

ABOUT THE NSCH

The National Survey of Children's Health (NSCH), funded and directed by the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB), provides information on the health and well-being of children ages 0-17 years in the United States. The NSCH is the largest national and state-level survey on the health and health care needs of children, their families, and their communities.

DEFINING ACEs

Adverse childhood experiences (ACEs) are stressful events that can result in chronic toxic stress without mitigating or buffering support. Toxic stress is prolonged activation of the body's stress response system, which can negatively impact short- and long-term health and well-being.³

The NSCH does not include all potential ACEs, but includes topics that can be validly reported by parents/caregivers. Questions about abuse and neglect are excluded. The NSCH questions were selected and refined by a panel of experts and tested by the CDC's National Center for Health Statistics.

More information about [ACE measurement in children](#).

2018 DATA RELEASE

New data from the 2018 NSCH are now available. To access these data and supporting materials, please visit [HRSA MCHB](#) or the [U.S. Census Bureau](#).

ADVERSE CHILDHOOD EXPERIENCES IN THE NSCH

The NSCH includes questions to capture known and potential Adverse Childhood Experiences (ACEs). Below are the eight ACE-related questions in the NSCH,¹ which ask parents/caregivers whether their child has ever experienced any of the following:

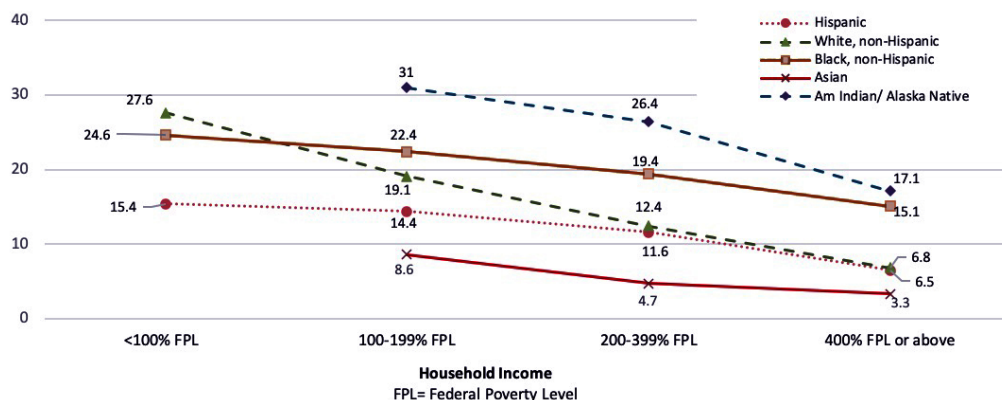
- Parent/guardian divorced or separated;
- Parent/guardian died;
- Parent/guardian served time in jail;
- Saw or heard parents or adults slap, hit, kick, punch one another in the home;
- Was a victim of violence or witnessed violence in his or her neighborhood;
- Lived with anyone who was mentally ill, suicidal, or severely depressed;
- Lived with anyone who had a problem with alcohol or drugs;
- Was treated or judged unfairly because of his or her race or ethnic group.

NSCH DATA IN ACTION

Prevalence, Limitations, and Health Conditions

- In 2017-2018, one in three children ages 0-17 (33.3%) had experienced at least one parent-reported ACE in their lifetime, including nearly 1 in 5 who experienced 1 ACE and 14.1% who experienced 2 or more ACEs. The most prevalent ACE was "Parent/guardian divorced or separated" (23.4%), followed by "Lived with anyone with alcohol/drug problem" (8.0%), and "Parent/guardian served time in jail" (7.4%).
- Reports of ACEs varied significantly by race/ethnicity and household income. The percent of children with 2 or more ACEs was highest among American Indian/Alaska Native children (36.2%) and lowest among Asian children (6.0%). Across race/ethnicity groups, the percentage of children with 2 or more ACEs decreased as household income increased.²

Percent of children (0-17 years) with 2 or more parent-reported ACEs. 2017-2018



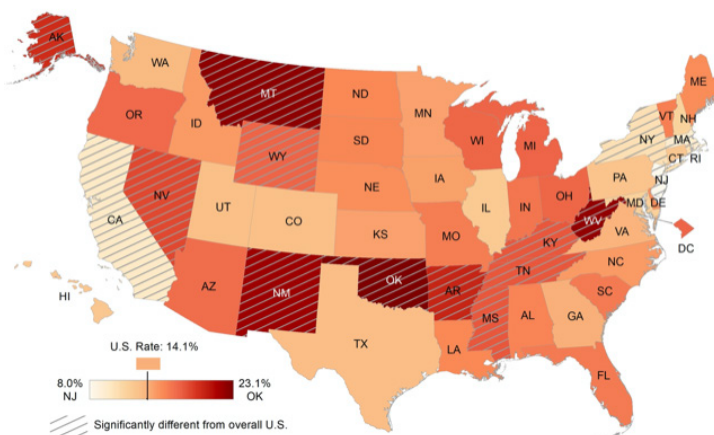
¹ The NSCH also asks parents/caregivers about financial hardship, however this item is not included in this fact sheet due to changes in the question wording in the 2018 NSCH.

² Estimates of children with 2 or more ACEs in households with income <100% FPL were not reliable for Asian or American Indian/Alaska Native children.

³ Harvard Center on the Developing Child. [Toxic Stress](#). 2020.

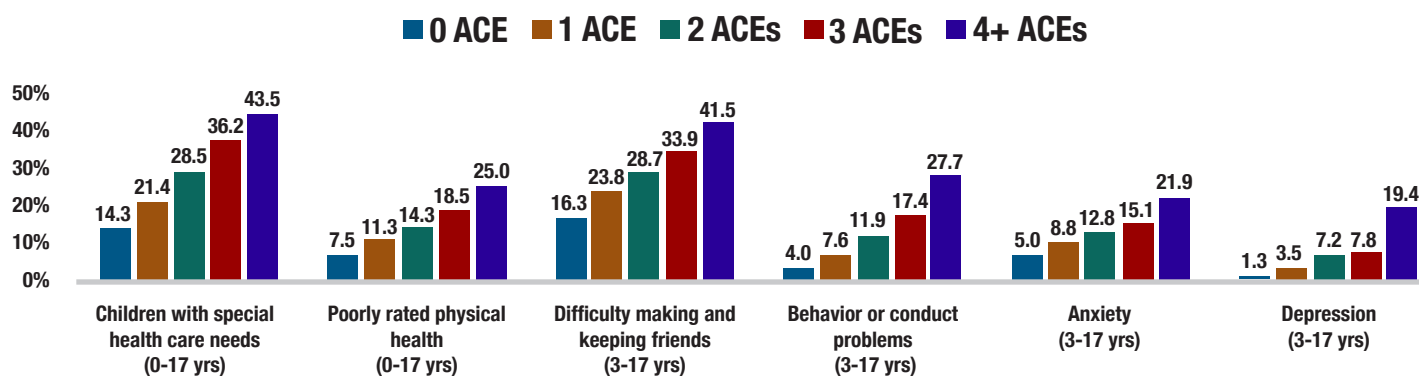
Prevalence of children (0-17 years) with 2 or more parent-reported ACEs by state, 2017-2018

- The percentage of children with 2 or more parent-reported ACEs differed by state. Five states had significantly lower percentages of children with 2 or more parent-reported ACEs compared to the overall U.S., including: NJ, MA, CA, NY, and RI. Eleven states had significantly higher percentages than the overall U.S., including: WY, MS, KY, TN, NV, AK, AR, NM, WV, MT, and OK.



ADVERSE CHILDHOOD EXPERIENCES AND CHILD WELL-BEING

- Numerous studies have found a consistently strong relationship between an increasing number of ACEs and poor health outcomes in adults. While the NSCH does not capture the timing of ACEs or the onset of poor health outcomes, a similar dose-response relationship is found between ACEs and health outcomes in children. In 2017-2018, the percentage of children with complex or poor physical and social-emotional health increased as the number of parent-reported ACEs increased. For example, 14.3% of children with no ACEs had special health care needs, increasing to 43.5% among children with 4 or more ACEs. The same pattern was found between number of ACEs and poorly rated physical health, difficulty making and keeping friends, behavior or conduct problems, anxiety, and depression.



NSCH DATA COLLECTION

HRSA MCHB works with the U.S. Census Bureau to conduct the survey and produce a final data set for public use.

- How often is the NSCH conducted?** The NSCH is conducted annually.
- How are the data collected?** Survey participants complete either web-based or self-administered paper-and-pencil questionnaires.
- Who completes the survey?** The NSCH is conducted as a household survey, and the respondent is a parent or guardian with knowledge of the sampled child.
- How many households participate in the NSCH?** One child per household is selected to be the subject of the detailed age-specific questionnaire. In 2018, parents completed age-specific questionnaires for 30,530 children. These data can be combined with an additional 21,599 children from 2017, representing a combined total of 52,129 children in 2017-2018.