Points on Care
A data brief series examining all aspects of primary care access

PRIMARY CARE DEVELOPMENT CORPORATION

April 2021 | Issue 7 | Page 1

POOR ACCESS TO CARE DRIVES COVID-19 OUTCOMES IN NEW YORK:
Federally-Qualified Health Centers help reduce community-level COVID-19 mortality

In the United States (US), access to health care is inequitable and insufficient in many of the highest-need communities. Primary care, the foundation of the health care system, remains inaccessible in terms of affordability, distance, and/or quality for millions of Americans, despite its well-documented role in improving health outcomes and reducing costs.[1,2] Federally-Qualified Health Centers (FQHCs) are community-based health care organizations that provide comprehensive primary care and support services to underserved populations regardless of immigration status, insurance coverage, or ability to pay. In recent decades, increased funding for FQHCs has facilitated their transformation into medical homes delivering high-quality, patient-centered care and reduced access barriers for low-income and minority populations. The COVID-19 pandemic has had an unprecedented impact on the US health care system, disproportionately affecting underserved populations, and underscoring the critical importance of the safety-net.

In this data brief, the Primary Care Development Corporation (PCDC) explores access to health care, the community-level reach of FQHCs, and associations with COVID-19 outcomes in New York State (NYS) and City (NYC). We also provide recommendations to support FQHCs as they work to increase health care access and improve health outcomes for underserved populations in the midst of the COVID-19 pandemic.

New York's Health Care Safety-Net

Across NYS, access to health care varies by county and population characteristics. Although the uninsured rates are lower in NYS than the national average (5.2% vs. 8.5%), some counties have rates exceeding the national average (9.3%). Similarly, across the state, rates of delayed or forgone care due to cost differ by county, and are closely associated with higher rates of publicly insured and Black residents, and individuals living below the Federal Poverty Level.*

FQHCs in New York serve populations with significantly higher proportions of individuals who live in poverty, are publicly insured, are Black, and are uninsured than those across the state as a whole (Figure 1).[3]

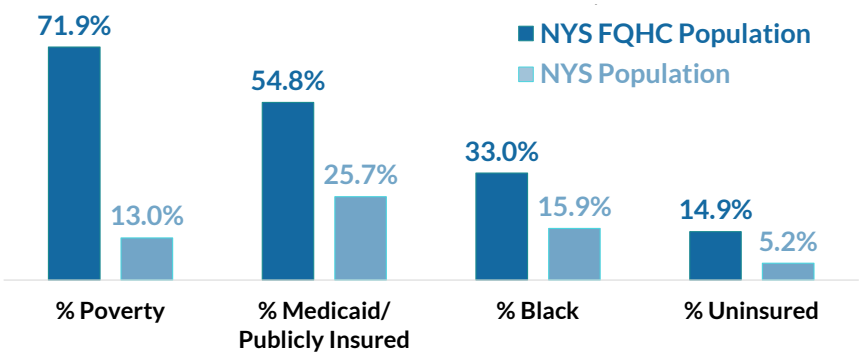

Figure 1. Comparison of FQHC and NYS Population Characteristics
Data sources: HRSA Uniform Data System 2019, American Census Survey one-year estimates, 2019

Key Findings:

- FQHCs are essential to NYS' safety-net, serving a patient population with greater proportions of uninsured (3X), Black (2X), and publicly insured (2X) persons than in the total NYS population.
- Delayed access to care is associated with worse COVID-19 outcomes in NYS counties and NYC communities.
- Greater FQHC reach is associated with reduced community-level COVID-19 mortality.

* Delayed care was positively correlated with publicly insured ($r = 0.46$, $p < .001$), poverty ($r = 0.35$, $p < .01$), Black ($r = 0.52$, $p < .001$), and racial/ethnic minority residents ($r = 0.57$, $p < .001$).

FQHCs in the state have been strategically placed in high-poverty and medically-underserved areas and are often the only source of health care in many communities. Studies have shown that patient outcomes at FQHCs are comparable to privately-owned primary care practices, and have been successful in ensuring high-need, low-access communities have access to quality care.[4-7] Statewide, FQHCs tend to be aligned with major travel corridors in the state, resulting in some rural and high-poverty counties without a FQHC access point (Figure 2).

The COVID-19 pandemic has disproportionately affected low-income, Black, and other marginalized racial and ethnic populations, exacerbating racial and community health disparities. Emerging research suggests that lack of access to care and/or delayed care, rather than underlying health conditions, are driving the prominent racial and socioeconomic COVID-19 disparities.[8,9]

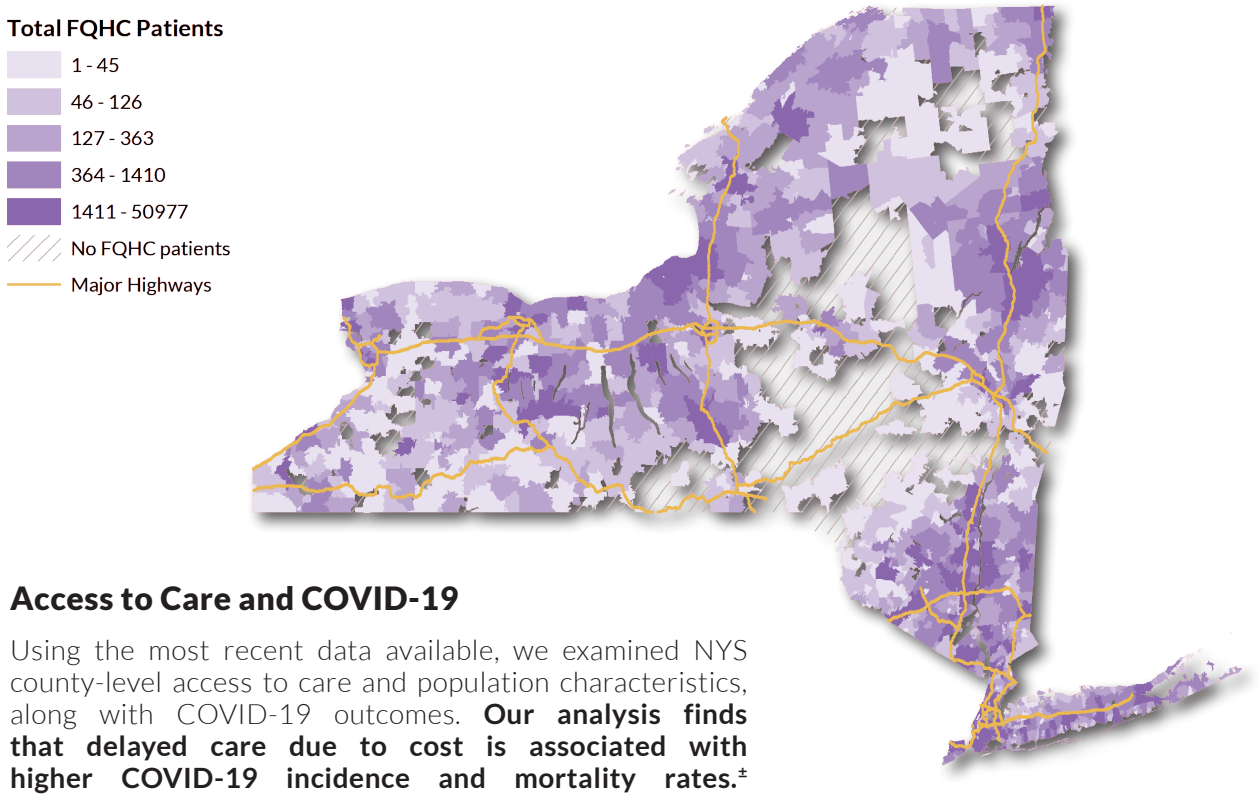

Figure 2. NYS FQHC Patient Numbers by ZIP Code
Data source: HRSA Uniform Data System, 2019

Access to Care and COVID-19

Using the most recent data available, we examined NYS county-level access to care and population characteristics, along with COVID-19 outcomes. **Our analysis finds that delayed care due to cost is associated with higher COVID-19 incidence and mortality rates.**[±] Additionally, higher rates of COVID-19 were associated with larger Black and racial/ethnic minority populations.

However, a higher FQHC penetration rate among the uninsured in NYS was associated with a decrease in COVID-19 mortality.[§] **This suggests that the presence of an FQHC in a county with high rates of uninsured persons is protective against county-level COVID-19 mortality.**

± COVID-19 mortality was positively associated with delayed care ($r=0.42$, $p < .001$) and the percentage of Black ($r=0.61$, $p < .001$) and racial/ethnic minority individuals ($r= 0.57$, $p < .001$). COVID-19 incidence is positively associated with delayed care ($r= 0.54$, $p < .001$), and the percentage of Black ($r= 0.65$, $p < .001$), and racial/ethnic minority individuals ($r= 0.62$, $p < .001$).

§ FQHC penetration of the uninsured was associated with a decrease in COVID-19 mortality rates ($\beta= -3.57$, $p = .09$), adjusting for COVID-19 incidence, uninsured rates, and the percentage of racial and ethnic minority residents.

Spotlight: NYC FQHCs in the Epicenter

As the first epicenter of the COVID-19 pandemic in the US, early NYC data showed disparities in COVID-19 incidence along socioeconomic and racial lines.[10,11] Our analysis of data in NYC found that higher rates of delayed or forgone care due to cost are associated with higher rates of COVID-19 infection and mortality (Figures 3a-3b). Similar to the statewide analysis, delayed or forgone care was more likely in NYC neighborhoods with a higher proportion of low-income, Black, and racial/ethnic minority residents.

Further analysis of COVID-19 mortality and associated factors in NYC **indicated that neighborhood-level COVID-19 mortality rates decreased with higher FQHC penetration**, adjusting for COVID-19 incidence, race/ethnicity, and income (Figure 4).

Implications for New York's Safety-Net

Both NYS and NYC-level analyses found increased FQHC penetration was associated with decreases in COVID-19 mortality rates, controlling for income, race, and positivity rates. This finding highlights the importance of the high-quality primary care delivered by FQHCs, and its role in improving COVID-19 and chronic disease outcomes in New York's most vulnerable communities. Further, the results support new research showing poor health care access in communities drives COVID-19 disparities[8,9] to a greater degree than poor health status.

FQHCs are one of the most important, and sometimes only, resources for low-income and uninsured persons to obtain high-quality care. Safety-net providers are providing vital health care to New Yorkers despite razor thin margins and rapid changes to delivery care methods. Anecdotal evidence suggests many small and private primary care practices have shuttered their doors during the

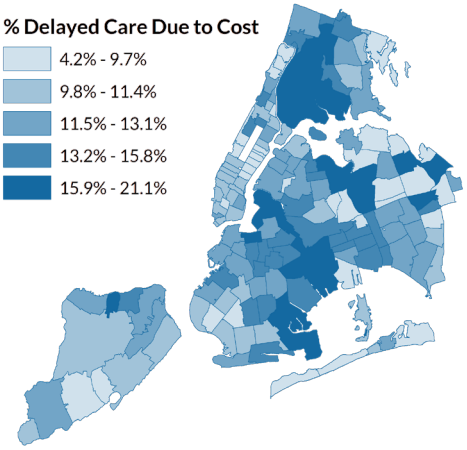

Figure 3a. Percentage of Population Reporting Delayed or Forgone Care Due to Cost in NYC
Data source: HRSA Uniform Data System, 2019

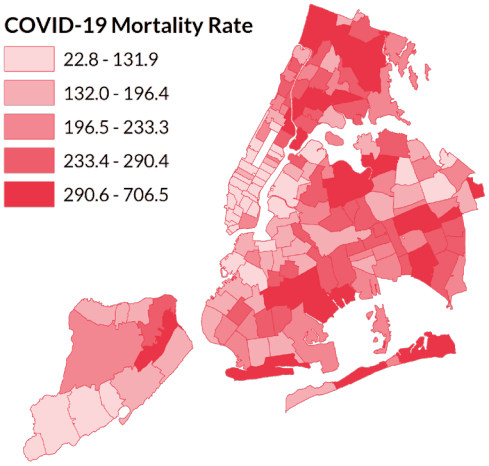

Figure 3b. COVID-19 Mortality Rate per 100,000 in NYC
Data source: NYC Department of Health and Mental Hygiene, Dec 4th, 2020

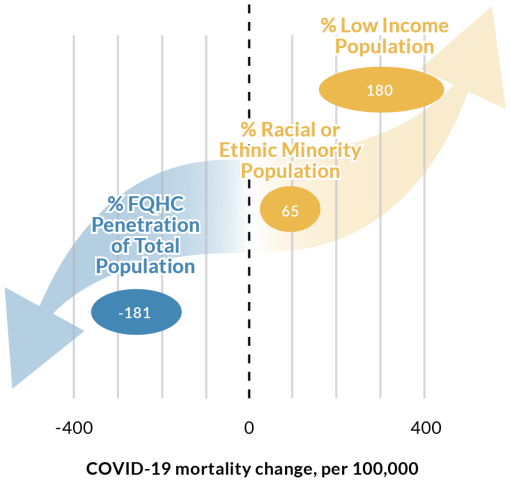

Figure 4. Model Effects of Population Characteristics on COVID-19 Mortality Rates in NYC
Data source: HRSA Uniform Data System and Mapper, 2020; American Community Survey, 2019

pandemic, and some may never re-open. As a result, the need for FQHCs is magnified[4,6,7] as demands on the safety-net continue surging due to emerging impacts of delayed care, the long-term effects of COVID-19 infection, and increases in behavioral health needs. Ensuring the long-term sustainability of community health center resources to expand services is critical to prevent widening racial and socioeconomic health disparities due to the COVID-19 pandemic.

Call to Action:

- **Provide FQHCs with immediate, additional relief funds to hire back furloughed staff, scale up and streamline operations, and manage the increase in demand for health services.**
- **Facilitate access to low-cost capital to allow FQHCs to expand existing facilities, establish new delivery sites, and enhance care delivery.**
- **Enable long-term sustainability of FQHCs by urging states to implement payment reform and assisting FQHCs to transition to prospective, global payment models, facilitating investment in staff and technology to improve patient outcomes and contain costs.**
- **Identify anchor organizations in communities without FQHCs, such as social service organizations or community centers, with the ability to provide referrals to facilitate access to health care services.**

Suggested citation:
Allard, A., Ford, MM., Manko, K., Weisbeck, K., L, Cohen. (2021). Poor Access to Care Drives COVID-19 Outcomes in New York: Federally Qualified Health Centers Help Reduce Community-level COVID-19 Mortality. Points on Care. Primary Care Development Corporation. New York, NY.

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