

NEW HAVEN  
URBAN  
DESIGN  
LEAGUE

129 Church Street Suite 419  
New Haven, Connecticut, 06510  
tel 203 624 0175  
urbandesignleague@att.net

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Kimberly Martone, Director of Health Systems Planning  
Office of Health Strategy  
450 Capitol Avenue, MS #51OHS  
Hartford CT 06106

Via email: [Kimberly.Martone@ct.gov](mailto:Kimberly.Martone@ct.gov)

Re: Docket # 18-32231-CON, Yale New Haven Hospital proposed relocation of the Primary Care Center (PCC)

Dear Ms. Martone:

I did not know about the important hearing you held on the plan to move the PCC to Long Wharf until I read the article about it in the local paper. I appreciate that your office is still accepting comments, and offer these.

We share the concerns voiced by many people regarding the lack of adequate transportation options to support moving this important clinic to Long Wharf. There are many other factors, as well, which make this a less-than-ideal location for a PCC.

#### BACKGROUND

The New Haven Urban Design League has been engaged in a broad community discussion about the development of the Yale New Haven Hospital / Yale Medical Area since our organization was founded in 1998. The medical sector is a major part of the local economy and its facilities have a major impact on the thousands of people who work there, receive treatment there, and live in the adjacent neighborhoods. Recognizing the importance of the area, we held a charrette in 2011 to discover ways to improve the hospital zone as a healthy, attractive urban space that had a harmonious relationship with its host community.

A highlight of the charrette was having Dougal Hewitt, then V.P. of Community Relations for Bon Secours Hospitals, discuss the best thinking on how hospitals can succeed in their mission of promoting health and healing through their campus plans as well as through their services to patients. Since this time, the League has continued to work to bring these best practices to bear on various individual planning projects in the area, as well as in the Hill-to-Downtown Plan of 2014 and the Mobility Study of 2015.

The League has worked for many years to encourage the City and medical area developers to adopt a “healthy hospital / healthy community” standard for planning medical centers and their adjacent neighborhoods. Basic to this model is walkability, clean air, public safety, green space, shared public spaces, and a walk-to-work environment joined with a good transit system.

#### TRANSPORTATION CHALLENGES FOR THE PROPOSED PCC RELOCATION

In all these various planning efforts, transportation issues were a central topic. Residents understood that the massive parking structures and surface lots devoted to Medical area uses brought pollution, noise and congestion to their neighborhoods, while at the same time diminishing the viability and availability of convenient, frequent public transit to meet their needs, and the needs of patients and employees. Both the Hospital and University operate private shuttles. While the shuttles reduce some traffic, the private system does not serve either residents or patients. A “Universal Transit” system is needed to build a high-quality transit network, and to allow the retirement of the private transit systems, which by being a ‘separate and unequal’ undermines civic cohesion and opportunity.

The combination of parking facilities and arterial roadways with high Vehicle Miles Traveled (VMT) counts has also effectively separated the Hill neighborhood from the rest of the city. Building and maintaining parking facilities requires the Hospital to make enormous financial investments in projects which are harmful to human health and take up land which could be devoted to useable buildings for treatment, administration, research and laboratories – and clinics such as the PCC. The Medical Area has a great deal of underutilized land (see fig.1) including the current site of the PCC. With proper land stewardship, the PCC could remain in the hub of the Medical Area, which would be the best option for both patients and employees.

Currently, patients seen at the PCC can easily access the YNHH specialists whose offices are organized around the central campus. This convenience is especially important for people dealing with multiple illnesses, who may need to see more than one doctor in a day. The Hospital has shown that there are not feasible and viable alternatives to a plan that would have a negative impact on these vulnerable populations and minority groups. No alternatives have been proffered.

The Hospital has stated that 66% of patients use cars to come to the PCC. An important question to consider is whether driving, and the expense of operating and parking a car is a first choice, or the only viable choice due to inadequacies in the transportation system — inadequacies which are compounded by the Hospital’s private transit system.

Even if we were to accept that 66% of patients are driving to their appointments are drivers by choice, the remaining patients, or 1/3 of all visits, are made by people using public transportation. These are the poorest of the Hospital’s patients, the ones with the fewest options. Currently, these patients can access the PCC by riding the CT Transit 265 line, which runs every 6 – 15 minutes and stops at the corner of Howard and Congress where the PCC is located. CT Transit 261 line, which also operates on a frequent (10-15 minute) schedule, has stops near the current PCC as well.

Moving the PCC to Long Wharf would leave the poorest people, or people who cannot drive due to a disability, shouldering the greatest transportation challenge. Taxis are expensive, and My Ride and other medical taxis require at least a two-hour wait from the time a patient calls and asks for service to when the medical taxi arrives. Many patients miss appointments this way.

A central question for the Office of Health Strategy is to judge whether a plan proposed by a medical institution **reduces** access to health care by increasing medical costs or simply by locating in a hard to reach place. The hospital has not presented a plan to address the transportation problems that the relocation to Long Wharf would create for both low-income patients and staff earning lower incomes. We ask that the Office of Health Strategy consider the barriers to medical care that would be created by the combined impact of increased transportation costs (a patient's time and money) with the impact of changed fee structures and billing policies to be instituted by the new PCC.

Solving the transportation problem will take time, and certainly more time than is available if the Hospital's current development timeline is followed. The City is currently working with the Greater New Haven Transit District and the Connecticut Department of Transportation to revise bus routes for the region. This study is incomplete, and its findings and recommendations will be based on current use patterns. The City is also working on a plan for the development of the larger Long Wharf area. The plan, which will need to go through local and State review, is focused on creating the robust storm water management plan necessary for building in this low-lying coastal zone. The actual build-out of the area could take 20 years or more. This timeline is important to consider: until the area is rezoned and more buildings and activities are established, **there will not be sufficient demand to justify expanded CT Transit service, based on the PCC alone.** As a stopgap, the Hospital has proposed operating shuttles for patients, but YNHH has not committed to any specific plan or to maintaining it long-term until such time as alternative transit options should become available. The Hospital's current shuttles, unlike CT Transit buses, also do not accommodate wheelchairs or strollers, which raises an issue of compliance with the Americans with Disabilities Act. The Office of Health Strategy will need to evaluate whether transportation can be provided at the same or better level of service and cost than what patients are afforded in the current location.

#### URBAN CONTEXT CHALLENGES FOR THE PROPOSED PCC RELOCATION

A central tenant of the "healthy hospital/ healthy community model" is that people need well-designed urban places if they are to thrive as citizens, heal as patients or be supported as employees. Beauty, utility, and convenience are essential. The Office of Health Strategy has heard testimony from patients that they want the PCC to remain in the Medical District, or be located in a "neighborhood business zone" and scaled to that kind of residential setting, as the Fair Haven Health clinics are today. This testimony goes to the heart of good planning: Are we designing an isolated single purpose facility, or building an urban place for people? The Long Wharf land mass was created in the 1950's to support the Interstate I-95 Highway. It was built out with uses related to the highway: factories, hotels, warehouses all

oriented to vehicular traffic. At this point, the Long Wharf area is something of a “no-man’s-land” without typical urban form or activities, and with a still-to-be-determined future.

Not having the PCC in the Central Medical area, or subdivided to fit into neighborhood settings, does put a burden on people, and not only for transportation. Patients often have long waits between appointments, and an isolated place like Long Wharf would not offer the convenience of finding restaurants, retail or other services which could make a trip to the doctor easier and more convenient to manage. Or simply more enjoyable. This would be especially true for parents with young children. Being in a place where they could find a variety of restaurants offering food at different prices would help, as would being able to take children outdoors for a walk around the block between appointments.

The University of Miami has been a leader in thinking about planning health medical districts. At this juncture, when the Hospital and Medical School are moving towards major new plans (for the current site of the PCC, the site of Connecticut Mental Health Center, rebuilding the Hospital East Wing, and building out the vast area between Congress and Columbus Avenue) it would be reasonable to evaluate this plan in a larger context, and evaluate if there is a much better way to build a place to serve PCC patients. There is a dual task here, to review more thoroughly a seriously inadequate plan, and too lay the foundation for better medical planning in our community.

Yours,



Anstress Farwell, President  
New Haven Urban Design League  
129 Church Street Suite 419  
New Haven, CT 06510  
203 624 0175 t  
[urbandesignleague@att.net](mailto:urbandesignleague@att.net)  
<http://www.urbandesignleague.org>  
<https://www.facebook.com/NewHavenUrbanDesign>

*STATEMENT OF BELIEF*

The New Haven Urban Design League believes the quality of the built environment is critical to human happiness and a civil society.

*MISSION*

The New Haven Urban Design League was founded by citizens devoted to protecting and enhancing New Haven's natural assets and urban design through research, education, and advocacy. The League works to improve the quality of life in New Haven by supporting projects that sustain the culture, beauty, utility, and economic health of the city -- both in its neighborhoods and in its region. The League seeks to strengthen the civic culture that is the foundation for good government, good planning, and good development.

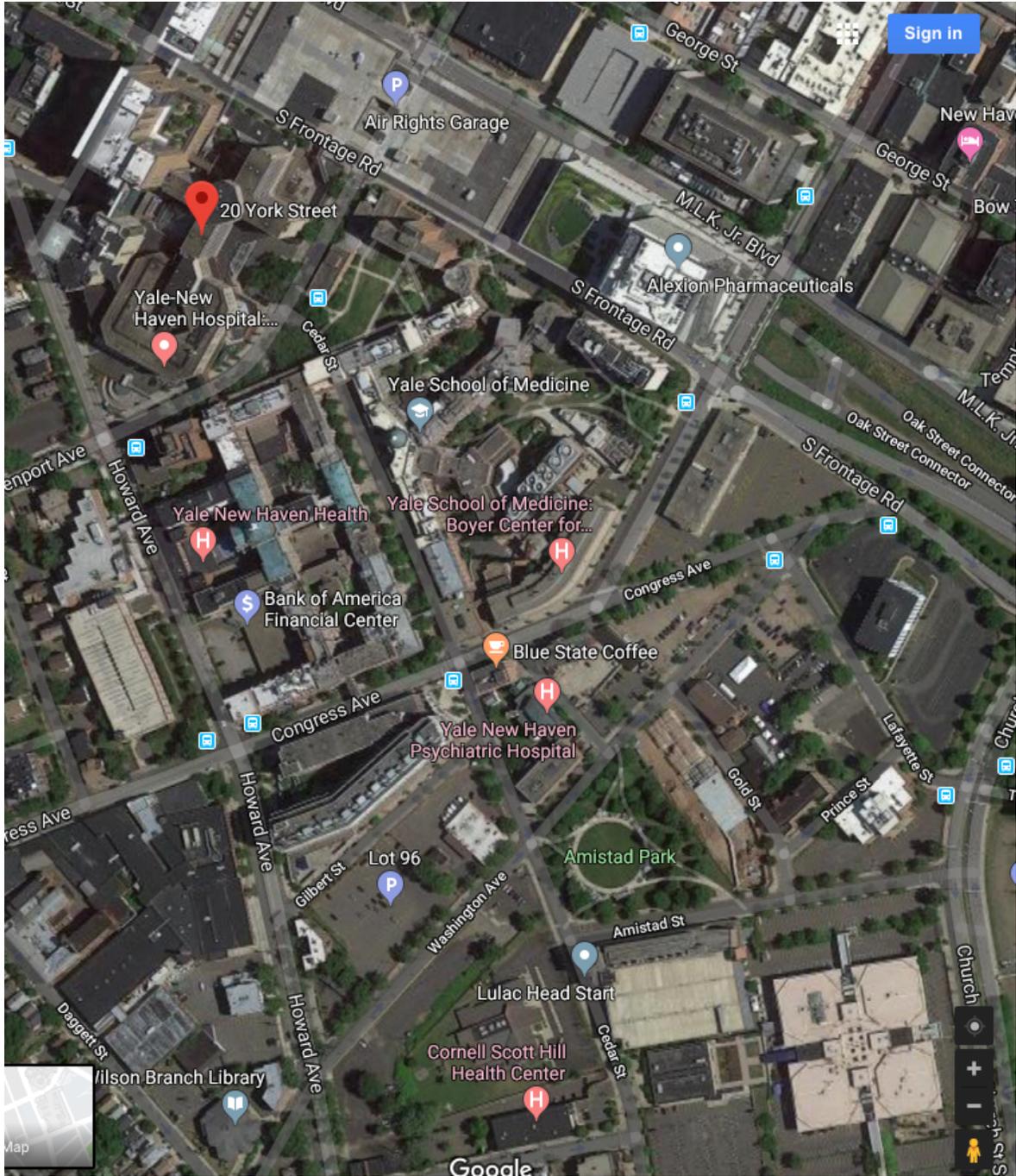


Figure 1. Satellite view of Medical Area, showing surface parking lots and underutilized properties



Fig. 2. CT Transit system map, showing the higher level of service in the Medical District versus the low level of service in the Long Wharf area.