

**The Impact of COVID-19 on the Federally Qualified Health Centers
in Western New York**

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EXECUTIVE SUMMARY

Background: Federally Qualified Health Centers (FQHCs) in Western New York (WNY) play a critical role in serving historically marginalized communities, which includes low-income individuals, Medicaid beneficiaries, and people of color. The emergence of the COVID-19 pandemic in early 2020 posed unprecedented challenges to healthcare systems worldwide and exacerbated health disparities. FQHCs in WNY found themselves on the frontline of this public health crisis. They played a primary role in addressing immediate healthcare needs and navigating a landscape characterized by uncertainty, resource shortages, and evolving guidelines.

Methods: In-depth interviews were conducted with key leaders from WNY FQHCs. These interviews offered insights into their missions, the services they provided before the pandemic, the impact of COVID-19 on their operations and communities, and their preparedness for future public health emergencies.

Results: The pandemic brought a myriad of challenges, which included misinformation, increased stress levels, disruption of healthcare services, employee burnout, Personal Protective Equipment (PPE) shortages, and concerns about staff and patient safety. FQHCs received significant financial support that included funding from the Health Research and Services Administration (HRSA), vaccine access initiatives, and various other federal government programs. These grants played a critical role in mitigating potential negative outcomes. FQHCs responded with drive-thru COVID-19 testing, vaccine distribution, telehealth services, and continued provision of dentistry and mental health services.

Conclusions: WNY FQHCs demonstrated their resilience and commitment to serving historically marginalized communities during the COVID-19 pandemic. They faced significant challenges but responded with adaptability, resource allocation, and a focus on patient and community well-being. These findings highlight the critical role of FQHCs during public health emergencies and their ability to address healthcare needs in underserved communities.

Background

Federally Qualified Health Centers (FQHCs) play a pivotal role in the United States healthcare landscape by addressing the needs of underserved communities (Lee et. al., 2023). These community-based organizations ensure equitable access to comprehensive primary healthcare services, regardless of patients' ability to pay or insurance status (Bhatt et. al., 2018). FQHCs have historically focused on serving marginalized populations, which includes low-income individuals, Medicaid beneficiaries, and people of color (Lee et. al., 2023) (Wright, 2018). The provision of care to those who are often overlooked by the traditional healthcare system aligns closely with the mission of health equity and community well-being.

The emergence of the COVID-19 pandemic in early 2020 presented unprecedented challenges to worldwide healthcare system (Filip et. al., 2022). In the United States, the pandemic's impact exacerbated existing health disparities in vulnerable and marginalized communities (Andraska, et. al., 2021). FQHCs found themselves on the frontline of this public health crisis. They addressed the immediate healthcare needs of their patients and navigated a landscape characterized by uncertainty, resource shortages, and evolving guidelines (Halperin et, al., 2022).

Previous research has delved into the FQHC response to other public health emergencies, but there remains a need for a nuanced examination of how these organizations have weathered the

challenges posed by the pandemic (Ford et al., 2022). In-depth interviews with leaders from FQHCs in Western New York (WNY) allowed this study aims to capture the challenges faced and the strategies employed by these healthcare organizations during and after the pandemic. The goal was to explore the critical role of FQHCs in historically marginalized communities and offer practical recommendations to enhance preparedness for future public health emergencies.

Objectives

- Understand the key challenges (previous, current, and future) that have negatively impacted FQHCs
- Evaluate the social drivers within WNY communities that have exacerbated poor health outcomes due to the COVID-19 pandemic
- Understand the role of FQHCs in local and state responses to the COVID-19 pandemic, and describe the services provided by these organizations to slow the progression of COVID-19
- Recognize how the COVID-19 pandemic has affected the communities FQHCs serve, the services provided to community members, and the ongoing challenges faced by FQHCs and their patients.

Research Questions

- a. How did the COVID-19 pandemic affect the ability of WNY FQHCs to serve historically marginalized communities?
- b. What strategies did these centers employ to address the resulting challenges, both during and after the COVID-19 pandemic?

METHOD

Survey Instrument

A semi-structured interview guide was developed and tailored to facilitate in-depth discussions with the participants and gain comprehensive insights into the impact of COVID-19 on these health centers, the communities they serve, and their response to the pandemic.

The interview guide was structured into four distinct sections, each with a specific focus:

a. Introduction: This section established a foundational understanding of each FQHC by asking about the organization's mission, its target communities, and its overarching goal. The introduction portion of the survey delved into the core values and objectives that drove each FQHC.

b. Conditions Before COVID-19: This section explored the state of each FQHC and the services they offered before the onset of the COVID-19 pandemic. This section also examined any difficulties the FQHC's faced prior to the onset of the COVID-19 pandemic, and how each FQHC was prepared for a public health emergency. Questions were asked about the operational conditions, service provisions, and the general health landscape in which these organizations functioned.

c. Impact of COVID-19: This section delved into the specific effects of COVID-19 on FQHCs. Participants were asked about how the pandemic influenced the health centers' services, their communities, and their responses to the crisis that included how COVID-19 relief funds were allocated. The survey questions were open-ended and enabled participants to provide detailed insights into the challenges, adaptations, and innovations that emerged during the pandemic.

d. Predicted Challenges Post-Pandemic: This section projected the challenges FQHCs might face as they transition into the post-pandemic phase and elicited insights into the strategies, concerns, and preparations these organizations were making to address community needs. Participants reflected on best practices developed during the COVID-19 pandemic and how to enhance these systems for the next public health emergency.

Data Collection Procedure

Interviews were conducted remotely using video conferencing technology (Zoom/Teams) to adhere to pandemic-related safety measures. Informed consent was obtained from participants prior to each interview. Interviews were audio-recorded with the participants' consent, and detailed notes were taken during the conversations to capture nuances.

Participants

The participants in this qualitative survey were leaders from three WNY FQHCs. These leaders were selected based on their roles as top executives within their respective organizations and their deep understanding of their center's operations. The participants included:

- A) Thomas Foels, MD, Medical Director of Population Health, Evergreen Health
- B) Christine Kemp, MPH, Director of Clinical Quality, Evergreen Health
- C) Kelly Suzan, MS, RN, Vice President of Strategy, Neighborhood Health Center of WNY, Inc.
- D) Arvela R. Heider, PhD, Chief Innovation Officer, Community Health Center of Buffalo, Inc.

Ethical Considerations

Participants were provided with clear information about the study's purpose and procedures, and their informed consent was obtained before each interview. All data was stored securely.

Data Presentation

Results of this qualitative survey were organized according to the study objectives outlined in the introduction. Quotes from the participants were used to illustrate key findings and provide a direct perspective from the FQHC leaders.

Analysis

Interview data were prepared, transcribed, and organized to maintain data accuracy and confidentiality. Thematic analysis was employed to systematically identify and categorize recurring themes and patterns within the interview transcripts. Triangulation and member checking was employed to enhance the credibility and validity of the findings.

RESULTS

Foundational Understand of FQHCs

A foundational understanding of WNY FQHCs was achieved (Table 1). FQHCs primarily serve underserved communities, with a focus on low-income individuals in Buffalo, which includes Medicaid beneficiaries and people of color. According to the Health Resources and Services Administration (HRSA), FQHCs qualify for funding under Section 330 of the Public Health Services Act (PHS), qualify for reimbursement from Medicare and Medicaid. They serve underserved areas or populations, offer a sliding fee scale, provide comprehensive care services that includes preventive health services, dental services, mental health and substance abuse services, hospital and specialty care referrals, case management, and are governed by a board of directors comprised of at least 51% patients.

This study included participants from three FQHCs located in urban regions in Buffalo, New York. No participants from rural FQHCs consented to interviews, although FQHCs provide comprehensive care services to urban and rural areas. Individuals located in rural settings often lack access to healthcare facilities, such as hospitals, emergency departments, and other supportive services, such as telehealth. Many FQHCs located in rural settings serve high-need, low-income populations. Urban FQHCs, including those who participated in this study, offered supportive services to patients during the COVID-19 pandemic; patients of rural FQHCs may or may not have had access to similar services.

Before the pandemic, FQHCs and other clinics serving historically marginalized communities formed the Safety-Net Association of Primary Care Affiliated Providers (SNAPCAP). This collaboration evolved into the non-hospital affiliated organizations forming the Independent Practice Association (IPA) of SNAPCAP, also known as the Safety-Net IPA (SIPA). SIPA is made up of ten SNAPCAP members, all of which are NYSDOH-certified Article 28 clinics and provide care to historically marginalized communities including those who: receive Medicaid and are un- or under-insured, are living in poverty, have complex chronic disease or disability, and are members of racial, ethnic, or culturally minority communities.

Dedicated to serving vulnerable populations, SNAPCAP acts as an advocate to support member organizations in delivering healthcare to underserved communities. Within the collaborative network, there are two FQHCs in rural settings: The Chautauqua Center and Universal Primary Care. SNAPCAP is focused on affordable solutions and sustainable development of patient-centered medical homes in Western New York. FQHC SNAPCAP membership during the COVID-19 pandemic had a positive impact; membership fostered collaboration, vaccine clinics, adherence to CDC mandates, and resource sharing. This association played a crucial role in tracking funding and their weekly meetings ensured compliance with CDC guidance and a structured approach to COVID-19 mitigation.

Conditions Before COVID-19

FQHCs provide a range of services that include in-person care services, chronic disease management, and addressing clinical and social care needs (Table 2). Advantages of FQHCs include improved organizational structures for primary care services, better clinical outcomes, and lower no-show rates. Regarding pandemic preparedness, the WNY FQHCs studied had

varying levels of readiness. Some had up-to-date emergency preparedness plans, policies, and training, but others faced challenges in communication and vaccine clinic allocations (Table 2). Resources for public health emergency preparedness were influenced by workforce capacity, funding availability, and remote work preparedness. Concerns included inadequate facilities and delays in primary care practice services during emergencies.

Impact During COVID-19

The COVID-19 pandemic presented numerous challenges for both FQHC patients and employees (Table 3). Patients encountered issues such as misinformation, heightened stress levels, lack of support for preventative care services, job loss, loss of insurance, increased rates of STDs, opioid overdoses, mental health concerns, and inadequate childcare support. Employees of these organizations faced difficulties adapting to hybrid work arrangements, shortages of personal protective equipment (PPEs), inadequate triage facilities, and emotional exhaustion. All WNY FQHCs received COVID-19 relief funds from HRSA, New York State, and/or local foundations during the pandemic. These resources came from various sources that included vaccine access initiatives, COVID-19 emergency funds, healthcare worker bonus programs, state support, CDC subsidies, and federal government grants totaling over four million dollars. This support helped to mitigate potential negative outcomes from the pandemic.

Resources and Services Provided During the COVID-19 Pandemic (Figure 1):

FQHCs responded to the pandemic by offering a range of resources and services. These included drive-thru COVID-19 testing, vaccine distribution, telehealth facilities, and remote services. FQHCs continued to provide in-person care and expanded virtual medical, dental, and mental health services. Telehealth physical therapy appointments were added by one FQHC.

Challenges During the COVID-19 Pandemic:

FQHCs faced many challenges that included confusing guidance, facility closures, exam room limitations, employee burnout and stress, PPE shortages, disruptions in patient care services, revenue reductions, program and service cancellations, interruptions in Sexually Transmitted Infection (STI) screening services, and concerns about staff and patient safety.

Mitigation of the Challenges:

FQHCs implemented various strategies that included behavioral health support, expanding services, recognizing employee needs (including hazard pay and mental health support), implementing vaccine programs, conducting home visits, fostering collaboration, and engaging in cohesive financial planning.

Factors Contributing to Mitigation of Challenges During the COVID-19 Pandemic:

Several factors contributed to the mitigation of the challenges that arose during the COVID-19 pandemic. The relationship between FQHCs and SNAPCAP/SIPA during the pandemic allowed for ensuring established care for historically marginalized communities in WNY, efficient vaccine distribution, and support from local health departments; collaborative efforts among all FQHCs coupled with funding from state and federal governments contributed significantly to the mitigation of challenges. However, challenges persisted including the need for cleared government guidance, stronger legislative support, and improved communication between FQHCs.

Post Pandemic Predicted Challenges

Three of the four participants acknowledged that the COVID-19 crisis had illuminated potential challenges for future public health emergencies (Table 4). The crisis prompted transformative adaptations within their FQHCs that included enhanced preparedness, access to PPE, and successful vaccination campaigns. Fundamental changes to the delivery of healthcare services included integration of virtual care, delegated case management, and outreach support. However, the need for sustained funding remained a concern. FQHCs responded by introducing remote physical therapy, expanding behavioral health facilities and telehealth services, and exploring new opportunities to collaborate more deeply with other health centers. The addition of services such as pediatrics, gynecology, transgender support, and vision care underscored their adaptability and commitment to meeting the evolving healthcare needs of their communities.

Participants highlighted several categories of resources and facilities crucial for bolstering preparedness (Table 4). These adaptations encompassed partnerships with county health departments, mobile van deployments, the formulation of comprehensive emergency management plans, the need for adaptable clinical spaces, and the development of vaccination programs. Respondents noted the importance of support from local health agencies, educational facilities' contributions, and mobile van accessibility. Emergency management plans, legal guidelines, operational facilities, regulatory compliance, and the formalization of action plans emerged as essential components. The need for creation of outdoor testing sites and flexible clinical spaces was emphasized. Frequent and regular communication with employees was essential to allow FQHCs to shift organizational policy and procedures, which was especially important as they transitioned clinical services and addressed employees' concern for safety, such as return to preventative services or COVID testing in exam rooms.

Participants articulated various avenues through which support could be extended for future public health emergencies (Table 4). Strategies included fostering flexibility within healthcare systems, expanding services and facilities, securing grant support, engaging with community responses, collaborating with organizations like SNAPCAP/SIPA, strengthening behavioral health service facilities, and facilitating home-bound visits. The need to address staffing constraints and facilitate workforce adaptability was identified. Participants recognized the importance of funding support, forging relationships with community leaders, and sharing of information. Collaboration through initiatives like SNAPCAP was seen as instrumental as was increased staffing to enable home-bound visits. Leveraging the expertise of tech-savvy individuals within the workforce provided a strategy to enhance service delivery.

The participants articulated a resounding need for support when queried about the adequacy of resources for future pandemics or emergencies. They emphasized their efforts to devise comprehensive models aimed at bridging existing gaps in readiness for such contingencies. These proactive measures included the formulation of long-term preparedness plans, the establishment of dedicated emergency response teams, securing funding, meticulous resource allocation, and thorough planning. They underscored the significance of government reimbursement plans and the creation of facilities dedicated to supporting their communities. Building robust relationships with hospitals and other community-based organizations was essential. Implementation of systems that facilitate and heightened utilization of telehealth capabilities was important. The overarching goal was to cultivate adaptability, resilience, and a

more efficient organizational structure, all collectively aimed at bolstering their preparedness for future public health emergencies.

DISCUSSION

Results of this study provide a comprehensive overview of the impact of the COVID-19 pandemic on WNY FQHCs. A foundational understanding of these FQHCs underscores their critical role in serving historically marginalized communities. The findings also reveal that these centers extend their services to a wide range of populations, including urban and rural residents living in poverty and homeless individuals throughout WNY. During the pandemic, SNAPCAP/SIPA members played a pivotal role in facilitating collaboration among local and state health departments, and FQHCs, as well as adhering to CDC mandates, and resource sharing.

The study adds valuable insights to the existing body of knowledge regarding FQHCs in WNY and their response to public health emergencies. Specifically, it highlights the critical role played by these centers in serving underserved communities and the diverse populations they cater to. The participants emphasized the importance of partnerships and collaborative efforts, such as SNAPCAP/SIPA membership, in responding effectively to crises like the COVID-19 pandemic. The responses underscore the resilience and adaptability of FQHCs, with evidence of enhanced service offerings, resource allocation, and a focus on patient and community well-being, all amid unprecedented challenges.

The findings emphasize the strengths and successes of FQHCs during the COVID-19 pandemic, but persistent challenges must be acknowledged. These challenges include the need for sustained funding support, clearer governmental guidance, stronger legislative backing, and improved communication between FQHCs and various healthcare stakeholders. Interviewees provided valuable insights into how these challenges were and are being addressed, with proactive measures ranging from enhanced preparedness plans and the creation of emergency response teams to the expansion of services and the fostering of strong relationships with healthcare partners. These insights will be instrumental to strengthen the resilience of FQHCs and their ability to provide essential care to communities in need.

STRENGTHS AND LIMITATIONS

The study explored the impact of the COVID-19 pandemic on FQHCs in WNY. The interview data offers a comprehensive overview of the challenges they faced and the strategies they employed during the pandemic. The in-depth interviews with key leaders from FQHCs captured nuanced insights from individuals deeply involved with the organizations and lend credibility and authenticity to the findings. The study highlighted the vital role of FQHCs in serving historically marginalized communities, particularly low-income individuals, Medicaid beneficiaries, and people of color, and underlined the importance of equitable healthcare access. This study also provided practical recommendations for future preparedness, which includes sustained funding, clearer government guidance, legislative support, and improved communication to inform healthcare policies.

The sample size was restricted to four leaders from only three WNY FQHCs that may limit the generalizability of the findings to rural areas of WNY or to other regions of NY or the United States. Interviews were conducted during the pandemic and the understanding about the impact of long-term COVID-19 evolved. The paper delves into the perspectives of FQHC leaders, but lacks the patient perspective, which could provide a more holistic view of healthcare access during the pandemic. The study mentions various resources used by FQHCs to address challenges but does not thoroughly explore resource limitations or constraints, which could offer additional context to the challenges faced by these healthcare organizations.

RECOMMENDATIONS

The study suggests the need for increased funding for FQHCs; providing high-quality, comprehensive care to underserved patients requires sustainable funding. FQHCs rely on federal funding, but the cost of care provided to patients is significantly greater than what is reimbursed. The primary form of federal funding for FQHCs comes from the Health Center Program. This program is authorized in Section 330 of the Public Health Services Act. Funding for the Health Center Program comes from both discretionary funding appropriated by Congress each year, and mandatory funding from the Community Health Center Fund (National Association of Community Health Centers, 2022). FQHCs use these funds to increase their services and cover the cost of uncompensated care. An increase in federal funding for FQHCs could significantly improve the availability of clinic-based care in underserved communities.

At FQHCs, Medicaid reimbursements are a large source of revenue. Medicaid reimbursement rates significantly affect ability to serve patients; FQHCs must accept patients regardless of their ability to pay. Furthermore, low Medicaid reimbursement rates make it difficult for FQHCs to recruit staff at competitive salaries. In 2023, health centers located in Rochester NY, including The Community Health Care Association of New York State (CHCANYS) demanded that the Medicaid reimbursement rates be increased for community health centers across New York State. CHCANYS along with other healthcare organizations recommend closing the gap between Medicaid payment rates and the costs of delivering services. This will allow for FQHCs to expand and strengthen access to effective care services (Jordan Health, 2023) The importance of telehealth integration, and adaptive services is highlighted by this study, and emphasizes the need for better and more available telehealth resources to increase healthcare access. Clearer government guidance is also recommended that ensures transparent communication during public health emergencies. Active community engagement, strategic resource allocation, and the establishment of emergency response teams are crucial for addressing future emergencies. The study underscores the significance of partnerships, effective government reimbursement plans, and ongoing evaluation to strengthen FQHCs' resilience and response capabilities (Figure 2).

CONCLUSIONS

The study illuminated both the challenges faced, and the resilience demonstrated by WNY FQHCs. Extensive interviews with FQHC leaders and their analysis offered invaluable insights into the complexities of serving historically marginalized communities during a public health crisis that magnified discrepancies in equitable healthcare access. These findings underscore the

pivotal role played by FQHCs in addressing the healthcare needs of low-income individuals, Medicaid beneficiaries, and people of color. The study also presents recommendations aimed at strengthening the preparedness and response capabilities of FQHCs, which included sustainable funding, clear government guidance, enhanced collaboration, telehealth expansion, and advocacy for supportive healthcare policies. These recommendations can assist FQHCs to navigate the challenges posed by public health emergencies. The COVID-19 experience has made WNY FQHCs more resilient and better equipped to serve their communities during future pandemics and to minimize differences in equitable access to needed services.

CONFLICTS OF INTEREST

There are no conflicts of interest.

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APPENDIX

Table 1: Fundamental Framework of FQHCs

Topic	Categories	Responses
Served Populations	Low-income individuals of Buffalo specially the Medicaid beneficiaries and the people of color but potentially everyone	[Buffalo] “East and west side residents, people living with HIV, those with intellectual developmental disabilities” “Injection Drug users, Medicaid and Medicare beneficiaries” “Low-income individuals, people of color, everyone in need of healthcare” “Residents of Buffalo, those living in the poverty, homeless individuals living in the city, pregnant women”
Being a SNAPCAP/ SIPA member	Collaboration during the pandemic, vaccine clinics, following CDC mandates, weekly meetings, sharing ideas, resources	“Collaboration with other FQHCs for operation during the pandemic” “Frequent changes of CDC mandates on COVID-19 and being a SNAPCAP member helped to incorporate those to the patients and the organization” “Sharing ideas and resources positively impacted the organization; SIPA tracking the funding for operations was extremely beneficial” “Weekly meetings certainly helped following up with CDC guidance, telehealth regulations, structured approach to protect the populations against COVID-19”

Table 2: Before the Pandemic

Topic	Categories	Responses
Conditions	Community Health Worker support, in-person care services, chronic disease management, clinical and social care needs, strategic efforts	“Acute crisis facilities, funding disbursement to meet organizational objectives, better clinical outcomes” “Community Health Workers helped patient registration, referral and navigation; patient-provider trust relationship-autonomy” “Improved organizational structure for primary care services, quality improvement, benchmarking, discipline in healthcare management strategy” “Lower no-show rates”
Preparedness for the pandemic	Procedures and policy, training support, emergency preparedness plan, basic infrastructure, education provided by the state	“Article 28 licensed, required response plan, screening procedures, policy, training through Ebola response plan” “Was prepared through state education” “Poorly prepared, poor communication support, conservative approach toward patient safety, allocations on the vaccine clinics and vaccination strategies but had the infrastructure in place”

		“Emergency preparedness plan up to date, had the basic infrastructure in place, followed guidance”
Resources for public health emergency preparedness	Poor education on digital navigation, information source through executive committee, mobile van, increased workforce capacity, funding availability, remote work preparedness	“Lack of supply of Personal protective equipment, education from the state and federal government” “Largely focused on disasters but not prepared for a pandemic” “Bought mobile van to limit exposure, increased nurse visit but decrease doctor visits, ABC store donations” “Did not have adequate facilities, delayed response for the primary care practice services”

Table 3: Amid COVID-19 Effects

Topic	Categories	Responses
Resources and services provided during COVID-19 pandemic	Drive-thru COVID-19 testing, vaccines for everyone, telehealth facilities and remote services, support from HRSA grant, continued dentistry, and mental health facilities	“COVID-19 testing, telehealth, primary care and physical therapy services” “Smooth telehealth transition, chronic disease prevention services through the behavioral health support team” “Drive-thru testing, vaccine clinics and acute care services” “Both vaccination and testing support, provided resources to the non-patients, support from HRSA grant”
Challenges during the COVID-19 pandemic	Confusing guidance, closing facilities and exam room, employee burn out and stress, shortages of personal protective equipment, disruptions to provide services for the patients, reductions in revenues, cancellation of the programs and services, disruption in STD screening services, scary outcomes, hard to keep the staffs safe	“Stress among the workforce, poorly structured guidance, schools, challenges in providing support for mental health, dentistry, and STI services. It was scary, went for too long” “Issues with stability in the team, New York State decision of patients urgent care support, disruption of services in dental health and preventative care” “Reduction of services, operations and number of patient visits, cancellations of programs and services during the early days of the pandemic, disruption in supplies” “Keeping the patients as well as the staff safe was a serious concern, follow up the patient with proper guidelines, STI service demand went down”
Mitigation of the challenges	Progress through behavioral health support, expansion of services, recognizing the employee needs, hazard pay, vaccine	“Expansion of services was less challenging, needle exchange clinic for harm reduction program, behavioral health facilities opened up” “Cash gifts, hazard pay to the employees, food events, volunteer support, mental relief programs, vaccine promotion”

	programs, home visits, work in collaboration, cohesive financial planning	“Staffs working from home, continued used of telehealth services and home visits for the patients” “Working with collaboration, COVID-19 influx, vaccine administration, COVID-19 reimbursements, support from state and federal government, care management, infrastructure needs for vulnerable communities, support from Fidelis care”
Factors contributing to mitigation of challenges during the COVID-19 pandemic	Relation with SIPA, established care for the underserved, vaccine distribution, governmental response, support by the local health departments, structured planning by the CDC	“Established facilities for the underserved communities, support for vaccine distribution from the HRSA grant” “Collaboration between all the FQHCs, funding, response from the state and federal government” “Needed more clarity by the government, state and local health agencies, stronger legislature in place to support the community to fight against the crisis, better communication between the FQHCs” “Unstructured recommendations by the CDC, delay in vaccine roll out, poor coordination”

Table 4: Post-Pandemic Landscape

Topic	Categories	Responses
Resources and Facilities for Enhanced Preparedness for Future Public Health Emergencies	Partnerships with county health departments, mobile vans, emergency management plans, comprehensive care facilities, vaccine programs, adaptive need for clinical space, policy development	“Support from the local health agencies, educational facilities by the state, mobile vans” “Emergency management plan, legal guidelines, operational facilities, compliance of the regulations, formalizing action plans” “Outdoor testing sites, creating flexible spaces, adaptive needs for clinical space” “Coordination, policy development, conversation about policy development, action plan, need drastic shifts, adaptive strategies”
Potential support to offer for future public health emergencies	Adding flexibility, incline in services/facilities, grant support, community responses, collaboration with SNAPCAP, behavioral health service facilities, home bound visits	“Staffing constrains, adding flexibility, incline in services/facilities” “Funding support, create relation with the community leaders, responses from local health departments” “Vaccine clinic help, open source of sharing information, collaboration through SNAPCAP” “Staffing facilities for home bound visits, tech savvy individuals in the workforce”

Figure 1: Impact on the FQHCs during COVID-19

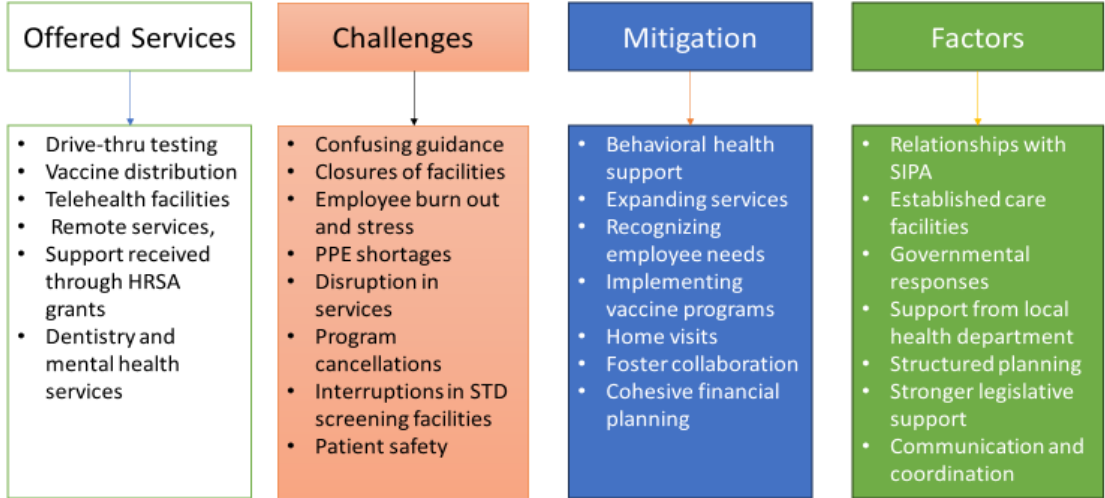
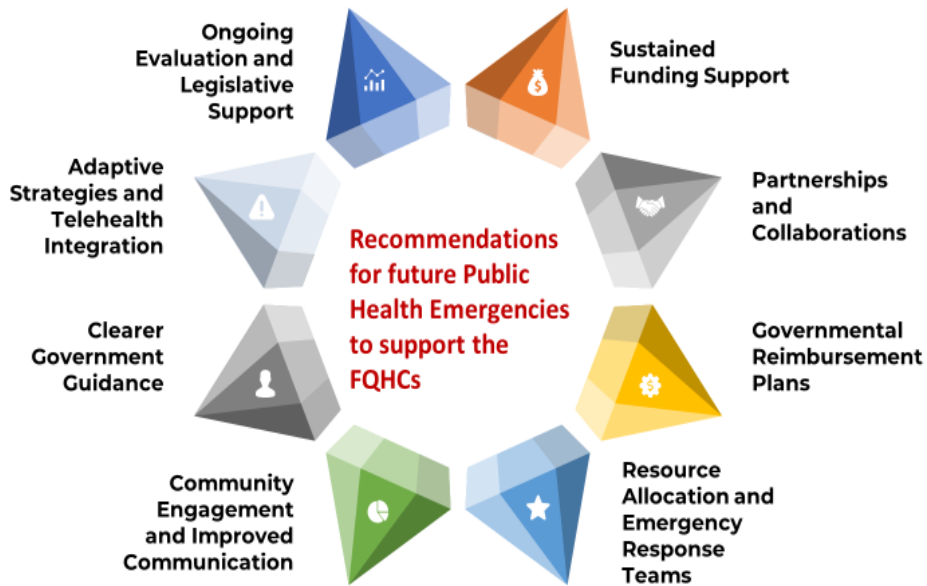


Figure 2: Recommendations for future Public Health Emergencies to support the FQHCs



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