



# Roseland Medical District Existing Conditions Report & Market Analysis

November 2019



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Unless otherwise specified, all photos are by CMAP staff.



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# Section 1 INTRODUCTION

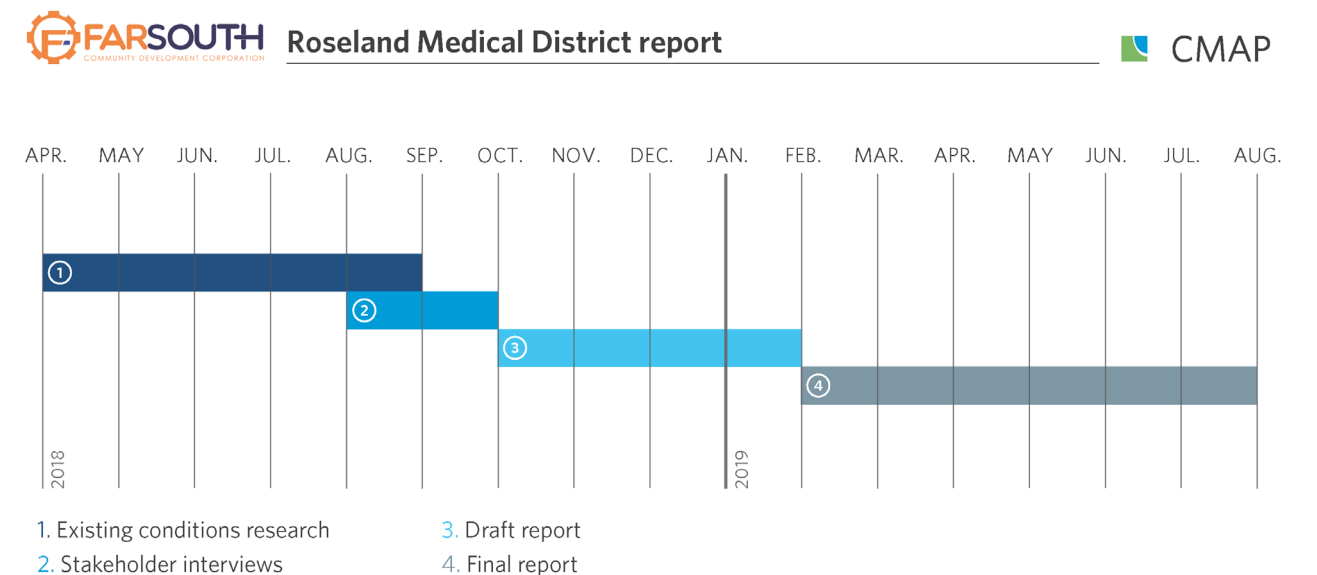


The Far South Community Development Corporation (Far South CDC) sought technical assistance from the Chicago Metropolitan Agency for Planning (CMAP) to create a market analysis and existing conditions report for the Roseland Community Medical District corridor. This report prioritizes the main issues facing the corridor and the surrounding community, including assessments of mobility, land use, and economic development potential. This report explores changing community trends, discusses emerging challenges, and promotes new opportunities. In addition to considering existing conditions, this report includes recommendations that highlight recent trends in health district planning utilizing concepts from Perkins+Will's 4 Ps of Health District Planning: Population health, place, partnerships, and performance.<sup>1</sup>

## The Planning Process

The market analysis and existing conditions report includes input from residents, local businesses, and other stakeholders. The timeline of the project was approximately fifteen months and consisted of four phases. Phase one assessed existing conditions in the District, including data analysis and research. The second phase focused on gathering input about the District's past, present, and future planning priorities. In phase three, initial recommendations were created and vetted with Far South CDC staff and other key stakeholders. The final phase included report creation and identification of next steps.

Figure 1.1: Project Timeline



# Location

Roseland is located on the far south side of Chicago and is designated as Community Area 49 of the city's 77 community areas. Roseland is bounded by the Union Pacific rail line to the north, 115th Street to the south, and Cottage Grove Avenue and the Metra Electric District line to the east. Roseland's west boundary begins at Eggleston Street north of 103rd Street and at Halsted Street south of 103rd Street. Michigan Avenue serves as the main commercial corridor of the Roseland neighborhood, with east-west commercial corridors at 95th, 103rd, 111th, and 115th Streets. Roseland is adjacent to the Washington Heights, Auburn Gresham, Pullman, Morgan Park, Chatham, and West Pullman community areas.

The study area for this project concentrates on the 111th Street corridor with emphasis on the Roseland Community Medical District. The study area is bounded by 109th Street to the north; 113th Street to the south; South Edbrooke Avenue to the east; and Halsted Street to the west. The study area includes portions of the commercial shopping districts along Michigan Avenue and Halsted Street. The Roseland Community Medical District, as designated by state legislation is bounded by 110th Street to the north; 112th Street to the south; South Michigan Avenue to the east; and South Stewart Avenue to the west.

## Far South Community Development Corporation (Far South CDC)

Founded in 1977, the Far South CDC is a non-profit organization that works to strengthen the local business community and the community's long-term socio-economic health. Through planning and collaboration with private developers, governmental entities, and other stakeholders, Far South CDC's priorities include fostering quality retail businesses, promoting new industrial uses, and supporting development that creates jobs and improves the quality of life for the people who live and work in its service area. For 35 years, the Far South CDC has primarily worked in the Beverly and Morgan Park areas, but since early 2007, the group shifted focus towards Chicago's 9th, 15th, 21st, and 34th Wards. The

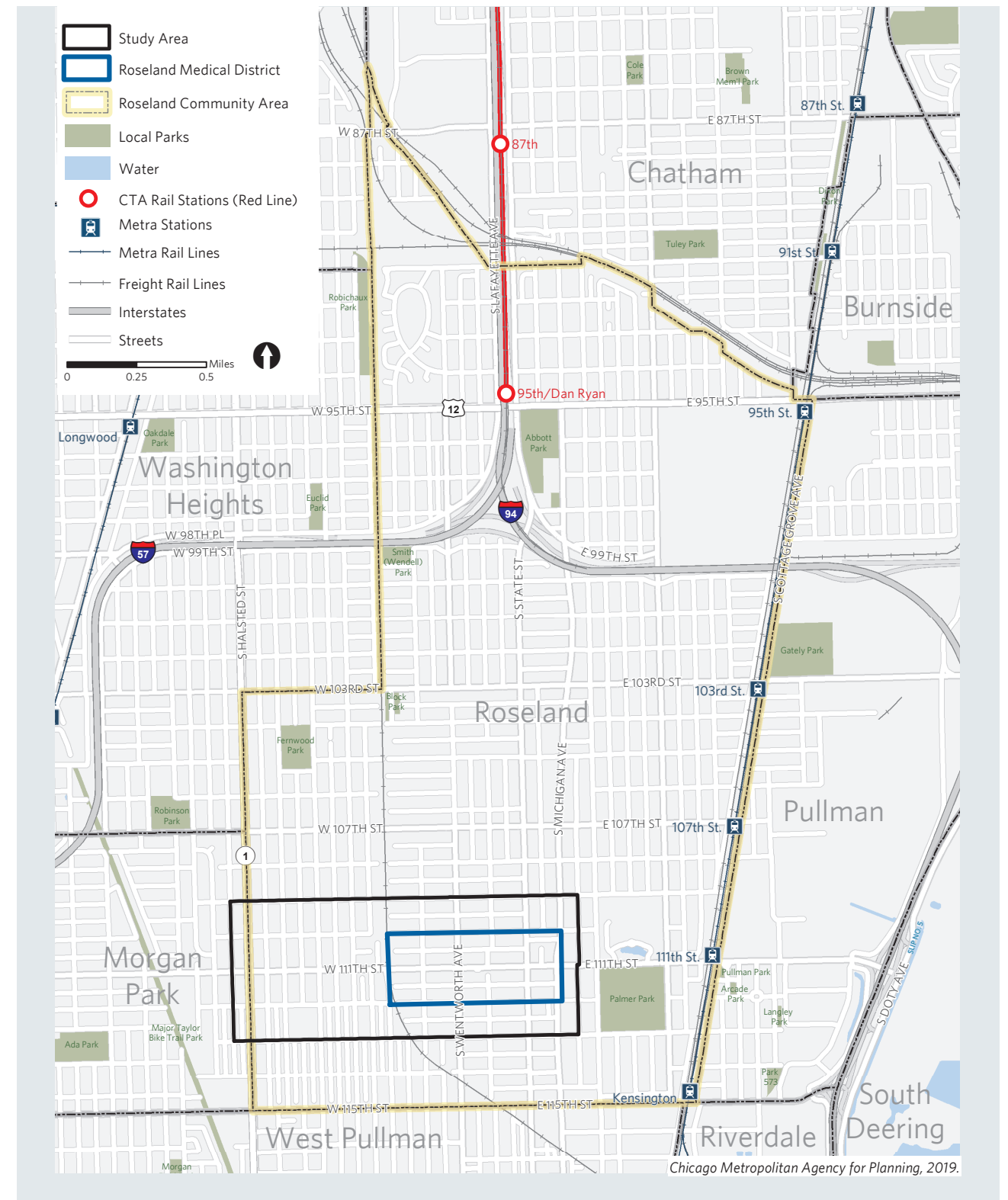
Far South CDC's boundaries are from 87th Street to the north, 129th Street to the south, State Street to the east, and Western Avenue to the west. The Far South CDC also works with Special Service Area (SSA) #45 to provide funding that encourages stability and development within the business district located on Halsted Street between 99th and 115th Streets.

## Roseland's History

Dutch immigrants settled Roseland in the 1840s. The community was entirely agrarian until the late 19th century when the industrial town of Pullman was built to the east of Roseland near Lake Calumet. Roseland was annexed into Chicago in 1892 and the area would then become populated with European settlers. Due to population growth in the 1890s and the neighborhood's proximity to the Pullman freight area, stores on Michigan Avenue began to flourish into a commercial center for residents of the surrounding areas. The Pullman Strike of 1894 created a strong political and community identity among workers who lived in the Pullman and Roseland areas. By the 1920s, racially-motivated restrictive covenants and redlining practices were put in place, segregating the community's African American and white residents.

After World War II, powerful businessmen in the area lobbied for separate housing complexes for African Americans that split Roseland along racial boundaries. In the 1960s as industry declined, the Roseland community also saw a decline in economic activity. White residents followed their jobs to the suburbs, while African American residents with fewer resources and opportunities were left to rebuild the economic base of Roseland. Following the nation's economic struggles in the 1970s and the collapse of the steel and automotive industries in 1980s, many of the working-class families in Roseland were left without jobs, leading to further economic decline in the area. During this period, the U.S. Housing and Urban Development (HUD)'s urban homesteading program began working in Roseland in hopes of improving the community's deteriorating housing stock. These events contributed to the state of present-day Roseland, which continues to face urban decay, lack of resources, and poverty.

Figure 1.2: Study Area





## Section 2 EXISTING CONDITIONS

The Roseland Community Medical District fits within the greater Roseland community, the city of Chicago, and the broader northeastern Illinois region, giving perspective to existing conditions and regional issues and opportunities that affect the area. Much of the information in this section of the Existing Conditions Report comes from CMAP's Community Data Snapshots, which contain regularly updated local data provided by various regional, state, and federal organizations.

### Key findings

- Detached single-family homes are the largest use of land in the study area, comprising 36 percent of the study area's acreage and 64 percent of the study area's dwelling units.
- Between 2000 and 2016, the population of the Roseland community area decreased by nearly 20 percent. The significant decrease in population will have a continued effect on the area's economic outlook.
- The community area's proportion of residents 65 years and over (18 percent) is higher than the city of Chicago's (11 percent). With a greater population of aging residents, there are implications on future health care needs for the community.
- The median household income for the community area (\$37,067) trails the city of Chicago (\$50,434), and falls significantly below the region (\$65,174).

# Community Context

## Land use

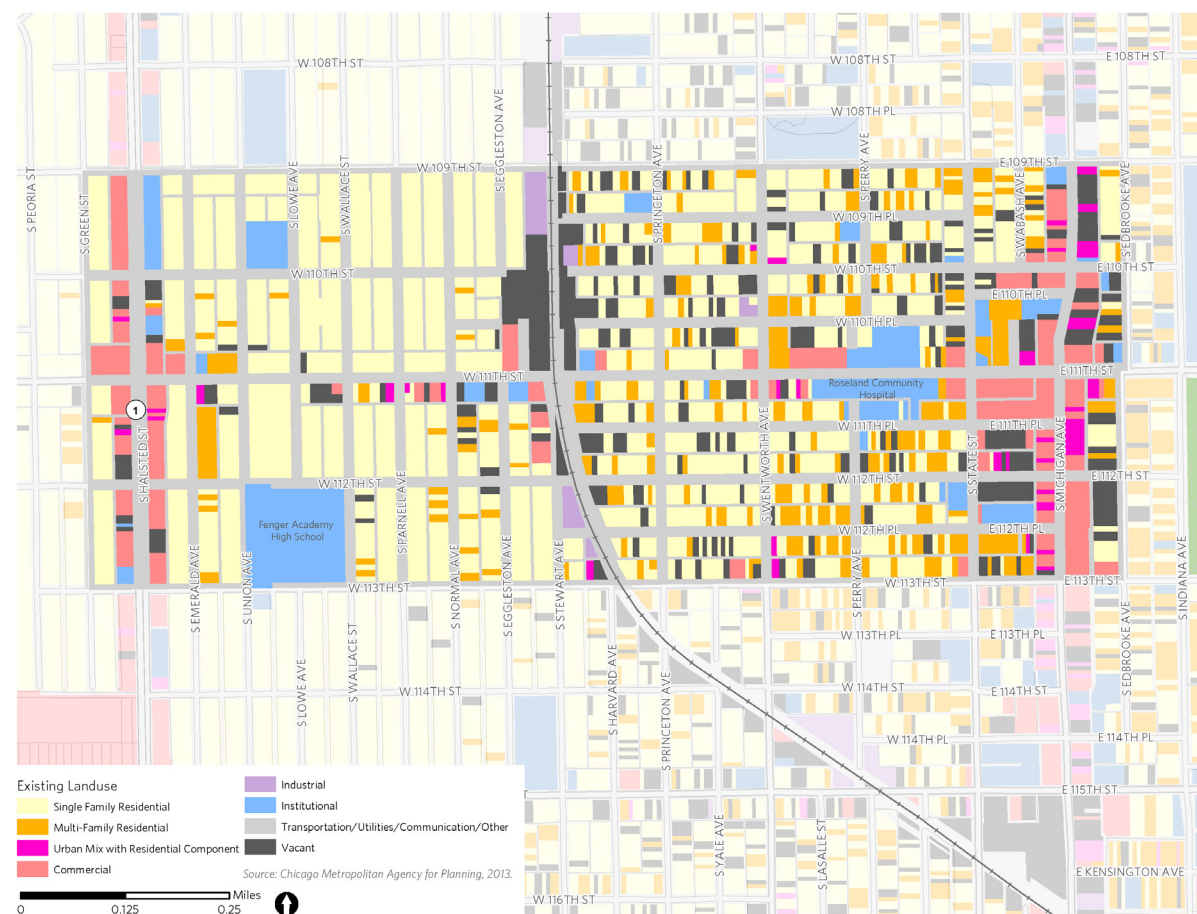
Livable communities depend on a mix of land uses that provide the housing, businesses, civic institutions, and open space that are essential for daily living. An assessment of the existing land use pattern in the study area provides insights into how those land uses could change in the future (see Figure 2.1).

Detached single-family homes are the largest land use, making up 36 percent of the study area's land acreage, and 64 percent of the study area's dwelling units. Multi-family homes constitute 7.7 percent of the District's land area and are primarily located east of the railroad tracks, between South Stewart Avenue and South Michigan Avenue.

Vacant parcels are scattered throughout the District and make up about nine percent of the study area

(see Table 2.1). Including the Union Pacific freight rail line and right-of-ways, transportation makes up 33 percent of the study area's acreage. The freight rail runs adjacent to Stewart Avenue through the center of the study area before turning slightly east at 111th Street. Commercial development makes up approximately four percent of the study area's land use and is concentrated along both Michigan Avenue and Halsted Street, at their intersections with 111th Street. Institutional uses make up about six percent of the land area and include Fenger High School and Roseland Community Hospital. There is no designated open space within the study area, however the Chicago Park District's Palmer Park is located one block east of the study area. The 38-acre park includes an aquatic center, soccer and baseball fields, basketball and tennis courts, playgrounds, a fitness center, gymnasium, and multi-purpose clubrooms.

Figure 2.1: General land use, 2013



## Demographics

Demographic analysis helps identify the unique characteristics of a community's population while identifying significant shifts that have occurred over time. Understanding the composition of the Roseland community area will help CMAP, the Far South CDC, and other community stakeholders respond to the needs of the Roseland Community Medical District as well as prepare for potential changes.

Between 2000 and 2016, the population of the Roseland community area decreased by nearly 20 percent, which is substantially higher than the city's population decrease of approximately six percent.

During that period, the population of the seven-county CMAP region grew by just over four percent. Roseland is approximately 96 percent African-American, a proportion pointedly higher than Chicago (31%) and the region as a whole (17%). Approximately 37 percent of the community's residents earn less than \$25,000, and the community's median income of \$37,067 is significantly lower than in both the city (\$50,434) and the rest of the CMAP region (\$65,174).

Table 2.1: General land use, 2013

	ACRES	PERCENT
Single-family residential	142.8	35.7
Multi-family residential	30.9	7.7
Commercial	26.4	6.6
Industrial	2.6	0.6
Institutional	24.6	6.2
Mixed use	4.4	1.1
Transportation and other	132.2	33.1
Vacant	35.8	8.9
Total	399.8	100.0

Source: Chicago Metropolitan Agency for Planning Parcel-Based Land Use Inventory.

Table 2.2: Population and change in population, 2016

	ROSELAND	CHICAGO	REGION
Population, 2016	42,327	2,714,017	8,501,507
Population change, 2000-16	-19.7	-6.3	4.4
Population change, 2010-16	-5.1	0.7	0.8
Population change, 2000-10	-15.4	-6.9	3.5

Source: 2000, 2010 U.S. Census Bureau; 2016 American Community Survey five-year estimates

### Median age and age cohorts.

The distribution of ages in the Roseland community differs greatly from the distribution in Chicago and the region overall. The median age of 39.5 is about six years older than the city and three years older than the region, and the community has a much higher proportion of residents 65 years and over (see Table 2.3).

**Employment, Income, and Education of Residents.** Of the Roseland residents who participate in the labor force (i.e., people who are 16 years but are not retired, full-time students, spouses, or others who choose not to work), approximately 74 percent are employed. This is markedly lower rate than in Chicago and the region, and may reflect the lack of investment in the local economy.

The largest household income cohort for Roseland is households earning less than \$25,000 per year, with nearly 37 percent of households in this category. The share of households in this range is substantially greater than the city (27.9 percent) and region (19.5 percent). The segment of Roseland households earning \$25,000 to \$49,999 per year is second-largest at 25.6 percent, also greater than Chicago (21.7 percent) and the region (20 percent). These findings regarding income may be related to local educational attainment, as only 19.8 percent of residents 25 and older have at least a bachelor's degree, a rate significantly lower than that of Chicago (36.6 percent) and the region (37.6 percent).

**Table 2.5: Median annual household income, 2016**

	INCOME
Roseland	\$37,067
Chicago	\$50,434
Region	\$65,174

Source: 2016 American Community Survey five-year estimates.

**Table 2.6: Educational attainment, 2014**

	ROSELAND	CHICAGO	REGION
High school diploma or higher*	84.9%	83.1%	87.4%
Bachelor's degree or higher*	19.8%	36.6%	37.6%

Source: 2016 American Community Survey five-year estimates.

\*Share of population 25 and older

**Table 2.3: Age Cohorts and Median Age, 2016**

	ROSELAND	CHICAGO	REGION
Students (under 19 years)	26.9%	24.5%	26.4%
Adults (20 to 64 years)	55.4%	64.2%	61.0%
Older adults (65 years and over)	17.7%	11.2%	12.6%
Median age	39.5	33.9	36.7

Source: 2016 American Community Survey, U.S. Census Bureau.

**Table 2.4: Employment status of residents, 2016**

	ROSELAND		CHICAGO		REGION	
	Count	Percent	Count	Percent	Count	Percent
Population, 16 years and over	33,820	100.0%	2,182,391	100.0%	6,712,874	100.0%
In labor force	18,605	55.0%	1,449,953	66.4%	4,530,920	67.5%
Employed*	13,757	73.9%	1,290,814	89.0%	4,137,033	91.3%
Unemployed	4,821	25.4%	158,599	10.9%	381,643	8.4%
Not in labor force	15,215	45.0%	732,438	33.6%	2,181,954	32.5%

Source: 2016 American Community Survey five-year estimates.

\* Does not include employed population in Armed Forces.





## Community Wellness

### Key findings

- Residents are highly-engaged with the primary health care system, yet suffer from higher incidences of preventable diseases.
- Concerns about public safety have a negative impact on rates of physical activity, obesity, high blood pressure, and heart disease.
- Roseland has the highest incidence of Alzheimer’s related deaths in the city. With the increasing aging population of Roseland, this cognitive health issue will likely increase the need for creative health care options for the area.
- Asthma is a concern, but Roseland is better off than neighboring community areas.

The way communities look and feel, their strengths and weaknesses, affect all aspects of wellness. Issues discussed in other chapters of this report, such as housing, walkability, and access to fresh foods, all affect health in Roseland. Going further, air quality, safety, and infant and maternal health all tell a story of a community that has experienced inequities in many ways.

Despite the presence of a major community hospital, Roseland’s health outcomes tend to be worse than in other Chicago community areas, and much can be explained by what is known as the social determinants of health.

The World Health Organization defines social determinants of health as “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” However, there are opportunities for positive health interventions that could create a healthier environment for the entire community.

### Health care access

For health care access, Roseland’s statistics trend negative, performing better in some areas and worse in others. According to data from the Chicago Department of Public Health’s Healthy Chicago 2.0<sup>2</sup>, the percentage of residents in Roseland without health insurance is slightly higher than the rest of Chicago – 13.4 percent of neighborhood residents are uninsured, compared to 9.8 percent of the city. In addition, residents report a lower rate of health care satisfaction (63.7%) than the rest of the city (69.0%). However, 83 percent of neighborhood residents reported “receiving needed care” in the past year, the same rate as the city.

Additionally, Roseland residents have a high rate of engagement with primary care that surpasses the rest of the city – 89 percent have a primary care physician as compared to 73 percent in the rest of the city, and 87.5 percent received an annual check-up within the past year compared to 76.5 percent in the rest of the city. While residents appear to have access medical care as needed, it is apparent that they do not seek these services at Roseland Medical Community Hospital.

### Public safety and disease

Concerns about public safety in the community have direct and indirect effects on the health of residents. Violent crimes, including robbery, battery, assault, homicide, and sexual assault, have a two-pronged effect on community health. Aside from the direct impact on crime victims, a high violent crime rate is a barrier to walking, traveling by active transportation, and spending time outdoors for physical activity.

According to statistics from the City of Chicago Data Portal from 2016, Roseland has a violent crime rate of 7,916 per 100,000 residents, which is 1.8 times the rate reported for Chicago as a whole. In particular, homicides are high – Roseland has a homicide rate of 57.6 per 100,000 residents, which is approximately three times higher than the city as a whole.

In areas where residents are worried about violent crime, they are less likely to walk to their destination or exercise outdoors, which has run-on health impacts. More than a third of Roseland residents (37.3%) reported not participating in any physical activities or exercises in the past month, nearly double the percentage citywide (22.9%)(Healthy Chicago 2.0 survey).

Lack of physical activity combined with other health impacts can contribute to the level of obesity in the community. According to Healthy Chicago 2.0, more than half of the population of Roseland is obese (52.6%) which is the fourth highest level of the city’s 77 community areas and significantly higher than all Chicagoans (30.8%). Hypertension, also known as high blood pressure, is also much more common in Roseland (44.9% of residents) than in the city (27.6%), as well as heart disease (269 deaths per 100,000 versus 201 per 100,000 citywide).

### Maternal Health

Maternal health is an area of concern for Roseland. Expectant mothers in the neighborhood are less likely to have access to early and adequate prenatal care than citywide (46.7% in Roseland, 56.0% in Chicago) and are less likely to receive prenatal care in the first

trimester of pregnancy (61.2% in Roseland, 69.7% in Chicago). This, among many factors, has an effect on the health of the mother throughout the pregnancy as well as child development. Babies in Roseland are more likely to be born pre-term (13.5% in Roseland, 10.5% in Chicago), have low or very-low birthweights (17.1% in Roseland, 11.2% in Chicago).

A community’s infant mortality rate is often used as an indicator of overall population health. In Roseland, 12.2 per 1,000 births do not survive through their first year, nearly double the rate of the city (6.6 per 1,000). The neighboring communities of Pullman and Calumet Heights have even higher rates, at 18.9 per 1,000 and 22.3 per 1,000 respectively.

### Alzheimer’s Disease

Roseland has the highest cumulative death total from Alzheimer’s disease in the city. Four percent of all Alzheimer’s related deaths in Chicago from 2006 to 2010 were residents of Roseland, and the community had 1.2 times the amount of deaths than the second highest community area, Auburn Gresham. Resources for affected individuals and their families, including but not limited to clinical care, support for caregivers, and early detection, as well as working towards becoming a more “dementia-friendly community,” can help improve health outcomes, quality of life, and the environment for the entire community.

### Asthma

Concerns about air quality and its health impacts are top-of-mind on the far south and southeast sides of the city, where a combination of auto emissions, lack of green space, and industrial activity have negative consequences on air quality. Roseland and its surrounding neighborhoods struggle with a high incidence of asthma diagnoses. Roseland’s rate of asthma cases is higher than the citywide rate (9.8% in Roseland, 9.1% in Chicago), however, it is lower than its neighbors West Pullman (10.3%), South Chicago (14.3%), and Chatham (14.4%). To the east, South Deering has the highest rate of asthma in the city, with 20.7 percent of adults estimated to have been diagnosed with asthma.





# Housing

## Key findings

- Many homeowners in the area are long-time residents; 25 percent of owners moved into their current units in 1979 or earlier.
- Roughly 41 percent of all owner-occupied homes are owned outright while 59 percent are mortgaged.
- The study area's housing stock is aging with few new housing units being built.
- A majority of the area's renters (59 percent) are rent-burdened.

The housing stock in the study area, and in Roseland as a whole, consists largely of single-family units. Many homes in the study area are single-family detached units (65 percent), in contrast to the city as a whole (26 percent). Two-unit buildings are the second most common housing type (17 percent). The single-family and two-unit classifications make up the vast majority of the housing stock in the area (83 percent). The distribution of housing types in Table 2.7 details the residential landscape of the study area.

**Table 2.7: Housing types**

	STUDY AREA	ROSELAND	CHICAGO
Single-family detached	64.8%	59.8%	25.7%
Single-family attached	1.7%	7.5%	3.4%
2 units	16.8%	13.5%	14.6%
3-4 units	7.6%	8.2%	15.5%
5 or more units	8.4%	10.5%	40.6%

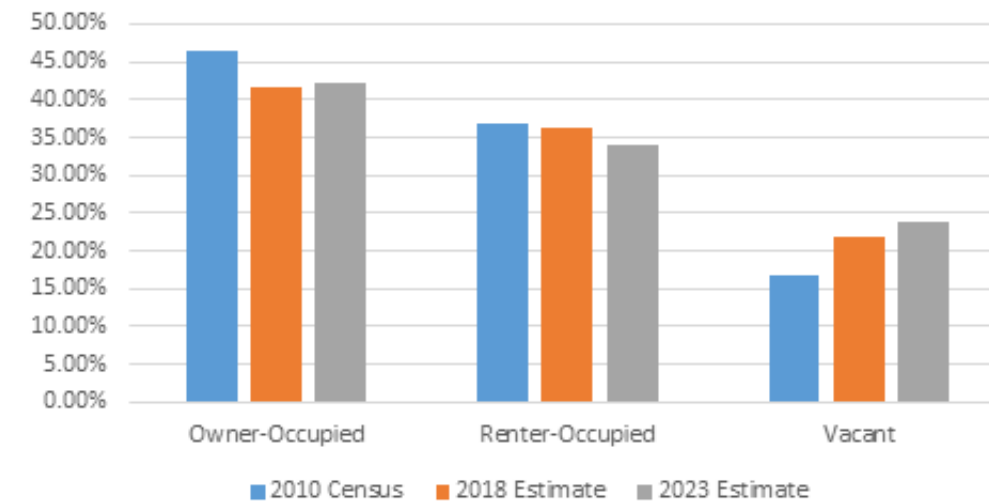
Source: U.S. Census Bureau, 2012-2016 American Community Survey

Mirroring the wider Roseland community, the study area has a balanced mix of homeowners and renters with a slight majority of owner-occupied housing units. The share of renter-occupied housing has been steady since 2010, while the percentage of owner-occupied housing has experienced a decrease corresponding with a rise in vacant housing units, as seen in Figure 2.2.

Many homeowners in the area have been long-time residents, with 25 percent of owners moving into their current units in 1979 or earlier, showing a longstanding connection to the community and its well-being. In contrast, renters are newer to their current units – 26 percent of renters have moved into their unit since 2010. Further detail seen in Table 2.8.

The study area's housing stock is aging with few new housing units being built. Nearly half of the area's housing units date to the pre-World War II era, similar to the rest of Chicago. However, only an estimated 20 percent of housing units in the area have been built in since 1960, in contrast to 35 percent in Chicago (see Table 2.9).

**Figure 2.2: Housing units by occupancy status**



Source: U.S. Census Bureau, ESRI Business Analyst

**Table 2.8: Occupied housing units by year resident moved into unit**

	NUMBER	PERCENTAGE
<b>Owner-occupied</b>		
Moved in 2010 or later	99	5.8%
Moved in 2000 to 2009	128	7.6%
Moved in 1990 to 1999	133	7.9%
Moved in 1980 to 1989	105	6.2%
Moved in 1979 or earlier	423	25.0%
<b>Renter-occupied</b>		
Moved in 2010 or later	442	26.1%
Moved in 2000 to 2009	231	13.6%
Moved in 1990 to 1999	22	1.3%
Moved in 1980 to 1989	53	3.1%
Moved in 1979 or earlier	57	3.4%

Source: U.S. Census Bureau, 2012-2016 American Community Survey

**Table 2.9: Housing age**

	STUDY AREA	ROSELAND	CHICAGO
Built after 2000	4.3%	4.9%	9.4%
Built 1980-2000	2.1%	2.5%	8.5%
Built 1960-1980	13.1%	18.7%	17.3%
Built 1940-1960	34.9%	38.7%	20.8%
Built Before 1940	45.6%	35.2%	44.0%

Source: U.S. Census Bureau, 2012-2016 American Community Survey

## Vacancy

Vacant housing units are a challenge across disadvantaged communities in the Chicago region. The study area in Roseland has experienced a notable increase in vacant housing since the housing market collapse of the late 2000s and it has shown few signs of turnaround.

The study area has lost approximately 400 residents since 2010 (nearly seven percent of its population) which has had a direct impact on vacancies. The area has experienced a five percent increase in vacant housing units. This corresponds closely to a five percent decrease in owner-occupied housing units over the same time period, which suggests that the increase in vacant housing is being driven by owner abandonment. Vacant housing units now make up an estimated 22 percent of all housing units in the study area.

It is projected that Roseland's population will continue to decrease, with significant implications for future development in the area.

Vacancies at the block level can have a domino effect on neighborhood housing: if there are several vacant units on a block, it is generally more likely that the block will experience further vacancies and abandonment than a block with zero or one vacant units.

Vacancies are concentrated east of the Metra tracks, particularly between South Stewart Avenue and South State Street, where every block has a vacancy rate between 25 and 36 percent (represented in the darkest blue). In contrast, the northwest corner of the study area, is an area of relative housing stability, where most blocks have less than 10 percent of three or fewer vacant units (Figure 2.3).

The boundaries of the Roseland Community Medical District fall squarely in the area where vacancies are most pronounced. Roseland Community Hospital and the Medical District will be crucial to any efforts to address revitalization of vacant housing in the area. As the Chicago Transit Authority (CTA) proposes the extension of the Red Line rail service through Roseland (learn more on this in the Mobility section below), new housing development opportunities exist. There are tentative plans to build senior housing adjacent to the proposed CTA Red Line station at 111th and Stewart Streets. In addition to senior housing, multi-family housing options should be considered in the immediate area around the train station to build a community hub within the District study area.

**Table 2.10: Total population**

STUDY AREA	NUMBER	PERCENT CHANGE FROM 2010
2010	6,329	N/A
2018 (estimate)	5,893	-6.9%
2023 (projected estimate)	5,749	-9.2%

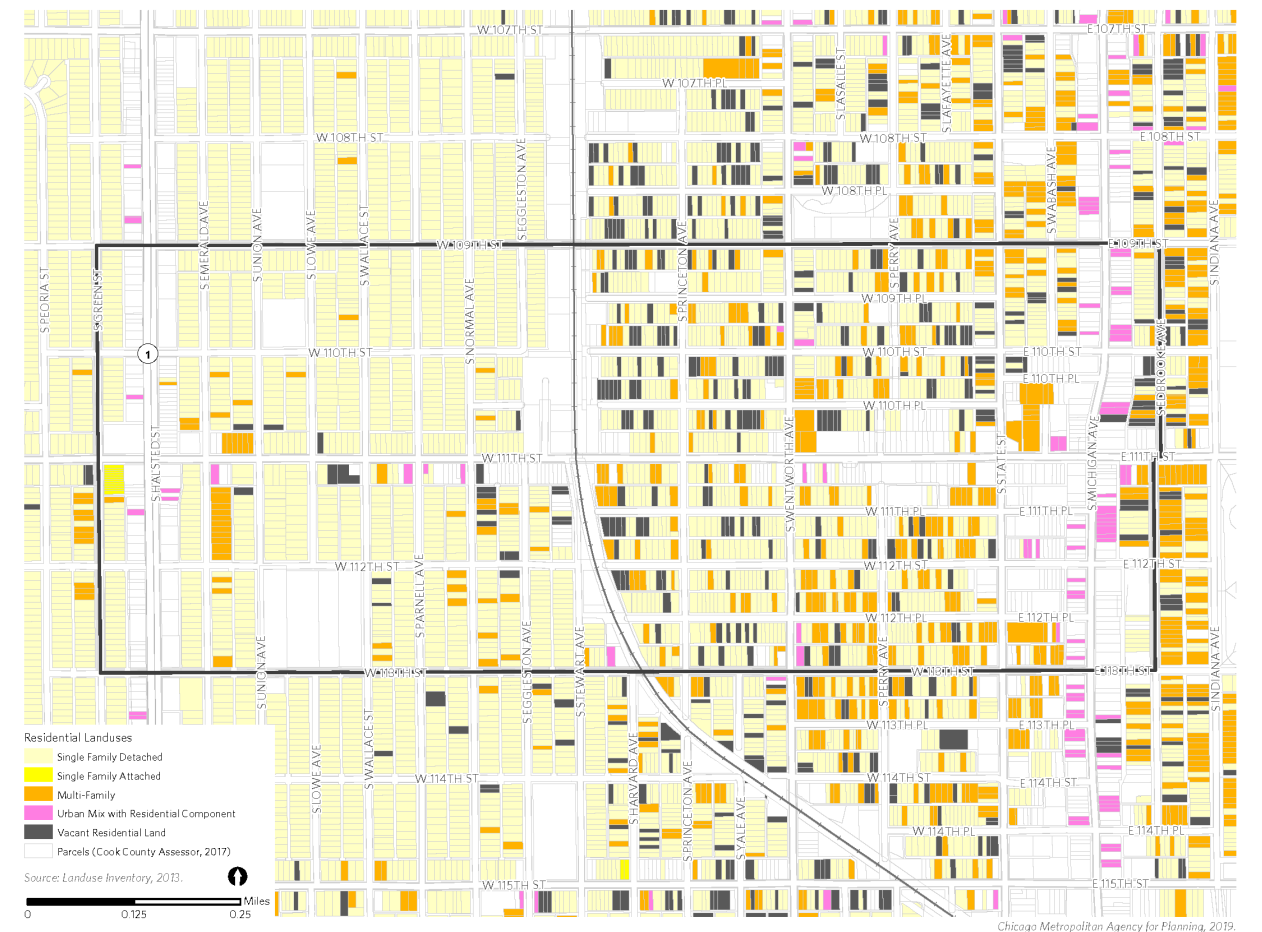
Source: U.S. Census Bureau, ESRI Business Analyst

**Table 2.11: Housing Units by Occupancy Status**

	2010		2018 (ESTIMATE)		2023 (PROJECTED ESTIMATE)	
	Number	Percent	Number	Percent	Number	Percent
Total housing units	2,285	100.0%	2,287	100.0%	2,288	100.0%
Occupied	1,904	83.3%	1,785	78.1%	1,740	76.1%
Owner-occupied	1,061	46.4%	954	41.7%	965	42.2%
Renter-occupied	843	36.9%	831	36.3%	775	33.9%
Vacant	381	16.7%	501	21.9%	548	24.0%

Source: U.S. Census Bureau, ESRI Business Analyst

**Figure 2.3: Vacant housing units by block group**



## Housing value and cost

Housing values in the study area are low, relative to greater Roseland and the rest of Chicago. Nearly all of the owner-occupied housing in the area is valued at \$200,000 or less; in contrast, 49 percent of the housing in Chicago is valued in this range. Significant changes in the value of housing in the area are not projected in the near future (see Table 2.11).

Despite the low cost of housing in the study area, housing is not affordable for local residents. The housing cost burden is high for both owners and renters. The Department of Housing and Urban Development (HUD) defines cost-burdened households as those which pay more than 30 percent of their income on their mortgage or rent. Households which pay more than 50 percent of their income on their mortgage or rent are considered severely cost-burdened. Families experiencing a high housing cost-burden in the area have difficulty affording necessities such as food, clothing, transportation, and medical care.

**Table 2.11: Owner occupied housing units by value**

	STUDY AREA	ROSELAND	CHICAGO
<b>With mortgage</b>			
Less than \$50,000	9.2%	5.6%	2.7%
\$50,000-\$99,999	33.5%	23.7%	8.1%
\$100,000-\$149,999	34.9%	35.6%	13.9%
\$150,000-\$199,999	15.5%	23.8%	16.3%
\$200,000-\$299,999	5.0%	7.6%	23.5%
\$300,000 or more	1.9%	3.8%	35.4%
<b>Not mortgaged</b>			
Less than \$50,000	12.0%	10.5%	5.8%
\$50,000-\$99,999	35.2%	32.7%	12.1%
\$100,000-\$149,999	21.0%	23.1%	14.8%
\$150,000-\$199,999	21.4%	23.1%	16.4%
\$200,000-\$299,999	7.8%	6.4%	22.6%
\$300,000 or more	2.6%	4.1%	28.2%

Source: U.S. Census Bureau, 2012-2016 American Community Survey

Homeowners are generally less cost-burdened than renters, but there is a high number of mortgages in the area (25.6 percent) where mortgage payments exceed 50 percent of monthly household income. Roughly one-third of all owner-occupied homes are owned outright (66.7 percent of homeowners with a mortgage and 33.4% without a mortgage). A majority of the area's renters (58 percent) are rent-burdened, and 44 percent of renters are severely-rent burdened, paying more than 50 percent of their income on rent.

The cost burden of housing is a concern, particularly when considering the increase in vacant housing units in the area. Neighborhoods with homeowners that pay a large proportion of their income for housing tend to have more vacant properties as other costs crowd out the ability of homeowners to continue to make mortgage payments.

A majority of the area's renters (58 percent) are rent-burdened, and 44 percent of renters are severely-rent burdened, paying more than 50 percent of their income on rent (Table 2.13).

**Table 2.12: Owner-occupied housing cost burden**

HOUSING UNITS WITH A MORTGAGE	STUDY AREA	ROSELAND	CHICAGO
Less than 10 percent	3.0%	4.6%	5.4%
10.0 to 14.9 percent	12.1%	11.3%	13.1%
15.0 to 19.9 percent	12.9%	15.0%	16.4%
20.0 to 24.9 percent	14.8%	13.4%	14.2%
25.0 to 29.9 percent	6.7%	10.0%	11.0%
30.0 to 34.9 percent	7.2%	7.0%	8.0%
35.0 to 39.9 percent	4.3%	5.3%	5.7%
40.0 to 49.9 percent	9.7%	8.5%	7.3%
50.0 percent or more	25.6%	23.9%	18.2%
Not computed	3.6%	1.1%	0.7%

Source: U.S. Census Bureau, 2012-2016 American Community Survey

**Table 2.13: Renter-occupied housing cost burden**

PERCENTAGE OF HOUSEHOLD INCOME SPENT ON RENT	STUDY AREA	ROSELAND	CHICAGO
Less than 10 percent	1.8%	2.0%	3.4%
10.0 to 14.9 percent	4.2%	5.3%	7.6%
15.0 to 19.9 percent	7.5%	7.1%	12.2%
20.0 to 24.9 percent	7.9%	8.8%	12.0%
25.0 to 29.9 percent	8.7%	8.7%	10.5%
30.0 to 34.9 percent	3.8%	6.5%	8.1%
35.0 to 39.9 percent	1.0%	2.8%	6.0%
40.0 to 49.9 percent	9.3%	10.2%	8.3%
50.0 percent or more	43.9%	39.3%	25.7%
Not computed	11.9%	9.2%	6.2%

Source: U.S. Census Bureau, 2012-2016 American Community Survey



Residents of Roseland typically commute elsewhere for work. Of the nearly 14,000 employed residents, approximately five percent work within the study area, 51 percent work outside of the study area (the majority work within the Chicago Loop), four percent work in West Pullman, three percent work in Auburn Gresham, and two percent work in Chatham. While 57 percent of commuters drive alone to work, 32 percent take public transit, eight percent carpool, and three percent walk or bike.<sup>3</sup>

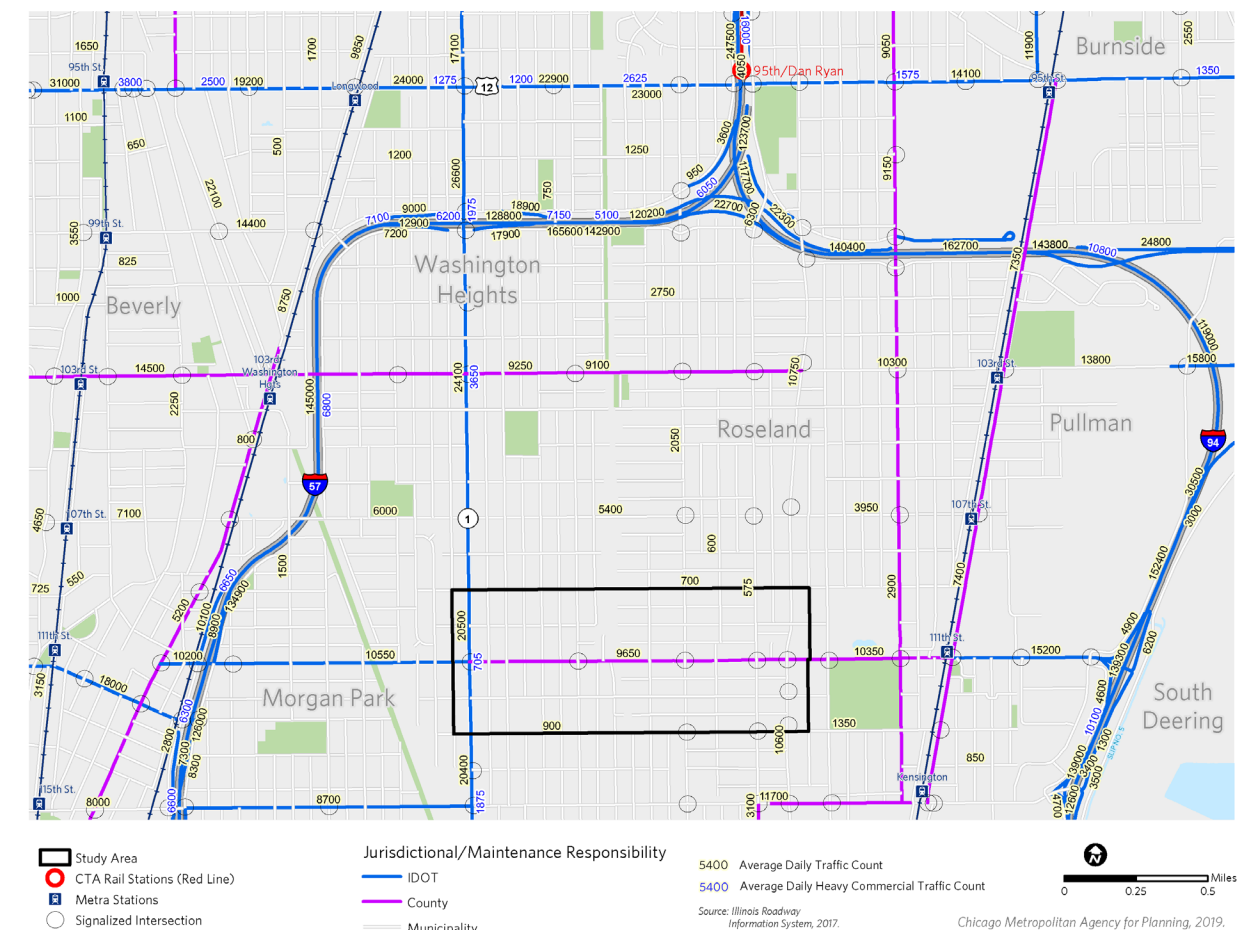
travel 111th Street on a daily basis, counts that are higher than 107th Street (6,000 average daily vehicular traffic count), but lower than 115th Street (11,700 average daily vehicular traffic count). An average of approximately 10,750 vehicles travel Michigan Avenue every day, counts that are higher than nearby north-south streets, such as Martin Luther King Drive (9,150 average daily traffic) and Wentworth Avenue (2,750 average daily traffic).

### Automobile traffic and road jurisdiction

Traffic counts reflect the existing level of automobile usage on a street. 111th Street and Michigan Avenues are some of the most heavily travelled corridors in the study area and in the Roseland community as a whole. An average of approximately 9,650 vehicles

IDOT maintains Interstates 57 and 94 as well as 95th Street. The remaining local streets in the study area are maintained by the City of Chicago, including 111th Street. Although trucks pass through the study area, there are no state-designated truck routes or traffic counts for trucks within the study area other than Interstates 57 and 94.

Figure 2.4: Automobile traffic and road jurisdiction



## Mobility

An accessible transportation system is indispensable. Residents must be able to travel quickly and easily around Roseland as well as in the larger Chicago region to sustain our economy and quality of life. With an aging and congested transportation system, maintenance and modernization are necessary to respond to mobility needs and trends.

### Key findings

- A series of local streets run through the study area in a grid pattern that provides effective connections to nearby arterials, collectors, and to Roseland Community Hospital. 111th Street and Michigan Avenue are two of the busiest streets in the study area and in the Roseland community area as a whole.
- The study area is served by an array of CTA and Pace bus routes, which provide connections to the CTA Red Line. Direct bus connections to local Metra stations are lacking.

- In coming years, major transit improvements are slated for the study area and the larger Far South Side in the form of CTA's Red Line Extension to 130th Street and Pace's Halsted Pulse bus service. These projects are likely to have a profound impact on mobility, commute times, and economic development in the study area.
- Bicycle facilities along 111th Street are lacking dedicated bike lanes or marked shared lanes. However, the study area has access to the Major Taylor Trail near 111th Street and Aberdeen Street, a major off-street trail serving the south side.

### Transportation

Roseland has excellent access to the transportation network of Chicago and the region, including multiple CTA bus routes, nearby access to Metra's Rock Island and Metra Electric Lines, major interstates (I-57 and I-94), Midway Airport, and freight rail (Canadian National Railroad and Union Pacific Railroad).

## Transit access

The study area is served by five CTA bus routes and one Pace route, all of which provide connections to the CTA Red Line at either the 79th Street or 95th Street stations. Table 2.14, CTA and Pace Transit Routes provides detail on the ridership and service area for each route. The CTA 111 bus route is the only route that serves the entirety of the study area, including east bound and west bound stops directly in front of the Roseland Community Hospital.

Two Metra commuter rail stops are located just outside of the study area. The 111th Street Pullman station is located on the Metra Electric Line, approximately one mile from Roseland Community Hospital; it does not have a parking lot. The 111th Street Morgan Park station is located on the Rock Island Line, approximately 2.5 miles from the Hospital; it has a parking capacity of 137 spaces.

Figure 2.5: Subregional transportation network

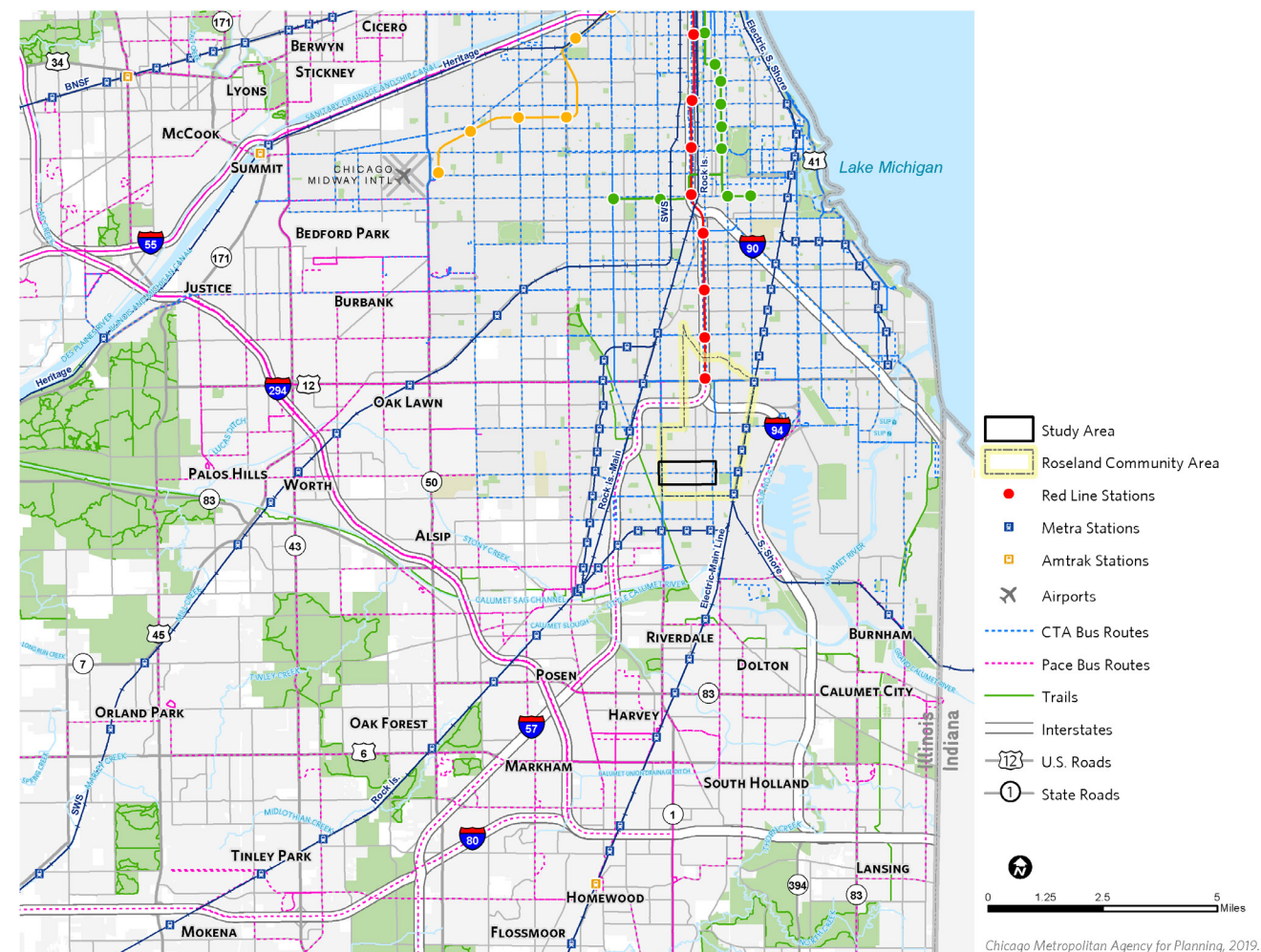


Table 2.14: CTA and Pace transit routes

ROUTE NAME AND NUMBER	WEEKDAY RIDERSHIP	SATURDAY RIDERSHIP	SUNDAY RIDERSHIP	SERVICE AREA
CTA: 8A South Halsted	3,120	2,015	1,381	79th Street to 127th Street
CTA: 34 South Michigan	5,198	3,245	2,470	95th Street to 131st Street
CTA: 108 Halsted/95th	1,279	N/A	N/A	95th Street to 134th Street
CTA: 111 111th/King Drive	3,758	1,892	1,344	95th Street to 119th Street
CTA: 119 Michigan/119th	5,198	3,245	2,470	95th Street to 119th Street
Pace: 352 Halsted	4,709	3,316	2,313	95th Street to Chicago Heights

Source: RTAMS /CTA /Pace 2018 Ridership. CTA data is from October 2018. Pace and CTA tabulate ridership for CTA bus routes 34 and 119 together.

Table 2.15: Metra boardings, alightings, and parking, 2016

METRA STATION	RAIL LINE	BOARDINGS	ALIGHTINGS	PARKING CAPACITY	PARKING UTILIZATION
111th St (Pullman)	Metra Electric	24	38	0	N/A
111th St (Morgan Park)	Rock Island	587	545	137	N/A

Source: RTAMS /Metra 2016 Station Boarding/Alighting Counts; visual survey.

Table 2.16: Metra mode of access, 2016

METRA STATION	WALKED	DROVE ALONE	DROPPED OFF	CARPOL	BUS	BIKE
111th St (Pullman)	64%	21%	7%	0%	7%	0%
111th St (Morgan Park)	23%	51%	17%	5%	3%	1%

Source: RTAMS /Metra 2016 Mode of Access to Station.

## CTA Red Line Extension

The CTA is proposing to extend the Red Line from the existing terminal at 95th Street to 130th Street, subject to the availability of funding. The proposed 5.3-mile extension would include four new stations near 103rd Street and Eggleston Avenue, 111th Street and Stewart Avenue, 115th Street and Michigan Avenue, and 130th Street and I-94. Each new station would include bus and parking facilities (see Figure 2.4, rendering of proposed Red Line Extension station.) The purpose of the Red Line Extension (RLE) Project is to reduce commute times for residents, improve mobility and accessibility, and provide connections to other transportation modes. The RLE Project could also foster economic development, where new stations may serve as catalysts for neighborhood revitalization.

In 2016, the CTA completed a Draft Environmental Impact Statement (EIS) and Section 4(f) Evaluation for the RLE Project. The Draft EIS looks at the benefits and impacts of two route options along the Union Pacific Railroad tracks, an East Option and a West Option, on the physical, human, and natural environments along the corridor and near stations. Based on public feedback, technical analysis, and agency coordination resulting from the Draft EIS, the CTA has selected a preferred alignment for the RLE Project that would utilize portions of both the East Option and the West Option. The selected route would run along the west side of the Union Pacific Railroad tracks from I-57 until approximately 108th Place, then cross the tracks and run along the east side of the tracks until 119th Street, and then continue south until the final station at 130th Street. This route minimizes the impact of the project on nearby residences and businesses, avoids the Department of Water Management's Roseland Pumping Station at 104th Street, and maximizes economic development opportunity. The tracks for the RLE would be elevated from 95th Street to 119th Street, in order to avoid potential conflicts with vehicle, bicycle, and pedestrian traffic at grade and minimize impacts.

Figure 2.6: Red Line extension project



Source: Chicago Transit Authority

The next steps in the RLE Project will be to prepare a Final Environmental Impact Statement (EIS) and to conduct preliminary engineering. CTA and the Federal Transit Authority (FTA) will complete any additional analyses and respond to public comments on the Draft EIS as part of the Final EIS. CTA will apply to the FTA for entry into the Project Development Phase of this project to pursue federal funding for construction of the project under the competitive federal "New Starts" program. Project Development and full funding for the RLE Project under this program is a multiyear, multistep process. CTA plans to continue working with the community to complete this important project.

## Transit-oriented development and equitable transit-oriented development.

Transit-oriented development (TOD) has received significant attention in Chicago since the city passed its first TOD ordinance in 2013. The goal of TOD is to create housing, jobs, and health services around public transportation. Generally, TOD assumes that there is a strong real estate market surrounding a transit station with strong demand for development and redevelopment. In the study area around the Roseland Community Medical District, the 111th Street CTA station has not yet been developed as part of the RLE project therefore the placement of a TOD is not currently possible. If a 111th Street station is built as part of this project, creative planning efforts will be necessary in order to foster new development in an area with a weak real estate market.

Equitable transit-oriented development (eTOD) promotes TOD by emphasizing equity, with a focus on affordable housing and access to transit in areas with the greatest need. In January 2019, the City of Chicago expanded its existing TOD ordinance and committed to developing an Equitable TOD Implementation Policy Plan over the next year. Currently, the area around the proposed 111th Street station has a mix of land uses, including commercial, institutional, and single-family residential development. Discussions with local stakeholders reveal that the vacant lot at the northeast corner of 111th Street and Eggleston Avenue has already been considered for potential senior housing that would parallel the goals of an eTOD.

## Pace Pulse

Pace is developing a new rapid transit network, Pulse, that will provide express bus service to commuters using the latest technology and streamlined route design. Pulse is designed to provide fast, frequent, and reliable bus service in heavily traveled corridors. Pulse will differ from regular fixed route bus service by offering limited-stop service, easy-to-find stations with weather protection, real-time bus arrival signage, and vehicles equipped with Wi-Fi and other technological advancements. (See Figure 2.7, rendering of proposed Pulse station.)

Pace is planning a network of 24 Pulse lines over the next ten years. South Halsted Street is planned as the third Pulse project to be implemented by Pace following development of the Milwaukee Avenue and Dempster Street projects. The Halsted Street Pulse line will provide service between the 95th Street Red Line Station and the Harvey Transportation Center at 153rd Street. The Halsted Street Pulse will have enhanced bus stations located approximately every half-mile along the route, with stops at 107th Street, 111th Street, and 115th Street near the Roseland study area. Recent proposals for the Halsted Street Pulse show that buses will travel in dedicated lanes and have transit signal priority, which allows buses to extend green lights to ensure on-time arrivals. The Halsted Pulse will facilitate community involvement with opportunities for placemaking and public art through the bus stops along the line.

In order to make the Halsted Pulse a reality, several years of work by Pace and its local partners will be necessary to complete an environmental review, design the stations and infrastructure improvements, and then complete construction. During this process there will be significant opportunities for involvement and input from local agencies, stakeholders, and residents. At the time of this report, the overall timeline for the Halsted Pulse had not been finalized.

Figure 2.7: Rendering of proposed Pulse station



Source: Pace

### Pedestrian and bicycle infrastructure

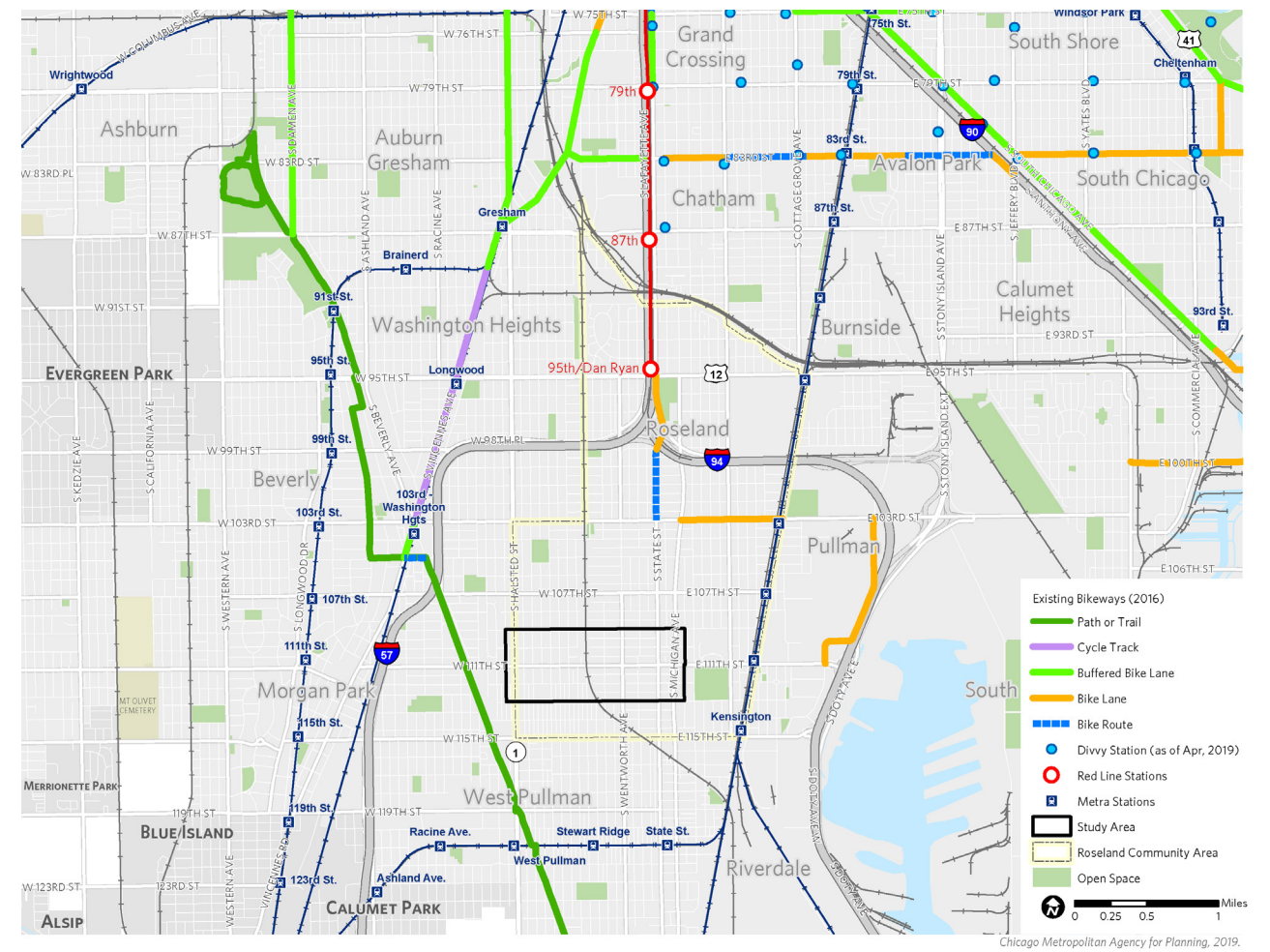
Sidewalk infrastructure along 111th Street, while sufficient, would benefit from repair. There are several areas along the corridor with split and crumbling concrete that pose a potential safety risk. There are also issues for pedestrians while trying to cross the Union Pacific railroad tracks just east of Eggleston Avenue. For the most part, the sidewalks on the north and south sides of 111th Street in front of Roseland Community Hospital are in a state of good repair. Generally, the sidewalks along residential streets in the remainder of the study area are in good condition and provide useable connections to 111th Street.

There is no bicycle infrastructure along 111th Street, such as dedicated bike lanes or marked shared lanes. There tends to be minimal bike activity along 111th Street, however the bike activity that does exist is mostly on sidewalks. Residents of the study area have access to the Major Taylor Trail, an off-street trail and named after legendary African American cyclist Marshall “Major” Taylor located just outside the study area.

The Major Taylor Trail travels southeast connecting the Dan Ryan Woods at 81st Street and Leavitt Street to the northeast corner of Whistler Woods Forest Preserve near Halsted Street south of the Little Calumet River.



Figure 2.8: Roseland trails



Chicago Metropolitan Agency for Planning, 2019.



## Section 3 ECONOMIC DEVELOPMENT

In order to prosper economically and sustain a high quality of life, the Roseland Community Medical District and the Roseland community area need to attract a diversity of business types, develop a skilled workforce, and improve and expand infrastructure. Due to the many changes that have occurred in and around the Roseland Community Area over the last year, the data contained in this section of this report was retrieved from more recent data sources than other sections.

### Key findings

- While the study area maintains a significant number of health care jobs, few people who live in the community also work there.
- Vacancy rates of retail properties in the study area are higher than the South Chicago submarket, and the city as a whole.
- Retail demand data indicates that households are visiting stores outside of the study area to meet their needs.
- There is potential for health-focused development, such as healthy food establishments, anchored by Roseland Community Hospital.



# Employment Trends

Health care and social assistance sector jobs make up a significant portion of employment opportunities in the Roseland Community Medical District study area. In 2018, the top five employment industry sectors were Health Care and Social Assistance (50.4%), Educational Services (15.3%), Other Services (9.6%), Accommodation and Food Services (5.1%), and Retail Trade (5.1%) (see Table 3.1). Two of the largest employers within the study area are Roseland Community Hospital and Fenger High School. These two institutions along with Chicago State University are the top three employers within the larger Roseland Community Area.<sup>4</sup>

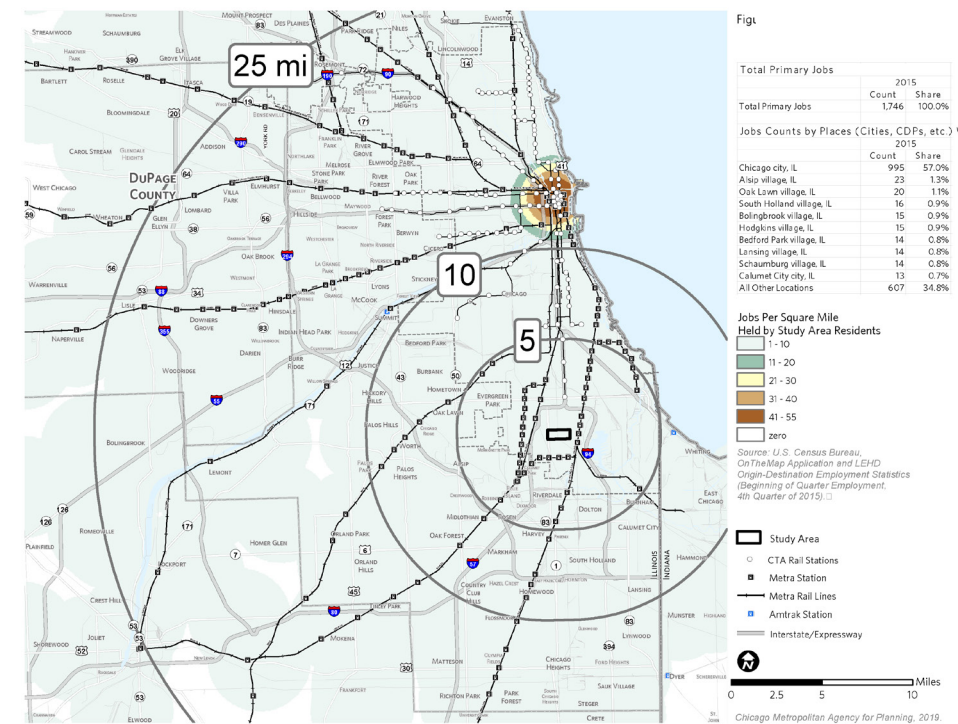
The majority of residents living in the study area are employed outside of the study area, and only about one percent of residents live and work within the corridor. Most residents of the study area work in Chicago's Loop (Figure 3.1). Residents are also working in other parts of Roseland and nearby neighborhoods, including Chatham, Burnside, and Avalon Park. Some residents work as far north as O'Hare International Airport, while still others are employed throughout the south suburbs, including McCook, Bedford Park, Oak Lawn, Alsip, and Mokena.

**Table 3.1: Employment by industry sector in the Roseland Community Medical District Study Area, 2018 and 2005**

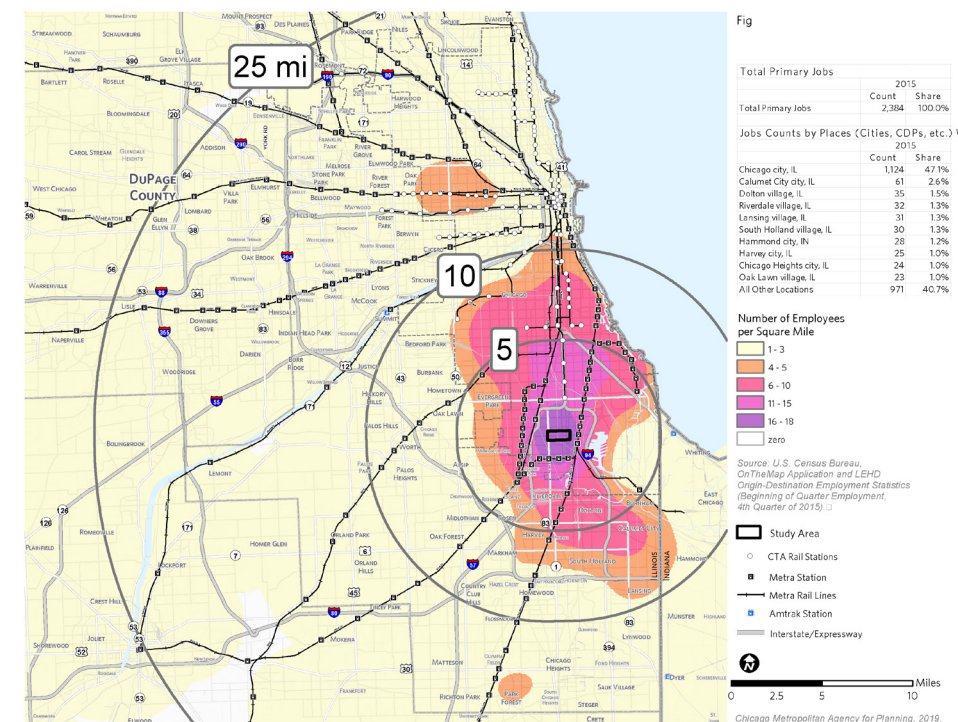
TOP 5 SECTORS FOR JOBS, STUDY AREA, 2018	COUNT	SHARE
Health Care and Social Assistance	1,098	50.4%
Educational Services	333	15.3%
Other Services (except Public Administration)	208	9.6%
Accommodation and Food Services	111	5.1%
Retail Trade	110	5.1%
TOP 5 SECTORS FOR JOBS, STUDY AREA, 2005	COUNT	SHARE
Educational Services	1,476	48.3%
Health Care and Social Assistance	897	29.4%
Retail Trade	218	7.1%
Accommodation and Food Services	143	4.7%
Professional, scientific, and Technical Services	115	3.8%

Source: US Census Bureau, On the Map Application and Esri Business Analyst

**Figure 3.1: Top employment locations of study area residents**



**Figure 3.2: Where study area workers live**



## Commercial development

The Roseland Community Medical District study area contains 499,810 square feet of retail space distributed across 62 buildings. Most of the corridor's retail inventory is located at the intersections of 111th Street with Halsted Street and Michigan Avenue. The vacancy rate of retail properties within the study area in the fourth quarter of 2018 was 5.7 percent, which is higher than the vacancy rate of retail properties in the city as a whole, and slightly higher than the South Chicago submarket (Table 3.2). As of the fourth quarter of 2018, the average asking rent for a retail space within the corridor was \$14.75 per square foot, and within the last ten years, there have been no retail buildings under construction. In 2018, the corridor had approximately \$16,340 in retail sales per household, compared to \$26,660 in retail sales per household in Chicago as a whole.

Since the retail inventory in the study area is relatively small, analyzing the trends within the city and south Chicago submarket allows for a more complete representation of larger trends within the retail landscape. As of the fourth quarter of 2018, the

vacancy rate of retail properties in Chicago was 4.3 percent, and the net absorption for retail properties was negative 254,245 square feet, meaning there were more move-outs than move-ins during this time. The average market rent for retail properties in Chicago was \$23.95 per square foot at the end of the fourth quarter of 2018.

The south Chicago retail market had a 5 percent vacancy rate and an annual net negative absorption of 227,700 square feet in the fourth quarter 2018. The negative net absorption indicates that in the south Chicago submarket more space was vacated over the last quarter than was leased up. Market rent in the south Chicago retail submarket was \$18.06 per square foot at the end of the fourth quarter of 2018 (Table 3.3). Overall trends indicate that shopping centers throughout the Chicago market are decreasing in size, partly due to the increase in e-commerce and changing consumer preferences. Meanwhile, grocery store-anchored developments, which tend to be less susceptible to the effects of e-commerce, are the main drivers of new shopping center growth.

**Table 3.2: Commercial real estate square footage and vacancy in the study area, Quarter 4 2018**

BUILDING TYPE	NUMBER OF BUILDINGS	TOTAL RENTABLE BUILDING AREA (SF)	TOTAL VACANT RENTABLE BUILDING AREA (SF)	VACANCY RATE
Retail	62	499,810	28,700	5.7%
Office	4	47,375	600	1.3%
Industrial	1	2,640	0	0.0%

Source: CMAP Analysis of CoStar Data, 2018

**Table 3.3: Retail market data comparison, Quarter 4 2018**

RETAIL MARKET TYPE	VACANCY RATE	UNDER CONSTRUCTION (SF)	MARKET RENT/SF
Study Area	5.7%	0	\$14.75
South Chicago submarket	5.0%	255,000	\$18.06
City of Chicago	4.3%	819,796	\$23.95

Source: CMAP Analysis of CoStar Data, 2018

## Shopping center locations

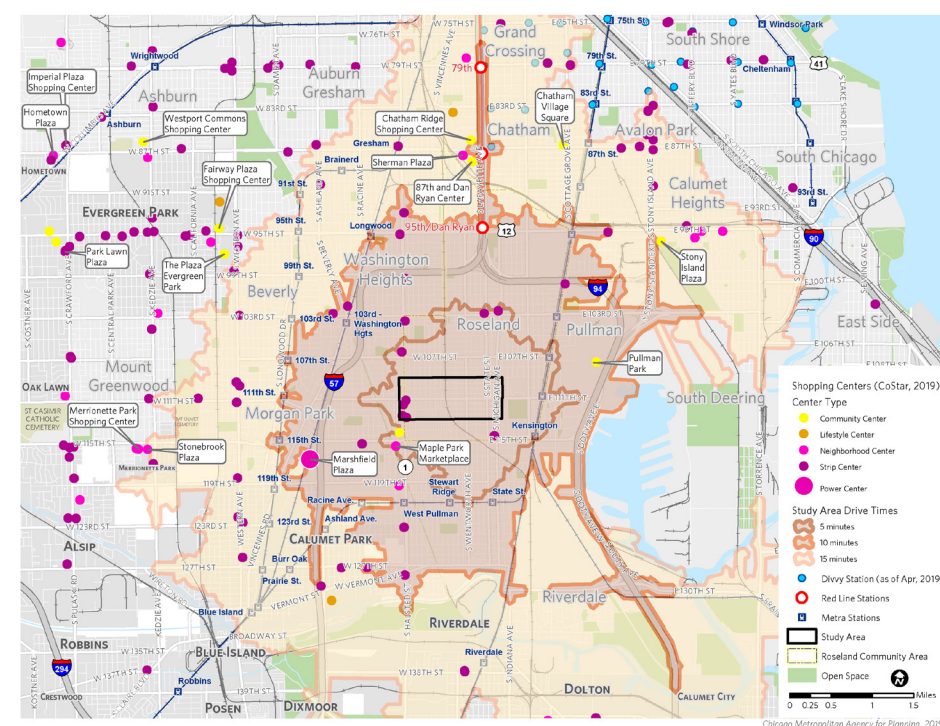
Several shopping centers are located in close proximity to the study area and offer a variety of retail options. Pullman Park is a 240,535 square foot shopping center located at 111th Street and I-94, approximately two miles from the study area. The retail center is anchored by a Walmart featuring a full-service grocery. In addition, Pullman Park includes tenants such as Ross Dress for Less, Planet Fitness, and Dollar Tree.

A number of shopping centers are located within four miles of the study area, the largest of which is the 452,935 square foot Marshfield Plaza located at 119th Street and I-57. Major tenants within this retail center include Jewel-Osco, Old Navy, LA Fitness, Burlington, and Petco. As of 2019, Target and Marshalls have closed, leaving 151,256 square feet of vacant retail space within Marshfield Plaza. The 87th Street Center located at 87th Street and I-94 is another shopping center in close proximity to the study area, and is anchored by Jewel-Osco and Burlington. The Chatham Ridge shopping center, located directly to the north of the 87th Street Center, is a 175,991 square foot retail center that features tenants such as, Marshalls, Food 4 Less, and Rainbow Clothing.

## Recent development

Several retail projects or expansions were proposed near the study area. In January 2018, a new 140,000 square foot Whole Foods Market distribution center became another major tenant of the Pullman Park retail center. Additionally, a 9,662 square foot Blue Cross Blue Shield Wellness Center within Pullman Park opened in April 2019. The facility offers free health and nutrition focused classes, and provides a gathering space that local nonprofit organizations can reserve for wellness events. Adjacent to this development, the 5,000 square foot One Eleven Food Hall located at 712-720 E 111th Street opened in May 2019. Proposed developments nearby include a 26,000 square foot retail space south of Pullman Park, and a 4,200 square foot outlot retail space within Marshfield Plaza. The 130,000 square foot space formally occupied by Target in Marshfield Plaza was recently leased by Blue Cross and Blue Shield of Illinois to be utilized as a multipurpose solution center bringing 500 jobs to the area.

**Figure 3.3: Shopping centers within 5, 10, and 15 minute drive times**



# Retail gap analysis

A retail gap analysis can estimate market support for new retail development within the Roseland Community Medical District study area. For the purposes of this analysis, retail supply and demand data was analyzed for a primary and secondary market area. The primary market area is defined as the area within a 5-minute drive of the intersection of 111th Street and Wentworth Avenue. The secondary market area is defined as the area within a 10-minute drive of the same intersection. The retail gap analysis compares the sales of businesses (“supply”) with what consumers spend (“demand”) to determine the amount of retail leakage, or surplus, occurring across various retail categories.

Retail leakage occurs when consumers spend more in a given retail category than what businesses earn in the market area. It means that consumers are spending dollars outside of the area. Retail categories experiencing leakage represent potential opportunities for growth, as local demand for these goods and services already exists, but is unmet by retail supply.

On the other hand, when businesses earn more than consumers spend in a market area, the market is saturated with customers from both within and outside the area. This is referred to as a “surplus”, and can pose a challenge for new retail development to succeed in a specific retail category.

Potential for retail development is calculated by dividing unmet retail demand by sales-per-square foot. This yields an estimate of additional retail square feet that can be supported within the market area. For the purposes of this analysis it is assumed that the retailers average \$500 per-square-foot in sales annually. Retail potential within a given category is significant if retail potential is larger than the typical store size in that category. Market analysis numbers presented in this analysis should not be interpreted as absolute numbers, but rather viewed as estimates that reveal market conditions, trends, and dynamics.

## Primary market area – 5- minute drive time

Retail leakage is occurring within the primary market area with demand outpacing supply by \$137 million in sales. When excluding non-store retailers and retailers that utilize outdoor space for sales, this translates to approximately 155,730 square feet of retail demand that could potentially be captured by new storefronts within the primary market area. The 5-minute drive time covers all of the study area, and is bounded by 103rd Street to the north, 119th Street to the south, Cottage Grove Avenue to the east, and Halsted Street to the west. The primary market area contains 32,859 people in 11,000 households, with a median disposable income of \$29,838. Several retail categories are experiencing a surplus, including clothing and accessory stores, liquor stores, and used merchandise stores. Retail categories experiencing retail leakage include food services and specialty food stores, general merchandise stores, and miscellaneous store retailers.

### *Neighborhood-supported retail*

Retail along 111th Street is essential to the Roseland Community Medical District and although it is part of the 5-minute drive time scenario, it is important to highlight its conditions and potential to become an anchor for economic development within the study area. Based on the retail gap analysis, the primary market area, defined as a 5-minute drive from the intersection of 111th Street and Wentworth Avenue, could support approximately 155,730 square feet of retail space. Because there are a number of competing shopping centers offering big box retail options near the study area, new retail along the 111th Street Corridor should be neighborhood supported, meaning it should rely on local residents and workers as potential customers to service their daily needs. The presence of Roseland Community Hospital within the corridor offers an opportunity to leverage the hospital as an asset, and attract complementary development to the area.

Health-focused establishments are examples of complementary development that could cater to the area’s residents, and workers drawn to the 111th Street corridor by the Roseland Community Hospital. Currently there is a lack of healthy food options within the corridor, and most restaurants in the immediate area are fast food establishments located along Halsted Street and Michigan Avenue. There is also a lack of specialty food stores, such as fruit and vegetable markets and food services, such as prepared “grab-and-go” food options for hospital workers, visitors, and local residents. Retail leakage data shows that demand for these types of establishments is currently outpacing supply within the corridor.

Food access is an issue in the Roseland community. Approximately 38 percent of residents have limited access to food, and only about 14 percent of adults get the recommended daily serving of fruit and vegetables.<sup>5</sup> A lack of healthy food options can lead to a variety of health problems, including obesity, which affects more than half of adults in Roseland. By attracting healthy food options and specialty food stores around the Roseland Community Hospital, the 111th Street corridor has an opportunity to fill that demand gap and increase healthy food access in the surrounding area.

Aside from healthy food establishments, complementary businesses that could be considered along the corridor include health-focused stores or pharmacies that could meet the neighborhood’s health-related retail needs, as well as recreational facilities that offer wellness and health-focused classes. By locating these complementary businesses in close proximity to the Roseland Community Hospital, there is potential for promoting health and wellness within the community, while meeting the needs of local residents and encouraging workers or visitors to spend money within the corridor.

## Secondary market area – 10-minute drive time

The secondary market area covers all of the Roseland, Pullman and West Pullman communities, as well as the eastern portion of Morgan Park. Retail leakage is also occurring within the secondary market area with demand outpacing supply by \$341 million, translating to approximately 401,000 square feet of retail space. This market area contains 100,700 people in 34,815 households, with a median disposable income of \$33,200. Retail categories experiencing leakage include, furniture and home furnishing stores, electronics and appliance stores, building materials and garden equipment stores, food and beverage stores, health care and personal stores, sporting goods and hobby stores, as well as food services and drinking places. Although the secondary market area is experiencing retail leakage in a number of categories, retailers within Marshfield Plaza, 87th Street Center, Chatham Ridge and the Pullman Park shopping centers saturate the market. Any new retail development within the secondary market area will be in direct competition with the already established retail centers.

The retail gap is calculated based on current population estimates; however, applying current spending patterns to future population growth can provide a proxy for future retail spending power within the market area. According to Esri Business Analyst’s future population estimates, there is a projected slight population loss (144 people) in the next five years. This means that the retail spending power is expected to remain roughly the same, which could increase competition among retailers within the market area.

# Economic development incentives

## Tax Increment Financing

Several existing incentive programs could support future economic development of the Roseland Community Medical District, given that retail spending power is not projected to increase in the near future. One of these programs is tax increment financing (TIF). This redevelopment tool is used to spur revitalization of certain areas determined to be in a “blighted” condition. Currently, two TIF districts exist within the study area. Nearly all of the 111th Street Corridor, with the exception of areas east of State Street, are within the boundaries of the 107th/Halsted TIF District. The area bounded by State Street to the west and Michigan Avenue to the east falls within the Roseland/Michigan TIF District. Property owners within a TIF district receive benefits in the form of subsidies for redevelopment and benefit directly from infrastructure investments. Initiatives within a TIF district may include redevelopment of vacant buildings and financing public infrastructure improvements.

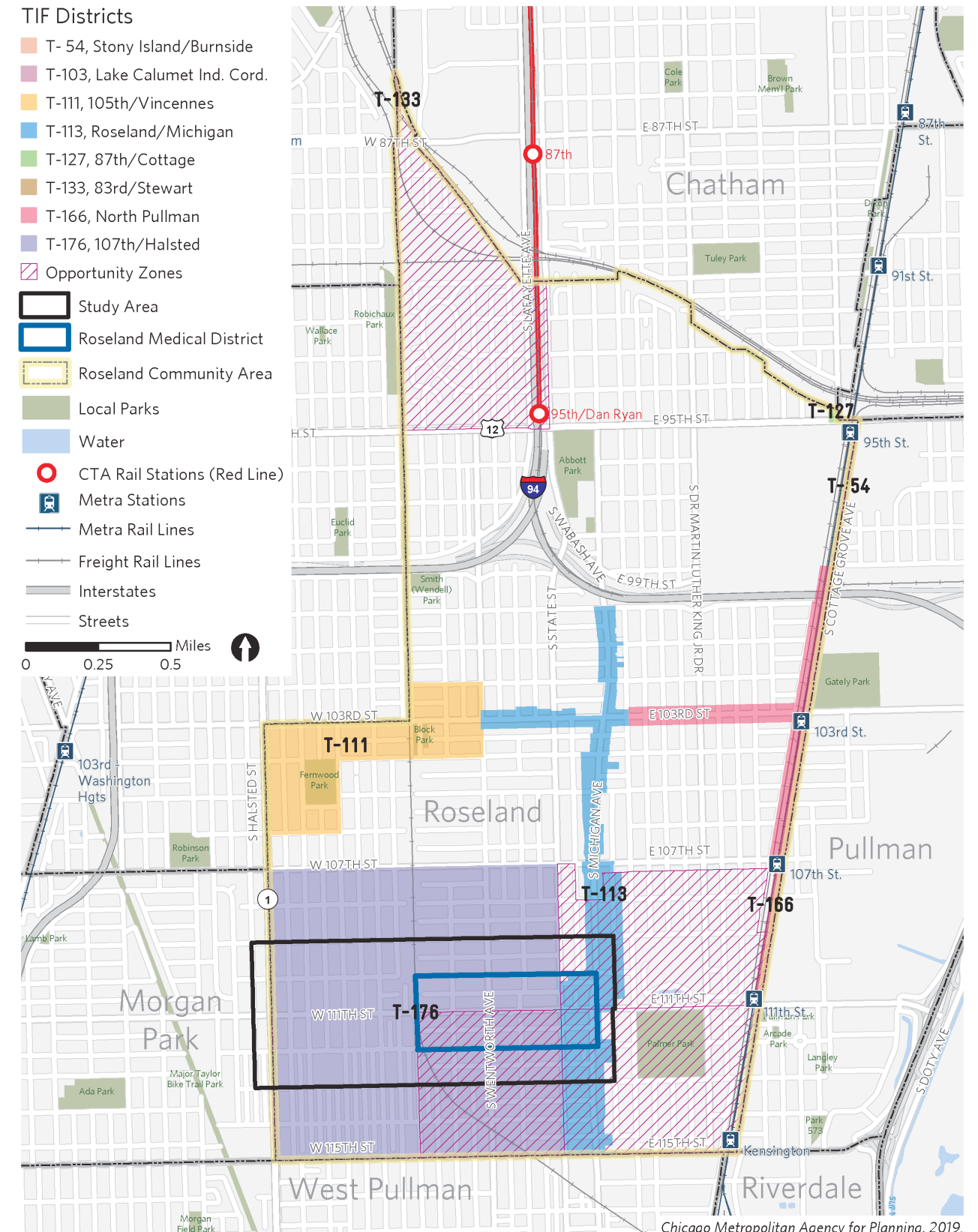
## Neighborhood Opportunity Fund

The Neighborhood Opportunity Fund is another City of Chicago program that offers incentives for certain redevelopment projects on the City’s south, southwest, and west sides. The program leverages new downtown development to generate funds that support commercial corridors in Chicago’s underserved neighborhoods. Grants up to \$250,000 are available to projects within eligible commercial corridors, which includes the 111th Street corridor. Moreover, the area located west of Wentworth Avenue along 111th Street is categorized as a priority investment corridor, which gives it extra weight during the application review process. Commercial investments involving grocery stores, restaurants, service providers and cultural facilities are eligible for funding through the program. Business and property owners can apply for grant funding that will pay for new construction or rehabilitation of existing buildings, which includes land acquisition and assembly, public improvements, design, financing fees, and employee training programs.

## Opportunity Zones

The goal of the Opportunity Zones program is to incentivize long-term private investments in low-income communities through tax benefits for investors. Investors are eligible to receive temporary tax deferrals and other tax benefits tied to long-term holdings, when they rollover unrealized capital gains into an Opportunity Fund for a minimum of five years. Private investment from the Opportunity Fund then flows to certified Opportunity Zones, which were designated by the United State Treasury Department. Portions of the Roseland Community Medical District study area are certified Opportunity Zones, including the area west of Stewart Avenue, and the south side of 111th Street through 113th Street.

Figure 3.3: Economic development incentives



# Section 4 COMMUNITY ENGAGEMENT



## Stakeholder interviews

As part of the initial research conducted for this report, CMAP staff held a series of confidential interviews with a diverse set of stakeholders to establish a comprehensive perspective from the community. Fifteen stakeholders were identified and interviewed with assistance from Far South CDC staff and partner organizations. Stakeholders included residents, community leaders, wellness campus planners, and representatives from the Roseland Community Medical District Commission, Roseland Community Hospital, business and non-profit organizations, and regional transit agencies. Stakeholders shared diverse and candid perspectives on the District's current conditions and needs, as well as visions for its future. These interviews helped shape the development of the existing conditions report. The comments below summarize stakeholders' thoughts on the key challenges and future visions for the Roseland Community Medical District.

## Key challenges

### Community wellness

While the Roseland Community Area lacks many basic resources, the Medical District has its own set of challenges. With its designation as an Illinois-sanctioned district, there is potential for growth in the area, however, a commitment to identifying problems and developing strategies for solutions is not clear. Many of the founding Roseland Medical District Commissioners serve on continuing appointments, meaning their terms have expired, but new appointees have not been selected.

Roseland Community Hospital has experienced decades of disinvestment and it receives some of the lowest rankings amongst Chicago-area hospitals. Even though it is recognized as the area's primary pulmonary care center, local residents seek medical attention elsewhere due to the hospital's poor reputation overall. Although the hospital's emergency room received a \$5 million upgrade in 2009, large portions of the hospital have not been significant updated since the 1970s.

Despite the upgraded emergency room and the hospital's rebranding efforts, the community's perception of the hospital remains unchanged. Residents have stated that they are willing to travel to Advocate Christ Medical Center, Little Company of Mary, or the University of Chicago Hospitals to receive what they consider to be more adequate medical care. Interviewees express concern with the leadership at the hospital and the ongoing administrative issues that continue to persist.

In 2017, the hospital received a failing grade in patient safety by the Leapfrog Group, a nonprofit that evaluates hospital performance on 27 measures of hospital safety. Additionally, the hospital received one out of five star rating for patient experience from the American Hospital Directory.<sup>6</sup> Although the hospital focuses on pulmonary care, residents notice an increase in the presence of cognitive health issues in Roseland and beyond. Residents report family members and elderly neighbors battling dementia and Alzheimer's disease. As previously discussed, the Roseland community area has the highest rate of Alzheimer's cases in the city.<sup>7</sup>

### Housing

In the District, much of the housing north of the hospital is dilapidated and in need of redevelopment. There is some housing stock in the area that is viable but much of it needs extensive structural maintenance. Several community members express concern over the number of vacant houses, vacant lots, and lack of property maintenance throughout the study area. Additionally, the need for affordable housing is city-wide and the lack of quality affordable housing in Roseland is prominent.

### Mobility

Residents note that people rarely choose to walk through Roseland as a means of transportation, preferring to drive their own vehicles or use ridesharing services. Residents who use CTA, Metra, and Pace say that bus service along 111th Street is unreliable and better connections to the 95th Street Red Line Terminal are needed.

### Economic development

The Roseland Community Medical District does not offer many retail options. Halsted Street and Michigan Avenue have chain restaurants and small shops, but stores do not sell everyday household goods. Residents report traveling outside of the community, to Beverly, Pullman, and even Indiana, for shopping, dining, and entertainment.

## Visions for the future

### Community wellness

The Roseland Community Medical District Commission has the potential to enact change and be a catalyst for developing new opportunities. Residents support the idea of creating a holistic comprehensive plan for the district, which addresses medical treatment, housing, recreation, healthy food options, job opportunities, and job training.

Stakeholders suggest leveraging existing educational institutions in the area such as Olive-Harvey College and Chicago State University to build on workforce development opportunities offered by the Calumet Area Industrial Commission and other local organizations. Stakeholders identify a need to help the district connect with employers within the medical industry.

Stakeholders recognize the need to offer treatment for behavioral health concerns of the community including Alzheimer's, dementia, and schizophrenia to help demystify the stigma around mental health and give a much needed boost to the District.

### Housing

Residents welcome new housing developments to the community and hope that investment in the community around the hospital will help bring more funding opportunities to the area. Vacant lots are abundant in the District and residents suggest that the parcels be repurposed for community gardens or spaces to cultivate small businesses, changing the perception of Roseland piece by piece. Residents express the desire to place more emphasis on exterior, streetscaping, and curb appeal. When new developments are proposed, residents indicate the need for developers to consider the character of the surrounding community in their designs.

### Mobility

Residents express excitement around the proposed CTA Red Line extension. Interviewees share that they feel the new rail service to the area will provide greater access to jobs, the rest of the city, and beyond.



Generally, residents feel that using a car for their daily travel is their best option as there is a lack of bicycle facilities in the area, and because personal safety remains a concern.

### Economic development

Interviewees expressed that the Roseland community is resilient and has great economic potential. With successful economic development taking place in Pullman, residents are optimistic that a similar level of energy can trickle into Roseland. With the work of organizations like Chicago Neighborhood Initiatives leading development efforts in Pullman, the hope is that a community partner will commit to bringing new restaurants and specialty stores to the Roseland area.

Residents express the desire to see new spaces to walk to, including spaces for recreation, parties, and get-togethers other than at local places of worship. Budding entrepreneurs are interested in co-working spaces and incubators to expand their businesses. Ideally, a major company (complimentary to the hospital and the District) will invest in the community, encouraging new development in the area.

# Section 5 RECOMMENDATIONS



A larger community strategy plan must be put in place for the Far South CDC and its partners to make progress toward their vision for the District. The Far South CDC and the Roseland Community Medical District should seek further assistance for the development of a health district plan for 111th Street. Much of the information included in the report is directly applicable to future planning efforts, and should be used to expedite the planning process. The focus of the plan should be to create strategies for increased collaboration around healthcare delivery, health education, recreational activities, mobility, economic development, safety, and affordable housing needs in the District. A plan that focuses on the District's assets would help the community achieve long-term economic prosperity and a high quality of life for residents. The planning process should allocate more resources to public outreach and community engagement to create a high-quality plan that allows for in-depth analysis of thematic topics, as discussed below.

In the interim, Far South CDC should use the existing conditions report and market analysis to begin making progress on the following recommendations by strategically planning with partners such as the City of Chicago, Roseland Community Medical District, Roseland Community Hospital, local businesses, local developers, educational, and nonprofit organizations. These summarized recommendations are intended to guide the scoping process for the corridor or health district plan, but should not be seen as an exhaustive list of relevant topics.

# Health District Planning Framework

Utilizing concepts from Perkins+Will's Health District Planning Framework, the Roseland Community Medical District can develop strategies to build stronger connections with members of its surrounding communities.<sup>8</sup> Perkins+Will suggests that communities should begin this process by adopting five values for health systems and the community: creating balance, promoting active living, providing accessibility, strengthening vitality, and remaining resilient. Health District Planning prepares healthcare clients for a healthcare economy where success is measured by the efficiency and quality of health outcomes. Perkins+Will encourages implementation of those values through their 4 P's of Health District Planning: population health, place, partnerships, and performance. Recommendations for the District using this framework are outlined below. These recommendations (and the Perkins+Will organizational structure) could also form the backbone of the envisioned health district plan.

## Population health

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

## Place

Leaders from Roseland Community Hospital and the Roseland Community Medical District should work with local developers to create a sense of place for the study area. Patients and other patrons typically expect health facilities to be clean, inviting, and modern. While Roseland Community Hospital has made improvements to its emergency department and its main entrance, the rest of the hospital has not seen updates since the 1970s. An outdated medical facility with older equipment will not attract as many potential patients as its more modern counterparts. The Roseland Community Medical Commission and the hospital need to identify strategies to create an appealing aesthetic for the hospital and the District as a whole. The medical offices and retail storefronts across 111th Street from the hospital have the potential for complementary development, but vacancy in this development has been an issue. According to Perkins+Will, placemaking in health districts should focus on the street level interface between facilities and surrounding communities as well as memorable public places that support vibrant community life. These attributes should be taken into consideration by future developers to satisfy residents' desires for improved streetscaping and community beautification.

## Housing

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

Health providers in peer communities have been leaders in funding affordable housing development in the communities they serve in to address aspects of the built environment that negatively impact community health. For example, Bon Secours Health System in Baltimore, is partnering with residents in Southwest Baltimore to develop more than 650 units of affordable housing. This partnership has converted more than 640 vacant lots into green space over the past two decades.<sup>9</sup>

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

## Mobility

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

## Economic development

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



## Partnerships

The future of the hospital and the District rely heavily upon the decisions made by the Commission and the hospital's Board. According to Perkins+Will, healthcare institutions must seek a broad coalition of partnerships within their communities in order to create the continuum of care necessary to become accountable care organizations. The District will need to seek partnerships with complementary organizations to not only extend their reach within the community, but also to increase their breadth of services and improve their image. One potential partner could be Blue Cross and Blue Shield of Illinois' Blue Door Neighborhood Center, established about one mile east of the hospital on 111th Street in the neighboring Pullman community. Additionally, Blue Cross and Blue Shield of Illinois plans to open a new multipurpose solution facility in Marshfield Plaza on 119th Street. As an essential job creator for the area and as a complementary service provider, a partnership with Blue Cross and Blue Shield of Illinois could greatly benefit the corridor and the District.

Other partnerships could be made with local educational institutions such as Olive-Harvey College and Chicago State University. These institutions offer relevant programming that could produce new members of the District's workforce. Chicago State University, which offers degrees in health sciences and pharmacy, could serve as an excellent partner for the hospital and other complementary entities in the area. Olive-Harvey, with course offerings in business and communications, could provide training, resources, and the information on entrepreneurial activities within the district.

## Performance

The District's official designation from the state of Illinois presents opportunities for leveraging the power of the Roseland Community Medical Commission to advocate for improved overall community wellness. In order to improve the health of a population at the district scale it is important to measure and track health factors over time. Considering how the hospital has struggled over the years to meet the community's expectations for adequate health care, developing performance measures is imperative. The District should work with the hospital's leadership to develop a new vision, goals, and framework that includes new standards for care. The hospital will need to accurately and transparently measure their progress.

It is imperative that Far South CDC, the Commissioners, and the leadership of the hospital work together to approach opportunities for future development holistically, inclusively, and transparently to gain the trust of community members. Additionally, they will need to work in partnership with medical practitioners and community health experts on best practices to better serve the community.

## Endnotes

1. Perkins+Will Research Journal: A Vision and Planning Framework for Health Districts of the Future, Vol. 06.06, 2014.
2. In 2016, the Chicago Department of Public Health (CDPH) launched Healthy Chicago 2.0, a plan focused on ensuring a city with strong communities and collaborative stakeholders, where all residents enjoy equitable access to resources, opportunities and environments that maximize their health and well-being. <https://www.chicago.gov/city/en/depts/cdph/provdrs/healthychicago.html>
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6. American Hospital Directory listing accessed 8/12/2019 [https://www.ahd.com/free\\_profile/140068/Roseland\\_Community\\_Hospital/Chicago/Illinois/](https://www.ahd.com/free_profile/140068/Roseland_Community_Hospital/Chicago/Illinois/)
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