From Economic Recovery to Health Resilience

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For decades, scholars have debated not whether the economy and public health are interlinked, but how. Several recent studies indicate a strong and persistent correlation between lower incomes and excess mortality, though this link sometimes manifests over years or even generations. As it has with so much else, the coronavirus disease 2019 (COVID-19) pandemic has compressed time in a way that reveals the interconnection between the economy and public health. With the change in the federal administration, there is a renewed chance to challenge the false dichotomy of economic growth vs public health and adopt policies that advance both together.

Such policies will demand a robust public health response that centers on low-income communities. In particular, it must prioritize such communities with largely Black, Latino, or American Indian populations, who have been affected disproportionately by COVID-19 and its "parallel pandemics," including job and housing insecurity, anxiety and depression, and the chronic conditions associated with these. Too often COVID-19 has simply unmasked patterns of injustice laid down over decades and longer, but with devastating immediate consequence to families and communities.

Public health practitioners, clinicians, government officials, community partners, and researchers can meet this moment by channeling economic recovery and turning it into health resilience. Three avenues offer promise: looking to the intersection of class and race affects pre-existing disparities among communities of color, but also how the chronic conditions associated with these. Too often COVID-19 has simply unmasked patterns of injustice laid down over decades and longer, but with devastating immediate consequence to families and communities.

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Turning to History

During New York City’s cholera epidemics of 1832 and 1849, the prevalence of cases among poor, working-class, and immigrant populations led to a lackluster government response rooted in prejudice despite evidence that sanitation issues in crowded neighborhoods were key to the disease’s spread. By the time a third cholera epidemic threatened the city in 1866, public health officials had come to realize that inequities in sanitation threatened the health of the entire population. In response, the state legislature passed the Metropolitan Health Law, which required municipal governments to maintain adequate sanitary conditions. The result was the creation of a Board of Health that put practices in place that limited the city’s death toll and inspired similar laws and organizations around the country.

However, recovery from crisis does not always translate into a step change for health resilience. Despite its catastrophic effects, not enough changed after the 1918 influenza pandemic, leading some historians to label it the “forgotten pandemic.” The opportunity now is to ensure that the current crisis drives forward long-term change. To do so, policy makers must redress the disinvestment in public health as part of economic recovery. Federal Reserve Chair Jerome Powell recently acknowledged that although fiscal and monetary policies such as deep cuts in interest rates, unprecedented levels of asset purchasing, and vigorous emergency lending contributed to a “solid” initial recovery, “the pandemic is further widening divides in wealth and economic mobility.” A slow and lengthy recovery would further widen these divides. Economic stimulus must include direct support for individuals with low incomes, such as cash payments and expanded unemployment insurance, along with a focus on job creation that changes public health infrastructure in a way that prepares individuals for the inevitable next crisis.

Building Community Health Infrastructures

The pandemic has laid bare not only the economic underpinnings that contribute to higher rates of morbidity and mortality among communities of color, but also how the intersection of class and race affects prevention. Everything from testing access to hand washing to physical distancing is harder to realize in low-income Black and Latino communities, where discrimination in health care, housing, and employment have already conspired against health justice.

Pulling more out of the poverty-illness-poverty trap will require building a health workforce powered by community partnerships, shepherded by community members, and maintained with government-funded resources sustained enough to endure after the pandemic. For example, Rishi Manchanda, MD, MPH, president and CEO of Health Begins, an advisory firm that works with health plans, health systems,
public health departments, and community organizations to address social drivers of health and equity, and colleagues have recommended the creation of a range of state-funded community-based workforces that leverage and expand preexisting networks of culturally proficient health workers, educators, and nonprofits.

One such proposal entails hiring recently unemployed workers to form a Community Health Service Corps charged with scaling enhanced contact tracing in vulnerable communities. New York City Mayor Bill de Blasio has announced a job-creating Public Health Corps built upon a foundation of trust and care within highly affected neighborhoods. The initiative is part of a series of economic recovery proposals centered around public health. It is a vision for public health that encompasses scientific research, partnerships with health care delivery, and community-based health equity. In the same vein, the Biden administration’s COVID-19 plan has proposed establishing a national Public Health Jobs Corps to mobilize at least 100,000 individuals across the country—with support from trusted local organizations—to assist in contact tracing today but also to build community-based prevention for tomorrow.

Investing in Recovery and Long-Term Protection

Paid sick leave during the COVID-19 era is a simple illustration of how economic policy and public health are synergistic because it supports more people getting tested, isolation of cases, quarantine for close contacts, and important preventive care such as flu vaccination. Policies like paid leave are, of course, health promoting even beyond a pandemic for slower-moving disasters such as diabetes and other chronic diseases.

Today’s boldest economic policy proposals recognize that recovery also requires contending more directly with the legacy of racism. For example, Jared Bernstein, PhD, MSW, of the Center on Budget and Policy Priorities, and Janelle Jones, MA, managing director for policy and research at Groundwork Collaborative, have argued that in setting monetary policy, the Federal Reserve should target not the overall unemployment rate, but rather the unemployment rate of Black people in the US. The housing market is a clear area where health and the economy converge. The long history of racism in mortgage lending is well established, resulting in major disparities in Black and White home ownership. Differentials in mortgage interest rates, potentially including interest-free mortgages, are another area to explore how economic stimulus could improve health by redressing past injustices.

In addition, battling climate change—the single greatest threat to long-term economic and public health alike—can itself serve as the connective tissue for economic recovery, public health revitalization, and the equity-oriented approach underpinning both. Only through coordinated, long-term investment—informed by historical responses to emergencies—will society be protected against future pandemics, economic crises, and environmental catastrophe.

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