Vita

CARE. GROW. ASPIRE.

Appendix

APPENDIX CONTENTS

Vita: The Transformation is Underway

All images by Gamble Associates /Madden Planning Group

:: $500M Stamford Hospital Expansion

:: Fairgate Mixed-Income Housing Redevelopment ($26 Million)

:: New Development Planned on 5 Acre Former Vidal Court Site

:: Fairgate Urban Farm Added Along Stillwater

Vita Mixed-Use Project

$50 Million in new investment, including

- ◊ 20,000 S.F. storefront retail
- ◊ 20,000 S.F. classroom/institutional space
- ◊ 500 space parking garage to serve retail

Vita: Enhancing Community Assets

Located in the heart of Stamford's West Side, Stillwater Avenue features an eclectic mix of authentic ethnic restaurants and bodegas that are a reflection of the neighborhood's rich diversity and history.

The Vita District celebrates this distinctive community asset and will expand it with health-based initiatives that include an urban farm, health center, and programs that target obesity prevention.

Planned new merchants will include a green grocer, fitness center, pharmacy, and casual dining that will increase wellness opportunities *and* anchor and complement a vibrant and unique district for the benefit of Stamford residents and businesses.

Vita

CARE. GROW. ASPIRE.

All images by Gamble Associates/Madden Planning Group

A new mixed-use building will complement the existing Vita business district with 20,000 S.F. of new retail space to serve residents and hospital workers.

Neighborhood Market Area

Population	10,300
Households	3,600
Median HH Income	$42,000
Retail Buying Power	$71M
Total Retail Supported	186,000 S. F.
Traffic	15,000TPD

Seeking Tenants

:: 5,000 S.F. Green Grocer
emphasizing fresh produce, baked goods, and prepared foods

:: 3,000—5,000 S.F. Fitness Center

:: 10,000 S.F. Restaurants

:: 500 S.F. Florist

Lease Rate

$30 psf (NNN)

Market Support

Annual Dollars Spent on Restaurants by:

Residents	$12M	S.F. supported :: 34,000
Workers	$3.6M	S.F. supported :: 10,000
Hospital Visitors	$425,000	S.F. supported :: 1,200

Annual Dollars Spent by Residents on:

Groceries	$17M	S.F. supported :: 48,000
Fitness	$370,000	S.F. supported :: 5,000

RETAIL

green grocer

fitness center

fast casual dining

coffee shop

ice cream/yogurt shop

florist

Vita

CARE. GROW. ASPIRE.

SUMMARY OF SELECTED RENTAL PROPERTIES

				Studio			One-Bedroom			Two-Bedroom			Three-Bedroom		
	Year Built/Reno.	Occ. Rate	# of Units	Avg. Rent	Size (SF)	Rent PSF	Avg. Rent	Size (SF)	Rent PSF	Avg. Rent	Size (SF)	Rent PSF	Avg. Rent	Size (SF)	Rent PSF
Market Rate Properties															
Downtown															
1 Park Square West	2001	99%	114	$1,725	518	$3.33	$2,190	766	$2.86	$2,650	1,013	$2.62	-	-	-
2 Parallel 41	1939/2012	76%	124	-	-	-	$2,530	905	$2.80	$3,343	1,269	$2.63	-	-	-
3 The Wescott	1987	92%	261	-	-	-	$2,114	810	$2.61	$2,579	1,150	$2.24	$4,599	1,900	$2.42
4 Stamford Corners	1999	-	198	-	-	-	$2,217	829	$2.68	$2,841	1,146	$2.48	-	-	-
5 Village at Stamford	2002	95%	160	-	-	-	$1,953	879	$2.22	$2,585	1,226	$2.11	-	-	-
6 Cornerstone at Bedford	1967/2008	95%	368	$1,689	615	$2.75	$1,867	767	$2.43	$2,322	922	$2.52	$2,412	1,128	$2.14
7 Fairfield Apartments	1997	95%	263	-	-	-	$1,758	705	$2.49	$2,158	1,096	$1.97	-	-	-
8 Glenview House	2008	94%	132	-	-	-	$2,295	1,090	$2.11	$2,677	1,380	$1.94	$4,116	1,602	$2.57
Total/Average		**93%**	**1,620**	**$1,697**	**592**	**$2.87**	**$2,048**	**819**	**$2.50**	**$2,556**	**1,115**	**$2.29**	**$3,457**	**1,475**	**$2.34**
Harbor Point															
9 The Lofts at Yale & Towne	1913/2009	-	225	$1,840	607	$3.03	$1,880	709	$2.65	$2,550	1,007	$2.53	-	-	-
10 Infinity Harbor Point	Aug. 2012	47%	242	-	-	-	$2,450	995	$2.46	$3,510	1,222	$2.87	-	-	-
11 101 Park Place	2010	98%	336	-	-	-	$1,885	691	$2.73	$3,103	1,027	$3.02	$3,760	1,331	$2.82
12 Avalon on Stamford Harbor	2002	-	323	$1,605	598	$2.69	$1,825	913	$2.00	$2,050	1,311	$1.56	$2,750	1,525	$1.80
Total/Average		**-**	**1,126**	**$1,701**	**601**	**$2.83**	**$1,988**	**824**	**$2.41**	**$2,778**	**1,146**	**$2.42**	**$3,265**	**1,426**	**$2.29**
West Side															
13 Fairgate	2009	100%	35	-	-	-	$1,423	795	$1.79	$1,783	1,230	$1.45	-	-	-
14 Westwood	2011	100%	38	-	-	-	$1,585	743	$2.13	$2,063	1,193	$1.73	-	-	-
Total/Average		**100%**	**73**	**-**	**-**	**-**	**$1,507**	**768**	**$1.96**	**$1,928**	**1,210**	**$1.59**	**-**	**-**	**-**

TrippUmbach
Research • Strategy • Impact

PO Box 23206
2359 Railroad Street #3502
Pittsburgh, PA 15222
1.800.250.6724

www.TrippUmbach.com

February 1, 2013

Vincent Tufo
Executive Director and CEO
Charter Oak Communities
22 Clinton Avenue
Stamford, CT 06901

Dear Vin:

This memo contains a general overview for each of the six (6) health and wellness case studies selected based on available secondary data as well as additional information gathered during phone interviews.

University Circle - Cleveland, Ohio

Aerial image and location in context to city/neighborhood

- Located on the east side of the Cuyahoga River. University Circle is 3 miles east of downtown, 2 miles south of Lake Erie and directly west of the inner ring suburban communities of Shaker Heights, Cleveland Heights and East Cleveland.
- University Circle is located within a busy urban neighborhood. It is bordered by Cleveland's Little Italy neighborhood to the east, Rockefeller Park to the northwest and connected to Downtown with Euclid Avenue running through its center.

Size of downtown/medical district, neighborhood characteristics and demographics

- University Circle is approximately 1-square-mile in area.
- 396,815 population (2010 census).
- Estimated median household income in 2009: $24,687.
- Median resident age: 35.7 years.
- Black alone - 208,208 (52.5%); White alone - 132,710 (33.4%); Hispanic - 39,534 (10.0%); Two or more races - 7,484 (1.9%); Asian alone - 7,213 (1.8%); American Indian alone - 997 (0.3%); Other race alone - 599 (0.2%); Native Hawaiian and Other Pacific Islander alone - 70 (0.02%).
- For population 25 years and over in Cleveland: High school or higher: 69.0%; Bachelor's degree or higher: 11.4%; Graduate or professional degree: 3.8%; Unemployed: 11.2%; Mean travel time to work (commute): 25.8 minutes.
- University Circle is a concentration of cultural, educational, and medical institutions, including the Cleveland Botanical Garden, Case Western Reserve University, University Hospitals, Severance Hall, the Cleveland Museum of Art, the Cleveland Museum of Natural History, and the Western Reserve Historical Society.

Number of hospital inpatient visits/staff/physicians, hospital revenue

- University Hospitals include Seidman Cancer Center, UH Rainbow Babies and Children's Hospital (over 850 health professionals, 244 beds) and Ahuja Medical Center.

Most relevant criteria (innovation, partnerships, incentives, etc.)

- **Physical Character:** Improvements have been made to the physical character and vitality of University Circle through renovated hotel-style apartments to newly constructed townhomes and single-family homes. University Circle is a one-mile square concentration of premier medical and university facilities, as well as cultural and religious institutions, within walking distance of all housing. In order to make home ownership more affordable for many residents, Greater Circle Living, a forgivable loan program, is helping to improve residents' access to affordable housing. This program offers a $10,000 forgivable loan for a down payment and or closing costs toward the purchase of an owner-occupied home by a full-time employee of an eligible nonprofit institution in Greater University Circle. These loans are forgiven if the employee continues to work for the participating Greater University Circle institution and continues to occupy the residence for five years after the loan closes. This loan program also helps to increase awareness of the many housing opportunities available in University Circle. For those who wish to rent, Greater Circle Living offers a one month rental payment of up to $1400 for employees who sign a one-year lease in an approved rental unit. And for those who wish to renovate, Greater Circle Living offers $8000 in matching funds for exterior renovations. This program is for employees who live in an owner-occupied home in University Circle and they must contribute a 25 percent match of the requested funds. Employees of the following institutions may be eligible: Case Western Reserve University, Cleveland Clinic, Cleveland Museum of Art, and University Hospitals. In addition, there are improvements being made to storefronts, entranceways, awnings, lighting, windows and masonry.

Status of initiatives

- Programs mentioned above are currently underway.

Contact person and links

- University Circle Inc., 216-791-3900

Lancaster General Hospital – Lancaster, PA

Aerial image and location in context to city/neighborhood

- Located in downtown Lancaster, PA.

Size of downtown/medical district, neighborhood characteristics and demographics

- 59,322 population (2010 census).
- As of the 2010 census, the city of Lancaster was 55.2% White, 16.3% Black, 0.7% Native American, 3.0% Asian, 0.1% Native Hawaiian, and 5.8% were two or more races. 39.3% of the population were of Hispanic or Latino ancestry.
- The median household income in the city was $29,770.
- The poverty rate in the city of Lancaster is twice the state's average.

Most relevant criteria (innovation, partnerships, incentives, etc.)

- The James Street Improvement District (JSID) was created in March 2003 by a consortium of community members including Franklin & Marshall College, Lancaster General Hospital and local businesses. The JSID's primary areas of focus are community and economic development in Northwest and Downtown area of Lancaster City. The JSID places emphasis on the importance of a clean and safe environment, enhancing the quality of life for residents, employees and visitors and in supporting the local business base. The JSID is a non-profit corporation and is primarily funded through charitable contributions from major employers and institutions, local foundations, small businesses and individuals.
- A simple façade grant program has grown into a neighborhood working together to transform their block. In 2010, the JSID saw the opportunity to engage property and business owners in this area to improve the pedestrian environment through exterior improvements and successfully applied for a Lancaster County Urban Enhancement grant. The JSID contacted property owners and quickly realized that neighbors and the owners on W. Frederick saw the opportunity for change –even transformation of the block. One commercial and nine residential property owners took advantage of the program. The JSID also helped to facilitate a project to greatly enhance the streetscape around the College Hill parking lot. Another property that had been condemned has been completely renovated and is now for sale. In all, the JSID awarded $10,876 in grant funds, which leveraged an additional $35,730 in private investment to enhance facades and the streetscape in this block. Since then, the neighbors have mobilized to make additional improvements to the pedestrian environment of this block. This fall, the neighbors purchased 10 new trees for the block – most through the City of Lancaster Shade Tree Commission. They are also investigating pooling money and resources to pour new sidewalks.
- Lancaster General Hospital applied for and received a Community Transformation Grant (CTG) from the Centers for Disease Control and Prevention (CDC). The hospital is using this grant to implement programs to help improve the health and wellness of their community. The CDC supports and enables awardees to design and implement community-level programs that prevent chronic diseases such as cancer, diabetes, and heart disease.
- JSID has a bike squad called The "Red Shirts." The bike squad members provide a secure, welcoming presence for Lancaster residents, workers, students, and visitors. Uniformed in red and black, squad members are unarmed ambassadors equipped with two-way radios who patrol the streets in the JSID.
- Lancaster General Hospital has been quite successful though the process is slower than anticipated.

Status of initiatives

- The Northwest Corridor is currently being developed with funds from Lancaster General Hospital. The hospital is planning to create a mixed-use development which will add several city blocks to Lancaster's grid.

Core public/private partnerships

- James Street Board is a great liaison between the hospital and the community.
- Lancaster General Hospital, Franklin and Marshall, and Norfolk Southern Railroad are working together to tear down the old Armstrong World Industries flooring plant and 28-acres of "brown field" land that will be developed for use by Franklin and Marshall. This project received private and state funding, but no federal funding.
- Area agencies have partnered with each other to work toward improving the health and wellbeing of their community.

Contact person and links

- John Lines, Lancaster General Hospital, 717-544-5054
- Alice Yoder, Lancaster General Hospital, 717-544-3283

Memphis Medical District – Memphis, TN

Aerial image and location in context to city/neighborhood

- The Memphis Medical District is an area which was created to provide a central location for medical care, serving both Memphis and the Mid-South.

Size of downtown/medical district, neighborhood characteristics and demographics

- It is a relatively small area located between downtown and midtown. The district, anchored by University of Tennessee Health Science Center, is home to major hospitals, emergency rooms, physicians' offices, medical supply manufacturers and distributors, and medical laboratories. And will soon house the headquarters of BioMedical Works.
- 646,889 population (2010 census).
- As of the 2010 census, the city of Memphis was Black 62.6%; White 31.7%; Non-Hispanic Whites 29.5%; Hispanic or Latino (of any race) 5.0%; Asian 1.7%; Native American: 0.2%; Native Hawaiian and Other Pacific Islander 0.1%; Some other race 2.7%; Two or more races 1.2%.
- The median household income in the city was $32,285.
- 20.6% of the population were below the poverty line.
- Median resident age: 31.9 years.

Most relevant criteria (innovation, partnerships, incentives, etc.)

- **Innovative Program:** Church Health Center is a health and wellness center located in the Memphis Medical District. It is the largest faith-based healthcare facility in the country that provides services to working individuals who are uninsured. It is a certified Medical Fitness Facility that provides health and wellness programs that are safe and effective for individuals with health conditions like diabetes, hypertension and obesity. The Center works with an individual's physician to provide the correct resources and programming, and is dedicated to meeting the needs of the whole person in an environment that is supportive and welcoming. The 80,000 square foot facility has been open since 2000 and is not connected to a hospital. It is not federally funded, but receives $14 million in grants annually. It has 150,000 visits annually from approximately 4,000 members. The Center believes that individuals have a responsibility to take care of their bodies so the Center is committed to helping members learn about health education and prevention. This wellness ministry offers programming such as personalized exercise plans and cooking classes, to activities for children to learn their ABCs through food identification. The Center is open to the entire community with fees charged on a sliding scale based on family size and income. The services offered at the Center help individuals make life-long changes to live healthier, happier lives.

- There are more than a dozen capital projects currently in the works or recently completed in the Memphis Medical Center, totaling $1.5 billion. Some highlights include:

  FedEx House / $6M / Completed - Construction of a new 24-unit short term stay facility for Le Bonheur patients and their families

  Harrah's Hope Lodge / $8.5M / Completed - Construction of a new 25-unit short term stay facility for Le Bonheur patients and their families

  Le Bonheur Children's Medical Center Expansion / $340M / Completed - Construction of a new 650,000sf hospital facility that incorporates a 12-story tower

  Legends Park (formerly Dixie Homes) / $84.4M / Target Completion TBD - 460 new housing units, including 430 multi-family units & 30 for sale housing units (additional 33 units off-site for-sale housing)

  Linden Yard Apartments / $7.6M / Target Completion TBD - Renovation of three historic buildings into affordable apartment units; will include outdoor plazas and roof decks

  University Place (formerly Lamar Terrace) / $83.1M / Completed - 473 new housing units, including 118 senior housing units, 287 multi-family & 68 for sale housing

- Types of financial incentives that have been instrumental in ensuring sustainability of infrastructure investment and long-term financing include: grants, new market tax credits, and traditional financing.
- Barriers to success include the lack of investment in public infrastructure for items such as streetscapes, gateway signage and way-finding.

Status of initiatives

- Ultimately, the medical center will be home to a mix of clinical, educational, research and business organizations, be a magnet for professional and business talent, be a great place to live and work, and serve as a job engine for the entire community.
- Examples of the resurgence in the medical corridor include:
  - A state-of-the-art research laboratory stands where Baptist's old hospital crumbled. The UT-Bioworks Research Park — a $23 million, 26,000-square-foot lab — is in the final phase of construction at Union Avenue and Dudley.
  - Just a few blocks down, at the corner of Manassas and Union, the University of Tennessee Health Science Center is building the $49 million Translational Science Research Building, a 135,000-square-foot research building and laboratory.
  - Southwest Tennessee Community College is building a 74,000-square-foot Nursing, Natural Sciences and Biotechnology Building.
  - Not far from either of those projects is The Regional Medical Center at Memphis, which recently saw approval of a $30 million project and is preparing for a multiyear, nearly half billion-dollar construction of an entirely new hospital atop its present footprint.
  - Approximately more than one million square feet of new or renovated medical/office space has been added over the past 5 to 10 years.
- The overall success of the district may depend on housing for future employees. In order to attract the necessary talent, neighborhoods need to be comfortable, affordable and within close proximity to available jobs. This effort will continue to be a vital part of the medical district's success.

Core public/private partnerships

- The HOPE VI projects have dramatically changed the immediate residential area.

Contact person and links

- Beth Flanagan, Memphis Medical Center, 901-866-1444
- Dr. Scott Morris, Church Health Center, 901-272-7170

Riverpoint Campus – Spokane, WA

Aerial image and location in context to city/neighborhood

- The Riverpoint Campus is located near downtown Spokane and the Spokane River. It is also home to Washington State University Spokane, Eastern Washington University, and Innovate Washington.
- There are restaurants, coffee houses, bars, and shopping all within biking or walking distance of the Riverpoint Campus.

Size of downtown/medical district, neighborhood characteristics and demographics

- 208,916 population (2010 census).
- The median household income in the city was $49,078.
- As of the 2010 census, the city of Spokane was White 89.1% Black: 1.9%; Asian 2.2%; Native American 1.8%; Native Hawaiian 0.2%; Mixed races 3.9%: Other race 0.8%.

Relationship to health and wellness

- Washington State University Spokane is working to grow their health science education programs. The community component of their academic health sciences vision will translate into better health care for community residents.
- WSU may study the possible benefits associated with graduate medical education establishing a close connection to the local community and to health care services.
- Local residents take part in various research projects at WSU, which also involves local hospitals.

Lessons learned

- Establishing and maintaining partnerships is challenging.
- Important to partner with for-profit and not-for-profit organizations.
- The creation of a community steering committee provides a forum for dialogue.
- Good progress is being made but at a much slower pace than anticipated.

Core public/private partnerships

- Chamber of Commerce and Greater Spokane Incorporated.

Contact person and links

- Chancellor Brian Pitcher, WSU Spokane, 509-358-7551
- Anne Marie Axworthy, 509-939-7135

University Park Alliance - Akron, OH

Aerial image and location in context to city/neighborhood

- University Park Alliance will capitalize on the economic synergy of the great institutions already anchored throughout this geography—including a major university, three excellent hospitals, a bio-tech institute, three brand new schools—and develop a dense, walkable neighborhood with diverse cultural offerings, great healthcare, quality education and plenty of recreational and leisure opportunities.
- Anchored by Summa Health System.
- In 2010, the racial makeup of the city was 62.2% White, 31.5% Black, 0.2% Native American, 2.1% Asian, and 3.2% from two or more races. Hispanic or Latino of any race were 2.1% of the population, predominately of Puerto Rican decent. Non-Hispanic Whites were 61.2%.

Size of downtown/medical district, neighborhood characteristics and demographics

- A 50-block area immediately surrounding The University of Akron.
- 199,110 population (2010 census).
- The median household income in the city was $31,835.
- In 2010, the racial makeup of the city was 62.2% White, 31.5% Black, 0.2% Native American, 2.1% Asian, and 3.2% from two or more races. Hispanic or Latino of any race were 2.1% of the population, predominately of Puerto Rican decent. Non-Hispanic Whites were 61.2%.

Most relevant criteria (innovation, partnerships, incentives, etc.)

- **Physical Character:** University Park is a 50-block urban neighborhood that offers opportunities for home ownership from contemporary townhomes and condo clusters, to single-family homes in a broad range of price points. The housing is strategically located in the center of educational, medical, technology and cultural institutions, and is within walking distance for residents. University Park Alliance is working to create a more diverse and vibrant community. As a result, UPA is developing more low to moderate income housing to accommodate families. UPA is also seeking to develop housing and neighborhood-level services that would be attractive to young professionals and empty-nesters who want to live in an urban setting at an affordable price. UPA supports mixed-use development as a vehicle to activate neighborhood streetscapes and create a strong sense of place. By facilitating these projects and participating in joint venture, UPA seeks a return on their investment either as income or as investment space within the development for select social enterprises, local retail and affordable housing units. In addition, the University Park area is also in need of senior housing. A local church, First Congregational Church, is working on an initiative to develop senior housing in the area. There has been a tremendous amount of interest and the church is currently working on fundraising for the housing development.

Lessons learned:

- This process has progressed much slower than originally anticipated.
- Important to include the community in the process and get their buy-in through town hall format summit.
- Important to identify community leadership.
- Important to hold monthly meetings that include the community, anchor institutions, the city, UPA, etc.
- Creating a coalition from 5 smaller community groups has given community residents a greater voice when facing issues.

Status of initiatives

- University Park Alliance wants to develop housing and neighborhood-level services to attract young professionals and empty-nesters who would like to live in the city.
- Also will be supporting mixed use development as an avenue to activate neighborhood streetscapes and create a stronger sense of place.
- Working to attract and assist new business, especially business providing basic but missing services in the neighborhood. Various programs exist to identify market potential, support locally-owned business promote entrepreneurships and attract residents needed to help new businesses grow.

Core public/private partnerships

- UPA was established through a major grant from the John S. and James L. Knight Foundation and is comprised of partners including the following: The University of Akron; Summa Health System; Akron Children's Hospital; Akron General Health System; Akron Beacon Journal; Akron Metropolitan Housing Authority; Greater Akron Chamber; Akron Public Schools; University Park Development Corporation.

Contact person and links

- Carol Murphy, UPA, 330-777-2070.

Medical Mile - Grand Rapids, MI

Aerial image and location in context to city/neighborhood

- The city is located on the Grand River about 25 miles east of Lake Michigan.

Size of downtown/medical district, neighborhood characteristics and demographics

- 188,040 population (2010 census).
- The racial makeup of the city was 64.6% White, 20.9% Black, 0.7% Native American, 1.9% Asian, 0.1% Pacific Islander, 7.7% from other races, and 4.2% from two or more races. Hispanice or Latino of any race were 15.6% of the population.
- The median age in the city was 30.8 years.
- The median household income in the city was $37,224.

Number of hospital inpatient visits/staff/physicians, hospital revenue

- The Spectrum Health Hospital Group’s inpatient hospitals had more than 65,000 acute care admissions.

Most relevant criteria (innovation, partnerships, incentives, etc.)

- Spectrum Health is helping to improve the health of the community through their Healthier Communities program. Spectrum Health reaches out to its neighbors and the underserved individuals whose demographic, economic or cultural characteristics hinder their access to health care or place them at risk for poor health outcomes. The goal of Healthier Communities is to improve the health of residents in West Michigan. The priorities are to improve the health of adults with diabetes and heart disease, improve children's health and reduce infant mortality.

The three major areas of focus for the program include:

1. Intervention: Providing health education and promoting healthy lifestyles
2. Improving access: Removing barriers to health care
3. Providing guidance and support: Conducting research and helping set health care policy

Spectrum Health dedicates $6 million annually to Healthier Communities to provide programs and services for underserved residents of West Michigan. Funding is monitored by an independent community board, the Community Commitment Advisory Committee (CCAC). In 2011, the programs and services helped Spectrum Health connect services and programs to community members more than 240,000 times. In addition, Healthier Communities helps build key leadership skills and competencies in staff and partner agencies. The program also offers training for community health workers and others who work in the area. Frequent low-cost classes are available on current health care issues. Lastly, Healthier Communities offers hundreds of classes for the general public over the course of a year. Some classes and support groups are offered in Spanish. Classes and support groups cover topics such as: Breastfeeding support ; Infant CPR; Fitness; Heart health; Nutrition; Older adult health and wellness; Osteoporosis; Postpartum emotional support; Pregnancy and parenting; Safety; and Smoking cessation.

Status of initiatives

- Due to the $1 billion in “Medical Mile” investments, Michigan Street NE is becoming a busy thoroughfare. So, to make sure it doesn't become too busy and drive away future investors, residents and visitors, city commissioners are initiating a $400,000 “corridor plan” aimed at blending the busy street's various uses.
- Also to be studied is how the area's “anchor institutions” can promote housing in the neighborhood for its employees.

Core public/private partnerships

- Spectrum Health Medical Center; Michigan State University, Grand Rapids Community College.
- The Spectrum Health Medical Group includes the hospitals and facilities of Spectrum Health Medical Center, community hospitals in West Michigan, and long-term care facilities.
- Spectrum Health’s Healthier Communities program works closely with other groups to promote healthy living. These partnerships are creating a long-term infrastructure that will continue to deliver services to underserved individuals in schools, churches, neighborhoods and businesses. The common goal is to use resources in the most effective way to have the greatest impact on the community.

Contact person and links

- Spectrum Health’s Healthier Communities, 616-391-5000

Sincerely,

Paul O. Umbach
Founder and President

DEVELOPMENT STRATEGIES®
guiding effective decisions in
real estate, community, and economic development

MEMORANDUM

To: Mr. Vincent Tufo
Executive Director, Charter Oaks Communities

From: Matt Wetli
Development Strategies

Date: January 14, 2013

Re: DRAFT Market Survey Memo for Finney Lane/Stillwater Avenue Catalyst Project

Copies: David Gamble, David Gamble Associates; Kathryn Madden, Madden Planning Group

This memorandum provides key findings resulting from a survey of market supply in Stamford as it relates to development opportunities in the Vita Health and Wellness District or, more specifically, near the intersection of Stillwater Avenue and Finney Lane. While demand analyses for different uses is technically beyond the scope of this survey, they were performed where possible in order to quantify the depth of support that is likely for a number of development projects. The intent is to provide the basic scale and scope of market-based uses that could be arranged as part of a development plan and to provide key inputs for the next phase of economic study, which involves feasibility analysis for a mixed-use development that incorporates and makes use of a shared parking facility.

This Market Survey, and the Vita Health and Wellness District initiative of which it is a part, is an outgrowth of an earlier planning study completed by the Cecil Group and Newman Architects in 2010. The Stillwater Avenue Corridor Study: Implementation Study outlines the specific strategies and public infrastructure improvements that could occur to shape a longer term view of the Stillwater Avenue Corridor as a socially and economically healthy environment. The plan envisioned a more self-sustaining and desirable place to live, shop, and work.

While the Action Area focused along Stillwater Avenue in general, particular emphasis was placed on Blocks "3N" and "4N" as short term redevelopment opportunities that were mixed in use and scale with housing above retail, restaurant and or services. This study looks at these uses and others in more detail as they relate to health and wellness and in the context of an urban design strategy that envisions an enhanced new entrance to the Hospital from the south

Summary

The findings of this study support the development of housing and medical office uses along Stillwater Avenue. A limited amount of storefront retail opportunities is possible, particularly if a shared parking facility is built:

- **Housing:** The market for workforce housing (i.e., housing that serves middle income-earners such as nurses, protective service workers, school teachers, etc.) is deep and in short supply, and would perform well as part of a new mixed-use concept along Stillwater. While young, single professionals will continue to gravitate downtown, somewhat older professionals and families have demonstrated that they will move to the West Side for a better value in terms of space. Rents of $2.00 per square foot for one-bedroom units and $1.65 per square foot for a two-bedroom in a well-designed community are possible.
- **Affordable Housing:** Affordable housing, defined by HUD as having a monthly rent of $800 for a one-bedroom unit or $950 a month for a two-bedroom unit (net of utilities) in Stamford, is in great demand and would be well-received, if tax credits can be secured to make it viable. Affordable senior housing is particularly appealing from a development perspective, because rents, on a per square foot basis, are typically higher.
- **Medical Office:** Medical office space that provides outpatient services and/or primary care is viable within the district, for up to 40,000 to 80,000 square feet of space. Lease rates of $25 to $30 per square foot are reasonable and achievable.
- **Grocery Retail:** A 5,000 square foot natural foods grocer is likely to be well-received by the market, provided an operator can be found. In total a mixed use development along Stillwater Avenue can likely support 10,000 to 15,000 square feet of retail at $25 to $30 per square foot.

SITE ANALYSIS

The Vita Health and Wellness District is located on the West Side, which lies immediately west of downtown Stamford. Historically a working-class neighborhood, the West Side has a high minority population (roughly 50 percent Hispanic and 33 percent African-American). Its historic commercial corridor is Stillwater Avenue, with development opportunities at the intersection of Finney Lane being the focus of this study. Stamford Hospital is a major institution in the neighborhood, providing a stable presence and over 2,000 jobs. Main Street is largely an auto-oriented corridor, with two supermarkets anchoring commercial strip uses. West Broad Street represents a socio-demographic dividing line, as the housing stock to the north is more highly valued and is populated by a more affluent demographic. Downtown is a strong center of commerce and employment. It is also home to many high-rent apartment properties and regional retail.

With an estimated 8,000 trips per day, Stillwater Avenue's status as a high-visibility corridor has given way to commercial strip uses along Main Street. That said, its locally-run businesses and bodegas receive moderate foot traffic, and a place-based economic strategy that is centered on walkability and quality of place is more possible here than elsewhere on the West Side. The opening of the Main Street Bridge connecting Stillwater Avenue to downtown would *undoubtedly* further enhance vehicular and pedestrian traffic and business opportunities for Stillwater. Residential opportunities are strong for workforce housing that takes advantage of proximity to downtown—while offering prices and rents that are more affordable. Commercial opportunities are going to be limited primarily to neighborhood services that do not compete with larger regional retailers that are nearby, as well as to specialty retail that markets authentic ethnic foods and goods. Medical office opportunities are likely to be strong, given the proximity of Stamford Hospital.

The intersection of Finney Lane and Stillwater Avenue represents a 100% corner. It lies at the direct interface between the Stamford Hospital and the neighborhood's recently completed Fairgate Farm. Although the hospital has been present in the West Side for nearly a century, never before has access to the hospital been possible from Stillwater Avenue. The development of the nearly $500 million expansion and the new southern entry create a new dynamic that has the potential to strengthen the relationship between the hospital and the community it serves.

DEMOGRAPHIC ANALYSIS

While the West Side is, in fact, the lowest-income neighborhood in Stamford (it has a median household income of $42,000, compared to $75,000 citywide), it has an ethnically and economically diverse population and, given its proximity to downtown Stamford, relative affordability, and anchor institution in Stamford Hospital, presents opportunities for quality new development. Following are selected demographic characteristics for the neighborhood.

- It has a relatively stable population of 13,000 that is neither growing nor declining.
- While median household income is $42,000, it is economically diverse. Not including the more affluent neighborhood north of Broad Street, following is a breakdown of West Side incomes:
    - 15 percent of households earn less than $15,000 annually
    - 26 percent earn between $15,000 and $35,000
    - 18 percent earn between $35,000 and $50,000
    - 27 percent earn between $50,000 and $100,000
    - 11 percent earn between $100,000 and $150,000
    - Just four percent earn over $150,000 (compared to 25 percent for Fairfield County)
- Its population is ethnically diverse, as 50 percent are Hispanic and 33 percent are African-American
- With a median age of 32, the average West Side resident is five years younger than the general population of Stamford.
- The population is aging, with 65 to 74 year old residents projected to grow by 30 percent from 2010 to 2017.
- West Siders are more likely to rent than own; only 26 percent own a home.
- The largest tapestry segment (segmentation analysis combines standard demographic variables with consumer preference data) in the more affluent neighborhood north of Broadway is the Metropolitans—a culturally aware, "creative class" group that would likely prefer more shopping opportunities in their own neighborhood.

The above demographic variables portray a community that is capable of supporting quality workforce, affordable, and subsidized housing. Quality local shopping opportunities, at the right location, are likely to be well received and could appeal to multiple market segments, including upper middle class residents north of West Broad Street and Hispanics south of West Broad Street.

RENTAL APARTMENTS

The housing market in Stamford is very tight, with a scarcity of land leading to a high cost of quality rental units and for-sale homes in the market. This means that quality options are limited for workforce housing, affordable housing, and subsidized housing (which target households at 60 to 120 percent, 30 to 60 percent, and 0 to 30 percent of area median income (AMI), respectively). Presently, the existing stock of housing on Stamford's West Side tends to serve the affordable market, while high-end apartments are found in Stamford's downtown and Harbor Point. Charter Oaks Communities has made use of federal and state programs to deliver quality units to the subsidized market, and recent small-scale forays (i.e., 30 to 50 units) into market rate housing have been positive, suggesting a market-based housing development strategy for Stillwater Avenue and the West Side. With high-end apartments that target young singles located in the city's center, and expensive for-sale housing that targets high income-earners at its periphery, available land for development in the West Side could target an underserved market for workforce housing.

Supply Analysis

Housing in Stamford is expensive. This is particularly true when considering its median household income is roughly $75,000, which implies monthly rent affordability of $1,500, or mortgage affordability of $300,000. By comparison, neighboring Greenwich has a median household income of $140,000.

A survey of competitive, market rate apartments in downtown yields an average monthly lease rate of $2,050 for a one-bedroom apartment (with an average unit size of 820 square feet). Two bedroom units rent for an average of $2,550 (with an average unit size of 1,120 square feet). Occupancy is high, at 95 percent (excluding new properties that are currently in lease-up). Rents in Harbor Point, to the south, are similar. Both areas offer a premium location for young professionals (due to walkability and trendiness), recent corporate relocations (due to visibility and proximity to employment) and commuters (given the nearness to a New York commuter rail station). Given the amount of land available for redevelopment in Harbor Point—as well as the amount of construction completed and permitted—this target market is almost certain to continue to be served in these areas.

The recent success of two small-scale projects—Fairgate and Westwood—point to a different target market, product type, and strategy that is likely to be successful on a larger scale on the West Side. Both projects are part of larger, mixed-income properties. Rents range from $1,425 to $1,585 for one-bedroom units and $1,785 to $2,065 for two-bedroom units. The units therefore offer a better

value, in terms of space per dollar, than downtown units, and target a different market that consists of older professionals (i.e., "thirtysomethings" on up to 55 years in age). Apartments are not as amenity rich (they lack community amenities such as fitness facilities, well-appointed lobbies, etc.—as well as some premium finishes such as granite countertops), and target value-conscious renters who seek a savings of several hundred dollars a month, more space—or both. In addition, parking is included in the rent of each apartment, unlike most downtown apartments.

Market rents at Westwood are higher than those of Fairgate, primarily due to the perceived superiority of its location (adjacent to the affluent communities of Riverside and Greenwich), as well as some finish upgrades, such as hardwood floors.

This has significant implications for the location of a mixed-use, catalyst project at the corner of Stillwater Avenue and Finney Lane. Rents at Fairgate provide a "baseline" for what is achievable, but exceptional placemaking can afford market premiums of 15 to 20 percent, putting rents at the site more in-line with what has been accomplished at Westwood. An influx of quality market rate housing to achieve a critical mass of new housing, the introduction of some quality service retailers with appealing storefront space, and exceptional urban design (i.e., placemaking, sense of enclosure, walkability, relationship to public space), all would contribute additional value to a new project.

The general location for the development site, combined with relatively high assumed acquisition costs and mix of commercial uses (and thus the possible need for liner buildings and a greater scale to match the scale of a parking garage), point to the likely need for a denser housing product than the two-story townhome typology at Westwood and Fairgate. This may seem to run "against the grain" of the target market of older professionals and families, but the appeal of an enhanced urban realm would likely counteract such issues, provided price points continue to offer a perceived value, relative to downtown housing. A nearby for-sale product, Liberty Commons, has managed to accommodate a relatively high density of housing units, though improvements to character and urban design would lead to a more marketable product that is absorbed faster and better-integrated into the community.

A higher density product should be explored, though the feasibility and added cost of concrete and steel construction may prove to be a prohibitive barrier. Supply data—particularly the high rents and occupancy rates of a limited supply of three-bedroom units downtown—would indicate that more three-bedroom units are needed in the market. However, given the likely need for greater density at the Finney Lane site, this opportunity might be better exploited along Merrell Avenue, across from Lione Park, where new housing is currently envisioned.

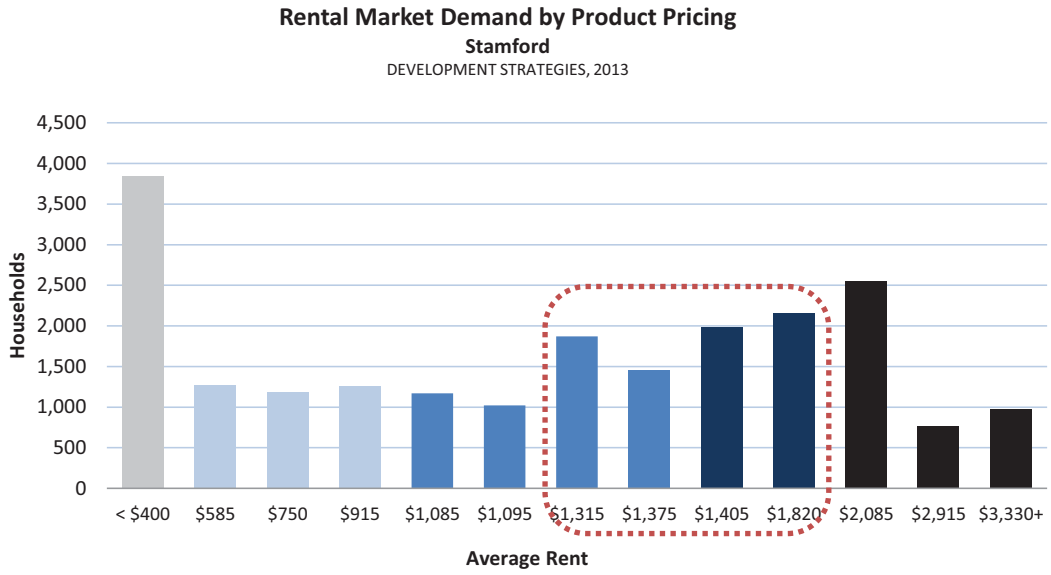
Apartment Demand

As noted in the supply section of this memo, housing is expensive in Stamford, relative to the incomes and affordability levels of many workers and residents in the community. The median home price is $480,000, implying a monthly housing cost of roughly $2,800. The historic single family neighborhood north of Stamford Hospital—a relative bargain in Stamford—lists homes priced at $350,000 to $750,000. A competitive two-bedroom apartment in downtown Stamford rents for an average of $2,550 per month. Home prices are driven upward in Stamford by a number of factors, including:

- A lack of available development sites with which to add housing supply
- Good transit access to high-paying jobs in New York City via commuter rail
- Access to high-paying jobs in downtown Stamford, which has above-average employment in management and finance occupations (mean wages are $134,000 and $95,000, respectively, per the Bureau of Labor Statistics)

This has led to a shortage of housing that targets the workforce, affordable, and subsidized housing markets. On the West Side, basic metrics such as median household income ($42,000), educational attainment (14 percent of West Siders hold a college degree, compared to 43 percent in Stamford as a whole), and homeownership rate (26 percent) indicate that the neighborhood largely consists of only housing that serves the affordable and subsidized housing markets. But the success of Westwood and Fairgate in attracting the workforce housing market, as well as (to a lesser degree) homeowner products such as Liberty Commons and Palmer Hill, indicates that this underserved market can be attracted to the West Side if new housing products are offered.

According to the Bureau of Labor Statistics, a significant amount of registered nurses are employed in Stamford-Norwalk-Bridgeport, and earn a mean annual wage of $77,000. This implies a monthly affordability rate of $1,500, or a home price of under $300,000. Further, anecdotal conversations with Stamford Hospital residents indicate that many of their employees have children—thus a one-bedroom apartment downtown is less appealing than a two- or three-bedroom unit with fewer amenities, but at a comparable price point. Primary and Secondary educators, similarly large in number, have comparable incomes, as do physical therapists, architects, and persons employed in a number of other professions. The following table shows the depth of demand for rental housing at different price points for Stamford:



As the table above demonstrates, there is a deep (i.e., large in number) pool of demand for rental apartments that target workforce households—a market that is largely ignored elsewhere in Stamford. Further, there is a deep market for more affordable housing that targets working families, including people working in protective service (i.e., police and fire) and medical technician professions at the high end of the income range, and food service workers at the low end.

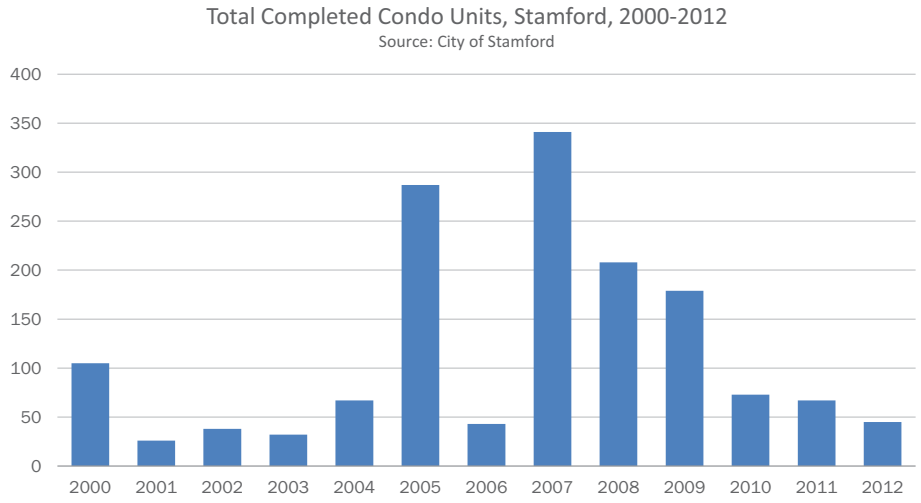
Affordable Rental and Senior Housing

As the above analysis indicates, quality housing options are scarce not only for workforce housing, but for affordable housing (which targets households that earn 30 to 60 percent of area median income). Per the U.S. Department of Housing and Urban Development (HUD), monthly rents as part of the Low Income Housing Tax Credit (LIHTC) program are restricted—when adjusted for utilities—to roughly $750, $800 and $950, respectively, for studio, one-, and two-bedroom apartments. Senior studio apartments, in particular, could be quite small—perhaps 450 to 500 square feet. This results in per-square-foot monthly rental rates of $1.50 to $1.67, which are pretty substantial—almost equal to market rents, on a per-square foot basis.

Demand for quality affordable units is exceptionally high in Stamford, and a significant amount of community amenities and/or high-end finishes is not necessary to be marketable. Rather, newness, cleanliness, safety, and modern appliances are likely to be sufficient to attract this population.

FOR-SALE HOUSING

Similar to the rental market, scarce new for-sale housing product in Stamford targets households that earn between 60 and 120 percent of area median income ($45,000 to $90,000 per year). While the for-sale market has been slow to recover from the "Great Recession" of 2007 and 2008, broad trends indicate that home prices have hit their low point and are again rising—albeit slowly, at a rate of about four percent.[i] The following table indicates permitting activity for the Stamford condo market over the past 12 years:



As the table above shows, the slight uptick in home values has not motived developers and buyers of home products to the point that new product is being added at anything approaching 2007 levels. That said, economies and markets are cyclical, and it is likely that for-sale development opportunities will once again emerge at some point in the future.

While stronger opportunities exist today for development of rental housing along Stillwater Avenue, waiting for a market recovery to develop some for-sale housing has some merit. Generally, condominiums lead to higher overall development values, making things such as "tuck-under" parking or structured parking easier to finance, without the need for public incentives. This can lead to a greater achievable density and even higher development value, helping make high acquisition costs in urban infill areas more economically feasible.

The following are profiles of three West Side for-sale developments of note:

- **Liberty Commons:** This project is of great interest because it is located near the study area, in a location that lacks many of the assets of Stillwater Avenue. Through 2011, 31 of 51 units had sold. Many units sold at its opening in 2007. Mirroring national trends, no units

sold in 2008 and 2009, but a small number of units again sold in 2010 and 2011. Unit values today are estimated to range between roughly $300,000 and $350,000 for 1,600 and 1,800 square foot units—or roughly $195 per square foot.

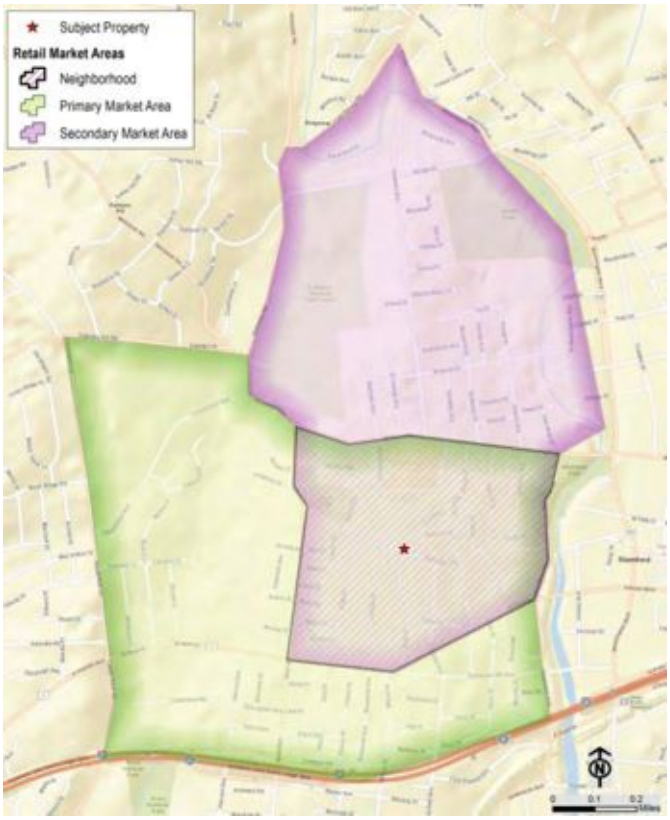
- **River Mills House:** This project opened in 2005, near the peak of the housing bubble, and sold all 93 units in a single year. Sale prices today range between $350,000 and $380,000 for 1,200 to 1,400 square foot units—or roughly $285 per square foot. The site is superior to the focus area, since it is adjacent to—and visible from— downtown Stamford.
- **Palmer Hill:** This project has sold 127 of its 153 units between 2008 and 2012—many of which were purchased during the recession. Sale prices are high, at $550,000 to $700,000. Per square foot sale prices range from $390 to $460. This property takes advantage of its proximity to the sought-after communities of Riverside and Greenwich.

Of these three projects, Liberty Commons and River Mills House are the most instructive for the study area. Liberty Commons continues to struggle with sales, an indicator that more time is needed before developing for-sale housing is viable in the West Side. Nevertheless, the visibility offered along Stillwater Avenue, as well as any potential mix of uses, would make the focus area more competitive. Once the for-sale market has demonstrated a more robust recovery, price points of $230 to $250 per square foot would likely be viable. Relative to Liberty Commons, prices should remain at $280,000 to $350,000, but unit sizes could be smaller—particularly if more commercial and/or public space amenities can be offered along Stillwater Avenue.

RETAIL: NEIGHBORHOOD GROCER

Analysis of supply and demand data, as well as physical inspection of grocers in the market, indicates that supermarkets are in ample supply in the market area, as are bodegas that serve the local Hispanic population. However, a number of trends, including demographics, growth in demand for natural foods, and consumer and lifestyle preferences are converging—indicating a niche grocer that emphasizes natural foods is possible along Stillwater Avenue.

The following map shows three market areas that were analyzed for grocery opportunities:



The market areas include: the immediate neighborhood around Stamford Hospital, a broader Primary Market Area (PMA) that includes two supermarkets near I-95, and a Secondary Market Area (SMA), which includes the more affluent neighborhood north of Broad Street.

Supermarket Analysis

Analysis of the PMA reveals an area that can support 40,000 square feet of grocery space, but provides roughly 200,000 square feet of grocery space. This is due to the presence of two supermarkets that have market areas that extend well beyond the PMA boundary—meaning they serve the households in the PMA as well as many households outside of it. The supermarkets, Stop and Shop and ShopRite, total 175,000 square feet. The former provides a more pleasing shopping environment, with wider aisles and more appealing displays, but at higher prices. ShopRite does a higher volume of business, with narrower aisles, higher shelves, and lower prices. Both stores have large produce sections, offer prepared foods, and offer a range of organic products. Both provide ethnic foods, such as yucca, to meet the needs of a diverse population. Not surprisingly, this analysis concludes there is not a need for another supermarket in the PMA, but an opportunity for a niche grocer requires further investigation.

Niche Grocer and Bodega Analysis

A micro-analysis was conducted in the neighborhood immediately surrounding Stamford Hospital. Analysis reveals the neighborhood could support 18,000 to 20,000 square feet of grocery space, and only about half of this is currently provided—almost entirely in the form of roughly 10 bodegas in the neighborhood. Analysis of this area, in combination with the SMA (which includes the neighborhood north of Broad Street) reveals an area that can support 35,000 to 40,000 square feet of grocery space, with just 10,000 to 15,000 square feet actually supplied in the area. This means that roughly 25,000 square feet of retail grocery support is "leaking" to other areas—particularly the Stop and Shop and ShopRite stores to the south, and a Super Stop and Shop to the east. This is not surprising or uncommon, since many retail dollars leak out of smaller, residential areas to retail centers with a larger regional draw—often locations near a highway interchange.

Therefore, the crux of this analysis involves determining whether the existing bodegas sufficiently serve the community's needs for niche grocers. A physical inspection of the bodegas revealed significant efforts to serve the neighborhood's Hispanic population, which comprises roughly 50 percent of the PMA population, or over 6,000 households. Substantial space was devoted to fresh meats, as well Hispanic-specific food items. A basket of items—black beans, yogurt, avocados, and green peppers—were compared for price and quality, and contrasted with those found at competing supermarkets. Prices were generally higher at the bodegas, particularly when compared to those at ShopRite, indicating that the bodegas thrive on foot traffic, personal relationships, and offering the best mix of customized products. Produce was generally fresher at the supermarkets, indicating faster turnover. Fresh baked goods were generally of average quality at both the bodegas and supermarkets—a competitive opportunity for a prospective new grocer.

Based on data analysis and physical inspection of grocers in the market area, there are several reasons to believe there is an underserved market that would support a niche grocer that emphasized natural foods in the Stillwater area:

- **Demographics:** With over 50 percent of the neighborhood around Stamford Hospital comprised of Hispanics, there is evidence that the neighborhood's grocery buying power is underestimated, meaning a greater amount of square feet can likely be supported than what is represented:[ii], since Hispanics:
    - spend 42 percent more on food than non-Hispanics
    - spend 47 percent more on produce
    - cook at home nearly six times per week

  - spend 30 percent of their total food dollars on non-supermarket stores (compared to 18 percent for the general population)

- **Natural Food Trends:** Natural and organic foods continue to grow at a more rapid rate than the food market as a whole.[iii] This creates opportunities for niche grocers that did not previously exist.

- **Consumer Preferences:** Inspection of several bodegas revealed that while they supplied products that cater to Hispanics, aisles were narrow and shelves were high (in an effort to "squeeze" revenue out of every square foot) which leads to a less pleasant shopping experience. If a more pleasing environment could be offered while not compromising the personal services provided in bodegas, a competitive opportunity for a niche grocer would be created—particularly if prepared foods, quality produce and good baked goods are offered. Such a store would appeal to residents both north and south of Broad Street.

- **Lifestyle Preferences:** While cooking from home has long been emphasized in Hispanic culture, it is also gaining traction in the general population, and has even become trendy.[iv] While most Americans will likely continue to spend the bulk of their once-a-week grocery purchases at supermarkets, most would also undoubtedly prefer a smaller store, closer to their home, to pick up mid-week essentials, as well as items to serve an impromptu meal plan. In fact, given area demographics, households both north and south of Broad Street would likely appreciate the convenience and lifestyle afforded by a more casual, local shopping experience to supplement their trips to supermarkets.

For the reasons listed above, it is likely that the opportunity for a local grocer that was revealed in the data analysis is actually greater than it appears. This is particularly true if it emphasizes fresh produce, prepared foods, natural foods and baked goods—all in a shopping environment that is spacious, well-lit, and aesthetically pleasing. **Approximately 5,000 to 10,000 square feet would be a reasonable size to program for a grocery use**.

Fitness Facility/Heath Club

For obvious reasons, a fitness facility or health club would be an excellent and highly complementary tenant as part of a mixed-use development in a wellness district. If incorporated into a broader mixed-use project with good visibility at Stillwater Avenue and Finney Lane, a quality fitness center could succeed in attracting people from the Secondary Market Area—that is, people from both north and south of Broad Street. The following uses existing household expenditures on club memberships to approximate market potential for a new fitness facility at the subject site.

Fitness Center Demand
Secondary Market Area

Item	*Secondary Market Area*
Per Household Club Membership Expenditure	$173
× Percent Fitness Center Expenditure	60%
× 2011 Households	3,552
= Potential Fitness Center Revenue	$367,920
÷ Fitness Revenue per Square Foot*	$70
= Supportable Fitness Space	5,256
÷ Average square feet per fitness center**	4,750
= Fitness Center Demand	1.1
- Fitness Center Supply	0
= Fitness Center Opportunity Gap	**1.1**

*Based on national average data provided by the IHRSA, 2006; adjustments were made to account for inflation. **Dollars and Cents of U.S. Shopping Centers 2008

DEVELOPMENT STRATEGIES, 2013

As the above table shows, there is ample support for a 4,750 square foot fitness center. However, the required fitness center revenue is based on national data, and the national average for fitness lease rates is roughly $13 per square foot. A fitness facility at this location would likely need to pay double that amount (roughly $25 per square foot), so a smaller fitness facility of 2,500 to 3,000 square feet is likely to be more feasible, since it will be necessary to maximize revenue on a per square foot basis.

Toward a Retail Strategy

A market exists for a natural foods grocer to serve the neighborhoods north and south of Broad Street; such a grocer would represent a "coup" for Stillwater Avenue, enhancing its overall image and creating more traffic for other businesses. A shared parking strategy—one that provides some structured or surface parking spaces that serve the grocer—would greatly enhance the viability of the project, since retail parking is scarce in Stamford. As a result, it would make the site competitively advantaged over most sites on the West Side, driving revenues upward—a necessity if the tenant is to pay $25 to $30 per square foot in rent (a significant increase over prevailing lease rates on Stillwater Avenue, which range between $15 and $18 per square foot).

With 5,000 square feet of space devoted to a grocer, a similar amount of space could be added to accommodate restaurants and other retail uses. A fitness center would be an excellent part of the overall mix, either on the ground floor or second floor. In total, 10,000 to 15,000 square feet of space should be programmed for retail.

A number of operators—including restaurateurs and grocers (in the form of bodegas)—have had success along Stillwater Avenue. Such operators could make suitable, or even ideal, tenants as a part of a new development. The grocery anchor, increased parking availability, improved façade

appearance, and general improvements to the Stillwater Avenue Street environment all would cumulatively be leveraged to increase traffic—a necessary step in order to help businesses pay the higher rents needed to make new construction viable. New Markets Tax Credits (NMTC) are also eligible for use on the West Side. This incentive would help reduce building costs, meaning lower rents, higher quality materials, or some combination of the two could be provided.

OFFICE

While the study area is not marketable for conventional office space (such uses are better suited downtown), it is an excellent location for medical office expansion for the following reasons:

- **Stamford Hospital:** The presence of Stamford Hospital is a significant driver of health care traffic to the area, making it a visible location. It is a respected brand in the Stamford market that would lend credibility to a clinic or outpatient facility in the neighborhood.
- **Growing Demand:** As job projections show, the health care industry is growing due to increasing demands for health care services. This creates additional needs for medical office space.
- **Retail Based Services:** Interviews with health care administrators across the country reveal that competition has increased for ambulatory/outpatient services that are provided outside the context of traditional hospitals. Patients/consumers have expressed a preference for smaller, easily-accessed facilities with convenient parking and easy wayfinding. This has caused health care providers to seek ways to relocate some of their services from the interiors of hospitals onto areas with street frontage.
- **Preventative Care:** The new Affordable Health Care for America Act (AHCAA) will have broad implications for the provision of medical space in coming years. The act places great emphasis on preventative care as a means to reduce health care costs nationally. Health care providers recognize the need for early screenings and the provision of wellness services as a means of preventing disease before it occurs. Given consumer demand for more retail-friendly services, this will heighten the need for storefront or retail-friendly primary care and ambulatory services.
- **Consumer Growth:** Another outcome of the AHCAA is that low-income households, which have historically been more likely to be uninsured, will now receive subsidies for insurance. As a result, low and moderate income neighborhoods—such as the West Side—now provide a new avenue of revenue for health care providers. Locating new, consumer-friendly medical space in underserved neighborhoods is almost certain to be part of health care providers' growth strategies—making the West Side an ideal location for more outpatient service providers.

Supply

According to Cushman and Wakefield, the overall vacancy rate in Fairfield County is increasing, even as asking lease rates climb. Peak lease rates for Class A space in Downtown Stamford are roughly

$50 per square foot, with a vacancy rate of nearly 25 percent for non-government, non-tenant owned space.

Interviews with area brokers and health care administrators indicate that demand for new construction, Class A medical office space in the broader Stamford market (with lease rates of $40 to $50 per square foot) is low to moderate. A far greater amount of demand exists for quality (Class A-minus) renovated space, at lease rates of $25 to $30 per square foot—a more realistic target for lease rates on the West Side. Such lease rates in Stamford are generally part of "modified net" agreements between landlord and lessee—the landlord is expected to pay electric utilities, while the tenant pays for other expenses (as opposed to a gross lease in which the landlord pays all expenses, or a "triple net" lease in which tenants pay all expenses).

Incentives may therefore be needed (be they New Markets Tax Credits or public-private partnerships) in order to deliver quality new construction to the marketplace.

Demand

Following national trends, employment in the health care industry is projected to grow significantly in Fairfield County over the next decade. Using data provided by the Connecticut Department of Labor, Development Strategies estimates that employment growth alone will drive demand for 1.2 million square feet of medical office space over 10 years—based on the addition of 460 office-using health care employees per year and an average of 265 square feet per employee. (Note: this does not include additional demand for "replacement space" or the development of new space that serves the strategic plans of health care providers.) Of course, this growth will be spread throughout Fairfield County. Following is a list of current hospitals in the County, an estimate of their current market share and space needs, and resulting projections of future space needs that are driven by employment growth:

Hospitals in Fairfield County, CT

	Number of Employees	*Number of Beds*	*Implied Market Share*	*Implied Current Space Needs (s.f.)*	*Implied 10 Year Growth Needs (s.f.)*
Stamford Hospital	2,300	305	16%	610,000	190,000
Danbury Hospital	3,300	371	23%	870,000	280,000
Greenwich Hospital	1,800	206	13%	480,000	150,000
St. Vincent's Medical Center	1,800	397	13%	480,000	150,000
Norwalk Hospital	2,500	328	17%	660,000	210,000
Bridgeport Hospital	2,600	425	18%	690,000	220,000
Totals:	14,300	2032	100%	3,790,000	1,200,000

Source: US News and World Report, 2012 (2013)

The table above estimates a 16 percent market share for Stamford Hospital in the region. This implies that over 10 years, the hospital will need to add 190,000 square feet of space to accommodate employment growth. This is likely a very conservative estimate of total medical office growth, because of the need for replacement space and new types of facilities. That said, medical providers other than hospitals will compete for demand, so a conservative estimate is reasonable without a more detailed analysis.

Neighborhood demand can also be estimated. The Secondary Market Area defined in the retail analysis (i.e., the neighborhoods north and south of Broad Street) spends $11.7 million, annually, on health care and health care insurance. That translates into (roughly) 180 health care workers, assuming an annual average compensation of $65,000—and expenditures are likely to increase in this neighborhood as more people are covered by insurance plans. Assuming 265 square feet of space per worker, current demand translates into support of 48,000 square feet of medical and medical insurance space.

Whether evaluating broader trends or neighborhood expenditures, this analysis demonstrates that a capture of 40,000 to 80,000 square feet of outpatient/ambulatory and primary care space at Stillwater Avenue and Finney Lane is reasonable.

FINDINGS SUMMARY

In conclusion, despite the economic malaise of the last five years and the uncertainty surrounding health care delivery and funding, the climate looks promising for new development in the West Side in general and along Stillwater Avenue specifically. There are few open and developable sites available to build upon; the West Side is dense and largely built out. Nevertheless, the low density and marginal character of a number of properties on the north side of Stillwater, as well as the potential to aggregate smaller properties into larger sites, offers opportunities to create a more mixed use, dense development project that brings together the following programs related to health and wellness:

Grocery retail:	10,000-15,000 s.f.
Medical Office:	40,000 – 80,000 s.f.
Housing (workforce/affordable):	150 units per phase
Housing (for sale)	20-25 units per year (following a more robust recovery)
Structured parking:	450-600 spaces

Appendix: Citations

[i] http://www.zillow.com/blog/research/2012/12/26/as-predicted-october-case-shiller-20-city-composite-shows-4-percent-increase/

[ii] [ii] Cuellar, Sandra. "The Hispanic Market in the U.S.—Opportunities and Challenges for the Food Industry", *Smart Marketing.* Department of Applied Economics and Management, Cornell University. 2006.

[iii] http://www.businessnewsdaily.com/2404-organic-industry-healthy-growth.html

[iv] http://news.medill.northwestern.edu/chicago/news.aspx?id=162396

MEMORANDUM

Date: December 7, 2012, *updated January 13, 2012*

To: Vin Tufo, Pam Koprowski, David Gamble

cc: Matt Wetli, Scheri Fultineer, Paul Umbach, Susan Fisher

From: Kathryn Madden

Project: Stamford Vita

Subject: **Initial Interview Notes: PROGRAM Ideas**

On November 15-16 and on December 10-12, 2012, meetings were held with members of the City Board of Representatives; City officials from Economic Development, Community Development, and the Land Use Bureau; members of the NRZ; representatives from the Hospital, Optimus Health Care, and local planners, and several local organizations. The following notes are a summary of ***program ideas*** generated in these discussions.

Housing

- Mixed income housing; housing with no stigma, no outward differences reflecting income
- Affordable housing to ensure existing residents can stay in neighborhood, including some low to very low income (AMI at $128k)
- Handicap accessible and special needs/supportive services housing (latter proposed)
- Student housing from UConn
- Elderly housing; independent/assisted living for elderly
- Nurturing care community for all ages
- Rental housing
- Stabilization of small condo associations (4 to 10 units)

Commercial

- Stores: convenience shopping, shoppers' goods (dress store, fabrics), personal services (for residents, patients, visitors, employees); more shops targeted to middle income; more small stores; better window displays
- Restaurants, diverse foods; coffee shops; bakery
- Pharmacy (one is just now opening at 62 Stillwater); Walgreens or equivalent with 340b program
- Smaller grocery with more healthy foods and fresh produce
- Food outlet stores (eg. Pepperidge Farms)
- Farmer's market
- Food banks with healthier food
- Ethnic foods (Joe's Food Market)
- Hardware and building supplies ("Home Depot")
- Sports store
- Incentives to relocate small industrial properties/contractor yards out of residential areas

Health Care

- Walk in clinics, with no stigma (undocumented and uninsured); satellite health clinic; walk-in dental clinic; wellness clinic
- Outpatient services, like at Tully Center
- More visible healthcare presence; more visible wellness center
- Health Center for Integrated Medicine
- Medical office buildings with ground floor retail and shared parking
- Urgent care center; immediate care center (now at Tully)
- PT/OT rehab center (now in Tully Center and Chelsea Piers)
- Skilled nursing facility (long term rehab)
- Cancer center
- Nursing center
- Hospital should come out to the community with programs like Sleep Center or Smoking Cessation, which would drive foot traffic

Recreation/Civic/Open Space

- Loop for recreational walking; more walking trails and bicycle trails, more walkability in general
- Fitness space at Stamford Hospital accessible to staff there. Health and Wellness Institute could grow, especially for younger group (9-12 years who do better if in their own space; groups of 10; 1500 sf with bathroom, mats and dumbbells; better off campus, not in doctors building).
- FANS growing in 12 to 16 year age group; geared to weight loss and nutrition
- Streetscape
- Community gardens
- More individual plots in the community garden; more ways to get men involved; take advantage of local knowledge not just professional (Example of Carwin Park, MLK community garden)
- Mill River Park seems hidden; Lione Park is for adult sports mostly; public golf course has no programs for kids
- Police presence, community policing; safety
- Better lighting everywhere, especially around Lione Park
- Youth activities (13 to 17 years old), especially in summer; focus on youth
- Combination of school, cultural center, parks, sense of place as was done in the South End
- Studios for crafts, music, cooking/nutrition, art, and galleries targeted for kids
- Exercise rooms (fitness, Zumba, dance, world music, etc.); space to have family nights (movies, events, etc.)
- Affordable fitness and recreation space (Yerwood not affordable to all)
- Satellite facilities for Boys and Girls Club (used to be one in Vidal Court; Boys and Girls currently expanding to add new gym for older teens)
- Offsite activities for Boys and Girls Club members (eg. community garden)

Education

- Need one new public school in the southern half of town; should be on West Side
- Community College branch; connection to Voc Ed school to be rebuilt on Bridge Street
- Basic classes (financial management, etc.)
- Workforce development/workforce training

- Training rooms for employee certification and professional development (now in 1351 Washington Avenue)
- Child care
- "Collaborative Laboratory" of educators, workforce training, Federally Qualified Health Center, hospital, and housing

MEMORANDUM

Date: December 7, 2012, *updated January 13, 2012*

To: Vin Tufo, Pam Koprowski, David Gamble

cc: Bob Lewis, Matt Wetli, Scheri Fultineer, Paul Umbach, Susan Fisher

From: Kathryn Madden

Project: Stamford Vita

Subject: **Initial Interview Notes: GOALS and ISSUES**

On November 15-16 and on December 10-12, 2012, meetings were held with members of the City Board of Representatives; City officials from Economic Development, Community Development, and the Land Use Bureau; members of the NRZ; representatives from the Hospital, Optimus Health Care, and several local organizations (see Attendees below). The following notes are a summary of ***GOALS and ISSUES*** generated in these discussions.

Goals

1. Community: Cohesive connected community; not divided into neighborhoods. Focus on children, they bring in families; build more of a community feeling.
2. **Outreach**: Communicate out to residents and business owners, involve tenant groups. Teach kids to teach parents (eg. Boys and Girls Club approach); women's groups occur in homes; more multilingual and other outreach and education around health..
3. **Housing**: promote diversity and accessibility, including handicap accessibility and special needs with supportive services, and affordability targeted at 25%, 50% and 75% of AMI. Stabilize small condo associations (4 to 10 units)
4. **Health**: More visible health presence; and a hospital focus on community interface; patient take control of their own health
5. **Small Businesses**: Coalesce businesses, increase their participation, have ambassadors (like a BID); build and maintain relationships; assure a profit motive
6. **Employment**: Encourage employees to live in community and residents to work in hospital
7. **Transportation and Connectivity**: Seamless connections along Richmond Street and along West Main Street. Balance traffic calming and accessibility. Tie street and bridge improvements to economic development benefits to justify costs. The Bridge should be a gateway to the West Side, whether it's pedestrian or vehicular.

Issues and Opportunities

The following topics are organized in alphabetical order; other background information is at end.

Commercial: New specialty pharmacy at 65 Stillwater Avenue, partnering with Liberty Rehab; specialty pharmacies fill high-cost biotech and injectable prescriptions. Stop n Shop and ShopRite

are larger supermarkets on West Main (ShopRite has more customers but worse produce); some smaller bodegas within the West Side. Many destination restaurants used to be in West Side, now only Pellicci's (Open Door, Brass Rail). Could commercial come up Broad Street toward Hospital? Façade renovations are needed, as done in downtown. Will Medical Office Buildings (MOB) offer anything to the neighborhood, or will they be deadening (e.g. Springdale section)? Fairgate commercial space does not have any parking and lack second means of egress, so can only accommodate 15 people max; 1500 sf each. Rents on West Main Street are about $2,000-$3,000/month triple net. Business owners worry and can seem defensive; hard to talk about larger planning issues; shop owners can't leave their stores to meet; language can also be a barrier to meeting. What healthy restaurants are there? Findings of Regional Action Council outreach: Stillwater bodegas don't hang together; need a profit motive; goals to encourage cooperative buying in bulk to lower costs, offer accolades and certificates, build and maintain relationships, but program only got so far; hard to get business owners to meet; need to boost the owners as valued leaders in the community. Hispanic Advisory Council of Greater Stamford has been around for 16 year and meets at Yerwood on 2nd Thursdays from 12 to 2 pm; run largest Hispanic Health Fair at Yerwood.

Demographics: Multiple ethnic groups; lower income; language barriers – kids speak English but many parents and/or grandparents do not; many in public housing speak Creole (Haitian). Changing demographics: in last ten years Latino population went from 13 to 38% and African American from 31 to 20%. Elderly population not well served, scattered. 75% of hospital workers are "44-year old women working 12-hour shifts" (need access to convenient shopping); day laborers under the bridge

Employment: No visible job training programs in West Side (like CTE in South End and Urban League in downtown); basic job readiness skills are needed; career visibility programs (including job shadowing) should start in Middle School; the 18-35 year old cohort is lost. Residents need to be job ready; CTE does excellent job (Trevor Frank); need to communicate with residents and corporations.

Fitness: Hope in Motion has a route that runs from Shippan through downtown to Stamford Hospital, with 5,000 people running in June for Cancer awareness. It's a signature fundraising event, would be good if Mill River can become part of the route. Kids Fitness and Nuitrition Services (FANS) sponsored by Stamford Hospital, community wide (CTE, Domas, YMCA, B&G, etc.); fitness and nutrition classes at schools and community centers; 5-2-1-0 program; Dr. Madhu Mathur; childhood obesity Task Force. Walking trails are needed that raise awareness with PAR courses and marking mileage. Need more people on the street for people to feel safe. Tully Health & Fitness Institute with 3,500 sf and 350 members (aspire to 400 members); $70-$77/month, personal trainers, cardiac and pulmonary rehab, weight loss, geriatric, younger group ages 9-12 years; employees get a discount. Question of how to bring fitness to staff; nurses can't get to Tully. Mill River fitness programs (Chris Mandell, Tai Chi and walking).

Food and Nutrition: Boys and Girls Healthy Habits Program makes the connection with food from planting at the farm to the harvest to cooking to eating; involves a nutritionist from the hospital Fitness and Nutrition Service (FANS). FANS involves 40 families. Fairgate Farm creates a positive image and an attraction in the neighborhood. Hospital operates a small produce market, which is convenient for employees, but residents might like something closer to neighborhood. Hubbard Avenue has a 3-acre farm. Farmers' Markets occur downtown on Saturdays and Wednesdays and Sundays on High Ridge Shopping Center (typically June to October; also in north Stamford at

Museum & Nature Center). Eating healthy can seem expensive. Need to change recipes. Every school should have a community garden.

Health: Community will be worried about health care changes under the Affordable Care Act (Obamacare). **Tully Center** and its services mentioned frequently. A challenge for hospital to focus on community development since hospital is rightfully focused on its core business of health care. Center for Integrative Medicine and Wellness (located at Tully Center and in mobile unit) focuses on the whole person, reaffirms relationship between practitioner and patient, and uses therapeutic approaches as well as other healthcare professionals and disciplines (see below for more info). Health disparities include breast cancer in African American population due to less diagnosis, poor access, lack of research and health education. **Tandy** (50,000 sf) is being studied by WHR Architects, with study due this month – could be reused for a medical office building or a cancer center. Telehealth is for high risk patients and involves home visits coupled with monitoring in the home and data sent to Optimus. City operates health and wellness programs with Stimulus funding; use of wellness apps and technology to remember appointments, etc. Only some pharmacies are designated as 340b (eg. Walgreens) and offer discounted rates. Health care is a social justice issue – many of the churches get involved with health around social justice. Childhood obesity increases health care risks especially in Hispanic population. Undocumented residents apparently feel that they can work through HUSKY, that this is a trusted avenue to health care. Community nurses and school nurses get public information out (eg. Turkey Trot). **Optimus** has a big backlog, takes months to get in; not handicap accessible. Challenge to entice physicians to volunteer in primary care. Community Health Center, Inc. at 141 Franklin Street is smaller than Optimus but competes with them; started as a Dental Clinic (Adele Gordon). Family Day at Yerwood promotes health, offers food, raffle, and speakers. Hospital wants to encourage people to use Emergency Room only in dire emergencies, otherwise use Immediate Care Center (Urgent Care).

Housing: Housing market in Stamford is strong. Issues in West Side include aging stock of affordable housing, foreclosure, and disinvestment. Many West Side units are crowded with doubling up or many individuals sharing a unit. Property managers are taking advantage of small condo associations (4-10 units) and foreclosures hit hard. Neighborhood Stabilization Program (NSP) Recovery Acts I and II deal with foreclosed properties; units get renovated and then flip to rental or in some cases ownership. NSP saw 136 foreclosures per year at 2010 peak, then 59 per year in 2011, and 63 YTD for 2012. NSP eligible buyers have to be below 50% AMI (owners below 280% AMI). The Habitat for Humanity units were developed with low standards for quality. A family shelter exists at Spruce and Ann Street. On Fairfield Street, there are plans for 12 new units behind existing housing to create a mini-campus, developed by Mutual Housing (Nancy Hadley) partnered with Laurel Housing; the COC housing on Clinton and Tresser is supportive housing. UConn students, especially foreign students, are living in the Stephens Street area. New Neighborhoods (NNI) owns and manages a number of properties in the neighborhood, and is working on the West Side Stamford Rental and Ownership Housing Preservation project. MLK renovated by NNI in 2006, was done well ($11.1 million). Coleman Towers are low/mod housing, owned by Tenants. Friendship House is intense, but well done by NNI. Hospital owns 22 properties to the east; these could offer an opportunity to relocate Finney Lane residents if they need to be relocated. Bedbugs are a prevalent problem, especially in multifamily housing. Housing needs exist in the community.

Implementation: State house has been cutting programs in multiple agencies; Department of Social Services is being cut; Governor's focus is on job creation and tourism. Need more public/private partnerships with Stamford corporations.

Institutions: UConn is not visible; the main campus in Storrs makes all the decisions. Boys and Girls Club could have a stronger link with the hospital; more integrated with and more of a centerpiece for the neighborhood; program now oversubscribed; they are expanding parking on a portion of Lione Park and will build a new gym in front of the current building to better serve teens. $500,000 in park improvements [confirm]. Boys and Girls Club well-endowed, has no debt. (See below for more background info). Yerwood is City owned and City pays for capital improvements; recently invested CDGB money into pool, roof, and HVAC; Yerwood pays for program and maintenance costs. Yerwood needs funding and leadership, especially more assistance around fundraising; offer a sliding scale, seems expensive but compared to what, need to raise rates. Could Yerwood and Boys & Girls Club complement each other, serving different age groups or offering different activities? Chester Addison Community Center in Southwood Square provides after school programs for kids ages 5-13, as well as less structured programming for older youth and adults. NRZ needs more of the residents involved. Neighborhood Link commands a lot of public trust, represents the Latino community helping with referrals, ESL, and forms.

Mill River: worry that it will be a divider that cuts off downtown from the West Side; Mill River Collaborative Board has raised $5 million for the park

Open Space: Renovations to Carwin Park (2007), Hatch Field (2009), and Jackie Robinson Park (2012) are an improvement. Some groups hang out at Hatch Park and others at Carwin Park. Lione Park is used mainly for adult sports such as soccer and cricket games. E. Gaynor Brennan public golf course apparently has no programs targeted for West Side kids. The West Side Community Garden on Spruce Street is part of the MLK apartment building. Hatch Field is a hang out area. A good example of a community garden is at the east side charter school, Trailblazers. Loitering is an issue generally (streets and parks)

Process: How to engage residents: reach out to churches and their pastors; many are storefront but visible in community (see list under Background Context); also barbershops, salons, and housing developments. Interfaith Council, Kate Heichler. Offer food and childcare.

Property Maintenance: Derelict properties area problem; need to engage absentee owners to improve their properties. Absentee landlords are a barrier to success – need better code enforcement and a SWAT team approach with health, fire, building inspector and zoning all reviewing problem properties. Businesses need to take care of their property and renovate at times; parking on the sidewalk has been a problem at some stores. Dumping in the neighborhood a problem, either from outsiders or from those moving out looking to get rid of furnishings; dumping doesn't pick up household items anymore; used to pick up once a year. Residents have to take goods to the incinerator on McGee Avenue. Dumping occurs on Stephens Avenue and Aberdeen. The posters on the light poles are an eyesore.

Real Estate: Chelsea Piers in the Cove area: NBC has 400,000 gsf; Stamford Hospital has 18,000 sf of space; 170,000 sf vacant. NBC sports has located in former Clariol Headquarters, owned by Spinnaker and partners, including Steven Wise Associates and CT Film Center (265,000 gsf). Cytech: 120,000 sf lease was signed with Cytec Industries in a sale/leaseback acquisition with Steven Wise Associates in Stamford; contaminated.

Safety: Violence prevents people from accessing health care. Neighborhood much quieter now, more like a village, with fewer dark spaces between uses; still no community policing; poor lighting (notably around Lione Park) and need for larger police presence. Perceptions about safety are an issue. Vandalism on parked cars is an issue for hospital. Crime is a stigma; issue of perceived safety versus reality.

Schools: City closed many schools on the south side of town (Yerwood, Rice, Rogers), now kids travel to the north side for schools; Westover School is a K-5 magnet school, preferred zone, drawing kids from all over the city. New school proposed on the East Side at the Clairol facility. Wright Technical – state vocational high school on Bridge Street, now closed; $90 million has been bonded; this is an opportunity; could be a 5-year high school, graduating students with an Associate Degree. The child care/learning centers should be mapped. Day care is one of the Governor's initiatives.

Transportation/Connectivity: Lack of adequate access to recreation, food, health care is a barrier to success. Tresser Boulevard is undergoing structural improvements and new granite cladding and lighting. Complete Streets are a city goal, trying to rationalize the street functions. Projected traffic volume and capacity on Stillwater would be good to know, including traffic modeling; what are the consequences to the bike lane? Can traffic benefits be measured against economic development? Smith Street is a component of making the gateway from downtown to the West Side. Connections from the West Side to the train station are important, typically across Richmond Hill or Tresser Boulevard bridges. Most patients come off I-95 at Exit 6 at West Avenue. The hospital's southern entrance is expected to be vehicular more than pedestrian. Route 1/West Main Street should be a "street."

West Main Street Bridge: discussion about whether it should be pedestrian or vehicular. The bridge provides immediate access from downtown to the hospital; Smith Street should be two way. The NRZ is an ex officio member of the Mill River Board but would be open to looking at options for the bridge, consistent with the Mayor's position. With Broad Street, Tresser, and Richmond Hill, is West Main necessary? Funding for the bridge just awarded (see below). Preliminary engineering contract with the state has not yet started. Should be both pedestrian and vehicular; maybe not trucks. Does not need to be a cut-through – add a light, give pedestrians the right of way; connects senior housing to hospital.

Zoning: incentives are needed to remove construction yards, which are now non-conforming uses (see below).

Background Context and Additional Information

Boys and Girls Club: serves 6 to 18 year olds, primarily in after school programs, from 2 pm to 9 pm (under 10 years home by 6 pm); full size gym, dance studio, games and youth development; 1000 members, serving about 250 to 350 kids per day plus about 15 to 20 kids per day in the Fairgate satellite facility (had been a program in Vidal); City-wide program, although mostly West Side within a mile of the facility; school buses drop students off after school; the teens have an east side/west side loyalty but they are working at breaking those barriers. Goal is to ramp up the middle school involvement and retain them through their teens with the expanded facility. Club just acquired a new 15-seat van that allows them to move to outside activities. Club was 600 kids, 95% African American, but reached out to the Hispanic population, so with new growth the its now 35% Hispanic. During daytime, the schools use the facility for alternative students: 30 to 35 kids in the Arts Program.

Center for Integrative Medicine and Wellness: patient volume has increased from 2500 in first year, 4500 in second year, 6000 in third year, and 7500 in fourth year (2012). Facility at Tully has 4 physicians' offices and 6 exam rooms; works with Optimus, Fairgate Garden, and the mobile unit. They've put in a CDC request for comprehensive screening for specialized cardiovascular and to

provide clinical services for the uninsured and undocumented. Other Integrative medicine programs are at Duke, Yale, and Dana Farber – Stamford one of highest ranked. Mobile unit serves both corporate employees and community, generating cross subsidies; need to stay state of the art; invested $90,000 this year to update, adding breast ultrasound, cardiovascular, cervical/cancer, diabetes, blood drawing, and stroke equipment.

Commercial: Maya owned by Oscar Sendaval and his cousin, Vineza Lopez, who also owns a business on West Main Street and was formerly one of owners of Discovery Café; Oscar also has a landscape company and is one with strong business skills; he likes the Maya location and wants to buy the property. Discovery Café and Hugo's have girls dancing, clientele is Latino men, day laborers. Problem areas late at night are Discovery Café (drunks) and Stillwater Liquor Store (drugs and drunks). House behind Liquor Store has dealing. Reyes Bar is owned by Maxima Reyes, who rents property; bar with pool tables. Discovery proprietor was the butcher at La Margita. Two Brothers and Stillwater Sandwich are both nice businesses, very engaged, and have attended NRZ meetings. Maria's also has strong business owners (Maria and Gustavo) who own their property. Property owners often take advantage of new businesses, especially one owner on West Main Street (hotel, etc.): rent is triple net and then at end of year he hits them with a big annual bill for utilities, which they then pay monthly and then rate is increased again in year two, breaking the business financially. Money wire business if very profitable. There is no good contact for Lucy's (owner is Indian). Alexander Deli is new in the old Lucy's location. Three Sisters is popular with the day labors, some drinking all day; hard to catch the owner there. Gas station at West Avenue also fixes cars, races, and owns property. **Cytech** does chemical research on minerals from the earth; was once 900 employees, now 125; has had to do soil remediation for parking lots. Liberty Rehab & Patient Aid is partnering with John Ciuffo to offer specialty pharmaceutical; Liberty does a lot of work with Optimus; not necessary to be close to hospital, business by telephone; **Regional Action Council** had a program in 2010 that did outreach to all the bodegas on Stillwater to reduce tobacco and alcohol signage; data showed that there was higher consumption in West Side.

Construction Costs: $500 to $600/sf hospital buildings; $150-$200/sf renovation; $200-$220/sf new medical buildings.

Health: City Department of Health gets involved in health issues around housing, restaurants, community nursing, school nurses, HIV prevention, health clinics, wellness screening, WIC Program (Women, Infants and Children), and social services that affect immigrants and others. The City runs a mobile medical unit for screening and info. **1351 Washington** lease is for 10 years, due in 2017, 50,000 sf office at $25-30/sf; Stamford Hospital specialty clinics, business office, marketing, and diabetes and hyperbaric testing, training rooms, IT and radiology. SH looking to develop partners; trend is to go to the community (eg. SH is a minority partner in the Wilton Surgical Center; Chelsea Piers orthopedic and PT). **Affordable Health Care Act** won't change business since uninsured are already coming in; drop in reimbursements will spread dollars out; incentive to serve the lower income community; hospitals are held accountable for return visits; wellness prevents readmission; healthy community costs less to take care of. SH has gotten out of long term care (Tandy) – this is provided locally by Edgehill, Smith House, Long Ridge (Waverly/Courtland). **Stamford Health Integrated Practices** is the physician network linked to SH

Historic Settlement and Churches: West Side was built up by an Italian working class community. Saint John's Catholic Church on Atlantic Street downtown had been their first parish but then built the Sacred Heart parish in the West Side. Now members of Sacred Heart drive in from the suburbs. Sacred Heart has 800 families, with a few still in the neighborhoods north of Broad Street and south of West Main Street. Spanish services are offered on the east side at Saint Mary's Parish

on Elm Street and at St. Benedict-Our Lady of Montserrat Church, which attracts some West Side residents. Churches to reach out to [names to be confirmed]

- Bethel AME, Fairfield Street, Rev. Ladson
- Greater Faith, Waverly, Rev. Bush
- Faith Tabernacle, Rev. Jackson
- Union Baptist, Rev. Perry (Pat Miller's church)
- First Haitian Methodist, West Main Street, Rev. Charles
- French-speaking Baptist, Vista Street, Rev. St. Juste
- St. Johns, Catholic, Atlantic Street
- New Hope Christian Community Church
- French-speaking Catholic, Father Phillips
- St. Andrews, Episcopal, Washington Boulevard

Hospital Facilities: leasing for hospital and doctors acting as both tenant and landlord; acquires properties and manages leases for Stamford Health Integrated Practices (SHIP); manages projects at dispersed properties. Hospital rents 3rd floor of the UConn garage and shuttles employees; Hubbard Heights neighborhood wants resident permit parking. No structured parking was ever contemplated on Wright Street in case the hospital expanded east. Parking shortfall is 200 cars off campus for staff. Bedtower expected to begin fall 2013; finish utility building fall 2013. Medical Office buildings need 5 to 6 spaces per 1,000 sf.

Housing: Inclusionary Zoning is for 10% affordability in residential projects with over 9 units with affordable units targeted to 50% of AMI. AMI in Stamford is $128,000. Low income housing at 25% of AMI needs operating subsidies. In the early 1980s, the Planning Board started allowing a lot of market rate condos. Each of the COC projects has a social worker (Residential Services Coordinator); Fairgate has 95 families, Westwood has 94 families, Palmer Square 94 families; other public housing at Ursula, Lawn Avenue, scattered site.

Institutions/Organizations: Norwalk Economic Opportunity Now (NEON) merged with Stamford based Committee on Training and Employment (CTE) in October 2012 to combine staff and services and cover southern Fairfield County; headquarters will be in Norwalk. **Neighborhood Link** is the new heart for the Latino community (deals with day labor among other), as is the Hispanic Advisory Council. Yerwood holds Annual Family Day in May with health care screening; building maintenance is a challenge. **Waterside Coalition** is the NRZ equivalent for Waterside area. **Chester Addison** serves Waterside and West Side, and especially Southwood Square residents (Domas runs another program at the Lion's Den on the East Side); operates Monday through Friday with after school programs for 150 kids (licensed for 187); free with funding provided by individuals and corporations; school buses deliver kids; activities include homework, game room wi dance, gym, private lending library (cards, two rooms, state and other funding for part-time salary of $30k plus storyteller; Ferguson provides advice and expertise), playground, might-mite basketball, tennis; used to be cooking but did not have good staffing; access to Dorothy Hero Park in North Stamford for pool; involved with FANS. Outreach Project Hope is another program downtown in parking garage at the Landmark Center near McDonalds – job preparation, neutral ground. **Yerwood** offers programs in literacy, free tax services, karate, Family Health Day; growth in K-1-2 – how to best reach these families; serves Haitian community; Hispanic Advisory Council meets at Yerwood (65 organizations) and does screening for PSA, high blood pressure, liver disease; during the day, Yerwood hosts a day care, New covenant soup kitchen (separate facility and entrance), food pantry and emergency services; after school program from 2:30 to 6:00 pm; 6 to 8 pm are

community programs and pool; rentals on weekends,etc. help fund other programs; their focus is on kids ages 6 to 18; do not serve an adult population, don't want to mix.; goal is to find programs that lead to multi-cultural mix, such as pool, solar workshops; fees based on income ($20/week). New Covenant offers full social services and job training.

NRZ: The West Side NRZ has a mission to improve the quality of life and generally helps manage change and facilitate communication within the neighborhood. It began in 2008 through both grass roots efforts and with the help of the Stamford Partnership. It meets on the 3rd Tuesday of the month, and has several subcommittees, including security and beautification among others. The West Side has about 500 businesses. NRZ hires a Business Development Specialist. A website could help foster a sense of community.

Optimus: Federally Qualified Health Care (FQHC) with 100 clinicians (licensed staff) and community-based board. $47 million budget, 400 employees, 0.25 million visit per year. Foundation raises $40 to $50k per year. Main office is in Bridgeport, with 1/3 of practice in Stamford. Focus on uninsured populations – 1/3 of their patients have no insurance, and are undocumented so not eligible for Medicaid. Facilities are at 1351 Washington (long term lease, two floors at about 40k sf each; collaborative, subcontract ambulatory care); 805 Atlantic Avenue in South End (pediatrics at 13,300 sf). Spent $325,000 to fit out Fairgate Health Center with goal that it would be a feeder to health care system; open Monday to Friday from 10 to 6 pm, bilingual staff of 3 people (RN, medical assistant, and admin, with occasional MD); some concern about safety; see 15 to 20 patients a day. Produce health fairs (Harvest, Mill River). Potential Aetna grant is for Patient Center Hope Program. Homeless shelter on Pacific Street and 8 Woodland. Provide drug treatment and HIV prevention. Supportive services on Sumner Street downtown. PR is done by American View Productions, but word of mouth at local churches and schools important. (Family Center operates School Health program). State no longer reimburses for following patients from clinics to hospital

Stamford Zoning: Zoning was changed from Residential to Industrial in 1985 (?), resulting in many non-conforming houses, created a pattern of junk yards and contractors' yards intermixed in residential neighborhoods; to correct this need money for land acquisition to relocate industrial uses through land swaps

Transportation: Bridge was earmarked for $1.5 million in 2006. Bridge was closed in 2007. City received $850,000 grant in August 2012 through Department of Transportation's Transportation, Community and System Preservation Program to replace bridge with pedestrian only span, including historic component, although it may be possible to alter the grant to allow vehicular bridge. Of the original earmark, $1.1 million is left. [*Dimensions are 125 feet x 50 feet or 6,250 sf]*

Attendees

The following people participated in a series of individual and group meetings set up to accommodate different schedules. Meetings were led by David Gamble and Kathryn Madden, with participation by Vin Tufo, Charter Oak Communities, and Pam Koprowski, Stamford Hospital.

- Board of Representatives: Polly Rauh, Annie Summerville, Gloria DePina, Lila Wallace, Elaine Mitchell, Shella Merritt, Valerie McNeil (in 4 separate meetings)
- City of Stamford: Laure Aubuchon, Norman Cole; Karen Cammarota, Erik Larson, Tim Beeble, Sarah Pour, Anne Fountain
- Planning Consultant: Rick Redniss

- NRZ representatives: Anthony Pellicci, Mike Cotela (Boys and Girls Club),Father Futie (Sacred Heart), Fabiane Faria-Correa
- Stamford Hospital: Mike Smeriglio, Mary Henwood-Klotz, Jinger Berry, William Heist, Joe Hines
- Optimus: Ludwig Spinelli, Tom Hill
- Charter Oak Communities Family Centers: Kimberley Jackson
- State Representative: Pat Miller
- Chester Addison Community Center: Michael Hyman
- Yerwood Center: Eugene Campbell
- Hampton Inn: Shelley Nichani
- Liberty Rehab & Patient Aid Center: John Ciuffo, Bill and Sandy Fletcher
- Stephens Village: Lisa Bratt
- Lower Fairfield County Regional Action Center: Ingrid Gillespie

COMPARABLE PARKING GARAGE FEES

St. Vincent's Medical Center Bridgeport

http://www.stvincents.org/patients-visitors/directions-information/st-vincents-medical-center

The visitor parking rates: Hourly rates for parking in our secure garage are -

1 Hour $1.25
2 Hours $2.25
3 Hours $3.25
4 Hours $4.00
5 Hours $4.75
6 Hours $5.50
7 Hours $6.25
8 Hours $7.00
9 Hours $7.75
10 Hours $8.50
11 Hours $9.25
12 Hours $10.00
13 Hours $10.75
Maximum $11.50 per stay

Bridgeport Hospital

http://www.bridgeporthospital.org/Visitors/ParkingInfo/default.aspx

Parking

Please park in the Agnes and Ernie Kaulbach Parking Pavilion across the street from the hospital. The skywalk to the hospital is located on the third floor of the parking garage.

- Parking is paid in the main lobby of the hospital before returning to your vehicle.

  First 20 minutes: no charge
  21 – 60 minutes: $2
  61 minutes - 4 hours: $3
  4 hours + 1 minute - 24 hours: $5

  For family members of patients, Bridgeport Hospital offers a seven– consecutive-day unlimited parking pass

for a fixed rate of $20.00. Please see the parking cashier for further details.

- Please remember to bring your parking ticket into the hospital with you.
- Valet Parking is also available. Please pull into the circle at the main entrance of the hospital to be assisted by our friendly valet attendants.