Reducing social and economic inequality would promote population mental health and societal resilience to future crises.
economically marginalized groups, such as cardiovascular, metabolic, and immune conditions. Thus, as the pandemic has shown, social inequality can create a worsening spiral of mutually reinforcing mental and physical health problems.

**Bolstering economic safety and equity**

With the brunt of the COVID-19 pandemic having been experienced by lower-resourced communities, economic safety and equity should be prime targets for promoting population mental health and societal resilience. To promote such resilience to future calamities, existing economic “safety net” policies require expansion, and new policies need consideration and examination. These include cash transfer and income supplement programs, broader food assistance programs, and more support for housing and residential mobility.

Sustained cash transfer programs piloted in other nations have been shown to reduce stress, prevent family violence, and increase long-term living standards. A monthly child allowance has been projected to completely eliminate severe child poverty in the United States, potentially disrupting intergenerational cycles of poverty. The Child Tax Credit is an example of a policy that has been effective at reducing the rate of child and family poverty to historic lows. Cash transfers and child allowances have also shown more efficacy in reducing food insecurity in Canada than the Supplemental Nutrition Assistance Program (SNAP) in the United States, a program tied to income and limited in eligibility terms. Additionally, housing unaffordability remains a structural barrier to disaster resilience. Providing permanent housing to the unhoused has become urgent during the COVID-19 pandemic and has increased popularity for innovative policies that successfully address housing insecurity. For people living in high-poverty neighborhoods, residential mobility programs such as Moving to Opportunity have shown reductions in personal distress and improved wellbeing 15 years later. Among individuals from high-poverty neighborhoods, one standard deviation reduction in neighborhood poverty reduced stress to levels equivalent to those of individuals above the poverty line. Community investments and residential mobility opportunities can be offered in tandem to improve communities for those who wish to remain and provide flexibility for individuals and families seeking new communities. These poverty reduction measures may promote resiliency among higher-level systems, allowing lower-level systems to adapt to stress.

**Expand the safety net to increase resilience**

Individuals who are marginalized along multiple dimensions of their identity (e.g., being a low-income woman, or an LGBTQ adolescent with a prior history of multiple childhood adversities) have experienced a more negative impact of the pandemic on their mental health. This is because multiple forms of inequality interact and intersect to shape an individual’s experience and health in unique ways according to their social identity.

For instance, women with lower socioeconomic status and marginalized racial or ethnic identities experienced greater disadvantage during the COVID-19 pandemic and were overburdened in ways that impacted their well-being and mental health. The compounding effects of these multiple identities suggest the need to allocate additional resources and interventions for those who experience multiple forms of social or economic disadvantage. Expanding economic “safety net” policies that promote economic safety and equity will create greater resilience among communities and families before a disaster occurs, allowing a more robust and adaptive response.

**Camelia Hostinar** is an associate professor of psychology at UC Davis.

**Anna Parenteau, Chase Bayer, Lillian Campos, Angelica Carranza, and Dana Hartman** are PhD students at UC Davis.

**LillyBelle Deer** is a postdoctoral scholar at the University of Denver.

**Julie Bidwell** is an assistant professor of nursing at UC Davis.

The UC Davis Center for Poverty & Inequality Research mission is to facilitate non-partisan academic research on poverty and economic inequality in the U.S., to disseminate this research, and to train the next generation of poverty scholars. Our research agenda spans four themed areas of focus:

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Center for Poverty & Inequality Research
University of California, Davis
1 Shields Ave | Davis, CA 95616
(530) 752-0401