A Child Is a Child

California Children's Health
2026 SNAPSHOT

Asian American Children's Health

Every child deserves the opportunity to grow up healthy, safe, and supported, regardless of race, ethnicity, immigration status, or zip code. Yet systemic racism continues to deny that opportunity to too many California children, shaping where they live, the schools they attend, the air they breathe, and their access to resources. At the same time, our communities are not defined by these challenges, but by their resilience, cultural strength, and power—assets to be honored and built upon as we work toward a California where every child can just be a child.

POPULATION

- **Over a million (12%) of California's 8.6 million children under age 18 identify as Asian American (AA).** Over half a million more identify as AA in combination with other races or ethnicities.

- AA alone: 1,055,802
- AA & white: 276,848
- AA & Latine: 175,354
- AA & at least two other races: 36,645
- AA & Black: 21,118
- AA & Native Hawaiian/Pacific Islander: 8,870
- AA & another race: 5,027
- AA & American Indian/Alaska Native: 1,388

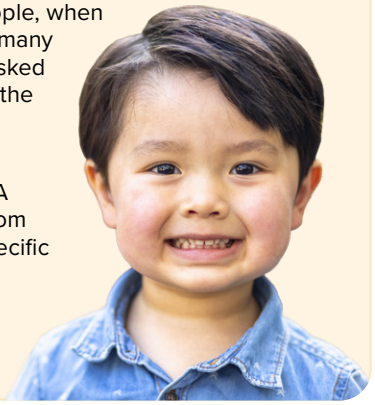
- 18% of the state's children belong to one of these groups, identifying most often with one or more of the following ethnic origins or ancestries:
  - Chinese: 274,175
  - Filipino: 245,437
  - Asian Indian: 169,850
  - Vietnamese: 116,682
  - Korean: 88,570
  - Japanese: 72,020
- **Over 4 in 5 AA children (83%) live in immigrant families.** Nearly 2 in 5 AA children (39%) are bilingual; 90% are U.S. citizens and 86% were born in the U.S.

MASKED HEALTH INEQUITIES

Data disaggregation is a core civil rights issue for Asian American (AA) communities.

Data systems frequently treat AA people as a monolith—often combined with Native Hawaiian/Pacific Islander (NHPI) communities—masking the diversity of AA subgroups, especially smaller populations, and their unique challenges. This perpetuates myths that may make it appear as though fewer health inequities exist for AA people, when the realities and needs of many smaller subgroups are masked or overlooked, whether in the AA or NHPI communities.

For these reasons, we present data specific to AA communities separately from NHPI communities and specific AA subgroups wherever disaggregated data are available.



ECONOMIC WELL-BEING

- 9% of AA children (96,222) live below the federal poverty threshold, compared with 15% of all children. Among ancestries with available data, **AA child poverty rates vary widely, from under 4% (Asian Indian) to over 20% (Hmong).**
- Among low-income AA adults (living below 200% of the poverty threshold) with children, more than 2 in 5 (41%) could not afford enough food for their family in the previous year.
- **35% of AA children live in households burdened by housing costs;** 30% live in households that do not own their home.

MENTAL HEALTH

- **22% of AA adolescents ages 12–17 needed help for emotional or mental health problems in the previous year.** Over the same period, more than half (57%) of these teens delayed or did not receive the care they needed.
- More than 1 in 5 AA 7th graders (21%) and 11th graders (28%) experienced chronic sadness or hopelessness in the previous year. More than 1 in 10 AA students in each of these grades (11%) seriously considered suicide in the previous year.

HEALTH NEEDS, COVERAGE & ACCESS

- 98% of AA children have health insurance coverage, leaving over 23,500 uninsured. Among AA children with Indonesian ancestry, the uninsured rate (4%) is roughly double the rate for AA children overall.
- **1 in 4 AA and NHPI children and youth ages 20 and under (346,852) are enrolled in Medi-Cal.**
- 14% of AA children have special health care needs, compared with 23% of all children.
- 12% of AA children do not have a usual source of health care.
- **27% of AA children did not receive a preventive care visit in the previous year,** compared with 17% of white children.
- 59% of AA children in Medi-Cal turning 15 months old received at least six well-child visits—nearly meeting the national benchmark (60%) and exceeding the rate for all children statewide (54%).
- Nearly 3 in 5 AA children (58%) do not receive care within a medical home—a model of primary care that facilitates partnerships between patients, families, providers, and community resources.

COMMUNITY & FAMILY

- AA and NHPI children enter foster care at the lowest rate among racial/ethnic groups with data: 0.4 children per 1,000, compared with 2.1 per 1,000 for all children.
- 98% of AA children have access to a broadband-connected device in their household, compared with 96% of all children.
- Among AA adults born outside the U.S. who have children, **an estimated 58,000 (6%) avoided applying for government benefits in the previous year** due to fears related to immigration or public charge.

PERINATAL HEALTH

- **12% of AA birthing people experience food insecurity during pregnancy, compared with 20% of all birthing people.**
- 8.7% of infants born to AA birthing people are delivered preterm (before 37 weeks of gestation). 8.6% are born at low birthweight (less than 5 pounds, 8 ounces).
- The infant mortality rate among infants born to AA birthing people is 2.6 deaths per 1,000 live births—lower than the rate for all infants (4.1 per 1,000).
- Pregnancy-related deaths among AA birthing people occur at a rate of 16 deaths per 100,000 live births, compared with 19 per 100,000 for white birthing people.

PROTECTIVE FACTORS

Protective factors are community-defined strengths, cultural assets, and resilience that can mitigate risks to well-being. These factors are critical in addressing health inequities, guiding interventions that meet the unique needs of AA children and families, and building solutions that center community power.

BILINGUALISM AND HERITAGE LANGUAGE

The ability to communicate fluently in more than one language, including one's heritage language, has been linked to higher cognitive functioning and stronger academic outcomes among AA children. Maintaining heritage language also deepens cultural connection and identity.

CULTURAL IDENTIFICATION

A strong sense of belonging and affiliation with one's cultural community, including spiritual, intellectual, and social traditions, has been associated with a reduction in the risk of suicide attempts among AA youth.

CULTURAL HERITAGE AND FAMILY COHESION

Maintaining AA cultural practices and values supports children's development by strengthening family cohesion and positive ethnic identity. The transfer of cultural values across generations fosters a sense of pride, serving as a protective resource for AA children's mental health and well-being.

SCHOOL SUCCESS & SAFETY

- More than 714,000 of the state's 5.8 million public school students identify as AA (Asian or Filipino)—10% as Asian (586,566) and 2% as Filipino (127,978).
- **19% of Asian students and 6% of Filipino students are English learners.** Behind Spanish, Mandarin and Vietnamese are the most common primary languages spoken by English learners.
- 41% of AA students are socioeconomically disadvantaged—meaning they qualify for free/reduced-price school meals or have no parent who graduated high school—compared with 64% of all students. 12,512 AA students were recorded as experiencing homelessness at some point in the 2024–25 school year.
- **Almost 2 in 5 AA 7th graders (38%) experienced bullying or harassment at school in the previous year.**
- 8% of AA students were chronically absent during the 2024–25 school year—missing at least 10% of school days—around half the chronic absenteeism rate for white students (15%). The suspension rate for AA students is 1.1%—the lowest among racial/ethnic groups with data.

The Children's Partnership — childrenspartnership.org
KidsData powered by PRB — kidsdata.org
ARI — asianresources.org

Data in this snapshot are state-level figures for California. **AA** generally refers to communities identifying as non-Hispanic, single-race Asian (including Filipino), **Asian** refers to AA communities excluding Filipino, and **AA and NHPI** refers to AA *and* Native Hawaiian/Pacific Islander communities. Data collection for these groups differs across data sources—consult specific sources for additional information. **Source information can be found at: bit.ly/AChildIsAChild**