

COVID-19 and Policy Failure in the United States: The “Inequality Virus” and Practitioner Interaction with Social Inequity Challenges

CLAIRE CONNOLLY KNOX, University of Central Florida
United States of America

REBECCA M. ENTRESS, University of Central Florida
United State of America

Abstract

This study explores the social equity issues that U.S. public administrators perceived as the main challenges during the COVID-19 pandemic. Using data from a national survey of public administrators, this study reveals that respondents believed that the pandemic both highlighted and worsened existing inequities, specifically economic, racial/ethnic, and health inequities. It was more difficult for public administrators to provide services during COVID-19 because of difficulty accessing and communicating with the public. This combined with workforce challenges to weaken the administrative response. Public administrators reported that some changes were made to improve social equity, but more work is needed.

Keywords: *social inequity issues, bureaucratic discretion, policy failure*

Introduction

The novel coronavirus, the virus which causes COVID-19, emerged in China in December 2019. Upon further investigation, the World Health Organization (WHO) issued a warning about a “Mysterious Coronavirus-Related Pneumonia in Wuhan, China” on 9 January 2020, and declared a public health emergency on January 30 as the virus had become a global pandemic (AJMC, 2021). In the two-plus years since COVID-19 was declared a global public health emergency by the WHO, more than 582 million cases were reported. Of this total, 92 million cases (15.8%) were reported in the United States (U.S.). In addition, nearly 6.4 million persons have died globally, of which 16.1% were Americans (John Hopkins, 2022). When we compared deaths per million between 22 January 2020 and 28 July 2022, we found a U.S. death rate (3,054) that is 18% greater than the European Union (2,498) and 34.4% greater than the average deaths per million among similar high-income countries (Our World in Data, 2022). This disparity extends to high-income countries in Asia¹ where death rates per million were far lower than in the U.S., such as Australia (6.7 times lower than US), Japan (11.7 times lower), New Zealand (10.4 times lower), Singapore (11.1 times lower), and South Korea (6.3 times lower) (Our World in Data, 2022).

Such high rates suggest a policy and administrative failure. Although the U.S. population is only 4.4% of the world total, the U.S. experienced a disproportionate share of COVID-related deaths. Most wealthy countries minimized their case counts and death rates with far greater effectiveness than the U.S. This leads to two research questions:

(1) What did public administration practitioners in the U.S. perceive as the main social equity issues during COVID-19? and (2) How did those social equity issues impact how public administration practitioners provided services?

Like many countries, the virus disproportionately impacted disadvantaged, marginalized, underserved, and vulnerable populations, including individuals with underlying medical conditions and those 65 years of age or older (Jordan et al., 2020). This includes incarcerated persons as well as people experiencing homelessness (Deslatte et al., 2020). But unlike many other wealthy countries, Americans faced a higher risk of death. This was especially pronounced among individuals with low levels of income and African Americans/Blacks (Deslatte et al., 2020; Menifield & Clark, 2020).

In a crisis, prior social inequities which had remained systematically under addressed do not disappear (Berry-James et al., 2021). Among the 38 largely democratic and higher-income countries of the Organisation for Economic Cooperation and Development (OECD), the U.S.' Gini Index (a measure of inequality) was 41.9 (where 0 is the lowest level of inequality and 100 is the highest level of inequality) in 2019. In contrast, the OECD average was 33.48—a full 20 per cent lower than in the U.S. (World Bank, 2022). In the United Nations' (UN) Human Development Index for 2021, 20 OECD countries had a higher level of development than the U.S. Among the 20, six were in Asia: Australia, Hong Kong, Japan, New Zealand, Singapore, and South Korea (UNDP, 2021). In a global analysis of pandemic impact, Berkhout et al. labeled the pandemic the “Inequality Virus” (2021: 1) This is especially true for the U.S.

Of course, such claims require caution. That is, it is not a virus of inequality for all. According to Oxfam (2022), nearly 22,000 latinx and black individuals in the U.S. would have been alive in December 2020 if their COVID mortality rates had been the same as white Americans. The wealth of the world's top 1,000 billionaires returned to their February 2020 levels by November 2020. In contrast, it will take more than a decade for the world's poorest to recover lost income (Berkhout et al., 2021). Among high-income countries in Asia, social inequities were also present during COVID. This includes the treatment of migrant workers in Singapore (Suhardiman et al., 2021) and Hong Kong (Liem et al., 2020) as well as indigenous-specific COVID recoveries in Australia (Moodie et al., 2021).

The pandemic impacted the delivery of government goods and services not just in the U.S., but globally (Schuster et al., 2020). In the U.S., the pandemic emphasized already inadequate public health preparations, strained intergovernmental relations, insufficient intersection of science in policy and administrative decision making, and inadequate data collection and analysis for performance. When combined with pre-existing social inequities, the outcome was deadly (Deslatte et al., 2020; Gaynor & Wilson, 2020; George et al., 2020; Kettl, 2020; Wright & Merritt, 2020; Xu & Basu, 2020).

In a global health pandemic in which virus mutation and transmissibility are ongoing concerns, under addressed social inequity issues are irremovable from policy and administrative discussions. Public servants and leaders responding to the COVID-19 pandemic faced these underlying issues and many used their discretion regarding the distribution of limited goods and services. Unlike high-income countries in Asia where a

centralized and national-driven health delivery is common (Goodyear-Smith & Ashton 2019; Kato et al., 2019; Kwon, 2009), the U.S.' federal model implies that national and local policy variances will create different state/locality crisis responses. Research on ethical leadership notes that during an emergency or crisis, public servants should be prepared to deliver goods and services with a social equity lens to reduce suffering, protect the public's health, and fairly share the burdens and benefits (Jennings & Arras, 2008; Knox et al., 2022). Yet, bureaucratic discretion is a powerful but controversial power for public administrators (Rivera & Knox, 2022a).

Although researchers have explored social equity impacts of COVID-19 (Deslatte et al., 2020; Jordan et al., 2020; Menifield & Clark, 2020), there is no research on how public administration practitioners (those charged with improving social equity) perceived social equity during the pandemic, making the current study exploratory. Using the results of a national survey of U.S.-based practitioner members of the American Society of Public Administration (ASPA), this study explores U.S.-specific social equity issues during the COVID-19 pandemic from the perspective of public administration practitioners. Specifically, this study examines two research questions. First, what did public administration practitioners in the U.S. perceive as the main social equity issues during COVID-19? Second, how did those social equity issues impact how public administration practitioners provided services? Understanding these two research questions is necessary to address social equity concerns during future emergencies and crises. Because many U.S. public administration practitioners are street-level bureaucrats with discretion, often their perceptions and actions impact the services the public receives, including the extent to which services are provided equitably. Before making any changes to improve equity during the next emergency or crisis, it is essential to understand social equity during COVID-19 from the perspective of public administration practitioners. Additionally, bureaucrats need to shift the framing from social vulnerability (i.e., an individual's negative relationship with a hazard) to social equity (i.e., a holistic and historical view of characteristics that make an individual vulnerable and government's intervention) when preparing for and mitigating natural and human-induced hazards. Thus, this study will shed light on an understudied area, which can be used for future planning to improve equity during emergencies and crises in the United States.

The following section reviews the literature on social equity in public administration, bureaucratic discretion and social equity, social equity issues in the U.S., and COVID-19 and social inequity. Then, it presents the data collection and analysis of the survey responses. The study concludes with a discussion of key findings and recommendations for future research.

Literature Review

Given our case study on the U.S., this section places our analysis within the literature on social equity in public administration in the U.S. We share specific and ongoing issues of inequity along with the literature on COVID-specific social equity issues.

The Rise of Social Equity in Public Administration

In the U.S., social equity is one of the four pillars of public administration (in addition to economy, efficiency, and effectiveness). Despite prominence attached to the equity pillar, there is a consensus that both discipline and its practice struggles with implementation (Waldo, 1972; Frederickson, 2015). In the U.S., the public administration discipline primarily derives its conception of social equity from John Rawls' (1971) notion of fairness and justice (Gooden et al., 2009; Gooden & Starke, 2021). Specifically, "each person is to have an equal right to the most extensive basic liberty comparable with a similar liberty for others" (Rawls, 1971: 60). This is reflected in the National Academy of Public Administration's definition of social equity as the "fair, just and equitable management of all institutions serving the public directly or by contract, and the fair and equitable distribution of public services, and implementation of public policy, and the commitment to promote fairness, justice, and equity in the formation of public policy" (2000, para. 3).

Social equity is a complex concept. It may be referred to as equal treatment, redistribution of goods and services to reduce inequities, fairness, and justice (Gooden et al., 2009; Gooden & Starke, 2021; Guy & McCandless, 2012; Svava & Brunet, 2004; Wooldridge & Gooden, 2009). Scholars also refer narrowly to social categories (i.e., gender, income, and race/ethnicity), but overlook other characteristics (i.e., ability, age, sexual orientation) and the intersectionality of one's traits to create an individual's holistic identity (Crenshaw, 1989; Gooden & Potillo, 2011). The vagueness of the concept, combined with the interchanging use of the terms equity and equality, allows fertile grounds for policy innovation, but also complicates the interpretation and implementation of social equity goals (Lee, 2019). This is especially true regarding bureaucratic discretion in the interpretation of those goals (Rivera & Knox 2022a). Such conceptual complexities are also found within the U.S. response to COVID.

Bureaucratic Discretion and Social Equity

Bureaucratic discretion remains a powerful but controversial power for public administrators (Rivera & Knox, 2022a). Administrators, especially individuals at the local levels of the U.S. government, have discretionary powers in their daily functions of administering policies. Such discretion enables them to determine who gets what, when, where, and how (Keiser, 1999). It is through these actions that public administrators *de facto* create policy by interpreting policy in its implementation (Lowi, 1969; Kerwin, 1994) and via feedback processes (Pierson, 1993; Skocpol, 1992). Specific to social equity, public administrators' actions from these powers could result in more equitable outcomes to those benefiting from programs (Danet, 1979; Goodsell, 1981; Handler, 1992). This is especially true in communities where social equity goals and practices are stagnant or nonexistent (Frederickson, 2005).

Others have noted potential negative implications of this discretionary power as it may violate the values and norms guiding democratic governance (Lowi, 1969; Koven, 2019). In other words, instead of elected representatives determining an allocation of government goods, services, and benefits, public administrators wield that power (Koven, 2019; Maynard-Moody & Musheno, 2000). Moreover, public administrators could use

the power negatively by restricting the allocation of government goods, services, and benefits to individuals who are legally entitled to them (Keiser, 1999; Maynard-Moody & Musheno, 2000). As noted in the U.S. case, COVID led to multiple social equity issues and public administrators at all levels of government had discretionary scope in their responses to the pandemic.

Social Equity Issues in the United States

Local government administrators in the U.S. have made efforts toward improving social equity in recent years. For example, the City of Seattle developed a social justice initiative in 2004 to address social inequity. It focused specifically on policies and procedures to address structural racism within the city government and community (Gooden, 2014). Similarly, Denver, Colorado, has an office of social equity and innovation in the city government, which is dedicated to transforming the community to achieve equity (City of Denver, 2021).

More recently, the federal government made strides toward advancing social equity on a national scale. President Joe Biden signed Executive Order No. 13958 (2021) on his first day in office, requiring federal agencies to “pursue a comprehensive approach to advancing equity for all, including people of color and others who have been historically underserved, marginalized, and adversely affected by persistent poverty and inequality” (p. 1). Following the Executive Order, public administrators working in the federal government must incorporate social equity in their work by allocating resources with fairness, promoting the equitable delivery of government benefits, and engaging with underserved communities (Exec. Order No. 13958, 2021).

While such programs and policies to promote social equity may suggest that social equity is a priority, in reality, the U.S. was founded upon gross inequities. Despite some progress in the intervening years, the U.S. continually lags behind compared with its fellow OECD members. A lack of equity has been documented in the U.S., specifically regarding gender wage gaps, racial discrimination, income inequality, education inequities, and health inequities, among others (Gooden, 2017). Although inequities around gender and income are also found in high-income countries of Asia (Belarmino & Roberts, 2019; Jones, 2019; Takenoshita, 2020), Riccucci (2009) found that within the U.S. federal government, social inequity issues are prevalent among people of color and women employed in lower-level jobs, have lower pay and less prestige. Similarly, health disparities may have received recent press attention in the U.S., but such inequities existed long before the COVID-19 pandemic emerged. This includes issues on varying health outcomes and access to health care (Fiscella & Williams, 2004; Martin-Howard & Farmbry, 2020; Williams et al., 2016).

Intersectional forms of social inequity are also present. For example, Butz and Gaynor (2022) examined social service use among transgendered women of color in the U.S. and found that this population experienced compounded social inequities. This is also found in Asia (Kabir & Ahsan, 2021). More specific to the U.S., transgendered women of color were more likely to avoid social service offices and more likely to face discrimination when they seek services compared to transgendered women who are not black (Butz & Gaynor, 2022). This suggests that although there is significant social inequity in the U.S., not all populations experience inequity in the same manner.

The inequities that exist in the U.S. are historical and systematic, ultimately limiting the ability of marginalized communities to fully participate in public policy development and conversations that can impact their communities (Clark, 2018; Gooden, 2014). Social inequities require government interventions and policy change even as governments have been nervous to implement such changes (Gooden, 2014). Unlike many parts of Asia, local governments in the U.S. have tended to take the helm in addressing social equity (Bowman et al., 2020). Although such efforts are a step forward, scholars suggest that significant social equity issues remain (Dooley, 2021; Riccucci, 2019).

COVID-19 and Social (In)equity

The historical and present-day causes, outputs, and outcomes of inequity do not go away when a crisis appears. Regardless of whether the crisis is a housing crisis, police brutality, an economic recession, climate change, or a pandemic, inequity will increase during a crisis and among the most vulnerable and inequities may even persist long after a crisis has ended. This is especially true when the administrative and policy apparatus are ill-prepared or even uninterested in making forward strides. This may result in “cumulative effects of social inequity across organizations that compound and reinforce one another” (Gooden, 2014: 12) and such effects were also found when inequity interacts with the COVID-19 pandemic.

Since the start of the pandemic, there have been multiple policy and administrative studies published examining the intersection of the pandemic and social equity within the U.S. This included studies on the pandemic’s impact on African Americans (Wright & Merritt, 2020), those with insufficient health access (Gerton, 2021), and those experiencing domestic violence (Clement et al., 2022; Rauhaus et al., 2020), among others. Studies also focused on both the local (Deslatte et al., 2020; McDonald et al., 2020) and federal levels of government (Parker & Stern, 2022; Solinas-Saunders, 2020; Xu & Basu, 2020), as well as intergovernmental tensions (Benton, 2020; Peters et al., 2021). Others have studied the pandemic and recommended actions toward a humanity-based public administration (Ford, 2022), an increased interdisciplinarity to help answer administrative questions (McDonald et al., 2022), a public interest curriculum (Berry-James et al., 2021), and a need to revisit and to rewrite some of the so-called “big” questions of public administration (Liu et al., 2021).

In this diverse literature, multiple scholars have published COVID-specific articles with an emphasis on survey data, like our own. Among the many, researchers have reported on surveys undertaken at the national level via Pew Research Center (Robinson et al., 2021) or the Household Pulse Survey from the U.S. Census Bureau (Park & Ahn, 2022). Others included analysis of a survey conducted by the New York State Association of Counties (Dizgbede et al., 2020), created surveys with the National Institute for Risk and Resilience at the University of Oklahoma (Robinson et al., 2021), the International City/County Management Association (Dizgbede et al., 2020), and the North Carolina Local Government Budget Association and the North Carolina League of Municipalities (Afonso, 2021).

In an analysis of articles with survey components published within the administrative and policy science journals, in addition to conversations about institutional trust or the

specific health measures used to combat COVID-19, both organizational inequity and group-based inequity were prominent topics (Knox et al., forthcoming). In studies which noted organization inequity, no structure of government was left immune. This included pandemic-related inequities across local governments (Afonso, 2021; Dizgbede et al., 2020; Maher et al., 2020) and nonprofit organizations (Brudney & Yoon, 2021; Hutton et al., 2021; Maher et al., 2020). In surveys which revealed group-based inequities, topics varied from gender inequity and childcare (Johnston et al. 2020), socio-economic hardships during COVID (Krstic & Matic, 2020), and the relationship between food insecurity and mental health (de Amorim et al., 2020; McAuliffe et al., 2021).

Methods

This study explores how social inequities interacted with public administration in the U.S. during the COVID-19 pandemic. This study examines two primary research questions: (1) What did public administration practitioners in the U.S. perceive as the main social equity issues during COVID-19? and (2) How did those social equity issues impact how public administration practitioners provided services? Both questions are exploratory. Qualitative research methods were used to understand this new phenomenon from the perspective of public administration practitioners (Flick, 2013; Saldana, 2011). Questions are primarily answered descriptively in which thick descriptions help establish credibility, while capturing the complexities in the data (Tracy, 2010). This section describes the methods used to conduct the study, including the data collection, participant demographics, and data analysis.

Data Collection

This study used data from a survey administered to ASPA members on the impact of COVID-19 to its membership of students, academics, and practitioners of public administration. The survey consisted of 40 questions, including both close-ended and open-ended questions. The survey was emailed to all ASPA members on 7 October 2021, and reminder emails were sent on 21 October 2021 and 4 November 2021. Survey responses were received until 24 November 2021. In total, the survey was emailed to approximately 10,000 ASPA members. While the response rate of 5.6 per cent (n=560) was low, this rate matched similar surveys conducted during the COVID-19 pandemic (see Berkowitz & Basu, 2021; Cohen, 2020). The number of responses is also consistent with other surveys in public administration. Lee et al. (2012) examined surveys used in public administration research, including surveys of government employees, nonprofit employees, citizens, and other populations, and found that more than half of the primary surveys used in public administration research have a sample size below 500.

The current study used data from two questions from the ASPA survey. Specifically, the questions asked were “In what ways has the COVID-19 pandemic impacted elements of social equity and inclusion in your research? In your teaching? For example, economic and health disparities.” and “In your current role, what specific challenges have you faced in serving your community during the COVID-19 pandemic? Feel free to elaborate on these concerns.” The research team used the responses to both questions to develop and answer the research questions in this study. The ASPA staff shared responses with our team. We

filtered the responses to only include responses from ASPA members indicating that they were practitioners who resided in the U.S. This included practitioners working in the public through the public, private, or non-profit sector and resulted in 259 responses.

Of these 259 respondents, most were male (57%), 55 years of age and older (46%), and had a master's degree (59%). The practitioners primarily worked in the public sector (local 33%, federal 12%, state 10%) compared to the nonprofit (10%) and private sectors (8%). Approximately 15% of the respondents were retired. Nearly a quarter of the respondents are new to their position (less than three years 36%) while 18% had been in their position more than 21 years. In terms of geographic location, most respondents were from the South (42%) or West (26%), while fewer respondents were from the Northeast (16%) or Midwest (16%).²

Data Analysis

The research team conducted the data analysis using Dedoose, a qualitative coding software, and used content analysis to analyze the data. Content analysis is a type of analysis where text is analyzed to understand themes (Weber, 1990). Open coding was used to inductively develop themes specific to social equity. With open coding, researchers code concepts from the qualitative data until saturation is reached and no new codes emerge (Given, 2008). A codebook consisting of 14 codes was developed based on the research questions and initial review of the survey responses (see Appendix A). The lead researcher completed a cursory review of the survey responses and developed codes based on the responses, until the codes reached saturation and no new codes were noted. While coding by a single person is possible and has previously been successfully used in published literature within the public administration discipline (see for example, Knox, 2016; Knox, 2022; Kuckartz, 2013), this study used two coders to independently code the survey responses after an initial codebook was developed. This decision increased the internal consistency in both code application and via reliability of the coding process (Curtis & Curtis, 2011). Following independent coding, both coders reviewed coding disagreements to reconcile them. After this process, the coders agreed on 93 per cent of coded excerpts.

After open coding was completed, the researchers used selective coding to develop themes that emerged from the codes (Saldana, 2009). To develop the selective codes, the researchers examined which codes had the highest frequency and pulled respondent excerpts corresponding with those codes. After reviewing the excerpts, three selective codes, or themes were identified. Each of these themes are discussed in the results section.

Results

Not all respondents identified social equity as an important COVID-19 issue. In fact, 27% of survey respondents either did not report social equity impact or reported that there was no social equity impact. The high prevalence of respondents reporting no social equity issues suggests that there is a disconnect between social equity in the field of public administration and social equity among practitioners. Social equity is the fourth pillar of U.S.-focused public administration (Frederickson, 2015) and yet, social equity

concerns were not identified by over a quarter of public administration practitioners. In the U.S., public administration practitioners have broad discretionary powers when implementing programs (Koven, 2019; Maynard-Moody & Musheno, 2000) and this failure to identify and acknowledge social equity issues suggests that some public administration practitioners could be missing a core element and guiding principle of the field. Because these respondents provided few or no details, this was not developed as a theme despite its high occurrence. But it is still important to acknowledge as an issue.

Based on the majority of respondents (73%) who reported social equity impacts during COVID, we could identify three themes, each of which are presented individually in this section. These three themes are (1) exacerbation of existing social equity issues, (2) reduced capacity and an increased difficulty in providing services, and (3) increased polarization and political influence.

EXACERBATION OF EXISTING SOCIAL EQUITY ISSUES

Respondents indicated that they were aware of social equity issues before the pandemic, but explained that such issues had become more obvious, egregious, and unavoidable during the pandemic. As one federal government public administrator wrote, “the COVID-19 pandemic shed the needed light on the economic and health disparities that have always existed in under-resourced communities.” Respondents explained that this new awareness was felt by both public administrators delivering services, who previously were unaware of the extent to which social equity issues existed, as well as society. Notably, more than half of the administrators who commented that the inequities existed prior to the pandemic were male (67%) and highly educated, most of whom hold a master’s degree (57%).

Respondents, specifically those with a master’s degree, over the age of 45, working in local government or retired, with at least 4 years of work experience, and living in the Southern or Western U.S., identified four main areas of social equity that were particularly problematic during COVID-19: economic (9.4%), health (9.4%), racial/ethnic inequities (4.5%), and the digital divide (5.3%). Notably, most respondents who identified economic disparities and racial/ethnic inequities were female (48% of those reporting economic inequities and 60% of those reporting racial inequities), while most respondents who identified health disparities as an area of social equity were male (55%). In terms of economic inequities, respondents identified homelessness and food insecurity as two phenomena which primarily impacted low-income individuals and families, exacerbating previously existing economic inequities. This included respondents who observed an expansion of housing affordability issues, limited employment opportunities for the unemployed and under-employed during the pandemic, and the reduced ability of economically vulnerable populations from easily accessing government services. One female practitioner working at the state level of government in the western U.S. explained that the pandemic exacerbated financial problems for people in communities which “...lacked sufficient savings to withstand job loss and afford basic necessities.” These findings are consistent with existing U.S.-focused public administration literature, which documents a lack of equity in terms of wages, race, education, and health (Gooden, 2017), suggesting that of those public administrators who are aware of equity issues, the issues they identified are closely aligned with those explored by scholars.

In terms of racial/ethnic inequities, public administrators explained that the pandemic disproportionately impacted people and communities of color, but many interventions to mitigate the negative impact of the pandemic were primarily accessed by (and sometimes, most influenced by) white communities. As a local government administrator from the northwest U.S. explained, “[we were] watching large wealthy organizations get limited grant dollars when smaller organizations were “boxed out” and seeing wealthy white people get more resources than those who need them more...” This also affected communities in which English was not the dominant language and thus, the “inequality virus” further exacerbated already present inequities.

Respondents reflected that although health inequities existed before the pandemic, this became glaringly obvious during the pandemic, especially in terms of vaccines and health outcomes. For these respondents, there was an understanding that social equity issues arising during the pandemic were linked to ongoing social inequities. The pandemic further compounded already-present inequities in the U.S. (Gooden, 2014). For example, because of historic medical racism in the U.S., mistrust developed in communities of color. This resulted in lower vaccination rates and worse health outcomes in such communities. As a local government administrator from the central U.S. explained, “the reluctance and distrust towards vaccines due to historical experimentation for black people in our community occurred.”

This history of distrust requires a conscious effort to consistently be open and active within communities and between historically disadvantaged communities and providers of government services. Trust cannot be regained overnight. Given that the pandemic limited in-person meetings in which issues of trust may be more easily addressed, the social distancing required during COVID-19 led to an increased social exclusion and social distancing of another type: between communities and street-level bureaucrats and service providers. Since the U.S. independence in 1776 through the early 1960s, the U.S. federal government had endorsed the (mis)use of blacks and African Americans for medical experiments without their consent.³ The consequences from these abuses are still felt today and impacts specific to COVID-19 were reflected in survey comments.

In addition, our survey respondents explained that an ongoing digital divide was further highlighted during the pandemic. Approximately 5% of respondents mentioned the digital divide as problematic, and males (64%), those with master’s degrees (58%) primarily echoed this sentiment. To continue providing services safely in an environment where the virus transmits easily, many services moved to online platforms. With this transition not all groups had equal access to services, and public administrators explained that unequal internet access, or the digital divide, created new social equity issues.

In many cases, low-income communities, older adults, and other vulnerable groups in the U.S. do not have adequate internet access, which makes online school, work, government services, and health care difficult or impossible. A female respondent in the Midwest explained that “with everything on Zoom, it has exacerbated the digital divide. People excluded from participation include both older folks who don’t like or use technology as well as low-income folks without an internet connection.” Respondent comments matched pre-pandemic research by the Pew Charitable Trust in July 2019, which

found that nearly three in ten Americans do not have broadband access. This includes 40% of elementary, middle, and high schools and 60% of non-metro healthcare centers without broadband (Pew, 2019). Public administrators explained that not only did this create a social equity issue regarding access to services, but it also highlighted an area of social equity where the U.S. lagged behind other nations.⁴ One respondent, a staffer with a nonprofit organization in northwest U.S., explained that it highlighted an infrastructure issue, as it shows that the infrastructure in the U.S. does not provide needed broadband internet to all during the pandemic.

REDUCED CAPACITY: DIFFICULTIES PROVIDING SERVICES INCREASES INEQUITY

The survey respondents, of which most were males with at least a master's degree, revealed that public administrators had difficulty performing their normal tasks. Many routine responsibilities involved interacting with or attempting to serve populations which were disproportionately impacted by the pandemic. COVID-19 safety protocols, specifically limits on in-person meetings, left those without internet access and those in rural areas with limited access to services. Respondents throughout the country expressed this concern, with those in the South mentioning the issue most often (36%). COVID-19 also caused significant delays, which again, mainly impacted those most in need of services. As a public administrator working in law enforcement in the northeastern U.S. explained, "...during the pandemic, the courts have been backlogged, which impacts our ability to compensate victims of crime and prolongs closure for the community as criminal cases are taking an exorbitant amount of time to come to judicial closure."

Public administrators explained that when they provided services during the pandemic, connection and communication issues arose. Of the 16% of respondents who reported connection and communication issues, most were between the ages of 35 and 44 (34%), worked in local government (34%), had a work tenure of 4-6 years (32%), and lived in the Southern U.S. (45%). Those charged with community outreach tasks reflected difficulty communicating and relaying information when they canceled events and hosted virtual meetings. One public administrator explained that in communities where languages other than English are spoken, connecting and communicating was particularly difficult. In addition, the strained social connections and lack of happenstance meetings stymied their ability to develop personal connections, gather feedback, and disseminate information. The current partisan and polarized political climate in the U.S. also led to public mistrust of government workers and public administrators, making it increasingly difficult to provide services. As a male state employee in the Midwest explained, "the political dynamics of COVID-19 are definitely more challenging for [the] government to carry out its normal responsibilities." The politicization of the crises could have impacted the bureaucratic discretionary powers of these public administrators delivering these services.

Complicating matters, the COVID-19 pandemic created workforce issues, impacting the ability to deliver services to those in need. Public administrators reported that staff shortages negatively impacted their ability to provide services. As one local government administrator in the western U.S. explained, "...due [to] lack of staff, we have been unable to effectively deliver COVID-19 benefits to those that [are in] need." Existing staff were

often overworked, burnt out, and overwhelmed with the quantity of tasks needed to serve their communities. Several frontline workers left their jobs during the pandemic often due to the health risks imposed by daily interaction with the public and/or other family or care issues which required the presence of a family member at home. This created new vacancies that could not be quickly filled.

In acknowledgment of such social equity issues, several respondents (most often those between the ages of 55 and 64 (33%), working in local government (38%), working for over 21 years (28%), and living in the Southern U.S. (38%)) shared how they tried to change their usual policies and procedures to improve social equity. Public administrators can use their discretion to allocate goods, services, and benefits to the public, which can positively or negatively impact social equity (Keiser, 1999; Maynard-Moody & Musheno, 2000). Participants reported using this discretion to improve social equity by creating new policies, reconfiguring procedures related to equity and inclusion, and hiring staff specifically to address equity issues. As one public administrator working at the state level of government explained, “The pandemic has impact[ed] my workplace focused on equity and inclusion. Our department implemented new policies (inward and outward facing) that focus on these topics...” While some changes did materialize, public administrators acknowledge that more work is needed to enhance social equity. As a male respondent working in the private sector in the southern U.S. explained “...there still is much room for improvement.”

INCREASED POLARIZATION AND POLITICAL INFLUENCE

Finally, respondents, most commonly males with master’s degrees working in local government or who are retired, reported an increase in political influence and polarization since the beginning of the pandemic. Public administrators reflected concerns that many pandemic-related decisions were made politically without regard to the consequences to the public. When combined with the pandemic, such decisions led to further social inequities. One respondent, a veteran from the southern U.S., commented, “...they [politicians] are demonstrating just their interest of their ideology and their personal perspective of the future elections.” From this perspective, increased political influence on policy decision-making leads to increased conflict and an eroding democracy. With increased organizational and institutional distrust on the rise during COVID-19 (Robinson et al., 2021), interaction between those who provided services and the disadvantaged communities needing such services decreased. As a retired, male from the western U.S. explained “...asserting self-serving rights without civic and other social responsibilities is greatly endangering disciplines of constitutional democracy in America and abroad,” suggesting that the individual viewed this not only as a problem impacting the U.S., but more broadly impacting the world.

Respondents explained that this created a cultural shift resulting in increased polarization and “divisive public opinion/interest—extreme differences in stakeholder demands and expectations.” One female public administrator in local government in the western U.S. attributed this directly to COVID-19 and explained that “[t]he Covid virus has created insecurity, suspicion and has served to divide staff and community members in a way that I have never witnessed.” This created mistrust and impacted decisions to

get vaccinations and comply with public health measures. One respondent located in the southwestern U.S. commented that “it [is] impossible to get voluntarily compliance with public health protection measures and vaccinations.” In such an environment, equity-inducing policy and administrative actions are harder to create and implement. Specific to the public administrators, this cultural shift impacted the ability to do their jobs, use their discretionary powers, and continue to serve the public. This was commonly reflected by respondents living in the Southern U.S. (38%) with a tenure of over 21 years (35%). One library director in a rural community explained that because of polarization and the politicization of COVID-19 patrons refused to wear masks and employees refused to be vaccinated. As a result, the library shifted to curbside operations to keep the public and employees safe from COVID-19.

Discussion

This manuscript began with two research questions. First, we examined how public administration practitioners perceived the intersection of social equity and COVID-19 in the U.S. The second question examined how social equity issues impacted the provision of public services during the pandemic. We found that most US-based administrators identified social equity as an important pre- and post-pandemic issue. This section discusses how our findings match expectations within our literature. This is followed by a discussion of four areas where further research is needed.

Many respondents understood that the pandemic further compounded the social inequities experienced by multiple vulnerable communities in the U.S. This included racial and ethnic inequities along with economic, health, and digital inequities. In addition, respondents were aware of how the pandemic negatively impacted service delivery, daily task completion, and the connections and communications necessary to engage vulnerable populations. These findings matched both the social equity literature from public administration as well as the broader COVID-19 specific literature on group-based inequity, organizational or institutional inequities, and the specific health measures utilized during the pandemic.

However, this study also revealed some concerning news. First, respondents observed an exacerbation of racial and ethnic inequities due to the pandemic. We found it interesting that while such respondent observations matched the dominance of such inequities as a topic of interest within U.S.-based social equity studies both before the pandemic and during the pandemic (Lui et al., 2021), much was overlooked. In other words, despite decades of discussion on gender and sexual orientation within administrative and policy circles in the U.S., survey respondents infrequently considered either variable in their responses. This occurred despite numerous studies on the interaction of gender and workforce departure during the pandemic (Siders & Gerber-Chavez, 2021; Viswanth et al., 2021), on how family, elder care, and childcare responsibilities disproportionately affected women during the pandemic (Elias et al., 2021; Chang et al., 2021; Ozkazanc-Pan & Pullen, 2021), and how LGBTQ+ issues intersected with the pandemic (Larson, 2022). This could imply that practitioners simplified the impact the pandemic has on vulnerable groups. Administrators observed social equity issues impacting racial and ethnic groups but often did not extend such issues to women (for example, women may have to arrange

childcare to access services, but because the administrators see women successfully navigate such barriers, they may not see the full extent of the equity issues caused by the pandemic).

Second, neither respondents nor the current academic literature on both social equity and social equity during a pandemic have made noteworthy progress toward understanding how social equity, as an intersectional concept with a multiplicity of traits, has other non-racial, non-gender, and non-sexual orientation impacts. This includes, for example, age-specific equities in how social services were delivered, the impacts of the pandemic on rural versus metropolitan Americans, and how for many differently abled Americans, the pandemic further compounded their frequent social and economic isolation. For example, a black LGBTQ elderly woman experiencing homelessness would likely have a social equity impact during the pandemic when compared to a heterosexual black male who is a homeowner. While the social equity literature – both inside and outside of the U.S. – is starting to make tentative inroads to understanding how infrequently studied traits such as age, location, and ableness interact with social equity (Johansen, 2019; Kosmicki, 2021), work is also needed at the intersection of multiple traits and social equity (Blessett et al., 2019).

Despite the survey not specifically asking about political systems, 16% of the U.S.-based respondents felt that the country's political leadership negatively interacted with social equity to influence the U.S.' comparatively poor COVID-19 outcomes. This is our third observation. That is, respondents felt that social equity issues were not divorced from an increasingly apparent science-policy divide on the virus, its transmissibility, and on vaccinations (Kuchenmuller et al., 2021). This also included respondents who linked social equity to a polarization with impacts on policy creation and the "how" of public service delivery (Birkland et al., 2021; Jacobs, 2012; Myers & Thornton, 2012). Although such respondent observations matched the pandemic-focused literature published outside of the public administration discipline, we found a social equity literature within the public administration discipline which has largely overlooked such issues. We found this surprising because the practice of public administration and its disciplinary counterparts have long understood that public policy and its administration are not divorced from a country's political processes and its systems. Instead, we suggest the amplification of political animosity during the most recent presidential administration may have caught administrators and administrative researchers by surprise. As such, our discipline-specific literature will need to increase its reflections on how political choices at the system level not only affected administrative responses during the pandemic but also before and after the pandemic too.

Finally, surprisingly, many respondents observed "no social equity impact." Of the 244 responses to the survey questions analyzed, 66 responses (27%) indicated no impact. These responses were primarily from respondents who are male (71%), over the age of 65 (32%), holding a master's degree (50%), located in the Southern U.S. (43%), working in local governments (29%), with a work tenure of less than one year (23%). In a country with deep-seated historical and present-day inequities along with a frequently decentralized and devolved intergovernmental system in which inequity can be further enshrined, we found this result to be rather worrying. That just over one-quarter of respondents observed

no social equity impact despite empirical and historical observations to the contrary is puzzling. Whether such a result indicates respondent unawareness or even disbelief in social equity's alteration during the pandemic or something more mundane as a survey respondent's desire to narrowly answer our two questions from their occupational perspective is unclear. It is also possible, for example, that the public administrators only interacted with people who were able to overcome the barriers created by the pandemic, which is why they may not have observed a social equity impact. Regardless, this unexpected result is an area for further research.

Based on these research findings, U.S.-based public administration practitioners could benefit from a deeper understanding of social equity, historical inequities, how emergencies and crises can worsen social equity, the power of bureaucratic discretion, and how actions taken by public administrators can ultimately impact social equity. The White House started this charge by releasing an executive order requiring government agencies to incorporate equity in their work (Exec. Order No. 13958 2021). However, there is a need for more work, especially with public administration practitioners who are not employed by the federal government. Training on how to incorporate social equity into their work could benefit public administration practitioners during the next emergency or crisis. Such training could include how existing local and state emergency management plans (i.e., comprehensive emergency management plan, hazard mitigation plan, local mitigation strategy plan, etc.) and policies could be updated to include elements of social equity (e.g., access, diversity, procedural fairness, inclusivity) (Rivera & Knox, 2022b). Public administration professional organizations can also release information about bureaucratic discretion, including specific actions practitioners can take to improve equity and how practitioners can use their judgment and discretion to enhance equity. Ideally, with these steps, the inequities identified in this study would be reduced in the next emergency or crisis.

It is important to acknowledge the limitations of the current study. First, the study is limited by the questions asked by the ASPA survey. While responses related to social equity can be gleaned from the open-ended responses, the close-ended responses provided limited information on social equity. In the future, studies can explore quantitatively the relationship between public administration practitioner demographics and the extent to which social equity is acknowledged and incorporated in their work. Unfortunately, such an analysis was not possible with existing data. Second, this study only reflects public administration practitioners who are members of ASPA. The authors felt that this was a sufficient representation of the field as ASPA is the largest professional organization in public administration, but certain areas of the field are undoubtedly left out of the survey. Qualitative research is not meant to be statistically generalizable and instead this manuscript strives for naturalistic generalizations, where changes can be made based on the understanding of the research (Tracy, 2010). We aim to inform public administrators who can make changes to social equity policies during future emergencies based on the findings of the public administration practitioners surveyed (ASPA members). Future research can explore these questions beyond the ASPA sample. Finally, the current study is limited to only U.S. practitioners. This was intentional based on the vast inequities present during and before the COVID-19 pandemic in the U.S. and a desire to speak directly to the administrators responsible for responding to inequity within the crisis response.

Endnotes

¹ To increase comparability, we limited our list of Asian countries to high-income countries.

² The survey asked respondents to provide the state where they reside. The research team determined geographic regional location based on these responses using regions developed by the U.S. Census.

³ Most notable is the “Tuskegee Study of Untreated Syphilis in the Negro Male,” which was started in 1932 by the Tuskegee Institute (*The Tuskegee Timeline*, 2021).

⁴ Although global internet connectivity increased during COVID-19 (ITU, 2021), intra-regional differences exist. This includes parts of both Asia and North America where digital inequity is prominent in certain areas and less so in others.

References

- Afonso, W. (2021). Planning for the unknown: Local government strategies for the fiscal year 2021 budget season in response to the COVID-19 pandemic, *State and Local Government Review*, 53(2), 159-171.
- American Journal of Managed Care (AJMC). (2021). A timeline of COVID-19 developments in 2020. <https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020>
- Belarmino, M., & Roberts, M. R. (2019). Japanese gender role expectations and attitudes: A qualitative analysis of gender inequality. *Journal of International Women's Studies*, 20(7), 272-288.
- Benton, J. E. (2020). Challenges to federalism and intergovernmental relations and takeaways amid the COVID-19 experience. *The American Review of Public Administration*, 50(6-7), 536-542.
- Berkhout, E., Galasso, N., Lawson, M., Morales, P., Taneja, A., & Pimentel, D. (2021). *The inequality virus: Bringing together a worldtorn apart by coronavirus through a fair, just and sustainable economy*. Oxfam. <https://www.oxfam.org/en/research/inequality-virus>
- Berry-James, R. M., Blessett, B., Emas, R., McCandless, S., Nickels, A., Norman-Major, K., & Vinzant, P. (2021). Stepping up to the plate: Making social equity a priority in public administration's troubled times. *Journal of Public Affairs Education*, 27(1), 5-15.
- Bowman, A. O. M., Bearfield, D. A., Chambers, S., Cigler, Beverly A., Fleischmann, A., Kelly, J. M., & Krebs T. B. (2020). A new and reinvigorated research agenda for US local governments. *State and Local Government Review*, 52(3), 158-172.
- Brudney, J. L., & Yoon, N. (2021). Don't you want my help? Volunteer involvement and management in local government. *American Review of Public Administration*, 51(5) 331-344.
- Butz, A. M., & Gaynor, T. S. (2022). Intersectionality and social welfare: Avoidance and Unequal treatment among transgender women of color. *Public Administration Review*, 82(3), 433-445.
- City of Denver. (2022). Office of social equity and innovation: Programs and initiatives. <https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directories/Mayors-Office/Programs-and-Initiatives/Social-Equity-and-Innovation>

- Clark, J. K. (2018). Designing public participation: Managing problem settings and social equity. *Public Administration Review*, 78(3), 362-374.
- Clement, J., Esposito, G., & Crutzen, N. (2022). Municipal pathways in response to Covid-19: A strategic management perspective on local public administration resilience," *Administration & Society*, DOI:00953997221100382.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 139-168.
- Cutter, Susan. L., Boruff, B. J. & Shirley W. L. (2003). Social vulnerability to environmental hazards. *Social Science Quarterly*, 84(2), 242–261.
- de Amorim, A. L. B., Ribeiro Jr., J.R.S., & Bandoni, D.H. (2020). National school feeding program: Strategies to overcome food insecurities during and after the COVID-19 pandemic. *Brazilian Journal of Public Administration*, 54(4), 1134-1145.
- Danet, B. (1973). Giving the underdog a break: Latent particularism among customs officials. In E. Katz and B. Danet (Eds.), *Bureaucracy and the public: A reader in official-client Relations* (pp.329-337). New York: Basic Books.
- Deslatte, A., Hatch, M.E., & Stokan, E. (2020). How can local governments address pandemic inequities? *Public Administration Review*, 80(5), 827-831.
- Dizgbede, K. D., Gehl, S.B., & Willoughby, K. (2020). Disaster resiliency of U.S. local governments: Insights to strengthen local response and recovery from the COVID-19 pandemic, *Public Administration Review*, 80(4), 634-643.
- Dooley, T. P. (2021). The undelivered dream: Policing, administrative rules and social equity. *Administrative Theory and Praxis*, pp.1-12.
- Executive Order No. 13985, 3 C.F.R. 1 (2021). <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/20/executive-order-advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government/>
- Fiscella, K., & Williams, D. R. (2004). Health disparities based on socioeconomic inequities: Implications for urban health care. *Academic Medicine*, 79, 1139-1147. <https://www.ncbi.nlm.nih.gov/pubmed/15563647>
- Flick, U. (Ed.). (2013). *The SAGE handbook of qualitative data analysis*. Sage.
- Ford, M. R. (2022). Making people matter: moving toward a humanity-based public administration, *Administration and Society*, 54(3), 522-539.
- Fothergill, A., Maestas, E., & Darlington, J. (1999). Race, ethnicity and disasters in the United States: A review of the literature. *Disasters* 23(2), 156-173.
- Fredrickson, H. (2005). The state of social equity in American public administration. *National Civic Review*, 94(4), 31-38.
- Frederickson, H.. (2015). *Social equity and public administration: Origins, developments, and applications*. Armonk, NY: M.E. Sharpe.
- Gaynor, T. S., & Wilson, M.E. (2020). Social vulnerability and equity: The disproportionate impact of COVID 19. *Public Administration Review*, 80(5), 832-838.
- George, B., Verschuere, B., Wayenberg, E., & Zaki, B. (2020). A guide to benchmarking COVID 19 performance data. *Public Administration Review*, 80(4), 696-700.
- Gerton, T. (2021). The impacts of social equity on health. *Health Equity*, 5(1), 675-680.
- Gooden, S. (2015). *Race and social equity: A nervous area of government*. Routledge.
- Gooden, S., Jones, D., Martin, K., & Boyd, M. (2009). Social equity in local emergency management planning. *State and Local Government Review*, 41(1), 1-12.

- Gooden, S. & Potillo, S. (2011). Advancing social equity in the Minnowbrook tradition. *Journal of Public Administration Research & Theory*, 21(S1), i61-i76.
- Gooden, S., & Starke, A. (2021). Social equity and public administration. In T.A. B r y e r (Ed.), *Handbook of theories of public administration and management* (pp.43-53), Northampton, MA: Edward Elgar Publishing Inc.
- Goodsell, C. (1981). *The public encounter: Where state and citizen meet*. Bloomington: Indiana University Press.
- Goodyear-Smith, F., & Ashton, T. (2019). New Zealand health system: Universalism struggles with persisting inequities. *The Lancet*, 394(10196), 432-442.
- Guy, M., & McCandless, S. (2012). Social equity: Its legacy, its promise. *Public Administration Review*, 72(SI), S5-S13.
- Handler, J. F. (1992). Discretion: Power, quiescence, and trust. In K. Hawkins (Ed.), *The uses of Discretion* (pp.331-360). Oxford: Clarendon.
- Hutton, N. S., Saitgalina, M., Yusuf, J-E., Behr, J.G, Diaz, R., & Kiefer, J.J. (2021). Nonprofit capacity to manage hurricane-pandemic threat: Local and national perspectives on resilience during COVID-19. *International Journal of Public Administration*, 44(11-12), 984-993.
- Jennings, B., & Arras, J. (2008). Ethical guidance for public health emergency preparedness and response: Highlighting ethics and values in a vital public health service. <https://stacks.cdc.gov/view/cdc/44130>
- Jerolleman, A. (2019). *Disaster recovery through the lens of justice*. Cham, Switzerland: Palgrave.
- John Hopkins University and Medicine. (2022, July 11). Coronavirus Resource Center. <https://coronavirus.jhu.edu/>
- Johnston, R. M., Mohammed, A., & van der Linden, C. (2020). Evidence of exacerbated gender inequality in child care obligations in Canada and Australia during the COVID-19 pandemic. *Politics & Gender*, 16, 1131-1141.
- Jones, G. W. (2019). Ultra-low fertility in East Asia: Policy responses and challenges. *Asian Population Studies*, 15(2), 131-149.
- Jordan, R. E., Adab, P., & Cheng, K. K. 2020. Covid-19: Risk factors for severe disease and death. *BMJ*, 368, 1-2.
- Jurkiewicz, C. L. (2007). Louisiana's ethical culture and its effect on the administrative failures following Katrina. *Public Administration Review*, 67, 57-63.
- Kabir, N. I., & Ahsan, K. T. Q. B. (2021). Transgender-specific politics and policy in Asia. In *Oxford Research Encyclopedia of Politics*.
- Kato, D., Ryu, H., Matsumoto, T., Abe, K., Kaneko, M., Ko, M., ... & Kondo, M. (2019). Building primary care in Japan: Literature review. *Journal of General and Family Medicine*, 20(5), 170-179.
- Keiser, Lael R. (1999). State bureaucratic discretion and the administration of social welfare programs: The case of Social Security Disability. *Journal of Public Administration Research and Theory* 9(1), 87-106.
- Kerwin, C. M. (1994). *Rulemaking: How government agencies write law and make policy*. Washington: Congressional Quarterly Press.
- Kettl, D. F. (2020). States divided: The implications of American federalism for COVID 19. *Public Administration Review*, 80(4), 595-602.
- Knox, C., Goodman, D., Entress, R. M., & Tyler, J. (2022). Compounding disasters and ethical leadership: Case studies from Louisiana and Texas.”, *Public Integrity*.

- Knox, C., Moloney, K., Entress, R. M., Thornton, T., Jeong, B., & Bernier, N. (forthcoming) COVID-19 impact on public administration academics and practitioners: A national study. *Public Administration Review*.
- Koven, S.G. (2019). *The case against bureaucratic discretion*. Cham, Switzerland: Palgrave Macmillan.
- Krstic, N., & Matic, J.S. (2020). Should children become key stakeholders in designing family-friendly workplaces? *International Journal of Social Policy*, 40(9/10), 1125-1139.
- Kwon, S. (2009). Thirty years of national health insurance in South Korea: Lessons for achieving universal health care coverage. *Health Policy and Planning*, 24(1), 63-71.
- Lasser, K. E., Himmelstein, D. U., & Woolhandler, S. (2006). Access to care, health status, and health disparities in the United States and Canada: Results of a cross-national population-based survey. *American Journal of Public Health*, 96, 1300-1307. doi: 10.2105/AJPH.2004.059402
- Leach, Kirk A., & Rivera, J.D. (2021). Dismantling power asymmetries in disaster and emergency management research: Another argument for the application of critical theory. *Risk, Hazards & Crisis in Public Policy*, pp.1-19. <https://doi.org/10.1002/rhc3.12243>.
- Lee, Yunsoo. (2019). Gender equity and trust in government: Evidence from South Korea. *Sexuality, Gender & Policy*, 2(2), 132–142.
- Liem, A., Wang, C., Wariyanti, Y., Latkin, C. A., & Hall, B. J. (2020). The neglected health of international migrant workers in the COVID-19 epidemic. *The Lancet Psychiatry*, 7(4), p.e20.
- Liu, T. A. X., Wightman, G. B., Lee, E. & Hunter, J. 2021. Revisiting “big questions” of public administration after COVID-19: A systematic review. *Asia Pacific Journal of Public Administration*, 43(3), 131-168.
- Lowi, T. J. (1969). *The end of liberalism: Ideology, policy, and the crisis of public authority*. New York: Norton.
- Maher, C. S., Hoang, T., & Hindery, A. (2020). Fiscal responses to COVID-19: Evidence from local governments and nonprofits. *Public Administration Review*, 80(4), 644-650.
- Martin Howard, S., & Farmbry, K. (2020). Framing a needed discourse on health disparities and social inequities: Drawing lessons from a pandemic. *Public Administration Review*, 80(5), 839-844.
- Maynard-Moody, S., & Musheno, M. (2000). State agent or citizen agent: Two narratives of discretion. *Journal of Public Administration Research and Theory*, 10(2), 329-358.
- McAuliffe, C., Daly, Z., Pumarino, J., Gadermann, A., Slemmon, A., Thomson, K.C., Richardson, C., & Jenkins, E.K. (2021). Examining the associations between food worry and mental health during the early months of the COVID-19 pandemic in Canada. *Canadian Journal of Public Health*, 112, 843-852.
- McDonald III, B. D., Goodman, C. B., & Hatch, M. E. (2020). Tensions in state–local intergovernmental response to emergencies: The case of COVID-19. *State and Local Government Review*, 52(3), 186-194.
- McDonald III, B. D., Hall, J. L., O’Flynn, J., & van Thiel, S. (2022). The future of public administration research: An editor’s perspective. *Public Administration*, 100(1), 59-71.

- Menifield, C. E., & Clark, C. (2021). Pandemic planning in the United States: An examination of COVID 19 data. *Public Administration Review*, 81(6), 1102-1109.
- Moodie, N., Ward, J., Dudgeon, P., Adams, K., Altman, J., Casey, D., ... & Yap, M. (2021). Roadmap to recovery: Reporting on a research taskforce supporting indigenous responses to COVID 19 in Australia. *Australian Journal of Social Issues*, 56(1), 4-16.
- National Academy of Public Administration. (2000). Standing panel on social equity in governance. Issue paper and work plan.
- Our World in Data. (2022). Coronavirus (COVID-19) Deaths. <https://ourworldindata.org/covid-deaths?country=USA~GBR~CAN~DEU~FRA#cumulative-confirmed-deaths-per-million-people>
- Park, J., & Ahn, Y. 2022. Government employees' experience and expectation of COVID-19 hardships: The moderating role of gender and race in the United States. *American Review of Public Administration*, 52(1), 15-35.
- Parker, C. F., & Stern, E. K. (2022). The Trump administration and the COVID 19 crisis: Exploring the warning response problems and missed opportunities of a public health emergency. *Public Administration*.
- Paskov, P., Rogger, D., Mistree, D., & Kay, K. 2020. Responding to COVID-19 through surveys of public servants. *Public Administration Review*, 80(5), 792-796.
- Peacock, W. G., Morrow, B., & Gladwin, H. (Eds.). (1997). *Hurricane Andrew: Ethnicity, gender, and the sociology of disasters*. New York: Routledge.
- Peters, B. G., Grin, E., & Abrucio, F. L. (Eds.). (2021). *American federal systems and covid-19: Responses to a complex intergovernmental problem*. Emerald Group Publishing.
- Pew. 2019. "America's Digital Divide", *Trust Magazine*. <https://www.pewtrusts.org/en/trust/archive/summer-2019/americas-digital-divide>
- Pierson, P. (1993). When effect becomes cause: Policy feedback and political change. *World Politics*, 45(4), 595-628.
- Rauhaus, B. M., Sibila, D., & Johnson, A. F. (2020). Addressing the increase of domestic violence and abuse during the COVID-19 pandemic: A need for empathy, care, and social equity in collaborative planning and responses. *The American Review of Public Administration*, 50(6-7), 668-674.
- Rawls, J. (1971). *A theory of justice*, Cambridge, MA: Harvard University Press.
- Riccucci, N. M. (2019). On our journey to achieving social equity: The hits and misses. *PS: Political Science & Politics*, 52(1), 127-136.
- Rivera, J. D., & Knox, C. (2022a). Bureaucratic discretion, social equity, and the administrative legitimacy dilemma: Complications of new public service. *Public Administration Review*. Doi: 10.1111/puar.13550
- Rivera, J. D., & Knox, C. (2022b). Defining social equity in emergency management: A critical first step in the nexus. *Public Administration Review*.
- Robinson, S.E., Ripberger, J.T., Gupta, K., Ross, J.A., Fox, A.S., Jenkins-Smith, H.C., & Silva, C.L. (2021). The relevance and operations of political trust in the COVID-19 pandemic. *Public Administration Review*, 81(6), 1110-1119.
- Saldana, J. (2009). *The coding manual for qualitative researchers*. Sage.
- Schuster, C., Weitzman, L., Mikkelson, K.S., Meyer-Shaling, J., Bersch, K., Fukuyama, F., & Spina, S. F. 2013. Addressing remnants of the past: Proactive responses to equity issues in public administration. *State and Local Government Review*, 45(2), 98-107.

- Skocpol, T. (1992). *Protecting soldiers and mothers: The political origins of social policy in the United States*. Cambridge: Harvard University Press.
- Solinas-Saunders, M. 2020. The US federal response to COVID-19 during the first 3 months of the outbreak: Was an evidence-based approach an option? *The American Review of Public Administration*, 50(6-7), 713-719.
- Suhardiman, D., Rigg, J., Bandur, M., Marschke, M., Miller, M. A., Pheuangsavanh, N., ... & Taylor, D. (2021). On the coattails of globalization: migration, migrants and COVID-19 in Asia. *Journal of Ethnic and Migration Studies*, 47(1), 88-109.
- Svara, J., & Brunet, J. (2004). Filling in the skeletal pillar: Addressing social equity in introductory courses in public administration. *Journal of Public Affairs Education*, 10(2), 99-109.
- Takenoshita, H. (2020). The gender wage gap in four Asian countries: Japan, Singapore, South Korea, and Taiwan. In *Low fertility in advanced Asian economies* (pp. 41-59). Springer, Singapore.
- Tate, E., & Emrich, C. (2021). Assessing social equity in disasters. *Eos*, 102, <https://doi.org/10.1029/2021EO154548>
- Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837-851.
- UNDP. (2021). *Human development index*. New York: United Nations. <https://hdr.undp.org/data-center/human-development-index#/indicies/HDI>
- Waldo, Dwight. (1972). Developments in public administration. *Annals of the Academy of Political and Social Science*, 404(1), 217-245.
- Williams, D. R., Priest, N., & Anderson, N. B. (2016). Understanding associations among race, socioeconomic status, and health: Patterns and prospects. *Health Psychology*, 35(4), 407.
- Wooldridge, B., & Gooden, S. (2009). The epic of social equity. *Administrative Theory & Praxis*, 31(2), 222-234.
- World Bank. (2022). *Gini index*. https://data.worldbank.org/indicator/SI.POV.GINI?end=2021&name_desc=false&start=2021&view=bar
- Wright, J.E., & Merritt, C.C. (2020). Social equity and COVID 19: The case of African Americans. *Public Administration Review*, 80(5), 820-826.
- Xu, H. D., & Basu, R. (2020). How the United States flunked the COVID-19 test: Some observations and several lessons. *The American Review of Public Administration*, 50(6-7), 568-576.

Biosketches

Claire Connolly Knox, Ph.D., is an Associate Professor in the School of Public Administration at the University of Central Florida and holds a joint appointment with the National Center for Integrated Coastal Research. She was the Founding Director of UCF’s Master of Emergency and Crisis Management Program, which is ranked #3 in the nation. Dr. Knox is an expert in environmental vulnerability and disaster response, coastal resilience, critical theory, and cultural competency. Her co-edited book, *Cultural Competency for Emergency and Crisis Management: Concepts, Theories and Case Studies*, won 2021 Book of the Year Award from ASPA’s Section on Democracy and Social Justice. She has obtained nearly \$5 million in grants and serves as Associate Editor of *Natural Hazards Review* and the *Journal of Homeland Security and Emergency*

Management. She has received multiple awards for research, teaching, and service, including the 2022 Kay C. Goss for Innovation in Emergency Management Award at FEMA's Higher Education Symposium.

Rebecca M. Entress, MPA, is a Ph.D. candidate who focuses on government interventions to enhance social equity, especially in areas of emergency management and health care. Rebecca is part of the Public Affairs (PAF) Doctoral program at the University of Central Florida and is a 2022 ASPA Founders' Fellow. She attended Florida State University for her Bachelor's degree in Political Science and Master's degree in Public Administration. Following graduation, Rebecca worked at the Florida Legislature as a Policy Analyst on health and human services issues. Rebecca also worked at a large health care system in Orlando, Florida and in county government in South Florida before returning to school to pursue her Ph.D. Rebecca is published in *Public Administration Review*, *Administration and Society*, and the *Journal of Substance Abuse Treatment*. Her research focuses on public management, health policy, and government interventions impacting social equity.