



AMERICAN PUBLIC HEALTH ASSOCIATION

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AJPH CALL FOR PAPERS

SPECIAL SECTION ON POSTPANDEMIC BENEFITS CLIFF: NEGATIVE IMPACTS, POSITIVE STEPS, AND LESSONS LEARNED

The *American Journal of Public Health (AJPH)* invites submission of manuscripts exploring the public health effects of the 2023 benefits cliff for a special section to be published in December 2024.

Numerous safety net expansions were implemented by the US federal government early in the COVID-19 pandemic to protect the population and maintain a level of stability. Several of these expansions ended after a short time, with mixed effects: the federal eviction moratorium ended in August 2021, followed by the CARES Act moratorium on foreclosures in September 2021, but the rate of evictions and foreclosures remained lower than average after the end of these moratoria. However, the expanded Child Tax Credit helped achieve a record low child poverty rate in 2021, and after the expanded Child Tax Credit expired at the end of 2021, the child poverty rate more than doubled in 2022. The longest-lasting safety net expansions implemented during the COVID-19 pandemic—expansions to the Supplemental Nutrition Assistance Program (SNAP) and a Medicaid safety net that allowed anyone already enrolled for health insurance at the onset of the pandemic to keep their insurance—have ended as of Spring 2023. Social and education “benefits” that were enacted during the pandemic, such as the payment pause and interest freeze on student loans, have also ended in 2023.

In this special section of *AJPH*, we are interested in papers exploring both the impacts of the postpandemic benefits cliff and constructive steps that have been taken to help the public “weather the storm” given the loss of these benefits. We are interested in cliffs in social, education, and health care–related benefits. Themes of interest for submissions to this special section include but are not limited to:

- Surveillance of areas potentially affected by the postpandemic benefits cliff, such as:
 - Food insecurity and related health outcomes before and after March 1, 2023—the end of the expanded SNAP benefits, and
 - Health insurance coverage before and after April 1, 2023—the end of the temporary guarantee of safety-net Medicaid coverage.
- Constructive steps being taken to mitigate potential negative effects, such as:
 - State and local initiatives intended to fill the void left by the postpandemic benefits cliff, and
 - Novel interventions and programs to help communities “weather the storm” after a loss of benefits.
- Lessons learned from the COVID-19–related safety net expansions, the postpandemic benefits cliff, and previous postemergency benefits cliffs, such as:
 - The value of safety net expansions to better public health;
 - Changes that have been permanently enacted since the start of the COVID-19 pandemic and additional changes to pursue in public health practice, policy, and law; and
 - Commentary to inform public health preparedness for the next emergency.
- Various study designs, ranging from descriptive trends using longitudinal data, to quasi-experimental study designs, to mixed methods.

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AJPH invites Editorials, Commentaries, Essays, Notes From the Field, and Research Articles. Potential authors should visit the *AJPH* website (www.ajph.org) to review the Instructions for Authors and specific guidelines for the various types of manuscripts. Importantly, submissions must include a cover letter formatted as requested in the Instructions for Authors and should specify that the submission is for the **Postpandemic Benefits Cliff**–themed issue. In all manuscripts, the number of words, references, and tables/figures must correspond to a specific *AJPH* article format. Select manuscripts will undergo editorial review and eventual peer review by the *AJPH* editors and peer referees as defined by *AJPH* policy.

Submissions are due on **October 15, 2024**, and can be submitted at <https://www.editorial-manager.com/ajph>. Article guidelines and submission instructions are available at <https://www.ajph.org>.

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