

Data Note

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Community Health Centers' Pandemic Experiences by State Medicaid Expansion Status: Reported Differences in COVID-19 Vaccination Rates and Weekly Visit Declines

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Throughout the COVID-19 pandemic, states have had vastly different experiences with [case rates](#), [restrictions](#), [testing](#), and [vaccination rates](#). Similarly, community health centers' experiences have varied widely by state, although all health centers serve medically underserved communities with high [proportions of racial and ethnic minorities and low-income individuals](#). As a consequence of high unemployment rates and [associated losses of employer-based insurance](#), the availability of Medicaid, and thus the status of state Medicaid expansion, [is of heightened importance](#) for these vulnerable patients and the [financial stability](#) of the health centers that serve them. [In 2019, before the pandemic](#), more than half (53 percent) of all patients served by community health centers in Medicaid expansion states were enrolled in Medicaid compared to only 32 percent in non-expansion states; accordingly, Medicaid revenue accounted for 48 percent of total revenue for health centers in Medicaid expansion states compared to only 28 percent for those in non-expansion states. Health centers in Medicaid expansion states, [on average, report higher total revenue](#) and operate more sites, serve greater numbers of patients, provide more visits, and employ greater numbers of staff members, compared to non-expansion state health centers.

HRSA's Health Center COVID-19 Survey

Since early April 2020, the Health Resources and Services Administration (HRSA) has conducted a weekly [Health Center COVID-19 Survey](#) to document community health centers' response to the COVID-19 pandemic, including the number of patients tested for the COVID-19 virus, the number of infected patients and staff members, and the effect of the pandemic on health centers' operational capacity. Since January 2021, the survey also has contained questions on COVID-19 vaccine uptake, including the number of patients and staff members who initiated their vaccine series in any setting (received their first dose of a two-dose vaccine [at the health center or elsewhere](#)) and those who completed it (received their second dose of a two-dose vaccine or one dose of the Johnson & Johnson vaccine). The Geiger Gibson/RCHN Community Health Foundation Research Collaborative has published [an ongoing series of data notes and policy issue briefs](#) based on national and state summary reports of the Health Center COVID-19 Survey data. In this brief, we present analyses of grantee-level survey data of HRSA-funded health centers from April 2020 to the end of May 2021 to explore how rates of weekly visits and COVID-19 immunizations varied by state and by Medicaid expansion status. Medicaid expansion status was based on whether Medicaid expansion was in effect by the end of May 2021.¹ Additionally, grantee-level data on patient volume was obtained from HRSA's 2019 Uniform Data System (UDS). We present descriptive statistics derived from average grantee values and used t-tests and chi-square tests to determine statistical significance.

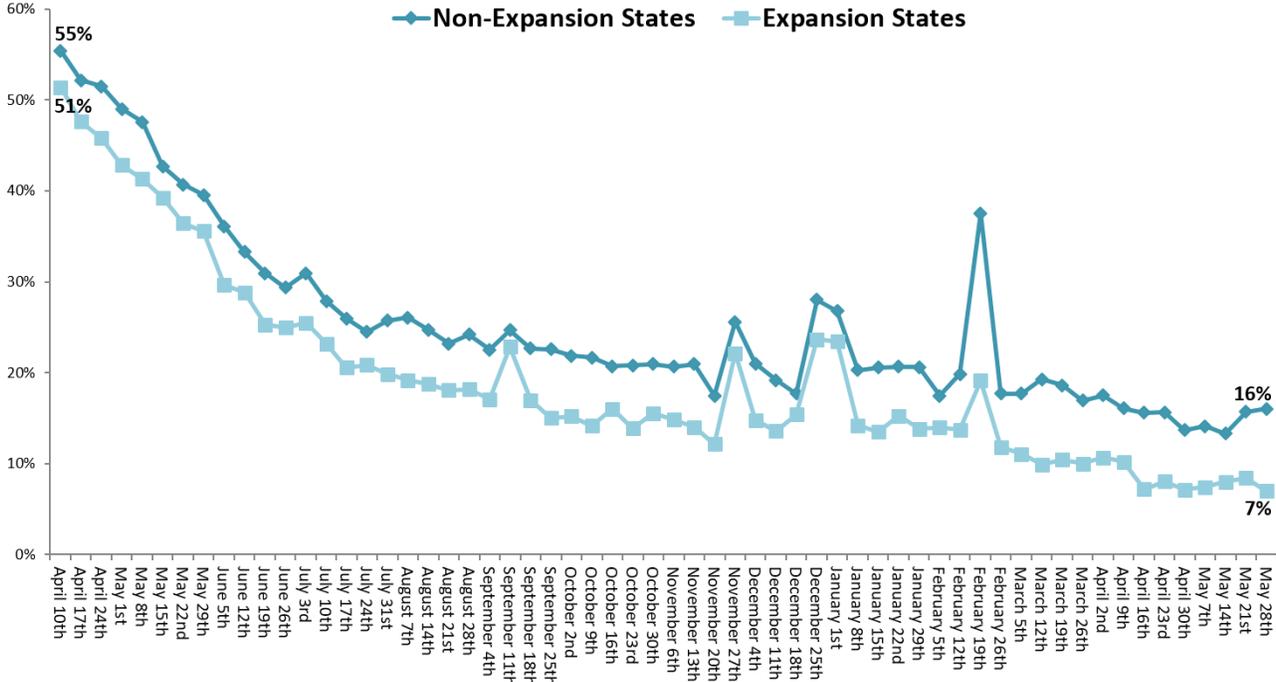
Findings

Beginning in the earliest days of the pandemic, community health centers experienced steep losses in in-person visits. Substantial declines in visit volume were reported across the board, with visit volume down an average of 53 percent in April 2020. Still, community health center grantees in non-expansion states consistently experienced

¹Based on this classification, Nebraska, which expanded Medicaid in October 2020, was classified as a Medicaid expansion state, while Oklahoma and Missouri, which had adopted but not implemented their Medicaid expansions, were classified as non-expansion states.

significantly greater declines in average weekly visits compared to their pre-pandemic weekly visit volume than did those health centers in Medicaid expansion states (**Figure 1**). In April 2020, health centers in non-expansion states reported an average decline of 55 percent in weekly visits compared to an average decline of 51 percent for health centers in expansion states. By the end of May 2021, weekly visit volume at health centers in Medicaid expansion states had recovered to 93 percent of pre-pandemic levels, while health centers in non-expansion states reported weekly visit volume at 84 percent of pre-pandemic levels, fully 16 percent below pre-pandemic activity. These findings suggest both better patient access and greater service utilization, and as a result, more patient revenue flowing to expansion state health centers.

Figure 1. Average Weekly Decline in Visits, by State Medicaid Expansion Status, April 2020-May 2021

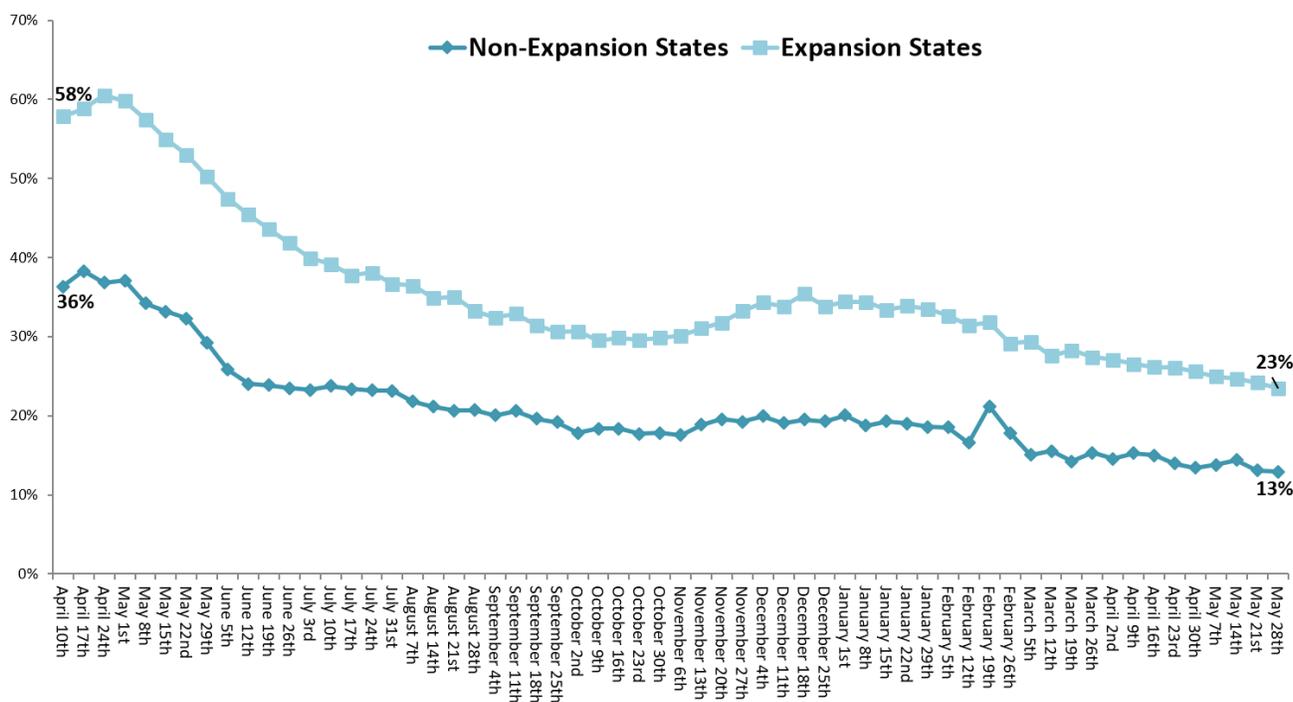


Sources: Bureau of Primary Health Care. Health Center COVID-19 Survey. Kaiser Family Foundation. Status of State Medicaid Expansion Decisions.

The greater provision of telehealth visits in Medicaid expansion states might explain some of this variation.² Particularly in the early days of the public health emergency, telehealth played an essential role in health care access for community health center patients. While the average percentage of visits conducted virtually through telehealth has decreased throughout the pandemic for health centers in both Medicaid expansion and non-expansion states, health centers in expansion states have reported a significantly higher percentage of virtual visits throughout the pandemic (**Figure 2**). Once social distancing requirements were relaxed, vaccinations became available and more patients and staff had received COVID-19 immunizations, health centers were able to offer more in-person visits. In April 2020, 58 percent of visits at health centers in expansion states, on average, were provided virtually, compared to 36 percent in non-expansion states; at the end of May 2021, nearly a quarter of visits (23 percent) on average were provided virtually at health centers in Medicaid expansion states compared to 13 percent for those in non-expansion states.

² The survey question on changes in visit volume asks health centers to “consider all visits regardless of service type (e.g., medical, dental, behavioral health, etc.), including virtual visits.”

Figure 2. Health Center Visits Provided Virtually, by State Medicaid Expansion Status, April 2020-May 2021



Sources: Bureau of Primary Health Care. Health Center COVID-19 Survey. Kaiser Family Foundation. Status of State Medicaid Expansion Decisions.

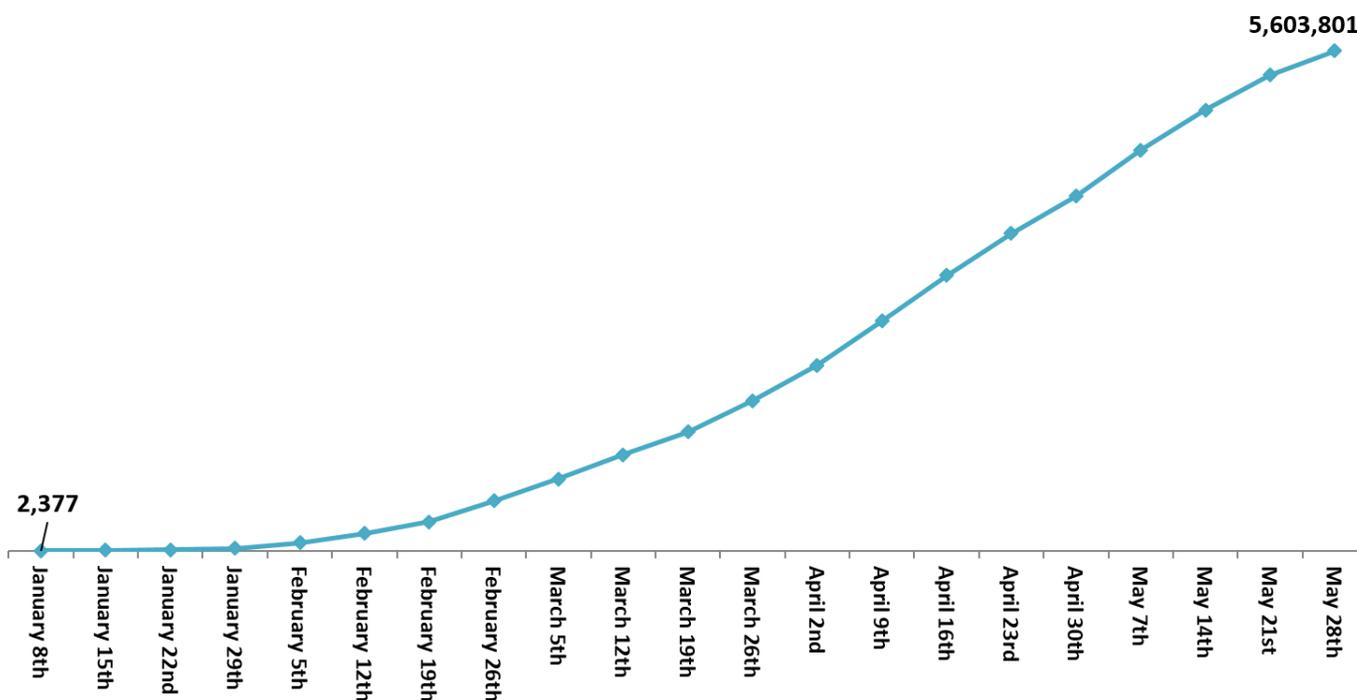
Potential reasons for these differences could include state or local variations in social distancing policies, patient preferences for avoiding in-person visits, and more robust telehealth policies or stronger telehealth capability among Medicaid expansion state health centers. Research suggests that while telehealth policies generally became more lenient during the pandemic, [specific state actions have differed](#). In addition, the [use of and barriers to telehealth services](#) differed prior to the pandemic.

The reliance on virtual visits has continued to decrease as states have eased lockdown restrictions and immunizations have become more widely available. In February 2021, the [White House announced](#) that health centers would begin receiving direct supplies of COVID-19 vaccines in order to ensure equitable vaccine distribution to medically underserved communities. The [Health Center COVID-19 Vaccine Program](#) phased vaccine distributions beginning with 250 participating health centers, but by April 2021, all community health centers had been invited to participate. Health centers also received vaccines through their state or local vaccine allocations, so the statistics we report do not isolate the effect of the HRSA’s COVID-19 Vaccine Program roll-out. With the expansion of this federal program and the greater availability of vaccines generally, the share of community health centers reporting vaccine supply as a challenge to deploying COVID-19 vaccines fell from [65 percent in mid-January](#) to [three percent in early June 2021](#). The expanded availability of vaccines is reflected in the continuous upward trend of vaccinated patients over time (**Figure 3**).

We estimated the average share of total and vaccine-eligible³ health center patients who completed their COVID-19 vaccine series by the end of May 2021, by state, based on grantee-level data reporting the cumulative number of

³ Patients eligible for the COVID-19 vaccine at the time of data collection are those age 16 and older. The FDA approved the Pfizer vaccine for teenagers age 12-15 on May 10th, 2021, but because there is a 21-day period between the two vaccine doses, patients age 12-15 would not have been able to complete their vaccine series by May 28, 2021 and thus are not considered in the eligible patient population for this analysis. An estimated 8.2 million health center patients (28 percent) were not eligible during the reporting period.

Figure 3. Cumulative Number of Community Health Center Patients with Completed COVID-19 Vaccinations, January 2021-May 2021



Source: Bureau of Primary Health Care. Health Center COVID-19 Survey

patients with completed vaccinations over the 21-week period between the weeks ending January 8th and May 28th, 2021 and the number of patients reported in the [2019 Uniform Data System](#) (UDS), the latest year of health center data available. One limitation of this analysis is that health center vaccinations were open to the entire community, not just those who were previously registered patients counted in the 2019 UDS. Because it is not possible to distinguish whether those vaccinated were counted in the 2019 UDS, and because health centers are reporting patients vaccinated by any provider, there will be some degree of error.

Table 1 presents the estimated average percentage of total and vaccine-eligible health center patients vaccinated nationally and by state by the end of May 2021. Nationally, about one in four (24 percent) community health center patients on average, and three in ten vaccine-eligible patients, had completed their COVID-19 vaccine series from January to May 2021. The highest average rates of completed vaccinations were reported by health centers in California (78% of total patients, 91% of eligible patients), Connecticut (45% of total patients, 62% of eligible patients), New Jersey (37% of total patients, 52% of eligible patients), Massachusetts (33% of total patients, 39% of eligible patients), Alaska (30% of total patients, 38% of eligible patients), and Arizona (33% of total patients, 45% of eligible patients).

The lowest average patient immunization rates were reported by health centers in Wyoming (4% of total patients, 5% of eligible patients), South Dakota (4% of total patients, 6% of eligible patients), Kentucky (4% of total patients, 7% of eligible patients), Arkansas (5% of total patients, 6% of eligible patients), and New Hampshire (5% of total patients, 6% of eligible patients). When compared to [statewide percentages of adults fully vaccinated as of May 22, 2021 published by the CDC](#), health center vaccination rates and their states' performance were well aligned in some

Table 1. Estimated Percentage of Community Health Center Patients with Completed COVID-19 Vaccinations by May 28, 2021, by State

State	Estimated % of All CHC Patients with Completed COVID-19 Vaccinations	Estimated % of Vaccine-Eligible CHC Patients with Completed COVID-19 Vaccinations	State	Estimated % of All CHC Patients with Completed COVID-19 Vaccinations	Estimated % of Vaccine-Eligible CHC Patients with Completed COVID-19 Vaccinations
National	24%	30%	MT	13%	15%
AK	30%	38%	NC	15%	19%
AL	9%	11%	ND	8%	10%
AR	5%	6%	NE	13%	18%
AZ	30%	45%	NH	5%	6%
CA	78%	91%	NJ	37%	52%
CO	22%	30%	NM	16%	20%
CT	45%	62%	NV	6%	7%
DC	23%	27%	NY	16%	21%
DE	14%	17%	OH	19%	25%
FL	16%	23%	OK	14%	18%
GA	12%	15%	OR	23%	29%
HI	14%	20%	PA	23%	31%
IA	6%	8%	PR	24%	32%
ID	16%	21%	RI	13%	17%
IL	17%	24%	SC	20%	25%
IN	12%	18%	SD	4%	6%
KS	15%	21%	TN	8%	10%
KY	4%	7%	TX	10%	14%
LA	11%	15%	UT	8%	10%
MA	33%	39%	VA	11%	14%
MD	10%	13%	VT	13%	15%
ME	12%	14%	WA	24%	32%
MI	12%	15%	WI	12%	18%
MN	25%	31%	WV	10%	12%
MO	12%	18%	WY	4%	5%
MS	11%	14%			

Note: Average percentages were calculated for each state, the District of Columbia (DC), and Puerto Rico (PR) from grantee-level survey data. "National" includes health centers in the U.S. territories and freely associated states. Percentage denominators are derived from the 2019 UDS. "Eligible" patients denote patients aged 16 and older. Percentages are based on the cumulative number of health center patients who completed their COVID-19 vaccine series by May 28, 2021.

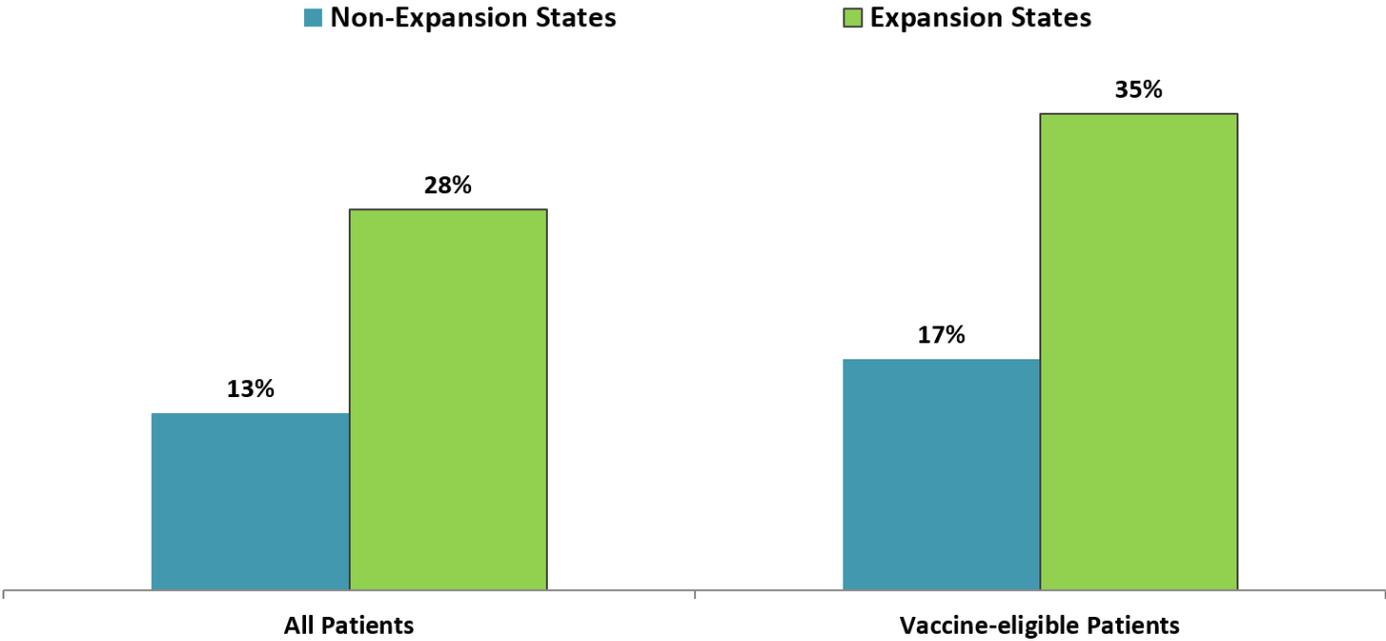
Sources: 2019 UDS; Bureau of Primary Health Care. Health Center COVID-19 Survey.

states. For example, Connecticut, New Jersey, and Massachusetts had high vaccination rates both at health centers and state-wide; similarly, the vaccination rates at health centers as well as state-wide were among the lowest for Wyoming and South Dakota. Conversely, in other states, the health center and state experience was not aligned: for example, New Hampshire has one of the highest percentages of fully vaccinated adults nationally, while its health center rate is one of the lowest. It is not clear from our analyses whether state variations in health center vaccination rates are due to any or a combination of the following factors: differences in state vaccination plans and health centers' inclusion and prioritization in those plans; state-specific variations in [health centers' participation in the Health Center COVID-19 Vaccine Program](#); varying response rates to the survey (completing the survey is a [requirement](#) for health centers participating in the Health Center COVID-19 Vaccine Program); differences between the population receiving vaccines and the 2019 UDS patient count; or health centers' ability to track vaccinations that are provided outside of the health center.

As these statistics indicate, community health centers in Medicaid expansion states reported higher average rates of completed patient COVID-19 vaccinations than those in non-expansion states: an average of 28 percent of all patients were fully vaccinated in Medicaid expansion state health centers compared to 13 percent of those in non-expansion state health centers (**Figure 4**). Similarly, among vaccine-eligible patients, the average percentage of patients age 16 and older with completed COVID-19 vaccinations was more than twice as high (35%) in expansion-state health centers compared to those in non-expansion state centers (17%).

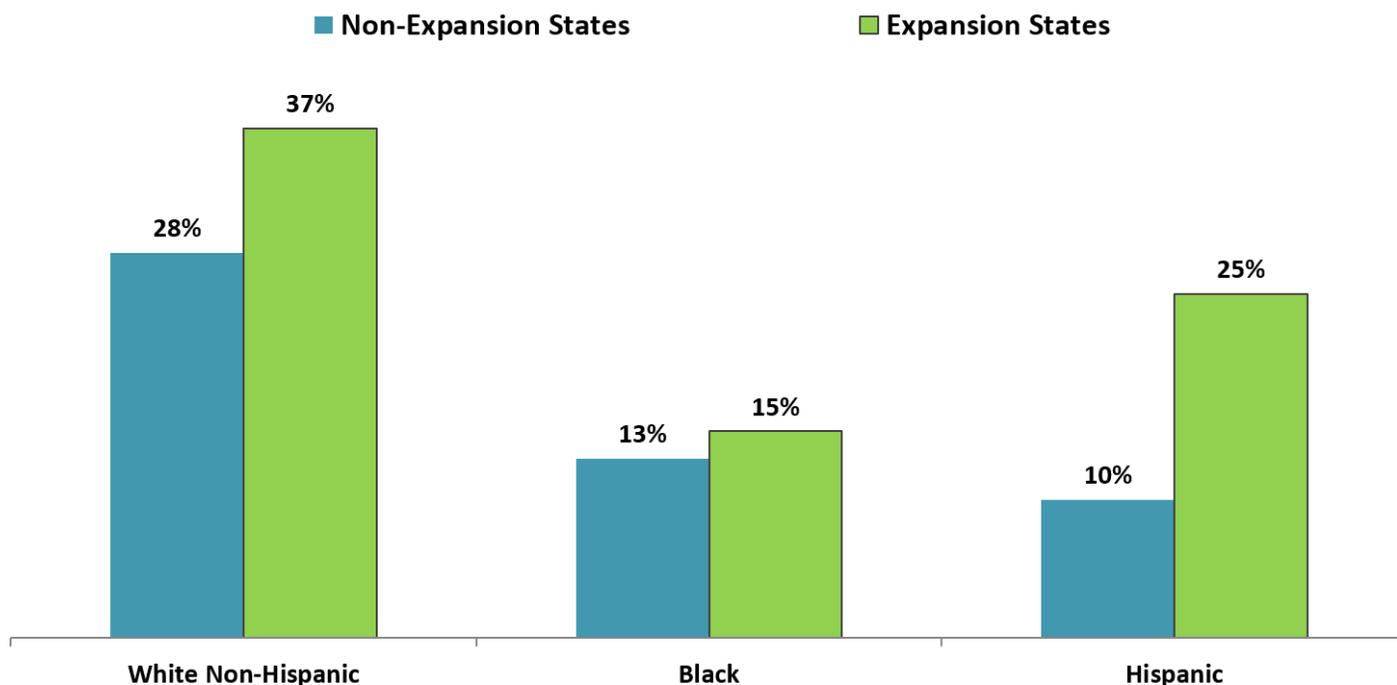
While the proportions of vaccinated patients appear to be higher for White non-Hispanic, Hispanic, and Black non-Hispanic patients in expansion states, the difference by Medicaid expansion status is statistically significant only for Hispanic patients (**Figure 5**).

Figure 4. Community Health Center Patients with Completed COVID-19 Vaccinations, by State Medicaid Expansion Status, as of May 28, 2021



Note: Vaccine-eligible patients are those age 16 and older. Completed COVID-19 vaccinations are based on the cumulative number of health center patients who completed their COVID-19 vaccine series by May 28, 2021. Sources: 2019 UDS; Bureau of Primary Health Care. Health Center COVID-19 Survey; Kaiser Family Foundation. Status of State Medicaid Expansion Decisions.

Figure 5. Health Center Patients with Completed COVID-19 Vaccinations, by Race, Ethnicity, and State Medicaid Expansion Status, as of May 28, 2021



Note: “Black” includes non-Hispanic patients only. Denominators are total patients reported in these race/ethnicity categories in the 2019 UDS. Percentages are based on the cumulative number of health center patients who completed their COVID-19 vaccine series by May 28, 2021. Sources: 2019 UDS; Bureau of Primary Health Care. Health Center COVID-19 Survey; Kaiser Family Foundation. Status of State Medicaid Expansion Decisions.

Still, given the disproportionate impact of COVID-19 on [minority communities](#), it is both notable and troubling that in both expansion and non-expansion states, non-Hispanic White patients had higher rates of completed immunizations than either Black or Hispanic patients. While this is consistent with [research](#) documenting proportionally lower COVID-19 vaccination uptake among Black and Hispanic people, our findings suggest that increasing outreach, deepening community engagement, and targeting patient education to minority patients may be necessary.

Limitations

While the estimated percentages of patients with completed COVID-19 vaccinations were calculated based on grantee-level data—i.e., not from state-level survey totals of patients and completed vaccinations, which could be biased for states with low response rates—the reported numbers of vaccinated patients may be underestimated. The HRSA survey asks that health centers report all vaccinated health center patients, including those who were vaccinated in other settings; however, patients who have not visited their health center this year, or who may not have disclosed a vaccination at another location, would not have been counted as vaccinated. It should also be noted that the percentages were calculated based on the number of patients reported in the 2019 UDS, which may result in inaccurate estimations if health centers have gained or lost significant numbers of patients in the ensuing two years or if significant numbers of community members who were not health center patients counted in the 2019 UDS were included in the survey count of vaccinated individuals. Also, while the estimates show differences in the average rates of patients with completed vaccinations by state and Medicaid expansion status, it is not clear from the survey data why these geographical differences exist. Similarly, this analysis also found lesser declines in weekly visits for health

centers in Medicaid expansion states compared to those in non-expansion states, but it is unclear if this can be explained by different rates of telehealth use or greater hesitation of patients to seek care. It could be that in Medicaid expansion states, patients who lost private health insurance coverage enrolled in Medicaid and thus their health care utilization did not change, while those in non-expansion states who lost private insurance coverage became uninsured and reduced their health care utilization accordingly. Finally, the analysis is limited to health center patients and does not include vaccinations among health center staff. While the Health Center COVID-19 Survey asked health centers to report the number of staff who received COVID-19 vaccinations, it was not possible to estimate staff members with completed vaccinations at the state level and by Medicaid expansion status because the survey reported total staff members with vaccinations while the UDS reports staff as full-time equivalents (FTEs).

Conclusion

While the above analysis suggests the beginning of a return to normalcy for community health center operations as patients become vaccinated and care becomes less dependent on virtual visits, it appears that health center experiences differ by state and by Medicaid expansion status. It is concerning that visit volume overall, including virtual visits, appears to have rebounded less at health centers in non-expansion states, and that the estimated percentages of vaccinated patients are lower in those states. Given the high proportion of community health center patients who [rely on Medicaid](#), centers in non-expansion states may face a more difficult financial recovery from the pandemic, with fewer Medicaid-enrolled patients and fewer visits. There is, however, a noteworthy degree of heterogeneity within both the expansion and non-expansion states. Possible explanations for the variation in expansion states may include the length of time that a state has held expansion status, however, further research would be needed to examine state-level characteristics and draw definitive conclusions that would both explain the variation and suggest those best able to facilitate full recovery. The disproportionate impact that the pandemic has had on low-income households, combined with the vital role that community health centers play in serving low-income households and communities, underscores the importance of providing adequate funding to community health centers to facilitate an equitable and robust COVID-19 response.