

Accessibility Working Group Workshop Summary Reports

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



PARTICIPANT INPUT SUMMARY

10th Avenue Health Precinct Accessibility Working Group

Hosted by the City of Vancouver

Workshop facilitation and reporting by Susanna Haas Lyons

October 13, 2016, 9:00 am - 12 pm

Town Hall Meeting Room, Vancouver City Hall

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BACKGROUND

The City of Vancouver is upgrading the 10th Avenue Corridor to be more safe, convenient, comfortable, and fun for people of all ages and abilities to walk and cycle.

In April 2016, the City presented three design options for the 10th Avenue Corridor at Public Open Houses, which were based on stakeholder input. Concerns were raised about accessibility in and around the Health Precinct (West 10th Avenue from Yukon to Oak).

In response, the City convened an Accessibility Working Group in July 2016 to give input on accessibility in and around the Health Precinct; 28 stakeholders participated. At this workshop, some participants expressed strong opposition to having the bike route on 10th Avenue. Other key issues that were raised included:

→ Need for safe crossings for vulnerable populations;

→ Parking near health services;

→ Passenger zones adjacent to health services;

→ Access to the Health Precinct by transit;

→ Wayfinding, information and awareness; and,

→ Research and usage data.

A second workshop with the Accessibility Working Group was held on October 13, 2016 to provide updates on key issues and explore additional approaches to address accessibility concerns in the Health Precinct. City presentations and participant discussions focused on the priority issues identified during the July meeting.

This is a summary report of the October 2016 meeting of the 10th Avenue Health Precinct Accessibility Working Group. The report represents themes heard from individual participant worksheets as well as questions and discussion in response to the City's presentation.

Next Steps for the 10th Avenue Health Precinct planning include:

- Check-in on November 7, 2016 with Health Precinct Stakeholders including participants from the Accessibility Working Group sessions
- Design information for the upcoming Public Open House to be posted online mid-November 2016
- Four Public Open House events to be held in late November 2016
- Presentation to Council in 2017

PARTICIPANT INPUT: KEY THEMES

SAFE CROSSINGS FOR VULNERABLE PEDESTRIANS

What Participants Like

- “City staff is making an effort to improve the planning, planners have looked at trying to decrease risk of accidents”
- Safer pick up and drop off locations
- Safer road crossings
- Safer bike lane crossings

Participant Concerns and Suggestions

- Risk of injury to people crossing bike lanes and roads
- Depending on bicycles yielding is not enough to ensure safety, consider requiring dismounting
- An enforcement plan is needed
- Reroute the bike route away from the Health Precinct
- HandyDART drivers will be impacted if the bike traffic is continuous
- Willow and Laurel Streets are congested, impacting pedestrian crossing safety

PARKING NEAR HEALTH SERVICES

What Participants Like

- Staging areas for drivers to wait for patients

Participant Concerns and Suggestions

- Parking issues cannot be separated from the design of West 10th
- Need more parking to support caregivers accompanying patients
- 30-minute staging areas are too short
- Blusson Spinal Cord Center (BSCC) visitors' parking needs are insufficiently addressed
- Bicycle parking needed
- Vancouver Coastal Health has an important role to play in addressing parking issues

PASSENGER ZONES ADJACENT TO HEALTH SERVICES

What Participants Like

- “I feel heard regarding the July meeting”
- Longer and wider passenger zones
- Flush surface at passenger zones
- Sheltered passenger waiting areas

Participant Concerns and Suggestions

- Passengers crossing bike lanes may be unsafe
- Need additional width in passenger zones for accessible vehicles
- Insufficient passenger zone spaces for medical service buildings, in particular Blusson
- Passenger shelter at Mary Pack may conflict with HandyDART

WAYFINDING, INFORMATION AND AWARENESS

What Participants Like

- Recognizing Health Precinct in highly visible ways
- Cycle like a Canadian Campaign

Participant Concerns and Suggestions

- Enforcement required to achieve desired behaviours
- Rerouting the bike route is the safest solution
- Signage should be responsive to Health Precinct users
- Cross-institution collaboration needed

RESEARCH AND USAGE DATA

What Participants Like

- Living Lab research to understand design impacts

Participant Concerns and Suggestions

- Request for City commitment to respond to results of research

ACCESS TO THE HEALTH PRECINCT BY PUBLIC TRANSIT

What Participants Like

- Benches to support pedestrian travel on sloped streets
- Recognizing how street slope impacts pedestrians with disabilities
- Moving bus stop on Oak closer to 10th

Participant Concerns and Suggestions

- More bus stops accessible to Hospital Precinct
- Offer a shuttle to improve transit access to the Health Precinct
- Orient benches for passenger safety and convenience

CITY PRESENTATION

Dylan Passmore, Senior Transportation Engineer, City of Vancouver, presented a summary of what was shared by participants of the July Accessibility Working Group meeting, and the City's response to these concerns.

WHAT THE CITY HEARD

Desire to Reroute the Bike Route

The City heard that some participants strongly want cyclists to be routed around the Hospital Precinct, rather than continuing to be on 10th Ave. Some of the arguments behind this opinion include the perceived increase in risk to pedestrians with increased numbers of people biking, the reduction of parking options for vulnerable users, and the sense that people biking are unaware of vulnerable pedestrians and generally act disrespectfully.

The City is committed to clearly include this position in their Council Report on the 10th Avenue Corridor Project. In addition, the opportunity to present at Council is open to all.

Six Key Issues

The City's presentation addressed the six key issues raised by stakeholders during the July workshop, as reported on page three.

Proposed Changes in Plans for 10th Avenue Health Precinct

In response to the results of the July Accessibility Working Group meeting, the City made eight updates to the 10th Avenue Corridor plan:

1. Doubling the number of pick-up/drop-off spots in the passenger zones in front of the Mary Pack Arthritis Centre and Eye Care Centre
2. Flush surfaces at passenger zones
3. Shelters at the passenger zones
4. Single-file bikeway at passenger zones
5. Two fully raised intersections on 10th Avenue between the 4-corners of Willow and Heather Streets, and one raised crossing of 10th Avenue on the east side of the Laurel Street intersection (at the Mary Pack Arthritis Centre)
6. New traffic signal at Ash and 10th Avenue
7. Formalizing a “Hospital Zone”
8. Commitment to “Living Lab”

DETAILED PARTICIPANT INPUT

The following pages detail the participants’ feedback on these and other proposed designs for the 10th Avenue Health Precinct. After hearing the City’s presentation on each topic, participants gave input via group discussion and individual worksheets, which are summarized below.

Sentences in quotation marks are direct quotes from a participant.

SAFE CROSSINGS FOR VULNERABLE PEDESTRIANS

What Participants Like

“City staff is making an effort to improve the planning, planners have looked at trying to decrease risk of accidents”

Safer pick up and drop off locations

- Passenger shelters and large refuge zones
- More pick up / drop-off spaces at Mary Pack and the Eye Care Center

Safer road crossings

- Signalling the intersection of 10th Avenue and Ash Street
- Additional yield markings
- Raised crosswalks and intersections
- Posting 30km/hour speed limit signs

Safer bike lane crossings

- The use of paint to reinforce yielding and looking for both pedestrians and cyclists at crossings
- Narrowing bike lanes at pick up and drop off sites to make cyclists aware that they need to slow

Participant Concerns and Suggestions

Risk of injury to people crossing bike lanes and roads

- Slow-moving, blind/visually-impaired and hearing impaired persons are at risk when crossing the bike lane between the pick-up/drop-off zones and medical service buildings
- “Clearly defined markings need to be at every intersection; these need to be both visual for the sight impaired but also have tactile effects for those that are blind.”
- Consider rumble strips or other texture changes to announce to bikers the need to slow down and give priority to pedestrians
- Granite texture to deter cyclists straying from the bike path may be difficult for wheelchairs and stretchers to access or cross

Depending on bicycles yielding is not enough to ensure safety

- Consider implementing bicycle dismount zones where crossings are congested.
- “How to get cyclists to stop and yield? Patients are slow moving. Cyclists tend to be impatient”

An enforcement plan is needed

- “People and cyclists who tend to ignore signs will keep on doing so with impunity”
- “How are you going to enforce rules that lead to understanding of vulnerable pedestrians and bikers being respectful of this area?”

Reroute the bike route away from the Health Precinct

- Vulnerable people need safe access to their medical destinations, making the Health Precinct a poor choice for a bike route

- “Moving the major bike route north of Broadway or south of the hospital would relieve the tension between pedestrians and cyclists”
- “Bike route should change for this section of 10th for safety. As a biker and Senior I do not see why this can’t be done. It would be safer and more cost-effective”

HandyDART drivers will be impacted if the bike traffic is continuous

- “Drivers do assist people into buildings, but their time is constrained, and may not have enough time to wait for cyclist traffic... the narrowed lanes will be busy all the time”

Willow and Laurel Streets are congested, impacting pedestrian crossing safety

- “Willow has a challenging grade for wheelchair users (especially manual), and cyclists go through the stop sign”
- Both Willow and Laurel have two-way stop signs only and are busy
- Consider a traffic signal to deal with traffic volume

PARKING NEAR HEALTH SERVICES

What Participants Like

Staging areas for drivers to wait for patients

Participant Concerns and Suggestions

Parking issues cannot be separated from the design of West 10th

Need more parking to support caregivers accompanying patients

- “Caregivers for patients frequenting facilities in the Health Precinct have limited options for parking in order to accompany the patient to their appointments”
- “Hospital transfers are often required by the hospitals to stay with the patient, and so temporary drop off zones are not adequate”
- “Upcoming new mental health building will increase parking needs in the area.”

30-minute staging areas are too short

- Staging “doesn’t address needs of patients to be accompanied by others when accessing buildings. 30 minutes is not enough time. Easier now with on-street parking”

Blusson Spinal Cord Center (BSCC) visitors' parking needs are insufficiently addressed

- “BSCC must have a dedicated drop-off. It is the busiest point on 10th for patient transport and non-emergency ambulance. This building has almost 100% disabled user group with high need for drop-off and accessible parking”
- “The steep grades necessitate accessible parking adjacent to BSCC. Many manual wheelchair users cannot navigate these hills and, therefore cannot access the center via public transit. HandyDart, personal vehicles, or taxis are their only options”
- Consider: “if access to parking at BSCC is blocked from 10th Avenue, it could be accessed via Heather or 12th”

Bicycle parking needed

- “I’m not entirely sure there is adequate bike parking outside at the VGH Cycling Center, which is reserved for VGH and Health Precinct staff. A possible solution may be to work with VGH to install bike racks on their property near entrances or off West 10th Avenue on the secondary streets”

Vancouver Coastal Health has an important role to play in addressing parking issues

- “Proximity of parking to facilities and enough parking availability are both problems that need to be dealt with in a timely way to coincide with proposed upgrades on 10th. Otherwise safety of health precinct users is in jeopardy. VCH has responsibility in this regard that has not been met”
- “VCH needs to realize and act on their parking obligations.”

PASSENGER ZONES ADJACENT TO HEALTH SERVICES

What Participants Like

“I feel heard regarding the July meeting”

Longer and wider passenger zones

- Providing additional length in the pick-up and drop-off zones to accommodate more vehicles and make side loading possible

Flush surface at passenger zones

Sheltered passenger waiting areas

- “Love the sheltered passenger waiting zones”

- Might improve safety. “This might serve to alert cyclists of passengers waiting for pick up and cause a change in speed or to yield as needed.”

Participant Concerns and Suggestions

Passengers crossing bike lanes may be unsafe

- “I don’t like the way passengers at drop-off points have to cross bike lane.”
- “Making cyclists go single file could exacerbate the risk; cyclists get impatient very easily”

Need additional width in passenger zones for accessible vehicles

- “Need another 2-feet for safely getting out of vehicle in a wheelchair, exit ramps are 6 feet long”
- “Passengers getting off from the side of vehicles landing on the bike lane is a concern”
- Need “special provision for HandyDART offloading from the rear of the vehicle taking more space at the drop off”

Insufficient passenger zone spaces for medical service buildings, in particular Blusson

- Need passenger zones next to each medical building, not just a few
- “Drop off and parking for Blusson is a huge issue. Need to address this before the 10th Ave plan is started”
- Lack of turnout at BSCC will result in higher use of Eye Care passenger zones
- Laurel and Willow intersections need additional passenger zones

Passenger shelter may conflict with HandyDART

- The Mary Pack passenger shelter in the passenger zone will conflict with HandyDART drivers bringing patients to the door of building

WAYFINDING, INFORMATION AND AWARENESS

What Participants Like

Recognizing Health Precinct in highly visible ways

- “Love the concept of clear signage upon entering 10th Street. Maybe flags at each pole like they have on Cambie bridge”
- Use a well recognized symbol for the Hospital Zone

VGH Commuter Center’s Cycle like a Canadian Campaign

- “The Cycle like a Canadian Campaign is fantastic. Way to go”

Participant Concerns and Suggestions

Enforcement required to achieve desired behaviours

- “Signs and paint will not always help change bad habits. How are you going to enforce rules?”
- “I’d like to see a plan with VCH and VPD for monitoring enforcement of Health Precinct laws, speed limits and bike-route norms at least for the first few years”

Rerouting the bike route is the safest solution

- “Wayfinding improvements are good but they aren’t good enough to prevent accidents or injuries to vulnerable pedestrians who have no choice to go to unique medical services not available elsewhere”
- “I like to emphasize this again, City should reroute the bike lane from West 10th as [the cyclists] are able-bodied; moving them around will be the best solution and less costly”
- “I’m disappointed that no consideration [has been given] to relocating the bike lane or getting them to dismount”

Signage should be responsive to Health Precinct users

- Signage should be universally designed and tested with wheelchair users, people with visual impairments, seniors, ESL, those with cognitive impairments, etc. to see if it will work
- Signs need to be consistent throughout the corridor
- “Wayfinding consultant either needs to be aware of visual impairments or bring Persons With Disabilities Advisory Council on board.”
- “The CSA is currently developing national standards for healthcare facilities signage and wayfinding. It will be important to take these into consideration”
- Remember that skateboarders may need their own targeted messaging

Cross-institution collaboration needed

- “The various health serving organizations in the Health Precinct are not working together to facilitate wayfinding”
- Need to clarify who is responsible for the wayfinding signs

RESEARCH AND USAGE DATA

What Participants Like

Living Lab research to understand design impacts

- “Living Lab monitoring usage in various ways is an excellent idea”
- “Collaborating with UBC researchers is a great idea”
- “Willingness to study impacts of major usage changes on 10th”

Participant Concerns and Suggestions

Request for City commitment to respond to results of research

- “Need City commitment to act and respond to what the data shows, a mechanism for responding to the collected data”

ACCESS TO THE HEALTH PRECINCT BY PUBLIC TRANSIT

What Participants Like

Benches to support pedestrian travel on sloped streets

- New, sheltered seating to be available on side streets for those needing to access facilities on 10th from transit on Broadway

Recognizing how street slope impact pedestrians with disabilities

- Recognizing sloped streets

Moving bus stop on Oak closer to 10th

- “Permanent 10th and Oak bus stop for number 17”

Participant Concerns and Suggestions

More bus stops accessible to Hospital Precinct

- “Add new bus stops”
- “Difficult to access VGH from Broadway due to the steep incline. Perhaps a new transit route along 12th would help with access to VGH by transit”

Offer a shuttle to improve transit access to the Health Precinct

- “Hills make manual wheelchairs and pedestrians in poor health struggle to get access from Broadway. Shuttle or sponsored service would be helpful”

- “TransLink shuttle from parking and Transit stops on Broadway and SkyTrain at Cambie until adequate parking and pick up drop off zones are in place on 10th”

Orient benches for passenger safety and convenience

- “Make sure that they are close to the buildings that they serve so the drivers know where to find the person and that the people are not in harm’s way of other vehicle traffic”

APPENDIX – MEETING EVALUATION

This is a sample of participants' feedback about the workshop.

1. Is there anything you'd like to tell us about the 10th Avenue Corridor Health Precinct that you didn't have a chance to say at the workshop?

- "I think the safety and convenience of the most vulnerable people in our community are being sacrificed to accommodate cyclists"
- "Would like to see this bikeway detoured around 10th Ave to not risk the safety of all citizens"
- "I'm concerned about the 10th Ave corridor changes proceeding while hospital parking and drop off at BSCC hasn't been agreed on"
- "With all of the constraints applied to the biking route has anybody asked bikers if this is what they want? ... you would never be able to convince the bikers to slow down and single file in addition to the other constraints outlined in the proposal."

2. What worked well at the workshop?

- "Very much appreciate the open-minded approach of Dylan Passmore [Senior Transportation Engineer, COV] – thank you!"
- Well organized discussion and presentation around specific issues
- "Liked the worksheet as a way to capture more ideas"
- "You have shown how you are trying to reduce risk"

3. What could have been improved about the workshop?

- "Not enough room for talking about other options besides a bikeway on 10th"
- "The designs don't really deal with safety issues for persons with disabilities"
- Information from VCH and Translink outlining their plans to address the issues
- "Could a large map / diagram be posted for the precinct and changes for each meeting?"

4. Do you have any questions or suggestions?

- "Do not hold meetings in the early morning – that's the time for health care needs for persons with disabilities / elders"
- "Detour the bike path"
- "Thank you for having this to hear voices of the people"