



Children 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

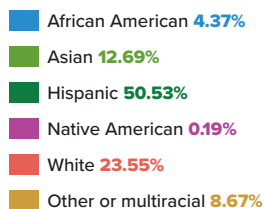
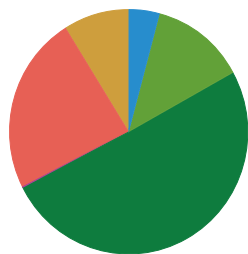
ensure a healthy and bright future for every child in California, we must first understand the youngest members of our community. This fact sheet demonstrates the tremendous diversity of California's littlest ones and provides an overview of key young child health facts to inform the work we must do together to make California the best state to have, raise and be a child.



POPULATION

Young children in California are a **large and extremely diverse** group.

- Nearly **1.7 million** children ages 0-3 live in California, which is more than the total population of 11 states and the District of Columbia. This age group constitutes **4.32%** of California's total population of 39 million.
- California children ages 0-3 have diverse racial and ethnic backgrounds, with a **majority (50.5%) identifying as Latine** and less than one quarter (23.6%) as white.



- The vast majority (**98.6%**) of California children ages 0-3 are **U.S. citizens**.
- Almost half (40%) of California children 0-3 have at least one foreign-born parent**, compared to less than one-quarter (23.9%) nationwide.
- 1 in 5** California children ages 0-3 (**22.4%**) have one or more parents with **limited English proficiency**. 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.

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. Research has also found a **correlation between perceived racism by pregnant women and the birth weight of their babies**. Once babies enter the world, they not only recognize racial differences as early as infancy, 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 the racial inequities endemic in American society.

For all these reasons, the American Academy of Pediatrics has found that racism profoundly impacts children's health. 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.



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%).**

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.



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.
- 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).
- **55,187 children** in California age 3 or younger are estimated to be experiencing **homelessness**.
- Only **1 in 6 infants and toddlers** experiencing homelessness is enrolled in an early learning and care program.
- **27.6% of California children ages 0-2 live in crowded housing**, the highest rate in the country.
- **11.5% of Californians ages 0-2 experience low or very low food security**, compared to a national average of 14.2%.



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.

- 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.
- **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.
- **26.9% of Latine people giving birth in California experience food insecurity** during pregnancy, compared to 9.8% of white people.
- Food insecurity not only harms fetal brain development, 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.
- **7.4%** of California babies are born at a low birth weight, lower than the 8.6% rate nationwide. However, **low birth weight disproportionately occurs in the African American community: 12.2%** of Black infants in California and 13.9% nationwide are born with a low birth weight.
- California has a **4.1 per 1,000 infant mortality rate**, which is the number of infant deaths for every 1,000 live births, lower than the national rate of 5.4. **African Americans** giving birth both in California and nationally **have the highest infant mortality rate: 8.2** in the state and 10.5 nationally. Black infants in California die at a rate more than **2.5X** the rate of white infants.
- **9.1% of California babies are born preterm**, lower than the national rate of 10.4%. Both in California and nationally, **African American infants have the highest rate of preterm birth: 12.4%** in California and 14.6% nationally.



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. 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.

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.



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 not receiving it. The situation is even worse in our state: **92% of eligible California children** in this age group **are not being served**.
- **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. California has the highest DLL rate in the nation; the U.S. rate is 33%.
- Early childhood education (ECE) confers disproportionate benefits on DLLs, yet they enroll in ECE programs at lower rates than non-DLL young children.



HEALTH CARE

Affordable, reliable and high-quality health coverage and care.

- In California, **40.5% of births** were covered by **Medi-Cal**.
- While approximately 97.5% of children ages 0-5 in California have health insurance, with nearly half enrolled in Medi-Cal (California’s Medicaid program), **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**.
- **1 in 10 pregnant Californians (10.6%)** experience a gap in health insurance during their pregnancy, and **25,600 Californians (6.2%) are uninsured** during their postpartum period. A recent Medi-Cal policy change hopes to close this gap: providing continuous coverage throughout pregnancy and one year postpartum.
- Nearly **2X as many American Indian/Alaska Native people experience postpartum depression** as white people (24.6% to 12.7%).



Created in partnership with the Whole Child Equity Partnership. The WCEP is a multi-racial, multi-sector coalition whose mission and collective agenda is to improve the conditions under which children are born, develop, learn, live and play; celebrate and value the strengths and attributes of their racial/cultural/linguistic identity; and support their sense of belonging.

Data note: All data is from California unless otherwise noted as national data. We collected data on this fact sheet from the Urban Institute, the U.S. Census Bureau, the National Center for Health Statistics, the California departments of Public Health and Health Care Services, and other discrete sources. Full citations and more information on protective factors can be found at: bit.ly/ACHildsACHild. © December 2024, The Children’s Partnership