

Access to Care 2024 Pediatric Community Health Needs Assessment Data



of all children visited a physician for a routine check-up in the past year.





Children of color and those with families of low-income experience disproportionate difficulties in accessing care.

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barriers to access increased significantly since 2012.



Barriers include:

- appointment availability
- finding a physician
- lack of transportation
- cost of prescription
- cultural/language differences



27%

of families with very low income could have used help coordinating their child's health care services or providers.



parents in Cass county felt the need to leave their areas to get certain children's healthcare services. This is over twice the rate of all parents.

15% of all parents had

difficulty getting their child a doctor's appointment.



of all children were uninsured in the past year. This increased from 9% in 2021, likely due to the unwinding of expanded Medicaid services during COVID. 20% of children in low-income families, 18% of Hispanic children and young children, and 17% of children in Southeast Omaha were uninsured in the past year.



15% of parents

are vaccine hesitant, saying they would not want to get all recommended vaccines if they had a new baby. Safety concerns, perceived as unnecessary, and personal reasons were the most often cited.



Access to Care

Access to care is the fit between health care and the community's ability to deliver appropriate care and services, and the patients' ability to fully engage in care.



Access to Care Model adapted from: Levesque, J; Harris, M; Russell, C. (2013). Patient-centered access to health care: conceptualising access at the interface of health systems and populations. International Journal for Equity in Health.