COVID-19 and Health Equity: Time to Think Big

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Final Author Version

16 July 2020

"It is not till it is discovered that high individual incomes will not purchase the mass of mankind immunity from cholera, typhus, and ignorance, still less secure them the positive advantages of educational opportunity and economic security, that slowly and reluctantly, amid prophecies of moral degeneration and economic disaster, society begins to make collective provision for the needs which no ordinary individual, even if he works overtime all his life, can provide himself."

--R.H. Tawney, Equality (1931)

The COVID-19 pandemic has exposed the magnitude of US health inequities, which the WHO defines as "avoidable, unfair, or remediable differences" in health[1], and structural racism—the social context (institutions, practices, mores, and policies) that influence actions by individuals resulting in differential allocation of resources and opportunities so as to increase inequity across racial groups.[2,3] COVID-19 mortality rates are more than twice as high in non-Hispanic Black, Hispanic, and Indigenous individuals, compared with non-Hispanic White individuals, along a strong socioeconomic gradient (https://covidtracking.com/race/dashboard).[4–7] As physicians from diverse backgrounds (Jewish male, Black female, and South Asian-American male, respectively) whose work focuses on health equity, we are acutely aware of our profession's collective failure when vulnerable individuals needed us.

In this perspective, we start from the premise that health inequities have structural causes that warrant policy-level, rather than individual-level, solutions. We describe two key lessons from the COVID-19 health equity disaster, and suggest actionable policy targets that will both advance health equity and our COVID-19 response.

1) *Public Policy Enables Public Health*

The COVID-19 pandemic shows that our public health response cannot be divorced from public policy—federal and state legislation, federal and state program administration, and local ordinances. People cannot adhere to social distancing when basic needs risk going unmet. Even before COVID-19, many Americans faced unmet basic needs. Now, one in four workers have lost jobs[8,9], foreclosures and evictions threaten to reach record highs[10–14], and food insecurity prevalence has tripled—accompanied by *miles-long* queues for food pantries.[15,16] This pressures individuals most vulnerable to COVID-19—low-income, racial/ethnic minorities—to take risks just to make ends meet. Moreover, inadequate federal support for basic needs, and insensitivity to differences in what is needed to weather this crisis, creates misdirected anger at state-level public health measures, like social distancing. This anger contributes to lifting these measures prematurely. Public policy should enable individuals to socially distance, not incentivize them to oppose it.

Public policy must also equip state and local governments to respond to COVID-19. The US Federal Reserve has made available over $2.3 *trillion* to support the financial system in the wake of COVID-19[17], but support for state and local governments, particularly municipal debt, has not been adequate.[18] Often unable to run deficits, state and local governments must cut spending when revenue declines. These cuts are likely to have several detrimental effects: scaling-back public health efforts, defunding state programs that address basic needs, and spurring public sector lay-offs that stall economic recovery.[19,20]

These policy failures disproportionately affect marginalized communities with high levels of comorbidities. Moreover, in a pandemic, anything that increases opportunity for disease

transmission affects everyone. This is the paradox of inequity—even the well-off are worse off than they would be if systems were more equitable.

2) Health Equity Requires Big Investments in Public Policy

COVID-19 has demonstrated once again the outsized role of structural racism and social determinants of health. Exposed to the same virus, Black, Hispanic, and Indigenous individuals have more severe disease and higher mortality than White individuals. This disparity is structured by the conditions in which individuals are "born, grow, live, work, and age."[21,22] Greater investment in hospitals and clinics that serve marginalized communities is sorely needed.[6] However, clinical care alone cannot compensate for a lifetime of accumulated disadvantage; nor will it dismantle the structures that perpetuate health inequities.

To achieve health equity, we must reach beyond the healthcare system—and think big. Below are targets for social, as opposed to health, policy that would both advance health equity and the COVID-19 response.

- *Universal Food Income*. Food insecurity—lack of access to enough food for an active, healthy, life—is a health equity issue that disproportionately affects racial/ethnic minorities, those with lower incomes, and rural communities.[15,23,24] SNAP is an effective food insecurity intervention[25,26] but has its limits: benefit levels are often insufficient to permit a healthy diet[27], and many with incomes above the SNAP cut-off are nonetheless food insecure.[23,26] Universal basic income is now a serious policy consideration in the US, but objections that unconditional cash payments might be

used insalubriously are common. Alternatively, we suggest a universal food income that would provide all US households with a monthly electronic benefit transfer payment restricted to SNAP-eligible foods. The benefit would be tied to the USDA Moderate-Cost Food Plan—which represents the cost of a nutritionally recommended diet.[28] This policy could be enacted via federal legislation (e.g., the farm bill) and, by guaranteeing sufficient income for a healthy diet, would have substantial public health impact. Further, food programs typically have high 'money multiplier' effects—a dollar put into the program often produces more than a dollar in subsequent economic activity—which will support economic recovery.[29–31]

- *Unemployment Insurance*. Working conditions are heavily patterned by race/ethnicity, and precarious employment, low wages, and lack of benefits undermine pandemic control efforts. Pre-COVID, the unemployment insurance system had seen declining income replacement levels, and had not adapted to current labor conditions (e.g., independent contractor and 'gig-economy' workers are ineligible, despite being a growing segment of the workforce).[32–34] The CARES (Coronavirus Aid, Relief, and Economic Security) Act fixed many of these issues, but will expire in July 2020.[35,36] The fixes should be extended by federal legislation during the current crisis. Ultimately, state-level reforms that increase the income replacement rate and broaden eligibility are needed. Unemployment insurance reform enables social distancing by making it possible to stay home. It will also help to improve health equity over time by giving workers a better bargaining position. A more robust unemployment insurance system means workers feel less pressure to accept dangerous or inequitable working conditions.

- *Community Development*. Neighborhood-level differences in housing availability, education, and economic opportunity are key drivers of disparities. Historical and ongoing segregation, redlining, and underinvestment have led to a lack of quality affordable housing and depleted neighborhood resources. To address these issues, community development investments are needed.[37–40] Two key pieces of federal community development legislation are the Low-Income Housing Tax Credit[41] and Community Reinvestment Act (CRA).[42] Rulemaking by the office of the Comptroller of the Currency and the Federal Deposit Insurance Corporation are also important levers to influence CRA implementation.[43] Community development corporations, affordable housing developers, and community benefit financial institutions should take a strengths-based approach that builds on area assets by expanding affordable housing, mitigating toxic environmental conditions, and increasing local economic opportunity. This development will not only help communities respond to the pandemic, but will advance healthy equity long-term by improving living conditions.

Conclusions

It is unrealistic to think health equity will be achieved without a major investment of resources. In fact, decades of systemic underinvestment have contributed to health disparities. Where a society devotes its financial resources indicates its values. It is therefore perverse to say health equity is valued if we, as a society, are not willing to make the investments necessary to redress health inequities. If the Federal Reserve can come up

with $2.3 trillion to support the financial system during COVID-19, whether to adequately support individuals is a question of political will, not economic feasibility.

This pandemic affects everyone, but not equally. The same patterns of power, privilege, and inequality that run throughout American life are recapitulated here. Nevertheless, every American is vulnerable to COVID-19. This fact should inspire values of collective action, solidarity, and universalism. Undoubtedly, some will look at the proposals above and think them radical or ruinous. But if we want to take health equity seriously during COVID-19, now is the time to think big.

Acknowledgments:

Disclosures: SAB reports receiving personal fees from the Aspen Institute, outside of the submitted work. CWC and AC have nothing to disclose.

Author information: SAB conceived of the study and drafted the manuscript. CWC and AC contributed to interpretation and revised the manuscript critically for important intellectual content. All authors give approval of the manuscript version to be submitted.

Prior Presentation: None

Funding Information: Funding for SAB's role on the study was provided by the National Institute of Diabetes And Digestive And Kidney Diseases of the National Institutes of Health under Award Number K23DK109200. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

References

1. WHO | Health equity [Internet]. WHO. [cited 2020 Jul 3];Available from: http://www.who.int/topics/health_equity/en/

2. Williams DR, Cooper LA. Reducing Racial Inequities in Health: Using What We Already Know to Take Action. Int J Environ Res Public Health 2019;16(4).

3. Williams DR, Lawrence JA, Davis BA. Racism and Health: Evidence and Needed Research. Annu Rev Public Health 2019;40:105–25.

4. Price-Haywood EG, Burton J, Fort D, Seoane L. Hospitalization and Mortality among Black Patients and White Patients with Covid-19. N Engl J Med 2020;0(0):null.

5. Hooper MW, Nápoles AM, Pérez-Stable EJ. COVID-19 and Racial/Ethnic Disparities. JAMA [Internet] 2020 [cited 2020 Jun 3];Available from: https://jamanetwork.com/journals/jama/fullarticle/2766098

6. Bibbins-Domingo K. This Time Must Be Different: Disparities During the COVID-19 Pandemic. Ann Intern Med [Internet] 2020 [cited 2020 Jun 3];Available from: https://www.acpjournals.org/doi/10.7326/M20-2247

7. CDC. Coronavirus Disease 2019 (COVID-19) [Internet]. Cent. Dis. Control Prev. 2020 [cited 2020 Jul 3];Available from: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/racial-ethnic-minorities.html

8. Unemployment benefits: 1 in 4 American workers have filed jobless claims since the pandemic - CNN [Internet]. [cited 2020 Jul 3];Available from: https://www.cnn.com/2020/05/28/economy/unemployment-benefits-coronavirus/index.html

9. THE EMPLOYMENT SITUATION — JUNE 2020. :42.

10. Rent Week Results: April Payments Down 12 Percentage Points From March | RP Analytics [Internet]. RP Anal. Blog. 2020 [cited 2020 Jul 3];Available from: https://www.realpage.com/analytics/rent-week-results-april-payments-down-12-percentage-points-from-march/

11. N'diaye M. Covid-19 State Foreclosure Moratoriums and Stays [Internet]. Natl. Consum. Law Cent. 2020 [cited 2020 Jul 3];Available from: https://www.nclc.org/issues/foreclosures-and-mortgages/covid-19-state-foreclosure-moratoriums-and-stays.html

12. Cordray R. Opinion | How to avert another foreclosure crisis in the covid-19 economic fallout [Internet]. Wash. Post. [cited 2020 Jul 3];Available from: https://www.washingtonpost.com/opinions/2020/05/11/how-avert-another-foreclosure-crisis-covid-19-economic-fallout/

13. Adamczyk A. 32% of U.S. households missed their July housing payments [Internet]. CNBC. 2020 [cited 2020 Jul 16];Available from: https://www.cnbc.com/2020/07/08/32-percent-of-us-households-missed-their-july-housing-payments.html

14. Share of Mortgage Loans in Forbearance Increases to 8.16% | Mortgage Bankers Association [Internet]. [cited 2020 Jul 3];Available from: https://www.mba.org/2020-press-releases/may/share-of-mortgage-loans-in-forbearance-increases-to-816

15. Fitzpatrick KM, Harris C, Drawve G. Assessing Food Insecurity in the United States During COVID-19 Pandemic [Internet]. 2020 [cited 2020 May 29];Available from: https://fulbright.uark.edu/departments/sociology/research-centers/community-family-institute/_resources/community-and-family-institute/revised-assessing-food-insecurity-brief.pdf

16. Cars Queue for Miles at Food Banks as Coronavirus Leaves Millions Unemployed [Internet]. 2020 [cited 2020 Jul 3]. Available from: https://www.youtube.com/watch?v=uUq8zgqYaHc

17. Federal Reserve takes additional actions to provide up to $2.3 trillion in loans to support the economy [Internet]. Board Gov. Fed. Reserve Syst. [cited 2020 Jul 3];Available from: https://www.federalreserve.gov/newsevents/pressreleases/monetary20200409a.htm

18. McGahey R. The Fed's Muni Bond Purchases Won't Rescue State And Local Budgets [Internet]. Forbes. [cited 2020 Jul 3];Available from: https://www.forbes.com/sites/richardmcgahey/2020/05/07/the-feds-muni-bond-purchases-wont-rescue-state-and-local-budgets/

19. Hinkley S. Public Sector Impacts of the Great Recession and COVID-19 [Internet]. Cent. Labor Res. Educ. 2020 [cited 2020 Jul 3];Available from: http://laborcenter.berkeley.edu/public-sector-impacts-great-recession-and-covid-19/

20. The Post-Recession Labor Market: An Incomplete Recovery [Internet]. Inst. Res. Labor Employ. 2019 [cited 2020 Jul 3];Available from: https://irle.berkeley.edu/the-post-recession-labor-market-an-incomplete-recovery/

21. Social Determinants of Health | CDC [Internet]. 2018 [cited 2018 Jun 28];Available from: https://www.cdc.gov/socialdeterminants/

22. WHO | Social determinants of health [Internet]. WHO. [cited 2020 Jul 3];Available from: http://www.who.int/social_determinants/en/

23. Coleman-Jensen A, Rabbitt MP, Gregory CA, Singh A. Household Food Security in the United States in 2018 [Internet]. 2019 [cited 2020 Apr 16];Available from: http://www.ers.usda.gov/publications/pub-details/?pubid=94848

24. Gundersen C, Engelhard E, Waxman E. Map the Meal Gap: Exploring Food Insecurity at the Local Level. Appl Econ Perspect Policy 2014;36(3):373–86.

25. Ratcliffe C, McKernan S-M. How Much Does Snap Reduce Food Insecurity? [Internet]. [cited 2020 Jul 3];Available from: http://www.ers.usda.gov/publications/pub-details/?pubid=84335

26. Gundersen C. Food insecurity is an ongoing national concern. Adv Nutr Bethesda Md 2013;4(1):36–41.

27. More Adequate SNAP Benefits Would Help Millions of Participants Better Afford Food [Internet]. Cent. Budg. Policy Priorities. 2019 [cited 2020 Jul 3];Available from: https://www.cbpp.org/research/food-assistance/more-adequate-snap-benefits-would-help-millions-of-participants-better

28. USDA Food Plans: Cost of Food Reports (monthly reports) | USDA-FNS [Internet]. [cited 2020 Jul 3];Available from: https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-reports-monthly-reports

29. Canning P, Stacy B. The Supplemental Nutrition Assistance Program (SNAP) and the Economy: New Estimates of the SNAP Multiplier [Internet]. [cited 2020 Jul 3];Available from: http://www.ers.usda.gov/publications/pub-details/?pubid=93528

30. Reeves A, Basu S, McKee M, Meissner C, Stuckler D. Does investment in the health sector promote or inhibit economic growth? Glob Health 2013;9:43.

31. USDA ERS - Quantifying the Impact of SNAP Benefits on the U.S. Economy and Jobs [Internet]. [cited 2020 Jul 3];Available from: https://www.ers.usda.gov/amber-waves/2019/july/quantifying-the-impact-of-snap-benefits-on-the-us-economy-and-jobs/

32. Introduction to Unemployment Insurance [Internet]. Cent. Budg. Policy Priorities. 2008 [cited 2020 Jul 3];Available from: https://www.cbpp.org/research/introduction-to-unemployment-insurance

33. Eisenberg R. Why Unemployment Insurance Isn't Working [Internet]. Forbes. [cited 2020 Jul 3];Available from: https://www.forbes.com/sites/nextavenue/2018/04/16/why-unemployment-insurance-isnt-working/

34. Roberts ET and B. Small-business options: Occupational outlook for self-employed workers : Career Outlook: U.S. Bureau of Labor Statistics [Internet]. [cited 2020 Jan 29];Available from: https://www.bls.gov/careeroutlook/2018/article/self-employment.htm

35. Konczal M. Unemployment Insurance Is a Vital Part of Economic Freedom. 2020 [cited 2020 Jun 24];Available from: https://www.thenation.com/article/economy/cares-act-unemployment/

36. Unemployment Insurance Relief During COVID-19 Outbreak | U.S. Department of Labor [Internet]. [cited 2020 Jul 3];Available from: https://www.dol.gov/coronavirus/unemployment-insurance

37. Practical Playbook [Internet]. [cited 2020 Jul 3];Available from: https://www.practicalplaybook.org/page/role-community-development-partner-health

38. Using Fair Housing to Achieve Health Equity (SSIR) [Internet]. [cited 2020 Jul 3];Available from: https://ssir.org/articles/entry/using_fair_housing_to_achieve_health_equity

39. Housing And Health: An Overview Of The Literature | Health Affairs [Internet]. [cited 2020 Jun 3];Available from: https://www.healthaffairs.org/do/10.1377/hpb20180313.396577/full/

40. Health Equity and the Role for Community Development [Internet]. Build Healthy Places Netw. 2016 [cited 2020 Jun 3];Available from: https://www.buildhealthyplaces.org/whats-new/health-equity-role-community-development/

41. Low-Income Housing Tax Credits | HUD USER [Internet]. [cited 2020 Jul 3];Available from: https://www.huduser.gov/portal/datasets/lihtc.html

42. FFIEC Community Reinvestment Act [Internet]. [cited 2020 Jul 3];Available from: https://www.ffiec.gov/cra/

43. Community Reinvestment Act: Notice of Proposed Rulemaking [Internet]. 2020 [cited 2020 Jul 3];Available from: https://www.occ.gov/news-issuances/bulletins/2020/bulletin-2020-3.html