

Data Note

March 2021

Key Updates from the Health Center COVID-19 Survey (Week #49): The Pace of COVID-19 Vaccine Administration is Rapidly Increasing at Community Health Centers

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Introduction

During the week of March 11th, 2021, a year after the COVID-19 pandemic was declared, data reported from the Health Resources and Services Administration's (HRSA's) weekly [Health Center COVID-19 Survey](#) indicate that the number of community health center patients tested for the COVID-19 virus the week of March 5th, 2021 (131,529) was down by about 210,000 from its peak of 341,149 in December 2020. Similarly, the number of health center patients with confirmed infection (10,311) that week was nearly 45,000 less than its peak recorded level (55,163) as of January 8th. The number of staff members (234) who tested positive for the virus this week was at its lowest recorded level over the 11 months of survey data. HRSA has reported nine weeks of data on the number of community health center staff members and patients who have initiated and completed COVID-19 vaccination, beginning the week ending January 8th through the week ending March 5th. The number of patients who initiated their COVID-19 immunization series in the week ending March 5th (370,079) was seven times the number who initiated their COVID-19 immunization series in the first week of reporting (52,978). Over this nine-week time period, nearly 158,000 staff members and more than 806,000 patients had completed their COVID-19 vaccine series. Still, while the Biden Administration started allocating vaccine supplies directly to selected community health centers in February, nearly half (45 percent) of responding health centers reported that vaccine deployment was challenged by supply constraints this current reporting period. Other key findings include:

- Nearly all (99 percent) responding health centers report the capacity to provide COVID-19 diagnostic testing, up from 80 percent reported in early April 2020.
- Community health centers have tested more than 9 million patients for COVID-19 virus over eleven months. In the aggregate, a total of 1,147,905 health center patients and 39,913 staff members have tested positive for the COVID-19 virus. With [29 million reported cases of coronavirus in the U.S.](#) as of March 5th, the number of health center patients who have tested positive accounted for four percent of cases nationally, or one in 25 of all U.S. cases.
- The share of health centers reporting average turn-around times for COVID-19 diagnostic test results in excess of four days was at its highest level in July but following some improvement, began to worsen again in November and December. As of the most current reporting period, it stands at its lowest recorded level of five percent.
- 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 eleven 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 eleven months but remain significant, with weekly visit volume down by 13 percent this week compared to before the pandemic.

- With weekly health center visits consistently lower than before the pandemic, the pandemic has taken an enormous financial toll on health centers. Cumulative patient revenue losses over 49 weeks are estimated at \$4.95 billion, which amounts to 15.8 percent of total health center revenue reported nationally in 2019.

The COVID-19 pandemic is showing signs of diminishing, with [cases, hospitalizations, and deaths decreasing](#), and [15 percent of the adult U.S. population fully vaccinated as of March 15th](#). However, there are concerns that [more contagious virus variants and the relaxation of coronavirus restrictions as states reopen](#) could reverse the downward trend in infections. Moreover, data on vaccinations find that [African Americans and Hispanics are underrepresented among those who have been vaccinated, despite bearing a greater burden of COVID-19 cases and deaths](#).

In order to ensure more equitable distribution of COVID-19 vaccines, the Biden administration started [a program in February to directly allocate vaccine supplies to community health centers](#). 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 [millions of Americans remain unemployed](#) and [have lost their employer-sponsored health insurance](#). In addition to offering local access to COVID-19 testing and vaccinations and ongoing, comprehensive primary medical care, community health centers offer services that address the [pandemic-related increase in mental health and substance use disorder problems](#). As of this date, [950 community health centers have been invited to participate in the health center COVID-19 vaccine program](#).

HRSA's Weekly Health Center COVID-19 Survey

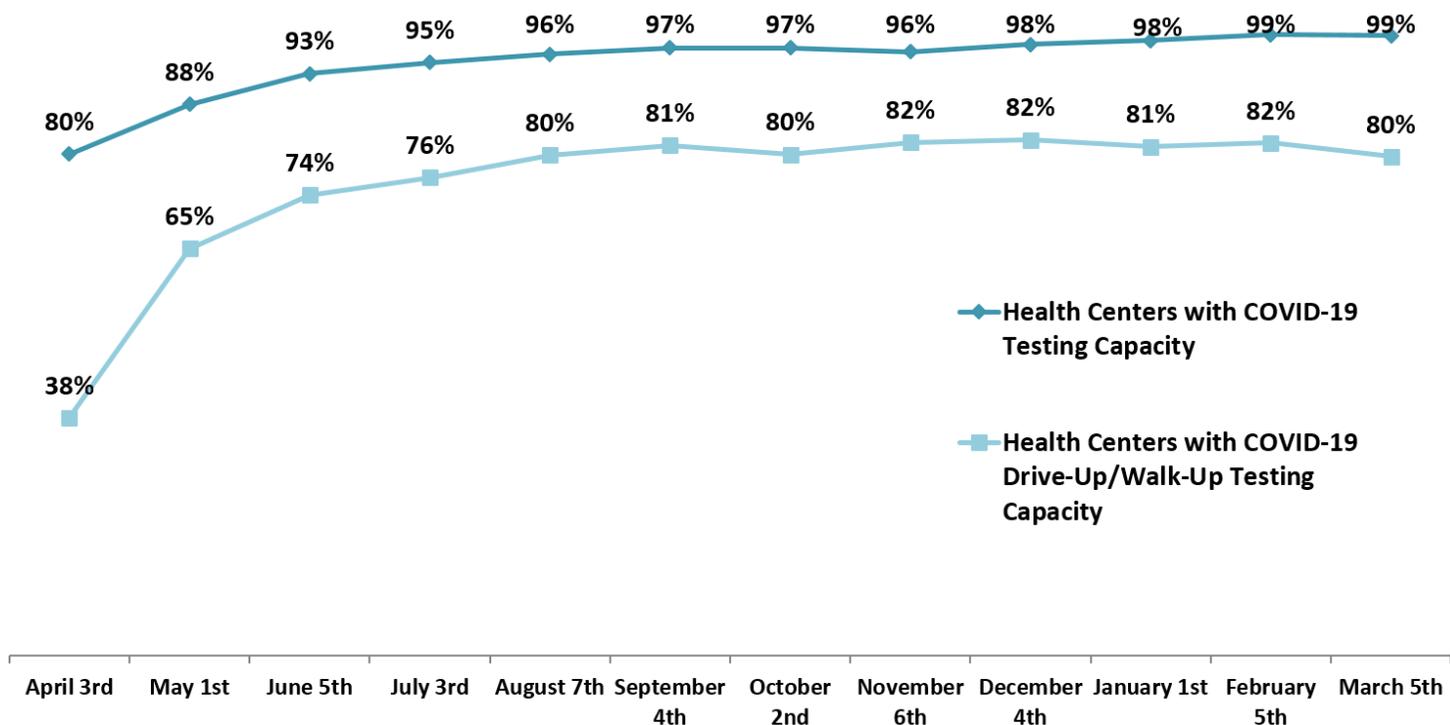
The Health Resources and Services Administration (HRSA) has been administering a [weekly Health Center COVID-19 Survey](#) to all health centers nationally since early April 2020 and as of March 5th, 2021, has reported 49 weeks of survey data. The survey captures data on health centers' COVID-19 virus testing capacity, the number and race/ethnicity of all patients tested and those who tested positive for the COVID-19 virus, 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 56 percent to 83 percent and have met or exceeded 70 percent in 24 out of the 49 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 COVID-19 experience of the nation's community health centers as of the week of March 5th, 2021. We also report updated trend data from our ongoing monthly reports, most recently on [nine months of data](#), from April 3rd, 2020, up to the report ending March 5th, 2021. Finally, we present updated estimates on the cumulative state and national losses in health center patient revenue to date due to visit declines.

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

Over eleven months after HRSA began reporting this data, nearly all (99 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 more than doubled, from 38 percent to 80 percent. The increase in testing capacity reflects funding provided to community health centers in 2020 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). [The American Rescue Plan allocates \\$7.6 billion to community health centers to respond to the pandemic](#), on top of [\\$5.7 billion allocated to community health centers for FY2021 through the Consolidated Appropriations Act of 2021](#).

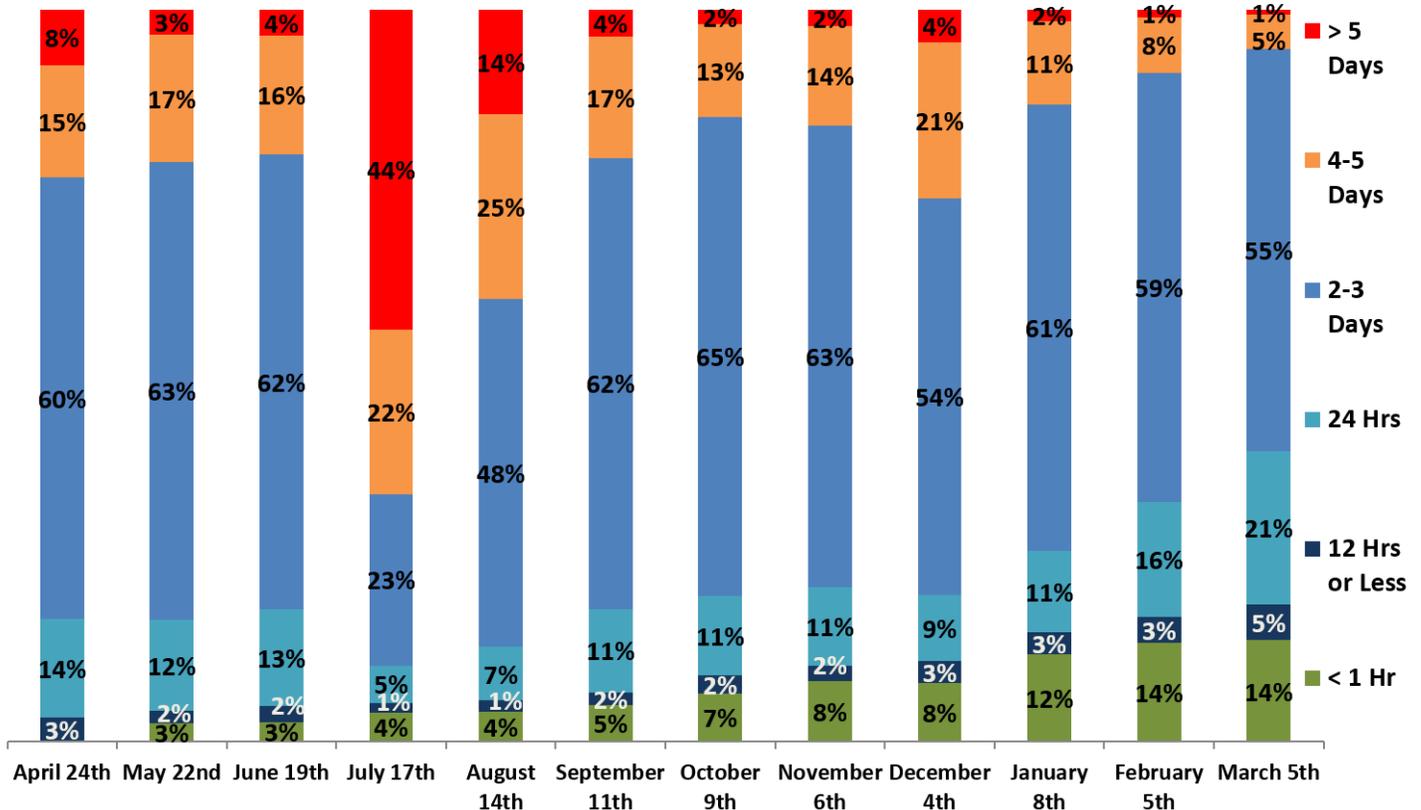
Figure 2 illustrates how average turn-around times for COVID-19 viral test results have changed over the 11 months. In the first few months of testing, about four in five test results came back within an average of three days or less. However, with the spike in cases over the summer, associated increases 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 just five

Figure 1. Community Health Center COVID-19 Virus Testing Capacity, April 2020-March 2021



Note: Percentage with drive-up/walk-up testing capacity based on health centers that responded "yes" to having COVID-19 testing capacity.
Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

Figure 2. Community Health Center Average Turn-around Time to Obtain COVID-19 Virus Test Results for the Prior Week, April 2020-March 2021



Note: HRSA did not report any health centers with an average turn-around time of less than one hour as of April 24th.
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

percent of all reporting health centers¹, the lowest reported level over the 11 months of data and reflecting a national trend of improved turn-around times.

COVID-19 Diagnostic Tests

Over 48 weeks of reported data², community health centers tested a total of 9,052,719 patients for the COVID-19 virus and a total of 1,147,905 patients and 39,913 health center staff members had confirmed cases. As of [March 5th, 2021 there were a reported 29 million cases of coronavirus in the U.S.](#), meaning that the 1,147,905 health center patients with confirmed infection accounted for one in 25 (4 percent) of all 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 March 5th, community health centers nationally conducted 131,529 COVID-19 virus tests, down by almost 210,000 tests compared to its peak level of 341,149 reported as of December 11th (**Figure 3**). This decline mirrors national trends as [the U.S. daily average number of COVID-19 diagnostic tests dropped by 34 percent from January 2021 to March 2021](#). Similarly, the number of patients who tested positive in the current reporting period (10,311) was nearly 45,000 fewer than the 55,163 reported as of January 8th, which was the highest recorded level over the 11 months of data. The number of staff members with confirmed infection this week (234) was at its lowest recorded level over the 11 months of data and down by more than 1,800 from its peak level of [2,076 reported as of December 4th](#).

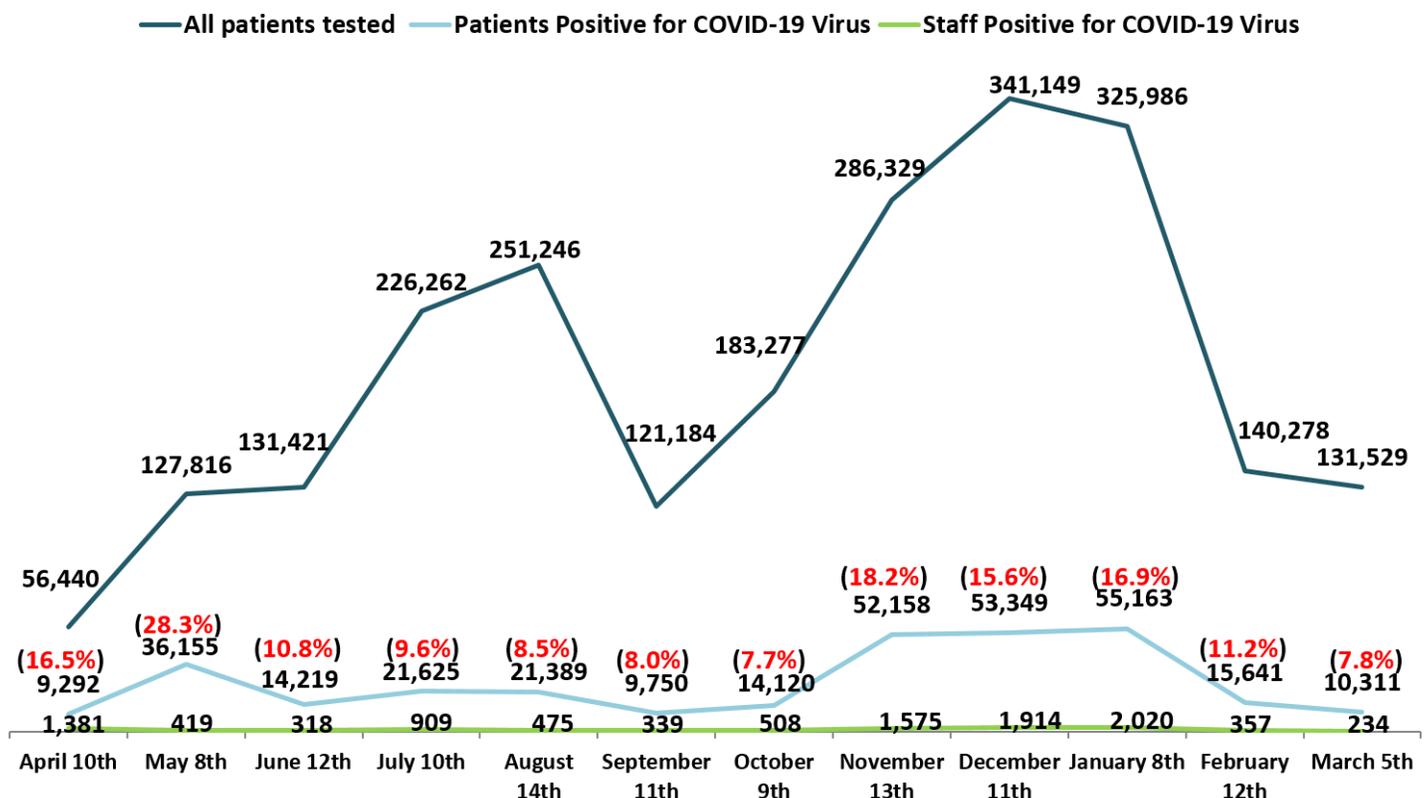
¹ Rounded percentages are presented for the percentages reporting 4-5 days and more than five days and sum to five percent.

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

Based on the reported number of patients tested for COVID-19 virus and those who tested positive each week, the percentage testing positive over 11 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, the latter percentage may not reflect the true positive rate due to the lag in results reporting. [HRSA notes](#) that “the reported number of patients tested do not represent the same patients included in the reported number of patients 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 7.8 percent is still higher than the lowest positive rate of 6.2 percent. Over the 11 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 7.8 percent positive case rate at health centers as of March 5th was nearly twice the 4.1 percent reported nationally to the CDC for [the week ending March 11th](#).

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 but removed questions on antibody testing after [revising the survey as of January 8th, 2021](#). Over 31 weeks of reported data up to January 1st, a total of 376,379 health center patients were tested for antibodies and 68,176 tested positive. [Over the eleven months of all available testing data up to the week ending March 5th](#), community health centers have tested a total of 9,429,098 patients with a COVID-19 test of any type, and a total of 1,216,081 patients have tested positive for either COVID-19 virus or antibodies.

Figure 3. Community Health Center Patients Tested for COVID-19 Infection and Patients and Staff Who Tested Positive, April 2020-March 2021



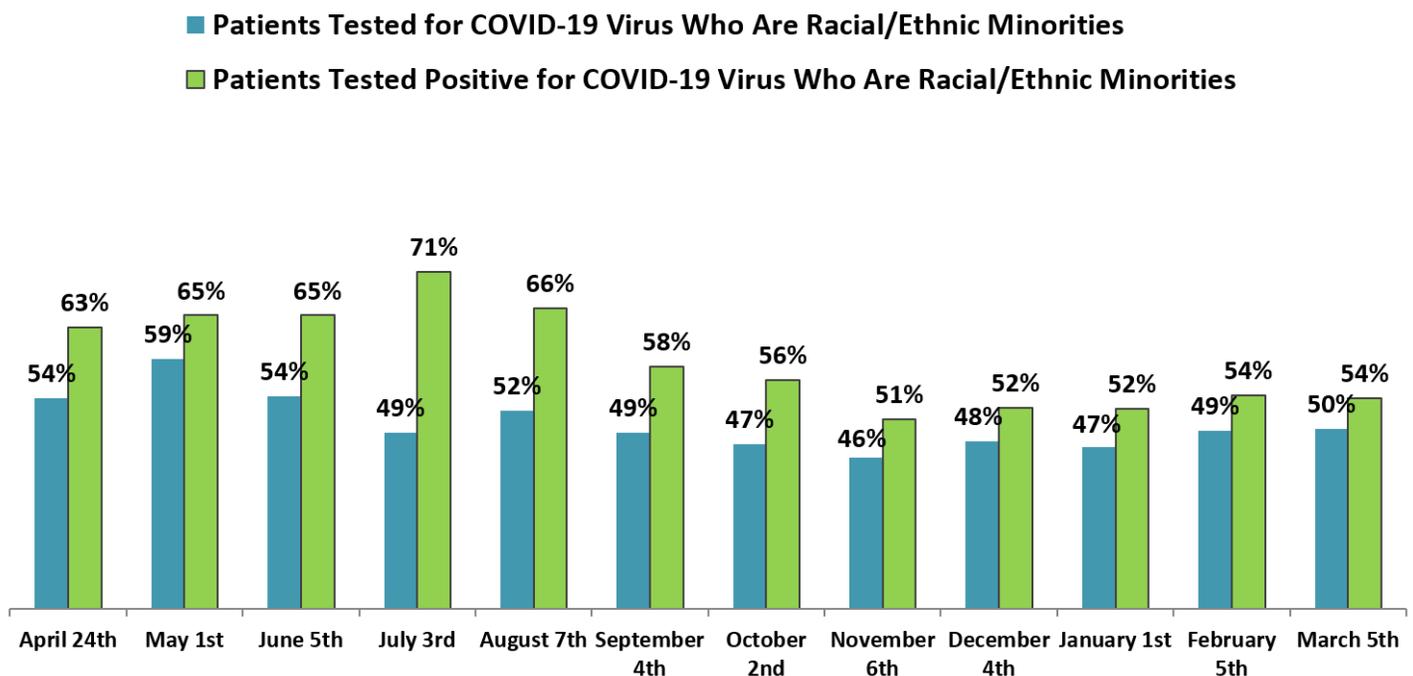
Note: The figures in red indicate the percentage of health center patients who tested positive for COVID-19 out of the number tested that week. HRSA began reporting patient testing numbers for the second week of the survey (April 10, 2020). The percentage testing positive in July, August, November, and 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.

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 areas, are a vital resource in many minority communities. 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](#)). The Department of Health and Human Services (HHS) included community health center testing capacity among its initiatives to make testing more accessible and to [reduce COVID-19 racial/ethnic disparities](#). The Biden administration's [American Rescue Plan specifically named community health centers](#) as providers to address COVID-19 health disparities among communities of color and other vulnerable populations.

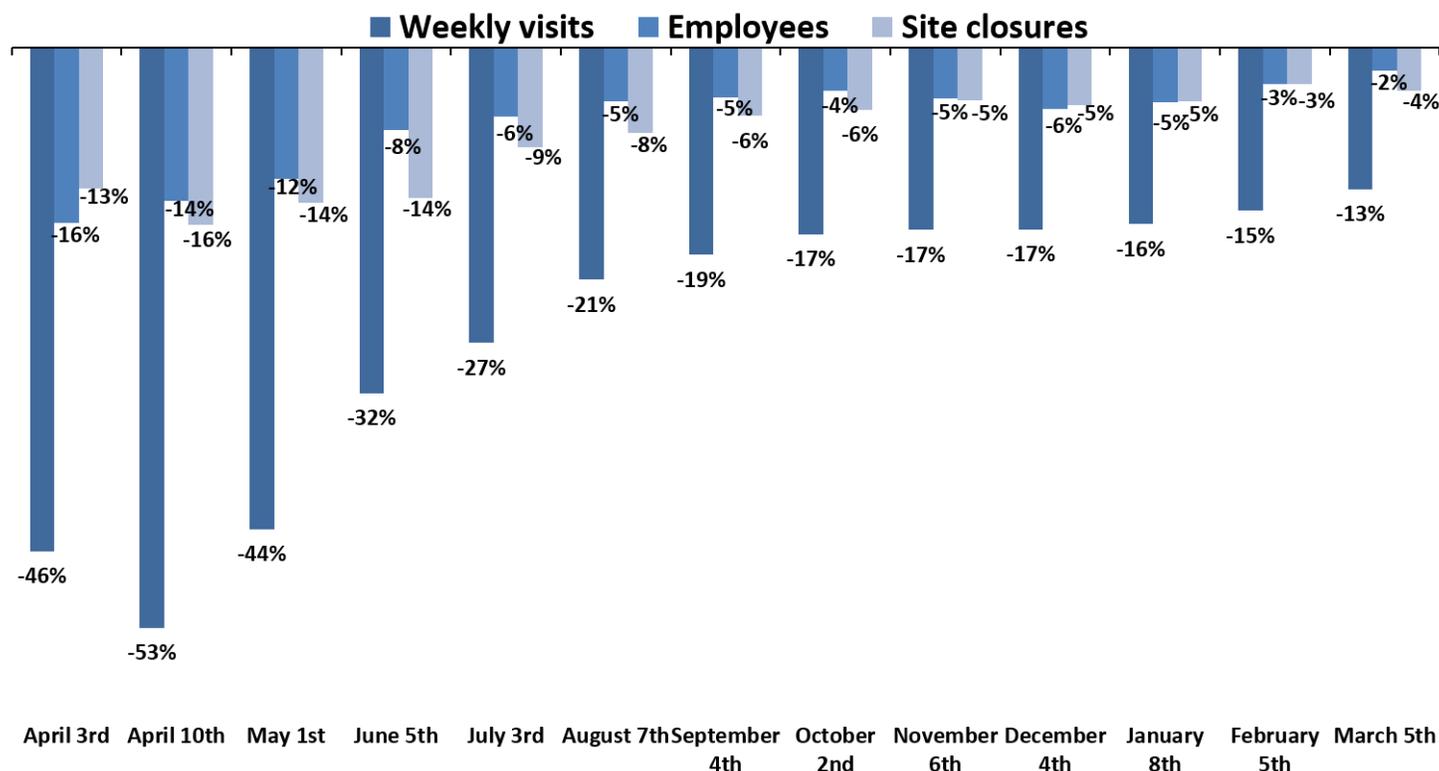
Findings from HRSA's survey are consistent with evidence of racial/ethnic disparities in COVID-19 infection. **Figure 4** shows that for each week of reported data, the share of patients who tested positive for COVID-19 virus who are racial/ethnic minorities exceeded the share of tested patients who are racial/ethnic minorities. For the current reporting period as of March 5th, White, Hispanic/Latino patients accounted for 17 percent of health center patients tested for COVID-19 infection, but they represented 22 percent of all positive cases. Similarly, Hispanic/Latino patients with no reported race accounted for eight percent of those tested for infection, but 11 percent of positive cases for infection. [HRSA reports](#) that over all the months of reported race and ethnicity patient testing data from April 2020 to March 5th, 2021, Hispanic patients accounted for 29 percent of patients tested with a COVID-19 test of any type but 40 percent of patients who tested positive for either COVID-19 virus or antibodies.

Figure 4. Share of Community Health Center Patients Tested for COVID-19 Virus and Patients Who Tested Positive Who are Racial/Ethnic Minorities, April 2020-March 2021



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. HRSA began reporting racial/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. COVID-19 Impact on Community Health Centers, April 2020-March 2021



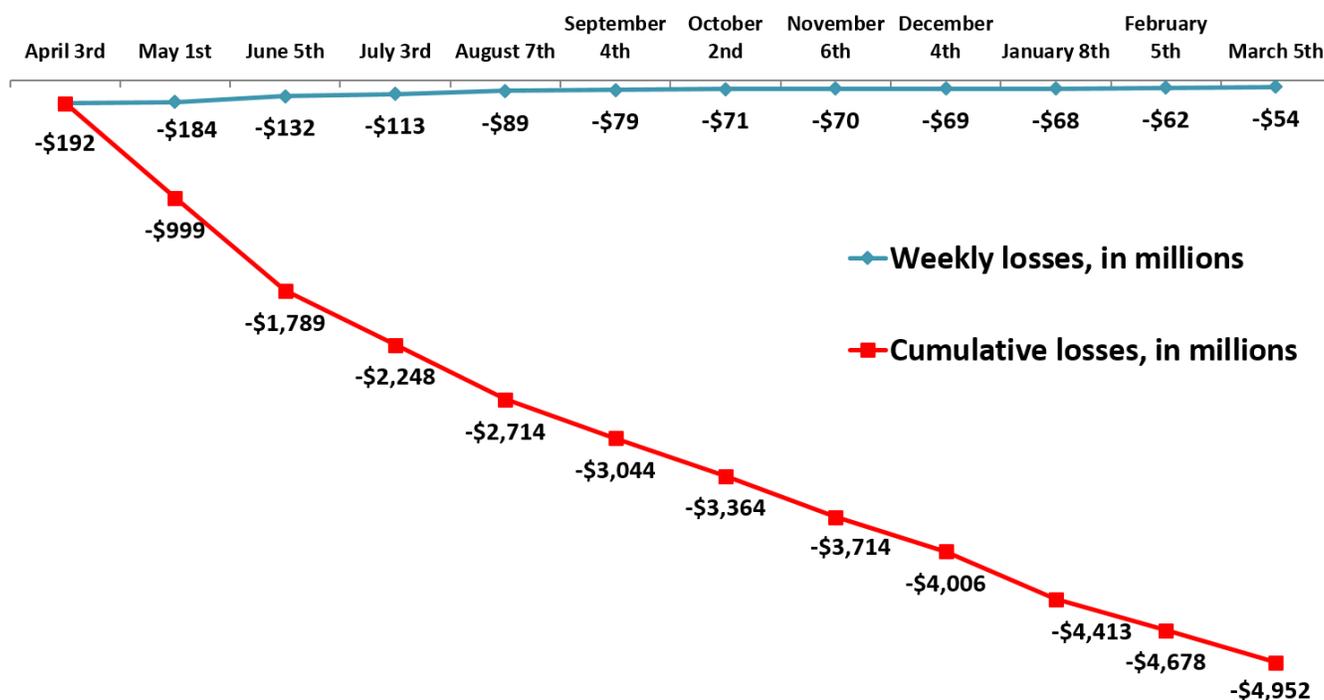
Notes: Weekly visit losses compared to average pre-COVID-19 weekly visits, and include “all visits regardless of service type (e.g., medical, dental, behavioral health, etc.), including virtual visits” (<https://bphc.hrsa.gov/emergency-response/covid-19-survey-tools-questions>). Site closure percentages are based on 12,785 sites reported in 2019. Sources: 2019 UDS; Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

Losses of Operational Capacity: Sites, Staffing, and Visits

While adding testing, adapting their services, gearing up for and now providing vaccines, health centers have been operating at reduced capacity since the pandemic began. As **Figure 5** 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 as of April 10th, 2020 to 13 percent as of March 5th, 2021. Similarly, the share of temporarily closed sites improved over that same time period, from 16 percent to four 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 was 16 percent in the first week of the survey and stands at two 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 two percent reduction in health center employees translates to more than 5,000 fewer working **full-time equivalent (FTE) staff members** who are essential to serve patients and to keep health centers running. Similarly, the 13 percent reduction in weekly visits amounts to nearly 307,000 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).

Figure 6. National Community Health Center Estimated Weekly and Cumulative Patient Revenue Losses, April 2020-March 2021



Estimated cumulative losses of \$4.95 billion over 11 months accounted for 15.8% 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.

Financial Uncertainty and Revenue Losses

In The loss in patient visits has translated into ongoing and substantial revenue losses, estimated at \$4.95 billion nationwide over 11 months, an amount that represents 15.8 percent of total revenue reported nationally in 2019 (**Figure 6**). Cumulative patient revenue losses over this period varied by state, ranging from \$5 million in Wyoming to \$998 million in California (**Table 1**).

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. The budget bill that was passed at the end of 2020 addressed some financial uncertainty by [funding the Community Health Center Fund with \\$4 billion each year from FY2021 to FY2023, providing 1.7 billion in discretionary funds for FY2021, and allowing health centers to recoup revenue losses through the Provider Relief Fund](#). The [American Rescue Plan directs \\$7.6 billion in COVID-19 funding to community health centers](#) to continue to provide COVID-19 testing and vaccination services, among other funding priorities.

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](#). At its peak, as of April 24th, 54 percent of visits on average were conducted virtually; this percentage has fallen by more than half, to 25 percent as of March 5th (**Figure 7**). Recent policy changes may have helped to increase [health centers' use of telehealth services](#) during the pandemic, but

Table 1: Cumulative losses in health center patient revenue, by state, April 2020—March 2021

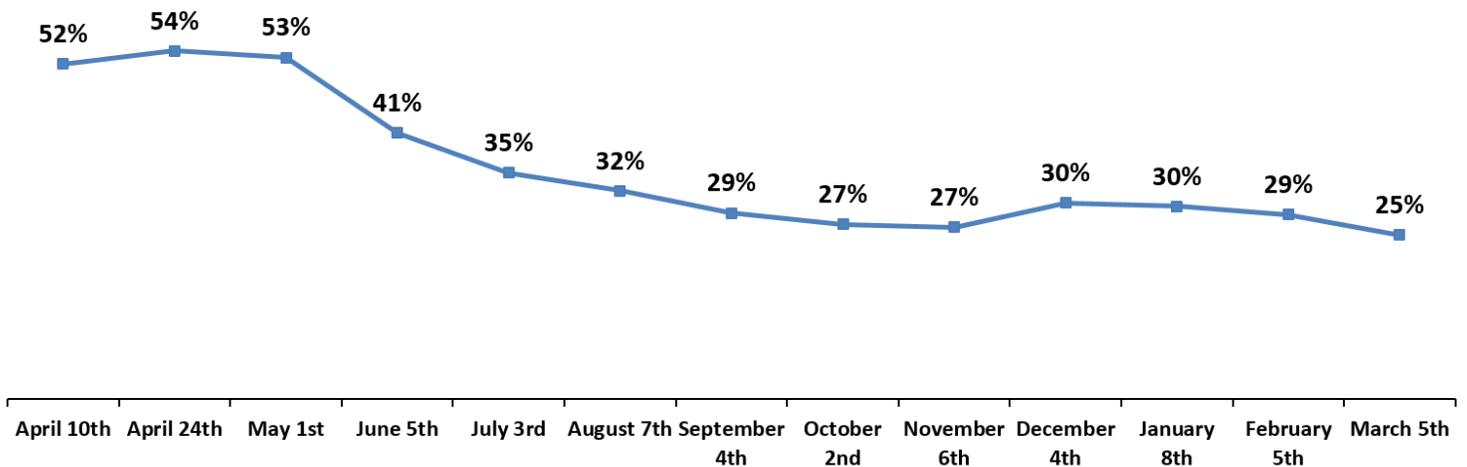
State	Cumulative losses (in millions)	State	Cumulative losses (in millions)
AK	-\$25	MT	-\$23
AL	-\$33	NC	-\$73
AR	-\$29	ND	-\$7
AZ	-\$82	NE	-\$15
CA	-\$998	NH	-\$12
CO	-\$78	NJ	-\$72
CT	-\$55	NM	-\$42
DC	-\$54	NV	-\$7
DE	-\$7	NY	-\$369
FL	-\$206	OH	-\$95
GA	-\$67	OK	-\$40
HI	-\$31	OR	-\$101
IA	-\$30	PA	-\$122
ID	-\$42	PR	-\$63
IL	-\$166	RI	-\$30
IN	-\$95	SC	-\$86
KS	-\$28	SD	-\$8
KY	-\$108	TN	-\$46
LA	-\$70	TX	-\$253
MA	-\$100	UT	-\$24
MD	-\$81	VA	-\$38
ME	-\$41	VT	-\$26
MI	-\$95	WA	-\$243
MN	-\$32	WI	-\$62
MO	-\$115	WV	-\$100
MS	-\$49	WY	-\$5

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 for 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 49 weeks of survey data.

Sources: HRSA. (2021). Health Center COVID-19 Survey; HRSA. (2020). 2019 Uniform Data System data.

[telehealth utilization is not uniform across health centers](#), and many still face barriers to adopting or expanding telehealth.

Figure 7. Average Percentage of Community Health Center Visits Conducted Virtually, April 2020-March 2021



Note: Virtual visits include all telehealth/telephonic visits of any service type (e.g., medical, dental, behavioral health, etc.). HRSA began reporting the average percentage of health center visits conducted virtually for the second week of the survey (April 10, 2020). Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

Supply of Personal Protective Equipment

HRSA has queried health centers about their supply of personal protective equipment (PPE) over the 11 months. The [question on PPE supply](#) was amended in September so that data are not comparable over the 11 months, but for the most recent reporting period (**Figure 8**), 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.

COVID-19 immunization

The [survey for the reporting period ending January 8th](#) was the first to ask about the number of health center patients and staff members who have received COVID-19 vaccine doses. HRSA issued a bulletin to clarify that they were "[asking about the number of people who received the vaccination anywhere, not just at your health center.](#)" **Figure 9** shows the number of health center staff members and patients who "initiated" (i.e., received their first dose of a two-dose Pfizer or Moderna COVID-19 vaccine) and "completed" (i.e., received their second dose of a two-dose COVID-19 vaccine or the one-dose COVID-19 vaccine from Johnson & Johnson) their COVID-19 immunization series each week from the week ending January 8th to the week ending March 5th. We previously estimated that [nearly half \(47 percent\) of all community health center patients would be prioritized for COVID-19 vaccination](#) based on their advanced age or having certain health conditions. The number of patients who initiated

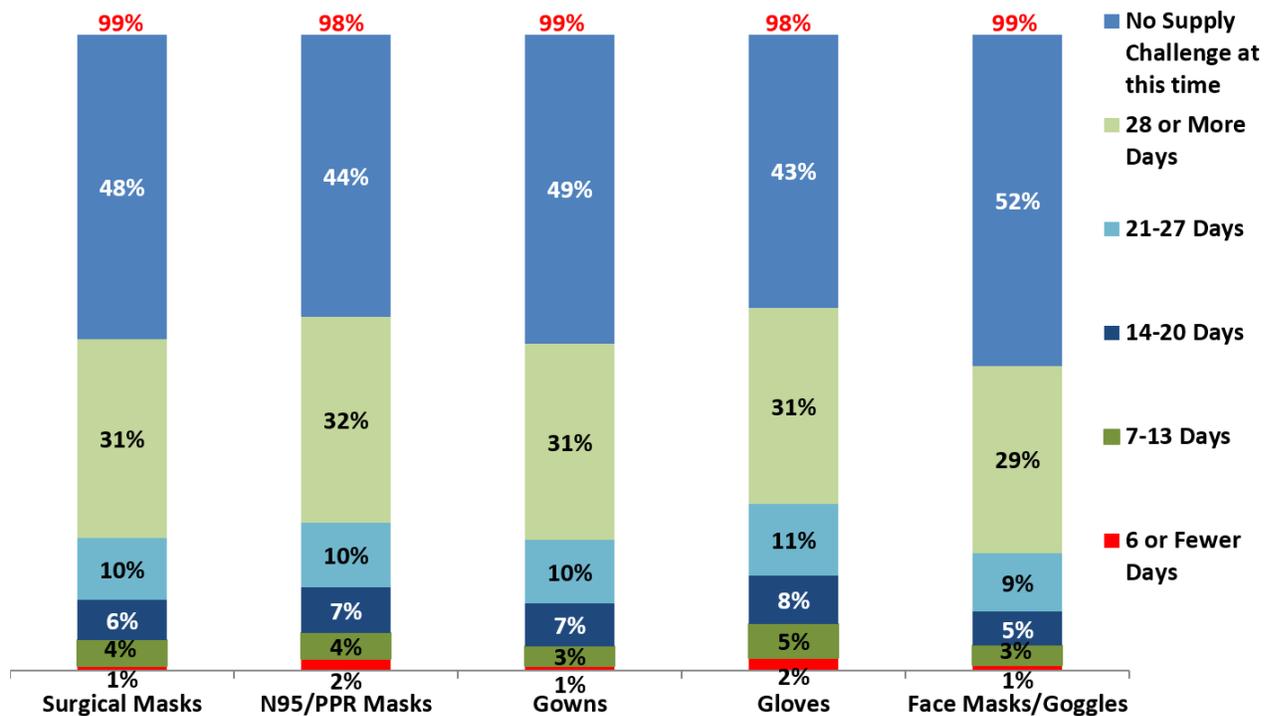
their vaccine series in the week ending March 5th (370,079) was nearly seven times the number in the week ending January 8th (52,978), reflecting increased vaccine supply generally, the [direct allocation of vaccine supplies to selected community health centers](#), and expanded eligibility for COVID-19 vaccinations based on age or health conditions. The [Health Center COVID-19 Vaccine Program](#), which in its first phase [targeted one million vaccine doses to 250 health centers](#), has invited an additional 700 health centers to participate, targeting those health centers that have high shares of low-income and minority patients, are located in rural or frontier areas, operate tribal/urban Indian health programs, and provide services through mobile vans.

Over the nine weeks of reported data, 183,386 health center staff members had initiated their COVID-19 immunization series, while 157,803 had completed their COVID-19 immunization series as of March 5th (**Figure 10**), which translates to 62 percent of the [252,868 full-time equivalent staff members reported in 2019](#) (**Figure 11**). Over those nine weeks, it was also reported that 1,778,836 health center patients had initiated and 806,024 health center patients had completed their COVID-19 immunization series. The number of patients who had completed their COVID-19 immunization series accounted for 2.7 percent of the [29.8 million patients served by health centers in 2019](#), and 3.7 percent of the patient population eligible for COVID-19 vaccination (i.e., patients age 16 and older).

Our [recent study reported concerns](#) that community health center patients would be hesitant to receive the vaccine, particularly among communities of color. Likely in response to this concern and because 63 [percent of health center patients are racial/ethnic minorities](#), HRSA has asked responding health centers to report the race and ethnicity of patients who have initiated and completed their COVID-19 immunization series. As **Figure 12** shows, nearly half (49 percent) of patients who initiated and 44 percent of those who completed their COVID-19 immunization series for the week ending March 5th were identified as racial or ethnic minority patients. While the reported shares of COVID-19 vaccinated patients who are Black/African American and Hispanic are much lower than the proportion of the health center population they represent—[37 percent of health center patients were Hispanic and 22 percent were Black/African American in 2019](#)—it is difficult to interpret this finding given that race and ethnicity were not reported for a high proportion of patients who initiated and completed their COVID-19 immunization series (17 percent and 14 percent, respectively, of vaccine recipients who reported non-Hispanic/Latino ethnicity but did not report their race, or who did not report either their race or their ethnicity). When the share of patients with unreported race/ethnicity is excluded, the share of vaccine recipients who are racial/ethnic minorities increases to 59 percent for those who initiated and 52 percent for those who completed their immunization series (**Figure 12**). It is also unclear from the available data if racial/ethnic disparities are attributable to vaccine hesitancy, differences in eligibility, or variations in the availability of the vaccine. The [Biden administration announced that its goal](#) is to have every U.S. adult eligible for vaccination by May 1st.

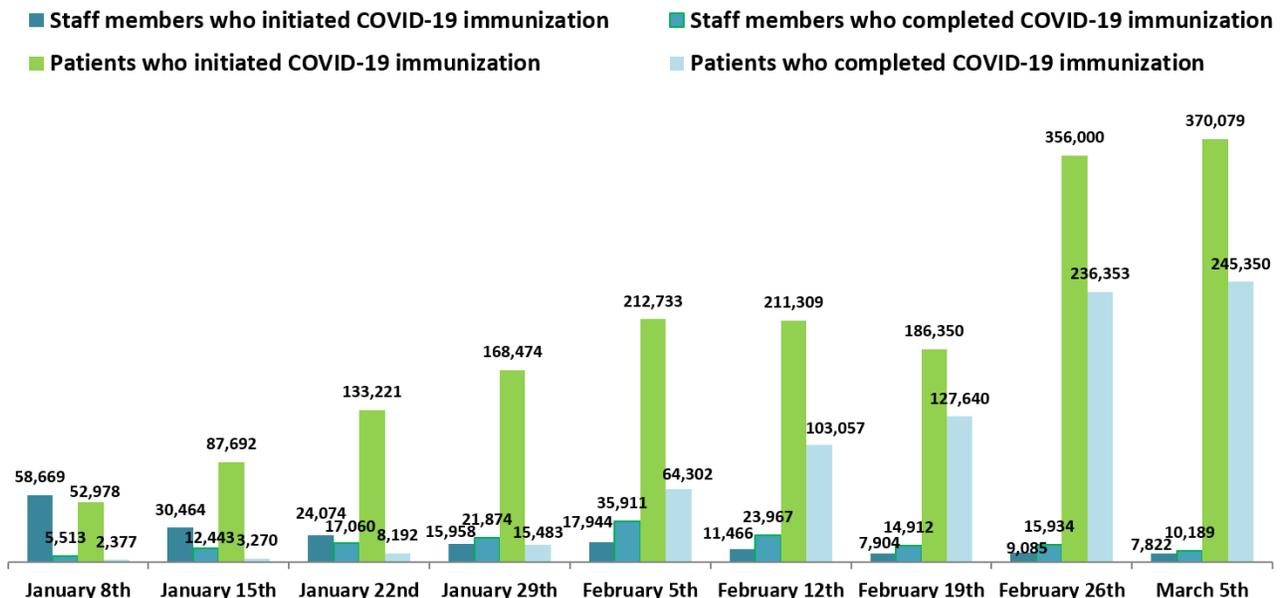
HRSA also asked health centers to report the challenges they were facing in deploying COVID-19 vaccinations. Although nearly half (45 percent) of responding health centers reported that vaccine supply is a challenge as of March 5th (**Figure 13**), this represents an improvement compared to [nearly two in three \(65 percent\) reporting this challenge in January](#). In addition, 43 percent of health centers reported challenges related to having staff available to administer vaccines while 19 percent reported financial reimbursement for costs associated with vaccine administration. Encouragingly, more than one in five (21 percent) responding health centers did not report any challenges in deploying vaccines for the week ending March 5th, up from 12 percent that reported [no challenges in January](#), and the share of health centers reporting vaccine confidence as a challenge dropped from 17 percent to 11 percent over that same time period.

Figure 8. Community Health Center Availability of Adequate PPE Supply, By Type and Duration, as of March 5th



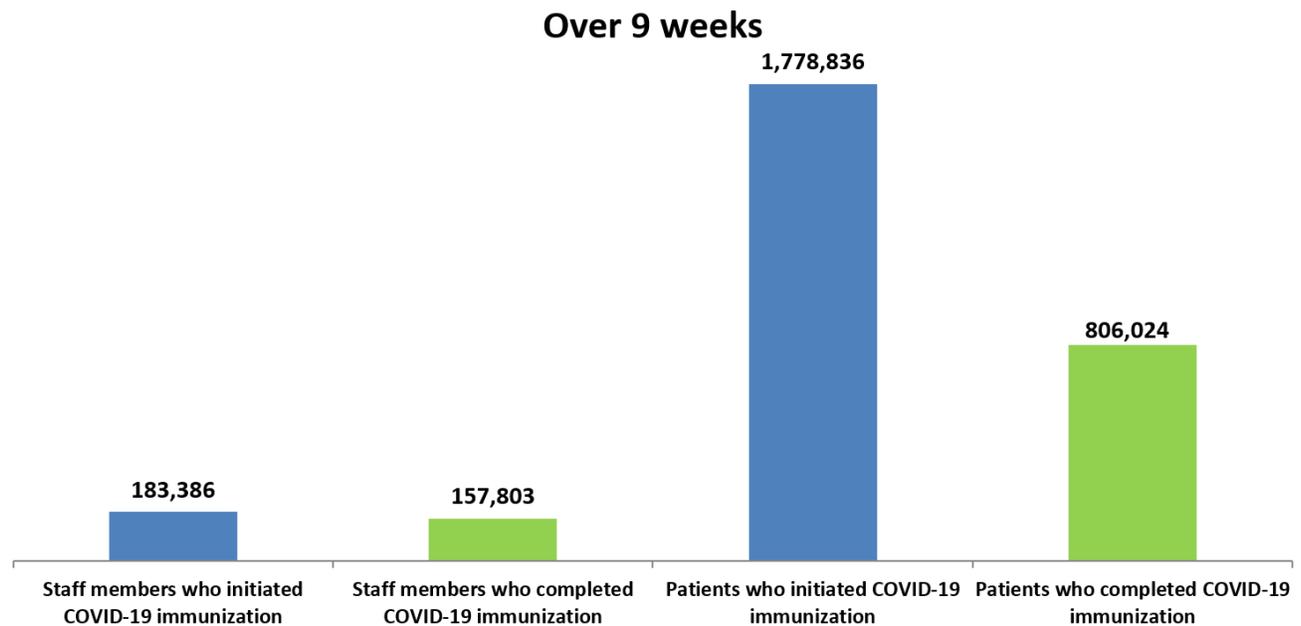
Note: The figures in red indicate the share of community health centers that either do not need PPE or have adequate PPE for one or more weeks. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of March 5th, 2021.

Figure 9. Community Health Center Patients and Staff Who Initiated and Completed COVID-19 Immunization, by Week, January 8-March 5, 2021



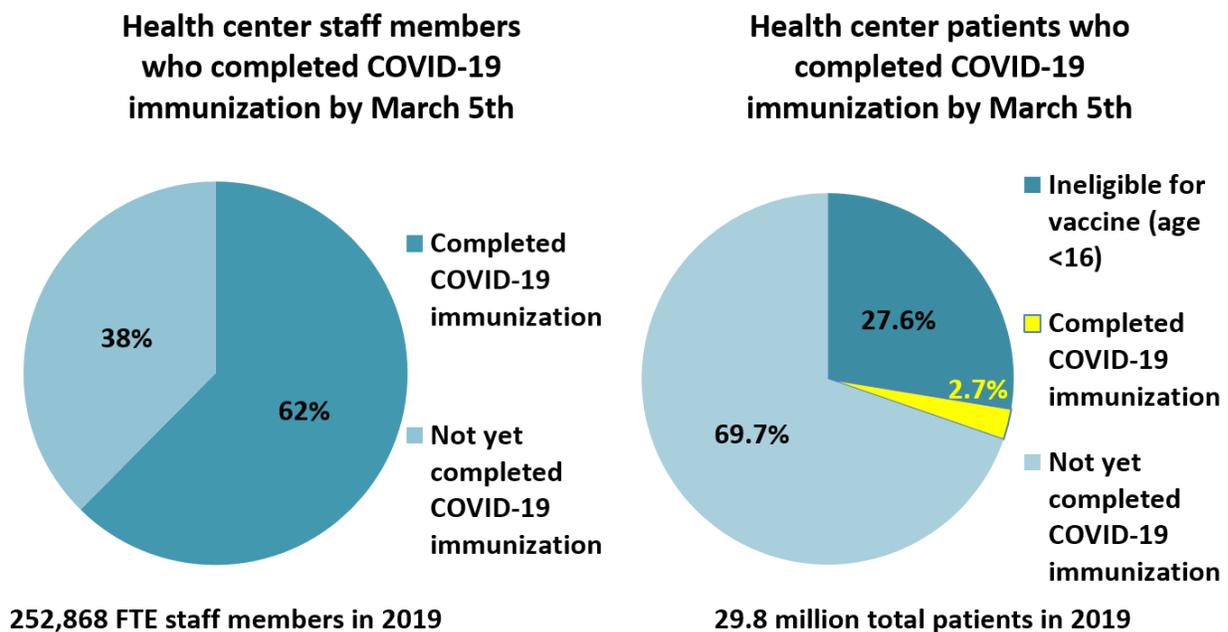
Note: The HRSA survey asks about the number of health center staff members and patients who have received COVID-19 vaccine doses from anywhere and does not indicate if vaccine doses were administered at the health center. Staff members and patients are counted as having “initiated” COVID-19 immunization when they received their 1st dose of a 2-dose COVID-19 vaccine and “completed” when they received their 2nd dose of the vaccine or their 1st dose of the J&J vaccine, and do not include vaccines administered through clinical trials. Since there is a 21- or 28-day period between 2-dose vaccines, some staff members and patients who initiated immunization also would be counted as having completed immunization 3 or 4 weeks later. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8-March 5, 2021.

Figure 10. Community Health Center Staff Members and Patients Who Initiated and Completed COVID-19 Immunization, For the Nine-Week Period January 8-March 5, 2021



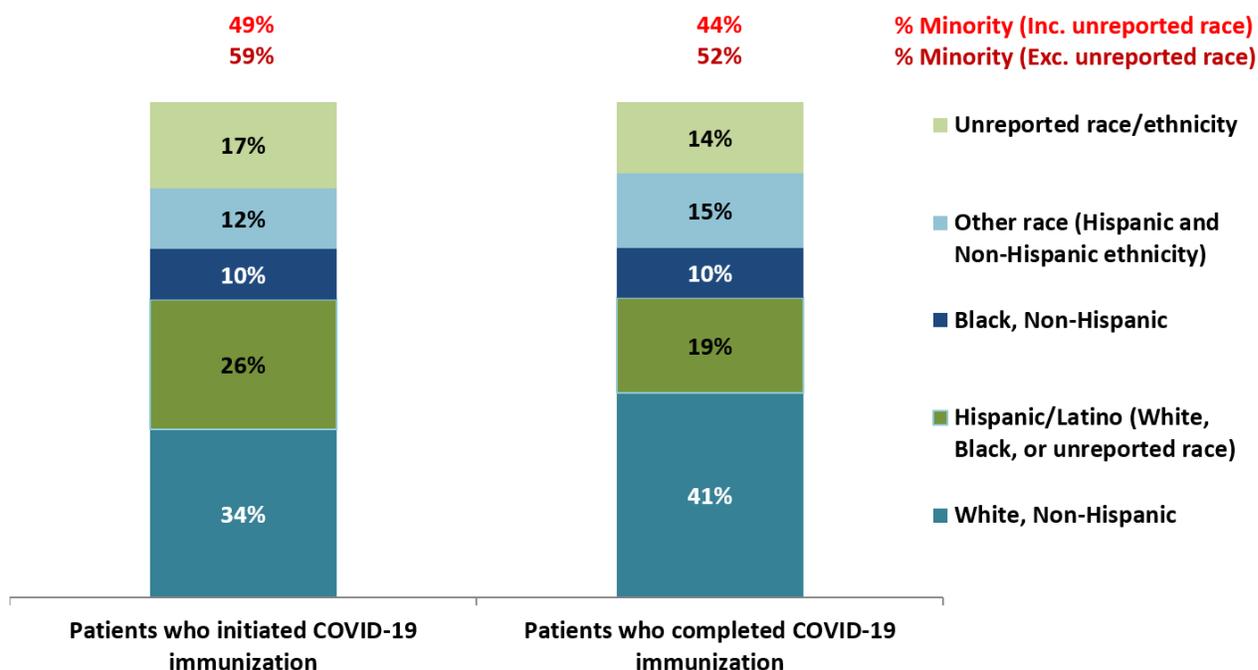
Note: Staff members and patients are counted as having “initiated” COVID-19 immunization when they received their 1st dose of a 2-dose COVID-19 vaccine and “completed” when they received their 2nd dose of the vaccine or their 1st dose of the J&J vaccine, and do not include vaccines administered through clinical trials. Since there is a 21- or 28-day period between 2-dose vaccines, some staff members and patients who initiated immunization also would be counted as having completed immunization 3 or 4 weeks later. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8-March 5, 2021.

Figure 11. Community Health Center Patients and Staff Who Completed COVID-19 Immunization by March 5th, 2021



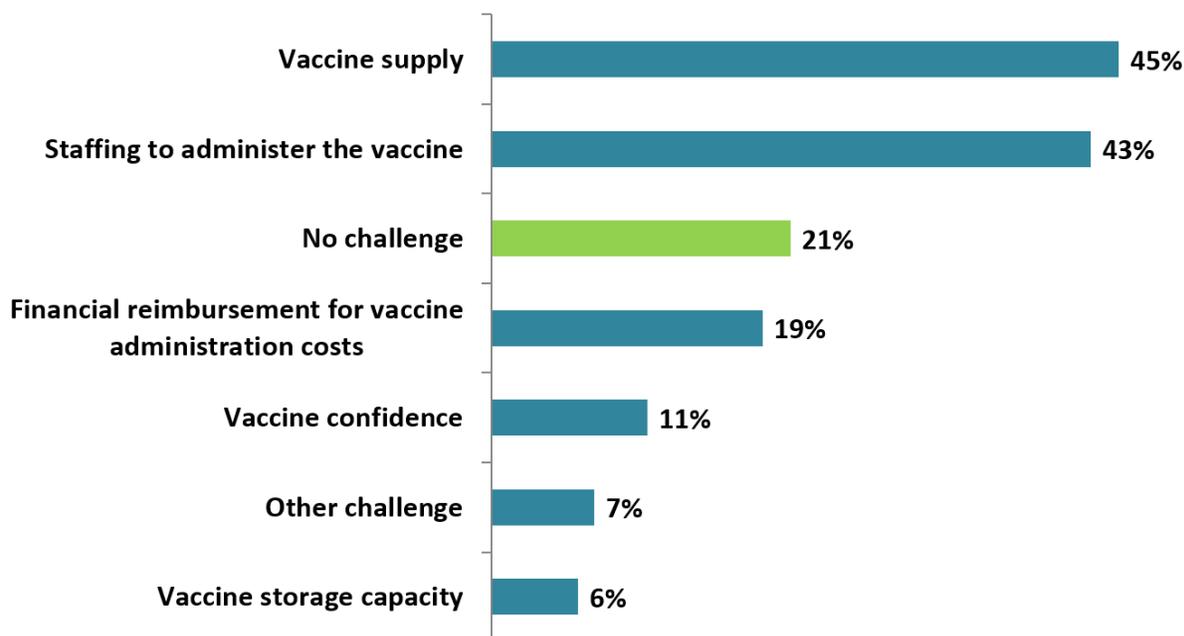
Note: Based on the total number of health center staff members and patients reported as having completed COVID-19 immunization over nine weeks and the number of total full-time equivalent (FTE) staff members and total patients reported in 2019. Sources: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8-March 5, 2021; 2019 Uniform Data System, HRSA.

Figure 12. Health Center Patients Who Initiated and Completed COVID-19 Immunization, by Race/Ethnicity, as of the week ending March 5th



Note: The figures in red indicate racial/ethnic minority patients as a percentage of those who initiated and completed COVID-19 immunization. “Hispanic/Latino” (H/L) aggregates White H/L, Black/African American H/L, and Hispanic/Latino ethnicity patients with unreported race. “Other race” includes Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander patients, and patients with more than one race and includes both Hispanic/Latino and Non-Hispanic/Latino ethnicity patients. “Unreported race/ethnicity” includes both Non-Hispanic/Latino ethnicity patients (unreported/refused to report race) and unreported/refused to report race and ethnicity. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of March 5th, 2021.

Figure 13. Challenges Reported by Community Health Centers in Deploying COVID-19 Vaccines, as of March 5th



Note: Community health centers were instructed to “select all answers that apply from the list.”
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of March 5th, 2021.

Conclusion

Eleven 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 9 million COVID-19 diagnostic tests conducted by health centers nationally over 11 months. Operational capacity has also improved, but site closures and declines in weekly visits remain substantial, and have resulted in an estimated \$4.95 billion in cumulative patient revenue losses over this time period.

These steep revenue losses, the high proportion of low-income and racial/ethnic minority health center patients at greater risk for infection, and the known widespread racial/ethnic and income disparities in the risk of serious illness from COVID-19 suggest a continued need for the expansion of health center testing resources and support for the full participation of health centers in vaccine distribution. The essential role of community health centers in serving Latino, Black, and other minority and low-income communities known to be the most affected by COVID-19 and other public health crises underscore the rationale for the Biden administration's investment of COVID-19 funding and direct vaccine supplies to community health centers as an effective way to expand access to care, COVID-19 testing capabilities, and vaccine distribution.