

Data Note

July 2nd, 2020

Key Updates from the Health Center COVID-19 Survey (Week #12): Nearly 203,000 Health Center Patients Have Tested Positive for COVID-19 Infection Accounting for One in Eleven Cases Reported Nationally Through June 19th

Jessica Sharac, James Hernandez, Maria Velasquez, Peter Shin, Feygele Jacobs

Introduction

As [U.S. daily COVID-19 infections reach record highs](#), the latest Health Resources and Services Administration's (HRSA's) COVID-19 [survey summary](#) continues to show that a high number of health center sites (1,351) are temporarily closed. While the number of closed sites has decreased since its peak of [2,073 in early April](#), this figure translates into one in nine closed health center sites nationally, reflecting the toll that COVID-19 is having on health center capacity, staffing, and operations.

Other key findings include:

- Federally-funded community health centers have tested more than 1.26 million patients for COVID-19 infection over the 11 weeks of reported patient testing data. In the aggregate, a total of 202,584 health center patients and 6,024 staff members have tested positive for the COVID-19 virus. As of June 19th, there [were 2.2 million cases of coronavirus in the U.S.](#), meaning that the number of health center patients who tested positive accounted for one in 11 (nine percent) cases nationally. Also, the number of COVID-19 virus detection tests conducted as of June 19th (148,684) is the second-highest figure reported over the 11 weeks of patient testing data.
- Health centers conducted 12,554 antibody tests the prior week, bringing the total number of COVID-19 tests for the June 19th report, including both virus detection (PCR, antigen) and antibody tests, to 161,238.
- The number of patients who tested positive increased by nearly 5,000 from the prior week to 19,191, and the percentage of patients who tested positive (12.9 percent) also increased over the prior week (10.8 percent). The positive case rate continues to exceed national percentages for COVID-19 laboratory-confirmed infections.
- Similar to prior surveys that showed that minorities accounted for roughly two in three health center patients who tested positive for COVID-19, patients reported as racial and ethnic minorities accounted for 61 percent of those who tested positive for COVID-19 virus, 57 percent of those who tested positive for COVID-19 antibodies, and 61 percent of those who tested positive for any COVID-19 test this week.
- Look-alike health centers [reported](#) that 1,869 patients were tested for COVID-19 virus and 1,051 tested positive. Racial/ethnic minority patients accounted for more than half of all positive cases (52 percent).
- Compared to pre-COVID-19 average weekly activity, weekly visits to federally-funded health centers remain down, although this week's decline of 27 percent is about half of the peak decline of [53 percent reported in early April](#) and is the lowest percentage decline reported over all the weeks of data.
- The percentage of staff unable to work has declined from 16 percent reported as of April 3rd to six percent as of June 19th, the lowest percentage reported for this measure over the 12 weeks of reported data. The number of staff members who tested positive for COVID-19 infection this week was 412.
- Six percent of responding health centers reported that they currently have no COVID-19 testing capacity, and at least nine percent of health centers lack the full range of PPE needed to safely conduct testing and maintain

general operations.

This week's survey again evidences positive signs as sites reopen, weekly visits increase, and staff members return to work, but health centers are still far from being back to full capacity. Furthermore, with reported [daily COVID-19 cases](#) reaching record highs in several states, it is unclear if these improvements will be sustained in the coming weeks. In sum, despite some positive signs, this week's HRSA summary report continues to identify challenges that health centers face in both responding to the COVID-19 outbreak, and in restoring primary care to full capacity. Large, sustained losses in access points and staffing, the high rate of COVID-19 positive patients, gaps in the supply of PPE, and ongoing visit 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 restore primary care capacity.

Summary of HRSA Data

Findings from week twelve of the [HRSA data summary](#) appear below. The weekly summary is drawn from information provided by responding federally-funded health centers as of June 19th, 2020. This data note summarizes key findings based on 950 health center responses (69 percent response rate, the lowest response rate since April 3rd).

Current Testing Capabilities

Nationally, 94 percent of health centers reported the capacity to offer COVID-19 virus-detection testing (**Table 1**). In 17 states (AK, AL, AR, DE, GA, HI, IA, KY, ME, MO, MS, MT, ND, NM, OK, SD, VA) and the District of Columbia (DC), 100 percent of responding health centers have the ability to test. Vermont (56 percent) reported the lowest percentage of health centers with COVID-19 virus testing capacity.

Nationally, 77 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 44 percent in Idaho, to 100 percent in Arkansas, Iowa, Kansas, Minnesota, North Dakota, and Rhode Island.

Figure 1 shows health center COVID-19 testing capacity increasing 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 94 percent as of June 19th. Among health centers with testing capacity, the percentage of health centers that are able to provide drive-up or walk-up testing for COVID-19 has more than doubled, from 38 percent to 77 percent during this time period. The increase in testing capacity over the last month 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 [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.

Health centers reported on the average turn-around time to obtain test results for the prior week. As of June 19th, three percent of responding health centers reported obtaining COVID-19 test results within an hour, two percent within 12 hours, 13 percent within 24 hours, 62 percent within two to three days, 16 percent within four to five days, and four percent reported waiting more than five days for test results. The greatest percentages of health centers able to obtain test results within one day were in Maine (85 percent), New Jersey (63 percent), and Delaware (50 percent). Still, some localities continue to report excess wait times for viral testing. Among those reporting the highest percentage of turn-around times in excess in five days were Arizona (22 percent) and Alaska and Oklahoma (20 percent each).

Figure 2 shows that the share of health centers reporting an average turn-around time for test results of more than five days decreased from eight percent as of April 24th, the first week that HRSA reported on this measure, to three

percent on May 8th, and remained steady until it increased to four percent as of June 19th. In the past week, the share of health centers reporting an average turn-around time of less than one hour increased, from two percent as of June 12th to three percent as of June 19th.

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 148,684 patients were tested for the COVID-19 virus (PCR, antigen tests), ranging from 18,884 in Florida to 27 in Wyoming. In 31 states and Puerto Rico (PR), health center respondents reported testing more than 1,000 patients in the aggregate.

Health centers reported that 19,191 patients nationally tested positive for COVID-19 that same week. Consistent with an [uptick in cases occurring in Florida](#), health centers in Florida reported the largest number of patients who tested positive (5,878), followed by California (1,899), and Texas (1,661). In 30 states, at least 100 patients with laboratory-confirmed COVID-19 infection were reported.

The percentage of health center patients who tested positive for COVID-19 was 12.9 percent¹, which falls above the range of 5.2 to 7.9 percent positive testing results across public health, clinical and commercial labs (as reported to the [CDC](#) through June 20th, 2020). Thirty-three states and DC reported that the proportion of tested patients with confirmed COVID-19 infections exceeded 7.9 percent, the upper end of the range reported by the CDC. Consistent with media reports that coronavirus hot spots were surging in the [South and the West](#), the highest percentages of tested patients with confirmed infection were reported in Oregon (35.4 percent), Florida (31.1 percent), Arizona (21.5 percent), Washington (17.8 percent), Idaho (17 percent), and Utah (16.1 percent), as well as in Connecticut (27.2 percent), New Jersey (19.8 percent), Indiana (19 percent), Rhode Island (18.1 percent).²

The HRSA data also show that 412 health center staff members had laboratory-confirmed COVID-19 tests that week, with Texas health centers reporting the highest number of staff who tested positive for the virus (78), followed by California (51), Arizona (49), and Florida (32) health centers.

Figure 3 shows that the number of patients tested for COVID-19 infection increased by more than 17,000 this past week³, from 131,421 patients tested as of June 12th to 148,684 as of June 19th. The number of patients with confirmed infection also increased this week, by nearly 5,000 to 19,191, as did the share of patients with confirmed infection (12.9 percent). The number of staff who tested positive for COVID-19 increased by nearly 100 in the current reporting period, from 318 workers as of June 12th to 412 as of June 19th. Over the 11 weeks of reported patient testing data, health centers have tested a total of 1,262,242 patients for COVID-19 infection, and a total of 202,584 health center patients and 6,024 staff members have tested positive. The nearly 203,000 patients with confirmed COVID-19 infection accounted for one in eleven (nine percent) of the [2.2 million novel coronavirus cases reported nationally as of June 19th](#).

Antibody tests, also known as serological tests, indicate if a person was previously infected with the COVID-19 virus. Community serological studies have found positive antibody rates ranging from [3.4 percent in San Francisco](#), to four percent in [Los Angeles county, one in five in New York City, and one in three in Chelsea, Massachusetts](#). This week, the third in which HRSA reported antibody testing, 12,554 patients were tested for COVID-19 antibodies, of whom 1,416 patients tested positive; while the number of antibody tests increased by 46 percent over the prior week, the number of positive antibody tests remained relatively flat (**Figure 4**). The highest number of antibody tests conducted in community health centers for the current reporting period were in New York (2,770), followed by Florida (2,216), and Puerto Rico (1,642). Five states did not report any community health center patients tested for antibodies (DE, MD, ME, NE, WY). The highest number of positive antibody tests were reported in New York (597),

¹ HRSA cautions in a [footnote](#) 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. Positivity rates cannot be inferred by dividing patients tested positive by patients tested for this reason.” Thus, we caution that although the reported positive rates may be subject to measurement lags, we have reported them in line with the [CDC’s method](#) of calculating positive rates and its reasoning that “... the percentage of specimens testing positive across laboratory types can be used to monitor trends in COVID-19 activity.”

² Wyoming’s positive test rate of 104 percent (27 patients reported tested and 28 testing positive) is likely due to lags in test results, as noted in the footnote above.

³ HRSA began reporting patient testing numbers on April 10, 2020. The results are based on varying weekly response rates.

followed by New Jersey (346) and California (88).

The total number of patients who were tested for either COVID-19 virus or for antibodies, and the number who tested positive for any test type, was 161,238 and 20,607, respectively, for the June 19th reporting week. The greatest numbers of COVID-19 tests of any type and of COVID-19 virus- or antibody-positive cases were reported by Florida (21,100 and 5,891, respectively), California (17,083 and 1,987), and Texas (16,974 and 1,673).

COVID-19 Infections by Race/Ethnicity

Nationally, health centers reported that for all COVID-19 tests (both viral and antibody detection), 55 percent of patients tested in the prior week and 61 percent who tested positive were racial and/or ethnic minority patients. In four states (DE, HI, MS, NE) and Puerto Rico, racial/ethnic minority patients accounted for at least 75 percent of all health center patients tested for either COVID-19 virus or antibodies in the prior week. Nineteen states (AZ, CA, DE, LA, MA, MD, MN, MS, NC, NE, NH, OR, RI, TN, TX, UT, VA, WA, WI), DC, and PR reported that racial/ethnic minority patients accounted for at least 75 percent of all health center patients who tested positive for either COVID-19 virus or antibodies in the prior week.

In line with percentages [reported in previous weeks](#) and consistent with the fact that the majority of health center patients are racial/ethnic minorities ([63 percent in 2018](#)), 56 percent of patients tested for COVID-19 infection in the prior week were racial and/or ethnic minority patients (**Figure 5**). In four states (DE, HI, MS, NE) 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.

[Also consistent with previous weeks](#), about two-thirds (61 percent) of all health center patients who tested positive for COVID-19 virus were identified as racial/ethnic minorities (**Figure 5**). In 20 states (AZ, CA, DE, LA, MA, MD, MN, MS, NC, NE, NH, NY, OR, RI, TN, TX, UT, VA, WA, WI), DC, and PR, minority patients accounted for at least 75 percent of those health center patients who tested positive for COVID-19 virus.

A [recent CDC report](#) indicates that African American, Hispanic, and American Indian/Alaska Native individuals disproportionately account for COVID-19 cases and other reports continue to document [COVID-19 disparities among Latinos](#) as well as in [Black communities](#). This week's survey findings are consistent with this data. Racial/ethnic minority patients accounted for 53 percent of patients tested for COVID-19 antibodies but 57 percent of patients with positive serological tests. While White, Hispanic/Latino patients accounted for 21 percent of health center patients tested for COVID-19 infection in this reporting period, they represented 29 percent of all positive cases (**Figure 5**). Similarly, Hispanic/Latino patients with no reported race accounted for eight percent of those tested for infection, but 16 percent of positive cases. Black/African American patients accounted for eight percent of patients tested for antibodies but 13 percent of those who tested positive.

On June 4th, the Department of Health and Human Services ([HHS](#)) [released new guidance](#) on the demographic data that laboratories must report to HHS along with their COVID-19 test results, including race, ethnicity, gender, and age. However, laboratories are not required to report income despite [recent evidence of income disparities](#) in COVID-19 cases and hospitalizations. The high rate of positive diagnostic tests, known widespread [racial/ethnic and income disparities](#) in COVID-19 infection and outcomes the [high proportion of low-income health center patients](#) at greater risk for infection, and 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. [The essential role of community health centers in serving Latino, Black and other minority and low-income communities](#), those known to be 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.

Loss of Sites, Staffing, and Visits

As of June 19th, health centers reported the temporary closure of 1,351 sites, or about one in nine sites nationally (**Figure 6**). Connecticut health centers reported the highest number of site closures with 177, followed by California

(150), and Kentucky (91). Eight states (CA, CT, KY, MA, MI, NY, TX, WV) each reported that more than 50 sites were closed (**Table 2**).

Nationally, six percent of health center workers 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. The six percent loss in workforce translates into over 14,000 fewer full-time equivalent (FTE) staff members than were **reported in 2018**. Rhode Island health centers reported the largest proportion of staff unable to work (19 percent), followed by Delaware and Massachusetts (13 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 27 percent in the number of weekly visits. The largest declines by state were reported in Wisconsin (46 percent), Maryland (44 percent), and Mississippi (41 percent), while on the low end, Nevada health centers reported no decline and New Hampshire health centers reported a 14 percent decline.

As of June 19th, site closures were at the lowest level (11 percent) over the 12 weeks of survey data (**Figure 6**). The decline in weekly visits was also at its lowest level, from a peak of 53 percent as of April 10th to roughly half that figure, 27 percent as of June 19th. Staffing losses as of June 19th (6 percent) were also the lowest reported over the 12 weeks of data, down from 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 27 percent reduction in weekly visits amounts to approximately 600,000 fewer weekly health center-based primary care visits nationally,⁴ 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 \$7.6 billion nationwide over six months**; losses of this magnitude could prevent health centers from fully restoring services and re-opening sites. Although the CARES Act provided \$1.32 billion to health centers, “COVID 3.5” relief legislation added \$600 million for testing, and **some states have adopted temporary payment increases to assist health centers and other providers** in the near term, additional funding of **\$7.6 billion to \$10 billion** is needed to preserve health center jobs and health care access. The **Health and Economic Recovery Omnibus Emergency Solutions Act (HEROES) Act** passed by the House of Representatives on May 15th, 2020 calls for \$7.6 billion in emergency funding for community health centers. 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**.

Telehealth Visits

Health centers reported that, on average, 38 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 slightly from its peak of 54 percent, nearly four in ten of all visits remain virtual (**Figure 7**). Connecticut (73 percent), Rhode Island (70 percent), and Minnesota and DC (68 percent each) reported the highest average percentages of virtual visits this week, while South Dakota health centers reported the lowest (10 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

⁴ Based on 115,816,238 visits **reported in 2018**, divided by 52.

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 31 states and DC to 80 percent in Mississippi and Wyoming.
- 95 percent of all health centers reported an adequate supply of face masks or goggles. All responding health centers in 29 states (CO, CT, DE, HI, IL, IN, KS, KY, MA, MD, ME, MI, MN, MT, ND, NE, NH, NV, NY, OH, OR, PA, RI, SD, UT, VA, VT, WA, WV) and DC reported having an adequate supply of face masks/goggles. South Carolina (72 percent) and Wyoming (80 percent) had the lowest percentage of health centers reporting an adequate supply of face masks or goggles.
- 94 percent of health centers nationally reported an adequate supply of surgical masks. All responding health centers in 24 states (AK, CO, CT, DE, GA, HI, IN, MD, MN, MT, ND, NE, NH, NV, NY, OH, OK, PA, RI, SD, UT, VA, VT, WA) 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 Alabama, Arkansas, Mississippi, and Wyoming reported having an adequate supply of surgical masks.
- 92 percent of health centers nationally reported an adequate supply of N95/PPR masks. All responding health centers in 19 states (CO, CT, DE, HI, IN, MD, MI, MN, MT, ND, NE, NM, OH, OK, RI, SD, UT, VT, WA) reported having an adequate supply of N95/PPR masks. Wyoming and Nevada health centers reported the lowest percentages (60 and 71 percent, respectively).
- 91 percent of health centers nationally reported an adequate supply of gowns. All responding health centers in 13 states (DE, HI, MD, ME, MN, MT, ND, NE, NH, NM, RI, SD, UT) and DC reported having an adequate supply of gowns. Arkansas and Wyoming reported the lowest percentages of health centers with an adequate gown supply (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 national percentages now exceed 90 percent for all five types of PPE. For the week ending June 19th, 100 percent of responding health centers in ten states (DE, HI, MD, MN, MT, ND, NE, RI, SD, UT) reported an adequate supply of all five types of PPE (**Table 2**). However, the share of health centers nationally reporting adequate supplies of gloves, face masks or goggles, and surgical masks showed slight declines of one percent each from June 12th to June 19th. Further, as indicated above, some areas continue to experience shortages in crucial supplies that are essential for patient care.

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 44 look-alike health centers (51 percent response rate) for the June 19th report.

- 80 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, 63 percent of respondents have COVID-19 drive-up or walk-up testing capacity.
- Three percent of LAL health centers reported an average turn-around time for COVID-19 virus test results of less than one hour, 11 percent of 24 hours, 74 percent of two to three days, and 11 percent of 4-5 days.
- LAL health centers reported a total of 2,037 COVID-19 tests (both viral and antibody tests) and 1,059 patients who tested positive. Fifty-six percent of patients tested for COVID-19 infection or antibodies and 53 percent of those who tested positive were racial/ethnic minorities.
- LAL health centers reported that a total of 1,869 patients were tested for COVID-19 infection, of whom 1,051 tested positive. While these numbers seem to indicate a very high positive rate of 56 percent, this might also be explained by the lag in reported test results (noted in the first footnote), particularly since the average turn-around time for COVID-19 viral tests was between two to five days for 86 percent of responding look-alike health centers.
- Of LAL patients tested for COVID-19 infection, 59 percent were racial/ethnic minorities and 52 percent of those who tested positive were racial/ethnic minority patients. This difference from the general finding that racial/ethnic minority patients at health centers disproportionately account for positive cases might be explained by the high share of patients who tested positive for COVID-19 infection for whom race and ethnicity were unreported (22 percent).
- LAL health centers tested 168 patients for COVID-19 antibodies and eight tested positive. Of LAL patients receiving a test for antibody detection (serology), 24 percent were racial/ethnic minorities; of those testing positive for antibodies, 63 percent (5 patients) were racial/ethnic minorities.
- Seven staff members of LAL health centers tested positive for COVID-19 (PCR, antigen testing).
- Look-alike health centers reported that weekly visits were down 17 percent, and five percent of staff members were unable to work.
- On average, 36 percent of LAL health center visits were conducted virtually.
- Four LAL sites were temporarily closed (out of 302 LAL health center sites reported in 2018).
- Supplies of PPE varied as follows:
 - 100 percent of responding look-alike health centers nationally reported an adequate supply of surgical masks.
 - 97 percent of LAL health centers nationally reported an adequate supply of gloves.
 - 93 percent reported an adequate supply of N95/PPR masks, gowns, and face masks or goggles.

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

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 1 data can be found [here](#).

The Week 2 summary can be found [here](#).

The Week 3 summary can be found [here](#).

The Week 4 summary can be found [here](#).

The Week 5 summary can be found [here](#).

The Week 6 summary can be found [here](#).

The Week 7 summary can be found [here](#).

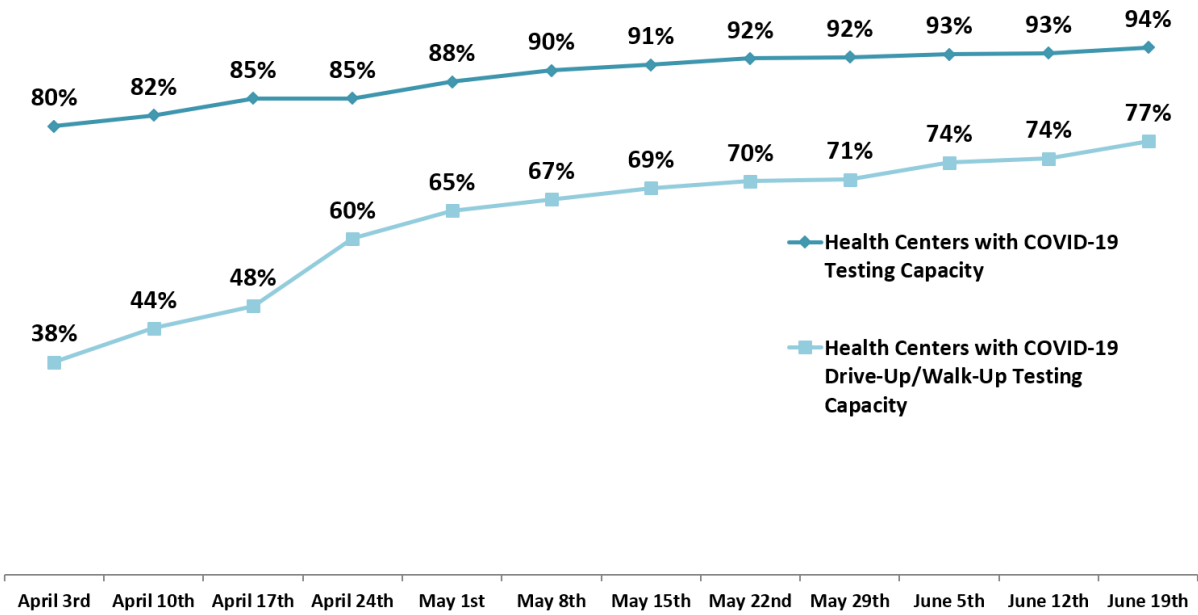
The Week 8 summary can be found [here](#).

The Week 9 summary can be found [here](#).

The Week 10 summary can be found [here](#).

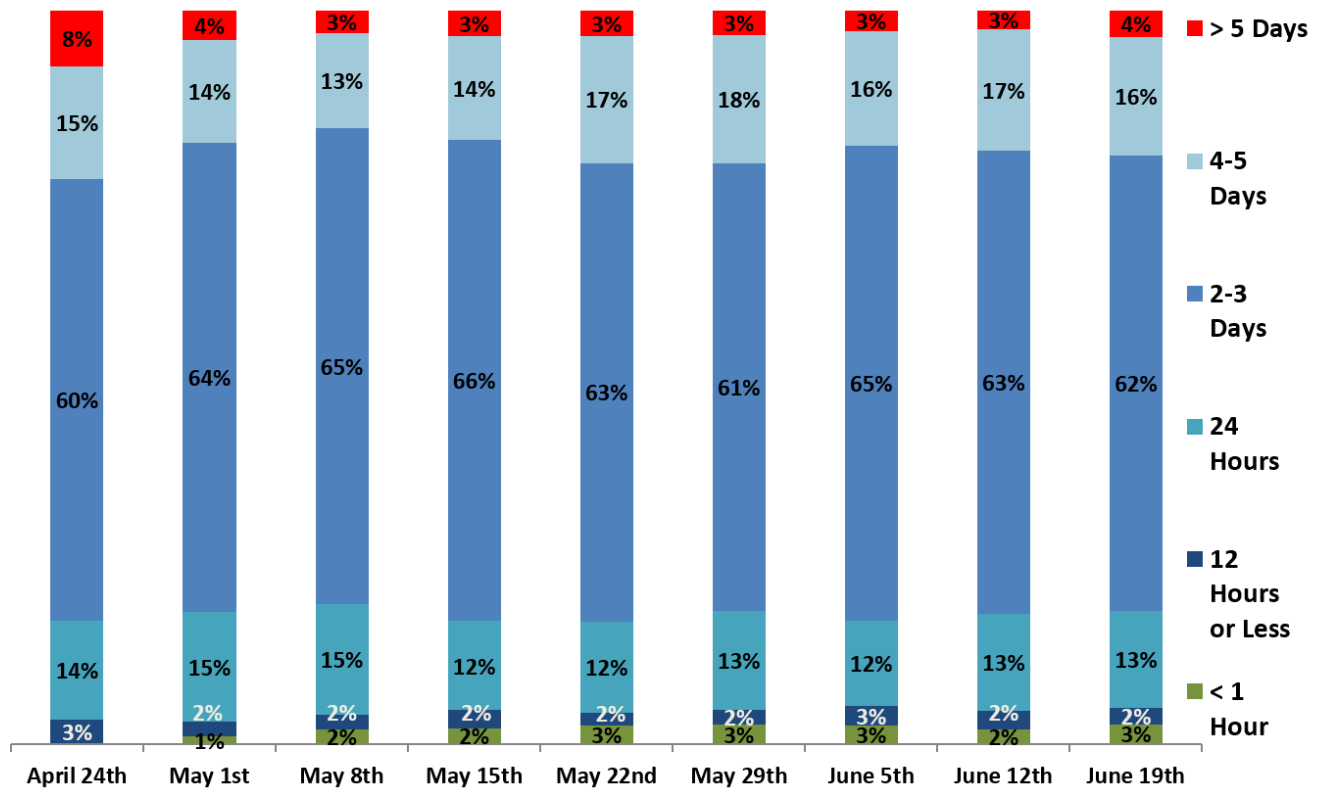
The Week 11 summary can be found [here](#).

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



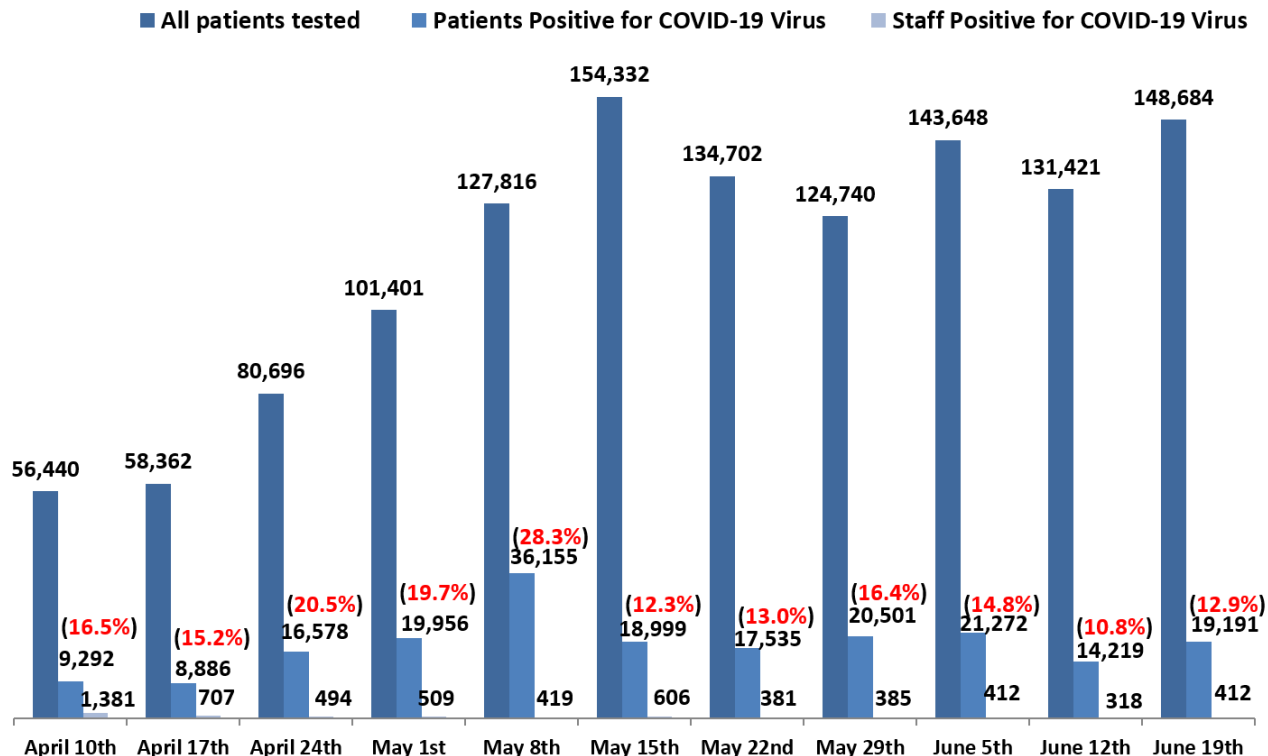
Note: Percentage with drive-up/walk-up testing capacity based on health centers that responded "yes" to having COVID-19 testing capacity.
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

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



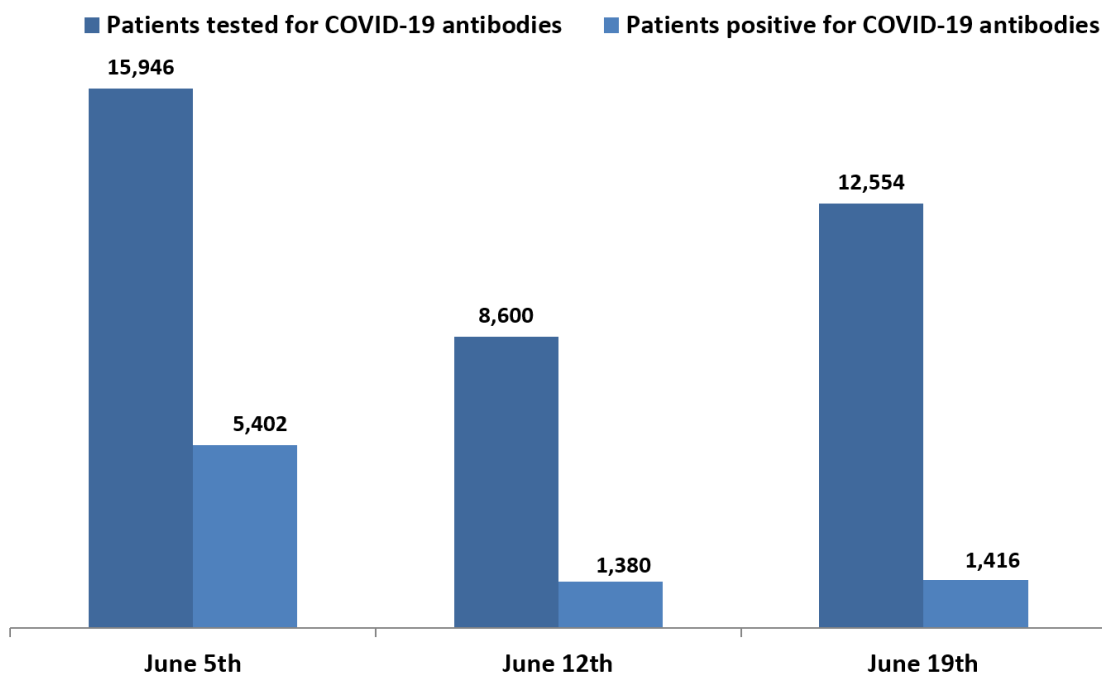
Note: HRSA did not report any health centers with an average turn-around time of less than one hour as of April 24th.
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

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



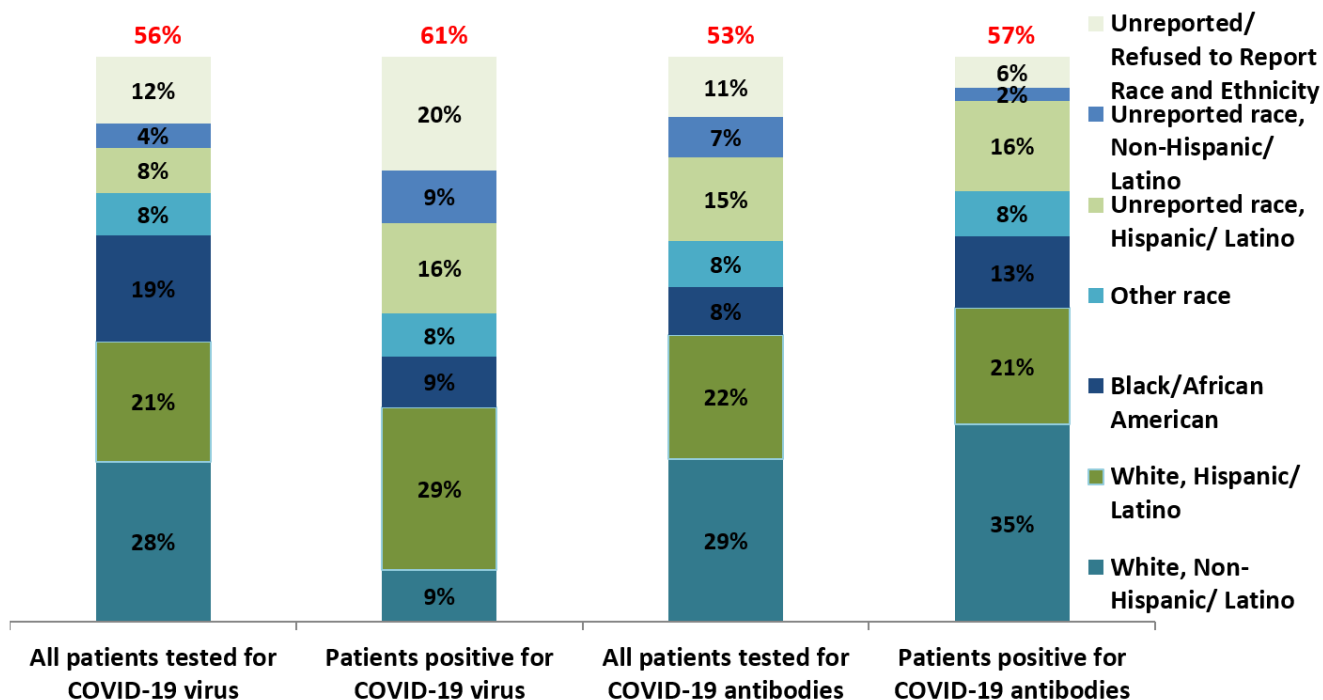
Note: The figures in red indicate the percentage of health center patients who tested positive for COVID-19 that week.
Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

Figure 4. Community Health Center Patients Tested for COVID-19 Antibodies and Patients Who Tested Positive, June 2020



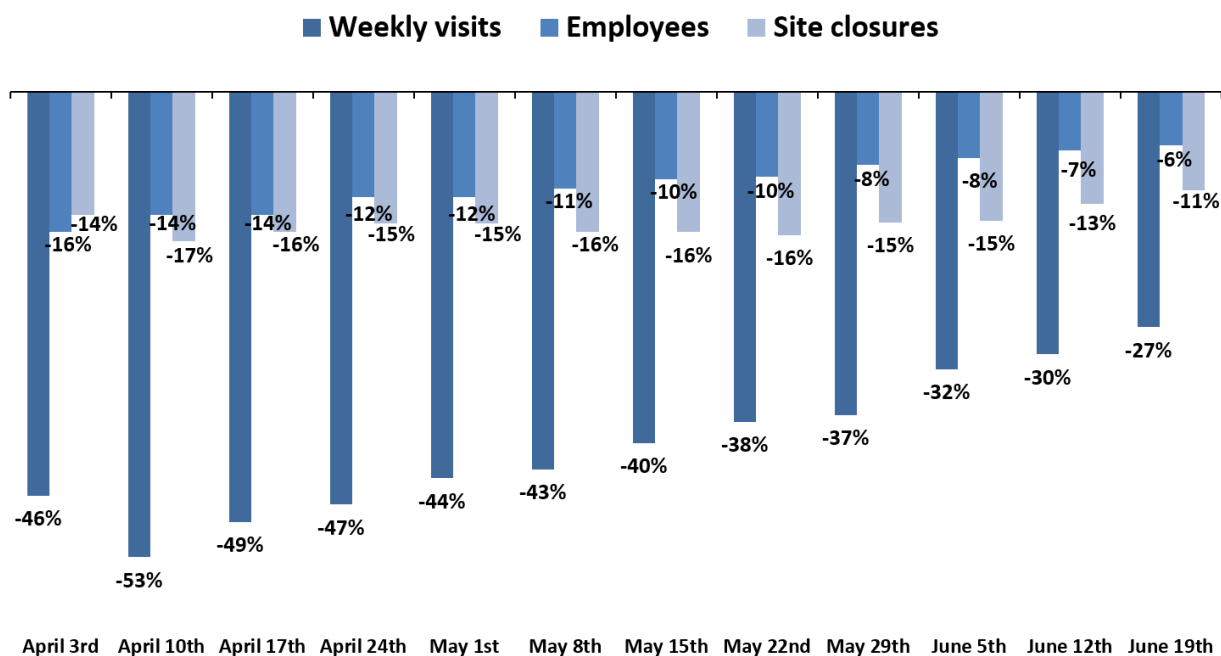
Note: HRSA began reporting on antibody testing at health centers in June 2020.
Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

Figure 5. Health Center Patients Tested for COVID-19 Virus and Antibodies and Patients Who Tested Positive, by Race/Ethnicity, as of June 19th



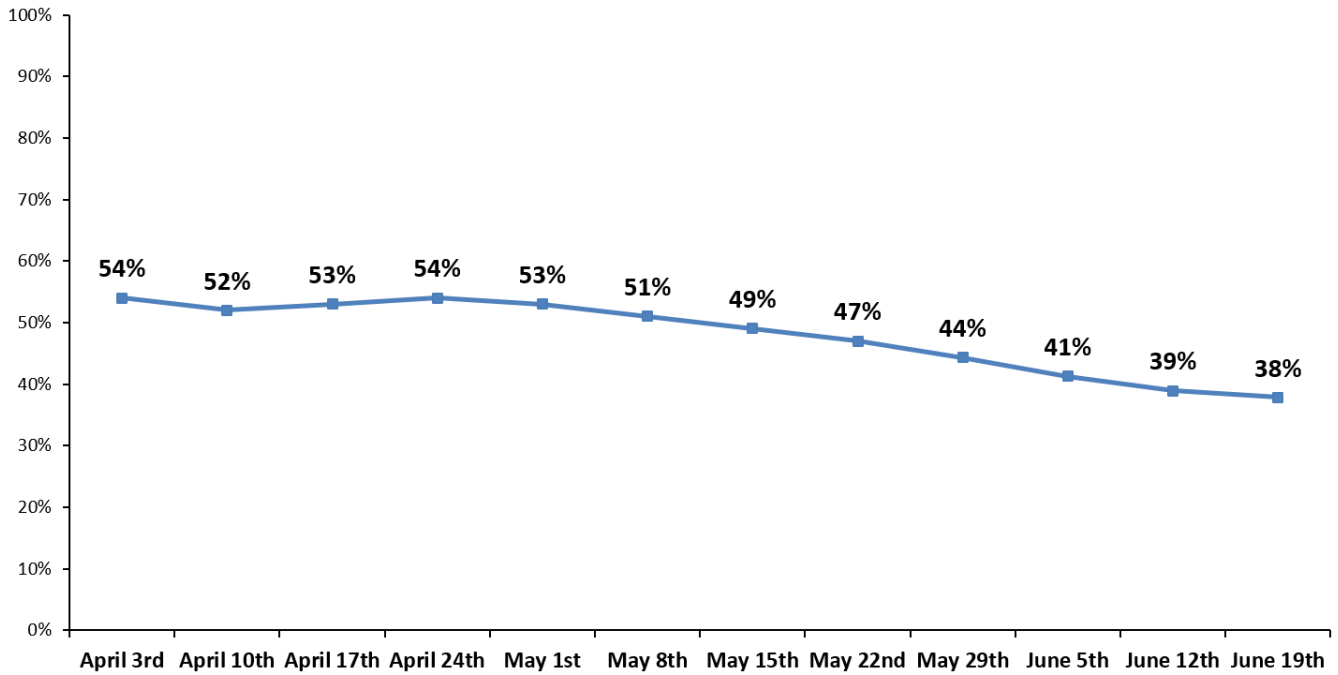
Note: The figures in red indicate patients who are racial/ethnic minorities as a percentage of those tested and of those who tested positive and aggregate Hispanic/Latino White, Black/African American, Other race, and Hispanic/Latino White, Black/African American, Other race, and Hispanic/Latino patients 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 June 19, 2020.

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



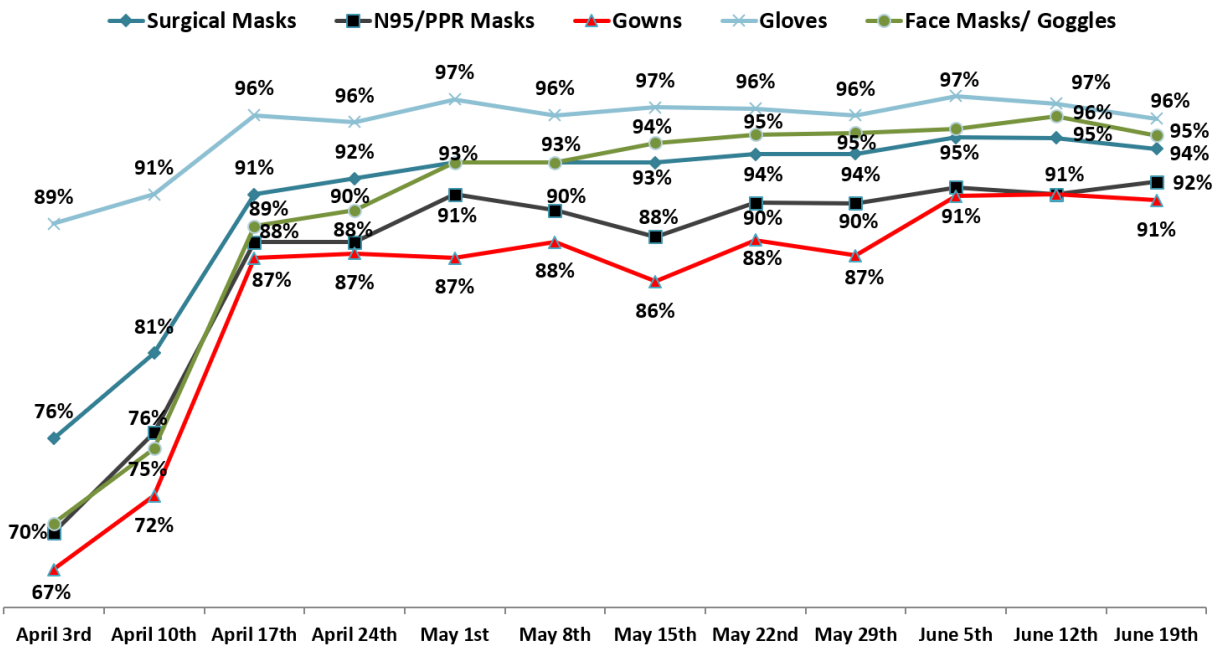
Notes: Weekly visit losses compared to average pre-COVID-19 weekly visits, and include "all visits regardless of service type (e.g., medical, dental, behavioral health, etc.), including virtual visits" (<https://bphc.hrsa.gov/emergency-response/covid-19-survey-tools-questions>). Site closure percentage based on an approximated number of 12,000 sites. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

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



Note: Virtual visits include all telehealth/telephonic visits of any service type (e.g., medical, dental, behavioral health, etc.).
 Source: Bureau of Primary Health Care. Health Center COVID-19 Survey.

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



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

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

State	Health Centers With Patient 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			
	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	94%	77%	3%	2%	13%	62%	16%	4%	161,238	55%	20,607	61%	148,684	19,191	12.9%	56%	61%	412	12,554	53%	1,416	57%
AK	100%	87%	7%	7%	7%	47%	13%	20%	3,476	38%	11	9%	3,473	11	0.3%	38%	9%	0	3	100%	0	-
AL	100%	80%	0%	0%	0%	80%	20%	0%	2,535	61%	228	71%	2,514	228	9.1%	61%	71%	16	21	19%	0	-
AR	100%	100%	0%	0%	10%	70%	10%	10%	4,058	34%	122	54%	3,958	122	3.1%	35%	54%	0	100	5%	0	-
AZ	95%	67%	0%	0%	11%	28%	39%	22%	4,180	70%	870	81%	3,985	857	21.5%	71%	82%	49	195	59%	13	54%
CA	94%	76%	1%	2%	11%	62%	20%	4%	17,083	71%	1,987	76%	16,086	1,899	11.8%	72%	76%	51	997	58%	88	72%
CO	92%	83%	0%	8%	8%	83%	0%	0%	3,438	57%	298	72%	3,196	257	8.0%	56%	73%	2	242	57%	41	66%
CT	92%	92%	0%	0%	0%	92%	8%	0%	2,732	50%	739	14%	2,704	735	27.2%	50%	13%	2	28	57%	4	75%
DC	100%	50%	0%	0%	25%	38%	38%	0%	1,041	73%	67	93%	982	53	5.4%	73%	92%	0	59	73%	14	93%
DE	100%	50%	0%	50%	0%	50%	0%	0%	128	76%	19	95%	128	19	14.8%	76%	95%	1	0	-	0	-
FL	97%	84%	6%	0%	0%	63%	28%	3%	21,100	48%	5,891	44%	18,884	5,878	31.1%	50%	44%	32	2,216	35%	13	77%
GA	100%	91%	0%	0%	9%	86%	5%	0%	4,349	57%	377	48%	4,202	356	8.5%	57%	46%	8	147	53%	21	86%
HI	100%	80%	0%	20%	0%	60%	20%	0%	41	76%	0	-	29	0	0.0%	76%	-	0	12	75%	0	-
IA	100%	100%	18%	0%	18%	64%	0%	0%	962	29%	93	43%	891	76	8.5%	28%	41%	0	71	42%	17	53%
ID	90%	44%	11%	0%	33%	56%	0%	0%	388	32%	60	62%	353	60	17.0%	34%	62%	5	35	17%	0	-
IL	97%	97%	0%	6%	6%	81%	6%	0%	5,621	60%	602	66%	5,311	534	10.1%	61%	65%	5	310	48%	68	79%

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

State	Health Centers With Patient 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			
	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 (%)
IN	94%	63%	13%	13%	6%	69%	0%	0%	917	43%	174	50%	904	172	19.0%	44%	51%	2	13	8%	2	0%
KS	94%	100%	6%	0%	13%	69%	6%	6%	2,668	50%	272	71%	2,381	259	10.9%	51%	73%	6	287	44%	13	38%
KY	100%	75%	10%	0%	20%	65%	5%	0%	2,324	13%	61	38%	2,254	59	2.6%	13%	37%	2	70	20%	2	50%
LA	96%	77%	0%	0%	9%	59%	27%	5%	2,110	58%	137	87%	2,069	129	6.2%	58%	87%	9	41	51%	8	88%
MA	96%	80%	0%	0%	24%	76%	0%	0%	5,819	43%	597	78%	5,795	588	10.1%	43%	78%	28	24	38%	9	67%
MD	88%	57%	0%	0%	0%	57%	43%	0%	207	65%	29	93%	207	29	14.0%	65%	93%	0	0	-	0	-
ME	100%	62%	8%	8%	69%	15%	0%	0%	220	10%	14	50%	220	14	6.4%	10%	50%	0	0	-	0	-
MI	96%	91%	0%	0%	9%	65%	26%	0%	4,637	32%	189	60%	4,572	186	4.1%	32%	60%	4	65	46%	3	67%
MN	89%	100%	0%	0%	13%	63%	25%	0%	844	61%	94	84%	797	89	11.2%	62%	83%	4	47	36%	5	100%
MO	100%	76%	0%	0%	5%	57%	33%	5%	3,547	51%	178	58%	3,513	177	5.0%	51%	58%	4	34	6%	1	0%
MS	100%	80%	0%	0%	13%	47%	40%	0%	2,793	86%	226	85%	2,742	210	7.7%	86%	83%	6	51	90%	16	100%
MT	100%	55%	0%	0%	9%	64%	18%	9%	848	6%	9	22%	847	9	1.1%	6%	22%	0	1	0%	0	-
NC	96%	81%	8%	4%	35%	42%	12%	0%	4,381	65%	645	85%	4,286	642	15.0%	65%	85%	17	95	41%	3	33%
ND	100%	100%	0%	0%	25%	75%	0%	0%	256	50%	1	0%	255	1	0.4%	50%	0%	0	1	0%	0	-
NE	80%	75%	0%	0%	0%	75%	25%	0%	565	76%	86	93%	565	86	15.2%	76%	93%	4	0	-	0	-
NH	89%	63%	0%	13%	0%	88%	0%	0%	90	36%	1	100%	89	1	1.1%	36%	100%	0	1	0%	0	-

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

State	Health Centers With Patient 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			
	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 (%)
NJ	89%	88%	0%	0%	63%	25%	13%	0%	4,163	50%	915	11%	2,876	569	19.8%	59%	9%	1	1,287	30%	346	16%
NM	100%	62%	0%	0%	15%	69%	15%	0%	1,252	73%	19	74%	1,224	19	1.6%	74%	74%	0	28	71%	0	-
NV	71%	80%	20%	20%	0%	40%	20%	0%	1,084	69%	154	61%	996	130	13.1%	69%	60%	2	88	67%	24	67%
NY	90%	52%	0%	0%	11%	56%	19%	15%	8,178	54%	777	69%	5,408	180	3.3%	54%	76%	3	2,770	52%	597	68%
OH	89%	87%	10%	0%	16%	61%	13%	0%	2,272	48%	273	60%	2,039	263	12.9%	52%	60%	8	233	8%	10	40%
OK	100%	47%	0%	0%	7%	47%	27%	20%	490	43%	49	67%	360	49	13.6%	50%	67%	2	130	22%	0	-
OR	92%	71%	4%	0%	13%	58%	25%	0%	1,100	51%	385	96%	1,087	385	35.4%	51%	96%	8	13	23%	0	-
PA	94%	76%	3%	3%	3%	76%	10%	3%	1,433	57%	131	67%	1,262	124	9.8%	61%	69%	2	171	26%	7	43%
PR	94%	82%	0%	24%	12%	35%	18%	12%	3,247	100%	76	100%	1,605	28	1.7%	100%	100%	0	1,642	100%	48	100%
RI	88%	100%	0%	0%	14%	57%	14%	14%	1,144	60%	206	80%	1,141	206	18.1%	60%	80%	2	3	0%	0	-
SC	89%	88%	0%	0%	0%	75%	19%	6%	5,742	64%	456	69%	5,725	454	7.9%	65%	69%	11	17	35%	2	50%
SD	100%	67%	0%	0%	0%	100%	0%	0%	183	49%	25	64%	180	25	13.9%	50%	64%	2	3	0%	0	-
TN	94%	69%	0%	0%	6%	75%	19%	0%	731	58%	96	78%	717	92	12.8%	59%	79%	1	14	29%	4	50%
TX	96%	74%	0%	0%	4%	62%	32%	2%	16,974	57%	1,673	84%	16,586	1,661	10.0%	56%	84%	78	388	87%	12	100%
UT	91%	90%	0%	0%	20%	70%	10%	0%	1,010	53%	139	86%	861	139	16.1%	49%	86%	4	149	75%	0	-
VA	100%	79%	5%	0%	37%	53%	5%	0%	1,366	72%	199	77%	1,275	175	13.7%	72%	77%	4	91	70%	24	83%

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

State	Health Centers With Patient 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				
	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 (%)
VT	56%	60%	0%	0%	20%	80%	0%	0%	174	3%	2	50%	157	2	1.3%	4%	50%	0	17	0%	0	-
WA	95%	85%	0%	0%	20%	65%	10%	5%	3,886	55%	688	78%	3,859	688	17.8%	56%	78%	20	27	15%	0	-
WI	93%	71%	0%	0%	43%	50%	7%	0%	1,315	66%	170	89%	1,296	169	13.0%	67%	89%	5	19	47%	1	100%
WV	95%	79%	5%	0%	16%	79%	0%	0%	1,987	30%	69	20%	1,689	69	4.1%	21%	20%	2	298	85%	0	-
WY	60%	67%	0%	0%	33%	67%	0%	0%	27	56%	28	50%	27	28	103.7%	56%	50%	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).

Source: GW analysis of HRSA COVID-19 federally-funded health center data (as of June 19th, published June 26th, 2020).

Table 2. COVID-19 Impact on Health Center Visits and Operations and PPE Supply as of June 19th, 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	27%	1,351	6%	38%	94%	92%	91%	96%	95%
AK	26%	0	8%	25%	100%	93%	93%	100%	93%
AL	23%	18	4%	29%	80%	73%	73%	87%	87%
AR	15%	11	3%	14%	80%	80%	60%	90%	90%
AZ	19%	16	6%	45%	95%	95%	89%	95%	95%
CA	22%	150	8%	55%	93%	95%	92%	96%	95%
CO	25%	25	9%	36%	100%	100%	92%	100%	100%
CT	20%	177	3%	73%	100%	100%	92%	100%	100%
DC	23%	14	8%	68%	100%	88%	100%	100%	100%
DE	33%	1	13%	60%	100%	100%	100%	100%	100%
FL	32%	14	5%	25%	91%	82%	79%	85%	88%
GA	23%	16	3%	15%	100%	95%	91%	95%	95%
HI	40%	3	4%	24%	100%	100%	100%	100%	100%
IA	37%	5	3%	23%	91%	91%	91%	100%	91%
ID	37%	1	5%	14%	90%	90%	90%	90%	90%
IL	24%	33	5%	45%	97%	91%	94%	100%	100%
IN	28%	6	6%	24%	100%	100%	94%	100%	100%
KS	28%	7	2%	12%	94%	94%	88%	94%	100%
KY	30%	91	4%	31%	95%	95%	90%	100%	100%
LA	23%	14	8%	44%	87%	96%	87%	87%	87%

Table 2. COVID-19 Impact on Health Center Visits and Operations and PPE Supply as of June 19th, 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 (%)
MA	23%	55	13%	66%	92%	81%	88%	100%	100%
MD	44%	13	5%	52%	100%	100%	100%	100%	100%
ME	32%	10	3%	30%	85%	77%	100%	100%	100%
MI	23%	73	8%	47%	96%	100%	96%	100%	100%
MN	34%	15	9%	68%	100%	100%	100%	100%	100%
MO	36%	9	4%	24%	86%	90%	86%	90%	90%
MS	41%	30	4%	19%	80%	80%	80%	80%	93%
MT	23%	2	1%	18%	100%	100%	100%	100%	100%
NC	38%	32	4%	44%	89%	74%	81%	89%	85%
ND	31%	1	3%	25%	100%	100%	100%	100%	100%
NE	25%	26	4%	33%	100%	100%	100%	100%	100%
NH	14%	3	5%	48%	100%	89%	100%	100%	100%
NJ	32%	23	8%	52%	89%	89%	89%	89%	89%
NM	18%	42	4%	50%	92%	100%	100%	100%	92%
NV	0%	8	7%	43%	100%	71%	71%	100%	100%
NY	22%	78	10%	42%	100%	97%	97%	100%	100%
OH	24%	31	6%	40%	100%	100%	97%	100%	100%
OK	21%	3	2%	16%	100%	100%	93%	100%	93%
OR	24%	28	10%	47%	96%	92%	96%	100%	100%
PA	29%	17	5%	45%	100%	94%	94%	100%	100%

Table 2. COVID-19 Impact on Health Center Visits and Operations and PPE Supply as of June 19th, 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 (%)
PR	25%	0	3%	48%	89%	89%	89%	83%	89%
RI	22%	10	19%	70%	100%	100%	100%	100%	100%
SC	26%	21	4%	23%	89%	94%	83%	94%	72%
SD	18%	0	2%	10%	100%	100%	100%	100%	100%
TN	29%	2	3%	16%	88%	82%	82%	94%	82%
TX	30%	51	5%	24%	90%	92%	92%	96%	88%
UT	31%	3	3%	34%	100%	100%	100%	100%	100%
VA	27%	21	4%	27%	100%	95%	95%	100%	100%
VT	26%	5	4%	39%	100%	100%	89%	100%	100%
WA	37%	37	12%	40%	100%	100%	95%	100%	100%
WI	46%	19	12%	28%	93%	80%	93%	93%	93%
WV	32%	78	2%	37%	90%	90%	90%	95%	100%
WY	33%	2	7%	27%	80%	60%	60%	80%	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 June 19th, published June 26th, 2020).