

# Response to “Refined Concerns”

August 3, 2011

How the HNC has addressed the concerns that were identified in our first few meetings:

1. Neighborhood
  - a. Traffic Concerns
    - i. Comprehensive traffic flow study, including impact of possible future street closures, was completed by URS. This also addressed future traffic volume issues.
    - ii. Overhead walkways are a possibility recommended by the HNC
    - iii. Creating a campus is a good option
    - iv. Remote parking might be a partial solution for staff
    - v. Parking ordinance has not been addressed
  - b. Safety
    - i. Stop and go traffic can be addressed by creating a campus and adequate parking
    - ii. Construction noise during daytime hours is part of construction. Having a planned area for growth, and a Neighborhood Historic Advisory Committee, lets the neighborhood be prepared ahead of time for the construction.
    - iii. ED demographics can't be controlled, but having the HCOD include the houses north of Prospect buffers the impact of ED patients on the neighborhood. This essentially removes the ED from a residential street by changing the character of the street. Also, a solution might include relocating ED to the south.
    - iv. Parking and pedestrian traffic addressed by creating a campus and providing adequate parking in appropriate locations for infirm patients and visitors.
    - v. People tend to lurk less in surface lots, where they can be seen from a distance. Surface lots, rather than ramps, are considered in several of the solutions.
  - c. Communication with Neighbors
    - i. HNC process was excellent example of hospital's willingness to be transparent and engage in dialog.
    - ii. Recommend a formal standing committee as part of Development Agreement with City. This includes hospital and neighborhood representatives.
    - iii. Trust is a two-way street. If draft plans are shared, the neighbors need to recognize that they are subject to change, not because of subterfuge and dishonesty but because “draft” means it isn't final. Even “final” plans sometimes fall victim to unexpected circumstances. While the hospital will attempt to communicate these changes in a timely fashion, as appropriate, the neighborhood

needs to provide the benefit of the doubt and not immediately jump to the accusation that the hospital lied.

## 2. Historic District Concerns

### a. Impact on Historic District

- i. Agreement between hospital and City for a Development Agreement that specifies the process by which historic structures will be handled.
- ii. Opinion of State Historic Architect was sought. Moving houses does not automatically result in their de-designation as contributing. Also, no Historic Landmark District designation has ever been removed. The planned HCOD appears to meet the need for growth without negatively affecting the NHLD status.
- iii. Previously mentioned NHAC would address historic structure impact.
- iv. Developing a City-wide historic preservation ordinance is outside the scope of the HNC (“to provide a plan for hospital growth that is acceptable to the hospital and the community”). However, the HNC recommended that the City look into considering a formal process for dealing with historic structures.

### b. Economic impact

- i. Study done by George Erikcheck: Hospital contributes about half of City’s economic base; retail and tourism contribute about 15%
- ii. Real estate values have been shown to be steady or higher in the neighborhood immediately around the hospital, so the concern of falling values is unsupported by history. Also, hospital will offer protection to property owners against such losses if they do occur because of hospital growth activities.
- iii. Financial impact of possible preservation grants was not quantified. These are being eliminated at the State level. If receipt of these grants requires a preservation ordinance, this is outside the scope of the HNC.
- iv. Oaklawn is the largest employer by a significant margin; future growth will mean future jobs.
- v. Oaklawn pays taxes on all properties not associated with its core business (about \$94K per year)

## 3. Government concerns

### a. Collaboration and definition

- i. Expectations for landscaping and buffering, and other elements of growth, addressed by proposed ordinance, ordinance amendment and development agreement, except that parking requirements still need to be addressed by City.

### b. Personal agendas on City boards and commissions

- i. Remains an issue, and was not addressed. Adoption of the proposed overlay ordinance and sign ordinance amendment should help ameliorate the inappropriate use of personal agendas. Those with a personal agenda, either elected or appointed, could easily

misuse the Development Agreement; thus the Hospital is putting itself at risk of future harm by agreeing to this approach.

4. Community Attitudes Concerns

- a. The planned solution considered input from the HNC members, the audience (i.e. individuals, local business owners/employers, neighbors to the hospital, “average Marshall citizens”/employees), historic preservationists (including SHPO, the NPS and local representatives), Oaklawn Hospital, and the City. The planned solution considered the impact to all stakeholders, and to Marshall as a whole.
- b. Expansion options were divided into on-site and off-site categories. Only the on-site expansion options were presented to and considered by the HNC, since off-site expansion is not an issue for the immediate area around the Hospital.
- c. Goal to improve the willingness of all parties to compromise has been successful between the City, Hospital, and members of the HNC. Hopefully this suggests that the same willingness to compromise exists in the neighborhood, the historic preservation circles and the community as a whole.
- d. Criteria on referendum ordinance were not reviewed. This should be reviewed by the City.