



**rchn**  
community health foundation



# The Role of Community Health Centers as Public Health Emergency First Responders: One Year into the COVID-19 Pandemic

April 2021

# Welcome and Introduction to the Webcast Program

## RCHN Community Health Foundation



**Feygele Jacobs, DrPH, MS, MPH**  
President and CEO



Presenter:

Milken Institute School of Public Health  
The George Washington University



**Peter Shin, PhD, MPH**  
Associate Professor

Milken Institute School  
of Public Health

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THE GEORGE WASHINGTON UNIVERSITY

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## Presenter:

Milken Institute School of Public Health  
The George Washington University



**Jessica Sharac, PhD, MSc, MPH**

Research Scientist, Assistant Research Director,  
Geiger Gibson Program in Community Health Policy

Milken Institute School  
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## Presenter:

Milken Institute School of Public Health  
The George Washington University



**Sara Rosenbaum, J.D.**

Harold and Jane Hirsh Professor of Health  
Law and Policy

Milken Institute School  
of Public Health

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# Tracking Community Health Centers' Response to COVID-19

April 27, 2021

George Washington University  
RCHN Community Health Foundation

# Community health centers: a national snapshot, 2019



**1,385 federal grantees operating in 12,785 sites**

- 58% urban
- 42% rural



**29.8 million patients**



**122.8 million clinic and virtual visits, including:**

- 81.3 million medical visits
- 17.3 million dental visits
- 14.1 million behavioral health visits
- 6.4 million enabling services visits

***plus:***



**72 “look-alikes”  
operating 237 sites**

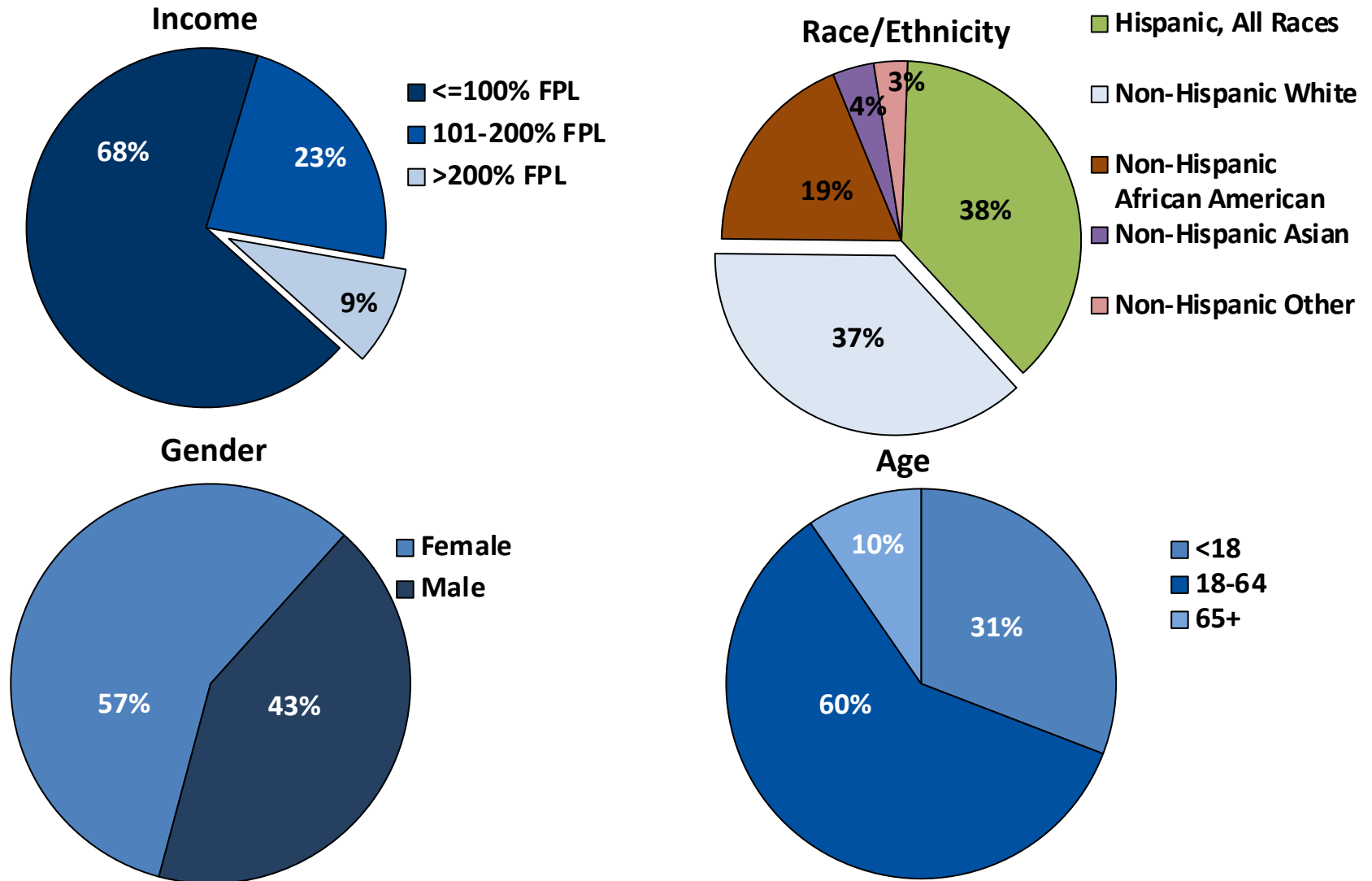


**595,030 patients**



**2.36 million visits**

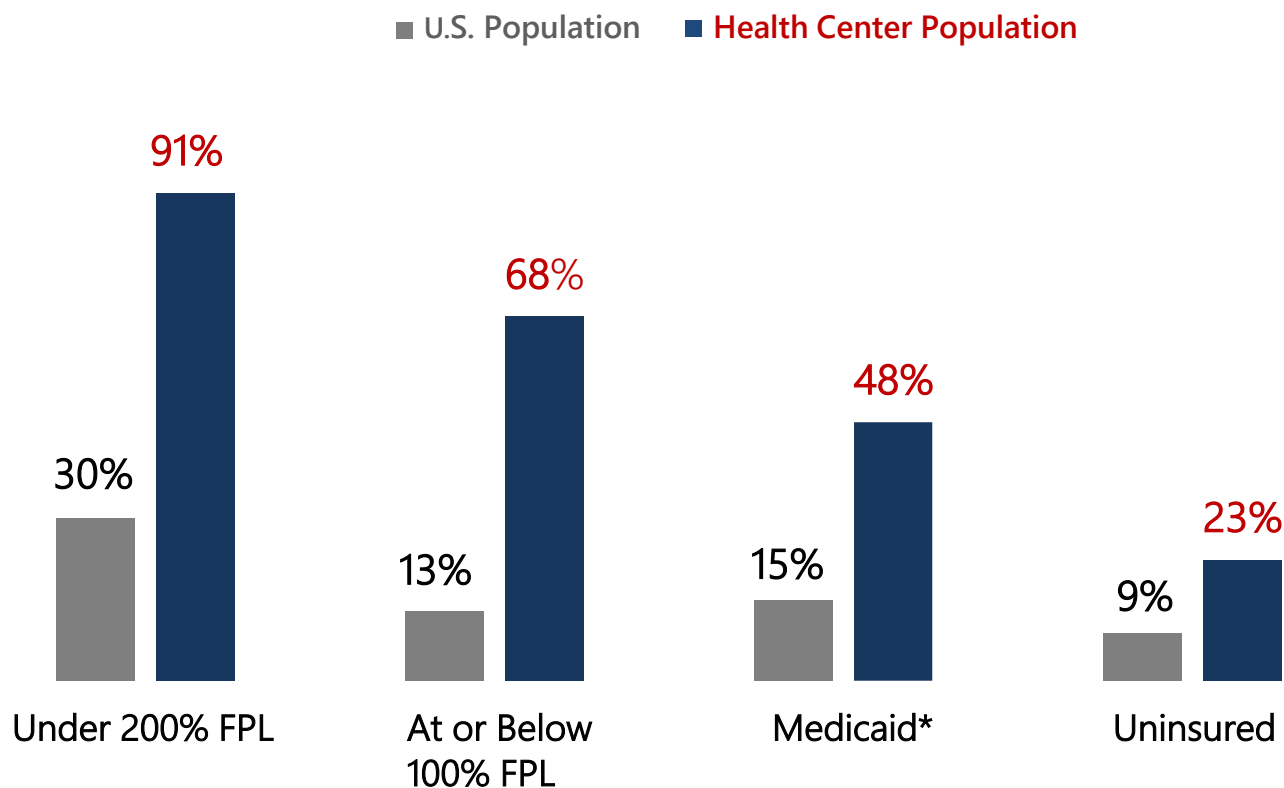
# Figure 1. Community Health Center Patients, 2019



Notes: Percentages may not sum to 100% due to rounding. Income distribution reflects 21.4 million patients with known income. Race/ethnicity distribution reflects 28 million patients with known race and/or ethnicity (excluding patients reported as non-Hispanic unreported race and patients with unreported race and ethnicity). Source: Health Resources and Services Administration. (2020). *2019 Health Center Data: National Data*. <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=Full&year=2019>



## Figure 2. Health Center Patients are Disproportionately Poor, Uninsured, and Publicly Insured

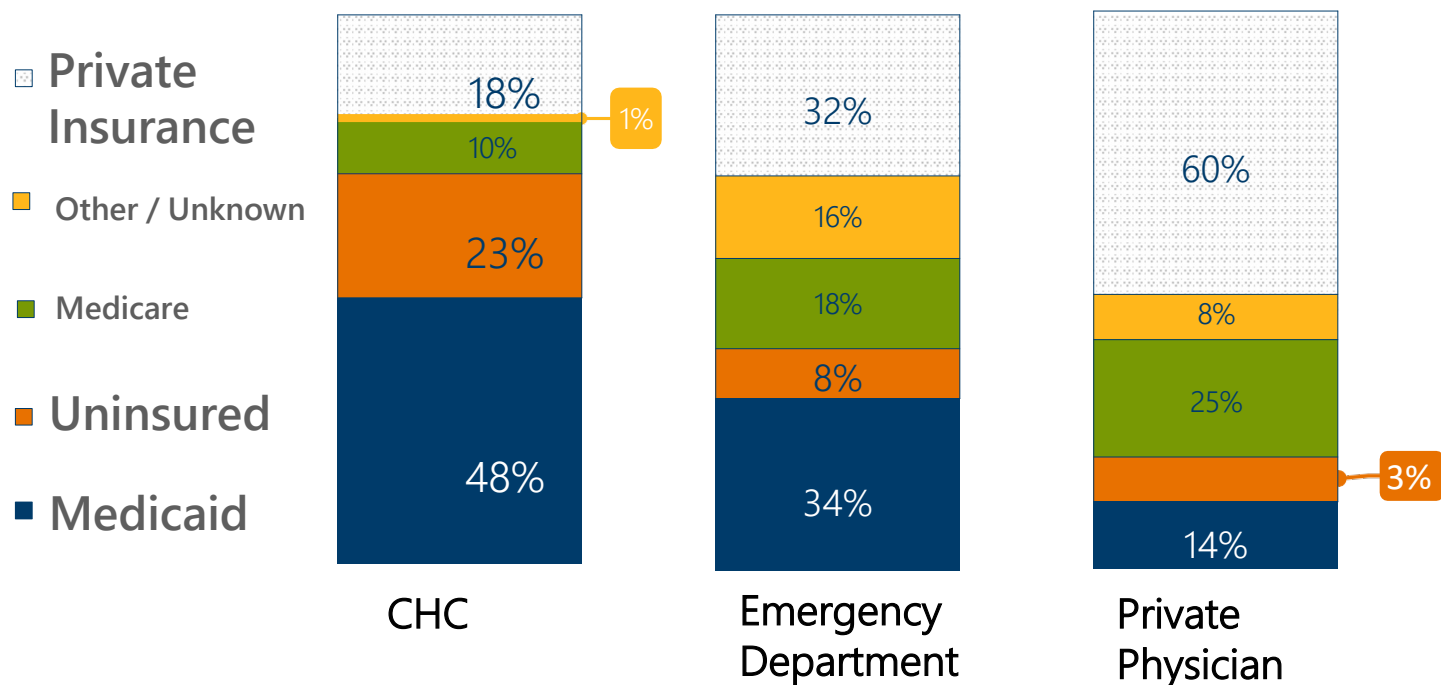


Note: FPL = federal poverty level.

\* Medicaid alone and not in combination with other insurance.

Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Tables B17002, S2704, and DP03.

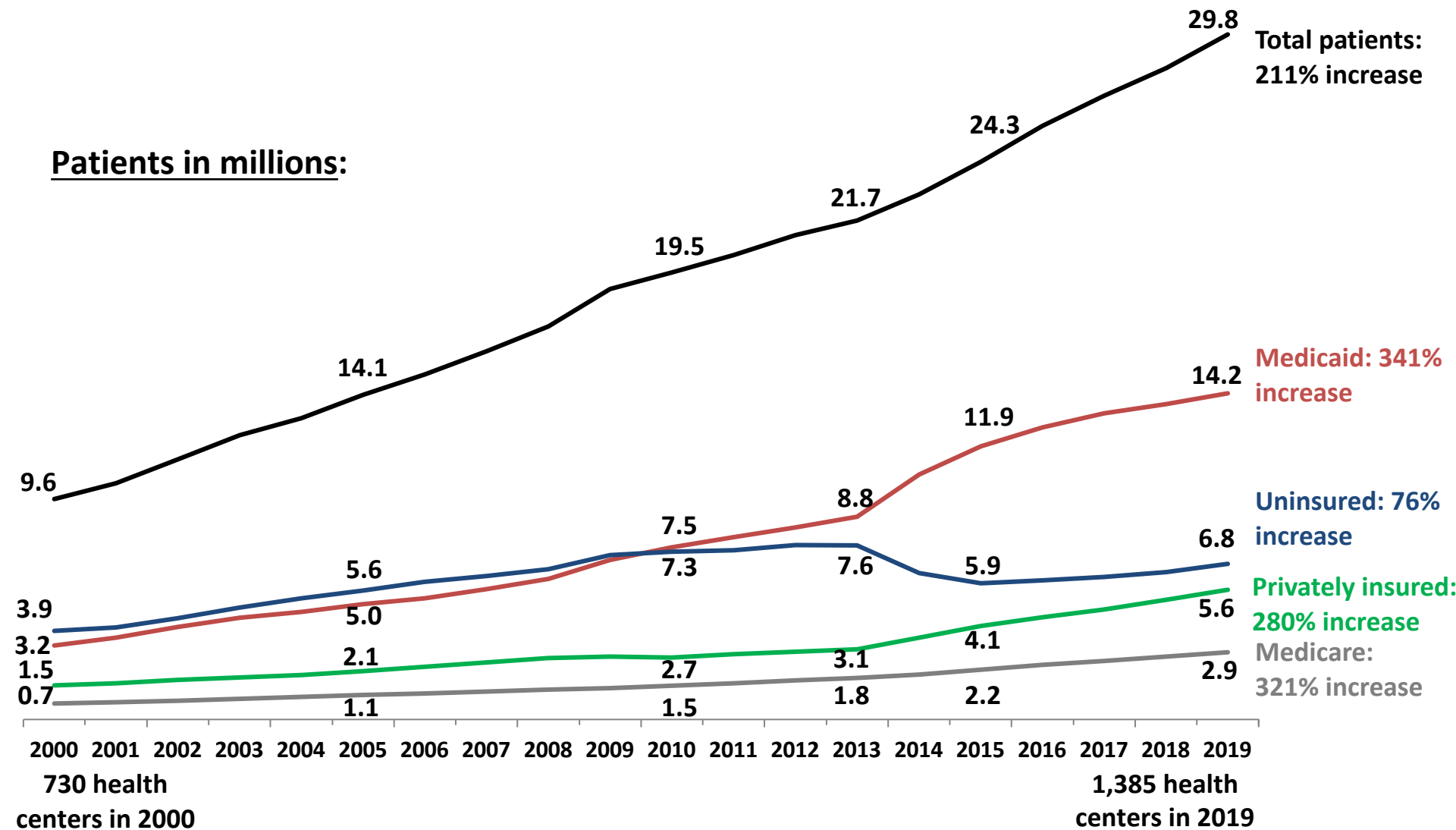
# Figure 3. Health Center Patients' Health Insurance Coverage is Unique Among Ambulatory Care Providers



Notes: Percentages may not add to 100% due to rounding and private physician and emergency department numbers allow for more than one category to be indicated. Dual eligible patient visits were removed from the Medicaid category in NAMCS/NHAMCS data for private physicians and emergency department visits. This was done to be more comparable with conventional groupings of Medicare and Medicaid patients when reporting UDS data for health centers.

Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. (2) National Ambulatory Medical Care Survey, 2016. Table 6. Expected Sources of Payment at Office Visits. United States, 2016. National Center for Health Statistics. (3) National Hospital Ambulatory Survey, 2015. Table 6. Expected Sources of Payment at Emergency Department Visits: United States, 2016.

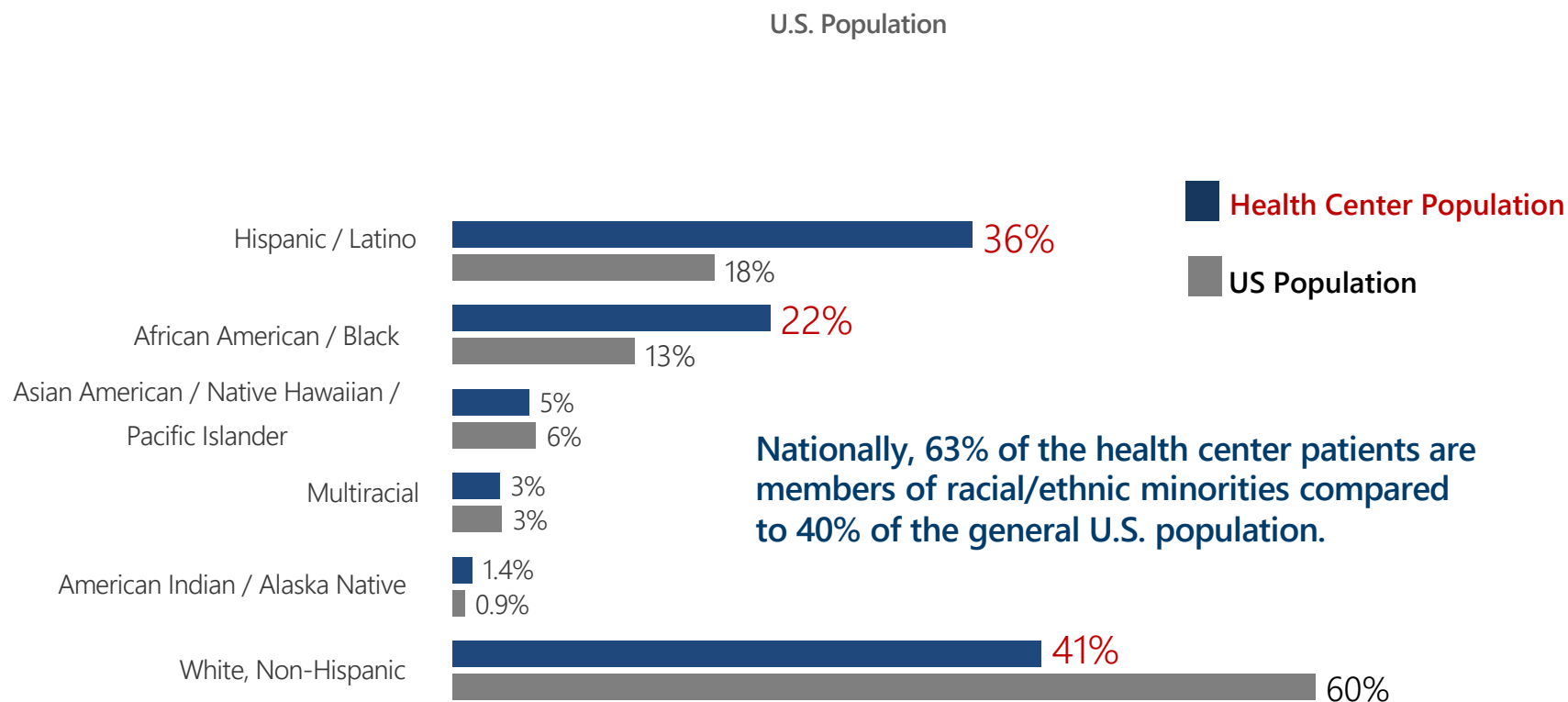
# Figure 4. Community Health Center Patient Volume, by Payer, 2000-2019



Notes: Patients with other public insurance are not shown.

Source: GW analysis of data reported in the 2000-2019 UDS national reports, Health Resources and Services Administration.

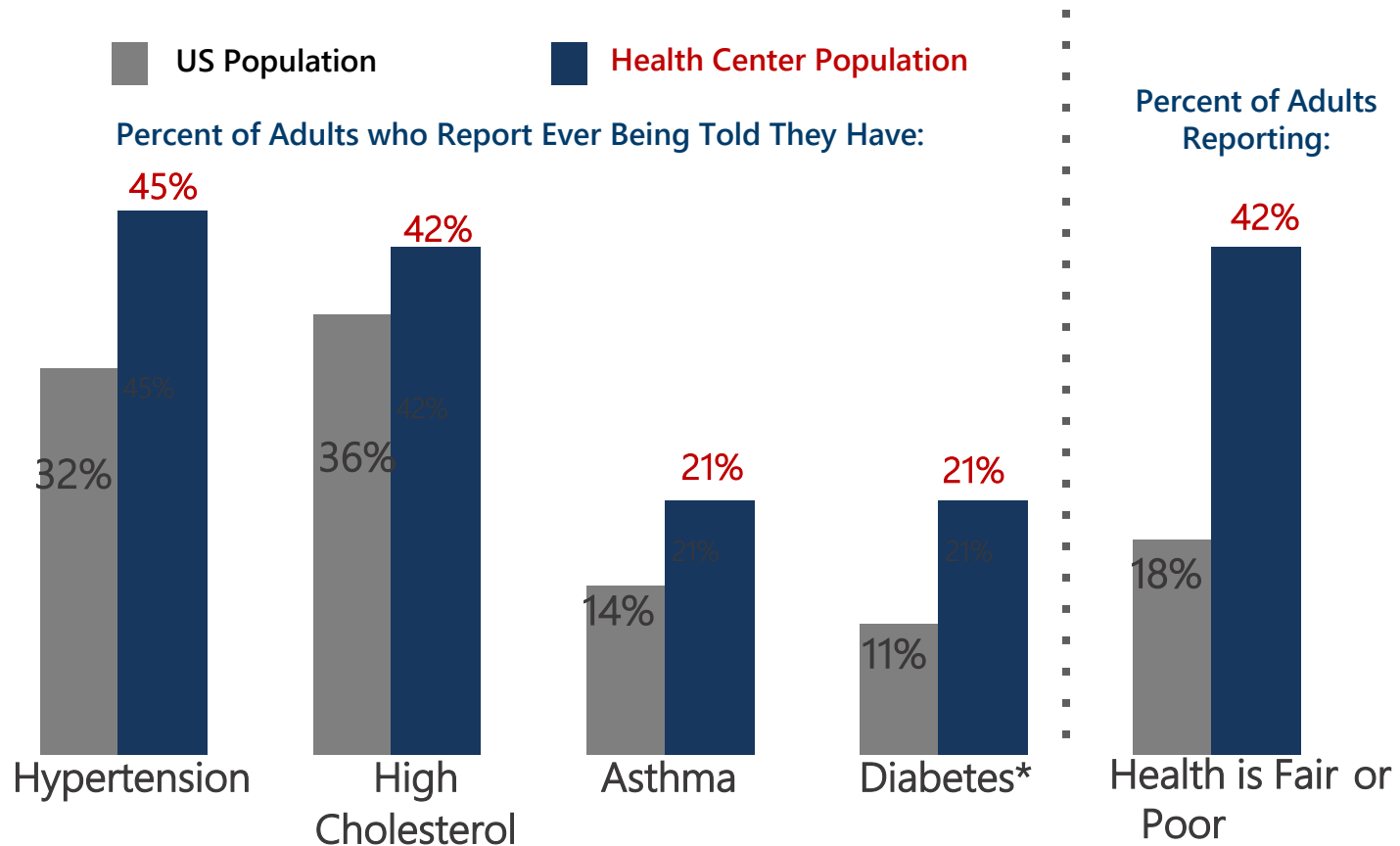
# Figure 5. Health Center Patients are Disproportionately Members of Racial/Ethnic Minority Groups



Notes: Figures may not add to 100% due to rounding and patients of Hispanic ethnicity can identify with any racial category. Based on known race and/or ethnicity.

Sources: (1) 2018 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS. Note: National racial/ethnic minority estimate calculated using the Reference Guide for UDS Data Reports Available to Health Centers, CY 2018, Bureau of Primary Health Care, HRSA, DHHS. (2) U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, Table B03002.

# Figure 6. Health Center Patients Suffer from Chronic Conditions at Higher Rates Than the General Population

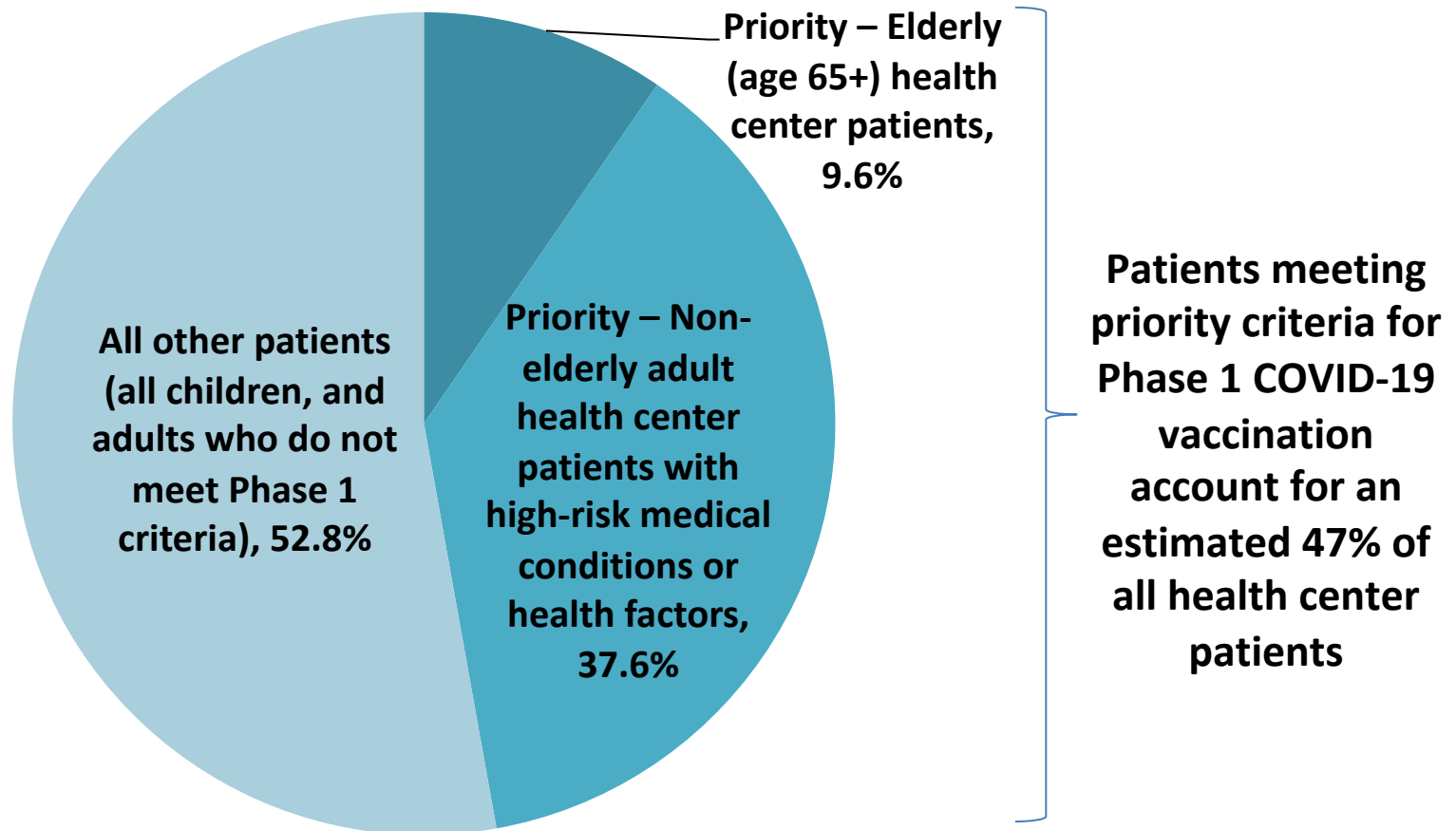


\* Other than during pregnancy.

Note: Includes only adult population ages 18 and older.

Sources: (1) 2014 Health Center Patient Survey. Bureau of Primary Health Care, HRSA, DHHS. (2) Kaiser Family Foundation. Health Status Indicators. 2015. Note: Used for High Cholesterol, Hypertension, Diabetes, and Self-Reported Health Status. Centers for Disease Control and Prevention. (3) Behavioral Risk Factor Surveillance System. BRFSS Prevalence Trends and Data. 2016. Note: Used for Asthma; estimate is the median crude prevalence rate for all U.S. States, Territories, and D.C.

## Figure 7. Estimated Share of Community Health Center Patients Prioritized for Phase 1 COVID-19 Vaccination



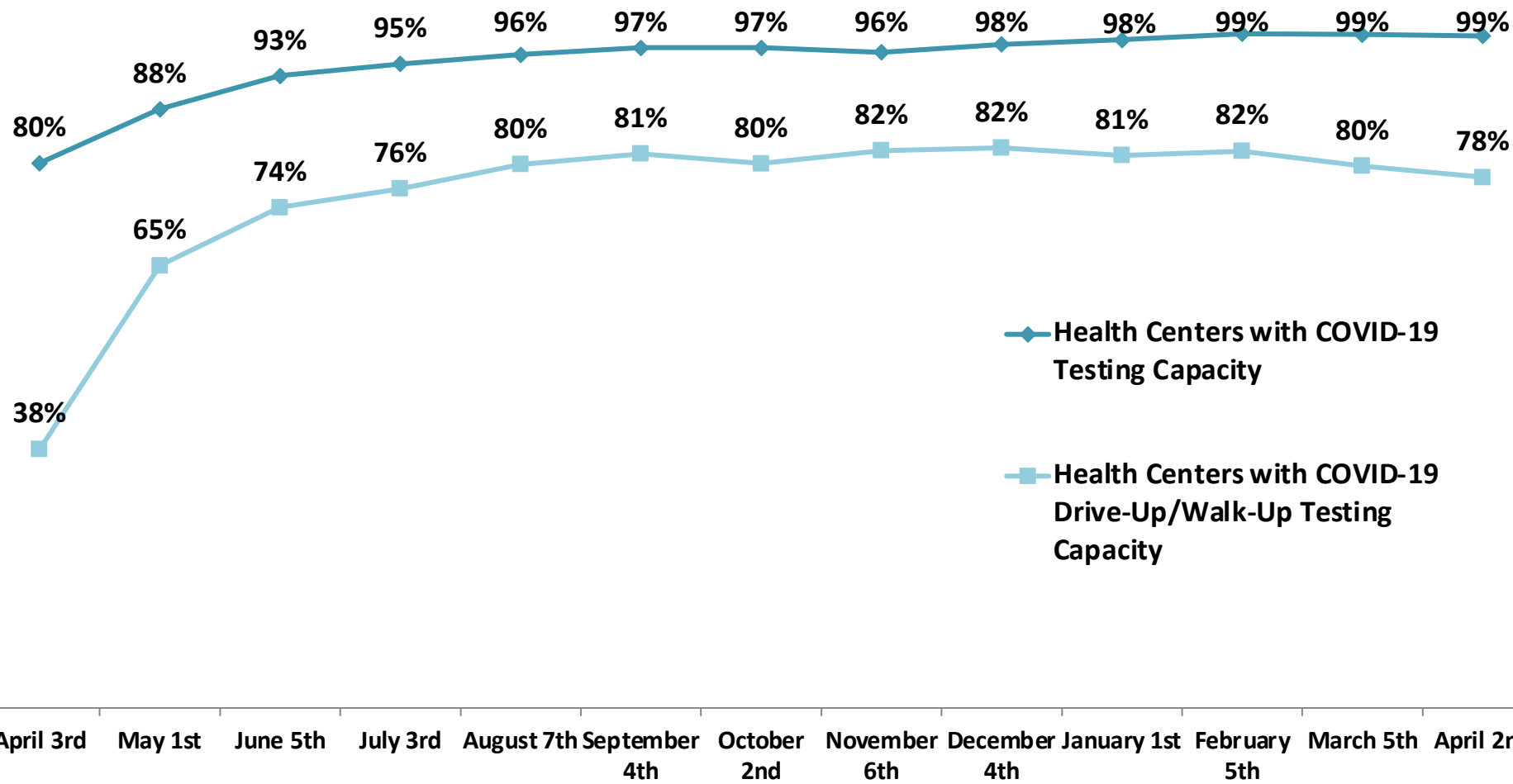
Sources: Dooling, K. (November 23, 2020). COVID Phased Allocation of COVID-19 Vaccines.

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2020-11/COVID-04-Dooling.pdf>; HRSA. (2019). Health Center Patient Survey. <https://bphc.hrsa.gov/datareporting/research/hcpsurvey/index.html>; HRSA. (2020). 2019 Uniform Data System data.

# HRSA COVID-19 Survey

- Started in April.
- Key questions:
  - Testing and positive results
    - Race and Ethnicity
  - Impact on operations
  - PPE
- Response rates can vary week to week
- Some questions revised/added
- Source is Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

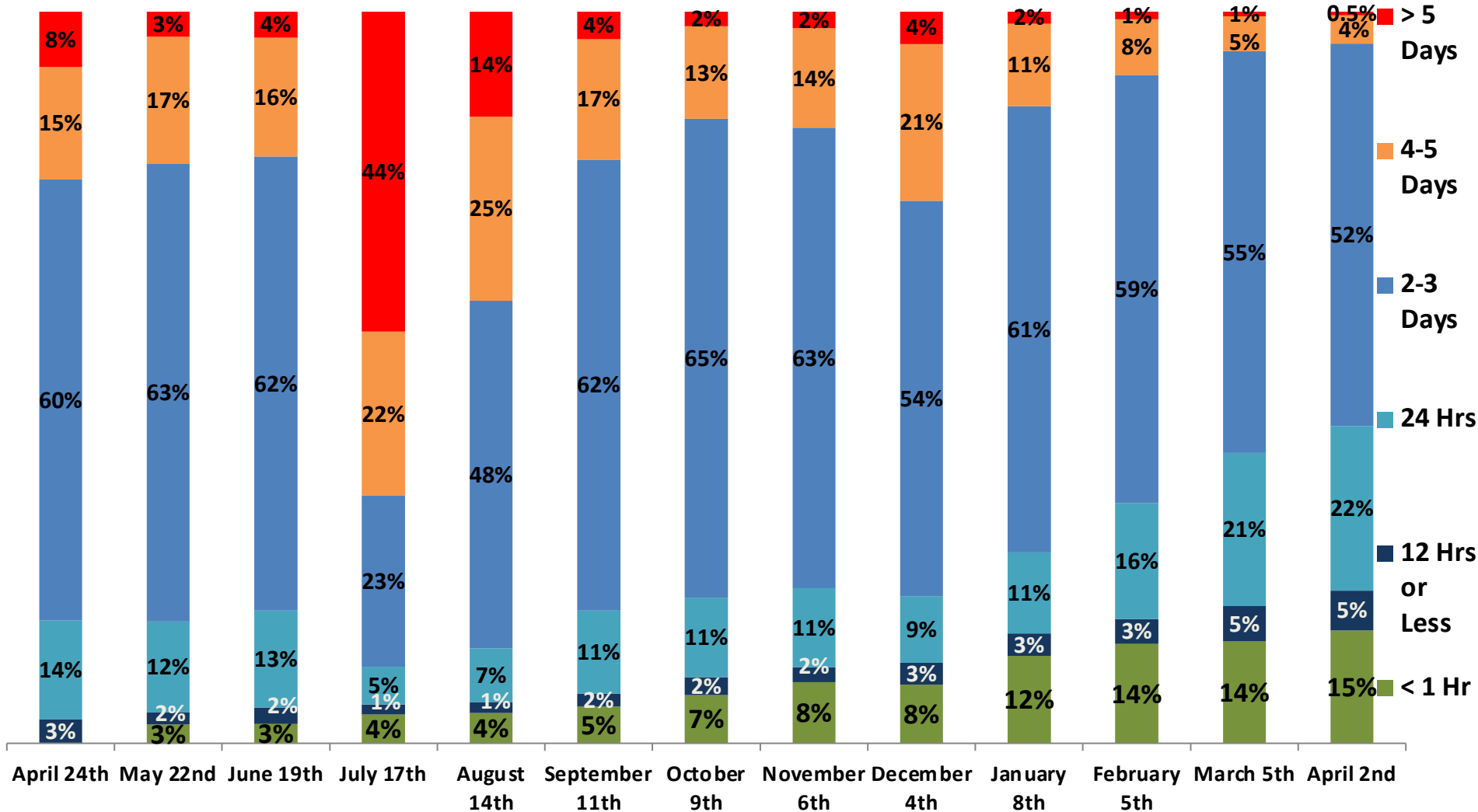
# Figure 8. Community Health Center COVID-19 Virus Testing Capacity, April 2020-April 2021



Note: Percentage with drive-up/walk-up testing capacity based on health centers that responded "yes" to having COVID-19 testing capacity.  
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.



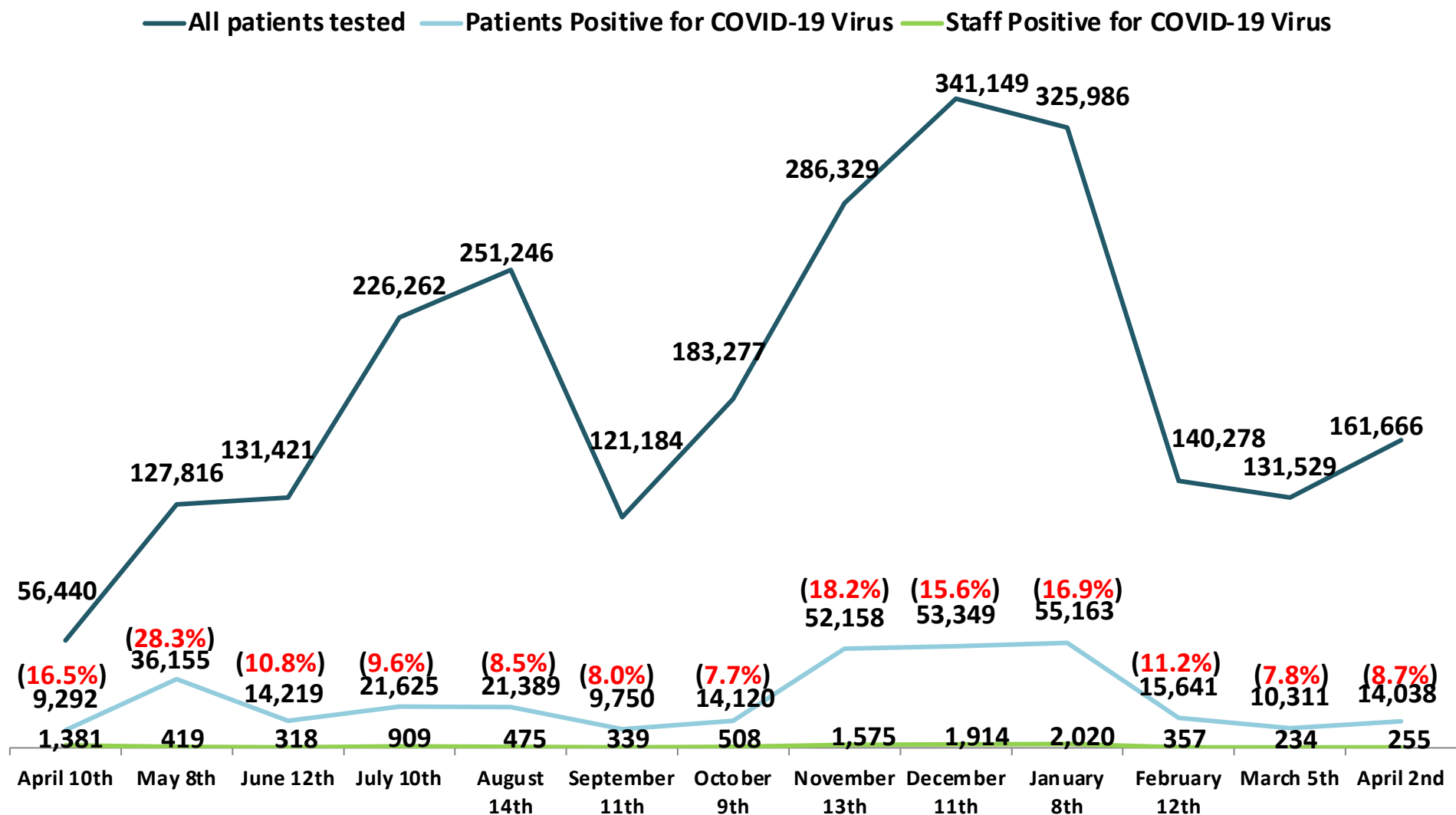
# Figure 9. Community Health Center Average Turn-around Time to Obtain COVID-19 Virus Test Results for the Prior Week, April 2020-April 2021



Note: HRSA did not report any health centers with an average turn-around time of less than one hour as of April 24th, 2020.

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

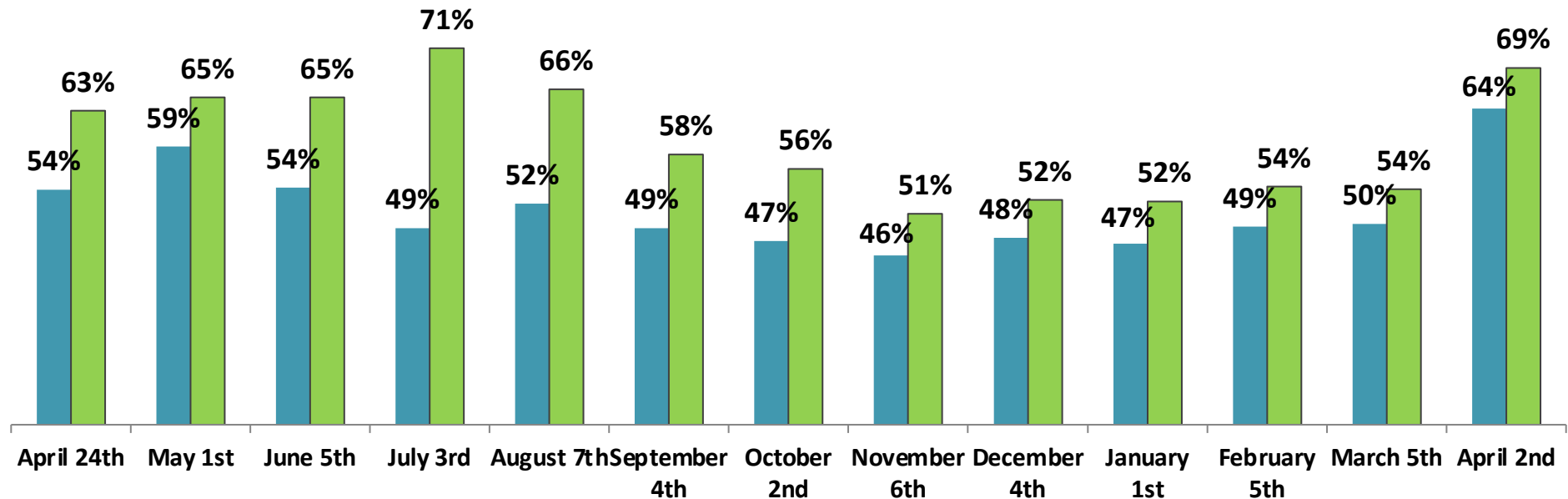
# Figure 10. Community Health Center Patients Tested for COVID-19 Infection and Patients and Staff Who Tested Positive, April 2020-April 2021



Note: The figures in red indicate the percentage of health center patients who tested positive for COVID-19 out of the number tested that week. HRSA began reporting patient testing numbers for the second week of the survey (April 10, 2020). The percentage testing positive in July, August, November, and December should be interpreted cautiously given widespread delays in test results those months. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

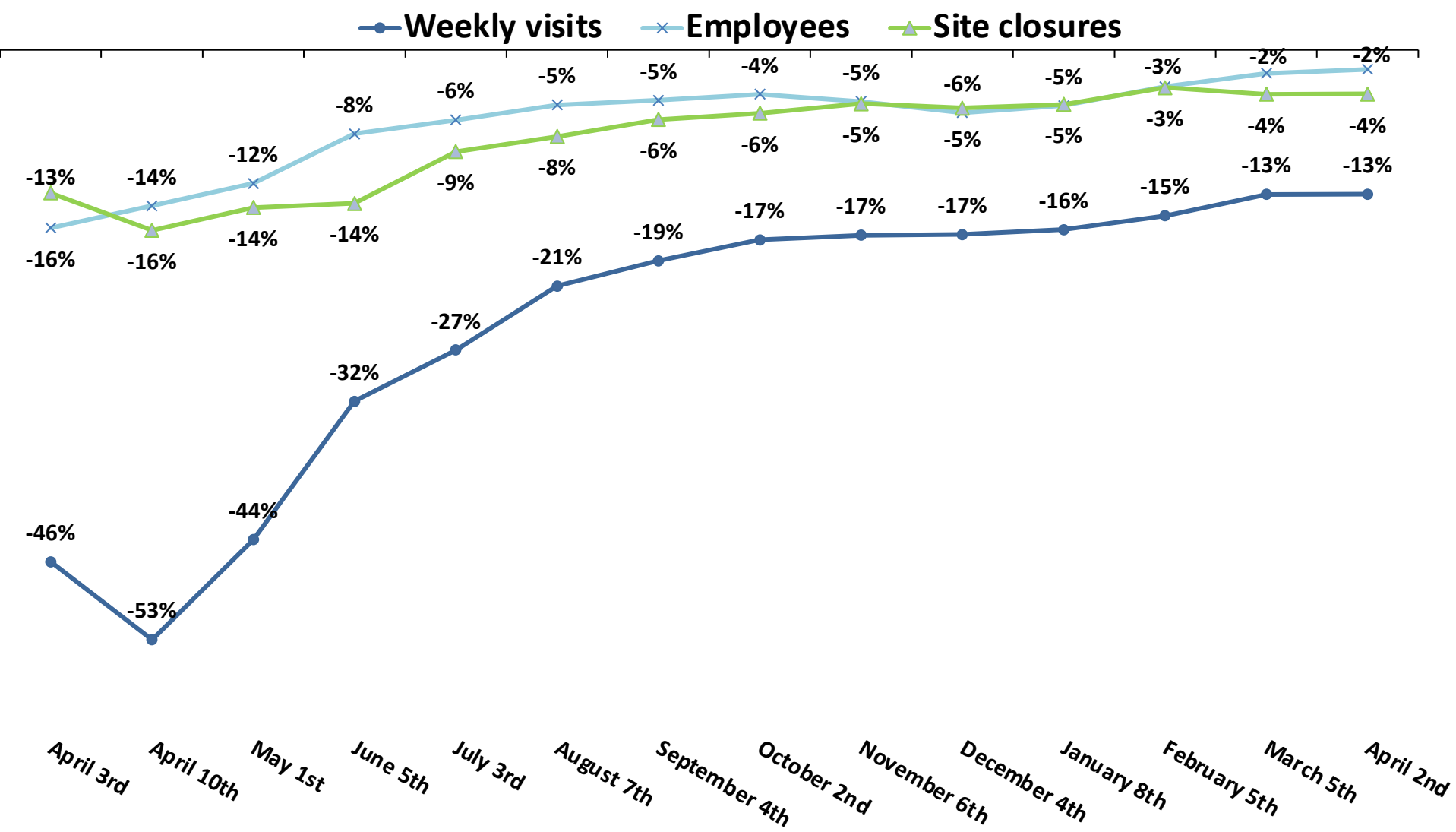
# Figure 11. Share of Community Health Center Patients Tested for COVID-19 Virus and Patients Who Tested Positive Who are Racial/Ethnic Minorities, April 2020-April 2021

- Patients Tested for COVID-19 Virus Who Are Racial/Ethnic Minorities
- Patients Tested Positive for COVID-19 Virus Who Are Racial/Ethnic Minorities



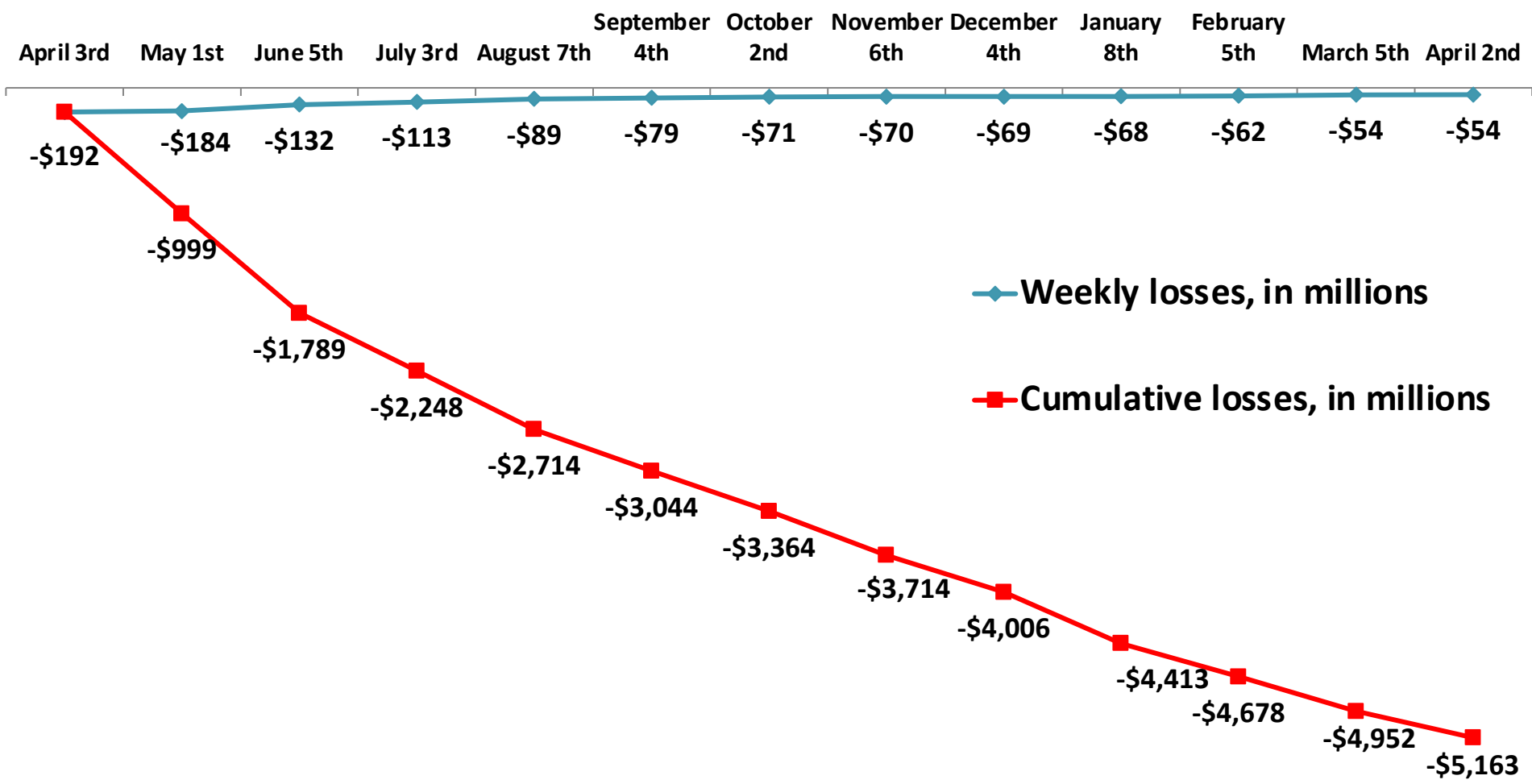
Note: Percentages indicate patients who are racial/ethnic minorities as a percentage of those tested and of those who tested positive and aggregate Hispanic/Latino White, Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander patients, patients with more than one race, and Hispanic/Latino patients with unreported race. HRSA began reporting racial/ethnic minority percentages for patients tested for COVID-19 virus on April 24th, 2020. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

Figure 12. COVID-19 Impact on Community Health Centers, April 2020-April 2021



Notes: Weekly visit losses compared to average pre-COVID-19 weekly visits, and include “all visits regardless of service type (e.g., medical, dental, behavioral health, etc.), including virtual visits” (<https://bphc.hrsa.gov/emergency-response/covid-19-survey-tools-questions>). Site closure percentages are based on 12,785 sites reported in 2019. Sources: 2019 UDS; Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

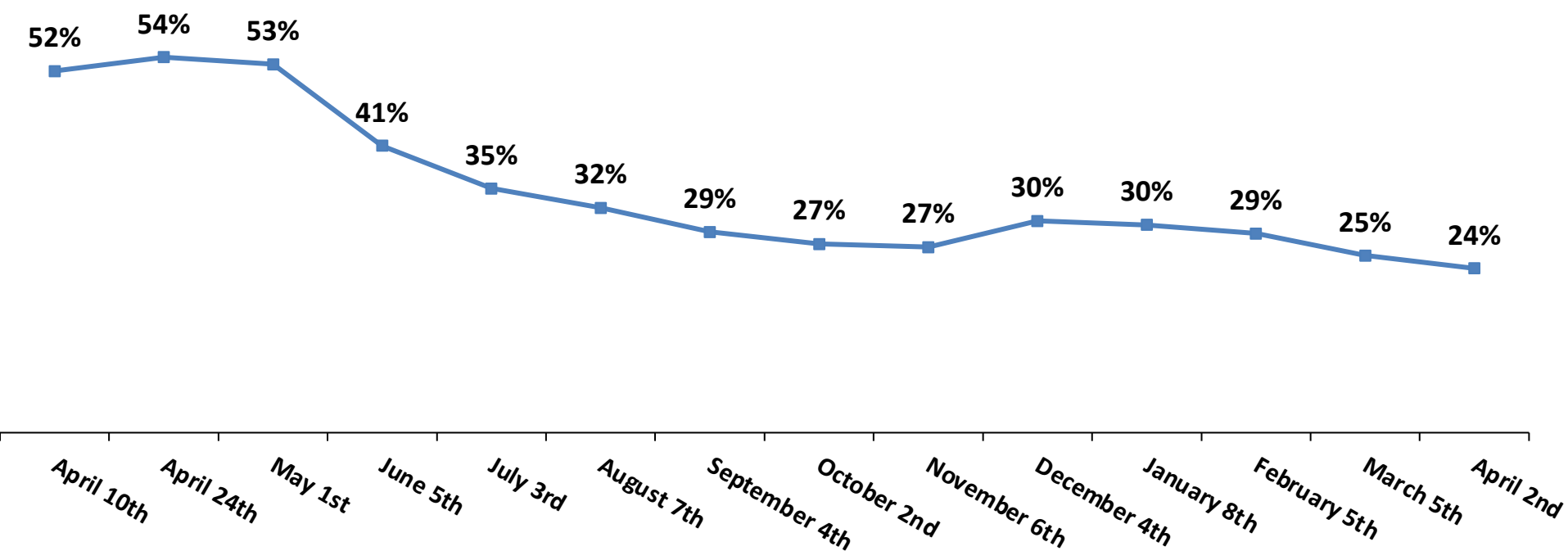
**Figure 13. National Community Health Center Estimated Weekly and Cumulative Patient Revenue Losses, April 2020-April 2021**



**Estimated cumulative losses of \$5.163 billion over 12 months accounted for 16.4% of total revenue reported in 2019.**

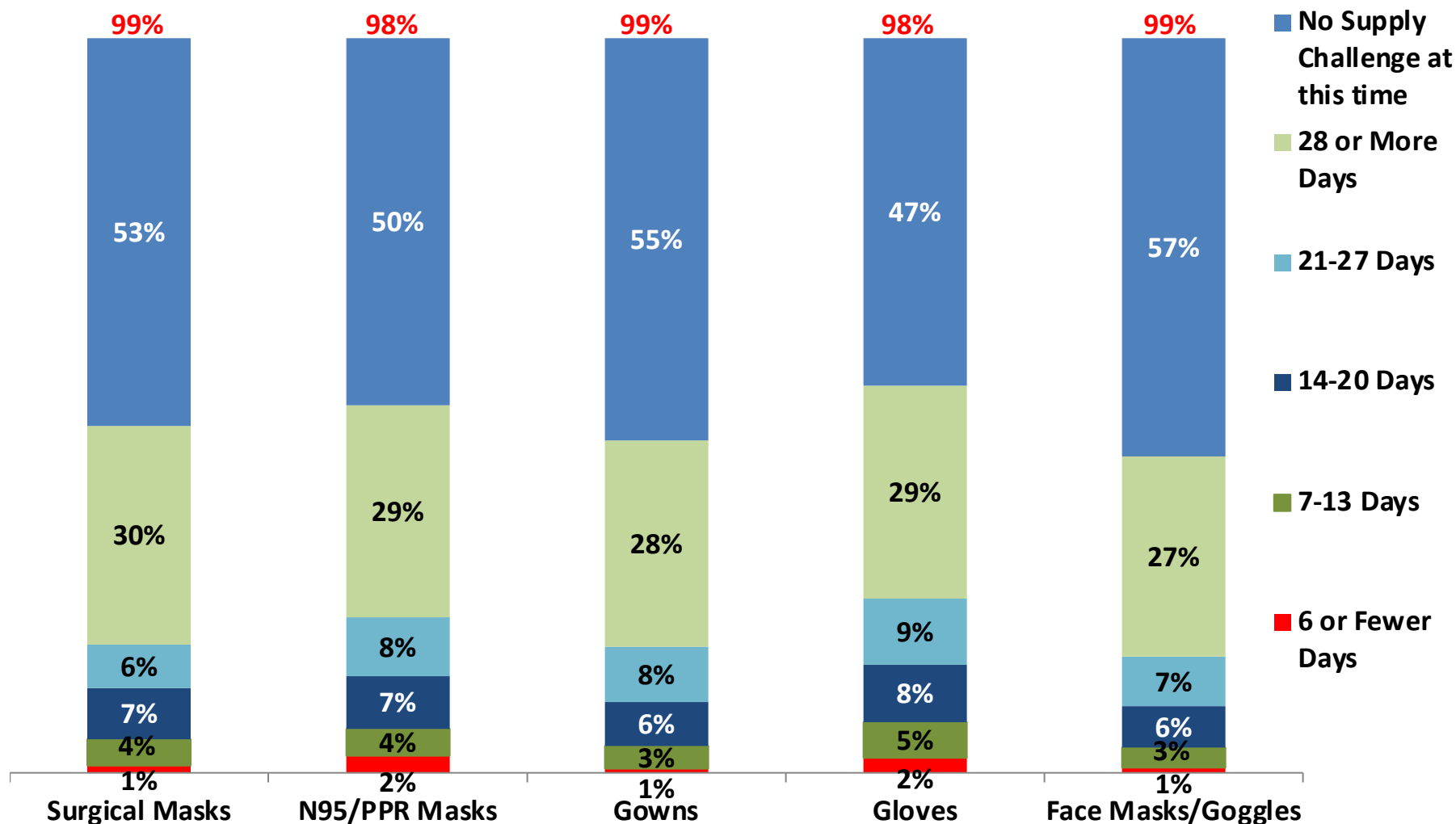
Note: Weekly patient revenue losses estimated based on the decline in weekly visits compared to pre-COVID-19 average weekly visits reported each week from the Health Center COVID-19 Survey and weekly patient revenue (total patient revenue reported for 2019 in the 2019 Uniform Data System, divided by 52). “National” includes federally-funded community health centers in the 50 states, DC, and U.S. territories/COFA states. Sources: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.; HRSA. (2020). 2019 Uniform Data System data.

# Figure 14. Average Percentage of Community Health Center Visits Conducted Virtually, April 2020-April 2021



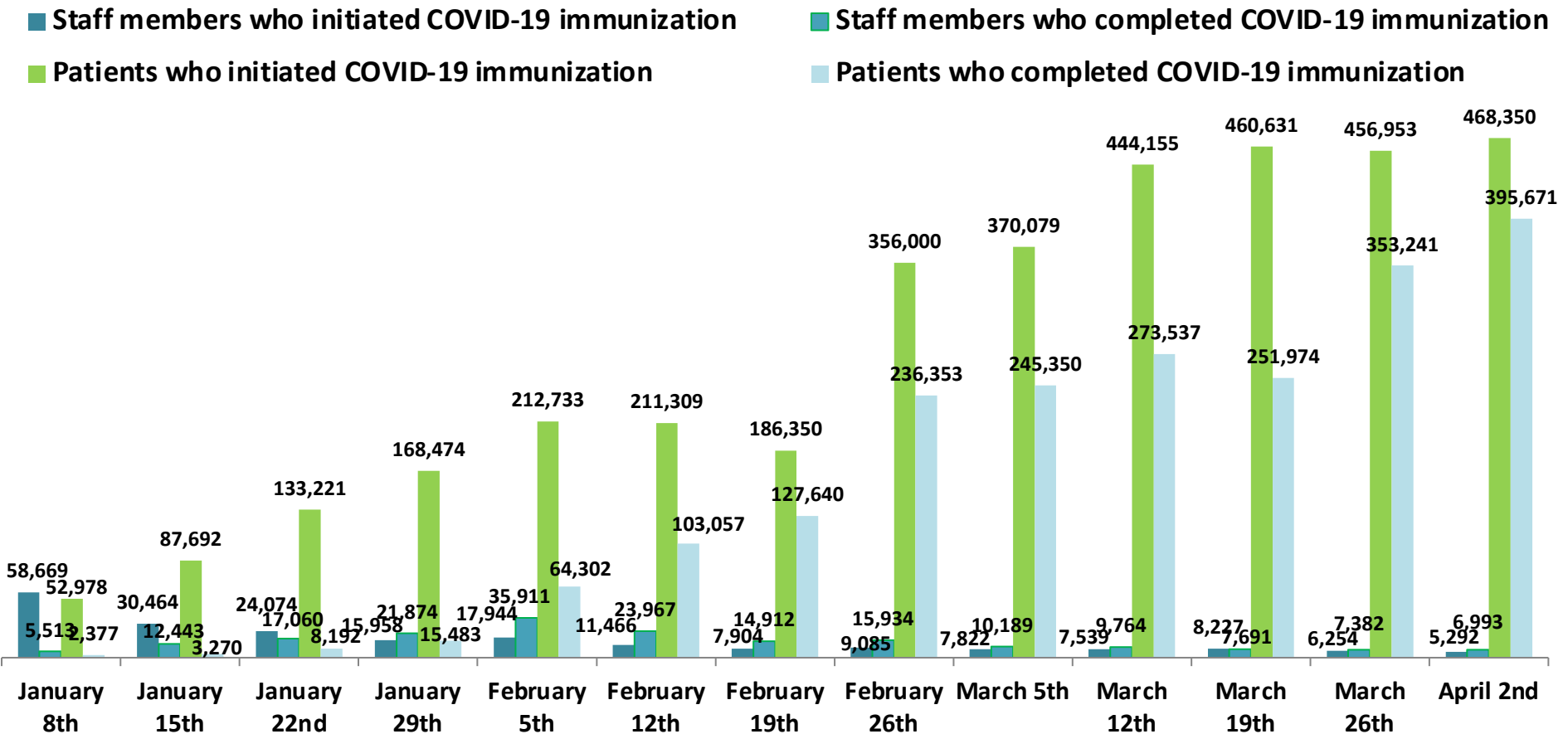
Note: Virtual visits include all telehealth/telephonic visits of any service type (e.g., medical, dental, behavioral health, etc.). HRSA began reporting the average percentage of health center visits conducted virtually for the second week of the survey (April 10, 2020). Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

# Figure 15. Community Health Center Availability of Adequate PPE Supply, By Type and Duration, as of April 2nd, 2021



Note: The figures in red indicate the share of community health centers that either do not need PPE or have adequate PPE for one or more weeks.  
Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of April 2nd, 2021.

# Figure 16. Community Health Center Patients and Staff Who Initiated and Completed COVID-19 Immunization, by Week, January 8- April 2, 2021

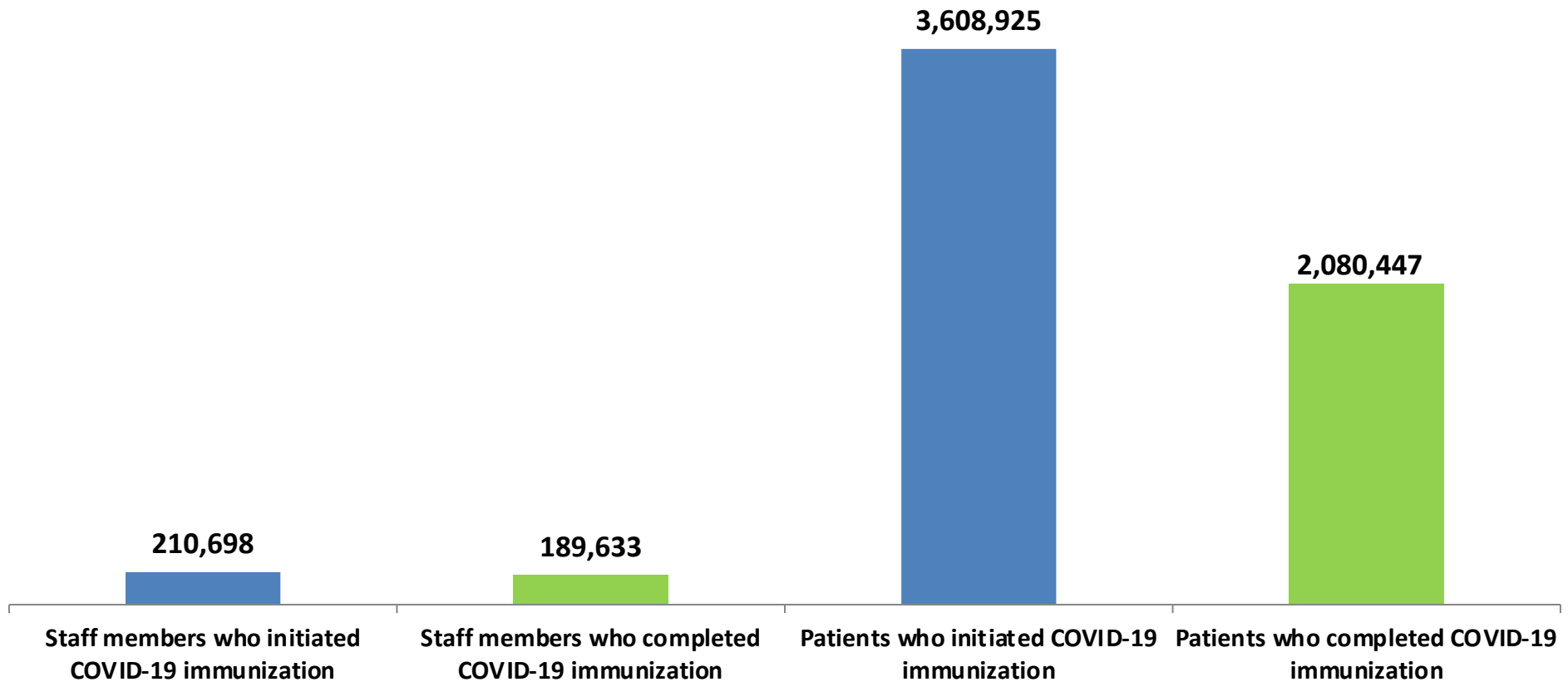


Note: The survey asks about the number of health center staff members and patients who have received COVID-19 vaccine doses from anywhere and does not indicate if vaccine doses were administered at the health center. Staff members and patients are counted as having “initiated” COVID-19 immunization when they received their 1st dose of a 2-dose COVID-19 vaccine and “completed” when they received their 2nd dose of the vaccine or their 1st dose of the J&J vaccine, and do not include vaccines administered through clinical trials. Since there is a 21- or 28-day period between 2-dose vaccines, some staff members and patients who initiated immunization also would be counted as having completed immunization 3 or 4 weeks later. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8-April 2, 2021.



**Figure 17. Community Health Center Staff Members and Patients Who Initiated and Completed COVID-19 Immunization, For the 13-Week Period January 8-April 2, 2021**

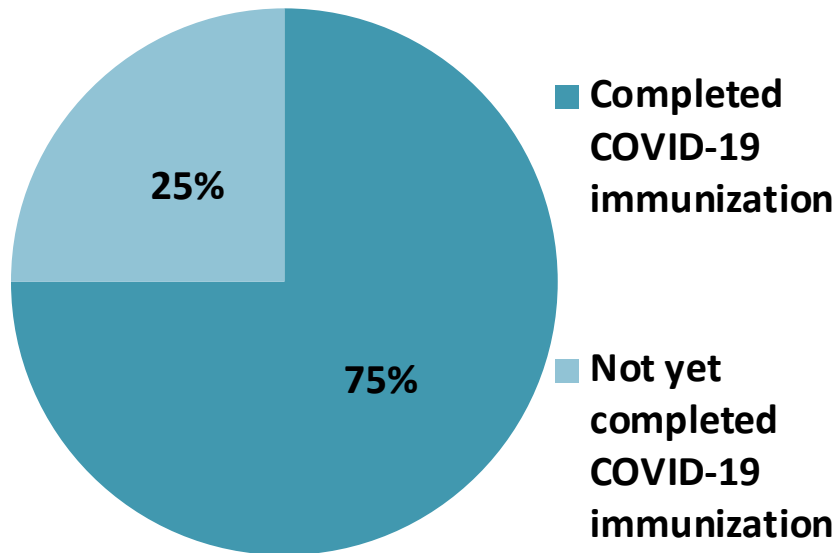
**Over 13 weeks**



Note: Staff members and patients are counted as having “initiated” COVID-19 immunization when they received their 1st dose of a 2-dose COVID-19 vaccine and “completed” when they received their 2nd dose of the vaccine or their 1st dose of the J&J vaccine, and do not include vaccines administered through clinical trials. Since there is a 21- or 28-day period between 2-dose vaccines, some staff members and patients who initiated immunization also would be counted as having completed immunization 3 or 4 weeks later. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8-April 2, 2021.

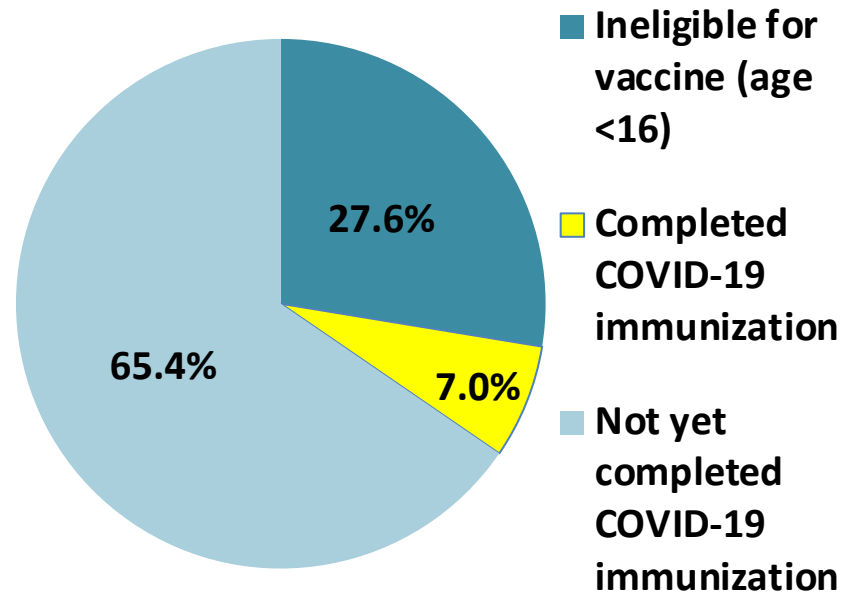
**Figure 18. Community Health Center Patients and Staff Who Completed COVID-19 Immunization by April 2nd, 2021**

**Health center staff members  
who completed COVID-19  
immunization by April 2nd**



**252,868 FTE staff members in 2019**

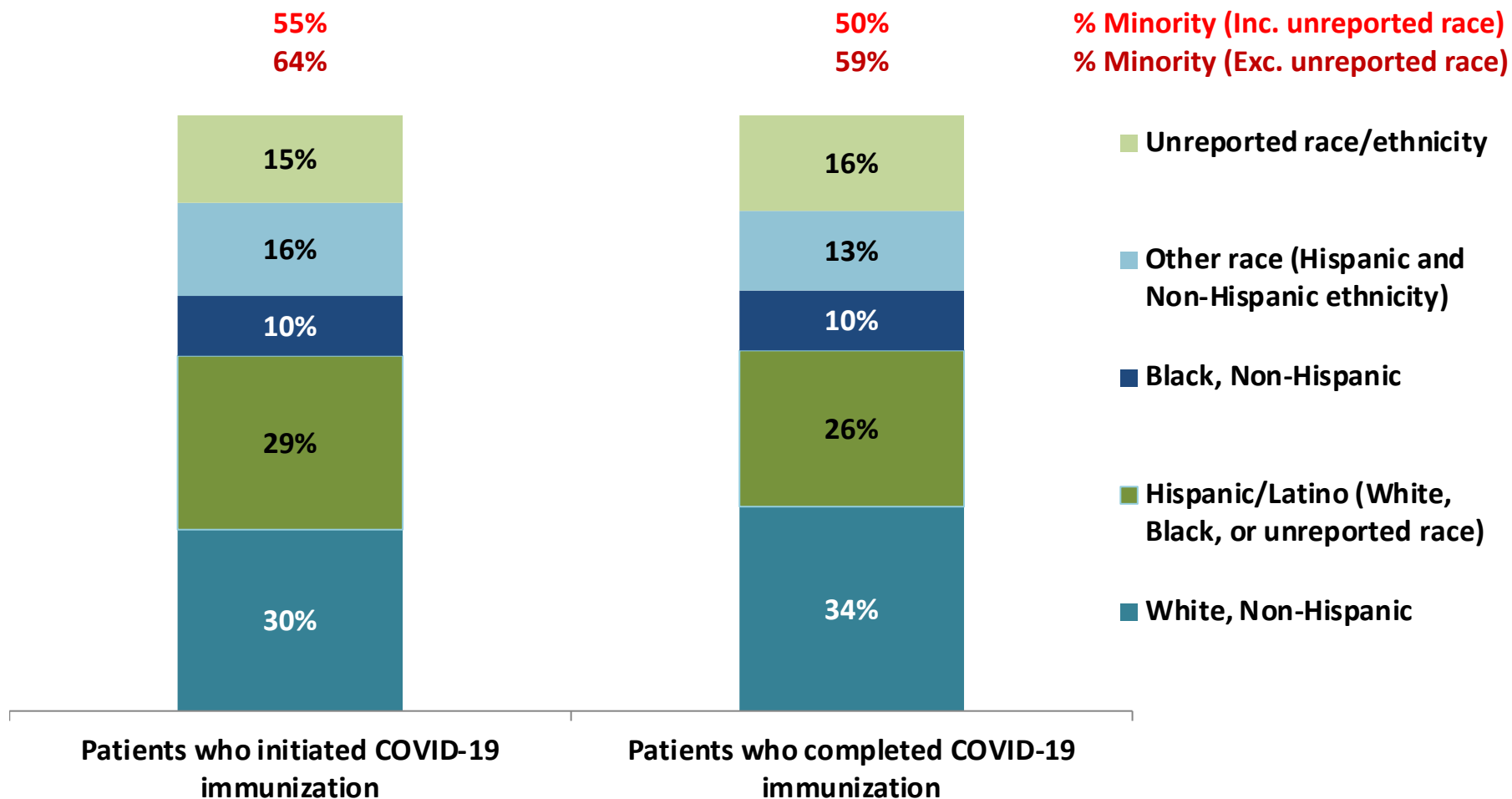
**Health center patients who  
completed COVID-19  
immunization by April 2nd**



**29.8 million total patients in 2019**

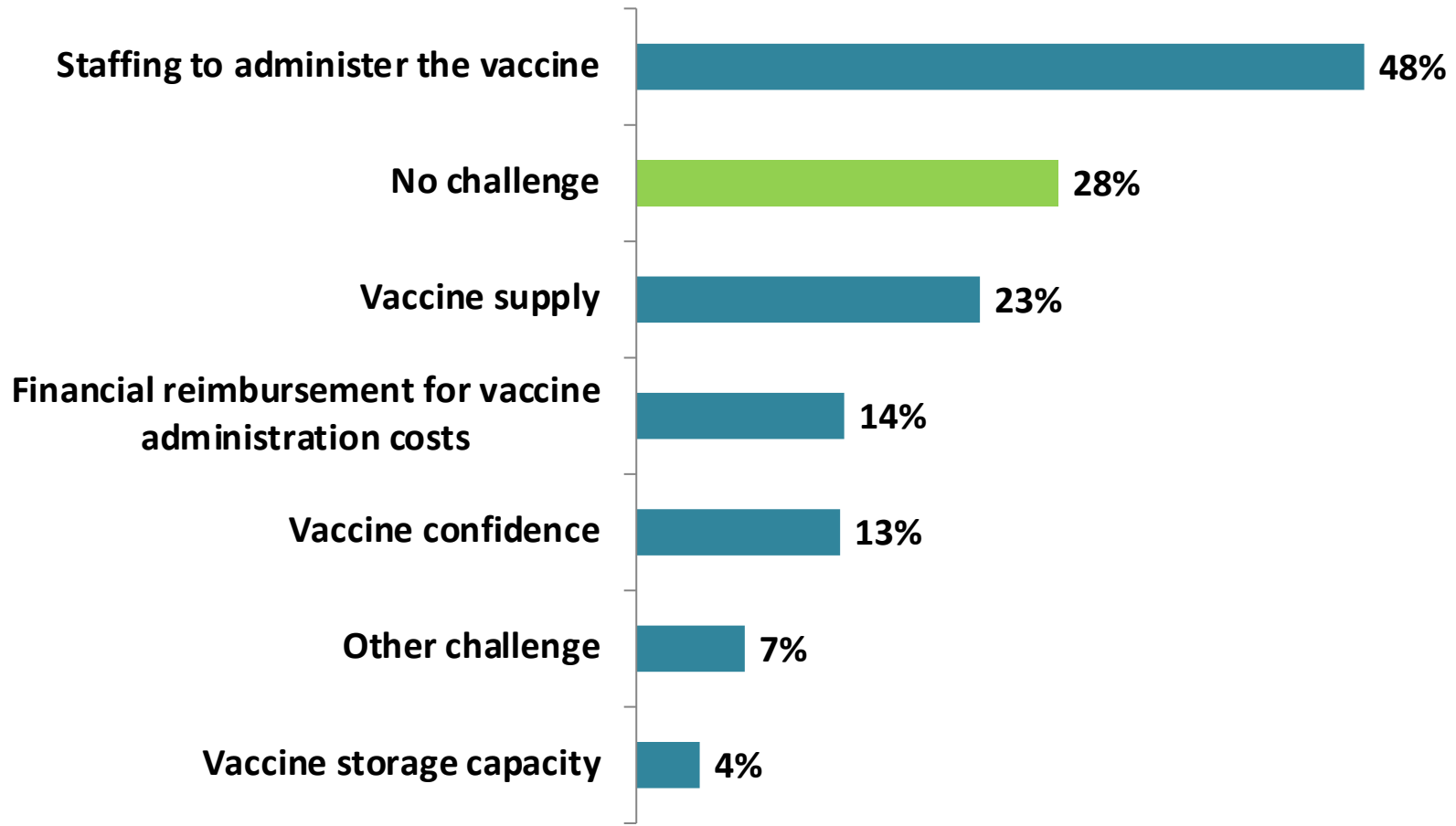
Note: Based on the total number of health center staff members and patients reported as having completed COVID-19 immunization over 13 weeks and the number of total full-time equivalent (FTE) staff members and total patients reported in 2019. Sources: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8-April 2, 2021; 2019 Uniform Data System, HRSA.

# Figure 19. Health Center Patients Who Initiated and Completed COVID-19 Immunization, by Race/Ethnicity, as of the week ending April 2nd



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 April 2nd, 2021.

**Figure 20. Challenges Reported by Community Health Centers in Deploying COVID-19 Vaccines, as of April 2nd**



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 April 2nd, 2021.

# Key Health Care Reforms in the American Rescue Plan Act of 2021 (ARPA)

Sara Rosenbaum, J.D.  
Harold and Jane Hirsh Professor,  
Health Law and Policy



Milken Institute School  
of Public Health

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WASHINGTON, DC

# Private insurance reforms

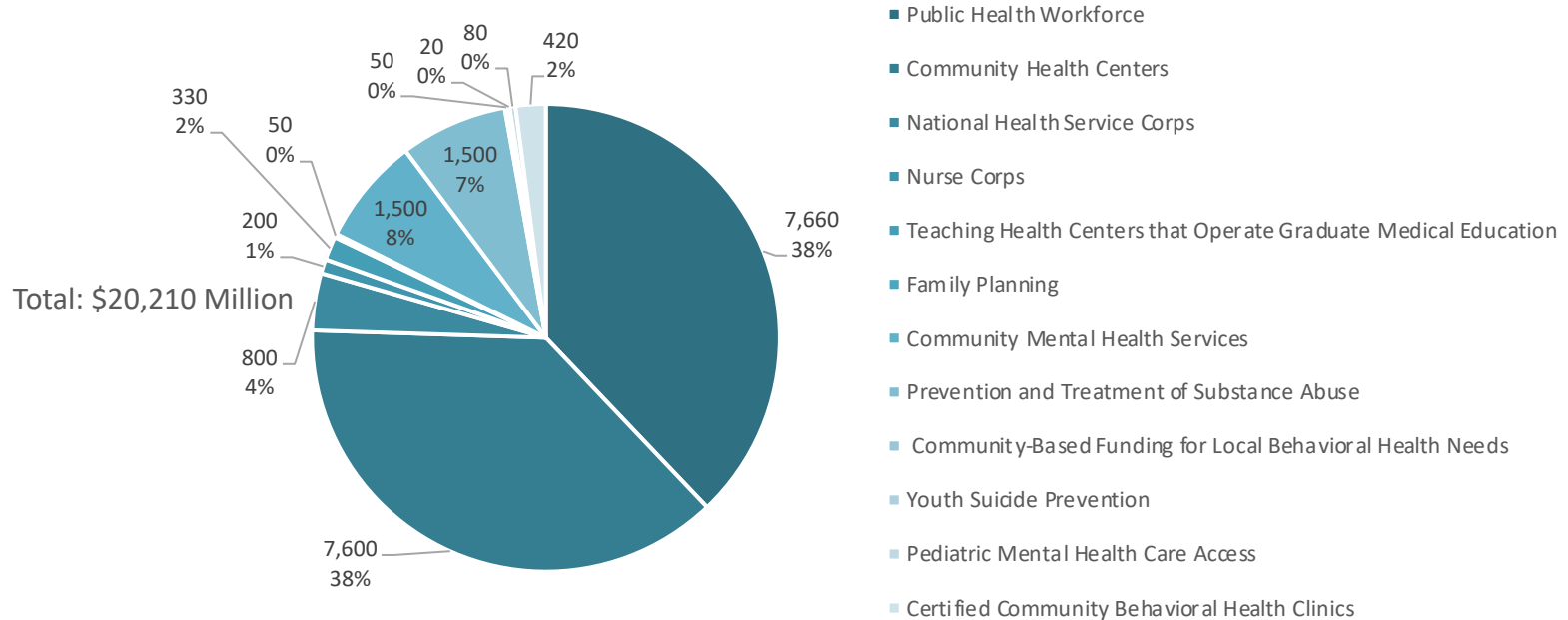
- Marketplace-subsidized plan improvements (2021 and 2022 tax years)
  - Premiums for everyone capped at 8.5% household income
  - Increases generosity of subsidies at lowest end of scale (e.g., zero-cost premiums for people 100%-150% FPL)
  - (subsidy-eligible people increase from 18.1 million to 21.8 million)
  - 63% of all uninsured people now eligible for marketplace subsidies
  - 92% of individual market purchasers will be eligible for a subsidy
  - Free premium coverage for any person getting at least 1 week of unemployment benefits in 2021 (Medicaid non-expansion states as well)
- COBRA
  - 100% subsidy for people losing coverage because of job loss or reduction in hours (and their families) – through 9-30-21
- Marketplace special enrollment period (separate Biden EO) – extended in federal marketplace to August 15th



# Medicaid reforms

- All COVID-19 treatment and treatment for conditions complicating COVID treatment, plus year of additional post-acute phase coverage for additional recovery services
- State option to extend to 12-month postpartum coverage (full benefits)
- New Medicaid expansion incentive for non-expansion states but no Marketplace default during COVID emergency for the poorest people caught in the coverage gap
- Note: FFCRA continuous enrollment protections remain unchanged

# American Rescue Plan Grant Funding: Key Health Programs





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A decorative graphic at the bottom of the slide consisting of several overlapping, semi-transparent blue parallelograms and trapezoids, creating a sense of motion and depth. The shapes are arranged in a horizontal band across the bottom of the frame.

# Thank you

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of Public Health

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