

National Survey of Children's Health

Children and Youth With Special Health Care Needs, 2022 – 2023

Data Brief | December 2025

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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 an annual survey completed by a parent or caregiver either by web or paper and pencil.

Combining multiple years of data enables more reliable estimates, especially for smaller populations. In 2022 – 2023, parents completed questionnaires for 109,265 children, of whom 31,845 had a special health care need. All estimates presented in this brief are weighted to represent the population of U.S. children living in households.

Additional Topics

A variety of topics related to child and family well-being are included on the NSCH:

- Chronic physical health conditions
- Mental health conditions
- Access to primary and specialty health care
- Preparation for transition to adult health care
- Sleep adequacy
- Screen time
- Tobacco exposure
- Family resilience and activities
- Child's school experiences

More Information

To access the latest data, questionnaires, and supporting materials, visit the **[U.S. Census Bureau](#)**.

The Maternal and Child Health Bureau (MCHB) has a core responsibility to monitor and improve outcomes for children and youth with special health care needs (CYSHCN). **CYSHCN** are children with chronic conditions, such as autism or asthma, who often need more services and supports than their peers. CYSHCN and their families face barriers to receiving care, and as a group, they are less likely to thrive. MCHB's goal is that all children get what they need so that they can play, go to school, and grow up to become healthy adults—with parents and siblings thriving too.

The **National Survey of Children's Health** initially identifies CYSHCN using a set of five "screener" questions that ask parents/caregivers if their child has service needs or limitations due to a health condition that has lasted or is expected to last 12 months or longer. These include:

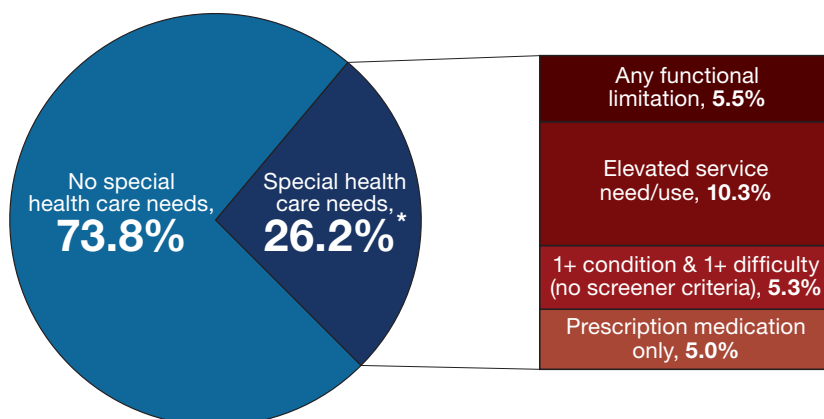
- Need or use of prescription medication(s)
- Elevated need or use of medical care, mental health, or education services
- Functional limitations (that limit daily activity)
- Need or use of special therapies (for example, physical, occupational, or speech therapy)
- Developmental or behavioral problems for which treatment or counseling is needed

MCHB then uses an **expanded approach** to identify CYSHCN that includes parent/caregiver report of one or more specific conditions (for example, asthma, autism, anxiety, ADHD) AND functional limitations (for example, breathing, digesting food, concentrating, coordination) even when not captured by the initial five screener questions, as this group of children has similar needs and impacts as other CYSHCN.

Prevalence of Special Health Care Needs

- In 2022 – 2023, more than 1 in 4 children (26.2%) in the United States had a special health care need (SHCN), representing over 19 million children.
- CYSHCN have varying degrees of health care needs and impacts, ranging from those who only need prescription medication to those who have any functional limitation. The largest share of CYSHCN, 10.3% of children overall, had elevated services needs or use, regardless of prescription medication but without functional limitations.

Prevalence of Special Health Care Needs by Type, 2022 – 2023



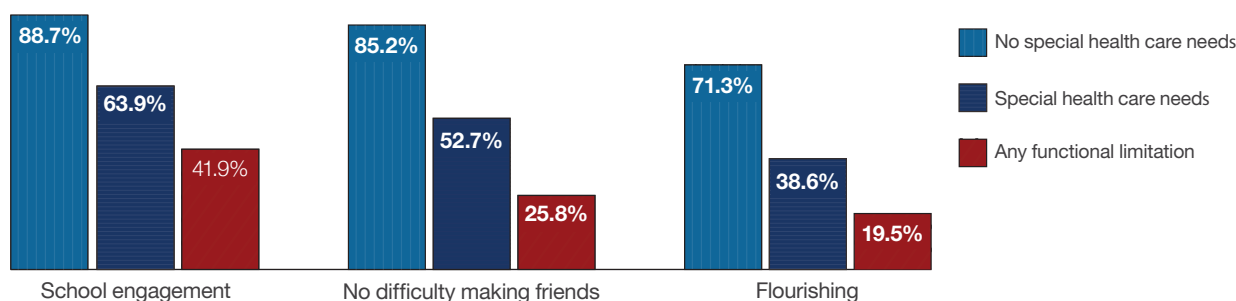
* Percentages of SHCN type do not sum to the total due to rounding (26.1% vs. 26.2%).

Child Well-being

Well-being in children can be measured in a variety of ways including school readiness, school engagement, making friends, and positive mental health, such as flourishing or thriving. In 2022 – 2023, compared with school-aged children 6 – 17 years old without SHCN, CYSHCN fared consistently worse on well-being measures, particularly CYSHCN with functional limitations.

- **School engagement:** Compared with 88.7% of children and youth without SHCN, 63.9% of CYSHCN were engaged in school—defined as usually/always caring about doing well in school and doing all required homework. Fewer than half of CYSHCN with functional limitations were engaged in school.
- **Making or keeping friends:** Compared with 85.2% of children and youth without SHCN, just over half of CYSHCN (52.7%) had no difficulty making or keeping friends. Only 1 in 4 CYSHCN with functional limitations had no difficulty making or keeping friends.
- **Flourishing:** Compared with 71.3% of children and youth without SHCN, less than 40% of CYSHCN were flourishing, which reflects curiosity and interest in learning, resilience, and self-regulation. Only 1 in 5 CYSHCN with functional limitations were flourishing.

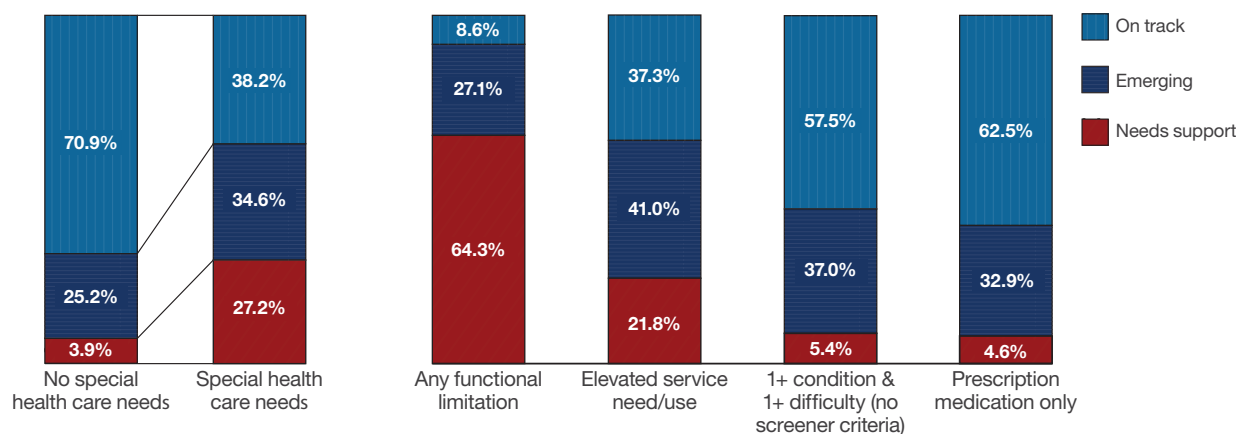
Child Well-being Among 6- to 17-year-olds by Special Health Care Needs Status and Type, 2022 – 2023



Children who enter kindergarten **Healthy and Ready to Learn** are more likely to meet early academic milestones, which in turn have been associated with a range of better social, economic, and health outcomes across the lifespan. The NSCH assesses school readiness in five domains: Early Learning Skills, Social-Emotional Development, Self-Regulation, Motor Development, and Health. Parents' responses are **scored** according to age-appropriate developmental expectations as "On Track," "Emerging," or "Needs Support." Children are considered to be healthy and ready to learn if they are "On Track" in four or five of these domains without needing support in any domain.

- In 2022 – 2023, 3- to 5-year-old CYSHCN were half as likely as those without SHCN to meet the overall definition of being healthy and ready to learn (38.2% versus 70.9%). CYSHCN were also seven times as likely as those without SHCN to "Need Support" in multiple domains (27.2% versus 3.9%).
- School readiness varied by the type of SHCN. Fewer than 10% of CYSHCN with functional limitations met the criteria for being healthy and ready to learn while nearly two-thirds needed support in multiple domains (64.3%). In contrast, about 60% of CYSHCN who only needed prescription medication or had at least one condition and difficulty without other needs/impacts were healthy and ready to learn, and only about 5% needed support in multiple domains, similar to non-CYSHCN.

Healthy and Ready to Learn Among 3- to 5-year-olds by Special Health Care Needs Status and Type, 2022 – 2023

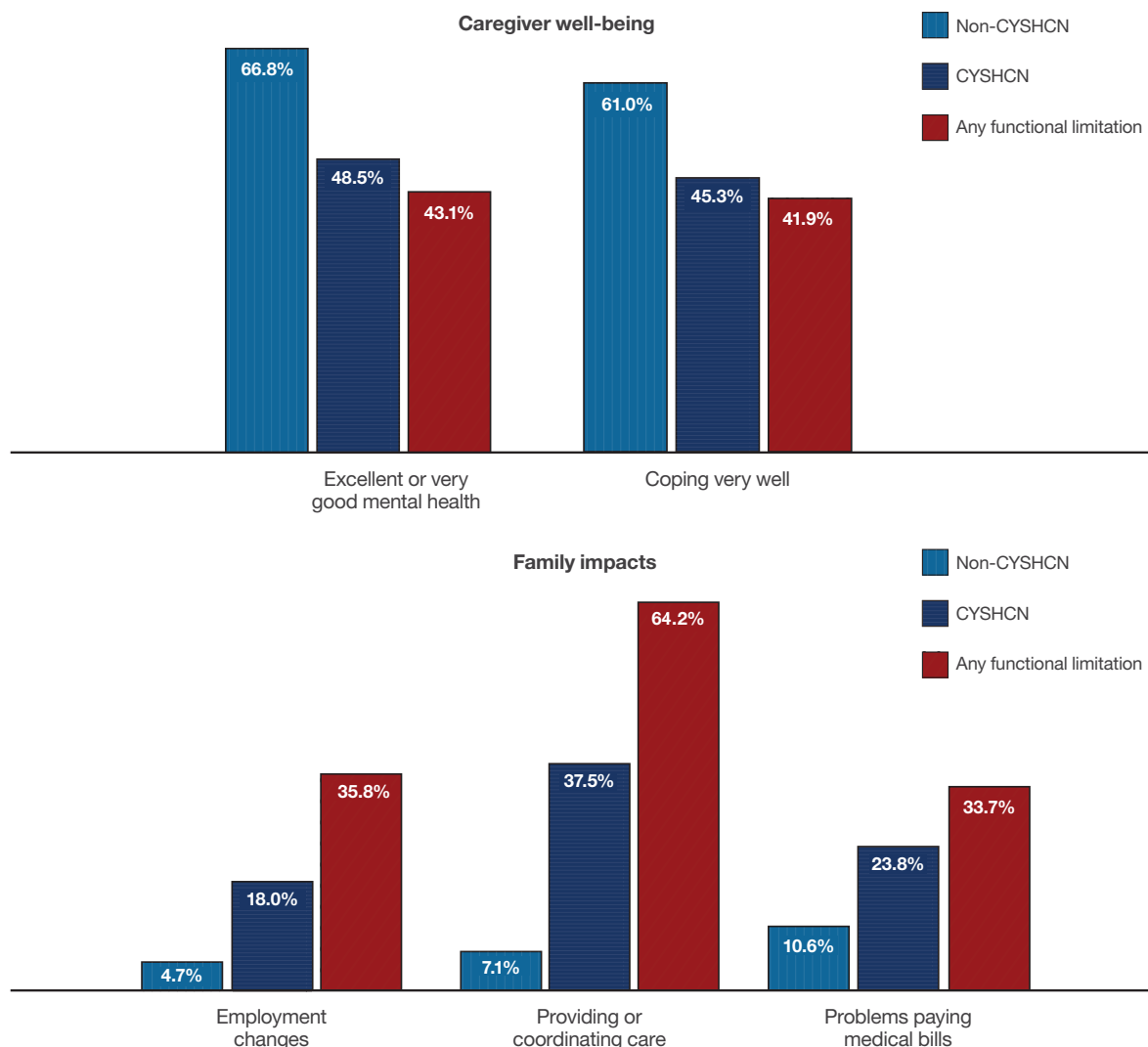


Caregiver Well-being and Family Impacts

In 2022 – 2023, CYSHCN fared consistently worse than non-CYSHCN on various caregiver well-being and family impact measures. CYSHCN with functional limitations were more likely to experience family impacts, including employment changes.

- **Caregiver mental health:** Compared with two-thirds of non-CYSHCN, fewer than half of CYSHCN had caregivers who reported excellent or very good mental health (48.5%). This was slightly lower for CYSHCN with functional limitations (43.1%).
- **Caregiver coping:** Compared with 61.0% of non-CYSHCN, fewer than half of CYSHCN had caregivers who reported coping very well with the daily demands of raising children (45.3%). This was slightly lower for CYSHCN with functional limitations (41.9%).
- **Employment changes:** More than 1 in 3 CYSHCN with functional limitations had a caregiver who reported leaving a job or reducing hours due to the child's health in the past year, compared with 18.0% for CYSHCN overall and less than 5% of non-CYSHCN.
- **Providing or coordinating care:** Nearly 2 in 3 CYSHCN with functional limitations had a caregiver who reported spending time providing or coordinating care in an average week, compared with 37.5% for CYSHCN overall and 7.1% of non-CYSHCN.
- **Problems paying medical bills:** About 1 in 3 CYSHCN with functional limitations had a caregiver who reported problems paying medical bills in the past year, compared with about 1 in 4 CYSHCN overall and 10.6% of non-CYSHCN.

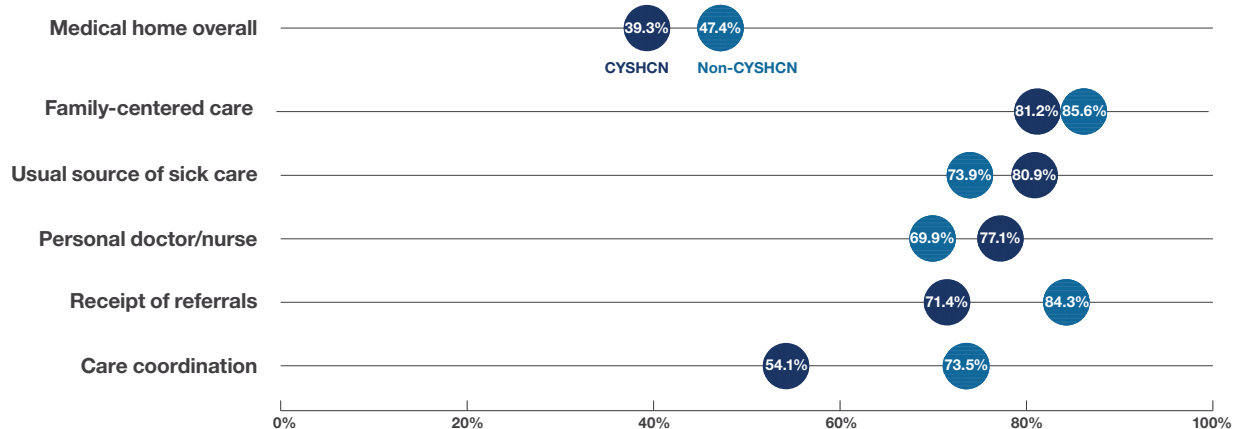
Caregiver Well-being and Family Impacts by Special Health Care Needs Status, 2022 – 2023



Health Care Access and Quality

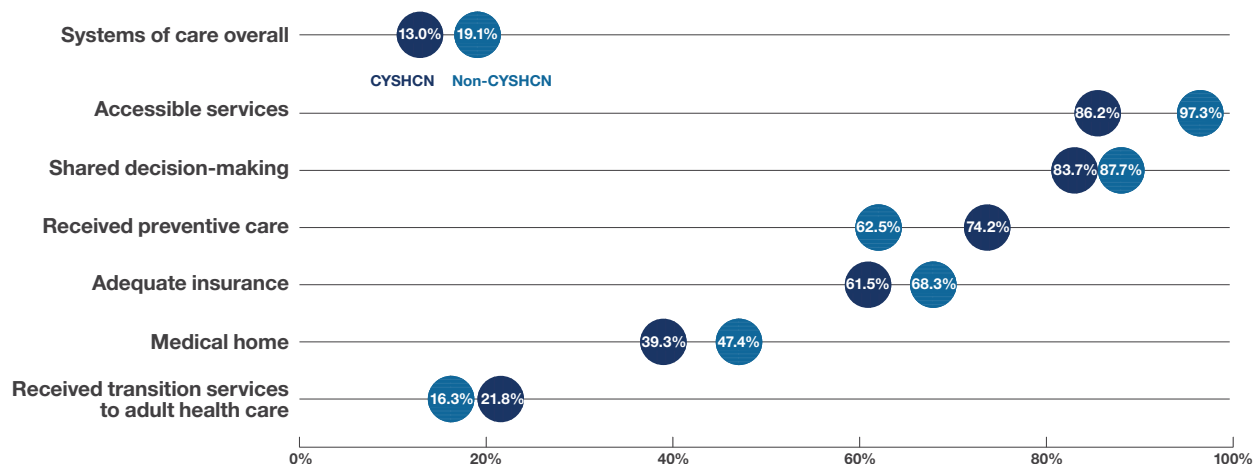
Access to a **medical home** is a gold standard for pediatric practice that promotes preventive health care utilization and early diagnosis of chronic conditions. HRSA MCHB captures five dimensions of a medical home within the NSCH: 1) having a usual source of sick care, 2) having a personal doctor or nurse, 3) receiving needed referrals, 4) receiving needed care coordination, and 5) receiving family-centered care that enlists parents as partners. In 2022 – 2023, CYSHCN were less likely than non-CYSHCN to meet the definition of receiving care in a medical home (39.3% versus 47.4%). However, over 80% of CYSHCN had access to family-centered care and they were more likely than non-CYSHCN to have a usual source of sick care (80.9% versus 73.9%) and a personal doctor or nurse (77.1% versus 69.9%).

Medical Home Access by Special Health Care Needs Status, 2022 – 2023



HRSA MCHB, together with its partners, has identified six foundational components for an effective system of care for CYSHCN: 1) children are screened early and continuously for special health care needs (captured by receipt of preventive medical and dental care), 2) families of CYSHCN are partners in decision-making, 3) community-based services are organized so families can access them easily (captured by no unmet health care needs or frequent frustration accessing services), 4) families report that the child has continuous and adequate insurance coverage for services, 5) children have a medical home (described above), and 6) adolescent CYSHCN ages 12 – 17 receive necessary services to transition into adult health care. In 2022 – 2023, only 13.0% of CYSHCN received care in a well-functioning system defined by these six components compared with 19.1% of non-CYSHCN. However, over 80% of CYSHCN had accessible services (86.2%) and were partners in decision-making (83.7%), and they were more likely than non-CYSHCN to receive preventive care (74.2% v. 62.5%) and transition services to adult health care (21.8% v. 16.3%).

Well-functioning Systems of Care by Special Health Care Needs Status, 2022 – 2023



How MCHB Supports Children and Youth With Special Health Care Needs

Chronic conditions limit the health and well-being of many CYSHCN and their families. Data from the NSCH help public health professionals prevent chronic conditions and/or reduce their consequences. MCHB programs improve access to health and education interventions for children with chronic conditions, such as hemophilia and sickle cell disease. Other MCHB programs support newborn screening to provide families with information about potential medical conditions so they can decide how best to protect the health of their children. MCHB strives to improve outcomes for CYSHCN by monitoring their health, identifying improvement opportunities, and reducing barriers to health care.