Nebraska 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
Nebraska, statewide	34,155	14,183	189,564	74,917	42%**
Adams	410	156	2,627	997	38%
Antelope			461	200	43%
Arthur					
Banner					
Blaine					
Boone			474	182	38%
Box Butte			871	334	38%
Boyd			172	82	48%
Brown			211	96	45%
Buffalo	682	266	4,821	1,878	39%
Burt	66	31	580	268	46%
Butler	94	32	767	257	34%
Cass	256	77	2,110	631	30%
Cedar			651	260	40%
Chase			432	229	53%
Cherry			264	145	55%
Cheyenne			846	244	29%
Clay	57	24	636	268	42%
Colfax	729	424	1,525	886	58%
Cuming	83	38	956	434	45%
Custer	74	33	770	338	44%
Dakota	2,010	1,103	3,657	2,007	55%
Dawes	76	32	630	269	43%
Dawson	1,005	542	2,692	1,451	54%
Deuel			89	41	46%
Dixon	61	25	536	222	41%
Dodge	912	381	4,399	1,839	42%
Douglas	13,482	5,718	61,269	25,985	42%
Dundy			155	99	64%
Fillmore			457	156	34%

Nebraska 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
Franklin			225	87	39%
Frontier			182	83	45%
Furnas			462	210	45%
Gage	132	49	2,001	740	37%
Garden			105	51	48%
Garfield			141	62	44%
Gosper			177	56	32%
Grant					
Greeley			201	105	52%
Hall	1,849	876	6,640	3,146	47%
Hamilton	106	34	853	271	32%
Harlan			200	85	43%
Hayes			58	38	66%
Hitchcock			232	100	43%
Holt			757	328	43%
Hooker					
Howard	64	25	508	201	40%
Jefferson			610	224	37%
Johnson			614	245	40%
Kearney	111	36	637	207	32%
Keith			649	259	40%
Keya Paha					
Kimball			375	171	46%
Knox	66	32	806	389	48%
Lancaster	4,050	1,401	26,738	9,249	35%
Lincoln	270	92	3,411	1,156	34%
Logan			72	32	44%
Loup					
Madison	602	257	4,031	1,722	43%
McPherson					
Merrick	67	25	703	267	38%
Morrill	66	34	447	233	52%

Nebraska 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
Nance			368	140	38%
Nemaha	80	25	570	177	31%
Nuckolls			351	142	41%
Otoe	114	41	1,204	437	36%
Pawnee			187	90	48%
Perkins			256	120	47%
Phelps	68	24	873	305	35%
Pierce	60	21	580	207	36%
Platte	872	388	3,758	1,673	45%
Polk			376	150	40%
Red Willow			1,138	409	36%
Richardson			597	236	40%
Rock			99	43	43%
Saline	634	321	1,869	946	51%
Sarpy	2,841	796	18,391	5,156	28%
Saunders	226	67	2,181	644	30%
Scotts Bluff	358	160	3,204	1,436	45%
Seward	164	47	1,264	364	29%
Sheridan			435	246	57%
Sherman			172	82	48%
Sioux					
Stanton			344	108	31%
Thayer			454	181	40%
Thomas			50	25	51%
Thurston	223	121	783	426	54%
Valley			294	128	44%
Washington	176	48	1,931	527	27%
Wayne	54	17	926	291	31%
Webster			303	123	41%
Wheeler					
York	113	36	1,392	442	32%

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_data/csse_covid_19_data/csse_covid_19_time_series/covid_19_data/csse_covid_19_time_series/time_series/covid_19_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></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.

Nebraska 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 F	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
Nebraska, statewide	396	136	1,912	619	34%**
Adams					
Antelope					
Arthur					N/A
Banner					N/A
Blaine					N/A
Boone					
Box Butte					
Boyd					
Brown					
Buffalo			54	16	31%
Burt					
Butler					
Cass					
Cedar					
Chase					
Cherry					
Cheyenne					
Clay					
Colfax					
Cuming					
Custer					

Nebraska 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
Dakota			57	25	44%
Dawes					
Dawson					
Deuel					N/A
Dixon					
Dodge			52	17	33%
Douglas	158	53	572	192	33%
Dundy					
Fillmore					
Franklin					
Frontier					
Furnas					
Gage					
Garden					
Garfield					
Gosper					
Grant					
Greeley					
Hall			105	40	38%
Hamilton					
Harlan					N/A
Hayes					N/A
Hitchcock					
Holt					
Hooker					
Howard					
Jefferson					
Johnson					
Kearney					
Keith					
Keya Paha					N/A
Kimball					

Nebraska 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
Knox					
Lancaster			139	37	27%
Lincoln					
Logan					N/A
Loup					N/A
Madison					
McPherson					
Merrick					
Morrill					
Nance					
Nemaha					
Nuckolls					
Otoe					
Pawnee					
Perkins					
Phelps					
Pierce					
Platte					
Polk					
Red Willow					
Richardson					
Rock					
Saline					
Sarpy			93	20	22%
Saunders					
Scotts Bluff			85	30	36%
Seward					
Sheridan					
Sherman					
Sioux					N/A
Stanton					
Thayer					

Nebraska 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 F	Percentage	
	Total Deaths	Deaths Linked to Health Insurance Gaps	Total Deaths	Deaths Linked to Health Insurance Gaps	of Total Deaths Linked to Health Insurance Gaps
Thomas					
Thurston					
Valley					
Washington					
Wayne					
Webster					
Wheeler					N/A
York					

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/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 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.