A Child is a Child

Native Hawaiian and Pacific Islander 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 fact sheet 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.

POPULATION

There are at least 96,998 CA CHILDREN AND YOUTH under 18 who identify as Native Hawaiian and Pacific Islander (NHPI), including those who also identify with another RACE OR ETHNICITY, making up at least 1% of the state’s nearly 9 MILLION children. Among these children:

- 26,039 identify as NHPI alone
- 25,542 identify as NHPI and Latinx
- 1,289 identify as NHPI and Black
- 29,545 identify as NHPI and other
- 14,583 identify as NHPI and white

NHPI communities include diverse cultural and linguistic subgroups. California is home to more Guamanian or Chamorro, Fijian, Samoan, and Tongan Americans than any other state in the country. More Native Hawaiians live in California than any state on the continent.

MENTAL HEALTH

Slightly over 1 in 3 (34%) NHPI youth in 7, 9, and 11th grades in CA public schools report feeling DEPRESSED.

40% of NHPI teens report needing help for EMOTIONAL/MENTAL HEALTH problems such as feeling SAD, ANXIOUS OR NERVOUS. Yet, the vast majority (~67%) of NHPI teens did NOT RECEIVE PSYCHOLOGICAL/EMOTIONAL COUNSELING.

18% of NHPI 7th graders and 22% of NHPI 11th graders in CA public schools have considered suicide, above the state average (15% and 16%).

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.

Over 1 in 3 (38%) NHPI 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. 13% or 142,000 AANHPI children were born outside of the US.

Nationally, 15% of all NHPI people are NONCITIZENS—the share who are noncitizens ranges from between 1% among Native Hawaiian and Guamanian or Chamorro people to 62% among Malaysian people.
PROTECTIVE FACTORS

Native Hawaiian and Pacific Islander children and youth come from diverse and resilient cultural and linguistic backgrounds despite facing a legacy of systemic racism, colonization of their land and forced displacement. Systems and policy-makers should identify and build on NHPI 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.

Being connected to, embracing and being immersed in NHPI cultural values, beliefs and customs protects against substance abuse and poor mental health among Hawaiian youth. Departure from NHPI cultural values and beliefs is associated with negative outcomes, such as poor self-esteem and high rates of suicide or suicide related behaviors.

Strong and supportive family relationships and higher levels of family cohesion have been related to lower risk of lifetime suicide attempt among youth from Native Hawaiian and Pacific Islander backgrounds.

Support from native healers has facilitated increased access to services that address mental issues that Native Hawaiian youth face.

Relationships with peers among NHPI adolescents have decreased the risk of engaging in substance abuse.

HEALTH INSURANCE COVERAGE

97% of NHPI children have health insurance coverage, leaving at least 1,061 NHPI children who remain eligible for Medi-Cal but continue to be UNINSURED.

349,631 AANHPI children and youth under 20 are enrolled in MEDI-CAL, making up about 6% of total children and youth enrolled.***

Nationally, NHPI people are more likely to be covered by MEDICAID than by PRIVATE INSURANCE. Across the US, half (50%) of NHPI children are enrolled in either Medicaid or the Children’s Health Insurance Program (CHIP).

ACCESS TO SERVICES

1 in 10 (11% or 3,000) NHPI children DO NOT HAVE A USUAL SOURCE OF CARE when they are sick or need health advice.*

COVID-19

NHPI children, youth, and families are disproportionately impacted by COVID-19. At least 9,798 NHPI children and youth under 17 have had or currently have COVID-19, making up .6% of cases. NHPI children and youth make up 2% of deaths impacting children despite making up only .3% of our state’s child population.

Across all ages, the current COVID-19 case rate for NHPI people is 82% higher than the rate for all Californians statewide.

FOOD ACCESS

62% of NHPI households are FOOD INSECURE (not able to afford enough food) compared to 39% of all households.

Across the US, 1 in 5 (20%) NHPI people do not have adequate access to food compared to 7% of white people.

ORAL HEALTH

44% of low-income AANHPI preschoolers have EARLY TOOTH DECAY—one of the highest rates among all racial groups in CA.***

50% of AANHPI third graders have experienced TOOTH DECAY and 17% have experienced UNTREATED TOOTH DECAY, compared to 40% and 14% of white children, respectively.***

Over 21,000 or 6% of AANHPI teens missed school due to a dental problem in the past year compared to 8% of white children.***

COMMUNITY AND FAMILY WELL-BEING

11% of NHPI people have AVOIDED ACCESSING GOVERNMENT BENEFITS like Medi-Cal or Cal-Fresh due to immigration/public charge concerns.

66% of Native Hawaiians and Pacific Islanders are concerned about GUN VIOLENCE, more than double the percentage of white adults (30%).
**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 NHPI communities.

NHPI communities continue to experience hate and discrimination. More NHPI community-centered data that reflects these unique and specific experiences is needed. NHPI communities stand in solidarity with AA communities’ and their experiences with hate and discrimination.

Nationally, between 33-50% NHPI people report experiencing discrimination during their lifetime:

- Over 1 in 7 NHPI people (13%) have experienced discrimination accessing health care **AT LEAST ONCE**.
- Nearly 1 in 4 (24%) have experienced discrimination **AT SCHOOL** at least 2 times.
- 1 in 5 NHPI people have experienced discrimination **ON THE STREET** or in a public setting at least once.

**ECONOMIC WELL-BEING**

26% or 8,837 NHPI children live below the **FEDERAL POVERTY LEVEL**, compared to 16% of all children in CA. **Nearly 1 in 4 or 22%** of Tongan American children experience poverty, similar to Native Americans and Alaska Natives (23%).

Among all NHPI communities with or without children, Marshallese have the highest poverty rates and Fijians have the lowest.

In California, over **1 in 3 (35%)** of AANHPI children are **BURDENED BY HOUSING** and **UTILITY COSTS. 30% of AANHPI children live in households that DO NOT OWN THEIR HOME. NHPI households are twice as likely to be living in OVERCROWDED HOUSING as white households (13% vs. 6%).***

Nationally, NHPI slightly over **1 in 3 NHPI families OWN THEIR HOME (38%)**, significantly below the homeownership rate of white families (66%).

**SCHOOL SUCCESS AND SAFETY**

There are at least 24,752 NHPI students in California’s public schools, making up 4% of the state’s 5.9 million public school children.

**66%** percent of Pacific Islander **PUBLIC SCHOOL** students are **SOCIOEconomically disadvantageD**, above the state average of 61%.

At least **1,028** NHPI public school students are experiencing **HOMELESSNESS**.

13% of NHPI students are **ENGLISH LEARNERS**.

The school **PUSHOUT RATE** for NHPI students is **9.5 percent** — the fourth highest of the eight ethnic/racial designations captured in California data. NHPI students are **1.4X** more likely to receive a school-based referral to **POLICE** than white students.

Over **1 in 3 (36%)** Pacific Islander 11th graders have experienced **HARASSMENT AND BULLYING** in school - the highest of any racial/ethnic group.

**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 navigating the complex health care system.

In CA, **47%** of NHPI households **SPEAK A LANGUAGE OTHER THAN ENGLISH** at home. At least **50,000 people SPEAK NHPI LANGUAGES** in the state of CA.

Among NHPI national origin groups, Tongan and Fijian Americans have the highest rates of limited English proficiency (21% and 20%, respectively).

Almost **1 in 5 NHPI adults (19.9%)** in California report that they find it “somewhat difficult” or “very difficult” to understand written information from their doctor’s office.

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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*statistically unstable
**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.

***These are examples of areas where disaggregated data that separates AA from NHPI communities is needed to unmask health inequities.