

5.0 GROWTH EFFECTS AND OTHER CEQA SECTIONS

This section discusses other issues for which CEQA requires analysis in addition to the specific issue areas discussed in Section 4.0, Environmental Impact Analysis. These additional issues include the CMH Code's potential to induce growth and potential significant and irreversible effects on the environment.

5.1 GROWTH INDUCING EFFECTS

Section 15126.2(d) of the *CEQA Guidelines* requires that EIRs discuss the potential for projects to induce population or economic growth, either directly or indirectly. CEQA also requires a discussion of ways in which a project may remove obstacles to growth, as well as ways in which a project may set a precedent for future growth.

Growth may be induced in the following ways:

- *The removal of an impediment to growth (e.g., the establishment of an essential public service, or the provision of new access to an area.)*
- *Urbanization of land in a remote area (leapfrog development)*
- *Establishment of a precedent-setting action (e.g., change in zoning or general plan)*
- *Economic expansion or growth in response to the CMH Code*

5.1.1 Population and Economic Growth

No residential units are included in the development projections (see Table 2-3 in Section 2.0, *Project Description*) for the CMH Project; however, hospital residential uses, including multi-unit, home occupation, live/work, and special residence are permitted uses under the CMH Code (see Table 2-2 in Section 2.0, *Project Description*) to provide housing opportunities for medical staff and visitors within the hospital campus. Single family dwellings are not permitted within the Hospital District, which is intended to function as a medical campus. Moreover, the CMH Code Shopfront frontage type precludes residential use on the ground floor facing the street. Residential uses are recommended above the ground floor and behind another use that fronts the street. However, as mentioned above, no residential development is specifically proposed at this time. If housing is proposed at some time in the future, any residential development is anticipated to contribute to meeting the 8,000 dwelling unit buildout projected under the City's 2005 General Plan. Any residential units constructed in the Hospital District would be consistent with this projection.

The existing hospital is proposed to be expanded by 10 beds as part of Phase I, while 3,900 sf of retail space is proposed and 104,000 sf of medical office space is proposed as a backfill use within the existing hospital. Under Phase II, 162,950 sf of medical office space is proposed as part of a medical office campus, along with a 570 space parking garage. Therefore, the majority of jobs will come from the medical office backfill of the old hospital and buildout of the Hospital District. Employment projections were derived based on employment densities for office and retail uses in the southern California region, in addition to the ratio of employees/beds at the existing hospital. Estimated employment generation is shown in Table 5-1.



**Table 5-1
 Estimated Employee Generation**

Phase	Generation Rate	Number of New Employees
Phase I Net Increase (2010-2014)		
10 bed Hospital	6 employees/bed **	60
3,900 sf retail liner building	1 employee/585 sf *	7
104,000 sf medical office (old hospital reuse)	1 employee/466 sf *	223
Total		290
Existing Employment Displaced		
45,506 sf of medical office	1 employee/466 sf	(98)
Phase II Net Increase (2014-2025)		
162,950 sf medical office	1 employee/466 sf *	349
570 space parking garage	None	0
Total		349
Net Increase Phase I + Phase II		541

Source: * The Natelson Company, Terry Hayes & Associates for SCAG. 2001. Table 1A Derivation Square foot/Employee, Median Employees/Acre, Median FAR, Five County Region.

** based on existing hospital employees to beds ratio (1,450 employees/242 beds = 6 employees/bed). The resulting ratio (six employees per bed) is conservative for the purpose of this EIR's impacts analyses because the existing employee count (1,450) includes employees not assigned to patient care (i.e., beds). The hospital generally operates efficiently at a ratio lower than six employees per bed.

Based on the estimates above, Phase I development would create an estimated 290 new jobs (with the hospital itself generating 60 jobs), while Phase II development would add about 349 new full time jobs. The employment projections are included within the overall growth assumptions that are evaluated in the environmental analyses for each issue area (as applicable). As noted in this EIR, there are no significant effects with respect to traffic or noise due to increased trip generation. There is a significant impact with respect to operational air quality due to vehicular emissions that would exceed the VCAPCD thresholds for NOx and ROG; however, this impact would be less than significant after mitigation.

The existing hospital employs about 1,450 full time persons, including about 250 for the Family Health Center Program (personal communication, Sandy Smith, February 2010) and it is estimated that there are currently about 98 jobs in addition to the CMH jobs. Therefore, buildout under the CMH Code would result in about a 37% increase in employment density for the Hospital District.

The 2005 General Plan estimated a net increase of 14,479 jobs citywide through 2025. The estimate of 541 new jobs generated within the Hospital District is within the 14,479 increase in



jobs that was estimated in the 2005 General Plan. Consequently, economic growth inducing impacts would not exceed General Plan forecasts and would not be significant.

5.1.2 Removal of Obstacles to Growth

The CMH Code would not facilitate development in any undeveloped areas. Consequently, it would not open up new areas to development or otherwise remove obstacles to growth. The CMH Code would facilitate construction of a new hospital building and supportive medical office uses in the vicinity in addition to facilitating reuse of the existing hospital building. In this way, it could induce further growth within the Hospital District, but such potential growth has been accounted for in this EIR. The Hospital District is located in Midtown area of the City of Ventura, which is an already urbanized and developed area. Therefore, adverse impacts due to removal of obstacles to growth would not be significant.

5.2 IRREVERSIBLE ENVIRONMENTAL EFFECTS

The *CEQA Guidelines* require that EIRs evaluating projects involving amendments to public plans, ordinances, or policies contain a discussion of significant irreversible environmental changes. CEQA also requires decision makers to balance the benefits of a proposed project against its unavoidable environmental risks in determining whether to approve a project. This section addresses non renewable resources, the commitment of future generations to the proposed uses, and irreversible impacts associated with the proposed development.

Construction facilitated by the CMH Code would involve the use of building materials and energy, some of which are non-renewable resources. Consumption of these resources would occur with any development in the region and are not unique to Ventura or the Hospital District. The Project would irreversibly increase local demand for non-renewable energy resources such as petroleum and natural gas. Increasingly efficient building fixtures and automobile engines, as well as policies and actions implemented under the 2005 General Plan, are expected to offset the demand to some degree. It is not anticipated that growth accommodated under the CMH Code would significantly affect local or regional energy supplies.

Growth facilitated by the CMH Code would require an irreversible commitment of law enforcement, fire protection, water supply, wastewater treatment, and solid waste disposal services. However, City services provided to the Hospital District would not be significantly increased, as the area is currently served by the City. Moreover, impacts to public services and utilities were determined to be less than significant within the Initial Study (see Appendix A)

Additional vehicle trips associated with buildout under the CMH Code would incrementally increase local traffic and noise levels and regional air pollutant emissions. However, none of these impacts were determined to be significant under CEQA (see sections 4.2, *Air Quality*, and 4.5, *Traffic and Parking*).



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