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HEARING EXAMINER

BEFORE THE HEARING EXAMINER
FOR THE CITY OF SEATTLE WASHINGTON

WASHINGTON COMMUNITY
ACTION NETWORK,

Appellant,

NO.

v.

NOTICE OF APPEAL

SEATTLE DEPARTMENT OF
PLANNING AND DEVELOPMENT,

Respondent.

*Project No. 3012953
Swedish Medical Center Cherry Hill
FEIS for the Major Institution Master
Plan*

1. Identity of Appealing Parties

The appellant in this matter is Washington Community Action Network, 1806 E. Yesler Way, Seattle, WA 98122, (206) 389-0050.

The designated representative for the appellant is:

Claudia M. Newman
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Seattle, WA 98154
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E-mail: newman@bnd-law.com

1 2. Decision Being Appealed

2 Washington Community Action Network (hereinafter Washington CAN) seeks review of
3 the Director of the Department of Planning and Development's (DPD) decision regarding the
4 Final Environmental Impact Statement (FEIS) for the Swedish Medical Center Cherry Hill
5 Campus Master Plan, Project No. 3012953. The proposal address is 500 17th Avenue, Seattle,
6 Washington 98122. DPD determined that the FEIS adequately describes and assesses the
7 adverse impacts of the Master Plan and that the Master Plan has been adequately conditioned to
8 mitigate identified adverse impacts on March 19, 2015. *See* Attachment A.

10 3. Washington CAN's Interest in the Matter

11 Washington CAN is a non-profit corporation organized under the laws of Washington
12 State. Washington CAN works to achieve racial, social, and economic justice in our State. With
13 over 40,000 members, Washington CAN may be the State's largest grassroots community
14 organization. Health care access and affordability have been one of Washington CAN's main
15 issues over the organization's history. Medical debt and inadequate charity care policies of
16 hospitals such as Swedish Cherry Hill Medical Center are a central concern to the organization.

18 Washington CAN is significantly affected by and interested in the Swedish Medical
19 Center Cherry Hill Campus Master Plan proposals and in the significant adverse environmental
20 impacts caused by that proposal. Members of Washington CAN live in the residentially zoned
21 neighborhoods that are either adjacent to or near the proposal site and they will be directly and
22 adversely impacted by the land use, aesthetic (height, bulk, and scale), human development, and
23 transportation impacts of the proposal. Those members drive frequently on the roads that will be
24 impacted by increased traffic to and from the development and they have direct views of the
25 development either while driving in the area or from their homes.
26

1 Washington CAN and its members are significantly affected by and interested in the
2 vision statement and the goals and policies of the Human Development Element of the City of
3 Seattle Comprehensive Plan and, therefore, have an interest in the disclosure, analysis and
4 mitigation related to those policies in the FEIS. For example, Washington CAN and its members
5 seek to improve access to healthcare and are impacted by and interested in ensuring that Swedish
6 strengthens its healthcare accessibility and affordability at the Cherry Hill campus as part of the
7 expansion. The institution's lack of investment in local schools, lack of partnership with
8 neighborhood groups to strengthen youth programs, and failure to adequately reach out to
9 communities of color for its educational offerings are all issues that affect Washington CAN.
10 Members of Washington CAN will be directly and adversely impacted by the responsible
11 official's failure to adequately analyze, disclose and mitigate the human development impacts of
12 the proposal.
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15 4. Statement of the Issues on Appeal

16 a. DPD erred when it determined that the FEIS adequately describes and assesses the
17 adverse impacts of the Master Plan. DPD also erred when it determined that the Master Plan has
18 been adequately conditioned to mitigate identified adverse impacts.

19 b. The FEIS issued by the Department of Planning and Development for the Swedish
20 Medical Center Cherry Hill Campus Master Plan, Project No. 3012953 was inadequate.
21 Specifically, the FEIS failed to adequately disclose, analyze, and mitigate the significant adverse
22 impacts related to land use, the proposal's relationship to plans/policies/regulations, aesthetics
23 (height, bulk, and scale), human development, and traffic/transportation.
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1 c. The FEIS is inconsistent with and does not contain the scope of analysis required
2 by the City's SEPA policies in SMC 25.05.675 regarding land use; construction impacts, height,
3 bulk, and scale; land use; and traffic and transportation.

4 d. The FEIS incorrectly concludes that the Master Plan is consistent with policies and
5 goals in the Comprehensive Plan. Specifically, the FEIS incorrectly concludes that the Master
6 Plan is consistent with certain goals in the Human Development Element goals and policies, the
7 Urban Villages Element goals and policies, and the Land Use Element goals and policies in the
8 Comprehensive Plan.

9
10 This appeal incorporates the contents of the letter from Claudia M. Newman to Stephanie
11 Haines dated July 3, 2014, which is attached hereto as Attachment B. That letter provides more
12 detail about Appellant's issues on review. While that letter was focused on the DEIS, many of the
13 issues raised therein are still relevant and applicable to the FEIS because the FEIS did not
14 adequately respond to or address those issues. To the extent that the project has changed, that the
15 analysis in the DEIS was amended by the FEIS, and/or that the conclusions in the FEIS differed
16 from those in the DEIS, appellant will address those discrepancies at the hearing.

17
18 5. Relief Requested

19 Washington CAN requests that the Hearing Examiner conclude that the FEIS for the
20 Swedish Medical Center Cherry Hill Campus Master Plan, Project No. 3012953 was erroneous
21 and inadequate for the reasons expressed above. Washington CAN requests that the Hearing
22 Examiner remand the FEIS to the Department of Planning and Development with instructions to
23 conduct further analysis and require mitigation consistent with that set forth in this appeal.
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1 Dated this 2nd day of April, 2015.

2 Respectfully submitted,

3 BRICKLIN & NEWMAN, LLP

4
5 By: 

6 Claudia M. Newman, WSBA # 24928
7 Attorneys for Washington CAN
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Seattle Department of
Planning and Development

D. M. Sugimura, Director
December 11, 2014

RECEIVED

DEC 11 2014



**AVAILABILITY OF FINAL ENVIRONMENTAL IMPACT STATEMENT AND FINAL MAJOR
INSTITUTION MASTER PLAN**

Area: Downtown/Central Address: 500 17th Ave

Project: 3012953 Zone: MAJOR INSTITUTION OVERLAY-105', LANDMARK, CONTRACT REZONE, LOWRISE-3,
STEEP SLOPE ($\geq 40\%$)

Notice Date: 12/11/2014

Contact: ANDY COSENTINO - (206)320-3584 x
Planner: Stephanie Haines - (206) 684-5014

A Final Environmental Impact Statement (FEIS) and Final Major Institution Master Plan (MIMP) on the project described below is available for public review. The lead agency is the Department of Planning and Development (DPD).

Project Name: Swedish Medical Center Cherry Hill Campus Master Plan

Project Description: Council land use action to adopt a new Major Institution Master Plan for Swedish Medical Center, Cherry Hill Campus. A rezone is required for a modification to MIO height limits (CF# 311936). Proposal includes future aerial and below grade vacations to accommodate a skybridge and below grade tunnel.

The City of Seattle Department of Planning and Development has prepared the FEIS.

INFORMATION AVAILABLE

This FEIS, together with the MIMP, have been distributed to agencies noted on the *Distribution List* of this FEIS (Section 6). The FEIS and the MIMP can be reviewed at the following public libraries and websites:

- Seattle Public Library – Central Library (1000 Fourth Ave.);
- Seattle Public Library – Douglass Truth Branch (2300 E. Yesler Way);
- Seattle Public Library – International District/Chinatown Branch (713 Eighth Ave. S.);
- DPD Electronic Library - <http://web1.seattle.gov/dpd/edms/> (Enter Project Number 3012953)

A limited number of complimentary copies of this FEIS and MIMP are available on CD while the supply lasts -- from the Seattle Department of Planning and Development Public Resource Center, which is located in Suite 2000 of Seattle Municipal Tower (700 Fifth Ave.) in Downtown Seattle. (Hours: 8:00 a.m. to 4:00 p.m. on Monday, Wednesday and Friday, and 10:30 a.m. to 4:00 p.m. on Tuesday and Thursday). Additional copies may be purchased at the Public Resource Center for the cost of reproduction. Copies of the documents are also available through the DPD Permit and Property Research page at <http://web6.seattle.gov/dpd/edms/>.

Attachment A



**Bricklin &
Newman
LLP**

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Reply to: Seattle Office

July 3, 2014

Stephanie Haines
Department of Planning and Development
Attention: Public Resource Center
700 Fifth Avenue, Suite 2000
P.O. Box 34019
Seattle, WA 98104-4019

Re: Swedish Medical Center Cherry Hill Campus Master Plan, Project No. 3012953,
Combined Comments on DEIS and Draft MIMP

Dear Ms. Haines

I am writing on behalf of Washington Community Action Network (Washington CAN) to comment on the Swedish Cherry Hill Medical Center Draft Major Institution Master Plan (Draft MIMP) and Draft Environmental Impact Statement (DEIS). The Project No. is 3012953 and the project address is 500 17th Ave in Seattle.

Washington CAN works to achieve racial, social, and economic justice in our State. With over 40,000 members, Washington CAN is the State's largest grassroots community organization. Health care access and affordability have been one of Washington CAN's main issues over the organization's history. From playing a leading role in getting the Affordable Care Act passed through Congress to advocating for a Basic Health Option on the state level, Washington CAN has led the country in advancing and expanding access to healthcare for all people. Medical debt and inadequate charity care policies of hospitals such as Swedish - Cherry Hill Medical Center are bankrupting families and limiting low-income communities from receiving the care they need.

1. Comments on the Swedish Cherry Hill Draft Major Institution Master Plan

The regulations that apply to the Swedish Cherry Hill Master Plan proposal and project site do not allow approval of the MIMP unless the residential character of the neighborhood is protected and adverse impacts to the surrounding community are minimized. SMC 23.69.032.E.2; SMC 23.69.002. There must be a balance of the public benefits of the development with the need to maintain livability and vitality of adjacent neighborhoods. *Id.* DPD must assess how the proposal will address and contribute positively to human development issues in the community. SMC 23.69.032.E.3. There are also a number of requirements specific to the development program and

Attachment B

development standards components of the proposed master plan that call for more specific protections of the neighborhood and community interests. SMC 23.69.032.E.4 and 5.

The current proposal does not meet these requirements for approval and the Draft MIMP is incomplete and inadequate. The information provided about how Swedish will address and contribute positively to human development issues in the community is woefully inadequate. DPD needs to look closely at whether Swedish will commit to truly pursuing its public benefit mission as it expands. Significant negative impacts to the surrounding neighborhoods and community have not been adequately mitigated. The benefits to Swedish are extraordinarily high while the impacts to the local community are significant and adverse - the proposal is completely out of balance.

a. The goals and policies of the Human Development Element

In the Director's report, an assessment must be made of the extent to which Swedish Cherry Hill, with its proposed development and changes, will address the goals and applicable policies under Education and Employability and Health in the Human Development Element of the Comprehensive Plan. SMC 23.69.032.E.3.

The vision statement of the Human Development Element is:

The City of Seattle invests in people so that all families and individuals can meet their basic needs, share in our economic prosperity, and participate in building a safe, healthy, educated, just, and caring community.

Seattle's Comprehensive Plan at 9.3. There are 37 goals and policies that follow that vision statement. These goals and policies are broken down into four groups: Building Supportive Relationships within Families Neighborhoods & Communities, Food to Eat & a Roof Overhead; the Education & Job Skills to Lead an Independent Life; and Effective Disease Prevention, Access to Health Care, Physical & Mental Fitness for Everyone. SMC 23.69.032.E.3 focuses the assessment on the Education and Employability and Health sections of that element.

The Draft MIMP includes an "Appendix C," which is titled "Consistency with City's Comprehensive Plan Goals and Policies." The table in Appendix C analyzes only nine goals and policies from the Human Development Element section. This assessment is woefully inadequate.

I have attached a table to this letter as Appendix 1. That table contains Washington CAN's detailed assessment of the goals and applicable policies in the Human Development Element and describes the extent to which the Draft MIMP fails to adequately address each one of those goals and policies. Overall, there are two predominant problems with the Draft MIMP's assessment: (1) the content of the analysis is so vague that it is largely meaningless and (2) the analysis refers only to past and current activities - *i.e.*, actions that are already occurring with the existing sized facility and that will occur even if the MIMP is denied. The assessment that is required by SMC 23.69.032.E.3 must assess *future* concrete, specific actions that will accompany the expansion for *future* consistency with these policies and goals.

In addition, the assessment only addresses nine goals and/or policies while there are many more than that in the Comprehensive Plan. It is unclear why Appendix C only analyzes certain hand-picked goals and policies and omits others. In the Human Development Goals and Policies section of the Comprehensive Plan, there are at least 15 goals and policies in the Human Development Element section that speak to Education and Employability and Health.¹

In the end, the Draft MIMP does not come even close to addressing this requirement adequately, nor does it propose meaningful, concrete actions that it will take associated with its expansion and consistent with these policies.

b. The public purpose mission of Swedish/Providence

DPD is also required to consider the way in which the proposed development will serve the public purpose mission of Swedish. SMC 23.69.032.E.2. When considering this component of the decision, DPD should be aware that since Providence Health & Services acquired Swedish in 2012, it changed the local hospital that we know and trust into part of a big chain. Since then, it has appeared that a desire for profit has taken precedence over the desire to further the public purpose mission of the institution. Any approval of an expansion should be accompanied by commitments that ensure that, in the future, Swedish/Providence will be responsive and accountable to the community, patients, and workers as is called for in its public purpose mission.

The DEIS states that the mission of Swedish Cherry Hill is to promote the diversity of the community as a non-profit community medical center that actively provides services to people of all economic means while promoting the institution as a leader in research and medical care. DEIS at 3.3-27. On its website, Swedish describes its non-profit mission as being to "[I]mprove the health and well-being of each person" it serves. Swedish also states that "as a nonprofit health-care provider, Swedish takes seriously our responsibility to provide access to the services, expertise and facilities needed by our communities."²

When Providence took over Swedish, the organization began cutting its frontline staffing leaving fewer staff on the floor. With fewer staff, the patient care has suffered. Providence has also made health care less affordable for its own workers. Their own employees have healthcare bills that are beyond what they can afford. They receive calls from collectors demanding payment to Swedish/Providence. Since it has become part of Providence, the Swedish commitment to patient care has not been the same. The decisions that Providence have made reflect a desire to put profit ahead of its public purpose mission. Expansion in the name of even greater profit should be accompanied by commitments that ensure that Swedish/Providence is responsive and accountable to the community, patients and workers.

¹ If Swedish omitted the remaining six goals and policies because it believes that those goals or policies are inapplicable, that should have been explicitly stated in the table.

² Both statements from Swedish's Mission & Outreach page, accessed June 29, 2014:
<http://www.swedish.org/about/overview/mission-outreach>

It is also important to recognize that Swedish has enormous capacity to increase the amount of charity care that it provides. While Swedish touts its estimated cost of charity care (\$37.2 million in 2013) and total community benefits (\$143 million in 2013) in the draft MIMP and DEIS, it fails to note either its own or its parent's total, operating and net revenues. It also fails to note what is specifically attributable to the Cherry Hill campus. A quick review of the financial numbers makes it clear that this non-profit healthcare provider can afford to do more for its communities. For the most recent year available for all three entities; 2012, these are the numbers:

	Net Patient Service Revenue ³	Total Profit	Charity Care ⁴
Swedish- Cherry Hill ⁵	\$349m	\$39m	\$6.6m
Swedish Health Services ⁶	\$1.8b	\$330m	\$35.5m
Providence ⁷	\$8.7b	\$411m	\$272m

More recent financial results are available for Providence, including a total annual profit of \$253 million, bringing its 2011-2013 total profit to over \$1 billion.⁸ As of a few months ago, Providence was still holding onto over \$5 billion in unrestricted cash.⁹

The following complaints, which have recently been made about Swedish/Providence, should be addressed:

- Charity care is not well-advertised or offered during admission. Patients have to ask for information about it. Allegedly, posters are no longer clearly posted in the lobby areas.
- The application process is too complicated, requiring paperwork and documentation that the average person does not have readily available. This discourages people from seeking care at Swedish – some of them go to Harborview instead because the application is simpler.

³ In line with current accounting standards, bad debt expense is subtracted from NPSR as reported by the campus and by Providence.

⁴ Charity care is reported at gross charges to the WA Department of Health, and adjusted here for Cherry Hill using the standard cost-to-charge ratio. Numbers for Swedish Health Services and Providence were already adjusted.

⁵ Source: 2012 annual report submitted to the WA Department of Health.

⁶ Source: Providence Health & Systems 2012 audited financial statements.

⁷ Source: Providence Health & Systems 2012 audited financial statements. The total profit number, \$411 million, does not include contributions from the Swedish and Fahey affiliations.

⁸ \$362 million in 2011, \$411 million in 2012, and \$253 million in 2013.

⁹ Providence 1st quarter 2014 financial report.

- The income requirements of 400 percent of the federal poverty line are too limiting for many people. Families and individuals making more than the maximum allowed income to qualify are often times struggling pay medical bills.
- The length of time a patient is covered by charity care is too limited. Patients tell stories of years past where one complex application and approval would last for 6 months, but now it is only valid for one month, then people have to update/re-apply. This further discourages people from seeking charity care at Swedish.
- Charity care provided by Swedish does not cover services provided by contractors, even though the services are rendered on the campus.
- The amount of time patients are given to fill out charity care applications is too short, especially given the amount of documentation required and the fact that people are often not in good health during this process.
- Patients' applications have been lost, with no communication from Swedish before finding out that their bills have been sent to collections agencies. Swedish has even sent its own employees to collections over unpaid medical bills.

Overall, DPD should engage in a critical and thoughtful analysis of whether Swedish/Providence will indeed serve the public purpose mission of the institution. DPD should require that the expansion be accompanied by specific, concrete, future commitments to ensure that Providence/Swedish provides meaningful charity care and is responsive and accountable to the local community and its patients and workers.

c. Adverse impacts and the livability and vitality of adjacent neighborhoods

Before a MIMP can be approved, all adverse impacts associated with development must be minimized and the livability and vitality of adjacent neighborhoods must be protected. See SMC 23.69.002; SMC 23.69.032.E.2. DPD must consider the extent to which the growth and change will significantly harm the livability and vitality of the surrounding neighborhood. *Id.*

The height, bulk and size of the proposal that is currently proposed by Swedish is outrageously out of balance with the height, bulk and size of existing and allowed uses in the surrounding neighborhood. Swedish is requesting a right to tower over the rest of the neighborhood with buildings as high as 240 feet. That is *210 feet* above the 30 foot limit that is allowed by the underlying zoning on the project site and that is allowed in the great majority of the surrounding neighborhoods. That is more than twice as high as the current limit for Swedish allowed by the MIO.

Like the height, the proposed lot coverage gives us yet another outrageous discrepancy between the underlying zoning and the uses in the surrounding area. The minimum lot requirements for the underlying Single Family zone call for a maximum lot coverage of 35% of the lot area. SMC 23.44.010. Swedish is proposing a maximum lot coverage of 76%. That goes too far.

Swedish also proposes smaller setbacks than those required by the underlying zoning. Every lot in the single family zone generally requires a 20 foot front yard setback and a 25 foot rear yard setback and these requirements apply to institutions in SF zones. SMC 23.44.014; SMC 23.44.022. In addition, institutions in the SF zone must have a side yard setback of 10 feet. *Id.* In the Draft MIMP, Swedish claims that "Front setbacks would vary by street and range from 5' to 20' at ground level and from 10' to 80' at upper levels." When you look closely at the details, however, it is evident that there are certain areas where the setback will be 0' at ground level. You also see that the 20' setback proposed at ground level is a tiny area in proportion to the enormous project. The majority of ground level setbacks are 5 feet, with some at 0 feet and others at 10 feet.

On top of this the draft MIMP proposes that the underlying development standards be modified to change the single-family zone requirements for garage setbacks and entrance routes and allow for unmodulated façade with maximum of 150 feet -- more changes that go against the code and that add to the impacts caused by the height, bulk, and scale of the project.

The proposal goes far beyond appropriate growth of this institution and the enormous height, lot coverage and setback disparities will have adverse aesthetic and land use impacts to the surrounding neighborhoods. There is no balance with this proposal -- it is all about what Swedish desires and will significantly harm the livability and vitality of the surrounding neighborhood. It goes too far against the neighborhood and too much in favor of Swedish. This conclusion is supported repeatedly in the DEIS where it concludes that the Swedish Cherry proposal's height, bulk and scale is inconsistent with many of the goals and policies in the Comprehensive Plan. *See* DEIS at 3.3-28; 30; 34; 36; and 38.

One particularly vexing statement that finds its way repeatedly into both the Draft MIMP and the DEIS, is the characterization of the setbacks as "mitigation." I address the DEIS in my comments below, but the Draft MIMP takes the position that these "setbacks are proposed to provide an appropriate pedestrian scale and transition to the surrounding neighborhood," and it claims that the setbacks are proposed as "mitigation" or as a benefit to the neighborhood. Draft MIMP at 31 and 55. This is nonsense. These setbacks are a violation of the underlying zone's development standards -- Swedish is requesting approval to violate the setback requirements so it can expand. The decreased setbacks will not mitigate impacts and they do not benefit the neighborhood - they *cause* the impacts.

The proposal does not come close to meeting the requirements associated with Open Space for MIMP approval. As the Draft MIMP states, the Seattle code defines designated Open Space as Open Space within the MIO District that is significant and serves as a focal point for users of the Institution. There is practically no new open space proposed with the development. The only open space proposed with Alternative 8 that is new is a pocket park along Cherry Street. The only open space proposed with Alternatives 9 and 10 are the pocket park(s) along Cherry Street and a landscaped courtyard between the Annex and James Tower. Swedish needs a new design with a credible proposal for open space.

d. The Transportation Management Plan is inadequate

The Transportation Management Program (TMP) must satisfy the requirements of section 23.54.016 and shall include a description of the Major Institution's impact on traffic and parking in the area. SMC 23.69.030.F. The TMP must provide information about specific institutional programs to reduce traffic impacts and to encourage the use of public transit, carpools, and other alternatives to single-occupant vehicles.

The most striking feature of the TMP in the Draft MIMP is its weakness regarding Transportation Demand Management. Swedish Cherry Hill falls well short of its Seattle peers in the drive alone rate now, and plans only marginal improvements. Basically, its current TMP isn't very aggressive so the campus has a high SOV rate (57%) compared to Seattle Children's (mid-30's with a goal of 30%) Fred Hutch (41%) and Virginia Mason (27%). Neither Seattle Children's nor Fred Hutch have much more public transit service than Cherry Hill, but they work very hard to encourage alternative modes and have been quite successful in their efforts. Swedish's MIMP sets a goal of 50% SOV, not very ambitious given its location. By contrast, neighboring Seattle University achieved an SOV rate for faculty/staff of 39% back in 2007. Achieving a more suitably ambitious goal would result in less traffic growth and less parking on the campus.

Alternatives 8, 9 and 10 have very similar transportation consequences. No significant differences occur between them. With all three, campus traffic would roughly double. This requires a more aggressive TMP. Improving the TMP may even reduce the number of intersections that fall to LOS F by 2040 due to the Swedish expansion.

The proposed TMP provides only vague suggestions with inadequate detail. The Plan simply proposes various pilot programs. There is no specific detail on how the proposal can achieve better performance than the tepid 50% goal.

While the plan points to "evaluating parking rates" and to "potential adjustments in parking policies" it fails to detail the discrepancies in parking pricing now and set a clearer course for the future:

- Swedish garages charge \$5.00 for 30 minutes and \$7.50 for 0.5-2.0 hours, while the few blocks of paid on-street parking charge \$1.50 per hour, and most of the neighborhood offers free 2-hour parking.
- Employee rates are not identified except by reference to the current policy of charging at least the price of a one-zone peak transit pass which is \$90/month. DPD's Director's Rule 10-2012 for TMPs highly recommends that parking rates be set at market levels for the project's area, not tied to transit passes. The TMP should be revised accordingly.
- The analysis estimates that about one-third of peak parking demand or about 318 vehicles parks in the neighborhood. It is not clear what share of the on-street supply that spillover represents. The vagueness of the TMP is that it only points to a procedure to reduce that amount without committing to any particular result.

e. Adverse traffic and transportation impacts

It is evident from the Draft MIMP and the DEIS that the traffic and transportation generated by the Swedish Cherry Hill expansion will cause significant adverse impacts to the surrounding community. Alternatives 8, 9 and 10 have very similar transportation consequences -- there are no significant differences between them. A full build-out of the Master Plan will result in 3.1 million square feet of development, which will nearly triple the campus size. This will cause the current traffic numbers to nearly double. The livability and vitality of adjacent neighborhoods will be severely compromised by this enormous increase in traffic in the area.

The traffic impacts have not been adequately minimized. This proposal cannot be approved under the MIMP criteria unless DPD requires that Swedish significantly decrease the size, bulk and scale of its proposal, which will in turn minimize the traffic and transportation impacts.

f. The DEIS does not provide any analysis of the MIMP criteria

There is a difference between the analysis that DPD must do for approval of the MIMP and the analysis that is contained in the DEIS. The DEIS explicitly states "it is not the function of the DEIS to assess and apply the criteria for review and approval of master plans that is contained in SMC 23.69, SMC 23.34.124, and SMC 23.34.008." DEIS at 3.3-6. The DEIS states that to balance the needs of the institution to grow and change within the neighborhood, the MIMP must specify how the new development will minimize impacts on the surrounding neighborhood. DEIS at 3-3.9. But the draft MIMP falls short of providing any analysis or information on this requirement. *See, e.g.*, DEIS 3.3-14; DEIS 3.3-27; and DEIS 3.3-67.

This analysis should have been included in the DEIS as part of its analysis of consistency with the Major Institution goals and policies LUG32 through LU34. Either way, however, because the SEPA responsible official chose to avoid doing any analysis of the proposals' consistency with the criteria for review and approval of master plans that is contained in SMC 23.69, SMC 23.34.124, and SMC 23.34.008, the conclusions and mitigation proposed in the DEIS are not the end of the story. For that reason, we anticipate that DPD's analysis and decision about the impacts and mitigation necessary for the project will go above and beyond that in the DEIS.

A good example to illustrate this point can be found in the DEIS' analysis of land use impacts. *See* DEIS at 3.3-1 – 3.3-69. The DEIS analysis of land use impacts is based on the SEPA land use policies that are set forth SMC 25.05.675.J.2.a. The SEPA land use policy is to ensure that proposed uses and development projects are "*reasonably compatible* with surrounding uses" and are consistent with any applicable land use regulations or goals and policies set forth in the Comprehensive Plan. SMC 25.05.675.J.2.a (emphasis supplied). The question of whether a proposal is "reasonably compatible with surrounding uses" is an entirely different standard than that spelled out in the criteria for approval of the MIMP. Approval of the MIMP is not allowed unless the residential character of the neighborhood is protected and adverse impacts to the surrounding community are minimized. SMC 23.69.032.E.2; SMC 23.69.002. There must be a balance of the public benefits of the development with the need to maintain livability and vitality of adjacent neighborhoods. *Id.* DPD must assess how the proposal will address and contribute positively to human development issues in the community. SMC 23.69.032.E.3. There are also a

number of requirements specific to the development program and development standards components of the proposed master plan that call for more specific protections of the neighborhood and community interests. SMC 23.69.032.E.4 and 5. The DEIS did not assess these criteria. Therefore, we anticipate that the MIMP review will result in different analysis, conclusions, and mitigation than what we have seen in the DEIS.

2. Comments on the Swedish Cherry Hill Draft EIS

My comments on the DEIS focus primarily on the DEIS review of the land use, aesthetic (height, bulk, and scale), human development, and transportation impacts of the proposal.

a. Section 3.3: Land Use Impacts

The City's relevant SEPA land use policy is to ensure that the Swedish Cherry Hill expansion is consistent with the goals and policies set forth in Section B of the Land Use Element of the Seattle Comprehensive Plan and the Land Use Element of the Comprehensive Plan for the area. SMC 25.05.675.J.2.a. DPD may condition or deny the project to mitigate adverse land use impacts resulting from the Swedish proposal to achieve consistency with the land use regulations and the applicable Comprehensive Plan provisions.¹⁰ SMC 25.05.675.J.2.b. *See also* WAC 197-11-660. With that context in mind, I provide comments below on each subsection regarding land use impacts of the proposal.

i. Section 3.3.2.2: Land Use Regulations

As mentioned above in my comments on the Draft MIMP, the DEIS repeatedly avoids including any analysis of the criteria for approval of a MIMP. DEIS at 3.3-5; 3.3-14; DEIS 3.3-27; DEIS 3.3-38-39; DEIS 3.3-67. But the criteria for approval are not only in the code – those same criteria are expressed in policies set forth in the Major Institutions section of Seattle's Comprehensive Plan. Instead, the DEIS avoided doing even this analysis and deferred again to DPD. *See* DEIS 3.3-38-39. The DEIS should have analyzed these criteria when it reviewed the consistency of the proposal with the Comprehensive Plan policies.

ii. Section 3.3.3.1: Land Use

In its discussion describing the land use of the proposal, the DEIS states "Swedish has stated that it proposes to continue to serve as a community resource providing wellness education programs, meeting spaces, and other community outreach." DEIS 3.3-19. Without more detail, this is a vague and meaningless statement. If wellness education programs, meeting spaces, or "other community outreach" is proposed as a benefit of the proposal or as mitigation for impacts of the proposal, then the decision-makers and the public need far more concrete and detailed

¹⁰ On pages 3.3-25 to 26, the DEIS leaves the reader with the impression that the goals and policies of the Comprehensive Plan have no regulatory effect on the Swedish Cherry Hill proposal. The reader should be reminded that the SEPA policies explicitly state that DPD may condition or deny the project to mitigate adverse land use impacts resulting from the Swedish proposal to achieve consistency with applicable Comprehensive Plan provisions. SMC 25.05.675.J.2.b. Therefore, the goals and policies, to a large extent, do have a regulatory effect on this proposal.

information. Swedish should articulate specifically what it plans to offer that is new and different to add benefit to the community and/or mitigate the impacts of its expansion.

iii. Section 3.3.4: Relationship to Adopted Land Use Plans, Policies and Regulations

The DEIS concludes that the Swedish Cherry Hill proposal is inconsistent with many policies in the Comprehensive Plan. *See* DEIS at 3.3-28; 30; 34; 36; and 38. DPD should use its substantive authority to condition or deny the project to mitigate the adverse land use impacts to achieve consistency with these provisions. SMC 25.05.675.J.2.b. *See also* WAC 197-11-660. Specifically, DPD should require significant changes to minimize the height, bulk, and scale of the proposal.

With respect to the Urban Villages Element of the Comprehensive Plan, the DEIS concludes that the proposal is inconsistent with UV-38. UV-38 speaks to the intent to focus new development primarily in areas that are identified as receptors for increased growth in accordance with the City's land use map and neighborhood plans. As the authors of the DEIS concluded, the development proposed is not multi-family, commercial, or industrial, "nor is it comparable in scale to the general intensity of development in the surrounding area." Because the proposed 1.9 million gross square feet (or 1.55 million for Alternatives 9 or 10) would occur outside any urban center or village, the authors of the DEIS correctly concluded that the Draft MIMP is inconsistent with this policy. DEIS at 3.3-28.

UVG-37 states that the City will allow limited amounts of development in areas of the City outside of urban centers and villages to maintain the general intensity of development that already characterizes these areas and to promote the targeted level of growth in village and center locations. The DEIS concludes that the proposed draft MIMP represents an intensification of development that does not appear to constitute a "limited amount of development" and would, therefore, be inconsistent with this goal. DEIS 3.3-30.

The DEIS also concludes that the proposal is inconsistent with goals LUG-8 and LUG-9 because it does not provide any permanent housing and would contrast with the character of adjacent single-family areas.

LU-179 allows modification of regulations in the underlying zone by overlay districts, but only subject to strict limitations on establishing greater densities in single-family areas. As the DEIS correctly points out, there would be an increase in density on the existing campus and as a portion of the underlying zone of the existing campus is single-family, increased density on the hospital portion of the campus should be characterized as inconsistent with this policy. DEIS 3.3-36.

The DEIS also concludes that the proposal is inconsistent with LUG-35, which states that the City should promote the integration of institutional development with the function and character of surrounding communities in the overall planning for urban centers. The DEIS concludes that the scale of both the existing and proposed buildings is more intense than the surrounding neighborhood character and that aspect of the proposal is inconsistent with the goal. DEIS 3.3-38.

Again, as stated above, DPD should use its substantive authority to deny or mitigate the proposal so that it is consistent with these regulations. Mitigation of the adverse impacts requires minimizing the height, bulk, size and intensity of the proposal.

In section 3.3.4, the DEIS contains several inadequacies in its analysis and conclusions. For example, LU-78 states that the goal in a multi-family residential area is to limit the number and type of non-residential units permitted in multi-family residential areas to protect these areas from negative impacts of incompatible uses. The DEIS refers to the MIMP process, apparently relying on DPD to ensure that the proposal is consistent with this policy through the MIMP process. The DEIS incorrectly states that the Draft MIMP has identified mitigation that address the impacts caused by the increase in the scale and intensity of development on the existing campus. DEIS 3.3-35. The Draft MIMP does not identify any such mitigation.

The DEIS repeatedly states that landscape setbacks are proposed to provide transitions along the edges of campus from the proposed higher major institutional buildings to residential or commercial uses on facing streets or facing properties as if this is mitigation. *See, e.g.,* DEIS 3.3-33; DEIS 3.3-27; and DEIS 3.3-42. As mentioned above, it is baffling and extraordinarily misleading for the DEIS to state that the proposed setbacks are themselves mitigation. The setbacks violate the underlying development standards. The proposed setbacks cause the adverse impacts. Mitigation should be proposed to make up for the adverse impacts caused by the setbacks – it is not appropriate to characterize these setbacks as mitigation themselves. The setbacks can by no means be characterized or treated as mitigation for impacts.

Another example of inadequate analysis and conclusions can be found in the discussion of the Major Institution Goals and Policies. *See* DEIS 3.3–37–47. For example, LUG-32 states that the City should maximize the public benefits of major institutions, including health care and educational services, while minimizing the adverse impacts associated with development and geographic expansion. The DEIS does not analyze the consistency of the proposal with this goal. The DEIS should include a more meaningful discussion of this. The DEIS also states incorrectly that the Draft MIMP discusses mitigation measures for each element of the environment intended to minimize the adverse impacts associated with the development. The Draft MIMP contains no such discussion.

LUG-34 states that a goal is to balance each major institution's ability to change and the public benefit derived from the change with a need to protect the livability of and vitality of adjacent neighborhoods in the DEIS. The DEIS conclusion on this is remarkably vague and inadequate. The DEIS recites that "Swedish Hospital has stated that its intent in requesting a new MIMP is to provide the Medical Center with the ability to continue to change and provide services valued by the public." The DEIS makes no mention whatsoever of what the public benefit will be from this expansion. DPD should not simply assume that there will be a public benefit – actual evidence and analysis should accompany this review.

LU-182 requires that the City establish major institution overlays (MIO) to permit appropriate institutional development within boundaries while minimizing the adverse impacts associated with development and geographic expansion. It requires a balance of the public benefits of growth and change from major institutions with a need to maintain the livability and vitality of

adjacent neighborhoods. The response to LU-182 provided by the DEIS is "as part of the review by DPD, the Hearing Examiner, and, ultimately, the decision by City Council will have to balance the public benefits with the proposed needs of the growing institution with the need to maintain the livability and vitality of adjacent neighborhoods." This is inadequate. The DEIS should have conducted an analysis of whether the proposal is consistent with this policy.

LU-183 requires that the City allow modifications to the underlying zone provisions in order to allow major institutions to thrive while ensuring that impacts of development on the surrounding neighborhood are satisfactorily mitigated. In response to LU-183, the DEIS states that the draft MIMP and the draft EIS contain a number of design features and mitigation measures intended to mitigate the impacts of development on the surrounding neighborhood. The Draft MIMP does not contain any meaningful mitigation for the proposal. The proposed measures for mitigation in the DEIS include requiring Swedish to comply with the setback requirements for underlying zoning and reducing the height. Additional mitigation that should have been mentioned in the DEIS, but was not, includes decreasing lot coverage. DPD should use its substantive authority to apply this mitigation to the proposal.

LU-204 states that, in considering rezones, the objective shall be to achieve a better relationship between residential, commercial, or industrial uses and the major institution uses, and to reduce or eliminate major land use conflicts in the area. The DEIS analysis of this policy is inadequate. The authors simply state that the City Council will make the rezone decision and it provides no analysis, disclosure, or mention of whether the proposed rezone will achieve a better relationship between the existing uses or reduce or eliminate major land use conflicts in the area. DEIS 3.3-47.

Our analysis and critique of the Draft MIMP's consistency with Seattle's Comprehensive Plan Human Development policies and goals related to education and healthcare is equally applicable to the analysis in the DEIS. The portions of the DEIS that address this issue (DEIS 3.3-48 through 3.3-51) is wholly inadequate. Like the Draft MIMP, the DEIS reveals a lack of information about 1) what exactly the Cherry Hill campus does for its neighborhood, and 2) how exactly the Cherry Hill expansion will continue and enhance that work.

In the discussion of the Vision Statement in the Human Development element, Swedish's stated mission to improve the health and well-being of people, including an aging population and a growing population should be considered in the larger geographical context of which Swedish cites data. The Seattle metropolitan area is indeed projected to gain population; however, Swedish could grow at other locations, including South Seattle and South King County, rather than building out a campus in a small, residential neighborhood. In addition, I incorporate here my comments above regarding a need for analysis of whether Swedish/Providence will indeed serve the public purpose mission of the institution.

There is no discussion in the DEIS whatsoever of the following goals and policies: HDG 3.5; HD 11.1 through 13.7; HDG 5; HD 14 through 18; HD 22.5; and HD 25. The DEIS should have included an analysis of these goals and policies.

Regarding HDG 3, the responsible official should collect detail on how the expansion at Cherry Hill will specifically address this HDG with programs, clinics and outreach to low-income

people in the neighborhood. Swedish should also address the concerns of neighbors who have complained that the process to receive financial assistance is not well-advertised and is very cumbersome. These two challenges, in addition to their applications being lost, have led to patients' bills being sent to collections and all of the related negative consequences on their well-being, financial stability and future, and likelihood to return to Swedish for care.

Regarding HD 11, Swedish Cherry Hill's provision of healthcare to patients of all ages and economic status does not address how/if it coordinates service delivery. The DEIS should discuss whether Swedish plans to promote access to healthcare, and specifically charity care, by collaborating with neighborhood organizations (such as Casa Latina and Entre Hermanos) and schools.

Regarding HDG 4 and 4.5, Swedish misrepresents what classes and resources are available at the Cherry Hill campus. For example, there is no Cancer Education Center at Cherry Hill, and the Diabetes Education Center is at First Hill, with only one less-than-monthly diabetes cooking class offered at Cherry Hill in the first half of 2014.¹¹

Regarding HD 19, while Swedish's work on research and medical education is commendable, it is not clear that this addresses the goal of life-long learning opportunities for community members. Other health and wellness classes could meet this goal if in fact they are offered at Cherry Hill.

Regarding HD 20, again, Swedish does not explicitly state how it works with schools and other educational institutions (etc.) "to develop strong linkages between education and training programs." For example, there are several RN programs at Seattle Community Colleges - Swedish Cherry Hill could partner with them to recruit nursing residents, maybe even some from the neighborhood.

Regarding HDG 6, Swedish must specify either charity care and community benefits provided by the Cherry Hill campus and/or charity care received by residents of the neighboring zip codes and community benefits offered to neighbors and nearby community organizations. System-wide data is inadequate.

Swedish should also disclose data about patients that it has sent to collections for medical debt and detail a plan to address the ongoing challenges that some patients may face in paying for medical care.

Regarding HD 21, the Draft MIMP fails to address how increased traffic might impact pedestrians and bicyclists.

Regarding HD 22, Swedish should directly assess how the Cherry Hill expansion will enhance existing outreach and programs to the surrounding community.

¹¹ See here for Cancer Education: <http://www.swedish.org/services/cancer-institute/patient-support-resources/cancer-education-center>. See here for the January-June 2014 Diabetes calendar: <http://www.swedish.org/media-files/documents/diabetes/diab-09-09168-diabetes-calendar-jan-june-2014-fina.aspx>

Regarding HD 23, the DEIS omits part c, which relates to development that promotes physical activities. The DEIS should include a discussion on this.

Regarding HD 24, the DEIS should directly and specifically assess how the Cherry Hill expansion will enhance/increase existing programs and services for the neighborhood.

b. Section 3.4.1: Height, Bulk and Scale

The Height, Bulk and Scale analysis in the DEIS focusses on height and bulk and does not include a discussion of impacts caused by decreased setbacks proposed by the different alternatives. The conclusions in the Height, Bulk and Scale analysis is incorrect in several cases. For example, the DEIS concludes in some places that there are negligible or minor impacts at certain viewpoints despite that the pictures show quite a different story.

In addition, with all 12 viewpoints shown, the light blue and yellow color is so close to the color of the sky that it creates a misleading image of the impact. In reality, the buildings will be more visually intrusive than they appear in these simulations.

The pictures are accompanied by text that, for the most part, is missing any meaningful discussion of actual impacts. The DEIS analysis does not discuss the extent of impacts from Viewpoints 1 and 4 for any of the alternatives. Nor does it discuss the extent of impacts from most of the Viewpoints for Alternatives 9 and 10. The conclusions about the significance of the impacts are found on 3.4-47, where the DEIS concludes that under Alternatives 8, 9, and 10, development on the existing campus would intensify, resulting in greater height, bulk, and scale as compared to existing development on campus. The DEIS concludes that the height, bulk, and scale of Alternatives 8, 9, and 10 adjacent to the single-family residential block between 18th and 19th Avenues (Viewpoints 5, 7, and 8) would be a significant adverse impact. (It incorrectly characterizes this as an "unavoidable" impact, which I address below). The DEIS also concludes that: Viewpoint 3, Alternative 8; Viewpoint 5, Alternatives 8 and 9; Viewpoint 7, All Build Alternatives; and Viewpoint 11, All Build Alternatives would cause significant adverse impacts.

The proposed measures for mitigation in the DEIS include requiring Swedish to comply with the setback requirements for underlying zoning and reducing the height of the buildings. Additional mitigation that should have been mentioned in the DEIS, but was not, includes decreasing lot coverage. DPD should use its substantive authority to apply all of this mitigation to the proposal so that the height, bulk, and scale of the proposal is significantly smaller than that proposed.

The DEIS mentions that Swedish has proposed building setbacks as one means of mitigating or lessening the proposed heights of buildings. As mentioned above, the setbacks proposed by Swedish cannot, by any means, be characterized as mitigation. They violate the underlying setback requirements – they cause the adverse impacts, they do not mitigate the impacts.

The DEIS concludes these significant impacts are "unavoidable." This conclusion makes no sense. On its list of possible mitigation, the DEIS includes requiring Swedish to comply with the setback requirements for underlying zoning and reducing the height of the buildings. DPD can also use its substantive authority to require the setbacks to match those required in the underlying

zoning. The height, bulk and size cannot possibly be characterized as causing "unavoidable" impacts when reducing the size, bulk and height is a readily available solution to reduce the impacts. These impacts are avoidable.

c. Traffic and Transportation Impacts

My comments above regarding the inadequacy of the Transportation Management Program (TMP) are also relevant to the DEIS analysis and are incorporated herein.

With respect to the impacts of the proposal, the DEIS confirms that the proposal will have significant adverse traffic impacts. The projected traffic volumes and impacts to intersection operations that are reported in sections 5.5, 5.6, 6.5 and 6.6 are significant. The DEIS concludes that all three alternatives would contribute to additional travel demand and congestion among arterial corridors including E. Cherry and E. Jefferson Streets. DEIS at C-114. The increased traffic will contribute to measurably poor performance of the transportation network, in terms of increased delays along several of the corridors at some specific intersections. *Id.* The increase in traffic and pedestrian and bicycle activity due to the development would result in more conflict points and increased hazards to safety. *Id.*

Like it did in the height, bulk and scale section, the DEIS incorrectly concludes that the impacts summarized above are "unavoidable" impacts. It is important to recognize that these impacts are avoidable – they can be mitigated by significantly decreasing the size and scale of the proposal. The fact that the mitigation section fails to include this option is a major oversight. This is mitigation that cannot easily be applied later – it can only be considered and applied at this programmatic phase of the proposal. DPD should use its substantive authority under SEPA to mitigate the size of the proposal.

Aside from discussing the "unavoidable" significant impacts, the DEIS errs when it fails to make any conclusions at all about whether the numbers it provides or the analysis it sets forth result in significant adverse impacts that need to be mitigated. While the DEIS contains a discussion of impacts on the street system, campus access and service vehicle loading, pedestrian and bicycle transportation, traffic volumes, traffic operations, traffic safety and parking, it does not conclude one way or the other whether there are adverse impacts related to these topics that can and should be mitigated. The DEIS only discussed the "unavoidable" impacts of each.

In the end, the traffic impacts have not been adequately minimized. As mentioned above in our comments on the Draft MIMP, this proposal cannot be approved under the MIMP criteria unless DPD requires that Swedish significantly decrease the size, bulk and scale of its proposal, which will in turn minimize the traffic and transportation impacts.

3. Conclusion

Washington CAN appreciates the opportunity to comment on the Draft MIMP and DEIS and requests that DPD incorporate our comments and requests into its review and analysis of the Swedish Cherry Hill proposal. Specifically, we ask DPD to require Swedish to provide

additional information necessary to inform a critical and thorough review of the proposal's consistency with the Human Development element of the Comprehensive Plan. DPD should require that Swedish incorporate meaningful, concrete actions with its expansion that are consistent with these policies.

We also request that DPD take a close look at whether Swedish/Providence will indeed serve the public purpose mission of the institution in the future with this expansion. DPD should require that the expansion be accompanied by specific, concrete, future commitments to ensure that Providence/Swedish provides meaningful charity care and is responsive and accountable to the local community and its patients and workers.

Finally, we request that DPD either deny the proposal outright for failure to meet the MIMP criteria or that it require a significant decrease in the size, bulk and scale of the proposal. As explained above, significant negative impacts to the surrounding neighborhoods and community have not been adequately mitigated. The benefits to Swedish are extraordinarily high while the impacts to the local community are significant and adverse - the proposal is completely out of balance and must be changed significantly before it can be approved.

Thank you for your consideration of our comments.

Very truly yours,

BRICKLIN & NEWMAN, LLP



Claudia M. Newman

CMN:psc

cc: Client

Appendix 1

Washington CAN Comments on Swedish Cherry Hill Draft MIMP and Goals and Policies of the Human Development Element of the Comprehensive Plan

July 3, 2014

MI Goals and Policies	Critique
Education	
HDG 4	Swedish provides an analysis of what it has done in the past (and would occur even if the MIMP is denied). To make matters worse, the Draft MIMP contains a very vague description of its specific role and impact. The Draft MIMP provides descriptive data of the training of health care practitioners and researchers at both its First Hill and Cherry Hill campuses, with no specific quantitative details on the types of position trained or training hours. The Draft MIMP states that 30% of downtown Seattle residents have a bachelor's degree or higher without specifying Swedish's own role in this specific demographic. Swedish should quantify data for Cherry Hill specifically in the past, and must provide a detailed summary of what Swedish will do as part of the expansion to improve these numbers and programs in order to meet this goal.
HDG 4.5	Swedish does not address HDG 4.5. It could do so by specifying funding and/or partnering goals with specific neighborhood schools around Cherry Hill (see below).
HDG 5	Swedish does not address HDG 5. It could do so by specifying funding and partnering goals with existing nearby organizations, such as Casa Latina (see below).
HD 15	Swedish describes a partnership with Ballard High School, something that residents around the Cherry Hill campus are unlikely to benefit from. Swedish should specify how programs at the Cherry Hill campus and/or contributions to nearby schools (such as Bailey Gatzert Elementary School) and organizations will support learning readiness for impacted neighbors and school-linked services.
HD 16	Swedish does not address HD 16. Swedish could work with nearby Seattle Public Schools (such as Bailey Gatzert, Madrona K-8, and Garfield High School) to promote academic and personal achievement for all children, by contributing money and time for programs already in place, and/or facilitating a program like the one at Ballard High School which supports physical and mental health. The most current available data on Bailey Gatzert indicates that student achievement in reading, writing, math, and science is significantly below District averages, and student's year-to-year growth is also relatively weak. ¹

¹ Bailey Gatzert Elementary School Report the 2012-2013 School Year. Downloaded June 19, 2014 from: <http://www.seattleschools.org/modules/cms/pages.phtml?sessionid=7620e8782e4ba82e981b60a1cd256227&pageid=222354&sessionid&sessionid=7620e8782e4ba82e981b60a1cd256227>. While Madrona K-8 public school is not in the Squire Park neighborhood, its attendance area includes the northern part of Squire Park. Its student achievement and growth scores are also well below District averages. 2012-2013 report downloaded June 19, 2014 from: <http://www.seattleschools.org/modules/cms/pages.phtml?sessionid=7620e8782e4ba82e981b60a1cd256227&pageid=222659&sessionid&sessionid=7620e8782e4ba82e981b60a1cd256227>

MI Goals and Policies	Critique
HD 21	<p>The programs and partnerships should be limited to Cherry Hill for an accurate assessment of how this campus meets the needs of neighbors. In public meetings, neighbors have noted that many of Swedish's free health education and promotion classes do not happen on the Cherry Hill campus. For example, on the list provided, Global to Local (Tukwila area) and the Ballard teen program are included. Swedish should also clarify if any of these programs will change with campus expansion and possible shifting of services across its campuses.</p>
HD 22	<p>Again, Swedish should specify which classes and support groups are offered on the Cherry Hill campus, how frequently, as a proportion of all Swedish campuses, and include attendance (by zip code of attendee if possible) and outreach efforts. Most importantly, Swedish should specify how/if the new MIMP will allow for the same or more educational offerings at the Cherry Hill campus. For example, the monthly non-surgical weight loss seminars are all offered at First Hill through the end of 2014, and the monthly pre-diabetes classes are all offered at Swedish/Edmonds through the end of 2014. If no one is attending the classes that are offered at Cherry Hill, Swedish should work with the community, such as the United Black Christian Clergy, to 1) develop better outreach, 2) develop better implementation and evaluation of classes, and/or 3) offer classes that are responsive to community requests. Swedish does not specify if nearby neighbors who are low-income and/or people of color are accessing free education and support groups.</p> <p>Moreover, HD 22 is about the reduction of health risks and behaviors, which emerging research shows is related to social determinants of health: the neighborhood and built environment, economic stability, education, and social and community context.³ Factors that Swedish should address here include, but are not limited to: how the expansion of the Cherry Hill campus will affect the safety for walkers and bicyclists in the neighborhood; how/if Cherry Hill will promote access to educational, economic and job opportunities; how Cherry Hill can support transportation options, public safety, and more.</p>
HD 23	<p>Swedish should address the impacts of increased traffic on the environment in the Cherry Hill neighborhood, and how its development will support or discourage walking, bicycling and other forms of outdoors exercise in the neighborhood.</p>
HD 24	<p>The \$35 million referenced is for the entire Swedish system: Swedish should specify precisely how much in charity care (at estimated cost) the Cherry Hill campus provides, and if possible report this by zip code of patient.</p> <p>Swedish should also address how it will continue to improve access to care with the ACA and Medicaid expansion likely reducing the number of uninsured patients, and having unknown effect on underinsured patients. Swedish should detail a plan for helping patients with large co-insurance and out-of-pocket costs, as well as current or future medical debt. See notes in body of comment letter on challenges with charity care.</p>

MI Goals and Policies	Critique
HD 25	Again, Swedish should specify the current and future programs and financial contributions attributable to the Cherry Hill campus and/or accessible by those neighbors. The Global to Local program does not benefit neighbors.

****89% of students at Bailey Gatzert qualify for free/reduced lunch. 68% of students at Madrona K-8 qualify.**