The coronavirus disease 2019 (COVID-19) pandemic stands out as a public health crisis unparalleled in recent times; its effect on human health is likely to extend beyond the 18 million (and increasing) US individuals who have become infected with the virus. The pandemic may have a particularly severe long-term impact because of its significant association with key determinants of health: income, employment, and wealth.1

The study by Raifman et al2 focused on the markedly increasing rates of unemployment during the pandemic. Since the beginning of the pandemic, approximately 50 million US individuals have lost their jobs, with unemployment peaking at 15% in April 2020. The consequences of this economic downturn were particularly pronounced among low- and middle-income US individuals, on whom Raifman et al2 focused their study. Using a national sample of employed (as of February 2020) individuals living in families with incomes less than $75,000 a year, the authors found that approximately half of these workers became newly unemployed during the subsequent months. Particularly concerning, unemployment was highest among those already experiencing long-standing health disparities: Hispanic and Black individuals in the US, those with lower income, and lesbian, gay, bisexual, transgender, or nonbinary individuals.

Despite this grim economic outlook, Raifman et al2 provided some encouraging news about how the negative association of this economic downturn with population health can be mitigated through government policy, in this case, unemployment insurance. Although the authors found that experiencing unemployment was associated with higher levels of food insecurity, which is predictive of other health outcomes,3 they found that receiving unemployment insurance was associated with substantially reducing this negative effect.

Of note, these findings highlight the importance of the initial federal response in the form of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which expanded unemployment insurance alongside other efforts to stimulate the economy. The legislation not only extended the length of time that an individual could receive unemployment insurance and expanded (by $600/week) the benefit, but also temporarily expanded the scope of who was eligible to receive unemployment insurance to include many of those in the gig economy, independent contractors, and self-employed workers.4

The study by Raifman et al2 contributes to a growing body of research demonstrating the health effects of so-called nonhealth policies. Often overlooked in discussions of health-promoting policies are the economic policies that shape the distribution of income and wealth among people and population subgroups.5 An emerging evidence base has indicated that better health outcomes are associated with more generous economic policies, such as a higher minimum wage, greater union protections, and refundable tax credits for low-income families.6 Joining this work, the study by Raifman et al2 adds to our general understanding of unemployment insurance as not only a particularly important tool for blunting the effects of economic downturns but also a tool to promote better health outcomes.7

These findings also foreshadow the potential consequences to come because these extended benefits are scheduled to expire at the end of December 2020. Despite initially coming together to pass the CARES Act (and other relief legislation) in late March 2020, Democrats and Republicans have spent months blaming each other for their inability to compromise on another package of economic supports. At stake are an estimated 12 million US individuals benefiting from expanded
unemployment insurance under the CARES Act as well as the broader public impacted in numerous ways by the COVID-19 pandemic–related economic crisis.

As of this writing, in the final days of the 116th Congress, policy makers have forged a smaller but still substantial relief package that would expand the needed unemployment insurance, albeit at a reduce rate, alongside other economic supports. Currently at issue and holding up final approval of the bill is the size of a direct stimulus benefit that would be sent to most low- and middle-income US individuals. These 1-time payments are beyond the scope of the study by Raifman et al, but their findings combined with the broader literature tell us that these types of economic benefits should be viewed as tools that serve 2 purposes: to provide much-needed economic relief and to blunt the harm to US health associated with the COVID-19 pandemic–related economic downturn.

REFERENCES