

# THE ILLINOIS MEDICAL DISTRICT AT SPRINGFIELD: MASTERPLAN



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Prepared For:

THE ILLINOIS MEDICAL DISTRICT AT SPRINGFIELD COMMISSION

**RTKL**

The following groups assisted in the formulation of  
The Illinois Medical District at Springfield Masterplan:

**The State of Illinois**

**Capital Development Board**

**C.W.L.P. (City Water, Light, & Power)**

**Memorial Medical Center**

**St. John's Hospital**

**Southern Illinois School of Medicine**

**Enos Park Neighborhood Association**

**Oak Ridge Neighborhood Association**

**Downtown Springfield, Inc.**

**Save Old Springfield**

## EXECUTIVE SUMMARY

The Illinois Medical District at Springfield is a portion of downtown Springfield, IL specifically delineated as a special district in order to enhance the quality of living and working environment therein and the perception of the area as well. This is the first step in changing the momentum of disinvestment and devolution to one of investment and progress.

The entirety of this report describes the process by which the final Illinois Medical District Master Plan was derived. This was an entirely public process that invited, welcomed, and relied upon public input from the community with regards to how they want their portion of the city to look. This was important not only for the content of the subsequent plan, but for the morale of the historic neighborhoods and their residents that had previously been kept in the dark; often at odds with prior developments in the neighborhood.

The crucial step in this process was bringing everyone to the table to find “win-wins” and establish common goals. These goals, as found through the public visioning process were:

- ◆ To protect and preserve historic character and identity;
- ◆ A safe and pleasant environment for pedestrians;
- ◆ Overall reduction of the visible and physical impact of the car, parking lots, etc.;
- ◆ Creating a distinct and legible “Medical District”; and
- ◆ The ability to work and shop within a short distance from home.

The report details the voting process and results illustrating how conclusions were derived. It then takes those conclusions and crafts a development guide for the future of the site by forging a common vision for the Medical District, providing a foundation for new regulations, initiating a framework for implementation and the strategies for how to get there.

The vision is one of a “North Downtown” Mixed-Use area, that blends seamlessly into the interesting and lively Carpenter Street, the “Main Street” of the medical district, where visitors can stop by at a cafe, students can live above the shop, or doctors can have offices in unique loft space above the shop. Carpenter Street then transitions into a medium and lower density housing product with new and unique housing types for Springfield buffering the activity to the South from the Historic Neighborhoods.

It is these Historic neighborhoods where the charm of Springfield lies, where one will find protected Victorian houses and refurbished craftsmen cottages. Beyond, children are playing in the park while joggers make their way from one park to another completing their daily circuit. The southern half of the district is where Springfield establishes a vision for its future that is tied into the history of the neighborhoods and downtown on either side. This is where Springfield identifies itself.



Fig. 1 - Masterplan

**TABLE OF CONTENTS**



**The Planning Process**

- I. Introduction and Process.....6**
- II. Physical Analysis.....7**
  - The Site.....7
  - Existing Transportation Framework.....8
  - Built Environment and Public Realm.....9
- III. Initial Visual Preference Workshop..... 10**
- IV. Initial Urban Design Strategies and Voting.....13**

**The District Vision**

- I. General Strategies.....22**
  - Medical Expansion Zones.....23
  - Carpenter Street Linkage.....24
  - Future Development Boundary.....25
  - Long-Term Mixed-Use to Downtown.....26
  - Greenspace.....27
  - Neighborhood Preservation.....28
  - Gateway and Entry Features.....29
- II. Transportation Framework.....30**
  - Street Hierarchy.....30
  - Street Sections and Types.....31
    - Primary Circulators.....31
    - Ceremonial Boulevards.....32
    - Landscaped Connectors.....33
    - Typical Neighborhood Streets.....34
- III. Open Space Network.....35**
  - Rail-to-Trail.....35
  - New Pedestrian Pathway.....35
  - Park Improvements.....35
  - Streetscape Connections.....35
- IV. Catalyst Projects.....36**
  - Prairie Heart Diagnostic.....36
  - Springfield Clinic.....37
  - Mixed-Use Infill.....38
  - Carpenter Street Transition - A.....39
  - Carpenter Street Transition - B.....40
  - R&D Mixed-Use.....41
- V. “Lifestyle” Renderings.....42**

## TABLE OF FIGURES AND IMAGES

Figure 1.	Masterplan.....	3	Figure 45.	Primary Circulator Street Section.....	31
Image 2.	Abraham Lincoln Presidential Library and Museum.....	6	Figure 46.	Primary Circulator Map.....	31
Image 3.	Memorial Medical Center.....	7	Figure 47.	Ceremonial Boulevard Section.....	32
Image 4.	St. John's Hospital.....	7	Figure 48.	Ceremonial Boulevard Map.....	32
Figure 5.	Existing Transportation Analysis.....	8	Figure 49.	Landscaped Connector Street Section.....	33
Figure 6.	Initial Urban Design Diagrams.....	9	Figure 50.	Landscaped Connector Street Map.....	33
Image 7.	Public Voting.....	10	Figure 51.	Neighborhood Street Section.....	34
Image 8.	Public Visioning Work-session.....	10	Figure 52.	Neighborhood Street Map.....	34
Figure 9.	Voting Results.....	11	Figure 53.	Open Space Map.....	35
Figure 10.	Goals & Visions Results.....	12	Image 54.	Prairie Diagnostic Rendering.....	36
Figure 11.	Specific Project Area Voting Results.....	12	Figure 55.	Catalyst Project 1 - Prairie Diagnostic Center.....	36
Figure 12.	Site and Institutional Zones.....	13	Image 56.	Springfield Clinic Rendering.....	37
Figure 13.	Carpenter Street Linkage.....	14	Figure 57.	Catalyst Project 2 - Springfield Clinic.....	37
Figure 14.	Carpenter Street Mixed-Use.....	14	Image 58.	Mixed-Use Buildings w/ Shared, Wrapped Garage.....	38
Figure 15.	Residential Transition Zones.....	15	Figure 59.	Catalyst Project 3 - Mixed Use Infill.....	38
Figure 16.	Calhoun to Enterprise Connection.....	15	Image 60.	Townhomes and Live-Work Units.....	39
Figure 17.	Pocket Park Network.....	16	Figure 61.	Catalyst Project 4 - Carpenter Street Transition - A.....	39
Figure 18.	Pocket Park Importance.....	16	Image 62.	Townhomes.....	40
Figure 19.	Street Hierarchy.....	17	Figure 63.	Catalyst Project 5 - Carpenter Street Transition - B.....	40
Figure 20.	Downtown Linkages.....	17	Image 64.	Mixed-Use R&D Buildings.....	41
Figure 21.	Ceremonial 1st Street.....	18	Figure 65.	Catalyst Project 6 - R&D Mixed Use.....	41
Figure 22.	Catalyst Projects.....	18	Image 66.	Neighborhood Park Rendering.....	42
Figure 23.	Institutional Expansion Zones.....	19	Image 67.	Mixed-Use Loft Building Rendering.....	43
Figure 24.	North Grand Avenue Commercial Consolidation.....	19	Image 68.	New Development on Carpenter Rendering.....	44
Figure 25.	Identity Gateway Portals.....	20	Image 69.	Aerial View down Carpenter Street towards Memorial.....	45
Figure 26.	One-way to Two-way Streets.....	20			
Figure 27.	Railroad Re-Use Scenarios.....	21			
Figure 28.	Public Health Services Core.....	21			
Figure 29.	Revised Masterplan.....	22			
Image 30.	High Quality Medical Office Building.....	23			
Figure 31.	Medical Expansion Zones.....	23			
Image 32.	Mixed-Use Buildings.....	24			
Figure 33.	Carpenter Street Linkage.....	24			
Image 34.	Campus/Mixed-Use Environment.....	25			
Figure 35.	Institutional Expansion Boundary.....	25			
Image 36.	Urban Residential Building.....	26			
Figure 37.	Future Downtown Development Zone.....	26			
Image 38.	Pocket Park and Development.....	27			
Figure 39.	Overall Greenspace Network.....	27			
Image 40.	Unique Residential Character.....	28			
Figure 41.	Neighborhood Preservation District.....	28			
Image 42.	Entry Signage Example.....	29			
Figure 43.	Gateways.....	29			
Figure 44.	Transportation Hierarchy.....	30			

## THE PLANNING PROCESS

### I. INTRODUCTION

#### Assignment and Approach

The initiative for this study centers on the creation of a feasible and pragmatic implementation-oriented masterplan for the Illinois Medical District. This area represents a tremendous opportunity for both new development and reinvestment by capitalizing on the existing health and education anchors while strengthening the existing residential areas of the district. The preferred masterplan has been derived through a consensus-based planning process, which will combine land use, transportation, redevelopment and overall identity strategies. This process is intended to guide the future development of this area towards the creation of an active medical mixed-use center for the downtown Springfield community.

The following document is divided into two primary sections which first details the consensus-based public planning process from which the masterplan emanates. Subsequently, the actual Masterplan is described, delineating the Vision for the Illinois Medical District and each of the Urban Design Strategies comprising that plan.

1) The Planning Process - This section of the summary report outlines the community-based planning initiative and the consensus building process that provided the basis for the Illinois Medical District Vision. This includes: the definition of the study area, the area analysis, the visual preference surveys, and a summary of the visioning workshops and public meetings. This section further describes the conceptual plans that led to the final Neighborhood Vision. Options for envisioned development patterns, street framework, open lands, and other amenities planned for the Medical District are also documented. The options are revised and consolidated based on community input and continuous interaction with the consultant team.

2) The District Vision - The second section of the book describes the final envisioned development patterns, street framework, open lands, and other amenities planned for the Medical District. The neighborhood framework, the primary public improvements and general land use strategy are illustrated by the Neighborhood Vision. The Neighborhood vision is divided into specific areas defined as a series of districts for development.

The Master Plan and the suggested follow-up implementation documents -- zoning and design standards -- are guided by five main objectives

- ◆ Support the new development and conservation of livable neighborhoods;
- ◆ Strengthen primary anchors within the District and their relationship to downtown Springfield;
- ◆ Leverage the existing initial investment of public/private catalyst projects into new exciting mixed-use projects necessary for a larger cohesive district;
- ◆ Provide direction for shaping infill development between Downtown and the Medical District and the surrounding residential Neighborhoods; and
- ◆ Initiate a framework for Implementation.



Image 2 - New Abraham Lincoln Presidential Library and Museum

### II. Physical Analysis

#### Site Issues

The City of Springfield is at a point of transitional change. As the capital of the state of Illinois, the Downtown area is home to a number of large institutional users, as well as a key employment center for Southern and Central Illinois. However, the manner in which these employment centers developed over the years, have been in contrast with the needs of the surrounding communities. Its land use mix is teetering on fiscal non-sustainability and has led to an unsafe public realm. This lack of security, whether real or perceived, eventually led to this period of disinvestment and devolution.

The purpose of this effort is to reverse the entropic cycle and create an impetus for investment creating an interesting mixed-use district uniting the primary institutions (St. John's Hospital, Memorial Medical Center, and Southern Illinois School of Medicine), while providing the necessary room for growth. This can and should be accomplished while making proper transitions in development type and use from downtown to the neighborhoods, and making good neighbors out of these institutions.

The site of the Illinois Medical District is approximately a one square mile area and immediately North of downtown Springfield. It is located between the State Capitol Building and the Oak Ridge Cemetery, site of President Abraham Lincoln's tomb. The site is bounded on four sides by Madison Street to the South, North 11th Street to the East, North Grand Avenue to the North and Walnut Street to the West.

The District is also home to the Oak Ridge Neighborhood Association, Enos Park Historic Neighborhood, The Douglas School, Enos Elementary School, McClernand Elementary School, and two important neighborhood parks, Enos and Gehrman. These parks serve as the hearts of the existing neighborhoods. While the institutions are the commercial engines, the neighborhoods are the heart of the district and are crucial to the overall perception of the individual institutions and the Medical District as a whole.

The effect of the last fifty years has taken its toll on the housing stock of the study area. A number of homes have been well-maintained and in excellent condition, specifically in the Oak Ridge and Enos Park Historic Neighborhoods. These homes are attractive and an asset to the community. However, there are also pockets throughout the district where disinvestment has led to a lack of upkeep and maintenance.



Image 3 - Memorial Medical Center



Image 4 - St. John's Hospital

## PHYSICAL ANALYSIS

### Existing Transportation Framework

The transportation framework in any community is the bones or scaffolding that allows development to happen within; often the built environment looks the way it does as a result of the existing transportation system.

When looking at the existing framework for the District, the most immediate concern is the lack of East-West Connectivity. There are a number of roads running North-South which directly link areas North of the site with Downtown to the South of the site. However, there are very few that connect 9th and 11th to the East with Walnut to the West. This means that most East-West movements are directed towards Grand and the Madison/Jefferson couplet. The end result is greater strain on these roads and increased road width. Increased road width leads to a barrier effect for pedestrians.

Another issue is the one-way roads through the district. There are not as many as you might find in other cities, however there are a few: 4th and 5th, 6th and 7th, and the Madison/Jefferson couplet mentioned earlier running East-West just South of the District. The primary goal of one-way roads is to move cars as quickly as possible through a particular area. The cost of this goal is often one of safety, these cars are intentionally moving quickly through neighborhoods, where the street is seen as public space and a favorite place for kids to play.

Another issue with one-way roads is often their nature of being “rush hour roads”, meaning that the road into town gets the traffic in the morning, and the other, in the afternoon. This leads to hesitancy from commercial businesses as to where to locate, often being neither location. The end result is no ideal, predictably successful, retail location.

Lastly, along this line of thinking, one-way roads, as previously stated are designed to move people as quickly as possible. In this case, it means to move people quickly away from town, advertising the wrong message for investment. This should be the place people want to be, not flee.

Aside from the road network through the site, there are two active rail lines, the Southern Pacific and Norfolk Southern lines. Rail lines through neighborhoods often cause traffic backups at key crossings and are generally a nuisance in terms of 24-hour noise pollution. The Southern Pacific line is the most relevant, as it bisects the site and disconnects neighborhoods. Interestingly, these lines merge outside of the city.

Overall connectivity is important as it evens out traffic flow, allows for a number of ways to get from point A to point B, and the traffic flow maintains “eyes on the street”. The “eyes on the street” concept is important for areas to “police” themselves, based on the theory that crime is less likely to happen when people are watching.

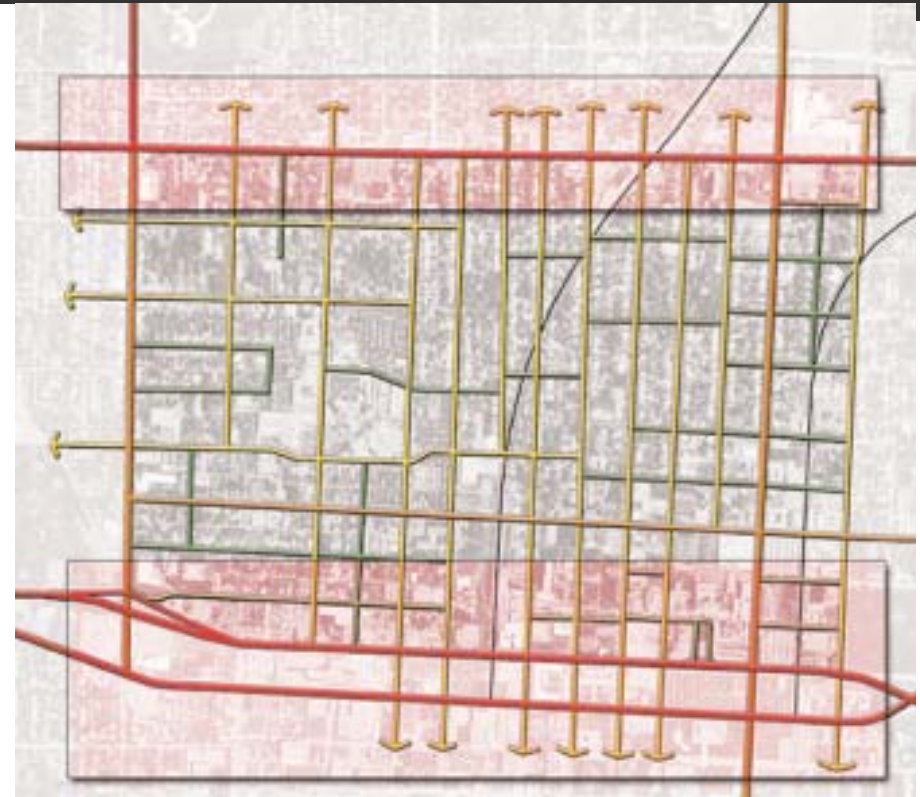


Fig. 5 - Existing Transportation Analysis



## PHYSICAL ANALYSIS

### Built Environment and Public Realm

As stated in the last section, the built environment is a by-product of the transportation system, but along with this the public realm depends on the current cycle of investment and upkeep. As this area is in a period of disinvestment, the public realm has reflected this through a degraded visual experience.

High traffic concentrations on North Grand Avenue and Madison Street, mentioned previously, attract commercial investors and businesses. The investment is a good thing, however much of this development is designed primarily for the car and has occurred without direction, outside that of a larger vision. These properties exist on their own, rather than part of something greater: a street scene, a neighborhood, a district... This pattern has allowed for an erosion in physical form and is illustrated in the figure ground diagram, showing strictly buildings in black, and the reverse figure ground diagram, highlighting land devoted to the car (roads and parking lots).

The Medical District Anchors, St. John's, Memorial Medical Center, and SIU, are each internalized within the fabric, turning their back on adjacencies, and negatively affecting all of the properties around them. They exist as islands with little relationship to the neighborhoods. In terms of scale, moving North from Downtown, buildings go from large in downtown, to small, back to large (anchors), then small again, rather than a comfortable gradation. One solution to this problem is adopting a strategy for downtown and the hospitals to eventually grow towards each other.

Furthermore, with an aging population and increasing demand for medical care, the hospitals are feeling the pressure to expand. As has been the case to this point, the pressure on the anchors to grow is released in all directions. Often the sequence of events is: properties are purchased, the land is cleared and then made into parking lots. Eventually when new space is required, these lots take the form of large new buildings. The constant outward growth creates for uneasiness in home ownership and little to no incentive to invest in one's property, hence the disinvestment and devolution.

Another outcome of the surface parking lots surrounding the anchors is that it creates an unfriendly and unwelcoming environment for pedestrians. Parking lots, inherently, are vast open spaces often with poor lighting and always with no sense of ownership. These factors contribute to a perception of a lack of safety and security. Furthermore, there are often no sidewalks in some of these areas and if there are, they are in poor condition. This only exasperates the perception of being unwelcome and generally makes it difficult to get around, especially for many in need of the hospital's care.

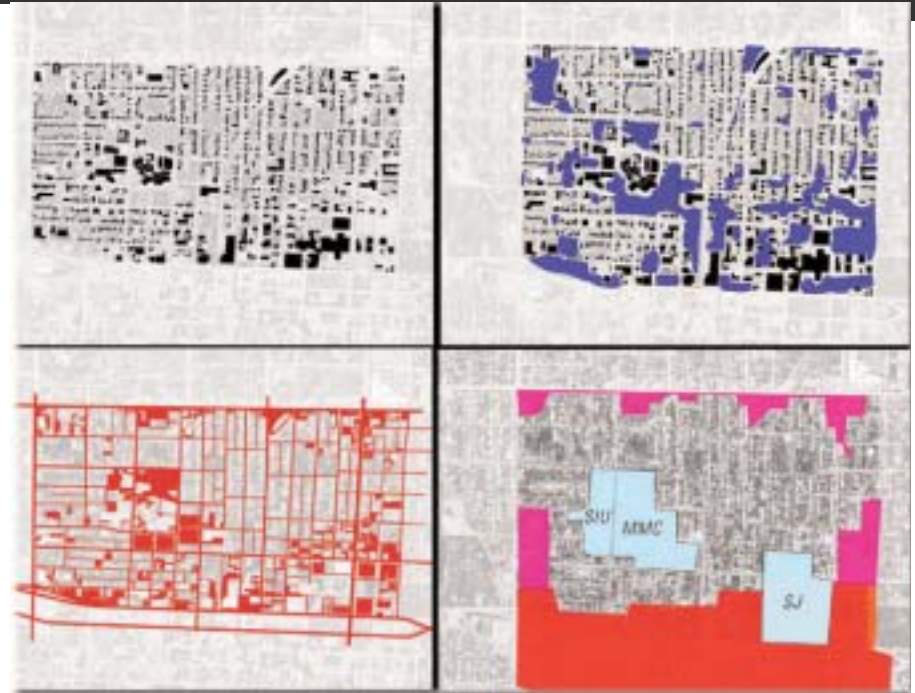


Fig. 6 - Initial Urban Design Diagrams

**III. Initial Visual Preference Workshop**

Through a series of visual preferencing workshops, held within the past year in the city of Springfield, IL the public and other key stakeholders were asked to envision the future of their city. With the use of positive (green) and negative (red) stickers, individuals could select exactly how they wanted their neighborhood to look and feel.

The voting boards fell into four primary categories: “the public realm”, “building types”, “goals and vision”, and “specific location”. For “the public realm”, the community was asked how they would like their parks, public gathering spaces, and street scenes to look and feel. “Building types” asked in what form different uses such as office, retail, and residential should look. “Goals and visions” was simply a list of statements for the community to choose the most important objectives to them, establishing a hierarchy of priority for these goals. Lastly, the community was asked to point to specific locations within or near the district that they felt were their particular favorites and least favorite places.

Typically, through this process, consensus, or at least a clear majority, is often visible as certain categories are overwhelmingly popular among the voting public. In Springfield, this was no different. However, in some cases we had to examine the voting more closely in certain categories where there were several contradictions. Occasionally, specific categories were not the clear-cut winners or losers, but rather specific images within these categories were chosen or disliked entirely.

Overall, the team has determined that the public wants the new development to embrace community and focus on the experience of the place in a village-type setting, maintaining the historic character tangible deep within the experience of Springfield.

Specifically going through each category one-by-one, within “the public realm” heading, the community voted on images for Streetscapes and Civic Spaces. For streetscapes, the community favored several types of streets, specifically village-scaled residential streets.

For Civic Spaces, the voting suggested a preference for small and medium-scaled “Savannah Squares”, that are both urban, yet lushly planted and vegetated, and public squares and plazas, all of which should be well integrated into their community and easily accessible.

For “building types”, the individual categories included Single Family Housing, Multi-Family Housing, Office, and Retail. In the Single Family voting, the favorite housing types were both large and small houses, but on small lots; homes with character, as found in traditional and historic neighborhood developments. For Multi-Family, the preference is for medium density residential, both townhomes and urban, village-like, lower-scaled multi-family developments.

For office building types, the voting preferred small-scaled home office-type buildings and commercial office buildings that have an urban presence on the street, yet are not overbearing or “fortress-like”.

On the Retail voting board, nearly all of the voting preferred urban, integrated “town centers” organized around active public spaces over conventional strip retail development. This shows a preference for experience over strictly convenience and product.



Image 7 - Public Voting



Image 8 - Public Visioning Work-session

## PUBLIC WORKSHOPS

For Goals and Visions, the public selected several above all others. Those being:

- ◆ Protected and preserved historic character and identity;
- ◆ A safe and pleasant environment for pedestrians;
- ◆ Overall reduction of the visible and physical impact of the car, parking lots, etc.;
- ◆ Creating a distinct and legible “Medical District”; and
- ◆ The ability to work and shop within a short distance from home.

Lastly, the community placed their voting stickers on an aerial detailing the favorite and least favorite places. This is an important category as it highlights what areas, places, and/or buildings are considered “sacred places” by the community and those areas that are unseemly or unsafe. The areas most favored were the new Abraham Lincoln Presidential Library and Museum and Enos Park and the surrounding neighborhood. Those least favored were scattered pockets throughout the district, usually being unsafe intersections or unsightly parking lots.

Fig. 9 - Voting Results



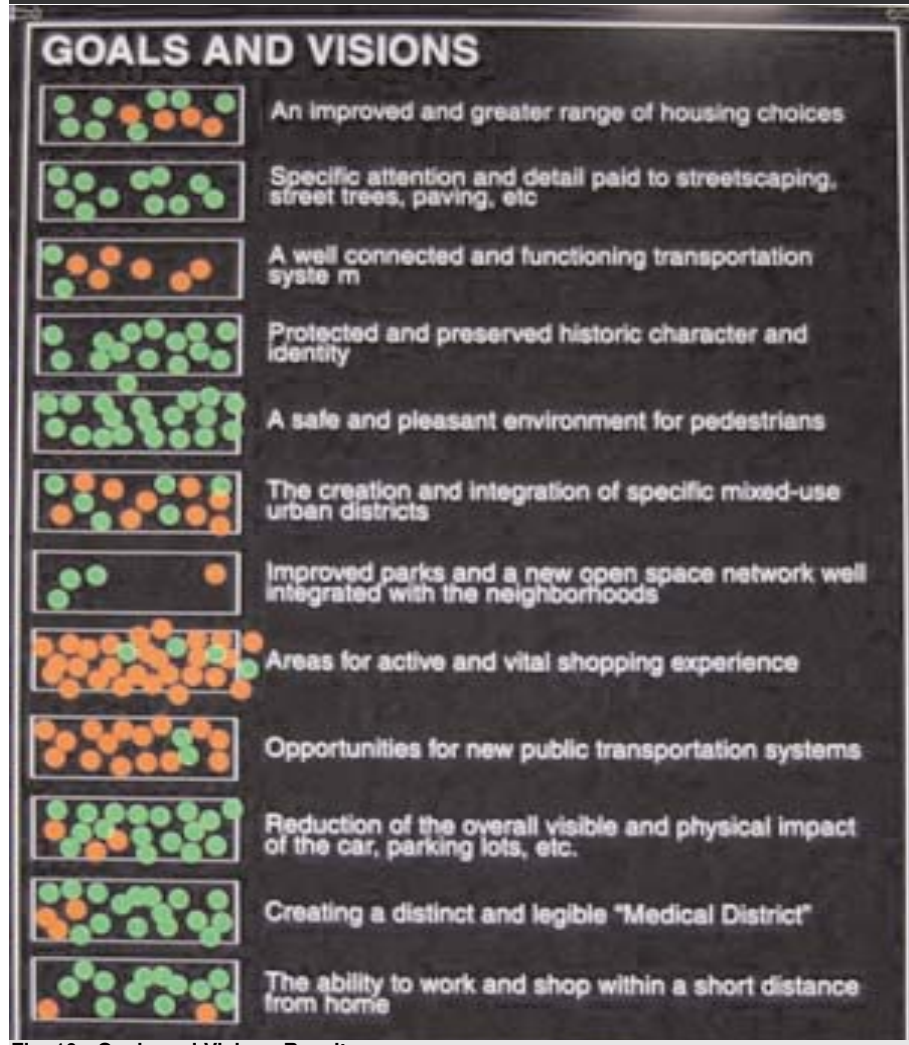


Fig. 10 - Goals and Visions Results



Fig. 11 - Specific Project Area Voting Results

### IV. Initial Urban Design Strategies and Voting

The visioning workshops were underscored by the community's proactive desire to respond to the question of how the Medical District in Springfield will develop. The initial workshop focused on the background site and visual preferencing that is the foundation for the future planning of the area. The team assembled a database of information, reviewed previous studies and reports, and spoke with a number of stakeholders in order to prepare the ensuing Urban Design Workshop. All of these elements helped in evaluating the area dynamics, opportunities and constraints, and other land development considerations. Key site issues addressed included:

- ◆ General community characteristics and identity;
- ◆ Adjacent sub-areas and neighborhood boundaries;
- ◆ Centers of activity within the broader community;
- ◆ Physical site features and constraints;
- ◆ Existing spatial characteristics and related adjacent building form;
- ◆ Linkages to important elements outside the study boundary;
- ◆ Existing level of service on the traffic/transportation framework;
- ◆ Centers of activity within the broader community;
- ◆ Location and access to existing parks, recreation, and open space; and
- ◆ Surrounding land uses that frame the study area.

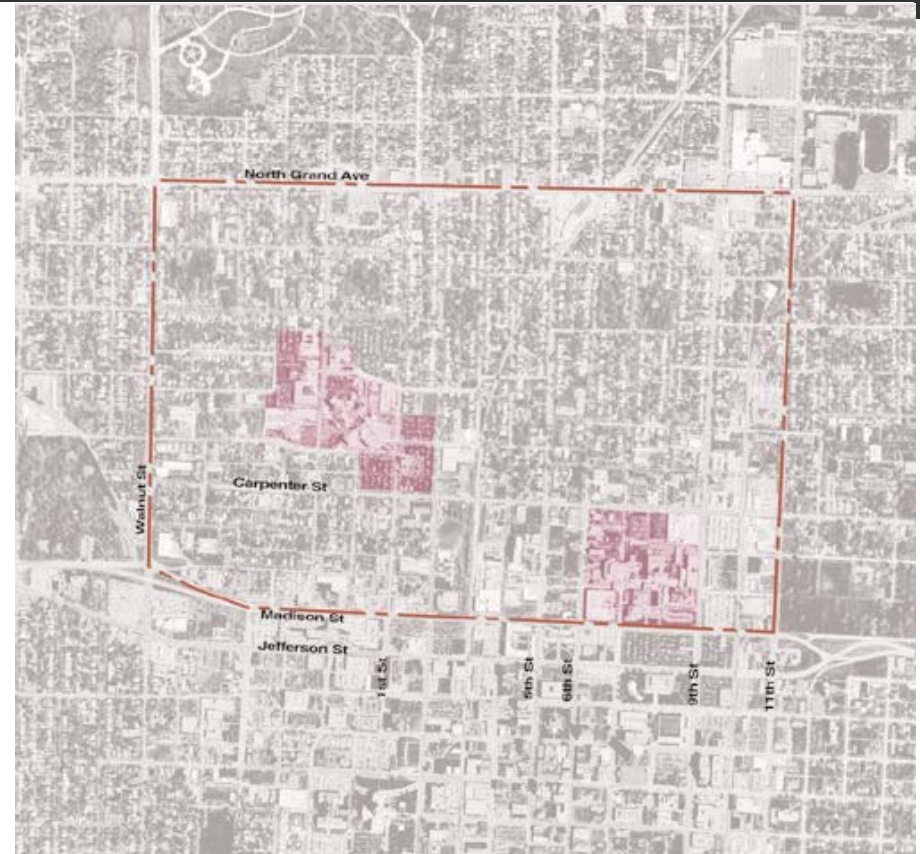
The team presented this analysis of the area with a brief description of the opportunities and challenges that the District faces:

- ◆ How to integrate the three primary anchors: SIU, St. John's and Memorial;
- ◆ How to strengthen and build-upon Springfield's local and regional identity;
- ◆ How to promote strong community experience within the full range of market-based issues;
- ◆ How to guide development patterns that strengthen rather than cannibalize the downtown;
- ◆ How to preserve the historic character and charm of the historic neighborhoods;
- ◆ How to balance jobs, housing, and services in a non-conventional manner;
- ◆ How to engage the community in the process...
- ◆ How to ensure long-term community viability...

After presenting to the community the results of the visual preferencing from the previous workshop, the RTKL Team prepared a series of conceptual planning strategies for review at a public meeting in June, 2005.

These strategies reflected the careful analysis of the results from the community visioning workshop in May, 2005, our physical analysis, interviews with key stakeholders and staff, and our experience with similar redevelopment efforts across the country. When we consolidated this information and began work on conceptual planning strategies, the RTKL Team realized the three conceptual planning strategies outlined in our scope of services would not take the form of physical framework alternatives as initially contemplated.

Specifically, the study area's fragmented ownership pattern, existing street and open space framework, set



**Fig. 12 - Site and Institutional Zones**

access points, and market real estate patterns set limits on physical framework options. Thus, the RTKL Team's three planning strategy alternatives focused on options tied to varying scales of intensity of implementation approach (conservative, moderate, progressive) within each general strategy. The following section is a summary of the 16 general strategies for community development within the Medical District and the community's subsequent voting results.

**Visioning - Results**

In general, this visioning process identified that growth can be considered a positive tool in shaping and maintaining the community's identity and future, as long as its type and appearance are planned for in a comprehensive manner relating to the community's specific desires. (The green number on the picture highlights the most popular positive response along with the exact percentage of visioning workshop attendees responding to that specific strategy.)

*1. Carpenter Street Linkage between SIU, Memorial and St. John's*

Carpenter Street is vital within the Medical District Boundaries as the primary East-West link to the District's anchors, the neighborhoods, and the only East-West road within the boundaries directly connecting Walnut Street to 11th. As stated in the physical analysis portion of this document, the institutional campuses currently exist as islands within the cityscape, with little to no relationship to their context. An improved Carpenter Street corridor would provide opportunity for synergies amongst the anchors.

The three options presented were as follows:

- ◆ New streetscape improvements that highlight the important link between Memorial Medical Center and St. John's;
- ◆ Residential Infill along Carpenter Street; and
- ◆ **Carpenter as a mixed-use corridor providing housing opportunities and neighborhood services.**

*2. New Mixed Use Development along Carpenter Street*

Hand-in-hand with Strategy A, the general look and feel of Carpenter; is the specific uses that would line the streets and help create an interesting streetscape between the campuses. This infill would create an "urban" connection and become the "seam" between downtown mixed-use expansion and the residential neighborhoods.

The three options presented were as follows:

- ◆ **Opportunities for neighborhood support retail, restaurants and commercial space on Carpenter Street;**
- ◆ Space for associated doctor's offices and other loft office space; and
- ◆ High quality, interesting housing for medical students.



**Fig. 13 - Carpenter Street Linkage**



**Fig. 14 - Carpenter Street Mixed-Use**



**3. Blocks as Residential Transition Zones between Hospitals, Downtown and the Neighborhoods**

The previous strategy proposes a mix of uses as infill development along Carpenter Street, for the most part approximately a block away from the start of the historic residential neighborhoods. The aim of urban design strategy three is to use the North side of the Carpenter Street blocks to form a “buffer” for the neighborhoods from the more intense/dense development. This will provide the transition in scale from the historic neighborhoods to the medical district. This allows for a great opportunity for a wide variety of unique housing and live-work options tapping into an emerging residential market.

The three options presented were as follows:

- ◆ **Townhomes, Live/Work units and other unique housing options form the North face of the blocks transitioning into the existing neighborhoods;**
- ◆ Opportunities for residential transition and partnerships through Assisted Care Facilities; and
- ◆ Surface parking for hospitals replaced by parking structures lined with residential development.

**4. Calhoun to Enterprise Connection**

The Calhoun to Enterprise Connection strategy attempts to create a new East-West connection that does not currently exist. The transportation analysis portion of this document discusses the issues with a lack of connectivity, whether pedestrian or vehicular. In this particular case, because of the limited ability to move through the district East-to-West, this strategy establishes a possible new connection that helps alleviate the East-West traffic stress that moves to Madison/Jefferson and N. Grand. This connection will allow for a potential link between Gehrman and Enos Parks while becoming part of the larger overall pedestrian recreational system. Another option was suggested by utilizing Rafter and Bergen Streets. This is a good potential solution. However, it is believed this was due to some misconception that the most popular vote, the pedestrian pathway was intrusive and required removal of existing houses and that this solution was an alternative to this. The Pedestrian pathway without removing houses is the ideal solution and creates immediate leverage for direct investment.

The three options presented were as follows:

- ◆ **New pedestrian pathway;**
- ◆ New Road from Calhoun to Enterprise; and
- ◆ New road with new housing infill fronting the road.



**Fig. 15 - Residential Transition Zones**



**Fig. 16 - Calhoun to Enterprise Connection**



5. Pocket Park Network

The design team believes in the importance of strengthening and improving the existing neighborhood parks' esteem within the community. This design strategy seeks to make the parks the walkable center (ten-minute walk) of each neighborhood throughout the study area. It links different neighborhoods directly together by connecting the existing parks with new parks.

The three options presented were as follows:

- ◆ Distinct signage defining the park as the center of community;
- ◆ **Individual park upgrades and landscape improvements;** and
- ◆ Creation of new pocket parks in new developments along Carpenter that connect to the existing parks.

6. Emphasize the Pocket Parks place within the Neighborhoods

Urban design strategy six attempts to make the existing and new parks the center of their specific neighborhood as part of a larger vision of neighborhood preservation. In the plan, each neighborhood or sub-district will have its own pocket park. The new parks can be as small as a corner cut-out of a new infill building allowing opportunities for special events such as public art displays or other gathering spaces.

The three options presented were as follows:

- ◆ Create opportunities for special events within the neighborhoods;
- ◆ Opportunities for Public Art within the Park Network; and
- ◆ **New housing infill facing the parks.**



Fig. 17 - Pocket Park Network

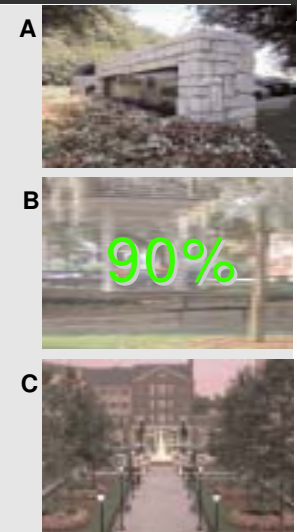


Fig. 18 - Pocket Park Importance





7. Creating and Defining a Clear Hierarchy in Streetscape

Strategy Seven creates a better definition of street and streetscape into more distinct 'types' of streets beyond strictly residential or commercial streets. It allows for requisite space for sidewalks and protects pedestrians from traffic through a general recommendation for street trees and on-street parking.

The three options presented were as follows:

- ◆ Use enhanced streetscape to create pedestrian zone that is shielded from traffic by landscape buffer;
- ◆ Use on-street parking and consolidated curb cuts to slow traffic and shield pedestrians; and
- ◆ Utilize infill development at block face to unify street and consolidate parking behind the building.

8. Downtown Linkages

A key adjacency for the Medical District is the proximity of downtown and the economic engine that is the state capital of Illinois. It is crucial for the success of the District to capitalize on potential synergies between downtown, the hospitals, and the neighborhoods in the district. In this strategy, the medical district becomes the natural Northern edge of downtown expansion. 5th and 6th streets become important connections from the cultural and commercial downtown core to the Medical District through infill and detail design.

The three options presented were as follows:

- ◆ Create a unified streetscape on 5th and 6th that defines these roads as important connections between Downtown and the Medical District;
- ◆ Create new development parcels to form a strong and safe public realm on 5th and 6th through building facades; and
- ◆ New hospital related medical offices as part of a larger mixed use development between St. John's and Downtown.



Fig. 19 - Street Hierarchy



Fig. 20 - Downtown Linkages



**9. Ceremonial 1st Street Connection**

1st street, as it currently exists, is a typical street belying its physical significance, connecting the Illinois State Capitol to Oak Ridge Cemetery. Urban design strategy nine identifies opportunities for strengthening this important corridor through the Medical District and as an identity driver for the city as a whole.

The three options presented were as follows:

- ◆ No change;
- ◆ **Distinct planting and streetscaping as well as special signage describing 1st street's importance in Springfield;** and
- ◆ Creation of a new strong boulevard linking Oak Ridge Cemetery, Memorial Medical Center and the Illinois State Capitol.

**10. Identification of Catalyst Projects**

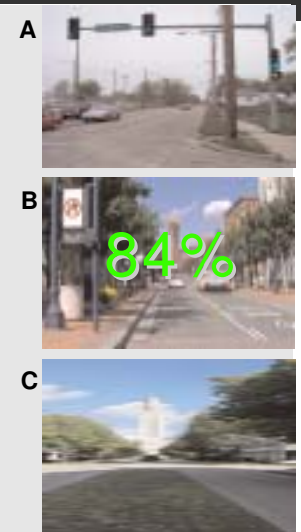
Strategy ten identifies potential catalyst projects throughout the district that can realistically become projects that set a standard for excellence that other projects must surpass and drive the future success of the entire district. These projects are often the first to test the waters and take on a great deal of risk, often requiring partnership opportunities providing an impetus for quality development throughout the district.

The three options presented were as follows:

- ◆ New Mixed Use development along Carpenter Street;
- ◆ New Transition development North of Memorial, redeveloping a surface parking lot into a shared garage with assisted care residential; and
- ◆ **Redevelopment of surface parking lot west of St. John's into a garage with shared parking, Medical Office, and other mix of uses.**



**Fig. 21 - Ceremonial 1st Street**



**Fig. 22 - Catalyst Projects**



*1.1. Institutional Expansion Zones w/ Buffer*

Because of the pressures they are under, the institutional campuses naturally grow outward. However, as detailed in the physical analysis section, they are currently growing in all directions. The institutional expansion zones should be directed in a way that preserves historic neighborhood fabric and strengthens downtown Springfield. Where unguided expansion has eroded neighborhood fabric, such as surface parking lots, opportunities exist for new unique development opportunities and residential buffers.

The three options presented were as follows:

- ◆ **Preserve the intact Historic Residential Fabric;**
- ◆ **Allow for a residential buffer between the hospitals and neighborhoods through associated housing such as student housing or assisted care;** and
- ◆ Share uses in parking garages, lining the garage with lofts, office, and/or ground floor retail.

*1.2. Consolidating Retail/Commercial on Edge of Study Area*

In the transportation framework analysis, the existing street framework in the city places vehicular stress on the edges of the study area. This vehicular activity brings a certain type of auto-first retail format that is often erosive of neighborhoods. It also attracts car-oriented retail design to the perimeter of the district in a linear strip-like format. This strategy examines ways to consolidate this spread out retail into a walkable, neighborhood-oriented format.

The three options presented were as follows:

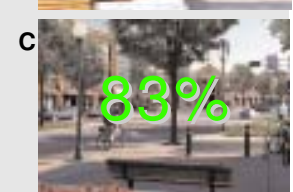
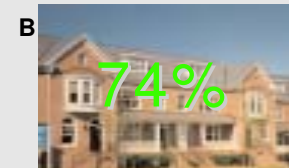
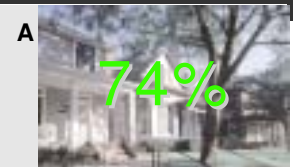
- ◆ Improvement in architecture and existing retail format;
- ◆ Consolidation of retail strip into smaller, more compact, walkable neighborhood centers; and
- ◆ **Consolidation along with a mixture of uses and pedestrian connection into the adjacent neighborhoods.**



**Fig. 23 - Institutional Expansion Zones**



**Fig. 24 - North Grand Avenue Commercial Consolidation**



*13. Creation of Identity and/or Gateway Portals*

There currently exists no defining feature allowing visitors to know they have arrived into a special district; the type of place this district aspires to be. Gateways and Identity features can take a number of forms including special banners/street furniture or specific architectural gateways. This strategy suggests a few abstract possibilities.

The three options presented were as follows:

- ◆ **Unified Signage and Fixtures create identity for the Medical District and Neighborhoods;**
- ◆ **Icons/Monuments highlight entry into the Medical District; and**
- ◆ **Utilize strong architectural elements to mark entry into the district.**

*14. One-way couplets to Two-way Streets*

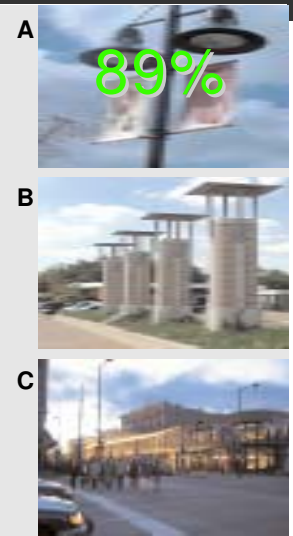
In the physical analysis section, the benefits and liabilities of one-way streets were discussed. It is the suggestion of this strategy to rethink the use of one-way streets to avoid the traffic-dominated experience that makes “somewhere” into “anywhere”.

The three options presented were as follows:

- ◆ **Keep the couplets one way, but enhance streetscape and pedestrian connections to Downtown;**
- ◆ **De-couple streets, and use extra space for on-street parking; and**
- ◆ **De-couple streets, enhance streetscape and pedestrian connections to square, use infill to transition from downtown to Medical District.**



**Fig. 25 - Identity Gateway Portals**



**Fig. 26 - One-way to Two-way Streets**



**15. Railroad to Hike/Bike Trail**

A strong opportunity exists within the boundaries of the district to take a current detriment to neighborhood and community and create an amenity for everyone to enjoy. Railroad commerce through the neighborhoods has been corrosive to the physical environment, creates noise pollution, and a traffic inconvenience. As rail freight diminishes around the country a number of communities have reorganized some corridors into recreational opportunities.

The three options presented were as follows:

- ◆ No change to the existing rail system;
- ◆ Further landscaping and neighborhood buffering along railroad; and
- ◆ **Shifting of rail traffic and conversion of Southern Pacific rail to a new hike/bike trail through the city.**

**16. Public Health Services Core**

Land between the Medical Campuses and downtown is the natural infill of eventual downtown expansion. This can eventually become a number of uses including an initial phase of medical office and public health services along 1st Street. In this scenario, long-term mixed-use phases eventually infill merging the Medical District with Downtown.

The three options presented were as follows:

- ◆ New Medical Office Building as part of a campus environment;
- ◆ Medical Office as part of a Mixed-Use block/district with a variety of different users; and
- ◆ **Development including new pocket parks as part of the larger pocket park network.**



**Fig. 27 - Railroad Re-Use Scenarios**



**Fig. 28 - Public Health Services Core**



## THE DISTRICT VISION

### I. General Strategies

At the beginning of this document, the goals for the plan of the Illinois Medical District were laid out. Restated, these goals are as follows:

- ◆ Support the new development and conservation of livable neighborhoods;
- ◆ Strengthen primary anchors within the District and their relationship to downtown Springfield;
- ◆ Leverage the initial investment of public/private catalyst projects into a new exciting mixed-use projects necessary for a larger cohesive district;
- ◆ Provide direction for shaping infill development between Downtown and the Medical District and the surrounding residential Neighborhoods; and
- ◆ Initiate a framework for Implementation.

We have taken all information received to date and prepared the following recommended Master Plan specifically to accomplish these goals. The details forming this plan are as follows:



Fig. 29 - Revised Masterplan

## GENERAL STRATEGIES

### Medical Expansion Zones

Based on current land ownership and the guided growth management suggested through this process, the Medical District Boundary is acknowledged and formally incorporated into the Master Plan.

Hospital growth zones generally expand towards Downtown rather than into the historic neighborhoods. It is also the intention of this plan to encourage “good” density in future growth of the Medical District through parking structures internalized within their block structure with active uses fronting on the street.

It is important to both the neighborhood and the institutions that a “good face” be put on their periphery. New projects adjacent to the neighborhoods should not turn their back (parking, service, etc.) to the streets bounding these institutions. This will create a better neighborhood while providing clear distinction and entry signage into each institution’s campus.

Image 30 - High Quality Medical Office Building



Fig. 31 - Medical Expansion Zones

## GENERAL STRATEGIES

### Carpenter Street Linkage

Carpenter Street becomes the link between the three anchors, the focus for catalyst projects, and the seam between downtown and the neighborhoods. The catalyst projects in this area are an opportunity to show immediate successes in the ground and drastically change the overall perception of the surrounding area.

The vision is for Carpenter Street to be the home to a new activated street scene with aesthetic streetscaping and architecture. The infill buildings should allow for a variety of uses such as ground floor retail and cafes, loft office and loft residential. The new infill should allow for new public spaces to link into the larger greenspace network discussed later in this section.

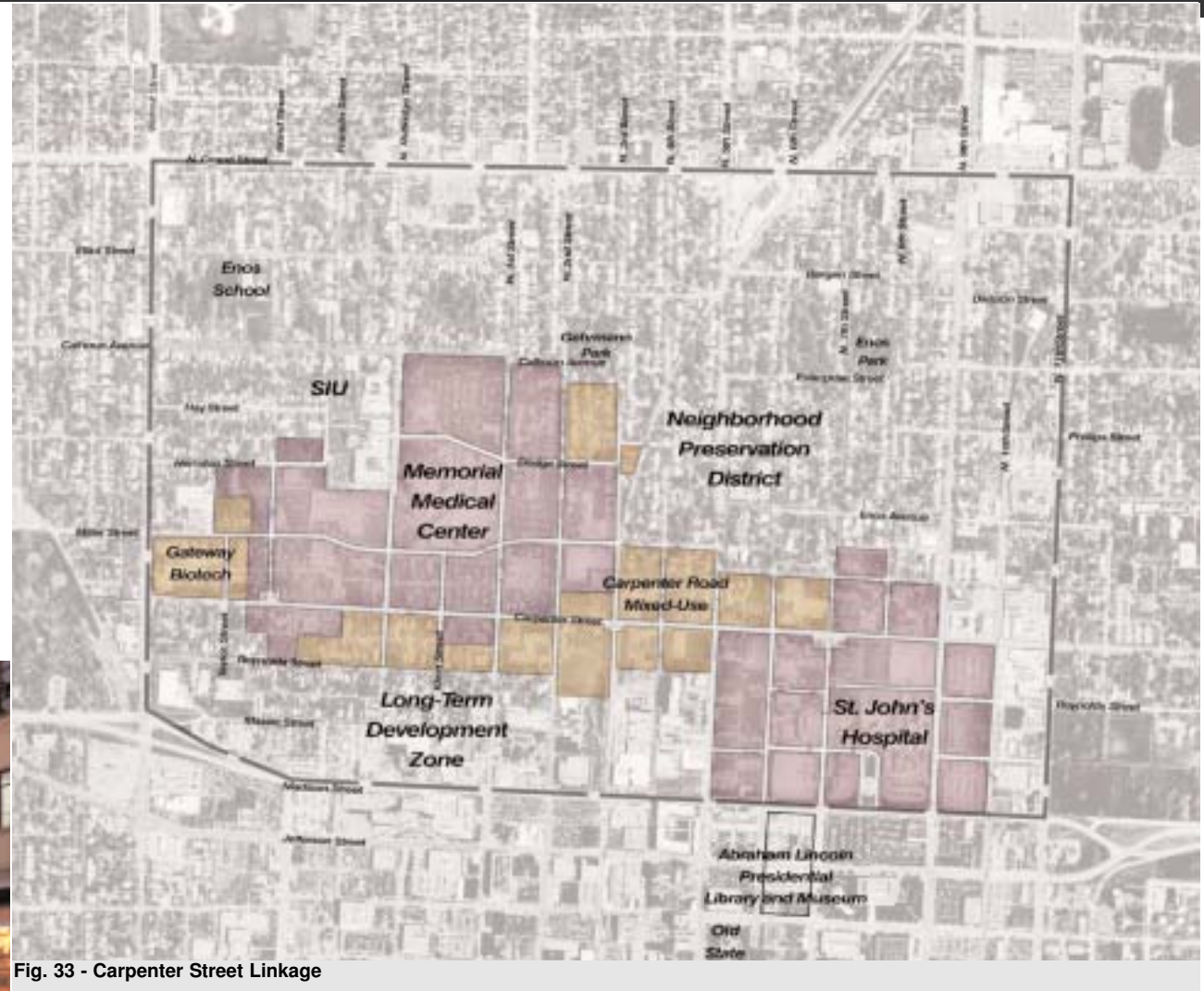


Image 32 - Mixed-Use Buildings



Fig. 33 - Carpenter Street Linkage



**Future Development Boundary**

A future development boundary protecting the neighborhoods is established to guide new medical district development to the southern portions of the District.

The boundary's intent is for the institutions to "infill" then grow creating a campus feel of SIU and others necessary in attracting students, employees, instructors, doctors, etc.

Finally, it is important to acknowledge that the identification and understanding of historic resources within the study area and throughout downtown Springfield. The boundary helps protect this dynamic and on-going process. Appreciation for the cultural heritage can bring into focus properties that have previously been overlooked and may make special contributions to the character of their neighborhood and warrant special consideration. It is the purpose of this "Northern Edge" to encourage and protect the improvement process.

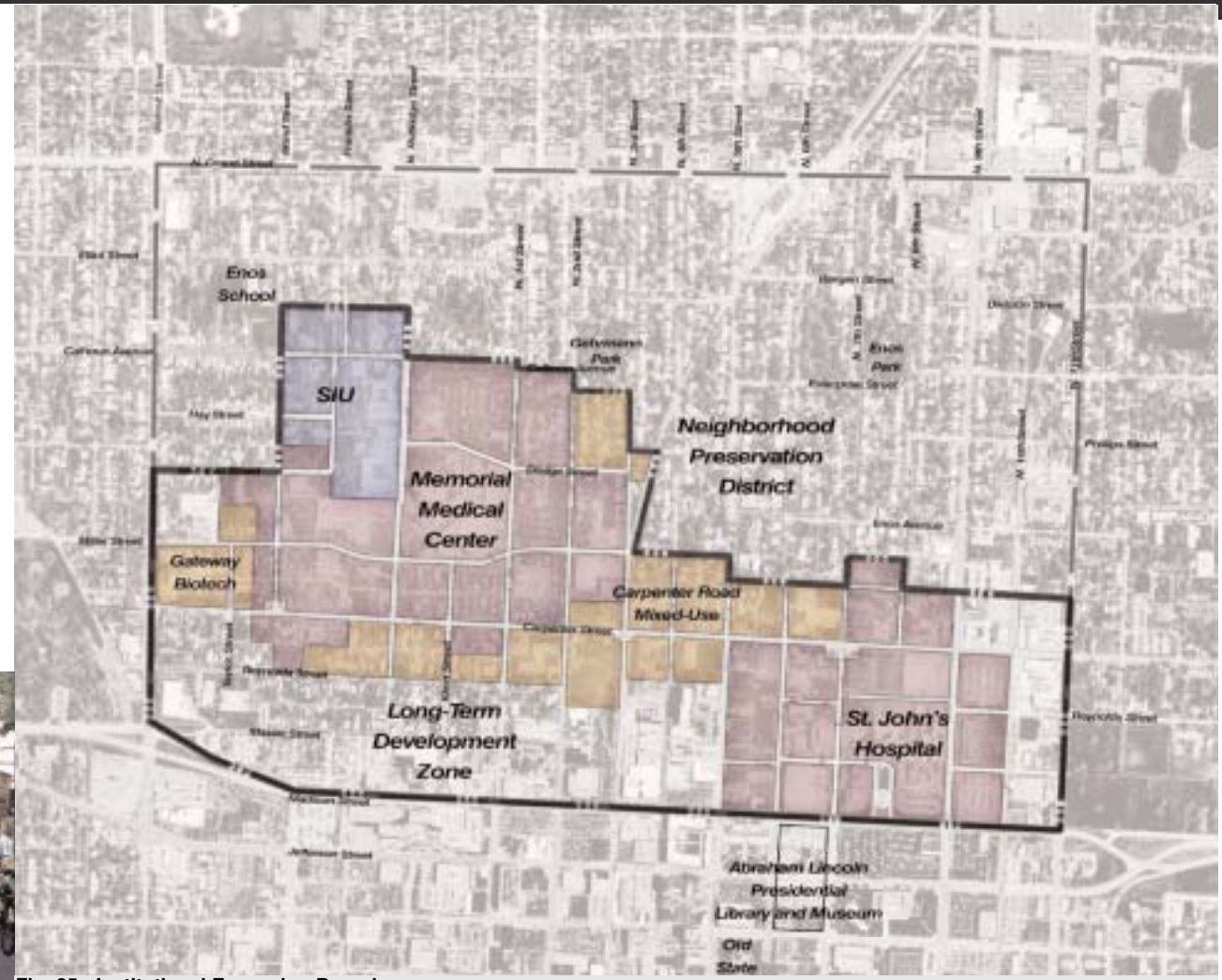


Image 34 - Campus/Mixed-Use Environment



Fig. 35 - Institutional Expansion Boundary



## GENERAL STRATEGIES

### Greenspace Network

A well-knitted greenspace network is established to connect the neighborhoods and provide amenities within the medical district. This greenspace network includes the existing parks, new plazas and courts created along Carpenter; public streets and streetscaping projects, pathways, bike paths and the potential rail-to-trail on the Southern Pacific line.

Specifically and initially, the existing parks and schoolyards should be a focus for improvement. These should then be linked through improved sidewalks, streetscaping, and/or bike paths with new public spaces within the Medical District to create a larger pedestrian circuit. In addition, special attention should be given to connecting to parks and trails currently existing and/or proposed outside of the study area.



Image 38 - Pocket Park and Development



Fig. 39 - Overall Greenspace Network

## GENERAL STRATEGIES

### Neighborhood Preservation

The neighborhoods outside of the Future Development Boundary are to be preserved and strengthened. Preservation is a way of maintaining the character of low to mid-density residential currently within the boundaries shown.

While current quality housing structures should continue, this category envisions replacement of lesser quality housing structures with new quality housing products. This category also encourages new housing products and mixes with strong design characteristics to strengthen the surrounding and adjacent neighborhoods. The land use pattern provides strong edges and cores to the neighborhoods.

Furthermore, Conservation Districts should be established such as the Enos Park Historic Neighborhood that encourages the preservation of the many quality and viable older houses with a concerted effort to catalog the buildings throughout the district. This land use pattern envisions restoring, updating and renovating the viable older homes. New housing products would be allowed, but as a general rule, only to replace the lesser quality housing structures that cannot be economically renovated.

Image 40 - Unique Residential Character

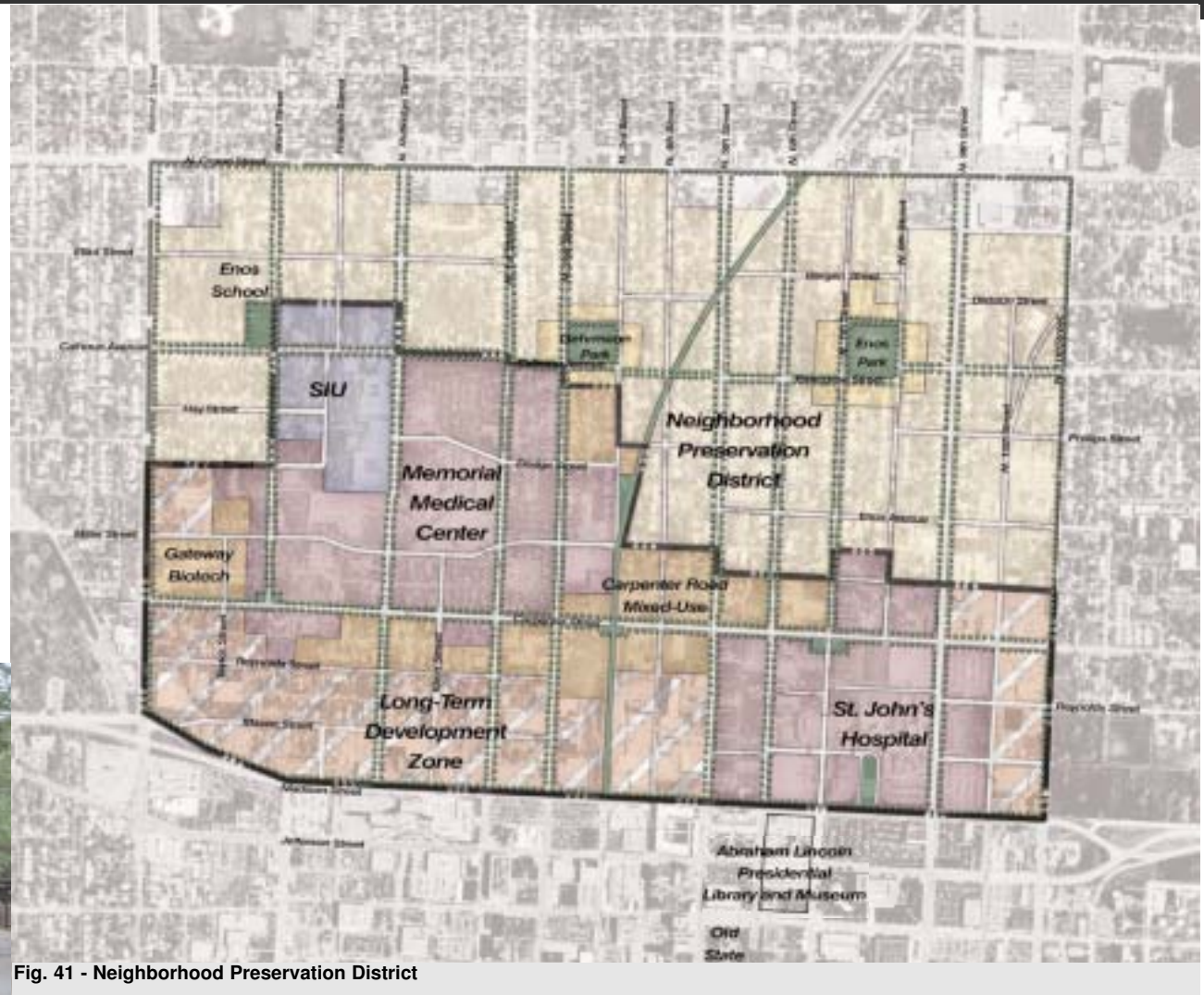


Fig. 41 - Neighborhood Preservation District

## GENERAL STRATEGIES

### Gateway and Entry Features

Specific gateway features should be designed for each of the primary and secondary entrances to the district. Primary and secondary are determined essentially by the importance or level of service of the streets of entry. A specific design standard, whether it be an arch, signage, specific furnishings, or special architecture should be established for these areas.

In addition, the retail strips that line the periphery of the study area should be encouraged to redevelop into commercial nodes, concentration of retail into walkable neighborhood centers. These entry points make natural places for retail as they have high levels of traffic and interest. With that said, these areas should also be well-integrated with the neighborhoods adjacent allowing for a pedestrian friendly environment.

This development should be of a human scale, rather than designed at the scale of the automobile. These commercial nodes should not be as dense as the areas closer to downtown. Rather, they should be designed at a pedestrian scale not the auto-oriented strip development and governed by height and density rather than specific use.

Image 42 - Entry Signage Example

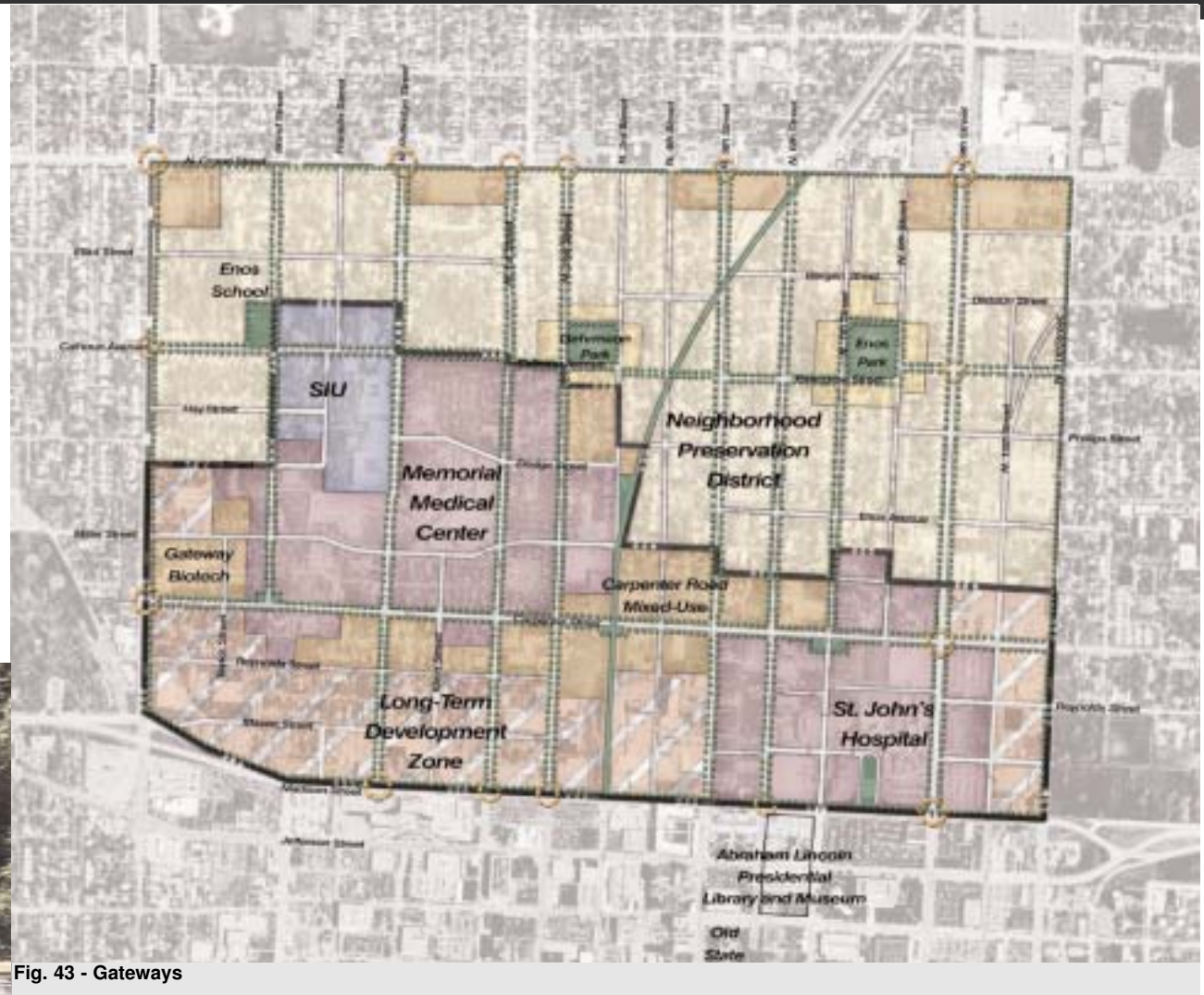


Fig. 43 - Gateways

## II. Transportation Framework

New developments often fail to recognize the importance of public streets in providing social and economic benefits. Where development becomes the permanent urban configuration, streets and open spaces need to be located and designed with regard for more than just vehicular transport and economic building techniques.

### Street Hierarchy

This plan takes the existing street framework and attempts to establish a hierarchy of streets within the district. This hierarchy is necessary to establish a differentiation of place and a specific experience by location while aiding the ease of movement,

This section walks through the four types of streets established by the plan. It is important to note that streets are not being radically changed in form or function, just categorized through minor design alterations to improve the character of the district through safely making space for cars and people to coexist.



Fig. 44 - Transportation Hierarchy

## TRANSPORTATION FRAMEWORK

### Primary Circulators - (Rutledge, 5th, 6th, 9th, and Carpenter Streets)

These are the primary “movers” through the district; the predominant roads for moving people into or out of the district. Because these have such importance in moving cars, it does not mean that they must forget the pedestrian. The typical section below (it may not fit all sections) shows two lanes each way with parallel parking on both sides. The parking is important for commercial uses along the street while providing a less intrusive manner of separation between pedestrians and cars than some other methods. Also, streetscaping is used to protect the sidewalks and beautify the public realm.

4th and 7th are reverted to two-way roads and fall into other categories.

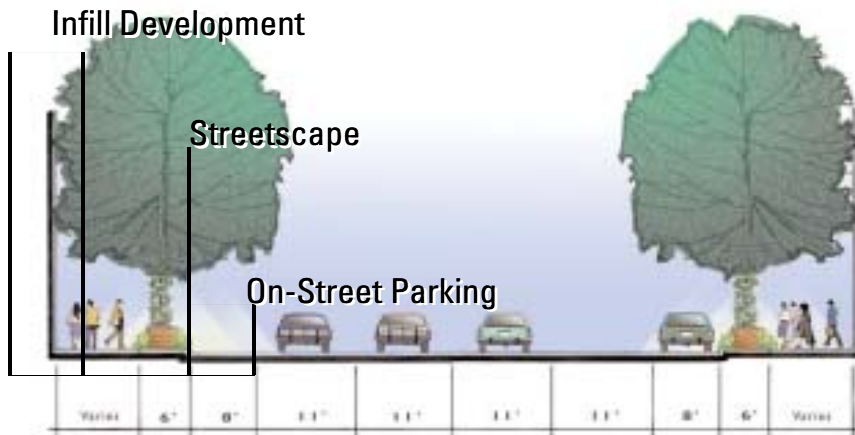


Fig. 45 - Primary Circulator Street Section



Fig. 46 - Primary Circulator Map

## TRANSPORTATION FRAMEWORK

### Ceremonial Boulevards - (1st and 8th Streets)

The Ceremonial Boulevards are important because of where they go, what places they connect. In general, ceremonial streets are often straight streets with views towards special destinations as we have here. 1st Street is important for its direct connection to, and sightline of, the State Capitol building. Also, with a slight jog in the road at North Grand Avenue, this road serves as entry to Oak Ridge Cemetery, site of Lincoln's tomb. It also serves the front door of Memorial Medical Center. 8th street is important for it's axis with St. John's Hospital.

The specific design idea for these streets beyond the creation of consistent sidewalks, streetscaping and on-street parking, is the inclusion of monumental light islands along the length of the street. These are nice because they occur every forty feet or so allowing left turns while still maintaining that monumental rhythm for the length of the street.

The point of this road is for a symbolic connection to the history of Springfield. Thus, the attempt is to make a direct visual and physical connection through a special street design highlighting two of the most important places in Springfield.

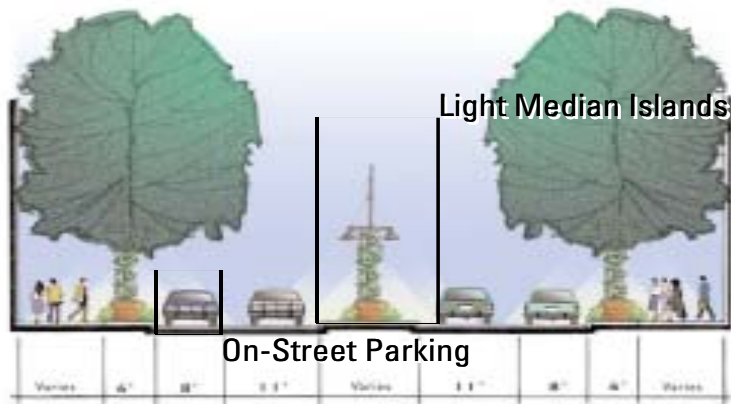


Fig. 47 - Ceremonial Boulevard Section



Fig. 48 - Ceremonial Boulevard Map



## TRANSPORTATION FRAMEWORK

### Landscaped Connectors - (Calhoun, Enterprise, 7th, and 2nd Streets)

The green streets on the map indicate the "Landscaped Connectors". These streets link up important public places, sometimes not by car, as is the case with the pedestrian connection from Calhoun to Enterprise (which is not intended to remove any homes, it simply creates a public amenitized path between existing ones).

Because these are important streets for hikers, bikers, joggers, etc. there should be specific attention paid to these people. In this case, there should be accommodations made for a bike lane, or signage along the consistent sidewalk.

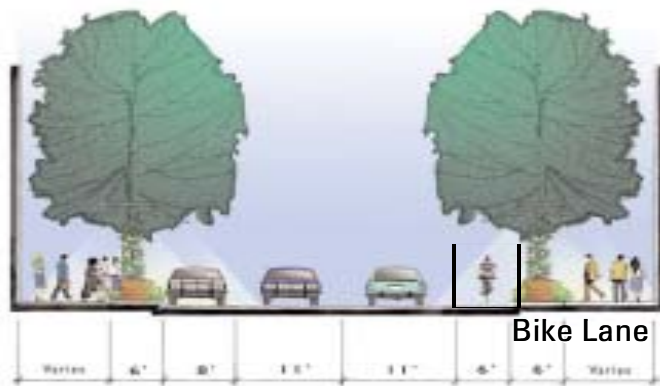


Fig. 49 - Landscaped Connector Street Section



Fig. 50 - Landscaped Connector Street Map

## TRANSPORTATION FRAMEWORK

### Typical Neighborhood Streets

The typical neighborhood street sub-category comprises every other street in the district. The intention is for these streets to have an intimate scale with building frontages close to the street, high quality streetscaping, just one lane of traffic in each direction and on-street parking.

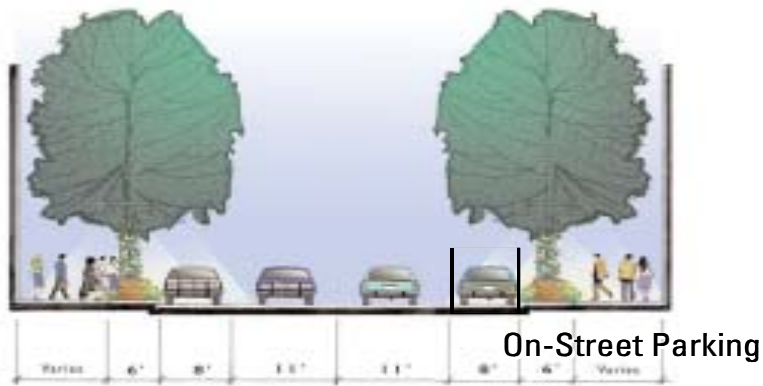


Fig. 51 - Neighborhood Street Section



Fig. 52 - Neighborhood Street Map

**III. OPEN SPACE NETWORK**

A wide reaching, accessible and integrated open space network is important for making areas highly attractive to residents and employees. They provide areas for recreation, socialization, and direct interaction with nature.

There are four primary elements to the open-space network. These are the Rail-to-trail, the new pedestrian pathway, park improvements, and streetscape connections.

**A. Rail-to-Trail**

A strong opportunity exists within the boundaries of the district to take a current detriment to neighborhood and community and create an amenity for everyone to enjoy. This plan would remove the freight traffic from the Southern Pacific line to make room for a multi-use hike and bike trail.

**B. New Pedestrian Pathway**

The Calhoun to Enterprise Connection strategy attempts to create a new East-West connection that does not currently exist. This connection will allow for a potential link between Gehrman and Enos Parks while becoming part of the larger overall pedestrian recreational system. It is intended to only be a narrow, planted path between existing houses (rather than removal) as shown in the image below.

**C. Park Improvements**

This suggests that Gehrman and Enos parks, while seen as the hearts of these neighborhoods, could use some improvements. Often such improvements, like a gazebo as shown below can increase the “ownership” and pride a neighborhood takes in its park. These park improvements may also include infill housing fronting onto them.

**D. Streetscape Connections**

As mentioned throughout, it is important to create connections between open spaces, so pedestrians can make a direct link from one to another. This suggests improved sidewalks and streetscaping between the new and existing parks and open spaces.



Fig. 53 - Open Space Map



**III. CATALYST PROJECTS**

The Master Plan contains a series of “catalyst projects” intended to kick-start and showcase redevelopment within the Medical District.

**Catalyst Project #1 - Prairie Diagnostic Center**

A project already begun is a new 27,800 sq.ft Two-Story outpatient facility focusing on the diagnosis of heart disease. This project is already planned for Carpenter Street and is the related medical use that makes sense for this area. It has the opportunity to be seen as one of the first catalyst projects in Springfield.

The Prairie Diagnostic Center, a \$14.6 million outpatient center focusing on diagnosis of heart disease, will be built on the north side of Carpenter Street within the Medical District. The two-story, 27,800 square foot project is a for-profit partnership between a Springfield-based group of cardiologists and the city's two hospitals. Prairie Diagnostic plans to break ground in June 2005, in order for construction to be completed in early 2006.



Image 54 - Prairie Diagnostic Rendering



Fig. 55 - Catalyst Project 1 - Prairie Diagnostic Center

## CATALYST PROJECTS

### Catalyst Project #2 - Springfield Clinic

Memorial Medical Center's planned \$27 million office building across the street from its main complex will give Springfield Clinic doctors the ability to provide more efficient and convenient medical care. The four-story building will provide office space for 60 doctors - including neurosurgeons, general surgeons, orthopedic surgeons, urologists and obstetricians/gynecologists - who do a lot of their work in hospitals. The work is planned to be completed by summer of 2005.



Image 56 - Springfield Clinic Rendering



Fig. 57 - Catalyst Project 2 - Springfield Clinic

## CATALYST PROJECTS

### Catalyst Project #3 - Mixed Use Infill

An opportunity exists near Memorial Medical Center for new Mixed-Use Infill between 2nd and 3rd on the South side of Carpenter with ground floor service uses and loft office/residential above. This project can be exemplary for how it treats the parking as a shared structure internal to the block with laminated uses fronting on the street.



Image 58 - Mixed-Use Building with Shared, Wrapped Garage



Fig. 59 - Catalyst Project #3 - Mixed-Use Infill

**Catalyst Project #4 - Carpenter Street Transition - A**

Loft residential, live-work, small office space and service-retail ground-level space along Carpenter, between 3rd, 4th, and 5th. Townhome and single-family infill as transition to neighborhood. As the density is slightly lower in this project compared to Catalyst Project #2, parking can be serviced by interior parking "courts" with buildings lining the exterior of the blocks fronting onto the streets.



Image 60 - Townhomes and Live-Work Units



Fig. 61 - Catalyst Project 4 - Carpenter Street Transition - A





## CATALYST PROJECTS

### Catalyst Project #6 - R&D Mixed Use

Catalyst Project #5 is a Research and Development infill development between 5th and 6th Streets south of Carpenter Street. The infill program would emphasize the R&D development along Carpenter, and would line its parking garage with residential and small office space. As with other redevelopment concepts along Carpenter Street, ground-level retail and service uses will activate the streetscape.



Image 64 - Mixed-Use R&D Buildings



Fig. 65 - Catalyst Project 6 - R&D Mixed Use



IMPROVED PLACES TO PLAY...



NEW PLACES TO LIVE AND SHOP...

THE ILLINOIS MEDICAL DISTRICT AT SPRINGFIELD: MASTERPLAN  
NOVEMBER 2005



*NEW PLACES TO WORK ALONG CARPENTER...*



**THE ILLINOIS MEDICAL DISTRICT AT SPRINGFIELD: MASTERPLAN**  
NOVEMBER 2005





**AND A REVITALIZED CARPENTER STREET.**