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Moving Upstream: Health and Prosperity During the COVID-19 Pandemic

by Lisa Miller and Deborah Deatrick

The COVID-19 pandemic created unprecedented disruptions in our communities and workplaces. Healthcare and emergency service providers struggled to staff health facilities and find personal protective equipment as they faced coronavirus exposure. Direct care workers and retail employees who could not afford to miss work endured risky working conditions. Many childcare providers closed their doors leaving frontline workers without options for their children. Hunger among all age groups rose dramatically. Shocking racial disparities in virus detection, care, and mortality surfaced. Downtowns and small businesses lost revenues and staff in shutdowns. Real estate pressures reduced housing availability for low- and middle-income people and renters, forcing many into perilous housing situations.

Everyone everywhere was unprepared for a disruption of this magnitude. As COVID-19 spread, new fissures emerged. Early efforts by government public health agencies stumbled, revealing system weaknesses from decades of neglect and underfunding. Furthermore, Maine had the dubious distinction of having some of the worst outcomes for communities of color in the country (Miller 2020). Past administrative actions, at the national and state levels, dismantled the fragile medical and public health systems that were in place, unduly increasing hardships for individual and families, communities, and the state.

Well before the pandemic halted normal life, Maine public health advocates had begun gathering leaders from diverse organizations to confront the challenges weakening the state. Maine’s health status rankings were plummeting (United Health Foundation 2021), access to health care in rural areas was decreasing as hospitals and clinics closed, and health-care providers were harder to find. This group met to explore connections between their work and that of other sector leaders to build a social determinants of health model, one that would reflect the conditions in which we are born, live, learn, work, play, worship, and age (Krech 2011; US CDC 2021).

A cross-sector alliance began to form, which became the Maine Alliance for Health and Prosperity. The fundamental driver behind this Alliance was the recognition that the health of Maine’s economy is inextricably linked to the health and well-being of its people and communities. Efforts to improve health often focus on prevention and treatment of diseases—admirable aims, but insufficient on their own. The Alliance’s vision is built upon research and collective experience showing that social and economic factors exert the biggest impact on health (40 percent), followed by behaviors (30 percent), clinical care (20 percent), and the physical environment (10 percent).1

Although Maine has a long history of successful work in coalitions, they have largely been focused on single issues. This effort sought to breach those silos by creating a more cross-cutting approach. Funding from visionary early investors—the Bingham Program and the Betterment Fund—gave the Alliance the start it needed to move forward.

The release of Governor Mills’s 10-year economic development strategy (Maine DECD 2019), emphasizing the necessity for cross-sector approaches, further fueled efforts by these leaders to amplify the connection between health of communities and economic prosperity. Work on implementing the economic development strategy had barely begun when COVID-19 struck, putting most of the recommended actions on the back burner. As Maine’s COVID-19 recovery played out, Governor Mills convened a panel of 37 leaders in May 2020 to craft an economic recovery plan—a “look to the future to offer recommendations to build a bridge to economic prosperity.” (Governor’s ERC 2020). These two reports and the more recent Maine Jobs and Recovery Plan (Office of the Governor 2021) provide a comprehensive foundation on which to “build back better” to strengthen our economy and improve the health and well-being of all Maine people and communities.

The Alliance laid out an early plan of work that included (1) identifying and underscoring social factors that simultaneously affect Maine’s economy and health, (2) engaging additional visionary individuals in this collaborative effort, and 3) developing a bold policy agenda and action plan. But it, too, was derailed by the pandemic. The crises that emerged as the spread of COVID-19 accelerated sharpened the link between public health, private sector medical care, and economic security. Mobilized by the declaration of the US Federal Reserve Bank that the economy will not recover until the virus is under control (Rosengren 2020), the
The commitment of the Alliance to building equity is unwavering and strong; we will develop compelling narratives linking the public’s health and equity with economic prosperity as a call to action. Alliance members will also seek to influence implementation of the economic development strategy and the Economic Recovery Committee recommendations. Furthermore, the arrival of millions of dollars from the American Rescue Plan Act offers a unique and time-sensitive opportunity to monitor and advocate for community funding strategies that recognize the urgency of addressing health and social factors when rebuilding Maine’s economy.

As we look back to assess the damage wreaked by COVID-19 in Maine, the pandemic led to at least one silver lining—the mobilization of a newly energized group of leaders from multiple sectors who understand, and are deeply committed to, forging upstream solutions that result in better health and secure economic conditions for all Maine people and communities. To the Alliance, the pandemic represents a sobering wake-up call for a vigorous public health system that is the sum total of economic, physical, and social environments. The coming challenge for the Alliance will be the best application of its energy and expertise to help move Maine communities toward comprehensive, equitable, and resilient postpandemic recovery.

NOTES
1 More information is available on the County Health Rankings & Roadmaps website: https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/country-health-rankings-model.

REFERENCES

Lisa Miller recently retired from 20 years as senior program officer of the Bingham Program, a charitable endowment for Maine. From 2005 to 2011, Miller was a representative in the Maine House, serving a district of five small rural towns.

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