Improving the Path to Vaccination in Federally Qualified Health Centers:

From Insights to Opportunities

Executive Summary

Federally qualified health centers (FQHCs) serve 1 in 10 people in the United States and are critical in protecting underserved communities through comprehensive primary care.[1] However, FQHCs are faced with a variety of challenges and barriers to vaccination for populations they care for. This resource provides FQHCs with **key actions and strategies** to help improve community vaccination rates, positioning FQHCs as vital public health partners in defending communities against vaccine-preventable diseases.

Understanding the Current Vaccination Landscape Within FQHCs

FQHCs are essential pillars of public health, providing accessible, affordable, and high-quality healthcare to impoverished and otherwise underserved populations, including those who are publicly insured (eg, Medicaid and Medicare), uninsured, and underinsured, representing a high proportion of racial/ethnic minority communities.[1,2] Maintaining high vaccination rates in health centers is essential to protect vulnerable communities and advance public health.

Key factors impacting vaccination practices in the United States

Vaccine fatigue and hesitancy

Reimbursement and payer policy landscape

Federal and state funding impact

Changing regulatory approval and recommendation framework

Vaccine fatigue and hesitancy:

Experts have observed a rise in vaccine hesitancy since the COVID-19 pandemic, fueled by misinformation and anti-vaccine "social media warfare."[3] This hesitancy, along with healthcare provider (HCP) fatigue from addressing it, calls for renewed efforts and novel strategies in educating both patients and HCPs.

Reimbursement and payer policy landscape:

Medicaid unwinding* has led to coverage loss and confusion among patients, resulting in a reluctance for patients to come in to receive care, as well as strain on FQHC resources in caring for those patients who have lost coverage.[4] This may be further increased by recent congressional legislation that will likely result in additional disenrollment of Medicaid patients.[5,6] Complex and delayed reimbursement processes unique to FQHCs, such as the Medicare Cost Report and the Medicaid Prospective Payment System (PPS), put financial strain on these organizations, including carrying costs.[7]

*In March 2020, as part of COVID-19 relief enacted in the Families First Coronavirus Response Act, federal and state requirements for Medicaid redetermination were paused to help ensure continuous coverage during the pandemic. As of April 1, 2023, states could resume Medicaid eligibility reviews and disenrollments, with estimates that over 25 million patients were disenrolled as a result of "Medicaid unwinding."[8,9]

Federal and state funding impact:

Federal funding cuts are significantly impacting state and local immunization programs. States and communities have reported reductions of funding and staff for immunization programs as part of broader cancellations of pandemic-era federal public health spending.[10,11] The cuts are causing concern among some health officials as they coincide with rising cases of vaccine-preventable diseases like measles.[12] Additionally, funds available through existing adult vaccination programs (eg, 317) are limited and vary by state, and only certain types of providers/organizations are eligible for these funds.[13]

Changing regulatory approval and recommendation framework:

The Advisory Committee on Immunization Practices (ACIP) has undergone significant changes recently in its structure and approach to developing vaccine recommendations; for instance, moving towards risk-based approaches for certain vaccines vs previous emphasis on universal recommendations for broader populations.[14-16] Lack of simple/standard definitions of "at-risk" populations complicate both provider and patient education, as well as vaccine implementation, and could result in missed vaccination opportunities for eligible individuals.

Convening the US Vaccines Public Health Steering Committee

A steering committee of expert C-suite leadership from FQHCs around the United States came together in May 2025 as part of an industry-sponsored advisory board to analyze the current vaccination landscape, identify and address critical barriers, and formulate strategies to improve vaccination rates among publicly insured and uninsured patients. This resource summarizes the discussion and action items from this meeting.[†]

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[†]Pfizer supports the mission of the US Vaccines Public Health Steering Committee and has provided financial support for its meetings and this report. Pfizer colleagues have contributed to the content in this report in partnership with the members of the US Vaccines Public Health Steering Committee.

Insights on Key Barriers to Vaccination Within FQHCs

The committee identified several key barriers impacting vaccination efforts in FQHCs, including:

Vaccine Hesitancy and Misinformation:

Patient skepticism, doubt, and fatigue, fueled by misinformation and "social media warfare," pose significant challenges

Lack of Patient and HCP Education Resources:

Simple, accessible, and culturally appropriate educational materials are lacking

Inconsistent Definitions of "At-Risk" Populations:

Varying definitions of "at-risk" populations create confusion and impact identification of appropriate patients for vaccination

Variability in Electronic Health Record (EHR) Capabilities:

Variations in EHR functionality, such as data sharing and communication reminders, create missed opportunities for vaccination

Complex Reimbursement and Funding:

Inadequate reimbursement rates and federal funding cuts to immunization grants have created financial barriers for FQHCs, potentially impacting their ability to offer certain vaccines

Action Plan

The committee proposed a multi-pronged action plan to help tackle these barriers that may be considered for use in FQHCs in the US as appropriate and feasible.

Barrier: Vaccine Hesitancy and Misinformation

Solutions and Best Practices

Counter the negative sentiment of misinformation in social media by creating locally targeted educational campaigns leveraging "vaccine champions" (trusted messengers)

- Identify *vaccine champions*, who should reflect the communities they represent, who patients trust and can easily connect with (eg, athletes, students, patient groups, other local celebrities), and who should be partnered with the credibility of an HCP from the community
- Engage with national (eg, professional medical societies) and local (eg, academic medical centers, patient advocacy groups, community groups) partners to help identify key vaccine concerns and myths/misconceptions among patients in the local community
- Create focus groups with accessible community partners (eg, local colleges/universities, high schools, senior centers, or community centers) to develop educational resources to combat misconceptions. This can help ensure the development of resources is informed by those in the local community
- Create different educational videos for pediatric, adult, and obstetric populations (rather than creating generic resources for specific vaccines). Resources should include images of the disease and emphasize messaging on protection offered by vaccines
- Leverage social media as a platform for champions and HCP advocates to combat social media misinformation

Implementation Examples

- The following are existing resources that may be leveraged to encourage community engagement of vaccine champions and HCPs:
  - Unity Consortium
  - Centers for Disease Control and Prevention (CDC) P4VE Partner Spotlight
  - Vaccinate Your Family
  - Trusted Messenger Program
  - American Academy of Family Physicians (AAFP) provider vaccine support
  - American Academy of Pediatrics vaccine hesitancy tools

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Lack of Patient and HCP Education Resources

Solutions and Best Practices

Proactively address common vaccine questions with patients before seeing their HCP by leveraging pre-visit/waiting room videos

- Tailor video content based on your local patient population demographics and needs (eg, geography, cultures, languages)
- Videos should be short form (eg, <2 minutes)
- Consider the use of vaccine champions (as identified above) within the videos
- Leverage patient communication platforms such as text message reminder systems or post-appointment follow-up to share these videos with patients prior to and/or after their office visit
- While the committee recognizes the need for education across all ages, they suggest prioritizing educational content on pediatric vaccines first, given fewer cost barriers compared with adult vaccines

Implementation Examples

- The following are existing resources that may be leveraged to help address vaccine myths/hesitancy:
  - Short patient video from AAFP
  - Variety of parent handouts available in English and Spanish from Immunize.org

Inconsistent Definitions of "At-Risk" Populations

Solutions and Best Practices

Advocate for consistent "at-risk" definitions and develop a simplified list of the common risk conditions that would make patients eligible for specific vaccines

- May consider developing a list of the top 5-10 most common risk conditions for ease of implementation/prioritization
- Vaccines with risk-based recommendations may be prioritized for this list (eg, RSV) given that a multitude of International Classification of Diseases (ICD)-10 codes could be used to characterize patients' at-risk conditions that make them eligible for certain vaccines
- These lists can be linked to billing practices/ICD-10 codes and the power of EHRs can be leveraged to identify these risk factors for vaccine reminders and vaccination alerts for HCPs
- Longer-term actions include working with your state-level Primary Care Associations (PCAs) and/or local chapters of medical societies to advocate for simplified recommendations

Implementation Examples

- The following are existing resources that may be used to help identify "at-risk" patients eligible for vaccination:
  - AMGA's Rise to Immunize resources
  - Patient eligibility checklist from Immunize.org

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Variability in EHR Capabilities

Solutions and Best Practices

Encourage vaccine data sharing across major health systems and FQHCs within your state (eg, EHR integration)

- Advocate for data sharing of immunization information systems (IIS) records among neighboring states
- Engage state-level PCAs, Health Center Controlled Networks (HCCNs), and/or Departments of Public Health to elevate the need for vaccine information data sharing
- Longer-term actions that could reduce patient barriers include advocating for all patient record data sharing at the national level, including engaging EHR vendors

Implementation Examples

- May consider leveraging existing EHR software programs such as EPIC Cheers‡
- IIS Communications Toolkit available from Association of Immunization Managers (AIM)

‡**Important Note:** Pfizer does not endorse any particular EHR functionality described in this resource. The health system is solely responsible for compliance with all state and federal privacy laws and HIPAA, and for determining which EHR tools and/or functionality to use and for the implementation, testing, and monitoring of the tools and/or functionality in its EHR system. These materials have not been reviewed or endorsed by Epic Systems Corporation. Epic® and MyChart® are registered trademarks of Epic Systems Corporation. All trademarks are the property of their respective owners.

Complex Reimbursement and Funding

Solutions and Best Practices

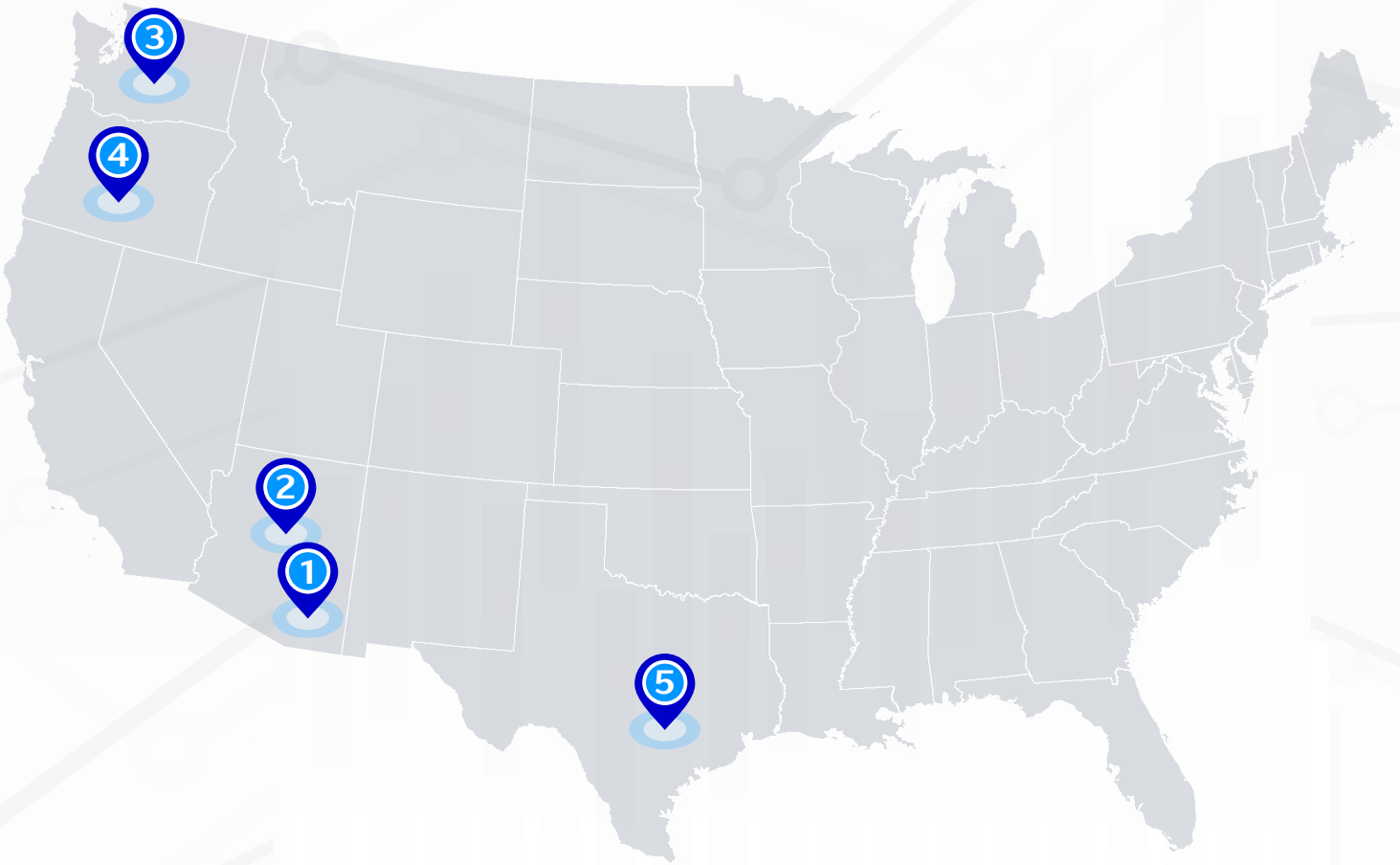
Advocate for increased levels of vaccine funding and reimbursement for uninsured patients

- Raise awareness within FQHCs of financial options to support purchase of vaccines at a discount, including group purchasing organizations (GPOs) and direct manufacturer discounts
- Utilize available patient support programs from vaccine manufacturers for patient populations who qualify for financial assistance or are uninsured
- Longer-term actions could include advocacy for additional or broader 317 funding and/or national expansion of a Vaccines for Adults program. Advocacy can be best performed through your local PCAs and the National Association of Community Health Centers (NACHC)

Implementation Examples

- Work with purchasing groups/manufacturers to procure discounts on vaccines for FQHCs. May consider working with Apexus® Program, GPOs who service FQHCs, Physician Buying Groups, and/or direct contracts with manufacturers to support purchase of vaccines at a discount
- May utilize available patient support programs such as Pfizer's Institutional Patient Assistance Program, as well as organizations such as Direct Relief® that work with vaccine manufacturers to donate free vaccines

Solutions in Action From Committee Members



1. El Rio Community Health Centers (Tucson, AZ) surveyed their HCPs to better understand their staffs' flu vaccination rates, which might affect provider confidence in recommending vaccination. This survey helped to identify internal providers/specialties that had varying flu vaccination rates, and education of these groups was prioritized to help enhance their vaccine confidence.

2. Arizona's Medicaid agency (Arizona Health Care Cost Containment System) performed an auto-eligibility check during the Medicaid redetermination process so patients didn't need to resubmit and were automatically requalified; as a result, many fewer patients fell off compared with other states, allowing for continuity of care at FQHCs.

3. In Yakima Valley, WA, FQHCs utilize a text messaging healthcare platform to share communications with patients, which has language translation capabilities to cater towards patients' language preferences. This has helped to improve patient outreach efforts.

4. At FQHCs in Oregon, for patients/parents to receive a vaccine exemption, they must watch a video on the implications of getting a vaccine-preventable disease and sign a waiver that they understand the risks of not getting vaccinated. This has helped to dispel vaccination myths, increase patient education, and reduce vaccine exemptions (Oregon Health Authority nonmedical vaccine exemptions education module).

5. Austin Public Health partnered with FQHCs, local providers, the county medical society, schools, childcare centers, community organizations, and pharmacies to increase provider training and public literacy on vaccines and vaccine hesitancy. Public health education efforts were targeted, geocoded, and made culturally appropriate to reach local communities.

Opportunities for Partnerships

Collaboration with vaccine manufacturers, medical societies, community groups, and/or other trusted public health organizations can help to provide funding, expertise, content development support, and other resources for implementing these action plan initiatives at your FQHC.

Call to Action

HCPs in FQHCs play an instrumental role in keeping patients in their communities healthy through preventative care, including vaccination. HCPs are the most trusted source for vaccination information and can help combat vaccine hesitancy in their communities by directly engaging and educating their patients. With the increased spread of misleading health information on social media, HCPs must continue to be the credible, trusted health resource for patients, families, and communities they have historically been. The committee urges HCPs to use the power of their voice through all available platforms (eg, social media, public communications, working with elected officials) to advocate for patients' rights for vaccination access and play an active role in identifying and implementing solutions to vaccination barriers in their practice. By working with the local community, including both patients and partners, and then focusing advocacy efforts at the state and federal level, FQHC leaders and providers can facilitate policy reform and simplify vaccine program implementation and reimbursement.

By addressing the identified barriers and considering the implementation of the suggested action plan, the Public Health Steering Committee aims to empower FQHCs to increase vaccination rates and encourage equitable access to vaccines for all eligible patients. These efforts will contribute to healthier communities and a stronger public health infrastructure.

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