We know that when children are healthy, they are more likely to succeed in school and in life. That’s why The Children’s Partnership works to level the playing field so that children from historically marginalized communities have the resources and opportunities they need to thrive.

This infographic, the fifth in a series, provides an overview of key child health facts in California and nationally to inform the work ahead. Now more than ever, we must work together to make California the best state to raise healthy, thriving children.

**SNAPSHOT:**

**California Children’s Health**

**American Indian/Alaska Native Children’s Health**

**Population**

There are at least 208,679 children and youth who identify as American Indian/Alaska Native (AIAN), including those who also identify with another race or ethnicity, making up just over 2% of the state’s 9 million children.

- **19,305** identify as AIAN alone.
- **132,240** identify as AIAN and Latinx.
- **4,772** identify as AIAN and Black.
- **34,517** identify as AIAN and white.
- **17,464** identify as AIAN and two or more races, not including Latinx.

Nearly 90% of the AIAN population live in **URBAN AREAS**.

**Food Access**

Nearly 1 in 3 AIAN households with children in the US are food-insecure, **TWICE THE AVERAGE RATE** across all households, and more than **3X THE RATE** of white households in the US.

**Masked Health Inequities**

American Indian/Alaska Native communities are resilient despite a legacy of historical trauma as a result of centuries of government-sponsored violence and discrimination, as well as dispossession at the hands of state and federal policies and practices intentionally designed to break apart culture, communities, family, and identity. This history in California includes genocide, forced removal and assimilation, violence, exploitation, and enslavement. Inequities in health are rooted in this historical trauma and persisting systemic racism that continues to impact the well-being of American Indian/Alaska Native children in our state. Additionally, the history of racial misclassification in the US presents stark challenges to accurately representing health inequities, particularly in healthcare and educational settings. Because American Indian/Alaska Native communities have been greatly undercounted and uncounted in data collection efforts across state, county, and federal agencies—including in the federal census—our data on health inequities is highly limited. In the future, more granular data could unmask hidden health disparities in order to inform the development and targeting of interventions that improve health.
HEALTH COVERAGE AND ACCESS

92% of AIAN children in California have health insurance, leaving 3,100 children uninsured.

This rate of nearly 8% uninsured is more than DOUBLE the state average of all children, and 3X THE RATE for white children.

Over 1 in 3 AIAN children rely on Medi-Cal for coverage, a rate lower than the nearly 1 in 2 of all children. Furthermore, many AIAN families receive direct health care from Indian Health Service contracted facilities which are not considered health insurance.

MENTAL HEALTH

More than 1 in 3 (34%) AIAN youth in middle and high schools reported feelings of depression, higher than the average for all youth (29%) and white youth (32%). Nationally, in the last fifteen years, suicide rates for AIAN girls have risen by 60%—the LARGEST INCREASE among any demographic group in the country.

CHILD WELFARE

AIAN children and youth are REMOVED from their HOMES at 4X the average across all children and youth in California, and 5x the rate of white children. The need for continued support of the Indian Child Welfare Act remains a top priority.

ORAL HEALTH

Nationally, AIAN children experience the highest rate of TOOTH DECAY among any race or ethnic group. More than 2 in 3 AIAN children have tooth decay, compared to 1 in 3 among all children, and 1 in 4 among white children.

COVID-19

The AIAN population has been disproportionately affected by the COVID-19 PANDEMIC. Nationally, the overall COVID-19 incidence among the AIAN community is 3.5X HIGHER than that among white people.

ECONOMIC WELLBEING

More than 1 in 4 AIAN children experience POVERTY, compared to 1 in 6 of all children in the state, and 1 in 11 white children. Almost HALF (42%) of AIAN children live in families that are burdened by HOUSING AND UTILITY COSTS.

MATERNAL AND INFANT HEALTH

In California, the rate of INFANT MORTALITY is 2X as high in AIAN families as it is among white families: there are 6.2 DEATHS per 1000 BIRTHS among AIAN individuals, compared to 3.6 deaths per 1000 births among white individuals. The state average for all populations is 4.5 deaths per 1000 births.

DIGITAL ACCESS

1 in 10 (about 3,500) AIAN children live in a household without a BROADBAND CONNECTED DEVICE.

HEALTH CARE FOR ALL FAMILIES

A PROJECT OF

The Children’s Partnership

California Consortium for Urban Indian Health

The Children’s Partnership collected data from the American Community Survey, California state agency data from the Departments of Health Care Services and Social Services, KidsData.org and others, acknowledging that all of these sources fall short in describing the experiences of American Indian/Alaska Native child health inequities. Data is specific to children in California unless otherwise noted as national data.

© The Children’s Partnership, November 2020