

City of Lynn

# Union Hospital Re-use Planning Study

**Final Report**

12/18/2018



# Acknowledgments

Special thanks to the community members who participated in this study and to the City leadership for coordinating and supporting this effort.

**Mayor Thomas McGee**

City of Lynn

**Meaghen Hamill**

Mayor's Office, City of Lynn

**Wayne Lozzi**

Ward One, Lynn City Council

**James Cowdell**

Executive Director, Lynn EDIC

**Mary Jane Smalley**

Lynn EDIC

**James Lamanna**

Law Department, City of Lynn

Study authored by the **Metropolitan Area Planning Council (MAPC)** with the project led by Josh Fiala, including expert contributions from Josh Eichen, Raul Gonzalez, Barry Keppard, Mark Racicot, and Cynthia Wall

Funding for the study provided through an agreement between the City of Lynn and **North Shore Medical Center** and **MAPC funded Planning for MetroFuture Technical Assistance (PMTA)**

# Report Contents

<b>EXECUTIVE SUMMARY</b>	Page 5
<b>SECTION 1:</b> Introduction	7
<b>SECTION 2:</b> Potential Opportunities	11
<b>SECTION 3:</b> Recommendations	42
<b>APPENDIX:</b> Community Feedback Results #1 Community Feedback Results #2 Hospital Reuse Assessment	



An aerial view from Google showing the NSMC Union Hospital property. Its primary buildings face Lynnfield street (Route 129). The property includes the rear parking area accessed from Woodland Avenue North.

# Executive Summary

In October of 2019, North Shore Medical Center (NSMC), a member of Partners HealthCare, will consolidate hospital-based medical, surgical and behavioral health services to the NSMC Salem Hospital Campus. When this consolidation occurs hospital-based services will end at Lynn's Union Hospital. On the current Union Hospital campus, NSMC will build a medical village facility that will include urgent care, lab and radiology services, outpatient psychiatry and a primary care and specialty care practice. The medical village will occupy about 1/4 of the 20-acre campus. Partners HealthCare plans to sell the remainder of the property.

Anticipating the consolidation of North Shore Medical Center hospital facilities and property sale, the City of Lynn has commissioned this study to consider the future of the Union Hospital property. The City of Lynn Economic Development Industrial Corporation (EDIC) engaged the Metropolitan Area Planning Council (MAPC) to facilitate a transparent and community-based process to consider the potential for new future uses and investment at the Union Hospital property. MAPC prepared information and analyses of the property and presented and invited community feedback at two community meetings as part of this re-use planning study.

The first community meeting in August of 2018 asked attendees to give input on a range of uses that may be acceptable for the future redevelopment of the property. The results showed that the following uses are potentially acceptable from the community's perspective for redevelopment of the property: single family homes, age-restricted homes, assisted living/clinic/nursing home, commercial/medical office, and open space. This feedback was then used to create several hypothetical alternatives that explored the physical fit, financial viability, and potential impacts of a use that the community defined as potentially acceptable. The results of this analysis were presented to the community at a second community meeting in September of 2018. At this meeting, attendees were asked to give input on the alternatives and whether a certain alternative may be acceptable. The alternatives that received the most support included a medical/office reuse of the building and property, a senior living community clustered at a density higher than allowed by current zoning, an assisted living community, a healthcare training/education facility, and single family homes.

Based on this analysis, illustration of potential outcomes on the property, and a better understanding of the community's preferences, this study presents zoning recommendations to enable new opportunities on the Union Hospital property. By creating a vision and modifying the current zoning, Lynn city leaders can set the framework for the types of investments the community would like to see and be a proactive partner in the property's future.

The key zoning recommendations advance the goals for redevelopment at the Union Hospital property that have been articulated through this process. The community goals for the property include:

- Encouraging development that is sensitive to the surrounding context of single family residential neighborhoods and the Lynn Woods conservation area,
- Supporting new economic opportunities for the re-use of the Union Hospital property to encourage investment in the neighborhood,
- Creating new housing opportunities while limiting the impacts on schools,
- Creating new job opportunities to counteract job losses associated with the hospital consolidation,
- Encouraging uses that would contribute to the City of Lynn's tax base.

A zoning change would signal an invitation to the development community for the types of projects that the community has expressed interest or openness to on the property. Key zoning recommendations for the Union Hospital property include:

- Create a new Medical Village (MVD) underlying zoning district to include the entirety of the Union Hospital site
- The new underlying zoning district is recommended to include two sub-districts (MVD-1 and MVD-2) with complementary provisions that respect the distinct characteristics and opportunities of the Lynnfield Street and Woodland Avenue North parcels
- The subdistrict at Lynnfield Street, MVD-1, is recommended to allow the following uses by right: assisted living facility, senior living row house, senior living multifamily (less than 100 units), public parks/open space, and general offices, clinic, and medical village. The MVD-1 is recommended to allow the following uses by Special Permit: senior living multifamily (100 units or more), and senior living mixed-use (commercial/retail/restaurant and residential). The subdistrict at Woodland Avenue North, MVD-2, is recommended to allow the following uses by right: senior living one family detached house (standard lot - 10,000 square feet), senior living one family detached house (clustered lot), public parks/open space. The MVD-2 is recommended to allow the following uses by Special Permit: assisted living facility, senior living row house, and accessory uses to MVD-1, including parking.
- Dimensional requirements are compatible with the existing uses and abutting residential areas
- Some uses currently allowed or available by special permit in the R-1 would not be allowed in the new zone to avoid land use conflicts
- Existing Parking Requirements are maintained

## Section 1

# Introduction

### STUDY BACKGROUND

In September of 2015, North Shore Medical Center (NSMC), a member of Partners HealthCare, announced that it planned to consolidate hospitals on the North Shore as part of a \$180 million investment plan. In 2016, the Department of Public Health approved the plan that would result in the expansion of Salem Hospital and the closing of Lynn's Union Hospital. The consolidation plan and closing of Union Hospital have been a contentious issue in the City of Lynn with many residents expressing passionate concerns over the loss of hospital-based services. As part of the planned investments, NSMC will be developing a new 37,000 square-foot, \$23 million medical village facility on a portion of the Union Hospital property in Lynn.

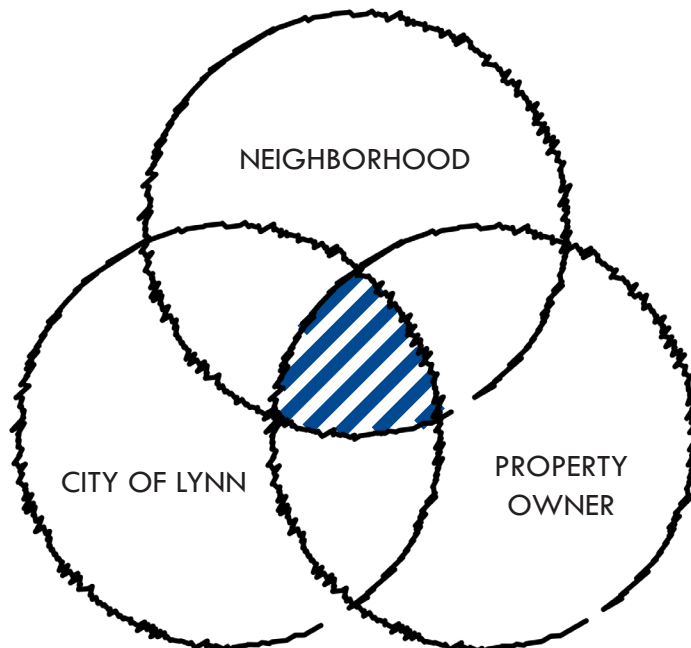
In October of 2019, NSMC will complete the consolidation of hospital-based medical, surgical and behavioral health services to the NSMC Salem Hospital Campus. When this consolidation concludes, hospital-based services will end at Lynn's Union Hospital. Health services will continue on the current Union Hospital campus as NSMC will complete the medical village facility that will include urgent care, lab and radiology services, outpatient psychiatry and a primary care and specialty care practice. The medical village will occupy about 1/4 of the 20-acre campus. The medical village will be placed at the southeastern portion of the Lynnfield Street frontage where two stand alone medical office and the east wing of the hospital emergency department are now located. Partners HealthCare plans to sell the remainder of the property including the Lynnfield Street portion of the property that includes most of the existing hospital facility and the Woodland Avenue North portion of the property that includes the large parking lot and wooded area.

Anticipating the consolidation of North Shore Medical Center hospital facilities and property sale, the City of Lynn, lead by Ward 1 City Councilor Wayne Lozzi, asked Partners HealthCare to fund a study. The purpose of this study was to explore potential outcomes on the property that would offer the public options and alternatives to view and offer input. The input and feedback would be used to structure zoning recommendations for the property. Partners HealthCare agreed to fund the study and the City of Lynn commissioned this study to consider the future of the Union Hospital property. The City of Lynn Economic Development Industrial Corporation (EDIC) engaged the Metropolitan Area Planning Council (MAPC) to facilitate a transparent and community-based process to consider the potential for new future uses at the Union Hospital property. MAPC prepared information and analyses of the property and presented and invited community feedback at two community meetings as part of this re-use planning study.

The Metropolitan Area Planning Council (MAPC) is the regional planning agency serving the people who live and work in the City of Lynn and in the 100 other cities and towns of Metropolitan Boston. Established in 1963, MAPC is a public agency created under Massachusetts General Law Chapter 40B Section 24. MAPC's mission is to promote smart growth and regional collaboration. The regional plan, MetroFuture, guides MAPC's work as the agency engages the public in responsible stewardship of the region's future.

### STUDY PURPOSE

The purpose of the study was to explore the potential future of the North Shore Medical Center Union Hospital property and to evaluate potential outcomes and community preferences for the property. The process and this report were designed to clearly document and communicate the preferences expressed by the community for the Union Hospital property to guide and inform the property's redevelopment. It is important to recognize that the preferences of the community and surrounding neighborhood are important considerations, but redevelopment will be driven and funded by other parties and factors. This study has also attempted to be realistic about the potential interests of other parties and dynamics that will influence future redevelopment of the Union Hospital property. The simple diagram below shows the balancing of interests that a successful redevelopment effort should be able to accomplish. The results of this study show several potentially viable outcomes that could accomplish this type of shared interest and benefit for these primary stakeholders.



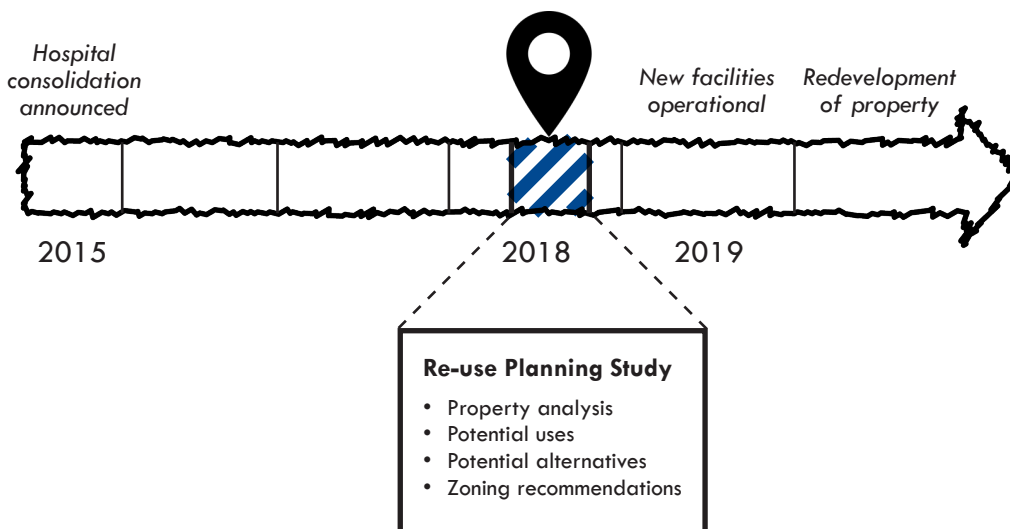


The most tangible and direct outcome of this study are zoning recommendations that would set a framework for how the property could evolve and the types of investments that would be possible and encouraged. In order to define zoning recommendations, the study explored the goals and preferences of the community, the needs and impacts of the City of Lynn, and feasibility considerations that will be a part of the current and future property owners' decisions.

## STUDY PROCESS

This study was produced through a focused process that lasted several months. The expedience of the process was necessary to provide the City of Lynn recommendations in a timely manner in order to maximize their influence over the future sale and potential redevelopment of the Union Hospital property. MAPC began the study in July of 2018 with initial meetings with the City of Lynn EDIC, Ward 1 Councilor, and North Shore Medical Center to be briefed on the context from multiple perspectives. MAPC also performed an analysis of the existing conditions of the property using Geographic Information Systems (GIS) data and in-person site visits.

This study and its process are part of a larger and longer process that has been underway for several years and will continue to be underway for several more years. This process includes several related, but independent projects including: determining and adopting the appropriate zoning to guide the redevelopment, consolidating hospital facilities and operations, constructing the new medical village facility, disposing of the Union Hospital property for redevelopment, and planning, approving, and constructing redevelopment of the property.



In August of 2018, MAPC facilitated a first community meeting to present the existing conditions analysis and invite community feedback regarding the future of the property with a focus on future potential uses of the property. The community provided nuanced guidance relative to uses that may be appropriate for the Lynnfield Street portion of the property and the Woodland Ave North portion of the property. This information was also posted on the City's EDIC website.

In September of 2018, MAPC developed potential alternatives for redevelopment that focused on the uses the community expressed as potentially acceptable at the first community meeting. The alternatives were developed to scale using a digital model of the site and potential building components. Each alternative was evaluated for its financial feasibility and its potential impacts for the surrounding community and City. MAPC facilitated a second community meeting to present the compiled findings of the community feedback from the first community meeting and to present the potential alternatives analyzed for the property. The community provided feedback on the alternatives presented. This information was also posted on the City's EDIC website.

In October 2018, all community feedback and technical analyses were combined to define zoning recommendations for the Union Hospital property. The zoning recommendations provide a framework for future investment in the property that is consistent with the community vision for what may be acceptable there. As a next step, following this study, the City of Lynn should review the zoning recommendations and undertake a process for adopting zoning changes through City Council approval to enable the new opportunities on the site, supporting the sale of the property and providing potentially viable options for redevelopment.

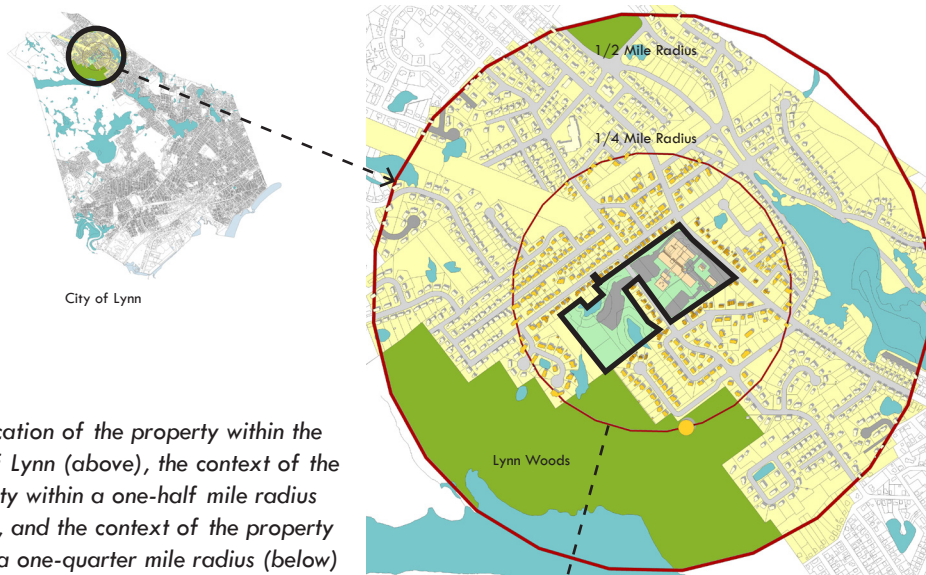


## Section 2

# Potential Opportunities

### PROPERTY CONTEXT

The surrounding context of the Union Hospital property includes a predominantly single family residential area in the northern portion of the City of Lynn, south of the Peabody and Lynnfield borders. The property is in Ward 1 of the City with frontage on Lynnfield Street and is divided by Woodland Avenue North into two parts. The property is located between residential abutters on Dartmouth Street, Anchor Rd, Donnelly Dr, Mary Ellen Dr, and Joel Circle. Undeveloped portions of the property are wooded and the property is adjacent to the Lynn Woods. Primary access to the property is from Lynnfield Street (Route 129). Route 129 connects directly to Route 1, Route 128, and Interstate 95 about one mile north of the property. The property can also be accessed by transit via MBTA bus routes 434 and 436.



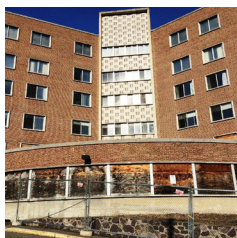
The location of the property within the City of Lynn (above), the context of the property within a one-half mile radius (right), and the context of the property within a one-quarter mile radius (below)



## HOSPITAL CONTEXT

The hospital has been a part of the community and neighborhood for over 60 years with the original special permit approval for a hospital occurring in 1950. After approval, a building fund was launched to build the hospital and it first opened in 1953. Lynn Hospital merged with Union Hospital in 1983, and then was acquired by North Shore Medical Center in 1997. The previous investments in the property have changed the value and the real estate economics associated with it. Although set in the context of single family homes, the hospital property has been different from this context for some time, and is unlikely to revert back to this use.

The health care landscape continues to evolve and facility consolidations and reorganizations are a part of this evolution. Across the Commonwealth and in the metropolitan area of Boston, hospitals continue to close, reorganize, and reinvest. A few examples of regional hospital redevelopment efforts underway or recently completed include Malden Hospital, Quincy Hospital, and Symmes Hospital in Arlington. Each of these examples provides a similarly scaled property and facility that highlight the challenges of this type of redevelopment project and the amount of time and scale of redevelopment program that are often needed to overcome these challenges. The challenges include adapting or demolishing large and specialized building facilities, re-using a property that is typically different from its surrounding context, and redeveloping a property which is typically of a large scale.



Malden Hospital (*left, top*) closed in 1999 and is owned by Hallmark Health. The property includes 18 acres zoned for single family residential use. The most recent proposal from an interested developer was for 250 units of multifamily housing on a portion of the property. The process of approval and redevelopment remains underway and its outcomes are uncertain.



Quincy Hospital (*left, middle*) closed in 2014 and was purchased by a developer. The property includes 14.9 acres and the development proposal includes about 600 units with townhouses and multi-family buildings. The process of approval and redevelopment remains underway and its outcomes are uncertain.



The Symmes Hospital in Arlington (*left, bottom*) closed in 1992 and was purchased by the Arlington Redevelopment Authority (ARA). The ARA studied the property and disposed of it through a public process that required the developer to comply with requirements of a request for proposals crafted by the Town. The successfully responding developer built 176 housing units and an assisted living facility that was completed in 2013.

## THE PROPERTY

The current Union Hospital property is about 19 acres of land. North Shore Medical Center (NSMC) plans to retain about 5 acres of the property to construct the Medical Village facility. NSMC plans to sell the remaining 14 acres of land. About 4.5 acres are in the Lynnfield Street portion of the property and 9.7 acres in the Woodland Avenue North portion of the property. The new Medical Village facility will be about 37,000 square feet of area with the building oriented to Lynnfield Street. The remainder of the site will be used for parking to support the new facility. Approximately 200,000 square feet of existing hospital facility will remain on the property to be sold. Surface parking areas, landscape improvements, and wooded areas will also remain on the portions of property to be sold.

Of the approximately 14 acres of land that would be sold, it is not all developable land. The Woodland Avenue North property in particular has two wetland features and wetland streams. As per Lynn Conservation Commission regulations, the wetland features are associated with a no-disturb boundary offset 30 feet from the edge of wetland and an additional buffer of 100 feet around the wetland that triggers review of activities proposed. The linear wetland stream features are associated with a no-disturb boundary of 25 feet from the edge of the feature. When accounting for these restrictions, approximately 13 acres of area are available for redevelopment. This analysis was performed at an initial planning study level, additional engineering and legal review of natural features, utilities, easements, or other restrictions are required for redevelopment purposes.

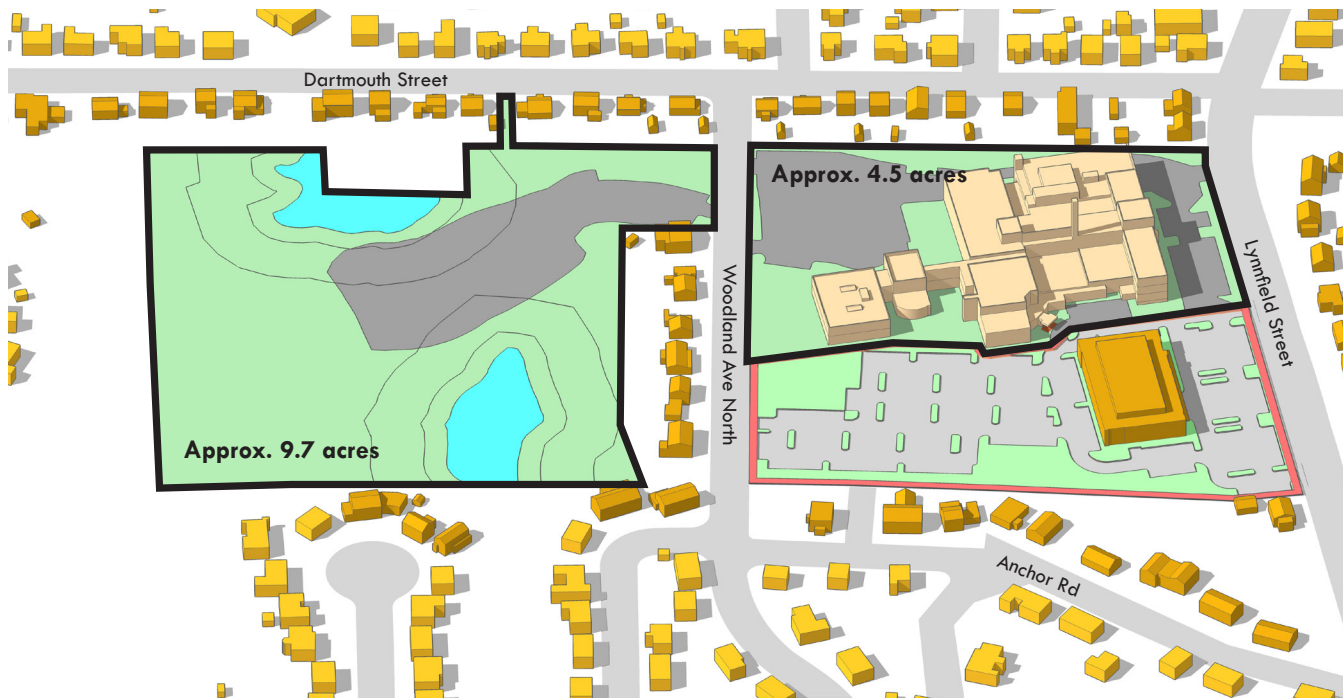
The current zoning for the property is R1 - Single Family Residence District. The district is intended for single family detached homes and includes a minimum lot size of 10,000 square feet and a minimum lot frontage of 75 feet. Single family detached homes are permitted by right in the district. Additional uses are allowed by special permit in the district and include: group residence, commercial greenhouse, poultry/fowl prep, billboards, cemetery, funeral homes, and hospitals. The current zoning does not provide many, if any, viable options for the redevelopment of this property. The current zoning also includes a recently created Medical Village Overlay that was defined to allow the new medical village facility to proceed.

## REDEVELOPMENT PROCESS

Unless it were to purchase the property, the City of Lynn cannot dictate or fully control what will occur on it, and the City has not expressed any interest or ability to purchase the property. The best guidance the City can offer is to establish a vision and guide development through zoning. The zoning will be



The current hospital property with existing building and site features



The hospital property with the portion to be sold highlighted and a diagram of the future medical village facility shown

most effective in guiding redevelopment if it based on realistic and feasible outcomes and represents opportunities that will be potentially acceptable to the community. This study and process were designed to provide an understanding of what may be acceptable to the community, and what may be realistic and feasible, to provide the City with zoning recommendations that provide new opportunities for investment that have a higher probability of materializing as redevelopment projects.

The redevelopment process will involve several distinct steps, and many parties, some of whom are not yet identified and are not yet involved in discussions about the property. One of the next steps following this study will be for the City of Lynn to consider the zoning recommendations and determine the best course of action to enable new opportunities on the site. This is described in more detail with the Zoning Recommendations in the final section of this report. Another next step is for the current owner of the property, North Shore Medical Center/Partners HealthCare to sell the property. This sale will likely occur through the release from the owner of a request for proposals or request for expression of interest. This request would be directed to entities that may be interested in purchasing and redeveloping the property. This study helps those potentially interested parties to understand the opportunities that could be pursued with potential community acceptance or support.

If and when a new owner of the property emerges, that entity will begin to plan for redevelopment of the property. If viable opportunities for investment are not provided through City zoning, it does not mean that redevelopment will not happen, the development pressure on the property will remain, but redevelopment may happen in a way that the City has less control over. For example, redevelopment could occur without a zoning change for a use that is protected by State Law under the so-called Dover Amendment (educational, agricultural, and religious uses primarily). If new zoning is adopted with viable redevelopment options and the new owner's plans are consistent with those options, the City would have more control over the potential outcomes. Once a viable redevelopment project is identified, the property owner would bring a redevelopment proposal before the City for approval and hopefully discuss with the City to make the project work for the neighborhood, abutters, the City, and developer. Approval would also include regulatory review by Lynn Conservation Commission and others.

Once a proposed redevelopment is approved, the process of construction could occur. Redevelopment construction would not be likely to begin before the consolidation of the hospitals is complete in 2019. Depending on the scale of the redevelopment, construction may take place over a 1 to 2 year period.

## COMMUNITY INPUT

Much of the redevelopment process occurs outside of the City's control and is driven by private decisions and investments on private property. This study focuses on what the City can provide that is useful in guiding those private decisions. One critical component is providing definition to the types of projects that the community may find acceptable. Through this planning study the community was engaged by facilitating two community forums that provided attending residents an opportunity to comment directly on what may be acceptable to them. The full details of how this occurred and the complete results with all feedback received are included in the report's appendix.

At the first community meeting, the attending residents (about 80 in total) were asked what types of uses they would find potentially acceptable on both the Woodland Avenue North portion of the property and the Lynnfield Street portion of the property. The results of this input are described here and formed the foundation for an exploration of potential redevelopment alternatives.

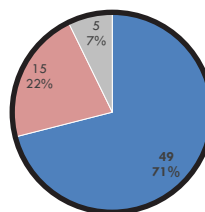
At the second community meeting, the attending residents (about 50 in total) were asked for feedback regarding the potential redevelopment alternatives. This feedback formed the foundation of the zoning recommendations of this study. All forum materials were made available online and several additional responses were received following the meetings.

## POTENTIALLY ACCEPTABLE USES

On the Woodland Avenue North portion of the property the potential uses included in the community survey were single family homes (standard lot), single family homes (compact/clustered lot), two family homes, rowhouses/townhouses, multifamily, senior living, and open space. Of those uses, the following uses received a majority of support for Woodland Avenue North:

### Woodland Ave. N.

#### Single family homes (standard lot)



Community Meeting 1  
Survey Results

Legend



Yes



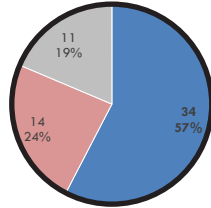
No



Not sure

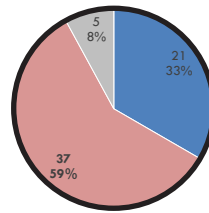
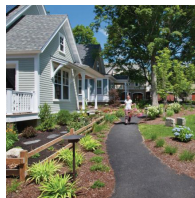
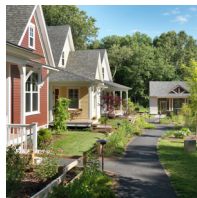
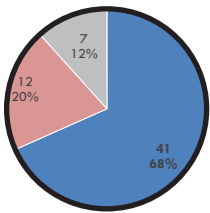


### Senior Living



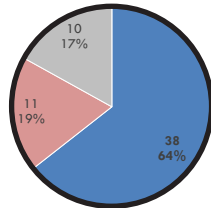
Community Meeting 1 Survey Results

**Open Space** Note: as open space alone is preferred, but would not likely be a revenue generating redevelopment option, this preference was interpreted as an openness to cluster development that may result in more open space. Therefore, **Single Family Homes (compact/clustered lot)**, though less preferred, are also shown.

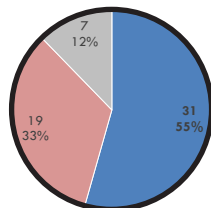


On the Lynnfield Street portion of the property the potential uses included in the community survey were rowhouses/townhouse, multifamily, artist live/work space, senior living, mixed use, retail stores, restaurants, commercial/medical office, clinic/nursing home, billboards/outdoor advertising, greenhouse/commercial greenhouse, and open space. Of those uses, the following uses received a majority of support for Lynnfield Street:

### Lynnfield Street Senior Living



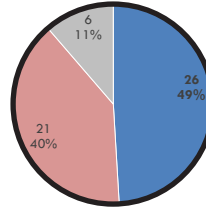
### Commercial/Medical Office



Legend

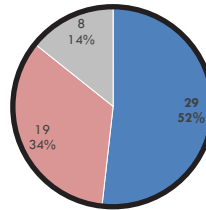
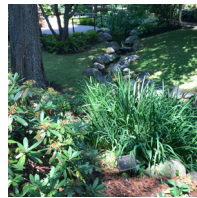
- Yes
- No
- Not sure

### Clinic, Nursing Home

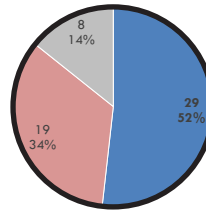


Community Meeting 1  
Survey Results

### Open Space

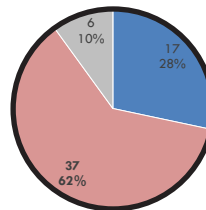


### Greenhouse, Commercial Greenhouse



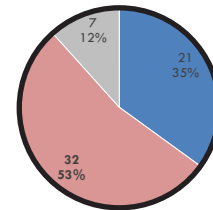
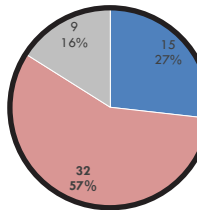
Additionally, the following uses received some support, but not majority support.

### Rowhouses/townhouses



Legend  
■ Yes    ■ No    ■ Not sure

### Mixed use and restaurants



## MARKET CONTEXT

In addition to the community considerations, the property was also considered from the market context. The market analysis conducted to assess feasible reuse, or new construction on the site was done within the context of the Lynn / Saugus retail and office<sup>1</sup> market and the larger Route 1 North multi-family market<sup>2</sup>, with some additional assessment of a 5 mile radius around the Union Hospital site which includes parts of Peabody, Lynnfield, Wakefield and Danvers.

While the Union Hospital property offers development potential due to its large size and existing infrastructure, it lacks direct proximity to both Downtown Lynn and nearby highway office clusters – a disadvantage in terms of leveraging ongoing activity towards new development. Additionally, the high cost of demolition of the hospital facility adds a financial burden that must be overcome by any proposed redevelopment scenario. As described in the residual land value analysis, that hurdle will likely require significant density to overcome.

With these considerations in mind, MAPC has conducted a high level market analysis to determine not only the financial feasibility for several development scenarios (explored further in the Residual Land Value Analysis), but also an evaluation of the broader market context to assess whether there would be demand for the potential uses under consideration.

### Single Family

Keeping in context with the surrounding area and the rampant housing demand gripping the Boston Metro area, especially for starter homes, there is likely a demand for new single family construction in this area. However, as identified in the residual land value analysis, the demolition costs required of the property and high construction costs, make single family housing at the existing density of 10,000 square foot lots financially infeasible. New construction on Applehill Lane, Ferris Road, and Boulder Way point to the ongoing demand for single family housing where demolition cost and lot densities are not as restrictive.

### Medical / Office Reuse

The primary asset the site presents is the physical structure itself which is fitted as a medical facility. A case study review of hospitals that have been repurposed after closing (found in the Appendix) indicate that the most feasible reuse of a hospital structure is for another medical use which

<sup>1</sup> Also includes Stoneham and Malden

<sup>2</sup> Includes Lynn, Saugus, Chelsea, Winthrop, Revere and East Boston

could include training or educational purposes. While it may be feasible to consider a hospital to office conversion, it is unlikely to materialize without a committed anchor tenant that would utilize some of the medical infrastructure (on site power generation, HVAC system, and sterile labs) as an owner operator. The financial analyses indicate that a scenario for office leasing on site does not appear financially feasible.

Possible entities that might be interested in a reuse of the facility might be local universities, workforce training entities, or biotechnology companies. The scale of the facility is such that it might be prohibitive to a single use, and any reuse scenario should consider clustering complementary uses such as classroom space, virtual and simulation laboratories, wet labs, diagnostic centers, and amenities.

### **Medical / Office New Construction**

Within a five mile radius of the Union Hospital site there is approximately 1M square feet of currently available office space, and a reservoir of close to 4M square feet of currently leased space, with most of the properties available in office park clusters that follow the regional highways.<sup>3</sup> The existing amount of already built and leasable space within office campuses is likely to be a first choice for any office user seeking immediate space within the area. That being said, if there was an anchor tenant that was looking for isolated and contiguous space in the area it may be feasible that they would invest in the property. Any such tenant would need to account for the residential nature of the community and possible traffic and use conflicts that may arise.

The North Shore Medical Center medical village facility to be operated by Partners will likely fill an immediate need for direct medical services that will be augmented by the consolidated and expanded regional facilities in Salem. It is unlikely that a complimentary medical use that does not compete with Partners consolidated facilities in Salem will be able to afford the demolition and new construction of a facility at 500 Lynnfield.

### **Senior Living Cluster**

The need for senior housing has been well documented in the Boston region, and it would not be surprising if the Union Hospital property would be considered for such a use. While the construction / demolition costs impede the financial feasibility for housing at cluster density, it is likely that there are local seniors who would be interested in inhabiting the units if they came online. Denser senior housing would likely meet current demand and meet financial feasibility thresholds at the site.

<sup>3</sup> CoStar, Accessed 10/19/2018

## Assisted Living

The market for assisted living facilities is already strong and likely to continue as baby boomers age. While current and predicted age demographics indicate that the market demand for assisted living is high<sup>4</sup>, it is unclear what amenities, location types, and other factors the end users of assisted living facilities are likely to prioritize. Given the Union Hospital property's relative removal from other activity, it may either be a fantastic location for an enclosed community or an undesirable location due to distance from businesses and civic activity.

All that being said, the high rental rates required of assisted living facilities should make development of such a use feasible, if the market bears demand.

## Training / Education

Recently, the state undertook a series of long term planning efforts related to workforce and education infrastructure in the Commonwealth, known as Regional Workforce Blueprint Planning. Every region of the state identified health care workers as being in high demand and the North Shore Regional Workforce Blueprint was no different, with a particular emphasis of supplying Registered Nurses (RN's).

However, to meet this identified demand, some of the local educational institutions and workforce training centers are facing a challenge in supplying seats for students interested in RN certification. This problem stems from the fact that RN programs are not revenue producing because of their high costs associated with both classroom hours and equipment. RN's also need to complete clinical hours with an active medical provider, many of which are increasingly reluctant to take on students and some of which are beginning to charge educators for clinical hours, thus raising the cost of training further. Typically, these programs are heavily subsidized, and as such acceptance at local training facilities has been reduced to about 2 out of every 10 applicants.<sup>5</sup>

One possible solution to providing additional training capacity within the healthcare sector that dovetails with the Union Hospital site is the use of simulation labs (sim labs) that emulate a hospital or medical environment, but do not require the presence of real patients. Recently, sim labs have emerged as a solution to providing clinical hours as most programs allow students to complete 50% of their required hours in these types of facilities.

<sup>4</sup> <https://www.bostonglobe.com/magazine/2016/01/28/the-old-folks-home-goes-upscale-and-ultra-competitive/8iSO71xll4x13kog38W9uM/story.html>

<sup>5</sup> MAPC phone interview with North Shore Community College and Salem State University

While sim labs may help address the capacity need of healthcare training providers, they are costly and require high amounts of upfront capital to build, often beyond the financial capacity of local institutions without subsidy or outside support.

A main feature of a sim lab is the appearance and feel of a real medical facility which, when closed, the Union Hospital will have as a defining feature. Pending the right financing and business model, a private operator could open a significant amount of sim lab space to serve both local and regional educational and training providers. This model would be akin to a shared workspace for craftspeople or musicians.

As of now, most sim labs have been built as part of existing colleges or healthcare providers, but the opportunity for a privately operated shared sim space could be explored further for financial viability and given the loss of jobs caused by the Union Hospital closing, could be positioned as a workforce priority for the city.

### **Mixed Use Housing / Commercial**

Most activity in the multifamily housing market in the Route 1 North area has been occurring closer to the core of Boston, with areas like Chelsea and East Boston seeing multiple complexes coming online in recent years. The redevelopment of Suffolk Downs is pending, and could bring thousands of new housing units of online in the coming years.

Lynn, for its part has seen new multifamily housing developed in recent years, with the majority coming online in the city's downtown and waterfront areas and more slated for the same. This is in keeping with recent efforts to build housing near transit nodes and amenity rich neighborhoods.

With housing affordability at an all-time low within the region, it is entirely possible that a multifamily mixed use development at the Union Hospital site could be met with demand for rental units, even with its removal from complementary amenities and transit. The higher density associated with multifamily and mixed use redevelopment would be a positive feature of financial feasibility for this potential reuse.

## **ALTERNATIVES ANALYSIS**

### **FINANCIAL FEASIBILITY**

As outlined above, under the redevelopment circumstances of Union Hospital, sale of the property will be a part of the process. Therefore, MAPC used the amount of money that may be generated from a particular redevelopment alternative to purchase the land as a way to evaluate the potential financial feasibility of conceptual and hypothetical redevelopment scenarios. If, under a set of reasonable assumptions, the redevelopment scenario did not produce enough revenue to provide for any land acquisition cost, then we considered that redevelopment program to be infeasible from a financial perspective. This analysis is referred to as a Residual Land Value (RLV) analysis. For each of the conceptual alternatives that were created in response to community input, an RLV analysis was performed. If the alternative's redevelopment program produces enough revenue to have a positive amount for land acquisition it is considered feasible under this analysis.

Evaluating the financial feasibility of each of the redevelopment scenarios is based upon reasonable assumptions for each scenario in terms of development program yield as shown in the conceptual diagrams, potential redevelopment costs, and potential revenues. Cost and revenue assumptions were based on the data sources outlined below. Feasibility is primarily determined by both the amount of potential revenue and the scale of the potential development. Many of the redevelopment costs are relatively fixed, such as demolition of the hospital facility; a larger scale development produces more revenue and enables the redevelopment to overcome this cost burden.

#### **About Data Inputs and Sources**

The following is an overview and explanation of the various inputs, assumptions, and sources used in the Residual Land Value (RLV) analysis.

#### **Development Program**

For the seven development scenarios evaluated, the development program outlines the amount of space dedicated to the different elements of the building and site program. These elements include built area for either residential or commercial uses, parking, and open space and are illustrated in the diagrams associated with each alternative.

### **Development Costs**

The development costs estimated for the RLV Analysis account for the demolition of the existing hospital facility (in scenarios calling for demolition), construction of building structures, construction of parking facilities, and overall site area construction. The assumptions used for construction costs inputs were based on information gained from developers engaged in single family residential, mixed use, and commercial construction in the North Shore. Demolition cost assumptions were based on data made available by the Massachusetts Department of Capital Asset Management (DCAM) regarding the demolition of public hospitals in the state, this data was adjusted for inflation to reflect real dollars in 2018.

### **Soft Costs**

The soft costs accounted for in the RLV include architecture / engineering / project management, construction contingency, construction interest, soft cost contingency, and developer fees. These inputs are all designated as a percentage of the total project costs, and were sourced from development entities based in the region.

### **Development Value**

The development value section of the RLV outlines the overall cash flow of the different scenarios. The office / medical / commercial net operating income (NOI) is sourced from CoStar's average commercial rental rates in the Lynn / Saugus sub-market. The average vacancy rate of 10% is sourced from both conversations with local developers and estimates found documented in sales details from a similar building transaction via CoStar. The capitalization rate used in the Capped NOI indicator is the expected rate of return on the investment made in the property by a potential buyer. The capitalization rate is used to estimate the market value of a building based on its operating income.

The sale of single family homes and senior homes is based on the market rate for single family detached homes in the area, sourced from Warren Group.

A residential vacancy rate of 8% was used for senior rental, assisted living, and mixed use residential development scenarios. This assumption was sourced from conversations with regional developers. Similarly, an annual operating expense of \$8,000 / unit was used for the three residential leasing scenarios as well, sourced from the same regional developers.

The capitalization rate for both the senior housing and assisted living facilities was sourced from National Cap Rates ([nationalcaprates.com](http://nationalcaprates.com)), an online market appraisal service. The capitalization rate for mixed use multi-family development was sourced from CoStar. The estimated average rental rates for the mixed use multi-family development was sourced from CoStar.



## POTENTIAL IMPACTS

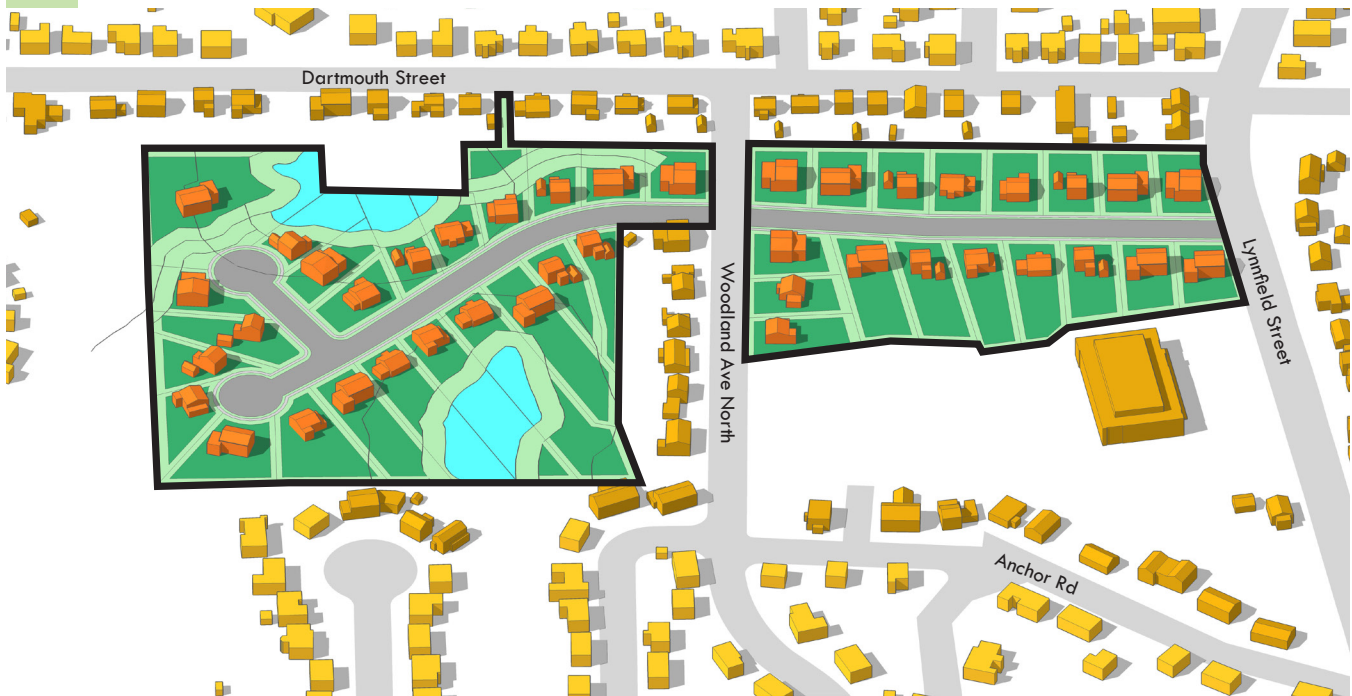
In addition to financial feasibility, the potential impacts of each alternative were evaluated in a generalized manner informed by the perspectives expressed by the community at the community forums. For each topic of a potential impact raised by the community, the question was asked “Would the redevelopment be better than current conditions (+), neutral / no change from current conditions (o), or worse (-) than current conditions, as compared to a fully functional hospital facility?”

The impacts considered at this general and conceptual level were the traffic generated, school enrollments, environmental, jobs, affordable housing, property value, and public safety. Of course, the future evaluation of proposals or proposed redevelopment would require more detailed analysis of each impact and could be the subject of a more detailed fiscal impact analysis and traffic impact analysis that would be performed when an actual redevelopment proposal begins to take shape with more specific information available. This general evaluation is used more to compare potential redevelopment uses to each other and is best understood as a broadly generalized estimate of potential impacts.

# Alternatives Analysis

## Alternative 1 - Single Family

Single family homes complying with current zoning requirements



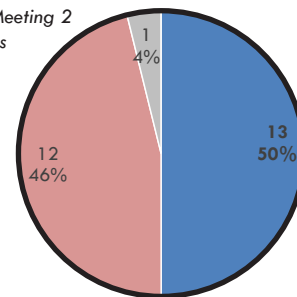
### DESCRIPTION

This is the only alternative that would comply with current zoning. This alternative was used as a starting point to define a baseline for establishing the number of housing units that could be created under current zoning and examine financial feasibility under current zoning. The alternative shows 41 standard single family lots with a minimum of 10,000 square feet of area and minimum of 75 feet of lot frontage. The lots also respect the wetland and river setbacks on the Woodland Ave North property.

### COMMUNITY FEEDBACK

This alternative was well supported by the community. In the first community meeting, single family homes (standard lot) was the most supported use as potentially acceptable by the community with 71% (49 people) expressing support. In the second community meeting, as an illustrated alternative with unlikely financial feasibility, this alternative remained well supported at 50% (13 people).

Community Meeting 2  
Survey Results



Legend

Yes

No

Not sure

# Alternative 1 - Single Family

Single family homes complying with current zoning requirements

## EVALUATION

- **Financial Feasibility**  
 The residual land value of this alternative was negative meaning that if fully developed this alternative would not produce enough revenue to purchase the land. *Why?* The revenue of the redevelopment must be enough to pay for demolition and preparation of the hospital building and site at the Lynnfield Street portion and the wetlands reduce the number of lots that could be created and accessed at the Woodland Ave North portion of the property.
- +
**Market Potential**  
 The market for additional new single family homes would be robust according to demographic projections and projected housing demand.

## POTENTIAL IMPACTS (GENERALIZED)

- +
**Traffic Generated**  
 The projected traffic in and out of the property are estimated to be less than the traffic associated with Union Hospital.
- **School Enrollments**  
 Under current zoning, new single family homes may be associated with additional school-aged children. If new housing is age-restricted, potential impacts on school enrollment would be reduced.
- **Environmental**  
 Redevelopment for traditional single family home lots would clear much of the woods on the property.
- **Jobs**  
 Minimal potential for jobs, aside from temporary construction jobs and home occupations.
- +
**Affordable Housing**  
 Under current zoning, new single family homes are not likely to be affordable: an inclusionary zoning policy would be required.
- +
**Property Value**  
 New quality single family homes could positively impact surrounding home values.
- o
**Public Safety and Services**  
 New homes could result in modest additional calls for emergency services. Redevelopment would result in collection of property taxes.

## Alternatives Analysis

# Alternative 2A - Medical/Office Re-use

28

Re-use of some portion of the existing building for commercial use



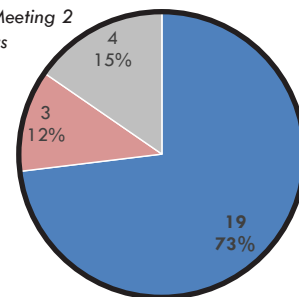
### DESCRIPTION

This alternative would renovate the approximately 200,000 square feet of area that would remain in the existing hospital facility. The existing facility includes some existing office space, common space, and cafeteria, that would require modest changes for re-use and the more specialized hospital spaces that would require more substantial reconfiguration. The facility may require substantial building system and building envelope upgrades to support re-use. The existing parking areas would be retained and improved with additional landscape islands and shade trees.

### COMMUNITY FEEDBACK

This alternative was well supported by the community. In the first community meeting, commercial/medical office was a well-supported use as potentially acceptable by the community with 55% (31 people) expressing support. In the second community meeting, as an illustrated alternative, this alternative increased in percentage of support at 73% (19 people).

Community Meeting 2  
Survey Results



Legend

Yes

No

Not sure

# Alternative 2A - Medical/Office Re-use

Re-use of some portion of the existing building for commercial use

## EVALUATION

**+** **Financial Feasibility**  
The financial feasibility of this option was positive, primarily due to the re-use of existing space. The project does not incur cost for demolition of old building area or construction of new building area. However, renovation costs can vary across a wide range and depending on the type of re-use. A detailed analysis of the existing conditions of the facility and a better understanding of the type of renovation would be needed to perform a more reliable analysis of feasibility.

**o** **Market Potential**  
For the Union Hospital location, this alternative shows a large amount of commercial space that would need to be filled. If the right user was identified, it's possible, but perhaps unlikely that this would happen.

## POTENTIAL IMPACTS (GENERALIZED)

**o/-** **Traffic Generated**  
The same amount of square feet under a similar configuration with a similar use would likely have similar traffic characteristics as experienced with the fully functional hospital, but may be more concentrated at peak time periods.

**+** **School Enrollments**  
As this alternative would not include residential uses, it would not have an impact on potential school enrollments.

**+** **Environmental**  
Impact to the natural conditions of the site what change very little and existing impervious surfaces would be improved with additional landscaping.

**+** **Jobs**  
The medical/office re-use would support new jobs and employment opportunities.

**-** **Affordable Housing**  
As this alternative would not include residential uses, it would not have an opportunity to provide affordable housing.

**o** **Property Value**  
Not much would change for neighboring properties from the current conditions.

**o** **Public Safety and Services**  
Medical or office space re-using existing facilities would likely have similar risks and public safety needs as currently exist. Redevelopment would result in collection of property taxes.

## Alternatives Analysis

# Alternative 2B - Medical/Office New

*New building for commercial use*

30



### DESCRIPTION

At the Lynnfield Street frontage a new medical/office building very similar to the medical village facility is shown at 40,000 square feet. This would require about 200,000 square feet of hospital facility to be demolished. The remainder of the Lynnfield Street property would be surface parking to support the medical/office uses. The Woodland Ave North portion of the property would be developed for a clustered residential use with 28 cottage style homes clustered around shared open spaces with conserved woodlands at the site edges and wetlands.

### COMMUNITY FEEDBACK

This alternative was well supported by the community. In the first community meeting, commercial/medical office was a well-supported use as potentially acceptable by the community with 55% (31 people) expressing support. In the second community meeting, as an illustrated alternative, this alternative decreased in percentage of support at 40% (10 people).

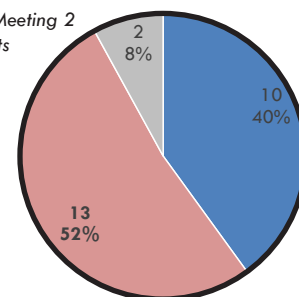
Community Meeting 2  
Survey Results

Legend

Yes

No

Not sure



# Alternative 2B - Medical/Office New

*New building for commercial use*

## EVALUATION

- Financial Feasibility**

The residual land value of this alternative was negative meaning that if fully developed this alternative would not produce enough revenue to purchase the land. *Why?* The amount of new square feet developed for office use is much smaller than the amount of existing square feet demolished and the revenue produced by this space is not profitable enough to overcome this difference.
- Market Potential**

This alternative shows new commercial space and is likely not the most competitive location to attract a tenant, particularly since the financial analysis shows rents would need to be high to have any possibility of feasibility.

## POTENTIAL IMPACTS (GENERALIZED)

- o Traffic Generated**

This alternative has approximately half as much building area as the current hospital, but does introduce residential and office uses that may be more concentrated at peak time periods.
- + School Enrollments**

If new housing is age-restricted, potential impacts on school enrollment would be reduced.
- Environmental**

This alternative would have a larger footprint of disturbed site and impervious surfaces at the Woodland Ave North portion of the property.
- + Jobs**

The medical/office re-use would support new jobs and employment opportunities.
- + Affordable Housing**

An inclusionary zoning policy would be required.
- o Property Value**

New quality single family homes and a new commercial facility could positively impact surrounding home values.
- o Public Safety and Services**

This alternative has approximately half as much building area as the current hospital, but new homes could result in modest additional calls for emergency services. Redevelopment would result in collection of property taxes.

# Alternatives Analysis

## Alternative 3 - Senior Living (Cluster)

Age-restricted housing with clustered small lots



### DESCRIPTION

This alternative explored clustered housing that would provide more units to improve financial feasibility and provide more open space conserved on site due to clustering of the units. The alternative shows 57 single family homes on small lots with a minimum of 5,000 square feet and minimum of 50 feet of lot frontage. The lots also respect the wetland and river setbacks on the Woodland Ave North property.

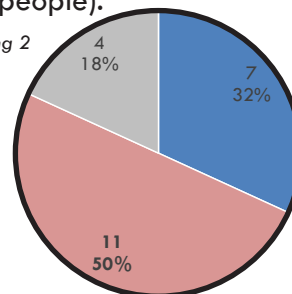
### COMMUNITY FEEDBACK

This alternative was not well-supported by the community. In the first community meeting, single family homes (compact/clustered lot) was the least supported use as potentially acceptable by the community with 33% (21 people) expressing support. However, open space was very well supported at 68% (41 people) and this is an approach to strengthening open space in the redevelopment. In the second community meeting, as an illustrated alternative with unlikely financial feasibility, this alternative remained relatively unsupported at only 32% (7 people).

Community Meeting 2  
Survey Results

Legend

- Yes
- No
- Not sure





# Alternative 3 - Senior Living (Cluster)

Age-restricted housing with clustered small lots

## EVALUATION

- **Financial Feasibility**  
 The residual land value of this alternative was negative meaning that if fully developed this alternative would not produce enough revenue to purchase the land. *Why?* The revenue of the redevelopment must be enough to pay for demolition and preparation of the hospital building and while producing a higher number of units than the current zoning, the density is likely not high enough to create a viable redevelopment.
- +
**Market Potential**  
 New additional single family homes that provide variety through smaller lots, shared open spaces, and clustered lots, would likely be well positioned in the market.

## POTENTIAL IMPACTS (GENERALIZED)

- +
**Traffic Generated**  
 The projected traffic in and out of the property is estimated to be less than the traffic associated with Union Hospital.
- +
**School Enrollments**  
 If new housing is age-restricted, potential impacts on school enrollment would be reduced.
- **Environmental**  
 While clustered redevelopment would conserve additional site areas, much of the property would be disturbed through redevelopment - in particular, a larger footprint of disturbed site and impervious surfaces at the Woodland Ave North portion of the property.
- **Jobs**  
 Minimal potential for jobs, aside from temporary construction jobs and home occupations.
- +
**Affordable Housing**  
 An inclusionary zoning policy would be required and affordable housing units should be included as part of a diverse mix of units.
- +
**Property Value**  
 New quality single family homes with shared open spaces and access to conservation amenities could positively impact surrounding home values.
- o
**Public Safety and Services**  
 New homes could result in modest additional calls for emergency services. Redevelopment would result in collection of property taxes.

## Alternatives Analysis

# Alternative 3R - Senior Living (Cluster/Density)

Age-restricted housing with a variety of dense housing types

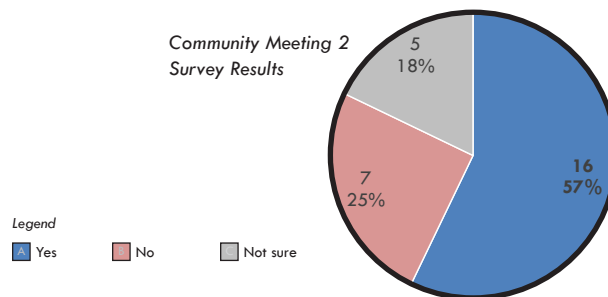


### DESCRIPTION

This alternative explored additional density to achieve financial feasibility through modest multifamily, townhouses, and clustered housing. The alternative shows about 90 housing units in a variety of building types that are used to frame shared and common open space areas. The lots also respect the wetland and river setbacks on the Woodland Ave North property.

### COMMUNITY FEEDBACK

This alternative increase in support by the community. In the first community meeting, single family homes (compact/clustered lot) was given modest support 33% (21 people) expressing support. However, open space was well supported at 68% (41 people) and this alternative offers one approach to strengthening open space. In the second community meeting, as an illustrated alternative with increased density and more likely financial feasibility, this alternative gained support to be at 57% (16 people).



# Alternative 3R - Senior Living (Cluster/Density)

Age-restricted housing with a variety of dense housing types

## EVALUATION

- + Financial Feasibility**  
This alternative is at the low end of the range for the total number of units and density that a residential-only redevelopment would likely need to approach financial feasibility.
- + Market Potential**  
This alternative provides a variety of housing types with townhouses, modest multifamily buildings, and single family homes that provide variety through smaller lots, shared open spaces. This diversity of unit types would likely be well positioned in the market.

## POTENTIAL IMPACTS (GENERALIZED)

- + Traffic Generated**  
Although this alternative shows more housing units, the projected traffic in and out of the property is estimated to be less than the traffic associated with Union Hospital.
- + School Enrollments**  
If new housing is age-restricted, potential impacts on school enrollment would be reduced.
- Environmental**  
While clustered redevelopment would conserve additional site areas, much of the property would be disturbed through redevelopment - in particular, a larger footprint of disturbed site and impervious surfaces at the Woodland Ave North portion of the property.
- Jobs**  
Minimal potential for jobs, aside from temporary construction jobs and home occupations.
- + Affordable Housing**  
An inclusionary zoning policy would be required and affordable housing units should be included as part of a diverse mix of units.
- + Property Value**  
A new quality residential redevelopment with a variety of unit types, shared open spaces, and access to conservation amenities could positively impact surrounding home values.
- Public Safety and Services**  
Higher number of new homes and multifamily units could result in additional calls for emergency services. Redevelopment would result in collection of property taxes.

## Alternatives Analysis

# Alternative 4 - Assisted Living

*Assisted living and senior care community*

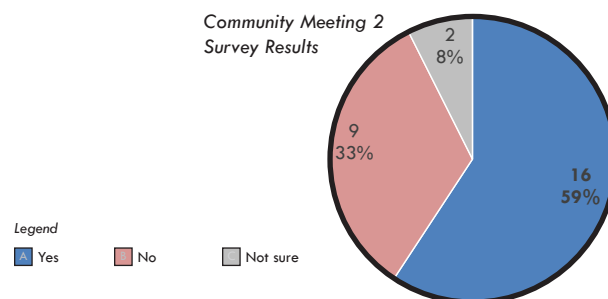


### DESCRIPTION

This alternative would provide a senior care community that would offer single family homes in a clustered layout at the Woodland Avenue North property and an assisted living facility at the Lynnfield Street property. These facilities could be linked together under the same senior community and offer a continuum of independent and assisted living facilities. The alternative shows 24 single family homes and about 114 units in the assisted living facility.

### COMMUNITY FEEDBACK

This alternative was well supported by the community. In the first community meeting, clinic/nursing home was well-supported as potentially acceptable by the community with 49% (26 people) expressing support. In the second community meeting, as an illustrated alternative with likely financial feasibility, this alternative remained well supported at 59% (16 people).



# Alternative 4 - Assisted Living

*Assisted living and senior care community*

## EVALUATION

- +** **Financial Feasibility**

The property is well scaled for an assisted living facility and according to the RLV analysis, this alternative shows the most potential for financial feasibility relative to other alternatives. The type of facility allows a higher number of units to be created in a compact building.
- +** **Market Potential**

According to demographic projections, the senior population and need for assisted living facilities will be increasing in the years to come, prior to peaking. In the near term, the market for additional assisted living facilities would likely be robust.

## POTENTIAL IMPACTS (GENERALIZED)

- +** **Traffic Generated**

The projected traffic in and out of the property are estimated to be less than the traffic associated with Union Hospital.
- +** **School Enrollments**

Senior care and assisted living facilities are unlikely to impact the school enrollments.
- **Environmental**

While clustered redevelopment would conserve additional site areas, much of the property would be disturbed through redevelopment - in particular, a larger footprint of disturbed site and impervious surfaces at the Woodland Ave North portion of the property.
- +** **Jobs**

The assisted living facility would offer job opportunities in a health-related field involving the care of patients and the administration of the facility and independent living.
- +** **Affordable Housing**

An inclusionary zoning policy would be required and affordable housing units should be included as part of a diverse mix of units.
- +** **Property Value**

A new quality senior care and assisted living facility with a variety of unit types, shared open spaces, and access to conservation amenities could positively impact surrounding home values.
- **Public Safety and Services**

The assisted living facility may generate additional emergency calls or requirements for additional medical assistance. Redevelopment may result in collection of property taxes, but may depend on the non-profit status of the redevelopment entity.

## Alternatives Analysis

# Alternative 5 - Training/Education

38

Re-use of some portion of the existing building for training/education uses

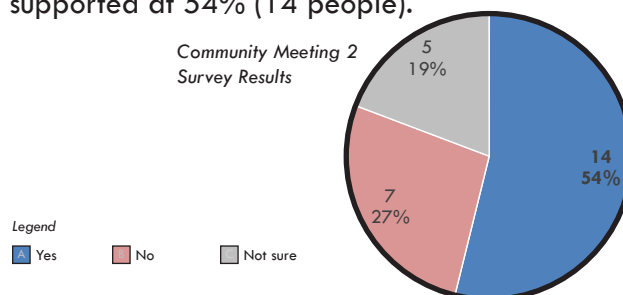


### DESCRIPTION

This alternative was created to explore another type of re-use for the current facility that would connect more directly to healthcare and employment opportunities. This alternative would re-use portions of the existing facility to create a healthcare training or education facility that could be used to support healthcare training on the North Shore. This may involve partnership with community colleges, other institutions, healthcare providers, and support from the State. The redevelopment would be privately-driven and likely involve leasing or renting training or education space for North Shore programs.

### COMMUNITY FEEDBACK

Initial community feedback for this alternative most closely matches the commercial/medical office use that was well-supported as potentially acceptable by the community with 55% (31 people) expressing support. In the second community meeting, as an illustrated alternative this alternative remained well supported at 54% (14 people).



# Alternative 5 - Training/Education

*Re-use of some portion of the existing building for training/education uses*

## EVALUATION

- Financial Feasibility**

The financial feasibility for this type of facility is difficult to estimate, few models exist for it in the region. It would likely require external financial support through a state job training program or other source.
- Market Potential**

Demand for additional virtual healthcare training facilities appears to be strong in the region and healthcare training has been identified by the State's Workforce Blueprint Planning Process as a priority industry.

## POTENTIAL IMPACTS (GENERALIZED)

- Traffic Generated**

Depending on the scale of the facility, the training and education center may generate traffic that has similar characteristics to traffic associated with Union Hospital.
- School Enrollments**

The training and healthcare facility is unlikely to impact the school enrollments. Additional housing at the Woodland Ave North property, if age-restricted would not have minimal impact on school enrollments.
- Environmental**

This alternative would increase the footprint of redevelopment on the Woodland Ave North property, but also bring an opportunity to improve the outlook of the property at Lynnfield Street for environmental impacts.
- Jobs**

Jobs and training would be the focus of this redevelopment effort and it could have a positive impact on connecting residents to regional employment opportunities.
- Affordable Housing**

An inclusionary zoning policy would be required.
- Property Value**

New quality single family homes and a new training or education facility could positively impact surrounding home values, but it could also expand activity and traffic on the property into evening hours.
- Public Safety and Services**

The building area of the hospital may be reduced, but new homes could result in modest additional calls for emergency services. Redevelopment may result in collection of property taxes, but may depend on the non-profit status of the redevelopment entity.

## Alternatives Analysis

# Alternative 6 - Mixed Use

Redevelop a with a mix of residential types and retail/restaurant uses



### DESCRIPTION

This alternative would create a mixed-use redevelopment of the Lynnfield Street property and clustered residential redevelopment of the Woodland Ave North property. The mixed-use redevelopment would offer ground floor retail or restaurant space at the Lynnfield Street frontage adjacent to small outdoor plaza space. The upper levels would include about 135 residential units. The Woodland Ave North clustered residential would offer an additional 30 homes.

### COMMUNITY FEEDBACK

This alternative was shown modest support by the community. In the first community meeting, mixed-use was potentially acceptable by the community with only 27% (15 people) expressing support. This alternative had not been developed for the second community forum, it was requested by the City to be evaluated after the second forum, and so no additional community response is available.

Community Meeting 2  
Survey Results

Alternative was  
not reviewed at  
Community Meeting 2

Legend

Yes

No

Not sure



# Alternative 6 - Mixed Use

*Redevelop a with a mix of residential types and retail/restaurant uses*

## EVALUATION

- + Financial Feasibility**  
This alternative was shown to be financially viable with the number of residential units that are integrated in the mixed-use development at Lynnfield Street supporting the redevelopment.
- o Market Potential**  
The market for mixed-use redevelopment has been strong in the region, but typically in more active transit centers, or downtown locations. This location is more isolated, but could find a niche as a neighborhood center.

## POTENTIAL IMPACTS (GENERALIZED)

- o/- Traffic Generated**  
The combination of retail or restaurant destinations, with a high number of residential units would generate traffic and parking demands for this redevelopment.
- + School Enrollments**  
If new housing is age-restricted, potential impacts on school enrollment would be reduced.
- Environmental**  
While clustered redevelopment would conserve additional site areas, much of the property would be disturbed through redevelopment - in particular, a larger footprint of disturbed site and impervious surfaces at the Woodland Ave North portion of the property.
- + Jobs**  
Modest job availability in retail/restaurant uses, aside from temporary construction jobs and home occupations associated with redevelopment and residential uses.
- Affordable Housing**  
An inclusionary zoning policy would be required and affordable housing units should be included as part of a diverse mix of units.
- o Property Value**  
New quality mixed use development could positively impact surrounding home values and reposition area with walkable amenities.
- o Public Safety and Services**  
New homes and retail/restaurant spaces could result in modest additional calls for emergency services. Redevelopment would result in collection of property taxes.

## Section 3

# Recommendations

## Zoning

The most predictable way for the City to guide redevelopment at the Union Hospital property is to frame new opportunities and guidance through zoning on the property. A zoning change signals an invitation to the development community for the types of projects that the community has expressed interest or openness to on the property.

### KEY RECOMMENDATIONS

- Create a new Medical Village (MVD) underlying zoning district to include the entirety of the Union Hospital site
- The new underlying zoning district is recommended to include two sub-districts (MVD-1 and MVD-2) with complementary provisions that respect the distinct characteristics and opportunities of the Lynnfield Street and Woodland Avenue North parcels
- The subdistrict at Lynnfield Street, MVD-1, is recommended to allow the following uses by right: assisted living facility, senior living row house, senior living multifamily (less than 100 units), public parks/open space, and general offices, clinic, and medical village. The MVD-1 is recommended to allow the following uses by Special Permit: senior living multifamily (100 units or more), and senior living mixed-use (commercial and residential).

The subdistrict at Woodland Avenue North, MVD-2, is recommended to allow the following uses by right: senior living one family detached house (standard lot - 10,000 square feet), senior living one family detached house (clustered lot), public parks/open space. The MVD-2 is recommended to allow the following uses by Special Permit: assisted living facility, senior living row house, and accessory uses to MVD-1, including parking.

- Dimensional requirements are compatible with the existing uses and abutting residential areas
- Some uses currently allowed or available by special permit in the R-1 would not be allowed in the new zone to avoid land use conflicts
- Existing Parking Requirements are maintained

### CONTEXT

A primary deliverable for this project is recommendations for changes to the City of Lynn Zone Ordinance in order to facilitate re-development of the Union Hospital site consistent with City and community goals. This section presents MAPC's recommendations for concurrence by City officials so that specific zoning language can be drafted in preparation for City Council action.

Successful zoning is a result of a planning process that includes as many stakeholders as possible. MAPC conducted two public forums and met with North Shore Medical Center and City officials, including the Ward 1 Councilor. Community goals and preferences identified in the two Forums.

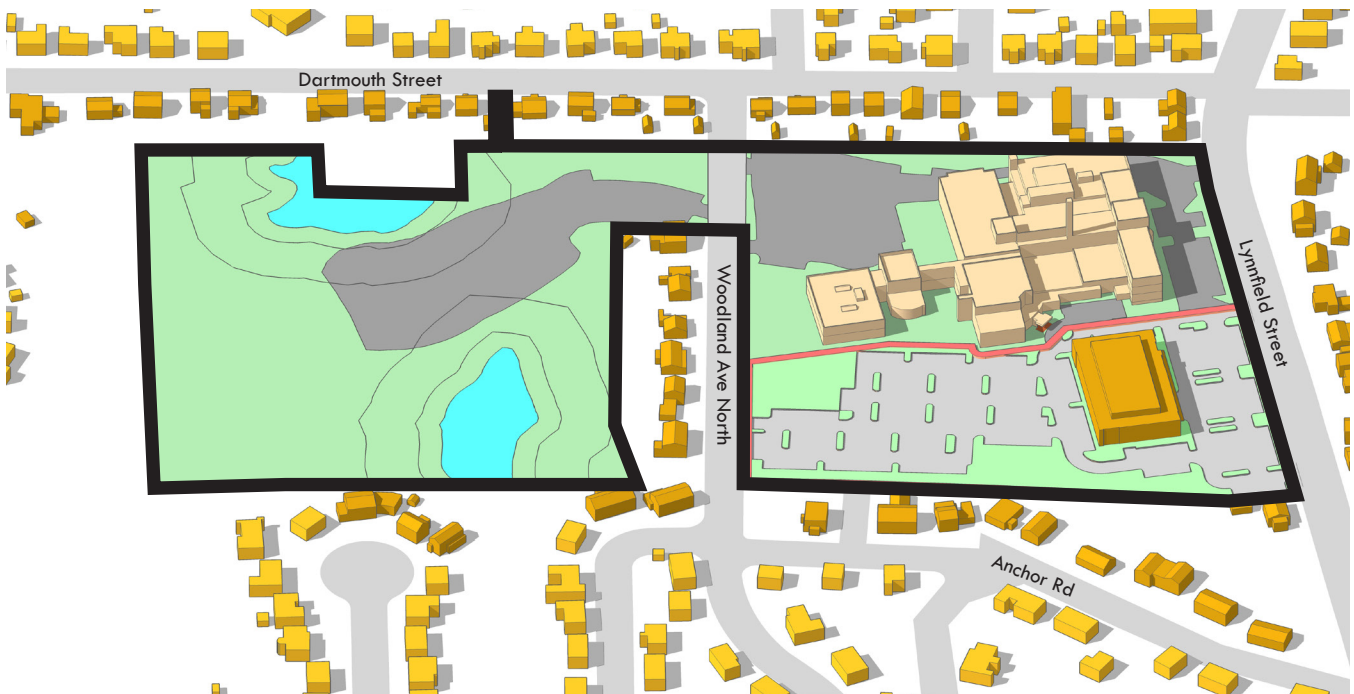
These goals include:

- Development that is sensitive to the surrounding context of single family residential neighborhoods and conservation area of the Lynn Woods.
- New economic opportunities for the re-use of the Union Hospital property to encourage investment in the neighborhood,
- Creation of new housing opportunities while limiting the impacts on schools,
- Creation of new job opportunities.

The neighborhood community represented by those who attended the community meetings expressed support for a variety of housing options, most of which could not be accommodated in the existing underlying R1 zoning or the current Medical Village Overlay. There is a strong preference for housing options for those 55 and over.

## ZONING BOUNDARY

The diagram below shows the recommended boundary of that would apply to the zoning recommendations under any of the zoning options discussed.



## ANALYSIS OF ZONING OPTIONS

MAPC examined possible approaches to achieve the project goals. The zoning recommendations for uses, dimensions, parking, and other requirements would be the same with each option, but one option may be preferred by the City over another, so it is useful to consider the alternatives. The chart below summarizes the analysis:

Comparison of Zoning Options for Union Hospital Site			
Zoning Option	Why Utilized	Benefits	Challenges
<ul style="list-style-type: none"> <li>Amend existing Medical Village Overlay District. Add additional uses and dimensions.</li> </ul>	<ul style="list-style-type: none"> <li>Provides optional development regulations/incentives</li> </ul>	<ul style="list-style-type: none"> <li>May be more straight-forward and easier to implement because the MVOD already exists here</li> </ul>	<ul style="list-style-type: none"> <li>This is an optional overlay. Property owners are not compelled to use the overlay, and the community could indicate strong preference for underlying R1 zoning.</li> <li>Additional regulatory layer can be difficult to understand</li> </ul>
<ul style="list-style-type: none"> <li>Create a new underlying Medical Village District (MVD)</li> </ul>	<ul style="list-style-type: none"> <li>Permanent proposed zoning for the property and removes inconsistent uses in current underlying zoning</li> </ul>	<ul style="list-style-type: none"> <li>Customized zoning specifically for this location. Could remove additional overlay</li> <li>Allows for special regulations, review and incentives in the new district without impacting any other district in the City</li> </ul>	<ul style="list-style-type: none"> <li>May be more difficult to approve a new zone at City Council?</li> </ul>
<ul style="list-style-type: none"> <li>Zone the hospital site as a Medical PUD (Refer to Lynn Zone Ordinance Section 15)</li> </ul>	<ul style="list-style-type: none"> <li>Provides flexibility in site development for uses, dimensions and phasing of the project.</li> </ul>	<ul style="list-style-type: none"> <li>Public approval process: Preliminary Plan approval followed by Special Permit for Definitive Plan from City Council</li> <li>Specific regulations could be written for a Medical PUD- also a Benefit</li> </ul>	<ul style="list-style-type: none"> <li>Section 15 would need to be amended to allow a PUD in this R1 zoning.</li> </ul>

The City should pursue the zoning option that is believed to fit best with the City's goals and provides the most confidence for how the zone would be implemented and administered. A hybrid approach that uses more than one option is also possible. MAPC recommends the creation of a new zoning district for this site, tentatively called the Medical Village District (MVD) because of the benefits it provides. Under any zoning option, the following recommended zoning elements would be consistent and should be integrated into the proposed zoning amendment.

## ZONING ELEMENTS

### SUBDISTRICTS

Because of the distinctive characteristics of this property, with the existing hospital on Lynnfield Street and the parking lot and vacant land off of Woodland Avenue North, it is recommended that the new district be divided into two sub-districts: Medical Village District 1 (MVD-1) at the front of the property (Lynnfield Street) and Medical Village District 2 (MVD-2) at the rear (Woodland Ave. North). Each Subdistrict should allow slightly different uses and dimensional requirements in order to address the specific characteristics of each distinct location. The differences are outlined in detail below.

## ZONING ELEMENTS

### USES

The recommended uses for each subdistrict are outlined below, with the current uses listed for reference.

District or Sub-district	Allowed Uses	Special Permit Uses Authorized by City Council
R-1 Zoning District Existing Zoning INCLUDED FOR REFERENCE ONLY	<ul style="list-style-type: none"> <li>• One family detached house</li> <li>• Agricultural (Farm, etc.)</li> <li>• Churches/Parish houses</li> <li>• Private Clubs, not for Profit</li> <li>• Public Buildings</li> <li>• Public Libraries</li> <li>• Schools</li> </ul>	<ul style="list-style-type: none"> <li>• Group Residence</li> <li>• Commercial Greenhouse</li> <li>• Poultry or Fowl Preparation</li> <li>• Billboards/Outdoor Advertising</li> <li>• Cemetery</li> <li>• Hospitals and Nursing Homes</li> </ul> <p>(For all new projects or additions/expansions to existing facilities)</p> <ul style="list-style-type: none"> <li>• Philanthropic Institutions</li> <li>• Funeral Homes</li> </ul> <p>(SP from Board of Appeals)</p>

District or Sub-district	Allowed Uses	Special Permit Uses Authorized by City Council
<b>Medical Village 1 Subdistrict (MVD-1)</b> Proposed for Lynnfield St. parcels (new medical village and existing hospital)	<ul style="list-style-type: none"> <li>• Assisted living facility</li> <li>• Senior living row house</li> <li>• Senior living multifamily (less than 100 units)</li> <li>• Public parks/open space</li> <li>• General offices, clinic, and medical village (Mirrors existing Medical Village Overlay District)</li> </ul>	<ul style="list-style-type: none"> <li>• Senior living multifamily (100 units or more)</li> <li>• Senior living mixed-use</li> </ul> <p>NOTE: Some of the proposed Uses will require new Definitions to be prepared</p>
<b>Medical Village 2 Subdistrict (MVD-2)</b> Woodland Ave. North parcel	<ul style="list-style-type: none"> <li>• Senior living one family detached house (standard lot - 10, 00 sf)</li> <li>• Senior living one family detached house (clustered lot)</li> <li>• Public parks/open space</li> </ul>	<ul style="list-style-type: none"> <li>• Assisted living facility</li> <li>• Senior living row house</li> <li>• Accessory uses to MVD-1, including parking</li> </ul> <p>NOTE: Some of the proposed Uses will require new Definitions to be prepared</p>

The table of uses listed above responds to the community and neighborhood residents stated preferences while providing, according to our analysis, several economically-viable opportunities for redevelopment of the site. Uses listed as “Allowed” would be by-right and encourage development that was more likely to be acceptable to the community. Uses listed as “Special Permit” would allow additional potentially viable opportunities, while providing additional oversight for projects that may have some, but less, support from the community.

As discussed in the meetings, the potential risk associated with not providing enough economically viable opportunities on the property is to direct redevelopment to use of the Dover Amendment. The Dover Amendment would provide certain uses (educational, agricultural, or religious) protection from local zoning restrictions and may offer a path for re-use of the existing

facility that would circumvent existing or proposed zoning requirements. The best approach to avoid this outcome and retain more control is to offer financially viable opportunities through the proposed zoning for the property. A note about one use scenario that could be a Dover Amendment use - a training/education facility, that was potentially acceptable to the community, but that doesn't show up directly in the recommended allowed uses. From the research into how this use may occur, it would likely be a for-profit scenario that may require some subsidy from grants or other sources. In such a case, it is proposed that this would be a use allowed under "general offices, clinic, and medical village." Potentially, an educational/training facility use could be proposed as a "Dover Amendment" use and could proceed as a protected use if proposed by a non-profit educational entity.

## **DIMENSIONS**

The recommended dimensional requirements for each subdistrict are outlined below, with explanatory notes about each characteristic.

### **Medical Village 1 Subdistrict (MVD-1)**

- Minimum Lot Area (SF) 5,000 square feet in a "clustered" configuration with common open spaces, common amenities, conservation areas, and modest pocket parking areas integrated with the site plan.

*Note:* Reduced from current zoning of 10,000 SF, accompanied with the cluster conditions outlined

- Minimum Frontage (FT) – 50 feet

*Note:* frontage may occur at a street or shared open space. Reduced from current zoning of 75 feet

- Minimum Yards – Front 10, Side 7.5, and Rear 15

*Note:* Rear setback shall include landscape features to buffer adjacent properties. Retained from current setback requirements with addition of rear landscape buffer.

- Maximum Stories – 3 stories by-right, or 5 stories by special permit

*Note:* Additional height allowed at Lynnfield Street frontage or center of site, not adjacent to abutting properties or Woodland Ave North frontage (Increased from current zoning to similar scale of existing hospital at Lynnfield height of 4 stories with "step-down" transition and sensitivity to surrounding residential properties)

- Maximum Height (FT) – 45 feet by-right, or 70 feet by special permit

*Note:* Additional height allowed at Lynnfield Street frontage or center of site, not adjacent to abutting properties or Woodland Ave North frontage. Increased from current zoning to similar height of existing hospital at Lynnfield height of about 60 feet with "step-down" transition and sensitivity to surrounding residential properties.

- Maximum Building Area (%) – 30%

*Note:* Retained from current zoning requirements.

- Minimum Open Space and Landscaping Requirement – 15%

*Note:* Added requirement, does not exist under current zoning.

### **Medical Village 2 Subdistrict (MVD-2)**

- Minimum Lot Area (SF) 10,000 square feet for standard single family home, OR 5,000 square feet in a “clustered” configuration with common open spaces, common amenities, conservation areas, and modest pocket parking areas integrated with the site plan.

*Note:* Reduced from current zoning of 10,000 SF, accompanied with cluster conditions.

- Minimum Frontage (FT) – 50 feet\*

*Note:* frontage may occur at a street or shared open space. Reduced from current zoning of 75 feet, accompanied with cluster conditions.

- Minimum Yards – Front 10, Side 7.5, and Rear 15\*

*Note:* Rear setback shall include landscape features to buffer to adjacent properties. Retained from current setback requirements with addition of rear landscape buffer.

- Maximum Stories – 2.5 stories

*Note:* Retained current zoning height limitations

- Maximum Height (FT) – 35 feet

*Note:* Retained current zoning height limitations

- Maximum Building Area (%) – 30%\*

*Note:* for a single lot retained from current requirements, for a small clustered lot it may be up to 40%

- Min. open space and landscaping requirement – 20%

*Note:* Added, does not exist under current zoning

### **AFFORDABLE HOUSING REQUIREMENT**

In order for the City of Lynn to remain above 10% on the Commonwealth’s Chapter 40B Subsidized Housing Inventory (SHI) and to provide a diversity of housing types and units, it is recommended that residential projects over 20 units include 10% of the total number of units in the development (computed to the nearest whole number) as affordable units. In order to meet this requirement, affordable units should be provided by a development at a minimum level of affordability not to exceed 80% of the area median income as determined by the United States Department of Housing and Urban Development adjusted for household size with reasonable asset limits. The affordable units should also be subject to restrictions and agreements as required to qualify for inclusion on the Subsidized Housing Inventory. At the time of writing of this report, the most current SHI from the Department



of Housing and Community Development was from September 14, 2017. It listed Lynn at 12.4%, with a total of 4,435 qualifying affordable units.

### **OFF STREET PARKING AND LOADING REQUIREMENTS**

*Note:* No change from current zoning

Single family - 2 spaces per Dwelling Unit

Multifamily - 1.5 spaces per Dwelling Unit

Elderly housing - 0.25 spaces per Dwelling Unit

Group residence - 0.25 spaces per bed

Extended Care Facility - 1.8 spaces per dwelling unit

Nursing, convalescent home - 0.5 spaces per bed and .5 per employee

General Office - 1 space per 300 square feet gross floor area

Food Service - 0.25 spaces per seat or .5 per person occupancy

Medical office Building - 4 spaces per office and 1 for each 3 employees

*Note:* Similar parking requirements will apply if new definitions are developed for Senior Living Multi-family and Senior Living Row Houses.

### **SCREENING REQUIREMENTS**

*Note:* No change from current zoning

### **DESIGN STANDARDS**

MAPC has incorporated Design Standards in several recent zoning bylaws in order to guide developers and review boards to enable compatible development that meets the community's standards. The Standards must be met during site plan and/or special permit review. For this project, MAPC recommends design standards in the zoning that would address:

#### **• Building/Site Orientation and Relationships**

- In MVD-1, the primary facade of a building shall be oriented to Lynnfield Street with its front façade and entry, secondary building entries or additional buildings shall be oriented to interior access ways, open spaces, or to relate to other buildings on site.
- Buildings shall be used to create and frame shared and usable open spaces on the site.
- Use of "Green Building" technology to the maximum extent possible [Note: zoning cannot mandate specific building techniques, but this wording has been used in other ordinances.]
- Roof top mechanical uses shall be screened to mitigate visual and audible impacts
- Roof top telecommunications equipment shall be allowed if complying with applicable conditions of Lynn Zone Ordinance Section 17 and not provided as a freestanding tower or telecommunications facility.

- **Building Massing and Step-downs to Context**

- Building orientation and scale at the Woodland Avenue North frontage shall respect the scale and massing of the single family residential street.
- Building massing and height shall respect the abutting single family residential context. In the MVD-1, higher building heights shall be placed at the Lynnfield frontage and the center of the property with building height stepping down toward adjacent property lines and lower scale context.
- Upper level(s) shall be integrated with pitched roof lines to provide habitable space according to maximum heights in stories and feet, while also reducing the visual impact of building height and massing and to strengthen sensitivity to the surrounding residential context.

- **Pedestrian, bicycle, vehicular circulation**

- A network of pedestrian sidewalks and paths shall connect all building entries and strengthen walkability in the site. Pedestrian connections shall be made to public sidewalks at street edges and to bus stops adjacent to the property.
- Vehicular circulation shall be designed to be integrated with the overall site, landscape and pedestrian features, and shall not be the prominent feature of the site.
- Bicycle circulation shall be provided to adjacent bike lanes or paths and bike racks shall be provided near building entries
- In the MVD-2, access to Lynn Woods shall be provided with parking and pedestrian access to the property and the marking of any trailhead connections from the site.

- **Parking Screening, Orientation, Landscape**

- Parking areas of more than one 60' parking bay shall be placed to the side or rear of buildings.
- Large parking areas shall include generous landscape islands at a rate of 1 island for every 10 parking spaces. Islands shall integrate shade trees, and on-site stormwater management / infiltration.
- In the MVD-2, cluster development parking shall be placed in pockets of not more than 8 parking spaces. Common landscape areas shall be integrated into the site design with buildings framing and oriented to common landscape areas.
- Parking areas adjacent to the property line shall provide a substantial landscape buffer to shrubs and shade trees that screens the view of parked vehicles from adjacent properties.

- **Site and Landscape Design**

- Encourage Low Impact Development (LID) techniques in parking areas and site design
- Plantings shall use native species, including drought-tolerant plantings
- In the MVD-2, document location of and retain high percentage of mature trees, particularly at near property lines to retain a mature landscape buffer to abutting properties.
- In the MVD-2, clustering of development away from Lynn Woods shall be integrated in the site plan with portions of the site abutting Lynn Woods preserved.

- **Landscape Buffers to Existing Residential Uses**

- In the MVD-2, retain 20' mature landscape buffer to abutting properties

## ***Other Recommendations***

MAPC has facilitated this planning process with a focus providing zoning recommendations that align with the community's goals, the City's goals, and the potential redevelopment viability of the Union Hospital property. The zoning recommendations are presented to the City to advance as deemed appropriate. In addition to zoning recommendations, this section contains other considerations and recommendations from MAPC that the City may also consider as deemed appropriate. These other recommendations are secondary to the zoning recommendations. MAPC believes proceeding with the zoning recommendations will provide a valuable framework for the City to guide the future redevelopment of the Union Hospital property.

However, other actions by the City of Lynn or Lynn EDIC may prove useful as well. While this study has articulated parameters for redevelopment that may be acceptable to the community, it does not capture every option or opportunity for reinvestment in the Union Hospital property. A great idea for redevelopment of the property may emerge through the process to sell and redevelop the property that has not been anticipated in this report and that may also be potentially beneficial and acceptable to the community. Therefore, the first other recommendation is for all parties involved in the redevelopment of the Union Hospital property to retain an openness to new opportunities. This openness should be reflected in the request for proposals (RFP) prepared by the North Shore Medical Center (NSMC) and in the City and community as potential proposals are considered or brought forward. An openness to viable proposals that are brought forward will help the City to avoid defining success on the property too narrowly.

As an example illustrating the need for openness, this study has been criticized as being overly focused on abutting residents concerns. The process involved to community meetings that were mostly attended by neighborhood residents. The criticism highlights that the narrowing of opportunities based on resident concerns may limit re-use possibilities unnecessarily and focus on uses that are not likely to be financially possible for a developer to attain. In defense of the study, we believe the abutter's potential acceptance of the project is a major component of a successful redevelopment in this context. The conversation around re-use of the property can be continued and expanded to include additional residents outside of Ward 1, members of the business community, or others, if the opportunities framed by this study appear to be too narrowly focused based on expressions of developer interest.

In discussion of the potential outcomes for redevelopment or re-use of the property, the Dover Amendment was mentioned (page 15). This disadvantage of a overly narrow definition of potential opportunities on the property is a greater possibility for a Dover Amendment use becoming the most viable option. The City has little ability to stop or modify a Dover Amendment protected use (educational, agricultural, and religious uses) and these types of uses are typically non-profit and would not be likely to increase the City's tax base. While no actions provide the City full control over a Dover protected use, providing other financially viable paths to redevelopment on the property is the most effective approach to avoiding the potential disadvantages of a Dover Amendment protected use.

Specifically, in regard to the NSMC RFP, as it is prepared and released, the City should remain actively engaged with the review of the RFP and promotion for the RFP when it is released. The City or EDIC could help to raise awareness of the RFP when it becomes available and promote the opportunity to its network of parties interested in development in Lynn. Particularly, if there is a part of the development community that would align with potentially acceptable uses and zoning recommendations for the property as presented in this report.

Depending on the results of the RFP process, the City could also support the pursuit of grants or other funding sources that could explore uses or partnerships related to healthcare education and training. If a more traditional real estate market driven redevelopment of the property is not producing a viable match for the property, then supporting the pursuit of other funding sources that may open new opportunities for redevelopment could benefit the City and the property. This type of alternative approach to redevelopment could provide a positive way to connect the property to

regional needs for healthcare workers and training, the network of local colleges, community colleges, and vocational centers, and advance new models for local training and employment in Lynn.

Lastly, as the closing of the Union Hospital will remove hundreds of jobs and associated economic activity from the Lynn economy, the City could work closely with NSMC through the RFP process to encourage new development activity on the property to have a positive impact on the local economy. The recommendations below provide suggestions for how the RFP process could be used to promote local hiring and benefits to the local economy. While the City is not in control of or responsible for the RFP process, it can work with NSMC to give weighted preference to RFP respondents who can commit to any or all of the following employment and equity considerations:

- Primary use of Minority-Owned and Women-Owned Business Enterprises (MWBE) Contractors with 20% of on-site women trade laborers, sourced through a partnership with the Northeast Center for Tradeswomen's Equity.
- Prevailing wage guarantees for any on-site labor in accordance with the Massachusetts Department of Labor Standards.
- Funding of an on-site hiring / job training program for local skilled labor in partnership with local workforce training organizations to ensure that economically disadvantaged Lynn residents have access to jobs associated with new development.
- Partnerships with local universities and community colleges to place students in culinary or cosmetology positions at any food prep facilities developed on site, such as for a restaurant or assisted living facilities.
- Additional inclusionary housing policies to increase the 10% recommended affordability requirement to a total of at least 20% affordable at an increased level of affordability from the recommended 80% of the area median income to 60% of local AMI for any new developed housing. This could be accomplished by accessing funds from State housing programs or federal tax credits.

Any of these other recommendations, would be pursued at the option of the City and would depend on how the responses to the RFP and redevelopment process advance in the coming months.

City of Lynn

# Union Hospital Re-use Planning Study

