



# Asian American Children's Health

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 data snapshot 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.

## MASKED HEALTH INEQUITIES



Data disaggregation is one of the core civil rights issues for the Asian American (AA) community. Data systems often show AA people as an aggregated single group, or aggregated together with Native Hawaiian Pacific Islander data (NHPI) communities. This masks the diversity of AA communities

and, in turn, the unique challenges AA subgroups face. An accurate picture of the health of AA children in California is impossible without accurate and detailed data that is disaggregated by AA subgroups. Health inequities that exist within the AA community are understudied and overlooked at least in part because much of the data on this diverse population are aggregated, leading to a masking of differences and hidden health disparities within AA subgroups. Treating AA communities as a monolith has become the source of myths which overlook and ignore the challenges AA communities face. **For those reasons, in this snapshot we present data that are unique to children from AA subgroups and separated from NHPI communities unless otherwise specified due to several sources not disaggregating among AA subgroups and/or aggregating AA data together with NHPI data.** Click [here](#) for the NHPI Children's Health Data Snapshot.

## MENTAL HEALTH



Nearly **1 in 3 (31%)** AA youth in CA report feeling **DEPRESSED**.

Nearly **1 in 3 (30% or 99,000)** of all AA teens 1 in 3 (99,000) and nearly **1 in 2 (48% or 77,000)** of AA teen girls say they need help for **EMOTIONAL/**

**MENTAL HEALTH** problems such as feeling **SAD, ANXIOUS OR NERVOUS**. Yet, only **8% (~26,000)** of all AA teens and only **10%** of AA teen girls received **PSYCHOLOGICAL/EMOTIONAL COUNSELING**, significantly lower than the 21% of all teens and 23% of all teen girls who received counseling.



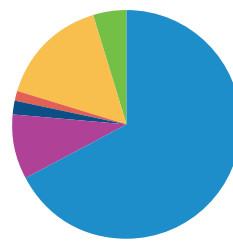
**16%** of AA youth in 7th, 9th, and 11th grade have considered suicide.



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.

## POPULATION

There are at least **1,545,719 CA 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. Among these children:



- 1,062,847** identify as **AA alone**
- 145,804** identify as **AA and Latinx**
- 17,349** identify as **AA and Black**
- 742** identify as **AA and Native American**
- 245,421** identify as **AA and white**
- 73,556** identify as **AA and other**

**ASIAN AMERICANS** reflect diverse cultural and linguistic groups with roots from more than 20 countries in East and Southeast Asia and the Indian subcontinent. **AA children and youth under 18 in CA identify with the following ancestry\*\*\*:**

- ▶ 261,793 – Chinese
- ▶ 249,087 – Filipino
- ▶ 165,976 – Asian Indian
- ▶ 113,784 – Vietnamese
- ▶ 92,364 – Korean
- ▶ 14,756 – Laotian
- ▶ 12,339 – Thai
- ▶ 7,105 – Indonesian
- ▶ 3,984 – Nepali
- ▶ 2,694 – Bangladeshi
- ▶ 65,753 – Japanese
- ▶ 30,835 – Hmong
- ▶ 28,920 – Taiwanese
- ▶ 24,728 – Cambodian
- ▶ 19,859 – Pakistani
- ▶ 2,652 – Burmese
- ▶ 2,169 – Sri Lankan
- ▶ 1,785 – Mongolian
- ▶ 964 – Malaysian
- ▶ 763 – Other Asian



**1 in 5 (20% or 220,000)** AANHPI children are under the age of 3.



Over **8 in 10 (86% or 907,435)** AA children live in **IMMIGRANT FAMILIES** with at least one parent or guardian who was born outside of the United States. **91%** of all AANHPI children are U.S. citizens.

## PROTECTIVE FACTORS



**AA** children and youth come from diverse and resilient cultural and linguistic backgrounds despite facing a legacy of systemic racism, xenophobia, and government-ordered forced relocation, displacement, false imprisonment, and detention. Systems and policy-makers should identify and build on AA communities' strengths, resources, and expertise. Community-defined protective factors – conditions or attributes that help mitigate or eliminate risks to health defined by community members themselves – are strengths that can help prevent and reduce health inequities impacting children from historically marginalized communities. They can guide the development of community-centered interventions that utilize and uplift unique community strengths to address persistent challenges.

**Maintaining Asian American cultural heritage and practices** supports AA children's development through the transfer of cultural values and a sense of pride around family and community. This strengthens family cohesion and a youth ethnic identity, particularly for AA children from immigrant families.


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

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

## HEALTH COVERAGE AND ACCESS



**97%** of AA children have **HEALTH INSURANCE COVERAGE**, leaving at least **30,392** AA children who remain **UNINSURED**.

 Slightly **1 in 4 (26% or 323,000)** AA children and youth are enrolled in **MEDI-CAL**.



Nearly **1 out of 3 (30% or 241,038)** AA children have **INSURANCE COVERAGE** that is **INADEQUATE** to **MEET THEIR NEEDS** compared to 20% of white children.



Over **321,000** AA children (**36%**) did not receive a **PREVENTIVE CARE VISIT** compared to 25% of white children.



**186,000 (17%)** AA children **DO NOT HAVE A USUAL SOURCE OF CARE** when they are sick or need health advice compared to 11% of white children.



Over **1 in 4 or 26%** of AA children and youth delayed care due to cost or lack of health insurance. **28%** of AA children and youth delayed care due to health care system/provider issues and barriers.

## 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 **21,000** or **7%** of AA teens **MISSED SCHOOL** due to a **DENTAL PROBLEM**.

## SCHOOL SUCCESS AND SAFETY



There are at least **561,795** AA students in California's **PUBLIC SCHOOLS**, making up **10%** of the state's 5.9 million public school children.

Over **1 in 3 (37%)** AA students are



**SOCIOECONOMICALLY DISADVANTAGED**, below the state average of 61%.\*\*



At least **5,131** AA public school students and **2,568** Filipino public school students are experiencing **HOMELESSNESS**.



**21%** of AA 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, HMONG, KOREAN OR PUNJABI**.



Nearly **1 in 2 (46%)** of AA 7th graders have experienced **HARASSMENT AND BULLYING** in school – among the highest of any racial/ethnic group.

## COMMUNITY AND FAMILY WELL-BEING



**10% (307,000)** of AA people in CA have avoided accessing government benefits like Medi-Cal or Cal-Fresh due to **IMMIGRATION/PUBLIC CHARGE** fears and concerns over self or family member's disqualification from a green card/citizenship.



**49%** of AA children do not live in a **SUPPORTIVE NEIGHBORHOOD** where help is easily accessible.



**53%** of parents of AA children feel they have someone to turn to for day-to-day **EMOTIONAL SUPPORT WITH PARENTING** or raising children compared to 83% of white parents.

# HATE AND DISCRIMINATION



Experiences of racism, hate and discrimination adversely affect the health and well-being of marginalized populations and are major public health issues impacting AA communities.



Nationally, AAPI communities have experienced a surge in experiences of hate and discrimination, due in large part to



the scapegoating of Asians for COVID-19 by public officials. From March 2020 to March 2022, a total of **11,467** hate incidents against AAPI people were reported to [Stop AAPI Hate](#). Youth ages 0-17 reported 10% of total incidents. Chinese Americans reported the most hate incidents (43%) of all ethnic groups, followed by Korean (16%), P/Filipinx (9%), Japanese (8%) and Vietnamese Americans (8%)



In CA, the number of anti-Asian hate crime events reported to the CA Department of Justice increased by **107%** in 2020. Overall, the most common kind of anti-Asian hate crime reported during 2016-2020 was a **VIOLENT CRIME**, with a **125%** increase.

# ECONOMIC WELL-BEING



**10%** or **105,593** AA children live below the **FEDERAL POVERTY LEVEL**, compared to 16% of all children in CA.\*\* Hmong and Cambodian American children have the highest rates of poverty among Asian Americans (**42%** and **31%**, respectively), rates higher than Black children and Latinx children.

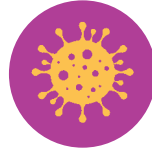
Over **1 in 2 (53%)** of single AA mothers are considered "income inadequate," meaning that they do not earn enough to cover their families' basic needs.

**16%** Approximately **16%** of Asian American families have three or more workers contributing to income, higher than the proportion among white families (10%).

Over **1 in 3 (33%)** of AANHPI children are **BURDENED BY HOUSING** and **UTILITY COSTS**. **30%** of AANHPI children live in households that **DO NOT OWN THEIR HOME**.



# COVID-19



At least **134,664** AA children and youth have had or currently have **COVID-19** and at least **10** have died, making up **8%** of cases and **10%** of deaths.\*\*



**17%, 61% and 82%** of AA children and youth under 5, 5-11 and 12-17, respectively, have been fully **VACCINATED** against COVID-19 – above CA's average for most of these age groups (8%, 38% and 67%).\*\*

# FOOD ACCESS



Over **1 in 3 (34%)** AA people in CA are not able to afford enough food compared to 39% of all people.\*\*

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

Among AA subgroups, people from Southeast Asian, Other Asian, and Vietnamese, Chinese, and Filipino communities face the highest rates of food insecurity at **63%, 56%, 50%, 36%, and 33%**, respectively.

# LANGUAGE ACCESS



AANHPI children often interpret 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 **COMPLEX** health care system.



Asian languages make up **FIVE OF THE TOP 12 non-English LANGUAGES** spoken in California. Chinese, Tagalog, Vietnamese, Korean, and Hindi are the languages spoken by the most AA people in CA.



Over **1 in 3 (37% or 296,000)** of AANHPI children are **BILINGUAL**.



**74%** of AAs speak a language other than English at home. Over **1 in 4 (27% or 240,330)** AA children live in a household with a primary language other than English.



**1 in 3 (33%)** AAs are Limited English Proficient (LEP), who do not read, write or understand English very well, with a range of **over 50%** for Burmese, Vietnamese, and Mongolian Americans to **more than 40%** of Thai, Bhutanese, Chinese, and Korean Americans to **around 20%** for Filipinos, Japanese, and Indian Americans.

All data is from California unless otherwise noted. This snapshot uses data collected from the U.S. Census Bureau's 2021 American Community Survey's 1-year and 5-year estimates, the 2019, 2020, and 2021 CA Health Interview Survey, the CA Department of Education, the CA Department of Public Health, and a few other discrete sources.

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\*\*These are examples of areas where disaggregated data within AA subgroup categories is needed to identify where disparities exist within AA subgroups.

\*\*\* Ancestry refers to a person's ethnic origin, heritage, descent, or "roots," which may reflect their place of birth or that of previous generations of their family.

FULL CITATIONS CAN BE FOUND AT: [bit.ly/ACHildIsAChild](https://bit.ly/ACHildIsAChild).



[www.allinforhealth.org](http://www.allinforhealth.org)

[www.childrenspartnership.org](http://www.childrenspartnership.org)



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