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COMPARATIVE ANALYSIS OF COVID-19 PROTECTIVE PUBLIC HEALTH
POLICY RESPONSES IN NEW YORK AND OHIO

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Comparative Analysis of Covid-19 Protective Public Health Policy Responses in New York and Ohio

Abstract:

The Covid-19 pandemic disrupted American society in almost every regard. The clash of politics and science in the United States (US) can be seen as the primary factor that was distorting the US pandemic response. American politics was criticized for being too involved in the pandemic response and many questioned if party leadership/ideology influenced decision making of political officials. Republican and democratic states were deemed to have different responses which would assume that politics potentially played too much of a role in a health crisis. I compare New York and Ohio in the earliest pandemic phase of March-April 2020 and then extend this comparison through July 2020, because of their governors' opposite party affiliation and similarity in the time frame in which the pandemic impacted the states the worst.

Keywords: COVID-19, New York, Ohio, public health policies, governors, federal, parties

Comparative Analysis of Covid-19 Protective Public Health Policy Responses in New York and Ohio

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1. Introduction

The novel Coronavirus (Covid-19) pandemic has taken a toll on the United States of America, with the economy in flux, inability to receive an education in-person at almost every level, to over 350,000 deaths by the end of 2020 and counting, each state has and still is experiencing the impacts of this health crisis.¹ Here I argue that the handling of the pandemic has been a clash between science and politics— that health professionals and politicians have their reasons to encourage/propose certain legislation and the standing of the country in regard to the pandemic requires criticism and accountability of both parties. This essay compares the stringencies of COVID-19 public health policy measures of New York and Ohio from January to July 2020. This interval marks when the United States was affected by the coronavirus and when states started to reopen for what is considered “the first wave.” Governor Andrew M Cuomo (D) of New York and Mike DeWine (R) of Ohio were both science-minded in their initial approach, however, with it being an election year and in light of the political nuances of each state, it is unclear if that approach stood strong into July for Governor De Wine.

This paper uses the original data on the stringency of public health policy measures that were adopted to counteract Covid-19. My focus is on six specific responses, which include travel restrictions, stay-at-home orders, if wearing of PPE and following social distancing rules were mandatory, limitations on social gatherings, school closures, and restrictions on restaurants, non-essential businesses, and other venues (bars and gyms). To this end, we will critically analyze the

¹ Esri, FAO, NOAA, Esri, FAO, NOAA. “COVID-19 United States Cases by County.” *Johns Hopkins Coronavirus Resource Center*, 2020, coronavirus.jhu.edu/us-map.

variances and parallels of implemented policies, and whether political party affiliation influenced policymaking.

2. Public Health Policies Timeline in Response to Covid-19 in New York and Ohio

The first case of coronavirus that was identified in the United States was in the state of Washington on January 20th, 2020.¹ On March 1st, 2020, Governor Cuomo of New York announced that the first person tested positive for the virus in New York City.² Similarly, Ohio Governor DeWine confirmed resident positive for coronavirus on March 9th, and a death on March 19th, 2020.³ While this was believed to be the first case of the virus in the state, the former director of The Ohio Department of Health, Dr. Amy Acton said in May that the first case was probably far earlier- dating back to January.

Comparing the stringency of public health policies from January to July from the time when it was clear that the virus has reached both states, we clearly see that initially both New York and Ohio were leaning on the federal government for guidance because neither state saw state-level policies until the first half of March.

New York:

The anticipation of federal action from both Cuomo and DeWine was eventually replaced with independent action. Six days after New York was confirmed of their first case, on March 7, Cuomo declared a “Disaster Emergency.”² Essentially, this enabled additional funding to be available for the state for purposes of fighting the virus. On March 16th, Cuomo limited social

² @ballotpedia.org, editors. “Government Responses to and Political Effects of the Coronavirus Pandemic, 2020 (New York).” *Ballotpedia*, 2020, [ballotpedia.org/Government_responses_to_and_political_effects_of_the_coronavirus_pandemic,_2020_\(New_York\)](https://ballotpedia.org/Government_responses_to_and_political_effects_of_the_coronavirus_pandemic,_2020_(New_York)).

³ @ballotpedia.org, editors. “Government Responses to and Political Effects of the Coronavirus Pandemic, 2020 (Ohio).” *Ballotpedia*, 2020, [ballotpedia.org/Government_responses_to_and_political_effects_of_the_coronavirus_pandemic,_2020_\(Ohio\)](https://ballotpedia.org/Government_responses_to_and_political_effects_of_the_coronavirus_pandemic,_2020_(Ohio)).

gatherings to 50 people and closed all restaurants, bars, casinos, and gyms from on premise service. All school grades K-12 were also ordered to close, but the plan was to reopen within a month.² This was statewide, and those municipal governments which have not by then adopted similar measures on their own initiative had to implement them now and were unable to conflict with this executive order.

Additionally, two days later, Cuomo declared that all businesses and not-for-profit entities in the state shall utilize, to the maximum extent possible, any telecommuting or work from home procedures that they can safely utilize. Each employer had to reduce the in-person workforce at each work location by 50 percent no later than March 20 at 8 p.m., starting the day later, by at least 75 percent, and on March 22, by 100 percent. Government offices closed to the public, evictions and foreclosures were suspended for 90 days (executive order “New York State on PAUSE,” a ten-point policy with an explicit objective to “assure uniform safety for everyone”).² At this point in time, Cuomo was committing to a daily coronavirus press briefing where he provided information with the assistance of charts and graphs that explained the trend of confirmed cases, hospitalizations, deaths, what laws were in place in response to the virus, and also spoke directly to New Yorkers with empathy and resilience; urging New Yorkers to follow the executive orders put in place and reassuring the public that following the policies and guidance by the state will flatten the curve.

The “pause” policies were enhanced with the mandate to wear face coverings while in public (public transportation, busy streets, etc.) on April 15th, with a provision for fines for non-compliance. On May 1st, all schools were ordered to continue distance-learning instruction until the end of the school year.

The rules for lifting the “pause” policies issued on May 4th were tied in with the localities’ scientific epidemiological indicators and provided for a very graduate, four-phase process of reopening. These rules stayed in place through July, and while less urban counties advanced in reopening, downstate New York remained in its earlier phases for weeks longer.

Ohio:

With the Covid-19 pandemic widely politicized, Republican governors were widely criticized for their late responses, if any. This does not accurately characterize early pandemic response by Governor DeWine. Ohio entered state of emergency on March 9th, 2020.³ On March 12th, DeWine had ordered all public and private schools in the state to close for three weeks starting on March 16th.³ Three days later, DeWine granted the Ohio Department of Health and its Director, Dr. Amy Acton, the authority to issue special orders to fight the spread of the virus in the state. Her office issued orders to limit the sale of food and beverages carry-out and delivery only. Furthermore, prohibiting mass gatherings of 50 or more people, closure of all indoor family entertainment businesses and venues, and then a complete stay-at-home order. DeWine acted on Acton’s recommendation also when he closed government offices and non-essential services.³

On April 2nd, Acton amended the stay-at-home order and requested that out-of-state travelers self-quarantine for two weeks (14 days).³ This was the most stringent public health policy level in Ohio, and it lasted until May 14th. The stay-at-home order was lifted and the reopening in the state gradually began again, on the orders of the Department of health, gradually, and with strict specific restrictions.³ Six days later, Acton eased more restrictions by enabling campgrounds and recreational camps to reopen so long social distancing is practiced at these sites.³ On May 22nd, Acton continued to ease restrictions by enabling gyms, dance instruction studios, and other fitness venues to reopen with the compliance to social distancing at these sites however, she did decide to extend the full closure of grade schools.³

Governor DeWine granted copious authority to Dr. Acton to implement special orders throughout the first couple of months via executive order. Lastly, on July 23rd, Interim Director of the Ohio Department of Health, Lance D Himes was granted the authority to implement a state-wide mask mandate.³

3. Public Health Protective Policy Indices (PPI)

I use the dataset of stringency of public health policy measures collected and coded by the Binghamton University Covid-19 Policy Response Lab (Shvetsova et al. 2020a), including the previously unpublished variables in policy categories. The dataset codes the public health policies of both states, primarily relying on government resources, press releases, and news sources. To comprehend the variation on stringency of the different policies, we weighed more stringent policies in each response type category in the index more heavily. Based on the coded policies, regional public health Protective Policy Indices (PPI) were calculated for each day as a sum of values in policy categories assessed by the same methodology in the two states. Once calculated, PPIs values are normalized between zero and one.⁴ The PPI values for each month as reported in Figures 1-6 are an average of the daily values in a single or in several combined policy response categories as noted. For instance, stay-at-home orders take into account the following policy response categories in the PPI: state of emergency, personal mobility restrictions, and working from home requirement for businesses/organizations.

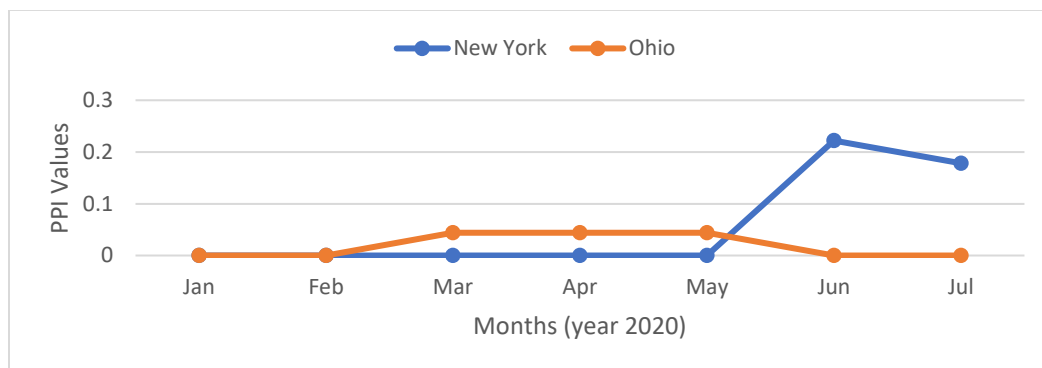
⁴From January to May, state/day values have the maximum of 40, thus the resulting number between zero and 40 is normalized by dividing it by 40. For months May through July, the maximum value per day is 90 (the equivalent policies to those coded from January to May are now valued at twice compared to the values for January through April, and the novel emphasis on masks, social distancing, and disinfection is valued the remaining ten points). Therefore, to normalize, these observations are divided by 90.

4. Discussion

The comparison of public health protective policy index components across the two states over time in Figures 1-6 reflects the respective public health strategies of governors Cuomo and DeWine. It generally shows the evolution of policy strategies in the months from January to July, from being very similar initially and then diverging, as nationwide COVID-19 measures became more and more politicized.

Based on the PPI data, New York and Ohio had very similar approaches to combat the virus in March. PPI values in Figure 1 are actually slightly more stringent for travel restrictions in Ohio compared to New York from February to May. After May, New York imposed more restrictions on travelers that were returning from other states and abroad; providing travelers to quarantine and/or self-isolate if tested positive in addition to the 14-day quarantine period.

Figure 1: PPI values for the comparison of international and domestic air, land, and sea border closures categories for January to July

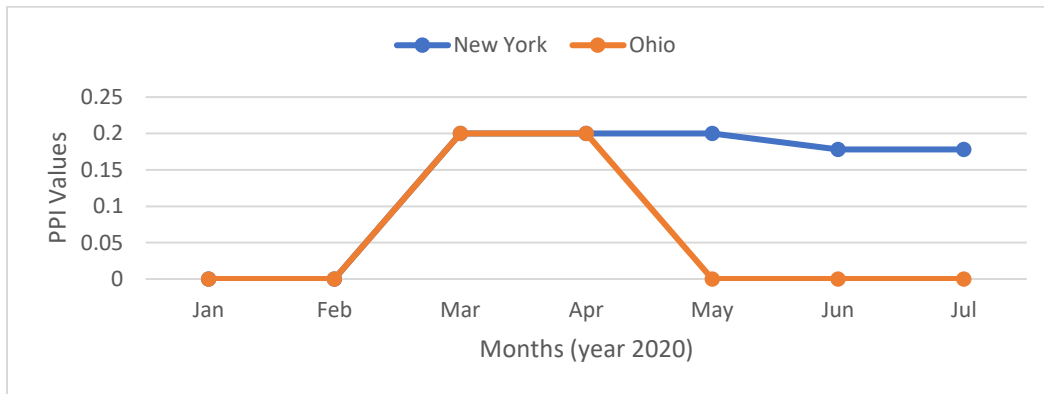


Note: this graph represents the comparison of travel restriction policy stringencies in New York and Ohio
Source: Shvetsova, O. et al. (2020) and author's calculations

New York and Ohio also did not differ much in imposing stay-at-home orders and declaring state of emergency legislation in March and April (Figure 2). In fact, DeWine placed Ohio in state of emergency faster than did Cuomo, if one takes into account the dates when their respective Departments of Health confirmed the first cases of infection. In New York, at the time

of the declaration of the state of emergency, officials confirmed 76 positive cases, whereas DeWine declared the state of emergency on the day when the first positive case of Covid-19 was confirmed in the state. Acton lifted the lockdown in Ohio in May and started to reopen restaurants, bars, and venues conditional on adhering to the social distancing protocols.

Figure 2: PPI values for the comparison of state of emergency, working from home requirement for businesses/organizations, and personal mobility categories for January to July



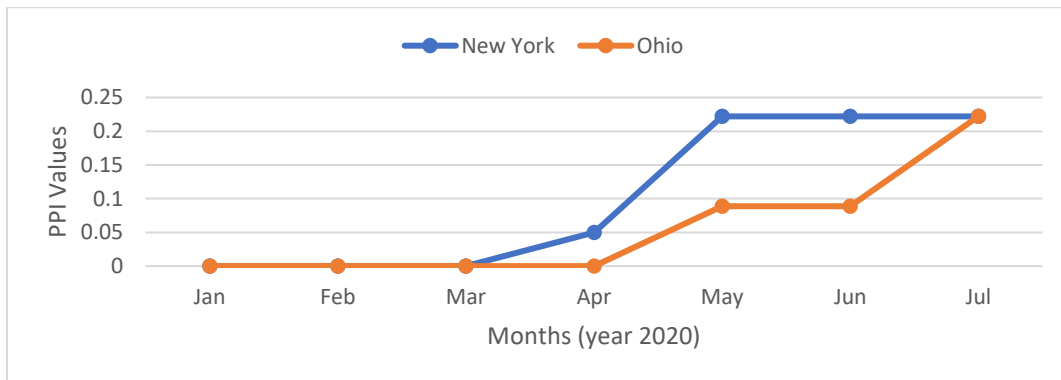
Note: this graph represents the comparison of stay-at-home orders policy stringencies in New York and Ohio

Source: Shvetsova, O. et al. (2020) and author’s calculations

New York instituted a policy for mandating face coverings earlier than Ohio but note that masks were recommended by the WHO only on June 5 2020

(<https://apps.who.int/iris/handle/10665/332293>). New York also generally ascribed to stricter policies for wearing PPE and for social distancing. Ohio mandated face coverings in public in July (Figure 3).

Figure 3: PPI values for the comparison of mandatory wearing of PPE/masks and personal distancing rules categories for January to July

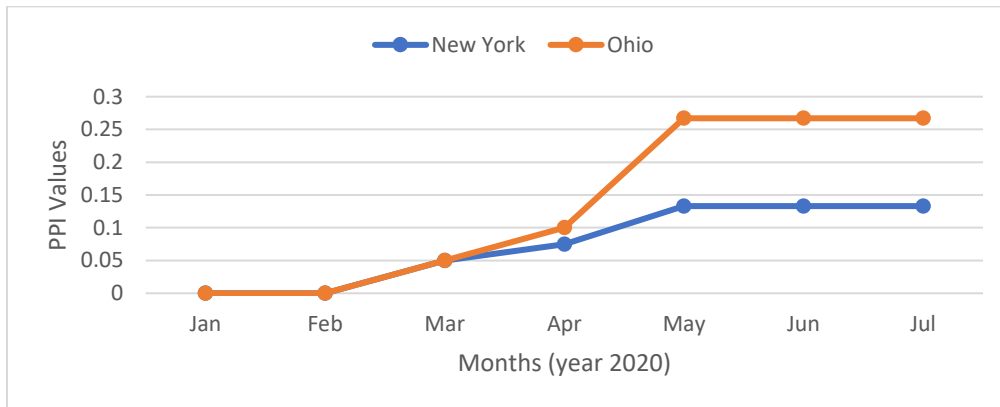


Note: this graph represents the comparison of whether wearing of PPE and following social distancing rules were mandatory policy stringencies in New York and Ohio

Source: Shvetsova, O. et al. (2020) and author's calculations

In turn, Ohio had maintained more stringent social gathering policies, with no more than 10 people per social gathering as compared to New York's 50-person limit for outdoor gatherings and the up-and-down rules for indoor gathering limits (Figure 4).

Figure 4: PPI values for the limits on size of social gatherings for January to July

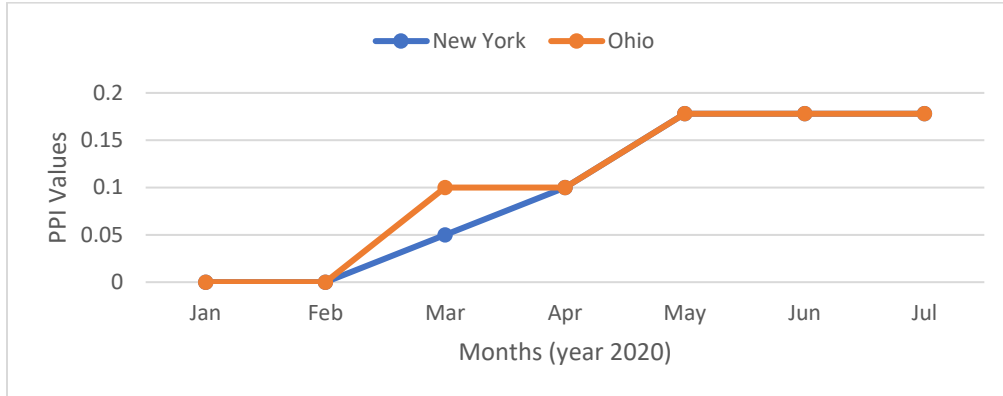


Note: this graph represents the comparison of limitations on social gathering policy stringencies in New York and Ohio

Source: Shvetsova, O. et al. (2020) and author's calculations

Policy stringency regarding school restrictions was closely matched in the two states, though the Ohio's Department of Health closed the schools sooner than New York (Figure 5).

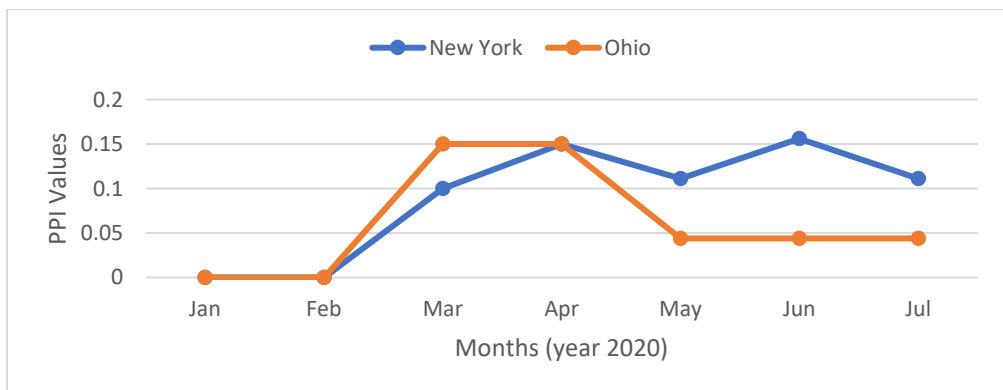
Figure 5: PPI values for the closing of schools category for January to July



Note: this graph represents the comparison of school closures policy stringencies in New York and Ohio
 Source: Shvetsova, O. et al. (2020) and author’s calculations

Finally, New York saw more rigid restrictions on restaurants, bars, entertainment venues such as gyms and barbershops later in the period of time under consideration, but was actually less strict until April. Ohio loosened its restrictions at these sites in early May with little to no capacity limits (Figure 6).

Figure 6: PPI values for the closure of entertainment venues/stadiums, closure of restaurants, and closure of non-essential businesses categories for January to July



Note: this graph represents the comparison of restrictions on restaurants, non-essential businesses, and other venues (bars and gyms) policy stringencies in New York and Ohio
 Source: Shvetsova, O. et al. (2020) and author’s calculations

Comparisons reveal that early in the pandemic public health policies in both states were science based and similar. DeWine in particular granted much authority to combat the virus to the medical professionals, with orders originating from Acton and Himes. By doing so, not only did DeWine tackle the health crisis with science, but also managed to keep politics out of the conversation, similarly to the approach taken by many Canadian Provinces (Adeel et al. 2020). It is beyond the scope of this essay to evaluate whether the change of course after April-May was due to the political pressure from either Republican officials or Republican constituents. Acton resigned in June saying she was worried “that she might be forced to sign health orders that violated her Hippocratic oath to do no harm.” Indeed, though less than six months before the election in a highly important battleground state, the newly appointed Director, Himes, did not seem to shy away from responding to the pandemic with new health orders. Cuomo as well relied on guidance from health officials from the start, not only listening to their advice but also disseminating health safety scientific information and giving in-depth explanations for the adoption of every policy in response to Covid-19. His daily press briefings have always included state health director and other scientific experts.

5. Closing Remarks

Whether or not political calculus influenced their policymaking, both governors responded in similar fashion in the beginning of March and has used science to justify their decisions in response to Covid-19 since. Science and politics may have clashed later on to cause the policy response to diverge, but there are many intervening factors that are not accounted for in this essay.

Individual beliefs and preferences of not only the political incumbents, but also of their appointed health professionals in charge could account for the variation in policy responses (Shvetsova et al. 2020b). Furthermore, while we can compare how stringent the state-wide

policies were in these six public health categories, current state of the medical data on incidence and fatality is insufficient to assess policies efficacy. Epidemiological variables including but not limited to the nuances in population density, age, and occupation, urban, suburban, and rural settings, transmission history, and healthcare infrastructure all play tremendous role in determining medical outcomes as well.

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@ballotpedia.org, editors. "Government Responses to and Political Effects of the Coronavirus Pandemic, 2020 (Ohio)." *Ballotpedia*, 2020, [ballotpedia.org/Government_responses_to_and_political_effects_of_the_coronavirus_pandemic,_2020_\(Ohio\)](https://ballotpedia.org/Government_responses_to_and_political_effects_of_the_coronavirus_pandemic,_2020_(Ohio)).