



College Station Medical Corridor Master Plan

May 10, 2011

Schrickel, Rollins and Associates, Inc.

Townscape, Inc.

Leland Consulting Group

Agenda

1. Review of Work Plan
2. Market Analysis
3. Preliminary Site Concept
4. Q&A



Review of Work Plan

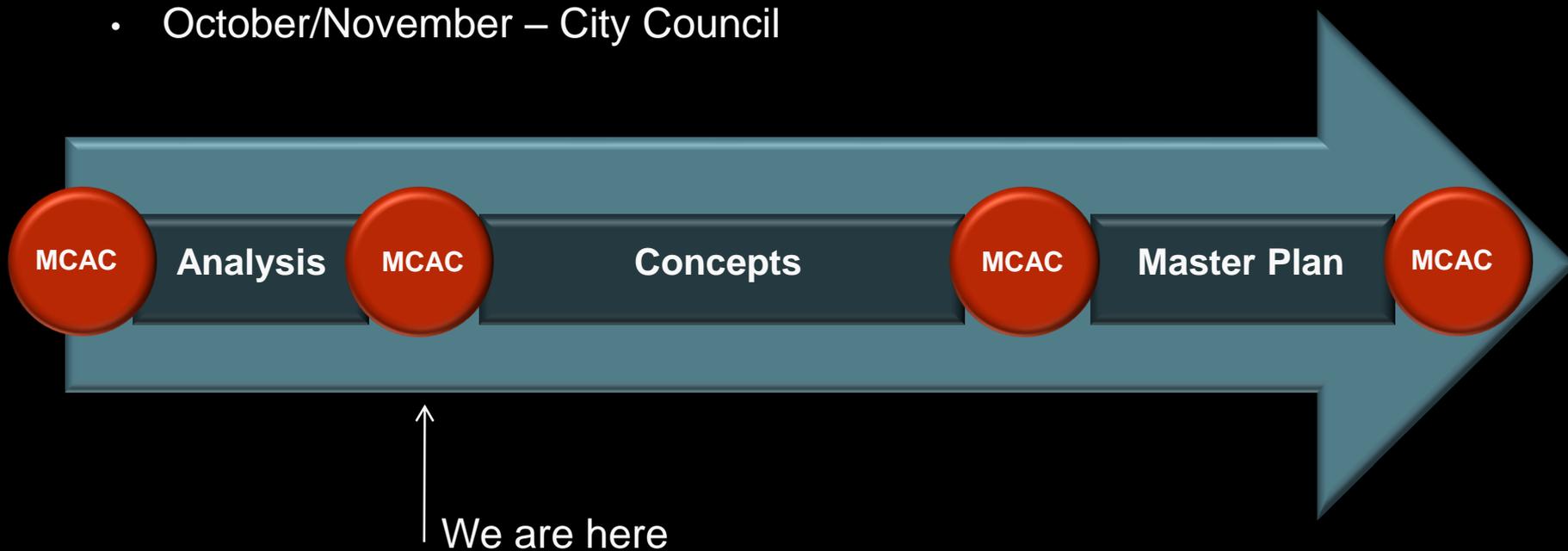


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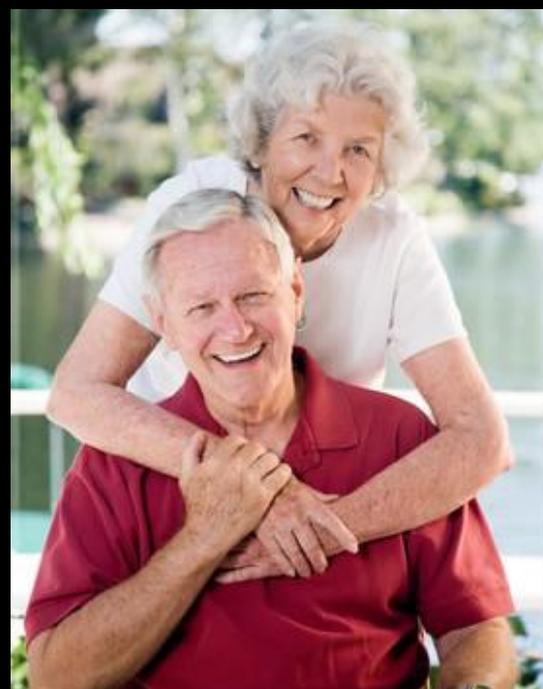
Work Plan

- February 17 – Kickoff
- March 29 – Stakeholder Interviews
- April 20 – Transportation Coordination
- **May 10 – Analysis**
- July 12 – Concepts
- September 13 – Master Plan
- October/November – City Council



Stakeholder Interviews

- Support for a Medical Corridor
- Confusion about what a Medical Corridor is
- Paying for the Medical Corridor development
- Need for Senior Housing



Stakeholder Interviews

- Private sector medical and non-medical uses
- Improve pedestrian environment
- Improve transportation system



Transportation Coordination

- No TxDOT funding for bridge improvements until 2019
- Bridge improvements will be staged to keep bridge open
- Transportation study for Rock Prairie Road and bridge
- Proposed Medical Corridor land uses will impact study



Market Analysis Evaluation & The Market



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Overview

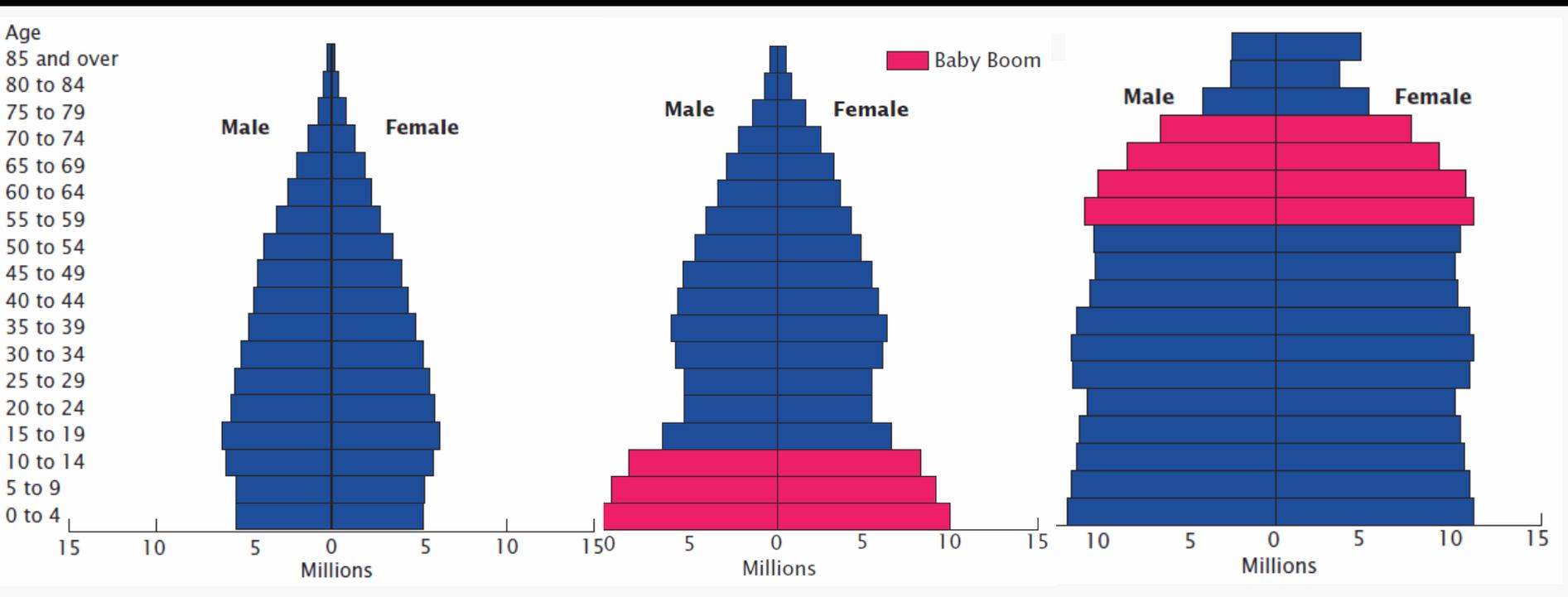
- Nationwide Trends in Healthcare Real Estate
- Medical Corridors and Great Urban Districts
- College Station: Local Demographics and Healthcare Context
- Development Program
- Summary

The Graying of America

1940

1960

2020



Note: The reference population for these data is the resident population.

Source: U.S. Bureau of the Census, 1943, Table 2.

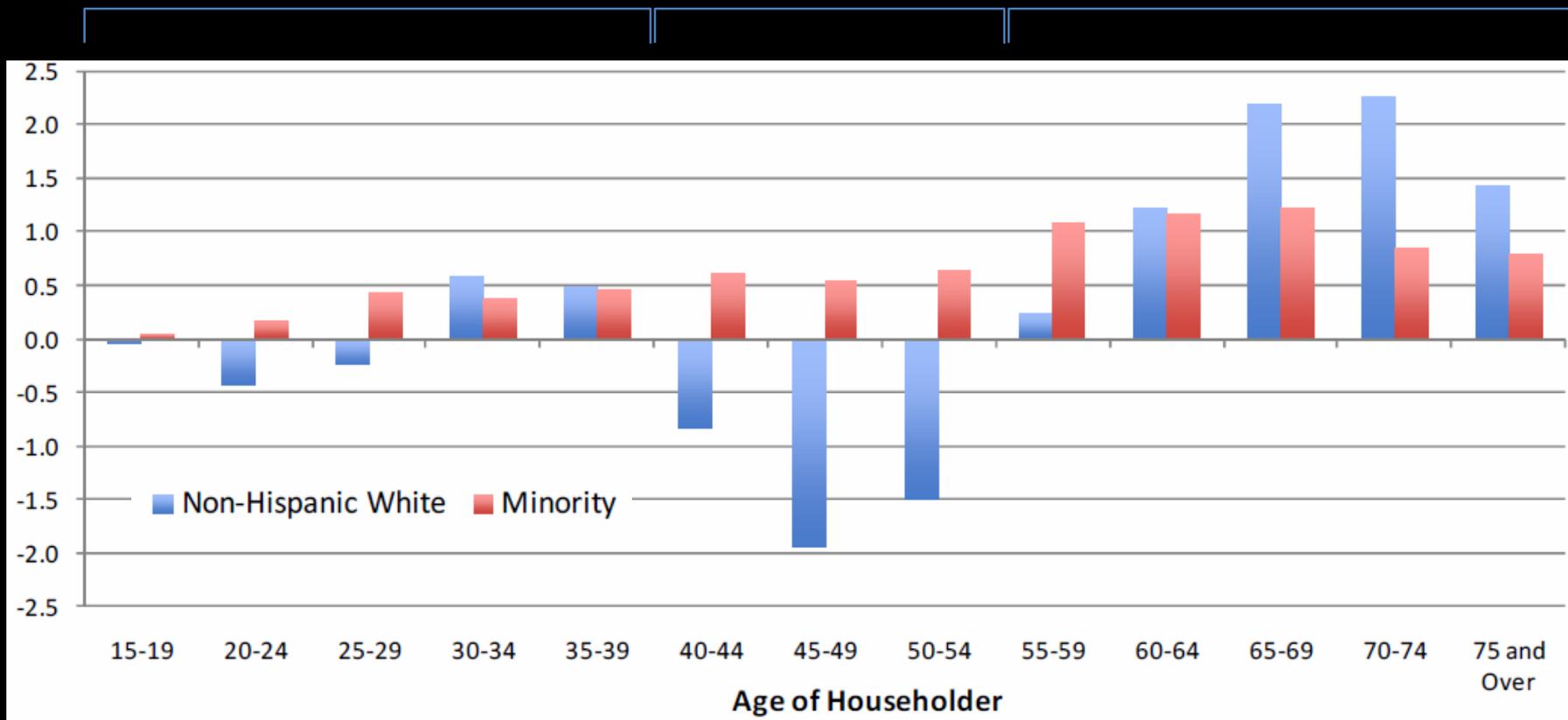
Seniors Drive Healthcare Demand

Nationwide Household Growth, 2010 – 2020 (Millions)

Younger households
Modest growth

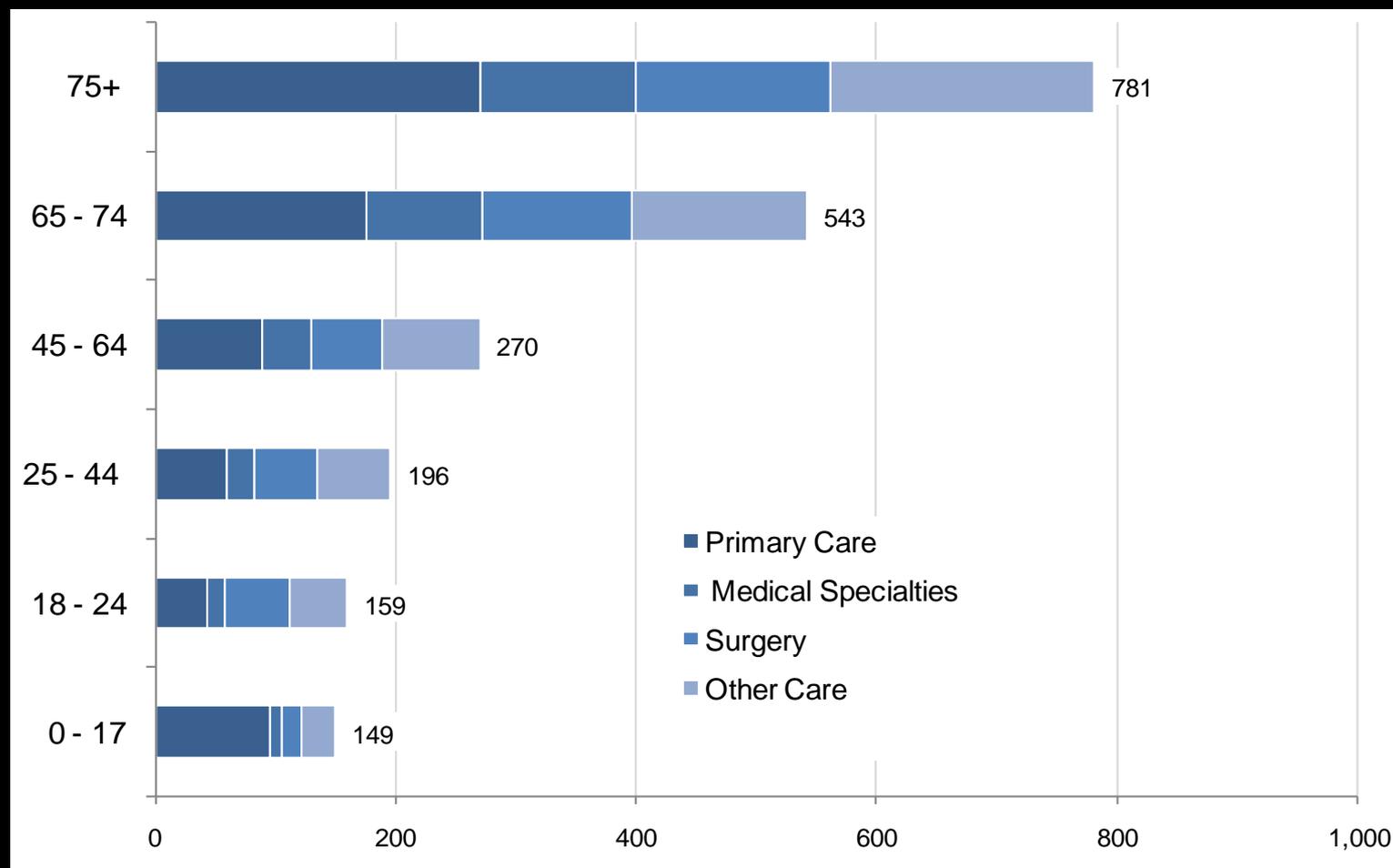
Middle-age households
Net decrease; minority
households increase

Older households
Significant growth
Particularly white households



Seniors Drive Healthcare Demand

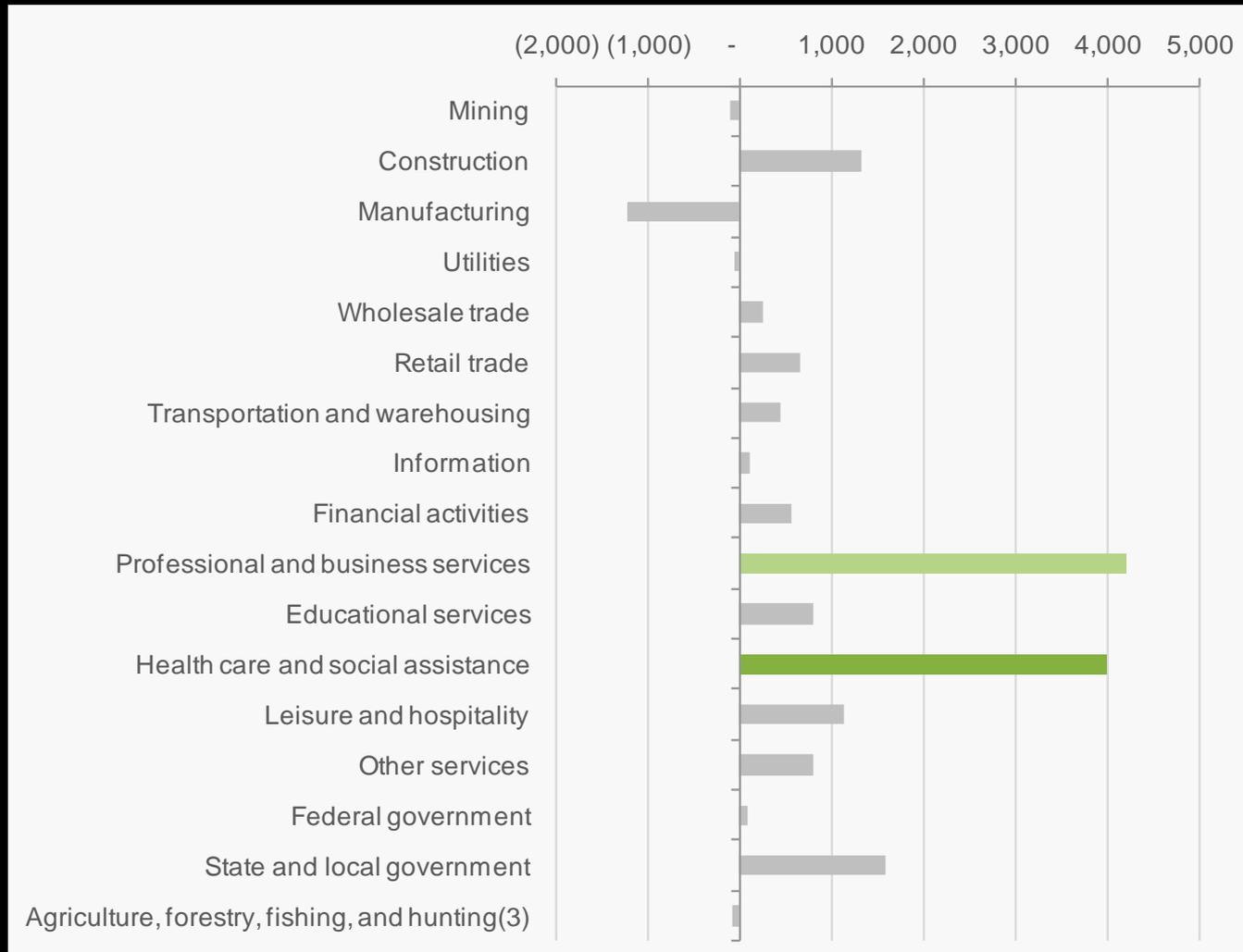
Physicians Required per 100,000 Population by Age Group



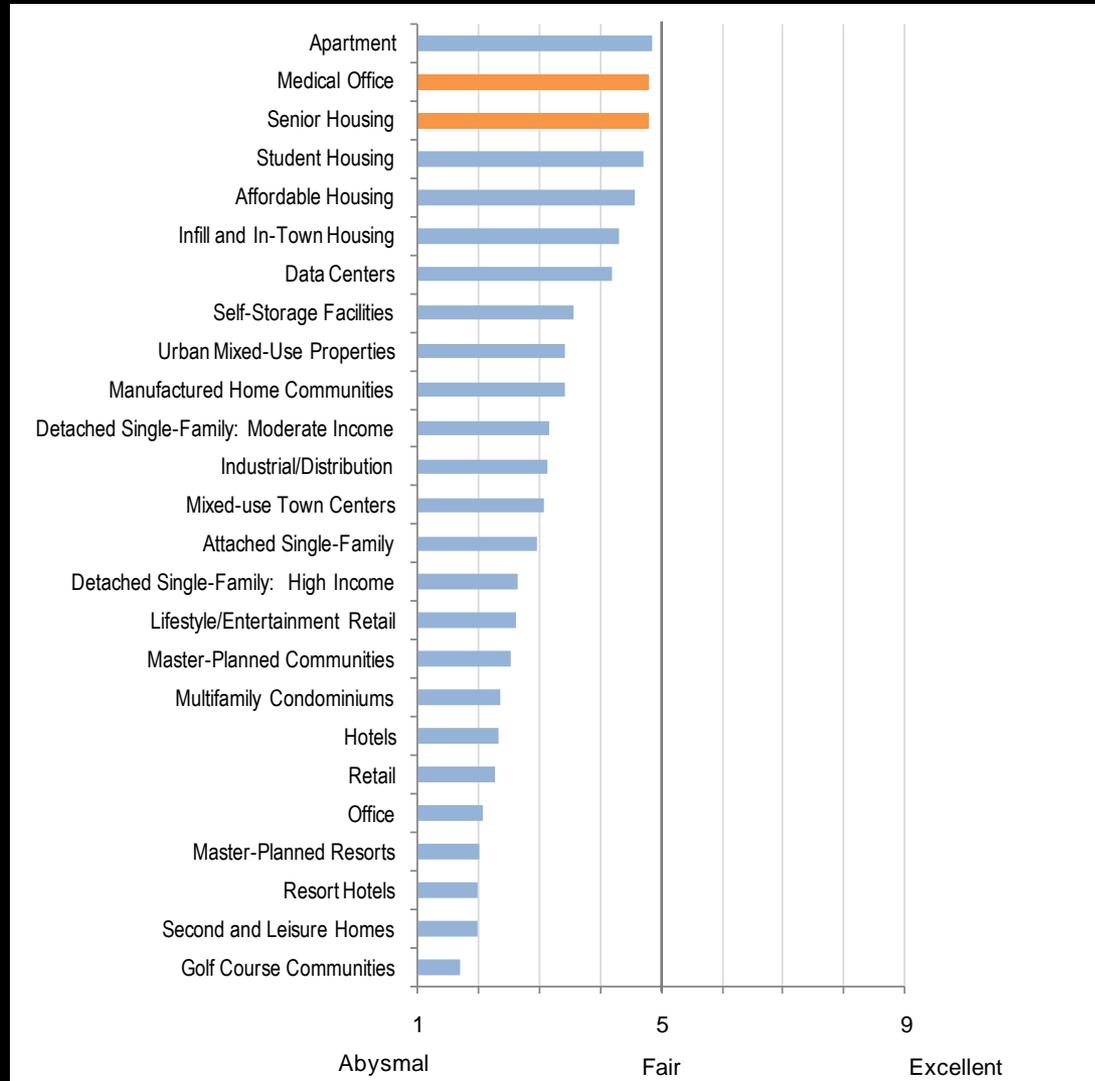
Source: Department of Health and Human Services, Leland Consulting Group

Healthcare Means Jobs

National Employment Growth by Industry Sector, 2008 – 2018 (thousands of jobs)



Development Outlook, 2011



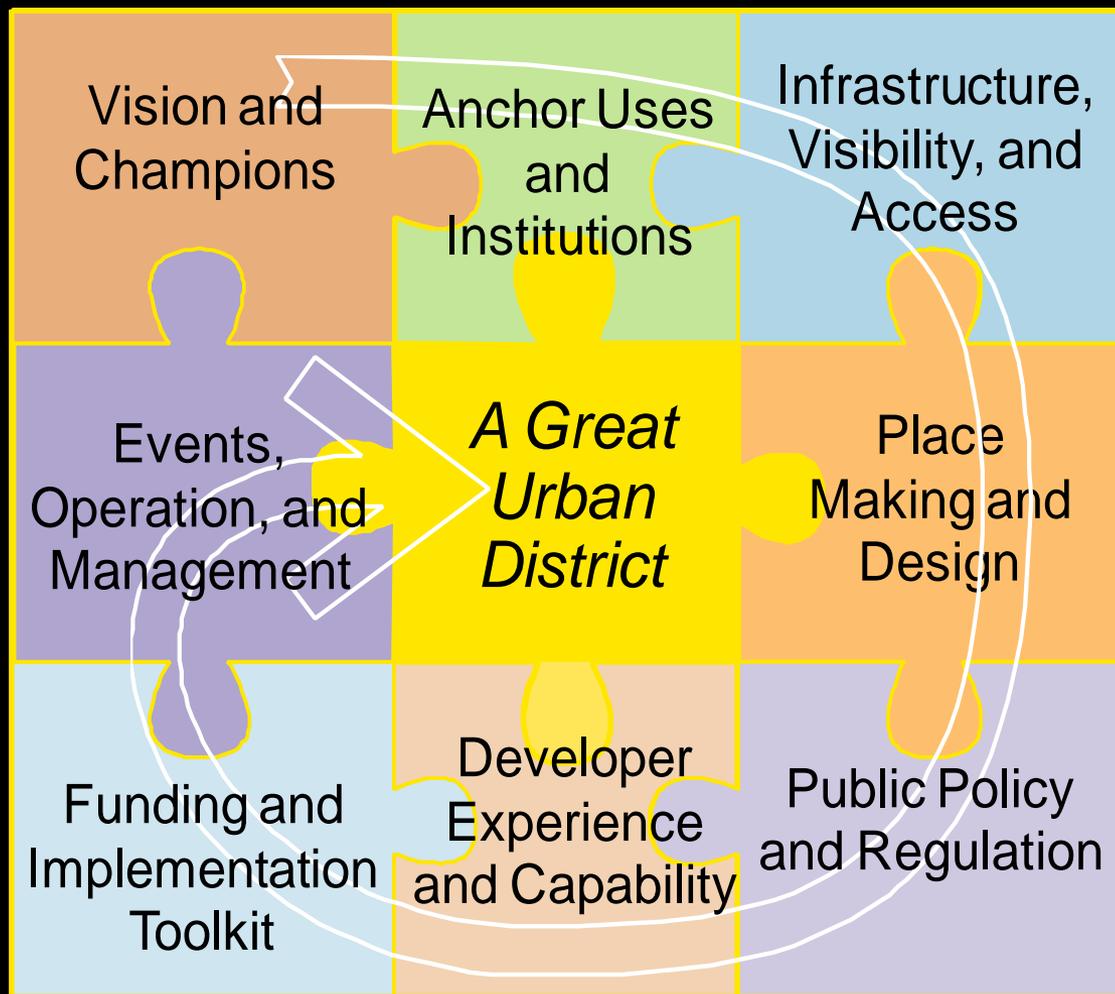
Source: Urban Land Institute, Leland Consulting Group

Medical Corridors and Great Urban Districts

Successful Projects:

Many parts must simultaneously fit together ...

Don't let the parts get separated!



Ten Traits of Highly Successful Downtowns

No Single
Organizational
Model

Strategic
Relationships
with Universities

Walkable
Pedestrian
Scale

Entertainment
Drives Market

Adjacent
Residential
Neighborhoods

Multiple Traffic
Generators

Public-Private
Investment

Able to
Overcome
Obstacles

Beloved by
Citizens

Downtown
Housing
Prevalent

Why Public-Private Partnerships?

- Enhance feasibility – projects that otherwise wouldn't happen
- Accelerate investment timeline
- Provide greater public benefits
- Achieve significant policy goals
- Improve quality, scale, or location
- Overcome barriers
 - Financial
 - Market
 - Regulatory
 - Physical
 - Political



Examples of Successful Medical Districts

Community	University Affiliation	Population, 2010
Dallas, TX	University of Texas At Dallas	6,500,000
Houston, TX	At least 15 Health related University Organizations	6,100,000
Philadelphia, PA	University of PA	6,100,000
Miami, FL	University of Miami	5,547,000
Boston, MA	Harvard Medical School	4,500,000
San Antonio, TX	University of Texas at San Antonio	2,140,000
Oklahoma City, OK	University of Oklahoma	1,253,000
New Orleans, LA	Tulane University	1,236,000
Memphis, TN	University of TN	647,000
Aurora, CO	University of Colorado Denver Anschutz Campus, VA	325,000
Birmingham, AL	Univerity of Alabama	212,000
Tyler, TX	University of Texas at Tyler, Texas College	210,000
Englewood CO	University of Colorado Denver	32,532
East St. Louis, IL	University of illinois	27,000
Bryn Mawr, PA	Bryn Mawr College (Pre-Med)	21,000

Source: US Census Bureau, Leland Consulting Group

Texas Medical Center, Houston, Texas

- World's largest medical center
- 93,500 employees on 1000 acres
- 14 hospitals and two specialized patient facilities
- 160,000 Daily Visitors
- 69,000 students, 5,000 of whom are international students
- 5.6 million annual patients visits
- 50 year Master Plan completed in 2006
- \$7.1 billion in building and infrastructure investments approved between 2010-2014
- Annual Economic Impact- \$14 billion
- Annual Research Expenditures \$1.2 billion



Source: Texas Medical Center

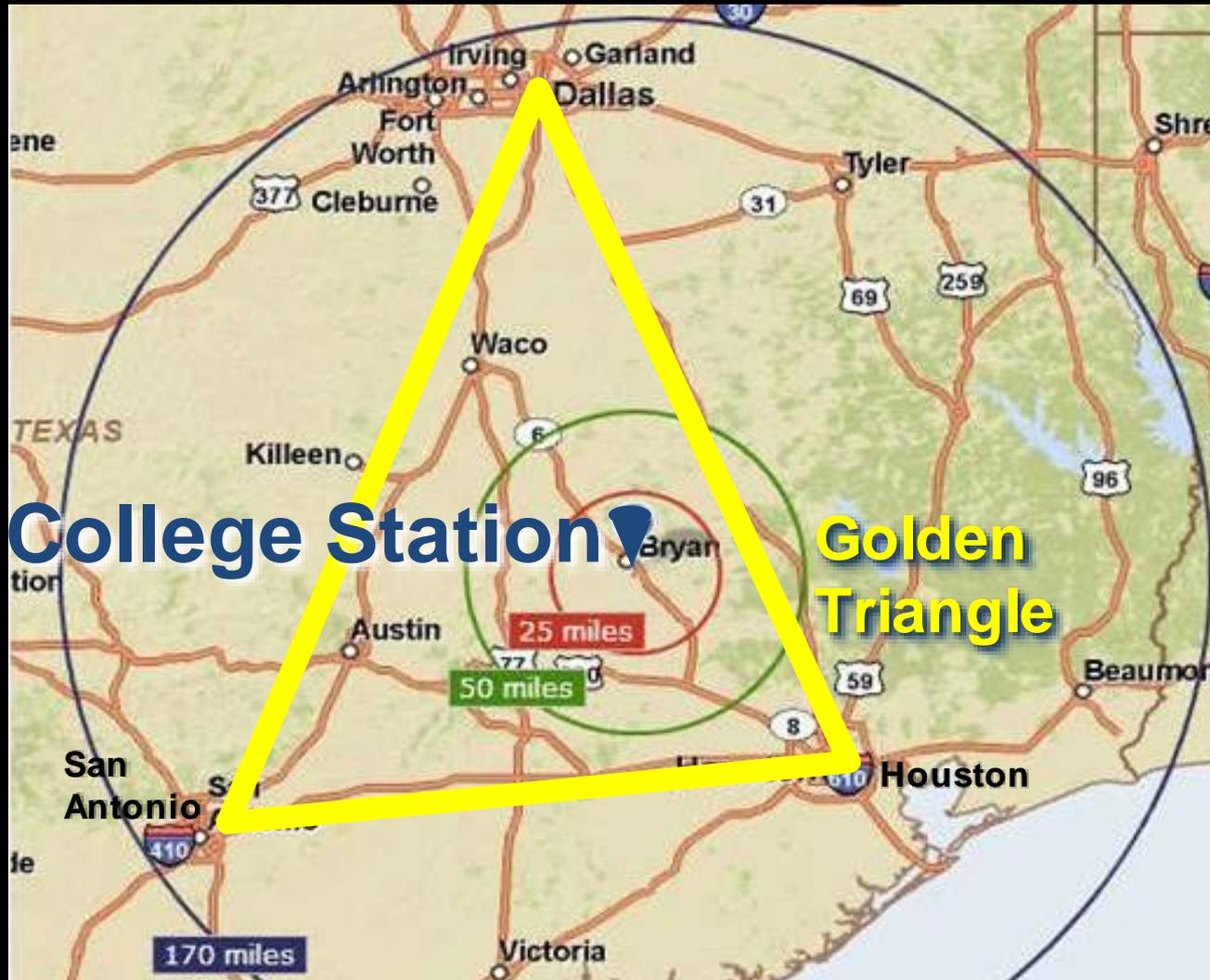
10th St. Medical Business District, Oklahoma City

Recommended Development Program, 2006 to 2020:

- **Office:** 450,000 to 800,000 SF
- **Retail:** 130,000 to 175,000 SF
groceries, restaurants, bars, drug stores, household goods, gas stations, apparel, day care, bars
- **Mid-size hotel:** 200-250 rooms
- **Residential:** 1,500 to 2,000 units (average of 1,200 SF per unit)
- **District area:** 600 acres
- **Current Development:** \$500 million

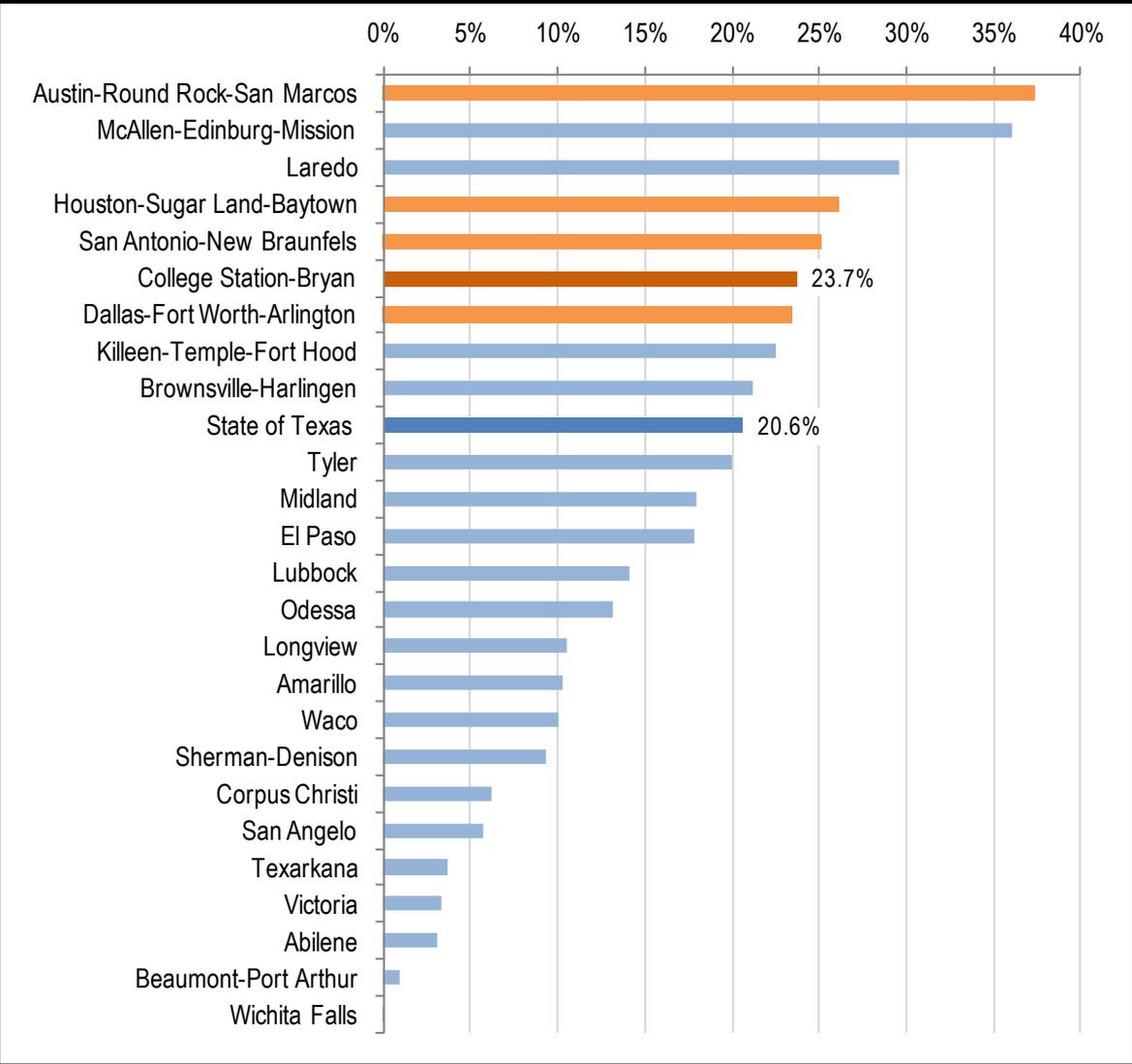


College Station and the Golden Triangle



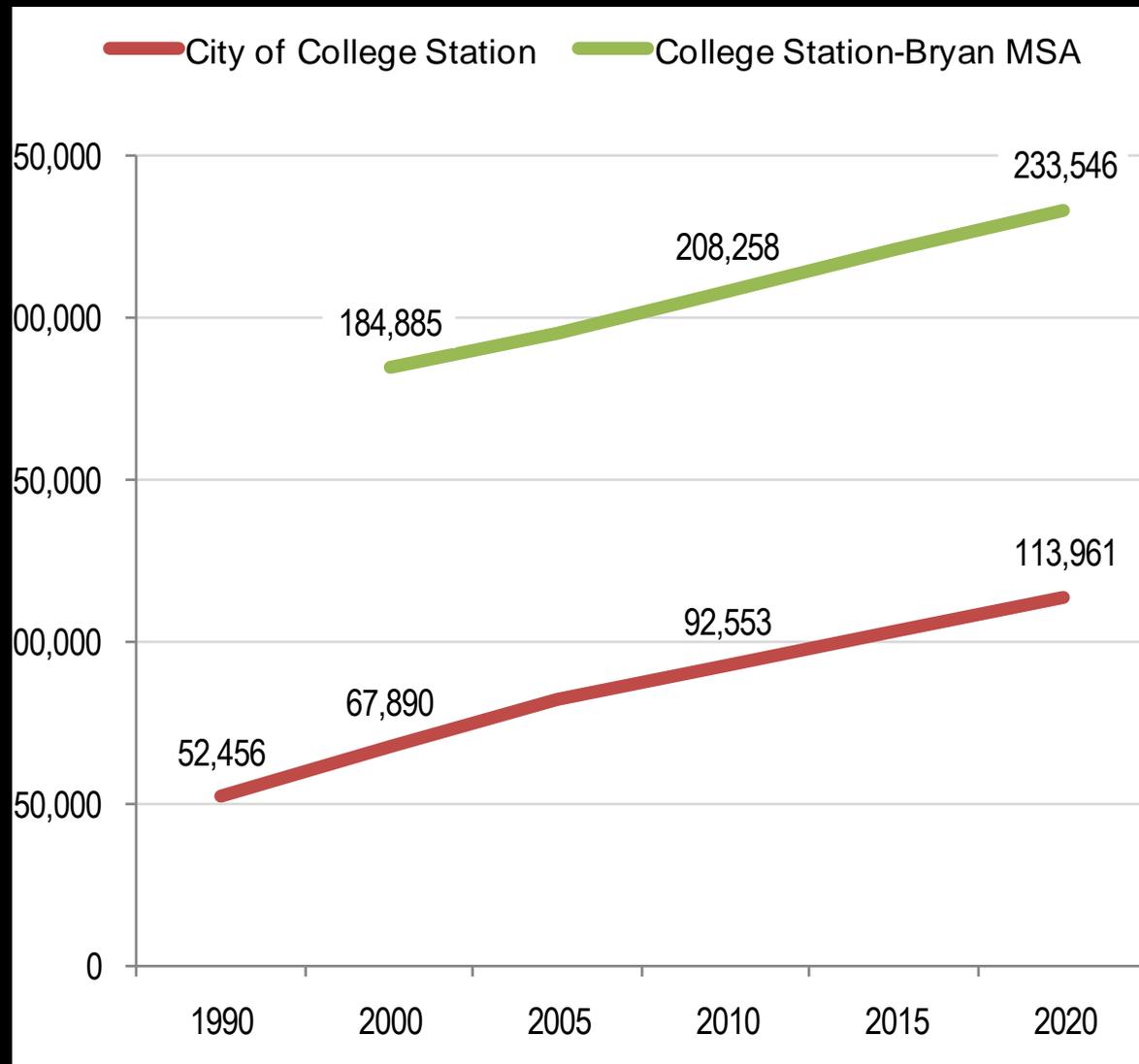
Source: ESRI, Leland Consulting Group.

Growth Rate of Texas Metropolitan Areas, 2000-2010



Source: Texas State Data Center, Leland Consulting Group.

Population Forecasts for College Station

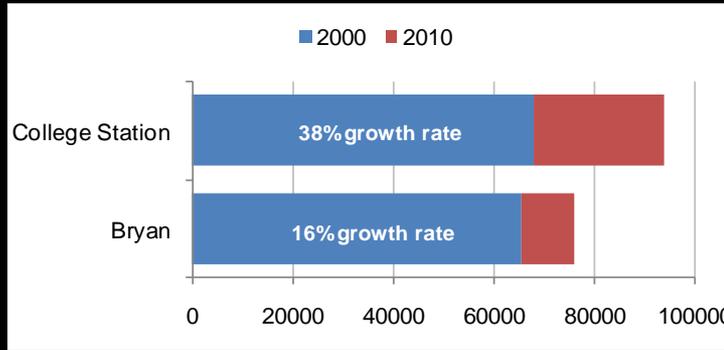


Source: City of College Station (linear growth projection), Texas State Research Center, Leland Consulting Group.

Population of College Station-Bryan MSA & 50-mile Market Area by Age Group

Population	College Station-Bryan MSA		50 mile Radius	
	%	Pop.	%	Pop.
2010				
Age 0 - 19	29%	59,354	27%	138,509
Age 20 - 34	35%	71,849	26%	136,442
Age 35 - 54	21%	42,693	24%	124,555
Age 55 - 64	8%	17,077	11%	55,817
Age 65+	8%	17,494	12%	62,019
Total	100%	208,258	100%	517,342
2015				
Age 0 - 19	28%	61,731	26%	147,000
Age 20 - 34	34%	75,228	26%	145,323
Age 35 - 54	20%	44,252	23%	127,437
Age 55 - 64	9%	19,692	12%	65,395
Age 65+	9%	20,134	13%	73,779
Total	100%	221,258	100%	558,934
2020				
Age 0 - 19	21%	49,045	19%	114,856
Age 20 - 34	27%	63,057	19%	114,856
Age 35 - 54	24%	56,051	27%	163,217
Age 55 - 64	18%	42,038	21%	126,947
Age 65+	10%	23,355	14%	84,631
Total	100%	233,546	100%	604,507

Population Growth of College Station and Bryan

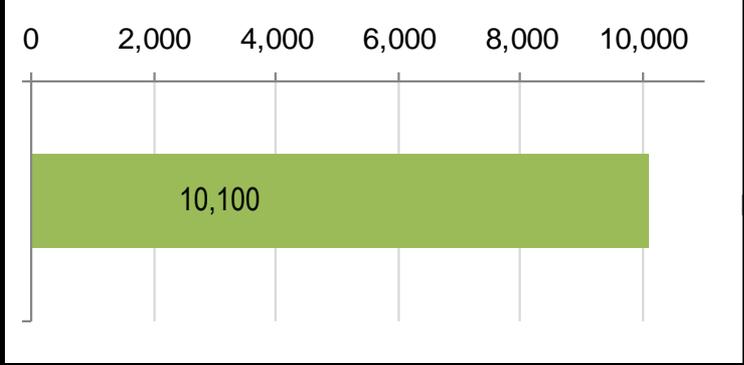


Source: US Census, ESRI, Texas Data Research Center, Leland Consulting Group.

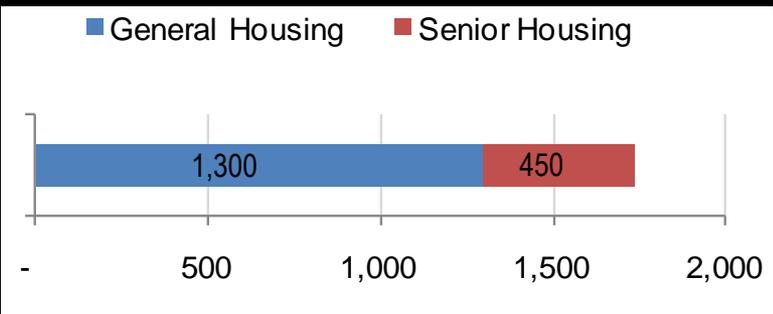
Housing Demand & Medical District Capture, 2000-2010

Senior Household Projection, 2010-2020			
	College Station- Bryan MSA	General Households	Senior Households
Population Change, 2010-2020	25,288	22,987	2,301
Percent Population by Household, 2015		91%	9%
Average Household size	2.50	2.66	1.56
Net New Household Units	10,100	8,600	1,500
Medical District Capture rate		15%	30%
Medical District Housing Unit Capture		1,300	450

Housing Demand, College Station-Bryan MSA, 2010-2020



Housing Capture in Medical District, 2010-2020



Source: US Census, ESRI, Texas Data Research Center, City of College Station Population Projection, 2002, Leland Consulting Group.

Development Identity and Character

Development Theme and Character: **The College Station Medical Corridor**

**Exceptional
Medical Care**



**A Special
Place and
Destination**



**Holistic
Wellness**



**Housing Options
For Seniors, Medical
Professionals, and
Families**



Medical and Supporting Uses

Medical and Healthcare Uses	Supporting Uses Located in the Medical District Core	Supporting Uses Located in Surrounding Areas
<ul style="list-style-type: none">• Existing Hospitals and expansions• Medical Office Buildings• Specialty Clinics• Research and Development• University/Educational Facilities	<ul style="list-style-type: none">• Retail / Village Center• General Office• Hotel and conference space• Plazas, pathways, parks, and other public spaces	<ul style="list-style-type: none">• Senior Housing<ul style="list-style-type: none">○ Independent Living○ Assisted Living○ Skilled Nursing Facility• Single Family Detached and Attached Housing• Neighborhood retail

Medical and Other Land Uses



Medical Office Building



Specialty Medical



Research and Development



Village Center



Office



Hotel

A Special Place and Destination

The TAMU Campus as a model.



- Clear pathways.
- Excellent urban design and sense of place.
- Iconic landmarks, trees, and buildings.

A Special Place and Destination



Transportation
Options



Mix of uses



Attractive
design



Sense of place



Human scale
Walkable



Compact form



Open space



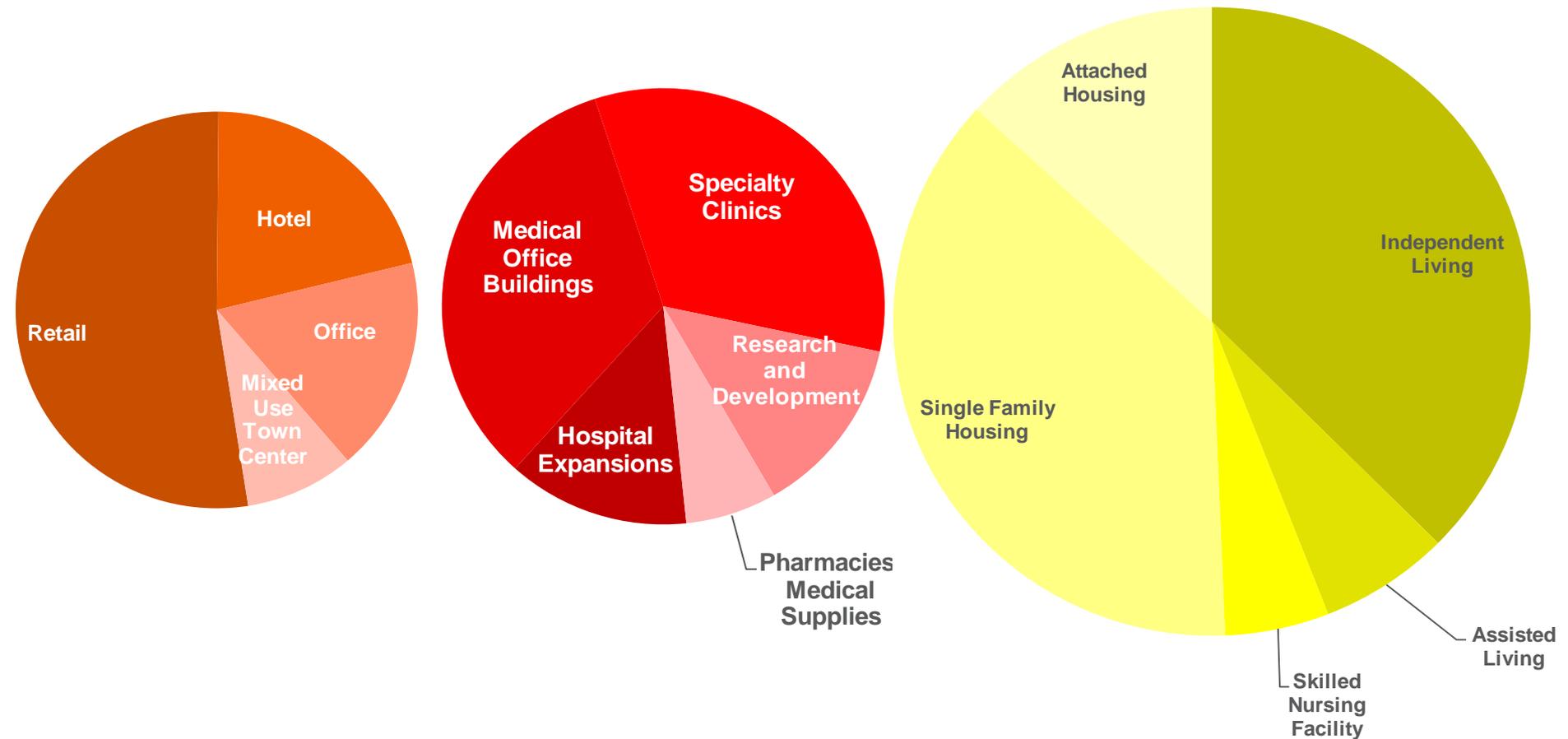
Amenities:
Water, public
art, parks

Land Use Areas by Acreage – 10 Year Program

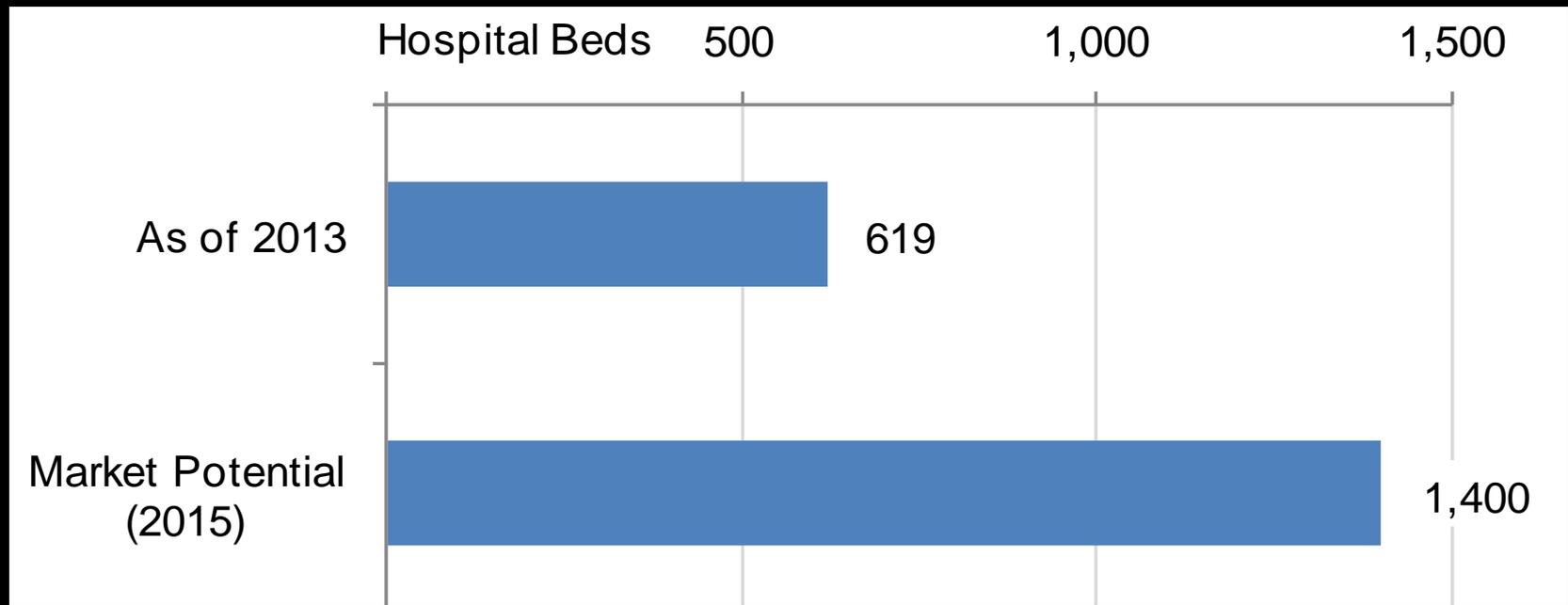
Commercial

Medical

Housing

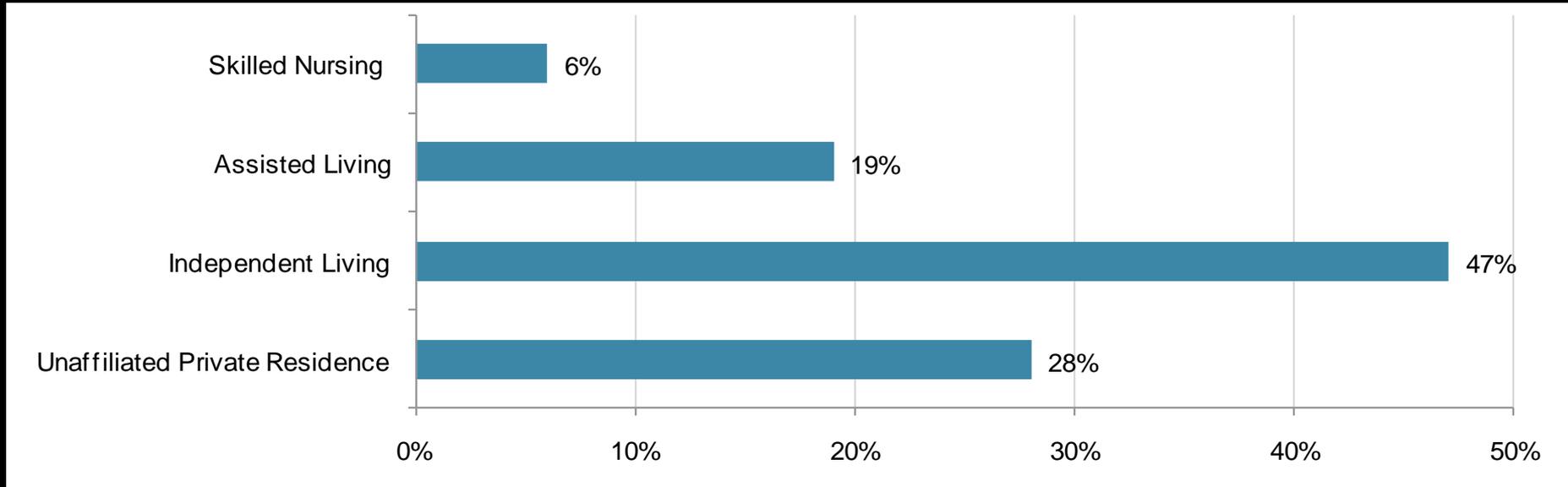


Current & Potential Hospital Beds, College Station Market Area



Source: American Hospital Association, Leland Consulting Group

Elderly Living in the Community by Type of Care Facility



Source: Long Term Care in America, National Commission for Long Term Care, 1999; Leland Consulting Group

Elderly Living in College Station by Household Type

College Station-Bryan MSA, Households with Population 65+ by Size and Type, 2000			
	Number of Households	Percent of 65+ Households	Percent Total Households
Total	11,116	100.0%	16.4%
1 Person Households	4,434	39.9%	6.5%
2+ Person Households	6,682	60.1%	9.9%
Family	6,493	58.4%	9.6%
Nonfamily	189	1.7%	0.3%

Source: ESRI, US Census, Leland Consulting Group

Senior Housing Facilities



Independent Living

- Small cottages or single family homes
- On-site staff for assistance when needed



Assisted Living

- Condos or apartments
- On-site staff assists on a regular basis



Skilled Nursing

- Apartment or shared rooms
- On-site staff provides care

Housing



Single-Family

- 5-10 du/acre
- 1 to 2 stories
- Surface parking



Cluster or Cottage

- 10-25 du/acre
- 1 to 2 stories
- Surface parking



Townhouses/ Row houses

- 15-25 du/acre
- 2 to 3 stories
- Surface parking or parking within each unit



Wood Frame

- 20-35 du/acre
- 2 to 3 stories
- Surface, garage, or tuck under parking



Mixed-Use Mid-rise

- 15-25 du/acre
- 2 to 3 stories
- Structured parking

In Summary: Strengths

- Current and projected demographics support concept.
- Current major providers have strong presence.
- A significant medical corridor has already begun.
- Available undeveloped land will support concept.
- Texas A&M presence, programs and relationships.
- College Station ISD is among best in state of Texas.
- Strong strategic relationships with Texas Medical Center specialty providers will work to increase patient care in CS.

In Summary: Weaknesses

- Economic environment for significant public investment.
- Transportation bottlenecks along Rock Prairie.
- Division among residents regarding need for corridor.

Bottom Line

- Medical corridor already being created by private sector.
- Visionary leadership and programs already in place.
- Macro-economic factors create medical sector demand.
- Infrastructure impediments are not insurmountable.
- College Station voters have a strong record in investing in the future of their community.
- Medical corridor is feasible, desirable, and achievable.
- Strong marketing program to create public understanding and support is essential.

Preliminary Site Concept



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- LEGEND**
- The Med
 - Vacant Med Property
 - Non-Med Medical Property
 - City Parkland
 - City Utilities
 - Vacant / Unimproved
 - Bike Lanes



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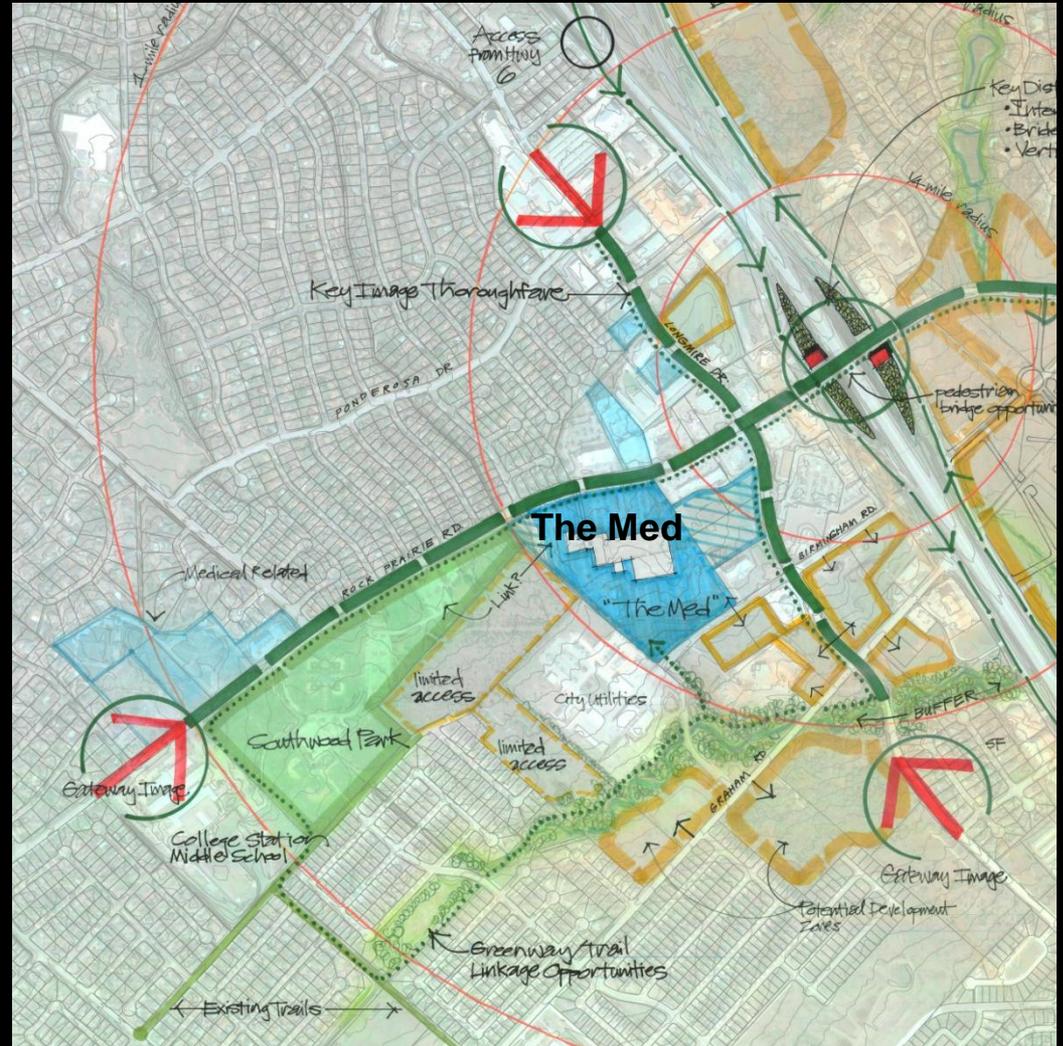


EXISTING LAND USE PLAN
COLLEGE STATION MEDICAL CORRIDOR MASTER PLAN

CITY OF COLLEGE STATION
 Home of Texas A&M University

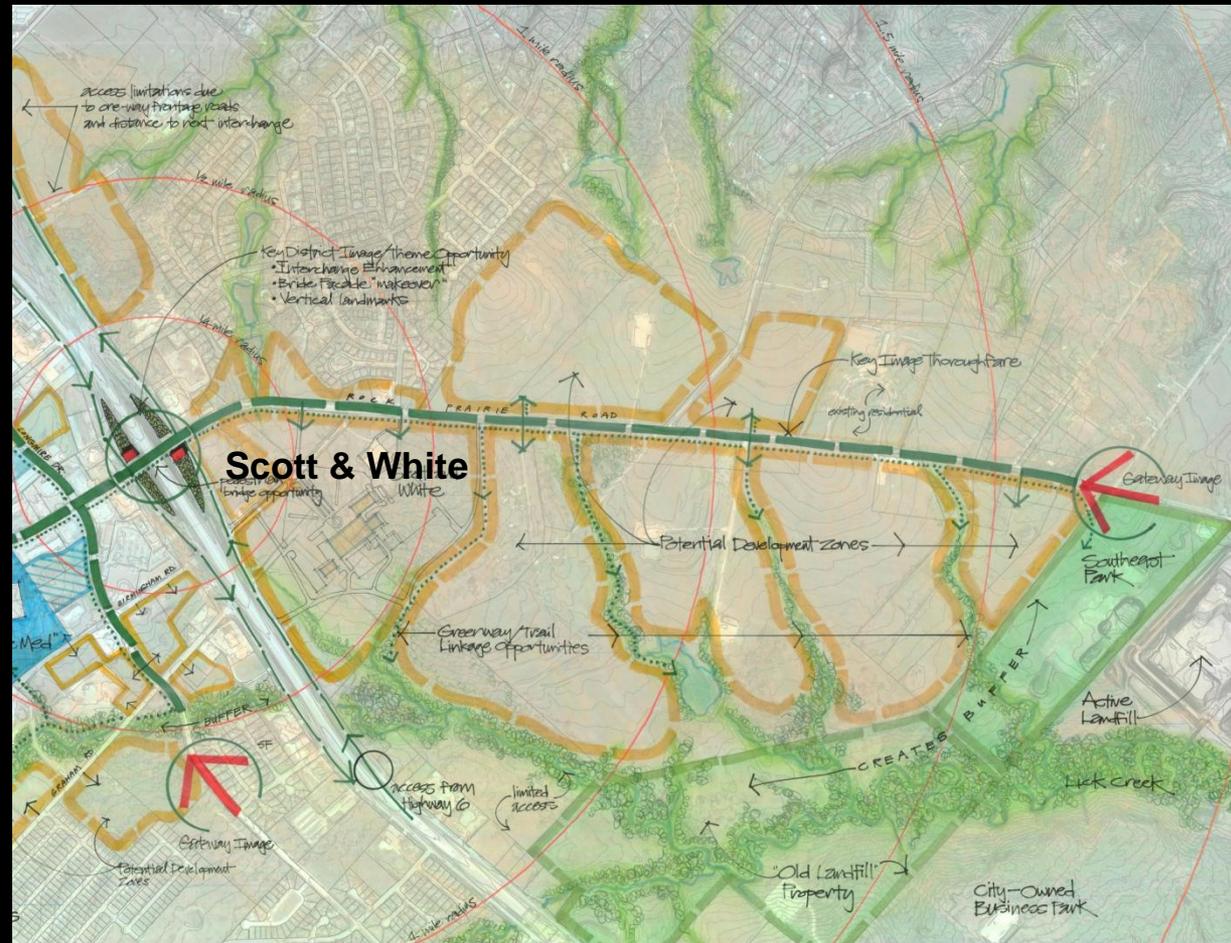
Key Site Observations: West side

- The Med acts as anchor and catalyst west of SH 6.
- Related businesses have been attracted to west side.
- Undeveloped areas west of Hwy 6 are scattered infill opportunities; range from 3.5 to 15 acres.
- Existing park and trails are district amenity opportunities

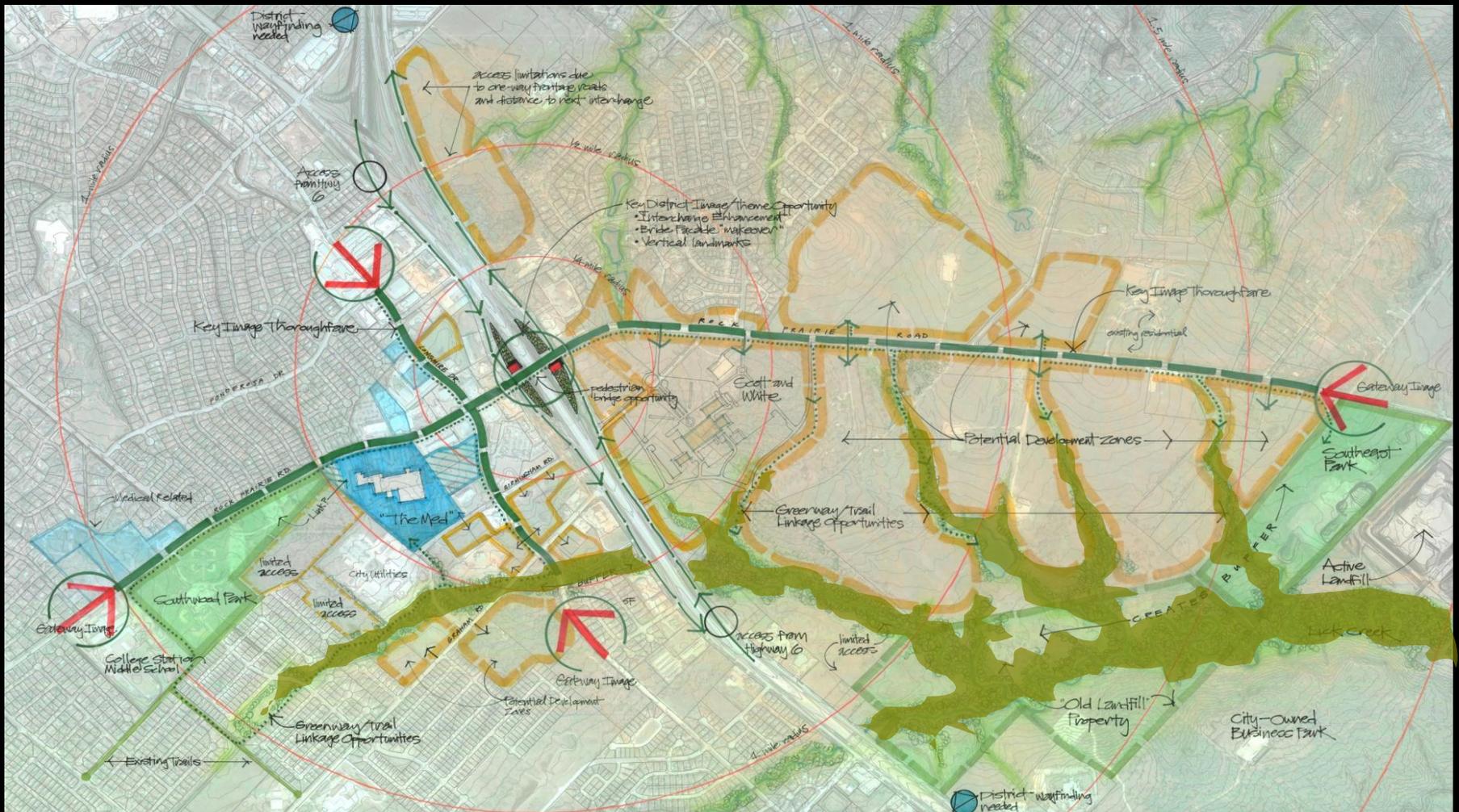


Key Site Observations: East side

- Scott & White development will act as catalyst east of SH 6.
- Undeveloped areas east of Hwy 6 are contiguous; range from 4 acres to 100 acres.



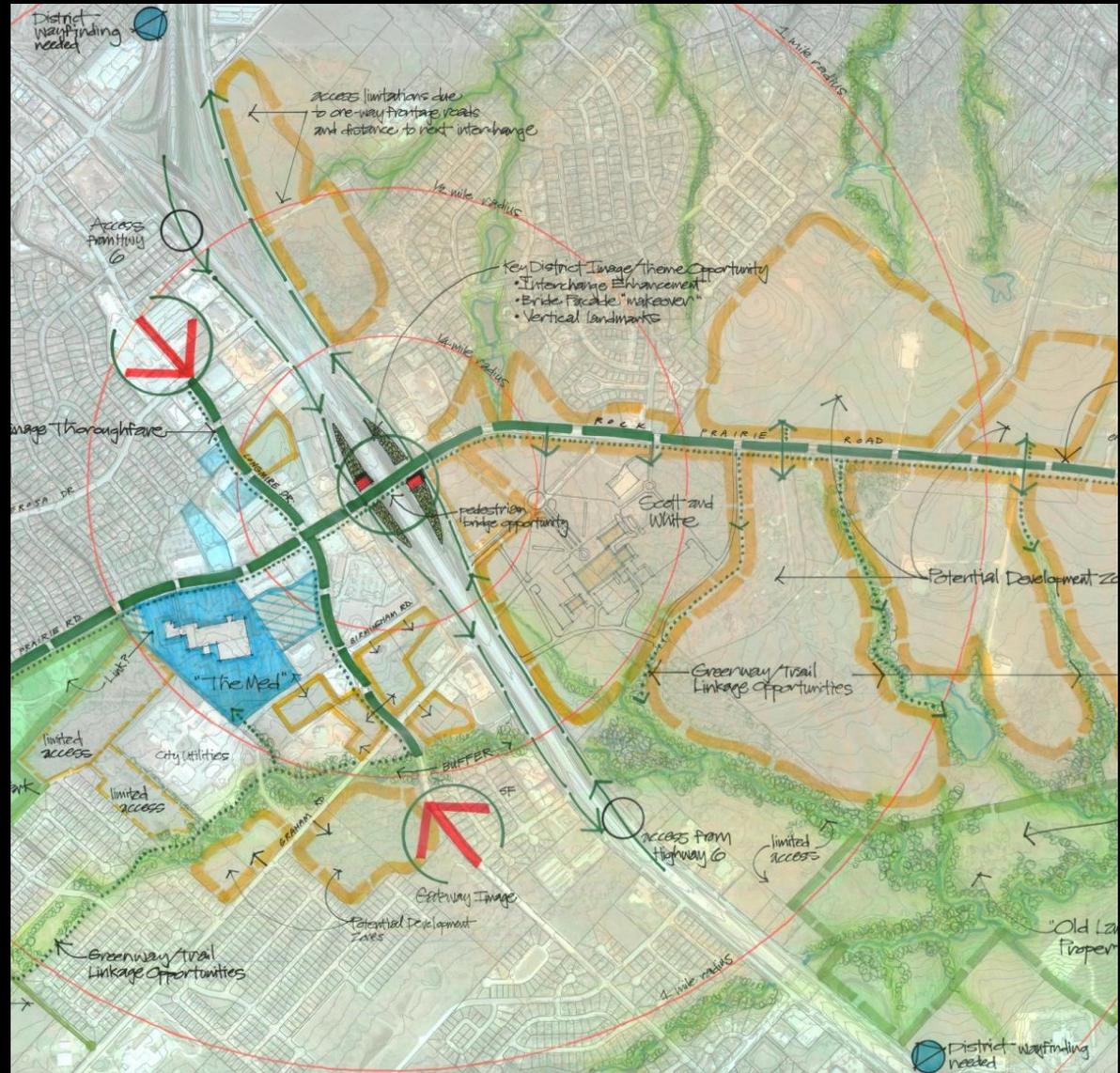
Key Site Observations



Wooded creek tributaries could provide network of buffers and greenway linkages

Key Site Observations

- No district visibility from highway or surroundings
- Need for wayfinding
- Need for visibility, image, branding



An Opportunity: to create a mixed use district of developments that focuses on medical care, health and wellness and becomes a regional destination and an economic catalyst for the City without detrimental impacts on the adjoining properties or areas of the community.

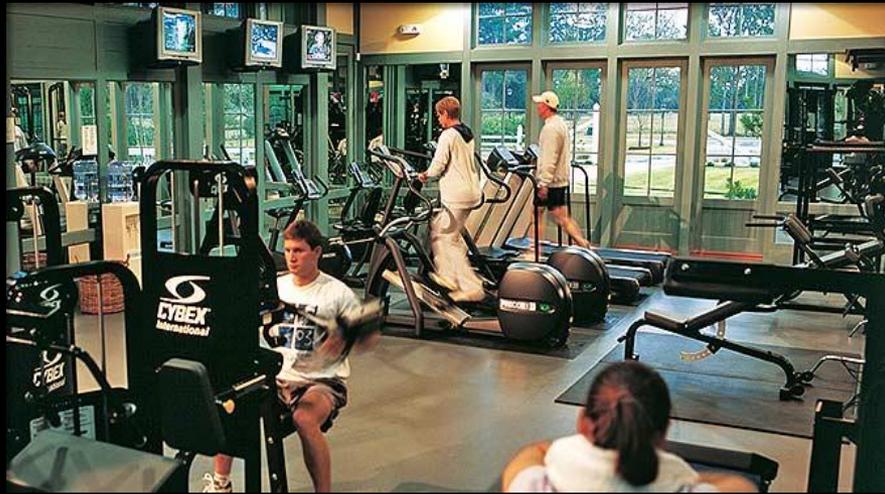


- Acute Care
- Rehabilitation
- Assisted Living
- Hospice
- Medical Offices
- Hotels
- Housing
- Healthfulness
- Connected Open Space
- Image / Identity
- Public Transportation
- Walkability
- Indoor / Outdoor Recreation
- Coffee Shops, Retail and Restaurants

Guiding Principles

- 1. Create a Medical District identity that builds on a “Healthy Community” theme and unifies the area**
 - Allow for identity elements to be utilized in satellite locations
- 2. Integrate parks, open space and trails into development to support the theme**
- 3. Create pedestrian-oriented centers on both sides of Hwy 6 that are well connected for cars, pedestrians and cyclists**
- 4. Provide for a mix of land uses:**
 - Expansion of medically oriented services
 - A range of housing and lifestyle opportunities
 - Retail and service support
 - Recreation and fitness
- 5. Design for visual richness and sustainability in terms of street, parcel and building design**
 - Manage parking so that it supports and doesn't dominate the environment
 - Make streets interconnected and desirable for pedestrians, bicyclists and drivers

Focus on Community Health



Focus on People Places



Focus on Public Art



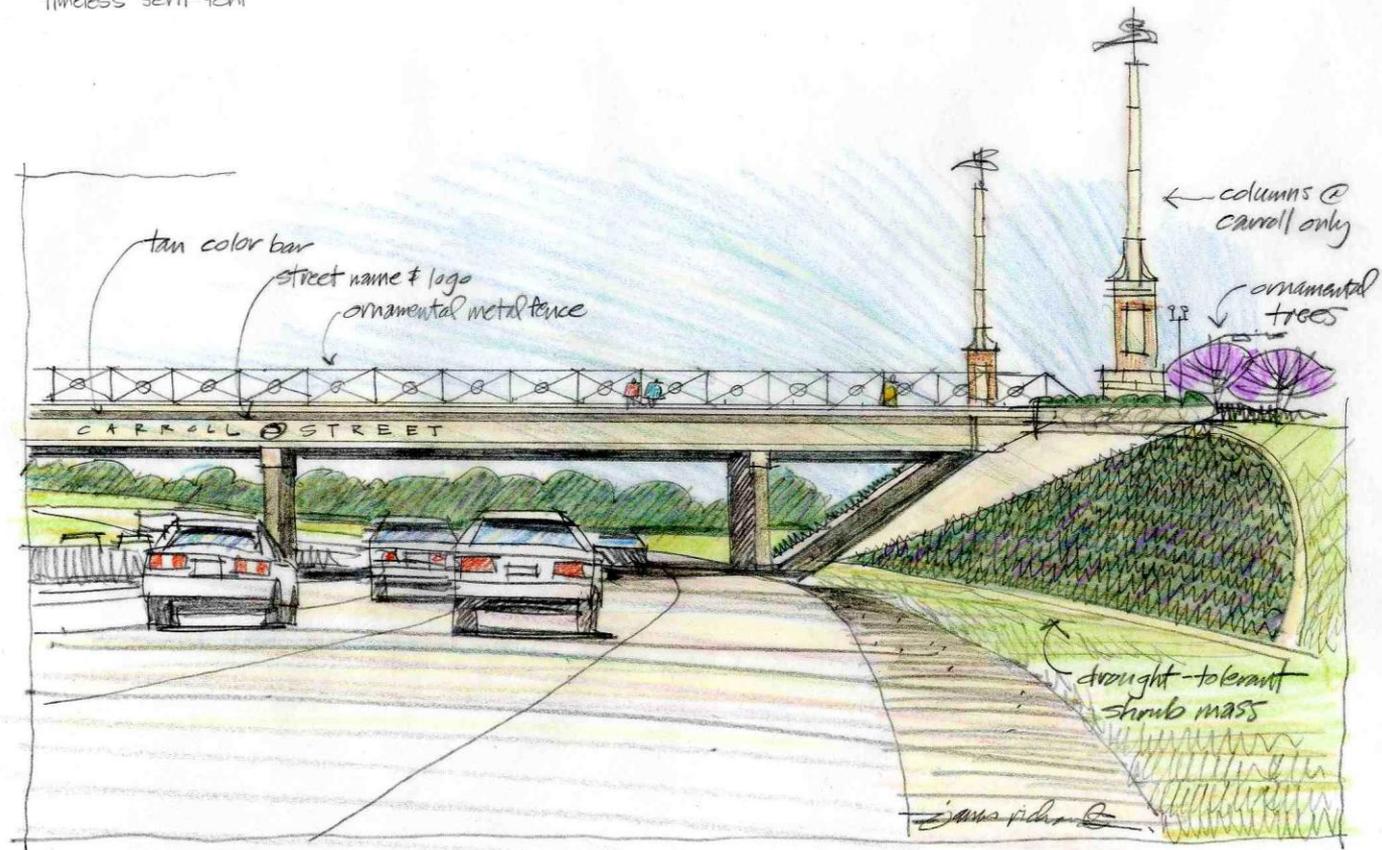
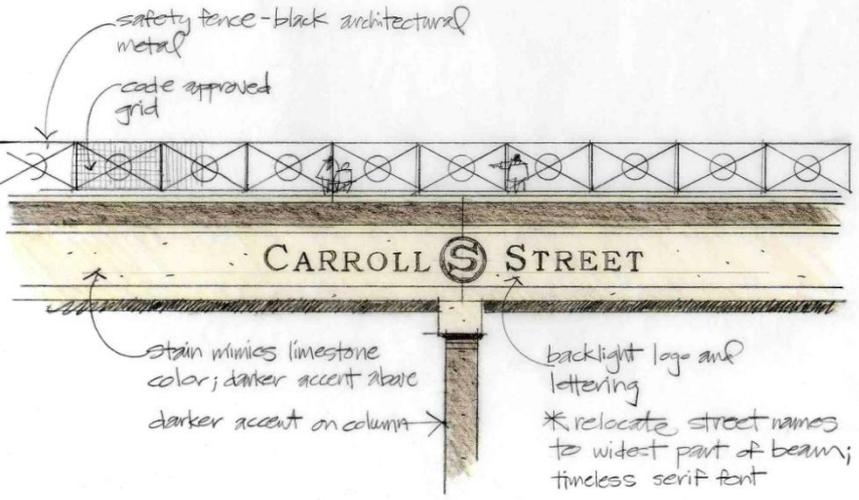
Focus on Sense of Place



Complete Streets/ Infrastructure



Bridge Connection



Bridge Connection



Open Space, Linkages, Physical Activity



Fitness Trails



Medical



Dell Children's Medical Center



Columbia Park Medical Center -
Brooklyn Park, MN

Duke MSRB II is
a new LEED
Silver medical
research building
on Duke
University's
Durham campus



Neighborhood Residential



Urban Residential



Senior Housing



Q&A



TOWNSCAPE, Inc.



Preliminary Land Use Concept

