

Cedar Rapids Medical Self-Supported Municipal Improvement District Commission

# Med**Q**UARTER

Regional Medical District™

## Master Development Plan

### State of the District Report

September 13, 2013



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## ACKNOWLEDGEMENTS

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*Quality healthcare has its place.*

**Med**QUARTER  
Regional Medical District™

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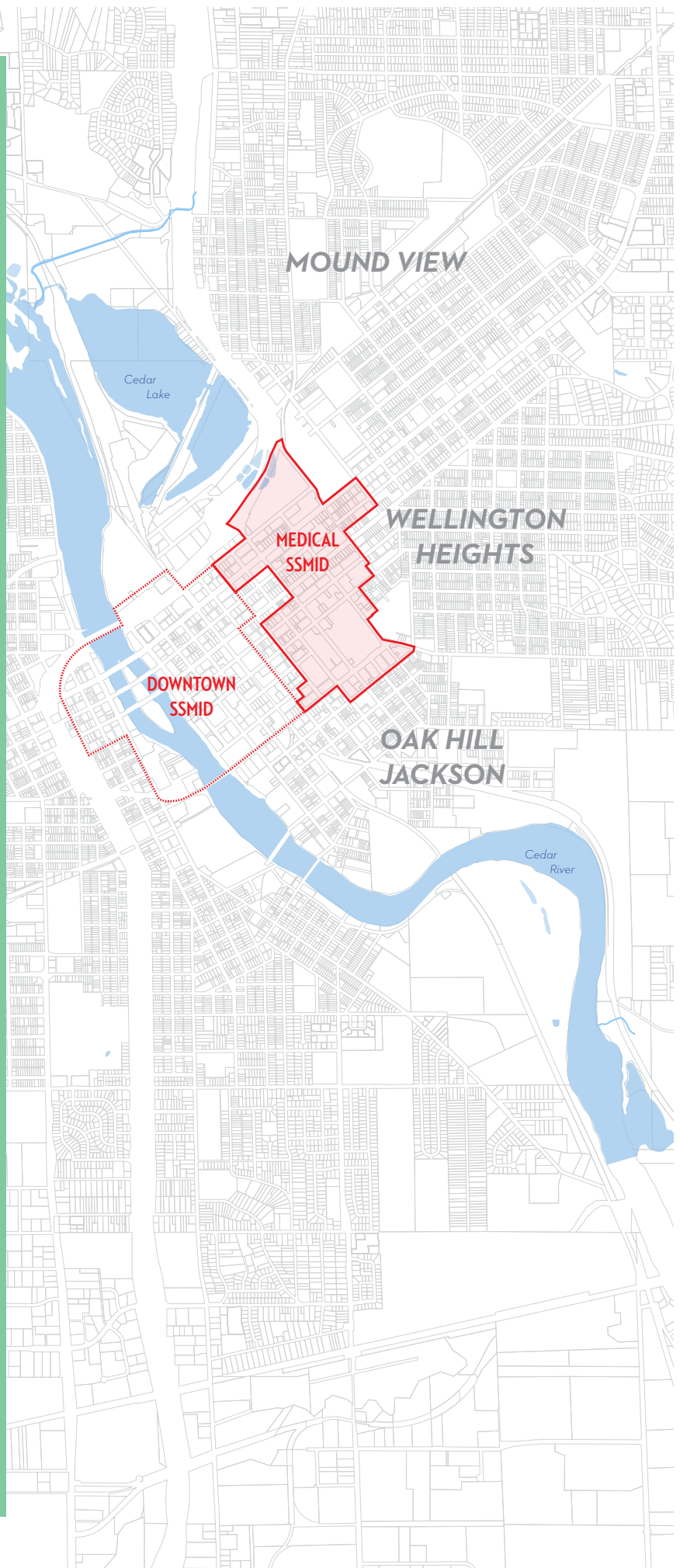
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## What is a SSMID?

A SSMID (Self Supported Municipal Improvement District) is an area of contiguous property within a city with a defined boundary, either zoned for commercial or industrial purposes or a duly designated historic district. A SSMID is initiated by area residents and business owners through a petition and ordinance process. Once approved by the municipal government, an additional tax levy is imposed on property within the SSMID District. The added revenues can be used for improvements to the District, administrative fees, and debt for the cost of improvements. Cedar Rapids currently has two SSMID districts: the Downtown SSMID and the Medical SSMID. For the Medical SSMID, the additional tax is assessed at a rate of \$3.75 per \$1,000 assessed value. The Medical SSMID tax levy rate was determined by the SSMID Commission and authorized as part of the petition and ordinance process. Iowa state law sets no minimum or maximum rates.

In addition to the levy paid on their taxable properties, UnityPoint Health - St. Luke's Hospital and Mercy Medical Center voluntarily contribute funds to the SSMID on behalf of their tax exempt properties. Both St. Luke's and Mercy Medical Center understand the importance of their role in the development of the MedQuarter and are eager to make a financial investment in its future. The SSMID Board has procured a contractual relationship with these entities outlining their contribution and resulting benefits. The Medical SSMID assessment started in October of 2012, and will expire in 20 years.





# INTRODUCTION

Five years after the Flood of 2008, the City of Cedar Rapids, Iowa is well on its way to a full recovery. The City's economy is growing, new cultural institutions, programming, and facilities have been implemented, and City leadership is supporting a number of planning initiatives to help ensure the City's growth as a regional destination for residents, employers, and visitors. One such initiative, the subject of this report, is the master planning for the City's central medical district, the MedQuarter Regional Medical District.

The MedQuarter is located immediately northeast of downtown Cedar Rapids. The MedQuarter was initially conceived as one of nine districts surrounding and including the downtown in the 2007 Vision Cedar Rapids Downtown Framework Plan prepared by JLG Architects. The 2007 plan envisioned the Medical District as a dense and well-defined district of medical uses.

Following the 2008 Flood, which forced many evacuations and caused significant damage, the City of Cedar Rapids undertook extensive planning efforts to ensure that the City emerged from flood recovery efforts as a greater city than ever before. The planning efforts included detailed neighborhood plans, completed by Sasaki Associates at the end of 2008. In 2012, JLG Architects completed an update to their Downtown Framework Plan, expanding the geographic area of the plan and re-prioritizing plan goals and objectives. Every major planning effort completed by and for the City of Cedar Rapids since the 2007 Downtown Framework Plan has recommended the formation of a well-defined medical district next to downtown.

To kick start this effort, in November of 2009 a steering committee was formed to vet and guide the process of initiating a Medical SSMID. A petition campaign took place in early 2011, and at the end of April of the same year the Cedar Rapids City Council unanimously approved the SSMID petition. Following a June 2011 public hearing, the City Council approved establishing a Medical District in September of the same year. In January 2012, Mayor Corbett appointed a Medical SSMID Commission. The Medical SSMID Commission held its first meeting on February 8, 2012.

The Medical SSMID Commission has established a number of sub-committees focusing on a range of initiatives, including: marketing and branding, district services, and master planning. These subcommittees include appointed SSMID Commission members, as well as other selected MedQuarter stakeholders. In 2010 the Marketing and Branding Steering Committee worked with J.W. Morton and Associates to develop a brand for the district, officially naming the district MedQuarter Regional Medical District. In April of 2013, the Medical SSMID Commission engaged the Lakota Group team to oversee a master planning process for the MedQuarter.

Once complete, the master plan will:

- Define a shared community vision for the MedQuarter
- Define goals and objectives for the MedQuarter
- Define a bold and action oriented FIVE YEAR strategic plan

The plan, grounded in community and stakeholder support, will guide future development in the MedQuarter, helping the MedQuarter establish itself as a recognized destination for high quality healthcare that addresses the needs of both visitors and Cedar Rapadians.



Intersection of 1st Avenue SE and 10th Street SE  
May 2013

# VISION, GOALS, AND OBJECTIVES

A first step of the master planning process is developing a community-supported vision for the MedQuarter. Guided by feedback from stakeholders, the following vision has preliminarily been established:

By 2032, the MedQuarter will be nationally recognized as a...

high-tech, progressive, cutting edge, coordinated, vibrant, campus-like, eclectic, holistically healing, highly collaborative, clean, safe, open, high quality, and consistently branded

...destination to live, work, and heal that delivers high-quality, low-cost health care.

As the master planning process progresses, the preceding vision statement will be vetted with the community and edited appropriately for the final master plan document. To support the vision, four goals for the MedQuarter, supported by past planning efforts, are identified to guide the master planning process. These goals are relevant to MedQuarter economic development, MedQuarter hospitality and cultural aspirations, MedQuarter functionality, and the MedQuarter's role in the City of Cedar Rapids' growth and development.

## **Actively promote economic development**

- Promote the MedQuarter as a major rural referral center, competitive with other regional medical centers.
- Promote investment and creation of new businesses within the MedQuarter, and, once new businesses are established, effectively leverage the positive impacts of new development to benefit the entire district.
- Collaborate on economic development initiatives with City of Cedar Rapids, Cedar Rapids Downtown SSMID, Cedar Rapids Metro Economic Alliance, Entrepreneurial Development Center and neighborhood associations.
- Support growth of local independent businesses by attracting more patients and customers to healthcare-oriented businesses in the MedQuarter through strong, coordinated marketing, branding, and communication efforts.

## **Deliver a superior visitor experience**

- Establish a distinct MedQuarter through the implementation of high-quality improvements within the public right of way and the encouragement of high-quality improvements on private property.
- Clearly identify the location of the MedQuarter within the City of Cedar Rapids, and implement a coordinated and comprehensive wayfinding system within the MedQuarter to sequence visitors to their destinations.
- Create signature public open space that is a destination and contributes to the healing environment of the district and is a destination in its own right
- Plan for special programming opportunities within the MedQuarter that activate the public realm.
- Enhance security within the MedQuarter through public and private sector collaborations, to help encourage a 24-hour district.
- Improve maintenance within the MedQuarter through both public and private contributions to help ensure a consistent high-quality character now and in the future.

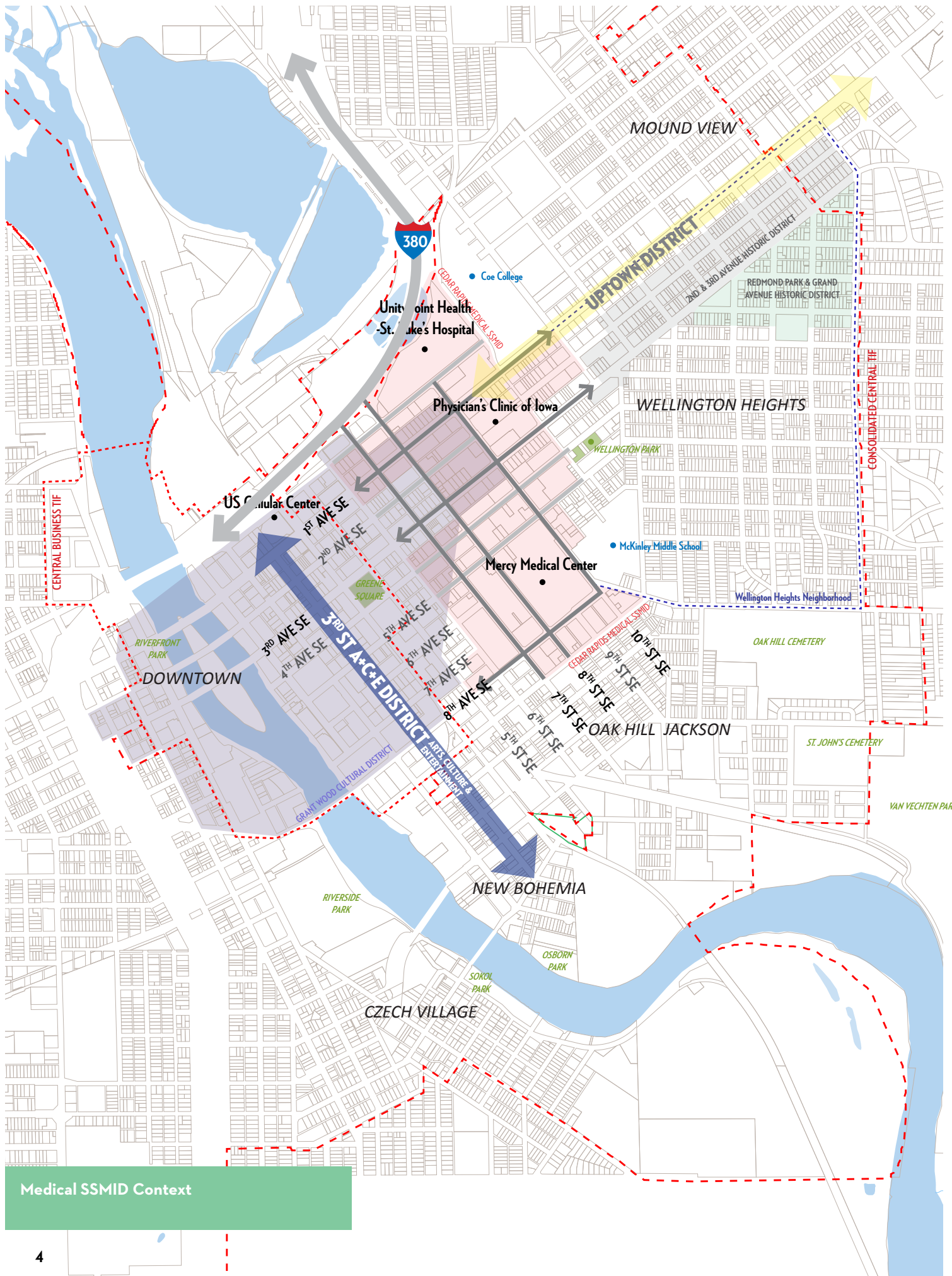
## **Improve the quality of healthcare available within the MedQuarter**

- Increase collaboration of services between institutions within the MedQuarter.
- Leverage the MedQuarter brand to help draw top quality physicians to district healthcare institutions.

## **Contribute to the growth of Cedar Rapids**

- Respectfully integrate MedQuarter development with adjacent neighborhoods and districts
- Clearly define the role of public and private sector interests and continue to strengthen private-sector control and accountability to carry out enhanced public services.
- Elevate the MedQuarter and the City as a whole by establishing a unique district character and environment attractive in the recruitment and retention of medical business and ancillary uses.





Medical SSMID Context

## MEDQUARTER RESOURCES

Previous planning efforts have supported the creation of the MedQuarter for good reason. The 180-acre district is home to Cedar Rapids' two hospitals, and the new PCI Medical Pavilion. The close proximity of these important medical institutions and the many smaller medical uses surrounding the facilities provide the practical foundation of the district. However, beyond the fundamental relationship of the medical uses, there are many other existing resources that will contribute to the success of the MedQuarter.

The project team has inventoried and analyzed a number of these resources including:

- Stakeholder priorities
- Land use
- Property ownership
- Zoning and development codes
- Access and circulation
- Parking
- Bicycle and pedestrian accommodations
- Utilities and infrastructure
- Character and condition

A summary of the analysis is included on the following pages.

## STAKEHOLDER INTERESTS

During the State of the District project phase the project team has connected with and engaged a wide spectrum of stakeholders, including a variety of district users, community organizations, and jurisdictional agencies. Each of these groups use the MedQuarter differently, and each group has very distinct interests. The following pages provide a summary of major stakeholder groups and their particular interests and priorities for the MedQuarter. A full list of stakeholder organizations the project team has talked with so far is listed on page 9, and detailed summaries of the May 23 public open house, stakeholder focus group feedback, and the online survey can be found in the appendix of this document.

The **Medical SSMID Commission** is a commission of representatives from the MedQuarter, appointed by the Mayor in January 2012, that govern the Medical Self-Supporting Municipal Improvement District (Medical SSMID), a self-imposed 20 year taxing district. Representatives from the major medical service providers of the district including Mercy Medical Center, Physicians Clinic of Iowa, and UnityPoint Health - St. Luke's Hospital serve on the commission, along with medical clinics and practices, property owners, and owners of other small and large businesses within the MedQuarter district boundaries. The Cedar Rapids Medical Self-Supported Municipal Improvement District (Medical SSMID or MedQuarter) is the result of Vision Cedar Rapids Plan Framework and the 2009 Neighborhood Planning Process which developed districts to grow Downtown Cedar Rapids. The **Medical SSMID Master Development Plan Steering Committee** was formed in the early spring of 2013 to guide the MedQuarter master planning process. The Committee consists of Medical SSMID Commission members as well as other representatives from the district. Both the Commission and the Steering Committee are interested in building consensus and developing an achievable master plan to help ensure the successful growth of the MedQuarter.

**UnityPoint Health - St. Luke's Hospital (St. Luke's)** and **Mercy Medical Center**, Cedar Rapids' two hospitals, both have large campuses within the MedQuarter. Both campuses included facilities offering inpatient acute care (offering approximately a combined 800 beds

between both facilities), and both St. Luke's and Mercy Medical Center offer extensive outpatient healthcare services within the MedQuarter.

Because of current governmental and private payer reimbursement rates, healthcare delivery has been trending more and more towards less costly outpatient services. The Affordable Care Act will reinforce this trend in the future. This transition towards more outpatient care will have implications for land use and development patterns in the MedQuarter, as both St. Luke's and Mercy Medical Center adjust their operations. At this time, it appears that both St. Luke's and Mercy Medical Center are prepared for the transition, controlling enough land within the MedQuarter to regenerate their campuses. In fact, together, the two entities control almost two-thirds of the total land in the MedQuarter. This will allow both institutions the flexibility to accommodate future facility development demands tied to emerging healthcare trends and medical technologies.

Even with the trend towards outpatient facilities, both St. Luke's and Mercy Medical Center will also require ongoing upgrades to their hospital-based acute inpatient care facilities to stay current with advances in technology and building codes.

St. Luke's and Mercy Medical Center are interested in the ability to grow within the MedQuarter in the short and long term. The two institutions are interested in convenient access and enhanced aesthetics. They are also interested in the growth of a vibrant MedQuarter, and success of Cedar Rapids as a whole to help them attract and retain top-level healthcare professionals and workforce.

**Physicians Clinic of Iowa (PCI)** is a large, integrated physician practice made up of physicians and other care providers that can offer a complete spectrum of healthcare services covering most medical evaluations and problems. They offer one-stop shopping for a large array of diagnostic and therapeutic services. Their physicians cover a range of secondary and tertiary (specialty) care services. The services offered at their main facility in the MedQuarter provides for close collaboration between medical specialties enhancing patient care.



PCI has a history of growth and expansion by adding clinical expertise and additional clinic sites. Proximity to regional medical facilities is a key element in the decision on where to locate. In the MedQuarter, PCI's physicians have convenient access to inpatient services and major diagnostic and therapeutic services at two highly regarded hospitals, St. Luke's and Mercy Medical Center. This close proximity to inpatient care creates more efficient use of a physician's time and facilitates improved patient communication. Cross discipline collaboration on more complicated medical cases is also enhanced and, in turn, improves outcomes, provides for better patient care, and improves patient satisfaction.

The new PCI Medical Pavilion has served as a catalyst for recent infrastructure improvements within the district. PCI's future growth plans for their MedQuarter location can be accommodated within the geography of the district. Like St. Luke's and Mercy Medical Center, PCI is interested in convenient access, parking, and the success of a vibrant city and district to help attract and retain employees.

Independent **clinicians, healthcare professionals, and medical service providers**, located in the MedQuarter, may or may not be located there due to access to both hospitals. If they are not there because of the hospitals, they may be there in order to be centrally located in the Cedar Rapids market. There is a significant number, and a wide variety (including general practitioners, pediatricians, dentists, orthodontists, ophthalmologists, obstetricians, gynecologists, plastic surgeons, and others) of such practices within the MedQuarter. Their presence is an asset to the continuum of care in the district. Similar to the large-scale entities, they want convenient access, parking, and long-term planning.

**Patients** are another important MedQuarter stakeholder group. Many MedQuarter patients do not live in Cedar Rapids or other large urban areas, but come from rural farms and small towns, and the average stay in the MedQuarter for an inpatient hospital visit is three nights. Therefore, patients are looking for simplicity in all things, including ease in finding his or her destination, safety and security outdoors – especially when interacting with the site and walking to another destination. Family accommodations for

**Family Medicine Specialists, PC**  
**Pediatric Center, PC**  
**Ob-Gyn Associates, PC**  
**Ob-Gyn Specialists, PC**  
**The Gastroenterologists, PC**  
**Affiliates of Family Practice of Cedar Rapids**  
**Family Physicians of Cedar Rapids, PC**  
**Dr. Mary Ann Nelson**  
**Dr. Robert Barry**  
**Dr. Leslie Kramer**  
**Dr. John Wollner**  
**Dr. Winthrop Risk**  
**Dr. John Vander Zee**  
**Wolfe Eye Clinic**  
**Weland Clinical Laboratories**  
**Iowa Eye Care**  
**Cedar Rapids Oral Surgery Group**  
**Dr. Larry A. McCray**  
**Dr. Brady Novak**  
**Dr. Ron Hanneman**  
**Cedar Rapids Smile Center**  
**Chiropractic Healthcare Associates**

**A partial list of MedQuarter independent clinics, practitioners, and laboratories. A comprehensive list of independent providers located within the MedQuarter does not exist at this time, but is being developed by the SSMID Commission.**

overnight stays. Patients are also interested in access to best expertise available, including access to national expertise through their local physician or provider, that could be facilitated by a patient information system that can be accessed by all providers and eliminates redundancy in providing the same information multiple times.

Independent **retailers** and business alliance organizations like **Uptown Cedar Rapids** north of district would like to see economic development in the district. They are also interested in activity generators, aesthetic improvements, neighborhood safety, a wider variety of commercial uses, as well as convenient access and parking – all to improve the customer experience throughout the district.

A number of **faith-based institutions** are located within the district, including First Lutheran Church, Immaculate Conception Church, and Bethel African Methodist Episcopal Church. These institutions provide a weekend and evening population to the district, and some provide social services to the community. Faith-based institutions are interested in convenient access and parking, as well as access to goods and services like restaurants for their parishioners.

A number of city **educational institutions** have a presence in the district including Coe College. Coe College owns the Hampton Court Apartments on the south side of 1st Avenue. In addition, McKinley Middle School is located just outside of the Medical SSMID at the corner of 8th Avenue and 10th Street. These institutions are interested in keeping the medical district safe for their students.

**Developers and other potential investors** are interested in land that can be acquired at a reasonable cost to ensure a reasonable return on investment. Land values in the MedQuarter are relatively high, therefore the potential for market-rate residential development within the MedQuarter is limited, due to residential developers' inability to pay as much for land compared with office and medical office users. Development in the MedQuarter faces the same challenges as other Cedar Rapids neighborhoods, including low rent

prices, and residential development will likely need to be incentivized or otherwise supported by local institutions.

The **Cedar Rapids Metro Economic Alliance** combines the economic and community development efforts of the former Cedar Rapids Area Chamber of Commerce, Cedar Rapids Downtown District and Priority One. Through core functions of business support, economic development, community development and public policy, they strive to be the top economic growth region in the country. One of the Economic Alliance's core functions is Community Development, which includes growing core central districts in Cedar Rapids. The Medical SSMID Commission has entered in to a professional services agreement with the Economic Alliance; in turn, the Economic Alliance provides the Medical SSMID Commission with professional services including communications, organizational, and administrative support, etc. The Economic Alliance is interested in strengthening economic development in the greater Cedar Rapids region by building upon potential synergies generated by development in the MedQuarter.

Neighborhood organizations such as the **Wellington Heights Neighborhood Association** and the **Oak Hill Jackson Neighborhood Association** represent nearby residents. Both associations work to promote the positive aspects of neighborhoods through public relations efforts, and work to increase the safety, prosperity and general well-being of neighborhood residents. These organizations and the nearby residents they represent are interested in having a voice throughout the planning process to work towards improvements that are mutually beneficial to the MedQuarter and the surrounding neighborhoods.

**Cedar Rapids Downtown SSMID District** was initiated in 1986 for community development, streetscape and beautification improvements. This action, the dedication of local leaders and the cooperation of the City of Cedar Rapids, gave downtown an opportunity to renew itself, and helped create the emerging downtown neighborhood we enjoy today. Today, the SSMID Commission comprises property owners and

representatives appointed by the Mayor to continue these initiatives. The Downtown SSMID Commission works closely with the Economic Alliance to help carry out the commission's strategic plan and meet its goals. Downtown SSMID is interested in creating a symbiotic relationship with the Medical SSMID.

**Historic preservation advocacy groups** such as Save CR Heritage are active in the district. The MedQuarter is home to a number of historically significant properties, including six buildings that are listed on the National Register of Historic Places. Historic preservation advocates are interested in the responsible preservation, restoration, and maintenance of historic properties within the MedQuarter.

**Four Oaks** is one of Iowa's largest agencies dedicated to child welfare, juvenile justice and behavioral health. Headquartered in Cedar Rapids, the agency and its affiliates serve more than 14,000 children and families each year in all 99 Iowa counties. In 2012 Four Oaks partnered with Diversity Focus, Regional Economic Development Institute (RED-I), and the Affordable Housing Network (AHNI) to formulate an economic development strategy, provide job preparation opportunities, improve housing, and transform neighborhoods in under-served communities. These partners are active in the adjacent Wellington Heights neighborhood, and are interested in the potential for affordable housing opportunities within the MedQuarter.

Cedar Rapids was designated a **Blue Zone** demonstration community in January 2013, and will therefore receive assistance from national and international experts to turn Cedar Rapids into a Blue Zones Community, a city where people live measurably longer lives. The Blue Zones Project will help Iowans change their built environments through a community-by-community, business-by-business movement that implements healthy living initiatives. The Blue Zones Project is a collaboration between Wellmark Blue Cross and Blue Shield and Healthways as a part of Governor Branstad's Healthiest State Initiative, a statewide effort to make Iowa the healthiest state in the nation by 2016. The Blue Zones mission complements the vision for MedQuarter

development, and consideration of how MedQuarter improvements might help Cedar Rapids achieve Blue Zone Community status should be incorporated into the master planning process.

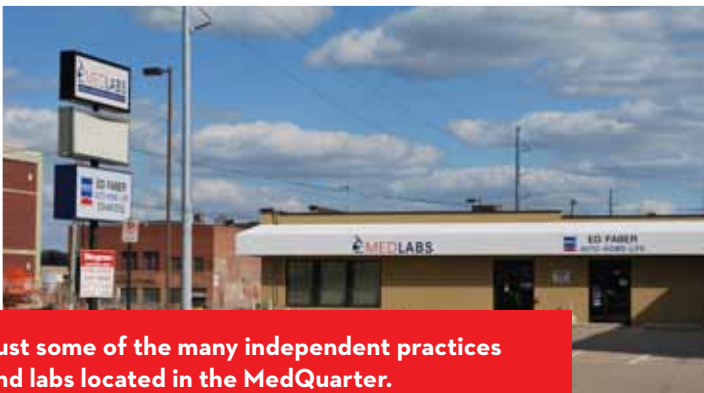
**Iowa's Creative Corridor** represents one of the largest laborsheds in the state of Iowa. The economic development representatives of the area have created a strategic, seven-county alliance dedicated to economic progress, workforce development, and helping amazing ideas grow.

A number of **cultural institutions** are located within the district, including: Koehler History Center, Grant Wood Studio, and the Iowa Masonic Library. Patrons of these facilities provide weekend and off-peak populations to the district. Patrons and employees of these facilities are interested in convenient access and parking, as well as convenient access to restaurants and shopping.

The **City of Cedar Rapids** is interested in seeing the MedQuarter grow as a successful, vibrant, economically stable entity to help bolster the vibrancy of other districts, including the downtown; and seeks to grow a robust tax base to provide return on Cedar Rapidsians' investment in MedQuarter public improvements.







Just some of the many independent practices and labs located in the MedQuarter.

124 Investment Corporation	Pediatric Center, P.C.
Affordable Housing Network	Physicians' Clinic of Iowa, P.C.
Ausadie Building	Riley's Café
Blue Zones Project	Schnoor Bonifazi Engineers
Bradley & Riley	Skogman Commercial Realty
CarePro / CPI	St. Luke's Dental Health Center
Cedar Rapids Community School Board	UnityPoint Health - St. Luke's Hospital
Cedar Rapids Historic Preservation Commission	Helen G. Nassif Community Cancer Center
Cedar Rapids Metro Economic Alliance	St. Paul's United Methodist Church
City of Cedar Rapids	Save CR Heritage
Citywide Cleaners, Inc.	Uptown Cedar Rapids
Coe College	Wellington Heights Neighborhood Association
Down to Earth Development, LLC	
Downtown SSMID Commission	
Family Medicine Specialists, P.C.	
Family Voices	
First Congregational Church	
First Lutheran Church, ELCA	
First Presbyterian Church	
Four Oaks	
Grand Masonic Lodge of Iowa	
Group 411	
Hall and Hall Engineers	
Hatch Development Group	
Heritage Property Management	
Iowa Senate	
Iowa Eye Care	
Kathy's Pies	
Kirkwood College	
Linn County Historic Preservation Commission	
Medical SSMID Commission	
Mercy Medical Center	
Neighborhood Development Center	
Oak Hill Jackson Neighborhood Association	
Olinger Investment Corporation	
Park Cedar Rapids	

Stakeholder groups represented in State of the District phase interviews.

## LAND USE

Land use in the MedQuarter is generally characterized by healthcare related uses and parking facilities. Some small clusters of commercial uses, residential uses, and significant historic properties are scattered around the district. Like downtown Cedar Rapids, 1st Avenue is the MedQuarter's major commercial thoroughfare, and is home to a small number of restaurants, small shops, and a convenience store.

**Medical uses** dominate the MedQuarter. St. Luke's and Mercy Medical Center, the two hospitals in Cedar Rapids, and Physician's Clinic of Iowa, P.C. (PCI), Cedar Rapids' largest physician multi-specialty group, serve as the anchors of the MedQuarter. The MedQuarter is also home to many independent clinics and medical service uses like labs and medical supply retailers. Medical facilities require a large amount of parking, and most facilities have their own private parking facilities. As a result, a large portion of MedQuarter land is currently used for surface parking.

Retail-oriented **commercial uses** within the MedQuarter are concentrated along 1st Avenue SE. There is also a small cluster of retail uses along 8th Street near the intersections of 2nd Avenue and 3rd Avenue.

There are few existing **residential uses** in the MedQuarter. Some multi-family residential uses are located along 1st Avenue, including the historically significant Ausadie Building. Coe College owns the Heritage Square apartment buildings on 1st Avenue, they are used for student housing. Small clusters of multi-family residential units are also located along the east end of 2nd Avenue and at the west end of 4th Avenue. Some of the multi-family buildings in the district appear to be used for social service programs such as group homes or transitional housing. A small number of single-family houses remaining in the district.

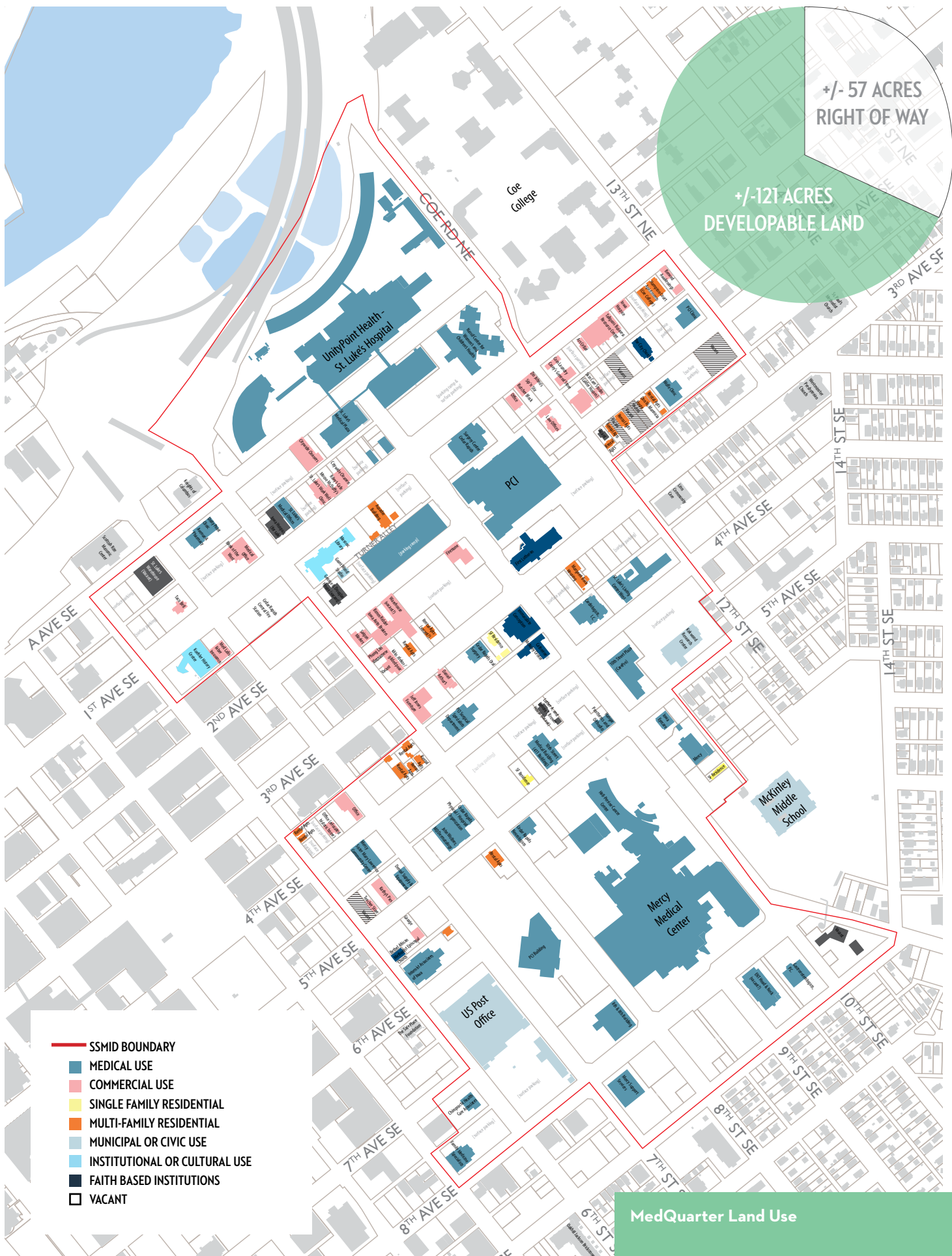
The two **municipal and civic uses** located within the district include the new Cedar Rapids Central Fire Station at 1st Avenue SE and 3rd Street SE and a the main US Post Office facility located at 6th Avenue SE and 7th Street SE.

There are a number of noteworthy **institutional and cultural uses** within the MedQuarter, including churches, the Iowa Masonic Library, a history museum, and the Grant Wood Studio. These institutions are valued by the community and will continue to contribute to the character of the district in the future.

A number of **vacant parcels** exist in the MedQuarter. Vacant sites that sit empty are concentrated northeast of 10th Street along 2nd Avenue. There is also a perception among the community that many of the medical office buildings in the MedQuarter have high vacancy rates.

There are no significant existing public **parks or open spaces** within the MedQuarter. Significant and proximate open spaces include the quads at Coe College, the athletic fields at McKinley Middle School, and Green Square downtown.





## PROPERTY OWNERSHIP

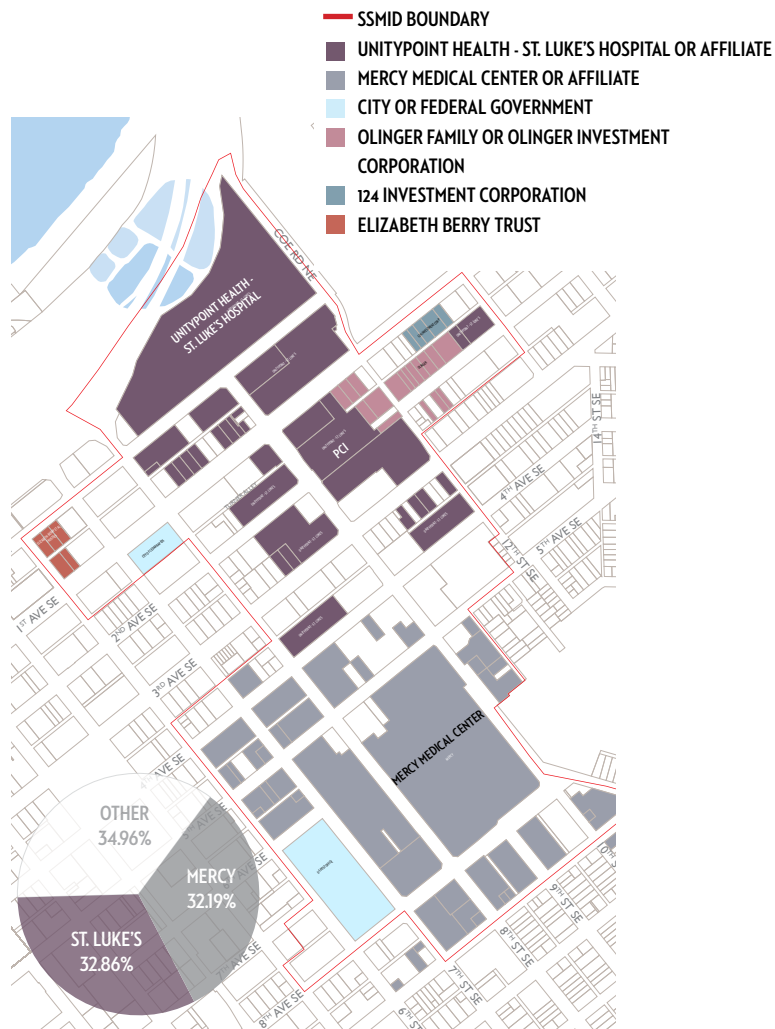
There are 119 unique property owners in the MedQuarter. Together, two property owners, Mercy Medical Center and UnityPoint Health - St. Luke's Hospital, own almost two-thirds of the available land. Mercy Medical Center's land is located south of 4th Avenue and St. Luke's land is located north of 4th Avenue.

St. Luke's owns a significant amount of property within the district boundaries consisting of approximately 36 distinct parcels. St. Luke's leases properties in the district as well. The acute care hospital site is generally bounded by 1st Avenue to the east, 8th Street to the south, interstate I-380 to the west and Coe Road to the north.

Mercy Medical Center also owns a significant amount of property within the MedQuarter, almost the same amount as St. Luke's, consisting of approximately 44 distinct parcels. The main hospital site is generally bounded by 8th Avenue to the east, 5th Avenue to the west, 10th Street to the north, and 8th Street to the south.

Few other individual entities have amassed significant collections of parcels within the district. However, there are some other clusters of properties held by a single owner, including:

- A large number of properties along 12th Street and along 2nd Avenue. Three of the buildings in this area (the A.T. Averill House and the two Calder Houses) are listed on the National Register of Historic Places, and others, such as the First Baptist Church, hold historic significance to the community.
- Five properties along 1st Avenue, between 12th Street and 13th Street. Buildings on these properties currently house small retail shops and offices.
- Five parcels along 6th Street between A Avenue and 1st Avenue. The parcels currently house two surface parking lots.

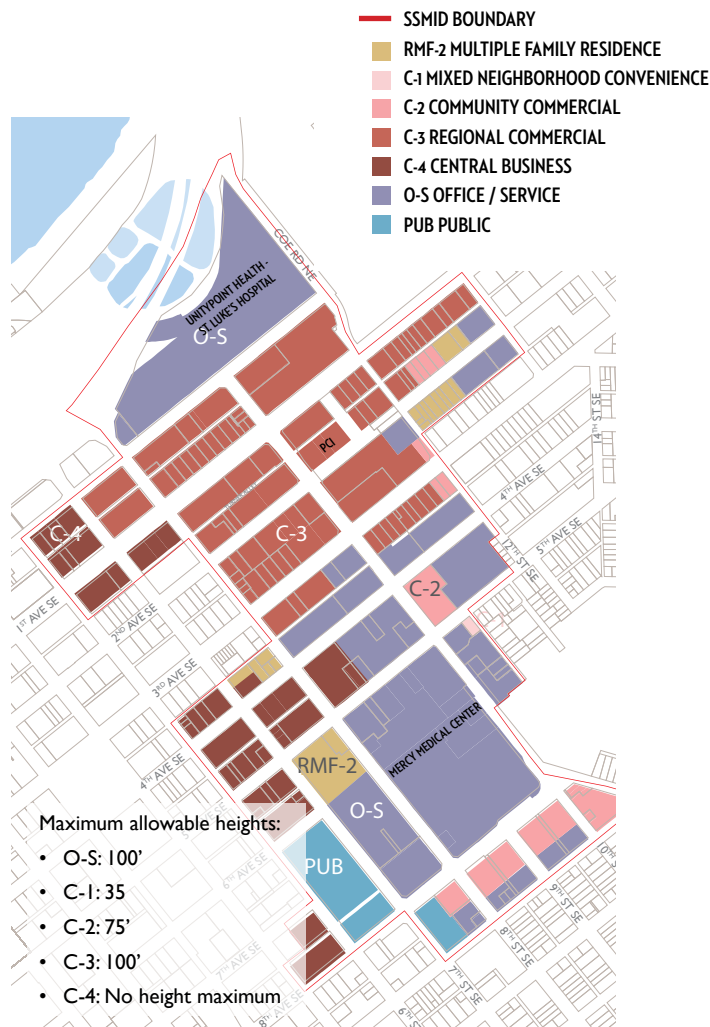


## ZONING

Seven zoning classifications are represented within the MedQuarter:

- The **C-3 Regional Commercial** zone accommodates large-scale retail, service, and entertainment uses that serve a citywide or regional demand. 100' maximum allowable height restriction.
- The **O-S Office/Service** zone accommodates office buildings, and other similar uses. O-S does not allow residential, neighborhood retail, or restaurant uses of any kind as either a permitted or conditional use. Setbacks required by O-S significant enough that they could pose issues to creating a walkable, urban character, especially if applied to smaller lots.
- The **R-MF2 Multiple Family Residence** zone accommodates higher density residential uses, with certain compatible institutional housing types and limited non-dwelling uses.
- The **C-1 Mixed Neighborhood Convenience** zone accommodates convenience shopping and service uses and office uses for persons residing in adjacent residential areas. Residential uses are permitted on or above the ground floor.
- The **C-2 Community Commercial** zone accommodates a wider range of uses and structure sizes than the C-1 district. Inclusion of housing units is permitted and encouraged.
- The **C-4 Central Business** zone district is intended to accommodate retail, office, service, and residential uses that are characteristic of the “downtown” area of the City.
- The **PUB Public** zone district is intended to designate lands owned by governmental entities.

Of the zoning districts represented in the MedQuarter, O-S and C-4 are most appropriate to accommodate future development. The O-S designation currently serves Mercy Medical Center and St. Luke's and is appropriate for the hospital campuses and single user sites. C-4 offers the most flexibility for developing a urban medical district that encourages density and a mix of uses. Neither O-S nor C-4 districts require a minimum lot area, which promotes flexibility and infill development. The C-1, C-2, and C-3 districts may not be suitable for future development. C-1 and C-2 zoning classifications are both intended for commercial areas that are integrated into residential neighborhoods and serve a small geographic area. The setbacks and height restrictions are too restrictive to accommodate future MedQuarter uses. The C-3 designation is intended for



**MedQuarter Zoning Map**

Source: City of Cedar Rapids Assessor GIS

regional commercial uses, located near highways and away from residential neighborhoods. While it has some applicability to the District, it is intended for more of a regional shopping mall or business center character.

In general, traditional residential uses are allowed in most of the commercial zoning districts. However, C-2 and C-4 are the only two commercial districts that allow Assisted Living, both as a permitted use. And, C-3, and C-4 are the only classifications that allow Retirement Homes. All commercial districts allow for office/business uses. C-MU, C-2, C-3 and C-4 allow for hotel or motel uses as permitted. All of the commercial districts represented in the MedQuarter allow for dental, optical or medical laboratories, and allow health care facilities as a permitted use. However, C-3 & C-4 are the only two districts that allow a “Hospital or Sanitarium” as a permitted use.

## ACCESS AND CIRCULATION

The MedQuarter serves a large geographic area, including Linn County and the seven surrounding counties. I-380 provides regional access to the MedQuarter. 7th Street and 8th Street, a one-way pair, provide the connection to and from I-380 to, and through, the MedQuarter. Locally, 1st and 8th Avenues are the two major routes that connect the MedQuarter to downtown and across the Cedar River. 10th Street links the two within the district. 1st Avenue, 8th Avenue, and 10th Street are designated as heavy vehicle routes and carry more than 10,000 vehicles per day. Traffic congestion was expressed as a concern of many MedQuarter stakeholders. To help evaluate existing roadway safety and efficiency within the MedQuarter, the project team looked at existing intersection capacities, traffic counts, and crash rates.

The intersection capacity analysis indicates that, in general, the roadway system in the MedQuarter operates at a good level of service. Only A Avenue and 8th Street and 1st Avenue and 8th Street were found to exhibit poor performance during the evening peak hour, when commuters access I-380. Given the current interchange configuration, the one-way traffic flow on 7th and 8th Streets provides the most efficient use of the available width and length between I-380 and 1st Avenue. Significant reconstruction of the intersections and the I-380 ramps and bridges would be required to improve performance.

Traffic counts were taken at three locations on 10th Street (1st Avenue, 3rd Avenue, and 4th Avenue) during morning peak hour. These counts were compared with the traffic counts that were taken in 2010 before the closure of 2nd Avenue.

- Traffic headed into the downtown on 1st Avenue has increased by more than 20%. This suggests that traffic that used 2nd Avenue before it was closed is now using 1st Avenue. It does not appear that traffic is cutting through the neighborhoods to avoid the closed portion of 2nd Avenue.
- Traffic on 10th Street at both 3rd Avenue and 4th Avenue has decreased by about 35%. This likely reflects the consolidation of PCI offices.
- Traffic on 4th Avenue at 10th Street remains virtually unchanged, within 2% of 2010 counts.

The MedQuarter is served by eight different bus routes that go on to serve other parts of the city. Several routes are planned to be revised in late 2013, but no significant route changes are planned in the MedQuarter.

The Iowa Department of Transportation (DOT) Crash Mapping Analysis Tool (CMAT) was used to perform a cursory evaluation of collision data within the MedQuarter. An analysis period of January 2007 - December 2010 was selected because it represents the most recent data available. However, since 2nd Avenue has since been closed between 10th Street and 12th Street, the data is likely no longer representative of the current crash experience. During this period, 357 total incidents were reported in the MedQuarter. No fatalities were reported during this period.

To help determine which intersections are most likely to experience crashes, collision data was analyzed using a crash rate, the number of crashes per million vehicles entering a given intersection. The top five crash rate locations within the MedQuarter experience crashes at a higher rate than the state averages. However, only one intersection, 4th Avenue and 8th Street, experienced crashes statistically significantly higher than average based on the amount of traffic volume at the intersection.

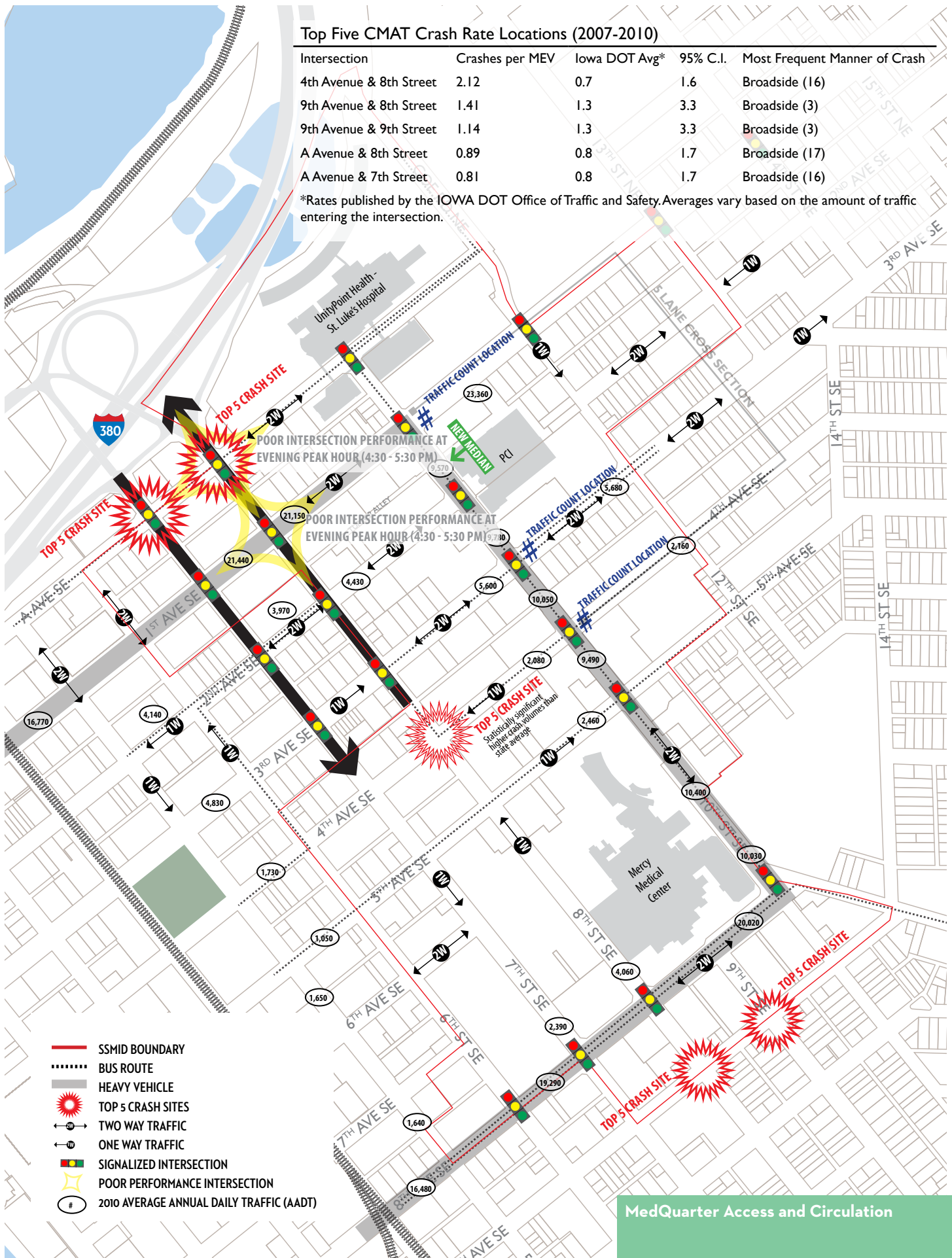
Of the 17 crashes at 4th Avenue and 8th Street, 16 were classified as broadside collisions. Eleven of the crashes listed "Ran Stop Sign" as the major cause and five of the crashes listed "Failure to Yield Right of Way: From Stop Sign" as the major cause. This was not unexpected since 4th Avenue is a one-way street toward the southwest while 8th Street is a one-way street toward the northwest. There are two lanes of travel on both streets and 8th Street allows on-street parking on both sides while 4th Avenue only allows on-street parking on the left (southeast) side of the street. The intersection is stop controlled on 8th Street only. Most crashes likely occur when drivers stopped at the stop sign on 8th Street have difficulty seeing drivers on 4th Avenue because their view is obstructed by parked cars. Further study of the intersection would be needed to examine sight distance and better understand what must be done to reduce the likelihood that a right-angle crash occurs.



### Top Five CMAT Crash Rate Locations (2007-2010)

Intersection	Crashes per MEV	Iowa DOT Avg*	95% C.I.	Most Frequent Manner of Crash
4th Avenue & 8th Street	2.12	0.7	1.6	Broadside (16)
9th Avenue & 8th Street	1.41	1.3	3.3	Broadside (3)
9th Avenue & 9th Street	1.14	1.3	3.3	Broadside (3)
A Avenue & 8th Street	0.89	0.8	1.7	Broadside (17)
A Avenue & 7th Street	0.81	0.8	1.7	Broadside (16)

\*Rates published by the IOWA DOT Office of Traffic and Safety. Averages vary based on the amount of traffic entering the intersection.



## PARKING

There are 80 individual parking facilities located within the MedQuarter. UnityPoint Health - St. Luke's Hospital, Mercy Medical Center, and PCI all offer both surface parking lots and parking ramps. Other businesses in the MedQuarter also have private off-street parking lots, and some businesses within the district have arranged shared parking agreements to accommodate peak usage. Free on-street parking is available in the MedQuarter on 1st - 5th Avenues, 7th Street, and 8th Street. On-street parking time limits range from one hour to any time.

With limited exception, stakeholders did not identify a shortage of parking within the MedQuarter as a major concern. Many think that the amount of surface parking negatively impacts the aesthetic character of the district. With so much parking available, some are concerned that the MedQuarter is over-parked. To address this concern, the project team analyzed parking in the MedQuarter in two different ways. First, the team examined the sufficiency of the existing parking supply in terms of what city code currently requires based on land use. In addition, the team conducted a usage study, noting the occupancy of representative district lots throughout the day.

There are approximately 8,250 off-street parking spaces available in surface lots and parking structures in the MedQuarter, and approximately 700 on-street spaces. Based on existing code requirements for parking and occupancy and land use assumptions derived from field observations, current development within the MedQuarter requires approximately 8,100 parking spaces. Estimated parking available on private property in the MedQuarter exceeds what is required by City code by approximately 150 spaces, and is supplemented by on-street parking. These observations imply that there may be a surplus of parking in the MedQuarter.

For the usage study, surface parking lots located between 3rd Avenue and 5th Avenue and 8th Street and 10th Street were selected as a representative sample of MedQuarter parking lots. These lots were selected because of their central location within the MedQuarter, and because they serve a variety of representative MedQuarter businesses. The percent of spaces occupied in each lot was noted at six different times throughout the day. When determining parking lot usage, less than 80% lot fill indicates an excess of

available parking, while greater than 80% lot fill indicates a shortage of parking. In general, at 80% lot fill, drivers circulate more to find a parking space, leading to the perception that the lot is full. Observations of the study include:

- Although the usage of some individual lots fluctuated throughout the day, the combined usage consistently stayed around 50% throughout the day - well below 80% lot fill benchmark.
- Maximum usage of all lots studied was about 59% full.
- Usage is lowest at the beginning and end of the day.
- Most lots were observed at maximum usage in the mid-morning around 10:00 AM, and several clusters of adjacent lots exhibited similar usages at 10:00 AM.
- There was a difference of only 8.61% between maximum and minimum usage during the study times.

These observations also imply that the businesses served by existing MedQuarter parking lots may have a surplus of parking, and that sufficient parking is available throughout the MedQuarter, even when parking lot usage is at a maximum under current demand. With the construction of the new PCI building and consolidation of their operations, some medical office space is currently empty. This space is expected to backfill over time, and as this occupancy increases, available parking will decrease.

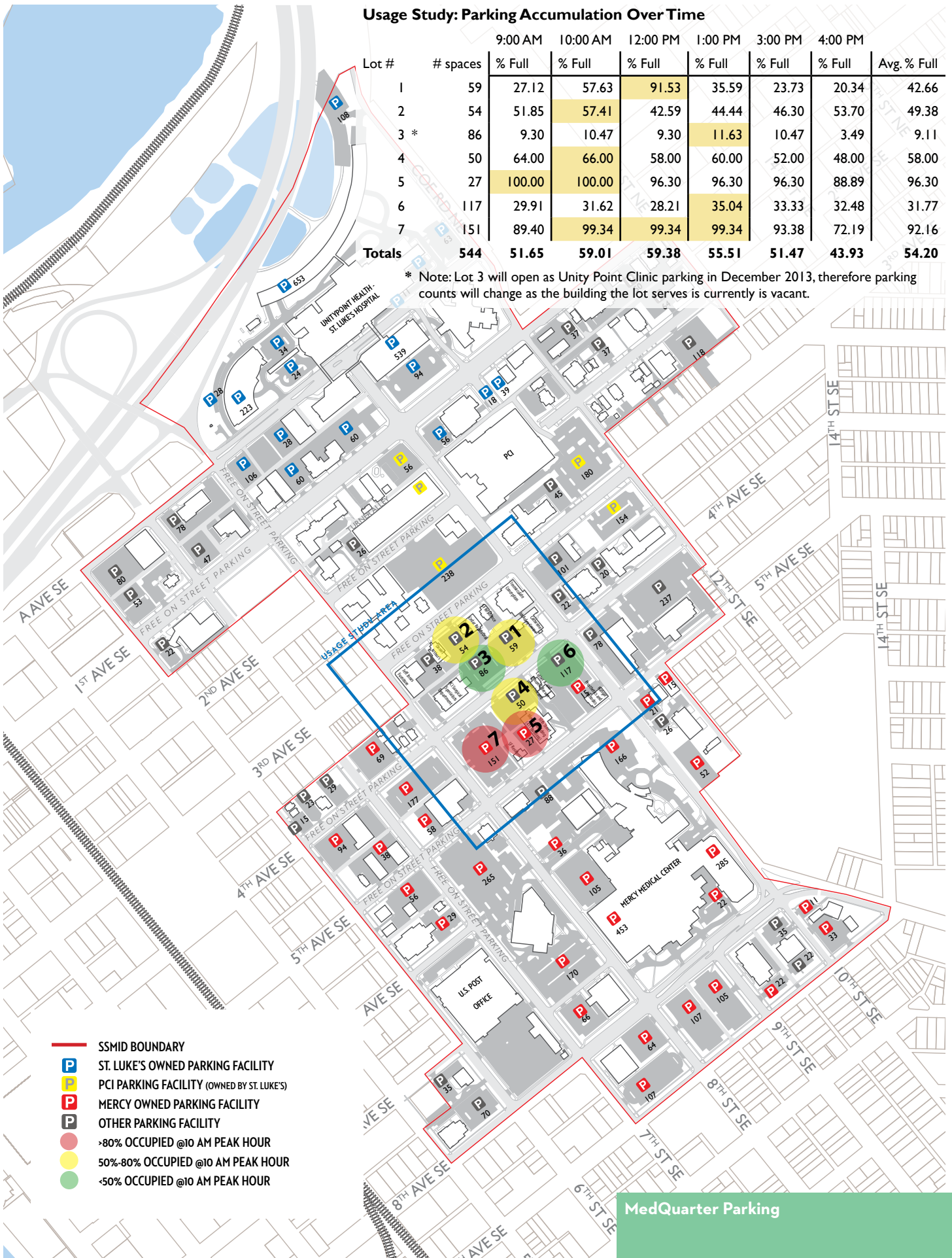
Based on the review of city code, existing parking requirements, are not calibrated to a walkable, mixed-use environment where shared parking should be encouraged. As new development is proposed, parking requirements should be reexamined, and opportunities for reduced parking or shared parking should be explored to help encourage development density in the MedQuarter.

Existing MedQuarter Use	Parking Required
Residential	+/- 244 spaces
Civic and institutional	+/- 6672 spaces
Commercial	+/- 1168 spaces
Industrial and storage uses	+/- 21 spaces
	<hr/> 8104 spaces

# Usage Study: Parking Accumulation Over Time

Lot #	# spaces	9:00 AM	10:00 AM	12:00 PM	1:00 PM	3:00 PM	4:00 PM	Avg. % Full
1	59	27.12	57.63	91.53	35.59	23.73	20.34	42.66
2	54	51.85	57.41	42.59	44.44	46.30	53.70	49.38
3 *	86	9.30	10.47	9.30	11.63	10.47	3.49	9.11
4	50	64.00	66.00	58.00	60.00	52.00	48.00	58.00
5	27	100.00	100.00	96.30	96.30	96.30	88.89	96.30
6	117	29.91	31.62	28.21	35.04	33.33	32.48	31.77
7	151	89.40	99.34	99.34	99.34	93.38	72.19	92.16
<b>Totals</b>	<b>544</b>	<b>51.65</b>	<b>59.01</b>	<b>59.38</b>	<b>55.51</b>	<b>51.47</b>	<b>43.93</b>	<b>54.20</b>

\* Note: Lot 3 will open as Unity Point Clinic parking in December 2013, therefore parking counts will change as the building the lot serves is currently is vacant.





## BICYCLE AND PEDESTRIAN ACCOMMODATIONS

The general public and elected officials have made it clear that there is a desire to enhance bicycle transportation facilities for both commuter and recreational bicyclists. Commuter biking is different than recreational biking in commuter bicycling is highly origin/destination oriented with home-work and work-home based trip profiles.

Single occupancy vehicles are by far the predominant mode choice in Iowa (generally around 85% of commuters drive their own personal car). Iowa City is an exception: with its large student population, more than 16% of commuters walk or use transit to travel from home to work and back. However, Linn County (Cedar Rapids area) is very typical of other urban Iowa counties that do not include a major state university. In general, about 85% of commuters drive alone, on average about 10% carpool, around 2% - 3% walk to and from work, and most of the remainder use public transit. In Linn County (Cedar Rapids area), less than 1% of commuters use a bicycle as a regular means of transportation to and from work.

There may be several reasons for the lack of bicycle usage as a significant transportation mode choice in the Cedar Rapids area:

1. Currently, there are only a few separate bicycle accommodations on the City streets. Commuter bicyclists use the existing traffic lanes like all other modes of transportation in most situations.
2. The effective season for bicycle usage in Cedar Rapids is limited to about 7 months out of the year (April through October). However, Iowa City and Minneapolis, Minnesota both operate in the same climate as Cedar Rapids, and have higher bicycle usage.
3. Automobile fuel prices are low enough that commuters still choose to pay for gasoline and drive their own vehicle rather than switch transportation modes.
4. Cedar Rapids is very spread out, with large distances between residential and work origins and destinations. In contrast, Iowa City has a significant downtown student population that lives and works within a mile of travel or less.
5. While the Cedar Rapids metro area has a significant recreational trails system, with a strong trails advocacy group and trails master plan, there is not an adopted and published commuter bicycle plan for the area.

6. A commuter bicycle route system needs to include end-of-trip facilities such as: showers / locker rooms, bicycle storage (short term and long term), multiple facilities that are conveniently located to major employers

At this time, none of these listed facilities are available to provide a convenient and effective commuter bicycle transportation system. However, by increasing bicycle ridership, vehicle demand would be expected to decrease for most of the year and thus be lower than the Future 2040 traffic volume projections.

Some bicycling facilities are already in place in Cedar Rapids. A recreational trail, the Cedar River Trail, is in place through the Downtown between 3rd Street and 5th Street and 3rd Avenue currently contains a bike lane that ends at 10th Street. Sharrows are in place along 2nd Avenue and 3rd Avenue between 8th Street and 10th Street. Based on the Cedar Rapids Comprehensive Trails Plan (January, 2010) further development of the trail system is planned in the MedQuarter. It is expected that the 3rd Avenue bike lane will be extended to the northeast and a bike lane and trail will be added on 2nd Avenue. Continued development of trails in the MedQuarter and throughout Cedar Rapids will encourage more residents to consider bicycling for their daily commute.

### Commuter Trips By Mode Choice\*

Mode of Transportation	County			
	Black Hawk	Johnson	Linn	Polk
SINGLE	86.0%	70.0%	85.5%	85.1%
CARPOOL	8.2%	11.8%	10.5%	10.7%
TRANSIT	0.7%	5.7%	0.9%	1.9%
BICYCLE	0.5%	1.6%	0.3%	0.1%
WALK	4.6%	10.9%	2.8%	2.2%

\*Data derived from "American Community Survey: 2005 Transportation Profile", U.S. Department of Transportation, Federal Highway Administration.



An assessment of bicycle compatibility was developed for this study based on the methods outlined by the Federal Highway Administration. The goal of the United States Department of Transportation is to double the number of trips made by bicycling and walking while simultaneously reducing the number of pedestrians and bicyclists killed or injured in traffic crashes by 10%.

The Bicycle Compatibility Index (BCI) is intended to help identify routes that are compatible candidates for bicycle use. The index is calculated from a multivariate equation that incorporates common roadway features that affect the comfort level of bicyclist. These features include:

- Presence or absence of a bicycle lane
- Width of a bicycle lane (if present)
- Curb lane width for vehicles
- Curb lane volume of vehicular traffic
- Other lane volume if more than one lane in the same direction
- Traffic speed
- Presence or absence of on-street parking
- Type of area (residential or other)
- Truck traffic, parking turnover, and right turn traffic

The Bicycle Compatibility Index (BCI) is calculated

using the factors and formula below:

- BL: Presence (1) or Absence (0) of Bicycle Lane
- BLW: Bicycle Lane Width (ft)
- CLW: Curb Lane Width (ft)
- CLV: Curb Lane Volume (vehicles per hour)
- OLV: Other Lane Volume (vehicles per hour)
- SPD: 85th %-ile or Operating Speed (mph)
- PKG: Presence (1) or Absence (0) of On-street Parking
- AREA: Residential (1) or Other (0)
- AF: Adjustment Factor for Trucks, Right Turns, and Parking Turnover

As can be seen in the table, about half of the segments examined have moderate or better bicycle compatibilities while only three segments have very low compatibilities. The streets that currently have bike lanes or sharrows (2nd Avenue and 3rd Avenue between 8th Street and 10th Street) have the best levels of service (LOS). However, segments such as 1st Avenue, 4th Avenue, and 5th Avenue also exhibit moderate levels of service since bicyclists are able to ride in the parking lanes. These segments could potentially be improved further by removing some or all on-street parking and converting the parking lanes to bicycle lanes.

## Bicycle Compatibility Index and Level of Service Computations

$$BCI = (3.67 - 0.966) * (BL - 0.125) * (BLW - 0.152) * (CLW + 0.002) * (CLV + 0.035 * SPD) + (0.506 * PKG) - (0.264 * AREA) + (AF)$$

Location	BCI Model Variables										Results		
	BL	BLW	CLW	CLV	OLV	SPD	PKG	AREA	AF	BCI	LOS	Bicycle Compatibility Level	
1st Avenue - 6th St to 13th St	1	8	12	578	578	45.2	1	0	0.7	3.93	D	Moderately Low	
10th Street SE - 1st Ave E to 4th Ave SE	0	0	13.5	278	278	40.2	0	0	0.3	3.88	D	Moderately Low	
10th Street SE - 4th Ave SE to 8th Ave SE	0	0	10.5	286	286	40.2	0	0	0.3	4.36	D	Moderately Low	
2nd Avenue SE NE Bound - 8th St SE to 10th St SE	1	8	15	138	0	40.2	1	0	0.5	2.00	B	Very High	
2nd Avenue SE SW Bound - 10th St SE to 8th St SE	0	0	13	138	0	40.2	0	0	0.1	3.37	C	Moderately High	
3rd Avenue SE NE Bound - 8th St SE to 10th St SE	1	5	11	330	330	40.2	0	0	0.4	2.90	C	Moderately High	
3rd Avenue SE SW Bound - 10th St SE to 8th St SE	1	8	15	660	0	40.2	1	0	0.7	3.25	C	Moderately High	
3rd Avenue SE NE Bound - 10th St SE to 12th St SE	0	0	11	330	330	40.2	0	0	0.4	4.49	E	Very Low	
3rd Avenue SE SW Bound - 12th St SE to 10th St SE	0	0	13	660	0	40.2	0	0	0.4	4.71	E	Very Low	
4th Avenue SE - 6th St SE to 12th St SE	1	8	12	61	61	40.2	1	0	0.5	2.33	C	Moderately High	
5th Avenue SE - 6th St SE to 10th St SE	1	8	12	69	69	40.2	1	0	0.7	2.55	C	Moderately High	
8th Avenue SE - 7th St SE to 10th St SE	0	0	12	550	550	40.2	0	0	0.5	4.96	E	Very Low	

Similar to the Bicycle Compatibility Index, a qualitative Pedestrian Level of Service (LOS) model was used in the MedQuarter to examine pedestrian suitability on various street segments.

The Pedestrian Level of Service Model is taken from research through the Transportation Research Board. The model is based on an empirical model derived from multivariate analyses of 1250 observations. As opposed to a physical capacity model, as outlined in the Manual on Uniform Traffic Control Devices, this model is premised on pedestrian perceptions of personal safety (relative to crashes), personal security (threat of assault), and architectural interest

To model the above perceptions, the following variables were used:

- Presence of a sidewalk
- Lateral separation from motor vehicle traffic
- Barriers and buffers between pedestrians and motor vehicle traffic
- Motor vehicle volume
- Effects of motor vehicle speed

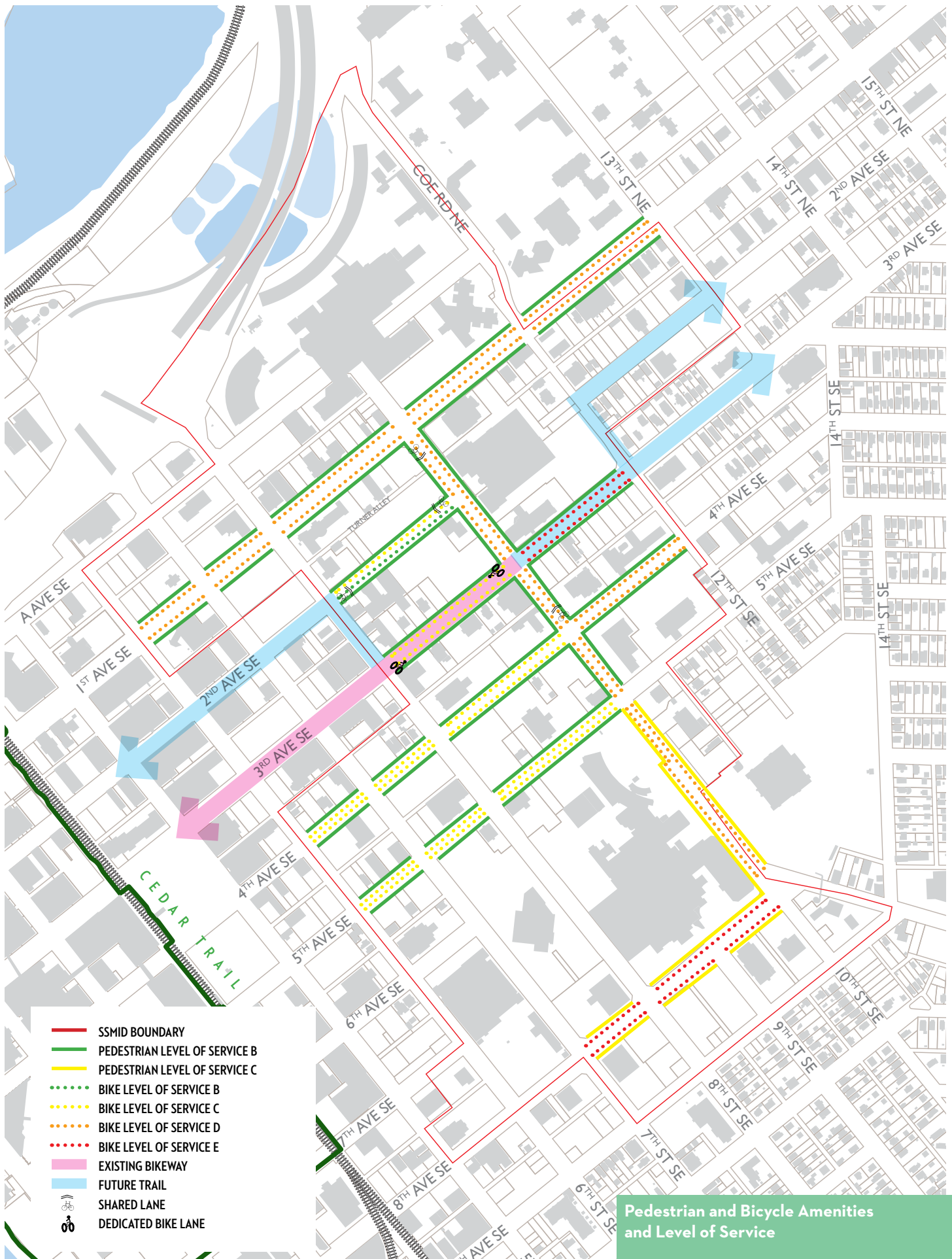
The existing conditions are conducive to a good pedestrian environment. The combination of a relatively wide grassy buffer with some trees, plus adjacent parking provide a good expected level of service (LOS) on most road segments.

Two segments had an expected LOS C (10th Street from 5th Avenue to 8th Avenue and 8th Avenue from 7th Street to 10th Street) as a result of a narrow buffer width. Buffer widths of several feet are present on most other segments in the MedQuarter and pedestrians are sometimes separated further from traffic by the presence of a parking lane.

Pedestrian LOS is calculated on roadway segments only and does not take intersection conditions such as ADA accessible sidewalk ramps, crosswalks, or the presence of pedestrian signals into account. According to the data available in the Iowa Department of Transportation program Crash Mapping Analysis Tool (CMAT), there were two pedestrian-related crashes in the MedQuarter in the last decade, both of which occurred at the intersection of 1st Avenue and 10th Street. For one of the crashes, the pedestrian suffered major injuries. Further study of the intersection would be needed to determine the cause of these crashes and what could be done to improve pedestrian safety.

## Pedestrian Level of Service Computations

Location	Width of Outside Lane (WOL)	Width of Bike Lane or Shoulder (WL)	On-Street Parking (Y/N)	On-Street Parking Coefficient (P)	% On-Street Parking (OSP)	Buffer Area Coefficient (B)	Buffer Width (WB)	Sidewalk Presence Coefficient (SW)	Width of Sidewalk (WS)	ADT	Number of Through Lanes (L)	Speed (SPD) mph	Pedestrian LOS Score	Pedestrian LOS
1st Avenue - 6th Street to 13th Street	12.0	8	Y	0.2	0.8	2.8	13	4.5	5	21000	4	45	2.42	B
10th Street SE - 1st Ave E to 3rd Ave SE	13.5	0	N	0.0	0.0	4.1	8	4.2	6	10100	4	40	2.14	B
10th Street SE - 3rd Ave SE to 4th Ave SE	13.5	0	N	0.0	0.0	4.1	5	4.2	6	10100	3	40	2.44	B
10th Street SE - 4th Ave SE to 5th Ave SE	10.5	0	N	0.0	0.0	2.8	10	4.5	5	10400	4	40	2.34	B
10th Street SE - 5th Ave SE to 8th Ave SE	10.5	0	N	0.0	0.0	2.8	2	4.5	5	10400	4	40	2.89	C
2nd Avenue SE NE Bound - 8th St SE to 10th St SE	15.0	8	Y	0.2	0.5	2.8	5	4.5	5	2500	2	40	2.19	B
2nd Avenue SE SW Bound - 10th St SE to 8th St SE	13.0	0	N	0.0	0.0	2.8	12	4.5	5	2500	2	40	2.01	B
3rd Avenue SE NE Bound - 8th St SE to 10th St SE	11.0	5	N	0.0	0.0	2.8	16	4.5	5	12000	3	40	2.08	B
3rd Avenue SE SW Bound - 10th St SE to 8th St SE	15.0	8	Y	0.2	0.2	2.8	6	4.5	5	12000	3	40	2.43	B
3rd Avenue SE NE Bound - 10th St SE to 12th St SE	11.0	0	N	0.0	0.0	2.8	18	4.5	5	12000	3	40	2.07	B
3rd Avenue SE SW Bound - 12th St SE to 10th St SE	13.0	0	N	0.0	0.0	2.8	18	4.5	5	12000	3	40	2.04	B
4th Avenue SE - 6th St SE to 12th St SE	12.0	8	Y	0.2	0.7	2.8	12	4.5	5	2200	2	40	1.86	B
5th Avenue SE - 6th St SE to 10th St SE	12.0	8	Y	0.2	0.8	2.8	12	4.5	5	2500	2	40	1.89	B
8th Avenue SE - 7th St SE to 10th St SE	12.0	0	N	0.0	0.0	2.8	2	4.5	5	20000	4	40	3.01	C



## UTILITIES AND INFRASTRUCTURE

The MedQuarter is a fully developed urban area with full networks of both sanitary sewer and water main.

The sanitary sewer typically flows along the avenues (northeast to southwest and vice versa) and eventually empties into a 48" trunk line on 5th Street, just southwest of the MedQuarter. Some of the sewer in the area was damaged by the Flood of 2008 and has since been televised, inspected, and recommended for repair via sewer lining, point repair, or full reconstruction. One lining project has already been completed and a series of point repairs and reconstructs will begin in 2014.

Large water mains (20" and 24") run through the MedQuarter on 7th Street and 4th Avenue, respectively. Smaller mains branch off of these larger mains and subsequently run along most roads to serve individual properties. Water main and fixtures are usually replaced as needed when other construction (such as sanitary sewer replacement) is planned nearby.

Input from utility companies was solicited during the June Utility Coordination Meeting in order to gain more information about the existing utilities in the MedQuarter (including capacity, planned improvement projects, and the ability to support future development). Alliant Energy has a major electric system rebuild project scheduled for 2014 to upgrade services in the MedQuarter. Mediacom is doing some minor projects in the near future. No input from other utilities was provided at this time.

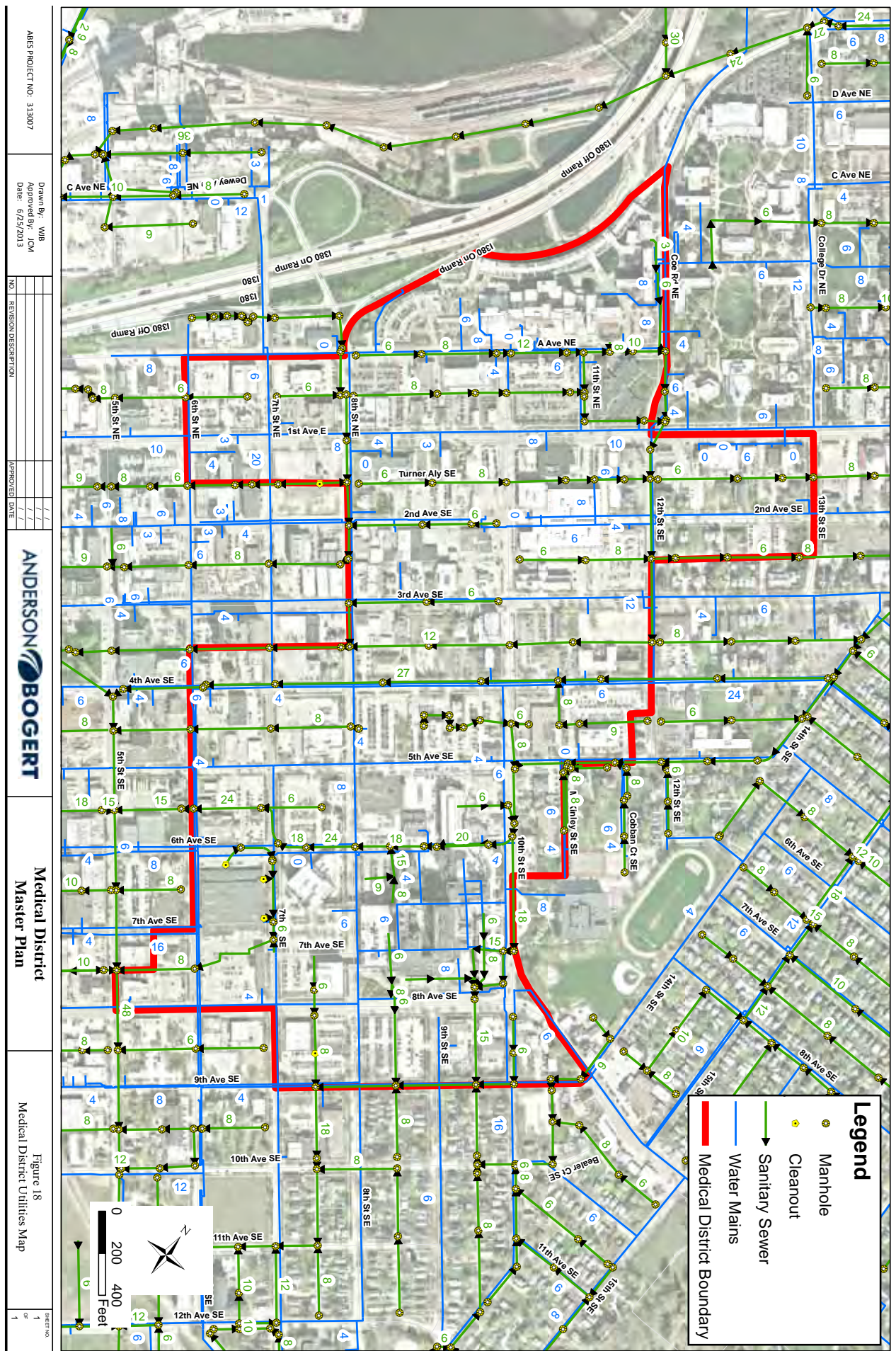
The major electrical transmission in the Cedar Rapids area is now handled by ITC. ITC has some maintenance projects planned along Mt. Vernon Road but there are no major rebuild projects planned for the MedQuarter.

The majority of the electrical distribution system within the MedQuarter is overhead and owned by Alliant Energy. When replacement or rebuilds have occurred in the core areas of Cedar Rapids, Alliant has been cooperative with placing these facilities underground. The additional cost for this has been negotiated on a case-by-case basis. One obstacle to eliminating the overhead poles and wiring has been the telecommunication systems that under hang the electric distribution. These are not required to follow the electric underground per the City of Cedar Rapids franchise agreement and cooperation has been variable.

There is not publicly owned and operated Wireless internet system with the City of Cedar Rapids. There was a downtown system that was destroyed in the 2008 flood but it has not been replaced. The New Bo Market is working with IMON Communications to set up a system for the market area that will be available to patrons of that area. There are private and guest systems in the MedQuarter including systems managed by St. Luke's.

The MedQuarter is capably served by both the sanitary sewer and water main networks. Because the sanitary sewer and water mains are so well developed in the area, it is expected that both networks would be able to adequately support at least some future development. The majority of the water system is over fifty years old. The City of Cedar Rapids Water Department is in the process of replacing valves and hydrants as other projects are completed.





## MEDQUARTER CHARACTER AND CONDITION

The MedQuarter is home to a number of identifiable landmarks, including a number of historic buildings, some iconic new buildings, cultural institutions, churches, and large hospital buildings. These and other elements contribute to the existing character and condition.

- Six buildings in the MedQuarter are listed on the National Register of Historic Places including the Douglas House (including the Grant Wood Studio), Averill House, Ausadie Building, Calder Houses, and the Brewer House. Other notable culturally significant structures within the district include Daniel Arthur's Restaurant building, which is one of the few remaining historic mansions on 3rd Avenue. There is currently no local designation for single historic properties, but there is a local designation for historic districts. There are no existing historic districts within the MedQuarter district, although the City recently considered dedicating "Auto Row," along 2nd Avenue from 10th Street towards downtown, a historic district. Ultimately the City decided not to pursue the designation. Two of the city's historic districts, the 2nd and 3rd Avenue historic district and the Redmond Park and Grande Avenue historic district, are located next to the MedQuarter in the Wellington Heights neighborhood. Recently, there has been concern in the community about demolition of structures in the MedQuarter. Much of the strong reaction about historic preservation has been in response to the demolition of buildings to construct new parking facilities.
- Streetscape improvements were constructed along 10th Street with the construction of the new PCI facility. Stakeholders seemed generally pleased with the improvements, and expressed an interest in seeing more streetscape improvements in the MedQuarter. City code requires all commercial districts to have street trees, street front landscape, and parking lot landscape.
- The condition of properties within the district is variable. This contributes to the overall lack of discernible district character.
- A brand has been developed for the medical district: MedQuarter. The brand is meant to represent a sum total of all of the images and associations of the district. The brand states, "We are a culture that embraces specific rather than general solutions

and thrives on deep and lasting relationships with our customers, not just one superior offering – but a superior combination of the right offerings. The customer understands exactly what's needed (solution development) and is ensured that the solution will be implemented properly (results management) through a collaborative, responsive process (relationship management). "For those aware of it, the MedQuarter brand is generally well accepted. However, there is little recognition of the brand within the overall Cedar Rapids community, and MedQuarter is not yet cross marketed with any of the major institutions in the district.

- The MedQuarter lacks directional and identity signage, and an overall wayfinding strategy.

Overall, a distinct character for the MedQuarter does not yet exist. District boundaries are unclear, many noted the predominance of surface parking. In addition, most people are not yet familiar with the MedQuarter brand.

*Quality healthcare has its place.*

**MedQUARTER**  
Regional Medical District.

**MedQuarter brandmark and tagline.**

*JW Morton and Associates*





**Calder Houses**  
National Register 1978



**A.T. Averill House**  
National Register 1978



**Douglas House**  
National Register 1982



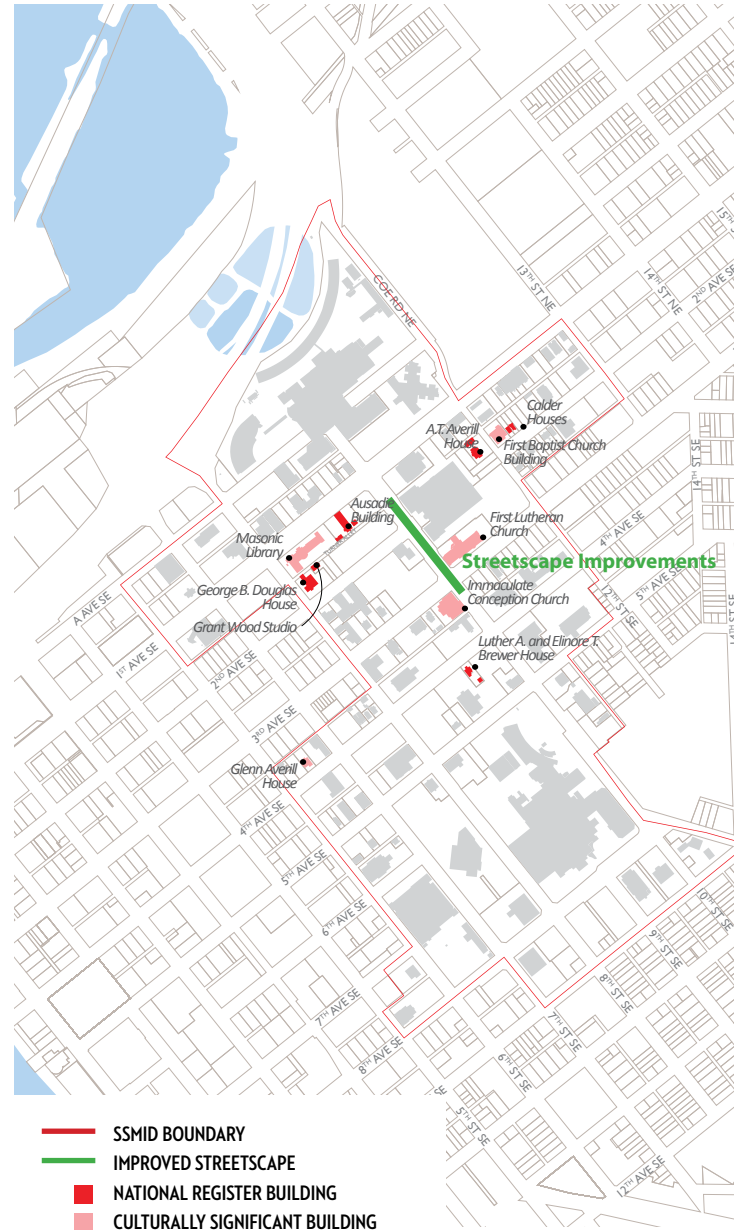
**Grant Wood Studio**  
National Register 1982



**Ausadie Building**  
National Register 2004



**Brewer House**  
National Register 1998







# MARKET OVERVIEW

This local market assessment and its implications for real estate development potential in the MedQuarter are based on local demographic and economic trend analysis, insights from prior market studies and information gathered from interviews with local stakeholders and real estate experts. The primary findings are summarized below for each land use.

## Residential

- The number of households headed by young adults (age 15-34), “empty nesters” (age 55-64), and seniors (age 65+) is growing more rapidly than the overall Cedar Rapids metropolitan statistical area population. Younger households from the Millennial generation (youth born roughly between 1982 and 2000) and empty nester households tend to have a greater propensity for smaller, denser urban infill housing than the overall population. Additionally, as the baby boomer generation squarely enters retirement age over the next 5 to 10 years, senior housing products, including independent living, assisted living and continuing care retirement communities (CCRCs), will be in greater demand.
- The supply of rental housing supply is significantly constrained, with vacancy rates near two percent; a five percent vacancy rate is generally considered an indicator of a healthy rental housing market, allowing for adequate turnover and fulfillment of demand.
- However, rents are generally too low to support construction of new market-rate rental housing, and land values in the MedQuarter are relatively high due to the high value of medical office uses and concentration of land ownership. Nearly all rental housing developments in recent years have been or will be at least partially subsidized through flood recovery grants. As the flow of flood recovery grants abates and demographic trends continue to favor rental housing, upward pressure on rents may begin to make market-rate rental housing development feasible.
- Consequently, new rental housing construction within the MedQuarter would likely require financial assistance at this time. However, there may be greater potential for rehabilitation and conversion of existing under utilized buildings, and development of new senior housing.
- Condominium projects such as the Bottleworks Loft Condos have been relatively successful, and new for-sale projects are in the pipeline. As conditions in the for-sale residential market improve and Millennials enter the prime age for first-time homebuyers, additional opportunities for condominium development may arise.

## Hotel

- The hotel market in Cedar Rapids has been gradually recovering from a low point in the wake of the recession and floods; in 2012, occupancy stood at 62.7 percent and average daily rates at \$76.72, compared to lows of 53.9 percent in 2009 and \$72.72 in 2010, respectively. The reopening of the renovated U.S. Cellular Center and Convention Complex will likely boost the occupancies and revenues of existing hotels over the longer term, but in the near term, much of the increased demand may be captured by the DoubleTree Hotel attached to the convention center and arena.
- There appears to be a near-term opportunity for limited-service, extended-stay lodging in or near the MedQuarter as a more convenient option for families and inpatients who would otherwise sleep on hospital cots or stay at more expensive or distant hotels. However, we caution that there may be a long-term downward trend in overnight stays due to the Patient Protection and Affordable Care Act (ACA)’s emphasis on reducing hospital admissions.

## Retail and Commercial Services

- Increased conference and event attendance due to the recent renovation of the Cedar Rapids Events Center will likely drive demand for additional restaurant and retail options in the vicinity.
- Modest rent levels suggest that additional retail will be accommodated in existing buildings before new construction occurs. National retail and restaurant chains and select service uses (e.g., banks, cell phone stores, fast casual restaurants) could be targeted to generate the higher rents needed to support new construction.

## Medical and General Purpose Office

- Medical uses, including medical office, are driven primarily by institutional decisions and broader changes in policy. The ACA’s emphasis on cost containment, medical record-keeping requirements, and technology enhancements are likely to spur a number of changes in medical care: outpatient care facilities are likely to become more common, while private practices may come under increasing pressure. Experts predict that consolidation will occur alongside development of new medical office and non-hospital clinical facilities. Consequently, there may be opportunities for development of ancillary medical facilities and offices to meet these new needs in the MedQuarter.
- Based on market data and conversations with brokers, there is little near-term potential for speculative development of general purpose office space.

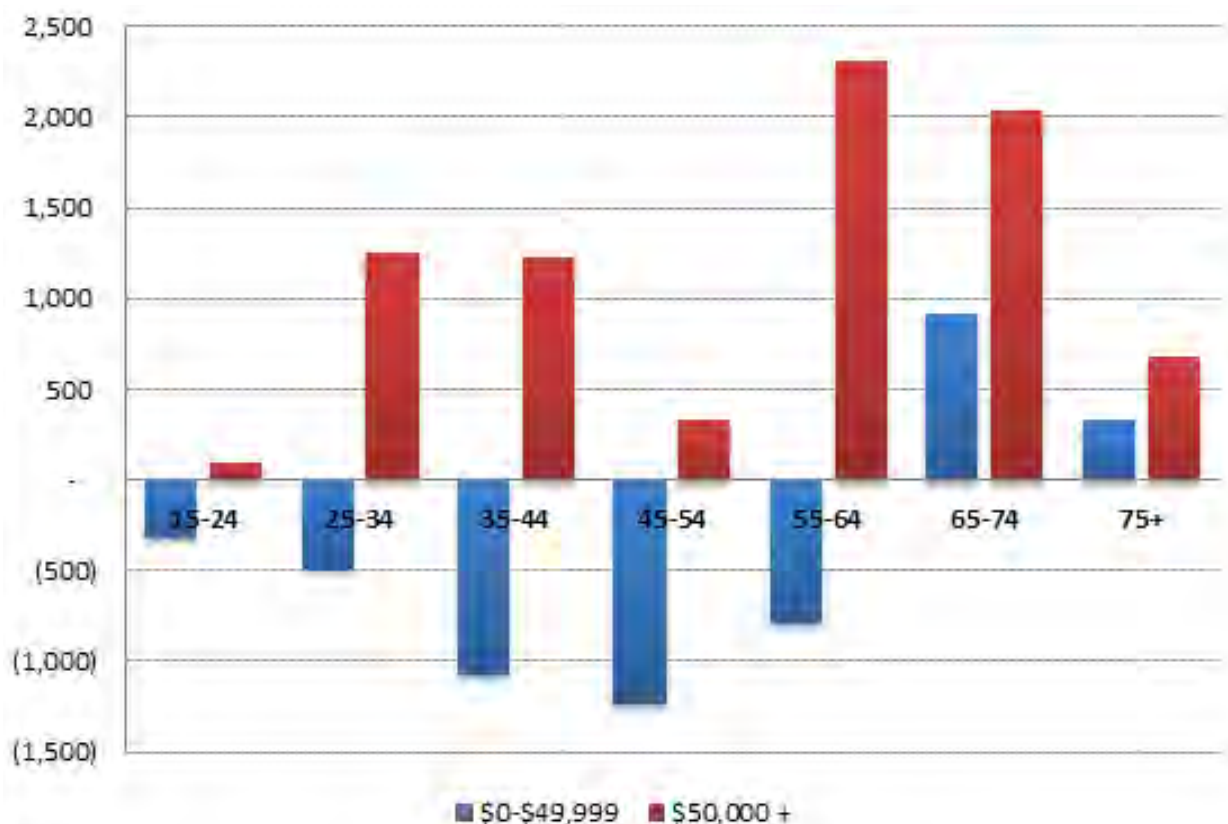
## RESIDENTIAL MARKET

Based on demographic trends, the population of the Cedar Rapids metropolitan statistical area (MSA) will likely continue to grow at a modest pace, averaging approximately 1,100 households (or 1.0 percent) per year through 2017. However, young adult (age 15-34), “empty nester” (age 55-64), and senior (age 65+) households earning more than \$50,000 are forecast to account for an outsized share of growth, adding an average of 1,300 households per year over the same time period, while other groups are actually forecast to decrease in size.

The 2012 Maxfield Housing Study similarly projects significant growth in the number of young adult and older adult households, and predicts that the former group will drive demand for additional rental apartments and starter homes. The study also notes that household composition is changing, as the number of married couples with children declined slightly, while households consisting of persons living

alone, roommates, childless couples and single-parent households increased significantly from 1990 to 2010. Based on these changes in household structure and the increasing number of Millennial and empty nester households, demand for smaller format dwelling units with more amenities in walking distance as well as senior housing facilities would be expected to increase.

Currently, the supply of rental housing in Cedar Rapids is relatively tight: A survey of 5,373 units conducted in April 2012 as part of the 2012 Maxfield Housing Study found that only 115 units were available, for a vacancy rate of 2.14 percent. According to the U.S. Census Bureau American Community Survey, there are 18,300 units in multi-family rental buildings in the City of Cedar Rapids. Assuming that the vacancy rate is uniform across properties would imply that there are fewer than 400 available rental units in the city, a significant supply constraint.



**Change in Cedar Rapids MSA Households by Age and Income, 2012 - 2017 (2012 Dollars)**

Source: ESRI Business Analyst, SB Friedman Development Advisors

However, apartment rents are relatively low: the Maxfield Housing Study dataset averages \$0.82 per square foot, and no apartment unit included in the survey exceeded \$1.26 per square foot. According to developers and brokers, average rents would need to be significantly higher to make urban new construction rental housing feasible in downtown. One broker with detailed knowledge of local transactions also stated that housing development within the MedQuarter would be especially challenging due to the fact that medical office and clinic users can typically pay more for land (anywhere from \$13 to \$20 per square foot) than residential developers (usually \$5 to \$7 per square foot).

At the same time, residential development has been occurring near the MedQuarter in recent years, primarily to the west and south, and further development is either planned or underway. Despite opening for occupancy in the midst of the recession in December 2008, the Bottleworks Loft Condos has sustained an absorption pace of around one unit per month and is almost fully sold out. Nearly all rental housing development has or will be at least partially subsidized, largely through flood recovery grants. However, as the flow of flood recovery grants abates and demographic trends continue to favor urban housing, upward pressure on rents may begin to make market-rate rental housing development feasible. With older and younger Millennials beginning to enter the primary age for first-time home ownership and increasing amenities in downtown and New Bohemia, for-sale condominium projects will likely also become feasible in the near future.



**Kingston Commons, 100 4th Avenue SW**  
Source: Down to Earth Development, LLC

### Recent or Planned Residential Development near the MedQuarter

Building	Year Completed	Units	Type
The Roosevelt	2010	96	Rental, subsidized
Bottleworks Loft Condos	2008	58	Condo, market
Oak Hill Jackson Brickstones	2011	52	Rental, subsidized
Ninth Avenue Brickstones	Planned	30	Rental, subsidized
Coventry Lofts	Planned	19	Rental, subsidized
New Bo West Apartments	Planned	10	Rental, subsidized
Kingston Commons	Planned	17	Condo, subsidized

Sources: SB Friedman Development Advisors, Maxfield Research



**The Roosevelt, 200 1st Ave NE**  
Source: Davumaya

## HOTEL AND LODGING MARKET

Cedar Rapids offers a range of hotel options to both business and leisure travelers, from limited service accommodations to the downtown convention hotel recently reopened under the DoubleTree by Hilton brand. There are approximately 2,800 hotel rooms within four miles of downtown Cedar Rapids concentrated in three primary areas: Collins Road, 33rd Avenue, and downtown.

The hotel market in Cedar Rapids has been gradually recovering from a low point in the wake of the recession and floods; in 2012, occupancy stood at 62.7 percent and average daily rates at \$76.72, compared to lows of 53.9 percent in 2009 and \$72.72 in 2010, respectively.

### MedQuarter Hotel Market Potential

The DoubleTree convention hotel is the closest lodging option to the MedQuarter, approximately 0.6 miles from St. Luke's and 0.9 miles from Mercy Medical Center. The nearest limited-service option is the Best Western Cooper's Mill, which is 1.0 mile and 1.6 miles, respectively, from the hospitals. Stakeholders from medical institutions and the community expressed strong interest in a limited-service/extended-stay type hotel closer to the MedQuarter that could accommodate out-of-town family members and patients who are awaiting medical tests or procedures.

According to the most recent data available from the American Hospital Association, Mercy Medical Center admits approximately 11,200 patients per year, while St. Luke's admits approximately 16,600. According to Mercy Medical Center officials, the average admitted patient stays in the hospital approximately 3.9 days. Currently, many family members stay at the hospital, while some stay at hotels. Given the option of a relatively inexpensive and convenient hotel, some families who would currently stay at the hospital might choose instead to stay at a hotel. In addition, some patients and families may remain in town for some time before or after a hospital admission in order to wait for test results or recuperation, although the Consultant Team was unable to estimate the frequency or length of such additional stays.

Due to these considerations, it is difficult to accurately estimate the number of room nights that could be generated by the two primary hospitals in the MedQuarter. However, an order-of-magnitude estimate

illustrates the potential for the hospitals to support a new hotel of typical size (roughly 150 rooms). Assuming that each inpatient generates three hotel nights on average, and that a new inexpensive and conveniently-located hotel could capture between 33 percent and 50 percent of the room nights generated by inpatients, the hotel could expect an average occupancy of between 50 percent and 76 percent.

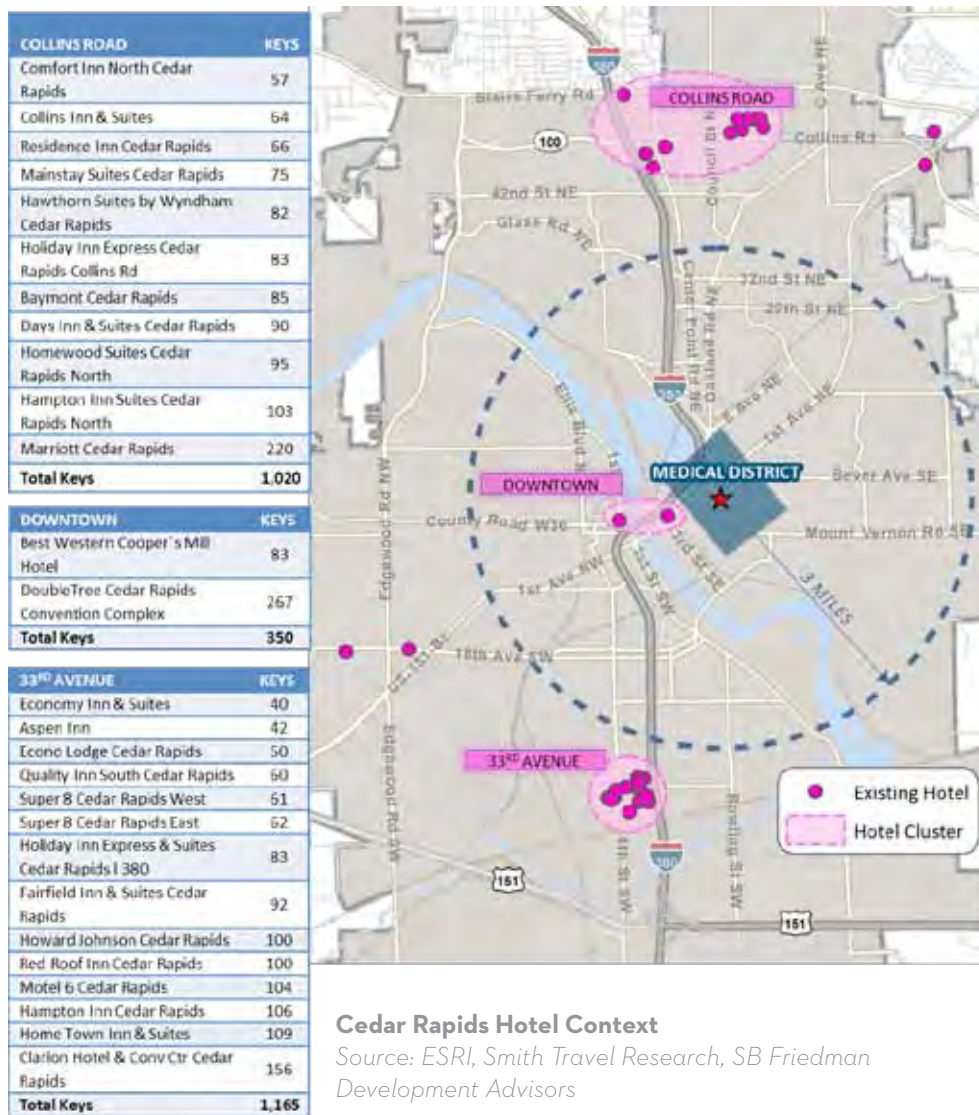
An occupancy range of 50 percent to 76 percent is respectable for most hotels, and a hotel that is appropriately positioned may also be able to leverage demand from other nearby demand generators. Depending on the hotel's location, sources of demand may include visitors to downtown businesses, families and employees of Coe College, and visitors to the Cedar Rapids Convention Complex and/or the U.S. Cellular Center. Typically, cities with the population and downtown profile of Cedar Rapids have more downtown hotel locations, suggesting that there may be an opportunity in particular to leverage demand for lodging close to downtown businesses and activities.

With respect to conferences and events, a 2009 EDA grant application submitted by VenuWorks suggests that the Cedar Rapids Events Center and/or the U.S. Cellular Center could be expected to generate demand for 68,000 room nights, or 186 hotel rooms, following renovation, whereas the DoubleTree Hotel has 267 rooms. While this suggests an average occupancy of 70 percent for the DoubleTree Hotel, peak periods may push the hotel to overcapacity, in which case a MedQuarter hotel could receive overflow guests. A limited-service hotel could also provide budget-conscious event attendees with a preferred option on a more regular basis.

### Hypothetical Occupancy for a New 150 Room Limited Service Hotel in MedQuarter

Admissions, Mercy	11,200
Admissions, St. Luke's	16,600
Total Admissions	27,800
Average Night Stay	3
Total Room Nights	83,400
Potential Capture Range	33% - 50%
Potential Room Nights	27,522 - 41,700
Room Nights for 150 Room Hotel	54,750
Potential Occupancy of a 150 Room Hotel	50% - 76%





### Cedar Rapids Hotel Context

Source: ESRI, Smith Travel Research, SB Friedman Development Advisors

### Demand Statistics for Hotels

Year	Room Supply <sup>1</sup>	Occupancy (%)	Total Demand <sup>2</sup>	Average Daily Rate (ADR, \$) <sup>3</sup>	Revenue per Available Room (RevPAR, \$) <sup>4</sup>
2008	925,647	66.7	617,745	77.24	51.54
2009	972,808	53.9	524,648	76.26	41.13
2010	984,340	60.2	592,817	72.72	43.80
2011	919,014	60.6	557,237	75.01	45.48
2012	934,572	62.7	585,932	76.72	48.10
<b>Avg</b>	<b>947,276</b>	<b>60.8</b>	<b>575,676</b>	<b>75.59</b>	<b>46.01</b>

<sup>1</sup>Average number of rooms available per year multiplied by 365.

<sup>2</sup>Total room nights sold.

<sup>3</sup>Total room revenue divided by available rooms.

<sup>4</sup>ADR is the average rental rate for a room, equal to total room revenue divided by rooms sold.

Sources: Smith Travel Research, SB Friedman

## RETAIL AND COMMERCIAL SERVICE MARKET

The MedQuarter incorporates a portion of 1st Avenue, which serves as the primary retail corridor for downtown Cedar Rapids. During interviews, stakeholders expressed an interest in additional restaurant, convenience services and retail to serve medical staff, patients and visitors to the MedQuarter.

The Venuworks 2009 EDA application estimates that the renovated Events Center could generate an additional \$4.3 million in visitor spending on area businesses per year. Assuming Cedar Rapids restaurants and retailers average approximately \$300 per square foot in sales, this would imply approximately 14,300 square feet of retail space. While much of this space would likely be located near the Events Center, it is possible that portions of the MedQuarter closest to the Events Center could capture some retail space, particularly on 1st Avenue. The reopening of other downtown event space, such as the Paramount Theater, will help create additional activity and spending that could increase retail potential in and near the MedQuarter.

According to a market study conducted by Maxfield Research, net rents for retail space downtown typically average between \$6 and \$10 per square foot. While tenants will often pay a premium for new space, the premium that would be needed to support the cost of new construction could be double current average rents or more. Accordingly, near-term efforts to attract retail will likely be more successful to the extent that they focus on attracting national retailers and other users (e.g., bank branches, cell phone stores and fast casual restaurants) that can typically pay premium rents. Accommodating retailers in existing space that can be inexpensively renovated could be another strategy to grow retail in the near term, with potential tenants including local independent restaurants, personal services (e.g., hair and nail salons), and gift and flower shops. Retail potential should increase in the longer term as the MedQuarter grows, as additional supporting uses such as housing are developed in the vicinity, and as convention and event activity increases.

## MEDICAL OFFICE AND CLINIC MARKET

As stated in the Residential Market section, medical rents range from \$13 to \$20 per square foot in Cedar Rapids, which represents a considerable premium over most other uses. Medical user space needs are driven primarily by the decisions of major medical institutions such as Mercy Medical Center and St. Luke's, as well as larger changes in health care policy. Implementation of the Affordable Care Act (ACA) is expected to lead to major changes in the health care industry, including the following:

- More patients with insurance, which will likely decrease non-emergency visits while increasing access to primary care providers. While reform will not provide direct support for the training of more doctors and nurses, higher demand for services will likely induce greater medical employment. Demand for nurses, and nurse practitioners in particular, is expected to increase as a result.
- Expanded efforts for early intervention and preventive care, which is intended to reduce hospital admissions and will likely increase the need for outpatient services and wellness programs.
- Greater emphasis on digital records-keeping and technology, which will likely put pressure on smaller clinics and private practices that do not enjoy the economies of scale achievable by larger institutions. However, consolidation may be tempered by patients' preference for personal interaction with their doctors.

These changes may lead to greater demand for the following medical-related uses:

- Outpatient clinics and home care units, which are considered a more efficient way to deliver managed care compared to full-service hospitals
- Office space for insurance and third-party payment processors who have specialized expertise in regulatory compliance and payment collections
- Medical office space built to incorporate the latest technology and efficiency principles
- Wellness centers, which combine fitness center amenities with some degree of health counseling, monitoring and basic diagnostic services

## GENERAL OFFICE MARKET

Based on discussions with brokers and third-party studies, it appears that market conditions do not generally support speculative development of new, general-purpose office space at this time. According to LoopNet, average asking rents for office were approximately \$11 per square foot in March, while Maxfield Research reports rents averaging in the \$8 to \$9 per square foot range. This is generally not sufficient to support new construction, and most recent office activity in and near downtown appears to represent rehabilitation and renovation of existing structures.







Daniel Arthur's, 3rd Avenue SE  
May 2013



## PEER COMMUNITY APPROACHES

Across the country, communities are seeking to use their existing major institutions, including medical facilities, to catalyze development in surrounding areas. In pursuit of this goal, some of these communities have formally designated medical districts not unlike the MedQuarter, while others are working with their medical institutions as part of a wider initiative or on a less formal basis to encourage revitalization. In order to better understand the type, scale and mix of medical and non-medical uses that can be successfully supported along with a major medical destination, the Consultant Team explored three case study communities that have ongoing efforts to create vibrant mixed-use districts near hospital anchors.

- New Orleans, Louisiana: “BioDistrict New Orleans” is an effort to develop a globally competitive biosciences and environmental research industry in connection with a new University Medical Center, Veteran Affairs (VA) hospitals, Cancer Research Center and BioInnovation Center.
- Cleveland, Ohio: Cleveland’s flagship medical and educational institutions are seeking to transform their campuses and surrounding areas into a premier destination for biomedical health care and technology innovation through the “Health Tech Corridor” initiative.
- Winston-Salem, North Carolina: One of the few examples of a smaller community (with a 2011 population of approximately 230,000) seeking to strategically leverage its medical institutions, Winston-Salem is encouraging the development of multi-family residential near Wake Forest Baptist Medical Center to house medical workers and increasing connections between the hospital and its downtown.

These case studies were selected based on the degree of integration between medical institutions and the surrounding neighborhood(s), involvement of medical institutions in the planning process, and the level of success or promise displayed by the medical cluster. While community size was also considered, there are few communities with populations under 250,000 that are successfully pursuing notable medical anchor-based redevelopment strategies. Each case study is profiled in sequence below. In addition to discussing land use, each profile also describes the strategic process, key institutions, supporting infrastructure and amenities that played, or are playing, a role in medical anchor-driven redevelopment.

## NEW ORLEANS

“BioDistrict New Orleans” (the BioDistrict) is an effort to turn the disaster of Hurricane Katrina into an opportunity to establish New Orleans as a hub for bioscience and environmental research. Key institutions (including the University Medical Center and VA Hospital) are coordinating their planning and rebuilding efforts to integrate revitalization with economic development and link the activities of the BioDistrict to Canal Street and destinations in the French Quarter. Projects that are being prioritized include those which:

1. Immediately improve the medical district’s sense of place, and
2. Are most likely to be funded

Ongoing and planned development in the BioDistrict includes:

- Jung Hotel: redevelopment of a historic building into an extended-stay hotel and residential apartment building with ground-floor retail
- Galvez Research Neighborhood: Revitalization of residential neighborhood to provide housing options for medical facility workers
- A central urban park as part of the redevelopment of Tulane University and Canal Street

Development and planning in the BioDistrict is being led by the following institutions:

- The BioDistrict Board, comprising 15 members representing all major institutional and governmental entities
- The Louisiana Department of Education, which has partnered with the BioDistrict to develop a biotech curriculum for high schools across the City. The new curriculum will help equip students with the necessary skills to gain employment in New Orleans’ medical and research institutions.

Funding for BioDistrict-related projects and planning is being provided as follows:

- A state-enabled economic development district (with taxing and bonding authority) levies impact fees of 1.5% on new construction to help fund BioDistrict activities
- A \$2.4 million grant by the Louisiana Recover Authority to conduct a four-phase, 14-month master planning process for the BioDistrict
- \$47 million in state funding for the BioInnovation Center
- Gulf Opportunity Zone 9% Low Income Housing Tax Credits and Community Development Block Grant Funds were used to finance the Marquis Apartments

### Number of Beds and Admissions by Facility

Medical related use	Beds	Admissions
Tulane Medical Center	327	n/a
Cancer Center		
Center for Women’s Health		
Hospital for Children		
Transplant Institute		

### Number of Households by Age of Householder

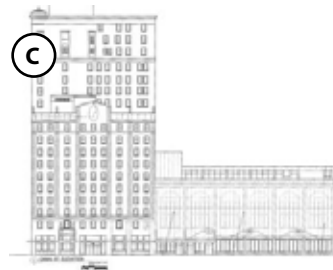
Age of Householder	Core	1/4 mile Buffer
15 - 24	177	145
25 - 34	280	408
34 - 54	349	777
55 - 74	205	478
75+	25	73
<b>Total households</b>	<b>1,036</b>	<b>2,171</b>
Median HH income (2011)	\$18,225	\$18,672



**Marquis Apartments Mixed Income Rental Development**  
Opened in March 2009. 250 total units (100 rent restricted) One to four bedrooms: 750 SF to 1,460 SF.



**BiInnovation Center: Technology Incubator**  
Opened in 2011. 66,000 SF of wet-lab, office and conference space.



**Jung Hotel:**  
Mixed use-hotel development. 124 hotel rooms planned to serve the needs of families and patients being treated at the surrounding hospitals. 328 residential apartments intended to attract medical students and medical staff of the nearby BioMedical District. Ground floor retail 53,895 SF.



**Iberville Housing Redevelopment:**  
2,446 total apartments, including 304 public housing units and 261 moderate income. Expected completion December 2014.



**Downtown Health Campus Plan**  
The site containing LSU's Charity Hospital and the original VA Hospital building is proposed for additional academic uses, cultural centers, retail and restaurants, in addition to the Charity Hospital renovation. 5,000 sf of additional retail; 855,000 sf of additional academic space.



**New VA Hospital (1.6 million SF) & University Medical Center (2.1 million SF)**  
VA Hospital development is expected to be completed by February 2016; University Medical Center includes 424 bed inpatient tower and is scheduled to open in 2015.



## WINSTON SALEM

A small community relative to other locations that are pursuing medical anchor-based redevelopment strategies, the City of Winston-Salem hosts several institutes of medicine and higher education, including Wake Forest University and Winston-Salem State University. The Wake Forest Baptist Medical Center (WFBMC) is a research and teaching hospital west of downtown Winston-Salem that is surrounded by a mix of residential, retail and office uses. The City and WFBMC are working together with the goal of increasing the vibrancy and diversity of the area around WFBMC and downtown by establishing better connections between downtown, WFBMC and surrounding districts.

Ongoing and planned development near the WFBMC includes:

- Infrastructure development: an urban circulator among major activity centers would stop at the WFBMC, enhancing connectivity between the hospital and downtown.
- A 166-unit apartment complex under planning would be marketed specifically towards medical staff, including doctors and nurses. If it is successful, another building may be constructed in the future.
- Separate from the WFBMC, Wake Forest University and the City are developing an Innovation Quarter near Winston-Salem State University with the ambition of creating a nationally-significant research park.

Development and planning in the HTC involves close coordination between WFBMC, the City and residents in order to ensure that hospital-led development is compatible with the character of the surrounding residential neighborhood. In addition, WFBMC is partnering with private developers in order to develop the Wake Forest Innovation Center.



**Holiday Inn Express**  
Renovated in 2008; 121 rooms.

### Number of Beds and Admissions by Facility

Medical related use	Beds	Admissions
Wake Forest University Baptist Medical Center	840	34,854
Brenner's Children's Hospital		
Comprehensive Cancer Center		
Heart Center		
Vascular Center		
Spine Therapy		
Carolina North Baptist Hospital		
Wake Forest School of Medicine		
Ronald McDonald House		

### Number of Households by Age of Householder

Age of Householder	Core	1/4 mile Buffer
15 - 24	1	157
25 - 34	3	525
34 - 54	4	703
55 - 74	2	422
75+	1	126
<b>Total households</b>	<b>11</b>	<b>1,932</b>
Median HH income (2011)	\$29,355	\$31,293





A



### The Edge Apartments: 6.3 Acre Multi-Family Development

Development Approved in 2012. Planned Building SF: 56,351. 166 Units with a mix of single family, townhome, and apartments. Development will be marketed towards medical center employees including doctors and nurses.

B



### Urban Circulator

City is currently reviewing the feasibility of rail and enhanced buses. Planned system length is 3.3 miles. Proposed route improves connectivity between medical center, downtown, and other activity centers.

## CLEVELAND

The Cleveland Clinic, University Hospitals, Louis Stokes Cleveland VA Medical Center, local institutions of higher education and various government and non-profit groups are part of the Health Tech Corridor (HTC) initiative that intends to make the area a hub for biomedical, health care and technology research and innovation. Although the HTC is relatively large, connectivity to downtown and surrounding neighborhoods has been a significant point of emphasis. Medical institutions played a significant role in lobbying for and helping to fund the Cleveland Healthline, a 7.1 mile Bus Rapid Transit (BRT) line that connects the HTC with downtown and is widely considered to be the best BRT system in the nation.

Ongoing and planned development in the HTC includes:

- An internal “green spine” as part of the Cleveland Clinic’s Master Plan. The green spine will form an outdoor connection linking together the Clinic’s many facilities with the corridor as a cohesive whole.
- University Circle Uptown, a mixed use project with 158 apartments and 85,000 square feet of commercial uses spearheaded by Case Western Reserve University, is intended to be the new urban center of the campus and University hospitals
- A 3rd phase to the Midtown Tech Park, which could potentially add 64,000 square feet to the existing office park for a total of 242,000 square feet
- The Cleveland Medical Mart, which is expected

to open this year, will include 1,000,000 square feet of medical showroom and sales space connected to the Cleveland Convention Center

Development and planning in the HTC is being led by the following institutions:

- Clinical and Research Institutions
  - Cleveland Clinic
  - University Hospitals Case Medical Center
  - Louis Stokes Cleveland VA Medical Center
  - St. Vincent Charity Medical Center
- Educational Institutions
  - Case Western Reserve University
  - Cleveland State University
  - Cuyahoga Community College
  - The Cleveland Institute of Art
- Governmental
  - MidTown Cleveland, Inc.
  - City of Cleveland
  - State of Ohio, Department of Development
  - Cuyahoga County

In addition, the Cleveland Clinic has established an educational partnership with neighboring John Hay High School in order to enhance biomedical, technology, and healthcare education among youth. More information about specific projects, key institutions and the mix of land uses is provided in the attached case study profile.

### Number of Beds and Admissions by Facility

Medical related use	Beds	Admissions
Cleveland Clinic Campus	1,239	53,410
Children's Hospital		
Emergency Hospital		
Cole Eye Institute		
Taussig Cancer Institute		
Global Cardiovascular Center		
Ronald McDonald House		
Case Medical Center	1,032	42,167
Children's Hospital		
Siedman Cancer Center		
Women's Hospital		
Louis Stokes VA Medical Center	568	11,162

### Number of Households by Age of Householder

Age of Householder	Core	1/4 mile Buffer
15 - 24	322	596
25 - 34	353	841
34 - 54	327	1510
55 - 74	447	1485
75+	337	644
<b>Total households</b>	<b>1,786</b>	<b>5,067</b>
Median HH income (2011)	\$13,470	\$15,936



## Medical District Context



### MAP LEGEND

#### Selected Complementary Uses:

- 1 Retail :Neighborhood Shopping Center
- 2 Hotel: Intercontinental Hotel
- 3 Senior Residential: Judson Manor
- 4 Medical Office Service: Thermo Fisher Scientific

#### Recent Developments:

- 5 Double Tree Hotel
- 6 Uptown Mixed-use Residential

#### Planned / Under Construction Projects

- A Global Center for Health Innovation
- B Cleveland Clinic Master Plan



### Global Center for Health Innovation

(Medical Mart) Medically focused convention center and tenant space. Opens fall 2013. 1,000,000 SF medical mart and adjoining convention center with 230,000 SF of exhibit space. Located on the western end of the Health-Tech Corridor outside the medical district.



### Intercontinental Hotel

322 Rooms



### Double Tree Hotel

Opened in 2011; 145 Rooms. Includes 25,000 SF of office space.



### Uptown: 4.65 Acre Mixed-use Residential Development

Phase 1: Opened in October 2012; 114 mixed-income rental apartments; Phase 2: Planned for 2014; 44 apartments, and 85,000 SF of retail. Studio to 2 Bedrooms Units: 700 to 1,300 SF.



### Cleveland Clinic Master Plan: 160 Acre Main Campus

Plan proposes organizing the campus around an internal "Green Spine."

## CLEVELAND - UNIVERSITY CIRCLE AND UNIVERSITY CIRCLE, INC.

Cleveland Clinic is located in an area of Cleveland known as University Circle. In addition to being the home of multiple medical institutions, University Circle is home to a number of important institutions including the Cleveland Museum of Art, the Cleveland Botanical Garden, and the Cleveland Museum of Natural History. A brief summary of their history from their website ([www.universitycircle.org](http://www.universitycircle.org)):

- The arrival of University Hospitals in 1931 (founded in 1866) led to health care becoming another center of innovation in University Circle. Less than one mile away from University Hospitals, the Cleveland Clinic started serving its patients in 1921. The growth of the Circle as a center of innovation in health care, education, and arts & culture provided a foundation for a vibrant urban district along one of its major arteries.
- By 1950, 34 institutions had chosen University Circle as their home. But the new world-class center of innovation needed help with its growth.
- The first master plan was completed for University Circle in 1957. One of the most important recommendations made in the 1957 Master Plan of University Circle was to “**establish a central organization to administer the plan and give it some real authority.**” With that charge and full institutional support, the University Circle Development Foundation (UCDF), was formed as a “service organization to all institutions.” Initial efforts focused on creating a land bank to purchase and hold available land needed by institutions for expansion. Soon, services that could be provided more efficiently if done collectively - parking, shuttle bus service, public safety, architectural review, and landscaping of common areas - were added. **The stability provided by these services gave new confidence to the institutions, and the Circle’s growth skyrocketed.**
- In 1970, UCDF was reorganized as **University Circle Inc. (UCI)** with an added emphasis on strengthening the relationship between University Circle and its surrounding neighborhoods. In its outreach to the broader community, UCI began working closely with neighborhood organizations to build housing and to provide access to broader community resources. UCI’s Community Education Program was created in 1973 to bring the assets of the Circle to Cleveland schoolchildren.

- The 1990 University Circle Master Plan, which updated the 1957 Master Plan, **strongly reinforced the importance of neighborhood partnerships.** UCI’s reorganization moved it from simply being the “caretaker” of the Circle’s physical environment to being a catalyst for development, an integral service provider, and an advocate for University Circle as a center of innovation in health care, education, and arts & culture.

University Circle, Inc. works with not for profit partners such as **Greater Circle Living** which offers a forgivable loan for down payment and/or closing costs for the purchase of an owner-occupied home by full-time employees of any nonprofit institution in Greater University Circle.

- Funding partners include: Case Western Reserve University, Cleveland Clinic, Cleveland Foundation, Cleveland Museum of Art, Judson at University Circle, Kent H. Smith Charitable Trust, Surdna Foundation, University Hospitals; Community Partners: City of Cleveland, Buckeye Area Development Corp., City of East Cleveland, Community Housing Solutions, Consortium for Economic and Community Development (Hough), Famicos Foundation, Little Italy Redevelopment Corp., Living in Cleveland Center, Neighborhood Progress, Inc.;
- Program Administration and Development is managed by : Fairfax Renaissance Development Corp.;
- Marketing Partner: University Circle, Inc.

### Key Take-Aways:

- The district supports a variety of uses.
- There is a strong central organization responsible to administer the plan
- Planning efforts emphasize neighborhood partnerships
- Open space amenities are a priority in development, and are programmed for year-round use.





Through organizations like Greater Circle Living, forgivable loans are available to district employees to aid with the purchase of select properties within the greater University Circle area (see map boundary). Rental assistance programs are also available.

## UNIVERSITY CIRCLE, INC.

University Circle, Inc. has been serving the University Circle neighborhood since the late 1950s, helping to administer district master plans.

## GREATER CIRCLE LIVING

University Circle, Inc. works with the nonprofit group Greater Circle Living to help administer a housing assistance program that helps to encourage district employees to live near work.



## OPEN SPACE

High quality open space is integrated throughout the district.



## PROGRAMMING

In addition to administering the district's plan, providing programming opportunities and promoting them to the public is a major function of University Circle, Inc.

## LESSONS LEARNED

The case studies suggest several key land use, planning and institutional guidelines that may help enhance the vibrancy and success of the MedQuarter:

- While housing and retail amenities are often located in close proximity, they are not necessarily placed in the core of medical districts. Instead, they seem to be located on the fringe, where they can tap into surrounding neighborhoods while still being within walking distance of major medical employment destinations.
- Medical offices are commonly located in close proximity to major hospitals. Besides doctor's offices, other related office users can include insurance companies, payment processors and medical device sales offices.
- Extended-stay hotels appear to be a compatible use to locate near hospital facilities. The scale and level of lodging options appear to be correlated with the scale and prominence of hospital facilities.
- Day care centers could be a complementary use in or near major medical institutions.
- Senior housing can be located in close proximity to hospitals and clinics.
- New Orleans and Cleveland are planning significant open space amenities that will connect major medical anchors to complementary uses and surrounding neighborhoods.
- All three case study communities are attempting to improve connections between their medical clusters and surrounding areas (and downtown in particular) in order to create synergies. Connections are being forged not just through urban design and transportation improvements, but also through programs that link medical activities with workforce skills programs.
- Medical anchor initiative and involvement appears to be a critical factor in catalyzing redevelopment. While not all medical institutions can afford to sponsor development (e.g., Cleveland's sponsorship of the Intercontinental Hotel), hospitals often have access to funding and other resources that other stakeholders may not possess.
- Finally, it should be noted that nearly all concerted efforts to develop medical clusters or districts focus at least to some extent on promoting research and development activities. While this is not to say that efforts to leverage medical institutions without a research component cannot be successful, there are few examples of such efforts. In fact, Winston-Salem was the only example identified by the Consultant Team.

## PRELIMINARY MARKET-BASED OPPORTUNITIES

### Residential

The potential for market-rate residential development within the MedQuarter is limited due to residential developers' inability to pay as much for land compared to office and medical office users. However, medical institutions could help support the development of housing within the MedQuarter through an employer-assisted workforce housing initiative for staff or more direct participation in senior-oriented continuing care retirement communities (CCRCs) and assisted living facilities.

At the same time, there may be significant potential for infill multifamily residential on the fringes of the MedQuarter, specifically to the south and west in the area between the MedQuarter and the Downtown. Housing in this area would provide opportunities for people to live within close proximity of two of the major job centers in the City – the MedQuarter and downtown Cedar Rapids – leverage key amenities including local theatres, restaurants and retail, the newly developed public library, the U.S. Cellular Arena, local museums and attractions. Housing development in this area (along with hotel uses) would also result in increased patronage of retail, restaurant and entertainment uses within the district, particularly during evening hours and the weekend.

In the near term, much of this housing is likely to result from the rehabilitation of existing structures such as the Bottlenworks Loft Condos or affordable housing programs, but as these areas become more established residential neighborhoods and demographic trends increase demand for housing over time, newly constructed market rate housing is likely to follow.

### Retail And Commercial Services

Efforts to attract retail to the MedQuarter should be focused primarily on 1st Avenue, since it is already an established commercial corridor, carries significant volumes of traffic, and provides a direct connection to the Convention Center and the downtown. The parking lots located at the corner of 1st Avenue and 10th Street will likely have the greatest retail potential, since they occupy a key location adjacent to UnityPoint Health - St. Luke's Hospital and PCI.

A secondary commercial node could be created around a central open space amenity within the MedQuarter. The commercial node and open space would be synergistic, with the commercial uses enlivening the open space area and the draw of the open space amenity generating sales for the commercial uses. The types of commercial activity that would most likely complement the existing mix of retailers in the area as well as medical and office uses potentially include a sandwich shop, coffee shop, ice-cream shop, gym, and/or daycare.

### **Hotel And Lodging**

Limited-service, extended stay hotels are commonly found near major medical facilities in other communities. Such a hotel in or near the MedQuarter could serve as a more convenient option for families and inpatients compared to sleeping on a hospital cot or staying at a more expensive or distant hotel. Any new hotel should be appropriately positioned (through location, design, and marketing) to capitalize not just on demand from the MedQuarter, but also from surrounding activity generators including the newly renovated U.S. Cellular Center, Convention Complex, Coe College, and downtown business district. The Convention Complex in particular is forecast to generate increased demand for hotel stays. While the DoubleTree Hotel will likely capture much of this increased demand, there may be an opportunity for a limited-service hotel to serve as a budget-friendly alternative to the upscale DoubleTree.

### **Office And Health Care-Related Uses**

As the MedQuarter and its key institutional anchors grow, medical office users and medical-related companies such as insurance will likely drive demand for professional office space. Based on the complementary uses seen in case study medical districts, as well as wider industry trends, other health care-related uses could potentially be supported by the MedQuarter. These could include the following:

- **Urgent Care Facility:** No urgent care facility currently exists in or near downtown Cedar Rapids. Locating such a facility in the MedQuarter could help reduce hospital visits for non-critical care, which in turn could help reduce healthcare costs and capacity issues.
- **Outpatient Clinics:** Similar to urgent care facilities, outpatient clinics provide care outside of a hospital setting. While there are already several

outpatient facilities in the MedQuarter, efforts by industry and policymakers to reduce the cost of care will likely encourage further expansion of outpatient care.

- **Wellness Center:** Wellness centers combine fitness center amenities with some degree of health monitoring and diagnosis. With health care reform emphasizing preventive care and health maintenance, wellness centers could play an increasingly important role in managing and preventing chronic conditions.

### **Open Space**

Both Cleveland and New Orleans are incorporating open space as a central organizing feature and key amenity for their medical clusters. The MedQuarter currently lacks meaningful open space amenities within its boundaries. A central plaza or park could enhance the attractiveness and identity of the MedQuarter and help support efforts to attract additional development. Ideally, such amenities should consist of, or incorporate, the following features:

- A protected pedestrian connector between medical institutions and other destinations
- An attractive urban plaza or promenade fronting retail and restaurant amenities
- Sculptures, waterfalls, rock gardens, and/or other features that promote an atmosphere of reflection and healing

# MEDQUARTER SWOT ANALYSIS

Through the observations and analysis undertaken during the State of the District project phase, including physical conditions, market conditions, and stakeholder feedback, the project team has developed a list of MedQuarter strengths, weaknesses, opportunities, and threats. Strengths are characteristics that are assets and competitive advantages, weaknesses are characteristics that constrain potential and are likely to remain. Opportunities are favorable circumstances that can serve as the basis for growth, and threats are circumstances that can either undermine or impede the MedQuarter growth.

These observations reflect existing MedQuarter conditions, and will help to inform the recommendations of the upcoming MedQuarter Visioning phase.

## MedQuarter Strengths

- MedQuarter is one of Cedar Rapids' major job centers.
- MedQuarter is a regional medical destination.
- MedQuarter's proximity to downtown lends it the ability to leverage key amenities including theatres, restaurants and retail, the new public library, U.S. Cellular Arena, local museums, and other attractions.
- The City's application of TIF, support of the SSMID, and approval of suitable new development reflect the City's commitment to MedQuarter improvements and local business growth.
- The City and the district's property and business owners, through an established Medical District SSMID Commission and associated sub-committees, are working in partnership to enhance business in the MedQuarter.
- MedQuarter has market characteristics and traffic counts that enable interest by developers and retailers.
- The MedQuarter SSMID Commission has developed, and is implementing, a strong MedQuarter brand platform.
- Existing surface parking in the MedQuarter is ample, and conveniently serves MedQuarter customers and patients.

## MedQuarter Weaknesses

- Potential for investment opportunities within the MedQuarter is in some ways restricted by property ownership. A large portion, close to two-thirds, of MedQuarter's land is owned by the two largest medical institutions in the district - St. Luke's and Mercy Medical Center. Ownership of property that is not controlled by St. Luke's and Mercy Medical Center is fragmented and will require efforts by investors to assemble and redevelop.
- Because of high land prices driven by proximity to major medical institutions, the potential for market-rate residential development within the MedQuarter is limited. Residential developers' are not willing to pay as much for land as compared to office and medical users.
- The district lacks design standards for new and existing properties. Certain developments are poorly situated on their sites, some strip centers look out dated, and several areas are in disrepair.
- A large proportion of land within the MedQuarter is dedicated to surface parking. Currently, the surface lots provide a convenient parking option for out of town customers. However, in the future, the dedication of a large amount of land to surface parking may reduce investment opportunities in the district.



**MedQuarter Opportunities**

- Further focused, collaborative marketing efforts can strengthen MedQuarter's reputation as medical destination.
- MedQuarter's existing historic building stock can be leveraged to help define district character.
- Strategic partnerships between MedQuarter institutions and other stakeholders can help support MedQuarter area housing development.
- Implementation of planned streetscape enhancement can serve as a catalyst for more physical improvements.
- MedQuarter SSMID is a self-supported improvement district, and as such, can provide MedQuarter with unique advantages for plan implementation and stewardship, including project funding and district business development and recruitment.

**MedQuarter Threats**

- Lack of adjacencies among institutional uses and businesses along with vacancies create a series of disjointed destinations throughout the MedQuarter.
- MedQuarter is perceived by some as unsafe and insecure.
- At times, competition between MedQuarter entities strains relationships and challenges the ability to work together towards common goals. Straightforward communication among district entities will be critical to the success of the MedQuarter.
- Local regulations, including zoning regulations, and processes do not currently support the vision for MedQuarter business development and physical appearance.
- Roles for MedQuarter stewards (including the SSMID Commission and the Economic Alliance), will evolve as the Medical SSMID matures. There is currently no entity solely responsible for business recruitment within the district. In the future, a dedicated staff person or organization should be considered to fill this role.
- The MedQuarter lacks high-quality public space, which also lends to the lack of identity in the district.



## PRELIMINARY DEVELOPMENT OPPORTUNITY SITES

Based on the analysis in this report, preliminary development sites are identified, as outlined on the map. Several opportunity sites exist throughout the MedQuarter that may be considered as future sites for new development. These sites were identified based on sub-optimal land uses, vacant or deteriorating buildings, vacant lots, key locations, and potential to consolidate small parcels of land to create larger development sites or blocks. Ultimately, the future development of each opportunity site is dictated by the property owner.

In the next project phase, development opportunity will be illustrated to serve as a guide to how the MedQuarter might ideally redevelop to support this plan's vision, goals, and objectives when land becomes available.





1st Avenue SE  
May 2013

## NEXT STEPS

The State of the District Report represents the culmination of the first phase of the MedQuarter master planning process. During this phase, the project team has:

- Engaged a wide range of City and MedQuarter leaders, institutions, members, property owners, and public agency representatives.
- Established a comprehensive information base to inform capital improvement programming and economic development activity through the next planning phases.
- Determined and defined the MedQuarter's development opportunities and constraints.

Next, during the District Vision phase, the project team will:

- Explore the improvement and development potential of the MedQuarter.
- Explore a range of land use possibilities and creative design concepts that are sensitive to MedQuarter goals and adjacent neighborhood impacts.
- Develop character-enhancing concepts for the MedQuarter that help create identity and help carry forth the MedQuarter brand.
- Refine the vision for the future of the MedQuarter.

The planning process will culminate with a third District Master Plan phase, wherein the project team will bring the preferred land use context, development direction, infrastructure, transportation, and implementation strategies into a cohesive coordinated MedQuarter master plan document.

# APPENDIX

## COMMUNITY OPEN HOUSE

Community members participated in an evening Open House workshop on May 23rd, 2013. Participants were asked to provide input at five stations on the following topics:

### Station 1: Introduction

Participants were asked to mark the location of his or her residence or workplace on a map, while also getting an overview of the planning process goals and time line.

### Station 2: Transportation

Participants were engaged in discussions about preferred methods of transportation and their thoughts on the vehicular, pedestrian and bicycle environments in and around the Cedar Rapids Medical District study area.

### Station 3: Existing Conditions

Participants viewed a number of graphics, data and charts analyzing the current business mix and demographics of the Cedar Rapids Medical District study area. Additionally, information was provided for similar medical districts as a way to benchmark and compare the medical district to other successful districts.

### Station 4: Visual Preference Survey

Participants completed a visual preference survey that consisted of images of achievable building, transportation, urban design and branding and wayfinding improvements and ranked them on a scale of “strongly like” to “strongly dislike.” These images are used to spur thought and guide decisions for a shared future vision for the area.

### Station 5: Big Map Exercise

Participants were engaged in conversation and asked to give their thoughts on specific locations for district improvements. A large base map was provided while participants were given an unlimited number of colored “dots.” Each color represented a different improvement including: building, transportation, urban design and branding elements. As participants placed their “dots” on the map, patterns began to develop, giving the planning team insight into district nodes that need the most attention.

Gary	Albers	Brian	Monroe
John	Albert	Bruce	Nesmith
Tim	Anderson	Tim	Oberbroeckling
Steve	Barry	Bill	Olinger
J	Blanco	Bill	Olinger
Dave	Brost	Jeannie	Olinger
Richard	Cooley	Richard	Pankey
Susan	Corrigan	Frederick	Rottmiller
Beth	DeBoom	Tom	Slattery
Gordon	Epping	Clare	Slattery
John	Hager	Alice	Smith
Vaclav	Hasek	Hal	Sondrod
Larry	Johnson	Dean	Spina
George	Kanz	Michael	Sundall
Jeffrey	Krivit	Richard	Thomas
Chip	Lingo	Ted	Townsend
Judy	Lingo	Steve	Wahle
Shawn	Lueth	Craig	Walloze
Shari	Mailander	Phil	Wasta
Janet	Manatt	John	Wasta
Lois	Mather	Marcie	Watson
John	Mather	Dave	Wilson
Liz	Mathis	Sarika	Bhakta

### May 23rd, 2013 Open House Participants

*from sign-in sheet, discrepancies in spelling of names may exist*



## OPEN HOUSE BIG IDEAS

Pervious Surfaces • Green Roofs • Trolley Shuttle  
• Electric Vehicle Parking • Historic Preservation •  
Save older buildings for supporting business • Traffic  
calming on streets • Small park • Summer outdoor  
festival • Upscale apartments and condos • Restaurants  
• Outdoor fitness equipment at borders of district/  
walk circuit • Kids fitness circuit • Walk to work • Include  
enclosed connections/connectors • More home rehab  
in wellington heights • Cohesive planning no “Silo-ed”  
planning • Bike transit station • Less surface parking  
• Capture condensation for irrigation • Save Historic  
Buildings • Attract electronic information businesses  
that support medical users, eg. Software • Effective  
outdoor gathering areas • Less surface parking •  
Adaptive Re-use • Green space and health fairs • Use  
Brewer House for families of cancer patients • Connect  
downtown and residential areas—being a buffer, serves  
neither side well • Way-finding 5: Turner Alley Grant  
Wood Studio Iowa Masonic Library

## WEB-BASED OPINION SURVEY AND VISUAL PREFERENCE SURVEY

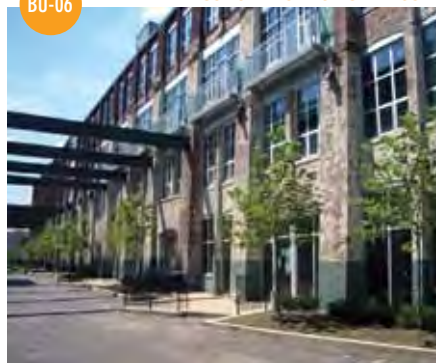
To further identify stakeholder priorities and interests, a web-based survey was developed at the beginning of the project. The survey was posted on May 25, 2013 and results were collected through June 24, 2013. The web-based survey received 137 responses.

The Visual Preference Survey was conducted as part of the May 23rd Open House and as part of the web-based survey. Top images from the Visual Preference Survey are included below.

BU-02 MIXED-USE BUILDINGS



BU-06 ADAPTIVE RE-USE OF EXISTING BUILDINGS



BU-10 MULTI-FAMILY RESIDENTIAL WITH GREENSPACE



### Buildings

The images that scored most favorably for the Buildings category were those that consisted of mostly glass and were very transparent, blurring the line between inside and out. Respondents Preferred open air facades, full glass storefronts and window displays. There was also a desire to preserve historic facades in the study area.

BR-11 STREET SIGNS



BR-13 WAYFINDING SIGNAGE

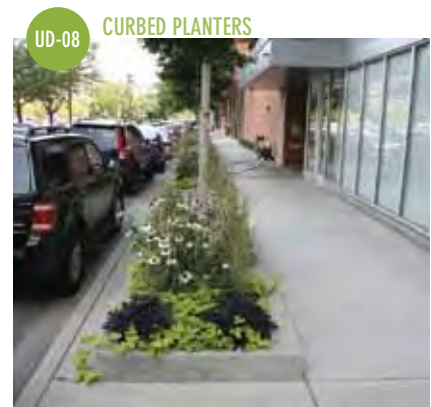


BR-14 GATEWAY SIGNAGE



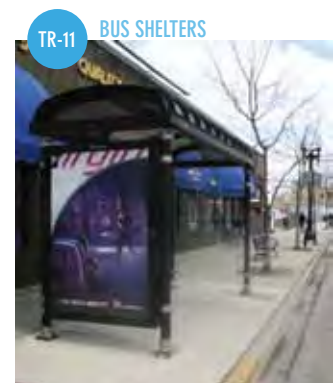
### Branding and Wayfinding

Images that scored most favorably in the branding and wayfinding category were high quality, permanent gateway, wayfinding and branding elements. These included street signage, wayfinding signage as well as gateway signage. These elements were also pedestrian scaled and located in bump-outs, on sidewalks or on buildings.



### Urban Design

Images that included a wide variety of pedestrian-oriented amenities scored favorably in the urban design category. Those images that included cafe space, pedestrian alleys and curbed planters scored high. Respondents favored open spaces that were dedicated to pedestrians only, while limiting the presence of vehicular traffic.



### Transportation

Images that scored most favorably in the transportation category were those that highlighted crosswalks as well as smaller parking structures and bus shelters. Respondents showed a preference for making pedestrian crossing more prominent and safe, rather than roadways. Public transportation elements and smaller parking structures also scored more favorably.



## WEB-BASED OPINION SURVEY AND VISUAL PREFERENCE SURVEY

# WHAT WOULD YOU LIKE TO SEE HAPPEN IN THE MEDICAL DISTRICT?

Below are representative comments received to the above question via the web survey.

### **I would like to see it become a midwest resource, drawing people in from the surrounding states for not only medical care but conferences, concerts etc.**

- Easy to access by car, bike, walk (handicap accessible) free parking, lots of open space (not too crowded) keep it clean and simple (not too distracting or busy).
- Park like welcoming atmosphere

### **Existing historic structures preserved and reused**

- I would like to see inclusion of all areas of medical district in the early process like wayfinding to identify the medical district for the community while making sure the outliers of the medical district are identified and not forgotten in the early process.
- Less distance to cover for the elderly and disabled people to access offices.
- NO Fast Food! Health Oriented Cafes
- Better Healthcare, easy to follow directions to find appropriate office, security, lower cost to consumer, free parking.
- Local cafes and businesses that complement the medical services to develop around the outskirts. Keep it all easily accessible for parking and public transportation.

### **More eateries**

- Something similar to Mayo Clinic where you can call one place and have the appropriate appointments set up for you.
- For PCI to be a better neighbor to Wellington Heights.
- New food options. Remove the strange bike lane on third from downtown.

### **Make it multi-purpose**

- I would like to see it become a business/medical district that isn't just 9-5 for businesses and does not become abandoned in the evenings. It would be nice for it to be people friendly and well lit to discourage violence/vandalism.

### **More green space**

- Create effective traffic flow, safe environment for patients-most of whom are ill, elderly and maybe very unfamiliar with CR. Quit blocking streets!!
- Restaurants and Cafes. More Physicians office move to the Med. District.
- Preserve some housing
- Show some concern for employee safety. Mark the crosswalks.

### **Help better develop the 1st Avenue Corridor in that district**

- Progressive joint commercial and residential development with improved safety and security for the area
- To become a destination for regional medical care and a safe, friendly place for locals to interact with these visitors.

### **Small inexpensive hotel**

- Much more synergy with the current business & non-profit community
- Better lighting, way finding, large scale office buildings
- Preserve remaining mix of buildings and uses. Add additional mixed-uses that will increase activity and support medical facilities. Infill develop open land and parking lots - consolidate parking to structured parking and encourage transit / alternative transportation.
- Better signage on how to get around the facility - driving seems difficult

### **Safe, easy, convenient place**

- More businesses such as restaurants, services, etc. that complement medical services and meet the needs of the workers.
- Shops, restaurants, safe place for pedestrians and patrons of the medical buildings.

## WEB-BASED OPINION SURVEY AND VISUAL PREFERENCE SURVEY

# DO YOU HAVE ANY BIG IDEAS FOR THE MEDICAL DISTRICT?

Below are representative comments received to the above question via the web survey.

- Would like to see more hotel options downtown. Places for family members to stay. Would love to see some of the medical vendors/researchers set up shop in Cedar Rapids

### **More doctors, more specialist to rival the U of I health care! Make it a comfortable place for caregivers to relax while waiting for loved one.**

- Cedar Rapids needs an aquatic therapy pool to meet the needs to the community.
- A “healing” garden area, fitness/health related services like yoga and a spa that offer all natural services/products, delis/cafes for patients visiting or employees, vision/glasses store, close by accommodations for extended stay treatments for out of town patients - mini apartments - in essence a “one stop shop” for you personal health and wellbeing.
- Less evidence of utility lines.
- Design public areas that could also be used for family friendly events on weekends.
- I would like the area to up property values of surrounding neighborhoods
- Create a park with a trail and baseball diamonds and other lunch-hour exercise options for downtowners and med park workers. Maybe include a significant fountain/water feature. Make it safe at night for use after dark.
- Don’t create more havok on the streets than we already have!
- Add skywalks for crossing as much as possible. Don’t make it with such an incline as the one at PCI and the parking garage. It makes it difficult to go back up when you have a leg injury.
- A pond or playground for the kids would be nice
- Doctors agreeing to go to either hospital. Not forcing you to go to one
- Currently, the new medical district buildings on 10th Street have made travel difficult & confusing, especially for those who traditionally have utilized smaller businesses and medical practices in the area. To work around them, one finds themselves driving in circles trying to figure out where the

one way streets, two way streets and bikeways go to. I am continually shot out into strange roadway endings that bear little clue as to where to go to find a regular through street to get to the major thorough fares. My big idea is “Fix It!”

- U of Iowa should open a small, specialized teaching center in that area.
- Try to get a children’s hospital and a hotel
- See Dubuque for repurposed old brick buildings.
- Incorporate restaurants and sidewalk cafes to encourage pedestrian traffic, but make it easy to get to parking. Easy access to the main hospitals would be nice which could include skywalks to St. Luke’s and shuttles to Mercy Medical Center.
- Charleston, SC has the ‘painted houses’ - could something along that line be done where it’s unique? The strip mall on 10th Street is just plain ugly. McKinley MS is beautiful - wouldn’t send my kids there but it’s a beautiful building and that strip mall is ugly step-sister - the same with the 5th Ave Professional building.
- All hospitals and groups must work together to truly make it a destination. They do not need to be on the same page, but they definitely need to be in the same book.

### **Theater, meditation grounds (circles), gallery to rotate art from area students (elementary thru college). Covered walkways, or side sheltered. It’s cold in Iowa, we don’t need huge expanses of green space.**

- Keep it simple, Clean, Cost effective. Can you team up with Kirkwood or the school programs for job sharing programs to spark kids interest in the medical field?
- Just the sky walks
- Preserve historic buildings including the automotive district.

## STAKEHOLDER INTERVIEW SUMMARY

# LAKOTA

PLANNING  
URBAN DESIGN  
LANDSCAPE ARCHITECTURE  
HISTORIC PRESERVATION  
COMMUNITY RELATIONS

### MEMORANDUM

Date: June 17, 2013  
To: John Albert, Chairman, Master Development Plan Steering Committee  
From: Sarah Gephart, The Lakota Group (Lakota)

RE: **Community Engagement Summary**  
**MedQuarter Regional Medical District Master Development Plan**  
**DRAFT FOR COMMITTEE REVIEW**

This document represents a summary of community input collected by the Lakota Group Team, to date, as a part of the MedQuarter Regional Medical District master planning process. Community engagement has been an important part of the current State of the District project phase. We held the first public open house on May 23, 2013. At least 45 people participated. Following the first open house, we conducted stakeholder interviews. We contacted 96 stakeholders, either via phone or email, and invited them to participate in one-on-one or small group interviews. We made a concerted effort to schedule as many stakeholders as possible for interviews, and overall had a very good response rate. Of the 96 stakeholders we reached out to, we have talked to 57, both in person and over the phone.

We have received some really great feedback so far. This memo provides a broad summary of what we have heard through our engagement with stakeholders and the general public relative to a number of different master planning issues. Although there are many different opinions about how the district might develop, and the plan faces its own challenges, a common vision for the future of the district is beginning to emerge. Stakeholders envision a future district that is:

*....vibrant, active, mixed, 24-hour, park-like, campus-like, eclectic, a destination, "holistically" healing, highly collaborative, clean, safe, fresh, open, unified, consistently of high quality, and consistently branded.*

Our next deliverable, available the first week of July, will be a draft State of the District report. This report will include a detailed analysis of existing MedQuarter conditions, a summary of the marketplace, an overview of best practices, and a summary of preliminary MedQuarter opportunities. We would like to emphasize that throughout the planning process we welcome questions and comments from interested parties, and will continue to refine our approach as the project progresses.

#### Land Use and Zoning

- St. Luke's and Mercy own a large portion of the land within the district. PCI leases land from St. Luke's for its building and parking facilities. The new PCI facility has served as a major catalyst for improvements within the district.
- All three major medical institutions within the district (St. Luke's, PCI, and Mercy) see potential for future growth within the district.
- A number of faith-based institutional uses are located within the district, including: First Lutheran, Immaculate Conception, The City Church, and Bethel African Methodist Episcopal Church.
  - First Lutheran hosts a number of events throughout the week, both during the day and in the evening. They have a shared parking agreement with St. Luke's.
- A number of civic institutions are located within the district, including: Cedar Rapids Central Fire Station, US Post Office.
  - The new Cedar Rapids Central Fire Station is currently being constructed, and is only partially located within the district boundary.



- A number of cultural Institutions are located within the district, including: Koehler History Center, Grant Wood Studio, The Iowa Masonic Library
- A number of city educational institutions have a presence in the district including Coe College and Kirkwood College.
  - Coe College owns the Hampton Court Apartments on the south side of 1st Avenue.
  - Kirkwood College has a building in the district, and many Kirkwood students work in the district as trainees or new employees.
- There are a number of vacancies within the district, and there is a perception that the number of vacancies within the district is very high. However, there is no aggregated data on vacancies or available properties within the district.
- Historic properties: The District is home to a number of historic properties, including six buildings that are listed on the National Register of Historic Places.
  - National Register Buildings: Douglas House, Averill House, Ausadie Building, Calder Houses, and the Brewer House
  - Other notable historic structures: Daniel Arthur's Restaurant building is one of the few remaining historic mansions on 3<sup>rd</sup> Avenue.
  - Much of the strong reaction about historic preservation has been in response to tearing down historic buildings to build parking lots.
  - There is a perception that many of the historic properties are in poor condition.
  - There is no local designation for single historic properties; however there is a local designation for historic districts. There are no existing historic districts within the MedQuarter district, although the City recently considered dedicating "Auto Row," along 2<sup>nd</sup> Avenue from 10<sup>th</sup> Street towards downtown, a historic district. Ultimately the City decided not to pursue the designation.
- Desirable uses cited by stakeholders: destinations, restaurant options (no more fast food), day care, affordable housing, faculty housing, young professional housing, medical district staff housing, townhomes, senior housing, extended stay housing, grocery store, "niche" grocery store, deli, sandwich shop, clothing store, family restaurant, gas station, affordable hotel, "boutique" type retail, shared conference center, event center, high-quality open space, central gathering space, community gardens, healing gardens, water features, sculptures, movies in the park, parades, mental health facility, children's hospital, urgent care / walk-in clinic, Ronald McDonald House, pharmacy, dry cleaner, office space, health fair, outdoor cafes and dining.
- Undesirable uses cited by stakeholders: payday loan shops, liquor stores, pawn shops, large-scale retail.
- Adjacent neighborhoods and land uses:
  - Wellington Heights: Neighborhood immediately northeast of the district. Many of the old, large single family homes have been converted to multi-unit rental dwellings, some of which are not well-maintained. Both of Cedar Rapids' designated historic districts are located in the Wellington Heights neighborhood (2<sup>nd</sup> and 3<sup>rd</sup> Avenue District and the Redmond Park and Grand Avenue District). The Affordable Housing Network has rehabbed +/- 200 properties in the neighborhood, using grant monies. They are working to restore the single-family character of the neighborhood. The Affordable Housing Network also manages a nuisance abatement program in the neighborhood. Wellington Heights is currently working with Schreiber Anderson to draft a neighborhood plan. The neighborhood wants to prevent tear downs, is sensitive to traffic pattern changes, and treatment of border between the neighborhood and the district. The neighborhood is a five minute walk from the district and could serve as a source of affordable housing for hospital workers.
  - Coe College: no plans for further expansion south of 1<sup>st</sup> Avenue; 100% residential college; students tend to remain on campus during weekends; roughly half of students from out of state.
  - Uptown District: 1<sup>st</sup> Avenue north of district would like to implement aesthetic improvements and a wider variety of commercial uses along 1<sup>st</sup> Avenue northeast of the district.

#### Infrastructure

- There is an existing perception of some drainage / storm sewer issues.
- Some district roads cannot accommodate truck traffic, perception that district roads could use repair and improved maintenance.

### **Condition and Appearance**

- Stakeholders were generally pleased with the 10<sup>th</sup> Street streetscape enhancements recently installed between 1<sup>st</sup> Avenue and 3<sup>rd</sup> Avenue, although some expressed concern that the roadway appeared too wide.
- People would like to see more streetscape enhancements including, brick crosswalks, uniform lighting throughout the district, landscaped parkways, etc.
- Façade improvements to existing buildings would benefit the district.

### **Access, Circulation, and Parking**

- Parking:
  - Code requirement for medical use parking might be too high.
  - Parking an issue for some (CarePro), but not for most businesses within the district.
  - Some feel it is difficult to arrange shared parking agreements.
- Wayfinding:
  - Needs improvement, district is not currently easy to navigate
- Roadways:
  - There is perceived congestion problem on 8<sup>th</sup> Avenue, A Avenue, and 10<sup>th</sup> Street during rush periods.
  - Perception of a lot of truck traffic on 10<sup>th</sup> Street; the City has looked at moving the truck route to 7<sup>th</sup> Street and 8<sup>th</sup> Street, but would require reconstruction of the roads
  - People have come to accept the conversion of one-way streets to two-way streets. Some people feel that navigating 2<sup>nd</sup> and 3<sup>rd</sup> Avenue is confusing (both one-way and two-way traffic), because of two-way conversion. The conversion impacted some people's traditional driving routes.
  - Some displeasure about closing 2<sup>nd</sup> Avenue, some felt PCI turned its back on the neighborhood. Street closure remains a sensitive issue in the community. The road closure impacted some people's traditional driving routes.
  - Iowa DOT is investigating potential improvements to the I-380 entry point at A Avenue and 8<sup>th</sup> Street, including a round-about design.
  - Some think 10<sup>th</sup> Street is too wide. Signal timing was also mentioned as an issue on 10<sup>th</sup> Street. Widening of 10<sup>th</sup> Street near Mercy Medical Center not supported, area residents would like to keep traffic moving at a slower pace at that location.
  - 1<sup>st</sup> Avenue has become a district divider due to its width, traffic volumes, signal timing, and lack of pedestrian crossings.
  - Mount Vernon Road is a major route into town
- Bike lanes are perceived as not having been well implemented.
- Bus service is perceived as inconvenient. There is a perceived need for transit that is available at all hours. A circulator that connects Coe to the malls, New Bo, and convention center through the MedQuarter was offered as an example. In the past, groups have discussed a circulator between Downtown, New Bo, and the MedQuarter that would be operated by the Downtown District.
- Potential access, circulation, and parking improvements: two-way traffic on 7<sup>th</sup> Street and 8<sup>th</sup> Street; close a portion of A Avenue; close a portion of 5<sup>th</sup> Avenue; round- about at A Avenue and 8<sup>th</sup> Street; round-about at 10<sup>th</sup> Street and 8<sup>th</sup> Avenue; enhanced walkability, ADA accessibility should be a priority for all new parking, streetscapes, and public plazas, wider sidewalks, structured parking.

### **Image, Brand, and Marketing**

- District boundaries are unclear to most.
- Churches, historic buildings, and hospital buildings were most frequently cited as district landmarks.
- District, and city as a whole, lack directional and identity signage, and an overall wayfinding strategy.
- Existing image perceptions cited by stakeholders: no existing identity, underdevelopment, too much surface parking, empty land, vacancy
- Desired image cited by stakeholders: healing environment, vibrant, active, mixed, 24-hour, park-like, eclectic, national destination, campus feel, "holistic" healing, highly collaborative, clean, safe, fresh, open, "unified district," consistent high level of quality, and consistent message.

- For those aware of it, the MedQuarter brand strategy is generally well-accepted. There is little recognition of the MedQuarter brand within the Cedar Rapids community.
- The MedQuarter seems to lack a marketing strategy; therefore its brand is not solidified with, or known to the community.
- MedQuarter should be cross-marketed with St. Luke's, Mercy, and PCI. The MedQuarter brand / logo is currently not represented as a part of any of these organizations marketing strategy.

#### **Marketplace**

- People have a hard time defining "market rate" in Cedar Rapids.
- Many of the stakeholders interviewed expressed some skepticism about the potential for infill housing. Market-rate residential development will be tough to make work, especially rental housing, since rents are relatively low in Cedar Rapids. Tax credit housing is dominating the market. Mixed income housing has historically been a tough dynamic to implement and sell. 3-6 story apartments may be viable. There is demand for housing in and around downtown for 25 – 30 year olds. Cedar Rapids has seen some demand for large residential condominium units.
- Currently there are ten downtown residential projects in various stages of development (concept through City review). Most recent real estate development projects have been assisted in some way by federal flood recovery funds.
- Speculative office development may not be a realistic opportunity. Office space is usually developed through custom design / build for tenants. Office tenants often remain in the same building for long periods of time.
- High-tech ancillary uses related to healthcare industry might be viable. There may be an existing life-sciences industry cluster in Cedar Rapids that has not yet been identified. Corporations are attracted to cities like Cedar Rapids because of life-style and education.

#### **Implementation:**

- There is currently no plan or point person responsible specifically for business recruitment within the MedQuarter. Recruitment of new business will be critical to the success of the district, and the planning process should address the idea of dedicating a person or organization for business recruitment within the district.

#### **Community Organizations**

- *Medical SSMID Commission* This group is a commission of representatives from the MedQuarter, appointed by the Mayor in January 2012, that govern the Medical Self-Supporting Municipal Improvement District (Medical SSMID), a self-imposed 20-year taxing district. Representatives from the major medical service providers of the district including Mercy Medical Hospital, Physicians Clinic of Iowa, and St. Luke's Hospital serve on the commission, along with medical clinics and practices, property owners, and owners of other small and large businesses within the MedQuarter district boundaries. The Cedar Rapids Medical Self-Supported Municipal Improvement District (Medical SSMID or MedQuarter) is the result of Vision Cedar Rapids Plan Framework and the 2009 Neighborhood Planning Process which developed districts to grow Downtown Cedar Rapids.
- *Medical SSMID Master Development Plan Steering Committee* This committee was formed in the early spring of 2013 to guide the MedQuarter master planning process. The Committee consists of Medical SSMID Commission members as well as other representatives from the district.
- *Cedar Rapids Metro Economic Alliance* The Cedar Rapids Metro Economic Alliance combines the economic and community development efforts of the former Cedar Rapids Area Chamber of Commerce, Cedar Rapids Downtown District and Priority One. Through core functions of business support, economic development, community development and public policy they strive to be the top economic growth region in the country. The Medical SSMID Commission has entered in to a professional services agreement with the Economic Alliance; in turn the Economic Alliance provides the Medical SSMID Commission with professional services including communications and administrative support.
- *Blue Zones* Blue Zone is a concept used to identify a demographic and/or geographic area of the world where people live measurably longer lives. Cedar Rapids was designated a Blue Zone demonstration community in January 2013. The Blue Zones Project is a collaboration between Wellmark Blue Cross and Blue Shield and Healthways a part of Governor Branstad's Healthiest State Initiative, a statewide effort to make Iowa the healthiest state in the nation by 2016, as measured by the Gallup-Healthways Well-Being Index. The purpose of



the Blue Zones Project is to help Iowans change their built environments through a community by community, business by business movement. As a result of the Blue Zones designation, Cedar Rapids will receive assistance from national and international experts to turn Cedar Rapids into a Blue Zones Community.

- *Heritage Agency on Aging* An agency dedicated to educating professionals, employers, volunteers and community residents to meet the challenges that face older adults and their families in our ever-changing and aging world. The agency plans, coordinates and funds a variety of human services programs that serve aging adults. Operates through Kirkwood College.
- *Neighborhood Development Center* Not for profit created in 2008 after the flood to build affordable housing. 500 units have been constructed, both new construction and rehabilitation. Partners with other affordable housing groups, such as Habitat for Humanity.
- *Uptown District Association* (Uptown is located along 1<sup>st</sup> Avenue between 10<sup>th</sup> Street and 20<sup>th</sup> Street): A neighborhood organization who's goals include maintaining beautification and enhancements of the District (clean-up days and trash receptacles); promoting a Student Savings Discount Card and encouraging the support of District businesses; continuing efforts of safety and security of the District. Coe College is an active participant in the Uptown District Association.
- *Wellington Heights Neighborhood Association* The role of the neighborhood association is to promote positive aspects of neighborhood. To work for increased peace, safety, prosperity and general well-being of its members and the entire Wellington Heights neighborhood. To create a positive image of Wellington Heights by promoting the neighborhood and publicizing its activities and goals. To foster pride and encourage involvement within the neighborhood by providing opportunities for participating in work and social events. To encourage homeowners, tenants, landlords, businesses, churches and government to cooperate for the common good of all.
- *Oak Hill / Jackson Neighborhood Association* A neighborhood advocacy organization that sponsors initiatives including historic preservation, health and fitness, safety, zoning and development, youth activities, and public relations.
- *Four Oaks / The Affordable Housing Network* Four Oaks is one of Iowa's largest agencies dedicated to child welfare, juvenile justice and behavioral health. Headquartered in Cedar Rapids, the agency and its affiliates serve more than 14,000 children and families each year in all 99 Iowa counties. In 2012 Four Oaks partnered with Diversity Focus, Regional Economic Development Institute (RED-I), and the Affordable Housing Network (AHNI) to formulate an economic development strategy, provide job preparation opportunities, to improve housing, and transform neighborhoods in underserved communities.

#### **Jurisdictional Agencies**

- City of Cedar Rapids: Some stakeholder indicated that the current approval process is confusing. The City might benefit from a more streamlined / efficient permitting process and development review process
- Prescriptive code or standard outlining requirements for aesthetic enhancements the City would like to see on private property might simplify the development process. The City would like to explore options for promoting aesthetic enhancements within the district beyond the dedication of an overlay district.

#### **Other Relevant Plans and Studies**

- Maxfield Study: residential study, updated every year; addresses federal and state funded housing for multi-family housing.
- Upcoming studies: City of Cedar Rapids Comprehensive Plan Update, City of Cedar Rapids Economic Development Study.
- Blue Zone Community certification project

**Comparable Districts**

- Cleveland Clinic – Cleveland, OH
- Kansas City, MO
- Mayo Clinic - Rochester, MN
- Houston, TX
- Dallas, TX
- Omaha, NE
- Lancaster, TX

cc: Alan Wilson, Wilson HealthCare Design Group, Inc.  
Greg Vance, BSA LifeStructures  
Jon Bogert, Anderson-Bogert  
Ranadip Bose, SB Friedman & Company (SBF)  
Max Eisenburger, SBF  
Scott Freres, Lakota  
Daniel Grove, Lakota  
Kevin Clark, Lakota

encl: 20130523 open house i sign in  
20130617 interview schedule

# WELLINGTON HEIGHTS NEIGHBORHOOD PLAN SUMMARY

The Wellington Heights Neighborhood Plan, prepared by SAA Design Group, was endorsed by the Cedar Rapids City Council in July 2013. The Plan defines a Wellington Heights neighborhood planning boundary. This boundary overlaps the east side of the Medical SSMID boundary.

The plan defines issues, opportunities, and goals for seven community categories:

- Social Capital and Public Safety
- Housing and Historic Character
- Economic Vitality
- Transportation and Connectivity
- Open Space and Recreation
- Aesthetics and Neighborhood Design
- Sustainability

Recommendations and plan observations specific to MedQuarter:

- The growing MedQuarter is an exciting and positive development district for Cedar Rapids and the neighborhood. A clear boundary and well-thought out transition from the MedQuarter to the Wellington Heights neighborhood will benefit both the neighborhood and the district.
- Utilize Wellington Park as an active public park space capable of hosting events and attracting users from the nearby MedQuarter.
- Wellington Park has the potential to be a safe, attractive, and functional neighborhood gathering place that can host events and attract use from the nearby MedQuarter.
- Conduct an annual “parade of homes” or walking tour of the neighborhood, and publicize the event to local media, local public figures, the MedQuarter, and Coe College.
- The neighborhood’s gridded street network provides the foundation for logical, safe, and direct linkages to downtown Cedar Rapids, Coe College, Mount Mercy University, the Cedar River waterfront parkway system, the Cedar River Trail, the Cedar Lake Loop trail, and the MedQuarter.
- Higher capacity public parking solutions might be considered near the MedQuarter district to support that district as well as the Uptown employee and patron base.
- 1st Avenue SE and Mt. Vernon Road SE serve as primary connections to the north and east from the MedQuarter, downtown, and the Cedar River and could be substantially improved as gateways into the neighborhood.

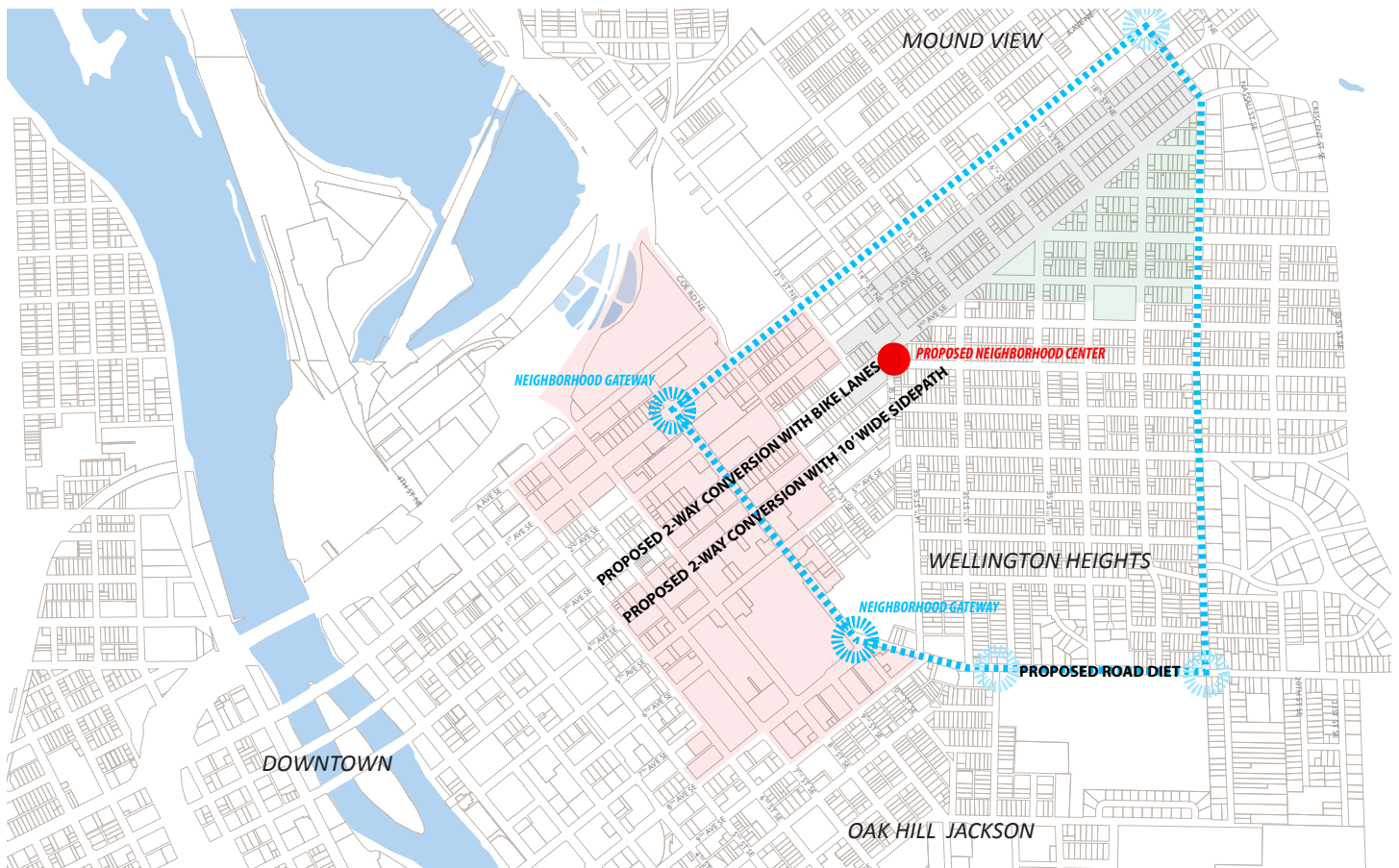
- 1st Avenue SE and (to a lesser degree) Mount Vernon Road SE are key entrance corridors to the neighborhood as well as to the MedQuarter, Coe College, and Downtown Cedar Rapids. Both of these roads provide limited aesthetic quality and definition, with billboards, marginal sidewalk quality, poorly scaled lighting, and generally unkempt appearance.
- 1st Ave: Improve visual character of key gateway, leverage redevelopment momentum of MedQuarter, improve pedestrian crossings
- 3rd Ave SE: direct connection to MedQuarter
- Proximity to MedQuarter called “advantageous”

Action Items called out for MedQuarter:

- Design and install identity signage at neighborhood gateway intersections
- Hold seasonal clean sweep events
- Establish incentive policy and code amendments for LEED developments

## Key Take-Aways:

- Gateway locations at 10th Street called out by the Wellington Heights plan may overlap with desirable locations for MedQuarter gateways.
- “Neighborhood Center” (a place within the neighborhood offering services for residents such as a market, recreation center, or creative space) is proposed at
- May consider future shared parking agreements between MedQuarter parking owners and Uptown business owners.
- Roadway diet proposed for Mt. Vernon could affect traffic flow within the MedQuarter.
- Medical District Housing Partnership discussed as a means of improving neighborhood housing.



### Notes on the Mount Vernon Road Diet

The Wellington Heights Neighborhood Plan proposes ‘undertaking a “road diet” for Mount Vernon Road SE from 19th westward, to eliminate the raised median, reduce the number of lanes from 4 to 3, and expand the pedestrian zone on the north side of the road.’

Traffic volumes on Mount Vernon Road SE are comparable to 1st Avenue E at 16,500 to 20,000 VPD. The suggestion of reducing the number of lanes from 4 to 3 in this section of Mount Vernon Road SE would mean the loss of significant capacity and likely diversion of more “cut-through” traffic into the neighborhood along 15th Street and 19th Street. Under a typical 4-lane roadway configuration left turning traffic on the inside lanes tends to reduce roadway capacity and a typical road diet attempts to remedy this with the addition of a two-way left turn lane. The conversion of Mt. Vernon Road would have a significant capacity reduction because there is currently a raised median in this section that prevents left turns so thru traffic does not have to stop for left turning traffic.

If adding left turning traffic on Mount Vernon Road SE between 15th Street SE and 19th Street SE is desired dedicated turn lanes or other options should be investigated. This would preserve the thru traffic movement and the importance of Mount Vernon Road SE in the overall City street network.

The Plan also states, ‘Mount Vernon Road SE, 1st Avenue E, and (to a slightly lesser degree) 10th Street SE are regionally important roadways and form three very hard – if not impenetrable – edges to the Wellington Heights neighborhood that can be “softened” – through improved streetscape, pedestrian amenity, and roadway and intersection design – to improve the neighborhood’s access and aesthetic.’ It appears these improvements could benefit the corridor.

As stated, these three roadways are regionally important and additional study of the impacts of any changes to roadway and intersections should be conducted.