

Community Health Center Accomplishments and Challenges, One Year in to the COVID-19 Pandemic

Geiger Gibson / RCHN Community Health Foundation
Research Collaborative

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About the Geiger Gibson / RCHN Community Health Foundation Research Collaborative

The Geiger Gibson Program in Community Health Policy, established in 2003 and named after human rights and health center pioneers Drs. H. Jack Geiger and Count Gibson, is part of the Milken Institute School of Public Health at the George Washington University. It focuses on the history and contributions of health centers and the major policy issues that affect health centers, their communities, and the patients that they serve.

The RCHN Community Health Foundation is a not-for-profit foundation established to support community health centers through strategic investment, outreach, education, and cutting-edge health policy research. The only foundation in the U.S. dedicated solely to community health centers, RCHN CHF builds on a long-standing commitment to providing accessible, high-quality, community-based healthcare services for underserved and medically vulnerable populations. The Foundation's gift to the Geiger Gibson program supports health center research and scholarship.

Additional information about the Research Collaborative can be found online at <https://publichealth.gwu.edu/projects/geiger-gibson-program-community-health-policy> or at www.rchnfoundation.org.

Executive Summary

This brief reports the trends on key elements from the Health Resources and Services Administration's (HRSA's) [Health Center COVID-19 Survey](#) over the past year, and highlights health centers' accomplishments in responding to the COVID-19 pandemic as well as the challenges that they face as the pandemic continues and the nation prepares to recover.

While affected by the unique demands of the public health emergency, health centers have demonstrated enormous resiliency, adding new testing and vaccine capacity while adapting to maintain services. Among the key accomplishments:

- Nearly all community health centers (99 percent) are now offering diagnostic testing for the COVID-19 virus, up from 80 percent reported in early April 2020.
- Nearly 9.7 million health center patients, most of whom are racial/ethnic minorities, have been tested for the COVID-19 virus.
- Health centers rapidly pivoted to telehealth. While more than half of visits, on average, were conducted virtually in April 2020, this rate has decreased to about a quarter of visits currently, but telehealth remains an important option offered to improve access.
- With the introduction of vaccines, health centers were rapidly engaged to reach the hardest-hit communities. Three in four health center staff members and one in 14 patients (7 percent) had completed their COVID-19 vaccination series as of April 2nd, 2021, with the pace of vaccination increasing rapidly and racial/ethnic minority patients accounting for the majority of those vaccinated.
- With the rapid introduction and roll-out of the [Health Center COVID-19 Vaccine Program](#) and generally increased vaccine availability, fewer health centers are reporting challenges with vaccine supply (23 percent in April 2021, down from 65 percent in January), enabling health centers to more effectively reach their communities.

Past and continuing challenges include:

- Although the availability and supply of Personal Protective Equipment (PPE) at health centers has improved, the proportion of community health centers currently reporting no supply challenges ranges from 47 percent for gloves to 57 percent for face masks/goggles, indicating uneven availability.
- Health centers have benefited from the increased vaccine supply and the opportunity, in many cases, to participate in the Health Center COVID-19 Vaccine Program announced by the Biden Administration in February. As a result, the percentage of health centers reporting no challenges in deploying vaccines increased from 12 to 28 percent. However, vaccine deployment remains affected by staffing and capacity constraints.
- An increasing percentage of health centers currently report challenges with staffing to administer the vaccine: 40 percent reported this challenge for the week ending January 15th compared to 48 percent for the week ending April 2nd, 2021. The percentage of health centers reporting vaccine confidence/hesitancy issues declined, but remains at 13 percent.
- Overall, operational and capacity challenges remain as of April 2nd, 2021, with staff unable to work (2 percent), sites closed (4 percent), and weekly visits still 13 percent below pre-pandemic levels.
- As a result of the steep decline in visits over the past year, health centers have suffered financially. Cumulative patient revenue losses over 12 months are estimated at \$5.163 billion, which amounts to 16.4 percent of total health center revenue reported nationally in 2019.

In March 2021, following announcements in the opening days of the new Administration of emergency legislation to address the effects of the pandemic, President Biden signed into law the [American Rescue Plan \(ARP\), detailing substantial investment in community health centers](#) and specifically identifying the essential role of community health centers in addressing COVID-19 health

disparities among communities of color and other vulnerable populations. We discuss the experience of community health centers over the course of the past year, from the start of the pandemic to the more recent period following the launch of the Health Center COVID-19 Vaccine Program and the initiation of the historic American Rescue Plan (ARP) investment, and discuss health centers' accomplishments in the past year, including their expanded role in ensuring equitable distribution of COVID-19 vaccines. We also discuss the continuing challenges that health centers face as they navigate recovery in their communities.

Introduction

The first case of COVID-19 in the United States was reported in January 2020. By [mid-March of that year](#), a national emergency had been declared and cases had been diagnosed in all states, and by mid-April, the [federal government had approved disaster](#) declarations for all states, the District of Columbia, and U.S. territories.

Community health centers have been especially essential throughout the pandemic because they care for people at elevated risk of severe illness from COVID-19, including those who are disproportionately poor, uninsured or underinsured and members of racial and ethnic minority groups. [In 2019, 1,385 federally-funded community health centers](#) served nearly 30 million people in the U.S., or [one in eleven residents nationally](#). More than ninety percent of [health center patients](#) are individuals or families living at or below 200 percent of poverty, nearly two thirds are racial/ethnic minorities, and nearly one in 10 health center patients is 65 years of age or older. With this backdrop, health centers began immediately to address the needs of their communities, adding COVID-19 testing and adapting services as the crisis unfolded.

In April 2020, the Health Resources and Services

Administration (HRSA) began fielding a weekly [Health Center COVID-19 Survey](#) to track and document the experience of community health centers and the impact of COVID-19 on health center patients, staff, and operations.¹ One year later, the data demonstrate the extent to which community health centers have served as the front line for medically underserved and high-risk patients and communities, the breadth of their services, and the challenges they face.

Over this time period, [community health centers have received intermittent, and limited, financial support](#) through the Coronavirus Preparedness and Response Supplemental Appropriations Act, the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the Paycheck Protection Program and Health Care Enhancement Act (PPHCEA), 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 pandemic-related revenue losses through the Provider Relief Fund](#). More recently, the [American Rescue Plan directed \\$7.6 billion in COVID-19 funding to community health centers](#) to greatly boost their COVID-19 testing and vaccination services.

This brief reports on the current COVID-19 experience of the nation's community health centers as of the week of April 2nd, 2021. We also report updated trend data from our ongoing monthly reports (most recently on [11 months of data](#)) beginning with April 3rd, 2020 through the most recent report ending April 2nd, 2021. Based on the data, we present key health centers accomplishments in responding to the COVID-19 pandemic as well as the challenges that they are still facing. Finally, we present updated estimates of cumulative state-specific and national losses in health

¹ 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 28 out of the 53 weeks of data. The Geiger Gibson/RCHN Community Health Foundation Research Collaborative has produced a series of [weekly and monthly updates based on HRSA's survey data](#).

center patient revenue to date due to visit declines, and the implications of the new \$7.6 billion in health center funding under the American Rescue Plan Act of 2021.

Community Health Centers' Accomplishments in Responding to the COVID-19 Pandemic

Health Centers Play a Critical Role in COVID-19 Testing

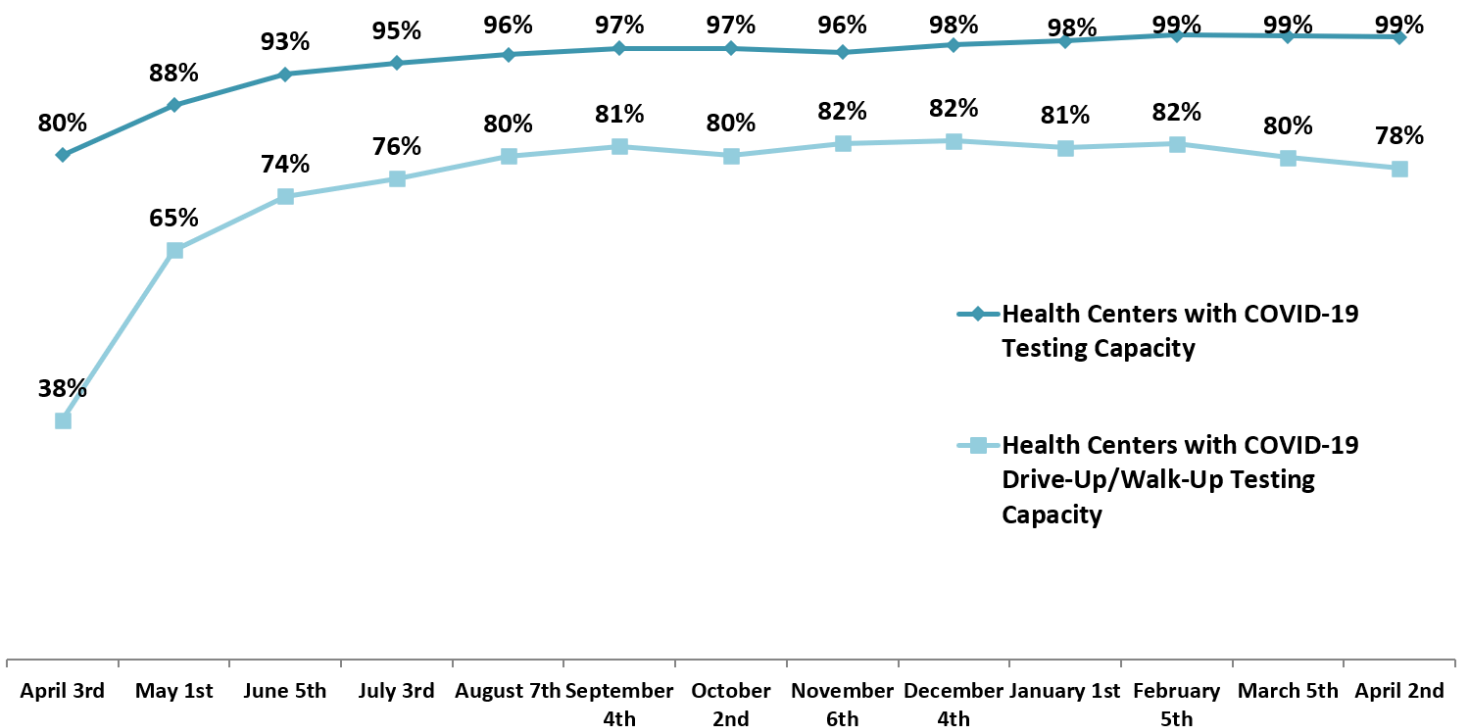
In April 2020, HRSA began surveying community health centers to document their experience during the unprecedented pandemic. Health centers rapidly implemented COVID-19 testing capability, and 80 percent reported the capacity to test for the COVID-19 virus in April 2020. Twelve months later, nearly all (99 percent) responding health centers reported capacity for diagnostic testing (**Figure 1**). Among health centers with testing capacity, the share with drive-up/walk-up testing capacity more than doubled,

from 38 percent to 78 percent, over the course of the year.

Over 52 weeks of data reported for this measure,² community health centers tested a total of 9,674,774 patients for the COVID-19 virus and a total of 1,199,776 patients and 40,881 health center staff members had confirmed cases. As of [April 2nd, 2021 there were a reported 30.6 million cases of coronavirus in the U.S.](#), meaning that the total number of health center patients with confirmed infection accounted for one in 26 (3.9 percent) of all cases nationally.

Figure 2 shows the number of patients tested for COVID-19 virus (PCR, antigen tests), 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 reported for the week of April 2nd, 2021, community health centers nationally conducted 161,666 virus tests, an increase

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

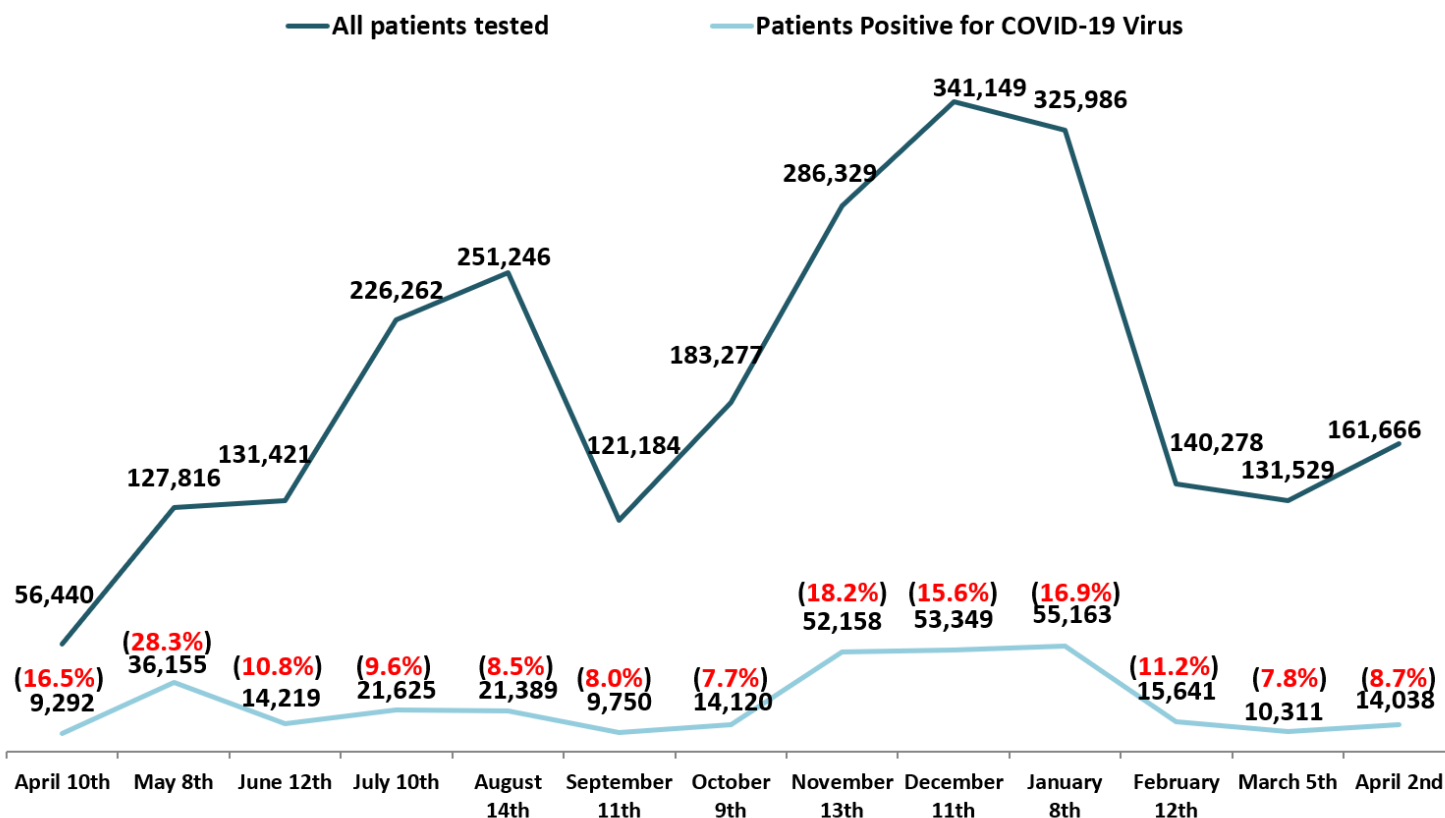
² HRSA began reporting patient testing numbers for the second week of the survey (April 10, 2020).

of approximately 30,000 from the 131,529 COVID-19 virus tests conducted a month earlier, but nearly 180,000 fewer tests compared to the peak of 341,149 reported as of December 11th, 2020 (**Figure 2**). This decline mirrors national trends as the [U.S. daily average number of COVID-19 diagnostic tests has dropped by 30 percent from mid-January 2021](#). Similarly, the number of patients who tested positive in the current reporting period (14,038) is about a third higher than the 10,311 reported as of March 5th, 2021 yet this number has fallen by more than 41,000 from the peak of 55,163 reported as of January 8th, 2021. The number of staff members with confirmed infection this week (255) is similar to the [234 reported a month before](#), and down by more than 1,800 from its peak level of [2,076 reported as of December 4th, 2020](#).

The percentage of health center patients testing

positive over 12 months was at its peak in early May 2020 at 28.3 percent, and at its lowest point was [6.2 percent as of August 21st, 2020](#). However, given the widespread delays in test results over the summer months, and the variability in turn-around times, 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 tested positive due to a lag between the date the specimen is collected and the availability of test results.” Currently, the positive case rate is 8.7 percent. Over the 12 months, the percentage of positive test results reported by community health centers has consistently exceeded the national positive case rate across public health, clinical and commercial labs reported to the Centers for Disease Control and Prevention (CDC).³

Figure 2. Community Health Center Patients Tested Weekly for COVID-19 Infection and Patients Who Tested Positive, April 2020-April 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.

³ Results for the most recent week are consistent with this experience; the 8.7 percent positive case rate at health centers as of April 2nd, 2021 was higher than the 7-day average percent positivity of 5.5 percent reported nationally to the CDC for [the week ending April 1st](#).

The Majority of Those Receiving COVID-19 Testing are Racial/Ethnic Minorities

Findings from HRSA's survey indicate that the majority of community health center patients tested for the COVID-19 virus are racial/ethnic minorities, but also provide evidence of racial/ethnic disparities in COVID-19 infection. For the week ending April 2nd, 2021, racial/ethnic minority patients accounted for 64 percent of health center patients tested for COVID-19 infection (which closely matches the [63 percent of health center patients reported as racial/ethnic minorities in 2019](#)), but they represented 69 percent of all positive cases. [HRSA reports](#) that for all reported race and ethnicity patient testing data from April 10th, 2020 to April 2nd, 2021, Hispanic patients accounted for 29 percent of patients tested with a COVID-19 test of any type but 40 percent of those who tested positive for either COVID-19 virus or antibodies. Similarly, the National Association of Community Health Centers (NACHC) reports that [61 percent of patients testing positive](#) for infection or antibodies over the year of testing data were racial/ethnic minorities.

Health Centers Rapidly Implemented Remote Access to Primary Care and Behavioral Health Services

As a way to continue to provide safe and effective care to their patients and to earn patient revenue, community health centers rapidly pivoted to telehealth. In 2019, [less than half \(43 percent\)](#) of all 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, 2020, more than half of all health center visits (54 percent) on average were conducted virtually; this percentage has fallen by more than half, to 24 percent as of April 2nd, 2021 (**Figure 3**). While the proportion of virtual visits has declined as states have reopened and most health centers have resumed in-person visits, recent research indicates that [telehealth is particularly helpful for the provision of behavioral health services](#) and [can improve health equity by reducing barriers to accessing care for](#)

[health center patients](#). 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.

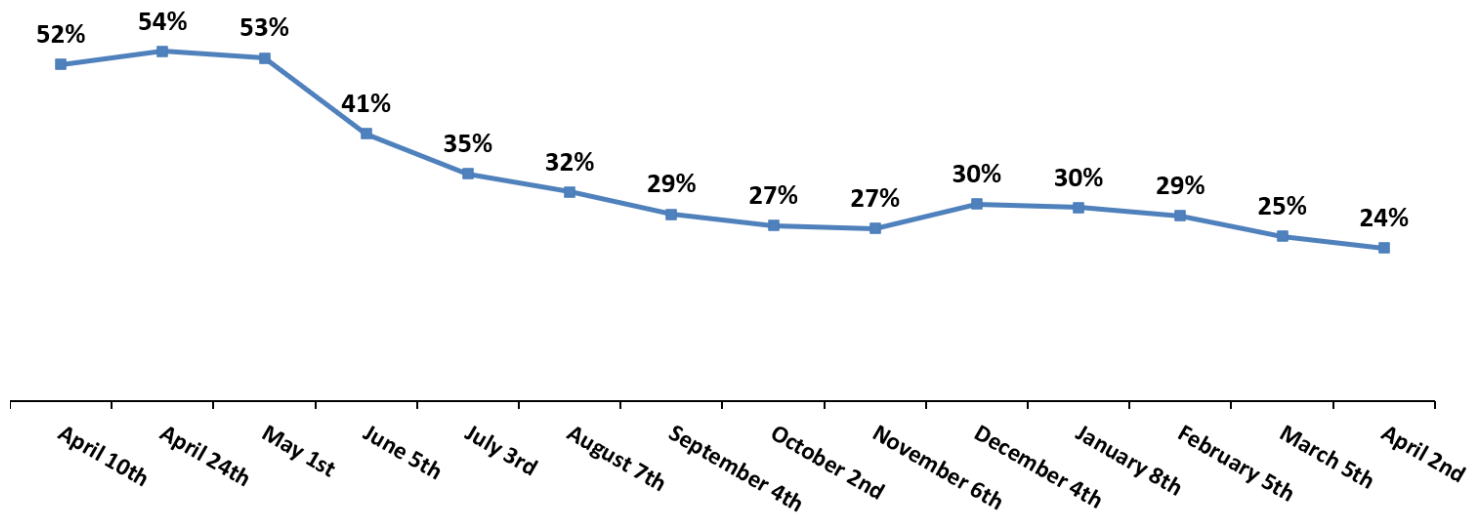
The Pace of Vaccination Is Increasing Rapidly and Racial/Ethnic Minority Patients Account for the Majority of Vaccinated Patients

The [survey for the reporting period ending January 8th, 2021](#) was the first to ask about the number of health center patients and staff members who have received COVID-19 vaccine doses.⁴ **Figure 4** 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 April 2nd, 2021. 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 April 2nd (468,350) was nearly nine times the number in the week ending January 8th (52,978), reflecting increased vaccine supply generally, the expanded eligibility for COVID-19 vaccinations based on age or health conditions, and the [direct allocation of vaccine supplies to community health centers](#).

Over the 13 weeks of reported data, 210,698 health center staff members had initiated their COVID-19 immunization series, while 189,633 had completed their immunizations as of April 2nd, 2021 (**Figure 5**); the latter number translates to 75 percent of the [252,868 full-time equivalent staff members reported in 2019](#) (**Figure 6**). Over those 13 weeks, a reported 3,608,925 health center patients had initiated and 2,080,447 health center patients had completed their COVID-19 immunization series (**Figure 5**). The number of patients who had completed their

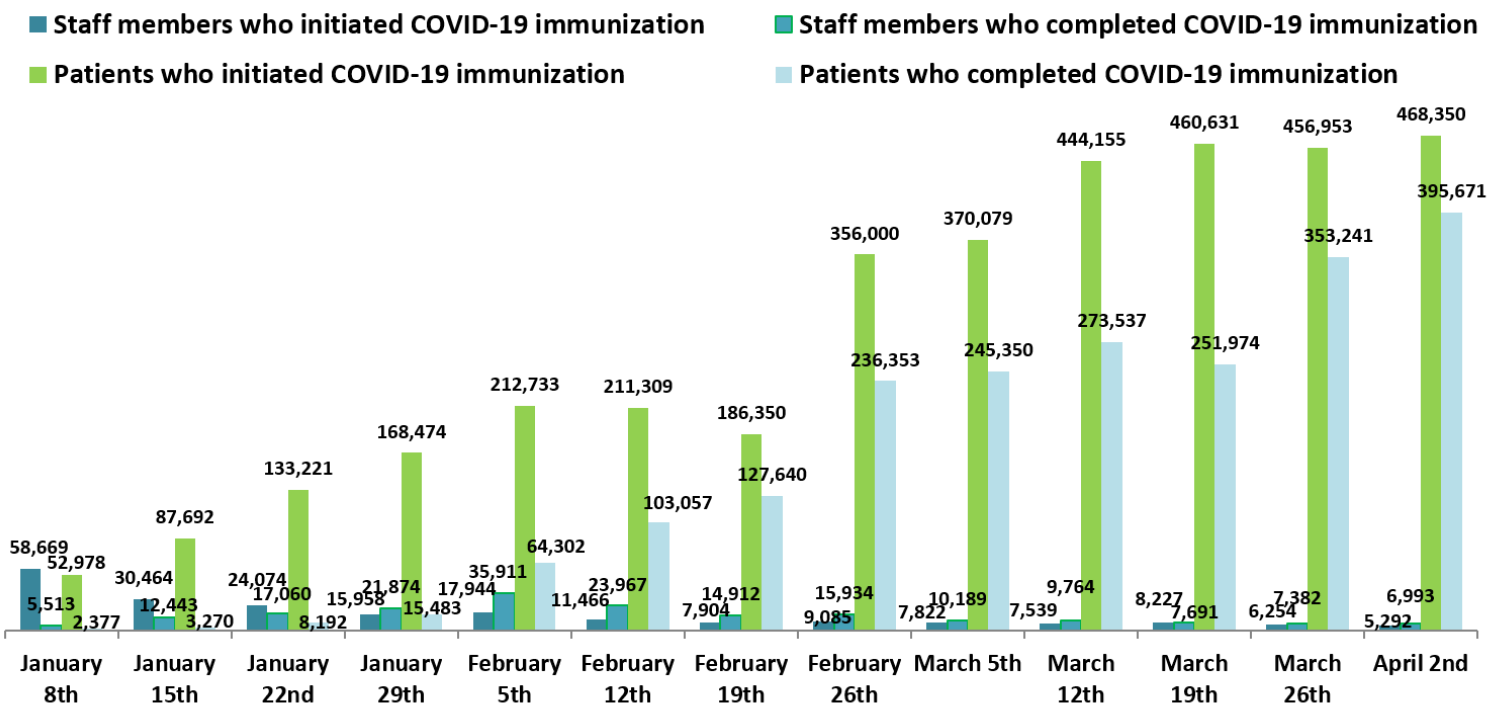
⁴ HRSA issued a bulletin to clarify that they were "[asking about the number of people who received the vaccination anywhere, not just at your health center.](#)"

Figure 3. Average Percentage of Community Health Center Visits Conducted Virtually, April 2020-April 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.

Figure 4. Community Health Center Patients and Staff Who Initiated and Completed COVID-19 Immunization, by Week, January 8- April 2, 2021



Note: The 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-April 2, 2021.

Figure 5. Community Health Center Staff Members and Patients Who Initiated and Completed COVID-19 Immunization, For the 13-Week Period January 8-April 2, 2021

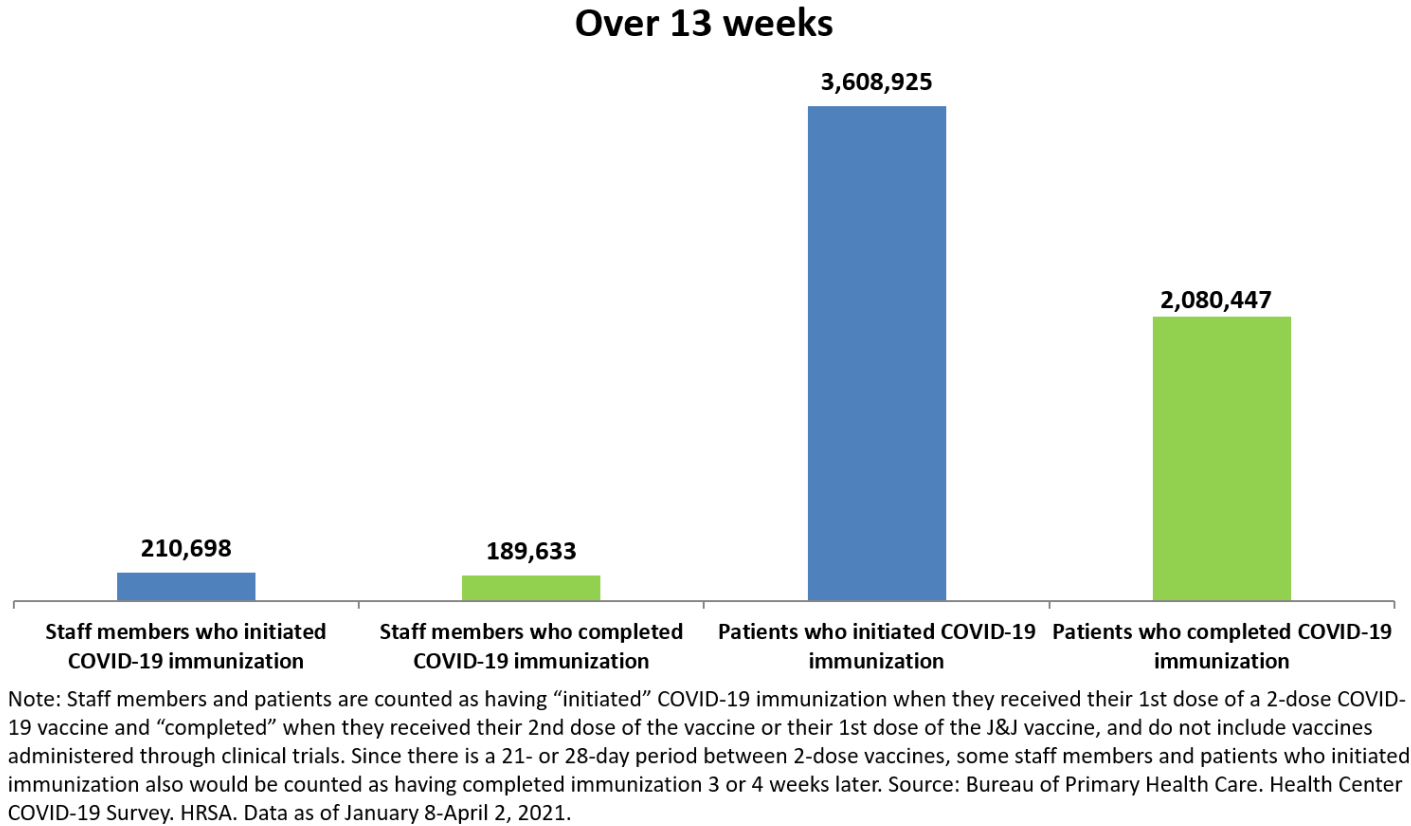
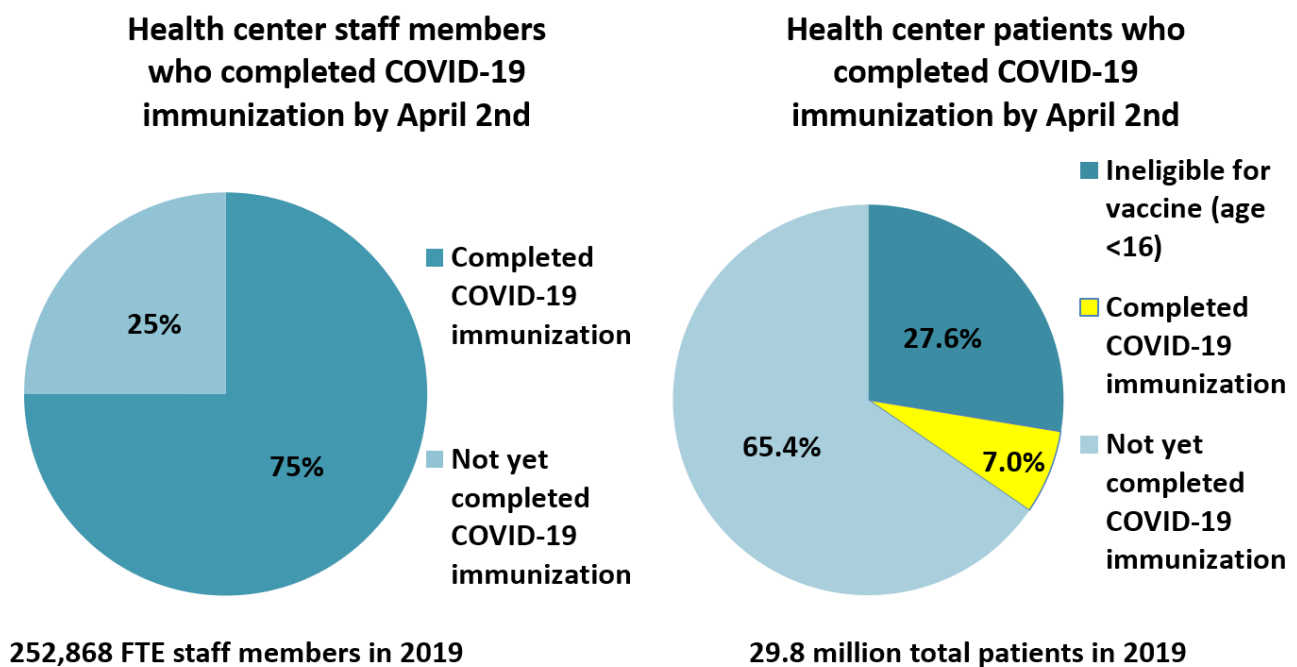


Figure 6. Community Health Center Patients and Staff Who Completed COVID-19 Immunization by April 2nd, 2021



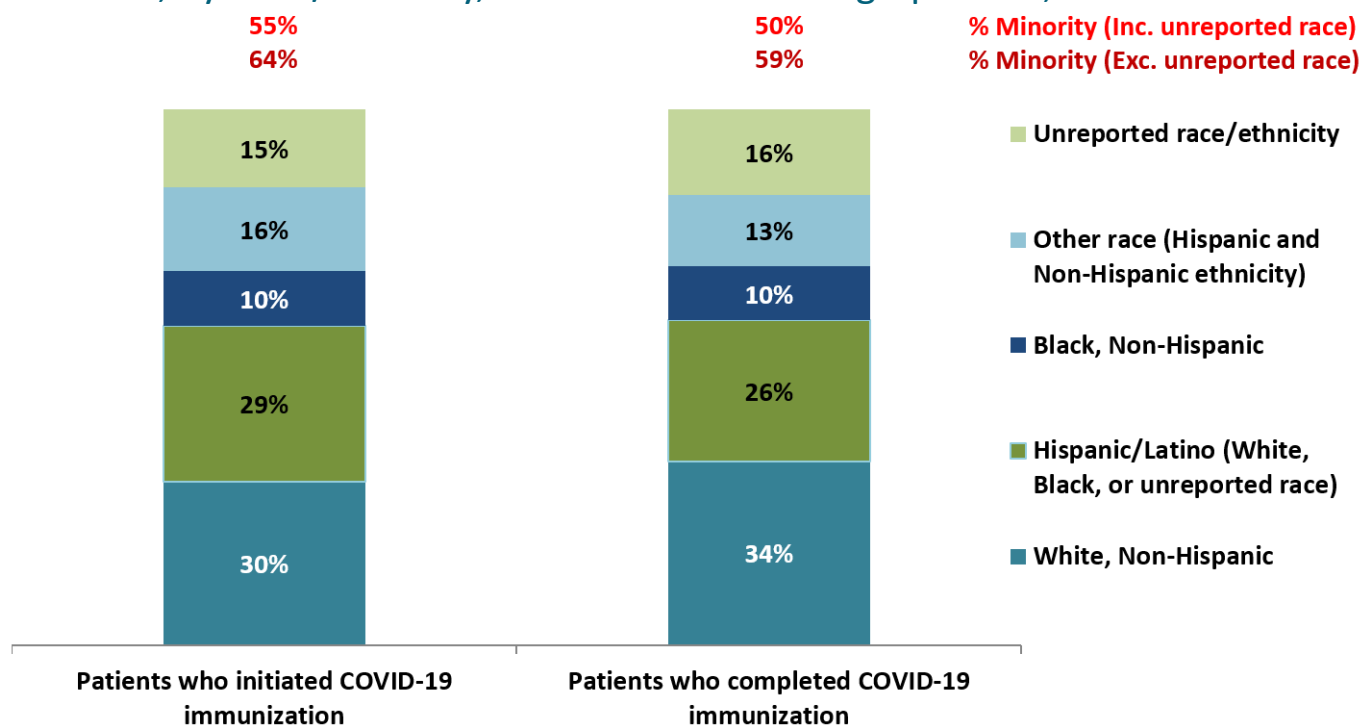
Note: Based on the total number of health center staff members and patients reported as having completed COVID-19 immunization over 13 weeks and the number of total full-time equivalent (FTE) staff members and total patients reported in 2019. Sources: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8-April 2, 2021; 2019 Uniform Data System, HRSA.

immunizations accounted for seven percent of the [29.8 million patients served by health centers in 2019](#) (Figure 6), and 9.6 percent of the health center patients currently eligible for COVID-19 vaccination (i.e., patients age 16 and older).

Our earlier [study reported concerns](#) that community health center patients, and particularly persons of color, would be hesitant to receive the vaccine. Because of the substantial concerns related to vaccine equity and possible hesitancy, and with [63 percent of health center patients identified as 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 7 shows, more than half (55 percent) of those patients who initiated and 50 percent of those who completed their COVID-19 immunizations for the week ending April 2nd, 2021 were identified as racial or ethnic minority patients. When the share of patients with unreported race/ethnicity is excluded, the share of vaccine recipients who are racial/ethnic minorities increases to 64

percent of those who initiated, and 59 percent of those who completed their immunization series (Figure 7). [HRSA has reported that 57 percent](#) of vaccine doses administered to date at health centers were received by racial/ethnic minority patients. While the reported shares of Black/African American and Hispanic patients who have been vaccinated are 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 (15 percent and 16 percent, respectively, of vaccine recipients who reported non-Hispanic/Latino ethnicity but did not report their race, or did not report either their race or their ethnicity). It is unclear from the available data if racial/ethnic disparities in vaccine uptake are attributable to vaccine hesitancy, differences in eligibility, or variations in the availability of the vaccine.

Figure 7. Health Center Patients Who Initiated and Completed COVID-19 Immunization, by Race/Ethnicity, as of the week ending April 2nd, 2021



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 April 2nd, 2021.

In support of its goal to have [every U.S. adult eligible for vaccination by April 19th, 2021](#) and to ensure equitable distribution of COVID-19 vaccines, the Biden administration [started a program in February to directly allocate vaccine supplies to community health centers](#). The [Health Center COVID-19 Vaccine Program](#), which in its first phase [targeted one million vaccine doses to 250 health centers](#), later 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. As of April 7th, 2021 [HRSA has invited all 1,470 HRSA-funded and look-alike community health centers in the nation to participate in the health center COVID-19 vaccine program](#).

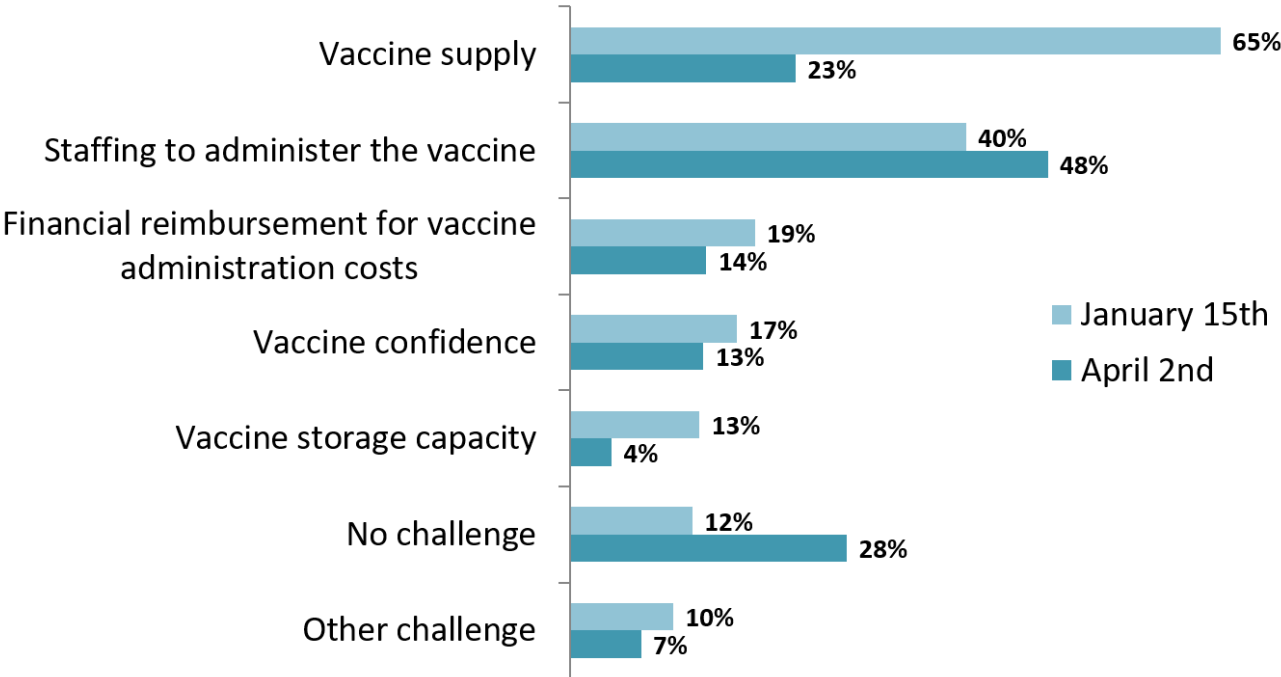
Community Health Centers’ Challenges in Responding to the COVID-19 Pandemic

Remaining Challenges in Deploying COVID-19 Vaccines

HRSA has also asked health centers to report the challenges they face in deploying COVID-19 vaccinations. For the most recent report, a lower percentage of health centers reported challenges related to vaccine supply, reimbursement for vaccine administration costs, vaccine storage, vaccine confidence, or other issues. The proportion reporting vaccine supply as a challenge improved dramatically, from [65 percent in January 2021](#) to 23 percent in April (**Figure 8**). Still, other challenges remain.

In the most recent reporting, nearly half (48 percent) of health centers reported challenges related to having staff available to administer vaccines (**Figure 8**). The share of health centers reporting vaccine confidence as a challenge has decreased from 17 percent in mid-January to 13 percent as of April 2nd, but this still means that one in eight health centers is facing vaccine confidence challenges. Similarly, while nearly three in ten (28 percent) responding health

Figure 8. Challenges Reported by Community Health Centers in Deploying COVID-19 Vaccines, as of January 15th and April 2nd, 2021



Note: Responding 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 January 15th and April 2nd 2021.

centers did not report any challenges in deploying vaccines as of April 2nd, an improvement from the 12 percent that [reported no challenges in January](#), this indicates that more than seven in ten health centers are still facing various COVID-19 vaccine deployment challenges.

Supply of Personal Protective Equipment Remains Variable and Inconsistent

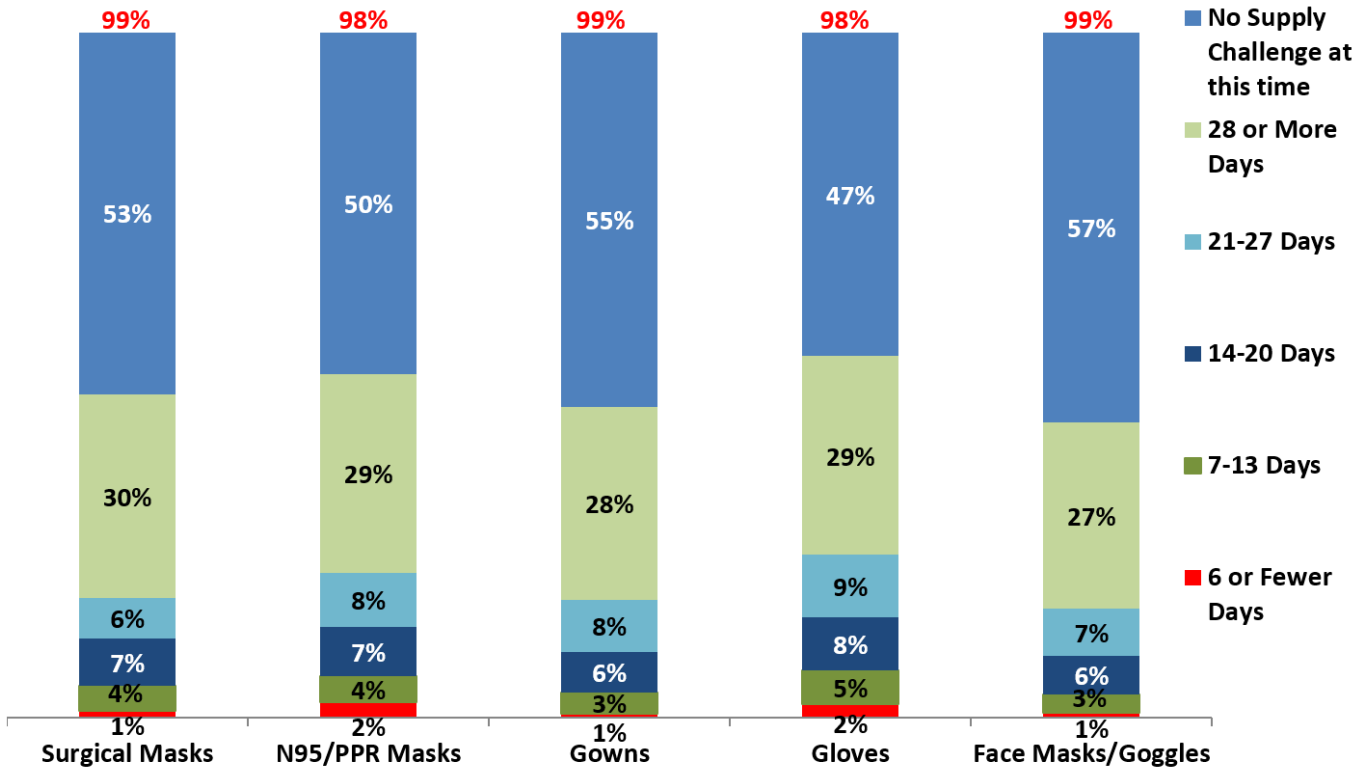
HRSA has queried health centers about their supply of personal protective equipment (PPE) over the 12 months. The [question on PPE supply](#) was modified in September so that data are not comparable over the 12 months, but prior data from HRSA found that the share of health centers reporting adequate supplies of PPE improved from the earliest months of the pandemic, with [nearly all reporting adequate supplies by August 2020](#). This is in line with earlier research which found that [health centers initially had to compete with hospitals over PPE supplies](#) and NACHC's finding that the [lack of PPE was the](#)

[greatest challenge to providing COVID-10 testing](#) reported by surveyed health centers in the summer of 2020. As of the HRSA's survey report for the week ending April 2nd, 2021 (**Figure 9**), nearly all health centers reported that they either have adequate supplies of all five types of PPE supplies for the next week or more, or that they currently have no supply challenges. However, the share reporting no supply challenges ranges from 57 percent for face masks/goggles to 47 percent for gloves, and there is considerable variation across states.

Challenges for telehealth

Despite health centers' quick shift toward telehealth use, a number of questions remain on its effectiveness, sustainability, and limitations. [Our prior report on telehealth utilization](#) identified the need to better support telehealth services, including providing reasonable reimbursement for wide variety of virtual engagement modalities (e.g., video and telephonic), access to affordable technology for both

Figure 9. Community Health Center Availability of Adequate PPE Supply, By Type and Duration, as of April 2nd, 2021



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 April 2nd, 2021.

providers and patients, and an adequate and diverse workforce trained to deliver virtual visits.

Operational Capacity Not Yet Fully Recovered

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 10** illustrates, health center activity has been recovering; the decline in weekly visits compared to average weekly visits before the pandemic has diminished over time, improving from a reduction in visits of 53 percent as of April 10th, 2020 to 13 percent as of April 2nd, 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

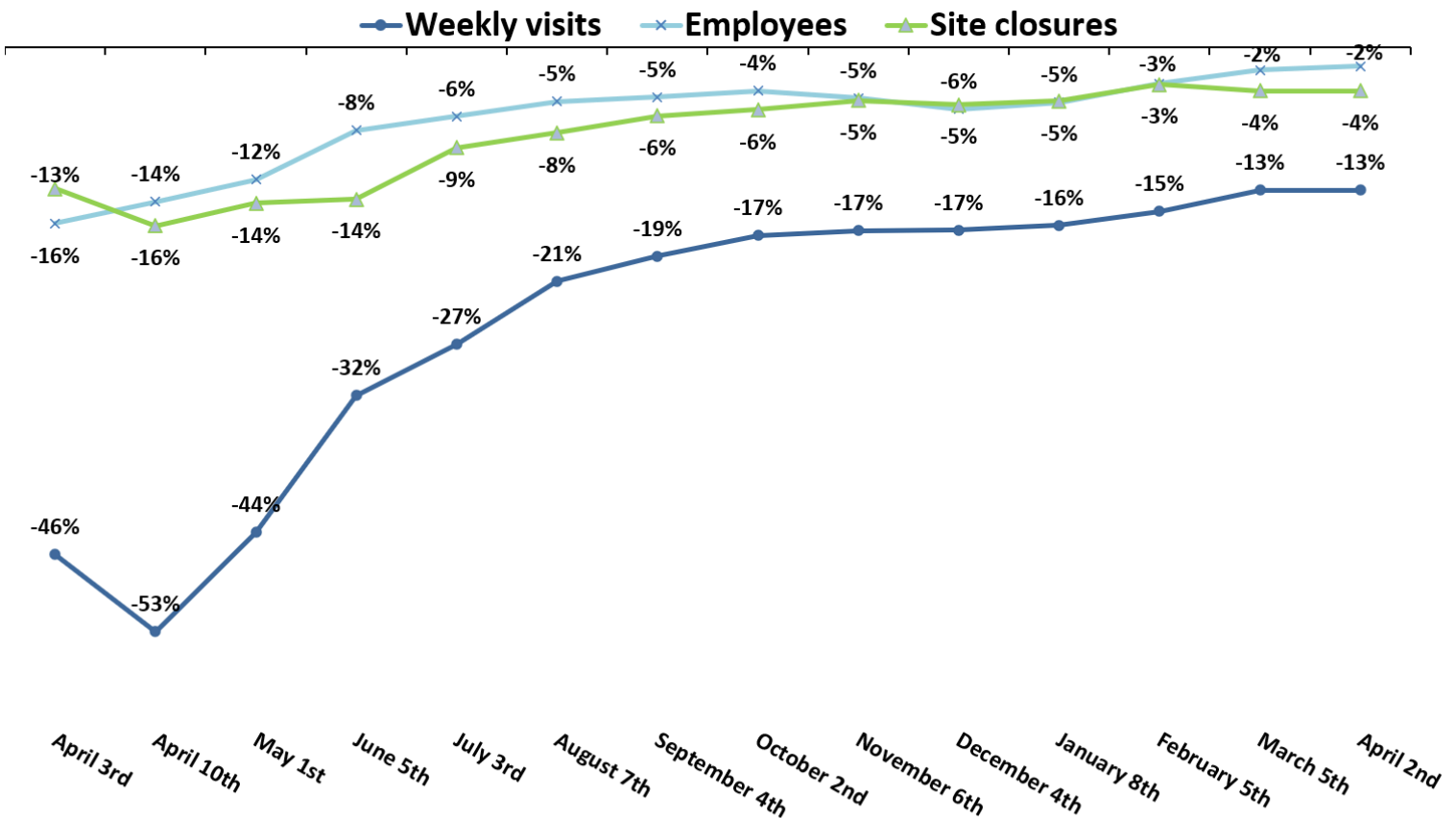
two percent as of the most recent week.

Despite these positive trends, these losses continue to reflect the toll that COVID-19 is having on health center capacity, staffing, and operations. Furthermore, while losses in operational capacity may have diminished nationally over time, they vary greatly by state.

Declines in weekly visits have resulted in massive cumulative patient revenue losses

The year-long loss of patient visits has translated into ongoing and substantial patient revenue losses, estimated at \$5.163 billion nationwide over 12 months, an amount that represents 16.4 percent of total health center revenue reported nationally in 2019 (**Figure 11**). Cumulative patient revenue losses over this period varied by state, ranging from \$6 million in Wyoming to \$1 billion in California (**Table 1**).

Figure 10. COVID-19 Impact on Community Health Centers, April 2020-April 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.

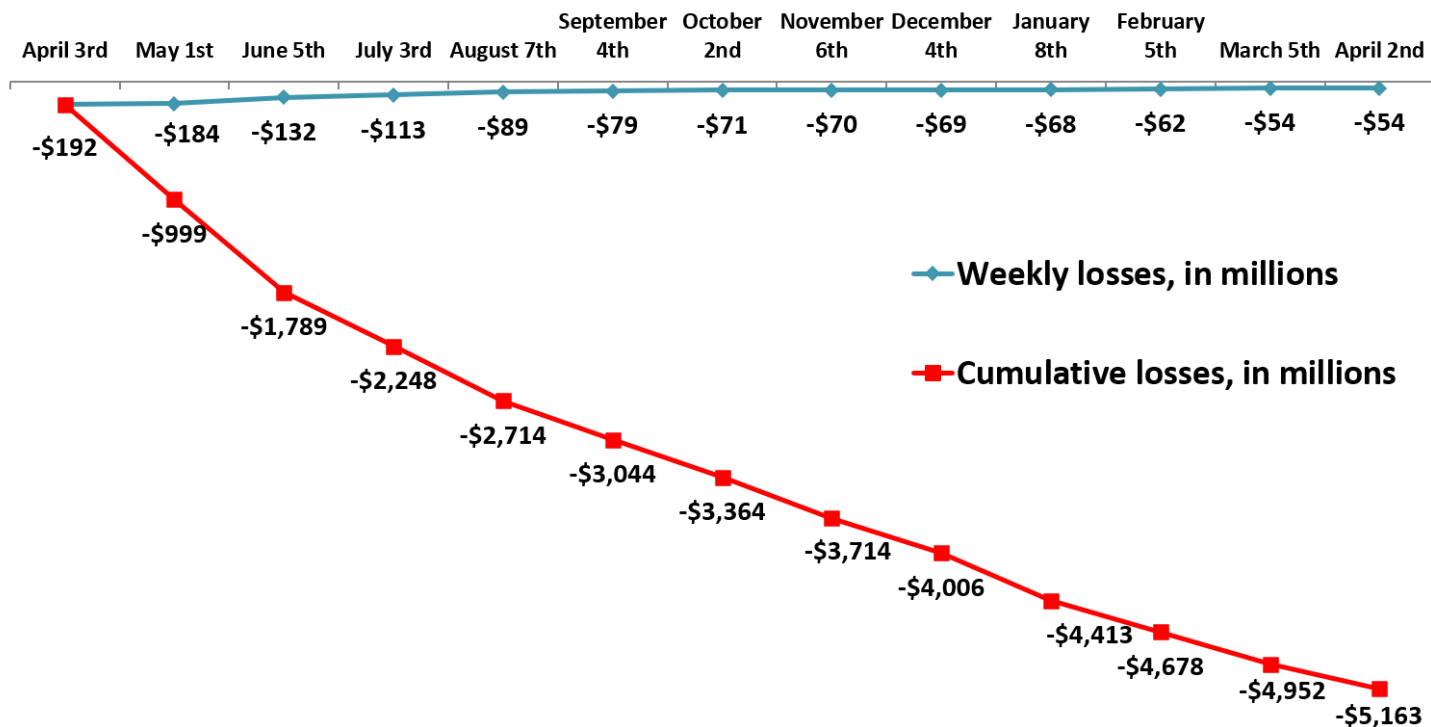
Table 1: Cumulative losses in health center patient revenue, by state, April 2020-April 2021

State	Cumulative losses (in millions)	State	Cumulative losses (in millions)
AK	-\$26	MT	-\$23
AL	-\$36	NC	-\$76
AR	-\$30	ND	-\$8
AZ	-\$87	NE	-\$15
CA	-\$1,039	NH	-\$12
CO	-\$82	NJ	-\$77
CT	-\$55	NM	-\$44
DC	-\$56	NV	-\$7
DE	-\$7	NY	-\$383
FL	-\$215	OH	-\$98
GA	-\$70	OK	-\$42
HI	-\$32	OR	-\$104
IA	-\$30	PA	-\$128
ID	-\$43	PR	-\$67
IL	-\$172	RI	-\$31
IN	-\$99	SC	-\$89
KS	-\$30	SD	-\$9
KY	-\$113	TN	-\$49
LA	-\$73	TX	-\$268
MA	-\$101	UT	-\$25
MD	-\$84	VA	-\$38
ME	-\$42	VT	-\$27
MI	-\$99	WA	-\$249
MN	-\$33	WI	-\$65
MO	-\$119	WV	-\$106
MS	-\$52	WY	-\$6

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 53 weeks of survey data.

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

Figure 11. National Community Health Center Estimated Weekly and Cumulative Patient Revenue Losses, April 2020-April 2021



Estimated cumulative losses of \$5.163 billion over 12 months accounted for 16.4% 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.

Discussion

As this analysis of a full year of data from the Health Center COVID-19 survey shows, community health centers have achieved many successes in responding to the COVID-19 pandemic, including the rapid roll-out of COVID-19 diagnostic testing and vaccinations, and are poised to meet ongoing needs, even as they face continuing challenges.

Much of the early improvement in testing capacity can be attributed to funding provided to community health centers in 2020, starting with the [initial \\$100 million](#) under the Coronavirus Preparedness and Response Supplemental Appropriations Act in March 2020, [\\$1.32 billion in the CARES Act](#), and [\\$583 million in additional grants](#) through the PPPHCEA. However, these funding streams were limited and left considerable gaps for health center providers struggling to maintain their operations. The [American](#)

[Rescue Plan Act of 2021 has allocated \\$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](#), resources that are expected to substantially boost health center resources for COVID-19 testing and vaccinations, workforce, and infrastructure.

This new federal investment is likely to alleviate many of the reported challenges. The American Rescue Plan not only adds new funding specifically for health centers, [it also provides additional funding](#) for the National Health Service Corps (\$800 million), the Nurse Corps (\$200 million), and the Teaching Health Center Graduate Medical Education (\$330 million) programs, which are essential in providing support for the health center workforce.

Over time, the American Rescue Plan also should help

community health centers to restore and expand their capacity, and to provide essential access in communities hardest-hit by the pandemic, where demand for care is likely to increase. First, as millions in the U.S. have lost their jobs and have either become uninsured or enrolled in Medicaid, health centers may see an influx in patients because they [are an important source of care for uninsured, Medicaid, and low-income patients](#) and are required to accept all patients regardless of their insurance status or ability to pay. Secondly, both new and established health center patients may have greater health care needs, whether due to “long COVID,” increased behavioral health problems—as evidenced by substantial increases during the pandemic of [symptoms of anxiety and depressive disorders](#), [emergency department visits](#) for behavioral health problems, and [drug overdose deaths](#)—as well as health problems that have arisen as patients deal with insecure housing and food and other social determinants of health. Finally, we do not yet have a full picture of the effect of the pandemic on the health center workforce. Although the HRSA survey reports the share of staff members unable to work (two percent as of April 2nd, 2021), we do not know if or how much the [health center workforce was reduced during the pandemic](#), whether due to layoffs or staff members who resigned due to burnout or lingering health effects from COVID-19, or because they had to be at home for children or for ailing family members. Funding to address workforce needs in the forthcoming “American Jobs Plan” infrastructure bill might allow health centers to both restore and expand their workforce, fill important vacant positions, and support care for increased numbers of patients generally, and higher-need health center patients more specifically.

These robust federal investments demonstrate the extent to which health centers are recognized for their capacity and quality and bode well for the future. Still, questions arise about how health centers can fully recover given the steep financial losses, maintain the pace of success they have achieved during the pandemic, and respond to remaining and new challenges. For example, how can health centers best address community vaccine hesitancy? Which services and locations now need to be prioritized? What

programs are needed to ensure the staffing necessary to meet emerging needs? What infrastructure, reimbursement, and regulatory changes would allow health centers to maintain telehealth once the public health emergency is over?

These issues are not likely to be isolated to health centers alone. What our findings demonstrate is that community health centers can effectively adapt and rapidly use federal investments to meet the needs of their patients and communities, filling an important need not only in times of crisis but beyond.