Data Note

January 2021

Key Updates from the Health Center COVID-19 Survey (Week #42): Over a Quarter of a Million Community Health Center Staff Members and Patients Have Received a COVID-19 Vaccine

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

Introduction

On January 19, 2021, the U.S. COVID-19 death toll reached 400,000 deaths. Data reported that week from the Health Resources and Services Administration's (HRSA's) weekly **Health Center COVID-19 Survey** indicate that 269,593 community health center patients were tested for the COVID-19 virus the week of January 15th, 2021, down by more than 56,000 from the 325,986 reported for the week of January 8th. Similarly, the number of health center patients with confirmed infection (39,221) this week was substantially lower than its peak recorded level (55,163) as of January 8th. The number of staff members (1,273) who tested positive for the virus this week was at its lowest recorded level since early November 2020. HRSA began reporting the number of community health center staff and patients who have initiated and completed COVID-19 vaccination as of the week ending January 8th. Over that week and the week ending January 15th, more than 107,000 staff members and 146,000 patients, totaling more than 253,000 in the aggregate, received their first or second dose of a COVID-19 vaccine. However, two in three (65 percent) responding health centers reported that vaccine deployment was challenged by supply constraints this current reporting period. Other key findings include:

- Nearly all (99 percent) responding health centers report the capacity to provide COVID-19 diagnostic testing, up from 80 percent reported in early April 2020.
- Community health centers have tested nearly 7.9 million patients for COVID-19 virus in total over nine months. In the aggregate, a total of 1,016,684 health center patients and 36,358 staff members have tested positive for the COVID-19 virus. With **23.5 million cases of coronavirus in the U.S**. reported as of January 15th, the number of health center patients who have tested positive accounted for 4.3 percent of cases nationally, or one in 23 of all U.S. cases.
- The share of health centers reporting average turn-around times for COVID-19 diagnostic test results in excess of four days was at its highest level in July and following some improvement, began to worsen again in November and December, but stands at 12 percent as of the most current reporting period.
- In line with research that has found that minorities are disproportionally at risk for infection with the COVID-19 virus, patients reported as racial and ethnic minorities, particularly Hispanic/Latino patients, accounted disproportionately for patients who tested positive, both this week and consistently over the nine months of survey data.
- Measures of operational capacity including temporary site closures, staff unable to work, and declines in weekly visits have improved over the nine months but remain significant.
- With weekly health center visits consistently lower than before the pandemic, the pandemic has taken an enormous financial toll on health centers. Cumulative patient revenue losses over 42 weeks are estimated at $4.5 billion, which amounts to 14.2 percent of total health center revenue reported nationally in 2019.

The nation continues to struggle through the coronavirus pandemic with **nearly 123,000 people hospitalized with COVID-19** and **COVID-19 deaths now exceeding 400,000**. While **daily cases and hospitalizations have been decreasing from peak levels**, it is feared that **new coronavirus strains reported in the U.S. will result in spiking cases above the current high levels of community spread**. The **initial vaccine roll-out has been slow**, raising concerns about achieving vaccination targets. Still, there were signs of hope in reports that **over 19.9 million Americans have received at least one COVID-19 vaccine dose** and the new Biden administration is aiming **to provide 100 million vaccine doses over 100 days and to allocate vaccine supplies to community health centers.**

Community health centers are an essential source of care for populations who are at high risk of COVID-19 infection and poor health outcomes. **In 2019, 1,385 federally-funded community health centers** served nearly 30 million patients in the U.S., or **one in eleven residents nationally**. Nearly all (91 percent) **health center patients in 2019** were low-income and about two in three (63 percent) were racial/ethnic minorities. The sociodemographic make-up and higher rate of chronic conditions among the **health center patient population** put them at greatest risk of poor outcomes from COVID-19.

Community health centers are required by statute to serve all patients regardless of their income or health insurance status and to charge patients on a sliding fee scale based on their ability to pay. Community health centers served **one in three people living in poverty** and **one in five uninsured** individuals before the pandemic. Their importance for low-income and uninsured patients has grown as **unemployment claims increase, and millions of Americans remain unemployed and have lost their employer-sponsored health insurance**. In addition to offering local access to both COVID-19 testing and ongoing, comprehensive primary medical care, community health centers offer services that address the **pandemic-related rise in mental health and substance use disorder problems**. These services provided by health centers will be essential **as the pandemic's effects are expected "to continue to get worse before they get better."**

HRSA's Weekly Health Center COVID-19 Survey

The Health Resources and Services Administration (HRSA) has been administering a **weekly Health Center COVID-19 Survey** to all health centers nationally since early April 2020 and to date, has reported 42 weeks of survey data. The survey captures data on health centers' COVID-19 virus testing capacity, the number and race/ethnicity of all patients tested and those who tested positive for the COVID-19 virus, the effects of the pandemic on health centers' operational capacity, measured in site closures, weekly visit declines, and staff unable to work, and the adequacy of personal protective equipment (PPE) supplies. HRSA reports summary data for health centers nationally, by state, and for **look-alike health centers**, which meet all health center program requirements but do not receive federal health center grants (this data note excludes data on look-alike health centers). Because the data are cross-sectional, with different health centers reporting each week, and the response rates vary by week, **HRSA cautions against comparing data over the weeks**; notably, however, overall response rates have ranged from 60 percent to 83 percent and have met or exceeded 70 percent in 24 out of the 42 weeks of data. The Geiger Gibson/RCHN Community Health Foundation Research Collaborative has produced a series of **weekly updates based on HRSA's survey data**. This data note reports on the current COVID-19 experience of the nation's community health centers as of the week of January 15th. We also report updated trend data from **earlier reports on six months of data**, **seven months of data**, and **eight months of data**, from April 3rd, 2020, up to the most recent report ending January 15th, 2021. Finally, we present updated estimates on the cumulative state and national losses in health center patient revenue to date due to visit declines.

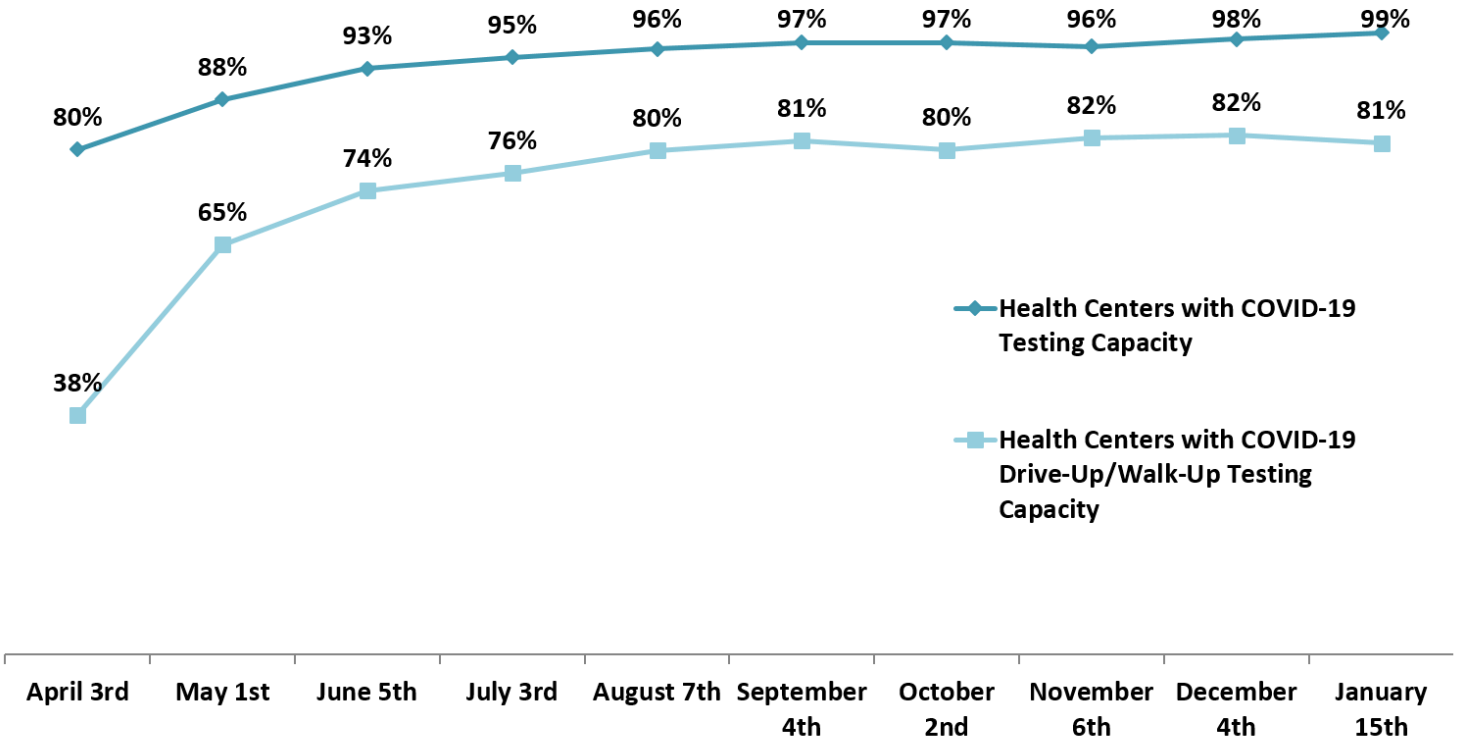
Testing Capacity and Average Turn-Around Times for COVID-19 Viral Test Results

Over nine months after HRSA began reporting this data, nearly all (99 percent) responding health centers report capacity for diagnostic testing for the novel coronavirus, up from 80 percent as of the first reporting period (**Figure 1**). Among health centers with testing capacity, the share with drive-up/walk-up testing capacity more than doubled,

from 38 percent to 81 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, $1.32 billion in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, and $583 million in additional grants to expand health center testing capacity, funded through the Paycheck Protection Program and Health Care Enhancement Act (PPPHCEA or "COVID-19 3.5" relief package).

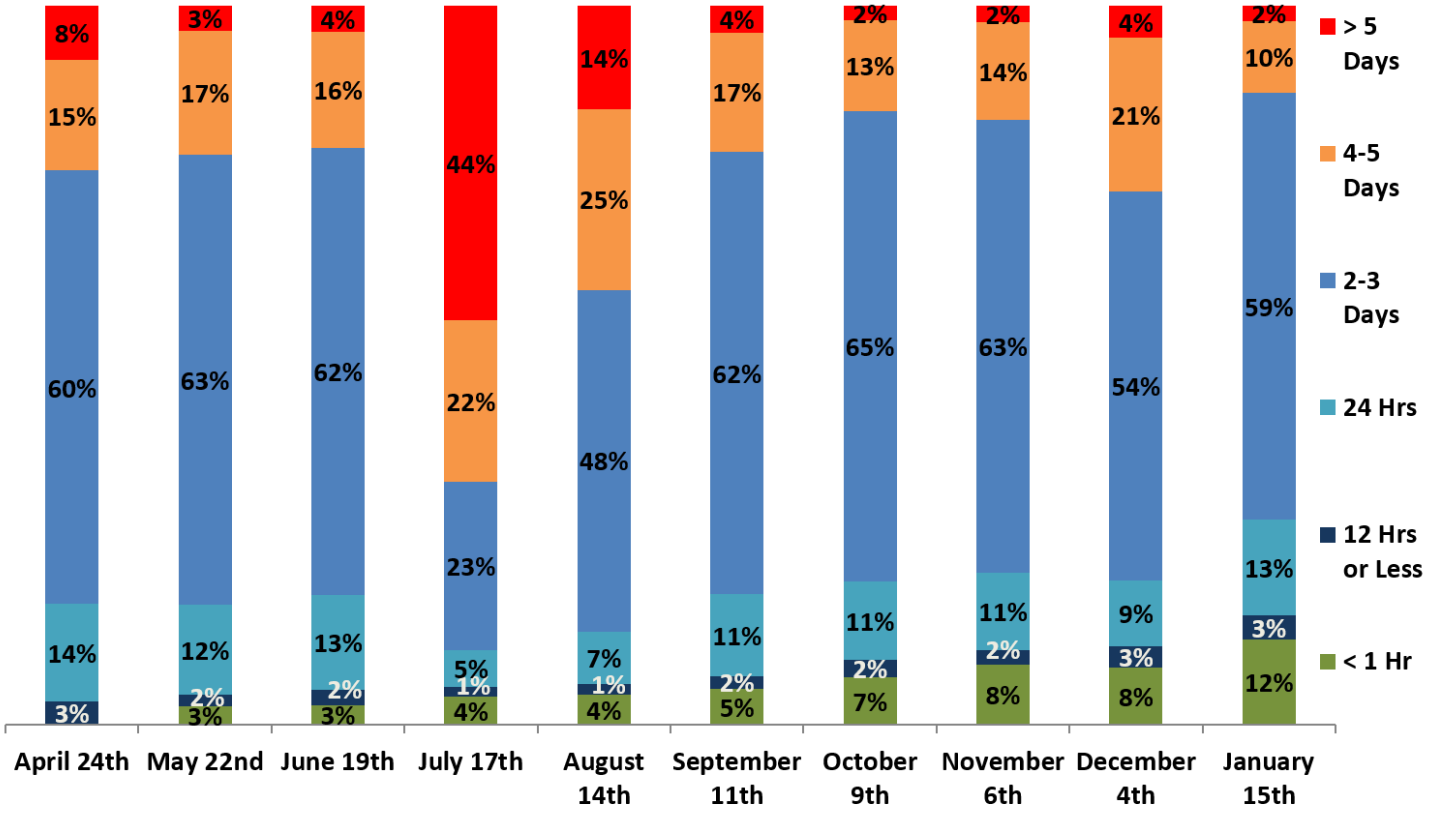
Figure 2 illustrates how average turn-around times for COVID-19 viral test results have changed over the nine months. In the first few months of testing, about four in five test results came back within an average of three days or less. However, with the spike in cases over the summer, associated increases in testing demands, and broader delays in lab capacity, average turn-around times worsened dramatically and reached a peak in mid-July, when two in three (66 percent) results were returned in four or more days, including 44 percent in more than five days. As of the most current reporting period, average turn-around times of four or more days were experienced by 12 percent of all reporting health centers. While this is an improvement from the mid-November and mid-December reports, when this rate ranged from 21 to 28 percent, it still means that about one in eight test results is clinically useless in the effort to conduct contact tracing and to stop further transmission. This rate may improve as the Biden administration plans to rapidly expand diagnostic testing and in response to changes in Medicare reimbursement that financially penalize laboratories for results that are not returned within two days.

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



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

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



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

COVID-19 Diagnostic Tests

Over 41 weeks of reported data[1], community health centers tested a total of 7,892,573 patients for the COVID-19 virus and a total of 1,016,684 patients and 36,358 health center staff members had confirmed cases. As of January 15th, there were a reported 23.5 million cases of coronavirus in the U.S., meaning that the 1,016,684 health center patients with confirmed infection accounted for one in 23 (4.3 percent) of cases nationally.

Figure 3 shows the number of patients tested for COVID-19 virus (PCR, antigen), the number of patients and health center staff members who tested positive, and the percentage of health center patients who tested positive for COVID-19 at approximately monthly intervals since April 2020. As of the current reporting week of January 15th, community health centers nationally conducted 269,593 COVID-19 virus tests, down by more than 56,000 tests compared to the 325,986 conducted the prior week ending January 8th and its peak level of 341,149 reported as of December 11th (**Figure 3**). Similarly, the number of patients who tested positive in the current reporting period (39,221) was nearly 16,000 fewer than the 55,163 reported as of January 8th, which was the highest recorded level over the nine months of data. The number of staff members with confirmed infection this week (1,273) was at its lowest recorded level since early November and down by 800 from its peak level of 2,076 reported as of December 4th.

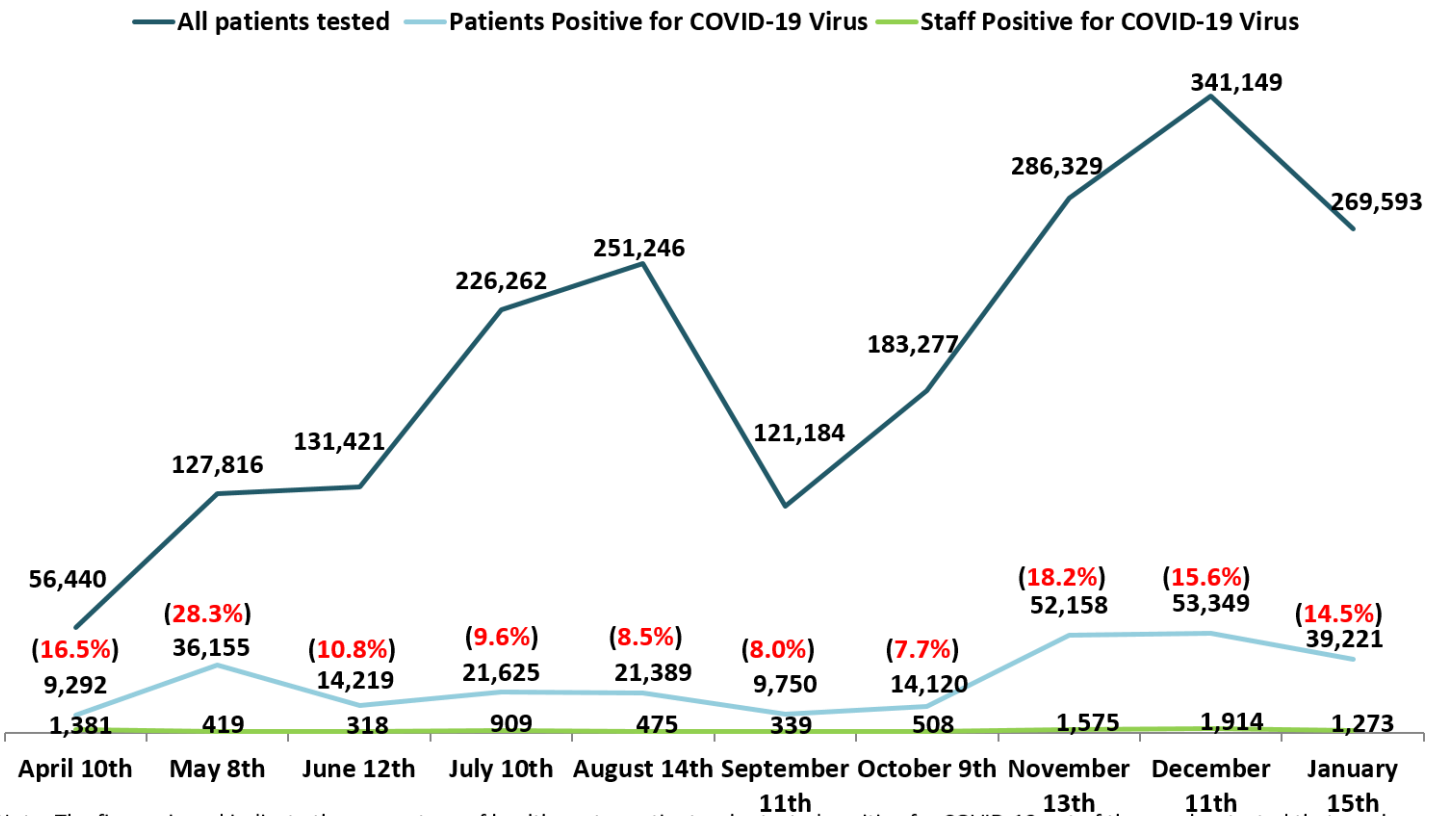
Based on the reported numbers of patients tested for COVID-19 virus and those who tested positive each week, the percentage testing positive over nine months was at its peak in early May at 28.3 percent, and at its lowest point was

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

6.2 percent as of August 21st. However, given the widespread delays in test results over the summer months, the latter percentage may not reflect the true positive rate due to the lag in results reporting. HRSA notes that "the reported number of patients tested do not represent the same patients included in the reported number of patients tested positive due to a lag between the date the specimen is collected and the availability of test results." Despite that caveat, the most recent positive rate of 14.5 percent is more than twice the lowest positive rate of 6.2 percent. Over the nine months, the percentage of positive testing results reported by community health centers has fairly consistently exceeded the national positive case rate across public health, clinical and commercial labs reported to the Centers for Disease Control and Prevention (CDC). Results for the most recent week are consistent with this experience; the 14.5 percent positive case rate at health centers as of January 15th was above the 11.9 percent reported nationally to the CDC for the week ending January 16th.

Antibody tests, also known as serological tests, indicate if a person was previously infected with the COVID-19 virus. HRSA began reporting the number of health center patients tested for COVID-19 antibodies in June 2020 but removed questions on antibody testing after revising the survey as of January 8th. Over 31 weeks of reported data up to January 1st, a total of 376,379 health center patients were tested for antibodies and 68,176 tested positive. Over the nine months of all testing data up to the week ending January 15th, community health centers have tested a total of 8,268,952 patients with a COVID-19 test of any type, and a total of 1,084,860 patients have tested positive for either COVID-19 virus or antibodies.

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



Note: The figures in red indicate the percentage of health center patients who tested positive for COVID-19 out of the number tested that week. HRSA began reporting patient testing numbers for the second week of the survey (April 10, 2020). The percentage testing positive in July, August, November, and December should be interpreted cautiously given widespread delays in test results those months. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

Race and Ethnicity of Health Center Patients Testing Positive for COVID-19 Virus

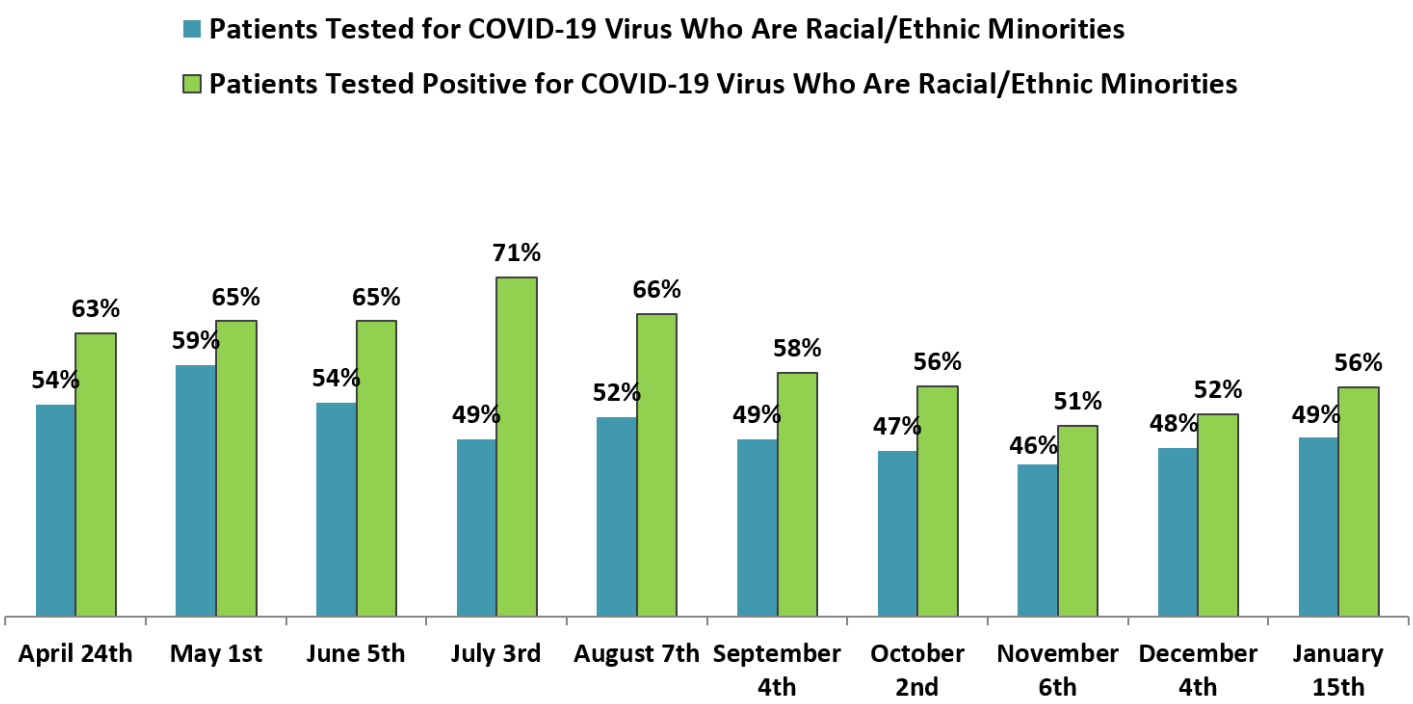
Community health centers, which by mission and federal mandate are located in underserved areas, are a vital resource in many minority communities. As the pandemic continues, a wide body of research has found that members of racial and/or ethnic minority groups are disproportionally more likely to be infected with the novel coronavirus and to have serious illness, to be hospitalized, and to die from COVID-19 (see p. 8 of our six-month report). The Department of Health and Human Services (HHS) counts community health center testing capacity among its initiatives to make testing more accessible and to reduce COVID-19 racial/ethnic disparities.

Findings from HRSA's survey are consistent with evidence of racial/ethnic disparities in COVID-19 infection. **Figure 4** shows that for each week of reported data, the share of patients who tested positive for COVID-19 virus who are racial/ethnic minorities exceeded the share of tested patients who are racial/ethnic minorities. For the current reporting period as of January 15th, White, Hispanic/Latino patients accounted for 18 percent of health center patients tested for COVID-19 infection, but they represented 26 percent of all positive cases. Similarly, Hispanic/Latino patients with no reported race accounted for eight percent of those tested for infection, but ten percent of positive cases for infection. HRSA reports that over all the months of reported race and ethnicity patient testing data from April to January, Hispanic patients accounted for 29 percent of patients tested with a COVID-19 test of any type but 41 percent of patients who tested positive for either COVID-19 virus or antibodies.

Losses of Operational Capacity: Sites, Staffing, and Visits

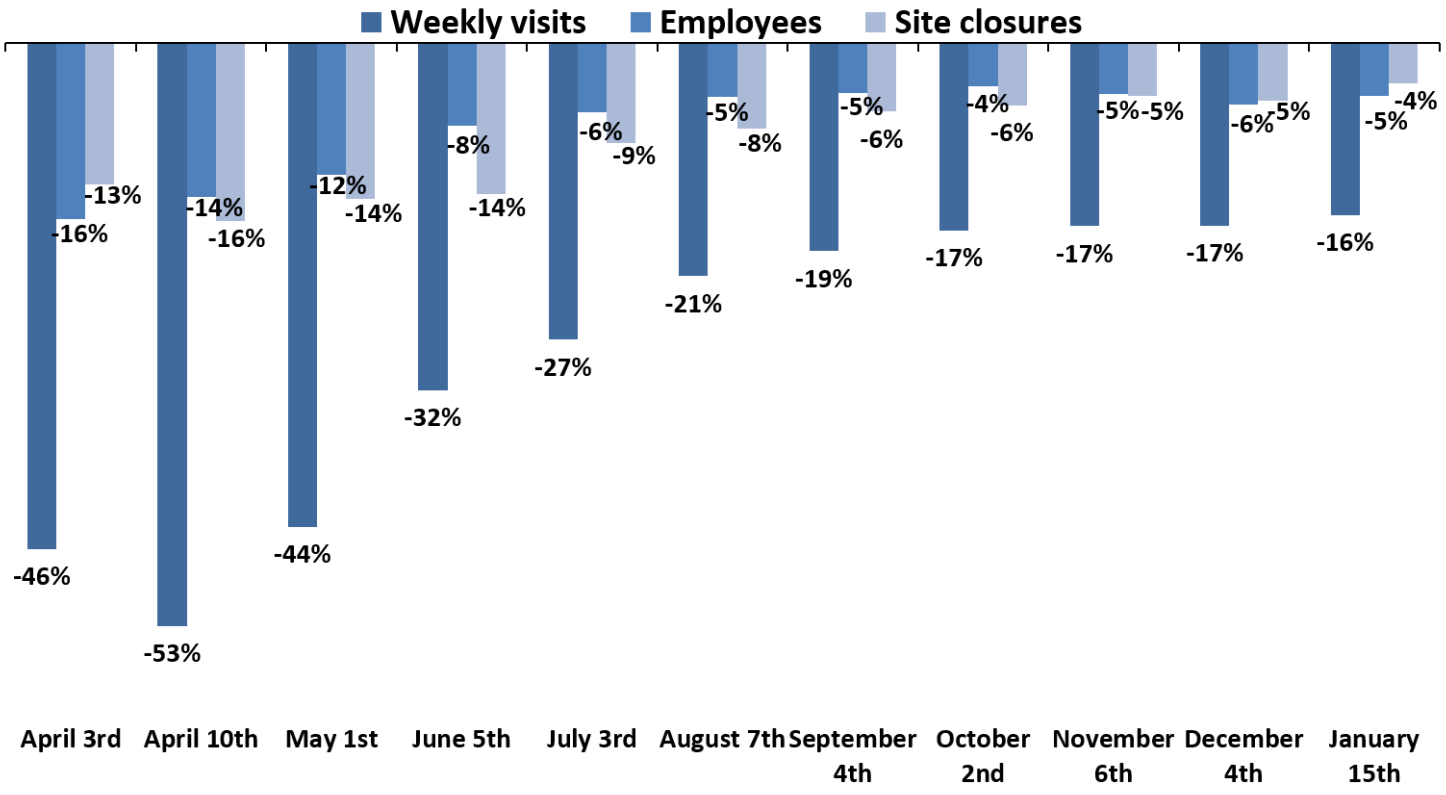
While adding testing, adapting their services, and gearing up for vaccines, health centers have been operating at reduced capacity since the pandemic began. As **Figure 5** illustrates, health center activity has been recovering; the

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



Note: Percentages indicate patients who are racial/ethnic minorities as a percentage of those tested and of those who tested positive and aggregate Hispanic/Latino White, Black/African American, Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander patients, patients with more than one race, and Hispanic/Latino patients with unreported race. HRSA began reporting racial/ethnic minority percentages for patients tested for COVID-19 virus on April 24th, 2020. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

Figure 5. COVID-19 Impact on Community Health Centers, April 2020-January 2021



Notes: Weekly visit losses compared to average pre-COVID-19 weekly visits, and include "all visits regardless of service type (e.g., medical, dental, behavioral health, etc.), including virtual visits" (https://bphc.hrsa.gov/emergency-response/covid-19-survey-tools-questions). Site closure percentages are based on 12,785 sites reported in 2019; percentages published in earlier reports may differ slightly because they were based on an approximated number of 12,000 sites. Sources: 2019 UDS; Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.

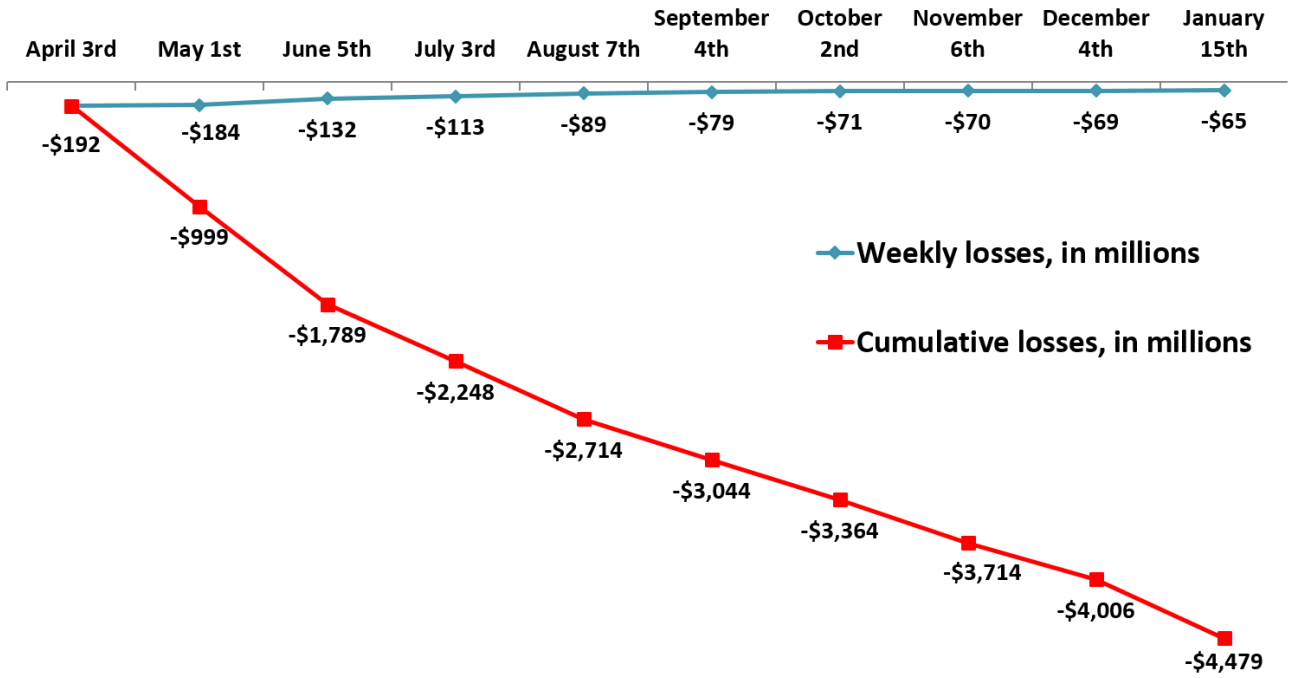
decline in weekly visits compared to average weekly visits before the pandemic has greatly improved, from a reduction in visits of 53 percent as of April 10th to 16 percent as of January 15th. Similarly, the share of temporarily closed sites improved over that same time period, from 16 percent to four percent, while the share of health center staff members unable to work due to COVID-19, for reasons that included site closures, family/home obligations, lack of personal protective equipment, and exposure to coronavirus was 16 percent in the first week of the survey and stands at five percent as of the most recent week.

Despite these positive trends, these losses continue to reflect the toll that COVID-19 is having on health center capacity, staffing, and operations. A five percent reduction in health center employees translates to more than 12,000 fewer working **full-time equivalent (FTE) staff members** who are essential to serve patients and to keep health centers running. Similarly, the 16 percent reduction in weekly visits amounts to nearly 370,000 fewer weekly **health center visits nationally**, for services which may include routine check-ups, vaccinations, and other preventive care services. Furthermore, while losses in operational capacity may have diminished nationally over time, they vary greatly by state (HRSA has created **maps and state tables that show state variation** in operational capacity, including the percentages of site closures and staff unable to work).

Financial Uncertainty and Revenue Losses

The loss in patient visits has translated into ongoing and substantial revenue losses, estimated at $4.5 billion nationwide over nine months, an amount that represents 14.2 percent of total revenue reported nationally in 2019 (**Figure 6**). Cumulative patient revenue losses over this period varied by state, ranging from $5 million in Wyoming to $909 million in California (**Table 1**).

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



Estimated cumulative losses of $4.5 billion over 9 months accounted for 14.2% of total revenue reported in 2019.

Note: Weekly patient revenue losses estimated based on the decline in weekly visits compared to pre-COVID-19 average weekly visits reported each week from the Health Center COVID-19 Survey and weekly patient revenue (total patient revenue reported for 2019 in the 2019 Uniform Data System, divided by 52). "National" includes federally-funded community health centers in the 50 states, DC, and U.S. territories/COFA states.
Sources: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA.; HRSA. (2020). 2019 Uniform Data System data.

In addition to the funding directly allocated to community health centers through the Coronavirus Preparedness and Response Supplemental Appropriations Act, the CARES Act, and the PPPHCEA, community health centers also have received some financial support through the Paycheck Protection Program, the HHS Provider Relief Fund, and HRSA Uninsured Claims Fund. The budget bill that was passed at the end of 2020 resolved some financial uncertainty by funding the Community Health Center Fund with $4 billion each year from FY2021 to FY2023, providing 1.7 billion in discretionary funds for FY2021, and allowing health centers to recoup revenue losses through the Provider Relief Fund. The Biden administration's COVID-19 plan specifically highlights an expanded role for community health centers in COVID-19 vaccination and increased health center funding, but it is unclear to date how much funding will be allocated.

Virtual Visits

As a way to continue to provide care to their patients and to earn patient revenue, community health centers rapidly pivoted to telehealth. In 2019, less than half (43 percent) of community health centers reported using telemedicine to provide remote clinical care services and virtual visits accounted for only 0.4 percent of the 122.8 million health center visits that year. At its peak, as of April 24th, 54 percent of visits on average were conducted virtually; this percentage had fallen by half, to 27 percent in October and November, but rose to 30 percent as of December 4th and remained at this level as of January 15th. Recent policy changes may have helped to increase health centers' use of telehealth services during the pandemic, but telehealth utilization is not uniform across health centers, and many still face barriers to adopting or expanding telehealth.

Supply of Personal Protective Equipment

HRSA has queried health centers about their supply of personal protective equipment (PPE) over nine months. The question on PPE supply was amended in September so that data are not comparable over the nine months, but

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

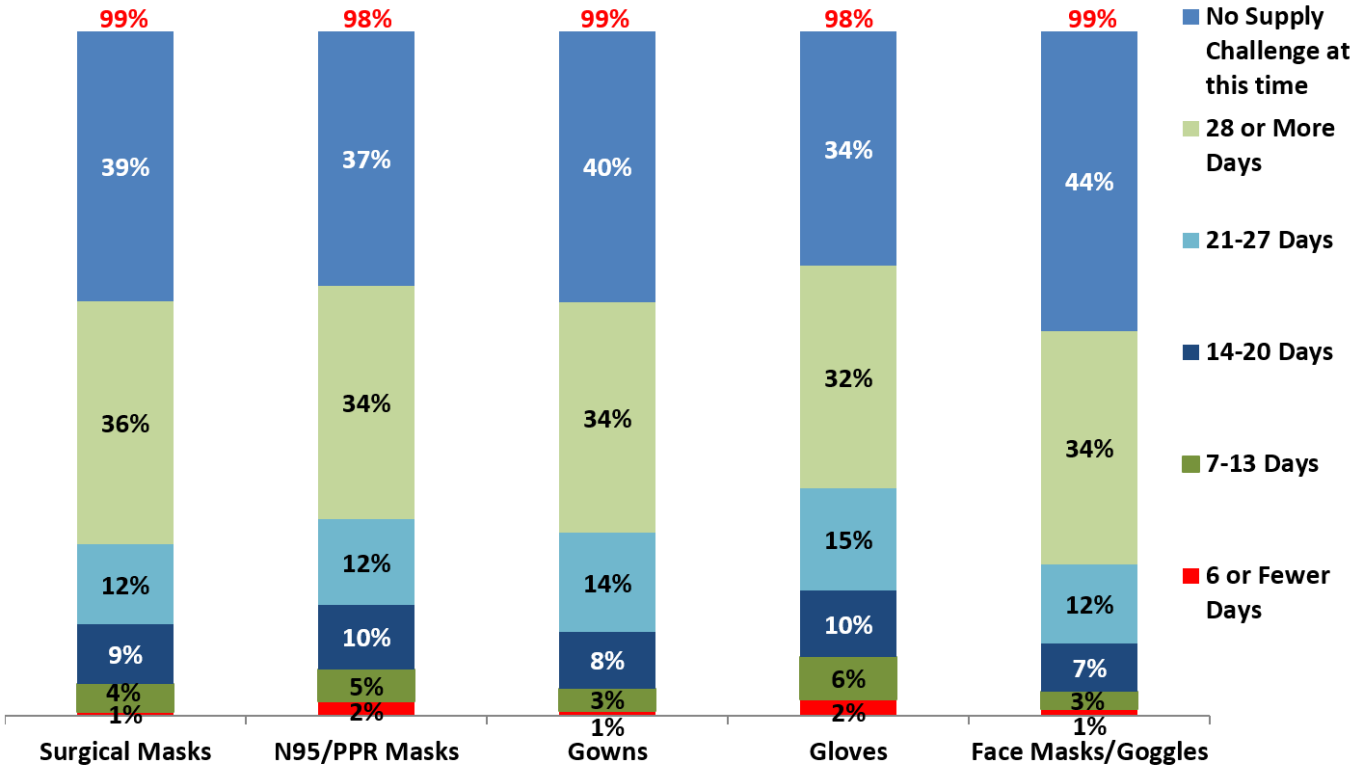
State	Cumulative losses (in millions)	State	Cumulative losses (in millions)
AK	-$26	MT	-$21
AL	-$28	NC	-$66
AR	-$24	ND	-$7
AZ	-$73	NE	-$14
CA	-$909	NH	-$11
CO	-$74	NJ	-$63
CT	-$51	NM	-$37
DC	-$48	NV	-$7
DE	-$6	NY	-$336
FL	-$186	OH	-$88
GA	-$60	OK	-$35
HI	-$29	OR	-$93
IA	-$28	PA	-$110
ID	-$39	PR	-$56
IL	-$150	RI	-$27
IN	-$86	SC	-$78
KS	-$25	SD	-$7
KY	-$95	TN	-$41
LA	-$61	TX	-$217
MA	-$92	UT	-$22
MD	-$73	VA	-$36
ME	-$38	VT	-$24
MI	-$88	WA	-$228
MN	-$29	WI	-$59
MO	-$105	WV	-$86
MS	-$42	WY	-$5

Note: Weekly patient revenue losses estimated based on the decline in weekly visits compared to pre-COVID-19 average weekly visits reported each week from the Health Center COVID-19 Survey and weekly patient revenue (total patient revenue reported for 2019 in the 2019 Uniform Data System, divided by 52). Data for DC and LA health centers were not reported the week of September 4th, and ND and OK health centers for the week of October 30th, so the visit declines for those weeks were imputed by taking the average of theweekly declines the week before and after. Cumulative losses reflect the sum of estimated losses based on 42 weeks of survey data.

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

for the most recent reporting period (**Figure 7**), nearly all health centers reported that they either have no supply challenges or have adequate supplies of all five types of PPE supplies for the next week or more. Earlier data based on the original PPE question show that the share of responding health centers reporting adequate supplies of PPE ranged by type from 67 percent to 89 percent in the first week to 94 to 97 percent by the end of August (see Figure 11 in our six-month report). However, given the variability in supplies by type, and nationally-reported shortages, especially in the supply of nitrile gloves, these indictors will merit ongoing review.

Figure 7. Community Health Center Availability of Adequate PPE Supply, By Type and Duration, as of January 15th



Note: The figures in red indicate the share of community health centers that either do not need PPE or have adequate PPE for one or more weeks.
Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 15th, 2021.

COVID-19 immunization

The survey for the reporting period ending January 8th was the first to ask about the number of health center patients and staff members who have received COVID-19 vaccine doses. HRSA issued a bulletin to clarify that they were "asking about the number of people who received the vaccination anywhere, not just at your health center." **Figure 8** shows the number of health center staff members and patients who received their first or second dose of a COVID-19 vaccine for the weeks ending January 8th and January 15th. Over these two weeks, 89,133 health center staff members had initiated their COVID-19 immunization series (i.e., received their first dose), while 17,956 had completed their COVID-19 immunization series (i.e., received their second dose). In total, 107,089 staff members had received at least one COVID-19 vaccine dose as of January 15th, which translates to 42 percent of the 252,868 full-time equivalent staff members reported in 2019. For those two weeks, it was also reported that 140,670 health center patients had initiated and 5,647 health center patients had completed their COVID-19 immunization series, for a total of 146,317 health center patients who had received at least one vaccine dose. While this

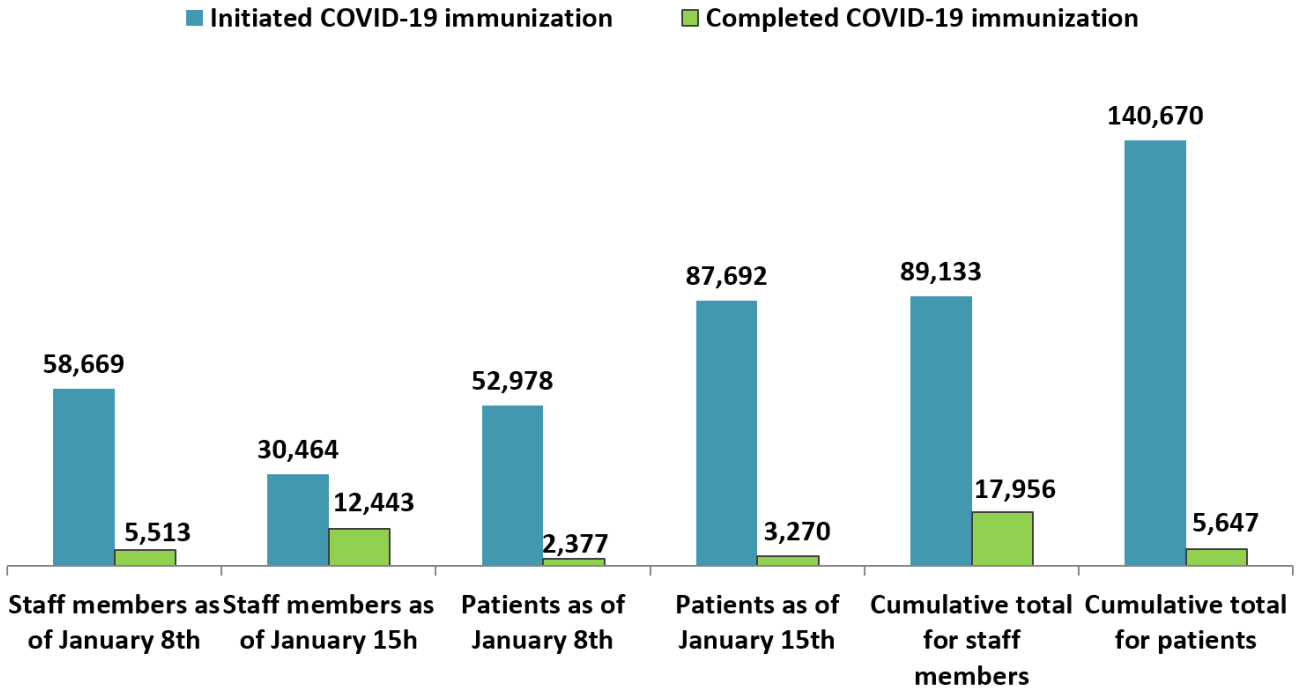
total accounts for only 0.5 percent of the **29.8 million patients served by health centers in 2019**, it should be noted that this two-week period ended just after the **former Trump administration on January 12th called for states to open up vaccine eligibility** to adults age 65 and older and those with underlying health conditions that increase their risk of serious COVID-19 illness; thus, most states likely were still prioritizing vaccines for front-line health care workers and long-term care facility residents at the time of the surveys. We previously estimated that **nearly half (47 percent) of community health center patients would be prioritized for COVID-19 vaccination** based on their advanced age or having certain health conditions.

Our **recent study reported concerns** that community health center patients would be hesitant to receive the vaccine, particularly among communities of color. While the rate of intention to get the COVID-19 vaccine **has increased over time**, **recent polls** continue to report higher rates of vaccine hesitancy among **Black and Hispanic people** compared to White people and **Kaiser Health News has reported lower rates of COVID-19 vaccination** among Black Americans compared to White Americans. Likely in response to this concern and because **63 percent of health center patients are racial/ethnic minorities**, HRSA has asked responding health centers to report the race and ethnicity of patients who have received both flu and COVID-19 vaccine doses. As **Figure 9** shows, 79 percent of the 143,853 flu vaccinations administered the week ending January 15th were to racial/ethnic minority patients. In contrast, racial/ethnic minority patients accounted for only 35 percent of patients who received their first COVID-19 vaccine dose and 50 percent of those who received their second COVID-19 vaccine dose that week. While the reported shares of COVID-19 vaccinated patients who are Black/African American and Hispanic are much lower than the proportion of the health center population they represent—**37 percent of health center patients were Hispanic and 22 percent were Black/African American in 2019**—it is difficult to interpret this finding given that race and ethnicity were not reported for a high proportion of patients who received their first and second COVID – 19 vaccine dose (23 percent and 10 percent, respectively, along with an additional three and five percent, respectively, of vaccine recipients who reported non-Hispanic/Latino ethnicity but did not report their race). It is also unclear from the available data if racial/ethnic disparities are attributable to vaccine hesitancy or differences in eligibility for the vaccine.

HRSA also asked health centers to report the challenges they were facing in deploying COVID-19 vaccinations. In line with **reports of limited vaccine supply across the country**, nearly two in three (65 percent) responding health centers reported that vaccine supply is a challenge (**Figure 10**). Addressing the supply issue is a priority for the new administration; according to the newly-released White House COVID-19 plan, the **Biden administration plans to use the Defense Production Act** to boost the manufacturing and supply of COVID-19 vaccines.

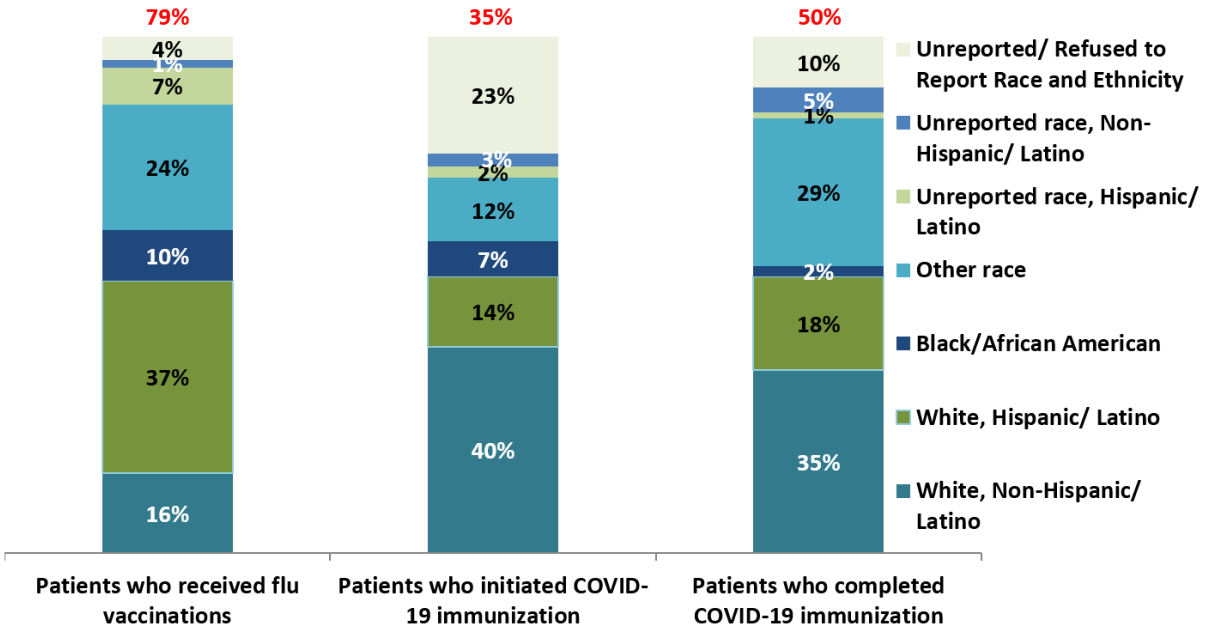
In addition, four in ten health centers reported challenges related to having staff available to administer vaccines while 19 percent reported financial reimbursement for costs associated with vaccine administration and 17 percent reported vaccine confidence as challenges. Only 12 percent of responding health centers did not report any challenges in deploying vaccines.

Figure 8. Community Health Center Staff Members and Patients Who Initiated and Completed COVID-19 Immunization, as of the weeks ending January 8th and January 15th



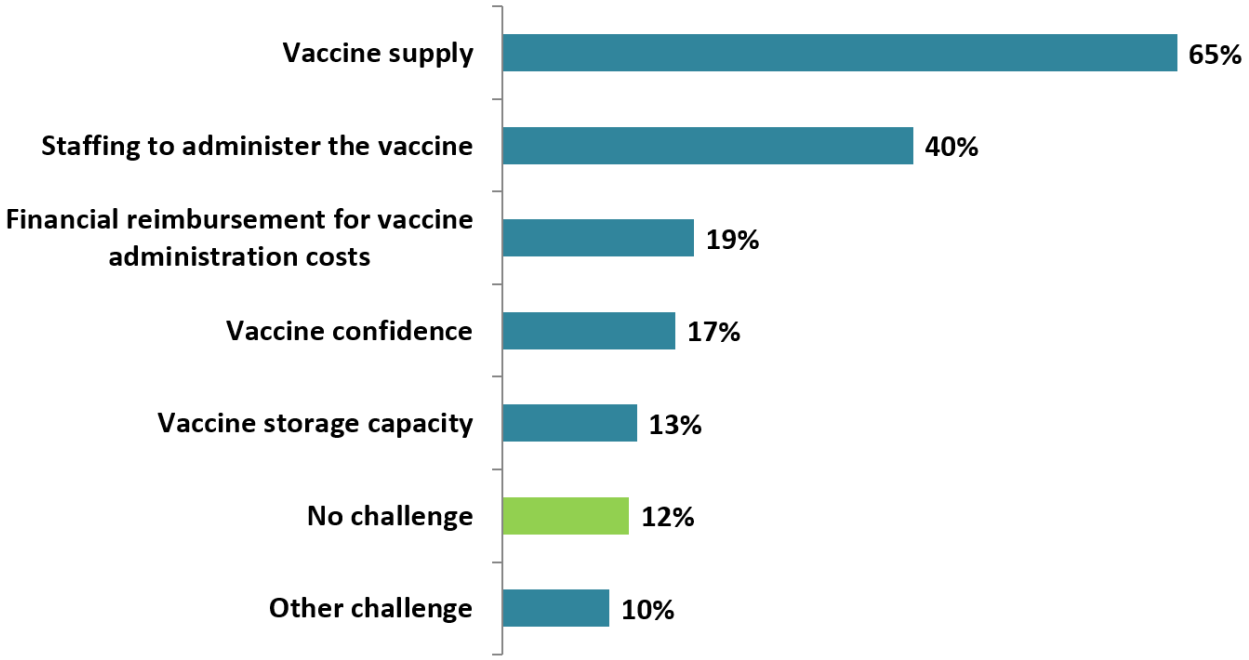
Note: Staff members and patients are counted as having "initiated" COVID-19 immunization when they received their first dose of an FDA-approved COVID-19 vaccine and "completed" when they received their second dose of the vaccine, and do not include vaccines administered through clinical trials. Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 8th, 2021 and January 15th, 2021.

Figure 9. Health Center Patients Who Received Flu Vaccinations and Who Initiated and Completed COVID-19 Immunization, by Race/Ethnicity, as of the week ending January 15th



Note: The figures in red indicate patients who are racial/ethnic minorities as a percentage of those who received flu vaccinations and who initiated and who completed COVID-19 immunization 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. HRSA. Data as of January 15th, 2021.

Figure 10. Challenges Reported by Community Health Centers in Deploying COVID-19 Vaccines, as of January 15th



Note: Responding community health centers were instructed to "select all answers that apply from the list."
Source: Bureau of Primary Health Care. Health Center COVID-19 Survey. HRSA. Data as of January 15th, 2021.

Conclusion

More than nine months of reported data from HRSA's Health Center COVID-19 Survey indicate that community health centers have risen to meet the challenges of the COVID-19 pandemic, with nearly all offering COVID-19 testing and nearly 7.9 million COVID-19 diagnostic tests conducted by health centers nationally over nine months. Operational capacity has also improved, but site closures and declines in weekly visits remain substantial, and have resulted in an estimated $4.5 billion in cumulative patient revenue losses over this time period.

These steep revenue losses, as well as the known widespread racial/ethnic and income disparities in the risk of serious illness from COVID-19, the high proportion of low-income and racial/ethnic minority health center patients at greater risk for infection, and the continued high rate of coronavirus cases, suggest a continued need for the expansion of health center testing resources and support for the full participation of health centers in vaccine distribution plans. 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, and the expected increased role for community health centers in COVID-19 vaccine distribution, underscore the need for health center COVID-19 relief funding to expand access to care, COVID-19 testing capabilities, and vaccine distribution.