

THE MILBANK QUARTERLY

A MULTIDISCIPLINARY JOURNAL OF POPULATION HEALTH AND HEALTH POLICY

CALL FOR PAPERS

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Beyond COVID-19: Improving Population Health, Public Health, and Health Care

A Message from the Editor

The COVID-19 pandemic has had far-reaching health and economic effects in the United States in a relatively brief time – more than 115,000 lives lost and over 40 million unemployed. With each passing day, it becomes increasingly evident that these effects will be long-lasting, with the dual threat of new waves of infection and slow economic recovery. The epidemic also has laid bare the limitations of our nation’s public health system to respond to emergencies as well as the inherent weakness of our health care system to deliver care equitably to all residents. The pandemic’s effects have been further amplified by the failure of our national leaders to organize an effective, coordinated response. At least 20 states are experiencing increased infection rates as they reopen commercially before the coronavirus is contained and an effective vaccine or cure can be produced.

For the foreseeable future, we are living in a COVID-19 world. Those disproportionately affected by the pandemic – low-income individuals of color, especially those with underlying chronic illnesses – also are the most disadvantaged by poverty and other social drivers of health. As we attempt to recover from the pandemic and its economic effects, we need to recognize that economic recovery in the absence of health equity will only perpetuate longstanding historical injustices. And the senseless murder of George Floyd by police officers, which has heightened public awareness of racial inequities and galvanized a protest movement for long overdue social change, underscores a fact well known by population health researchers – that health equity cannot be attained without addressing racial injustice. To improve the health of the American population, we need to end structural racism and mitigate the effects of other foundational social drivers of population health.

This is a defining moment in American history filled with both exceptional promise and great uncertainty. Can we gather the political will to confront and abolish racism and discrimination in all aspects of society? Can we successfully foster equity within our economic, social, and health care systems? Can we act on lessons from other nations that could improve population health and well-being? We must not allow past failures to constrain our imagination to think anew about necessary policy reforms and effective strategies for achieving lasting social change. While universal coverage is essential for assuring equitable treatment of historically marginalized and underrepresented groups, it constitutes only a part of any COVID-19 recovery plan. It is imperative that we tackle the intractable *upstream* policy drivers of population health. If ever there was a time for action, it is now – and if ever there was a reason, it is that the future of our democracy is at stake.

Call for Papers

As a leading multidisciplinary journal of population health and health policy, *The Milbank Quarterly* is committed to applying the best empirical research to practical policymaking regarding population health. The need for sound evidence to guide pragmatic decision making in the policy arena has never been greater.

In this call for papers, we seek manuscripts that analyze national or state-level policies and strategies in three broad areas: population health; public health infrastructure; and health care. Our focus is on original research that can directly inform policymakers and policymaking in health and social sectors.

Improving Population Health

Of particular interest are analyses of *upstream* policies in the United States or in an individual state that:

- Evaluate the integration of health policies with social policies in other sectors (e.g., education, employment, housing, transportation, environment, criminal justice, etc.), including cross-sector collaborations to address social drivers of health and improve health outcomes
- Mitigate the effects of structural racism and discrimination on population health outcomes
- Increase state-level leadership in promoting population health aims and developing strong relationships with federal agencies
- Address the special needs of vulnerable populations (e.g., the homeless population, socially isolated elderly individuals, persons with chronic illnesses, persons with disabilities)
- Identify and draw lessons from other nations' experiences in allocating resources for improving health and well-being of all citizens

Improving the Public Health Infrastructure

Of particular interest are analyses of policies or strategies either nationally or in an individual state that:

- Strengthen or reorganize the current public health infrastructure and funding streams to prepare for the next wave of COVID-19 infections as well as for future public health emergencies
- Increase collaboration and communication between public and private sectors in responding to emergencies (e.g., regional alignment of states, coordinated system capacity planning, better data sharing across agencies, and greater involvement of community-based organizations in public health efforts)
- Identify and draw lessons from other nations' experiences with COVID-19 that may inform future efforts in the US

Improving the Health Care System

The pandemic has presented us with an extraordinary opportunity to *reimagine* our health care system in ways that previously were neither possible nor conceivable. If we return to “normal activity” simply by reverting to a pre-COVID state of affairs, we will have failed to learn from this

experience. Of particular interest are analyses of policies or strategies either nationally or in an individual state that:

- Increase health equity in the health care system, including workforce development as well as health care delivery
- Strengthen primary care to improve population health (e.g., expanded use of telehealth in delivering care)
- Better integrate behavioral health with physical health to alleviate effects of social isolation, depression, and anxiety
- Improve long-term care financing and delivery, including oversight and monitoring of quality of care (e.g., ensuring effective infection control in skilled nursing and assisted living facilities)

We recognize that original research of the kind described above requires time to produce, but time is of the essence and we look forward to accepting manuscripts on a rolling basis beginning July 1, 2020 and continuing until December 31, 2020. We welcome analyses involving quantitative, qualitative or mixed-methods approaches as well as systematic reviews.

In addition to original research papers, we also welcome insightful *Perspectives* on matters related to the three areas outlined above. To be considered for publication, a *Perspective* should:

- Either (1) illuminate our understanding of an important issue, policy or strategy in a *new* way, or (2) present a *new policy idea or proposal* for solving an identified problem;
- Be *evidence-based*, with appropriate citations from scientific and/or policy sources to support statements of fact and policy proposals;
- Be approximately 2,000 to 5,000 words in length; and
- **Not** be a history of the pandemic, a literature review, or an opinion piece.

For information regarding the formatting and submission of original research manuscripts and *Perspectives*, please visit our website for “Instructions for Authors”:

<https://www.milbank.org/quarterly/for-authors/#instructions>.