

Vision for the Health Corridor Coeur d'Alene, Idaho

Report of the Urban Land Institute Technical Assistance Panel

October 12-13, 2017



This report was prepared by a Technical Assistance Panel (TAP) of the Idaho District Council of the Urban Land Institute. The TAP was facilitated by CDA 2030 and sponsored by Kootenai Health and Parkwood Business Properties.



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About the Urban Land Institute

The Urban Land Institute (ULI) is a global, member-driven organization comprising of more than 40,000 real estate and urban development professionals. Members are dedicated to advancing the Institute's mission of providing leadership in the responsible use of land and creating and sustaining thriving communities worldwide.

ULI's interdisciplinary membership represents all aspects of the industry, including developers, property owners, investors, architects, urban planners, public officials, real estate brokers, appraisers, attorneys, engineers, financiers, and academics. Established in 1936, the Institute has a presence in the Americas, Europe, and Asia Pacific regions, with members in 80 countries.

The extraordinary impact that ULI makes on land use decision making is based on its members sharing expertise on a variety of factors affecting the built environment, including urbanization, demographic and population changes, new economic drivers, technology advancements, and environmental concerns.

Peer-to-peer learning is achieved through the knowledge shared by members at thousands of convenings each year that reinforce ULI's position as a global authority on land use and real estate. In 2016 alone, more than 1,700 events were held in 250 cities around the world.

Drawing on the work of its members, the Institute recognizes and shares best practices in urban design and development for the benefit of communities around the globe.

More information is available at uli.org. Follow ULI on Twitter, Facebook, LinkedIn, and Instagram.

About ULI Idaho

ULI Idaho is the District Council of the Urban Land Institute with memberships in Idaho and Montana. Through its outreach efforts, the organization promotes the mission of ULI by providing education on best practices, cutting-edge research that serves the needs of the region's communities and real estate professionals, and serving the region's communities with technical assistance.

The Technical Assistance Panel (TAP) program is a way for ULI members to assist public agencies and non-profit organization, and to give back to their communities. A TAP consists of ULI members, typically from several disciplines, who combine their individual expertise with the resources of ULI to provide advice on land use and real estate issues. In addition to their expertise, TAP members bring an unbiased, neutral perspective to the TAP. TAP members are volunteers; they receive no remuneration for their time. The TAP group arrives prepared with information provided by the sponsors about the area and then spends one to two days visiting and analyzing existing conditions, touring the area, meeting with stakeholders, identifying specific planning and development issues, and formulating recommendations. The specific and customized nature of the TAP process strengthens the prospects for recommendations that can be realistic and actionable.

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Executive Summary

Genesis of the Technical Assistance Panel (TAP)

Started in 2013, **CDA 2030** is an alliance of citizen volunteers representing key public, private, civic, and community-based organizations, working in partnership to create and implement a vision for the community. Their vision is that by 2030, the greater Coeur d'Alene is the vibrant heart of North Idaho that is well planned, and continues to manage its growth, development and transportation, while protecting open spaces, environment and natural resources. A high priority action identified by over 3,000 citizens who participated in the visioning process was the establishment of a Coeur d'Alene medical corridor from US Highway95 (US 95) to Northwest Boulevard along Ironwood Drive to support needed expansion of medical services and associated medical businesses.

Kootenai Health is a premier community asset. For over sixty years, Kootenai Health has diligently expanded and improved the quality of its services. Kootenai Health is accredited to international standards by DNC GL Healthcare, and holds Magnet designation for nursing excellence. It is the only member of the Mayo Clinic Care Network in the Inland Northwest. It has been recognized as a Gallup Great Workplace and as the No. 1 Best Place to Work in Healthcare by Modern Healthcare magazine: it is regularly recognized by Cleverley + Associates for providing value to its community. It is also a Level II Trauma Center, as designated by the State of Idaho. Kootenai Health has achieved this success through diligence in looking toward the future. An active strategic plan, capital improvement plan and leadership prudently guide the organization as they anticipate future needs and demands in this fast-growing region.

Kootenai Health is the largest employer in Northern Idaho and an economic engine for the region. It has more than 2,900 employees, a medical staff of over 400 physicians and advanced practitioners, 250+ volunteers located in the Coeur d'Alene hospital campus, and 20+ clinic locations throughout the region. According to the American Hospital Association (AHA), the ripple effect of hospital jobs nationwide is estimated at a 1.8 multiplier which would add another 270 jobs to the community. In addition, the medical campus expansion expected over the next 3-4 years is estimated to generate over 450 construction jobs.

Kootenai Health has evolved to a point in their development where they recognize they cannot successfully move ahead on their own. The once optimum location for the original 90-bed facility at the intersection of I-90 and US 95 has become one of the busiest intersections in Northern Idaho. Traffic during several peaks of the day clog the main access, Ironwood Drive, to the Kootenai Health Campus. Their property holdings are limited. Expansion is stymied by highways that are a barrier to expansion east and north, and the challenge of land assemblage to the west and south. While near term demands can be met, the future ability to serve at their current campus, particularly outpatient needs, is not clear. Solutions to guide their future will need the support, cooperation and partnership of others.

The land use context where the medical campus is located is a suburban scaled pattern of unplanned and some obsolete development. Investment in the area is stymied by inadequacy of the transportation infrastructure to meet current needs, let alone for the future, and a lack of a clear, consensus-based vision on the future of this area. In addition to the services provided by Kootenai Health, there is a growing need for ancillary medical service providers to relocate to the area. Services such as mobility

aids, audiology resources, durable medical equipment supplies, senior care centers, and other providers would benefit from development locations in the corridor.

Founded in 1975, **Parkwood Business Properties** is a commercial real estate development and property management firm with long term investments in the corridor district. Parkwood Business Properties philosophy is to build efficient commercial buildings that are highly productive for the people who work in them, and respectful in the resources it uses, including energy, land, materials. Their property holdings in the corridor include several ancillary medical buildings and professional offices that complement the hospital. In addition to supporting their investments, their interest is in seeing the area continue to grow in a sustainable manner that serves the hospital and the community.

Technical Assistance Panel (TAP) Assignment and Process

To help advance their work, CDA 2030 engaged ULI Idaho to organize a Technical Assistance Panel. CDA 2030 saw this as an approach that would ensure a thorough, neutral process that gives due consideration to all stakeholders and supports the community's best interests. CDA 2030 looked to the TAP to bring together professionals from a variety of disciplines to provide unbiased insights and recommendations regarding future growth. The recommendations to be based on the TAP members synthesis of the issues and consensus of the stakeholders that would be convened as part of the TAP process. The intended outcomes were: a framework for future desired development, identification of opportunities for planning and regulatory revisions, and assessment of opportunities for public/private partnerships. Specific questions to be answered by the TAP were:

1. What are realistic ideas for the future of this corridor?
2. What are the opportunities and challenges for realizing these ideas?
3. What are strategic actions that are needed to overcome these challenges?

Preparation for the TAP began in March 2017. Coordinated by CDA 2030, a briefing book was prepared with contributions from the City of Coeur d' Alene, Kootenai Health, Parkwood Business Properties, Coeur d'Alene Chamber of Commerce, Coeur d'Alene Association of REALTORS®, and the Idaho Department of Labor. The Briefing Book provided a comprehensive survey of data and information related to the corridor area including: property characteristics, land use, zoning, public policies, employment, real estate market, population, and infrastructure. TAP members reviewed the information prior to the TAP engagement in Coeur d'Alene.

The TAP review was held on October 12-13, 2017 in Coeur d'Alene. (A detailed agenda is contained in

the Appendices). Six members of ULI Idaho and two members of ULI Northwest comprised the TAP with expertise in land use, transportation, real estate, and medical campus planning. The review began with a morning briefing and tour of the area, followed by an afternoon of nine small group interviews with 43 individuals. Participants in the interviews were representatives of a broad base of community interests including small and large businesses, education, public officials, and residents. They were asked the three



questions listed above, and provided valuable input. (A listing of the stakeholder participants is contained in the appendix). The TAP reconvened after the interviews and the following morning to discuss and formulate their recommendations based on what they heard. Their findings and recommendations were presented to the TAP sponsors after the two-day review. (A copy of the presentation is included in the Appendix)

The TAP conclusions were provided in a list of ten general findings and observations, and specific recommendations in six topical areas. The report that follows summarized the general conditions of the study area, followed by a narrative on the TAP's findings and recommendations.

Findings and Observations

1. Lack of vision/master plan
2. Uncertainty impeding reinvestments
3. Inconsistent image and identity
4. Traffic congestion is the major issue
5. Need for safe and connected pedestrian/bicycle infrastructure
6. High level of community support for the hospital and interest in the area
7. Limited formal partnership between the hospital and the civic leadership
8. Risk of impeding future growth until congestion is resolved
9. Hodgepodge, haphazard pattern of development
10. Inconsistent regulatory support for adopted policies

Recommendations

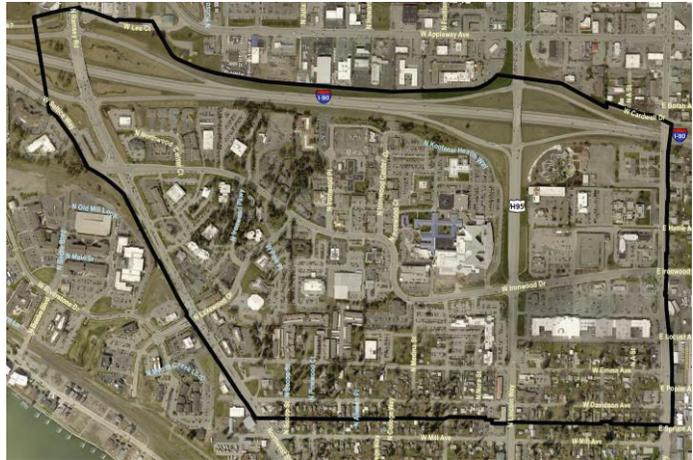
1. Vision and Branding
2. Transportation System
3. Real Estate Opportunities and Strategies
4. Supportive Land Uses
5. Neighborhood Stabilization
6. Implementation

Area Description

Introduction

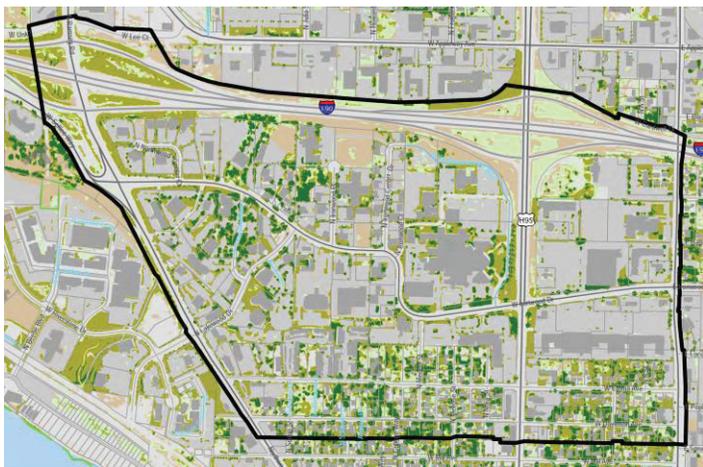
This section describes the area that was examined by the Technical Assistance Panel (TAP) and heavily relies on the information in the Briefing Book provided to the TAP, as well as the TAP members observations during their two-day review. This background information, in addition to the stakeholder interviews and the individual expertise brought by the TAP members, was critical in formulating the findings, conclusions and recommendations that follow.

The Medical Corridor District is located entirely within the City of Coeur d'Alene and is shown at the right. The boundaries for the study area were developed solely for the TAP and have no other formal designation. The area can be generally described as between I-90 to the north, Government Way to the East, one half block south of West Davidson Avenue to the south and Northwest Boulevard to the west.



Land Use

Obsolete single-story medical offices, strip commercial development, vacant land, surface parking lots, mingled with newer multi-story medical and auxiliary medical facilities characterize the corridor. The center of the area is the Kootenai Health Campus with auxiliary medical clinics, including offices of physicians, dentists, chiropractors, and therapists. On the periphery of the area to the east and west are retail, service and hospitality uses. To the south are primarily residential uses including multi-family and small older single-family homes. Within the area, major land uses are as follows:



- One hospital
- Nine medical clinics
- Six eating establishments
- Four banks
- Four retail stores
- Three apartment buildings
- Two hotels
- Three childcare facilities
- Two service stations
- Two churches
- One fitness center
- One skilled nursing facility
- One senior center
- 400 residential units

Approximately 75% of the land area is covered in impervious surfaces including streets, parking lots and structures. The most significant vacant and under-utilized property is in the far northeast corner of the

study area, the 6.83-acre former site of Wild Waters. This site is one of the most visible locations in Northern Idaho with frontage on US 95 and I-90. The property has been on the market for sale since 2011. The limited access to Government Way, a large artificial hill and derelict waterslide park improvements have proven a challenge to reinvestment.

On the west end of the study area is the 155-acre mixed use Riverstone Development that includes a movie theater, park, retail stores, restaurants, three hotels, and offices with 132 condos above. To the north of I-90, on Appleway Avenue, is the more recent major strip commercial corridor development. To the east of Government Way and south, are residential neighborhoods, primarily single-family.

Kootenai Health Campus

The Kootenai Health Campus is the largest land use in the study area. Kootenai Health has experienced



substantial growth over the past six years as a regional referral center for North Idaho and the Inland Northwest. The campus includes a 292-bed regional medical center, including general medical/surgical, intensive care, specialty medical services, behavioral health, 24-hour emergency services, full diagnostic imaging services, and numerous other inpatient and outpatient health services. Kootenai Clinic is a physician office division primarily housed in the Interlake Medical Office

Building (700 Ironwood) and the adjacent 1919 Lincoln Way building. Both buildings are owned and managed by Parkwood Properties.

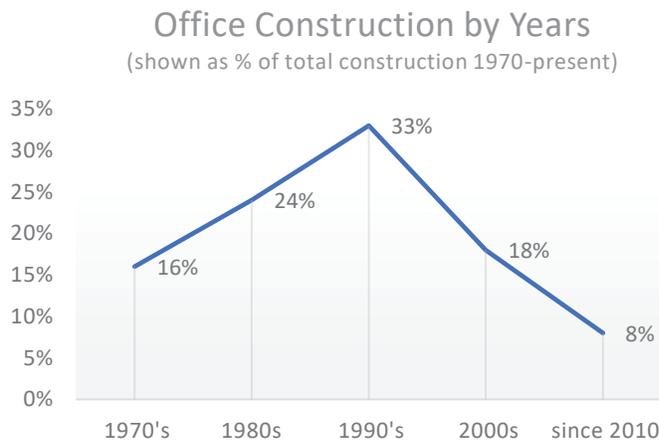
A Facility Master Plan adopted in 2013 guides the future development on the campus. A new three-story addition was completed in March 2016 as part of phase 1 of the Master Plan. Phase 2 is an expansion and renovation and surgery of the emergency departments and is scheduled for completion in 2018. Full build-out of the third-floor addition and continued medical office building projects are Phase 3 of the Plan. A Hospitality House with Ronald McDonald units, replacing the Walden House, is also planned.

Growth and Economic Development

The growth of the Kootenai Health Campus is in response to the growth of the city and Kootenai County. The county is the third largest county in Idaho in population. From 2000 to 2016, the population in Kootenai County and the City of Coeur d'Alene has grown 41% and 43%, respectively. During the same period, the population age 65 and over, has the greatest need for health care, has increased from 12.3% to 14.4% of the total county population.

Except for the expansion on the health campus and the construction of several medical office buildings, additional development within the study area has been stagnant since the 1990s, especially when compared to the investments made in the Riverstone Development to the west. Much of the residential neighborhood consists of homes at least fifty years old. With a couple of exceptions, most of the retail and services east of US 95 were constructed in the 1990s or earlier. The Albertsons Center is a successful retail center that provides a variety of services.

Recent transactions east of US Highway 95 (US 95) include the Shopko Center, which changed ownership, and Aspen Dental on the northeast corner of US 95 and N. Ironwood Drive that was previously a bank.



Approximately 750,000 square feet of office space in fifty buildings are in the study area. Generally, there are two types of office development in the study area: older single-story, single physician office (an obsolete model in contemporary medical service delivery); and the more recently constructed multi-story, three stories or more office, that serve a more diverse tenant base.

The average size of the office building in the study area is approximately 15,000 square feet and the average year of construction is

1991. The vacancy rate in the first quarter of 2017 was 4.4%. Rent rates range from \$9.00/square feet in the older offices to \$26.00/square feet, triple net, in the newer buildings.

Mobility

Streets and Highways

Vehicular access to the study area is provided by I- 90, US Highway 95, and Northwest Boulevard. I-90 interchanges are located at both US 95 and Northwest Boulevard. US 95 is generally a five-lane road with two lanes in each direction and a center turn lane. Additional lane capacity is provided at intersections with Ironwood Drive and for the first stretch of the highway south of I-90. Northwest Boulevard is also five lanes; the fifth lane containing landscape medians with breaks for turning into cross streets and driveways. Additional turning lanes are also provided at the intersection with Ironwood Drive.

West Ironwood Drive is the major east-west access through the study area. From US 95 to the “S” curve, the street is five lanes with a two-way left turn lane, then reduces to three lanes west to Northwest Boulevard. Lakewood Drive provides additional access from the northeast and southwest direction between Northwest Boulevard and Ironwood Drive with two lanes of travel and on-street parking. Six local streets extend north of West Ironwood Drive into dead ends with generally two lanes and on-street parking. South of Ironwood Drive is a more traditional grid pattern of streets of two lanes of travel and on-street parking, including east-west

Table 1 – Kootenai Health and Interlake Medical Current Annual Campus Visits *

Type of Trip	Annual Visits
Hospital Admissions	14,000
Emergency Department Visits	48,000
Kootenai Outpatient Visits	250,000
Interlake/Clinic Visits	350,000
Kootenai Health Staff Trips	220,000
Interlake Staff Trips	80,000
Kootenai Family Visits	120,000
Kootenai Business Visits	52,000
Total	1,134,000

* Other area trips factored into the study.

Source: Kootenai Health and Parkwood Properties

West Davidson and West Emma Avenues and six north-south streets completing the grid.

A traffic engineering study and master plan was undertaken by JUB Engineers in July 2015. The study examined the existing conditions, future conditions evaluation of possible solutions to problems, and proposed improvements to the existing streets. The study determined that the Kootenai Health Medical Campus and associated destinations are the greatest generator of vehicular trips to the study area with over one million trips per year. Most of those trips are from the north and west with 70% travelling from I-90 and US 95 to access the medical facilities.

West Ironwood Drive has the greatest challenges. Backups from US 95 from Northwest Boulevard, combined with numerous uncontrolled driveway and street intersections, impede traffic flow along the street. Limited sight distance near the S-curves further compounds the situation. Crash data throughout the study area was also analyzed by the JUB study. The study determined that there is a higher number and rate of injury crashes compared to other similar streets.

Table 14 – Short-Term and Mid-Term Projects

Project	Budget Estimate	Timing
Short-Term		
US-95 & Ironwood Intersection	\$1,854,000*	2015-2016
Loop Road - Kootenai Health Way/Ironwood Place	\$320,000*	2015-2016
Ironwood Place & Ironwood Dr. Intersection	\$880,000*	2015-2016
Cul-de-sac Ironwood Court	\$160,000*	2015-2016
Mid-Term		
Kootenai Health and Interlake Intersection	\$1,500,000 - \$1,800,000**	2017-2020
Medina Connection to Emma	\$250,000 - \$600,000**	2017-2020
US-95 & Emma Intersection	\$800,000 - \$1,200,000**	2017-2020
Right In/Out at Kootenai Health (US-95)	\$100,000 - \$170,000**	2018-2022

* J-U-B ENGINEERS Estimate
 ** Conceptual Estimate

In finding solutions to the existing and near-term traffic needs in the study area, the JUB Report evaluated 34 possible solutions, with the goals of improving traffic operations in the Ironwood Drive corridor; improving access to the Health Campus; improving pedestrian and vehicular safety; and minimizing property impacts.

Through this evaluation, a program of short and midterm projects was selected; several improvements have been completed, or nearly completed in October 2017. These include adding turn lanes on Ironwood Drive at US 95; extending North Medina Street to West Emma Avenue; installing signals at West Emma Avenue/US 95 and at North Medina Street/Ironwood Drive. New crosswalks have been added to Ironwood Drive at Medina Street. While these improvements address near-term vehicular circulation needs, longer term challenges remain to expand the street grid in the study area and to create more inviting pedestrian and cycling facilities.

Through this evaluation, a program of

Non-Motorized Facilities

Sidewalks exist along most major streets in the study area. Along Ironwood Drive, the sidewalks are detached along the frontage of the Kootenai Health Campus and then attached along the curb line for the remainder of the street. In the older residential sections, no sidewalks exist. Most sidewalks that do exist are 4' wide and show signs of age. There are four crosswalks along W. Ironwood Drive and at the major intersections with US 95 and Northwest Boulevard. Crosswalks are also located at the Lakewood Drive and Northwest Drive intersection.

Kootenai Health has a pedestrian tunnel accessible between buildings on either side of West Ironwood Drive, and a pathway located around the perimeter of the campus.

Bicycle facilities are almost nonexistent within the area. Narrow, substandard lanes are striped along Ironwood Drive and disappear as the street approaches the major intersections of US 95 and Northwest Boulevard.

There are several shared use pathways adjacent to the study area. The North Idaho Centennial Trail runs through the city along Lake Coeur d'Alene and along Northwest Boulevard connecting the Education District and Riverstone. [Regional trail systems in the area such as the Atlas Trail, Prairie Trail, and US-95 Trail provide additional non-motorized travel options to the north and northwest reaches of Coeur d'Alene.](#) Seltice Way, a former US highway, is being revitalized as a multimodal transportation corridor with buffered bike lanes, two 12' wide shared-use paths and bus shelters.

The 2017 Coeur d'Alene Trails and Bikeways Master Plan proposes new and improvements to trails and bike facilities in the area including:

- Bike lanes on Lakewood Drive between Ironwood and Riverstone Drives
- Shared use path along US 95 in conjunction with reconstruction of the interchange bridge
- A new commuter bike trail along Northwest Boulevard from Lakewood Drive South

Public Transportation



Citylink Transit, supported by the city, Kootenai County and the Coeur d'Alene Tribe, offers a bus route that connects a transfer station in the Riverstone Development to Lakewood Drive, then easterly on West Ironwood Drive to US 95 and then south. Called the Link Route (Yellow Route), headways are every 85 minutes. Nine bus stops are located along this route in the study area.

Kootenai Health provides patient transport on a first come, first served basis. The service is offered Monday through Thursday in the greater Coeur d'Alene region, and two days a week for the Rathdrum area. Preferential parking is also offered to employee car and van pools.



Policies, Plans and Regulations

Comprehensive Plan

The City of Coeur d'Alene Comprehensive Plan adopted in 2007 is intended to be a guide for the future of the city through 2027. It outlines broad goals for supporting the economic vitality and preservation of existing neighborhoods. Of relevance to this project are policies that support diverse businesses and services with appropriate zoning, supporting urban renewal to enhance business, providing for a diversity in housing, and protecting neighborhoods from incompatible land uses. The Plan also identifies specific provision for Appleyway-North 4th Street area which includes the Health Corridor. The Plan identifies it as an area in transition promotes continuance of the diversity and mix of land uses with careful consideration to the Ironwood Drive Corridor in the evaluation of traffic flow. Specific characteristics envisioned for the future of the area are:

- Residential density is 6 units/acre with multi-family located next to major streets
- Pedestrian and bicycle connections are provided
- Street improvements to US 95 are sensitive to adjacent land uses
- Uses that strengthen the neighborhood are encouraged
- Commercial buildings are lower in scale than in the downtown area
- Streetscapes are dominated by pedestrian facilities, landscaping and buildings
- Shared use parking is behind buildings

CDA 2030 Vision

The CDA 2030 Vision highlights several attributes that influence the future of the study area. The vision supports medical services that meet the demands of a growing population; a multi-modal system of transportation that connects neighborhoods and the region; and a target of diverse range of industry clusters including medical services and products. More specifically, the plan outlines the following guidance for the study area:

- G&D 6.7: CDA Medical Corridor - Support the establishment of a Coeur d'Alene medical corridor from US-95 to Northwest Boulevard along Ironwood Drive to support needed expansion of medical services and associated medical businesses.
- H&S 2.1: High Demand Medical Services - Expand new high demand medical services in greater Coeur d'Alene with focus on keeping patients in our community to receive necessary medical and health care services.
- H&S 2.2: Specialist Health Care Provider Recruitment - Contribute to and support recruitment efforts to locate specialist health providers to the greater Coeur d'Alene area.
- H&S 2.3: Mental Health Services - Promote awareness of existing mental health services and expand these services as required to meet community needs.
- H&S 2.5: Kootenai Health Trauma Center - Encourage and support Kootenai Health in achieving designation as a certified Level II trauma center.

Zoning

The City of Coeur d'Alene Zoning for the area includes: two residential districts R-12 and R-17L with densities allowed up to 12 and 17 units/acre respectively and two commercial districts C-17 and C-17L. C-17 allows a broad range of commercial uses. C-17L is intended as a lower intensity commercial district.

The Zoning Code also addresses parking requirements. Requirements for the most prevalent uses in the area are as follows:

Single-family residential	2 spaces per unit
Multi-family residential	1-2 spaces per unit depending on size
Hospital	3.25 spaces per bed
Banks	1 space for each 330 square feet
Outpatient clinic	1 space for each 330 square feet
Medical and healthcare practitioners	1 space for each 330 square feet
On-site food sales	1 space for each 200 or 330 square feet depending on size

Exceptions to the parking requirements for hospitals are allowed through a determination by the city. The code also provides for the opportunity for shared parking arrangements between adjoining uses.

Commercial Design Guidelines

Properties located in the C-17 and C-17L zoning districts are subject to the site planning and design guidelines adopted by the city. The objectives of the guidelines are to place greater emphasis on the pedestrian movement; to diminish the amount of land area devoted to parking and asphalt; to support the urban forest; to minimize the impact of lighting on adjacent properties; and to encourage commercial development that positively contributes to the community.

Complete Streets Policy

The City of Coeur d’Alene has adopted a Complete Streets Policy that identifies the elements of street design that are safe for all users: motorists, pedestrians, bicyclists, and transit users. The policy is flexible, reflecting that not all streets will incorporate all the elements of complete street as outlined in the policy.



Urban Renewal District

The southwest corner of the study area from south of Emma north along the east side of Northwest Boulevard is included in the Lake Urban Renewal District. A current proposed project in this area is the redevelopment of a motel, multi-tenant office space and retail pad.

Findings and Observations

1. Lack of a vision or master plan

Kootenai Health has a vision for their physical presence in the study area that has been realized through strategic and master planning, and capital investment. However, their planning only extends to the boundary of their property ownership. The City of Coeur d'Alene has some general ideas about the area as articulated in their planning documents, but those ideas are high level and do not identify a community node built around the health campus. CDA 2030 Vision identifies a medical corridor, but no specific concepts are known of how that could be actuated. Recent public investments have been undertaken and are under study that are based on an incomplete picture of the future for the study area.

There is an opportunity through awareness and collaboration to develop a consensus based-vision that would benefit Kootenai Health, the study area, and the community at large. The continued success of Kootenai Health is dependent on a more inclusive vision for the Health Corridor, and to ensure that public investments are made to support the future development of the area.

2. Uncertainty about the future impedes reinvestments

Without a clear vision of the future for the Health Corridor, there is no certainty and with uncertainty, property investment is stymied.



This is true for the full spectrum of property investors: from the largest property owners in making decisions about future acquisitions and reinvestment, as well as the residential property owners deciding if their homes will continue to be in a viable residential neighborhood. There is clear evidence from the number of vacant properties and the research provided to the TAP members that outside the health campus and ancillary medical related buildings, reinvestment in the area has declined since the 1990s. Many factors contribute to that condition, but from the perspective of the TAP members, lack of vision and uncertainty about

the future is a large contributor.

INTERVIEW COMMENTS

“There is no plan or long-range thinking.”

“Area has been neglected; growth has been hodge podge without any vision.”

“No land use plan. Transportation is fragmented.”

“W Emma Street is in transition to commercial uses.”

“Need shared vision and master plan.”

3. Inconsistent image and identity

Clearly from the interviews with community, business and civic members, there is little identity associated with the study area. What identity exists is negative for most people associate the area with traffic problems, and an area to be avoided. Outside the medical campus, there is very little wayfinding. As an example, five streets in the area have Ironwood in their name: N. Ironwood Drive, N. Ironwood Parkway, N. Ironwood Center Drive, and N. Ironwood Court. The hodgepodge nature of most of the development and the lack of connections in the street pattern are also contributing factors.

4. Traffic congestion is the major issue

Traffic is the bane of the study area. In every interview undertaken during the TAP, traffic was the first and most talked about topic. The TAP members experienced the travel conditions in a van that circumvented Ironwood Drive by driving through parking aisles and driveways. Due to the employee shifts at the hospital, the traffic has several peaks and is consistently busy throughout most of the day. For people going to the corridor seeking medical help, the frustration of traffic congestion is particularly stressful.

5. Safe and connected pedestrian/bicycle infrastructure is lacking

Safe, comfortable pedestrian/bicycle infrastructure is virtually non-existent in the corridor area. No sidewalks, curbs or gutters exist in most of the residential neighborhoods. The sidewalks that exist are rarely used because of their rough condition, narrow width, frequency of curb cuts and location immediately adjacent to the roadway. These poor pedestrian conditions exacerbate traffic congestion since instead of walking a few blocks, employees will drive to the fitness center or dining spot just a few blocks away. Conversely, without safe pedestrian access, needed restaurants and services are not located in the area.

Bicycle facilities are even more wanting with only one bike lane on West Ironwood Drive that is no more than three feet wide (standard bikes lanes are 4 or 5 feet wide). Judged by many people the TAP interviewed as unacceptably narrow.

The TAP members had their own frustrating experience in walking through the area. Wanting to walk from the School District offices at the northeast corner of Ironwood Drive and Northwest

INTERVIEW COMMENTS

“No name area.”

“Brand the zone.”

“Wayfinding improvements are needed.”

“Need a hub for identity. “

“A place to avoid.”

“Solving the transportation problem makes surgery and golf look easy.”

“Traffic is a nightmare. I take an alternate route even if it slower.”

“Ironwood is a bottleneck.”

“I have a feeling of tunnel driving along Ironwood.”

“People living and working in the area are place bound.”

“I can’t get out of my driveway all day long.”

“Priority is needed for EMS to access the Emergency Room. “

“Pedestrian safety is a real problem.”

“Risk lives crossing US 95 to Albertsons. “

“More access to Centennial Trail.”

“Bike connection to the river.”

Boulevard to the Riverstone development, they had to walk a U-shaped path across three legs of the intersection because no crosswalk exists along the north leg of the intersection. The path first went south across Ironwood Drive, then across five lanes of traffic on Northwest Blvd. to an island and then across the right turn lane from West Seltice Way to the intersection's southwest corner, where there were no sidewalks leading into the Riverstone development. This experience was emblematic for the entire medical corridor: street and highway improvements for vehicles dominate with little accommodation to the pedestrian.

6. Risk of impeding future growth until congestion is resolved

The response to traffic congestion in the study area has been to expand the capacity of the street and highway system. The improvements currently underway will provide short-term relief to some of the congestion problems. The planning study just initiated for the reconstruction of the I-90 and US 95 interchange also provides a longer-term opportunity to create more efficient operations at that interchange, and the possibility of a slip ramp access to Kootenai Health. The TAP members observed that it is an unusual situation to have only one access point (from US 95) to a hospital, particularly with a trauma center.

Resolving future congestion will require a combination of more efficient interchanges and intersections coupled with land use changes and investments in more effective pedestrian and bicycle facilities to avoid unnecessary vehicle trips.

7. High level of community support for the hospital and interest in the area

From the interviews, it was apparent to the TAP members that Kootenai Health is highly respected, seen as a visionary, and its contribution to the community and region are acknowledged. There was also excitement and support from all segments of the community interviewed for making the corridor a better place.

8. Limited formal partnership between the hospital and the civic leadership

To some extent, the success of Kootenai Health in planning for its future is an impediment. The institution is generally taken for granted by their success. To date they have successfully expanded and grown in response to the demands on their own, with limited support from others. The institution has not been getting the attention it deserves while focus has been on other areas of the City. There is a

INTERVIEW COMMENTS

"Many owners waiting for the hospital to purchase properties."

"Kootenai Health is a visionary."

"Kootenai Health is the economic engine including high paid jobs. "

"Need an education campaign"

"City has been downtown-centric."

"Need City encouragement for re-development."

"Need more collaboration between all health care providers."

"Partnering opportunities with the educational community."

need for better collaboration between the Health Corridor and other public agencies, particularly the city, in planning for a successful future in the area.

There was positive support for the application of urban renewal in the study area. Interview participants expressed that opinion because of the importance of Kootenai Health and the employment that it brings to the community. There was a general sentiment that urban renewal would be an easier sell than other areas and would have broad community support.

9. A hodgepodge, haphazard pattern of development exists

The area is a manifestation of a previous era when there was no planning or consideration of a more cohesive and connected neighborhood. Void of any planning, development has occurred incrementally, lot by lot, generally in a low density/intensity suburban pattern. Odd shaped lots, cul-de-sacs, and irregular street patterns contribute to the lack of cohesion. This is not a sustainable environment for the future.

10. Inconsistent regulatory support for adopted policies



Good visioning work and planning has been done by the city and CDA 2030, but many of the ideas have not been carried out through regulatory reform. The city envisions the area with mixed use, pedestrian scaled development, but there is little evidence of this form on the ground. Zoning, the major tool for implementation of the Comprehensive Plan, has regulations that support a more suburban pattern of development. In addition, the zoning allowed uses are broad, not necessarily focused on medical and medical related uses. Although

parking standards encourage shared use and exceptions, they are generally based on suburban models. Finally, regulatory provisions to protect neighborhoods as envisioned in the city's Comprehensive Plan are also lacking.

INTERVIEW COMMENTS

"Tax Increment Financing for the area is a no brainer"

"Need urban renewal to fund improvements."

"Growth has happened in a fragmented way, so haphazard development and not enough road capacity."

"Inefficient use of space."

"General lack of land use and transportation planning."

"Health care overlay gets vertical."

"Higher density and intensity is needed."

"Parking requirements have a big impact."

"Rethink pocket houses in a way that does not impact the neighborhood."

"Need housing for seniors, residency students."

"Need strong southern boundary to protect the residential neighborhood. "

"Need to manage the risks of rezoning."

Conclusions and Recommendations

1. Vision and Branding

Create a unified vision to prioritize opportunities

The momentum is there for the development of a vision that would become the framework for addressing the constraints and opportunities within the study area and setting in motion the prioritization of actions necessary to implement the vision. As a start, from what the TAP members observed and heard, the goals of the vision should be as follows:

- Secure the long-term presence of Kootenai Health in the location
- Spur economic development that is primarily supportive of the hospital and its employees and clients' needs, and other medical related land uses.
- Identify the boundaries of the area that should be logically tied to the hospital as a hub. Name it, brand it and promote it.
- Create social capital around this brand including leadership and community associations.
- Improve cohesion and connectivity within the area through improved vehicular, pedestrian and bicycle facilities.

Healthy Places Approach



A major initiative of ULI over the past several years has been in exploring improvements to the built environment that can support healthier lifestyles. One area of exploration has been in how to create healthier corridors along streets like US 95 and Ironwood Drive. ULI Idaho has been fortunate to be on the forefront of this work when it was chosen for one of four demonstration grants to undertake a case study on making a corridor healthier. The selected corridor was Vista Avenue in Boise.

The healthy corridors approach considers how the corridor contributes to the overall health of the surrounding community, including supplying opportunities to be physically active. It also considers safety, housing affordability, transportation options, environmental sustainability, social

cohesion, as well as modifications that would link residents to the corridor and improve connections to jobs and other parts of the community.

A listing of the ULI resources on this health research is included in the Appendix, as well as the vision, goals and action statement for Vista Avenue. Connecting health to the medical corridor area seems like a natural for this area and a focus the TAP members would recommend.

Principles of a Healthy Corridor

Improved infrastructure	<ul style="list-style-type: none"> » Frequent, safe, and well-marked pedestrian crossings » Safe and well-marked bike lanes » Traffic speeds that accommodate pedestrians, bicyclists, and other users » Reduced traffic congestion » Utility lines and traffic signs and signals that are underground or that blend in » Sidewalks that link adjacent neighborhoods to the corridor and that are unobstructed, wide enough for a variety of users, and buffered from the street » Streetscapes that include amenities for visual interest and safety, including seating, trees for shade, and green buffers » Lighting that improves visibility and safety for pedestrians and bicyclists » Features that improve accessibility for all types of users, in compliance with Americans with Disabilities Act standards
Design and land use patterns that support community needs	<ul style="list-style-type: none"> » Vibrant retail environment » Housing options for all income levels » Buildings adjacent or proximate to sidewalks » Improved parking strategies and shared parking » High-quality parks and public spaces » Healthy food options
Engaged and supported people who live, work, and travel along the corridor	<ul style="list-style-type: none"> » Engaged residents and local business owners » Organizations that facilitate long-term improvements and resident engagement » Regular programs in community gathering spaces » Accommodations for pets » Accommodations for vulnerable populations, including children, the elderly, and people with disabilities » A defined identity, drawing on the arts and culture of the community and supported by creative placemaking programming » Measures to address safety and perceptions of safety
Linkages to other parts of the city	<ul style="list-style-type: none"> » Well-connected, multimodal street networks » Safe and easily identifiable connections, including sidewalks and trails » Transit, including enhanced bus service or rail » Bike infrastructure on or adjacent to the corridor

2. Transportation System

A Comprehensive Transportation Strategy

What is needed to meet the long-term needs of the study area is a Comprehensive Transportation Strategy. Such a strategy would address the full range of mobility needs including:

- All modes -- walking/cycling/transit/driving
- All ages and abilities
- Emergency access

The strategy would also provide analysis and recommendations related to the question: *What relief is required to make Ironwood Drive work without widening or excessive delay?*

Comprehensive Transportation Strategy Goals and Actions

A framework for the scope of the Comprehensive Transportation Strategy is recommended with the following goals and actions:

Goals	Actions
Increase connectivity to and within the area for all modes of transportation (walking/cycling/transit/driving).	<ul style="list-style-type: none"> ● Explore new highway and street connections
	<ul style="list-style-type: none"> ○ Request slip ramp options in ITD interchange study. The need for emergency access should be a priority and compelling factor.
	<ul style="list-style-type: none"> ○ Increase access from Emma Avenue
	<ul style="list-style-type: none"> ● Enhance transit/shared ride services ● Extend pedestrian and bike paths from Centennial Trail and other locations
Reduce congestion and the resulting anxiety of travelers through and to services in the area.	<ul style="list-style-type: none"> ● Create more efficient interchanges with I-90
	<ul style="list-style-type: none"> ● Create more efficient intersections on Ironwood Drive at each end. Look for roundabout opportunities
	<ul style="list-style-type: none"> ● Develop a finer-grained street network (e.g., Lakewood extension to Kootenai Way; extend ring-road west, more parallel routes to Ironwood Drive)
Create a more walkable campus and neighborhood	<ul style="list-style-type: none"> ● Detach sidewalks and add sidewalks where they are missing
	<ul style="list-style-type: none"> ● Reduce building setbacks to put entrances on or near sidewalks
	<ul style="list-style-type: none"> ● Look for exclusive pedestrian routes between major buildings
	<ul style="list-style-type: none"> ● Create more destinations for dining options and other services within walking distance
	<ul style="list-style-type: none"> ● Avoid free right turn lanes which impede pedestrian movements
Improve wayfinding	<ul style="list-style-type: none"> ● Develop signage program from highways and arterials
	<ul style="list-style-type: none"> ● Create greater clarity of internal streets through their design
	<ul style="list-style-type: none"> ● Provide continuity in sidewalks, paths
Support long-term land use goals	<ul style="list-style-type: none"> ● Define street network that maximizes connectivity and access while minimizing super blocks
	<ul style="list-style-type: none"> ● Avoid cul-de-sacs
Manage Health Campus transportation demand	<ul style="list-style-type: none"> ● Survey employees travel habits
	<ul style="list-style-type: none"> ● Determine traffic volume counts
	<ul style="list-style-type: none"> ● Adjust shift schedules where possible to reduce peak demand
	<ul style="list-style-type: none"> ● Explore additional vanpool opportunities
	<ul style="list-style-type: none"> ● Locate parking strategically to distribute traffic and create a more pedestrian precinct
	<ul style="list-style-type: none"> ● Consider common parking facilities to support a group of buildings

Opportunities for increased connectivity



Building a better transportation system coupled with better land use planning is essential to resolving traffic congestion. Improving existing travel delays should be done through more efficient interchange and intersection designs, a more comprehensive local street grid, more and better walkways and trails, and through a greater mix of mutually supportive land uses in closer proximity. That such changes may increase total trips is acceptable if more people have more choices in how they travel, and that their experience moving through the corridor improves. Realistically, most Kootenai Health trips don't have a reasonable travel alternative since about 85% of trips are patient trips, and that 70% come from outside of Coeur d'Alene. But greater focus is needed on expanding opportunities to those who would walk and bike in a safer and efficient way within the corridor.

3. Real Estate Opportunities and Strategies

Redevelopment of the area east of US 95

The TAP recommends that the area east of US 95 and north of Ironwood Drive, including the Shopko and the abandoned Wild Waters not be an area that Kootenai Health pursues for expansion of the health campus. Bridging/tunneling the highway and connecting the two sides of the highway in a way that creates cohesion with the existing campus is not cost effective. That said, there are many supportive uses (described in the next section) that could be in this area. An anchor use, such as the Veterans Administration, Heritage Health, or an education facility would be ideal. The site is in dire need of a master plan that would address issues of uses and access. Urban renewal is a logical tool to provide the help that is needed. With a master plan setting the stage, the market will take care of the site.

Land Assemblage

What makes more sense from the TAP members perspective, even though in the short term it is more challenging, is for the Health District to continue to pursue property acquisition to the west. One suggestion is to create a partnership with a developer, offer them the existing parcels owned by the hospital that would cost average down the total costs of all the desired land needed by the hospital.

Creation of transitional uses

With the extension of North Medina Street and the signalization of West Emma Avenue at US 95, Emma will become a secondary access and alternative to Ironwood Drive. This will impact the existing residences that front along that street. There is a need to allow these homes to be converted to small scale commercial uses, such as boutique health uses (spas, therapy, etc.). Identifying this area as transition uses would also provide certainty to the neighborhood to the south.

Real estate opportunities and strategies for the corridor would benefit and flow from a vision and transportation strategy as previously described.

Outpatient Services Strategic Plan



Kootenai Health has successfully used a master facility plan to guide over \$100 million of capital investment since 2013. There is broad consensus that future inpatient program growth will be limited to the main campus and future projects include the build-out of the third floor of the east building and the construction of a new patient tower to add beds and replace older and functionally obsolete nursing units. However, the programmatic needs of outpatient clinics and services and the appropriate balance of on-campus vs. off-campus growth remain unresolved. While the health corridor strategy may answer the future development capacity of the hospital campus and surrounding areas, it will not answer how much growth should occur here vs. off-campus. Kootenai Health's 2020 Strategic Plan update should identify the right balance of outpatient program growth in Coeur d'Alene vs. Post Falls and new sites such as Hayden.

4. Supportive Land Uses

Medical retail

Medical retail (not to be confused with retail medicine) is a segment of the retail market that includes outpatient pharmacy, durable medical equipment, hearing aids, optical shops, etc. Medical retail is a growing and lucrative segment of the health care industry, but it is often ceded by hospitals to others. In the district medical retail is dispersed, hard to find, and not patient-centric. Such uses could be in a medical retail complex or as ground floor uses in a medical office building.

Potential medical retail uses:

- Outpatient Pharmacy
- Durable Medical Equipment
- Optical Shop
- Audiology/hearing aids

A medical retail complex should be considered where customers can easily find products and services in a one-stop site.



Partnerships



Several of the organization representatives interviewed during the TAP expressed interest in aligning their institutions with Kootenai Health. Heritage Health (40,000 SF) desires to consolidate several programs into one building and allow room for growth. The Veterans Administration (VA) Clinic needs 32,000 SF for growth, doubling their current size. North Idaho College (NIC) needs to reconsider their program offerings due to Kootenai Health’s education requirements for new nurses and others and they would like to greatly expand medical skills simulation. They discussed a new health sciences education

facility adjacent to the hospital. As expressed in the interview, there is the need for medical skill simulation which ideally should be located near the hospital. A facilitated programming effort should be undertaken with all potential partners on whether a large clinic and health education building should be developed in the district to accommodate the needs of Heritage Health, the VA and NIC.

Other Uses

Housing

- Retirement Communities (CCRCs)
- Assisted Living/Skilled Nursing
- Workforce Housing

Hospitality: In addition to the Walden House plan for medical related lodging adjacent to the hospital.

Research and Development: Research & Development, including biotech, robotics/nanotech, and pharmaceuticals are another subset of uses associated with hospitals. However, without a large research university as an anchor, these uses are very challenging to establish.



Placemaking



The current Health Corridor is missing an identifiable center and sense of place. There are no parks or places to gather or hold outdoor events in the district. There are few places where staff and patients can walk to, enjoy nature and the outdoors. Patients, caregivers and staff would all benefit from outdoor space within walking distance of the hospital where they can relax and connect with nature. Possible uses that create a sense of place:

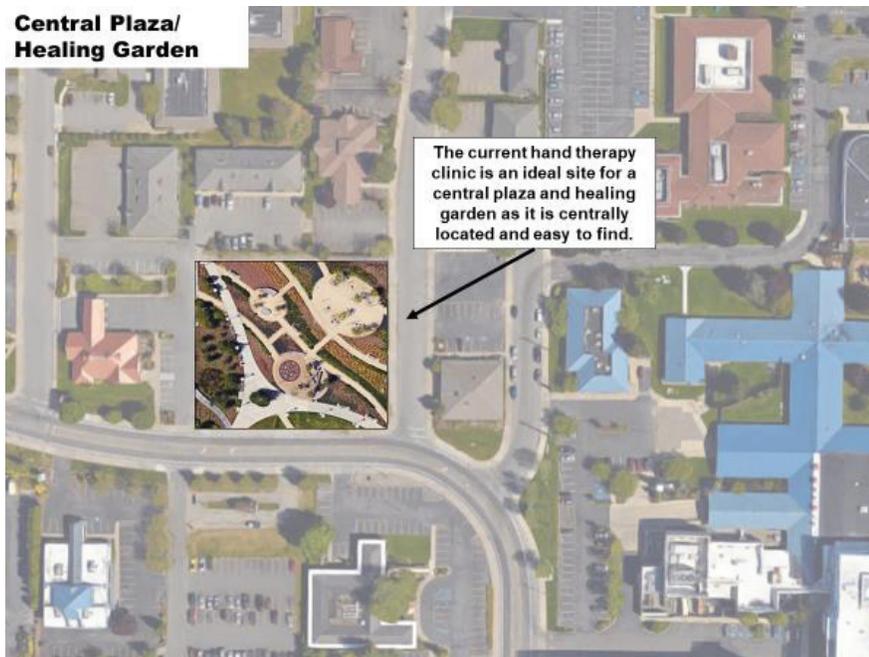
- Temporary food truck parking and covered eating area
- Pocket Parks
- Central Plaza with utilities for events and farmers market
- Healing Garden
- Pop-up Events



The TAP members recommend that a site be secured where the hospital and city can create such a space and study programming options such as a farmers' market and food carts. In the long term, the city and others should identify potential sites and a funding strategy for a multi-purpose plaza, garden or pocket park in a central location in the district.



**Central Plaza/
Healing Garden**



6. Implementation

Vision, Planning Leadership and Key Investments will be needed to see the desired fruition of the outcomes the partners in this effort seek. In summary, the TAP recommends the following actions toward implementation:



1. Update hospital strategic plan.
2. Create a 20-Year Framework & Facility Master Plan.
3. Develop a Vision and Master Plan for the district using the guiding principles of a healthy corridor.
4. Create a brand.
5. Create Leadership, Champions, Associations. (see the models and examples outlined in the Appendices)
6. Adopt and implement a Comprehensive Transportation Strategy Plan.
7. Influence the current I-90 interchange scope of work to address the emergency, employee and patient access needs.
8. Update the City of Coeur d'Alene Comprehensive Plan and Zoning Regulations to implement the vision.
9. Revisit the pocket housing provisions.
10. Pursue funding sources such as the Tax Increment Financing and Local Improvement Districts.
11. Pursue land assembly.
12. Implement placemaking and programming.

Vision for the Health Corridor Coeur d'Alene, Idaho

Report of the Technical Assistance Panel (TAP) facilitated by CDA
2030 and sponsored by Kootenai Health Parkwood Business
Properties and held over two days, October 12-13, 2017.

Appendices

1. TAP agenda
2. TAP Members Biographies
3. Community Stakeholders Interviewed
4. Organizational Models
5. Presentation on Findings and Recommendations
6. Vista Avenue Healthy Corridor Vision Example
7. Resources

1. TAP Agenda (October 11-13, 2017)

DAY 1 - Wednesday October 11

Kåren Sander to arrive on site and prepare for arrival of TAP members. Work with CDA team on final details.

DAY 1 – Thursday October 12

7:00 am	TAP Team depart Boise/Portland/Seattle
8:30am	Arrive at Spokane International Airport
10:00 am	Briefing and introduction to TAP team and hosts. Hosts to touch on high points, and provide overview of tour.
10:30 am	Tour of study area.. Stops along tour at critical locations (tour led by CDA team).
12:00 pm	Lunch - includes TAP members + hosts who led the tour and can answer questions and provide a debrief.
1:00 pm	Confidential interviews with the community stakeholders. TAP team will divide into three teams and will interview a maximum of 10 people in each of 3 sessions that will last approximately 1 hour with 15-minute breaks in between each session.
4:30 pm	TAP Team checks into hotel
6:00 pm	Dinner for TAP team and key host members - CDA members to answer questions and validate what the team hears in the interviews.
7:00 pm	Working session (TAP members only)

DAY 2 – Friday October 13

8:00	Work session (TAP members only)
11:00	Presentation setup
12:00	Lunch and private sponsor presentation of the Panel's recommendations
+/- 3:00 pm	Depart Coeur d'Alene

2. Technical Advisory Panel Member Biographies



Bob Taunton, Chair, is President of Taunton Group, LLC, based in Boise, Idaho. Since mid-2007, he has provided community development advisory services to both private and public-sector clients. Prior to forming Taunton Group, Bob spent over 25 years as a public planner and residential community developer. For 16 years he was a key principal for two public real estate entities. He has entitled nearly 30,000 home sites and other community uses, developed over 1,600 residential lots and delivered over 600 single family homes.

Bob is a long-time member of the Urban Land Institute having served on the National Community Development and Sustainable Development Councils. He is a past Chair of ULI Idaho and currently serves on its Advisory Board.

Bob holds an undergraduate degree in Environmental Studies (Architecture) and a graduate degree in Environmental Studies (Planning).

George Iliff is the managing owner of the Colliers International office in Boise, Idaho. George's career in real estate is deep and extends over 45 years in California, Arizona and Idaho. He started, owned and managed his own brokerage firm which he led through three recessions, grew it in size to a total of 12 offices, 230 salespeople, and a total annual revenue of \$29,000,000. Then sold the business to Colliers Macaulay Nicolls in 1994. His notable transactions in the Boise market include: Touchmark, the sale of medical office building (92,953 SF); CH2M Hill Lease (53,000 SF); BoDo Mixed Use lease and condominium sales to office and retail users (545,000 SF); Jabil Facility sale of vacant chip assembly plant (357,000 SF); and St. Luke's lease and option to purchase 147,000 SF Washington Group Plaza office building.

George is an active leader and gives of himself back to the community. He is current chair of the Hillcrest Country Club, member of the St. Luke's Hospital Region Board of Director's, a board member of the Idaho March of Dimes and an active member of Boise Elevated. He is a past chair of the Boise Metro Chamber of Commerce, the Boise Valley Economic Partnership, March of Dimes, Urban Land Institute Idaho District Council, and the World President's Organization Idaho Chapter. He is graduate of San Diego State University.

Diane T. Kushlan, AICP, has a passion for community planning that she has embraced for over forty years in California, Washington State, and Idaho. After working as a professional planner for a variety of local governments, Diane started her own consulting practice in 2002. Focused on Idaho local governments and non-profits, she has provided professional services on over fifty diverse planning projects.

Diane received a Master's Degree in City Planning and a Bachelor's Degree in Recreation Administration from San Diego State University. She is a member of the American Institute of Certified Planners, (AICP); serves on the board of the American Planning Association (APA) Idaho Chapter as the professional development officer; and is the program chair for the Urban Land Institute (ULI) Idaho District Council. She has been recognized with a national leadership award from APA, and as an Idaho Business Review Women of the Year.

Jeremy Malone, RPA is a Boise native having attended Boise schools and Boise State University studying Business Administration. In 2007 Mr. Malone attained his Real Property Administrator (RPA) designation from Building Owners & Managers Institute (BOMI) International and additionally received his Construction Management Certificate from Boise State University in 2010. He has been with Oppenheimer Development Corporation since 1991 serving in various capacities to his current role as Vice President.

Mr. Malone is active in the Boise community, both professionally and personally. He either is currently serving on or has served on numerous Board of Directors including the Boise Metro Chamber of Commerce, Downtown Boise Association, BOMA Boise, BOMA International, American Heart Association, Urban Land Institute – Idaho, Together Treasure Valley and University of Idaho College of Art & Architecture, in addition to serving on various committees for Capital City Development Corporation (CCDC), City of Boise and Downtown Boise Association. He is also involved in Boise's Basque community being a past president and Board of Director of the Boise Basque Center, co-chairman of Jaialdi 2015 and a board member of Jaialdi 2000, 2005 and 2010, an international Basque cultural festival held every five years in Boise. He was also an elected delegate to the North American Basque Organization. Mr. Malone danced with the Oinkari Basque Dancers, a Basque dance troupe who have performed nationally and internationally, and was an instructor for Boise'ko Gazteak, a youth Basque dance group for children ages 4-13. Additionally, he has coached numerous of his son's teams including baseball, basketball, football and soccer. In his free time, he enjoys playing golf, tennis, riding bicycles and spending time with family and friends.

Al Marino is experienced in all aspects of commercial property sales, leasing, site selection, acquisition, and disposition, with an emphasis on office properties. Al joined Thornton Oliver Keller in 2004 and became a partner in 2006, and served as Managing Partner from 2008 to 2010. He has completed over 450 transactions with total consideration value more than \$380 million and was awarded "Top Producer" for the firm in 2006, the "Top Producer - Bronze" award in 2010 and the "Top Producer - Third Place" award in 2011. In 2015, Al ranked #46 in the worldwide SIOR "TOP 100" office transactions.

Al is experienced in both tenant and landlord representation and has gained a reputation for delivering bottom-line results and first-class service to his clients. Al thrives on helping companies with their facilities decisions and is committed to finding solutions for his clients' real estate needs.

Prior to joining Thornton Oliver Keller, Al was an office properties specialist with Colliers International from 1999 to 2004. Before relocating to Boise, Al was a Product Manager with Adidas-Salomon/North America, Inc., and launched several snow sports products such as "X-Scream", which became the bestselling ski in the USA market.

Al received a Bachelor of Science in Business Administration/Marketing from California State University, Sacramento. He holds a current real estate license in the State of Idaho and is an SIOR (Society of Industrial and Office Realtors) member.

Brian Newman is the Vice President of Campus Development at Oregon Health and Science University in Portland, Oregon. OHSU is the largest employer in the City of Portland with three campuses, over 16,000 employees, 4,500 students and trainees in five schools, and eight million square feet of facilities including two hospitals with 576 licensed beds and several off-campus outpatient clinics. In this capacity Brian works to achieve the University's strategic goals through executive level management of campus planning, real estate transactions and all design and construction activities. His responsibilities include the planning and development of OHSU's new 30-acre South Waterfront campus in Portland, Oregon where 2.3 million square feet of new medical, research and education facilities have been completed or are under construction.

Brian has 25 years of professional experience as both a practitioner and policymaker in planning and real estate development. Prior to joining OHSU in 2007 he served as a member of the Metro Council, Portland's elected regional government. He was also a planning consultant where he assisted local governments and private developers in creating land use, transportation, and community facility plans. Brian is an experienced project manager, public facilitator and speaker. He holds a bachelor's degree from Willamette University and a masters in city and regional planning from the University of California, Berkeley. He was named a Truman Scholar in 1994 and a Marshall Memorial Fellow in 2004. Brian lives in southwest Portland with his wife Jennifer and their three children.

Ross Tilghman is a transportation planning consultant with his own practice, the Tilghman Group. Working nationally and internationally, he tailors transportation plans for a wide variety of land uses to fit their environmental, historical, and cultural settings. He brings over 30 years of experience, including serving as executive director of a downtown business improvement district. Tilghman creates circulation and parking solutions for downtowns, historic districts, recreation areas and special event facilities. His approach emphasizes careful observation of how people use transportation, abiding respect for the setting, and clear understanding of the client's objectives. Services include master plans, market studies, parking revenue projections, and development strategies for governmental, not-for-profit, and private sector clients facing land use challenges.

Examples of significant projects include master plans for Albuquerque's BioPark; Al Ain Wildlife Park and Resort, United Arab Emirates; Iowa's State Capitol Complex; Evergreen State College; Gallisteo Basin Preserve, New Mexico; and downtown St. Louis.

Tilghman is a member of the Urban Land Institute and regularly serves on advisory panels for communities across the country. He is currently Chair of the Seattle Design Commission that reviews public projects for design excellence.

Tilghman received his MA in geography from the University of Washington and his BA in history from Washington University in St. Louis.

3. Community Stakeholders Interviewed

Name	Company/Institution	Position
Dan English	Area Agency on Aging of North Idaho/City of Coeur d'Alene	Executive Director/ Council Member North Idaho Regional Business Manager
Patty Shea	Avista	
Mia Eggleston	Bike Store Owner	
Jim Hammond	City of Coeur d'Alene	City Administrator
Chris Bosley	City of Coeur d'Alene	City Engineer
Gynii Gilliam	Coeur d'Alene Area Economic Development Corporation	President
Trina Caudle	Coeur d'Alene School District #271	Director of Secondary Education
Doug Rall	Coldwell Banker Commercial	ABR, CPA
Mike Gregg	Coldwell Banker Schneidmiller Realty Community 1st Bank/Coeur d'Alene	Commercial Real Estate Agent Chairman and Chief Executive Officer/Chairman
Dave Bobbitt	Chamber of Commerce	President and Co-Founder/Planning Commission Member
Lewis Rumpler	EpigeneSys, Inc./City of Coeur d'Alene	Commission Member
Greg Green	Fatbeam	Chief Executive Officer
Mike Baker	Heritage Health	Chief Executive Officer
Amy Evans	Idaho Youth Ranch/City of Coeur d'Alene	Development Director/Council Member
Tony Berns	ignite cda	Executive Director
Jessica Chavolla	INB	AVP Branch Manager
Jay Hassell	J-U-B ENGINEERS	Project Manager
Dr. Fred Ambriose	Kootenai Clinic - Building Owner	Emergency Medical Services System Chief
Chris Way	Kootenai County	Community Development Director
David Callahan	Kootenai County	Grants Compliance Officer
Jody Bieze	Kootenai County	Chief Medical Officer
Dr. Walter Fairfax	Kootenai Health	Chief Executive Officer
Jon Ness	Kootenai Health	President
Julie Holt	Kootenai Health Foundation	Network Manager/Chairman
Scott Hoskins	Kootenai Health/ignite cda	Chief Executive Officer
Russ Porter	Mountain West Bank	Dean, Health Professions and Nursing
Christy Doyle	North Idaho College	Vice President of Finance and Business Affairs
Chris Martin	North Idaho College	Healthcare Liaison and Emergency Preparedness Coordinator
Janine Wilson	Panhandle Health District	Partner
Steve Meyer	Parkwood Business Properties	Partner
Charlie Nipp	Parkwood Business Properties	Partner
Gary Retter	PEAK Health and Wellness Centers	Owner/Manager
Kent Clausen	Springfield Suites	

Name	Company/Institution	Position
Mic Armon	Stifel/ignite cda/Kootenai Health	Certified Financial Planner/Commissioner/Trustee Associate Vice President and Center Executive Officer, North Idaho
Charles Buck	University of Idaho	
Doug Hardman	Veteran's Administration	
Rick Richards	Veteran's Administration	
Ben Widmyer	Widmyer Corporation	President and Owner
Ron Ayers		Commercial Property Owner
Mike Garron		Residential Property Owner
Jennie Keane		Residential Property Owner
Lisa Troxel		Residential Property Owner

4. Organizational Models for Implementing a Vision

1. Volunteer Association

Description: In this model, responsibility for implementation is with an association of community members. Partnerships with the City and others is critical to implementation. As a volunteer group, it is stretch to take on all that is needed to carry out the community's vision, but a group like this can keep it on the "front burner". This type of organization is highly dependent on grants; lack of funds and on-going fund source are major weaknesses.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Builds community support. • Various community interests are represented. • Has City government support. • Good for small scale projects and programs. • Insulated from day-to-day political focus. 	<ul style="list-style-type: none"> • Authority is limited to recommendations and relies on others for implementation. • Competes with other city priorities. • May not be sustained through changing politics. • Not one person's job. • Need clear mission to stay focused. • Private-partnerships may be difficult. • May have limited funding.

2. Non-profit member organization

Description: This is the Chamber of Commerce model where a Chamber of Commerce or business membership organization takes the lead in implementing the community vision. A Chamber can provide strong leadership in business retention and attraction, establishing volunteer actions for maintenance and appearance, programs and community events, and education for policy changes. Like a voluntary association, partnerships with other groups are imperative to carrying out initiatives related to capital improvements, design and place-making. Funds come from membership dues or grants. In some communities, the city government also provides funds for services that benefit the City.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Builds business community support. • Good for programs, marketing and education. • Can build partnerships with the City and other community associations. • Insulated from day-to-day political focus. 	<ul style="list-style-type: none"> • Authority is limited to recommendations and relies on others for implementation. • Competes with other city priorities. • May not be sustained through changing politics. • Not one person's job. • Need clear mission to stay focused. • Building community wide support may be difficult. • May have limited funding. • Has no general government power.

3. Urban Renewal Agency

Description: Cities in Idaho are fortunate to have the ability to form urban renewal agencies. Such an agency can provide most of the resources and leadership needed to implement the vision. Revenue allocation or tax increment financing provides a financing resource for funding capital projects, marketing, and supporting private partnerships that are needed for implementation.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Has source of funding specific to needs. • Expertise and continuity. • Can be sustained through changing politics. • Good for all implementation actions • Can partner with private sector. • Insulated from day-to-day political focus. • Eligible to receive grants. 	<ul style="list-style-type: none"> • Competing priorities with other projects. • Funds may have limitations. • May not be good for programs. • Lack of understanding lead to political unpopularity.

4. Business Improvement District (BID)

Description: In this model, responsibility is with a special purpose district. The district is created through support of the property owners who impose a compulsory assessment on themselves to fund initiatives that benefit the district over-all. BID's can be very successful in carrying out all of the initiatives identified to implement a vision. Buy-in by those who will be assessed is critical and projects would be restricted to just the area of the BID.

• Strengths	• Weaknesses
<ul style="list-style-type: none"> • Has source of funding specific to needs. • Expertise and continuity. • Can be sustained through changing politics. • Good for projects and programs. • Can partner with private sector. • Can be used in combination with other options. 	<ul style="list-style-type: none"> • Competing priorities with other projects. • Need tangible results to maintain support. • Adds to costs of doing business in downtown. • Requires property owner willingness to tax themselves. • Has no general government power.

5. City Department Lead

Description: Many cities, Boise and Nampa being one example, have a person or department that has the responsibility for economic development in an area. A city staff or department can not carry out all the requirements for implementation of the plan and will still rely on partnerships. However, there is greater accountability to the city as a whole with this model.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Expertise and continuity. • Can be sustained through changing politics. • Accountability 	<ul style="list-style-type: none"> • Relies on others cooperation for successful implementation. • Competing priorities with other responsibilities. • May not be good for programs • Competes with other city priorities. • May not represent broad community interests. • Has limited funding sources. • Volunteer community funding source unlikely.

6. Alliances

Description: In this approach, responsibility is with an alliance of agencies and groups. No one entity is accountable for implementation, so a high degree of cooperation and collaboration is required for success. Strong individual leadership is usually a hallmark of a successful alliance model. Alliances can take advantage of various resources available within the community. On-going funding can be an issue and tangible results are needed to maintain the alliances.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Builds community support. • Various community interests are represented. • Can partner with private sector. • Good for projects and programs. • Can pool resources 	<ul style="list-style-type: none"> • Competing priorities with other projects. • May not have funding or staff resources. • Need tangible results to maintain support. • Has no general government power. • No one is in charge.

7. Private-public Partnership Model

Description: In this model, there is no organization but a philosophy of partnering with the private sector in implementing the plan. The partnership can be initiated by the City or by a private interest. Not all the actions identified for implementation of the plan can be fulfilled through private-public partnerships.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Builds community support. • Various community interests are represented. • Can partner with private sector. • Good for projects and programs. • Can be used in combination with other options. 	<ul style="list-style-type: none"> • Competing priorities with other projects. • May not have funding or staff resources. • Need tangible results to maintain support. • Has no general government power.

8. Opportunistic Model

Description: In the opportunistic model there is no organization or strategic approach to implementation. The stakeholders wait and see what happens and let the private market drive the plan.

Strengths	Weaknesses
<ul style="list-style-type: none"> • Wait and see. • Focus on project. • Costs nothing. 	<ul style="list-style-type: none"> • Loses the vision. • Limited potential for success.

Comparison of Organizational Models

	Leveraging Resources	Eliminating duplication	Cost effective	Accountability	Leadership	Sustainability
Association	1	1	3	1	1	1
Non-profit Membership	2	2	2	2	2	2
Urban Renewal Agency	3	3	2	3	3	3
BID	2	3	3	3	3	2
City Department	2	2	2	3	2	2
Alliances	1	1	3	2	2	1
Partnerships	1	1	3	1	1	1
Opportunistic	1	3	3	1	1	1

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S T R O N G

Examples of Organizational Cooperation

River City Company, Chattanooga, TN <http://www.rivercitycompany.com/new/about>

River City Company is the economic development agency for Downtown Chattanooga. Through its work to cultivate and advocate for a vibrant and healthy downtown, River City Company stimulates the community's economic, social and cultural growth. For over 30 years, River City Company, a private non-profit, has worked in partnership with local government, the private sector, and the philanthropic sector to support Downtown Chattanooga. River City Company's Board of Directors represents the community at large with City and County Mayors, representatives from Chattanooga City Council and Hamilton County Commission and numerous community leaders.

University of Florida and Gainesville Strategic Development Plan 2017

<https://strategicdevelopment.ufl.edu/>

The University of Florida's Strategic Development Plan seeks to shape the university and surrounding community's future over the next 40 to 50 years and establish the framework for the "New American City." The plan was developed over a rigorous nine-month exploration of key issues within the university community and the City of Gainesville – UF's host city. The 2,000 acre land-grant university's presence looms large in Gainesville, a town of approximately 140,000 residents with a student population exceeding 50,000.

References

ULI Publications

Active Transportation and Real Estate: the Next Frontier

<https://americas.uli.org/report/active-transportation-real-estate-next-frontier/>

Building Healthy Corridors: Transforming Urban and Suburban Arterials into Thriving Places

<https://americas.uli.org/research/centers-initiatives/building-healthy-places-initiative/healthy-corridors/the-building-healthy-corridors-report/>

Building Healthy Places Toolkit: Strategies for Enhancing Health in the Built Environment

<https://americas.uli.org/research/centers-initiatives/building-healthy-places-initiative/building-healthy-places-toolkit>

Cultivating Development: Trends and Opportunities at the Intersection of Food and Real Estate

<https://americas.uli.org/report/cultivating-development-trends-opportunities-intersection-food-real-estate/>

Ten Principles for Building Healthy Places [https://uli.bookstore.ipgbook.com/search-pages-](https://uli.bookstore.ipgbook.com/search-pages-21.php?search_term=Ten+Principles+for+Building+Healthy+Places&advancedSearchSelect=&go=Search)

[21.php?search_term=Ten+Principles+for+Building+Healthy+Places&advancedSearchSelect=&go=Search](https://uli.bookstore.ipgbook.com/search-pages-21.php?search_term=Ten+Principles+for+Building+Healthy+Places&advancedSearchSelect=&go=Search)

Boise City Zoning Code, Chapter 11-05-02 Conservation Zoning Overlay Districts

<https://cityclerk.cityofboise.org/media/262806/1100.pdf>