

DAILY PRESS

LOCAL NEWS

Friday, July 24, 2015 3

Air quality low in Southeast Community

Report: Toxic air emissions high in south Newport News

By TAMARA DITTRICH
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Janet Garner, mother of four, has lived for years near a waterfront coal terminal in the beleaguered Southeast Community of Newport News.



NEWPORT NEWS

"Even on nice days, you can't open the windows up to get a cool breeze because the dust of the coal pile will fill up in your windowsills," Garner said.

"When we see 'environment,' we're not just talking about the natural environment," said Holloman, a graduate of the Virginia Institute of Marine Science in Gloucester Point. "We're talking about the cultural environment, the political environment, the economic environment and, more importantly, the social environment. Because we understand that all of these parts of our environment make up the whole of the community."

Garner said. "And that is not good. It's not good."

Garner volunteered her personal experience Thursday at King Lincoln Park off Jefferson Avenue as the Virginia Sierra Club, along with the Southeast CARE Coalition, released its annual report on communities with the highest levels of toxic air emissions. Communities are designated by postal ZIP code.

And Newport News 236607, which includes the southern portion of the city, ranked 23rd out of 25, with 246,759 pounds of toxic air emissions reported in 2012, the most recent data available, the report shows. That compares to 225,132 pounds in 2012.

The biggest emitters in that community are Newport News Shipbuilding, part of Huntington Ingalls Industries, and Asheville-Schoonmaker Mica Co, although their emissions are still well below state limits.

Bec Benton, spokeswoman for Huntington Ingalls, said they haven't seen the report and couldn't comment on it.

"Huntington Ingalls is strongly committed to being a good corporate citizen and steward of the environment," Benton said in a statement. "Newport News Shipbuilding has a history of strong environmental performance marrying business improvements with environmental regulatory compliance."

The figures in the report are culled from the U.S. Environmental Protection Agency's toxic air emissions inventory, which compiles stationary-source emissions data self-reported by industry.

Glen Besa, executive director of the Virginia Sierra Club, said smokestacks don't tell the whole story. "If you look behind us," Besa said, "you'll see sources of fugitive emissions. We've got the coal piles, we've got the road, and the diesel emissions from trucks, emissions from cars, are every bit a concern as the emissions from the stationary sources — except that it's very difficult to measure those."

The two groups are working to change that, circulating petitions to urge designating the community a State and Local Air Monitoring Site as well as a National Air Toxics Trends Station to gather air quality data.

"The air quality monitoring is very critical," said Anna Leng, associate professor of community and environmental health at Old Dominion University in Norfolk.

It's especially critical for low-income and minority communities, which are often disproportionately affected by air pollution and associated health issues, said Erica Holloman, project coordinator for the Southeast CARE Coalition.

The report shows that 72 percent of the toxic air emissions in the city occurred in the Southeast community. Holloman said it helps illustrate the concept of environmental justice.

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By gathering and monitoring

data, she said, they can better understand the harmful particulates in the air and where they come from.

The director for the Peninsula Health District, Nzinga Teale-Hickman, said her office is collecting its own data, starting with a community health assessment for the entire district, then moving to a community health improvement plan.

"We will be engaging city leadership, we will be engaging community leadership and, even more importantly, we will be engaging community residents," said Teale-Hickman. "Part of it is educating people that they do have a voice, and we want to hear their voice."

"There's the impression the Southeast Community is frequently left out," she added. "But I can promise you the Southeast Community is not going to be left out. I have made the Southeast Community a priority."

To access the toxic air emissions inventory and search by ZIP code, go to www2.epa.gov/toxics-release-inventory-ti-program.

Dittrich can be reached by phone at 757-247-7892.

2016 Virginia health plan rates all over the board

By PEUK SALASKEY
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Ten insurance companies presented their health plans and proposed premium changes in the individual and small-group markets for 2016 before the Virginia State Compensation Commission on Wednesday in Richmond.

Proposed rate changes varied from single-digit decreases for several small-group plans to a more than 30 percent increase for an individual off-exchange platinum plan presented by United Health Care.

Most fell somewhere in between but still varied widely. Aetna proposed an average increase of 19.4 percent for some individual plans but just 6 percent for another popular plan. Anthem, Optima and CareFirst all pointed to average increases of 9 percent to 9 percent in the individual market.

With all the variations cited, from risk pools to locality fees,

smoking premiums to federal subsidies, and variations in benefits, deductibles and out-of-pocket costs, straight comparisons between plans are virtually impossible to make.

The presentations — on plans offered both on and off the Affordable Care Act's federally facilitated marketplace — are the first step in a monthlong review process by the commission, the Bureau of Insurance and the Centers for Medicare and Medicaid Services, according to spokeswoman Katha Treanor.

Each company was required to justify its rate increase, all used the same categories of population morbidity (or disease), trend (facility payments, managing care and quality), and "other." However, not all interpreted the categories in the same way, some including morbidity statistics in the "other" category.

The greatest uniformity occurred in the "trend" category — essentially medical costs — largely pegged as increasing at a rate of 6

percent to 7 percent. Depending on past plans offered and their risk pools, and experience of pent-up demand, the morbidity numbers had significant range, but it was the "other" category that served as a largely undifferentiated driver at around 20 percent.

Within this, most cited the expense of the phase-out of the reinsurance program, in which the federal government is gradually transferring the costs for the most expensive patients to the private sector, a move that will be complete in 2017.

Another cost driver cited by several was in pharmaceuticals, specifically the expensive drug, Sovaldi, used to treat hepatitis C. "That wasn't included in 2015," said Stephen Arnhold of Humana, which requested a 12.4 percent increase for its most popular plan, a silver-level PPO offered off the marketplace.

Those offering the same plans outside the marketplace over several years noted a growing stability and little change in rates, while others talked about the costs of pent-up demand and the lack of certainty surrounding federal subsidies, which the U.S. Supreme Court upheld in June.

"Those are tough to predict," said Arnhold of Humana, which is working to incentivize use of lower-tier drugs and instituting a co-pay to discourage emergency room use. Others, such as United Health Care, also talked about controlling costs through emphasizing health and prevention with wellness coaching.

24/7 access to a nurse line and value-based contracting.

Amy Ovulka of Aetna said this was the first year that the company had "a solid view of the individual market," since the full roll-out of the Affordable Care Act in 2014. The monthly premium for its most popular plan will increase from \$239 to \$275 for the youngest age bracket, she said, with the 1.1 percent increase the same across all age groups.

Typically, the increase in PPO plans is higher than for HMOs, based on a sicker population served, according to Kertny Kan of CareFirst.

Virginia does not have caps on premiums, but all plans must meet a 75 percent threshold for medical loss — money spent on claims. The reviews for actuarial accuracy will be completed by Aug. 25, according to Treanor of the SCC.

Salaskey can be reached by phone at 757-267-4764.

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