

National Survey of Children's Health

Rural Children's Health and Well-Being, 2025

Data Brief | October 2026

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In collaboration with the Federal Office of Rural Health Policy (FORHP)

KEY FINDINGS

Compared with children living in non-rural areas, children living in rural areas:

- Were more likely to face greater material hardship but also more likely to have positive experiences with their family and community.
- Had lower rates of health insurance coverage, preventive care visits, and telehealth use.
- Were more likely to have a mental health condition, have obesity, and consume more sugary drinks but also more likely to get physical activity every day.

FORHP RURAL DEFINITION

- Non-metropolitan counties
- Certain outlying metropolitan counties that do not include an urban area with 50,000 or more people
- Selected census tracts within metropolitan counties that meet criteria based on RUCA codes, population density, land area, and geographic isolation

ABOUT THE NSCH

The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) funds and directs the **National Survey of Children's Health (NSCH)**, which the U.S. Census Bureau conducts.

The NSCH is the largest national- and state-level survey on the health and health care needs of children ages 0 – 17, their families, and their communities.

It is conducted annually and completed by a parent or guardian, either by web or paper and pencil.

2025 DATA RELEASE

Access the most recent **data and supporting materials**.

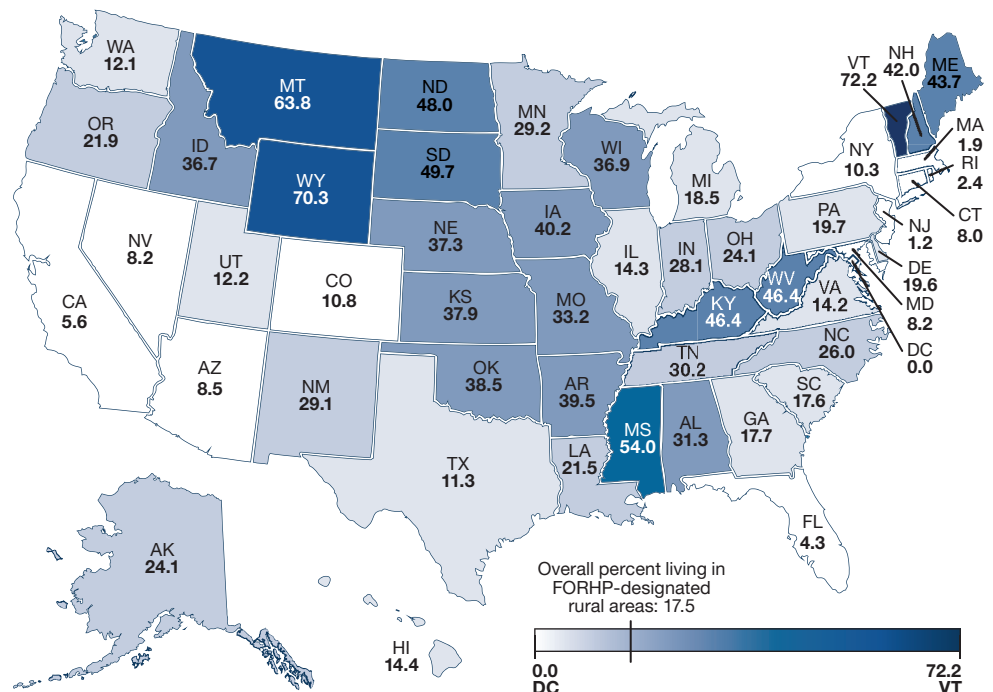
Where a child grows up can affect their health and well-being. Children living in rural areas may **face unique challenges**, including limited access to health care providers and services, geographic barriers that make travel difficult, and higher rates of poverty and economic hardship. Commonly used rural classifications based on county-level designations, however, may **miss rural communities** located within metropolitan counties.

This brief uses the **Federal Office of Rural Health Policy (FORHP) definition** of rural areas and data from the 2025 National Survey of Children's Health (NSCH). The FORHP definition goes beyond county-level classifications by identifying eligible rural census tracts within metropolitan counties. Using this definition, the brief compares the health and well-being of children living in rural and non-rural areas.

Where Do Rural Children Reside?

- In 2025, about 12.5 million U.S. children (17.5%) lived in FORHP-designated rural areas. The percentage of children living in rural areas varied widely by state, ranging from 0% in the District of Columbia to 72.2% in Vermont.
- Rural children made up a relatively high share of the child population across parts of the Mountain West, the Great Plains, the South, Appalachia, and northern New England. More than half of children in Vermont (72.2%), Wyoming (70.3%), Montana (63.8%), and Mississippi (54.0%) lived in FORHP-designated rural areas.
- The largest number of children living in rural areas were in Texas (about 864,000), Ohio (about 617,500), North Carolina (about 609,500), and Pennsylvania (about 516,800). Together, these four states were home to about 1 in 5 children living in rural areas.

Percent of Children Living in FORHP-designated Rural Areas by State, 2025

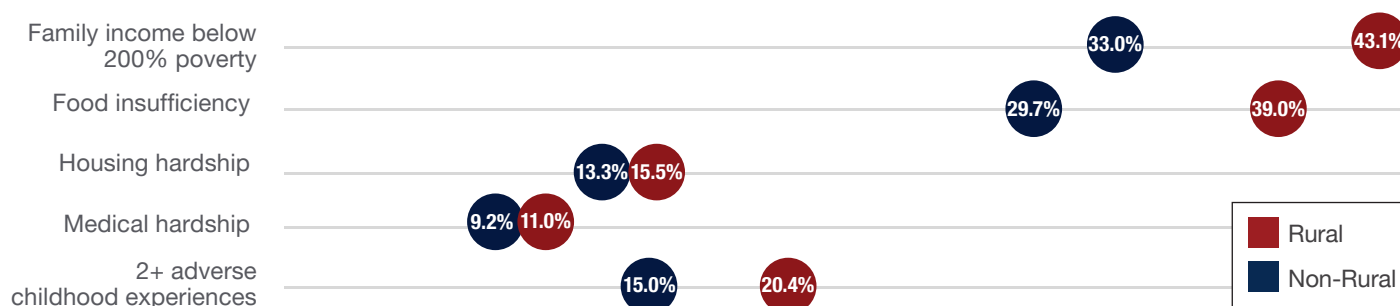


Material Hardship and Adversity

Compared to non-rural children, rural children were more likely to experience material hardship and other challenges.

- **Low family income:** Rural children were more likely than non-rural children to live in families with incomes below 200% of the federal poverty threshold (43.1% versus 33.0%). In 2024, the poverty threshold for a family of four with two children was \$31,812.
- **Food insufficiency:** Rural children were more likely than non-rural children to live in households experiencing food insufficiency, defined as households that were not always able to afford nutritious foods during the past year (39.0% versus 29.7%).
- **Housing and medical hardship:** Rural children were more likely than non-rural children to live in families that had trouble paying rent or a mortgage on time during the past year (15.5% versus 13.3%). They were also more likely to live in families that had problems paying medical bills in the past year (11.0% versus 9.2%).
- **Adverse childhood experiences:** About 1 in 5 rural children (20.4%) experienced two or more adverse childhood experiences during their lifetime, compared with 15.0% of non-rural children. These experiences included events such as parental divorce or separation, difficulty covering the basics such as food or housing, and living with someone who had a substance use problem (see [Data Notes](#) for complete list).

Material Hardship and Adverse Experiences Among Children by FORHP Rural Status, 2025

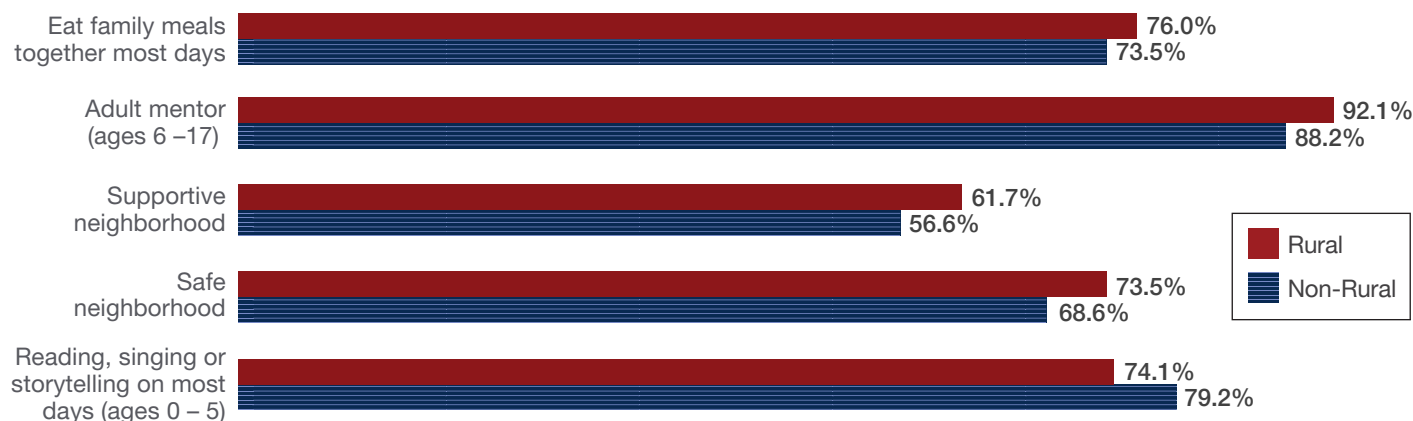


Positive Childhood Experiences

Despite facing more material hardship and adversity, rural children were more likely than non-rural children to have positive experiences with their families and communities. One exception was reading, singing, or storytelling for preschool children.

- **Family meals:** Rural children were more likely than non-rural children to eat family meals together on most days in the past week (76.0% versus 73.5%).
- **Adult mentor:** Rural children ages 6 – 17 were more likely than non-rural children of the same age to have an adult mentor in their school, neighborhood, or community (92.1% versus 88.2%).
- **Supportive and safe neighborhoods:** Rural children were more likely than non-rural children to live in neighborhoods their caregivers described as supportive (61.7% versus 56.6%) and safe (73.5% versus 68.6%) (see [Data Notes](#) for detailed definitions).
- **Reading, singing, or storytelling:** Rural children ages 0 – 5 were less likely than non-rural children of the same age to have a caregiver read, sing, or tell stories to them on most days in the past week (74.1% versus 79.2%).

Positive Childhood Experiences Among Children by FORHP Rural Status, 2025

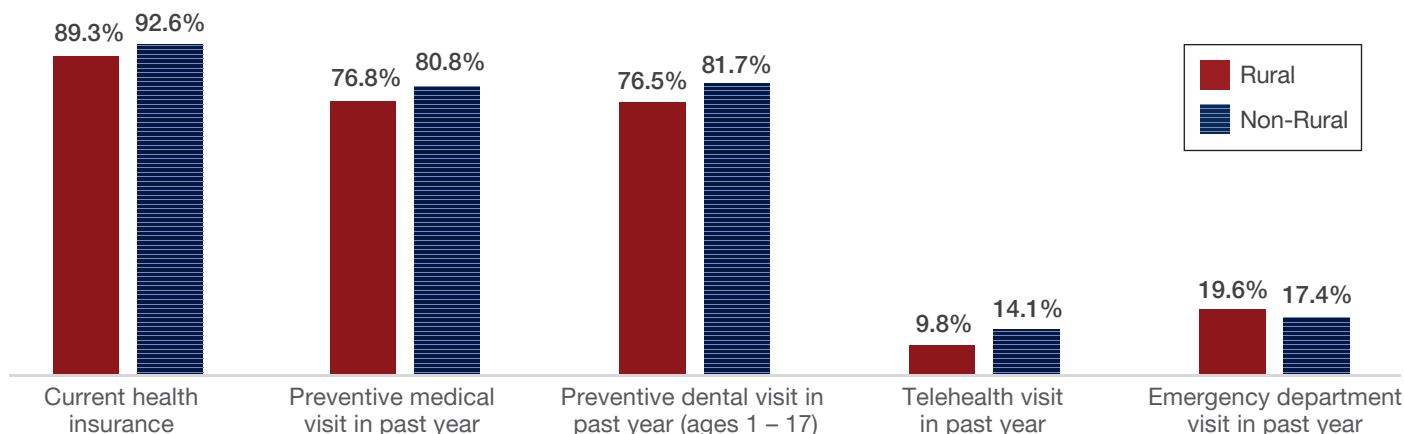


Health Care Access and Use

Rural children were less likely than non-rural children to have health insurance, preventive health visits, and a telehealth visit in the past year. They were also more likely to have visited an emergency department.

- **Health insurance:** Rural children were less likely than non-rural children to have current health insurance coverage (89.3% versus 92.6%).
- **Preventive health care:** Rural children were less likely to have a preventive medical visit (76.8% versus 80.8%) or a preventive dental visit (76.5% versus 81.7%) during the past year.
- **Telehealth:** Rural children were less likely than non-rural children to have a telehealth visit by video or phone during the past year (9.8% versus 14.1%).
- **Emergency department visits:** Rural children were more likely to visit an emergency department during the past year (19.6% versus 17.4%).

Health Care Access and Quality Among Children by FORHP Rural Status, 2025

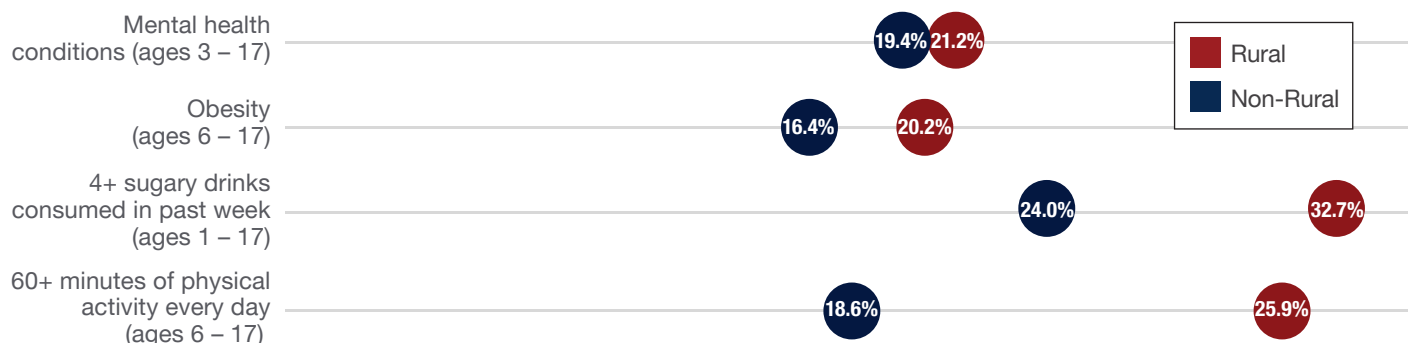


Health Conditions and Behaviors

Rural children were more likely than non-rural children to have a mental health condition, have obesity, and consume more sugary drinks. They were also more likely to meet the recommendation of at least 60 minutes of daily physical activity.

- **Mental health condition:** Rural children ages 3 – 17 were more likely than non-rural children of the same age to have a currently diagnosed mental health condition, including anxiety, depression, attention-deficit/hyperactivity disorder, or a behavioral or conduct problem (21.2% versus 19.4%).
- **Obesity:** About 1 in 5 rural children ages 6 – 17 had obesity, compared with about 1 in 6 non-rural children of the same age (20.2% versus 16.4%). A child is considered to have obesity if their body mass index is at or above the 95th percentile for their age and sex on standard growth charts.
- **Sugary drinks:** Rural children ages 1 – 17 were more likely than non-rural children of the same age to have 4 or more sugary drinks during the past week (32.7% versus 24.0%).
- **Physical activity:** About 1 in 4 rural children ages 6 – 17 engaged in at least 60 minutes of physical activity every day during the past week, compared with less than 1 in 5 non-rural children of the same age (25.9% versus 18.6%).

Health Conditions and Behaviors Among Children by FORHP Rural Status, 2025



DATA NOTES

In 2025, parents and caregivers completed 45,139 questionnaires for children ages 0 – 17. Of these, 11,720 children were identified as residing in rural areas according to the FORHP rural definition using restricted-access census tract identifiers (385 cases could not be assigned). The Census Bureau has reviewed estimates to ensure appropriate access, use, and disclosure avoidance protection of the confidential source data used in this brief (Disclosure Review Board approval numbers CBDRB-FY26-SEHSD003-106, CBDRB-FY26-0345, and CBDRB-FY26-SEHSD003-118). All estimates are weighted to represent children living in U.S. households and account for the complex survey design of the NSCH. All estimates meet established reliability standards with 95% confidence interval widths ≤ 20 percentage points and ≤ 1.2 times the estimate. Unless otherwise noted, only rural–non-rural differences that are statistically significant ($p < 0.05$) based on two-sided tests are described in the text.

Adverse childhood experiences included the following 10 experiences: somewhat or very hard to cover basics like food and housing on family’s income since the child was born; parent or guardian divorced or separated; parent or guardian died; parent or guardian served time in jail or prison; saw or heard parents or adults slap, hit, kick, or punch one another in the home; witnessed or was a victim of neighborhood violence; lived with anyone who was mentally ill, suicidal, or severely depressed; lived with anyone who had a problem with alcohol or drugs; treated or judged unfairly because of their race or ethnic group; and treated or judged unfairly because of a health condition or disability.

Having a supportive neighborhood was defined as a parent or caregiver responding that they “definitely agree” with one of the following three statements and “definitely agree” or “somewhat agree” with the other statements: “people in this neighborhood help each other out”; “we watch out for each other’s children in this neighborhood”; and “when we encounter difficulties, we know where to go for help in our community.” A safe neighborhood was defined as a parent or caregiver responding that they “definitely agree” with the statement “this child is safe in our neighborhood.”

For additional information on the design, operation, and analysis of the NSCH, please see the available [**Technical Documentation**](#).