



# Supporting Food Service and Preparation Workers during the COVID-19 Pandemic

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*March 2020*

**As the rapidly changing economic impact of the coronavirus 2019 pandemic unfolds, containment efforts are restricting access to places where large numbers of people may congregate. Few occupations have experienced the negative effects of containment more abruptly and dramatically than food service and preparation workers<sup>1</sup>—from waiters and bartenders to dishwashers and cooks—who are already economically disadvantaged by their low earnings and lack of health insurance coverage (Gangopadhyaya, Garrett, and Dorn 2018). Several governors have ordered statewide closures of bars and restaurants to dining-in customers; local authorities have done so in other areas where a statewide moratorium is not yet in place. Though many dine-in restaurants have adapted by offering limited pick-up and delivery service, they are also laying off workers in response to reduced demand.<sup>2</sup> The food service workers able to retain their jobs will likely feel enormous pressure to continue working even if they are worried about exposure, feel ill for other reasons, or are uncertain if their symptoms are related to the virus because the most recent emergency legislation provides only limited coverage for paid leave directly related to COVID-19—and no coverage for health care services beyond coronavirus testing.<sup>3</sup>**

In this brief, we assess the demographic and socioeconomic characteristics of food preparation and food service occupations and provide state-level estimates of their numbers and uninsured rates before the outbreak. Given their already precarious financial status, many food service workers risk falling into dire economic circumstances unless policies are implemented swiftly that allow these workers and their families to meet their basic needs.

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## BOX 1

### How We Analyzed the Data

We use data from the 2017 American Community Survey (ACS) to identify and characterize workers in food preparation or serving occupations. We identify these occupations based on the Census Bureau's 2010 occupation classification scheme. The food service industry frequently differentiates between "front-of-the-house" workers (i.e., customer-facing workers) and "back-of-the-house" workers (i.e., workers more likely involved in food preparation or production). We classify bartenders, counter attendants, waiters/waitresses, food servers, hosts/hostesses, and combined food preparation and serving workers (including fast food workers) as front-of-house workers. We classify chefs or cooks, first line supervisors, food preparation workers, and dishwashers as back-of-house workers. Mandatory closures of dine-in restaurants and bars are likely to greatly impact front-of-house workers, but some back-of-house workers may be able to sustain work if restaurants have carry-out or delivery options.

We limit our sample to workers ages 19 and older. In the 2017 data, 1.1 million food service and preparation workers are younger than 19. The clear majority of them work part time (averaging about 19 hours a week), and although their earnings are likely important for their households, we assume they are less likely to be primary wage earners. We also exclude public-sector workers.

The ACS provides detailed information on workers' state of residence, demographic characteristics, and insurance coverage. We estimate the number of food preparation and serving workers both overall and as a share of the total private workforce nationally and by state. We describe age, race or ethnicity, family, income, and insurance coverage characteristics for food preparation or serving workers overall and by front-of-house/back-of-house classifications. We convert 2017 nominal income data to 2019 dollars using the Bureau of Labor Statistics' Consumer Price Index. We classify workers into mutually exclusive health insurance coverage categories using the following hierarchy: Medicare, Medicaid, employer-sponsored insurance coverage (ESI), other private coverage, and other public coverage.<sup>a</sup> Finally, we classify workers by whether they live in a state that expanded Medicaid eligibility to low-income adults without disabilities. States are considered expansion states if they expanded Medicaid by 2017. We separate nonexpansion states into those that are nonexpansion states today and those that implemented Medicaid expansion after 2017 (Idaho, Maine, Utah, and Virginia).

<sup>a</sup> We use coverage type estimates as reported on the ACS and harmonized by the Integrated Public Use Microdata Series. Lynch and colleagues (2011) have documented that the ACS overestimates nongroup coverage and underestimates Medicaid/CHIP coverage among children.

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## Economic Impact of Food Service and Preparation Workers

In 2017, more than 7.5 million adults worked in food service and preparation occupations. Nationally, these workers represent 5.7 percent of the private-sector workforce over the age of 18, ranging from 4.3 percent in Nebraska to 11.8 percent in Hawaii (table 1). Besides Hawaii, states with higher percentages of workers in these categories include Nevada (10.8 percent), New Mexico (8.0 percent), Florida (6.9 percent), Wyoming (6.9 percent), Rhode Island (6.8 percent), and Louisiana (6.7 percent). Of these states, Hawaii, Nevada, and Louisiana have economies that depend heavily on tourism; this factor could make them more vulnerable to a severe economic downturn in the wake of the pandemic.

TABLE 1

## Food Service and Preparation Workers in the Private US Workforce, 2017

	Number of food service and preparation workers	Food service and preparation workers' share of the private workforce
<b>US</b>	<b>7,517,000</b>	<b>5.7%</b>
Alabama	94,000	5.5%
Alaska	14,000	5.6%
Arizona	158,000	6.0%
Arkansas	56,000	5.2%
California	983,000	6.1%
Colorado	152,000	6.2%
Connecticut	75,000	4.9%
Delaware	17,000	4.6%
District of Columbia	15,000	5.2%
Florida	567,000	6.9%
Georgia	226,000	5.6%
Hawaii	63,000	11.8%
Idaho	32,000	5.1%
Illinois	289,000	5.4%
Indiana	146,000	5.3%
Iowa	72,000	5.3%
Kansas	58,000	5.1%
Kentucky	91,000	5.6%
Louisiana	113,000	6.7%
Maine	29,000	5.3%
Maryland	121,000	5.1%
Massachusetts	156,000	5.1%
Michigan	229,000	5.6%
Minnesota	122,000	4.8%
Mississippi	61,000	6.2%
Missouri	134,000	5.3%
Montana	27,000	6.4%
Nebraska	36,000	4.3%
Nevada	134,000	10.8%
New Hampshire	31,000	5.1%
New Jersey	185,000	4.8%
New Mexico	52,000	8.0%
New York	464,000	5.8%
North Carolina	230,000	5.8%
North Dakota	20,000	6.0%
Ohio	266,000	5.6%
Oklahoma	76,000	5.4%
Oregon	101,000	6.0%
Pennsylvania	275,000	5.1%
Rhode Island	31,000	6.8%
South Carolina	123,000	6.5%
South Dakota	20,000	5.5%
Tennessee	152,000	5.7%
Texas	629,000	5.6%
Utah	54,000	4.4%
Vermont	15,000	5.6%
Virginia	174,000	5.3%

	Number of food service and preparation workers	Food service and preparation workers' share of the private workforce
Washington	164,000	5.5%
West Virginia	38,000	6.7%
Wisconsin	126,000	5.0%
Wyoming	15,000	6.9%

Source: 2017 American Community Survey.

Note: Sample excludes workers under age 19 and public/government workers.

## Demographic and Family Characteristics of Food Service and Preparation Workers

Most food service and preparation workers are younger adults: about 6 in 10 are age 34 or younger (table 2). Food service and preparation workers are roughly balanced on gender; however, about 3 in 10 front-of-house workers are male compared with 6 in 10 back-of-house workers. In general, front-of-house workers who engage in customer-facing work are more likely to be younger, female, and have slightly lower incomes. Many are “tipped” workers who may receive a lower hourly minimum wage; the current federal tipped rate is \$2.13 an hour for workers that earn more than \$30 in tips a month.

About half of food service and preparation workers are non-Hispanic white. More than a quarter are Hispanic. Back-of-house workers are less likely to be non-Hispanic white and more likely to be non-Hispanic Black or Hispanic than front-of-house workers. About 16 percent of food service and preparation workers report they are not a US citizen; back-of-house workers are less likely to be citizens than front-of-house workers (79.5 percent versus 90.4 percent). Just 29 percent are married, a little more than 25 percent have a child younger than 18, and approximately 20 percent have a child younger than 6.

**TABLE 2**  
**Characteristics of Food Service and Preparation Workers, 2017**

	All food service and preparation workers	Front-of-house workers	Back-of-house workers
<b>Demographics</b>			
Ages 19–26	38.7%	46.6%	32.8%**
Ages 27–34	20.3%	20.6%	20.1%
Ages 35–44	16.4%	13.7%	18.4%**
Ages 45–54	13.2%	10.1%	15.6%**
Ages 55–64	8.8%	6.7%	10.4%**
Age 65 or older	2.6%	2.4%	2.7%*
Male	47.5%	32.9%	58.5%**
Non-Hispanic white	50.7%	59.3%	44.2%**
Non-Hispanic Black	12.3%	9.8%	14.2%**
Hispanic	26.5%	20.9%	30.7%**
Non-Hispanic, other race	10.5%	10.0%	10.9%**
US citizen	84.2%	90.4%	79.5%**

	All food service and preparation workers	Front-of-house workers	Back-of-house workers
<b>Family</b>			
Parent of child age 18 or younger	25.7%	23.0%	27.7%**
Has child age 6 or younger in household	19.4%	18.3%	20.2%**
Has child age 7–12 in household	17.8%	15.5%	19.5%**
Married	28.7%	22.5%	33.4%**
Divorced/separated/widowed	12.7%	12.8%	12.6%
Never married	58.6%	64.7%	54%**
<b>Income</b>			
Income from wages/tips (\$2019)	\$20,641	\$19,540	\$21,462**
Family income less than FPL	16.8%	17.5%	16.2%**
Family income 100%–250% of FPL	39.1%	37.5%	40.3%**
Family income 250%–400% of FPL	22.5%	22.1%	22.7%
Family income greater than 400% of FPL	21.7%	22.9%	20.8%**
<b>Health insurance coverage</b>			
Uninsured	23.5%	21.0%	25.3%**
Medicare	3.5%	3.2%	3.8%**
Medicaid	18.3%	18.4%	18.2%
ESI	43.3%	44.4%	42.5%**
Other private coverage	11.1%	12.8%	9.8%**
Other public coverage	0.3%	0.2%	0.3%**

**Source:** 2017 American Community Survey.

**Notes:** Sample is 61,305 and excludes workers under age 19 and public/government workers. Front-of-house workers include bartenders, counter attendants, waiters, food servers, hosts/hostess, and combined food preparation and serving workers (including fast food workers). Back-of-house workers include chefs or cooks, first line supervisors, food preparation workers, and dishwashers. Insurance coverage types are mutually exclusive and are presented in hierarchical order. Income from wages and tips are converted to 2019 dollars using the Consumer Price Index from the Bureau of Labor Statistics.

FPL = federal poverty level.

\*\* estimate for back-of-house workers differs from estimate for front-of-house workers at the  $p < 0.05/p < 0.01$  level.

## Economic Vulnerability of Food Service and Preparation Workers

Food service and preparation workers have low rates of weekly hours worked, earnings, and employer-sponsored insurance (ESI). Among nonelderly, nondisabled adults in 2016, food service and preparation workers on average worked 33.7 hours and earned \$432 a week, the lowest totals relative to all other occupations. That same year, these workers had the second-lowest rates of ESI coverage (46.5 percent of nonelderly workers); only farming, fishing, and forestry workers reported lower ESI coverage in 2016 (Gangopadhyaya, Garrett, and Dorn 2018).

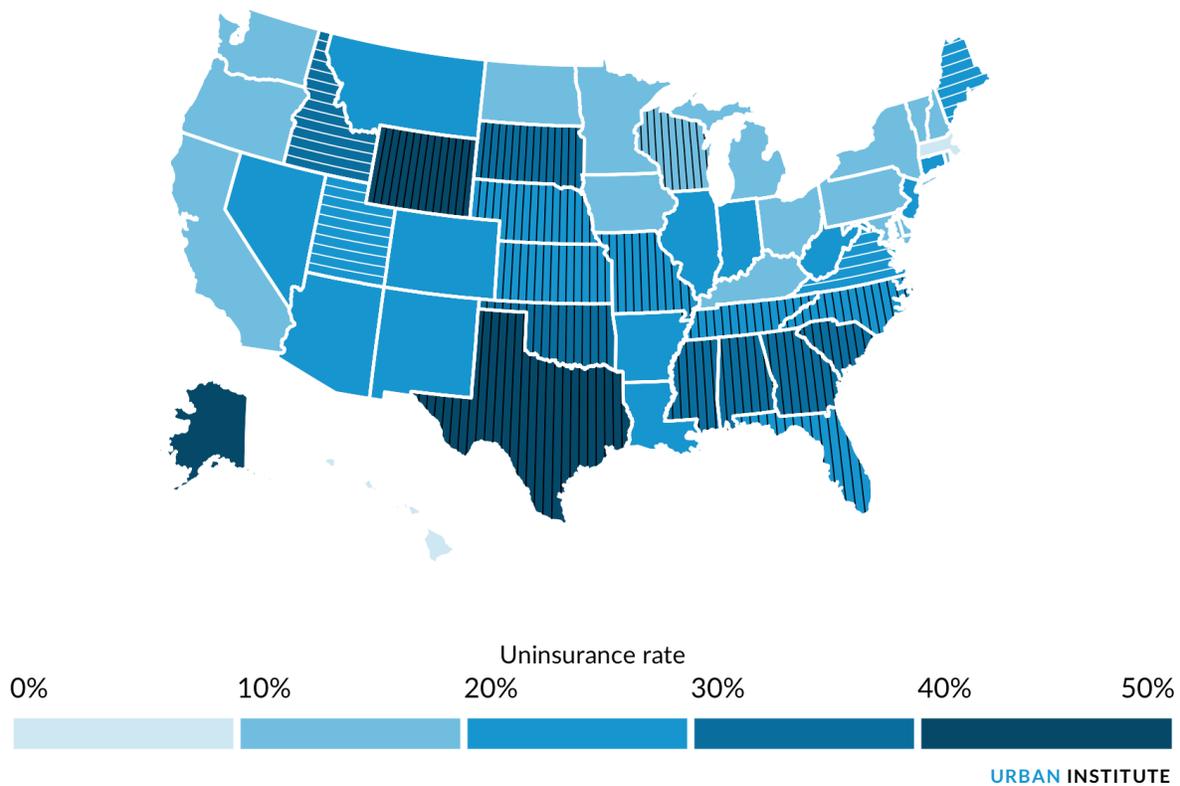
In 2019 dollars, and before the economic consequences of the pandemic, annual wages for workers in these occupations averaged a little over \$20,000 (see table 2). Close to 17 percent of frontline food service workers have family incomes below the federal poverty level (FPL) in 2017, and 39 percent have incomes between 100 and 250 percent of FPL. Given their low wages, further job losses or reductions in work hours and earnings among food service and preparation workers will have large adverse effects on these at or near poverty workers.

## Pronounced Lack of Health Coverage among Workers That Varies by State

Access to health care is important to worker well-being in general but especially critical during a public health crisis. The Families First legislation provides coverage for coronavirus testing but does not address the potential cost of health care services related to the illness.<sup>4</sup> The lack of access to health insurance among food preparation and serving workers is a striking area of vulnerability: nationally, about 1 in 4 of these workers are uninsured. However, lack of coverage varies considerably across states (figure 1), particularly between those states that expanded Medicaid coverage through the Affordable Care Act and those that did not. Since our data reflect coverage rates as of 2017, we assess coverage rates across three categories of states: those that expanded Medicaid eligibility to nonelderly, nondisabled low-income adults by 2017 (32 states, shown in the figure as solid colors); those that expanded Medicaid eligibility after 2017 (4 states, shown with white horizontal lines); and those that have not expanded Medicaid (15 states, shown with black vertical lines). In Medicaid expansion states, 18.2 percent of food service workers lacked any type of health insurance in 2017 versus 32.6 percent in current nonexpansion states. The 2017 uninsured rate for food service and preparation workers in Idaho, Maine, Utah, and Virginia is 27.4 percent; this rate has likely fallen since these states implemented Medicaid expansions after 2017 but before the start of the pandemic. Rates of uninsured food service workers range from 6.9 percent in Hawaii to 43.3 percent in Wyoming (appendix table A.1).

FIGURE 1

Uninsurance Rate of Food Service and Preparation Workers by State, 2017



Source: 2017 American Community Survey.

Notes: Sample excludes workers under age 19 and public/government workers. Medicaid expansion states are shown as solid colors (32 states); nonexpansion states are shown with black vertical stripes (15 states). States that expanded Medicaid after 2017 are shown with white horizontal stripes (4 states).

In addition, food service and preparation occupations have extremely low rates of ESI coverage for workers. About 43 percent of workers report having ESI coverage, compared with 65 percent of all adult private-sector workers (data not shown). These workers' coverage could be jeopardized as the mandatory closures of dine-in restaurants and bars come into effect.

For uninsured or privately covered workers who lose their jobs as a result of the pandemic, several non-ESI coverage options may be available. Among those with incomes below 138 percent of FPL, workers who are also US citizens, under age 65, and live in a state that expanded Medicaid under the Affordable Care Act are likely eligible for Medicaid coverage. About 62 percent of workers have family incomes between 100 and 400 percent of FPL and are therefore likely eligible for subsidized premiums for individual exchange plans under the Affordable Care Act; in Medicaid expansion states, premiums subsidies for individual plans are available for those with incomes between 138 and 400 percent of FPL. Those with incomes between 100 and 250 percent of FPL (138–250 percent of FPL in expansion states) would be additionally eligible for cost-sharing reductions. However, payment of premiums may be challenging with a dramatic loss in income. A particularly vulnerable group of workers is those living in

nonexpansion states who have incomes below the poverty level. These estimated 456,000 workers (data not shown) are not eligible for either Medicaid or premium subsidies for individually purchased plans. While the loss of work may make more workers eligible for Medicaid, obtaining public health insurance will be much more challenging for nondisabled, nonelderly workers in the 15 states that have not expanded coverage options for low-income adults. Nonexpansion states provide some Medicaid eligibility to low-income parents and pregnant women, but nondisabled adults under age 65 who are not pregnant or have other children likely have no pathways to Medicaid eligibility.

## Responses to the COVID-19 Pandemic

The Families First Coronavirus Response Act, passed by Congress on March 19, 2020, provides two weeks of paid sick leave to some workers who are seeking diagnoses or are ill, quarantined, or caring for an ill family member. However, firms with more than 500 workers (i.e., most fast-food corporations) are not required to provide such benefits. Some large companies have announced modifications to their paid leave policies related to coronavirus,<sup>5</sup> but responses are inconsistent across workplaces. Moreover, the Families First Act allows firms with fewer than 50 workers to apply for an exemption from paid sick leave and paid family leave requirements. This is especially problematic for food service and preparation workers since 9 in 10 restaurants have fewer than 50 employees.<sup>6</sup> Comprehensive paid sick leave and family leave would ensure that food preparation and service workers can avoid work when presenting COVID-19 symptoms and thereby limit the spread of the virus to other workers and the public.

To reduce material hardships for people who lose their jobs or incomes in the coming months, it will be important that safety net programs such as SNAP, Medicaid, TANF, and housing assistance be as broadly accessible as possible.<sup>7</sup> This includes lifting work requirements as a condition of eligibility. Work requirements in safety net programs aim to promote economic self-sufficiency and independence—important goals that are unattainable goals during the pandemic. Families First takes a step in this direction: it suspends work requirements for the SNAP program, including the stricter criteria states were due to enact April 1, 2020, that would have resulted in the loss of benefits for about 700,000 people under prior economic assumptions.<sup>8</sup> SNAP benefits will be a critical part of the response for food service workers, who, despite their central role in the food economy, are estimated to be at higher risk of food insecurity than the average US worker.<sup>9</sup>

However, work requirements for TANF remain in place. Moreover, job search requirements in 17 states can further prevent workers in these industries who lose their jobs from accessing assistance promptly.<sup>10</sup> Although work requirements for Medicaid eligibility have been approved in 10 states, most have not been implemented because of ongoing court cases and/or pending decisions on cases in other states. Nonetheless, some states remain on course to implement work requirements in their Medicaid programs through the crisis.<sup>11</sup> In light of the economic consequences of the pandemic, this is an unreasonable barrier to care.

The Families First Act also requires that Medicare, Medicaid, and private health insurance plans cover (with no cost-sharing to patients) services related to COVID-19 testing;<sup>12</sup> the federal government will finance these services for people without insurance. These provisions, while important, do not cover doctor visits or other services unrelated to COVID-19 conditions; that omission could lead to significant out-of-pocket costs among privately insured and uninsured workers or people covered by Medicare with no supplemental coverage.<sup>13</sup> It also may prevent workers from seeking care if they are concerned that their symptoms are *not* related to COVID-19 and are therefore not covered by Families First.<sup>14</sup>

The Families First Act does not include COBRA premium subsidies (i.e., subsidies to help pay for the employer's contribution toward ESI coverage), which were used during the Great Recession to help employees maintain workplace-based coverage following layoffs. Although ESI rates are strikingly low among food service and preparation workers relative to other occupations, provision of COBRA subsidies may help at least some of the estimated 43 percent of food service and preparation workers with ESI (in 2017) maintain coverage.<sup>15</sup>

In addition, paid sick leave benefits under the Families First Act do not extend to noncitizen workers. Moreover, Medicaid eligibility for noncitizens is extended where applicable (i.e., Medicaid expansion states) only after a five-year waiting period verifying "qualified" immigration status. This is especially problematic in food service and preparation. Maximizing the success of our containment efforts will likely require expanding access to paid sick leave and health care to noncitizens.

While we have focused on food service and preparation workers in this brief, workers throughout the food supply chain are at risk. For example, the closure of restaurants will reduce demand for food producers, such as smaller farmers.<sup>16</sup> Large producers and processors will be under pressure to maintain a stable supply of food during the pandemic, but typical working conditions for farmworkers make it difficult to prevent virus transmission, and a lack of health care coverage, paid sick leave, and paid family leave is a challenge in these sectors. Grocery workers are likely to be in higher demand but may also lack health insurance, especially part-time workers,<sup>17</sup> and they will be at higher risk for exposure because of their ongoing interaction with the public. Policymakers need to assess vulnerabilities and gaps in assistance in all areas of the food supply chain to ensure that both the nation's food supply and its workers are protected.

APPENDIX TABLE A.1

Uninsurance Rates for Food Service and Preparation Workers in the Private Workforce, by State

	Food service/ preparation uninsurance rate		Food service/ preparation uninsurance rate
<b>Expansion states</b>	<b>18.2%</b>	<b>Nonexpansion states</b>	<b>32.6%</b>
Alaska	41.8%	Alabama	34.1%
Arizona	24.6%	Florida	29.5%
Arkansas	24.7%	Georgia	34.3%
California	16.7%	Kansas	26.5%
Colorado	22.5%	Mississippi	36.4%
Connecticut	25.8%	Missouri	28.2%
Delaware	11.2%	Nebraska	26.2%
District of Columbia	12.6%	North Carolina	29.5%
Hawaii	6.9%	Oklahoma	39.7%
Illinois	22.3%	South Carolina	30.6%
Indiana	22.3%	South Dakota	30.3%
Iowa	14.5%	Tennessee	27.2%
Kentucky	13.9%	Texas	41.2%
Louisiana	20.3%	Wisconsin	15.7%
Maryland	19.4%	Wyoming	43.3%
Massachusetts	8.2%	<b>States that expanded after 2017</b>	<b>27.4%</b>
Michigan	14.7%	Idaho	31.6%
Minnesota	14.1%	Maine	21.6%
Montana	23.4%	Utah	24.1%
Nevada	20.3%	Virginia	28.6%
New Hampshire	17.7%		
New Jersey	23.8%		
New Mexico	23.1%		
New York	19.5%		
North Dakota	19.8%		
Ohio	14.9%		
Oregon	19.5%		
Pennsylvania	15.8%		
Rhode Island	11.1%		
Vermont	12.7%		
Washington	19.1%		
West Virginia	23.3%		

Source: 2017 American Community Survey.

Note: Sample excludes workers under age 19 and public/government workers.

## Notes

- 1 Tim Carman, "Crippled by Coronavirus, Restaurants Want Assistance from the Same Governments That Shut Them Down," *Washington Post*, March 18, 2020, <http://www.washingtonpost.com/news/voraciously/wp/2020/03/18/crippled-by-coronavirus-restaurants-want-assistance-from-the-same-governments-that-shut-them-down/>.
- 2 Michelle Gant, "Thousands of Restaurant Workers Have Already Lost Their Jobs due to Coronavirus," *Today*, March 18, 2020, <https://www.today.com/food/thousands-restaurant-workers-have-already-lost-their-jobs-due-coronavirus-t176196>.

- 3 H.R. 6201, “Families First Coronavirus Response Act,” <https://www.congress.gov/116/bills/hr6201/BILLS-116hr6201enr.pdf>.
- 4 Erica Turret, Abbe R. Gluck, Adam L. Beckman, Suhas Gondi, Timothy Stoltzfus Jost, Sara Rosenbaum, Ruth J. Katz, Kavita Patel, Brendan G. Carr, Christen Linke Young, Elizabeth Fowler, Megan L. Ranney, and Howard P. Forman, “The Families First Coronavirus Response Act Is Necessary but Not Sufficient—Here’s What Congress Should Do Next,” *Health Affairs* blog, March 18, 2020, <https://www.healthaffairs.org/doi/10.1377/hblog20200318.858880/full/>.
- 5 Jaya Saxena, “A Running List of the Chains Providing—and Not Providing—Paid Sick Leave,” *Eater*, March 16, 2020, <https://www.eater.com/2020/3/16/21181862/are-mcdonalds-starbucks-and-other-chains-offering-paid-sick-leave-for-coronavirus>.
- 6 “National Statistics: Restaurant Industry Facts at a Glance,” National Restaurant Association, accessed March 26, 2020, <https://restaurant.org/research/restaurant-statistics/restaurant-industry-facts-at-a-glance>
- 7 Elaine Waxman, “Feeding the Country during a Pandemic: Seven Ways Forward,” *Urban Wire* (blog), Urban Institute, March 16, 2020, <https://www.urban.org/urban-wire/feeding-country-during-pandemic-seven-ways-forward>; Mary K. Cunningham and Samantha Batko, “Immediate Federal Action Is Needed to Keep People Housed in the Face of the Pandemic,” *Urban Wire* (blog), Urban Institute, March 19, 2020, <https://www.urban.org/urban-wire/immediate-federal-action-needed-keep-people-housed-face-pandemic>.
- 8 Shortly before passage of the Families First Act, a federal district court judge issued a preliminary nationwide injunction of these new USDA rules as well.
- 9 Between 2014 and 2018, workers in food service occupations had a food insecurity rate of 17.3 percent (calculations by Dr. Craig Gundersen for Feeding America from Current Population Survey, December Supplement data, personal communication). Smaller studies specific to restaurant workers suggest even higher rates—nearly 1 in 3 workers, with tipped workers and undocumented workers at even higher risk.
- 10 Heather Hahn, “Six Ways to Reduce Risks and Burdens for Accessing Public Assistance during the Coronavirus Outbreak,” *Urban Wire* (blog), Urban Institute, March 17, 2020, <https://www.urban.org/urban-wire/six-ways-reduce-risks-and-burdens-accessing-public-assistance-during-coronavirus-outbreak>.
- 11 Harris Meyer, “GOP-Led States Diverge on Easing Medicaid Access during COVID-19,” *Modern Healthcare*, March 18, 2020, <https://www.modernhealthcare.com/medicaid/gop-led-states-diverge-easing-medicaid-access-during-covid-1>.
- 12 Emily M. Johnston, Genevieve M. Kenney, and Dulce Gonzalez, “Many People with Employer-Sponsored Insurance Would Face High Out-of-Pocket Costs for COVID-19 Treatment,” *Urban Wire* (blog), Urban Institute, March 23, 2020, <https://www.urban.org/urban-wire/many-people-employer-sponsored-insurance-would-face-high-out-pocket-costs-covid-19-treatment>.
- 13 Johnston, Kenney, and Gonzalez, “Many People with Employer-Sponsored Insurance Would Face High Out-of-Pocket Costs for COVID-19 Treatment”; Adele Shartzter, Jessica Banthin, and Bowen Garrett, “COVID-19 Treatment Costs Could Hit Some Medicare Beneficiaries with High Out-of-Pocket Expenses,” *Urban Wire* (blog), Urban Institute, March 19, 2020, <https://www.urban.org/urban-wire/covid-19-treatment-costs-could-hit-some-medicare-beneficiaries-high-out-pocket-expenses>.
- 14 Turret et al., “The Families First Coronavirus Response Act Is Necessary but Not Sufficient.”
- 15 The Coronavirus Aid, Relief, and Economic Security Act, passed by the Senate on March 26, 2020, and under discussion in the House at the time of this writing, will provide cash transfers to eligible workers and will make loans available to employers to help keep workers on payroll. It is unclear whether the final bill will include premium subsidies for COBRA coverage.
- 16 Lisa Held, “Small Farms Also Struggle as Restaurants Shut Down Due to Coronavirus,” *Civil Eats*, March 17, 2020, <https://civileats.com/2020/03/17/small-farms-also-struggle-as-restaurants-shut-down-due-to-coronavirus/>.
- 17 Jasmine Wu, “Whole Foods to Cut Health-Care Benefits for 1,900 Part-Time Employees Starting Next Year,” *CNBC*, last updated September 13, 2019, <https://www.cnbc.com/2019/09/12/whole-foods-to-cut-healthcare-for-1900-part-time-employees-in-2020.html>.

## References

- Gangopadhyaya, Anuj, Bowen Garrett, and Stan Dorn. 2018. *How Have Workers Fared under the ACA?* Washington, DC: Urban Institute.
- Lynch, Victoria, Genevieve M. Kenney, Jennifer Haley, and Dean Resnick. 2011. *Improving the Validity of the Medicaid/CHIP Estimates on the American Community Survey: The Role of Logical Coverage Edits*. Washington, DC: US Census Bureau.

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# Acknowledgments

This brief was funded by the Robert Wood Johnson Foundation. We are grateful to them and to all our funders, who make it possible for Urban to advance its mission.

The views expressed are those of the authors and should not be attributed to the Urban Institute, its trustees, or its funders. Funders do not determine research findings or the insights and recommendations of Urban experts. Further information on the Urban Institute’s funding principles is available at [urban.org/fundingprinciples](http://urban.org/fundingprinciples).

The authors are grateful for research assistance from Diane Arnos and for comments and suggestions from Fiona Blackshaw, Genevieve Kenney, and Jose Olivia.



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