

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 children from historically marginalized communities have the resources and opportunities they need to reach their full

American / Alaska Indian / Native Children's Health

potential. This fact sheet, the sixth in a series, provides an overview of key child health facts in California to inform our collective work ahead. Now more than ever, we must work together to make California the best state to raise healthy, thriving children. All data is specific to AI/AN children in California unless noted explicitly as national data.

MASKED HEALTH INEQUITIES

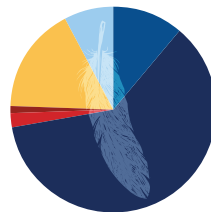


American Indian/Alaska Native (AI/AN) communities have been greatly undercounted, uncategorized, and miscategorized in data collection efforts across state, county, and federal agencies—including in

the census—presenting stark challenges to accurately highlighting inequities impacting AI/AN children. **Data collection tools at the state and federal level are not created by or adapted to AI/AN culture and communities and lack questions that are relevant to or understanding of them,** leading to data that drastically underestimates, overlooks, or miscategorizes their experiences and challenges. This fact sheet provides data as it is presented in publicly available sources. There remains a critical need for accurate and relevant data collection in AI/AN communities.

POPULATION

California is home to more AI/AN people than any other state. There are at least **211,606** children and youth under 18 who identify as 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:



- 23,714 identify as AI/AN alone.
- 130,174 identify as AI/AN and Latinx.
- 5,156 identify as AI/AN and Black.
- 712 identify as AI/AN and Asian American.
- 35,760 identify as AI/AN and white.
- 16,090 identify as AI/AN and another race/ethnicity not included in Census categories

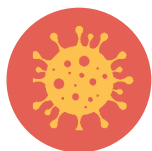


Nearly 90% of the AI/AN population live in URBAN AREAS. Challenges impacting health and well-being may be different for AI/AN children and families who live in rural areas.



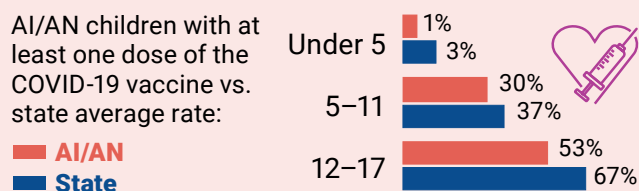
1 in 10 (11%) AI/AN children have at least one parent who was born outside of the United States, most come from Mexico and Central and South America. California is home to ~ **170,000 indigenous people** from Oaxaca, Guerrero, and Michoacán, including Mixtecs, Zapotecs, and Purépechas.

COVID-19



Nationally, AI/AN people are over **2x MORE** likely than white people to be hospitalized or die from COVID-19. In California, AI/AN COVID-19 deaths and cases have been undercounted due to racial misclassification.

AI/AN children make up **6,724** of COVID-19 cases in CA.



HEALTH COVERAGE AND ACCESS



About 94% of AI/AN children 18 and under have health insurance, leaving at least **5%** or **7,464 AI/AN CHILDREN UNINSURED** – **nearly double the uninsured rate** for all children in California (3.5%)



Nearly **65%** of AI/AN children enrolled in Medi-Cal **did not receive preventive health services** they are entitled to - the second lowest rate of any racial or ethnic group.



22% of AI/AN children 18 and under don't have a usual source of receiving health care – over double the rate of white children (9%).



43% of AI/AN children **rely on a community clinic as their usual source of care** – over triple the rate of white children (12%).

PROTECTIVE FACTORS



AI/AN children and youth come from diverse cultural and linguistic backgrounds and **are resilient despite facing a legacy of historical trauma from violence, discrimination, family separation, and**

land dispossession from state and federal policies and practices intentionally designed to break apart culture, communities, family, and identity. The persistent inequities that impact AI/AN children highlighted in this fact sheet highlight that mainstream evidence-based practices are not sufficient to address these issues. Community-defined protective factors – conditions or attributes in children defined by communities and families themselves that protect health and well-being—can help prevent and reduce health inequities impacting children from historically marginalized communities.



Culture, family, community and peer connectedness:

Connectedness with one another, nature, family, and culture. Positive health and mental health outcomes for AI/AN youth are consistently related to feelings of being connected to culture and family. Peer programs where AI/AN youth are paired with each other to provide each other with guidance or support in a school or community organization have been shown to increase feelings of connectedness to culture, family and peers. AI/AN community leaders have recommended and utilized long-established AI/AN practices such as drumming, dancing, bead making, medicine preparation, and basket making to help improve and support positive mental health by creating strong connections to community and culture.

Cultural-based healing: An approach to healing and healthy development for AI/AN children and youth that focuses on preserving and restoring Indigenous cultural identity as the foundation of well-being and healthy development, including learning or remembering Indigenous cultural values, customs, and traditions.



Two Feathers Native American Family Services

incorporates community defined and culturally-based programming for youth and families, including the [A.C.O.R.N. Youth Wellness Program](#) where youth learn about cultural values and how they apply physically, mentally, spiritually, and culturally in their everyday life.



The California Consortium for Urban Indian Health (CCUIH)

developed the [Culturally Relevant Integration Model](#) designed to strengthen and center the use of AI/AN cultural practices within systems of health care to increase access to traditional knowledge and community-centered, culturally-relevant wellness practices.



United American Indian Involvement (UAI)

supports the physical, behavioral, and spiritual well-being of AI/AN youth and families through services and programs [that incorporate AI/AN cultures and traditions](#), including beading, drumming, singing and dancing, medicine preparation, and talking circles.

MENTAL HEALTH



More than **1 in 3 (34%)** AI/AN youth in middle and high schools experienced feelings of **CHRONIC SADNESS AND HOPELESSNESS**, with the number rising to nearly **1 in 2 (44%)** AI/AN 11th graders who have experienced these feelings.



At least 1 in 3 (34%) AI/AN teens and **65%** of AI/AN teen girls needed help for emotional or mental health problems, yet nearly **80%** of all AI/AN teens did not receive psychological or emotional counseling.



In CA, **almost 1 in 5 (19%)** AI/AN middle and high schoolers **considered attempting suicide**—higher than the rate of all middle and high schoolers (15%).

In 2019, suicide was the **second leading cause of death** for AI/AN youth, teens and young adults in the U.S. between ages 10 and 34.



The 988 Suicide & Crisis Lifeline is a network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress who call, text, or chat 988, 24 hours a day, 7 days a week.

MATERNAL AND INFANT HEALTH



Nationally, AI/AN people are **2x MORE LIKELY** to experience **pregnancy-related mortality** compared to white people. Mental health conditions and hemorrhage are the most common underlying causes of pregnancy-related death among AI/AN people. Despite the alarming disparity and having the highest population of Native American people in the US, California's Pregnancy Mortality Surveillance System doesn't report the pregnancy-related mortality ratio for AI/AN people in our state "due to small numbers."



Nationally, AI/AN children suffer twice the rate of **INFANT MORTALITY** as white people, with AI/AN babies under one year **50% MORE LIKELY** to die from complications due to short gestation or low birthweight.



In California, the rate of infant mortality 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 white families.

TRUTH AND HEALING



Truth-telling and reparations are fundamental components of equity, healing, and closure. Many of the government-sponsored human rights violations committed against AI/AN communities—boarding schools that tore AI/AN youth away from their families and culture, the forced removal of AI/AN communities from their lands, and genocide from government authorized wars, attacks and raids—have largely been ignored or overlooked by U.S. governments.



There has never been a national truth and healing commission focused on AI/AN communities. Representative Deb Haaland introduced [the Truth and Healing Commission on Indian Boarding School Policy Act](#) in 2020 but it has not passed.



California is **one of only two states** in the nation who has formally established a Truth commission: through its [Truth and Healing Council](#), California has the opportunity to use truth-telling to support AI/AN children, families and communities through reparation and restoration that acknowledges and accounts for historical wrongs committed against California's Native communities.

SCHOOL SUCCESS AND SAFETY



There are at least **29,000 AI/AN students** enrolled in **CA's public schools**, making up .5% of the public school student population.

Mixtec, an indigenous language from Mexico, is spoken by at least **4,000** students in California's public schools and is **number 14 of the top 20 languages** spoken by our state's English Learner students.



AI/AN students **LOSE OUT ON MORE LEARNING TIME** compared to their peers: the **suspension rate** among AI/AN students is **5.4%, DOUBLE THE RATE** of all students (2.5%); 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; and AI/AN students are **2x MORE LIKELY** than white students to be **arrested** at California schools.

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HOUSING AND ECONOMIC WELL-BEING



Over 1 in 3 (34%) or at least **17,742** AI/AN children live in families whose income falls below the **FEDERAL POVERTY LEVEL**, **double the rate** of all children in California (17%).



1 in 4 (25%) AI/AN children live in households that are burdened by **HOUSING AND UTILITY COSTS**. Over **1 in 3 (39%)** live in households that **DO NOT OWN THEIR HOME**.

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 **4X 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 tooth decay** compared to only 10% of white non-Latinx children.

CHILD WELFARE



AI/AN children and youth are **REMOVED FROM THEIR HOMES** at **4x** the rate of all children and youth in CA.

This alarming inequity highlights the need to safeguard the **Indian Child Welfare Act (ICWA)**, a federal law designed to address the past and present racism that exists within the child welfare system and leads to AI/AN children being **disproportionately torn apart** from their families.

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.



A recent study co-designed and conducted by four American Indian tribes in the Klamath Basin in northern California found that while **92% of the households suffered from food insecurity**, households with better access to Native foods had significantly higher levels of food security, indicating that **increased access to culturally relevant foods will result in improved household food security**.



Across the US, many areas with the highest numbers of AI/AN community members are **FOOD DESERTS**, meaning communities have to **travel long distances to purchase healthy food**.

DIGITAL EQUITY



Nationally, **34%** of AI/AN households with children have **NO HIGH-SPEED INTERNET** access at home, and almost **16% HAVE NO COMPUTER**.



In CA, nearly **10%** of AI/AN children live in a household **without a broadband connective device**. AI/AN communities in California have the lowest access to broadband internet compared to any racial/ethnic demographic.

CLIMATE CHANGE



CA's AI/AN communities have experienced climate change impacts to health for generations resulting from colonization, including **drought, poor air and water quality, sea level rise, food scarcity, severe weather, soil erosion, increased wildfires, and threats to cultural resources**. In 2022, Gov.

Newsom **allocated \$100 million for AI/AN tribes to reclaim their ancestral lands** as part of reaching one of our state's climate goals of preserving **one-third of CA's lands by 2030**. **Traditional ecological knowledge** supports climate resilience and improved physical and mental health among AI/AN communities through the utilization of AI/AN science, culture, and practices.



Join in the movement to support ICWA through the Protect ICWA campaign, an effort from the National Indian Child Welfare Association, the National Congress of American Indians, the Association on American Indian Affairs, and the Native American Rights Fund to serve and support AI/AN children, youth, and families through upholding ICWA.



Follow Protect ICWA on [Instagram](#) and [Twitter](#), [sign the Protect ICWA petition](#), and [share Protect ICWA campaign resources](#).

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AI/AN children and families are resilient despite the inequities they face. For those seeking more resources to address the challenges described in this fact sheet, visit the [CalHope Redline](#).

The Children's Partnership collected data on AI/AN children from the U.S. Census Bureau's 2016-2020 American Community Survey 5-Year Estimates and 2021 1-year estimates; pooled data from the 2019, 2020, 2021 CA Health Interview Survey; the 2017-2019 California Healthy Kids Survey; the California Department of Education and a few other discrete sources. All data is from California unless noted explicitly as national data. Citations can be found at: bit.ly/ACHildIsAChild