

Summary Report of Findings and Recommendations: The 10th Avenue Corridor – Accessibility Working Group Planning Session

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Introduction/Presentations

The 10th Avenue Corridor – Accessibility Working Group Planning Session was held at City Hall in Vancouver, on July 15, 2016. Attending were 31 participants representing community health, emergency transportation, disability advocacy, seniors and active transportation (see Appendix 2 for complete list).

Purpose of the West 10th Avenue Precinct workshop:

- Discuss ideas to improve the current proposed design to maximize benefits for vulnerable road users.
- Recommend next steps for engaging vulnerable user stakeholder groups in the development of the 10th Avenue Corridor project.

Opening remarks and a presentation were provided by City staff from the Transportation Department. The presentation included an overview of the City's key Transportation 2040 objectives, such as the zero transportation fatality goal and increasing active transportation mode share by designing for people of All Ages and Abilities (AAA). Staff also provided a summary of the current 10th Avenue Corridor proposal, including a history of consultation process, the project "goal posts", a review of all pedestrian improvements included in the current proposal, and a review of the session topics for further discussion. Also presented was the opportunity for the 10th Avenue Health Precinct to be designated a "living lab" for ongoing monitoring, analysis and input from stakeholders and users.

Several workshop participants were not supportive of any design with the potential to increase the amount of cycling on this stretch of 10th Avenue as they felt this would worsen conditions for vulnerable pedestrians. As a result, it was a general concern that safer patient access was not the main priority of the design under development. Although City staff were clear that the focus of the workshop was improvements to 10th Avenue as a bike route and would not entail discussing options that involve banning people from biking through the Health Precinct by re-routing them, many participants felt strongly that this ban and re-routing was required. Some of the key reasons participants mentioned in recommending this re-routing included: risk will increase as the project will encourage more people to bike on this segment of 10th Avenue; vulnerable users will have fewer parking options for convenient access to health services; people biking generally behave disrespectfully to people walking and are unaware of the potentially vulnerable state of pedestrians in the precinct.

Key Findings

The workshop participants were divided into two groups and the following summary represents a synthesis of the discussions that happened at both tables.

1. Safe Crossings for Vulnerable Pedestrians

- Some participants felt that the new plan does not adequately address safe crossing of bike routes by vulnerable pedestrians at intersections and at passenger zones when accessing services along the Health Precinct. These participants felt that people biking are unlikely to expect vulnerable pedestrians to be crossing bike paths, and that they generally don't show cautious behavior elsewhere in the city.
- Participants offered possible solutions to help improve crossing conditions, such as: traffic signals at intersections or flashing pedestrian lights, cyclist dismount signage and barriers, LEDs embedded in the pavement, gates used for hours when 10th Ave through the Health Precinct permits only "limited cycling", corner bulges, bollards and no curb, better signage that clearly communicates vulnerable pedestrians crossing, signage that identifies the area as a healthcare zone, and educational/awareness programs.

2. Parking Near Health Services

- Sufficient parking near health services was raised as a more significant concern for people with acute accessibility needs rather than the general public. Some participants felt that navigating longer distances is not only inconvenient but may also be unsafe or infeasible for some patients. Some felt that reducing nearby parking may result in too much congestion at the existing passenger zones if they remain the same size, since they are already shared between the general public, taxis, HandyDART, and emergency vehicles.
- Participants recommended that more parking should be provided close to services in the Health Precinct, and parking should be more affordable.

3. Passenger Zones Adjacent to Health Services

- Some participants felt that there are not currently enough passenger zones in the Health Precinct and those that exist are not long enough to safely allow for vans with lifts to unload and load passengers. It was mentioned that passengers typically have to wait to be picked up but there isn't currently any convenient seating protected from weather near the passenger zones.
- Some participants recommended that more passenger zones be installed near core services and that they be better designed than they are currently. For comfort and safety, it was suggested that the City provide seating and highly visible shelters at the passenger zones including the drop off pick up areas and near the entrances of medical buildings. Others suggested developing a scheduling and notification system to notify drivers that patients were ready for pick-up. A reservation system was to be

used for the passenger zones. A driver waiting area was also suggested, which could be provided a short distance away rather than occupying the passenger zone.

4. Access to the Health Precinct by Public Transit

- The Health Precinct is located on a steep slope when traveling from/to the busy transit routes on West Broadway, which are the primary transit access routes to/from the Health Precinct. As a result, some participants pointed out that the pedestrian route is a significant challenge for some seniors and persons with disabilities due to the steep grade between Broadway and 10th Ave.
- Some participants suggested providing level landings with seating along the route in strategic locations, such as at Oak St and 10th Ave, so people accessing health services from Broadway will have an opportunity to rest and more safely navigate when traveling up and down the slope.

5. Wayfinding, Information and Awareness

- Participants felt that many people entering the Health Precinct are confused and need support in finding parking and health services and that this issue is compounded when the person may have health impairment, which may cause additional risk when crossing bike lanes.
- Participants provided suggestions to help increase safety and independence, and to minimize anxiety and confusion of people in the Health Precinct, such as consistent precinct signage (including consistent symbols and graphics in wayfinding), poster board maps, and better travel information from doctor and medical services offices.
- Some participants also suggested that a hospital/healthcare zone (similar to a school zone) be implemented, with visible signage, slower speed limits, and caution signs, combined with periodic awareness events. Participants felt that this would encourage people passing through the Health Precinct to travel more slowly, and be more cautious and aware in the area. It was also mentioned that education and awareness programs could be implemented to help reinforce this understanding.

6. Research and Usage Data

- Some participants felt that City planning efforts need to better incorporate projections of the future use of the Health Precinct by patients, people walking, cycling, and vehicle traffic.
- It was suggested that any available research by various organizations and service providers in the Health Precinct should be considered in planning decisions.
- Some participants echoed interest in the concept of a “Living Lab” in the Health Precinct, emphasizing that it could be created in cooperation with a research partner to provide peer-reviewed research that would help support ongoing planning and design decisions related to the many challenges in the health precinct.

Next Steps

There appeared to be solid support from the group to return for at least one more workshop session, demonstrating a commitment to engage with City staff towards a mutually beneficial plan for all groups using the 10th Avenue Corridor. Several participants felt strongly that future workshop discussions should be structured as a single group, rather than dividing participant discussions across multiple tables.

This summary of contributions made during the workshop will be provided to participants in advance of any future reconvening of workshop participants and posted online.

The provision of the summary report and request for feedback will help confirm that participants' input is carefully listened to and respected, and in turn will be considered when moving forward with the design process.

Appendix 1 - Table Discussion Summary Notes

The following raw notes represent feedback given by workshop participants to City staff. The notes were compiled by The Rick Hansen Foundation facilitation team based on audio recordings, note taking, and sticky notes contributed by participants. These points are not verbatim, but aim to capture all participants' commentary received through these various data collection methods during the workshop. The summary notes are organized by the four topics used to facilitate table discussions during the workshop: pedestrian realm amenities, accessing the precinct, interaction between road users, and education/engagement.

SESSION TOPIC: 1. Pedestrian Realm Amenities

Comments and Concerns:

- People should be prioritized before trees, particularly the constituency accessing the West 10th Avenue precinct for health reasons.
- Pick-up of patients takes longer than drop-off and should be a focus in design. It's difficult to estimate pick up time, so someone may be kept waiting longer than expected and require a safe and comfortable place to wait. Also, people may need to wait for a patient finishing an appointment.
- Pedestrian route from transit exchange on West Broadway to 10th Avenue is very steep. Although Oak offers the lowest grade, it still introduces a risk to aging adults and people with mobile impairments trying to physically navigate the distance. It warrants extra attention to safe crossings at Oak/10th Avenue, and inclusion of places to rest along the way.

Opportunities/Solutions:

- A shelter at the staging areas that further helps separate the patient passenger zone from the bike lanes, adding a visual cue for cyclists to travel with caution, and providing shelter for waiting pedestrians.
- Curb side waiting amenities for an accessible, safe, dry, and welcoming environment should be planned for patients—readily identifiable, designated waiting area, ergonomically designed benches, shelter from sun/rain, landscaping, lighting, etc.
- Gates and/or flashing lights at key pedestrian crossings over the bikeway could help reduce stress and increase safety.
- Some participants were interested in paving over the grass boulevards that currently exist between the curb and sidewalk, allowing sidewalks to be wider.
- Seating and level resting areas should be provided along Oak Street, before reaching 10th Avenue, to ensure pedestrians have a place to rest during the climb up or down the Oak Street grade. Amenities should also be provided at Oak/10th Avenue to offer rest opportunities before crossing the intersection, or traveling down to West Broadway.

SESSION TOPIC: 2. Accessing the Precinct

Comments and Concerns:

- Considering that the Health Precinct serves the entire Province of BC, regulated and enforced passenger zones and accessible parking are essential and should not be decreased or compromised.
- Adequate parking is essential; removing any parking will put more stress onto existing passenger zones. Lack of long-term parking results in drivers staying too long in temporary parking.
- Parking close to building entrances is needed for people with compromised health, more accessible spaces are needed. The topic of parking is not generic; it must serve individuals, recognizing that people have varying abilities and health related needs.
- City Planning department needs to work better with City Engineering department on a case by case basis regarding on-street and off-street parking, pedestrian accessibility, and to ensure safety.
- Concerns that the issues and projections around parking supply and demand are not being articulated at a high enough decision-making level of VGH's and the City's planning authorities.
- Ideally, the final design would support:
 - Door-to-door drop-off/pick-up in front of every service (doesn't require long distance of travel), and drivers can leave their car for a period of time to help patients inside.
 - Drop-off/pick-up doesn't require crossing in front of car traffic or bike lanes. Safe off-street access to buildings is also important.
 - Drivers can park close to medical buildings and take patients inside buildings.
- Currently, lift equipped vans sometimes have to open into bike lanes. In future designs, accurate width requirements and best practices to accommodate wheelchair vans must be considered.
- The Blusson building needs dedicated passenger zones. Currently, taxi drop-off at Blusson is awkward with existing drop-off/pick-up taking place in the roadway blocking traffic. HandyDART vehicles use accessible parking at Blusson for staging, further restricting available accessible parking spaces.
- The intersection of the north leg of Willow St and West 10th Ave is very chaotic, and presents a challenge for persons with mobility impairments to park and access ICORD and the Blusson Center. On and off street accessible parking is an urgent concern given likely increases in citizens with mobility impairments at and adjacent to this intersection.
- HandyDART or emergency services vehicles often block the ramp at BC Cancer Agency drop-off/pick-up area.

- Density of Health Services: how many more people will be accessing this area in 5-10 years?
- Oak/10th Avenue may be the heaviest used intersection/crosswalk for vulnerable pedestrians using transit.

Suggested Opportunities/Solutions:

- Affordable parking options should be made available.
- Raised crossings should be explored.
- Drop-off reservations system could be implemented for passenger zones.
- Time restrictions on bike route could be put in place, similar to parking restrictions or vehicle travel lane times.
- Build another parkade close to health services.
- Raise the drop-off ramp at service and emergency speed exits.
- Treat the precinct as a hospital zone (similar to a school zone) with lower speed limits, speed bumps, signage, etc.
- Design should include curb bulges at all corners.
- Need devices at crossings to slow the speed of people cycling.
- Put in traffic signals in place of all-way stops as some participants feel they are better than all-way stops because people cycling tend not to stop at stop signs.
- Design a flush public road with no curbs, nor any raised sidewalks or bikeways – delineating space between road users with bollards that can be driven over for emergency vehicles.
- Create a bike overpass so that people cycling through the Health Precinct are grade separated (also, need to consider people cycling that are trying to access the area).
- Doctor's offices/VGH/health services should provide more useful travel information to a patient before a visit, keeping in mind that many people are arriving from out of the city (e.g. maps, tips, parking).
- Medical facilities should provide more off-street parking to serve their customers
- Revisit the bi-directional bikeway concept as it would remove pedestrian crossings of bikeway at the key pick-up/drop-off locations.

SESSION TOPIC: 3. Interactions between Road Users

Comments and Concerns:

- Need to plan bike lane with destinations in mind to stop sidewalk cycling.
- Cyclists are currently using the sidewalk to access services.

- Existing volume and speeds of cyclists are too high.
- More road user interaction data between pedestrians, motor vehicles and bike needed—one participant felt there are more near misses between people biking/walking than between people driving/walking.
- Important to acknowledge added risk with more bikes traveling in area. Need to make interaction safer, but more cyclists will add risk.
- Unsafe crossings make it challenging for sight and hearing impaired people.
- Cyclists need to obey traffic signs, there should be more enforcement.
- There is concern that cyclists will ride on the sidewalk at passenger zones unless a barrier is installed.
- There are more people walking, therefore pedestrians should be a priority (as per transportation panel survey).
- We should be calling people patients, not pedestrians in communications. People can be disoriented or drugged after procedures and it might not be obvious to passers-by on bikes or cars.
- Project will create more safety for cyclists at the risk of seniors and visually impaired that have to cross bike lanes.

Suggested Opportunities/Solutions:

- Create a cycling overpass, whereby cyclists are grade separated – however, cyclists will need a way to access the medical precinct.
- Cyclists should dismount and walk through the health precinct (e.g. Lumberman’s Arch and 2nd Beach).
- Traffic calming and pedestrian prioritization achieved from half and full height crosswalk installations, optional corner bulges increase the visibility of any pedestrian for they now stand in the sight lines of motorists and cyclists.
- Flexible traffic bollards are an optional traffic calming tool for specific intersection or crosswalk applications.
- Intersection crosswalks need devices to slow the speed of cyclists. Install traffic signals as some participants felt that all-way stops tend to slow motorists and cyclists, but not stop the traffic.
- Install railway crossing arms at pedestrian crossings across bikeway to physically stop cyclists neglecting to yield to pedestrians.
- Controlled hours of operation for bikeway usage.
- LEDs in pavement, along with audible cues at pedestrian crossings.

SESSION TOPIC: 4. Engagement / Education

Comments and Concerns:

- Many people arriving to the precinct have never even been to a City before – it is confusing.
- Doctor's offices / VGH need to do better job with access and wayfinding information.
- Pedestrians accessing this area can be characterized as employees, customers, guests, new to the city or to the country, and as patients. Messaging and graphics on signs can be designed for the most vulnerable form of pedestrian accessing this precinct.
- People can be disoriented due to health impairment, convalescing, or just discharged from a medical procedure and it might not be obvious to motorists or cyclists.
- Eye Care Centre – people with limited vision need large signs, audible signals at pedestrian crossing and passenger zones.
- What is the projection for people walking, cycling and patients to area in the future? Need to plan for these projections.

Suggested Opportunities/Solutions:

- Adding consistent signage and poster board maps would help to enhance wayfinding, increase safety and independence, and minimize anxiety and confusion.
- Better travel information from doctor and medical services offices before a journey/trip/visit (e.g. maps, parking locations, recommended transit and/or driving instructions).
- Consider ESL (English as a second language) stress of accessing site and incorporate symbols and graphics in wayfinding.
- Treat the precinct as a hospital zone (similar to a school zone) with appropriate signage, and traffic calming features. Change the term "pedestrian" to "patient".
- Educate cyclists to slow down and respect vulnerable pedestrians, and importance of obeying traffic signs. Organize workshops for cyclists, leverage school programs.

OTHER DISCUSSION POINTS:

- Questions around timeframe for Segal development, which impacts Blusson access.

Appendix 2 – Workshop Attendees

NAME	GROUP
Lisa Corriveau	Active Transportation Policy Council
Tanya Paz	Active Transportation Policy Council
Neil Belanger	BC Aboriginal Network on Disability
Nahum Ip	BC Ambulance Service
Dariusz Pac	CNIB
Jane Dyson	Disabilities Alliance of BC
Sherry Labermeyer	Eye Care Centre
Lowell McPhail	ICORD
Chris Marek	Mary Pack Arthritis Centre (VCH)
Greg Pyc	Neil Squire Society
Brian Gibney	Persons with Disabilities Advisory Committee
Cathy Browne	Persons with Disabilities Advisory Committee
Jacques Courteau	Persons with Disabilities Advisory Committee
Jill Weiss	Persons with Disabilities Advisory Committee
Laura Mackenrot	Persons with Disabilities Advisory Committee
Mary-Jo Fetterly	Persons with Disabilities Advisory Committee
Tasia Alexis	Persons with Disabilities Advisory Committee
Tom Patch	Persons with Disabilities Advisory Committee
Colleen McGuinness	Seniors Advisory Committee
Dellie Lidyard	Seniors Advisory Committee
Eva Wadolna	Seniors Advisory Committee
Scott Ricker	Seniors Advisory Committee
Thomas Crean	Seniors Advisory Committee
Cindy Loo	Vancouver Coastal Health
Mary Nieforth	Vancouver Coastal Health
Westley Davidson	Vancouver Coastal Health
Debbie Finlay	Voice of the Cerebral Palsied
Laurette Yelle	Voice of the Cerebral Palsied
Bruce Gilmour	Facilitator (Canadian Barrier Free Design)
Jenny Blome	Facilitator (Rick Hansen Foundation)

UNABLE TO ATTEND

Representatives	Children, Youth & Family Advisory Committee
Keith Sigurdson	HandyDART
Brad McCannell	Facilitator (RHF/ Cbfd)

COV STAFF

Staff Name	Department
Dylan Passmore	ENG - Transportation Design
Paul Storer	ENG - Transportation Design
Lynn Guilbault	ENG - Transportation Planning
Christine Edward	ENG - Transportation Planning
Eileen Curran	ENG - Streets Design
Anita Molaro	PLN - Urban Design, Devl Services
Cara Fisher (Notetaker)	ENG - Transportation Planning
Alex Liaw (Notetaker)	ENG - Transportation Design
Mandy So	PLN - Development Services
Lee Beaulieu	PLN - Development Services - Landscape