# A Child is a Child

**2023 SNAPSHOT:**
California Children's Health

# American Indian / Alaska Native Children's Health

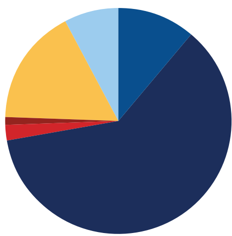
We know that when children are healthy, they are more likely to succeed in school and in life. We work to address the underlying causes of health inequities by improving the conditions in which children live, learn, grow and play so that young people from historically marginalized communities have the 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 California unless noted explicitly as national data.

## HIDDEN HEALTH INEQUITIES

American Indian/Alaska Native (AI/AN) communities have been greatly undercounted, uncounted, and miscounted/miscategorized in data collection efforts across state, county, and federal agencies—including in the census—presenting stark challenges to accurately highlighting inequities impacting AI/AN children. Data collection tools at the state and federal level are not created by or adapted to AI/AN culture and communities and lack questions that are relevant to or understanding of them, leading to data that drastically underestimates, overlooks, or miscategorizes their experiences and challenges. There is a critical need for accurate, meaningful, culturally-relevant and responsive, and timely data collection in AI/AN communities in order to shed light on and address hidden health inequities.

## POPULATION

California is home to more AI/AN people than any other state. There are at least 346,00 children and youth under 18 who identify as AI/AN, including those who also identify with another race or ethnicity, **making up about 4% of the state's 9 million children**. Of these children at least –



- **155,422** identify as AI/AN alone.
- **130,174** identify as AI/AN and Latine.
- **5,156** identify as AI/AN and Black.
- **712** identify as AI/AN and Asian American.
- **35,760** identify as AI/AN and white.
- **16,090** identify as AI/AN and another race/ethnicity not included in Census categories

Of these children, at least –

**2,509** are Navajo
**2,022** are Cherokee
**1,666** are Apache
**1,311** are Yaqui
**1,255** are Zapotec
**1,179** are Yurok
**1,178** are Purepecha
**921** are Chumash
**907** are from the Hoopa Valley Tribe
**864** are Choctaw
**751** are Pomo
**681** are Karuk
**551** are from the Blackfeet Tribe
**548** are Miwok/Me-Wuk
**542** are from the Pit River Tribe
**508** are from the Tule River Indian Tribe
**505** are Sioux
**489** are from the Quechan Tribe of the Fort Yuma Indian Reservation
**443** are Castonoan
**400** are Paiute
**396** are from the Pechanga Band of Luiseno Mission Indians
**390** are from the Tohono O'odham Nation
**377** are Gabrielino
**44,688** are Maya and from other Mesoamerican indigenous groups
**35,184** are Aztec
**2,651** are Mixtec

Click here a full list of detailed demographic data of AI/AN children in CA from the 2020 census.

**Nearly 90%** of the AI/AN population live in **URBAN AREAS.**

**1 in 10 (11%)** AI/AN children have at least one parent who was born outside of the United States, and most come from Mexico and Central and South America. California is home to ~170,000 **Indigenous people** from the Oaxaca, Guerrero, and Michoacán, including Mixtecs, Zapotecs, and Purépechas.

***Definition of AI/AN***

According to the Department of Health and Human Services, the term Urban Indian refers to people who are members, or first- or second-degree descendants, of a tribe or an organized group whose residence is indigenous to the occupied lands of what is now known as the United States of America. These populations are most often recognized in data collection and protections offered by the state and federal government. The term American Indian refers to a person who is a member or descendant of any Indigenous group of North, Central or South America. While most data does not recognize indigenous groups outside the borders of the country, The Children's Partnership believes that not making an effort to include data we have on American Indians contributes to Indigenous erasure. TCP is excited to provide the information we have on Mesoamerican Indigenous children.

***Notation for Census Data***

The 2020 census has information on 89 tribes across the Americas. The information shown includes the 26 most populous tribes represented in California.

# PROTECTIVE FACTORS

AI/AN children and youth come from diverse cultural and linguistic backgrounds and are resilient despite facing a legacy of historical trauma from violence, discrimination, family separation, and land dispossession from state and federal policies and practices intentionally designed to break apart culture, communities, family, and identity. The persistent inequities that impact AI/AN children are rooted in this history of marginalization and indicate that mainstream evidence-based practices are not sufficient to advance health equity for AI/AN communities.

AI/AN communities have challenged and actively subverted racist structures in medicine to care for their own health by utilizing community-defined practices and care that develop and reinforce protective factors in AI/AN children and families.

**Community-defined protective factors**–conditions or attributes in children defined by communities, youth, and families themselves–are critical in preventing and reducing health inequities impacting children from historically marginalized communities.

**Protective factors**–conditions or attributes that help mitigate or eliminate risks to health and well-being–can help prevent and address health inequities impacting AI/AN children and their families.

Overall, community-defined evidence practices aim to shift the power dynamics in research, evaluation, and decision-making processes, recognizing that diverse communities have unique knowledge and evidence needs that should be respected and incorporated into the process.

***Indigenous knowledge***

Indigenous knowledge is rooted in the cultural, spiritual, and historical power of Indigenous communities. Indigenous knowledge often takes a holistic approach to health and well-being, recognizing the interconnectedness of physical, mental, emotional, and spiritual aspects of health, and respects and acknowledges the unique traditions, practices, and beliefs of Indigenous peoples. Centering Indigenous knowledge and approaches within suicide prevention positively contributes to suicide-related outcomes. Initiatives built upon Indigenous culture, knowledge, and decolonizing methods have been shown to have substantial impact on suicide-related outcomes at the individual and community levels. Indigenous approaches to suicide prevention are diverse, and reflect local culture, knowledge, need, and priorities.

***Culture, family, community, and peer connectedness***

Connectedness with one another, nature, family, and culture support positive health and mental health outcomes for AI/AN youth. Peer programs where AI/AN youth provide each other with guidance or support in a school or community organization can increase feelings of connectedness to culture, family, and community. AI/AN community leaders have recommended and utilized long-established AI/AN practices such as drumming, dancing, bead making, sage preparation, and basket making to help improve and create positive mental health through strong connections to community and culture.

***Cultural-based healing***

Cultural-based healing is an approach to healing and healthy development for AI/AN children and youth that focuses on preserving and restoring Indigenous cultural identity as the foundation of well-being and healthy development, including learning or remembering Indigenous cultural values, customs, and traditions. Two Feathers Native American Family Services offers community-defined and culturally based programming for youth and families, including the A.C.O.R.N. Youth Wellness Program where youth learn cultural values and how they apply physically, mentally, spiritually, and culturally in their everyday life. The California Consortium for Urban Indian Health developed the Culturally Relevant Integration Model designed to strengthen and center the use of AI cultural practices in systems of health care to increase access to traditional knowledge and community-centered, culturally relevant wellness practices. United American Indian Involvement supports the physical, behavioral, and spiritual well-being of AI/AN youth and families through services and programs that incorporate AI/AN cultures and traditions, including beading, drumming, singing and dancing, medicine gathering, and talking circles.

# HEALTH COVERAGE AND ACCESS

About 95% of AI/AN children 18 and under have health insurance, leaving at least **5%** or **6,258 AI/AN CHILDREN UNINSURED**–**nearly double the uninsured rate** for all children in California (3.2%).

65%

Nearly **65%** of AI/AN children enrolled in Medi-Cal did not receive the preventive health services they are entitled to.

**14%** of AI/AN children 18 and under don't have a usual source of receiving health care–over double the rate of white children (9%).

**32%** of AI/AN children rely on a community clinic for their usual source of care–almost double the rate of white children (19%).

# FOOD ACCESS

Within California, nearly **1 in 2** AI/AN households with children are **FOOD-INSECURE**, higher than the rate for all populations, **2 in 5**.

A recent study co-designed and conducted by four AI tribes in the Klamath Basin in northern California found that while **92% of the households suffered from food insecurity**, households with better access to Native foods had significantly higher levels of food security, indicating that **increased access to culturally relevant foods will result in improved household food security.**

Across the US, many areas with the highest numbers of AI/AN community members are **FOOD DESERTS**, meaning communities have to **travel long distances to purchase healthy food.**

## TRUTH AND HEALING

Truth-telling and reparations are fundamental components of equity, healing, and closure. Many of the government-sponsored human rights violations commmitted against AI/AN communities—boarding schools that tore AI/AN youth away from their families and culture, the forced removal of AI/AN communities from their lands, and genocide from government-authorized wars, attacks, and raids—have largely been ignored or overlooked by US governments and society. There has never been a national truth and healing commission focused on AI/AN communities; the Truth and Healing Commission on Indian Boarding School Policy Act was introduced in 2020, but has not passed. California is one of only two states in the nation that has formally established a truth commission: through its Truth and Healing Council, California has the opportunity to use truth-telling to support AI/AN children, families, and communities through reparation and restoration that acknowledges and accounts for historical wrongs committed against California's Native communities. Currently, the California Truth and Healing fund has launched a multi-year grantmaking initiative to provide AI communities with opportunities and resources associated with the council's mission. By 2025, the council will be submitting a final report to the Governor containing "a holistic understanding of the historical relationship between California Native Americans and the State," (California Truth & Healing Council, 2023) as well as recommendations aimed at reparation, restoration, and prevention.

## MATERNAL AND INFANT HEALTH

Nationally, AI/AN people are **2x MORE LIKELY** to experience **pregnancy-related mortality** compared to white people. Despite the alarming disparity and having the highest population of Native American people in the US, California's Pregnancy Mortality Surveillance System doesn't report the pregnancy-related mortality ratio for AI/AN people in our state "due to small numbers."

Nationally, AI/AN children suffer **2x the rate of INFANT MORTALITY** as white people, with AI/AN babies under 1 year **50% MORE LIKELY** to die from complications due to short gestation or low birth weight. In California, the rate of infant mortality in AI/AN families is just over the average across all populations and white populations: **4.5** among AI/AN families, **4.3** among all families, and **3.6** among white families.

Maternal mortality has more than doubled in the last 20 years for all populations. Nationally, maternal mortality rates for AI/AN people in 2019 was **49.2** per 100,000 births. With California being one of the states with the lowest rates of maternal and infant mortality, AI/AN people still face disproportionately high rates of deaths per birth. From 2015-2017, the rate of infant deaths for AI/AN populations was **4.2** deaths per 1,000 births, and the rate for white people was **3.4** per 1,000 births.

## MENTAL HEALTH

More than **1 in 3 (34%)** AI/AN youth in middle and high schools experienced feelings of **CHRONIC SADNESS AND HOPELESSNESS**, with the number rising to nearly **1 in 2 (39%)** AI/AN 9th graders who have experienced feelings.

At least **1 in 3 (34%)** AI/AN teens and **65%** of AI/AN teen girls needed help for emotional or mental health problems, yet nearly **80%** of all AI/AN teens did not receive psychological or emotional counseling.

Almost **1 in 6 (16%)** AI/AN middle and high schoolers considered attempting suicide–higher than the rate of all middle and high schoolers **(15%)**.

In 2019, suicide was the **second leading cause of death** for AI/AN youth, teens, and young adults in the US between ages 10 and 34.

**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 the 988 Lifeline 24 hours a day, 7 days a week.

## SCHOOL SUCCESS AND SAFETY

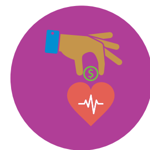
**Mixtec**, an indigenous language from Mexico, is spoken by at least **4,000** students in California's public schools and is **number 14 of the top 20 languages** spoken by our state's English learner students.

There are at least **29,000 AI/AN students enrolled in California's public schools**, making up **0.5%** of the public school student population.

AI/AN students **LOSE OUT ON MORE LEARNING TIME** compared to their peers: the **suspension rate** among AI/AN students is **5.4%, DOUBLE THE RATE** of all students (2.5%). Nearly **1 in 4 (22%)** of AI/AN students **have missed 10% or more of the academic year**, compared to slightly over 1 in 10 (12%) of all students.

AI/AN students are **2x MORE LIKELY** than white students to be arrested at California schools.

## HOUSING AND ECONOMIC WELL-BEING



**Over 1 in 3 (34%)** or at least **17,742** AI/AN children live in families whose income falls below the **FEDERAL POVERTY LEVEL**, **double the rate** of all children in California (17%).

**1 in 4 (25%)** AI/AN children live in households that are burdened by **HOUSING AND UTILITY COSTS**. Over **1 in 3 (39%)** live in households that **DO NOT OWN THEIR HOME**.

## DIGITAL CONNECTEDNESS

Nationally, **34%** of AI/AN households with children have **NO HIGH-SPEED INTERNET** access at home, and almost **16% HAVE NO COMPUTER.**

In California, nearly **10%** of AI/AN children live in a household **without a broadband connective device.** AI/AN communities in California have the lowest access to broadband internet compared to any racial/ethnic demographic.

## CHILD WELFARE

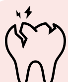
AI/AN children and youth are **REMOVED FROM THEIR HOMES** at **4x** the rate of all children and youth in CA.

This alarming inequity highlights the need to safeguard the **Indian Child Welfare Act (ICWA),** a federal law designed to address the past and present racism that exists within the child welfare system and leads to AI/AN children being **disproportionately torn apart** from their families.

In an effort to help safeguard ICWA, The Children's Partnership supported CA AB 81. This bill was introduced to strengthen California child welfare provisions leading up to the Supreme Court's case Haaland v. Brackeen. AB 81 (Ramos) would strengthen California protections by further emphasizing the State of California's commitment to protecting a tribe's right to protect their people's health, safety, and welfare and ensure that state law provisions remain regardless of what happens to the federal act. This bill was also supported by California Tribal Families Coalition (co-source), Morongo Band of Mission Indians (co-source), ACLU California Action, Agua Caliente Band of Cahuilla Indians, Cachil Dehe Band of Wintun Indians of the Colusa Indian Community, California Open, Habematolel Pomo of Upper Lake Hoopa Valley Tribe, and Jamul Indian Village of California Picayune Rancheria of Chukchansi Indians.

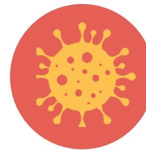
## ORAL HEALTH

Nationally, AI/AN preschool children ages 3-5 have the highest rate of **TOOTH DECAY** among any group in the United States: more than **2 in 3 (71%)** AI/AN children between 3-5 years old have tooth decay, compared to **1 in 4 (25%)** of white children.



When compared to other population groups, AI/AN children in the United States are also **4X MORE LIKELY** than white children to have **untreated tooth decay**: slightly more than **43%** of AI/AN children between **3-5 years of age have untreated tooth decay** compared to only 10% of white non-Latine children.

## COVID-19



Nationally, AI/AN people are over **2x MORE** likely than white people to be hospitalized or die from COVID-19. In California, AI/AN COVID-19 deaths and cases have been undercounted due to racial misclassification. AI/AN children make up **6,724** of COVID-19 cases in CA.

**1%** of AI/AN children under 5, **30%** of AI/AN children ages 5-11, and **53%** of AI/AN children ages 12-17 have received at least one dose of the COVID-19 vaccine, lower than the state averages for these age groups (3%, 37%, and 67%, respectively).

### COVID-19-Associated Orphanhood and Caregiver Death in the US

According to The United Nations Children's Fund (UNICEF), orphanhood is defined as the loss of one's primary or secondary caregiver. UNICEF includes the loss of one parent based on the increased risk of the child experiencing adverse childhood experiences such as abuse, unstable housing, and household poverty.

**National Rates, 2023**

- About **8,368** AI/AN children were orphaned (lost one or both parents)
- About **9,299** AI/AN children lost a primary caregiver
- About **10,067** AI/AN children lost a primary or secondary caregiver
- AI/AN children are four times more likely than white children to lose a primary or secondary caregiver to COVID-19

**California, 2023**

- 337 AI/AN children lost a primary or secondary caregiver
- California was ranked the highest in absolute numbers for children losing a primary or secondary caregiver

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**AIAN children and families are resilient despite the inequities they face. For those seeking more resources to address the challenges described in this fact sheet, visit the CalHope Redline.**

The Children's Partnership collected data on AI/AN children from the U.S. Census Bureau's 2016-2020 American Community Survey 5-Year Estimates and 2021 1-year estimates; pooled data from the 2019, 2020, 2021 CA Health Interview Survey; the 2017-2019 California Healthy Kids Survey; the California Department of Education and a few other discrete sources. All data is from California unless noted explicitly as national data.

Citations can be found at: bit.ly/AChildIsAChild