HRSA Maternal & Child Health

National Survey of Children's Health

American Indian/Alaska Native Children's Health, 2022 – 2024

Data Brief | September 2026

Developed in collaboration with the Indian Health Service, Inter-tribal Council of Arizona Tribal Epidemiology Center, Northwest Tribal Epidemiology Center, Rocky Mountain Tribal Leaders Council – Tribal Epidemiology Center, and Urban Indian Health Institute

KEY FINDINGS

AI/AN children have similar family and community strengths as non-AI/AN children, such as regular family meals and trusted adult mentors. However, differences appear in school and neighborhood settings. AI/AN children are more likely to face hardships and adverse childhood experiences. They are more likely to have certain physical and mental health conditions and face barriers to accessing health care compared with non-AI/AN children.

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.

STATE OVERSAMPLES

Oversampling increases the number of households sampled and surveys completed to enable detailed analysis of specific populations, such as regions within a state or children with special health care needs. In 2022 – 2024, 17 states and 1 metropolitan area sponsored oversamples, with Minnesota, New Mexico, and Oregon specifically oversampling in areas with more AI/AN children.

MORE INFORMATION

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

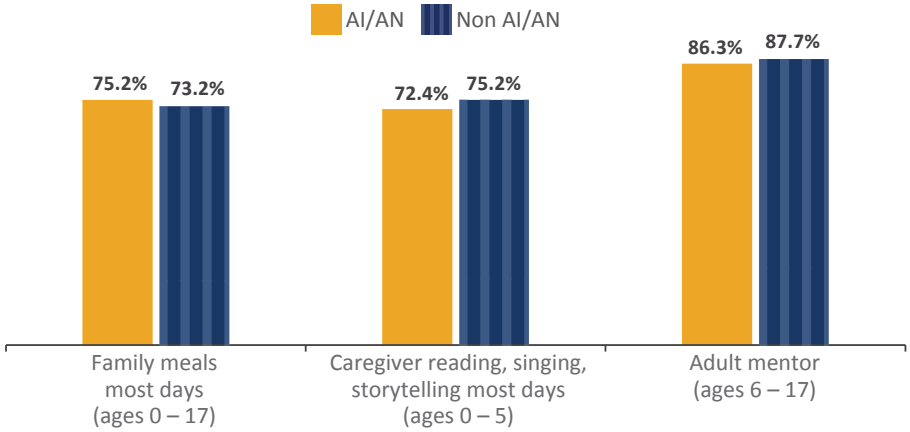
American Indian and Alaska Native (AI/AN) communities have long-standing **cultural traditions and community strengths** that play a meaningful role in supporting children's health and well-being. AI/AN children are often viewed as cherished gifts and valued contributors to intergenerational knowledge and wisdom. At the same time, AI/AN communities face challenges linked to **historical and intergenerational trauma**, higher poverty rates, and barriers to health care access. These challenges contribute to **higher rates of disease** and shorter life expectancy compared with other populations, with many health conditions beginning in childhood.

This data brief presents findings from the 2022 – 2024 National Survey of Children's Health (NSCH) to highlight strengths and challenges related to health and well-being of AI/AN children compared with non-AI/AN children. The data included 4,489 children identified by a parent or caregiver as AI/AN alone or in combination with another race or ethnicity. These children represent about 3.0% of U.S. children ages 0 – 17, or an estimated 2.2 million children nationwide.

Positive Childhood Experiences

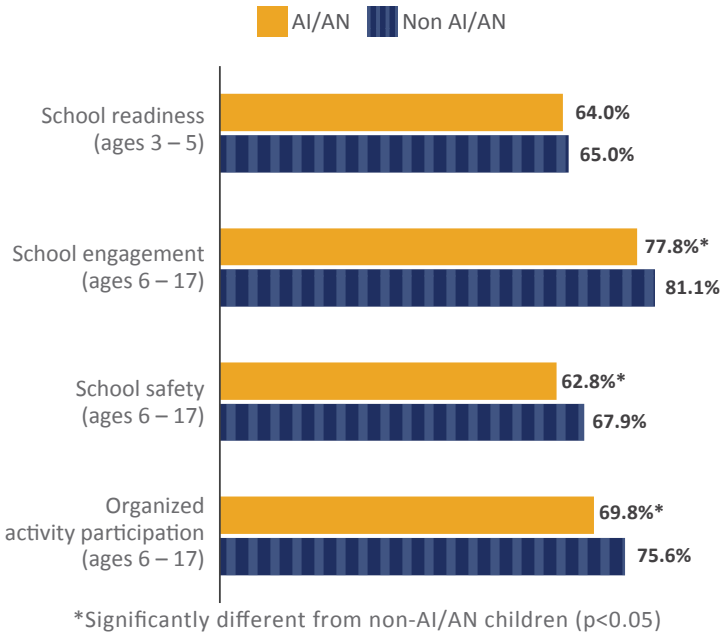
Positive childhood experiences help children build strong connections with their families, schools, and communities. These experiences support healthy physical, cognitive, social, and emotional development. Research shows that these protective factors can also help to **buffer the harmful effects** of adverse childhood experiences. In 2022 – 2024, AI/AN children had similar rates of several protective factors as non-AI/AN children. These included having family meals together most days, a caregiver who read, sang, or told stories with them, and access to trusted adult mentors. However, differences emerged in school and neighborhood environments. AI/AN children were less likely than non-AI/AN children to live in supportive neighborhoods and attend schools that parents or caregivers considered safe.

Family and Community Protective Factors by American Indian/Alaska Native Status, 2022 – 2024



- **Family meals:** About 3 in 4 AI/AN children had family meals together on most days in the past week, similar to non-AI/AN children (75.2% vs. 73.2%).
- **Reading/singing/storytelling:** About 3 in 4 AI/AN children ages 0 – 5 had a parent or caregiver who read, sang, or told stories to them most days of the past week, similar to non-AI/AN children (72.4% vs. 75.2%).
- **Adult mentor:** Nearly 9 in 10 AI/AN children ages 6 – 17 had a trusted adult outside the home whom they could rely on for advice or guidance, similar to non-AI/AN children (86.3% vs. 87.7%).

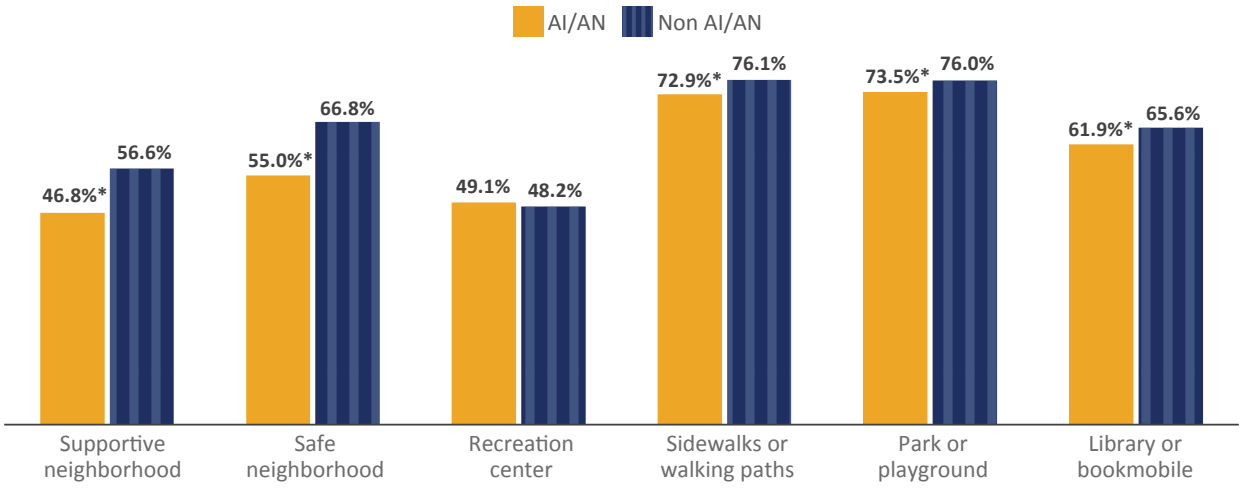
Learning Experiences by American Indian/ Alaska Native Status, 2022 – 2024



*Significantly different from non-AI/AN children (p<0.05)

- **School readiness:** AI/AN and non-AI/AN children ages 3 – 5 had similar levels of school readiness in early childhood, suggesting comparable developmental foundations for learning. Nearly two-thirds were considered "**healthy and ready to learn**"—defined according to age-specific developmental expectations in early learning skills, social-emotional development, self-regulation, health, and motor development.
- **School engagement:** Differences emerged among older children ages 6 – 17. AI/AN children were less likely than non-AI/AN children to be engaged in school—defined as "usually or always" caring about doing well in school and completing their required homework (77.8% vs. 81.1%).
- **School safety:** AI/AN children were less likely than non-AI/AN children to have a parent or caregiver who "definitely agreed" that their child was safe at school (62.8% vs. 67.9%).
- **Organized activity participation:** AI/AN children were less likely than non-AI/AN children to participate in sports, clubs, or other activities outside of school, such as music, dance, art, or language programs, in the past year (69.8% vs. 75.6%).

Neighborhood Characteristics by American Indian/Alaska Native Status, 2022 – 2024



*Significantly different from non-AI/AN children (p<0.05)

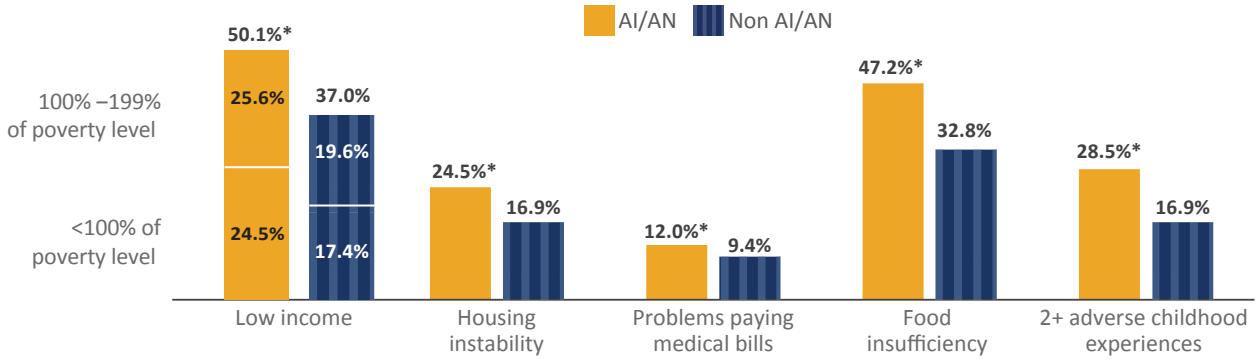
- **Neighborhood support:** AI/AN children were less likely than non-AI/AN children to live in neighborhoods that parents and caregivers viewed as supportive. These neighborhoods are places where residents help one another, watch out for each other's children, and know where to turn for help when challenges arise (46.8% vs. 56.6%). See **Data Notes** for a detailed definition.
- **Neighborhood safety:** AI/AN children were also less likely than non-AI/AN children to live in safe neighborhoods—defined as having a parent or caregiver who "definitely agreed" that their child was safe in their neighborhood (55.0% vs. 66.8%).
- **Neighborhood amenities:** About half of AI/AN children had access to a recreation center, community center, or boys' or girls' club in their neighborhood, similar to non-AI/AN children (49.1% vs. 48.2%). However, AI/AN children were less likely to have access to sidewalks or walking paths (72.9% vs. 76.1%), a park or playground (73.5% vs. 76.0%), or a library or bookmobile (61.9% vs. 65.6%) in their neighborhood.

Hardship and Adverse Childhood Experiences

Although most AI/AN children experience important protective factors through their families, schools, and communities, they are more likely than non-AI/AN children to face economic and social challenges. These challenges include several forms of hardship and **adverse childhood experiences** that are linked to poor health outcomes.

- **Low income:** AI/AN children were more likely than non-AI/AN children to live in families with low incomes. About 1 in 4 AI/AN children lived below the poverty threshold (24.5% versus 17.4%), and about half lived in families with incomes below 200% of the poverty threshold (50.1% versus 37.0%). In 2023, the **poverty threshold** for a family of four with two children was $30,900.
- **Housing instability:** AI/AN children were more likely than non-AI/AN children to experience housing instability (24.5% versus 16.9%)—defined as ever experiencing homelessness, a parent or caregiver being unable to pay the rent or mortgage on time during the past year, or moving two or more times in the past year.
- **Problems paying medical bills:** AI/AN children were more likely than non-AI/AN children to live in families that had trouble paying their child's medical bills during the past year (12.0% versus 9.4%).
- **Food insufficiency:** Nearly half of AI/AN children experienced household food insufficiency in the past year—defined as not always being able to afford to eat good, nutritious foods—compared with a third of non-AI/AN children (47.2% versus 32.8%).
- **Adverse childhood experiences:** More than 1 in 4 AI/AN children had two or more adverse childhood experiences compared with about 1 in 6 non-AI/AN children (28.5% versus 16.9%). These experiences included events such as parental divorce or separation, living with anyone with a substance use problem, or witnessing violence at home or in their neighborhood. See **Data Notes** for a complete list.

Hardship and Adverse Childhood Experiences by American Indian/Alaska Native Status, 2022 – 2024



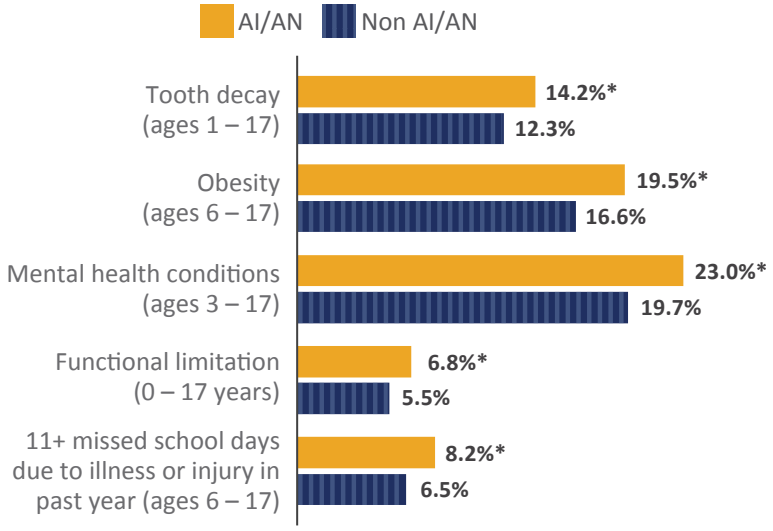
*Significantly different from non-AI/AN children (p<0.05)

Health Conditions and Impacts

While most AI/AN children were healthy, they were more likely than non-AI/AN children to experience several physical and mental health conditions, as well as negative impacts on daily activities and school attendance.

- **Physical and mental health conditions:** AI/AN children were more likely than non-AI/AN children to have tooth decay or cavities (14.2% versus 12.3%), obesity (19.5% versus 16.6%), or a mental health condition, including anxiety, depression, attention-deficit/hyperactivity disorder, or behavioral or conduct problems (23.0% versus 19.7%).
- **Impacts:** AI/AN children were more likely than non-AI/AN children to have a condition that caused a functional limitation that affected their ability to do activities typical for children their age and that was expected to last 12 months or longer (6.8% versus 5.5%). They were also more likely to miss 11 or more days of school because of illness or injury during the past year (8.2% versus 6.5%).

Health Conditions and Impacts by American Indian/Alaska Native Status, 2022 – 2024



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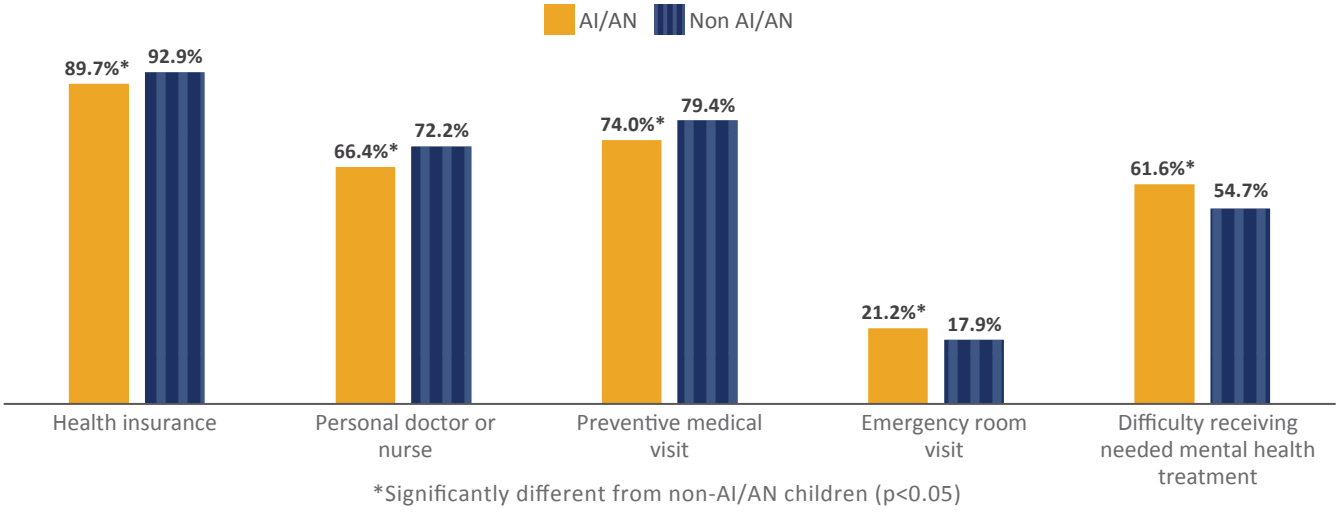
Health Care Access and Utilization

Most AI/AN children had health insurance coverage, a personal doctor or nurse, and a preventive medical visit in the past year. However, AI/AN children were less likely than non-AI/AN children to have access to these health care resources. They were also more likely to use emergency room services and report difficulty getting needed mental health treatment. These findings highlight ongoing challenges to accessing timely, appropriate, and quality health care.

- **Health insurance:** Nearly 9 in 10 AI/AN children had current health insurance coverage, not including access through the Indian Health Service. However, AI/AN children were less likely than non-AI/AN children to be insured (89.7% versus 92.9%).
- **Personal doctor or nurse:** AI/AN children were less likely than non-AI/AN children to have a personal doctor or nurse—defined as a health professional who knew them well and was familiar with their health history (66.4% versus 72.2%).
- **Preventive medical visit:** Nearly three-quarters of AI/AN children had a preventive medical visit during the past year, but they were less likely than non-AI/AN children to have had one (74.0% versus 79.4%).
- **Emergency room visit:** AI/AN children were more likely than non-AI/AN children to have visited an emergency room during the past year (21.2% versus 17.9%).
- **Difficulty receiving needed mental health treatment:** Among children who needed mental health treatment during the past year, AI/AN children were more likely than non-AI/AN children to have difficulty getting that care (61.6% versus 54.7%).

Health Care Access and Utilization by American Indian/Alaska Native Status, 2022 – 2024



*Significantly different from non-AI/AN children ($p<0.05$)

DATA NOTES

In 2022 – 2024, parents and caregivers completed questionnaires for 160,640 children ages 0 – 17. This group included 4,489 children identified as AI/AN alone or in combination with another race or ethnicity; all other children were non-AI/AN. Estimates presented in this brief are weighted to represent the population of children living in U.S. households. All estimates meet established reliability standards with 95% confidence interval widths ≤20 percentage points and ≤1.2 times the estimate. Differences between estimates were evaluated for statistical significance using two-sided tests ($p<0.05$).

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"; "when we encounter difficulties, we know where to go for help in our community."

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; victim or witness of violence in their neighborhood; 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. For further information on the design, operation, and analysis of the NSCH, please see available **Technical Documentation**.