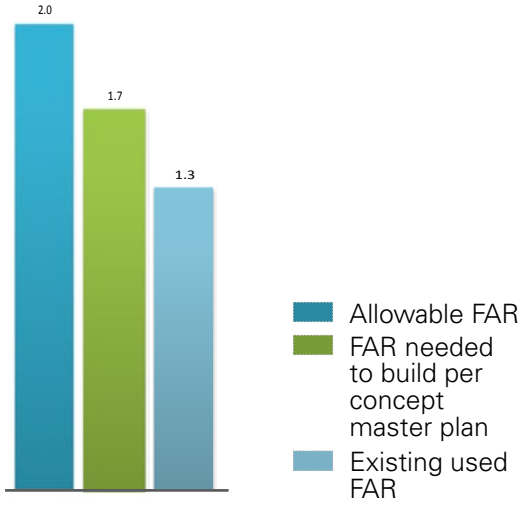
- Proposed Parking Structure
- Proposed Buildings
- Proposed Retail / Amenities
- Existing
- Sub-Area Boundary
- Proposed District Shuttle Route
- Proposed District Shuttle Stop

Sub-Area Plans

SUB-AREA 8 OVERVIEW

Existing Land Area	4,069,620.0
Allowable FAR	2.0
Current GFA	5,363,501
Used FAR	1.32
Proposed Development Concept	6,767,401
GFA Deficit/Excess	1,371,839

FAR Needs increase



① **Storefront Retail Surrounding the CTA Pink Line Station:** To build off of the concept for new retail and open space north of Polk Street (in sub-area 3A), infill mixed use / retail buildings are proposed along Polk and the existing UIC pedestrian path.

UIC Master Plan Concepts: Based on the strategies described in the 2010 UIC Master Plan and current discussions with UIC leadership, several proposed academic building and healthcare redevelopment concepts are envisioned in the IMD Master Plan:

② West Campus Mixed Use Campus Infill Developments

③ Taylor Street Gateway Concept

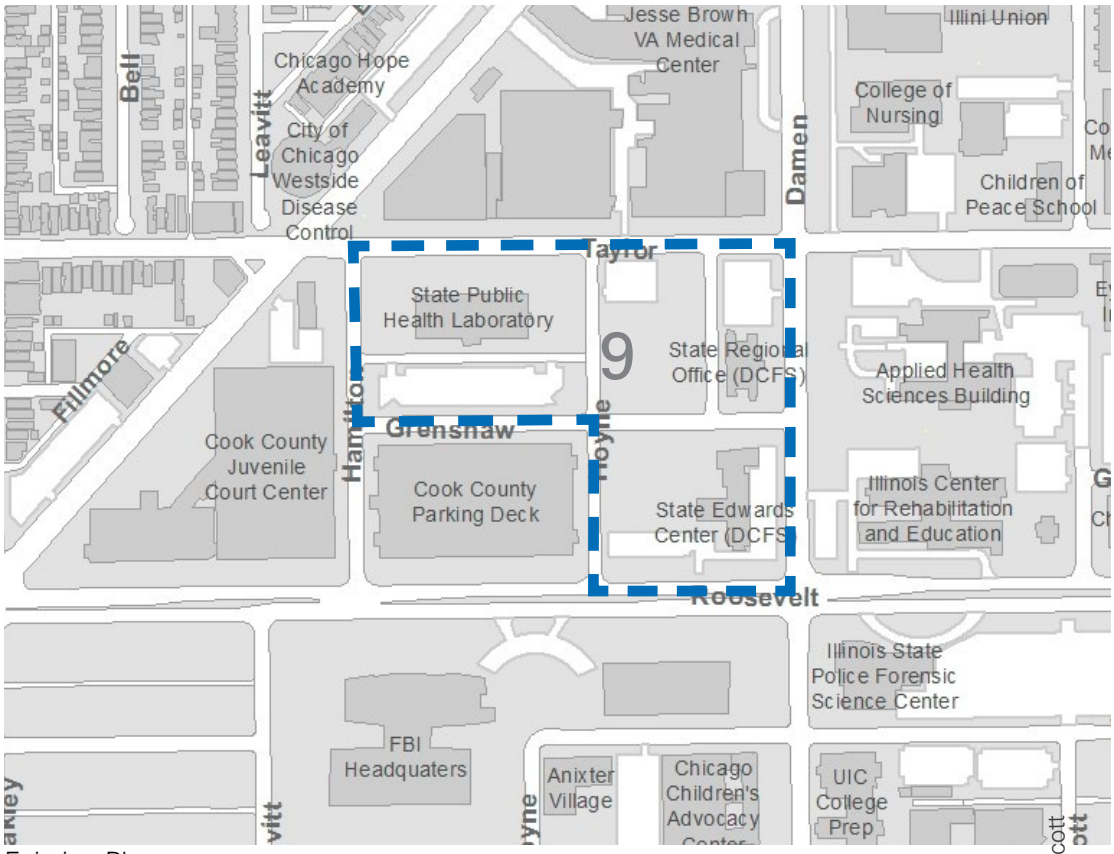
④ Conceptual Academic and Administration Expansion / Replacement

⑤ Revitalization of the Existing UIHHSS Park

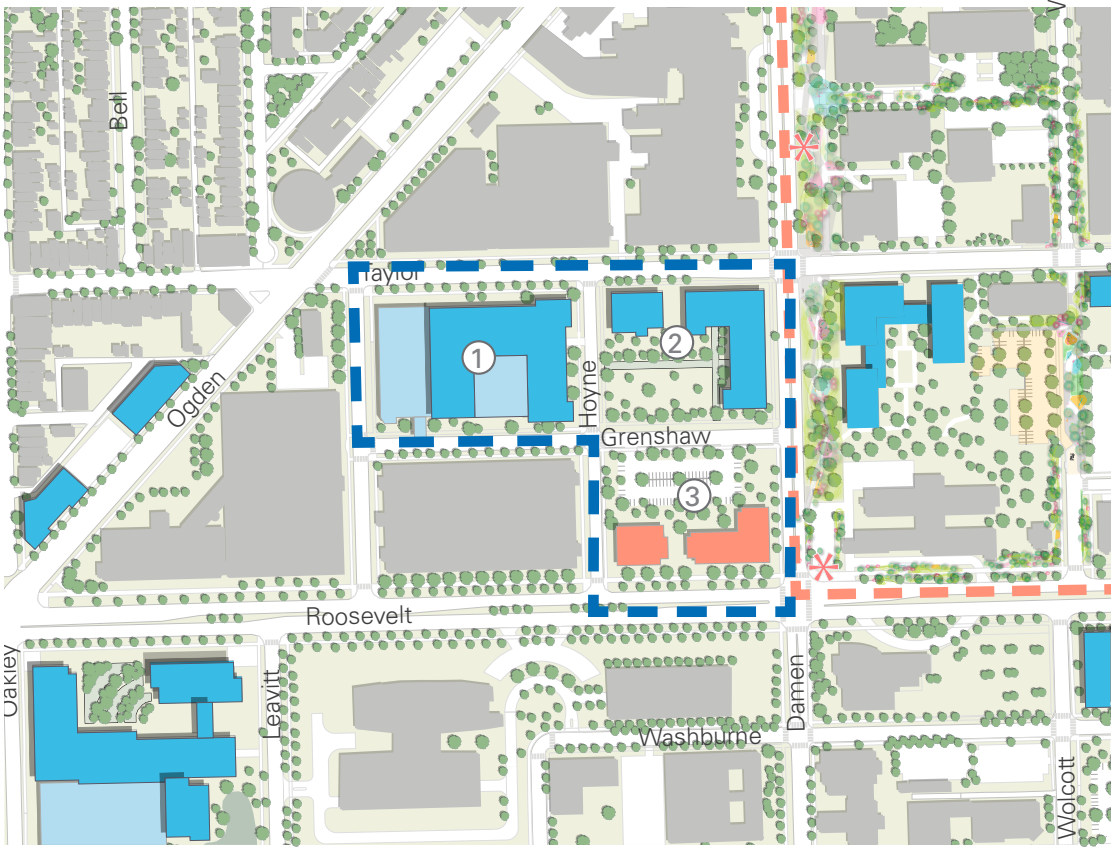
⑥ Replacement Academic Building

⑦ **Re-connection of Wolcott with Shared Street:** Restoration of the connection of Wolcott Avenue through to Roosevelt Road would help to improve vehicular and pedestrian circulation in the area. The Master Plan conceptualizes this connection as a shared street, that gives priority to the pedestrian realm. Additional details for this concept are located in the Public Realm + Landscape Chapter.

⑧ Infill and Replacement Buildings Along Damen



Existing Plan



Proposed Future Plan

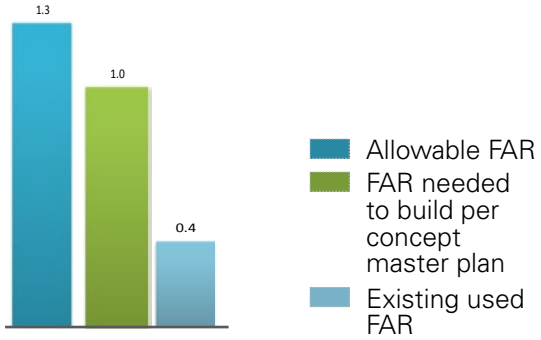
- Proposed Parking Structure
- Proposed Buildings
- Proposed Retail / Amenities
- Existing
- Sub-Area Boundary
- Proposed District Shuttle Route
- Proposed District Shuttle Stop

Sub-Area Plans

SUB-AREA 9 OVERVIEW

Existing Land Area	539,031.8
Allowable FAR	1.3
Current GFA	207,343
Used FAR	0.38
Proposed Development Concept	563,000
GFA Deficit/Excess	137,741

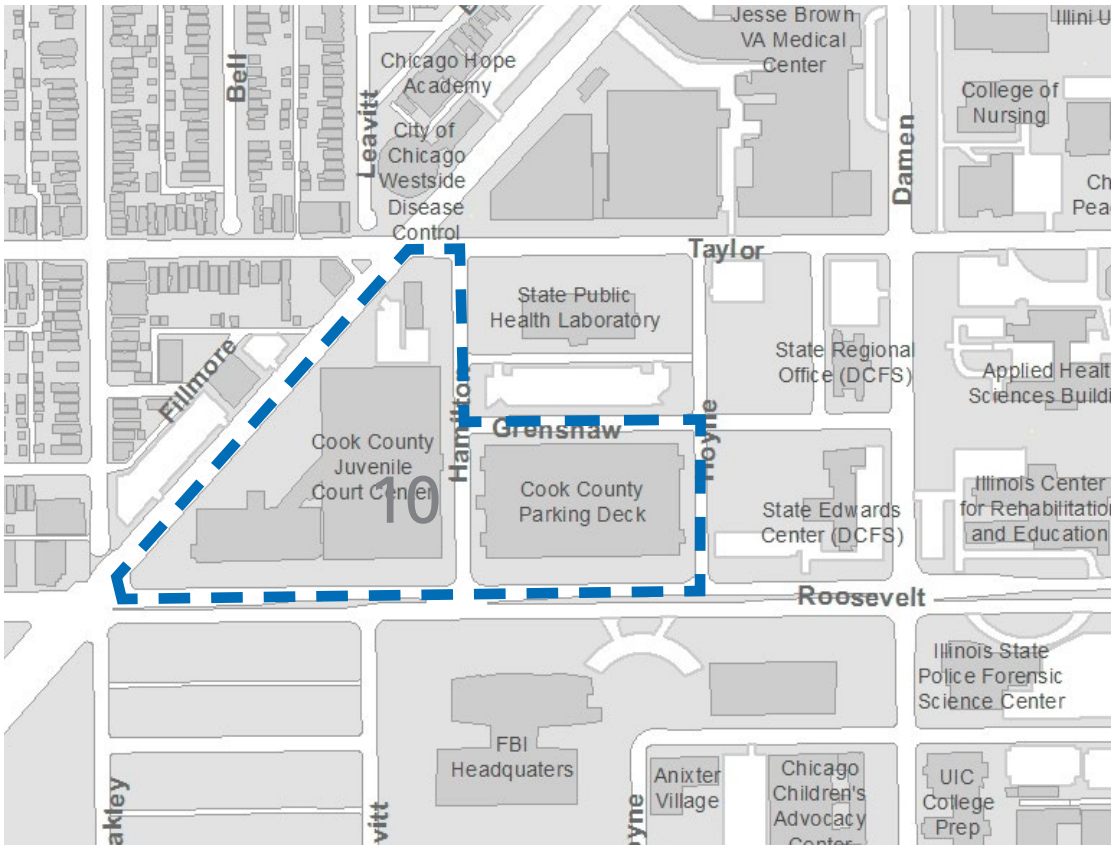
FAR could stay the same



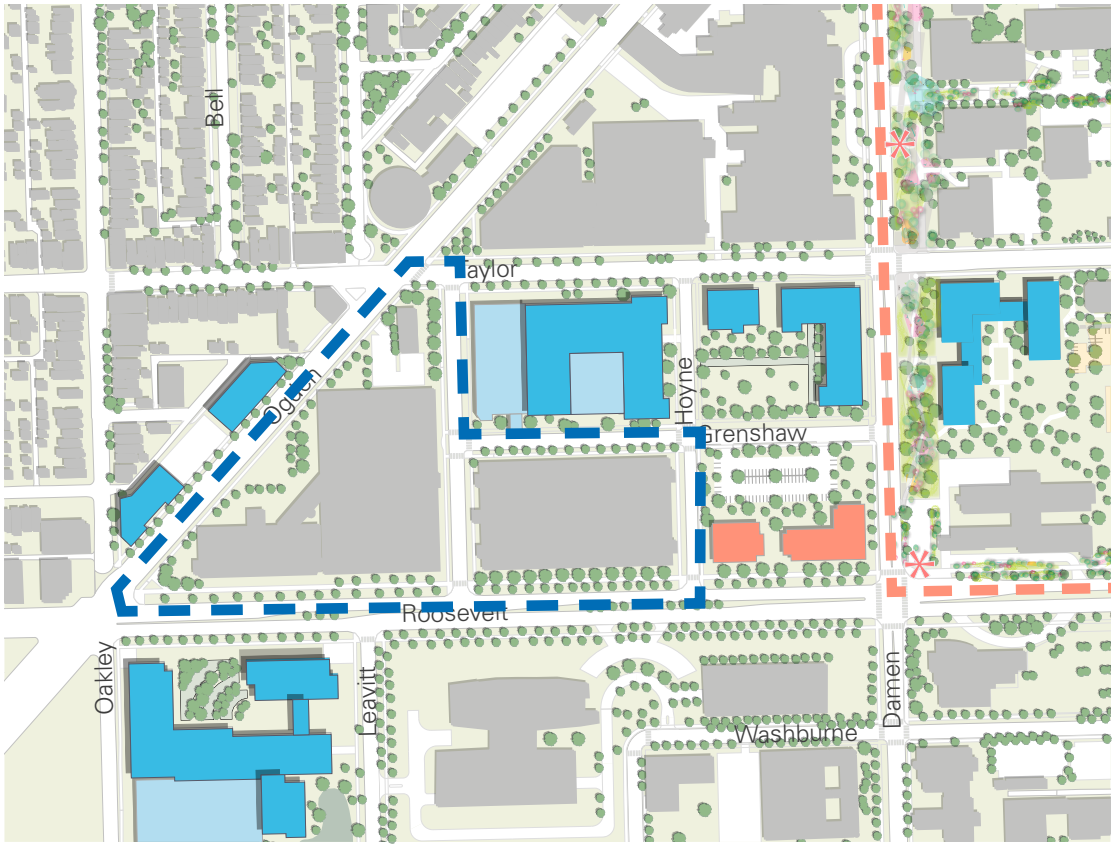
① **Modernization of the State of Illinois Department of Public Health Site:** Today, the State of Illinois properties along Damen Avenue and Taylor Street have extensive under-utilized open space. There also exists a vacant block of land along Taylor Street adjacent to the State of Illinois facilities. From discussions with stakeholders, current state facilities are in need of modernization and expansion. The Master Plan proposes a scheme to condense the three small state facilities into a more compact campus layout, creating a landscaped courtyard along Taylor Street. This consolidation will allow for the suture sale and development of the block at the intersection of Damen Avenue and Roosevelt Road. for private development.

② **Creation of a Condensed State of Illinois Campus:** Utilizing currently vacant land, this concept for a more urban layout for the state facilities would allow for sharing of parking, and other services, and creation of an active courtyard for employee and visitor use.

③ **Retail Node at the Intersection of Damen Avenue and Roosevelt Road:** Redesign and relocation of the State of Illinois facilities would free up this block, at the intersection of Damen Avenue and Roosevelt Road for private mixed-use development. Institutions in the southwestern portion of the District are currently under-served by retail and amenities, therefore a new small retail cluster at this location is envisioned. Based on conversations with District stakeholders, fast-casual restaurants and other convenience services are desired by employees and patients of the District. This location, at a highly visible intersection, is well suited for these types of retail establishments.



Existing Plan



Proposed Parking Structure
Proposed Buildings
Proposed Retail / Amenities
Existing
Sub-Area Boundary
Proposed District Shuttle Route
Proposed District Shuttle Stop

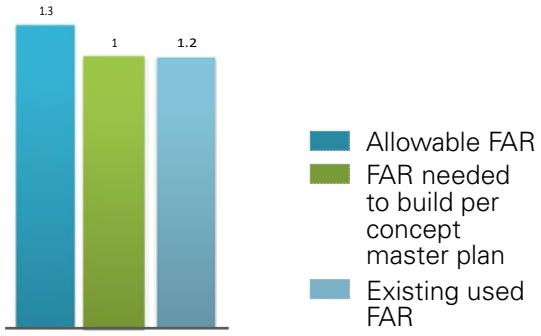
Proposed Future Plan

Sub-Area Plans

SUB-AREA 10 OVERVIEW

Existing Land Area	581,498.9
Allowable FAR	1.3
Current GFA	689,973
Used FAR	1.19
Proposed Development Concept	689,973
GFA Deficit/Excess	65,976

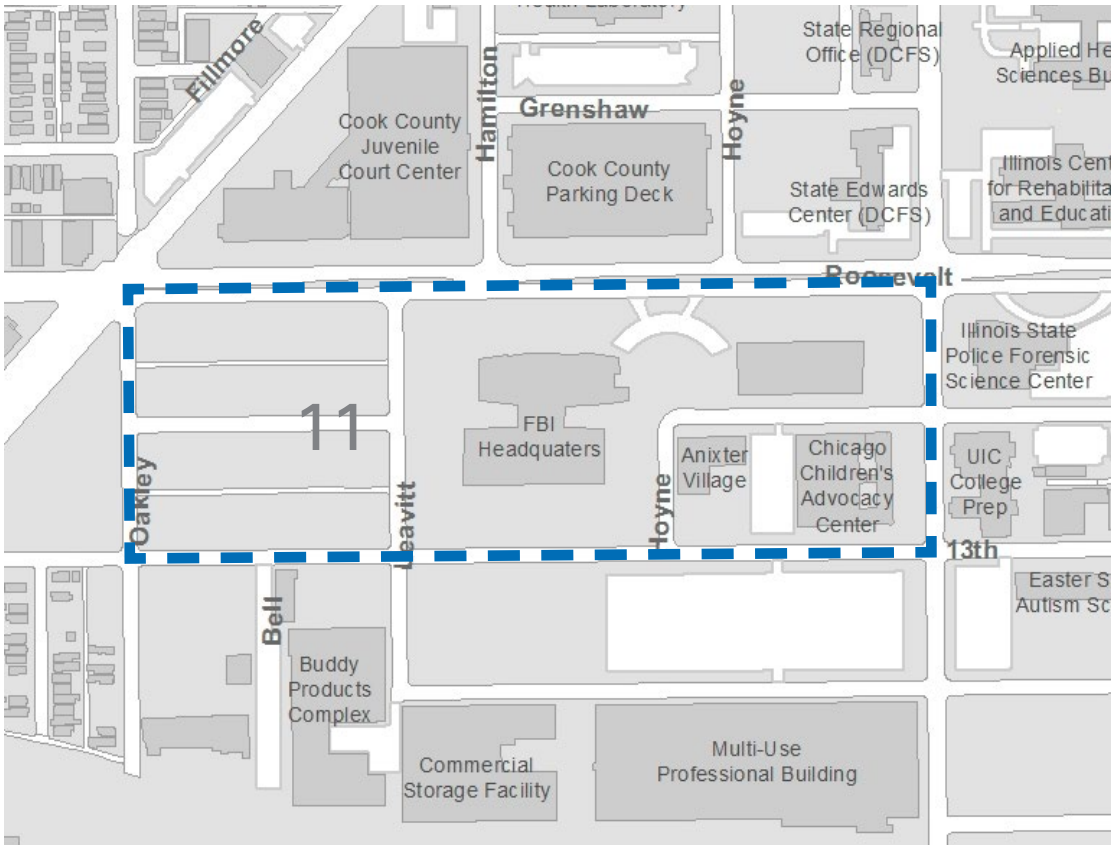
FAR could stay the same



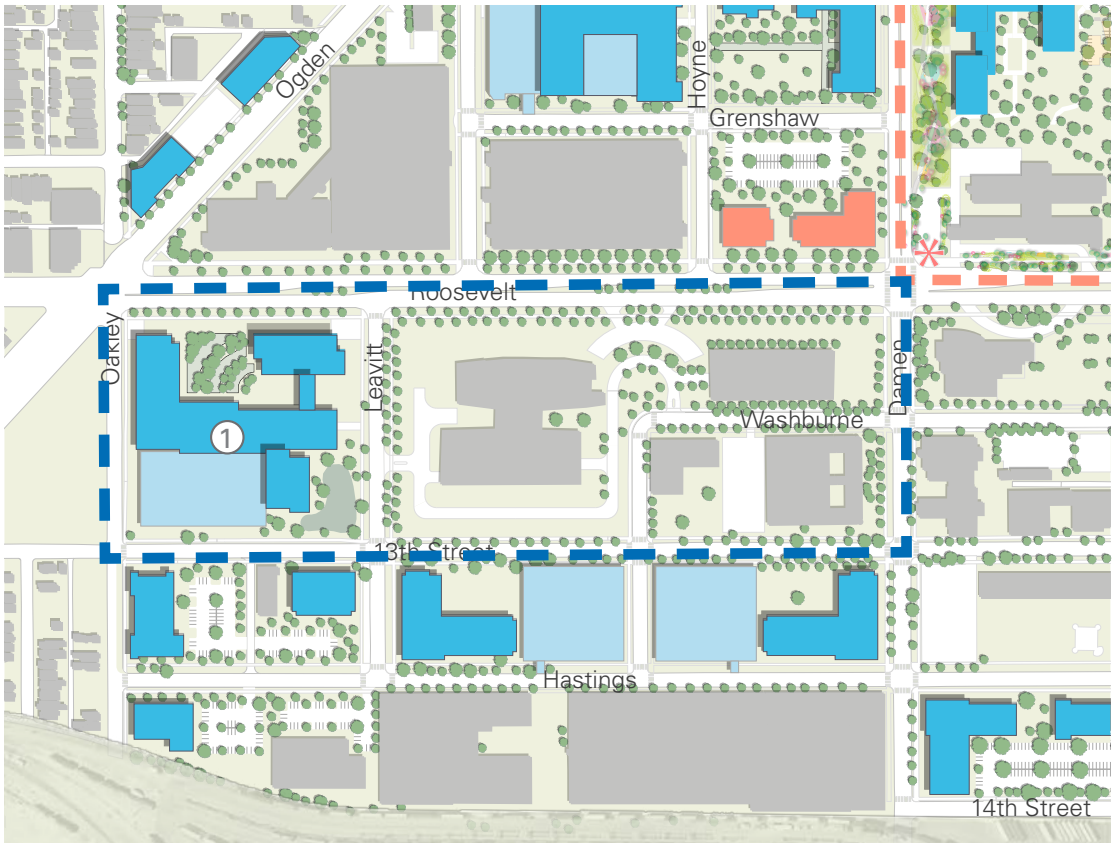
Cook County Juvenile Courts Center

Sub-area 10 is currently occupied by the Cook County Juvenile Court Center. Opportunities for sharing the Center's extensive parking structure with adjacent uses should be explored, along with other transportation and transit related recommendations of the Master Plan.

Implementation of the proposed IMD shuttle and greater frequency of bus service might also reduce the parking demand for the Cook County parking structure.



Existing Plan



Proposed Future Plan

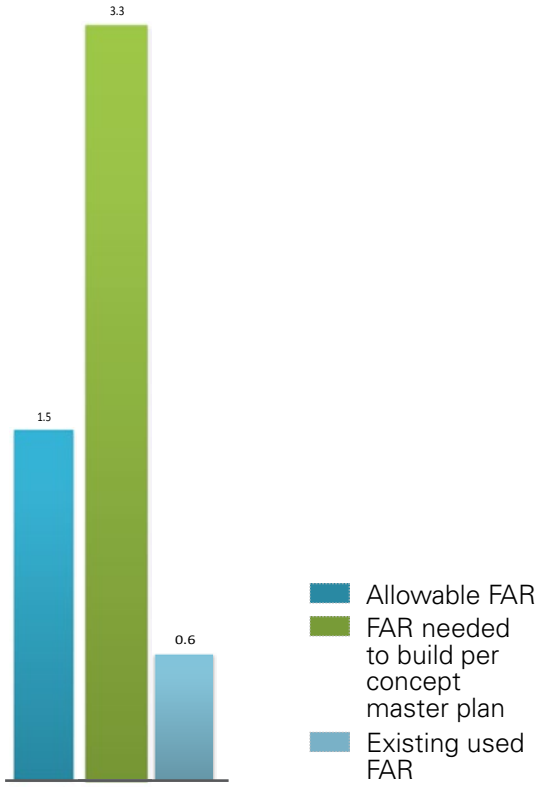
- Proposed Parking Structure
- Proposed Buildings
- Proposed Retail / Amenities
- Existing
- Sub-Area Boundary
- Proposed District Shuttle Route
- Proposed District Shuttle Stop

Sub-Area Plans

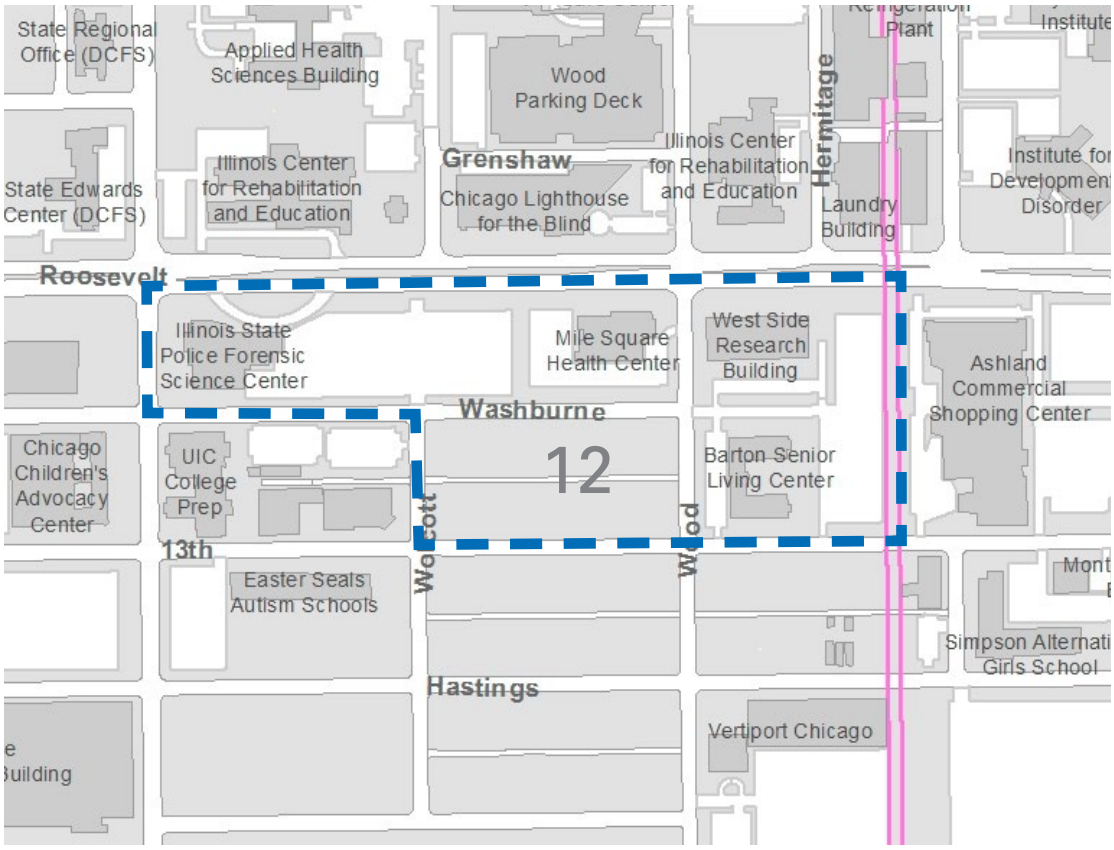
SUB-AREA 11 OVERVIEW

Existing Land Area	1,077,583.6
Allowable FAR	1.5
Current GFA	607,600
Used FAR	0.56
Proposed Development Concept	3,557,600
GFA Deficit/Excess	(1,941,225)

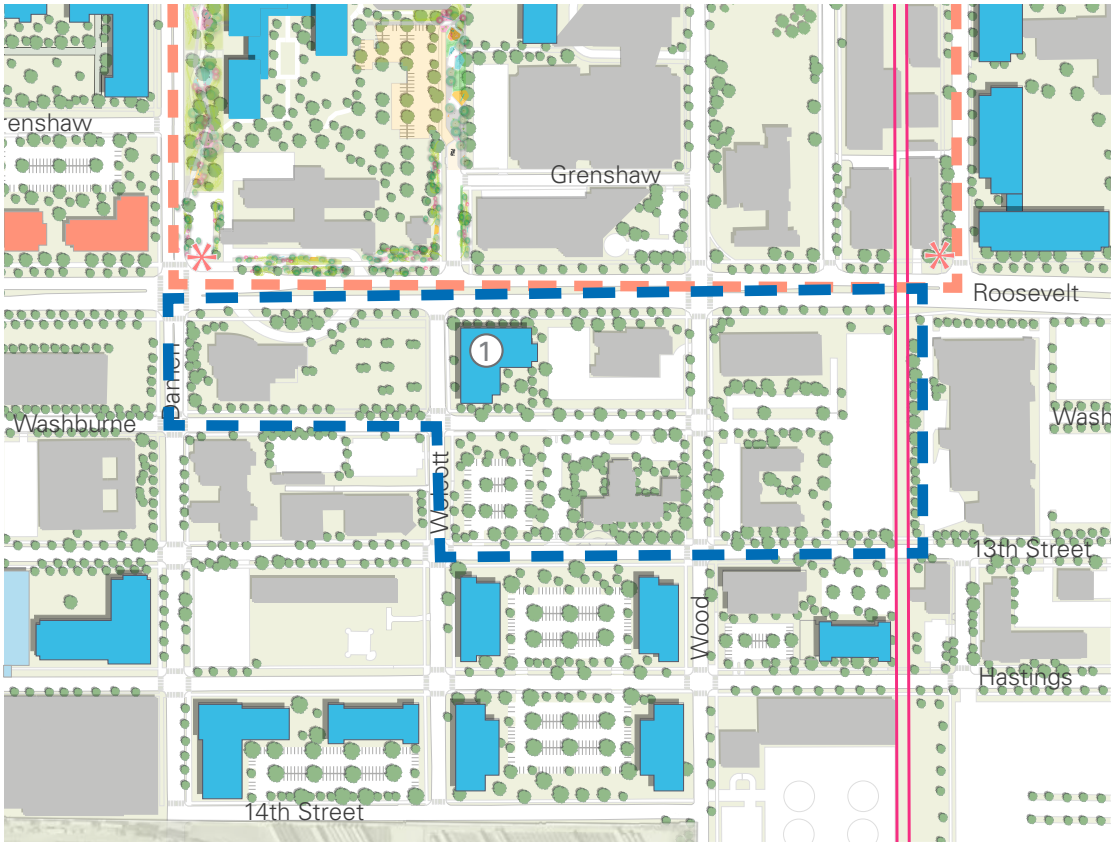
FAR Needs increase



① **New South Gateway Office Building:** The southwest gateway in to the District at Ogden Avenue and Roosevelt Road has extensive vacant land available for development. The scale of the south parcels is suitable for a complex of buildings, with on-site structured parking, which would be consistent with adjacent larger scale development. To attract this type of development, it is recommended that vacant property be combined to create a larger development parcel. The combined land could accommodate a mix of laboratory, educational, and retail uses. Active ground floor uses, such as retail or a cafeteria should front onto Roosevelt Road, while parking and other service areas could be accessed from Oakley Avenue. The Master Plan illustrates a layout of several buildings, of varying heights, surrounding a landscaped courtyard.



Existing Plan



Proposed Future Plan

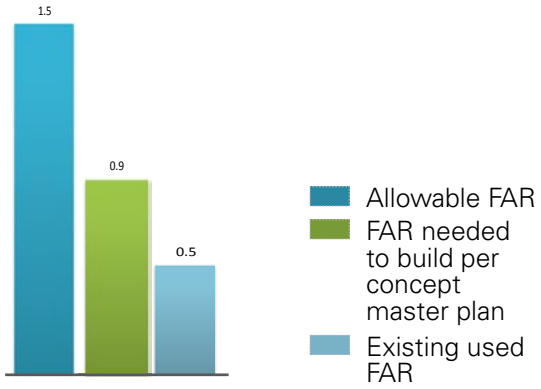
- Proposed Parking Structure
- Proposed Buildings
- Proposed Retail / Amenities
- Existing
- Sub-Area Boundary
- Proposed District Shuttle Route
- Proposed District Shuttle Stop

Sub-Area Plans

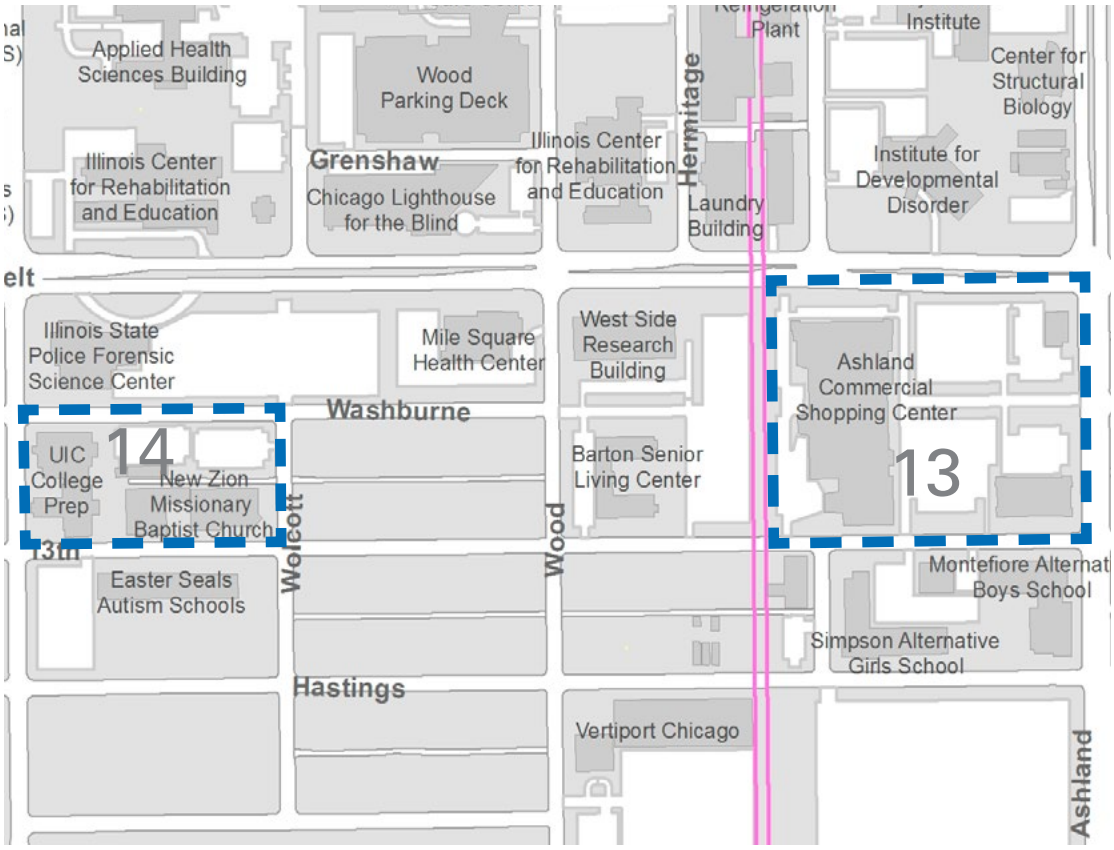
SUB-AREA 12 OVERVIEW

Existing Land Area	829,268.6
Allowable FAR	1.5
Current GFA	405,937
Used FAR	0.49
Proposed Development Concept	705,937
GFA Deficit/Excess	537,966

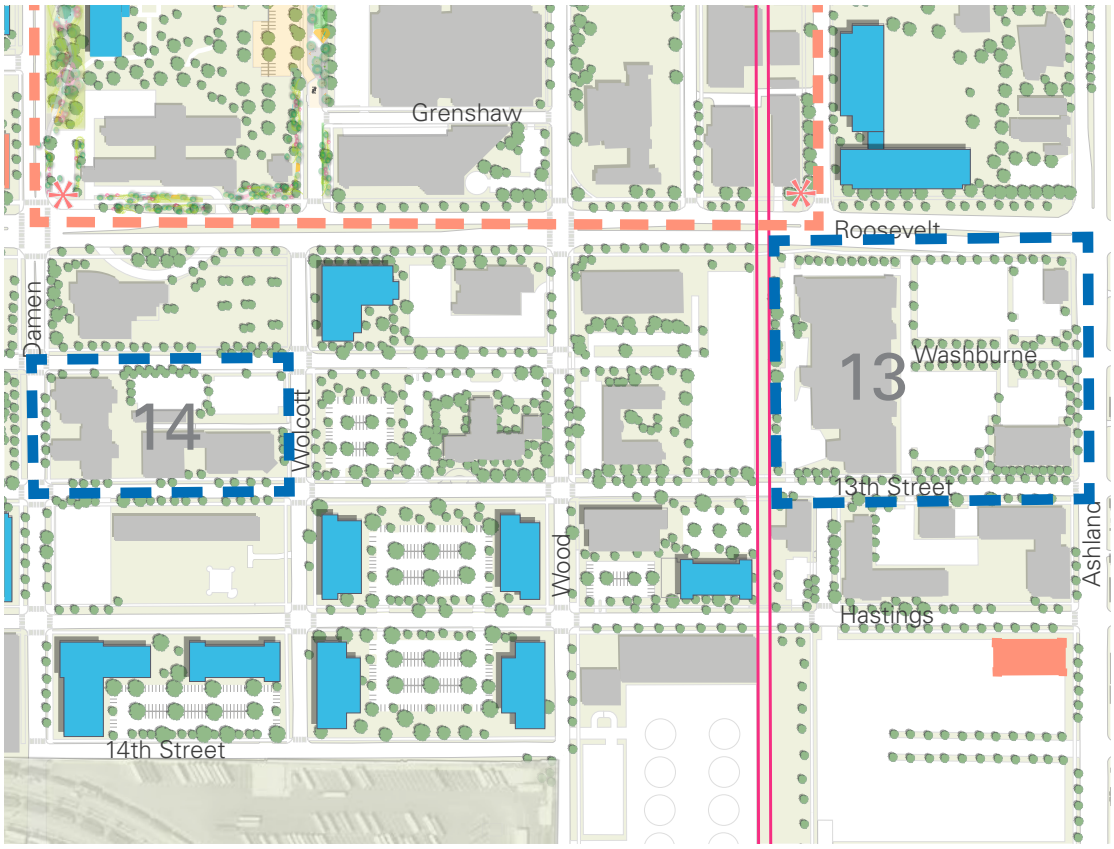
FAR could decrease



① **Infill Development Along Roosevelt Road:** To extend the street-wall along Roosevelt Road, an infill office, research or educational building is proposed for land currently used as surface parking. Parking for this site is relocated to the south, and would be shared with other facilities in the area.



Existing Plan



Proposed Future Plan

- Proposed Parking Structure
- Proposed Buildings
- Proposed Retail / Amenities
- Existing
- Sub-Area Boundary
- Proposed District Shuttle Route
- Proposed District Shuttle Stop

Sub-Area Plans

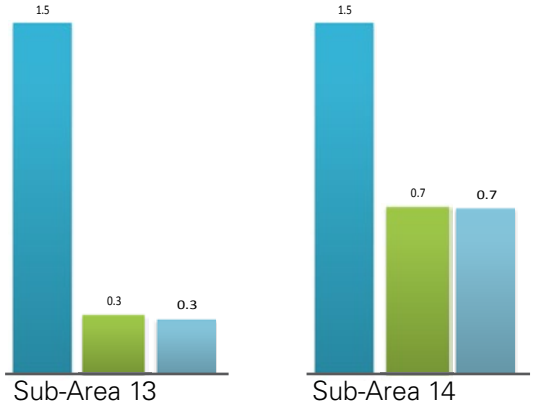
SUB-AREAS 13 + 14 OVERVIEW

Sub-Area 13	
Existing Land Area	471,179.7
Allowable FAR	1.5
Current GFA	120,558
Used FAR	0.26
Proposed Development Concept	120,558
GFA Deficit/Excess	586,212

FAR could decrease

Sub-Area 14	
Existing Land Area	176,378.7
Allowable FAR	1.5
Current GFA	128,750
Used FAR	0.73
Proposed Development Concept	128,750
GFA Deficit/Excess	135,818

FAR could decrease

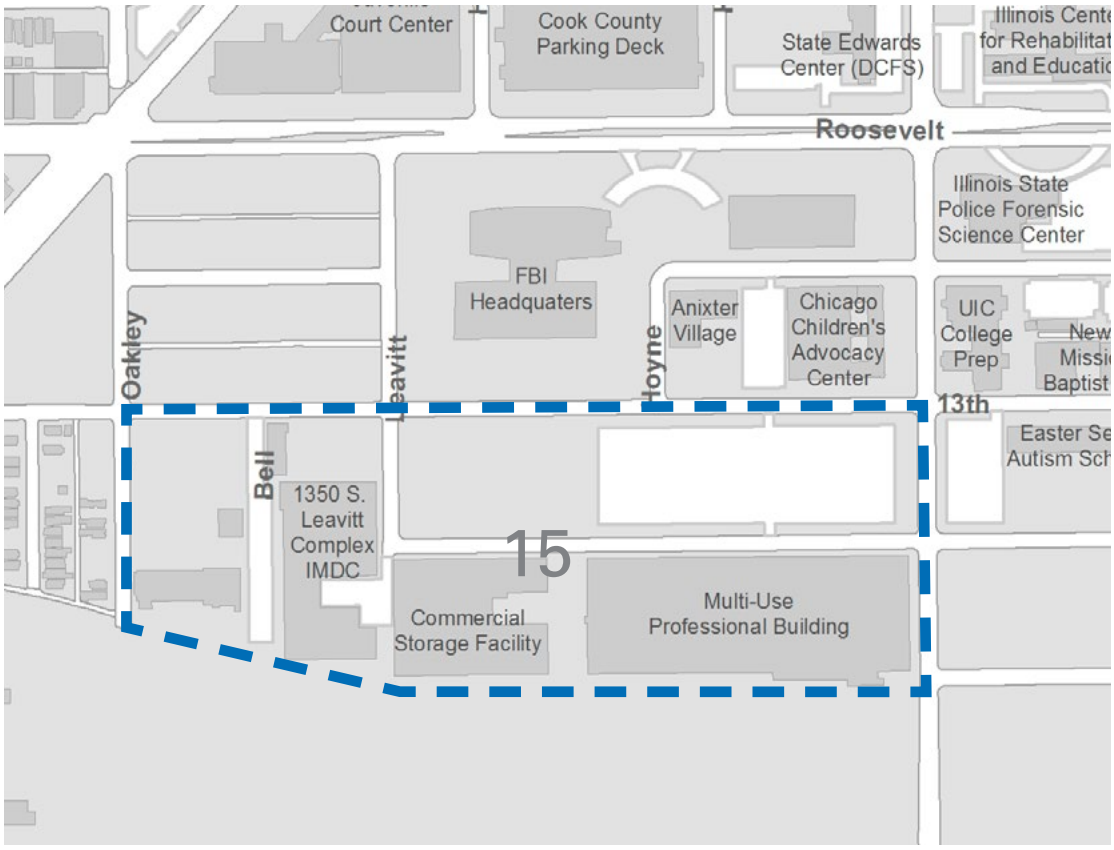


Roosevelt Road Retail Center

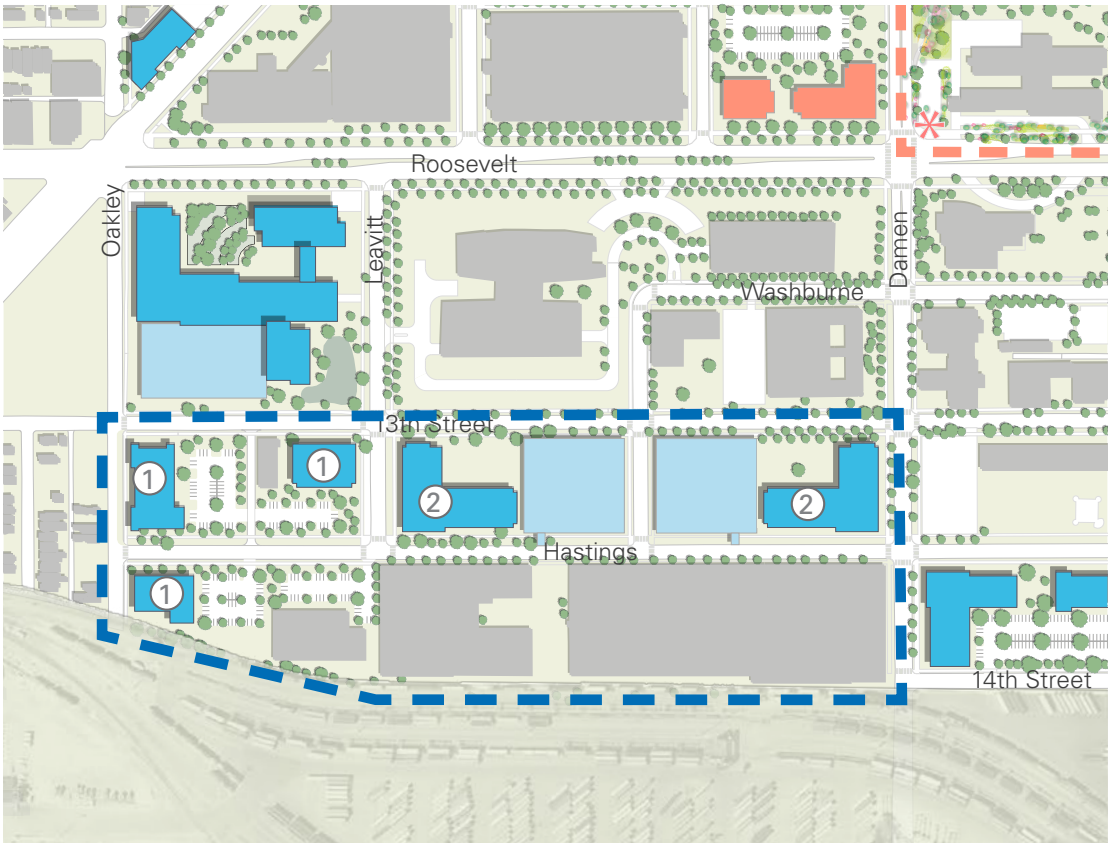
The existing retail located in Sub-area 13 at the intersection of Roosevelt Road and Ashland Avenue contains the highest concentration of retail in the District. The supermarket, restaurants, and other services attract a wide user group due to its prime location on primary arterial street. This is an established retail center, with very little unoccupied land available for new development.

Educational and Religious Uses in the IMD

Sub-area 14 contains an existing historic school building and neighborhood church. These parcels are mostly built out and therefore cannot accommodate additional development.



Existing Plan



Proposed Parking Structure
Proposed Buildings
Proposed Retail / Amenities
Existing
Sub-Area Boundary
Proposed District Shuttle Route
Proposed District Shuttle Stop

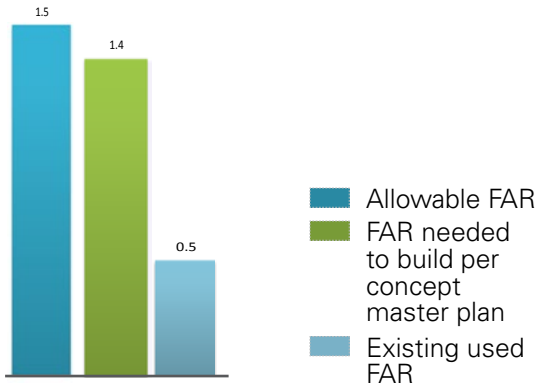
Proposed Future Plan

Sub-Area Plans

SUB-AREA 15 OVERVIEW

Existing Land Area	1,158,324.0
Allowable FAR	1.5
Current GFA	598,200
Used FAR	0.52
Proposed Development Concept	1,604,800
GFA Deficit/Excess	132,686

FAR could stay the same

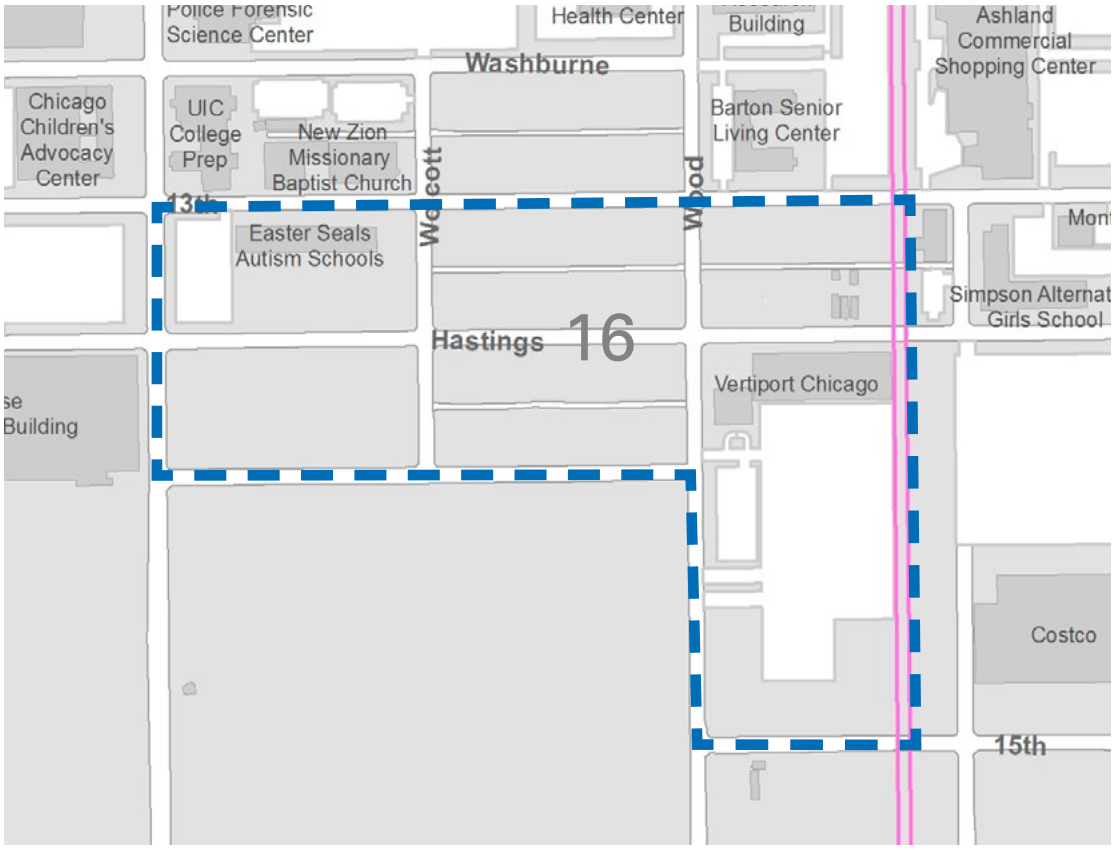


① New Light Industrial Uses:

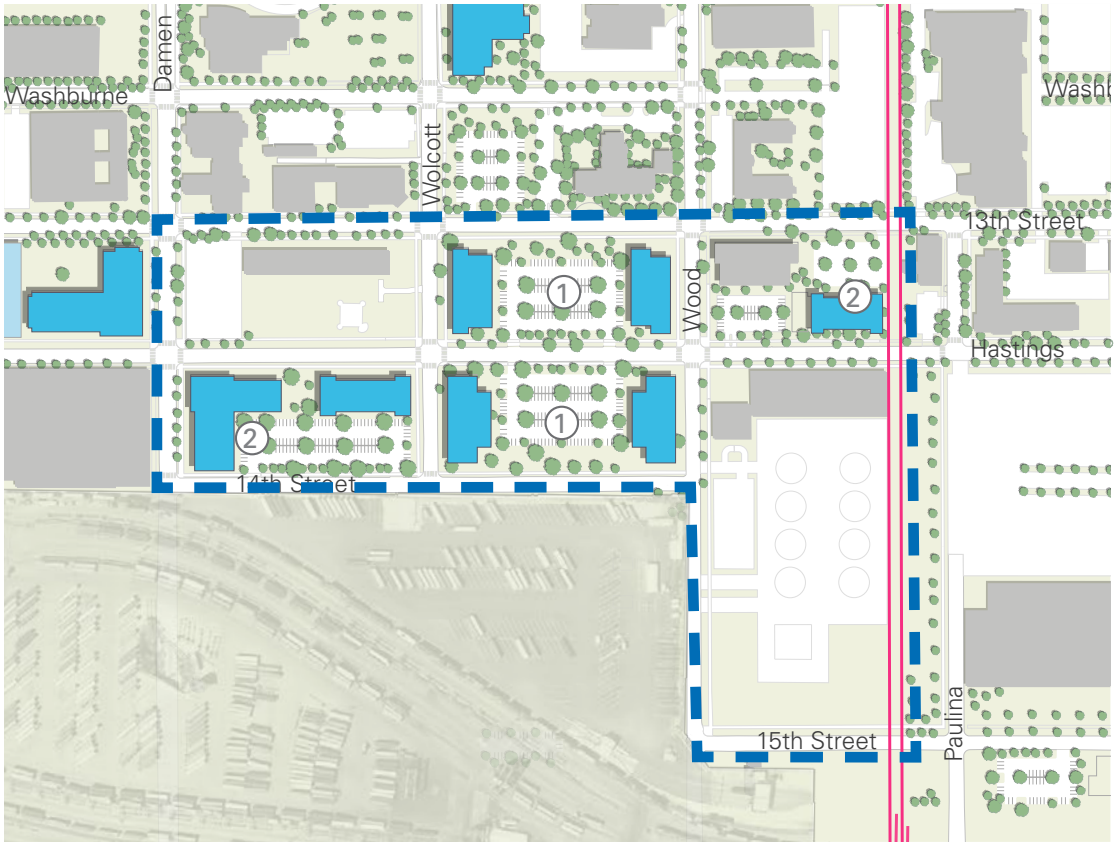
Vacant and under-utilized properties located along the southern boundary of the District are best suited for light industrial use. Redevelopment of these properties into small-scale businesses related to the medical and health sciences fields is conceptualized. This would also be an appropriate location to develop support facilities for the core District institutions, because they would be away from more public uses in the District.

② Vision for Development of Vacant Land:

There is considerable available vacant land south of Roosevelt Road, including the block bounded by Hastings Street, and 13th Street. This block is currently used as surface parking, but has potential as a location for future office or medical uses. Creating large shared parking structures at the center of the block would accommodate the current parking users and serve proposed new buildings. This shared parking could also be built to have excess parking to be used by general District visitors due to its location within walking distance of the proposed District Shuttle Loop..



Existing Plan



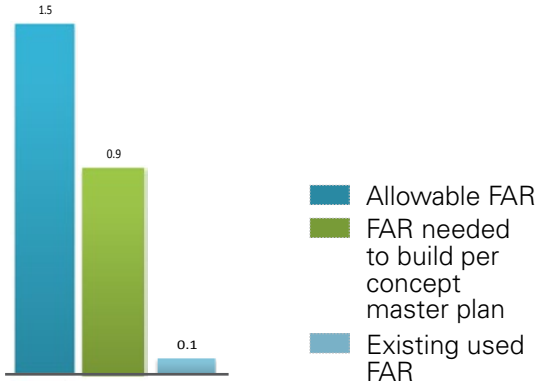
Proposed Future Plan

Sub-Area Plans

SUB-AREA 16 OVERVIEW

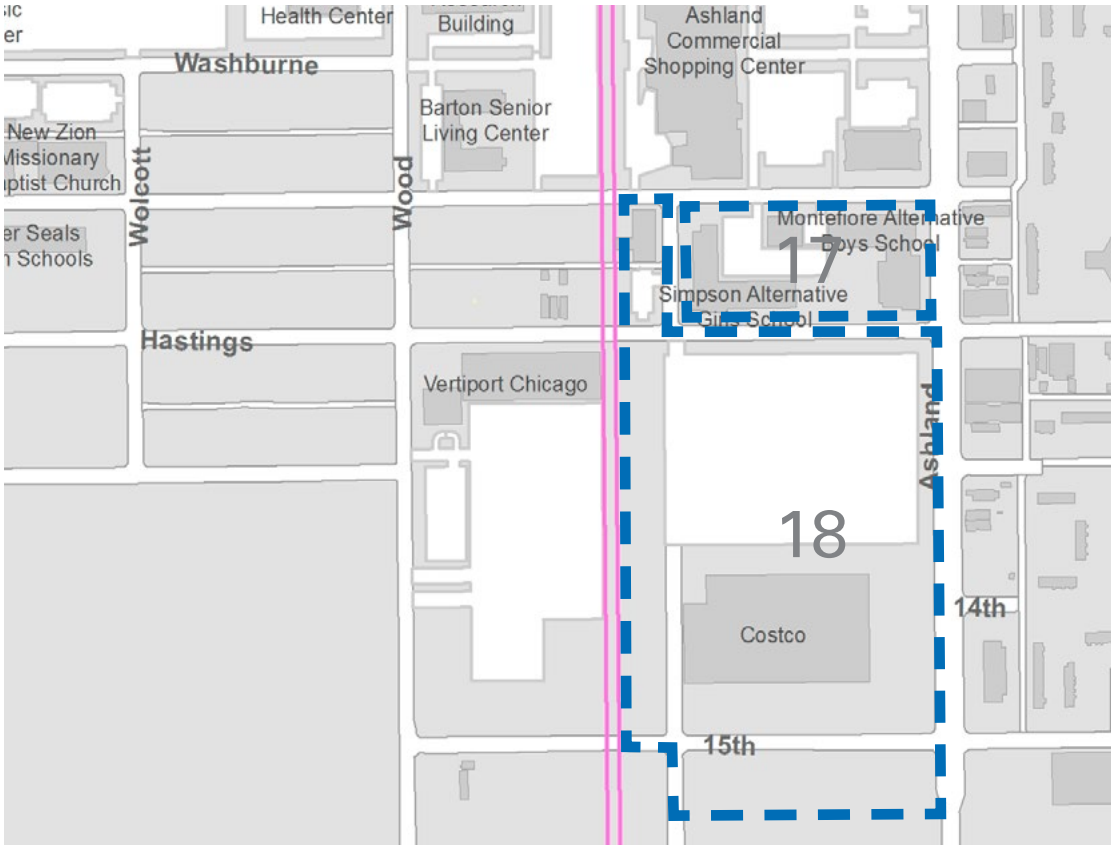
Existing Land Area	1,323,836.4
Allowable FAR	1.5
Current GFA	114,442
Used FAR	0.09
Proposed Development Concept	1,189,932
GFA Deficit/Excess	795,823

FAR could decrease



① **Conceptual Build-out of the South Development Area:** Vacant development blocks along 13th Street and Hastings Street are flexible to accommodate a wide variety of future development types. The concept plan illustrates a layout for speculative office buildings along the north-south streets and shared parking central to the block. These blocks could also accommodate denser development with shared parking structures, pending future development demand.

② **Infill Office Development Concepts:** Small vacant sites exist in this sub-area that can provide opportunities for small scale healthcare or service uses to develop.



Existing Plan

Proposed Future Plan

- Proposed Parking Structure
- Proposed Buildings
- Proposed Retail / Amenities
- Existing
- Sub-Area Boundary
- Proposed District Shuttle Route
- Proposed District Shuttle Stop

Sub-Area Plans

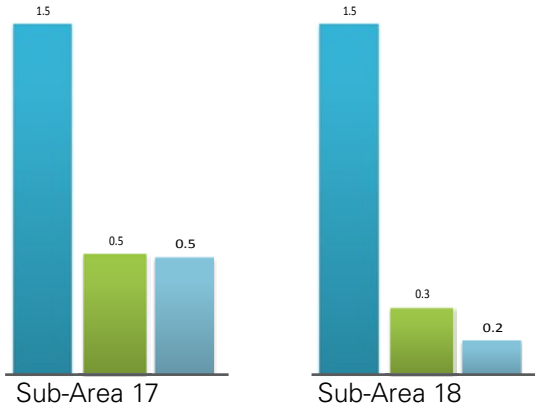
SUB-AREAS 17 + 18 OVERVIEW

Sub-Area 17	
Existing Land Area	184,706.4
Allowable FAR	1.5
Current GFA	96,200
Used FAR	0.52
Proposed Development Concept	96,200
GFA Deficit/Excess	180,860

FAR could decrease

Sub-Area 18	
Existing Land Area	914,919.7
Allowable FAR	1.5
Current GFA	149,741
Used FAR	0.16
Proposed Development Concept	264,741
GFA Deficit/Excess	1,107,638

FAR could decrease



Sub-area 17

Sub-area 17 houses two schools and a daycare facility and is fully built-out. No additional development is planned or recommended.

① Costco Outlot Development:

Costco wholesale supermarket in Sub-area 18 has extensive surface parking. To build off the success of the development, creation of small retail out-lots with complimentary uses is recommended to help better define the Ashland Avenue frontage.

REALIZING THE PLAN

IMD MASTER PLAN

REALIZING THE PLAN

IMMEDIATE PRIORITY PROJECTS

PD#30 Amendment:
Coordinate with the City of Chicago to prepare an amendment to the PD#30, which will need to include recognition of the new Master Plan and design guidelines, density tranfers, and other adjustments.

IMD Shuttle Analysis and Implementation:

- Dedicate IMDC staff time to transportation management, or hire an IMDC transportation manager.
- Form a District transportation task force made up of District stakeholders
- Contract with consultant to conduct a detailed shuttle implementation analysis
- Release an RFP for possible shuttle management vendors

ComEd Station Gateway Project:

- Approach ComEd to discuss the substation, and proposed landscape / façade improvements
- Seek sponsors and funding for the project, look for opportunities for healthcare corporate sponsorship
- Invite stakeholders and Chicago's experts in graphic, architectural, and landscape design to participate in a design charrette

Gateway Development Intersection Improvements

- Coordinate with IDOT and CDOT on future intersection planning for Ogden and Damen
- Encourage pedestrian crossing safety improvements around the IMD Gateway Development and adjacent to the CTA Blue Line stations
- Propose an extension of in-progress Damen Avenue improvements to the south, through the IMD

Revitalize the Chicago Technology Park

- Insert first steps

ONGOING / LONG-TERM INITIATIVES

Parking Management and Coordination Improvements: Meet regularly and commit IMDC staff time to recording and coordinating all parking improvement plans in the District. Identify strategies for future shared parking relationships.

Identify Funding Strategies for Future Public Realm Improvement Projects: Work with stakeholders, grant funding entities, and the City to identify opportunities to fund improvements to the District's streetscape, landscape and, open space. Consider sponsorships to fund the implementation of new public parks such as the Fitness / Wellness Circuit.

Acquire Key Gateway Parcels for Redevelopment: With the goal of increasing the quality of the gateways to the District, strategically acquire parcels at the northern and southern gateways to allow for new development that is consistent with the goals of this Master Plan.

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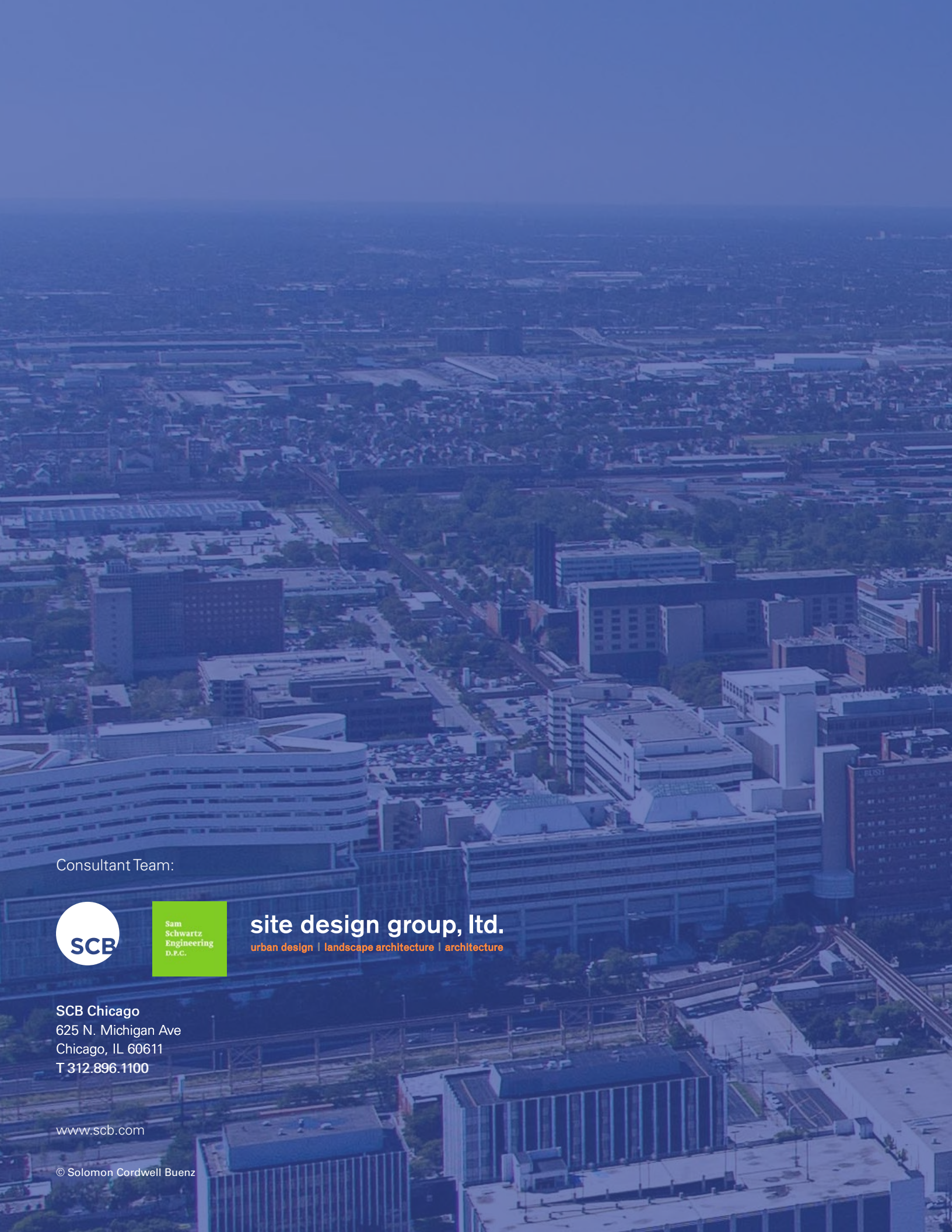

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