California 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

	Cases through August 31, 2020		Cases through February 1, 2021*		Percentage
County	Total Cases	Cases Linked to Health Insurance Gaps	Total Cases	Cases Linked to Health Insurance Gaps	of Total Cases Linked to Health Insurance Gaps
California, statewide	714,572	264,914	3,342,647	1,242,293	37%**
Alameda	18,187	4,238	74,087	17,265	23%
Alpine			74	23	31%
Amador	280	76	3,227	880	27%
Butte	2,026	680	10,215	3,426	34%
Calaveras	236	77	1,778	577	32%
Colusa	445	203	1,952	892	46%
Contra Costa	13,938	3,747	57,580	15,478	27%
Del Norte	123	40	884	284	32%
El Dorado	967	252	8,443	2,204	26%
Fresno	24,963	9,313	88,852	33,150	37%
Glenn	453	212	2,083	975	47%
Humboldt	388	137	2,815	993	35%
Imperial	10,719	3,782	26,206	9,246	35%
Inyo	179	61	1,087	368	34%
Kern	29,324	11,135	94,467	35,870	38%
Kings	6,340	2,302	20,812	7,555	36%
Lake	345	130	2,826	1,064	38%
Lassen	716	161	5,413	1,217	22%
Los Angeles	241,768	101,053	1,121,107	468,594	42%
Madera	3,783	1,639	14,496	6,280	43%
Marin	6,164	1,386	12,372	2,782	22%
Mariposa	71	25	368	131	36%
Mendocino	704	290	3,453	1,422	41%
Merced	8,032	3,050	26,674	10,128	38%
Modoc			411	161	39%
Mono	162	68	1,166	487	42%
Monterey	7,980	3,736	39,425	18,458	47%
Napa	1,431	495	8,404	2,907	35%
Nevada	446	135	3,528	1,069	30%
Orange	50,635	17,690	247,035	86,306	35%
Placer	3,003	650	18,608	4,030	22%
Plumas			626	183	29%

California 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

	Cases through August 31, 2020		Cases through February 1, 2021*		Percentage
County	Total Cases	Cases Linked to Health Insurance Gaps	Total Cases	Cases Linked to Health Insurance Gaps	of Total Cases Linked to Health Insurance Gaps
Riverside	52,909	20,264	275,872	105,656	38%
Sacramento	18,052	4,992	86,560	23,936	28%
San Benito	1,097	379	5,425	1,877	35%
San Bernardino	47,642	18,557	275,076	107,143	39%
San Diego	38,604	14,911	239,142	92,370	39%
San Francisco	9,494	2,135	31,563	7,097	22%
San Joaquin	17,637	5,978	62,146	21,063	34%
San Luis Obispo	2,981	968	17,887	5,809	32%
San Mateo	8,169	1,870	35,882	8,215	23%
Santa Barbara	8,143	3,719	28,830	13,169	46%
Santa Clara	17,349	4,113	102,427	24,285	24%
Santa Cruz	1,744	560	13,606	4,370	32%
Shasta	570	177	10,438	3,238	31%
Sierra			95	30	31%
Siskiyou	137	49	1,558	560	36%
Solano	5,512	1,460	28,191	7,468	26%
Sonoma	5,718	2,017	26,189	9,240	35%
Stanislaus	14,710	4,618	51,167	16,062	31%
Sutter	1,409	535	8,355	3,172	38%
Tehama	419	146	4,660	1,628	35%
Trinity			308	117	38%
Tulare	14,079	5,346	45,243	17,179	38%
Tuolumne	189	53	3,594	1,008	28%
Ventura	10,775	4,232	70,799	27,805	39%
Yolo	2,424	734	11,771	3,565	30%
Yuba	927	314	5,389	1,826	34%

Sources: National Center for Coverage Innovation at Families USA (NCCI) analysis of COVID-19 cumulative case and death rates, by county, Johns Hopkins University, <u>https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_covid_19_time_series/</u> time_series_covid19_confirmed_US.csv, <u>https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_</u> covid_19_time_series/covid19_deaths_US.csv_U.S. Census Bureau, Small Area Health Insurance Estimates using the American Community Survey, 2018, <u>https://www2.census.gov/programs-surveys/sahie/datasets/time-series/estimates-acs/sahie-2018-csv.zip</u>

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.

California 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

	Deaths through August 31, 2020		Deaths through February 1, 2021*		Percentage
County	Total Deaths	Deaths Linked to Health Insurance Gaps	Total Deaths	Deaths Linked to Health Insurance Gaps	of Total Deaths Linked to Health Insurance Gaps
California, statewide	13,022	3,869	41,402	12,111	30%**
Alameda	258	46	982	175	18%
Alpine					N/A
Amador					
Butte			142	37	26%
Calaveras					
Colusa					
Contra Costa	175	36	529	109	21%
Del Norte					
El Dorado			81	16	20%
Fresno	263	77	1,173	342	29%
Glenn					
Humboldt					
Imperial	293	81	549	151	27%
Inyo					
Kern	286	85	624	186	30%
Kings	72	20	177	50	28%
Lake					
Lassen					
Los Angeles	5,784	1,906	16,857	5,556	33%
Madera	54	19	175	60	34%
Marin	96	16	232	40	17%
Mariposa					
Mendocino					
Merced	117	35	354	105	30%
Modoc					
Mono					
Monterey	58	22	285	106	37%
Napa			54	15	27%
Nevada			74	17	23%
Orange	980	267	3,109	846	27%
Placer			201	33	17%
Plumas					

California 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

	Deaths through August 31, 2020		Deaths through February 1, 2021*		Percentage
County	Total Deaths	Deaths Linked to Health Insurance Gaps	Total Deaths	Deaths Linked to Health Insurance Gaps	of Total Deaths Linked to Health Insurance Gaps
Riverside	1,019	306	3,171	951	30%
Sacramento	293	62	1,262	268	21%
San Benito			54	15	27%
San Bernardino	716	219	1,856	567	31%
San Diego	682	207	2,619	793	30%
San Francisco	83	14	324	56	17%
San Joaquin	328	86	870	229	26%
San Luis Obispo			177	45	25%
San Mateo	131	23	382	67	17%
Santa Barbara	93	34	298	108	36%
Santa Clara	244	44	1,418	257	18%
Santa Cruz			148	37	25%
Shasta			145	35	24%
Sierra					N/A
Siskiyou					
Solano			122	25	20%
Sonoma	80	22	265	73	27%
Stanislaus	258	63	834	203	24%
Sutter			89	26	30%
Tehama					
Trinity					
Tulare	233	69	598	178	30%
Tuolumne					
Ventura	116	36	618	190	31%
Yolo	52	12	149	35	23%
Yuba					

Sources: National Center for Coverage Innovation at Families USA (NCCI) analysis of COVID-19 cumulative case and death rates, by county, Johns Hopkins University, <u>https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_covid_19_time_series/</u> <u>time_series_covid19_confirmed_US.csv, https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_</u> <u>covid_19_time_series/time_series_covid19_deaths_US.csv</u> U.S. Census Bureau, Small Area Health Insurance Estimates using the American Community Survey, 2018, <u>https://www2.census.gov/programs-surveys/sahie/datasets/time-series/estimates-acs/sahie-2018-csv.zip</u>

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.