BEFORE THE BOARD OF
ZONING ADJUSTMENT
OF THE DISTRICT OF COLUMBIA

STATEMENT OF REASONS IN
SUPPORT OF APPLICATION FOR A SPECIAL
EXCEPTION AND A VARIANCE FOR 1501 16TH STREET, N.W.
LOT 110, SQUARE 194

'00 MAY 25 P12:04
OFFICE OF ZONING
DISTRICT OF COLUMBIA

INTRODUCTION

This application, filed pursuant to Section 3104.1 of the Zoning Regulations, requests the following relief for 1501 16th Street, N. W. (Lot 110, Square 194): (1) an area variance from the Floor Area Ratio ("FAR") limitation of Sub-Section 531.1 to permit the enclosure of a rooftop terrace located on the third floor of the subject premises ; and (2) a special exception under Paragraph 508 to use the area which is proposed to be enclosed for non-profit office space. The subject property is located in the DC/SP-1 District.

The proposed variance is *de minimis* exceeding the FAR limit by only 196 square feet.

THE SUBJECT PROPERTY

1501 16th Street, N.W. is located on the east side of 16th Street, N. W. at the northeast corner of the intersection with P Street, N.W. The lot has an area of 1,841 square feet and it is improved with a three-story (plus cellar) building which is a contributing building in the Sixteenth Street Historic District. The building is owned and occupied by the National Alliance for Hispanic Health (formerly the Coalition of Hispanic Health and Human Services Organizations or "COSSMHO").

BZA
Case No. 16575
Exhibit No. 22
ORIGINAL

Board of Zoning Adjustment
District of Columbia
CASE NO.16575
EXHIBIT NO.22

The height of 1501 16th Street, N.W. is approximately 40 feet and the building currently contains 4,396 square feet of gross floor area or 2.38 FAR (4,396 ÷ 1,841 = 2.38).

SURROUNDING AREA

The area surrounding the subject property is dominated by nonresidential uses including institutional uses and office space.

The buildings located immediately adjacent 1501 16th Street, N.W. to the north, south and west are non-residential buildings. Immediately to the north is a seven-story office building which is occupied by the National Association for the Education of Young Children. Immediately behind the subject property, on P Street, N. W., are several office townhouses. Across P Street, at the south east corner of 16th Street and P Street, is the Carnegie Institution of Washington. To the east, across 16th Street from the subject property, the entire block is occupied by the Foundry Methodist Church. Thus, office use of 1501 16th Street, N.W. will not adversely affect the use of neighboring property – nearly all of the neighboring properties are used for nonresidential purposes.

The height and bulk of development in the area surrounding the subject property varies, but generally can be described as medium to high density development. The height of the buildings adjacent to the subject property and across 16th Street range from approximately 40 to 90 feet. Immediately adjacent to the subject property (and the third floor area which is proposed to be enclosed) is a seven-story building on 16th Street.

The 40 foot height of the subject property conforms to the maximum height permitted in the SP-1 District. Its overall existing 3.28 FAR is below the maximum 4.0 FAR permitted in the SP-1 District.

ZONING OF SUBJECT PROPERTY AND SURROUNDING AREA

The SP-1 District is a mixed use zone which permits residential uses, as well as some office uses with Board of Zoning Adjustment ("BZA") approval. The zone permits a maximum height of 65 feet and maximum FAR of 4.0 with nonresidential uses limited to 2.5 FAR.

The SP District, in which the subject property is located, is a linear zone district mapped along lower 16th Street from The White House on the south to Q Street on the north. The eastern and western boundaries of the District generally run along the rear boundaries of the properties which front of the 16th Street.

The 16th Street SP District was mapped to accent 16th Street's symbolic importance in the L'Enfant Plan as an approach to the White House. The SP District was also mapped along 16th Street to encourage the preservation of buildings of architectural and historic merit. The SP District's FAR limitation on office space was designed to counteract increasing development pressures which were threatening the demolition of many historic row houses and mansions located near the Downtown.

The Zoning Commission recently adopted text amendments to the SP District (Case No. 97-7) expanding the type of offices uses permitted in the SP Districts from nonprofit and professional office uses to general office uses.

The subject property is also subject to the Dupont Circle Overlay District ("DCOD") §1501-1505. The only substantive provisions of this overlay district deal with PUD's and driveways and curb cuts. As a result, the DCOD does not impose any additional zoning standards or criteria with respect to the proposed addition.

THE EXISTING USE

1501 16th Street, N.W. is currently used by the National Alliance for Hispanic Health for nonprofit office space. The Alliance is the oldest and largest network of health and human service providers serving over 10 million Hispanic consumers throughout the U. S. (See attached brochure (Exhibit "A"), "Through Our Eyes....Creating a Healthy Future", for additional information about the Alliance.)

PROPOSED USE MEETS LEGAL TEST FOR AN AREA VARIANCE

A variance from the FAR requirements of a particular zone district is an area variance. Palmer v. BZA, 287 A.2d 535, 541 (D.C. 1972); Association for the Preservation of 1700 Block of N Street, N. W. v. BZA, 382 A.2d 674, 677 (D.C. 1978). The legal test which justifies the granting of an area variance is quite specific and should not be confused with the test for a use variance, which imposes a greater burden of proof.

The standard by which the BZA can, and should, approve an area variance is set forth in Section 3103 of the Zoning Regulations and has been clearly defined by the District of Columbia courts, Carliner v. BZA, 412 A.2d 52, 53 (D.C. 1980). The burden of proof for an area variance is met when the following conditions are shown to exist:

(a) the property is "unique because of its size, shape, topography or other extraordinary or exceptional situation or condition";

(b) by reason of the aforementioned unique or exceptional condition of the property, the strict application of the Zoning Regulations will result in "exceptional practical difficulties"; and

(c) the variance will not cause "substantial detriment to the public good" and will not impair the "intent, purpose and integrity of the zone plan as embodied in the Zoning Regulations and Map".

A. The Subject Property is Unique and Exceptional

In interpreting the meaning of the requirement that the property be "unique and exceptional" in order to meet the legal test for an area variance, the courts have held that unique and exceptional nature of the "property" can relate to property improvements as well as to the land itself. Clerics of St. Viator, Inc. v. District of Columbia Board of Zoning Adjustment, 320 A.2d 291, 293 (D.C. 1974); DeAzcarte v. District of Columbia Board of Zoning Adjustment, 388 A.2d 1233 (D.C. 1978).

1501 16th Street, N.W. meets the "unique and exceptional" requirement. The property is unique and exceptional with respect to the open area which is proposed to be enclosed along with its arcaded false facade which fronts on 16th Street. This area is only partially roofed and portions of the surrounding walls are in place. As a result, the area is uniquely configured to support an enclosure without altering the architecture or the perceived density of the building.

B. A Strict Application of the 2.5 FAR Limitation on Nonresidential Uses Will Result in "Exceptional Practical Difficulties"

The District of Columbia Court of Appeals has found that "exceptional practical difficulties" are established by demonstrating that strict compliance with the Zoning Regulations would be "unnecessarily burdensome" on the applicant. Russell v. D.C. BZA, 402 A.2d 1231 (D.C. 1979). In previous FAR variance cases, the Board found that the undesirability of leaving entire floors or portions thereof vacant (Application Nos. 13459, 13473) constitute "exceptional

practical difficulties". The Board has also found that the economic infeasibility of strict compliance with the Regulations constitutes an "exceptional practical difficulty".

The District of Columbia Court of Appeals has upheld BZA findings of "exceptional practical difficulties" which are based on economic considerations. Monaco v. District of Columbia Board of Zoning Adjustment, 409 A.2d 1067 (D.C. 1979) and Association of the Preservation of 1700 Block of N Street, N.W. v. District of Columbia Board of Zoning Adjustment, 384 A2d 674 (D.C. 1977).

In the instant case, the strict application of the 2.5 FAR nonresidential use limitation provided in the SP-1 District would clearly be unnecessarily burdensome on the applicant and would make the enclosure of the third floor area in question economically infeasible.

A partial enclosure of the currently "open" portion of the third floor which complies with the 2.5 FAR limitation would allow the applicant to net only 206.5 square feet of additional office space. The cost of enclosing the area is high, however, because of the third floor location and the need to provide a high-quality of construction which is consistent with the historic character of the property. As a result, the cost exceeds the value of the 206.5 square feet of additional space gained, creating an economic hardship on the applicant. The additional square footage which could be enclosed with the proposed variance makes the project feasible for the applicant, although still costly.

C. A Variance Will Not Cause "Substantial Detriment to the Public Good" nor Impair the "Intent, Purpose or Integrity" of the Zoning Regulations

The variance requested will not cause "substantial detriment to the public good." The proposed addition will be compatible with the subject historic property as well as the historic district. (See Exhibit "A", Historic Preservation Office Staff Report recommending conceptual

approval of the project by the Historic Preservation Review Board. This report was approved and adopted by the Review Board). It will not be objectionable to neighboring properties. To the contrary, the proposed use will enable the applicant to comfortably continue to occupy the subject building and to maintain it.

The proposed variance is in accordance with the purpose and intent of the Zoning Regulations and Map. It furthers the preservation and reuse of the subject building by a nonprofit organization which is an asset in the City and the neighborhood. This is the primary objective of the applicable SP-1 zoning in the subject area.

THE PROPOSED USE MEETS SPECIAL EXCEPTION STANDARDS

Section 508 of the Zoning Regulations permits office uses in the SP-1 District, if approved by the BZA. In reviewing an application for special exception, the BZA is limited to determining whether the proposed exception satisfies the specific requirements for special purpose office uses contained at Section 508 and the general requirements for special exceptions included at Section 3104 of the Regulations. First Baptist Church of Washington v. District of Columbia, 432 A.2d 695 (D.C. 1981). If so, the BZA ordinarily must grant the application. Stewart v. Board of Zoning Adjustment, 305 A.2d 516, 518 (D.C. 1973), Bakers Local Union No. 118 v. D.C. Board of Zoning Adjustment, 437 A.2d 176, 178 (D>C. 1981).

Sections 508 and 3104.1 provide the following requirements:

(1) the use, height, bulk, and design shall be in harmony with existing uses and structures on neighboring property (Section 508.3);

(2) the use will not create dangerous or other objectionable traffic conditions (Section 508.4); and

(3) the special exception will be in harmony with the general purpose and intent of the Zoning Regulations and maps and will not tend to affect adversely the use of neighboring property (Section 3104.1).

For the reasons set forth below, the special exception to use the remaining portion of the third floor of the subject property for special purpose office use meets all of the requirements of Sections 508 and 3104 and should therefore be granted.

The proposed use is compatible with existing uses and densities in the surrounding area. It will not create any dangerous or objectionable traffic condition. Further, the enclosure and economic use of the third floor of the subject property should be encouraged because it furthers the preservation and adaptive reuse of the building by a valued user.

A. Proposed Use, Height, Bulk and Design Are In Harmony With Neighboring Property.

The proposed office use of the subject building will be in harmony with existing uses on neighboring property. As discussed above, the predominant use in the vicinity of subject property is non-residential. The subject property's immediate neighbors to the north and to the south are office uses. Directly behind the subject building to the east are office townhouses. To the west of the subject building, directly across 16th Street, is a large religious institution use.

The height, bulk and design of the subject property will continue to be in harmony with neighboring properties. Apart from the installation of a roof and windows on the existing third floor facade of the building, no changes are proposed in the height, bulk or exterior design of the subject building. As discussed above, the height of the subject building is in conformance with the applicable zoning standards. Further, the 2.5 non-residential FAR of the building will be exceeded by only 196 square feet with the proposed enclosure. The existing density of the

subject property is in harmony with neighboring properties, many of which also exceed current SP FAR limitations because they were developed prior to the adoption of the current SP-1 regulations in 1978.

B. The Proposed Use Will Not Create Adverse Traffic Conditions.

The proposed addition is solely for the purpose of slightly increasing the currently cramped quarters which a few of the Alliance's staff now occupy. It is not being constructed for the purpose of adding additional staff. Under the Zoning Regulations, no additional parking is required for an addition which constitutes less than 25% of aggregate density of the building (§2100.7).

CONCLUSION

For all of the reasons set forth above, the applicant is entitled to and requests approval of the requested variance and special exception relief.

Respectfully submitted,

LINOWES AND BLOCHER LLP

Cynthia Giordano

Cynthia A. Giordano

Enclosures

cc: Brian McCarthy (w/out enclosures)
Odell Jackson (w/out enclosures)

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Exhibit "A"

THROUGH OUR EYES...
Creating a healthy future



The National Alliance for Hispanic Health



The National Alliance for Hispanic Health

1501 Sixteenth Street, NW
Washington DC 20036-1401
(202) 387-5000
www.hispanichealth.org

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Highlights of Our Accomplishments ..... inside back cover

Who are we?

The National Alliance for Hispanic Health is the oldest and largest network of health and human service providers serving over 10 million Hispanic consumers throughout the U.S. Since 1973 we have grown from a small coalition of visionary mental health providers to a large, dynamic, and strong group of organizations and individuals.



U.S. Population by Race/Ethnicity

"Hispanics are the nation's largest racial or ethnic minority group."

	1998	2000	2010	2020	2030	2040	2050
Hispanic	12%	13%	15%	18%	21%	24%	27%
Non-Hispanic White	72%	71%	67%	63%	59%	55%	51%
Non-Hispanic Black	12%	12%	12%	13%	13%	13%	13%
Asian American	4%	4%	5%	6%	7%	7%	8%
American Indian	1%	1%	1%	1%	1%	1%	1%

Source: U.S. Bureau of the Census. "Population Projections of the United States by Age, Sex, Race and Hispanic Origin: 1995-2050." *Current Population Reports* P25-1130, February 1996.

Notes: Figures include the Commonwealth of Puerto Rico. American Indian proportion is less than 1%. Figures may not equal 100% due to rounding.

Hispanic Timeline

"Hispanics have been a dynamic force in communities across North America since before the Pilgrims landed at Plymouth Rock."

1494	Spanish colonizers arrive in Mexico, bringing Spanish culture, language, and Catholicism.
1565	St. Augustine (FL) is founded by the Spanish.
1598	Don Juan de Oñate begins establishment of settlements in New Mexico.
1607	Jamestown is founded by London Company colonists.
1620	Pilgrims land at Plymouth Rock.
1803	Under Louisiana Purchase, the U.S. buys lands that form all or part of: AR, CO, IA, KS, LA, MN, MO, NE, NM, ND, OK, SD, and WY.
1821	Spain formally cedes Florida to the United States.
1848	After the U.S.-Mexico war, the Treaty of Guadalupe Hidalgo cedes land to the U.S. which form all or part of: AZ, CA, CO, NV, NM, TX, UT and WY. The treaty guaranteed property rights and citizenship to Mexicans in the newly won territory.
1863	President Lincoln issues Emancipation Proclamation.
1899	At the end of the Spanish-American war, the U.S. annexes Cuba and Puerto Rico.

What is our vision?

Strong, healthy Hispanic communities whose contributions are recognized by a society that fosters the health, well-being, and prosperity of all its members.

What is our mission?

To improve the health and well-being of Hispanics in the United States.

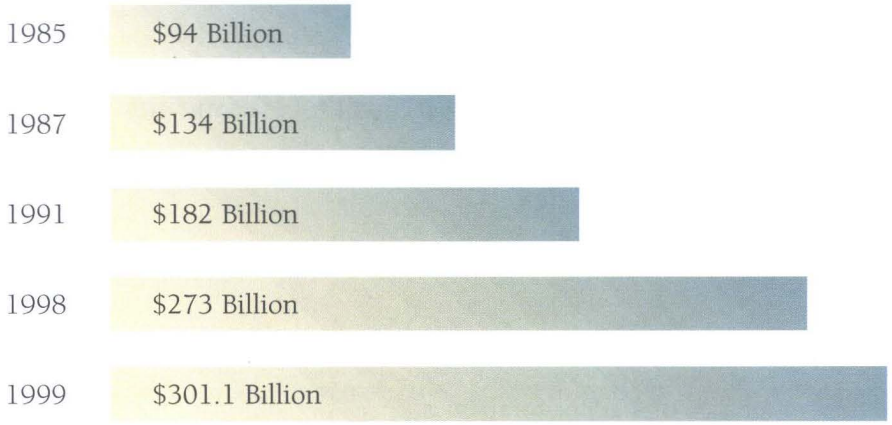
What makes us unique?

- Since our inception in 1973, we represent all Hispanic groups.
- We do not accept funds from tobacco or alcohol companies.
- We are dedicated to community-based solutions.



Buying power of Hispanics by year

"Hispanic consumers continue to grow as an economic force in the United States."



Source: Strategy Research Corporation. *U.S. Hispanic Market Studies* for 1985, 1987, 1991, and 1998.
Note: Buying power is income after taxes and savings.

"Immigrants typically pay more in taxes than do native-born Americans. The typical immigrant and their children pay an estimated $80,000 more in taxes than they will receive in local, state, and federal benefits over their lifetime."

Stephen Moore, Economist, Cato Institute, *A Fiscal Portrait of the Newest Americans*, 1998.

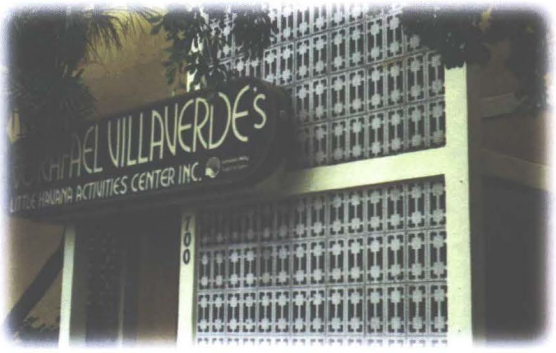
Who are our members?

Our members are organizations (e.g., community-based organizations, provider organizations, government, national organizations, universities, and for-profit corporations) and individuals. Organizations submit supporting documents to a membership Committee to ensure that they meet specific program and financial criteria.

What is special about our members?

Our members are united with others to build strong healthy Hispanic communities whose contributions are recognized by a society that fosters the health, well-being, and prosperity of all its members. To achieve this vision, our members are committed to informing, educating and advocating for Hispanic consumers (children, adolescents, adults, older adults, families, and communities), and working to strengthen communities and their health and social service infrastructures.







Who are our constituents?

Our constituents are our members, the consumers served by our members, and the greater society that benefits from the health and well-being of Hispanics.

Median Household Income by Race/Ethnicity and Hispanic Subgroup

"The median Hispanic income is less than that for non-Hispanics whites regardless of country of origin."

Hispanic	$24,906
Non-Hispanic Black	$23,482
Non-Hispanic White	$38,786
Central and South American	$28,580
Cuban-American	$28,413
Mexican American	$24,368
Puerto Rican	$21,908

Source: U.S. Bureau of the Census. "The Hispanic Population in the United States: March 1997." *Current Population Reports* PPL-105, August 1998.
Notes: Data do not include the Commonwealth of Puerto Rico.

Working and Uninsured by Race/Ethnicity

"Hispanics are the working poor who are uninsured."

Hispanic 45.1%	Non-Hispanic Black 34.0%	Non-Hispanic White 22.6%

Source: Agency for Health Care Policy and Research. "Medical Expenditure Panel Survey III: Racial and Ethnic Differences in Health." AHCPR Pub. No. 99-0001, 1999.
Notes: Data do not include the Commonwealth of Puerto Rico.

How do we meet our mission?

As the nation's action forum for Hispanic health and well-being, together with our members we strive to:

A. Inform and mobilize consumers.

B. Support health and human service providers in the delivery of quality care.

C. Improve the science base for accurate decision making.

D. Promote appropriate use of technology.

E. Insure accountability and advocate on behalf of Hispanics.

The implementation of each of these goals is guided by a National Advisory Committee.

Top Ten Causes of Death: Hispanic Males

1. Diseases of heart
2. Malignant neoplasms
3. Accidents and adverse effects
4. Homicide and legal intervention
5. Cerebrovascular diseases
6. Diabetes mellitus
7. Chronic liver disease and cirrhosis
8. Human immunodeficiency virus infection
9. Pneumonia and influenza
10. Suicide

Top Ten Causes of Death: Hispanic Females

1. Diseases of heart
2. Malignant neoplasms
3. Cerebrovascular diseases
4. Diabetes mellitus
5. Accidents and adverse effects
6. Pneumonia and influenza
7. Chronic obstructive pulmonary diseases
8. Certain conditions originating in the perinatal period
9. Chronic liver disease and cirrhosis
10. Congenital anomalies

Source: National Center for Health Statistics. *National Vital Statistics Reports*, Vol. 47, No. 19, June 30, 1999.

A. Inform and mobilize consumers (Consumers)

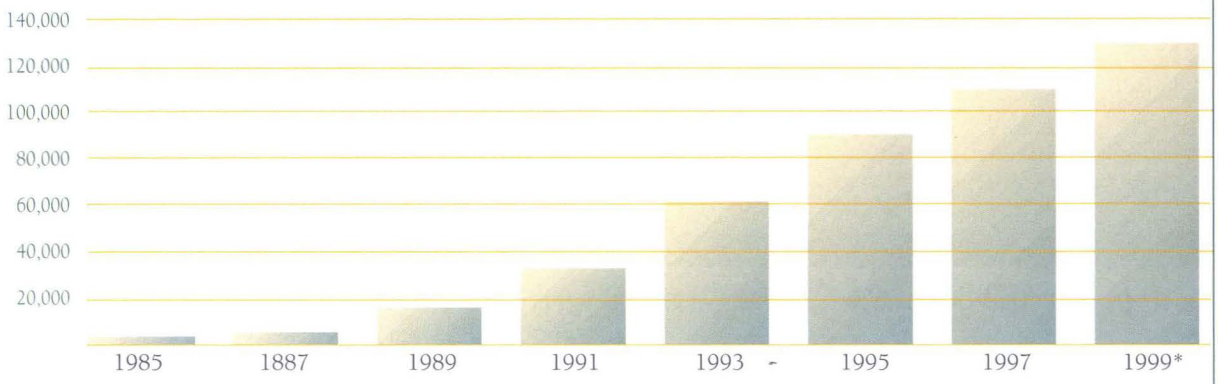
One out of every eight persons in the United States is Hispanic. Sheer numbers alone, however, will not make the Hispanic voice heard. This Committee of national and community leaders guides the Alliance as it undertakes a mission of paramount importance: informing and mobilizing the more than 10 million Hispanic health consumers served by the Alliance and its members.



Our efforts on behalf of constituencies are broad based. Our activities range from teaching women how to conduct self-exams for breast cancer to immunization to organizing communities around the identification, containment, and remediation of toxic waste sites. This Committee is charged with developing an infrastructure as well as the strategies for reaching Hispanic consumers with up-to-date information on health and well-being.

Number of Hispanic HIV/AIDS Cases, 1985–1999

"HIV/AIDS remains a significant problem for Hispanics."



Source: Centers for Disease Control and Prevention (CDC). *HIV/AIDS Surveillance Reports*, 1999, Vo 11, No.1.
Note: *Midyear edition. HIV/AIDS cases reported through June 1999.

Percentage of Population 45–74 Years of Age with Diabetes by Race/Ethnicity

"Diabetes is a major health problem for Hispanics."

Non-Hispanic Black	19.3%
Non-Hispanic White	12.0%
Cuban American	15.8%
Mexican American	23.9%
Puerto Rican	26.1%

Source: National Institute of Diabetes and Digestive Kidney Diseases. "Diabetes in Hispanic Americans." NIH Publication No. 98-3265. June 1998

Notes: Data for persons 45-74 years of age.

Percentage of Population 18 and Older with Symptons of Depression by Race/Ethnicity

"Depression is particularly pronounced among Hispanics."

	Men	Women
Total	26%	40%
Hispanics	36%	53%
Non-Hispanic Black	32%	47%
Non-Hispanic White	23%	37%

Source: The Commonwealth Fund. "U.S. Minority Health: A Chartbook." May 1999.

Note: Data are percentage of population age 18 and older with moderate to severe depressive symptoms in past week by race and ethnicity, 1993.



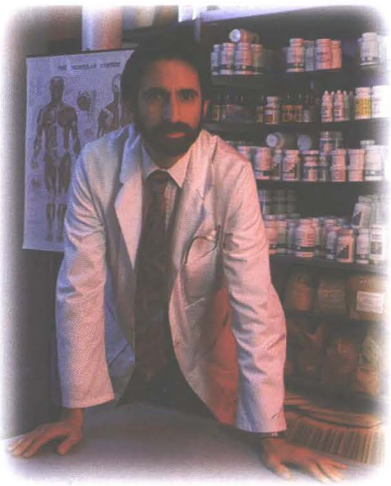


B. Support health and human service providers in the delivery of quality care (Providers)

In a time marked by profound changes in the organization and delivery of health care and human services in this country, the Provider Committee is entrusted with helping the Alliance ensure that the urgent health-related needs of Hispanics do not go unmet. The Committee guides the Alliance as it seeks to provide a common meeting ground for health and human service providers, professionals, and clients grappling with the complex issues forged by the rise of new systems of care.

Having played a lead role in formulating mechanisms and standards for culturally competent care, the Alliance recognizes that this is only one element towards improving the quality of care for Hispanic families and communities. This Committee focuses on developing new ways to reach providers and professionals with effective training and technical assistance to ensure quality care to the Hispanic community. The Committee assists the Alliance in conceptualizing, establishing, and disseminating measures of excellence to be met by providers in serving Hispanics of all ages.









Percentage of Health Professionals Who Are Hispanic by Profession

"Underrepresentation is a problem in all the health professions."

Psychologists	3.4%
Dieticians	7.5%
Pharmacists	1.8%
Registered Nurses	2.6%
Social Workers	7.8%
Dentists	2.6%
Physician Assistants	5.7%
Physicians	4.3%

Source: U.S. Bureau of the Census. "Employed Civilians by Occupation, Sex, Race and Hispanic Origin: 1995." *Current Population Reports*, Section 13: Labor Force Employment and Earnings.

Notes: Data do not include the Commonwealth of Puerto Rico.

Percentage of Managers in Health Care by Race/Ethnicity

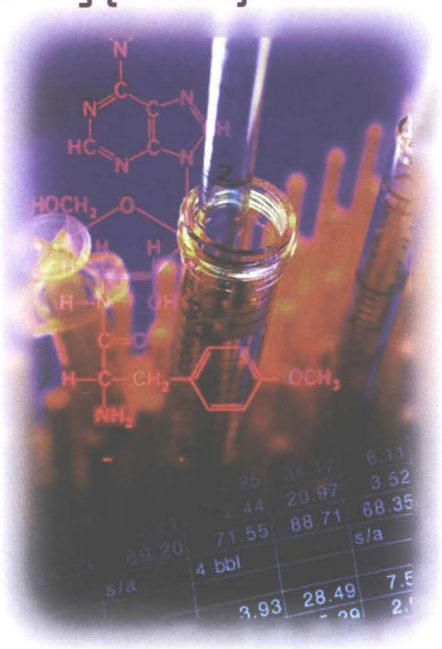
"Changes in the health care systems have not improved the number of Hispanics in top management levels."

White/Other 85.9%	Black 9.0%	Hispanic 5.1%

Source: U.S. Bureau of the Census. "Employed Civilians by Occupation, Sex, Race and Hispanic Origin: 1995." *Current Population Reports*, Section 13: Labor Force Employment and Earnings.

Notes: Data do not include the Commonwealth of Puerto Rico.

C. Improve the science base for accurate decision making (Science)



A growing body of Hispanic health research challenges long-held notions about health and well-being in our communities. Despite less access to health services, lower income, and less education, Hispanics have a longer life expectancy than non-Hispanic whites. Factors such as diet, community expectations, family support, the role of faith, and differences in biology may account for positive Hispanic health outcomes and hold promise for health applications in other communities. At the same time, research is showing that the adoption of U.S. cultural norms is eroding this health advantage in Hispanic communities.

The Science Committee promotes innovative research into specific health issues facing Hispanics and communicates new developments to our constituencies. These efforts support consumers having cutting edge science to inform their personal health decisions; health providers delivering appropriate diagnoses and the best care for their patients; and, health system managers and policymakers having the information needed to develop a health system that meets the true needs of Hispanic communities.

Infant Mortality by Race/Ethnicity and Hispanic Subgroup

"Hispanic immigrants have better birth outcomes than U.S. born Hispanics."

Hispanic	6.0
Non-Hispanic Black	13.7
Non-Hispanic White	6.0
Central and South American	5.5
Cuban American	5.5
Mexican American	5.8
Puerto Rican	7.9

Source: National Center for Health Statistics. *National Vital Statistics Report*, Vol. 47,No. 23, July 30, 1999.
Notes: Rates per 1,000 live births under 1 year. Data do not include the Commonwealth of Puerto Rico.

Life Expectancy by Race/Ethnicity

"Hispanics live longer than non-Hispanics whites."

Hispanic Males	75.1 years	Hispanic Females	82.6 years
Non-Hispanic Black Males	64.3 years	Non-Hispanic Black Females	74.4 years
Non-Hispanic White males	74.0 years	Non-Hispanic White Females	80.3 years

Source: U.S. Bureau of the Census. "Population Projections of the United States by Age, Sex, Race and Hispanic Origin: 1995-2050." *Current Population Reports* P25-1130, February 1996.

Notes: Data shown for 1998. Data do not include the Commonwealth of Puerto Rico.

Incidence Rates of Heart Disease by Race/Ethnicity

"Hispanics tend to be have less heart disease than Non-Hispanic Whites, even though heart disease is the number one cause of death for all groups."

Hispanic 81.2	Non-Hispanic Black 236.2	Non-Hispanic White 315.3

Source: National Center for Health Statistics. *National Vital Statistics Report*, Vol. 47, No. 19, June 30, 1999.

Note: Rates per 100,000 persons.

Incidence Rates of Breast and Cervical Cancer by Race/Ethnicity

"Hispanic women tend to have lower rates of breast cancer but more cervical cancer than non-Hispanic white women."

	CERVICAL	BREAST
Hispanic	15.8	69.4
Non-Hispanic Black	11.8	112.3
Non-Hispanic White	7.1	113.2

Source: National Cancer Institute. *Annual Report to the Nation on the Status of Cancer,* 1999.

Notes: Incidence rates per100,000 women.

D. Promote appropriate use of technology (Technology)

The realm of technology, whether new discoveries in genetics or the latest computerized record-keeping system, is a part of all aspects of our life. This Committee views technology as a tool that should work to improve the health and well-being of those we serve— if technology is used wisely. Often, however, the emotional and personal impact on health care consumers is overlooked in the rush to implement the latest technological advances. Consequently, the end result of implementing the advance may become quite distorted from its original purpose of improving health.

The Technology Committee monitors new trends in technology and the impact these trends may represent for the Hispanic consumer. This mandate covers a broad spectrum of scientific and technological advances ranging from the appropriate use of computers in community settings to issues raised by the increasingly complex decisions related to the use of technology in end-of-life situations.

Percentage of Hispanic Households with Computers

"Hispanics are joining the computer age at a faster rate than other groups."

Between 1994 and 1998, the percentage of Hispanic households with a computer doubled from 12.3% to 25.5%.

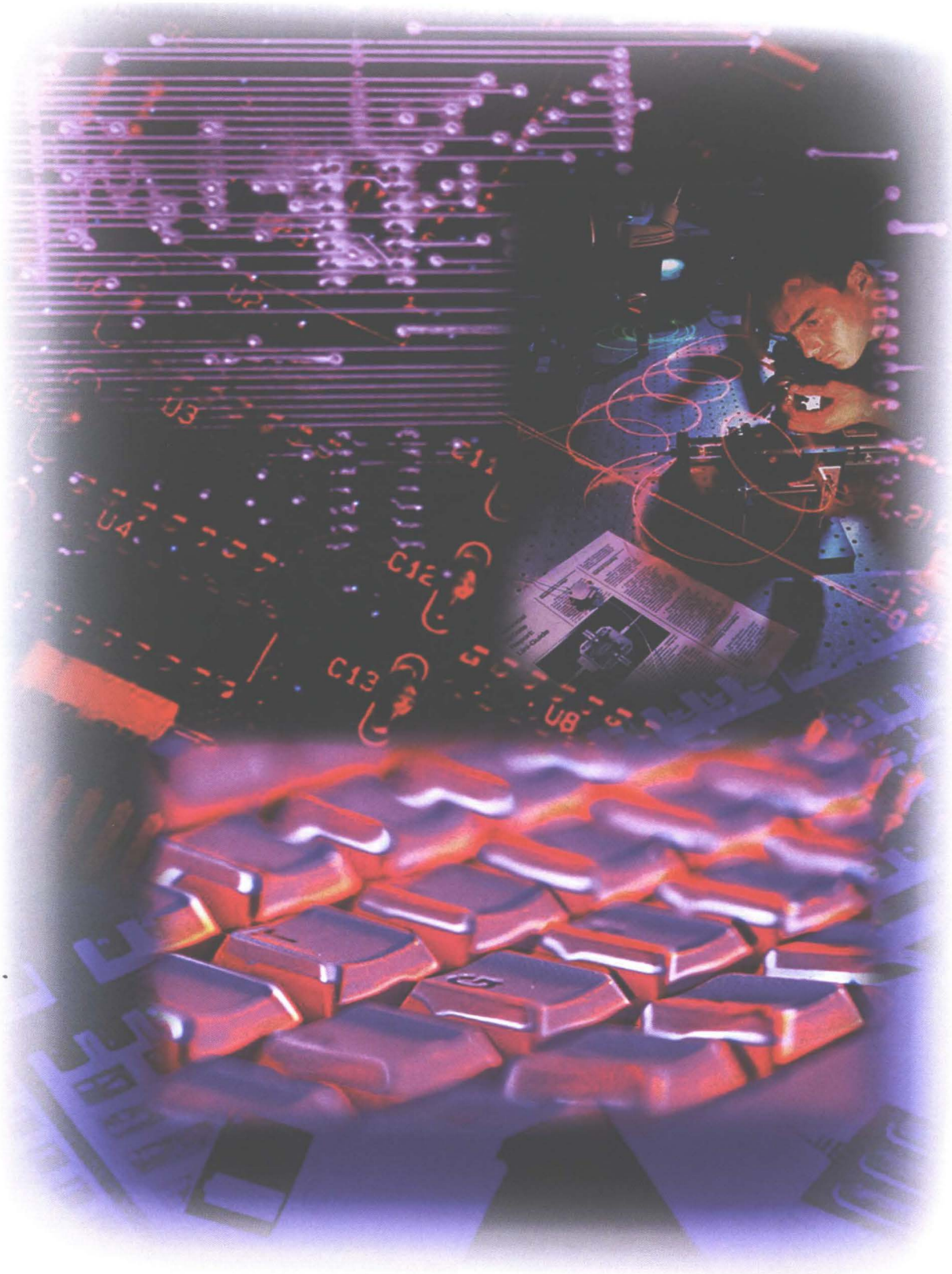
Source: National Telecommunications and Information Administration (NTIA) and U.S. Census Bureau, using November 1994 and December 1998 Current Population Surveys.

Percentage of People with Internet Access At Home or Work

"Hispanics are the second most Internet-connected group."

Asian Americans	66%
Hispanics	36%
Whites	34%
Blacks	23%

Source: Forrester Research. *Digital Melting Pot.* March 1999.


U3
U4
C13
U8

E. Insure accountability and advocate on behalf of Hispanics (Advocacy)



Advocacy on behalf of the health and well-being of Hispanics must take place throughout all institutions to ensure accountability by government agencies and officials, industry, associations, and elected officials. The Committee oversees efforts to ensure that the Environmental Protection Agency, the Department of Health and Human Services, the Department of Transportation, as well as their State and local counterparts, are held accountable for implementing Hispanic Action Plans and programs. This Committee also advises on the best advocacy strategies to pursue in a variety of venues, from relevant Congressional authorizing and appropriations Committees and federal administrative agencies to Statehouses, city councils, and county boards of supervisors. In addition, the Committee focuses on developing innovative training methods and mechanisms to improve the advocacy knowledge and skills of community leaders.

Chart of Goals 2005 for EPA

"There are opportunities for working with EPA."

1. Use incentives and voluntary partnerships more widely to encourage better environmental performance.
2. Promote the use of environmental management systems.
3. Develop a "performance track" to motivate and reward top environmental performance.
4. Support a network of public and private organizations that provide assistance on environmental compliance.
5. Deliver compliance assistance information for new "economically significant" rules when and where it's needed.
6. Combine compliance assistance, incentives, monitoring, and enforcement in order to implement environmental laws in a more strategic manner.
7. Develop more flexible air permitting policies for protecting the environment.
8. Speed up review and insurance of NPDES (water discharge) permits.
9. Build leadership capacity in communities to participate in local environmental problem-solving.
10. Provide "smart growth" support to states, tribes, and communities to help them find local solutions to livability issues.

Healthy People 2010 and Availability of Hispanic Data

"More than one third (36%) of Healthy People 2010 population-based objectives and sub-objectives do not have data on Hispanics."

Total Number of Population-based Objectives and Sub-objectives	434
Hispanic Data Available	277
Hispanic Data Not Available	157
Reasons Hispanic data are not available	
Not Analyzed	23
Not Collected	50
Statistically Unreliable	84

Source: COSSMHO analysis of Healthy People 2010. U.S. Department of Health and Human Services. *Healthy People 2010* (Conference Edition, in Two Volumes). Washington, DC: January 2000.

Number of Hispanic Registered Voters 1974-1996

"The Hispanic vote counts."

1976	2,494,000
1980	2,984,000
1984	3,794,000
1988	4,573,000
1992	5,137,000
1996	6,573,000

Source: COSSMHO analysis of U.S. Bureau of the Census tables, "Reported Voting and Registration, by Race, Hispanic Origin, and Age." Current Population Reports, Series P-20.

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Highlights of Our Accomplishments

1973 Founded in Los Angeles as the Coalition of Spanish Speaking Mental Health Organizations (COSSMHO).

1974 Establishes national office in Washington, DC.

1975 Changes name to The National Coalition of Hispanic Mental Health and Human Services Organizations (COSSMHO).

1976 Convenes first National Hispanic Conference on Health and Human Services.

1977 Mobilizes Hispanic experts to form National Hispanic Committee to advise President's Commission on Mental Health.

1978 Convenes National Hispanic Conference on Families, establishing families as a priority area that continues today.

1979 Begins work with Food and Drug Administration.

1980 Organizes career development and leadership training activities for nearly 7,000 Hispanic youth in 15 cities.

1981 Begins ongoing involvement in Health Objectives for the Nation (Healthy People).

1982 Coordinates the U.S.-Mexico Border Symposium on Mental Health, Alcohol, and Drug Abuse.

1983 Begins data collection and policy efforts on HIV/AIDS.

1984 Launches Concerned Parents to mobilize Hispanic families to prevent teenage pregnancy.

1985 Begins work on Delivering Preventive Health Care to Hispanics, resulting in PITTAN™, a cultural competency network that has trained thousands of health care providers.

1986 Forms Hispanic Health Research Consortium to coordinate university research. Changes name to National Coalition of Hispanic Health and Human Services Organizations (COSSMHO).

1987 Launches Diabetes Risk Reduction Project. Begins Teatro projects with youth.

1988 Launches environmental protection efforts in Hispanic communities.

1989 Begins Hispanic Health Leadership Program, a joint effort with Harvard's Kennedy School of Government.

1990 Establishes CHATAN (Community HIV and AIDS Technical Assistance Network).

1991 Initiates Hispanic Health Link, the first on-line system for Hispanic community groups. Launches Project HEAL (Health, Empowerment, and Access for Life). Purchases permanent national headquarters in Washington, DC.

1992 Launches Growing Up Hispanic initiative to focus on Hispanic children. Convenes first 21st Century Community Agenda Meeting.

1993 Initiates Vacunas desde la cuna immunization network. Initiates National Indoor Air Hotline. Distributes over 4,500 child safety car seats. Establishes Growing Up Hispanic network of policy centers.

1994 Establishes the National Hispanic Prenatal Hotline linking callers to maternal and child health services in their area.

1995 Receives first funding for tobacco control. Funds local initiatives empowering Hispanic youth.

1996 Releases Breast and Cervical Cancer Resource Kit.

1997 Publishes *¡SALUD! A Latina's Guide to Total Health — Body, Mind, and Spirit*, separate Spanish (HarperLibros) and English (HarperPerennial) editions.

1998 Establishes National Colorectal Cancer Awareness Project.

1999 Wins Cine Golden Eagle Award for Demuestra tu cariño: ¡vacuna a tu bebé! immunization video. Releases *State of Hispanic Girls* showing that immigrant Hispanic girls do better than their U.S.-born peers.

2000 Awards first "Nuestros Niños Community Service Award." Changes name to the National Alliance for Hispanic Health

Established 1973



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Exhibit "B"

HISTORIC PRESERVATION REVIEW BOARD
STAFF REPORT AND RECOMMENDATION

Meeting: **February 25, 1999**

Landmark/District:	**Sixteenth Street**	( ) Agenda ( ) Consent Calendar
Property Address:	**1501Sixteenth Street, NW**	
H.P.A. Number:	**99-164**	( ) Alteration
Date Received:	**January 28, 1999**	( ) New Construction ( ) Demolition
Staff Reviewer:	**Suzanne Ganschinietz**	( ) Conceptual Review

The applicant, Bennett, Frank, McCarthy, Architects, has applied for conceptual design review for a project in the Sixteenth Street Historic District.

The proposal includes the enclosure of a roof at the third floor. At present, the space is open behind an arcaded false façade. This enclosure would add approximately 350 square feet of office space to the building. It would not be easily seen, however. The arcade would be glazed with round-headed double hung windows to match the window pattern on the front façade.

The staff recommends that the Review Board approve the project in concept and delegate final approval to the staff.