A Child is a Child

2024 SNAPSHOT:
California Children's Health

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.

MASKED HEALTH INEQUITIES

The design and implementation of data collection systems often neglect to include NHPI community expertise, and as a result, NHPI data are insufficiently or inaccurately collected, aggregated together with Asian American (AA) data, or not collected at all. An accurate understanding of the health, strengths, and challenges of NHPI children in California is impossible without data that is community-centered, separated from AA communities, and disaggregated by NHPI subgroups (Native Hawaiian, Fijian, Marshallese, etc.). **Additionally, data collection systems often use single-race definitions for racial categories when a majority of NHPIs identify as multiracial, resulting in estimates that undercount NHPIs.** These issues lead to a masking of differences and hidden health disparities, outcomes, and access gaps among NHPI children and families. **For those reasons, the data presented in this snapshot is unique to children from AA communities, separated from NHPI communities, and disaggregated into AA subgroups unless otherwise specified due to several sources aggregating AA data together with NHPI data.** Click here for the AA Children's Health Data Snapshot. To learn more about how data systems can be more equitable for NHPI communities, visit the UCLA's Center For Health Policy Research NHPI Data Policy Lab's NHPI Data Policy Platform: No Health Equity without Data Equity.

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**.

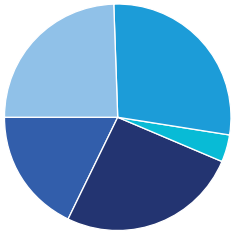
18% of NHPI 7th graders and **22%** of NHPI 11th graders in CA public schools have considered suicide, **above the state average** (15% and 16%).

988 SUICIDE & CRISIS LIFELINE

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.

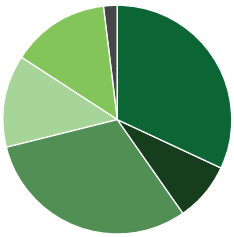
POPULATION

There are at least **99,489 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:



- **28,989** identify as **NHPI alone**
- **28,872** identify as **NHPI and Latine**
- **3,587** identify as **NHPI and Black**
- **25,806** identify as **NHPI and other**
- **12,235** 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. NHPI children and youth under 18 in CA identify with the following ancestry**:



- **11,933** identify as **Native Hawaiian**
- **3,084** identify as **Chamorro**
- **11,497** identify as **Samoan**
- **4,810** identify as **Tongan**
- **5,192** identify as **Fijian**
- **629** identify as **Marshallese**

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.

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

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 attempts among Native Hawaiian and Pacific Islander youth.

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

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

HEALTH INSURANCE COVERAGE

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**.

Medi-Cal

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

11%

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.*

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.***

COVID-19

NHPI children, youth, and families are disproportionately impacted by **COVID-19.** At least **9,829** 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.

COMMUNITY AND FAMILY WELL-BEING

CalFresh

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 **40%** more likely to be referred to the 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 interpretation services 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 in Health Care for All Families
A Project of The Children's Partnership

- www.allinforhealth.org
- www.childrenspartnership.org

Native Hawaiian & Pacific Islander Data Policy Lab

- healthpolicy.ucla.edu/Pages/home.aspx

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.

***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.

FULL CITATIONS CAN BE FOUND AT: bit.ly/AChildIsAChild.