2023

COMMUNITY HEALTH NEEDS ASSESSMENT
EXECUTIVE SUMMARY

Providence

Queen of the Valley Medical Center Napa, California

UNDERSTANDING AND RESPONDING TO COMMUNITY NEEDS

The Community Health Needs Assessment (CHNA) is an opportunity for Queen of the Valley Medical Center to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

This year, Providence Queen of the Valley Medical Center and Napa County Health and Human Services Agency partnered to create a shared Community Health Needs Assessment (CHNA).

The 2023 CHNA was approved by the Queen of the Valley Community Benefit Committee on November 16, 2023, and made publicly available by December 28, 2023.

WHO WE ARE

Our Mission	As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
Our Vision	Health for a Better World.
Our Values	Compassion — Dignity — Justice — Excellence — Integrity

Queen of the Valley Medical Center is an acute-care hospital founded in 1958 and located in Napa, California. The hospital has 198 licensed beds, a staff of more than 1280 caregivers, and professional relationships with more than 162 active local physicians. Major programs and services offered to the community include acute rehabilitation, bariatric surgery, cancer, cardiac, emergency, maternity and infant care, neurosciences, and orthopedics.

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities: https://www.providence.org/about/annual-report.

GATHERING COMMUNITY HEALTH DATA AND COMMUNITY INPUT

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Health Napa County Language Inclusion Survey. To actively engage the community, we conducted 15 community listening sessions with people from diverse communities. We also conducted 4 caregiver listening sessions, 12 key informant interviews, and 7 additional preliminary data feedback sessions with 13 representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Participants named cost and inability to navigate systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.
- Most key informants spoke to the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing.
- Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services.
- Some communities (for example, older adults, youth, LGBTQIA+, and Black, Brown, Indigenous, and People of Color (BBIPOC) community) find their needs unmet and their perspective unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur. A full accounting of data limitations can be found starting on page 10 of the full CHNA report. For more information related to the CHNA methods and process please see page 20 of the full CHNA document in Appendix 1.

IDENTIFYING COLLABORATIVE HEALTH PRIORITIES

Through a collaborative process engaging over 230 community members for listening sessions, key informant interviews and prioritization meetings, Providence Queen of the Valley Medical Center and Napa County Health and Human Services identified the following priority areas: Racial Equity and LGBTQIA+ Inclusion, Behavioral Health, Housing, Access to Health Services, Economic Stability. For the description of the significant health needs, see page 51 of the collaborative CHNA report. For a list of potential resources available to address the identified needs, see page 52 of the collaborative CHNA report.

QUEEN OF THE VALLEY MEDICAL CENTER 2023 PRIORITY NEEDS

Queen of the Valley Medical Center is committed to addressing the following priority areas:

- Housing
- Behavioral Health
- Access to Health Services
- Racial Equity & LGBTQIA+ Inclusion
- Economic Stability

Queen of the Valley Medical Center will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2024-2026 CHIP will be approved and made publicly available no later than May 15, 2024.

MEASURING OUR SUCCESS: RESULTS FROM THE 2020 CHNA AND 2021-2023 CHIP

This report evaluates the impact of the 2021-2023 CHIP. Queen of the Valley Medical Center responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices. In addition, we invited written comments on the 2020 CHNA and 2021-2023 CHIP, made widely available to the public through posting on our website and distribution to community partners. No written comments were received on the 2020 CHNA and 2021-2023 CHIP. The 2020 CHNA and 2021-2023 CHIP priorities were the following:

- Access to Health Services
- Health Equity – Racial & LGBTQ
- Housing & Homelessness
- Mental Health & Substance Use Services

 Below is a summary of the outcomes for each priority:

Table 1. Outcomes from 2021-2023 CHIP

Priority Need	Program or Service Name	Program or Service Description	Results/Outcomes
Access to Health Services	Mobile Dental Clinic	Providence QVMC Mobile Dental Clinic provided dental care for children 6 months to 26 years of age from low-income families who are Denti-Cal eligible or are uninsured/underinsured. The mobile dental clinic is one of only 3 providers of oral health services available to children from low-income families with Denti-Cal, no insurance or other low reimbursement insurance.	The Mobile Dental Clinic completed 14303 clinic visits during the 2021 – 2023 CHIP period.

Access to Health Services	CARE Network	CARE Network is a Providence QVMC mission-driven, no cost program serving highly vulnerable individuals through intensive, community-based medical and psychosocial care management. Services are provided to Napa County residents with complex health, behavioral, and social challenges, including the following: • Homelessness and housing stability • One or multiple chronic conditions • Lacking basic needs • Mental Health challenges • Substance use disorders • Inadequate financial resources • Limited social supports • Language/health literacy barriers	The CARE Network team made 80,749 contacts with community members during the 2021-2023 CHIP period.
Housing	Valley Lodge Apartments	Valley Lodge Apartments is a complex of 54 permanent supportive housing units at the site of a former motel in south Napa. Onsite services and case management will be available for residents. A portion of the units will be specifically designated for Transitional Age Youth, who will receive specialized support from local nonprofit VOICES Napa. All Valley Lodge Apartment residents will have access to on-site wrap-around supported services and case management from Abode Services. Providence Queen of the Valley Medical Center shared a financial contribution support Valley Lodge Apartments.	Fifty-four permanent supportive housing units have been made available to unhoused Napa County residents. Valley Lodge Apartments is at full capacity.
Housing	Heritage House & Valley Verde	We proudly provided $1 million in 2021 to support the construction of the Heritage House (which will offer 33 permanent supportive housing units and 33 affordable housing units for people with very low incomes) and Valle Verde (which will include 24 multi-family affordable housing units for people with very low incomes).	Thirty-three housing units will be available to unhoused Napa County residents in early 2024. The remaining affordable units will be open in Spring, 2024.
Mental Health	Healthy Minds Healthy Aging	Healthy Minds-Healthy Aging (HMHA) is a prevention and early intervention program provided by Mentis. HMHA is for residents of Napa Valley who are 60 years and older and show signs of depression and/or cognitive decline. Free bilingual services,	Healthy Minds Healthy Aging provided 3,043 encounters during the 2021-2023 CHIP period.

		case management and brief therapeutic interventions are provided.	
Mental Health	Perinatal Mental Health	The Providence QVMC Perinatal Mental Health Therapist assessed and provided brief counseling sessions for pregnant and postpartum women who screened positive for depression.	2368 Perinatal Mental Health encounters occurred during the 2021-2023 CHIP period.
Substance Use	Alternatives for Better Living	Increased local capacity to provide appropriate level of substance use services when needed.	Embedded an Alternatives for Better Living Substance Use Navigator into the Emergency Room, onto hospital units, and was intentional to work with the OB Unit.
Health Equity – Racial & LGBTQ	Parent University	In partnership with Napa Valley Unified School District and a local nonprofit, On the Move, Parent University took place at 5 Title I schools and offered both virtual and in-person classes to Napa Valley Unified School District families. There were 4,632 participants in the learning environment. Parents gain critical parenting and leadership skills to support their child's academic success. Classes are bilingual.	There were 17,188 encounters within the Parent University learning environment during the 2021-2023 CHIP period.
Healthy Equity – Racial & LGBTQ	LGBTQ Inclusion	In partnership with CommuniCare+OLE, Providence Medical Group and Napa Solano Medical Society, Providence QVMC Community Health Investment team hosted a series of educational sessions focusing on expanding the knowledge of LGBTQ health and how to care for these community members in a culturally sensitive manner.	A four-part training series called Pride in Caregiving: LGBTQ Awareness and Inclusion, was made available to Napa and Solano County providers.

Appendices

APPENDIX 1. 2023 COMMUNITY HEALTH NEEDS ASSESSMENT, NAPA COUNTY COLLABORATIVE

2023

COMMUNITY HEALTH NEEDS ASSESSMENT

Napa County, California

To provide feedback on this CHNA or obtain a printed copy free of charge, please email Jennifer Henn, PhD, at Jennifer.Henn@countyofnapa.org or Teresa Smith at Teresa.Smith@Providence.org .

CONTENTS

MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

It is with gratitude and pride that we present the 2023 Community Health Needs Assessment (CHNA) to our Napa Community. This Community Health Needs Assessment is a shared document produced by Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center.

For the past several months we have worked diligently to gather the appropriate and most complete data on the health-related needs of our service area, Napa County. This report is the culmination of a formal community health assessment that includes planning, speaking with the community, data collection, data analysis, identification, and prioritization of needs. Together we have created a point-in-time report of community health and have determined the health priorities that both Napa County HHSA and Providence QVMC will focus on for 3-5 years. This report will enable our teams to make informed and thoughtful decisions about how best to serve and provide resources to areas with the highest needs and to the most vulnerable populations.

This comprehensive Community Health Needs Assessment would not be possible without the strategic foresight and leadership of the Napa County Health and Human Services Agency - Public Health Division, Providence Data and Evaluation Team for Community Health, as well as the expertise of Future Medical Systems, a team of researchers and design strategists who led the quantitative data collection through a lens of human-centered design. We also want to thank all the community members, leaders and partners who took time to participate in community listening sessions, key informant interviews, provided meeting space, and most importantly let their voice be heard.

It is our hope that the findings in this document will help to develop a shared understanding of the health of our community and will continue to spark collaborative engagement to improve health and quality of life of the people in Napa County.

Sincerely,

Jennifer Yasumoto   Terry Wooten
Health and Human Services Agency Director   Chief Executive Officer
Napa County   Providence Queen of the Valley Medical Center

COLLABORATIVE EXECUTIVE SUMMARY

Understanding and Responding to Community Needs

This report serves as the Community Health Assessment (CHA) for public health accreditation for Napa County Health and Human Services Agency - Public Health, as well as the Community Health Needs Assessment (CHNA) as required by 501(r) for Providence Queen of the Valley Medical Center. The Community Health Needs Assessment (CHNA) is an opportunity to engage the community every three to five years with the goal of better understanding community strengths and needs. This process informs the community of our partnerships, programs, and investments.

This year, Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center partnered to create a shared Community Health Needs Assessment (CHNA).

The 2023 CHNA was approved by the Queen of the Valley Community Benefit Committee on November 16, 2023, and made publicly available by December 28, 2023.

Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data, California Healthy Kids Survey, Feeding America, U.S. Census Bureau, and the Live Healthy Napa County Language Inclusion Survey. To actively engage the community, we conducted 15 listening sessions with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. We also conducted 4 caregiver listening sessions, 12 key informant interviews, and 7 additional preliminary data feedback sessions with 13 representatives from organizations that serve these populations, specifically seeking to gain deeper understanding of community strengths and opportunities. Some key findings include the following:

- Participants named cost and difficulty navigating complex systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.
- Most key informants spoke to the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing.
- Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services.
- Some communities (for example, older adults, youth, LGBTQIA+, and Black, Brown, Indigenous, and People of Color (BBIPOC) community members) find their needs unmet and their perspectives unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful.

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur.

Identifying Top Health Priorities

Through a collaborative process engaging 48 different organizations across various sectors in Napa County, the Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center identified the following priority areas listed in rank order:

HOUSING

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially difficult situation for people with low incomes. Cost of living is very high, and many workers are not paid a living wage. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

BEHAVIORAL HEALTH

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to under-estimate the harm done.

ACCESS TO HEALTH SERVICES

Participants named cost and difficulty navigating complex systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern around lack of access to health insurance for mixed status families (families with a variety of documentation statuses, including undocumented status), as well as people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally.

RACIAL EQUITY & LGBTQIA+ INCLUSION

Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about "doing it wrong."

Many participants spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and fear for their own financial future.

Collaborating Community Partners

The invaluable contributions of community partners were critical to ensure informative key informant interviews, community listening sessions, and prioritizing health needs for the Napa County CHNA. Napa County HHSA and Providence Queen of the Valley Medical Center worked to bring together a total of 121 individuals from 48 different organizations across various sectors in Napa County. The representatives of these organizations, along with Napa County HHSA and QVMC's Community Health Investment (CHI) team, played an integral role in identifying and prioritizing the top health themes of Napa County. This collaborative approach ensured that the spectrum of voices and perspectives were heard and shared focuses on priority areas were identified to enhance our ability to improve community health outcomes.

See Appendix 2 for a full list of collaborative community partners.

Contractor

Future Medical Systems served as a consultant in the development of the 2023 Napa County Community Health Needs Assessment. Future Medical Systems is a design and development consultancy that brought a Human-Centered Design approach to the CHNA process. They supported a collaborative process between Napa County HHSA and Providence QVMC that allowed for engagement of community members and organizations that serve populations who are disproportionately poor and/or vulnerable, in multiple Community Listening Sessions and Key Informant discussions. Following the listening sessions, Future Medical Systems facilitated workshops with Napa County and Providence to synthesize and prioritize needs. The final deliverables consisted of a report containing key quotes and a concise summary of the priority need areas that rose to the top.

Equity Framework

Providence's vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion, or socioeconomic status. Our health equity statement can be found online: https://www.providence.org/about/health-equity.

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:

Approach	**Community Engagement**	**Quantitative Data**
Explicitly name our commitment to equity	Actively seek input from the communities we serve using multiple methods	Report data at the census tract level to address masking of needs at county level
Take an asset-based approach, highlighting community strengths	Implement equitable practices for community participation	Disaggregate data when responsible and appropriate
Use people first and non-stigmatizing language	Report findings back to communities	Acknowledge inherent bias in data and screening tools

Intentional actions were taken during this CHNA process to insure participation from a diverse group of community members. We offered community listening sessions in across Napa County. We gathered community members in American Canyon, Napa, St. Helena, and Calistoga. We provided snacks during the listening session and offered compensation for people's valuable time. The listening sessions were at different times during the day to accommodate schedules. Five of our community listening sessions was conducted in Spanish.

CHNA Framework

The equity framework is foundational to our overall CHNA framework, a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed-methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.

*modified MAPP Framework
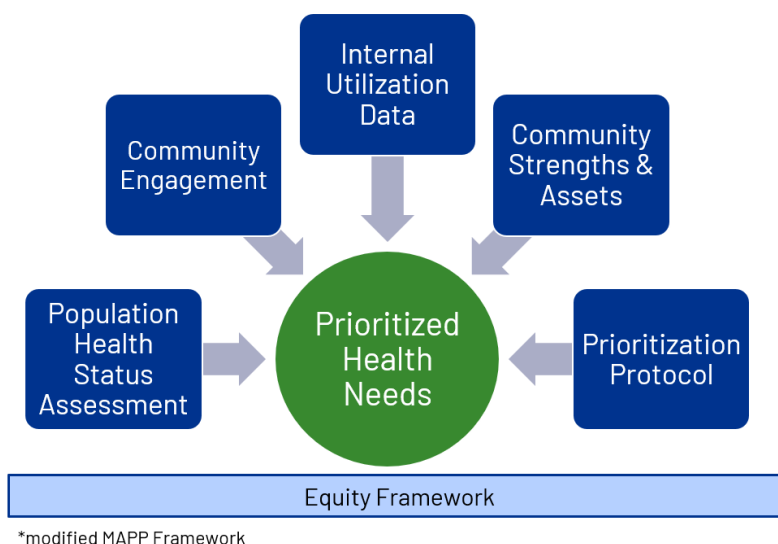
Data Sources

In gathering information on the communities served by the Providence Queen of the Valley Medical Center and Napa County Health and Human Services Agency, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the following sources:

Primary Data Sources	Secondary Data Sources
• Community listening sessions • Internal hospital utilization data • Key informant interviews • Live Health Napa County Language Inclusion Survey • Providence caregiver (staff) listening sessions	• American Community Survey • Behavioral Risk Factor Surveillance System (BRFSS) • California Community Burden of Disease Engine • California Department of Healthcare Access and Information (HCAI) • California Healthy Kids Survey • Feeding America • RaceCounts.org • U.S. Census Bureau

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital's service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level quantitative data on barriers to accessing transportation.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on Providence Queen of the Valley's 2020 CHNA and 2021-2023 CHIP reports, which were made widely available to the public via posting on the internet in December 2020 (CHNA) and May 2021 (CHIP), as well as through various channels with our community-based organization partners.

No comments or questions were received by Napa County or Queen of the Valley's past Community Health Assessment or Community Health Needs Assessment.

CHNA Service Area and Community Served

Queen of the Valley Medical Center and Napa County Health and Human Services Agency provides care and services to Napa County, which includes a population of approximately 138,795 people (American Community Survey, 2021 5-year estimate). Based on the availability of data, geographic access to the facility, and other hospitals in neighboring counties, Napa County serves as the boundary for the hospital service area. The map below shows the service area, as well as communities identified as high need in green.

Providence Need Index

To facilitate identifying health disparities and social inequities by place, we designated a "high need" service area and a "broader" service area, which together make up the Napa County Service Area. Based on work done by the Public Health Alliance of Southern California and their Healthy Places Index (HPI) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.[1]

For this analysis, census tracks with more people below 200% Federal Poverty Level (FPL), more people without a high school diploma, more limited English households, and a lower life expectancy at birth were identified as "high need." The mean value of nearest neighbors was used to insert missing data for variables by way of the Neighborhood Summary Statistics geoprocessing tool in ArcGIS Pro 3.1. All variables were weighted equally. The census tracts were assigned a score between 0 and 100 where 0 represents the census tract with the lowest need and 100 represents the highest need, according to the criteria. Census tracts that scored higher than the average were classified as high need service areas and are depicted in green. In the Napa County service area, 20 of 40 census tracts (50%) scored above the average of 42.0, indicating a high need.

Community Demographics

The graphs below provide demographic and socioeconomic information about the service area and how the high need area compares to the broader service area. We have developed a dashboard that maps each CHNA indicator at the census tract level. The dashboard can be found here: Napa County 2023 PSJH (arcgis.com).

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[1] The following variables were used for the PNI analysis: Population below 200% the Federal Poverty Level (American Community Survey, 2021); Percent of population with at least a high school education (American Community Survey, 2021); Percent of population, ages 5 Years and older in Limited English Households (American Community Survey, 2021); Life expectancy at birth (estimates based on CDC, 2010 – 2015 data).

The total population of Napa County decreased from a high of 141,005 in 2017 to 138,795 in 2021 (Figure 1). Population estimates in this section are from the American Community Survey (DP05) and are five-year estimates. Five-year estimates have the largest sample size and are more reliable than one-year estimates but are not available for 2022 at the time of publication.

Figure 1.
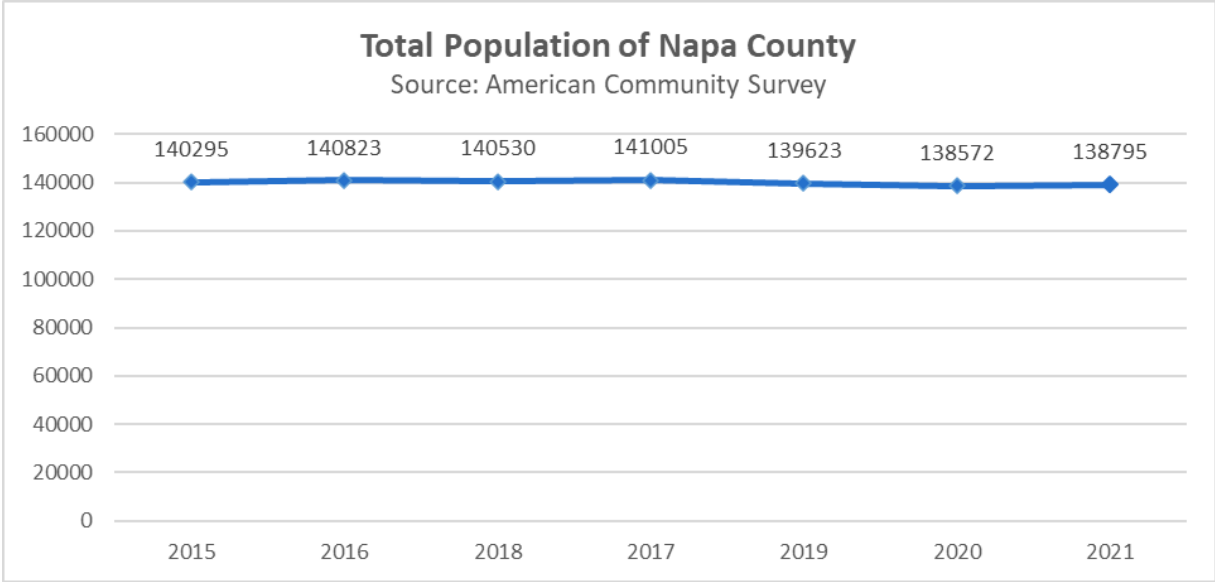
Napa County has a higher proportion of older adults than California overall, with 21.0% of the population between the ages of 65 to 84 (compared to 15.3% statewide) and 3.0% age 85 or above (compared to 2.3% statewide). While 22.7% of the population in California is under the age of 18, in Napa County 18.2% are under 18 (Figure 2).

Figure 2.

Population by Age Group
Data Source: CA Department of Finance Population Projections
Year: 2023

Napa County

0-17 18.2%	18-34 22.4%	35-54 22.3%	55-64 13.1%	65-84 21.0%	85+ 3.0%

California

0-17 22.7%	18-34 23.8%	35-54 24.1%	55-64 11.8%	65-84 15.3%	85+ 2.3%
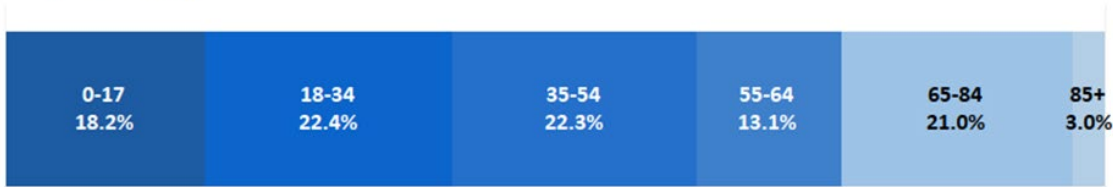
In 2021, there were an estimated 26,755 adults aged 65 and above in Napa County and 6,662 children under the age of five (Figure 3). The older adult population has been steadily increasing, while the population of children under age five has been declining.

Figure 3.

Population of Children Under Age 5 and Adults 65+ by Year, Napa County
Source: American Community Survey
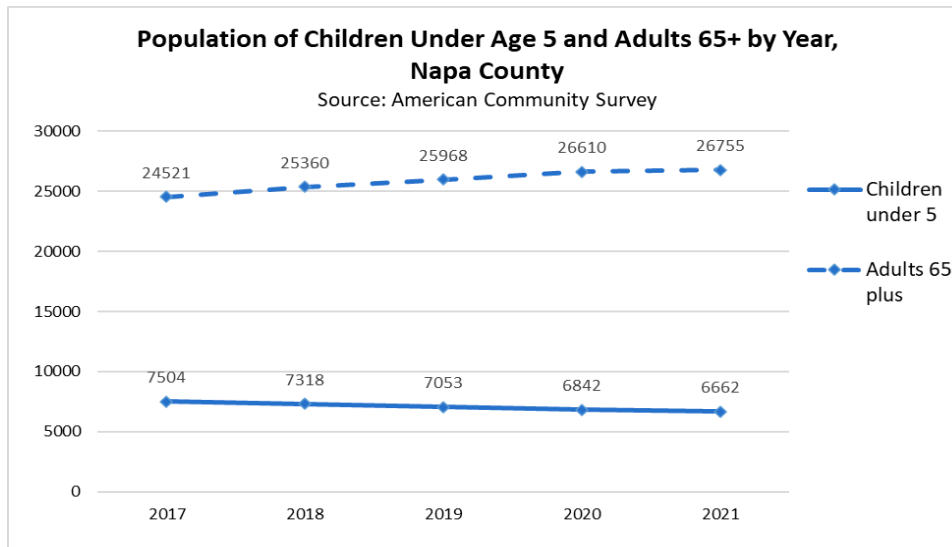
The largest proportion of the population (51%) self-identified as non-Hispanic white in 2021, however this number has been declining in recent years. The second largest race/ethnic group in Napa County identified as Hispanic or Latine (a gender-neutral term for Latino) and comprised 34.7% of the

population. Just under 8% of the population identified as Asian, 3.8% as two or more races, and 2.0% as Black or African American. Native Hawaiian and other Pacific Islanders, American Indian and Alaska Native, and those identifying as "some other race" each made up under one percent of the population (Figure 4).

Figure 4.
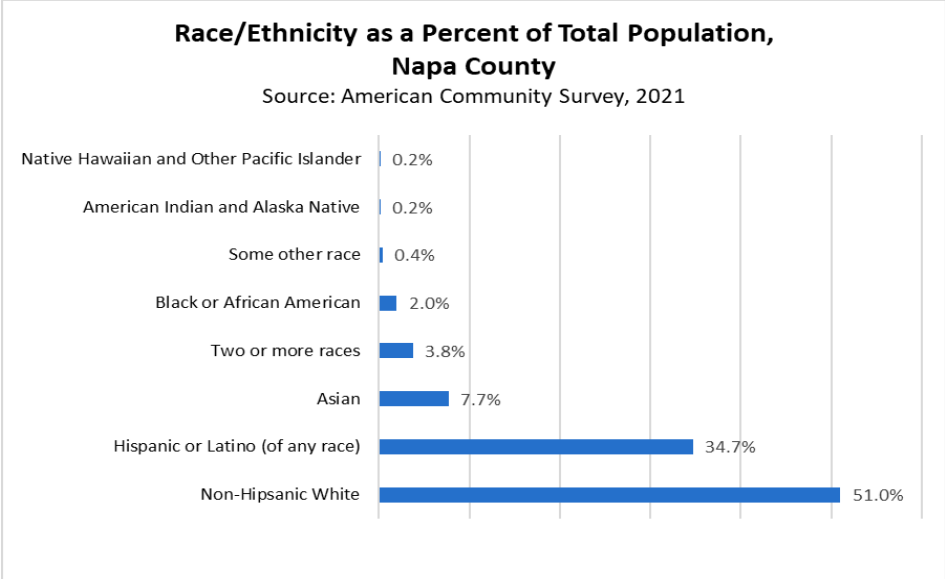
The median income in Napa County in 2021 was higher than the California median income ($97,421 vs. $83,226). In the high need service area of the county, the median income was $84,690 (Table 1).

Table 1. Median Income

Indicator	California	Napa County	Broader Service Area	High Need Service Area
Median Income Data Source: American Community Survey, 2021 5-year estimate	$83,226	$97,421	$117,926	$84,690

Renters in Napa County have continued to face severe housing cost burdens in recent years, with approximately 1 in 4 renter households spending 50% or more of their income on housing (Table 2).

Table 2. Severe Housing Cost Burden

Indicator	California	Napa County	Broader Service Area	High Need Service Area
Percent of Renters with Severe Housing Cost Burden Data Source: American Community Survey, 2021 5-year estimate	26.3% (1,548,644 renter households)	24.6% (4,135 renter households)	25.4% (1,625 renter households)	24.2% (2,510 renter households)

General Health Status and Mortality

The age-adjusted percentage of adults in Napa County who reported fair or poor self-rated health was 12.7% in 2020, according to the Behavioral Risk Factor Surveillance System (BRFSS). Between 2019 and 2020, adults in both Napa County and throughout the state of California had a decline in self-rated fair or poor health, indicating potential improvement in general health status (Figure 5).

Figure 5.

Age-adjusted Prevalence of Fair or Poor Self-Rated Health in Adults
Source: BRFSS, 2022 Data Release
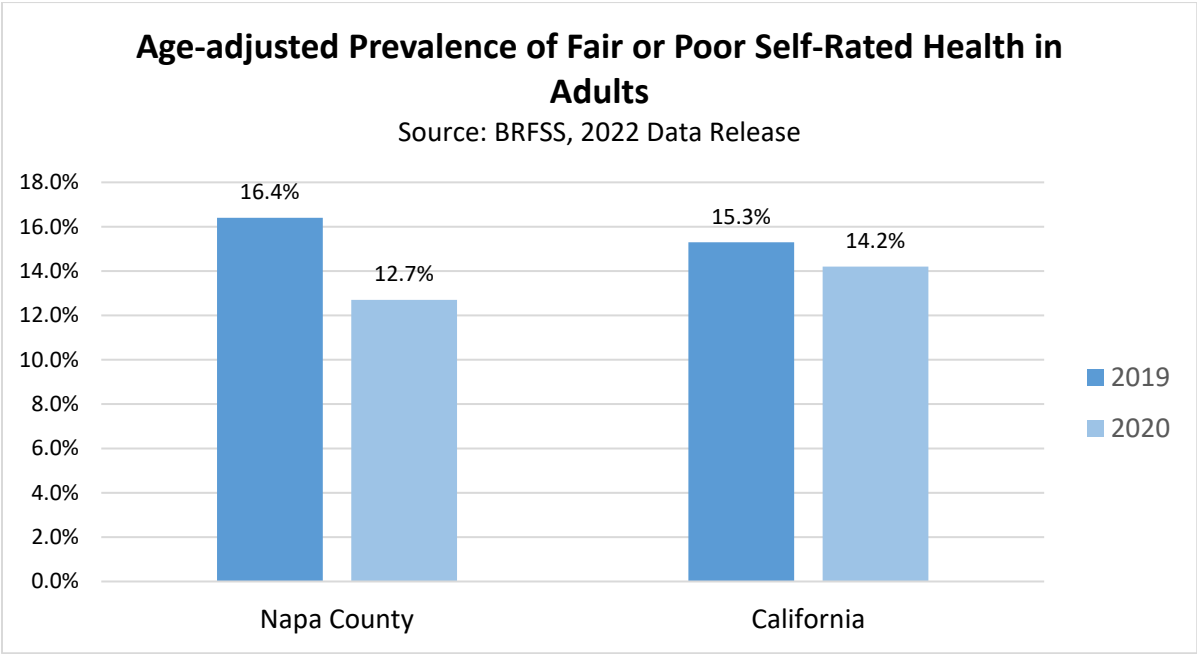
Overall life expectancy in Napa County increased from 79.0 years in 2001 to 81.3 years in 2021. Life expectancy calculations and cause of death rankings are from the California Community Burden of Disease Engine at the California Department of Public Health. Data sources and methodology can be found by visiting the website.

Figure 6.

Trend in Life Expectancy, Napa County, 2000-2021
Source: California Community Burden of Disease Engine, CDPH
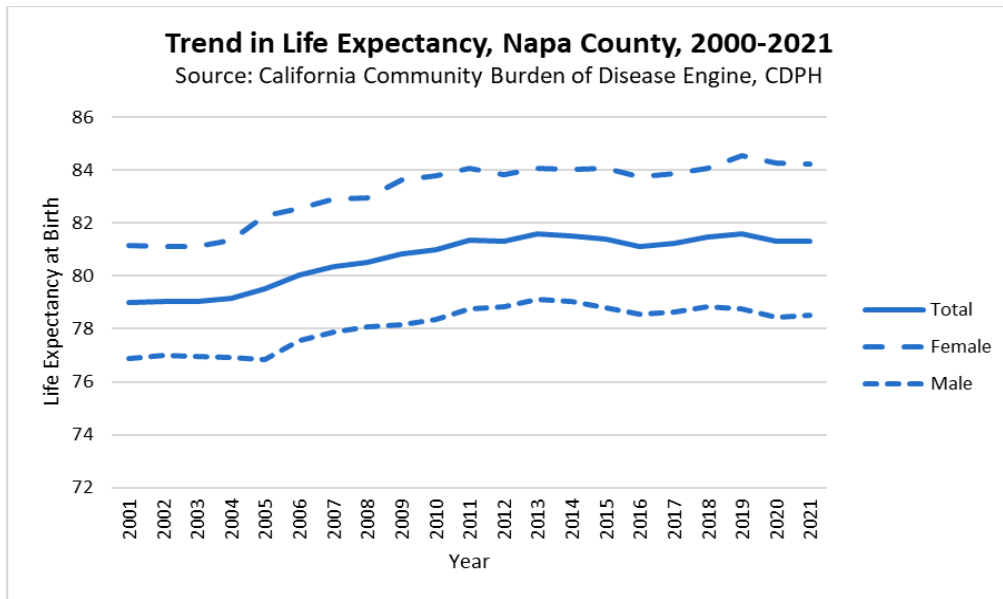
Although there has been an increasing trend in average life expectancy in Napa County, differences in age-adjusted death rates by race/ethnicity have persisted over time. Black residents have consistently higher age-adjusted death rates compared to other race/ethnic groups with available data. Non-Hispanic white residents have had the second highest age-adjusted death rate, followed by Hispanic/Latine and Asian residents of Napa County (Figure 7).

Figure 7.

Age-Adjusted Death Rate for All Causes by Race/Ethnicity*, 2002-2004 to 2020-2022, Napa County
Source: California Community Burden of Disease Engine, CDPH

*Due to small numbers, data is not available for all race/ethnic groups
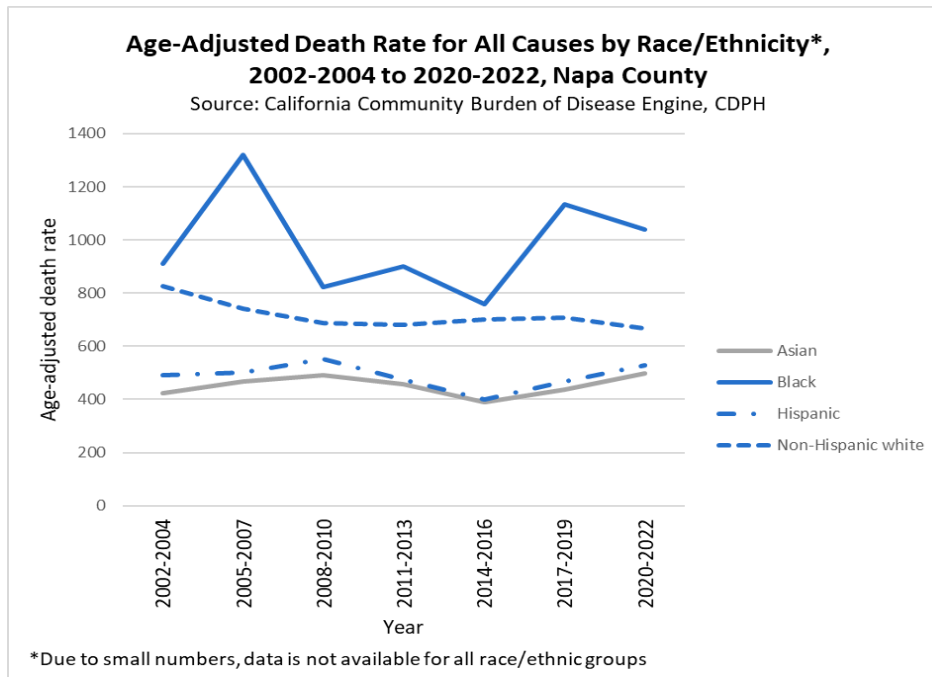
As shown in Figure 8, the leading cause of death in Napa County in 2022 was ischemic heart disease in terms of both total number of deaths (n=177) and the age-adjusted death rate (81.5 per 100,000). Alzheimer's disease was the second leading cause of death, followed by hypertensive heart disease. While ischemic heart disease, Alzheimer's disease, and hypertensive heart disease had the highest numbers of deaths and age-adjusted death rates, drug overdose was responsible for the most Years of Life Lost (760.5 per 100,000). Years of Life Lost (YLL) is a measure of premature mortality (death occurring before age 75) from a given cause. Drug overdose, ischemic heart disease, and hypertensive heart disease had the three highest rates of YLL in 2022.

Figure 8.
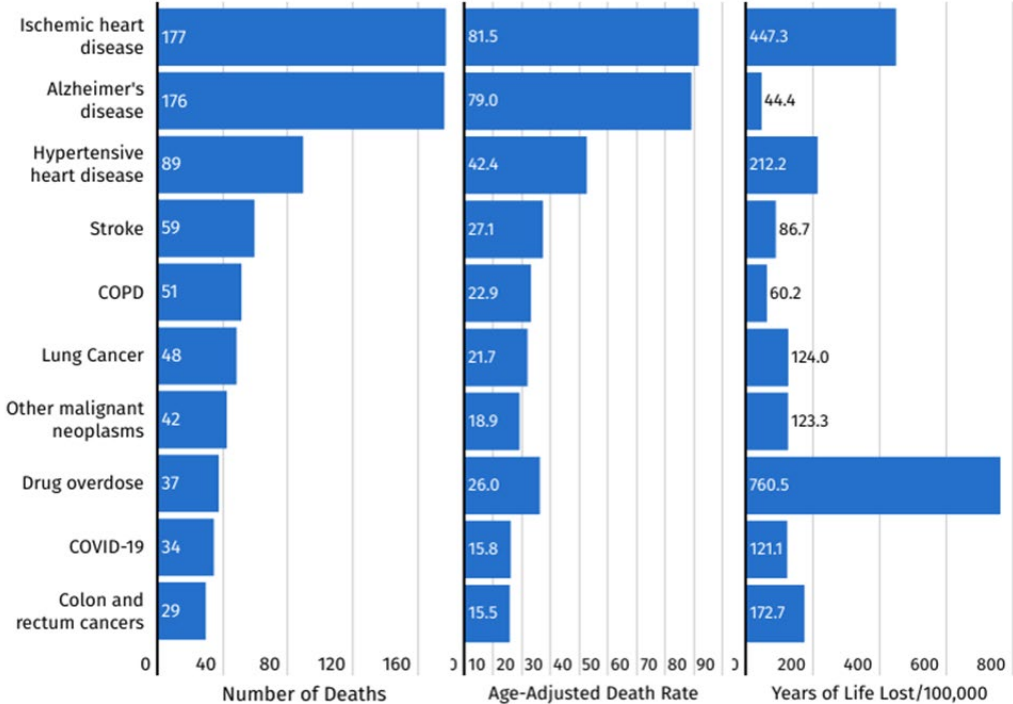
The age-adjusted rate for YLL (i.e., premature mortality) decreased between 2002 and 2019 (Figure 9). For the three-year period of 2020 to 2022, YLL increased for both males and females in Napa County. The increase was most pronounced among males, rising from 5,022 YLL per 100,000 in 2017-2019 to 5,930 YLL per 100,000 in 2020-2022. While some of this increase is likely attributable to the COVID-19 pandemic, the increase in drug overdose deaths seems to be the largest contributor to the increase in YLL (see Community Health Theme - Behavioral Health).

Figure 9.

Age-Adjusted Years of Life Lost Rate for All Causes, 2002-2004 to 2020-2022, Napa County
Source: California Community Burden of Disease Engine

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. Clinicians in HPSAs are working in areas with fewer resources, higher patient loads, and challenges with recruitment and retention. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Although Napa County is not designated as an HPSA for primary care, dental health, or mental health, large portions of the service area to the North are designated as shortage areas. Most of the geography to the north of Napa County is considered a mental health HPSA.

See **Appendix 1** for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

HEALTH INDICATORS

Please refer to the Napa County CHNA Data Hub 2023 to review each of the following health indicators mapped at the census tract level: Napa County 2023 PSJH (arcgis.com).

The hub provides data on each indicator in Napa County, the high need and broader need service areas, and California, as well as information about the importance of each indicator.

See Appendix 1 for additional Population Health Data

Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence's Population Health Care Management team based on NYU and Medi-Cal definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships.

In 2022, our data showed the following key insights for ED visits to Queen of the Valley Medical Center:

- At QVMC, 27.8% of all ED cases were considered potentially avoidable.
- More than half (54.2%) of all AED cases at QVMC came from the ZIP Code 94558.
- Patients identifying as "Hispanic or Latino" had higher percentages of ED visits that were potentially avoidable (30.2%) compared to patients identifying as "Not Hispanic or Latino" (25.9%).
- Patients under 18 years had the highest percentage of visits considered potentially avoidable at 30.8% compared to other age groups.
- Almost one in three (32.8%) of visits by patients with Medicaid (including HMO) were potentially avoidable, compared to only 21.1% for patients with commercial insurance.
- The most common diagnoses for all avoidable visits during this time were bronchitis and other upper respiratory diseases, urinary tract infections, and substance use disorders.

For additional information regarding these findings, please contact Terri Smith and Terri.Smith@Providence.org.

Department of Health Care Access and Information (HCAI) Data

Between 2017 and 2021, Napa County residents had a combined total of 199,216 ED visits, of which 25% were considered avoidable based on the algorithm developed by the Providence Population Health Care Management team. This number includes visits to hospitals both within Napa County and to hospitals in other counties. By Napa County ZIP Code, 49% of all avoidable visits were residents in 94558, followed by 20% in 94559, and 15% in 94503. Respiratory and genitourinary conditions were the most common reason for avoidable visits.

COMMUNITY INPUT

Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from Providence Queen of the Valley Medical Center in partnership with Napa County Health and Human Services conducted 12 key informant interviews with 12 representatives from community-based organizations, 15 listening sessions with 112 community members, and 7 additional preliminary data feedback sessions with 13 community leaders. Future Medical Systems led the community listening sessions. During key informant interviews and listening sessions, community members and staff from social service, health and education sectors discussed the issues and opportunities of the people, neighborhoods, and cities of the service area. During preliminary data feedback sessions, community leaders reviewed the initial data from interviews and listening sessions to provide feedback and gap analysis. All community input was collected from March 2023-May 2023. Below is a high-level summary of the findings of these sessions. Full details on the methodology and participants are available in [Appendix 2](#).

Our community listening sessions were designed to uncover latent and unmet needs based on personal lived experience and to explore the 'whys' behind people's behaviors and decisions. We supported individuals to take the lead in surfacing bright spots and challenges in their quality of life and related health and wellbeing. We created open-ended discussions using interactive field materials to delve more deeply into themes about health and wellbeing, including:

1. What drives quality of life? What drives quality health and wellbeing?
2. What does "health" mean in relation to lived experience?
3. What support structures and tools do people have? Where are the gaps?
4. What management and self-care tools and practices do people have?
5. What impacts do people recognize – of social determinants on their health/wellbeing?
6. How is equity experienced?

While the listening sessions, conducted in English and Spanish, utilized human centered design to facilitate open-ended participant-led conversations, key informant interviews and preliminary data feedback sessions were more formal with most participants working in a paid capacity to serve specific community groups and/or provide specific services. All data was analyzed to identify 10 themes, listed below:

- Racial Equity and LGBTQIA+ Inclusion
- Housing
- Behavioral Health
- Economic Stability
- Food Access
- Access to Health Services
- Childcare
- Language Access
- Transportation
- Education/Digital Inclusion

Community Context

While listening sessions focused on gathering community health experiences and feedback, participants also surfaced themes that describe the character and identity of Napa County. These are the settings and circumstances in which we live and work, and impact how we interact with each other and our institutions. While participants did not" vote on these themes as priority areas for the Community Health Assessment, they will be the lens through which we view and design our Community Health Improvement Plan.

SYSTEM COHESION

Participants reported that awareness and access to services is often facilitated by finding trusted messengers, or friends and family that can help. They described trust and personal connection as key to creating access to services. It can be difficult for people, especially community members with undocumented status, to distinguish between the governmental agencies/services that help them and those that could punish them. Social sector staff reported many people working outside of their job designation to make sure community members can access the resources they need. They named the inability to share data between agencies as a barrier to timely and comprehensive care. It can be difficult for community members to navigate the systems that are designated to help them.

DISASTER RESILIENCY

Napa County residents have experienced flooding, fires, earthquakes, and a pandemic. These shared experiences have magnified our ability to come together in a crisis. While our emergency systems continue to improve with each response, compounding disasters have left many community members unable to recover.

NATURE, ANIMALS, AND THE OUTDOORS

People very often identify the natural environment as the most positive contributor to their health and wellbeing. Pets and access to animals provides a valued source of reflection and calm. Napa County provides access to many outdoor experiences that are greatly valued in the community.

"ALL THE GREAT SERVICES"

Napa is perceived by many to have a broad and high-quality public service provision. For those in crisis and the most in need, services are reportedly readily available, especially in the city of Napa. Collaboration and strong connections between services and individual care providers and staff were named as a bright spot by many participants.

See **Appendix 2** for methodology and participant details

Challenges in Obtaining Community Input

While in-person dialogue creates the best environment for this depth of information sharing, participant schedules required that some interviews take place via video conferencing. "Assessment fatigue" was also a consideration, as there are many assessments, surveys, and strategic planning projects happening simultaneously in Napa County.

COMMUNITY HEALTH THEMES

This Community Health Themes section describes the highest priority needs determined through an analysis of qualitative data (listening sessions, key informant interviews) and quantitative population-level data. Additional qualitative data from listening sessions and key informant interviews can be found in the appendix of this report.

Racial Equity and LGBTQIA+ Inclusion

Connection to Health

"Racism is a system—consisting of structures, policies, practices, and norms—that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society."[2] Racial and ethnic minority groups in the United States have been consistently shown to have higher rates of illness and death across a wide range of health outcomes when compared to their white counterparts. Race Forward defines race equity as a process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color.

Lesbian, gay, bisexual, transgender, and queer/questioning, intersex, asexual, and more (LGBTQIA+) people are more likely than their heterosexual and cis-gender counterparts to experience health related challenges and disparities. LGBTQIA+ inclusion refers to inclusive health and social services for LGBTQIA+ individuals, as well as efforts to make all spaces safe for and inclusive of those who are LGBTQIA+.

Key Findings

Qualitative Data

Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about "doing it wrong". Key informants expressed the need to continue to invest in efforts to improve equity for all people living in Napa County. Key informants spoke to a need to address discrimination and bullying towards individuals identifying as LGBTQIA+. They also experience biases and discrimination within health care and lack access to gender-affirming and inclusive care. Community members described not being able to access transgender care locally. Young people may experience bullying for their culture and racial identity. Key informants spoke to the strong need for more services provided by bilingual and bicultural providers to serve the Spanish-speaking community in a culturally responsive way. This is inclusive of health care, behavioral health, and social services.

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[2] https://www.cdc.gov/minorityhealth/racism-disparities/index.html

"Police encounters at school haven't been good. I feel like I'm on the radar with the teachers and principal watching me, how I dress, what I look like, my beanie and hoodie."
- Latine youth, Napa

"None. There is no representation at all for the black community [in Napa County]."

– Public Sector staff member, Napa

"I'm all fine and great...well, except for the hate speech [about sexuality]." - Youth, American Canyon

Quantitative Data

School Connectedness reflects students' belief that peers and adults in the school support, value, and care about their individual wellbeing as well as their academic progress. When youth feel connected to their schools, they are less likely to experience poor mental health, substance use, sexual health issues, and violence.[3] Among 11th graders, school connectedness was lowest among African American (42%) and Hispanic/Latine (54%) youth (Figure 10). Youth who identified as gay, lesbian, or bisexual or who reported being unsure of their sexual orientation also reported lower levels of school connectedness compared to youth who identified as straight or heterosexual (Figure 11).

Figure 10.

School Connectedness among 11th graders by Race/Ethnicity*, 2021
Source: California Healthy Kids Survey

Race/Ethnicity	Percent
Asian	69%
White	63%
Mixed race	61%
Hispanic/Latine	54%
African American	42%

Percent who agree or strongly agree
*Data not available for all race/ethnic groups

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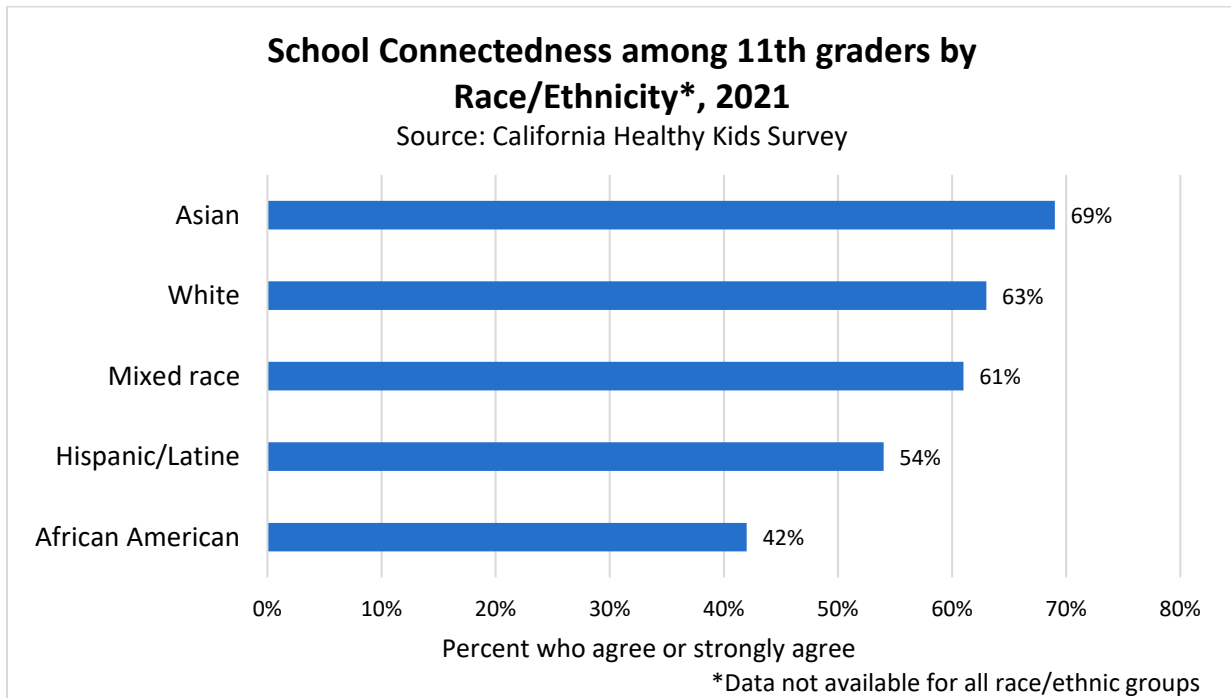
[3] https://www.cdc.gov/healthyschools/school_connectedness.htm

Figure 11.

School Connectedness among 11th graders by Sexual Orientation, 2021

Source: California Healthy Kids Survey

Straight/Heterosexual	59%
Not sure	54%
Gay/Lesbian/Bisexual	50%

44% 46% 48% 50% 52% 54% 56% 58% 60%

Percent who agree or strongly agree
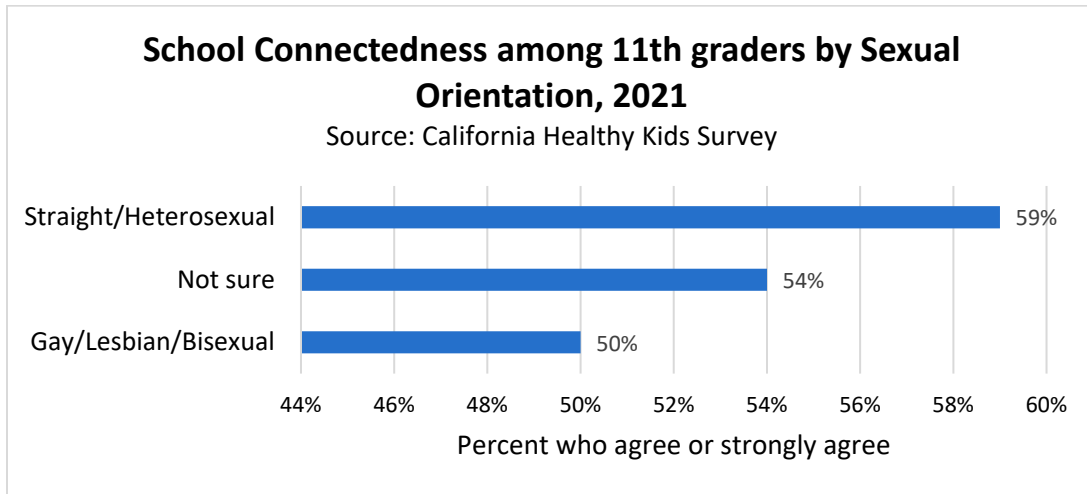
People of color throughout the United States have disproportionately high exposures to environmental hazards compared to their white counterparts, a finding often referred to as environmental racism.[4] Black, Asian, Pacific Islander, and those who identify as Multi-Race in Napa County have higher hazard scores than the county average of 5.587 (Figure 12). Higher hazard scores indicate a group has higher levels of exposure to contaminated air, water, and/or soil.

For the remaining nine priority health needs, data is broken out by race/ethnicity and sexual orientation where possible to show that inequities are present across all health themes.

Figure 12.

Proximity to Hazards by Race/Ethnicity, Napa County, 2021

Source: Race Counts (Cal Enviro Screen 4.0; ACS 5 year Estimates)

Race/Ethnicity	Hazard Score
Black	9.124
Asian	8.875
Pacific Islander	8.103
Two or more races	6.548
Latine	5.501
White	5.023
Native American	3.857
Other	2.411

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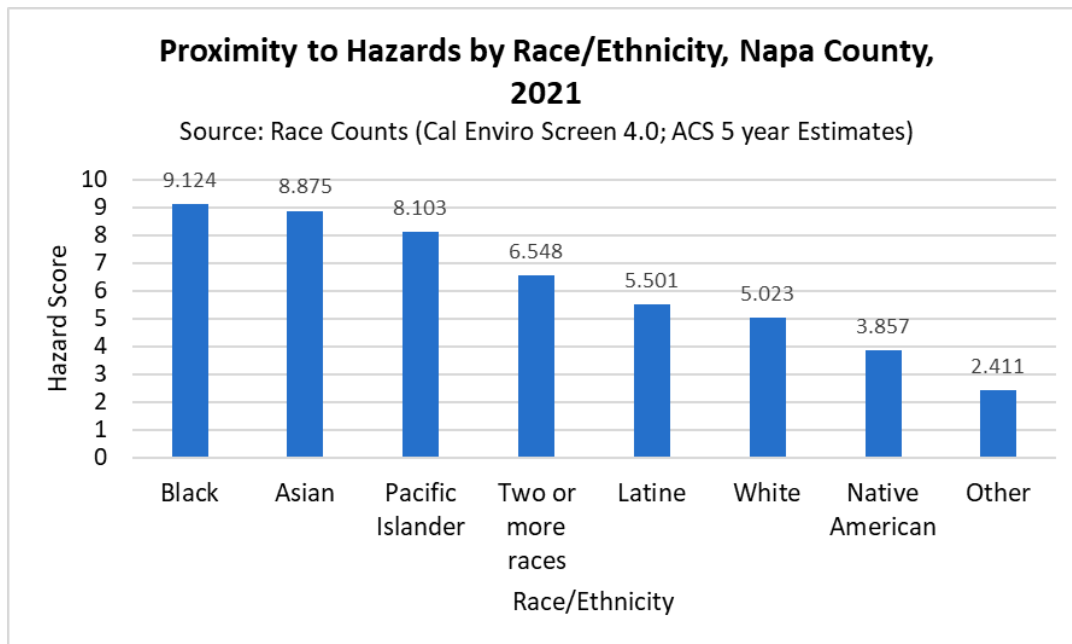
[4] What Is Environmental Racism? (nrdc.org)

Housing

Connection to Health

Excessive housing costs are associated with a spectrum of health issues including food insecurity, psychological stress, underutilization of health care, and developmental and behavioral problems in children. As households spend a larger proportion of their income on housing, they have less money to spend on nutrition, health care, and other essential needs. Households may be forced to make a choice between paying rent, filling a pharmacy prescription, or buying nutritious foods. Moreover, the stress of keeping up with bills on a limited budget and fear of homelessness are linked to lower psycho-social well-being and increased use of medical services. Over time, these combined impacts can increase the risk of developing chronic diseases, such as heart disease and diabetes. For those who already have a chronic health condition, housing cost burden can make managing those conditions more difficult and increase the risk for preventable health complications.

Key Findings

Qualitative Data

Key informants, community members, and caregivers emphasized the high cost of housing is a challenge for many in Napa County. Limited housing stock pushes prices so high as to be out of reach for many and creates an especially difficult situation for those with low income. There is a strong need for more affordable housing and low-income housing. Cost of living is very high and many jobs do not pay a living wage. Community participants noted that housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Demand for low-cost options may lead to unfair housing practices from landlords. Caregivers shared families live in poor housing conditions and over-crowded homes. Key informants and caregivers spoke to workforce housing as a need, particularly for those that work in agriculture and hospitality, as many workers cannot afford to live in Napa and must commute long distances for their work. Key informants shared the following populations may experience more difficulty accessing stable and affordable housing meeting their particular needs: transitional-age youth, people with behavioral health challenges, survivors of domestic violence, and older adults. More shelters for families with children are needed to ensure that families are able to stay together. Community members shared accessing housing support is cumbersome and involves a lot of paperwork. Key informants spoke to a need for more civic engagement to change policies around housing to make it more affordable and to educate people on their housing rights.

"I grew up here and work serving the community, but I can't afford to live here and recently moved to Solano County." - Latina, Public Sector staff member

"Housing is a big concern for me; it feels unattainable especially for older adults. I often ask my husband 'What are we going to do?'" – Low Income housing resident, Napa

"There's multiple families in a 1-2 room apartment. Say a couple are renting a room, they are going to have a baby. Now there's too many people, they have to leave." - Healthcare staff, Napa

Quantitative Data

A household is considered severely housing cost burdened when 50% or more of their total income is spent towards housing. In 2021, about one in four (24.6%) of renter households spent 50% or more of their income on housing costs in Napa County.

Figure 13.

24.6% of renters spend 50% or more of their income on housing costs
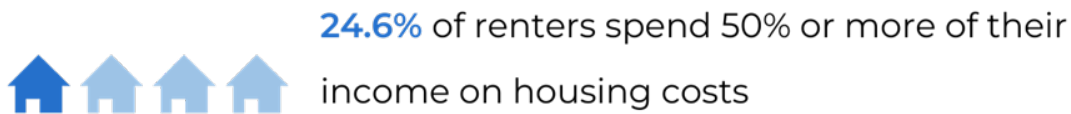
Source: 2021 American Community Survey

The housing market refers to the supply and demand for homes, and the health of the housing market is driven by the availability and type of housing units and housing prices. In a tight housing market, prices of homes skyrocket due to low supply (i.e., few units are available) and high demand (i.e., many are seeking to reside or invest in the area). In 2021, about one in 10 houses in Napa County were vacant. More than half of these vacancies were comprised of seasonal, recreational, or occasional use and second homes (sold, but not occupied). Conversely, less than one in five vacancies in Napa County were units for rent or sale.

Figure 14.

Nearly 1 in 10 housing units are vacant and more than half of those vacant because they are for *"For seasonal, recreational, or occasional use"*

Source: 2021 American Community Survey

| 3835 | 1544 | 804 | 341 | 150 |

• For seasonal, recreation, or occasional use • Other vacant • For rent • For sale only • Sold, not occupied • Rented, not occupied

Low quality housing is defined as housing that lacks an available kitchen, plumbing or heat. In Napa County, 5.4% of Hispanic/Latine households experience low-quality housing conditions compared to 1.3% of non-Hispanic white households (Figure 15). Due to small numbers, this data is not available for other race/ethnic groups.

Figure 15.

Percent Living in Low Quality Housing* by
Race/Ethnicity, Napa County, 2017-2021
Source: racecounts.org

*Defined as lack of available kitchen, plumbing or heat.
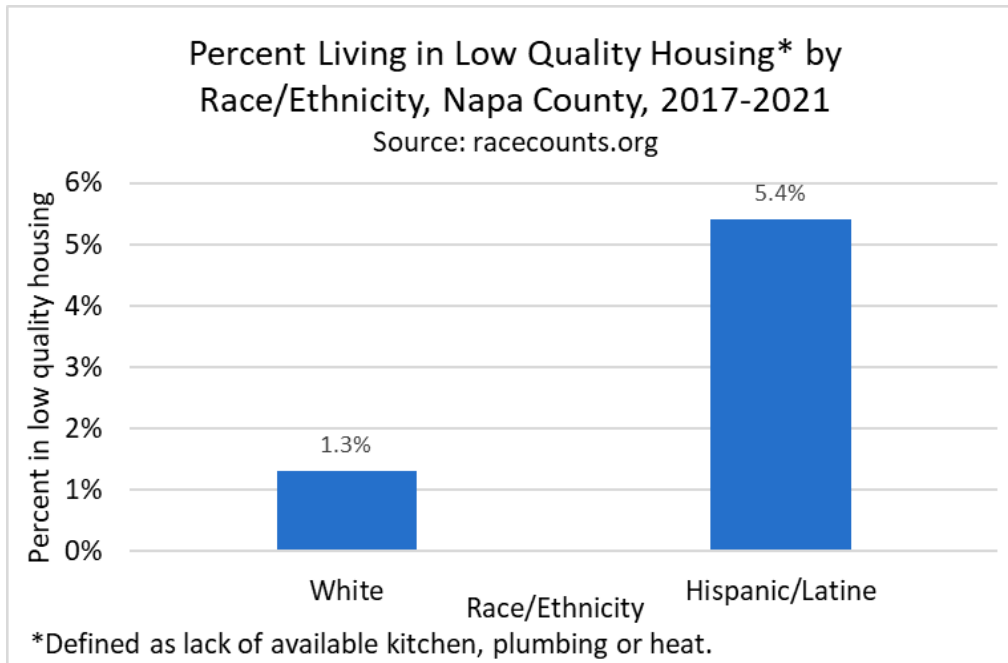
Overcrowded housing conditions, defined as more than one person per room in the house (not only bedrooms), can negatively affect both physical and mental health. Youth living in crowded conditions can experience impaired academic performance, more school absences, and more conflicts at home and at school. In Napa County, Black, Brown, Indigenous and People of Color (BBIPOC) community members are more likely to experience conditions that necessitate living in crowded housing units compared to non-Hispanic white residents (Figure 16).

Figure 16.

Percent Living in Overcrowded Housing Units by
Race/Ethnicity, Napa County, 2017-2021
Source: Race Counts (American Community Survey, 5 year estimates)
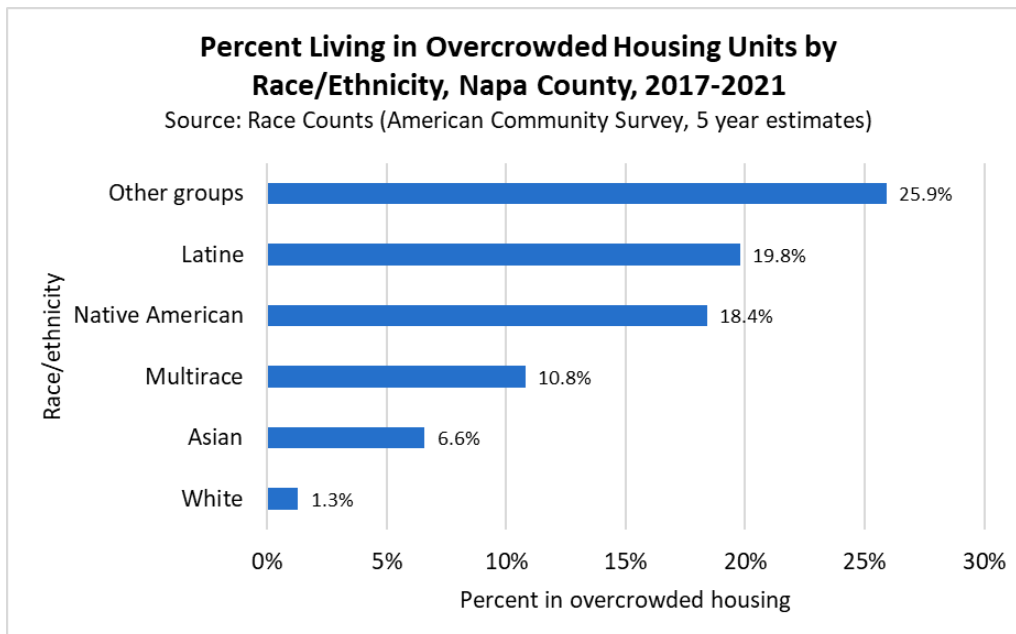
The median home price in Napa County increased from $371,717 in 2012 to $930,250 in 2021. Median household income also rose during this time (from $69,571 to $97,498), although not in proportion with the increase in home prices (Figure 17). In 2012, the median home price was a little over five times the median income, but by 2021 the median home price was almost 10 times the median income.

Figure 17.

Median Home Price and Median Household Income in Napa County
Source: American Community Survey, 2021, 5 year estimates

Year	Median Price of Homes Sold	Median Household Income
2012	$371,717	$69,571
2013	$484,990	$70,443
2014	$547,778	$70,925
2015	$594,471	$71,379
2016	$629,115	$74,609
2017	$670,104	$79,637
2018	$704,833	$84,753
2019	$702,000	$88,596
2020	$757,000	$92,219
2021	$930,250	$97,498
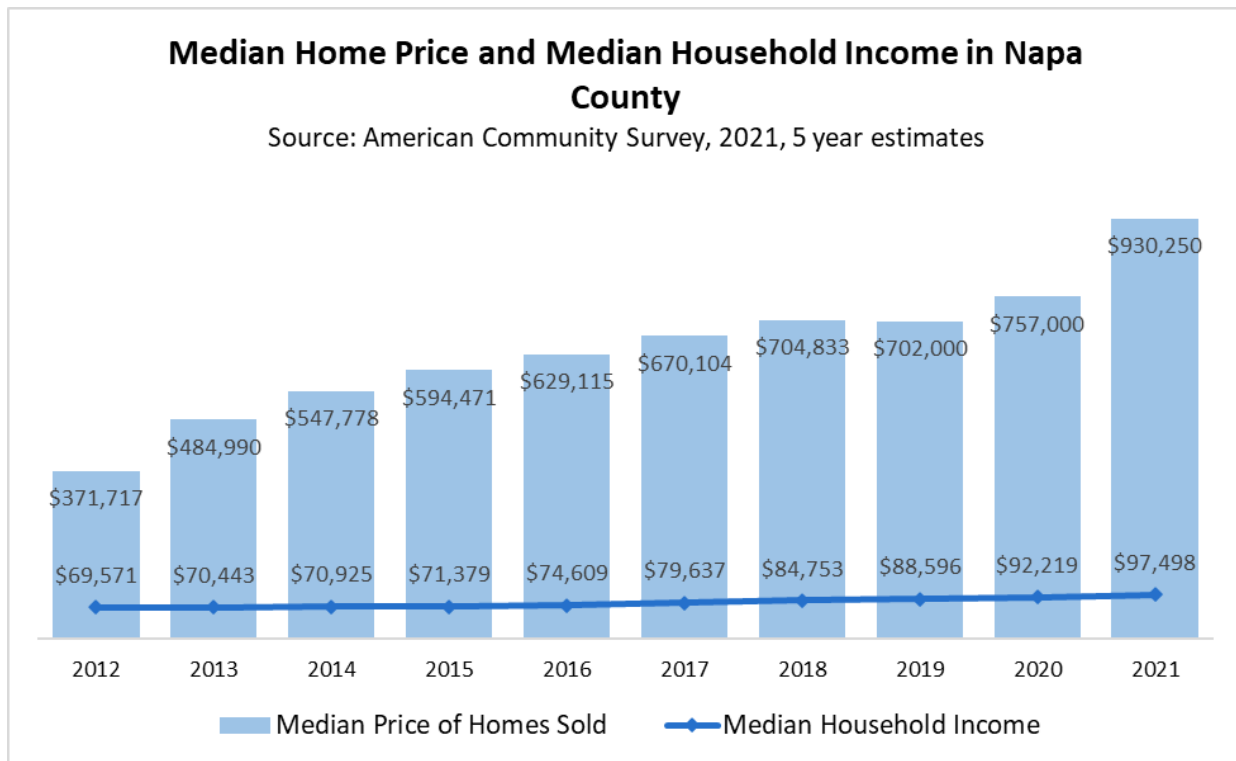
Behavioral Health

Connection to Health

Behavioral health services can improve the quality of life by addressing mental health and substance use issues that many face. Many adults and youth who develop substance use disorders will also be diagnosed with mental health disorders such as generalized anxiety disorder, post-traumatic stress disorder, depression, and bipolar disorder. Research shows 25% of people with serious mental illness also have a co-occurring substance use disorder.[5] In addition to co-occurring mental health, chronic health conditions often co-occur with substance use disorder including chronic pain, cancer, and heart disease, the latter which is independently associated with increased risk from substance use.[6]

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[5] Common Comorbidities with Substance Use Disorders Research Report. Part 1: The Connection Between Substance Use Disorders and Mental Illness.
[6] Common Comorbidities with Substance Use Disorders Research Report. Part 2: Co-occurring Substance Use Disorder and Physical Comorbidities.

Key Findings

Qualitative Data

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system. The task of providing mental health support can be a heavy weight to bear.

Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to underestimate the harm done. Key informants spoke to difficulties accessing timely mental health and substance use/misuse services, due to long wait lists and an increase in mental health and substance use/misuse challenges. Community members described mental health challenges as an often unaddressed, underlying issue for many people, affecting well-being. Caregivers emphasized a need for more substance use disorder (SUD) residential treatment centers and a medical detox, more psychiatric units and beds for adults and especially children, crisis intervention services, and case managers for people with severe mental illness. Key informants discussed the need for more behavioral health providers in general to meet the growing need, and in particular, more bilingual and bicultural providers to serve the Spanish-speaking community.

Key informants and caregivers spoke to the importance of having behavioral health supports to meet the unique needs of many groups including young people, Spanish-speaking community members, older adults, survivors of domestic violence, and people experiencing homelessness. The COVID-19 pandemic exacerbated behavioral health challenges as people experienced more stress, isolation, and economic insecurity. Caregivers report the mental health needs of young people and older adults as particularly amplified in the pandemic.

"The challenge is unrecognized mental health issues and unaddressed physical needs. People are self-medicating." - Healthcare staff, Napa

"Spanish-speaking mental health [support] is hard to get in Napa and you have to wait six months if you do. [People tell me] I'll be fine in 4 months: I need it now." - Healthcare staff, Napa

"My school offers therapy, [but] it's a long waiting list...The whole school is the waiting list!"
- High-schoolers

Quantitative Data

Mental health concerns, and particularly timely access to services, were frequently mentioned in listening sessions with community members and in key informant interviews. The percent of adults in Napa County reporting their mental health was not good for 14 days or more in a month was 13.9% in 2020 compared to 12.9% of adults in California overall. Just over 17% of adults in Napa County reported depression in 2020, compared to about 14% of adults statewide (Figure 18).

Figure 18.

Mental Health Concerns, Napa County and California, 2020

Source: Behavioral Risk Factor Surveillance Survey (BRFSS)
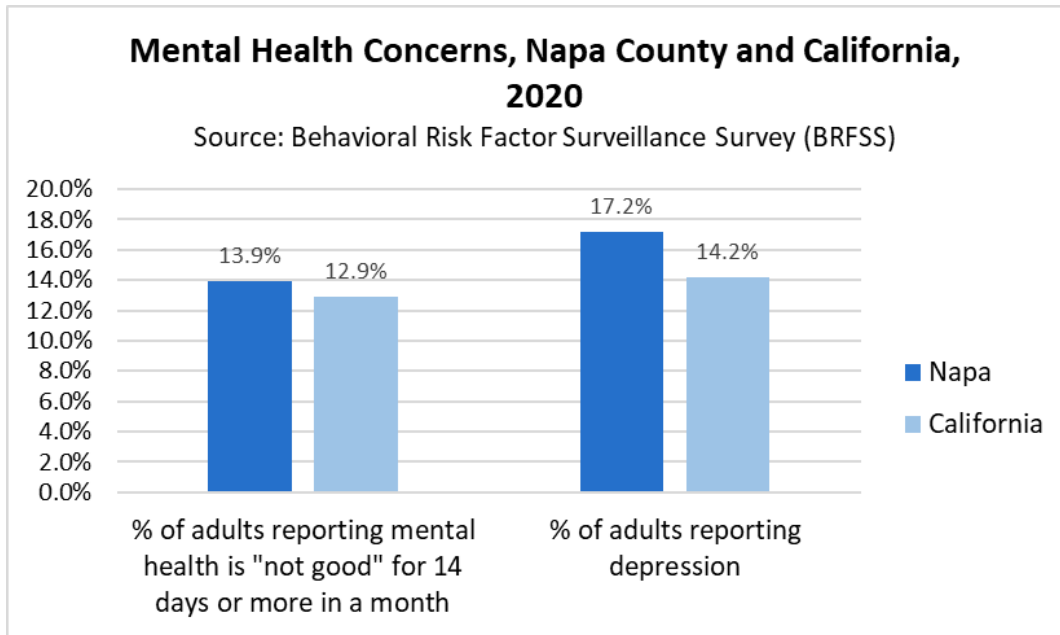
The California Healthy Kids Survey, which is administered to Napa County public school students, found that 43% of 11th graders overall reported chronic sadness or hopelessness in the previous 12 months. However, 11th graders who identified as gay, lesbian, or bisexual or who were not sure of their sexual orientation reported experiencing chronic sadness or hopelessness at much higher levels (Figure 19).

Figure 19.

Percent of 11th Graders Reporting Feeling Chronically Sad or Hopeless by Sexual Orientation, Napa County, 2019-2021

Source: California Healthy Kids Survey
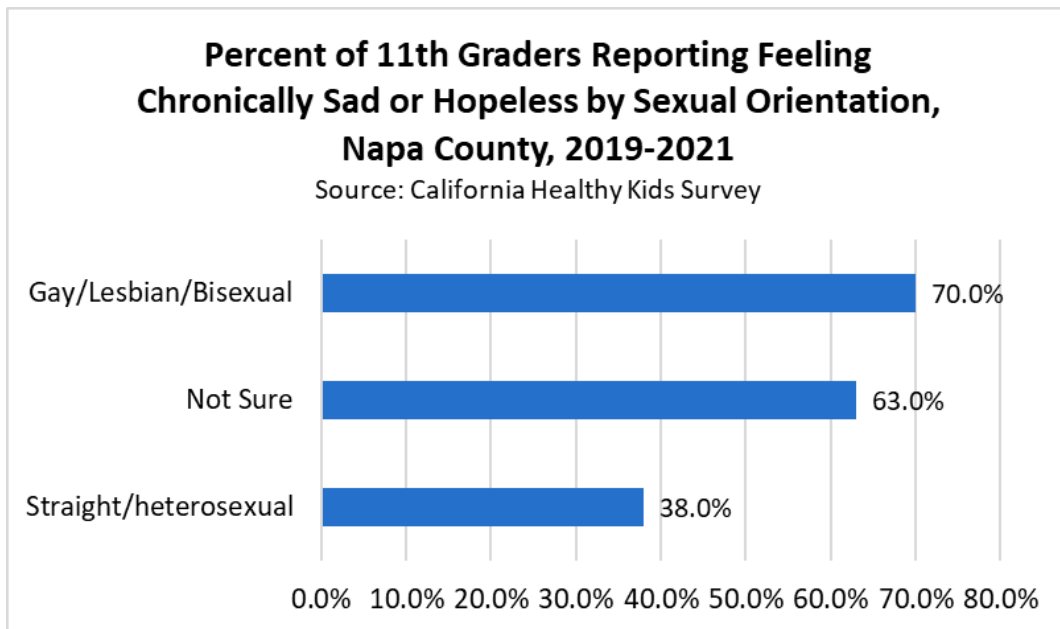
For the years 2017 to 2021, mood disorders were the leading cause of hospitalization for youth aged five and above (Figure 20). Youth ages five to 14 had 83 hospitalizations for mood disorders over the five-year period and youth ages 15 to 24 had 233 mood disorder hospitalizations.

Figure 20.

Leading Causes for Hospitalization among Youth Ages 5-24 years, 2017-2021, Napa County Residents
Source: HCAI, 2017-2021

5 to 14
- Mood disorders: 83
- Appendicitis and other appendiceal conditions: 55
- Maintenance chemotherapy; radiotherapy: 54
- Septicemia (except in labor): 21
- Diabetes mellitus with complications: 16

15 to 24
- Mood disorders: 233
- Prolonged pregnancy: 140
- Other complications of birth: 139
- Polyhydramnios and other problems of amniotic...: 79
- Schizophrenia and other psychotic disorders: 62

Number of hospitalizations

The annual number of deaths due to suicide among Napa County residents has fluctuated between 11 and 21 deaths each year (Figure 21). The highest yearly total over the 19-year period was 21 deaths due to suicide in 2020.

Figure 21.

Number of Deaths Due to Suicide, 2001-2022*, Napa County
Source: Califormia Community Burden of Disease Engine

Number of Deaths

Year
*2022 data is not finalized and the number of deaths may increase slightly
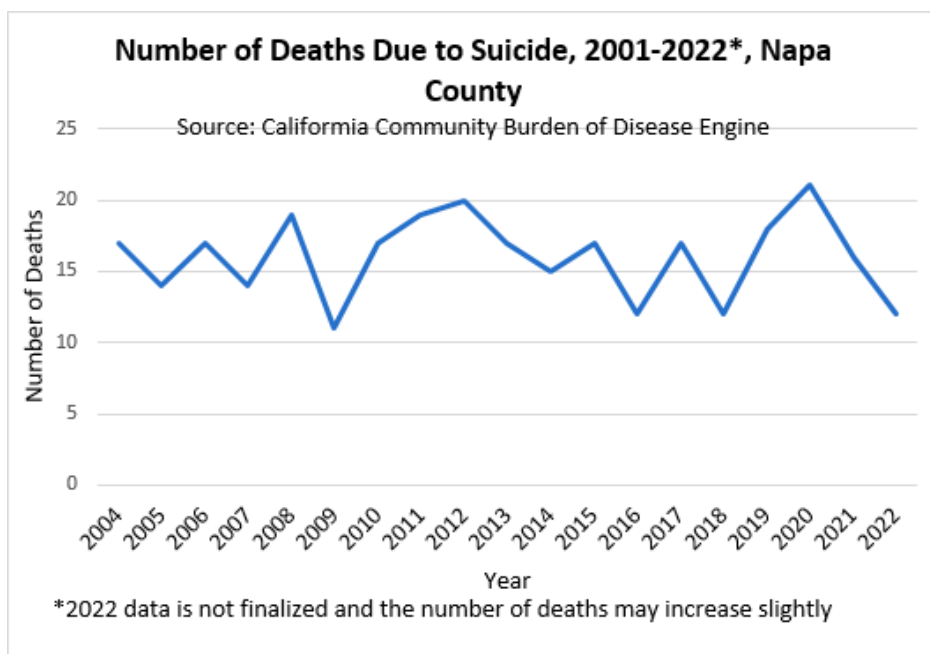
According to the Behavioral Risk Factor Surveillance Survey (BRFSS), the age-adjusted prevalence of binge drinking was 19.3% among Napa County adults in 2020. This was higher than the statewide prevalence of 16.6%. Binge drinking also is a risk factor for many health and social problems, including motor-vehicle crashes, violence, suicide, hypertension, acute myocardial infarction, sexually transmitted diseases, unintended pregnancy, fetal alcohol spectrum disorders, and sudden infant death syndrome.

Alcohol is often a factor in fatal and injury crashes. The California Office of Traffic Safety provides rankings for alcohol related crashes among cities of similar size. In 2020, the cities of Napa and American Canyon each ranked in the top 10 for crashes involving evidence of alcohol consumption and evidence of underage drinking (Table 3).

Table 3.

2020 Crash Ranking	American Canyon	Calistoga	City of Napa	St. Helena
Evidence of alcohol consumption	**6th** Highest rank out of 103 cities	41st Highest rank out of 74 cities	**3rd** Highest rank out of 106 cities	21st Highest rank out of 74 cities
Evidence of drinking under 21	**1st** Highest rank out of 103 cities	25th Highest rank out of 74 cities	**6th** Highest rank out of 106 cities	31st Highest rank out of 103 cities
Source: California Office of Traffic Safety, includes crashes involving both Napa County and non-Napa County residents. Higher rank means the city was worse comparatively to similarly sized cities.				

Between 2019 and 2021, the percent of students who reported vaping ranged from 5% of 7th graders to 27% of non-traditional students (Table 4). Current alcohol or drug use increased between grade 7 (6%) and grade 11 (24%), with non-traditional students reporting the highest levels of current use (38%).

Table 4.

Napa County Public Schools	Current Vaping	Current alcohol or drug use
Grade 7	5.0%	6.0%
Grade 9	6.0%	12.0%
Grade 11	11.0%	24.0%
Non-Traditional Students	27.0%	38.0%
Source: California Healthy Kids Survey, 2019-2021		

The age-adjusted death rate due to drug overdose has increased sharply in recent years, likely due to the increased presence of fentanyl in illicit drugs. The 3-year age adjusted death rate increased from 7.6/100,00 in 2002-2004 to 18.9/100,000 in 2020-2022 (Figure 22).

Figure 22.

Age-adjusted Death Rate due to Drug Overdose, 2002-2004 to 2020-2022*, Napa County
Source: California Community Burden of Disease Engine

*2022 data is not finalized and the number of deaths may increase slightly
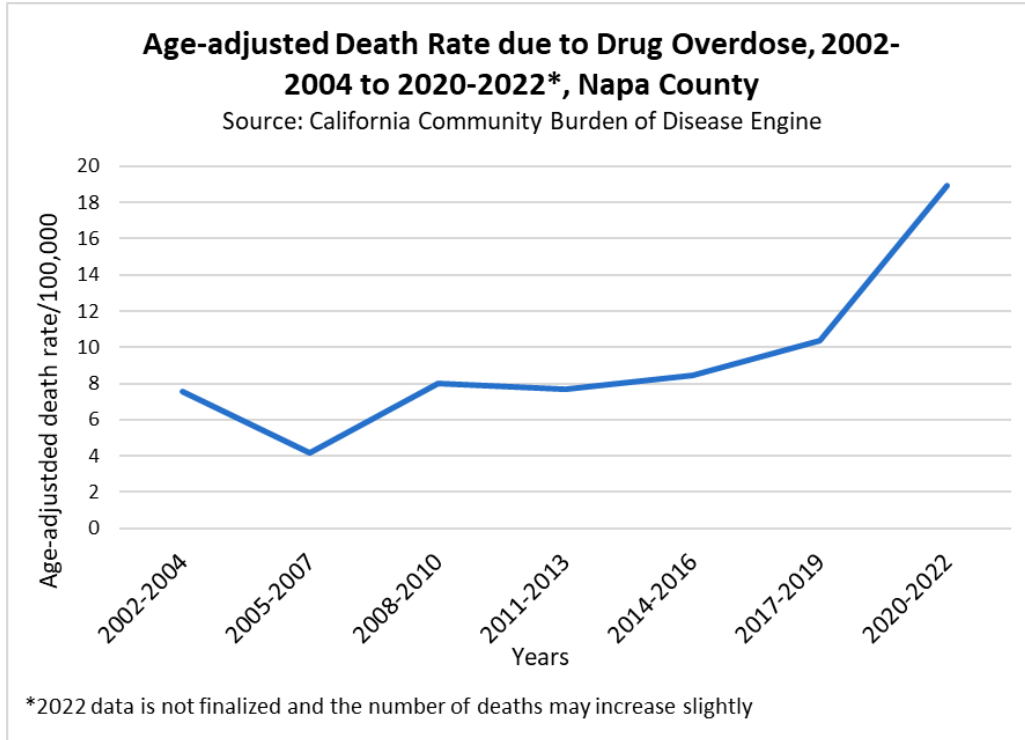
Economic Stability

Connection to Health

According to County Health Rankings and Roadmaps, "adults in the highest income brackets are healthier than those in the middle class and will live, on average, more than six years longer than those with the lowest incomes." Families with low incomes "face continuous stress of not having the financial means to purchase healthy food, transportation, safe housing, and other aspects that lead to healthy lives. This stress leads to a myriad of health issues like increased cardiovascular risk. Children from low income families tend to be sicker and low income mothers are more likely to have pre-term or low

birthweight babies. The babies are then at higher risk for chronic disease and behavioral problems – so, the cycle continues." [7]

Key Findings

Qualitative Data

Participants overwhelmingly spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and also fear for their own financial future. Many families are still dealing with the financial effects of the pandemic, particularly mixed-status families (those with a combination of documentation statuses including undocumented status) because they were not able to access many benefits during the pandemic.

"Health and wellbeing? I always mention something economic. Those who work with certain wineries have insurance, but for those who don't, what we make isn't enough." - Farmworker, Calistoga

"Stuff is expensive. I live day by day. Sometimes I don't eat." - Parent of young child, Napa

"[I feel anxious] when I think about my future, about money." - Youth, Calistoga

"The cost of living goes up but salaries stay the same." – Low Income housing resident, Napa

Quantitative Data

The term living wage is used to describe the income level that allows individuals and families to afford adequate shelter, food, and other necessities in a given area. In Napa County, BBIPOC community members were less likely to have a living wage than their white counterparts. While 83.9% of white residents reported a living wage, only 58.5% of Pacific Islander residents and 60.8% of Hispanic/Latine residents had living wages.

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[7] https://www.centerforpophealth.org/2022/07/25/economic-stability-affects-all-aspects-of-health/#:~:text=Poverty%2Dstricken%20families%20face%20continuous,issues%20like%20increased%20cardiovascular%20risk.

Figure 23.

**Percent of People Earning a Living Wage by Race/Ethncity (2017-2021)**
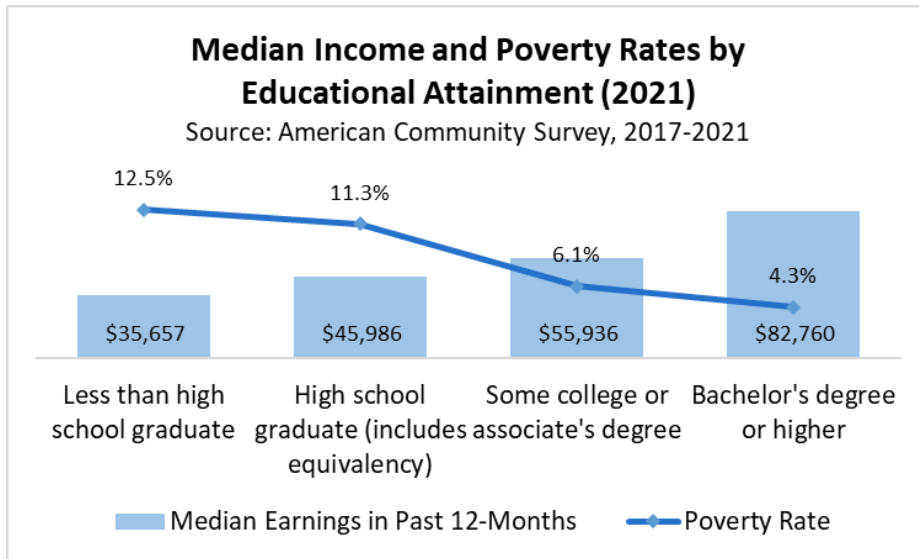Source: racecounts.org, American Community Survey, 5 year estimate
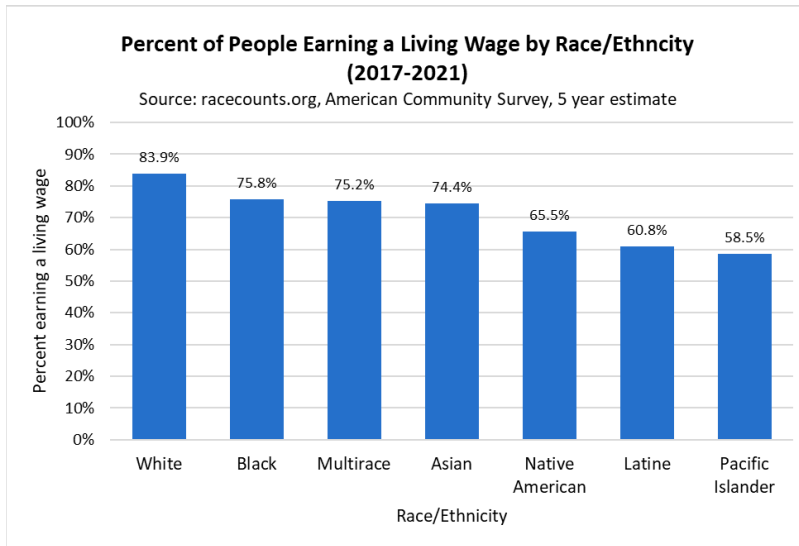
Income inequality, as measured by the Gini Index, increased in Napa County between 2012 and 2021 (Figure 24). According to the US Census Bureau "the Gini Index is a summary measure of income inequality…The Gini coefficient ranges from 0, indicating perfect equality (where everyone receives an equal share), to 1, perfect inequality (where only one recipient or group of recipients receives all the income)." Income inequality in Napa County showed the largest increase between 2014 and 2015, and then showed a smaller increase from 2019 to 2020.

Figure 24.

Income Inequality in Napa County: Gini Index
Source: American Community Survey, 2021 5 year estimates
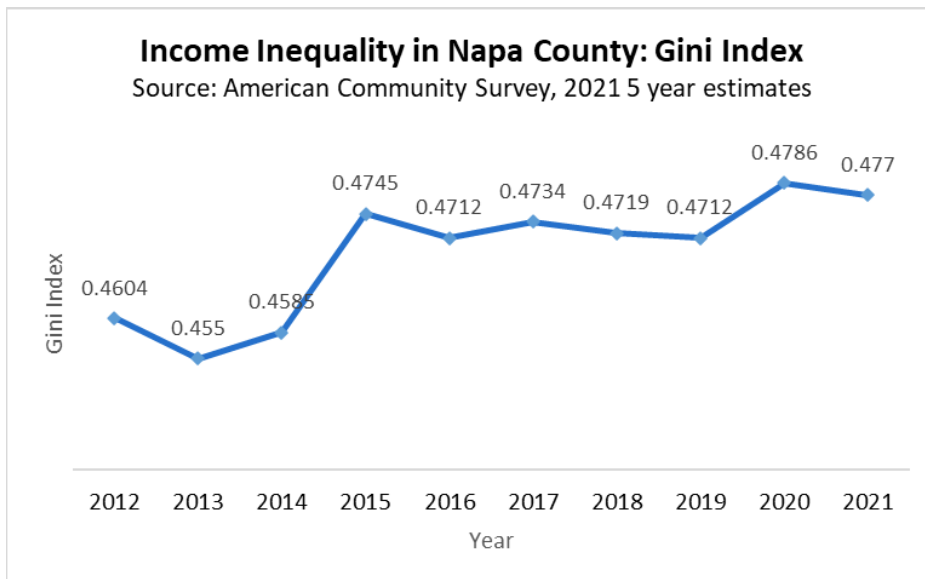
Napa County residents with less than a high school education had the lowest median earnings on average ($35,657 annually) and the highest proportion experiencing poverty (12.5%), according to American Community Survey data from 2017-2021. Median income increased and the proportion experiencing poverty decreased with higher levels of education (Figure 25).

Figure 25.

Median Income and Poverty Rates by Educational Attainment (2021)
Source: American Community Survey, 2017-2021

- 12.5% — Less than high school graduate — $35,657
- 11.3% — High school graduate (includes associate's equivalency) — $45,986
- 6.1% — Some college or associate's degree — $55,936
- 4.3% — Bachelor's degree or higher — $82,760

Legend: Median Earnings in Past 12-Months · Poverty Rate

Food Access

Connection to Health

The ability to access and utilize healthy, nutritious food is a social determinant of health, with food insecurity being linked to obesity, type 2 diabetes, cardiovascular disease, and a host of other health conditions.[8] Food access is tightly linked to economic stability, housing, and transportation, as rising costs in other areas of the economy further impact the ability of individuals and families to cover the cost of food.

Key Findings

Qualitative Data

Many people are aware of and using food services but rely on them with reservations. Some who qualify for emergency food support are hesitant to access it and feel others may need the support more. People accessing emergency food are concerned about quality and nutrition. Isolated older adults need more assistance in accessing food. There is the opportunity to redesign food service systems for local, Napa County needs. Qualifying for emergency food systems can rely on paperwork that may be difficult to navigate without support, especially for community members who don't speak English or don't have access to multiple forms of identification.

"We do have food, but the canned food we get has too much salt; it's not good for me." – Older Adult Spanish Speaking Group, Napa

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[8] National Institutes of Health (NIH), National Institute on Minority Health and Health Disparities, Food Accessibility, Insecurity and Health Outcomes (nih.gov)

"How can I get food? I'm a senior with low mobility, so walking down the street and carrying groceries back is not an option for me." - Older Adult Spanish Speaking Group, Napa

"The forms to get food eligibility are so long and getting longer. They require ID and proof of housing. We know they live with someone else who is on the water bill, do they really need a bill with their name on it?" - Bubble up session participant

Quantitative Data

[Feeding America](#) estimates that, in 2021, 7.8% of Napa County adults and 9.5% of children were food insecure (Figure 26). The USDA defines food insecurity as the lack of consistent access to enough food for every person in a household to live an active, healthy life. Many households that are food insecure do not qualify for federal nutrition assistance programs, such as CalFresh in California (Figure 27).

Figure 26.

In 2021, estimated food insecurity in Napa County was:

About 1 in 13 adults (7.8%)

About 1 in 10 children (9.5%)

Figure 27.

In 2021, only 61% of food insecure adults were estimated to meet income eligibility to qualify for food assistance (SNAP)

● Above SNAP threshold of 200% FPL
● Below SNAP threshold of 200% FPL

Food insecurity also varies by race/ethnicity, with Hispanic/Latine and Black residents in Napa County experiencing higher levels of food insecurity (11% and 10%, respectively) compared to non-Hispanic white residents (4%) (Figure 28). Data on food insecurity was not available for all race/ethnic groups.

Figure 28.

Percent Food Insecure by Race/Ethnicity, 2021
Source: Feeding America
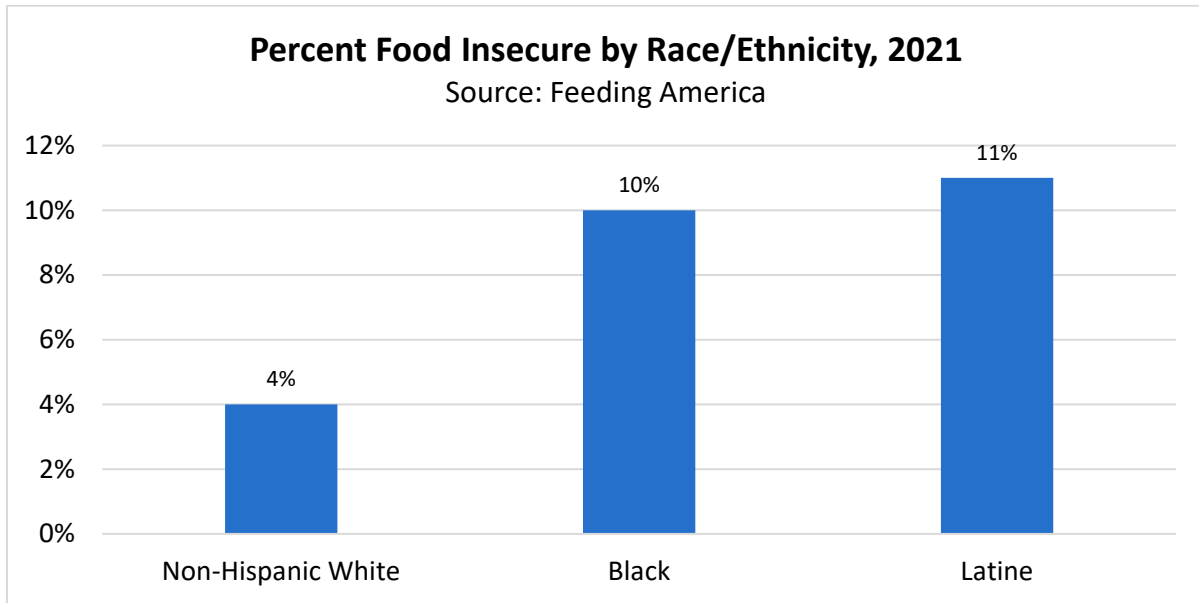
Access to Health Services

Connection to Health

Access to Healthcare, including dental care, can be impacted by health insurance coverage, transportation, language, and workforce vacancies. "Uninsured adults are less likely to receive preventive services for chronic conditions such as diabetes, cancer, and cardiovascular disease."[9] Similarly, children without health insurance coverage are less likely to receive appropriate treatment for conditions like asthma or critical preventive services such as dental care, immunizations, and well-child visits that track developmental milestones.[10] Access to healthcare services allows individuals to benefit from preventative care, increasing lifespan and reducing healthcare costs in the long term.

Key Findings

Qualitative Data

Participants named cost and inability to navigate systems as barriers to accessing healthcare. Many people have to travel out of the county, particularly for specialty care, making transportation a major barrier. Caregivers expressed the need for more urgent care centers and more in-home support services. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care.

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[9] Institute of Medicine (U.S.) Committee on Health Insurance Status and Its Consequences. (2009). America's uninsured crisis: Consequences for health and health care. National Academies Press.

[10] Ayanian, J. Z., Weissman, J. S., Schneider, E. C., Ginsburg, J. A., & Zaslavsky, A. M. (2000). Unmet health needs of uninsured adults in the United States. JAMA, 284(16), 2061–2069.

Many participants discussed the challenges of navigating the complexity of health care services, noting the importance of case management. Key informants and caregivers shared that documentation status can be a barrier to accessing health insurance, preventing some residents from being able to afford needed care. The cost of care impacts many community members. Key informants and community members spoke to a lack of gender-affirming care and inclusive care services for LGBTQIA+ patients. There is concern around people losing their insurance due to job loss during the pandemic, as well as people maintaining their insurance as pandemic enrollment requirements change. Caregivers and community members shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally.

"Medical appointments are given so far out. I've considered making a 'placeholder' appointment each month just in case I need it and cancel if I don't." - Adult Spanish-speaker, Napa

"People get frustrated because they can't keep the same provider and they understand that Medi-Cal Emergency covers ER visits. That's why they go to ER instead of a PCP". - Healthcare staff, Napa

"I used to have to get to Oakland to get to a trans-specific group, but [I'm getting older and] I can't make that drive anymore." - Transgender adult, Napa

"Doctors tell patients to lose weight but don't always offer tools or resources. Gym memberships are not affordable to everyone." - Adult Spanish-speaker, Napa

"When we go to the clinic, the first thing they ask for is insurance so people have fear. Then they ask you for so much paperwork or proof and it makes us fear going." - Farmworker, Calistoga

Quantitative Data

In 2021, 6.0% of Napa County residents were estimated to be uninsured compared to 7.2% of California residents overall (American Community Survey, 5-year estimate). In the high need area of the county, 9.2% of the population was uninsured, compared to 3.9% in the broader need area (Figure 29).

Figure 29.
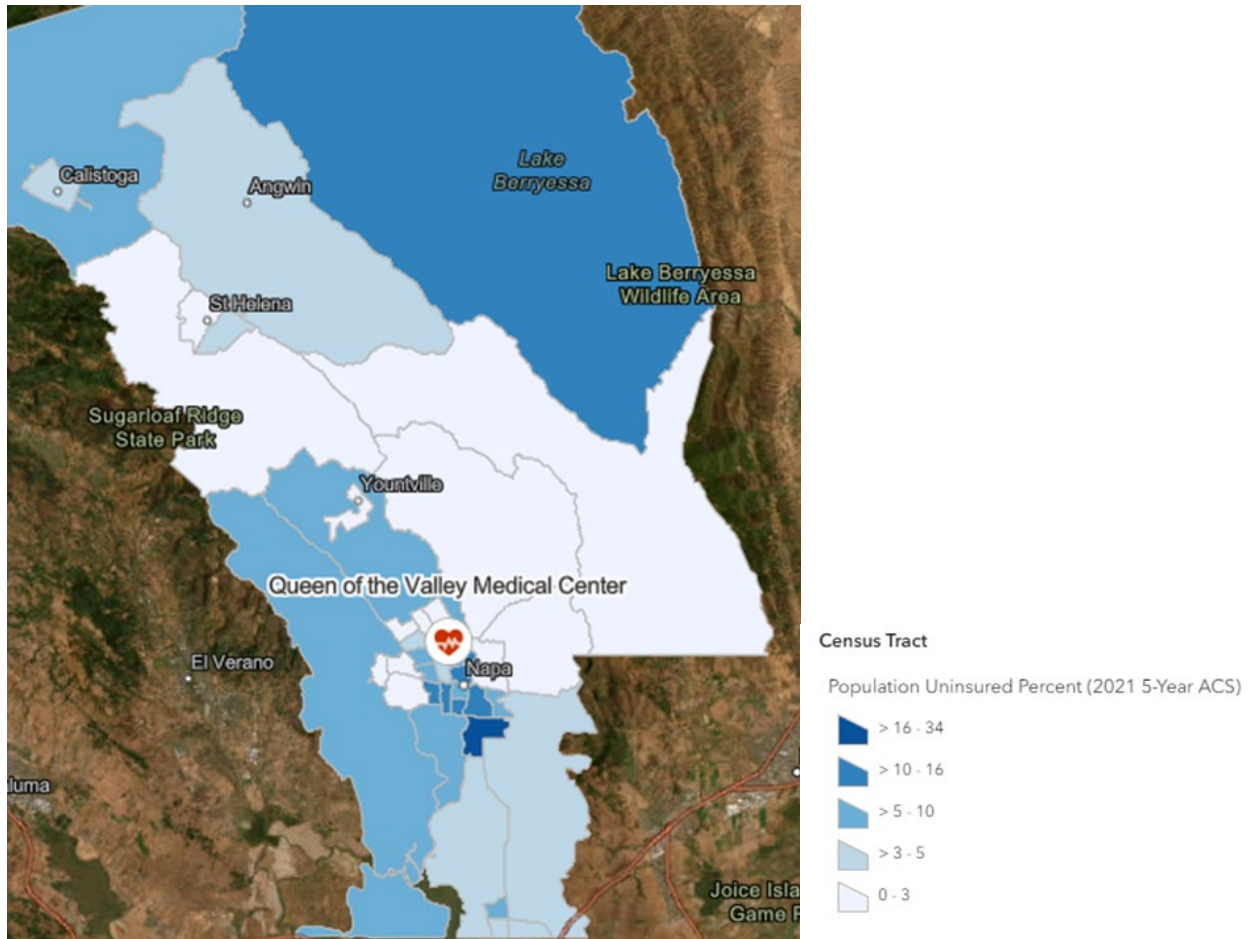
In addition to geographic disparities in health insurance coverage, there were also differences in healthcare insurance coverage by race/ethnicity. Napa County residents who identified as Hispanic/Latine or as "Other" under categories for race/ethnicity provided in the American Community Survey, more frequently reported being uninsured (Figure 30).

Figure 30.

Percent Uninsured by Race/Ethnicity, Napa County
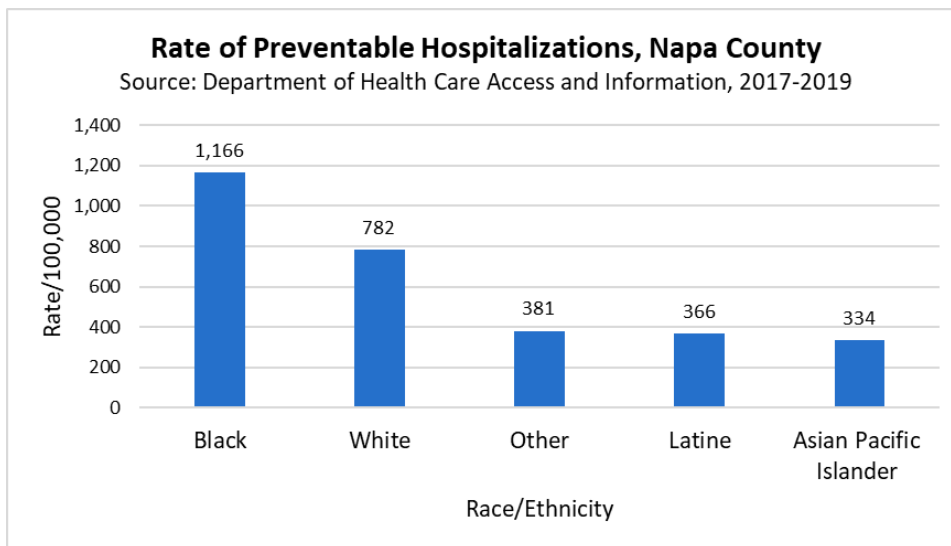Source: American Community Survey, 2016-2020

A bar chart titled "Percent Uninsured by Race/Ethnicity, Napa County" with y-axis labeled "Percent Uninsured" ranging from 0.0% to 14.0%. Bars: Other 12.5%, Latine 10.2%, Two or more races 6.7%, Asian 3.9%, White 3.5%, Black 2.9%. X-axis labeled "Race/Ethnicity".
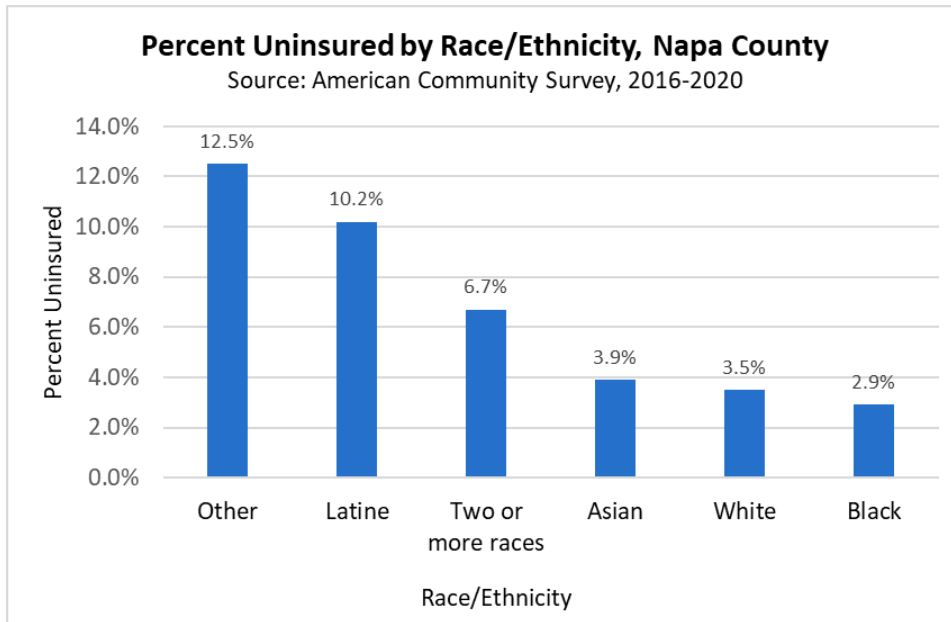
Rates of preventable hospitalizations, which are generally defined as hospitalizations for conditions treatable in the outpatient care setting, also varied by race/ethnicity. Although black residents of Napa County were uninsured at lower levels than other race/ethnic groups (2.9% reported being uninsured between 2016 and 2020), they had higher rates of preventable hospitalizations (1,166 per 100,000) compared to other groups for whom data was available (Figure 31), which may represent other barriers to obtaining quality outpatient care. Non-Hispanic white residents had the second highest rate of preventable hospitalizations (782 hospitalizations per 100,000).

Figure 31.

Rate of Preventable Hospitalizations, Napa County
Source: Department of Health Care Access and Information, 2017-2019

A bar chart titled "Rate of Preventable Hospitalizations, Napa County" with y-axis labeled "Rate/100,000" ranging from 0 to 1,400. Bars: Black 1,166, White 782, Other 381, Latine 366, Asian Pacific Islander 334. X-axis labeled "Race/Ethnicity".

Access to proper dental care can reduce unnecessary visits to Emergency Departments (ED) stemming from worsening dental conditions. Several barriers, such as a lack of dental insurance, an insufficient

number of dental professionals in an area, out of pocket share of cost, cultural or linguistic barriers, long wait times, or a lack of awareness about dental health, can hinder timely dental care. Consequently, ED dental visit rates can be indicative of access to quality dental care. ED dental visit rates for Napa County residents ranged from 28 to 48 visits per 10,000 population between 2017 and 2021 according to HCAI. The most common dental related reasons for ED visits were periapical abscess without sinus, other specified disorders of teeth and supporting structures, and dental caries (Figure 32).

Figure 32.

Top Dental Diagnoses among all ED Dental-related Visits, Napa County residents, 2017-2021
Source: HCAI, 2017-2021
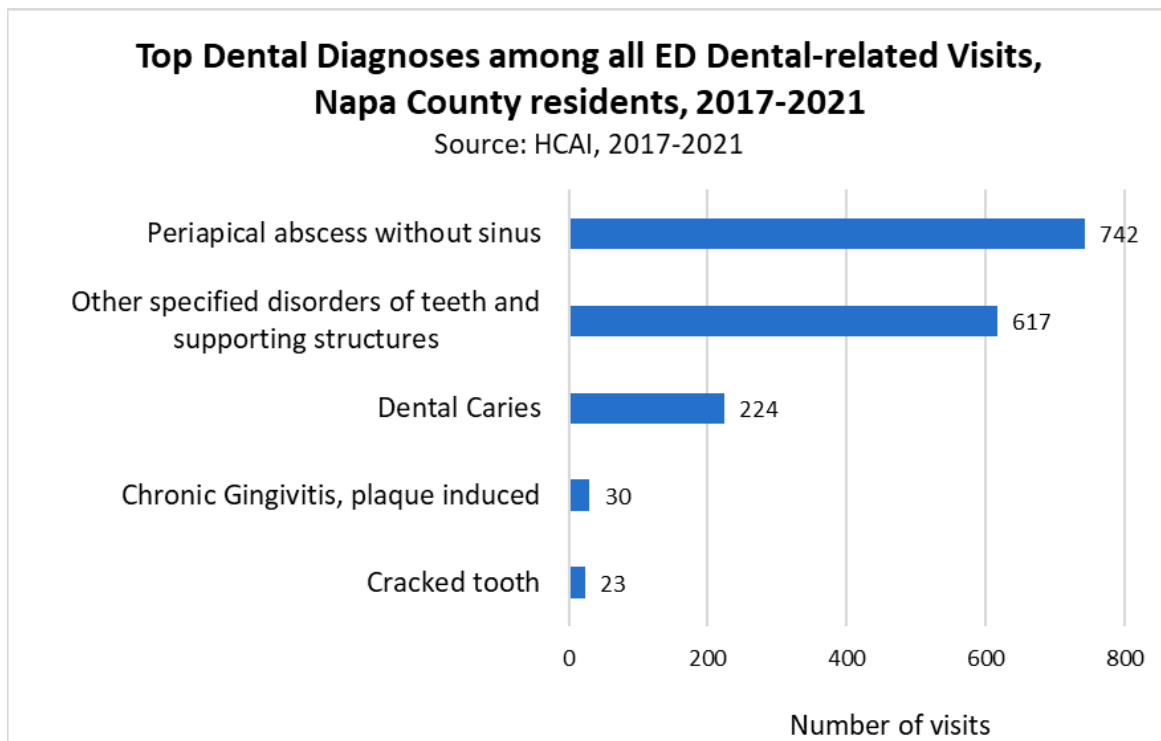
Childcare

Connection to Health

Access to childcare impacts the entire family unit. Safe, local childcare options allow parents to attend work and school, creating a foundation of economic security. "Several key studies have shown that providing families that have low socioeconomic status access to high-quality, affordable childcare before children reach age 5 can buffer early learning gaps and improve long-term academic, social, economic, and health outcomes."[11]

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[11] Frances A. Campbell and others, "Early Childhood Education: Young Adult Outcomes from the Abecedarian Project," Applied Developmental Science 6 (1) (2002): 42–57.

Key Findings

Qualitative Data

Gaps in, or lack of, childcare can create instability, impacting employment, money, and mental health. These outcomes are disproportionately felt by women. There is a need for more flexible childcare options that allow for jobs that operate during morning and evening hours. Many parents rely on friends, families, and neighbors to provide childcare. There is a shortage of "licensed slots" for childcare and known system bottlenecks to creating them.

"Many available jobs in hospitality and farming require non-traditional working hours not covered by childcare." - Education Resource Specialist

"Families need 2 jobs to survive, so don't see each other: one works in day, one works at night to cover childcare." – Education Resource Specialist

"Mondays to Thursdays, 8:30-4:30 doesn't cover an 8am-5pm job, or any job I can get." - Single mom of young child, Napa

"Two years ago we had vouchers for 180 kids, now we have 550. But the slots are not available. The bottleneck is childcare providers." - Education Resource Specialist

Quantitative Data

In 2021, licensed childcare spaces were available for 21.9% of children birth to age 12 with parents in the labor force (www.kidsdata.org). The availability of childcare during evenings, weekends, or overnight for parents with work hours outside of the Monday to Friday, 8am to 5pm work schedule was very limited. About 1 in 5 or 21% of family care homes offered care during these times and no childcare centers in Napa (which are typically licensed by the California Department of Social Services) offered care during off hours. When families can find an available spot in childcare, the costs can often be prohibitive (Figure 33).

Figure 33.

In 2021:

Licensed childcare spaces were only available for about **1 in 5** children (aged 0-12) with working parents in Napa County.

1 in 5 Family Care Homes and **No** Childcare Centers offered evening, weekend, or overnight care.

$11,969 - $13,057 Median annual cost for a preschooler.

$13,409 - $19,147 Median annual cost for infant care.

Language Access

Connection to Health

Having limited English proficiency in the United States can be a barrier to accessing health care services and understanding health information. For example, compared to older individuals who only speak English, older individuals with limited English proficiency are more likely to have no usual source of care, report lower self-rated health, and report feeling sad most or all of the time.[12] A study that examined self-reported health status, health behaviors, access to care, and timeliness of care among the U.S. Hispanic adult population found that Hispanic people who chose to respond to a survey in Spanish were more likely to report worse health status, lack health insurance, not have a personal doctor, and postpone seeing a doctor because of the cost of care, compared to Hispanic people who chose to respond in English.[13]

Key Findings

Qualitative Data

In many cases, access to support and help is reliant on English competency, spoken and written. Reaching out to vulnerable populations and building trust is best done in-person with same-language and culturally matched communication. Certain languages such as Mixteco (and other Indigenous languages), Chinese, Tagalog, Vietnamese, and Native American languages are not widely represented in Napa civic life. Many participants named language access as a specific challenge in access healthcare services and described an acute need for more bilingual and bicultural providers.

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[12] Linguistic Disparities in Health Care Access and Health Status Among Older Adults - PMC (nih.gov)

[13] Language Spoken and Differences in Health Status, Access to Care, and Receipt of Preventive Services Among US Hispanics - PMC (nih.gov)

"I see the young guys here that can't speak English and can't leave [farmworkers' lodgings]...they don't want to leave their rooms." - Farmworker, St. Helena

"I have access to medicine and Medi-Cal because I have my daughter who supports me... but what about others that don't have someone like her?" - Adult, Calistoga

"For ESL [classes] the intake was four to eight pages, 100% in English! That's weird right? Why is this in the language you know they don't speak?" - Public Sector staff member, Napa

"Beyond language, you need to have cultural competence. I've had patients say, 'ask my eldest son' about their care decisions. Sometimes this is outside of my constructs of ethics as a provider." - Primary care physician, Napa

Quantitative Data

A "Limited English-speaking household" is one in which no member 5 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English "Very well." In Napa County, more than 1 in 7 people who are 5 and older speak English less than very well. Most people (over 80%) in Napa County who speak English less than very well are native Spanish speakers (Figure 34).

Figure 34.

More than **1 in 7** speak English "less than very well"

ES Over **80%** of this total speak Spanish

The remaining includes speakers from **at least 12 language groups,** including Tagalog, Vietnamese, Russian, Korean, Arabic, and more

Source: 2021 American Community Survey

Census tracts with a higher percentage of households with limited English proficiency were primarily located in the southern part of Napa County, in the cities of Napa and American Canyon. Calistoga also had a higher percentage of households (8%) with limited English proficiency (Figure 35). This data can help organizations to identify areas where residents may have greater need for English language assistance.

Figure 35.

Queen of the Valley Medical Center

Napa

noma
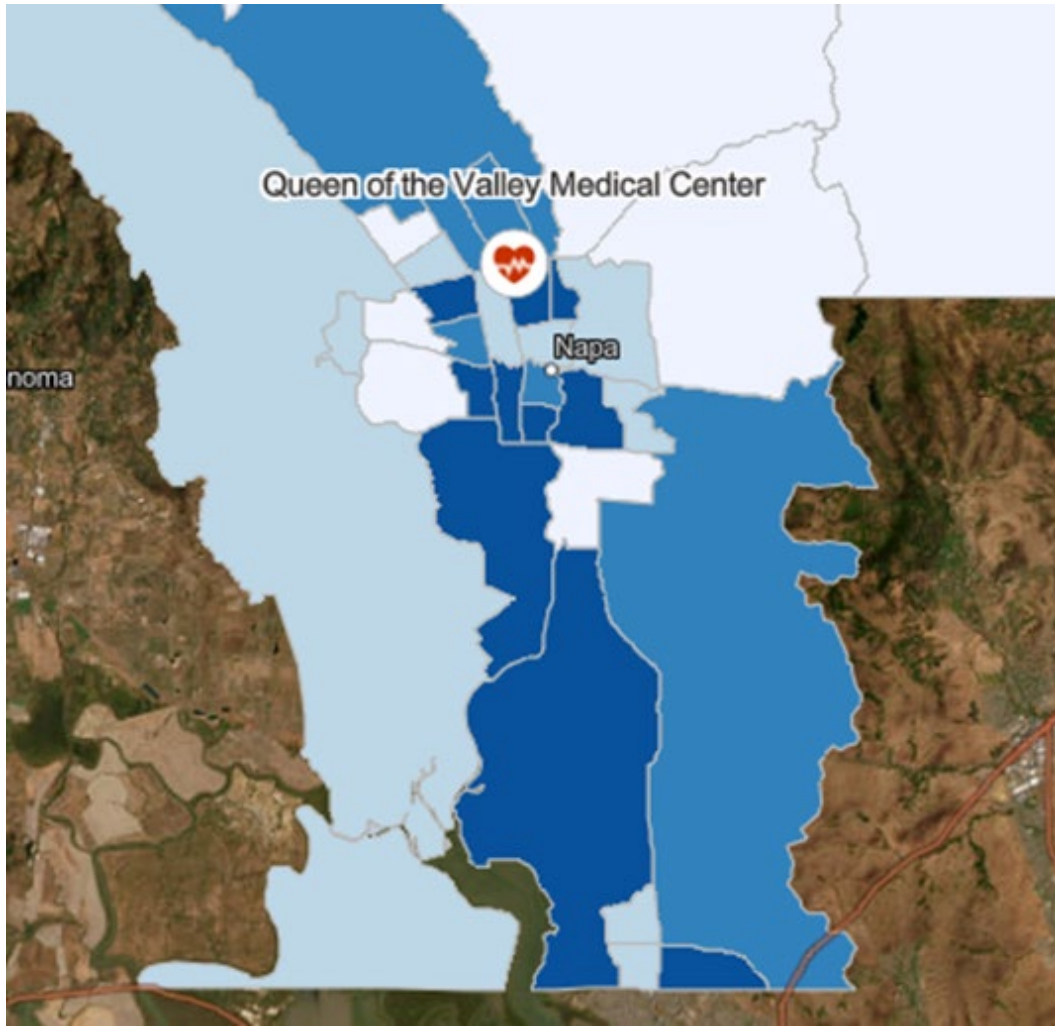
Census Tract

Limited English Households Percent (2021 5-Year ACS)

- > 6 - 17
- > 4 - 6
- > 3 - 4
- > 1 - 3
- 0 - 1

Transportation

Connection to Health

Transportation is part of our built environment and plays an important role in health. The way in which a person travels to work – whether by car, public transportation, bicycle, or other means – influences their well-being. Compared to walking or biking to work, commuting by car is associated with poorer physical and psychological outcomes. Commutes by foot or bicycle are associated with improved cardiovascular fitness and self-reported well-being[14,15] Most critically, lack of accessible and affordable transportation options poses barriers to accessing healthcare, maintaining stable employment, and accessing childcare and nutritious food options.

Key Findings

Qualitative Data

Transportation is essential and navigating the public transportation system can take up a disproportionately large amount of time and energy. Inconsistent transportation options can lead to instability in employment and income, which impacts housing, food, and access to services. Those who most need to take the bus, often can't afford to take the bus. Accessing financial support for public transportation can require the ability to navigate systems that may be difficult for non-English speakers. Participants described how one late bus can dismantle many other aspects of a healthy and productive day.

"The bus was late, so I missed my doctor appointment, so they tried to get me in later, and I missed the bus home. This small errand took the whole day." - Older Adult Spanish Speaking Group, Napa

"If I run out of money before the end of the month, I don't have enough to take the bus to work. "It's $7 to get to Fairfield, one-way!"- Foster youth, Napa

"After school transportation is a particularly high need." – Education Resource Specialist

"That [paratransit service] sounds good but what if I'd like to also go to a grocery store or do other obligation in Napa? I can only go to my appointments and come right back. It is hard to go into town [Napa] otherwise."-Spanish Speaking Adult, Calistoga
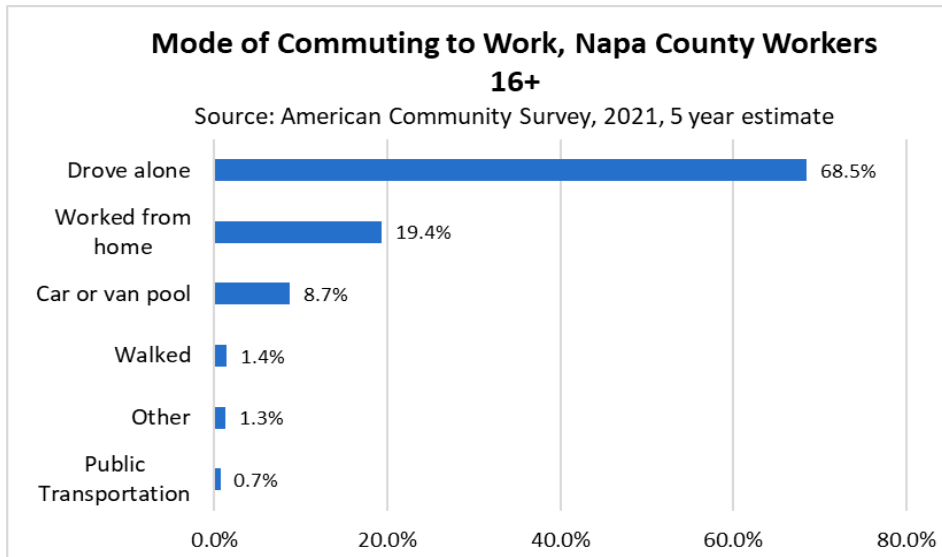
Quantitative Data

The main mode of transportation for Napa County workers 16+ is driving alone in a car, which was the main mode of commute for 68.5% of workers. Just under 20% of workers worked from home and nearly 9% used car or van pool. Less than 2% used other forms of transportation for commuting, such as walking or public transport (Figure 36).

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[14] Does active commuting improve psychological wellbeing? Longitudinal evidence from eighteen waves of the British Household Panel Survey - ScienceDirect

[15] Associations between commute mode and cardiovascular disease, cancer, and all-cause mortality, and cancer incidence, using linked Census data over 25 years in England and Wales: a cohort study - PMC (nih.gov)

Figure 36.

Mode of Commuting to Work, Napa County Workers 16+
Source: American Community Survey, 2021, 5 year estimate

- Drove alone: 68.5%
- Worked from home: 19.4%
- Car or van pool: 8.7%
- Walked: 1.4%
- Other: 1.3%
- Public Transportation: 0.7%

Transportation costs increased for both public and private transportation modes in 2022 (Figure 37). Although only 5.5% of households in Napa County had no access to a vehicle, increases in gas and maintenance costs pose barriers to use of personal vehicles.

Figure 37.

15.5% ↑ In private transportation costs nationally, 2022.

19.9% ↑ In public transportation costs nationally, 2022.

5.5% Of households in Napa County had no access to a vehicle.
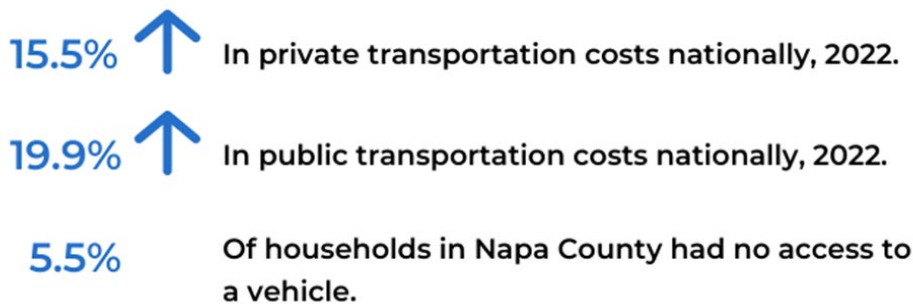
Sources: U.S. Department of Transportation, Bureau of Transportation Statistics, Transportation Economic Trends (Washington, DC: 2022).; ACS 2021 5 year Estimates.

Education/Digital Inclusion

Connection to Health

[County Health Rankings and Roadmaps](#) relates education to health in the following way: "The relationship between education and improved health outcomes is well known, with a high school degree correlating strongly with higher life expectancies and improved quality of life. Educational level is associated with smoking status, exercise habits, as well as better physical health, such as lower rates of diabetes and improved self-reported health. Adults with high school degrees are more likely to be employed and earn more, on average, than their less educated counterparts."[16] Digital access and digital literacy have become increasingly important not only as part of education (e.g., the increase in online learning following the COVID-19 pandemic), but also in many other aspects of life.

Key Findings

Qualitative Data

Digital access is nearly essential for finding and securing employment, housing, services, and support. Services often assume everyone has a smartphone and an email address, but many do not. Even for those with digital access, a lack of digital literacy and trust in digital interactions can be barriers to accessing services. Many community members do not engage, or are not aware of, digital tools that can offer support with key health and wellbeing challenges.

"You all have...there are resources we don't know about...things like English classes, workshops, computer classes... we can learn about these things and take them back with us [to Mexico]."
- Farmworker, St. Helena

"It's not just digital, but numeracy literacy, health literacy, and actual reading and writing. Some can't understand why I'm giving them a medicine to take in their mouth when it's their ear that's hurting."
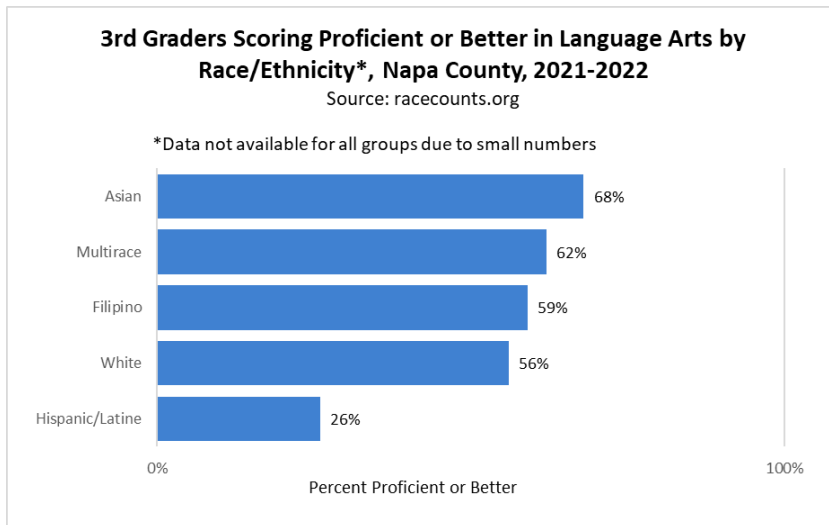*– Primary Care Physician, Napa*

"You want connections to feel normal but the only trans community I've had is online."
- Transgender adult, Napa

Quantitative Data

In Napa County, 85.2% of residents have at least a high school education, compared to 84.2% of Californians overall (American Community Survey, 2021 5-year estimates). Disparities in educational outcomes are evident among younger students, such as differences in English Language Arts proficiency in the 3rd grade (Figure 38).

Figure 38.

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[16] https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/social-economic-factors/education/high-school-completion?year=2023

3rd Graders Scoring Proficient or Better in Language Arts by Race/Ethnicity*, Napa County, 2021-2022

Source: racecounts.org

*Data not available for all groups due to small numbers

| Race/Ethnicity	Percent
Asian	68%
Multirace	62%
Filipino	59%
White	56%
Hispanic/Latine	26%

Percent Proficient or Better

Literacy and health are interconnected. Limited literacy is a barrier to health knowledge access, proper medication use, and utilization of preventive services. Individuals with limited literacy, including those who are not proficient in the dominant language, face additional difficulties following medication instructions, communicating with health care providers, and accessing information from a variety of resources, including important information communicated during an emergency.[17] In a community survey conducted by Live Healthy Napa County, only 10% of Spanish-speakers surveyed (Figure 39) accessed information through the County's emergency notification system (formerly Nixle).

Figure 39.

Only **10%** of Spanish-speakers surveyed accessed emergency information through Nixle

Source: Live Healthy Napa County Language Inclusion Listening Sessions Summary Report

Digital access and digital literacy are also increasingly important today. Applications for employment are often done online and require an email address, and some medical visits may require online registration. The digital divide can be especially significant for older adults and those that with low incomes. In Napa County, just over 8% of households do not have a broadband internet subscription (Figure 40).

Figure 40.

8.3% of households do not have a broadband internet subscription

Source: 2021 American Community Survey

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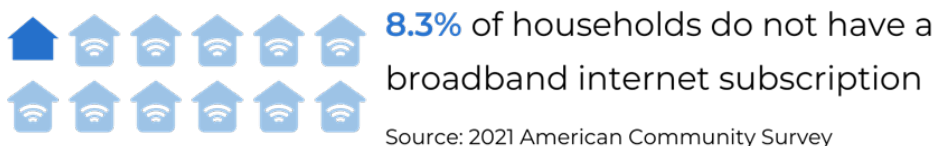
[17] Language and Literacy - Healthy People 2030 | health.gov

SIGNIFICANT HEALTH NEEDS

Review of Primary and Secondary Data

After a careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by interview participants through a weighted ranking process and by community members through discussion and theming of the data. Additionally, needs were identified after review of the qualitative data.

The Live Healthy Napa County partners and Providence Queen of the Valley Medical Center Community Benefit Committee reviewed the quantitative and qualitative data collected for each of the following community health-related needs:

- Racial Equity and LGBTQIA+ Inclusion
- Housing
- Behavioral Health
- Economic Stability
- Food Access
- Childcare
- Language Access
- Transportation
- Education/Digital Inclusion

Identification and Prioritization of Significant Health Needs

Providence Queen of the Valley Medical Center and Napa County Health and Human Services held a hybrid prioritization meeting in August 2023. Meeting participants included staff from both organizations, members of the Providence Queen of the Valley Medical Center Community Resource Committee, and Live Healthy Napa County partners. In-person meeting participants reviewed the qualitative and quantitative through a data walk. Posters describing each health theme were placed throughout the room and table groups spent time reviewing each data theme, reading quotes out loud and processing the information together. For each health theme, participants recorded information about current programs, projects or organizations working in that area. Additionally, participants used "How Might We" statements to reframe their insights into opportunities. This feedback, organized by health theme, will be used to design the Community Health Improvement Plan.

Participants attending the meeting via video conferencing reviewed qualitative and qualitative data with two meeting facilitators, providing identical opportunities to provide feedback on current initiatives and opportunities across each health theme.

Participants were asked to consider the following criteria when reviewing and prioritizing health themes:

- Magnitude or severity of the problem: *How many community members does this issue impact? How severe are the outcomes?*

- Ability to have an impact: *What is our community's capacity and willingness to act on this issue? Are there existing prevention activities we can build on?*
- Alignment with existing priorities, including an equity lens: *Consider your organization's mission and values and our collective commitment to health equity. Does this theme align?*

After reviewing data, and engaging in table group and large group discussion, meeting participants, both in person and remote, used dot voting to select their top three priority needs.

2023 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process listed in rank order:

HOUSING

Limited housing stock pushes prices so high as to be out of reach for many and creates an especially difficult situation for people with low incomes. Cost of living is very high, and many workers are not paid a living wage. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.

BEHAVIORAL HEALTH

The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to under-estimate the harm done.

ACCESS TO HEALTH SERVICES

Participants named cost and difficulty navigating complex systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County. There is concern around lack of access to health insurance for mixed status families (families with a variety of documentation statuses, including undocumented status) as well as people losing their insurance due to job loss during the pandemic. Caregivers and community members shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally.

RACIAL EQUITY & LGBTQIA+ INCLUSION

Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal

interactions with law enforcement and other community members. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about "doing it wrong."

ECONOMIC STABILITY

Many participants spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, often being forced to make spending tradeoffs. A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community, cannot afford to live here. Youth are highly aware of the financial stress of their families and also fear for their own financial future.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include Napa County HHSA, Adventist Health St. Helena Hospital, Federally Qualified Health Center – CommuniCare+OLE, Providence Queen of the Valley Medical Center and Kaiser Medical Clinic. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 3.

See Appendix 3 for a full list of resources potentially available to address the significant health needs

Addressing Identified Needs

The Community Health Improvement Plan developed for the Napa County service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in two Community Health Improvement Plans (CHIP). One CHIP, describing how Napa County Health and Human Services Agency and one CHIP describing how Providence Queen of the Valley Medical Center plan to address the prioritized health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions that Napa County Health and Human Services Agency and Providence Queen of the Valley Medical Center intend to take, but also the anticipated impact of these actions and the resources the County and hospital plan to commit to address the health needs.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaborations between Napa County Health and Human Services Agency, Providence Queen of the Valley Medical Center, and community-based organizations in addressing the prioritized health needs.

2023 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the Community Benefit Committee[18] of the hospital on November 16, 2023. The final report was made widely available by December 28, 2023.

Terry Wooten   11/15/2023

Terry Wooten   Date
Queen of the Valley Medical Center Chief Executive, Napa County
Providence

Greg Bennett   11/17/2023

Greg Bennet   Date
Chair, Queen of the Valley Medical Center Community Benefit Committee
Providence

                11/21/2023

Kenya Beckmann   Date
Chief Philanthropy and Health Equity Officer, South Division
Providence

Christine Wu   11/17/2023

Christine Wu, MD MPH   Date
Public Health Director and Health Officer
Deputy Director Napa County Health & Human Services Agency- Public Health

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To request a printed copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

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[18] **See Appendix 4: Providence QVMC Community Benefit Committee Community Health Needs Assessment Committee**

APPENDICES

Appendix 1: Quantitative Data

| Indicator	Broader Service Area	High Need Service Area	Napa County
Percent of Population Below 200% Federal Poverty Level Source: 2021 American Community Survey, 5-Year Estimate	14.6%	28.0%	20.1%
Percent of Population Age 25+ With A High School Diploma Source: 2021 American Community Survey, 5-Year Estimate	92.4%	79.5%	85.2%
Percent of Renter Households with Severe Housing Cost Burden Source: 2021 American Community Survey, 5-Year Estimate	25.4%	24.2%	24.6%
Percent of Population Age 16+ Who Are Unemployed Source: 2021 American Community Survey, 5-Year Estimate	4.8%	5.2%	4.9%
Percent of Population Age 5+ Who Do Not Speak English Very Well Source: 2021 American Community Survey, 5-Year Estimate	2.0%	6.5%	5.2%
Percent of Households Receiving SNAP Benefits Source: 2021 American Community Survey, 5-Year Estimate	1.9%	7.3%	4.3%

HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. Clinicians in HPSAs are working in areas with fewer resources, higher patient loads, and challenges with recruitment and retention. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Although Napa County is not designated as an HPSA for primary care, dental health, or mental health, large portions of the service area to the North are designated as shortage areas. A Federally Qualified Health Center, Communicare + OLE, is within Napa County and is a designated as a HPSA facility for primary care, dental care, and mental health. Most of the geography to the north of Napa County is considered a mental health HPSA (Figure 42).

Figure 42.
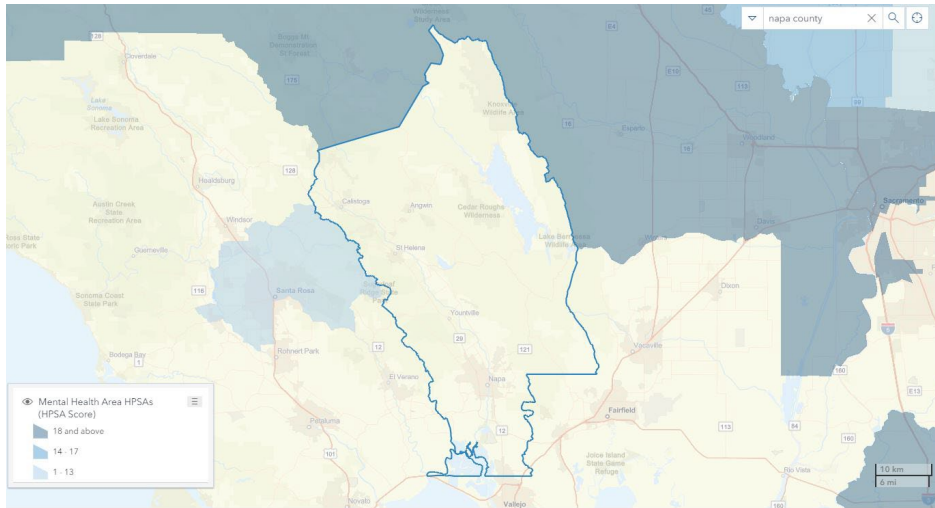
There is an area in northeast Napa County that is "proposed for withdrawal" as a primary care HPSA, meaning the area no longer meets the criteria necessary to be designated a shortage area. This is the area that is shaded on the map (Figure 43).

Figure 43.
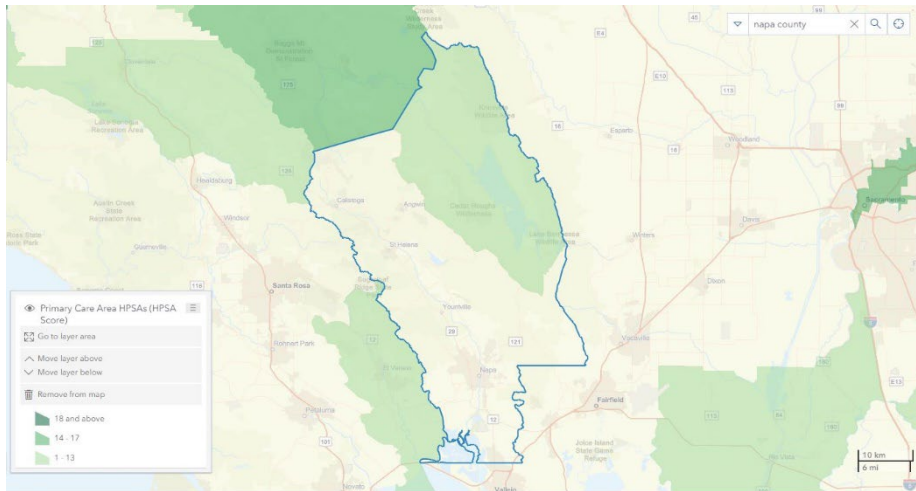
MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Funds to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary. A large portion of Napa County has a designated Medically Underserved

Population, people with low incomes. The following map depicts the MUPs within a 30 mile radius from Napa County (Figure 44).

Figure 44.
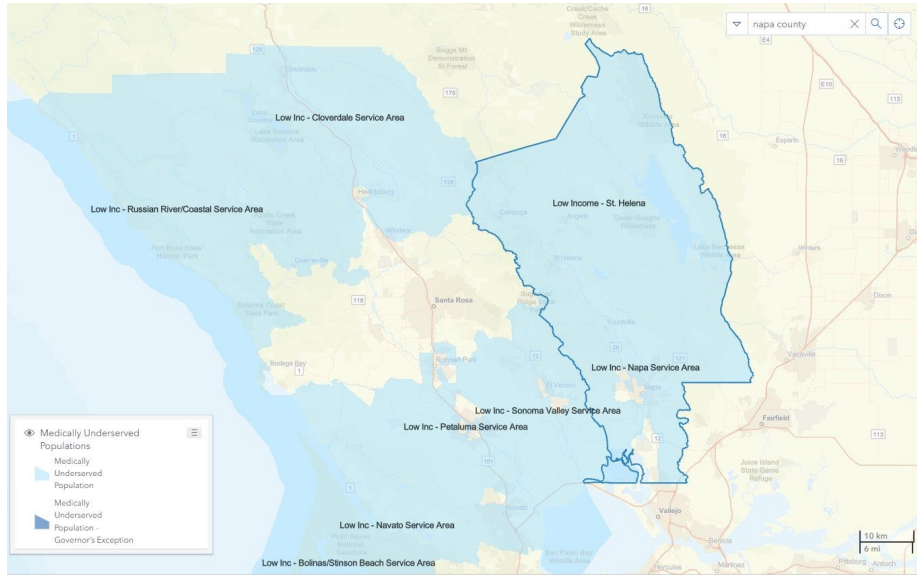
Appendix 2: Community Input

METHODOLOGY

Participants

The hospital completed 15 listening sessions that included a total of 112 participants. The sessions took place between March and May 2023.

Table 1_Apx 2: Community Input

Community Input Type	Population	Community Partner	Location	Date	Language
Listening Session	Youth	UpValley Family Centers	Calistoga, CA	3/24/2023	English
Listening Session	Unhoused; Accessing Napa County Mental Health Services	Innovations Services Community Center	Napa, CA	3/28/2023	English
Listening Session	Parents	Napa County HHSA	Napa, CA	3/29/2023	English
Listening Session	Youth	VOICES	Napa, CA	3/29/2023	English
Listening Session	Foster Youth	VOICES	Napa, CA	3/30/2023	English
Listening Session	Caregivers; Public Sector Staff	Providence QVMC; Napa County HHSA	Napa, CA	4/3/2023	English
Listening Session	Public Sector Staff	Napa County HHSA	Napa, CA	4/3/2023	English
Listening Session	LGBTQIA+ Adults and Older Adults	LGTBQ Connection	Napa, CA	4/4/2023	English
Listening Session	Older Adults	Puertas Abiertas	Napa, CA	4/5/2023	Spanish
Listening Session	Youth	Napa County HHSA	American Canyon, CA	4/10/2023	English
Listening Session	General Adults	UpValley Family Centers	Calistoga, CA	4/13/2023	Spanish
Listening Session	General Adults	FilAm of American Canyon	American Canyon, CA	4/13/2023	English
Listening Session	Agricultural Workers	Napa County Housing Authority	St Helena, CA	4/19/2023	Spanish
Listening Session	General Adults	Napa Valley Community Housing	Napa, CA	4/25/2023	Spanish
Listening Session	Agricultural Workers	Napa County Housing Authority	Calistoga, CA	4/26/2023	Spanish

The CHNA team completed 12 key informant interviews that included a total of 12 participants. The interviews took place between April and May 2023.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives.

Table 2_Apx 2. Key Community Key Informant Participants

Organization	Name	Title	Sector
On The Move	Alissa Abdo	Executive Director	Education
Napa City Council	Liz Alessio	City Councilmember	Elected Official
Community Health Initiative	Jesus Rosas	Director	Health Insurance / Access
COPE Family	Michele Grupe	Executive Director	Family Resource Centers
Mentis	Rob Weiss	Executive Director	Mental Health
UpValley Family Centers	Jenny Ocon	Executive Director	Family Resource Centers
Ole Health/FQHC	Alicia Hardy	CEO	Healthcare Provider
LGBTQIA+ Connection	Solicia Aguilar	Program Director	Education & Social Justice
Puertas Abiertas	Esmeralda Gil	Director	Family Resource Centers
Napa County Board of Supervisors	Joelle Gallagher	District Supervisor	Elected Official
NEWS	Tracy Lamb	Executive Director	Social Services
Suscol Intertribal Council	Charlie Toledo	Executive Director	Native American

In addition to listening sessions and key informant interviews, 7 preliminary data feedback sessions with community leaders to review the initial data from interviews and listening sessions and provide feedback and gap analysis. All community input was collected from March 2023-May 2023.

Table 3_Apx 1. Preliminary Data Feedback Session Participant Organizations

Organization	Sector
CA Grower's Association	Health Insurance / Access
COAD	Emergency Preparedness
Community Resources for Children	Children & Family Service Provider
Napa County Health and Human Services	Government
Napa Farmers' Market	Food Service
NVUSD	Education

121 individuals participated in the CHNA Prioritization Session, representing 48 organizations across several sectors in Napa County. The CHNA Prioritization Session took place in August 2023.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. Providence Queen of the Valley Medical Center and Napa County HHSA gathered community partners to share qualitative and quantitative community data collected; each individual was then asked to select their top health priorities.

Table 4_Apx 2. Napa County CHNA Prioritization Participant Organizations

Organization	Sector
Adobe	Housing
Aldea	Behavioral Health
CANV	Food Access
Center for Volunteer & Nonprofit Leadership	Social Services
City of American Canyon	Government
COAD	Emergency Preparedness
Community Health Initiative	Health Insurance / Access
Community Health Napa Valley	Older Adults
Community Resources for Children	Children & Family Service Provider
Cope Family Center	Family Resource Centers
Disability Services & Legal Center	Social Services
Feeding It Forward	Food Access
First 5 Napa County	Children & Family Service Provider
Future Medical Systems	Consultant
Girls on the Run, Napa & Solano	Youth
HAPI	Older Adults
Innovative Health Solutions	Food Access
Kaiser Permanente	Healthcare Provider
LGBTQIA+ Connection	Education & Social Justice
Mentis	Behavioral Health
Molly's Angels	Social Services
Napa County Bicycle Coalition	Transportation
Napa County HHSA	Government
Napa County Housing and Homelessness	Government
Napa County Library	Government
Napa County Mental Health Board	Behavioral Health
Napa County Office of Education	Education
Napa County Resource Conservation District	Environment
Napa Farmers' Market	Food Service
Napa Parks & Recreation Services	Government
Napa Valley Community Foundation	Community Foundation
Napa Valley Community Housing	Housing
Napa Valley Education Foundation	Education
Napa Valley Vine Trail Coalition	Transportation
NEWS	Social Services
North Bay Regional Center	Social Services
Ole Health	Healthcare
On the Move	Social Services

ParentsCAN	Social Services
Partnership HealthPlan of California	Healthcare, Managed Care
Providence Queen of the Valley	Healthcare Provider
Récolte Energy	Environment
Rianda House	Older Adults
Senior Helpers	Older Adults
Share the Care Napa Valley	Older Adults
Silverado Farming Company	Wine Industry
UC Cooperative Extension Napa County	Environment
UpValley Family Centers	Family Resource Centers

Facilitation Guides

For the community listening sessions, participants were asked:

1. What drives quality of life? What drives quality health and wellbeing?
2. What does "health" mean in relation to lived experience?
3. What support structures and tools do people have? Where are the gaps?
4. What management and self-care tools and practices do people have?
5. What impacts do people recognize – of social determinants on their health/wellbeing?
6. How is equity experienced?

For the key informant interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2023 CHNAs:

- The community served by the key informant's organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

Training

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

Data Collection

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

Analysis

Qualitative data analysis was conducted by Providence using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions using a merged set of notes. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

Limitations

While key informants and listening sessions participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant. Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions.

Some listening sessions were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

FINDINGS FROM COMMUNITY LISTENING SESSIONS

The information below was captured and synthesized by Future Medical Systems. It is a selection of the words and experiences of members of the Napa County community, captured from semi-structured, open-ended interviews conducted between March and May 2023. The quotes included here are the direct words of the participants, representing their perceptions and experiences in their own words. Specific word choices or any potential inaccuracies are their own, and the inclusion of their words does not imply that Napa County or Providence agrees or endorses these points of view.

TABLE OF CONTENTS

PROCESS SUMMARY

Our goal in Community Listening Sessions was to understand the health needs of Napa County residents. Our qualitative research methods are designed to uncover unmet needs based on personal lived experience We created open-ended discussions using interactive field materials to delve more deeply into themes about health and wellbeing.

UMBRELLA: RACISM, EQUITY & INCLUSION

Recognizing inequity surrounding and affecting all aspects of life

FOUNDATIONS

Identifying the basic foundations for health and wellbeing that affect self, community, and the ability to access "services and systems"

CONNECTORS

Equipping and caring for the unsung heroes who provide essential help for the vulnerable and underserved, both recognized and unrecognized

BARRIERS TO ACCESSING SUPPORT

Recognizing "the not-so-hidden derailers" that prevent community members from finding a balanced, productive, and healthy life pattern.

BRIGHT SPOTS

Illustrating the potential for supporting wellbeing with aspects that are working well today in Napa County.

OTHER HEALTH TOPICS

Key health issues that came primarily from interviews with Key Informants, supported by Community Members

UMBRELLA THEMES

RACISM Insights

- **Racism is often seen as a barrier to health by Napa County residents of color. It is felt during system navigation, in a lack of representation in leadership positions, and in day-to-day interpersonal interactions with law enforcement and other community members.**

    "I see the young guys here that can't speak English and can't leave [farmworkers' lodgings]...they don't want to leave their rooms."- *Farmworker, St. Helena*

    "They were gonna save the hell out of Browns Valley during the fires. Who was going to save our houses?" – *Public Sector staff member, Napa*

    "I hear, 'A smart person wouldn't look like you.'" - *Latino youth, Napa*

"None. There is no representation at all for the Black community [in Napa County]." – *Public Sector staff member, Napa*

"At the core of all of this: our county needs to engage in real, county wide equity conversations." - *Bubble Up participant*

"They (white residents) just don't really come over or hang out with us." - *Older Adult Spanish Speaking Group, Napa*

"Sometimes [I experience racism] from my peers, but that washes over me." - *Black youth transitioning from foster care, Napa*

"There's a total disregard for Black bodies. It's just not feeling safe. For example, people speed up to make you walk faster. I've almost been hit about 100 times." – *Public Sector staff member, Napa*

"[People with] undocumented [status] feel unsafe coming into agencies. We have to gain their trust that we aren't going to call the INS. When I'm helping a mama [they ask me] 'If I go to WIC am I going to get in trouble?'" - *Healthcare staff, Napa*

"Police encounters at school haven't been good. I feel like I'm on the radar with the teachers and principal watching me, how I dress, what I look like, my beanie and hoodie."- *Latino youth, Napa*

"They said I was robbing someone, that I had a gun."- *Black foster youth, Napa*

"[The cops who stopped me in the street said] 'When we see someone with tattoos, we have to check.'" - *Black foster youth, Napa*

EQUITY & INCLUSION Insights

- **Some communities (for example, older adults, youth, LGBTQIA+, BBIPOC) find their needs unmet and their perspective unheard in Napa County civic society. Marginalized groups often experience prejudice and hate speech that make them isolated and fearful. Many feel that cultural community events are inauthentic and created for tourists. Community members seeking to be allies are concerned about "doing it wrong."**

"Is there respect and inclusion for me personally? No. Like when there's jazz fest and Napa 'gets Black' downtown? Then my racist neighbor who is politically active finds a way to say you can't use the parks downtown for some dumb reason and shuts it down." - *Public Sector staff member, Napa*

"The Day of the Dead celebration just feels trendy." – *Public Sector staff member, Latina, Napa*

"What I think is that we [farmworkers] have incomplete information, improving that would help us." - *Farmworker, St. Helena*

"[Immunocompromised older adults are] a disposable population. People don't care, they are ready to move on [from the COVID-19 pandemic]." - *LGBTQIA+ older adult, Napa*

"I want to not be invisible, both my sexuality and in general." - *Bisexual adult, Napa*

"We decided to hold our [LGBTQIA+ ally group] lunches at the senior center to show them we are not demons." - *Transgender Adult, Napa*

"I'm all fine and great...well, except for the hate speech [about sexuality]." - *Youth, American Canyon*

"Napa is so parochial…. I fear the violence against trans women, and I don't want to be visibly trans." - *Transgender Adult, Napa*

"I did the Lunar New Year event and worked with a volunteer who was Chinese. I felt authentic about that. Not just [being] dressed as a geisha or being silly." – *Public Sector staff member, Napa*

"No one will talk to me about my bisexuality in my housing complex." - *Bisexual Adult, Napa*

"I don't do educational labor, teaching people about Black issues." – *Public Sector staff member, Napa*

FOUNDATIONS
HOUSING Insights

- **Limited housing stock pushes prices so high as to be out of reach for many and creates an especially difficult situation for those with low incomes. Cost of living is very high, and many jobs do not pay a living wage. Housing stability creates a foundation for further stability. Fear of, and disrespect to, unhoused individuals can result in feelings of isolation. Paperwork and housing support systems are cumbersome. Demand for low-cost options may lead to unfair housing practices from landlords.**

"I grew up here and work serving the community, but I can't afford to live here and recently moved to Solano County." - *Latina, Public Sector staff member*

"I'm not ready for [my future]. It's so scary looking at the rents online." - *High-schooler, Calistoga*

"Stuff is expensive. I live day by day. Sometimes I don't eat." - *Parent of young child, Napa*

"Housing is a challenge. It's expensive." - *Public Sector Staff Member*

"I love my [subsidized] apartment. I only pay $200 rent. I have a car. I go to groups. I give friends rides. I feel great being clean and sober. I have a full life." - *Consumer of Mental Health Services*

"Housing is a big concern for me; it feels unattainable especially for older adults. I often ask my husband 'What are we going to do?'" – *Low Income housing resident, Napa*

"I'm so thankful for my housing support! They paid 5 months, and I was able to get my baby and I out of the shelter, into some childcare, and now I have a job with a little income." - *Parent of young child, Napa*

"I navigate the housing search process, help them find stability in housing, and stability in other areas." - *Public Sector staff member*

"The unhoused are disrespected, and moved to 'the bowl', to the farthest point away as to become invisible." - *Public Sector staff member*

"I was raised that you take care of yourself. I thought food stamps were for bums."
- *Parent of young children, Napa*

"There is so much NIMBY-ism, a huge community avoidance of issues." - *Public Sector staff member*

"Every year it's a puzzle. Senior housing benefit has to be re-certified every year; it's an inch of paperwork. I give it to the landlord, but they are not numbers people!" – *Older adult, Napa*

"There's multiple families in a 1-2 room apartment. Say a couple are renting a room, they are going to have a baby. Now there's too many people, they have to leave." - *Healthcare staff, Napa*

"People get evicted from their homes after being sick. They'll tell me that their landlord doesn't want them to use their CPAP because it uses more electricity." - *Healthcare staff, Napa*

BEHAVIORAL HEALTH Insights

- **The scale of the mental health crisis appears to have overwhelmed the care system. Mental health is often an unaddressed, underlying issue. There are valuable sources of mental health support outside the formal care system and participants report relying on friends and family for comfort or strength. The task of providing mental health support can be a heavy weight to bear. Mental health providers often experience compassion fatigue and opportunities for self-care can be difficult to access with busy caseloads. Substances such as alcohol, tobacco, and drugs may be used as a form of self-medication. There are common misconceptions about substance use (across all demographics), leading people to under-estimate the harm done.**

   "My school offers therapy, [but] it's a long waiting list...The whole school *is* the waiting list!" - *High-schoolers, Calistoga*

   "When I see someone not feeling well, I can tell, I see them in their room without talking to anyone. They isolate themselves." - *Farmworker, St. Helena*

   "Spanish-speaking mental health [support] is hard to get in Napa and you have to wait six months if you do. [People tell me] I'll be fine in four months: I need it now." - *Healthcare staff, Napa*

   "[After I was physically abused by my partner] I was supposed to get mental health help but there was no one available. He had loads of services and support though."
   - *Parent of young child, St. Helena*

   "I get sick often and constantly feel sad. I have a lot of stress." – *Consumer of Mental Health Services*

"[A good day is] getting into my routine, my one meal and remembering to take my meds to quell the voices." -*Consumer of Mental Health Services*

"We used to be more active and involved. We had Lotería, prayer sessions, parties, birthday potlucks... we need it again. The pandemic messed everything up." - *Older Adult Spanish Speaking Group, Napa*

"The challenge is unrecognized mental health issues and unaddressed physical needs. People are self-medicating." - *Healthcare staff, Napa*

"No one ended up an adult with low literacy without other things going on."
- *Public Sector staff member, Napa*

"This group truly care for and are helping each other." - *Consumer of Mental Health Services*

"Everything you've just said, I've felt. I'll give you my phone number and we can talk."- *Transgender adults, Napa*

"It's a little moment that we're going through. We need to sacrifice, prioritize our child right now." - *Parent of young children, addressing her partner's troubles*

"Teenagers are often first responders to a mental health crisis." – *Mental Health Non-Profit staff member*

"I'm crossing my fingers and toes [that the people I refer get help]."
- *Healthcare staff, Napa*

"I take it and take it and take it and take it. There's no outlet for ME."
- *Public Sector staff member, Napa*

"Sometimes I walk around the trails here and I will see young kids, like 10 years old, vaping." - *Calistoga adult*

"There's nothing for people our age to do except BIG TIME drinking and smoking."
- Calistoga *High-schooler*

"There is no healthy amount of alcohol, despite the 'healthy red wine' myth."
- *Primary Care Physician*

"The general public might not know their routine use of a substance may be disordered, even if they have a family and job." – *Primary Care Physician*

"It's hard to have these conversations. People recognize the health consequences of tobacco, although they say it relaxes them. The reality is that their blood pressure is raised. Alcohol is known to disrupt sleep but people use it to help them relax or go to sleep." – *Primary Care Physician*

"Products [referring to vaping] can be contaminated. For example, with vitamin E it can create a lung disorder, and with fentanyl, a teen died. They thought it was cannabis."
- *Primary Care Physician*

FOOD ACCESS Insights

- **Many people are aware of and using food services but rely on them with reservations. People accessing emergency food are concerned about quality and nutrition. Isolated older adults need more assistance to access food. There is the opportunity to redesign food service systems for local, Napa County needs.**

"We do have food, but the canned food we get has too much salt; it's not good for me." – Older Adult Spanish Speaking Group, Napa

"But sometimes the food is expired. I don't want to sound ungrateful... There are times I go and get food and I worry about it. They give meat and it is partially frozen, and I don't trust it. - *Senior, Calistoga*

"I've tried that food, but it doesn't work for me. It's so meat and potatoes, and the other one I can't go to because they don't wear masks." – *Older adult, Napa*

"I understand this place is for workers, but I don't think the food is healthy at all. One of us is going to drop dead at some point." - *Farmworker, Calistoga*

"...the food here is not good... I wish someone from the county could look into it. Bad food is making us sick." - *Farmworkers in Calistoga*

"An unhoused person I know starts each day with 24 ounces of soda." [due to lack of access to any other fuel] – *Primary Care Physician*

"They don't wear masks [at the food bank], so I won't go." – *Older adult, Napa*

"We need more information on food resources." – *Adult Spanish-speaker, Napa*

"How can I get food? I'm a senior with low mobility, so walking down the street and carrying groceries back is not an option for me." - *Older Adult Spanish Speaking* Group*, Napa*

"We made these systems; we should be able to change them if they need an update."
- *Food Service staff member*

"Our food systems need more lens of equity and social justice." - *Food Service staff member*

"Is that a 'no' because we can't or because that's the way it's 'always' been done?"
- *Public Sector staff member (referring to emergency food intake forms)*

"The forms to get food eligibility are so long and getting longer. They require ID and proof of housing. We know they live with someone else who is on the water bill, do they really need a bill with their name on it?" - *Bubble up session participant*

"We have to decrease shame, create body positivity, and at same time give healthy choices." – *Primary Care Physician*

HEALTH CARE Insights

- **Participants named cost and difficulty navigating complex systems as barriers to accessing healthcare. Because many people have no stable relationship with a primary care provider and wait times for appointments can be months, the emergency room often becomes the first access point for care. It is difficult to access transgender care in Napa County.**

"People get frustrated because they can't keep the same provider and they understand that Medi-Cal Emergency covers ER visits. That's why they go to ER instead of a PCP." - *Healthcare staff, Napa*

"Medical appointments are given so far out. I've considered making a 'place holder' appointment each month just in case I need it and cancel if I don't." - *Adult Spanish-speaker, Napa*

"[I want] faster outreach to physicians. Why does it take two, three, four weeks to get [new] medications? They could get a colleague to cover for them." - *Youth transitioning from foster care, Napa*

"I told my PCP what I'm going through, but I still need to leave the city of Napa to get the services that I need." -*Transgender adult, Napa*

"My challenges are very healthcare-based because I needed a lot of surgery." - *Transgender adult, Napa*

"Doctors tell patients to lose weight but don't always offer tools or resources. Gym memberships are not affordable to everyone." - *Adult Spanish-speaker, Napa*

"I used to have to get to Oakland to get to a trans-specific group, but [I'm getting older and] I can't make that drive anymore." - *Transgender adult, Napa*

"I could have asked at [my clinic] about feminizing hormone treatment but didn't feel comfortable bringing it up." - *Transgender adult, Napa*

"[I can't see my doctor because] I am poor, a senior, a lesbian, and have chronic health conditions. I am still 100% isolated because of COVID, and invisible." – *Older adult, Napa*

"Spanish-speaking mental health [support] is hard to get in Napa. And you have to wait six months if you do." – *Healthcare worker, Napa*

"When we go to the clinic the first thing they ask for is insurance, so people have fear. Then they ask you for so much paperwork or proof and it makes us fear going."
- Farmworker, Calistoga

"We had a plan to open a trans clinic…but COVID stopped that." *– Healthcare staff*

"Groceries outweigh getting something bothering you looked at." *– Agriculture Insurance Provider*

"You really, really have to be in crisis to get help now." *- Healthcare staff*

"There's a big gap for individuals with traumatic brain injury; they fall out of safety nets. They are complex and overwhelming, families are not able to care for them, usually leading to homelessness and substance abuse to self-medicate." *– Primary Care Physician*

CONNECTORS
NAVIGATING SYSTEMS Insights

- **It can be difficult for community members to navigate the systems that are designated to help them. There are many people working outside of their job designation to make sure community members can access the resources they need. The inability to share data between agencies is a barrier to timely and comprehensive care. Some community members need assistance to afford healthcare, childcare, housing, or food, but are ineligible due to age or income.**

"They have to have someone like you to explain or it's a heck of a time getting an eligibility waiver" *– Public Sector staff member*

"Case managers are the water and the sunshine. You have to know how the system works." *– Public Sector staff member*

"Navigating the system is hard." [Especially for English as 2nd language and low education level] - *Public Sector staff member*

"My job is to unravel the hoops. I walk through forms with county agencies to help simplify. Professional services used to be 17 pages, now it's 2 pages." *– Public Sector staff member, Napa*

"Services can be hard to find, they are pretty opaque." *- Bubble up participant*

"That we are still 8am-5pm makes it harder rather than easier to access our services offered. ...some screenings have in-person office hours on certain days of the week to see if you are in crisis enough." *- Public Sector staff member*

"I'd like to say how wonderful [name removed] is in the LGBTQIA+ group. She is only supposed to look after me for 3 months and she looked after me for 3 years." *- LGBTQIA+ person, Napa*

"They need more guidance, support and reminders for appointments. If [they need] something our program doesn't provide, I connect someone." *- Healthcare staff*

"One example is to helping them with immigration meetings. I make a plan for them to A, B, then C, and drive them to appoints to be sure they don't get missed. I manage that on my own calendar." - *Public Sector staff member*

"We use complexity and confidentiality as a crutch to not take a hard look. If people are doing invisible work to get our systems to work, then the system is not able to learn and make itself better." - *Bubble up session participant*

"Digital tools for us? No. The knowledge comes from the worker. I seek out those resources." -*Public Sector staff member*

"Our systems are separated by design, for confidentiality and because of specific state rules." - *Public Sector staff member*

"We have youth and senior groups, but there's a donut hole between the two. In your 40s and 50s there's no outreach for LGBTQIA+. - *LGBTQIA+ adult, Napa*

"Someone may make $2,000 over the eligibility requirement for a voucher, but that $2,000 isn't nearly enough to cover the childcare." – *Education Resource Specialist*

"The middle class can't find services. They have too much income to apply for low-income housing or food stamp yet are struggling with rent and food." - *Service Worker, Napa*

SERVICES AND AGENCIES Insights

- **Trust and personal connection are key to creating access to services. It can be difficult for people, especially community members with undocumented status to distinguish between the governmental agencies/services that help them and those that could punish them.**

"I don't feel safe going to school due to the police." - *Latino/Latine youth, Napa*

"My parole officer helped me [to find] accommodation. But I wouldn't sit down and talk to him casually." - *20-yr old transitioning out of foster care, Napa*

"[People with] undocumented [status] feel unsafe coming into agencies. We have to gain their trust that we aren't going to call the INS. When I'm helping a mama [they ask me] 'If I go to WIC am I going to get in trouble?'" - *Healthcare staff*

"A social worker in Napa connected me to services, and [another social worker] opened all the doors! She understood people like me and told me it's ok to get help. I changed my perspective." - *Parent of young children*

"Car seat appointments are 30 to 45minutes, that's when I find out what services they need. One gentleman needed a car seat for a 3 year old. After 30 minutes, he got comfortable and told me that he was unhoused, so we were able to rehouse him." - *Healthcare staff*

"People get frustrated with [local clinics] because they can't keep the same provider. It's a revolving door for PCPs." - *Healthcare staff*

"[People living unhoused] usually go to the [medical respite for care], that's why we go there one to two times a week. So they see a face that's familiar. Once they trust the team, they start participating." - *Healthcare staff*

COMMUNITY AND PEER SUPPORT Insights

- **"Community, friends, and family" were highlighted by many people as essential to health and wellbeing. Isolation and loneliness can lead to or worsen health and mental health challenges. Awareness and access to services is often facilitated by finding trusted messengers, or friends and family that can help. Helping someone else is often a great source of mental health support, even when someone is struggling themselves.**

"When I think of health and wellbeing, I see help, I think of my mother and father-in-law. It makes me feel great. I see hand-in-hand, I'm with you, I help you." - *Parent of young child, Napa*

"We used to have gatherings and it all ended when the pandemic started. I wish we could have more of these. I love being happy and I'm happy when I'm surrounded by everyone." - *Older Adult Spanish Speaking Group, Napa*

"Health and wellbeing? It's all about love for one another." -*Youth, American Canyon*

"I have Medicare because of my daughter [translating and filling out forms]." - *Older Adult Spanish Speaking Group, Napa*

"Some days I don't want to get up. I get stuck sitting at home: it's not a good mental space. I need to connect to more people!" - *Consumer of Mental Health Services*

"We are isolated up there. You grow up alone until you find a friend." – *Youth, Calistoga*

"The internet is huge, but it's very isolating as well. You want connections to feel normal but the only trans community I've had is online. [I need to] see and have access to other trans people." - *LGBTQIA+ Adult, Napa*

"I learned about [resources] through a meet-up group" – *Parent of young child, Napa*

"There was a [LGBTQIA+] group to connect with like-minded people. They had a lawyer who helped with changing my identity, they made it easy in just one day." - *LGBTQIA+ Adult, Napa*

"Wellbeing to me includes my plants; maintaining them and taking care of them keeps me busy and my mind active... helping others is important to my wellbeing" - *Adult, Calistoga*

"I love volunteering with older adults. They would love a prom! I want to talk to someone in the city to organize it." – *Consumer of Mental Health Services*

"I'm a good listener, I'm good at giving advice. It feels good because I put my problems on one side. I want to be that support." - *20yr old transitioning from the foster care system*

"My bright spot? Helping my friend who is having a hard time." – *Consumer of Mental Health Services*

BARRIERS TO ACCESSING SUPPORT
TRANSPORTATION Insights

- **Transportation is essential and navigating the public transportation system can take up a disproportionately large amount of time and energy. Inconsistent transportation options contribute to instability in employment and income, which impacts housing, food, and access to services. Those who most need to take the bus, often can't afford to take the bus.**

"It's a non-issue with getting to work or school: anything I need to do, I have a car."
- *Youth, American Canyon*

"[We need] English classes and help with transportation. I see the young guys here that can't speak English and can't leave." - *Farmworker, Calistoga*

"If I miss the bus, I have to walk so am either late or can't go. In coming here today, the bus was late so I started walking, then sadly the bus passed by me 10 minutes later. So now I'm here 45 min late and drenched from the rain." - *Consumer of Mental Health Services*

"After school transportation is a particularly high need." – *Education Resource Specialist*

"To get transportation help, you have to contact NVTA, fill out a form, and attend a screening interview." [You have to prove that you really need it.] - *Adult, Calistoga*

"What I wish for most? A bus pass!" - *Foster youth, Napa*

"If I run out of money before the end of the month, I don't have enough to take the bus to work. "It's $7 to get to [neighboring county], one-way!"- *Foster youth, Napa*

"That [paratransit service] sounds good but what if I'd like to also go to a grocery store or do other obligations in Napa? I can only go to my appointments and come right back. It is hard to go into town [Napa] otherwise." - *Adult, Calistoga*

"How can I get food? I'm a senior with low mobility, so walking down the street and carrying groceries back is not an option for me." - *Older Adult Spanish Speaking Group, Napa*

"The little bridge is out, so now it's too far to walk around the block to get to the senior center."- *Older Adult Spanish Speaking Group, Napa*

"With respect to health, we don't even know how to get to medical services."
- *Farmworker, St. Helena*

"It's hard to get anywhere on time." - *Consumer of Mental Health Services*

"Public transportation doesn't always have routes to where I need to go. Also, the bus signs can be confusing." – *Low Income housing resident, Napa*

"The bus was late, so I missed my doctor appointment, so they tried to get me in later, and I missed the bus home. This small errand took the whole day." - *Older Adult Spanish Speaking Group, Napa*

CHILDCARE Insights

- **Gaps or lack of childcare can create instability, impacting employment, money, and mental health. These outcomes are disproportionately felt by women. There is a need for more flexible childcare options, that allow for jobs that operate during morning and evening hours. Many parents rely on friends, families, and neighbors to provide childcare. There is a shortage of "licensed slots" for childcare and known system bottlenecks to creating them.**

"My challenge is money and childcare." - *single mom of young child, Napa*

"If my kid's the tiniest bit sick, or it's Friday, a random Monday or a holiday, or I'm running late, what then?" - *single mom of young child, Napa*

"My instructor wouldn't allow me class with a child on my lap. The daycare wasn't open, so I had to bring him with me." - *single mom of young child, St. Helena*

"I am so isolated living in St. Helena. We are on our own for everything." - *single mom of young child, St. Helena*

"The flexibility with my Uber-driving is the best job I can get for the times of [childcare provider]. I can't keep the regular schedule needed for anything that pays more, and I need to make about $200 per day to survive." - *single mom of young child, Napa*

"Mondays to Thursdays, 8:30 to 4:30 doesn't cover an 8am to 5pm job, or any job I can get." - *single mom of young child, Napa*

"Families need two jobs to survive, so don't see each other: one works in day, one works at night to cover childcare." – *Education Resource Specialist*

"Many available jobs in hospitality and farming require non-traditional working hours not covered by childcare." - *Education Resource Specialist*

"Childcare is so strict. I've given up on getting a job and am doing classes instead." -*single mom of young child, Napa*

"We have a program for abuelas and those already providing care without pay to become licensed. Then they can qualify for funding and paid for their work." - *Education Resource Specialist*

"The only option for me is [childcare provider] in Napa, even though I live in St. Helena, so I drive down four days per week. It's a really long way and takes a lot of my time." - *single mom of young child, St. Helena*

"Just one in ten children are covered by available licensed slots, all the rest is from the help of friends, family, and neighbors." - *Education Resource Specialist*

"In Mali, the community raises the kids. All the aunties come around. Ain't nobody got time for us here." -*Immigrant parent of young children, Napa*

"The [Children and Family Service Provider] is really nice, but they don't have a spot. They are full." - *single mom of young child, Napa*

"$9 million is earmarked only for USING slots, not creating them." - *Education Resource Specialist*

"The worst shortage is for infants." - *Education Resource Specialist*

"Two years ago we had vouchers for 180 kids, now we have 550. But the slots are not available. The bottleneck is childcare providers." - *Education Resource Specialist*

"We have a program with an $8,000 stipend to help someone get licensed and set up a childcare center, but can't use it." - *Education Resource Specialist*

LANGUAGE ACCESS Insights

- **In some cases, access to support and help is reliant on English competency, spoken and written. Reaching out to vulnerable populations and building trust is best done in-person with same-language and same-cultural communication. Languages such as Mixteco (and other Indigenous languages), Chinese, Tagalog, Vietnamese, and Native American languages are not widely represented in Napa civic life.**

  "For ESL [classes] the intake was four to eight pages, 100% in English! That's weird right? Why is this in the language you know they don't speak?" - *Public Sector staff member, Napa*

  "We need English classes to help educate us on how to navigate to get what we need." - *Farmworker, Calistoga*

  "I have access to medicine and Medi-Cal because I have my daughter who supports me... but what about others that don't have someone like her?" - *Adult in Calistoga*

  "Insurance materials are not in Spanish. I did the translation for the insurance company. I am listed as the contact for the insurance company, even though I don't work for the insurance company. They just can't serve this population."
  - *Emergency Preparedness non-profit staff member*

"We need more opportunities to know what help is out there so we are not scared." - *Farmworker, St. Helena*

"[The unhoused] usually go to the [medical respite for care]. That's why we go there one to two times a week. So they see a face that's familiar. Once they trust the team, they start participating." – *Healthcare staff, Napa*

"A long time ago police officers came and talked to us about not being afraid of them and that they were here to help us. That made me feel good." - *Farmworker, St. Helena*

"The [mental health provider] waiting list is four months - Spanish-speaking mental health [support] is hard to get in Napa." - *Healthcare staff, Napa*

"Beyond language, you need to have cultural competence. I've had patients say, 'ask my eldest son' about their care decisions. Sometimes this is outside of my constructs of ethics as a provider." - *Primary care physician, Napa*

"We have one client that doesn't speak English or Spanish." – *Healthcare staff, Napa*

"There is a beautiful community of sharing resources and info amongst undocumented." - *Bubble Up Participant*

"There is a gap in knowledge: where, when to go, 'what should we be doing? Where should we start?' Adults come in wanting the best for their kids, but don't know where to begin." - *Bubble Up Participant*

DIGITAL LITERACY Insights

- **Digital access is nearly essential for finding and securing employment, housing, services, and support. Services often assume everyone has a smart phone and an email, but many do not. Even for those with digital access, a lack of digital literacy and trust in digital interactions can be barriers to accessing services. Many community members do not engage, or are not aware, of digital tools that can offer support with key health and wellbeing challenges.**

  "You all have...there are resources we don't know about...things like English classes, workshops, computer classes... we can learn about these things and take them back with us [to Mexico]." - *Farmworker, St. Helena*

  "It's not just digital, but numeracy literacy, health literacy, and actual reading and writing. Some can't understand why I'm giving them a medicine to take in their mouth when it's their ear that's hurting." – *Primary Care Physician, Napa*

  "There is the barrier of accessing the [transportation] website but also the barrier of language...understanding how to navigate the systems is hard." - *Adult, Low Income housing resident, Napa*

[About online Ear, Nose and Throat care] "What? Are you gonna look at my ear through the phone?"
- Public Sector staff member

"I don't really use my phone other than calling people or sending texts; maybe I'll play a few games and watch [videos] but that is it." *- Adult, Calistoga*

"I'm part of vulnerable groups: I'm a senior, I'm LGBTQIA+, immunocompromised, poor, I have no contact with people." *– LGBTQIA+ older adult, Napa*

"You want connections to feel normal but the only trans community I've had is online." *- Transgender adult, Napa*

EMPLOYMENT OPPORTUNITY Insights

- **A large proportion of employment opportunities center around agriculture and hospitality, which often come with low wages and can sometimes have poor working conditions. Many people that work in Napa, including teachers, librarians and others who serve the community cannot afford to live here. Young people are highly aware of the financial stress of their families, and also fear for their own financial future.**

  "The cost of living goes up, but salaries stay the same." *– Low Income housing resident, Napa*

  "Health and wellbeing? I always mention something economic. Those who work with certain wineries have insurance, but for those who don't, what we make isn't enough." *-Farmworker, Calistoga*

  "They need 1.5 jobs to be financially stable, but then we give them a class to take for their addiction, so then they can't work because they need to take the class." *- Public Sector staff member, Napa*

  "[I want] the bosses to take action about all the chemicals they put in the vineyards, they know that it affects us. They know that we have to breath that in and yet ... they don't give us things to prevent from us getting sick." *- Farmworker, Calistoga*

  "Costs in general are disgusting here." *– Healthcare staff, Napa*

  "I grew up here and work serving the community, but I can't afford to live here and recently moved to Solano County." *- Latina, Public Sector staff member*

  "We moved here because my parents were struggling financially, but it's even worse here. Since the pandemic my mom has lost five jobs, each paying less than the last." *-Youth, Napa*

  "I can see and hear my parents; I see their effort [to get by]. Yes, there's jobs, the boutique, restaurants, wineries, [but] it's so scary looking at the rents online. I've envisioned myself leaving for a long time." *- youth, Calistoga*

  "[I feel anxious] when I think about my future, about money." *- youth, Calistoga*

BRIGHT SPOTS

NATURE, ANIMALS, & THE OUTDOORS Insights

- **People very often identify the natural environment as the most positive contributor to their health and wellbeing. Pets and access to animals provide a valued source of reflection and calm. Napa County provides access to many simple experiences that are greatly valued in the community.**

"I enjoy going on walks and appreciating nature and beautiful creations. Exploring the outdoors is de-stressing to me." - *Adult Spanish-speaker, Napa*

"Nature is a good de-stressor - I try to surround myself with animals." -*youth, Calistoga*

"What helps my wellbeing? Nature! What a beautiful gift we have!" *parent of young children, Napa*

"I have to be the tree and stay grounded." - *Consumer of Mental Health Services*

"My little dog is important because I can always distract my mind from other things when I go on a walk. When I feel sad, or depressed, just spending time with him makes me forget about my worries." - *Adult, Calistoga*

"I really, really like animals. They are very calming to be around." - *youth, Calistoga*

"[Cats] wait for you and love you unconditionally." - *Consumer of Mental Health Services*

"The first thing I tend to in the morning is my dog. Pets are therapeutic." - *Adult, Low Income housing resident, Napa*

"I love to ride a bike to Kennedy Park with my grandkids." - *Consumer of Mental Health Services*

"Seeing the birds fly as a group bring me so much joy. I drop what I am doing to see them, I call them 'my friends.' I go out to see my friends flying together as a group."
- *Older Adult Spanish Speaking Group, Napa*

"There are spaces here [for recreation] but we just need the resources." - *Farmworker, St. Helena*

"ALL OF THE GREAT SERVICES" Insights

- **Napa is perceived by many to have a broad and high-quality public service provision. For crises and the most in need, services are reportedly readily available, especially in the city of Napa. Collaboration and strong connections between services and individual care providers and staff is a strong bright spot.**

"All the beautiful help we have... the state came through for us. School, pre-school, an affordable apartment. I was amazed!"- *parent of young children, Napa*

"I love all the services in Napa County. You don't get that in a [neighboring county]!" - *parent of young child, Napa*

"Napa has really helped me with getting services, getting housing. My mental health has improved since coming [from a neighboring city] because of all the services.*"*
- parent of young child, Napa

"The county is a strength... they helped a lot during the pandemic...helping us with the housing and putting us in the hotels....[the county] even helped us when the fires were happening." - *Farmworkers, St. Helena*

"It's easy to deal with [access to therapists]. Call them and they set you up!"
- Consumer of Mental Health Services

"It's not hard at all to get a therapist, it takes a couple of weeks."
- Consumer of Mental Health Services

"A [positive] is our collaboration within divisions [within HHSA]. It takes a lot of collaboration to share the info we come up with." – *Public Sector staff member"*

"We couldn't do our work here without our community partners." *-Public Sector staff member*

"The [disaster preparedness response organization] is a great example!" - Bubble Up participant

OTHER HEALTH TOPICS

OBESITY AND RELATED CHRONIC DISEASE

Obesity was named by healthcare workers as a widespread health issue, compounded by difficulty accessing fitness and nutrition resources, community culture that centers on food and alcohol, and interventions that often lead with shaming obese bodies.

COVID PANDEMIC

Many participants spoke about the long impact of COVID-19. Some older adults feel unsafe accessing medical and dental care now that mask mandates have been lifted. Others are still feeling the financial impact from jobs lost during the pandemic. Post lock-down, some valued services and activities that supported health and wellbeing have still not returned. The emotional toll and other impacts of the pandemic remain with many. Questions remain about current COVID protocols, and what happens next.

DENTAL CARE

Timely access to dental care is a concern for healthcare providers who see patients entering same day care and emergency facilitates with oral health issues that could have been avoided by preventative care. Barriers to dental care include cost and long wait times, with one participant describing a 2 month wait for an appointment for a broken tooth. Physicians see embedded care, where oral health is a part of preventative services, and family education as key factors in improving oral health in our community.

FINDINGS FROM KEY INFORMANT INTERVIEWS

Community Strengths

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

A Strong Sense of Community Where People Care for One Another

Key informants shared there is a strong sense of community in Napa County, with people committed to giving back and helping one another. Community members who experience challenges, like domestic violence, share their experiences and support with others. People are willing to help their neighbor and share information about helpful resources and services available.

This strength can be leveraged by creating more opportunities for people to be civically engaged and give their voices and opinions to improve the community through neighborhood meetings. By ensuring language access, these opportunities can be inclusive of community members often not heard.

Community Members are Resilient, Seeking Better Lives for their Families

Key informants spoke frequently to the resilience of the community members they serve. One shared "Our clients amaze me with their ability to be resilient." People have experienced a variety of challenges, including fires, a pandemic, violence, and more and yet they are still hopeful and want to improve their lives.

With resilience comes the desire to move forward and improve one's own life and the lives of their children. Community members seek out resources, ask questions, and take advantage of services.

Many Organizations Serve the Community and Collaborate

Most key informants spoke to Napa County being relatively well resourced with a variety of governmental and community-based organizations working together to support the community. Most organizations are striving to address complex needs and challenges through strong partnerships. Representatives from local organizations know one another and have trust built up over years that supports effective collaboration. Staff members are part of the community they serve, which builds trust between organizations and the community.

To leverage this strength, key informants suggested continuing to build upon the trusted relationships that exist by developing partnerships between organizations where there is already trust and newer organizations. Plus, they noted the importance of referring to one another's programs. Additionally, there is a need to continue strengthening services that are culturally responsive and linguistically appropriate and focusing on building up those programs on a larger scale to improve equity. Organizations can also work together to apply for grants and leverage shared funding streams. Organizations can work together to message the value of the existing programs to decision makers who distribute funds. This may involve sharing data and evaluating programs together. Also, organizations should look to include the voices of community members when developing programs and collaborating.

Key informants were asked to identify their top five health-related needs in the community. Three needs were prioritized by most key informants and with high priority. Three additional needs were categorized as medium priority. Key informants were most concerned about the following health-related needs:
1. Homelessness and housing instability
2. Economic insecurity, including affordable childcare
3. Behavioral health challenges and access to care (mental health and substance use/misuse)

Homelessness and housing instability
Most key informants spoke to the high cost of housing as a challenge in Napa County. There is a strong need for more affordable housing to help families and individuals meet their basic need for safe and healthy housing. Key informants shared that even families with two incomes may have difficulty affording rent, meaning they are unstably housed and consistently concerned about eviction if they cannot afford to make rent.
Housing quality is also an issue, with families living in poor housing conditions and over-crowded homes.
Workforce housing is of particular need for workers of a variety of income levels, particularly those that work in agriculture and hospitality. These families may have to move outside of Napa for more affordable housing but commute into Napa for their work. Options to buy or rent housing for workers locally would be beneficial.
While accessing safe, affordable housing is difficult for many people in Napa County, key informants spoke to the following populations:
- Transitional-age youth (TAY): There is a need for more long-lasting support for TAY, particularly learning how to navigate the different systems and access stable housing.
- People with behavioral health challenges: People with behavioral health challenges experience housing instability and may need supportive services to remain stably housed.
- Survivors of domestic violence: Survivors of domestic violence may be at risk of homelessness when leaving an unsafe situation, meaning having safe and stable shelter is important.
- Older adults: Supportive services to help older adults age safely at home is important.

Key informants spoke to a need for more civic engagement to change policies around housing to make it more affordable and to educate people on their housing rights. There is a lack of organizations that have the capacity to educate individuals, particularly in Spanish, on their rights as tenants. Additionally, there needs to be equitable housing practices for Indigenous People of the U.S. living in Napa County.

Economic insecurity, including affordable childcare
Key informants overwhelmingly spoke to the need for living wage jobs and increased wages to meet the high cost of living in Napa County. They shared that families with low incomes often experience housing instability and use most of their income to meet basic needs, with little left over for savings. Families are forced to make spending tradeoffs, choosing to pay rent or purchase food for their families. Families with one income, including single parents, cannot afford to live in Napa.
Many families are still dealing with the financial effects of the pandemic. Some took on debt to pay their rent and many do not have savings. Particularly for mixed-status families, or those with a combination of documentation statuses including undocumented status, they were not able to access benefits during the pandemic, causing additional financial strain.

Many workers live far from where they work, spending additional time and resources on commuting, speaking to the need for workforce housing in Napa County. Pay is often low for people working in the hospitality and agricultural industry, but cost of living is high.

Key informants spoke to the following populations as experiencing economic insecurity:
- Workers in the hospitality and agricultural industries: With low pay and high cost of living, these workers are often experiencing housing instability, food insecurity, and more.
- Older adults, particularly those without support systems: Older adults, particularly those without support systems or those that speak Spanish only, may not have the support to identify resources to help them meet their financial needs.
- Survivors of domestic violence: Survivors of domestic violence may be isolated and not had to access resources, like food and childcare, in the past. They may need support to build skills to meet their basic needs.
- Transitional-age youth (TAY): TAY do not receive long-term support navigating systems and may need support becoming financially independent and stable.

Key informants discussed **affordable childcare** as an important component of economic security. In Napa County, there is a general lack of quality childcare providers, making it very difficult for parents to find affordable childcare. Key informants noted this is a basic need for families, without which parents cannot work. Having affordable childcare options is especially crucial for single parents, including those leaving a domestic violence situation, to ensure they can support their families.

Behavioral health challenges and access to care (mental health and substance use/misuse)
Key informants spoke to difficulties accessing timely mental health and substance use/misuse services. There are generally long wait lists for mental health services, meaning people wait months to get off a waiting list. Additionally, insurance can be a barrier to accessing care, particularly County resources if people do not have insurance or do not have an accepted insurance.
There is also an increase in mental health challenges and substance use/misuse, meaning more people are seeking services. Key informants were concerned about an increase in fentanyl use and related overdoses.
Long wait lists can be a result of a lack of behavioral health providers in general. There is a particular need for more bilingual and bicultural providers, as there is a lack of culturally responsive and linguistically appropriate behavioral health services. To help triage the appropriate level of care for individuals seeking support, behavioral health coaches can help fill the gap of licensed therapists and other professionals.

Key informants spoke to a strong need for the following behavioral health services:
- More behavioral health providers in general to meet the growing need
- More bilingual and bicultural providers to serve the Spanish speaking community and communities that speak other languages
- Substance use disorder (SUD) recovery programs that include supports for parents with children

Key informants were particularly concerned about the following populations:
- Young people: Key informants shared concern for youth mental health, particularly due to negative social media influences, and youth suicide rates.
- Spanish-speaking community members: There are a lack of culturally responsive mental health services for Spanish-speaking families. There is also stigma in the Latino/a community related to

accessing mental health services, although key informants noted they are seeing people seek help because they are desperate for support.

- Older adults: Social isolation and a lack of belonging were major concerns for older adults. Key informants noted a need for more cultural activities and events, particularly for Latino/a adults. Social isolation was worsened by the pandemic.
- Survivors of domestic violence: There is a need to ensure survivors of domestic violence receive support to address the long-term trauma and instability of domestic violence.

While some people are seeking behavioral health services, there are also families doing their best to address their immediate and basic needs, like feeding their families. These people may not have the time, capacity, or resources to reach out for help.

The COVID-19 pandemic exacerbated many behavioral health challenges as people lacked social connection and experienced more stress, isolation, and economic insecurity. Key informants shared that people are "desperate for help" to address their traumas and challenges. They see the mental health needs of young people and older adults as particularly amplified in the pandemic. Key informants shared they are seeing more behavioral issues with children and more developmental support needs.

Positively, the pandemic helped people understand that mental health challenges affect everyone, and everyone can seek support.

Medium Priority Unmet Health-Related Needs
Two additional needs were often prioritized by key informants:

4. Access to health care services, including transportation and language access
5. Equity and inclusion

Access to health care services, including transportation and language access
Key informants shared that accessing health care services can be difficult for many people for a variety of reasons. The health care system is confusing and difficult to navigate, meaning there is a need for more case management services to help people navigate the complexity.

There is a lack of access to specialists in particular, with people often traveling outside of Napa for those services, which can be burdensome because of the cost and time required. Specifically, more prenatal services are needed.

Transportation to care can be difficult for people seeking specialty care outside of Napa. It is also a barrier for older adults who may have difficulty using public transportation.

Language access is a specific challenge. There is a need for more bilingual and bicultural providers to provide culturally responsive care in Spanish.

Systemic barriers were also noted as preventing people from being able to access appropriate care. Specifically, medical reimbursement models make it difficult to prevent problems. For example, patients may need dry shoes and socks, which is not reimbursable, although foot amputation for the effects of not having dry socks and shoes can be reimbursed. Key informants spoke to needing to prevent people from needing emergency care or hospital services by investing as a community in providing some of the basics that keep people healthy. Documentation status can also be a barrier to accessing health insurance, preventing some people from being able to afford needed care.

Key informants spoke to the additional barriers to timely and responsive care for the following populations:

- The LGBTQIA+ population: Key informants spoke to a need for gender affirming care in the community, as well as providers that are responsive and knowledgeable in caring for this community. LGBTQIA+ patients may not feel safe or seen seeking the care they need.
- People with undocumented status of mixed-status families: Mixed-status families, or those with a variety of documentation statuses, may not qualify for health insurance or feel safe seeking insurance.
- Older adults: There is a need for more care for older adults, particularly related to dementia and Alzheimer's care.
- Survivors of domestic violence: Survivors of domestic violence may not have had access to medical services and will need to re-engage in services.

Key informants spoke to patients delaying preventive care during the height of the pandemic, leading to significantly worse health and unmanaged chronic conditions.

Equity and inclusion

Key informants shared the community needs to continue to invest in efforts to improve equity for all people living in Napa County, particularly for the following groups:

- The LGBTQIA+ population: Key informants spoke to a need to address discrimination and bullying that LGBTQIA+ identifying individuals experience. Young people experience bullying in school for their identity and people may not use the correct pronouns or name. Key informants spoke to the importance of addressing bullying of trans and LGBTQIA+ young people, ensuring their safety. Individuals experience biases and discrimination within health care and lack access to gender-affirming and inclusive care. They spoke to LGBTQIA+ people experiencing fear in their everyday lives that needs to be addressed.
- Indigenous Peoples of the U.S.: Racism and a lack of inclusion and respect affects Indigenous Peoples of the U.S. in Napa County. Young people may experience bullying for their culture and racial identity.
- Spanish-speaking community: Key informants spoke to the strong need for more services provided by bilingual and bicultural providers to serve the Spanish-speaking community in a culturally responsive way. This is inclusive of health care services, behavioral health services, and social services.

To improve understanding of other cultures and promote inclusion, key informants spoke to the importance of having events that celebrate cultures and bring people together.

FINDINGS FROM CAREGIVER LISTENING SESSIONS

Community Strengths

Caregivers identified the following community strengths:

People Care for One Another

Caregivers shared they consistently see community members taking care of one another and investing in one another. Families support one another through financial challenges and people share resources by word-of-mouth. People trust one another and go to each other for support in difficult times.

Caregivers overwhelmingly spoke to the many great community resources that support their clients. There is connectivity and collaboration between organizations to help ensure people have access to the support they need. They spoke to many organizations having strong relationships and trust with the community, including the CARE Network.

There are quite a few health care providers in Napa County that work to provide quality care to clients. There are also affordable housing sites that are working to help people afford to stay in the community. To leverage these resources, caregivers suggested having a central guide or booklet outlining the many resources, co-locating services, and providing information in the community, like at churches and community centers. They also suggested hosting town halls in English and Spanish to engage with the community and share about the efforts happening.

High Priority Unmet Health-Related Needs

Caregivers were asked to identify their top five health-related needs in the community. Two needs were prioritized by most caregivers and with high priority. Three additional needs were categorized as medium priority. Caregivers were most concerned about the following health-related needs:

1. Homelessness and housing instability
2. Behavioral health challenges and access to care (mental health and substance use/misuse)

Homelessness and housing instability

Caregivers spoke to a variety of housing-related needs in the county for all income levels, including the following:

- Affordable housing: Housing that is affordable for individuals and families of all income levels is needed.
- Low-income housing: Housing for families with low incomes, particularly those with a single income is needed.
- Shelter, especially for families with children: Shelter space is limited and typically at capacity. More shelters and more beds are needed, particularly for families with children (families typically must live apart) and for people in recovery.
- Workforce housing: Workers typically have to live far from their job, commuting into Napa to work in the hospitality industry. Workforce housing, that can be bought or rented, is needed.

Many people, including families and older adults, have difficulty living in Napa County because of the cost. Caregivers spoke to multiple families having to live together in one home, leading to overcrowding. Older adults need affordable housing that also provides supportive services.

Behavioral health challenges and access to care (mental health and substance use/misuse)

Caregivers spoke to a need for more accessible behavioral health services, including the following:

- Substance use disorder (SUD) residential treatment centers and medical detox: There is a need for more residential treatment centers and a local medical detox.
- More psych units and beds in Napa County for adults and children: There is a need for more psych beds in general, but in particular for adolescents and children.
- Case managers for people with severe mental illness: Having support with medication management and engaging various providers is needed.
- Crisis intervention services: More capacity for the mobile response team and crisis residential step-down facilities are needed.

Caregivers spoke to a need for more services to meet the specific needs for the following populations:

- Young people: Caregivers shared there needs to be more mental health services in schools and psych beds for adolescents and children.
- Spanish-speaking patients: More mental health providers that are bilingual and bicultural and more resources in Spanish are needed.
- People experiencing homelessness: Ensuring that people living unsheltered have access to behavioral health services is important.

Medium Priority Unmet Health-Related Needs

Three additional needs were often prioritized by caregivers:

3. Access to dental care
4. Access to health care services, including transportation
5. Economic insecurity, including affordable childcare

Access to dental care

Caregivers shared that accessing dental care can be very difficult for all ages because there are few dental appointments available locally. Clients often have to travel out of the county to other areas, like Vallejo, to access dental care, making transportation a barrier. Even out of the area, accessing appointments can be difficult. There is also a need for specialty dental care locally and more affordable dental care options for older adults.

Access to health care services, including transportation

Caregivers spoke to a need for a variety of health care services to make accessing appropriate care easier for community members:

- More primary care providers to address long wait times
- More urgent care centers for timely non-emergent care
- More specialty care locally to address long wait times
- More in-home support services, particularly for patients without Medi-Cal, inclusive of in-home caregivers for the aging population

Caregivers shared long wait times and **transportation** are major barriers to care, with many clients having to travel for specialty care. Transportation can be especially difficult for older adults who may not be able to take public transportation easily.

Accessing care is especially difficult for clients with undocumented status or mixed-status families that may not qualify for Medi-Cal. Accessing primary and specialty care is difficult for people without insurance and those under-insured.

Navigating the health care system can be difficult for many clients and having support is beneficial.

Economic insecurity, including affordable childcare

Caregivers discussed the need for living wage jobs to ensure people can afford the high cost of living in Napa County. They shared there is a lot of disparity in income across the county. To help individuals and families be financially stable, caregivers noted the following needs:

- Help paying utility bills
- Financial resources specifically for people with undocumented status or mixed-status families
- **Affordable childcare**

They also noted that older adults may have difficulty aging in place due to the increasing cost of living in the county. They also noted a need for more skill development and trade school for adults with limited education.

Appendix 3: Community Resources Available to Address Significant Health Needs

Queen of the Valley Medical Center cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community key informants and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Table 1_Apx 3. Community Resources Available to Address Significant Health Needs

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Homelessness Service Provider	Adobe Housing Services	Abode Services has been working in Napa County operating an emergency shelter and providing outreach, housing support, and rental assistance, as well as managing affordable housing units.	100 Hartle Ct, Napa, CA 94559	Housing
Hospital	Adventist Health St. Helena Hospital	A faith-based hospital providing a wide range of services, aimed at transforming the health experience of our communities by improving health, enhancing interactions, and making care more accessible.	10 Woodland Rd, St Helena, CA 94574	Access to Health Services
Mental Health Service Provider	Aldea Children & Family Services	The essential community partner for children and families in crisis. Aldea provides Behavioral Health and Social Services to families in need.	1546 1st St. Napa, CA 94559	Behavioral Health
Substance Use Treatment and Recovery Center	Alternatives for Better Living	A local center that aims to make substance use treatment services more available and accessible, particularly to people with the greatest need and the	701 School St, Napa, CA 94559	Behavioral Health

		fewest resources. One-on-one and group sessions are provided.		
Food Bank	CANV	A local food bank that provides a variety of nutritious food to low-income individuals, families, older adults and non-profit organizations throughout Napa County.	2521 Old Sonoma Rd. Napa, CA 94558	Food Access
Career Center	Career Point	A network of workforce development experts on a mission to provide the highest quality employment and training solutions for North Bay's businesses and career seekers.	1546 First Street Napa, CA 94559	Economic Stability
Clinic, FQHQ	CommuniCare+OLE	A Federally Qualified Health Center that provides primary care services including medical, dental, optometry, women's health, pediatric health, behavioral health nutrition, and pharmacy services primarily serving Medi-Cal beneficiaries throughout Napa, Solano, and Yolo Counties.	1141 Pear Tree Ln Napa, CA 94558 300 Hartle Ct Napa CA, 94559 1222 Pine St, A St Helena, CA 94574	Access to Health Services
Health Coverage Resource Center	Community Health Initiative	CHI works to improve the health of children, families and older adults by providing access to care through health insurance enrollment, patient education and advocacy.	2140 Jefferson St., Suite D Napa, CA 94559	Access to Health Services
Children & Family Service Provider	Community Resources for Children	Community Resources for Children provides adults who care for children with the knowledge, tools, and resources so that children thrive and continue to learn	3299 Claremont Way, Ste 1 Napa, CA 94558	Childcare

Community Resource Center	Cope Family Center	A family resource center located in Napa with the mission to empower parents, nurture children, and strengthen communities. They provide parents with the education, resources, and support they need to raise children who thrive	707 Randolph St, Napa, CA 94559	Access to Health Services;
Housing Resource Center	Fair Housing Napa Valley	Fair Housing Napa Valley's primary programs include fair housing enforcement and investigation, landlord/tenant counseling and mediation, education and outreach, disaster-related housing counseling, and related assistance to mobile home parks.	1303 Jefferson Street, Suite 200A Napa, CA 94559	Housing
Children & Family Service Provider	First 5 Napa County	First 5 Napa County supports our community in developing and enhancing coordinated, integrated, and equitable systems, that care for, support, educate and respect families and children 0-5 years of age.	1303 Jefferson Street #100A, Napa, CA 94559	Racial Equity and LGBTQIA+ Inclusion
Clinic	Kaiser Permanente	Provides primary care and outpatient services to Kaiser patients in Napa	3285 Claremont Way, Napa, CA 94558	Access to Health Services
Community Resource Center	LGBTQIA+ Connection	A multi-county initiative fostering healthy, diverse and inclusive communities, driven by youth and other emerging leaders in Napa and Sonoma counties. The organization is a hub of LGBTQIA+ information and a thriving center of the community, aimed toward	780 Lincoln Ave, Napa, CA 94558	Racial Equity and LGBTQIA+ Inclusion

		increasing awareness, visibility & wellness.		
Mental Health Service Provider	Mentis	Dedicated to the emotional health and wellbeing of all Napa County residents, Mentis provides bi-lingual, affordable mental health services to people of every age, stage and income level.	709 Franklin Street, Napa, CA 94559	Behavioral Health
Government, Safety Net Programs	Napa County Health & Human Services Agency	Napa County HHSA serves the community and supports its health and well-being through a wide range of services to residents of the county. Specific needs are addressed through various divisions including: Behavioral Health Child Welfare Services Comprehensive Services for Older Adults Public Health Self Sufficiency	751 Napa Valley Corporate Dr. Napa, CA 94558	Access to Health Care; Racial Equity and LGBTQIA+ Inclusion; Behavioral Health & Substance Use Services; Housing
Housing Services	Napa Housing Authority	Administer housing and rental assistance programs for City of Napa residents	1115 Seminary St, Napa, CA 94559	Housing
Substance Abuse Presentation; Harm Reduction	Napa Opioid Safety Coalition	NOSC is a collaboration of healthcare, law enforcement, education, and local non-profits to share prevention resources committed to improving opioid safety and treatment access in Napa County.	2751 Napa Valley Corporate Dr, Napa, CA 94558	Behavioral Health
Community Resource Center	NEWS, Domestic Violence and Sexual Abuse Services	NEWS provides shelter and direct services to those experiencing domestic violence and sexual abuse. The organizations also	1141 Pear Tree Lane, Suite 220 Napa CA 94558	Housing

Community Resource Center	North Bay Regional Center	A non-profit, community-based organization that serves people with developmental disabilities in obtaining the services and support needed to live as others do in the community.	610 Airpark Rd., Napa, CA 94558	Access to Health Services
		educate and prevent through outreach programs.		
Community Resource Center	On the Move	On The Move utilizes innovative approaches to closing the achievement gap for children of color, transforming outcomes for former foster youth, promoting health and wellness across communities, and building strong, engaged families.	780 Lincoln Ave, Napa, CA 94558	Economic Stability, Access to Health Services, Racial Equity and LGBTQIA+ Inclusion
Community Resource Center	ParentsCAN	A resource center that works to partner with and guide parents when challenges arise in their child's education, health, behavior or development, so children can reach their full potential.	1909 Jefferson Street Napa, CA 94559	Access to Health Services, Racial Equity and LGBTQIA+ Inclusion
Medi-Cal Managed Care Plan	Partnership Health Plan of California	A non-profit community-based health care organization that contracts with the State to administer Medi-Cal benefits through local care providers to ensure Medi-Cal recipients have access to high-quality comprehensive cost-effective health care.	4665 Business Center Drive Fairfield, CA 94534	Access to Health Services
Hospital	Providence Queen of the Valley Medical Center	QVMC is an acute care hospital and Level III Trauma Center. Backed by state-of-the-art facilities and leading-edge technology, the Queen's medical team ensures residents can access	1000 Trancas Street, Napa, CA 94558	Access to Health Services

		the best care possible close to home. The Queen is the heart of the community and known for quality, compassion, and outreach to those in need.		
Community Resource Center	Puerta Abiertas	Puertas Abiertas offers comprehensive services to support Napa's most vulnerable communities including educational and self-sufficiency programs, legal and immigration navigation, social services and referrals, mental health services, informational workshops, food and emergency/disaster relief rental assistance, and more.	625 Imperial Way, Suite 6, Napa, CA 94559	Economic Stability, Access to Health Services, Racial Equity and LGBTQIA+ Inclusion
Community Resource Center	UpValley Family Centers	UpValley Family Centers provides guidance, support and resources in the community, in the home and for the individual, so that everyone can achieve a better life.	1500 Cedar Street Calistoga, CA 94515 1440 Spring Street St. Helena, CA 94574	Economic Stability, Access to Health Services, Racial Equity and LGBTQIA+ Inclusion

Appendix 4: Providence Queen of the Valley Medical Center's Community Benefit Committee

Table 1_Apx 4. Community Benefits Committee Members

Name	Title	Organization	Sector
Bailie	Director of Training and Technical Assistance	LGBTQIA+ Connection	Education & Social Justice
Greg Bennett	CBC Chair & Trustee	Providence QVMC	Finance
Jenna Bolyarde	San Francisco Homelessness Impact Manger	Tipping Point Community	Housing / Homelessness
Angela Carreon	Nurse Practitioner	CommuniCare+OLE	FQHC / Healthcare
Lark Ferrell	Housing Manager	City of Napa, Housing Division	Housing / Government
Eva Garcia	Community Member	City of American Canyon	Lived Experience
Stephanie Gaul	Housing Manager	City of Napa, Housing Division	Housing / Government
Paul Hoffman	Trustee	St. Joseph Health	Finance
Molly Rattigan	Deputy City Manager	City of Napa Housing	Government
Dr. Christine Wu	Public Health Officer	Napa County Public Health	Government
Sr. Christine Schleich	Trustee	Providence QVMC	Congregation Sisters of St. Joseph of Orange
Dr. Colleen Townsend	Regional Medical Director	Partnership Health Plan	Healthcare, Managed Care
Rob Weiss	Executive Director	Mentis	Behavioral Health
Terry Wooten	Chief Executive & Trustee	Providence QVMC	Healthcare
Jennifer Yasumoto	Director	Napa County HHSA	Government