



Latine 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 infographic provides an overview of key child health facts to inform the work we must do together to make CA the best state to raise healthy, thriving children. All data is specific to Latine children in CA unless noted explicitly as national data. We use the term "Latine" in order to be inclusive of diverse language, culture and gender identities.

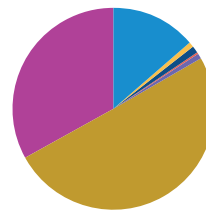
MASKED HEALTH INEQUITIES



Latine children and families represent a diverse population that includes an array of ethnic and racial identities. Granular, detailed data that is disaggregated by Latine subgroups, including Indigenous Mesoamerican populations as well as Mexican, Salvadoran, Guatemalan, South American, and Puerto Rican ancestry ([the five largest Latine ancestry groups in CA](#)), can help illuminate hidden inequities and paint a more accurate picture of the health and well-being of Latine children and youth in CA. The experiences and outcomes of Afro-Latine and indigenous Latine children and families are often overlooked because of a lack of data that highlights their unique needs. More granular data could inform the development and targeting of interventions to ameliorate inequities in health care for Latine populations. One effort to collect and disaggregate detailed data for Latine and Indigenous Mesoamerican populations in CA is [SB 435 \(Gonzalez\)](#), the Latine and Indigenous Disparities Reduction Act, which would require CA government agencies to collect and disaggregate data for Mesoamerican populations. This fact sheet primarily presents data on Latine children as a whole because of the lack of publicly available, granular-level ethnic and racial data.

POPULATION

Of California's nearly **9 million** children and youth under 18, approximately **4.6 million**, or **more than half (52%)**, identify as Latine. Of these children, at least -



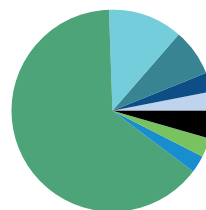
- 634,692 identify with **two or more races**
- 36,540 identify as **Black**
- 42,675 identify as **Native American**
- 3,660 identify as **Pacific Islander**
- 26,983 identify as **Asian American**
- 2,345,019 identify as **white**
- 1,526,887 identify as **other races**



~100,000 to 150,000 Indigenous Oaxacans live in California.



OVER HALF (54%) of California's Latine children have at least one parent who was born outside of the United States:



- .11% California parents from Africa or the West Indies
- .71% Parents from East Asia or the Pacific
- .71% Parents from Europe, Canada, Australia or New Zealand
- 42.41% Parents from Mexico
- 7.92% Parents from the rest of Central America or the Spanish Caribbean
- 1.33% Parents from South America
- .21% Parents from Southeast Asia
- .19% Parents from the Middle East or South Asia
- 53.58% Total



The vast majority of Latine children are U.S. citizens (**97%**). **51%** of Latine children are **bilingual**.



About **16% (~604,500)** of Latine children and youth (**727,879**) have special health care needs, which makes up over half (**53%**) of all of California's children with special health care needs.



50% of CA's children ages 0-3 are Latine, **the highest** of any racial or ethnic group.



PROTECTIVE FACTORS

Protective factors – conditions or attributes in children that help mitigate or eliminate risks to their health and well-being – can help prevent and address health inequities impacting children of color and their families. Knowledge of community-defined protective factors can guide the development of interventions that acknowledge the power of communities and directly address the unique needs of Latine children. Unique factors that support the health and development of Latine children include:

Comunidad

Prioritizes community, people and relationships over disagreements and personal benefit. The Latino Coalition for a Healthy California has a network of promotoras/es across California who deliver timely and reliable information and programming to improve the health outcomes of Latine families in California.

Bilingualism

Maintaining and developing one's heritage or native language. Bilingualism supports many aspects of a child's development including higher cognitive skills and positive self-esteem and identity development.

Familismo

Emphasizes dedication, commitment and loyalty to family, including a life long commitment to provide economic and emotional support for family members. [Abriendo Puertas/Opening Doors \(AP/OD\)](#) is an evidence-based parent leadership program designed by and for parents with children ages 0-5 that builds parent leadership skills and knowledge to promote family well-being and positive outcomes for children.

Biculturalism

Highlights the strength of recognizing, maintaining and celebrating one's heritage culture(s). Biculturalism provides identity rootedness, enables expanded career and educational opportunities, and leads to both psychosocial advantages (e.g., better leadership skills, higher academic achievement, and decreases in externalizing symptoms) and physical advantages (e.g., better sleep, more adaptive cortisol stress response).

HEALTH COVERAGE AND ACCESS

Coverage



96% of Latine children have health insurance, leaving **210,706 LATINE CHILDREN UNINSURED**. Latine children and youth from Guatemalan, Salvadoran and Mexican backgrounds have the highest uninsurance rates (**8%**, **5%**, **5%**, respectively).



OVER 1 in 2 (57%) of Latine children receive health coverage through **Medi-Cal**.

Access & Quality



Only **23%** of Latine children in Medi-Cal were **SCREENED** for risk of developmental, behavioral and social delays during their first three years of life, below the national benchmark (**36%**).



Nearly 1 in 3 (32%) or **1,467,877** Latine children **do not have HEALTH INSURANCE COVERAGE** that is **continuous or adequate** for their health care needs.



Over **1 in 3** Latine children (**37%**) did not receive a **PREVENTIVE CHECK UP** in the last year.

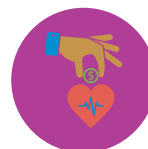


19% of Latine children do not receive **FAMILY-CENTERED CARE**, where their provider spends enough time with them, listens carefully to their family, is sensitive to their values and culture, and makes their family feel like a partner in their health care.



2 in 3 Latine children (**66%**) **DO NOT RECEIVE** coordinated, ongoing, comprehensive **CARE WITHIN A MEDICAL HOME**. The American Academy of Pediatrics specifies seven qualities essential to a medical home: accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective care.

HOUSING AND ECONOMIC WELL-BEING



20% of Latine children (**852,163**) live in families whose income falls below the **FEDERAL POVERTY LEVEL**, higher than the state average (**15%**).



Over 1 in 2 (52%) households with Latine children are burdened by **HOUSING AND UTILITY COSTS**. **57%** of Latine children live in families that do not own their homes compared to 48% of all children in our state.



74% of students experiencing homelessness are Latine (**135,665**).

ORAL HEALTH

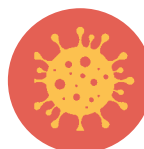


22% of Latine children and youth have had **ORAL HEALTH PROBLEMS** such as toothaches, bleeding gums, or decayed teeth or cavities – the highest of any racial/ethnic subgroup. Latine children in California are significantly more likely to have a history of **tooth decay (72%)** and **untreated tooth decay (25%)** than non-Latine white children (40% and 14%, respectively).



147,000 Latine children have missed 2 or more school days due to a dental problem in the last year.

COVID-19



29,273 Latine children lost a primary or secondary caregiver due to COVID-19.

Latine children make up **53% (853,549)** of **COVID-19 CASES** and **55%** of COVID-19 **DEATHS**.



3% of Latine children under 5, **25%** of Latine children ages 5-11 and **53%** of Latine children ages 12-17 have received **at least one dose of the COVID-19 vaccine**, lower than the state averages for these age groups (**9%**, **38%** and **67%**, respectively).

FOOD INSECURITY



About **1.5 million** Latine households with children (**43%**) are experiencing **FOOD INSECURITY** and are **NOT** able to afford enough food.

20%

20% (43,400) of Latine mothers experience **FOOD INSECURITY** during pregnancy, compared to **10%** of white mothers.



ENVIRONMENTAL POLLUTION

In California, **81%** of children living in communities with the highest environmental pollution are Latine.

Water Pollution

OVER HALF of students in CA schools with **UNSAFE DRINKING WATER** are Latine. Latines are more likely to live in communities where drinking water supplies are contaminated with elevated levels of **nitrate**, a toxic chemical which is linked to increased risk of cancer and other diseases. In California's majority-Latine communities, **5.25 million** people drink tap water contaminated with **nitrate at levels at or above the federal limit**.

Air Pollution

44% of Latine people live in communities with **POOR AIR QUALITY**. Nationally, Puerto Rican children have **higher rates of asthma** and more severe asthma than any other racial/ethnic group in the United States, and Latine children overall are **70% more likely** to be admitted to the hospital due to **asthma attacks** and **2x as likely** to die from asthma than white children. In L.A. County, air pollution has been linked to a heightened risk of obesity and Type 2 diabetes in Latine children.

Lead and Mercury Poisoning

Latine children make up **51%** of the children with **BLOOD LEAD** levels high enough to make them eligible for full case management services.

Nationally, compared with white children, Latine children experience **higher rates of lead and mercury poisoning**, which can seriously harm a child's health and cause damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems.

COMMUNITY AND FAMILY WELL-BEING



902,003 Latine children **DO NOT HAVE A PARK OR A PLAYGROUND**, and **1,432,273** Latine children **DO NOT HAVE ACCESS TO A LIBRARY** in their neighborhood.



Nationally, **nearly 4 in 10 Latines (39%)** are worried that they, a family member or someone close to them could be **DEPORTED**.



21% of Latine children have experienced one or more **ADVERSE CHILDHOOD EXPERIENCES** compared to 30% of white children. Nationally, Latine children in immigrant families are significantly less likely to experience a high number of ACEs (**16%**) than Latine children in nonimmigrant families (**30%**).

Of CA's **47,424** youth who are part of the **FOSTER CARE SYSTEM**, **56%** are Latine (**26,527**).

30% of Latine households with children (**630,000**) **AVOIDED GOVERNMENT BENEFITS** due to concerns over self or family member's disqualification from receiving a green card.

DIGITAL ACCESS



Latine children who live in households with incomes below the federal poverty level are disproportionately impacted by **DIGITAL INEQUITIES**:

- 28%** do not have broadband internet access (**220,000**).
- 36%** do not have a computer in the household (**329,000**).
- 42%** do not have a tablet in the household (**377,000**).



92% of Latine children live in households with a smartphone.

SCHOOL/EDUCATION SUCCESS & SAFETY



California has the largest Latine student population in the U.S.: **56%** of CA's **5.8 million** public K-12 students are Latine (**3,284,788**).

NEARLY 1 in 3 (31%) Latine students are **ENGLISH LEARNERS**. Spanish is the most common language spoken by **ENGLISH LEARNERS** in California (82%). **98%** of CA's migrant students are Latine (**47,663**).

57% of Latine students attend schools in neighborhoods that have less **ACCESS TO RESOURCES** including the most experienced teachers, modern facilities and libraries.

35% of Latine public school students (**1,185,092**) **MISSED MORE THAN 10%** of the 2020-21 school year compared to 23% of white children.

MENTAL HEALTH



Latine children and youth experience higher rates of **DEPRESSION AND SUICIDAL BEHAVIOR** compared to their peers, and they are also less likely than their peers to receive mental health treatment.

OVER 1 in 2 (52%) Latine teens **FEEL SADNESS OR HOPELESSNESS**, compared to 42% of white children. **Nearly 1 in 3 (31%)** have seriously considered **attempting suicide**

compared to **23%** of white children. Yet, **83%** of Latine teens (**1.3 million**) did not receive **psychological or emotional counseling**. And, only **20%** of Latine youth enrolled in Medi-Cal have been screened for depression.



Latine families face barriers in accessing mental health support, including lack of translation/interpretation, cultural stigma, distrust of the health care system, and lack of resources and information.



Latinas, in particular, are facing the greatest disparities when it comes to their **MENTAL HEALTH**. **62%** of Latina teens felt **chronic sadness or hopelessness** in the last year. **34%** of Latina teens have **considered suicide** and **13%** have **attempted suicide**, compared to **27%** and **9%** of all high school youth, respectively. For lesbian, bisexual and queer Latina youth, the reality is even worse: **NEARLY HALF (48%)** have considered **suicide**, and **1 in 3 (33%)** lesbian, bisexual and queer Latina youth have **attempted suicide**. Yet, alarmingly, **81%** of Latina teens did not receive psychological or emotional counseling in the last year.



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.