

Increasing well-child visit (WCV) rates in disempowered communities

Well-child visits: a path to equity, health and trust

In rural communities where health care access is challenging, consistent child and adolescent well-care visits are a critical link between prevention and long-term well-being. This is important for all families, but many belong to communities that often face additional barriers.

Every WCV is a chance to build rapport, deliver culturally responsive care and ensure children meet developmental milestones. For underserved families, these visits can be a game changer in identifying and addressing social, emotional and physical health needs early.

Culturally responsive tips to improve WCV rates

- Meet families where they are
 - Acknowledge how a patient's identity and culture can affect appointment attendance.
 - Avoid assumptions. Ask about a family's beliefs about wellness, healing and child development.
- Build relationships, not just records
 - Consistency with providers who reflect or respect a family's background can improve trust.
 - Consider using visual aids or storytelling when explaining care plans, especially for families with different health literacy levels.

Understanding context: building trust with intention

For many families within underserved communities, particularly in rural areas, hesitancy to attend regular well-child visits is not only about convenience but also deeply rooted in the oppressive origins of Western medicine.

- Generational trauma and mistrust
 - Medical misconduct has occurred throughout generations of disempowered people. It has created long-lasting fears.
- Inequitable access
 - Rural, underserved communities often receive fewer health care resources and face cultural barriers to care.
- Daily negative interpersonal interactions
 - Many families feel dismissed or disrespected during health care visits, reinforcing a cycle of mistrust.

Cultural considerations for families: building trust with compassionate care

Based on the family's different identities and backgrounds, they interact with health care professionals differently. Many families value collectivism, cultural traditions and shared wisdom. Below are steps you can take to connect with disempowered patients:

- Understanding gaps in health outcomes and access.
- Leverage cultural strengths, including kinship networks and faith traditions.
- Provide culturally appropriate messaging.

- Frame WCVs as empowering: “These visits help us celebrate your child’s growth and ensure they’re ready to lead, learn and thrive.”
- Build trust through sustained community presence and partnership.
- Emphasize holistic healing: “Well-child visits can restore wellness, not just for your child, but for the whole family.”
- Provide interpretation and translated materials.
- Respect extended family roles in care decisions.
- Use values-based messaging: “We’re here to support your child’s future and the dreams your family holds for them.”