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
- 65,753 – Japanese
- 30,835 – Hmong
- 28,920 – Taiwanese
- 24,728 – Cambodian
- 19,859 – Pakistani
- 14,756 – Laotian
- 12,339 – Thai
- 7,105 – Indonesians
- 3,984 – Nepali
- 2,694 – Bangladeshi
- 2,652 – Burmese
- 2,169 – Sri Lankan
- 1,785 – Mongolian
- 964 – Malaysian
- 763 – Other Asian

A 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.

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.