

# Data Note

August 26th, 2020

## **Key Updates from the Health Center COVID-19 Survey (Week #20): Community Health Centers Tested a Quarter of a Million Patients for COVID-19**

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### Introduction

As the nation's seven-day average of daily deaths exceeded 1,000 for **at least 24 days in a row**, 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 August 14th (251,246) was at its highest-ever level since reporting on patient testing began, surpassing a quarter of a million tested patients. Average turn-around times for COVID-19 viral test results continued to improve, as the share of responding health centers reporting waiting times of four or more days dropped from 47 percent as of August 7th to 39 percent as of the current reporting period. The share of health centers that reported average turn-around times of more than five days also dropped, from 23 percent as of August 7th to 14 percent as of August 14th. Still, less than two-thirds (61 percent) of health centers reported average turn-around times that met the Department of Health and Human Services acceptable standard of **up to three days**. Similarly, the share of look-alike health centers that reported average waiting times for COVID-19 viral test results of four days or more was 45 percent.

Other key findings include:

- Federally-funded community health centers have tested more than 2.9 million patients for COVID-19 infection over the 19 weeks of reported patient testing data. In the aggregate, a total of 362,363 health center patients and 11,433 staff members have tested positive for the COVID-19 virus. With **5.3 million cases of coronavirus in the U.S. reported as of August 14th**, the number of health center patients who tested positive accounted for 6.8 percent of cases nationally, or one in 15 of all U.S. cases.
- Health centers conducted 16,020 antibody (serology) tests the prior week, bringing the total number of COVID-19 tests for the August 14th report, including both virus detection (PCR, antigen) and antibody tests, to 267,266.
- The number of patients who tested positive for COVID-19 virus (21,389), and the percentage of patients who tested positive (8.5 percent) are likely understated due to the widespread delays in test results, which result in a reporting lag.
- Look-alike (LAL) health centers **reported** that 2,935 patients were tested for COVID-19 virus and 249 tested positive.
- In contrast 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 53 percent of those who tested positive.
- The number of temporarily closed sites for the current reporting period was 1,045, or one in 12 sites nationwide. Visits to federally-funded health centers remained below average weekly pre-COVID-19 levels, although this week's decline of 20 percent is the lowest reported decline over the 20 weeks of survey data. The average percentage of health center visits conducted virtually (31 percent) was also at its lowest level over the 20 weeks.
- The percentage of staff unable to work has declined from 16 percent reported as of April 3rd to five percent as of August 14th. The number of staff members who tested positive for COVID-19 infection this week was 475.

- 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.

**New average daily coronavirus cases are declining nationally, down by approximately 20,000 a day compared to July**, although this may be partially attributable to **reduced testing in response to long waiting times to get test results**. While the number of tests performed each day in the US dropped by an average of 68,000 compared to the daily rate in late July, and prolonged turn-around times to obtain test results continued to **reflect problems with test supply chains and heightened demand for testing**, this week’s survey evidences that community health centers continued to conduct high numbers of COVID-19 virus tests. Furthermore, while the decline in weekly visits is at its lowest reported level since April, 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

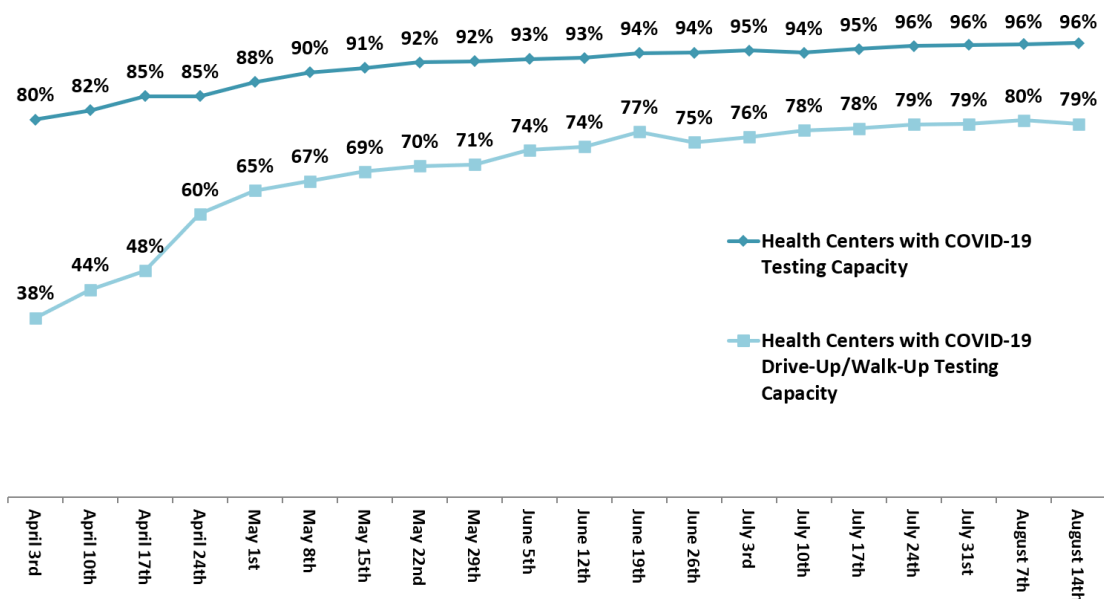
Findings from week twenty of the **HRSA data summary** appear below. The weekly summary is drawn from information provided by responding federally-funded health centers as of August 14th, 2020. This data note summarizes key findings based on 979 health center responses (71 percent response rate).

### Current Testing Capabilities

Nationally, 96 percent of health centers reported the capacity to offer COVID-19 virus-detection testing (**Table 1**). In 29 states and the District of Columbia (DC), 100 percent of responding health centers have the ability to test. Vermont reported the lowest percentage (70 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 Iowa, Kansas, North Dakota, and Nevada.

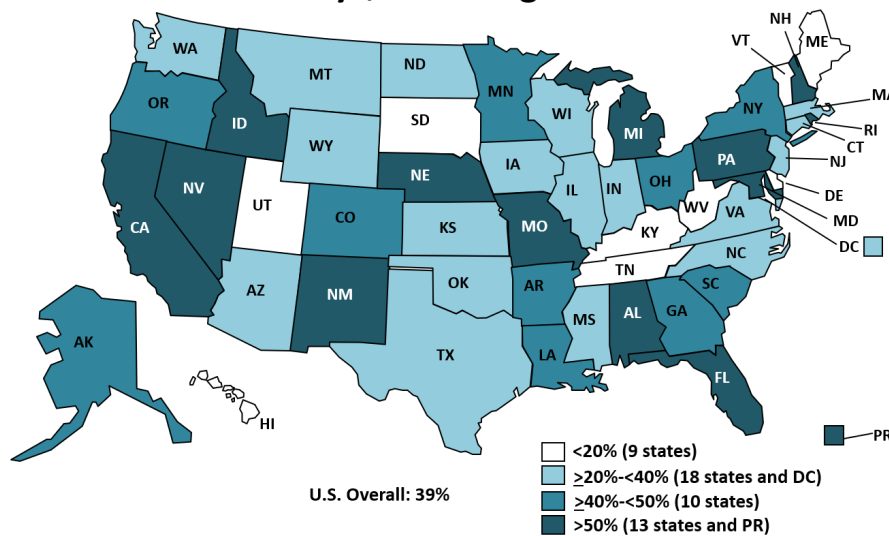
**Figure 1. Community Health Center COVID-19 Virus Testing Capacity, April-August 2020**



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.

**Figure 1** shows health center COVID-19 virus testing capacity over the 20 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 August 14th. 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. 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. On July 9th, HRSA announced over [\\$17 million in grants to 78 look-alike health centers](#) to expand their COVID-19 testing capacity.

**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 August 14th**



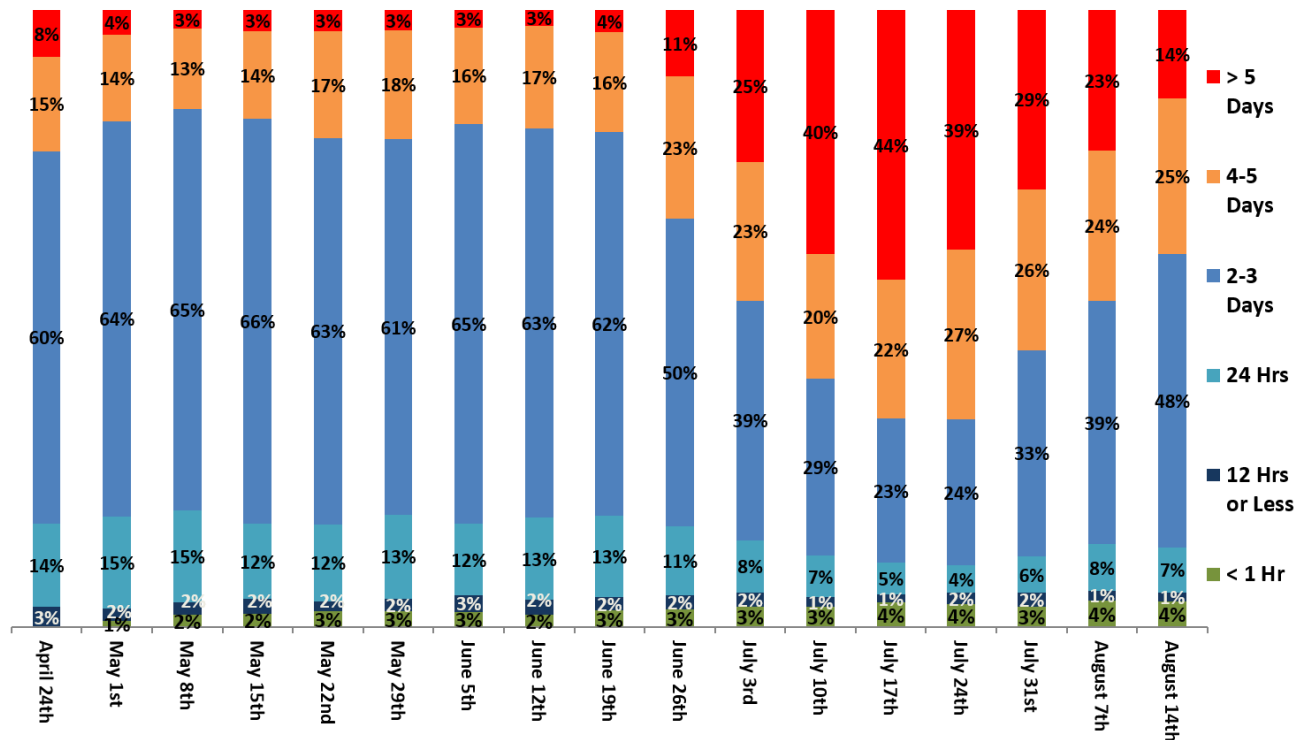
Notes: US percentage includes health centers in Puerto Rico (PR) and three other health centers in the U.S. territories.  
Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. Data as of August 14th, 2020.

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 acceptable](#) but [ideal turn-around within 24 hours](#), results reporting, while improving somewhat, continues to lag. As of August 14th, four percent of responding health centers reported obtaining COVID-19 test results within an hour, one percent within 12 hours, seven percent within 24 hours, 48 percent within two to three days, 25 percent within four to five days, and 14 percent reported waiting more than five days for test results. Nearly four in ten health centers reported prolonged wait times for viral testing, with 39 percent of responding health centers nationally reporting average turn-around times for COVID-19 viral test results of four or more days. Only 61 percent<sup>1</sup> of responding health centers reported waiting times that met the [Department of Health and Human Services standard for acceptable results turn-around of up to three days](#).

Responding health centers in only five states, Delaware, Hawaii, Maine, South Dakota, and Vermont, reported that all COVID-19 viral test results were returned within an average of three days. As **Figure 2** shows, in 13 states and Puerto Rico (PR), at least 50 percent of responding health centers reported an average turn-around time for test results of four or more days, and in an additional 10 states, at least four in ten responding health centers also reported delayed test results.

<sup>1</sup> Reported percentages are rounded. The percentages for turn-around times of three or fewer days sum to 61 percent.

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

**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 over the next several weeks to 44 percent as of July 17th, before beginning a downward trend to 14 percent of test results as of the current reporting period. The share of health centers reporting an average turn-around time of two to three days increased substantially in the past week, from 39 percent as of August 7th to nearly half (48 percent) this week. 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, about six in ten (61 percent) do so now.

The prolonged time to obtain test results reported by health centers aligns with ongoing reports of [delayed test results due to both strained capacity to meet testing demand, and shortages of testing supplies](#). A national survey conducted in July found that the [average turn-around time for COVID-19 viral test results was 4.1 days and only 37 percent of test results were returned within two days](#). A later survey, conducted nationally from July 30 to August 10, [found that nearly 40 percent of test results were returned in four or more 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.

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, the [benefits of pooled testing are limited when infection rates are high](#).

Still, this week's health center survey data mirror signs that test turn-around times are improving nationally. The Department of Health and Human Services reported that **45 percent of test results in July were returned within three days, rising to 56 percent in the last week of July**. The national laboratory Quest reports that **as of August 17th, the average turn-around time for test results for all patients, including non-priority patients, is one to two days**, down from an average of two to three days for non-priority patients the prior week. Current national data indicate that the **average turn-around time for test results has declined from more than four days in March to less than three and a half days**, but nearly forty percent of U.S. COVID-19 tests come back too late to be clinically meaningful.

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

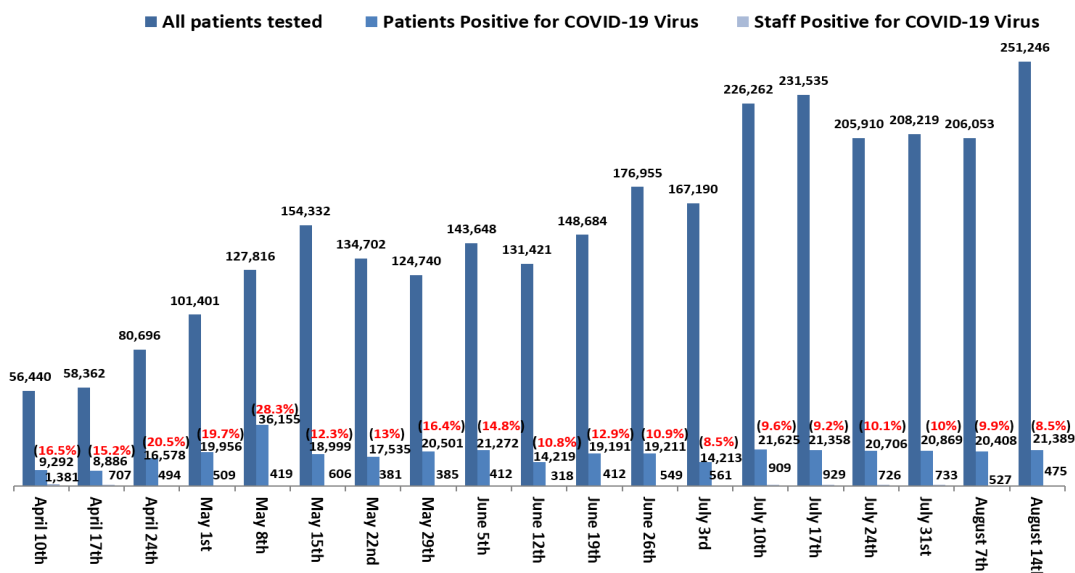
For the week prior to the survey, health centers reported that a total of 251,246 patients were tested for the COVID-19 virus (PCR, antigen tests). Health centers in Texas reported the highest number of tested patients (70,249), accounting for 28 percent of all tested patients that week, followed by California (21,601), and Florida (18,986) health centers. Health center respondents in 33 states reported testing more than 1,000 patients in the aggregate.

Health centers reported that 21,389 patients nationally tested positive for COVID-19 that same week. Consistent with their standing as the **only three states that have exceeded 500,000 coronavirus cases each**, health centers in Florida (6,397) reported the largest number of patients who tested positive, followed by California (3,394) and Texas (1,163). In 32 states and PR, 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 8.5 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 8.5 percent rate falls well above the range of 5.7 percent to 6.6 percent positive testing results across public health, clinical and commercial labs (as reported to the **CDC through August 15th, 2020**), this comparison should be interpreted cautiously given the lag in average turn-around times for test results.

The HRSA data also show that 475 health center staff members had laboratory-confirmed COVID-19 that week, with the highest numbers reported by health centers in California (66), Texas (42), and Florida (40).

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



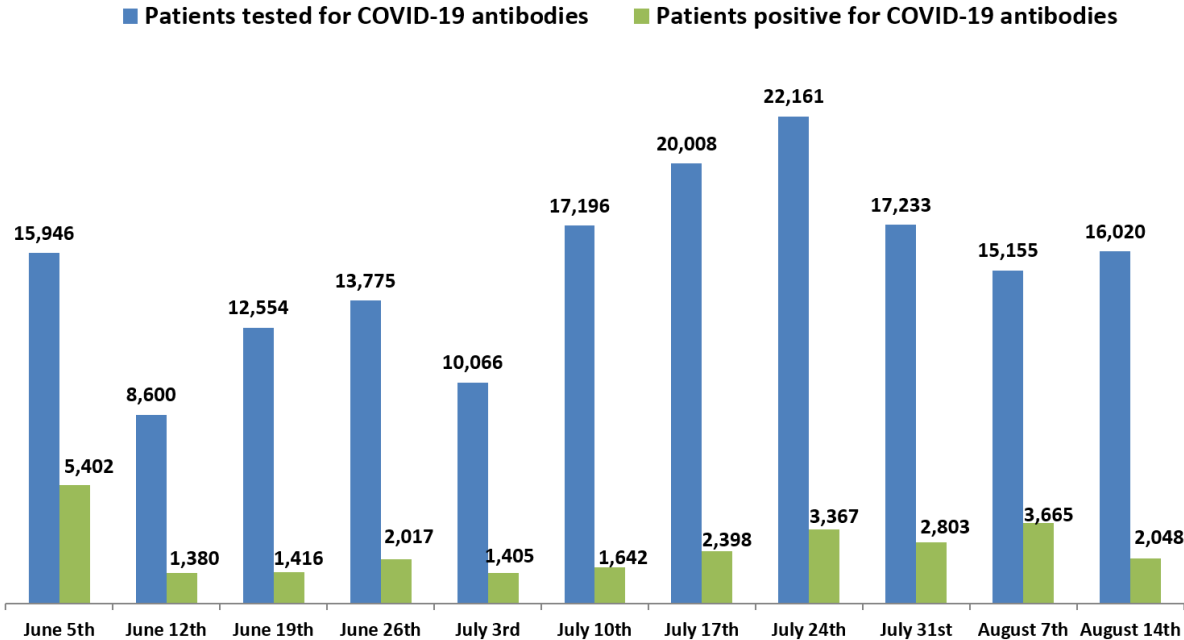
Note: The figures in red indicate the percentage of health center patients who tested positive for COVID-19 that week. The percentage testing positive for the eight weeks from June 26th to August 14th should be interpreted cautiously given widespread delays in test results those weeks. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

**Figure 4** shows that the number of patients tested for COVID-19 was at its highest level this past week (251,246). The number of tests conducted by health centers as of August 14th increased by 45,193 tests from the week before. The 21,389 patients with confirmed infection this week was about a thousand more than the number reported as of August 7th, 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 dropped by more than 50, from 527 as of August 7th to 475 this week. Over the 19 weeks of reported patient testing data,<sup>2</sup> health centers have tested a total of 2,935,612 patients for COVID-19 infection, and a total of 362,363 health center patients and 11,433 staff members have tested positive. The 362,363 patients with confirmed COVID-19 infection accounted for one in 15 (6.8 percent) of the [5.3 million novel coronavirus cases reported nationally as of August 14th](#).

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; the third round of the study, conducted in June 2020, found positive antibody rates ranging from 0.8 percent in Missouri to 19.5 percent in the New York City metropolitan area.

This week, the number of health center patients tested for COVID-19 antibodies (16,020) was 865 higher than the week before (**Figure 5**) while the number who tested positive (2,048) was 1,600 lower. For the current reporting period, the greatest numbers of COVID-19 antibody tests and positive antibody cases were reported by New York (10,904 and 1,447, respectively), Puerto Rico (1,286 and 61) and California (920 and 104). Health centers in Delaware, Nebraska, Vermont, and Wyoming did not report any patients tested for antibodies for this week.

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

<sup>2</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.

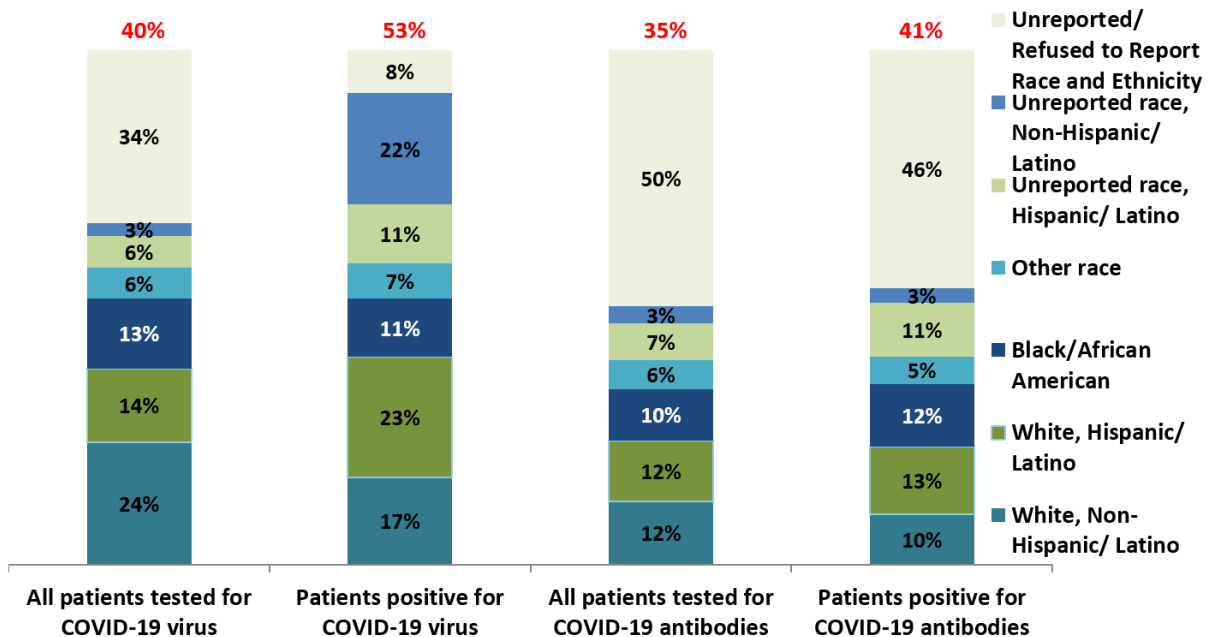
For the August 14th reporting week, 267,266 patients were tested for either COVID-19 virus or for antibodies, of whom 23,437 tested positive for either test type. The greatest numbers of COVID-19 tests of any type and of COVID-19 virus- or antibody-positive cases were reported by health centers in Texas (70,325 and 1,188, respectively), New York (23,583 and 1,796), California (22,521 and 3,498), and Florida (19,207 and 6,457). [HRSA reports](#) that over all the weeks of reported patient testing data, a total of 3,104,326 patients were tested with a COVID-19 test of any type and a total of 389,906 patients tested positive for either COVID-19 virus or antibodies.

### COVID-19 Infections by Race/Ethnicity

Nationally, health centers reported that for all COVID-19 tests (both viral and antibody detection), 40 percent of all patients tested in the prior week and 52 percent who tested positive were racial and/or ethnic minority patients.

Four in ten (40 percent) of those patients tested for COVID-19 infection in the prior week were racial and/or ethnic minority patients (**Figure 6**). This is much lower than the percentages [reported in previous weeks](#) and the proportion of health center patients who are racial/ethnic minorities ([63 percent in 2019](#)). In DC, Hawaii, New Jersey, and PR, racial/ethnic minority patients accounted for at least 77 percent of all health center patients tested for COVID-19 infection in the prior week. [In contrast to previous weeks](#), which found that around two-thirds of all health center patients who tested positive for COVID-19 virus were identified as racial/ethnic minorities, this week racial/ethnic minority patients accounted for 53 percent of positive cases (**Figure 6**). In 13 states, DC, 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 August 14th**



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 August 14th, 2020.

A [CDC report](#) indicated that African American, Hispanic, and American Indian/Alaska Native individuals disproportionately account for COVID-19 cases, and members of these racial/ethnic groups are [about five times more likely than Non-Hispanic White people to be hospitalized for COVID-19](#). Other reports document [COVID-19 disparities among Latinos and in Black communities](#), [racial/ethnic disparities in non-elderly COVID-19 deaths](#) and [nearly one in five deaths among Hispanic and Native American individuals](#) now due to COVID-19,

as well as racial/ethnic disparities in [COVID-19 hospitalizations](#) and [deaths among children](#). Hispanic or Latina women make up a [disproportionate share of pregnant women with COVID-19 infection](#), with [a health center in DC reporting that nearly 70 percent of their mostly-Latina pregnant patients who were tested for COVID-19 tested positive](#). 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 national survey on COVID-19 test result times found that African American and Hispanic respondents reported higher average turn-around times compared to White respondents. Additionally, a [study in the Lancet](#) of front-line health care workers found that Black, Asian, and minority ethnic workers were more likely to report both inadequate personal protective equipment (PPE) and reusing PPE, and testing positive for COVID-19, compared to non-Hispanic, White 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 reduce COVID-19 racial/ethnic disparities.

This week's survey findings are consistent with evidence of racial/ethnic disparities in COVID-19. While White, Hispanic/Latino patients accounted for 14 percent of health center patients tested for COVID-19 infection in this reporting period, they represented 23 percent of all positive cases (**Figure 6**). Similarly, Hispanic/ Latino patients with no reported race accounted for six percent of those tested for infection and seven percent of those tested for antibodies, but 11 percent of positive cases for infection and antibodies. [HRSA reports](#) that over all the weeks of reported race and ethnicity patient testing data, Hispanic patients accounted for 31 percent of patients tested for COVID-19 virus or antibodies, but 47 percent of all positive tests for COVID-19 infection or antibodies.

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 [delayed test results decreasing the demand for COVID-19 tests](#) 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 [28 million Americans collecting unemployment benefits as the \\$600 federal unemployment supplement expired at the end of July](#). 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 August 14th, health centers reported the temporary closure of 1,045 sites (**Table 2**), or about one in 12 sites nationally (**Figure 7**).<sup>3</sup> While initially far higher, the percentage of closed sites has remained at the 8-9 percent level for the past 7 weeks. The highest numbers of site closures were reported by health centers in Kentucky (166), California (133), and New York (71).

Nationally, five percent of health center workers, or approximately 12,500 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 (13 percent), followed by Alaska and Indiana (9 percent each). Such staffing losses further exacerbate provider shortages endemic to the federally designated underserved communities that health centers are mandated to serve.

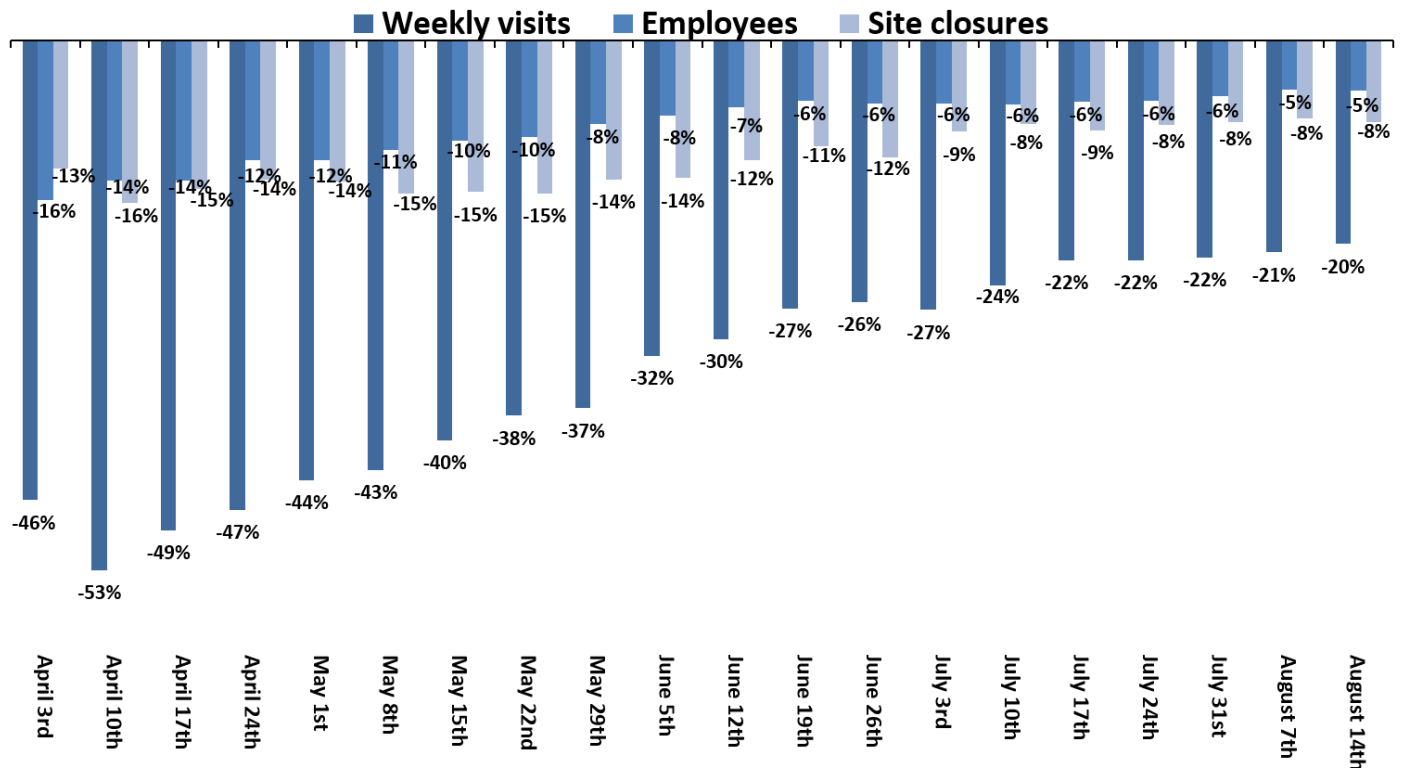
<sup>3</sup> Note that in previous updates, the share of closed sites was based on an approximated number of 12,000 sites. Starting from Week 19, the share is calculated out of 12,875 sites reported in the 2019 Uniform Data System data, and the previous weeks' shares were recalculated based on this updated number of sites.



Compared to their pre-COVID-19 average visit volume, health centers nationally reported a decrease of 20 percent in the number of weekly visits. The largest declines by state were reported in Mississippi and Nebraska (37 percent each), and New Jersey (35 percent); on the low end, Arkansas and New Mexico reported a six and seven percent decline, respectively.

As of August 14th, the decline in weekly visits was the lowest reported over 20 weeks of survey data (20 percent); this is also less than half of its peak of 53 percent as of April 10th (**Figure 7**). Still, these losses continue to reflect the toll that COVID-19 is having on health center capacity, staffing, and operations. The 20 percent reduction in weekly visits amounts to approximately 480,000 fewer weekly health center primary care visits nationally,<sup>4</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.” 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. With the Senate ending its session on August 13th with no agreement on a relief bill**, it is unclear when – or how much – additional aid will be forthcoming, with the delays adding to the financial burden.

**Figure 7. COVID-19 Impact on Community Health Centers, April-August 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 percentages are based on 12,785 sites reported in 2019. Sources: 2019 UDS; Bureau of Primary Health Care. Health Center COVID-19 Survey.

<sup>4</sup> Based on 122,782,082 visits (122,303,749 clinic visits and 478,333 virtual visits) **reported in 2019**, divided by 52.

## Telehealth Visits

Health centers reported that, on average, 31 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**, about one in three of all visits remain virtual. Health centers in Rhode Island (63 percent), Connecticut (56 percent), and Massachusetts (55 percent) reported the highest average percentages of virtual visits this week, while South Dakota (seven percent) health centers reported the lowest.

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.

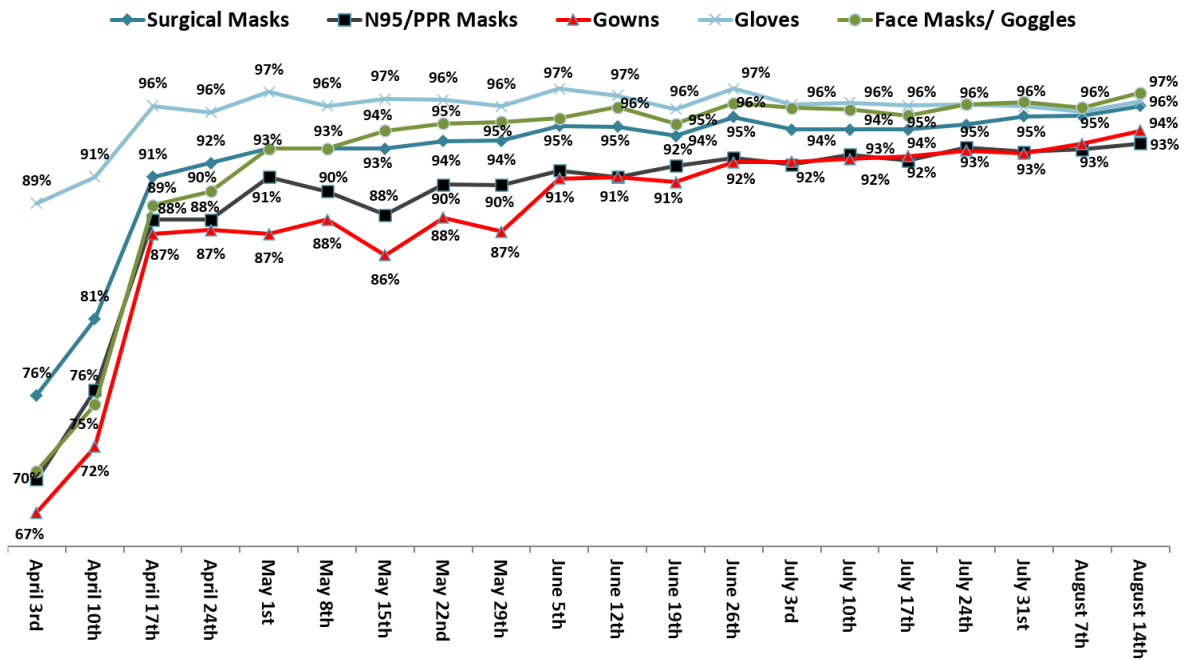
## Supply of Personal Protective Equipment (PPE) for the Next Week

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

- 97 percent of responding health centers nationally reported an adequate supply of face masks or goggles. All responding health centers in 29 states and DC reported having an adequate supply of face masks/goggles. Wyoming had the lowest percentage (80 percent) of health centers reporting an adequate supply of face masks or goggles.
- 96 percent of all health centers reported an adequate supply of gloves. The response ranged from 100 percent in 26 states to 80 percent in New Hampshire.
- 96 percent of health centers nationally reported an adequate supply of surgical masks. All responding health centers in 25 states and DC reported having an adequate supply of surgical masks for the week following the survey period. On the low end, 80 percent of health centers in New Hampshire and Wyoming reported having an adequate supply of surgical masks.
- 94 percent of health centers nationally reported an adequate supply of gowns. All responding health centers in 21 states and DC reported having an adequate supply of gowns. Wyoming reported the lowest percentage with an adequate gown supply (60 percent).
- 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 and Wyoming health centers reported the lowest percentage (60 percent each).

**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 August 14th, 100 percent of responding health centers in 16 states 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 and medical equipment companies**, with a recent national **survey of nurses finding that nearly all (87 percent) reported reusing single-use PPE items**. The Trump Administration's "Project Airbridge" initiative to expedite the shipment of PPE and supplies **ended on June 30th** and demand for PPE is increasing as **schools, churches, and businesses reopen and compete with health care providers and state and federal officials for PPE supplies**. These reports are especially worrisome amidst the increased demand for testing and as the **CDC warns of the worst fall in U.S. public health history**.

**Figure 8. Community Health Centers with an Adequate Supply of Personal Protective Equipment (PPE) for the Next Week, April-August 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 46 look-alike health centers (52 percent response rate) for the August 14th report.

- 91 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 within 12 hours, ten percent of 24 hours, 43 percent of two to three days, 21 percent of 4-5 days, and 24 percent of more than five days, meaning that nearly half (45 percent) of LALs report waiting times of four or more days.
- LAL health centers reported a total of 3,230 COVID-19 tests (both viral and antibody tests) and 275 patients who tested positive. Forty-eight percent of patients tested for COVID-19 infection or antibodies and 69 percent of those who tested positive were racial/ethnic minorities.
- LAL health centers reported that a total of 2,935 patients were tested for COVID-19 infection, of whom 249 tested positive. Of LAL patients tested for COVID-19 infection, 50 percent were racial/ethnic minorities and 72 percent of those who tested positive were racial/ethnic minority patients.
- LAL health centers tested 295 patients for COVID-19 antibodies and 26 tested positive. Of LAL patients receiving a test for antibody detection (serology), 28 percent were racial/ethnic minorities; of those testing positive for antibodies, 42 percent were racial/ethnic minorities.
- Eight staff members of LAL health centers tested positive for COVID-19 (PCR, antigen testing).
- Look-alike health centers reported that weekly visits were down seven percent, and four percent of staff members were unable to work.
- On average, 36 percent of LAL health center visits were conducted virtually.

- Five LAL sites were temporarily closed (out of 237 sites reported in 2019).
- Supplies of PPE varied as follows:
  - 100 percent of responding look-alike health centers nationally reported an adequate supply of surgical masks.
  - 98 percent reported an adequate supply of face masks or goggles.
  - 96 percent reported an adequate supply of N95/PPR masks, gloves, and 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; Week 18 [July 31st]: 72 percent; Week 19 [August 7th]: 71 percent; Week 20 [August 14th]: 71 percent).

HRSA's summary of Week 1 survey data can be found [here](#) and our Week 2-19 summaries can be found [here](#).

Table 1. Health Center COVID-19 Testing, as of August 14th, 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%	1%	7%	48%	25%	14%	267,266	40%	23,437	52%	251,246	21,389	8.5%	40%	53%	475	16,020	35%	2,048	41%
AK	100%	93%	7%	13%	7%	33%	20%	20%	2,647	52%	23	61%	2,643	23	0.9%	52%	61%	4	4	25%	0	-
AL	100%	92%	0%	0%	0%	38%	31%	31%	3,279	59%	328	60%	3,258	324	9.9%	59%	60%	4	21	38%	4	75%
AR	100%	89%	11%	0%	0%	44%	33%	11%	2,548	44%	283	52%	2,509	277	11.0%	44%	52%	14	39	36%	6	83%
AZ	100%	74%	0%	0%	21%	47%	32%	0%	2,559	55%	492	55%	2,437	458	18.8%	55%	54%	10	122	59%	34	71%
CA	94%	79%	1%	0%	9%	30%	26%	34%	22,521	69%	3,498	80%	21,601	3,394	15.7%	69%	81%	66	920	50%	104	75%
CO	93%	86%	0%	7%	0%	50%	29%	14%	2,850	53%	281	71%	2,734	245	9.0%	53%	73%	17	116	51%	36	56%
CT	100%	77%	0%	0%	0%	77%	15%	8%	5,857	45%	155	59%	5,452	150	2.8%	44%	58%	0	405	53%	5	80%
DC	100%	50%	0%	0%	0%	67%	17%	17%	988	77%	43	98%	956	34	3.6%	77%	97%	0	32	78%	9	100%
DE	100%	0%	0%	0%	100%	0%	0%	0%	44	70%	1	0%	44	1	2.3%	70%	0%	0	0	-	0	-
FL	97%	76%	3%	0%	0%	39%	30%	27%	19,207	57%	6,457	26%	18,986	6,397	33.7%	57%	26%	40	221	72%	60	78%
GA	100%	86%	4%	0%	4%	50%	29%	14%	6,652	54%	806	57%	6,497	782	12.0%	55%	56%	28	155	41%	24	75%
HI	100%	86%	0%	0%	14%	86%	0%	0%	792	78%	108	93%	791	108	13.7%	78%	93%	2	1	100%	0	-
IA	100%	100%	17%	0%	0%	58%	17%	8%	1,469	28%	152	50%	1,434	143	10.0%	28%	50%	1	35	14%	9	44%
ID	100%	71%	21%	7%	0%	21%	36%	14%	802	37%	219	53%	793	216	27.2%	37%	53%	10	9	56%	3	67%
IL	97%	96%	0%	0%	7%	64%	25%	4%	9,622	44%	903	55%	9,336	851	9.1%	44%	53%	28	286	65%	52	88%
IN	88%	80%	13%	7%	0%	53%	20%	7%	1,742	41%	150	41%	1,715	143	8.3%	40%	40%	7	27	44%	7	57%
KS	100%	100%	0%	0%	10%	70%	20%	0%	1,204	33%	77	48%	1,132	74	6.5%	34%	49%	1	72	24%	3	33%

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%	95%	9%	5%	9%	68%	9%	0%	5,595	12%	340	23%	5,561	337	6.1%	12%	23%	10	34	24%	3	33%
LA	93%	77%	8%	0%	4%	42%	35%	12%	3,307	56%	520	58%	3,151	484	15.4%	56%	57%	16	156	69%	36	78%
MA	97%	93%	0%	0%	14%	66%	7%	14%	13,975	46%	544	85%	13,928	543	3.9%	46%	85%	11	47	47%	1	100%
MD	100%	70%	0%	0%	0%	40%	40%	20%	920	74%	99	88%	918	99	10.8%	74%	88%	2	2	0%	0	-
ME	100%	73%	0%	13%	60%	27%	0%	0%	655	18%	16	69%	654	16	2.4%	18%	69%	0	1	100%	0	-
MI	96%	96%	4%	0%	0%	35%	35%	26%	6,010	38%	253	52%	5,968	250	4.2%	38%	52%	7	42	19%	3	33%
MN	100%	90%	10%	0%	10%	40%	20%	20%	937	40%	143	53%	930	140	15.1%	40%	52%	5	7	86%	3	100%
MO	95%	90%	0%	0%	0%	45%	30%	25%	4,228	34%	292	41%	3,868	260	6.7%	36%	45%	9	360	8%	32	13%
MS	100%	80%	0%	0%	13%	53%	27%	7%	1,936	71%	195	67%	1,866	180	9.6%	71%	66%	10	70	91%	15	87%
MT	100%	45%	0%	0%	0%	64%	27%	9%	691	5%	39	10%	685	37	5.4%	5%	11%	3	6	0%	2	0%
NC	100%	82%	14%	0%	23%	36%	18%	9%	3,863	54%	404	70%	3,845	399	10.4%	55%	70%	9	18	17%	5	60%
ND	100%	100%	0%	0%	0%	75%	25%	0%	218	36%	16	38%	181	13	7.2%	38%	31%	2	37	27%	3	67%
NE	83%	80%	0%	0%	0%	20%	80%	0%	447	73%	95	84%	447	95	21.3%	73%	84%	5	0	-	0	-
NH	90%	44%	0%	11%	11%	22%	44%	11%	201	41%	5	60%	192	5	2.6%	42%	60%	0	9	22%	0	-
NJ	100%	92%	8%	0%	8%	50%	17%	17%	2,923	77%	101	80%	2,761	78	2.8%	77%	77%	0	162	77%	23	91%
NM	100%	62%	8%	0%	0%	38%	46%	8%	1,585	43%	38	74%	1,583	38	2.4%	43%	74%	2	2	50%	0	-
NV	80%	100%	25%	0%	0%	25%	50%	0%	1,021	72%	125	82%	999	125	12.5%	72%	82%	2	22	45%	0	-
NY	95%	67%	0%	0%	3%	50%	17%	31%	23,583	22%	1,796	34%	12,679	349	2.8%	21%	59%	2	10,904	22%	1,447	28%
OH	97%	81%	8%	0%	5%	43%	35%	8%	5,681	24%	221	25%	5,606	216	3.9%	24%	26%	6	75	17%	5	0%
OK	100%	73%	0%	0%	9%	55%	18%	18%	1,013	27%	87	60%	940	86	9.1%	27%	60%	5	73	36%	1	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 (%)
OR	92%	59%	9%	0%	5%	41%	18%	27%	1,217	46%	88	76%	1,205	86	7.1%	46%	76%	4	12	25%	2	100%
PA	94%	74%	3%	0%	3%	39%	29%	26%	3,512	49%	260	66%	3,478	257	7.4%	49%	66%	12	34	9%	3	67%
PR	88%	79%	0%	7%	0%	21%	29%	43%	4,475	95%	321	98%	1,968	181	9.2%	92%	98%	0	2,507	97%	140	99%
RI	100%	86%	0%	0%	14%	0%	43%	43%	1,696	65%	195	83%	1,690	195	11.5%	65%	83%	3	6	0%	0	-
SC	89%	88%	0%	0%	0%	71%	29%	0%	4,022	62%	412	66%	3,983	409	10.3%	62%	66%	10	39	49%	3	67%
SD	100%	50%	25%	25%	0%	50%	0%	0%	283	29%	24	42%	279	23	8.2%	28%	39%	0	4	75%	1	100%
TN	95%	74%	0%	0%	0%	63%	26%	11%	5,166	12%	693	20%	5,153	691	13.4%	12%	20%	14	13	0%	2	0%
TX	98%	72%	7%	4%	14%	32%	28%	16%	25,574	78%	2,235	73%	25,393	2,214	8.7%	78%	73%	62	181	72%	21	90%
UT	100%	100%	0%	0%	0%	100%	0%	0%	879	43%	91	76%	856	89	10.4%	43%	75%	7	23	43%	2	100%
VA	95%	74%	0%	0%	5%	58%	21%	16%	2,983	44%	321	56%	2,850	307	10.8%	44%	55%	10	133	55%	14	93%
VT	63%	80%	0%	0%	0%	60%	40%	0%	96	7%	0	-	96	0	0.0%	7%	-	0	0	-	0	-
WA	100%	74%	0%	5%	11%	58%	16%	11%	6,856	45%	622	55%	6,839	620	9.1%	45%	55%	19	17	35%	2	100%
WI	100%	83%	0%	0%	33%	50%	17%	0%	776	39%	75	37%	768	75	9.8%	39%	37%	2	8	25%	0	-
WV	100%	76%	10%	0%	14%	48%	29%	0%	3,325	11%	78	15%	3,276	77	2.4%	11%	16%	3	49	29%	1	0%
WY	100%	50%	0%	0%	50%	50%	0%	0%	52	50%	1	100%	52	1	1.9%	50%	100%	0	0	-	0	-

Note: National totals include data from three 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 August 14th<sup>th</sup>, published August 20<sup>th</sup>, 2020).

Table 2. COVID-19 Impact on Health Center Visits and Operations and PPE Supply as of August 14th, 2020

State	Staffing and Operations				Health Centers Reporting Adequate PPE for Next Week (%)				
	Decrease in Weekly Visits from pre-COVID-19 Average 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	20%	1,045	5%	31%	96%	93%	94%	96%	97%
AK	12%	12	9%	27%	100%	93%	100%	93%	100%
AL	14%	12	3%	32%	92%	92%	92%	92%	92%
AR	6%	5	6%	11%	89%	89%	89%	89%	89%
AZ	12%	16	4%	39%	100%	100%	95%	95%	95%
CA	16%	133	8%	52%	97%	97%	96%	98%	96%
CO	12%	25	5%	22%	100%	93%	100%	100%	100%
CT	22%	65	5%	56%	92%	85%	85%	92%	100%
DC	23%	1	7%	48%	100%	100%	100%	83%	100%
DE	25%	3	5%	40%	100%	100%	100%	100%	100%
FL	27%	12	5%	17%	88%	85%	91%	94%	91%
GA	21%	17	4%	14%	100%	93%	96%	100%	96%
HI	11%	4	7%	24%	100%	100%	100%	100%	100%
IA	29%	3	1%	23%	92%	83%	92%	92%	92%
ID	31%	9	4%	11%	86%	86%	86%	86%	93%
IL	17%	27	4%	39%	93%	90%	90%	97%	100%
IN	26%	6	9%	17%	94%	94%	88%	100%	94%
KS	18%	19	2%	8%	100%	100%	100%	100%	100%
KY	28%	166	4%	22%	91%	91%	95%	100%	95%
LA	17%	11	4%	41%	96%	93%	93%	96%	96%
MA	15%	40	5%	55%	97%	83%	97%	93%	100%
MD	33%	6	5%	30%	100%	100%	100%	100%	100%
ME	17%	7	1%	19%	93%	87%	100%	100%	100%
MI	16%	63	4%	33%	96%	100%	96%	100%	100%
MN	26%	3	4%	52%	100%	100%	100%	100%	100%
MO	28%	9	7%	26%	95%	95%	100%	90%	100%



State	Staffing and Operations				Health Centers Reporting Adequate PPE for Next Week (%)				
	Decrease in Weekly Visits from pre-COVID-19 Average 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	37%	25	5%	17%	100%	93%	93%	93%	93%
MT	22%	17	5%	19%	91%	91%	100%	100%	100%
NC	30%	17	8%	33%	100%	91%	91%	91%	95%
ND	23%	1	4%	24%	100%	100%	100%	100%	100%
NE	37%	7	3%	13%	100%	100%	100%	100%	100%
NH	17%	3	2%	27%	80%	70%	80%	80%	90%
NJ	35%	14	2%	31%	100%	100%	100%	100%	100%
NM	7%	33	3%	47%	100%	100%	100%	100%	100%
NV	8%	0	5%	20%	100%	60%	80%	100%	100%
NY	18%	71	4%	28%	100%	100%	100%	100%	100%
OH	16%	17	4%	34%	97%	100%	95%	97%	95%
OK	17%	4	3%	20%	100%	100%	100%	100%	100%
OR	18%	20	5%	40%	96%	96%	96%	100%	100%
PA	19%	11	5%	34%	100%	91%	97%	97%	97%
PR	24%	0	4%	49%	94%	94%	88%	94%	94%
RI	33%	5	13%	63%	100%	100%	100%	100%	100%
SC	23%	12	4%	16%	94%	100%	72%	94%	94%
SD	15%	0	2%	7%	100%	100%	100%	100%	100%
TN	27%	3	3%	15%	90%	90%	90%	95%	90%
TX	24%	45	4%	28%	94%	92%	94%	94%	96%
UT	23%	3	4%	18%	100%	100%	100%	100%	100%
VA	18%	14	2%	18%	95%	84%	95%	89%	100%
VT	16%	2	3%	25%	100%	100%	100%	100%	100%
WA	18%	27	8%	31%	100%	100%	100%	100%	100%

State	Staffing and Operations				Health Centers Reporting Adequate PPE for Next Week (%)				
	Decrease in Weekly Visits from pre-COVID-19 Average 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	24%	6	8%	21%	100%	77%	92%	92%	100%
WV	24%	13	2%	22%	91%	96%	87%	96%	96%
WY	27%	0	8%	8%	80%	60%	60%	100%	80%

Note: National totals include data from three 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 August 14<sup>th</sup>, published August 20<sup>th</sup>, 2020).