

INTRODUCTION

General Introduction

Maintaining and improving public health is one of ~~the society's~~ most fundamental ~~shared societal~~ goals, similar in importance to public safety, equality of opportunity, and public education. Public health focuses on the health of populations and particular 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 ~~security,~~ access to health care, affordable insurance, ~~genetics~~ heredity, and lifestyle.

~~As a society, significant~~ Significant efforts have been made to eliminate ~~diseases~~ disease, prevent or control epidemics, and improve environmental conditions. Great ~~successes have success has~~ been achieved through ~~public health a~~ variety of means, including ~~vaccinationsthe availability of vaccines,~~ tobacco controls, dietary research, sanitation, motor vehicle safety, and ~~emissions~~ pollution controls, ~~sanitation, and other endeavors.~~

Urban and regional planning in the United ~~States~~ State has its roots in combatting environmental threats and communicable diseases in cities ~~at the onset of in~~ the early 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~~ living. For example, chronic diseases and injuries now account for over 75% percent of all deaths in California, but ~~these causes can be addressed~~ through multi-disciplinary and coordinated efforts, ~~these causes can be addressed through that promote~~ positive behavior change, ~~our~~ improved 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 the~~ 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~~ Improving community health contributes to lower governmental costs ~~of providing for~~ health care. It also contributes to a healthier workforce and a better economy, ~~with and~~ many other ~~direct and indirect~~ benefits

to individuals and society. ~~Increasingly, positive~~ Positive health outcomes are not ~~just only~~ the result of health-care treatment and interventions, but also must be ~~addressed~~ achieved through preventive or “upstream” efforts that help avoid or reduce health problems in the first place.

One Goals of the Health Element

The 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~~ A related goal is to place public health on par with ~~more traditionally recognized~~ traditional elements in general plans, such as housing and land use, and to make more explicit the connections between ~~those all~~ 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~~ Moreover, the ~~environmental~~ adverse impacts of climate change will ~~create new emerging~~ pose additional threats to public health, particularly for more vulnerable populations, ~~such as including~~ children, the elderly, the poor, ~~people of color~~ and ~~people~~ those with chronic health conditions. Solutions for these ~~overlapping many of these~~ issues lie within the ~~many~~ promising opportunities for cross-sector collaboration, ~~such as between~~ planning and public health.

Guiding Principles

The Health Element is founded upon ~~and embraces certain~~ specific Guiding Principles, listed below. ~~These principles~~ They 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,~~ Preventive and holistic ~~approach~~ approaches to health and well-being ~~results~~ result in better long-term health outcomes, which ~~lowers~~ lower costs by effective and efficient use of taxpayer dollars.
2. **Leadership:** ~~Santa Clara County’s~~ County officials, public agencies and employees are guided by best practices in public health 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.

Health Element – Introduction

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~~result in 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.
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~~ The County plays a major role in managing and delivering health care, ~~in addition to and~~ many other services important to public safety and welfare. The County~~It~~ 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~~ones~~ for ~~all~~ residents and employees, ~~and that a.~~ Providing 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~~policies necessary to protect the public's health, safety, and welfare, while fairly considering ~~and balancing the~~ commercial~~the~~ 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~~ Health in All Policies (HiAP) is a central concept of the Health Element, championed by the County Board of Supervisors and ~~by many stakeholders is the significance of a “Health in All Policies” (HiAP) approach~~ other organizations worldwide. 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~~Growing research clearly indicates that our personal health behaviors are strongly influenced by conditions ~~in the~~and environments where we live, learn, work, and play. The built environment ~~—from land use planning and fast food restaurants, to safe streets and parks—~~in all facets greatly shapes the health of our community. This understanding ~~brings home~~sends a powerful message that ~~our~~ policy decisions have ~~an active and~~ significant influence ~~on~~ shaping the health of ~~our~~ communities and ~~every resident.~~residents. Health is a consequence of every choice and policy decision ~~we make~~made—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~~Purposes and Intended Audience/Implementers

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~~other health providers, stakeholders, agencies, and non-governmental organizations, the County also ~~aspires~~hopes 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 a~~ mandate ~~that~~ a particular action or other implementation ~~on the part of~~be taken by 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~~also intended to serve as a model ~~element~~ for other jurisdictions and agencies in Santa Clara County and the region. The ~~fifteen~~15 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~~the goals, strategies, and policies articulated in the Health Element.

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

Health Element – Introduction

- 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

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.~~ 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~~ Another significant area of focus is how the physical environment and social determinants of health play a major role in an individual's health throughout ~~the one's~~ lifespan.

Health conditions are influenced by policies and ~~environments~~ environmental conditions 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~~ to address 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.¹

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.²

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.~~³

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).

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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 was~~ the third healthiest county in California.⁴ ~~These~~ Such 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 ~~publication's~~ data ~~compendium augments and mapping analyses augment~~ 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 in~~ 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~~ largely shaped by social determinants of health. These include social, economic, political, and environmental conditions, ~~including as well as~~ income, education levels, ~~and~~ 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. Santa Clara County is 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, reflecting the generally higher incomes common in the technology sector. However, one in five residents lives at or below 200 percent of the Federal Poverty level. In 2014, that figure was \$47,700.00 in annual income for a family of four. Over time, additional measures of income sufficiency have

[been developed to provide a better understanding of need in areas like Santa Clara County, with its generally higher costs of living.](#)

~~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, 213.⁵ By 2014, the figure has grown to \$86,399. ~~The Family Economic Self-Sufficiency Standard~~ [This 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 based on a more comprehensive set of factors.](#)

In 2010, [29% percent](#) 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~~ [life spans](#).⁶ Overall, County residents are relatively well educated; however, [14% percent](#) of adult ~~residents lack a high school education and 17% of adults with~~ [citizens have](#) less than a high school education ~~are living.~~ [Nearly one in five of those who have not graduated high school live](#) in poverty.⁷

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% percent](#) of all deaths.⁸ 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.⁹

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 aim](#) is equity in health and well-being, with an emphasis on prevention. It notes that up to [80% percent](#) of most chronic diseases, such as cardiovascular disease, stroke, diabetes (type 2), and many cancers, could be prevented by eliminating tobacco use, [better improving](#) diet, [increasing](#) physical activity, and eliminating harmful use of alcohol. For example, chronic disease and injury accounted for [80% percent](#) of all deaths in 2010.

To improve health equity and well-being, the report ~~emphasizes the need to focus~~ [focuses](#) 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. ~~These function~~ as a "roadmap to prevention" ~~and reducing to reduce~~ the massive cost burden of treating versus preventing and mitigating the most common threats to health and well-being of the community.

~~Overall Average~~ 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~~ ~~rate~~ of ~~those who are~~ overweight and ~~obesity~~ ~~obese~~ is ~~one of~~ the most alarming. In Santa Clara County, 55% percent of adults and 25% ~~percent~~ 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.¹⁰ The ~~economic~~ ~~financial~~ 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% ~~percent~~ in less than ~~ten~~10 years.¹¹

One in 10 adults and about one in 12 middle and high school students smoke tobacco,¹² and Santa Clara County residents continue to be exposed to ~~secondhand~~ ~~second-hand~~ smoke at home, in vehicles, at school, and ~~in~~ the workplace. When surveyed, ~~seventeen~~17 percent of adults reported exposure at their workplace.¹³ Smoking rates also vary greatly among racial/ethnic groups in the County. Eleven percent of Whites (13% ~~percent~~ of males), 12% ~~percent~~ of Vietnamese (24% ~~percent~~ of males), and 21% ~~percent~~ of Filipinos (32% ~~percent~~ of males) are current smokers.¹⁴ In addition, ~~in~~ a recent survey, ~~disclosed~~ nearly 25% ~~of members~~ ~~percent~~ of the lesbian, gay, bisexual, transgender, queer (LGBTQ) community in Santa Clara County described themselves as smokers.¹⁵

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 %~~percent~~ of the County's entire budget.¹⁶ To achieve greater efficiency in ~~managing~~ health care costs and spending, ~~it is~~ ~~it's~~ critical that residents have access to a variety of preventive health care services, not just clinical treatment. Improving community health and reducing costs ~~are can~~ also ~~of significant~~ ~~benefit to~~ local businesses and non-profits, helping the state and regional economy remain more competitive.

Access to health care ~~means is a concept that has become~~ much ~~more~~ ~~broad~~ ~~er~~ 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~~becomes ill.¹⁷

Between 2000 and 2009, the percentage of adults age 18-64 ~~years old~~ without health insurance more than doubled from 8% to about 20%. ~~percent~~.¹⁸ With the advent of insurance exchanges through the Affordable Care Act, ~~(ACA)~~, 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)~~,¹⁹ 140,000 people in Santa Clara County, including undocumented residents, are projected to remain uninsured.²⁰ In addition, more than one-third of Santa Clara County adults do not have dental insurance, which was not included in the ACA.²¹ 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 more than~~ one in four residents will be over 60 (27.6%) ~~percent~~.²² Health care costs are typically ~~greatest~~greater 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~~boomers present an unprecedented challenge that can only be met successfully by ~~inter-related~~interrelated efforts to ensure access to care, transportation needs, in-home services, adequate housing options, efforts to combat social isolation, and 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~~20 years.²³ 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~~. They include direct Medi-Cal ~~costs~~payouts, the costs to families and others who provide unpaid care, and costs 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 a “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~~ and 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~~ wellbeing. As a partner with other stakeholders and organizations, the County can ~~help~~ develop consensus, and priorities, and focus resources to achieve a 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.

remain. 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~~ Inequality of income and wealth in the United States should be addressed, ~~not only~~ 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~~ low-income individuals.
- HE-A.10 ~~Childcare~~ Child-care **services.** Support expansion of affordable and high quality child-care options for working parents and those pursuing education ~~and/or in the workforce~~.
- HE-A.11 **Youth employment skills.** Support youth development and employment opportunities, especially for low-income youth persons and youth people 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. Encourage on-the-job opportunities for skill development and advancement.

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~~^{higher} 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~~. That includes efforts to promote financial 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~~^{may} be undermined by ~~increasing~~^{increased} housing ~~cost burdens~~^{costs}. 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.

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Policies:

HE-A.13 **Financial literacy.** Promote educational efforts to provide greater financial literacy in youth and adults in order to project ~~lifelong~~^{lifelong} 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~~^{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 and~~ ~~to~~ 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~~ ~~these challenges~~ and ~~the~~ disadvantages ~~that go along with it~~.²⁴

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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~~ ~~to~~ chronic levels of stress, lowering the immune response and resulting in a host of illnesses and diseases.²⁵

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-~~ Health-care is multi-faceted and focused on access means more than just an adequate ~~distribution of~~ clinical service facilities and hospitals, ~~including; it includes~~ 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 Work~~ with the medical community and providers, ~~to~~ promote access to a ~~regular~~ community-based ~~sources~~ ~~sources~~ 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 created by~~ those with ~~insurance~~ 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 ~~and~~ 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, ~~services~~ ~~services~~, and materials are culturally informed and competent ~~given the diversity of the~~ ~~for a~~ ~~diverse~~ 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~~ the insights 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~~ relationships 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 participation in health issues and trends.

HE-A.31 **Workforce/workplace wellness.** Support policies, initiatives and work-force collaborations ~~that to~~ 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~~. ~~These include~~, but ~~are~~ not limited to, ~~falls~~ prevention, dementia, nutrition, transportation, social isolation, and social support.

B. SOCIAL AND EMOTIONAL HEALTH

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 ~~and~~ 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 ~~building~~ 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~~ ~~As an adult~~, 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 everyone experiences~~ maximum social and emotional well-being ~~throughout their life~~. While much of the health ~~(including mental health)~~ care delivery system ~~focuses concentrates~~ 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~~ ~~issues are often perceived in very different ways than physical illness. Varying~~ socio-cultural ~~contexts, which norms~~ may support or impede ~~well-being. In the case of people with wellness. When~~ serious mental illness ~~occurs~~, individuals must cope with not only the symptoms and disabilities ~~that result from their illnesses~~, 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.”²⁶ ~~Educating young people about the risks of substance use and supporting people in substance abuse recovery must take into account contemporary social perceptions.~~²⁷

The physical, social, and environmental ~~impact on factors that affect~~ social and emotional health ~~is~~ are specific to culture, race, and income. Experiences of racism and discrimination increase ~~stress~~ levels ~~of stress~~ and threaten social and emotional health. Pressures from ~~high~~ job demands, ~~reduced job security, occupational strata, employment insecurity, race and gender~~ income disparities, and poverty persist in Santa Clara County's economic climate County and are significant contributors to chronic stress. Large majorities A majority 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.²⁸ Long-term, chronic stress taxes our hormone and immune systems which makes the body less resistant to other health risks.²⁹ Many aspects ~~of our in the~~ urban environment contribute to cumulative unhealthful stress ~~such as, including~~ long commutes and traffic congestion, scarcity of affordable housing, job ~~insecurity loss~~ 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 they include~~ schizophrenia, bipolar disorder, depression, and addiction to alcohol, illegal drugs (methamphetamine, heroin, hallucinogens, hazardous chemicals, etc.) or prescription drugs.³⁰ 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 cover~~ a ~~continuum of severity, ranging spectrum~~ from misuse at one end, ~~and to~~ full-fledged addiction at the other ~~end, of which there are, with~~ 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% ~~percent~~) 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%) ~~percent~~ are risky substance users and drinkers, using drugs and ~~drinking~~ alcohol in ways that threaten health and safety. Applying these percentages to Santa Clara ~~CountyCounty's~~ ~~population~~, there would be about 220,560 (12%) ~~people percent~~ ages 12 and over who meet the diagnostic criteria for addiction, and another 477,880 (26%) ~~people percent~~ who are risky substance users, using drugs and ~~drinking~~ alcohol in ways that threaten health and safety.³¹

~~Prescription drug abuse is the intentional use of a medication without a prescription or in a way other than as prescribed or misuse~~ 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 drugthis~~ abuse, including a misperception that ~~theycertain drugs~~ are safe because ~~they are prescribed by doctors and prescribe them, along with~~ their increasing availability. Nationally, between 1991 and 2010, prescriptions for stimulants increased from ~~five~~ million to nearly 45 million, and for opioid analgesics, from about 75.5 million to 209.5 million.³² Underlying reasons for prescription drug abuse include the goal to get high, to counter anxiety, ~~for~~ 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% ~~percent~~ of deaths from motor vehicle crashes.³³ 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 aCounty's~~ population of over 1.8 million ~~people~~, an estimated 18.6% ~~struggle percent cope~~ with mental illness, and between 10-12% ~~struggles with percent engage in~~ substance use. The Mental Health Department serves 7% ~~percent~~ of the estimated 346,000 residents in need. Of the approximately 180,000 residents who ~~struggleddeal~~ with substance abuse, the Department of Alcohol and Drug Services reaches 8,500 on an annual basis, which only meets 4.7% ~~percent~~ of the need.

34

~~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 StatesU.S.~~ each year—about 1 in every 5 U.S. deaths—and an additional 8.6 million ~~people~~ suffer with a

serious ~~smoking-related~~ illness ~~caused by smoking. Thus, for. 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.³⁵ Smoking and secondhand smoke ~~increases~~increase 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~~ ~~programmative interventions~~ to ~~reduce substance abuse, or limits on the supply of~~ ~~certain substances to protect~~ vulnerable populations, such as children, can be an important ~~link between~~part of public policy and behavioral health.

~~According to the Substance Abuse and Mental Health Services Administration (SAMHSA)~~ ~~According~~ SAMHSA's 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 ~~disease and~~ early ~~morbidity and mortality~~.death. About 50% ~~percent~~ of people with behavioral health disorders smoke, compared to 23% ~~percent~~ 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.³⁶

Suicide

Suicide is the 10th- ~~leading~~ cause of death in the United States, accounting for more than 36,000 ~~deaths~~ per year.³⁷ 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.³⁸ Approximately 90% ~~percent~~ of all individuals who ~~completed~~committed 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.³⁹

In Santa Clara County, suicide is the leading cause of death by fatal injury.⁴⁰ While suicide is confounding, it is preventable, given effective education, services, and supports. Prevention for suicide must be ~~centered~~focused 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 10th leading cause of death, the same as the national rate. ~~Our County~~Santa Clara ranks 54th 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. There~~ are ~~2-suicide~~two attempts ~~every day,~~ and an estimated 14 suicidal behaviors every day in Santa Clara County. ⁴¹

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 affecting those~~ with behavioral health problems. ~~The effects are profound.~~ Thirty-eight percent of Americans ~~report they~~ are unwilling to be friends with someone having mental health difficulties; ~~64% percent~~ do not want to work with someone who has schizophrenia, and ~~68% percent~~ are unwilling to have someone with depression marry into their family. ⁴² 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.⁴³ In fact, people with mental health conditions are more likely to be the victims rather than ~~the~~ perpetrators of violent crime.⁴⁴

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.⁴⁵

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.

Strategy #2: Improve health care systems so 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.

Policies:

- HE-B.1 **Social and emotional health literacy.** Provide and promote activities and resources that increase social and emotional ~~wellness~~health 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 ~~attached~~ or employment-related repercussions.

- HE-B.5 **Work-life balance.** Promote organizational policies that ~~promote~~foster 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~~that can 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~~prevalent among seniors.
- HE-B.8 **Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (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~~access to 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.

Policies:

- HE-B.10 **System and service integration.** Build capacity and ~~linkages~~linkage within key social institutions and agencies such as social services, criminal justice, education, and 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, improve conflict resolution skills, and identify barriers to learning ~~and promote~~. 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 who may need foster care ~~services~~.

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

Policies:

- 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~~ cities' efforts to discourage the number of ~~alcohol~~ alcoholic beverage outlets near schools and ~~in~~ areas ~~with~~ having a high density of ~~alcohol~~ alcoholic 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~~ rebates 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 [and encourage](#) 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.~~44~~[49](#) addresses smoking in parks and HE-H.~~43~~[43](#) 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.

Policies:

- HE-B.26 **Integrated care and services.** Organize [County](#) 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 [health](#) 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.

Policies:

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

Background

The ~~mannerway~~ 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 all have~~ a strong influence on the health and ~~well-being~~ ~~wellbeing~~ of residents. The mix ~~of uses~~, intensity, and design of communities affect a resident's level of physical activity, access to nutritious foods, ~~and social connectedness~~ ~~instead, and enjoyment~~ of ~~isolation~~. ~~It their surroundings. Land use and urban design~~ also ~~affects~~ ~~affect~~ exposure to pollutants and noise, potential for crime, and other adverse impacts. ~~Residents of~~ ~~In~~ highly auto-dependent communities ~~can, people are more likely to~~ have ~~a greater chance of~~ health problems related to a sedentary lifestyle, including obesity, diabetes, and social isolation. ~~Transit-dependent populations~~ ~~Populations~~ are also ~~impacted~~ ~~affected~~ by ~~lack of adequate~~ ~~inadequate~~ transit options in areas ~~that are~~ 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: ~~and social cohesion~~. These characteristics include:

- Walkable areas with a diverse mix of uses (~~i.e.g.~~, 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~~ ~~blocks~~ 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.
- Greater mix and affordability of housing for all incomes.

Together, these land use and design characteristics can increase a resident's opportunity to walk and bike for transportation and recreation, and engage in a variety of social and recreational activities, contributing to more positive health outcomes.

Santa Clara County's urbanized areas can ~~be~~ generally ~~be~~ 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 of~~ the Diablo Range, Santa Cruz Mountains, and south valley agricultural ~~lands~~ ~~areas~~. 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 ~~amenities and lack~~ 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 or near~~ downtowns of cities, such as San Jose, Palo Alto, ~~and~~ Mountain View, ~~and others~~. Many residential neighborhoods have ~~medium to low~~ poor 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-20th century. Where sidewalks are prevalent and ~~of adequate width~~ wide enough to promote walking, efforts to maintain and improve them are an important aspect of neighborhood walkability, particularly for ~~older residents~~ the elderly 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 one 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 ~~since the '80s~~ 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 ~~theits own~~ sake ~~of density~~. Furthermore, within targeted higher density areas and developments, concerted efforts are needed to ensure gains ~~in~~ of available, 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~~ the

Association of Bay Area Governments, [\(ABAG\)](#), 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 corridors](#), 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 [a variety of](#) 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/bicycle](#), and use transit as part of daily life, ~~whether for recreation and/or transportation~~.

Each city ~~within Santa Clara in the~~ 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~~ [its](#) jurisdiction. [Within Priority Development Areas \(PDAs\) in](#) many cities, ~~priority development areas (PDAs)~~ are ~~reflected in city important aspects of local~~ general plans and regional sustainability plans, such as Plan Bay Area, ~~that direct which directs~~ 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 [of use](#). 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~~ [The](#) County also plays a significant role ~~in various ways, for both the~~ urban unincorporated islands ~~that have not been yet~~ 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. Together,~~ these strategies and policies [are intended](#) for ~~their~~ informational and advisory value ~~when collaborating with each other, or providing guidance~~ to the cities [and County](#), to special districts, [to](#) 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~~existing policies that accommodate future urban growth and 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~~developments at the project level for health and sustainability.

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

The County, its ~~fifteen~~15 cities, and the Santa Clara County Local Agency Formation Commission, (LAFCO), 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 a healthier mixes of uses can ~~best~~ be accomplished best 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, achieve greenhouse gas emission reduction goals, and coordinatedto coordinate 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. 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 growing need for ongoing innovation in urban design, which helps to create a sense of place and attractive, livable communities and built environments-that. Complete communities encourage active living, capitalizing on the area’s climate in Santa Clara County, one 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.~~
diversification of the urban environment.

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~~Adequate space for neighborhood-serving retail and community services within walking distance of the majority of residential areas.
- b. ~~active~~Active parks, plazas, paths and trails, urban forests, and open spaces.
- c. ~~community~~Community-serving uses such as childcare, educational facilities, and public facilities near ~~to~~ neighborhoods.
- d. ~~safe~~Safe and attractive pedestrian and bicycle connections between, and within, neighborhoods and nearby goods and services.
- e. ~~the development of diverse~~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~~ resulting from new urban ~~area development~~ projects, focused urban infill development, and intensification in 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~~Features should include short blocks, wide sidewalks, tree-shaded streets, and buildings that define attractive spaces and are appropriately 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, and 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~~ needs, wherever possible ~~in permitting new development.~~ Provide for alternative commute and transportation ~~modes~~ opportunities and make more efficient use of lands within employment ~~development~~ areas, including housing and mixed use 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~~ the elderly and adults with disabilities to remain active ~~within the community~~ and ~~to~~ reside in their ~~residence of choice~~ homes for as long as possible.

Strategy #3: Design and build new ~~development~~ developments 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 are 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~~tools.
- HE-C.16 **Healthy buildings.** Promote the use of building design principles for healthful living and working conditions ~~through, including~~ enhanced internal circulation, healthy building materials, design for universal accessibility, optimal 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~~designs, 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~~frequency in new development and area plans, path connectivity and route choices that encourage more walking and physical activity, ~~and~~along with 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~~with respiratory illnesses.

HE-C.21 **Public facilities siting and design.** Work with local jurisdictions, school districts, ~~the~~ County ~~agencies~~, and other public agencies to site and design public facilities as models for health, ~~with~~; design for walkable and accessible spaces, transit, ~~bike~~bicycle and pedestrian accessibility, inviting public spaces, and ~~sustainable design~~sustainability.

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, and operations,~~and transportation~~.

D. ACTIVE AND SUSTAINABLE TRANSPORTATION

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~~bicycle lanes, trails, and public transit to ~~commute~~travel to work, ~~go to or~~ school, run errands, and ~~complete numerous~~ other daily activities. However, ~~Santa Clara~~the County's transportation system was primarily developed between 1950 and 1980. ~~During this period of history~~ In that time, a number of factors, such as ~~increases in~~increased automobile ownership, suburban tract subdivisions, and cul-de-sac street design forms resulted in a transportation system ~~that was~~ chiefly designed for automobiles ~~with~~. Only limited consideration ~~was~~ given to other modes of travel, such as walking, biking, and public transit. Therefore, many people ~~today now~~ have ~~a limited number of transportation options~~, particularly ~~active transportation options such as walking or biking if they wish to walk or bicycle.~~

~~The existing conditions analysis revealed that in~~In many parts of the County, walking or ~~biking is simply not an~~bicycling isn't a practical option ~~as a result of, due to~~ 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, ~~such as in~~ Saratoga and Los Altos, 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 while~~ exhibiting high rates of vehicular, bicycle, and pedestrian collisions. ~~The existing conditions analysis~~Analysis also revealed that transit riders in Santa Clara County have longer average commutes than ~~transit riders~~those in the greater Bay Area, and longer commutes than those in the County who commute by automobile. More commuters ~~using in~~ Santa Clara County rely on the automobile than transit or other modes ~~in the County. Unsurprisingly, the County exhibits~~ of travel than in most of the region, while regional and local plans promote healthier, less sustainable and less healthy automobile-dependent 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,⁴⁶ 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 of the~~ middle-aged and elderly ~~populations and~~. It also improves cardiovascular fitness and reduces ~~cardiovascular~~ risk factors among working-age adults.⁴⁷ 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 ~~by motor vehicle~~ can significantly improve air quality ~~and~~, ~~promote~~ respiratory health, and reduce carbon emissions that contribute to climate change.⁴⁸ Finally, walking and ~~eyeling~~ ~~bicycling~~ are no- or low-cost ~~financial travel~~ options, saving money that individuals would otherwise spend on fuel and car expenses.⁴⁹

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 use public~~ transit ~~to work and for other trips~~ typically walk more per day than those who drive.⁵⁰ However, many ~~people~~ opt not to use transit, due to a lack of available routes, lack of frequent, reliable service to their ~~destination~~ ~~destinations~~, and increased travel times. For some, the cause may also be unfamiliarity with how to use public transportation, the need for flexibility given ~~ehildeare~~ ~~child-care~~ needs or ~~unpredictable and variable~~ ~~varied~~ 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~~ ~~improving~~ the transportation system ~~so that it accommodates to~~ ~~better accommodate~~ 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 to~~ ~~facilitate~~ all modes of travel, safely and efficiently, without prioritizing one mode of travel at the expense of ~~other modes~~ ~~others~~.

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 ~~options~~ 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~~ ~~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~~ 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~~ Since 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~~ 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.⁵¹ ~~This in~~ In turn ~~helps, these policies~~ contribute to improved air quality, increased physical activity, and decreased incidence and severity of vehicular, bicycle, and pedestrian collisions, ~~and generally healthier communities~~.^{52 53 54} In addition, Complete Streets and livable streetscapes aid vulnerable populations such as children, the elderly, and ~~the disabled~~ people with disabilities by providing different transportation choices and improved mobility. Many older Americans faced with mobility challenges are enabled to be more independently mobile, and independent, while children and ~~the disabled~~ those with disabilities benefit via safe walking and ~~biking~~ bicycling 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~~ Complete Streets concepts. The planning, design, and construction of all transportation projects should consider ~~complete~~

~~streets~~[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 [as soon as possible](#) 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 to close~~ gaps in road grid system, ~~and;~~ [expanding roadway capacity should happen](#) 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 [and reducing collisions](#) 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~~[control](#) 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~~[seat belt](#), and distracted driving laws, to reduce the number and severity of injuries and fatalities involving motor vehicles. ~~Also support~~[Support](#) advances in intelligent transportation systems

infrastructure (~~such as~~ pedestrian and bicycle adaptive signal operations to ensure safe crossings of wide roads like expressways, for example) and vehicle technology such as autonomous or semi-autonomous vehicles that reduce safety risks.

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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~~ Participation in ~~Federal~~ federal and ~~State~~ state programs, such as Safe Routes to Schools, can further create a robust active transportation environment. ~~All these~~ These efforts can help create a culture where ~~alternative modes~~ alternatives to automobile travel are ~~perceived to be~~ normal and desirable, particularly in a region where the climate is so conducive to walking and ~~biking~~ bicycling.

Policies:

- HE-D.7 **Pedestrian network.** Promote pedestrian planning and funding ~~efforts~~ to create a safe and convenient circulation system for pedestrians, including:
- ~~marked~~ Marked crosswalks and similar enhancements to ~~existing marked crosswalks;~~ pedestrian crossings.
 - ~~improved~~ Improved accessibility and connectivity between neighborhoods and commercial areas, including sidewalk gap reduction~~;~~.
 - ~~places~~ 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,
 - ~~amenities~~ Amenities that serve and attract pedestrians of all ages and abilities, including transit stop and facility improvements ~~that~~ to curb crime and vandalism.
- HE-D.8 **Bicycle network.** Support a more robust network of bicycle facilities ~~of multiple types~~ that safely facilitates ~~bicycling~~ biking for commuting,

school, shopping, and recreational trips by riders of all ages and levels of experience. Improvements may include:

- a. ~~facilities~~Facilities completely separated from vehicular traffic; (Class I trails) or ~~those~~ along low speed, low traffic roadways (bicycle boulevards, Class II lanes, and Class III routes).
- b. ~~additional~~Additional safety measures along heavily trafficked arterials, such as buffered bicycle lanes and colored lanes, as conditions allow.
- c. ~~minimum 4~~Minimum four-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.~~ Focus on ~~enhanced~~enhancing bicyclists' capabilities ~~and, increased~~ 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 ~~showers~~showers and ~~locker facilities~~lockers. Support the installation of full- and self-service ~~bike~~bicycle 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~~bicycle share ~~pilot~~program, 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~~bicycle corridors connecting major destinations and places of interest.

- HE-D.14 **Safe and active transportation for school-aged youth.** Promote walking, ~~biking~~bicycling, 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 ~~public~~ transit has traditionally served those unable to drive or afford personal transportation, equitable, convenient, and affordable service is especially important for those populations ~~but~~. It is also ~~important~~ 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 along with~~ rider comforts and amenities, can increase the appeal of public transit as a ~~transportation viable~~ option, ~~which in turn can~~ 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~~urban 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 ~~retail and~~ 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~~Coordinate and ~~collaboration~~collaborate 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: (PDAs).
- HE-D.19 **Transit to essential needs/services.** Promote collaboration with Valley Transportation Authority (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~~bicycle 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 ~~the~~ 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

Background

Physical activity has multiple benefits for ~~physical and mental~~ overall health. Researchers have found that physical activity reduces the risk of disease, and other health risks 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.^{55 56} Although Santa Clara County has been ranked as the third healthiest County in the state,⁵⁷ physical inactivity remains a problem among ~~for~~ 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% percent of fifth graders, 34% percent of seventh graders, and 44% percent of ninth graders meet physical fitness standards, with Hispanic/Latino and Black students being the least likely to be physically fit.⁵⁸ Only ~~25%~~ 57 percent of adults ~~in the County~~ meet CDC recommendations for “~~moderate~~ physical activity.”⁵⁹

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~~ increasing hours, and the development of culturally appropriate activities.⁶⁰ Adults and children with safe ~~and~~, easy access to ~~aesthetically~~ appealing, ~~conveniently located~~ convenient parks, playgrounds, trails, and recreation facilities are more likely to engage in regular physical activity.^{61 62 63} In addition, park users are more ~~likely~~ inclined to participate in higher levels of physical activity where there are various facilities such as ball courts ~~and~~, playgrounds, and amenities such as ~~bike~~ bicycle racks.⁶⁴

Children are more likely to be ~~physically~~ active outdoors than indoors,⁶⁵ and physical activity is ~~comparatively~~ more vigorous in outdoor settings.⁶⁶ Parks and green spaces also provide opportunities for contact with nature, ~~particularly in more densely populated urban settings~~. Proximity and proximity to green space ~~nature~~ is associated with health and a sense of well-being ~~and which~~ may reduce the frequency and severity of symptoms of Attention Deficit Hyperactivity Disorder in children.^{67 68}

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~~ park levels of ~~Services~~ service, with under ~~3~~three acres per 1,000 residents.⁶⁹ 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.⁷⁰ When surveyed, a lower percentage of Latinos (75%) ~~percent~~ than Whites (85%) ~~percent~~ reported having access to safe public indoor and outdoor exercise facilities in their neighborhood.⁷¹

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~~ bicycle paths, 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.⁷²

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, ~~the County~~, 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 as well as~~ 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~~ improved 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~~ important element is meeting residents' needs to quickly ~~and~~ safely, ~~and affordably~~ 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 impacts~~ specialized facilities and equipment for older adults and people with disabilities, ~~Enhance services in~~ underserved neighborhoods, and areas experiencing higher rates of chronic disease, ~~and~~ 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~~ their

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 ~~denser~~ 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~~for increasing public presence and safety ~~as well as improve, improving~~ maintenance, and ~~create~~creating new facilities. Space definition, lighting, and other strategic improvements, including signage along trails, are also important for increasing overall activity ~~levels among~~for the public.

The more ~~connected~~accessible parks, trails, and open spaces are ~~accessible~~to the public, the ~~greater likelihood of their use~~more likely they are to be used for ~~both~~ recreation and ~~commute purposes commuting~~. Public agencies can promote greater accessibility to parks and recreational ~~space~~areas 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~~to 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 maintenance~~. ~~Avoid~~ isolated, ~~indefensible~~ spaces where users ~~are made~~ could be 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 the current trail system and make needed improvements to connect trails in cities and unincorporated areas.
- HE-E.11 **Transit access.** Support efforts by the Santa Clara Valley Transportation Authority (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, the County, 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 participation and 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~~for the County's diverse populations.
- HE-E.17 **Innovative funding and ~~development~~incentive programs.** Explore innovative funding and development ~~concepts of incentive programs~~ with non-profit groups and large employers for increased physical activity, use of programs, and improved facilities.

F. HEALTHY EATING, FOOD ACCESS, AND SUSTAINABLE FOOD SYSTEMS

Background

Community health ~~are~~^{is} affected by many factors related to food, including healthy food ~~accessibility~~^{access} 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~~^{increasingly important} to public health. Improving our diets, nutrition, and exercise ~~will be~~^{are} critical ~~to~~^{for} ensuring ~~society's~~^{society's} long-term health goals ~~for society~~, including the ~~ability~~^{need} to manage costs associated with serious increases in diet-related chronic diseases such as diabetes.

The food system can be understood as ~~being comprised~~^{composed} 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 ~~throughby~~ a variety of venues and businesses. ~~A healthy food system~~^{It} 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~~

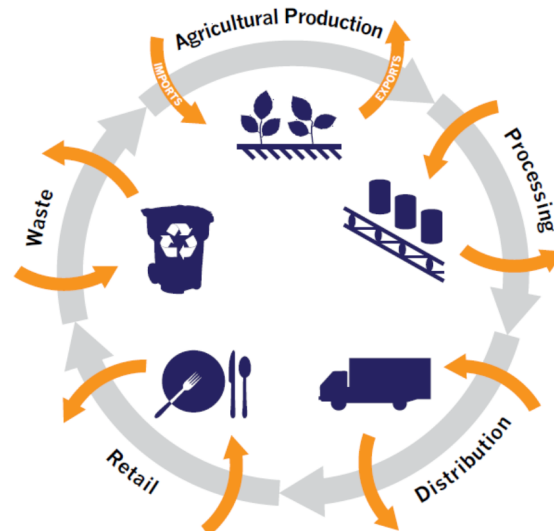


Figure 1: The Food System, from Locally Nourished: How a Stronger Regional Food System Improves the Bay Area (2013).
www.spur.org/files/spur-reports/SPUR_Locally_Nourished.pdf

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:

- **Strong traditions.** The County has a rich tradition of agriculture ~~and with~~ 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~~ an increasing 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 successful 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% percent of the County's remaining important farmland (17,000 acres of the 31,000), are at varying ~~risk~~ risks for conversion or development -- especially along Highway 101 between ~~the Cities of~~ San Jose, Morgan Hill, and Gilroy.
- **Economic barriers to food access.** ~~About~~ Among those living in poverty, 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% ~~percent~~ of all food retailers in the County are “healthy,” as defined by the Centers for Disease Control and used in the ~~modified~~ Modified Retail Food Environment Index (~~mRFEI~~ MRFEI) of the Existing Conditions Report, ~~due~~ partly due to the high percentage of ~~all fast food~~ restaurants that are fast food establishments, also referred to as quick serve restaurants. Jurisdictions offering the highest percentage of healthy retail food include ~~the Cities of~~ Los Altos (32% ~~percent~~), Milpitas (28% ~~percent~~), Saratoga (29% ~~percent~~), Palo Alto (22% ~~percent~~), Cupertino (21% ~~percent~~), and Mountain View (18% ~~percent~~).
- **Marketing and media influences.** Unhealthy food advertising inundates the media, particularly television. Combatting this barrage of information about fast food and diet choices requires effective education and strategies ~~targeted to~~ targeting families, ~~children and~~ young adults, and children.

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~~ integral 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.

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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~~ while supporting 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 backyards,~~ 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, U.S.,~~ and concerted efforts should be made to provide opportunities ~~to promote for~~ it.

Policies:

- HE-F.7 **Urban agriculture.** Support the expansion of various forms of urban agriculture, including home ~~gardens, and~~ 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, at~~ 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~~ 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~~ 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 ~~less healthy options, such as~~ 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/~~after school~~ after school 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 to~~ 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~~ supported 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~~ and food insecurity, ~~and strengthen community partnerships.~~

HE-F.19 **Older adult nutritional needs.** Support efforts to ~~ensure~~ meet the nutritional needs of older adults ~~are met~~, especially for the isolated or ill, ~~improving~~; improve 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~~ refers to a fuller, more holistic understanding of the impact our food choices ~~and origins~~ make on our 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 more 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~~ as infants.

[grow and develop](#). Encourage and assist businesses and [cities](#)[local governments](#) in creating breastfeeding friendly workplaces.

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~~ pollutants 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~~ It can damage the cardiovascular and pulmonary systems and contribute to chronic and acute health impacts, such as asthma, ~~and~~ 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 (O₃), carbon monoxide (CO), sulfur dioxide (SO₂), nitrogen dioxide (NO₂), lead (Pb), and particulate matter (PM) – ~~which were all~~ identified as being particularly dangerous to human health. Since ~~that time~~ then, these criteria pollutants, as they have become commonly known through the documentation on which they were based at the time, have been reduced by more than half in the Bay Area.ⁱ 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 region’s pollutant levels are 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~~ state and ~~Federal~~ 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 2012.⁷³ Air pollution concentrations

ⁱ 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.

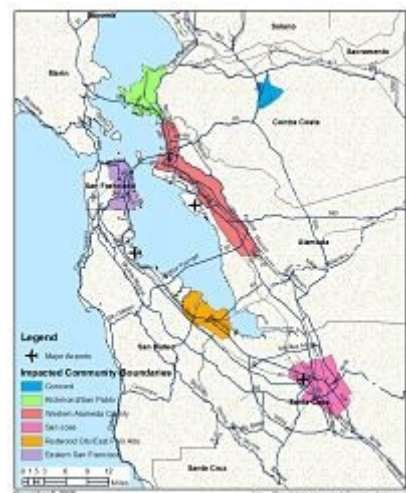
are often worse in lower-income neighborhoods, which are more likely to be located near freeways, other major roadways, and industrial sites.

The majority of the Most health effects of air pollution are due to ozone and particulate matter.⁷⁴ High levels of ozone are associated with diminished lung function, increased frequencies of asthma attacks, sensitivity to allergens, and premature mortality,^{75 76 77} particularly in people for those who are physically active outdoors, including children, outdoor workers, and athletes.⁷⁸ Particulate matter can cause have a wide range of health effects, such as including 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 improved 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 an average of six months.⁷⁹ 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 (BAAQMD, also referred to as the 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~~ more instances of extreme heat and storm events, higher storm surges, reduced snowpack, ~~more frequent~~ longer droughts, an increase in wildfires, and sea-level rise.⁸⁰ 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%~~ percent of the population of Santa Clara County had high social vulnerability to the effects of climate change.⁸¹

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%~~ percent of regional housing needs in Priority Development Areas (PDA's).

Temperature projections show a warming trend across the ~~San Francisco~~ Bay Area ~~over~~ for the rest of the ~~21st~~ century.⁸² 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 2050.⁸³ 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.⁸⁴

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.⁸⁵ 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~~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 Californiaa 2006~~ 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.⁸⁶

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~~.^{87 88} 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 ~~the 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~~forests, 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,⁸⁹ resulting in a significant increase in the number of days that exceed the ~~8~~eight-hour regulatory standard for ozone concentrations.⁹⁰ Between now and 2050, air quality scenarios suggest ~~that~~ increased ozone levels related to climate change may offset at least ~~ten~~10 years of ozone emissions control efforts in the Bay Area.⁹¹

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~~.⁹² Projections suggest ~~that~~ wildfire risk will increase across much of the ~~San Francisco Bay Area~~ and Santa Clara County.⁹³ Wildfires can cause ~~ambient concentrations of~~ ozone and particulate matter levels 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.⁹⁴ 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.⁹⁵

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%~~percent~~, with personal passenger vehicles accounting for 79%~~percent~~ of the total.⁹⁶ In Santa Clara County the transportation sector accounts for 42%~~percent~~ 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%~~percent~~ 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~~~~examines~~ the potential consequences of this exposure, and ~~develop~~~~develops~~ 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.⁹⁷ Warmer temperatures and ~~increased~~~~more~~ precipitation are linked to increased pollen production for many types of ~~treetrees~~ and ~~grass-species~~~~grasses~~.⁹⁸ Rising pollen levels and longer ~~pollen~~ seasons increase allergic sensitivity and asthma episodes,⁹⁹ ¹⁰⁰ decreasing economic productivity and increasing the number of school days missed each year.¹⁰¹ 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.¹⁰² Extreme precipitation events and higher temperatures may also encourage growth of indoor mold and fungi, which may increase respiratory and asthma issues.¹⁰³

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.¹⁰⁴ 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 ~~contamination~~ 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.¹⁰⁵

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.¹⁰⁶ Forebay levees, baylands, and similar low-lying areas may be affected by sea level rise, such as ~~salt waters~~~~saltwater~~ 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~~~~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.¹⁰⁷

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 ~~offrom~~ active transportation in the ~~San Francisco~~ Bay Area found ~~that active transportit~~ has the potential to substantially lower ~~both~~ the burden of disease and carbon emissions.¹⁰⁸ Land use and urban design that places housing near services, businesses, and transit ~~andwith~~ increases ~~in~~ green spaces and community gardens ~~in urban environments~~ could also increase access to healthy foods and build neighborhood cohesion.¹⁰⁹

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~~more 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~~Area.

Policies:

- HE-G.1 **Air quality environmental review.** Continue to utilize and comply with the ~~Bay Area Air Quality Management District (Air District)~~District's 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 to~~ 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~~receptor uses, such as residential ~~uses~~areas, 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~~generation renewable energy, 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~~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 ~~as~~ seniors, people living in poverty ~~and, those~~ 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, ~~and~~ 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, ~~the~~ Public Health Department, and other ~~Statestate~~ 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~~food-borne, water-borne 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~~food-borne, and ~~waterborne~~water-borne 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~~more 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~~every city ~~and in~~ 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.

H. HEALTHY HOUSING

Background

Housing can significantly affect individual and community health, directly and indirectly. Over time, the ~~nexus~~connection between health and housing has become ~~better and~~ more fully understood, ~~such that to an extent~~ 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 over~~ 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, ~~and~~ abatement regulations, ~~and focus~~. Another increasing concern is indoor air quality ~~such as~~ from secondhand smoke and other toxics, and proximity to significant ~~generator~~sources 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 their close~~ proximity to freeways, major roads, or other similar sources.

High housing costs also ~~have indirect impacts, reducing~~reduce disposable income, ~~leaving less~~ available for preventive 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~~pay higher ~~personal~~ transportation costs. ~~High housing~~ 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, 75 percent, and the 7th largest homeless population of all major cities or metropolitan areas.¹¹⁰ 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~~increased 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, ~~and~~ 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 #1: Acknowledge the significance of health impacts from housing conditions, supply, and affordability.***~~

Strategy #2: Inventory and improve housing and neighborhood-level conditions, ~~the~~ quality ~~thereof~~, 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.

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

Housing elements and [related](#) planning focus largely on [overall housing](#) 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 jurisdictionan area](#) 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~~[in](#) 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, [the quality thereof](#), 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~~[monitor](#) 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~~ innovation in housing ~~types and land use~~ than traditional single-family ~~residential~~ residences or apartments. With an aging population and increasing ~~numbers of~~ single-person households, cities can benefit from housing ~~forms~~ that ~~promote~~ promotes social engagement and cohesion, ~~reduce~~ reduces isolation, ~~integrate~~ integrates universal design, and ~~that build~~ builds 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~~ appropriated wellings in

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~~cultivating rental and ~~homeownership~~home-ownership opportunities, ~~enhancing~~the~~increasing~~ 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 a~~ continuing ~~problems~~problem 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 as~~well as transit, and design housing to blend with existing neighborhoods and nearby land uses. Focus on supportive housing to meet the integrated needs of ~~the~~ homeless ~~populations~~population.
- 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

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.¹¹¹ ~~Homicide and~~ is the leading cause of death for young black men.¹¹² Homicide is the third-leading cause of death for youth aged 10-24 years, and ~~every day~~ 13 young people are victims of homicide, ~~daily~~. Significant consequences of non-fatal violence include injuries and disabilities, mental health and behavioral consequences, reproductive health ~~consequences, issues, and~~ other health ~~consequences~~ ~~repercussions~~, in addition to the impact of violence on the social fabric.¹¹³ The economic burden of violence in 2010 totaled \$70.4 billion (\$70.1 billion in work loss costs and \$335 million in medical treatment).¹¹⁴ In 2010, the combined cost from ~~just~~ medical care and lost work due to homicide among youth aged 10-24 years was estimated ~~to be~~ \$18.1 billion nationally.¹¹⁵

Violence and related trauma ~~aeross the lifespan~~ ~~at all ages~~ takes many forms in the community. At the earliest ~~stages~~ ~~stage~~, child maltreatment and bullying can occur. Into adolescence, gang activity, cyber-bullying and dating violence may be present. Throughout adulthood, ~~violence can affect~~ intimate ~~partner violence, partners, the~~ community ~~violence~~, and ~~elder~~ ~~the elderly, through~~ 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 ~~aeross in~~ population subgroups are ~~stark~~ ~~startling~~ 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 indicate~~ women are more likely to be physically abused by ~~an~~ intimate ~~partner~~ ~~partners~~ than are men. ~~Men; males~~ are ~~much~~ more likely ~~prone~~ to ~~perpetrate~~ violence and ~~to~~ experience a violence-related death. ~~African Americans, Latinos, and youth/young adults are disproportionately impacted by violence.~~ ~~Bullying and bullying~~ remains a concern for students, parents, and schools ~~in Santa Clara County~~.¹¹⁶

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 ~~can also can~~ have a broader impact on the entire community. Fear about safety at home and in the community can lead to chronic stress.¹¹⁷ Witnessing and experiencing community violence causes longer-term behavioral and emotional problems in youth.¹¹⁸ When children or adolescents are victims of violence, the experience can affect their scholastic achievement,¹¹⁹ and it can

limit their overall success as an adult.¹²⁰ 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.¹²¹

There is ~~not just one~~ no single cause of violence or one solution to prevent it. A growing body of research indicates ~~that~~ violence is influenced by ~~a combination of many~~ 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~~ In relationships, peer delinquency, parental conflict, and lack of monitoring and supervision are associated with violence. At the community level, ~~at the~~ 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 and media influences~~ are also associated with varying levels of violence.

Violence is not inevitable. It can be prevented, and its ~~impact~~ impacts reduced. The factors that contribute to violent responses – whether ~~they are factors~~ those of attitude and behavior or related to larger social, economic, political and cultural conditions – can be changed.¹²² 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, ~~and~~ knives ~~and pesticides~~; promoting gender equality; changing cultural norms that support violence; and ensuring victim identification, care, and support.¹²³ The Centers for Disease Control and Prevention has summarized a series of best practice actions to prevent youth violence.¹²⁴

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~~Promote healthy relationships.

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~~models and the use of the business improvement ~~district~~districts to reduce violence and crime in affected neighborhoods.

HE-I.2 **Density and location of alcohol sales outlets 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 the 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~~to 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~~~~affected~~ by crime and violence, through neighborhood-based strategies ~~that engage~~~~to engage~~ 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 economi~~~~work~~ 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~~~~Re-entry~~ 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~~~~exposure~~ to trauma ~~contribute~~~~contributes~~ significantly to ~~both~~ behavioral and physical illness ~~and, along with~~ adverse outcomes over a lifetime. Trauma, particularly abuse, also correlates to

future behaviors and [the](#) potential to inflict similar ~~experiences on~~ [violence against](#) 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~~ [Promote healthy relationships](#).

~~Intimate partner~~ [Healthy relationships are fundamental to physical and emotional well-being. Within intimate partner relationships,](#) 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~~ [homes](#) and communities. Victims, and those who witness dating or domestic abuse, can experience anger and stress, ~~and while~~ persistent exposure can lead to poor health outcomes over ~~the lifespan~~ [a lifetime](#).

- 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 [and dating](#) 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 to~~ promote healthy relationships and discourage

abusive behaviors. [Support comprehensive school-based policies and training for middle- and high-school personnel to prevent and respond to dating violence.](#) 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~~[realized](#) 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 [isolation](#), reduced ~~social~~ interaction or opportunities for exposure. With ~~the an~~ aging ~~of the~~ population, increased attention and prevention efforts are needed to prevent and reduce elder ~~abuses~~[abuse](#) 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 [the prevalence of](#) elder abuse ~~prevalence~~ and [its](#) 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.

WORKS CITED

- ¹ National Institutes of Health. (2014, December 30). Health Disparities. In *Medline Plus*. Retrieved from <http://www.nlm.nih.gov/medlineplus/healthdisparities.html>
- ² World Health Organization. (2015). Social determinants of health. Retrieved from http://www.who.int/social_determinants/sdh_definition/en/
- ³ Virginia Department of Health. (2013, March 3). What is Health Inequity? Retrieved from <http://www.vdh.virginia.gov/OMHHE/healthequity/unnaturalcauses/healthequity.htm>
- ⁴ Robert Wood Johnson Foundation. (2014). 2014 County Health Rankings Data Retrieved from <http://www.countyhealthrankings.org/rankings/data>
- ⁵ Insight Center for Community and Economic Development. (2014). Self Sufficiency Standard for California. Retrieved from <http://www.insightcced.org/calculator.html>
- ⁶ Olshansky, S. J., Antonucci, T., Berkman, L., Binstock, L., Boersch-Supan, A., Cacioppo, J.T., ...Rowe, J. (2012). Differences in Life Expectancy Due to Race and Educational Differences Are Widening, And Many May Not Catch Up. *Health Affairs*, 31(8).
- ⁷ County of Santa Clara. (2013). Community Health Existing Conditions Report. Retrieved from http://www.sccgov.org/sites/planning/PlansPrograms/GeneralPlan/Health/Documents/SCC_Existing_Health_Conditions_FINAL_May_2013.pdf
- ⁸ County of Santa Clara. (2013). Community Health Existing Conditions Report. Retrieved from http://www.sccgov.org/sites/planning/PlansPrograms/GeneralPlan/Health/Documents/SCC_Existing_Health_Conditions_FINAL_May_2013.pdf
- ⁹ Centers for Disease Control and Prevention. (2014, May 9). Chronic Disease and Health Promotion. Retrieved from <http://www.cdc.gov/chronicdisease/overview/index.htm>
- ¹⁰ County of Santa Clara. (2013). Community Health Existing Conditions Report. Retrieved from http://www.sccgov.org/sites/planning/PlansPrograms/GeneralPlan/Health/Documents/SCC_Existing_Health_Conditions_FINAL_May_2013.pdf
- ¹¹ County of Santa Clara. (2010). Santa Clara County 2010 Health Profile Report, 81-82. Retrieved from http://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/SCC_Health_Profile_Report_online_final.pdf
- ¹² Santa Clara County Public Health Department. (2012). Roadmap to a Healthier Future: A Strategic Plan, 2012-2015., 18. Retrieved from http://www.sccgov.org/sites/sccphd/en-us/AboutUs/Documents/SCCPHD_StrategicPlan.pdf
- ¹³ Santa Clara County Public Health Department. (2011). Tobacco Use in Santa Clara County, 2. Retrieved from http://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/Tobacco/Tobacco%20Use%20in%20Santa%20Clara%20County%20110612_FINAL.pdf
- ¹⁴ Santa Clara County Public Health Department. (2011). Tobacco Use in Santa Clara County, 4. Retrieved from http://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/Tobacco/Tobacco%20Use%20in%20Santa%20Clara%20County%20110612_FINAL.pdf
- ¹⁵ Santa Clara County Public Health Department. (2013). Status of LGBTQ Health, Santa Clara County 2013, 40. Retrieved from <http://www.sccgov.org/>

Health Element – Works Cited

- ¹⁶ Santa Clara County Executive's Office of Budget and Analysis. (2012). Santa Clara County Fiscal Year 2013 Final Budget. Retrieved from http://www.sccgov.org/sites/scc/countygovernment/Documents/FY2013_Final_Budget.pdf
- ¹⁷ U.S. Department of Health and Human Services, Healthcare Research and Quality. (2012). National Healthcare Disparities Report. Retrieved from <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr11/qdrdr11.html>
- ¹⁸ Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. (2011). Behavioral Risk Factor Surveillance System Prevalence and Trends Data [Data file]. Retrieved from <http://apps.nccd.cdc.gov/brfss/>
- ¹⁹ California Department of Health Services. (2014). Covered California, Individuals Enrolled from October 1, 2013, through March 31, 2014, with Subsidy Status, Across Region. Retrieved from http://www.coveredca.com/news/PDFs/regional-stats-march/March_RegionalEnrollmentTables_forWeb_ss.pdf
- ²⁰ U.C. Berkeley Labor Center. (2012). Remaining Uninsured in California under the Affordable Care Act: Regional and County Estimates. Retrieved from http://laborcenter.berkeley.edu/healthcare/aca_fs_uninsured.pdf
- ²¹ County of Santa Clara. (2010). Santa Clara County 2010 Health Profile Report, 46. Retrieved from http://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/SCC_Health_Profile_Report_online_final.pdf
- ²² Santa Clara County Board of Supervisors. (2012). Seniors Agenda: A Quality of Life Assessment. Retrieved from http://www.sccgov.org/sites/ssa/Department%20of%20Aging%20-%20Adult%20Services/Documents/2012_04_quality_of_life.pdf
- ²³ California's Alzheimer's Disease State Plan Task Force. (2010). California's State Plan for Alzheimer's Disease: An Action Plan for 2011-2021. Retrieved from <http://www.cdph.ca.gov/programs/alzheimers/Documents/California%27s%20State%20Plan%20for%20AD.pdf>
- ²⁴ Alameda County Public Health Department. (2008). Life and Death from Unnatural Causes: Health and Social Inequity in Alameda County. Retrieved from <http://www.acphd.org/media/53628/unnatcs2008.pdf>
- ²⁵ Adler, N., Stewart J., Cohen S., Cullen M., Roux Diez A., Dow W., ...Williams, D. (2007). Reaching for a Healthier Life: Facts on Socioeconomic Status and Health in the United States. The John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health. Retrieved from: http://www.macses.ucsf.edu/downloads/reaching_for_a_healthier_life.pdf
- ²⁶ ~~Corrigan, P., & Watson, A. (2002). Understanding the Impact of Stigma on People with Mental Illness. *World Psychiatry*, 1(1), 16–20. PMID: PMC1489832.~~
- ²⁷ ~~Corrigan, P., & Watson, A. (2002). Understanding the Impact of Stigma on People with Mental Illness. *World Psychiatry*, 1(1), 16–20. PMID: PMC1489832.~~
- ²⁸ Raimi + Associates. (2012). *2012 Quality of Life Survey Report, Santa Clara County, California: A report to inform the County of Santa Clara's General Plan Health Element*. Retrieved from http://www.sccgov.org/sites/planning/PlansPrograms/GeneralPlan/Health/Documents/HealthElement_QualityOfLife_Surveyreport.pdf
- ²⁹ Marmot, M. (2002). The Influence of Income on Health: Views of an Epidemiologist. *Health Affairs*, 21(2), 31-46. Retrieved from <http://content.healthaffairs.org/content/21/2/31.full.html>

Health Element – Works Cited

- ³⁰ Substance Abuse and Mental Health Services Administration. (2014). Mayors' Resource Guide on Behavioral Health Issues, 4. Retrieved from <http://store.samhsa.gov/shin/content//PEP14-MAYORSRG/PEP14-MAYORSRG.pdf>
- ³¹ Santa Clara Valley Health and Hospital System, Mental Health Department and Department of Alcohol and Drug Services. (2014). Integration Plan for a New Department of Behavioral Health Services. Retrieved from http://www.sccgov.org/sites/mhd/AboutUs/LearningPartnershipDivision/Documents/BH%20integration/BH%20Integration%20Plan_Final_012014%20to%20BOS.pdf
- ³² National Institute on Drug Abuse. (2014). DrugFacts: Prescription and Over-the-Counter Medications. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/prescription-over-counter-medications>
- ³³ National Highway Traffic Safety Administration. (2014). Fatal Crashes and Percent Alcohol-Impaired Driving, by Time of Day and Crash Type, USA, 2012. [Data file]. Retrieved from <http://www-fars.nhtsa.dot.gov/Crashes/CrashesAlcohol.aspx>
- ³⁴ Santa Clara Valley Health and Hospital System, Mental Health Department and Department of Alcohol and Drug Services. (2014). Integration Plan for a New Department of Behavioral Health Services. Retrieved from http://www.sccgov.org/sites/mhd/AboutUs/LearningPartnershipDivision/Documents/BH%20integration/BH%20Integration%20Plan_Final_012014%20to%20BOS.pdf
- ³⁵ Centers for Disease Control and Prevention. (2011). Smoking and Tobacco Use Fact Sheets. Retrieved from www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm
- ³⁶ SAMHSA-HRSA Center for Integrated Health Solutions. (2014). Retrieved from <http://www.integration.samhsa.gov/health-wellness/wellness-strategies/tobacco-cessation-2>
- ³⁷ Centers for Disease Control and Prevention. (2009). National Suicide Statistics at a Glance. Retrieved from http://www.cdc.gov/violenceprevention/suicide/statistics/leading_causes.html
- ³⁸ Centers for Disease Control and Prevention. (2011). Suicidal Thoughts and Behaviors Among Adults Aged ≥18 years—United States, 2008–2009. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6013a1.htm?s_cid=ss6013a1_e
- ³⁹ Ilgen, M., & Kleinberg, F. (2011). The Link between Substance Abuse, Violence, and Suicide. *Psychiatric Times*, 28, 25-27. Retrieved from: <http://www.psychiatrictimes.com/substance-use-disorder/link-between-substance-abuse-violence-and-suicide>
- ⁴⁰ Santa Clara County Suicide Prevention Advisory Committee. (2010). Giving People Help and Hope, Suicide Prevention Strategic Plan, 17. Retrieved from http://www.sccgov.org/sites/mhd/Providers/SuicidePrevention/Documents/Suicide-Prevention-Strategic-Plan-Final-Draft-for-BOS-_5_.pdf
- ⁴¹ Santa Clara County Suicide Prevention Advisory Committee. (2010). Giving People Help and Hope, Suicide Prevention Strategic Plan, 17. Retrieved from http://www.sccgov.org/sites/mhd/Providers/SuicidePrevention/Documents/Suicide-Prevention-Strategic-Plan-Final-Draft-for-BOS-_5_.pdf
- ⁴² Substance Abuse and Mental Health Services Administration. (2013). Violence and Mental Illness: The Facts. Retrieved from <http://promoteacceptance.samhsa.gov/publications/facts.aspx>
- ⁴³ Substance Abuse and Mental Health Services Administration. (2013). Violence and Mental Illness: The Facts. Retrieved from <http://promoteacceptance.samhsa.gov/publications/facts.aspx>

- 44 Appleby, L., Mortensen, P. B., Dunn, G., & Hiroeh, U. (2001). Death by homicide, suicide, and other unnatural causes in people with mental illness: a population-based study. *The Lancet*, 358, 2110-2112.
- 45 Substance Abuse and Mental Health Services Administration. (2014). Mayors' Resource Guide on Behavioral Health Issues, 4. Retrieved from <http://store.samhsa.gov/shin/content//PEP14-MAYORSRG/PEP14-MAYORSRG.pdf>
- 46 Oja, P., Titze, S., Bauman, A., de Gues, B., Krenn, P., Reger-Nash, B., & Kohlberger, T. (2011). Health Benefits of Cycling: A Systematic Review. *Scandinavian Journal of Medicine and Science in Sports*, 12(4), 496-509. DOI: 10.1111/j.1600-0838.2011.01299.x
- 47 Centers for Disease Control and Prevention. (2001). Increasing Physical Activity: A Report on Recommendations of the Task Force on Community Preventive Services. In *Morbidity and Mortality Weekly Report*, 50(RR18), 1-16. Retrieved from <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5018a1.htm>
- 48 Oja, P., Titze, S., Bauman, A., de Gues, B., Krenn, P., Reger-Nash, B., & Kohlberger, T. (2011). Health Benefits of Cycling: A Systematic Review. *Scandinavian Journal of Medicine and Science in Sports*, 12(4), 496-509. DOI: 10.1111/j.1600-0838.2011.01299.x
- 49 Rails-to-Trails Conservancy. (2008). Active Transportation for America: The Case for Increased Federal Investment in Bicycling and Walking. Retrieved from <http://www.railstotrails.org/resourcehandler.ashx?id=2948>
- 50 Besser, L.M., and Dannenberg, A.L. (2005). Walking to Public Transit: Steps to Help Meet Physical Activity Recommendations. *American Journal of Preventive Medicine*, 29(4), 273-80.
- 51 Litman, T. (2010). Evaluating Public Transportation Health Benefits. Victoria Transport Policy Institute for the American Public Transportation Association. Retrieved from http://www.apta.com/resources/reportsandpublications/Documents/APTA_Health_Benefits_Litman.pdf
- 52 Kim, J. J., Smorodinsky, S., Lipsett, M., Singer, B.C., Hodgson, A.T., & Ostro, B. (2004). Traffic-related Air Pollution near Busy Road: The East Bay Children's Respiratory Health Study. *American Journal of Respiratory and Critical Care Medicine*, 170(5), 520-526.
- 53 Daisa, J. M., & Peers, J. B. (2010). Narrow Residential Streets: Do They Really Slow Down Speeds? Institute of Transportation Engineers. Retrieved from <http://www.ite.org/traffic/documents/AHA97F46.pdf>
- 54 Anderson, R. W., McLean, A.J., Farmer, M.J., Lee, B.H., & Brooks, C.G. (1997). Vehicle Travel Speeds and the Incidence of Fatal Pedestrian Crashes. *Accident Analysis and Prevention*, 29(5), 667-674.
- 55 Centers for Disease Control and Prevention. (2014). Facts about Physical Activity. Retrieved from <http://www.cdc.gov/physicalactivity/data/facts.html>
- 56 Centers for Disease Control and Prevention. (2011). Physical Activity and Health: The Benefits of Physical Activity. Retrieved from <http://www.cdc.gov/physicalactivity/everyone/health/index.html>
- 57 University of Wisconsin Population Health Institute. (2013). County Health Rankings, 2013. Retrieved from http://www.countyhealthrankings.org/sites/default/files/states/CHR2013_CA_o.pdf
- 58 California Department of Education. (2014). 2013-14 California Physical Fitness Report – Overall Meeting Healthy Fitness Zone Summary of Results for Santa Clara County [Data file]. Retrieved from <http://data1.cde.ca.gov/dataquest/page2.asp?Level=County&submit1=Submit&Subject=FitTest>

- 59 ~~UCLA Center for Health Policy Research. (2015). 2009 California Health Interview Survey, Moderate physical activity at least 30 min/day, 5 days/wk (including walking), Adults in Santa Clara County [Data file]. Retrieved from <http://ask.chis.ucla.edu/>. Santa Clara County Public Health Department (2013). Obesity, Physical Activity and Nutrition in Santa Clara County, p. 9. Retrieved from: http://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/Obesity%202014/Obesity%20report%20final_4.15.14.pdf~~
- 60 Institute of Medicine. (2009). Local Government Actions to Prevent Childhood Obesity, Report Brief. Retrieved from <http://www.iom.edu/~media/Files/Report%20Files/2009/ChildhoodObesityPreventionLocalGovernments/local%20govts%20obesity%20report%20brief%20FINAL%20for%20web.ashx>
- 61 Kaczynski, A.T., & Henderson, K. (2007). Environmental Correlates of Physical Activity: A Review of Evidence about Parks and Recreation. *Leisure Sciences*, 29(4), 315-354. DOI: 10.1080/01490400701394865
- 62 Babey, S., Wolstein, J., Krumholz, S., Robertson, B., & Diamant. (2013). Physical Activity, Park Access and Park Use Among California Adolescents. UCLA Center for Health Policy Research. Retrieved from <http://healthpolicy.ucla.edu/publications/Documents/PDF/parkaccesspb-mar2013.pdf>
- 63 Roemmich, J., Epstein, L., Raja, S., Yin, L., Robinson, J., & Winiewicz, D. (2006). Association of Access to Parks and Recreational Facilities with the Physical Activity of Young Children. *Preventive Medicine*, 43(6), 437-441. DOI:10.1016/j.ypmed.2006.07.007
- 64 Kaczynski, A.T., Potwarka, L.R., & Saelens, B.E. (2008). Association of Park Size, Distance, and Features with Physical Activity in Neighborhood Parks. *American Journal of Public Health*, 98(8): 1451-1456. DOI: 10.2105/AJPH.2007.129064
- 65 Cooper, A.R., Page, A.S., Wheeler, B.W., Hillsdon, M., Griew, P., & Jago, R. (2010). Patterns of GPS Measured Time Outdoors After School and Objective Physical Activity in English Children: the PEACH Project. *The International Journal of Behavioral Nutrition and Physical Activity*, 7(31), DOI: 10.1186/1479-5868-7-31
- 66 Dolinsky, D., Namenek Brouwer, R., Evenson, K., Siega-Riz, A.M., & Østbye, T. (2011). Correlates of Sedentary Time and Physical Activity Among Preschool-aged Children. *Preventing Chronic Disease*, 8(6).
- 67 Maas, J., Verheij, R., Groenewegen, P., de Vries, S., & Spreeuwenberg, P. (2006). Green Space, Urbanity, and Health: How Strong is the Relation? *Journal of Epidemiology and Community Health*, 60(7): 587-592.
- 68 Faber Taylor, A., Kuo, F., & Sullivan, W. Coping with ADHD: The Surprising Connection to Green Play Settings. *Environment and Behavior*, 33(1): 54-77. DOI: 10.1177/00139160121972864
- 69 Raimi + Associates. (May 2013). Community Health Existing Conditions Report: For the County of Santa Clara General Plan Health Element
- 70 Raimi + Associates. (May 2013). Community Health Existing Conditions Report: For the County of Santa Clara General Plan Health Element
- 71 California Department of Public Health. (2011). California Dietary Practices Survey, Santa Clara County sample, 2011 [Data file].
- 72 Biswas, A., Oh, P., Faulkner, G., Bajaj, R., Silver, M., Mitchell, M., & Alter, D. (2015). Sedentary Time and Its Association with Risk for Disease Incidence, Mortality, and Hospitalization in Adults. *Annals of Internal Medicine* 162(2), 123-132. doi:10.7326/M14-1651

- 73 The American Lung Association. (2014). State of the Air, 2014. Retrieved from <http://www.stateoftheair.org/2014/states/california/>
- 74 Silva, R., West, J., Zhang, Y., Anenberg, S., Lamarque, J.F., Shindell, D., ...Folberth, G. Global Premature Mortality Due to Anthropogenic Outdoor Air Pollution and the Contribution of Past Climate Change. *Environmental Research Letters*, 8(3). DOI:10.1088/1748-9326/8/3/034005
- 75 Kampa, M., Castanas, E. (2008). Human Health Effects of Air Pollution. *Environmental Pollution*, 151(2), 362-367. DOI:10.1016/j.envpol.2007.06.012
- 76 Kinney, P. (2008). Climate Change, Air Quality, and Human Health. *American Journal of Preventive Medicine*, 35(5), 459-467. DOI: <http://dx.doi.org/10.1016/j.amepre.2008.08.025>
- 77 Post, E., Granbsch, A., Weaver, C., Morefield, P., Huang, J., Leung, L., ...Mahoney, H. (2012). Variation in Estimated Ozone-Related Health Impacts of Climate Change due to Modeling Choices and Assumptions. *Environmental Health Perspectives*, 120(11), 1559-1564. DOI: 10.1289/ehp.1104271
- 78 California Environmental Protection Agency, Air Resources Board. (2008). Facts about Ozone and Health. Retrieved from <http://www.arb.ca.gov/research/aaqs/caaqs/ozone/ozone-fs.pdf>
- 79 Bay Area Air Quality Management District. (2010). Bay Area 2010 Clean Air Plan, September 2010. Retrieved from <http://www.baaqmd.gov/~media/Files/Planning%20and%20Research/Plans/2010%20Clean%20Air%20Plan/CAP%20Volume%20I%20%20Appendices.ashx>
- 80 California Emergency Management Agency. (2012). California Adaptation Planning Guide: Planning for Adaptive Communities, 3-4.
- 81 Cooley, H., Moore, E., Heberger, M., & Allen, L. (2012). Social Vulnerability to Climate Change in California, 25. Retrieved from http://www.pacinst.org/wpcontent/uploads/2013/02/full_report31.pdf
- 82 Ekstrom, J., & Moser S. (2012). Climate Change Impacts, Vulnerabilities, and Adaptation in the San Francisco Bay Area, 19.
- 83 California Climate Action Team, Public Health Workgroup. (2013). Preparing California for Extreme Heat: Guidance and Recommendations, 4.
- 84 Center for Disease Control and Prevention. Climate Change and Extreme Heat Events, p. 4. Retrieved from <http://www.cdc.gov/climateandhealth/pubs/ClimateChangeandExtremeHeatEvents.pdf>
- 85 Ekstrom, J., & Moser S. (2012). Climate Change Impacts, Vulnerabilities, and Adaptation in the San Francisco Bay Area, 11.
- 86 Knowlton, K., Rotkin-Ellman, M., King, G., Marqolis, H., Smith, D., Solomon, G., Trent, R., & English, P. The 2006 California Heat Wave: Impacts on Hospitalizations and Emergency Department Visits. *Environmental Health Perspectives*, 117(1), 61-67. DOI: 10.1289/ehp.11594
- 87 California Climate Action Team, Public Health Workgroup. (2013). Preparing California for Extreme Heat: Guidance and Recommendations, 4.
- 88 Reid, C., O'Neill, M., Gronlund, C., Brines, S., Brown, D., Diez-Roux, A., & Schwartz, J. Mapping Community Determinants of Heat Vulnerability. *Environmental Health Perspectives*, 117(11), 1730-1736. DOI: 10.1289/ehp.0900683
- 89 Environmental Protection Agency. (2009). Assessment of the Impacts of Global Change on Regional U.S. Air Quality: A Synthesis of Climate Change Impacts on Ground-Level Ozone. An Interim Report of the U.S. EPA Global Change Research Program, Washington, DC.

- ⁹⁰ Bell, M., Goldberg, R., Hogrefe, C., Kinney, P., Knowlton, K., Lynn, B., ...Patz, J. (2007). Climate Change, Ambient Ozone, and Health in 50 U.S. Cities. *Climatic Change*, 82, 61-76. DOI:10.1007/s10584-006-9166-7
- ⁹¹ Bay Area Air Quality Management District. (2010). Bay Area 2010 Clean Air Plan, September 2010. Retrieved from <http://www.baaqmd.gov/~media/Files/Planning%20and%20Research/Plans/2010%20Clean%20Air%20Plan/CAP%20Volume%20I%20%20Appendices.ashx>
- ⁹² California Environmental Protection Agency. (2013). Indicators of Climate Change in California, p. v.
- ⁹³ Ekstrom, J., & Moser S. (2012). Climate Change Impacts, Vulnerabilities, and Adaptation in the San Francisco Bay Area, 24.
- ⁹⁴ Wegesser, T., Pinkerton, K., & Last, J. (2009). California Wildfires of 2008: Coarse and Fine Particulate Matter Toxicity. *Environmental Health Perspectives*, 117(6), 893-897. DOI: 10.1289/ehp.0800166
- ⁹⁵ Delfino, R., Brummel, S., Wu, J., Stern, H., Ostro, B., Lipsett, M., ...Gillen, D. (2008). The Relationship of Respiratory and Cardiovascular Hospital Admissions to the Southern California Wildfires of 2003. *Occupational Environment Medicine*, 66(3), pp. 189-97. DOI: 10.1136/oem.2008.041376
- ⁹⁶ Maizlish, N, Woodcock, J., Co, S., Ostro, B., Fanai, A., IMechE, C., & Fairly, D. (2013). Health Cobenefits and Transportation-Related Reductions in Greenhouse Gas Emissions in the San Francisco Bay Area. *American Journal of Public Health*, 103(4), 703–709. DOI:10.2105/AJPH.2012.300939
- ⁹⁷ Kinney, Patrick L. (2008). Climate Change, Air Quality, and Human Health. *American Journal of Preventive Medicine*, 35(5), 459-467. DOI: <http://dx.doi.org/10.1016/j.amepre.2008.08.025>
- ⁹⁸ Pinkerton, K., Rom, W., Akpinar-Elci, M., Malmes, J., Bayram, H., Brandli, O., ...American Thoracic Society Environmental Health Policy Committee. (2012). An Official American Thoracic Society Workshop Report: Climate Change and Human Health. *Proceedings of the American Thoracic Society*, 9(1), 3-8. DOI: 10.1513/pats.201201-015ST
- ⁹⁹ Environmental Protection Agency. (2008). A Review of the Impact of Climate Variability and Change on Aeroallergens and Their Associated Effects.
- ¹⁰⁰ Schmier, J., & Ebi, K. (2009). The Impact of Climate Change and Aeroallergens on Children's Health. *Allergy Asthma Proceedings*, 30(3), 229–237.
- ¹⁰¹ Staudt, A, Glick, P., Mizejewski, D., Inkly, D. (2010). Extreme Allergies and Global Warming. National Wildlife Federation and Asthma and Allergy Foundation of America.
- ¹⁰² D'amato, G., Cecchi, L., D'Amato, M., & Liccardi, G. (2010). Urban Air Pollution and Climate Change as Environmental Risk Factors of Respiratory Allergy: An Update. *Journal of Investigational Allergology and Clinical Immunology*, 20(2), 95-102.
- ¹⁰³ Institute of Medicine. (2011). *Climate Change, the Indoor Environment, and Health*. Washington, DC: The National Academies Press.
- ¹⁰⁴ California Department of Public Health. (2008). Public Health Climate Change Adaptation Strategy, 16. Retrieved from http://www.cdph.ca.gov/programs/CCDHP/ Documents/CA_Public_Health_Adaptation_Strategies_final.pdf
- ¹⁰⁵ California Natural Resources Agency. (2009). California Climate Adaptation Strategy, p. 37.

- ¹⁰⁶ Heberger, M., Cooley, H., Herrera, P., Gleick, P., & Moore, E. (2009). The Impacts of Sea-Level Rise on the California Coast. Retrieved from <http://pacinst.org/publication/the-impacts-of-sea-level-rise-on-the-california-coast/>
- ¹⁰⁷ Morello-Frosch, R. (2009). The Climate Gap: Inequalities in How Climate Change Hurts Americans and How to Close the Gap, 15. Retrieved from http://dornsife.usc.edu/assets/sites/242/docs/The_Climate_Gap_Full_Report_FINAL.pdf
- ¹⁰⁸ Maizlish, N, Woodcock, J., Co, S., Ostro, B., Fanai, A., IMechE, C., & Fairly, D. (2013). Health Cobenefits and Transportation-Related Reductions in Greenhouse Gas Emissions in the San Francisco Bay Area. *American Journal of Public Health*, 103(4), 703–709. doi:10.2105/AJPH.2012.300939
- ¹⁰⁹ Bay Area Regional Health Inequities Initiative. (2013). Health and Equity Co-benefits of Addressing Climate Change. Retrieved from <http://barhii.org/download/info/ccqg02.pdf>
- ¹¹⁰ Henry, M., Cortes, A., Shivji, A, Buck, K., Khadduri, J., & Culhane, D. (2014). The 2014 Annual Homeless Assessment Report (AHAR) to Congress. Retrieved from <https://www.hudexchange.info/resources/documents/2014-AHAR-Part1.pdf>
- ¹¹¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2015) Web-based Injury Statistics Query and Reporting System (WISQARS) [Data file]. Retrieved from <http://www.cdc.gov/ncipc/wisqars>
- ¹¹² Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2012). Youth Violence – Facts at a Glance 2012. Retrieved from http://www.cdc.gov/violenceprevention/pdf/yv_datasheet_2012-a.pdf
- ¹¹³ Violence Prevention Alliance and Education Development Center. (2011). Why invest in violence prevention? Geneva, Switzerland, and Newton USA. Retrieved from http://www.who.int/violenceprevention/publications/why_invest_in_violence.pdf
- ¹¹⁴ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2015) Web-based Injury Statistics Query and Reporting System (WISQARS) [Data file]. Retrieved from <http://www.cdc.gov/ncipc/wisqars>
- ¹¹⁵ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2015) Web-based Injury Statistics Query and Reporting System (WISQARS) [Data file]. Retrieved from <http://www.cdc.gov/ncipc/wisqars>
- ¹¹⁶ Santa Clara County Public Health Department. (2012). Santa Clara County Violence Profile, 2012. Retrieved from http://www.sccgov.org/sites/sccphd/en-us/Partners/Data/Documents/Final_Violence%20Profile%20Report_6%2021%2012_PHD%20FINAL.pdf
- ¹¹⁷ Altschuler, A., Somkin, C.P., & Adler, N.E. (2004). Local services and amenities, neighborhood social capital, and health. *Social Science & Medicine*, 59(6), 1219-1229.
- ¹¹⁸ Perez-Smith, A., Albus, K., & Weist M. (2001). Exposure to violence and neighborhood affiliation among inner-city youth. *Journal of Clinical Child Psychology*, 30(4), 464-72.
- ¹¹⁹ Glew, G.M., Fan, M., Wayne, K., & Rivara, F.P. (2008). Bullying and School Safety. *The Journal of Pediatrics*. 152(1), 123-8.

Health Element – Works Cited

- ¹²⁰ U.S. Department of Justice, Office of Justice Programs. (2002). Overview of the Research Literature on Consequences of Criminal Victimization. Retrieved from http://www.ncjrs.gov/html/ojjdp/yv_2002_2_1/page1.html
- ¹²¹ Foster, S., & Giles-Corti, B. (2008). The Built Environment, Neighborhood Crime, and Constrained Physical Activity: An Exploration of Inconsistent Findings. *Preventive Medicine*, 47(3), 241-51.
- ¹²² World Health Organization. (2010). *Violence Prevention the Evidence: Series of Briefings on Violence Prevention*. Retrieved from http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/evidence_briefings_all.pdf
- ¹²³ Violence Prevention Alliance and Education Development Center. (2011). Why invest in violence prevention? Geneva, Switzerland, and Newton USA. Retrieved from http://www.who.int/violenceprevention/publications/why_invest_in_violence.pdf
- ¹²⁴ David-Ferdon C., & Simon T. (2014). Preventing Youth Violence: Opportunities for Action. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.