

*Colorado Boulevard Healthcare District  
(CBHD)  
Plan*

*This Plan envisions the Colorado Boulevard Healthcare District Study Area as a healthy, safe, cohesive, and inviting neighborhood with healthcare institutions, healthcare related uses, residential uses, and neighborhood-scale retail uses that provide services for the residents, healthcare employees, and visitors. Both the residents and the healthcare employees will see the juxtaposition of residential and healthcare uses in the Study Area as an advantage and reason for living and working in the neighborhood.*









**CITY PARK**

**SOUTH PARK HILL**

Congress Ave.

*Key*

-  National Jewish
-  Rose Medical Center
-  UCHSC
-  University Hospital
-  VA Medical Center
-  Neighborhood Boundary

**HALE**  
LINDSLEY PARK

**CONGRESS PARK**

**CRANMER PARK - HILLTOP**

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## FOREWORD

The Colorado Boulevard Healthcare District (CBHD) Plan provides a framework to balance the delivery of quality medical care and instruction with the character and viability of adjacent residential neighborhoods. The CBHD development guidelines provide quality urban design and site planning solutions regardless of parcel ownership or tenancy. Ongoing communication and cooperation among the members of the CBHD are key to the successful implementation of the plan and goals to sustain a vital and diverse district. The contents of this plan are the result of extensive discussion, intensive negotiation, and consensus building among the healthcare institutions, neighborhood organizations, and the City of Denver over a number of years. These efforts are gratefully acknowledged.

The CBHD Plan will be presented to the Denver Planning Board and City Council for consideration of adoption as an amendment to the Denver Comprehensive Plan. As such, the recommendations within this plan are consistent with and further the objectives of the Denver Comprehensive Plan.

The CBHD acknowledges that the Veterans Affairs Medical Center, the University of Colorado Health Sciences Center while fully participating members of the CBHD throughout this planning process, cannot as divisions of the United States government and the state of Colorado, support the passage of this plan before the City and County of Denver City Council. The recommendations of these healthcare facilities have strengthened the document.

The cornerstones of this plan are the continued communication and cooperation among the members of the CBHD. This plan is prepared with full knowledge of the CBHD Planning Committee that efforts are currently underway to relocate and/or reorganize healthcare facilities or healthcare programs as opportunities arise. The members of the CBHD are committed to this planning process because these guidelines and recommendations will lead to appropriate site planning solutions.

The plan will address site specific issues, while also maintaining a unified vision for the healthcare district. Development recommendations will respond affirmatively to the changing face of the healthcare district. This will occur through coordination of the factors which influence individual organization decisions on scale, massing, height, access, landscaping, street furniture, and streetscaping. This vision will also address adverse traffic and transportation issues.

Clearly delineated boundaries for the medical facilities will limit encroachment of non-residential uses into the adjoining stable residential areas. This plan will identify the agreed boundaries for the CBHD. It is also understood this will allow the participating healthcare institutions to acquire appropriate H zoning with the support of the CBHD participating neighborhood and city agencies. It should also be understood, any healthcare expansion beyond these boundaries may

be met with neighborhood association opposition.

Note: VAMC, and UCHSC believe that they are not subject to City and County of Denver zoning. The neighborhoods and the City believe that these institutions and healthcare facilities are subject to City and County of Denver Zoning.

This plan has been prepared within the context of the impending move of the University of Colorado Health Sciences Center to the former Fitzsimmons Army Medical Base over the next few years. It is the understanding of CBHD members that a master plan process for University of Colorado properties remaining within the Colorado Boulevard Healthcare District boundaries will begin in the near future. The CBHD must participate in the discussions of the UCHSC master plan in order to continue the coordination of plan recommendation implementation actions.

The Colorado Boulevard Healthcare District, with its combination of sound residential areas and major healthcare educational campuses and facilities, provides a significant and vital component to the economy of central Denver. The healthcare campuses and facilities deliver needed health services to the neighborhood and region, and also provide employment and educational opportunities. Neighborhood residents in the area are served by commercial convenience outlets which might not locate in the vicinity except for the large employment and market base generated by the healthcare facilities. Residential areas are aided in the maintenance of existing stability through the residential occupancy of an educated and/or healthcare facility-employed population. As neighbors, the healthcare facilities and residential neighborhoods have learned to communicate with each other and to jointly address mutual concerns. At the same time that the healthcare facilities benefit the neighborhoods, there are also an increasing number of issues which affect the quality and characteristics of these neighborhoods. Increased traffic, and the juxtaposition of hospital, offices, and parking lots to residential uses, combine to create a tension in the fabric of the neighborhoods of the CBHD, which must be eased before the fabric is torn. For these reasons, a plan has been prepared - in order to explicitly define the issues, outline areas of common interest, and to create a framework upon which to build our existing communication towards resolution of these concerns.

## **I. INTRODUCTION**

### **A. Organization of the Plan**

The CBHD Plan is organized into six major sections.

- I. The Introduction describes the purpose for the CBHD Plan, the planning process, the vision and goals for the district, and the intended use of the plan.
- II. The Existing Conditions section provides an assessment of the current land uses, zoning and characteristics of the district. Emphasis is placed on the existing street system, district subareas, and background information for the application of the development guidelines.
- III. The District Development Guidelines explicitly state the recommendations which will guide public, private, healthcare and non-healthcare redevelopment in the district. The CBHD guidelines promote a level of quality, character, and identity that will knit together the diverse subareas within the district. The guidelines are advisory, not mandatory. However, they will be applied, along with the other plan recommendations, as analysis tools in the review of proposed development plans.
- IV./V. Sections IV. and V. identify unique opportunities and recommendations specific to Subarea I and Subarea II within the CBHD study area. These sections acknowledge varying conditions and provide the opportunity to create diverse and intriguing design solutions throughout the district. Adherence to district-wide development parameters is achieved, yet diverse needs and impacts are addressed.
- VI. The Implementation Action Plan identifies tasks which must be accomplished to make this plan a reality. This section describes the relative priority of the projects, presents general time frames, and identifies the parties which must be involved in order to implement the recommendations. Identification of specific party involvement does not necessarily construe funding responsibility for those particular projects. Implementation actions are described first district-wide, then for each subarea, with specific recommendations focused on the issues unique to each sub area of the plan.

**APPENDICES** The Appendices include definitions, previous studies which have been done for the area, and acknowledgment for the work done by many individuals, institutions, and organizations in bringing this plan to fruition.

## B. Purpose of the Plan

The CBHD is an area in transition. Each of the five major healthcare institutions in the district - University of Colorado Health Sciences Center, University Hospital, Veterans Affairs Medical Center, Columbia-Rose Medical Center, and National Jewish Medical and Research Center, have been experiencing substantial growth and changes in their programs. These factors have mandated the expansion of the healthcare facilities and have resulted in new construction, additional traffic, and the need for more parking facilities.

The encroachment of non-residential uses into the surrounding stable residential areas has raised concern that boundaries may be necessary to secure the balance of uses within the district. The CBHD Plan has been created to provide guidance for both private and public sector programs and capital investments. Future development and renovation are integrated with an overall vision for the character and quality of design throughout the district. Development guidelines provide a framework for site specific review based on scale, massing, height, access, landscaping, street furniture and streetscaping. Particular attention is focused on the adverse environmental impacts created by traffic and related transportation issues.

Because the process for developing the CBHD Plan involved diverse input and negotiation, some of the recommendations in the plan appear to conflict with one another. When conflicts do arise among various recommendations, the final recommendation will be based upon the specifics of the issue being addressed and the overall attainment of the plan's goals and objectives.

## C. The Process & Vision

In response to the growing need for a coordinated strategy to address growth and potential conflicts among healthcare institutions, residents, and other businesses in the area, the CBHD was formed in 1991. An urban design planning process was initiated to :

- 1) accommodate the expansion of the healthcare institutions in a manner which enhances both the institutions and the residential uses surrounding them, and;
- 2) to maintain and improve the residential quality of the surrounding area.

A committee was formed to represent the different interests in the neighborhood and to oversee the planning process. The CBHD members have met on a regular basis since 1991, serving as a clearinghouse for new development proposals and/or issues presented by representatives of the neighborhood or the healthcare facilities. One item continued to command prominence in the monthly discussions - the issue of institution expansion and the subsequent impacts on adjacent residential neighborhoods. It was determined following review of an initial statement of issues to be addressed in the CBHD Plan, that traffic and transportation issues would take a principal role in the process.

To help fully understand the issues of traffic and parking, the healthcare institutions, with the review assistance of the neighborhood associations, hired consultants, who performed a traffic and parking study as background information for the district plan. Upon review of the completed study, the planning team felt that the issues were of a magnitude to continue the planning process and that the study projections could serve as background data for plan recommendations.

Eight neighborhood organizations were responsible for representing the residents and institutions in or adjacent to the CBHD: Bellevue-Hale Neighborhood Association, Capitol Hill United Neighborhoods (CHUN), Congress Park Neighbors, Cranmer Park-Hilltop Civic Association, Denver East Central Civic Association (DECCA), South City Park Neighborhood Association, and Mayfair Neighbors. These organizations focused on protecting and enhancing areas within or adjacent to the healthcare district as well as maintaining a close and harmonious relationship with the healthcare institutions.

The CBHD purposes are as follows:

- To prepare a CBHD Plan
- To facilitate implementation of the plan and to monitor changes (if needed) to plan recommendations
- To serve as a point of contact between the healthcare facilities and neighborhood associations for the dispersal of information
- To attempt to obtain a consensus position of the neighborhoods and healthcare facilities concerning issues of mutual interest.

The CBHD planning committee has, in addition to its regular meetings, held several public forums to discuss this plan. It is anticipated this process will culminate in a presentation to the Denver Planning Board with a request to accept this document as an official amendment to Denver's Comprehensive Plan. Denver City Council will conclude the process with approval of an ordinance adopting the CBHD plan as an amendment to Denver's Comprehensive Plan.

#### **Vision for the CBHD Study Area**

The vision for the CBHD Study Area is a healthy, safe, cohesive, and inviting neighborhood with healthcare institutions, healthcare related uses, residential uses, and neighborhood-scale retail uses that provide services for the residents, healthcare employees, patients and visitors. The residents, the healthcare employees and the healthcare decision-makers see the juxtaposition of residential and healthcare uses in the study area as an advantage and reason for living and working in the neighborhood.



The five major healthcare institutions within the district will function and be perceived as two campus areas integrated with common visual images and shared facilities. The residential areas of the Study Area will retain their existing character, and will be reinforced with compatible in-fill housing and improvements to existing housing. A diversity of housing types and costs, extensive landscaping, pedestrian linkages and upgraded retail uses will complement and reinforce the eclectic and user-friendly character of the district.

It is envisioned automobile and service vehicle access to the CBHD will be focused on Colfax Avenue, Colorado Boulevard, 8th and 9th Avenue (east of Colorado Boulevard), and Clermont Street (north of 8th Avenue). An innovative signage program directing traffic to specific healthcare institutions will be continued. Secondary access to Subarea I, via Hale Parkway is acknowledged, but use of the Parkway is not encouraged in order to maintain the Parkway capacity for neighborhood vehicular and pedestrian usage.

People will be encouraged to walk or use healthcare shuttles between points within the CBHD; between the CBHD and the residential area; between the CBHD and the nearby resources such as specialty shops and food services on Colorado Boulevard, 8th Avenue, and East Colfax Avenue; and within the residential areas themselves by providing a hierarchy of safe and inviting sidewalks.

The most intense and dense healthcare uses will be located in the center of Subarea I of the CBHD, with uses and building scales transitioning downward from the center of the CBHD in all directions.

#### **D. Goals of the Plan**

This plan provides an urban design framework and design guidelines for the redevelopment and expansion of new and replacement uses within the CBHD. It also establishes a program for not only improving the surrounding area, but also maintaining the stability of residential neighborhoods.

The Plan is designed to meet eight primary goals:

1. Encourage and accommodate the healthcare institutions within the neighborhood in order to promote job retention and creation, and to provide high quality healthcare for the region.
2. Maintain and improve the livability of the surrounding area as an urban, mixed-use neighborhood with a vital residential base and strong neighborhood-serving businesses.
3. Mitigate the off-site parking of vehicles and/or automobile traffic related to the mobility of employees, patients, and visitors in the healthcare area of the CBHD through the Colorado Boulevard Health Facilities Transportation Management Organization

(CBHFTMO) representing the five healthcare facilities within the district and with neighborhood representation on the TMO Board. Support the TMO in its efforts to implement a cost effective transportation demand management (TDM) program including, but not limited to education and outreach strategies, carpools, integrated shuttle program, improved public transit and modified parking policies operations.

4. Improve the movement of traffic, in and out of the district, without heavy impact on adjacent residences.
5. Improve the physical appearance of the CBHD.
6. Promote a cooperative environment for the healthcare institutions, the residents, businesses, the neighborhood associations, and the City to work together to accomplish the goals of the CBHD Plan;
7. Provide a framework for integration of healthcare institutions, the City, and neighborhood development plans; and to
8. Identify the programs and processes necessary to accomplish the project goals.

## II. EXISTING CONDITIONS

### A. District Vicinity & Study Area Description

The Colorado Boulevard Healthcare District, with its combination of sound residential areas and major healthcare educational campuses and facilities, provides a significant and vital component to the economy of central Denver. The healthcare campuses and facilities deliver needed health services to the neighborhood and region, and also provide employment and educational opportunities. Neighborhood residents in the area are served by commercial convenience outlets which might not locate in the vicinity except for the large employment and market base generated by the healthcare facilities. Residential areas are aided in the maintenance of existing stability through the residential occupancy of an educated and/or healthcare facility-employed population. As neighbors, the healthcare facilities and residential neighborhoods have learned to communicate with each other and to jointly address mutual concerns. At the same time that the healthcare facilities benefit the neighborhoods, there are also an increasing number of issues which affect the quality and characteristics of these neighborhoods. Increased traffic, and the juxtaposition of hospital, offices and parking lots to residential uses combine to create a tension in the fabric of the neighborhoods of CBHD, which must be eased before the fabric is torn. For these reasons, a plan has been prepared - in order to explicitly define the issues, outline areas of common interest and, to create a framework upon which to direct the existing communication towards resolution of these concerns.

For purposes of this study, the Colorado Boulevard Healthcare District (CBHD) is defined as the impact area shown on exhibit \_\_\_\_.

The CBHD is primarily located within census tract 43.01 (subarea I), which is designated for statistical and planning purposes as the Hale neighborhood. This is a mixed-use, urban neighborhood which extends from Colorado Boulevard to Holly Street, and from East 6th Avenue Parkway on the south to East Colfax Avenue on the north. A portion of the CBHD (sub-area II) is located in the Congress Park neighborhood whose boundaries are East Colfax Avenue on the north, 6th Avenue on the south, Colorado Boulevard on the east, and York Street on the west.

The CBHD is comprised of the following (listed in alphabetical order) healthcare facilities and neighborhood associations:

**Bellevue/Hale Neighborhood Association**  
**Columbia-Rose Medical Center**  
**Cranmer Park-Hilltop Civic Association**  
**Mayfair Neighbors**

**Capitol Hill United Neighborhoods**  
**Congress Park Neighbors**  
**Denver East Central Civic Association**  
**National Jewish Medical and Research Center**

**South City Park Neighborhood Association**  
**University of Colorado Health Sciences Center**  
**University Hospital**

Because of the transportation linkage between the CBHD and the surrounding neighborhood areas and, because of the impact of the activity within the CBHD on the surrounding residential and commercial uses, the study area also includes the influence area shown on exhibit \_\_\_\_\_. This influence area includes the following neighborhoods: Hilltop, Mayfair, Park Hill, Colfax at the Park, Congress Park, and South City Park.

### Key Issues and Opportunities

The following issues and opportunities are to some degree common to all neighborhoods which are immediately adjacent to large healthcare facilities.

1. Hospital development tends to expand outward from an historic core to become a campus of very intense institutional uses surrounded by service and support uses, including parking. These campuses can become massive in scale, with a tendency to create "superblocks" resulting from the closure of public alleys and streets.
2. Hospital campuses which become superblocks create an organized internal, physical setting which can be designed to be visually appealing to its users through the use of landscaping and other urban design features such as uniform street furniture and lighting. Additionally, these settings aid the campuses in becoming easily identified as a whole rather than as a collection of diverse facilities.
3. Maintaining the viability of healthy residential areas immediately adjacent to healthcare facility development can, at times, be impeded by the closure of streets and alleys, as superblock development often presents its "backdoor" to the neighborhood. Hospital campuses which become superblocks, direct traffic onto the adjacent streets which are still open. The adjacent streets, however, may not be designed or built to accommodate the additional, unanticipated traffic.
4. Traffic circulation around hospitals must efficiently serve different users, each with specific needs; patients, students, employees (including both medical and support staff), service vehicles, emergency vehicles, visitors, and neighborhood traffic not related to the hospitals. Visitors and patients are usually unfamiliar with hospital traffic patterns on the first visit, but develop set patterns of access and egress. Additionally, visitors and patients are often driving under stressful situations and unfamiliarity with traffic patterns adds to the level of confusion on their first visit.
5. Autonomous hospital expansion and redevelopment tends to occur as programs evolve, patient load increases, and funding becomes available. In the absence of long-range planning and inter-hospital coordination, circulation routes also evolve autonomously.
6. The very high number of automobile trips to, from, and through the CBHD create

severe parking problems that negatively impact the institutions and the surrounding neighborhoods.

7. The demand for parking increases with the facilities' expansion. The location of the parking facilities which will meet the demand must be easily accessible.
8. Colfax Avenue and Colorado Boulevard are major arterials which serve the district. While facilitating traffic flow, these two arterials also compound the confusion of entering and leaving the district due to the heavy non-district traffic flow. East bound 6th Avenue changes to a low volume parkway east of Colorado Boulevard, often leading to vehicular traffic using local neighborhood streets to find its way to the CBHD. Service vehicles now use residential streets and the streets that serve as boundaries between the different residential sections of the neighborhood. Individually, these vehicles generate more noise and pollution than the residential automobiles. Servicing for hospitals occur at various hours of the day.
9. There are not many shared open spaces or other facilities, although there are shared operational programs. (The Auraria Campus provides an example of separate institutions with shared facilities and shared operational programs.)
10. The intersection of 9th Avenue and Colorado Boulevard has been recognized by the general public as the primary entry into the CBHD. This has changed as each institution has changed its parking and primary building entry points. Primary access points will continue to change as needed.

## **B. Existing Zoning**

The Study Area presents a patchwork of zoning districts, with a concentration of H-1 and H-2 zones within the Healthcare District, surrounded by R-3, R-4, B-2, and B-4 zone districts. Outside of the district, the area is surrounded by low density residential zoning, R-1 and R-2.

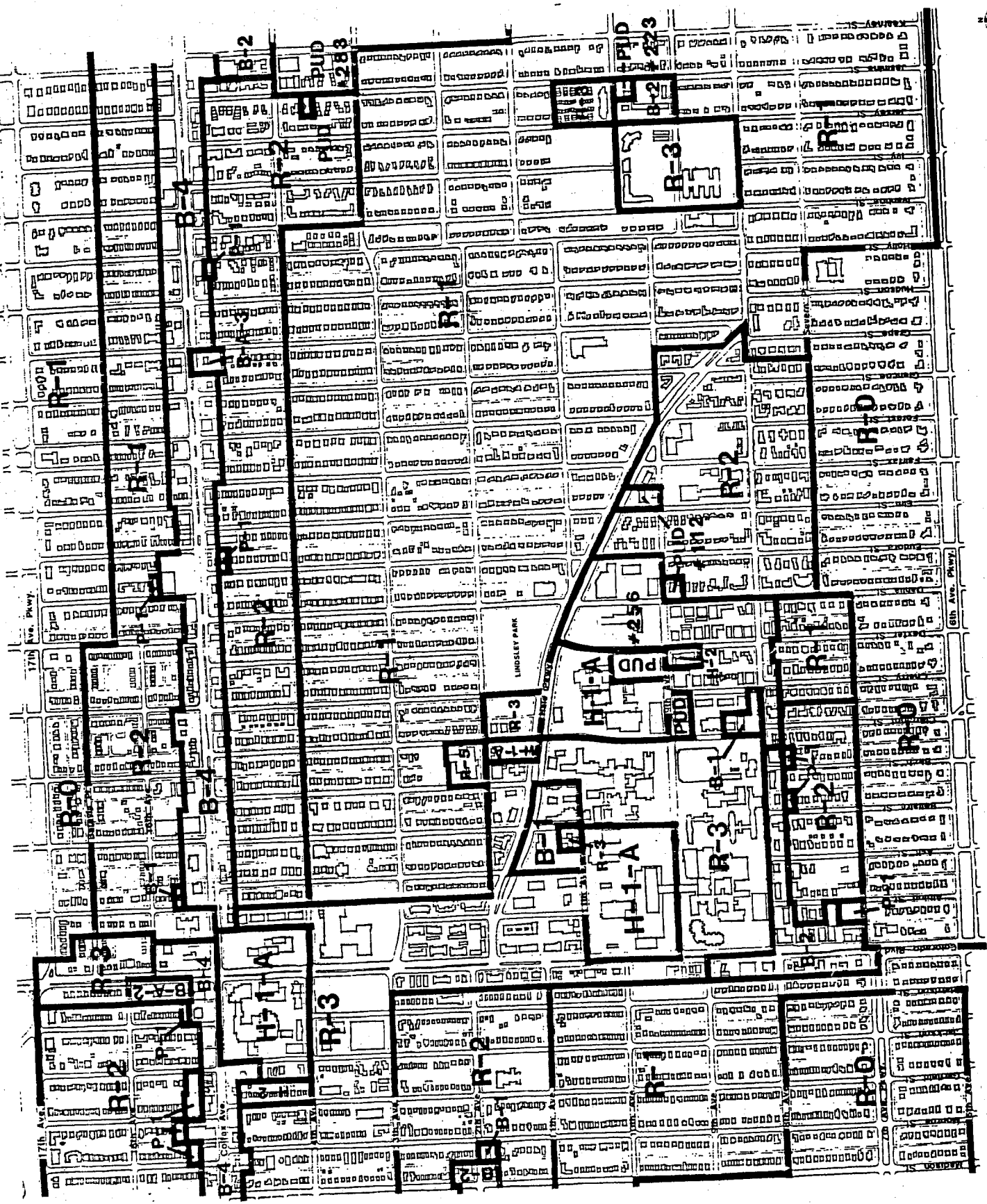
## **C. Ownership**

The largest ownership assemblages belong to the healthcare institutions, with many small assemblages and individual parcels creating the ownership pattern in the rest of the Study Area.

## **D. The Street System**

Streets are very important elements of each city's urban design. The character of Denver has been established with a very clearly articulated grid street and block pattern, with detached sidewalks, grass, and street trees.

Denver's street system includes every level of the urban street hierarchy, from local streets to



EXISTING ZONING  
 COLORADO BLVD. HEALTH CARE DISTRICT

