South Dakota 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
South Dakota, statewide	13,509	5,870	108,315	47,872	43%**
Aurora			451	254	56%
Beadle	639	354	2,610	1,445	55%
Bennett			377	247	66%
Bon Homme	52	23	1,500	668	45%
Brookings	321	123	3,423	1,311	38%
Brown	675	288	4,940	2,110	43%
Brule	66	39	680	397	58%
Buffalo	110	70	420	266	63%
Butte			956	481	50%
Campbell			126	55	43%
Charles Mix	122	73	1,229	730	59%
Clark			339	169	50%
Clay	353	144	1,755	717	41%
Codington	318	120	3,754	1,413	38%
Corson	58	39	461	308	67%
Custer	117	56	726	348	48%
Davison	136	55	2,902	1,177	41%
Day			610	321	53%
Deuel			458	197	43%
Dewey	79	49	1,389	866	62%
Douglas			413	223	54%
Edmunds			460	199	43%
Fall River			505	225	45%
Faulk			337	150	45%
Grant			920	415	45%
Gregory			500	287	57%
Haakon			240	105	44%
Hamlin	57	23	669	269	40%
Hand			320	144	45%
Hanson			335	144	43%

South Dakota 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
Harding			90	41	46%
Hughes	133	56	2,209	923	42%
Hutchinson			757	363	48%
Hyde			134	65	49%
Jackson			268	184	69%
Jerauld			267	129	48%
Jones			82	41	50%
Kingsbury			607	252	41%
Lake	117	43	1,141	422	37%
Lawrence	225	98	2,752	1,200	44%
Lincoln	907	261	7,458	2,148	29%
Lyman	105	62	590	347	59%
Marshall			287	163	57%
McCook	52	24	718	334	47%
McPherson			235	111	47%
Meade	300	119	2,478	981	40%
Mellette			239	154	64%
Miner			270	115	42%
Minnehaha	5,267	2,136	27,015	10,954	41%
Moody			602	326	54%
Oglala Lakota	174	102	2,038	1,198	59%
Pennington	1,432	721	12,379	6,234	50%
Perkins			338	181	53%
Potter			345	139	40%
Roberts	100	60	1,109	666	60%
Sanborn			324	141	44%
Spink	52	23	763	335	44%
Stanley			317	131	41%
Sully			135	60	45%
Todd	78	49	1,212	763	63%
Tripp			655	388	59%
Turner	83	34	1,042	429	41%

South Dakota 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
Union	265	82	1,870	580	31%
Walworth			702	359	51%
Yankton	231	97	2,747	1,148	42%
Ziebach			335	226	68%

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.

South Dakota 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
	Total Deaths	Deaths Linked to Health Insurance Gaps	Total Deaths	Deaths Linked to Health Insurance Gaps	of Total Deaths Linked to Health Insurance Gaps
South Dakota, statewide	167	60	1,778	648	36%**
Aurora					
Beadle					
Bennett					
Bon Homme					
Brookings					
Brown			80	27	34%
Brule					
Buffalo					

^{*}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.

South Dakota 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
Butte					
Campbell					
Charles Mix					
Clark					
Clay					
Codington			74	22	29%
Corson					
Custer					
Davison			59	19	32%
Day					
Deuel					
Dewey					
Douglas					
Edmunds					
Fall River					
Faulk					
Grant					
Gregory					
Haakon					
Hamlin					
Hand					
Hanson					
Harding					
Hughes					
Hutchinson					
Hyde					
Jackson					
Jerauld					
Jones					
Kingsbury					
Lake					
Lawrence					
Lincoln			7/	16	22%
LITICULII			74	10	22 /0

South Dakota 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
Lyman					
Marshall					
McCook					
McPherson					
Meade					
Mellette					
Miner					
Minnehaha	70	22	311	99	32%
Moody					
Oglala Lakota					
Pennington			171	69	40%
Perkins					
Potter					
Roberts					
Sanborn					
Spink					
Stanley					
Sully					
Todd					
Tripp					
Turner			50	16	32%
Union					
Walworth					
Yankton					
Ziebach					
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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.