VCHIP
VERMONT CHILD HEALTH IMPROVEMENT PROGRAM



The Robert Larner, M.D. College of Medicine | **Vermont Child Health Improvement Program**

Well-Child Visits in the First 30 Months of Life of Vermont Children

2023

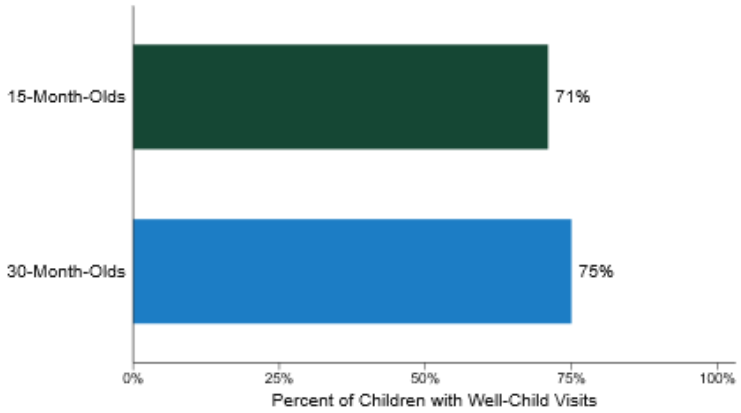
Health Services Research Team

October 2026

Executive Summary

In Vermont, 71% percent of 15-month-old children had the recommended six or more well-child visits, and 75% of 30-month-old children had the recommended two or more well-child visits between 15 and 30 months of age (Figure 1). A smaller percentage of children of both age groups who lived in more rural areas had the recommended number of well-child visits for their age compared to children living in more urban areas. Among 30-month-old children, a smaller percentage of those with Medicaid insurance had two recommended visits compared to children with other types of insurance.

Figure 1:
Percent of Children 15 Months and 30 Months Old with Recommended Well-Child Visits, 2023



HEDIS W30 Measure requires 15-month-olds to have 6 or more well-child visits and 30-month-olds to have 2 or more well-child visits between 15 and 30 months.
SOURCE: VCHIP analysis of VHCURES Extract #3011

Introduction

The American Academy of Pediatrics Bright Futures guidelines recommends multiple well-child visits for children under the age of three years old to ensure continued monitoring of physical growth, developmental surveillance, opportunities for vaccine administration, and to provide guidance and support to parents.[1,2] Among Medicaid recipients national, only about half (56%) of children receive all six recommended visits by the time they are 15 months old, and slightly more children (63%) receive both of the recommended visits between 15 and 30 months of age.[3]

The focus of this brief is to report on the percentage of Vermont children who received the recommended number of visits by 30 months of age. We also examined the impact of child demographic and place-based indicators, including the rurality of the child's location and measured neighborhood conditions, on receiving all recommended visits.

Approach

We followed methodology outlined by the Healthcare Effectiveness Data and Information Set (HEDIS) Well-Child Visit in the First 30 Months of life (W30) measure to identify well-care visits of 4,220 15 month old children and 4,244 30 month old children in 2023 using Vermont's all-payer claims dataset (Vermont Health Care Uniform Reporting System; VHCURES).[4,5] Fifteen month old children were required to have six or more well-care visits in their lifetime to meet criteria of having the recommended number of visits, whereas 30 month old children were required to have two or more visits between 15 and 30 months of age. We did not require continuous insurance enrollment. Child location was based on their first Vermont ZIP Code in 2023. See Notes for descriptions of child demographics and place-based indicators. All statistical comparisons reported were made using chi-square tests with a significance level set at $p<.05$ or lower (for tests with multiple comparisons), unless otherwise noted.

Disclaimer: The Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) data are under the stewardship of the Green Mountain Care Board (GMCB). The analyses, conclusions, and recommendations from the VHCURES data are solely those of the study authors and are not necessarily those of the GMCB. The GMCB had no input into the study design, implementation, or interpretation of the findings.

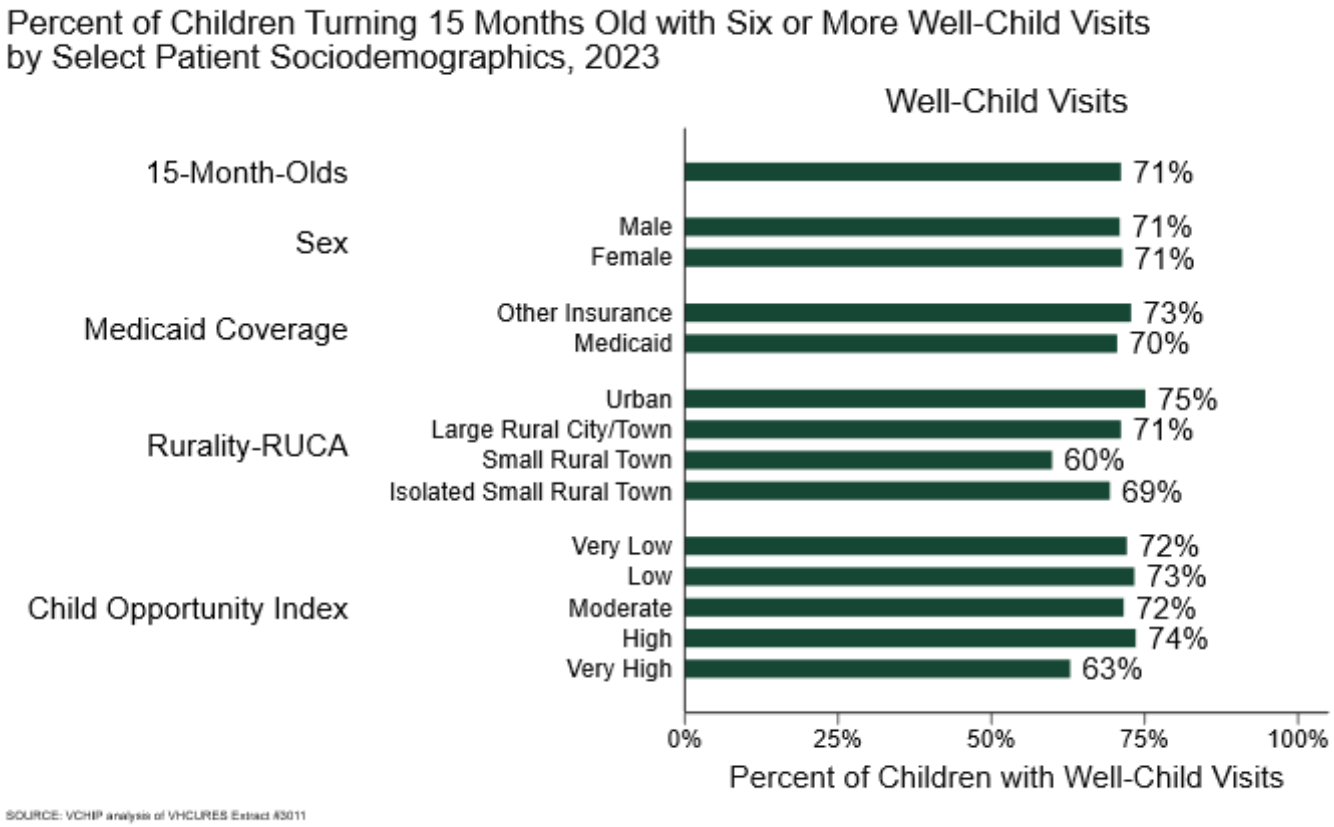
© 2026 VCHIP

Key Findings

15-Month-Olds

Figure 2 shows the percent of 15-month-old children who had six or more well-child visits by select demographics. In this age group, the percent of children with six or more well-child visits did not differ by child sex (comparing male and female) or child insurance (comparing those with Medicaid to those without Medicaid). A smaller percent of children living in small rural towns (60%) and isolated small rural towns (69%) had the recommended number of well-child visits compared to children living in urban areas (75%). However, more children living in lower areas of opportunity had the recommended number of well-child visits compared to children living in areas with very high opportunity.

Figure 2:

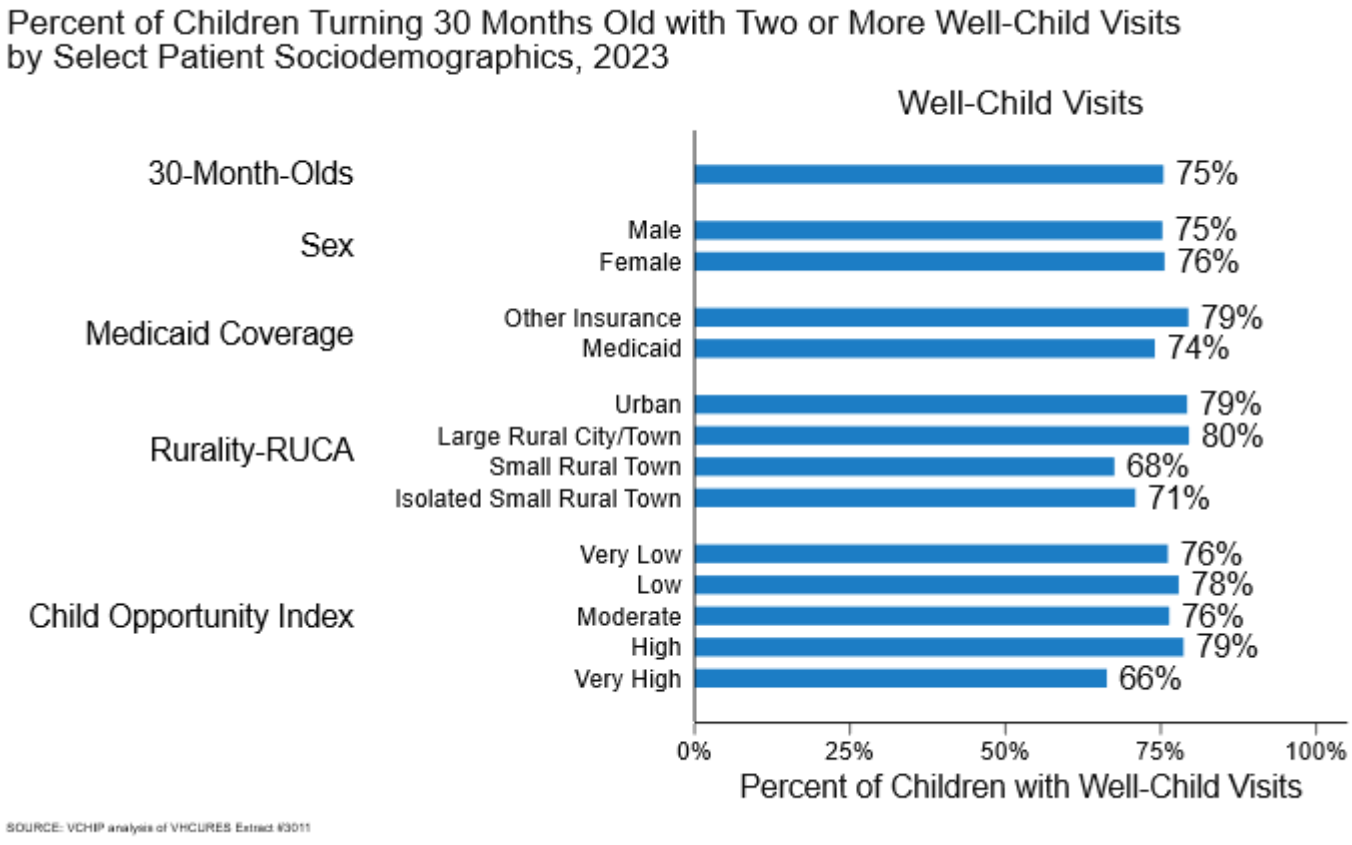


© 2026 VCHIP

30-Month-Olds

Figure 3 shows the percent of 30-month-old children who had two or more well-child visits by select demographics. In this age group, the percent of children with two or more well-child visits did not differ by child sex (comparing male and female), but unlike the 15-month-olds, did differ by child insurance. A smaller percentage of children with Medicaid insurance (74%) had the recommended number of well-child visits compared to children with other types of insurance (79%). We also observed differences in the percent of 30-month-olds with two or more well-child visits depending on where children lived. Like 15-month-olds, a smaller percent of 30-month-old children living in small rural towns (68%) and isolated small rural towns (71%) had the recommended number of well-child visits compared to 30-month-old children living in urban areas (79%). Also, like 15-month-olds, a higher percentage of 30-month-olds who lived in areas with lower opportunity had the recommended number of well-child visits compared to 30-month-old children living in areas with very high opportunity.

Figure 3:

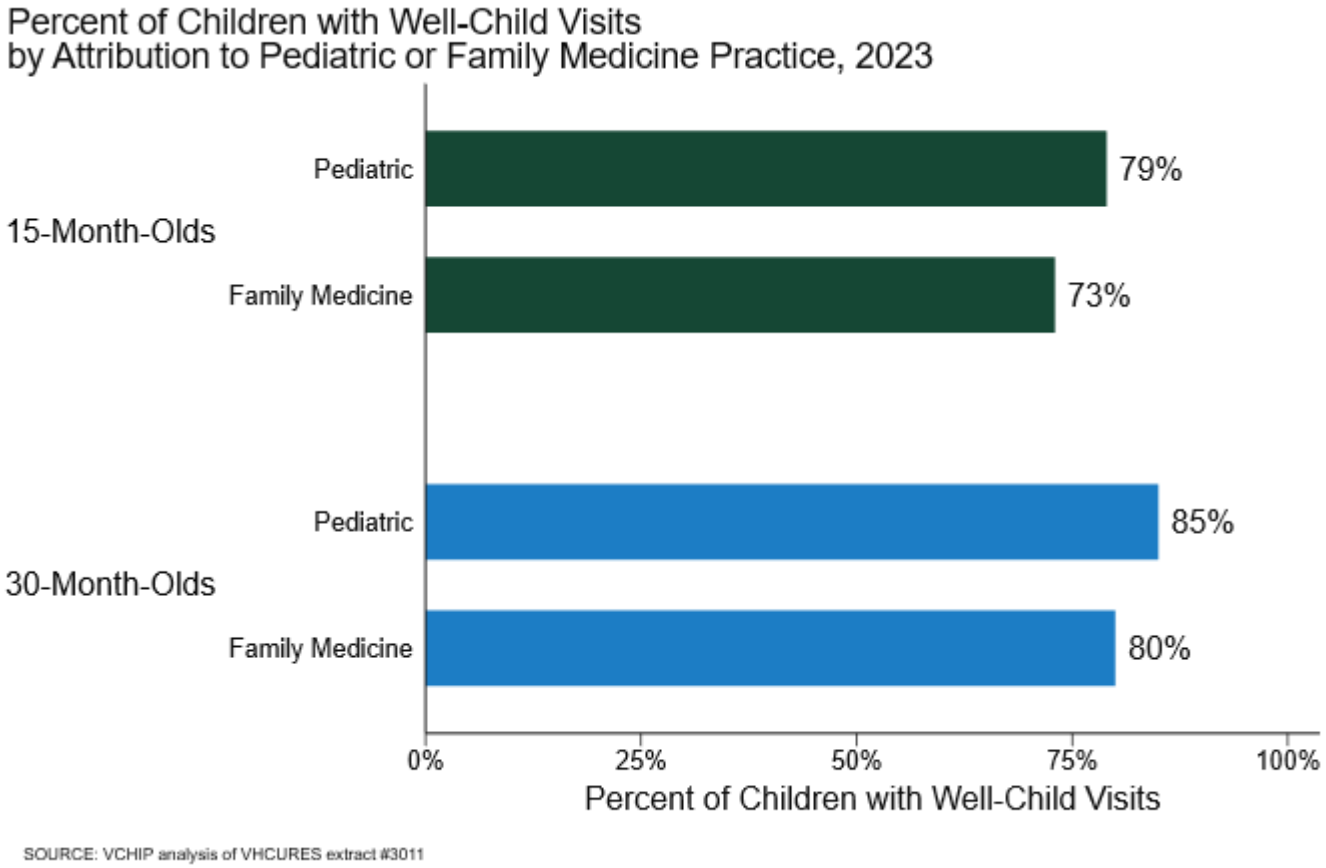


© 2026 VCHIP

Well-Child Visits at Pediatric and Family Medicine Practices

Figure 3 shows the percent of 15-month-old children and 30-month-old children with the recommended number of visits by the type of practice the child was attributed to (children who were attributed to other types of practices (n=685 15-month-olds and n=791 30-month-olds) are not included in this figure). Most children were attributed to Pediatric practices (n=2,763 15-month-olds and n=2,781 30-month-olds). For both 15-month-olds and 30-month-olds, a higher percentage of children in Pediatric practices received the recommended number of well-child visits for their age compared to children in Family Medicine practices.

Figure 4:



SOURCE: VCHIP analysis of VHCURES extract #3011

© 2026 VCHIP

Summary

In Vermont, 71% of 15-month-old children and 75% of 30-month-old children had the recommended number of well-child visits, with notable differences as a function of insurance and child location. Activities conducted at well-child visits can support Healthy Vermonter 2030 goals of increased developmental screening by age three, blood lead testing between aged one and two, and completing recommended vaccinations by age two.[6]

Other research has documented several barriers preventing children from receiving all of the recommended visits, including insurance coverage[7] or lack of coverage, rurality,[8] and community characteristics.[9] Although there was a difference in the percentage of 30-month-old children with both recommended visits by insurance, the percentage of children with Medicaid receiving the recommended number of visits for both age groups was higher than national percentages reported for Medicaid.[3] Parents also cite structural barriers, such as transportation, parking, and clinic hours to getting their child to well-child appointments.[10]

Efforts to increase the number of well-care visits for Vermont children under three should focus on partnerships with primary care practices to promote all recommended visits. An example of a quality improvement study that focused on ensuring infants received these important early well-child visits used several strategies to increase visits such as posting fliers in the waiting room emphasizing what happens at the different visits, enhancing after-visit summaries reminding parents about scheduling upcoming visits with projected dates, providing incentive gifts for the infants, and enhancing electronic health records systems for staff to better track patients for scheduling and keeping appointments.[11]

Notes

Well-child visits could take place in prior years. Well-child visits were counted and not matched to corresponding recommended visits at specific ages.

Children were categorized as having Medicaid if they had one or more months of Medicaid eligibility during the year.

Rurality was categorized using the Rural-Urban Commuting Area maintained by the Economic Research Service of the U.S. Department of Agriculture.[12]

The Child Opportunity Index (COI) 3.0 is a child-focused social determinant of health index that uses data from multiple sources including the American Community Survey, the National Center for Education Statistics, the Environmental Protection Agency, and the Centers for Disease Control and Prevention to categorize geographical areas by the quality of life in those areas and the resources they offer.[13]

© 2026 VCHIP

References

1. Committee on Practice and Ambulatory Medicine. 2025 Recommendations for Preventive Pediatric Health Care: Policy Statement. Pediatrics. 2025 Feb 6.

2. Turner K. Well-child visits for infants and young children. American Family Physician. 2018 Sep 15;98(6):347-53.

3. Centers for Medicaid & Medicare Services. Table W30-CH. Well-Child Visits in the First 30 Months of Life. 2023. Accessed 5/21/2025 https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-on-the-child-core-set-measures-2023.zip

4. Green Mountain Care Board. Vermont Health Care Uniform Reporting and Evaluation System (VHCURES) 2024 Available from: https://gmcboard.vermont.gov/DATA-AND-ANALYTICS/DATA-COLLECTION/vhcures-vermonts-all-payer-claims-database.

5. Green Mountain Care Board. VHCURES overview: A guide for data users. Version 1 ed. Montpelier, VT. 2019.

6. Vermont Department of Health. Healthy Vermonters 2030 Indicators. Available at https://www.healthyvermonters.gov/sites/default/files/documents/HV2030-IndicatorSet.pdf.

7. Abdus S, Selden TM. Adherence with recommended well-child visits has grown, but large gaps persist among various socioeconomic groups. Health Affairs. 2013 Mar 1;32(3):508-15.

8. DeGuzman PB, Huang G, Lyons G, Snitzer J, Keim-Malpass J. Rural disparities in early childhood well child visit attendance. Journal of Pediatric Nursing. 2021 May 1;58:76-81.

9. Tyris J, Putnick DL, Parikh K, Lin TC, Sundaram R, Yeung EH. Place-based opportunity and well child visit attendance in early childhood. Academic pediatrics. 2024 Nov 1;24(8):1220-8.

10. Fahey N, Holt A, Cataltepe D, Brochier A, Stern A, Mazanec M, Courtemanche JW, Wilkie T, Tan K, Lyu R, Alper E. Understanding barriers to well-child visit attendance among racial and ethnic minority parents. BMC Primary Care. 2024 Jun 3;25(1):196.

11. Bunik M, Galloway K, Maughlin M, Hyman D. “First Five” Quality Improvement Program Increases Adherence and Continuity with Well-child Care. Pediatric Quality & Safety. 2021 Nov 1;6(6):e484.

12. USDA ERS. Rural-Urban Commuting Area Codes. Available from https://www.ers.usda.gov/data-products/rural-urban-comuting-area-codes.

13. Noelke C, McArdle N, DeVoe B, Leonardos M, Lu Y, Ressler RW, et al. Child Opportunity Index 3.0 Technical Documentation.: diversitydatakids.org, Brandeis University; 2024.

© 2026 VCHIP