

# THE COVID-19 AFTERMATH

What the unwinding of federal pandemic emergency declarations can mean for Illinoisans

**HEARTLAND ALLIANCE**  
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2023 Signature Report



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## KEY TAKEAWAYS

After weathering a three-year long COVID-19 pandemic storm, the Biden Administration announced the formal end to the federal public health emergency declaration. With this announcement came a windfall of changes to hundreds of pandemic-era public benefits, many of which have helped struggling Americans navigate the harshest times of the pandemic. These programs were expanded and modified to meet the growing needs of millions, specifically people of color and low-income



families. While the federal government's declaration makes it seem like the pandemic is over, for many, the ripple effects have just begun. Closer to home, in Illinois, we see vast inequities in how the pandemic has affected communities – in everything from COVID-19 incidence, prevalence, and mortality to lasting symptoms from COVID-19 infections, to insurance coverage and access to food. This report outlines how communities of color in Illinois have been affected by the pandemic regarding health and economic wellbeing. Additionally, we take a look at what COVID-19 era benefits, specifically as it pertains to healthcare and food assistance, mean for Illinoisans, especially historically marginalized Black and Latino populations.

Below, we highlight the main findings and key takeaways from this report.

### Healthcare Outcomes, Coverage, and Access

- Black and Latino people in Illinois have higher rates of self-reported lasting symptoms from COVID (long COVID-19) when compared to White people.
- Symptoms of long COVID are a novel inequity to come out of the pandemic. This is especially worrisome given changes to pandemic-era Medicaid benefits, many of which would significantly help Medicaid populations who are now dealing with long COVID.
- During the pandemic, in an effort to help low-income families with medical coverage and costs, legislation allowed for an increase in Medicaid dollars given to each state, in exchange for states to meet specific Medicaid program requirements – the largest of which was continuous Medicaid enrollment for recipients. In essence, this meant that states could get more federal dollars to put towards their Medicaid programs with a requirement that states keep people continuously enrolled on Medicaid. These changes to Medicaid, and others, allowed Medicaid enrollment to grow by 25% nationally, or 22.2 million enrollees, from 2019 to the end of fiscal year 2022.
- With the formal removal of public health emergency declarations, pandemic-era Medicaid changes are now ending. Nationally, it is estimated that the United States might see up to 14 million individuals losing Medicaid coverage over the next year.
- Loss in Medicaid coverage means many may go uninsured. In Illinois, the uninsured rate decreased from 2021 (9.4% Illinoisans uninsured) to now (7.6%). However, there are markedly higher rates of those living without insurance among people of color.

### Mental and Behavioral Health

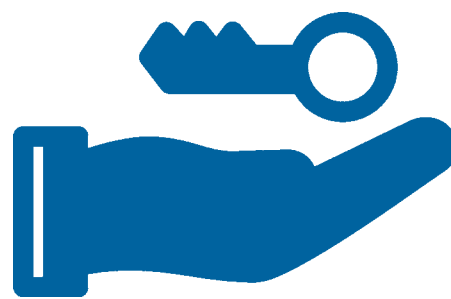
- Rates of depression, anxiety, and substance use skyrocketed during the pandemic. In Illinois, adult Black women reported the highest rates of anxiety and depression among all racial and ethnic sub-groups analyzed. Overall, the incidence of self-reported anxiety and depressive symptoms has decreased.

## KEY TAKEAWAYS

- Telehealth has played a critical role in how we have combatted patient's access to care for mental and behavioral health issues. Nationally, telehealth has increased 38 times from the pre-pandemic baseline.
- In Illinois, HB 3308 was signed into law, ensuring telehealth would retain in as many pandemic-era benefits as possible, ensuring Illinoisans continued access to telehealth from pandemic-era health providers.

### Food Insecurity

- In Illinois, one in eleven people experience food insecurity. Those reporting food insecurity increased among Black and Latino populations, specifically adult Latino men. From late 2021 to late 2022 / early 2023, self-reported food insecurity increased among Black and Latino people, with adult Latino men reporting over a 4 percentage point increase in their food insecurity. Trends seen in Illinois follow national trends. Nationally, Black individuals are 3 times more likely and Latino individuals are 2.5 times more likely to face hunger than White individuals.
- The Supplemental Nutritional Assistance Program, SNAP (formerly referred to as "food stamps") was modified during the pandemic to meet the growing needs of families. Changes to SNAP allowed for an additional supplement so that total household benefit amounts increased to the maximum allotment amount based on household size. In conjunction with expanded benefits, the Consolidated Appropriations Act allowed certain groups previously not eligible for SNAP now eligible to obtain benefits.
- In Illinois, the end of emergency allotments means Illinois will lose \$183 million in federal funds per month for SNAP. This equates to 1,058,837 households (approximately 22% of all households in Illinois ) being affected. On average, each SNAP participant will lose \$82 per month, with the largest benefit decrease among older adults who will go from receiving a minimum SNAP benefit of \$281 per month to an average of \$23 per month.



## USHERING IN A NEW ERA

In March 2020, the nation was catapulted into a new existence with the emergence and swift transmission of the SARS-CoV-2 virus. Our new reality was marked by increased anxiety, social isolation, immense loss, a change in the way we live and socialize, and a deep feeling of the unknown. COVID-19 has since joined the ranks of other major pandemics such as the 1918 flu, HIV/AIDS, and H1N1 influenza.<sup>1</sup> The COVID-19 pandemic is now a significant point in our shared history, affecting nearly every person on the globe. The last three years has influenced our lives across a spectrum – some have lost loved ones or have experienced lasting symptoms from their own COVID-19 infection, others have lost their jobs, their relationships, and their sense of security. Meanwhile, others have positively gravitated towards the new normal of more flexible work environments, additional pandemic-driven benefits, and a rejuvenating realization of personal purpose.

COVID-19 has followed the path of many other diseases by placing a magnifying glass over our national policies concerning how we provide quality care, access, and support to those who are most vulnerable. This pandemic is arguably one of the largest case studies in how social, economic, and health disparities persist and continuously widen – in both the presence and absence of supportive policies – especially among historically marginalized populations. From March 2020 to April 2023, COVID-19 has infected approximately 105 million Americans and has killed over 1.2 million individuals,<sup>2</sup> with Black, Latino, and Asian people having substantially higher rates of infection, hospitalization, and death compared to White people.<sup>3</sup>



In the summer of 2021 and deep in the throes of the pandemic, Heartland Alliance released [\*The COVID-19 Domino Effect: How the pandemic deepened systemic oppression for Black and Latino Illinoisans\*](#), a look at how individuals living in Illinois were faring during the pandemic with an emphasis on the domino effect. The report highlighted that “when disaster strikes and you are already living on the edge, losing one support can cause others to crumble away.”

According to the report, Black and Latino Illinoisans experienced:

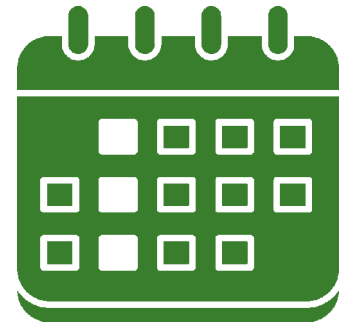
- Higher rates of COVID-19 incidence mortality when compared to their White counterparts
- Lower rates of telework options when compared to their White counterparts, thus putting them at higher risk for contracting the virus
- Lower rates of health insurance when compared to their White counterparts, with Latinos lacking insurance at a rate twice as high as the overall Illinois population
- Concerning mental health symptoms, especially among adult Black men and young Latina women
- High loss of income and a heightened sense of difficulty making ends meet, specifically among young Black and Latina women
- Differences in public benefits, such as the Supplemental Nutrition Assistance Program (SNAP) with findings that one in five Black individuals used SNAP to meet spending needs, but an even smaller percentage of Latinos accessed SNAP, but are still experiencing food insecurity



## USHERING IN A NEW ERA

Three years since the start of the pandemic and two years after the release of [\*The COVID-19 Domino Effect: How the Pandemic Deepened Systemic oppression for Black and Latino Illinoisans\*](#), we are entering a new era. Nationally, one of the largest bookends to our time weathering the COVID-19 storm is the change in and unwinding of key pandemic-era benefits that have helped millions of Americans. Since the start of the pandemic, the United States has implemented landmark legislation, such as the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and the American Rescue Plan Act (ARPA) and has spent \$5 trillion in stimulus money to revive the economy.<sup>4</sup> Under this landmark legislation, emergency declarations were implemented to waive, modify, or create certain requirements within a range of areas, such as Medicaid, food assistance, and extended benefits to those living in poverty. However, in January 2023, the Biden Administration announced that the national emergency and public health emergency (PHE) declarations were set to expire on May 11, 2023, officially declaring COVID-19 as “no longer being a public health emergency.”<sup>5</sup>

What has the unwinding of COVID-19 benefits meant for communities of color that have been so deeply impacted throughout the pandemic? What about people like Kell, a young, Black, Chicago native, spotlighted in our 2021 report, who was experiencing homelessness when the pandemic hit and ultimately – due to poor healthcare access - lost her daughter during a traumatic delivery? Or Mark, a Black outreach worker, also spotlighted in our last report, whose job as an essential worker significantly increased his anxiety about contracting COVID-19 and worsened his overall mental health?



As of Spring 2023, Illinois had almost 4 million individuals on Medicaid,<sup>6</sup> almost 2 million individuals utilizing the food assistance program, SNAP,<sup>7</sup> and over 4 million individuals living in extreme poverty, with poverty rates 1.2 to 3.8 times higher for Illinoisans of color.<sup>8</sup> The end of expanded benefits, continuous coverage, and eligibility, enrollment, and access to care flexibilities that Americans have come to rely on could have dire effects on people, specifically Illinoisans who are already barely making ends meet.

Throughout this report we will explore two central questions – first, how have communities of color in Illinois been affected by the pandemic regarding health and economic wellbeing and, second, what implications does changes to COVID-19 era benefits, specifically as it pertains to healthcare and food assistance, mean for Illinoisans, especially historically marginalized Black and Latino populations? To deepen our understanding, we will discuss what affects the rollout and implementation of more flexible and expansive benefits had on individuals between 2020 and early 2023. We will focus on the areas of healthcare outcomes, coverage, and access, mental and behavioral health, and food insecurity.<sup>i</sup> Additionally, this report includes opportunities for action at the end of each section and will make many references to the future state as we are currently amid the change process to many public benefit programs. This report is not an exhaustive review of benefit changes resulting from the rollback of pandemic declarations; rather it is a macro-level spotlight on the largest benefit changes that affect the health and wellbeing of those within Illinois who carried the largest burden of this pandemic. Lastly, this report will bring to light the deep inequities in outcomes seen between people of color and white people. To fully contextualize why there are far worse outcomes for Black and Latino communities in Illinois – both during and after the pandemic - is too vast a topic for this report. This narrative and update to our understanding of how COVID-19 changed public programs is by no means an in-depth investigation into systemic and historical racism. However, it should be noted that the data presented is a stark reminder that racial inequities, and the extremely fragmented, discriminatory, and segregated systems that advance them, endure.

<sup>i</sup>The 2021 report on COVID-19 contained eight areas of health and economic well-being. For this report, the decision was made to focus on three key areas due to the most significant amount of changes in the public benefit landscape.

## A NOTE ON LANGUAGE USED AND DATA PRESENTED

Similar to the last report, much of the data presented comes from the U.S. Census Bureau Household Pulse Survey, which is designed to release nearly real-time data on key health and economic indicators. Within the Household Pulse Survey, there is a less precise sample for certain racial and ethnic groups ultimately making the data unreliable. Therefore, we do not include data on Indigenous and Asian Illinoisans in this report. We are hopeful that better data and reporting in the future will allow for a more robust storytelling about all the populations throughout Illinois and not just a segment of the population. These significant limitations allow us to only tell a part of the story. Some graphs displayed do not include important racial/ ethnic groups among Black and Latino populations (for example, young Black women). This is because statistical testing proved lack of precision within the data. These graphs are noted in the footnotes. Statistically significant comparisons are denoted with an asterisk (\*). When data is presented, individuals are considered Young if their age is 20-30 years at the time of survey completion, Adult if they age is 31-69 years, and Older if they age is 70 years or older.

Survey respondents were categorized as Latino if they self-reported as "Hispanic/ Latino (of all races)", Black if they self-reported as "Black, non-Hispanic", and White if they self-reported as "White, non-Hispanic" on the U.S. Census Bureau Household Pulse Survey. Since the survey used these racial and ethnic categories, we continue to use the same terms for consistency

throughout this report, however acknowledge the limiting nature of these terms.. In several locations throughout this report, the term "Hispanic" is used instead of "Latino\à" due to different research cited. In those instances, we note that in a data note. For additional information and more data details there is a methodology appendix for your reference.

Lastly, we use the term "benefit rollback" throughout this report and we acknowledge that what has occurred during the pandemic is not necessarily a benefit rollback in some cases. For example, new programs were created, such as the

Pandemic Electronic Benefit Transfer, or P-EBT, a temporary food benefit program developed to provide all children benefits without needing to apply, and program flexibilities and waivers were issued. We acknowledge the depth of the changes to the landscape of public assistance programs during the pandemic and, while nuanced, we align the report language to each unique public benefit highlighted.



## MEET RANDALL AND HARRIS

The report authors used fictional names for Randall and Harris to protect their identity.

We would like to introduce you to Randall and Harris, two individuals who have experienced firsthand the effects of COVID-19 and the changing landscape of public benefits throughout the pandemic. We spotlight parts of Randall and Harris stories throughout the report; however, we would like to introduce you to them now.

**Randall** was born and raised in the Bronzeville community of Chicago. During the pandemic, Randall underwent voluntary COVID-19 testing one day when picking up his prescription medications and tested positive. At the time, Randall, a Type 2 diabetic, was asymptomatic so it was a complete surprise to learn he had COVID. He had recently lost his job and no longer had employer-based health insurance, nor did not have a place to live. Randall's COVID-19 infection allowed him to access a widened safety net of support funded mainly through COVID-19 relief dollars. After receiving a variety of supportive services, such as respite care and bridge housing, Randall landed at a permanent supportive housing residence on the north side of Chicago where he now happily lives. While Randall never met the definition of a severe COVID-19 case, he recovered, however not without lasting symptoms. Fortunately, Randall started Medicaid and SNAP benefits in late 2020, which helped him greatly throughout the pandemic. Randall's quotes throughout this report share more insight into how he is doing in the wake of his COVID-19 infection and how he navigates a changing landscape to his food assistance benefits.



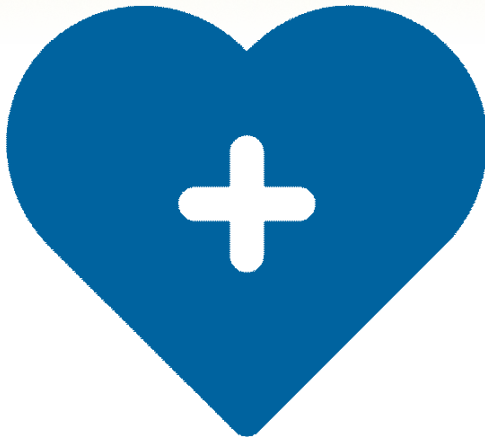
**Harris** grew up in the North Lawndale neighborhood of Chicago and still resides there. While Harris never had a confirmed COVID-19 infection during the pandemic, his family got sick and he even lost loved ones due to the virus. Like many others, Harris felt that the pandemic was a huge hassle and made it difficult to do many things. As someone formerly on Obamacare, Harris now receives Medicaid and SNAP benefits. Similar to Randall, Harris has had a hard time navigating grocery prices. In addition, Harris recounts the internal struggle with “reentering” society post-pandemic.





## HEALTHCARE OUTCOMES, COVERAGE, AND ACCESS

As of April 2023, Illinois has reported over 4 million unique cases of COVID-19, approximately 37,000 deaths from the virus, and – as a state - has administered over 26 million COVID-19 vaccinations.<sup>9</sup> As the pandemic continued, glaring disparities emerged. At the start of the pandemic people of color in Illinois



were already at a steep disadvantage for contracting COVID-19, with Black and Latino populations being more than twice that of Whites to be at an elevated risk for the disease.<sup>10</sup> The relative risk of COVID-19 death was also greater for Black and Latino individuals. In Illinois, much like everywhere else across the nation, people of color sustained the greatest burden of the pandemic's effects. To make matter worse, many are now left with a new issue – sustained and irregular symptoms from their COVID-19 infections.

### ***HEALTH DISPARITIES PERSIST AND ARE NOW EXACERBATED BY COVID'S LINGERING EFFECTS***

Long-haul COVID-19 (also known as long COVID or post-acute COVID syndrome), a disease characterized by the

Center for Disease Control as “a range of symptoms that can last for weeks or months...[that] can happen to anyone who has COVID-19”, is now being termed “the next national health disaster.”<sup>11</sup> Long COVID has been linked to more than 200 symptoms, can affect multiple organ systems, and can range in severity.<sup>12</sup> Long COVID is especially troublesome given that people of color are now reporting higher rates of symptoms when compared to White people.

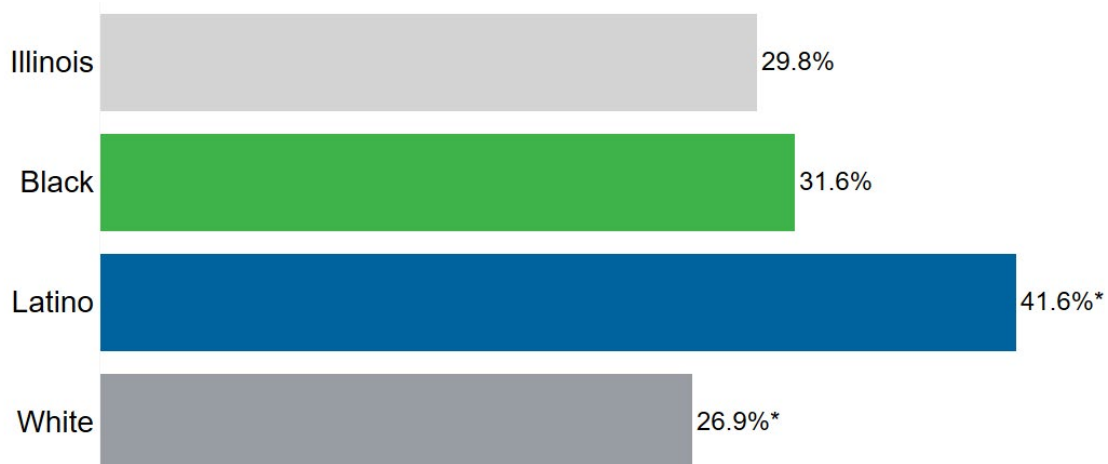


Figure 1

## HEALTHCARE OUTCOMES, COVERAGE, AND ACCESS

Latino Illinoisans experienced higher rates of self-reported long COVID when compared to the overall Illinois population (Figure 1) and among Latino populations, older Latino men reported the highest incidence of long COVID symptoms (68%, Figure 2). While Black Illinoisans are experiencing fewer long COVID symptoms overall when compared to Latino individuals, a staggering 57% of older, Black women reported experiencing long COVID symptoms. These trends mirror data seen elsewhere which reports that Black and Latino Americans are more likely than White Americans to have symptoms of long COVID.<sup>13</sup>

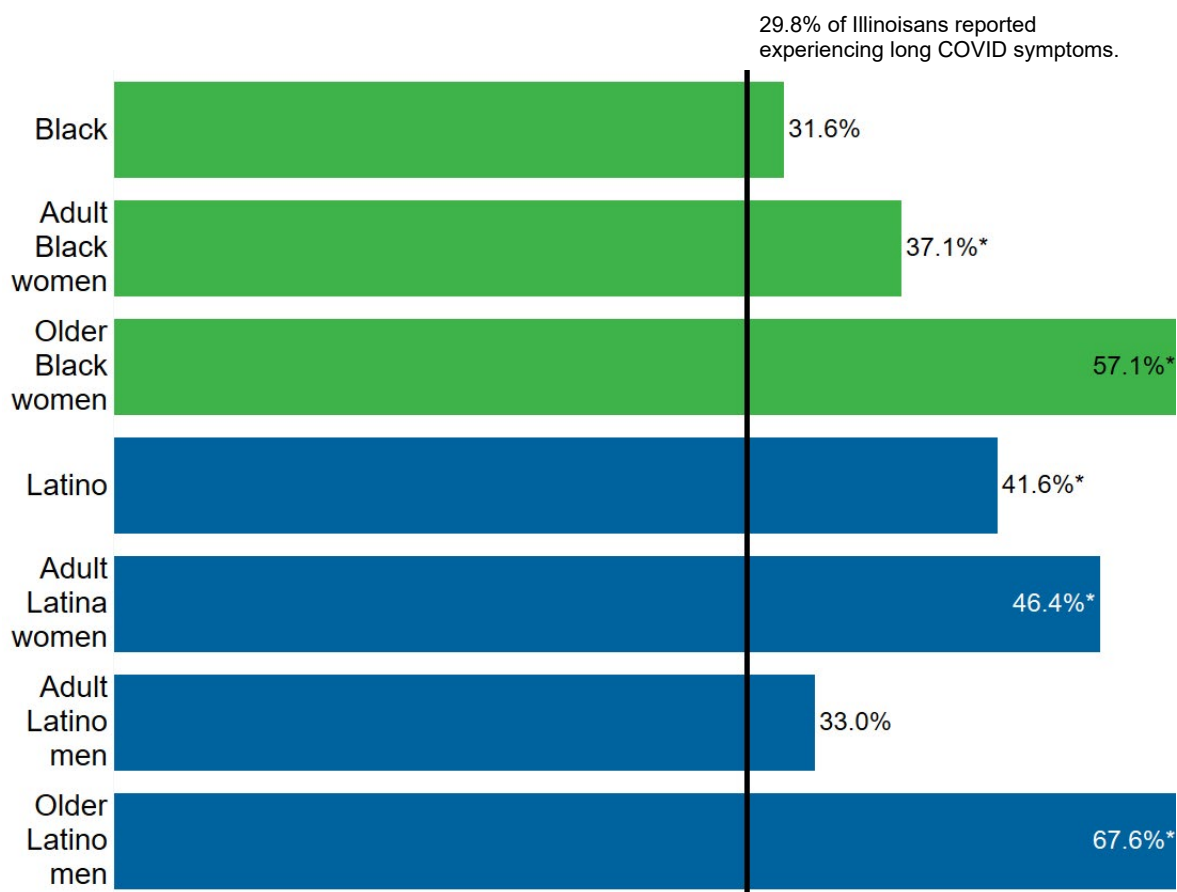


Figure 2

Long COVID is challenging as there are no set guidelines for prognostication, nor are there existing diagnostics or biomarkers to confirm a long COVID case. Diagnosis of long COVID can have implications for treatment and insurance reimbursement. Not only is diagnosis difficult, but patients are also experiencing a dismissal of their symptoms,<sup>14, 15</sup> with more data emerging of patients being told long COVID-like symptoms have a mental etiology instead of a biological one. Long COVID – much like many diseases – also does not discriminate. Long COVID is seen in patients that have had the full spectrum of COVID infections – from those who experienced mild or moderate symptoms at home to individuals who were hospitalized for their COVID-19 infection severity. A recent study found that almost half of adults who were treated for their COVID-19 symptoms at a hospital experienced lingering symptoms and physical limitations. Six months post-hospital discharge nearly 70% of hospitalized patients still report long COVID symptoms.<sup>16</sup>

## HEALTHCARE OUTCOMES, COVERAGE, AND ACCESS

The effects of long COVID can also affect other areas of one's life, such as being able to work, being mobile, and carrying out activities of daily living. A recent study found that fewer than half of working age adults with long COVID who worked prior to infection worked full-time after infection.<sup>17</sup> A reduction in pay makes covering household and daily expenses difficult, if not impossible. It is estimated that long COVID could account for up to 15% of unfilled positions in the future workforce environment,<sup>16</sup> and continues to pose a significant threat to the future well-being of Illinoisans. To further exacerbate an already challenging situation, changes in pandemic-driven benefits that aid low-income Illinoisans suffering from the lasting effects of COVID-19 are now unwinding as part of the pandemic emergency removal process.

***“I guess I will have this [lasting symptoms from COVID-19] for the rest of my life and no one can give me a clear, transparent answer...it's always in the back of my mind that it will be with me for the rest of my life”***

*– Randall reflecting on his COVID-19 infection and its lasting effects*

### **A CHANGING ENVIRONMENT MEANS PEOPLE ARE AT SIGNIFICANT RISK FOR LOSS OF MEDICAID COVERAGE**

During the pandemic, healthcare coverage and access changed dramatically. Hospitals and emergency rooms scrambled to protect patients and healthcare workers, while also developing policies and procedures overnight, had to learn how to handle a brand new landscape. Nationwide stay-at-home orders caused a significant shift in people's care-seeking behaviors and suddenly COVID-19 became such a priority that normal, routine care was greatly disrupted. A series of federal emergency declarations that began as early as January 2020 motivated many significant shifts in healthcare access and delivery. A public health emergency (PHE) was declared, followed by a national emergency declaration and then another declaration allowing for emergency use authorization (EUA) of medical countermeasures for COVID-19.<sup>ii</sup> This string of public health declarations set off three years of robust and radical changes to healthcare coverage, costs, payment structures, and services. It was unprecedented and profoundly changed the healthcare environment overnight.

One of the few advantages of the pandemic was the continuous coverage provision for Medicaid. In 2020, the Families First Coronavirus Response Act (FFCRA) allowed for a temporary 6.2% increase in the federal Medicaid match rate<sup>17</sup> in exchange for meeting specific Medicaid program requirements. In essence, this meant that states could get more federal dollars to put towards their Medicaid programs with a requirement that states keep people continuously enrolled on Medicaid. For example, under this new requirement, states could not remove individuals from Medicaid if they have an increase in their income or a change in their “categorical eligibility” (for example pregnancy, age, disability) that, before the pandemic, would have resulted in a loss of coverage.

<sup>ii</sup>Medical countermeasures are medicines and medical supplies that can be used to diagnose, prevent, or treat diseases related to chemical, biological, radiological, or nuclear threats. During the pandemic, emergency use agreements allowed for medical countermeasures to be used without the full FDA approval process.



## HEALTHCARE OUTCOMES, COVERAGE, AND ACCESS

From state fiscal year 2020 to fiscal year 2022,<sup>iii</sup> states spent a combined \$47.2 billion<sup>18</sup> to cover additional individuals under Medicaid due to the continuous enrollment requirement. In addition, the Affordable Care Act (ACA) expanded eligibility to certain populations of individuals, also contributing to an expansion of coverage for those that fell into a coverage gap based on income. Medicaid and ACA changes allowed Medicaid/Child Health Insurance Plan (CHIP) enrollment to grow by 25% nationally, or 22.2 million enrollees, from 2019 to the end of fiscal year 2022, with the largest percentage of new enrollees among children (42%) and adults (33%).<sup>19</sup>

Before the pandemic, all Medicaid recipients were required to annually renew their Medicaid eligibility and declare any changes in their status (such as an increase in their income) that might deem them ineligible for coverage. In some instances, eligibility could also be electronically verified without the recipient submitting and signing a form. If renewed, the individual would be notified of their ongoing coverage (and only required to respond if the information on the form was incorrect.) This process is known as *ex parte* (or an *ex parte* renewal or redetermination). During the pandemic, Illinoisans did not need to renew their coverage (unless they were renewed *ex parte* as still eligible), and even if their income or other circumstances changed to make them ineligible, they were allowed to stay on Medicaid until their next redetermination post-PHE ending. Starting in May, 2023, the PHE unwinding began in Illinois and will continue for approximately 1/12th of the Medicaid population per month for each month until June 2024. Illinois Medicaid recipients will be redetermined on their original redetermination date (pre March 2020) and will go through either an *ex parte* or regular redetermination process.

At the time of writing, Illinois has almost 4 million individuals benefitting from Medicaid programs, a significant increase from pre-pandemic coverage rates. In Illinois, 113,600 individuals were up for renewal as of June 2023. *Ex parte* screening of this customer cohort was able to automatically renew 51% of customers.<sup>20</sup> However, even with additional measures and *ex parte* redeterminations, it is anticipated that anywhere from 384,000 to 700,000 Illinoisans will lose Medicaid coverage throughout this process.<sup>21</sup> Among those on Medicaid in Illinois, 62% self-identify as non-White,<sup>22</sup> highlighting how Medicaid plays a disproportionately large role in covering people of color as the demographic makeup of Illinois is approximately 40% non-White. Nationally, it is estimated that the United States might see up to 14 million individuals losing Medicaid coverage over the next year.<sup>23</sup> This large decrease in coverage could be catastrophic.

### Healthcare Access and Usage: Other Key Changes<sup>27, 28</sup>

Individuals on Medicaid will have free access to COVID-19 tests and treatment, until September 30, 2024, at which time coverage will vary by state. Under the Biden Administration, *HHS Bridge Access Program For COVID-19 Vaccines and Treatments*, was formed allowing free access to COVID-19 tests and treatment for the uninsured.<sup>29</sup>

<sup>iii</sup>Forty-six states begin fiscal year 2023 on July 1, 2022. New York begins its fiscal year on April 1, Texas begins its fiscal year on Sept. 1, and Alabama and Michigan begin theirs on Oct. 1.

# HEALTHCARE OUTCOMES, COVERAGE, AND ACCESS

In previous studies of individuals no longer receiving Medicaid coverage – either because of a change in status, failure to reapply, or other reasons – nearly 65% of individuals go on to have a continued gap in their insurance coverage during the year after loss of Medicaid,<sup>24</sup> with approximately 60% of these individuals self-reporting as non-White.<sup>25</sup> Studies repeatedly demonstrate that uninsured individuals are less likely to receive preventive care and services for major health conditions and chronic diseases when compared to those with insurance.<sup>26</sup> Being uninsured also has large financial implications, as those without insurance pay for over 40% of their care out-of-pocket.<sup>23</sup>

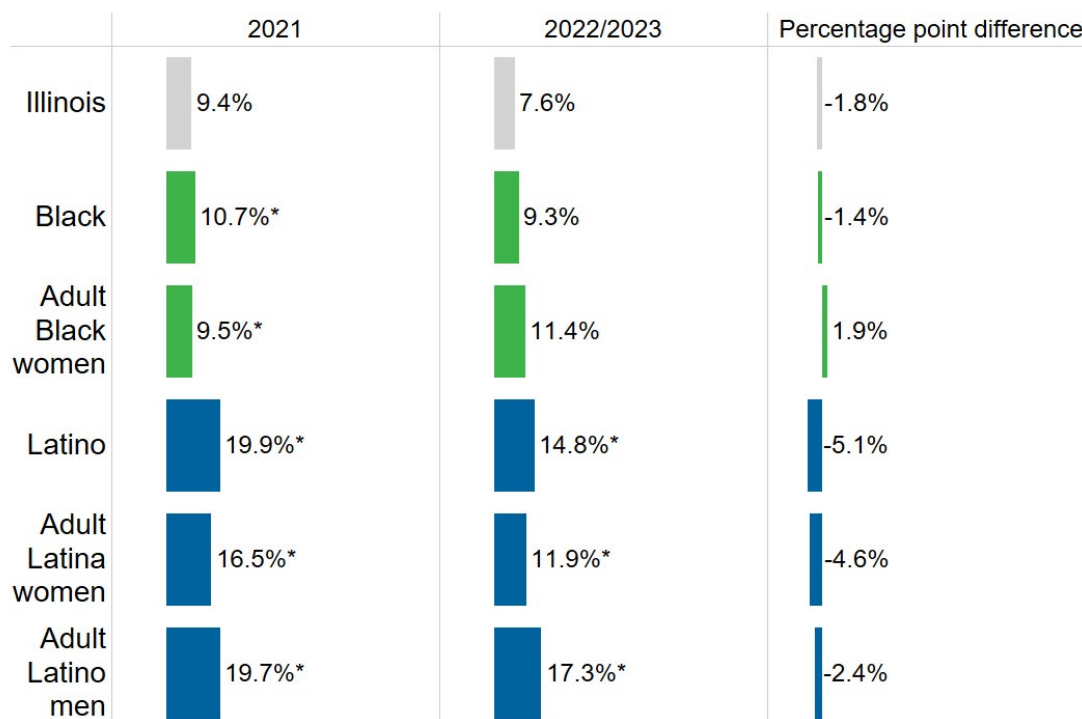


Figure 3 by race and gender

## ***LATINO AND BLACK INDIVIDUALS ARE STILL DISPROPORTIONATELY UNINSURED IN ILLINOIS, HOWEVER MEDICAID EXPANSION DID HELP WITH COVERAGE<sup>iv</sup>***

The Medicaid redetermination process means that some Illinoisans will no longer be eligible for Medicaid and many will now be uninsured if they do not find a different source of affordable health insurance.

In Illinois, the uninsured rate<sup>v</sup> decreased from the time of our last report (9.4% Illinoisans uninsured in 2021) to now (7.6% Illinoisans uninsured in 2022/ 2023). However, there are markedly higher rates of those living without insurance among people of color. Similar to previous findings, Latino people are uninsured at a rate almost twice that of the Illinois average (14.8% for Latino people compared to 7.6% for Illinois overall). In addition, adult Latino people have the highest uninsured rate in the state and adult, Black women are reporting an increase in their uninsured rate (an approximate 2 percentage point increase).

<sup>iv</sup>Data note: Adult Black men not included in this graphic due to data quality issues. The Census Bureau quality standards state that estimates with coefficients of variation (CV) larger than 30% have serious data quality issues. CVs were estimated using the CV function. Estimates with CVs larger than 30% were not reported. All comparisons between the previous and this signature report are between estimates with CVs lower than 30%.

<sup>v</sup>Individuals in Illinois were noted as being uninsured if they responded to not having any of the following (or / and) on the U.S. Census Bureau House Pulse Survey: employer-provided health insurance, insurance purchased directly from an insurance company including marketplace coverage, Medicare, Medicaid or any government assistance plan for people with low incomes or a disability, TRICARE or other military care, VA health insurance, or they did not have insurance through Indian Health services.



## HEALTHCARE OUTCOMES, COVERAGE, AND ACCESS

Although we do see variations in uninsured rates across Illinois, those without insurance in Illinois did not change in drastic ways during the pandemic, a finding seen nationally.<sup>30</sup> One potential rationale is that while there was a decrease in employer-based health insurance due to job loss, particularly at the start of the pandemic and among adults with low or moderate incomes, these same individuals were also able to gain previously non-existent gap coverage through public programs such as an expanded policies under the Affordable Care Act (ACA) and new pandemic-era benefits established under Medicaid.<sup>31</sup> This finding highlights that a rollback of Medicaid coverage will likely greatly increase uninsured rates among Black and Latino populations in Illinois.

### **STEPS FORWARD: HEALTH INSURANCE COVERAGE AND USAGE IN ILLINOIS**

#### *Long COVID-19*

Continued and rapid research is critical to further our understanding of long COVID, with a particular investment in understanding the biological nature of long COVID among people of color. Research will enable better understanding of the mechanisms and pathways for disease, ultimately improving diagnostics, treatment options, and quality of life among patients suffering with long COVID symptoms.

Individuals in the medical field should receive training to decrease any potential bias they might exhibit towards patients presenting with long COVID symptoms. Training will not only increase the reporting of long COVID, it will also foster better relationships between patient and physician.<sup>32</sup> Patients deserve to be trusted, heard, and treated with respect regardless of their disease or how they experience it. This is especially true for populations of color where medical mistrust is historically pervasive and complex.



#### *Medicaid Coverage and Lack of Insurance in Illinois*

While the magnitude of changes to Medicaid is unknown, we predict there will be a substantial decrease in Medicaid coverage with the end of the pandemic-era allocations and continuous enrollment provisions. We can best support current and future Medicaid enrollees by:

*Utilizing grassroots efforts to increase awareness of Medicaid changes, especially among certain populations of Illinoisans.* Streamlining renewal processes and education for the Illinois public is key, as many Illinoisans will re-enter the Medicaid redetermination process and/or have changes to their status, conditions that may leave people at risk for losing coverage. As Illinois resumes redeterminations and disenrollment, certain individuals, including people who have moved, people experiencing homelessness, immigrants, people with limited English proficiency (LEP), and people with disabilities, will be at increased risk of losing Medicaid coverage or experiencing a gap in coverage due to barriers during the renewal process, even if they remain eligible for coverage. Tailored, local and widespread re-enrollment initiatives, as well as streamlining the renewal process, is crucial.



## HEALTHCARE OUTCOMES, COVERAGE, AND ACCESS

*Advocate at the federal level to protect other areas of insurance coverage, such as expanded credits under the ACA.* The Health Insurance Marketplace created under the Affordable Care Act serves as a potentially low-cost avenue for health insurance when Medicaid coverage is no longer an option.<sup>vi</sup> Individuals who obtain health insurance through the marketplace are typically ineligible for Medicaid due to certain statuses or a monthly income that exceeds



Medicaid limits. To make ACA plans even more accessible for low-income insurance seekers, premium tax credits (PTC) were created as a part of the Affordable Care Act. Premium tax credits are a way for low-income individuals and families to get additional resources to put towards their monthly premiums, effectively offsetting insurance costs and making health insurance more affordable. In 2021, the American Rescue Plan expanded the use of PTCs by increasing the possible credit amount and eliminating an existing cut-off for subsidies. In short, these changes allowed more individuals to gain access to health insurance at a lower cost. An analysis showed that individuals using marketplace policies who qualify for a \$0 monthly premium increased from 43% to 62% due to PTC expansion.<sup>33</sup> While Medicaid reversal has already begun, there are still opportunities for affordable or no-cost health insurance, such as PTC, which should be maintained to

aid populations in flux with health insurance coverage. In late 2022, Congress decided to uphold expansion of PTC until 2025. This was an advantageous push in the right direction; however, the expansion of PTCs must continue well beyond 2025,<sup>34</sup> especially in the wake of pandemic-era changes to the Medicaid landscape.

*Assess the long-term implications of changes to the pandemic-era Medicaid coverage can have for outcomes of health and healthcare delivery.* With the removal of the continuous coverage requirement, we anticipate high rates of Medicaid churn. This becomes an important part of Medicaid policy to research. It is imperative that we understand how changes to Medicaid policies ultimately affect long term social, economic, and health outcomes. Individuals may incur unexpected financial costs, especially those who are unaware of this change, who are unsure on how to re-enroll, or who are not able to obtain renewal through ex parte redetermination.

<sup>vi</sup>Medicaid may not be an option for individuals or families within a certain income status or for those who meet certain eligibility criteria unrelated to income.

## MENTAL AND BEHAVIORAL HEALTH

***“It [the pandemic] has affected my way of going around people. I’m always thinking that I’m not sure if I have it [COVID-19] or not. I don’t want to get killed. It’s made me scared to go around people. I don’t want to get sick and I don’t want my kids to get sick. It’s made me afraid to be out in public.”***

*– Harris and how the pandemic is still affecting him*

One of the largest hurdles of the pandemic was the continuous emotional toll it took on mental health. Twenty-twenty started with the pandemic, a polarized political environment, and nationwide outrage and weeks-long protests from extensive police brutality leading to the racially motivated murder of George Floyd and other Black Americans across the US. In the weeks following the murder of George Floyd, researchers found that depression increased 3.2% among Black Americans equating to an additional 900,000 people screening positive for depression.<sup>35</sup> At the height of the pandemic, four in ten Americans reported symptoms of anxiety and depression, while deaths from drug overdoses significantly increased.<sup>36</sup> In addition, there was a significant lapse in access to care due to widespread stay-at-home orders and a complete upheaval of our medical systems.

### **TACKLING THE EXPONENTIAL, PANDEMIC-DRIVEN INCREASE IN SUBSTANCE USE**

During the pandemic, rates of substance use escalated quickly. From April 2020 to April 2021, over 100,000 American died from drug overdose, with 75% of deaths attributable to opioids.<sup>37</sup> In Illinois, deaths attributed to drug overdoses increased by nearly 42% from time points in 2019 compared to 2020,<sup>38</sup> with a disproportionate effect on people of color. Nationally, by 2020, rates of death from drug overdose among Black people surpassed White people.<sup>39</sup> In an effort to tackle the increasingly high rates of substance use and related mortality, several actions were taken during the pandemic. The X waiver is a certification that allows clinicians the ability to prescribe buprenorphine, an opioid used to treat opioid use disorder. During the pandemic, the X waiver requirement was removed, ultimately allowing for a much wider pool of prescribers. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) issued a temporary extension of COVID-19 telemedicine flexibilities for the prescription of controlled substances, an important feature of pandemic-era changes to how we dispense and provide medications for substance use disorders. Set to expire in November 2023, this extension allows for the continued ability for healthcare professionals to prescribe controlled medications during a telehealth appointment. This flexibility has been critical in providing consistent life-saving medication,<sup>40</sup> since drugs prescribed for opioid use addictions have historically been heavily regulated, making it difficult to receive a prescription. Pandemic-based flexibilities removed the logistical hurdles of requiring an individual to navigate to in-person appointments as well as decreased the stigma attached to seeking care for use disorders.

## MENTAL AND BEHAVIORAL HEALTH

### MENTAL HEALTH DISPARITIES CONTINUE

In Illinois, people of color are still the most likely to report symptoms of anxiety or depression (Figure 4), an ongoing health disparity that far predates COVID-19. When compared to White populations, Black, Indigenous, and People of Color (BIPOC) are less likely to access mental health services, seek out services, receive needed services, and more likely to receive poor quality of care and stop services prematurely.<sup>41</sup> In Illinois, Black and Latino people report higher rates of anxiety or depression when compared to White people (34% of Black individuals reporting anxiety or depression symptoms, 35% for Latinos, and 31% for Illinois overall), with adult Black women and Latino men reporting the highest rates (37% and 36% respectively) of symptoms.

While adult Black women reported the highest rates of anxiety and depression among all racial and ethnic sub-groups analyzed, there was also a decline in reported symptoms from 2021 to a recent analysis done in 2022 / 2023. In fact, all sub-groups analyzed, apart from adult Latino men, reported a decline in the presence of their anxiety or depressive symptoms. While the trends of reported anxiety and depression is going down, we still see widespread disparities making the provision of accessible, high-quality, mental health services critical. Telehealth emerged during the pandemic as a novel model for expanding reach to crucial mental and behavioral health services.

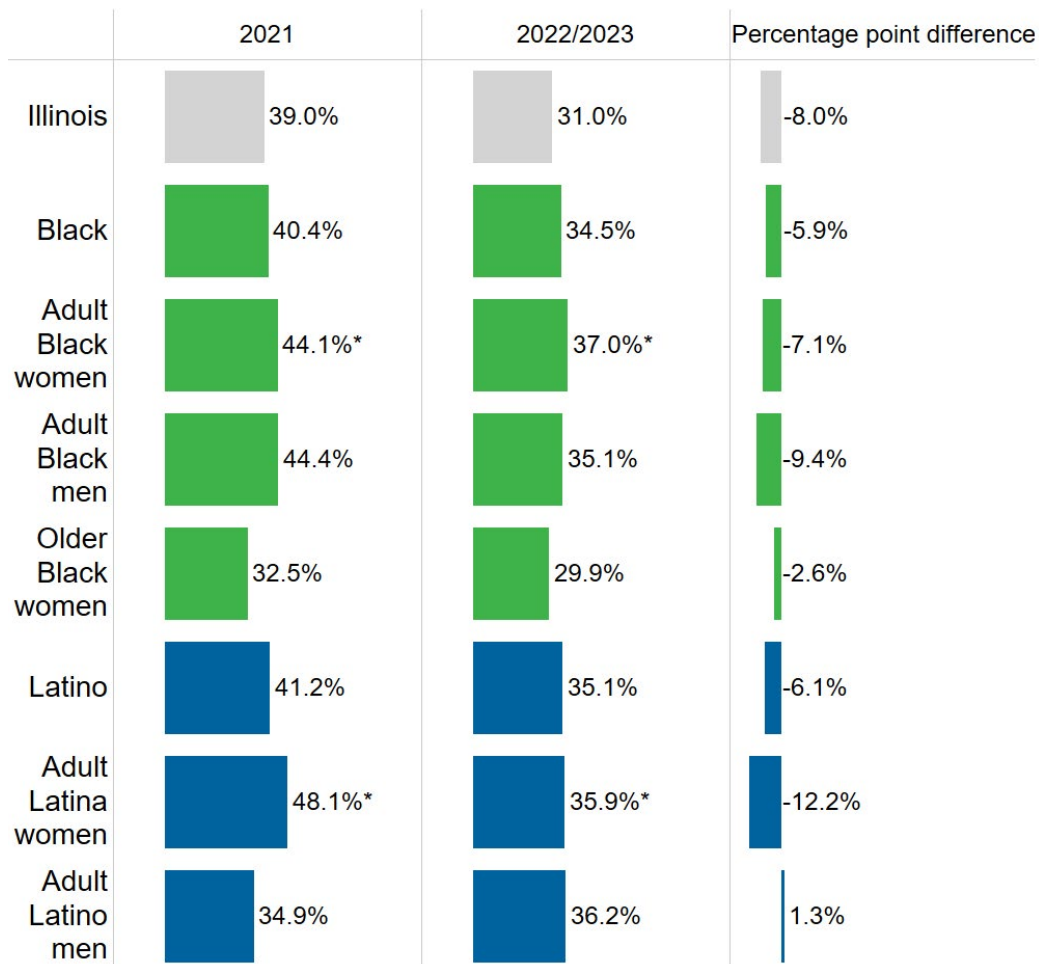


Figure 4



# MENTAL AND BEHAVIORAL HEALTH

## **EXPANDED TELEHEALTH SERVICES PROVIDED MORE COVERAGE, ACCESS, AND FLEXIBILITY FOR ILLINOISIANS' MENTAL AND BEHAVIORAL HEALTH NEEDS**

To increase health care access and limit the risk of COVID exposure during the pandemic, all 50 states and DC expanded coverage and/or access to telehealth services under Medicaid.<sup>42</sup> Medicaid is the largest payer for mental health and substance use conditions, providing services and support to one in four American adults.<sup>43</sup>

Telehealth services ultimately changed the landscape of how individuals sought and received care and support for mental and behavioral health challenges during the pandemic. An expansion of telehealth meant that ...

- Providers and patients could use platforms not previously allowed for telehealth appointments, such as Skype, to communicate, making it easier for patients to reach medical professionals. Prior to the pandemic, use of such platforms was prohibited.<sup>44</sup>
- There was increased flexibility with appointment scheduling, allowing patients more flexibility with seeing providers in between work, family time, and other priorities.
- Telehealth provisions amended previous requirements for in-person visits for specific medications to be prescribed. This included buprenorphine, a commonly used drug to treat opioid addiction.<sup>45</sup> Pre-pandemic this drug could only be prescribed via an in-person appointment.
- States were allowed to have more flexibility with what services could be covered within a telehealth appointment and who could provide those services. This ultimately widened the network of healthcare personnel and broadened services offered to those needing medical care and treatment.

These allocations, and others, fueled a large uptick in the use of telehealth services during the pandemic. People who previously were not accessing care were now able to do so. A recent study of insurance claims showed that in-person services for depression, anxiety and bipolar services (disrupted by the pandemic and widespread closures) declined by more than 50% after the PHE declaration and subsequent telehealth expansion occurred.<sup>46</sup> Telehealth has increased 38 times from the pre-pandemic baseline.<sup>47</sup>

### ***CAN A NEW STATE OF MEDICINE BE IN THE HORIZON IN ILLINOIS DRIVEN BY TELEHEALTH?***

Telehealth has revolutionized healthcare delivery. Telehealth allowed many components of healthcare to become more reachable, more manageable, and less complicated. What will happen to telemedicine and its benefits as we enter the end of the pandemic?

## **Mental and Behavioral Health – Other Key Changes<sup>28, 51</sup>**

Health care professionals will be required to use HIPAA-compliant messaging software for telehealth and will no longer be able to utilize platforms such as Skype or Apple FaceTime.

Access to buprenorphine, an effective drug used for opioid use disorder treatment in Opioid Treatment Programs (OTPs) will not be affected. The Substance Abuse and Mental Health Services Administration (SAMHSA) has proposed to make permanent the policy of allowing patients to start buprenorphine without an in-person physical examination first.

## MENTAL AND BEHAVIORAL HEALTH

In July 2021, HB 3308<sup>48</sup> was signed into law in Illinois, ensuring telehealth would retain in as many pandemic-era benefits as possible.<sup>49</sup> HB 3308 requires insurers to reimburse health care providers for telehealth with the same payment rates as in-person care and prevents insurance plans from requiring a patient to attend an in-person visit before a telehealth service. HB 3308 also removes the requirement that a patient needs to provide rationale for their telehealth appointment. Within Illinois, telehealth led to a reduction in missed appointments, better care plan adherences, and improvement in certain areas of health such as in the management of chronic diseases.<sup>50</sup>

### **STEPS FORWARD: NAVIGATING MENTAL AND BEHAVIORAL HEALTH IN THE PANDEMIC'S WAKE**

*Increase funding for community-based models of care for mental and behavioral healthcare.* The pandemic illuminated our mental and behavioral health crisis. In an effort to provide more relief to providers and



serve additional patients, the U.S. Department of Health and Human Services (HHS) expanded funding for Certified Community Behavioral Health Clinics (CCBHC) in March 2023.<sup>52</sup> CCBHCs are a model that allows for coordinated, comprehensive behavioral health care with the requirements that clinics serve anyone who requests care for mental health or substance use, regardless of ability of pay, place of residence or age. Data has shown that receiving care from a CCBHC has been linked to a decrease in homelessness, a decrease in the amount of time spent in correctional facilities, a decrease in the time spent in emergency rooms, and a decrease in the use of illegal substances.<sup>53</sup> There are currently more than 500 CCBHCs across the United States,

a significant increase from 67 CCBHC locations in 2017. However, the mental health crisis continues and we must do better. More state and federal funding should be allocated for community-based efforts, such as expansion of CCBHCs. Budgetary support of an expanded CCBHC model has the opportunity to significantly improve outcomes among patients, while also advancing state priorities towards better mental health.

*Optimize the reach of expanded, quality telehealth services.* While telehealth benefitted millions of Americans, issues around access persist, most of which disproportionately affect populations of color and/or those who live in rural settings. Historically, populations of color are more impacted by the digital divide, a term used to describe the racial and economic disparities seen among Americans' access to the internet. Eighty-one percent of White households have internet, compared to 70% of Hispanic<sup>vii</sup> households and 68% of Black households.<sup>54</sup> In order to equitably expand telehealth services, access to computing devices (such as a laptop, computer, mobile device, tablet) and high-quality broadband should be prioritized, especially among marginalized communities.

*Continue the positive momentum made in the space of opioid use disorder.* In early 2023, the Mainstreaming Addiction Treatment (MAT) Act included language that permanently removed the X-waiver, a key change that occurred during the pandemic and one that was fortunately upheld for good. Prior to this change, obtaining an X-waiver was a long and tedious process that required a physician to undergo registration and training. As a result, only 5% of medical providers were licensed to prescribe buprenorphine and were generally clustered in segments across the United States, leaving many areas without waiver-holding providers. This meant that among those who would benefit from opioid use disorder treatment, only 27% would be able to obtain a formal prescription.<sup>55</sup> Removal of this waiver is pivotal. Removal of the X-waiver now greatly extends reach to populations otherwise not able to be obtain medication prescriptions, it enables a less burdensome process for providers, and it now greatly increases the opportunity for other positive outcomes that can occur when an opioid use disorder is treated such as preventing death, curbing opioid cravings, and reducing drug use.<sup>56</sup> We need to continue this momentum. Another way to push forward is by permanently allowing the prescribing of controlled substances via telemedicine, a pandemic-era accommodation currently under deep consideration.

<sup>vii</sup>The term "Hispanic" is used instead of "Latino" due to research cited



## FOOD INSECURITY

For nearly a quarter of adult Americans, the feeling of hunger is a reality faced daily.<sup>57</sup> Food insecurity, defined as the lack of consistent access to enough food for every person in a household to live a healthy, active life,<sup>58</sup> has and continues to be one of the largest challenges among those experiencing poverty. In Illinois, it is estimated that one in eleven people face hunger and that – as a state – Illinois needs approximately \$760 million dollars more annually to meet the food needs of those experiencing food insecurity.<sup>59</sup> During the pandemic, applications for food assistance steadily increased while unemployment rose to nearly 18% in the state.<sup>60</sup> Nationally, emergency calls requesting aid in securing food during the first two months of the pandemic soared to being four times greater than that of earlier in the year.<sup>61</sup> Charitable programs, local community-based food networks, and the government response lacked coordination to handle the immense onslaught of request for food assistance.

In Illinois, those reporting food insecurity<sup>viii</sup> increased among Black and Latino populations, specifically adult Latino men (Figure 5). From late 2021 to late 2022 / early 2023, self-reported food insecurity increased among Black and Latino people, with adult Latino men reporting over a 4 percentage point increase in their food insecurity. Trends seen in Illinois follow national trends. Nationally, Black individuals are three times more likely and Latino individuals are 2.5 times more likely to face hunger than White individuals.<sup>62,63</sup>

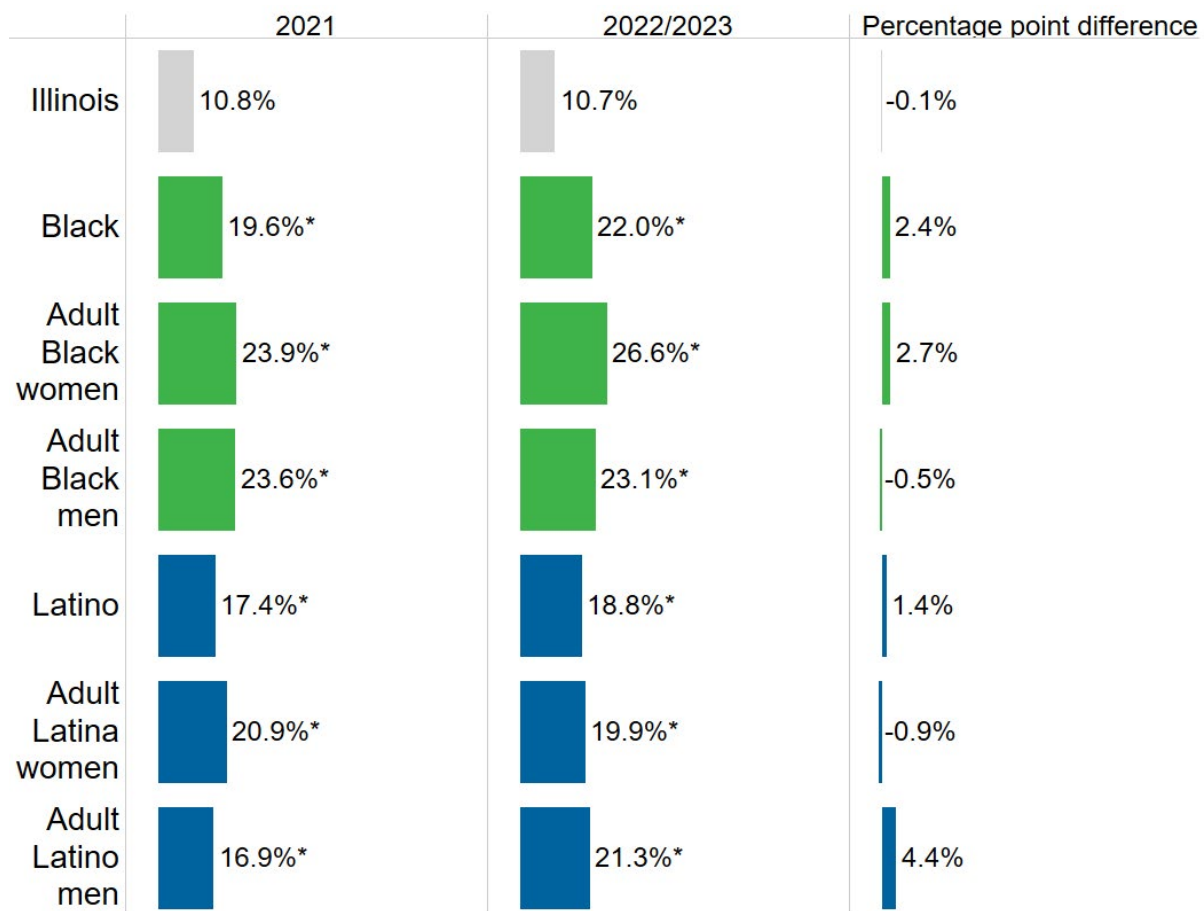


Figure 5

<sup>viii</sup>Defined as respondents who said their households sometimes or often did not have enough food to eat in the last 7 days.



# FOOD INSECURITY

## THE HUNGER CLIFF IS HERE

The Supplemental Nutritional Assistance Program, SNAP (formerly referred to as “food stamps”), serves as the United States’ primary source for food assistance for millions of low-income individuals and families. First introduced in 1933, SNAP has since evolved to the current program it is today, serving as the US government’s largest and most effective anti-hunger program and the third-largest antipoverty program.<sup>64</sup>

SNAP has been a strong safety net for millions of Americans. Receiving SNAP benefits improves health outcomes and has been a significant aid in lifting individuals from poverty. A recent study reported that SNAP participants are more likely to report excellent or very good health when compared to low-income, non-SNAP participants and another study found that individuals participating in SNAP spend, on average, nearly 25% less in medical care costs annually when compared to low-income, non-participants.<sup>65</sup> Additionally, the U.S. Department of Agriculture also estimates that for every \$1 in SNAP benefit, \$1.50 in economic activity is stimulated.<sup>7</sup> People who receive SNAP benefits increase their spending on groceries that, in turn, boosts consumer spending elsewhere. Consumer power from SNAP use is extremely beneficial particularly for local economies as the influx of money is significant for small grocers and mom-and-pop retailers.

**“A gallon of milk is now \$5 ...  
SNAP isn’t cutting it anymore. I either need more money  
on my Link card\* or for the prices on food to drop.”**  
– Harris reflecting on how far his SNAP benefits go, even after  
getting additional SNAP benefits during the pandemic

\*The Link card is a debit-like card in which SNAP benefits are loaded for use.

**SNAP before COVID-19.** Individuals or households are eligible for SNAP based on income guidelines (specifically gross income, followed by net income considerations). Once an application is received, a monthly benefit allocation is determined based on a variety of factors such as household income and size.<sup>ix</sup> Pre-pandemic, some individuals, regardless of income, were ineligible for SNAP due to personal characteristics and statuses. These included but were not limited to all individuals without a documented immigration status, most full-time college students, and able-bodied individuals without children who are unemployed.<sup>66</sup> Prior to the pandemic, SNAP households, on average, received about \$240 a month in fiscal years 2019 and 2020.<sup>66</sup> The average SNAP benefit per person was about \$121 per month, or approximately \$4 per person per day.<sup>66</sup>

**SNAP during COVID-19, 2020 - 2023.** In March 2020, the Families First Coronavirus Response Act (FFCRA) triggered emergency allotments to households and individuals receiving SNAP benefits to “address temporary food needs” during the pandemic. This change allowed for an additional supplement so that total household benefit amounts increased to the maximum allotment amount based on household size. In conjunction with expanded benefits under the FFCRA, the Consolidated Appropriations Act allowed certain groups previously not eligible for SNAP now eligible to obtain benefits.<sup>66</sup>

<sup>ix</sup>SNAP benefits are calculated based on more variables than just household income and size. The SNAP calculator determines income from all sources (earned, unearned, assets). Household size, disabilities among those in the household, gross income, other income, assets, and deductions, such as dependent care costs, child support costs, out-of-pocket medical expenses, rent or mortgage, household utility expenses, and homeowner’s insurance and taxes are also accounted for. An individual’s or household’s maximum benefit is then determined based on the Thrifty Food Plan followed by calculation of net income (what is available to purchase food after necessary expenses). An individual’s or household’s net income should be 30%. This will output an individual’s or families’ monthly SNAP benefit. View a SNAP benefit calculator who individuals within Illinois [here](#).

## FOOD INSECURITY



***“We don’t get the twice monthly benefits anymore. That was great. They need to bring it back – we are in a recession. Even people who work 9-5 are having a hard time keeping food on the table”***

*– Randall when asked about how SNAP benefits have recently changed for him*



As of March 2023, most of these expanded benefits have ceased and is motivating what many call, *the hunger cliff* - the steep and sudden drop in food assistance and support for millions of Americans receiving expanded SNAP benefits during the pandemic. The abrupt removal of expanded SNAP assistance means that a SNAP recipient will, on average nationally, experience a \$90 per month reduction in food assistance funds.<sup>61</sup>

In Illinois, the end of emergency allotments means Illinois will lose \$183 million in federal funds per month for SNAP. This equates to 1,058,837 households (approximately 22% of all households in Illinois ) being affected.<sup>67</sup> On average, each SNAP participant in Illinois will lose \$82 per month, with the largest benefit decrease among older adults who will go from receiving a minimum SNAP benefit of \$281 per month to an average of \$23 per month of \$23 per month, a substantial 92% decrease in monthly SNAP benefits.

The rollback of SNAP benefits is especially hard-hitting as families – regardless of their use of public benefits – navigate almost a year of history-making inflation rates. In 2022, grocery prices soared by nearly 12% and the fall of 2022 reflected some of the highest inflation rates since the early 2000s.<sup>68</sup> Fortunately, for people receiving a boost in their SNAP benefits, an increase in monthly SNAP allotment meant less sticker shock when purchasing groceries.

**Table 3. Comparison of Average Food Costs among Common Grocery Staples – December 2021 to December 2022<sup>69</sup>**

Product	2021	2022	Change
All Purpose Flour <sup>a</sup>	\$0.39	\$0.52	+33%
Eggs <sup>b</sup>	\$1.79	\$4.25	+137%
Ground Beef <sup>a</sup>	\$4.60	\$4.80	+4%
Ground Coffee <sup>a</sup>	\$4.97	\$6.47	+31%
White Bread <sup>a</sup>	\$1.53	\$1.87	+22%
Whole Milk <sup>c</sup>	\$3.74	\$4.21	+13%

<sup>a</sup>Per pound, <sup>b</sup>Dozen, Grade A, <sup>c</sup>Gallon

Table 3

In early 2023, when analysis for this report was complete, one graphic stood out (Figure 6). Illinoisans were asked to reflect on their ability to pay “usual household expenses” over the last 7 days, with expenses including items such as food, rent or mortgage, car payments, medical expenses, and student loans. What emerged was astounding – not only were there alarmingly high rates of individuals reporting they were having difficulties meeting expenses (39% reporting difficulties across Illinois), these rates were also on the rise and were hitting Black and Latino communities in extremely disproportionate ways.<sup>x</sup> Those who were having difficulty paying usual household expenses were staggeringly high in 2021 and is only on the rise. As of early 2023, approximately 56% of Black and 53% of Latinos reported having difficulties meeting expenses compared to 33% of Whites.

<sup>x</sup>Data note: Young Black men, Young Latina women, and Older Latino men are not included in this graphic due to data quality issues. The Census Bureau quality standards state that estimates with coefficients of variation (CV) larger than 30% have serious data quality issues. CVs were estimated using the CV function. Estimates with CVs larger than 30% were not reported. All comparisons between the previous and this signature report are between estimates with CVs lower than 30%.

# FOOD INSECURITY

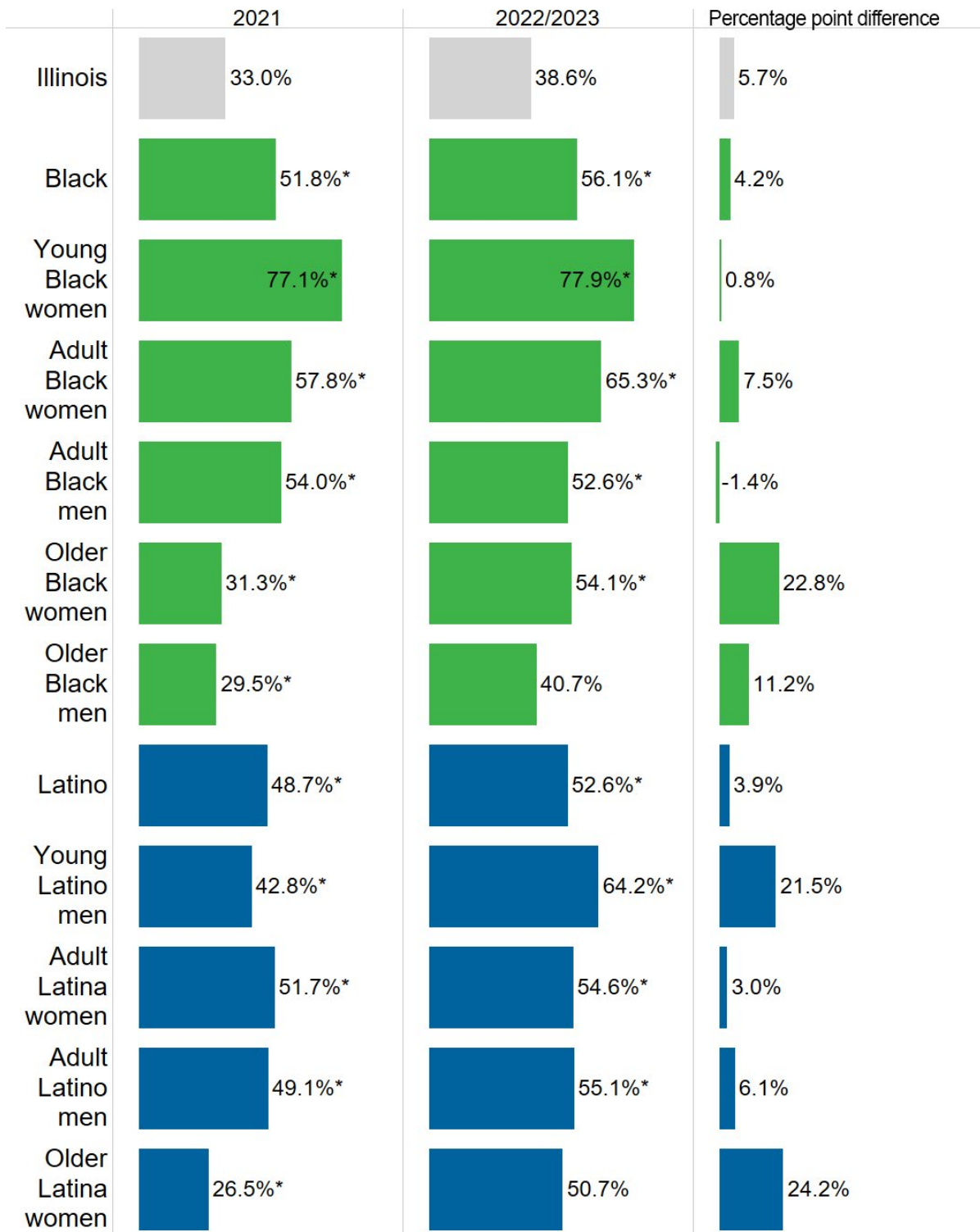


Figure 6



## FOOD INSECURITY

***“It might be just me... the most important thing is that you have to plan your meals out. You have to use [your food] in moderation because stuff is expensive. Every week the prices go up so you have to know how to shop.”***

*– Randall*

### Food Insecurity: Other Key Changes<sup>70</sup>

Temporary exemptions to expand SNAP benefits occurred during the pandemic for certain categories of college students (those who were eligible to participate in state or federal work-student programs and those whose expected family contribution for the purposes of federal financial aid is zero). This exemption expired June 10, 2023.

During the public health emergency, able-bodied adults without dependents aged 18-49 had a work requirement waived.<sup>xi</sup> As of July 1, 2023, the work requirement will be reinstated, and individuals will need to meet the work requirement to maintain SNAP benefits.<sup>xii</sup>

Under the FFCRA, Pandemic Electronic Benefit Transfer (P-EBT) credits were expanded so families could receive temporary emergency nutrition benefits loaded onto EBT cards to purchase food. These benefits were allocated if children received free or reduced-price meals under the National School Lunch Act if their schools were closed or operating with reduced hours for at least five consecutive days. P-EBT also provides benefits to younger children in households participating in SNAP whose childcare facility is closed or operating with reduced hours or attendance, or who live in the area of schools that are closed or operating with reduced hours or attendance. As of May 11, 2023, children under six in households participating in SNAP will not be eligible for summer 2023 PEBT benefits. Almost 40% of households receiving SNAP benefits have children.

As of May 11, 2023, homeless young adults aged 19-24 will no longer be eligible to receive meals and snacks due to removal of this flexibility under the Child and Adult Care Food Program.

<sup>xi</sup> Individuals aged 18 or over and under 50 are limited to three months of SNAP benefits every three years unless they are working or in a work or training program at least 20 hours a week. Some individuals are exempt from this requirement, such as those who live with children in the household, those determined to be physically or mentally unfit for work, pregnant people, and others determined to be exempt from the three-month time limit.

<sup>xii</sup> Under the recent Debt Ceiling Bill, the work requirement was expanded to now include individuals aged 50-54. This modified age range will phase in starting October 1, 2023.

# FOOD INSECURITY

## ***EVEN WITH EXPANDED FOOD ASSISTANCE, SNAP BENEFITS ARE STILL INACCESSIBLE FOR MANY ILLINOISIANS OF COLOR***

As we neared the removal of public health emergency declarations in Illinois, Blacks and Latinos were still reporting the highest rates of food insecurity across the state. Additionally, Black and Latino populations report the widest gap in the number of people who are food insecure and not utilizing SNAP benefits in Illinois.<sup>xiii</sup> In 2022/2023, Black and Latino Illinoisans are almost three times more likely to be food insecure when compared to Whites. Additionally, approximately 4% of Black individuals and 5% of Latino individuals (compared to approximately 2% of Whites) are eligible for SNAP and not accessing the program. While SNAP benefits increased during the pandemic, data shows that nutrition support is still not reaching enough Illinoisans of color.

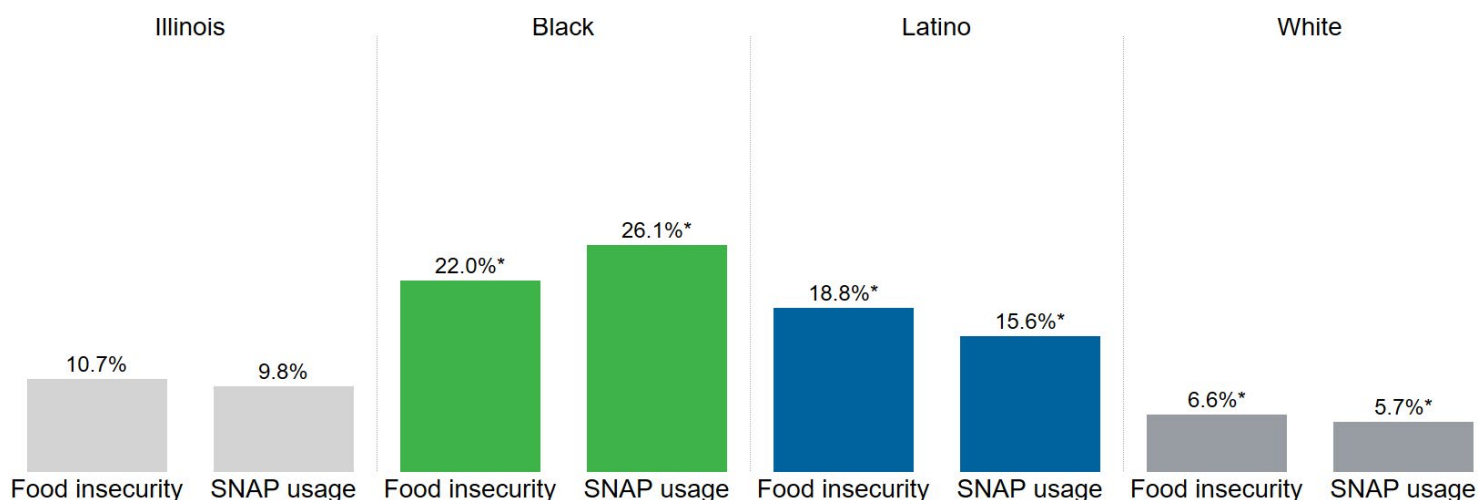


Figure 7

## ***STEPS FORWARD: ILLINOIS' FOOD ENVIRONMENT***

*Illinois' state and local governments can and should take actionable steps to reduce the serious potential effects of the hunger cliff by supplementing federal SNAP benefit amounts. For example, New Jersey will be implementing legislation that sets a \$95 minimum for New Jersey SNAP households.<sup>71</sup> Massachusetts is allocating \$130 million for three months of partial extra SNAP benefits after the federal extra SNAP pandemic benefits end.<sup>72</sup>*

<sup>xiii</sup> Data note: The graphic depicts two data points. Food insecurity does not represent people who are necessarily eligible for SNAP (although some are), however represents people who self-reported the food in their household in the past week was often not enough to eat OR the food in their household in the past week was sometimes not enough to eat. Those in the SNAP usage category include individuals receiving SNAP benefits, however who have not used their SNAP benefits "in the last week." We acknowledge that this graphic makes assumptions on the comparison of different groups, however we still find the data compelling. Please note this limitation when viewing the data.

## FOOD INSECURITY

*Illinois should streamline the process for SNAP households to claim deductions for certain out-of-pocket expenses.* Deductions are an important part of calculating SNAP benefits as deductions help to determine how much extra money is available every month for purchasing food. In addition to the standard deduction each household receives that accounts for basic unavoidable costs other deductions can be applied such as deductions from earnings, dependent care costs, child support, medical expenses, and total shelter costs (for example, housing and utility costs). While there are resources (such as organizations that can aid in helping to calculate and actual benefit determination calculators) to aid individuals in applying deductions, it is still a difficult process to maneuver and especially challenging for certain people such as the elderly, individuals with, who have issues accessing and navigating the internet and other available resources and those with limited English proficiency. In Illinois, only 16% of households with elderly members and 9% of households with non-elderly members with a disability claimed a medical expense deduction. This deduction was not prioritized due to a perception of a high workload in completing the process of listing all possible deductions, complexity in verifying the deductions, lack of knowledge and confusion on what actually counts as an out-of-pocket qualifying expense.<sup>73</sup>

*Raise SNAP benefits permanently.* Despite changes to national food assistance programming, food insecurity in Illinois continued to increase (Figure 6). A recent study found that even with an increase in pandemic-driven SNAP benefits, there is a continued gap between the maximum SNAP benefit and the cost of a modestly priced meal.<sup>74</sup> In short, SNAP beneficiaries are still having issues affording meals, even with increased benefits, and this most strongly affects communities of color. Food-insecure SNAP participants report they need about \$10 to \$20 more per person each week to buy enough food to meet their needs, with research mirroring this finding and concluding that benefits fall about \$11 short per person of the weekly cost of a nutritious meal plan. One potential issue is the antiquated nature of the Thrifty Food Plan (TFP), a plan that helps estimate the cost of a healthy diet across various price points, is calculated.<sup>75</sup> The TFP does not consider how location drives food price, nor does it take into account the dynamic nature of how food prices change throughout a year based on modulating inflation. One solution is a contemporary revision to the TFP that will allow for a more accurate estimation of food costs, which in turn, may mean that SNAP beneficiaries will have increased food security, even in the absence of pandemic-era increased SNAP benefits.

Additionally, how come we still see a “SNAP gap” among those who eligible for benefits but not using their benefits? Targeted outreach to improve access and enrollment practices continue to be crucial in increasing the number of SNAP eligible people to linked benefits. This does not even begin to include the many people who are not eligible for SNAP benefits based on income or other characteristics that would greatly benefit from monthly food assistance.





## THE END OF ONE PANDEMIC AND THE START OF MANY OTHERS

As of the time of this report publication, it has been approximately two months since the federal government formally declared the end to the COVID-19 pandemic. In many ways, we have closed the door on one pandemic but opened the door to many others. A pandemic is an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually

affecting a large number of people.<sup>76</sup> By this definition, lack of health insurance, long COVID, worsening mental health, an increase in substance use disorders, and hunger are all pandemics. All made much worse by the last three years and the formal ending of the COVID-19 federal emergency.



What was outlined in this report should be eye opening to the disparities that exist and persist in Illinois. **Inequities are pervasive, have worsened, and will likely continue to significantly increase** as we enter a time post-pandemic. Only time will tell how severe the effects are from changes to U.S public assistance programs, however a continued decline in economic and health outcomes will not be surprising. It stems from the disparate economic and social imbalance generated from decades of formalized, systemic racism where people of color were held a lower status compared to Whites. In

Heartland's 2021 report, one the largest calls to action was a deep investment in the hardest hit communities and that sentiment now rings true more than ever before. As we enter a possible next chapter – one littered with the same inequities, but now possibly with more – we bring the same conclusion we had in 2021 to the forefront – to steadily move forward by providing a foundation for people of color to heal and thrive.

# GLOSSARY

**Affordable Care Act (ACA):** This Act, signed into law in 2010, included the largest expansion of healthcare coverage since the creation of Medicaid and Medicare. After the passage of the ACA, uninsured rates plummeted across the country, especially in states that adopted expansions of Medicaid coverage. The ACA is occasionally referred to as “Obamacare”, nicknamed after President Barack Obama whose administration moved the ACA forward. [Read more](#)

**American Rescue Plan Act (ARPA, or ARP):** Passed in 2021, this act was designed to provide economic relief in response to the COVID-19 pandemic and resulting recession. It included Economic Impact Payments that provided direct cash support, an expansion of the Child Tax Credit, assistance to state and local governments, and more. [Read more](#)

**Biomarker:** A biological molecule found in blood, other body fluids, or tissues that is a sign of a normal or abnormal process, or of a condition or disease. [Read more](#)

**BIPOC:** Black, Indigenous, and People of Color. [Read more](#)

**Buprenorphine:** A FDA-approved medication is prescribed to treat opioid use disorders. [Read more](#)

**Certified Community Behavioral Health Clinic (CCBHC):** A facility that provides a comprehensive array of behavioral health services to decrease fragmentation of care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age (including developmentally appropriate care for children and youth). [Read more](#)

**Children’s Health Insurance Plan (CHIP):** Insurance program that provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid but not enough to buy private insurance. In some states, CHIP also covers pregnant women. [Read more](#)

**COVID-19:** According to the Centers for Disease Control, “COVID-19 is a respiratory disease caused by SARS-CoV-2, a new coronavirus discovered in 2019. The virus is thought to spread mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, or talks.” [Read more](#)

**Digital Divide:** The gap that exists between individuals who have access to modern information and communication technology and those who lack access. The digital divide was discussed in this report within the context of access to telehealth services. [Read more](#)

**Ex parte (renewal):** A redetermination of Medicaid eligibility based on reliable information contained in the customer’s case including information accessed through electronic data sources. A key distinction in defining ex parte renewals is that it happens “without” customer involvement. [Read more](#)

**Families First Coronavirus Response Act (FFCRA):** The second major legislative initiative to address COVID-19. FFCRA covers a variety of areas such as paid sick leave, insurance coverage of coronavirus testing, nutrition assistance, and unemployment benefits. [Read more](#)

**Food Insecurity:** A lack of consistent access to enough food for every person in a household to live an active, healthy life. This can be a temporary situation for a family or can last a long time. Food insecurity is one way we measure how many people cannot afford food. [Read more](#)

**HB 3308:** Passed in Illinois in May 2021 and signed into law, HB 3308 enhances existing law in IL by codifying telehealth coverage and payment parity with in-person services. [Read more](#)

## GLOSSARY

**Health Insurance Marketplace:** A service that helps people shop for and enroll in health insurance. The federal government operates the Health Insurance Marketplace, available at HealthCare.gov, for most states. Some states run their own Marketplaces. [Read more](#)

**Increasing Community Access to Testing (ICATT) for COVID-19:** A program led by the Centers for Disease Control that supports no-cost COVID-19 testing for people with symptoms related to COVID-19 or who were exposed to someone with COVID-19. [Read more](#)

**Medicaid:** Medicaid is a jointly funded, Federal-State health insurance program for certain individuals and families with low-incomes and few resources. [Read more](#)

**Medicaid Churn:** Temporary loss of Medicaid coverage in which enrollees lose coverage and then re-enroll within a short period of time. [Read more](#)

**Medical Countermeasures:** Medicines and medical supplies that can be used to diagnose, prevent, or treat diseases related to chemical, biological, radiological, or nuclear threats. During the pandemic, emergency use agreements allowed for medical countermeasures to be used without the full FDA approval process. [Read more](#)

**Opioid Treatment Programs (OTPs):** Provide medication-assisted treatment for people diagnosed with an opioid use disorder. [Read more](#)

**Pandemic:** According to the World Health Organization, “A pandemic is the worldwide spread of a new disease.” [Read more](#)

**Premium Tax Credits (PTC):** The premium tax is a refundable credit that helps eligible individuals and families cover the premiums for their health insurance purchased through the Health Insurance Marketplace. To get this credit, you must meet certain requirements. [Read more](#)

**Substance Abuse and Mental Health Services Administration (SAMSHA):** First established in 1992, SAMSHA is an agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. [Read more](#)

**Supplemental Nutrition Assistance Program (SNAP):** Formerly called Food Stamps, SNAP provides low-income families with supplemental income to buy food. [Read more](#)

**Telehealth:** Telehealth is the use of electronic and telecommunication technologies to provide healthcare services. Telehealth services can be accessed through a phone or internet-enabled device. [Read more](#)

**Thrifty Food Plan (TFP):** One of four food plans the United States Department of Agriculture develops that estimates the cost of a healthy diet across various price points. The TFP is an important component to calculating SNAP monetary allotments for an individual or family. [Read more](#)

**Unemployment:** Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. This definition of unemployment leads to an undercount as people who are discouraged from job seeking or those who are only marginally attached to the workforce (i.e., are not employed but currently want a job, have looked for work in the last 12 months, and are available for work) are classified as “not in the labor force” instead of “unemployed.” [Read more](#)



# METHODOLOGICAL APPENDIX

## U.S. Census Bureau Household Pulse Survey Data

Data on the majority of health and economic outcomes covered in this report were sourced from the U.S. Census Bureau's Household Pulse Survey data (HPS) public use files, collected every other week from June 1, 2022 – February 13, 2023 (nine releases of data from Phases 3.5 to 3.7 of the HPS). According to the Census, the HPS is “designed to deploy quickly and efficiently, collecting data to measure household experiences during the coronavirus pandemic. Data will be disseminated in near real-time to inform federal and state response and recovery planning.”

A major advantage of the HPS compared to other Census Bureau products, such as the American Community Survey, is the timeliness of the data—which is critically important when the pandemic has drastically changed our health and economic well-being compared to 2019. However, the tradeoff is that the HPS has a smaller sample size and may not meet the same statistical quality standards as other Census products. As such, we advise readers to interpret the findings of this report as relative impacts of COVID-19 on certain demographic groups in Illinois, rather than highly precise estimates.

In order to generate a large enough sample size, researchers combined 9 “weeks” of HPS data (each “week” represents two weeks) and followed Census Bureau recommendations for generating pooled sample and replicate weights from the 80 weights provided with the data.<sup>77</sup> After Phase 3.3 the Census shifted to a two-weeks on, two-weeks off collection approach. Researchers used the R packages “survey” and “srvyr” to analyze the data and estimated variance using successive difference replication with the pooled sample and replicate weights.

Since all variables were constructed as binary variables, means for each group represent the percent of that group experiencing that indicator. The groups were defined by the following characteristics:

### Age

- Young: 20 – 30 years old
- Adult: 31 – 69 years old
- Older: 70+ years old

### Race/ethnicity

- Black: Black, non-Hispanic
- Latino: Hispanic/Latino (of all races)
- White: White, non-Hispanic

### Gender (at birth)

- Male
- Female

Case counts and rates were calculated for a total of 18 race/age/gender groups (for example, young Black men or older Latina women). Cases for whom demographic data fields were “missing,” “unknown,” or blank were excluded from the broader universe of data. People younger than 20 years old were not included in the analysis.

## METHODOLOGICAL APPENDIX

Means were generated using the svymean function. Tests of statistical significance were run between each the mean of each indicator for each race/age/gender subgroup and the means for the rest of Illinois (this is functionally equivalent to comparing the subgroup mean to the mean for all of Illinois). Researchers used the svytest function to conduct a two-sided t-test at the 0.10 level, following the Census Bureau practice of using 90% confidence intervals and 0.10 levels of significance to determine statistical validity. Where the absolute value of the t-score is greater than 1.645, we reject the null hypothesis that the two means are equal. Respondents with missing data for a given indicator were not included in the t-test for that indicator. Statistically significant comparisons have been denoted with an asterisk (\*). The Census Bureau quality standards state that estimates with coefficients of variation (CV) larger than 30% have serious data quality issues.<sup>78</sup> CVs were estimated using the CV function. Estimates with CVs larger than 30% were not reported. All comparisons between the previous and this signature report are between estimates with CVs lower than 30%.

Researchers borrowed heavily from the Urban Institute's code for downloading and cleaning HPS data generously made public on their GitHub repository.<sup>79</sup> We used many of the same variable definitions as the Urban Institute (text taken from their HPS technical documentation).<sup>80</sup>

This updated analysis builds on the work done by Heartland Alliance's Social IMPACT Research Center's former Senior Director of Research and Analytics, Katie Buitrago.

### Difficulty Meeting Expenses

Respondents were marked as having difficulty paying for usual household expenses if they responded that it has been somewhat difficult or very difficult for them or their household to pay for usual household expenses in the past seven days, including food, rent or mortgage, car payments, medical expenses, student loans, and so on.

Universe: All respondents

### Food Insufficiency

Respondents were marked as food insufficient if they reported that 1. the food in their household in the past week was often not enough to eat OR 2. the food in their household in the past week was sometimes not enough to eat.

Universe: All respondents.

### Health Insurance Coverage

Respondents were marked as uninsured if they reported that

1. they did not have any of the following:

- employer-provided health insurance
- insurance purchased directly from an insurance company, including marketplace coverage
- Medicare
- Medicaid or any government assistance plan for people with low incomes or a disability
- TRICARE or other military care
- VA Health Insurance

OR

## METHODOLOGICAL APPENDIX

2. they did have health insurance only through the Indian Health Service.

Universe: While all respondents answered this question, we restrict our analysis to all respondents under age 65. The Pulse Survey asks respondents to report their birth year, not their age. We consider all respondents born in 1956 or later as under 65. The Census Bureau uses the same definition to produce the uninsured counts available in table 3 of the Pulse Survey detailed health tables.

### Long COVID (Long-Haul COVID-19)

Respondents were marked as having long-haul COVID-19 if they reported testing positive or being told by Doctor or provider they had COVID and if they reported COVID-19 symptoms lasting 3 months or longer.

Universe: All respondents

### Mental Health

Respondents were marked as displaying signs of anxiety or depression if within the past seven days, they

1. were experiencing symptoms of anxiety, calculated by summing the responses to the following two questions based on an assigned numerical scale (not at all = 0, several days = 1, more than half the days = 2, nearly every day = 3): » feeling anxious, nervous, or on edge » not able to stop or control worrying If the total score was 3 or higher, then the respondent was identified as experiencing symptoms of anxiety.

OR

2. were experiencing symptoms of depression, calculated by summing the responses to the following two questions based on an assigned numerical scale (not at all = 0, several days = 1, more than half the days = 2, and nearly every day = 3):
  - having little interest or pleasure in doing things
  - feeling down, depressed, or hopeless

If the total score was 3 or higher, then the respondent was identified as experiencing symptoms of depression.

This definition follows the National Center for Health Statistics definition.

Universe: All respondents.

### SNAP Spending

Respondents were marked as having used SNAP benefits to meet their spending needs in the past week if they selected "Supplemental Nutrition Assistance Program (SNAP)" in response to the question "Thinking about your experience in the last 7 days, which of the following did you or your household members use to meet your spending needs? Select all that apply."

Universe: All respondents



# REPORT INFORMATION

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## Report Design:

Thanks to Suniya Farooqui, who analyzed all data elements and designed the report-wide data visualizations. Additional thanks to Jordan Razowsky, who meticulously laid out and designed the report.

## Extended Uses:

The Social IMPACT Research Center encourages the use of this report. Reproductions in whole or in part are allowable without permission provided appropriate references are given. Suggested citation: Cooper, J, Farooqui, S. (2023, July) *The Covid-19 Aftermath: What the unwinding of federal pandemic emergency declarations can mean for Illinoisans*. Available at [hasignaturereport.org](https://hasignaturereport.org)

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# THE COVID-19 AFTERMATH

**What the unwinding of federal pandemic emergency declarations can mean for Illinoisans**

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