Pediatric clinicians report that families with young children face widespread challenges

NATIONAL SURVEY

September 2026



Clinicians have a unique vantage point on ways to best support young children's growth. They know about the information families are receiving about vaccines, have a perspective on children's developmental, behavioral, and social needs, and have a sense of the level of trust families have in the healthcare system. The survey allows us to better understand the challenges affecting care, and the policies necessary to support families, young children, and the pediatric workforce that serves them.

Pediatric clinicians play a critical role in supporting young children and families. The perspectives they have from daily practice offer a window into how families and young children are doing. Because of this perspective, in 2026, RAPID began asking pediatricians, family medicine physicians, nurse practitioners, physician assistants, and other clinical and community-based medical professionals who deliver care to children under age 6 about what they are seeing in the families and young children they serve.

RAPID
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"The biggest challenge [as a pediatric clinician] right now is connection to referrals and resources in a timely manner. This leaves families mostly navigating the health system on their own. The population we serve has high rates of low health literacy, making the entire process overwhelming." **Clinician in New York**

Together with RAPID's surveys of parents of young children and child care providers, the voices of pediatric clinicians help to amplify caregiver experiences, understand the contexts in which children develop, and provide a more complete picture of the early childhood ecosystem in the U.S. today.

This fact sheet documents what pediatric clinicians serving patients under age 6 report about healthcare challenges and family experiences, drawing on data from clinicians across the country who were surveyed between March 2026 and May 2026.

"Access to care [is my biggest challenge as a pediatric clinician right now]. Long wait times to see specialists (including myself), difficulty navigating the health system." **Clinician in Texas**

Pediatric clinicians report many families face challenges accessing health services

As part of caring for children, clinicians refer families to developmental and behavioral healthcare services when children need additional support beyond primary care.

"There are so few pediatricians and even fewer pediatricians willing to work in safety net environments, which is only worsening because of federal pressures and pay disparities. Those that remained are being asked to do more and more and people keep quitting." **Clinician in Massachusetts**

About one in five (21%) surveyed clinicians said families were not able to access the developmental and behavioral health services, including speech, occupational therapy, and emotional health and well-being services, that they referred them to. Eleven percent of surveyed clinicians said they were not sure if families were able to access developmental and behavioral health services.

We asked these clinicians: "What challenges do you believe parents/caregivers most frequently face in accessing developmental and behavioral health services for

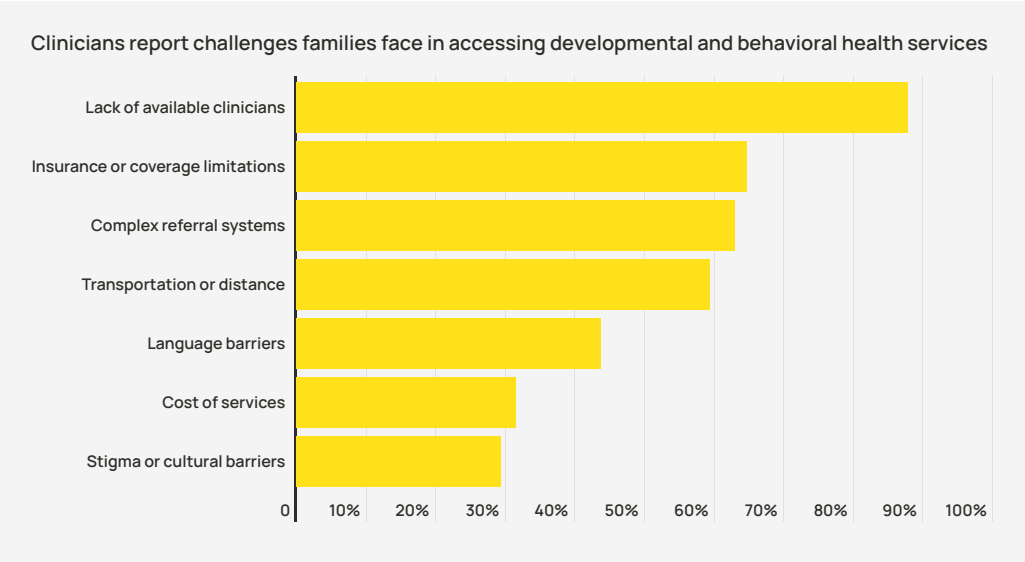
"[My biggest challenge as a pediatric clinician right now is] difficulty with access to child care due to cost, as well as access to developmental support services due to transportation issues." **Clinician in Missouri**

themselves or their children?" We gave the option to select all the reasons that apply from the following list:

- Lack of available clinicians
- Complex referral systems
- Cost of services
- Stigma or cultural barriers
- Transportation or distance
- Insurance or coverage limitations
- Language barriers

"Undervaluing the pediatric physician workforce is leading to shortages in specialists." **Clinician in Indiana**

Lack of available clinicians (88%), insurance or coverage limitations (65%), complex referral systems (63%), and transportation or distance (59%) were the most common reasons cited.



"We need access to services for children under 5, quality therapy services, and increased coverage." **Clinician in Texas**

Other research has documented similar clinician workforce challenges, showing that pediatric specialty training programs have seen declining applications over recent years, and that lower lifetime earnings in developmental behavioral pediatrics contribute to provider shortages. Studies have also found that care is often concentrated

among a small number of specialty clinicians, limiting actual access for families.

"Outside social media and other agencies undermining the relationship with our parents. If we give advice, they are immediately googling to see if the internet agrees." **Clinician in New York**

In open-ended responses, clinicians described families struggling to access developmental and behavioral health services. Their responses detailed long wait times for specialists, insurance barriers, and severe clinician shortages, with families often unable to access services even after referrals are made.

"Re-educating parents on the indications for and safety of vaccines. Working on building trust with families when it comes to ordering lab tests or vaccines is more of an intentional conversation I have to have with families than in years prior." **Clinician in Texas**

Pediatric clinicians report that families are receiving vaccine information from multiple sources and expressing questions and hesitancy

Research shows that vaccine hesitancy has become increasingly common over the past decade and the World Health Organization named vaccine hesitancy one of the top health threats globally.

"Vaccine hesitancy and misinformation from social media sources [is my biggest challenge as a pediatric clinician right now]. Lack of trust in medical clinicians and scientific data." **Clinician in Wisconsin**

We asked clinicians about vaccine misinformation and hesitancy among families. Almost all surveyed clinicians (96%) reported that parents were at least sometimes misinformed about vaccines, with 61% reporting they were often or very often misinformed.

The majority of surveyed clinicians (84%) reported observing more concerns or questions about vaccine safety now than they did one year ago.

"[My biggest challenge right now as a pediatric clinician] is erosion of public trust in vaccines, that is spilling over into lack of trust for other medical advice as well." **Clinician in New Jersey**

More than three in four surveyed clinicians (78%) reported that vaccine hesitancy had affected clinical practice or trust between clinicians and families. This affects clinicians' ability to provide care and maintain relationships with families.

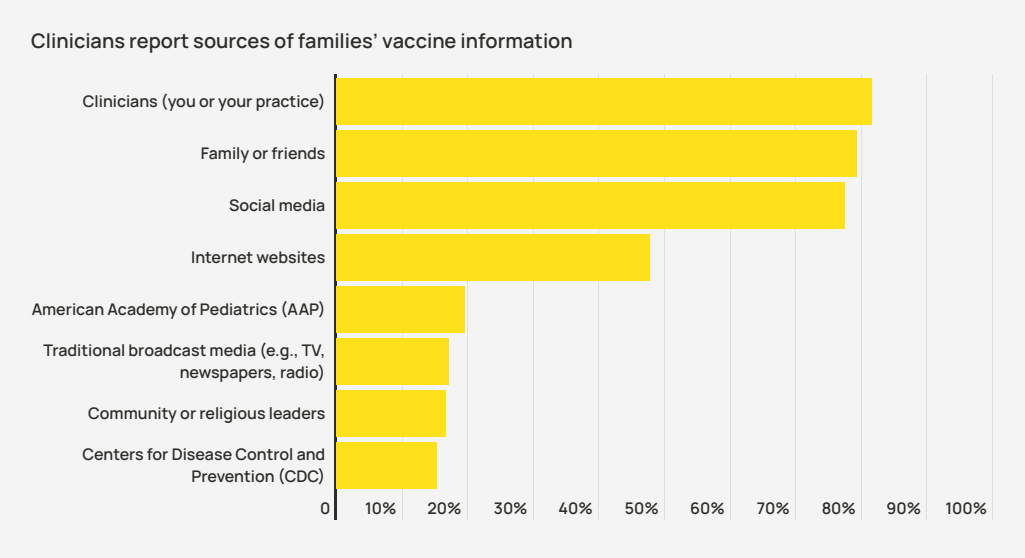
We asked clinicians: "What sources of information about vaccines do parents/caregivers you serve most frequently access? Select all that apply."

"The biggest challenge that I have trouble working through is the erosion of trust between patients/families and healthcare systems/evidence-based practice." **Clinician in Oregon**

Among clinicians who identified at least one source, the majority reported parents accessed healthcare clinicians (82%), family or friends (79%), and social media (77%). These data suggest that parents were relying on multiple sources, both medical and non-medical, for vaccine information.

To address vaccine hesitancy, almost all clinicians reported using the strategy of listening to and acknowledging concerns (98%), followed by discussing scientific evidence and safety information during the visit (92%).

"Families are showing poor confidence in our health system from confusing information seen on TV/news/ administration. Parents are turning to Chat GPT/AI to consult about their health." **Clinician in New York**



In open-ended responses, clinicians described families receiving multiple sources of vaccine information, creating questions and concerns that undermined the clinician-family relationship.

"I worry for my families having access to needed services: food assistance, housing assistance. Without having basic needs met, families struggle more to focus on routine day-to-day well-being. Most of the time when they come into the clinic, they are in crisis." **Clinician in New York**

Pediatric clinicians describe families with young children struggling to make ends meet

"Families struggling to make ends meet and unable to find quality, affordable child care [is my biggest concern right now]." **Clinician in Washington**

Having difficulty affording basic needs like food and housing can affect children's health and development. As part of many routine well-child visits, clinicians ask about families' access to basic needs, including food, housing, utilities, and child care. The majority (89%) of surveyed clinicians said they routinely asked about families' experiences of food insecurity.

"Engaging families in concerns about their children's health and development when they are struggling to meet basic needs [is my biggest challenge right now]." **Clinician in Texas**

We asked clinicians about the extent of food insecurity among families they serve. More than one in three clinicians (35%) reported that between 26–50% of the families they serve experienced food insecurity. Approximately one in ten clinicians (11%) reported that more than half of the families they serve experienced food insecurity.

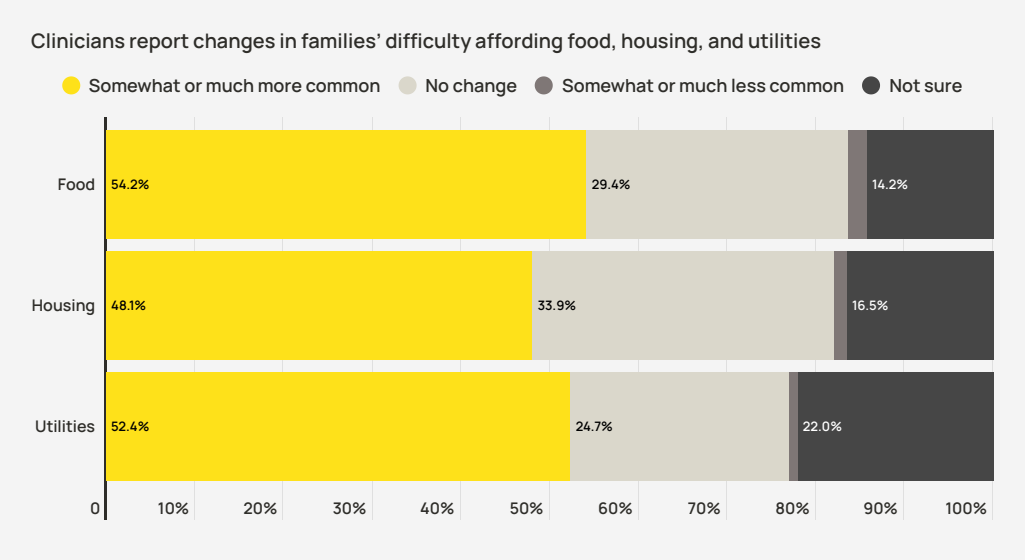
We also asked clinicians about families' access to child care. More than one in four (28%) clinicians said families generally did not have access to child care options that met their needs. Among the 28%, cost of child care (97%), availability of child care slots (58%), location/transportation challenges (54%), and hours of operation (44%) were the most common

"We are not doing well. The families we treat are struggling and we don't have resources to help them. We need our families to have access to affordable healthcare. We need families to have access to quality food and housing that is affordable."
Clinician in Wisconsin

reasons surveyed clinicians reported that families did not have access to child care.

Clinicians also reported how they have observed families' ability to meet their basic needs has changed over time. More than half of clinicians (54%) said hunger or food access challenges were somewhat or much more common compared to one year ago. Similarly, about half (48%) said housing instability challenges were somewhat or much more common compared to one year ago, and more than half (52%) said difficulty paying for utilities was somewhat or much more common compared to one year ago.

"[My biggest concern as a pediatric clinician right now is] more hunger, less access to medical care due to lack of insurance/costs, unable to meet all basic needs (food, housing, utilities, transportation)."
Clinician in Massachusetts



"Changes in the food assistance programs can have a significant impact on overall children's healthcare, as parents struggle to provide nutritious food supplies for their young ones due to increased grocery prices. Hard decisions are made whether to get healthy foods vs. paying for rent or gas to be able to continue to provide for the family unit."
Clinician in Washington

In open-ended responses, clinicians described increasing financial strain among families they serve with children under age 6, as shown in the quotes in this fact sheet.

"My patients are getting cut from SNAP and Medicaid, so many are going without food, unable to pay bills, getting evicted, losing ability to access services." Clinician in Texas

Pediatric clinicians report that families have decreased access to safety net programs and that this is having negative effects on families

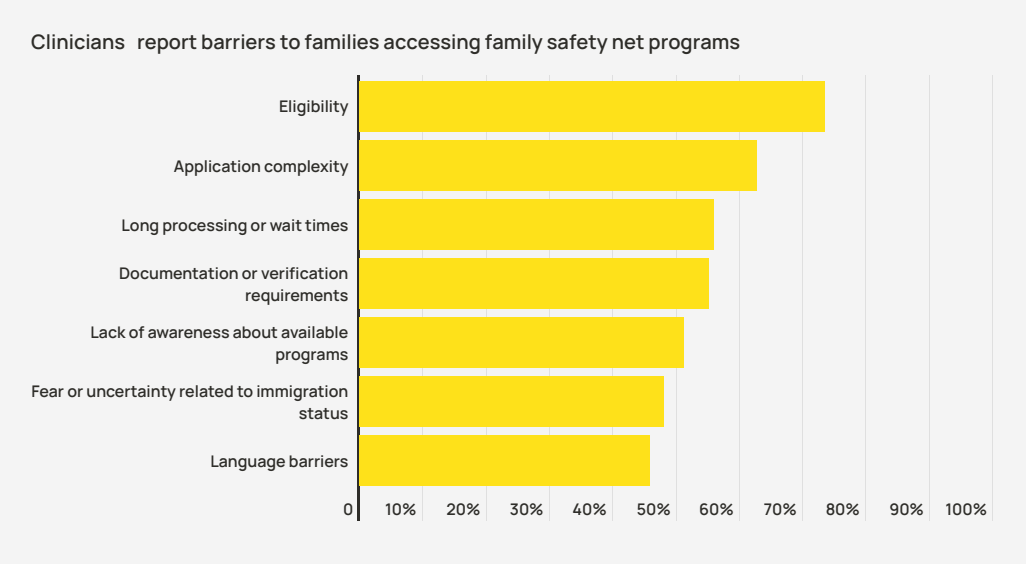
We asked clinicians: "In the past year, have you noticed any changes in families' ability to access federal safety net programs such as SNAP, WIC, TANF, Medicaid/CHIP, Head Start, or child care subsidies/vouchers?"

"Combination of eligibility reduction, and fear/complications about applying, but the stress level for families getting connected to the support services they need has dramatically increased. And it feels like our patient navigators have fewer and fewer resources to direct patients and families to." Clinician in Oregon

About half (48%) of clinicians reported families' access to federal safety net programs had decreased, and 48% said these changes had noticeably affected either their practice or the families they serve.

Among clinicians who reported decreased access, we asked which programs were most difficult for families to access. SNAP (71%), followed by Medicaid/CHIP (49%), WIC (43%), Head Start (43%), and child care vouchers/subsidies (41%) were most frequently reported.

"Programs such as Medicaid/CHIP, SNAP, WIC, and child care subsidies are foundational to children's health. When families lose access to these programs or experience interruptions in benefits, we see increased food insecurity, delayed care, missed preventive visits, and worsening management of chronic conditions." Clinician in Iowa



When asked about barriers families experienced in accessing these programs, these clinicians selected eligibility requirements (74%), application complexity (63%), and processing wait times (56%) as the most common reasons cited.

In open-ended questions, clinicians described families losing access to food and healthcare supports, families going without food, unable to pay bills, and facing eviction due to reduced access to safety net programs.

Conclusion

The data presented in this fact sheet reveal insights into family and caregivers' experiences and the contexts in which families and children develop. Clinicians witness the complex realities families face, from healthcare access challenges to financial strain to vaccine concerns. These challenges are interconnected, with families often experiencing multiple barriers simultaneously.

These data also show that these family challenges affect clinicians' ability to provide care, with many reporting that vaccine misinformation has strained clinical practice and trust with families. Some clinicians describe taking on additional support roles, such as helping families navigate complex referral systems.

Understanding what clinicians observe about family experiences provides information about where support may be needed. Furthermore, analysis from the national RAPID household survey shows that economic hardship in families with children under age 6 is prevalent, with more than two in five families in April 2025 reporting difficulty meeting basic needs, one of the highest levels recorded. Supporting families requires policies and programs that prioritize the health and well-being of children and their caregivers. Clinician voices, combined with parent input through other RAPID surveys, can inform such efforts with timely, actionable data.

About the RAPID Survey Project

The RAPID Survey Project is based in the Stanford Center on Early Childhood, under the direction of Philip Fisher, PhD, Director of the Center.

RAPID collaborated with the nonprofit Reach Out and Read to distribute surveys to their network of 35 statewide and regional affiliates.

This set of analyses on RAPID national pediatric survey data collected between March and May 2026 is based on responses from 1,010 pediatric clinicians caring for children under age 6. These clinicians represent a range of communities: 47.6% serve patients who are predominantly covered by Medicaid, 39.4% serve a high proportion of patients who are covered by private insurance, and 7.2% work in rural or remote areas. Proportions/percentages are calculated based on the item-level response rates, not out of the total sample size. Analyses on these data are not weighted.

RAPID collects data from parents of young children, child care providers, and pediatric healthcare providers across the country. 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.

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