



## Memorandum

**Date:** November 6, 2020

**To:** Napa County Legislative Subcommittee

**From:** Child Abuse Prevention Council of Napa County, Michele Grupe - Co-Chair

**Re:** Recommendations for Napa County's 2021 Policy Platform

Please find the following policy recommendations for the Legislative Subcommittee's consideration for Napa County's 2021 Policy Platform. If you have any questions, please do not hesitate to contact me.

In addition to the recommendations below, CAPC encourages the continued inclusion of the following policy areas from the 2020 Policy Platform:

### **Federal Policy Platform:**

- Affordable Care Act
- Healthcare Coverage and Access to Food and Housing
- Supplemental Nutrition Assistant Program (SNAP)
- Rural Broadband and Cellular Infrastructure Investment
- Quality Affordable Childcare

### **State Policy Platform:**

- Affordable Housing Funding
- Rural and Broadband and cellular infrastructure investment
- Healthcare coverage, access, and integration
- Medi-Cal reform
- Quality and Affordable Childcare
- Chronic Disease Prevention and population Health Improvement
- Food Insecurity
- Maternal and Child Health
- Local Mental Health Systems
- Enhancement of Child Welfare Services/Emancipated Foster Youth



***Childcare, Early Childhood Development, Youth & Family Support Programs:***  
*Parents/Caregivers are resilient, self-sufficient and have social connections and can access supports in times of crisis. They understand child development and can parent positively with confidence.*

In 2019, Napa County Child Welfare Services received 1,726 reports of child abuse and neglect. Of those, cases involving 243 children were substantiated.<sup>i</sup> Given that abuse cases go severely underreported, we can reliably deduce that there are at least 500 children in Napa County suffering toxic stress, emotional trauma, physical abuse, neglect or all four. These kinds of Adverse Childhood Experiences (ACEs) are widespread and have significant effects on childhood development, health, and well-being. Most recent data show 14.6% of Napa's children are reported by their parents to experience 2 or more ACEs<sup>ii</sup> and 3 out of 5 Napa County adults report experiencing at least one ACE.<sup>iii</sup>

There is no single fact that causes children neglect, but it usually occurs in families where there is a combination of risk factors and often in families who are under pressure and lack support (ex. Living in poverty, lack of parental education, mental health issues, substance abuse in caregivers, inadequate housing, social isolation to name a few).

To prevent ACEs and support the health and wellbeing of all Napa families, our efforts will need to address the inequitable community conditions that increase the risk of ACEs for children, families, and across whole communities. Without addressing systemic, community-wide factors that fuel toxic stress<sup>§</sup> and trauma, ACEs will more likely occur. Systemic racism, a hostile climate for immigrants, displacement, economic inequity, and unequal access to health-promoting resources like parks and public transit all contribute. Without addressing these underlying causes, we will not dramatically reduce ACEs in Napa county.

A strong and growing evidence base demonstrates the role community environments play in shaping health, mental wellbeing, safety, and equity.<sup>ivvvi</sup> According to County Health Rankings, which measures vital health factors in nearly every county in the United States, health outcomes are shaped far more by community factors, including the social, economic, and physical environment, than by clinical care or personal health behaviors.

A wider context for understanding ACEs would consider factors like historical and institutionalized racism, which the American Association of Pediatrics (AAP) recently recognized as a social determinant of health.<sup>vii</sup> The complex, cumulative impact of racism has been linked to preterm birth and mental health challenges in children and adolescents, and can predispose individuals to chronic disease.<sup>viiiixx</sup>



**Alignment with Napa County Strategic Plan:**

*Pillar/Strategic Action:*

- Collaborative & Engaged Communities: 1C, 2E
- Healthy, Safe, and Welcoming Place to Work, and Visit: 4D, 5E
- Livable Economy for All: 9A & B
- Effective and Open Government: 14C

**Actions:**

- Support policies that link childcare to housing development plans, employment centers, and transit.
- Support childcare impact fees.
- Support living wages and other efforts to enable families to meet basic needs during pregnancy and early childhood.
- Support paid family leave and other protections for new parents and dependent family members.
- Support the sustainability of Family Resource Centers and other community-based prevention hubs for integrated services for children and families.
- Support legislation that closes the digital divide and provides funding and resources for broadband access and expansion.

**Comprehensive Health for Children and Youth**

*Children, youth and families are healthy, and our health system is family-centered, prevention oriented and trauma informed.*

In Napa County, 11% of all households and 19% of all children living here live in food insecure homes; however, Cal Fresh serves less than 7,500 and WIC is even less and is declining. When a family is food insecure, there is a limited or uncertain availability of an adequate amount of nutritious food for the family. Food insecurity is linked to developmental, behavioral, and academic delays in children, as well as the development of chronic diseases in adults.

For infants, good nutrition starts with breastfeeding. While 86% of Napa County's new moms breastfeed exclusively in the hospital, this drops to 44% at three months. Breastfeeding not only provides optimal nutrition and decreases the risk of diabetes but is critical to bonding and attachment. Perinatal mothers (period before and after childbirth) are at risk for depression, and local women report that there are limited options for mental health care during this critical period.

Napa County has an obesity rate of 28.9%, higher than the statewide average of 23.2%. Individuals 200% or more below the federal poverty level are twice as likely to be obese



compared to those 400% or more above the federal poverty level. In addition, more than 40% of 5<sup>th</sup>, 7<sup>th</sup>, and 9<sup>th</sup> graders are overweight or obese, a rate that increased 6% in a five-year span. This was the largest increase among bay area counties. Higher obesity rates in the County were also seen among male students, African American students and Hispanic/Latino students. Factors which may affect the higher rate of obesity in Napa County include lack of access to healthy food, lack of spaces and opportunities for exercise, lower exclusive breastfeeding rates, and lack of knowledge on habits to maintain a healthy weight.

Children in agricultural communities are exposed to pesticides above and beyond the exposures all kids share from residues on food and applications in schools, parks, homes and gardens. Pesticides used in agricultural fields rarely stay where they're applied, traveling on wind currents and contaminating water and soil. These chemicals are found in near-by homes, schools and playgrounds. In recent years, the science linking pesticide exposure to childhood health harms has gotten consistently stronger — particularly for childhood cancers and neurodevelopmental harms. National health data show that these and other childhood diseases and disorders are on the rise. Napa County had the highest incidence of childhood cancer in the state, and overall incidence for boys was higher than girls; 26.9 per 100,000 boys in Napa County, 18.5 per 100,000 boys statewide.<sup>xi</sup>

Despite progress made in reducing the number of tobacco users over the last 20 years, tobacco use continues to be the leading cause of preventable death with nearly half a million deaths per year in the U.S. and contributes to \$170 billion in direct health care costs. In Napa County, tobacco use contributes to all four leading causes of death (cancer, heart disease, stroke, and lung disease). Health behaviors formed in adolescence determine behaviors throughout life. For instance, 95 percent of adult smokers started before the age of 21. This demonstrates a need for tobacco prevention programs targeted to youth.

In order to attract new consumers, the tobacco industry markets new products and uses a variety of tactics to get around existing prohibitions. The use of e-cigarettes, also known as vaping, has now surpassed traditional cigarette use by youth. Vaping among youth is now a prominent problem and has been reported on middle and high schools' campuses locally. In Napa County, 17 percent of 11th graders reported using a vaping device, and among those students attending non-traditional schools, 72 percent reported vaping recently<sup>1</sup>. Since research has shown that adolescent vaping is associated with future cigarette use, reducing vaping among youth can reduce tobacco use overall.

Over 55 cities and counties in California have already passed and approved smoke-free, multi-unit housing policies. Designating a building, apartment complex, or condominiums as smoke-free is legal and non-discriminatory. A smoke free policy can reduce public exposure to secondhand smoke, minimize fire risk, reduce cost associated with restoring non-smoke free residences, and improve overall quality of life for residents. Secondhand smoke contributes nationally to over 41,000 deaths per year, as it can cause a variety of serious illnesses, including



heart disease, cancer, COP, and asthma (cancer and heart disease being the number 1 and 2 causes of death in Napa County). There is no safe level of exposure to secondhand smoke. In multi-unit residences, secondhand smoke drifts into housing units from neighboring units, through doors, windows, balconies, patios and common areas.

***Alignment with Napa County Strategic Plan:***

*Pillar/Strategy:* Collaborative and Engaged Community 1C, 2E; Healthy, Safe and Welcoming Place to Live, Work and visit: 7b.

***Actions:***

- Support access to healthy food for all residents as an essential part of future policy and planning activities.
  - Establish policies to promote local food procurement, evidence-based nutrition standards for County-run programs (e.g. meals at the jail, the shelters, and for HSA clients –children and families) [Napa County Emergency Food System Study](#).
- Increase supports for breastfeeding and baby-friendly policies in healthcare, workplace and other community settings.
- Pursue funding opportunities in collaboration with school districts and community-based organizations to promote prevention education/services regarding vaping, cannabis and substance abuse in youth.
- Dedicate resources to educate pregnant people, youth, young families, and medical providers about the risks of Cannabis use during pregnancy.
- Reduce the effects of second and third-hand smoke, including the restriction of smoking in multi-unit housing and other spaces occupied and frequented by children and families.

***Promoting Immigrant Families' Health & Well-Being***

*Immigrant families participate as valued members of our community, are healthy and feel safe.*

Over 26% of households in Napa County are immigrant households and that number is likely to rise. Immigrants contribute to our local economy as employees, homeowners, business owners, and consumers. It is estimated that immigrants living and working in Napa County contribute to over \$1 billion a year to the local economy<sup>xii</sup>. The prospect of changes to immigrant laws and enforcement has created a barrier toward the health and well-being of immigrants in Napa county.

Long-standing systemic health and social inequities have put many people at greater risk for being impacted by COVID-19 or other disasters. There is increasing evidence that some racial and ethnic minority groups are being disproportionately affected by COVID-19. The data shows



that 24% of the county's population is Latinx but account for over 57% of COVID cases. In a survey conducted by First % Napa, 45% of Latinx/BIPOC parents listed that they were experiencing financial difficulties because of COVID in comparison to 25% of white families. 27% of Latinx/BIPOC parents said they were having difficulty meeting the basic needs of their families in comparison to only 7% of white parents. We must leverage policy to approach inequities more directly in our community.

***Alignment with Napa County Strategic Plan:***

***Pillar/Strategy:***

- Healthy, Safe and Welcoming Place to Live, Work, and Visit: 4C, 4D,5A, 5E, 7B
- Livable Economy for All: 10B(?)
- Effective and Open Government; 15G

***Actions:***

- Oppose any legislation that would prevent immigrants from receiving COVID relief resources.
- Support increased resources for mental health services in immigrant and refugee communities to ensure coverage and respond to incidents that may increase fear, stress, and other mental health conditions.
- Support legislation, policies and strategies that promotes health, well-being, and safety of immigrant families.
- Support legislation and policies that increase and fund language access for immigrant families and low-cost legal services.
- Support policies that that fosters civic engagement, equal opportunity, and integration for immigrant families.
- Support policies and enforcement to end discrimination based on real or perceived immigration status in workplaces, housing, and other areas.

***Disaster Recovery***

*Ensure equitable distribution and access to resources to all Napa county residents.*

Napa County continues to be severely impacted by disasters with two major wildfires already this year. Vulnerable populations are being disproportionately impacted across the county and there are fewer resources available for recovery with each disaster. It is imperative that the Count of Napa leverage all policies and resources that prioritize preparedness and recovery for vulnerable populations.



### **Actions:**

- Increase safe, high-quality housing that affordable and accessible.
- Support legislation and policies that increase communication and fund language access for individuals with limited English proficiency.
- Support legislation and policies that provide resources for preparedness specifically for vulnerable populations.
- Support and encourage legislation that prioritizes emergency relief for vulnerable populations including lost wages, rental assistance, and rehousing services.
- Support and encourage legislation that funds disaster resilience programs at the local level.

### **2020 Census**

*Ensure a complete count of Napa county residents in the 2020 Census to safeguard adequate federal representation and funding for essential services provided by the federal government.*

The census does not end when counting operations stop. Once the Census Bureau finishes collecting data it begins a complex and highly specialized series of activities to process and improve the accuracy of the raw data. The Census Bureau initially requested six months for this phase in its COVID-adjusted operational plan, yet the timeline was later revised to include only three months for data analysis. This threatens a complete and accurate analysis of census data and could affect the count across the country.

### **Alignment with Napa County Strategic Plan:**

Pillar/Strategy:

- Effective and Open Government: 15B

### **Actions:**

- Support adequate time for processing accurate count of 2020 Census.

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<sup>i</sup> Napa County CWS 2019 Fact Sheet

<sup>ii</sup> KidsData [Napa County Summary](#) of Child and Youth Safety.

<sup>iii</sup> LHNC [2018 Executive Summary](#)

<sup>iv</sup> A Health Equity and Multisector Approach to Preventing Domestic Violence. Prevention Institute. <https://www.preventioninstitute.org/publications/health-equity-and-multisector-approach-preventing-domestic-violence>. Published July 2017. Accessed December 16, 2019.

<sup>v</sup> Countering the Production of Health Inequities: A Framework of Emerging Systems to Achieve and Equitable Culture of Health. Prevention Institute. <https://www.preventioninstitute.org/countering-inequities>. Published December 2016. Accessed November 14, 2019.



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<sup>vi</sup> Baciu A et al. and National Academies of Sciences, Engineering, and Medicine. *Communities in action: Pathways to health equity*. Washington DC: The National Academies Press; 2017.

<sup>vii</sup> Trent M, Dooley D, Douge J. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019; 144(2)

<sup>viii</sup> Trent M, Dooley D, Douge J. The Impact of Racism on Child and Adolescent Health. *Pediatrics*. 2019; 144(2).1 7

<sup>ix</sup> Pachter LM, Coll CG. Racism and child health: a review of the literature and future directions. *J Dev Behavioral Pediatric*. 2009; 30(3): 255-263.

<sup>x</sup> <https://preventioninstitute.org/publications/beyond-screening-achieving-californias-bold-goal-reducing-exposure-childhood-trauma>

<sup>xi</sup> <http://www.panna.org/sites/default/files/KoF-CA-factsheet-FINAL.pdf>

<sup>xii</sup> Migration Policy Institute's *Profile of Immigrants in Napa County* report