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Punctuating the equilibrium: an application of policy theory to COVID-19

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ABSTRACT

COVID-19 has taught us that, when inadequately addressed, pre-existing policy problems (e.g. weak coordination of healthcare and gaps in income supports) exacerbate the cost of crises (including deaths) and make policy responses more difficult. On a more hopeful note, the pandemic has also revealed that policy-makers and bureaucrats, reputed as defenders of the status quo and glacially paced, are capable of moving nimbly when seized with necessity. This manuscript draws on Baumgartner and Jones' punctuated-equilibrium theory to analyze and demonstrate how policy responses to the pandemic, largely in Canada but also globally, were shaped by preexisting problems (periods of equilibrium). It then raises the question: Will future policy reflect lessons learned through COVID-19, to not only mitigate risks from further crises, but also tackle many other policy challenges? It would seem we can no longer accept the excuse that problems are too complex or time-consuming to tackle.

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Introduction

With over 37 million confirmed cases and one million deaths globally (World Health Organization 2020c), the dire situation posed by COVID-19 has serious implications for human health. In addition to the threat on health and well-being, the face of the world has been dramatically altered. Measures have been taken globally in hopes of halting or delaying the disease's spread, including border restrictions, temporary closure of businesses, and bylaws mandating the use of face masks indoors. Despite these varied measures, the coronavirus disease has both created problems and exacerbated issues that predated it.

One such preexisting issue that COVID-19's emergence brought to light was the lack of available personal protective equipment (PPE). Given our recent history with

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pandemics, coupled with our world's increasing globalization, this lack of sufficient stockpile, both globally and in specific countries, is perplexing. With the benefit of hindsight, the lack of initiative and preemptive policy planning becomes inexcusable; such as the lack of maintenance of stockpiled ventilators in the United States, deeming them out of commission (Stracqualursi 2020), and 80% of stockpiled masks in Ontario, Canada, already expired as of December 2017 (Martell and Warburton 2020).

The pandemic points to other conditions for which we are grossly underprepared— infectious or otherwise. Weak and limited public policy coordination was apparent not only across provinces and states, but also across countries with shared borders and more globally, which was particularly evident when examining the lack of prompt data sharing—one of the key criticisms the World Health Organization (WHO) faced with respect to China. While policy issues were worsened by COVID-19, this poses real consequences for society.

Weak policy has also meant COVID-19 more greatly impacted the most marginalized groups in society. It is well-established that those with lower socioeconomic status face unique challenges including worse health outcomes (WHO, 2020). The onset of COVID-19, therefore, put the health of this population at heightened risk, such as through greater exposure to the disease through poor quality housing (e.g. homeless, incarcerated). This was seen in data produced by the City of Toronto, which demonstrated that 27% of COVID-19 cases were among those with a household income under \$29,999 with about half (51%) of cases in households with incomes below \$49,999 (which can be considered low-income) (City of Toronto 2020). Aside from the heightened risk of contracting COVID-19, these individuals were also impacted by the nature of being lower-paid (e.g. no employer benefits, harder hit with layoffs).

Before the pandemic, it was known there are racial differences in health outcomes, with discrimination toward Black and Indigenous persons determining chronic disease and related risk factors (Siddiqi et al. 2017). In addition to chronic conditions, the share of COVID-19 cases was substantially higher among ethno-racial groups in Toronto—in fact, comprising an alarming 83% of reported cases with available race data (City of Toronto 2020). COVID-19 has exacerbated existing inequalities, with its impacts being related to gender, race, and class (Bryant, Aquanno, and Raphael 2020).

Further, “warehousing” older adults in long-term care in Ontario, while problematic, became a serious issue during COVID-19. With long-term care residents placed in dangerous conditions, such as in Bobcaygeon, Ontario, where four individuals were not only placed in a room separated only by curtains, but also taken care of in an understaffed facility by overworked staff (National Post & Riches, S, 2020), the long-term care home in Bobcaygeon was deemed a “war zone” (Davis and Dhanraj 2020). Inevitably, long-term care homes became hotspots for COVID-19 in Ontario. As with numerous other preexisting problems, these were amplified during COVID-19 resulting in enhanced transparency for these issues. However, transparency is not enough. Nor is addressing these issues where they are seemingly problematic. For example, focusing on improving long-term care homes is not the solution given the rising aging population, focusing on other aspects, such as home care, is more logical. Evidently, preexisting policy problems not adequately addressed exacerbate the cost of crises (including deaths) and make policy responses more difficult.

Punctuated-equilibrium theory (PET)

There are various theories aimed at representing how public policy is developed. One of which is the punctuated-equilibrium theory (PET) developed by Baumgartner and Jones (1993). Through studying various public policies within the United States, Baumgartner and Jones (1993) demonstrated that political systems typically remain stable over the long-term, but occasionally are “punctuated” with short and volatile periods of change—now characteristic of the PET. In other words, Baumgartner and Jones (1993) postulated that linear and incremental changes over the long-term did not explain policymaking (Baumgartner and Jones 1991). While initially discussed in terms of the United States, this theory has been applied to jurisdictions, such as the European Union (Princen 2013), and applicable to understanding information processing in the policy process (True, Jones, and Baumgartner 2007) across various policy domains, such as tobacco and nuclear energy. While there are other theories of policy process, such as the Multiple Streams Framework (Kingdon 2011), the Advocacy Coalition Framework (Sabatier and Weible 2007), and the policy cycle/stages heuristic model (Brewer 1974), each brings unique benefits to understanding policymaking. Each theory has merits and provides unique benefits and insights, and more than one theory can be applied to understand a single policy domain, such as COVID-19. However, for this article, PET will be applied to glean unique insights about COVID-19.

Pluralism

PET has several key concepts that will be discussed in relation to COVID-19. First of which is “pluralism,” which is the understanding that due to the nature of policy topics being highly varied, policy decisions are often made among specialized parties. As a result, subsystems are created at all levels of government to house these technical policy discussions among smaller groups of individuals. By nature of being smaller, specialized technical groups that operate fairly autonomously, these policy decisions are not often influenced by political factors. Accordingly, these subsystems remain stable, unchanged, and in a relative state of equilibrium. Looking to COVID-19 as a pandemic, and in particular, the lack of PPE discussed above, it is evident how such a technical and fairly routine practice of ensuring sufficient stockpiles was not a topical or contentious issue prior to the emergence of COVID-19. Party platforms typically do not include decisions on PPE stockpiles for which constituents vote based on. These are technical decisions made among smaller groups of individuals.

Conflict expansion

However, when a large number of people become interested in a policy domain, there is an increased chance that the policy subsystem will be destroyed or changed, termed conflict expansion. In reflecting on COVID-19, this is apparent in numerous ways. Most evidently, given COVID-19’s impact on health, discussions around something seemingly as mundane as PPE emerged on a larger platform, such as a declaration of emergency in the Canadian province of Ontario with an associated \$50 million allocated to PPE (Office of the Premier of Ontario 2020). Ontario is not alone, COVID-19

has resulted in numerous government actions taken across the world, with 90 countries producing emergency declarations (International Center for Not-For-Profit Law, 2020). Similarly, on a global stage, institutions which house expertise on health, such as the WHO, were scrutinized with a close eye. In particular, closely examining the WHO's praise of China (Rauhala 2020), despite China's initial cover-up of the coronavirus disease and silencing of whistleblowers (Yang 2020). However, there may be several reasons why the WHO has refrained from criticizing China, such as to maintain a working relationship in overcoming COVID-19, as illustrated through the WHO-China Joint Mission designed to combat COVID-19 through response, preparation, and readiness (World Health Organization 2020a). While COVID-19 falls under the domain of public health policy, conflict expansion did not impact merely those who work in this field developing policy during this pandemic.

With the pandemic drastically changing ways of living, policy related to COVID-19 quickly changed key players in policy across nearly all domains. For example, looking to international borders, Canada was prompt in closing its borders for non-Canadians or permanent residents, banning entry on March 16, 2020 (Boire-Schwab et al. 2020), just a mere five days after the WHO classified COVID-19 as a pandemic (World Health Organization 2020b). With Canada bordering the United States, and having substantially fewer cases than its southern counterpart, Americans were quick to find the loophole to overcome border closure policies of reporting direct travel to Alaska but failing to quarantine for 14 days. The media was instrumental in drawing attention to this, such as with articles titled “Banff residents worry U.S. tourists visiting town thanks to so-called ‘Alaska loophole’” (Dryden 2020) and “LEAKY BORDER: Tourists and quarantine cheats threaten Canada amid U.S. COVID-19 surge” (Canoe.com 2020), the latter of which discusses the border more broadly. With the media aiding in pushing the conflict out to more parties, the policy subsystem was broken, and the government was forced to act, or rather, react to this issue. As a result, the Canadian Border Services Agency enacted stricter conditions for travelers en route to Alaska through Canada (Boire-Schwab et al. 2020), which includes only entering at one of the five ports of entry, avoiding tourism activities, and displaying a tag to their vehicle's rearview mirror (Government of Canada 2020). It is evident the media played a role in raising attention to this issue, both in terms of the quantity of the articles produced and the tone and approach taken in discussing the issues, with the two articles above providing a glimpse into the tone employed. It is believed that as media attention increases, public reception decreases (Frank R. Baumgartner and Jones 1991)—which is illustrative of the “Alaska loophole.” As such, the media drawing attention to a policy domain is characteristic of conflict expansion and likelihood of puncturing the equilibrium in PET.

Policy image/framing

Given the direct relationship between contracting COVID-19 and mortality, along with a slew of other symptoms, such as loss of smell and taste (Menni et al. 2020) and multi-organ failure/“cytokine storm” (Ragab et al. 2020), COVID-19 was quite obviously initially an issue around *health*. COVID-19 was framed in such a way that policy actions

were in response to preserving health, in other words, the “policy image” was one of *health*. For Frank R. Baumgartner and Jones (1991, 1046), the policy image is defined as “how public policies are discussed in public and in the media.” For example, in implementing lockdown measures, the understanding that these drastic actions are being undertaken to protect the health of the population, in particular, those who are immunocompromised and elderly, was well-known. And further, the policy image was not just centered on public health, but actions to “flatten the curve” were focused on mitigating risks to the healthcare system and ensuring the system was not overburdened.

However, as time passed, the policy image shifted. Drastic actions to curb the serious potential health risks, including lockdowns, had direct implications on finances. As such, COVID-19 evolved from the focus on health and the healthcare system to one discussing the economy. As such, policy actions were framed around the *economy*. Stimulus checks and the Canada Emergency Response Benefit (CERB) are prime examples around policy actions taken in response to COVID-19 that were not directly focused on improving health, but rather finances.

Because policy images are based on both empirical knowledge and values, public perception of policies differ with these differing frames. With the framing around health, lockdowns were generally well-received at the start of the pandemic, with citizens across seven European countries reporting general satisfaction with their governments during the first two weeks of April 2020 (Sabat et al. 2020); and in fact, strict confinement in COVID-19 was linked to increased intention to vote, satisfaction with democracy, and trust in government (Bol et al. 2020). However, with the pandemic extending and the policy image becoming more centered around the economy, people started becoming fatigued by the varied measures taken by governments originally brought in when consideration of health was prominent.

Frank R. Baumgartner and Jones (1991) discuss the manipulation of policy images as one way the powerful can seek to maintain their position. In the aforementioned, this is clear through the shift from framing around *health* to *economy*. While lockdown measures have been proven effective in slowing the spread of COVID-19 (Lau et al. 2020), the closure of businesses is not conducive to a strong economy. Reframing the policy problem around the economy allowed the government to reopen businesses and try to initiate a recovery, which aligns with its economic interests. Similarly, policymakers can seek to keep certain policy images off the agenda to aid in achieving select goals. Through both shifting policy images to be conducive to policymakers’ goals and seeking to keep other images off the agenda, policymakers will benefit through moving closer to the policy goals sought.

It is noteworthy that policy images are partially based on empirical knowledge, which in the case of COVID-19, was highly problematic. With the emergence of COVID-19 in early 2020, little was known about the origins, disease dynamics, impacts, etc. As a result, given the limited understanding of COVID-19, facts could be distorted. Whether this was around the contested face mask use, the airborne versus droplet nature of COVID-19, or the Chinese cover-up of the disease, these “facts” were drawn on in differing ways to manipulate the policy image by the powerful. For example, in considering the mathematical models that were developed to help predict

the spread of the disease, these were interpreted in different ways, such as pointing to “successes” of nations in preventing spread *or* emphasizing the need for further action given the large projections. Ultimately, the unique nature of COVID-19, as one where facts were—and continue to be—limited, allows policymakers the opportunity to distort facts to support a policy image, and accordingly, the participants who sit at the table.

With the tremendous impact COVID-19 has had on the world, the media was understandably focused on COVID-19. As such, looking to the media can shed light on how the policy image shifted over time. With the knowledge that as media attention increases, public reception decreases (Frank R. Baumgartner and Jones 1991), public fatigue of lockdowns soon becoming commonplace aligns with this knowledge (juxtaposed with the original positive reception of the public in “doing their part” to flatten the curve). Similarly, with lockdown measures, the media naturally discussed those impacted by COVID-19, such as the sheer volume of unemployed individuals and the permanent closure of various businesses due to the temporary lockdowns. The heightened attention afforded by the media allowed the public reception of lockdowns to be decreased, resulting in the gradual opening of businesses, some of which occurred through phased approaches.

With changing policy images, the possibility for achieving radical policy transformation also increases (Frank R. Baumgartner and Jones 1991). In other words, with the changing image of COVID-19, the likelihood of punctuating the equilibrium is raised. Considering how the policy image of COVID-19 evolved from one centered on *health* to *economy*, this came with relatively dramatic policy change. Consider the case of the stimulus checks and the CERB. Not only were these rapid and sizeable, but these income supports were well-received—considering the general public acceptance and approval ratings of implementing leaders. For example, 64% of Canadians polled between March 20 and 23, 2020 believed that the federal government was doing a good job handling the pandemic, a rise from 49% from March 5 to 6, 2020 (Angus Reid Institute 2020). This aligned with Bill C-13, an Act respecting certain measures in response to COVID-19, which passed and received royal assent on March 25, 2020.

Venue change

Another component of the PET, as expressed by Frank R. Baumgartner and Jones (1991, 1049), is that “where images are in flux, one may also expect changes in institutional jurisdictions.” What they mean by this is that when a policy image changes, the venue in which the policy was previously discussed or debated may also change. In the case of COVID-19, this is highly evident. What began as a highly technical topic, pandemic preparedness, for which policy action was determined by a very small group of technical individuals, this rapidly expanded. In other words, all levels of government, international organizations, the public, the media, etc. have all become involved.

Further, COVID-19, as a disease, not only expanded to new venues, but the policy image of COVID-19 as one which is destructive to the economy engaged new venues. This was present with the social safety net policies that were implemented, such as the CERB, which drew in Service Canada and the Canada Revenue Agency, rather than

focus in on departments of health. Further, an important aspect of CERB is that it went to all concerned, not just those who qualified from pre-pandemic programs. As such, it filled a known gap from pre-pandemic programs. Now the question remains, “what permanent change will be made to address ‘excluded’ individuals”?

Evidently, the interaction between policy images and venues can result in rapid change (i.e. punctuating the equilibrium), whether through a changing policy image which results in new venues *or* through a venue changing which results in a change in policy image (Frank R. Baumgartner and Jones 1991). In the case of Canada, through the policy image of one focused on *economy*, the government quickly realized that employment insurance was going to be inundated with submissions and made the astute decision to combine employment insurance into CERB. This allowed expansion to new venues, as the administration of CERB fell under the purview of the Canada Revenue Agency, which processed claims efficiently and promptly—despite facing expected issues with administering government programs, such as fraud (Butler 2020). Or similarly, with the engagement of all levels of government, international organizations, the public, and media, this venue change led to a change in policy image, from one on *health* to one on *economy*.

Discussion

The shock to the world brought about by COVID-19, as per the PET, has highlighted inadequacies in its dedicated subsystems—from the lack of pandemic preparedness (including PPE stockpiles) to insufficient social safety nets. Looking to both of these examples, a question emerges around how durable the policy conclusions truly are. Reflecting on post-SARS, the lack of sufficient planning is abundantly clear. In this regard, despite having had a “mini-crisis” to learn from, there is a great deal left to learn, given the heightened challenges we face in combatting COVID-19 (Walker 2020). With respect to the latter, insufficient social safety nets: despite the widespread adoption of basic income pilot projects around the world in pre-COVID-19 times and demonstrated successes, these types of policies are often contentious (involving lengthy processes) and not sustained over the long-term. COVID-19 afforded rapid change, but will it be sustained?

This poses the question: Will future policy reflect lessons learned through COVID-19, to not only mitigate risks from further crises, but also tackle many other policy challenges? It would seem we no longer need to accept the excuse that problems are too difficult or will take too long to tackle. The pandemic demonstrated that government can act boldly and with lightning speed when immersed in something perceived as a crisis. However, governments’ records of learning lessons from past crises are not strong.

The PET taught the lesson that when policy images and the venues in which they operate are seen positively, subsystems thrive. It is evident that to avoid subsystem collapses, policy images and venues must be seen favorably. In applying this knowledge to improve society through public policy, focusing on changing policy images and venues in which they operate may be one way to achieve change. In terms of targeting the policy image, this can be done by aiming to control or change it. Highlighting other

components of the policy problem at hand can help aid in this endeavor, such as above, where the changing policy image of COVID-19 from one of *health* to one of *economy* was discussed. The use of technical rhetoric and analysis should not blind efforts, as these are efforts by those in power to control the policy image and keep certain policy decisions off the table. Instead, policy images that focus on pertinent issues should be emphasized by those seeking change, such as recentering the focus on COVID-19's impacts on health, particularly for marginalized populations. And second, in seeking to target the policy venue, while those in power may seek to limit access to the venue or target venues in which support will be present, one way to target this is through garnering support in new venues. In other words, there is an opportunity for individuals to present their stance in new venues to gain allies and achieve policy change. Media can assist in undertaking either of the above strategies. To reiterate, it is through seeking to change the policy image, conflict expansion, and venturing into new policy venues that the equilibrium may be punctuated. As such, there are "opportunities for overturning what appear to be powerful systems of limited participation" (Frank R. Baumgartner and Jones 1991, 1046).

Conclusion

COVID-19 must not just result in short-sighted and temporary solutions, such as those which emerged from SARS. For example, given the heightened impact of COVID-19 on women's mental health (Béland et al. 2020), and continued disproportionate impact on women as many families partake in-home learning, governments should be forward-thinking and engage in subsidized daycare—and not disengage once the pandemic subsides. It is essential to ensure that policy reforms flowing from the COVID-19 crises are wise and durable. Instead of focusing on cutting spending, attention should be redirected to achieving equitable outcomes, effectiveness, and efficiency, where relevant. As a collective, attention should not be solely directed to flash fires, but instead, to the bushes that were burning before the crisis and will burn long after. Or drawing on another analogy utilized in public health, moving upstream to the factors that influence health and being proactive, rather than looking downstream and being reactive. As Frank R. Baumgartner and Jones (1991) highlight, by the time the public is engaged, typically this is after manipulation of the policy image and venue selection by those in power. As such, it is imperative to aim to engage early and gain public support and acceptance for the policy image and pushing into new venues to gain further support.

Overall, through applying PET to COVID-19, crucial lessons emerge for policy practitioners that are applicable to other policy domains. First, strategic planning and foresight should be prioritized instead of short-sighted and temporary solutions (e.g. need for *sustained* social safety nets). In Canada's case, the pandemic amplified and brought heightened attention to the fact that while there are about four and a half million Canadians receiving the CERB, only about three million will receive Employment Insurance when CERB closes, while the remaining one to two million are expected to draw on recovery benefits (Syal 2020). It is noteworthy that this problem is preexisting prior to COVID-19, but the pandemic has amplified the need for better long-term

income supports. Similarly, this is the case for affordable housing in many cities, with the pandemic pushing governments to act, but it should not take a crisis of this magnitude for a government response. Second, attention should be redirected to achieving equitable outcomes, effectiveness, and efficiency, where relevant. In the above example around Employment Insurance, factoring in long waiting periods and exclusion of those who are self-employed and “gig economy” workers, there is a segment of the population that is more greatly negatively impacted. And third, perhaps more applicable to advocates of policy change, it is imperative to engage early and gain public support and acceptance for the policy image. In other words, policy images that focus on pertinent issues should be emphasized and pushed into new venues to gain allies and achieve policy change (and the media may aid in this pursuit).

Despite ideas of pluralism making public policy more difficult to achieve, given the division of power, the PET demonstrates that pluralism provides opportunities in some instances to raise issues for consideration by those on the “losing side” and increases the possibility for drastic change (Frank R. Baumgartner and Jones 1991). As such, there is a major role for global actors to play, such as the WHO, to facilitate collaborations globally and promote better policymaking, with particular attention paid to cities of the global south given rapid urbanization (Amri 2019). There is a need to look multisectorally and across disciplines and bring together voices to have critical discussions, such as those afforded by the PEGASUS conferences (Amri et al. 2020), in order to devise strategies for punctuating the equilibrium through targeting policy images, expanding conflict, and moving into new policy venues.

Disclosure statement

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