

Data Note

December 2020

Key Updates from the Health Center COVID-19 Survey (Week #36): The Status of Community Health Centers in the Midst of the Worst Phase of the COVID-19 Pandemic

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Introduction

As the nation endures the worst phase of the COVID-19 pandemic to date, data from the Health Resources and Services Administration's (HRSA's) weekly [Health Center COVID-19 Survey](#) indicate that the number of patients tested for the COVID-19 virus this week (335,139) reached the highest level reported over eight months. Similarly, the number of health center patients with confirmed infection (51,637) was at its second-highest recorded level and staff members who tested positive for the virus (2,076) was at its peak recorded level. Additionally, with weekly health center visits consistently lower than before the pandemic and with no additional federal COVID-19 financial relief committed, the pandemic has taken an enormous financial toll on health centers. Cumulative patient revenue losses over eight months are estimated at \$4.006 billion, which amounts to nearly 13 percent of total health center revenue reported nationally in 2019. Other key findings include:

- The share of health centers with the capacity to provide COVID-19 diagnostic testing grew from 80 percent in early April to nearly all (98 percent) eight months later.
- Community health centers have tested a total of more than 6.2 million patients for COVID-19 virus over eight months. In the aggregate, a total of 744,142 health center patients and 25,715 staff members have tested positive for the COVID-19 virus. With [14.4 million cases of coronavirus in the U.S.](#) reported as of December 4th, the number of health center patients who have tested positive accounted for 5.2 percent of cases nationally, or one in 19 of all U.S. cases.
- Average turn-around times for test results have improved from their lowest point in mid-July, when turn-around times of four or more days were reported by two thirds of responding health centers. However, the share of health centers reporting average turn-around times in excess of four days began increasing in November and stood at 26 percent as of the most current reporting period.
- In line with research that has found that minorities are disproportionately at risk for infection with the COVID-19 virus, patients reported as racial and ethnic minorities, particularly Hispanic/Latino patients, accounted disproportionately for patients who tested positive, both this week and consistently over the eight months of survey data.
- Measures of operational capacity including temporary site closures, staff unable to work, and declines in weekly visits have improved over the eight months but remain significant.

This month, the nation is experiencing the [worst phase of the pandemic to date](#), with more than 200,000 coronavirus cases reported on average each day for the past three weeks, [more than 110,000 people hospitalized with COVID-19](#), and COVID-19 deaths now exceeding 300,000. A [third of hospitals in the country have reported that at least 90 percent of intensive care unit \(ICU\) beds were occupied](#) and [New Mexico has activated crisis care standards](#) that could allow for the rationing of care. There were signs of hope, with the Pfizer [vaccine recently approved for emergency use authorization, with vaccinations starting December 14th, and the Moderna](#)

[vaccine](#) expected to receive the same within a week or so.

Community health centers are an essential source of care for populations who are at high risk of COVID-19 infection and poor health outcomes. [In 2019, 1,385 federally-funded community health centers](#) served nearly 30 million patients in the U.S., or [one in eleven residents nationally](#). Nearly all (91 percent) [health center patients in 2019](#) were low-income and about two in three (63 percent) were racial/ethnic minorities. The sociodemographic make-up and higher rate of chronic conditions among the [health center patient population](#) put them at greatest risk of poor outcomes from COVID-19.

Community health centers are required by statute to serve all patients regardless of their income or health insurance status and to charge patients on a sliding fee scale based on their ability to pay. Community health centers served [one in three people living in poverty](#) and [one in five uninsured](#) individuals before the pandemic. Their importance for low-income and uninsured patients has grown as [unemployment claims increase, and millions of Americans remain unemployed](#) and [have lost their employer-sponsored health insurance](#), and has been heightened with [unemployment benefits and a nationwide eviction moratorium slated to end at the end of December in the absence of additional federal COVID-19 relief legislation](#). In addition to offering local access to both COVID-19 testing and ongoing, comprehensive primary medical care, community health centers offer services that address the [pandemic-related rise in mental health and substance use disorder problems](#). These services provided by health centers will be essential as the [CDC director has warned that this month, January, and February will be the most difficult months in the history of U.S. public health](#).

HRSA's Weekly Health Center COVID-19 Survey

The Health Resources and Services Administration (HRSA) has been administering a weekly [Health Center COVID-19 Survey](#) to all health centers nationally since early April 2020 and to date, has reported 36 weeks of survey data. The survey captures data on health centers' COVID-19 virus testing capacity, the number and race/ethnicity of all patients tested and those who tested positive for both the COVID-19 virus and antibodies, the effects of the pandemic on health centers' operational capacity, measured in site closures, weekly visit declines, and staff unable to work, and the adequacy of personal protective equipment (PPE) supplies. HRSA reports summary data for health centers nationally, by state, and for [look-alike health centers](#), which meet all health center program requirements but do not receive federal health center grants (this data note excludes data on look-alike health centers). Because the data are cross-sectional, with different health centers reporting each week, and the response rates vary by week, [HRSA cautions against comparing data over the weeks](#); notably, however, overall response rates have ranged from 62 percent to 83 percent and have met or exceeded 70 percent in 24 out of the 36 weeks of data. The Geiger Gibson/RCHN Community Health Foundation Research Collaborative has produced a series of [weekly updates based on HRSA's survey data](#). This data note reports on the current status of the COVID-19 experience of the nation's community health centers as of the week of December 4th. We also report updated trend data from earlier reports on [six months of data](#) and [seven months of data](#) from April 3rd 2020, to the most recent report ending December 4th. Finally, we present updated estimates on the cumulative state and national losses in patient revenue to date due to visit declines.

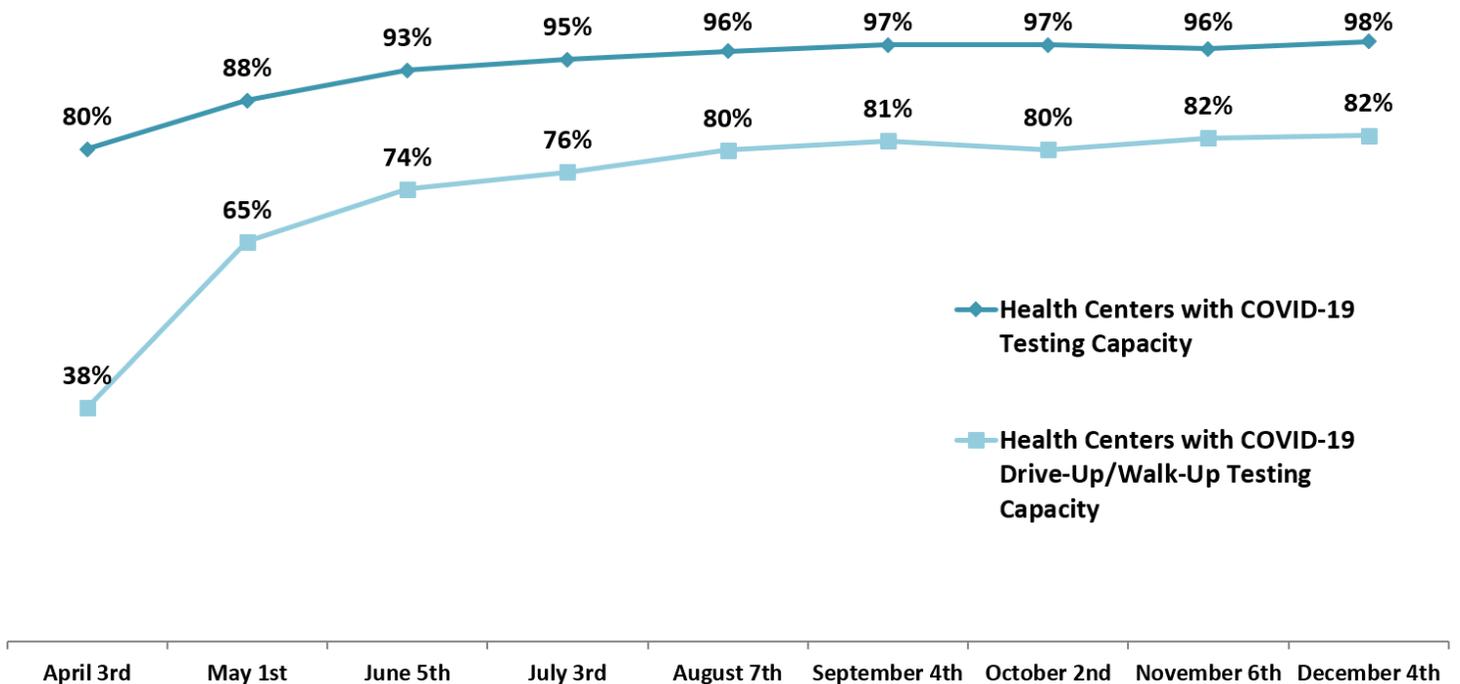
Testing Capacity and Average Turn-Around Times for COVID-19 Viral Test Results

Eight months after HRSA began reporting this data, nearly all (98 percent) responding health centers report capacity for diagnostic testing for the novel coronavirus, up from 80 percent as of the first reporting period (**Figure 1**). Among health centers with testing capacity, the share with drive-up/walk-up testing capacity has more than doubled, from 38 percent to 82 percent. The increase in testing capacity reflects funding provided to community health centers to respond to the COVID-19 pandemic, including [an initial \\$100 million](#) through the Coronavirus Preparedness and Response Supplemental Appropriations Act in early March, [\\$1.32 billion in the Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#), and [\\$583 million in additional grants](#) to expand health center testing capacity, funded through the Paycheck Protection Program and Health Care Enhancement Act (PPHCEA or

“COVID-19 3.5” relief package).

Figure 2 illustrates how average turn-around times for COVID-19 viral test results have changed over the eight months. In the first few months of testing, about four in five test results came back within an average of three days or less. However, with the spike in cases over the summer, associated increases in testing demands, and broader delays in lab capacity, average turn-around times worsened dramatically and reached a peak in mid-July, when two in three (66 percent) results were returned in four or more days, including 44 percent in more than five days. As of the most current reporting period, average turn-around times of four or more days were experienced by 26 percent¹ of all reporting health centers, up from 14 percent as of [October 2nd](#) and [16 percent as of November 6th](#). While the current share of tests with long results turn-around times is not as bad as the summer months, it still means that more than one in four test results is [clinically useless](#) in the effort to conduct contact tracing and to stop further transmission. There has been [an increase in turn-around times nationally, due to increased demand for testing and limited testing supplies](#); among commercial labs, [Quest Diagnostics reports average turn-around times of two to three days for all patients, up from one to two days in late September](#).

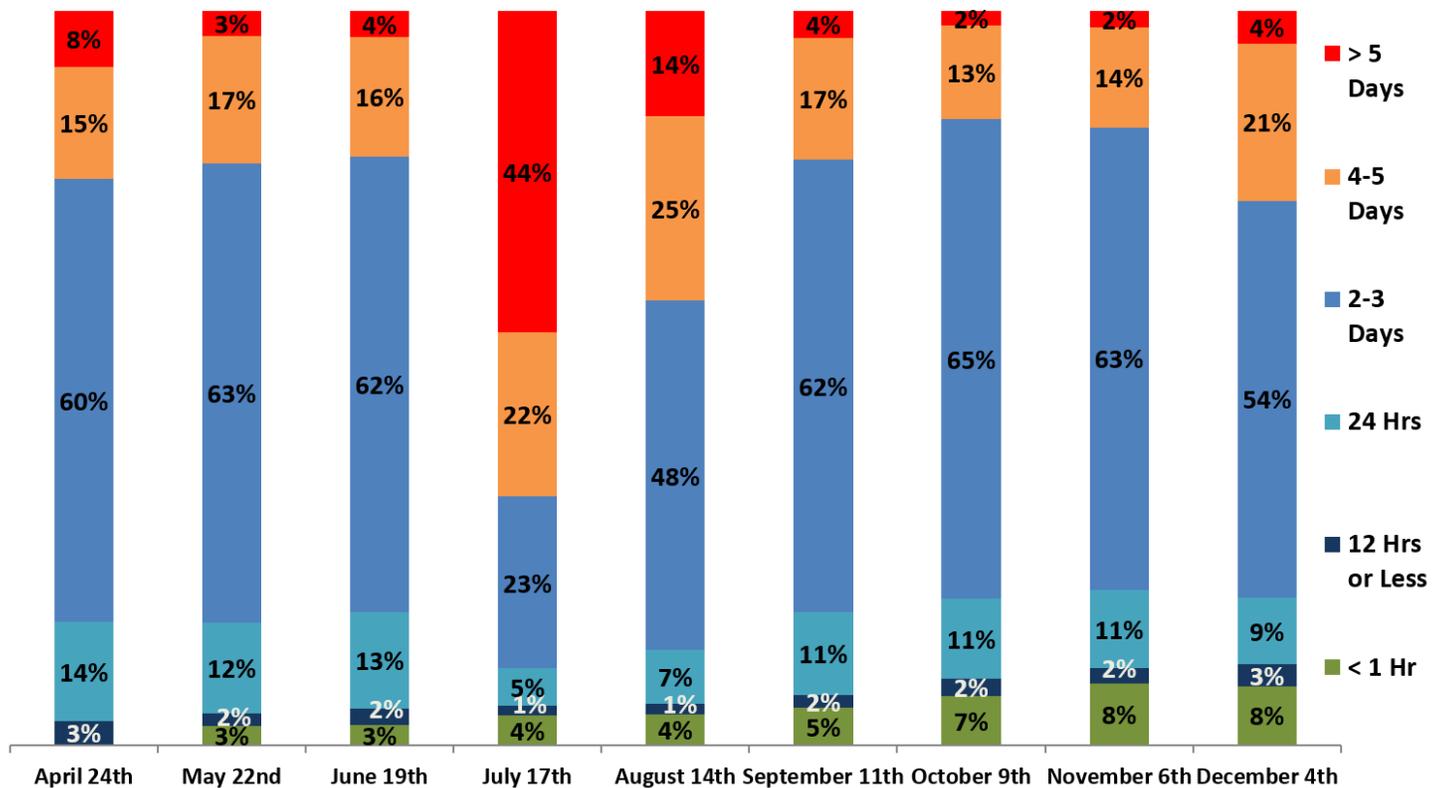
Figure 1. Community Health Center COVID-19 Virus Testing Capacity, April-December 2020



Note: Percentage with drive-up/walk-up testing capacity based on health centers that responded "yes" to having COVID-19 testing capacity. Percentages are reported for the first week of each month. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

¹ The share of tests with an average turn-around time of four to five days (21.4 percent) and more than five days (4.4 percent) reported as of December 4th sums to 26 percent.

Figure 2. Community Health Center Average Turn-around Time to Obtain COVID-19 Virus Test Results for the Prior Week, April-December 2020



Note: HRSA did not report any health centers with an average turn-around time of less than one hour as of April 24th. Percentages are reported for every fourth week.

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

COVID-19 Diagnostic and Antibody Tests

Over 35 weeks of reported data², community health centers tested a total of 6,219,767 patients for the COVID-19 virus and a total of 744,142 patients and 25,715 health center staff members had confirmed cases. As of [December 4th, there were a reported 14,367,462 cases of coronavirus in the U.S.](#) meaning that the 744,142 health center patients with confirmed infection accounted for one in 19 (5.2 percent) of cases nationally.

Figure 3 shows the number of patients tested for COVID-19 virus (PCR, antigen), the number of patients and health center staff members who tested positive, and the percentage of health center patients who tested positive for COVID-19 at approximately monthly intervals since April 2020. As of the current reporting week of December 4th, community health centers nationally conducted the highest number of COVID-19 virus tests (335,139) over the eight months of data. The number of patients who tested positive that week (51,637) represented a slight decrease from a peak of 52,158 in mid-November. The number of staff members who tested positive reached its highest level this week, with 2,076 staff members with confirmed infection as of December 4th.

Based on the reported numbers of patients tested for COVID-19 virus and those who tested positive each week, the percentage testing positive over eight months was at its peak in early May at 28.3 percent, and at its lowest point was [6.2 percent as of August 21st](#). However, given the widespread delays in test results over the summer months, and the lag in results reporting, the latter percentage may not reflect the true positive rate. [HRSA notes that](#) “the reported number of patients tested do not represent the same patients included in the reported number of patients

² HRSA began reporting patient testing numbers for the second week of the survey (April 10, 2020).

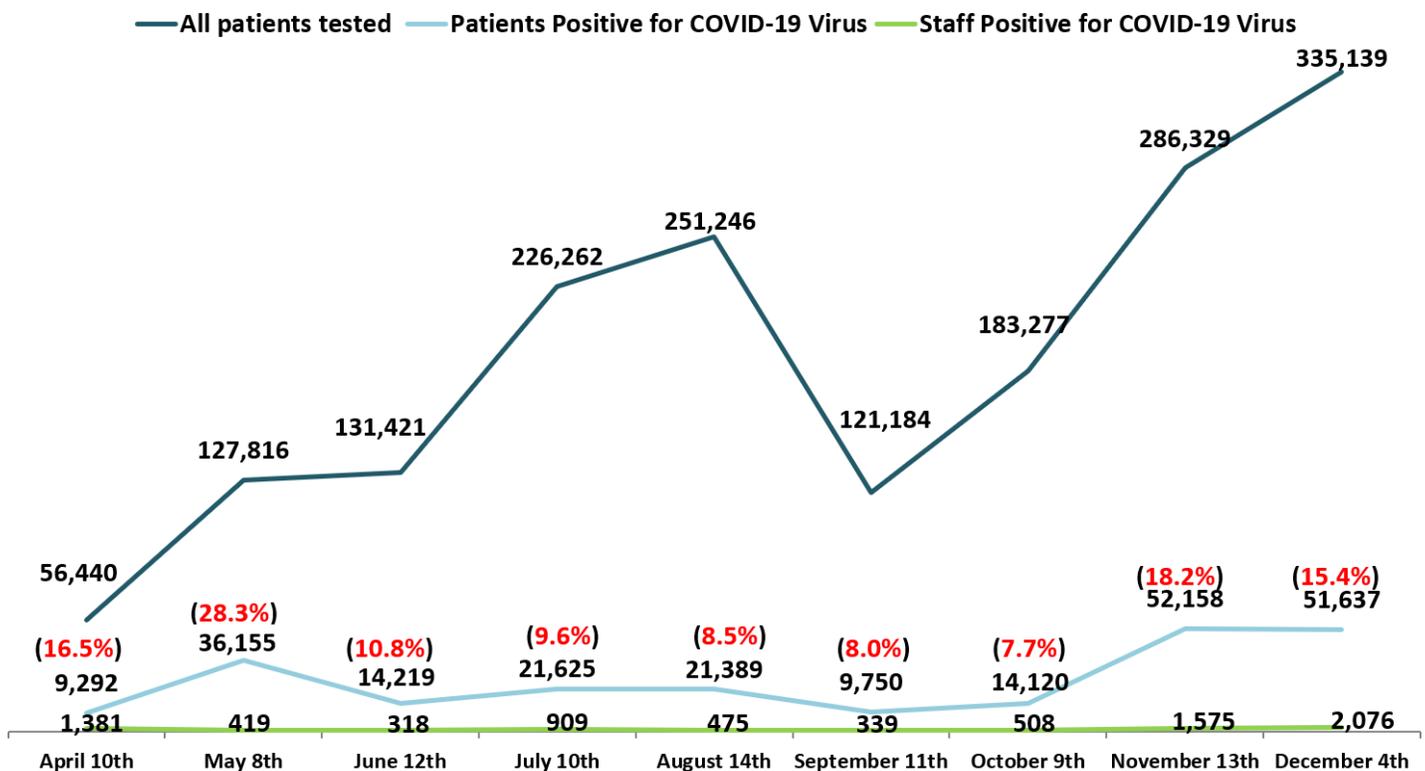
tested positive due to a lag between the date the specimen is collected and the availability of test results.” Despite that caveat, the most recent positive rate of 15.4 percent is more than twice the lowest positive rate of 6.2 percent, and reflects the surge in COVID-19 infections that began in November. Over the eight months, the percentage of positive testing results reported by community health centers has fairly consistently exceeded the national positive case rate across public health, clinical and commercial labs reported to the Centers for Disease Control and Prevention (CDC). Results for the most recent week are consistent with this experience; the 15.4 percent positive case rate at health centers as of December 4th was above the 13.3 percent reported nationally to the CDC for the [week ending December 5th](#).

Antibody tests, also known as serological tests, indicate if a person was previously infected with the COVID-19 virus. HRSA began reporting the number of health center patients tested for COVID-19 antibodies in June 2020. Over 27 weeks of reported data, a total of 341,791 health center patients were tested for antibodies and 59,583 tested positive. [Over the eight months of all testing data](#), community health centers have tested a total of 6,561,558 patients with a COVID-19 test of any type, and a total of 803,725 patients have tested positive for either COVID-19 virus or antibodies.

Race and Ethnicity of Health Center Patients Testing Positive for COVID-19 Virus

Community health centers, which by mission and federal mandate are located in underserved communities, are a vital resource in many minority communities. The Department of Health and Human Services (HHS) counts community health center testing capacity among their initiatives to make testing more accessible and to [reduce COVID-19](#)

Figure 3. Community Health Center Patients Tested for COVID-19 Infection and Patients and Staff Who Tested Positive, April-December 2020



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. Numbers are reported for the second week of each month, except for December. 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.

racial/ethnic disparities. As the pandemic continues, a wide body of research has found that members of racial and/or ethnic minority groups are disproportionately more likely to be infected with the novel coronavirus and to have serious illness, to be hospitalized, and to die from COVID-19 (see [p. 8 of our six-month report](#)).

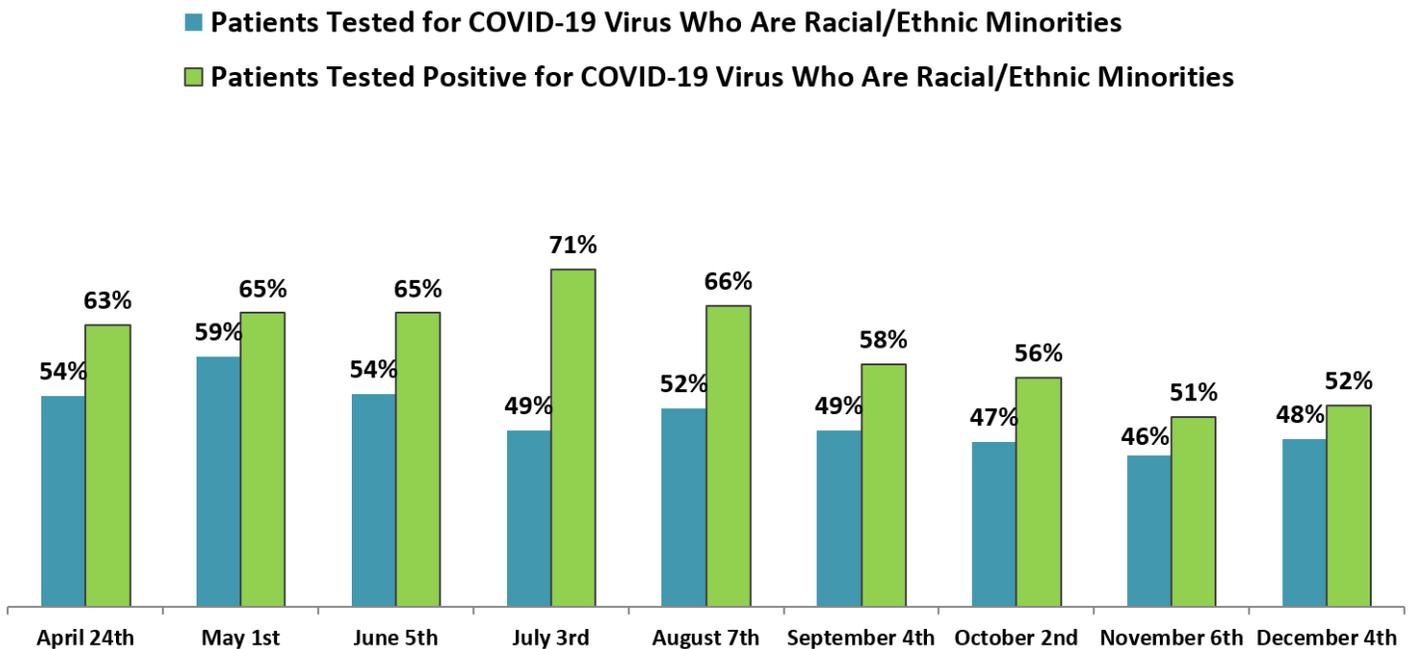
Findings from HRSA’s survey are consistent with evidence of racial/ethnic disparities in COVID-19 infection. **Figure 4** shows that for each week of reported data, the share of patients who tested positive for COVID-19 virus who are racial/ethnic minorities exceeded the share of tested patients who are racial/ethnic minorities.

Figure 5 provides more detail on the race and ethnicity of tested patients and patients who tested positive for COVID-19 infection from the current reporting period as of December 4th. While White, Hispanic/Latino patients accounted for 17 percent of health center patients tested for COVID-19 infection in this reporting period, they represented 23 percent of all positive cases. Similarly, Hispanic/Latino patients with no reported race accounted for nine percent of those tested for infection, but 11 percent of cases positive for infection. [HRSA reports](#) that over all the months of reported race and ethnicity patient testing data from April to December, Hispanic patients accounted for 29 percent of patients tested with a COVID-19 test of any type but 42 percent of patients who tested positive for either COVID-19 virus or antibodies.

Losses of Operational Capacity: Sites, Staffing, and Visits

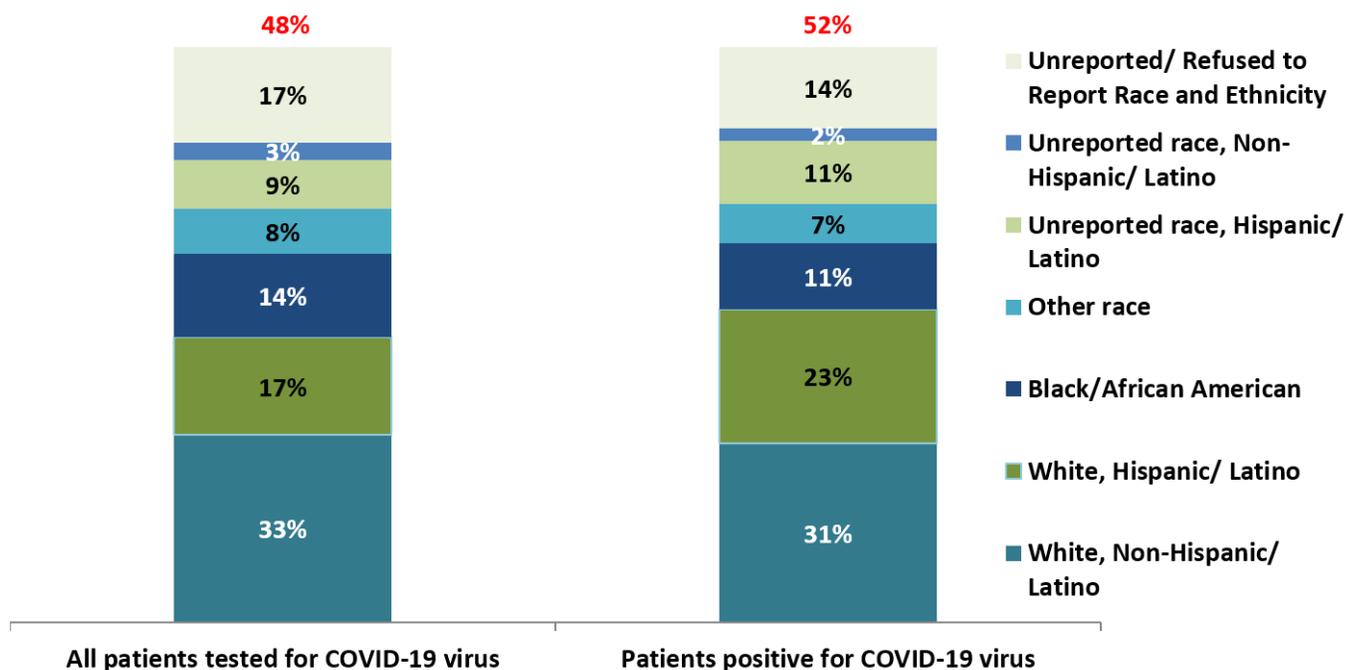
While adding testing and adapting their services, health centers have been operating at reduced capacity since the pandemic began. As **Figure 6** illustrates, health center activity has been recovering; the decline in weekly visits compared to average weekly visits before the pandemic has greatly improved, from a reduction in visits of 53 percent

Figure 4. Share of Community Health Center Patients Tested for COVID-19 Virus and Patients Who Tested Positive Who are Racial/Ethnic Minorities, April-December 2020



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. Percentages are reported for the first week of the month, except for April, because HRSA began reporting racial and/or 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 5. Health Center Patients Tested for COVID-19 Virus and Patients Who Tested Positive, by Race/Ethnicity, as of December 4th



Note: The figures in red 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, Other race, and Hispanic /Latino patients with unreported race. “Other race” includes Asian, American Indian/ Alaska Native, and Native Hawaiian/Other Pacific Islander patients, and patients with more than one race. Black/African American and Other race include both Hispanic/Latino and Non-Hispanic/Latino patients. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of December 4th.

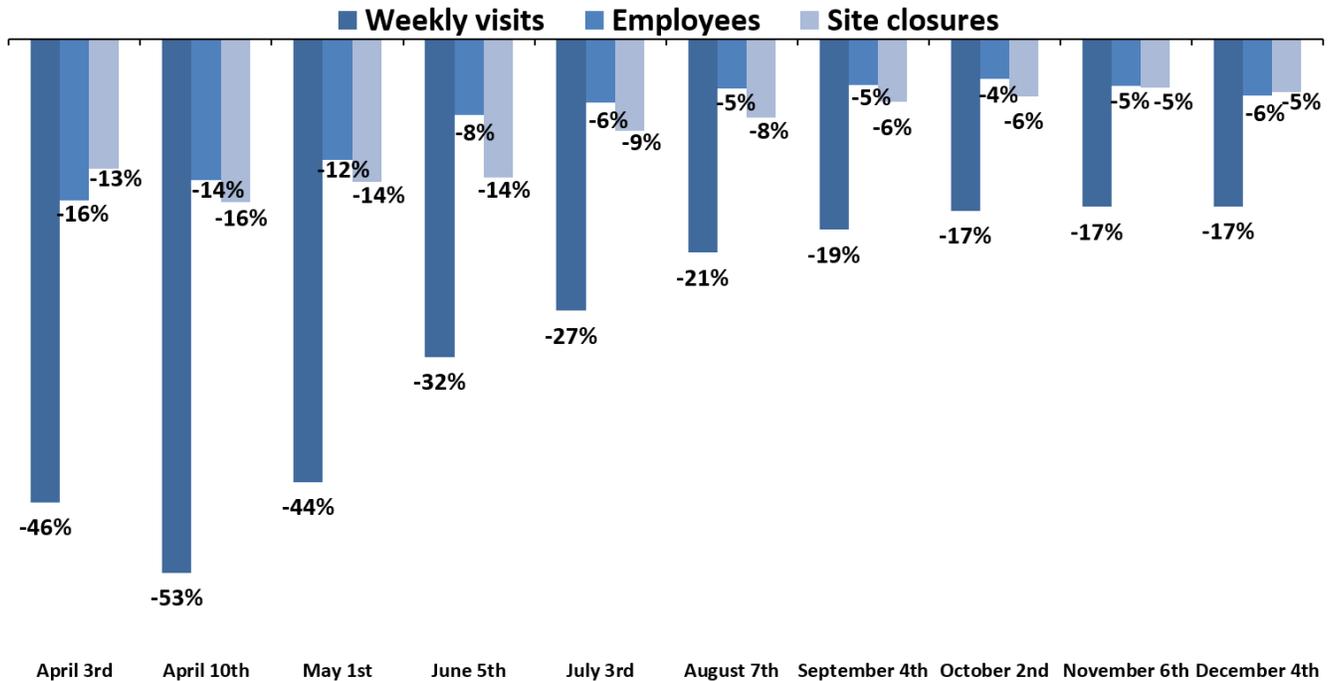
as of April 10th to 17 percent as of December 4th. Similarly, the share of temporarily closed sites improved over that same time period, from 16 percent to five percent, while the share of health center staff members unable to work due to COVID-19, for reasons that included site closures, family/home obligations, lack of personal protective equipment, and exposure to coronavirus fell from 16 percent in the first week of the survey to four percent in October, but increased slightly to five percent in November and is up to six percent as of the most recent week.

Despite these positive trends, these losses continue to reflect the toll that COVID-19 is having on health center capacity, staffing, and operations. A six percent reduction in health center employees translates to more than 14,000 fewer working [full-time equivalent \(FTE\) staff members](#) who are essential to serve patients and to keep health centers running. Similarly, the 17 percent reduction in weekly visits amounts to nearly 400,000 fewer weekly [health center visits nationally](#), for services which may include routine check-ups, vaccinations, and other preventive care services. Furthermore, while losses in operational capacity may have diminished nationally over time, they vary greatly by state (HRSA has created [maps and state tables that show state variation](#) in operational capacity, including the percentages of site closures and staff unable to work). Nearly nine months into the pandemic, as of December 4th, health centers in ten states were reporting weekly visit declines of at least 25 percent, with the greatest declines of 50 and 83 percent reported in [Wyoming](#) and [Delaware](#), respectively. In an additional 18 states and Puerto Rico (PR), visits were down by 15 to 24 percent (**Figure 7**).

Financial Uncertainty and Revenue Losses

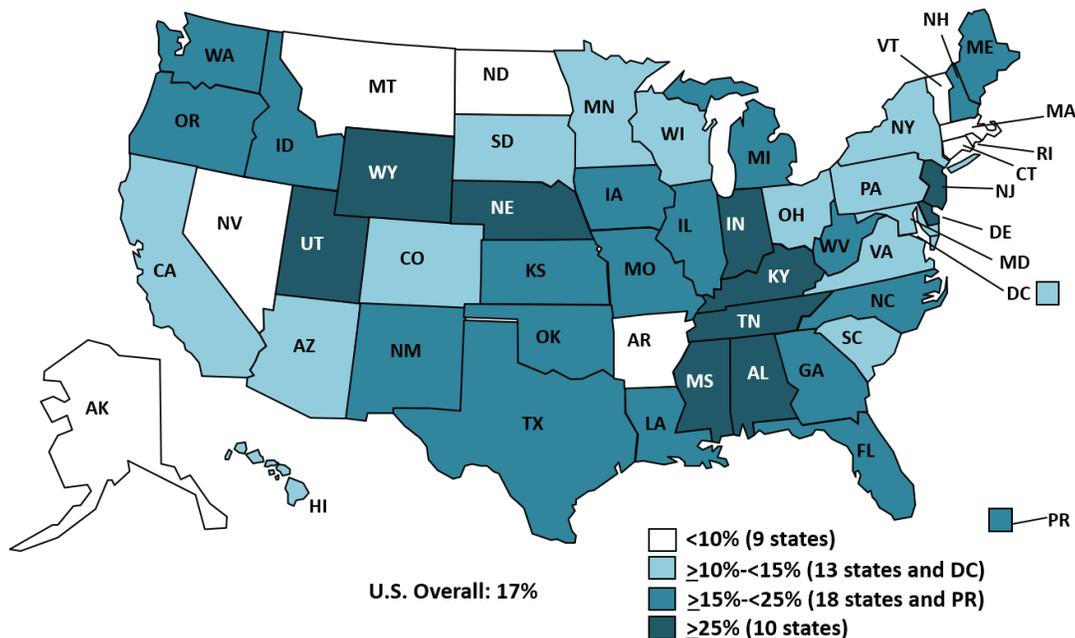
The loss in patient visits has translated into ongoing and substantial revenue losses, estimated at \$4.006 billion nationwide over the eight months, an amount that represents 12.7 percent of total revenue reported nationally in

Figure 6. COVID-19 Impact on Community Health Centers, April-December 2020



Notes: Percentages are reported for the first week of the month, except for April 10th, which shows peak losses in terms of site closures and weekly visit declines. 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; percentages published in earlier reports may differ slightly because they were based on an approximated number of 12,000 sites. Sources: 2019 UDS; Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

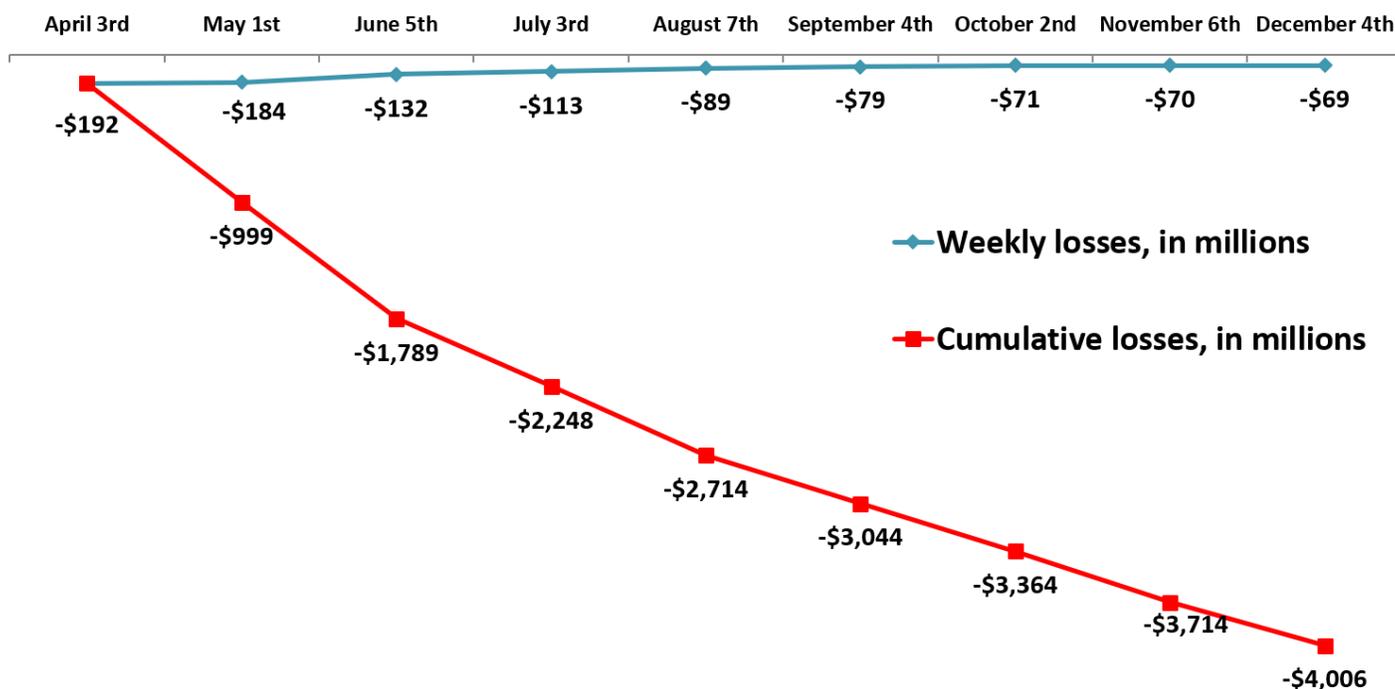
Figure 7. Decline in Community Health Center Weekly Visits Compared to Pre-COVID-19 Average Weekly Visits, By State, as of December 4th



Notes: U.S. percentage includes health centers in Puerto Rico (PR) and two other health centers in the U.S. territories. States were categorized based on rounded percentages. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. Data as of December 4th, 2020.

2019 (**Figure 8**). Cumulative patient revenue losses over this time period varied by state, ranging from four million in Wyoming to \$808 million in California (**Table 1**).

Figure 8. National Community Health Center Estimated Weekly and Cumulative Patient Revenue Losses over Eight Months, April-December 2020



Estimated cumulative losses of \$4 billion over 8 months accounted for 12.7% 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.

In addition to the funding directly allocated to community health centers through the Coronavirus Preparedness and Response Supplemental Appropriations Act, the CARES Act, and the PPPHCEA, [community health centers also have received some financial support](#) through the Paycheck Protection Program, the HHS Provider Relief Fund, and HRSA Uninsured Claims Fund. However, it is unclear when – or how much – additional COVID-19 relief aid will be forthcoming, with the delays adding to the financial burden. Health centers are also facing financial uncertainty because the Community Health Center Fund (CHCF), which accounted for [over 70 percent of federal health center grant funding in FY2019](#), has been extended only to December 18th, 2020. The continued financial uncertainty about both any additional COVID-19 relief funding and the extension of the CHCF, coupled with the sheer magnitude of estimated patient revenue losses to date, could prevent health centers from fully restoring services and reopening sites, and could also force health centers to cut back and lay off staff members, resulting in further job losses and economic distress in the communities that health centers serve.

Virtual Visits

As a way to continue to provide care to their patients and to earn patient revenue, community health centers rapidly pivoted to telehealth. In 2019, [less than half \(43 percent\)](#) of community health centers reported using telemedicine to provide remote clinical care services and virtual visits accounted for [only 0.4 percent of the 122.8 million health center visits that year](#). As its peak, as of April 24th, 54 percent of visits on average were conducted virtually;

Table 1: Cumulative losses in health center patient revenue, by state, April to December 2020

State	Cumulative losses (in millions)	State	Cumulative losses (in millions)
AK	-\$25	MT	-\$19
AL	-\$25	NC	-\$61
AR	-\$22	ND	-\$6
AZ	-\$65	NE	-\$12
CA	-\$808	NH	-\$10
CO	-\$66	NJ	-\$54
CT	-\$47	NM	-\$33
DC	-\$42	NV	-\$6
DE	-\$6	NY	-\$314
FL	-\$165	OH	-\$80
GA	-\$54	OK	-\$30
HI	-\$27	OR	-\$83
IA	-\$26	PA	-\$97
ID	-\$35	PR	-\$48
IL	-\$134	RI	-\$25
IN	-\$75	SC	-\$70
KS	-\$23	SD	-\$6
KY	-\$85	TN	-\$36
LA	-\$55	TX	-\$192
MA	-\$86	UT	-\$19
MD	-\$64	VA	-\$32
ME	-\$35	VT	-\$22
MI	-\$78	WA	-\$207
MN	-\$26	WI	-\$54
MO	-\$95	WV	-\$74
MS	-\$37	WY	-\$4

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). Data for DC and LA health centers were not reported the week of September 4th, and ND and OK health centers for the week of October 30th, so the visit declines for those weeks were imputed by taking the average of the weekly declines the week before and after. Cumulative losses reflect the sum of estimated losses based on 36 weeks of survey data.

Sources: HRSA. (2020). Health Center COVID-19 Survey; HRSA. (2020). 2019 Uniform Data System data.

this percentage had fallen by half, to 27 percent in October and November, but rose to 30 percent as of December 4th (**Figure 9**). Recent policy changes may have helped to increase [health centers' use of telehealth services](#) during the pandemic, but [telehealth utilization is not uniform across health centers](#), and many still face barriers to adopting or expanding telehealth.

Supply of Personal Protective Equipment

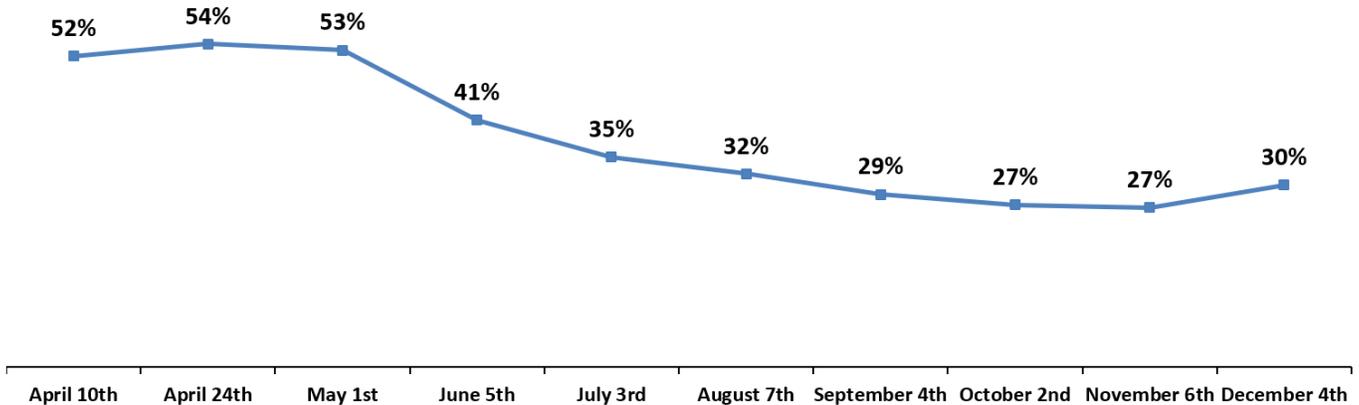
HRSA has queried health centers about their supply of personal protective equipment (PPE) over eight months. The [question on PPE supply](#) was amended in September so that data are not comparable over the eight months, but for the most recent reporting period (**Figure 10**), nearly all health centers reported that they either have no supply challenges or have adequate supplies of all five types of PPE supplies for the next week or more. Earlier data based on the original PPE question show that the share of responding health centers reporting adequate supplies of PPE ranged, by type, from 67 percent to 89 percent in the first week to 94 to 97 percent by the end of August (see [Figure 11 in our six-month report](#)).

Flu vaccines

In Week 30 (October 23rd), HRSA began asking health centers about the number of flu vaccines that they had administered since August 2020 and in the subsequent weeks, how many they had administered in the past week. As of the week of December 4th, health centers had administered 3,063,957 flu vaccines since August 2020. This number amounts to 64 percent of the [4.79 million health center patients who received seasonal flu vaccines](#) for the entire year of 2019, although it cannot be determined from the UDS data when flu vaccines were administered that year. However, this may suggest an increase in flu vaccines at health centers that aligns with recent reports [of increased flu vaccinations in New York as a precautionary measure against a potential "twindemic"](#) from the regular flu season and the COVID-19 pandemic. The week of November 13th, HRSA began reporting the race and ethnicity of patients who received flu vaccines that week. Racial/ethnic minority patients accounted for 68 percent of patients who received flu vaccines that week, 67 percent as of November 20th, 75 percent as of November 27th, and 74 percent as of the current reporting period for the week ending December 4th.

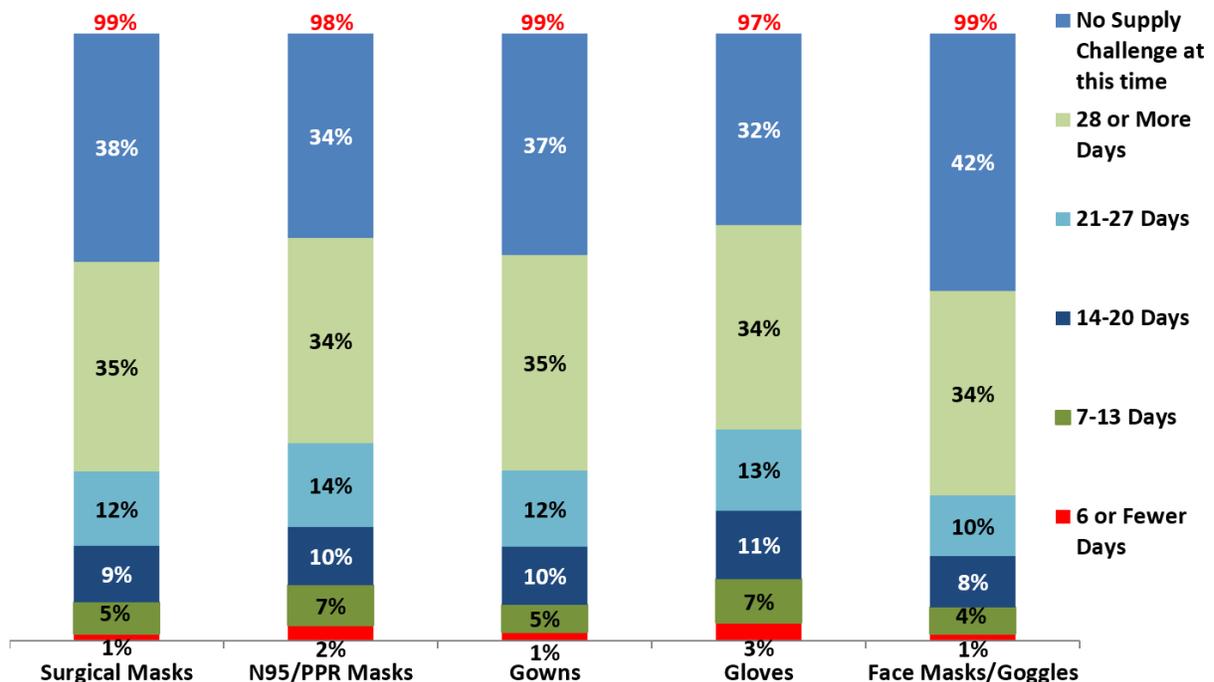
According to [CDC guidance on distribution plans for an eventual COVID-19 vaccine](#), community health centers are expected to be involved in planning efforts for vaccine distribution and COVID-19 vaccine administration. However, there is uncertainty about the extent to which health centers will be involved in administering the vaccine. In the first phases of vaccine distribution, the [vaccine is most likely to be administered by hospitals](#) and it appears that the federal government is planning for [retail pharmacies to administer the vaccine in community settings](#). According to [CDC](#) and [Advisory Committee on Immunization Practices \(ACIP\) guidelines](#), the first vaccines will go to health care workers and residents of long-term care facilities, essential workers, and the elderly and adults with certain medical conditions or health risks. We recently estimated that [nearly half \(47 percent\) of health center patients would qualify for Phase 1 COVID-19 vaccination](#) because they are adults of advanced age or with underlying health conditions that put them at higher risk of serious COVID-19 illness. The [National Association of Community Health Centers](#) has requested that the next stimulus package include \$2.73 billion for COVID-19 vaccination for community health centers.

Figure 9. Average Percentage of Community Health Center Visits Conducted Virtually, April-December 2020



Note: Virtual visits include all telehealth/telephonic visits of any service type (e.g., medical, dental, behavioral health, etc.). Percentages are reported for the first week of the month, except for April, because HRSA began reporting the average percentage of health center visits conducted virtually for the second week of the survey (April 10, 2020) and to show the peak percentage (April 24th) over eight months.
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

Figure 10. Community Health Center Availability of Adequate PPE Supply, By Type and Duration, as of December 4th



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 December 4th, 2020.

Conclusion

Eight months of reported data from HRSA's Health Center COVID-19 Survey indicate that community health centers have risen to meet the challenges of the COVID-19 pandemic, with nearly all offering COVID-19 testing and more than six million COVID-19 diagnostic tests conducted by health centers nationally over eight months. Operational capacity has also improved over this time period, but site closures and declines in weekly visits remain substantial, resulting in an estimated \$4.006 billion in cumulative patient revenue losses over eight months.

These steep revenue losses, as well as the known widespread racial/ethnic and income disparities in the risk of serious illness from COVID-19, the high proportion of low-income and racial/ethnic minority health center patients at greater risk for infection, and the recent surge in coronavirus cases, suggest a continued need for the expansion of health center testing resources and support for the full participation of health centers in vaccine distribution plans. Furthermore, the essential role of community health centers in serving Latino, Black, and other minority and low-income communities, those known to be the most affected by COVID-19 and other public health crises, underscores the need for long-term, stable federal investment to sustain and expand access to care.

Finally, while the data indicate a trend of improvement over time, it remains to be seen if community health centers can continue to provide COVID-19 diagnostic testing and remain open and operational to provide other health care services, at a time of historic job losses and increased insurance losses. In the face of deep financial losses, continued financial uncertainty, and as the nation faces both the flu season and increased coronavirus cases in the winter months, the future of our nation's health centers should be a cause for both deep concern and renewed long-term support.