A Child is a Child

**SNAPSHOT: California Children’s Health**

**AAPI* Children’s Health**
*Asian American & Pacific Islander*

We know that when children are healthy, they are more likely to succeed in school and in life. We work to address the underlying causes of health inequities by improving the conditions in which children live, learn, grow, and play so that young people from historically marginalized communities have the resources and opportunities they need to achieve their dreams and reach their full potential. This infographic provides an overview of key child health facts in California and nationally to inform the work we must do together to make California the best state to raise healthy, thriving children.

### POPULATION

Of California’s nearly 9 MILLION children and youth, at least 1.4 million identify as ASIAN AMERICAN (AA) and about 97,000 identify as PACIFIC ISLANDER (PI) including those who also identify with another race or ethnicity.

Nearly 9 in 10 (86%) AA children, and nearly 1 in 2 (48%) PI children live with at least one parent who was born outside of the United States.

### MASKED HEALTH INEQUITIES

The lack of disaggregated data is a major concern underlying the data within this fact sheet. An accurate picture of the health of the Asian American and Pacific Islander (AAPI) children in California is impossible without accurate and detailed data that is disaggregated by racial and ethnic subgroups. Health inequities that exist within the AAPI community are understudied and overlooked at least in part because much of the data on this ethnically diverse population are aggregated, leading to a masking of differences and hidden health disparities. In this fact sheet, where possible, we separated data on Asian American children from data on Pacific Islander children and have also included disaggregated data of ethnic groups within the Asian American community.

### HEALTH COVERAGE AND ACCESS

More than 29,000 ASIAN AMERICAN children, AND about 1,750 PACIFIC ISLANDER children REMAIN UNINSURED.

211,000 AA children do not have a usual place where they receive healthcare.

Nearly 330,000 AA children do not have adequate or continuous health care coverage for an entire year compared to 30% of all children.

AA children are among the highest of all racial and ethnic groups who have not received a preventive check-up: 213,900 of AA children did not receive preventive care in a year compared to 18% of ALL children.

### COVID-19

PACIFIC ISLANDER children make up nearly 5% of COVID-19 deaths among children, yet make up .3% of the state's child population. Overall, PI communities suffer from the highest COVID-19 case and death rates in California.
MENTAL HEALTH

1 in 4 (27%) of ASIAN AMERICAN children and nearly half (41%) of PACIFIC ISLANDER youth in California reported feeling depressed.

30% of AA teen girls say they need help for emotional/mental health problems like feeling sad, anxious or nervous.

Yet, only 3% of AA teen girls received psychological/emotional counseling, compared to 25% of ALL teen girls.

Nationally, nearly 1 in 5 PACIFIC ISLANDER youth (19%) had thought about, planned, or attempted suicide in the previous year—TWICE THE RATE of their white peers.

ECONOMIC WELLBEING

Nearly 8% or 78,100 ASIAN AMERICAN children and 15% or 4,851 PACIFIC ISLANDER children live below the federal poverty line, compared to 16% of all children in the state.

COMMUNITY AND FAMILY WELLBEING

School officials are more likely to refer incidents involving PACIFIC ISLANDER STUDENTS to the police than those involving white students: PI students are 1.4 TIMES more likely to be referred to POLICE.

LANGUAGE ACCESS

For AAPI communities, translated materials and interpretation services are INSUFFICIENT when accessing critical resources like health care.

Across all children in immigrant families, nearly 1 in 5 (17%) live in households where English is not spoken fluently. Over 2 million (27%) of ASIAN AMERICAN children live in a household with a primary language other than English. Many of these children are forced to translate for their parents and other family members in order to receive health care.

Of the top 10 most common languages spoken at home by children learning English in California schools, 7 are Asian languages. Over 100,000 students in CA public schools speak either: Mandarin, Vietnamese, Cantonese, Filipino, Hmong, Korean, OR Punjabi.

ORAL HEALTH

44% of low-income AAPI preschoolers have EARLY TOOTH DECAY—one of the HIGHEST RATES among all racial groups in California.

FOOD ACCESS

FOOD INSECURITY is more prevalent among foreign-born and non-English speaking AAPI households than AAPI families born in the US— including Chinese, Filipino, South Asian, Japanese and Vietnamese subgroups.

Within the Asian American community, food insecurity is highest among VIETNAMESE AMERICANS—with 16% struggling to access healthy and fresh food.

Food Access

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Data Note: The Children’s Partnership and Asian Resources collected AAPI children’s data from the U.S. Census Bureau’s 2019 American Community Survey 1-Year Estimates, the 2019 CA Health Interview Survey, the 2018-2019 National Survey of Children’s Health, and a few other discrete sources. All data is from California unless otherwise noted. Citations can be found at: bit.ly/AChildIsAChild

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