A Child Is a Child

California Children's Health
2026 SNAPSHOT

Native Hawaiian & Pacific Islander 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 25,000 of California's 8.6 million children under age 18 identify as Native Hawaiian or Pacific Islander (NHPI) alone. **Over 70,000 more identify as NHPI in combination with other races or ethnicities.**

- NHPI & Latine: 29,799
- NHPI alone: 25,755
- NHPI & at least two other races: 14,780
- NHPI & white: 13,653
- NHPI & Asian American (AA): 8,870
- NHPI & Black: 3,354
- NHPI & another race: 1,118

- Over 1% 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:
  - Samoan: 11,374
  - Hawaiian: 10,695
  - Tongan: 5,632
  - Chamorro: 4,182
  - Fijian: 4,118
- 24% of NHPI children are bilingual; 96% are U.S. citizens and 95% were born in the U.S. **41% of NHPI children live in immigrant families**—for children who are NHPI alone or in combination, the share is 25%.

MASKED HEALTH INEQUITIES

Data on the well-being of Native Hawaiian and Pacific Islander (NHPI) communities often are incomplete, unreliable, and insufficiently disaggregated.

Many data systems combine NHPI with Asian American (AA) populations and/or define these groups as single-race and non-Hispanic—excluding the majority of NHPI children in California, who identify as multiracial or multiethnic. Together, these practices paint a picture of NHPI communities that is simultaneously too broad and too narrow.

Because of these limitations, **NHPI** data in this snapshot capture, unless noted otherwise, non-Hispanic communities identifying as NHPI alone.

An accurate understanding of the health, strengths, and challenges of NHPI children and families requires data that center community expertise, separate NHPI from AA communities, and capture the diversity of NHPI subgroups. For more on equitable data collection, see the NHPI Data Policy Platform from the UCLA Center for Health Policy Research's NHPI Data Policy Lab.

ECONOMIC WELL-BEING

- **17% of NHPI children (4,278) live below the federal poverty threshold,** compared with 15% of children overall and 14% of children who are NHPI alone or in combination.
- Among low-income NHPI and AA adults (living below 200% of the poverty threshold) with children, an estimated 42% could not afford enough food for their family in the previous year.
- **Almost half of NHPI children (48%) live in households burdened by housing costs;** almost two thirds (64%) live in households that do not own their home.

MENTAL HEALTH

- 23% of NHPI and AA adolescents ages 12–17 needed help for emotional or mental health problems in the previous year. Over the same period, **more than half (55%) of these teens delayed or did not receive the care they needed.**
- **More than 1 in 3 NHPI 11th graders (35%) and almost 1 in 4 NHPI 7th graders (24%) experienced chronic sadness or hopelessness in the previous year.** Around 1 in 8 NHPI students in each of these grades seriously considered suicide in the previous year: 12% of 11th graders and 14% of 7th graders.

HEALTH NEEDS, COVERAGE & ACCESS

- 98% of NHPI children have health insurance coverage.
- **1 in 4 NHPI and AA children and youth ages 20 and under (346,852) are enrolled in Medi-Cal.**
- 12% of NHPI and AA children do not have a usual source of health care.
- **38% of NHPI children in Medi-Cal turning 15 months old received at least six well-child visits**—well below both the national benchmark (60%) and rate for all children statewide (54%).
- More than 4 in 5* NHPI children (83%*) 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

- **NHPI and AA 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.
- 96% of NHPI children have access to a broadband-connected device in their household, similar to the share for all children.
- Among NHPI and AA adults born outside the U.S. who have children, an estimated 59,000 (6%) avoided applying for government benefits in the previous year due to fears related to immigration or public charge.

PERINATAL HEALTH

- **25% of NHPI birthing people experience food insecurity during pregnancy,** compared with 20% of all birthing people.
- Around 1 in 8 infants born to NHPI birthing people (12.3%) are delivered preterm (before 37 weeks of gestation). Around 1 in 12 (8.5%) are born at low birthweight (less than 5 pounds, 8 ounces).
- **The infant mortality rate among infants born to NHPI birthing people is over double the rate for all infants**—8.4 deaths per 1,000 live births vs. 4.1 per 1,000.
- Pregnancy-related deaths among NHPI and AA birthing people occur at a rate of 17 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 NHPI children and families, and building solutions that center community power.

IMMERSION IN CULTURAL VALUES, BELIEFS, AND CUSTOMS
Embracing cultural practices can protect NHPI youth against substance abuse and poor mental health, while disconnection from culture is associated with negative health outcomes, including low self-esteem and elevated rates of suicide and suicidal behaviors.

STRONG FAMILY RELATIONSHIPS
Higher levels of family cohesion are associated with lower lifetime risk of suicide attempts among NHPI youth.

SUPPORT FROM NATIVE HEALERS
Native healers have helped increase access to mental health services for Native Hawaiian youth.

PEER RELATIONSHIPS
Strong peer relationships have been shown to decrease NHPI adolescents' risk of abusing substances.

SCHOOL SUCCESS & SAFETY

- More than 23,000 of the state's 5.8 million public school students (0.4%) identify as NHPI.
- **13% of NHPI students (3,066) are English learners.** Tongan, Samoan, and Marshallese are each spoken by over 300 English learners as their primary language.
- **71% of NHPI 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. 1,685 NHPI students were recorded as experiencing homelessness at some point in the 2024–25 school year.
- **Half of NHPI 7th graders (50%) experienced bullying or harassment at school in the previous year.**
- 31% of NHPI students were chronically absent during the 2024–25 school year—missing at least 10% of school days—more than double the chronic absenteeism rate for white students (15%). The suspension rate for NHPI students is 4.3%—around 1.5 times the rate for all students (2.9%).

The Children's Partnership — childrenspartnership.org
KidsData powered by PRB — kidsdata.org
Native Hawaiian & Pacific Islander Data Policy Lab — healthpolicy.ucla.edu

Data in this snapshot are state-level figures for California. **NHPI** generally refers to communities identifying as non-Hispanic, single-race Native Hawaiian/Pacific Islander. **NHPI and AA** refers to NHPI *and* Asian American (AA) 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**

* indicates that the estimate is statistically unstable and should be treated with caution.