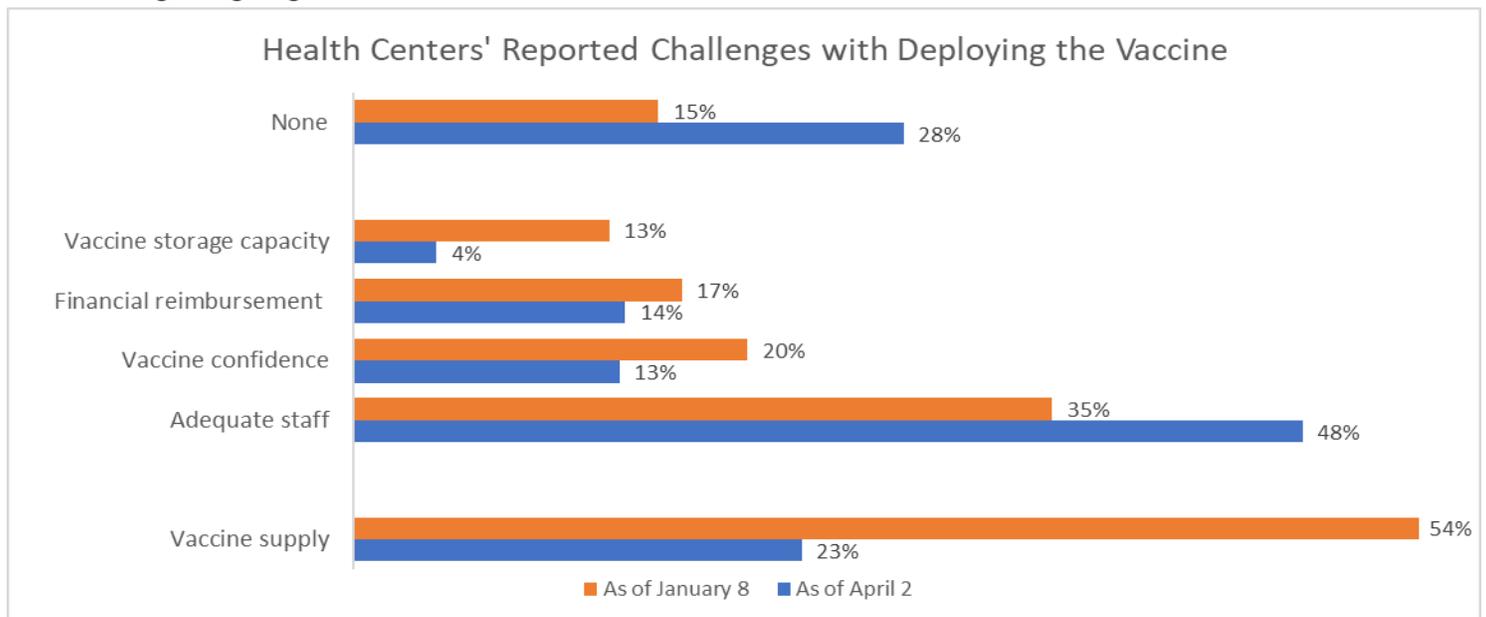


The First Three Months: COVID-19 Vaccine Deployment

Health Center Program Grantees and look-alikes are non-profit, community-directed, primary and preventive care providers serving over 30 million people* in low-income and medically underserved communities.⁵ Health centers have been frontline providers since the onset of the COVID-19 pandemic, ensuring access to testing, vaccines, and needed primary and preventive services to communities that otherwise experience significant barriers to these services. Federal, state, and local agencies now rely on health centers to vaccinate communities experiencing inequitable access to vaccines and the worst COVID-19 related health outcomes. **As of April 2021, health centers had completed COVID-19 vaccinations for 5 million people, half of whom are People of Color.**¹ Health centers are also reaching people experiencing homelessness or unemployment, and who are low-income, migrant and seasonal farmworkers, and residents of rural areas to ensure everyone has access to vaccines.

Vaccine Challenges with Supply, Staffing, and Other Items Shifted Over Time

Health centers have experienced challenges with vaccine storage capacity, financial reimbursement, vaccine confidence among patients, adequate staff to administer the vaccine, and supply.¹ Yet, as the vaccine distribution process proceeds, problems are diminishing as health centers adapt and plan. The number of health centers that report no challenges nearly doubled from 15 percent to 28 percent between January and April. However, having adequate staff to administer the vaccine presents a growing challenge, **as 48% of health centers do not have sufficient staff compared to 35% in the beginning stages of vaccine rollout.**



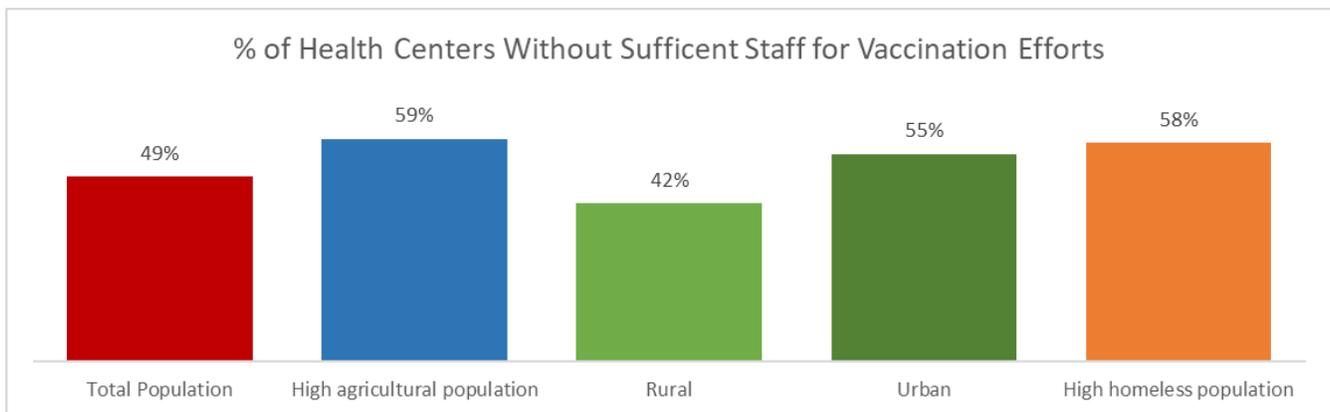
Source: The Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey collected on January 8 and April 2, 2021.

More Staff Needed to Keep Pace with Vaccine Supplies

The proportion of health centers reporting vaccine supply as a barrier declined by 30% from January 8 as health centers took on larger roles to vaccinate members of their local communities. Most health centers are now receiving vaccines directly through the federal Health Center COVID-19 Vaccine Program, which is intended to ensure equity in reaching communities disproportionately affected by

COVID-19, including People of Color, people experiencing homelessness, people speaking languages other than English, and other hard-to-reach populations.² This initiative from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) augments but does not replace state-driven vaccine supply. As federal vaccine supply increased, some health centers reported dramatic cuts in vaccine supplies from state resources, leaving them with unexpected shortages.³ Additionally, some health centers report consistently receiving differing vaccine amounts and types each week with very little notice, making it hard for them to plan the number of patients they can vaccinate from week to week.³

As vaccine supply increases, health centers are confronted with finding staff to work as vaccinators during a time of high burnout after more than a year of the pandemic.³ The data entry component of the vaccine administration process also contributes to the exhaustion of staff.³ Health centers are also competing with entities that have more robust funding for staff hires.³ As shown below, health centers who serve higher proportions of underserved populations have higher rates of staffing challenges.⁴



Source: The Bureau of Primary Health Care, Health Resources and Services Administration, Health Center COVID-19 Survey collected on April 2, 2021. Analysis conducted by NACHC.

Insufficient Reimbursement

Health centers have had difficulty receiving financial reimbursements for vaccines, as reimbursement policies vary from state to state and limited guidance from the federal government leaves health centers without insurance payment for the vaccination for up to a year from time of service.³

Health Centers: Overcoming Challenges and Vaccinating Millions of People

Health centers are completing 500,000 vaccines each week, the majority of which are administered to underserved communities and People of Color. Their work with both COVID-19 testing and vaccinating has been vital in mitigating the glaring divide of health equity that COVID exposed throughout the pandemic. Support from HRSA and CDC's direct vaccine program combined with federal funding from the American Rescue Plan, the CARES Act, and the Provider Relief Fund have enabled health centers to provide vaccines to hundreds of thousands of patients on a weekly basis. Through navigating previous challenges with vaccine supply, staffing and other issues, health centers are poised to continue their commitment in helping to bring about an end to the pandemic, and ensure equity in access to care and vaccinations in the months to come.

The challenges health centers experience in delivering vaccines are unique from community to community and may evolve as health centers work to vaccinate more underserved populations and engage those who may remain “vaccine hesitant.” In addition, rolling out vaccines to adolescents newly eligible for their vaccinations may present new challenges and opportunities for reaching entire families. [Tracking](#) health centers’ reach in bringing vaccinations to underserved communities⁵ is critical for supporting their work in meeting the specific needs of the communities’ they serve and continuing their crucial work fighting the pandemic.

[§]In this document, unless otherwise noted, the term “health center” is generally used to refer to organizations that receive grants under the Health Center Program as authorized under section 330 of the Public Health Service Act, as amended (referred to as “grantees”) and FQHC-look alike organizations, which meet all the Health Center Program requirements but do not receive Health Center Program grants.

* NACHC analysis, 2020. Includes all patients of federally-funded health centers, non-federally funded health centers, and expected patient growth for 2021.

¹ Health Center COVID-19 Survey collected April 3, 2020- April 2, 2021. Survey data are preliminary and do not reflect all health centers. Some duplication of patients tested from week to week may occur. For more information, please visit <https://bphc.hrsa.gov/emergency-response/coronavirus-healthcenter-data>.

² HRSA, April 2021. Ensuring Equity in COVID-19 Vaccine Distribution. For more information please visit <https://www.hrsa.gov/coronavirus/health-center-program>.

³ HRSA. COVID-19 Vaccine Comments from Health Centers; compiled from weekly surveys from January 28 – April 2, 2021.

⁴ Higher populations refer to health centers that serve higher than the average proportion of homeless and agricultural populations, respectively and was calculated by merging the weekly COVID-19 survey data from April 2nd with 2018 Uniform Data System data, Bureau of Primary Health Care, HRSA, DHHS. Federally funded health centers only.

⁵ NACHC original analysis. Total Weekly COVID-19 Testing and Vaccination Numbers by State. 2021. <https://www.nachc.org/research-and-data/covid-19-vaccine-testing-data-by-state/>

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