

LOWEST RATES OF MISSED WELL-CHILD/WELL-BABY VISITS SINCE APRIL 2020

The RAPID household survey has included questions every month since April 2020 about access to well-baby/well-child visits and routine child vaccinations. Parents' answers to these questions have helped us understand if and how the COVID-19 pandemic created uncertainty, interfered with families' daily lives and routines, and disrupted preventive care.

Caregivers of young children have been sharing with RAPID about their access to preventive healthcare since the beginning of the pandemic. Data about well-baby/well-child visits and routine vaccinations help show the extent of the preventive healthcare services that young children are receiving.



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Regular visits to the pediatrician (i.e. well-baby/well-child visits) and recommended vaccinations are core components of preventive healthcare in the United States. Currently, the American Academy of Pediatrics (AAP) recommends ten visits in a child’s first two years and then annually through the end of adolescence,

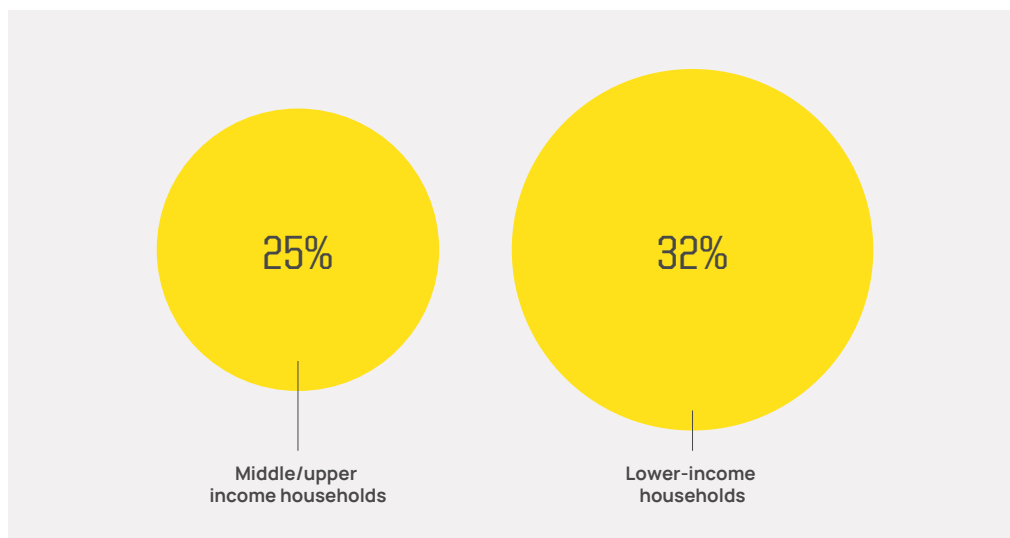
in order to track developmental milestones and to identify health issues as early as possible. In addition to these wellness checks, the Centers for Disease Control and Prevention (CDC) recommends a scheduled series of vaccinations for young children in order to prevent childhood diseases.

EARLY IN THE PANDEMIC, DISRUPTIONS TO HEALTHCARE WERE UNEVEN ACROSS GROUPS OF PARENTS

Prior to September 2022, RAPID data revealed that Black, Latinx, lower-to-middle-income households, households of children with disabilities, and rural households experienced more healthcare disruptions than other families. We define disruptions as missed preventive healthcare visits (i.e., well-baby/well-child appointments and recommended vaccinations).

Early in the pandemic (April through October 2020), both Black (33%) and Latinx households (35%) reported a significantly higher percentage of missed preventive healthcare visits than white households (27%). A quarter of children in middle/upper income households missed preventive healthcare visits, compared to almost a third (32%) of children in lower-income households.

Percent of missed preventive healthcare visits by income



“Our doctors help keep us mentally and physically healthy.”

Parent in Florida

“The COVID-19 vaccine for children allows me to expose my children to public places (library, pool) with less anxiety.”

Parent in Indiana

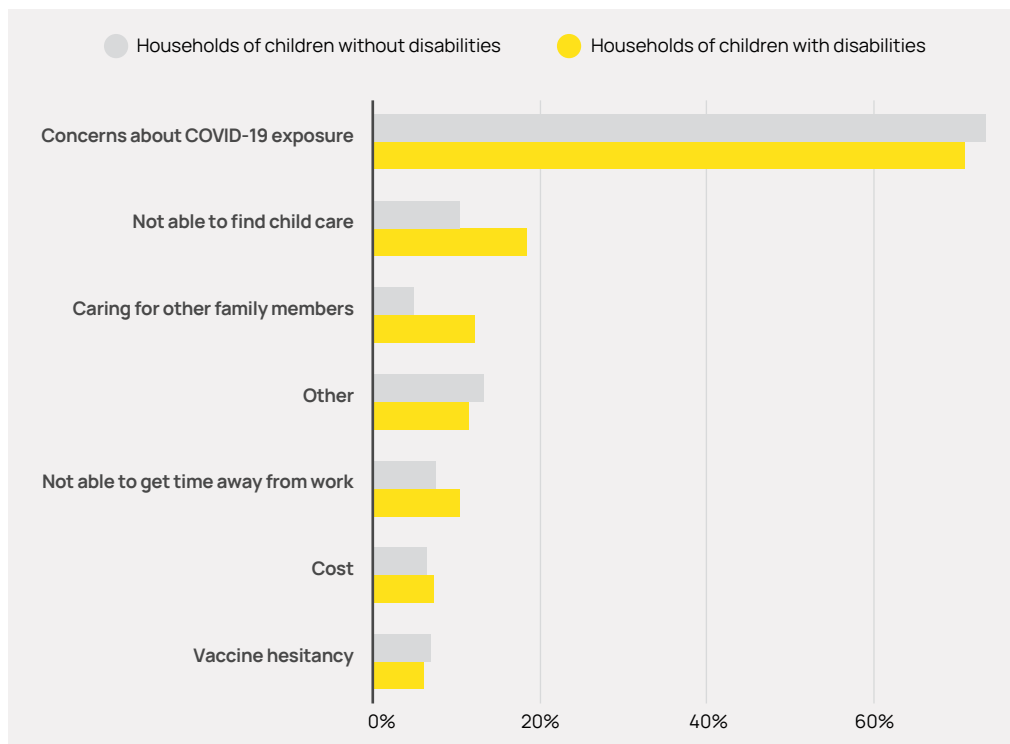
Middle/upper income Black and Latinx households reported experiencing more obstacles to attending preventive healthcare visits than middle/upper income white households. There are likely many factors that contributed to these differences, including that some families were experiencing multiple health and economic difficulties, particularly families in the lower income group and families of color. A January 2021 [analysis](#) of Census Household Pulse Survey data found that 31% of Black and 29% of Latinx households with children were experiencing three or more hardships simultaneously. These hardships included unemployment, difficulty paying for basic needs including housing and food, poor physical or mental health, and lack of health insurance. For some households facing these challenges, preventive care and routine vaccinations may have been deprioritized during this time of exceptional hardship.

Households of children with disabilities also reported more missed well-child/well-baby visits (38% vs. 29% among households of children without disabilities) and routine vaccinations (12% vs. 8%). Further analyses found that households with children with disabilities faced structural barriers to healthcare, such as inability to find child care or get away from work.* For children with disabilities, these well-child/well-baby visits are particularly important as they provide access to critical screening, diagnosis, therapy, and early intervention services.

Notably, in [Spring 2020](#), RAPID also found that across all income levels and racial and ethnic groups, 75% of caregivers feared contracting COVID-19 during well-child visits. Concerns about exposure to illnesses was likely a significant barrier that contributed to missed visits.

* Liu, S., Lombardi, J., & Fisher, P. A. (2022). The COVID-19 pandemic impact on households of young children with special healthcare needs. *Journal of Pediatric Psychology*, 47(2), 158-170.

Reasons for missing preventive healthcare visits by child disability status



“We also have MediCal for the kids – because we don’t have to pay for their healthcare, we’re able to keep up with all of their well-child visits and we’ve even started taking them to the dentist.”
Parent in California

RAPID DATA SHOWS PROMISING DECLINE IN MISSED WELL-CHILD VISITS

“Medicaid has helped with the routine doctor appointments.”
Parent in Utah

Since October 2022, the rates of missed preventive healthcare visits and recommended vaccines have significantly dropped. Between October and December 2022, the rate of missed well-child/well-baby visits and vaccines were between 5–7% and 2–4%, respectively.

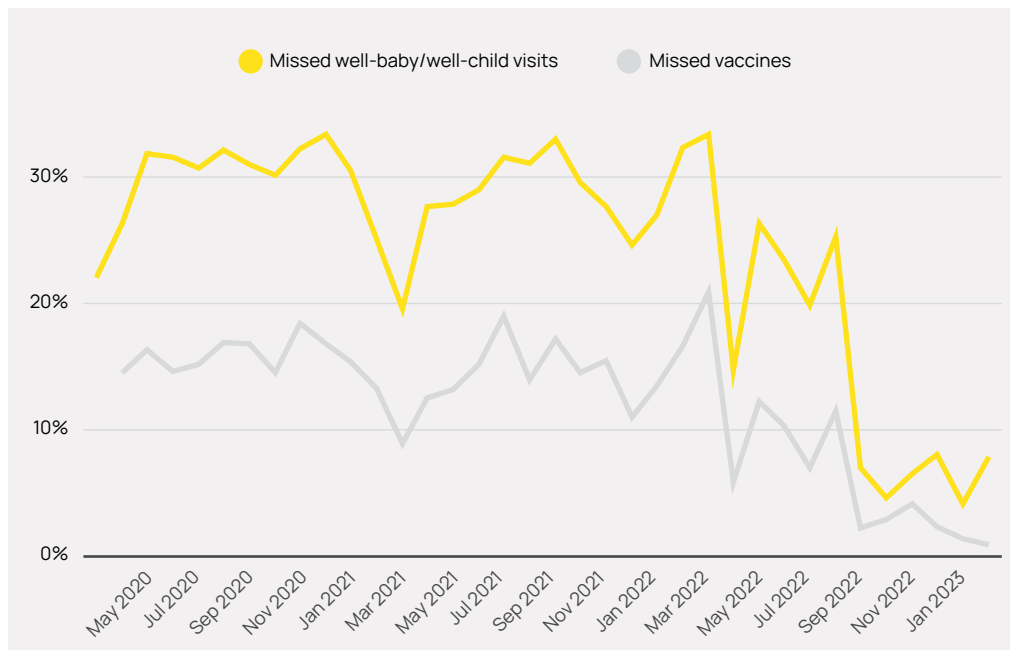
By contrast, between October and December 2021, these rates were between 31–34% and 15–17%. In fact, these are the lowest rates of missed preventive healthcare visits and vaccines since we began collecting these data in April 2020.

Furthermore, this steep decline in missed visits and vaccinations is found across all demographic groups analyzed, including by race, ethnicity, income level, single and dual-parent households, child disability status, and geographic location.

The lower rates of missed preventive healthcare visits and vaccines suggest that more caregivers and their young children are accessing recommended care now than in recent years.

This does not mean, however, that all young children’s recommended preventive services are being accessed or healthcare needs are being fully met, as many children and families may still be getting caught up on important services, screenings and early intervention that were missed during the peak pandemic years. Additionally, for many families, there are persistent barriers to accessing care.

Trend of missed preventive healthcare visits and vaccines



GUEST COMMENTARY: LOOKING AHEAD

By Dr. Lisa Chamberlain, M.D., M.P.H,
Professor of Pediatrics at Stanford University,
and Dr. Ryan Padrez, M.D., Clinical Associate
Professor of Pediatrics at Stanford University

Well-baby/well-child visits and routine vaccines are important for preventing illness; establishing trusting relationships among pediatricians, parents and children; and tracking growth and development. While these data show that many more children are accessing preventive health services than during earlier periods of the COVID-19 pandemic, efforts to improve and ensure access must continue.

In recent years, pediatricians and other medical professionals have pivoted to delivering healthcare via telemedicine, specifically to address barriers to access that arose during the pandemic. While this helped eliminate some obstacles to accessing healthcare, for families who experience the digital divide, it may have created new or additional access barriers.

As children have returned to their pediatricians for in-person preventive healthcare, another new equity challenge has also emerged: access to specialty care,

especially mental/behavioral healthcare.

More children have presented to their pediatricians with mental health and behavioral health needs – some of which may have been driven by the COVID-19 pandemic. Pediatricians are concerned that waitlists to access specialty pediatric care are even longer than in previous years. As we continue to observe the ripple effects of the pandemic on pediatric care delivery, specialty and otherwise, it will be essential to prioritize addressing young children's mental health needs and the needs of pediatricians who may be confronting increased workloads and adverse effects on their own well-being.

While recent RAPID data provide reason to be optimistic about the rebound in routine pediatric preventive healthcare, targeted efforts to sustain uptake in preventive healthcare and to address barriers to accessing children's preventive healthcare remain critical.

ABOUT THE RAPID PROJECT

Data presented in this fact sheet are based on RAPID household surveys. Analyses are based on responses collected from 16,367 parents of young children between April 2020 and December 2022. These caregivers represent a range of voices: 9% are Black/ African American, 14% are Latinx, and 33% live at or below 200% of the federal poverty level. Analyses are not weighted.

The RAPID project includes a survey of caregivers with children under age 6 and a survey of child care providers and other adults who care for children under age 6.

These surveys are designed to gather essential information continuously regarding the needs, health-promoting behaviors, and well-being of children and their families and important adults in their lives.

RAPID collects data monthly from caregivers and child care providers in all 50 states. The surveys are national in scope, though not technically nationally representative. RAPID collects snapshots of data across time and can also assess trends longitudinally.

For more information about RAPID study design and methods, see [here](#).

It's our anniversary!

RAPID launched in April 2020 to understand and address the experiences and challenges that caregivers of young children were facing during the COVID-19 pandemic.

Read our [special report here](#).

RAPID is under the direction of Philip Fisher, PhD, Director of the Center on Early Childhood at Stanford University

3,200+

Providers

16,300+

Households

50

US States

