



SECTION 3: PLANNING INITIATIVES AND GENERAL STRATEGIES





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The Master Plan provides a blueprint for investment within the Mid-America Medical District at East St. Louis. The plan is a “framework” development guide that should be treated as flexible, subject to change and course corrections as the market and investment opportunities dictate, but always adhering to the overarching blueprint for uses, interrelationships, urban design, and sustainability. The Master Plan suggests an incremental approach to development within the Medical District. Initially, the objective should be to improve the health care delivery system for area residents and foster collaboration between educational and medical institutions, while at the same time preparing and marketing the District for physical investment. Over time, the focus of the Medical District would shift to the attraction of health care providers, employees, consumers, educators, and producers; complementary economic development and residential uses; and their resulting sustainable development projects.

The Master Plan is framed by four principle initiatives:

- Initiative 1: Improving the Health Care Delivery System
- Initiative 2: Building an Education/Health Care Connection
- Initiative 3: Preparing for Investment and Marketing the District
- Initiative 4: Developing the District

Initiative 1: Improving the Health Care Delivery System

The local health care delivery system serving East St. Louis residents is seriously compromised by the inability of the majority of the consumer population to afford services, either through self-pay or medical insurance coverage. This results in a public aid process of payment that generally is either insufficient to cover the actual costs of providing the service, is exceedingly late in reimbursement, or is subject to annual appropriations, budgets, or other non-permanent means of payment. Such results discourage substantial private market participation and investment in the Medical District.

Initially, the Medical District should foster collaboration, or partnerships, between existing and/or new service providers to fill the gaps in health care needs and to spread the risk and cost of providing services to a historically underserved population. The District’s role in systemic improvements to the health care delivery system should include determining what services are absolutely necessary in the District to serve East St. Louis residents, what services can be delivered profitably and what services cannot, what means or incentives are necessary for delivery of needed services to be made profitable, and who should be involved in the solutions.

Secondarily, not all the needed health care and wellness services have to be provided within the Medical District. For efficiency, duplicating health care services in the District that are readily available elsewhere should be avoided. East St. Louis

residents should be connected to existing health care services elsewhere in St. Clair County that are not currently (or not planned to be) accessible in the District. The District should seek to foster a comprehensive, transportable system of health care comprised of both new buildings and new delivery systems for health care.

Thirdly, the role of the Medical District should be expanded beyond serving only the residents of East St. Louis. If the Medical District, with its mix of medical, commercial, governmental, and residential uses, is truly going to be transformational in its impact on downtown East St. Louis and the broader community, it needs to be positioned as a “regional” service, employment, and education center.

And finally, the Mid-America Medical District’s “health care delivery system” should not just be about treating disease, but about creating resources and providing opportunities for healthy lifestyles. The springboard for this approach is to engage all aspects of the health care delivery system as an interdependent system of care, recognizing that people require specific services and resources at different stages of their lives. The following four contemporary health care issues illustrate the need for synergetic models of health care delivery as these issues are currently straining health care resources and will only grow greater during the upcoming decades.

Develop a Continuum of Care

Using diabetes as an example to demonstrate this need for synergy, about 8% of the U.S. population, or 24 million Americans, have diabetes and nearly a quarter of them don’t know it, according to the American Diabetes Association. Another 57 million have pre-diabetes. Obesity and advancing age are among the risk factors for developing Type 2 diabetes. If the trends of the last three decades continue, about 86% of Americans are likely to be overweight or obese by 2030, according to a study published in the journal *Obesity*. Nearly two-thirds are overweight or obese today. With one in four black women, 55 years of age or older, diagnosed with diabetes and twenty-five percent of all blacks between the ages of 65 and 74 with diabetes, African-Americans with diabetes have a high risk of developing health complications and disabilities from the complications associated with diabetes.

If these statistics are predictive, diabetes will have an enormous impact upon the people who live in or around the Medical District. Diabetes affects individuals in very different ways at each stage of the disease. One of the many challenges of

the Mid-America Medical District health care delivery system is to consider these stages of the disease when developing or attracting medical services and goods to the District. In the early stages of the disease, insulin and diet control are essential to thwart the disease from progressing. Thus, at this stage, access to dieticians is critical, who teach patients about maintaining insulin levels. Home health care and nursing aides will be a critical health care component if and when the disease progresses and transportation to dialysis units and/or in-home dialysis are required. Subsequently, licensed nurses and their assistants will be needed, along with home health specialists.

The myriad of interlocking resources, services and people who manage and provide a continuum of care should be taken into consideration when developing the health care components of the Medical District.

Invest in Early Childhood Health Care

Secondly, early childhood health care is a critical component of this health care delivery model. Early childhood education, health care, and recreational services have a lasting effect on the quality of life and the cost of health care in adulthood. Strategies for giving children a healthy start will help ensure future generations of healthy adults.



Early childhood education and health care create healthy adults.

Health care providers such as the East Side Health District, St. Clair County Child Advocacy Center, and others would play pivotal roles in identifying gaps in the health care of children—maintaining current programs, and creating new systems of care that interlock health and social services for children and their families. Services should include, but not be limited to, physicians’ offices and/or health centers (including dental) and school-based health programs staffed by nurse practitioners, physician assistants and social workers. Adequate community based health care services deter hospital emergency care visits and approach health care from a patient-living-at-home focus away from hospital care. Early childhood services should include nutritional, educational, and social services; organized community recreation and health programs; and neighborhood councils or other opportunities for participation in community life.

This composite of interlocking health related services would create a new environment in which future generations have the potential to live healthy lives. The RWJ Commission highly recommends this multidimensional systems approach for improving health in the 21st century. “The earliest years are crucial in many ways, including how they set us on paths leading toward or away from good health. Family income, education, and neighborhood resources and other social and economic factors affect health at every stage of life, but the effects on young children are particularly dramatic. We found the strongest evidence that early interventions can have a lasting effect on the quality of life for adults. By promoting early childhood development that supports children and their families, this is indeed a wise long-term investment of scarce resources.”

Encourage Community-Based Management of Services

Thirdly, various levels of trained professionals will be needed to ensure quality of life for children, adults and older adults who will be seeking services within the Medical District. Health care providers, such as the Southern Illinois Healthcare Foundation and Southwestern Illinois Area Agency on Aging should be identified as hubs coordinating health care that will be provided by various home health agencies, adult day care centers, all types of treatment clinics, and residential care facilities.

One of the Medical District’s critical roles will be the prevention, treatment, and management of many diseases suffered by the aging Baby Boomer generation. In the year 2000, roughly 35.6 million Americans were age 65 and older. By 2030,

this number is projected to double to an estimated 71.5 million. Diseases like diabetes and Alzheimer’s represent a growing threat, not only to aging patients but to their families as well.

The Medical District can create a one-stop medical center. Whether it is helping discharged older hospital patients transition back to their homes or providing home-based dialysis, the trend is in place for community-based health care delivery. The need for community-based management of health care services is critical, and the Medical District’s health care delivery system should maximize this potential.

Emphasize Outpatient Clinics and Home Health Care

And lastly, in 1982, for every 1,000 United States citizens, American hospitals logged 1,132 nights in a hospital bed—more than one night a year per citizen. By 1992, that had dropped to 607 nights. By 1995, some states were as low as 225 and some specific markets as low as 160. Estimates are that most markets will only log 70 or 80 nights in a hospital per year for every 1,000 citizens, and one third to one half of all hospitals will close (www.well.org). For the approximately 31,500 residents of East St. Louis, that equates to about 7 hospital patients per night.

When managing long-term diseases, initiating early prevention programs among children, and providing comprehensive services for aging populations, future health care delivery systems will consist of home-based services and move away from huge institutions. The latter simply are not cost effective. Recent health care reform is now law and financial incentives are in place to move health care in this direction. Future health care may well be located in nurse-managed clinics to offset a shortage of primary-care physicians. Nurse practitioners could see patients on an ongoing basis with the support of an overseeing physician. This would cut down on the number of patients who have to wait two to three months to see a doctor and give them some continuity of care close to their homes.

These above examples connote the interconnectedness between health care and education, employment, housing, recreation and transportation. Creating synergies among these facets of society is one role of a Medical District. The Mid-America Medical District is aware of these synergies and is seeking to create an environment in which the citizens of East St. Louis have the opportunity to create healthy lifestyles for themselves and future generations.

Potential Health & Community Services Deficiencies & Opportunities

The three industry segments recognized in health care by the Bureau of Labor Statistics (BLS) are Hospitals, Ambulatory Health Care Services (including Home Health Care Services), and Nursing & Residential Care Facilities. Since the Medical District is situated in an urban environment that currently has an adequate number of general medical and surgical hospitals, it appears that the District could best serve area residents by creating Ambulatory Health Care establishments including Home Health Care Services, and Residential Care Facilities.

Ambulatory Health Care establishments include physicians' offices, out-patient centers, and diagnostic labs. Home Health Care Services are provided mainly to the elderly. The development of in-home medical technologies, and insurance companies driving health care to the most effective treatment in the least restrictive environment, have helped change this once-small segment of the industry into one of the fastest growing health care services.

In addition to Ambulatory Care, Residential Care Facilities for the elderly and disabled represent a significant opportunity. Within the Residential Care category, Nursing Care Facilities provide inpatient nursing, rehabilitation, and health-related personal care to those who need continuous nursing care, but do not require hospital services. Nursing aides provide the vast majority of direct care. Other facilities, such as convalescent homes, help patients who need less assistance.

Residential Care Facilities provide around-the-clock social and personal care to children, the elderly, and others who have limited ability to care for themselves. Workers care for residents of assisted-living facilities, alcohol and drug rehabilitation centers, group homes, and halfway houses. The Medical District will generate more sustainable jobs by investing in Residential Care Facilities within the District that will, ideally, spur similar investments in the surrounding area.

Also, from the inventory conducted of available health and community services in East St. Louis, the following services and resources appear to be lacking or inadequate, directly impacting the health of the community and its citizens, and should be a focus of the Mid-America Medical District:

- Inadequate quantity of pre-school health care, social and educational programs
- Inadequate housing and medical services for the elderly

- Lack of grocery stores and food markets
- Inadequate public transportation and government programs to achieve access to county services not offered in the City of East St. Louis but existing in the outlying areas

Initiative 2: Building an Education/Health Care Connection

An education/health care connection is essential to the success of the local health care delivery system and a potential catalyst for marketing and development of the Medical District. Since education and employment are two key variables linked to health outcomes, health care careers degree and certificate training programs should be a cornerstone of the education offerings within the Medical District. Associate degree careers in health care could be offered in partnership at the East St. Louis Higher Education Campus between St. Louis area community colleges, colleges and universities, and technical education providers. Such careers include Certified Nurses Assistants; Human Services Professionals; Respiratory, Radiology, and Occupational Technicians; Health Care Information Specialists; and many others. These degree and certificate programs could also be a bridge for higher education opportunities at area colleges and universities.

Creating sustainable jobs is a core function of the Medical District, and according to the U.S. Bureau of Labor Statistics (BLS), among the top ten areas of U.S. job growth between 2004 and 2014, seven are in the health care delivery service industry and most do not require a bachelor's degree for employment. The top seven health care job growth categories are:

1. Home Health Aides—56% growth, requiring Vocational Certificate & On-The-Job Training
3. Medical Assistants—52% growth, requiring Vocational Certificate & OJT
4. Physician Assistants—50% growth, requiring Bachelor's Degree
6. Physical Therapy Assistants—44% growth, requiring Associate Degree
7. Dental Hygienists—43% growth, requiring Associate Degree
9. Dental Assistants—43% growth, requiring Vocational Certificate & OJT
10. Personal/Home Care Aides—41% growth, requiring Vocational Certificate & OJT

Of significance, health care will generate more jobs than any other industry, largely in response to rapid growth in the elderly population. And, most healthcare workers have jobs that require less than 4 years of college education. There is a unique opportunity for the Medical District to plan for this job market growth by collaborating with the East St. Louis Higher Education Campus to develop and implement these educational curricula for the residents of East St. Louis who have obtained their high school diploma.

Build on Existing Institutions

Already successfully operating in the Medical District is the East St. Louis Higher Education Campus. The East St. Louis Community College Center (ESLCCC) is a partner in the Higher Education Campus and brings an educational resource to the community of East St. Louis. Both entities have the potential for significant contributions to the success of the Medical District by maintaining and developing health care services and careers for the residents of East St. Louis and the Mid-America Medical District (MAMD). They are an integral part of the MAMD health care delivery system as there is a great need for educating citizens to step into health care careers that the District and region will generate.

The East St. Louis Higher Education Campus is an anchor within the Medical District.



The Southern Illinois Collegiate Common Market (SICCM) is the current administrator of the East St. Louis Community College Center (ESLCCC). SICCM is a staffed consortium of area educational institutions governed by a Board of Directors composed of presidents and chancellors of the participating institutions.

SICCM was organized to provide a means of sharing human and material resources in higher education between institutions within the consortium. The members of the organization are John A. Logan College, Kaskaskia College, Rend Lake College, Shawnee Community College, Southeastern Illinois College, Southern Illinois University Carbondale, and Southern Illinois University Edwardsville. In its thirty-five year history, the SICCM consortium has administered grants and projects which have been directed toward addressing regional needs and issues, including distance learning, welfare-to-work, nursing, allied health, economic development, research, faculty development and sharing, and public services.

In addition, though not a member of SICCM, Southwestern Illinois College is a valuable partner in the East St. Louis Higher Education Campus.

Following is a listing of college programs currently offered at the East St. Louis Higher Education Campus, and a summary of potential opportunities for additional certificate and degree programs.

Current Educational Programs

Kaskaskia College (SICCM)—Licensed Practical Nurse Certificate (44 hours), Child Care Program Degree (66 hours), and Culinary Arts.

Shawnee Community College (SICCM)—Basic Nurse Assistant Certificate (7 hours), Addictions Counseling Certificate (38 hours) and Degree (69 Hours), Truck Driving Training, and Automotive.

Southwestern Illinois College—Security Officer Certificate, Welding Certificate, Office Technology Training, GED Preparation Classes, and Forklift Classes.

Other health care programs offered at SICCM member institutions, but not currently offered at the Higher Education Campus are:

- Health Information Technology Associate Degree in Applied Science Program
- Medical Laboratory Technology (MLT) Associate Degree in Applied Science Program
- Surgical Technology (ST) One-Year Certificate Program
- Occupational Therapy Assistant (OTA) Associate Degree Program

Potential Educational Programs

Associate degrees for careers in health care should be provided for the District. Associate degrees provided at SICCM-member main campuses should be evaluated for the East St. Louis campus and a feasibility study for a Associate Degree Nursing (ADN) program should be completed. Additional programs might include:

- Certified Nurse Assistants
- Respiratory and Radiology Technicians
- Respiratory and Radiation Therapists
- Dental Hygienists

These degree and/or certificate programs could be a bridge for higher education opportunities at SIUE, Lindenwood (Belleville campus), St. Louis University, and other local colleges and universities.

Initiative 3: Preparing for Investment and Marketing the District

The goal of the Comprehensive Master Plan, as stated in the Mid-America Medical District Act, is to “provide for the orderly growth and management of property within the District.” The plan should promote the “highest and best use” of properties in the District to achieve the relevant objectives of supporting the growth of the medical profession; delivering health care and related services; helping to create long-term residential stability; and supporting activities and projects geared toward the attraction and retention of academic centers of excellence, viable health care facilities, medical research facilities, and emerging high technology enterprises—ideally playing a regional role in the advances in life sciences and “green” technologies. This latter objective would also include such uses as retail, office, residential, entertainment, recreational, and public/institutional uses.

Focus on Key Institutions

The Medical District should build on the strengths and known locations of existing and emerging investment. Existing key institutions should be the initial focus for improvements such as the East St. Louis Higher Education Campus, the Federal Campus, and the 5th & Missouri MetroLink Station Area; as well as the traditional commercial districts along Collinsville Avenue and Broadway. The Master Plan

creates an overarching plan, or development framework, for infrastructure, facilities, and urban design within the District, including these key anchor institutions. These are the big picture elements of design and development that, over time, will lead to a successful, cohesive center of urban activity. The framework discusses such elements as the appropriate residential and economic uses, required infrastructure and circulation improvements, land use patterns and desired adjacencies, compatible zoning, and urban design guidance for both the private and public realm (e.g., site layout, streetscapes, pocket parks).

Market Externally and Internally

Marketing of the District should encompass both an external and an internal component. Externally, the message should be to encourage private development, along with public and non-profit investment, in the District. Internally, the message should be to encourage collaboration among existing and potential health care service providers, and attract physicians, quality employees, and consumers.

The Medical District should be positioned as a medical, educational, governmental, community services, and complementary commercial/residential **mixed use urban campus** (or series of campuses) in an environment affording long-term financial security for public and private investments. The marketing strategy for the Medical District should reach these audiences, and tie into the St. Louis regional initiative for the life sciences, creating a health care/education/research link, similar to and complementary of the CORTEX District (Center of Research, Technology and Entrepreneurial Exchange) in mid-town St. Louis.

The following marketing strategy for the Medical District is recommended.

- **Web-site Deployment:** The most efficient way to reach potential investors and partners for the Medical District is through the development and deployment of a web-site. The web-site should be focused on the District’s three areas of responsibility—the Medical Community, Businesses & Development, Education & Jobs.
- **Brochure Production (web-based):** A web-based, but printable, marketing brochure should be developed in concert with the new web-site design. The brochure should capture the key investment drivers of the Medical District including location, existing anchors, available sites, and development incentives.

Key components of the brochure would include fundamental facts about the metropolitan market; a location map demonstrating centrality in the region; relation to highways, MetroLink, the potential Arch grounds expansion, and downtown St. Louis; an indication of District governance by the Mid-America Medical District Commission; list of current occupants, buildings, and planned developments; key components of the Master Plan; targeted business sectors; key development sites; related health care and life sciences institutions in the St. Louis area; and business incentive districts in place or in process.

- **Targeting Business Sectors and Businesses:** Based on the Market Assessment conducted for this Master Plan, a list of targeted business sectors should be compiled and research conducted into specific businesses operating within those sectors. Several regional sources of business targets include the regional economic development agencies (St. Louis Regional Chamber and Growth Association and Southwestern Illinois Leadership Council) and industry sector publications for such companies as health care providers and diagnostic labs, plant science and other research companies, and educational institutions.
- **Organizations and Trade Shows:** One means of appealing to a broad, yet targeted audience, is through participation in industry trade organizations and trade shows or conferences. Research into these organizations and trade show opportunities will provide a calendar of events to personally market the Medical District. This research should focus on both the end-users (health care businesses, R & D companies, medical product distributors) and the influencers of the end-users (economic development organizations, commercial realtors, developers). The key here is to be focused and repetitive with the selected audiences.
- **Recruitment:** Ultimately, the most direct and most successful means of generating interest in development within the District is through personal contact—generating leads through phone calls, e-mails, and meetings. Again the focus should be on both end-users and influencers. End-users will likely come from the Targeted Business List created earlier and through references from companies on this list or the influencers. Important influencers include State, regional and County economic development offices and regional developer organizations (ULI, NAIOP, SIOR). The best part of the recruitment process is that the more calls that are made, the more that is learned about the medical industry, allowing better positioning of the Medical District and increasing the chances of future success.

Initiative 4: Developing the District

Simultaneous with Initiatives 1, 2 and 3, the Medical District should directly pursue investments in the District in keeping with the Master Plan—that is, with a primary focus on sustainable development in health care, wellness, health care careers education, and medical research. Secondary emphasis should be on supportive facilities such as retail, office, senior living, family and worker housing, child care, recreation, and education to create a truly vibrant and successful downtown context.

The 20-year Market Assessment prepared for the District (see Appendix A) identified the following opportunities and potential market share for development. These include Medical Offices (any health care related use, including research), General Offices, Retail & Restaurants, Senior Living Housing, and Family Housing. Other research and discussions suggested the need or opportunity for Government Offices, an adult Recreation Center that could also serve wellness, physical therapy, and educational functions, an additional Child Care Center, and perhaps an expanded Charter School program for elementary students.

Medical Offices

The 20-Year Market Assessment for Medical Offices was for 220,000 square feet of building requiring 15 acres of land at an average floor-to-area ratio (the total amount of building square footage divided by the total amount of land square footage, or FAR) of .33 (1 SF of floor area to 3 SF of land area for necessary parking, storm water management, landscaping, etc.).

This land use includes a broad range of health care related facilities including the following:

- Emergency Room and Urgi-Care Centers
- Outpatient Clinics for such services as Outpatient Surgery, Wound Care, Magnetic Imaging, Cancer Care, and Renal Care
- Physicians Examination Offices
- Dental & Orthodontic Offices
- Eye & Ear Examination Offices
- Chiropractic Services
- Diagnostic Labs
- Chemical Dependency Treatment

- Behavioral Treatment
- Occupational Therapy, Physical Therapy, and Speech Therapy Centers
- Wellness Centers
- Hospice
- Support Services & Goods, such as Pharmacy, Prescription Services, Home Health Care Services, and Durable Medical Equipment (DME) Supplies
- Life Sciences Research & Development (R&D), including Innovation Incubators and Research Commercialization Centers

General Offices

The 20-Year Market Assessment for General Offices was for 125,000 square feet of building area requiring 9 acres of land at an average FAR of .33. Some of this square footage could also be accommodated above retail space and/or in existing renovated space on Collinsville Avenue and in the Broadview Hotel on Broadway. This land use includes general office space primarily based on the projected growth of office workers in the following fields:

- Education
- Community & Social Services
- Computer & Math Sciences
- Business & Finance
- Other discussions suggested the local market for additional Law Office space in the Medical District

Retail & Restaurants

The 20-Year Market Assessment for Retail and Restaurants was for 100,000 square feet of retail and restaurant (eating and drinking places) space requiring 7 acres of land at an average FAR of .33. This land use includes retail, restaurants, theater, and music venues. Every effort should be made to direct new investment to Collinsville Avenue first—due to its historic significance, visibility from the Interstate, and need for physical improvement—with the remaining directed to Broadway and other lesser commercial nodes.

With urban-style retail, eating and drinking places, entertainment (theater and music venues such as a jazz club) on Collinsville Avenue, some new and some renovated buildings, this historic “downtown” commercial corridor should once again be a thriving destination. Like the reborn Washington Avenue in St. Louis or even the

emerging East Main Street in Belleville, the area could become an attractive night spot for dining and live entertainment.

The space on Broadway is seen as less dense, more auto-oriented retail and restaurants, primarily serving the large daytime population along the Broadway corridor. A portion of this supply could be provided by the renovated Broadview Hotel and its proposed first-floor restaurant and small deli-grocer.

Senior Living Housing

The 20-Year Market Assessment for Senior Housing was for 150 units of independent living and 50 units of assisted living, depending on the style of construction (villas, single-story complex, multi-story complex), this use could require between 5 and 20 acres. The proposed renovation of the Broadview Hotel may provide up to 88 units of low-income and market rate apartments, though not specifically targeted for seniors. A skilled nursing care facility may also be desirable, and could serve as a training lab for health care students at the East St. Louis Higher Education Campus in the District. In addition, Senior Living Housing, primarily independent living, will add to the demand for retail and restaurant uses.

Family Housing

The 20-Year Market Assessment for Family Housing was for 250 units (ranging from single-family to duplex, triplex and quad-plex formats) requiring 40 to 50 acres at an average density of 5 to 6 units per acre. An additional 250 units of apartment-style workforce/affordable housing could be supported in later years with a build-up of employment in the District. As noted above, the proposed renovation of the Broadview Hotel may provide up to 88 units of apartments. The desire would be to create a critical mass of new family housing at one time under a single project (the 250 units) and as early as possible (within the first 3 to 5 years) in the development process. Similar models include Parsons Place in East St. Louis and Renaissance Place in St. Louis. Like with Senior Living Housing, new Family Housing (either within or adjacent to the Medical District) will provide an important supplement to the demand for retail and restaurant uses in the District.

Government Offices

While not a development opportunity specifically addressed under the future market assessment, the existence of key Federal and State, as well as County and Municipal,

facilities is critical to the success of downtown East St. Louis. These facilities and uses represent anchors on which to build. The long-term stability of these uses and the continued investment in maintenance and improvements is irreplaceable. The potential for larger scale improvements and expanded complexes as part of the Medical District should be explored. Existing facilities include the U.S. District Court for the Southern District of Illinois, the U.S. Post Office, the U.S. General Services Administration (GSA) Building, the Kenneth Hall State Office Building, and several other buildings housing State offices. In essence, East St. Louis should work to strengthen its position as an important government center for southern Illinois.

Recreation Center

Research and discussions suggested the opportunity for a 30-60,000 square foot indoor Recreation Center (2 to 4 acres at .33 FAR) that could also serve as a collaborative facility for wellness, physical therapy, and PT, sports medicine, or other educational training. The facility could be funded and operated through a partnership of existing stakeholders comprising the recreational, educational, health care, and public services communities. This recreation center should be distinguished from the existing Jackie Joyner-Kersey (JJK) Center. While the JJK Center is a valuable community asset for active indoor and outdoor youth recreation, education, and mentoring programs, this facility could focus more on adult wellness, training, and health care education.

Child Care Center

Another opportunity within the District that can be associated with health care, wellness, and services for the daytime workforce population would be a Child



SIUE Head Start Program Playground

Care Center. In addition, the Child Care Center at SIUE should be encouraged to continue serving its vital role for parents seeking an education in the health care field (potentially even providing an additional incentive for those seeking a career in health care) and as a Head Start facility.

Charter School

A site should also be preserved in the master plan for a future Charter School within the District. With the goal of building a health care, education, and research center of excellence, the Medical District should pursue both elementary and high school alternatives for families of residents and employees electing to send their children to a charter school. A high school charter school already is run by SIUE at the ESLHEC in the District. The expansion of the SIUE program, or the identification of a new sponsor (such as the Christian Activity Center), should focus on an elementary school to serve the District.

General Strategies

As stated earlier, the Comprehensive Master Plan is a “framework” development guide. It should be flexible, yet adhere to a general strategy for uses, interrelationships, urban design, and sustainability. These overriding strategies are described in more detail below.

Focus on Medical District Success

It would be easy to suggest to those familiar with East St. Louis that the success of the Medical District is directly dependent on the success of downtown East St. Louis, or even of the broader East St. Louis community. That the residents, the political and business leadership, and the developer/investor community must find a better way to fund public services and turn around an image of disinvestment, poverty, and crime. However, while the boundaries of the Mid-America Medical District encompass the nearly 40 square blocks comprising downtown East St. Louis, the District should stay focused on its mission while being supportive of improvement projects and processes impacting on its success. It is not likely that it can or should be the catalyst, facilitator, or developer for all of downtown East St. Louis, but the District’s success will ultimately contribute to the community’s success.

Promote an Urban Mixed Use District

The Mid-America Medical District is located in the heart of downtown East St. Louis, adjacent to a complex Interstate highway system, and just across the Mississippi River from downtown St. Louis. It is ideally situated for an urban mixed use development. Urban as opposed to suburban or rural, signifying a higher level of density of buildings in relation to each other and to the size of the lot, and mixed use to encourage the mixing of activities that lead to a vibrant urban/downtown development. The roughly 240 acre Medical District should contain varying amounts and densities of residential, commercial, office, services, institutional and governmental uses, all tied together with a system of public and semi-private open spaces (e.g., plazas, streetscapes, parks, and greenways).

Develop Campuses within the District

Future development within the Mid-America Medical District should be oriented around campuses (or zones, districts, corridors, etc.) of like uses. Clustering of similar activities will provide operational synergies, design compatibility, investment security, enhanced marketing opportunities and customer recognition. In essence, by planning to cluster similar uses together, such as medical services or government services, the following benefits can be achieved.

- It will be easier to attract businesses that rely on other like businesses for sales, services, products, or cross-selling.
- Since similar businesses have similar conceptions (and usually budgets) toward development, common site, building, and open space themes and qualities can begin to emerge in these areas.
- Owners and lenders are much more comfortable with their investments when they are surrounded by like activities that share the same level of commitment to initial development and on-going maintenance, and benefit from a common customer base.
- Marketing campaigns can be built and funded around unique “Campus” themes to supplement individual developer and business investments in marketing, ideally leading to more business clustering and customer awareness of the many offerings in the area.

Encourage Linkages between Campuses

While we discuss orienting existing and future development around “campuses”, the District should also encourage the creation of strong linkages between campuses. It will be important to connect key uses and public icons with each other and with their surrounding uses in order to maximize the economic impact on the District. For example, connecting the higher education campus with the recreation, retail and restaurant activity on Broadway, with the MetroLink station area, and with the medical offices complex, will benefit all users and likely encourage additional investment. Linkages should be by on-street (auto, pedestrian and bicycle routes; continuous streetscaping) and off-street pathways (trails and greenways), with improved wayfinding (directional signage), and through the placement of buildings, monuments and landscape features that strengthen connections and destinations.

Create an Open Space Network

Parks and open space are just as important in an urban environment as they are in a suburban one. Parks and open space are proven winners in the return-on-investment calculation when considering the increase in surrounding property values, the attractiveness of the adjacent areas for investment and the ability to attract and retain quality employees, the improved linkage network, and usually the overall improvement of the area simply due to the clean-up effort. The open space network can be both public and private, natural and built. Several irregular parcels within the District have already been designated as a park or monument site. Immediate open space opportunities throughout the District include large former railroad corridors, along the existing roadway system, property adjacent to the Interstates and MetroLink, and numerous vacant lots.

Adopt an Urban Design Framework

Urban design is the art of creating and shaping cities. It is about making connections between people and places, movement and urban form, nature and the built environment. It blends architecture, landscape architecture, and land planning together to make urban areas functional and attractive. It involves the arrangement and design of buildings, public spaces, transport systems, and amenities. Urban design gives form, shape, and character to groups of buildings or larger Districts. More specifically, within the Medical District, urban design should establish a framework for the scale and relationship of buildings, architectural identity and compatibility, district-defining gateway and entry features, streetscape treatments,

and public interaction spaces. Together, these will create an area that is immediately recognizable, inviting to investors, business owners, and customers, and, ultimately, economically sustainable.

Encourage Sustainable Development

Given the location of the Mid-America Medical District in a highly urbanized, pre-developed area and the nature of the Medical District to attract and retain health and wellness facilities, researchers, and providers, the concept of sustainable development seems uniquely appropriate. The most often quoted definition for sustainable development is “development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (Brundtland Commission, 1983). Sustainable development can also be conceptually broken into three parts: environmental sustainability, economic sustainability and sociopolitical sustainability. In essence, is the project good for the environment, affordable over the life-cycle of the project, and overall beneficial to the public. Projects within the Medical District should be recognized for their design using sustainable development principles (e.g., LEED, or Leadership In Energy and Environmental Design rating system), be financially viable over the life of the business or operation (not artificially

supported through heavy public subsidies or private risk), and be a product or service that fills a real gap in the local or regional market.

Seek Catalytic Projects

Many of the activities and short-term successes of the Medical District will be incremental. On their own they will be small, barely recognizable improvements to the health care delivery system, health careers education, and physical environment of the District. Over time these small incremental improvements will prove to be necessary and fruitful contributions to the success of the District. On the other hand, the Medical District should at the same time pursue one or more significant, “catalytic” projects. These are projects that, if they happen, will have a profound and noticeable effect on the overall success of the Medical District. This could be any one of the building opportunities discussed earlier, like a new urgent care facility, a new County, State, or Federal health services office building, a life sciences R & D plant, an expanded Federal Courts complex, a recreation center or charter school; or even a large-scale public investment in infrastructure or derelict property demolition and clearance project.



