

## Advancing Equity in Public Administration: Prioritizing Equality of Outcomes in the COVID-19 Crisis

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*The destructive and ubiquitous nature of the COVID-19 pandemic presents a unique and important backdrop upon which to consider the practicality of an equitable approach to contemporary public administration. To minimize or ignore the specialized needs of marginalized populations in the time of COVID-19 is to prolong the spread of the disease, social restrictions, and the ultimate recovery of the American economy, as those disproportionately impacted are often public-facing essential workers who cannot stay home and effectively social distance. This commentary discusses the advancement of social equity as an essential component of policy planning in the current pandemic and offers practical administrative strategies for achievement, including heeding the data, dialoguing with community, partners, and taking courageous action.*

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**KEY WORDS:** social equity, social equality, health equity, social justice, coronavirus, COVID-19, health disparities, health policy, vulnerable populations, policy response

### 摘要

新冠肺炎(COVID-19)大流行的破坏性与普遍性提供了一个独特且重要的背景,用于考量当代公共行政的一项公平措施的可行性。在COVID-19时期对脆弱人群的特殊需求进行最小化或忽视,则是在延长疾病的扩散、延长居家限制措施的放宽时间、延长美国经济的最终恢复时间,因为那些特别受疫情影响的人群是面对公众的基层工作人员,他们不能待在家也无法有效保持社交距离。本篇评论文探讨了在当前大流行中将社会公平的提升作为政策规划的关键部分,并就达成此事提供了实用的行政策略,包括留意数据、与社区和合作伙伴进行对话、以及采取果敢行动。

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**关键词:** 社会脆弱性, 脆弱人群, 公共卫生预备, 大流行响应, 社会公平

### Resumen

*La naturaleza destructiva y ubicua de la pandemia COVID-19 presenta un telón de fondo único e importante sobre el cual considerar la viabilidad de un enfoque equitativo de la administración pública contemporánea. Minimizar o ignorar las necesidades especializadas de las poblaciones vulnerables en el momento del COVID-19 es prolongar la propagación de la enfermedad, la relajación de las*

*restricciones de permanencia en el hogar y la recuperación final de la economía estadounidense, ya que los afectados de manera desproporcionada son los trabajadores esenciales de cara al público que no pueden quedarse en casa y distancia social efectiva. Este comentario analiza el avance de la equidad social como un componente esencial de la planificación de políticas en la pandemia actual y ofrece estrategias administrativas prácticas para el logro, que incluyen prestar atención a los datos, dialogar con la comunidad, los socios y tomar medidas valientes.*

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**PALABRAS CLAVES:** Vulnerabilidad social, Poblaciones vulnerables, Preparación para la salud pública, Respuesta a una pandemia, Igualdad Social

## Introduction

Social equity in public administration requires a commitment to the fair and just implementation of public policy and services, with particular care for the most vulnerable members of society. Eight months after the first documented case of COVID-19 in the United States, the number of reported cases has ballooned to nearly 6 million, with more than 182,000 deaths (Centers for Disease Control, 2020). Consistent with well-documented patterns of social gradients in health, racial, and ethnic minorities in the United States have been disproportionately impacted by the pandemic, with mortality and infection rates for people of color eclipsing those of whites (Hooper, Nápoles, & Pérez-Stable, 2020; Kendi, 2020). The destructive and ubiquitous nature of the COVID-19 pandemic presents a unique and important backdrop upon which to consider the practicality of an equitable approach to contemporary public administration. Balancing the urgent need to safely reopen schools and local economies, with the inevitable dangers of increased transmission rates until a vaccine is developed, requires public administrators to think strategically about community-wide protection, especially for the most vulnerable. A socially equitable approach, which targets equality in testing outcomes as opposed to equality in testing access, is a prudent, data-informed strategy given the context of the social inequalities complicating plans to resume a sense of normalcy in society. This commentary discusses the advancement of social equity as an essential component of policy planning in the current COVID-19 pandemic and offers practical administrative strategies for achievement.

## Social Equity in Public Administration

The public administrator's role in advancing social equity has been strongly debated in recent months (Durant & Rosenbloom, 2020; Svava and Brunet, 2020). While there are various conceptual definitions across the discipline, this essay employs Johnson and Svava's (2011) comprehensive description of social equity in the realm of public administration, which states:

Social equity is the active commitment to fairness, justice, and equality in the formulation of public policy, distribution of public services, implementation of public policy, and management of all institutions serving the public directly or by contract. Public administrators, including all persons involved in public governance, should seek to prevent and reduce inequality, unfairness, and injustice based on significant social characteristics and to promote greater equality in access to services, procedural fairness, quality of services, and social outcomes (p. 282).

Central to this definition is the emphasis on purposeful action. There must be an *active* commitment to fairness and justice, as well as the mitigation of inequalities and injustice in the implementation and delivery of public solutions. Johnson and Svava (2011) implore that public administrators avoid being just bystanders in the process of advancing social equity, but lead the effort instead.

Maximizing efficiency, economy, and effectiveness in the time of COVID-19 necessitates proper attention to those that are disproportionately impacted by the disease to keep communities viable. In this context, an equitable approach in public administration represents both a means and an end. As an end, the achievement of social equity is a noble long-term goal for contemporary public administrators independent of any other sociopolitical outcomes. More immediately, the advancement of socially equitable health policy through fundamental, incremental action is an efficient *means* for improving social, political, and economic outcomes for all, especially in this time of the pandemic.

To minimize or ignore the specialized needs of vulnerable and marginalized populations in the time of COVID-19 is to prolong the spread of the disease as those disproportionately impacted are the public-facing essential workers who cannot stay home and effectively follow social distancing (Valentino-DeVries, Lu, & Dance, 2020). Therefore, in this case, and many others that public administrators face in the field, the administrator's pursuit of social equity and justice is not charitable, emotional, or even political. It maximizes the opportunity for all members of a community to be full contributors to society. Even in the most conservative cost-benefit calculation, providing special attention and care to those most in need is a prudent decision. In doing so, the idea of value neutrality is rejected and replaced with a commitment to social equity and justice as a necessary and equally important pillar of public administration (Mulyadi, Kusumasari, & Keban, 2018).

### Social Equity and Health

In the pursuit of social equity during the current health crisis, the public administrator need not only be concerned for the biological impact of disease spread but also the social factors that influence communities' perception and lived experience of the disease. Even though infectious disease and medical experts offer guidance on the disease progression, it is often incumbent on public sector leaders to educate, inform, and shape the communal understanding of the disease condition

for constituents. Public administrators help define communities the practical and lived experience of the health threat and coordinate resources that enable communities to endure in this time of great uncertainty and change. When attempting to mitigate health disparities disproportionately impacting underserved communities, public officials and administrators often turn to the concept of health equality—the need to ensure all impacted constituents and communities have the same access to treatment, testing, and resources. This is an important and noble goal; by definition, underserved communities do not have the same access to medical interventions as privileged communities. As public administrators, it is imperative to level the playing field for all.

However, as asserted by Johnson and Svava (2011), “Social equity action takes two approaches: treating people the same to promote fairness and equality and treating them differently to provide justice” (p.17). The concept of health equity aligns with this second point, taking the concept of health equality a critical and courageous step further in striving for the highest level of health for all people, giving special attention to the most disadvantaged. Related to the broader concept of social equity, specialized attention and healthcare support is given to the communities that need it most. Note that the operative word here is *specialized*. To offer specialized assistance, public administrators must seek to understand the unique lived experiences of individuals in those communities and provide the specific assistance requested and required, understanding that the need may differ from that of the general population. For example, the viral COVID-19 test commonly deployed in the United States is a nasal swab test that requires the specimen to be sent to a laboratory, while the patient waits multiple days in self-quarantine for the result. While ensuring that vulnerable communities have the same level of access to swab tests as more affluent communities is an important step toward health equality, offering point-of-care rapid testing would be a more equitable choice as it better aligns with the needs of communities with significant barriers to self-quarantine. In August of 2020, the FDA approved the first portable rapid antigen COVID-19 test for widespread use. With about \$5 per unit, the test provides results in less than 15 minutes with no special instrumentation required (Abbott Media-room, 2020). Deploying these tests in marginalized communities could go a long way in improving social inequities in testing outcomes. Instead, the federal government has proposed to deploy this technology to schools and unspecified “other special needs populations” (U.S. Department of Health and Human Services, 2020).

### **The Privilege of Social Distancing and the Initial Federal Response**

Institutional racism, coupled with compounding social disadvantages such as poverty, lower educational attainment, and limited employment opportunities, often put minoritized populations behind the starting line when faced with a health crisis such as the current pandemic. Essential front-line workers, who cannot socially distance as they help keep communities fed, sanitized, transported, and comfortable, is a population disproportionately comprised of people of color. Despite

this fact, the early governmental response to trends in COVID-related racial disparities comprised of public lectures to minority populations on the topic of personal responsibility, reminding entire communities that they are not “helpless” (“Remarks by President,” 2020a, Adams section, para. 13) and need to “step up and help stop the spread” (“Remarks by President,” 2020a, Adams section, para. 15) by following taskforce guidelines. Absent from this response was an empathic understanding that the ability to social distance is a privilege that is not equally afforded to everyone. Public administrators seeking to advance equitable solutions acknowledge that individuals have varying access to the privilege of social distance, and policies, initiatives, and communications need to reflect that reality. Soon after the initial response fell flat, the federal government adjusted its messaging about racial/ethnic disparities to recognize the structural and social barriers contributing to the problem, notably the underlying pre-existing health conditions disproportionately impacting vulnerable populations and the lack of sufficient access to testing (“Remarks by President,” 2020b).

The nation's collective frustration around noncompliance has manifested through the blaming of entire communities for being incorrigible or ill-informed despite the social realities of the situation (Jones, 2020; Kendi, 2020). This finger-pointing has become increasingly political in nature and has targeted privileged and marginalized communities alike as a failure to communicate across difference has emerged. Public administrators have a responsibility to lead in the changing of this narrative and developing alternative ways to help and protect all communities within the cultural context of their lived experience, not necessarily the experiences of the mainstream majority. Ill-informed overgeneralizations are particularly harmful to marginalized populations facing public critique. Dr. Georges Benjamin, Executive Director of the American Public Health Association asserts that, “Experience has taught all of us that if you're poor, if you're of color, you're going to get services second” (Farmer, 2020, I Pray I'm Wrong section, para. 10). This foreshadowing has rung true in the COVID-19 pandemic as the federal government took nearly six months to mobilize and address the problem of disproportionate access to testing through expanded retail sites and additional grant funding to support state and local pop-up testing sites in minority neighborhoods.

While overdue and necessary, these actions are still insufficient for an equitable response for two primary reasons. First, significant social barriers persist despite the addition of physical testing sites. For most public sites outside hospitals, appointments are required, service is restricted to daytime working hours, there are stringent symptomatic and insurance requirements, and a car is required for drive-up access. These types of barriers create significant hardships for the effective usage of expanded sites for target populations. Moreover, COVID-19 symptoms are subjective, requiring individuals that may have limited time off from work and significant home responsibilities to choose between getting tested and a loss in income. Second, simply adding more testing sites represents an effort toward advancing equality of *access* as opposed to equality of *outcomes*. An equitable approach would be to first seek to reduce the infection and death rates of communities of color to levels consistent with that of white populations (e.g., equality in the

outcome), not just increase the number of tests offered (e.g., equality of access). While access to testing is necessary, responsible administrators must push elected officials beyond this intervention to make a real and lasting change. The implementation of blanket public health policy initiatives that fail to address the special considerations and needs of marginalized communities is similar to putting a band-aid over an open and festering wound. The federal government and general public hold the states and local governments accountable for flattening the curve and reopening economies, but with schools and businesses reopening while entire communities are still being ravaged, the needle will not move in a positive direction until underlying social factors are addressed. Public administrators in every level of government have a responsibility to advance social equity so that current progress in the fight against the COVID-19 pandemic does not dissipate. To keep positive momentum, a shift in focus, and the courage to do what is necessary to see real change in the transmission rates are required.

### **Strategies in Advancing Social and Health Equity**

It is incumbent on public sector leaders to push the narrative beyond the goal of health equality toward the more ambitious and meaningful goals of health equity and social justice. To effectively manage the impact of COVID-19, policy and resource interventions must match the specific needs of individuals and communities, as opposed to merely ensuring proportional representation. There are three concrete steps that can be taken toward the goal of advancing equity in public administration: (i) Heed the Data; (ii) Dialogue and Collaborate; and (iii) Act with Courage.

#### *Heed the Data*

The first step in advancing equity in public administration is paying attention to the data and developing action plans based on what it uncovers. It is critical that governments seek to collect outcome data for marginalized communities in addition to majority trends so that there is a clear understanding around the nuance of how public problems impact communities as a whole. This was a particular area of weakness in the federal, state, and local response to the COVID-19 pandemic. With the federal focus on testing statistics for the general public, several weeks had passed before race information was collected at the urging of legislators and physicians of color on national level (Morrison, 2020). Almost immediately after the collection started, trends in the data uncovered that COVID-19 death rates were six times higher in majority-black communities as compared to majority-white communities, and infection rates were nearly three times as high (Thebault, Tran, & Williams, 2020).

As previously discussed, instead of an alarm, the initial federal response was apathy. Questioned about the trends at a Coronavirus Taskforce briefing, Dr. Fauci, Director of the National Institute of Allergy and Infectious Diseases, is quoted as

stating, “ There is nothing we can do about it right now except to try and give African Americans the best possible care to avoid complications” (Thebault et al., 2020, para. 12). One month later, the disparity continued to worsen with little to no intervention from the federal government other than the planned expansion of federally funded testing sites. Missing from this response was a sense of urgency in developing a specialized testing plan informed by the severity of the racial/ethnic trends uncovered by the data.

### *Dialogue and Collaborate*

The second step in advancing equity in public administration is to meaningfully dialogue with individuals in impacted communities. The dialogue goes beyond information gathering and active listening. To dialogue is to have genuine interaction, where each party deeply and respectfully listens to one another and each leaves the interchange altered for the better (Schuyler, 2014). To effectively serve, public administrators must venture out into the impacted communities armed with both empathy and information. It cannot be assumed what communities need; asking what is required and believing what is learned is key. Meaningful and deliberate collaboration with community partners is critical to building dynamic solutions specific to the community.

For example, in Philadelphia, PA, a grassroots coalition of black healthcare providers partnered with local churches in the city's underserved communities to provide referral-free, mobile testing services to individuals. Testing more than 200 people a day with an army of volunteers and a rented van, the founder of the Black Doctors COVID-19 Consortium, Dr. Ala Stanford, was so moved by the concerns voiced by people of color falling through the cracks of the formal COVID-19 response that she decided to take personal action as she grew tired of waiting for the City of Philadelphia to mobilize resources (Armstrong, 2020; Meyer, 2020). After the initiative garnered national attention, the City of Philadelphia Health Department finally recognized the unique need of the target populations and reached out to initiate a partnership with the organization to expand the program and more effectively serve the community. Recognizing the power of dialogue, the Black Doctors COVID-19 Consortium prioritized meaningful communication with communities in order to effectively tailor interventions to the specialized needs of the localities.

### *Act With Courage*

The third and final step in advancing equity in public administration is action. This is where allyship and courage are often required to shift power and resources to better serve marginalized populations. In the battle against COVID-19, the distribution of public resources is not a zero-sum game; nonetheless, an equitable solution requires a concerted effort to prioritize resources for those that need it

most. To be an ally is to be an agent of Rawlsian, distributive justice in an inherently unjust system, which can be a political challenge for even the most well-meaning administrators.

An equitable approach to coronavirus testing goes beyond the proportional availability of tests to the priority testing of entire communities, where the infection rate is highest. An early adopter of asymptomatic testing, the Governor of West Virginia made this choice in response to the pandemic, identifying nursing home patients and workers as the most vulnerable populations in the state and issuing an executive order to shift the priority of state's testing capacity to this population (Gillespie, 2020). This was a bold and courageous decision during a time of test scarcity, but it was necessary to promote health equity and significantly reduce transmission rates and deaths from the disease statewide.

### Conclusion

Since the beginning of the COVID-19 pandemic, public administrators have taken the lead in implementing critical health, education, and public safety initiatives in communities. As the nation exits the infection and social-distancing phases and enters the management phase of the pandemic, public administrators must challenge the discipline to shift the scales toward equity in a sociopolitical environment that tends to overlook those at the margins of society. While the virus has amplified existing health disparities, it has also underscored the interconnectedness of communities despite social differences. To care for those most in need during this crisis is not charity or a moral imperative as those most vulnerable are the same populations that are helping keep entire communities viable. A socially equitable response to the COVID-19 pandemic is an efficient and prudent response to slowing the spread of the virus. In the end, equity in testing access and treatment for all regardless of social status is the only way to move the country and economy forward, especially until such time that a vaccine is developed and widely available.

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