

A Child is a Child

SNAPSHOT: California
Children's Health



Black Children's Health

When children are healthy, they are more likely to succeed in school and in life. The Children's Partnership acknowledges the role that systemic racism and discrimination play in creating and perpetuating health inequities and works to address their underlying causes by improving the conditions in which children live, learn, grow and play.

In doing so, we work to provide young people from historically marginalized communities the resources and opportunities to reach their full potential. This infographic provides an overview of key child health facts in California (and nationally where explicitly noted) to inform the work we must do to raise healthy, thriving children.

RACISM & CHILDHOOD



Racism is scientifically proven as a core determinant of child health that has a profound impact on the well-being of Black children, their families and their communities.

Racism impacts every stage of a

child's development and continues to harm children by shaping the conditions in which they live, learn and play, manifesting itself in the form of persistent inequitable outcomes. Achieving health equity requires that we collectively dismantle the racism that exists within our systems and demand bold policy changes that put the well-being of children first. Inequities confronting Black communities noted in this fact sheet are rooted in our country's racism and its inextricable downstream effects on housing, transportation, economic opportunity, education, food, air quality, health care and beyond.



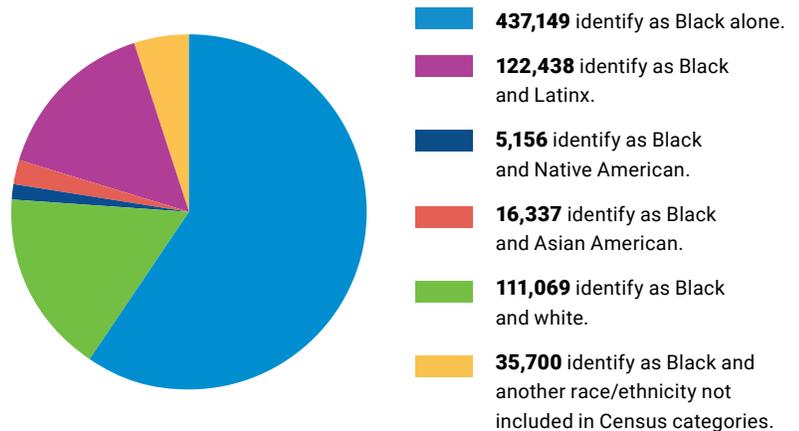
OPPORTUNITY FOR CHANGE: CALIFORNIA REPARATIONS TASK FORCE

Reparations—the act or process of [making amends for a wrong](#)—are a

fundamental component of addressing racism and its lingering effects, and pursuing equity and healing. Assembly Bill 3121, authored by Shirley Weber, established California's first-in-the-nation [Task Force to Study and Develop Reparation Proposals for African Americans](#) that is studying the institution of slavery and its lingering negative effects on society and on living African Americans, including descendants of persons enslaved in the United States; and making recommendations around remedies of compensation, rehabilitation, and restitution. The Task Force issued its [interim report](#) June 2022 and will issue a report with its final recommendations to the Legislature by July 1, 2023 following an extensive community engagement process.

POPULATION

There are at least **727,849** children and youth under 18 who identify as **BLACK**, including those who also identify with another race or ethnicity, making up about **8% of the state's 9 million children**. Of these children, at least:

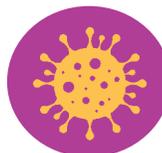


21,000 Black Children are **BILINGUAL**. About 9,000 Black children are **NON-CITIZENS**.



At least 71,000 Black children have **ONE PARENT** who was **BORN OUTSIDE OF THE US**. 16,000 live with **NON-CITIZEN PARENTS**.

COVID-19



At least **75,110** Black children and youth have been diagnosed with **COVID-19**. Black children account for **8.7% of COVID-19 DEATHS** – above their share of the population 0-17 (5.4%).



Black children and youth have the lowest COVID-19 vaccination rates across all groups. **3%** of Black children under 5, **27%** of Black children ages 5-11, and **55%** of Black youth ages 12-17 have received the **VACCINE**, compared to **7%**, **37%** and **67%** of all children and youth in these age ranges, respectively.

PROTECTIVE FACTORS



Protective factors—conditions or attributes that help mitigate or eliminate risks to health and well-being—can help prevent and address health inequities impacting Black children and their families. Black 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 Black children and families.

- [Social supports received from peers and families](#). The [California Black Women's Health Project](#) oversees a community-defined intervention called [Sisters Mentally Mobilized™](#) that decreases mental health stigma, anxiety, and isolation in Black women by combining advocate training and social support networks to build the capacity of Black women to advocate around mental health issues in their lives and communities.
- Programs that facilitate a [strong connection to Black identity and culture](#) like [emotional emancipation circles](#)—liberatory spaces for Black people designed to help heal, and end, the trauma caused by the root cause of anti-Black racism.
- [Positive opportunities that allow for Black youth to be agents of change in their own communities](#), including [utilizing youth peer leaders](#) to provide culturally responsive and gender-affirming peer support, advocacy, mental health education and wellness promotion. [The California Black Health Network](#) coordinates a Behavioral Health Peer Network for behavioral health students and professionals to network with peers and determine best practices to ensure all Black Californians have access to behavioral healthcare.

[The California Black Health Network](#) and [California Black Women's Health Project](#) are co-sponsors of the [California Health Equity and Racial Justice Fund \(HE&RJF\)](#), a proposal to increase community power by providing resources to community-based organizations (CBOs), including clinics, and tribal organizations to identify and design community solutions to address the most pressing health and racial justice issues in their communities.

MENTAL HEALTH



Nearly **1 in 2 (44% or ~39,000)** Black teen girls say they need help for **EMOTIONAL/MENTAL HEALTH PROBLEMS** like feeling **SAD, ANXIOUS OR NERVOUS**. Yet, **70%** of Black teen girls **DID NOT RECEIVE COUNSELING**.



Over **1 in 3 (38% or 54,000)** Black teens say they need help for **EMOTIONAL/MENTAL HEALTH PROBLEMS** like feeling **SAD, ANXIOUS OR NERVOUS**. **71%** or 101,000 Black teens **DID NOT RECEIVE COUNSELING**.



Only **16%** of Black children and youth in Medi-Cal have been screened for depression and provided with a follow-up plan if needed.

In California, the suicide rate among Black youth has doubled between 2014 and 2020 and is now **TWICE** the statewide average, exceeding all other groups.

In 2020, Black children and youth made up **12%** of suicide deaths - the highest of any racial and ethnic group. Nearly **1 in 4 (22%)** of Black 7th graders has considered suicide - double the rate of white students (**10%**) and the **HIGHEST** of any group in that grade.



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 988, 24 hours a day, 7 days a week.

DISCRIMINATION



Nearly 1 in 5 (18%) Black children and youth have experienced **BEING TREATED OR JUDGED UNFAIRLY** because of their race – the highest of any racial or ethnic group.

HEALTH COVERAGE AND ACCESS



COVERAGE

About 97% of Black children have **HEALTH INSURANCE**, leaving about **13,000** who remain **UNINSURED**.



41% of Black children (184,000) 0-18 are **COVERED** by **Medi-Cal**.



23% of Black children (**88,364**) have special health care needs.

ACCESS

On average, **MORE THAN HALF (60%)** of Black children under 18 in Medi-Cal **DO NOT RECEIVE** the **PREVENTIVE CARE** they are entitled to, with the greatest disparities experienced during their youngest years: **74%** of Black **1-year olds** and **81%** of Black **2-year olds** enrolled in Medi-Cal **DO NOT RECEIVE PREVENTIVE CARE**.

Only **26%** of Black children in Medi-Cal **RECEIVED** six or more **WELL CHILD VISITS** in the first 15 months of life, below the statewide average and national benchmark (38% and 55%, respectively).

Only **41%** of Black children have **RECEIVED** a **LEAD SCREENING** by their second birthday, significantly below the statewide average and national benchmark (58% and 72%, respectively).

COMMUNITY AND FAMILY WELL-BEING



Black children and teens are **4x** more likely to be removed from their homes and placed into **FOSTER CARE** compared to all children and teens.

1 in 3 (34%) Black children have experienced **TWO OR MORE ADVERSE CHILDHOOD EXPERIENCES** compared to 15% of all children.

Black children are more than **2x MORE LIKELY** to have been a **VICTIM** or **WITNESS** of **NEIGHBORHOOD VIOLENCE** compared to all children (**10% vs. 4%**).

Nationally, Black children and youth suffer a lifetime risk of being **KILLED BY POLICE** that is 250% higher than white children and youth.

SCHOOL SUCCESS

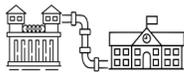


There are at least **300,504** Black students in California's public schools, making up **5%** of the student population.

13,381 Black children and youth enrolled in CA public schools are experiencing



HOMELESSNESS, making up 7% of all children and youth who are experiencing homelessness, higher than their share of the student population (5%).



Black students are almost 3 times more likely to be referred to the police than white students.



Nearly 1 in 4 (23%) Black children **MISSED MORE** than **10%** of the **SCHOOL YEAR** compared to 1 in 10 white children.

ENVIRONMENTAL POLLUTION



8% of children living in census tracts with the highest **ENVIRONMENTAL POLLUTION** burdens are Black, despite making up **5%** of the state's child population.



Nearly **1 in 3 (28%)** of Black children visit the emergency room for asthma compared to just over **1 in 10 (13%)** of all children. Nationally, Black children are **8x** more likely to die from asthma-related causes than white children.

MATERNAL AND INFANT HEALTH



The **INFANT MORTALITY** rate is twice as high in Black families compared to all families: there are 8.3 deaths per 1,000 births among Black infants compared to 4.2 deaths per 1,000 births among all infants.



Black women are **6x** more likely to die of **pregnancy-related causes** compared to white women.

DIGITAL EQUITY



About **1 in 10 (~49,100)** Black children live in a household without a **BROADBAND CONNECTED DEVICE** compared to **1 in 14** of all children.

Black children in Medi-Cal have the lowest numbers of **TELEHEALTH** visits of all racial and ethnic groups.

FOOD ACCESS



Black children are **nearly 2x more likely** to be experiencing **FOOD INSECURITY** compared to all children. **9% or 33,633** Black families sometimes or often could not afford the food they needed compared to 5% of all families.

ECONOMIC WELL-BEING



Over **1 in 4 (27%)** Black children 0-18 experience **POVERTY**, over the state average (16%).



Nearly **1 in 5 (19%)** Black families report that it is **SOMEWHAT OR OFTEN** difficult to **COVER**

THE BASICS like food or housing on their family's income compared to 11% of all families.



Over **1 in 2 (56%)** Black children live in households that are burdened by **HOUSING** and **UTILITY COSTS**.



34% of Black children live in households that own their home, the lowest of any racial and ethnic group and below the statewide average of all children (**52%**) and white children (**66%**).

ORAL HEALTH



Black children enrolled in **MEDI-CAL** have the lowest rate of **DENTAL VISITS** of all racial and ethnic groups.



Black children experience the highest rates of **UNTREATED TOOTH DECAY** at **26%**, almost twice the rate of white children. **11% or 54,000** Black children **NEEDED DENTAL CARE** including check-ups, but **DIDN'T RECEIVE IT**.



Despite facing the greatest inequities, Black children also have the **lowest rates** of **accessing dental sealants** – a protective coating that helps keep cavities from forming in the first place.



CALIFORNIA
BLACK HEALTH NETWORK

► CABlackHealthNetwork.org



► CABWHP.org

A PROJECT OF
The Children's Partnership

► AllinForHealth.org
► ChildrensPartnership.org

The Children's Partnership collected data on this fact sheet from the American Community Survey 2020 5-year estimates and 2021 1-year estimates, the 2020-21 National Survey of Children's Health, the 2021 California Health Interview Survey, the 2017-2019 California Healthy Kids Survey, the California Department of Education, the California Department of Public Health, the California Department of Health Care Services and other discrete sources. Full citations can be found at: bit.ly/ACHildsAChild.

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