A Child is a Child

SNAPSHOT: California Children’s Health

Children in Immigrant Families

When children are healthy, they are more likely to succeed in school and in life. The Children’s Partnership (TCP) acknowledges the role that systemic racism and discrimination have 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 to inform the work we must do to raise healthy, thriving children. All data is specific to children in California unless explicitly noted as national data.

DEFINITIONS

- **Children in immigrant families** are all children, regardless of their own citizenship or place of birth, who have at least one parent who was born outside of the United States (U.S.).

- **Mixed-status families** are families whose members have different citizenship or immigration status. For example, a child who is a U.S. citizen but whose parents are undocumented is considered part of a mixed-status family.

- **Non-citizen** means people who were born outside of the U.S. and who are not citizens.

- **Foreign-born or immigrant** refers to anyone born outside of the U.S.

- **Undocumented immigrants** are foreign-born people who are living in the U.S. without legal documentation.

- **DACA recipients** are people who came to the U.S. as children, meet certain program requirements, and have been granted administrative protection from deportation, a social security number and a work permit for a period of two years.

POPULATION

4,082,000 or nearly half (46%) of California’s 9 million children are part of immigrant families. **1 in 5 (20%) CA children live in mixed-status families and almost all are citizens (93%).**

Children in immigrant families come from diverse backgrounds and identify with various races and ethnicities:

- 61% identify as Latinx
- 22% identify as Asian American
- 11% identify as white
- 5% identify as multi-racial
- 2% identify as Black

Nearly 1 in 3 (28%) children in immigrant families are 5 or under. **Immigrants are 40% of all parents of children ages 0 to 4 and 45% of all parents of children ages 5 to 10.**

1,073,993 children in CA, nearly 1 in 10, have an undocumented parent.

The parents of children of immigrants bring a wealth of cultural and linguistic diversity to our state:

- 50% are from Mexico
- 15% are from East Asia or the Pacific
- 9% are from Central America or the Caribbean
- 9% are from the Middle East or South Asia
- 7% are from Europe, Canada, Australia or New Zealand
- 6% are from Southeast Asia
- 3% are from Africa or West Indies
- 3% are from South America

392,000 children in CA were born outside of the U.S. and 290,000 are non-citizens.

Our state is also home to 174,680 **DACA recipients**. Across the nation, **1 in 4 DACA recipients** are parents to nearly 256,000 U.S. citizen children, and nearly every DACA recipient is part of a mixed–status family.
FOOD ACCESS

Immigrants feed CA and the nation, making up 63% of workers in our state’s agricultural industries. Yet, children of immigrants struggle to access the food they need to develop and grow.

Nearly 2 in 3 (66,000 or 64%) undocumented children in our state face limited access to the food necessary for a healthy life.

Compounding the insecurity, these children are also excluded from accessing programs meant to help children and families access the food they need, including the CA Food Assistance Program (CFAP) and Cal-Fresh (SNAP). Food insecurity among children in immigrant families has been worsened by anti-immigrant policies, including the public charge rule. Even though the 2019 public charge rule was reversed in March 2021, 3 out of 4 immigrant families were unaware that the harmful public charge rule had been reversed when surveyed in September 2021.

1 in 3 (34%) families with children in our state reported avoiding public benefits programs due to immigration concerns. Between 2016 and 2019 – a period of heightened anti-immigrant policies – 276,000 U.S citizen children with non-citizen parents in our state lost access to critical food benefits.

DIGITAL EQUITY

Approximately 20% and 36% of children in immigrant families with low-incomes do not have access to the internet or to a computer/laptop, respectively, compared to 12% and 28% of children whose parents were born in the U.S.

HEALTH COVERAGE AND ACCESS

Nationally, children in immigrant families are twice as likely to lack health coverage compared to children whose parents were born in the U.S. Across the U.S., nearly 1 in 3 (28%) undocumented children lack coverage – double the national average (14%).

In CA, 53% of non-citizen children (~138,000) have Medi-Cal health coverage and 40% have employment-based coverage compared to 35% and 58% of all children, respectively.

In 2016, when CA enacted SB 75 and expanded Medi-Cal to include all children regardless of immigration status, 121,522 children enrolled in the first year. Enrollment has stagnated, despite the fact that 250,000 children had been estimated to enroll. Currently, 2% (128,360) of Medi-Cal’s 5 million children are enrolled through SB 75.

A medical home is primary care for children that is child and family-centered, team-based, coordinated, accessible, responsive and high-quality. Only 28% of foreign-born children with special health care needs (CSHCNs) and 37% of CSHCNs with a foreign-born parent have a medical home, compared to 49% among CSHCNs with U.S.-born parents.

Care coordination is a patient-centered approach that connects children & families to services and resources that meet their needs. Only 37% of foreign-born CSHCNs have care coordination compared to 56% of CSHCNs with U.S.-born parents.

ORAL HEALTH

Nearly 1 in 5 or 18% of children in immigrant families have experienced oral health problems such as toothaches, bleeding gums or decayed teeth.

PROTECTIVE FACTORS

Protective factors – conditions or attributes that help mitigate or eliminate risks to health – can help support the lifelong success of children by guiding the development of community-centered interventions that address the unique needs of children from different backgrounds. Unique factors that support the health and development of children in immigrant families include:

Multilingualism: Children who develop their native language and speak multiple languages have enhanced attention, working memory, planning, problem-solving and emotional regulation. Speaking and having access to curriculum in multiple languages can help prevent and close learning gaps for children in immigrant families.

Family cohesion: The emotional bonding that family members have toward one another protects against external stressors, including bullying, experienced by children in immigrant families, particularly those from Latinx communities.

Connection to heritage/culture: The transfer of cultural values from parents to their children has been shown to support children in immigrant families. For example, a strong sense of family obligation is common within immigrant families. This cultural value facilitates stronger family cohesion and youth ethnic identity.

DIGITAL EQUITY

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ORAL HEALTH

Nearly 1 in 5 or 18% of children in immigrant families have experienced oral health problems such as toothaches, bleeding gums or decayed teeth.
Children whose parents have been detained or deported are at an increased risk of experiencing depression, anxiety, suicide and severe psychological trauma. For families and communities, living in constant fear of separation often leads to mental health conditions, including separation anxiety, insomnia and post-traumatic stress disorder.

In CA, 13% of non-citizen children said they needed help for emotional or mental health issues. Yet, 91% never received any psychological or emotional counseling.

Nearly 3 in 5 (57%) children in immigrant families are bilingual compared to just 12% of children with only U.S.-born parents. Over 60% of children from birth to age 5 are dual language learners.

Children in CA’s public schools speak 88 languages, with the top ten spoken being Spanish (82%), Vietnamese (2.1%), Mandarin (Putonghua) (1.8%), Arabic (1.5%), Cantonese (1.2%), Filipino (Tagalog) (1.02%), Punjabi (.81%), Russian (.78%), Farsi (Persian) (.74%) and Korean (.7%).

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