

A Child is a Child

SNAPSHOT: California
Children's Health



AANHPI* Children's Health

*Asian American, Native Hawaiian & Pacific Islander

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**.

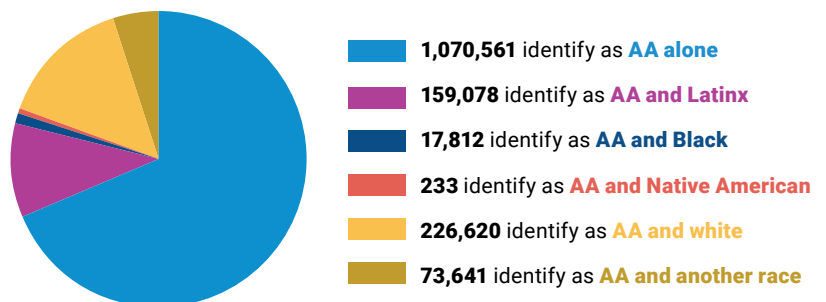
Both **AA** and **NHPI** children have died from COVID-19 at higher rates than their share of CA's child population: **AA** and **NHPI** children and youth make up **15%** and **2%**, respectively, of deaths impacting children despite making up **13%** and **0.3%**, respectively, of our state's child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

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

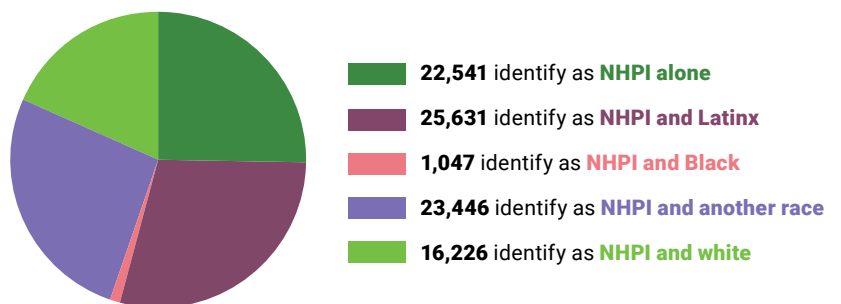
64% of AA children and youth ages 5-11, and 92% of those 12-17, have been fully VACCINATED - the highest rates of any racial and ethnic group and above CA's average for these age groups.

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:



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:



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.

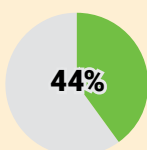
Over **213,000 AA children (24%)** did not receive a **PREVENTIVE VISIT** compared to **15%** of white children.

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

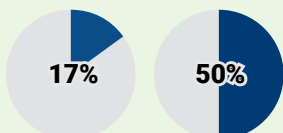
ORAL HEALTH



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.

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.

Nationally, **AANHPI youth** face alarming disparities around suicide. Nearly **1 in 5 NHPI youth (19%)** have thought about, planned to attempt, or attempted suicide – twice the rate of their white peers.



Suicide is the **SECOND LEADING CAUSE OF DEATH** among **AA youth**.

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)**.

HATE AND DISCRIMINATION



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.



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.

COMMUNITY AND FAMILY WELL-BEING



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

55% of parents of **AA** children have had someone to turn to for day-to-day emotional support with parenting or raising children, compared to **86%** of parents of white children.

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.



► www.allinforhealth.org

► www.childrenspartnership.org

► www.asianresources.org

► 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/ACHildsACHild. © April 2022, The Children's Partnership