THE COVID-19 DOMINO EFFECT

How the pandemic deepened systemic oppression for Black and Latino Illinoisans

HEARTLAND ALLIANCE
EQUITY. OPPORTUNITY. FOR ALL.

2021 Signature Report

20 YEAR ANNIVERSARY
20 Year Edition
Honoring Data-Driven Human Rights Research
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More than a year since COVID-19 was declared a global pandemic, the virus—and the resulting economic fallout—has left an indelible mark on every corner of our society. At the time of writing, over 600,000 people nationwide and 23,000 Illinoisans have lost their lives to the virus.¹ The pandemic reshaped the nature of work for some, while jobs disappeared for many others. The compounding stressors of uncertain futures, health crises, isolation, financial strain, individual and collective trauma, and juggling life responsibilities took a massive toll on people’s mental health. In the face of this incalculable damage, the actions taken by public officials were insufficient and inconsistent.

When the pandemic ends, many people will be in worse financial shape than when it started. With the hundreds of thousands of lives lost, millions of loved ones will be grieving. And while the virus itself doesn’t discriminate, the systems in place and the responses do. Long before the pandemic, there were deep inequities in the opportunities and life outcomes of White people versus people of color. These inequities are a result of generations-old racist systems and attitudes that have continued to segregate Black and Latino people in disinvested communities and have fostered a racial gap in health and wealth. The pandemic deepened and widened those gaps, and starkly illuminated the ways in which our inequitable systems and policies deeply harm Black and Latino people in our state.

Much has been written about the racially disproportionate impact of the pandemic nationally. While the national story is important, Illinois needs to chart its own future that reflects equitable policies and redresses harms already done. It is our hope that this report illuminates the Illinois experience and braids together data on a broad array of well-being indicators, including how experiences differ by race/ethnicity, age, and gender. Finally, we center the voices of Black and Latino Illinoisans alongside the charts, graphs, and tables. These stories illustrate how the pandemic often started a domino effect. When disaster strikes and you are already living on the edge, losing one support can cause others to crumble away, too. The stories of the people harmed by the pandemic demonstrate the urgent need for a substantial,
sustained, and structural approach to recovery. We must right the wrongs that resulted in Black and Latino people bearing the brunt of the pandemic’s impacts.

Just as the ripple effects of the pandemic did not affect us all equally, the recovery must not take a one-size-fits-all approach. We must invest in the hardest hit communities—and that means an approach that provides a foundation specifically for Black and Latino people to heal and thrive. An equitable recovery must ensure that:

- Everyone has access to high-quality, culturally competent, equitable, and affordable healthcare.
- Everyone has the money they need to meet their basic needs.
- All would-be workers have access to a quality job—and the supports they need to stay successfully employed.
- We invest in closing the racial wealth divide so that people of color can weather emergencies and build towards prosperity.

After experiencing the pandemic and ensuing economic crisis, we cannot afford to wait.

**WHY NOT FOCUS ON INDIGENOUS AND ASIAN ILLINOISANS?**

Indigenous and Asian Illinoisans have experienced racist attitudes and systems for generations, and the pandemic continues to deepen that harm. Even though data collection on the impact of the pandemic on Indigenous and American Indian/Alaskan Native (AI/AN) people has been incomplete, the data we do have indicate that Indigenous and AI/AN people are more likely to get seriously ill and die of the virus than White people. During the pandemic, reports of hate crimes against Asian Americans emerged amid xenophobic rhetoric from the highest levels of government, including a vicious mass murder in Atlanta that took the lives of 8 people (6 of whom were Asian). These attacks continue a long-standing legacy of discrimination against Asian immigrants and Asian Americans.

Much of the data in this report comes from an experimental U.S. Census Bureau data set, the Household Pulse Survey (HPS), designed to release nearly real-time data on key health and economic indicators during the pandemic. The tradeoff for this timeliness is a smaller, less precise survey sample. At the state level, HPS data is not very reliable for smaller racial/ethnic groups, like Indigenous and AI/AN people and Asian Americans. As a result, we chose to focus this report on racial/ethnic groups with a large enough sample for researchers to reliably study. It is critical to improve data quality for smaller racial/ethnic groups in public datasets so that their experiences do not continue to go unheard and unaddressed.
EXECUTIVE SUMMARY

GUIDE TO THE REPORT

This report shows how the pandemic harmed Black and Latino Illinoisans on eight different areas of health and economic well-being:

1. COVID-19 RISK, CASES, AND DEATHS
2. HEALTHCARE ACCESS AND USAGE
3. MENTAL AND BEHAVIORAL HEALTH
4. FOOD INSECURITY
5. EMPLOYMENT AND FINANCIAL SECURITY
6. STIMULUS CHECKS AND CASH SUPPORT
7. RENTAL HOUSING INSECURITY
8. HOMEOWNERSHIP AND ASSETS

If you’re pressed for time, start with the executive summary. It includes a visual overview of 10 things you need to know about Black and Latino Illinoisans during the pandemic, as well as a summary of our bold solutions related to health, jobs, cash support, and wealth and assets.

If you’re looking for a fuller understanding of the issue, we encourage you to read the report front to back. We delve into the data and latest research about each of the eight topics listed above, with a special focus on the Illinois impact. Interspersed throughout are stories from six Black and Latino Illinoisans who experienced pandemic-related strife in many areas of their lives, from housing instability to job loss to health challenges and beyond. Finally, we end with a more detailed discussion of our bold solutions to change the systems that caused inequities long before the pandemic.

You can explore the report findings in a different way on our website at www.heartlandalliance.org/COVID19report, where you can read the stories of directly impacted people, explore the data in an interactive data portal, and more.
10 QUICK FACTS

1. Latino Illinoisans are getting infected with COVID-19, and Black Illinoisans are dying from COVID-19, at disproportionately high rates (see Figures 1 and 2).

When adjusted for age, the disparities in death rates for Black people are even larger. Thirty-two percent of age-adjusted deaths from COVID-19 are Black people—more than double their adult population percentage.

2. Black and Latino people in Illinois were less likely than the rest of the state to be able to switch all or some of their usual in-person work to telework (see Figure 3).

This means Black and Latino people’s jobs may be putting them at higher risk of contracting COVID-19.
EXECUTIVE SUMMARY

10 QUICK FACTS (continued)

3. Latino Illinoisans lacked health insurance (20%) during the pandemic at a rate twice as high as Illinois overall (10%) (see Figure 4).

4. Black and Latina women are experiencing concerning mental health symptoms during the pandemic (see Figures 5 and 6).

While 39% of Illinoisans reported symptoms of depression and anxiety, 61% of young Latina women, 47% of adult Latina women, and 44% of adult Black women reported symptoms.

We define “young” as age 18–24, “adult” as age 25–64, and “older” as age 65+. 
5. Over half of Black and Latino households have lost income from employment since the beginning of the pandemic (compared to 45% of Illinoisans) (see Figures 7 and 8).

Black and Latina women age 18 – 64 have lost employment income at particularly high rates, with more than 60% losing income from employment during the pandemic.
Half of Black and Latino people are struggling to make ends meet—much more than the 1 in 3 Illinois households overall (see Figures 9 and 10).

Over three-quarters of young Black women and nearly two-thirds of young Latina women having difficulty meeting household expenses.

**Figure 9**

- Black: 51.8%
- Young Black women: 77.1%
- Adult Black men: 54.0%
- Adult Black women: 57.8%
- Older Black men: 29.5%
- Older Black women: 31.3%

**Figure 10**

- Latino: 48.7%
- Young Latino men: 42.8%
- Young Latina women: 58.6%
- Adult Latino men: 49.1%
- Adult Latina women: 51.7%
- Older Latino men: 43.0%
**EXECUTIVE SUMMARY**

**10 QUICK FACTS (continued)**

7. Public programs and federally funded emergency relief (like unemployment, SNAP, and stimulus) play an important role in supporting Black people during the pandemic-related recession, but Latinos may be disproportionately underserved by these programs.

1 in 5 Black people used SNAP to meet spending needs, but a smaller percentage of Latinos are using SNAP than are experiencing food insecurity (see Figure 11).

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<th>White</th>
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<tr>
<td>Food insecurity</td>
<td>10.8%</td>
<td>19.6%</td>
<td>17.4%</td>
<td>7.4%</td>
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<tr>
<td>SNAP usage</td>
<td>8.8%</td>
<td>20.2%</td>
<td>12.1%</td>
<td>6.0%</td>
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1 in 5 Black people used unemployment insurance (UI) to meet spending needs, but a smaller percentage of Latinos are using UI than who have lost income from employment during the pandemic (see Figure 12).

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<th>Latino</th>
<th>White</th>
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<tr>
<td>Income loss from employment</td>
<td>44.6%</td>
<td>55.9%</td>
<td>57.4%</td>
<td>38.9%</td>
</tr>
<tr>
<td>Unemployment insurance usage</td>
<td>12.6%</td>
<td>21.1%</td>
<td>14.4%</td>
<td>10.2%</td>
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Almost 1 in 3 Black and Latino Illinoisans used stimulus payments to meet spending needs (see Figure 13).

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<td></td>
<td>22.2%</td>
<td>28.6%</td>
<td>29.2%</td>
<td>19.3%</td>
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10 QUICK FACTS (continued)

8 Black and Latino renters are facing higher levels of housing instability than the Illinois average. In the absence of renter protections like eviction moratoria, housing instability puts renters at risk of homelessness.

While nearly 1 in 3 Illinois renters are not confident they can pay next month’s rent, 40% of Latino renters and 44% of Black renters are in the same boat (see Figure 14).

9 Black and Latino homeowners are at higher risk of falling behind on their mortgages and potentially going into foreclosure than Illinois homeowners overall.

Latino homeowners (28%) are nearly twice as likely as Illinois homeowners (15%) overall to lack confidence in paying next month’s mortgage, while Black homeowners (21%) are 40% more likely than the Illinois average to lack confidence in making their next mortgage payment (see Figure 15).

10 Latinos were more likely to use credit and spend savings or sell assets than the Illinois average, suggesting that Latinos will exit the pandemic-related recession on shakier financial footing than before (see Figure 16).
BOLD SOLUTIONS

The challenges outlined in this report are substantial, and we need bold change at all levels of government in order to advance racial and economic justice. We propose these solutions because they have been identified as promising tools for closing racial disparities. There are many opportunities for advocacy with both federal and Illinois policymakers to advance these solutions. For more on the bold solutions below, see the sections on page 44.

Health

- Everyone should have access to quality, affordable, equitable, and comprehensive healthcare, including mental and behavioral healthcare.
  - The federal government should develop a more comprehensive model of healthcare that is vigorously implemented across the country.
  - Illinois should take every opportunity to ensure coverage for everyone by protecting private and public health insurance programs, and expanding existing programs to the fullest extent to cover every person, including undocumented people.

- We must protect people’s ability to access healthcare coverage regardless of changes in employment.

- We must enact policies that combat racism in healthcare.

Jobs

- All would-be workers should have access to a quality job.
  - The federal government should invest in and implement at scale an equity-centered national subsidized employment program.
  - Illinois can also invest in and implement state-level subsidized employment initiatives that are equitable and inclusive.
  - Illinois should also act to remove “permanent punishment” laws that limit access to employment for people with criminal records, who are disproportionately people of color.

- All jobs should be quality jobs.
  - Policymakers must raise the federal minimum wage to $15 per hour in order to help ensure that all workers earn enough to meet their basic needs.
  - Federal and Illinois policymakers must ensure that all workers have paid sick days, paid family and medical leave, predictable scheduling, and the right to organize.
  - Federal and Illinois policymakers must enforce existing worker protection and safety laws, including educating workers about their rights.
  - Employers in Illinois and across the country should act now to raise worker wages and provide their employees with quality jobs, including paid sick days, paid family and medical leave, and predictable scheduling.
  - Employers should recognize and respond to worker trauma by implementing supportive policies and putting them into practice.
BOLD SOLUTIONS (continued)

Cash Support

- We must find ways to get more cash into people’s pockets. The mechanisms should be as inclusive, efficient, accessible, and as automatic as possible.
  - Policymakers should expand and modernize the earned income tax credit, child tax credit, and tax credits for caregivers at both the state and federal levels.
  - We must build on existing research to learn how to structure and advocate for cash support strategies that most effectively provide relief and advance race equity.
  - The federal government should establish a permanent direct cash system or guaranteed income. Any direct cash system must be unconditional.

Wealth and Assets

- We must close the wealth divide between White households and Black and Latino households.
  - The federal government should create a national baby bonds program, which would provide every child born in the U.S. with a trust account.
  - Policymakers should cancel debt and eliminate wealth stripping. At the federal level, this includes cancelling at least $50,000 in student loan debt for households with incomes less than $250,000 and establishing a national 36% interest rate cap on all loans.
    - At the state and local level, this includes establishing a statute of limitations on collecting fines and fees debt and canceling uncollectible debts owed by low-income families for regressive fines and fees such as parking and compliance tickets.
1. **Stay informed about these issues and policies.** Talk to your neighbors and friends about what systemic issues they find challenging. Rely on unbiased, well-sourced media outlets to provide updated information to you on a regular basis. [Explore the data](#) about how the pandemic has harmed Illinoisans of color.

2. **Urge your elected officials to prioritize and lead on these policy solutions.** For the ones that Heartland Alliance advocates on, [sign up for our Research & Policy mailing list](#) to stay updated on advocacy opportunities.

3. **Advocate for fair policies and practices in your own workplace.** These might include living wages, paid leave, health insurance, and retirement benefits. These might also include improvements to workplace quality and mental health supports for trauma.

4. **Employers could also consider providing additional benefits** like financial assistance for tuition or student loans, access to emergency cash, and contributions to employees’ children’s savings accounts, which ideally should all be progressive – with more assistance provided to employees with lower wealth or salaries.

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**WHAT CAN I DO?**

- **Stay informed**
- **Urge your elected officials to prioritize and lead on these policy solutions**
- **Advocate for fair policies and practices in your own workplace.**
- **Employers could also consider providing additional benefits**
In this section, we define “young” as age 20 – 29, “adult” as age 30 – 69, and “older” as age 70+. While this varies from the age definitions in the Household Pulse Survey data, it is due to limitations in the COVID-19 surveillance and mortality data.

**Black and Latino people are experiencing a disproportionate toll from the COVID-19 pandemic.** Our data below show that in Illinois, Latino people comprise a disproportionate share of COVID-19 cases and Black people a disproportionate share of COVID-19 deaths. Black and Latino people also experience more severe cases than White people. As of July 2020, nationwide data show that age-adjusted hospitalization rates were about five times higher for Black, Latino, and American Indian/Alaskan Native people than White people.³

Black and Latino Illinoisans experienced a larger than average increase in deaths in 2020. The number of deaths for Latinos increased by 81% in 2020 compared to the average number of deaths from 2015 – 2019, while deaths for Black people increased by 41% and deaths for Illinoisans overall increased by 27%.⁹ While COVID-19 was the cause of death for most of these “excess deaths,” the virus was not the explicit cause of death for approximately one-third of them. Those cases could represent undiagnosed COVID-19 cases or people with chronic health conditions who avoided or delayed seeking care. Early data on the increase in gun violence (primarily in Chicago) in 2020, as well as a marked increase in opioid-related overdoses,¹⁰ may contribute to the growth in excess deaths as well; both of these trends primarily impact Black and Latino Illinoisans.

**Conditions produced by racist systems and social structures contribute to the higher risk faced by Black and Latino people.** As described in the next section, racial disparities in access to quality, culturally competent healthcare contributed to higher rates of chronic disease among Black and Latino people and raised their risk of COVID-19 complications and mortality. Black and Latino people face inequitable outcomes for social determinants of health—that is, conditions in the places where people live, work, and play that affect health outcomes.¹¹ Inequities in social determinants of health, such as poverty, the built environment, food insecurity, employment conditions, housing overcrowding, and exposure to neighborhood pollutants, can affect exposure to COVID-19 and worsen chronic health conditions that exacerbate COVID-19 severity (such as diabetes).¹²

One critically important risk factor for COVID-19 is employment conditions. Workers who could not work remotely have had worse respiratory health and higher perceptions of COVID-19 risk than remote workers during the pandemic.¹⁴ Latino workers are overrepresented in industries that are considered essential, like construction, food and agriculture, and medical assistants.¹⁵ Black workers are also more likely than average to work in public-facing, essential industries, like healthcare support services, personal care, and food preparation.¹⁶ The employment conditions for Black essential workers raise the risk of being exposed to and dying of COVID-19,¹⁷ a deeply traumatic experience that has ripple effects across communities that are already caught in a cycle of poverty, trauma, and community violence.¹⁸ In one industry in the U.S.—meat and poultry processing—over 16,000 workers were infected with COVID-19, and 87% were people of color.¹⁹ In Chicago, health and safety workers are more likely to be female and Black, and labor and customer service workers are more likely to be Latino; workers in all of those jobs face high health risks.²⁰

Black people are also overrepresented in jails and prisons—congregate living settings that have experienced COVID-19 outbreaks due to difficulties practicing social distancing and hygiene measures in crowded institutions.²¹
In 2019, 54.8% of people in Illinois prisons were Black, compared to 13.8% of the Illinois population. Nearly 11,000 people in Illinois prisons contracted COVID-19—that's 1 in 3 Illinois prisoners, an infection rate three times as high as Illinois overall. Nearly ninety people in Illinois prisons have died from COVID-19. Given both the disproportionate rate of Black people in prisons and the risk of COVID-19 transmission in prisons, it raises the risk that people released from prison could bring the virus back to communities of color. This disproportionate representation of Black people in the criminal legal system springs from the same systemic racism that produced the disproportionate health and economic outcomes described throughout this report. For more on this topic, read Heartland Alliance’s 2020 signature report, “Never Fully Free: The Scale and Impact of Permanent Punishments on People with Criminal Records in Illinois.”

It is important to note that a substantial percentage of the data on COVID-19 cases are missing information on race/ethnicity. Among the data reported by the Illinois Department of Public Health (IDPH), 28% of cases were missing race/ethnicity data, while 46% of the Illinois case data reported to the Centers for Disease Control have missing or unknown race/ethnicity data. Data on deaths from COVID-19 have more information about race/ethnicity: only 3.4% of IDPH data on deaths from COVID-19 are missing race/ethnicity. The broad gaps in data coverage mean we cannot fully understand the true size of racial disparities in COVID-19 infection rates. This is of particular concern for smaller racial/ethnic groups, such as Asian Americans and American Indians and Alaskan Natives. The Urban Indian Health Institute gives Illinois a C+ on COVID-19 data quality for American Indians and Alaskan Natives. Without these race/ethnicity data, policymakers cannot make informed decisions about how to target virus prevention, treatment, education, vaccination, and outreach resources, potentially deepening existing racial and ethnic disparities in COVID-19 mortality and morbidity.

LATINO ILLINOISANS

Latino Illinoisans are getting infected with COVID-19 at disproportionately high rates. While Latinos make up around 16% of the Illinois adult population, they represent one-quarter (25.6%) to one-third (33.4%) of cases of COVID-19. Young Latinos are at a particular risk of contracting COVID-19. Young Latinos are 2.1% of the Illinois adult population and 3.8% of COVID-19 cases, a rate 1.8x higher, while young Latinas are 1.8% of the Illinois adult population and 4.4% of COVID-19 cases, a rate 2.5x higher. In fact, young Latina women have the highest disproportionality rate of any demographic group in our analysis (see Figure 17).

Latinos comprise a similar proportion of COVID-19 deaths as their percent of the Illinois adult population. However, when the death rates are adjusted for differences in age distributions across racial/ethnic groups, Latinos make up the largest proportion of COVID-19 deaths (37%, a rate over twice as large as the percent of the adult population who is Latino).
Latino people in Illinois were less likely than the rest of the state to be able to switch all or some of their usual in-person work to telework. This means Latino people's jobs may be putting them at higher risk of contracting COVID-19. Thirty-one percent of Latinos said that at least one adult in their household substitutes some or all of their typical in-person work for telework because of the COVID-19 pandemic. The overall Illinois rate is 39%. **Young Latino men** have the lowest rate of any working-age demographic group in our analysis, with just 27% saying that at least one adult in their household can telework (see Figure 18).

![Figure 18](image)

**38% of Illinoisans had an option to telework**

Black Illinoisans are dying from COVID-19 at disproportionately high rates. While Black people make up about 13% of the Illinois adult population, they represent 18.4% of COVID-19 deaths as of February 12, 2021. **When adjusted for age, the disparities in death rates for Black people are even larger.** Thirty-two percent of age-adjusted deaths from COVID-19 are Black people—more than double their adult population percentage.

While Black people in Illinois overall contract COVID-19 at a rate that is proportionate to their percent of the adult population, **young Black women contract COVID-19 at disproportionately high rates (1.9x higher than the percent of adult Illinoisans who are young Black women)** (see Figure 19).

Black people in Illinois were less likely than the rest of the state to be able to switch all or some of their usual in-person work to telework. This means Black people's jobs may be putting them at higher risk of contracting COVID-19. Just 31% of Black people said that at least one adult in their household substitutes some or all of their typical in-person work for telework because of the COVID-19 pandemic. The Illinois rate is 39%.
The COVID-19 pandemic illustrates how disinvestment in basic healthcare services in Black and Latino communities resulted in a system that could not meet needs during a health crisis. Kells, a 21-year-old Black Chicago native, knows this all too well. After losing one grandparent to COVID-19 and nearly losing another to the virus, Kells experienced the loss of her child during birth. She feels like COVID-19 prevented her from receiving appropriate care during her health emergency.

Kells grew up with her large extended family on the far South Side of Chicago. Despite having a large family, Kells found herself experiencing homelessness alongside her partner at the onset of the pandemic. She was also several months pregnant.

“With me being homeless and me not wanting to get my grandmother really, you know, infected and stuff, you know, to keep her safe if I stayed away from her. And that was pretty hard to do because she don’t have a phone, like we do. She only got a house phone. So she couldn’t do video calls, you know?”

Kells was distraught when she learned that, despite her efforts, both her paternal and maternal grandmothers became ill with the virus. While one of Kells’s grandmothers recovered, her other grandmother died of the virus. Due to hospital restrictions on COVID-19 patients, Kells was unable to visit either of her grandmothers during their hospitalizations.

“You can’t see them. You can’t see them. Like, that’s what really hurts me. You can’t see them. Like, what to do? And next thing you know, the next time you’re really seeing them is at the funeral…”
Soon after her grandmother’s passing, Kells found herself in the hospital due to pregnancy complications. Despite not being a COVID-19 patient, she was not allowed to have visitors. Even her mother, a nurse at the hospital that Kells was admitted to for treatment, was denied access to her hospital room during her two-week bedrest.

“Yeah. Mama, she just couldn’t come see me, no visitors. She couldn’t come visiting me. Even though she’s a nurse doctor, you know, she was a nurse, she couldn’t come see me.”

Kells was eventually released from the hospital; however, her pregnancy took a turn for the worse. Her water burst, prompting a return to the hospital. After admitting her for nearly 3 days, the hospital sent her home.

“They released me because so-called COVID. They can’t have too many patients there or whatever they were saying, giving me a whole bunch of roo-rah run around and I wasn’t really thinking at the time, but now that I’m thinking they should never sent me home; [my] water bag was busted.”

Kells continued to plan for the arrival of her child. However, after her release, Kells awoke in pain during the middle of the night—she was hemorrhaging.

“It took the ambulance too long to get to me; it took them about 10 minutes or more to get to me. The hospital had me sitting in that waiting area for that long, waiting on them to get me transported upstairs. They were blaming everything on COVID. They were saying it was understaffed. They waiting for somebody to transfer me up…I was in that waiting room in pain and labor for about 15 minutes.”

Kells estimates that 20 minutes passed after her transfer to a hospital room before a doctor was available to help deliver her daughter and treat the hemorrhaging. Tragically, her infant passed away immediately after birth.

“I’m thinking about how life is going to be with me and my baby. It’s like, I wasn’t really thinking about anything else but that—for her not to really make it, it really hurts. You know, it hurts, and it’s pissing me off cause the doctors and ambulance, people want to blame everything on COVID, everything is COVID’s fault. COVID, COVID like, I feel they just choose COVID as an excuse, you know? It was just crazy. Cause COVID out of all years decided to come last year.”

Kells quietly reflects, “You know, if you ask me, I’m definitely ready for COVID to leave.”

DATA NOTE
In the following sections, unless otherwise noted, we define “young” as age 18-24, “adult” as age 25 – 64, and “older” as age 65+. “Latino” includes people of any race who identify as Hispanic, Latino/a, or of Spanish origin, while “Black” includes non-Latino people who identify as Black. The data were collected between August 19, 2020 – December 21, 2020. For more information, see the methodological appendix.
Healthcare access is an essential piece of the puzzle for eliminating disparities in health outcomes like the ones described above. In the U.S., having health insurance is an important indicator of healthcare access. Historically, people of color have been uninsured at higher rates than White people; since health insurance is closely tied to employment, racial employment disparities translate into racial insurance coverage disparities. The Affordable Care Act (ACA) made substantial gains in reducing insurance coverage gaps. Under the Trump administration, however, the historic gains in insurance coverage declined as a result of attempts to undermine the ACA. For some groups—notably, Latinos—insurance coverage disparities persisted even after the roll-out of the ACA, likely in part because undocumented people were not qualified for ACA plans. In 2019, 16.3% of non-elderly Latinos in Illinois were uninsured, a rate 2.8x higher than the percent of non-elderly White people who are uninsured (5.9%). In 2020, Illinois was the first state in the nation to expand Medicaid coverage to low-income seniors who were previously ineligible due to their immigration status. 10.2% of non-elderly Black Illinoisans were uninsured, which is 1.7x higher than the White non-elderly uninsured rate.

Access to healthcare matters—but access alone is not enough to produce equitable health outcomes. Accessible healthcare must also be affordable, high quality, and culturally competent. Unfortunately, research shows that Black, Latino, and American Indian/Alaskan Native people are more likely than White people to have barriers to care and to experience poorer quality of care. Combined with an extensive history of racial discrimination in medical research and care, insufficient access to quality care leads to a lack of trust in the healthcare system and worse health outcomes among people of color. Black mothers are 3.2x more likely to die due to pregnancy than White mothers. Most pregnancy-related deaths are preventable. And infant mortality rates for Black babies are 2.3 times higher than for White babies. Black and Latino people also have higher prevalence of health conditions that raise the likelihood of serious COVID-19 complications, such as cancer, lung disease, diabetes, kidney disease, and obesity—disparities that cannot be disentangled from how racist societal structures harm Black people’s social determinants of health and access to care.

Heading into 2020 and the onset of the COVID-19 pandemic, hundreds of thousands of Black and Latino Illinoisans were suffering because of poor healthcare access and quality. The pandemic deepened that suffering, resulting in loss of life and negative health consequences for years to come.
### LATINO ILLINOISANS

Latinos are uninsured at a rate (20%) twice as high as Illinois overall (10%). Young Latino men have particularly high uninsured rates, with nearly half (45%) lacking health insurance (see Figure 20).

Latinos delayed medical care due to the pandemic at similar rates as the rest of Illinoisans. 36% of Latinos delayed medical care in the past 4 weeks due to the pandemic, compared to 33% for all Illinoisans (see Figure 21). Young Latina women were substantially more likely than Illinoisans to have delayed medical care because of the pandemic (64%).

![Figure 20](image)

**Figure 20**

<table>
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![Figure 21](image)

**Figure 21**

<table>
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<th>Delayed Medical Care Rate</th>
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<tr>
<td>Latino</td>
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<td>38.5%</td>
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<tr>
<td>Young Latina women</td>
<td>63.7%</td>
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</table>

### BLACK ILLINOISANS

Similar to the rates for all Illinoisans, about 1 in 3 Black people delayed medical care during the past 4 weeks due to the pandemic and 1 in 10 Black people lacked health insurance. Black people were not significantly different from the rest of Illinoisans in delaying medical care during the past 4 weeks due to the pandemic (30% for Black people, 33% for all Illinoisans), nor was there significant difference in uninsured rates (11% for Black people, 10% for Illinois). Given the persistent disparities in quality of care received by Black people, this finding does not necessarily mean that Black Illinoisans have equitable access to high-quality healthcare that meets their needs.
Mark is a 56-year-old Black outreach worker for Heartland Alliance. As an essential worker during the pandemic, Mark struggled with anxiety prompted by working in an environment where he was at high risk for contracting COVID-19, as well as the social isolation of sheltering in place.

“Socially [I am] very isolated, kind of set apart from many people that I’ve been around and been used to being active and engaging in social activity. Fellowship in general, that’s all been kind of, for the most part, just shut off. There’s social media, which helps a whole lot. Zoom is fantastic. It’s done a lot. But just me personally, just real kind of isolated.”

A lifetime Chicagoan, Mark is a self-described “outreach” kind of person. It is consequently of no surprise that he is a career outreach worker serving Chicago’s homeless population on the North Side, work that he continued to pursue despite the high likelihood of COVID-19 exposure.

“I’m still working the whole time. I’ve went from outreach slash case management, slash engagement, to assisting the vaccine crew—our medical chain that started two weeks ago.”

Due to the increased risk of contracting COVID-19 from his outreach work, Mark’s work hours were reduced with no option for overtime.

“It took it from 110% where it only required a potential 65%. And that was just about being safe and cautious. It took it to that point, but I’m still engaging.”
Despite the adjustment to his work hours, Mark has been able to stay afloat financially. Others in his circle, however, have not experienced the same outcome.

“Real good friends, where [financial problems] didn’t affect me to that degree, it affected them. And so, when I would receive those calls, I would help them. They were waiting for [layoffs] to eventually happen. I helped a few of my friends during their struggling periods.”

As a result of helping his friends, Mark felt a pinch in his personal finances—but to him, it was a small price to pay to help his friends already embattled by a pandemic coupled with an economic recession.

“[Providing] assistance? Very challenging. Just the fact that…we have anywhere from 10 to 15 years of history. I didn’t think seconds about it. But it affected me too because it was like, well, okay, fine, I’m trying to help them. It brings my bottom line down, but that’s okay. I’m trying to help them, but still it affects me, in a degree if it did, because I was willing to share.”

Mark is thankful that he was able to continue working. Earlier in the pandemic, however, he had to leave work a few times because he did not feel safe.

“A few times, I felt as though I was in a situation that wasn’t safe. That’s been very few times, though, that I’ve chosen to leave.”

He explained how COVID risk in the workplace affected his mental health.

“It was a paranoia at one point, I was just paranoid. I was okay when I came in my door, but usually when that went outside of it, it started from there… I really didn’t want to come out, but I had to come out because work was still in existence. And I had to come to terms with that.”

As his workplace took steps to provide more PPE and automate much of the intake process, Mark began to feel more at ease. He also received both doses of his COVID-19 vaccine. However, Mark is still cautious.

“Sure, it does [help with feeling safer], but still, that precaution. I still have to be cautious when moving around still. Yeah, I still do.”
The mental health impact of the pandemic has been substantial. Prolonged isolation from lockdowns has taken a toll, especially for those who had mental health conditions beforehand. Rates of anxiety and depression were much higher in April – June 2020 compared to the previous year.\(^4^4\) 1 in 4 people age 18 – 24, nearly 1 in 5 Latinos, and more than 1 in 7 Black people reported seriously considering suicide in June 2020.\(^4^6\) While it is estimated that Black and Latino people experience mental health and substance use disorders at similar rates as the general public, they are less likely to receive treatment.\(^4^7\) In addition, stressors related to the pandemic-induced recession—such as job loss, insufficient food, and housing insecurity—negatively impact mental health and raise the risk of substance use disorders and suicides.\(^4^8\) Notably, these economic stressors are disproportionately experienced by Black and Latino Illinoisans. Many people also started or increased use of alcohol and other substances during the pandemic, with many states reporting an increase in opioid fatalities.\(^4^9\) Cook County experienced the highest recorded number of opioid-related fatalities in 2020, with Black and Latino people—especially men—making up a disproportionate percent of the deaths.\(^5^0\) People experiencing depression and anxiety during the pandemic are more likely to delay needed medical care,\(^5^1\) meaning that poor mental health could exacerbate physical health problems as well. Many mental and behavioral health services suspended operations, or moved operations to virtual settings, during the pandemic, which may have been prohibitive for some people.

**LATINO ILLINOISANS**

**Latina women under age 65 are experiencing concerning mental health challenges during the pandemic.** Overall, Latinos were not significantly different from all Illinoisans in the percent showing signs of either major depressive disorder or generalized anxiety disorder (41% for Latinos, 39% for all Illinoisans). However, Latinas displayed symptoms of depression and anxiety at higher rates than the Illinois average, especially young Latina women (61% compared to 39% for Illinois) (see Figure 22).

**At the same time, Latina women were not getting the help they needed for their mental health.** Again, Latinos overall were not significantly different from Illinois in the percent needing but not receiving counseling or therapy from a mental health professional in the past 4 weeks, for any reason (11% for Latinos, 10% for Illinois) (see Figure 23). But young Latina women were 3.5 times as likely as the Illinois average to need but not receive counseling or therapy.
BLACK ILLINOISANS

Adult Black women had slightly higher rates of depression and anxiety than the state average (44% for adult Black women, 39% for all Illinoisans) (see Figure 24). Black people had comparable rates as the rest of Illinois of needing but not receiving counseling or therapy from a mental health professional in the past 4 weeks, for any reason (11% for Black people; 10% for all Illinoisans). Black people also had comparable rates as the rest of Illinois of showing signs of either major depressive disorder or generalized anxiety disorder (40% for Black people, 39% for Illinois).

Figure 24

38% of Illinoisans displayed symptoms of depression and anxiety

- Black: 40.3%
- Adult Black women: 43.7%
- Adult Black men: 44.3%
- Older Black women: 32.5%
Veronica is a 23-year-old Black mother of two young children under the age of 5. A survivor of human trafficking, she depends on therapy sessions to help her navigate her past trauma. Therapy is her primary form of self-care as she raises her children and works toward economic stability. The arrival of COVID-19 interrupted Veronica’s access to mental healthcare and restricted her ability to secure gainful employment, adding to the stress of child rearing during a pandemic.

“See, the therapist is like my friend, cause I don’t trust anybody. Like, you know, I don’t trust females and stuff. Cause I think every female is trying to recruit me, so it’s hard for me to make friends, you know? So, like the therapist is like my friends to talk to. Cause I know that she won’t hurt me.”

Prior to the start of the pandemic, Veronica received in-office therapy through a local non-profit on the North Side of Chicago. However, at the onset of COVID-19, the organization switched their therapeutic services to an online format, which Veronica found to be difficult to attend.

“There is no more meeting in person at all. Like I missed two days. When I called my therapist the other day, she was like, ‘You’re restricted for three, six months or something because you miss three schedules.’ I didn’t know that they restricted people.”

Veronica explains that she missed her scheduled therapy sessions because of the lack of childcare available due to a COVID-19 outbreak at her children’s daycare.

“I can’t do stuff during the day that I want to do, like go to therapy and stuff. Just like so many things, like go to therapy online if I wanted to, because my kids are just being noisy and it’s just like, so many different things that it interferes with.”

Veronica hopes to find a new daycare; however, she says that because her childcare is provided through the Illinois Department of Human Services, in order to “move them over [to a new daycare], I need a paper from TANF.”
Additionally, the daycare is continuously losing workers due to what Veronica attributes to COVID-19, contributing to her distrust of the facility with her children, especially as her son suffers from severe asthma.

“So many teachers left as well. You know, they’ll hire anybody honestly. I’m just like, you know what, it’s really time to move my kids out because I’ve been seeing a lot of young girls working here and they don’t even have credentials or anything, but they need workers I’m guessing. And it just, I just, I don’t know, like this is irritating cause now I gotta see how I’m gonna get a voucher from the DHS, you know?”

Veronica also shares that the lack of childcare options is wearing on her mental health.

“Like with my daycare hours, you know, I deal with like anxiety and worry and stuff and them not being able to go to daycare sometimes. Cause you know, I don’t have family to really keep them because they’re small. And so the daycare hours was really like helpful for me.”

The effects of limited childcare options have also taken a toll on her education goals.

“Me not being able to take my kids to daycare—my main goal this year was to complete my GED and stuff. It’s just like, it causes me a lot of anxiety and stress and frustration.”

Adding to her frustration, Veronica is desperately searching for employment. Despite being hired, the employer was unwilling to be flexible around her need for adjustable scheduling around her childcare needs.

“I actually got a job at the Cook County. I got a job, they took a picture of my ID and everything. And she said that I needed to be there from eight to five. You know, my kids get out at five and they get picked up at eight and I tried to talk to her and she was just like, no, I’m sorry. We were limited people during the Coronavirus.”

Throughout the pandemic, Veronica has been making ends meet through basic assistance programs including TANF, LINK, and Medicaid. She is thankful for the programs; however, she feels they could do more to support families with young children during the pandemic.

“They got resources. They can be mailing out a pack of resources for us. That’s why people are on TANF. That’s why people are assigned caseworkers. The caseworkers could keep in touch some time and say, ‘Oh, I just was trying to check on you to see how you were doing. I know, it’s the pandemic going on. Do you need any help with anything?’

In addition to more outreach, Veronica feels that TANF in particular could do more to help clients find long-term employment during the pandemic.

“I really want a stable job, you know, because they have, they can partner up with people—put me in a CNA program or something like, you know something permanent…. I will really appreciate if TANF will help me find a job within my daycare hours. And like, they can really help me with some of their resources. I know that I’m 23 years old, but sometimes I, you know, some people don’t know how to get to those resources. That’s why TANF stands there in the middle so that they can tell you. So I just wished TANF will help me. I will work a job. I will keep a job if I had a job during my kids’ daycare hours, you know?”
Food insecurity, defined here as respondents who said their households sometimes or often did not have enough food to eat in the last 7 days, has gotten worse during the pandemic. In April and May 2020, food insecurity rates in Illinois were about 2.9x higher than February 2020. The vast majority of this increase is due to high unemployment levels, underscoring the need for a strong safety net to maintain food access during times of crisis. Indeed, as COVID-19 relief benefits expired, food insecurity went up nationwide. More than 1 in 5 low-income adults nationwide said in September 2020 that they sought food from charitable sources in the past 30 days.

The Supplemental Nutrition Assistance Program (SNAP) plays a critical role in reducing food insecurity and alleviating poverty, but it does not reach everyone in need of nutrition support. The number of households enrolled in SNAP in Illinois increased by 25% from February 2020 (before the pandemic) to January 2021.

Before the pandemic, Black and Latino people already experienced higher than average rates of food insecurity, particularly for women-headed households. Households with a non-citizen family member experience higher rates of food insecurity during the pandemic. A contributing factor is the lack of access to healthy food in communities of color. These disparities persist during the COVID-19-related recession.

Food insecurity can have serious negative effects on people’s health, including putting people at higher risk of HIV, type 2 diabetes, cardiovascular disease, hypertension, and more. Many of these diseases are also risk factors for COVID-19 complications. Food insecurity not only worsens one’s overall health and quality of life—it can also increase one’s risk for contracting COVID-19.

**BLACK ILLINOISANS**

Black people are more likely than the Illinois average to experience food insecurity. Black people’s households are twice as likely as the Illinois average to have been food insecure in the past week (20% of Black people’s households compared to 11% of Illinois respondents’ households). This disparity is consistent with nationwide figures. Nationwide, Black people report not being able to afford food as a primary reason for food insecurity.

SNAP helps 1 in 5 of Black people’s households put food on the table (compared to 9% of Illinois respondents overall). However, while adult Black men’s households experience food insecurity at a similar rate as adult Black women (both are 24%), adult Black men use SNAP at a lower rate (27% of adult Black women compared to 17% of adult Black men) (see Figure 25).
A disproportionate percentage of Latinos are struggling to have enough to eat during the pandemic. 17% of Latinos were food insecure in the past 7 days, compared to 11% of Illinoisans overall (see Figure 26).

While 17% of Latinos in Illinois experienced food insecurity in the last week, only 12% used SNAP in the past week, suggesting that nutrition supports are not reaching enough Illinois Latinos experiencing food insecurity. Adult Latina women used SNAP at higher rates than Latinos in general (18%).
Jessica, 42, was born in Ecuador and considers Chicago her home after living here for over 18 years. She is a wife, a mother of two teenagers, and makes her livelihood by working as a nanny. She is a participant of Heartland Alliance’s Refugee & Immigrant Community Services (RICS).

Having no safety net to rely on because of their legal status, Jessica and her husband used most of their personal savings to make ends meet after they both lost their jobs during the pandemic.

“[I]n mid-March [2020], all of this began. I stopped working. My husband stopped working too. The children were staying at home…. To say the truth, all the stress began, because for almost three, four months there was no income because we both had to stop working. [W]e had savings and that was what really helped us because no other help came from anywhere else, there was no other way. We had to resort to what we had saved.”

Along with over 10-12 million undocumented immigrants who currently live in the U.S., Jessica and her family were completely left out of government assistance programs designed to help those struggling the most during the pandemic.

“I couldn’t opt for unemployment because I don’t qualify for it because of my immigration status. [W]e tried to apply to [other programs, where] there was help for housing…[that] was also available for people who were undocumented or immigrants. But we were not favored because it was like a lottery.”

The only government benefits that Jessica was able to access were benefits for which her children (both U.S. citizens) were eligible. Even as citizens, though, the process of applying for and obtaining basic assistance was difficult and took a long time.
“Outside of medical aid, [my husband and I] are not eligible [for any government assistance], as I told you, due to our legal status. For my children yes, because they are American citizens…we were able to get some help because they were not getting their lunch. And so that money that was not going to the schools were given to parents to help with the daily needs of our children while they spend time here at home. But it was very difficult, it was very difficult to receive those benefits and it took over three months of calling and answering calls…I had heard in the news that the help was going to be given every month until the children were done with school. But I only received it for one month and then they did not make any deposits again.”

When Jessica and her husband returned to work around June of 2020, they faced new challenges. Her husband’s hours were shorter, resulting in lower pay. When he became sick with COVID-19, Jessica became the only breadwinner in her household, forcing her to make a difficult choice: should she stay home to quarantine and care for her family, or continue going to work to care for the children that she nannied so that her family would not lose their housing?

“Well, I think it’s been very, very exhausting, all of this... This disease, as I told you, infected my husband… and when he got home, he infected my daughter and it was very stressful, because at that time I had already returned to work, so I did not want to bring this disease to the family with which I was working but I also knew that I could not stop working because they were also working and needed me. Then it was very difficult to try to stop the disease from spreading, so that the others that were living here did not get infected. My son and I didn’t get it. My husband got infected, then he infected my daughter. So, I tried to get the disease to not leave our home…”

When reflecting on the resources that she wished she had and would help her communities most during this time, Jessica advocated for more information about the pandemic and for a vaccine that was accessible to all.

“I think we should have more information about the disease itself. Learn more about the vaccine. More information about the places where one can go to access these things. Whether it’s for testing or getting vaccinated, or for any kind of doubt you have…there are no resources for one to become educated. There are many people who don’t qualify for unemployment or the stimulus check. There are a lot of people who have not returned to work and it is a little harder for them suddenly, because of their immigration situation or because they are afraid, therefore I think there should be more information about where one could go, if they have any kind of need, whether it be financial, economic or medical.”

She also advocated for systemic changes to make resources and basic assistance programs accessible to everyone who needs them.

“There should be a change in the system, so that one can actually access the aids being offered, because accessing them is very difficult.”
People living in Illinois and across the United States are facing an overwhelming employment and economic crisis as a result of COVID-19. In March 2021, slightly over 11% of people in the United States were experiencing unemployment, including those who want to work but have given up looking for jobs, and people who are working part-time but want full-time work. Nearly a year into the pandemic, unemployment claims are nearly 16 million above their pre-pandemic levels. In the week ending February 27, 2021, another 1.2 million people applied for unemployment insurance benefits. Research indicates that many of the job losses resulting from the COVID-19 pandemic are permanent.

Our data show that Black and Latina women are experiencing particularly high economic burdens. While 45% of Illinoisans have lost income from employment since the beginning of the pandemic, 64% of young Black women, 63% of young Latina women, 62% of adult Black women, and 60% of adult Latina women have lost income from employment. The unemployment rate for Latina women in Illinois quadrupled from 2019 to 2020—the largest increase of any racial/gender group. In 2020, 1 in 6 Black men were unemployed. Nearly half of young and adult Latina women, and 38% of adult Black women, expect someone in their household to lose income in the next month, compared to 27% of Illinoisans.

As a result, Black and Latina women are struggling to make ends meet: 3 in 4 (77%) of young black women, 59% of young Latina women, and adult Latina women and 52% of adult Latina women reported that their household had difficulty meeting their usual household expenses in the past 7 days.

Women, especially those who are mothers, have faced employment instability during the pandemic. In September 2020, four times as many women dropped out of the labor force as men; in December 2020, all of the jobs lost nationwide were jobs held by women. Since mothers are more likely to be primary caregivers, they’ve often borne the responsibility of childcare when schools and childcare facilities are closed during the pandemic. In a nationwide survey of working parents, 60% of those who have lost jobs because of lack of childcare were women. This becomes particularly challenging when one’s job is not set up to allow telework: mothers may have to make the difficult choice between keeping their job and caring for their child, or may have to reduce work hours to balance their responsibilities. Mothers leaving or reducing engagement with the labor force could have an estimated $64.5 billion per year impact in the form of lost wages and economic activity. Women’s job losses during the pandemic appear to be more persistent than men’s. Mothers of elementary school-aged children have regained just 45% of jobs lost.

The majority of jobs lost in the crisis have been in industries that pay low wages. Women of color are already disproportionately represented in these industries that also lack key benefits and have irregular work schedules, some of which are considered essential industries. This means they are at a high risk of unemployment or underemployment due to the pandemic’s impact on their industry or the difficulty of balancing family responsibilities when supports (such as childcare) disappear. Indeed, early job losses during the pandemic-related recession most affected women of color,
who are overrepresented in the service industries—a departure from past recessions. Mothers of color lost even more work hours, and are less likely to have backup childcare, than White mothers during the pandemic. While childcare was already more unaffordable for people of color before the pandemic, supply is even more limited now in the face of childcare facility closures and social distancing measures. With women of color often being the sole or primary breadwinner in their household, their employment instability is likely to have devastating effects on their entire family. The employment losses for women of color are likely to exacerbate already-existing income and wealth gaps. For every dollar earned by White men in Illinois in 2017, Latina women earned 50 cents and Black women earned 63 cents. Workers who could not shift their employment to remote work were also at higher risk for unemployment than remote workers. Nationwide, 24% of non-remote workers lost their jobs by early April 2020, compared to 8 percent of remote workers. The job losses were highest for low-income non-remote workers, deepening existing income disparities. As described in the section “COVID-19 Risk, Cases, and Deaths,” people of color in Illinois were less likely than the state average to be able to shift to remote work.

Young people were hit hard by the COVID-19 pandemic as well. From spring 2019 to spring 2020, unemployment rates for youth age 16 – 24 increased from 8.4% to 24.4% nationwide. Young Black and Latino workers had unemployment rates that were even higher (29.6% and 27.5%). In Chicago, workers in entertainment and sales—occupations that saw high job losses—are more likely to be younger. These disruptions to young people’s careers can be a lifelong damper on earnings.

Black Illinoisans

Black people in Illinois are experiencing serious financial strains due to losing employment during the pandemic. The unemployment rate for Black Illinoisans in 2020 was the highest of any racial/ethnic group (14.4% compared to 9.1% for Illinoisans overall). Over half (56%) of Black people’s households in Illinois have lost income from work since March 13, 2020 (see Figure 28). That’s compared to 45% of Illinois respondents’ households. Many Black Illinoisans expect the hardship to continue: over 1 in 3 (36%) Black people expect someone in their household to experience a loss in employment income in the next 4 weeks due to the COVID-19, compared to 27% of Illinoisans (see Figure 29).
While unemployment rates have fallen since the start of the pandemic, unemployment has remained persistently high for Black workers. Nationwide, the unemployment rate for White workers rose from 3.1% in February 2020 to 14.2% in April 2020, and then decreased to 7% by September 2020. Meanwhile, unemployment among Black workers started at 5.8% in February 2020 and rose to 16.7% in April 2020. By September 2020, 12.1% of Black workers nationwide were still unemployed.

These developments come at a time when our state had just made progress on reducing poverty for Black Illinoisans. Now, over half (52%) of Black Illinoisans are struggling to make ends meet. In particular, working-age Black adults (age 25 – 64) and Black women in Illinois age 18 – 64 are experiencing financial distress.

Unemployment insurance is playing a critical role in meeting the financial needs of Black people who have lost jobs amid the pandemic. One in five (21%) Black people used money from unemployment insurance (UI) payments to meet spending needs, higher than the 13% of Illinoisans who have used UI to meet spending needs (see Figure 30).
**LATINO ILLINOISANS**

Latinos in Illinois were hit hard by job losses during the pandemic. Unemployment rates for Latinos skyrocketed from 2019 to 2020, more than tripling over that time (3.6% to 12.0%)—the highest growth in unemployment rate of any major racial/ethnic group. More than half of Latinos’ households have lost income from employment since March 13, 2020 (57%), compared to 45% of Illinoisans (see Figure 31). Latinos believe this situation is likely to persist: 41% expect someone in their household to lose income from employment in the next month, higher than the 27% of Illinoisans who do (see Figure 32).

Despite their disproportionate loss of income from employment, Latinos use unemployment insurance at a similar rate as Illinoisans overall—just 14% of Latinos used UI to meet household expenses, compared to 13% of Illinoisans. This suggests that a substantial number of Latinos struggling with employment-related income loss are not getting the help they need. Indeed, half (49%) of Latinos in Illinois are struggling to make ends meet—much more than the 1 in 3 Illinois households overall.

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**Figure 31**

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**Figure 32**

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<td>Young Latinas</td>
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Arturo, 26, was born in Mexico and has lived in Chicago since the age of 14. He joined the Marines after completing his high school diploma and left the military in 2015 due to a knee injury. He is a participant of Heartland Human Care Services’ Supportive Services for Veteran Families (SSVF) program.

Before the pandemic, Arturo was employed at a thriving hospitality business. When the pandemic hit, the nature of his job had to change in order to keep him and his fellow employees safe.

“Before the pandemic, I was working full time at a hotel… I mean, everyday at work, I [had] to tell people to put masks up because they don’t want to put them up. I had to be more strict… a little bit more rude [with] guests. I had to kick people out because they don’t want to put mask on or stuff like that.”

As with many in the hospitality business, Arturo saw a reduction in income as his hours were cut.

“[T]he hotel [was] not making enough profit so they had to cut hours... I mean, basically all my coworkers that were with me for the last six months, they got furloughed. I was the only one that was still staying there, but I [was] only working during the weekends…my hours got [cut], like almost like by half because of the pandemic.”

Eventually, Arturo’s reduced hours turned into a complete job loss. Arturo struggled to pay for food and rent and lost his apartment because he could no longer afford it.

“I ended up losing my job. It was like a domino effect. I mean, by losing my job, I lose money. I couldn’t get enough food or rent [so I] ended up losing my apartment. I ended up homeless for a while and I’m a very proud [person], so I don’t really ask for help. So, I ended up at a homeless shelter at Safe Haven.”
Although Arturo was grateful to have shelter, congregate living during a pandemic had its own set of challenges.

“I was staying [at the shelter] for a few months. There were also the restrictions there because of the Corona…they weren’t letting anybody out the building because of the same thing. And at some point, they started building… medical rooms for people that were like diagnosed or [in] contact with people with Corona.”

To get back on his feet, Arturo used basic assistance and educational and supportive services, including those he accessed through Heartland Human Care Services.

“Well, SNAP, I applied for it when I was at Safe Haven and they gave it to me… Recently I applied for the unemployment, but, I don’t know. I had to talk to them again, call them, cause I guess something [is] messed up in the paperwork… they don’t have anybody like on the phones… So yeah. I mean, I’m not getting [unemployment] right now. Like I applied for unemployment back in the last days of December [2020] and I’m still not getting anything…”

“[T]hey [had] a floor for veterans at the shelter. I [tried] to go there, but I was told I couldn’t… because of my discharge from the military. I have an ‘other than honorable’. So, they told me to go to the VA office… to talk to a social worker. And that’s when I asked him like, what could I do about housing and stuff like that? Because I know the VA has like housing programs. They said the same thing: because of my discharge, I couldn’t apply for those…. That’s when they referred me to Heartland Alliance.”

Arturo also talked about the challenges he’s faced when seeking medical treatment during the pandemic.

“I have some problem with my hearing from when I was in the military. And for example, I’ve been trying to schedule an appointment at the VA to get a diagnosis for my hearing loss. And I haven’t been able to get an appointment because of the same thing… They weren’t taking any patients, new ones, at least… I don’t think they have enough resources or enough manpower right now to actually take care of whoever’s needed to [be] taken care of.”

When asked about the kinds of resources that would help communities most during this time, Arturo advocated for more community resources such as pantries that provide food regardless of legal status.

“A lot of people are losing their jobs or stuff like that. Not everybody’s getting assistance from the government… because of their legal status. I mean, I do feel like some places are really helpful. I mean, I go to the pantry down the street every week regardless, just because it’s a way to save money, but I feel like more pantries will be helpful to the communities because they can provide like more food [to people and help them not] spend the money that they’re barely earning.”
At the time of this report, Congress had authorized three Economic Impact Payments (EIP) of varying amounts, more commonly known as stimulus checks, to provide direct cash assistance and help families weather the economic crisis related to the pandemic. For an eligible household of four with two parents making low wages and filing taxes jointly, they are eligible for a total of $11,400 across the three payments.

Given the substantial economic turmoil described elsewhere in this report that is disproportionately experienced by Black and Latino people, the stimulus payments were a critical lifeline for many. Unfortunately, many Black and Latino people faced significant barriers to receiving their stimulus checks. A national survey estimates that low-income Black and Latino people were 8 percentage points less likely to receive their stimulus checks than low-income White people.90

**BLACK ILLINOISANS**

*Stimulus payments played an important role in supporting Black people during the pandemic-related recession.* Almost a third of Black Illinoisans (29%) used stimulus payments to meet spending needs, compared to 22% in Illinois overall (see Figure 33). Over half (56%) of young Black men used stimulus payments to meet spending needs.91

**LATINO ILLINOISANS**

*Latino Illinoisans used stimulus checks during the pandemic-related recession to meet spending needs.* 29% of Latino Illinoisans used stimulus payments to meet spending needs, compared to 22% in Illinois overall. Young Latina women used stimulus payments to meet spending needs at a high rate (43%) (see Figure 34).92
Housing instability is a risk factor for homelessness. While various levels of government have enacted eviction moratoria to protect people financially struggling during the pandemic from homelessness, they are typically temporary measures that have been extended every one or two months, raising uncertainty about how long protections will last. At some point, moratoria will eventually end and many renters may be on the hook for months of back-due rent. Even with pandemic-era legal protections in place, some landlords are locking out tenants illegally. And, even then, without rental assistance, some landlords may be forced to foreclose.

Even before the pandemic, Illinois renters of color were more likely to be rent burdened than White renters—meaning that they spent more than 30% of their income on rent, putting them at risk of homelessness. These disparities are attributable to the legacy of residential segregation, disinvestment in affordable housing, and ongoing housing discrimination. The COVID-19 pandemic worsened existing housing instability for Black and Latino people, who, in the absence of policy change, may be at significant risk of losing their housing as eviction moratoria wind down.

LATINO ILLINOISANS

Latinos who rent in Illinois are experiencing a disproportionate rate of rental housing insecurity, particularly adult Latina women (half have little or no confidence in paying next month’s rent). Forty percent of Latinos who rent have little or no confidence in paying their rent next month or have already deferred (see Figure 35). That’s compared to 31% statewide. Similarly, fewer Latino renters are caught up on their rent than Illinois renters overall. 74% of Latino renters are caught up on their rent payments, compared to 79% statewide.

BLACK ILLINOISANS

Black renters are facing higher levels of housing insecurity than the state average. Nearly half of Black renters (44%) are not confident that they can pay next month’s rent, compared to 1 in 3 Illinois renters (31%) overall (see Figure 36). Looking at another measure of housing insecurity, just 66% of Black renters are currently caught up on rent, much less than the 79% of renters statewide. Adult Black men are particularly behind on rent, with just 61% caught up.
Alexander is 33 years old and grew up on the northwest side of Humboldt Park. He is a participant of Heartland Alliance’s READI Chicago program and identifies as both Black and Latino.

During the pandemic, Alexander lost his job, struggled to find stable housing, and dealt with the aftermath of seeing many in his community experience the loss of a loved one.

“Many of us lost jobs; many of us got reduced pays; and a lot of us, a lot of death in our family… depending on who’s dead, mood swings happens. So, yeah, I know I’ve been affected, and…I’m back doing what I have to do to make ends meet. Yeah. It impacted me and impacted a lot of people.”

Describing the economic impact that the pandemic had on his life, Alexander talked about a reduction in pay from his employer. He’s had to rely on basic assistance programs, but even with assistance, he is still struggling to make ends meet.

“During the time my checks got reduced, I was getting less money [to] take care of my family, my kids…I was explained that I could get more out of the government, but right now I’m only seeing [food] stamps, no cash benefits or nothing like that. So, I’ve seen a little change that they’re going to give us on there, but not too much.”

Since the beginning of the pandemic, Alexander struggled to maintain stable housing and sometimes has slept in his car in order to keep himself and family members safe from catching the virus.

“My housing situation, I was living with my spouse. She kept me coming with me, leaving me and since COVID, I guess she was more for me to stay ‘cause she, you know, she don’t want me to catch COVID, I believe so. But now I’m back to the same, so okay. You know, I can never say, yeah, I live somewhere. No, I really don’t….I’m really homeless. Anytime she could kick me out.”
“[Being homeless] will put you in a higher risk, but I don’t put myself in that situation. I know it’s COVID, I know family’s gotta be safe. So for me to jump house to house or whatever, that’s why I sleep inside of my car...So I don’t get the blame of this person getting COVID because it’s first time coming over here and he had the COVID and then blames it on you. I don’t have time for that.”

Because of his criminal record, Alexander has struggled to find both stable housing and stable income. Being part of the READI program has helped him find the social support he’s needed to keep moving forward.

“I have a car now, but I don’t get paid that much [to] pay it off. So, I have to make something work. I have to... think about these things that I really want in life or not. Everybody’s just laughing, ha, you’re working, but you can’t even move...I have to go out there and get a job. But during the program that I’m in, it helped me stay alive...So, you know, I won’t give up on these people. That’s why I’m here. I could give up and go look for something...but I won’t give up on Heartland Alliance, Chicago READI.”

When asked about the kinds of supports that would most benefit his community during this time, Alexander advocated for more equitable job opportunities for individuals with criminal records.

“More jobs, more opportunities to send these young fellows out without checking their background and discouraging them. When the first time they do it talking about, ‘Oh, they didn’t hire me at this job because of this, that,’ and that just scares a lot of young people from getting jobs because of the backgrounds and where they come from.”

Despite all obstacles, Alexander is doing what he can to keep himself and those around him safe and COVID-free.

“It impacted a lot stuff in my life, but I’m just...thank[ing] God that most of the people that I know are great that caught it and was overcome to succeed and to still stay alive. ... you know, every day I see on TV there’s somebody dying of COVID, it’s not one or two, it’s in the ten pack. So, you know, I just gotta stay healthy, mask, you know, have gloves, try not to touch a lot of stuff. Soon I get wherever I can, I try to see if I could switch my clothes, so I don’t have it on me or whatever. I just believe in a lot of stuff that I have to do for me to stay safe... that’s how I cope with my COVID-19 stress...”
Owning a home is the largest contributor to household wealth, particularly for homeowners of color. Explicit and implicit policies restricted access to asset building for people of color, including restrictive covenants that required that homes sell to White buyers, redlining that lasted into the 1970s that made it nearly impossible for people of color to get mortgages, and educational and employment discrimination that reduced earning potential—and subsequent wealth-building potential—for people of color. This means that people of color were excluded from the centuries of cross-generational wealth accumulation that White people had access to, resulting in a stark and persistent racial wealth gap.

Even before the pandemic, the net worth of a Black family was just 10% of that of a White family, for Latino families, their net worth was just 12% of a White family.

Given everything that has happened during the pandemic and the resulting economic downturn, it is quite possible that the racial wealth gap could widen. Fewer people of color are keeping up on their mortgages compared to White people, which could potentially lead to foreclosure in the absence of homeowner protection policies. While there have been temporary foreclosure moratoria in place and some pandemic-related assistance programs for homeowners, those behind on their mortgages could still face foreclosure after moratoria end if they have not been able to enroll in homeowner assistance programs. Because Latinos were more likely than the Illinois average to use savings or credit to meet household needs during the pandemic, they could be exiting the pandemic on shakier financial footing than before. Nationwide survey data suggest that high-cost, wealth-stripping alternative financial services (such as payday, auto title, and tax refund advance loans) were more likely to be used during the pandemic by low-income Latino (3.9x more likely) and Black (3.3x more likely) people than low-income White people.

LATINO ILLINOISANS

Latinos who own homes are nearly twice as likely as Illinoisans overall to have little or no confidence in paying next month’s mortgage. Twenty-eight percent of Latinos who own homes have little or no confidence in paying their mortgage next month or have already deferred versus 15% of Illinois homeowners overall (see Figure 37). In addition, fewer Latino homeowners are caught up on their mortgages (87%) than Illinois homeowners (92%).

Latinos were more likely to use credit and spend or sell savings/assets than the Illinois average. Thirty-seven percent of Latinos used money from savings or selling assets to meet household expenses while 27% of Illinoisans overall did (see Figure 38). Adult Latino men were particularly likely to be spending down savings or selling assets (44%). 36% of Latinos used money from credit cards or loans to meet spending needs, compared to 29% for Illinois overall.
BLACK ILLINOISANS

Black homeowners are at higher risk of losing their homes than Illinois homeowners in general. 21% of Black homeowners have little or no confidence in paying their mortgage next month or have already deferred their mortgage, compared to 15% of Illinois homeowners overall (see Figure 39). Adult Black men who own homes have particularly low confidence, with 31% unsure about making next month’s mortgage payment—double the rate of all Illinoisi ans. In another measure of homeownership stability, just 82% of Black homeowners are caught up on their mortgage, compared to 92% of Illinois homeowners (see Figure 40). Again, adult Black men who own homes are at high risk, with just 74% currently caught up on their mortgage.

Black people were slightly less likely than Illinoisi ans overall to use money from savings or sell assets to meet household expenses, and used credit to meet household expenses at comparable rates. 24% of Black people used money from savings or sold assets to meet household expenses in the past 7 days, compared to 27% for Illinois overall. 27% of Black people used money from credit cards or loans in last 7 days to meet spending needs, which is not significantly different from the rate of 29% for all Illinoisans. The racial wealth gap may have something to do with this finding: Black people have higher rates of asset poverty, and therefore have fewer assets to fall back upon in times of emergency.

Figure 39

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<thead>
<tr>
<th></th>
<th>15% of Illinoisans who own homes have little or no confidence in paying their mortgage next month</th>
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<tbody>
<tr>
<td>Black</td>
<td>21.5%</td>
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<td>Adult Black</td>
<td>26.1%</td>
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<tr>
<td>Adult Black</td>
<td>30.5%</td>
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<td>men</td>
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Figure 40

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<th>92% of Illinois homeowners are caught up on their mortgage</th>
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<tbody>
<tr>
<td>Black</td>
<td>82.1%</td>
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<tr>
<td>Adult Black</td>
<td>73.9%</td>
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<td>men</td>
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After the COVID-19 pandemic, we share a collective and common experience of dealing with the challenges of a global pandemic in both personal and systemic ways—all of us have spent more than a year worrying about getting sick. But far too many people have also had to worry about being uninsured during the biggest public health crisis in generations.

As noted in the section on “Healthcare access and usage,” many people did not have healthcare coverage when this crisis began. Many others actually lost their healthcare coverage during the pandemic. In fact, since March 2020, we have experienced the largest loss of healthcare coverage in U.S. history.\textsuperscript{105}

In the richest country in the world, how could this happen? First, we continue to rely on a healthcare system that ties people’s ability to access healthcare to their employment status. Second, we rely on understaffed state agencies and antiquated technology to provide supports for people who become unemployed and people who need to apply for public health insurance. Since the pandemic began, this has resulted in significant delays and errors; meaning that people who needed help right away waited months for help, including healthcare coverage.

Everyone should have access to quality, affordable, equitable, and comprehensive healthcare.

All Illinoisans should have access to the healthcare they need, including mental and behavioral healthcare, to live healthy lives and contribute to their communities. This is true during a pandemic, but it is also true when we are not experiencing a crisis.

Despite the political rhetoric in recent years, the vast majority of Americans believe that the government should help make sure that everyone has access to healthcare. In fact, in 2017, 78% of Americans reported believing this—including majorities in both political parties.\textsuperscript{106}

Therefore, the question is really: how do we cover everyone?

First, we protect and prevent limitations on private and public health insurance programs. Making sure the Affordable Care Act remains law is an important part of that. The Affordable Care Act and Medicaid are foundational to the healthcare system in Illinois. Over 3 million low-income children, seniors, people with disabilities, and other adults use Medicaid in order to access healthcare in Illinois, with 650,000 of those people eligible because of the Affordable Care Act’s Medicaid expansion.\textsuperscript{107} Plus, the Affordable Care Act increases the accessibility of mental health services.

Existing private and public health insurance programs must also continue to be expanded to eventually cover every person. This should include: expanding eligibility for public health insurance to additional groups of people, such as people who are undocumented; allowing more people and businesses to buy into Medicaid, Medicare, or other public health insurance options; and encouraging the public sector to play a larger role in healthcare payment, such as serving as a single payer for health services.
We also must prioritize, normalize, and make mental and behavioral healthcare just as accessible, affordable, equitable, and comprehensive as other types of healthcare. In order to do that, we must continue to expand coverage and invest in more community-based strategies to deliver mental and behavioral healthcare services, such as federally qualified health centers.

We must protect people’s ability to access healthcare coverage regardless of changes in employment. We can move away from relying on employer-based healthcare models, but it will take investments and political will to get there. If we center directly impacted people and their experiences in crafting healthcare system reforms that will work, and we demand that our elected officials prioritize true healthcare reform, we can cover everyone — and we must.

Finally, increasing access to healthcare coverage provides a foundation for health equity, but it does not solve the racism prevalent in care. Policy solutions such as: increasing care coordination; providing more healthcare outreach in communities, including through community health worker and peer support models; expanding flexible models of care delivery, such as telehealth; and training medical professionals on anti-racism will increase quality of care and help address inequities.
All would-be workers should have access to a quality job.

The federal government should invest in and implement at scale an equity-centered national subsidized employment program. Doing so can chart a path toward COVID-19 economic recovery and open doors to employment and economic opportunity for all would-be workers in Illinois and across the country.

After both the Great Depression and the Great Recession, subsidized employment quickly and efficiently got people who would not otherwise be working into jobs and earning money—including Illinoisans. In fact, subsidized employment is the only policy solution that has been proven to put large numbers of unemployed individuals rapidly to work and put earned income into the pockets of those who need it the most.

An equity-centered national subsidized employment program could use federal funding to help pay for the wages of workers who are not already working in Illinois, including people who were struggling to connect to jobs or facing chronic unemployment before the COVID-19 recession. At the federal level, this program should be designed to center and advance race equity in employment. It should include provisions that ensure that subsidized jobs are quality jobs, and provide comprehensive and tailored employment-related services and supports to workers.

The boldest way to leverage subsidized employment would be through a federal job guarantee. Such a guarantee would provide all would-be workers access to a quality job and result in the wholesale elimination of involuntary unemployment.

Illinois can also invest in and implement state-level subsidized employment initiatives that are equitable and inclusive. A federal subsidized employment program would likely give states and localities a great deal of flexibility in program design and implementation. Having a state plan and the infrastructure in place to implement a large-scale, equity-centered subsidized employment program will make it easier to leverage federal funding for subsidized employment should it become available. Illinois should consider prioritizing subsidized employment and shifting state resources to jumpstart such an initiative. Illinois should also create a framework for how to spend any new federal workforce dollars that come from COVID-19 recovery legislation in ways that are equitable, fair, and inclusive.

The State of Illinois should also act to remove “permanent punishment” laws that limit access to employment for people with criminal legal system involvement, who are disproportionately people of color. There are far too many laws and regulations, frequently referred to as collateral consequences, that prevent or hinder access to employment in Illinois. These barriers keep people in poverty and make it hard to find and keep quality jobs.

All jobs should be quality jobs.

For too long, policymakers and employers have made deliberate decisions that systemically exclude some workers—primarily people and women of color—from quality jobs. During COVID-19, these workers have been disproportionately have been deemed essential and required to risk their own and their family’s health and well-being in jobs that pay low wages and offer little in return. The pandemic has made clear what economically marginalized workers have known all along: all jobs should be quality jobs.
This means policymakers must raise the federal minimum wage to $15 per hour in order to help ensure that all workers earn enough to meet their basic needs. Federal and Illinois policymakers must also enact inclusive job quality policies that extend to part-time workers, gig workers, domestic workers, tipped workers, and immigrants. These policies should include ensuring all workers have paid sick days, paid family and medical leave, predictable scheduling, flexibility, and the right to organize.

Along with passing new legislation aimed at establishing job quality and strengthening unions, federal and Illinois policymakers must enforce existing worker protection and safety laws, including educating workers about their rights. Enforcement of existing laws is especially important during the pandemic, because high unemployment rates erode worker power. This erosion of worker power may leave people earning low incomes especially vulnerable to workplace exploitation and violations, such as threats of retaliation for reporting unsafe workplace conditions or minimum wage violations.\textsuperscript{116} Undocumented workers are at particularly high risk of workplace exploitation.

Finally, employers in Illinois and across the country also play a role in creating quality jobs. Employers can choose to pay their employees a living wage, offer paid time off, provide health insurance, and structure jobs to include opportunities for workers to learn, grow, and advance. As discussed below, employers can take steps to recognize and respond to worker trauma, which is likely especially widespread among essential workers as a direct result of the COVID-19 pandemic.

A key component of creating quality jobs is recognizing and responding to worker trauma by implementing supportive policies and putting them into practice. Employers of COVID-19 essential workers should integrate trauma-informed approaches\textsuperscript{117} into their workplaces. Doing so can minimize the trauma experienced by employees and help maintain workplaces that are safe and healthy. For example, employers can offer protective equipment and disinfecting supplies, facilitate and support social distancing, allow workers to perform tasks remotely whenever possible, and help connect workers to vaccine appointments when they are available. Employers also need to respond to workers who fear for their health and request additional protective measures. And, critically, workers who experience trauma on the job during the COVID-19 crisis should have access to long-term mental healthcare.

Creating workplaces that acknowledge and respond appropriately to trauma supports worker performance, productivity, and attendance. By incorporating trauma-informed management practices and employment policies, employers stand to improve their bottom lines as well.
For many, opportunities to work are not enough to make ends meet.

Long before COVID-19, far too many people in Illinois and across the country faced the daily reality of financial insecurity caused by jobs that did not pay enough to live on, had unstable hours, and did not provide benefits. There are many ways that governments can invest in paths to employment, such as through subsidized employment programs and job guarantees, as well as strengthen public policies that support workers and their families. However, we have a long way to go before those types of programs are widespread enough to act as a social safety net. At the same time, and as illustrated in stories in this report, the level of support offered by existing programs is inadequate and there will always be barriers to getting and staying on other basic assistance programs; meaning, people may still need support for food and household expenses.

If we value economic justice, our call to action is clear. We must advance bold solutions to ensure that a greater number of people in Illinois and the nation have access to cash through forms of direct cash transfers.

We must find ways to get more cash into people’s pockets.

We should increase, expand, and modernize the Earned Income Tax Credit (EITC), the Child Tax Credit, Illinois’ Earned Income Credit (EIC), and tax credits for caregivers at both the state and federal levels. Changes to these policies should allow more workers to be eligible for the EITC and the EIC, particularly unpaid caregivers, young adults without children, older adults over 65 years of age, and immigrants seeking citizenship. We should double the value of the state Earned Income Credit for recipients to give a more substantive benefit, spread out the payments over the year so the income is predictable, and create a simplified filing option. There has been a lot of recent public debate about how we can expand and strengthen the Child Tax Credit federally. Through the American Rescue Plan Act, the U.S. will do just that to ensure that nearly every household with children gets access to direct cash payments on a monthly basis for the next year. These changes have the potential to cut child poverty in half over the next year and should be made permanent.

There are many other options for bold policies that provide cash, but we must build on existing research to learn how to structure and advocate for the ones that most effectively provide relief and advance race equity. Many pilot projects across the country are currently testing forms of direct cash transfers. We should continue to take lessons from that research, including at the city, state, and national levels, and scale policies that work. Those policies include unrestricted, flexible cash for people when they need it.

Building from the growing momentum of mayors and cities across the country and the nation’s recent experience of providing direct cash to people during the pandemic, the federal government should explore establishing a permanent direct cash system or guaranteed income. We have learned through the stimulus payments provided over the last year that any direct cash system must be as inclusive, efficient, accessible, and as automatic as possible. For example, we must consider how to expand support to undocumented people and assure that support is provided to people who have been involved in the criminal legal system.
We must close the wealth divide between White households and Black and Latino households.

There likely is not one policy solution that will achieve this; however, there are several bold policy solutions that could make a big impact on closing the racial wealth divide.

First, the federal government should create a national baby bonds program, which would provide every child born in the U.S. with a trust account of up to $60,000, with progressive investments in the account adjusted according to the family’s wealth. This would provide children with assets that could eventually be used for advancing their education, starting a business, purchasing a home, and more. Tying the investment amount to a family’s existing wealth is an imperative feature for the baby bonds program to be equitable. By doing so, the program would provide more support to low-wealth families, many of whom are Black and Latino.

In order for a long-term wealth-building strategy like a national baby bonds program to be most effective, it must be paired with robust, ongoing direct cash payments (like the ones described above) and equitable tax policies that support immediate wealth-building.

Another way to build and protect wealth is to cancel debt and eliminate wealth stripping. The COVID-19 crisis and our lack of comprehensive supports is pushing many Black and Latino people, especially women, further into debt. As a result, wealth-building policies must be combined with policies that cancel existing debt, stabilize families’ finances, and limit the accrual of new debt.

In fact, governments should prioritize canceling and reducing debt as a strategy to address the racial wealth divide. The federal government should **cancel up to $50,000 in student loan debt** for households with incomes less than $250,000, which would have profound impacts on the racial wealth gap.\(^{118,119}\) In addition to addressing current barriers to racial wealth equity by cancelling student loan debt, federal and Illinois policymakers should ensure that a college education is not the only path to prosperity by ensuring that all jobs are good jobs. Additionally, Illinois and local governments should establish a statute of limitations on collecting fines and fees debt and debts owed by low-income families for regressive fines and fees such as parking and compliance tickets. Finally, since payday and other predatory lenders target communities of color, the federal government should follow the lead of many states, including Illinois, and establish a national 36% interest rate cap on all loans, ensuring that credit is fair and affordable to all.
Key terms relating to variables in the data analysis are defined in the Methodological Appendix on page 51.

**Affordable Care Act:** 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. [Read more]

**American Rescue Plan Act:** 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]

**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]

**Earned Income Tax Credit:** A tax credit for low- to moderate-income households. [Read more]

**Human Trafficking:** The crime of human trafficking involves the exploitation of adults through force, fraud, or coercion, and children for such purposes as forced labor or commercial sex. [Read more]

**Income Poverty:** Determining if an individual or family is income poor involves tallying up a family’s annual income and determining if the amount falls below the poverty threshold for the family’s size. If the annual income does fall below the threshold, then the family and every individual in it is considered to be in poverty. Non-relatives, such as housemates, do not count. Money income used to compute poverty status includes the following (before taxes; noncash benefits and capital gains/losses do not count): earnings, unemployment compensation, workers’ compensation, Social Security, Supplemental Security Income, public assistance, veterans’ payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates and trusts, educational assistance, alimony, child support assistance from outside the household, and other miscellaneous sources. [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]

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

**Racial Equity:** Racial equity means that ideal situation in which society’s systems and markets perform equally well for different racial and ethnic groups. It means that our educational systems work as well for Black Americans as they do for White Americans, that our justice systems works equally well, that our health systems work equally well.

**Recession:** A recession “involves a significant decline in economic activity that is spread across the economy and lasts more than a few months.” [Read more]

**Subsidized employment:** Subsidized employment is “a workforce development strategy that partially or fully subsidizes the wages of workers who are not accommodated by the private labor market.” It is “an effective and efficient way to quickly get unemployed people back into the workforce.” [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]

**Temporary Assistance for Needy Families (TANF):** The TANF program, which is time limited, assists families with children when the parents or other responsible relatives cannot provide for the family’s basic needs. [Read more]

**Trauma:** Trauma in this report refers to psychological trauma, which includes a set of negative psychological or emotional effects that occur as a result of a distressing event. Symptoms of trauma may include denial, seeming stunned or dazed, hyperarousal/sensitivity to threats and aggression, perceiving that the world is a dangerous place, dependency, hyperactivity, and irrationality. [Read more]

**Unemployment Rate:** 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]
COVID-19 CASE DATA

Data on COVID-19 cases in Illinois were referenced from two different sources: the Illinois Department of Public Health (IDPH) as reported in their COVID-19 Statistics Dashboard as of February 12, 2021, and the Centers for Disease Control (CDC) Case Surveillance Restricted Access Detailed Data. Twenty-eight percent of cases reported to IDPH were missing data on race/ethnicity. IDPH reports data on cases aggregated by race and ethnic group as well as gender, but does not report intersections of race/ethnicity and gender. Therefore, overall case counts and rates by race/ethnicity OR by gender are reported from both IDPH and CDC. The CDC data is at the case level and allowed researchers to report cases by intersecting race/ethnicity, age, and gender subgroups. 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
- 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. Of all Illinois cases reported to the CDC, 46.3% were missing data on race/ethnicity, and 46.6% were missing data on at least one demographic variable (either race/ethnicity, gender, or age).

Researchers calculated the percent of adult cases that each race/age/gender subgroup represented and compared it to the percent of the Illinois adult population that the race/age/gender subgroup represented. Weighted population counts from the U.S. Census Bureau Household Pulse Survey were used to estimate Illinois population distributions by race/age/gender subgroup for 2020. We then divided the percent of COVID-19 cases represented by the subgroup by the percent of the Illinois population represented by the subgroup to find the disproportionality ratio for that subgroup.

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 August 19, 2020 – December 21, 2020 (nine releases of data from Phases 2 and 3 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. 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. 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. All comparisons described in the report text were found to be statistically significant; comparisons that were not found to be significant were not reported.

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.

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

**CREDIT CARD/LOAN SPENDING**

Respondents were marked as having used credit card or loan spending if they reported that they or someone in their household used credit cards or loans to meet their spending needs within the past seven days.

Universe: All respondents.

**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.

**EMPLOYMENT INCOME LOSS**

Respondents were marked as having lost income if they reported that they or someone in their household had experienced a loss of employment income since March 13, 2020.

Universe: All respondents.

**EXPECTED EMPLOYMENT INCOME LOSS**

Respondents were marked as expected to lose income if they reported that they or someone in their household expected to lose employment income in the next four weeks because of the COVID-19 pandemic.

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

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.

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.

PREVIOUS MORTGAGE PAYMENTS

Respondents were marked as caught up on their mortgage payments if they responded that their household is currently caught up on mortgage payments.

Universe: Respondents who reported that they own their house with a mortgage or loan (including home equity loans). Respondents who reported that they own their home free and clear are excluded.

PREVIOUS RENTAL PAYMENTS

Respondents were marked as caught up on their rent payments if they responded that their household is currently caught up on rent payments.

Universe: Respondents who reported that they rent their home. Respondents who reported that they occupy their home without payment of rent are excluded.

SAVINGS SPENDING

Respondents were marked as having used savings spending if they reported that they or someone in their household used money from savings or sold assets to meet their spending needs in the past seven days.

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

**STIMULUS PAYMENT SPENDING**

Respondents were marked as having used stimulus payment spending if they reported that they or someone in their household used “stimulus (economic impact) payment” to meet their spending needs in the past seven days.

Universe: All respondents.

**TELEWORK**

Respondents were marked as having engaged in telework if they selected the option “Yes, at least one adult substituted some or all of their typical in-person work for telework” in response to the question “Did any adults in this household substitute some or all of their typical in-person work for telework because of the coronavirus pandemic, including yourself? Select only one answer.”

Universe: All respondents

**UI BENEFIT SPENDING**

Respondents were marked as having used UI benefit spending if they reported that they or someone in their household used unemployment insurance (UI) benefit payments to meet their spending needs in the past seven days.

Universe: All respondents

**UNMET MENTAL HEALTH NEED**

Respondents were marked as having unmet mental health service needs if they responded “yes” to the question “At any time in the last 4 weeks, did you need counseling or therapy from a mental health professional, but DID NOT GET IT for any reason? Select only one answer.”

Universe: All respondents

**UPCOMING MORTGAGE PAYMENTS**

Respondents were marked as having no or slight confidence they can pay their mortgage next month or having deferred payment if they reported

1. no confidence in their ability to pay their mortgage next month OR
2. little confidence in their ability to pay their mortgage next month

**UPCOMING RENTAL PAYMENTS**

Respondents were marked as having no or slight confidence they can pay their rent next month or having deferred payment if they reported

1. no confidence in paying rent next month OR
2. little confidence in paying rent next month OR 3. that they had already deferred their next month’s rent payment.

Universe: Respondents who reported that they rent their home. Respondents who reported that they occupy their home without payment of rent are excluded.”

In addition to the variables coded by Urban Institute, we assessed the following:

**DELAYED CARE**

Respondents were marked as having delayed care if they reported that they delayed medical care in the last 4 weeks due to the pandemic.

Universe: All respondents
METHODOLOGICAL APPENDIX

DEMOGRAPHIC GROUPS

Again, researchers emulated the Urban Institute’s methodology for constructing race/ethnicity variables:

“The Household Pulse Survey public use files report data on race and ethnicity in two separate variables: rhispanic, which is 1 if respondents are not of Hispanic, Latino, or Spanish origin and 2 if they are of Hispanic, Latino, or Spanish origin; and rrace, which has four options: Asian alone, Black alone, white alone, and any other race alone, or races in combination. These data are based on recoding of questions from the Household Pulse Survey that ask for respondents to provide more detailed information on Hispanic, Latino, or Spanish origin and race. We produce a combined race and ethnicity variable with the following race/ethnicity groups that correspond to the race/ethnicity groups in the published Household Pulse Survey data tables:

- Black alone, not Latino: rrace is 2 and rhispanic is not 2
- Latino (may be of any race): rhispanic is 2
- White alone, not Latino: rrace is 1 and rhispanic is not 2”

Age

- Young: 18 – 24 years old
- Adult: 25 – 64 years old
- Older: 65+ years old

Race/ethnicity

- Black: Black alone, not Latino
- Latino: Latino (may be of any race)
- White: White alone, not Latino

Gender

- Male
- Female

Estimates and comparisons to Illinois means were calculated for a total of 18 race/age/gender groups (for example, young Black men or older Latina women).

For an appendix with full results of the analysis, visit our website at www.heartlandalliance.org/COVIDreport

For more information, or to request a copy of the R code, please contact the author Katie Buitrago at kbuitrago@heartlandalliance.org.

INTERVIEW DATA

Participant recruitment was done via word-of-mouth and email. The primary goal of participant interviews was to understand the economic and health impact of the COVID-19 pandemic on Black and Latino Illinoisans.

A total of 13 individuals were screened via phone and 6 were selected for interviews. Selection criteria for interviewees were adults (18+) who identified as Black and/or Latino and experienced a personal hardship during the COVID-19 pandemic. Interviews took place in January – February 2021 via video conferencing methods. Interviews were not analyzed as qualitative data; rather, researchers used interviews to draft narratives summarizing participants’ stories. The interview narratives are intended as illustrative snapshots of the impact of the COVID-19 pandemic on certain individuals and should not be interpreted as representative of a larger population. Participants reviewed their narratives for accuracy.

Interviews ranged between 60-90 minutes in length and were audio and video recorded when consent was given by the participant. A full list of interview questions are below:

Background

1. Can you tell me a little about yourself? Where did you grow up?
2. Do you have a family? Who is in your close family?

Experience with the Covid-19 pandemic

3. Can you tell me a little about what your life has been like since the pandemic started (since March of last year)?
Employment effects/Financial effects

4. Did you experience any changes to your employment or financial situation as a result of the Covid-19 pandemic?
5. Have you applied for unemployment since the pandemic started?
   a. What has your experience when applying for unemployment?
   b. Did you receive a stimulus check?
6. Have you applied to any government benefit programs (such as Medicaid, Medicare, SNAP/LINK, TANF), since the pandemic started?
   a. What has your experience when applying for these benefits?
7. What is your job situation like now? Are you happy with it? If not, what would you change?
8. Since the pandemic started, have you ever felt or been told that your job is at risk?
9. Do you feel like your current job has put you at greater risk for possibly catching the virus?

Housing effects

10. Were there any changes to your housing situation as a result of the covid-19 pandemic?
11. Have you had any difficulty in paying for housing since the pandemic started? If so, did you apply for any assistance to help pay for housing?
12. What is your housing situation like now? Are you happy with it? If not, what would you change?
13. Do you feel like your current housing situation puts you at greater risk for contracting the virus?

Health (mental, physical, access)

14. Do you have health insurance? Has the pandemic changed your health insurance status?
   a. Do you have access to a primary care doctor?
   b. Do you have access to mental health services?
15. How has the covid-19 impacted your physical or mental health? Your ability to cope with stress?
   a. Compared to this time last year, would you say your mental or physical health is better, about the same, or worse?
16. What are some ways you practice self-care?
17. Has the covid-19 pandemic affected your ability to access preventive medical services or services to manage a chronic health condition?
18. Have you ever been tested for covid-19?
   a. If yes, how easy or difficult was it to get tested?
   b. If no, what are some of the reasons you have not been tested?
19. Have you avoided medical care at any point during the pandemic? If so, what are some reasons you avoided medical care?
20. Do you plan on getting vaccinated for covid-19 once a vaccine becomes available? If no, why not?

Education effects

21. Are you or anyone in your household currently in school?
   a. If yes, do you have the technological support to be able to do school remotely?
   b. Have you experienced any barriers to being able to do school remotely?
22. Are you the primary caregiver of a child who is currently enrolled in e-learning?
   a. If yes, how difficult or easy has it been to manage e-learning for your child with other household responsibilities?
   b. Does your child have the technological support to be able to do e-learning successfully?

Anything else

23. What supports do you believe would help people and communities who are struggling because of the pandemic?
24. Has the pandemic affected your life in any way that we haven’t discussed?
25. Anything else you want to tell me?

PARTICIPANT DEMOGRAPHICS

The mean age of interview participants was 34 (range: 21 – 56) (n=6). Half of participants were male (50%). The majority of participants were African American (50%) with the remainder being Hispanic/Latino (33%), or biracial (17%). All participants reported experiencing personal hardship during the pandemic.
REPORT INFORMATION

PROJECT TEAM:
Katie Buitrago, Jamela Clark, Sandra Escobar, Suniya Farooqui, Rachel Ruttenberg, Melissa Young*, Kim Drew, Caitlin Schnur, Jody Blaylock-Chong, Christian Friend, Valentina Perez Botero, Amy Eisenberg, Logan Charlesworth, Emily Dobson, Miranda Santillo

REPORT AUTHORS:
Katie Buitrago, Jamela Clark, Sandra Escobar

REPORT DESIGN:
Thanks to Suniya Farooqui, who designed data visualizations; Jordan Razowsky, who laid out and designed the report; and Shane Tolentino, who provided illustrations for the report.

EXTENDED USES:

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Our deepest gratitude goes to the people who chose to share their stories with us. Thank you for your courage and openness.

*Former Heartland Alliance staff
Author’s analysis of Illinois Department of Health (IDPH) data as of March 12, 2021.


5 For more information, see methodological appendix.

6 Communities with different age distributions are likely to have different mortality rates. For example, a community with a larger proportion of older people is likely to have a higher mortality rate than a community with a larger proportion of younger people simply because older people have higher mortality rates in general. Age-adjusted death rates are death rates that would exist if the population of a community resembled a “standard” age distribution. This allows for a fairer comparison between communities or subgroups with different age distributions.


25 Author’s analysis of Illinois Department of Public Health (IDPH) and Center for Disease Control and Prevention (CDC) data as of February 12, 2021.


28 Author’s analysis of Illinois Department of Public Health (IDPH); based on cases with known race/ethnicity data.

29 Author’s analysis of Center for Disease Control and Prevention (CDC) data; based on cases with known race/ethnicity data.

30 Author’s analysis based on limitations in the Center for Disease Control and Prevention (CDC) data. “Young” is defined in this section as age 20 – 29, rather than 18 – 24 used elsewhere in the report.


32 Communities with different age distributions are likely to have different mortality rates. For example, a community with a larger proportion of older people is likely to have a higher mortality rate than a community with a larger proportion of younger people simply because older people have higher mortality rates in general. Age-adjusted death rates are death rates that would exist if the population of a community resembled a “standard” age distribution. This allows for a fairer comparison between communities or subgroups with different age distributions.


34 Author’s analysis based on limitations in the Center for Disease Control and Prevention (CDC) data. “Young” is defined in this section as age 20 – 29, rather than 18 – 24 used elsewhere in the report.


Kaiser Family Foundation. (2019). Uninsured Rates for the Nonelderly by Race/Ethnicity. Retrieved from https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22illinois%22:%7B%7B%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

Kaiser Family Foundation. (2019) Uninsured Rates for the Nonelderly by Race/Ethnicity. Retrieved from https://www.kff.org/uninsured/state-indicator/nonelderly-uninsured-rate-by-raceethnicity/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22illinois%22:%7B%7B%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D


ENDNOTES

68 Author’s analysis of the Household Pulse Survey (HPS). The HPS asked respondents about difficulty meeting usual household expenses in the past 7 days. Data were collected between August and December 2020.


ENDNOTES


87. Author’s analysis of the Household Pulse Survey (HPS). The HPS asked respondents about whether they had used unemployment insurance to meet household needs in the past 7 days. Data were collected between August and December 2020.


89. Author’s analysis of the Household Pulse Survey (HPS). The HPS asked respondents about whether they used unemployment insurance to meet spending needs in the past 7 days. Data were collected between August and December 2020.


91. Author’s analysis of the Household Pulse Survey (HPS). The HPS asked respondents about whether they had used stimulus checks to meet household needs in the past 7 days. Data were collected between August and December 2020.

92. Author’s analysis of the Household Pulse Survey (HPS). The HPS asked respondents about whether they had used stimulus checks to meet household needs in the past 7 days. Data were collected between August and December 2020.


Endnotes

104 Author’s analysis of the Household Pulse Survey (HPS). The HPS asked respondents whether they used money from savings, sold assets, or used money from credit cards or loans to meet spending needs in the past 7 days. Data were collected between August and December 2020.


ENDNOTES


THE COVID-19 DOMINO EFFECT
How the pandemic deepened systemic oppression for Black and Latino Illinoisans