

Testing the Health in Transportation Corridor Planning Framework in Camden, New Jersey

Haddon Avenue as a Pilot Study for the Regional Coordinated Human
Services Transportation Plan

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Background

The Delaware Valley Regional Planning Commission (DVRPC) is the federally designated metropolitan planning organization (MPO) for the bi-State, nine-county Greater Philadelphia region. DVRPC has been active in health-related planning efforts for many years, largely through its food systems planning, air quality program, as well as offices of Smart Growth, Environmental Planning, and Transit, Bicycle, and Pedestrian Planning. Over the past several years, Healthy Communities Planning emerged as a way to interface overlapping interests and issues within the agency and to bring additional awareness of public health impacts. Healthy Communities Planning encompasses a broad range of built environment issues, including air quality, food access, walkability, transit access, and open space.

Haddon Avenue (County Route 561) was selected as the corridor to test the Health in Transportation Corridor Planning Framework (Framework)¹ in the City of Camden, New Jersey. The corridor serves residential and business clusters and connects two large hospitals, Cooper Medical Center and Our Lady of Lourdes - one at each end of the corridor. This 2-mile stretch of Haddon Avenue runs from Martin Luther King Boulevard in the west to the Camden/Collingswood border at Ferry Avenue. The Port Authority Transit Corporation's Ferry Avenue transit station is located on the eastern end of Haddon Avenue.

Both Haddon Avenue and the City of Camden are undergoing changes. Increased economic development, planned bicycle and pedestrian projects, and mixed-use development are supporting a Complete Streets vision. The two hospitals that anchor the corridor are planning several investments to improve accessibility, safety, and connectivity along the corridor.

Along with this encouraging vision of the future, Haddon Avenue faces several challenges related to community health, mobility, and overall wellness. The mean income along the corridor is slightly higher than that of Camden City, but only about half that of the county. Poverty rates in the corridor are more than double that of the county. The corridor's residents also face high unemployment (21%); many depend on supplemental nutrition assistance (28%); and the percentage of uninsured (17%) is high.² Although statistics at the corridor-level are not available, the city has high rates of obesity (38%). Interest in addressing these equity issues is growing, as is the desire to mitigate housing vacancies and provide green space while affording access to healthy foods.



Street view of City of Camden.

DVRPC developed a strong interest in Camden while working with a group of stakeholders on *Cultivating Camden: The City's Food Economy Strategy*. The strategy focuses on increasing economic opportunities through food-related economic development and informs access to healthy food. The agency has funded several transportation improvement projects in the area, including improving bicycle and pedestrian infrastructure linking one of the hospitals to the commuter rail station. DVRPC is using its regional Coordinated Human

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¹ Health in Transportation Corridor Planning Framework: FHWA 2016

http://www.fhwa.dot.gov/planning/health_in_transportation/planning_framework/the_framework/index.cfm

² American Community Service data (2013)

Services Transportation Plan (CHSTP) update to explore broader mobility and equity issues, such as access to healthcare and age-friendly communities. The CHSTP update, *Equity through Access*, could provide an opportunity to identify new and innovative strategies, some of which could be particularly relevant to Haddon Avenue’s needs.



Location of Haddon Avenue Study, showing key landmarks.

The Haddon Avenue study is not a funded corridor project. Nevertheless, several ongoing and planned projects along the corridor present opportunities to incorporate recommendations from this study. DVRPC’s primary interest in testing the Framework is to develop capacity within the agency to integrate health into other planning studies, particularly the CHSTP.

Framework Steps Completed

The initial Steps of the Framework complement DVRPC’s traditional corridor planning process. Lacking funding for improvements, the agency made a concerted effort to manage stakeholder expectations throughout the process. From the outset, the agency’s intent was to test Steps 1–4 of the Framework, which they accomplished during the 9-month beta test period. Because decision making was internal to the agency, the greatest challenges were limited staff resources and competing priorities.

Partnerships and Stakeholders

A DVRPC “steering committee” was established that included interested staff from transit, bicycle and pedestrian planning; the air quality program; environmental planning; land use planning; communications and engagement; environmental justice; and geographic information systems. Staff participation was voluntary: Each department agreed to a beta-test activity while managing existing projects, with the intent of integrating public health into their respective areas of responsibility. Balancing agency demands and priorities, while maintaining focus on beta-test progress, was an ongoing challenge. Decision making was completely within DVRPC, with the steering committee serving in an advisory capacity and informing agency leadership on progress.

From the start, DVRPC staff recognized that engaging stakeholders was critical. The agency identified the stakeholder group as the “Advisory Group” to reinforce its specificity to this corridor study and temporary role. DVRPC decided to conduct three Advisory Group meetings, each held in a meeting place along the corridor.

What does public health really mean for this corridor?

Stakeholders realized they all have differing priorities concerning health. Reaching a common understanding about the key issues on the corridor, centering on the project’s goals and objectives was a necessary first step.

DVRPC engaged a solid group of stakeholders by inviting them to present on their current work. This approach welcomed and engaged various stakeholders who were enthusiastic about sharing information on their activities, which proved successful for the Advisory Group meetings.

During the first Advisory Group meeting, stakeholders with clear leadership skills emerged. They included a senior planner from Camden County Improvement Authority; an executive at Cooper Health System—the dean of the Cooper Medical School; and a senior leader at Our Lady of Lourdes Hospital. These stakeholders demonstrated a comprehensive understanding of policy-level issues and practical health considerations, such as how access to physical activity is closely linked to healthcare costs.

Other key stakeholders included:

- Advocacy groups, such as the Bicycle Coalition, which was helpful in identifying gaps and needs to improve connectivity for bicycles and pedestrians and raising awareness of safety issues;
- Representatives from economic development and business improvement districts, such as Cooper’s Ferry Partnership, which has funded road improvement projects in the corridor;
- Developers, including investors in developing a transit village in the corridor; and Transit personnel, such as those from Port Authority Transit Corporation, with a station adjacent to the corridor

The full Advisory Group was a diverse group of interested and informed individuals representing a variety of perspectives and awareness. The range of stakeholders provided DVRPC staff with both the context of the Haddon Avenue corridor and specific information on needs and potential resources. Because the participation of specific individuals varied from meeting to meeting, the agency developed the practice of providing a “catch-up” session at the beginning of each meeting.

Detailed View of Activities

Over the course of nine months, DVRPC successfully completed four Framework Steps. This work set the stage for later development of a variety of potential improvements in the corridor rather than a single selected alternative. Agency staff were responsible for the outcomes of each step and reported results to leadership or committees in the organization. The Advisory Group will be maintained until the list of potential improvements is identified and final technical reporting is complete.

Step 1: Define Transportation Problems and Public Health Issues

To kick off the beta test, DVRPC assembled a group of internal stakeholders interested in the pilot project. In preparation for Step 1, DVRPC staff considered:

- What does the agency need to get out of this?
- What does each internal stakeholder need from the beta test?

In these beginning stages, DVRPC identified an early challenge of trying to decide “how much to offer without overpromising.”

“The Framework helped us think about how to engage our ‘tried and true’ partners, as well as those we typically haven’t engaged.”

Alison Hastings, DVRPC Manager of Communications and Engagement

Among the many initial questions posed, staff considered: What is going on in the corridor already? How is health already being incorporated into planning?

DVRPC began by compiling a list of other projects that involved the corridor, even if they were not directly related to health. These projects included hospital improvement plans, development plans for the new transit village, the DVRPC Food Economy study, existing sidewalk inventories, and Camden County’s Bicycling and Multi-Use Trails Plan. DVRPC realized that potential Advisory Group members could present on the status of these plans to help educate each other on existing work underway.

Step 2: Identify Needs, Resources, and Public Health Priorities

As part of the first internal stakeholder meeting, DVRPC discussed baseline data needs and maps that could help stakeholders visualize the key issues in the corridor. The agency followed Steps 1 and 2 in the Framework concurrently to develop a strong understanding of the corridor from baseline information prior to engaging stakeholders.

In some cases, data were readily accessible from the American Community Survey and DVRPC standard data sources. An innovative geographic information systems (GIS) specialist helped with the visualization of these data by creating customized maps with new data sources, in contrast to the “traditional” maps created for corridor plans. Most data were collected before the first Advisory Group meeting was held.

The internal steering committee conducted an analysis of the baseline conditions and quickly discovered the difficulty of collecting detailed health data. Camden City differs markedly from Camden County in many demographic and health-related aspects, so county-level health data were not as useful for this corridor. For the earlier Camden food economy project, county-data were used, but the agency extrapolated qualitatively for the beta project to consider how the City might differ from the County. Even for the community health needs assessment, county-specific data are not available; it is conducted on a regional scale for three counties.

Transportation data at the corridor level were readily available, so one primary need from stakeholders was assistance with health data at the corridor level. For instance, the Camden Coalition of Health Providers has conducted assessments, such as the number of emergency room users in Camden City and the origins of the emergency trips. This stakeholder also has conducted several studies on diabetes, asthma, obesity, and other health issues.

For the first Advisory Group meeting, DVRPC presented an overview of the corridor study along with the relationship to the CHSTP. An interesting discussion emerged on the definition of “public health.” The group ultimately focused on what public health meant in terms of Camden’s needs, and identified:

- Access to healthcare
- Access to healthy foods
- Access to green space
- Improvement of air quality
- Safety of bicycle and pedestrian travelers and automobile users
- Bicycle and pedestrian facilities supportive of physical activity

The Advisory Group also identified a list of potential issues and ideas for improvement in the corridor that DVRPC staff developed into problem statements.

Issues identified by stakeholders	Problem statements developed by staff
<ul style="list-style-type: none"> • Locations of bus stops and bus pull-outs • Number of crashes in the corridor (auto, bicycle, pedestrian) • Work with police department to identify relationship of community crime and safety • Improving safety in neighborhoods 	<ul style="list-style-type: none"> • Car and bus movement at some intersections makes navigating the streets difficult for walking and bicycling • Poor pavement conditions and older roads make bicycling difficult and unsafe • Striping is worn and no longer distinguishable in many areas, making it dangerous for pedestrians • Poor lighting under overpasses • Land use and transportation decisions are not well integrated

At the second Advisory Group meeting, the group discussed proposed focus areas to help select one or two areas for improvement. Presentations by staff identified the issues and specific options for improvement.

Stakeholders were unable to prioritize these focus areas in the meeting, and DVRPC conducted a follow-up survey to “vote” for the individual areas. The outcome of this exercise was inconclusive and did not provide the agency with a strong direction for action. The diversity of the Advisory Group members and the inconsistent understanding of transportation decision making structure made agreement on priorities challenging.

Step 3: Develop Goals and Objectives that Protect and Promote Public Health and Step 4: Establish Evaluation Criteria and Public Health Impacts

As with Steps 1 and 2, DVRPC staff worked on Steps 3 and 4 of the Framework concurrently as internal activities outside of the Advisory Group meetings. They drafted the vision, goals, and focus areas based on internal discussions about the overall lessons learned to date. The goal statements were from observations throughout the process, but were not formally defined up to this point. Staff noted that articulating the goals and focus area criteria was helpful so that they were more transparent. The goals and criteria will also be used to guide development of the technical memorandum, which is the outcome of the project.

MLK Boulevard at Haddon Avenue Focus Area
Issues <ul style="list-style-type: none">• Wide intersection with long crossing distance• High traffic area and high pedestrian use
Options <ul style="list-style-type: none">• Extend the median for pedestrian refuge• Extend bike facilities• Create a pedestrian overpass• Develop more and better signage• Create a diagonal crosswalk• Add pedestrian signals and timers

The outcome of these activities was a project vision statement and a set of goals, as stated below. The vision, goals, and evaluation criteria will be used to consider ways in which the agency can support public health in the Haddon Avenue corridor by prioritizing areas of focus and available resources.

Project Vision

Identify added value to transportation planning projects and decisions by incorporating public health stakeholders and concerns.

Goals

- To better understand Haddon Avenue's constituent groups and the challenges they face.
- To better understand the public health status of communities along the Haddon Avenue corridor.
- To develop a comprehensive understanding of completed, ongoing, programmed, and planned infrastructure projects along the Haddon Avenue corridor
- To propose infrastructure improvements or treatments that will address multiple concerns, including public health concerns, along the Haddon Avenue corridor.

Focus Area Evaluation Criteria

- Achievable
- Not already addressed by an ongoing project
- Presents the biggest opportunity to address public health concerns
- Impacts a large portion of constituents
- Recommendations could be adopted and carried forward by a project sponsor

DVRPC has completed the beta test of the Health and Transportation Corridor Planning Framework. The agency's plan is to develop a technical memorandum that identifies all completed, ongoing, programmed, and planned infrastructure projects along the Haddon Avenue corridor. The technical memorandum will be used to make recommendations for additional infrastructure improvements that could improve the health of residents near the Haddon Avenue corridor. The ultimate intent is to provide greater awareness of efforts that partners

and stakeholders have made and to ensure that new recommendations support other existing and proposed projects to enhance public health in the Haddon Avenue corridor.

Decision Maker Support

DCRPC has been incorporating health into its efforts for the past 8 years, so the level of support within the agency for this project was already strong. The perspective of current decision makers was helpful in advancing this work. Nevertheless, traditional views on corridor planning sometimes proved to be limiting to a broad view of health in planning. As with most agencies, changes in decision makers over time often adjusts agency priorities. At the staff level, the agency is expected to continue considering health on a case-by-case basis.

Stakeholder participation indicates that health agencies and groups are interested in participating in transportation planning activities, but individual participants might change over the course of the study. Because participants were advisors to the process, the impact of these changes was small and readily accommodated.

Even though health-related stakeholders might represent “new faces at the table,” the “tried-and-true” stakeholders are comfortable with many of the corridor/built environment interventions to public health challenges such as Complete Streets, increased walkability, bike lanes, and dense mixed-use development. This mix of new and established relationships continues to enhance decision making through increased understanding and participation.

Outcomes

For DVRPC, the focus areas became the “alternatives” to consider going forward. Some areas were selected based on public health concern about vehicular, pedestrian, and bicycle safety. Others were included because they were important areas for walkability. Improvement in these areas likely will lead to a significant increase in corridor walkability—specifically the 676 Overpass and the Ferry Avenue station. Ferry Avenue was important from a public health perspective because it provides better connections between Our Lady of Lourdes and the Port Authority Transit Corporation station. The 676 Overpass improvements will further support connections between much of Haddon Avenue/Southeast Camden and Cooper Hospital.

DVRPC staff viewed the Framework as a good planning process, and therefore, the process followed for this project did not differ much from the one normally followed. Using the Framework required staff to articulate the goals and criteria for this project specifically. Using the Framework also served as impetus to assemble different stakeholders together, which is an accomplishment in and of itself. Upon the completion of the beta test, DVRPC continues many of the activities that were part of the study, including:

- Considering potential improvements to the five focus areas by combining with existing projects in the corridor.
- Affording the Advisory Group a sense of completion and value in their role and encouragement to participate in the future.
- Making a process improvement in the update of the Human Services plan to inform and direct future planning efforts to consider public health.
- Raising awareness of partner and stakeholder projects, both existing and planned, along Haddon Avenue to bring additional support and funding.

Case Study Synopsis

DVRPC has an established practice of incorporating public health in planning activities. The Framework was used to enhance development of the CHSTP by providing data and resources to identify health issues, needs, and

priorities in the Haddon Avenue corridor. The focus was on the combined effectiveness of projects initiated by the agency and the efforts of partners and stakeholders.

For More Information

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