Arkansas 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	
Arkansas, statewide	**60,320**	**24,426**	**293,581**	**117,080**	**40%****
Arkansas	283	106	1,777	663	37%
Ashley	388	155	1,648	658	40%
Baxter	138	51	2,646	987	37%
Benton	5,364	2,192	25,180	10,289	41%
Boone	365	137	3,346	1,259	38%
Bradley	295	135	1,252	572	46%
Calhoun			350	123	35%
Carroll	469	231	2,590	1,277	49%
Chicot	962	368	1,556	596	38%
Clark	233	86	1,847	683	37%
Clay	182	73	1,573	633	40%
Cleburne	259	102	1,765	693	39%
Cleveland	136	46	802	269	34%
Columbia	295	119	1,942	781	40%
Conway	206	74	1,989	715	36%
Craighead	1,869	734	12,188	4,787	39%
Crawford	921	379	6,215	2,559	41%
Crittenden	1,643	591	5,377	1,934	36%
Cross	279	106	1,821	691	38%
Dallas	127	43	669	227	34%
Desha	243	102	1,218	509	42%
Drew	304	106	1,870	653	35%
Faulkner	1,693	586	10,680	3,694	35%
Franklin	166	68	1,509	617	41%
Fulton	70	27	1,026	396	39%
Garland	1,428	606	8,411	3,567	42%
Grant	192	57	1,390	416	30%
Greene	634	201	5,543	1,760	32%
Hempstead	330	145	1,642	721	44%
Hot Spring	1,717	606	4,421	1,560	35%
Howard	425	198	1,359	632	47%

Arkansas 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	
Independence	765	295	3,464	1,338	39%
Izard	102	46	1,558	698	45%
Jackson	183	67	3,082	1,129	37%
Jefferson	2,104	706	8,089	2,713	34%
Johnson	765	381	2,514	1,253	50%
Lafayette	68	29	455	197	43%
Lawrence	249	89	1,920	684	36%
Lee	1,003	371	1,597	590	37%
Lincoln	1,604	655	3,054	1,248	41%
Little River	281	106	1,043	393	38%
Logan	365	145	1,981	784	40%
Lonoke	726	241	5,993	1,989	33%
Madison	296	148	1,343	673	50%
Marion			870	361	41%
Miller	602	221	3,398	1,245	37%
Mississippi	1,349	462	5,284	1,809	34%
Monroe	94	35	735	272	37%
Montgomery	101	50	657	326	50%
Nevada	162	55	719	246	34%
Newton	120	46	648	246	38%
Ouachita	158	55	1,974	690	35%
Perry	63	23	682	245	36%
Phillips	405	143	1,611	568	35%
Pike	176	88	879	440	50%
Poinsett	489	186	2,939	1,116	38%
Polk	224	107	1,664	793	48%
Pope	1,774	763	7,204	3,099	43%
Prairie	115	46	797	318	40%
Pulaski	7,072	2,519	34,046	12,128	36%
Randolph	311	126	1,843	747	41%
Saline	1,576	489	10,448	3,242	31%

Arkansas 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	
Scott	86	41	870	410	47%
Searcy	100	42	616	257	42%
Sebastian	2,877	1,449	13,589	6,844	50%
Sevier	1,157	688	2,355	1,400	59%
Sharp	149	64	1,448	623	43%
St. Francis	1,345	493	3,319	1,216	37%
Stone	193	95	925	454	49%
Union	691	265	3,337	1,278	38%
Van Buren	118	47	1,118	450	40%
Washington	6,900	3,327	27,719	13,363	48%
White	528	211	6,576	2,625	40%
Woodruff			560	216	39%
Yell	1,162	547	3,056	1,439	47%

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.

Arkansas 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	
Arkansas, statewide	**797**	**250**	**4,895**	**1,530**	**31%****
Arkansas					
Ashley					
Baxter			95	28	29%
Benton	52	17	350	113	32%
Boone			74	22	29%
Bradley					
Calhoun					
Carroll					
Chicot					
Clark					
Clay					
Cleburne			60	18	31%
Cleveland					
Columbia			51	16	32%
Conway					
Craighead			166	51	31%
Crawford			91	30	32%
Crittenden			84	24	28%
Cross					
Dallas					
Desha					
Drew					
Faulkner			136	37	27%
Franklin					
Fulton					
Garland			207	69	33%
Grant					
Greene			65	16	25%
Hempstead					

Arkansas 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	
Hot Spring			62	17	27%
Howard					
Independence			113	34	30%
Izard					
Jackson					
Jefferson	50	13	150	39	26%
Johnson					
Lafayette					
Lawrence					
Lee					
Lincoln					
Little River					
Logan					
Lonoke			103	27	26%
Madison					
Marion					
Miller					
Mississippi			106	28	27%
Monroe					
Montgomery					
Nevada					
Newton					
Ouachita					
Perry					
Phillips					
Pike					
Poinsett			72	21	30%
Polk			56	21	38%
Pope			86	29	34%
Prairie					
Pulaski	106	29	510	142	28%
Randolph					

Arkansas 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	
Saline			149	36	24%
Scott					
Searcy					
Sebastian			232	94	40%
Sevier					
Sharp					
St. Francis					
Stone					
Union			92	28	30%
Van Buren					
Washington	65	25	307	118	38%
White			90	28	31%
Woodruff					
Yell			63	24	38%

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.