

Submission Id: 5043

Title

Exploring Environmental, Patient, and Workforce Factors Influencing Health Center Early Access to Prenatal Care

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context: The Health Resources and Services Administration (HRSA) Health Center Program plays an important role in providing prenatal care in the U.S., serving more than 560,000 primarily low-income women in 2021. Access to early prenatal care, particularly for low-income and racial and ethnic minority women, is affected by a complex set of interrelated factors, including geographic context, rurality, and the maternity care workforce. Objective: This research explores environmental, patient, and workforce factors influencing health center early access to prenatal care and assesses if the relationship between these factors and early access to prenatal care vary by health center rural status. Study Design: In this cross-sectional analysis, we create health center service area measures as proxies for geographic context and use spatial regression techniques. Population Studied: HRSA Health Center Program Awardees and Look-Alikes. Outcome Measure: Early access to prenatal care. Results: We find significant differences in early prenatal care by health center rural status. The results also show that factors at multiple levels significantly influence health center early prenatal care, including service area (social deprivation and usual source of care), patient (the percentage of black patients and the percentage of patients best served in non-English language), organizational (the percentage of virtual visits and prenatal care referral status), and workforce (the number of family physician FTEs). However, the results show that some of these factors vary in influence depending on the rural status of health centers. Conclusions: These findings suggest that geographic context and rural status are important factors contributing to health center access to early prenatal care. Specifically, rural health centers with higher numbers of family physician FTEs and lower percentages of patients best served in non-English have higher rates of early prenatal care, while urban health centers with higher rates of virtual visits have higher rates of early prenatal care. Health center interventions to improve access to prenatal care should be tailored interventions based on their rural status and multi-level factors including patient, organizational, and service area characteristics.