

County of Santa Clara  
Board of Supervisors  
Supervisorial District Two  
Supervisor Cindy Chavez



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76519

**DATE:** May 19, 2015

**TO:** Board of Supervisors

**FROM:** Cindy Chavez, Supervisor

**SUBJECT:** Recommended Amendments to the Health Element General Plan

**RECOMMENDED ACTION**

Refer Health Element with revisions and additions to the next Planning Commission meeting for recommendation. (Chavez)

**REASONS FOR RECOMMENDATION**

This item was scheduled to be heard by the Board of Supervisors on May 5, 2015. At that time the item was continued to May 19<sup>th</sup> to allow time to consider revisions and additional language to the Health Element.

While the changes that I am proposing are not major, I believe that they are important. Examples include: a) in the discussion of healthy active play structures, including the need for shade and sun protection; b) in the discussion of predatory financial institutions, including predatory tax preparation; and c) in the discussion of pedestrian safety, including the benefits of pedestrian-adaptive signal operations.

I had hoped that the Board could adopt the Health Element today with these changes. However, County Counsel advises that, because these proposed revision and additions were not explicitly within the scope of the Planning Commission's discussion, they constitute "substantial modifications" under Government Code Section 65356 and therefore must be referred to the Planning Commission for its recommendation before the Board adopts the Health Element.

The Health Element is an important guiding document with an anticipated lifetime of a decade or more. I believe that taking another few weeks to strengthen the document is worthwhile and, in the long term, prudent.

The proposed revisions and additions attached to this legislative file have been reviewed by the Planning Department, County Counsel, Public Health Department, Consumer and Environmental Protection Agency, and the Roads and Airports Department.

**ATTACHMENTS:**

- Proposed Revisions to Health Element from D2 5-13-15 Draft (2) (DOCX)

Health Element – Summary of Proposed Minor Revisions Received from District 2  
Supervisor Cindy Chavez, for consideration at May 19, 2015 Public Hearing

- HE-A.16 **Financial services.** Encourage community-sponsored alternatives to predatory financial institutions and to high-cost/predatory tax preparation services, such as community cash checking and non-profit credit unions, including appropriate low-cost suites of services and alternatives to payday loans. Discourage predatory lending businesses.
- HE-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, transit-oriented development that promotes equity and access to a variety of housing types, affordability levels, and needed services.
- HE-D.7 **Pedestrian network.** Promote planning and funding to create a safe and convenient circulation system for pedestrians, including:
- a. Marked crosswalks, pedestrian-adaptive signal operations, and similar enhancements to pedestrian crossings.
  - b. Improved accessibility and connectivity between neighborhoods and commercial areas, including sidewalk gap reduction.
  - c. Places to sit or gather, pedestrian-scaled street lighting, and buffers from moving vehicle traffic appropriate to the urban land use setting and type of street.
  - d. Amenities that serve and attract pedestrians of all ages and abilities, including transit stop and facility improvements to curb crime and vandalism.
- HE-D.8 **Bicycle network.** Support a more robust bicycle network that safely accommodates biking for commuting, school, shopping, and recreational trips by riders of all ages and levels of experience. Improvements may include:
- a. Facilities completely separated from vehicular traffic (Class I trails) or those along low speed, low traffic roadways (bicycle boulevards, Class II lanes, and Class III routes).
  - b. Additional safety measures along heavily trafficked arterials, such as buffered bicycle lanes and colored lanes, as conditions allow.
  - c. Minimum four-foot shoulders along lower volume rural roads, where feasible, for walking and bicycling outside of the travel lane.

e.d. Appropriate levels of maintenance and sweeping to provide for safety of cyclists.

- HE-D.17 **Transit advocacy for underserved communities.** Advocate for increased levels of transit service in areas of the County that lack transit access. Support increased service in routes with high ridership, and encourage service providers to engage in robust public outreach and education efforts to obtain public input regarding transit-related capital investment and operations priorities.
- 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 and areas, with drought-tolerant shade landscaping and shade structures where suitable to promote sun protection, amenities to accommodate a range of users, water stations, restroom access, pet-friendly areas or dog parks, perimeter paths and/or other improvements.
- HE-G.7 **Sensitive receptor uses.** Promote measures to protect sensitive receptor uses, such as residential areas, schools, day care centers, recreational playfields and trails, and medical facilities by locating uses away from major roadways and stationary area sources of pollution, where possible, or incorporating feasible, effective mitigation measures.
- HE-H.3a Retention of affordable housing. Support and coordinate with cities and other stakeholders to strengthen anti-displacement efforts and policies, particularly for vulnerable populations and those least able to cope with displacement.
- HE-I.15 **Health care screening and reporting.** Support the implementation of best practice child abuse health care screening, ~~and~~ treatment policies, and training and awareness related to mandatory reporting requirements, including best practice protocols for pediatricians and emergency rooms.