When children are healthy, they are more likely to succeed in school and in life. The Children’s Partnership (TCP) acknowledges the role that systemic racism and discrimination have in creating and perpetuating health inequities and works to address their underlying causes by improving the conditions in which children live, learn, grow and play.

In doing so, we work to provide young people from historically marginalized communities the resources and opportunities to 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 to raise healthy, thriving children.

**MASKED HEALTH INEQUITIES**

An accurate picture of the health of Asian American, Native Hawaiian and Pacific Islander (AANHPI) children in California is impossible without accurate and detailed data that is disaggregated by racial and ethnic subgroups. Health inequities that exist within the AANHPI 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 between racial and ethnic subgroups.

**COVID-19**

At least 94,565 AA and 7,766 NHPI children and youth have had or currently have COVID-19.

Both AA and NHPI children have died from COVID-19 at higher rates than their share of CA’s child population: AA and NHPI children and youth make up 15% and 2%, respectively, of deaths impacting children despite making up 13% and 0.3%, respectively, of our state’s child population.

Across all ages, the COVID-19 case rate for NHPI people is 77% higher than statewide.

64% of AA children and youth ages 5-11, and 92% of those 12-17, have been fully VACCINATED - the highest rates of any racial and ethnic group and above CA’s average for these age groups.

**POPULATION**

There are about 1.5 million children and youth under 18 who identify as ASIAN AMERICAN (AA), including those who also identify with another race or ethnicity, making up about 17% of the state’s nearly 9 MILLION children. Of these children, at least:

- 1,070,561 identify as AA alone
- 159,078 identify as AA and Latinx
- 17,812 identify as AA and Black
- 233 identify as AA and Native American
- 226,620 identify as AA and white
- 73,641 identify as AA and another race

There are about 90,000 children and youth under 18 who identify as NATIVE HAWAIIAN AND PACIFIC ISLANDER (NHPI), including those who also identify with another race or ethnicity. Of these children, at least:

- 22,541 identify as NHPI alone
- 25,631 identify as NHPI and Latinx
- 1,047 identify as NHPI and Black
- 23,446 identify as NHPI and another race
- 16,226 identify as NHPI and white

Nearly 9 in 10 (86%) AA children and nearly 1 in 2 (48%) NHPI children live in IMMIGRANT FAMILIES with at least 1 parent or guardian who was born outside of the United States. About 14% or 149,000 AANHPI children were born outside of the United States. Nearly 1 in 4 (21%) AANHPI children live with only NONCITIZEN parents.
PROTECTIVE FACTORS

Protective factors – conditions or attributes that help mitigate or eliminate risks to health – can help support the lifelong success of children. Knowledge of culturally-specific protective factors can guide the development of community-centered interventions that address the unique needs of children from different backgrounds. There are a few different factors that have been shown to support the well-being of AANHPI children and youth.

- **Maintaining heritage culture** facilitates the transfer of cultural values from parents to their children that support AA children's development, particularly those from immigrant families, like a strong sense of family obligation that has been shown to facilitate a higher family cohesion and stronger youth ethnic identity.¹

- **Bilingualism** and the ability to communicate fluently in more than 1 language - including a child's heritage language - has been linked to higher cognitive functioning among AA children.²

- **Cultural identification**, such as a sense of belonging and affiliation with spiritual, material, intellectual and emotional features of AA culture, have been associated with a reduction in the risk of suicide attempts.³

- **Strong and supportive family relationships** and higher levels of family cohesion have been related to lower risks of lifetime suicide attempt among youth from NH and PI backgrounds.⁴

- **Support from native healers** has facilitated increased access to services that address mental issues that NH youth face.⁵

HEALTH COVERAGE AND ACCESS

- 97% of AA children and 95% of NHPI children have health insurance coverage, leaving about 29,335 AA children and about 1,749 NHPI children who remain **UNINSURED**.

- About **1 in 4 (25%)** or **352,239** AANHPI children are enrolled in **MEDI-CAL**.

- Compared to white children, **Korean American** children are **4X** more likely to lack health insurance, and **Filipino** children are **2X** as likely to not have had recent contact with a doctor.

- **1 in 3 (33%)** or nearly **281,000** AA children have **INSURANCE COVERAGE** that’s **INADEQUATE** to meet their needs compared to **26%** of white children.

- **Over 213,000** AA children **(24%)** did not receive a **PREVENTIVE VISIT** compared to **15%** of white children.

- **141,000** AANHPI children **(12%)** do not have a usual source of care when they are sick or need health advice.

MENTAL HEALTH

- Nearly **1 in 3 (31%)** AA youth and **1 in 3 (34%)** NHPI youth reported feeling **DEPRESSED**.

- **1 in 3 (69,000 or 34%)** of AANHPI teen girls say they need help for **EMOTIONAL/MENTAL HEALTH** problems such as feeling **SAD, ANXIOUS OR NERVOUS**.

- Yet, only **6% (~2,000)** of AANHPI teen girls received **PSYCHOLOGICAL/EMOTIONAL COUNSELING**, compared to **17%** of all teen girls.

ORAL HEALTH

- **44%** of low-income AANHPI preschoolers have **EARLY TOOTH DECAY**—one of the highest rates among all racial groups in CA.

- Among AA children, **17%** experience untreated decay and **50%** experience tooth decay, compared to **14%** and **40%** of white children, respectively.

- **Over 50,000 or 13%** of AA teens missed school due to a dental problem in the past year.

LANGUAGE ACCESS

- AANHPI children often translate for their parents and other family members in order to receive health care because of difficulty accessing translated materials and interpretation services and navigating the health care system due to language barriers.

- Over **2 million (27% or 1 in 4)** AA children live in a household with a primary language other than English.

- **ASIAN LANGUAGES** make up 5 of the top 12 non-English languages spoken in California. These languages and their respective ranks are **Chinese** (2), **Vietnamese** (3), **Korean** (4), **Tagalog** (7) and **Japanese** (12).
AANHPI communities across the United States are experiencing pervasive patterns of hate and discrimination. From March 2020 to December 2021, STOP AAPI HATE received nearly 11,000 reports of COVID-19 related discrimination and harassment—10% of which came from children and youth. In CA, the number of reported anti-Asian hate crime incidents increased by 107% in 2020. Overall, the most common kind of anti-Asian hate crime reported during 2016-20 was a VIOLENT CRIME, with a 125% increase during those 4 years.

**FOOD ACCESS**
Within the AA community, FOOD INSECURITY is highest among Vietnamese Americans—1 in 6 (16%) Vietnamese Americans are struggling to access healthy and fresh food.

**COMMUNITY AND FAMILY WELL-BEING**
47% of AA children do not live in neighborhoods where they feel a sense of COMMUNITY & BELONGING.

**ECONOMIC WELL-BEING**
10% (106,168) AA children and 23% (5,141) NHPI children live below the FEDERAL POVERTY LEVEL, compared to 17% of all children in CA.

Over 1 in 3 (35%) AANHPI children are burdened by HOUSING and UTILITY COSTS.

Nationally, AA families are 4X and NHPI families are 7X more likely than white families to live in MULTIGENERATIONAL HOUSEHOLDS. AANHPI families also face a number of housing inequities nationwide:

- AANHPI families have lower homeownership rates than white families (54% and 66%, respectively), with the greatest disparity occurring between NHPI (38%) and white families.
- Low to moderate income AANHPI families are far less likely to own a home compared to white families in the same income bracket (37% and 53%, respectively).
- 1 in 4 (25%) AANHPI families pay more than half of their income toward housing costs compared to 16% of white families.

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

**SCHOOL SUCCESS AND SAFETY**
AANHPI students make up about 12% of CA’s nearly 6.2 million public school students.

NHPI students are 1.4X more likely to be referred to the POLICE than white students.

- 21% of AA students
- 10% of Filipino students
- 13% of PI students are ENGLISH LEARNERS.

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

Nearly 1 in 2 (46%) AA 7th graders have experienced harassment and bullying in school - among the highest of any racial/ethnic group.

Over 1 in 3 (36%) PI 11th graders have experienced harassment and bullying in school - the highest of any racial/ethnic group.

**HEALTHCARE FOR ALL FAMILIES**
A PROJECT OF The Children's Partnership

www.asianresources.org

www.chilphap.org

www.childrenspartnership.org

www.allinforhealth.org

www.childrenspartnership.org

www.healthpolicy.ucla.edu/Pages/home.aspx

Data Note: All data is from California unless otherwise noted. We collected Asian American, Native Hawaiian, and Pacific Islander children and youth’s data from the U.S. Census Bureau’s 2020 American Community Survey’s 5-year estimates (where available), the 2019 American Community Survey 1-Year Estimates, the 2020 CA Health Interview Survey, the 2019-2020 National Survey of Children’s Health, the CA Department of Education, the CA Department of Public Health, and a few other discrete sources.

Full citations can be found at: bit.ly/AChildIsAChild. © April 2022, The Children’s Partnership