HRSA Maternal & Child Health

National Survey of Children's Health

Healthy Behaviors Among School-aged Children, 2024

Data Brief | December 2025

Olivia Sappenfield, Ashley Hirai

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 household survey completed by a parent or guardian, either by web or paper and pencil.

Content

- Health conditions and functional difficulties
- Social and emotional well-being
- Health-related behaviors
- Health care service access and use
- School environment and engagement
- Family life and activities
- Community activities or experiences

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 2024, 13 states and 1 metropolitan area sponsored oversamples.

2024 Data Release

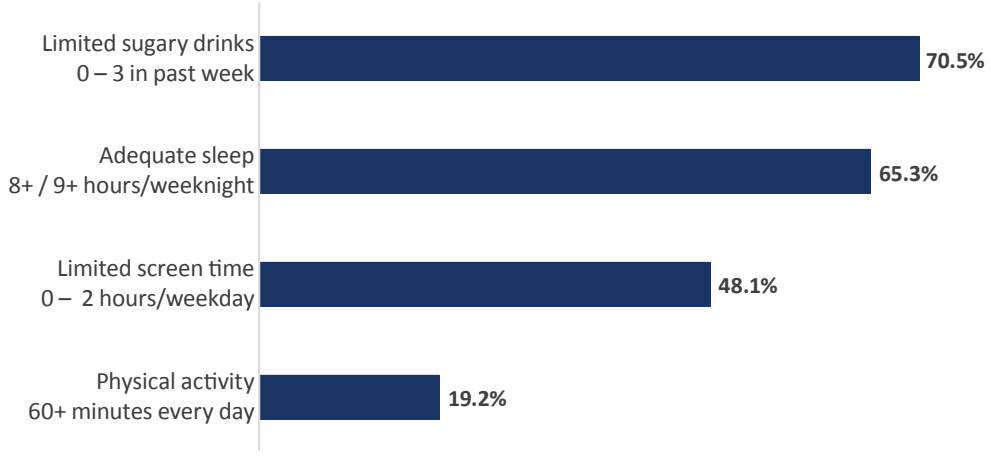
Access the most recent **data and supporting materials**.

The prevalences of chronic conditions and obesity have been **increasing** among children in the United States. Children who have a chronic condition are more likely to have **activity limitations** and need more **health care** into adulthood. Similarly, children with **obesity** are more likely to become adults with obesity and have higher risk of chronic conditions, including diabetes, high blood pressure, and heart disease. Several healthy behaviors that are important for lowering the risk of chronic conditions and obesity include limiting added sugar, getting enough sleep, limiting screen time, and engaging in physical activity. The National Survey of Children's Health is a key source of information on healthy behaviors and many chronic conditions among children and youth in the United States. This brief focuses on healthy behaviors among school-aged children (6 – 17 years) and their relationship to chronic conditions and obesity.

Prevalence of Healthy Behaviors

- **Sugary drinks:** In 2024, about 7 in 10 school-aged children (70.5%) had limited sugary drinks in the past week (0 – 3 drinks), with 1 in 5 (19.4%) having none, and half (51.1%) having 1 – 3 sugary drinks. According to clinical recommendations, school-aged children should **limit sugar-sweetened beverages or "sugary drinks"** to one or fewer eight ounce drinks per week.*
- **Sleep:** Almost two-thirds of school-aged children (65.3%) got adequate sleep on most weeknights. According to **clinical recommendations**, children 6 – 12 years of age should get 9 – 12 hours of sleep per night while youth 13 – 17 years of age should get 8 – 10 hours.
- **Screen time:** Less than half of school-aged children (48.1%) had limited screen time (2 hours or less on most weekdays, not counting time spent doing schoolwork). Clinical recommendations encourage **limiting screen time for school-aged children**.
- **Physical activity:** About 1 in 5 school-aged children (19.2%) got at least 1 hour of physical activity every day in the past week. The **Physical Activity Guidelines for Americans** recommend that school-aged children get one hour or more of moderate-to-vigorous physical activity every day.

Healthy Behaviors Among Children Ages 6 – 17, 2024

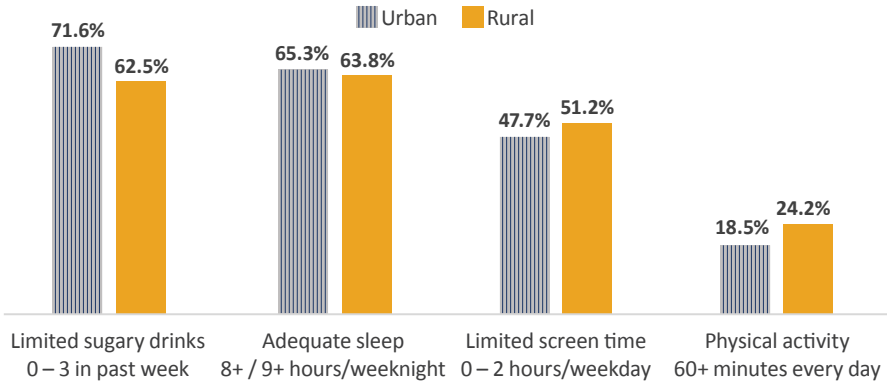


* One or fewer drinks could not be measured, as the response options specified 1 – 3 times during the past week.

Healthy behaviors varied by urban/rural residence, defined by **metropolitan and non-metropolitan** counties.

- School-aged children living in urban counties were more likely to have limited sugary drinks in the past week compared to those living in rural counties (71.6% versus 62.5%).
- However, rural children were more likely to have limited screen time on most weekdays (51.2% versus 47.7%) and to engage in physical activity of 60 or more minutes every day in the past week (24.2% versus 18.5%).
- Adequate sleep did not vary by urban and rural residence.

Healthy Behaviors Among Children Ages 6 – 17 by Urban/Rural Residence, 2024

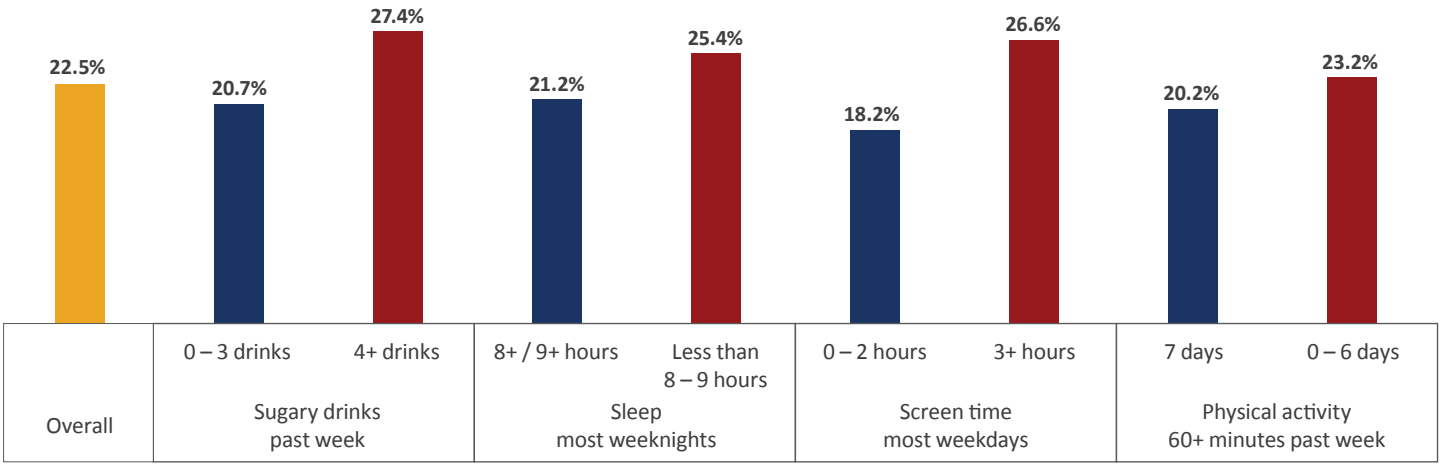


Chronic Conditions

In 2024, 22.5% of school-aged children, representing 11.3 million children, had 1 or more chronic conditions with at least 1 frequent or chronic difficulty (for example, breathing, physical pain, concentrating, or remembering; see Data Notes). Chronic conditions with difficulties were more common among children engaged in unhealthy behaviors. However, it is important to note that cross-sectional data cannot establish the direction of relationships or causality; some healthy behaviors may be limited because children have conditions and difficulties.

- **Sugary drinks:** School-aged children who consumed 4 or more sugary drinks in the past week were more likely to have a chronic condition and difficulty compared to those who limited sugary drinks (27.4% versus 20.7%).
- **Sleep:** School-aged children who did not get enough sleep on most weeknights were more likely to have a chronic condition and difficulty compared to those who got adequate sleep (25.4% versus 21.2%).
- **Screen time:** School-aged children who had 3 or more hours of screen time on most weekdays were more likely to have a chronic condition and difficulty compared to those who limited screen time (26.6% versus 18.2%).
- **Physical activity:** School-aged children who were not physically active for at least 60 minutes every day in the past week were more likely to have a chronic condition and difficulty compared to those who were physically active every day (23.2% versus 20.2%).

Chronic Conditions With Difficulties Among Children Ages 6 – 17 by Healthy Behaviors, 2024



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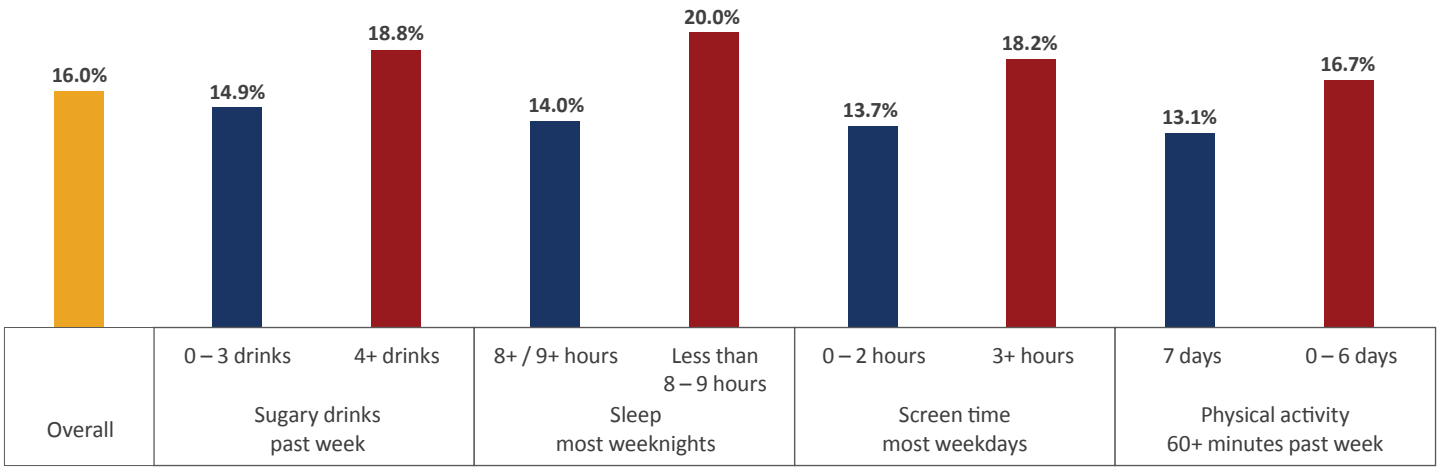
Obesity

In 2024, 16.0% of school-aged children, representing an estimated 7.6 million children and youth, had obesity. Obesity rates were higher among children engaged in unhealthy behaviors.

- **Sugary drinks:** School-aged children who consumed 4 or more sugary drinks in the past week had higher rates of obesity compared to those who limited sugary drinks (18.8% versus 14.9%).
- **Sleep:** School-aged children who did not get enough sleep on most weeknights had higher rates of obesity compared to those who got adequate sleep (20.0% versus 14.0%).
- **Screen time:** School-aged children who had 3 or more hours of screen time on most weekdays had higher rates of obesity compared to those who limited screen time (18.2% versus 13.7%).
- **Physical activity:** School-aged children who were not physically active for at least 60 minutes every day had higher rates of obesity compared to those who were physically active every day (16.7% versus 13.1%).

Obesity Among Children Ages 6 – 17 by Healthy Behaviors, 2024



DATA NOTES

In 2024, parents and caregivers completed questionnaires for 51,375 children 0 – 17 years, including 37,534 children 6 – 17 years. Estimates presented in this brief are weighted to represent the population of children living in U.S. households. Chronic conditions included 16 current conditions not usually present at birth: allergies, anxiety, asthma, attention deficit disorder or attention deficit/hyperactivity disorder, autism or autism spectrum disorder, autoimmune disease, behavioral/conduct problem, depression, developmental delay, diabetes, epilepsy, headaches (frequent or severe including migraines), intellectual disability, learning disability, speech disorder, and Tourette syndrome. Difficulties included 10 frequent, serious, or chronic difficulties: breathing; concentrating, remembering, or making decisions; doing errands alone; dressing or bathing; hearing problems; physical pain; stomach or intestinal problems; swallowing; vision problems; and walking or climbing stairs. For urban and rural residence, the U.S. Census Bureau has reviewed this data product to ensure appropriate access, use, and disclosure avoidance protection of the confidential source data used to produce this product (Data Management System (DMS) number: P-7502891; Disclosure Review Board (DRB) approval number: CBDRB-FY25-SEHSD003-118). For further information on the design, operation, and analysis of the NSCH, please see the **2024 NSCH FAQs** and the **2024 NSCH Methodology Report**.