

A Child is a Child

SNAPSHOT: California
Children's Health



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 all children have the resources and opportunities they need to be healthy and thrive.

American / Alaska Indian / Native Children's Health

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.

MASKED HEALTH INEQUITIES



The perpetual practice of racial misclassification of American Indian and Alaska Native (AI/AN) people in the United States presents stark challenges to accurately highlight

health inequities, particularly in health care and educational settings. Because AI/AN communities have been greatly undercounted and uncaptured in data collection efforts across state, county and federal agencies—including in the federal census—data that reveals disparities is highly limited. Racial misclassification drastically underestimates the burden of disease that AI/AN communities face and masks disparities compared to the general population or other groups.

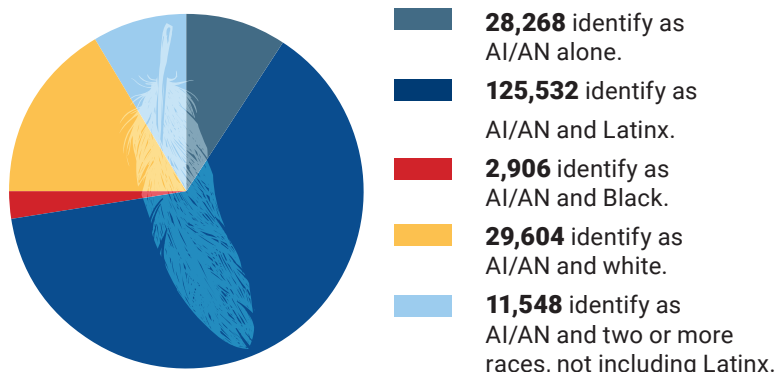
PROTECTIVE FACTORS



AI/AN communities face a legacy of historical trauma from 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. Yet despite this history, AI/AN children and youth are resilient with protective factors that support their healthy development. Protective factors - including positive opportunities, connectedness to families and peers and connection to culture - can help prevent and address health inequities impacting AI/AN communities.

POPULATION

There are at least **199,642** children and youth under 18 who identify as American Indian/Alaska Native (AI/AN), including those who also identify with another race or ethnicity, making up just over **2%** of the state's 9 million children. Of these children at least:



Nearly 90% of the AI/AN population live in **URBAN AREAS**.

MENTAL HEALTH



On average, more than **1 in 3 (34%)** AI/AN youth in middle and high schools reported experiencing feelings of **CHRONIC SADNESS AND HOPELESSNESS**, compared to the **33% across all 7th, 9th and 11th graders**. Nearly **1 in 2 (44%)** of AI/AN 11th graders experienced these feelings—the highest of any subgroup.

Nationally, overall, the highest teenage suicide rates are among AI/AN teenagers. In the last fifteen years, **SUICIDE RATES FOR AI/AN GIRLS HAVE RISEN BY 60%**—the largest increase among any demographic group in the country.

In California, **1 in 4 (25%)** AI/AN teens across the state in 11th grade had considered suicide in the last year before they were surveyed—the highest of any subgroup.

HEALTH COVERAGE AND ACCESS



About 93% of AI/AN children 18 and under have health insurance, leaving at least **5,400 CHILDREN UNINSURED.**

About **1 in 3 AI/AN children and youth under 21 (17,400)** rely on Medi-Cal for health coverage, compared to nearly **1 in 2** of all children and youth under 21 in California.

Furthermore, many AI/AN families receive direct health care from Indian Health Service contracted facilities, which is not considered health insurance coverage.

COVID-19



Nationally, the overall COVID-19 incidence among the AI/AN community is **3.5 TIMES HIGHER** than that among white people. Additionally, the age-adjusted COVID-19 mortality rate is higher for AI/AN people than for any other group—it is almost **2.5 TIMES THE DEATH RATE** for white people.

In California, there are about **2,400** AI/AN children and 12,594 AI/AN adults who have COVID-19.

MATERNAL AND INFANT HEALTH



Nationally, the rate of pregnancy-related mortality (number of deaths per 100,000 live births) among AI/AN people is **TWICE AS HIGH** as it is compared to white people: **28.3** for non-Latinx AI/AN women compared to **13.4** for non-Latinx white women.

In California, the rate of **INFANT MORTALITY** (number of deaths per 1,000 births) in AI/AN families is just over the average across all populations and white populations: **4.5** among AI/AN families, **4.3** among all families and **3.6** among all white families.

ECONOMIC WELL-BEING



More than 1 in 2 (59%) or 16,676 AI/AN children live in families whose income falls below the **FEDERAL POVERTY LEVEL**,

compared to **15%** of all children in California.

Almost **1 in 3 (35%)** of AI/AN children live in households that are burdened by **HOUSING AND UTILITY COSTS.**

CHILD WELFARE



AI/AN children and youth are **REMOVED FROM THEIR HOMES** at **4 TIMES** the average rate across all children and youth in CA, and **5 TIMES** the rate of white children.

The need for continued support and adequate enforcement of the Indian Child Welfare Act remains a top priority.

SCHOOL SUCCESS AND SAFETY



AI/AN students are more likely to be targeted by policing at their schools: they are **2 TIMES MORE LIKELY** than white students to be arrested at California schools. AI/AN students are suspended at disproportionate rates: the suspension rate among AI/AN students is **5.4%, DOUBLE THE RATE OF ALL STUDENTS (2.5%)**. AI/AN students lose out on more learning time compared to their peers: nearly **1 in 4 (22%)** of AI/AN students **have missed 10% or more of the academic year**, compared to slightly over **1 in 10 (12%)** of all students.

FOOD ACCESS



Nationally, nearly **1 in 3** AI/AN households with children are **FOOD-INSECURE**, twice the average rate across all households in the US. Across the US, many reservations and counties with the highest numbers of indigenous community members are **FOOD DESERTS**, meaning communities have to **travel 100 miles or more to purchase food.**

ORAL HEALTH



Nationally, AI/AN preschool children ages 3–5 have the highest rate of **TOOTH DECAY** among any group in the United States: more than **2 in 3 (71%)** AI/AN children between 3–5 years old have tooth decay, compared to **1 in 4 (25%)** of white children.

When compared to other population groups, AI/AN children in the United States are also **4 TIMES MORE LIKELY** than white children to have untreated tooth decay: slightly more than **43%** of AI/AN children between **3-5 years of age have untreated decay** compared to only 10% of white non-Latinx children.

DIGITAL CONNECTEDNESS



Nationally, **34%** of AI/AN households had **NO HIGH-SPEED INTERNET** access at home, and almost **16% HAD NO COMPUTER.** In California, about

10% of AI/AN children live in a household **without** a broadband connected device.

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**California
Consortium for
Urban Indian
Health**

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The Children's Partnership, Two Feathers and the California Consortium for Urban Indian Health collected data on American Indian and Alaska Native children from the U.S. Census Bureau's 2019 American Community Survey 1-Year Estimates, the 2019 CA Health Interview Survey, the 2019 National Survey of Children's Health, the 2017-2019 California Healthy Kids Survey, and a few other discrete sources. All data is specific to AI/AN children and youth in California unless noted explicitly as national data. Full citations can be found at: bit.ly/ACHildIsACHild.