

March 22, 2023

To: Planning and Zoning Commissioners
From: Michele James, Executive Director, Friends of Flagstaff's Future
Subject: Agenda Items 5B and 5C, March 22, 2023

F3 is writing to you about two items on the Planning and Zoning Commission agenda for March 23, 2023. These are 1) PZ-21-00126-01: Northern AZ Healthcare Hospital Campus Specific Plan request, by Northern Arizona Healthcare, and 2) PZ-21-00126-02: Northern AZ Healthcare Concept Zoning Map Amendment request. These agenda items are interrelated.

Expansion Outside the City Core

The Specific Plan does not comply with a very important Regional Plan policy and the city's Staff Report clearly states this:

Policy LU.5.2. "Promote infill development over peripheral expansion to conserve environmental resources, spur economic investments, and reduce the cost of providing infrastructure and services."

F3 is concerned with the lack of compliance with this important policy. The Flagstaff's Regional Plan is created to guide new development and other actions. The proposed location, outside the city core and at the far southern edge of the city, is "peripheral expansion" and is not what the city wants. This policy of our Regional Plan indicates that infill development conserves environmental resources and reduces the costs involved with providing infrastructure. Given the Specific Plan's lack of compliance with this important policy, P&Z must carefully consider ways to mitigate the impact to the community's goals if approved.

Carbon Reduction and Neutrality

In the same vein, the Specific Plan, as written, does not adequately address multiple Regional Plan goals and policies related to carbon reduction and carbon neutrality goals. F3 is concerned with the lack of specificity and commitments made in the Specific Plan around sustainability in general, and reducing carbon emissions in particular. The Specific Plan does not comply with the following:

Goal E&C.2. "Achieve carbon neutrality for the Flagstaff community by 2030."

Policy E&C.2.1. "Encourage the reduction of energy and material consumption."

Policy E&C.2.4. "Promote developments that help the community achieve carbon neutrality through strategies that reduce the project's emissions from transportation, energy, and consumption."

While the Specific Plan indicates partial electrification of the hospital, it is unclear if this applies to the ACC as well. Natural gas will also be used. While F3 understands that some components of the new hospital may require use of natural gas, NAH provides no overall goals for reduced

energy consumption or assisting the City in achieving carbon neutrality by 2030. The Specific Plan indicates eventual carbon neutrality of the hospital, but no goal date is provided. Further, the Specific Plan indicates that eventual carbon neutrality is contingent upon conducting an economic analysis to determine cost feasibility of renewable energy and storage systems. Could NAH determine the costs are too high to use renewable energy and abandon reaching carbon neutrality?

While F3 supports the use of renewable energy and storage systems, again there is no commitment in the Specific Plan to conduct the economic analysis by a set date and no commitment to using renewable energy by a set date. It is very feasible for the Specific Plan to at least indicate as an overall goal that NAH plans to achieve the maximum possible use of electricity, limit the use of natural gas to the bare minimum needed, conduct a renewable energy economic analysis within a year of occupancy, and install renewable energy collection such as solar panels on the roof of the hospital within two years of occupancy. A related topic is the Specific Plans' recommendations for design elements and green certifications. Again, no commitment is made. Installation of water conservation systems inside the hospital are not mentioned although this seems like logical low-hanging fruit and simple ways to demonstrate basic sustainability practices.

The City's goals to reduce carbon emissions is extremely important for a large development such as the proposed hospital as they directly address Flagstaff's Climate Emergency and implementation of Flagstaff's Carbon Neutrality Plan. In-patient hospitals are among the largest commercial consumers of energy, and thus large carbon emitters (Commercial Buildings Energy Consumption Survey (CBECS)). The proposed new hospital has an expected lifetime of 25 years once it's occupied in about 2027. A hospital, as proposed by NAH, will be creating emissions prior to and up through and beyond the year 2030 which is the City's goal date to reach carbon neutrality. The lack of a firm commitment by NAH to keep emissions as low as possible leaves Flagstaff with a great amount of uncertainty about meeting the City's carbon neutrality goals.

Public Transit:

Policy T.1.6. "Provide and promote strategies that increase alternate modes of travel and demand for vehicular travel to reduce peak period traffic."

Unlike the situation at the current hospital location, accessible and convenient transportation to the proposed new hospital remains an unaddressed service despite much effort on the part of Mountain Line to negotiate a cost share agreement with NAH for a new bus route to the proposed new hospital. The new hospital location outside of the core of the city, is not an easily walkable distance for many in our community. The Staff Report (pg 16) indicates that until Mountain Line is able to fund a new route to the proposed hospital, it wants a condition that NAH provide a 20-minute shuttle service of some sort, but details are not provided. The Staff Report (pg 16) indicates that despite this condition, concerns remain about how underserved members of the Flagstaff community will access the Hospital.

Transportation Infrastructure

The Staff Report (pg 16) indicates that city staff requested that NAH develop a Transportation Demand Management (TDM) plan or strategy for the proposed Health Village. F3 assumes that in the absence of such a plan/strategy in or amended to the Specific Plan, NAH did not prepare such a report. This is disappointing as TDM plans are the best way to strategize to reduce travel demand or to redistribute the demand. A TDM plan/strategy, although not yet required by the city, could have resulted in a commitment by NAH to co-fund a public transit route in the short term.

In addition to this concern, the Staff Report (Pg 16) indicates that there is concern about how the relocation of the hospital will affect greenhouse gas emissions from transportation. This is a very good question and one that the Specific Plan does not address whatsoever. While a long list of transportation improvements are required in order for the new hospital and other NAH developments in the area to be built, and a Traffic Impact Analysis indicates that the expected trip generation in 2045, is 53,190 daily trips; with 5,031 a.m. peak hour trips, 4,998 midday peak hour trips, and 3,824 p.m. peak hour trips (including anticipated internal capture). That's a lot of vehicles and with them come increased carbon emissions. The Specific Plan does not provide any information regarding expected carbon emissions from increased travel to the proposed new hospital.

A TDM Plan could be conducted, if required by the Commission, to determine alternative ways to reduce Vehicle Miles Traveled and address alternative means of transport for hospital employees without building over a thousand extra parking spaces for individual vehicles.

Parking

Although the Specific Plan does not discuss proposed parking in any detail, the Staff Report indicates that NAH is proposing to build a parking garage with 1350 parking spaces *and* 1000 additional parking spaces provided in a "parking field" located between Beulah Blvd and the hospital building. This is 1,190 more parking spaces than are required by City code or a 50 percent increase in the total amount of required parking.

The Staff Report indicates that the site is allowed to exceed maximum parking requirements because a parking garage is provided. But should an extra one-thousand parking spaces be provided when Flagstaff has a goal to move away from single occupancy vehicle use? Flagstaff now has a Multimodal Transportation Master Plan that will put into place infrastructure to provide many more options for safe biking and walking. An increase in usable and safe infrastructure such as trails and protected intersections is necessary in order for Flagstaff to move toward and meet its carbon neutrality goals. The location of the proposed hospital will allow access from Lake Mary Rd south along the FUTS trail and a wide sidewalk along the widened Beulah Boulevard. Employees can be encouraged to use other modes of transportation than their cars. This would result in fewer parking spaces being needed.

Another related concern is that exceeding parking standards, as NAH has proposed, can induce demand for vehicle trips and result in less of an incentive for employees of this location to utilize other modes of transportation (Staff Report Pg. 7). Induced demand can be summarized as “if you build it, they will come.” Basically, if NAH provides lots of parking, it will be used. F3 encourages the Commission to reduce the number of parking spaces.

Flagstaff’s Carbon Neutrality Plan states that the number of “vehicle miles traveled” needs to be maintained at 2019 levels. This is good for the City and NAH as reduction in VMT will result in less congestion on Flagstaff’s streets. Providing an abundance of parking is going to result in additional “vehicle miles traveled” especially given that the current hospital, in contrast, is located in the urban center and along multiple public transit routes.

This proposal is out of compliance with multiple Regional Plan policies and goals:

Policy T.1.5. “Manage the operation and interaction of all modal systems for efficiency, effectiveness, safety, and to best mitigate traffic congestion.”

Policy T.1.6. “Provide and promote strategies that increase alternate modes of travel and demand for vehicular travel to reduce peak period traffic.”

Goal T.3. “Provide transportation infrastructure that is conducive to conservation, preservation, and development goals to avoid, minimize, or mitigate impacts on the natural and built environment.”

Policy T.3.2. “Promote transportation systems that reduce the use of fossil fuels and eventually replace with carbon neutral alternatives.”

F3 would like for the Commission to address this disconnect with the City’s carbon reduction goals and to require that the proposed hospital provide a smaller number of parking spaces and a smaller “parking field.” Doing this will assist the project to be more in compliance with the above policies and goals.

The Development Agreement

The Staff Report indicates that the Development Agreement has not been finalized. This document is extremely important in understanding commitments, both monetary and non-monetary, made by NAH related to both the Specific Plan and the Rezoning Request. F3 encourages the Commission to request review of the Development Agreement prior to making a decision on April 12th as it will surely provide important information to assist the Commission in their decision making process.

In Conclusion

This proposal is not in compliance with a major element of Flagstaff’s Regional Plan. Building a large development such as this, in a peripheral region of our city as proposed by NAH, brings with it a huge amount of secondary impacts to our community. If the decision is made to allow this development, it is imperative that NAH meets the needs of the Flagstaff community. Carbon

neutrality and emissions reduction are a major focus of our community as we strive to address the Climate Emergency. Reducing Vehicle Miles Traveled, induced demand, and parking spaces is needed for Flagstaff to meet its carbon neutrality goals. NAH must make firm commitments to meet the climate goals outlined in the Regional Plan.

The decision to approve this development cannot be taken lightly and will require a close consideration of specific required conditions that address these concerns. Adding carbon neutrality and emission reduction goals to the staff recommendation is critical. Agreement by NAH to implement the staff recommendations and include these in a revised Specific Plan is necessary.

Tania Boeskin

823 w Lone Star Trail

Flagstaff, AZ 86005

To: NAH, AWD, and The Flagstaff City Council

I am writing to express my concerns over the proposed NAH hospital project. I am a citizen of Flagstaff since 1997. I am a homeowner in Ponderosa Trails and am an employee of NAH.

NAH makes a case that it needs a larger hospital and I generally take no issue with this. As an employee at FMC for the past eight years, I am aware that our current facility needs upgrades, and more capacity is likely warranted, however, the scale of the new hospital they are proposing seems unnecessary.

However, my main concern is with the notion of a full blown "Health and Wellness Village" that includes a "broad mix of commercial, retail and housing opportunities." That seems completely unnecessary and of suspect benefit. The project sounds like it has more to do with increasing the tax base for the city, and financial growth opportunities for NAH than it is about providing basic, affordable health care services for all. It seems like under the cover of something seemingly benevolent, the city is taking the opportunity to encourage rampant development even though they claim a commitment to managing growth and protecting open space.

It says in correspondence I received from AWD that the proposed area is to be rezoned from Rural Residential and Estate Residential to Highway Commercial and Public Facilities. These seem like major amendments that do not take into account the character of the surrounding neighborhoods and open areas, and will certainly increase traffic, noise and safety concerns to in the nearby residential neighborhoods.

More specifically in terms of traffic, I understand there will be funding (theoretical at this point) to widen Beulah, but what about all the adjacent roads that feed into Beulah? Woodlands is frequently backed up into South Milton and Lake Mary Road is congested (specifically from High Country to Beulah) and will only become more so due to a large apartment complex currently being built on High Country. This will be a daily problem, but what about in the not so unlikely event of a forest fire? It will make it even more difficult for residents to evacuate given all the additional traffic and congestion. Or is this really only the beginning of even larger plans to further over develop the area and add additional roads?

Finally , I said generally I take no issue with NAH wanting a bigger hospital, however since it is already difficult to adequately staff the one we have it seems a bit of a moot point. When senior management spoke to our team about the new hospital it did not seem it was its intention to actually work on solutions for employees in terms of affordable housing or providing childcare, or any other things that might help with retention and employee satisfaction. Further congesting the city's traffic and pushing open and green space further outside the city doesn't seem like a big draw either.

Growth is not always the answer. I hope that NAH and the City Council recognize that the addition of a "Wellness Village" is not in the best interest of hospital employees or the citizens of Flagstaff.

Sincerely,

Tania Boeskin

As a retired registered nurse of 40 years and a University Heights resident since 1987 I feel the need to educate the community regarding some comments made by Northern Arizona Healthcare representatives at the recent March 22,2013 planning and zoning commission(P&Z). This meeting presented finding from city staff regarding the proposed Health care village to be located near purple sage road. The proposed site is at the edge of the city of flagstaff southern boundary. Relocating the Hospital facility (phase I) and the additional development (phase 2) will require the delivery of massive infrastructure improvements to proposed area. After watching the meeting (4 hours) and reviewing the stream for a second time, there seems to be no clear admission of fiscal responsibility for these improvements. Two of the biggest infrastructure impacts that have been identified, (again no clear or committed payment source) are fire department infrastructure and transportation issues. Transportation issues include the widening of Beulah Blvd to four lanes and mitigation of 32 intersections within the city as identified by city staff. Right now, there is currently estimated to be 3,823 vehicular trips on Beulah. By the time the phase I (hospital and

ambulatory care center completed, 2025) that vehicular traffic is estimated to be 26,982 vehicular trips per day. For comparison, this increased vehicular load is like that of Butler Avenue today. The residents of University Heights and Mountain Dell will experience negative effects related to this increased vehicular traffic and associated noise. Another issue that was not addressed, is the traffic on West University Height Drive South. More families use DeMiguel who do not live in the neighborhood.

The new facility is proposed to add 35 beds for a total of 276 patient beds. Thirty-five Beds. During the presentation the NAH representatives stated “5600 patients were diverted to other facilities due to unit capacity”.

In addition, these representatives stated that these diversions were not for “acuity”. Acuity means, patients being referred to other facilities for higher needs of care not available at the referring facility, in this case Flagstaff Medical Center. The representative failed to define unit capacity. What I want the public to understand, is unit capacity is not just an available bed, but the necessary STAFF, to care of the patient in

that bed. This staff includes, not just the hospitalist MD, but nurses, lab, pharmacy, respiratory therapy and the rest of the healthcare team. The representatives also stated an expanded Emergency department will result in faster service. Poor emergency wait times have more to do with the overall dysfunction US health care system and staffing issues. These staffing issues will persist and will not be remedied because a new facility is built, with only an increased bed capacity of 35.

A speaker at the end of the meeting stated that Flagstaff medical center has lost half of the nursing staff since the beginning of COVID. I would direct you to an internet search of nursing shortages. Nursing shortages are national. Anecdotal conversations with current and previous staff, suggests, that lack of retention is often the fault of “adversarial; and ineffective management”.

Northern Arizona health care has consistently presented that sixty percent of the patient population they serve is out of the Flagstaff area. Yet the community of Flagstaff, from city staff time and resources and proposed needed

instruction improvements, put the heavy lifting on the taxpayers of Flagstaff. I am not reassured by city staff promises of possible grant funding. If you live in University Heights or Mountain Dell, the traffic and noise impacts will be especially hard.

Without a NAH management shift, that focuses on retention of not only physician and nursing talent, but also all the others of the health care team, is critical. A new campus will not change employee retention.

Dana Jolly, RN., MSN, CNM, RNP. CNE (retired)