

# Data Note

August 4th, 2020

## **Key Updates from the Health Center COVID-19 Survey (Week #17): *The Number of COVID-19 Viral Tests Conducted by Community Health Centers Dropped by Nearly 26,000 This Week, as Two in Three Health Centers Reported Long Waits for Test Results***

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### Introduction

With **more than 150,000 COVID-19 deaths** now recorded nationwide, approximately **one death per minute**, the latest Health Resources and Services Administration's (HRSA's) COVID-19 **weekly survey summary** shows that the number of COVID-19 viral tests conducted by health centers as of July 24th (205,910) was at its third-highest level since reporting on patient testing began, but had decreased by nearly 26,000 since the week before. As in the prior week, two in three (66 percent) responding health centers reported turn-around times of four or more days, although the share of health centers that reported average turn-around times of more than five days dropped from 44 percent to 39 percent. Still, only one in three (34 percent) reported average turn-around times that met the Department of Health and Human Services acceptable standard of **up to three days**. Similarly, nearly two-thirds (62 percent) of look-alike health centers reported average waiting times for COVID-19 viral test results of four days or more.

Other key findings include:

- Federally-funded community health centers have tested more than 2.27 million patients for COVID-19 infection over the 16 weeks of reported patient testing data. In the aggregate, a total of 299,697 health center patients and 9,698 staff members have tested positive for the COVID-19 virus. With **4.11 million cases of coronavirus in the U.S. reported as of July 24th**, the number of health center patients who tested positive accounted for 7.3 percent of cases nationally, or one in 14 of all U.S. cases.
- Health centers conducted 22,161 antibody (serology) tests the prior week, bringing the total number of COVID-19 tests for the July 24th report, including both virus detection (PCR, antigen) and antibody tests, to 228,071.
- As compared to the prior week, the number of patients who tested positive for COVID-19 virus decreased slightly to at 20,706, and the percentage of patients who tested positive increased from 9.2 percent to 10.1 percent, but both the number and positive rate are likely understated due to the widespread delays in test results, which result in a reporting lag.
- Look-alike (LAL) health centers **reported** that 4,347 patients were tested for COVID-19 virus and 457 tested positive.
- Similar to prior surveys that showed that minorities accounted for roughly two in three health center patients who tested positive for COVID-19 virus, patients reported as racial and ethnic minorities accounted for 67 percent of those who tested positive for COVID-19 virus.
- The number of temporarily closed sites for the current reporting period was 1,080, or one in 11 sites nationwide. Visits to federally-funded health centers remained below average weekly pre-COVID-19 levels, although this week's decline of 22 percent is the same as the prior week's and the lowest reported decline over the 17 weeks of survey data.
- The percentage of staff unable to work has declined from 16 percent reported as of April 3rd to six percent as of July 24th. The 726 staff members who tested positive for COVID-19 infection this week represented a substantial

decrease from the 929 staff members with COVID-19 infection reported for the week of July 17th.

- Four percent of responding health centers reported that they currently have no COVID-19 testing capacity, and at least seven percent of health centers lack the full range of PPE needed to safely conduct testing and maintain general operations.

As outbreaks surge, with [24 states in the “red zone” of increasing coronavirus cases](#), this week’s survey evidences that community health centers continued to conduct high numbers of COVID-19 virus tests, but the longer turn-around times to obtain test results, which [reflect continuing problems with test supply chains, delays reported by major diagnostic companies, and heightened demand for testing](#), especially in the South, Southwest, and Southwestern U.S., could result in both delayed care and greater spread of coronavirus cases. The decline in weekly visits is at its lowest level yet, but this week’s HRSA summary report nonetheless continues to identify challenges that health centers face in both responding to the COVID-19 outbreak and in restoring operational capacity. Large, sustained losses in access points and staffing, gaps in the supply of PPE, and ongoing visit losses that are driving substantial revenue losses indicate that health centers will require greater and ongoing financial support beyond what they received under the CARES Act and Paycheck Protection Program and Health Care Enhancement Act (PPHCEA) to strengthen health center testing and fully restore primary care capacity.

## Summary of HRSA Data

Findings from week seventeen of the [HRSA data summary](#) appear below. The weekly summary is drawn from information provided by responding federally-funded health centers as of July 24th, 2020. This data note summarizes key findings based on 982 health center responses (71 percent response rate).

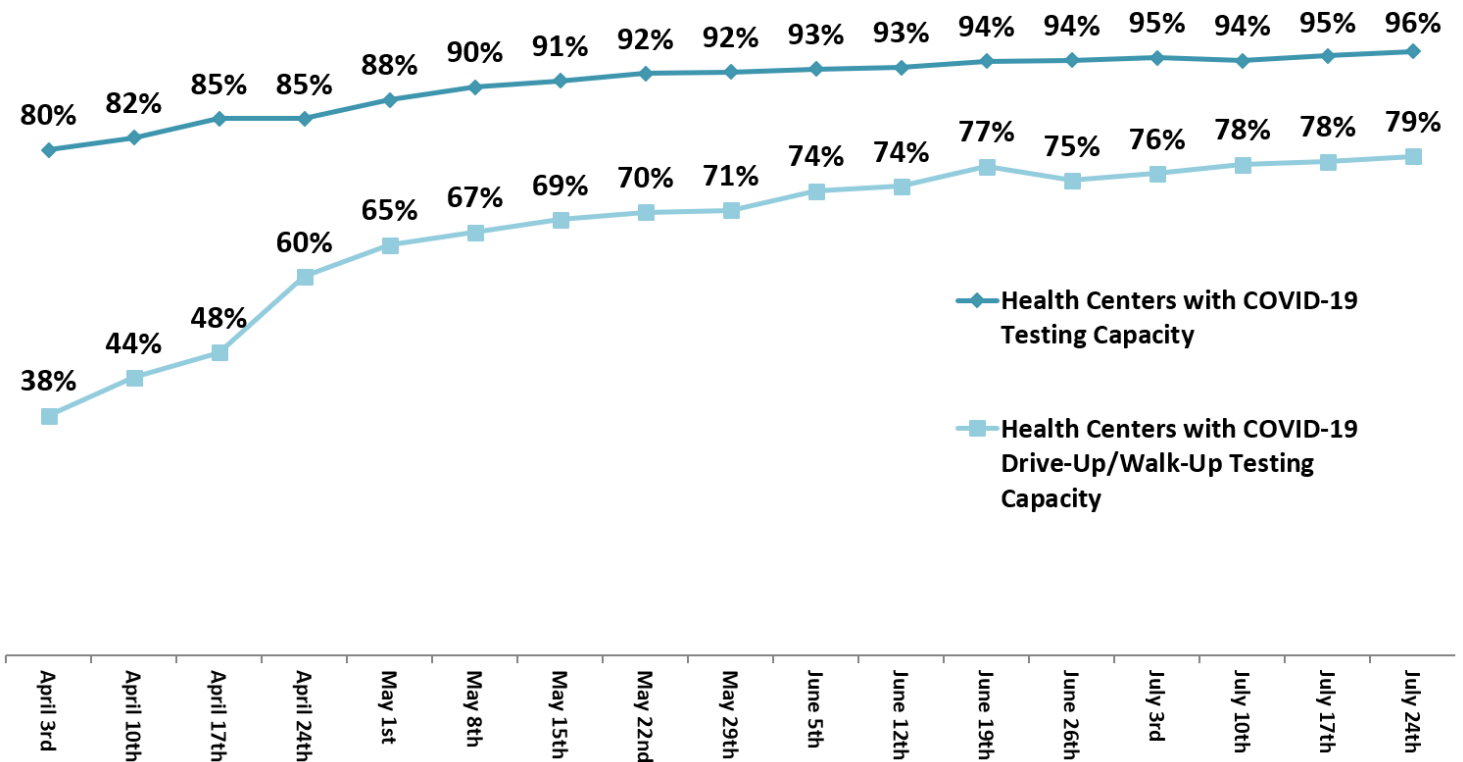
## Current Testing Capabilities

Nationally, 96 percent of health centers reported the capacity to offer COVID-19 virus-detection testing (**Table 1**). In 26 states and the District of Columbia (DC), 100 percent of responding health centers have the ability to test. Nebraska reported the lowest percentage (60 percent) of health centers with COVID-19 virus testing capacity.

Nationally, 79 percent of health centers that test for COVID-19 were able to provide walk-up or drive-up virus testing. The ability to provide walk-up or drive-up testing varied by state, ranging from no responding health centers in Delaware, to 100 percent in Arkansas, Iowa, North Dakota, Nevada and Utah.

**Figure 1** shows health center COVID-19 virus testing capacity over the 17 weeks since HRSA began administering the health center COVID-19 survey. The percentage of health centers reporting the capacity to provide COVID-19 virus testing increased from 80 percent at the first report for April 3rd, 2020 to 96 percent as of July 24th, up slightly from 95 percent the week before. Among health centers with testing capacity, the percentage of health centers able to provide drive-up or walk-up testing for COVID-19 has more than doubled during this time period, from 38 percent to 79 percent. Both the percentage of health centers with capacity to provide COVID-19 virus testing and the percentage that provide drive-up or walk-up testing were at their highest reported levels for the current reporting period. 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 and [\\$1.32 billion](#) in the Coronavirus Aid, Relief, and Economic Security (CARES) Act. On May 7th, HRSA announced \$600 million in [additional grants](#) to expand health center testing capacity, funded through the Paycheck Protection Program and Health Care Enhancement Act (“COVID-19 3.5” relief package), and signed into law on April 24th. [Only July 9th, HRSA announced \\$17 million in grants to 78 look-alike health centers to expand their COVID-19 testing capacity.](#)

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

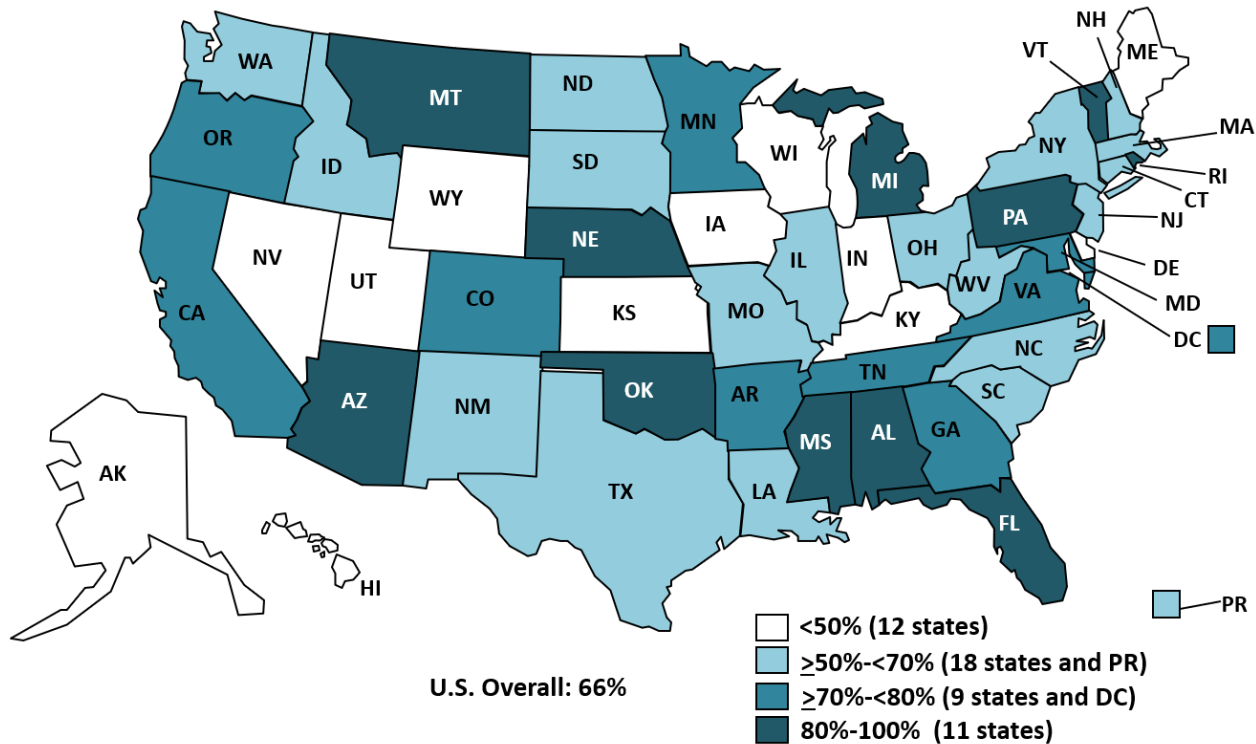


Note: Percentage with drive-up/walk-up testing capacity based on health centers that responded "yes" to having COVID-19 testing capacity.  
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

Health centers reported on the average turn-around time to obtain test results for the prior week. While CDC guidelines [recommend turn-around times of less than two days](#) and the [Department of Health and Human Services considers turn-around times of up to three days as acceptable](#), but [ideal turn-around within 24 hours](#), results reporting has lagged. As of July 24th, four percent of responding health centers reported obtaining COVID-19 test results within an hour, two percent within 12 hours, five percent within 24 hours, 24 percent within two to three days, 27 percent within four to five days, and 39 percent reported waiting more than five days for test results. Most health centers reported prolonged wait times for viral testing, with 66 percent of responding health centers nationally reporting average turn-around times for COVID-19 viral test results of four or more days. Only one in three (34 percent) responding health centers reported waiting times that met the [Department of Health and Human Services standard for acceptable turn-around times of up to three days](#).

Responding health centers in only two states, Maine and Wyoming, reported that all COVID-19 viral test results were returned within an average of three days. In 17 states, at least 50 percent of health centers reported that the average turn-around time exceeded five days. As **Figure 2** shows, in 11 states, 80 percent to 100 percent of responding health centers reported an average turn-around time for test results of four or more days (Nebraska and Rhode Island each reported 100 percent), and in an additional nine states and DC, at least seven in ten responding health centers also reported delayed test results.

## Figure 2. Share of Health Centers with an Average Turn-around Time for COVID-19 Viral Test Results of Four or More Days, as of July 24th



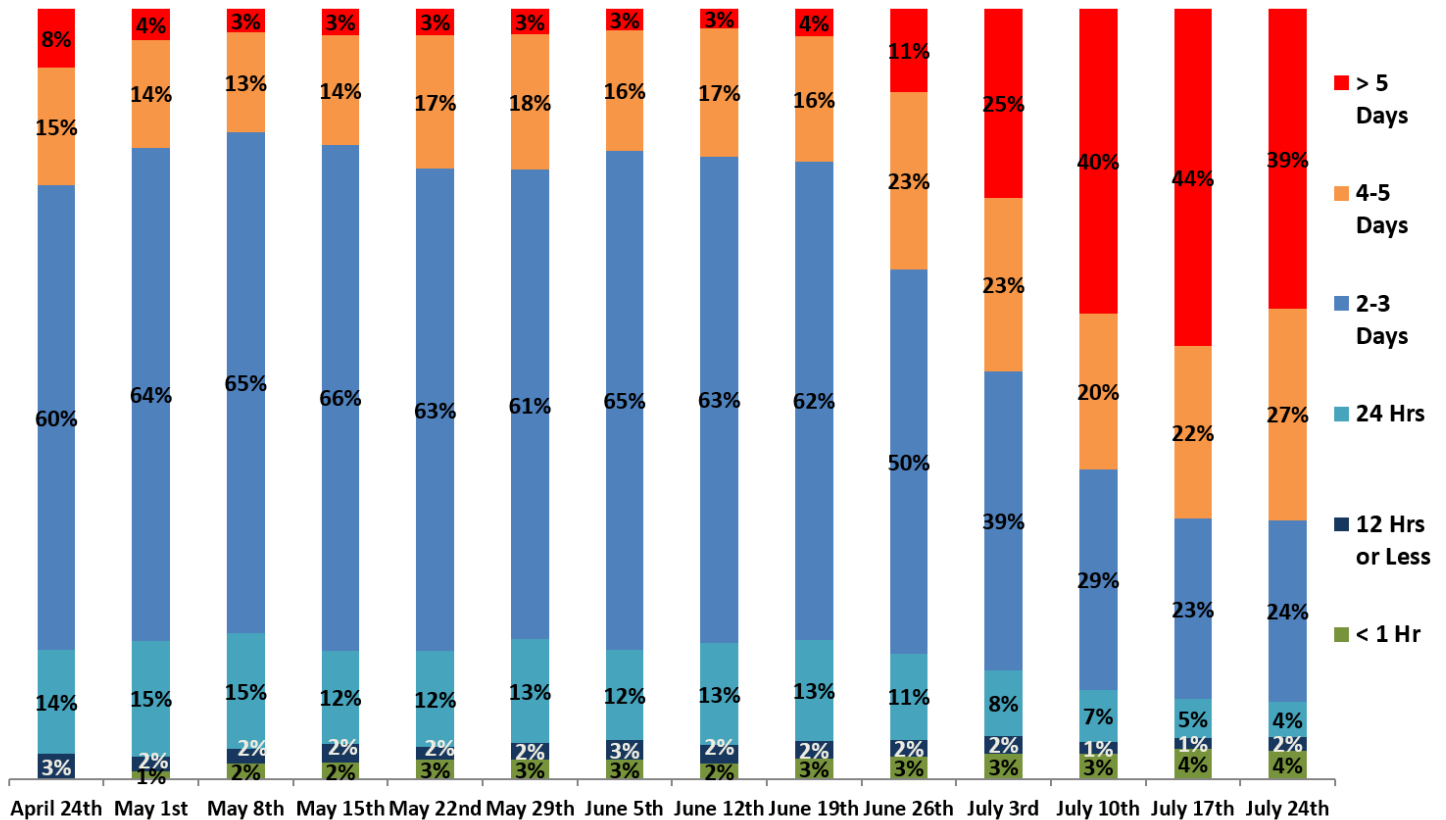
Notes: US percentage includes health centers in Puerto Rico (PR) and another two health centers in U.S. territories.  
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. Data as of July 24th, 2020.

**Figure 3** shows that the share of health centers reporting an average turn-around time for test results of more than five days was consistently in the three to four percent range until the week of June 26th, when it increased to 11 percent, then jumped to 25 percent as of July 3rd, 40 percent as of July 10th, 44 percent as of July 17th, and now accounts for 39 percent of test results in the current reporting period. In the past week, the share of health centers reporting an average turn-around time of four to five days increased from 22 percent as of July 17th to 27 percent. As **Figure 3** shows, while about four in five health centers reported average turn-around times of within three days for the first nine weeks that this measure was reported, only one in three do so now.

The increased time to obtain test results reported by health centers aligns with ongoing reports of delayed test results due to strained capacity to meet testing demands, particularly in the South, West, and Southwest. The [nation's top federal COVID-19 testing official has acknowledged](#) that 75 percent of COVID-19 test results are returned within five days and that currently, test result return times of two-three days are not possible. The [national laboratory Quest reports that as of July 27th, the average turn-around time for test results for non-priority patients is seven days, but may take up to two weeks](#). In [Arizona, turn-around times for test results of up to two weeks are reportedly reducing demand for tests](#) while in New York, the [median wait time in some testing sites is nine days](#). An analysis of COVID-19 data that is used to guide states' reopening decisions found that [none of the 50 states or DC are reporting turn-around times](#) for diagnostic test results. Delayed test results hinder efforts to contain spread by [limiting the ability of public health officials to quickly identify new cases and delaying the identification, through contact tracing, of others who may have been exposed to ensure that they are tested and self-isolate](#). Some states are [expediting test results for symptomatic individuals and partnering with private and university laboratories](#) to speed up test result times. To reduce testing demand, [certain health departments are](#)

**now advising** that only people who are symptomatic or are in high-risk settings should be tested and **the CDC is advising against a second test to verify a negative result**. In order to speed up testing, the Trump Administration has proposed “pooled testing,” in which multiple test samples are tested at the same time and for each pool that produces a positive result, each test sample that contributed to the pool is screened one at a time to identify the positive cases. While the pooling technique is being used for **some testing by New York’s** public hospital system and the FDA issued **emergency use authorizations to Quest Diagnostics** and **LabCorp** to allow pooled testing, **some health officials have expressed doubts** that this is a feasible solution in the U.S. due to widespread infections and high rates of positive COVID-19 viral tests.

**Figure 3. Community Health Center Average Turn-around Time to Obtain COVID-19 Virus Test Results for the Prior Week, April-July 2020**



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.

### COVID-19 Infections Among Health Center Patients and Staff and COVID-19 Antibody Tests

For the week prior to the survey, health centers reported that a total of 205,910 patients were tested for the COVID-19 virus (PCR, antigen tests). Health centers in California (24,595), Florida (19,777), New York (13,791), and Texas (13,575) conducted the highest number of tests and health center respondents in 34 states, DC, and Puerto Rico (PR) reported testing more than 1,000 patients in the aggregate.

Health centers reported that 20,706 patients nationally tested positive for COVID-19 that same week. Consistent with their standing as being three of the **four states that have exceeded 400,000 coronavirus cases each**, health centers in California reported the largest number of patients who tested positive (4,126), followed by Florida (2,164) and Texas (1,927). In 35 states and DC, at least 100 patients with laboratory-confirmed COVID-19 infection were reported.

Based on the reported numbers of patients tested for COVID-19 virus and those who tested positive this week, the

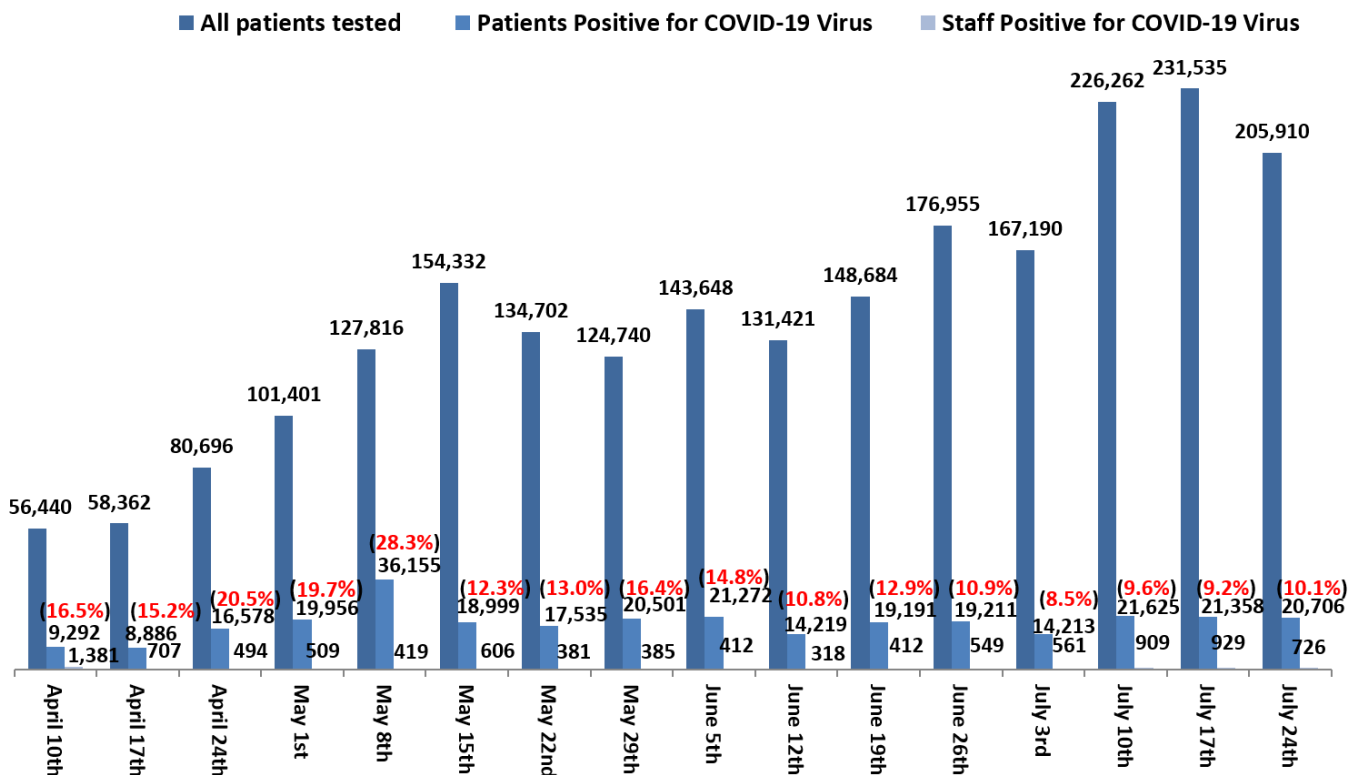


percentage of health center patients who tested positive for COVID-19 was 10.1 percent. Given the widespread delay in test results this reporting period, this percentage likely does not reflect the true positive rate due to many positive cases not yet having been reported. [HRSA notes](#) that “the reported 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.” Furthermore, while the 10.1 percent rate falls well above the range of 7.3 percent to 8.9 percent positive testing results across public health, clinical and commercial labs (as reported to the [CDC through July 25th, 2020](#)), this comparison should be interpreted cautiously given the lag in average turn-around times for test results.

The HRSA data also show that 726 health center staff members had laboratory-confirmed COVID-19 that week, with the highest numbers reported by health centers in California (129), Texas (95), and Florida (82).

**Figure 4** shows that the number of patients tested for COVID-19 was at its third-highest level this past week (205,910). However, despite [several days that week in which new daily COVID-19 cases exceeded 70,000 nationally](#), the number of tests conducted by health centers as of July 24th decreased by 25,625 tests from the prior week. The 20,706 patients with confirmed infection this week was slightly lower than the 21,358 reported as of July 17th, but as with the positive case rate, this number should be interpreted cautiously and is likely understated given the delayed test results. The number of staff who tested positive for COVID-19 also decreased, from 929 cases as of July 17th to 726 this week. Over the 16 weeks of reported patient testing data,<sup>1</sup> health centers have tested a total of 2,270,094 patients for COVID-19 infection, and a total of 299,697 health center patients and 9,698 staff members have tested positive. The 299,697 patients with confirmed COVID-19 infection accounted for one in fourteen (7.3 percent) of the [4.11 million novel coronavirus cases reported nationally as of July 24th](#).

**Figure 4. Community Health Center Patients Tested for COVID-19 Infection and Patients and Staff Who Tested Positive, April-July 2020**



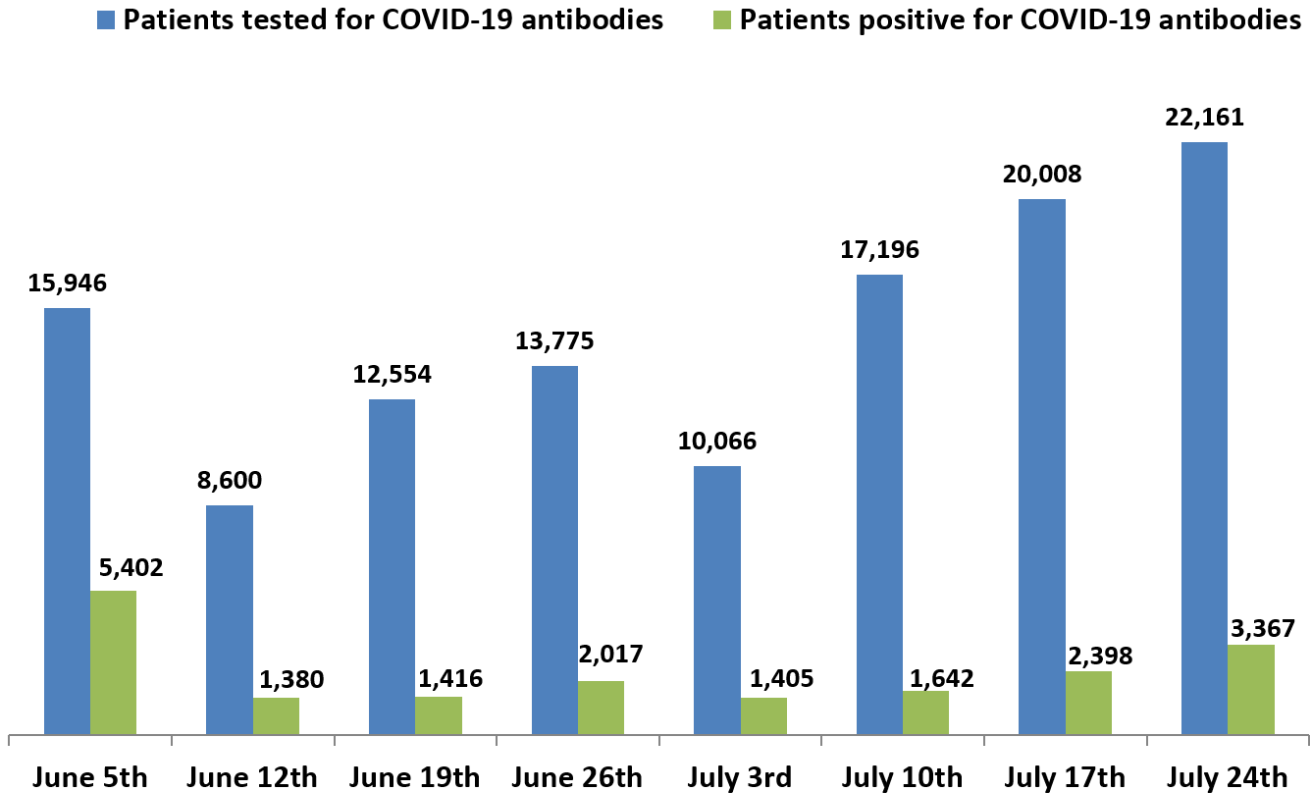
Note: The figures in red indicate the percentage of health center patients who tested positive for COVID-19 that week. The percentage testing positive for the five weeks from June 26th to July 24th should be interpreted cautiously given widespread delays in test results those weeks. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

<sup>1</sup> HRSA began reporting patient testing numbers for the second week of the survey (April 10, 2020). The results are based on varying weekly response rates.

Antibody tests, also known as serological tests, indicate if a person was previously infected with the COVID-19 virus. The CDC’s [large-scale geographic seroprevalence](#) study has reported estimated COVID-19 antibody rates from May to March 2020 varying from one percent in the San Francisco Bay area to 6.9 percent in New York City, and the findings suggest that in some sites, the actual COVID-19 infection rate was ten times more than the reported number of confirmed COVID-19 virus cases. The [second round of the survey, from April to June 2020](#), found that positive antibody rates ranged from 1.1 percent in Utah to 23.2 percent in the New York City metropolitan area.

This week, health centers reported the highest number of health center patients tested for COVID-19 antibodies (22,161) over the eight weeks of antibody test reporting (**Figure 5**) and 3,367 patients who tested positive. For the current reporting period, the greatest numbers of COVID-19 antibody tests and of COVID-19 antibody-positive cases were reported by health centers in New York (13,620 and 1,892, respectively), Puerto Rico (2,727 and 110), California (1,242 and 135), Illinois (857 and 394), and New Jersey (748 and 336). Health centers in six states (DE, ME, ND, NE, RI, WY) did not report any patients tested for antibodies.

**Figure 5. Community Health Center Patients Tested for COVID-19 Antibodies and Patients Who Tested Positive, June-July 2020**



Note: HRSA began reporting on antibody testing at health centers in June 2020.  
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

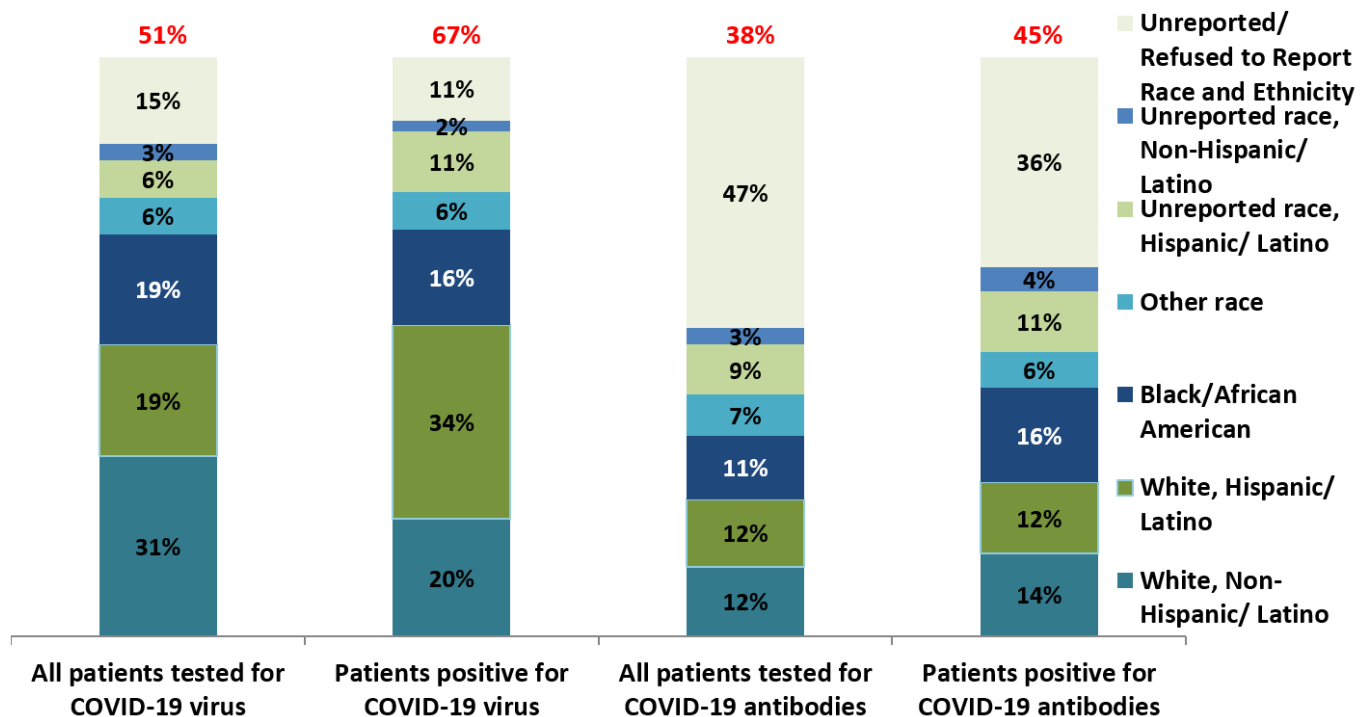
For the July 24th reporting week, 228,071 patients were tested for either COVID-19 virus or for antibodies, of whom 24,073 tested positive for either test type. The greatest numbers of COVID-19 tests of any type and of COVID-19 virus -or- antibody-positive cases were reported by health centers in New York (27,411 and 2,262, respectively), California (25,837 and 4,261), Florida (20,098 and 2,225), and Texas (13,622 and 2,022).

## COVID-19 Infections by Race/Ethnicity

Nationally, health centers reported that for all COVID-19 tests (both viral and antibody detection), 50 percent of all patients tested in the prior week and 64 percent who tested positive were racial and/or ethnic minority patients.

About half (51 percent) of patients tested for COVID-19 infection in the prior week were racial and/or ethnic minority patients (**Figure 6**). This is slightly lower than the percentages [reported in previous weeks](#) and than the proportion of health center patients who are racial/ethnic minorities ([63 percent in 2018](#)). In DC, Mississippi, Nevada, and PR, racial/ethnic minority patients accounted for at least 75 percent of all health center patients tested for COVID-19 infection in the prior week. [Consistent with previous weeks](#), about two-thirds (67 percent) of all health center patients who tested positive for COVID-19 virus were identified as racial/ethnic minorities (**Figure 6**). In 17 states and PR, minority patients accounted for at least 75 percent of those health center patients who tested positive for COVID-19 virus.

**Figure 6. Health Center Patients Tested for COVID-19 Virus and Antibodies and Patients Who Tested Positive, by Race/Ethnicity, as of July 24th**



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. Data as of July 24th, 2020.

A [CDC report](#) indicated that African American, Hispanic, and American Indian/Alaska Native individuals disproportionately account for COVID-19 cases. More recent reports continue to document [COVID-19 disparities among Latinos and in Black communities](#), [racial/ethnic disparities in non-elderly COVID-19 deaths](#), and disparities for COVID-19 deaths, with [nearly one in five deaths among Hispanic and Native American individuals](#) now due to COVID-19. An analysis of COVID-19 testing sites found that [those located in communities of color had higher patient demand, resulting in longer wait times and understaffed sites](#), compared to sites located in wealthier and/or whiter areas. A [recently published study](#) in the Lancet found that Black, Asian, and minority ethnic front-line health care workers were both more likely to report inadequate personal protective equipment (PPE) and reusing PPE and testing positive for COVID-19 compared to non-Hispanic, White front-line health care workers.



[Legislation has been introduced in the Senate](#) to target testing, contact tracing, public health campaigns, and outreach to racial/ethnic minority communities and other vulnerable populations at greater risk of COVID-19. The Department of Health and Human Services counts [community health center testing capacity among their initiatives to make testing more accessible and to reduce COVID-19 racial/ethnic disparities](#).

This week's survey findings are consistent with evidence of racial/ethnic disparities in COVID-19. Racial/ethnic minority patients accounted for 51 percent of patients tested for COVID-19 infection but 67 percent of patients with positive viral tests, and accounted for 38 percent of patients tested for antibodies but 45 percent of antibody cases. However, the latter finding is difficult to interpret given the high proportion of patients who were tested for antibodies and of those who tested positive with unknown race and ethnicity (47 percent and 36 percent, respectively). While White, Hispanic/Latino patients accounted for 19 percent of health center patients tested for COVID-19 infection in this reporting period, they represented 34 percent of all positive cases (**Figure 6**). Similarly, Hispanic/Latino patients with no reported race accounted for six percent of those tested for infection, but 11 percent of positive cases, and accounted for nine percent of patients tested for antibodies, but 11 percent of those who tested positive. Black/African American patients accounted for 11 percent of patients tested for antibodies but 16 percent of those who tested positive.

The known widespread [racial/ethnic and income disparities](#) in the risk of serious illness from COVID-19, the [high proportion of low-income health center patients](#) at greater risk for infection, and the recent reports of [long lines, hours-long waits, and shortages of COVID-19 tests](#) in states with spiking infection rates, all suggest a continued need for the expansion of health center testing resources. Community health centers are required by statute to serve all patients regardless of their income or health insurance status, making them an essential resource for the [5.4 million who have lost health insurance](#) due to the pandemic and the [30 million Americans collecting unemployment benefits as the \\$600 federal unemployment supplement expired](#). 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.

### Losses of Sites, Staffing, and Visits

As of July 24th, health centers reported the temporary closure of 1,080 sites (**Table 2**), or about one in 11 sites nationally (**Figure 7**). The highest numbers of site closures were reported by health centers in California (152), Kentucky (113), New York (84), and Connecticut (70).

Nationally, six percent of health center workers, or approximately 14,000 of the [nation's full-time equivalent health center staff](#), were 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. Rhode Island health centers reported the largest proportion of staff unable to work (19 percent), followed by Delaware, Louisiana, and Wyoming (10 percent each). Such staffing losses further exacerbate provider shortages endemic to the federally designated underserved communities that health centers are mandated to serve.

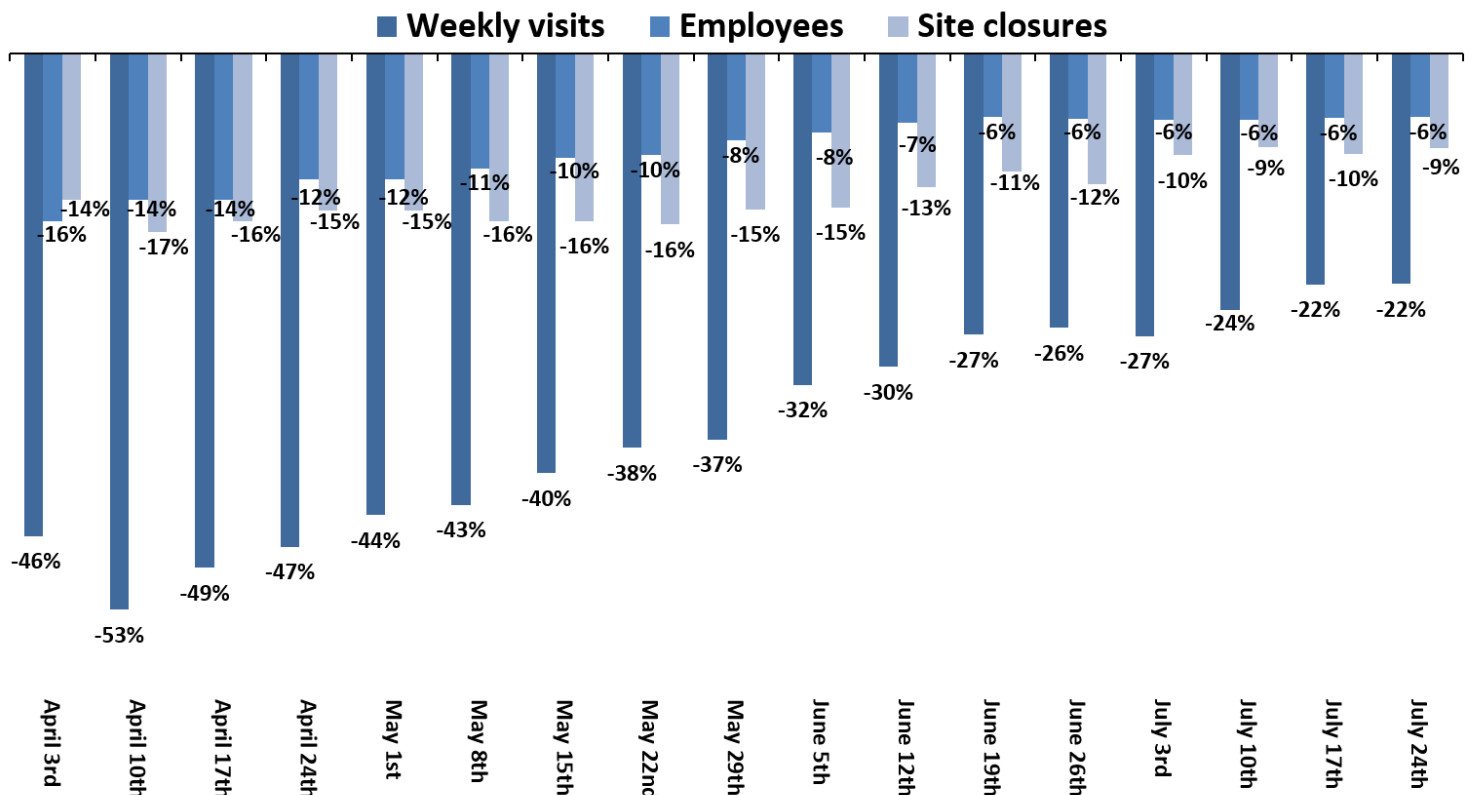
Compared to their pre-COVID-19 average visit volume, health centers nationally reported a decrease of 22 percent in the number of weekly visits. The largest declines by state were reported in Idaho (36 percent), New Jersey (35 percent), and Kentucky (34 percent); on the low end, Nevada and New Mexico health centers reported a four percent and six percent decline, respectively.

As of July 24th, the decline in weekly visits was the same as the previous week and the percentage decline reported for both weeks was the lowest reported over 17 weeks of survey data (22 percent); this is also less than half of its peak of 53 percent as of April 10th (**Figure 7**). Staffing losses as of July 24th remained the same as the prior five weeks (6 percent) and considerably below a peak of 16 percent reported in the first week.

Still, these losses continue to reflect the toll that COVID-19 is having on health center capacity, staffing, and

operations. The 22 percent reduction in weekly visits amounts to approximately 490,000 fewer weekly health center primary care visits nationally<sup>2</sup>, for services which may include routine check-ups, vaccinations, and other preventive care services. This loss in patient visits translates into substantial revenue losses, estimated at **\$2.195 billion nationwide over 16 weeks**; losses of this magnitude could prevent health centers from fully restoring services and reopening sites. Federal funding support for federally qualified health centers has thus far been limited to emergency relief and testing; additionally, **some states have adopted temporary payment increases to assist health centers and other providers** in the near term. While health centers qualify for some general provider relief funds, community health centers **are not eligible** to receive any of the \$25 billion in coronavirus relief aid for safety-net hospitals and health care providers serving COVID-19 “hot spots.” It remains to be seen how much community health centers will receive from forthcoming federal bills, including the **\$16 billion in the next COVID-19 relief bill, and an additional \$9 billion designated for testing from the CARES Act**. Given the operational and financial challenges of the past few months, **stabilizing reinforcing and sustaining the health center program will take billions beyond the sums committed to date**.

**Figure 7. COVID-19 Impact on Community Health Centers, April-July 2020**



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 percentage based on an approximated number of 12,000 sites. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

### Telehealth Visits

Health centers reported that, on average, 34 percent of visits for any health center service in the week prior to the survey were conducted virtually (**Table 2**). While the percentage has declined substantially from its peak of **54 percent in April**, over one in three of all visits remain virtual. Health centers in Connecticut (60 percent), Massachusetts (59 percent), and DC (57 percent) reported the highest average percentages of virtual visits this week,

<sup>2</sup> Based on 115,816,238 visits **reported in 2018**, divided by 52

while South Dakota health centers reported the lowest (five percent).

Recent policy changes may help to increase health centers' use of [telehealth services](#) during the pandemic, yet many still face barriers to adopting or expanding telehealth. A number of health centers [have now received support for telehealth implementation or expansion](#) through the \$200 million Federal Communications Commission's COVID-19 Telehealth Program funds, appropriated by Congress as part of the CARES Act. The growth in telehealth services has offset some visit declines, but it is not clear from the data how well [telehealth visits are able to substitute](#) for in-office visits, and the point at which in-office visits become essential to manage and treat health conditions, especially for patients who may both face serious access barriers and lack the resources to fully benefit from telehealth.

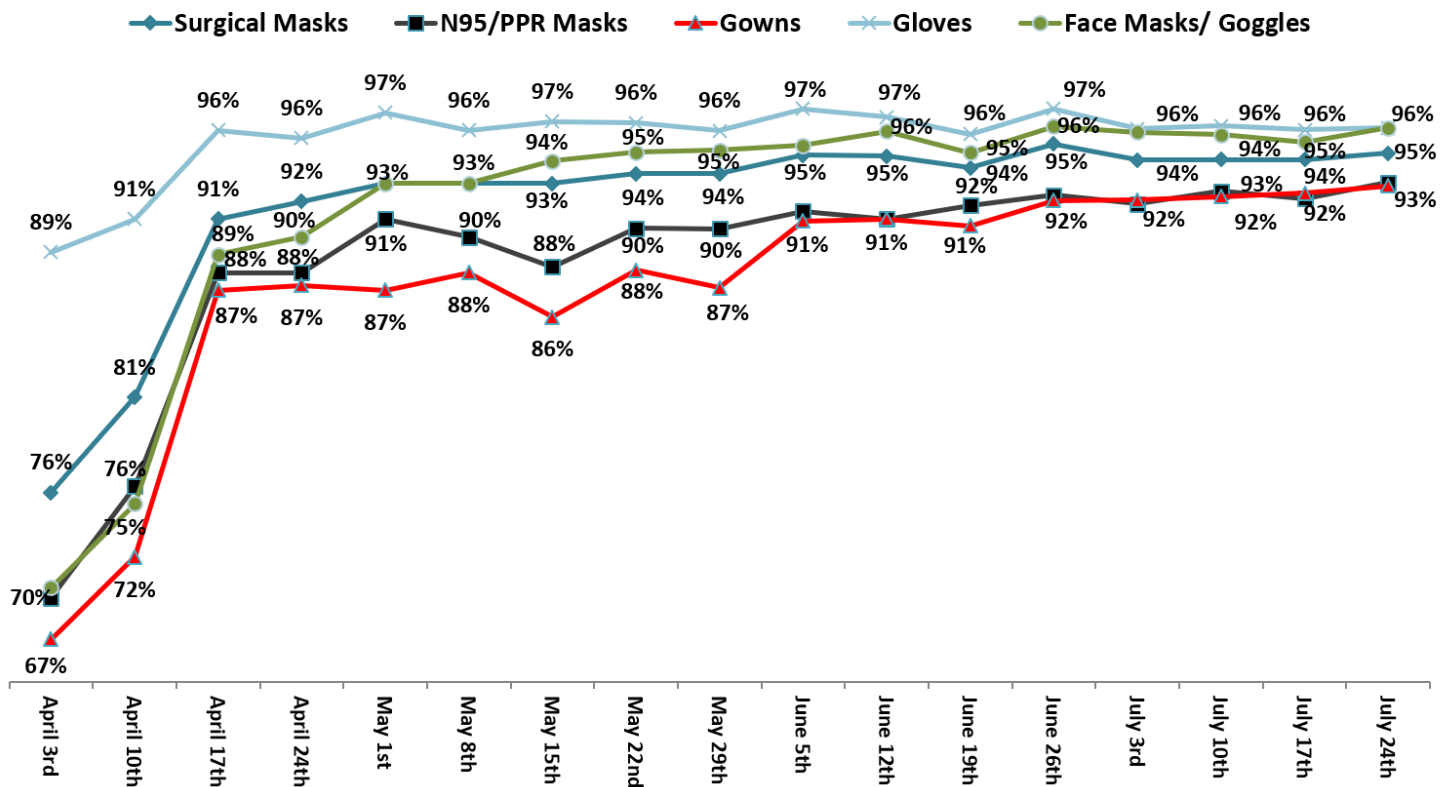
### Supply of Personal Protective Equipment (PPE) for the Next Week

Health centers reported on the supply of surgical masks, N95/PPR masks, gloves, gowns, and face masks/goggles for the coming week:

- 96 percent of responding health centers nationally reported an adequate supply of gloves. The responses ranged from 100 percent in 28 states and DC to 75 percent in Wyoming.
- 96 percent of all health centers reported an adequate supply of face masks or goggles. All responding health centers in 31 states and DC reported having an adequate supply of face masks/goggles. South Carolina had the lowest percentage (85 percent) of health centers reporting an adequate supply of face masks or goggles.
- 95 percent of health centers nationally reported an adequate supply of surgical masks. All responding health centers in 28 states and DC reported having an adequate supply of surgical masks for the week following the survey period. On the low end, 78 percent of health centers in New Hampshire reported having an adequate supply of surgical masks.
- 93 percent of health centers nationally reported an adequate supply of N95/PPR masks. All responding health centers in 20 states and DC reported having an adequate supply of N95/PPR masks. Nevada (67 percent) health centers reported the lowest percentage.
- 93 percent of health centers nationally reported an adequate supply of gowns. All responding health centers in 19 states and DC reported having an adequate supply of gowns. Nevada (67 percent) reported the lowest percentage of health centers with an adequate gown supply.

**Figure 8** illustrates the general trend on the availability of PPE. The proportion of health centers reporting an adequate supply of all types of PPE has increased since the earliest weeks of the survey, and now exceeds 90 percent nationally for all five types of PPE. For the week ending July 24th, 100 percent of responding health centers in 16 states and DC reported an adequate supply of all five types of PPE (**Table 2**). However, as indicated above, some areas continue to experience shortages in crucial supplies that are essential for patient care. There have been recent warnings of PPE shortages from [medical professionals](#), [medical equipment companies](#), and [the FDA](#), concurrent [with the end, on June 30th](#), of the Trump Administration's "Project Airbridge" initiative to expedite the shipment of PPE and supplies, and reports of [limited federal reserves of PPE supplies](#). These reports are especially worrisome amidst the increased demand for testing and as [only three states in the U.S. report a decrease in average new coronavirus cases compared to early July](#).

## Figure 8. Community Health Centers with an Adequate Supply of Personal Protective Equipment (PPE) for the Next Week, April-July 2020



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

### Look-alike Health Centers

Survey findings from [responding look-alike health centers](#) are summarized below. Look-alikes meet all [Health Center Program](#) requirements but do not receive federal health center grants. Key findings are based on aggregated responses from 48 look-alike health centers (55 percent response rate) for the July 24th report.

- 88 percent of responding look-alike (LAL) health centers reported that they have capacity to test for COVID-19 virus; among LAL health centers with testing capacity; 64 percent of respondents have COVID-19 drive-up or walk-up testing capacity.
- Two percent of LAL health centers reported an average turn-around time for COVID-19 virus test results of 12 hours, two percent of 24 hours, 33 percent of two to three days, 24 percent of 4-5 days, and 38 percent of more than five days, meaning that nearly two-thirds (62 percent) of LALs report waiting times of four or more days.
- LAL health centers reported a total of 4,576 COVID-19 tests (both viral and antibody tests) and 515 patients who tested positive. Fifty-eight percent of patients tested for COVID-19 infection or antibodies and 75 percent of those who tested positive were racial/ethnic minorities.
- LAL health centers reported that a total of 4,347 patients were tested for COVID-19 infection, of whom 457 tested positive. Of LAL patients tested for COVID-19 infection, 59 percent were racial/ethnic minorities and 75 percent of those who tested positive were racial/ethnic minority patients.
- LAL health centers tested 229 patients for COVID-19 antibodies and 58 tested positive. Of LAL patients receiving a test for antibody detection (serology), 33 percent were racial/ethnic minorities; of those testing positive for antibodies, 72 percent were racial/ethnic minorities.

- 28 staff members of LAL health centers tested positive for COVID-19 (PCR, antigen testing).
- Look-alike health centers reported that weekly visits were down 14 percent, and seven percent of staff members were unable to work.
- On average, 36 percent of LAL health center visits were conducted virtually.
- Seven LAL sites were temporarily closed (out of 302 LAL health center sites reported in 2018).
- Supplies of PPE varied as follows:
  - 96 percent of responding look-alike health centers nationally reported an adequate supply of surgical masks and face masks or goggles.
  - 94 percent reported an adequate supply of N95/PPR masks and gloves.
  - 92 percent reported an adequate supply of gowns.

State- or territory-level survey reports for look-alike data were not made available by HRSA.

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Due to differences in which health centers may have responded for any given reporting period, [HRSA](#) notes that the summary data are not strictly comparable across weeks. The response rates for HRSA's COVID-19 weekly surveys of federally-funded community health centers have ranged from 62 percent to 83 percent (Week 1 [April 3rd]: 62 percent; Week 2 [April 10th]: 83 percent; Week 3 [April 17th]: 74 percent; Week 4 [April 24th]: 75 percent; Week 5 [May 1st]: 70 percent; Week 6 [May 8th]: 73 percent; Week 7 [May 15th]: 74 percent; Week 8 [May 22nd]: 70 percent; Week 9 [May 29th]: 72 percent; Week 10 [June 5th]: 80 percent; Week 11 [June 12th]: 73 percent; Week 12 [June 19th]: 69 percent; Week 13 [June 26th]: 73 percent; Week 14 [July 3rd]: 70 percent; Week 15 [July 10th]: 73 percent; Week 16 [July 17th]: 73 percent; Week 17 [July 24th]: 71 percent).

HRSA's summary of Week 1 survey data can be found [here](#) and our Week 2-16 summaries can be found [here](#).



Table 1. Health Center COVID-19 Testing, as of July 24th, 2020

State	Testing Capacity		Average Turn-around Time for COVID-19 Test Results						Total COVID-19 Testing in Prior Week				Testing for COVID-19 Infection in Prior Week					Testing for COVID-19 Antibodies in Prior Week				
	Health Centers with Capacity to Test (%)	Drive-up/ Walk-up Testing (%)	Less Than 1 hour (%)	12 Hours or Less (%)	24 Hours (%)	2-3 Days (%)	4-5 Days (%)	More Than 5 Days (%)	Patients Tested for COVID-19, Any Test Type (#)	Racial and/or Ethnic Minority Patients Tested for COVID-19, Any Test Type (%)	Patients Tested Positive for COVID-19, Any Test Type (#)	Racial and/or Ethnic Minority Patients Positive for COVID-19, Any Test Type (%)	Patients Tested for COVID-19 Infection (#)	Patients Testing Positive for COVID-19 Infection (#)	Percent of Patients Testing Positive for COVID-19 Infection (%)	Racial and/or Ethnic Minority Patients Tested for COVID-19 (%)	Racial and/or Ethnic Minority Patients Tested Positive for COVID-19 (%)	Staff Tested Positive for COVID-19 (#)	Patients Tested for COVID-19 Antibodies (#)	Racial and/or Ethnic Minority Patients Tested for COVID-19 Antibodies (%)	Patients Tested Positive for COVID-19 Antibodies (#)	Racial and/or Ethnic Minority Patients Positive for COVID-19 Antibodies (%)
National	96%	79%	4%	2%	4%	24%	27%	39%	228,071	50%	24,073	64%	205,910	20,706	10.1%	51%	67%	726	22,161	38%	3,367	45%
AK	100%	94%	17%	11%	6%	28%	28%	11%	3,543	43%	87	47%	3,539	87	2.5%	43%	47%	1	4	75%	0	-
AL	100%	91%	0%	0%	0%	9%	36%	55%	4,757	63%	390	66%	4,726	390	8.3%	63%	66%	9	31	29%	0	-
AR	100%	100%	0%	0%	0%	22%	22%	56%	2,619	50%	439	58%	2,592	439	16.9%	50%	58%	8	27	11%	0	-
AZ	100%	81%	6%	0%	0%	6%	38%	50%	3,510	49%	906	38%	3,419	871	25.5%	48%	39%	19	91	65%	35	20%
CA	94%	80%	0%	0%	4%	19%	14%	64%	25,837	72%	4,261	83%	24,595	4,126	16.8%	73%	84%	129	1,242	54%	135	80%
CO	94%	80%	0%	7%	0%	20%	13%	60%	2,898	51%	274	66%	2,671	228	8.5%	52%	70%	28	227	39%	46	46%
CT	100%	79%	0%	0%	0%	43%	7%	50%	5,497	48%	139	65%	5,438	123	2.3%	48%	67%	0	59	61%	16	56%
DC	100%	43%	0%	0%	0%	29%	57%	14%	1,063	77%	159	65%	1,043	137	13.1%	77%	64%	6	20	85%	22	73%
DE	100%	0%	0%	33%	0%	33%	33%	0%	191	74%	14	86%	191	14	7.3%	74%	86%	0	0	-	0	-
FL	97%	86%	0%	0%	0%	6%	23%	71%	20,098	64%	2,225	77%	19,777	2,164	10.9%	64%	77%	82	321	70%	61	72%
GA	100%	88%	0%	0%	0%	28%	16%	56%	5,982	63%	835	63%	5,862	787	13.4%	64%	62%	28	120	43%	48	71%
HI	100%	83%	17%	0%	0%	67%	17%	0%	413	69%	9	78%	408	9	2.2%	69%	78%	0	5	60%	0	-
IA	100%	100%	27%	0%	0%	45%	27%	0%	1,902	22%	163	40%	1,879	160	8.5%	22%	39%	3	23	30%	3	67%
ID	100%	64%	18%	0%	0%	27%	27%	27%	943	31%	286	43%	937	285	30.4%	31%	42%	12	6	50%	1	100%
IL	97%	97%	3%	0%	6%	30%	36%	24%	10,929	50%	1,286	43%	10,072	892	8.9%	49%	48%	15	857	58%	394	33%
IN	87%	77%	8%	23%	0%	23%	31%	15%	1,047	28%	191	50%	1,006	188	18.7%	28%	50%	3	41	17%	3	67%
KS	100%	93%	7%	0%	7%	53%	13%	20%	1,166	35%	138	62%	1,160	138	11.9%	35%	62%	1	6	17%	0	-

State	Testing Capacity		Average Turn-around Time for COVID-19 Test Results						Total COVID-19 Testing in Prior Week				Testing for COVID-19 Infection in Prior Week					Testing for COVID-19 Antibodies in Prior Week				
	Health Centers with Capacity to Test (%)	Drive-up/ Walk-up Testing (%)	Less Than 1 hour (%)	12 Hours or Less (%)	24 Hours (%)	2-3 Days (%)	4-5 Days (%)	More Than 5 Days (%)	Patients Tested for COVID-19, Any Test Type (#)	Racial and/or Ethnic Minority Patients Tested for COVID-19, Any Test Type (%)	Patients Tested Positive for COVID-19, Any Test Type (#)	Racial and/or Ethnic Minority Patients Positive for COVID-19, Any Test Type (%)	Patients Tested for COVID-19 Infection (#)	Patients Testing Positive for COVID-19 Infection (#)	Percent of Patients Testing Positive for COVID-19 Infection (%)	Racial and/or Ethnic Minority Patients Tested for COVID-19 (%)	Racial and/or Ethnic Minority Patients Tested Positive for COVID-19 (%)	Staff Tested Positive for COVID-19 (#)	Patients Tested for COVID-19 Antibodies (#)	Racial and/or Ethnic Minority Patients Tested for COVID-19 Antibodies (%)	Patients Tested Positive for COVID-19 Antibodies (#)	Racial and/or Ethnic Minority Patients Positive for COVID-19 Antibodies (%)
KY	100%	90%	10%	0%	14%	43%	24%	10%	4,924	12%	258	23%	4,709	242	5.1%	13%	24%	7	215	7%	16	6%
LA	96%	83%	4%	4%	4%	22%	35%	30%	3,510	63%	450	60%	3,338	422	12.6%	63%	59%	23	172	63%	28	71%
MA	97%	93%	0%	4%	4%	32%	0%	61%	9,579	39%	264	59%	9,529	263	2.8%	39%	60%	7	50	50%	1	0%
MD	92%	64%	0%	0%	0%	27%	36%	36%	647	66%	55	78%	623	55	8.8%	67%	78%	10	24	58%	0	-
ME	100%	78%	0%	11%	78%	11%	0%	0%	342	7%	1	100%	342	1	0.3%	7%	100%	1	0	-	0	-
MI	95%	90%	0%	0%	5%	10%	30%	55%	5,590	25%	255	38%	5,571	253	4.5%	26%	38%	8	19	11%	2	50%
MN	100%	89%	11%	0%	0%	11%	0%	78%	865	50%	58	90%	856	57	6.7%	50%	89%	4	9	78%	1	100%
MO	100%	86%	5%	0%	5%	32%	18%	41%	5,108	41%	294	48%	4,864	278	5.7%	42%	51%	12	244	19%	16	0%
MS	100%	75%	0%	0%	6%	6%	13%	75%	3,404	83%	366	86%	3,330	343	10.3%	83%	85%	15	74	80%	23	91%
MT	100%	40%	0%	0%	0%	20%	20%	60%	680	7%	22	14%	679	22	3.2%	7%	14%	8	1	0%	0	-
NC	95%	83%	11%	0%	17%	6%	33%	33%	3,470	67%	490	76%	3,337	478	14.3%	69%	77%	12	133	19%	12	17%
ND	100%	100%	0%	0%	0%	33%	67%	0%	273	25%	15	47%	273	15	5.5%	25%	47%	0	0	-	0	-
NE	60%	67%	0%	0%	0%	0%	67%	33%	557	65%	117	70%	557	117	21.0%	65%	70%	2	0	-	0	-
NH	100%	44%	0%	11%	11%	22%	22%	33%	210	23%	10	80%	195	8	4.1%	25%	100%	1	15	0%	2	0%
NJ	88%	86%	7%	0%	7%	36%	14%	36%	4,302	68%	932	73%	3,554	596	16.8%	67%	72%	6	748	75%	336	75%
NM	100%	64%	0%	0%	7%	29%	43%	21%	1,603	61%	42	93%	1,595	42	2.6%	61%	93%	9	8	38%	0	-
NV	83%	100%	20%	0%	0%	40%	40%	0%	1,498	76%	397	86%	1,493	397	26.6%	75%	86%	17	5	80%	0	-
NY	95%	71%	0%	0%	3%	29%	40%	29%	27,411	27%	2,262	39%	13,791	370	2.7%	31%	71%	7	13,620	22%	1,892	33%
OH	93%	86%	5%	3%	0%	24%	43%	24%	8,594	26%	430	39%	8,264	417	5.0%	27%	40%	9	330	8%	13	15%
OK	100%	64%	0%	0%	0%	14%	29%	57%	834	32%	100	45%	752	98	13.0%	33%	45%	5	82	23%	2	50%

State	Testing Capacity		Average Turn-around Time for COVID-19 Test Results						Total COVID-19 Testing in Prior Week				Testing for COVID-19 Infection in Prior Week					Testing for COVID-19 Antibodies in Prior Week				
	Health Centers with Capacity to Test (%)	Drive-up/ Walk-up Testing (%)	Less Than 1 hour (%)	12 Hours or Less (%)	24 Hours (%)	2-3 Days (%)	4-5 Days (%)	More Than 5 Days (%)	Patients Tested for COVID-19, Any Test Type (#)	Racial and/or Ethnic Minority Patients Tested for COVID-19, Any Test Type (%)	Patients Tested Positive for COVID-19, Any Test Type (#)	Racial and/or Ethnic Minority Patients Positive for COVID-19, Any Test Type (%)	Patients Tested for COVID-19 Infection (#)	Patients Testing Positive for COVID-19 Infection (#)	Percent of Patients Testing Positive for COVID-19 Infection (%)	Racial and/or Ethnic Minority Patients Tested for COVID-19 (%)	Racial and/or Ethnic Minority Patients Tested Positive for COVID-19 (%)	Staff Tested Positive for COVID-19 (#)	Patients Tested for COVID-19 Antibodies (#)	Racial and/or Ethnic Minority Patients Tested for COVID-19 Antibodies (%)	Patients Tested Positive for COVID-19 Antibodies (#)	Racial and/or Ethnic Minority Patients Positive for COVID-19 Antibodies (%)
OR	95%	57%	5%	0%	5%	14%	24%	52%	1,000	51%	150	77%	975	145	14.9%	51%	78%	8	25	28%	5	40%
PA	97%	76%	3%	0%	0%	12%	18%	67%	4,777	45%	339	56%	4,674	335	7.2%	46%	57%	14	103	5%	4	0%
PR	83%	87%	0%	13%	7%	13%	33%	33%	3,883	96%	166	99%	1,156	56	4.8%	91%	98%	10	2,727	98%	110	100%
RI	100%	71%	0%	0%	0%	0%	29%	71%	1,466	51%	133	66%	1,466	133	9.1%	51%	66%	4	0	-	0	-
SC	90%	78%	0%	0%	0%	44%	44%	11%	6,264	70%	550	78%	6,236	545	8.7%	70%	79%	22	28	57%	5	40%
SD	100%	50%	0%	0%	0%	50%	50%	0%	156	38%	18	50%	151	18	11.9%	40%	50%	0	5	0%	0	-
TN	95%	67%	5%	0%	0%	24%	38%	33%	5,609	14%	647	25%	5,604	642	11.5%	14%	24%	12	5	0%	5	60%
TX	98%	74%	8%	2%	4%	21%	42%	25%	13,622	63%	2,022	77%	13,575	1,927	14.2%	63%	76%	95	47	64%	95	84%
UT	91%	100%	0%	0%	20%	40%	30%	10%	946	40%	93	75%	931	91	9.8%	41%	76%	7	15	20%	2	50%
VA	100%	72%	0%	0%	0%	28%	39%	33%	2,127	47%	205	51%	1,965	181	9.2%	46%	50%	14	162	61%	24	58%
VT	71%	20%	0%	0%	0%	20%	60%	20%	97	5%	3	0%	95	3	3.2%	5%	0%	0	2	0%	0	-
WA	95%	83%	0%	0%	11%	22%	56%	11%	6,566	46%	577	65%	6,557	569	8.7%	46%	65%	12	9	0%	8	100%
WI	100%	71%	0%	0%	29%	43%	21%	7%	1,918	61%	315	79%	1,911	315	16.5%	61%	79%	9	7	29%	0	-
WV	100%	81%	10%	0%	0%	24%	48%	19%	3,457	9%	230	40%	3,260	229	7.0%	7%	40%	11	197	44%	1	0%
WY	75%	67%	0%	0%	0%	100%	0%	0%	38	26%	5	0%	38	5	13.2%	26%	0%	1	0	-	0	-

Note: National totals include data from two health centers in the [U.S. territories](#) (not including Puerto Rico, which is reported on its own). The COVID-19 viral positivity rate should be interpreted cautiously due to widespread delays in test results and because HRSA cautions 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.”

Source: GW analysis of HRSA COVID-19 federally-funded health center data (as of July 24th, published July 30th, 2020).

Table 2. COVID-19 Impact on Health Center Visits and Operations and PPE Supply as of July 24th, 2020

State	Staffing and Operations			Health Centers Reporting Adequate PPE for Next Week (%)					
	Decrease in Average Weekly Visits from pre-COVID-19 Weekly Visits (%)	Sites Closed (#)	Staff Unable to Work (%)	Average percent of Visits Conducted Virtually (%)	Surgical Masks (%)	N95/PPR Masks (%)	Gowns (%)	Gloves (%)	Face Masks/Goggles (%)
National	22%	1,080	6%	34%	95%	93%	93%	96%	96%
AK	26%	3	8%	26%	100%	100%	94%	100%	100%
AL	16%	12	5%	25%	82%	82%	82%	82%	91%
AR	18%	13	7%	15%	89%	89%	89%	89%	89%
AZ	13%	13	5%	43%	100%	100%	94%	100%	100%
CA	17%	152	9%	55%	94%	96%	94%	97%	96%
CO	17%	25	7%	28%	100%	94%	94%	100%	100%
CT	23%	70	4%	60%	100%	100%	100%	100%	100%
DC	18%	5	9%	57%	100%	100%	100%	100%	100%
DE	27%	4	10%	42%	100%	100%	100%	100%	100%
FL	25%	23	8%	26%	92%	83%	89%	94%	89%
GA	26%	16	5%	18%	100%	92%	92%	100%	96%
HI	25%	3	4%	23%	100%	100%	100%	100%	100%
IA	25%	3	2%	17%	91%	91%	91%	91%	91%
ID	36%	1	5%	15%	91%	91%	91%	91%	91%
IL	21%	33	8%	39%	94%	91%	91%	97%	100%
IN	31%	6	5%	20%	87%	87%	93%	100%	93%
KS	12%	20	2%	11%	93%	93%	93%	100%	100%
KY	34%	113	3%	23%	90%	90%	90%	95%	90%
LA	24%	8	10%	39%	83%	92%	83%	88%	96%
MA	21%	37	6%	59%	93%	83%	93%	97%	93%
MD	28%	12	8%	38%	100%	100%	100%	100%	100%
ME	24%	8	3%	23%	100%	89%	100%	100%	100%
MI	19%	36	4%	34%	100%	100%	95%	100%	100%
MN	25%	12	4%	50%	100%	100%	100%	100%	100%
MO	29%	15	3%	21%	86%	91%	91%	91%	100%

State	Staffing and Operations			Health Centers Reporting Adequate PPE for Next Week (%)					
	Decrease in Average Weekly Visits from pre-COVID-19 Weekly Visits (%)	Sites Closed (#)	Staff Unable to Work (%)	Average percent of Visits Conducted Virtually (%)	Surgical Masks (%)	N95/PPR Masks (%)	Gowns (%)	Gloves (%)	Face Masks/Goggles (%)
MS	33%	35	7%	20%	100%	94%	88%	94%	94%
MT	26%	8	4%	18%	100%	90%	100%	100%	100%
NC	24%	14	3%	41%	89%	89%	84%	95%	89%
ND	28%	1	5%	30%	100%	100%	100%	100%	100%
NE	25%	8	3%	22%	100%	100%	100%	100%	100%
NH	15%	3	3%	34%	78%	78%	78%	78%	89%
NJ	35%	19	4%	34%	100%	94%	100%	94%	100%
NM	6%	42	4%	48%	100%	100%	100%	100%	100%
NV	4%	3	6%	31%	83%	67%	67%	83%	100%
NY	14%	84	5%	32%	100%	100%	100%	100%	100%
OH	21%	26	6%	36%	100%	100%	100%	100%	100%
OK	18%	3	3%	21%	100%	100%	100%	100%	100%
OR	20%	10	6%	43%	95%	95%	95%	100%	100%
PA	19%	14	7%	34%	100%	91%	97%	100%	97%
PR	33%	1	9%	51%	89%	89%	89%	89%	89%
RI	13%	5	19%	53%	100%	100%	100%	100%	100%
SC	30%	22	6%	19%	95%	95%	80%	95%	85%
SD	20%	0	0%	5%	100%	100%	100%	100%	100%
TN	29%	2	4%	15%	91%	95%	95%	95%	91%
TX	23%	44	6%	28%	94%	93%	94%	96%	96%
UT	31%	3	4%	23%	100%	100%	100%	100%	100%
VA	18%	25	4%	31%	94%	94%	94%	94%	100%
VT	24%	4	5%	36%	100%	100%	100%	100%	100%
WA	23%	23	8%	33%	100%	100%	100%	100%	100%



State	Staffing and Operations			Health Centers Reporting Adequate PPE for Next Week (%)					
	Decrease in Average Weekly Visits from pre-COVID-19 Weekly Visits (%)	Sites Closed (#)	Staff Unable to Work (%)	Average percent of Visits Conducted Virtually (%)	Surgical Masks (%)	N95/PPR Masks (%)	Gowns (%)	Gloves (%)	Face Masks/Goggles (%)
WI	22%	17	9%	28%	100%	79%	86%	100%	100%
WV	20%	19	3%	23%	81%	81%	76%	86%	90%
WY	28%	1	10%	23%	100%	100%	75%	75%	100%

Note: National totals include data from two health centers in the [U.S. territories](#) (not including Puerto Rico, which is reported on its own).

Source: GW analysis of HRSA COVID-19 federally-funded health center data (as of July 24th, published July 30th, 2020).