



Tracking a Pandemic: How Rural Health Clinics Utilized a Historic Investment to Fight COVID-19

Rural Health Clinic Experiences from the COVID-19 Testing Program

At the onset of the COVID-19 pandemic, there was a need to bolster testing capacity as the virus spread throughout the United States – especially in rural areas. Accordingly, the U.S. Congress directed a number of relief and mitigation efforts toward rural communities through the Paycheck Protection Program and Health Care Enhancement Act, which was signed into law in April 2020, awarding [\\$225 million](#) to the Rural Health Clinic COVID-19 Testing (RHCCT) Program.

Through the RHCCT Program, the Health Resources and Services Administration (HRSA) allocated direct deposits of \$49,461.42 to eligible rural health clinics (RHCs) or their parent organizations beginning in May 2020. This funding provided much needed resources and significantly helped RHCs support the COVID-19 testing needs within their communities. This was the first ever direct budget allocation to RHCs.

Alongside its partners,¹ the National Association of Rural Health Clinics, (NARHC) provided webinars and other resources for RHCs during this critical time. Through a cooperative agreement with HRSA’s Federal Office of Rural Health Policy (FORHP), NARHC captured data on the COVID-19 testing supported by the RHCCT Program. NARHC also provided technical assistance on allowable use of funds and reporting requirements. Our partnership with FORHP provided a platform to share RHC concerns and challenges with RHCCT Program leadership for effective adjustments, monitoring, and evaluation.

As part of the cooperative agreement, NARHC obtained data on the COVID-19 tests supported by the RHCCT Program via [RHCcovidreporting.com](#), the RHC COVID-19 Reporting Portal. Through this reporting portal, RHCs or their parent organizations reported performing 12.8 million tests between May 2020 and June 2021, an average of nearly 2,600 tests per RHC (Table 1). Additionally, it captured use of funding by broad categories, which HRSA outlined as allowable expenses within the RHCCT Program. Table 2 shows the percentages of RHCs who self-reported various activities their clinic supported or provided with RHCCT Program funds.

The testing and categorical data collection on the RHC COVID-19 Reporting Portal allowed us to quantify RHC testing efforts throughout the unprecedented COVID-19 pandemic; however, it did not capture the variation of funding use in medically underserved rural communities. HRSA and NARHC sought to balance the need to demonstrate the impact of the RHC investment and the administrative burden of RHC data collection during the COVID-19 pandemic. Therefore, in

¹ Partners include the National Organization of State Offices of Rural Health (NOSORH) and State Offices of Rural Health (SORHs).

April 2021, NARHC launched an optional online survey to collect RHCCT Program experiences from RHCs intended to supplement our existing testing data.

Table 1: Total COVID-19 Tests Supported

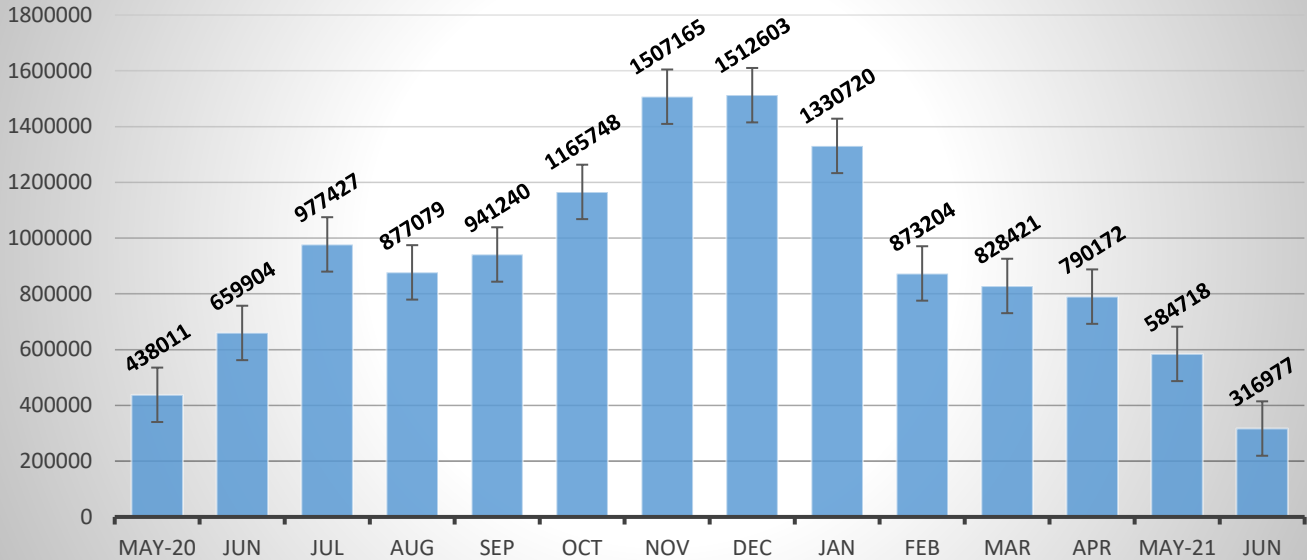
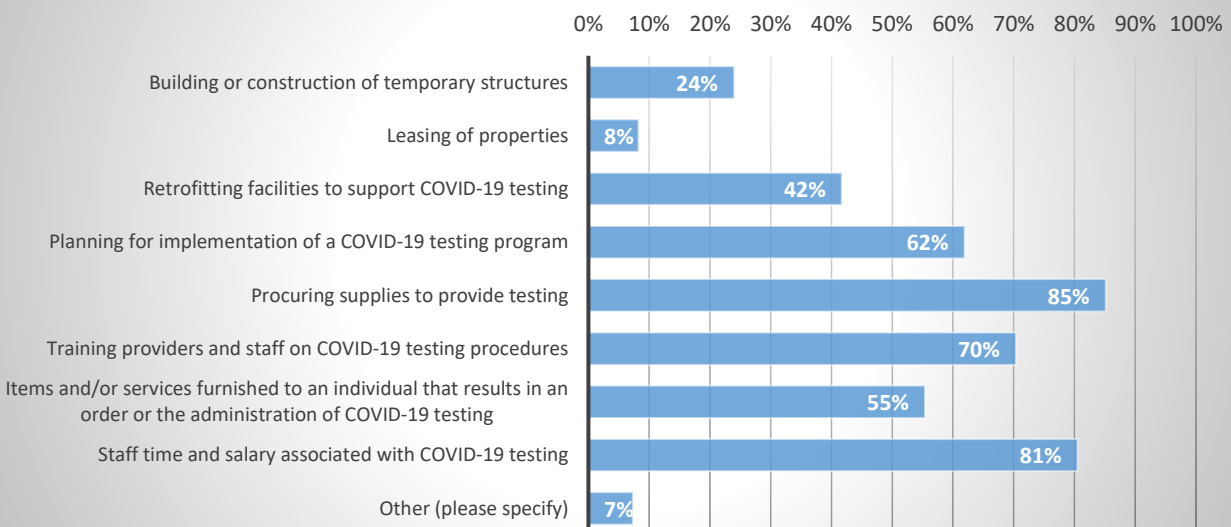


Table 2: Uses of RHCCT Program Funding
(RHCcovidreporting.com reporting entities selected all applicable categories)



A total of 289 RHCs, located in 40 states, elected to share their experiences through survey responses to the following questions:

- Were you able to do activities in the community because of the RHC COVID-19 Testing Program funds?
- Did RHC COVID-19 Testing Program funds increase your collaboration and/or communication with other RHCs and/or other stakeholders/partners?
- Did your RHC encounter challenges with RHC COVID-19 Testing funds?
- Tell us your story: How did your RHC utilize these funds to help your community?

The anecdotes we received from the survey informed statistics gathered on the [RHC COVID-19 Reporting Portal](#) and yielded insight into the extensive use of this HRSA funding through emerging themes highlighted in Tables 3-7. Survey responses revealed that the RHCCT Program funding maintained or increased RHC and other partner collaboration, enabled procurement of necessary supplies and equipment to perform COVID-19 testing, supplied resources to retrofit facilities, and allowed RHCs to remain trusted providers within rural communities. Some RHCs expressed that they were able to keep their clinic doors open for in-person visits during the COVID-19 pandemic due to the RHCCT Program funding.

In the early days of the COVID-19 pandemic, COVID-19 tests were expensive and difficult to obtain in rural America. The unpredictability of the virus led to RHC staff facing an influx of patients presenting with COVID-19 symptoms, while still trying to care for their existing patients. In some cases, residents of medically underserved rural communities were reliant on larger hospital systems to provide COVID-19 testing. The RHCCT Program allowed RHCs to enhance and expand testing capabilities in their communities and become leading providers in the fight against COVID-19 (Table 3).



85%
of RHCs on
RHCcovidreporting.com
report using RHCCT
Program funding to
procure supplies to
perform COVID-19
testing

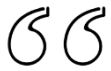


Table 3 - Examples of RHCs using RHCCT Program funding to enhance COVID-19 testing capabilities:

State	RHC Name	Enhanced COVID-19 Testing Capabilities - RHC Experience
CA	Northern Inyo Healthcare District	“At the earliest moment after receiving the funds, we were able to extend our urgent care providers outside in a drive-in, car-clinic triage and testing workflow. This provided a resource to be used by our parent CAH, local county public health and the outpatient clinics to segregate possible cases and prevent spread of contagion to the rest of the community and staff. We were able to <i>mobilize quicker than any other regional healthcare entity locally</i> to provide this service with the help of these funds. 6 days a week, rain, snow and blistering summer heat for an entire year! <i>Convinced that we saved countless lives with our early interventions.</i> ”
IL	GHG Aledo	“With the funding, we were able to offer DAILY testing and also develop a COVID team who not only tracked any positives but worked with our local health department to ensure contract tracing was successful and the patient received DAILY follow-up and care, answering any questions that arose.”
KY	Bell Clinic	“We were the only testing sites in the beginning for all 3 counties. <i>We have tested thousands between 3 RHCs!</i> ”
LA	Lady of the Sea Medical Clinic	“Testing capability was very limited in early summer of 2020 and we often were waiting 5 - 10 days to receive results back form labs we were using to get results. We were able to use the testing funds to secure multiple Abbott ID Now machines and testing kits to meet our needs which <i>greatly reduced the burden of waiting for test results and decreased anxiety in our staff.</i> ”
WA	NorthShore Medical Group	“Providing same day access and testing <i>has helped keep the pandemic under control in our community,</i> and allowed our businesses to stay open.”

Table 4 demonstrates how many RHCs utilized the funding to purchase the supplies and equipment that allowed them to safely care for patients and administer COVID-19 testing. The opportunity to offer on-site COVID-19 testing, which for some RHCs was made possible by the RHCCT Program, meant faster response times as case numbers grew. Several clinics also retained patient confidence in the safety of in-person visits by purchasing personal protective equipment (PPE) and sanitizing products.



Table 4 - Examples of RHCs using RHCCT Program funding for supplies and equipment*:

State	RHC Name	Supplies and Equipment - RHC Experience
AL	Physicians Care	“We [previously] had to travel to Montgomery (over two hours away) to get swabs. These were required to be picked up by a staff member who had to drive, while on the clock. The swab kits, once used for obtaining specimens had to be sent to the AL Dept. of Public Health for processing. <i>We finally managed to get our own testing equipment and kits to do in-house testing in December 2020.</i> ”
KS	F Allen Moorhead Jr MD	“We upgraded our room sanitizing equipment, and were able to purchase more PPE, and the testing equipment and supplies <i>to better serve our patients and make them feel that they are safe when coming into the practice.</i> ”
NE	Harlan County Health Systems	“We were able to provide COVID testing onsite twice a week for the community. We also just provided constant awareness of COVID updates through our Facebook page to keep the community informed. We have been able to <i>purchase or upgrade equipment needed to assist with COVID patients and also to help staff.</i> We were able to acquire rapid COVID-19 testing equipment for use on our RHC patients...”
TX	Liberty Medical RHC	“We were able to be one of the first in our small community to offer Rapid Testing which, <i>we feel, led to less spread in our area.</i> ”

55%

of survey respondents report maintaining or increasing their collaboration with other RHCs and community partners

The RHCCT Program supported many RHCs in their collaboration efforts. Through these collaborations, several RHCs were able to directly serve previously unreached members within their communities, such as individuals in homeless shelters, local senior citizen centers, those who are uninsured, the industrial workforce, and pediatric patients. Many RHCs collaborated with local schools, churches, and public health departments to expand their outreach. Such partnerships presented opportunities for the creation of mass

testing sites and designated times for RHCs to participate in weekly calls to discuss best practices related to COVID-19 testing. One particular Oregon RHC, whose county entered the COVID-19 pandemic with no public health officials, created a designated COVID-19 phone line staffed by agency partners, providing a valuable knowledge base for community members.

Table 5 provides examples of how many RHCs utilized their RHCCT Program funds to build and construct temporary structures, lease properties, and retrofit facilities as necessary to support COVID-19 testing. For example, RHCs across the country used this opportunity to effectively separate their sick and well patients while accommodating higher patient volumes. Use of funds included drive through tents and mobile unit purchases and conversion of storage sheds into sick clinics.



Table 5 - Examples of RHCs using RHCCT Program funding to retrofit facilities*:

State	RHC Name	Retrofitting Facilities - RHC Experience
AR	Hope Medical Clinic, Inc.	“We retrofitted an outside storage building into an acute care / sick clinic. We can now see all our sick patients in this building and perform COVID testing.... <i>Having this sick clinic is such a blessing as it allows us to keep our staff and well patients safer.</i> ”
TN	Family Health Center of Ashland City PLLC	“Once we received the RHC COVID testing funding we chose to have a 3-car carport installed in our back parking lot, and that has been a wonderful space in which to conduct COVID testing. We <i>began rapid COVID testing in the end of September 2020 and are still testing today.</i> ”

Many RHCs elected to use the funding to supplement payroll costs for employees creating and implementing COVID-19 testing programs and training providers and staff on COVID-19 testing procedures (Table 6). The RHCCT Program also covered the hiring costs of new providers and staff to handle increased COVID-19 testing and reporting demands. RHCs were able to cover expenses such as childcare, transportation, and temporary housing to secure and maintain adequate personnel to provide COVID-19 testing services in their communities.



70%
of RHCs on *RHCcovidreporting.com* report using the RHCCT Program funding to train providers and staff on COVID-19 testing procedures

Table 6 - Examples of RHCs using RHCCT Program funding for staff expenses*:

State	RHC Name	Staff Expenses - RHC Experience
AL	South Alabama Medical Clinic	“We were able to stretch our capacity to service the community by having temporary staff to do what our regular staff could not with our drive thru testing. We could continue with our regular schedules but add to it with the drive up. We learned to be adaptable to the ebb and flow of all this. Everyone did above all they could to take care of our patients.”
AR	Bansiter-Lieblong Clinic	“It allowed us to be able to staff our clinic to meet the demands of testing, treatment and direction to patients in need.”

Some RHCs experienced challenges utilizing RHCCT Program funding (Table 7). These challenges primarily included supply chain problems in obtaining PPE, disinfecting chemicals, and other COVID-19 testing supplies. Furthermore, many RHCs with limited staff were unable to dedicate time to expanding COVID-19 testing activities, relying on other health care providers within the community to perform COVID-19 testing. In some cases, the demand for COVID-19 testing was greater than RHC staffing capabilities. Other RHCs expressed concern for the impact of RHCCTM Program funding on their 2020 Medicare Cost Report. Some RHCs received additional funding in 2020 from other COVID-19 relief programs, including the Provider Relief Fund and the Paycheck Protection Program. NARHC and its partners offered direct technical assistance to increase RHC confidence in the use of the RHCCT Program funding and other COVID-19 relief programs and provide clarification on allowable uses of funding, terms and conditions, and reporting requirements.



Table 7 - Examples of RHCCT Program utilization challenges*:

State	RHC Name	Utilization Challenges - RHC Experience
WA	NorthShore Medical Group	“The only challenge is the testing demand has outstripped the funding at times.”
AL	Greenville Pediatrics	“We had difficulty finding PPE equipment in order to increase our testing capacity in the beginning. We also had difficulty in finding rapid testing in the beginning. The funds were here but not PPE and test kits. This eventually resolved and we were able to greatly increase our testing capability.”
KS	Augusta Family Practice	“Yes getting PPE was a serious issue. So we had to use UV light so PPE could be used again. Phone calls on COVID related questions bogged down our phone system. We were not sometimes able to take calls from our patients who needed to be seen.”
MS	Aberdeen Health Clinic	“The main challenge was clarification what the funds could be used for and the reporting process.”

In summary, the data demonstrate that the RHCCT Program funds allowed many RHCs serving medically underserved rural patients to remain open, retain staff, and obtain critical resources. Most RHCs established processes and collaborations that continue to benefit both RHCs and their communities as the clinics seek to not only continue COVID-19 testing, but also administer COVID-19 vaccinations.

Survey results, combined with data obtained through the [RHC COVID-19 Reporting Portal](#), demonstrate that the RHCCT Program bolstered COVID-19 testing capacity of RHCs across America. This analysis shows the resiliency of RHCs, and recognizes their continued efforts to serve the COVID-19 testing needs of medically underserved rural communities across the nation throughout the ongoing COVID-19 pandemic. The success of the RHCCT Program led to the creation of the [Rural Health Clinic COVID-19 Testing and Mitigation \(RHCCTM\) Program](#).

Through the American Rescue Plan Act of 2021, which was signed into law in March 2021, the RHCCTM Program was allocated \$460 million (\$100,000 per RHC). In June 2021, HRSA had provided \$424.7 million to over 4,200 immediately eligible RHCs. Funding from the RHCCTM allows RHCs to continue their impressive, collaborative COVID-19 testing efforts while expanding mitigation efforts to decrease the spread of COVID-19 and other infectious diseases.

**Bolding and italicizing added for emphasis within individual RHC quotes.*

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