Executive Summary

BACKGROUND

In 2006, Eva Klein & Associates, Ltd. was retained by the Regional Planning Commission (RPC) to complete a New Orleans Regional Biosciences Initiative Strategic Plan. That plan, which was completed in April 2007, included:

- Vision, Goals, And Plan Elements
- Innovation System Strategy
- Market Strategy And Marketing Plan Outline
- Leadership And Management Strategy, and most notably,
- A Physical Development Strategy

The last item, the Physical Development Strategy, is a precursor to this Land Use and Transportation Strategic Integration Plan. This plan primarily addresses the physical nature of the district, most notably land use and transportation. This study is not a management plan, governance plan, economic development plan, or business plan; its major focus is on how to improve the physical environment comprising the Medical District in order to help it reach its potential. A major component of this effort is to physically plan an environment in tune with surrounding neighborhoods and the CBD that also caters to the specific infrastructure needs of the medical community. Improvements in sewerage, water, drainage, transit, roadways, pedestrian and bike access, signalization, electrical, natural gas and the entire telecommunication network are well examined, as are site aesthetics such as landscaping, lighting, seating and trash receptacles.

THE STUDY AREA

While the overall study area is contiguous with that of the recently created GNOBEDD (bounded by Earhart Boulevard, Carrollton Avenue, Iberville Street, and Loyola Avenue/Elks Place), the primary focus of this physical improvement plan remains the New Orleans Regional Medical Center (NORMC); the heart of the medical district, roughly bounded by Poydras Street, Galvez Street / S. Rocheblave Street, Canal Street, and Loyola Avenue/Elks Place. It is in this area that most new development and redevelopment is centered.

REPORT FORMAT

The plan document is presented in a multi-chapter tabloid format. Following the introduction section of the first chapter, a background section explores the Medical District history, and reviews past planning efforts. The document continues with an Existing Conditions chapter, describing via text and graphics the current physical state of the district. A Vision and Recommendations chapter follows, which describes the vision for the district as put forth by the medical district stakeholders and numerous recommendations for the physical improvement of the district (presented via text, maps, photograph examples and other graphics). The final chapter of the document is a Conclusion and Implementation chapter, which summarizes the recommendations and includes an estimate of capital costs.

EXISTING CONDITIONS

The document examines the current conditions in the New Orleans Medical District, and includes in-depth examinations of the issues and opportunities relating to land use, transportation system and physical infrastructure conditions in the District:

Land Use

Issues:

- Existing land use lacks the diversity and design needed to keep activity in the District at all hours of the day;
- Current zoning allows potentially incompatible land uses adjacent to one another; and
- Local and national historic district designations add another level of regulation to the development process.

Opportunities:

- There is a large amount of non-contiguous underutilized land (53% of land) that could be redeveloped to a higher and better use;
- The District could build on the investment taking place along Poydras and Canal Street southeast of Claiborne Avenue; and
- Over half of the land in the District is in public/medical institutional ownership.

Transportation System

Issues:

- Lack of marked bicycle routes and amenities (such as bike racks);
- Lack of internal public transit service or shuttle service;
- Lack of transit-related amenities, which would encourage ridership, such as covered shelters, benches, route signs and route schedules;
- Interior streets are difficult for vehicular travel due to changes in directional flow and cross-sections;
- Pedestrian crossings are missing from primary pedestrian routes throughout the District;
- Several of the main corridors in the District are not living up to their potential:
- Tulane Avenue acts more like a commuter thoroughfare than the entry way to the Medical District;
- Claiborne Avenue/I-10 create a physical and psychological edge that prevent travel between the two halves of the District;
- Development along Canal Street (north of Claiborne) is not supportive of its grand cross-section;
- Poydras Street loses momentum quickly between Claiborne Avenue/I-10 and Galvez Street;
- Galvez Street is in dire need of redevelopment to remove blight.
- Overhead walkways have the potential of detracting from street-level activity.

Opportunities:

- The District is defined by a well-connected system of collector and arterial streets, which make it easy to visualize and traverse by automobile;
- The confusing nature of the interior streets for vehicles has created an environment preferable for pedestrians;
- The overhead walkway system provides additional options for pedestrian circulation through the District;
- The District has excellent regional access created by its proximity to downtown and I-10, its connection to regional streets such as Tulane Avenue and Canal Street, and the bus and streetcar system that operate along its perimeter.

Infrastructure System

Issues:

- Pedestrian crossings are intermittent and of basic design; many need restriping;
- Transit stops are not well marked and do not contain amenities that would encourage transit ridership;
- The District lacks gateway and wayfinding signage that would help to establish presence in and a route for passage through it;
- Existing identity signage, directional signage, green space and paved pedestrian areas lack consistency in design, creating a haphazard appearance;
- The District lacks pedestrian scale lighting along streets and in public open space;
- There is a large amount of low-quality open space (parking lots, vacant lots and private yards) in the half of the District northwest of Claiborne Avenue/I-10;
- Major above ground electrical transmission lines located in the area bounded by Galvez Street, Claiborne Avenue/I-10, Canal Street and Tulane Avenue will have to be relocated if major medical expansion is to occur in the area;
- Abandoned SWB feeder lines will need to be removed before new construction;
- The utilization pressure steel and cast-iron gas lines in the Medical District may contain water and have cor¬rosion due to saltwater intrusion following Hurricane Katrina. Until the lines are replaced, gas service in the District may be unreliable; and
- Several projects, including a new pump station, are needed to bring the sewer system in the Medical District up to capacity. These projects are currently on hold.

Opportunities:

- Street surfaces and sidewalks are generally in fair condition;
- High quality open space and tree plantings around medical centers and Poydras office towers can serve as a basis for new open space standards;
- The capacity of the electrical system in the Medical District is good; further, redundancy in the system southeast of Claiborne Avenue/I-10 creates a more dependable environment for institutional and business uses;
- District-wide thermal energy plant has the capacity to handle additional demand;
- The water distribution system is thought to be in reasonably good condition; and
- Large box culverts provide adequate drainage capacity to the District.

VISION STATEMENT

As part of the planning process, the following vision statement was crafted and approved by the Medical District stakeholders:

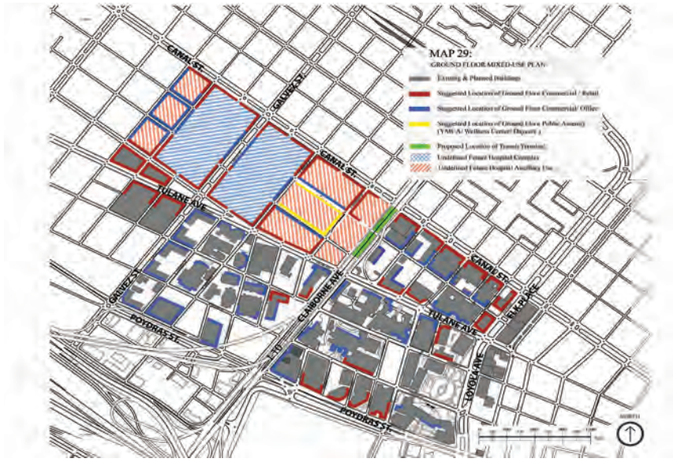
"To create a vibrant, safe, urban Medical District that reflects quality education and research by creating a sustainable live/work, mixed use setting that delivers high quality health care while seamlessly integrating with downtown New Orleans."

PLAN RECOMMENDATIONS

The Strategic Integration Plan contains numerous recommendations for the physical improvement of the district (presented via text, maps, photograph examples and other graphics.) The general recommendations are summarized below with selected illustrative examples included:

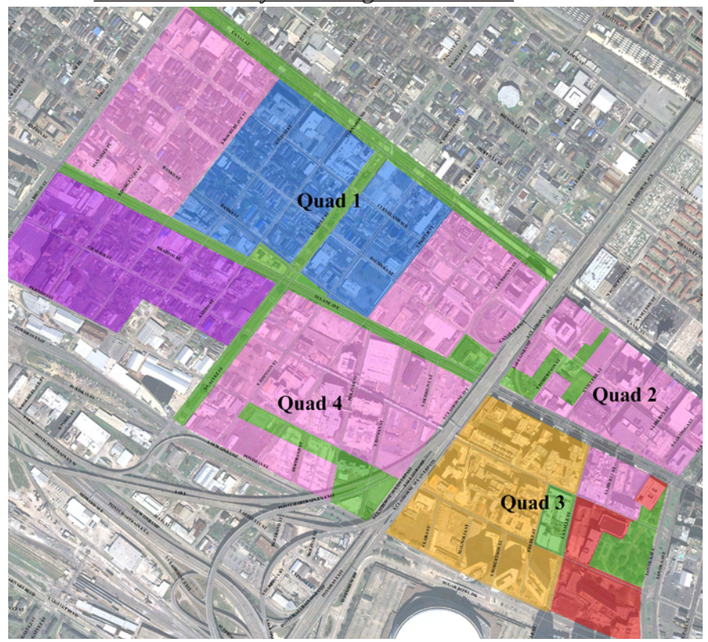
Land Use

- Identify existing and future institutional buildings that could incorporate a mixture of uses



Ground floor mixed-use plan.

- Identify locations for stand-alone residential uses
- Ascertain the types of needed support services and identify appropriate locations
- Guide the density and design of land uses

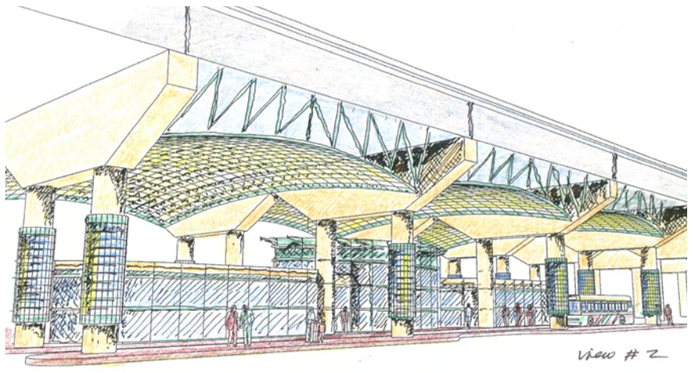


Recommended land use.

- Ensure relationship to larger Biosciences District

Transportation

- Develop changes to the transportation network to support the future land use scenario

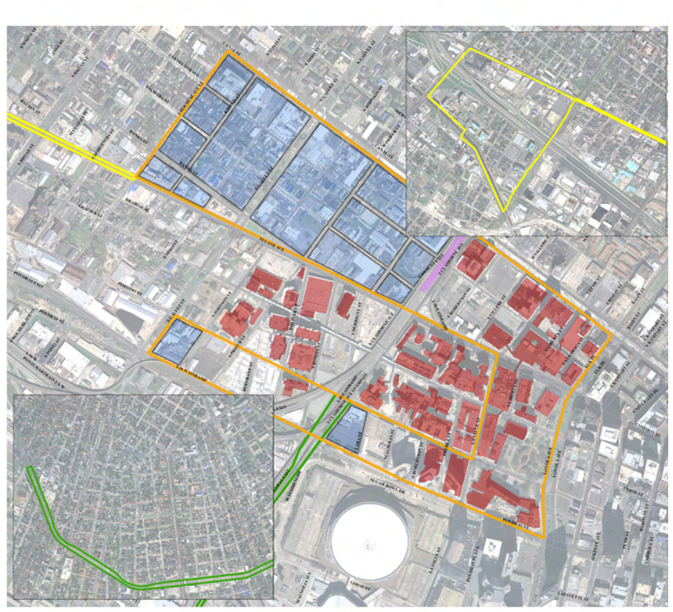


Proposed transit terminal under Claiborne overpass

- Examine changes to streets and street cross-sections

Proposed reconfiguration of Tulane Avenue

- Ensure relationship of transportation network to larger Biosciences District



Proposed transit circulator route

Infrastructure

- Assess impact of proposed land use scenario on streets and utilities and recommend capacity-related improvements, if needed
- Establish standards for streetscape design
- Address currently needed improvements to streets and utilities infrastructure:

Open space plan

- Develop plans for currently needed improvements to urban design infrastructure
- Ensure urban design infrastructure is compatible with efforts of Downtown Development District and the larger Biosciences District
- All major developments should conform to the DDD's downtown urban design guidelines being developed in conjunction with the City Planning Commission.

IMPLEMENTATION

Zoning

One of the overall affected changes in the Medical District will be the control of development within the privately owned parcels of land within the district. Traditionally, control and regulation of these areas is done via land use and zoning controls.

Zoning changes relating to the Medical District are proposed at an opportune time. The City of New Orleans is currently preparing a citywide *Master Plan* that will guide the long-term physical development of the city. To implement the plan, a new Comprehensive Zoning Ordinance (CZO) will be prepared at the same time as the Master Plan. During the development of this document, officials with the City including council members and members of the City Planning Commission have been involved in developing the overall recommendations, and have announced their desires to use this Plan as a first step for the Master Plan and CZO changes affecting the Medical District area.

Urban Design

The Vision and Recommendations Section of this document proposes several ideas for urban design standards to help improve the overall look of the Medical District. The design standard apply to both aspects of the public realm (sidewalks, landscaping within rights of ways, street lighting, signage, sidewalks, etc.) but also can apply to the private realm (landscaping on private property, façade treatment, height and setback requirements, etc.). While the public realm ideas for standards can be put in place by the City via actual construction and installation of the infrastructure, the design standards for the private realm cover only new construction or redevelopment and are achieved through standards written into the new comprehensive zoning ordinances or design overlay districts.

Capital Improvement Projects

The study included preliminary estimates of capital improvements projects to help implement the recommendations of the study. These are divided into two main categories: utility improvements (much of which are identified in the Existing Conditions section) and visual improvements (which were described in the Vision and Recommendations section of this document). The estimated costs are summarized below:

Utility Improvements:

Street Repair: $1,120,000
Sidewalk Repair: $736,000
Crosswalk Striping: $10,000
Gas Line Replacement: $3,522,510
Replacement of Pump Station 15: $6,201,934
New Medical Center SPS: $1,933,462
New Force Main: $569,221
Total $14,093,127

Visual Improvements

Arterial Spines $34,250,000
Primary Connectors $12,200,000
Secondary Connectors $4,100,000
Total $50,550,000

TOTAL CAPITAL IMPROVEMENT PROJECTS: $64,643,127

Note: All numbers are based on 2008 dollars and use either established estimates from other agencies or were formulated using unit costs and estimates of length/volume.