

HEALTH CARE & SENIOR HOUSING *Quarterly*



It's time to rethink rural health care

Albert Vecerka

Engaging the community and getting buy-in early are critical steps to create support for building new or upgrading older rural health care facilities.

The stakes are high for rural health care facilities. Most rural health care buildings are at least 40 years old, having been constructed during the Hill-Burton era. This postwar boom of hospital construction resulted from the passage of the Hospital Survey and Construction Act (informally known as the Hill-Burton Act) in 1946, which by the end of the century partially financed the construction of more than 6,000 new hospitals, clinics, rehabilitation centers and long-term care facilities.

Today these buildings struggle to meet the physical, ventilation, elec-



Val Williams
Senior associate
and senior health
care planner, Page

the quality and skill of the clinical staff.

trical and clinical requirements to provide appropriate modern care for a patient population that has steadily decreased while aging and becoming sicker. Older facilities also hamstring the providers and staff occupying them by not providing care environments that match

Two commonly cited solutions – critical access hospitals and community-supported capital funds – are challenging for hospital systems and administrators. Critical access health reimbursements, which provide federal dollars for Medicare services and other programs, are not enough to help rural facilities break even. Asking the community to contribute capital funds through taxes or a mill levy puts locals in a difficult position, as there are fewer residents (wealthy or otherwise) across which to spread the financial burden.

Not so evident is the cultural side of capital projects in rural health care.

The patients treated in these facilities are literally the friends and neighbors of the clinical and support staff.

The pandemic may bring about a potential revival of rural living. The normalization of working from home – with some companies even promoting remote work first – frees many Americans from having to live in or near major cities for commuting purposes. If some people can work from anywhere, why not work from a rural area where your housing dollars go further and the cost of living is reasonable? Some rural communities

Please see Page 11

INSIDE

PAGE 4



Ownership trends

How health systems can leverage their real estate portfolios to optimize their position

PAGES 7-8



Design practices

Evidence-based design practices and an alternative approach to biophilic design

PAGES 26-29



Senior housing

Attainability, market fundamentals and design trends are discussed in this issue

Letter from the Editor

Aging society drives demand

Shifting demographics are driving the health care and senior housing markets, according to articles within this issue. More simply put, aging baby boomers increasingly will drive demand for both asset types.



Millichap's Medical Office Midyear Outlook.



Millichap's Medical Office Midyear Outlook.

A big part of that reason is an anticipated boost in demand in the short and long terms for health services. This year, the number of people 65 and older

However, recognizing the population is aging doesn't simply mean all health care projects will be successful. For that, the numbers need to be examined more closely. This issue's cover story highlights the need for upgrades and new properties in rural America, as many of those facilities are 40 to 50 years old and can't stay current with medical developments needed to care for their aging residents. A project profile on Page 9 highlights how a Colorado Springs facility capitalized on its aging population's

anticipated needs to build a hospital as well as an orthopedic medical office building. It is the only hospital in Southern Colorado certified by the Joint Commission, which accredits more than 22,000 health care programs and organizations nationwide, for total hip and knee replacements.

The aging boomer population will impact future demand for more senior housing as it is a larger group than previous generations. However, two articles within the senior section stress the importance of attainability and affordability within this sector.

“According to a survey by the National Endowment for Financial Education, 59% of boomers still are financially supporting their children ages 18-39 and a report from Vanguard shows that 45% report having no retirement savings,” writes Len Segel on Page 26. Segel goes on to identify strategies development teams should consider when planning their next properties in order to meet increasing demands on tighter budgets.

On Page 28, Joshua Thomas focuses on this point as well, highlighting a 2019 report called *The Forgotten Middle* from the National Investment Center for Seniors Housing & Care. “Middle-income” seniors, those who receive between \$51,800 and \$65,505 annually, will almost double by 2030 to 15 million. He writes that the industry is due for a major disruption to deal with an aging population that has far less money in its elder years than previous generations had.

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26

Reinvent senior living for attainability
Len Segel

27

The pandemic's impact on market fundamentals
Lana Peck

28

The growing need for affordability in senior housing
Joshua Thomas

29

Senior living changes: Lessons from the pandemic
Gary Prager

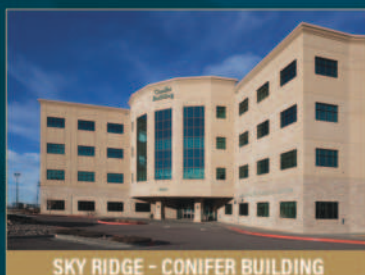
29

Design spaces for seniors of today & tomorrow
Bill Foster

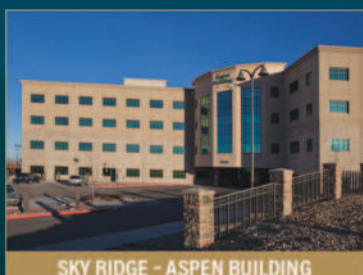
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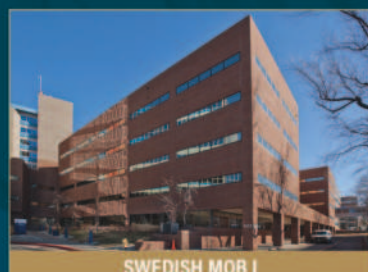


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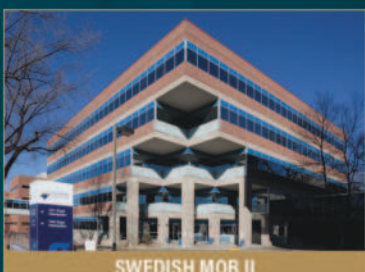


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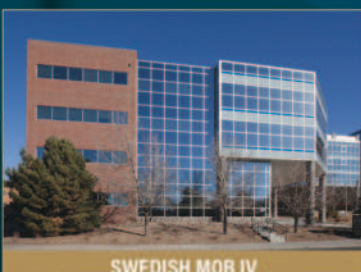
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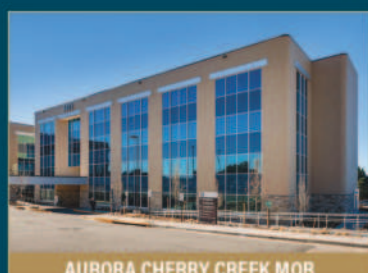


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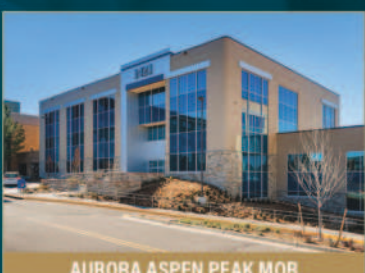


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MEDICAL CENTER OF AURORA CAMPUS



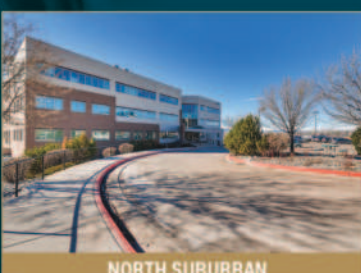
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HEALTH CARE — MARKET UPDATE

Why medical spec suites are a win-win in Denver

Office spec suite spaces have been trending for years now, but medical office spec suites are considerably harder to come by for numerous reasons. One reason is cost. Medical office build-outs are more costly when you factor in the substantial amount of construction needed, including millwork, dry-wall and plumbing. Most medical practices also require sound mitigation and an in-suite restroom. All of these costs make it challenging to convince landlords to spend the amount of money necessary for medical office spec suites. A true spec suite requires more than just repainting and installing new flooring. Rather, in addition to new finishes, a spec suite done right requires a thoughtful and comprehensive redesign of a suite for maximum efficiency and flexible practice use. But as the saying goes, “If you build it, they will come.” And there has been much success with medical office spec suites during the pandemic and post-pandemic market shifts over the past 12 to 18 months.

Traditionally, move-in ready suites, or “speculative” suites, allow tenants to avoid enduring the time-consuming and expensive process to build out medical office space. Whether doctors are breaking off from a larger practice, forming a new partnership or pursuing an expansion into a new market, there is a large attraction to spec suites due to time savings. Often, it could take a tenant nine to 12 months



Anna Heiserman
Senior associate,
CBRE

from the initial showing to occupancy depending on the design, permit and construction timeline. Now more than ever, these landlord-funded, move-in ready spaces offer practices the ability to make the quick decisions necessary. In addition to the time savings, spec suites allow health care providers, especially solo practitioners, to save on costs. Medical office build-outs can easily cost over \$100 per square foot and practices often are responsible for covering at least half of that amount. As construction materials become increasingly delayed and prices continue to rise, spec suites allow tenants to avoid the challenge of taking on high build-out costs as upfront expenses when leasing space. For health care providers or practice managers, if a spec suite is able to solve for cost and timing while offering a beautiful new space, it makes it easier to justify relocating and directing their patients to a new location.

From the ownership perspective, landlords are doing their best to provide a space that a majority of the doctors in the market would view as favorable in terms of layout and quality. One of the biggest benefits to spec suites is that they can significantly speed up the leasing timeline and get tenants into



The demand for medical office spec suites has increased over the past 12 to 18 months.

a space quickly. By reducing the need for a medical practice to go through an extensive build-out process on its new space, spec suites greatly decrease the time between lease signing and move in. Another advantage to the owner is the added flexibility and shorter lease terms that come with spec suites, which allow landlords to charge a premium. The rents achieved on a medical office spec suite with brand-new finishes are capable of a starting rate that is 5% to 10% higher than traditional second-generation spaces. Some landlords even take advantage of the ability to gain economies of scale on construction projects by creating multiple move-in-ready



suites at the same time. By doing this, they can receive a discount on some costs from the contractors and at less than what the tenant would pay for a similar build-out on its own.

Over the past year and a half, medical office spec suites have become increasingly in demand, even during a pandemic. The medical office spec suites that have been

Please see Heiserman, Page 12

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HEALTH CARE — INSIGHTS

Leverage real estate portfolios to optimize position

Stepping into the post-crisis era, we see many moments of hope and opportunity as health systems re-imagine care delivery.

What's happening here in Colorado mirrors national trends: Health systems are competing for market and talent while adapting to changing patient behaviors. And they are taking a hard look at their real estate portfolio as capital is diverted from building brick-and-mortar assets and reallocated to fund digital platforms for patient care.

My role uses a data-driven methodology to help health systems define their priorities and reevaluate opportunities to boost their business performance and their position in their markets, through forecasting and modeling future state solutions.

Here are the three big questions our health care clients have been asking lately:

1. Competition is fierce. What trends are we seeing that will help us position our system successfully in the market as we enter this post-crisis era?
2. How can we optimize our real estate portfolio to boost resilience and relevance?
3. How will telehealth impact real estate, and how should we plan for virtual care?

■ Competition and trends. Let's talk about competition and trends first. Health systems no longer have the luxury to create a plan and spend a few years rolling it out. The industry is being inundated with nonindustry disruptors such as CVS, Walmart Health and Amazon, which offer low-



Becky Baron
Senior health
adviser, HKS

cost entry points. Consumer expectations have shifted, with patients looking for the Amazon experience of convenient care and easy pricing. Shifting points of care – such as inpatient services to outpatient settings, higher acuity and complexity, and the demand to personalize care – are also fragmenting traditional delivery models.

We advise our clients to focus on differentiating their brand by leveraging their strongest services and knowing where they can make their biggest impact. We draw on consumer profiles and try to understand what influences their decisions. It may be time to drive outside the lanes or create alliances and service arrangements to fill a system's services gap. Providing a seamless experience for patients may mean aligning with partner systems, acquiring provider specialties or engaging an urgent care operator.

More often we are seeing mixed-use health and wellness villages emerge to offer hospitality, retail and medical services and more. For example, MetroHealth's community district in Cleveland has emerged as a leader in health-related return on investment through innovative community and economic development; it even offers a farmers market and local library access.

Successful planning starts with a deep dive into the spaces that our



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Baylor St. Luke's new 12-story O'Quinn Medical Tower at the Houston McNair Campus reflects prioritizing patient experience and asset performance. Convenient, personalized and comprehensive services lead the way to expert positioning and care delivery.

clients use. Real estate ranks among the top three expenses for most businesses and especially for hospital systems, which often have aging and underperforming assets.

■ Maximizing the real estate portfolio. Health leaders can optimize their real estate portfolio by letting go of noncritical assets, negotiating favorable lease terms for higher flexibility, maximizing revenue-producing spaces and building income streams where possible. Here are some ways to start:

- First, know what you have. Take the time to view your portfolio holistically and build an analytics framework to track asset performance. Compare this data to your patient demographics and any shifts taking place in the services you offer, factoring in where those services are locat-

ed. Benchmarking against your industry, specialties and other markets will help you contextualize where you are now and where you need to go next.

- Decluttering is one easy way to cut costs; empty out old storage areas and turn them into revenue-generating spaces. Hospital real estate often is expensive, yet we still see storerooms filled with old, retired equipment and nonessentials that take up valuable space.
- Recognize your power of negotiation when assessing liquidation, third-party developers or creative ownership scenarios. Investors have cash, and health assets still are strong. Proactive planning is the approach; don't let last-minute decision-making take you away from the driver's seat.

Please see Baron, Page 12

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HEALTH CARE — TRENDS

Joint venture ownership model provides benefits

For health care providers, real estate can be an afterthought amid the important work of tending to patients. But choosing the right path when it comes to medical office space is critical to maintaining the financial health of a practice. Physician groups and specialty providers who don't have a big corporate apparatus with a real estate arm behind them may find themselves unsure of how to proceed with securing a space for their practice or how to leverage their real estate to grow their practice. The conventional choices are either to lease or purchase a space outright, but by stepping outside of that box into a different ownership



Gene Hodge
Vice president and
general manager,
Mortenson

model – like a joint venture partnership – providers can find greater flexibility, risk mitigation and financial benefits. ■ **Reaping the benefits of a strong asset class.** Despite the stresses on health care systems and providers during COVID-19, health care properties, as an asset class, are even more desirable than they were before the pandemic, according to several major commercial real estate brokerages.

A recent report from CBRE shows that capitalization rates have compressed steadily since 2009 to about 6.5% nationwide in late 2020. Health care property sales volumes also spiked at the end of 2020 as private and institutional investors clamored for high-quality properties with rosters full of good credit tenants. In fact, annual investment volume for medical office buildings suffered the least of any major property type in 2020, according to CBRE. Investment interest is expected to continue as the economy broadly rebounds from the COVID-19 recession. Average asking rents for medical space in metro Denver ticked up slightly in mid-2020 when com-

pared to a year earlier, even as the pandemic raged, according to CBRE, demonstrating remarkable resilience in the face of a historic threat. ■ **Exploring the path less traveled.** Both leasing and owning have their upsides. Leasing means far fewer maintenance responsibilities and less risk of the property value depreciating and hurting a practice's ability to grow. It's easier to pick up and move to a new location and provides greater flexibility than ownership. Owning offers providers more control over the space and freedom from answering to a third party about the property. It also means


Please see Hodge, Page 14



A joint venture gave Fairview Lakes Orthopedic Specialty Center the capacity to grow both vertically and horizontally, allowing for construction of a surgery and MRI center at a later date.



The Crosby Cardiovascular Center, developed and built by Mortenson, was the result of a joint venture between Minneapolis Heart Institute and Cuyana Regional Medical Center.



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HEALTH CARE — TRENDS

Embrace disruption instead of forced reinvention

Disruption often is perceived as a negative thing, but that is not always the case. Undoubtedly, the COVID-19 pandemic brought major disruptions to all industries, with health care being no exception and arguably shaken more than any. No person or industry is immune from change. Some disruptions are unpredictable, and some can be anticipated. The challenge moving forward will be choosing to innovate instead of being forced to reinvent. In my 23 years of working with health care facilities, I've noticed a clear pattern of those who adapt and embrace disruption faring better than those who do not. Some aspects of the "pre-COVID" world will return, and some will inevitably, be changed forever. Following are just a few of the health care industry disruptors today.

■ **Self-triage.** As the pandemic continues to slowly loosen its grip on society – largely thanks to the herculean efforts of care providers – health care systems need to transition from reactive, short-term planning to a focus on the post-crisis, long-term challenges that remain. Just as care providers perform triage to assess and treat the most urgent needs first, the same can be applied to health care systems. Urgent needs include managing capacity and staff resiliency through remaining pandemic surges. The next priority is to stabilize financials and recover volume. Once these items have been addressed, it's important to understand how new consumer behaviors and preferences are informing changing health status as well as equity and adjust accordingly.

■ **Taking advantage of the crisis**



Paul Stefanski
Health care studio
director: principal,
EUA

better serve the system. Emergency response efforts highlight organizational structures that slow down decision-making and hinder coordination. Financial pressures also can jumpstart conversations with difficult, but necessary, decisions about which business functions to keep in-house and which can be outsourced to third parties. Conversely, this is a good time to evaluate which services should be brought back and where; a recovery period could provide the chance to sunset underperforming programs or shift settings. Capacity and where procedures occur always can be re-evaluated. While more outpatient capacity is needed, health systems will be even more reluctant to downsize acute inpatient capacity. After clinging to hospital-based reimbursement, hospitals will confront which services can safely move to alternative sites of care.

■ **Virtual health care is here to stay.** Although the size of the role virtual care will play moving forward is contested, most people agree it has been incredibly influential. Many aspects of

recovery period. It's easy to feel overwhelmed by the challenges that remain from the pandemic. However, like it or not, it's given us the opportunity to change ourselves. There perhaps has never been a better time to reorganize governance and leadership structures to



Froedtert Community Hospital-Pewaukee

virtual care are sure to be permanent parts of the care landscape moving forward. After being forced to use telehealth, consumers (and some physicians) will expect continued availability of virtual care services. Some patients even prefer virtual visits to in-person ones. Although it has its limitations, virtual care is particularly beneficial for those who don't have readily available, close access to health care, such as those in rural communities. If the choice is between a virtual appointment and not being seen by a physician at all, something is better than nothing. Dr. Eric Topol, physician, scientist and author, said, "In the years ahead, I expect some 50 to 70% of office visits to become redundant, replaced by remote monitoring, digital health records and virtual house calls." Although technology certainly has its limitations and always will, as it continues to progress, the limitations will decrease. Dig-

ital disruption has and will continue to cause some drastic industry changes, but the focus should be on how the changes can enhance and further personalize our health care experiences. Technologies such as artificial intelligence, precision medicine, robotics, drones, 3D printing, virtual reality, Internet of Things and mobility have allowed major advancements to occur in the field and provided conveniences that we didn't even realize we wanted. Things that would've been hard to imagine 50 years ago are starting to become relatively common now. It's exciting to think about how much further technology will advance medicine.

■ **Retailers are relevant.** Retailers have been playing an increasing role in the health care industry for several years now, with hybrid companies such as Walgreens, CVS and even Best

Please see Stefanski, Page 13



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HEALTH CARE — DESIGN

Art programs can promote healing and grounding

The amount of tense energy and heartbreaking news floating through health care settings often can be unsettling. Ways to relieve such hovering anxieties in hospitals can be remedied through thoughtful curated art programs to introduce contrasting senses of tranquility, healing and joy. The powerful correlation between art and healing both for those receiving medical care and for loved ones has been supported continuously by scholarly research.

A widely used design approach in the building industry known as biophilic design is commonly used by health care art consultants to bring the outside world indoors. Designers implement this process by selecting organic imagery of nature such as flowers, trees, landscapes and clouds to breathe life into clinical areas. Although this strategy is successful, health care art consultants recently have pushed past the boundaries of biophilic design and redefined what “outdoors” truly means. Outdoors does not need to be confined to subjects related to nature, but also it can include anything beyond the brick and mortar of an institution, such as architecture, landmarks, cultural events and community life.

St. Anthony North Health Campus and the Denver Health Outpatient Medical Center are two esteemed hospitals in the Denver area that are each pivotal representations of both the traditional and the redefined version of the biophilic approach. This essay will empha-



Danielle Reisman
Art consultant,
Noyes Art Designs

size the likenesses and differences between the two institutional spaces. St. Anthony North Health Campus, a Centura Health hospital in Westminster, was designed with the traditional biophilic prototype. A large niche on each floor exhibits a different part of the Colorado landscape, such as grasses and flowers, trees and trunks, mountains, and imagery of the sky. In curation of this space, every shape, color, texture and medium are reflective of a healing element of nature, which offers an omnipresent healing energy to the space. One artwork from the St. Anthony North Hospital project that embodies this concept is Jutta Golas’ mountainscape, which is located in the fourth-floor reception area. Golas, a local Denver artist, created a five-panel installation of multi-colored ceramic pieces, arranged in a continuous mountain landscape. The concept of bringing the outside in lies not only within the mountain subject matter but also the clay medium that comes from the earth. This example of traditional biophilic art creates a sense of grounding in what is often an uneasy setting. In contrast to the traditional

Please see Reisman, Page 14



In curation of the space, every shape, color, texture and medium is reflective of a healing element of nature, which offers an omnipresent healing energy to the space. One artwork from the St. Anthony North Hospital project that embodies this concept is Jutta Golas’ mountainscape, which is located in the fourth-floor reception area



Darrell Anderson stands next to his work, My 5 Points, oil on canvas and mosaic, which hangs behind the reception desk on the fifth floor of the Denver Health Outpatient Medical Center and consists of three canvases separated by two mosaics. The paintings depict three scenes that identify the Five Points neighborhood, and the pattern in the mosaics illustrates the five streets coming together to form Five Points.

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HEALTH CARE — PROJECT SPOTLIGHT

Understand demographics to determine care needs

Business leaders know that to be successful they need to thoroughly understand their target markets and submarkets and tailor their services, amenities and facilities to those markets.

Health care is no exception. Just ask the executives at UCHealth, an innovative, nonprofit health system with 12 acute care, full-service hospitals and hundreds of physicians across Colorado, southern Wyoming and western Nebraska.

UCHealth executives knew there was a tremendous need for more orthopedic and sports medicine services in the growing, affluent and athletic submarket of Pikes Peak Park in north Colorado Springs. The neighborhood offers favorable demographics for health care consumption with a population slightly older than the national average and an over-65 population expected to increase at nearly double the national rate. Median household income also tops the national average.

UCHealth had a clear vision and strategy for significantly expanding its orthopedic and sports medicine services in this submarket. To cater to the market's specific demographics, UCHealth partnered with our full-service health care real estate firm to develop an orthopedic-focused medical campus.

A site was selected that is highly visible and conveniently located on Interstate 25, which connects Colorado Springs and Denver. It also offers convenient proximity to



David Martin
Executive vice president, Remedy Medical Properties

the U.S. Olympic & Paralympic Training Center, the University of Colorado at Colorado Springs, Pikes Peak, Garden of the Gods and other recreational amenities that make it all the more welcome in this sports-minded, physically active community.

The first step toward addressing the unique needs of the market was taken in summer 2016 when we completed the 22-bed, 58,000-square-foot Grandview Hospital. The hospital, which features 18 deluxe private patient rooms and a four-bed intensive care unit, provides the highest quality, most advanced orthopedic and sports-medicine care in the area. It includes three advanced operating suites and a comprehensive outpatient surgery center, and is the only hospital in Southern Colorado certified by the Joint Commission for total hip and knee replacement.

Grandview Hospital's services, location and amenities have proved to be popular with Colorado Springs residents. Since its inception, the hospital's medical and surgical admission volume has doubled. In addition, UCHealth has been able to successfully align and integrate both employed and community-based orthopedic surgeons at this location.

More recently, based on the suc-



Remedy recently completed Grandview Medical Center on the Grandview Hospital campus to meet UCHealth's mission of expanding capacity and improving community access.

cess of the orthopedic hospital, UCHealth once again partnered with Remedy to add an orthopedic- and sports medicine-focused medical office building to the campus. Ground was broken in August 2019 and the three-story, 65,000-sf Grandview Medical Center was completed in October 2020. The new MOB accommodates the high demand for orthopedic services in the market and complements services provided in the hospital. In addition, treatment is bolstered by a strong research partnership with the UC School of Medicine's Department of Orthopedics. We own the MOB and provide property management services.

The new MOB houses a seven-physician orthopedics clinic, sports medicine-focused primary care, a multidisciplinary clinic featuring a variety of specialties, a physical therapy clinic and 7,500-sf rehabilitation gym. A special feature of the physical therapy department is that it faces Pikes Peak, which provides dramatic imagery of the medical building's mission.

The new Grandview Medical Center is giving UCHealth's orthopedic surgeons a new site of practice with improved access to the operating room, and it's also improving community access to care. The MOB

Please see Martin, Page 12

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HEALTH CARE — PROJECT SPOTLIGHT

Creating a new hub for health policy in Colorado

Health care nonprofits and advocacy groups have been tested in unimaginable ways over the past 18 months. Many small organizations strapped for resources and facing a flood of new needs have been pushed to the breaking point. The journey often can feel isolating for folks working at these organizations, even though many of the issues they are addressing are interconnected.

Recognizing the imperative to break down the silos that exist in the health and well-being sector and create a more collaborative approach to advancing criti-



Sam Ward
Interior designer,
Elsy Studios

cal health policy issues, Healthier Colorado, a non-partisan health policy-focused nonprofit, envisioned a first-of-its-kind 22,481-square-foot coworking space for fellow members of the health and well-being advocacy community.

Aptly named Colorado's Health Capitol, the new facility brings together a broad spectrum of



Carmen Schechinger
Senior project
manager, Elsy
Studios

health-focused organizations under one ideally located roof in downtown Denver. Tapping Denver-based interior design firm Elsy Studios, Healthier Colorado set out to create a shared office environment that encourages engagement between nonprofits and allows for a stronger, more holistic approach to developing solutions and advocating for policies that advance the health and well-being of Coloradans.

■ **Proximity matters.** Location was the first consideration for the project. The goal was to centrally locate the office in an area with easy access by bike, bus or train, supporting a variety of mobility needs of the nonprofits and their constituents. The team landed on 303 E. 17th Ave., situated in one of Denver's busiest and fastest-growing neighborhoods.

Importantly, the location also puts health nonprofits closer to law- and policymakers at the Capitol building, providing a convenient, centralized location for civic leaders to meet with staffs from different nonprofit groups. Health and well-being advocates are gaining their rightful place near the Capitol and are seen as a positive force for change among lawmakers and stakeholders.

Inside the office, our design team further explored the benefits of proximity in the design of shared spaces. Studies over the years have shown improved collaboration in coworking spaces and those benefits are even more valuable for nonprofits. The design of the work environment thoughtfully supports a high level of engagement among the different organizations that office here, with a variety of casual touchdown spaces and more formal meeting areas. It's easy to connect while making a latte at the coffee bar, eating lunch in the state-of-the-art eat-in kitchen or taking a break in the lounge.

■ **Strength in numbers.** The office was designed to accommodate up to 150 people with private offices, dedicated workstations and hot desks.

As these organizations tend to operate with limited budgets and minimal staffing, the team saw this as an opportunity to create a true destination – a place these nonprofits wanted to come and a place that empowered them to advance the mission of their respective organizations.

The economies of scale offered by the new office allow for resources and amenities that simply wouldn't be feasible for any one of these organizations to access on its own.

Beyond the vibrant, engaging office design, amenities include multiple rooms outfitted with collaboration technology, a podcasting



Tavis Hawkes, Travis Hawkes Media, and Brett Stakelin Healthier Colorado, a nonpartisan health policy-focused nonprofit, created a coworking space for fellow members of the health and well-being advocacy community called Colorado's Health Capitol.

Please see Ward, Page 13

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HEALTH CARE — OUTLOOK

Continued from Page 1

now are offering financial incentives for skilled workers to relocate. Not everyone should or can live in larger cities, and not everyone wants to deal with the traffic and crowding in urban areas. Therefore, rural health facilities must remain vital and current to care for rural Americans just as we aim to serve urban and suburban Americans.

Ensuring the viability of rural health involves multiple aspects, including recruitment and retention of clinical staff in addition to increased financial support through Medicare/Medicaid and insurance reimbursements. The physical environment also is a vital component, but it can be the most difficult to acquire. It necessitates gaining community buy-in, engaging the public and providing the community with amenities that further enrich lives.

■ **Educating the community to get buy-in.** The community may not understand the need for a new health care facility. After all, a house or small commercial property is still useable after 40 or 50 years, so why should a hospital building be any different? The difference is the evolution of health care treatment methods, practices and technology.

- The HVAC/air quality and technology required for modern facilities to provide adequate ventilation (such as air changes per hour in procedure rooms) cannot be attained in older buildings.

- Treatment spaces like operating rooms are undersized for modern procedures (e.g., total hip replacement), efficient workflow and the necessary supporting equipment.

- Building height, structural bay size and building envelope insulation

(or lack thereof) hamper efforts to renovate internally. Interior upgrades usually cost more than building new facilities.

- Health care practice continues to move away from spending multiple nights in the hospital and toward outpatient and home care. Older facilities are designed around a more passive model of health focusing on inpatient care.

- Facilities built before the mid-1990s do not comply with the Americans with Disabilities Act, a major piece of civil rights legislation that has positively impacted health care design.

Facility leadership and staff must make their case for major capital projects to the community early and often to build support for funding new construction. The facility staff can make that case as well as, if not better than, facts and figures. Personal testimonies from nurses and maintenance staff give the community a face to relate to when listening to the daily struggle of not being able to perform a job to the best of their ability because the physical environment holds them back.

■ **Engaging the community in the design process.** A hospital can engage the community as part of a process that only begins with buy-in. An open house event that includes tours of how the hospital is currently functioning (or not) can viscerally illustrate the need for a new building. When the time for planning and design comes, make the facility’s user groups as big as possible. Create a community/patient user group to review built physical mock-ups of some of the spaces and let folks tour it. Let staff “play with” furniture and finish materials. Including the community in a physical and tactile way allows them to have more of a stake and feel

that their voices and concerns are being heard. It decreases perceptions that the project and design are being forced on them because they are part of the process from the beginning.

■ **Redefining health care facilities as community amenities.** The hospital as a “sick place” is an artifact of 20th century health care. Hospitals are working to shed the perception that they are buildings for only sick people, when in fact they are becoming centers of wellness. (Note how many people avoided emergency departments during the pandemic for fear of contracting COVID-19 at a hospital.) Residents may be more likely to support a major renovation or replacement project if the facility includes amenities and services for the community that promote health and wellness. A relatively simple version of this is to provide memberships to a gym that includes physical therapy and cardiac rehab services. Patients can continue to work out regularly in a space in which they previously received medical care, and the gym is monitored by actual health care professionals who can help users with their form or even provide suggestions on training for general health or for a specific event, like a community-sponsored 5K run. Some facilities may partner with an entity such as the YMCA to expand offerings and help manage the nonmedical aspects of a wellness gym. An indoor pool provides an excellent place for physical therapy as well as water aerobics classes and a fun afternoon outing for children after school or during school breaks. These may seem like lofty goals, yet multiple (potentially more achievable) amenities can be offered:

- A walking track with exercise stations can be located easily on a larger campus for a new facility.

- Meeting space such as conference rooms available to the community provide event spaces for family or organizational gatherings (which can be supported through catering from the hospital dietary services).

- Hospital dietary services provide a healthy and affordable dining-out option in rural communities; this service can expand into nutritional/health educational sessions and even allow for a demonstration kitchen to provide a “how-to” for healthy cooking and choices.

- A strong Wi-Fi signal allows residents with insufficient internet service to use it from dietary spaces or even from the parking lot for a telehealth appointment they may not want to conduct in the facility. (Concerns like “Which of my neighbors will see me in the clinic?” can be a challenge for people seeking care in these communities.)

- Hospitals can serve as a gathering place in the wake of a natural disaster and can even provide shelter; hospitals must withstand harsher meteorological and seismic conditions than any other building type, and in some communities, they can be a safe place in the event of a tornado.

As a nation we have an urgent need to revitalize rural health and support our rural neighbors. Health care can no longer be considered a privilege, especially in the wake of the 2020 pandemic. Health care is a right for all Americans to maintain a positive society and economy. Sometimes, the people we need to convince are in the community a health care facility serves. And make no mistake, it is worth the effort for all of us. ▲

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Heiserman

Continued from Page 3

built in Denver since the beginning of the pandemic have not remained on the market long, with many having signed leases in place within 60 days of completion. This is considerably quicker than the average

time of six to 24 months for medical office space that often is not built out or is outdated. While larger and more specialized medical practices still will want to customize their space, many smaller practices in the market today are looking for 1,500 to 3,000 sf. And while there is an

abundance of space available in this size range, only 10% of those spaces available are move-in ready. As the medical office market continues to adapt and evolve to the post-pandemic world, the spec suite demand from health care providers will only continue. Spec suites allow landlords

the opportunity to offer thoughtful, well-designed spaces that are ready for occupancy in a timely manner. Medical office spec suites are a win-win for both real estate owners and health care providers. ▲

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Baron

Continued from Page 4

- Most systems we work with have embraced permanent flex work arrangements for back-office employees, with more unassigned free address spaces, averaging 1:3 or even 1:5 seats per employee ratios. This increases staff satisfaction while also freeing up space.

- Balance the rest of your portfolio to align with your strategic vision. Factor in nontraditional operational arrangements and flexible assets, and build with universal design principles to allow for various uses and variable volumes. We often help our clients sort through critical and noncritical assets so they can decide which assets should be sunsetted. Health care insti-

tutions should not be afraid to confidently renegotiate leases with favorable options to expand and contract as their priorities change.

We've also noticed that telehealth has become the No. 1 tool to attract and connect with patients. It's become an essential service that helps smooth volume ripples, mitigate nonacute visits and expand overall capacity so doctors can see more patients in any given day. However, our telehealth research work group has found that a larger footprint doesn't necessarily equate to a smaller footprint because virtual care has a parallel workflow to in-person care. Our client, UW Health in Wisconsin, averages three staff members involved with each virtual visit.

That said, our clients are interested

in smarter footprints that are digitized and can be repurposed. Further, diverse virtual patient experiences are leading systems to become unexpected community anchors. Stanford's virtual classes in wellness, education and fitness introduced last year during the pandemic are quite popular still.

■ **Navigating the storm.** Technological advancements and the emergence of artificial intelligence are leaving us with no choice but to right-size our health care facilities for maximum performance. For example, we're seeing hybrid clinic designs that offer smaller focus rooms for virtual visits and larger flex rooms that allow physicians to see patients in person. We're also seeing tech bars pop up at common clinic and hospital spaces

to support patients and families with their tech needs. Here in Colorado, this is especially useful because of our dispersed geography and need for physicians to reach patients in remote areas.

Recent experiences have taught us that agility is the best way to approach real estate. It's time to lean into our data for regular reviews and decision points about our health care and real estate practices.

And let's try to remember that navigating the sea of uncertainty isn't as ominous as we may have feared. All we need is to learn how to right our boats properly and course-correct nimbly in just about any storm. ▲

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Martin

Continued from Page 9

features a full-service imaging center with the latest imaging technology. The imaging center provides much-needed capacity to provide pre-admission testing services for patients prior to surgery – not just at Grandview Hospital but system-wide, for employed physicians as well as private practices that rely on UCHHealth for pre-admission testing processing.

While we always look for ways to minimize wasted space and increase efficiency, this is one of the most-

efficient MOBs we've developed. For example, an early floor plan for the first floor included a hallway leading from the elevator lobby to a side vestibule. However, this configuration split the orthopedic clinic into two sections. The corridor wasn't required for emergency egress, and eliminating it resulted in a contiguous layout for the orthopedic clinic as well as a 464-sf reduction in common area load. By lowering the common area factor to 13.6% from 14.6%, we created a rent savings for UCHHealth of \$156,000 over the course of its 12-year lease.

In addition, we worked to include design elements that create continuity with the health system's other locations. This includes finishes, color palette and its signature arch, which appears on the Grandview Medical Center as an entrance canopy.

While the MOB has been open for only about seven months, it already has strongly validated UCHHealth's market research by far exceeding the system's projected patient volumes.

"The addition of the Grandview Medical Center is enabling our

patients to receive a coordinated, patient-centric experience at a single beautiful, convenient location that includes primary and specialty care, advanced imaging capabilities and therapy services. Most importantly, it's helping us expand our capacity, improve community access and grow our region," said Andrew Ritchie, chief administrative officer for Grandview Hospital, in a news release. "This is a great example of being in the right submarkets with the right services." ▲

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Stefanski

Continued from Page 6

Buy providing patients and customers with a streamlined experience. With increasing interest from big tech companies, retailer involvement could look quite different in the future. The Advisory Board recently published a report summarizing Google, Amazon and Apple’s respective goals in the health care space and provides considerations for health care leaders preparing for their lasting impact. Companies such as these are known for breaking boundaries and they’re taking the health care industry along with them.

■ **Disruptors’ effects on health care facility design.** No one knows exactly what the future holds or how these disruptors will play out, but I believe they will all aim to improve the patient experience. From an architectural standpoint, I anticipate designing more decentralized facilities, such as neighborhood or micro-hospitals, that are accessible to a community rather than having to go to a large campus. Spaces also will continue to be shaped by technology; this could include special conference rooms with neutral backgrounds that are equipped for virtual patient visits, hoteling stations for physicians or even Smart Rooms that offer

patients a large amount of control over their experience. For example, in Smart Rooms, patients are able to answer preliminary health questions, adjust the temperature and lighting levels to meet their preferences, review their personalized health plan or progress toward goals since their last visit, or just watch some entertainment while they wait – all from a flat-screen panel in their room.

Even pre-pandemic, our health care clients already were testing ways to consolidate the registration process. People no longer need to register with each department individually but now can check in at a single, centralized location. This has resulted in shrinking waiting areas because people are waiting less. This improves the patient experience and frees up real estate for other uses, such as enhanced technology or hospitality amenities.

■ **Challenges are inevitable, fear is not.** With any disruptors, challenges are inevitable. While many of the disruptors listed above hold enormous promise, it would be unwise to gloss over their limitations. For example, everyone – patients and care providers alike – have different levels of comfort with technology. Also, the more we rely on technology, the more crucial



A rendering is the Froedtert Community Hospital-Mequon

it will be for our systems to be reliable and secure. When cloud-based systems began to emerge several years ago, most health care systems were extremely hesitant to embrace the technology – and for good reason. Patient confidentiality must be protected at all costs. Now, many of the initial concerns have been addressed and security measures enforced to the point where cloud-based systems are largely the norm, regardless of industry. That being said, there’s never a time to not be vigilant, especially when it comes to the protection of health data being breached, be it through a hospital system or per-

sonal devices such as Fitbits or Apple watches.

Although the risks disruptors pose are very real, I believe there is more room for enthusiasm than fear and encourage those in the health care industry to embrace coming changes, even if it means you’ll be adapting and adjusting along the way. Health care systems should consult experts at the start of facility planning and design to stay ahead of patient and consumer demand and establish themselves as providers of choice for the present and the future. ▲

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Ward

Continued from Page 10

and media room, ample meeting space (including a 75-person conference center) and a multifunctional wellness room.

■ **Celebrating place.** To reinforce Health Capitol’s commitment to all of Colorado’s 64 counties – not just the Front Range or metro Denver – the design was inspired by the varied colors, textures and experiences the state’s distinct geographical regions offer.

Dividing the office visually into four “neighborhoods” based on Colorado’s urban central area, arid south, mountainous west and fertile east, the design team infused the beauty of the Centennial State into every corner of Health Capitol. Working with Make West and artist Tuke One, Elsy Studios drove home the themes of each neighborhood with graffiti-style murals on walls and oversized columns, each representing a unique section of the state.

With carefully curated color pal-

ettes and textural additions that evoke the spirit of the state, this design serves to remind Health Capitol’s members of the state they love and their commitments to its people. Breaking the space up this way further supports wayfinding. While the various neighborhoods of Health Capitol are delineated from one another, they also blend seamlessly at the edges, encouraging collaboration and the kinds of spontaneous interactions for which coworking spaces have become known.

From the location to the design and functionality, Colorado’s Health Capitol is equipped to become a true hub for health policy in the state. With many challenges in front of them, these organizations can learn from and lean on each other as they seek out more comprehensive solutions and improve opportunities for our state’s residents to live healthier lives. ▲

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Reisman

Continued from Page 8

approach at SAN, the artwork program inside the recently completed DHOMC, located in the heart of the Denver, is a project that offers a twist on biophilic design. The designers implemented a similar thematic concept for each floor. However, in lieu of illustrations of nature, the designers used urban and suburban imagery representative of the local neighborhoods and landmarks surrounding the hospital. Each floor exhibits images from different local neighborhoods in Denver: The first floor depicts Union Station and Baker; the second, Baker and the Art District on Santa Fe;

the third, the Botanic Gardens; the fourth, Capitol Hill and Civic Center Park; the fifth, Five Points; the sixth, City Park and museums; and the seventh floor depicts the Denver skyline. Darrell Anderson's work, My 5 Point Legacy, hangs behind the reception desk on the fifth floor and consists of three canvases separated by two mosaics. The paintings depict three scenes that identify the Five Points neighborhood, such as the Rossonian Hotel, the 20th Ave. Church and the local barber-shop. The pattern in the mosaics illustrates the five streets coming together to form Five Points. Portraying an urban subject in a health care institution conveys an equal sense

of healing, through familiarity, when the natural subject relates to the local audience. This, in turn, shares positive messaging. Another way designers can use urban and suburban imagery and still incorporate the healing properties of the natural world is by selecting artwork made from natural materials such as fiber, wood, glass and metal. In this sense, the medium itself brings the healing qualities of nature into the space, allowing the subject to bring another layer of meaning to the space. Although the designers of SAN and DHOMC used different biophilic approaches, both art programs convey a sense of healing, grounding

and joy in the spaces. When designing new hospitals, it also is important to acknowledge that there are new and exciting ways to utilize biophilic design that go beyond using imagery of flowers and trees. Regardless of the specific curatorial process, it is crucial that designers, project managers and stakeholders remember that art plays a pivotal role in making the health care setting a more comforting environment, and that designing with a biophilic intention generates the same sense of balance and harmony found in nature within the walls of the hospital. ▲

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Hodge

Continued from Page 5

reaping the rewards of the property's value appreciating, which is likely in the current commercial real estate climate.

For those who want some control over their own space and some financial upside without assuming all the risk of owning a building, a joint venture partnership might be the best path forward.

■ **Understanding the benefits of the joint venture.** With a joint venture, providers can work together with an experienced, knowledgeable partner to achieve the best of both worlds, mitigating financial risk while capitalizing on the benefits of partial property ownership.

Typically, with the joint venture model, a developer or commercial owner takes the majority stake in the property, between 75% and 95%, with the provider owning the remaining stake. This model can

be applied either to purchasing an existing building or developing a new one. Either way, under this model, the provider has access to its partner's relationships with builders and lenders, and together they can leverage their partners' market expertise to meet their respective business goals.

Speed to market can be another key benefit of the joint venture model. A few years ago, when the Minneapolis Heart Institute's lease was ending, it entered a joint venture with Cuyana Regional Medical Center and selected Mortenson as the developer and builder to bring the vision for the Crosby Cardiovascular Center to life in rapid fashion.

After working closely on the design, Mortenson was able to guarantee the cost, delivery date and lease rate for the 20,000-square-foot primary care clinic, giving the joint venture partners peace of mind and allowing them to accurately plan for

the future. This facility was delivered in just under eight months.

By taking the minority stake, the provider has some control over the space but is not responsible for all of the upkeep or management and has hedged the risk of property ownership.

■ **Finding the right partner.** When it comes to making decisions about a joint venture, the most important consideration is choosing the right partner. That means making sure your interests, risk tolerance and expectations are aligned with your partner's to help prevent divergent ambitions in the future. What happens when one of you wants to sell? What are the terms for buying one another out if cap rates further compress down the road?

One of the most critical questions to ask in the search for the right partner: Do we understand and respect one another's goals for this project? On the Fairview Lakes

Orthopedic Specialty Center, for example, the provider wanted the flexibility of a lease with the benefit of creating a tailored platform for future growth on the campus. Ultimately, they saw their services expanding further in the future and wanted to build with that in mind. Under the joint venture, we worked with them to design the project with the capacity to grow both vertically and horizontally, allowing for construction of a surgery and MRI center down the road.

Health care providers have some of the most important jobs in our economy and work under a specific kind of pressure, but with the right information and a strong partnership, their real estate can become a source of financial stability in addition to providing their patients a comfortable, safe place to receive care. ▲

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Integrity Fire Safety Services
Cody Refosco
cody.refosco@integrityfiresafetyservices.com
303-557-1820
www.integrityfiresafetyservices.com/

Western States Fire Protection Company
Kevin Olmstead
kevin.olmstead@wsfp.us
303-792-0022
www.wsfp.com

FIRE STOPPING/FIRE PROOFING

Alternate Resistance Specialists, LLC
Stephen Kohara
stephen@arscolo.com
720-767-1661

FURNITURE FOR PUBLIC SPACES

Streetscapes
James Shaffer
james@streetscapes.biz
303-475-9262
www.streetscapes.biz

GLASS

Horizon Glass
Lou Sigman
lsigman@horizonglass.net
303-293-9377
www.horizonglass.net

LIGHTING/INSTALLATION & MAINTENANCE

Amteck
Dean Stone
DStone@amteck.com
303-428-6969
www.amteck.com

CAM – Common Area Maintenance Services
Shanae Dix, CSP
shanae@camcolorado.com
303-295-2424
www.camcolorado.com

LOCKSMITHS

Mathias Lock & Key
Dispatch
303-292-9746
dispatch@mathias1901.com

MECHANICAL/HVAC

CMI Mechanical, Inc.
Rick Dassow
rdassow@coloradomechanical.com
303-364-3443
www.coloradomechanical.com

MAI Mechanical
Grant Blackstone
GBlackstone@mai-mechanical.com
303-289-9866
www.mai-mechanical.com

Murphy Company
Paul Gillett
pgillett@murphynet.com
720-257-1615
www.murphynet.com

RK Mechanical
Marc Paolicelli
marcp@rkmi.com
303-785-6851
www.rkmi.com

Tolin Mechanical Systems Company
Tom Padilla
tpadilla@tolin.com
303-455-2825
www.servicelogic.com

METAL ROOFING/WALL PANELS

Bauen Corporation
Joey Andrews
jandrews@bauenroofing.com
303-297-3311
www.bauenroofing.com



The BOSS Directory

BUILDING OPERATING SERVICES & SUPPLIERS

Douglass Colony Group
Kate Faulker
kfaulkner@douglasscolony.com
303-288-2635
www.douglasscolony.com

Superior Roofing
Mary Ayon
mayon@superiorroofing.com
303-476-6513
www.superiorroofing.com

METAL SERVICES
Reidy Metal Services Inc.
Kelly Reidy
kreidy@aol.com
303-361-9000
www.reidymetal.com

MOVING & STORGAGE
Buehler Companies
Tami Anderson
tami@buehlercompanies.com
303-667-7438
www.buehlercompanies.com

Cowboy Moving & Storage
Michael Folsom
mike@cowboymoving.com
303-789-2200
www.cowboymoving.com

PAINTING
Denver Commercial Coatings
Jim Diaz
jim@dccpaint.com
303-861-2030
www.denvercommercialcoatings.com

Ponderosa Painting & Remodeling, Inc.
Bob Murphy
r.murphy@comcast.net
303-887-4973

Preferred Painting, Inc.
Chris Miller
chris@preferredpainting.com
303-695-0147
www.preferredpainting.com

PARKING LOT STRIPING
CAM – Common Area Maintenance Services
Shanae Dix, CSP
shanae@camcolorado.com
303-295-2424
www.camcolorado.com

Martinson Services
Andrea Nataf
anataf@martinsonservices.com
303-424-3708
www.martinsonservices.com

PLUMBING
MAI Mechanical
Grant Blackstone
GBlackstone@mai-mechanical.com
303-289-9866
www.mai-mechanical.com

Murphy Company
Paul Gillett
pgillett@murphynet.com
720-257-1615
www.murphynet.com

RK Mechanical
Marc Paolicelli
303-785-6851
www.rkmi.com

PRESSURE WASHING
CAM – Common Area Maintenance Services
Shanae Dix, CSP
shanae@camcolorado.com
303-295-2424
www.camcolorado.com

Rocky Mountain Squeegee Squad
Bruce Sompolski
brucesompolski@squeegeesquad.com
720-408-0014

Snow Pros Inc. Sitesource CAM
Connie Rabb
connie@sitesourcecam.com
303-948-5117
www.sitesourcecam.com

Top Gun Pressure Washing Inc.
James Ballen
jamesballen@topgunpressurewashing.com
720-540-4880
www.topgunpressurewashing.com

PROPERTY IMPROVEMENT/ TENANT FINISH
CAM – Common Area Maintenance Services
Shanae Dix, CSP
shanae@camcolorado.com
303-295-2424
www.camcolorado.com

Facilities Contracting, Inc.
Michael McKesson
mmckesson@facilitiescontracting.com
303-798-7111
www.facilitiescontracting.com

ROOFING
Bauen Corporation
Brett Sowers
bsowers@bauenroofing.com
303-297-3311
www.bauenroofing.com

CIG Construction
Janice Stitzer
janice@cigconstruction.com
720-897-1886
cigconstruction.com

CRW, Inc. – Commercial Roofing & Weatherproofing
Pete Holt
pete@crwroofing.com
720-348-0438
www.crwroofing.com

Douglass Colony Group
Kate Faulker
kfaulkner@douglasscolony.com
303-288-2635
www.douglasscolony.com

Flynn BEC LP
Lauren Fry
Lauren.Fry@Flynncompanies.com
303-287-3043
www.flynncompanies.com

Superior Roofing
Mary Ayon
mayon@superiorroofing.com
303-476-6513
www.superiorroofing.com

WeatherSure Systems, Inc.
Dave Homerding
daveh@weathersuresystems.com
303-781-5454
weathersuresystems.com

Western Roofing, Inc.
Curtis Nicholson
cnicholson@westernroofingco.com
303-279-4141
www.westernroofingco.com

Roof Anchorage/ Fall Protection
Applied Technical Services, Inc. (ATS)
Stefanie Horner
SHorner@atslab.com
571-302-6692
atslab.com

SECURITY SERVICES
Advantage Security, Inc.
Jeff Rauske
jrauske@advantagesecurityinc.com
303-755-4407
www.advantagesecurityinc.com

Allied Universal
Lorie Libby
lorie.libby@aus.com
303-369-7388
www.aus.com

SIGNAGE
DaVinci Sign Systems, Inc.
Kevin J. Callihan
kevin@davincisign.com
970-203-9292
www.davincisign.com

DTC Signs & Graphics
Jana Lundvall
jana@signaramadtc.com
720-259-0087
www.dtcsignsandgraphics.com

SNOW REMOVAL
CAM – Common Area Maintenance Services
Shanae Dix, CSP
shanae@camcolorado.com
303-295-2424
www.camcolorado.com

Facilities Contracting, Inc.
Michael McKesson
mmckesson@facilitiescontracting.com
303-798-7111
www.facilitiescontracting.com

Martinson Services
Andrea Nataf
anataf@martinsonservices.com
303-424-3708
www.martinsonservices.com

SMS, Snow Management Services, LLC
Kimberly Jewell
Kim@smssnow.com
303-750-8867
www.smssnow.com

Snow Pros Inc. Sitesource CAM
Connie Rabb
connie@sitesourcecam.com
303-948-5117
www.sitesourcecam.com

SOLAR
Douglass Colony Group
Kate Faulker
kfaulkner@douglasscolony.com
303-288-2635
www.douglasscolony.com

SOUND MASKING
Margenau Associates
Adam Faleck
afaleck@margenauassoc.com
303-979-2728
www.margenauassoc.com

SWEEPING
CAM – Common Area Maintenance Services
Shanae Dix, CSP
shanae@camcolorado.com
303-295-2424
www.camcolorado.com

Martinson Services
Andrea Nataf
anataf@martinsonservices.com
303-424-3708
www.martinsonservices.com

Top Gun Pressure Washing Inc.
James Ballen
jamesballen@topgunpressurewashing.com
720-540-4880
www.topgunpressurewashing.com

Tennis Courts Coatings Inc.
George Tavarez
gtavarez@coatingsinc.net
303-423-4303
www.coatingsinc.net

TREE AND LAWN CARE
Bartlett Tree Experts
Konstanze Fabian
kfabian@bartlett.com
303-353-0520
www.bartlett.com

SavATree
Matt Schovel
mschovel@savatree.com
Denver: 303-337-6200
Fort Collins: 970-221-1287
North Metro Denver: 303-422-1715
savatree.com

WEATHERPROOFING
ASR Companies
Jason Luce
jluce@asrcompanies.com
720-519-5433
www.asrcompanies.com

Douglass Colony Group
Kate Faulker
kfaulkner@douglasscolony.com
303-288-2635
www.douglasscolony.com

WeatherSure Systems, Inc.
Dave Homerding
daveh@weathersuresystems.com
303-781-5454
weathersuresystems.com

WINDOW CLEANING
Bob Popp Building Services Inc.
Bob Popp
bobpoppservices1@aol.com
303-751-3113
www.bobpoppbuildingservices.com

Rocky Mountain Squeegee Squad
Bruce Sompolski
brucesompolski@squeegeesquad.com
720-408-0014

Our Readers are Your Prospects

Reach property managers and building owners every issue.
If your firm would like to participate in this directory, please contact Lori Golightly at lgolightly@crej.com or 303-623-1148 x 102



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and to the value of your property

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|--|----------------------------|--------------------|-----|------------------------|------------------------|--------|--------|-----------------|---------------------|---------|---|----------------------------------|--|
| COMMERCIAL DIRECTORY | | | | | | | | | | | | | |
| 1st Commercial Realty Group 1st-Comm.com | • | • | • | • | • | • | | • | • | • | • | | Tom Newman t.newman@1st-comm.com |
| Bespoke Holdings Property Services bespokeholdingsco.com | • | • | • | • | • | • | | • | • | • | • | | Mark Berry mberry@bespokeholdingsco.com |
| CBRE cbre.com | • | • | • | • | • | • | | • | • | • | • | | Simon Gordon simon.gordon@cbre.com |
| Central Management www.centralmgt.com | • | • | | • | • | • | | • | • | • | • | | Jennifer Records Jennifer@centralmgt.com |
| Colliers International colliers.com | • | • | | • | • | • | | • | | | | | Robert Miller robert.miller@colliers.com |
| Drake Asset Management drakeam.com | | • | | | | • | | • | • | | • | | Perry Radic perry@drakeam.com |
| Dunton Commercial dunton-commercial.com | • | • | • | • | • | • | | • | • | | • | | Nate Melchior nmelchior@dunton-commercial.com |
| Elevate Real Estate Services elevateres.com | | • | • | • | • | • | | • | | • | • | | Dan Meitus dmeitus@elevateres.com |
| ELKCO Properties, Inc. elkcoproperties.net | | | | | • | • | • | • | • | | • | | Ken Cilia ken@elkco.net |
| Griffis/Blessing griffisblessing.com | • | • | • | • | • | • | | • | • | | | | Kerry Egleston kerry@gb85.com |
| JLL us.jll.com | • | • | • | • | • | | | • | | • | | | Paul F. Schloff Paul.Schloff@am.jll.com |
| Newmark nmrk.com | • | • | • | • | • | • | | • | • | • | • | Land, Association Mgmt. | Meagan Schaeffer meagan.schaeffer@nmrk.com |
| NewMark Merrill Mountain States https://www.newmarkmerrill.com/ | | | | | | • | | • | • | • | • | Retail / Community Engagement | Alex Staneski astaneski@nmc-mountainstates.com |
| Olive Real Estate Management Services olivereg.com | • | • | • | • | • | • | | | • | | | Association Mgmt. | David Hewett dhewett@Olivereg.com |
| Panorama Commercial Group panoramacommercialgroup.com | • | • | • | • | • | • | | • | • | • | • | | Rich Wilcox Rich@panoramacommercialgroup.com |
| Prime West Real Estate Services, LLC www.primew.com | • | • | • | • | • | • | | • | • | • | | Associations | Brie Martin brie.martin@primew.com |
| Revesco Property Services, LLC revescoproperties.com | | | | • | • | • | | • | • | • | • | | Brian Fishman bfishman@revescoproperties.com |
| RISE Commercial Property Services RISEcps.com | • | • | • | • | • | • | | • | • | • | • | Association Mgmt. | T.J. Tarbell ttarbell@RISEcps.com |
| Sessions Group LLC sessionsllc.com | • | • | | • | | • | | • | | • | • | Association Mgmt. | Kade Sessions kade@sessionsllc.com |
| Stream streamrealty.com | | • | • | | • | • | | | • | | | | Tom Bahn, CPM tom.bahn@streamrealty.com |
| Transwestern transwestern.com | | • | | • | • | • | | • | • | | | | Rene Wineland rene.wineland@transwestern.com |
| Western Asset Services westernassetservices.com | • | • | • | • | • | • | | • | | | | Mixed-Use: Office/Retail | Lisa A. McInroy lmcinroy@westdevgrp.com |
| Wheelhouse Commercial wheelhousecommercial.com | • | • | • | • | • | • | | • | • | | • | Mixed-Use: MF/Retail | Mark Kennedy mkennedy@wheelhousecommercial.com |
| Vector Property Services, LLC vectorproperty.com | | | | • | • | | | • | | | | | Linda Mott linda.mott@vectorproperty.com |
| Zocalo Community Development zocalodevelopment.com | | | | | | • | | • | | • | | | Lisa Jefferies lisa.jefferies@zocalodevelopment.com |

If your firm would like to participate in this directory, please contact Lori Golightly at lgolightly@crej.com or 303-623-1148 x 102



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Fully built out office available in August.

3305 W. 144th Avenue, Suite 102

Available Now | 1,477 sq ft

Customize to fit your business needs & move in.

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Available Now | 1,266 sq ft

Fully built out office available now.

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Lisa Hough
President/CEO
303-902-6920
lisa.hough@adamscountyrep.com
www.adamscountyrep.com
Targeted Industries: Aerospace; Aviation; Bio/Life Science; Energy; Food, Agribusiness & Beverage; Manufacturing

BERTHOUD, TOWN OF



Walter J. Elish
Business Development Manager
970-344-5806
welish@berthoud.org
Targeted Industries: Aerospace, IT Software, Fabrication and Production Technology Manufacturing, Distribution and Electronic Commerce, Plastics, Food Processing and Manufacturing

BOULDER ECONOMIC COUNCIL



Scott Sternberg
Executive Director
303-442-1044
scott.sternberg@boulderchamber.com
www.bouldereconomiccouncil.org
Targeted Industries: Aerospace, Bioscience, Cleantech, IT/Software, Natural Products, Outdoor Recreation

BROOMFIELD, CITY & COUNTY OF



Jeff Romine
Economic Vitality Director & Economist
303-464-5579
jromine@broomfield.org
www.investbroomfield.com
Targeted Industries: InfoTech, Finance/Asset Management, Global, Aerospace, Healthy Living/Foods and HealthTech. Community-focused targets include experience retailers and creative restaurants.

CHERRY CREEK NORTH BID



Nick LeMasters
President & CEO
303-394-2904
nick@cherrycreeknorth.com
www.cherrycreeknorth.com
Targeted Industries: Retail, restaurants, hotels, boutique office including legal, accounting, wealth management and residential uses.

COLORADO SPRINGS CHAMBER AND EDC



Cecilia Harry, CEcd
Chief Economic Development Officer
719-575-4310
charry@cscedc.com
www.cscedc.com
Targeted Industries: Aerospace & Defense, Aviation Related & Specialty Manufacturing, Cybersecurity, Information Technology, Healthcare & Medical Technologies, Sports & Outdoor Recreation

COLORADO SPRINGS, DOWNTOWN PARTNERSHIP OF



Susan Edmondson
President & CEO
719-886-0088
susan@downtowncs.com
www.DowntownCS.com
Targeted Industries: Retail, food-and-beverage, creative industries, tech/software, aerospace, cybersecurity, health and wellness, multifamily

COMMERCE CITY ECONOMIC DEVELOPMENT



Michelle Claymore
Economic Development Director
303-289-3747
mclaymore@c3gov.com
www.c3gov.com
Targeted Industries: DIA Technology, Advanced Manufacturing, Logistics and Distribution, Business and Professional Services, Retail/Hospitality/Leisure

DENVER SOUTH



Thomas Brook
President/CEO
303-531-8379
Tom@Denver-South.com
www.denver-south.com
Targeted Industries: Aerospace/Aviation, Software and Electronics/IT, Health Sciences, Broadband and Internet, Engineering Services, Financial Services.

DOWNTOWN DENVER PARTNERSHIP



Tami Door
President & CEO
303-534-6161
tdoor@downtowndenver.com
www.downtowndenver.com
Targeted Industries: Downtown has a strong and diverse concentration of industries, including: legal services, accounting, energy/natural resources, finance/insurance, engineering/architecture and broadcasting/telecommunications

FIRESTONE, CITY OF



Paula Mehle, AICP
Director of Economic Development and FURA
303-531-6265
pmehle@firestoneco.gov
https://www.firestoneco.gov/
Targeted Industries: Retail Trade, Accommodation and Food Services, Residential, Business & Professional Services, Sports & Outdoor Recreation, Health & Wellness, Technology

FOUNTAIN, CITY OF



Kimberly Bailey
Economic Development / Urban Renewal Director
719-322-2056
kbailey@fountaincolorado.org
www.fountaincolorado.org
www.furaco.org
Targeted Industries: Manufacturing (*specialized "niche" advanced, food/AG*) - Transportation & Logistics - Homeland Security (*military, law enforcement*) - Entrepreneurialism - Renewable Energy - Motorsports Economy (*tourism & entertainment*)

GRAND JUNCTION ECONOMIC PARTNERSHIP



Robin Brown
Executive Director
970-245-4332
robin@gjep.org
www.gjep.org
Targeted Industries: Aerospace and Advanced Manufacturing; Agriculture; Energy and Renewables; Health and Medical Care; Outdoor Recreation; Technology and Entrepreneurship; Opportunity Zone projects.

JEFFERSON COUNTY ECONOMIC DEVELOPMENT CORP.



Jansen Tidmore
President & CEO
303-202-2965
jtidmore@jeffcoedc.org
www.jeffcoedc.org
Targeted Industries: Aerospace, Aviation, Adv Manu, Beverage Prod., Bioscience, Energy, Engineering, IT/Telecom

LAKEWOOD, CITY OF



Robert Smith
Economic Development Director
303-987-7732
rsmith@lakewood.org
www.lakewood.org
Targeted Industries: Healthcare/Bioscience, Professional, Scientific & Technical Services, Arts, Entertainment & Recreation, Transit-Mixed Use Development (TMU), Retail Trade, Federal/State Government and Public Administration

LONGMONT EDP



Jessica Erickson
President/CEO (we have photo)
303-651-0128
jessica@longmont.org
www.longmont.org
Targeted Industries: Smart Manufacturing, Food & Beverage, Business Catalysts, Knowledge Creation & Deployment

COMMUNITIES OPEN FOR BUSINESS

EDC DIRECTORY

LONE TREE, CITY OF



Jeff Holwell
Director of Economic Development and Public Affairs
303-708-1818
jeff.holwell@cityoflonetree.com
http://www.cityoflonetree.com
Targeted Industries: Aerospace, Financial Services, Health Care, Professional Services, Retail, and Technology

METRO DENVER ECONOMIC DEVELOPMENT CORP.



J.J. Ament
CEO
303-620-8092
jj.ament@metrodenver.org
www.metrodenveredc.org
Targeted Industries: Aerospace, aviation, bioscience, broadcasting/telecommunications, energy, financial services and information technology/software, health and wellness, food and beverage production.

NORTHWEST DOUGLAS COUNTY EDC



Amy Sherman
President
303-791-3500 ext. 5
asherman@nwdouglascounty.org
www.nwdouglascounty.org
Targeted Industries: Aerospace, Health Care, Outdoor Recreation, Professional Services, Technology

SUPERIOR, TOWN OF



Jill Mendoza, CEcD
Economic Development Manager
303-499-3675 ext. 141
jillm@superiorcolorado.gov
https://www.superiorcolorado.gov/
Targeted Industries: Entertainment, Hotel, Life sciences, Outdoor industry, Recreation, Retail, Restaurant, Taproom/tasting room, Technology

THORNTON, CITY OF



John Cody
Economic Development Director
303-538-7448
john.cody@thorntonco.gov
www.businessinthornton.com
Targeted Industries:

WESTMINSTER ECONOMIC DEVELOPMENT



Stephanie Troller
Business Development Manager
303-658-2318
stroller@cityofwestminster.us
www.westminstereconomicdevelopment.us
Targeted Industries: Aerospace, Information & Technology, Life Sciences & Healthcare, Professional & Technical Services, Experiential Retail & Entertainment, Unique Dining

WINDSOR, TOWN OF



Stacy Miller
Economic Development Director
970-674-2414
smiller@windsorgov.com
www.windsorgov.com
Targeted Industries: Manufacturing; Retail Trade; Professional, Scientific and Technical Services; Accommodation and Food Services

If your community would like to appear in the EDC Directory, please contact Lori Golightly at lgolightly@crej.com or 303-623-1148 ext. 102.

ADAMS COUNTY

SITE SELECTION SUMMIT

INSIGHTS 360°

An In-depth Discussion with National Site Consultants


Adams County Regional Economic Partnership (AC-REP) will host **national site selection consultants** specializing in aerospace/aviation, advanced manufacturing, bio/life science, and food/agribusiness/beverage for a three-day immersion visit in Adams County. The consultants will get an up-close look at our economy, infrastructure, industries, and workforce.

At the end of the Summit, these corporate relocation experts will take the stage for the **INSIGHTS 360° breakfast event at Dick's Sporting Goods Park** to share their perspectives on Adams County. They'll highlight the County's competitiveness for company expansion and answer questions during a moderated panel discussion.

Join us to hear these valuable insights on site selection trends firsthand!

8 to 8:30 a.m. Registration, Networking & Buffet Breakfast

8:30 to 10 a.m. Program & Insights 360° Panel Discussion with Site Consultants

 #SiteSummit21

THURSDAY

JULY 22

8 to 10 a.m.

Dick's Sporting Goods Park
6000 Victory Way
Commerce City

REGISTER ONLINE

www.bit.ly/SiteSummit21

Individual Seat:
\$50/AC-REP Member;
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Table for 8:
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Kindly register by July 20

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7:00 - 7:25 a.m.
**Check-In, Registration
and Networking**

7:25 - 7:30 a.m.
Welcome and Opening Remarks
Emcee: Rene Larkin - Attorney,
Hall Render Killian Heath & Lyman PC
Libby Park - Attorney, Hall Render
Killian Heath & Lyman PC

7:30 - 8:30 a.m.
**What Are Colorado's Healthcare
Systems Planning for the Future?**
Kevin L. Kucera - Director of Real
Estate, HealthONE
Dan Coxall - Vice President of Support
Services, The Children's Hospital
Steven Chyung - Senior Vice
President, Supply Chain and Real
Estate, SCL Health
William H. Martin - Vice President,
Real Estate & Construction, Centura
Health
Jeffrey A. Crawford - Principal, RMI
Capital Management, LLC
Moderator: Shane Seitz - Senior
Investment Officer, Ventas Inc.

8:30 - 9:00 a.m.
Keynote Address
Presenter: Allison Bretz - Director,
S&P Global Ratings

9:00 - 9:45 a.m.
Networking Break

9:45 - 10:15 a.m.
**Design & Construction
Innovations Panel**
Stacey Root, AIA, LEED AP BD+C -
Senior Vice President, CannonDesign
Ann H. Adams, AIA, ACHA, EDAC,
LEED GA - Principal, Davis Partnership
Architects
Chris Stolzer - Senior Vice President,
Kiewit
Ryan Bonner - President, Vertix
Builders
Moderator: Ryan Balakas - Vice
President, Saunders Construction

10:15 - 11:00 a.m.
Broker Panel and Leasing Outlook
Stuart Thomas - Senior Director,
Healthcare Advisory Practice, Cush-
man
& Wakefield
Kyle Arnold - Leasing Manager,
Healthcare Management of America,
Inc.
Abby Waner Bartolotta - Vice
President, Healthcare Solutions , JLL
Stephani Gaskins - Senior Associate,
CBRE
Perry Bacalis - Broker, Carr
Healthcare Realty
Moderator: Dann Burke - First Vice
President, CBRE

11:00 - 11:45 a.m.
**Development & Investment
Opportunities Panel**
Todd Varney - Chief Development
Officer and Managing Partner,
NexCore Group
Thomas W. Hulme - Vice President,
Development & Leasing, HCP Medical
Office Properties
Andrew Shearer - Managing Director
of Real Estate Development - COO,
Development Solutions Group, LLC
Kevin O'Neil - President & CEO,
Fidelis Healthcare Partners
Jake Dinnen - Senior Vice President
Development, PMB (Pacific Medical
Buildings)
Jaime L. Northam - Vice President of
Healthcare Development, Ryan
Companies US, Inc.
Moderator: John Marshall - Principal
Advisor, Hall Render Killian Heath &
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12:00 - 12:25 p.m.
Check-In, Registration and Networking

12:25 - 12:30 p.m.
Welcome and Opening Remarks
Emcee: Tom Kooiman - Director of Business Development - Western Region, Brinkmann Constructors

12:30 – 1:15 p.m.
Colorado Senior Housing Industry Perspective
Lana Peck - Senior Principal, National Investment Center for Senior Housing & Care (NIC)
Shawn James O'Connor - Executive Vice President, JLL Valuation & Advisory Services, LLC
David Rahm, LEED AP - Project Director, Brinkmann Constructors
Moderator: Elisabeth Borden - Principal, The Highland Group Inc.

1:15 – 2:00 p.m.
Operators Panel: Industry Challenges and Future Outlook
Craig Erickson - Executive Director, Wind Crest by Erickson Senior Living
Jayne Keller, CNHA, MS - Chief Operating Officer, Christian Living Communities | Cappella Living Solutions
Susie Finley, NHA - Principal, Ascent Living Communities
Moderator: Dana Andreski - Vice President of Operations and Development, WellAge Senior Communities

2:00 - 2:45 p.m.
Networking Break

2:45 – 3:15 p.m.
Senior Housing Design Panel
Gary Prager, AIA, LEED AP, CDT - Principal, Hord Coplan Macht
Bill Foster - Associate Principal, Lantz-Boggio Architects
Len Segel - Director of Senior Living, KEPHART
Moderator: Jami S. Mohlenkamp, AIA - Principal, OZ Architecture

3:15 – 4:00 p.m.
Capital Markets Panel
Amy Sitzman - Senior Director, Blueprint
Susan J. Barlow - Co-Founder and Managing Partner, Blue Moon Capital Partners LP
Rob McAdams - Director, Lument
Jessica Johnson - Managing Director, Healthcare Banking, Western U.S., BOK Financial
Eric Johnson - Director, Ziegler
Moderator: Hayden Behnke - Senior Associate Broker, Panorama Commercial Group

4:00 – 4:45 p.m.
Development & Investment Strategies
Matthew Turner - Managing Partner, MorningStar Senior Living
John Reinsma - Managing Director, Confluent Senior Living
Joshua Thomas - Vice President of Strategy & Development, Bethesda Senior Living Communities
Katherine L. Ellman - Owner, Terra Firma Real Estate and Development, LLC
Moderator: Lauren Cheney - Senior Vice President, FirstBank

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SENIOR HOUSING PROPERTIES



Kappa Tower II was designed with simple forms and cost-effective exterior materials to help keep costs down for residents. More expensive materials, like masonry, were used sparingly and in high-impact locations. Kephart

If the past year has shown us anything, it's that the senior living market is incredibly resilient. The ability to adapt must continue in order to reach the vast number of older adults who need the benefit of senior housing but currently can't afford it. With the 65-and-older population growing by over a third during the past decade, driven by aging baby boomers, there is an impending gap between the current supply and the imminent demand.

The financial future of the boomer generation is complicated. They will have far less money in their elder years than previous generations. According to a survey by the National Endowment for Financial Education, 59% of boomers still are financially supporting their children



Len Segel
Director of senior living architecture, Kephart

design alone can't address the affordability challenges, here are some ideas for reducing the costs of development, construction and operations for senior living.

■ **Seek strategic locations.** Find development sites where land is

ages 18-39 and a report from Vanguard shows that 45% report having no retirement savings. Consequently, the rising demand for senior housing, especially in the middle-income market, lies in options that need to be more attainable than existing offerings. While

less expensive, usually in suburbs and third-tier cities. Cost of living expenses, labor, medical care and construction also are less expensive in these locations. Place new senior communities near desirable amenities such as grocers, fitness centers, restaurants, medical centers, entertainment, public transportation and walking trails. Capitalizing on existing amenities can reduce the amount of infrastructure that needs to be constructed and operated, allowing for lower monthly costs.

■ **Develop differently.** Construct buildings with a reduced footprint on smaller pieces of land and pass those cost savings to the residents. There are many more opportunities to find 2- to 3-acre sites versus sites that are 8 to 10 acres. Baby boomers are seeking a deeper sense of community and

don't want to live in the large, institutional settings that their parents did. Smaller community sizes create a better sense of cohesion, connection and meaning.

■ **Design neighborhoods.** Lay out senior living communities with clusters of 12 to 24 resident units. This can help foster a better sense of community and reduce operation costs. It's a departure from the programming typically found in large senior living buildings, where shared amenity spaces are used by everyone and it can become more difficult to connect with neighbors. Right-sizing some multiuse, amenity spaces for smaller groups and conveniently situating them at the heart of each neighborhood allows residents to easily come

Please see Page 30

INSIDE

PAGE 27

Age Occupancy: 77.4%

| Age Group | Occupancy Rate |
|-----------|----------------|
| 0-80% | 25 |
| 80-85% | 10 |
| 85-90% | 15 |
| 90-95% | 25 |
| 95-100% | 10 |

Occupancy rates

A look at the senior housing market fundamentals in Denver since the pandemic

PAGE 28

Market outlook

Beyond the forgotten middle: Embracing plans to make senior housing more affordable

PAGE 29

Design trends

It's important to listen to people working in senior facilities when designing for the future

SENIOR HOUSING — MARKET UPDATE

The pandemic’s impact on market fundamentals

Prior to the pandemic, Denver’s senior housing occupancy rate, inclusive of independent living, assisted living and memory care, was 87.7% at the end of first-quarter 2020, ranking Denver 14th out of the NIC MAP’s 31 primary markets. The NIC MAP provides a snapshot of the senior housing sector’s occupancy performance. By the end of first quarter 2021, Denver’s senior housing occupancy rate had declined by 10.2 percentage points to 77.4% – ranking 20th and falling 1.5 percentage points further than the primary markets’ pre-pandemic benchmark during the same time

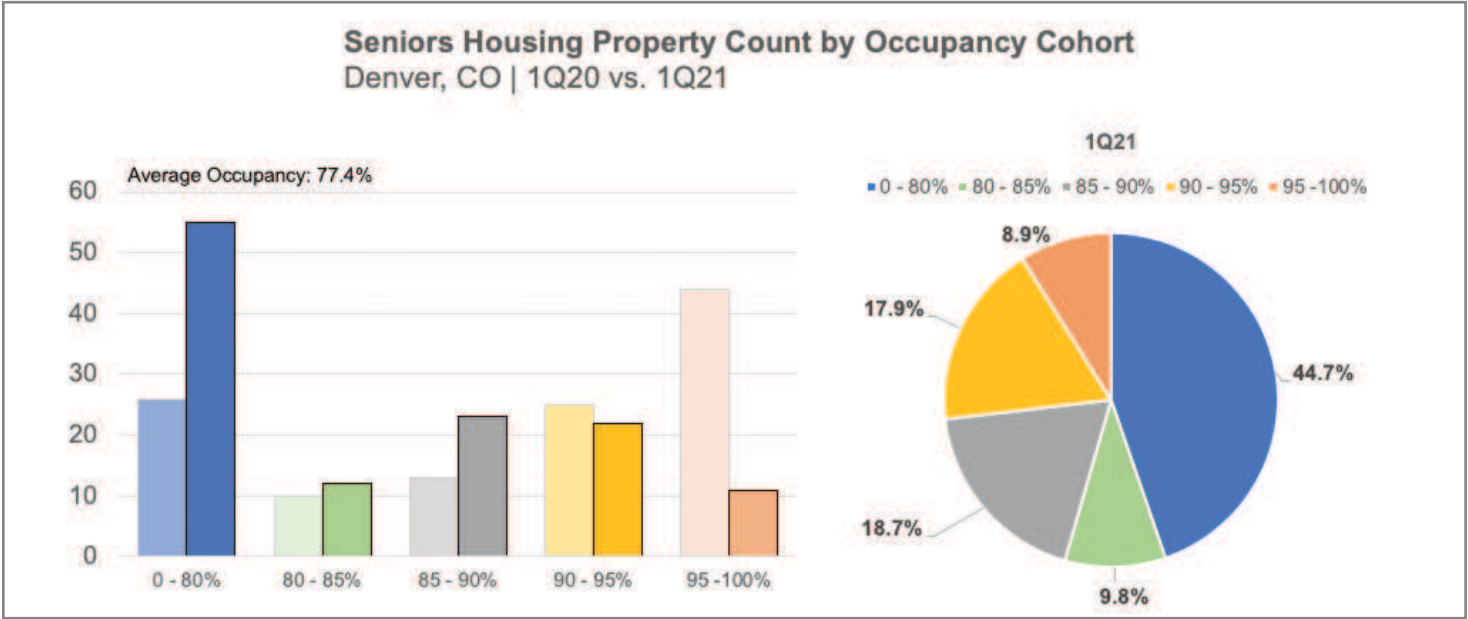


Lana Peck
Senior principal,
National
Investment
Center for Seniors
Housing & Care

period. While all markets saw significant occupancy rate declines since the beginning of the pandemic, it is important to note that the deterioration in occupancy has been more acute in some markets than in others. For example, in the height of the pandemic, between the first quarter of 2020 and the first quarter of 2021, St. Louis recorded the greatest loss in occupancy (13.4 percentage points), while Chicago experienced the least deterioration in occupancy (5.8 percentage points). Looking specifically at the Denver metropolitan area and the distribution of properties by occupancy levels, significantly more of Denver’s senior housing properties fell into the lowest occupancy category of less than 80% occupied and significantly fewer into the highest (95% or more). However, while about 45% of Denver’s senior housing properties have occupancy at 80% or below, there is considerable variation in property-level occupancy

performance. ■ **Ingredients of recovery.** Senior housing occupancy was strained at the onset of the pandemic in March 2020 due to supply and demand dynamics that varied across the country. Development going into the pandemic had started to wane in many markets that had reached the end of robust construction cycles. However, inventory growth remained high as the relatively robust lending environment of 18 to 24 months prior that supported construction starts before the pandemic resulted in completed properties entering the market. The pandemic caused a cataclysmic loss in demand. Move-ins ground to a halt during the country’s lockdown and many organizations enforced moratoriums on bringing new residents into their communities to mitigate the spread of the COVID-19 virus among current residents and staff. At the same time, state and local governments imposed a seemingly moving target of safety protocols and admissions guidelines, and an assortment of visitation restrictions of various rigor. Demand also took a hit from uncertainty about the duration of the crisis and weakened consumer confidence. Currently, across the primary markets, senior housing occupancy is at historic lows, but there are glimmers of light at the end of the tunnel. Recent data from NIC Analytics’ Executive Survey Insights, and from

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At the end of the first quarter, significantly more of Denver’s senior housing properties fell into the lowest occupancy category of less than 80% occupied and significantly fewer into the highest (95% or more) than first-quarter 2020. However, while about 45% of Denver’s senior housing properties have occupancy at 80% or below, there is considerable variation in property-level occupancy performance.

Please see Peck, Page 30



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SENIOR HOUSING — TRENDS

The growing need for affordability in senior housing

In the spring of 2019, the National Investment Center for Seniors Housing & Care released the most extensive study ever conducted into the future of senior living, called The Forgotten Middle. One of the fascinating data points from the NIC research showed as the baby boomers age, the size of the middle-income senior population will nearly double by 2030, equaling 15 million seniors between 75 and 80 years old. To provide context, the industry defines middle-income as those who receive between \$51,800 and \$65,505 annually. While senior housing investors generally have focused on higher-income customers, this wave of middle-income seniors will force the industry to look completely different in the future than it does today. The confluence of low supply affordable housing options with the high demand will equate to an industry ripe for outside disruption. This provides the commercial real estate industry an opportunity to penetrate senior living with an efficient, intelligently designed affordable housing model.

For the past seven years, senior housing has been ranked No. 1 among all types of multifamily/apartment investments. While commercial real estate investors and developers may assume that building affordable senior housing is as simple as lowering investment return expectations by charging less rent and reducing profit margins, tenured senior housing investors know it is not that simple. This lack of cash flow



Joshua Thomas
Vice president
of strategy and
development,
Bethesda
Senior Living
Communities

presents the most significant challenge. Fortunately, many experts are confident the debt piece will be there to finance middle-market projects if new players can spotlight innovative ideas in development and regulations.

If the industry is genuinely due for disruption, leading to more affordable options, developments need to push the limits around existing commercial design regulations. Confronting class preference in many of our outdated zoning rules could make a big difference. For example, local municipalities' strict regulations mandating architectural themes, exterior building design, building composition, materials used, parking guidelines, energy conservation standards and other significant modifications increase development costs. While these developments may look better to the eye, the increased cost to design and build this way decreases the viability of an affordable senior housing option. Ideally, these local municipalities would be open to working with architects and developers to ensure the development is compatible with the neighborhood while remaining cost-effective, thus paving the way for more middle-income housing.

Allowing for an economically



Bethesda Senior Living Communities
Senior living communities with simple architectural themes allow for scalable products at an affordable price.

diverse senior housing development will create mixed-income communities for working-class seniors without being cost burdened. Placing a premium on location and paring down amenities that are outdated and underutilized will drive this economic diversification and create an environment for the higher-income residents to subsidize the lower-income residents. Suppose these developments can be replicated at an affordable rate and be relevant to those who need them. In that case, senior living has a legitimate need to protect housing affordability for 15 million seniors. We need to ease regulations for economic diversity, allowing cost-effective architectural and development standards.

From the financing/capital stack to site acquisition, hard costs and soft costs as well as furniture, fixtures and equipment, all components of development should be analyzed as

opposed to trying to solve problems based on prior assumptions or what developers "think they know." Reducing scale should be a critical focus to lowering costs; developing fewer units on smaller sites decreases non-revenue-generating, amenity-rich/common area spaces. While these are all components of lower costs, change ultimately starts at the local level. Planning commissions and city planners need to be open to discussions that impact all associated costs of senior housing development. Collaboration from these policymakers, commercial real estate developers and their investors will be required to identify regulations that involve the enforcement of upper-class standards of quality on the development of working-class and middle-income senior housing. ▲

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SENIOR HOUSING — DESIGN

Senior living changes: Lessons from the pandemic

The pandemic taught us a great deal about our senior living communities – from safety and functionality to a great appreciation for emotional and psychological effects on residents, staff and families. These new insights and awareness undoubtedly will help us change the way in which senior care facilities are designed, built and managed.

Our team has met with our clients, partners, aging adults and the caregivers of these residents to uncover design elements that could help answer important questions that have arisen in response to COVID-19. This, in addition to my own personal “sleepover” experience at a senior care facility, has resulted in new tools and important takeaways for designing more empathic and engaging senior living communities.

Here are the top three highlights from our discussions with senior living developers, operators, designers, the residents and caregivers themselves, combined with my personal experience as a “resident” at a senior care facility.

■ **Lifting loneliness.** Some seniors find that the life change of moving into a senior living community results in feelings of loneliness and isolation. They may experience less in-person interaction with peers and friends, loss of contact with outside family and a sense of monotony. Identifying these feel-



Gary Prager
AIA, LEED AP
Principal, Hord
Coplan Macht

ings and finding solutions to create more opportunities for interaction and engagement are at the forefront of senior living design.

One of the ways to mitigate isolation is through the use of technology, which was painfully evident during the past

year. Senior living communities must have abundant infrastructure to support these growing technology needs, including telemedicine and monitoring capabilities that help determine when a caregiver is needed by a resident and easing the minds of residents knowing they have access to their medical providers when and as needed.

Enabling voice-activated technology, such as Amazon Echo (aka “Alexa”) and Google Home, allows residents assistance with many daily tasks, including light and temperature controls within resident units. In addition, opportunities for interaction with friends and family through technology such as FaceTime and videoconferencing technology can be enabled and integrated into daily living and design.

■ **Promoting independence.** Common themes for older adults include navigating the new reality for basic needs and barriers to get-



IRIS22 Productions LLC

Outdoor amenities, such as patios and other gathering areas, can create a healthy space for residents to socialize, resulting in decreased loneliness.

ting outside. We have the opportunity to promote independence by integrating new systems such as touchless technology for faucets, toilet flush valves and lights that not only enhance safety measures but also make the building more user-friendly for residents. Automatic door openers should be installed at all exterior doors to make the building more user-friendly for residents, with override capabilities to lock down as necessary for security.

We know communal yet more intimate gathering and dining spac-

es, natural lighting and allowing for some control and choice continue to play a large role in promoting independence and a sense of community at the same time.

■ **Improving immune-compromised design.** Since the pandemic, we have a better idea of how quickly and easily viruses can spread and that staff safety equals resident safety. Physical changes to buildings are imperative to improving the quality and safety for residents and staff.

Please see Prager, Page 31

Design spaces for seniors of today & tomorrow

We design and will continue to design hospitality-level amenities because they have a place in our communities and the lives of seniors, but we also recognize that we can’t model a full and thriving life around being on vacation. Meaningful longevity occurs in all of us when we stay engaged with the activities of daily living, and seniors just like anyone else need to have the purpose of playing a real role in their community.

As architects and interior designers, we undertake projects that will serve the community for decades to come, which gives us a responsibility to serve not only the resident of today but also the resident of tomorrow. In our work in senior living we always are striving for a deeper understanding of what the next generation of seniors expect and want in a community.

We gain much of our insight from the leaders in the senior living world. Because, while we specialize in senior living design and have for several decades, experts like Christian Living Communities CEO Jill Vitale-Aussem live it every day. We are currently working with CLC and its consultant Jon Fletcher, who works for Senior Housing Partners. Many of the ideas for this article came from our conversations with the two of them, so we want to give them credit for making our team better and more responsive.

When I asked Fletcher about Vitale-Aussem’s concept of purpose over pampering, he said, “We aren’t trying to create a resort mentality at our communities. What we are



Bill Foster
Associate
principal, Lantz-
Boggio Architects
and Interior
Design

trying to create is an opportunity for purposeful living because a few weeks after moving in, people start to question, “What do I want to do now that gives me meaning?”

Like every age group, seniors are a diverse collection of individuals with unique definitions for what gives

them meaning. Our challenge as designers is about finding common ground and building in flexibility in the building to empower caregivers to enable each resident to find purpose and place in the community.

“We try to emphasize that the community isn’t the building, it’s the people within the building,” said Fletcher. “So when we talk about building community, we try to find ways to help residents create their own environment in a really supportive way. We find that many of our residents have great ideas; they just need support, and if that small idea takes off, then we can expand that idea by giving them access to the rest of the communities through our intercampus resources.”

My first reaction to this statement was what an incredible challenge; our residents have been chefs and aviators, businesswomen and men and any number of professions. How can we engage all of them at a level that honors such a diverse skill set? The first answer will probably surprise you coming from an archi-



Michael Lowry Photography

The wine room, lobby and bar of the Ridge Pinehurst

tect. We can’t. At least not with the parts you might find in one building; but thinking creatively there are answers!

As Fletcher pointed out, operators with diverse programming and deeply caring staff are critical, but what can we as architects, developers and community leaders do to support them? While there are many answers, location, community integration, and a focus on health and wellness are three key enablers worth prioritizing in your next community.

Studies from Promatura, Ziegler and others show that each generation of seniors has less and less of a desire to be isolated, and when we as

building professionals and community leaders locate senior communities in a central place in our neighborhoods, we are rewarding them and ourselves. Imagine local chefs teaching cooking classes, startup businesses consulting with industry veterans in the senior community, a swim team holding a swim meet at the senior community center or endless other possibilities. Locating our senior communities in the heart of our communities makes all these integration opportunities possible.

As architects, we know each of these interactions requires a place to happen. So when we design com-

Please see Foster, Page 31

SENIOR HOUSING – MARKET OUTLOOK

Continued from Page 26

together to cook a meal, play a game or stream a favorite show. While neighborhood design might initially cost more, financial gains are made through higher levels of resident engagement and health, which according to operators we work with, leads to lower resident turnover and an improved bottom line.

■ **Reduce construction and maintenance costs.** Develop a building prototype that can be repeated in multiple locations, with small, site-specific adjustments as needed. Use low-maintenance, cost-effective materials like fiber cement siding, reducing the use of expensive exterior finishes like masonry. Strategically dimension spaces to get full use out of materials like flooring and plywood to reduce material waste

and installation time. Consider a sloping, shingled roof versus a flat, membrane roof since they are less expensive to build and maintain. Use panelized components that can be built in a factory and assembled on site.

■ **Design spaces to nurture staff.** It already was difficult to attract employees to senior living before the pandemic. It's more important than ever to include spaces that nurture staff – comfortable break rooms with a variety of seating, ergonomic workspaces, outdoor patios just for them and small gyms to de-stress. Creating a great work environment for employees will reduce staff turnover and the cost of operations.

■ **Consider active adult.** Independent living often is associated with a large campus that includes assisted living, memory care and skilled

nursing buildings. It comes with a multitude of expensive services. The active adult residential concept is a slimmed-down version of independent living. It's less expensive to build and operate, making it a much more economical option.

■ **Forge partnerships.** The COVID-19 crisis demonstrated that assisted living and skilled nursing levels of care are basically a form of outpatient medicine. Senior living operators can reduce operation costs by strategically teaming with the caregiving expertise of hospitals and medical companies.

■ **Consider repurposing properties.** There are real estate sectors that currently are hurting due to a variety of market factors. Across the country there are underutilized hotels, office buildings and retail centers. With less demand for these spaces comes

vacant properties in great suburban locations and urban cores, left to be reimagined and redesigned into senior living communities.

At a time when the inflation of construction costs is at a 20-year high, it's important to plan for ways to make senior living more attainable. Due to delayed move-ins and very curtailed real estate development occurring during the past 18 months, the demand for senior living is starting to swell. All signs point to the demand intensifying for the next three years, when new communities begin to come on line, making now the perfect time to start planning. Those who are bold enough to find new ways to reduce development, construction and operation costs will be the big winners. ▲

lens@kephart.com

Peck

Continued from Page 27

NIC MAP data, suggest that cautious optimism may be justified as occupancy rates may have bottomed out around the end of March and are gradually improving for many operators of senior housing and care properties across the nation.

So, what are some of the factors in occupancy recovery in the senior housing sector coming out of the pandemic? The rebound will be influenced by supply and demand, as well as consumer sentiment and prefer-

ences toward senior housing, demographic growth rates and economic factors, just to name a few. How long it takes Denver's senior housing sector to recover occupancy to pre-pandemic levels is difficult to predict as we move out of the shadow of the pandemic. In the Denver metropolitan area during the past four quarters, the number of occupied units on a net basis fell by 1,095 units – it had taken about seven quarters to gain the same number of occupied units. Reoccupation of units lost during the pandemic, uptake of units in lease-up before and

during the pandemic, and the absorption of new units coming on line this year and next will provide some clues.

Going forward, the recovery is not likely to be realized equally throughout the market. Currently, about 45% of Denver's senior housing properties have occupancy rates below 80%. Properties with low occupancy are more likely to have greater challenges restoring occupancy to pre-pandemic levels in the near term than better performing properties for a number of reasons. However, there are bright spots pointing to some vigor in the

marketplace: Denver does not currently have a dearth of properties still in lease-up compared with the national average due to the slowdown in inventory growth in the quarters leading up to the pandemic, and that slowdown could translate into less supply pressure on occupancy over the next 12-18 months. These factors, including the timing of economic recovery and revival of consumer confidence in senior housing, will be key considerations. ▲

lpeck@nic.org

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Prager

Continued from Page 29

Ventilation systems and the addition of antimicrobial surfaces and finishes will be enhanced moving forward. For existing buildings, duct sanitizers can be added to the ductwork. These “no maintenance” air purifiers are easy to install but do require power for operation. Smaller community spaces allow for socialization to occur within safer spaces where additional negative pressure can be created with the mechanical system. Also, antimicrobial filters in all mechanical equipment should be a consideration, but confirm that existing equipment operations are not compromised. Carpet, wall coverings and countertops can be finished with antimicrobial materials, and we know that copper or silver nanoparticles imbedded in highly touched surfaces are toxic to germs. Reallocating storage space with an emphasis on eliminating items no longer needed, such as broken or outdated furniture, fixtures and equipment, to make room for additional personal protective equipment will be a recommendation moving forward.

Rearranging entry sequence into buildings and locating an office adjacent to the entry vestibule may also be a future design consideration. This space can be designed with a “pass-through window” that can be concealed with a flush or decorative panel or located behind a piece of artwork that can be removed to render the window operable. All other doors can be locked for entry, making sure not to obstruct egress requirements and ensuring anyone entering the building through the main entry can be screened as necessary. Another concept is to design a room with movable glass partitions where residents and their families can communicate with one another in rooms equipped with communication systems, resulting in a more natural “visiting” setting. The pandemic has given us an opportunity to ask important questions about the care and safety of our older adults and the staff, friends and family who care for them and to integrate this valuable feedback into the design process moving forward. At the core of my personal lessons learned is the



IRIS22 Productions LLC

Offering “resort-style” amenities, such as multiple choices for dining venues, allows residents to maintain independence and build their desired lifestyle, all without needing to leave their community. importance of moving from sympathy to empathy as we design the next generation of senior care communities – allowing seniors to safely enjoy and engage in their communities. ▲ gprager@hcm2.com

Foster

Continued from Page 29

and nutrition to reach their top level of fitness to perform, seniors need the same level of specialization to enable them to live full and engaged lives in their community. In many of our communities we are building wellness centers that generate income with outside memberships because it allows us to build something larger that gives the residents more options while also inviting

the community in, which further enriches the lives of residents. Talking with Fletcher about wellness, he said Senior Housing Partners and Presbyterian Homes have found a lot of success connecting wellness to the outdoors because, while someone might not find great enjoyment in walking on a treadmill for 20 minutes, they might walk 30 minutes to see something beautiful on the other

side of the property. Creating opportunities like these that inspire our community residents to be their best is what makes our work as designers, developers and community leaders truly rewarding, and hopefully one of the ideas shared here will help you do that on your next project. ▲ bfoster@lantz-boggio.com

to consumer driven health

ence, payer mix and medical use. While analyzing these aspects, narrow selection criteria such as accessibility, retail considerations with the Americans with Disabilities Act, access and parking are equally important. While the retail approach utilizes intersections among stores, health care and health care analysis, provider interaction, analysis, urgent care centers and other outpatient facilities, are leasing retail space; for example, University of Colorado Health utilized a vacant Blockbuster building at 9505 Kaituma converted it to a freestanding emergency room.

Design. Design is a consideration imperative to the patient experience. It includes variables that directly correlate to real estate: amenities, convenience, comfort, service, and aesthetics. Design teams work closely with owners to create facilities that complement the appeal of the surrounding retail center, while remaining accessible and easily accessible. Providers are attracted to smaller and less expensive outpatient facilities.

Conclusion. "What we are seeing is a growing trend of medical clinics, urgent care centers, and retail space."

afford new opportunities to upgrade the health care system, allowing investors and lenders to drive transaction levels up," according to CBRE. NewMark Crutcher Knight Frank's first-quarter 2016 medical office building submarket report noted that total vacancy was 8.74 percent with on-campus properties ending the first three months of the year with a 5.37 percent vacancy rate. The central submarket, metro Denver's largest medical office submarket with 3.29 million sq ft in 52 buildings, had one of the lowest vacancy rates of all the submarkets surveyed at 5.39 percent. The high built

MARKET STATISTICS
Central Medical Office Market Comparison - Q4 2015

| Market | Q4 2015 | Q4 2014 |
|-------------------|---------|---------|
| Denver Metro | 8.74% | 9.12% |
| Central Submarket | 5.37% | 5.39% |
| On Campus | 5.37% | 5.39% |
| Off Campus | 8.74% | 9.12% |

On Campus vs. Off Campus

ains bright for Denver medical ma

afford new opportunities to upgrade the health care system, allowing investors and lenders to drive transaction levels up," according to CBRE. NewMark Crutcher Knight Frank's first-quarter 2016 medical office building submarket report noted that total vacancy was 8.74 percent with on-campus properties ending the first three months of the year with a 5.37 percent vacancy rate. The central submarket, metro Denver's largest medical office submarket with 3.29 million sq ft in 52 buildings, had one of the lowest vacancy rates of all the submarkets surveyed at 5.39 percent. The high built

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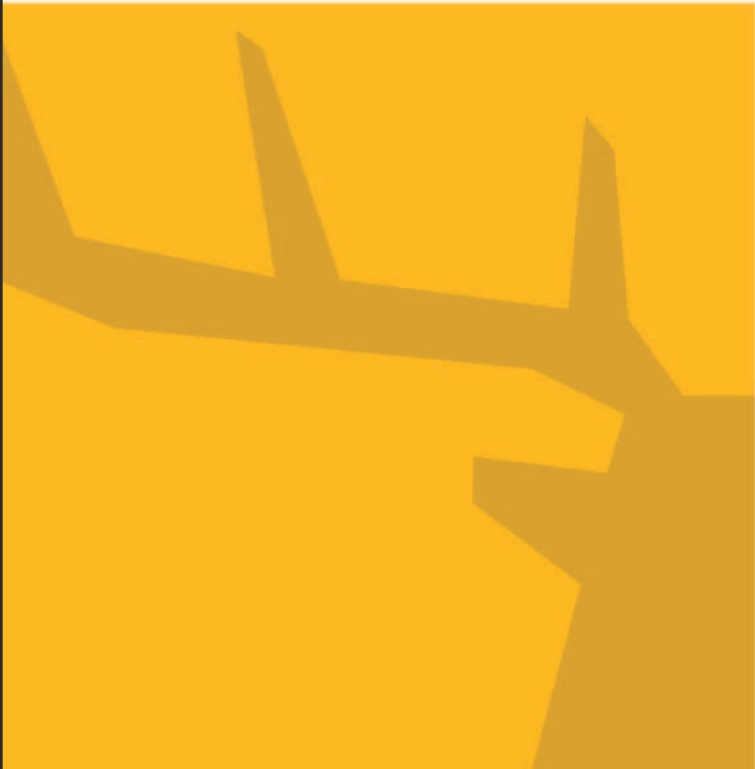
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