Alabama Table 1. Impact of Health Insurance Gaps on Total COVID-19 Cases, from January 22, 2020 through August 31, 2020, and through February 1, 2021

County	Cases through August 31, 2020		Cases through February 1, 2021*		Percentage of Total Cases Linked to Health Insurance Gaps
	Total Cases	Cases Linked to Health Insurance Gaps	Total Cases	Cases Linked to Health Insurance Gaps	
Alabama, statewide	**126,500**	**59,394**	**460,860**	**214,683**	**47%****
Autauga	1,440	593	5,683	2,340	41%
Baldwin	4,538	2,285	18,211	9,172	50%
Barbour	759	388	1,956	1,000	51%
Bibb	558	240	2,309	993	43%
Blount	1,332	702	5,720	3,013	53%
Bullock	564	264	1,089	510	47%
Butler	865	405	1,827	855	47%
Calhoun	2,582	1,149	12,062	5,369	45%
Chambers	1,037	477	3,210	1,475	46%
Cherokee	414	212	1,707	873	51%
Chilton	1,203	696	3,553	2,057	58%
Choctaw	323	165	535	274	51%
Clarke	984	480	3,228	1,574	49%
Clay	375	214	1,330	758	57%
Cleburne	230	118	1,286	661	51%
Coffee	1,087	527	4,922	2,386	48%
Colbert	1,461	659	5,745	2,591	45%
Conecuh	484	235	1,010	490	48%
Coosa	142	69	681	332	49%
Covington	1,082	516	3,589	1,710	48%
Crenshaw	476	235	1,313	647	49%
Cullman	1,628	845	8,574	4,451	52%
Dale	1,092	483	4,310	1,906	44%
Dallas	1,622	736	3,228	1,465	45%
DeKalb	2,168	1,369	8,139	5,138	63%
Elmore	2,202	900	8,640	3,531	41%
Escambia	1,418	775	3,548	1,939	55%
Etowah	2,812	1,363	12,550	6,085	48%
Fayette	346	166	1,858	891	48%
Franklin	1,547	899	3,846	2,235	58%
Geneva	443	234	2,266	1,199	53%

Alabama Table 1. Impact of Health Insurance Gaps on Total COVID-19 Cases, from January 22, 2020 through August 31, 2020, and through February 1, 2021

County	Cases through August 31, 2020		Cases through February 1, 2021*		Percentage of Total Cases Linked to Health Insurance Gaps
	Total Cases	Cases Linked to Health Insurance Gaps	Total Cases	Cases Linked to Health Insurance Gaps	
Greene	291	135	806	373	46%
Hale	572	260	1,961	890	45%
Henry	390	203	1,684	879	52%
Houston	2,097	1,028	9,499	4,657	49%
Jackson	1,295	656	6,251	3,165	51%
Jefferson	16,473	7,332	67,010	29,827	45%
Lamar	290	136	1,249	585	47%
Lauderdale	1,454	672	8,191	3,788	46%
Lawrence	501	261	2,654	1,385	52%
Lee	4,707	2,011	13,878	5,928	43%
Limestone	1,750	769	8,706	3,824	44%
Lowndes	622	288	1,233	570	46%
Macon	441	203	1,294	595	46%
Madison	6,341	2,511	29,781	11,792	40%
Marengo	637	274	2,189	942	43%
Marion	767	384	2,617	1,311	50%
Marshall	3,578	1,912	10,789	5,764	53%
Mobile	12,208	6,116	33,159	16,612	50%
Monroe	546	282	1,576	814	52%
Montgomery	7,926	3,777	20,966	9,992	48%
Morgan	2,931	1,476	13,025	6,560	50%
Perry	516	239	1,029	476	46%
Pickens	562	268	2,104	1,003	48%
Pike	975	511	2,747	1,440	52%
Randolph	525	263	1,522	763	50%
Russell	1,616	761	3,760	1,771	47%
Shelby	4,645	1,623	20,271	7,082	35%
St. Clair	1,854	847	8,179	3,736	46%
Sumter	410	209	934	475	51%
Talladega	1,777	837	6,852	3,227	47%
Tallapoosa	1,047	487	3,334	1,551	47%
Tuscaloosa	6,004	2,491	22,519	9,343	41%
Walker	1,930	962	6,165	3,072	50%

Alabama Table 1. Impact of Health Insurance Gaps on Total COVID-19 Cases, from January 22, 2020 through August 31, 2020, and through February 1, 2021

County	Cases through August 31, 2020		Cases through February 1, 2021*		Percentage of Total Cases Linked to Health Insurance Gaps
	Total Cases	Cases Linked to Health Insurance Gaps	Total Cases	Cases Linked to Health Insurance Gaps	
Washington	521	270	1,476	766	52%
Wilcox	513	231	1,142	515	45%
Winston	574	311	2,383	1,291	54%

Sources: National Center for Coverage Innovation at Families USA (NCCI) analysis of COVID-19 cumulative case and death rates, by county, Johns Hopkins University, https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_covid_19_time_series/time_series_covid19_confirmed_US.csv, https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_covid_19_time_series/time_series_covid19_deaths_US.csv U.S. Census Bureau, Small Area Health Insurance Estimates using the American Community Survey, 2018, https://www2.census.gov/programs-surveys/sahie/datasets/time-series/estimates-acs/sahie-2018-csv.zip

Notes: January 22, 2020, is the first date for which COVID-19 information for U.S. cases and deaths is available from Johns Hopkins University. These tables do not include county estimates where the number of cases or deaths is below 50.

*Projected impact of insurance gaps on cumulative cases if trends observed from January 22, 2020, through August 31, 2020, continued through February 1, 2021

**Statewide percentage is for the period ending on August 31, 2020.

Alabama Table 2. Impact of Health Insurance Gaps on Total COVID-19 Deaths, from January 22, 2020 through August 31, 2020, and through February 1, 2021

County	Deaths through August 31, 2020		Deaths through February 1, 2021*		Percentage of Total Deaths Linked to Health Insurance Gaps
	Total Deaths	Deaths Linked to Health Insurance Gaps	Total Deaths	Deaths Linked to Health Insurance Gaps	
Alabama, statewide	**2,083**	**781**	**7,688**	**2,901**	**37%****
Autauga			69	22	32%
Baldwin			224	90	40%
Barbour					
Bibb			52	18	34%
Blount			100	42	42%
Bullock					
Butler			60	22	37%
Calhoun			232	82	35%
Chambers			76	28	37%
Cherokee					

Alabama Table 2. Impact of Health Insurance Gaps on Total COVID-19 Deaths, from January 22, 2020 through August 31, 2020, and through February 1, 2021

County	Deaths through August 31, 2020		Deaths through February 1, 2021*		Percentage of Total Deaths Linked to Health Insurance Gaps
	Total Deaths	Deaths Linked to Health Insurance Gaps	Total Deaths	Deaths Linked to Health Insurance Gaps	
Chilton			79	37	47%
Choctaw					
Clarke					
Clay			50	23	46%
Cleburne					
Coffee			72	28	39%
Colbert			104	37	36%
Conecuh					
Coosa					
Covington			87	33	38%
Crenshaw					
Cullman			149	62	42%
Dale			98	34	35%
Dallas			111	40	36%
DeKalb			137	71	52%
Elmore			134	43	32%
Escambia					
Etowah			246	95	39%
Fayette					
Franklin			60	28	47%
Geneva			52	22	43%
Greene					
Hale			54	19	36%
Henry					
Houston			209	82	39%
Jackson			70	28	41%
Jefferson	299	106	1,128	398	35%
Lamar					
Lauderdale			156	57	37%
Lawrence			70	29	42%
Lee			128	43	34%
Limestone			106	37	35%
Lowndes					

Alabama Table 2. Impact of Health Insurance Gaps on Total COVID-19 Deaths, from January 22, 2020 through August 31, 2020, and through February 1, 2021

County	Deaths through August 31, 2020		Deaths through February 1, 2021*		Percentage of Total Deaths Linked to Health Insurance Gaps
	Total Deaths	Deaths Linked to Health Insurance Gaps	Total Deaths	Deaths Linked to Health Insurance Gaps	
Macon					
Madison	50	16	287	89	31%
Marengo					
Marion			74	30	40%
Marshall			152	66	43%
Mobile	255	102	611	245	40%
Monroe					
Montgomery	160	61	370	141	38%
Morgan			175	71	40%
Perry					
Pickens					
Pike					
Randolph					
Russell					
Shelby			160	44	27%
St. Clair			155	56	36%
Sumter					
Talladega			117	44	38%
Tallapoosa	81	30	114	42	37%
Tuscaloosa	92	30	302	99	33%
Walker	73	29	197	79	40%
Washington					
Wilcox					
Winston					

Sources: National Center for Coverage Innovation at Families USA (NCCI) analysis of COVID-19 cumulative case and death rates, by county, Johns Hopkins University, https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_covid_19_time_series/time_series_covid19_confirmed_US.csv, https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_covid_19_time_series/time_series_covid19_deaths_US.csv U.S. Census Bureau, Small Area Health Insurance Estimates using the American Community Survey, 2018, https://www2.census.gov/programs-surveys/sahie/datasets/time-series/estimates-acs/sahie-2018-csv.zip

Notes: January 22, 2020, is the first date for which COVID-19 information for U.S. cases and deaths is available from Johns Hopkins University. These tables do not include county estimates where the number of cases or deaths is below 50.

*Projected impact of insurance gaps on cumulative deaths if trends observed from January 22, 2020, through August 31, 2020, continued through February 1, 2021

**Statewide percentage is for the period ending on August 31, 2020.