

Data Note

February 18, 2020

Community Health Centers Move to Frontline Providers of COVID-19 Immunization Services Under President Biden's Health Center COVID-19 Vaccine Program

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This Data Note describes a new initiative by the Biden Administration to allocate COVID-19 vaccine supplies directly to community health centers. It also presents updated information on the number of community health center staff members and patients who have received COVID-19 vaccine doses. This information is drawn from five weeks of data reported from the Health Resources and Services Administration's [Health Center COVID-19 Survey](#).

The Biden Administration Initiative

On February 9th, as part of the Biden administration's effort to ensure equitable access to health care, the [White House](#) announced that community health centers would start directly receiving COVID-19 vaccine supplies in order to increase access to immunization services for residents of medically underserved rural and urban communities. The nation's largest network of comprehensive primary care providers, community health centers serve the people most likely to have been severely affected by the pandemic. In 2019, nearly all (91 percent) of [community health center patients](#) were low-income (income less than 200 percent of poverty) and two in three patients (63 percent) were members of a racial or ethnic minority group. Because they are more likely to have higher rates of underlying health conditions that increase their risk of severe COVID-19 illness, [our estimates](#) also show that nearly half (47 percent) of community health center patients qualify as high-priority for COVID-19 vaccination because of age or health risks.

In the first phase of the Health Center COVID-19 Vaccine Program, which begins the week of February 15th, at least one community health center in each state will receive direct vaccine; in all, 250 community health centers, accounting for 18 percent of [1,385 federally-funded community health centers](#) operating across the U.S. in 2019, will receive vaccine directly in the initial phase (**Figure 1**). The Health Resources and Services Administration (HRSA) [has clarified](#) that these direct vaccine allocation supplies are in addition to vaccine supplies that health centers receive from their state or jurisdiction. According to [the chair of the White House COVID-19 Health Equity Task Force](#), the goal in this initial phase is to allocate 1 million doses, including 500,000 first vaccine doses and 500,000 second vaccine doses. This would provide for the full vaccination of half a million community health center patients, or 1.7 percent of the [29.8 million patients served in 2019](#). The ultimate goal is to directly provide all community health centers participating in the program with a supplemental, direct supply of COVID-19 vaccines.

The first HRSA-funded [health centers to be directly allocated vaccines](#) will be those that serve a high volume of the most at-risk patients or populations, including people experiencing homelessness, residents of public housing, migrant and seasonal agricultural workers, and patients with limited English proficiency.

Findings from the HRSA UDS and Health Center COVID-19 Survey

Targeting the highest-risk patients

Table 1 shows the total number of community health center patients served in 2019 (the most recent year for which federal data on community health center patient characteristics from HRSA's Uniform Data System [UDS] is available) and the number and percentage of patients who fall into these especially high-risk categories. In 2019, 25 percent of health center patients had limited English proficiency, 17 percent were residents of public housing, five

percent were experiencing homelessness, and three percent were migrant and seasonal agricultural workers or their dependents.

Table 1: Total patients and high-risk patients served by community health centers, 2019

	Total served by community health centers in 2019	Percentage of total patients in 2019
Total patients	29,836,613	
Homeless patients	1,459,446	5%
Agricultural workers or dependents	1,031,049	3%
Public housing patients	5,165,074	17%
Patients best served in a language other than English	7,356,355	25%

Source: HRSA. (2020). [National Health Center Data](#).

Patients and staff immunized to date

Since April 2020, HRSA has conducted a weekly [Health Center COVID-19 Survey](#) and reported on health centers' capacity to provide diagnostic testing for the COVID-19 virus, the number and race/ethnicity of patients who were tested and tested positive, and the impact of the pandemic on health centers' operational capacity, among other measures. As of [mid-January 2021](#), almost all (99 percent) responding community health centers reported diagnostic testing capacity; together, community health centers had tested nearly 7.9 million patients for the COVID-19 virus.

In January, HRSA began surveying health centers about the number of health center staff members and patients who had initiated and completed COVID-19 immunization, meaning those who had received their first or second dose of a COVID-19 vaccine. (Both COVID-19 vaccines approved by the FDA require two doses, [with a recommended interval between doses of 21 days for the Pfizer vaccine and 28 days for the Moderna vaccine, although the CDC clarified that second doses can be administered up to 42 days after the first dose.](#)) Data collection began for the week ending January 8th, 2021. [HRSA later clarified](#) that this information is intended to capture staff members and patients immunized anywhere, not only at each reporting community health center. HRSA also collects weekly information on the race and ethnicity of health center patients who received their first or second dose of a COVID-19 vaccine as well as the challenges health centers are facing in the effort to immunize patients. To date, HRSA has reported five weeks of COVID-19 vaccination data, from the week ending January 8th to the week ending February 5th, 2021.

Figure 2 shows the number of health center staff members and patients who initiated and completed COVID-19 immunization each week over this time period. This figure illustrates the effect of a steadily expanding vaccine supply. It also shows that in the early weeks, higher numbers of staff members were receiving immunizations, consistent with the national effort to prioritize immunization of frontline medical workers.

Figure 3 presents the total number of staff members and patients who had received their first or second dose of a COVID-19 vaccine by February 5th. Over five weeks, 147,109 staff members initiated and 92,801 completed their COVID-19 vaccine series, and 655,098 patients received their first dose and 93,624, their second dose. It should be noted that because there is intended to be a three- to four-week interval between vaccine doses, some staff members and patients likely would be included in counts of both the initiated and completed vaccines. At the same time, the total numbers reported may be an underestimate of the true count of health center staff members and patients who have received COVID-19 vaccine doses, both because they are based on data reported by responding

the survey response rate ranged from 60 to 68 percent over the five weeks of survey data, and because health centers are also reporting doses administered by other providers, and may not have the information needed to include in the count vaccines provided elsewhere.

Figure 4 illustrates the share of community health center staff members and patients who were fully vaccinated as of February 5th based on the count of total patients and full-time equivalent (FTE) staff members [reported in 2019](#). At that date, more than one in three (37 percent) of staff members and 0.3 percent of total patients were fully vaccinated. As a percentage of all adult patients eligible for vaccination (i.e., the 21.6 million health patients age 16 and older), those who have been vaccinated represent 0.4 percent of total eligible patients.

Immunization rates by race/ethnicity

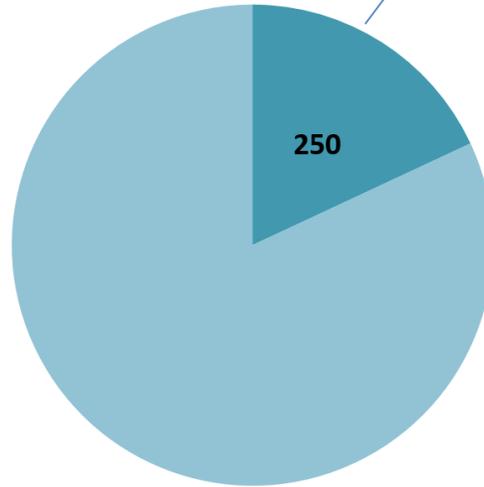
Figure 5 reports the race and ethnicity of patients who initiated and completed their COVID-19 immunization series for the week ending February 5th. HRSA's calculation of vaccinated patients who are racial/ethnic minorities includes in the total patients for whom race and/or ethnicity was unreported, and documents that less than half of all patients who received their first (48 percent) or second dose (41 percent) were racial/ethnic minority patients. Excluding those patients for whom race was not reported (both unreported race and ethnicity and Non-Hispanic patients with unreported race), minority patients accounted for 58 percent of those receiving their first dose and 52 percent of those receiving their second dose; in comparison, racial/ ethnic minority patients accounted for [63 percent of all patients served in 2019](#). Conversely, after excluding patients with unreported race, the share of vaccine recipients who are Non-Hispanic White (42 percent and 48 percent, for the first and second dose, respectively), is higher than the [proportion of health center patients served in 2019 who were Non-Hispanic White \(37 percent\)](#)." The larger shares of Non-Hispanic White patients who received COVID-19 vaccination aligns with [recently reported CDC data](#) on the demographic characteristics of Americans who have received COVID-19 vaccines. Over the first month since COVID-19 vaccination began and among individuals who reported demographic data (52 percent), Non-Hispanic White individuals accounted for 60.4 percent of those who received at least one dose of a COVID-19 vaccine. Because of the high percentages of health center patient vaccine recipients for whom race and/or ethnicity is unreported, it is difficult to draw strong conclusions about whether minority health center patients have been less likely to receive COVID-19 vaccination due to vaccine hesitancy, or differences in eligibility or in availability of the vaccine. As of [February 1st, 2021, 28 states and the District of Columbia](#) had expanded COVID-19 vaccine eligibility to adults age 65 and older. This may skew the characteristics of the vaccinated population because [only nine percent of U.S. racial/ethnic minority populations were age 65 and older in 2018](#), compared to 20 percent of the Non-Hispanic White population.

Vaccine hesitancy

Finally, this early information makes clear that community health centers will face the challenge of vaccine hesitancy as they ramp up their immunization effort. At the same time, the problem of vaccine confidence is reported by only 13 percent of responding health centers in the most current reporting period (**Figure 6**). The most commonly health center-reported challenges in deploying the vaccine were the vaccine supply (reported by 61 percent), staffing to administer the vaccine (40 percent), and financial reimbursement for the costs of administering vaccines (18 percent). Only 15 percent of responding health centers reported no challenge in deploying vaccines. While hesitancy remains an important and high-priority matter of concern, community health centers also have extensive experience in immunizing medically underserved and at-risk populations. Their community locations and deep local roots, their track record as trusted providers, and the diversity of their staff elevate the importance of their role in the Biden administration's broader health equity initiative.

Figure 1. Community Health Center COVID-19 Vaccine Program—Phase One Participation

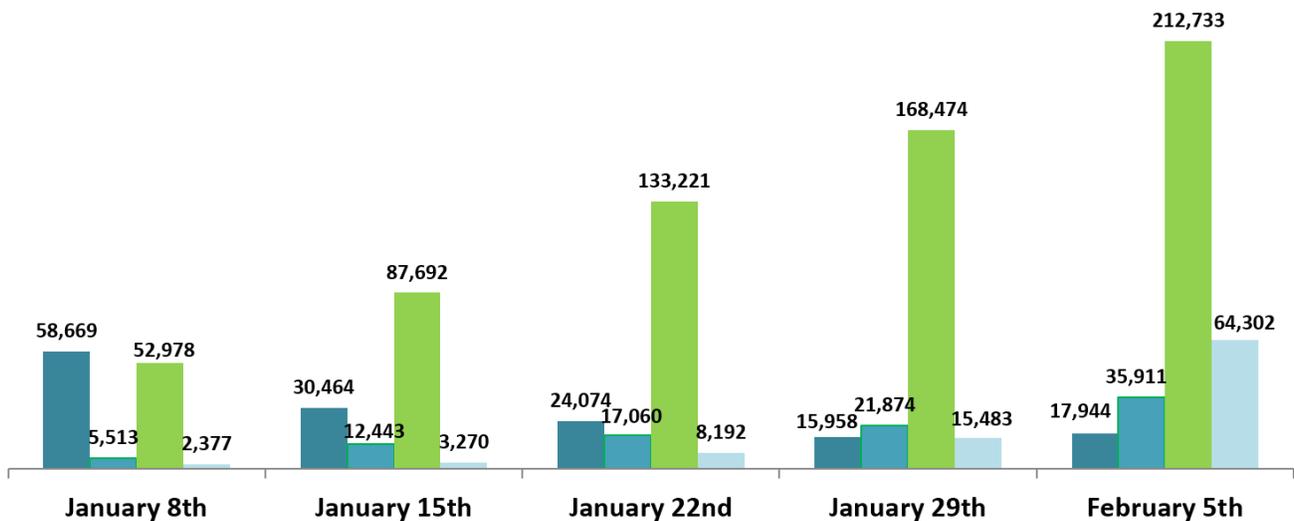
250 community health centers (18% of 1,385 health centers operating in 2019) will receive direct vaccine supply



Note: The 18% figure is calculated based on the number of community health centers reported in 2019. Source: 2019 Uniform Data System, HRSA.; HRSA. (February 2021). Ensuring Equity in COVID-19 Vaccine Distribution. <https://www.hrsa.gov/coronavirus/health-center-program>; The White House. (February 9, 2021). <https://www.whitehouse.gov/briefing-room/statements-releases/2021/02/09/fact-sheet-president-biden-announces-community-health-centers-vaccination-program-to-launch-next-week-and-another-increase-in-states-tribes-territories-vaccine-supply/>

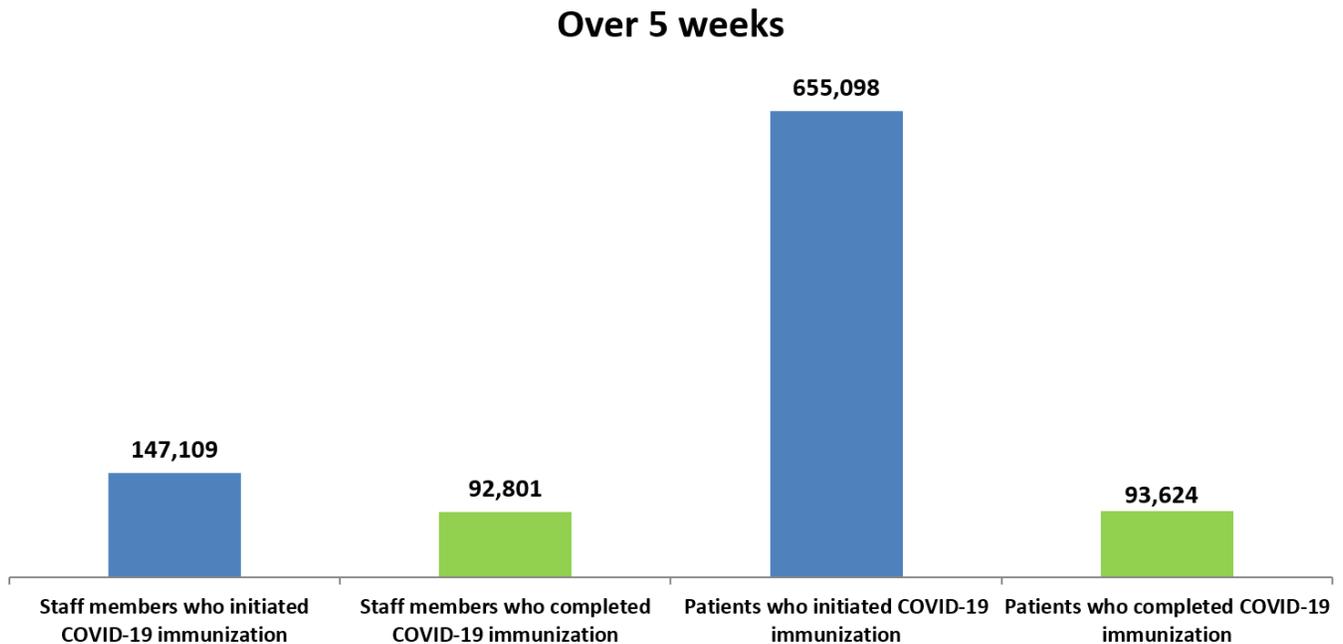
Figure 2. Community Health Center Patients and Staff Who Initiated and Completed COVID-19 Immunization, by Week, January 8-February 5, 2021

■ Staff members who initiated COVID-19 immunization ■ Staff members who completed COVID-19 immunization
 ■ Patients who initiated COVID-19 immunization ■ Patients who completed COVID-19 immunization



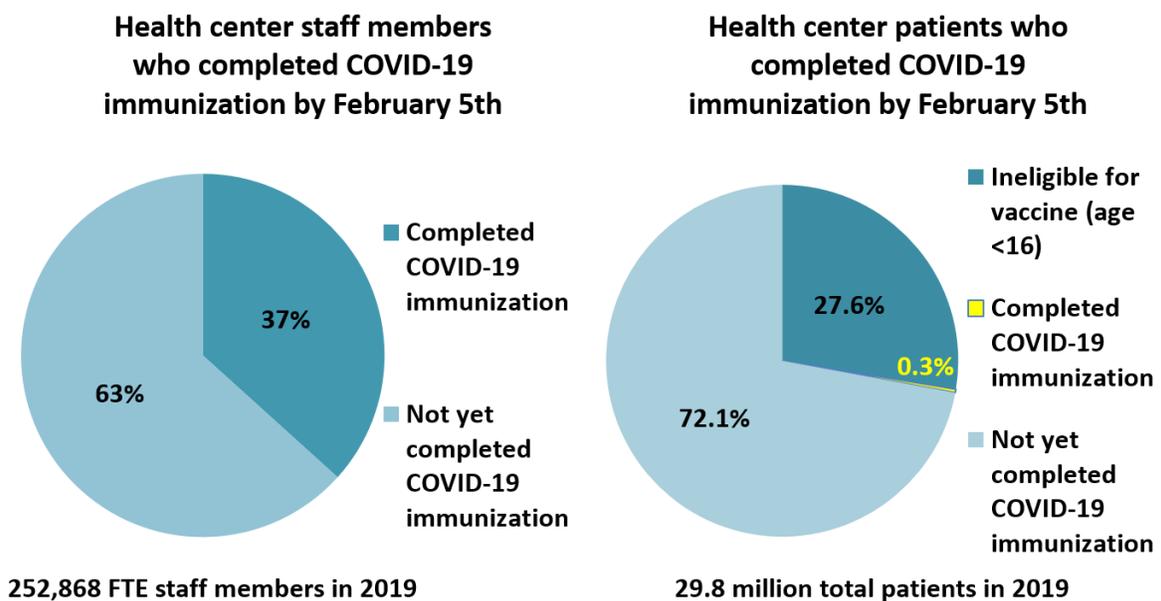
Note: The HRSA survey asks about the number of health center staff members and patients who have received COVID-19 vaccine doses from anywhere and does not indicate if vaccine doses were administered at the health center. Staff members and patients are counted as having "initiated" COVID-19 immunization when they received their first dose of an FDA-approved COVID-19 vaccine and "completed" when they received their second dose of the vaccine, and do not include vaccines administered through clinical trials. Because there is a 21- or 28-day period between doses, a certain number of staff members and patients who initiated immunization would also be counted as having completed immunization three or four weeks later. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8-February 5, 2021.

Figure 3. Community Health Center Staff Members and Patients Who Initiated and Completed COVID-19 Immunization, For the Five-Week Period January 8-February 5, 2021



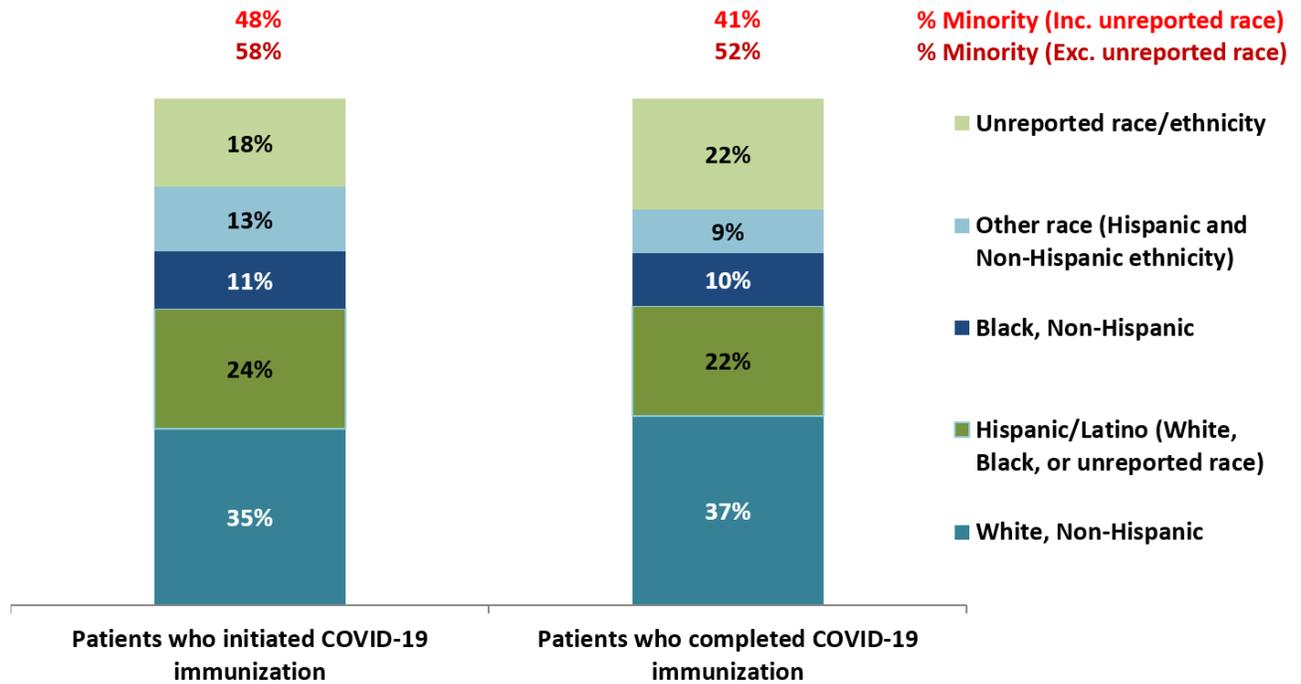
Note: Staff members and patients are counted as having “initiated” COVID-19 immunization when they received their first dose of an FDA-approved COVID-19 vaccine and “completed” when they received their second dose of the vaccine, and do not include vaccines administered through clinical trials. Because there is a 21- or 28-day period between doses, a certain number of staff members and patients who initiated immunization would also be counted as having completed immunization three or four weeks later. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8th-February 5th, 2021.

Figure 4. Community Health Center Patients and Staff Who Completed COVID-19 Immunization by February 5th, 2021



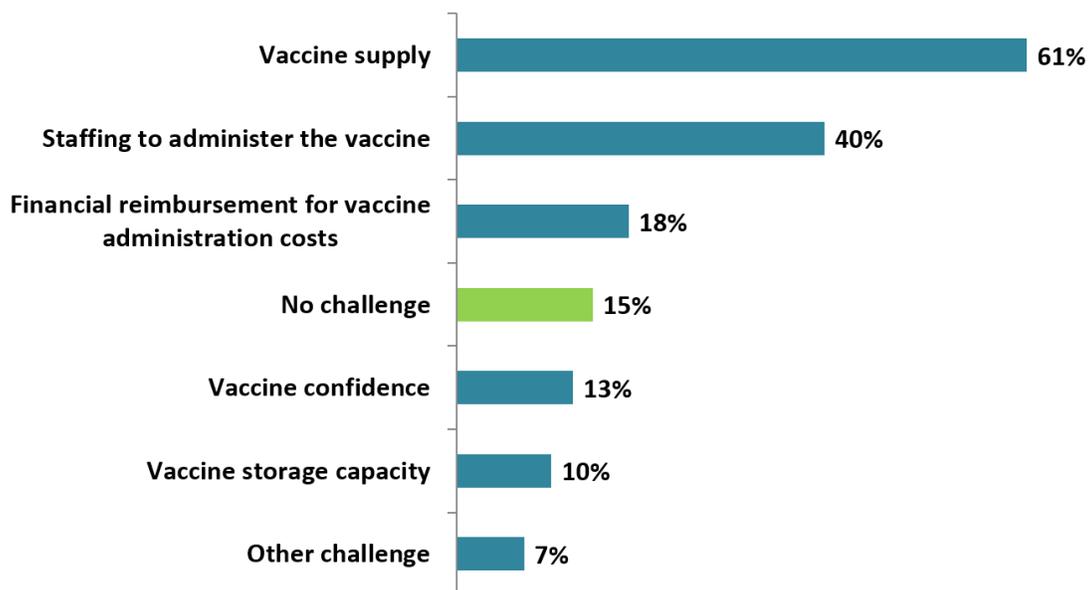
Note: Based on the total number of health center staff members and patients reported as having completed COVID-19 immunization over five weeks and the number of total full-time equivalent (FTE) staff members and total patients reported in 2019. Sources: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8-February 5, 2021; 2019 Uniform Data System, HRSA.

Figure 5. Health Center Patients Who Initiated and Completed COVID-19 Immunization, by Race/Ethnicity, as of the week ending February 5th



Note: The figures in red indicate racial/ethnic minority patients as a percentage of those who initiated and completed COVID-19 immunization. “Hispanic/Latino” (H/L) aggregates White H/L, Black/African American H/L, and Hispanic/Latino ethnicity patients with unreported race. “Other race” includes Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander patients, and patients with more than one race and includes both Hispanic/Latino and Non-Hispanic/Latino ethnicity patients. “Unreported race/ethnicity” includes both Non-Hispanic/Latino ethnicity patients (unreported/refused to report race) and unreported/refused to report race and ethnicity. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of February 5th, 2021.

Figure 6. Challenges Reported by Community Health Centers in Deploying COVID-19 Vaccines, as of February 5th



Note: Community health centers were instructed to “select all answers that apply from the list.” Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of February 5th, 2021.