A SCOPING REVIEW OF WELL-CHILD VISITS AMONG IMMIGRANT FAMILIES

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Abstract

Well-child visits (WCVs) are central to pediatric preventive care, yet immigrant families in the United States experience disparities in access and quality of WCV care. Structural barriers, language discordance, and cultural incongruence contribute not only to missed visits but also to increased caregiver burden in care management. In this scoping review, we synthesized the evidence on barriers to and interventions to improve WCV access among immigrant families.

Using a scoping review approach, we identified studies focused on WCV access among immigrant and underserved families. Studies were included if they addressed structural, cultural, and language barriers that influenced caregiver burden and access to WCVs. Nine studies met the inclusion criteria, where we then synthesized qualitative, randomized controlled, and other quantitative studies. Across the studies, we found that language and cultural differences emerged as common barriers for immigrant families. Even when families were able to attend WCVs, the quality of the visit still depended on communication quality, cultural alignment, and trust in the information and care provided. Many preventive care models were unfamiliar to first-generation parents, which led to uncertainty and dissatisfaction even after completing visits. In underserved communities, children experiencing overlapping barriers such as poverty, limited English proficiency, and insurance instability were less likely to report regular physician visits or an established source of care.

In this review, we identified many barriers to access to WCVs that could be addressed in health systems to improve care, including navigating unfamiliar health systems, translating medical information, coordinating insurance, and reconciling collective family decision-making norms within an individualistic care model. Advancing access to well-child visits in underserved

regions requires culturally responsive, equity-focused strategies that address structural and communication barriers within pediatric preventive care systems.

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Introduction

Well-Child Visits (WCVs) are an important component of pediatric preventive care, supporting early detection of developmental concerns, adherence to vaccination schedules, and parental guidance. [1] For many families, WCVs also serve as a key point of contact with the healthcare system and a source of reassurance, health education, and communication with providers. [2] Despite the recognized benefits of WCVs, attendance remains lacking, with lower participation rates particularly among racially and ethnically minority children with and without insurance. [2] Immigrant families in the United States continue to face unequal access to pediatric care. They are less likely to report regular physician visits, especially when families struggle with poverty, limited English proficiency, or lack of insurance.[3] These overlapping barriers can make it harder for children to receive consistent, high-quality preventive care. Research has further shown that parents with limited English proficiency and from other countries are less likely to receive quality well-child care experiences and more likely to receive preventative care less consistently. [4] Therefore, families with limited English proficiency may face challenges understanding medical recommendations, navigating follow-ups, and communicating their concerns effectively during visits. [4] As a result, even when well-child care occurs, the quality and effectiveness of care may still be compromised for immigrant families. This strengthens the need

[1]Ragavan, Maya I., et al. "Chinese, Vietnamese, and Asian Indian Parents' Perspectives about Well-Child Visits: A Qualitative Analysis." *Academic Pediatrics*, vol. 18, no. 6, Aug. 2018, pp. 628–635, https://doi.org/10.1016/j.acap.2017.11.003. Accessed 5 Oct. 2025.

[2] Luff, Amanda, et al. "Attendance Patterns in Well-Child Visits across Diverse Pediatric Populations, Midwestern United States." *Preventive Medicine Reports*, vol. 54, no. 103082, 22 Apr. 2025, p. 103082, www.sciencedirect.com/science/article/pii/S2211335525001214#bb0075, https://doi.org/10.1016/j.pmedr.2025.103082.

[3] Fahey, Nisha, et al. "Understanding Barriers to Well-Child Visit Attendance among Racial and Ethnic Minority Parents." *BMC Primary Care*, vol. 25, 3 June 2024, p. 196, www.ncbi.nlm.nih.gov/pmc/articles/PMC11149240/, https://doi.org/10.1186/s12875-024-02442-0.

[4] Ragavan, Maya I., et al. "Parental Perceptions of Culturally Sensitive Care and Well-Child Visit Quality." *Academic Pediatrics*, vol. 20, no. 2, Mar. 2020, pp. 234–240, https://doi.org/10.1016/j.acap.2019.12.007.

to improve preventative care to create a supportive and culturally safe environment for disadvantaged children.

Various sociodemographic factors influence attendance at well-child visits, including race, ethnicity, parental education level, income, and more. Families that rely on public insurance are more vulnerable to *multiple* risk factors that affect both health outcomes and primary care. For example, multiple factors can include living in poverty and having no health insurance.[5] These risk factors often cluster rather than operate independently, such as parents with low education and unstable employment, which could result in poor insurance coverage or reduced flexibility to attend appointments.[5] Understanding how these risk factors intersect is essential to explaining disparities and creating an inclusive environment for immigrant families.

Beyond socioeconomic and linguistic barriers, immigrant families also face substantial caregiver burden in navigating pediatric healthcare systems. These burdens include coordinating transportation, managing work around school schedules, and maintaining follow-up care. For many families, balancing work and responsibilities with managing their children's healthcare can create significant emotional and financial strain, making WCVs difficult to maintain.[5] In qualitative studies of limited English proficiency immigrant mothers, many caregivers identified ways WCVs could better meet family needs.[6] Parents emphasized the importance of stronger provider-family relationships, expanded clinic hours, and improved same-day sick visits.[6] Language barriers often overlapped with these challenges, which complicate communication with providers and care coordination.[3]

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[5] Stevens, Gregory D, et al. "Disparities in Primary Care for Vulnerable Children: The Influence of Multiple Risk Factors." *Health Services Research*, vol. 41, no. 2, 1 Apr. 2006, pp. 507–511, www.ncbi.nlm.nih.gov/pmc/articles/PMC1702517/, https://doi.org/10.1111/j.1475-6773.2005.00498.x.

[6] DeCamp, L.R., Kieffer, E., Zickafoose, J.S. *et al.* The Voices of Limited English Proficiency Latina Mothers on Pediatric Primary Care: Lessons for the Medical Home. *Matern Child Health J* 17, 95–109 (2013). https://doi.org/10.1007/s10995-012-0951-9

If providers can foster culturally sensitive care during WCVs, this could be a potential way to prevent healthcare disparities. [5,] Culturally sensitive care is defined by the American Academy of Pediatrics (AAP) as "the delivery of care within the context of appropriate physician knowledge, understanding, and appreciation of all cultural distinctions leading to optimal health outcomes." [5,7] Although there have been prior studies on exploring Latino immigrant families' experiences in WCVs, there is still less research highlighting immigrant parents' perspectives on well-child visit attendance, care quality, and healthcare navigation across diverse ethnic groups.[1] These research gaps highlight the need to examine both access and quality of well-child care across immigrant and racially minority populations. In this scoping review, we aim to examine barriers to access to well-child visits and the quality of care families receive during those visits. This review will also identify interventions that improve preventive care engagement and better understand how healthcare systems can reduce caregiver burden among immigrant families from diverse backgrounds, including Latino, Black, and Asian Communities.

Methods

This scoping review examined barriers to well-child visits (WCVs) and caregiver burden among immigrant families in the United States. This review focuses on identifying challenges and strategies to improve preventive pediatric care in underserved regions. A scoping review approach was selected to help cover the multifactorial nature of the research question, which involves structural, linguistic, cultural, and health system-related factors.

A literature search was conducted using PubMed, Web of Science, and ScienceDirect to identify relevant research papers. Search terms included combinations of "well-child visit,"

[7] Committee on Pediatric Workforce."Ensuring Culturally Effective Pediatric Care: Implications for Education and Health Policy." *PEDIATRICS*, vol. 114, no. 6, 1 Dec. 2004, pp. 1677–1685, https://doi.org/10.1542/peds.2004-2091.

pediatric preventive care," immigrant families," caregiver burden," "healthcare access", "racial and ethnic disparities," and "underserved populations." Boolean operators such as AND and OR were also used to refine the search and identify studies that addressed WCVs and immigrant caregiver experiences.

Originally, our search yielded around twenty-five studies across all search engines, and all were first sorted through title and abstract. To narrow the number of articles, we screened for relevance to the research questions, ensured keywords were included, and removed duplicate studies. Studies were included if they focused on pediatric populations specifically in the United States healthcare system. We prioritized research focused on immigrant families and communities experiencing barriers to care. Studies were also included examining healthcare access disparities, caregiver burden, and interventions to improve pediatric preventive services.

Of the twenty-five studies initially identified, approximately sixteen were excluded because they focused primarily on adult populations or healthcare settings unrelated to pediatric preventive care, including hospital-based services and non-U.S. healthcare systems. Articles were also excluded if they did not address immigrant families or LEP populations. Key information was extracted from each study, including study design, demographic characteristics, and healthcare setting. Intervention studies were also reviewed for strategies aimed at improving appointment attendance, communication, and care coordination. Findings were then synthesized using thematic analysis. Recurring barriers were grouped together to identify patterns across all the literature. The final themes included structural, language, and cultural barriers. This approach allowed us to compare how different studies described barriers to WCV attendance and how many of these barriers often overlap, especially for immigrant families in underserved communities. As a result, nine studies were included in the final scoping review.

The project was originally designed as a qualitative study exploring immigrant caregivers' experiences with WCV at the UCR Health Pediatric Clinic in La Quinta. The original study design was to conduct caregiver interviews to understand barriers to pediatric care access. However, direct qualitative data collection was not feasible due to the limited study timeline and the demands of the clinical settings. Many caregivers, who are already navigating long wait times, busy clinic visits, and language barriers, made it difficult to recruit interviewees. There was also an uncertainty or unfamiliarity with research participation, which created additional challenges. Due to these limitations, the project was adapted into a scoping review to synthesize existing evidence on WCV access and caregiver burden among immigrant families. However, the initial in-person clinic experience helped shape the review by highlighting the real-life challenges caregivers face when accessing pediatric preventive care. These observations reinforced the importance of examining existing research on the various challenges caregivers face.

Results

A total of 9 studies were included in this scoping review, consisting of qualitative studies, randomized controlled trials, population-based quantitative studies, and narrative reviews. These studies examined immigrant, limited-English-proficient (LEP), and racially and ethnically minoritized families in pediatric preventive care settings across the United States. Table 1 summarizes the nine studies by grouping them by geographic location, study type, and population. The studies represented diverse populations, including immigrant families, low-income households, and LEP caregivers. For geographic location, all studies were performed in the United States and were mostly conducted in urban or safety-net healthcare settings. This is important as we found that many families face multiple barriers to preventive

care in most urban and safety-net healthcare settings. This table also highlights the study type used to provide evidence, which ranged from qualitative interviews to logistic regression analysis. Although our studies spanned a wide range of studies, populations, and immigrant groups, they consistently showed that overlapping barriers shape access to WCV.

Table 1. Study Characteristics of Included Articles

Study	Immigrant Group(s)	Geographic Location	Study Type	Population / Age
[6]Chinese, Vietnamese, and Asian Indian Parents' Perspectives About Well-Child Visits (2017)	Chinese, Vietnamese, Indian immigrant parents	United States (Boston, Massachusetts, community-based organizations)	Qualitative • semi-structured interviews • thematic analysis	First generation immigrant parents with children <18 years
[4]Understanding Barriers to Well-Child Visit Attendance Among Racial and Ethnic Minority Parents (2024)	Racial and ethnic minority parents (predominantly Hispanic/Latino, Black, Asian; LEP	United States (central Massachusetts; safety-net healthcare system)	Qualitative • semi-structured interviews	Parents of pediatric patients (children ages 0–21;overdue for WCVs)
[9]Disparities in Primary Care for Vulnerable Children (2006)	Diverse vulnerable children (immigrant families, non-English-speaking households)	United States (California; survey)	Quantitative • logistic regression	Children and adolescents ages 0–19
[3]The Voices of Limited English Proficiency Latina Mothers on Pediatric Primary Care (2013)	Limited English Proficiency (LEP) Latina mothers	Southwest Detroit, United States	Qualitative • semi-structured interviews • thematic analysis	38 low-income Latina mothers with children ≤3 years old
[8]Immigrant Latino Parents Demonstrated High Interactivity with Pediatric Primary Care Text Messaging Intervention (2020)	Immigrant Latino parents with limited English proficiency (LEP)	Urban pediatric primary care clinic, United States	Quantitative • randomized controlled trial • mHealth intervention	79 Latino parents of infants <2 months old (followed through first year of life)
[1]Perspectives from the Society for Pediatric Research: Interventions Targeting Social Needs in Pediatric Clinical Care (2018)	low-income, socially disadvantaged pediatric populations	United States (multiple pediatric clinical settings)	Systematic review / evidence synthesis	Pediatric populations
[2]Barriers to Health Care Among Asian Immigrants in the United States (2013)	Asian immigrants (Chinese, Vietnamese, Filipino, Korean, etc.)	United States	literature review	Asian immigrant caregivers and children (varied across included studies)
[7]Parental Perceptions of Culturally Sensitive Care and Well-Child Visit Quality (2020)	Minority diverse parents, immigrant and (LEP) families	United States (urban pediatric clinic, Boston Medical Center)	Quantitative • survey study	212 parents of children ages 3–48 months attending well-child visits
[5]Attendance Patterns in Well-Child Visits Across Diverse Pediatric Populations	Racial/ethnic pediatric populations (predominantly non-Hispanic Black vs non-Hispanic White; Medicaid vs privately insured)	United States (Chicago-area healthcare system)	Quantitative • logistic regression	2,567 children born in 2022; followed through first 15 months of life

Table 2 highlights the major themes and barriers found across the studies included in this review. Results showed that language and communication barriers, such as difficulty understanding medical instructions and ineffective interpreter services, were prevalent in WCVs. Structural barriers, such as taking time off work due to limited appointment availability and scheduling conflicts, further complicated consistent visits. Additionally, cultural expectations were found in many immigrant households, where U.S. preventive care or reliance on traditional

medicine shaped how families used WCVs. Other themes that affected consistent visits were communication quality with providers and the availability of resources tailored to alleviate caregiver burden. Table 2 further illustrates that barriers are multifactorial and found in various populations, which emphasizes the need for more tailored interventions.

Table 2. Major Themes and Barriers Across Included Studies

Language / Communication Barriers	Difficulty understanding medical instructions, navigating referrals, communicating with clinic staff, and the limited effectiveness of interpreter services	1,3,4,5,6,9,10
Structural Barriers (Transportation, Scheduling, Access)	Transportation difficulties, parking limitations, long wait times, inflexible work schedules, and limited appointment availability are affecting WCV attendance	1,2,3,5,6,8,9,10
Cultural Expectations	Differences in preventive care	1,4,6,9,10

Table 2. Major Themes and Barriers Across Included Studies		
	expectations, unfamiliarity with U.S. WCVs, reliance on traditional medicine, and family-centered decision-making	
Provider Communication and Care Quality	Poor communication quality, lack of cultural concordance, and dissatisfaction with care despite visit attendance	1,2,3,4,5,6,8,9,10
Caregiver Burden	Increased responsibility for scheduling, transportation, childcare, insurance navigation, and follow-up care, leading to emotional and logistical strain	1,2,3,5,6,8,9,10
Interventions and Support Strategies	Culturally tailored interventions. Examples: SMS reminders, social needs	1,2,3,4,5,6,8,9,10

Table 2. Major Themes and Barriers Across Included Studies		
	navigation, and improved care coordination that enhance access and reduce burden	

Structural Barriers to Well-Child Visit Access

Across multiple studies, structural barriers were consistently identified as major contributors to delayed or missed WCVs. These barriers were not usually related to parents' lack of value for preventive care. Instead, many caregivers faced more practical challenges that made it difficult to attend visits regularly. Based on Table 2, almost all papers included in this review mentioned barriers such as transportation difficulties, parking limitations, inflexible work schedules, lack of childcare, limited availability of clinic appointments, and long wait times. This was especially clear in the qualitative study examining racial and ethnic minority parents with overdue WCVs. Caregivers who were interviewed described transportation, scheduling conflicts, and work demands as frequent reasons for missed visits.[3] Language barriers often intensified these structural obstacles by making appointment scheduling and follow-up communication more difficult.[3] For example, parents with limited English proficiency had more difficulty calling the office, understanding instructions, and completing paperwork. This proves that language does not act as a separate barrier but can make existing barriers more difficult to overcome.

Population-level evidence further demonstrated that structural barriers are often compounded by overlapping social vulnerabilities. The California-based study on vulnerable children showed that access barriers often build on each other. Children living in poverty, those without insurance, and those from households with lower parental education or non-English primary languages were significantly less likely to have a regular source of care or attend physician visits.[5] These findings suggest that access disparities are not driven by isolated barriers, but rather by clustered risk factors that disproportionately affect immigrant and underserved families.[5]

The review on pediatric social determinants of health interventions also emphasized that housing instability, food insecurity, and financial hardship can directly interfere with preventive care attendance.[8] Families facing multiple social stressors often experience increased difficulty maintaining routine pediatric care, particularly in resource-limited communities.[8]

Together, these findings highlight that improving well-child visit attendance requires more than families attending to appointments. Health systems also need to reduce the everyday barriers and bring resources to families who have difficulty accessing preventive care. This includes helping families with scheduling, language access, and follow-up support.

Language and Communication Barriers

Language and communication barriers emerged as one of the most consistent themes across the included studies. Caregivers with limited English proficiency frequently described difficulty with understanding instructions during their appointments, such as communicating with staff. [3] In *Understanding Barriers to Well-Child Visit Attendance Among Racial and Ethnic Minority Parents,* many caregivers reported that language barriers further amplified existing

[8] Beck, Andrew F., et al. "Perspectives from the Society for Pediatric Research: Interventions Targeting Social Needs in Pediatric Clinical Care." *Pediatric Research*, vol. 84, no. 1, 23 May 2018, pp. 10–21, https://doi.org/10.1038/s41390-018-0012-1.

structural barriers. For example, Spanish-speaking participants reported that staff who did not speak Spanish negatively affected their ability to use valet parking services, call the office, and complete forms and paperwork, making it more difficult for parents to take their children in for well-child visits.[3] This led to parents worrying that important information from doctors and nurses could be lost when interpreter services are either unavailable or online.[3] These examples show how much of an impact language and communication have on attendance at WCVs.

Among Latino immigrant families, communication barriers were closely linked to caregiver burden. The study, *Immigrant Latino Parents Demonstrated High Interactivity with Pediatric Primary Care Text Messaging Intervention,* showed that culturally tailored Spanish-language SMS reminders improved appointment attendance and reduced the burden of scheduling, vaccinations, and follow-ups. [9] Unlike passive reminders, the text message interventions allowed for two-way communication between caregivers and the clinic. This intervention was the most effective among caregivers with lower levels of education, supporting the idea that culturally tailored digital support may help reduce communication barriers in low health-literacy populations. [9]

Literature on Asian immigrant healthcare access similarly found that limited English proficiency contributed to delays in WCVs, reduced satisfaction, and poorer care coordination. In the study, *Barriers to Health Care Among Asian Immigrants in the United States,* Language discordance was associated with difficulties understanding medical information, weaker patient-provider relationships, and lower confidence in navigating the healthcare system.[10]

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[9] Silverman-Lloyd, Luke G., et al. "Immigrant Latino Parents Demolanguage-concordantoftennstrated High Interactivity with Pediatric Primary Care Text Messaging Intervention." *MHealth*, vol. 6, no. 45, Oct. 2020, pp. 45–45, https://doi.org/10.21037/mhealth.2020.01.06. Accessed 3 Feb. 2021.

[10] Clough, Juliana, et al. "Barriers to Health Care among Asian Immigrants in the United States: A Traditional Review." *Journal of Health Care for the Poor and Underserved*, vol. 24, no. 1, 2013, pp. 384–403, https://doi.org/10.1353/hpu.2013.0019.

Although interpreter services may help with communication barriers, many families still experience challenges building rapport through third parties. [10] Similarly, interviews conducted in Mandarin, Cantonese, Vietnamese, Hindi, and English revealed that parents also felt more comfortable when providers understood both their language and cultural expectations.[1] Caregivers often preferred language-concordant providers as they could build more personal relationships and trust during the visit.

Overall, these findings suggest that language barriers extend beyond translational challenges and actually play a role in shaping both access to care and the quality of WCV experiences. Across Latino, Asian, and other racially and ethnically minoritized families, limited English proficiency is often layered with other structural barriers. These studies suggest that language-concordant communication and culturally tailored digital support can help reduce barriers to care and improve access to WCV among immigrant families. Improving access also requires healthcare systems that build trust, strengthen communication, and provide support to caregivers in WCVs.

Cultural Expectations and Quality of Care

Several studies demonstrate that attending WCVs does not necessarily guarantee that immigrant families perceive the care as meeting cultural expectations or as high quality. Among Asian families, cultural expectations strongly shaped how parents perceive WCV experiences.[1] In the qualitative study of Chinese, Vietnamese, and Asian Indian parents, many caregivers compared U.S. well-child visits to pediatric care in their countries of origin. Some parents described U.S. WCVs as “too simple” because the visits often included fewer tests, shorter explanations, and less direct reassurance than their expectations.[1] Although caregivers do attend WCVs, many were left feeling like high-quality care was not there.

These differences in expectations may arise from how care is understood in different healthcare systems. Some immigrant families came from places where children usually visited a physician when they were sick, rather than for routine checkups. As a result, WCVs may be unfamiliar or unclear to many families. Others expected more testing and detailed explanations during the visit.[1] This represented that many families needed clearer explanations of the purpose of WCVs, such as growth monitoring, developmental screening, and vaccines.

Family decision-making also shaped how parents understood their child's care. In the Asian immigrant parent study, many caregivers sought advice from their spouses, extended family members, and sometimes providers in their country of origin.[1] This was important as often, advice from family members did not match the U.S. providers' advice. When providers did not ask about any outside influences, caregivers are often left to decide which option is best for their child. Recognizing that culture plays a part in family decisions and showing respect may help providers build trust with their patients.

Cultural beliefs also influenced how families approach treatment for their children. Some Chinese and Indian parents described using traditional medicine or combining both Western and Eastern medicine. From their perspectives, U.S. providers were often unfamiliar with these practices, which limited conversations about traditional medicine during WCVs.[1,10] A broader review of Asian Immigrant healthcare access similarly found that traditional health beliefs and different expectations of the doctor-patient relationship can affect immigrant families' views of healthcare services.[10] This is a reason why many families prefer for their providers to understand both their language and cultural beliefs, which helps build trust and improve communication.

Overall, these findings suggest that culturally responsive WCV extends to the respectful recognition of families' cultural beliefs and expectations. For some parents, culturally responsive

care is when providers ask respectful questions and make space for families to explain their beliefs. Across immigrant communities, differences in preventive care norms, family decision-making practices, and health beliefs shape how families engage with WCVs. [1,3,10] Culturally responsive well-child visits may create a space where immigrant families can create positive ties to preventive care.

Caregiver Burden and WCV Navigation

Caregiver burden also emerged as a central theme across this scoping review, particularly among immigrant and low-income families. As caregivers navigate WCVs, they often face many layers of barriers. Some include language barriers, taking time off work due to limited appointment slots, and coordinating childcare. [3,5,6]

Among Latino and limited English proficiency families, caregiver burden grew due to language barriers and the complexity of healthcare. Language discordance and fragmented systems forced mothers to take on additional coordination responsibilities, creating more stress and reducing trust in care navigation.[6] When language support was limited, caregivers had to take on more responsibilities for making sure information was understood and care was completed.

Among Asian immigrant families, caregiver burden reflected cultural expectations around family and care coordination.[1,10] With family-centered decisions the norm, many caregivers face emotional pressure to manage care that aligns with both family expectations and the U.S. Healthcare system. [1,10] Similarly, most ethnic minority caregivers described balancing employment and healthcare logistics along with family responsibilities as both emotionally and physically exhausting.[3]

As shown in Figure 1, caregiver burden among immigrant families consists of many different factors. Caregivers often had to coordinate transportation, take time off work, manage insurance issues, and schedule appointments around limited clinic availability. These barriers were especially difficult when families were already managing financial stress or unstable access to resources.[3,5,8] On top of structural barriers, families who are immigrants tend to have limited English proficiency, creating poor communication needed to discuss the child's health. Immigrant caregivers also face another layer of burden due to cultural aspects of their daily lives. Because of unfamiliarity with the U.S. healthcare system, many families turn to traditional remedies to care for the sick. Some immigrant caregivers also expressed how healthcare in the U.S. is lacking compared to what they had back in their country of origin. Many observed that checkups seemed too simple, with only height and weight as the main check-up items. These barriers directly impact caregiver burden and how they navigate WCVs, which can result in missed appointments and higher stress levels.

Figure 1 helps show how these barriers are connected. Structural, language, and cultural barriers all contribute to the caregiver navigation burden. This downstream effect leads to WCV outcomes, including delayed visits, lower preventive care adherence, and increased family stress. Overall, caregiver burden in this review was not caused by one single issue. Instead, it developed when families had to manage multiple barriers at the same time. These findings show that improving WCV access requires more than encouraging caregivers to attend visits. Clinics need to meet families where they are by providing more support and resources.

Discussion

This scoping review highlights that barriers to well-child visit (WCV) access among immigrant families are multifactorial and interconnected. Across the included studies, structural barriers such as transportation difficulties, insurance instability, limited appointment availability, and work-related constraints affect families ' ability to attend WCVs.[2,3,4] These barriers were further layered by language barriers and cultural differences in expectations for pediatric care.[1,5,6,9,10] These overlapping barriers suggest that well-child care should be understood not through attendance, but through the broader caregiving burden and healthcare navigation responsibilities required to maintain preventive care.

These findings are important because WCVs play a central role in pediatric preventive health. Missed or delayed visits can result in reduced vaccine completion, delayed developmental screening, and missed early intervention. [1,3,5.]For immigrant families, barriers to WCV access may therefore contribute to broader health disparities over time. This review also demonstrates that even when immigrant families attend well-child visits, they may still experience dissatisfaction or uncertainty if care does not align with their language needs, cultural expectations, or communication preferences.[1,9] This highlights the importance of viewing quality of care as an essential component of access.

A major finding of this review is that caregiver burden serves as a key pathway through which structural, language, and cultural barriers affect access to preventive care. Immigrant caregivers often manage significant invisible barriers, which increase emotional stress and make preventive care difficult to attend regularly. As illustrated in Figure 1, caregiver burden should be recognized as both a family-level and systemic-level challenge, as it directly impacts pediatric health outcomes.

The findings of this review also have important implications for underserved regions such as the Inland Empire, where broader regional conditions may further exacerbate barriers in WCVs. The Inland Empire includes two of the largest counties in California, Riverside and San Bernardino, which are home to over 4.6 million residents.[11] Regional data show that 30.4% of the population lives below 200% of the federal poverty level, and 14.5% has limited English proficiency.[11] In addition, the Inland Empire continues to face healthcare workforce shortages, with around 229 physicians per 100,000 residents compared with the California average of 358.[12] These challenges created limited pediatric resources, which amplified barriers to well-child visit access for immigrant families. Barriers such as transportation limitations, language differences, and limited trust in healthcare systems may make it more difficult for caregivers to attend visits consistently and fully engage in preventive care. Community organizations in the Inland Empire stress the importance of meeting families where they are, such as providing information in different languages and creating more local partnerships.[11] These findings support the need for health systems that are not only accessible but also culturally responsive and family-centered. Strategies such as language-concordant communication, flexible scheduling, patient navigation support, digital reminder systems, and provider cultural competency training may help reduce caregiver burden and improve preventive care engagement. [1,2,4,9,10]

This review has several strengths. It synthesizes findings across diverse immigrant populations, including Latino, Asian, Black, and other racially and ethinically minoritized families. Our papers also included a variety of both qualitative and quantitative evidence, which creates a broader understanding of barriers to WCV access. Qualitative studies were especially

[11] Official website of the State of California. "Inland Empire Regional Snapshot Region 9. "https://ocpsc.ca.gov/wp-content/uploads/2025/05/OCPSC-2025Snapshots-043025-Region9.pdf

[12] Ifroman. "Inland Empire — Regional Market Report 2025 - California Health Care Foundation." *California Health Care Foundation*, May 2026, www.chcf.org/resource/inland-empire-regional-market-report-2025/. Accessed 7 May 2026.

helpful as they captured firsthand experiences from caregiver perspectives. Another strength of this review is that it examined a whole variety of barriers to access. By looking at structural, communication, and cultural barriers, we were able to observe how these barriers could overlap with caregiver burden. This is important because families rarely experience these barriers separately, so this review paints a more complete picture of how healthcare systems can better support families.

Limitations

The scoping review had several limitations to be considered when analyzing the findings. First, the review included a relatively small number of papers (n=9), which may limit the perspectives of all immigrant populations. Another limitation is that many studies relied on self-reported data, which may be subject to recall bias, particularly when caregivers are describing their experiences with healthcare systems or barriers to care. Several studies also focused on urban clinical settings, which may not fully reflect the experiences of immigrant families in rural regions.

Another limitation is that this project was completed as a scoping review rather than an in-person qualitative study. The original goal of exploring caregiver experiences at UCR Health La Quinta Pediatrics was not feasible within the timeline of this project. This was mainly due to long approval of IRB submissions and many families being on a time crunch.

As a scoping review, this study aimed to map the existing literature; the findings should be interpreted as an overview of patterns and themes rather than definitive conclusions about the specific interventions. Future research should include more diverse immigrant populations and evaluate interventions that address both access to and quality of care. Additional qualitative research is needed to better capture immigrant caregivers' lived experiences and

decision-making processes related to WCVs. Expanding research across different ethnic groups and geographic regions would provide a deeper understanding of how different factors shape WCV access. This would be especially helpful for underserved regions, where families face additional barriers related to provider shortages and limited availability of culturally and linguistically appropriate care.

Future Direction

Future research should continue to center on immigrant caregivers' lived experiences. More qualitative studies are needed to better understand family decisions about preventive care and how to balance provider recommendations. Our future research would be to continue our research at UCR Health La Quinta with more time to conduct direct qualitative research. By doing more interviews with caregivers, we would have a better understanding of why families miss or delay well-child visits in the Inland Empire. We are also able to learn what exactly is working with the resources given and how to build from that success. This would be very valuable because families in this region already face additional barriers related to transportation, physician shortages, and language barriers.

Rather than focusing on numbers, like attendance, more support from healthcare providers should be accessible to families. Improving WCV access will require healthcare systems to make preventive care easier to understand and more responsive to the families they serve.

Conclusion

This scoping review highlights that barriers to WCV access among immigrant families are not caused by one issue alone. Instead, families often face several challenges at the same time, such as structural, linguistic, and cultural factors. Although many caregivers do understand

preventive care, these barriers can make it difficult to attend well-child visits consistently. As a result, missed or delayed visits should not be because of a lack of concern from families. Rather, reflect on how caregivers manage obstacles before, during, and after the visit.

Across the nine studies, many barriers were shared across immigrant and underserved populations. By looking at Table 2, major themes such as transportation difficulties, limited appointment ability, long wait times, and inflexible work schedules were consistently found across all studies. These barriers placed a large amount of responsibility on caregivers, who manage financial hardships and limited access to resources.

Language barriers also play an important role in shaping WCV access and quality. Limited English proficiency not only affects communication with physicians but also makes it harder for caregivers to schedule visits and understand medical instructions. Even when interpreter services were available, some families still worried that important information could be missed or misunderstood. Caregivers also worry about not being able to build a personal bond with providers and create the trust needed for many to open up to. Clinics should consider how to personally connect with caregivers even when communication or language is limited.

Similarly, cultural expectations shaped how families understood the purpose and quality of WCVs. With immigrant caregivers being unfamiliar with the U.S. model of preventive pediatric care, children were usually only seen when they were ill. Because of this, many parents question the purpose of frequent WCVs, as it can be viewed as expensive or time-consuming. For some families, WCVs felt too brief and expected more detailed explanations or reassurance. These differences affected how families judged the quality of care, even when the visit itself happened.

Together, these findings emphasize the importance of healthcare systems addressing both practical barriers and the quality of care during visits. Strategies such as bilingual staff, translated materials, creating support for working families, and culturally tailored reminders may help reduce caregiver burden. These supports are important in underserved regions, where families are facing provider shortages and limited pediatric resources.

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