

## A Child is a Child

### 2024 Snapshot of California Children's Health Ages 0-3 and Their Families

We know 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. Our goal is for young people, regardless of race, to have the resources and opportunities they need to achieve their dreams and reach their full potential. To ensure a healthy and bright future for every child in California, we must first understand the youngest members of our community. This fact sheet demonstrates the tremendous diversity of California's littlest ones and provides an overview of key young child health facts to inform the work we must do together to make California the best state to have, raise and be a child.

#### WHO ARE CALIFORNIA'S YOUNGEST CHILDREN?

- They are a **large and extremely diverse** group.
  - Nearly **1.7 million** children ages 0-3 live in California,<sup>1</sup> which is more than the total population of 11 states and the District of Columbia.<sup>2</sup> This age group constitutes **4.32%** of California's total population of 39 million.<sup>3</sup>
  - California children ages 0-3 have diverse racial and ethnic backgrounds, with a **majority (50.5%) identifying as Latine**<sup>4</sup> and less than one quarter (23.6%) as white.<sup>5</sup>
    - African American 4.37%
    - Asian 12.69%
    - Hispanic 50.53%

---

<sup>1</sup> These are 2022 estimates, which are averaged across 2021 and 2022 survey data. The Urban Institute. Data from the Integrated Public Use Microdata Series datasets drawn from the 2005-2022 American Community Survey. <https://children-of-immigrants-explorer.urban.org/pages.cfm>. Accessed July 9, 2024.

<sup>2</sup> Vintage 2022 Population estimates from U.S. Census Bureau, State Population Totals and Components of Change: 2020-2023.

<https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html>. Accessed July 9, 2024.

<sup>3</sup> There are 1,685,996 Californians ages 0-3 out of a total population of 39,040,616. Vintage 2022 Population estimates from U.S. Census Bureau, State Population Totals and Components of Change: 2020-2023. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-state-total.html>. Accessed July 9, 2024.

<sup>4</sup> The American Community Survey asks respondents whether they are of "Hispanic, Latino, or Spanish origin." We use the term "Latine" instead of Hispanic or Latino in order to be inclusive of diverse language, culture and gender identities within the Latine community. Defined as "relating to Spain," the term Hispanic excludes indigenous cultures and languages, people from Brazil and other Latin American countries that do not speak Spanish but instead speak various indigenous tongues or Portuguese. Additionally, Latine also makes room for people who are trans, queer, agender, non-binary, gender nonconforming or gender fluid. While most of the sources used in this fact sheet use the terms "Hispanic or Latino," we report "Hispanic or Latino" as Latine individuals who may be of any race.

<sup>5</sup> These are 2022 estimates, which are averaged across 2021 and 2022 survey data. The Urban Institute. Data from the Integrated Public Use Microdata Series datasets drawn from the 2005-2022 American Community Survey. <https://children-of-immigrants-explorer.urban.org/pages.cfm>. Accessed July 9, 2024.

- Native American 0.19%
  - White 23.55%
  - Other or multiracial 8.67%
- The vast majority (**98.6%**) of California children ages 0-3 are **U.S. citizens**.<sup>6</sup> **Almost half (40%) of California children 0-3 have at least one foreign-born parent**, compared to less than one-quarter (23.9%) nationwide.<sup>7</sup>
  - **1 in 5** California children ages 0-3 (22.4%) have one or more parents with **limited English proficiency**.<sup>8</sup> The U.S. rate is 13.4%.

### ***Racism & Early Childhood***

Systemic racism is a root cause of child health inequities. Racism impacts every stage of child development, beginning in the womb, and continues to shape the conditions in which children live, learn, develop and play.<sup>9</sup> Research has demonstrated that pregnant African American people have a greater inflammatory response to stressors compared to pregnant white people, which scientists theorize is a biochemical response to the chronic stress of racism.<sup>10</sup> Research has also found a correlation between perceived racism by pregnant women and the birth weight of their babies.<sup>11</sup> Once babies enter the world, they not only recognize racial differences as early as infancy,<sup>12</sup> but they develop within a social environment where social drivers of health (e.g., their family's financial well-being, housing situation, involvement with the justice system and educational opportunities) and access to health care are all affected by

<sup>6</sup> Of the 1.695 million California children ages 0-3, 1.671 million (98.56%) are U.S. citizens and 24,000 (1.44%) are not U.S. citizens. These are 2022 estimates, which are averaged across 2021 and 2022 survey data. The Urban Institute. Data from the Integrated Public Use Microdata Series datasets drawn from the 2005-2022 American Community Survey.

<https://children-of-immigrants-explorer.urban.org/pages.cfm>. Accessed July 9, 2024.

<sup>7</sup> Of 1.695 million California children ages 0-3, 39.41% (668,000) have at least one foreign-born parent, 58.70% (995,000) have all U.S.-born parents, and 1.89% (32,000) have parents of unknown origin. These are 2022 estimates, which are averaged across 2021 and 2022 survey data. The Urban Institute. Data from the Integrated Public Use Microdata Series datasets drawn from the 2005-2022 American Community Survey. <https://children-of-immigrants-explorer.urban.org/pages.cfm>. Accessed July 9, 2024.

<sup>8</sup> These are 2022 estimates, which are averaged across 2021 and 2022 survey data. The Urban Institute. Data from the Integrated Public Use Microdata Series datasets drawn from the 2005-2022 American Community Survey. <https://children-of-immigrants-explorer.urban.org/pages.cfm>. Accessed July 9, 2024.

<sup>9</sup> Trent M, Dooley DG, Dougé J, AAP Section on Adolescent Health, AAP Council on Community Pediatrics, AAP Committee on Adolescence. "The Impact of Racism on Child and Adolescent Health." *Pediatrics*. 2019;144(2):e2019.

<sup>10</sup> Ekeke, P., Mendez, D. D., Yanowitz, T. D., & Catov, J. M. (2020). Racial differences in the biochemical effects of stress in pregnancy. *International Journal of Environmental Research and Public Health*, 17(19), 6941. <https://doi.org/10.3390/ijerph17196941>. Accessed July 12, 2024.

<sup>11</sup> Dominguez T.P., Dunkel-Schetter C., Glynn L.M., Hobel C., Sandman C.A. (Mar. 2008). Racial differences in birth outcomes: the role of general, pregnancy, and racism stress. *Health Psychology*. 27(2), 194-203. doi: 10.1037/0278-6133.27.2.194. PMID: 18377138; PMCID: PMC2868586. <https://pubmed.ncbi.nlm.nih.gov/18377138/>. Accessed July 12, 2024.

<sup>12</sup> Sangrigoli, S., & De Schonen, S. (2004). Recognition of own-race and other-race faces by three-month-old infants. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 45(7), 1219-1227. <https://doi.org/10.1111/j.1469-7610.2004.00319.x>. Accessed July 12, 2024.

the racial inequities endemic in American society.<sup>13</sup> For all these reasons, the American Academy of Pediatrics has found that racism profoundly impacts children's health.<sup>14</sup> Racism ultimately hurts the health of our entire nation by preventing some children and their families from attaining their highest level of health. Our collective work to achieve health equity requires that we examine and dismantle the racism that exists within our institutions and systems, including those impacting the first years of life.

**SYSTEM NAVIGATION** - *Navigation and peer support to guide families to needed economic, social-emotional and developmental services in their communities that are culturally resonant.*

Public assistance programs only work if eligible beneficiaries learn about the programs, navigate bureaucracy and can access benefits. Language barriers, long wait times, job responsibilities and lack of transportation can keep Californians from benefiting from the educational, financial and nutrition assistance programs available for children ages 0-3 and their families. While specific data on system navigation for families with children between the ages of 0-3 is limited, various sources of data point to the multitude of challenges facing families.

Early childhood is a critical period of intervention to strengthen physical, emotional and cognitive development. Unfortunately, California's rates of developmental screening are some of the lowest in the country, and the services landscape can be very complex to navigate for families. While approximately 18% of the state's children have a developmental delay or disability, only 3% of the infant and toddler population receive early intervention in California, compared to almost 10% in Massachusetts, according to an analysis by the First 5 Center for Children's Policy<sup>15</sup>.

Additionally, an Urban Institute analysis of 2021 survey data found that 43% of immigrant families in California participating in public benefit programs reported challenges accessing benefits and/or interacting with program staff. Families reported:

- Not always being treated with courtesy and respect (31%);
- Not receiving needed help or information (31%);
- Trouble determining their eligibility (29%);
- Not getting benefits quickly enough (28%);
- Challenges with documentation or paperwork (24%); and
- Feeling judged unfairly because of their race or ethnicity (15%).<sup>16</sup>

---

<sup>13</sup> Trent M., et al. (Aug. 2019). The impact of racism on child and adolescent health. *Pediatrics*, 144(2), e20191765. 10.1542/peds.2019-1765. <https://doi.org/10.1542/peds.2019-1765>. Accessed July 12, 2024.

<sup>14</sup> Trent M., et al. (Aug. 2019). The impact of racism on child and adolescent health. *Pediatrics*, 144(2), e20191765. 10.1542/peds.2019-1765. <https://doi.org/10.1542/peds.2019-1765>. Accessed July 12, 2024.

<sup>15</sup>

<https://first5center.org/publications/early-identification-and-intervention-for-californias-infants-and-toddlers-6-key-takeaways>

<sup>16</sup> Gonzalez D., Karpman M., Alvarez Caraveo, C. (Aug. 2022). *Immigrant Families in California Faced Barriers Accessing Safety Net Programs in 2021, but Community Organizations Helped Many Enroll*. The Urban Institute.

<https://www.urban.org/research/publication/immigrant-families-california-faced-barriers-accessing-safety-net-programs>. Accessed August 3, 2024.

Immigrant families often benefit from help from community organizations that connect them with services and assist with application processes: 20% of immigrant families report assistance from community groups, compared to only 8% of families with all members born in the U.S.<sup>17</sup>

## 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, as well as support children’s lifelong success. Unique factors that support the health and development of children ages 0-3, particularly those from BIPOC communities, include:

- **Connection to Heritage/Culture:** Culture refers to the beliefs, values, behaviors, customs, language, rituals and practices characteristic of a particular group of people that provide them with patterns for living and interpreting reality.<sup>18</sup> Connection to culture is vital for establishing confidence, relationships and pride in early childhood.
- **Bilingualism/Multilingualism:** Children who develop their native language and speak multiple languages have enhanced attention, working memory, planning, problem-solving, emotional regulation, self-esteem and identity formation.<sup>19</sup>
- **Strong Familial Support and Relationships:** The emotional bonding that family members have toward one another protects against external stressors, especially those experienced by children of color.
- **Religious and Spiritual Engagement and Faith-Based Community:** Religious beliefs provide a sense of purpose or positive outlook and may also provide material, emotional or psychosocial resources that are essential to coping with challenges and hardships.
- **Community, Social Support and Significance:** Strong connections to community underscore a belief that the well-being of children is a shared responsibility, with extended family members, neighbors and community leaders playing pivotal roles in a child’s upbringing and bolstering a young child’s self-esteem.<sup>20</sup>

---

<sup>17</sup> Gonzalez D., Karpman M., Alvarez Caraveo, C. (Aug. 2022). *Immigrant Families in California Faced Barriers Accessing Safety Net Programs in 2021, but Community Organizations Helped Many Enroll*. The Urban Institute.

<https://www.urban.org/research/publication/immigrant-families-california-faced-barriers-accessing-safety-net-programs>. Accessed August 3, 2024.

<sup>18</sup> Center for the Study of Social Policy, *Branching Out and Reaching Deeper: Building Stronger Partnerships to Support Families* (Washington, DC: Center for the Study of Social Policy, 2018), <https://cssp.org/wp-content/uploads/2018/11/Branching-Out-and-Reaching-Deeper.pdf>.

<sup>19</sup> The Children’s Partnership, *A Child is a Child: California Children’s Health Snapshot of Children in Immigrant Families* (Los Angeles, CA: The Children’s Partnership, 2024), [https://childrenspartnership.org/wp-content/uploads/2020/05/ChildIsaChild\\_Immigrant-2024-FINAL.pdf](https://childrenspartnership.org/wp-content/uploads/2020/05/ChildIsaChild_Immigrant-2024-FINAL.pdf).

<sup>20</sup> American Psychological Association, "Relationships Help Build Self-Esteem, and Self-Esteem Contributes to Better Relationships, Study Shows," news release, Last modified September 26, 2019, <https://www.apa.org/news/press/releases/2019/09/relationships-self-esteem>.

**ECONOMIC SECURITY** - *The ability of people, households or communities to meet their basic needs in a sustainable and dignified way.*

- **1 in 3** California children ages 0-3 (33%) live in a family with low income.<sup>21</sup>
- Even though our state's poverty rate is lower than the national average, **more than a quarter of a million (226,000) California children ages 0-3 live in poverty** (based on FPL).<sup>22</sup>
- **55,187 children** in California age 3 or younger are estimated to be experiencing **homelessness**.<sup>23</sup>
- Only **1 in 6 infants and toddlers** experiencing homelessness is enrolled in an early learning and care program.<sup>24</sup>
- **27.6% of California children ages 0-2 live in crowded housing**, the highest rate in the country.<sup>25</sup>
- **11.5% of Californians ages 0-2 experience low or very low food security**, compared to a national average of 14.2%.<sup>26</sup>

**PRENATAL, POSTNATAL & PARENTING SUPPORT** - *High quality, culturally responsive prenatal care, birthing/parenting supports and postpartum care to support the healthy birth and development of infants and toddlers.*

---

<sup>21</sup> "Low income" is defined as income below 200 percent of the federal poverty threshold, which was \$29,950 for a family of four in 2022. These are 2022 estimates, which are averaged across 2021 and 2022 survey data. The Urban Institute. Data from the Integrated Public Use Microdata Series datasets drawn from the 2005 - 2022 American Community Survey.

<https://children-of-immigrants-explorer.urban.org/pages.cfm>. Accessed August 20, 2024.

<sup>22</sup> These are 2022 estimates, which are averaged across 2021 and 2022 survey data. The Urban Institute. Data from the Integrated Public Use Microdata Series datasets drawn from the 2005-2022 American Community Survey. <https://children-of-immigrants-explorer.urban.org/pages.cfm>. Accessed July 9, 2024.

<sup>23</sup> This figure is from 2021-22, derived from U.S. Census and U.S. Department of Education formula for estimating homelessness. School House Connection & University of Michigan. California Child and Youth Homelessness: 2021-2022.

[https://tableau.dsc.umich.edu/t/UM-Public/views/6\\_4\\_24\\_New\\_National\\_State\\_Local\\_Child\\_and\\_Youth\\_Homelessness\\_Data\\_Profiles\\_v2023\\_1/State?%3Aembed=y&%3AisGuestRedirectFromVizportal=y](https://tableau.dsc.umich.edu/t/UM-Public/views/6_4_24_New_National_State_Local_Child_and_Youth_Homelessness_Data_Profiles_v2023_1/State?%3Aembed=y&%3AisGuestRedirectFromVizportal=y). Accessed July 11, 2024.

<sup>24</sup>

<https://schoolhouseconnection.org/wp-content/uploads/2024/09/Infant-and-Toddler-Homelessness-Across-50-States-2021-2022.pdf>

<sup>25</sup> This is the percentage of California children ages 0-2 who live in homes with more than two household members per bedroom, or, if no bedrooms, more than one person per room. Cole, P., Trexberg, K., & Schaffner, M. (2023). State of babies yearbook: 2023. Washington, DC: ZERO TO THREE.

<https://stateofbabies.org/state/california/>. Accessed July 11, 2024.

<sup>26</sup> This includes three years of data (2018-2020). Cole, P., Trexberg, K., & Schaffner, M. (2023). State of babies yearbook: 2023. Washington, DC: ZERO TO THREE. <https://stateofbabies.org/state/california/>. Accessed July 11, 2024.

- Despite impressive reductions in maternal mortality for all racial/ethnic groups in California, **Black mothers are 4-6X as likely to die from pregnancy/birth-related causes** and **2X as likely to suffer maternal morbidity** (such as hemorrhage and infection) than those in all other racial/ethnic groups.<sup>27</sup>
- **Each year, ~78,100 (19.4%) of pregnant Californians experience food insecurity**, 170,800 (42.2%) participate in the WIC program, and 78,700 (18.9%) receive CalFresh (food stamps) during their pregnancy.<sup>28</sup>
- **26.9% of Latine people giving birth in California experience food insecurity** during pregnancy, compared to 9.8% of white people.<sup>29</sup>
- Food insecurity not only harms fetal brain development,<sup>30</sup> but **pregnant people experiencing food insecurity are more likely to give birth preterm** and have a **3X higher risk** of having a low-birth-weight infant.<sup>31,32,33</sup>
- 7.4% of California babies are born at a low birth weight, lower than the 8.6% rate nationwide.<sup>34</sup> However, **low birth weight disproportionately occurs in the African American community**: 12.2% of Black infants in California and 13.9% nationwide are

<sup>27</sup> <https://www.chcf.org/program/healthequity/advancing-black-health-equity/birth-equity/>

<sup>28</sup> These are combined 2019-2021 data. Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, California, 2019-2021. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, 2024.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-Snapshots-Dashboard.aspx>.

Accessed August 2, 2024.

<sup>29</sup> These are combined 2019-2021 data. Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, California, 2019-2021. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, 2024.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-Snapshots-Dashboard.aspx>.

Accessed August 2, 2024.

<sup>30</sup> Fitzgerald, E., Hor, K., & Drake, A. J. (2020). Maternal influences on fetal brain development: The role of nutrition, infection and stress, and the potential for intergenerational consequences. *Early Human Development*, 150, 105190. <https://doi.org/10.1016/j.earlhumdev.2020.105190>. Accessed July 31, 2024.

<sup>31</sup> Borders, A. E., Grobman, W. A., Amsden, L. B., & Holl, J. L. (2007). Chronic stress and low birth weight neonates in a low-income population of women. *Obstetrics and Gynecology*, 109(2 Pt 1), 331-338.

<https://doi.org/10.1097/01.AOG.0000250535.97920.b5>. Accessed August 23, 2024.

<sup>32</sup> Sandoval, V. S., Jackson, A., Saleeby, E., Smith, L., & Schickedanz, A. (2021). Associations between prenatal food insecurity and prematurity, pediatric health care utilization, and postnatal social needs. *Academic Pediatrics*, 21(3), 455-461. <https://doi.org/10.1016/j.acap.2020.11.020>. Accessed July 31, 2024.

<sup>33</sup> de Freitas Rocha, A. R., de Souza de Morais, N., Azevedo, F. M., de Castro Morais, D., & Priore, S. E. (2024). Maternal food insecurity increases the risk of low birth weight babies: Systematic review and meta-analysis. *Acta paediatrica* (Oslo, Norway : 1992), 10.1111/apa.17327. Advance online publication.

<https://doi.org/10.1111/apa.17327>. Accessed August 2, 2024.

<sup>34</sup> Low birth weight is defined as less than 5.5 pounds. These are 2017 data. California Dept. of Public Health, Birth Statistical Master Files; CDC WONDER, Natality Data (Mar. 2020). As cited on [www.kidsdata.org](http://www.kidsdata.org), a program of Population Reference Bureau.

<https://www.kidsdata.org/topic/301/low-birthweight/table>. Accessed July 15, 2024.



born with a low birth weight.<sup>35</sup>

- California has a **4.1 per 1,000 infant mortality rate**,<sup>36</sup> which is the number of infant deaths for every 1,000 live births, lower than the national rate of 5.4.<sup>37</sup> **African Americans** giving birth both in California and nationally **have the highest infant mortality rate**: 8.2 in the state<sup>38</sup> and 10.5 nationally.<sup>39</sup> Black infants in California die at a rate more than **2.5X** the rate of white infants.<sup>40</sup>
- **9.1% of California babies are born preterm**, lower than the national rate of 10.4%.<sup>41</sup> Both in California and nationally, **African American infants have the highest rate of preterm birth**: 12.4% in California<sup>42</sup> and 14.6% nationally.<sup>43</sup>

**EARLY LEARNING** - *Social support to enable the early learning development of infants and toddlers.*

- In California and nationally, demand for subsidized child care greatly exceeds supply. In the country as a whole, 88% of children ages 0-6 eligible for subsidized child care are

---

<sup>35</sup> These are 2017 data. California Dept. of Public Health, Birth Statistical Master Files; CDC WONDER, Natality Data (Mar. 2020). As cited on [www.kidsdata.org](http://www.kidsdata.org), a program of Population Reference Bureau. <https://www.kidsdata.org/topic/301/low-birthweight/table>. Accessed July 15, 2024.

<sup>36</sup> Infant mortality rate is defined as deaths before an infant's first birthday per 1,000 live births. This rate is for 2021. National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021. *2023 March of Dimes Report Card for California*.

<https://www.marchofdimes.org/peristats/reports/california/report-card>. Accessed July 16, 2024.

<sup>37</sup> Rate is for 2021. National Center for Health Statistics, 2020-2022 natality data. *2023 March of Dimes Report Card: United States*. <https://www.marchofdimes.org/report-card>. Accessed July 16, 2024.

<sup>38</sup> *2023 March of Dimes Report Card for California*.

<https://www.marchofdimes.org/peristats/reports/california/report-card>. Accessed July 16, 2024.

<sup>39</sup> National Center for Health Statistics, 2020-2022 natality data. *2023 March of Dimes Report Card: United States*. <https://www.marchofdimes.org/report-card>. Accessed July 16, 2024.

<sup>40</sup> The infant mortality rate for white infants is 3.2 per 1,000 live births. National Center for Health Statistics, Period Linked Birth/Infant Death data, 2011-2021. *2023 March of Dimes Report Card for California*. <https://www.marchofdimes.org/peristats/reports/california/report-card>. Accessed August 2, 2024.

<sup>41</sup> Preterm birth is defined as a birth at fewer than 37 weeks gestation based on the obstetric estimate of gestational age. National Center for Health Statistics, 2012-2022 natality data. *2023 March of Dimes Report Card for California*. <https://www.marchofdimes.org/peristats/reports/california/report-card>. Accessed August 2, 2024.

<sup>42</sup> National Center for Health Statistics, 2012-2022 natality data. *2023 March of Dimes Report Card for California*. <https://www.marchofdimes.org/peristats/reports/california/report-card>. Accessed August 2, 2024.

<sup>43</sup> National Center for Health Statistics, 2020-2022 natality data. *2023 March of Dimes Report Card: United States*. <https://www.marchofdimes.org/report-card>. Accessed July 16, 2024.

not receiving it.<sup>44</sup> The situation is even worse in our state: **92% of eligible California children** in this age group **are not being served**.<sup>45</sup>

- **More than 1 million (1,014,000) California children ages 0-3 (58%) are dual language learners (DLL)**, meaning they have at least one parent who speaks a language other than English at home.<sup>46</sup> California has the highest DLL rate in the nation; the U.S. rate is 33%.<sup>47</sup>
- Early childhood education (ECE) confers disproportionate benefits on DLLs, yet they enroll in ECE programs at lower rates than non-DLL young children.<sup>48</sup>

#### **HEALTH CARE** - *Affordable, reliable and high-quality health coverage and care.*

- While approximately **97.5% of children ages 0-5 in California have health insurance**,<sup>49</sup> with nearly half enrolled in Medi-Cal (California's Medicaid program),<sup>50</sup> **our state ranks 46th – among the lowest in the nation – in terms of ensuring children receive preventive health care.** In 2022, **16.7% of Californians ages 0-5 received no preventive health care visits.**

---

<sup>44</sup> First Five Years Fund. *How CCDBG Benefits Families in Your State*. May 9, 2023. <https://www.ffyf.org/resources/2023/05/how-ccdbg-benefits-families-in-your-state/>. Accessed July 16, 2024.

<sup>45</sup> First Five Years Fund. *Child Care & Development Block Grant in California*. May 2023. [https://www.ffyf.org/wp-content/uploads/2023/05/2023\\_CCDBG-Fact-Sheet\\_CA.pdf](https://www.ffyf.org/wp-content/uploads/2023/05/2023_CCDBG-Fact-Sheet_CA.pdf). Accessed July 16, 2024.

<sup>46</sup> Migration Policy Institute tabulation of data from the U.S. Census Bureau's pooled 2018-2022 American Community Survey. Migration Policy Institute. *Dual Language Learners in the U.S. and by State, 2018-2022*. <https://www.migrationpolicy.org/programs/data-hub/charts/us-state-profiles-young-dlls>. Accessed July 16, 2024.

<sup>47</sup> Migration Policy Institute tabulation of data from the U.S. Census Bureau's pooled 2018-2022 American Community Survey. Migration Policy Institute. *Dual Language Learners in the U.S. and by State, 2018-2022*. <https://www.migrationpolicy.org/programs/data-hub/charts/us-state-profiles-young-dlls>. Accessed July 16, 2024.

<sup>48</sup> Giang, I.T.N. & Park M. (2022). *California's Dual Language Learners: Key Characteristics and Considerations for Early Childhood Programs*. Washington, D.C.: Migration Policy Institute. [https://www.migrationpolicy.org/sites/default/files/publications/mpi-nciip\\_dll-fact-sheet2022\\_ca-final.pdf](https://www.migrationpolicy.org/sites/default/files/publications/mpi-nciip_dll-fact-sheet2022_ca-final.pdf). Accessed August 23, 2024.

<sup>49</sup> Estimated percentage of California children ages 0-5 with health insurance coverage in 2016-2020. Nationally, 95.7% of children in this age group had health insurance during this period. U.S. Census Bureau, American Community Survey (Aug. 2022). As cited on [www.kidsdata.org](http://www.kidsdata.org), a program of Population Reference Bureau. <https://www.kidsdata.org/topic/774/health-insurance-age-10k/Table>. Accessed July 15, 2024.

<sup>50</sup> In 2019, an estimated 42.5% of children under age 1 and 41.5% of children ages 1 to 5 were enrolled in Medi-Cal in California, which is slightly lower than the 42.6% and 44.5% of children enrolled in Medicaid, CHIP, or other means-tested public health insurance coverage in the U.S. as a whole. Population Reference Bureau, analysis of U.S. Census Bureau American Community Survey public use microdata (Oct. 2020). As cited on [www.kidsdata.org](http://www.kidsdata.org), a program of Population Reference Bureau. <https://www.kidsdata.org/topic/2000/means-tested-insurance-age/table>. Accessed July 16, 2024.



- In 2022, 40.5% of births in California were covered by Medi-Cal.<sup>51</sup>
- **1 in 10 pregnant Californians (10.6%) experience a gap in health insurance** during their pregnancy,<sup>52</sup> and **25,600 Californians (6.2%) are uninsured** during their **postpartum period**.<sup>53</sup> A recent Medi-Cal policy change hopes to close this gap: providing continuous coverage throughout pregnancy and one year postpartum.<sup>54</sup>
- **Nearly 2X as many American Indian/Alaska Native people experience postpartum depression** as whites (24.6% to 12.7%).<sup>55</sup>

---

<sup>51</sup> This is based on state- and county-level data for 2000-2022. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, Births Dashboard, Last Modified February 2024. [go.cdph.ca.gov/Births-Dashboard](https://www.cdph.ca.gov/Births-Dashboard). Accessed July 9, 2024.

<sup>52</sup> These are combined 2019-2021 data. Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, California, 2019-2021. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, 2024.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-Snapshots-Dashboard.aspx>. Accessed August 2, 2024.

<sup>53</sup> These are combined 2019-2021 data. Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, California, 2019-2021. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, 2024.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-Snapshots-Dashboard.aspx>. Accessed August 2, 2024.

<sup>54</sup> KFF. *Medicaid Postpartum Coverage Extension Tracker*. August 1, 2024.

<https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage-extension-tracker/#note-0-7>. Accessed August 2, 2024.

<sup>55</sup> These are combined 2019-2021 data. Maternal and Infant Health Assessment (MIHA) Survey Data Snapshots, California, 2019-2021. California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, 2024.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-Snapshots-Dashboard.aspx>. Accessed August 2, 2024.