

# County of Santa Clara

Department of Planning and Development  
Planning Office

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## STAFF REPORT Planning Commission February 26, 2015 **Items #3 & 8/10**

Contact: Bill Shoe, Principal Planner  
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### **File: 10184-11GP**

### **Health Element, Santa Clara County General Plan**

**Summary:** The project is an amendment to the General Plan to establish a new, separate Health Element, including related revisions the current Health & Safety Chapter, and deletion of the Social Well-Being Chapter.

**Applicant:** County of Santa Clara  
**Owner:** NA  
**Address:** NA. Applies countywide.

### **RECOMMENDED ACTIONS**

Staff recommends that the Planning Commission:

- A. Forward a Favorable/Unfavorable recommendation to the Board of Supervisors to adopt a Negative Declaration for an amendment to the General Plan for the Health Element;
- B. Forward a Favorable/Unfavorable recommendation to the Board of Supervisors regarding amendments to the Santa Clara County General Plan for the Health Element, including:
  1. Adoption of the proposed Health Element;
  2. Deletion of the Social Well-Being Chapter;
  3. Deletion of the Air Quality and the Health and Safety Facilities Planning sections of the current Health and Safety Chapter, Books A and B; and,
  4. Renaming the Health and Safety Chapters of Books A and B of the General Plan to Safety and Noise.

## **PROJECT DESCRIPTION**

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### **PROJECT PROPOSAL**

The Health Element is a proposed new element of the General Plan. It consists of an Introduction and nine sections addressing subjects such as health conditions, equity and access, social and emotional wellness, healthy eating, physical activity and recreation, air quality and violence prevention. Each section is organized according to major strategies, which provide the framework for a set of policies, based on the existing organization and format of the General Plan.

As a new stand-alone element, the Health Element's content supersedes and updates content of the current Health and Safety Chapters of Books A and B of the General Plan, as well as the Social Well-Being Chapter. In particular, the Air Quality section and Health and Safety Facilities Planning sections of the current Health and Safety Chapters are proposed for deletion, as is the Social Well-Being Chapter, which is superseded by the Social and Emotional Wellness section of the Health Element. The Health and Safety Chapters will be renamed Safety and Noise, reflecting the remaining content of those combined general plan elements.

The overall purpose of the Health Element is to promote public health through greater recognition of the importance of the environment, social determinants of health, and other factors related to how we plan and build our communities. It is accompanied by a document indicating an overall approach to implementation over time.

### **PROJECT SETTING**

The Health Element applies countywide, consistent with the many health-related roles and services provided through county government. Many of the strategies and policies are intended to be effectuated by multiple implementers, including cities, other local agencies, community health system partners, non-profits, and other groups and stakeholder organizations. Some policies will apply only to or primarily to the County. However, all involved in public health recognize the increasing role of collaboration in every aspect of promoting public health. In part, the Health Element is designed to provide leadership, direction, and serve as a model element for other jurisdictions and agencies, non-profits, and stakeholder group, especially cities. Each city in Santa Clara County may choose how best to consider health-related issues in its own policies, programs, and services, based on the information, strategies, and policies of the Health Element.

## **REASONS FOR RECOMENDATION**

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### **Environmental Review/CEQA Compliance**

The proposed project has been reviewed in accordance with the California Environmental Quality Act (CEQA). Staff has determined that:

- A. The project will not have a significant effect on the environment.

- B. The Negative Declaration was prepared in accordance with law and reflects the County's independent judgment and analysis; and the Planning Commission has considered the Negative Declaration and all comments received during the comment period.

**General Plan Amendments for the Health Element:**

- A. The Health Element has been prepared in fulfillment of the direction of the Board of Supervisors as a new element to the General Plan, culminating a multi-year development project undertaken in coordination with the Public Health Department and many other County agencies, community health system partners, non-governmental organizations and other public participation. Staff from the Planning Office, Public Health Department, and Raimi and Associates, the project's consultant team, was primarily responsible for its development and content.
- B. The Health Element, although not a mandatory element in terms of the content required by state law, is an important and significant advancement in the updating of the General Plan. General Plans are intended to protect and improve the public health, safety and general welfare of the community. The Health Element makes more explicit the many connections between public health and more traditionally defined subjects addressed in general plans, such as land use and urban design, parks and recreation, housing, and air quality.
- C. The Health Element is consistent with and furthers the goals, strategies and policies of the General Plan.
- D. The Air Quality and Climate Change section of the Health Element has been developed to replace and update the Air Quality section of the current Health and Safety Chapter, which is proposed for deletion. The Health Conditions, Equity and Access section of the Health Element updates and replaces the Health and Safety Facilities Planning section of the current Health and Safety Chapter, also proposed for deletion. As a consequence, the Health and Safety Chapters of the General Plan will need to be more appropriately renamed as the Safety and Noise Chapters.
- E. The Social and Emotional Wellness Section of the Health Element updates and supersedes the Social Well-Being Chapter of the General Plan, which currently contains no policy content but indicates how social well-being is addressed directly or indirectly by other elements of the General Plan. The Social Well-Being Chapter is consequently proposed for deletion.
- F. The Health Element has been presented to the Planning Commission for its review and consideration on several meetings, most recently at the October 23, 2014 meeting. Staff has extensively reviewed, revised, and updated the Health Element in response to the Planning Commissions' comments and questions. It has also been revised based on an evaluation of the numerous public comment letters and input provided. In general, staff strove to improve clarity and readability, simplify policy statements, improve consistency of presentation and introduce formatting changes recommended by the Planning Commission.

## **BACKGROUND**

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### **PREVIOUS PLANNING COMMISSION REVIEW**

Planning Commissioners attended an introductory workshop on the Health Element August 28, 2014. The Planning Commission provided extensive review and comment at its October 23, 2014 meeting. A compendium of staff's notes regarding Commission comments is attached. Staff has spent significant time reviewing the entire document for format, clarity, and substantive revisions necessary and appropriate to improve the Health Element consistent with the Commission's review. Revisions include:

- a. All section footnotes have been consolidated and uniformly formatted as end notes to the element ("Works Cited").
- b. Tone, sentence structure, syntax, and other style components have been reviewed and improved for consistency of voice and clarity.
- c. Page numbers for the entire document have been included in the footer.
- d. Subheadings for longer background sections have been added.
- e. Particular attention has been paid to the use of initial verbs in policy statements and consistency in the use of language noting the main subject in bold preceding each policy.
- f. Substantive policy revisions have been proposed in response to particular questions from Commissioners.
- g. Staff reviewed the entirety of the County General Plan for overall consistency with special focus on existing chapters with similar purpose, such as Economic Well-Being, Transportation, Housing, Resource Conservation, Parks and Recreation and Social Well-Being. No changes are proposed to the Economic Well-Being Chapter at this time. The Housing Element, having been the most recently updated and adopted, contains a number of strategies and policies of a very general nature (goals and need for a balanced housing supply), and several of a very specific nature (focusing on special needs, farmworker, and extremely low income housing, for example). Staff found no inconsistencies between the intent and wording of existing policies and any related policies in the Health Element.
- h. Staff re-reviewed policies with program and activity-related content and has revised policy statements generally to remove direct reference to such programs. Examples: Safe Routes to School, or Transportation Demand Management subjects.

Staff believes the Health Element has been revised in such a way as to appropriately address the questions and comments received to date from the Commission, County Counsel review, and County agencies and departments. Any additional questions or comments will be considered during the public hearing. The Commission may forward recommendations or continue the public hearing for additional review.

## **PUBLIC OUTREACH**

The development of the Health Element included a number of approaches to public input, agency participation, and collaboration. These included four public workshops in Palo Alto, Cupertino, Morgan Hill, and San Jose. Stakeholder expert interviews were conducted early in the process, and a Staff Advisory Committee for County agencies and Wellness Advisory Committee of experts and stakeholders from outside the County organization were formed, met and provided input over the course of a year and a half. Furthermore, staff met individually with County and city agencies, collaborated with many others through the Public Health Department's Community Health Assessment/Community Health Improvement Plan (CHA/CHIP) process, met with Hospital Council representatives, and interacted with non-governmental organization representatives interested in the process and policies. There was also a significant collaboration with United Way to conduct a Quality of Life survey involving thousands of participants, results of which informed the project, as well as the compendium of information in the Existing Conditions Report, published May 2013.

On August 8, 2014, staff published the initial Public Review Draft of the Health Element. A 45-day review period was advertised, but additional time was allowed to receive comment from any interested organization or member of the public. It was produced in hard copy and posted to the Planning Office's website on the Health Element page. Information about its availability was distributed through email distributions involving thousands of recipients using Public Health Department email lists, Planning Office, and Raimi and Associates email lists. Public comment was facilitated by use of an online survey available to the general public. Staff received comment letters by means of the online survey but mostly by means of comment letters and emails, particularly from interested organizations. Those comments were provided in the staff report for the October 23, 2014 meeting and are available on the Health Element website. Staff made every effort possible to evaluate and include useful, practical comments and recommendations provided through the public comment.

Staff also made presentations to the Health Advisory Commission of the County of Santa Clara, the Seniors Agenda, the Executive Council of the Health and Hospitals System administrators, the Housing, Land Use, Environment and Transportation Committee of the Board of Supervisors on August 21, 2014, and the Health and Hospitals Committee on October 15, 2014. All of these meetings were open to the public. Public Health Department staff has also made presentation to cities and other organizations, such as the Food System Alliance, and the City of Gilroy's General Plan update committee.

## **HISTORY / TIMELINE / NEXT STEPS**

Once the Board of Supervisors authorized the process to develop the Health Element as one of the first efforts to incrementally update the General Plan in 2010, an RFP was disseminated and consultant selection processes began. Raimi and Associates, with extensive experience in health-related planning and health elements was selected, and work began in 2011. The Public Health Department formed a staff team to work with the Planning Office and provide invaluable coordination and expertise. Major milestones include the 2012 Quality of Life Survey, 2013 Existing Conditions Report, public workshops, stakeholder interviews during the initial period of

concept and issue identification, and information-sharing and participation in the Public Health Department's CHA/CHIP process.

The initial administrative draft was produced by Raimi and Associates in late 2013. Work continued through July 2014 to successively revise the draft Health Element, with initial publication August 8, 2014. Planning Office staff provided introductory workshop presentation to the Planning Commission on August 28, 2014, with extensive review and consideration by the Planning Commission October 23, 2014. At such time as the Planning Commission forwards its recommendations to the Board of Supervisors, public hearings will be scheduled before the Board of Supervisors for adoption.

## **IMPLEMENTATION**

Implementation of the many strategies and policies in the Health Element will be quite varied. In some respects, such as policies within the Land Use and Urban Design section, cities will be the primary audience and potential implementers of policies. Cities may select from the policies articulated which are most relevant for their purposes, whether or not they are formally included in a city's general plan during review and amendment processes. Some cities, such as Mountain View and San Jose, have incorporated health-related policies already, whereas others in the process or nearing an update process are invited and encouraged to utilize information provided in the Existing Conditions Report, Quality of Life Survey, Health Element, neighborhood health profiles, and many other significant reports and assessments provided by the Public Health Department over time.

Other policies will have other means of implementation, direct and indirect, including grants, programs, educational initiatives, training, health service provision and service integration, screenings, neighborhood and community coordination, discussion and collaboration among community health system partners, and new activities and initiatives. As staff has collaborated with Public Health Department representatives over the years, another benefit of the Health Element is its unifying themes and cross-disciplinary, information sharing aspects. General and targeted dissemination to cities, agencies, counties, non-governmental organizations, and other interested parties will occur upon adoption.

Many of the strategies and policies correspond to ongoing programs, activities, initiatives, grant-funded operations, and other existing means of implementation. Examples include tobacco-related initiatives, food and nutrition education, Safe Routes to Schools, physical activity and recreational programs offered through parks and recreation departments and schools, and many other subject matter areas. Most are collaborative in nature, with the County's Public Health Department in a leadership position, or providing policy or technical assistance to cities or other community health organizations.

For more information on the recommended general approach to implementation, please refer to Exhibit E. The exhibit contains two documents, an introduction to the overall approach to Health Element implementation, and a diagram outlining the major components or aspects of implementation to be undertaken over time by the Department of Planning and Development, County Health and Hospitals System and agencies, other County agencies and departments, and

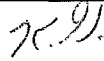
other jurisdictions and organizations, such as the cities and community organizations and non-profits. These include various components that reflect distinct roles and responsibilities, such as the responsibilities of the Health and Hospitals System agencies to provide executive leadership and system direction as guided by policies in the Health Element, and the Public Health Department's role in providing technical and informational assistance to other jurisdictions and organizations, including epidemiological information, health alerts, and policy assistance. Other components reflect roles that many organizations have in common, such as policy formation, budgeting and program development, and collaboration.

Staff can provide additional information regarding how certain policies are being currently implemented by County agencies, through collaborative efforts, by cities, or through policy and ordinance development, such as tobacco-related policies.

### **STAFF REPORT REVIEW**

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Approved by: Kirk Girard, Planning Manager



#### **Exhibits Included with this Staff Report:**

- Exhibit A: Negative Declaration and Initial Study
- Exhibit B: Revised Health Element, February 2015
- Exhibit C: Comparison Document with Revisions from August 8, 2014 Initial Public Draft
- Exhibit D: Summary and Compilation Planning Commission Comments and Public Comment
- Exhibit E: Dissemination and Implementation Approach
- Exhibit F: Sections of General Plan Proposed for Deletion, Social Well-Being Chapter, Air Quality Section and the Health and Safety Facilities Planning Section of the Health and Safety Chapter



# Exhibit A:

## Negative Declaration and Initial Study



# County of Santa Clara

File#: 846

10/01/2014



Department of Planning and Development  
County Government Center, East Wing, 7<sup>th</sup> Floor  
70 West Hedding Street  
San Jose, California 95110

Administration	Development Services	Fire Marshal	Planning
Phone: (408) 299-6740	(408) 299-5700	(408) 299-5760	(408) 299-5111
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## Notice of Intent to Adopt a Negative Declaration

A notice, pursuant to the California Environmental Quality Act of 1970, as amended (Public Resources Code 21,000, et seq.) that the following project will not have a significant effect on the environment.

<b>Project Name</b>	<b>Project Type</b>	
County of Santa Clara General Plan Health Element	General Plan Element	
<b>County Department</b>	<b>Project Location</b>	<b>Date</b>
Planning Office	Unincorporated areas of Santa Clara County	October 2, 2014
<b>Project Description</b>		
The proposed project is a Health Element, a new element of the General Plan that has been prepared at the direction of the Santa Clara County Board of Supervisors. The proposed new element incorporates and updates certain subject matter and policies from the existing Health and Safety Chapters of the General Plan and provides a renewed emphasis on collaborative, comprehensive approaches to planning for community health. The proposed element is a program-level policy document that addresses health-related issues in the unincorporated areas of Santa Clara County, including in both urban and rural areas (see figure below).		
<b>Purpose of Notice</b>		
The purpose of this notice is to inform you that the County Planning Staff has recommended that a Negative Declaration be approved for this project. County of Santa Clara Planning Staff has reviewed the Initial Study for the project, and based upon substantial evidence in the record, <b>finds that although the proposed project would have no significant effect on the environment.</b>		
A public hearing on the proposed project before the Planning Commission has yet to be scheduled. The Planning Commission will make a recommendation to the Board of Supervisors, which would need to approve the project in order for it to take effect. It should be noted that the approval of a Negative Declaration does not constitute approval of the project under consideration. The decision to approve or deny the project will be made separately.		
<b>Public Review Period: 20 days</b>	<b>Begins: October 2</b>	<b>Ends: October 22</b>
Public Comments regarding the correctness, completeness, or adequacy of this negative declaration are invited and must be received on or before the above date. Such comments should be based on specific environmental concerns. Written comments should be addressed to David Rader at the <b>County of Santa Clara Planning Office, County Government Center, 70 W. Hedding Street, San Jose, CA 95110, Tel: (408) 299-5770</b> . A file containing additional information on this project may be reviewed at the Planning Office under the file number appearing at the top of this form. For additional information regarding this project and the Negative Declaration, please contact David Rader at (408) 299-5779 or david.rader@pln.sccgov.org		
<b>The Negative Declaration and Initial Study may be viewed at the following locations:</b>		
(1) Santa Clara County Planning Office, 70 West Hedding Street, East Wing, 7 <sup>th</sup> Floor, San Jose, CA 95110		
(2) Planning Office Website: <a href="http://www.sccgov.org/sites/planning">http://www.sccgov.org/sites/planning</a> (Environmental Documents under "Quick Links"		
(3) Dr. Martin Luther King, Jr. Library, 150 East San Fernando Street, San Jose, CA		
<b>Responsible Agencies sent a copy of this document</b>		

None	
<b>Mitigation Measures included in the project to reduce potentially significant impacts to a less than significant level:</b>	
None required.	
<b>Prepared by:</b> David Rader, Planner III	<u>David M. Rader</u> <u>9/30/14</u> Signature Date
<b>Approved by:</b> Rob Eastwood, Principal Planner, AICP	<u>[Signature]</u> <u>9/30/14</u> Signature Date

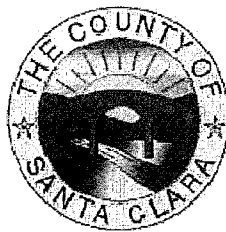
## **INITIAL STUDY / NEGATIVE DECLARATION**

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### **Santa Clara County General Plan Health Element**

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**September 30, 2014**



# INITIAL STUDY

## Environmental Checklist and Evaluation for Santa Clara County

<b>File Number:</b>	10264-11CP	<b>Date:</b>	September 30, 2014
<b>Project Type:</b>	County Ordinance	<b>Project Name:</b>	Santa Clara County General Plan Health Element
<b>Project Description</b>			
<p>The proposed project is a Health Element, a new element of the General Plan that has been prepared at the direction of the Santa Clara County Board of Supervisors. The proposed new element incorporates and updates certain subject matter and policies from the existing Health and Safety Chapters of the General Plan and provides a renewed emphasis on collaborative, comprehensive approaches to planning for community health. The information and policies contained in the proposed Health Element is organized into nine sections:</p> <ul style="list-style-type: none"> <li>A. Health Conditions, Equity and Access</li> <li>B. Social and Emotional Health</li> <li>C. Land Use and Urban Design</li> <li>D. Active and Sustainable Transportation</li> <li>E. Recreation and Physical Activity</li> <li>F. Healthy Eating, Food Access, and Sustainable Food Systems</li> <li>G. Air Quality and Climate Change</li> <li>H. Healthy Housing</li> <li>I. Violence Prevention and Safety</li> </ul> <p>The proposed element is a program-level policy document that addresses health-related issues in the unincorporated areas of Santa Clara County, including in both urban and rural areas (see Figure 1). One goal of the element is to demonstrate the correlation between well-planned, safe, highly livable, urban environments and improved health outcomes such as for chronic disease. Another is to place public health on par with more traditionally recognized elements in general plans, such as housing and land use, and make explicit the connections between those subject areas typically associated with comprehensive plans and those of public health. The element is also intended to influence other jurisdictions and agencies in Santa Clara County and the region. The subject matter, strategies, and policies contained in the Health Element are based on the following Guiding Principles:</p> <ul style="list-style-type: none"> <li>• Prevention</li> <li>• Leadership</li> <li>• Community Empowerment</li> <li>• Equity and Inclusion</li> <li>• Sustainability and Co-Benefits</li> <li>• Strategic Roles</li> <li>• Responsibility</li> <li>• Healthy Choices</li> <li>• Promote the Public Interest</li> </ul>			
<b>Other agencies sent a copy of this document:</b>			
None			

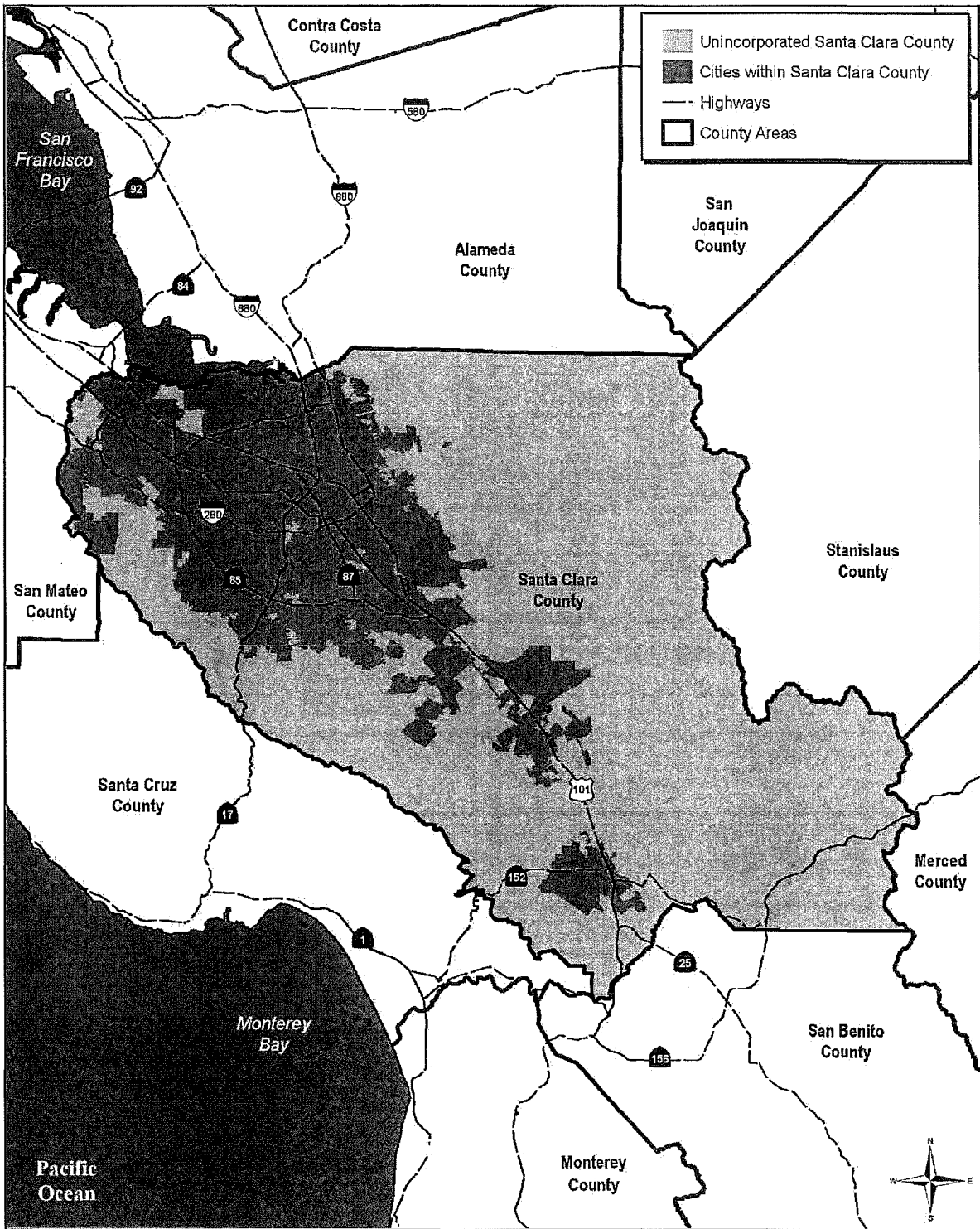


Figure 1 – Unincorporated Area of Santa Clara County

The environmental factors checked below would be potentially affected by this project, involving at least one impact as indicated by the checklist on the following pages.

ENVIRONMENTAL FACTORS POTENTIALLY AFFECTED

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Aesthetics                  | <input type="checkbox"/> Agriculture / Forest Resources     | <input type="checkbox"/> Air Quality               |
| <input type="checkbox"/> Biological Resources        | <input type="checkbox"/> Cultural Resources                 | <input type="checkbox"/> Geology / Soils           |
| <input type="checkbox"/> Greenhouse Gas Emissions    | <input type="checkbox"/> Hazards & Hazardous Materials      | <input type="checkbox"/> Hydrology / Water Quality |
| <input type="checkbox"/> Land Use                    | <input type="checkbox"/> Noise                              | <input type="checkbox"/> Population / Housing      |
| <input type="checkbox"/> Public Services             | <input type="checkbox"/> Resources / Recreation             | <input type="checkbox"/> Transportation / Traffic  |
| <input type="checkbox"/> Utilities / Service Systems | <input type="checkbox"/> Mandatory Findings of Significance | <input checked="" type="checkbox"/> None           |

**DETERMINATION:** (To be completed by the Lead Agency)

On the basis of this initial evaluation:

☒ I find that the proposed project COULD NOT have a significant effect on the environment, and a **NEGATIVE DECLARATION** will be prepared.

☐ I find that although the proposed project could have a significant effect on the environment, there will not be a significant effect in this case because revisions in the project have been made by or agreed to by the project proponent. A **MITIGATED NEGATIVE DECLARATION** will be prepared.

☐ I find that although the proposed project could have a significant effect on the environment, because all potentially significant effects (a) have been analyzed adequately in an earlier EIR or **NEGATIVE DECLARATION** pursuant to applicable standards, and (b) have been avoided or mitigated pursuant to that earlier EIR or **NEGATIVE DECLARATION**, including revisions or mitigation measures that are imposed upon the proposed project, nothing further is required.

☐ I find that the proposed project MAY have a significant effect on the environment, and an **ENVIRONMENTAL IMPACT REPORT** is required.

David M. Rader  
Signature

10/1/14  
Date

David M. Rader, Planner III \_\_\_\_\_

\_\_\_\_\_  
For

## ENVIRONMENTAL CHECKLIST AND DISCUSSION OF IMPACTS

<b>A. AESTHETICS</b>					
	<b>IMPACT</b>				<b>SOURCES</b>
<b>WOULD THE PROJECT:</b>	<b>YES</b>			<b>NO</b>	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Have a substantial adverse effect on a scenic vista?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2,3,4, 6,17f
b) Substantially damage scenic resources along a designated scenic highway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 6,7 17f
c) Substantially degrade the existing visual character or quality of the site and its surroundings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2,3
d) Create a new source of substantial light or glare which would adversely affect day or nighttime views in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3,4
e) If subject to ASA, be generally in non-compliance with the Guidelines for Architecture and Site Approval?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11
f) If within a Design Review Zoning District for purposes of viewshed protection (d, -d1, -d2), conflict with applicable General Plan policies or Zoning Ordinance provisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2,3,4,8a, 9,12, 17f

### DISCUSSION:

**a-f): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. It would not affect scenic vistas or scenic resources, or create new sources of light and glare. Because the ordinance is not a construction project, checklist items e) and f) are not relevant to the proposed project.

### MITIGATION:

No mitigation is required.

**B. AGRICULTURE / FOREST RESOURCES**

In determining whether impacts to agricultural resources are significant environmental effects, lead agencies may refer to the California Agricultural Land Evaluation and Site Assessment Model (1997) prepared by the California Dept. of Conservation as an optional model to use in assessing impacts on agriculture and farmland.

WOULD THE PROJECT:	IMPACT				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Convert 10 or more acres of farmland classified as prime in the report <i>Soils of Santa Clara County (Class I, II)</i> to non-agricultural use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3,23,24,26
b) Conflict with existing zoning for agricultural use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9,21a
c) Conflict with an existing Williamson Act Contract or the County's Williamson Act Ordinance (Section C13 of County Ordinance Code)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 28
d) Conflict with existing zone for, or cause rezoning of, forest land (as defined in Public Resources Code section 12220(g)), timberland (as defined by Public Resources Code section 4526), or timberland zoned Timberland Production (as defined by Government Code section 51104(g))?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9,
e) Result in the loss of forest land or conversion of forest land to non-forest use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	32
f) Involve other changes in the existing environment which, due to their location or nature, could result in conversion of Farmland, to non-agricultural use or conversion of forest land to non-forest use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3,4,26

**DISCUSSION:**

**a-f): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. It would not involve or indirectly cause the conversion of farmland or timberland, affect production of these resources, or conflict with agricultural or timberland zoning or existing Williamson Act contracts.

**MITIGATION:**

No mitigation is required.

C. AIR QUALITY					
Where available, the significance criteria established by the applicable air quality management or air pollution control district may be relied upon to make the following determinations.					
WOULD THE PROJECT:	IMPACT				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Conflict with or obstruct implementation of the applicable air quality plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,29, 30
b) Violate any air quality standard or contribute substantially to an existing or projected air quality violation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,29, 30
c) Result in a cumulatively considerable net increase of any criteria pollutant for which the project region is non-attainment under an applicable federal or state ambient air quality standard (including releasing emissions which exceed quantitative thresholds for ozone precursors)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,29, 30
d) Expose sensitive receptors to substantial pollutant concentrations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5,29, 30

#### DISCUSSION:

**a-d): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. It would not involve or indirectly lead to activities that would generate air emissions or conflict with plans or policies intended to improve air quality.

#### MITIGATION:

No mitigation is required.

D. BIOLOGICAL RESOURCES					
WOULD THE PROJECT:	IMPACT				SOURCES
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Have a substantial adverse effect, either directly or through habitat modifications, on any species identified as a candidate, sensitive, or special status species in local or regional plans, policies, or regulations, or by the California Department of Fish and Game or U.S. Fish and Wildlife Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 7, 17b, 17o,

b) Have a substantial adverse effect on any riparian habitat or other sensitive natural community identified in local or regional plans, policies, regulations or by the California Department of Fish and Game or US Fish and Wildlife Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 7, 8a, 17b, 17e, 22d, 22e, 33
c) Have a substantial adverse effect on federally protected wetlands as defined by section 404 of the Clean Water Act (including, but not limited to, marsh, vernal pool, coastal, etc.) or tributary to an already impaired water body, as defined by section 303(d) of the Clean Water Act through direct removal, filling, hydrological interruption, or other means?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 7, 17n, 33
d) Have a substantial adverse effect on oak woodland habitat as defined by Oak Woodlands Conservation Law (conversion/loss of oak woodlands) – Public Resource Code 21083.4?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 31, 32
e) Interfere substantially with the movement of any native resident or migratory fish or wildlife species or with established native resident or migratory wildlife corridors, or impede the use of native wildlife nursery sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 7, 17b, 17c
f) Conflict with the provisions of an adopted Habitat Conservation Plan, Natural Community Conservation Plan, or other approved local, regional or state habitat conservation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 4, 17i
g) Conflict with any local policies or ordinances protecting biological resources:					
i) Tree Preservation Ordinance [Section C16]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 31, 32
ii) Wetland Habitat [GP Policy, R-RC 25-30]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 8a
iii) Riparian Habitat [GP Policy, R-RC 31-41]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 8a,

## DISCUSSION:

**a-g): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. It would not involve construction activities that would cause modifications to habitat, adversely affect special-status species, interfere with the movement of any native resident or migratory fish or wildlife species or with established native resident or migratory wildlife corridors, or conflict with an adopted conservation plan or with local policies and ordinances intended to protect biological resources.

## MITIGATION:

No mitigation is required.

E. CULTURAL RESOURCES					
WOULD THE PROJECT	IMPACT				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Cause a substantial adverse change in the significance of a historical resource pursuant to §15064.5 of the CEQA Guidelines, or the County's Historic Preservation Ordinance (Section 17 of County Ordinance Code) – i.e. relocation, alterations or demolition of historic resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 16, 19, 40, 41
b) Cause a substantial adverse change in the significance of an archaeological resource as defined in §15064.5 of the CEQA Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 19, 40, 41,
c) Directly or indirectly destroy a unique paleontological resource or site or unique geologic feature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2,3,4,,40,41
d) Disturb any human remains, including those interred outside of formal cemeteries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2, 40,41
e) If within New Almaden Historic area, conflict with General Plan policies of this designated special policy area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8a

#### DISCUSSION:

**a-f): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. It would not involve construction activities that could affect historical or archaeological resources.

#### MITIGATION:

No mitigation is required.

F. GEOLOGY AND SOILS					
WOULD THE PROJECT:	IMPACT				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Expose people or structures to potential substantial adverse effects, including the risk of loss, injury, or death involving:					
i) Rupture of a known earthquake fault, as delineated on the most recent Alquist-Priolo Earthquake Fault Zoning Map issued by the State Geologist for the area or based on other substantial evidence of a known fault? Refer to Division of Mines and Geology Special Publication 42.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6, 17c, 43
ii) Strong seismic ground shaking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6, 17c
iii) Seismic-related ground failure, including liquefaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6, 17c, 17n, 18b
iv) Landslides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6, 17L, 118b
b) Result in substantial soil erosion or the loss of topsoil?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6, 14, 23, 24
c) Be located on a geologic unit or soil that is unstable, or that would become unstable as a result of the project, and potentially result in on- or off-site landslide, lateral spreading, subsidence, liquefaction or collapse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2, 3, 17c, 23, 24, 42
d) Be located on expansive soil, as defined in the report, <i>Soils of Santa Clara County</i> , creating substantial risks to life or property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14,23, 24,
e) Have soils incapable of adequately supporting the use of septic tanks or alternative wastewater disposal systems where sewers are not available for the disposal of waste water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3,6, 23,24,
f) Cause substantial compaction or over-covering of soil either on-site or off-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 6
g) Cause substantial change in topography or unstable soil conditions from excavation, grading, or fill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2, 3, 6,17j, 42

#### DISCUSSION:

**a-g): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Because the proposed project does not involve construction, there is not potential for the geologic hazards listed in checklist items a) through g) to occur with project implementation.

#### MITIGATION:

No mitigation is required.

G. GREENHOUSE GAS EMISSIONS				
	IMPACT			
WOULD THE PROJECT	YES			NO
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact
a) Generate greenhouse gas emissions, either directly or indirectly, that may have a significant impact on the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Conflict with any applicable plan, policy or regulation of an agency adopted for the purpose of reducing the emissions of greenhouse gases?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**DISCUSSION:**

**a-b): No Impact** – The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Project implementation would not lead to activities that would generate greenhouse gas emissions or conflict with policies intended to reduce these emissions.

**MITIGATION:**

No mitigation is required.

G. HAZARDS & HAZARDOUS MATERIALS					
	IMPACT				SOURCE
WOULD THE PROJECT	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 4, 5
b) Create a significant hazard to the public or the environment through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2, 3, 5
c) Emit hazardous emissions or handle hazardous or acutely hazardous materials, substances, or waste within 1/4 mile of an existing or proposed school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	46
d) Be located on a site which is included on a list of hazardous materials sites compiled pursuant to Government Code Section 65962.5 and, as a result, would it create a significant hazard to the public or the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	47
e) For a project located within an airport land use plan referral area or, where such a plan has not been adopted, within two miles of a public airport or public use airport, or in the vicinity of a private airstrip, would the project result in a safety hazard for people residing or working in the project area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 22a
f) Impair implementation of or physically interfere with an adopted emergency response plan or emergency evacuation plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5, 48
g) Expose people or structures to a significant risk of loss, injury or death involving wildland fires including where wildlands are adjacent to urbanized areas or where residences are intermixed with wildlands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4, 17g
h) Provide breeding grounds for vectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5, 31
i) Proposed site plan result in a safety hazard (i.e., parking layout, access, closed community, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3
j) Involve construction of a building, road or septic system on a slope of 30% or greater?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 17n
k) Involve construction of a roadway greater than 20% slope for a distance of 300' or more?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 17n

## DISCUSSION:

**a-f): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Adoption of the proposed element would not involve or indirectly lead to the handling or transport of hazardous materials,

a change in existing sources of hazardous emissions, construction of new structures in hazardous areas, or provide breeding grounds for vectors.

# **MITIGATION:**

No mitigation is required.

H. HYDROLOGY AND WATER QUALITY					
WOULD THE PROJECT:	IMPACT				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Violate any water quality standards or waste discharge requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	34, 36
b) Substantially deplete groundwater supplies or interfere substantially with groundwater recharge such that there would be a net deficit in aquifer volume or a lowering of the local groundwater table level (e.g., the production rate of pre-existing nearby wells would drop to a level which would not support existing land uses or planned uses for which permits have been granted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 4
c) Substantially alter the existing drainage pattern of the site or area, including through the alteration of the course of a stream or river, in a manner which would result in substantial erosion or siltation on- or off-site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 17n,
d) Substantially alter the existing drainage pattern of the site or area, including through the alteration of the course of a stream or river, or substantially increase the rate or amount of surface runoff in a manner which would result in flooding on- or off-site? (Note policy regarding flood retention in watercourse and restoration of riparian vegetation for West Branch of the Llagas.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 17p
e) Create or contribute increased impervious surfaces and associated runoff water which would exceed the capacity of existing or planned stormwater drainage systems or provide substantial additional sources of polluted runoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5, 36, 21a
f) Otherwise substantially degrade water quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5
g) Place housing within a 100-year flood hazard area as mapped on a federal Flood Hazard Boundary or Flood Insurance Rate Map or other flood hazard delineation map?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 17p, 18b, 18d
h) Place within a 100-year flood hazard area structures which would impede or redirect flood flows?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 18b, 18d
i) Expose people or structures to a significant risk of loss, injury or death involving flooding, including flooding as a result of the failure of a levee or dam?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2, 3, 4, 17p
j) Be located in an area of special water quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4, 6a,

concern (e.g., Los Gatos or Guadalupe Watershed)?					
k)	Be located in an area known to have high levels of nitrates in well water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 4, 20b, 20c
l)	Result in a septic field being constructed on soil where a high water table extends close to the natural land surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3
m)	Result in a septic field being located within 50 feet of a drainage swale; 100 feet of any well, water course or water body or 200 feet of a reservoir at capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1, 3, 17e
n)	Conflict with Water Collaborative Guidelines and Standards for Land Uses Near Streams?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> 22d, 22e

## DISCUSSION:

**a-n): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Adoption and implementation of the proposed element would not involve or indirectly lead to activities that would violate water quality standards, affect groundwater levels or quality, or create impervious surfaces that would generate increased runoff, or otherwise degrade water quality. In addition, the proposed project would not involve the construction of housing or other development that could expose people or structures to flood hazards from levee or dam failure, create flood hazards by diverting flood flows, involve the use of septic systems, or conflict with guidelines or standards for land uses near streams.

## MITIGATION:

No mitigation is required.

I. LAND USE						
		IMPACT			SOURCE	
WOULD THE PROJECT:		YES		NO		
		Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact		No Impact
a)	Physically divide an established community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2, 4
b)	Conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project (including, but not limited to the general plan, specific plan, or zoning ordinance) adopted for the purpose of avoiding or mitigating an environmental effect?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8a, 9, 18a
c)	Conflict with special policies:					
i)	San Martin &/or South County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 8a, 20
ii)	Los Gatos Specific Plan or Lexington Watershed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 8a, 22b, 22c
iii)	Guadalupe Watershed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 8a
iv)	Stanford?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8a, 21
v)	City of Morgan Hill Urban Growth Boundary Area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8a, 17a

vi) West Valley Hillside Preservation Area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 8a
vii) Water Collaborative (Guidelines and Standards for Land Use Near Streams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22d, 22e

**DISCUSSION:**

**a-c): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Adoption and implementation of the element would not lead to development projects that would divide established communities, and it would not conflict with land use plans, policies, or regulations.

**MITIGATION:**

No mitigation is required.

J. NOISE					
WOULD THE PROJECT:	IMPACTS				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Result in exposure of persons to or generation of noise levels in excess of standards established in the local general plan or noise ordinance, or applicable standards of other agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8a, 13, 22a, 45
b) Result in exposure of persons to or generation of excessive groundborne vibration or groundborne noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13, 45
c) Result in a substantial permanent increase in ambient noise levels in the project vicinity above levels existing without the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 2, 5, 45
d) Result in a substantial temporary or periodic increase in ambient noise levels in the project vicinity above levels existing without the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 2, 5, 45
e) For a project located within an airport land use plan referral area or, where such a plan has not been adopted, within two miles of a public airport or public use airport, or private airstrip would the project expose people residing or working in the project area to excessive noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 5, 22a

#### DISCUSSION:

**a-e): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Adoption and implementation of the proposed element would not involve development or other activities that would change existing noise levels or expose people to excessive noise levels, including within an airport land use plan referral area.

#### MITIGATION:

No mitigation is required.

K. POPULATION AND HOUSING					
WOULD THE PROJECT:	IMPACT				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Induce substantial growth in an area, either directly (for example, by proposing new homes and businesses) or indirectly (for example, through extension of roads or other infrastructure)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 4
b) Displace substantial numbers of existing housing or people, necessitating the construction of replacement housing elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 2, 3, 4

**DISCUSSION:**

**a-b): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Adoption and implementation of the proposed element would not induce population growth or affect housing.

**MITIGATION:**

No mitigation is required.

L. PUBLIC SERVICES					
WOULD THE PROJECT:	IMPACT				
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Result in substantial adverse physical impacts associated with the provision of new or physically altered governmental facilities, need for new or physically altered governmental facilities, the construction of which could cause significant environmental impacts, in order to maintain acceptable service ratios, response times or other performance objectives for any of the public services:					
i) Fire Protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5
ii) Police Protection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5
iii) School facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5
iv) Parks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5, 17h
v) Other public facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5

**DISCUSSION:**

a): **No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Adoption and implementation of the proposed element would not affect public services such as fire and police protection, schools, or parks.

**MITIGATION:**

No mitigation is required.

M. RESOURCES AND RECREATION						
WOULD THE PROJECT:		IMPACT			SOURCE	
		YES				NO
		Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact		No Impact
a)	Result in the loss of availability of a known mineral resource that would be of future value to the region and the residents of the state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 2, 3, 6, 44
b)	Result in the loss of availability of a locally-important mineral resource recovery site as delineated on a local general plan, specific plan, or other land use plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 2, 3, 6,8a
c)	Increase the use of existing neighborhood and regional parks or other recreational facilities such that substantial physical deterioration of the facility would occur or be accelerated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 2, 4, 5, 17h
d)	Include recreational facilities or require the construction or expansion of recreational facilities which might have an adverse physical effect on the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 4, 5
e)	Be on, within or near a public or private park, wildlife reserve, or trail or affect existing or future recreational opportunities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17h, 21a
f)	Result in loss of open space rated as high priority for acquisition in the "Preservation 20/20" report?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27

**DISCUSSION:**

a-f): **No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Adoption and implementation of the proposed element would not involve or indirectly lead to development or other activities that would affect mineral resources, parks, or other recreational facilities.

**MITIGATION:**

No mitigation is required.

N. TRANSPORTATION / TRAFFIC					
WOULD THE PROJECT:	IMPACT				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Conflict with an applicable plan, ordinance or policy establishing measures of effectiveness for the performance of the circulation system, taking into account all modes of transportation including mass transit and non-motorized travel and relevant components of the circulation system, including but not limited to intersections, streets, highways and freeways, pedestrian and bicycle paths, and mass transit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 4, 5, 6, 7, 49, 52
b) Conflict with an applicable congestion management program, including but not limited to level of service standards and travel demand measures, or other standards established by the County congestion management agency for designated roads or highways?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6, 49, 50, 52
c) Result in a change in air traffic patterns, including either an increase in traffic levels or a change in location that results in substantial safety risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5, 6, 7, 52
d) Substantially increase hazards due to a design feature (e.g., sharp curves or dangerous intersections) or incompatible uses (e.g., farm equipment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 5, 6, 7, 52
e) Result in inadequate emergency access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5, 48, 52
f) Conflict with adopted policies, plans, or programs regarding public transit, bicycle, or pedestrian facilities, or otherwise decrease the performance or safety of such facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8a, 21a
g) Not provide safe access, obstruct access to nearby uses or fail to provide for future street right of way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3, 6, 7, 52

#### DISCUSSION:

**a-g): No Impact** - The proposed project is an a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Adoption and implementation of the proposed element would not involve or indirectly lead to development or other activities that would affect vehicle or air traffic patterns, transportation facilities, or transportation policies.

#### MITIGATION:

No mitigation required.

O. UTILITIES AND SERVICE SYSTEMS					
WOULD THE PROJECT:	IMPACT				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Exceed wastewater treatment requirements of the applicable Regional Water Quality Control Board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5,
b) Require or result in the construction of new water or wastewater treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5, 21a, 38
c) Require or result in the construction of new storm water drainage facilities or expansion of existing facilities, the construction of which could cause significant environmental effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5
d) Require new or expanded entitlements in order to have sufficient water supplies available to serve the project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5, 21,
e) Result in a determination by the wastewater treatment provider which serves or may serve the project that it has inadequate capacity to serve the project's projected demand in addition to the provider's existing commitments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5
f) Not be able to be served by a landfill with sufficient permitted capacity to accommodate the project's solid waste disposal needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1, 3, 5
g) Be in non-compliance with federal, state, and local statutes and regulations related to solid waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5, 6

#### DISCUSSION:

**a-g): No Impact** - The proposed project is a new element of the General Plan containing subject matter and policies intended to promote a healthier community. Adoption and implementation of the proposed element would not involve or indirectly lead to development or other activities that would affect wastewater, water supply, or the facilities that provide these services.

#### MITIGATION:

No mitigation required.

P. MANDATORY FINDING OF SIGNIFICANCE					
WOULD THE PROJECT:	IMPACT				SOURCE
	YES			NO	
	Potentially Significant Impact	Less Than Significant With Mitigation Incorporated	Less Than Significant Impact	No Impact	
a) Does the project have the potential to degrade the quality of the environment, substantially reduce the habitat of a fish or wildlife species, cause a fish or wildlife population to drop below self-sustaining levels, threaten to eliminate a plant or animal community, reduce the number or restrict the range of a rare or endangered plant or animal or eliminate important examples of the major periods of California history or prehistory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 to 52
b) Does the project have impacts that are individually limited, but cumulatively considerable ("Cumulatively considerable" means that the incremental effects of an individual project are considerable when viewed in connection with the effects of past projects, the effects of other current projects, and the effects of probable future projects)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 to 52
c) Does the project have environmental effects which will cause substantial adverse effects on human beings, either directly or indirectly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 to 52

#### DISCUSSION:

a, c) Adoption and implementation of the proposed Health Element would not trigger any mandatory thresholds of significance with respect to potential impacts to fish and wildlife species or examples of California history or prehistory. As discussed in the Biology section, implementation of the ordinance would not have any potential significant impacts on biological resources. The ordinance would also not result in any potential substantial impacts on human beings, either directly or indirectly.

b) As discussed in Sections A. through O., no significant impacts would occur through adoption and implementation of the proposed element. Therefore, the proposed project would not have any cumulatively considerable impacts when viewed in connection with the effects of past, present, or future projects.

## Initial Study Source List\*

1. Environmental Information Form
2. Field Inspection
3. Project Plans
4. Working knowledge of site and conditions
5. Experience With Other Projects of This Size and Nature
6. County Expert Sources: Geologist, Fire Marshal, Roads & Airports, Environmental Health, Land Development Engineering, Parks & Recreation, Zoning Administration, Comprehensive Planning, Architectural & Site Approval Committee Secretary
7. Agency Sources: Santa Clara Valley Water District, Santa Clara Valley Transportation Authority, Midpeninsula OpenSpace Regional District, U.S. Fish & Wildlife Service, CA Dept. of Fish & Game, Caltrans, U.S. Army Corps of Engineers, Regional Water Quality Control Board, Public Works Depts. of individual cities, Planning Depts. of individual cities,
  - 8a. Santa Clara County (SCC) General Plan
  - 8b. The South County Joint Area Plan
  9. SCC Zoning Regulations (Ordinance)
  10. County Grading Ordinance
  11. SCC Guidelines for Architecture and Site Approval
  12. SCC Development Guidelines for Design Review
  13. County Standards and Policies Manual (Vol. I - Land Development)
  14. Table 18-1-B of the Uniform Building Code (expansive soil regulations) [1994 version]
  15. Land Use Database
  16. Santa Clara County Heritage Resource (including Trees) Inventory [computer database]
  17. GIS Database
    - a. SCC General Plan Land Use, and Zoning
    - b. USFWS Critical Habitat & Riparian Habitat
    - c. Geologic Hazards
    - d. Archaeological Resources
    - e. Water Resources
    - f. Viewshed and Scenic Roads
    - g. Fire Hazard
    - h. Parks, Public Open Space, and Trails
    - i. Heritage Resources - Trees
    - j. Topography, Contours, Average Slope
    - k. Soils
    - l. HCP Data (habitat models, land use coverage etc)
    - m. Air photos
    - n. USGS Topographic
    - o. Dept. of Fish & Game, Natural Diversity Data
    - p. FEMA Flood Zones
    - q. Williamsosn Act
    - r. Farmland monitoring program
    - s. Traffic Analysis Zones
18. Base Map Overlays & Textual Reports (GIS)
  - Paper Maps
    - a. SCC Zoning
    - b. Barclay's Santa Clara County Locaide Street Atlas
    - c. Color Air Photos (MPSI)
    - d. Santa Clara Valley Water District - Maps of Flood Control Facilities & Limits of 1% Flooding

- e. Soils Overlay Air Photos
- f. "Future Width Line" map set
19. CEQA Guidelines [Current Edition]

### Area Specific: San Martin, Stanford, and Other Areas

#### San Martin

- 20a. San Martin Integrated Design Guidelines
- 20b. San Martin Water Quality Study
- 20c. Memorandum of Understanding (MOU) between Santa Clara County & Santa Clara Valley Water District

#### Stanford

- 21a. Stanford University General Use Permit (GUP), Community Plan (CP), Mitigation and Monitoring Reporting Program (MMRP) and Environmental Impact Report (EIR)
- 21b. Stanford Protocol and Land Use Policy Agreement

#### Other Areas

- 22a. South County Airport Comprehensive Land Use Plan and Palo Alto Airport comprehensive Land Use Plan [November 19, 2008]
- 22b. Los Gatos Hillside Specific Area Plan
- 22c. County Lexington Basin Ordinance Relating to Sewage Disposal
- 22d. User Manual Guidelines & Standards for Land Uses Near Streams: A Manual of Tools, Standards and Procedures to Protect Streams and Streamside Resources in Santa Clara County by the Santa Clara Valley Water Resources Protection Collaborative, August 2005 - Revised July 2006.
- 22e. Guidelines and Standards for Land Use Near Streams: Streamside Review Area - Summary prepared by Santa Clara County Planning Office, September 2007.
- 22f. Monterey Highway Use Permit Area

#### Soils

23. USDA, SCS, "Soils of Santa Clara County"
24. USDA, SCS, "Soil Survey of Eastern Santa Clara County"

#### Agricultural Resources/Open Space

25. Right to Farm Ordinance
26. State Dept. of Conservation, "CA Agricultural Land Evaluation and Site Assessment Model"
27. Open Space Preservation, Report of the Preservation 2020 Task Force, April 1987 [Chapter IV]
28. Williamson Act Ordinance and Guidelines (current version)

#### Air Quality

29. BAAQMD Clean Air Plan, and BAAQMD CEQA Air Quality Guidelines (2010)
30. BAAQMD Annual Summary of Contaminant Excesses & BAAQMD, "Air Quality & Urban Development - Guidelines for Assessing Impacts of Projects & Plans" [current version]

#### Biological Resources/ Water Quality & Hydrological Resources/ Utilities & Service Systems"

31. Site-Specific Biological Report

## Initial Study Source List\*

32. Santa Clara County Tree Preservation Ordinance  
Section C16, Santa Clara County Guide to  
Evaluating Oak Woodlands Impacts, Santa Clara  
County Guidelines for Tree Protection and  
Preservation for Land Use Applications

33. Clean Water Act, Section 404

34. Riparian Inventory of Santa Clara County, Greenbelt  
Coalition, November 1988

35. CA Regional Water Quality Control Board, Water  
Quality Control Plan, San Francisco Bay Region  
[1995]

36. Santa Clara Valley Water District, Private Well Water  
Testing Program [12-98]

37. SCC Nonpoint Source Pollution Control Program,  
Urban Runoff Management Plan [1997]

38. County Environmental Health / Septic Tank Sewage  
Disposal System - Bulletin "A"

39. County Environmental Health Department Tests and  
Reports

### Archaeological Resources

40. Northwest Information Center, Sonoma State  
University

41. **Site Specific Archaeological Reconnaissance  
Report**

### Geological Resources

42. **Site Specific Geologic Report**

43. State Department of Mines and Geology, Special  
Report #42

44. State Department of Mines and Geology, Special  
Report #146

### Noise

45. **County Noise Ordinance**

### Hazards & Hazardous Materials

46. Section 21151.4 of California Public Resources Code

47. State Department of Toxic Substances, Hazardous  
Waste and Substances Sites List

48. County Office of Emergency Services Emergency  
Response Plan [1994 version]

### Transportation/Traffic

49. Transportation Research Board, "Highway  
Capacity Manual", Special Report 209, 1995.

50. SCC Congestion Management Agency, "Monitoring  
and Conformance report" (Current Edition)

51. Official County Road Book

52. **Site-specific Traffic Impact Analysis Report**

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**\*Items listed in bold are the most important sources  
and should be referred to during the first review of the  
project, when they are available. The planner should  
refer to the other sources for a particular  
environmental factor if the former indicate a potential  
environmental impact.**

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**Exhibit B:**  
**Revised Health Element,**  
**February 2015**



# Health Element

*Revised Public Review Draft*



*Santa Clara County General Plan*  
*February 2014*

## PUBLIC DRAFT HEALTH ELEMENT

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The Health Element has been prepared at the direction of the Santa Clara County Board of Supervisors as a new element of the General Plan, incorporating and updating certain existing subject matter and policies from the existing Health and Safety Chapters, and building a renewed emphasis on collaborative, comprehensive approaches to planning for community health.

The public was invited to review and comment on the Health Element during an initial 45 day review period culminating September 24, 2014 through an online survey at <https://www.surveymonkey.com/s/SCChealthcomments>. The Planning Commission reviewed and commented on a revised draft October 23, 2014, which resulted in a subsequent round of review and revisions. Subsequent public hearings before the Planning Commission and Board of Supervisors will provide the Planning Commission and Board of Supervisors opportunity to consider the draft Health Element, public input, and implementation, with adoption planned by early 2015.

For further information, please contact Bill Shoe, Project Manager, at the Santa Clara County Planning Office via email at [bill.shoe@pln.sccgov.org](mailto:bill.shoe@pln.sccgov.org) or 408-299-5749, or visit the Planning Office website at [www.sccplanning.org](http://www.sccplanning.org). The Health Element project is a collaboration between the County's Department of Planning and Development, Public Health Department, and numerous other County agencies, staff, community organizations, health system representatives, stakeholders, and the public.

Thank you to all who have participated in developing the revised draft Health Element.

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Jeffrey V. Smith, County Executive

### **Santa Clara County Board of Supervisors**

Supervisor Mike Wasserman, President, District 1  
Supervisor Cindy Chavez, District 2  
Supervisor Dave Cortese, District 3  
Supervisor Ken Yeager, District 4  
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## INTRODUCTION

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### General Introduction

Maintaining and improving public health is one of the most fundamental shared societal goals, similar to public safety, equality of opportunity, and education. Public health focuses on the health of populations and communities or groups, in addition to the individual. Many factors affect a community's health including social determinants such as income, education, race/ethnicity, culture, food insecurity and similar factors. Other factors include access to health care, affordable insurance, genetics, and lifestyle.

As a society, significant efforts have been made to eliminate diseases, prevent or control epidemics, and improve environmental conditions. Great successes have been achieved through public health, including vaccinations, tobacco controls, dietary research, motor vehicle safety and emissions controls, sanitation, and other endeavors.

Urban and regional planning in the United States has its roots in combatting environmental threats and communicable diseases in cities at the onset of the industrial age. Overcrowding, industrial pollution, lack of sanitation, and other issues were addressed through a variety of means to make urban environments healthier places to live and work. Today, health risks of a different kind remain but are increasingly being addressed through preventive measures and changes within our environments that facilitate healthier lifestyles. For example, chronic diseases and injuries now account for over 75% of all deaths in California, but through multi-disciplinary and coordinated efforts, these causes can be addressed through behavior change, our urban environments, and better access to preventive care.

Santa Clara County has recently ranked as high as the third healthiest County in California. However, in a place as diverse and large as Santa Clara County, with 1.8 million residents, significant health disparities and inequities exist. Experts increasingly point to rising rates of obesity and diabetes in younger populations as just one indication that as a society, maintaining and improving community health remains a significant challenge.

The overall health status of a community contributes to lower governmental costs of providing health care. It also contributes to a healthier workforce and a better economy, with many other direct and indirect benefits to individuals and society. Increasingly, positive health outcomes are not just the result of health care treatment and interventions but must be addressed through upstream efforts that help avoid or reduce health problems in the first place.

One goal of the County's Health Element is to demonstrate the correlation between well-planned, safe, highly livable, urban environments and improved health outcomes such as reductions in chronic disease. Another is to place public health on par with more traditionally recognized elements in general plans, such as housing and land use, and to make explicit the connections between those subject areas typically associated with comprehensive plans and those of public health.

The conditions within our built and natural environments that are most conducive to improvements in public health are also intrinsically related to the sustainability of our environment and society. In addition, the environmental impacts of climate change will create new emerging threats to public health, particularly for vulnerable populations, such as children, the elderly, the poor, people of color and people with chronic conditions. Solutions for these overlapping issues lie within the many promising opportunities for cross-sector collaboration, such as planning and public health.

### Guiding Principles

The Health Element is founded upon and embraces certain Guiding Principles, listed below. These principles inform the subject matter, strategies, and policies contained in the Health Element, and the means by which the County and other implementers of health-related policies and programs should approach these subjects.

1. **Prevention:** A preventive, upstream, and holistic approach to health and well-being results in better long-term health outcomes, which lowers costs by effective and efficient use of taxpayer dollars.
2. **Leadership:** Santa Clara County's public agencies and employees are guided by best practices in decision-making and have an interest in the greater good. The County is also uniquely situated to provide leadership and serve as a model for public health.
3. **Community Empowerment:** Awareness, collaboration, and community-based implementation are key components in the success of health-focused and environmental interventions that can bring about positive behavioral changes and improvement.
4. **Equity and Inclusion:** Santa Clara County is one of the healthiest areas in the country; however, there are disparities among different groups in the County. The County seeks to eliminate health inequities by intentionally addressing the root causes of inequitable health outcomes, and by creating policies and programs that are integrated and responsive to cultural diversity.

## Health Element – Introduction

5. **Sustainability and Co-Benefits:** By creating healthier communities we can also improve residents' overall quality of life, reduce private and public sector costs, improve social cohesion, and provide a stronger foundation for environmental sustainability and resiliency.
6. **Strategic Roles:** Santa Clara County plays a major role in managing and delivering health care, in addition to many other services important to public safety and welfare. The County can be a major strategic partner in improving health conditions with hospitals and community health organizations.
7. **Responsibility:** Community health is a public and private responsibility that requires the collective effort of both institutions and individuals.
8. **Healthy Choices:** The County and other organizations work to ensure that the healthier choices are the easier choices for all residents and employees, and that a better range of healthful options results in reinforcing positive health behaviors and reduced negative health impacts.
9. **Promote the Public Interest:** The County and other entities engaged in community health have a responsibility to promote policy and initiatives necessary to protect the public's health, safety, and welfare, while fairly considering and balancing the commercial interests of businesses and industries whose products and services may pose risks to human health and community well-being.

### Health in All Policies

Another major concept championed by the County Board of Supervisors and by many stakeholders is the significance of a "Health in All Policies" (HiAP) approach. HiAP stresses the importance of infusing awareness and purpose in all governmental programs, functions, and responsibilities to address and promote community and personal health.

A growing body of research clearly indicates that our personal health behaviors are strongly influenced by conditions in the environments where we live, learn, work, and play. The built environment – from land use planning and fast food restaurants, to safe streets and parks – greatly shapes the health of our community. This understanding brings home a powerful message that our policy decisions have an active and significant influence on shaping the health of our communities and every resident. Health is a consequence of every choice and policy decision we make—hence the importance of the concept of Health in All Policies.

With direction to develop a Health Element for the County's General Plan, the Santa Clara County Board of Supervisors expressed the desire for the Health

Element to be inclusive, innovative, and inspirational, the “three I’s.” In partnership with the many health providers, stakeholders, agencies, and non-governmental organizations, the County also aspires to prioritize and implement measures that can make demonstrable improvements in public health. The Health Element’s major strategies, policies, and implementation recommendations will have many implementers and partners, including the cities of Santa Clara County.

### **Purposes and Intended Audience/Implementers**

The Health Element not only serves as a high level policy guide for County decision-making, budgeting, and program initiatives, but also serves as a platform for future collaborative efforts with the community health system. Strategy and policy statements within the Health Element are intended to provide a broad, big-picture perspective on the various subjects addressed in each section. They are not intended to be interpreted to mandate a particular action or other implementation on the part of the County or any of its agencies, without further Board- or executive level direction, or to dictate the policies or actions of other jurisdictions, stakeholders or community based organizations.

The Health Element is furthermore intended to serve as a model element for other jurisdictions and agencies in Santa Clara County and the region. The fifteen cities of Santa Clara County, private health care providers and networks, and many other entities will be as important as any other implementers and advocates for certain goals, strategies, and policies articulated in the Health Element.

The Health Element contains information and policies organized by the following sections or subject matter:

- A. Health Conditions, Equity and Access
- B. Social and Emotional Health
- C. Land Use and Urban Design
- D. Active and Sustainable Transportation
- E. Recreation and Physical Activity
- F. Healthy Eating, Food Access, and Sustainable Food Systems
- G. Air Quality and Climate Change
- H. Healthy Housing
- I. Violence Prevention and Safety

## A. HEALTH CONDITIONS, EQUITY, AND ACCESS

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### Background

This section of the Health Element focuses on the most critical health conditions, inequities and strategies for improving overall community health in Santa Clara County and the role of policy in improving health status. Some of the most critical issues include improving access to high quality health care, addressing significant health equity issues, and treating the needs of the whole person. Others include treating mental and behavioral health equally with physical well-being and increasing our understanding of how the physical environment and social determinants of health play a major role in an individual's health throughout the lifespan.

Health conditions are influenced by policies and environments which either sustain healthy behaviors or fail to support them. Health in All Policies (HiAP) is an approach that puts health at the heart of policy making. It was first championed by the Santa Clara County Board of Supervisors in their 2005 “Resolution Regarding Health,” which called for the promotion of health by all branches and levels of County government.

HiAP integrates health, sustainability, and equity into policy considerations and promotes the ability to achieve full health potential. It also presents opportunities for addressing the underlying root causes of poor health through policy and systems change. It engages diverse governmental partners and stakeholders to work together to improve health and simultaneously advance other goals such as promoting job creation and economic stability, environmental sustainability, and educational attainment. Now recognized internationally, the HiAP approach also emphasizes that the key to good health lies primarily in prevention and in helping people stay healthy in the first place, rather than by treatment alone.

#### Health Disparities and Inequities: Terms

**Health Disparities** refer to differences between groups of people. These differences can affect how frequently a disease affects a group, how many people get sick, or how often the disease causes death.<sup>1</sup>

**Social Determinants of Health** refers to circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.<sup>2</sup>

**Health Inequities** are disparities in health that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.<sup>3</sup>

**Health Equity** is defined as attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities (Healthy People 2020).

## State of the County's Health

Santa Clara County ranks high in many comparative measures of community health. In 2013, Santa Clara County ranked as the third healthiest county in California.<sup>4</sup> These assessments provide a generally useful measure of overall health status for a large county. However, it is important to develop a more in-depth understanding of issues and needs, because there can be significant disparities and inequities.

As part of the preparation of the County's Health Element, the County published a "Community Health Existing Conditions Report" (ECR). This data compendium augments an already rich and insightful body of health assessments published by the County's Public Health Department over recent years, including its 2010 County Health Profile and the 2012 Latino Health Assessment, among others. The ECR compiled and mapped the most significant health indicators and information on a variety of subjects that inform many of the sections of this element.

Santa Clara County is at the center of a regional technology-based economy that has brought affluence and acclaim. It had a median household income of \$86,850 in 2012, with the average being \$113,161, but one in five residents lives at or below 200% of the Federal Poverty level.

Health outcomes and inequities experienced by County residents are to a great extent shaped by social determinants of health. These include social, economic, political and environmental conditions, including income, education levels, occupation, place of residence, gender, social class, race/ethnicity, and immigration status, among others. Public health experts now recognize that these factors fundamentally influence individual health as much or more than any other set of factors, including clinical interventions, protective interventions such as immunization, and counseling/education.

Of all social determinants, income is one of the strongest predictors of health outcomes worldwide. The estimated Family Economic Self-Sufficiency Standard for two adults, an infant, and a school-aged child in Santa Clara County in 2008 was \$67,213.<sup>5</sup> By 2014, the figure has grown to \$86,399. The Family Economic Self-Sufficiency Standard is a measure of the minimum income necessary to cover all of a non-elderly (under 65 years old) individual or family's basic expenses, including housing, food, childcare, health care, transportation, and taxes without public or private assistance. It is a more realistic and meaningful indicator than the Federal Poverty Level, particularly for higher cost of living metropolitan areas.

In 2010, 29% of households earned under \$50,000. In contrast, more than two in five households earned over \$100,000 annually, illustrating the significant income disparities in the County. Research has shown that people with higher levels of

education are at lower risks for many diseases and have longer lifespans.<sup>6</sup> Overall, County residents are relatively well educated; however, 14% of adult residents lack a high school education and 17% of adults with less than a high school education are living in poverty.<sup>7</sup>

Chronic diseases, accidents, and suicide are the leading causes of death. The top two causes of mortality, cancer and heart disease, account for approximately 50% of all deaths.<sup>8</sup> Diabetes is often an underlying condition and contributor to heart conditions and mortality. The Centers for Disease Control and Prevention (CDC) have identified four modifiable risk factors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol—as the most common causes of chronic disease.<sup>9</sup>

#### California Wellness Plan 2014

The 2014 California Wellness Plan is a comprehensive overview and strategic plan published by the California Department of Public Health. Its overarching goal is equity in health and well-being, with an emphasis on prevention. It notes that up to 80% of most chronic diseases, such as cardiovascular disease, stroke, diabetes (type 2), and many cancers could be prevented by eliminating tobacco use, better diet, physical activity, and eliminating harmful use of alcohol. For example, chronic disease and injury accounted for 80% of all deaths in 2010.

To improve health equity and well-being, the report emphasizes the need to focus on four main areas to achieve synergy and greater, collective impact:

1. Healthy Communities
2. Optimal Health Systems Linked with Community Prevention
3. Accessible and Usable Health Information
4. Prevention Sustainability and Capacity

These four focus areas align with the County's Health Element and its focus on upstream, preventive measures, improved health equity, and chronic disease reduction, as a "roadmap to prevention" and reducing the massive cost burden of treating versus preventing and mitigating the most common threats to health and well-being of the community.

Overall life expectancy in Santa Clara County is 83.7 years, higher than California and the U.S. However, in midtown San Jose it is 79.5 years, compared to 86.7 years in the cities of Los Altos, Mountain View, and Palo Alto. Asian females in the County can expect to live until age 89, 11.2 years longer than African American males.

Of all the health trends in the U.S., the increasing rates of overweight and obesity is one of the most alarming. In Santa Clara County, 55% percent of adults and 25% of middle and high school students are overweight or obese. Racial and ethnic minorities, those with lower incomes or less education, and those in rural areas have the highest obesity rates.<sup>10</sup> The economic costs associated with obesity in the County were \$2.5 billion in

2006. The proportion of Santa Clara County adults with diabetes has increased from 5 to 8% in less than ten years.<sup>11</sup>

One in 10 adults and about one in 12 middle and high school students smoke tobacco,<sup>12</sup> and Santa Clara County residents continue to be exposed to secondhand smoke at home, in vehicles, at school and in the workplace. When surveyed, seventeen percent of adults reported exposure at their workplace.<sup>13</sup> Smoking rates also vary greatly among racial/ethnic groups in the County. Eleven percent of Whites (13% of males), 12% of Vietnamese (24% of males), and 21% of Filipinos (32% of males) are current smokers.<sup>14</sup> In addition, in a recent survey, nearly 25% of members of the lesbian, gay, bisexual, transgender, queer (LGBTQ) community in Santa Clara County described themselves as smokers.<sup>15</sup>

Health conditions and health care costs directly impact the County's economic and fiscal stability. In the 2012 fiscal year, the Santa Clara Valley Health and Hospital System accounted for 44 % of the County's entire budget.<sup>16</sup> To achieve greater efficiency in health care costs and spending, it is critical that residents have access to a variety of preventive health care services, not just clinical treatment. Improving community health and reducing costs are also of significant benefit to local businesses and non-profits, helping the state and regional economy remain more competitive.

Access to health care means much more than just having convenient, accessible local health clinics. Adequate health care access also includes provision of electronic health records, access to preventive care, transit accessibility, insurance coverage, and culturally/linguistically appropriate care. Access to preventive measures and screenings reduce the incidence and severity of illnesses and are often less expensive than the costs of care once someone has fallen ill.<sup>17</sup>

Between 2000 and 2009, the percentage of adults 18-64 years old without health insurance more than doubled from 8% to about 20%.<sup>18</sup> With the advent of insurance exchanges through the Affordable Care Act, access to affordable insurance has improved. Although 64,924 Santa Clara County residents enrolled from October 2013 through mid-2014 under the Affordable Care Act (ACA),<sup>19</sup> 140,000 people in Santa Clara County, including undocumented residents, are projected to remain uninsured.<sup>20</sup> In addition, more than one-third of Santa Clara County adults do not have dental insurance, which was not included in the ACA.<sup>21</sup> Even when people have access to a provider and insurance, there are other factors that can affect their ability to receive adequate care, such as their knowledge of the health care system, the skills to obtain referrals and set up appointments, dealing with insurance companies, and having time off or medical leave to obtain health care services.

The aging of the population of the County will continue to shape the County's health profile for years to come. According to the Seniors Agenda, by 2030, over one in four residents will be over 60 (27.6%).<sup>22</sup> Health care costs are typically greatest for the elderly, and more seniors are challenged by limited incomes than is commonly understood. The aging of the population and health needs of the "baby boomer" age cohort will present an unprecedented challenge that can only be met successfully by inter-related efforts to ensure access to care, transportation needs, in-home services, adequate housing options, efforts to combat social isolation, fall prevention, and other needs.

Lastly, according to California's State Plan for Alzheimer's disease, the number of state residents living with Alzheimer's disease will double to over 1.1 million in the next twenty years.<sup>23</sup> It is now the sixth leading cause of death in California overall but the third leading cause of death in Santa Clara County after heart disease and cancer. Dementia, in general, is a serious clinical syndrome that goes beyond memory loss, including decline or loss of cognitive functions necessary for activities of daily living. Costs associated with dementia, of which Alzheimer's is the most common type, are significant, in terms of direct Medi-Cal costs, the costs to families and others who provide unpaid care, and to businesses and the economy. Responses to this growing problem will need to be addressed through integrated coordinated care, better approaches to family caregiver support, and research into causes and possible cures or treatments.

## **Major Strategies and Policies**

The following major strategies and policies are intended to convey a comprehensive approach for improving health conditions, equity, and access.

*Strategy #1: Improve health for all residents through "Health in All Policies" approach and countywide collaboration.*

*Strategy #2: Promote health equity through understanding of key social determinants of health.*

*Sub-strategy #2a: Increase educational attainment and employment readiness.*

*Sub-strategy #2b: Improve economic conditions and reduce poverty.*

*Sub-strategy #2c: Strive to eliminate institutional and structural racism.*

*Strategy #3: Ensure equitable access to high quality physical and behavioral health coverage and care for all County residents.*

*Strategy #4: Educate and empower individuals, employers and communities to improve population health and advocate for positive change.*

***Strategy #1: Improve health for all residents through a “Health in All Policies” approach and countywide collaboration.***

Santa Clara County governmental policy and programs have great potential for improving the health of residents and communities. Conditions in our environment profoundly shape and influence our individual health as well as the health of our communities. Public policies are some of the most powerful tools to reshape those conditions and create environments that are conducive to health and well-being. As a partner with other stakeholders and organizations, the County can help develop consensus, priorities, and focus resources to achieve collective impact across sectors and jurisdictions. The “Health in All Policies approach” can facilitate collaboration and reinforce efforts among governmental agencies, community-based organizations, businesses and individuals.

**Policies:**

- HE-A.1 **Health in All Policies.** Integrate a “Health in All Policies” approach into all County government department and agency policies. Encourage and work with all local governments, special districts, and non-governmental organizations to adopt similar policies.
- HE-A.2 **County staff education.** Educate key County staff across departments on Health in All Policies approaches and engage them in understanding how their work may influence community health and on-going health challenges in Santa Clara County.
- HE-A.3 **Health Impact Assessments (HIAs).** Consider the use of health impact assessments or similar tools to evaluate how policies, programs, strategic plans, and capital projects can improve public health.

***Strategy #2: Promote health equity through understanding of key social determinants of health.***

Promoting health equity is a key strategy for addressing major population health issues based in socioeconomic inequalities. Despite overall high health rankings for Santa Clara County in recent years, due partly to the relatively prosperous and well-educated population, major disparities and inequities in health outcomes persist.

Social determinants of health play as large or larger role in public health than medical care and further perpetuate inequities that result in negative health outcomes for many in our community.

Improving health equity is consistent with and underlies the mission and purposes of many County services. This section further emphasizes underlying factors of education and income, race, and discrimination as critical social determinants of health. Additional issues of health disparities and equity will be addressed within subsequent sections, specific to the subject matter in each section.

**Policies:**

- HE-A.4 **Health equity focus.** Promote awareness and recognition of the role of social determinants of health and persistent health inequities. Assess and ensure that the County's policies, programs, and services affecting community health promote fairness, equity and justice.
- HE-A.5 **Vulnerable populations.** Ensure that new policies, services, and programs improve the lives of those most vulnerable to poor health outcomes, including persons living in poverty, older adults, children, persons with disabilities, people of color, and immigrants.
- HE-A.6 **Community capacity building.** Enlist and strengthen the community's capacity to participate in local planning, governmental affairs, and policy decision-making to advance health equity.

***Sub-strategy #2a: Increase educational attainment and employment readiness.***

Education is a key determinant of future employment and income, which correlates highly with improved health outcomes. An array of educational opportunities and social and financial support are necessary for people at various stages of the life cycle and for those seeking different types of training, experience, and growth potential. Increasing inequality of income and wealth in the United States should be addressed not for achieving a more egalitarian society but also for the positive health impacts that can be achieved.

**Policies:**

- HE-A.7 **Early childhood education.** Support a high quality, universal system of early childhood education, especially in low-income communities.

- HE-A.8 **Enrichment programs.** Promote free or low cost child and family enrichment programs and after-school supplemental educational programs.
- HE-A.9 **Adult education and skills augmentation.** Promote expansion of academic and job skills-based educational opportunities for older adults, non-English speakers, formerly incarcerated, and lower-income individuals.
- HE-A.10 **Childcare services.** Support expansion of affordable and high quality child care options for parents pursuing education and/or in the workforce.
- HE-A.11 **Youth employment skills.** Support youth development and employment opportunities, especially for low-income youth and youth of color.
- HE-A.12 **Workforce development and training.** Promote efforts of local schools, colleges, trade schools, and non-profit scholarship organizations to promote career pathway alternatives to traditional higher education.

***Sub-strategy #2b: Improve economic conditions and reduce poverty.***

Living in substandard economic conditions or poverty is correlated with adverse health outcomes. It causes unhealthful stress levels, shortened life-span, depression, and it often requires households to make critical choices and trade-offs between fundamental needs, such as food, shelter, medications, and health care.

Achieving health improvements among those with very low incomes requires actions that address root causes of poverty such as economic literacy, expanded job opportunities, training, and wages and benefits that allow people to meet their basic needs, particularly in areas such as Santa Clara County with higher overall costs of living. It should also be noted that without concerted efforts to fund affordable housing, improvements in economic status can be undermined by increasing housing cost burdens. Economic improvement also requires support from and partnerships with businesses that can provide good working conditions, pay, and benefits. Reducing income inequality through better wages, benefits, and bolstering middle-income jobs further reduces health inequities.

**Policies:**

- HE-A.13 **Financial literacy.** Promote educational efforts to provide greater financial literacy in youth and adults in order to project life needs, reduce debt, and generate personal savings and investment.
- HE-A.14 **Adequate wages and benefits.** Support efforts to improve wages and benefits, for both entry-level employees and those supporting families, including paid sick leave. Encourage on-the-job opportunities for skill development and advancement.
- HE-A.15 **Entrepreneurship.** Promote business creation, retention, and entrepreneurship by providing education, technical assistance and financial support to local businesses through trainings, mentoring, small incubator programs, including access to capital and microfinance loans.
- HE-A.16 **Financial services.** Encourage community-sponsored alternatives to predatory financial institutions such as community cash checking and non-profit credit unions, including appropriate low cost suites of services and alternatives to payday loans. Discourage predatory lending businesses.
- HE-A.17 **Youth employment and service.** Support youth-employment and enhanced opportunities with pay for expanded youth-focused community service.

***Sub-strategy #2c: Strive to eliminate institutional and structural racism.***

Health inequity is related both to a history of overt discriminatory actions as well as present-day practices and policies that perpetuate diminished opportunity for certain populations. Inequities in economic, social, physical, and service environments continue to contribute to clear patterns of poor health. Achieving racial equity requires an understanding of how historical forces have prolonged the deep-rooted legacy of racism and segregation. Structural and systemic changes are necessary to overcome these forces and to improve opportunity for those who have experienced an undue burden of neglect and disadvantages.<sup>24</sup>

While the policies addressing poverty and education, enumerated above, can expand opportunity to communities of color, there is growing evidence that racism itself is a factor in health and needs to be addressed directly in its own right. Research has shown

that persistent exposure to discrimination and racism translates into chronic levels of stress, lowering the immune response and resulting in a host of illnesses and diseases.<sup>25</sup>

**Policies:**

HE-A.18 **Public awareness.** Promote public awareness of the persistence of various forms of racism and discrimination, explicit and implicit bias, and the health inequities they exacerbate.

HE-A.19 **Organizational efforts.** Continue to build organizational and institutional skills and commitment in County agencies to advance racial equity and eliminate institutional and structural racism. Disseminate local, regional and national policies and best practices that promote racial equity.

***Strategy #3: Ensure equitable access to high quality physical and behavioral health coverage and care for all County residents.***

Access to comprehensive, quality health care coverage and services is critical for achieving greater health equity and for increasing the quality of life of the entire community. Access to health care is multi-faceted and focused on more than just an adequate distribution of clinical service facilities and hospitals, including electronic records and patient access to services via the internet.

**Policies:**

HE-A.20 **Access to prevention services.** Promote equitable access to high quality clinical preventive services to ensure effective health screening, education, and early intervention.

HE-A.21 **Community-based primary care and assistance.** Working with the medical community and providers, promote access to a regular community-based source of high quality primary care and coordination of services. Promote efforts that help achieve higher levels of patient engagement and appropriate self-management through coordinated care.

HE-A.22 **Health insurance coverage.** Focus efforts on increasing the number of residents with health insurance coverage, including oral health, particularly for vulnerable communities, the residually uninsured, and those most likely to experience health inequities.

- HE-A.23 **Health care professionals.** Promote the recruitment and retention of sufficient numbers of primary care providers to meet the growing demand of those with coverage and needs for basic health services.
- HE-A.24 **Integrated care.** Continue to improve the integrated treatment of co-occurring physical and behavioral health needs, such as mental health substance abuse disorders, particularly within County health settings.
- HE-A.25 **Elder and assisted care.** Support the increased availability of home care and appropriate assisted living opportunities for older adults and people with disabilities, including appropriate support and resources for caregivers of older adults and people with disabilities.
- HE-A.26 **Culturally-informed and competent services.** Ensure the County's strategies, practices, service, and materials are culturally informed and competent given the diversity of the population. Support efforts of all health system providers to achieve cultural competency.

***Strategy #4: Educate and empower individuals, employers and communities to improve population health and advocate for positive change.***

A key component of improving community health is the work of governmental and non-governmental organizations to educate, empower and enlist support from all those who can play a role in improving health outcomes. Health equity cannot be achieved without informing and involving the affected groups who best understand the assets and needs of their communities and who can offer insight into the potential effectiveness of various strategies, programs, or actions. Ultimately, insightful contributions from individuals and community organizations can be as much a part of the solution for improved community health as the direct services of public agencies and other health service providers.

**Policies:**

- HE-A.27 **Health education programs.** Continue to provide and expand innovative public education programs that support better health outcomes and help to eliminate health inequities.
- HE-A.28 **Community engagement.** Maintain effective community presence, liaisons, and relationship building within communities. Provide for meaningful and purposeful participation and dialogue with health department representatives in local forums.

- HE-A.29 **School-based partnerships.** Continue to partner with and utilize local schools and school-based organizations to provide educational and school-linked services.
- HE-A.30 **Health profiles and trends.** Continue to provide countywide, citywide, and neighborhood level health profiles and data to encourage neighborhood and community level information about health issues and trends.
- HE-A.31. **Workforce/workplace wellness.** Support policies, initiatives and work-force collaborations that improve employee health, well-being, productive workplace engagement, and workplace satisfaction. Demonstrate leadership through County-sponsored change and programs.
- HE-A.32 **Effective community service.** Support expanded opportunities for youth and older adults to engage in community service that integrates community health and improvement.
- HE-A.33 **Special needs and conditions of older adults.** Promote education, training, and information for seniors, caregivers, and emergency responders regarding special needs and conditions affecting older adults, including but not limited to, falls prevention, dementia, nutrition, transportation, social isolation and social support.

## B. SOCIAL AND EMOTIONAL HEALTH

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### Background

Social and emotional health is an integral aspect of overall health and directly impacts the quality of life of individuals, families, and communities. Within the context of one's family, community and culture, social and emotional health refers to a state in which a person is able to cope with everyday events, think clearly, be responsible, meet challenges, and have meaningful relationships with others.

Social and emotional health is critical across the lifespan. In early childhood, the social emotional health of young children relates to the ability to form secure relations, self-regulate emotions, and explore and learn. During school age years, social emotional health centers on establishing healthy relationships with peers and other adults and self-esteem that comes with learning and mastery in the school environment. Throughout adolescence and early adulthood, social emotional health relates to a young person's development of self-identity, including issues of cultural and sexual identities. During adulthood, social and emotional health involves intimate partner relationships and finding success in employment and careers. Achieving goals and finding purpose are critical to social emotional health during this period of life. Finally, during later life issues of isolation and illness can threaten social emotional health, which can be mitigated by creating environments that support older adults to age in their communities.

Strategies and policies are necessary to ensure that all residents, across the life span, experience maximum social and emotional well-being. While much of the health (including mental health) care delivery system focuses on treating disease and extending life, social and emotional health focuses on improving the quality of life for all, regardless of the individual's particular circumstances.

Social and emotional health exists within socio-cultural contexts, which may support or impede well-being. In the case of people with serious mental illness, individuals must cope with not only the symptoms and disabilities that result from their illness but also the societal stigma attached to the disease that manifests in stereotypes and prejudice. "As a result of both, people with mental illness are robbed of the opportunities that define a quality life, such as good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people."<sup>26</sup> Educating young people about the risks of substance use and supporting people in substance abuse recovery must take into account contemporary social perceptions.

The physical, social, and environmental impact on social and emotional health is specific to culture, race, and income. Experiences of racism and discrimination increase

levels of stress and threaten social and emotional health. Pressures from high job demands, reduced job security, occupational strata, income disparities, and poverty persist in Santa Clara County's economic climate and are significant contributors to chronic stress. Large majorities of respondents to the 2012 Santa Clara County Quality of Life Survey reported being either "very stressed" or "somewhat stressed" over financial concerns; and nearly two-thirds expressed similar sentiments over work-related concerns.<sup>27</sup> Long-term, chronic stress taxes our hormone and immune systems which makes the body less resistant to other health risks.<sup>28</sup> Many aspects of our urban environment contribute to cumulative unhealthful stress such as long commutes and traffic congestion, scarcity of affordable housing, job insecurity among middle-aged adults (45-60), underemployment and low pay in many service sector jobs, and other factors.

### **Mental Illness and Substance Abuse**

Mental illness and substance abuse disorders are health problems that severely compromise social and emotional health. More recently referred to as *behavioral health problems*, this includes such conditions as schizophrenia, bipolar disorder, depression, and addiction to alcohol, illegal drugs (methamphetamine, heroin, hallucinogens, hazardous chemicals, etc.) or prescription drugs.<sup>29</sup> The U.S. Surgeon General defines mental illness as "collectively all diagnosable mental disorders" or "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning." Mental illness can affect persons of any age, race, ethnicity, or income, but it is treatable.

Addiction is characterized by an inability to consistently abstain, impairment in behavioral control, cravings, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. According to the American Society of Addiction Medicine (ASAM), substance use disorders occur along a continuum of severity, ranging from misuse at one end, and full-fledged addiction at the other end, of which there are several subtypes requiring different treatment approaches.

Substance use disorders are prevalent throughout society. Columbia University and the Substance Abuse and Mental Health Administration (SAMHSA) estimate that 40 million Americans ages 12 and over (12%) meet the diagnostic criteria for addiction involving nicotine, alcohol or other drugs—a disease affecting more Americans than heart conditions, diabetes, or cancer. Another 80 million people (26%) are risky substance users and drinkers, using drugs and drinking alcohol in ways that threaten health and safety. Applying these percentages to Santa Clara County, there would be

about 220,560 (12%) people ages 12 and over who meet the diagnostic criteria for addiction and another 477,880 (26%) people who are risky substance users, using drugs and drinking alcohol in ways that threaten health and safety.<sup>30</sup>

Prescription drug abuse is the *intentional* use of a medication without a prescription or in a way other than as prescribed or for the experience or feeling it causes. It is not a new problem, but one that deserves renewed attention. Among adolescents, prescription and over-the-counter medications are some of the most commonly abused drugs. Multiple factors contribute to the prevalence of prescription drug abuse, including a misperception that they are safe because they are prescribed by doctors and their increasing availability. Nationally, between 1991 and 2010, prescriptions for stimulants increased from 5 million to nearly 45 million, and for opioid analgesics, from about 75.5 million to 209.5 million.<sup>31</sup> Underlying reasons for prescription drug abuse include the goal to get high, to counter anxiety, pain or sleep problems, and to enhance cognition.

A variety of direct and indirect health problems are associated with alcohol and drug abuse, including unintentional injuries, violence, birth defects, acute alcohol poisoning, stroke, heart disease, cancer, and liver disease, among other health problems. Alcohol is a factor in approximately 30% of deaths from motor vehicle crashes.<sup>32</sup> Drug use is responsible for higher rates of diseases such as tuberculosis (TB), sexually transmitted diseases (STDs), HIV, and Hepatitis B and C.

Within Santa Clara County, with a population of over 1.8 million people, an estimated 18.6% struggle with mental illness, and between 10-12% struggles with substance use. The Mental Health Department serves 7% of the estimated 346,000 residents in need. Of the approximately 180,000 residents who struggle with substance abuse, the Department of Alcohol and Drug Services reaches 8,500 on an annual basis, which only meets 4.7% of the need. <sup>33</sup>

### **Tobacco Use**

According to the Centers for Disease Control and Prevention (CDC), tobacco use is the leading preventable cause of disease, disability, and death in the United States. Cigarette smoking results in more than 443,000 premature deaths in the United States each year—about 1 in every 5 U.S. deaths—and an additional 8.6 million people suffer with a serious illness caused by smoking. Thus, for every one person who dies from smoking, 20 more suffer from at least one serious tobacco-related illness.

Tobacco addiction, specifically smoking, harms nearly every organ in the body and causes death, cardiovascular disease, respiratory disease, and many types of cancers.<sup>34</sup> Smoking and secondhand smoke increases the risk and severity of many other health issues, such as reproductive and early childhood development, coronary heart disease,

and strokes. Effects of secondhand smoke can be as harmful as—or worse than—the smoke consumed firsthand by the user. Community efforts, such as programmatic interventions to reduce substance abuse, or limits on the supply of certain substances to vulnerable populations such as children, can be an important link between public policy and behavioral health.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA)-Center for Integrated Health Solutions, people with mental illnesses and addictions can die decades earlier than the general population—and smoking is a major contributor to early morbidity and mortality. About 50% of people with behavioral health disorders smoke, compared to 23% of the general population. People with mental illnesses and addictions smoke half of all cigarettes produced, and are only half as likely as other smokers to quit. Smoking-related illnesses cause half of all deaths among people with behavioral health disorders.<sup>35</sup>

### **Suicide**

Suicide is the 10th leading cause of death in the United States, accounting for more than 36,000 deaths per year.<sup>36</sup> And an even greater number of people attempt suicide. According to a CDC study, more than 2.2 million adults reported making suicide plans in the last year.<sup>37</sup> Approximately 90% of all individuals who completed suicide met criteria for one or more diagnosable psychiatric conditions. Because mental health treatment providers are in regular contact with patients at risk for suicide, they are an important resource for early detection and prevention of suicidal behavior. Substance use disorders are also linked to suicide risk. Individuals with a diagnosis of abuse or dependence on alcohol or drugs are almost six times more likely to report a lifetime suicide attempt.<sup>38</sup>

In Santa Clara County, suicide is the leading cause of death by fatal injury.<sup>39</sup> While suicide is confounding, it is preventable, given effective education, services and supports. Prevention for suicide must be centered on risk detection and reduction through a variety of means. The earlier treatment is sought, generally the better the outcome. In Santa Clara County, death by suicide is the 10<sup>th</sup> leading cause of death, the same as the national rate. Our County ranks 54<sup>th</sup> out of California's 58 counties in the rate of adolescent self-inflicted injury. Death by suicide occurs, on average, every three days; and there are 2 suicide attempts every day, and an estimated 14 suicidal behaviors every day in Santa Clara County.<sup>40</sup>

### **Stigmas**

The belief or perception that persons with mental illness and/or drug addiction are dangerous, and may pose a threat of violence towards others and themselves, are

significant factors in the development of stigma and discrimination towards the person with behavioral health problems. The effects are profound. Thirty-eight percent of Americans are unwilling to be friends with someone having mental health difficulties; 64% do not want to work with someone who has schizophrenia, and 68% are unwilling to have someone with depression marry into their family.<sup>41</sup> The potential for stigma, shunning, and isolation is great.

Although studies suggest a link between mental illnesses and violence, the contribution of people with mental illnesses to the overall rates of violence is small and the magnitude of the relationship is greatly exaggerated in the minds of the general population.<sup>42</sup> In fact, people with mental health conditions are more likely to be the victims rather than the perpetrators of violent crime.<sup>43</sup>

Fortunately, many people with behavioral health problems can recover from these conditions and live healthy and productive lives. Many mental and substance use disorders can be prevented, and if symptoms do appear, the severity of these problems can be reduced through programs focused on health promotion, illness prevention, and early treatment intervention.<sup>44</sup>

## Major Strategies and Policies

This section provides a framework to promote mental and behavioral health in all residents of the County, with the following primary strategies:

*Strategy 1: Foster community-wide, family-based social and emotional health across the lifespan for all residents, including specific efforts to eliminate stigma.*

*Strategy 2: Improve health care systems so that they more effectively promote social and emotional health.*

*Strategy 3: Prevent and effectively address harmful habitual and addictive behaviors.*

*Strategy 4: Integrate behavioral health care into the health care delivery system.*

*Strategy 5: Reduce suicide, suicide attempts, and related risk factors.*

***Strategy 1: Foster community-wide, family-based social and emotional health across the lifespan for all residents, including specific efforts to eliminate stigma.***

- HE-B.1 **Social and emotional health literacy.** Provide and promote activities and resources that increase social and emotional wellness literacy and self-care across the lifespan.
- HE-B.2 **Community awareness and sensitivity.** Promote public awareness and sensitivity to the needs of people with behavioral health challenges to reduce stigma and discrimination and increase community support.
- HE-B.3 **Role of faith and community.** Engage with faith-based organizations and other community groups to address emotional/social wellness needs within the community and provide support for those needing services.
- HE-B.4 **Workplace wellness.** Provide and promote resources and services within employment locations and businesses to openly and affirmatively assist employees with needed counseling, support, and referral services, without stigma or employment-related repercussions.
- HE-B.5 **Work-life balance.** Promote organizational policies that promote work-life balance and reduce stress.
- HE-B.6 **Arts and cultural expression.** Explore and promote opportunities for residents to experience or participate in arts and cultural activities to enhance mental health and social connectedness.
- HE-B.7 **Aging population needs.** Address social isolation and the various needs of an aging population to reduce depression and other behavioral health problems that may be more common among seniors.
- HE-B.8 **Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) population.** Effectively support and promote the social and emotional health of youth and adults in the LGBTQ population.
- HE-B.9 **Diverse cultural needs.** Promote the accessibility of high quality behavioral health services that meet the cultural, linguistic, gender, and sexual orientation needs of the population.

***Strategy 2: Improve health care systems so that they more effectively promote social and emotional health.***

- HE-B.10 **System and service integration.** Build capacity and linkages within key social institutions and agencies such as social services, criminal justice, education, faith communities, and others to promote social and emotional health and reduce trauma among populations served within those systems.
- HE-B.11 **Wellness in schools.** Support schools to build capacity to develop emotional intelligence, conflict resolution skills, identify barriers to learning and promote skill-based techniques for classroom use and district-level systems.
- HE-B.12 **Children in foster care.** Promote policies, programs and resources directed at supporting the special and unique needs of children whose families are disrupted and may need foster care services.

***Strategy 3: Prevent and effectively address harmful habitual and addictive behaviors.***

- HE-B.13 **Safe prescribing guidelines.** Promote use of safe prescribing guidelines that minimizes over-prescribing and risks of misuse of prescription medications.
- HE-B.14 **Overdose prevention program.** Promote and implement opioid overdose prevention methods throughout the County's health and hospitals system, including primary care.
- HE-B.15 **Density and location of alcoholic beverage outlets.** Support cities to discourage the number of alcohol beverage outlets near schools and in areas with a high density of alcohol beverage outlets.
- HE-B.16 **Alcohol and drug abuse.** Promote the most effective, evidenced-based measures to reduce substance abuse and curb excessive drinking and alcohol-related harm.
- HE-B.17 **Density and location of tobacco retail outlets.** Encourage and support cities to restrict the number of tobacco retailers near schools and other youth-populated areas and in areas with a high density of existing tobacco retailers.

- HE-B.18 **Tobacco retail licensing.** Encourage and support cities to create a tobacco and/or electronic smoking device retail licensing policy that earmarks a portion of the license fee for enforcement activities.
- HE-B.19 **Distribution and redemption of coupons.** Support restrictions on the distribution and/or redemption of coupons, coupon offers, gift certificates, gift cards, and rebate offers for tobacco and electronic smoking devices.
- HE-B.20 **Electronic smoking devices.** Encourage and support cities to include electronic smoking devices in all existing smoking and tobacco policies, regulations and education programs.
- HE-B.21 **Flavored tobacco and electronic smoking products.** Support the elimination of the sale and distribution of mentholated cigarettes and/or other flavored tobacco and electronic smoking products.
- HE-B.22 **Tobacco-free pharmacies.** Encourage and support retailers, service providers, and cities to eliminate the sale of tobacco products, including electronic smoking devices, in places where pharmacy and/or other health care services are provided by a licensed health care professional (e.g. hospital, vision screening, blood pressure screening).
- HE-B.23 **Smoke-free colleges and universities.** Support local colleges and universities to create smoke-free campuses, including restricting the use of electronic smoking devices.
- HE-B.24 **Secondhand smoke.** Encourage and support cities to reduce residents' exposure to secondhand smoke by banning use on government property and in public spaces and events, including outdoor dining and service areas, entryways, farmers' markets, plazas, and community street fairs (NOTE: Policy HE-E.11 addresses smoking in parks and HE-H.4 addresses multi-unit housing).
- HE-B.25 **Tobacco cessation services.** Support and increase the number of programs, clinics, and community and social service agencies that implement evidence-based tobacco cessation treatment services.

***Strategy 4: Integrate behavioral health care into the health care delivery system.***

- HE-B.26 **Integrated care and services.** Organize behavioral health services provided by the County to deliver the highest possible level of care, integrated with other health and human services.
- HE-B.27 **Community level integration.** Coordinate with community behavioral and mental health service organizations to better integrate and provide high quality, culturally-competent services.
- HE-B.28 **Availability of treatment providers.** Address the potential shortage of professional counselors, therapists, and psychologists available to provide services given the increasing demand and availability of insurance coverage.
- HE-B.29 **Parity.** Promote parity for behavioral health services and needs with physical health in all County services and settings.

***Strategy 5: Reduce suicide, suicide attempts, and related risk factors.***

- HE-B.30 **Intervention services.** Expand and coordinate suicide prevention and intervention programs and services for targeted high risk populations.
- HE-B.31 **Suicide awareness.** Advocate for systems change in suicide awareness and prevention and ensure public messaging and responses to suicide-related concerns are in alignment with best practices for prevention and awareness.
- HE-B.32 **Data monitoring.** Improve data collection and monitoring to increase the scope and availability of suicide-related data and evaluate suicide prevention efforts.

## C. LAND USE AND URBAN DESIGN

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### Background

The manner in which urban growth is managed on a regional scale, how land uses are arranged, and how the urban environment is designed and developed has a strong influence on the health and well-being of residents. The mix, intensity, and design of communities affect a resident's level of physical activity, access to nutritious foods, and social connectedness instead of isolation. It also affects exposure to pollutants and noise, potential for crime, and other adverse impacts. Residents of highly auto-dependent communities can have a greater chance of health problems related to a sedentary lifestyle, including obesity, diabetes, and social isolation. Transit-dependent populations are also impacted by lack of adequate transit options in areas difficult to serve with frequent bus service, bus rapid transit, or municipal rail. Research indicates that certain land use and urban design characteristics can encourage and facilitate healthier behaviors. These characteristics include:

- Walkable areas with a diverse mix of uses (i.e., homes and jobs are closer together and within walking distance of goods and services, grocery stores, schools, parks, and other destinations);
- Attractive streetscapes and short block lengths with safe crossings;
- Higher population and employment densities in strategic areas; and
- Job and housing locations and concentrations that make transit use more viable and create more of a balance of employment within each jurisdiction.

Together, these land use and design characteristics can increase a resident's opportunity to walk and bike for transportation and recreation, contributing to more positive health outcomes.

Santa Clara County's urbanized areas can be generally characterized as having low to moderate densities of development, mostly suburban in nature, except for concentrations of higher intensity uses in downtowns, selected other locations, and along certain transit corridors. The County also contains vast areas of sparsely populated rural mountainous lands in the Diablo Range, Santa Cruz Mountains, and south valley agricultural lands. The focus of this section is the urban area built environment and landscape, where most of the County's 1.8 million residents live, while acknowledging that the rural areas also have unique opportunities to address and improve health.

There are many portions of Santa Clara County's urbanized area that exhibit low levels of walkability, separated land uses, and a lack of easily accessible employment opportunities and recreational facilities. Office parks and campus style developments

can be attractive locations for businesses and employees, but are often devoid of a sense of place, urban amenities, or interest other than as an employment location.

Of the County's urbanized areas, the highest density and most walkable areas are in and around the downtowns of cities, such as San Jose, Palo Alto, Mountain View, and others. Many residential neighborhoods have medium to low walkability due to disconnected, non-grid street design and a low mix of proximate services and amenities, which is typical of most suburban areas developed in the mid-20<sup>th</sup> century. Where sidewalks are prevalent and of adequate width to promote walking, efforts to maintain and improve them are an important aspect of neighborhood walkability, particularly for older residents and those with disabilities.

The location and distribution of employment centers and jobs can also strongly influence a region's functionality and character. Santa Clara County's jobs are not evenly distributed throughout the area. The Cities of Santa Clara, Palo Alto, Mountain View, and Sunnyvale have the greatest concentration of jobs, while Los Altos Hills, Saratoga, Morgan Hill, and unincorporated Santa Clara County have the lowest concentration of jobs. San Jose, the largest city in the County with a population nearing 1 million, has the largest urbanized downtown, but most of its historical growth and development since the 1950s consisted of suburban single-family subdivisions, multi-family developments along major arterials, and automobile-oriented shopping centers.

A major focus since the 1980s for San Jose has been to achieve employment and economic development to create more balance, to rejuvenate downtown, strengthen existing neighborhoods, and promote new transit-oriented, smart growth developments within its existing urban area. The most recent innovation in this evolution has been the city's Envision 2040 General Plan, and its promotion of Urban Transit Villages. As with many large cities, San Jose has abundant opportunities for reuse, redevelopment and infill. A challenge for urban planning is to make the most of such opportunities for place-making and complete communities, rather than settling for density for the sake of density. Furthermore, within targeted higher density areas and developments, concerted efforts are needed to ensure gains in affordable housing stock and a range of housing prices.

This section of the Health Element contains policies that contribute to healthier lifestyles, while reinforcing many of the longstanding countywide growth management policies and principles shared by the County, cities, and Santa Clara County's Local Agency Formation Commission (LAFCO). Regional agencies such as ABAG, Association of Bay Area Governments, also endorse the County's growth management policies as part of regional sustainability plans.

These policies focus primarily on the planning for and character of the cities. They encourage new urban development in walkable areas, such as near downtowns and

along high frequency transit service, along with improving walkability of all urban neighborhoods and employment areas. They promote the preservation of existing rural and open space areas and attention to designing new developments on a variety of scales to enhance physical activity, locating goods and services in closer proximity to residents, and creating more complete communities. These development patterns will increase options for residents and workers to walk, bike, and use transit as part of daily life, whether for recreation and/or transportation.

Each city within Santa Clara County should interpret and implement the strategies and policies of this section and others in a manner most appropriate for the varied urban environments within their jurisdiction. Within many cities, priority development areas (PDAs) are reflected in city general plans and regional sustainability plans, such as Plan Bay Area, that direct most new major development opportunities and growth to a small percentage of the overall urban landscape. However, even within existing, long built out neighborhoods and non-residential areas, there can be improvements to walkability, safety, and proximity to goods and services. Reuse and renovation of older commercial centers can improve neighborhoods and increase amenities, improve the quality of our urban experience, reduce travel demand, and increase diversity. Ultimately, even single use office parks may be re-envisioned to promote more housing and mixed use in proximity to workplaces.

Within the unincorporated areas under County land use jurisdiction, the County also plays a significant role in various ways, for both the urban unincorporated islands that have not been annexed to cities, and for preserving the rural, open space character of lands not planned or intended to become part of the urban area. Within urban unincorporated areas, the County's role in planning and development review is limited. The County encourages the ultimate annexation of all islands to their surrounding city, and allows only minor forms of new urban development where consistent with the city's general plan. The County's role within the rural areas is greater, with a focus on preserving rural character, natural resources, and allowing only low density, non-urban development appropriate for rural areas. Various County and other governmental agencies can also reference these strategies and policies for their informational and advisory value when collaborating with each other, or providing guidance to the cities, to special districts, non-governmental organizations interested in these subjects, and engaging with the public.

## **Major Strategies and Policies**

Policies within this section fall under a series of major land use and urban design strategies that provide overall direction to promote and protect public health. The major strategies are as follows:

*Strategy #1: Maintain urban growth and development policies that accommodate future urban development appropriately within existing cities.*

*Strategy #2: Plan for and create complete and healthy communities that support a mix of land uses, services, and amenities.*

*Strategy #3: Design and build new development at the project level for health and sustainability.*

***Strategy #1: Maintain urban growth and development policies that accommodate future urban development appropriately within existing cities.***

The County, its fifteen cities, and the Santa Clara County Local Agency Formation Commission, which governs municipal boundaries, have for over 35 years jointly implemented countywide urban growth management policies that require urban uses and development to be located in cities. These joint land use policies provide for new urban housing and other land development within the existing urbanized area, and promote conservation of rural lands for a variety of stewardship purposes. Creating dynamic, complete communities, with attractive walkable environments and healthier mixes of uses can best be accomplished within the existing urbanized area, through redevelopment, rehabilitation, and reinvestment.

**Policies:**

- HE-C.1 **Model for healthy development.** The County's Health Element and growth management policy framework should serve as a model for the region in implementing healthy land use and urban development policies.
- HE-C.2 **Urban area focus.** Encourage cities to accommodate new urban growth and development only within existing urban service areas, consistent with countywide growth management policies. Most new urban development should occur through urban infill, redevelopment, and compact and transit-oriented development.
- HE-C.3 **Focused development.** Support efforts to focus the majority of new higher density development in Santa Clara County in "Priority Development Areas" (PDAs), consistent with city and regional plans. Encourage cities to promote new and existing PDAs to provide for

sustainable growth, greenhouse gas emission reduction goals, and coordinated transportation investment.

- HE-C.4 **Downtown and corridor development.** Encourage cities to emphasize development potential in downtowns and along commercial and transit corridors, to ensure the efficient use of land and existing infrastructure and to promote employment locations along transit rather than in isolated, difficult to access locations.
- HE-C.5 **Health planning coordination.** Promote coordination with the cities and other local agencies to incorporate and emphasize health considerations in general plans, area plans, strategic and economic development planning, and new urban development.
- HE-C.6 **Open space preservation.** Maintain the County's commitment to preserve rural open space and natural areas and focus urban uses and development away from these areas, to protect natural resources, agricultural lands, wildlife habitat, forested lands, recreational areas and water supply resources. Coordinate with countywide stakeholders to update and implement Priority Conservation Area (PCA) planning to enhance open space systems that connect, integrate and optimize the many ecosystem services and values of open space.

***Strategy #2: Plan for and create complete and healthy communities that support a mix of land uses, services, and amenities.***

Within the context of the urbanized areas, greater attention is needed to create quality of life as well as greater densities of urban development. There is a need for ongoing innovation in urban design, which helps to create sense of place and attractive, livable communities and built environments that encourage active living, capitalizing on a climate in Santa Clara County that is highly favorable to walking, bicycling, and the use of outdoor public places, cafes, and diverse neighborhoods. The more proximate and accessible jobs, housing, commerce, parks, and amenities are to each other, the more cities create and enhance a sense of place, livable urban settings, and healthful alternatives to automobile dependent development patterns.

**Policies:**

- HE-C.7 **Complete communities.** Promote more complete communities that afford greater access to a range of goods and services within

comfortable walking and biking distance of homes, schools and jobs, including:

- a. adequate space for neighborhood-serving retail and community services within walking distance of the majority of residential areas.
- b. active parks, plazas, paths and trails, urban forests, and open spaces.
- c. community-serving uses such as childcare, educational facilities, and public facilities near to neighborhoods.
- d. safe and attractive pedestrian and bicycle connections between and within neighborhoods and nearby goods and services.
- e. the development of diverse rental and owner housing for all income levels and special needs populations

**HE-C.8 Development without displacement.** Encourage cities to develop best practices to mitigate displacement and gentrification effects in new urban area development projects, focused urban infill development and Priority Development Areas, and similar large-scale development and area plans.

**HE-C.9 Walkability.** Promote attractive, safe, and walkable areas that are designed and constructed to be pedestrian friendly. Include features such as short blocks, wide sidewalks, tree-shaded streets, and buildings that define attractive spaces and are oriented to streets.

**HE-C.10 Development densities, locations, and affordability.** Encourage new development near transit corridors, transit nodes, and neighborhood centers, with varied densities and affordability levels that are supportive of transit, mixed use and complete communities.

**HE-C.11 Public spaces.** Support the maintenance and creation of urban public spaces that enhance the urban environment, promote walking, and provide social gathering places at appropriate locations within the urban environment.

**HE-C.12 Reduced automobile dependency and parking needs.** Support planning and development that reduce automobile dependency and facilitate reduced parking requirements where possible in permitting new development. Provide for alternative commute and transportation modes and make more efficient use of lands within employment development areas, including housing development.

- HE-C.13 **Office park retrofit and mixed use.** Encourage cities to retrofit and redesign low-density office and business parks with mixed use and mid-rise housing development for employees and others. Where possible, redevelop such areas with appropriate retail and reduce parking as part of transit village development and similar area planning concepts.
- HE-C.14 **Age-friendly cities.** Promote planning and coordination efforts to achieve the goals of the Age Friendly Cities & Communities network and encourage local jurisdictions to identify needs and attain appropriate certification. Promote and design urban environments to meet the needs of older and adults with disabilities to remain active within the community and to reside in their residence of choice for as long as possible.

***Strategy #3: Design and build new development at the project level for health and sustainability.***

At the development project level, many aspects of design and implementation can enhance livability, walkability, and health. It is not uncommon to find office and campus developments in many locations with no internal pedestrian accommodations or external connections other than streets. Whatever the type or mix of urban uses and development conceived and executed in appropriate locations, best standards and design principles can be incorporated to improve or create more healthful places and outcomes.

**Policies:**

- HE-C.15 **Health-focused developments.** Encourage new urban development projects in the cities to support better public health outcomes by using health-oriented design principles and health impact assessment consideration.
- HE-C.16 **Healthy buildings.** Promote the use of building design principles for healthful living and working conditions through enhanced internal circulation, healthy building materials, design for universal accessibility, mechanical and HVAC systems, and other green building standards for new and rehabilitated construction.
- HE-C.17 **Space design.** Where new higher density and mixed use urban development occurs, promote high quality street level interface and

design, appropriate allocation of space necessary for a variety of uses, and building orientation to promote sense of place and architectural interest.

- HE-C.18 **Human scale.** Promote attention to design elements that incorporate human scale as a fundamental consideration. Elements may include smaller block sizes and higher intersection density in new development and area plans, path connectivity and route choices that encourage more walking and physical activity, and design features, such as lighting, and active spaces to improve safety. For mid-rise and high rise buildings, promote street level uses and design that promote interest and pedestrian activity. For existing street networks with long block lengths and/or poor connectivity, consider use of pedestrian cut-throughs, midblock crossings, and new street/alley connections.
- HE-C.19 **Pedestrian paths and connectivity.** Promote clear sidewalk, path and trail connectivity in all neighborhoods with appropriate support of residents. Encourage adherence to minimum standards for adequate widths of 4-5 feet.
- HE-C.20 **Greenhouse gases and air quality.** Promote plans and developments that reduce greenhouse gas emissions and result in decreased air pollution, especially for communities burdened with disproportionate exposure to air pollution and vulnerable populations such as children, seniors, and those susceptible to respiratory illnesses.
- HE-C.21 **Public facilities siting and design.** Work with local jurisdictions, school districts, County agencies, and other public agencies to site and design public facilities as models for health, with walkable and accessible spaces, transit, bike and pedestrian accessibility, inviting public spaces, and sustainable design.
- HE-C.22 **School siting and design.** Promote school and community facilities to serve as centers for health and sustainability, based on the criteria and considerations of the State of California's Division of the State Architect, including:
- a. The vulnerabilities of children and other sensitive populations to hazardous substances or pollution exposure;
  - b. The modes of transportation available to students, users, and staff;
  - c. The efficient use of energy and land;

- d. The potential use of schools and other community facilities as the sites for emergency services and shelter;
  - e. Potential recreational joint-use and/or co-location opportunities; and,
  - f. The costs/benefits of infrastructure, utilities, demolition, operations, and transportation.
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## D. ACTIVE AND SUSTAINABLE TRANSPORTATION

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### Background

Transportation patterns, habits, and decisions affect both an individual's and a community's overall health. Every day, people in Santa Clara County use highways, roads, sidewalks, bike lanes, trails, and transit to commute to work, go to school, run errands, and complete numerous other daily activities. However, Santa Clara County's transportation system was primarily developed between 1950 and 1980. During this period of history, a number of factors such as increases in automobile ownership, suburban tract subdivisions, and cul-de-sac design forms resulted in a transportation system that was chiefly designed for automobiles with limited consideration given to other modes of travel such as walking, biking, and public transit. Therefore, many people today have a limited number of transportation options, particularly active transportation options such as walking or biking.

The existing conditions analysis revealed that in many parts of the County, walking or biking is simply not an option as a result of the existing suburban built environment, the sheer size of the urbanized area, and a lack of infrastructure. Neighborhoods in Santa Clara County with high concentrations of elderly residents tend to be less walkable and have fewer transit-accessible jobs and services. Additionally, many areas lack easy non-car access to essential services, recreational facilities, and employment, and they also exhibit high rates of vehicular, bicycle, and pedestrian collisions. The existing conditions analysis also revealed that transit riders in Santa Clara County have longer average commutes than transit riders in the greater Bay Area, and longer commutes than commuters using other modes in the County. Unsurprisingly, the County exhibits less sustainable and less healthy mode splits than the greater Bay Area, with commuters driving more frequently and taking transit less frequently.

Healthy communities designed to promote active transportation such as walking and biking<sup>45</sup> can help address some of these problems. The benefits of walking and bicycling to school or work, for daily errands, and for recreation include increased physical activity and stress reduction, and better respiratory fitness in children. Active transportation also lowers cancer mortality and morbidity rates in middle-age and elderly populations and improves cardiovascular fitness and reduces cardiovascular risk factors among working-age adults.<sup>46</sup> Additionally, when more people walk and bicycle for transportation, car emissions should decrease, especially given that about one-third of trips in California are under a mile in length, and most are made by motor vehicle. Reducing the number of short trips can significantly improve air quality and respiratory health and reduce carbon emissions that contribute to climate change.<sup>47</sup> Finally, walking

and cycling are no- or low-cost financial travel options, saving money that individuals would otherwise spend on fuel and car expenses.<sup>48</sup>

The use of public transportation can also help individuals meet daily requirements for physical activity and also reduce vehicular emissions and pollution. Studies show that people who take transit to work and for other trips typically walk more per day than those who drive.<sup>49</sup> However, many people opt not to use transit due to a lack of available routes, lack of frequent, reliable service to their destination, and increased travel times. For some the cause may also be unfamiliarity with how to use public transportation, the need for flexibility given childcare needs or unpredictable and variable work schedules, perceived and real challenges for those with disabilities, and perceived safety and convenience issues.

In recent years, there has been a greater emphasis on renovating the transportation system so that it accommodates all modes of travel. During the next several decades, the County, the Santa Clara Valley Transportation Authority (VTA), other transit agencies, and cities will make significant decisions about investments in transportation infrastructure, building on the diversification of the last several decades. In recognition of the need to expand mode choice while maintaining the transportation infrastructure, there is a new opportunity to develop a more balanced, health-informed transportation system that accommodates all modes of travel safely and efficiently without prioritizing one mode of travel at the expense of other modes.

## Major Strategies and Policies

This section includes transportation strategies and policies intended to provide safe, viable and convenient transportation options, while also encouraging physical activity, decreasing stress, increasing access to employment and essential services, and reducing emissions and air pollutants. The major strategies outlined are as follows:

*Strategy #1: Promote and implement complete streets and livable streetscapes.*

*Strategy #2: Develop a robust pedestrian and bicycle network that enables active transportation for both recreation and transportation.*

*Strategy #3: Provide balanced, innovative and equitable transit systems and services.*

***Strategy #1: Promote and implement complete streets and livable streetscapes.***

Complete Streets is a shorthand term for streets that have been planned, designed and operated taking into full consideration of the needs of all travel modes and users, including people of all ages and abilities. Ensuring the provision of safe facilities for all users is a core tenet of Complete Streets. As of 2008, state law now requires that Complete Streets policies and implementation be fully incorporated in circulation elements of general plans upon the next comprehensive update of such elements. Livable streets, a similar concept to complete streets, is a term and concept that seeks to enhance the pedestrian character of streets by providing continuous sidewalks and streetscape treatments such as plantings, benches, lighting and other beautification elements. Livability includes incorporating design features that minimize the negative impacts of motor vehicle use on pedestrians. It also includes aspects of building and urban design that relate to providing destinations and streetscapes of sufficient interest and diversity to promote walking and biking.

Together, Complete Streets and livable streetscapes help achieve the goals of the Health Element by creating safe means for a range of transportation options, including alternatives to driving.<sup>50</sup> This in turn helps contribute to improved air quality, increased physical activity, decreased incidence and severity of vehicular, bicycle, and pedestrian collisions, and generally healthier communities.<sup>51 52 53</sup> In addition, Complete Streets and livable streetscapes aid vulnerable populations such as children, the elderly, and the disabled by providing different transportation choices and improved mobility. Many older Americans faced with mobility challenges are enabled to be more independently mobile, and children and the disabled benefit via safe walking and biking routes to schools, community centers, and other destinations.

**Policies:**

- HE-D.1 **Complete Streets.** Encourage the adoption and implementation of local policies and ordinances to champion and fulfill complete streets concepts. The planning, design and construction of all transportation projects should consider complete streets features and infrastructure appropriate to the urban or rural context of the transportation corridor, consistent with locally adopted general plans and transportation plans.
- HE-D.2 **Complete Streets implementation priorities.** Within overall transportation system plans, promote the importance of identifying priorities for implementation of complete streets infrastructure

improvements to provide near term demonstrable benefits and promote interest.

- HE-D.3 **Transportation system impacts.** Encourage cities and the County to evaluate impacts to all modes of travel when considering transportation system performance, in accordance with Transportation Impact Analysis and multi-modal level-of-service guidelines developed and maintained by the Valley Transportation Authority.
- HE-D.4 **Roadway capacity.** Consider improvements to add roadway vehicular capacity via new or expanded rights of way or travel lanes only where consistent with anticipated future demand, roadway classification, and for closing gaps in road grid system, and after considering improvement possibilities to other modes of travel and technologies that add capacity within existing rights of way or travel lanes and/or promote more active modes of travel (e.g.: Express/HOT lanes, the County's signal coordination and timing strategies such as "15 minutes in the future," bicycle facilities, bus rapid transit and shuttles.)
- HE-D.5 **Safety and calming measures.** On roads and at intersections with a high level of existing or planned pedestrian and non-motorized vehicle activity, including areas with high rates of collisions, promote all feasible means of improving safety for all users. Cities and the County should consider traffic calming where necessary with appropriate community input and engineering considerations, as well as infrastructure features including, but not limited to, bulb-outs, midblock crossings, pedestrian refuges, signal alerts, and high visibility crosswalks to focus drivers' attention and moderate traffic flow on local streets.
- HE-D.6 **Vehicle safety.** Support activities such as public outreach and informational campaigns, and increased enforcement of existing speed, seatbelt, and distracted driving laws to reduce the number and severity of injuries and fatalities involving motor vehicles. Also support advances in intelligent transportation systems infrastructure (such as pedestrian and bicycle adaptive signal operations to ensure safe crossings of wide roads like expressways) and vehicle technology such as autonomous or semi-autonomous vehicles that reduce safety risks.

***Strategy #2: Develop a robust pedestrian and bicycle network that enables active transportation for both recreation and transportation.***

The County, cities, and transportation planning agencies should strive to increase the levels of active transportation in the County. A safe, continuous, and more extensive pedestrian and bicycle network provides direct connections between residences, employment, shopping, schools, recreation, and civic uses. Moreover, it can encourage residents to incorporate physical activity as part of daily living and achieve better health outcomes. In addition, participation in Federal and State programs such as Safe Routes to Schools can further create a robust active transportation environment. All these efforts can help create a culture where alternative modes to automobile travel are perceived to be normal and desirable, particularly in a region where the climate is so conducive to walking and biking.

**Policies:**

- HE-D.7 **Pedestrian network.** Promote pedestrian planning and funding efforts to create a safe and convenient circulation system for pedestrians, including:
- a. marked crosswalks and enhancements to existing marked crosswalks;
  - b. improved accessibility and connectivity between neighborhoods and commercial areas, including sidewalk gap reduction;
  - c. places to sit or gather, pedestrian-scaled street lighting, and buffers from moving vehicle traffic appropriate to the urban land use setting and type of street ; and,
  - d. amenities that serve and attract pedestrians of all ages and abilities including transit stop and facility improvements that curb crime and vandalism.
- HE-D.8 **Bicycle network.** Support a more robust network of bicycle facilities of multiple types that safely facilitates bicycling for commuting, school, shopping, and recreational trips by riders of all ages and levels of experience. Improvements may include:
- a. facilities completely separated from vehicular traffic; (Class I trails) or along low speed, low traffic roadways (bicycle boulevards, Class II lanes, and Class III routes).
  - b. additional safety measures along heavily trafficked arterials, such as buffered bicycle lanes and colored lanes, as conditions allow.
  - c. minimum 4-foot shoulders along lower volume rural roads, where feasible, for both walking and bicycling outside of the travel lane.

- HE-D.9 **Vulnerable users.** Promote awareness and understanding of pedestrians and bicyclists as vulnerable users to improve safety on roadways, particularly children and older adults. Promote education regarding state laws requiring motor vehicles to yield to bicyclists, slow before passing, and pass at a safe distance (three foot safety rule).
- HE-D.10 **Three E's:** Continue support for education, encouragement, and enforcement training activities for motorists, taxis, bus operators, pedestrians, and bicyclists, with special emphasis on enhanced capabilities and awareness of issues related to walking and bicycling and the need for lawful, responsible, and safe riding and walking.
- HE-D.11 **Bicycle parking.** Encourage public and private development projects in the cities and County to provide sufficient bicycle parking, and where appropriate and feasible, amenities such as shower and locker facilities. Support the installation of full and self-service bike storage centers in or near large parking garages, available public plazas and parks, and transit stations.
- HE-D.12 **Bicycle share.** Support the expansion of the regional bike share pilot, helping to identify appropriate locations for system expansion, particularly neighborhoods with limited transportation options.
- HE-D.13 **Way-finding signage and information.** Promote a comprehensive countywide, consistent bicycle and pedestrian way-finding signage and information system for the most-used trails, paths, streets and bike corridors connecting major destinations and places of interest.
- HE-D.14 **Safe and active transportation for school aged youth.** Promote walking, biking, and use of public transportation by youth through collaboration with appropriate partners and stakeholders, including but not limited to the Safe Routes to School program.

***Strategy #3: Provide balanced, innovative and equitable transit systems and services.***

Transit system improvements are increasingly important to growing, denser, sustainable cities. Because transit has traditionally served those unable to drive or afford personal transportation, equitable, convenient, and affordable service is especially important for those populations but also for growing numbers of employees who eschew driving alone, the elderly, and those who desire convenient alternatives to driving for every need. A frequent, interconnected transit network also links residents to employment centers, medical facilities, schools, government services, and other

important community assets. Innovative improvements such as bus rapid transit, alternative fuel vehicles, and rider comforts and amenities can increase the appeal of public transit as a transportation option, increase transit use, improve health outcomes, reduce greenhouse gas emissions, and meet diverse community needs.

**Policies:**

- HE-D.15 **Transit services.** Support efforts to provide an appropriate type and mix of transit services in the urbanized areas of the County and for regional and inter-city service needs, including light rail, bus rapid transit, traditional bus, and supplementary services, to improve service, user experience and address “first mile/last mile” transit connectivity needs.
- HE-D.16 **Supporting densities and facilities.** Promote sufficient urban density and mixes of uses within transit service corridors, emphasizing appropriate service uses, increased numbers of employment locations in walking distance to transit, and complementary bicycle/pedestrian networks and facilities.
- HE-D.17 **Transit advocacy for underserved communities.** Advocate for increased levels of transit service in areas of the County with a lack of transit access and that experience health and socio-economic inequities. Support increased service frequency in routes with high ridership.
- HE-D.18 **Coordination with transit agencies.** Engage in systematic coordination and collaboration with transit agencies and service providers to improve transit service and equitable access in the County, improve integrated land use and transportation, and promote efficient investment that supports development in Priority Development Areas.
- HE-D.19 **Transit to essential needs/services.** Promote collaboration with VTA and other transit providers to review and improve transit service to medical and social service facilities in the County.
- HE-D.20 **Transit stop amenities.** Support the installation of various transit stop amenities, including shelters, benches, real-time information panels, lighting, bike parking, and bike share stations.
- HE-D.21 **Senior/disabled mobility and transit needs.** Promote expanded affordable and reliable transportation options for older adults and persons with disabilities, focusing on neighborhoods with high concentrations of elderly residents and low walkability. Support the

development of community and neighborhood-level organizations for ride-sharing and meeting needs of those who cannot or no longer drive

**HE-D.22 Employee shuttles and bus services.** Support coordination between private shuttle providers, major employers, and local agencies to minimize shuttle impacts, improve efficiency, and increase shuttle ridership, including possible detailed studies of shuttle systems and shuttle use where demand is greatest.

## E. RECREATION AND PHYSICAL ACTIVITY

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### Background

Physical activity has multiple benefits for physical and mental health. Researchers have found that physical activity reduces the risk of disease, including heart disease, stroke, type 2 diabetes, depression and anxiety, and some cancers. In addition, physical activity helps control weight, strengthens bones, prevents falls among older adults, increases chances for a longer life, and may improve academic achievement among students.<sup>54</sup> Although Santa Clara County has been ranked as the third healthiest County in the state,<sup>55</sup> physical inactivity remains a problem among much of the population, varying by race, age and gender.

Sedentary jobs and leisure activities, long commutes, financial and work stresses, and long distances to parks and schools make it challenging for many adults and children in Santa Clara County to integrate physical exercise into their daily routines. Among school children, only 28% of fifth graders, 34% of seventh graders, and 44% of ninth graders meet physical fitness standards, with Hispanic/Latino and Black students being the least likely to be physically fit.<sup>57</sup> Only 25% of adults in the County meet recommendations for “moderate physical activity.”<sup>58</sup>

According to the Institute of Medicine, there are many ways to address the prevalence of chronic disease, including reducing childhood obesity. These include building and maintaining safe attractive parks and playgrounds in close proximity to residential areas and improving access to recreational facilities through reduced costs, increased hours, and the development of culturally appropriate activities.<sup>59</sup> Adults and children with safe and easy access to aesthetically appealing, conveniently located parks, playgrounds, trails, and recreation facilities are more likely to engage in regular physical activity.<sup>60 61</sup> In addition, park users are more likely to participate in higher levels of physical activity where there are facilities such as ball courts and playgrounds and amenities such as bike racks.<sup>63</sup>

Children are more likely to be physically active outdoors than indoors,<sup>64</sup> and physical activity is comparatively more vigorous in outdoor settings.<sup>65</sup> Parks and green spaces also provide opportunities for contact with nature, particularly in more densely populated urban settings. Proximity to green space is associated with health and a sense of well-being and may reduce the frequency and severity of symptoms of Attention Deficit Hyperactivity Disorder in children.<sup>66 67</sup>

The regional and urban park system provides outdoor recreational facilities that encourage physical activity, among other services. However, distribution and access to these facilities varies by jurisdiction and neighborhood. Within the urbanized areas of

the County, the average walking distance to the nearest park is 1,071 feet (approximately one-quarter mile). Some areas, such as Campbell, Sunnyvale, and Santa Clara have similar accessibility, but generally lower Park Levels of Service, with under 3 acres per 1,000 residents.<sup>68</sup> Low-income areas in many cities have fewer areas of parkland than the jurisdiction-wide average, and neighborhoods with higher concentrations of non-White residents also had disproportionately less park land.<sup>69</sup> When surveyed, a lower percentage of Latinos (75%) than Whites (85%) reported having access to safe public indoor and outdoor exercise facilities in their neighborhood.<sup>70</sup>

In addition to having adequate, accessible park spaces, convenience and proximity to recreation opportunities promotes physical activity and use at both work and home. Consequently, completing trail and pathway connections, making more accessible bikeways, and sidewalk maintenance are important for encouraging and enabling residents to walk in neighborhoods, in parks, along city and regional trails, and to access their destinations as either a recreational activity or for non-leisure purposes.

More residents should be encouraged to walk, which is the most basic and lowest impact form of moderate exercise with benefits equal to more vigorous forms of exercise. Increasingly, research indicates that just sitting too much at work, in front of the television, at computers, or in cars, puts people at higher risk for disability, cardiovascular disease, and cancer and type 2 diabetes.<sup>71</sup>

## **Major Strategies and Policies**

This section includes a series of park and recreation strategies and policies that encourage physical activity. The strategies and policies are organized by various subtopics, including: park provision and location; park safety and quality; park access; and physical activity programs. The following combination of park and recreation strategies and policies seek to encourage physical activity:

*Strategy #1: Create opportunities for physical activity, recreation, and relaxation.*

*Strategy #2: Improve the usability/connectivity, aesthetics, and safety of existing parks, trails, and open space.*

*Strategy #3: Enhance use of programs in cities, school districts, other agencies, and workplaces that promote physical activity and wellness at all ages.*

***Strategy #1: Create opportunities for physical activity, recreation, and relaxation.***

Santa Clara County has numerous regional parks, regional trails and bike paths, and city parks, and a climate that encourages outdoor activities. Many of these community assets are a result of decades-long efforts and support for dedicated funding, such as the County's regional parks system and regional trails plan. Where need and opportunities are present, cities, local agencies, and the County should enhance opportunities for activity and recreation within existing facilities and remedy park area deficiencies, especially where residents are at greater risk for obesity and related adverse health outcomes. Existing neighborhoods can be enhanced by creating safe, diverse, and attractive places for physical activity, recreation and relaxation. New development can often provide recreation facilities and public amenities at various scales through good design, site planning, and connection to surrounding areas. Another area of focus is meeting residents' needs to quickly and safely access recreational opportunities close to where they live and work. In areas currently lacking parks and green spaces, playgrounds, and recreation facilities, neighborhood input and coordination are needed to determine how best to meet the particular area's needs and promote more active lifestyles.

**Policies:**

- HE-E.1 **Park distribution.** Support efforts to have all County residents within a 15-20 minute walk (approximately one mile) of a park or recreational facility.
- HE-E.2 **Parks and services for communities with special needs.** Support the development of new parks and other recreational services for those with special needs, including low impact facilities and equipment for older adults and people with disabilities, underserved neighborhoods, and areas experiencing higher rates of chronic disease, community safety issues, and need of community investment.
- HE-E.3 **Proximity to recreational facilities.** Encourage the development of recreational facilities, parks, and loop trails in close proximity to employment centers, existing neighborhoods and community facilities such as schools, senior centers, and recreation centers to promote ease of access and use.
- HE-E.4 **Shared-use agreements.** Encourage shared-use agreements between jurisdictions and school districts that allow school properties

to be used safely and securely during non-school hours for community recreation needs.

- HE-E.5 **Concurrent development.** Encourage development of new parks, plazas, gardens, trails and paths, and open space amenities concurrent with approvals for new development, particularly in urban areas designated for higher densities and priority development, to increase opportunities, encourage physical activity, and mitigate urban heat island effects.

***Strategy #2: Improve the usability/connectivity, aesthetics, and safety of existing parks, trails, and open space.***

Public agencies can increase the use and desirability of existing parks and recreational facilities by upgrading infrastructure, providing additional amenities such as water stations, and improving safety for park users. Partnering with businesses, community groups, foundations and non-profits offers opportunities to increase public presence and safety as well as improve maintenance and create new facilities. Space definition, lighting, and other strategic improvements, including signage along trails, are also important for increasing overall activity levels among the public.

The more connected parks, trails, and open spaces are accessible to the public, the greater likelihood of their use for both recreation and commute purposes. Public agencies can promote greater accessibility to parks and recreational space by improving access points for users and enhancing connections.

**Policies:**

- HE-E.6 **Multiple use facilities.** Encourage the renovation and expansion of facilities and amenities in existing parks, considering multiple uses and needs. Promote well-designed active play structures, amenities to accommodate a range of users, water stations, pet-friendly areas or dog parks, perimeter paths and/or other improvements.
- HE-E.7 **Design features.** Support the inclusion of design features in the multi-use open space areas and networks that reflect the history, culture, sense of place, and unique characteristics of the community.
- HE-E.8 **Safety concerns.** Address actual and perceived safety concerns that create barriers to physical activity by means of adequate park lighting, appropriate landscaping, and avoiding isolated, indefensible spaces where users are made vulnerable.

- HE-E.9 **Smoke-free parks.** Encourage and support local jurisdictions in establishing and enforcing smoke-free parks and recreational areas.
- HE-E.10 **Trails and parks network.** Support efforts to create a completely connected network of trails and parks throughout unincorporated and incorporated areas of the County that link to housing, work, commercial centers, public transit, and community facilities. Partner with cities, open space agencies, and other organizations to complete a gap analysis of current trail system and make needed improvements to connect trails in cities and unincorporated areas.
- HE-E.11 **Transit access.** Support efforts by VTA and other transit providers for low-income communities to have adequate transportation access to parks and recreational facilities.

***Strategy #3: Enhance programs in cities, school districts, other agencies, and workplaces that promote physical activity and wellness at all ages and physical abilities.***

Innovative recreational programs can enliven park and recreational spaces by encouraging physical activity for a diverse range of park users. Such programs can increase interest levels in the use of parks and trails as alternatives to indoor facilities, and increase appreciation of natural surroundings. Employers can also increase activity levels and improve health through incentives and benefits programs that directly reward employees financially and improve productivity.

**Policies:**

- HE-E.12 **Expanded programs for enhanced use and enjoyment.** Promote the expansion of innovative programs for active use and appreciation of parks and other recreation facilities, through parks and recreation departments, local agencies, and non-governmental partners.
- HE-E.13 **Use by underserved communities and those with health needs.** Promote and support the development of programs that encourage underserved communities and people with health issues to use parks and recreational facilities.
- HE-E.14 **School district activities and programs.** Encourage school district activities and related programs that support physical activity and wellness.

- HE-E.15 **Multiple park uses.** Promote multiple uses within parks for both active and passive recreational pursuits, including fitness classes, recreation, arts and cultural events, community gardening, and environmental conservation and appreciation.
- HE-E.16 **Public information to diverse populations.** Promote awareness and access to programs and activities in a culturally and linguistically competent manner to the County's diverse populations.
- HE-E.17 **Innovative funding and development.** Explore innovative funding and development concepts with non-profit groups and large employers for increased physical activity programs and improved facilities.
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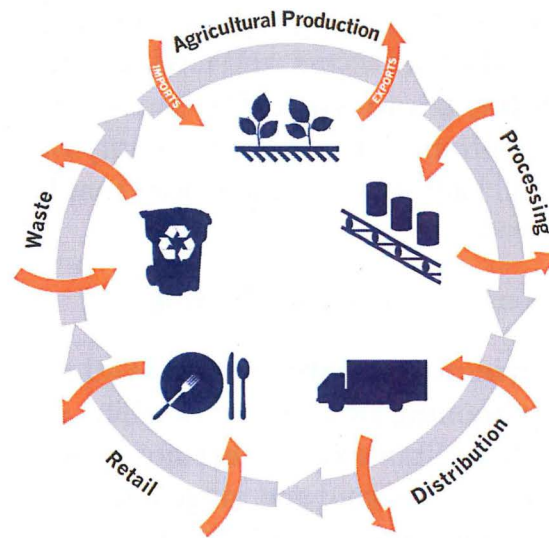
## F. HEALTHY EATING, FOOD ACCESS, AND SUSTAINABLE FOOD SYSTEMS

### Background

Individual and community health are affected by many factors related to food, including healthy food accessibility and sustainable food systems. Diet and exercise, for example, have become one of the most effective means of preventing and treating significant chronic diseases, such as heart disease. How our communities and regions function to promote healthy eating, variety of healthy choice, and complementary activities, such as nutrition education and food literacy, are of increasing importance to public health. Improving our diets, nutrition, and exercise will be critical to ensuring long-term health goals for society, including the ability to manage costs associated with serious increases in diet-related chronic diseases such as diabetes.

The food system can be understood as being comprised of five main sectors: agricultural production, processing, distribution, retail (or consumption), and waste. Figure 1, provides a conceptual framework for understanding these sectors and their linkages.

Santa Clara County's food system is part of a larger regional Bay Area food system, which in turn is part of a national and global system linking people and food. A healthy food system promotes access to affordable, healthy, fresh, and culturally appropriate foods through a variety of venues and businesses. A healthy food system also supports the livelihoods of local farmers and ranchers and the economic viability of farmland and other working landscapes, which in turn contribute to open space and agricultural land preservation. Local food systems can also reduce the environmental impact of the global food production and distribution system we have come to rely upon, and potentially provide a resource in the event of long term shortages and increased costs. Lastly, the farms and open spaces of the region contribute much in ecosystem services through



**Figure 1: The Food System, from *Locally Nourished: How a Stronger Regional Food System Improves the Bay Area* (2013). [www.spur.org/files/spur-reports/SPUR\\_Locally\\_Nourished.pdf](http://www.spur.org/files/spur-reports/SPUR_Locally_Nourished.pdf)**

food provision, climate and disease regulation, groundwater recharge, nutrient cycles and crop pollination, habitat, aesthetics and other community benefits.

The current food landscape in Santa Clara County provides both opportunities and challenges for achieving a healthy food system. Key assets and opportunities include:

- **Strong traditions.** The County has a rich tradition of agriculture and over 31,000 acres of important agricultural lands located on 1,068 farms and ranches (State Farmland Mapping Program definitions). In 2012, the County produced over \$260 million worth of agricultural products.
- **Diversity.** There is a growing diversity of food businesses and local food resources, with over 30 active community gardens, 43 farmers' markets, and 22 Community Supported Agriculture (CSA) programs in Santa Clara County (2012). Thousands of residents, businesses, and organizations utilize these local-food resources. The most walkable areas in the County also have the most sources of local foods.
- **Support networks.** There is a growing culture and network of residents and community groups/organizations supporting urban agriculture, local food, healthy food access, and food security.
- **Policy framework.** The County, cities, and other partner agencies and organizations can rely on a countywide system of urban growth management and rural land stewardship policies that have been successfully implemented since the 1970s.

Key challenges include the following:

- **Agriculture viability and land preservation.** There are many challenges to maintaining farming and ranching as viable businesses in close proximity to a metropolitan area; furthermore, some organizations estimate that up to 63,400 acres of farmland and rangeland countywide, including up to 55% of County's remaining important farmland (17,000 acres of the 31,000), are at varying risk for conversion or development -- especially along Highway 101 between the Cities of San Jose, Morgan Hill, and Gilroy.
- **Economic barriers to food access.** About one-third of County adults and over half of Latino adults live in "food insecure" households, while government programs that supplement food resources for families, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and CalFresh, are undersubscribed and vulnerable to cutbacks.
- **Unequal access to healthy food sources.** In general, low-income areas have unhealthier retail food environments than high-income areas. Furthermore, the lower-income areas within certain cities, and even more affluent areas such as Palo Alto, Milpitas, and Los Altos, contain fewer healthy food stores such as

supermarkets, grocery and produce stores and farmer markets than the average for these cities.

- **Preponderance of unhealthy options.** Only 16% of all food retailers in the County are “healthy,” as defined by the Centers for Disease Control and used in the modified Retail Food Environment Index (mRFEI) of the Existing Conditions Report, due partly to the high percentage of all restaurants that are fast food establishments. Jurisdictions offering the highest percentage of healthy retail food include the Cities of Los Altos (32%), Milpitas (28%), Saratoga (29%), Palo Alto (22%), Cupertino (21%), and Mountain View (18%).
- **Marketing and media influences.** Unhealthy food advertising inundates media, particularly television. Combatting this barrage of information about fast food and diet choices requires effective education and strategies targeted to families, children and young adults.

## Major Strategies and Policies

This section of the Health Element includes strategies, policies and actions designed to respond to these challenges and capitalize on opportunities in the food system. The general strategies outlined for each of these areas are as follows:

*Strategy #1: Preserve and enhance local agriculture and agricultural lands as part of the local/regional food system.*

*Strategy #2: Promote urban agriculture.*

*Strategy #3: Support a variety of healthy food outlets within neighborhoods and communities.*

*Strategy #4: Reduce food insecurity and hunger.*

*Strategy #5: Promote healthy eating and food literacy.*

### ***Strategy #1: Preserve and enhance local agriculture and agricultural lands as part of the local/regional food system.***

Local food production benefits Santa Clara County in a variety of ways. Agriculture and agricultural land preservation are mutually reinforcing and complementary to the County’s urban growth management policies. State laws (AB 32 and SB375) and recently adopted regional plans, such as Plan Bay Area, focus future urban growth within cities and curtail urban expansion into rural lands (“greenfield” development) as part of a major strategy to meet housing needs, reduce greenhouse gas emissions, and improve transportation. Local agricultural land supplies and food production can also enhance food security in the face of disruptions in our global food supply that may be caused by climate issues, transportation costs, or other problems.

**Policies:**

- HE-F.1 **Agriculture support.** Encourage and support sustainable, local agriculture as an integral part of healthy communities and as an engine of economic activity.
- HE-F.2 **Agricultural land preservation.** Promote the preservation of agricultural and open space land by maintaining and implementing growth management policies that limit urban development outside urban areas and support farming and ranching.
- HE-F.3 **Multi-use agricultural preserves.** Explore the creation of agricultural parks and preserves, and similar programs for preserving agricultural lands in proximity to urbanized areas to integrate agricultural production, educational, environmental, and recreational values.
- HE-F.4 **Environmentally-sustainable agriculture.** Promote agricultural practices that maximize sustainability, including soil conservation, water and energy efficiency, waste reduction, reduced chemical use, and enhanced ecological services provided by agricultural lands.
- HE-F.5 **Agricultural viability.** Support local farmers by promoting on site activities and uses that enhance its economic viability but do not interfere with agricultural use such as processing facilities, farm stands, and agricultural tourism.
- HE-F.6 **Local food sourcing, distribution and marketing.** Promote local food sourcing through procurement preferences and policies among local governments, schools, businesses and institutions and expand existing marketing and distribution initiatives that connect local agriculture to new markets such as retailers, restaurants, schools, hospitals, food banks and other businesses.

***Strategy #2: Promote urban agriculture.***

Integrating food production into places where we live, work, receive education, and play provides a myriad of health benefits, including access to fresh produce, activating and enhancing green spaces, moderate physical activity, community and social connection, and nutrition education. Urban agriculture, such as cultivating food in backyard and community gardens and small scale urban farms, can be used to improve healthy food

access and promote healthier eating. Interest in urban agriculture is on the rise throughout the country, and concerted efforts should be made to provide opportunities to promote it.

**Policies:**

- HE-F.7 **Urban agriculture.** Support the expansion of various forms of urban agriculture, including home gardens, community gardens, and urban farms and cooperatives.
- HE-F.8 **Urban agricultural zoning.** Promote small-scale agricultural use and food production in appropriate urban zoning districts within the cities and urban unincorporated areas and address other barriers to community gardening and urban farming.
- HE-F.9 **Public land for growing food.** Encourage the use of available public land for growing food on colleges, schools, parks, public easements and right-of-ways, where appropriate and not in conflict with other uses, utility infrastructure, or needs of property owners.
- HE-F.10 **Equitable access to safe food-growing opportunities.** Encourage the development of new urban agriculture sites in low income and underserved neighborhoods and coordinate efforts with parks and open space organizations. Combine programs on urban agriculture with food production safety, food literacy, and nutritional education.
- HE-F.11 **School/community gardens.** Collaborate with school districts to expand opportunities for agriculture, curriculum integration, and allow community gardens on school property.

***Strategy #3: Support a variety of healthy food outlets within neighborhoods and communities.***

Varied, healthy food environments contribute to community health. Healthy food outlets include supermarkets, grocery stores (including ethnic markets), farmers' markets and community-supported agriculture (CSA), due to the variety of choices offered.

**Policies:**

- HE-F.12 **Healthy food access.** Promote healthy food access throughout the county, particularly in underserved neighborhoods.
- HE-F.13 **Healthy food retail establishments.** Promote improved access to healthy food options and retail in areas with a high concentration of fast food chains and outlets, liquor stores, and convenience stores.
- HE-F.14: **Collaborative efforts.** Continue to support and collaborate with organizations that implement practices, education, and policies designed to increase access to healthy food and beverages such as schools/afterschool programs, childcare, retail establishments, churches, and non-profits and community-based organizations.
- HE-F.15 **Water bottle-filling stations.** Support and promote the availability and accessibility of clean drinking water and water bottle-filling stations in public facilities, businesses, and schools.

***Strategy #4: Reduce food insecurity and hunger.***

“Food security” means ensuring access by all people at all times to enough food for an active, healthy life. Low-income neighborhoods suffer from disproportionately worse access to food retail outlets that sell fresh produce and have disproportionately higher concentrations of fast food and convenience stores. Food assistance programs and policy changes that increase access to affordable, healthy foods and healthy food outlets can help increase community food security.

**Policies:**

- HE-F.16 **Food assistance programs.** Support expanded participation in federal food assistance programs through partnerships with public agencies, food banks, and community-based organizations.
- HE-F.17 **Healthy food for low-income shoppers.** Promote farmers markets, community-sponsored agriculture cooperatives, and all healthy food retail outlets to accept payment mechanisms for federal, state and local food assistance programs.
- HE-F.18 **Reduced food waste through recovery and distribution networks.** Support the development of organizations and networks that promote safe and healthy food recovery and distribution, to reduce waste, reduce food insecurity, and strengthen community partnerships.

- HE-F.19 **Older adult nutritional needs.** Support efforts to ensure nutritional needs of older adults are met, especially for the isolated or ill, improving access to food services in congregate living facilities, community centers, and neighborhood locations.

***Strategy #5: Promote healthy eating and food literacy.***

Food literacy is a term used to refer to a fuller, more holistic understanding of the impact our food choices and origins make on health, the environment, and our communities. Santa Clara County has the opportunity to make healthy choices the norm by offering healthy food and beverages in public spaces. Information and knowledge about nutrition and food labels and food preparation skills can help residents of Santa Clara County make healthier and informed food choices.

**Policies:**

- HE-F.20 **Healthy food options.** Promote healthy food and beverage standards and procurement policies and practices in government buildings and government-sponsored events. Include nutrition standards and local food origin preferences.
- HE-F.21 **Healthy eating and food literacy.** Support and promote healthy food options, nutrition education, and food literacy through local government services, health care organizations, non-profits, faith-based organizations, and private sector businesses.
- HE-F.22 **Healthy food access in schools.** Support improved nutrition standards and healthy offerings in school food services and support the development of new farm-to-school programs and similar efforts that promote locally grown foods in school breakfast and lunch programs.
- HE-F.23 **Breastfeeding.** Support and promote breastfeeding as a means of providing healthy food for the growth and development of infants. Encourage and assist businesses and cities in creating breastfeeding friendly workplaces.

## G. AIR QUALITY AND CLIMATE CHANGE

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### Background

#### Air Quality

Air quality can have widespread effects on human health and the environment. There are numerous sources of air pollutant emissions in Santa Clara County, including stationary sources, such as manufacturing facilities, dry cleaners, and auto body shops, and mobile sources, such as automobiles, trucks, and trains. Each day these sources emit different air pollutants that affect humans, animals, and the overall environment. Air pollution can have a wide range of negative impacts on health. Air pollution exposure can damage the cardiovascular and pulmonary systems and contribute to chronic and acute health impacts, such as asthma, bronchitis, and heart attack.

In response to increasing concerns over industrial and vehicular sources of pollution, Congress adopted the federal Clean Air Act (CAA) in 1970. The CAA led to the establishment of standards for ambient concentrations of each of the six “criteria” pollutants – ozone (O<sub>3</sub>), carbon monoxide (CO), sulfur dioxide (SO<sub>2</sub>), nitrogen dioxide (NO<sub>2</sub>), lead (Pb), and particulate matter (PM) – which were identified as being particularly dangerous to human health. Since that time, these criteria pollutants, as they have become commonly known, have been reduced by more than half in the Bay Area.<sup>i</sup> Due in part to aggressive state and regional programs for stationary and mobile source emissions, the Bay Area achieves, or is close to achieving, national air quality standards. The region is well below the applicable standards for lead, carbon monoxide, sulfur dioxide, and nitrogen dioxide. However, the Bay Area does not meet state or national standards for ozone and particulate matter.

Although Santa Clara County has been in conformance with State and Federal standards for the most criteria air pollutants, it received a grade of “D” by the American Lung Association for the number of days with unhealthy levels of ozone and particulate matter (PM 2.5) between 2010 and 2012.<sup>72</sup> Air pollution concentrations are often worse in lower income neighborhoods, which are more likely to be located near freeways, other major roadways, and industrial sites.

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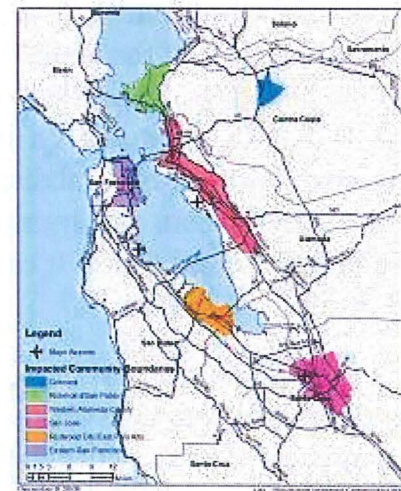
<sup>i</sup> The CAA mandated that standards for ambient concentrations of the criteria air pollutants be established and regulated based upon “criteria documents” – a compilation of scientific information on the formation, concentrations, distribution, and health effects of the pollutants.

The majority of the health effects of air pollution are due to ozone and particulate matter.<sup>73</sup> High levels of ozone are associated with diminished lung function, increased frequencies of asthma attacks, sensitivity to allergens, and premature mortality,<sup>74 75 76</sup> particularly in people who are physically active outdoors, including children, outdoor workers, and athletes.<sup>77</sup> Particulate matter can cause a wide range of health effects, such as aggravating asthma and bronchitis, contributing to heart attacks, and resulting in increased visits to the hospital for respiratory and cardiovascular issues.

Since the adoption of the CAA, improving San Francisco Bay Area air quality has reduced air pollution-related health impacts. An analysis of asthma emergency room visits, respiratory hospital admissions, cardiovascular hospital admissions, chronic bronchitis, non-fatal heart attacks, cancer onset, and mortality found that better air quality provides health benefits with a value of approximately \$25 billion per year for the region. Better air quality is credited with increasing life expectancy by 6 months on average.<sup>78</sup> Climate change, however, could reverse decades of improvement in air quality for pollutants such as ozone and particulate matter (described below).

The Bay Area Air Quality Management District (Air District) is the regional agency with regulatory authority over emission sources in the Bay Area, including Santa Clara County. The Air District has established specific rules and regulations to limit emissions that can be generated by specific land uses or activities. It has also developed pollution mitigation measures that are implemented in association with those uses. These rules and regulations form a multi-pollutant policy framework that controls the emissions of ozone precursors, particulate matter, greenhouse gases, and other air toxics.

The Air District started the Community Air Risk Evaluation (CARE) program in 2004. Its purpose is to reduce health risks associated with local exposures to air toxics in highly impacted areas. The program analyzes health risks associated with air pollution, evaluates the exposure of sensitive populations, and identifies significant sources of air pollution in these areas to prioritize resources and reduce air pollution in the most highly impacted communities. Portions of east San Jose are located in one of six CARE communities in the Bay Area.



## Climate Change

Climate change, which is already affecting California, poses a significant threat to the environment, public health, and the provision of basic services. Climate change is expected to result in overall warmer weather, a greater number of extreme heat and

storm events, higher storm surges, reduced snowpack, more frequent droughts, an increase in wildfires, and sea-level rise.<sup>79</sup> The impacts of climate change in California will vary geographically and depend on such factors as landscape, infrastructure, vulnerable populations, and readiness. A study of climate change vulnerability in California analyzed socio-economic factors, age, housing conditions, isolation, and other indicators such as institutionalized populations, insurance coverage, vehicle ownership and disabilities. It found that 20% of the population of Santa Clara County had high social vulnerability to the effects of climate change.<sup>80</sup>

#### State and Regional Sustainability Efforts

The State of California has been a national leader in enacting climate change legislation to reduce greenhouse gas (GHG) emissions, which trap heat in the atmosphere. **Assembly Bill 32**, passed in 2006, requires California to reduce GHG emissions to 1990 levels by 2020. Amendments to the California Environmental Quality Act (CEQA) Guidelines, adopted in 2009, require the consideration of potential impacts of GHG emissions in project review. **Assembly Bill 1532** requires that fees collected from polluters through the cap-and-trade program be used for programs and activities that reduce greenhouse gas emissions. **Senate Bill 375** requires Metropolitan Planning Organizations (MPOs) to develop a Sustainable Community Strategy (SCS) as part of their Regional Transportation Plan, which demonstrates how plans for land use, transportation, and housing will meet regional GHG reduction targets. **Plan Bay Area**, the SCS for the San Francisco Bay Area approved in July 2013, provides a strategy for meeting 80% of regional housing needs in Priority Development Areas (PDA's).

Temperature projections show a warming trend across the San Francisco Bay Area over the rest of the 21<sup>st</sup> century.<sup>81</sup> Although Santa Clara County has a milder climate than many other areas of the state, it is expected to experience an increased number of extreme heat days. Projections for the City of San Jose estimate 71 extreme heat days by 2050.<sup>82</sup> Extreme heat poses a severe danger to human health and is one of the most dangerous forms of natural disasters. It can cause a range of health problems, from rashes, dehydration, and cramps, to heat exhaustion or heat stroke, which can result in hospitalization and death. It can also worsen chronic conditions such as cardiovascular and respiratory disease.<sup>83</sup>

As temperatures rise and heat events become more common and prolonged, there will also be greater demands on energy usage and possible brown-outs, particularly during extreme heat events.<sup>84</sup> The increased demand for electricity due to air conditioning use will in turn increase air pollution and greenhouse gas emissions from power plants powered by natural gas or other fossil fuels.

People who live in milder climates such as the San Francisco Bay area are not as acclimatized to warmer temperatures as those who live in the central parts of the state. Furthermore, Bay Area residents are less likely to have air conditioning, and some are less familiar with how to reduce exposure and risk of heat-related illnesses at lower

temperatures than those who live in hotter climates. For example, during the California heat wave of 2006, the Central Coast (including Santa Clara County) experienced far more emergency room visits and hospitalizations than would be expected based on population.<sup>85</sup>

Some groups are at greater risk of heat-related health effects, including people living in poverty, seniors, pregnant women, young children, people with chronic conditions, the socially isolated, the disabled, and workers in outdoor jobs such as agriculture and construction.<sup>86 87</sup> Temperatures will also be greater in the south part of the County, which has higher average temperatures under normal conditions, and in more densely developed urban areas with higher concentrations of materials such as concrete, asphalt, and glass that intensify heat concentrations. This urban heat island effect can be reduced by planting shade trees, planning for and maintaining urban canopy trees or urban forest concepts, and creating white or cool roofing, including living roofs.

Of critical concern is the likelihood that climate change could reverse decades of improvement in air quality for pollutants such as ozone and particulate matter. Higher temperatures increase ozone precursor emissions and ozone formation,<sup>88</sup> resulting in a significant increase in the number of days that exceed the 8-hour regulatory standard for ozone concentrations.<sup>89</sup> Between now and 2050, air quality scenarios suggest that increased ozone levels related to climate change may offset at least ten years of ozone emissions control efforts in the Bay Area.<sup>90</sup>

Climate change is also expected to increase the risk of wildfires and the length of the fire season, which will increase population exposure to particulate matter and other harmful pollutants. Large wildfires have become more regular in the west as spring and summer temperatures have risen over time.<sup>91</sup> Projections suggest that wildfire risk will increase across much of the San Francisco Bay Area and Santa Clara County.<sup>92</sup> Wildfires can cause ambient concentrations of ozone and particulate matter to increase significantly. Studies have shown that the particulate matter associated with wildfires is significantly more toxic than the particulate matter ordinarily present in the California atmosphere.<sup>93</sup> An increase in particulate matter from wildfires mixed with the particulate matter present in the atmosphere could be dangerous for vulnerable individuals with pre-existing conditions, resulting in an increase in respiratory and cardiovascular hospital admissions.<sup>94</sup>

Like most criteria and toxic air contaminants, much of greenhouse gas emissions come from motor vehicles. The transportation sector in California is the single largest source of GHG emissions at 38%, with personal passenger vehicles accounting for 79% of the total.<sup>95</sup> In Santa Clara County the transportation sector accounts for 42% of GHGs.

#### Climate Action Plans and Air Quality

Adopted by the Board of Supervisors in September 2009, the Santa Clara County Climate Action Plan (CAP) focuses on County operations, facilities and employee actions to reduce greenhouse gas emissions, energy and water consumption, solid waste, and fuel consumption. The CAP focuses on steps needed to reach a 10% greenhouse gas reduction goal by 2015 but also identifies policies and actions that are needed to reduce emissions beyond 2015.

Along with the municipal climate action plan, the Silicon Valley 2.0 project is a countywide effort to minimize the anticipated impacts of climate change and reduce the generation of local greenhouse gas emissions. The project uses a risk management framework to evaluate the exposure of populations to climate impacts, examine the potential consequences of this exposure, and develop adaptation strategies that improve community resilience.

Changes in temperature and humidity related to climate change are also expected to affect the timing and severity of many allergens.<sup>96</sup> Warmer temperatures and increased precipitation are linked to increased pollen production for many types of tree and grass species.<sup>97</sup> Rising pollen levels and longer pollen seasons increase allergic sensitivity and asthma episodes,<sup>98 99</sup> decreasing economic productivity and increasing the number of school days missed each year.<sup>100</sup> Rising pollen concentrations may also increase the number of individuals who have allergic asthma, which is triggered by a reaction to pollen or other allergens. Exposure to increased levels of air pollution also increases the risk and severity of asthma attacks.<sup>101</sup> Extreme precipitation events and higher temperatures may also encourage growth of indoor mold and fungi, which may increase respiratory and asthma issues.<sup>102</sup>

Changes in temperature and precipitation may lead to expansion of insect and rodent populations, resulting in increases in vector-borne diseases such as Hantavirus, Lyme disease and West Nile virus.<sup>103</sup> Increases in temperature could lead to larger numbers of salmonella and other bacteria-related food poisoning, since bacteria grow more easily in warm environments. Heavy rainfall, increased run-off, and higher water temperatures could contribute to contamination of drinking water by carrying household, industrial, transportation, and agricultural chemicals, sewage, and animal waste into drinking water supplies and further increase the incidence of water and food-borne diseases and the need for careful monitoring.<sup>104</sup>

Sea level rise and heavy winter rainfall occurrences in Santa Clara County are expected to produce storm surges and flooding, which could put health infrastructure and other critical facilities such as roads, waste facilities, and wastewater treatment plants at risk.<sup>105</sup> Forebay levees, baylands, and similar low-lying areas may be affected by sea level rise, such as salt water intrusion into aquifers where subsidence has occurred. However, Santa Clara County is not subject to the same kind of coastal flooding as other areas. Riverine and urban flooding are of equal or greater concern and can be caused by high

water levels in creeks, backed-up storm drains flooding streets and low lying neighborhoods. South county areas may be subject to greater flooding and ponding where local drainage is inadequate.

Low income families spend a larger proportion of their household income on energy and food and other basic needs than families with higher incomes. Since climate change is projected to cause an increase in the price of necessities, impacts on lower income residents will become even more severe.<sup>106</sup>

Steps to mitigate and adapt to climate change can produce significant health co-benefits. Efforts to reduce vehicle miles traveled by increasing rates of walking, bicycling and transit use can also lead to higher rates of daily physical activity, lower numbers of traffic injuries, and improved air quality. A recent study of the health benefits of active transportation in the San Francisco Bay Area found that active transport has the potential to substantially lower both the burden of disease and carbon emissions.<sup>107</sup> Land use and urban design that places housing near services, businesses, and transit and increases green spaces and community gardens in urban environments could also increase access to healthy foods and build neighborhood cohesion.<sup>108</sup>

### **Major Strategies and Policies**

The following major strategies and policies are intended to convey a comprehensive approach for improving air quality, protecting the climate, and protecting public health.

*Strategy #1: Strive for air quality improvement through regional and local land use, transportation and air quality planning.*

*Strategy #2: Reduce health impacts from and increase resiliency to extreme heat events and rising temperatures.*

*Strategy #3: Increase awareness of and reduce vector-borne and other infectious illnesses resulting from climate change.*

*Strategy #4: Increase investment in readiness and coordinated planning to meet expected needs in serving most vulnerable populations.*

***Strategy #1: Strive for air quality improvement through regional and local land use, transportation and air quality planning.***

California and Santa Clara County face significant air quality problems that have a direct impact on human health. Implementing measures for stationary source, mobile source, vehicle trip reduction, mixed-use compact development, and energy and climate

measures can help to reduce air pollution and maintain the trend towards steadily improving air quality in the County and Bay Region.

**Policies:**

- HE-G.1 **Air quality environmental review.** Continue to utilize and comply with the Bay Area Air Quality Management District (Air District) project- and plan-level thresholds of significance for air pollutants and greenhouse gas emissions.
- HE-G.2 **Coordination with regional agencies.** Coordinate with the Air District to promote and implement stationary and area source emission measures.
- HE-G.3 **Fleet upgrades.** Promote Air District mobile source measures that reduce emissions by accelerating the replacement of older, dirtier vehicles and equipment, and by expanding the use of zero emission and plug-in vehicles.
- HE-G.4 **Off-road sources.** Encourage mobile source emission reduction from off-road equipment such as construction, farming, lawn and garden, and recreational vehicles by retrofitting, retiring and replacing equipment and by using alternate fuel vehicles.
- HE-G.5 **GHG reduction.** Support efforts to reduce GHG emissions from mobile sources, such as reducing vehicle trips, vehicle use, vehicle miles traveled (VMT), vehicle idling, and traffic congestion. These efforts may include improved transit service, better roadway system efficiency, state-of-the-art signal timing and Intelligent Transportation Systems (ITS), transportation demand management, parking and roadway pricing strategies, and growth management measures.
- HE-G.6 **Regional/local plans.** Encourage and support regional and local land use planning that reduces automobile use and promotes active transportation.
- HE-G.7 **Sensitive receptor uses.** Promote measures to protect sensitive land uses, such as residential uses, schools, day care centers, and medical facilities by locating uses away from major roadways and stationary area sources of pollution, if feasible, or incorporating feasible, effective mitigation measures.
- HE-G.8 **CARE Communities focus.** Promote awareness of geographic areas subject to persistently poorer air quality and assist the Air District in

monitoring and reducing emissions from all sources in CARE communities.

- HE-G.9 **Healthy infill development.** Promote measures and mitigations for infill development to protect residents from air and noise pollution, such as more stringent building performance standards, proper siting criteria, development and environmental review processes, and enhanced air filtration.
- HE-G.10 **Conservation.** Promote energy conservation and efficiency in homes, businesses, schools, and other infrastructure to reduce energy use and criteria pollutant and greenhouse gas emissions.
- HE-G.11 **Renewable energy.** Encourage distributed renewable energy generation, such as solar and wind turbines, on commercial, industrial, and residential buildings.
- HE-G.12 **Energy technologies.** Support regional and local initiatives that promote integrated building systems, distributed generation, demand response programs, smart grid infrastructure, energy storage and backup, and electric transportation infrastructure.
- HE-G.13 **Fire prevention.** Support state, federal, county, and other local efforts to prevent wildfires. Emphasize prevention cost-efficiency over that of ever-increasing expense of fighting and suppressing wildfires.

***Strategy #2: Reduce health impacts from and increase resiliency to extreme heat events and rising temperatures.***

Temperature increases and extreme heat events will require increased preparedness and adaptation of the built environment. Higher temperatures in urban areas are more often seen in neighborhoods with dense land use, impervious, paved surfaces, and an absence of trees and parks.

**Policies:**

- HE-G.14 **Extreme heat exposure.** Promote greater awareness of the impacts of extreme heat exposure on the most highly impacted populations, such seniors, people living in poverty and with chronic conditions, pregnant women and young children, among others.
- HE-G.15 **Public information.** Promote coordination among state agencies, the County, employers, health care providers, and the media to

communicate the necessary measures to protect workers and residents at risk to extreme heat.

- HE-G.16 **Heat island mitigation.** Support urban greening and the use of green infrastructure to minimize the urban heat island effect.
- HE-G.17 **Access to emergency cooling.** Promote improved access to cooling during heat events, particularly for the most vulnerable populations. Measures can include on-site cooling and emergency generators, cooling centers, and exploring incentives for building cooling techniques.
- HE-G.18 **Energy and resiliency in homes.** Promote energy retrofits and increase extreme heat resiliency for housing, particularly for lower income and vulnerable populations.

***Strategy #3: Increase awareness of and reduce vector-borne and other infectious illnesses resulting from climate change.***

Public health could be affected by increased cases of vector-borne as well as other infectious diseases (e.g. water and food-borne illnesses), requiring additional funding, control and monitoring efforts as well as public education.

**Policies:**

- HE-G.19 **Vector control coordination.** Continue coordination between the Department of Environmental Health, Public Health Department, and other State and local agencies to ensure that vector populations are managed to protect public health and maintain ecological integrity.
- HE-G.20 **Monitoring for vectors and infectious diseases.** Continue to monitor specific vector-borne and infectious diseases, such as West Nile virus, Dengue, and Lyme disease, to better understand emerging public health threats due to climate change.
- HE-G.21 **Pre-planning and response to infectious disease outbreaks.** Strive to reduce the risks of vector-borne, foodborne, waterborne and other infectious diseases by planning for emerging diseases and by ensuring adequate health care service capacity.
- HE-G.22 **Public education and awareness.** Support and expand existing efforts to build public awareness about vector-borne, foodborne, and waterborne diseases by providing accessible materials and information that promote prevention.

***Strategy #4: Increase investment in readiness and coordinated planning to meet expected needs in serving most vulnerable populations.***

In general, climate change and warming will bring potential for increased demands on health and emergency services for the general population. In addition, some populations have less ability to prepare for, cope with, and recover from the effects of climate change. Identifying these groups and understanding the characteristics that make them more vulnerable is critical in developing adequate procedures and programs for adaptation and disaster response.

**Policies:**

**HE-G.23 Climate change effects in emergency and disaster planning.**

Recognize and address the health effects of climate change in Local Hazard Mitigation Plans, Hazard Emergency Plans, General Plans, Specific Plans, and other policies and ordinances of each city and the County, as appropriate.

**HE-G.24 Public awareness.** Increase public awareness and understanding of climate change impacts on health and the need to prepare for these changes, including informing the general population and vulnerable communities about severe hazards from local and regional wildfires and health impacts from extreme heat days.

**HE-G.25 Health facility and hospital readiness.** Work with the hospital industry to create more sustainable and resilient hospitals and clinics in the face of climate change. Support improvements that reduce energy and water use, create climate-proof buildings (e.g. raise ground floors in flood prone areas, include operable windows, ensure adequate backup power supply), and accommodate surges in patient demand.

**HE-G.26 Health professional preparation.** Prepare County health care workers for climate change and assess the coping capacity of health care facilities and staffing for increased demand during climate change-related extreme events.

**HE-G.27 Vulnerable populations.** Identify populations (e.g., seniors, pregnant women, children, homeless, mentally ill, people with chronic diseases, and outdoor workers) more vulnerable to and exposed to specific climate changes in order to develop targeted population-level mitigation and adaptation strategies.

**HE-G.28 Local capacity-building.** Support and encourage the development of local capacity at the neighborhood level among citizens to develop strategies and networks that increase resilience to climate impacts.

**HE-G.29 Emergency housing.** Support and coordinate expanded emergency, transitional and supportive housing services provided by the County, cities, and community organizations to minimize exposure of homeless populations and those potentially made homeless during extreme weather events.

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## H. HEALTHY HOUSING

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### Background

Housing can significantly affect individual and community health, directly and indirectly. Over time, the nexus between health and housing has become better and more fully understood, such that all levels of government more explicitly acknowledge the role housing plays in health outcomes. The Health Element addresses these issues and potential impacts separately from the Housing Element, which focuses more significant attention on overall housing policies, prescribed housing needs and capacity for new housing, programs and specific quantified objectives for housing production on an eight-year cycle. Housing elements are subject to the most highly detailed and prescribed content and format of any general plan mandatory element. For further information on the scope and content of the County's housing element, refer to the Housing Element of the General Plan.

One of the most well known direct health impacts of housing conditions is the continued existence of lead paint in older residences and buildings. It continues to be a health threat despite decades of attention, abatement regulations, and focus. Another increasing concern is indoor air quality such as from secondhand smoke and other toxics, and proximity to significant generators of particulate matter pollution, such as freeways, truck terminals, and ports, where diesel fuel emissions are concentrated and pollutant levels are heightened. These impacts also often disproportionately affect disadvantaged or vulnerable populations due to the location of housing in proximity to freeways, major roads, or other similar sources.

High housing costs also have indirect impacts, reducing disposable income available for medical treatment, food, and other necessities, which in turn may contribute to less preventive care and health maintenance. High costs may also require residents to maintain multiple jobs, live in hazardous or overcrowded conditions, and suffer higher personal transportation costs. High housing costs also contribute to overcrowding and homelessness. In 2014, Santa Clara County as a whole had the highest percentage of unsheltered homeless in the United States, and the 7<sup>th</sup> largest homeless population of all major cities or metropolitan areas.<sup>109</sup> Chronic homelessness is associated with poor health and a shortened life span.

There are many other ways housing contributes to or detracts from community and individual health, including:

- General housing conditions, including substandard housing,
- Neighborhood maintenance and decline, which can lead to reduced values, increasing crime and public safety issues,

- Overcrowding and noise, which can contribute to increased stress, and
- Housing segregation and housing discrimination.

Moreover, the impacts of housing problems such as these can have a detrimental effect on behavioral health as well as physical health. Personal injuries can also result from poorly designed or maintained homes such as in stairways, bathrooms, walkways. The potential for serious injury in the home increases as the population ages and more and more seniors elect to stay in their own home, for a variety of reasons.

### **Major Strategies and Policies**

To address the health impacts and benefits of housing, this section of the Health Element focuses on the following major strategies:

*Strategy #1: Acknowledge the significance of health impacts from housing conditions, supply, and affordability.*

*Strategy #2: Inventory and improve housing and neighborhood-level conditions, quality, and other environmental factors that contribute to poor health outcomes.*

*Strategy #3: Promote new and innovative forms of urban housing in appropriate locations for special needs households, intergenerational and diversity needs, aging of the population, and social integration/cohesion.*

*Strategy #4: Address the needs of the homeless and others receiving social services and assistance with housing services that reduce governmental service costs.*

***Strategy #1: Acknowledge the significance of health impacts from housing conditions, supply, and affordability.***

Housing elements and planning focus largely on needs, capacity, supply and demand, and programs for addressing particular issues and populations. Housing elements can be especially challenging because the housing needs for a jurisdiction may prompt changes in other aspects of community planning such as land use, downtown redevelopment priorities, transportation, and community identity. However, where housing affordability and access is a problem, associated health impacts are exacerbated.

### **Policies:**

- HE-H.1 **Health and housing connection.** Recognize and address the health effects of housing, particularly high costs and limited supply of diverse housing types, in general plans, specific plans, and ordinances of each city and the County.
- HE-H.2 **Unhealthy housing sources.** Encourage the identification and elimination of the most common sources of unhealthy housing, including mold and moisture, pests, poor indoor air quality, physical safety problems, contaminants and toxic substances, and deferred maintenance.
- HE-H.3 **Tobacco-free multi-family housing.** Coordinate with cities and other stakeholders to establish tobacco-free housing, by prohibiting smoking in multi-family residential housing developments.

***Strategy #2: Inventory and improve housing and neighborhood-level conditions, quality, and other environmental factors that contribute to poor health outcomes.***

Over time, cities and counties have struggled to maintain staffing and resources to adequately inventory and monitoring housing conditions. Neighborhood conditions, combined with aging housing stock, can contribute to other societal problems such as overcrowding and crime. While some areas naturally attract investment and appreciation, others require more concerted efforts to maintain quality of life, infrastructure, and housing quality.

**Policies:**

- HE-H.4 **Housing inventories.** Maintain and update neighborhood condition inventories and assessments to evaluate general conditions, housing stock, and needed services.
- HE-H.5 **Housing conditions review.** Promote programs to identify areas and properties where inspections, investments, and attention are especially needed to address deteriorating housing, violations, or patterns of substandard conditions.
- HE-H.6 **Staffing and services.** Encourage the provision of staffing levels and resources within housing and planning agencies to provide an adequate level of investigatory and code compliance staffing and services.
- HE-H.7 **Neighborhood engagement for housing conditions.** Promote the engagement of residents, neighborhood councils, associations, and community groups to convene and address health and related housing

condition issues within defined neighborhoods of each municipality and unincorporated communities. Use neighborhood input to identify most needed improvements and community investment strategies.

- HE-H.8 **High quality building construction.** Encourage and regulate the design and construction of new residential buildings and rehabilitated or converted buildings to minimize or eliminate hazardous conditions, provide healthy indoor air quality, access to natural light and air, and freedom from pests or similar adverse conditions.

***Strategy #3: Promote new and innovative forms of urban housing in appropriate locations for special needs households, intergenerational and diversity needs, aging of the population, and social integration/cohesion.***

Household types and formation trends indicate a need for more innovative housing types than traditional single family residential or apartments. With an aging population and increasing numbers of single person households, cities can benefit from housing forms that promote social engagement and cohesion, reduce isolation, integrate universal design, and that build communities across age and ethnic barriers.

**Policies:**

- HE-H.9 **Innovative housing types.** Encourage the removal of barriers to and create opportunities for innovative/non-traditional housing forms in urban areas such as co-housing and inter-generational housing.
- HE-H.10 **Secondary dwelling units.** Continue efforts to promote the development of secondary dwelling units in appropriate residential districts with appropriate standards, considering the age and context of individual neighborhoods, lot sizes, and parking needs.
- HE-H.11 **Range of housing types.** Encourage a mix of housing types across urban areas of the county by encouraging rental and homeownership opportunities, enhancing the availability of units with universal design, and providing housing for all income levels and for special needs populations, including older adults.

***Strategy #4: Address the needs of the homeless and others receiving social services and assistance with housing services that reduce health impacts and governmental service costs.***

Homelessness is one of the most intractable and continuing problems of growing, affluent regions and can be a significant contributing factor to costs of government social services and assistance. Most programmatic efforts to address homelessness are contained in the Housing Element of local general plans. The Health Element draws special attention to the individual and community health impacts of homelessness.

**Policies:**

HE-H.12 **Transitional/supportive housing and services.** Encourage the location of homeless housing near social and medical services and transit, and design housing to blend with existing neighborhoods and nearby land uses. Focus on supportive housing to meet the integrated needs of homeless populations.

HE-H.13 **Homelessness and health connection.** Acknowledge the acute health impacts of homelessness, particularly for the chronic homeless and children, and the significant correlations between chronic homelessness, mental and physical health, educational attainment, and social integration.

HE-H.14 **Investment in supportive housing.** Explore all means of increasing the funding and supply of transitional and permanent supportive housing for homeless persons and families, to coordinate service delivery, reduce agency service costs, and improve health outcomes.

## I. VIOLENCE PREVENTION AND SAFETY

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### Background

Violence is a growing public health crisis in the United States, and youth, low-income populations, and people of color are disproportionately affected. In the United States, violence accounts for approximately 55,000 deaths annually.<sup>110</sup> Homicide is the leading cause of death for young black men.<sup>111</sup> Homicide is the third leading cause of death for youth aged 10-24 years, and every day 13 young people are victims of homicide. Significant consequences of non-fatal violence include injuries and disabilities, mental health and behavioral consequences, reproductive health consequences, other health consequences, in addition to the impact of violence on the social fabric.<sup>112</sup> The economic burden of violence in 2010 totaled \$70.4 billion (\$70.1 billion in work loss costs and \$335 million in medical treatment).<sup>113</sup> In 2010, the combined cost from just medical care and lost work due to homicide among youth aged 10-24 years was estimated \$18.1 billion nationally.<sup>114</sup>

Violence and related trauma across the lifespan takes many forms in the community. At the earliest stages, child maltreatment and bullying can occur. Into adolescence, gang activity, cyber-bullying and dating violence may be present. Throughout adulthood, intimate partner violence, community violence, and elder maltreatment and abuse can occur, along with criminal activity, workplace bullying and hostile work environments.

In Santa Clara County, there have been some improvements in numerous violence-related indicators over the past decade; however, the disparities across population subgroups are stark and call for priority action. For example, the largest category of homicide victims annually is young people of color 15-24 years of age. School and cyberspace safety also necessitate heightened attention and action. Local data point to the fact that women are more likely to be physically abused by an intimate partner than are men. Men are much more likely to perpetrate violence and experience a violence-related death. African Americans, Latinos, and youth/young adults are disproportionately impacted by violence. Bullying remains a concern for students, parents and schools in Santa Clara County.<sup>115</sup>

Violence has health, economic, and emotional impacts on victims and their families. Homicides, physical assaults, rapes, and sexual assaults result in direct and adverse health outcomes for a community. Violent crime also can have a broader impact on the entire community. Fear about safety at home and in the community can lead to chronic stress.<sup>116</sup> Witnessing and experiencing community violence causes longer-term behavioral and emotional problems in youth.<sup>117</sup> When children or adolescents are victims of violence, the experience can affect their scholastic achievement,<sup>118</sup> and it can limit their overall success as an adult.<sup>119</sup> Additionally, neighborhood perceptions and

fear of crime can modify people's behavior. Such concerns can be a disincentive to walk, be outdoors, or engage in physical activity outdoors. Parents who are afraid of neighborhood crime may keep their children indoors more, restricting opportunities for play and social interaction.<sup>120</sup>

There is not just one cause of violence or one solution to prevent it. A growing body of research indicates that violence is influenced by a combination of factors across multiple levels of influence, including individual, relationship, community, and societal factors. At the individual level, past exposure to violence and a history of impulsiveness and poor school achievement are associated with violence. At a relationship level, peer delinquency, parental conflict, and lack of monitoring and supervision are associated with violence. At the community level, a lack of social connectedness, residential instability, and gang activity are associated with violence. At the societal level, our understanding of national history, cultural norms about violence, policies that influence job opportunities or support violence prevention programming are also associated with varying levels of violence.

Violence is not inevitable. It can be prevented, and its impact reduced. The factors that contribute to violent responses – whether they are factors of attitude and behavior or related to larger social, economic, political and cultural conditions – can be changed.<sup>121</sup> The World Health Organization (WHO) has identified strategies for evidence-based interventions to prevent interpersonal and self-directed violence: developing safe, stable, and nurturing relationships between children and their parents and caregivers; developing life skills in children and adolescents; reducing availability and harmful use of alcohol; reducing access to guns, knives and pesticides; promoting gender equality; changing cultural norms that support violence; and ensuring victim identification, care, and support.<sup>122</sup> The Centers for Disease Control and Prevention has summarized a series of best practice actions to prevent youth violence.<sup>123</sup>

## **Major Strategies and Policies**

In addition to this section, the Social and Emotional Health section includes strategies and policies aimed at improving social emotional wellness and reducing substance abuse, which are critical in violence prevention. This section promotes violence prevention and overall safety in all communities, with the following primary strategies:

*Strategy 1: Improve neighborhood safety and promote neighborhood development.*

*Strategy 2: Prevent childhood experience/exposure to trauma and violence.*

*Strategy 3: Prevent and reduce intimate partner violence.*

*Strategy 4: Prevent and reduce elder abuse.*

***Strategy 1: Improve neighborhood safety and promote neighborhood development.***

Strong, vibrant neighborhoods are critical to violence prevention. Strategies and policies that promote affordable housing, quality education, and neighborhood resources also support and build resilience in the community and among families.

- HE-I.1    **Neighborhood business improvement.** Promote the utilization of community economic development model of the business improvement district to reduce violence and crime in affected neighborhoods.
- HE-I.2    **Density and location of alcohol sales close to schools.** Address the association between higher alcohol beverage sales density with higher incidence of violent crime, by supporting the implementation of policies that limit the density of alcohol beverage outlets and restrict sales close to schools.
- HE-I.3    **Built environment and safe passages.** Promote strategies that foster safe passages in neighborhoods and around schools with high crime and gang activity to ensure that all residents can travel with confidence and without fear. Train County and other public agency staff in principles of “Crime Prevention through Environmental Design” to evaluate and modify proposed designs for public and private developments.
- HE-I.4    **Housing quality and maintenance.** Promote efforts that improve housing quality and maintenance, including encouraging responsible tenant and landlord engagement to address aging housing and improve blighted conditions.
- HE-I.5    **Neighborhood schools.** Support the expansion of high quality early childhood education and K-12 schools with parental engagement.
- HE-I.6    **Effective discipline approaches.** Support policies and practices that limit discipline practices that remove youth from school, promote trauma-informed healing, and encourage student engagement and achievement.
- HE-I.7    **Community policing.** Support approaches and policies that integrate violence prevention and crime reduction models with public health and community policing. Support city and County law

enforcement agencies' efforts to improve real and perceived safety concerns in communities most impacted by crime and violence through neighborhood-based strategies that engages residents and youth in problem-solving.

- HE-I.8 **Opportunities for high-risk youth and young adults.** Encourage expansion of public/private partnerships and philanthropic initiatives to provide workforce experience and economic opportunities for high-risk youth and young adults.
- HE-I.9 **Restorative justice and healing.** Continue efforts to promote justice through dialogue between victims and offenders. Expand healing, trauma-informed, culturally based practices in school districts, juvenile and adult criminal justice systems.
- HE-I.10 **Incarceration and re-entry.** Continue to implement and evaluate the County's Reentry Program and AB 109 Realignment Plan to ensure that formally incarcerated individuals experience healthy re-integration. Implement gender and sexual identity responsive approaches and programs during and post-custody.
- HE-I.11 **Gang prevention/reduction model.** Support ongoing implementation of data-driven, multi-stakeholder strategies in high crime neighborhoods to reduce gang membership and gang violence. Enhance gang and truancy prevention models with health promotion strategies. Enhance data system infrastructure to assist with evaluation and identification and replication of effective gang prevention programs.

***Strategy 2: Prevent childhood experience/exposure to trauma and violence.***

An ever-growing body of research shows that childhood exposures to trauma contribute significantly to both behavioral and physical illness and adverse outcomes over a lifetime. Trauma, particularly abuse, also correlates to future behaviors and potential to inflict similar experiences on others.

- HE-I.12 **Trauma-Informed Services.** Continue to train County staff and providers in the development and implementation of trauma-informed models that are culturally relevant.

- HE-I.13 **Parental and caregiver education.** Promote funding and dissemination of best practice parenting education. Expand knowledge about the impacts of witnessing or experiencing trauma and violence on children in the home, school, and community.
- HE-I.14 **Bullying prevention and school climate.** Encourage positive school climate policies and practices, implementation of evidence-based bullying prevention programs and professional development to increase social emotional learning and wellness practices.
- HE-I.15 **Health care screening.** Support the implementation of best practice child abuse health care screening and treatment policies, including best practice protocols for pediatricians and emergency rooms.

***Strategy 3: Prevent and reduce intimate partner violence.***

Intimate partner abuse and violence can affect all forms of relationships, spousal and otherwise. Safe, stable and nurturing relationships that are free of physical, emotional, sexual and financial abuse contribute to healthy home and communities. Victims and those who witness dating or domestic abuse can experience anger and stress, and persistent exposure can lead to poor health outcomes over the lifespan.

- HE-I.16 **Domestic violence response.** Improve coordination and policies to ensure effective response to incidents of reported domestic violence. Expand outreach and education with immigrant communities on law enforcement protocols.
- HE-I.17 **Intimate partner violence prevention.** Support comprehensive school-based policies and training for middle and high school personnel to prevent and respond to dating violence. Encourage the expansion of evidence-based practices, including social norms change strategies that promote healthy relationships and discourage abusive behaviors. Support the use of protection orders for youth experiencing dating violence.
- HE-I.18 **Health care screening.** Implement best practice intimate partner violence screening, reporting, and referral policies within the health care and law enforcement systems, including young adult and pediatric settings.

***Strategy 4: Prevent and reduce elder abuse.***

Elder abuse refers to any intentional or negligent act by a caregiver or other person that harms or causes serious risk of harm to a vulnerable adult. It is more common than often imagined and especially of concern for the elderly who are dependent on others, family, friends, or others for their most basic needs. It can take many forms, including neglect or emotional abuse, isolation or abandonment, physical and sexual abuse, and financial exploitation. Many elderly often suffer in silence, and the signs of abuse go undetected due to reduced social interaction or opportunities for exposure. With the aging of the population, increased attention and prevention efforts are needed to prevent and reduce elder abuses of all kinds.

- HE-I.19 **Elder abuse awareness.** Promote efforts to educate seniors, mandated reporters, caregivers, healthcare providers, the public, and relevant stakeholders on elder abuse prevalence and impacts.
- HE-I.20 **Elder abuse screening and detection.** Promote adoption of best practices and policies to screen, detect and respond to elder abuse.
- HE-I.21 **Social programming and connectivity for older adults.** Support service expansion at senior community centers, adult day care programs, home meal delivery programs, and other social programs for homebound seniors.

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**Santa Clara County General Plan  
Health Element –  
Revised Public Review Draft**

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**[www.healthysantaclaracounty.org](http://www.healthysantaclaracounty.org)**



Exhibit C:  
Comparison Document  
With Original August 8, 2014  
Public Review Draft



Health Element – Introduction**INTRODUCTION**

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**General Introduction**

Maintaining and improving public health is one of the most fundamental shared societal goals, similar to public safety, equality of opportunity, and education. Public health focuses on the health of populations and communities or groups, rather than in addition to the individual. Many factors affect whether a community's health is as good as it could be, including social determinants such as income, education, race/ethnicity, culture, food insecurity and similar factors. Other factors include access to health care, affordable insurance, genetics, and lifestyle.

As a society, significant efforts have been made to eliminate diseases, prevent or control epidemics, and improve environmental conditions. Great successes have been achieved through public health, including vaccinations, tobacco controls, dietary research, motor vehicle safety and emissions controls, sanitation, and other endeavors.

Urban and regional planning in the United States has its roots in combatting environmental issues threats and communicable diseases in cities at the onset of the industrial age. Overcrowding, industrial pollution, lack of sanitation, and other issues were addressed through a variety of means to make urban environments healthier places to live and work. Today, health risks of a different kind remain but are increasingly being addressed through preventive measures and changes within our environments that facilitate healthier lifestyles. For example, chronic diseases and injuries now account for over 75% of all deaths in California, but through multi-disciplinary and coordinated efforts, these causes can be addressed through behavior change, our urban environments, and better access to preventive care.

According to some assessments, Santa Clara County has recently ranked as high as the second third healthiest county County in California. However, in a place as diverse and large as Santa Clara County, with 1.8 million residents, significant health disparities and inequities exist. Experts increasingly point to rising rates of obesity and diabetes in younger and younger populations as just one indication that as a society, maintaining and improving community health and well-being remains a significant challenge.

The overall health status of a community contributes to lower governmental costs of providing health care. It also contributes to a healthier workforce and a better economy, and with many other direct and indirect benefits to individuals and society. Increasingly, positive health outcomes are not just the result of health care treatment and interventions but must be addressed through upstream efforts that

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## Health Element – Introduction

help avoid or reduce health problems, so-called “upstream” efforts and interventions, in the first place.

One goal of the County’s Health Element is to demonstrate the correlation between well-planned, safe, highly livable, urban environments and improved health outcomes such as for reductions in chronic disease. Another is to place public health on par with more traditionally recognized elements in general plans, such as housing and land use, and to make explicit the connections between those subject areas typically associated with comprehensive plans and those of public health.

The conditions within our built and natural environments that are most conducive to improvements in public health are also intrinsically related to the sustainability of our environment and society. In addition, the environmental impacts of climate change will create new emerging threats to public health, particularly for vulnerable populations, such as children, the elderly, the poor, people of color and people with chronic conditions. Solutions and mitigations for these overlapping issues lie within the many promising opportunities for cross-sector collaboration among various professional disciplines, such as planning and public health.

### **Guiding Principles**

~~To those ends, the~~ The Health Element is founded upon and embraces certain Guiding Principles, listed below. These principles inform the subject matter, strategies, and policies contained in the Health Element, and the means by which the County and other implementers of health-related policies and programs should approach these subjects.

1. **Prevention:** A preventive, upstream, and holistic approach to health and well-being results in better long-term health outcomes, which lowers costs by effective and efficient use of taxpayer dollars.
2. **Leadership:** Santa Clara County’s public agencies and employees are guided by best practices in decision-making and have an interest in the greater good. The County is also uniquely situated to provide leadership and serve as a model for public health.
3. **Community Empowerment:** Awareness, collaboration, and community-based implementation are key components in the success of health-focused and environmental interventions that can bring about positive behavioral changes and improvement.
4. **Equity and Inclusion:** Santa Clara County is one of the healthiest areas in the country; however, there ~~is wide variation~~ are disparities among different groups in the County. The County seeks to eliminate health inequities by intentionally addressing the root causes of inequitable health outcomes, and by creating policies and programs that are well-integrated and responsive to cultural diversity.

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5. **Sustainability and Co-Benefits:** By creating healthier communities we can also improve residents' overall quality of life, reduce private and public sector costs, improve social cohesion, and provide a stronger foundation for environmental sustainability and resiliency.
6. **Strategic Roles:** Santa Clara County plays a major role in managing and delivering health care, in addition to many other services important to public safety and welfare. The County can be a major strategic partner in improving health conditions, with hospitals, and community health organizations.
7. **Responsibility:** Community health is a public and private responsibility that requires the collective effort of both institutions and individuals.
8. **Healthy Choices:** The County and other organizations work to ensure that the healthier choices are the easier choices for all residents and employees, and that a better range of healthful options results in reinforcing positive health behaviors and reduced negative health impacts.
9. **Promote the Public Interest:** The County and other entities engaged in community health have a responsibility to promote policy and initiatives necessary to protect the public's health, safety, and welfare, while fairly considering and balancing the commercial interests of businesses and industries whose products and services may pose risks to human health and community well-being.

**Health in All Policies**

Another major concept championed by the County Board of Supervisors and by many stakeholders is the ~~importance~~significance of a "Health in All Policies" (HiAP) approach. HiAP stresses the importance of infusing awareness and purpose in all governmental programs, functions, and responsibilities to address and promote community and personal health, ~~not as an afterthought.~~

~~On the issue of lifestyle, a~~ growing body of research clearly indicates that our personal health behaviors are strongly influenced by conditions in the environments where we live, learn, work, and play. ~~Hence, the~~The built environment – from land use planning and fast food restaurants, to safe streets and parks – greatly shapes the health of our community. This ~~reality~~understanding brings home a powerful message— that our policy decisions have an active and significant influence on shaping the health of our communities and every person who lives here. ~~There is by no means a passive disconnect between our policy decisions and the health status of our residents, in fact, it is just~~

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~~the opposite resident.~~ Health is a consequence of every choice and policy decision we make—hence the importance of the concept of Health in All Policies.

With direction to develop a Health Element for the County's General Plan, the Santa Clara County Board of Supervisors expressed the desire for the Health Element to be inclusive, innovative, and inspirational, the "three I's." In partnership with the many health providers, stakeholders, agencies, and non-governmental organizations, the County also aspires to prioritize and implement measures that can make demonstrable improvements in public health. The Health Element's major strategies, policies, and implementation recommendations will have many implementers and partners, including the cities of Santa Clara County.

### **Purposes and Intended Audience/Implementers**

The Health Element is not only serves as a high level policy guide for County decision-making, budgeting, and program initiatives, but also serves as a platform for future collaborative efforts with the community health system. Strategy and policy statements within the Health Element are intended to provide a broad, big-picture perspective on the various subjects addressed in each section. They are not intended to be interpreted to mandate a particular action or other implementation on the part of the County or any of its agencies, without further Board- or executive level direction, or to dictate the policies or actions of other jurisdictions, stakeholders or community based organizations.

The Health Element is furthermore intended to serve as a model element for other jurisdictions and agencies in Santa Clara County and the region. It is one of the first to address community health on a countywide level, acknowledging the challenges of addressing public health on such a large scale, and the many different issues, needs, and population-based differences and disparities affecting residents. In that regard, the The fifteen cities of Santa Clara County, private health care providers and networks, and many other entities will be as important as any other implementers and advocates for certain goals, strategies, and policies articulated in the Health Element. The Health Element not only guides County decision-making, budgeting, and initiatives, but also serves as a platform for future collaborative efforts with all who are involved in the community health system.

The Health Element contains information and policies organized by the following sections or subject matter:

- A. Health Conditions, Equity and Access
- B. Social and Emotional Health
- C. Land Use and Urban Design
- D. Active and Sustainable Transportation
- E. Recreation and Physical Activity

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- F. Healthy Eating, Food Access, and Sustainable Food Systems
- G. Air Quality and Climate Change
- H. Healthy Housing
- I. Violence Prevention and Safety

Health Element – Health Conditions, Equity, and Access

## A. HEALTH CONDITIONS, EQUITY, AND ACCESS

### Background

This section of the Health Element focuses on the most critical health conditions, inequities and strategies for improving overall community health in Santa Clara County and the role of policy in improving health status. Some of the most critical issues include improving access to high quality health care, addressing significant health equity issues, and treating the needs of the whole person, weighing. Others include treating mental and behavioral health equally with physical well-being; and increasing our understanding of the role how the physical environment and social determinants of health play a major role in an individual's and the community's health status. throughout the lifespan.

Health conditions are influenced by policies and environments that which either sustain healthy behaviors or fail to support them. “Health in All Policies” (HiAP), is an approach that puts health at the heart of policy making. It was first championed by the Santa Clara County Board of Supervisors in their 2005 “Resolution Regarding Health,” which called for the promotion of health by all branches and levels of County government.

HiAP integrates health, sustainability, and equity into policy considerations, and promotes the ability to achieve full health potential. It also presents opportunities for addressing the underlying root causes of poor health through policy and systems change. It engages diverse governmental partners and stakeholders to work together to improve health and simultaneously advance other goals, such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, environmental sustainability, and educational attainment. The now Now recognized internationally-recognized, the HiAP approach also emphasizes that the key to good health lies primarily in prevention, that is, and in helping county residents people stay healthy in the first place, rather than by treatment alone.

#### Health Disparities and Inequities: Terms

**Health Disparities** refer to differences between groups of people. These differences can affect how frequently a disease affects a group, how many people get sick, or how often the disease causes death.<sup>1</sup>

**Social Determinants of Health** refers to circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.<sup>2</sup>

**Health Inequities** are disparities in health that are a result of systemic, avoidable and unjust social and economic policies and practices that create barriers to opportunity.<sup>3</sup>

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**Health Equity** is defined as attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities (Healthy People 2020).

### State of the County's Health

Santa Clara County ranks high in many comparative measures of community health. In ~~2014~~2013, Santa Clara County ranked ~~as the third, after Placer County, among the healthiest counties~~ county in California.<sup>4</sup> ~~Among large, metropolitan counties, Santa Clara County would rank first.~~ These assessments provide a generally useful measure of overall health status for a large county, ~~but.~~ However, it is important to develop a more in-depth understanding of issues and needs, because there can be significant disparities and inequities.

As part of the preparation of the County's Health Element, the County published a "Community Health Existing Conditions Report" (ECR). This data compendium augments an already rich and insightful body of health assessments published by the County's ~~Department of Public Health~~ Department over recent years, including its 2010 County Health Profile and the 2012 Latino Health Assessment, among others. The ECR compiled and mapped the most significant health indicators and information on a variety of subjects that inform many of the sections of this element.

Santa Clara County is at the center of a regional technology-based economy that has brought affluence and acclaim. It had a median household income of \$86,850 in 2012, with the average being \$113,161, but one in five residents lives at or below ~~the~~ 200% of the Federal Poverty level. ~~Other key demographic findings include the fact that by 2030, more than 25% of the population will be over age 60.~~

~~The health~~Health outcomes and ~~health-inequities~~ experienced by ~~county~~County residents are to a great extent shaped by social determinants of health. These include social, economic, political and environmental conditions, including income, years of education levels, occupation, place of residence, gender, social class, race/ethnicity, and immigration status, and the physical conditions in the neighborhoods where they live, play, work, and age. Most among others. Public health experts in the field of public health now recognize that these factors affectfundamentally influence individual health as much or more than any other set of factors, including clinical interventions, protective interventions such as immunization, and counseling/education.

Of all social determinants, income is one of the strongest predictors of health outcomes worldwide. The estimated Family Economic Self-Sufficiency Standard for two adults, an infant, and a school-aged child in Santa Clara County in 2008 was \$67, 213.<sup>5</sup> By 2014, the figure has grown to \$86,399. The Family Economic Self-Sufficiency Standard is a

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measure of the minimum income necessary to cover all of a non-elderly (under 65 years old) individual or family's basic expenses—, including housing, food, childcare, health care, transportation, and taxes— without public or private assistance. It is a more realistic and meaningful indicator than the Federal Poverty Level, particularly for higher cost of living metropolitan areas.

In 2010, 29% of households earned under \$50,000. ~~On the other hand~~ In contrast, more than two in five households ~~earned~~ earned over \$100,000 annually, illustrating the significant income disparities in the ~~county~~ County. Research has shown that people with higher levels of education are at lower risks for many diseases and have longer lifespans.<sup>6</sup> Overall, ~~county~~ County residents are relatively well educated; however, 14% of adult residents lack a high school education and 17% of adults with less than a high school education are living in poverty.<sup>7</sup>

Chronic diseases, accidents, and suicide are the leading causes of death. The top two causes of mortality, cancer and heart disease, account for approximately 50% of all deaths.<sup>8</sup> Diabetes is often an underlying condition and contributor to heart conditions and mortality. The Centers for Disease Control and Prevention (CDC) have identified four modifiable risk factors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol—as the most common causes of chronic disease.<sup>9</sup>

**California Wellness Plan 2014**

The 2014 California Wellness Plan is a comprehensive overview and strategic plan published by the California Department of Public Health. Its overarching goal is equity in health and ~~wellbeing~~ well-being, with an emphasis on prevention. It notes that up to 80% of most chronic diseases, such as cardiovascular disease, stroke, diabetes (type 2), and many cancers could be prevented by eliminating tobacco use, better diet, physical activity, and eliminating harmful use of alcohol. For example, chronic disease and injury accounted for 80% of all deaths in 2010.

To improve health equity and ~~wellbeing~~ well-being, the report emphasizes the need to focus on four main areas to achieve synergy and greater, collective impact:

1. Healthy Communities
2. Optimal Health Systems Linked with Community Prevention
3. Accessible and Usable Health Information
4. Prevention Sustainability and Capacity

These four focus areas align with the County's Health Element and its focus on upstream, preventive measures, improved health equity, and chronic disease reduction, as a "roadmap to prevention" and reducing the massive cost burden of treating versus preventing and mitigating the most common threats to health and ~~wellbeing~~ well-being of the community.

Overall life expectancy in Santa Clara County is 83.7 years, higher than California and the U.S. However, in midtown San Jose it is 79.5 years, compared to 86.7 years in the

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cities of Los Altos, Mountain View, and Palo Alto. ~~Meanwhile, Asian females in the county~~County can expect to live until age 89, 11.2 years longer than African American males.

Of all the health trends in the U.S., the increasing ~~incidence~~rates of overweight and obesity is one of the most alarming. In Santa Clara County, 55% percent of adults and 25% of middle and high school students are overweight or obese. Racial and ethnic minorities, those with lower incomes or less education, and those in rural areas have the highest obesity rates.<sup>10</sup> The economic costs associated with obesity in the ~~county~~County were \$2.5 billion in 2006. The proportion of Santa Clara County adults with diabetes has increased from 5 to 8% in less than ten years, and almost 14% of adults have asthma.<sup>11</sup>

One in 10 adults and about one in 12 middle and high school students smoke tobacco,<sup>12</sup> and Santa Clara County residents continue to be exposed to secondhand smoke at home, in vehicles, at school and in the workplace. When surveyed, seventeen percent of adults reported exposure at their workplace.<sup>13</sup> Smoking rates also vary greatly among racial/ethnic groups in the ~~county~~County. Eleven percent of Whites (13% of males), 12% of Vietnamese (24% of males), and 21% of Filipinos (32% of males) are current smokers.<sup>14</sup> In addition, in a recent survey, nearly 25% of members of the ~~LGBTQ~~lesbian, gay, bisexual, transgender, queer (LGBTQ) community in Santa Clara County described themselves as smokers.<sup>15</sup>

~~Although social determinants such as poverty, education, and race/ethnicity have the greatest impact on health, interventions can be instituted that change the environmental context in which people live. In fact, one public health strategy is to make the healthier options accessible and the “easy choice”. These include changes such as the elimination of soda sales in schools, smoking bans, and urban design that encourages people to walk and use public transportation.~~<sup>16</sup>

**Public Health Department Strategic Plan: Prevention and Winnable Battles**

~~In its 2012-2015 Strategic Plan, Santa Clara County Public Health Department identified three winnable battles: 1) Increase healthy eating and physical activity to prevent obesity and chronic diseases, 2) Decrease tobacco use and exposure to prevent chronic disease, and 3) Promote safety and reduce violence to prevent injuries. [Note: to be updated in Fall 2014 prior to adoption with revised PHD Strategic Plan information].~~

Health conditions and health care costs directly impact the County’s economic and fiscal stability. In the 2012 fiscal year, the Santa Clara Valley Health and Hospital System accounted for 44 % of the County’s entire budget.<sup>17</sup> To achieve greater efficiency in health care costs and spending, it is critical that residents have access to a variety of preventive health care services, not just clinical treatment. Improving community health

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and reducing costs are also of significant benefit to local businesses and non-profits, helping the state and regional economy remain more competitive.

Access to health care means much more than just having convenient, accessible local health elinie locations.clinics. Adequate health care access ~~must also include~~includes provision of electronic health records, access to ~~preventative~~preventive care, transit ~~access~~accessibility, insurance coverage, and culturally/linguistically appropriate care. ~~Preventive~~Access to preventive measures and screenings reduce the incidence and severity of illnesses and are often less expensive than the costs of care once someone has fallen ill.<sup>18</sup>

Between 2000 and 2009, the percentage of adults 18-64 years old without health insurance more than doubled from 8% to about 20%.<sup>19</sup> With the advent of insurance exchanges through the Affordable Care Act, access to affordable insurance has improved. Although 64,924 Santa Clara County residents enrolled from October 2013 through mid-2014 under the Affordable Care Act (ACA),<sup>20</sup> 140,000 people in Santa Clara County, including undocumented residents, are projected to remain uninsured.<sup>21</sup> In addition, more than one-third of Santa Clara County adults do not have dental insurance, which was not included in the ACA.<sup>22</sup> Even when people have access to a provider and insurance, there are other factors that can affect their ability to receive adequate care, such as their knowledge of the health care system, the skills to obtain referrals and set up appointments, dealing with insurance companies, ~~transportation or lack thereof to service providers, proximity to services, and medical leave or time off to see providers.~~ Accessibility to care also includes important aspects such as language barriers and culturally sensitive services and having time off or medical leave to obtain health care services.

~~Lastly, the~~The aging of the population of the ~~county~~County will continue to shape the ~~county's~~County's health profile for years to come. According to the Seniors Agenda, by 2030, over one in four residents will be over 60 (27.6%).<sup>23</sup> Health care costs are typically greatest for the elderly, and ~~many~~ more seniors are challenged by limited incomes than is commonly understood. The aging of the population and health needs of the “baby boomer” age cohort will present an unprecedented challenge that can only be met successfully by inter-related efforts to ensure access to care, transportation needs, in-home services, adequate housing options, efforts to combat social isolation, fall prevention, and other needs. [~~Note: for additional information on health conditions, refer to the Existing Conditions Report, Health Element website, or the County's Public Health Department website.~~]

Lastly, according to California's State Plan for Alzheimer's disease, the number of state residents living with Alzheimer's disease will double to over 1.1 million in the next

twenty years.<sup>24</sup> It is now the sixth leading cause of death in California overall but the third leading cause of death in Santa Clara County after heart disease and cancer. Dementia, in general, is a serious clinical syndrome that goes beyond memory loss, including decline or loss of cognitive functions necessary for activities of daily living. Costs associated with dementia, of which Alzheimer's is the most common type, are significant, in terms of direct Medi-Cal costs, the costs to families and others who provide unpaid care, and to businesses and the economy. Responses to this growing problem will need to be addressed through integrated coordinated care, better approaches to family caregiver support, and research into causes and possible cures or treatments.

### Major Strategies and Policies

The following major strategies and policies are intended to convey a comprehensive approach for improving health conditions, equity, and access.

*Strategy #1: Improve health for all residents through “Health in All Policies” approach and countywide collaboration.*

*Strategy #2: Promote health equity through understanding of key social determinants of health.*

*Sub-strategy #2a: Increase educational attainment and employment readiness.*

*Sub-strategy #2b: Improve economic conditions and reduce poverty.*

*Sub-strategy #2c: Strive to eliminate institutional and structural racism.*

*Strategy #3: Ensure equitable access to high quality physical and behavioral health coverage and care for all county residents.*

*Strategy #4: Educate and empower individuals, employers and communities to improve population health and advocate for positive change.*

***Strategy #1: Improve health for all residents through a “Health in All Policies” approach and countywide collaboration.***

Santa Clara County governmental policy and programming programs have great potential for improving the health of residents and communities. It is fundamental to understand that conditions in our environment profoundly shape and influence our individual health as well as the health of our communities. Public and organizational policies are some of the single most powerful tools to reshape those conditions and hence create environments that are conducive to health and wellbeing. As such, the opportunity and ability to influence and shape health is intrinsically woven

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~~into all policy decisions, well-being.~~ As a partner with other stakeholders and organizations, the County can help develop consensus, ~~policy priorities, and focused focus~~ resources such to achieve collective impact across sectors and jurisdictions. The “Health in All Policies approach” can facilitate collaboration and ~~reinforcingreinforce~~ efforts among governmental agencies, community-based organizations, businesses and individuals. ~~HiAP can also be an effective strategy to address the multifaceted issues that affect health and equity.~~

**Policies:**

- HE-A.1 **Health in All Policies.** Integrate a “Health in All Policies” approach into all County government department and agency policies. Encourage and work with all local governments, special districts, and non-governmental organizations to adopt similar policies.
- HE-A.2 **County staff education.** Educate key County staff across departments on Health in All Policies approaches and engage them in understanding how their work may influence community health and on-going health challenges in Santa Clara County.
- HE-A.3 **Health Impact Assessments (HIAs).** Consider the use of health impact assessments or similar tools to evaluate how policies, programs, strategic plans, and capital projects can improve public health.
- ~~HE-A.4 **Community health collaborations.** Collaborate with cities, community-based organizations, the Hospital Council and neighborhoods to focus attention on and programmatically address community health needs.~~

***Strategy #2: Promote health equity through understanding of key social determinants of health.***

~~The promotion of~~ Promoting health equity is a key strategy for addressing major population health issues based in socioeconomic inequalities. Despite overall high health rankings for Santa Clara County in recent years, due partly to the relatively prosperous and well-educated population, major disparities and inequities in health outcomes persist.

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A wealth of evidence has shown that factors such as education, income, racism, employment, housing and neighborhood conditions have a significant impact on the health and well-being of individuals and entire populations. Referred to as “social determinants of health,” these factors play as large or larger role in public health than medical care, and furthermore create further perpetuate inequities that result in negative health outcomes for many in our community.

Improving health equity is consistent with and underlies the mission and purposes of many County services. This section further emphasizes underlying factors of education and income, race, and discrimination as critical social determinants of health. Additional issues of health disparities and equity will be addressed within subsequent sections, specific to the subject matter in each section.

**Policies:**

HE-A.54 **Health inequity focus.** Promote awareness, Continue to identify, increase awareness of, and prioritize means recognition of the role of addressing significant social determinants of health and persistent health inequities. Assess and ensure that the County’s policies, programs, and services affecting community health promote fairness, equity and justice.

Forma

HE-A.65 **Vulnerable populations.** Ensure that new policies, services, and programs support and align with improve the community’s greatest needs lives of those most vulnerable to poor health outcomes, including persons living in poverty, older adults, children, persons with disabilities, people of color, and immigrants.

HE-A.7 **Capacity 6 Community capacity building.** Enlist and funding. Build capacity within communities most impaired by health inequities strengthen the community’s capacity to understand, navigate and advocate participate in community and local planning, governmental affairs. Promote awareness, and interest in policy decision-making to advance health equity among local and regional philanthropic institutions.

Forma

***Sub-strategy #2a: Increase educational attainment and employment readiness.***

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Education is a key determinant of future employment and income, which correlates highly with improved health outcomes. An array of educational opportunities and social and financial support are necessary for people at various stages of the life cycle and for those seeking different types of training, experience, and growth potential. Increasing inequality of income and wealth in the United States should be addressed not only for achieving a more egalitarian society in general, but also for the positive health impacts that can be achieved through greater economic security for all residents.

**Policies:**

HE-A.87 **Early childhood education.** ~~Foster~~Support a high quality, universal system of early childhood education, especially in low-income communities.

HE-A.98 **Enrichment programs.** ~~Supplement classroom education with~~Promote free or low cost child and family enrichment programs and after-school supplemental educational programs that emphasize intellectual and emotional preparation.

HE-A.109 **Adult education and skills augmentation.** ~~Expand~~Promote expansion of academic and creative adult education job skills-based educational opportunities, particularly for older adults, non-English speakers, formerly incarcerated, and lower-income individuals. ~~Improve opportunities for youth, middle-aged, and other populations to obtain skill sets and specific training they may need to enter or remain in the workforce.~~

HE-A.110 **Childcare services.** ~~Expand childcare options, particularly for parents pursuing an education, and elder care services. Support~~ expansion of affordable, and high quality childcare child care options for all children of parents pursuing education and/or in the workforce.

HE-A.1211 **Youth employment skills.** ~~Expand~~Support youth development and employment opportunities, especially for low-income youth and youth of color.

HE-A.1312 **Workforce development and training.** ~~Work with~~Promote efforts of local schools, colleges, trade schools, and non-profit scholarship organizations to ~~create K through 16~~promote career pathway alternatives to ensure that a trained and qualified workforce is available to meet the needs of industries that are projected to grow and provide living wage traditional higher education.

***Sub-strategy #2b: Improve economic conditions and reduce poverty.***

Living in substandard economic conditions or poverty is correlated with worse adverse health outcomes. It causes unhealthy stress levels, shortened life-span, depression, and it often requires households to make critical choices and trade-offs between fundamental needs, such as food, shelter, medications, and health care. Poverty and economic challenges are also significant causes of domestic disturbances and violence, drug and alcohol abuse, and related health problems.

Achieving health improvements among those suffering from poverty with very low incomes requires actions that address root causes of poverty, such as economic literacy, expanded job opportunities, training, and wages and benefits that allow people to meet their basic needs, particularly in areas such as Santa Clara County with higher overall costs of living. It should also be noted that without concerted efforts to fund affordable housing, improvements in economic status can easily be undermined by increasing housing cost burdens. Economic improvement also requires support from and partnerships with businesses that can provide good working conditions, pay, and benefits. Reducing income inequality and its effects through better wages, benefits, and bolstering middle-income jobs further reduces health inequities.

**Policies:**

HE-A.14 **Financial literacy.** ~~Cultivate~~ Promote educational efforts to provide greater financial literacy in youth and adults in order to project life needs, reduce debt, and generate personal savings and wealth investment.

HE-A.15 ~~Family supportive~~ **Adequate wages and benefits.** Encourage or require employers support efforts to provide family-supportive living improve wages and benefits, for both entry-level employees and those supporting families, including paid sick leave, as well as. Encourage on-the-job opportunities for skill development and career advancement.

HE-A.16 **Entrepreneurship.** ~~Support~~ Promote business creation, retention, and entrepreneurship by providing education, technical assistance and financial incentives support to local businesses through

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trainings, mentoring, small incubator programs, and including access to capital and microfinance loans.

HE-A.1716 **Financial services.** Encourage community-sponsored alternatives to predatory financial institutions such as community cash checking and non-profit credit unions. Discourage or prohibit, including appropriate low cost suites of services and alternatives to payday loans. Discourage predatory lending businesses.

HE-A.1817 **Youth employment and service.** Support youth-employment and youth-serving businesses to better serve youth-employment needs. Enhance and enhanced opportunities with pay for expanded youth-focused community service.

***Sub-strategy #2c: Strive to eliminate institutional and structural racism.***

Health inequity is related both to a history of overt discriminatory actions; as well as present-day practices and policies that perpetuate diminished opportunity for certain populations. Inequities in economic, social, physical, and service environments continue to create and maintain contribute to clear patterns of poor health. Achieving racial equity requires an understanding of how historical forces that resulted in a have prolonged the deep-rooted legacy of racism and segregation. Structural and creating structural systemic changes to ensure are necessary to overcome these forces and to improve opportunity, living wages, affordable housing, high-quality education, for those who have experienced an undue burden of neglect and supportive social conditions in neighborhoods that now experience disadvantages. (Reference: Life and Death from Unnatural Causes in Alameda County).<sup>25</sup>

While the policies addressing poverty and education, enumerated above, can expand opportunity to communities of color, there is growing evidence that racism itself is a factor in health and needs to be addressed directly in its own right. Research has shown that persistent exposure to discrimination and racism translates into chronic levels of stress, lowering the immune response and resulting in a host of illnesses and diseases. (Reference: Adler N et al, Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the U.S., The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health, 2008, [www.maesf.uesf.edu](http://www.maesf.uesf.edu)).<sup>26</sup>

**Policies:**

~~HE-A.19~~<sup>18</sup> **Public awareness.** Promote public awareness of the persistence of various forms of racism and discrimination, explicit and implicit bias, and the health inequities they exacerbate.

~~HE-A.20~~<sup>19</sup> **Organizational efforts.** ~~Build~~Continue to build organizational and institutional skills and commitment in County agencies to ~~advancing~~advance racial equity and ~~eliminating~~eliminate institutional and structural racism ~~Participate in.~~ Disseminate local, regional and national efforts to identify and disseminate policies and best practices that promote racial equity.

~~HE-A.21~~ **Training and focus.** ~~Provide training and tools to County Departments to advance equity and social justice within and across all areas of service. Promote similar training and awareness throughout local government in Santa Clara County.~~

***Strategy #3: Ensure equitable access to high quality physical and behavioral health coverage and care for all ~~county~~County residents.***

Access to comprehensive, quality health ~~care coverage and~~ services is critical for achieving greater health equity and for increasing the quality of life of the entire community. ~~In the past, access~~Access to health care has is multi-faceted and focused on more ~~on than just an~~ adequate distribution of clinical service facilities and hospitals. ~~In current practice, public health emphasizes that ‘access’ is more multi-faceted, including concepts of ensuring accurate, up-to-date electronic records, access to preventive care, individual knowledge to navigate the complexities of health care systems and insurance coverage options, transportation and physical accessibility, and linguistic and culturally appropriate and patient access to services. via the internet.~~

**Policies:**

~~HE-A.22~~<sup>20</sup> **Prevention** ~~Access to prevention services.~~ Provide consistent and coordinated health messaging within healthcare settings and the community to support healthy behaviors. Provide timely Promote equitable access to high quality clinical preventive services to better address the upstream factors that contribute to community health. ensure effective health screening, education, and early intervention.

~~HE-A.23~~<sup>21</sup> **Community-based primary care and assistance.** ProvideWorking with the medical community and providers, promote

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access to a regular community-based source of high quality primary care, adequate providers, and coordination of services. Ensure adequate infrastructure to support education Promote efforts that help achieve higher levels of patient engagement and training service providers to address, counsel and treat/refer county residents for appropriate services, and inform residents how to navigate the health care system self-management through coordinated care.

~~HE-A.24~~ ~~**Expanded Chronic Care Model.**~~ ~~Utilize the Expanded Chronic Care Model to integrate population health and clinic outcomes to help prevent and manage chronic disease.~~

~~HE-A.25~~ ~~HE-A.22~~ **Health insurance coverage.** ~~Increase~~ Focus efforts on increasing the number of residents with health insurance coverage, including oral health, particularly for vulnerable communities, the residually uninsured, and those most likely to experience health inequities.

~~HE-A.26~~ ~~23~~ **Health care professionals.** ~~Encourage~~ Promote the provision recruitment and retention of sufficient numbers of general practitioners, nurse professionals, and behavioral health service primary care providers to meet the growing numbers demand of those with coverage and needs for basic health services.

~~HE-A.27~~ ~~24~~ **Integrated care.** ~~Increase the availability of services and providers~~ Continue to integrate improve the integrated treatment of co-occurring physical and behavioral health needs, such as mental health substance abuse disorders, particularly within County health settings.

~~HE-A.28~~ ~~25~~ **Elder and assisted care.** ~~Increase~~ Support the increased availability of home care and appropriate assisted living opportunities for older and disabled adults and people with disabilities, including appropriate support and resources for caregivers of older adults and people with disabilities.

~~HE-A.26~~ **Culturally-informed and competent services.** Ensure the County's strategies, practices, service, and materials are culturally informed and competent given the diversity of the population. Support efforts of all health system providers to achieve cultural competency.

***Strategy #4: Educate and empower individuals, employers and communities to improve population health and advocate for positive change.***

To effectuate upstream interventions and preventive health approaches, there is a growing need for individuals, employers, schools, and community partners to become informed regarding the strong correlation between environmental conditions and the health status of their respective constituents. Whether the need is tobacco-free environments, access to care and screenings, personal nutrition education, or improving park safety, collaboration and education are keys to success. Health equity cannot be fully addressed. A key component of improving community health is the work of governmental and non-governmental organizations to educate, empower and enlist support from all those who can play a role in improving health outcomes. Health equity cannot be achieved without informing and involving the affected groups who best understand the assets and needs of their communities and who can offer insight into the potential effectiveness of various strategies, programs, or actions. Ultimately, insightful contributions from individuals and community organizations can be as much a part of the solution for improved community health as the direct services of public agencies and other health service providers.

**Policies:**

HE-A.2927 **Health education programs.** Continue to provide and expand innovative public education programs for behavior change, in part, by sharing policy and program initiatives that support better health outcomes and help to eliminate health inequities.

HE-A.3028 **Community engagement.** Maintain effective community presence, liaisons, and relationship-building within the communities. Provide for meaningful and purposeful participation and dialogue with health department representatives in local forums.

HE-A.3129 **School-based partnerships.** PartnerContinue to partner with and utilize local schools and school-based organizations to promoteprovide educational and school-linked services.

HE-A.3230 **Health profiles and trends.** ProvideContinue to provide countywide, citywide, and neighborhood level health profiles and data to the extent possible to encourage neighborhood and community level information about health issues and trends.

Health Element – Health Conditions, Equity, and Access

~~HE-A.33.31.~~ **Workforce/workplace wellness.** Support policies, initiatives and work-force collaborations that ~~drive improved~~improve employee health, ~~wellbeing~~well-being, productive workplace engagement, and workplace satisfaction. Demonstrate leadership through County-sponsored change and programs.

~~HE-A.3432~~ **Effective community service.** ~~Champion and provide~~Support expanded opportunities for youth and older adults to engage in community service that integrates community health and improvement.

~~HE-A.33~~ **Special needs and conditions of older adults.** Promote education, training, and information for seniors, caregivers, and emergency responders regarding special needs and conditions affecting older adults, including but not limited to, falls prevention, dementia, nutrition, transportation, social isolation and social support.

Health Element – Social and Emotional Health**B. SOCIAL AND EMOTIONAL HEALTH**

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**Background**

Social and emotional health is an integral aspect of overall health and directly impacts the quality of life of individuals, families, and communities. Within the context of one's family, community and culture, social and emotional health refers to a state in which a person is able to cope with everyday events, think clearly, be responsible, meet challenges, and have meaningful relationships with others.

Social and emotional health is critical across the ~~age continuum~~ lifespan. In early childhood, the social emotional health of young children relates to the ability to form secure relations, self-regulate emotions, and explore and learn. During school age years, social emotional health centers on establishing healthy relationships with peers and other adults and self-esteem that comes with learning and mastery in the school environment. Throughout adolescence and early adulthood, social emotional health relates to a young person's development of self-identity, including issues of cultural and sexual identities. During adulthood, social and emotional health involves intimate partner relationships and finding success in employment and careers. Achieving goals and finding purpose are critical to social emotional health during this period of life. Finally, during later life issues of isolation and illness can threaten social emotional health, which can be mitigated by creating environments that support older adults to age in their communities.

Strategies and policies are necessary to ensure that all residents, across the life span, experience maximum social and emotional well-being. While much of the health (including mental health) care delivery system focuses on treating disease and extending life, social and emotional health focuses on improving the "quality of life years" for all, regardless of the individual's particular circumstances.

Social and emotional health exists within socio-cultural contexts, which may support or impede well-being. In the case of people with serious mental illness, individuals must cope with not only ~~with~~ the symptoms and disabilities that result from their illness; but also the societal stigma attached to the disease that manifests in stereotypes and prejudice. "As a result of both, people with mental illness are robbed of the opportunities that define a quality life, such as good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people." [P. Corrigan and A. Watson, *Understanding the Impact of Stigma on People with Mental Illness in World Psychiatry*. Feb. 2002; 1(1): 16–20. PMID: PMC1489832]. Efforts to prevent and address substance abuse are also evolving within the context of a rapidly changing set of cultural expectations and norms, in which there is increasing pressure to normalize and possibly legalize the use of substances such as marijuana.<sup>27</sup> Educating young people about the risks of

Health Element – Social and Emotional Health

substance use and supporting people in substance abuse recovery must take into account contemporary social perceptions.

The physical, social, and environmental impact on social and emotional health is specific to culture, race, and income. Experiences of racism and discrimination increase levels of stress and threaten social and emotional health. ~~Pressure~~Pressures from high job demands, reduced job security, occupational strata, income disparities, and poverty persist in Santa Clara County's economic climate and are significant contributors to chronic stress. ~~Nearly three-fourths (74%) of~~Large majorities of respondents to the 2012 Santa Clara County Quality of Life Survey ~~respondents report~~reported being either "very stressed" or "somewhat stressed" over financial concerns; and nearly two-thirds (66%) of respondents are either "very stressed" or "somewhat stressed" expressed similar sentiments over work-related concerns.<sup>28</sup> Long-term, chronic stress taxes our hormone, and immune, and digestive systems which makes the body less resistant to other health risks.<sup>29</sup> Many aspects of our urban environment contribute to cumulative unhealthful stress, such as long commutes and traffic congestion, scarcity of affordable housing, job insecurity among middle-aged adults (45-60), underemployment and low pay in many service sector jobs, and other factors.

Mental Illness and Substance Abuse

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Mental illness and substance abuse disorders are health problems that severely compromise social and emotional health. More recently referred to as *behavioral health problems*, this includes such conditions as schizophrenia, bipolar disorder, depression, and addiction to alcohol, illegal drugs (methamphetamine, heroin, hallucinogens, hazardous chemicals, etc.) or prescription drugs.<sup>30</sup> The U.S. Surgeon General defines mental illness as "collectively all diagnosable mental disorders" or "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning." Mental illness can affect persons of any age, race, ethnicity, or income, but it is treatable.

Addiction is characterized by an inability to consistently abstain, impairment in behavioral control, cravings, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. According to the American Society of Addiction Medicine (ASAM), substance use disorders occur along a continuum of severity, ranging from misuse at one end, and full-fledged addiction at the other end, of which there are several subtypes requiring different treatment approaches.

Substance use disorders are prevalent throughout society. Columbia University and the Substance Abuse and Mental Health Administration (SAMHSA) estimate that 40

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Health Element – Social and Emotional Health

million Americans ages 12 and over (12%) meet the diagnostic criteria for addiction involving nicotine, alcohol or other drugs—a disease affecting more Americans than heart conditions, diabetes, or cancer. Another 80 million people (26%) are risky substance users and drinkers, using drugs and drinking alcohol in ways that threaten health and safety. Applying these percentages to Santa Clara County, there would be about 220,560 (12%) people ages 12 and over who meet the diagnostic criteria for addiction and another 477,880 (26%) people who are risky substance users, using drugs and drinking alcohol in ways that threaten health and safety.<sup>31</sup>

Prescription drug abuse is the *intentional* use of a medication without a prescription or in a way other than as prescribed or for the experience or feeling it causes. It is not a new problem, but one that deserves renewed attention. Among adolescents, prescription and over-the-counter medications are some of the most commonly abused drugs. Multiple factors contribute to the prevalence of prescription drug abuse, including a misperception that they are safe because they are prescribed by doctors and their increasing availability. ~~Between~~Nationally, between 1991 and 2010, prescriptions for stimulants increased from 5 million to nearly 45 million, and for opioid analgesics, from about 75.5 million to 209.5 million.<sup>32</sup> Underlying reasons for prescription drug abuse include the goal to get high, to counter anxiety, pain or sleep problems, and to enhance cognition. ~~Whatever the motivation, prescription drug abuse comes with serious risks.~~

A variety of direct and indirect health problems are associated with alcohol and drug abuse, including unintentional injuries, violence, birth defects, acute alcohol poisoning, stroke, heart disease, cancer, and liver disease, among other health problems. Alcohol is a factor in approximately ~~41.30%~~ of deaths from motor vehicle crashes.<sup>33</sup> Drug use is responsible for higher rates of diseases such as tuberculosis (TB), sexually transmitted diseases (STDs), HIV, and Hepatitis B and C.

Within Santa Clara County, with a population of over 1.8 million people, an estimated 18.6% struggle with mental illness, and between 10-12% struggles with substance use. The Mental Health Department serves 7% of the estimated 346,000 residents in need. Of the approximately 180,000 residents who struggle with substance abuse, the Department of Alcohol and Drug Services reaches 8,500 on an annual basis, which only meets 4.7% of the need. <sup>34</sup>

Tobacco Use

According to the Centers for Disease Control and Prevention (CDC), tobacco use is the leading preventable cause of disease, disability, and death in the United States. Cigarette smoking results in more than 443,000 premature deaths in the United States each year—about 1 in every 5 U.S. deaths—and an additional 8.6 million people suffer with a

Health Element – Social and Emotional Health

serious illness caused by smoking. Thus, for every one person who dies from smoking, 20 more suffer from at least one serious tobacco-related illness.

Tobacco addiction, specifically smoking, harms nearly every organ in the body and causes death, cardiovascular disease, respiratory disease, and many types of cancers.<sup>35</sup> Smoking and secondhand smoke increases the risk and severity of many other health issues, such as reproductive and early childhood effects~~development~~, coronary heart disease, and strokes. Effects of secondhand smoke can be as harmful ~~as—~~or ~~more~~ ~~seworse~~ than ~~—~~the smoke consumed firsthand by the user. Community efforts, such as programmatic interventions to reduce substance abuse, or limits on the supply of certain substances to vulnerable populations such as children, can be an important link between public policy and behavioral health.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA)-Center for Integrated Health Solutions, people with mental illnesses and addictions can die decades earlier than the general population—and smoking is a major contributor to early morbidity and mortality. About 50% of people with behavioral health disorders smoke, compared to 23% of the general population. People with mental illnesses and addictions smoke half of all cigarettes produced, and are only half as likely as other smokers to quit. Smoking-related illnesses cause half of all deaths among people with behavioral health disorders.<sup>36</sup>

**Suicide**

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Suicide is the 10th leading cause of death in the United States, accounting for more than 36,000 deaths per year.<sup>37</sup> And an even greater number of people attempt suicide. According to a CDC study, more than 2.2 million adults reported making suicide plans in the last year.<sup>38</sup> Approximately 90% of all individuals who completed suicide met criteria for one or more diagnosable psychiatric conditions. Because mental health treatment providers are in regular contact with patients at risk for suicide, they are an important resource for early detection and prevention of suicidal behavior. Substance use disorders are also linked to suicide risk. Individuals with a diagnosis of abuse or dependence on alcohol or drugs are almost six times more likely to report a lifetime suicide attempt.<sup>39</sup>

In Santa Clara County, suicide is the leading cause of death by fatal injury.<sup>40</sup> While suicide is confounding, it is ~~usually~~ preventable, given the ~~right~~ effective education, services and supports. Prevention for suicide must be centered on risk detection and reduction through a variety of means. ~~Suicide is most often a fatal complication of different types of mental illnesses which are treatable.~~ The earlier treatment is sought, generally the better the outcome. In Santa Clara County, death by suicide is the 10<sup>th</sup> leading cause of death, ~~the~~ same as the national rate. Our County ranks 54<sup>th</sup> out of

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Health Element – Social and Emotional Health

California's 58 counties (with 58 being the worst) in the rate of adolescent self-inflicted injury. Death by suicide occurs, on average, every three days; and there are 2 suicide attempts every day, and an estimated 14 suicidal gestures~~behaviors~~ every day in Santa Clara County. <sup>41</sup>

Stigmas

The belief or perception that persons with mental illness and/or drug addiction are dangerous, and may pose a threat of violence towards others and themselves, are significant factors in the development of stigma and discrimination towards the person with behavioral health problems. The effects are profound. Thirty-eight percent of Americans are unwilling to be friends with someone having mental health difficulties; 64% do not want to work with someone who has schizophrenia, and 68% are unwilling to have someone with depression marry into their family. <sup>42</sup> The potential for stigma, shunning, and isolation is great.

Although studies suggest a link between mental illnesses and violence, the contribution of people with mental illnesses to the overall rates of violence is small and the magnitude of the relationship is greatly exaggerated in the minds of the general population.<sup>43</sup> In fact, people with mental health conditions are more likely to be the victims rather than the perpetrators of violent crime.<sup>44</sup>

Fortunately, many people with behavioral health problems can recover from these conditions and live healthy and productive lives. Many mental and substance use disorders can be prevented, and if symptoms do appear, the severity of these problems can be reduced through programs focused on health promotion, illness prevention, and early treatment intervention.<sup>45</sup>

~~The overall goal in the treatment of behavioral health conditions is to help affected persons obtain and sustain functionality and recover from their illness(s). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2012), the new working definition of Recovery from Mental and Substance Use Disorders is:~~

*~~A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.~~*

**Major Strategies and Policies**

This section provides a framework to promote mental and behavioral health in all residents of the County, with the following primary strategies:

Health Element – Social and Emotional Health

*Strategy 1: Foster community-wide, family-based social and emotional health across the lifespan for all residents, including specific efforts to eliminate stigma that negatively impacts people faced with mental health and substance use challenges.*

*Strategy 2: Improve health care systems so that they more effectively promote social and emotional health.*

*Strategy 3: Prevent and effectively address harmful habitual and addictive behaviors.*

*Strategy 4: Integrate behavioral health care into the health care delivery system.*

*Strategy 5: Reduce death by suicide, suicide attempts, and related risk factors.*

***Strategy 1: Foster community-wide, family-based social and emotional health across the lifespan for all residents, including specific efforts to eliminate stigma that negatively impacts people faced with mental health and substance use challenges.***

HE-B.1 **Social and emotional health literacy.** ~~Effectuate culturally-~~  
Provide and developmentally-aligned community-wide promote  
activities and resources that ~~promote~~increase social and emotional  
wellness literacy, ~~suicide prevention,~~ and self-care across the lifespan.

HE-B.2 **Community awareness and sensitivity.** ~~Improve~~Promote public  
awareness and sensitivity to the needs of people with behavioral health  
challenges; to ~~increase understanding of the need to recognize, not~~  
~~minimize, the needs of affected populations.~~reduce stigma and  
discrimination and increase community support.

HE-B.3 **Role of faith and community.** ~~Coordinate~~Engage with faith-based  
organizations and other community groups to address  
emotional/social wellness needs within the community and provide  
support ~~and direction for those needing services.~~

HE-B.4 **Workplace wellness.** ~~Develop~~Provide and promote resources and  
services within employment locations and businesses to openly and  
affirmatively assist employees with needed counseling, support, and  
referral services, without stigma or employment-related repercussions.

Health Element – Social and Emotional Health

~~HE-B.5 **Work/life/play balance.** Promote the importance of balance and combat work/life imbalances that contribute greatly to a culture of high stress in the “Silicon Valley” greater metropolitan area. Explore and encourage with business groups, trade organizations, and similar groups the fullest possible array of options to reduce chronic, damaging stress levels from work demands, commute, and other employment related stressors.~~

HE-B.5 **Work-life balance.** Promote organizational policies that promote work-life balance and reduce stress.

HE-B.6 **Arts and cultural expression.** ~~Expand~~Explore and promote opportunities for residents to experience or participate in arts and cultural activities to enhance mental health and social connectedness.

HE-B.7 **Aging population needs.** ~~Combat~~Address social isolation, and address the various needs of an aging population to reduce depression and other behavioral health problems that may be more common among seniors.

HE-B.8 ~~**Stigma reduction.** Implement community wide activities that~~  
**Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ) population.** Effectively support and promote the de-stigmatization  
social and emotional health of mental illness and substance abuse disorders and educate communities youth and individuals to more openly acknowledge and address adults in the LGBTQ population.

HE-B.9 **Diverse cultural needs.** Promote the accessibility of high quality behavioral health concerns services that meet the cultural, linguistic, gender, and sexual orientation needs of the population.

***Strategy 2: Improve health care systems so that they more effectively promote social and emotional health.***

HE-B.910 ~~**System behavioral health literacy and competency service integration.** Build capacity and linkages within key social institutions and agencies (Social Services, Criminal Justice, Education, Faiths such as social services, criminal justice, education, faith communities, and others) regarding the role of culturally and developmentally aligned~~

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Health Element – Social and Emotional Health

~~practices that~~ to promote social and emotional health and reduce trauma among populations served within those systems.

HE-B.10~~11~~ **Wellness in schools.** ~~Build capacity within~~ Support schools to build capacity to develop emotional intelligence, conflict resolution skills, identify barriers to learning through adoption of SAMSHA curriculum on student social-emotional wellness, and promote skill-based techniques for classroom use and district-level systems.

HE-B.11~~12~~ **Children in foster care.** Promote policies, programs and resources directed at supporting the special and unique needs of children whose families are disrupted and may need foster care services.

HE-B.12 ~~LGBTQ population.~~ Expand the capacity of existing systems to effectively support and promote the social and emotional health of youth and adults in the LGBTQ population.

***Strategy 3: Prevent and effectively address harmful habitual and addictive behaviors.***

HE-B.13 **Safe prescribing guidelines.** ~~Develop~~ Promote use of safe prescribing guidelines for prescribers, especially concurrent prescribers, that minimizes over-prescribing and risks of misuse of prescription medications.

HE-B.14 **Overdose prevention policy and program.** ~~Develop an~~ Promote and implement opioid overdose prevention program and implement methods throughout the County's health and hospitals system, including primary care.

HE-B.15 **Density and location of alcoholic beverage outlets.** ~~Encourage and support~~ Support cities to restrict discourage the number of alcohol beverage outlets near schools and in areas with a high density of alcohol beverage outlets.

HE-B.16~~HE-B.16~~ **Alcohol and drug abuse.** Promote the most effective, evidenced-based measures to reduce substance abuse and curb excessive drinking and alcohol-related harm.

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HE-B.17 **Density and location of tobacco retail outlets.** Encourage and support cities to restrict the number of tobacco retailers near schools and other youth-populated areas and in areas with a high density of existing tobacco retailers.

HE-B.1718 **Tobacco retail licensing.** Encourage and support cities to create a tobacco and/or electronic smoking device retail licensing policy that earmarks a portion of the license fee for enforcement activities.

HE-B.1819 **Distribution and redemption of coupons.** ~~Restrict~~Support ~~restrictions on~~ the distribution and/or redemption of coupons, coupon offers, gift certificates, gift cards, and rebate offers for tobacco and electronic smoking devices.

HE-B.1920 **Electronic smoking devices.** Encourage and support cities to include electronic smoking devices in all existing smoking and tobacco policies, regulations and education programs.

HE-B.2021 **Flavored tobacco and electronic smoking products.** ~~Eliminate~~Support the elimination of the sale and distribution of mentholated cigarettes and/or other flavored tobacco and electronic smoking products.

HE-B.2122 **Tobacco-free pharmacies.** Encourage and support retailers, service providers, and cities to eliminate the sale of tobacco products, including electronic smoking devices, in places where pharmacy and/or other health care services are provided by a licensed health care professional (e.g. hospital, vision screening, blood pressure screening).

HE-B.2223 **Smoke-free colleges and universities.** ~~Encourage and support~~Support local colleges and universities to create smoke-free campuses, including restricting the use of electronic smoking devices.

HE-B.2324 **Secondhand smoke.** Encourage and support cities to reduce residents' exposure to secondhand smoke by banning use on government property and in public spaces and events, including outdoor dining and service areas, entryways, farmers' markets, plazas, and community street fairs (NOTE: Policy HE-E.11 addresses smoking in parks and HE-H.4 addresses multi-unit housing).

HE-B.2425 **Tobacco cessation services.** ~~Increase~~Support and increase the number of programs, clinics, and community and social service agencies that implement evidence-based tobacco cessation treatment services, ~~consistent with the U.S. Public Health Service Clinical~~

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Practice Guidelines. Provide directed assistance and opportunities to those groups having highest rates of tobacco use.

**Strategy 4: Integrate behavioral health care into the health care delivery system.**

HE-B.2526 **Integrated care and services.** Organize behavioral health services provided by the County to deliver the highest possible level of care, integrated with other health and human services, including healthcare, education, social services, criminal justice and housing and homeless support systems.

HE-B.2627 **Community level integration.** Coordinate with community behavioral and mental health service organizations to better integrate and provide services. Develop neighborhood and local community level capacity within the system to ensure accessibility and high quality, culturally-competent service provision given the diverse makeup and needs of the population services.

HE-B.27 **Diverse cultural needs.** Ensure the accessibility of services that meet the cultural, linguistic, gender, and sexual orientation needs of client population.

HE-B.28 **Availability of treatment and providers.** Address the potential shortage of professional counselors, therapists, and psychologists available to provide services given the increasing demand and availability of insurance coverage.

HE-B.29 **Parity.** Promote parity for behavioral health services and needs with physical health in all County services and settings.

**Strategy 5: Reduce death by suicide, suicide attempts, and related risk factors.**

HE-B.30 **Intervention services.** Implement and coordinate suicide prevention and intervention programs and services for targeted high risk populations.

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HE-B.31 ~~Media communication.~~ Develop local communication “best practices” to improve media coverage and public dialogue related to suicide.

HE B.32 ~~Suicide awareness.~~ Implement policy and governance advocacy to ~~promote~~ Advocate for systems change in suicide awareness and prevention. ~~Ensure and ensure~~ public messaging and responses to suicide-related concerns are in alignment with best practices for prevention and awareness.

HE-B.33 ~~32~~ **Data monitoring.** Establish a robust ~~Improve~~ data collection and monitoring system to increase the scope and availability of suicide-related data and evaluate suicide prevention efforts.

Health Element – Land Use and Urban Design**C. LAND USE AND URBAN DESIGN**

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**Background**

The manner in which urban growth is managed on a regional scale, how land uses are arranged, and how the urban environment is designed and developed has a strong influence on the health and well-being of residents. The mix, intensity, and design of communities affect such things as a resident's level of physical activity, access to nutritious foods, and provides for social connectedness instead of isolation. It also affects exposure to pollutants and noise, potential for crime, and other adverse impacts. Residents of highly auto-dependent communities can have a greater chance of health problems related to a sedentary lifestyle, including obesity, diabetes, and social isolation. Transit-dependent populations are also impacted by lack of adequate transit options in areas difficult to serve with frequent bus service, bus rapid transit, or municipal rail. ~~On the other hand, research~~ Research indicates that certain land use and urban design characteristics can encourage and facilitate healthier behaviors. These characteristics include:

- Walkable areas with a diverse mix of uses (i.e., homes and jobs are closer together and within walking distance of goods and services, grocery stores, schools, parks, and other destinations);
- Attractive streetscapes and short block lengths with safe crossings;
- Higher population and employment densities in strategic areas; and
- Job and housing locations and concentrations that make transit use more viable and create more of a balance of employment within each jurisdiction.

Together, these land use and design characteristics can increase a resident's opportunity to walk and bike for transportation and recreation. ~~This in turn can contribute,~~ contributing to more positive health outcomes.

Santa Clara County's urbanized areas can be generally characterized as having low to moderate densities of development, mostly suburban in nature, except for concentrations of higher intensity uses in downtowns, selected other locations, and along certain transit corridors. The County also contains vast areas of sparsely populated rural mountainous lands in the Diablo Range, Santa Cruz Mountains, and south valley agricultural lands. The focus of this section is the urban area built environment and landscape, where most of the County's 1.8 million residents live, while acknowledging that the rural areas also have unique opportunities to address and improve health.

There are many portions of Santa Clara County County's urbanized area that exhibit low levels of walkability, separated land uses, and a lack of easily accessible employment

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opportunities, essential services, and recreational facilities. Office parks and campus style developments can be attractive locations for businesses and employees, but are often devoid of a sense of place, urban amenities, or interest other than as an employment location.

Of the County's urbanized areas, the highest density and most walkable areas are in and around the downtowns of cities, such as San Jose, Palo Alto, Mountain View, and others. Many residential neighborhoods have medium to low walkability due to disconnected, non-grid street design and a low mix of proximate services and amenities, which is typical of most suburban areas developed in the mid-20<sup>th</sup> century. Maintaining or providing continuous sidewalks can be a simple, but are prevalent and of adequate width to promote walking, efforts to maintain and improve them are an important aspect of neighborhood walkability, particularly for older residents and those with disabilities.

The location and distribution of employment centers and jobs can also strongly influence a region's functionality and character. Santa Clara County's jobs are not evenly distributed throughout the area. The Cities of Santa Clara, Palo Alto, Mountain View, Santa Clara, and Sunnyvale have the greatest concentration of jobs, while the Town of Los Altos Hills, the Cities of Saratoga, and Morgan Hill, and unincorporated Santa Clara County have the lowest concentration of jobs. San Jose, the largest city in the County with a population nearing 1 million, has the largest urbanized downtown, but most of its historical growth and development since the 1950s consisted of suburban single-family subdivisions, multi-family developments along major arterials, and automobile-oriented shopping centers.

A major focus since the 1980s for San Jose has been to achieve employment and economic development to create more balance, to rejuvenate downtown, strengthen existing neighborhoods, and promote new transit-oriented, smart growth developments within its existing urban footprint area. The most recent innovation in this evolution has been the city's Envision 2040 General Plan, and its promotion of Urban Transit Villages. As with many large cities, San Jose has abundant opportunities for reuse, redevelopment and infill. A challenge for urban planning is to make the most of such opportunities for place-making and complete communities, rather than settling for density for the sake of density. Furthermore, within targeted higher density areas and developments, concerted efforts are needed to ensure gains in affordable housing stock and a range of housing prices.

This section of the Health Element contains policies that will contribute to healthier lifestyles, while reinforcing many of the longstanding countywide smart growth management policies and principles shared by the County, cities, and regional Santa Clara County's Local Agency Formation Commission (LAFCO). Regional agencies such

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as ABAG, Association of Bay Area Governments, and LAFCO, also endorse the Local Agency Formation Commission. County's growth management policies as part of regional sustainability plans.

These policies focus primarily on the planning for and character of the cities. They encourage new urban development in walkable areas of the County (, such as near downtown downtowns and along high frequency transit service), improve, along with improving walkability of all urban neighborhoods and employment areas, preserve. They promote the preservation of existing rural and open space areas, design and attention to designing new developments on a variety of scales to enhance physical activity, and locate locating goods and services in closer proximity to residents, and creating more complete communities. It promotes These development patterns that will increase options for residents and workers to walk, bike, and use transit as part of daily life, whether for recreation and/or transportation.

The Health Element is intended to serve as a model for many implementing entities. Each city within Santa Clara County should interpret and implement the strategies and policies of this section and others in a manner most appropriate for the varied urban environments within their jurisdiction. Within many cities, priority development areas (PDAs) are reflected in city general plans and regional sustainability plans, such as Plan Bay Area, that direct most new major development opportunities and growth to a small percentage of the overall urban landscape. However, even within existing, long built out neighborhoods and non-residential areas, there can be improvements to walkability, safety, and proximity to goods and services. Reuse and renovation of older commercial centers can improve neighborhoods and increase amenities, improve the quality of our urban experience, reduce travel demand, and increase diversity. Ultimately, even single use office parks may be re-envisioned to promote more housing and mixed use in proximity to workplaces.

Within the unincorporated areas under County land use jurisdiction, the County also plays a significant role in various ways, for both the urban unincorporated islands that have not been annexed to cities, and for preserving the rural, open space character of lands not planned or intended to become part of the urban area. All Within urban unincorporated areas, the County's role in planning and development review is limited. The County encourages the ultimate annexation of all islands to their surrounding city, and allows only minor forms of new urban development where consistent with the city's general plan. The County's role within the rural areas is greater, with a focus on preserving rural character, natural resources, and allowing only low density, non-urban development appropriate for rural areas. Various County and other governmental agencies can also reference these strategies and policies for their informational and advisory value when collaborating with each other, or providing guidance to the cities,

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to special districts, non-governmental organizations interested in these subjects, and engaging with the public.

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**Major Strategies and Policies**

Policies within this section fall under a series of major land use and urban design strategies that provide overall direction to promote and protect public health. The major strategies are as follows:

*Strategy #1: Maintain urban growth and development policies that accommodate future urban development appropriately within existing cities.*

*Strategy #2: Plan for and create complete and healthy communities that support a mix of land uses, services, and amenities.*

*Strategy #3: Design and build new development at the project level for health and sustainability.*

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***Strategy #1: Maintain urban growth and development policies that accommodate future urban development appropriately within existing cities.***

The County, its fifteen cities, and the Santa Clara County Local Agency Formation Commission, which governs municipal boundaries, have for over 35 years jointly implemented countywide urban growth management policies that require urban uses and development to be located in cities. These joint land use policies provide for new urban housing and other land development within the urban footprint of the existing urbanized area, and promote conservation of rural lands for a variety of stewardship purposes. Creating dynamic, complete communities, with attractive walkable environments, and healthier mixes of uses, can best be accomplished within the existing urban footprint/urbanized area, through redevelopment, rehabilitation, and reinvestment. reinvestment.

**Policies:**

HE-C.1 ~~Healthy Model for healthy development model.~~ The County's Health Element and growth management policy framework, which is maintained in conjunction with the cities and Local Agency Formation

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Health Element – Land Use and Urban Design

~~Commission~~, should serve as a model for the region in implementing healthy land use and urban development policies.

HE-C.2 **Urban area footprint.** ~~Accommodate~~**focus.** Encourage cities to accommodate new urban growth and development only within existing urban service areas ~~or urban footprint~~, consistent with countywide growth management policies. Most new urban development should occur through urban infill, redevelopment, and compact and transit-oriented development.

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HE-C.3 **Focused development.** ~~Focus~~Support efforts to focus the majority of new higher density development in Santa Clara County in “Priority Development Areas” (PDAs), consistent with city and regional plans. Encourage cities to complement~~promote~~ new and existing PDAs to provide for sustainable growth, greenhouse gas emission reduction goals, and coordinated transportation investment.

HE-C.4 **Downtown and corridor development.** ~~Maximize~~Encourage cities to emphasize development potential in downtowns and along commercial and transit corridors, to ensure the efficient use of land and existing infrastructure and to promote employment locations along transit rather than in isolated, difficult to access locations.

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HE-C.5 **Health planning coordination.** ~~Maintain and enhance~~Promote coordination with the cities and other local agencies to incorporate and emphasize health considerations in general plans, area plans, strategic and economic development planning, and new urban development.

HE-C.6 **Open space preservation.** ~~Preserve~~Maintain the County’s commitment to preserve rural open space and natural areas and focus urban uses and development away from these areas, to protect natural resources, agricultural lands, ~~animal~~wildlife habitat, forested lands, recreational areas and water supply resources. Coordinate with countywide stakeholders to update and implement Priority Conservation Area (PCA) planning to enhance open space systems that connect, integrate and optimize the many ecosystem services and values of open space.

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***Strategy #2: Plan for and create complete and healthy communities that support a mix of land uses, services, and amenities.***

Within the context of the urbanized areas, greater attention ~~should be paid~~ is needed to ~~creating~~ create quality of life as well as ~~quantity and~~ greater densities of urban development. ~~Urban~~ There is a need for ongoing innovation in urban design, which helps to create sense of place and attractive, livable communities and built environments that encourage active living, capitalizing on a climate in Santa Clara County that is highly favorable to walking, bicycling, and the use of outdoor public places, cafes, and diverse neighborhoods. The more proximate and accessible jobs, housing, commerce, parks, and amenities are to each other, the more cities create and enhance a sense of place, livable urban settings, and healthful alternatives to automobile dependent development patterns.

**Policies:**

HE-C.7 **Complete communities.** ~~Create~~ Promote more complete communities that afford greater access to a range of goods and services within comfortable walking and biking distance of homes, schools and jobs. ~~In creating complete communities, the following should be considered, including:~~

- a. ~~Designing~~ adequate space for neighborhood-serving retail and community services within walking distance of the majority of residential areas.
- b. ~~Providing~~ active parks, plazas, paths and trails, urban forests, and open spaces.
- c. ~~Locating~~ community-serving uses, such as childcare, educational facilities, and public facilities near to neighborhoods.
- d. ~~Providing~~ safe and attractive pedestrian and bicycle connections between and within neighborhoods and nearby goods and services.
- e. ~~Encourage~~ the development of diverse rental and owner housing for all income levels and special needs populations.

HE-C.8 **Development without displacement.** Encourage cities to ~~consider~~ develop best practices to mitigate for displacement and gentrification effects in new urban area development projects, focused urban infill development and Priority Development Areas, and similar large-scale development and area plans.

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- HE-C.9 **Walkability.** ~~Develop~~Promote attractive, safe, and walkable areas that are designed and constructed to be pedestrian friendly ~~and include.~~ Include features such as short blocks, wide sidewalks, tree-shaded streets, and buildings that define attractive spaces and are oriented to streets.
- HE-C.10 **Development densities, locations, and affordability.** ~~Encourage new development, especially multigenerational and multi-family housing near transit corridors, transit nodes, and neighborhoods.~~ neighborhood centers and at, with varied densities and affordability levels that are supportive of transit, mixed use and complete communities.
- HE-C.11 **Public spaces.** ~~Maintain~~Support the maintenance and create new creation of urban public spaces that enhance the urban pedestrian environment, promote walking, and provide social gathering places and are located at appropriate locations within the urban environment.
- HE-C.12 **Reduced automobile dependency and parking.** ~~Reduce needs.~~ Support planning and development that reduce automobile dependency and facilitate reduced parking requirements where possible in permitting new development. Provide for alternative commute and transportation modes and make more efficient use of lands within employment development areas, including housing development.
- HE-C.13 **Office park retrofit and mixed use.** Encourage cities to retrofit and redesign low-density office and business parks with mixed use and mid-rise housing development for employees and others. Where possible, redevelop such areas with appropriate retail and reduce parking as part of transit village development and similar area planning concepts.
- HE-C.14 **Age-friendly cities.** Promote planning and coordination efforts to achieve the goals of the Age Friendly Cities & Communities network and encourage local jurisdictions to identify needs and attain appropriate certification. Promote and design urban environments to meet the needs of older and adults with disabilities to remain active within the community and to reside in their residence of choice for as long as possible.

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### ***Strategy #3: Design and build new development at the project level for health and sustainability.***

At the development project level, many aspects of design and implementation can enhance livability, walkability, and health. It is not uncommon to find office and campus developments in many locations with no internal pedestrian accommodations or external connections other than streets. Whatever the type or mix of urban uses and development conceived and executed in appropriate locations, best standards and design principles can be incorporated to improve or create more healthful places and outcomes.

#### **Policies:**

HE-C.1415 **Health-focused developments.** ~~Design~~ Encourage new urban development projects in the county's urbanized areas/cities to support better public health outcomes by using health-oriented design principles and health impact assessments/assessment consideration.

HE-C.1516 **Healthy buildings.** ~~Promote a healthy built environment by designing buildings~~ the use of building design principles for healthful living and working conditions through enhanced internal circulation, healthy building materials, design for universal accessibility, mechanical and HVAC systems, and other green building standards for new and rehabilitated construction that enhance health and wellbeing.

HE-C.1617 **Space design.** ~~Where new higher density and mixed use urban development occurs, focus on providing~~ promote high quality street level interface/ and design, appropriate allocation of space necessary for mixed use/a variety of uses, and building orientation to promote sense of place-making and architectural interest.

HE-C.1718 **Human scale.** Promote attention to design elements that incorporate human scale as a fundamental consideration. Elements may include smaller block sizes and higher intersection density in new development, which promotes and area plans, path connectivity and route choices, encourages that encourage more walking and physical activity and improves, and design features, such as lighting, and active spaces to improve safety. For mid-rise and high rise buildings, promote street level uses and design that promote interest and pedestrian activity. For existing street networks with long block lengths and/or poor connectivity, create/consider use of pedestrian cut-throughs, midblock crossings, and new street/alley connections.

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**HE-C.1819 Pedestrian paths and connectivity.** Promote clear sidewalk, path and trail connectivity in all neighborhoods with appropriate support of residents. Encourage adherence to minimum standards for adequate widths of 4-5 feet.

**HE-C.1920 Greenhouse gases and air quality.** Promote plans and developments that reduce greenhouse gas emissions and result in decreased air pollution, especially for communities burdened with disproportionate exposure to air pollution and vulnerable populations such as children, seniors, and others ~~those~~ susceptible to respiratory illnesses. ~~Evaluate and mitigate exposure to unhealthy air quality in new developments where risk is greatest.~~

**HE-C.2021 Public facilities siting and design.** Work with local jurisdictions, school districts, County agencies, and other public agencies to site and design public facilities as models for health, with walkable and accessible spaces, transit, bike and pedestrian accessibility, inviting public spaces, and sustainable design.

**HE-C.2122 School siting and design.** Promote school and community facilities to serve as ~~hubs or~~ centers for health and human ~~potential~~ sustainability, based on the ~~following~~ criteria and considerations of the State of California's Division of the State Architect, including:

- a. The vulnerabilities of children and other sensitive populations to hazardous substances or pollution exposure;
- b. The modes of transportation available to students, users, and staff;
- c. The efficient use of energy and land;
- d. The potential use of schools and other community facilities as the sites for emergency services and shelter;
- e. Potential recreational joint-use and/or co-location opportunities; and,
- f. The costs/benefits of infrastructure, ~~utility~~ utilities, demolition, operations, and transportation.

## D. ACTIVE AND SUSTAINABLE TRANSPORTATION

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### Background

Transportation patterns, habits, and decisions affect both an individual's and a community's overall health. Every day, people in Santa Clara County use highways, roads, sidewalks, bike lanes, trails, and transit to commute to work, go to school, run errands, and complete numerous other daily activities. However, Santa Clara County's transportation system was primarily developed between 1950 and 1980. During this period of history, thea number of factors such as increases in automobile ownership, suburban tract subdivisions, and cul-de-sac design forms resulted in a transportation system that was chiefly designed for automobiles with limited consideration given to other modes of travel such as walking, biking, and public transit. Therefore, many people today have a limited number of transportation options, particularly active transportation options such as walking or biking.

The existing conditions analysis revealed that in many parts of the County, walking or biking is simply not an option as a result of the existing suburban built environment, the sheer size of the urbanized area, and a lack of infrastructure. Neighborhoods in Santa Clara County with high concentrations of elderly residents tend to be less walkable and have fewer transit-accessible jobs and services. Additionally, many areas lack easy non-car access to essential services, recreational facilities, and employment, and they also exhibit high rates of vehicular, bicycle, and pedestrian collisions. The existing conditions analysis also revealed that transit riders in Santa Clara County have longer average commutes than transit riders in the greater Bay Area, and longer commutes than commuters using other modes in the County. Unsurprisingly, the County exhibits less "sustainable" and less "healthy" mode splits than the greater Bay Area, with commuters driving more frequently and taking transit less frequently.

Healthy communities designed to promote active transportation such as walking and biking<sup>i</sup> can help address some of these problems. The benefits of walking and bicycling to school or work, for daily errands, and for recreation include increased physical activity and stress reduction, and better respiratory fitness in children, lower. Active transportation also lowers cancer mortality and morbidity rates in middle-age and elderly populations, and better improves cardiovascular fitness and reduced reduces cardiovascular risk factors among working-age adults.<sup>ii</sup> Additionally, when more people walk and bicycle for transportation, car emissions should decrease. This, especially given that about one-third of trips in California are under a mile in length, and most are made by motor vehicle. Reducing the number of short trips can significantly improve air quality (and respiratory health) and reduce carbon emissions that contribute to climate

change.<sup>iii</sup> Finally, walking and cycling are no- or low-cost financial travel options, saving money that individuals would otherwise spend on fuel and car expenses.<sup>iv</sup>

The use of public transportation can also help individuals meet daily requirements for physical activity and also reduce vehicular emissions and pollution. Studies show that people who take transit to work and for other trips typically walk more per day than those who drive.<sup>v</sup> However, many people opt not to use transit due to a lack of available routes, lack of frequent, reliable service to their destination, and increased travel times. For some the cause may also be unfamiliarity with how to use public transportation, the need for flexibility given childcare needs or unpredictable and variable work schedules, perceived and real challenges for those with disabilities, and perceived safety and convenience issues.

In recent years, there has been a greater emphasis on renovating the transportation system so that it accommodates all modes of travel. During the next several decades, the County, the Santa Clara Valley Transportation Authority (VTA), other transit agencies, and cities within the County will make significant decisions about investments in transportation infrastructure and should use this, building on the diversification of the last several decades. In recognition of the need to expand mode choice while maintaining the transportation infrastructure, there is a new opportunity ~~consider ways~~ to develop a more balanced, health-informed transportation system that accommodates all modes of travel safely and efficiently without prioritizing automobile ~~one mode of~~ travel at the expense of other modes.

## Major Strategies and Policies

This section includes transportation strategies and policies intended to provide ~~County residents with~~ safe, viable, and convenient transportation options, while also encouraging physical activity, decreasing stress, increasing access to employment and essential services, and reducing emissions and air pollutants. The major strategies outlined are as follows:

*Strategy #1: Promote and implement complete streets and livable streetscapes.*

*Strategy #2: Develop a robust pedestrian and bicycle network that enables active transportation for both recreation and transportation.*

*Strategy #3: Provide balanced, innovative and equitable transit systems and services.*

### ***Strategy #1: Promote and implement complete streets and livable streetscapes.***

Complete Streets is a shorthand term for streets that have been planned, designed, and operated taking into full consideration of the needs of all ~~traveler~~travel modes and users ~~within the corridor~~, including people of all ages and abilities ~~who are driving, taking public transportation, walking, or riding a bicycle.~~ Ensuring the provision of safe facilities for all users is a core tenet of Complete Streets. Livable streetscapes ~~As of 2008,~~ state law now requires that Complete Streets policies and implementation be fully incorporated in circulation elements of general plans upon the next comprehensive update of such elements. Livable streets, a similar concept, ~~to complete streets,~~ is a term and concept that seeks to enhance the pedestrian character of streets by providing continuous sidewalks, and streetscape treatments such as plantings, benches, lighting and other beautification elements, ~~and generally.~~ Livability includes incorporating design features that minimize the negative impacts of motor vehicle use on pedestrians. It also includes aspects of building and urban design that relate to providing destinations and streetscapes of sufficient interest and diversity to promote walking and biking.

Together, Complete Streets and livable streetscapes help achieve the goals of the Health Element by creating safe means for a range of transportation options, including alternatives to driving ~~alone.~~<sup>vi</sup> This in turn helps contribute to improved air quality, increased physical activity, decreased incidence and severity of vehicular, bicycle, and pedestrian collisions, and generally healthier communities.<sup>vii viii ix</sup> In addition, Complete Streets and livable streetscapes aid vulnerable populations such as children, the elderly, and the disabled by providing different transportation choices and improved mobility. Many older Americans faced with mobility challenges are ~~given the ability~~enabled to stay independent and “age in place” while ~~be more independently mobile,~~ and children and the disabled benefit via safe walking and biking routes to schools, community centers, and other destinations.

### **Policies:**

- HE-D.1 **Complete Streets.** ~~Adopt, uphold~~Encourage the adoption and implementimplementation of local policies and ordinances to champion and fulfill complete streets concepts. ~~Require that the~~The planning, design and construction of all transportation projects ~~effectuates~~should consider complete streets ~~polieies~~features and infrastructure appropriate to the urban or rural context of the

transportation corridor, consistent with locally adopted general plans and transportation plans.

- HE-D.2 **Prioritize Complete Streets implementation priorities.** Within overall transportation system plans, identify promote the importance of identifying priorities for implementation of complete streets infrastructure improvements to provide near term demonstrable benefits and promote interest.
- HE-D.3 **Transportation system impacts.** ~~Evaluate~~ Encourage cities and the County to evaluate impacts to all modes of travel when considering transportation system performance, in ~~coordination~~ accordance with ~~Traffic~~ Transportation Impact Analysis and multi-modal level-of-service guidelines developed and maintained by the Valley Transportation Authority.
- HE-D.4 **Transportation improvements** ~~Roadway capacity.~~ Consider improvements to add roadway vehicular capacity via new or expanded rights of way or travel lanes only where consistent with anticipated future demand, roadway classification, and for closing gaps in road grid system, and after considering improvement possibilities to other modes of travel and technologies that add capacity within existing rights of way or travel lanes and/or promote more active modes of travel (e.g.: Express/HOT lanes, the County's signal coordination and timing strategies such as "15 minutes in the future," bicycle facilities, ~~et~~ bus rapid transit and shuttles.)
- HE-D.5 **Traffic Safety and calming measures.** ~~Provide traffic calming and traffic slowing measures on~~ On roads and at intersections in the County and cities with a high level of existing or planned pedestrian and non-motorized vehicle activity and/or, including areas with high rates of collisions. These elements include, but are , promote all feasible means of improving safety for all users. Cities and the County should consider traffic calming where necessary with appropriate community input and engineering considerations, as well as infrastructure features including, but not limited to such features as, bulb-outs, midblock crossings, pedestrian refuges, signal alerts, and high visibility crosswalks to focus drivers' attention and moderate traffic flow on local streets, while heightening the visibility of pedestrians and decreasing crossing distances.
- HE-D.6 **Vehicle safety.** Support activities such as public outreach and informational campaigns, and increased enforcement of existing speed,

seatbelt, and distracted driving ~~legislation~~ laws to reduce the number and severity of injuries and fatalities involving motor vehicles. Also support advances in intelligent transportation systems infrastructure (such as pedestrian and bicycle adaptive signal operations to ensure safe crossings of wide roads like expressways) and vehicle technology such as autonomous or semi-autonomous vehicles that reduce safety risks.

***Strategy #2: Develop a robust pedestrian and bicycle network that enables active transportation for both recreation and transportation.***

The County, cities, and transportation planning agencies should strive to increase the levels of active transportation in the County. A safe, continuous, and more extensive pedestrian and bicycle network provides direct connections between residences, employment, shopping, schools, recreation, and civic uses. Moreover, it can encourage residents to incorporate physical activity as part of daily living and achieve better health outcomes. In addition, participation in Federal and State programs such as Safe Routes to Schools can further create a robust active transportation environment. All these efforts can help create a culture where alternative modes to automobile travel are perceived to be normal and desirable, particularly in a region where the climate is so conducive to walking and biking.

**Policies:**

- HE-D.7 **Pedestrian network.** ~~Promote and fund~~ Promote and fund pedestrian planning and funding efforts to create a safe and convenient circulation system for pedestrians, including:
- a. ~~Provide more marked crosswalks and enhance~~ enhancements to existing marked crosswalks;
  - b. ~~Improve~~ improved accessibility and connectivity between neighborhoods and commercial areas, including sidewalk gap reduction;
  - c. ~~Provide places to sit or gather, pedestrian-scaled street lighting, and buffers from moving vehicle traffic;~~ appropriate to the urban land use setting and; type of street ; and,
  - d. ~~Include amenities that serve and attract people~~ pedestrians of all ages and abilities including transit stop and facility improvements that curb crime and vandalism.

- HE-D.8 **Bicycle network.** ~~Create~~Support a more robust network of bicycle facilities of multiple types that safely facilitates bicycling for commuting, school, shopping, and recreational trips by riders of all ages and levels of experience. Improvements may include:
- ~~Prioritize facilities completely separated from vehicular traffic; (Class I trails) or along low speed, low traffic roadways (bicycle boulevards, Class II paths~~lanes, and Class III routes).
  - ~~Implement additional safety measures for facilities along heavily trafficked arterials, such as buffered bicycle lanes and colored lanes.~~
  - ~~Promote and fund bicycle planning efforts.~~

- HE-D.9 ~~Pedestrian and bicycle safety.~~ Promote the safety of pedestrians and cyclists to ensure that the safety and needs of all users of the transportation system are considered.
- ~~a. b. Prioritize funding for improvements in areas with higher rates of biking and walking, as well as bicycle and pedestrian collisions. Also support the improvement of key corridors and intersections with bicycle and pedestrian infrastructure and amenities, crossing improvements, the elimination of at-grade railroad crossings, where feasible, and streetscape designs to address unsafe traffic speeds~~conditions allow.
  - ~~Promote improvements to transit stops and facilities that curb crime and vandalism.~~
  - minimum 4-foot shoulders along lower volume rural roads, where feasible, for both walking and bicycling outside of the travel lane.

- HE-D.10 ~~Vulnerable users.~~ Promote awareness and understanding of pedestrians and bicyclists as vulnerable users to improve safety on roadways, particularly children and older adults. Promote education regarding state laws requiring motor vehicles to yield to bicyclists, slow before passing, and pass at a safe distance (three foot safety rule).
- ~~Adopt local policies and programs that heighten awareness of pedestrians and bicyclists, particularly children and older adults, as vulnerable users, for improved safety on roadways.~~
  - ~~Promote education regarding state laws requiring motor vehicles to yield to bicyclists, to slow before passing them, and to pass them at a safe distance (the three feet of safety rule).~~

- HE-D.11 **Three E's:** ~~Provide~~Continue support for education, encouragement, and enforcement training activities for motorists, taxis, bus operators, pedestrians, and bicyclists ~~to enhance, with~~ special emphasis on enhanced capabilities and awareness of issues

related to walking and bicycling; and to ~~promote~~ the need for lawful, responsible, and safe riding and walking and riding. Use available social media and marketing approaches to achieve these goals.

HE-D.12 **Bicycle parking.** ~~Require~~ Encourage public and private development projects in the cities and County to provide sufficient bicycle parking, and where appropriate and feasible, amenities such as shower and locker facilities, and support. Support the installation of full and self-service bike storage centers in or near large parking garages, available public plazas and parks, and transit stations.

HE-D.13 **Bicycle share.** Support the expansion of the regional bike share pilot, helping to identify appropriate locations for system expansion, including particularly neighborhoods with limited transportation options.

HE-D.14 **Way-finding signage and information.** Promote a comprehensive countywide, consistent bicycle and pedestrian ~~wayfinding~~ way-finding signage and information system for the most-used trails, paths, streets and bike corridors connecting major destinations and places of interest.

HE-D.15 **~~Safe Routes to Schools.~~** Support and expand the Safe Routes to School Program (SR2S) in the County through collaboration between VTA, Traffic Safe Communities Network, cities, school districts, CalTrans, bicycle groups and the County Public Health Department. Include classroom setting instruction, safety training, "walking school bus" events, walking audits and walkability assessments, and promotional events. Assess and upgrade school bus services as appropriate.

HE-D.14 **Safe and active transportation for school aged youth.** Promote walking, biking, and use of public transportation by youth through collaboration with appropriate partners and stakeholders, including but not limited to the Safe Routes to School program.

### ***Strategy #3: Provide balanced, innovative and equitable transit systems and services.***

The creation of a Transit system improvements are increasingly important to growing, denser, sustainable cities. Because transit has traditionally served those unable to drive

or afford personal transportation, equitable, convenient, and affordable service is especially important for those populations but also for growing numbers of employees who eschew driving alone, the elderly, and those who desire convenient alternatives to driving for every need. A frequent, interconnected transit network that supports opportunities to improve and connect important services such as also links residents to employment centers, medical facilities, schools, government services, and other important community assets. Innovative improvements such as bus rapid transit, alternative fuel vehicles, and rider comforts and amenities can increase the appeal of public transit as a transportation option, increase transit use, improve health outcomes, reduce greenhouse gas emissions, and meet diverse community needs.

### **Policies:**

HE-D.15 **Transit services.** Provide support efforts to provide an appropriate type and mix of transit services in the urbanized areas of the County and for regional and inter-city service needs, including light rail, bus rapid transit, traditional bus, and supplementary services. Complement transit service corridors with, to improve service, user experience and address “first mile/last mile” transit connectivity needs.

HE-D.16 **Supporting densities and facilities.** Promote sufficient urban density and intensity mixes of uses, a mix of within transit service corridors, emphasizing appropriate service uses, particularly increased numbers of employment locations, and supportive in walking distance to transit, and complementary bicycle/pedestrian networks and facilities.

HE-D.17 **Transit advocacy for underserved communities.** Advocate for increased levels of transit service, particularly in areas of the County with a lack of transit access and that experience health and socio-economic inequities. Support increased service frequency in routes with high ridership.

HE-D.18 **Coordination with transit agencies.** Coordinate Engage in systematic coordination and collaboration with transportation transit agencies and service providers to improve transit service and equitable access in the County, focusing particularly on areas with high concentrations of zero-vehicle households and on the improvement of transfers and connections between systems improve integrated land use and transportation, and promote efficient investment that supports development in Priority Development Areas.

- HE-D.19 **Transit to essential needs/services.** ~~Collaborate~~Promote ~~collaboration~~ with VTA and other transit providers to review and improve transit service to medical and social service facilities in the County.
- HE-D.20 **Transit stop amenities.** Support the installation of various transit stop amenities, including shelters, benches, real-time information panels, lighting, bike parking, and bike share stations, etc.
- HE-D.21 **Senior/disabled mobility and transit.** ~~Work to expand~~ needs. ~~Promote expanded~~ affordable and reliable transportation options for older adults and persons with disabilities, focusing on neighborhoods with high concentrations of elderly residents and low walkability scores. Support the development of community and neighborhood-level organizations for ride-sharing and meeting needs of those who cannot or no longer drive.
- HE-D.22 **Employee shuttles and bus services.** Support coordination between private shuttle providers, major employers, and local agencies to minimize shuttle impacts, improve efficiency, and increase shuttle ridership, including possible detailed studies of shuttle systems and shuttle use.
- ~~HE-D.23 **Transportation Demand Management.** Require employers to implement transportation demand management programs that promote carpooling, vanpooling, shuttles, and transit use. Increase TDM requirements and percentages of trip reduction necessary to mitigate for transportation impacts of major employment and commercial development, as appropriate and necessary given the particular location and context of each city program~~

Health Element – Active and Sustainable Transportation

where demand is greatest.

## Health Element – Recreation and Physical Activity

**E. RECREATION AND PHYSICAL ACTIVITY****Background**

Physical activity has multiple benefits for physical and mental health. Researchers have found that physical activity reduces the risk of disease, including heart disease, stroke, type 2 diabetes, depression and anxiety, and some cancers. In addition, physical activity helps control weight, strengthens bones, prevents falls among older adults, increases chances for a longer life, and may improve academic achievement among students.<sup>55</sup>

<sup>56</sup>Although Santa Clara County ~~rankshas been ranked~~ as the third healthiest ~~countyCounty~~ in the state,<sup>57</sup> physical inactivity remains a problem among much of the population, varying by race, age and gender.

Sedentary jobs and ~~similarly sedentary leisure time~~ activities, long commutes, financial and work stresses, and ~~long~~ distances to parks and schools make it challenging for many adults and children in Santa Clara County to integrate physical exercise into their daily routines. Among school children, only ~~2528~~% of fifth graders, ~~3334~~% of seventh graders, and ~~4344~~% of ninth graders meet physical fitness standards, with Hispanic/Latino and Black students being the least likely to be physically fit.<sup>58</sup> Only ~~5725~~% of adults in the ~~countyCounty~~ meet recommendations for “~~vigorous~~moderate physical activity.”<sup>59</sup>

~~The~~ According to the Institute of Medicine ~~has recognized the~~, there are many ways to address the prevalence of chronic disease, including reducing childhood obesity. These include building and ~~maintenance of~~maintaining safe attractive parks and playgrounds in close proximity to residential areas; and the improvement of ~~improving~~ access to recreational facilities through reduced costs, increased hours, and the development of culturally appropriate activities ~~as promising practices for reducing childhood obesity~~.<sup>60</sup> ~~Studies have shown that adults~~.<sup>61</sup> Adults and children with safe and easy access to aesthetically appealing, conveniently located parks, playgrounds, trails, and recreation facilities are more likely to engage in regular physical activity.<sup>62 63 64</sup> In addition, park users are more likely to participate in higher levels of physical activity where there are facilities such as ball courts and playgrounds and amenities such as bike racks.<sup>65</sup>

Children are more likely to be physically active outdoors than indoors,<sup>66</sup> and physical activity is comparatively more vigorous in outdoor settings.<sup>67</sup> Parks and green spaces also provide opportunities for contact with nature, particularly in more densely populated urban settings. Research ~~has shown that proximity~~Proximity to green space is associated with health and a sense of well-being and may reduce the frequency and severity of symptoms of Attention Deficit Hyperactivity Disorder in children.<sup>68 69</sup>

The regional and urban park system provides outdoor recreational facilities that encourage physical activity, among other services. However, distribution and access to

## Health Element – Recreation and Physical Activity

these facilities varies by jurisdiction and neighborhood. ~~The~~ Within the urbanized areas of the County, the average walking distance to the nearest park is 1,071 feet (approximately one-quarter mile) within the urbanized areas of the County. Southeast San Jose, western Palo Alto). Some areas, such as Campbell, Sunnyvale, and portions Santa Clara have similar accessibility, but generally lower Park Levels of the Cities of Morgan Hill and Gilroy lie further than a mile from the nearest park Service, with under 3 acres per 1,000 residents.<sup>70</sup> Low-income areas in Campbell, Cupertino, Los Altos, Los Gatos, Milpitas, Mountain View, San Jose, and Saratoga many cities have fewer areas of parkland than the jurisdiction-wide average, and neighborhoods with higher concentrations of non-White residents also had disproportionately less park land.<sup>71</sup> When surveyed, a lower percentage of Latinos (75%) than Whites (85%) reported having access to safe public indoor and outdoor exercise facilities in their neighborhood.<sup>72</sup>

In addition to having ~~accessible park spaces~~ adequate, accessible park spaces, convenience and proximity to recreation opportunities promotes physical activity and use at both work and home. Consequently, completing trail and pathway connections, making more accessible bikeways, and sidewalk maintenance ~~enable~~ are important for encouraging and enabling residents to walk in neighborhoods, in parks, along city and regional trails, and to ~~other~~ access their destinations as either a recreational activity or for non-leisure purposes.

More ~~and more~~ residents should be encouraged to walk, which is the most basic and lowest impact form of moderate exercise, with benefits equal to more vigorous forms of exercise. ~~Increasing~~ Increasingly, research indicates that just sitting too much at work, in front of the television, at computers, or in cars, puts people at higher risk for disability, cardiovascular disease, and death from any cause. cancer and type 2 diabetes. <sup>73</sup>

### Major Strategies and Policies

This section includes a series of park and recreation strategies and policies that encourage physical activity. The strategies and policies are organized by various subtopics, including: park provision and location; park safety and quality; park access; and physical activity programs. The following combination of park and recreation strategies and policies seek to encourage physical activity:

*Strategy #1: Create opportunities for physical activity, recreation, and relaxation.*

*Strategy #2: Improve the usability/connectivity, aesthetics, and safety of existing parks, trails, and open space.*

## Health Element – Recreation and Physical Activity

*Strategy #3: Enhance use of programs in cities, school districts, other agencies, and workplaces that promote physical activity and wellness at all ages.*

***Strategy #1: Create opportunities for physical activity, recreation, and relaxation.***

Santa Clara County has numerous regional parks, regional trails and bike paths, and city parks, and a climate that encourages outdoor activities. However, where possible, many of these community assets are a result of decades-long efforts and support for dedicated funding, such as the County's regional parks system and regional trails plan. Where need and opportunities are present, cities, local agencies, and the County should enhance opportunities for activity and recreation within existing facilities and remedy park area deficiencies, especially where residents are at greater risk for obesity and related adverse health outcomes. Existing neighborhoods can be enhanced by creating safe, diverse, and attractive places for physical activity, recreation, and relaxation. New development can often provide recreation facilities and public amenities at various scales through good design, site planning, and connection to surrounding areas. Another area of focus is meeting residents' needs to quickly and safely access recreational opportunities close to where they live and work. In areas currently lacking parks and green spaces, playgrounds, and recreation facilities, strategic plans with neighborhood input and coordination are needed to determine how best to meet the particular area's needs and promote more active lifestyles.

**Policies:**

HE-E.1 **Park distribution.** Support efforts to have all County residents within a 15-20 minute walk (approximately one mile) of a park or recreational facility.

HE-E.2 **Parks and services for communities of concern.** Prioritize with special needs. Support the development of new parks and other recreational services for those with special needs, including low impact facilities and equipment for older adults and the disabled in people with disabilities, underserved neighborhoods, and areas with large number experiencing higher rates of community chronic disease, community safety issues, and need of concern community investment.

HE-E.3 **Proximity to recreational facilities.** Emphasize Encourage the development of recreational facilities, parks,

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Health Element – Recreation and Physical Activity

and loop trails in close proximity to employment centers, existing neighborhoods and other community facilities such as schools, senior centers, and recreation centers to promote ease of access and use.

HE-E.34 **Shared-use agreements.** Encourage shared-use agreements between jurisdictions and school districts that allow school properties to be used safely and securely during non-school hours for community recreation needs.

~~HE E.4 **Public easements.** Coordinate with public entities to construct new parks and open space on easements and public property to be used as parks and trails.~~

HE-E.5 **Concurrent development.** ~~Develop~~ Encourage development of new parks, plazas, gardens, trails and paths, and open space facilities/amenities concurrent with other forms of approvals for new development, particularly in densifying urban neighborhoods to areas designated for higher densities and priority development, to increase opportunities, encourage physical activity, and mitigate the urban heat island effect/effects.

~~HE E.6 **Facility incentives.** Remove regulatory barriers and provide financial incentives to encourage the location of affordable public and private exercise facilities, especially in underserved areas.~~

~~HE E.7 **Park distribution.** Strive to have all county residents within a 15-20 minute walk (approximately one mile) of a park or recreational facility.~~

***Strategy #2: Improve the usability/connectivity, aesthetics, and safety of existing parks, trails, and open space.***

Public agencies can increase the use and desirability of existing parks and recreational facilities by upgrading infrastructure, providing additional amenities such as water stations, and ~~increasing health and~~ improving safety for park users. Partnering with businesses, community groups, foundations and non-profits offers opportunities to increase public presence and safety, as well as improve maintenance and create new facilities. Space definition, lighting, and other strategic improvements, including signage along trails, are also important for increasing overall activity levels among the public.

The more ~~accessible and~~ connected parks, trails, and open spaces are accessible to the public, the greater likelihood of their use for both recreation and commute purposes.

Health Element – Recreation and Physical Activity

Public agencies can promote greater accessibility to parks and recreational space by improving access points for multi-modal users, such as pedestrians and bicyclists, and enhancing connections between facilities.

**Policies:**

HE-E.86 **Multiple use facilities.** Encourage the renovation and expansion of facilities and amenities in existing parks, considering multiple uses. ~~Provide and needs. Promote~~ well-designed active play structures, amenities to accommodate a range of users, water stations, pet-friendly areas or dog parks, perimeter paths and/or other improvements.

HE-E.97 **Design features.** ~~Incorporate~~ Support the inclusion of design features in the multi-use open space areas and networks that reflect the history, culture, sense of place, and unique characteristics of the community.

HE-E.108 **Safety concerns.** Address actual and perceived safety concerns that create barriers to physical activity, by ~~requiring~~ means of adequate park lighting, appropriate landscaping, and ~~defensible~~ avoiding isolated, indefensible spaces where users are made vulnerable.

HE-E.119 **Smoke-free parks.** Encourage and support local jurisdictions in establishing and enforcing smoke-free parks and recreational areas.

HE-E.1210 **Trails and parks network.** Support ~~County~~ efforts to create a completely connected network of trails and parks throughout unincorporated and incorporated areas of the County that link to housing, work, commercial centers, public transit, and community facilities. Partner with cities, open space agencies, and other organizations to complete a gap analysis of current trail system, and make needed improvements to connect trails in cities and in unincorporated areas.

HE-E.1311 **Transit access.** ~~Work with~~ Support efforts by VTA and other transit providers to provide for low-income communities ~~with~~ to have adequate transportation access to parks and recreational facilities.

***Strategy #3: Enhance programs in cities, school districts, other agencies, and workplaces that promote physical activity and wellness at all ages and physical abilities.***

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Health Element – Recreation and Physical Activity

Innovative recreational programs can ~~activate/enliven~~ park and recreational spaces by ~~supporting and encouraging~~ physical activity for a diverse range of park users. Such programs can increase interest levels in the use of parks and trails as alternatives to indoor facilities, and increase appreciation of natural surroundings. Employers can also increase activity levels and improve health through incentives and benefits programs that directly reward employees financially and improve productivity.

**Policies:**

~~HE-E.14 **New park users for health.**~~ Support the development and expansion ~~HE-E.12 **Expanded programs for enhanced use and enjoyment.**~~ Promote the expansion of innovative programs for active use and appreciation of parks and other recreation facilities, through parks and recreation departments, local agencies, and non-governmental partners.

~~HE-E.13~~ **Use by underserved communities and those with health needs.** Promote and support the development of programs that encourage underserved communities and people with health issues to use parks and recreational facilities.

~~HE-E.15~~ **School district activities and programs.** Encourage and support school district activities and related programs that support physical activity and wellness.

~~HE-E.16~~ **Multiple park uses.** Promote multiple uses ~~of~~ within parks for both active and passive recreational pursuits, including fitness classes, recreation, arts and cultural events, community gardening, and environmental conservation and appreciation.

~~HE-E.17~~ **Public information to diverse populations.** Promote informational awareness and access to programs and activities in a culturally sensitive and linguistically competent manner to the County's diverse populations.

~~HE-E.18~~ **Innovative funding and development.** Explore innovative funding and development concepts with non-profit groups and large employers for increased physical activity programs and improved facilities.

## F. HEALTHY EATING, FOOD ACCESS, AND SUSTAINABLE FOOD SYSTEMS

### Background

Individual and community health are affected by many factors related to food, including healthy food accessibility and sustainable food systems. Diet and exercise, for example, have become one of the most effective means of preventing and treating significant chronic diseases, such as heart disease. How our communities and regions function to promote healthy eating, variety of healthy choice, and complementary activities, such as nutrition education and food literacy, is are of increasing importance to public health. Improving collective understanding our diets, nutrition, and exercise will be critical to ensuring long-term health goals for society, including the ability to manage increasing costs associated with serious increases in diet-related chronic diseases, such as diabetes.

The system of food involves where food comes from, how it is produced, how it gets to neighborhood stores, how it is marketed, what is offered in our schools, workplaces, and institutions, and what happens to it when we compost or throw it away. It is a system of interconnected people, resources, and activities that collectively have a profound impact on our health, the environment, and communities.

The food system can be understood as being comprised of five main sectors: agricultural production, processing, distribution, retail (or consumption), and waste. Figure 1, provides a conceptual framework for understanding these sectors and their linkages.

Santa Clara County's food system is part of a larger regional Bay Area food system, which in turn is part of a national and global system linking people and food. Every day, everyone who lives and works in Santa Clara County will participate in this food system in multiple ways.

A healthy food system promotes access to affordable, healthy, fresh, and culturally appropriate foods through a variety of venues and businesses. A healthy food system also supports the livelihoods of local

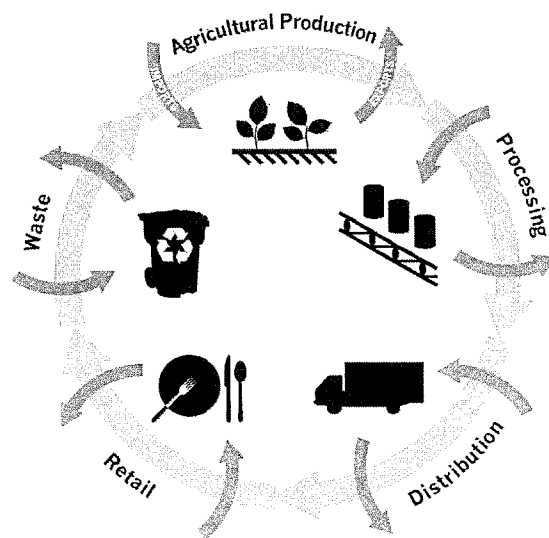


Figure 1: The Food System, from *Locally Nourished: How a Stronger Regional Food System Improves the Bay Area* (2013).  
[www.spur.org/files/spur-reports/SPUR\\_Locally\\_Nourished.pdf](http://www.spur.org/files/spur-reports/SPUR_Locally_Nourished.pdf)

Health Element – Healthy Eating, Food Access, and Sustainable Food Systems

farmers and ranchers and the economic viability of farmland and other working landscapes, which in turn contribute to open space and agricultural land preservation. Local food systems can also reduce the environmental impact of the global food production and distribution system we have come to rely upon, reducing “food miles” (the distance agricultural products travel between the field and consumers’ plates) and potentially provide a resource in the event of long term shortages and increased costs. Lastly, the farms and open spaces of the region contribute much in ecosystem services through food provision, climate and disease regulation, groundwater recharge, nutrient cycles and crop pollination, habitat, aesthetics and other community benefits.

The current food landscape in Santa Clara County provides both opportunities and challenges for achieving a healthy food system. Key assets and opportunities include the following:

- **A Strong traditions.** The County has a rich tradition of agriculture, from the past to the present. The County is home to and over 31,000 acres of important agricultural lands located on 1,048,068 farms and ranches. (State Farmland Mapping Program definitions). In 2012, the County produced over \$260 million worth of agricultural products.
- **ADiversity.** There is a growing diversity of food ~~business~~ businesses and local food resources: As of 2012, there are, with over 30 active community gardens, 43 farmers’ markets, and 22 Community Supported Agriculture (CSA) programs in Santa Clara County. (2012). Thousands of residents, businesses, and organizations utilize these local-food resources. The most walkable areas in the County also have the most sources of local foods.
- **A strong and Support networks.** There is a growing culture and network of residents and community groups/organizations supporting urban agriculture, local food, healthy food access, and food security.
- **APolicy framework.** The County, cities, and other partner agencies and organizations can rely on a countywide system of urban growth management and rural land stewardship policies that have been successfully implemented since the 1970s.

Key challenges include the following:

- **Continued Agriculture viability of agriculture and land preservation.** There are many challenges to maintaining farming and ranching as viable businesses in close proximity to a metropolitan area; furthermore, some organizations estimate that over up to 63,400 acres of farmland and rangeland countywide, including up to 55% of county’s County’s remaining important farmland, (17,000 acres of the 31,000), are at varying risk for conversion or

development -- especially along Highway 101 between the Cities of San Jose, Morgan Hill, and Gilroy.

- **Economic barriers to food access:** About one-third of County adults and over half of Latino adults live in “food insecure” households, while government programs that supplement food resources for families, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and CalFresh, are undersubscribed and vulnerable to cutbacks.
- **Unequal access to healthy food sources:** In general, low-income areas have unhealthier retail food environments than high-income areas. Furthermore, the lower-income areas within certain cities, and even more affluent areas such as Palo Alto, Milpitas, and Los Altos, contain fewer healthy food stores such as supermarkets, grocery and produce stores and farmer markets than the average for these cities.
- ~~Neighborhoods where~~ **Preponderance of unhealthy options** greatly outweigh healthy. Only 16% of all food retailers in the County are “healthy,” as defined by the Centers for Disease Control and used in the modified Retail Food Environment Index (mRFEI) of the Existing Conditions Report, due partly to the high percentage of all restaurants that are fast food establishments. Jurisdictions offering the highest percentage of healthy retail food include the Cities of Los Altos (32%), Milpitas (28%), Saratoga (29%), Palo Alto (22%), Cupertino (21%), and Mountain View (18%).
- **Marketing and media influences.** Unhealthy food advertising inundates media and, particularly television. Combatting this barrage of information about fast food and diet choices requires effective education and strategies targeted to families, children and young adults.

## Major Strategies and Policies

This section of the Health Element includes strategies, policies, and actions designed to respond to these challenges and capitalize on opportunities in the food system. The general strategies outlined for each of these areas are as follows:

*Strategy #1: Preserve and enhance local agriculture and agricultural lands as part of the local/regional food system.*

*Strategy #2: Promote urban agriculture.*

*Strategy #3: Support a variety of healthy food outlets within neighborhoods and communities.*

*Strategy #4: Reduce food insecurity and hunger.*

*Strategy #5: Promote healthy eating and food literacy.*

Health Element – Healthy Eating, Food Access, and Sustainable Food Systems***Strategy #1: Preserve and enhance local agriculture and agricultural lands as part of the local/regional food system.***

Local food production benefits Santa Clara County in a variety of ways. Agriculture and agricultural land preservation are mutually reinforcing and complementary to the County's smart urban growth management policies; they provide (along with open space and recreational lands) a "greenprint" to our region's "blueprint" for regional growth. State laws (AB 32 and SB375) and recently adopted regional plans, such as Plan Bay Area, focus future urban growth within cities and curtail "urban expansion into rural lands" ("greenfield" ~~urban~~ development) as part of a major strategy to meet housing needs, reduce greenhouse gas emissions, and improve transportation. Local agricultural land supplies and food production can also enhance food security in the face of disruptions in our global food supply that may be caused by climate issues, transportation costs, or other problems.

**Policies:**

- HE-F.1 **Agriculture support.** Encourage and support sustainable, local agriculture as an integral part of healthy communities and as an engine of economic activity. ~~Reduce regulatory burdens on agricultural use where possible.~~
- HE-F.2 **Agricultural land preservation.** ~~Preserve~~Promote the preservation of agricultural and open space land by maintaining and implementing growth management policies that limit urban development outside urban areas and support farming and ranching.
- HE-F.3 **Multi-use ~~Agricultural Preserves~~ agricultural preserves.** Explore the creation of agricultural parks and preserves, and similar programs for preserving agricultural lands in proximity to urbanized areas to integrate agricultural production, educational, environmental, and recreational values.
- HE-F.4 **Environmentally-sustainable agriculture.** Support farmers and ~~ranchers to maintain~~Promote agricultural practices that maximize sustainability, including soil conservation, water and energy efficiency, waste reduction, reduced chemical use, and enhanced ecological services provided by agricultural lands.
- HE-F.5 **Agricultural viability.** Support local farmers by promoting on site activities and uses that enhance its economic viability but do not interfere with agricultural use, such as processing facilities, farm

Health Element – Healthy Eating, Food Access, and Sustainable Food Systems

stands, and agricultural tourism ~~for locally grown products on farm sites and within agricultural areas.~~

- HE-F.6 **Local food sourcing, distribution and marketing.** Promote local food sourcing through procurement preferences and policies among local governments, schools, businesses and institutions and expand existing marketing and distribution initiatives that connect local agriculture to new markets such as retailers, restaurants, schools, hospitals, food banks and other businesses.

***Strategy #2: Promote urban agriculture.***

Integrating food production into places where we live, work, receive education, and play provides a myriad of health benefits, including access to fresh produce, activating and enhancing green spaces, moderate physical activity, community and social connection, and nutrition education. Urban agriculture, such as cultivating food in backyard and community gardens and small scale urban farms, can be used to improve healthy food access and promote healthier eating. Interest in urban agriculture is on the rise throughout the country, and concerted efforts should be made to provide opportunities to promote it.

**Policies:**

- HE-F.7 **Urban agriculture.** Support the expansion of various forms of urban agriculture, including home gardens, community gardens, and urban farms and cooperatives.
- HE-F.8 **Urban agricultural zoning.** ~~Allow for~~ Promote small-scale agricultural use and food production in appropriate urban zoning districts ~~and remove within the cities and urban unincorporated areas~~ and address other regulatory barriers to community gardening and urban farming.
- HE-F.9 **Public land for growing food.** Encourage the use of available public land for growing food on colleges, schools, parks, public easements and right-of-ways ~~for use as urban agricultural sites, where appropriate and not in conflict with other uses, utility infrastructure, or needs of property owners.~~
- HE-F.10 **Equitable access to safe food-growing opportunities.** ~~Prioritize~~ Encourage the development of new urban agriculture sites in low income and underserved neighborhoods and coordinate efforts

Health Element – Healthy Eating, Food Access, and Sustainable Food Systems

with parks and open space organizations. Combine programs on urban agriculture with food production safety, food literacy, and nutritional education.

- HE-F.11 **School/community gardens.** ~~Work~~Collaborate with school districts to expand ~~schools yard~~opportunities for agriculture, curriculum integration, and allow community gardens on school property. ~~Employ master gardeners to serve multiple locations.~~

***Strategy #3: Support a variety of healthy food outlets within neighborhoods and communities.***

Varied, healthy food environments contribute to community health. Healthy food outlets include supermarkets, grocery stores, corner stores, (including ethnic markets), farmers' markets and community-supported agriculture (CSA)., due to the variety of choices offered.

**Policies:**

- HE-F.12 **Healthy food access.** Promote healthy food access as a key component of future urban development and neighborhood revitalization throughout the county, particularly in underserved neighborhoods.

- HE-F.13 ~~Promote healthy~~**Healthy food retail establishments.** ~~Encourage development and improve~~Promote improved access to healthy food outlets, including grocery stores, corner stores, farmers' markets, restaurants, and mobile vendors through programs, regulations, and strategies that incentivize new healthy food options and retail and limit unhealthy retailers. Provide special considerations to promote healthy retail outlets in underserved in areas.

- HE-F.14 ~~Limit concentrations of unhealthy food outlets.~~ Avoid an over- with a high concentration of unhealthy food providers such as fast food chains and outlets, liquor stores, and convenience stores within neighborhoods or near child-oriented uses (e.g., around schools, family day care, etc.).

- HE-F.15**14: Collaborative efforts.** ~~Support~~Continue to support and collaborate with organizations that implement practices, education, and policies designed to increase access to healthy food and beverages

Health Element – Healthy Eating, Food Access, and Sustainable Food Systems

(i.e. such as schools/afterschool programs, child care, retail establishments, churches, and non-profits and community-based organizations).

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HE-F.16 **Water bottle-filling stations.** Ensure support and promote the availability and accessibility of clean drinking water and water bottle-filling stations in public facilities, businesses, and schools.

**Strategy #4: Reduce food insecurity and hunger.**

“Food security” means ensuring access by all people at all times to enough food for an active, healthy life. Low-income neighborhoods suffer from disproportionately worse access to food retail outlets that sell fresh produce and have disproportionately higher concentrations of fast food and convenience stores. They are more likely to experience food insecurity and limited or uncertain access to adequate food. Food assistance programs and policy changes that increase access to affordable, healthy foods and healthy food outlets can help increase community food security.

**Policies:**

HE-F.17 **Food assistance programs.** Expand support expanded participation in federal food assistance programs through partnerships with public agencies, food banks, and community-based organizations.

HE-F.18 **Food deserts.** Support healthy food retail development in USDA designated “food desert” census tracts, by utilizing available federal funding programs.

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HE-F.19 **Healthy food for low-income shoppers.** Encourage promote farmers markets, community-sponsored agriculture cooperatives, and all healthy food retail outlets and other food providers to accept payment mechanisms for federal, state and local food assistance programs such as Supplemental Nutrition, Education Program (SNAP), Electronic Benefit Transfer (EBT) cards and Women, Infants, and Children (WIC) benefits.

HE-F.20 **Reduced food waste through recovery and distribution networks.** Support the development of organizations and networks that promote safe and healthy food recovery and distribution, to reduce waste, reduce food insecurity, and strengthen community partnerships.

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Health Element – Healthy Eating, Food Access, and Sustainable Food Systems

**HE-F.19 Older adult nutritional needs.** Support efforts to ensure nutritional needs of older adults are met, especially for the isolated or ill, improving access to food services in congregate living facilities, community centers, and neighborhood locations.

***Strategy #5: Promote healthy eating and food literacy.***

Food literacy is a term used to refer to a fuller, more holistic understanding of the impact our food choices and origins make on health, the environment, and our communities. Santa Clara County has the opportunity to make healthy choices the norm by offering healthy food and beverages in public spaces. Information and knowledge about nutrition and food labels and food preparation skills can help residents of Santa Clara County make healthier and informed food choices. ~~Food literacy is a term used to refer to a fuller, more holistic understanding of the impact our food choices make on health, the environment, and our communities.~~

**Policies:**

~~HE-F.2120~~ **Healthy food options.** ~~Require~~Promote healthy food and beverage standards and procurement policies and practices in government buildings and government-sponsored events ~~and establish.~~ Include nutrition standards and local food ~~purchase~~origin preferences for food served in cafeterias and other city venues.

~~HE-F.2221~~ **Healthy eating initiatives.** ~~Promote healthy food and beverage standards in~~and food literacy. Support and promote healthy food options, nutrition education, and food literacy through local government services, health care organizations, public agencies~~non-profits, faith-based organizations, and private sector businesses.~~

~~HE-F.2322~~ **Healthy food access in schools.** Support Support improved nutrition standards and healthy offerings in school food services and support the development of new Farm~~farm-to-School~~school programs and similar efforts that offerpromote locally grown foods in school breakfast and lunch programs, ~~allow schools to host farmers' markets on weekends or after school hours and connect schools with organizations that can provide nutrition education to students, families and staff.~~

~~HE-F.2423~~ **Breastfeeding.** Support and promote breastfeeding as a means of providing healthy food for the growth and development of infants. Encourage and assist businesses and cities in creating breastfeeding friendly workplaces.

Health Element – Healthy Eating, Food Access, and Sustainable Food Systems

## G. AIR QUALITY AND CLIMATE CHANGE

### Background

#### Air Quality

Air quality can have widespread effects on human health and the environment. There are numerous sources of air pollutant emissions in Santa Clara County, including stationary sources, such as manufacturing facilities, dry cleaners, and auto body shops, and mobile sources, such as automobiles, trucks, and trains. Each day these sources emit different air pollutants that affect humans, animals, and the overall environment. Air pollution can have a wide range of negative impacts on health. Air pollution exposure can damage the cardiovascular and pulmonary systems and contribute to chronic and acute health impacts, such as asthma, bronchitis, and heart attack.

~~In 1970~~ In response to increasing concerns over industrial and vehicular sources of pollution, Congress adopted the federal Clean Air Act (CAA) ~~in 1970~~. The CAA led to the establishment of standards for ambient concentrations of each of the six “criteria” pollutants – ozone (O<sub>3</sub>), carbon monoxide (CO), sulfur dioxide (SO<sub>2</sub>), nitrogen dioxide (NO<sub>2</sub>), lead, (Pb), and particulate matter (PM) – which were identified as being particularly dangerous to human health. Since that time, these criteria pollutants, as they have become commonly known, have been reduced by more than half in the Bay Area.<sup>1</sup> Due in part to aggressive state and regional programs for stationary and mobile source emissions, the Bay Area achieves, or is close to achieving, national air quality standards. The region is well below the applicable standards for lead, carbon monoxide, sulfur dioxide, and nitrogen dioxide. However, the Bay Area does not meet state or national standards for ozone and particulate matter.

Although Santa Clara County has been in conformance with State and Federal standards for the most criteria air pollutants, it received a grade of “D” by the American Lung Association for the number of days with unhealthy levels of ozone and particulate matter (PM 2.5) between 2010 and 2012.<sup>i</sup> Air pollution concentrations are often worse in lower income neighborhoods, which are more likely to be located near freeways, other major roadways, and industrial sites.

The majority of the health effects of air pollution are due to ozone and particulate matter.<sup>ii</sup> High levels of ozone are associated with diminished lung function, increased

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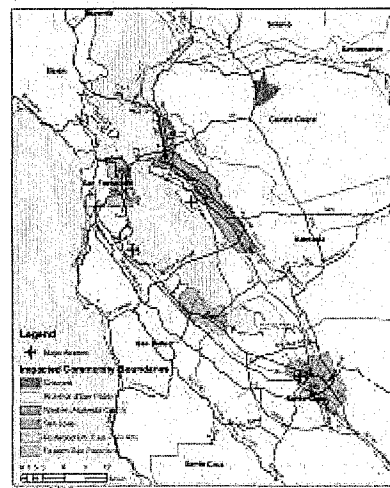
<sup>1</sup> The CAA mandated that standards for ambient concentrations of the criteria air pollutants be established and regulated based upon “criteria documents” – a compilation of scientific information on the formation, concentrations, distribution, and health effects of the pollutants.

frequencies of asthma attacks, sensitivity to allergens, and premature mortality,<sup>iii iv v</sup> particularly in people who are physically active outdoors, including children, outdoor workers, and athletes.<sup>vi</sup> Particulate matter can cause a wide range of health effects, such as aggravating asthma and bronchitis, contributing to heart attacks, and resulting in increased visits to the hospital for respiratory and cardiovascular issues.

Since the adoption of the CAA, improving San Francisco Bay Area air quality has reduced air pollution-related health impacts. An analysis of asthma emergency room visits, respiratory hospital admissions, cardiovascular hospital admissions, chronic bronchitis, non-fatal heart attacks, cancer onset, and mortality found that better air quality provides health benefits with a value of approximately \$25 billion per year for the region. Better air quality is credited with increasing life expectancy by 6 months on average.<sup>vii</sup> Climate change, however, could reverse decades of improvement in air quality for pollutants such as ozone and particulate matter (described below).

The Bay Area Air Quality Management District (Air District) is the regional agency with regulatory authority over emission sources in the Bay Area, including Santa Clara County. The Air District has established specific rules and regulations to limit emissions that can be generated by specific land uses or activities and. It has also developed pollution mitigation measures that are implemented in association with those uses. These rules and regulations form a multi-pollutant policy framework that controls the emissions of ozone precursors, particulate matter, greenhouse gases, and other air toxics.

The Air District started the Community Air Risk Evaluation (CARE) program in 2004. Its purpose is to reduce health risks associated with local exposures to air toxics in highly impacted areas. The program seeks to combine technical analysis of analyzes health risks associated with air pollution, evaluation of evaluates the exposure of sensitive populations, and the identification of identifies significant sources of air pollution in these areas to prioritize the use of resources to and reduce air pollution in the most highly impacted communities. The Air District identified portions Portions of east San Jose as are located in one of six CARE communities in the Bay Area.



## Climate Change

Climate change, which is already affecting California, poses a significant threat to the environment, public health, and the provision of basic services. Climate change is expected to result in overall warmer weather, a greater number of extreme heat and storm events, higher storm surges, reduced snowpack, more frequent droughts, an

increase in wildfires, and sea-level rise.<sup>viii</sup> The impacts of climate change in California will vary geographically and depend on such factors as landscape, infrastructure, vulnerable populations, and readiness. A study of climate change vulnerability in California, which looked at analyzed socio-economic factors, age, housing conditions, isolation, and other indicators such as institutionalized populations, insurance coverage, vehicle ownership and disabilities. It found that 20% of the population of Santa Clara County had high social vulnerability to the effects of climate change.<sup>ix</sup>

#### State and Regional Sustainability Efforts

The State of California has been a national leader in enacting climate change legislation to reduce greenhouse gas (GHG) emissions, which trap heat in the atmosphere. **Assembly Bill 32**, passed in 2006, requires California to reduce GHG emissions to 1990 levels by 2020. Amendments to the California Environmental Quality Act (CEQA) Guidelines, adopted in 2009, require the consideration of potential impacts of GHG emissions in project review. **Assembly Bill 1532** requires that fees collected from polluters through the cap-and-trade program be used for programs and activities that reduce greenhouse gas emissions. **Senate Bill 375** requires Metropolitan Planning Organizations (MPOs) to develop a Sustainable Community Strategy (SCS) as part of their Regional Transportation Plan, which demonstrates how plans for land use, transportation, and housing will meet regional GHG reduction targets. **Plan Bay Area**, the SCS for the San Francisco Bay Area approved in July 2013, provides a strategy for meeting 80% of regional housing needs in Priority Development Areas (PDA's).

Temperature projections show a warming trend across the San Francisco Bay Area over the rest of the 21<sup>st</sup> century.<sup>x</sup> Although Santa Clara County has a milder climate than many other areas of the state, it is expected to experience an increased number of extreme heat days. Projections for the City of San Jose estimate 71 extreme heat days by 2050.<sup>xi</sup> Extreme heat poses a severe danger to human health, and is one of the most dangerous forms of natural disasters. It can cause a range of health problems, from rashes, dehydration, and cramps, to heat exhaustion or heat stroke, which can result in hospitalization and death. It can also worsen chronic conditions such as cardiovascular and respiratory disease.<sup>xii</sup>

As temperatures rise and heat events become more common and prolonged, there will also be greater demands on energy usage and possible brown-outs, particularly during extreme heat events.<sup>xiii</sup> The increased demand for electricity due to air conditioning use will in turn increase air pollution and greenhouse gas emissions from power plants powered by natural gas or other fossil fuels.

People who live in milder climates such as the San Francisco Bay area are not as acclimatized to warmer temperatures as those who live in the central parts of the state. Furthermore, Bay Area residents are less likely to have air conditioning, and some are less familiar with how to reduce exposure and risk of heat-related illnesses at lower temperatures than those who live in hotter climates. For example, during the California

heat wave of 2006, the Central Coast (including Santa Clara County) experienced far more emergency room visits and hospitalizations than would be expected based on population.<sup>xiv</sup>

Some groups are at greater risk of heat-related health effects, including people living in poverty, seniors, pregnant women, young children, people with chronic conditions, the socially isolated, the disabled, and workers in outdoor jobs such as agriculture and construction.<sup>xv xvi</sup> Temperatures will also be greater in the south part of the ~~county~~ County, which has higher average temperatures under normal conditions, and in more densely developed urban areas with higher concentrations of materials such as concrete, asphalt, and glass that intensify heat concentrations. This urban heat island effect can be reduced by planting shade trees, planning for and maintaining urban canopy trees or urban forest concepts, and creating white or cool roofing, including living roofs.

Of critical concern is the likelihood that climate change could reverse decades of improvement in air quality for pollutants such as ozone and particulate matter. Higher temperatures increase ozone precursor emissions and ozone formation,<sup>xvii</sup> resulting in a significant increase in the number of days that exceed the 8-hour regulatory standard for ozone concentrations.<sup>xviii</sup> Between now and 2050, air quality scenarios suggest that increased ozone levels related to climate change may offset at least ten years of ozone emissions control efforts in the Bay Area.<sup>xix</sup>

Climate change is also expected to increase the risk of wildfires and the length of the fire season, which will increase population exposure to particulate matter and other harmful pollutants. Large wildfires have become more regular in the west as spring and summer temperatures have risen over time.<sup>xx</sup> Projections suggest that wildfire risk will increase across much of the San Francisco Bay Area and Santa Clara County.<sup>xxi</sup> Wildfires can cause ambient concentrations of ozone and particulate matter to increase significantly. Studies have shown that the particulate matter associated with wildfires is significantly more toxic than the particulate matter ordinarily present in the California atmosphere.<sup>xxii</sup> An increase in particulate matter from wildfires mixed with the particulate matter present in the atmosphere could be dangerous for vulnerable individuals with pre-existing conditions, resulting in an increase in respiratory and cardiovascular hospital admissions.<sup>xxiii</sup>

Like most criteria and toxic air contaminants, much of greenhouse gas emissions come from motor vehicles. The transportation sector in California is the single largest source of GHG emissions at 38%, with personal passenger vehicles accounting for 79% of the total.<sup>xxiv</sup> In Santa Clara County the transportation sector accounts for 42% of GHGs.

### Climate Action Plans and Air Quality

Adopted by the Board of Supervisors in September 2009, the Santa Clara County Climate Action Plan (CAP) focuses on County operations, facilities and employee actions to reduce greenhouse gas emissions, energy and water consumption, solid waste, and fuel consumption. The CAP focuses on steps needed to reach a 10% greenhouse gas reduction goal by 2015 but also identifies policies and actions that are needed to reduce emissions beyond 2015.

Along with the municipal climate action plan, the Silicon Valley 2.0 project is a ~~county-wide~~countywide effort to minimize the anticipated impacts of climate change and reduce the generation of local greenhouse gas emissions. The project uses a risk management framework to evaluate the exposure of populations to climate impacts, examine the potential consequences of this exposure, and develop adaptation strategies that improve community resilience.

Changes in temperature and humidity related to climate change are also expected to affect the timing and severity of many allergens.<sup>xxv</sup> Warmer temperatures and increased precipitation ~~is~~are linked to increased pollen production for many types of tree and grass species.<sup>xxvi</sup> Rising pollen levels and longer pollen seasons increase allergic sensitivity and asthma episodes,<sup>xxvii</sup> ~~xxviii~~ decreasing economic productivity, and increasing the number of school days missed each year.<sup>xxix</sup> Rising pollen concentrations may also increase the number of individuals who have allergic asthma, which is triggered by a reaction to pollen or other allergens. Exposure to increased levels of air pollution also increases the risk and severity of asthma attacks.<sup>xxx</sup> Extreme precipitation events and higher temperatures may also encourage growth of indoor mold and fungi, which may increase respiratory and asthma issues.<sup>xxxi</sup>

Changes in temperature and precipitation may lead to expansion of insect and rodent populations, resulting in increases in vector-borne diseases such as ~~hantavirus~~Hantavirus, Lyme disease and West Nile virus.<sup>xxxii</sup> Increases in temperature could lead to larger numbers of salmonella and other bacteria-related food poisoning, since bacteria grow more easily in warm environments. Heavy rainfall and ~~increased~~run-off, and higher water temperatures could ~~potentially contaminate~~contribute to ~~contamination of~~drinking water by carrying household, industrial, transportation, and agricultural chemicals, sewage, and animal waste into drinking water supplies and further increase the incidence of water and food-borne diseases and the need for careful monitoring.<sup>xxxiii</sup>

Sea level rise and heavy winter rainfall occurrences in Santa Clara County are expected to produce storm surges and flooding, which could put health infrastructure and other critical facilities such as roads, waste facilities, and wastewater treatment plants at risk.<sup>xxxiv</sup> Forebay levees, baylands, and similar low-lying areas may be affected by sea level rise, such as salt water intrusion into aquifers where subsidence has occurred. However, Santa Clara County is not subject to the same kind of coastal flooding as other

areas. Riverine and urban flooding are of equal or greater concern and can be caused by high water levels in creeks, backed-up storm drains flooding streets and low lying neighborhoods. South county areas may be subject to greater flooding and ponding where local drainage is inadequate.

Low income families spend a larger proportion of their household income on energy and food and other basic needs than families with higher incomes. Since climate change is projected to cause an increase in the price of necessities, ~~it is expected that this impact~~ impacts on lower income residents will become even more severe.<sup>xxxv</sup>

Steps to mitigate and adapt to climate change can produce significant health co-benefits. Efforts to reduce vehicle miles traveled by increasing rates of walking, bicycling and transit use can also lead to higher rates of daily physical activity, lower numbers of traffic injuries, and improved air quality. A recent study of the health benefits of active transportation in the San Francisco Bay Area, found that active transport has the potential to substantially lower both the burden of disease and carbon emissions.<sup>xxxvi</sup> Land use and urban design that places housing near services, businesses, and transit and increases green spaces and community gardens in urban environments could also increase access to healthy foods and build neighborhood cohesion.<sup>xxxvii</sup>

### Major Strategies and Policies

The following major strategies and policies are intended to convey a comprehensive approach for improving air quality, protecting the climate, and protecting public health.

*Strategy #1: Strive for air quality improvement through regional and local land use, transportation and air quality planning.*

*Strategy #2: Reduce health impacts from and increase resiliency to extreme heat events and rising temperatures.*

*Strategy #3: Increase awareness of and ~~take steps to~~ reduce vector-borne and other infectious illnesses resulting from climate change.*

*Strategy #4: Increase investment in readiness and coordinated planning to meet expected needs in serving most vulnerable populations.*

### ***Strategy #1: Strive for air quality improvement through regional and local land use, transportation and air quality planning.***

California and Santa Clara County face significant air quality problems that have a direct impact on human health. Implementing measures for stationary source, mobile source, vehicle trip reduction, mixed-use compact development, and energy and climate

measures can help to reduce air pollution and maintain the trend towards steadily improving air quality in the County and Bay Region.

**Policies:**

- HE-G.1 **Air quality environmental review.** ~~Comply~~Continue to utilize and comply with the Bay Area Air Quality Management District (Air District) project- and plan-level thresholds of significance for air pollutants and greenhouse gas emissions.
- HE-G.2 **Coordination with regional agencies.** Coordinate with the Air District to promote and implement stationary and area source emission measures.
- HE-G.3 **Fleet upgrades.** Promote Air District mobile source measures that reduce emissions by accelerating the replacement of older, dirtier vehicles and equipment, and by expanding the use of zero emission and plug-in vehicles.
- HE-G.4 **Off-road sources.** Encourage mobile source emission reduction from off-road equipment such as construction, farming, lawn and garden, and recreational vehicles by retrofitting, retiring and replacing equipment and by using alternate fuel vehicles.
- HE-G.5 ~~VMT~~ **GHG reduction.** Support efforts to reduce GHG emissions from mobile sources, such as reducing vehicle trips, vehicle use, vehicle miles traveled (VMT), vehicle idling, and traffic congestion to reduce emissions from mobile sources. These efforts may include improved transit service, better roadway system efficiency, state-of-the-art signal timing and Intelligent Transportation Systems (ITS), transportation demand management, parking and roadway pricing strategies, and growth management measures.
- HE-G.6 **Regional/local plans.** Encourage and support regional and local land use planning that reduces automobile use and promotes active transportation.
- HE-G.7 **Sensitive receptor uses.** ~~Protect~~Promote measures to protect sensitive land uses, such as residential uses, schools, day care centers, and medical facilities by locating uses away from major roadways and stationary area sources of pollution, if feasible, or incorporating feasible, effective mitigation measures.

- HE-G.8 **CARE Communities focus.** ~~Assist~~ Promote awareness of geographic areas subject to persistently poorer air quality and assist the Air District in tracking monitoring and reducing emissions from all sources in CARE communities.
- HE-G.9 **Healthy infill development.** ~~Promote more stringent building performance standards measures and air filtration mitigations for infill development to protect residents from air and noise pollution, such as more stringent building performance standards, proper siting criteria, development and environmental review processes, and enhanced air filtration.~~
- HE-G.10 **Conservation.** Promote energy conservation and efficiency in homes, businesses, schools, and other infrastructure to reduce energy use and criteria pollutant and greenhouse gas emissions.
- HE-G.11 **Renewable energy.** Encourage distributed renewable energy generation, such as solar and wind turbines, on commercial, industrial, and residential buildings.
- HE-G.12 **Energy technologies.** Support regional and local initiatives that promote integrated building systems, distributed generation, demand response programs, smart grid infrastructure, energy storage and backup, and electric transportation infrastructure.
- HE-G.13 **Fire prevention.** ~~Support State, Federal, County~~ state, federal, county, and other local efforts to prevent wildfires. Emphasize prevention cost-efficiency over that of ever-increasing expense of fighting and suppressing wildfires.

***Strategy #2: Reduce health impacts from and increase resiliency to extreme heat events and rising temperatures.***

Temperature increases and extreme heat events will require ~~the strengthening of increased~~ preparedness and adaptation of the built environment. Higher temperatures in urban areas are more often seen in neighborhoods with dense land use, impervious, paved surfaces, and an absence of trees and parks.

**Policies:**

- HE-G.14 **Extreme heat exposure.** ~~Prioritize~~ Promote greater awareness of the use impacts of resources to reduce extreme heat exposure in on the most highly impacted communities populations, such seniors, people

living in poverty and with chronic conditions, pregnant women and young children, among others.

HE-G.15 **Public information.** Promote coordination among state agencies, the County, employers, health care providers, and the media to communicate the necessary measures to protect workers and residents at risk to extreme heat.

HE-G.16 **Heat island mitigation.** Support urban greening and the use of green infrastructure to minimize the urban heat island effect.

HE-G.17 **Access to emergency cooling.** ~~Improve~~Promote improved access to cooling during heat events, particularly for the most ~~vulnerability~~vulnerable populations. ~~This~~Measures can include on-site cooling and emergency generators and, cooling centers, and exploring incentives for building cooling techniques.

HE-G.18 **Energy and resiliency in homes.** ~~Utilize cap and trade funds to do~~Promote energy retrofits and increase extreme heat resiliency for housing, particularly for lower income and vulnerable populations.

***Strategy #3: Increase awareness of and ~~take steps to~~ reduce vector-borne and other infectious illnesses resulting from climate change.***

Public health could be affected by increased cases of vector-borne as well as other infectious diseases (e.g. water and food-borne illnesses), requiring additional funding, control and monitoring efforts as well as public education.

**Policies:**

HE-G.19 **Vector control coordination.** Continue coordination between the Department of Environmental Health, Public Health Department, and other State and local agencies to ensure that vector populations are managed to protect public health and maintain ecological integrity.

HE-G.20 ~~Monitor~~**Monitoring for vectors and infectious diseases.** Continue to monitor specific vector-borne and infectious diseases, such as West Nile ~~Virus~~virus, Dengue, and Lyme ~~Disease~~disease, to better understand emerging public health threats due to climate change.

HE-G.21 **Pre-planning and response to infectious disease outbreaks.** ~~Work with the public health sector~~Strive to reduce the risks of vector-borne, foodborne, waterborne and other infectious diseases by planning for emerging diseases and by ensuring adequate health care service capacity.

- HE-G.22 ~~Build public~~ **Public education and awareness.** Support and expand existing efforts to build public awareness about vector-borne, foodborne, and waterborne diseases by providing accessible materials and information that promote prevention.

***Strategy #4: Increase investment in readiness and coordinated planning to meet expected needs in serving most vulnerable populations.***

In general, climate change and warming will bring potential for increased demands on health and emergency services for the general population. In addition, some populations have less ability to prepare for, cope with, and recover from the effects of climate change. Identifying these groups and understanding the characteristics that make them more vulnerable is critical in developing adequate procedures and programs for adaptation and disaster response.

**Policies:**

- HE-G.23 ~~Include climate~~ **Climate change effects in emergency and disaster planning.** Recognize and address the health effects of climate change in Local Hazard Mitigation Plans, all Hazard Emergency Plans, General Plans, Specific Plans, and other policies and ordinances of each city and the County, as appropriate.
- HE-G.24 **Public awareness.** Increase public awareness and understanding of climate change impacts on health and the need to prepare for these changes, including informing the general population and vulnerable communities about severe hazards from local and regional wildfires and health impacts from extreme heat days.
- HE-G.25 **Health facility and hospital readiness.** Work with the hospital industry to create more sustainable and resilient hospitals and clinics in the face of climate change. Support improvements that reduce energy and water use, create climate-proof buildings (e.g. raise ground floors in flood prone areas, include operable windows, ensure adequate backup power supply, etc.), and accommodate surges in patient demand.
- HE-G.26 ~~Health professionals'~~ **professional preparation.** Prepare County health care workers for climate change and assess the coping capacity of health care facilities and staffing for increased demand during climate change-related extreme events.

HE-G.27 **Vulnerable populations.** Identify populations (e.g., seniors, pregnant women, children, homeless, mentally ill, people with chronic diseases, and outdoor workers) more vulnerable to and exposed to specific climate changes in order to develop targeted population-level mitigation and adaptation strategies and to prioritize the use of resources in the most highly impacted populations.

HE-G.28 **Local capacity-building.** ~~Build~~Support and encourage the development of local capacity at the neighborhood level among citizens, vulnerable communities, including low-income, immigrant, non-English-speaking, and racially and ethnically diverse groups to develop local strategies and networks that increase resilience to climate impacts.

HE-G.29 ~~Monitor for change.~~ Monitor and communicate specific health outcomes impacted by climate change.

~~HE-G.30~~ **Emergency housing.** ~~Coordinate~~Support and expandcoordinate expanded emergency, transitional and supportive housing services provided by the County, cities, and community organizations county-wide to minimize exposure of homeless populations during extreme weather events and those potentially made homeless.

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Health Element – Air Quality and Climate Change

during extreme weather events.

Health Element – Healthy Housing**H. HEALTHY HOUSING**

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**Background**

Housing can significantly affect individual and community health, directly and indirectly. Over time, the nexus between health and housing has become better and more fully understood, such that all levels of government more explicitly acknowledge the role housing plays in health outcomes. The Health Element addresses these issues and potential impacts separately from the Housing Element, which focuses more significant attention on overall housing policies, prescribed housing needs and capacity for new housing, programs and specific quantified objectives for housing production on an eight-year cycle. Housing elements are subject to the most highly detailed and prescribed content and format of any general plan mandatory element. For further information on the scope and content of the County's housing element, refer to the Housing Element of the General Plan.

One of the most well-known direct health impacts of housing conditions is the continued existence of lead paint in older residences and buildings. It continues to be a health threat despite decades of attention, abatement regulations, and focus. Another ~~that has become the subject of~~ increasing concern is indoor air quality, such as from secondhand smoke and other toxics, and proximity to significant generators of particulate matter pollution, such as freeways, truck terminals, and ports, where diesel fuel emissions are concentrated and pollutant levels are heightened. These impacts also often disproportionately affect disadvantaged or vulnerable populations, due to the location of housing in proximity to freeways, major roads, or other similar sources.

High housing costs also have ~~direct and~~ indirect impacts, reducing disposable income available for medical treatment, food, and other necessities, which in turn may contribute to less preventive care and health maintenance. High costs may also require residents to maintain multiple jobs, live in hazardous or overcrowded conditions, and suffer higher personal transportation costs. High housing costs also contribute to overcrowding and homelessness. ~~The county is home to~~ In 2014, Santa Clara County as a whole had the 5<sup>th</sup> highest percentage of unsheltered homeless in the United States, and the 7<sup>th</sup> largest homeless population in the United States of all major cities or metropolitan areas.<sup>111</sup> Chronic homelessness is associated with poor health and a shortened life span.

There are many other ways housing contributes to or detracts from community and individual health, including:

- General housing conditions, including substandard housing,

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Health Element – Healthy Housing

- Neighborhood maintenance and decline, which can lead to reduced values, increasing crime and public safety issues,
- Overcrowding and noise, which can contribute to increased stress, and
- Housing segregation and housing discrimination.

Moreover, the impacts of housing problems such as these can have a detrimental effect on behavioral health as well as physical health. Personal injuries can also result from poorly designed or maintained homes, such as in stairways, bathrooms, walkways. The potential for serious injury in the home increases as the population ages and more and more seniors elect to stay in their own home, for a variety of reasons.

**Major Strategies and Policies**

To address the health impacts and benefits of housing, this section of the Health Element focuses on the following major strategies:

*Strategy #1: Acknowledge the significance of health impacts from housing conditions, supply, and affordability.*

*Strategy #2: Inventory and improve housing and neighborhood-level conditions, quality, and other environmental factors that contribute to poor health outcomes.*

*Strategy #3: Promote new and innovative forms of urban housing in appropriate locations for special needs households, intergenerational and diversity needs, aging of the population, and social integration/cohesion.*

*Strategy #4: Address the needs of the homeless and others receiving social services and assistance with housing services that reduce governmental service costs.*

**Strategy #1: Acknowledge the significance of health impacts from housing conditions, supply, and affordability.**

Housing elements and planning focus largely on needs, capacity, supply and demand, and programs for addressing particular issues and populations. Housing elements can be especially challenging because the housing needs for a jurisdiction may prompt changes in other aspects of community planning such as land use, downtown redevelopment priorities, transportation, and community identity. However, where housing affordability and access is a problem, associated health impacts are exacerbated.

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Health Element – Healthy Housing**Policies:**

- HE-H.1 **Health and housing connection.** Recognize and address the health effects of housing, particularly high costs and limited supply of diverse housing types, in general plans, specific plans, and ordinances of each city and the County.
- HE-H.2 **~~Health impacts of housing costs.~~** ~~Explicitly address health impacts of high costs and limited supply of diverse and affordable housing types in Santa Clara County.~~
- HE-H.3 **Unhealthy housing sources.** ~~Strive to identify and eliminate~~Encourage the identification and elimination of the most common sources of unhealthy housing, including mold and moisture, pests, poor indoor air quality, physical safety problems, contaminants and toxic substances, and deferred maintenance.
- HE-H.43 **Tobacco-free multi-family housing.** Coordinate with cities and other stakeholders to establish tobacco-free housing, by prohibiting smoking in multi-family residential housing developments.

***Strategy #2: Inventory and improve housing and neighborhood-level conditions, quality, and other environmental factors that contribute to poor health outcomes.***

Over time, cities and counties have struggled to maintain staffing and resources to adequately inventory and monitoring housing conditions. Neighborhood conditions, combined with aging housing stock, can contribute to other societal problems such as overcrowding and crime. While some areas naturally attract investment and appreciation, others require more concerted efforts to maintain quality of life, infrastructure, and housing quality.

**Policies:**

- HE-H.54 **Housing inventories.** Maintain and update neighborhood condition inventories and assessments to ~~improve~~evaluate general conditions, housing stock, and needed services.
- HE-H.65 **Housing conditions review.** ~~Identify~~Promote programs to identify areas and properties where inspections, investments, and attention are especially needed to address aging~~deteriorating housing, violations, or patterns of substandard conditions and code violations.~~

Health Element – Healthy Housing

HE-H.76 **Staffing and services.** ~~Provide~~Encourage the provision of staffing levels and resources within housing and planning agencies to provide an adequate level of investigatory and code compliance staffing and services.

HE-H.87 **Neighborhood engagement for housing conditions.** ~~Engage citizens~~Promote the engagement of residents, neighborhood councils, associations, and community groups to convene and address health and related housing condition issues within defined neighborhoods of each municipality and unincorporated communities. Use neighborhood input to identify most needed improvements and community investment strategies.

HE-H.98 **High quality building construction.** ~~Design~~Encourage and regulate the design and construction of new residential buildings and rehabilitated or converted buildings to minimize or eliminate hazardous conditions, provide healthy indoor air quality, access to natural light and air, and freedom from pests or similar adverse conditions.

~~HE-C.10 **Healthy and efficient housing.** Prioritize green building design features that reduce monthly utility costs, enhance occupant health, and lower the overall cost of housing. Support simplification and standardization of green building requirements.~~

***Strategy #3: Promote new and innovative forms of urban housing in appropriate locations for special needs households, intergenerational and diversity needs, aging of the population, and social integration/cohesion.***

Household types and formation trends indicate a need for more innovative housing types than traditional single family residential or apartments. With an aging population and increasing numbers of single person households, cities can benefit from housing forms that promote social engagement and cohesion, reduce isolation, integrate universal design, and that build communities across age and ethnic barriers.

**Policies:**

HE-H.119 **Innovative housing types.** ~~Remove~~Encourage the removal of barriers to and create opportunities for innovative/non-traditional

Health Element – Healthy Housing

housing forms in urban areas such as co-housing and inter-generational housing.

HE-H.1210 **Secondary dwelling units.** Continue efforts to promote the development of secondary dwelling units in appropriate residential districts with appropriate standards, considering the age and context of individual neighborhoods, lot sizes, and parking needs.

HE-H.1311 **Range of housing types.** Encourage a mix of housing types across urban areas of the county by encouraging rental and homeownership opportunities, enhancing the availability of units with universal design, and providing housing for all income levels and for special needs populations, including older adults.

***Strategy #4: Address the needs of the homeless and others receiving social services and assistance with housing services that reduce health impacts and governmental service costs.***

Homelessness is one of the most intractable and continuing problems of growing, affluent regions and can be a significant contributing factor to costs of government social services and assistance. Most programmatic efforts to address homelessness are contained in the Housing Element of local general plans. The Health Element draws special attention to the individual and community health impacts of homelessness.

**Policies:**

HE-H.1412 **Transitional/supportive housing and services.**

Encourage the location of homeless housing near social and medical services and transit, and design housing to blend with existing neighborhoods and nearby land uses. Focus on supportive housing to meet the integrated needs of homeless populations.

HE-H.1513 **Homelessness and health connection.** Acknowledge the acute health impacts of homelessness, particularly for the chronic homeless and children, and the significant correlations between chronic homelessness, mental and physical health, educational attainment, and social integration.

Health Element – Healthy Housing

HE-H.1614 **Investment in supportive housing.** Explore all means of increasing the funding and supply of transitional and permanent supportive housing for homeless persons and families, to coordinate service delivery, reduce agency service costs, and improve health outcomes.

## I. VIOLENCE PREVENTION AND SAFETY

### Background

Violence is a growing public health crisis in the United States, and youth, low-income populations, and people of color are disproportionately affected. In the United States, violence accounts for approximately 515,000 deaths annually.<sup>112</sup> Homicide is the leading cause of death for young black men.<sup>113</sup> Homicide is the third leading cause of death for youth aged 10-24 years, and every day 13 young people are victims of homicide. ~~Along with the deaths that violence causes are the significant~~ Significant consequences of non-fatal violence, ~~such as include~~ injuries and disabilities, mental health and behavioral consequences, reproductive health consequences, other health consequences, ~~and in addition to the impact of violence on the social fabric.~~<sup>114</sup> The economic burden of violence in ~~2005~~ 2010 totaled ~~to \$47.2~~ \$70.4 billion (\$4770.1 billion in work loss costs and \$215335 million in medical treatment).<sup>115</sup> In 2010, the combined cost from just medical care and lost work due to homicide among youth aged 10-24 years was estimated \$918.1 billion nationally.<sup>116</sup>

Violence and related trauma across the lifespan takes many forms in the community. At the earliest stages, child maltreatment and bullying can occur. Into adolescence, gang activity, ~~cyberbullying~~ cyber-bullying and dating violence may be present. Throughout adulthood, intimate partner violence, community violence, and elder maltreatment ~~and abuse~~ can occur, along with criminal activity, workplace bullying and hostile work environments.

In Santa Clara County, there have been some improvements in numerous violence-related indicators over the past decade; however, the disparities ~~among~~ across population subgroups are stark and call for priority action. For example, the largest category of homicide victims annually is young people of color 15-24 years of age. School and cyberspace safety also necessitate heightened attention and action. Local data point to the fact that women are more likely to be physically abused by an intimate partner than are men. Men are much more likely to perpetrate violence and experience a violence-related death. African Americans, Latinos, and youth/young adults are disproportionately impacted by violence. Bullying remains a concern for students, parents and schools in Santa Clara County.<sup>117</sup>

Violence has health, economic, and emotional impacts on victims and their families ~~and communities.~~ Homicides, physical assaults, rapes, and sexual assaults result in direct and adverse health outcomes for a community. Violent crime also can have a broader impact on the entire community. Research has documented a spectrum of physical and ~~psychological health impacts associated with community violence levels.~~ Fear about safety at home and in the community can lead to chronic stress.<sup>118</sup> Witnessing and

experiencing community violence causes longer-term behavioral and emotional problems in youth.<sup>119</sup> When children or adolescents are victims of violence, the experience can affect their scholastic achievement,<sup>120</sup> and it can limit their overall success as an adult.<sup>121</sup> Additionally, neighborhood perceptions and fear of crime can modify people's behavior. An individual's perception of neighborhood safety Such concerns can be a disincentive to walk, be outdoors, or engage in physical activity outdoors. Parents who are afraid of neighborhood crime may keep their children indoors more, restricting opportunities for play and social interaction.<sup>122</sup>

There is not just one cause of violence or one solution to prevent it. A growing body of research indicates that violence is influenced by a combination of factors across multiple levels of influence, including individual, relationship, community, and societal factors. At the individual level, past exposure to violence and a history of impulsiveness and poor school achievement are associated with violence. At a relationship level, peer delinquency, parental conflict, and lack of monitoring and supervision are associated with violence. At the community level, a lack of social connectedness, residential instability, and gang activity are associated with violence. At the societal level, our understanding of national history, cultural norms about violence, policies that influence job opportunities or support violence prevention programming are also associated with varying levels of violence.

Violence is not inevitable. It can be prevented, and its impact reduced. The factors that contribute to violent responses – whether they are factors of attitude and behavior or related to larger social, economic, political and cultural conditions – can be changed.<sup>123</sup> The World Health Organization (WHO) has identified strategies for evidence-based interventions to prevent interpersonal and self-directed violence: developing safe, stable, and nurturing relationships between children and their parents and caregivers; developing life skills in children and adolescents; reducing availability and harmful use of alcohol; reducing access to guns, knives and pesticides; promoting gender equality; changing cultural norms that support violence; and ensuring victim identification, care, and support.<sup>124</sup> The Centers for Disease Control and Prevention has summarized a series of best practice actions to prevent youth violence.<sup>125</sup>

## Major Strategies and Policies

In addition to this section, the Social and Emotional Health section includes strategies and policies aimed at improving social emotional wellness and reducing substance abuse—strategies, which play a critical role in violence prevention. This section provides a framework to promote promotes violence prevention and overall safety in all communities of the County, with the following primary strategies:

*Strategy 1: Improve neighborhood safety and promote neighborhood development.*

*Strategy 2: Prevent childhood experience/exposure to trauma and violence.*

*Strategy 3: Prevent and reduce intimate partner violence.*

*Strategy 4: Prevent and reduce elder abuse.*

**Strategy 1: Improve neighborhood safety and promote neighborhood development.**

Strong, vibrant neighborhoods are critical to violence prevention. Strategies and policies that promote affordable housing, quality education, and neighborhood resources also support and build resilience in the community and among families.

HE-I.1: **Neighborhood business improvement.** ~~Utilize~~ Promote the utilization of community economic development model of the business improvement district to reduce violence and crime in affected neighborhoods.

HE-I.2: ~~Limit the density of~~ **Density and location of alcohol sales close to schools.** ~~Address the association between higher alcohol beverage sales density with higher incidence of violent crime by implementing, by supporting the implementation of policies that limit the density of alcohol beverage outlets and restrict sales close to schools.~~ Address the association between higher alcohol beverage sales density with higher incidence of violent crime by implementing policies that limit the density of alcohol beverage outlets and restrict sales close to schools.

HE-I.3: **Built environment and safe passages.** ~~Promote the development and implementation of strategies that foster safe passages in neighborhoods and around schools with high crime and gang activity to ensure that all residents can travel with confidence and without fear. Lighting, walkability, access to public transportation, and mixed-use space that integrates residential and commercial activity provides settings for people to come together in their community and access to services. Train county~~ County and other public agency staff in principles of “Crime Prevention Through Environmental Design” to evaluate and modify proposed designs for public and private developments.

HE-I.4 **Housing quality and maintenance.** ~~Promote efforts that encourage~~ improve housing quality and maintenance, including encouraging responsible tenant and landlord engagement to address aging housing and improve blighted conditions.

HE-I.5: **Neighborhood schools.** -Support the expansion of high quality early childhood education and K-12 schools with parental engagement.

HE-I.6 **Effective discipline approaches.** Support policies and practices that encourage student engagement and achievement and limit discipline practices that remove youth from school. ~~Promote policies that support joint use of school property for recreational uses outside of school hours, promote trauma-informed healing, and encourage student engagement and achievement.~~

HE-I.6:7 **Community policing.** Support approaches and policies that integrate violence prevention and crime reduction models with public health and community policing approaches. Support city and County law enforcement agencies' efforts to improve real and perceived safety concerns in communities most impacted by crime and violence through neighborhood-based strategies that ~~engagement~~engages residents and youth in problem-solving.

~~HE-I.7: Workforce development.~~ HE-I.8 **Opportunities for high-risk youth and young adults.** Encourage expansion of public/private partnerships and philanthropic initiatives to provide workforce experience and economic opportunities for high-risk youth and young adults.

HE-I.8:9 **Restorative justice and healing.** Continue efforts to promote justice through dialogue between victims and offenders. Expand healing, trauma-informed, culturally based practices in school districts, juvenile and adult criminal justice systems.

HE-I.9:10 **Incarceration and re-entry.** Continue to implement and evaluate the County's Reentry Program and AB 109 Realignment Plan to ensure that formally incarcerated individuals experience healthy re-integration. Implement gender and sexual identity responsive approaches and programs during and post-custody.

HE-I.10:11 **Gang prevention/reduction model.** Support ongoing implementation of data-driven, multi-sector~~stakeholder~~ strategies in high crime neighborhoods ~~that connect to city~~reduce gang membership and regional efforts.gang violence. Enhance gang and truancy prevention models with health promotion strategies. Enhance data system infrastructure to assist with evaluation and identification and replication of effective gang prevention programs.

***Strategy 2: Prevent childhood experience/exposure to trauma and violence.***

An ever-growing body of research shows that childhood exposures to trauma contribute significantly to both behavioral and physical illness and adverse outcomes over a lifetime. Trauma, particularly abuse, also correlates to future behaviors and potential to inflict similar experiences on others.

~~HE-I.11:12~~ **Trauma-Informed Services:** Implement county policies that require health and social service agencies. Continue to train County staff and providers in the development and implementation of “Trauma and Healing Informed Services” trauma-informed models that are culturally relevant.

~~HE-I.12:13~~ **Parental and caregiver education.** Promote policies that fund funding and disseminated dissemination of best-practice parenting education, such as Triple P (Positive Parenting Program) and evidence-based home visitation practices. Expand knowledge about the impacts of witnessing or experiencing trauma and violence on children in the home, school, and community.

~~HE-I.13:14~~ **Bullying prevention and school climate.** Encourage positive school climate policies and practices, implementation of evidence-based bullying prevention programs and professional development to increase social emotional learning and wellness practices.

~~HE-I.14:15~~ **Health care screening.** Implement Model Child Abuse Health Care Policies (American Academy Support the implementation of Pediatrics) best practice child abuse health care screening and treatment policies, including best practice child abuse screening protocols for pediatricians and emergency rooms.

***Strategy 3: Prevent and reduce intimate partner violence.***

Intimate partner abuse and violence can affect all forms of relationships, spousal and otherwise. Safe, stable and nurturing relationships that are free of physical, emotional, sexual and financial abuse contribute to healthy home and communities. Victims and those who witness dating or domestic abuse can experience anger and stress, and persistent exposure can lead to poor health outcomes over the lifespan.

**HE-I.15:16 Domestic violence response.** Improve coordination and policies to ensure effective response to incidents of reported domestic violence. Expand outreach and education with immigrant communities on law enforcement protocols.

**HE-I.16:17 Intimate partner violence prevention.** Support comprehensive school-based policies and training for middle and high school personnel to prevent and respond to dating violence. ~~Expand implementation~~ Encourage the expansion of evidence-based practices, including social norms change strategies that promote healthy relationships and discourage abusive behaviors. ~~Expand~~ Support the use of protection orders for youth experiencing dating violence.

**HE-I.17:18 Health care screening.** Implement best practice intimate partner violence screening, reporting, and referral policies within the health care system and law enforcement systems, including young adult and pediatric settings.

#### **Strategy 4: Prevent and reduce elder abuse.**

Elder abuse refers to any intentional or negligent act by a caregiver or other person that harms or causes serious risk of harm to a vulnerable adult. It is more common than often imagined and especially of concern for the elderly who are dependent on others, family, friends, or others for their most basic needs. It can take many forms, including neglect or emotional abuse, isolation or abandonment, physical and sexual abuse, and financial exploitation. Many elderly often suffer in silence, and the signs of abuse go undetected due to reduced social interaction or opportunities for exposure. With the aging of the population, increased attention and prevention efforts are needed to prevent and reduce elder abuses of all kinds.

**HE-I.19 Elder abuse awareness.** Promote efforts to educate seniors, mandated reporters, caregivers, healthcare providers, the public, and relevant stakeholders on elder abuse prevalence and impacts.

**HE-I.20 Elder abuse screening and detection.** Promote adoption of best practices and policies to screen, detect and respond to elder abuse.

**HE-I.21 Social programming and connectivity for older adults.** Support service expansion at senior community centers, adult day care

Health Element – Violence Prevention and Safety

programs, home meal delivery programs, and other social programs for homebound seniors.

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Exhibit D:  
Summary of  
October 23, 2014  
Planning Commission  
Comments



# **Planning Commission 10-23-14 Mtg Comments**

[Compiled from staff meeting notes]

## **Overall Comments**

Editing. Not same structure as current GP; doesn't match. Doesn't read well throughout. Illogical sentences. Important as it is, cutting edge project, should have top notch quality when published.

Consistency with other elements. E.g.: Housing element, seems inconsistent, broader policy statements than what is in Housing Element.

HE-C.7(e), is this consistent with adopted Housing Element in terms of precise wording?

Watch the language, say what you mean and mean what you say. E.g. What does complete communities mean?

Responsibility. Who is responsible for various implementation? When?

Unusual concept for a GP, many topics have very little to do with land use and development. Typically look at future development with GPs.

Clarify terms (especially verbs at beginning of policies) regarding where County or others are primarily responsible parties. What is the county responsible for vs. what encourage others to do? The concern is putting the county at risk as this is a legal document.

Funding question raised in conjunction with above comment. Where will funding come from?

Be clear and direct on what the county can do. Clear statements/strong statements on health and environment needed.

Kathryn agreed to send edits/wordsmithing to Bill. Requested that number each page so that also have pages in numerical order throughout the full document.

## **Section A: Health Conditions, Equity, and Access**

HE A.15 does this policy have intent to apply universally or would living wage requirement/proposal apply also to average entry level jobs with typically lower wages? Are we encouraging or requiring? Is this family supported wages with benefits? Of

course everyone wants this. Another commissioner voiced approval (“ok”) with same policy for intent.

Mary Ann says the policy (HE-A.15) is consistent in context of sub-strategy #2b. Stated Working Partnerships comments are valuable.

K Schmidt, formerly w/ Eden Housing, offered to forward podcast and info of interest on subject of equality; thinks this subject affordable housing/economics important and needs a good strong section. It is a cohesive thread across many subjects

### **Section B: Social and Emotional Health**

HE B.10 is reference to SAMSHA appropriate? Too specific in terms of a protocol for policy, or possibly dated?

Term “developmental assets” in currency w regard to ability to function well in society. 41 indicators/traits. Well researched, used by school districts (MH), referenced Sup. Wasserman’s awareness/fluency of concept; might be useful to integrate in Section B

### **Section I: Violence Prevention and Safety**

Use of terms, policy, focus on consistency in use of terms to denote responsibility. Make clear what is the responsibility of the city, county and community organizations. E.g encourage and support cities in tobacco prevention.

Use common approach and language E.g. tobacco and VP used different language.

Emphasize/build in collaborative language in policies, text where responsibility is shared.

### **Section C: Land Use and Urban Design**

Inquiry: are any PDAs in the County? No. All in cities. Many in San Jose.

Urban footprint. Inquiry regarding use of term, meaning in relation to growth mgt and formally adopted boundaries defining USA, UGBs, SOI, etc. Is this used in other parts of the GP? Why using this why not urban service areas or urban areas.

HE C.4 Be aware that certain cities, commissioner mentioned home city Palo Alto, may not share same policy regarding growth and development, not as receptive necessarily to policy

HE C.19 language should be more inclusive than just referring to those populations most at risk such as children and seniors. Should be universal goal with special

emphasis on most at risk areas and pops. Concern with last sentence "where risk is greatest"

HE C.17 term 'intersection density' request for explanation, clarification. Origin, appropriateness of use of this term. Also only meant to refer to urban area??? Refer term definition/use to NN consultant.

HE-C.19- Use of mitigation language in this document. Are you intending to deviate from CEQA standards on mitigation?

### **Section D: Active and Sustainable Transportation**

HE D.6 should this policy more refer to continued existing enforcement rather than increased enforcement? That may imply to law enforcement not doing enough or a good enough job, which may not be well received.

HE D.12 Is this to **require** bike parking/infrastructure for all public and private development projects or stating it is a good concept? All kinds and sizes of projects (public and private)? **Must** mean only to major employers or projects, not corner stores, etc.

HE D.16 Provide versus encourage, promote, collaborate. Use of verb to connote responsible party, entity, jurisdiction

HE D.5 Questions, discussions about traffic calming. Meant to be universally recommended? Or selectively? Consider menu like options, clarify how intended to be read and applied. Does this overlap with language in the circulation element? Are there areas within County roads where calming measures in place? D Cameron from RAD responded yes some. Always a carefully evaluated proposal, flow and diversion impacts, sometimes controversial within the very neighborhood where proposed, etc.

p. D-2, term 'livable streetscapes' seems novel, meaning? Is it a term of art or more accepted planning terminology now? Appropriate term, but may have odd connotations (living on the street???) Used in grants.

Where should document refer to importance of parks accessible to people with animals, i.e., "dog parks," particularly important for growing seniors and pet companions

HE D. 23 Do we want to use **require**? Clarify effect or none on small business. TDM applies mainly to larger employers that generate significant impacts. Note applicability of related laws and mitigations (CEQA-related).

HE D 16 Strategy 3 Consider whose jurisdiction is transit services? County role vs. VTA

## **Section E: Recreation and Physical Activity**

Strategy 1, how address the aspect of affordability of park services, entrance fees on lower income households/persons? Important now and in long term.

Note importance of county partnering with other specific organizations/ special districts/cities. Reference to OSA letter suggesting partnering/collaboration

Consider use of subheadings to break up longer sections of background text e.g. parks, trails

## **Section F: Healthy Eating, Food Access and Sustainable Food Systems**

Another comment about editing in general. Specific references to programs like CalFresh, WIC by name, question appropriateness?

HE F.22 use of terms 'standards,' correct usage? Also, include reference to non-profits and NGOs

HE F.14 comments regarding "fast food" as labeling negatively. Is that even the terms currently used?

Food trucks can be source of healthy food options. Commenter equated food trucks with healthy food, which may not necessarily be correct. However, should be mentioned.

Food insecurity should be afforded higher emphasis or importance. Solid, direct approaches to need should be included.

## **Section G: Air Quality and Climate Change**

Strategy 2 regarding extreme heat, and policy recap and trade funds. Are these really available, appropriate to include as a specific reference for funding source? Check w Eric from Raimi. Look carefully at policy language and be careful to make sure these apply to the county.

HE G.6 encourage, urban green spaces, urban ag, gardens and community farms access to foods

Risk of flooding, should more geographically specific information be part of Health Element?

HE G 24 (public awareness) Include educating public to use public transportation

Mentioned SCVWD summit on “water security.” As important an issue as food security, integral to health and economy, “weave” subject into Health element and reference where else addressed in GP

Emergency preparation and disaster response. Should this be addressed in Health Element? Weave in or mention in policy somewhere as appropriate. Link to preparedness plans?

Consider if and how refer to other areas of general plan that have health components. Should there be an appendix or link to other sections?

## **Section H: Healthy Housing**

Make sure policy wording is consistent with Housing Element

HE H.4 tobacco-free multi-family, part implementation and policy, check appropriate policy wording. Is it law today, answer yes in County. Significant ripple effect throughout U.S. after adoption.

Cannot overemphasize importance and effects of affordability crisis in re: many health issues. Reference to a home as the sanctuary or home base from which many other health related functions flows. Mention vulnerable populations and importance of healthy affordable housing.

Farmworker housing, deserves possible reference in Section E and H. Relation to Housing Element

## **Public Comment:**

J Gonzales, CA Restaurant Assoc.: use more neutral terms or language regarding fast food restaurant. Don't target one segment of the industry and terminology that implies negative connotation.

Quick serve restaurants do provide increasing variety of healthier options and have made strides to improve healthiness of standard menu items

HE A.15, note passage of recent state law (family livable wage) (did not get exact bill number) effective Jan 2015 on subject. Express concern about language.

Doug Muirhead, Morgan Hill : amount of information and policy almost overwhelming. Make sure general public comments included. Wants to know what will happen with on

line comments as submitted. Reference to absence from packet in certain copies of staff report.

### **Final comments from Commissioners**

Kudos to staff

Re: use of 'intimate partner' as being somehow exclusive of standard heterosexual partner/spousal relationships. Can term be altered to 'spouse/and/or intimate partner'?

Commends cross department and cross sector work; found the element 'inspirational' compared to other general plans. "Seminal work" How plan to share it with others? Need to keep it alive.

# Exhibit E:

## Dissemination and Implementation Approach



## **Health Element Dissemination Plan**

The Health Element will guide County decision-making, budgeting, and program initiatives, and also will serve as a platform for future collaborative efforts with the community health system. The Health Element is further intended to serve as a model for the fifteen cities of Santa Clara County and other jurisdictions and agencies in the region. The efforts of private health care providers and networks, community based organizations, and many other entities will also be important in addressing the goals, strategies, and policies articulated in the Health Element are realized.

The first step in implementing the Health Element will involve its dissemination to local, regional, state and national policymakers, jurisdictions and other agencies. This will include the County Board of Supervisors as well as County Departments, cities within Santa Clara County, regional partners, the State Department of Public Health, and other national partners.

At a minimum, the below list indicates the agencies and individuals that should receive a soft copy of the Health Element. This list may be further revised as appropriate.

[Note: Certain individuals and agency representatives will receive a hard copy, such as Board of Supervisors members, County Executive, and executive managers in County agencies and departments, among others].

### **City and County Level**

County Board of Supervisors

Mike Wasserman

Cindy Chavez

Dave Cortese

Ken Yeager

Joe Simitian

Board Commissions

Advisory Council to the Council on Aging

Behavioral Health Board

Health Advisory Commission

Housing and Community Development Commission

Parks and Recreation Commission

Planning Commission

Re-entry Network

Senior Care Commission

Office of the County Executive

County Department Directors and Executives

Department of Planning and Development

Health & Hospital System

Public Health Department

Mental Health Department

Agriculture & Environmental Management  
District Attorney  
Sherriff  
Office of County Counsel

Cities of Santa Clara County  
City Managers  
City Planning and Community Development Directors

### **Other Local and Regional Recipients**

Association of Bay Area Governments (ABAG)  
Bay Area Air Quality Management District (BAAQMD)  
Bay Area Nutrition and Physical Activity Collaborative (BANPAC)  
Bay Area Regional Health Inequities Initiative (BARHII)  
Hospital Council of Northern and Central California (and 11 hospital members in SCC)  
Metropolitan Transportation Commission (MTC)  
Bay Area Open Space Council  
Santa Clara Valley Water District  
Santa Clara Valley Transportation Authority  
Santa Clara County Office of Education  
Superintendent Jon R Gundy  
County Board of Education  
Agencies/Organizations that Provided Comment  
California Restaurant Association  
California Walks  
Citizens Committee to Complete the Refuge  
Community Health Partnership  
Greenbelt Alliance  
Health Trust  
Midpeninsula Regional Open Space District  
Santa Clara County Open Space Authority  
Santa Clara County Audubon Society  
Santa Clara County Food System Alliance  
Seniors Agenda Policy and Funding Work Team  
Silicon Valley Community Foundation  
Silicon Valley Leadership Group  
SPUR  
Working Partnerships USA

### **State Level**

Elected Officials

State Senator Bob Wieckowski  
State Senator Jerry Hill  
State Senator Jim Beall  
State Senator Bill Monning  
State Assemblymember Rich Gordon  
State Assemblymember Kansen Chu  
State Assemblymember Nora Campos  
State Assemblymember Evan Low  
State Assemblymember Mark Stone  
State Assemblymember Luis Alejo

Cal Endowment

California Department of Public Health (CDPH)

California State Association of Counties (CSAC)

California Wellness Foundation

Council of Community Housing Organizations (CCHO)

Local Agency Formation Commission (LAFCO) of Santa Clara County

Governor's Office of Planning and Research (OPR)

#### **National Level**

National Association of County and City Health Officials (NACCHO)

National Association of Counties (NACO)

Centers for Disease Control and Prevention (CDC)

American Public Health Association

Administration on Aging (AOA)

Robert Wood Johnson Foundation (RWJF)

University of Wisconsin

Prevention Institute

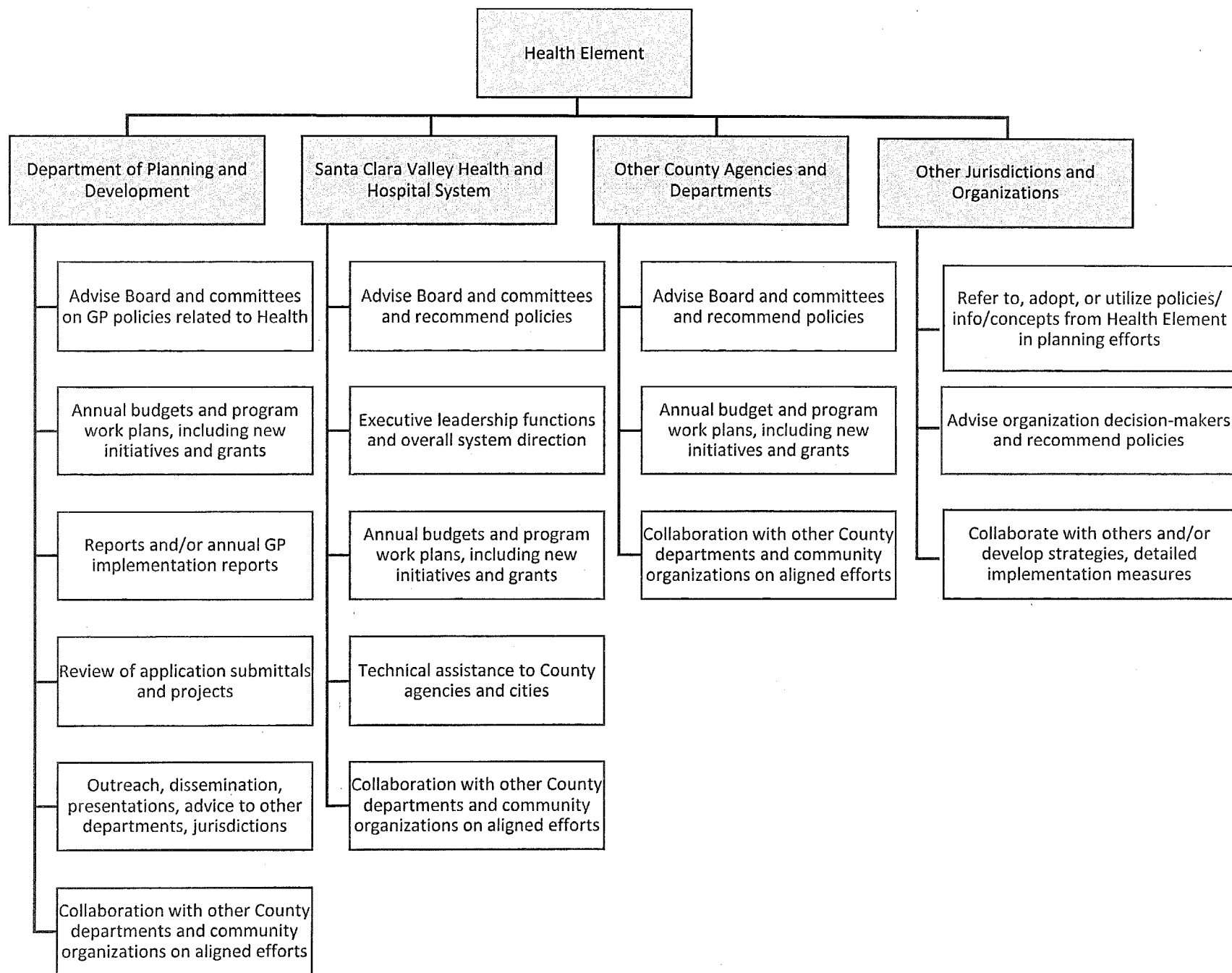
## **Health Element Implementation Approach – February 2015**

This document describes the general approach to implementation of the Health Element, in descriptive and diagrammatic terms. The Health Element provides high level strategies and policies intended to inform and guide health improvement efforts by the County, and it further informs and advises other jurisdictions and organizations on the subjects addressed in the Health Element. The audience and intended users of the Health Element include the County Board of Supervisors, County Administration, and various county staff and agencies with potential roles to play in furthering the goals of the element. Other audiences include the cities of Santa Clara County, special districts, health system partners, community organizations, and other interested parties and stakeholders too numerous to list.

For the County of Santa Clara as a governmental entity, the primary ways the Health Element is to be implemented include the following:

- a. General and targeted dissemination, publication, and outreach, including presentations, conferences, and other means of information sharing;
- b. Board of Supervisors actions, directives, and policy-making authority;
- c. Executive direction at the County, agency, or departmental level.
- d. Regulatory review of public and private projects subject to discretionary land use approval or subject to a form of review involving consistency with the General Plan, such as capital projects.

On the reverse is a diagram indicating some of the most basic ways Health Element strategies and policies will be implemented at the County agency/departmental level. Through the plans, initiatives, programs, services, grants and other efforts possible at the agency level, various aspects of Health Element policies may be furthered. There is also great potential for collaborative, collective efforts, including non-governmental and community-based organizations. The Board of Supervisors may request or direct certain agencies and departments to pursue specific substantive or procedural proposals for implementation and/or request periodic reports on efforts to implement the Health Element.





# Exhibit F:

## Sections of General Plan Proposed for Deletion:

Social Well-Being Ch.;

Air Quality Sections;

Health & Safety Facilities Planning Section





# SOCIAL WELL-BEING

*Countywide Issues and Policies*

## Introduction

Santa Clara County is composed of more than just its physical environment. Equally important are its social and economic environments, in other words, its people and its economy. In reality, all three environments — the physical, social, and economic — are inextricably inter-related. Each impacts and is, in turn, impacted by the others.

The County's General Plan is more than just a land use plan to guide the future development and conservation of the county's physical environment. It is also a plan for maintaining and improving the social and economic well-being of the community. It seeks to achieve these goals both through its basic, overall vision and through its specific policies regarding land use and development.

The General Plan is based upon a broad vision of a desired future for Santa Clara County that encompasses more than just the county's physical environment. Many of the goals that are articulated in the General Plan's vision, though related to land use and development, have major and very direct impacts on the social and economic well-being of the community as well. These include issues such as affordable housing, convenient transportation, a healthy and healthful environment, and efficient land use patterns that do not drain away public funds from other important services and programs that contribute to the community's well-being. These and other goals affecting the county's social well-being are directly addressed in the strategies, policies and implementation programs of the Plan.

In addition, other important goals for the county's social well-being are acknowledged and articulated in the Plan's vision, even though they are not addressed in detail in the Plan. These include goals relating to concerns such as the quality of education, the availability and affordability of health care, and the importance of well-functioning families. They lie beyond the scope of this Plan, but nonetheless deserve

public attention and action through other plans and programs. Developing effective plans and programs to address these issues will require the direct participation of those public and private agencies, organizations, businesses, and individuals who are most knowledgeable and influential with regard to the issues involved.

Whether directly addressed in this Plan or whether only identified for further action by other plans and programs, the goals of the General Plan's vision should serve as a guide for public and private decisionmakers not just to manage the development and conservation of the county's physical environment, but also to contribute to the overall social and economic well-being of Santa Clara County.

## Strategies, Policies and Implementation

Since social well-being is an inherent theme that runs throughout the General Plan, this chapter does not contain additional specific strategies, policies, and implementation of its own. Instead it lists, in the table below, each of the goals of the General Plan's vision relating to the specific theme of "Social and Economic Well-Being" and indicates whether and where these goals are addressed in the Plan.

In addition, it should be noted that most of the goals related to the other major themes of the General Plan's vision (i.e. "Managed, Balanced Growth", "Livable Communities", and "Responsible Resource Conservation") also contribute either directly or indirectly to the social and economic well-being of the county.



**General Plan Chapters which Provide Policies for Social and Economic Well-Being Goals**

<b>GOAL</b>	<b>WHERE ADDRESSED IN PLAN</b>
1. Equality of Opportunity and Respect for Diversity	<ul style="list-style-type: none"><li>• Economic Well-Being Chapter</li><li>• Housing Chapter</li><li>• Should also be addressed through other plans and programs</li></ul>
2. A Healthy, Diverse Economy and Adequate Employment Opportunities	<ul style="list-style-type: none"><li>• Economic Well-Being Chapter</li><li>• Should also be addressed through other plans and programs</li></ul>
3. Educational Excellence	<ul style="list-style-type: none"><li>• Addressed in Economic Well-Being Chapter, but not in great detail</li><li>• Should also be addressed through other plans and programs</li></ul>
4. Community Participation in Decisionmaking	<ul style="list-style-type: none"><li>• Governance Chapter</li></ul>
5. Sense of Belonging and Contribution to Community	<ul style="list-style-type: none"><li>• Not specifically addressed in the General Plan</li><li>• Should be addressed through other plans and programs</li></ul>
6. Well-Functioning Families	<ul style="list-style-type: none"><li>• Not specifically addressed in the General Plan</li><li>• Should be addressed through other plans and programs</li></ul>
7. Personal Safety and Security	<ul style="list-style-type: none"><li>• Safety Chapter</li><li>• Should also be addressed through other plans and programs</li></ul>
8. Support for Those with Special Needs	<ul style="list-style-type: none"><li>• Housing Chapter</li><li>• Transportation Chapter</li><li>• Recreation &amp; Culture Chapter</li><li>• Should also be addressed through other plans and programs</li></ul>
9. Adequate, Accessible Health Care and Social Services	<ul style="list-style-type: none"><li>• Not specifically addressed in the General Plan</li><li>• Should be addressed through other plans and programs</li></ul>



## Air Quality

### Summary

Air pollution in excess of state and federal standards impairs the health of nearly one third of the County's population, contributes to property damage, reduces visibility, and generally detracts from the overall quality of life. Although air quality region-wide is better now than it was 20 years ago, Santa Clara County still suffers from some of the worst episodes of air pollution of any location in the Bay Area Air Basin, particularly for ozone (smog), carbon monoxide, and fine particulates. Continuing increases in population and employment are projected for the foreseeable future, and these factors could threaten to reverse the trends of recent years in overall air quality improvement, especially if that growth is not accommodated in such a way as to reduce automobile dependency, improve transit use, and eliminate unnecessary trips by automobile.

The General Plan recommends that the cities and County of Santa Clara adopt and pursue the following overall strategies in order to maintain progress in air quality and to help implement the '91 Clean Air Plan adopted by the Bay Area Air Quality Management District:

- Strategy #1: Growth Management and Land Use Policies For Cleaner Air
- Strategy #2: Develop Transit Systems Providing Feasible Travel Options
- Strategy #3: Increase Travel Demand Management and Traffic Congestion Relief
- Strategy #4: Reduce Particulate and Small Scale Emissions

These strategies and the more detailed policies and implementation recommendations that accompany them integrate the issues of countywide growth management, housing, transportation, and public health. If effectively implemented, residents of Santa Clara County may enjoy both improved air quality and urban

area livability. For more detailed explanations of related strategies and policies, refer to the chapters on Growth & Development, Housing, and Transportation for Countywide Issues and Policies.

### Background

#### IMPACTS AND SOURCES OF AIR POLLUTION

##### ■ Health and Other Impacts

With exposure to high levels of air pollution, anyone can suffer adverse health effects, especially when exercising or undergoing physical exertion of some kind. However, there are certain segments of the population more vulnerable to air pollution than the average adult. These "sensitive populations" generally include those vulnerable on the basis of age and those vulnerable due to chronic health problems. The first group includes children under 13, the elderly, and pregnant women, while the second group includes primarily those with chronic respiratory and/or pulmonary health problems.

In Santa Clara County, it is estimated that children under 13, the elderly, and pregnant women number over 460,000 people, or about 3 of every 10. Individuals with either acute or chronic respiratory and pulmonary ailments, such as coronary heart disease, asthma, bronchitis, or emphysema, number roughly 145,000, or almost 1 in 10 of the County's total population. Protecting the health of these "sensitive populations" and that of the general public is the primary reason for controlling air pollution.

The major health effects most commonly aggravated or caused by air pollution, in addition to breathing difficulty, eye irritation, and cardiac stress, include the following:

- acute respiratory infections;
- chronic bronchitis;
- constrictive ventilatory disease;
- pulmonary emphysema;
- bronchial asthma; and
- lung cancer.



**Summary Table of Air Pollutants**

Pollutant	Init.	Primary Sources	Effects	CA Stds.
Carbon Monoxide	CO	Incomplete combustion. 70% from motor vehicles. Also from fireplaces and woodstoves.	Fatal in high enough concentrations; headaches, dizziness in lower concentrations	9.0 ppm (8-hr.) 20 ppm (1-hr.)
Sulfur Dioxide	SO <sub>2</sub>	Combustion of fossil fuels; most from oil refineries and chemical plants and	Damaging to vegetation (acid rain); can affect human animal health, as well	0.25 ppm (1-hr.)
Hydrogen Sulfide	H <sub>2</sub> S	Oil refineries and sewage treatment plants	Damages material surfaces; offensive odor.	0.03 ppm (1-hr.)
Nitrogen Dioxide	NO <sub>2</sub>	Combustion sources, 50% from motor vehicle exhaust	Ozone (smog) precursors; reduces visibility	0.25 ppm (1-hr. for NO <sub>2</sub> )
Organics (Reactive)	ROG	Combustion, solvents, aerosols, paints, gasoline evaporation, etc.	See Photochemical Smog	
Photo-chemical Smog (Ozone)	O <sub>3</sub>	Vehicle exhaust is the greatest source of smog-producing gases	Respiratory and pulmonary illness, depending on concentrations; reduces visibility	0.09 ppm (1-hr. for Ozone)
Fine, Inhalable Particulates	PM-10	Dust, pollens, mist, ash, smoke and fumes from incomplete combustion, industrial processes, road construction, grading, and natural processes	Reduces visibility; contributor to respiratory ailments, illnesses; irritants; some are toxic, such as lead, cadmium, beryllium, and asbestos	50 micro-grams per cubic meter (24 hr avg.)

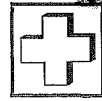
Health care costs from air pollution are estimated to be \$40 billion/year nationally. Estimated crop damages statewide are estimated at \$300 million. Additional costs from lost economic productivity and property damage should also be considered. Reduced visibility has little or no direct economic impact compared to human health effects, but detracts from overall perceptions of quality of life. Due to the cumulative costs to human health and to the economy, the regulation of air pollution emissions is well-justified.

### SOURCES AND STANDARDS

Some air pollution occurs naturally, such as from forest fires, and even from vegetation,

which produces smog-forming organic emissions. However, pollutants which are of the greatest concern and subject to regulation are reactive hydrocarbons and nitrogen oxides (precursors of ozone, or photochemical smog,) carbon monoxide, and fine, inhalable particulates. Toxic substances are also of concern, especially in Santa Clara County, originating from industrial processes and motor vehicles. State and federal legislation have established standards for various pollutants, described generally below in the table. When standards are exceeded, adverse health and other effects may result. [see table]

In the Bay Area as a whole, motor vehicle exhaust is the single greatest source of pollutants



for which standards are commonly exceeded. It accounts for more than 70% of the carbon monoxide and more the half of the smog-producing organic gases and oxides of nitrogen.

### POLLUTANT STANDARDS INDEX (PSI)

The Pollutant Standards Index, or PSI, is used to generally describe overall air quality. It converts measures of daily pollution concentrations to values ranging from 0 to 500, with 100 serving as the threshold beyond which adverse human health impacts may occur. Daily measurements and forecasts of air quality are disseminated to the public as a means of advising those susceptible to air pollution to avoid exposure.

Although pollution alerts and advisories are not issued by the Bay Area Air Quality Management District (BAAQMD) until the PSI exceeds 100, some individuals may experience adverse health effects even when air quality is in the Moderate range (51-100). Experts also suspect that long term studies will indicate that continuous exposure to air pollution over time will have additional adverse health impacts, such as cumulative lung tissue damage to children exposed to high ozone levels since birth.

### TRENDS IN AIR QUALITY IMPROVEMENT AND REGULATION

#### ■ Standards Still Exceeded for Ozone and Carbon Monoxide (CO)

Air quality in the Bay Area has improved steadily since the mid-1960s due primarily to stationary source regulations, the state's smog check program, and exhaust emission controls for vehicles, such as catalytic converters. Public opinion notwithstanding, region-wide air quality is generally good; however, federal and state standards are still exceeded on occasions for ozone (smog) and for carbon monoxide. On average, the state ozone standard has been exceeded 10-20 days a year since the late 1980s, most often on hot summer days in the inland valleys, such as the Santa Clara and Livermore Valleys. The CO standard in recent years has been exceeded up to 4 times annually, usually on cold winter nights in San Jose. Regions which fail to attain state and federal standards are referred to as "non-attainment areas."

According to projections by the BAAQMD, the state standards for carbon monoxide should be attained areawide by about 1995. However, attaining the state ozone standards are complicated by several major factors, including:

- effects of topography and meteorology; and
- the complex photochemical nature of ozone production.

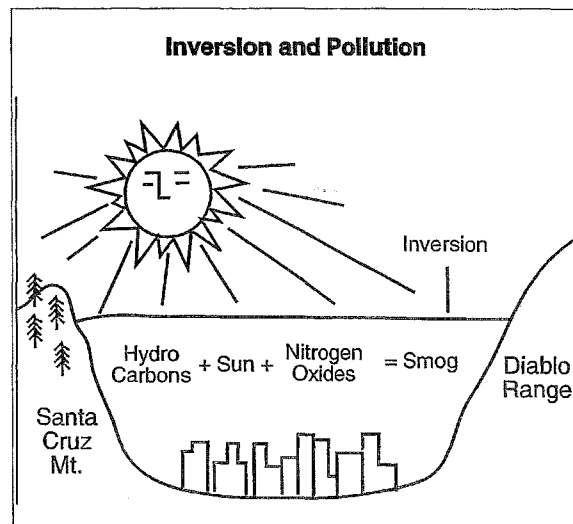
Moreover, because many of the most effective controls have already been implemented, it has become increasingly difficult and expensive to maintain progress in reducing ozone levels. Despite these factors, overall population exposure to ozone levels that exceed the state standard will have been cut in half between 1987 and 1994, partially meeting the requirements of state law.

[see sidebar on Clean Air Act and '91 CAP]

#### ■ Influence of Climate, Topography and Weather

Hydrocarbons, organic gases, oxides of nitrogen and other ozone precursors combine photochemically in the atmosphere to produce ozone (O<sub>3</sub>), the major component of smog. The meteorological factors which are most conducive to ozone production in the atmosphere are:

- limited circulation or mixing of air in the lower atmosphere;
- high temperatures; and
- the amount and duration of exposure to ultraviolet radiation (UV).





Hence, smog standards are exceeded most often in late summer and fall during inversion periods. Inversions act to concentrate pollutants by limiting vertical mixing of air. The Santa Clara Valley is even more susceptible to high ozone concentrations because prevailing wind patterns bring pollution from the north and because the mountains on either side of the valley tend to trap pollution.

### ■ Other Air Quality Issues: Particulates and Toxics

Particulates and toxic air contaminants are not addressed under the requirements established by the California Air Quality Act of 1987. Nevertheless, control programs and management efforts are important to reduce the population's exposure to these types of pollutants.

Particulate matter of less than 10 microns (PM-10) may be inhaled and impair respiratory function. Its primary sources are from vehicular traffic, combustion, construction, industry, and other sources of dust, smoke, fumes, and ash. State and federal standards exist for PM-10, and most of the Bay Area complies with the less stringent federal standard. However, Santa Clara County may have the greatest potential to violate federal PM-10 standards of all nine counties in the Bay Area. No metropolitan area in the state meets the more stringent California particulate standards, considered to be more highly-correlated with proven adverse health effects from fine particulates than federal standards.

Toxic air contaminants result from both standard permitted operational activities (40%), motor vehicles (50%), household products, and from accidental release. (In fact, over half the public's total exposure to toxic air contaminants in the Bay Area comes from two compounds in vehicle exhaust—benzene and 1,3 butadiene). Smoke from wood fires is another major source of toxic air pollutants. Many of these pollutants are known carcinogens, and state and federal programs are in place to identify and control these substances.

## CHALLENGES FOR THE FUTURE

### ■ Importance for Santa Clara County

Santa Clara County has a very large stake in improving air quality. As the county with the highest population and largest proportion of employment in the Bay Area, efforts to reduce emissions locally will make a significant contribution to overall air quality for the region. Moreover, due to the county's southernmost location in the region, its population is subjected to some of the highest concentrations of ozone in the air basin. High levels of carbon monoxide and particulates are also more common than elsewhere. Although in the recent past county residents could blame its neighbors to the north for much of the county's air quality problems, now and in the future, county residents and industries must all take greater responsibility to reduce air pollution that is largely "home grown."

### ■ Global Issues

Methane and carbon dioxide are considered two of the most important gases that contribute to the potential for "greenhouse effects" or global warming. To the extent that air pollution control and energy conservation strategies can be implemented on the local and regional levels, particularly to decrease vehicle emissions, reductions in these and other greenhouse gases can help prevent such impacts.

The other major air quality issue of global significance is that of stratospheric ozone depletion. Ozone in the upper atmosphere is critical in blocking certain kinds of ultraviolet radiation harmful to plant and animal life. (In the lower atmosphere, ozone is contributor to respiratory and pulmonary diseases). Major international control programs to phase out ozone-depleting chemicals and find replacements for them have been underway since the late 1980s.



### Bay Area '91 Clean Air Plan ('91 CAP)

In 1988, the state legislature enacted the California Clean Air Act (CCAA). The purpose of the legislation was to mandate a statewide planning process to attain state ambient air quality standards. (The federal government and EPA also mandate that the state provide a plan to meet federal air quality standards, in addition to state planning). Under the provisions of the CCAA, each region of the state is classified as to whether it will attain state air quality standards by 1997. Because the Bay Area is not projected to meet all state standards, it is classified as a "non-attainment area."

The legislation also stipulated a variety of requirements and performance standards to be met for non-attainment areas. Essentially, the act requires that air districts exceeding standards reduce pollutant emissions 5% per year, with 1987 as the baseline, or as an alternative, take all feasible measures to achieve emission reductions and population exposure to pollution. The '91 Clean Air Plan ('91 CAP), adopted in October, 1991, was developed by the Bay Area Air Quality Management District (BAAQMD) to comply with the requirements of the CCAA. Given the difficulty of meeting the primary objective of annual 5% emission reductions, the '91 CAP adopted the overall strategy of "implementing all feasible measures."

The overall strategy affects most all jurisdictions within the nine-county Bay Area and encompasses:

- more stringent controls on polluting industries and businesses;
- reformulation of paints and other volatile consumer products;
- programs to reduce automobile use, traffic congestion, and vehicular emissions;
- efforts to improve public transit; and
- programs to identify and repair highly polluting cars and trucks.

Mobile and small-scale source emission reductions will receive increasing emphasis over time in an effort to reduce ozone and CO pollution levels. Local governments will have a major implementing role to play in many aspects of vehicular source controls, particularly those having to do with growth management, land use, and transportation planning. Major businesses, industries, and governmental agencies will also play a significant role in implementing employer-based ridesharing and commuter programs. Along those lines, the recently adopted "Trip Reduction Requirements for Large Employers" (December, 1992) requires programs to reduce the number of single-occupant vehicles used for commuting. This and other regulations will be part of an ongoing, multi-jurisdictional effort to improve air quality in the region.

### Strategies, Policies and Implementation

#### IMPORTANCE OF MAINTAINING AIR QUALITY IMPROVEMENTS

Even though it will be a challenge to achieve the state standards for air quality, it is critical that all feasible measures be taken to reduce population exposure to harmful levels of pollution. Without such efforts, the future could bring a reversal of the overall trend towards improved air quality experienced over the last two decades. For example, ozone pollution reached its highest levels in 1969, and steady improvements have been made since then despite a growing population, a regional rate of increase in vehicle

miles travelled over two times that of the rate of population increase, and increased industrial development in the region. To maintain current progress in the face of projected increases in population and vehicle use, it will be necessary to do more than continue current regulation of vehicle exhaust and stationary source emissions.

#### NATIONAL, STATE, AND REGIONAL APPROACHES

There are a number of ways to approach overall emission reductions. Ongoing regulations for stationary sources will of course play a major role; however, to reduce pollution from motor vehicles, a variety of approaches may be necessary:

- reduce vehicle miles travelled (VMT);
- reduce trips (cold starts cause the most pollution);



- reduce congestion problems (improves combustion efficiency);
- increase fleet fuel economy standards;
- provide alternative fuels and power sources; and
- retire older vehicles that contribute disproportionately to emission levels.

State and federal legislation can better address mandates for increased fuel economy and use of alternative fuels, but local and regional implementation will be key to the effectiveness of other approaches. The '91 Clean Air Plan, adopted by the BAAQMD to comply with state legislative requirements, outlines a wide array of "Transportation Control Measures," or TCMs, so named to distinguish them from the many stationary source control measures also implemented by the BAAQMD. The '91 CAP lists these TCMs under 23 headings, some of which are classified as being "reasonably available" for implementation, in contrast to those which need additional funding and/or legislative authority to be implemented. Reasonably available TCMs include, among others:

- employer-based ridesharing (TCM #1 and #2);
- mobility improvements, such as improved transit, HOV (High Occupancy Vehicle) lane networks, and bicycle lanes (TCMs #3, #8, and #9, respectively); and
- Air Quality "elements" in city and county general plans (TCM #19).

### COUNTYWIDE STRATEGIES FOCUS ON GROWTH MANAGEMENT AND TRANSIT

On a countywide basis, the local governments, businesses, and citizens of Santa Clara County should support the following strategies to reduce overall population exposure to air pollution and achieve air quality standards:

- Strategy #1: Growth Management and Land Use Policies For Cleaner Air
- Strategy #2: Develop Transit Systems Providing Feasible Travel Options
- Strategy #3: Increase Travel Demand Management and Traffic Congestion Relief
- Strategy #4: Reduce Particulate and Small Scale Emissions

For the most part, the strategies for improving air quality are parallel and consistent with strategies outlined in the Growth & Development and Transportation chapters of the General Plan for Countywide Issues and Policies. They attempt to address some of the most fundamental, underlying causes of high mobile source emissions, such as suburban, automobile-dependent land use and development patterns. They are in addition to ongoing stationary source regulations and controls implemented by the BAAQMD and the state Air Resources Board.



### Policies and Implementation

#### C-HS 1

Ambient air quality for Santa Clara County should comply with standards set by state and federal law.

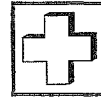
#### C-HS 2

The strategies for maintaining and improving air quality on a countywide basis, in addition to ongoing stationary source regulation, should include:

- a. augmented growth management, land use, and development policies that help achieve air quality standards;
- b. transit systems that provide feasible travel options;
- c. increased travel demand management and traffic congestion relief; and
- d. particulate and small scale emission controls.

#### C-HS 3

Countywide or multi-jurisdictional planning by the cities and County should promote efforts to improve air quality and maximize the effectiveness of implementation efforts. Guidance and assistance from the BAAQMD shall be sought in the preparation of coordinated, multi-jurisdictional plans as well as in environmental review of projects that have potential for regionally-significant air quality impacts.



**Strategy #1:  
Growth Management and Land  
Use Policies For Cleaner Air**

Growth management, land use and development policies address some of the most fundamental causes of air pollution from vehicular sources. The extent of the urbanized area contributes to dependence on the automobile in order to traverse the great distances between destinations. Segregation of land uses and low densities furthermore diminish transit service feasibility and pedestrian travel, while necessitating additional trips to destinations which otherwise might be clustered. If densities within one-half to one-quarter mile of major transit corridors and stations are insufficient to promote pedestrian access to transit, people are discouraged from using it. Finally the lack of higher density nodes of mixed use developments and well-defined central business districts provides fewer opportunities for major transit destinations.

Collectively, the following aspects of countywide growth management, land use and urban development policies are available to promote improved air quality:

- Growth management strategies such as Urban Service Area and long term growth boundaries can serve to minimize expansion of auto-dependent patterns of urban development, promote balanced urban growth and development, and minimize commute distances.
- Compact development and infill policies can increase transit use and improve the cost-effectiveness of transit investments and other urban infrastructure, while reducing trip generation rates and vehicle exhaust emissions. Redesignation of lands from non-residential to residential and mixed use development has been employed by several Silicon Valley cities to implement these policies.
- Transit corridor densities, Transit-Oriented Design (TOD) and mixed use development nodes near transit stations serve to

aggregate typical daily trip destinations and reduce auto use, as well as to promote transit ridership. Coordination of master rail and bus route plans with city land use plans and redevelopment planning helps assure long term consistency between plans.

- Employment area densities and designs that promote transit use and service are also needed.
- "Indirect" source control programs can be developed for land uses such as malls and sports complexes that generate large numbers of trips and associated air pollution. Examples of indirect source controls include shuttle services to improve transit access, transit-oriented design of new facilities for convenient bus access, and preferential parking locations for carpools.
- Buffer area concepts may be useful to prevent the location of land uses inhabited by sensitive populations, such as nursing homes, schools, and health care facilities in close proximity to odorous or toxic-emitting land uses. In other cases, redesignation of lands intended for industry to residential purposes may also use buffer area concepts to adequately separate housing from high emission sources.



**Policies and Implementation**

**C-HS 4**

Future growth and development countywide should be managed and accommodated in such a way that it:

- a. minimizes the cumulative impacts on local, regional, and trans-regional air quality; and
- b. reduces the general population exposure to levels prescribed by state and/or federal law for urban areas designated as non-attainment areas.

**C-HS 5**

Countywide growth management strategies and urban development policies should promote the air quality improvement by minimizing the expansion of auto-dependent development and encouraging balanced urban development.



## Health and Safety

### Countywide Issues and Policies

#### C-HS 6

Cities' land use plans and development policies should incorporate to the maximum extent possible concepts which contribute to improved air quality:

- compact development and infill policies;
- minimum densities along transit corridors;
- Transit-Oriented Design and mixed use development nodes near transit stations;
- employment area densities and design to facilitate transit service;
- mitigation requirements for "indirect" sources, such as arenas, major shopping centers, and other facilities which generate large trip volumes;
- redesignation of non-residential lands to improve supply and proximity of housing to employment; and
- buffer areas to adequately separate "sensitive populations" and residential development from major emissions sources. (see above definitions)

#### Implementation Recommendations

Refer to Countywide chapter on Growth and Development.



#### **Strategy #2: Develop Transit Systems That Provide Feasible Travel Options**

The population and economy of Santa Clara County will continue to grow for the foreseeable future; whereas, the ability to expand roadway capacity is limited. Long range transit system plans and investments will make use of bus and light rail transit more feasible and more convenient than the current system available. The alternative to not more fully developing and integrating transit systems will be to increase automobile dependency now and in the future. Furthermore, failure to make timely investments in transit infrastructure will merely delay the time when such systems prove necessary, as well as making them more expensive.



#### **Policies and Implementation**

#### C-HS 7

The local and sub-regional improvements in transit service and the highway system which promote transit use, reduce congestion, improve flows, and otherwise contribute to improved air quality should be considered for highest funding priorities.

#### Implementation Recommendations

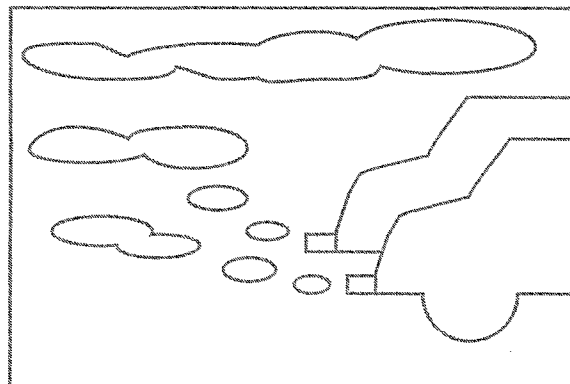
Refer to Countywide Transportation Chapter.

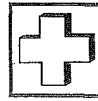


#### **Strategy #3: Increase Travel Demand Manage- ment and Traffic Congestion Relief**

As traffic congestion impedes traffic flows, vehicle exhaust increases. Stop and go traffic particularly contributes to higher emissions than does steady travel at moderate speeds. Intersections and congested freeway interchanges often operated at substandard service levels (D - F), which significantly worsen air pollution, both in the immediate vicinity and regionally.

Travel demand management, or TDM, especially employer-based ridesharing, represents one of the strategies with greatest potential effectiveness to reduce traffic congestion and that is reasonably available for implementation. (Travel demand management is one of many "transportation control measures," or TCMs outlined in the '91 Clean Air Plan). It has





potential for significant near term benefit as well, compared to transit and highway capacity improvements that can take 5-25 years to plan and develop. Recent adoption by the BAAQMD of Regulation 13, Rule 1, "Trip Reduction Requirements for Large Employers" is intended to expedite implementation of employer-based ridesharing and demand management programs.

Generally speaking, congestion on highways is a function of capacity and traffic volumes, but much of the flow disruptions frequently encountered are caused by accidents, lane closures, and inadequate access controls. As speeds slow and combustion efficiency is reduced, emission rates increase for hydrocarbons and other ozone precursors. Measures to expedite accident clearance and install access ramp metering systems are reasonably available means of solving some congestion problems.

Another type of Transportation Control Measure (TCM) addressed in the '91 CAP involves "pricing mechanisms," such as parking limitations and pricing strategies for parking, roadway use during peak hours, and other techniques which have been proven to reduce driving and VMT. Where appropriately applied, these strategies may also contribute significantly to reductions in both traffic congestion and air pollution emissions. [Note: Most "pricing mechanism" TCMs cannot be implemented due to lack of state legislation authorizing their use]. One major constraint to pricing mechanisms is the need to minimize potential regressive financial impacts. For example, eliminating free parking at work places tends to create greater hardship for lower income individuals than for higher income individuals, unless parking fees can be used to offset the regressive impact through subsidized transit use or other means.



#### ***Policies and Implementation***

##### ***C-HS 8***

Employer-based measures for transportation demand management (TDM) should be instituted to the maximum extent possible for large employers in both public and private sectors

to encourage ridesharing and increase average vehicle occupancy rates, reduce peak hour congestion, and facilitate use of transit.

##### ***C-HS 9***

Employer-based ridesharing and TDM should be encouraged as mitigation for traffic generating impacts of new development.

##### ***C-HS 10***

Congestion on major roadways due to traffic accidents, unregulated entry (on ramps), and other system-related causes should be reduced to improve traffic flow and air quality.

#### **Implementation Recommendations**

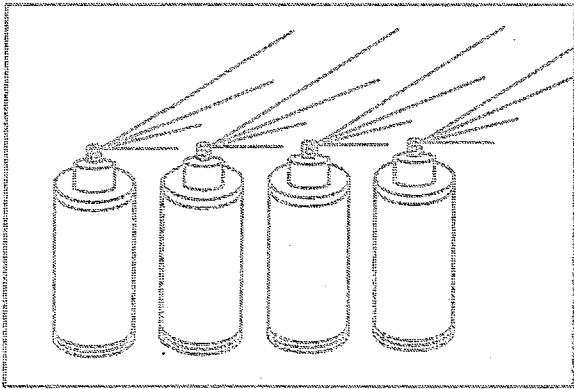
Refer to Countywide Transportation Chapter.



#### ***Strategy #4: Reduce Particulate and Small Scale Emissions***

Santa Clara County is likely to be the only county in region to experience violations of the federal standards for fine, inhalable particulate matter. The size of the urbanized area, the amount of impervious surfaces, local topography, meteorological conditions (inversions), and other factors create greater potential for PM-10 exceedences than in other parts of the region. Smoke from wood fires and stoves during winter can severely impair local air quality. Other parts of the state and the U.S. have had to regulate such sources during winter inversion periods to prevent dangerously high carbon monoxide and particulate pollution levels. Other approaches involve installation of catalytic converters in chimneys to reduce emissions.

In addition, many small scale sources make a far larger contribution to overall emission levels than many think. Examples include backyard grills, lawnmowers and other gasoline-powered devices, and aerosol spray products, such as paints and hairsprays. Greater emphasis on reducing emissions from these sources will be increasingly important. For example,



conversion of lawn care equipment from highly polluting two-stroke gasoline engines to electric motors may increase demand for electricity generation, but air pollution emissions can be controlled in a much more efficient and cost-effective manner at a power plant than for thousands of individual small-scale emission sources.



**Policies and Implementation**

**C-HS 11**

During critical winter inversion periods, pollution from wood-burning stoves and fireplaces should be reduced by measures which restrict use according to meteorological conditions projected by the BAAQMD or require installation of emission controls such as catalytic converters in chimneys.

**C-HS 12**

Measures to reduce particulate matter pollution originating from quarrying, road and building construction, industrial processes, unpaved parking lots, and other sources should be encouraged.

**C-HS 13**

Emissions from small scale sources such as gasoline-powered lawn equipment, consumer products, barbeque grills, and other sources should be reduced through public education, product replacement, and regulation where appropriate.

**Implementation Recommendations**

**C-HS(i) 1**

Reductions in vehicular exhaust emissions also contribute to reductions in levels of suspended particulate matter.

**C-HS(i) 2**

Low cost techniques such as washing the tires of construction vehicles to remove soil before they leave a site prevents soils from being deposited on roadways, where it may be "re-entrained" by other traffic and produce high levels of fine particulates.

**C-HS(i) 3**

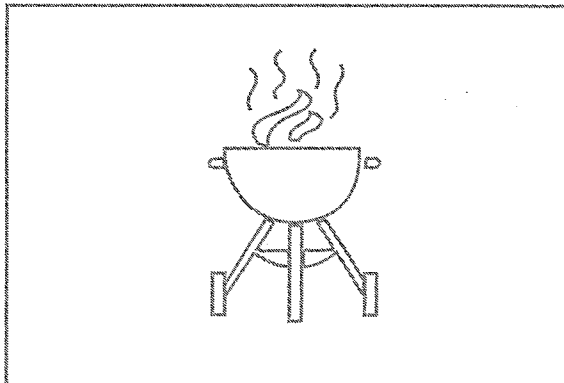
Voluntary programs to curtail use of fireplaces and woodstoves during winter inversion periods should be continued (BAAQMD's "Don't Light Tonight" has been implemented occasionally, with good results).

**C-HS(i) 4**

Local governments and the Air District should fully explore the potential for requiring catalytic converter technology on newly installed wood stoves and fireplaces, as implemented in parts of other Western states seriously affected by winter inversions.

**C-HS(i) 5**

Replacement of gasoline-powered lawn and landscape maintenance equipment with electric-powered units and reduction in the use of consumer products which produce air pollutants.





### Health & Safety Facilities Planning

#### Summary

The health care and public safety needs of both residents and visitors are primary concerns for County and city government. Each city and the County have both individual and shared health and safety responsibilities. While the design and provision of health and safety services and programs may be largely outside the content of the General Plan's land use orientation, ensuring that the necessary facilities are identified, planned for and integrated into every community are appropriate issues for the Plan to address.

The adequacy of local public safety and health care facilities are major factors in perceptions of a high quality of life by residents and visitors alike. As the county grows and changes, it is critical to our well-being that we ensure that necessary public health and safety facilities are included as new development occurs.

This section of the Countywide Health and Safety Chapter establishes the policies that address the planning and development of vital public health and safety facilities. To achieve the objective of well planned, high quality, cost effective public health and safety services, this section proposes two strategies:

- Strategy #1. Plan for Necessary Health and Safety Facilities
- Strategy #2. Monitor and Maintain the Adequacy of Existing Facilities

### Background

#### LOCAL GOVERNMENT RESPONSIBILITIES

The County and cities share the responsibility to maintain land use policies that are conducive to attracting and retaining the full range of community health care and public safety facilities our population needs. We must make certain that each community has the necessary public health and safety facilities to ensure protection of lives and property.

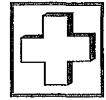
The County plays a major role in health care delivery, including the provision of medical services to the needy, the provision of emergency medical services to those in need, coordination of health and welfare service delivery to residents countywide, and protection of the population from environmental health hazards. However, the cities share responsibility for the accessibility of health care services through the regulation of such facilities in areas under their jurisdiction.

Similarly, the County has broad, mandated law and justice responsibilities to all county residents. Yet, once again, the County must rely on the cities to designate adequate sites throughout the incorporated area for the full range of necessary public safety facilities, both County and municipal (i.e., police and fire buildings, justice and incarceration facilities, etc.)

#### RELATION TO LAND USE PLANNING

While many of these issues may seem remotely related to land use planning, effectively responding to them will likely impact the way plan for, design, construct and maintain the facilities where these public services are provided. Likewise, these issues will affect the appearance, number, distribution, and functioning of public safety and health care facilities in neighborhoods throughout the county.

Adding to the urgency to successfully address these issues are the local manifestations of national trends in health care and public safety. The number of uninsured citizens turning to



public health clinics is increasing here as it is elsewhere. There is little to suggest this demand will quickly abate despite movement at the national level to provide relief.

Similarly, social and economic dislocation has led to a rise in crime in many cities. While we have succeeded in holding down the rate of increase in violent crimes in Santa Clara County, crime will nonetheless occur here. Residents must know their communities are safe. In addition, the necessary infrastructure must be in place to insure the safety of lives and property in the event of natural and human-caused disasters.

### **TRENDS IN COMMUNITY HEALTH CARE**

Overall planning for public health concerns in the county is a responsibility of the County Health Department. The department was at one time responsible for completing a state-mandated, countywide health care plan. This plan identified the basic health concerns and needed actions countywide. The plan stressed a comprehensive "systems" approach to health care.

Although the state no longer requires such an effort, there remains a growing need for coordinated evaluation and development of countywide health care services. In an era of diminished public resources for such needs, it is imperative that local health agencies, both public and private, cooperate to maximize resources to ensure adequate levels of service.

In the past, local land use and development plans failed to coordinate with the provision of health care services or the specialized health care needs of the population. Just as the lack of coordinated planning led to an imbalance of jobs and housing within the county, the lack of coordination led to a poor distribution of health facilities in relation to need.

To a large degree, the County and cities have corrected this problem with the distribution of health care services during the past decade. There are still areas of concern which have not been addressed. Community-based health care facilities, such as convalescent care facilities, public clinics, and non-medical residential care facilities are still in short supply countywide.

The County will need to continue planning health care programs to meet the needs of specific segments of our present and future population. Our population is growing increasingly more diverse. We will require expanded long-term institutional and non-institutional health care services for specific segments of our population with debilitating and/or long term illness.

Financial constraints have limited the number of public, community-based clinics to serve the health needs of low income residents. It has long been an objective of County health care providers to establish limited, out-patient care clinics in areas of the county with a high percentage of low income households. These efforts have been substantially set back by budget restrictions. This has had the effect of concentrating client populations on a limited number of facilities.

### **TRENDS IN PUBLIC SAFETY**

Elected officials, public safety agencies, and communities representatives across the nation are working together to create new standards for meeting public safety needs. There is a movement to bring public agency staff closer to the communities they serve. One example of this trend would be moving police officers out of their patrol cars and back to the sidewalk beat.

Santa Clara County is a large and increasingly cosmopolitan county. Many of our newly arrived residents have quite different perceptions and expectations of government and public services than do long-time residents. Similarly, culture and language barriers can impede the ability of citizens to successfully access public agencies to gain the services they need and to which they are entitled. How the needs of residents, new and old, will influence the design of police, fire and other public safety buildings in communities is, as yet, unclear.



### **COST-EFFECTIVE PUBLIC SERVICES**

Two major policy areas addressed in the Growth and Development Chapters of the General Plan significantly effect the planning and development of public safety and health care facilities. First is the urban service area concept which assures that development is tied to government's ability to provide services and that new development will be geographically contained in a cost-effective service area. Second are the policies on the annexation of unincorporated pockets to cities and the rationalization of service provision to unincorporated pockets between the County, the cities, and special districts.

Primary public service objectives of both policy areas is to:

- maximize public resources;
- efficiently use existing public infrastructure before investing public monies expanding into new geographic areas; and
- eliminate redundancy between public agencies.

### **ASSESSING THE PUBLIC COSTS OF RISK**

In Santa Clara County, land development in both incorporated and unincorporated areas is subject to a number of hazards to life and property. Many such hazards are discussed in this Chapter including; seismic and non-seismic conditions of land instability, flooding from several causes, fire, hazardous incidents, and dangers from airport operations. One approach to maximizing public resources is for local government to carefully assess the public service costs likely to result from new development.

Many of the hazards discussed in this chapter are largely avoidable; they only pose a significant risk to life and property when people decide to use the land in ways which are unsuitable to conditions in an given area. Nevertheless, development will occur in areas of varying risk levels. It is the mandated responsibility of local government to assess those risks and see to it that the necessary health and safety infrastructure (i.e, police, fire, hospitals, and other emergency services) to protect lives and property are available.

Assessing and providing adequate public services infrastructure inevitably incur costs. Clearly, there is point beyond which the ability to develop private property must be balanced with a range of ultimate costs borne by the wider community (i.e., flood plain or fault zone development). In those cases, government has used its authority to restrict development, thereby avoiding or substantially minimizing risks to all parties.

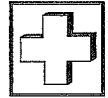
Most of the measures available to the County to avoid or minimize risks invariably impose a degree of control and restriction on the use of private property. The challenge is to devise effective risk reduction measures which adequately protect residents and visitors, minimize unnecessary public costs and liability, and allow some economic benefit to the property owner.

### **SHARED COSTS AND RESPONSIBILITIES**

Citizens across the country are insisting on more direct involvement in identifying public safety and health care needs in their communities. They are also seeking participate in the design and construction of those facilities. Santa Clara County residents share the view that, to be truly effective, communities must be involved in this process.

In the past, the County and cities have been responsive to community concerns and maintain this as an objective. As our county grows and becomes more diverse, it is likely that our health and safety needs, too, will become more complex. Government, agency representatives, and community and user groups must work together to invent new approaches to identifying, satisfying, and paying for community health and safety needs.

If we are to retain the approval and trust of residents, the County and cities must work closely with all segments of the community to ensure that these facilities are appropriately designed and integrated into their neighborhoods. Similarly, citizens must understand the cost issues effecting the choices available to both governments and individuals. Government must be able to assure the public that revenues have been wisely spent and the costs equitably shared.



## RELATIONSHIP TO THE VISION

The strategies proposed in this section will help us achieve several goals in the Vision Statement of the General Plan. Those would include:

### Managed, Balanced Growth

- Balanced Development
- Planned, Orderly Urban Development

### Livable Communities

- Efficient and Adequate Urban Services
- Safety from Natural and Other Hazards

### Social and Economic Well-Being

- Community Participation in Decisionmaking
- Personal Safety and Security
- Adequate, Accessible Health Care and Social Services

## Strategies, Policies and Implementation

The strategies, policies and implementation measures recommended below are aimed at ensuring well planned, high quality, cost effective public health and safety facilities countywide. The County and cities the responsibility for providing effective, inclusionary planning and development processes in their respective jurisdictions.



### Strategy #1: Plan for Necessary Health and Safety Facilities

The County and cities must ensure that there is sufficient land designated in every community for the hospitals, clinics, convalescent and hospice facilities to allow public and private agencies to deliver the health care citizens need and want. Community representatives and user groups should be involved in the design and development of public health care facilities.

In past years, the County Health Department has coordinated the preparation of countywide health care services plan among public agencies. There is a continuing need to carryout such cooperative countywide planning programs and to include private health care providers, and community and user groups in the process.

By pursuing comprehensive health services planning, public and private health care providers can identify current and future facilities needs countywide. This process will prevent the concentration of services in some areas and the absence of those services in others. Through the development review process, the County and cities can help achieve those countywide services objectives by ensuring that adequate infrastructure is integrated into new development in every community.

The location of both inpatient and outpatient health care facilities of all kinds is a major factor in providing access to the health care for all citizens. Similarly, the distribution and design of public safety buildings (e.g., criminal justice buildings, community police precincts, etc.) can contribute to a higher perceptions of security among neighborhood residents. The County and cities must ensure that there are areas designated for such facilities in every community.



### Policies and Implementation

#### C-HS 40

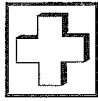
The health and safety of all county residents should be ensured by the County and cities through the provision of the health care and public safety facilities necessary to support existing and projected demand.

### Implementation Recommendations

#### C-HS(i) 36

Develop a countywide Community Health Care Plan.

(Implementors: County and cities.)



## Health and Safety

### Countywide Issues and Policies

#### **C-HS(i) 37**

Identify and integrate community health care and public safety facilities needs into the land use plans of each city and the County.  
(Implementors: County and cities.)

#### **C-HS(i) 38**

Condition proposed projects in areas far removed from emergency health and safety services to reduce the risk to residents and visitors.  
(Implementors: County and cities.)

#### **C-HS(i) 39**

Require the inclusion of adequate public safety infrastructure during the development review process.  
(Implementors: County, cities and special districts.)



### **Strategy #2: Monitor and Maintain the Adequacy of Existing Facilities**

There is a belief by some residents that portions of the county are underserved by health and safety agencies, or that what services and facilities are present are inadequate to need. Real or perceived, resident satisfaction must be a primary concern for County and city service agencies.

To correctly assess the adequacy of service, public agencies should regularly monitor the important indicators, including response times for police and fire, availability of emergency and routine medical care, and citizen complaints. Where deficiencies exist and it is appropriate, those areas should receive the highest priority for upgrading to levels equivalent to other areas of the county as resources become available.

Equally important is the ability of residents to understand the true costs of the services and facilities they seek. Residents should be encouraged to learn as much as possible about the public facilities funding process. A broad understanding of how facilities and services are

paid for will empower residents to help elected officials and planners make the choices which will serve the community best. Citizens should also be encouraged to work with elected officials in creating measures which will ensure adequate and equitable financing for needed public health and safety facilities.



### **Policies and Implementation**

#### **C-HS 41**

The functioning of community health and safety services and facilities should be regularly monitored and their adequacy in meeting the needs of citizens evaluated.

### **Implementation Recommendations**

#### **C-HS(i) 40**

Evaluate and, where appropriate, upgrade essential health and safety facilities as resources permit. (Implementors: County, cities and special districts.)

#### **C-HS(i) 41**

Implement an on-going community health and safety services monitoring process which includes representatives from public and private health care providers, community representatives, and services user groups.  
(Implementors: County, cities, health care providers, community groups, citizens)



## Air Quality

### Background

#### RURAL AREA SOURCES OF AIR POLLUTION

Most of the sources of air pollution affecting Santa Clara County are borne by wind currents from other jurisdictions or originate within the urbanized areas of Santa Clara County. With nearly 90% of the county's population and development, the urban North Valley contributes most of the air pollution from motor vehicles; point sources, such as industries and sewage treatment plants; and large indirect sources, like regional shopping centers, which generate large numbers of auto trips.

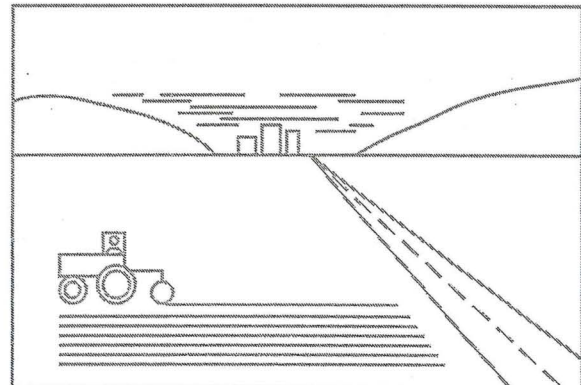
The county's joint urban development policies require that urban land uses and densities be located only within cities, not within the rural unincorporated areas. These policies, along with the Land Use Plan policies that govern allowable uses and densities of development in the rural unincorporated areas, provide generally for only rural land uses and densities, most of which do not generate significant traffic volumes or emit significant amounts of pollutants from point sources. Consequently, rural area sources contribute a very insignificant amount of the overall pollutant load responsible for high levels of ozone and carbon monoxide, the two criteria pollutants of greatest concern in Santa Clara County.

With significant point and indirect sources of pollution being the exception rather than the rule, the rural area's sources of air pollution and their accompanying issues are generally of a very localized nature and have most to do with particulates, such as dust, ash, and smoke particles. These sources include agricultural crop removal through burning, quarrying operations that generate dust, land cultivation for agricultural purposes, and odors related to agricultural land uses.

Of these, crop burning has the potential for the most significant emissions, and it is subject to Bay Area Air Quality Management District (BAAQMD) controls, referred to as the "No Burn Days" regulation. All other agricultural uses and activities are specifically exempt from BAAQMD regulations. As to other sources, quarrying activities and some agricultural activities inherently generate air-borne particulates, aerosols, and/or odors. However, these characteristics argue for regulating land uses within their vicinity to avoid the introduction of incompatible residential and other uses for which such characteristics would form a nuisance, rather than further encumbering appropriate rural land uses with additional regulation.

#### OTHER ISSUES

The only other potential issue of some concern involves the possible location of residential development or other sensitive land uses (convalescent homes, hospitals, etc.) in proximity to significant point sources of air pollution, such as sewage treatment plants and industrial facilities which generate significant levels of emissions. Most of these point sources are regulated by the BAAQMD, and within the rural unincorporated area, surrounding lands are typically maintained in low density, rural agricultural land uses, minimizing the potential impact upon areas immediately downwind of these facilities.





### **Strategies, Policies and Implementation**

No strategies and policy directions pertaining specifically to air quality and pollution sources in rural unincorporated areas are proposed for the General Plan. Point sources, regardless of location, are regulated, if required, by the Bay Area Air Quality Management District. Agricultural activities are specifically exempt from BAAQMD regulation.

Although some aspects of permitted uses, such as agriculture or quarries, may cause localized dust and particulate problems, as well as odors, those aspects of land uses deemed appropriate to the rural areas are generally not regulated or restricted unless they create a nuisance or public health and safety problem. In other cases, potential air quality impacts may be required to be mitigated as a condition of a use permit or through CEQA assessment and mitigation monitoring efforts.

However, were Santa Clara County to be classified in the future as being in violation, or "non-attainment," of Federal air quality standards for PM-10, or fine inhalable particulates, there may be further study of appropriate measures to reduce particulates from rural sources, if those sources are determined to contribute a significant proportion of airborne particulate matter. Of all rural areas, the southern Santa Clara Valley is the most susceptible to levels of particulate matter pollution that exceed Federal standards. Air quality monitoring equipment for the sub-region is located nearby in Gilroy.

Therefore, as of this time, the policies and strategies of the General Plan regarding air quality pertain primarily to the urban areas and are contained in various Countywide chapters of the plan, such as Growth & Development, Transportation, Resource Conservation, and Health & Safety.

Listed briefly in summary, these countywide strategies are to:

- maintain existing urban development policies and to promote corollary policies encouraging compact urban development;
- support the development of feasible transportation alternatives to automobile dependence, such as transit, ride-sharing, and telecommuting;
- limit the intrusion of residential and other land uses incompatible with agriculture, mineral extraction and other resource-related land uses prescribed for the rural unincorporated areas;
- provide public transit to users of the County's regional park and trail system, generally located within the rural area; and
- encourage rural area residents and businesses to voluntarily reduce or defer activities that could have air quality impacts when it will not interfere with or burden them by doing so.

[Refer to the Air Quality section of the Countywide Health & Safety chapter for more detailed explanation and policies concerning air pollution sources].

