**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.

**Protective Factors**

- **Maintaining 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

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children from immigrant families.\(^5\)

- **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.\(^6\)
- **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.\(^7\)

### Population

**California, 2017-2021 American Community Survey (5-year estimates)**

- 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\(^8\) children. Among these children:\(^9\)
  - 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 another race
- **ASIAN AMERICANS** reflect diverse cultural and linguistic groups with roots from more than 20 countries in East and Southeast Asia and the Indian subcontinent.\(^10\)

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\(^6\) Ibid.

\(^7\) Janice Ka et al., “Lifetime Suicidal Ideation and Suicide Attempts in Asian Americans,” ResearchGate (American Psychological Association, March 2010), https://www.researchgate.net/publication/232569823_Lifetime_Suicidal_Ideation_and_Suicide_Attempts_in_Asian_Americans.


\(^9\) U.S. Census Bureau 2017-2021 American Community Survey (5-year Estimates), Public Use Microdata Sample, Demographic Research Unit custom tabulation. On file with The Children’s Partnership.

AA children and youth under 18 in CA identify with the following ancestry***:11

- 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 3.12

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11 Note that the subgroups are derived from the ancestry variables in the ACS. 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. The ancestry question allowed respondents to report one or more ancestry groups. Generally, only the first two responses reported were coded. The ancestry tabulation includes both responses, but persons are only counted once. “Census Reporter,” Censusreporter.org, 2015, https://censusreporter.org/topics/ancestry/. 

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.\(^\text{13}\)

### Mental Health

**California 2017-2019**

- Nearly 1 in 3 (31%) AA youth in CA report feeling DEPRESSED.\(^\text{14}\)
- Nearly 1 in 3 (30% or 99,000) of all AA teens 1 in 3 (99,000)\(^\text{15}\)
- 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.\(^\text{16}\)
- 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.\(^\text{17}\)
- 16% of AA youth in 7th, 9th, and 11th grade have considered suicide.\(^\text{18}\)

### Health Coverage and Access

**California, 2021**

- 97% of AA children have HEALTH INSURANCE COVERAGE, leaving at least 30,392 AA children who remain UNINSURED.\(^\text{19}\)
- Slightly 1 in 4 (26% or 323,000) AA children and youth are enrolled in MEDI-CAL.\(^\text{20}\)

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\(^{13}\) Ibid.


\(^{15}\) 2021 California Health Interview Survey. All Asian American Children. [https://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results](https://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

\(^{16}\) 2021 California Health Interview Survey. Asian American Teen Girls. Access May 2023. [https://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results](https://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results)

\(^{17}\) Ibid.


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.\textsuperscript{21}

Over 321,000 AA children (36%) did not receive a PREVENTIVE CARE VISIT compared to 25% of white children.\textsuperscript{22}

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.\textsuperscript{23}

Over 1 in 4 or 26% of AA children and youth delayed care due to cost or lack of health insurance.\textsuperscript{24}

28% of AA children and youth delayed care due to health care system/provider issues and barriers.\textsuperscript{25}

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.\textsuperscript{26}
- Over 1 in 3 (37%) AA students are SOCIOECONOMICALLY DISADVANTAGED, below the state average of 61%.**\textsuperscript{27}


\textsuperscript{23} 2021 California Health Interview Survey. Have usual place to go to when sick. Access May 2023. https://ask.chis.ucla.edu/AskCHIS/tools/layouts/AskChisTool/home.aspx#/results

\textsuperscript{24} 2021 California Health Interview Survey. Delay Care. All Asian American Children. Access May 2023. https://ask.chis.ucla.edu/AskCHIS/tools/layouts/AskChisTool/home.aspx#/results

\textsuperscript{25} Ibid.

\textsuperscript{26} 2021-22 School Year Data collected by the California Department of Education (CDE) through the California Longitudinal Pupil Achievement Data System (CALPADS). Aggregate data files are provided by the CDE – Data Reporting Office at http://www.cde.ca.gov/ds/sd/sd/llesenr.asp. Retrieved at http://www.ed-data.org/state/CA.


**These are examples of areas where disaggregated data within AA subgroup categories is needed to identify where disparities exist within AA subgroups.
<table>
<thead>
<tr>
<th>California 2020-2021</th>
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</table>
| • 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. |

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<tr>
<td>California, 2021</td>
</tr>
<tr>
<td>• Over 21,000 or 7% of AA teens MISSED SCHOOL due to a DENTAL PROBLEM.</td>
</tr>
</tbody>
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<table>
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<tr>
<th>California, 2018-2019</th>
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</thead>
<tbody>
<tr>
<td>• 44% of low-income AANHPI preschoolers have EARLY TOOTH DECAY—one of the highest rates among all racial groups in CA.</td>
</tr>
</tbody>
</table>

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28 [https://www.cde.ca.gov/ds/ad/ecd.asp](https://www.cde.ca.gov/ds/ad/ecd.asp) This report displays the 2020–21, K-12 public school, homeless youth enrollment by student ethnicity, and grade level. Annual enrollment consists of the number of students enrolled on Census Day (the first Wednesday in October).

29 Ibid.

30 "English Learners in Public Schools, but Top 10 Languages Spoken." Kidsdata.org, accessed April 21, 2020

31 Ibid.


33 2021 CA Health Interview Survey - AA TEENS

- Among AA children, 17% experience UNTREATED DECAY and 50% experience TOOTH DECAY, compared to 14% and 40% of white children, respectively.\(^{35}\)

## Community and Family Well-Being

**California, 2020-2021**

- 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.\(^{36}\)

- 49% of AA children do not live in a SUPPORTIVE NEIGHBORHOOD where help is easily accessible.\(^{37}\)

- 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.\(^{38}\)

## Hate and Discrimination

**California, 2016-2020**

- The number of reported anti-Asian hate crime events increased by 107% in 2020.\(^{39}\)

- The most common kind of anti-Asian hate crime reported during 2016-2020 was a VIOLENT CRIME, with a 125% increase.\(^{40}\)

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\(^{35}\) 2018-19 CA Smiles Survey [https://public.3.basecamp.com/p/Dr8PHEtS6Q2hkceFimXuscAu](https://public.3.basecamp.com/p/Dr8PHEtS6Q2hkceFimXuscAu)

\(^{36}\) 2021 California Health Interview Survey Accessed April 2023, only AA


\(^{38}\) Ibid.


\(^{40}\) Ibid.
## National
- From March 2020 to March 2022, a total of 11,467 hate incidents against AAPI people were reported to Stop AAPI Hate.\(^{41}\)
- 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%).\(^ {42}\)

## COVID-19
### California, 2023
- 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.\(^ {43}**\)
- 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%).\(^ {44}**\)

## Food Access
### California, 2022
- Over 1 in 3 (34%) AA people in CA are not able to afford enough food compared to 39% of all people.\(^ {45}**\)

### California, 2018
- 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.\(^ {46}\)

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42 Ibid.
43 “COVID-19 Age, Race and Ethnicity Data,” Ca.gov, 2023, [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Age-Race-Ethnicity.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Age-Race-Ethnicity.aspx). Accessed April 27, 2023
44 Ibid.
• 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.47

### Economic Well-Being

**California, 2021**

- 10% or 105,593 AA children live below the FEDERAL POVERTY LEVEL, compared to 16% of all children in CA.48**
- 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.49
- 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.50
- Approximately 16% of Asian American families have three or more workers contributing to income, higher than the proportion among white families (10%).51
- 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.52

### Language Access

**California, 2022**

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47 [Ibid.](#)
50 [Ibid.](#)
51 [Ibid.](#)


- Chinese, Tagalog, Vietnamese, Korean, and Hindi are the languages spoken by the most AA people in CA.\(^{53}\)
- **Over 1 in 3 (37% or 296,000) of AANHPI children are BILINGUAL.**
- 74% of AAs speak a language other than English at home.\(^{54}\)
- Over 1 in 4 (27% or 240,330) AA children live in a household with a primary language other than English.\(^{55}\)
- 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.\(^{56}\)

**California, 2019**

- Asian languages make up FIVE OF THE TOP 12 non-English LANGUAGES spoken in California.\(^{57}\)

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54 Ibid.


56 Ibid.