Social Safety Nets and COVID-19 Stay Home Orders across US States:

A Comparative Policy Analysis

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Abstract

State responses to the COVID-19 pandemic have been highly politicized in the US. We run survival analysis on when stay-at-home orders were enacted and lifted across the fifty US states. Results show a strong linkage between social safety net protections (paid sick leave, expanded access to Medicaid Health Insurance, higher state minimum wage, higher welfare benefits) and the likelihood a state will shut down earlier and reopen later. Republican controlled states impose stay home orders later and reopen sooner. This comparative empirical policy research shows protecting public health and providing social safety net protections go hand in hand.

Keywords :COVID-19, stay home orders, Social Safety Net, Comparative Analysis of US states, Politicization of public health

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INTRODUCTION

The COVID-19 pandemic has created a need for governments to engage in public health in ways that have not been seen for over a hundred years. Given that the virus has no cure and is highly contagious, social distancing is the primary form of prevention. Social distancing is achieved through stay-at-home orders which encourage all except essential workers to stay home, limit travel and limit social engagement. The goal of stay-at-home orders was to slow the spread of the virus and reduce the rate of infections. The call to stay home was to "flatten the curve," so hospitals would not be overwhelmed.

The countries which got the first COVID-19 cases were the first to implement lock down measures – Mainland China, Vietnam, South Korea and Taiwan (Hsiang et al. 2020). In the US, stay-at-home orders did not appear until after WHO declared COVID-19 a pandemic on March 11, 2020. At that time, the US had 1,263 confirmed cases (NY Times 2020). The first state to implement a stay-at-home order was California on March 19, followed by Illinois and New Jersey on March 21 and New York on March 23, 2020. These states had the highest case rates in the early stages of the pandemic. Many states followed in subsequent weeks. But some more rural states in the mountain west never imposed stay-at-home orders.

In many states the shutdown orders closed schools, factories and business, except those deemed essential (such as health care, transportation, groceries and pharmacies). Unemployment soared, and by May 2020, 40 million US workers had filed for unemployment (BLS 2020a). This severe economic dislocation illustrates the high economic costs of stay-at-home orders. The first states to reopen were rural (Alaska and Montana) and southern (South Carolina, Georgia,

Oklahoma, Alabama and Mississippi). While most of these states had lower total cases, their rates were growing at the time they reopened, leading even President Trump to chastise the Governor of Georgia for his decision to open up too soon. After reopening, COVID-19 case rates began to soar in June and July in some of these states, especially Florida, Arizona, Texas and Oklahoma (Pell et al. 2020).

In this paper we assess which factors differentiate when states imposed stay-at-home orders and when they reopened their economies. We control for public health concerns (average rate of COVID-19 infections), economic dislocation (unemployment), inequality (poverty, Gini coefficient), demographics (percent urban, race, age) and political partisanship (Republican control). We give special attention to differences in social safety net protections across the states (paid sick leave, expansion of access to Medicaid Health Insurance, higher state minimum wage, higher welfare benefits). We expect that strong social safety net protections could lessen economic hardship and make it easier for a state to impose and maintain a stay-at-home order until it was safe, from a public health perspective, to lift it. This balance between social protection and public health has important lessons for comparative policy analysis.

Politics, Economics and Public Health

The US is a federal country and the fifty states have wide discretion in their policies, and thus provide a useful comparative policy case study. Unlike other countries where the national government took the lead in the COVID-19 response, President Trump was clear that the responsibility for responding to the pandemic rested with the states – for testing, ensuring adequate medical supplies, and deciding when to shut down and when to reopen their economies (White House and CDC 2020, Shear et al. 2020, Kettl 2020). This created challenges for policy

coordination in a multi-level governance system (Liu et al. 2020). States had to craft a balance between the public health benefits of social distancing and the economic disruption of shutting down businesses and schools. Trump, himself, had little patience for extending stay-at-home orders, arguing that he wanted to reopen by Easter (April 12) and have church pews crowded (Karni and McNeil 2020). He then began to encourage citizens to pressure their states to reopen with a series of tweets to "liberate" their state - mostly aimed at states with Democratic Governors considered competitive in the upcoming Presidential race, such as Michigan, Minnesota and Virginia. Protest rallies to "liberate" states followed, with mostly white residents demanding states reopen (Mauger and LeBlanc, 2020). Shocking media images included protestors entering the Michigan state capitol building with assault rifles on April 15th, protesting the governor's extension of the stay-at-home order to May 15th (Panetta 2020). Democratic Governor, Gretchen Whitmer, was a special target of Trump's ire. Michigan was an early hot spot for COVID-19 infections, especially in the Detroit area, which has a major international airport and a high African American population.

From a public policy perspective, public health and economic dislocation were presented as a trade-off and this contributed to the politicization of the state response. Stay-at-home orders led to huge economic dislocation, for individuals and firms, but social distancing was the only public health response to reduce the spread of COVID-19 infection. While this trade-off may have made good politics, it did not make good economics or public health. Research suggests that, in fact, the US was late to impose shut down orders. Community spread was already happening, undetected, long before shut downs occurred. Simulations run by scholars at Colombia University estimated that 61% of infections and 55% of deaths by May 3rd, could have been prevented if shut down orders had been implemented just one week earlier (Pei et al.,

2020). In New York State, Governor Cuomo cited the report's estimate that 36,000 more deaths would have happened in New York if the state had not shut down when it did, as justification for the state's early action.

Both the economic and the health effects of the pandemic have fallen heaviest on low income communities of color. The Urban Institute (Brown, 2020) reported that unemployment is higher among Blacks and Latinos. For those who retained their jobs, people of color are more likely to be deemed essential workers in jobs that are low paid and offer minimal social safety net protections (food service, delivery, etc). By contrast, workers able to work from home (and thus avoid virus exposure) are more likely to be white and higher paid. Thus, both the economic and health risks are born more heavily by low income, and people of color. When COVID-19 strikes, the presence of comorbidities (diabetes, obesity, preexisting health conditions) further disadvantages people of color, whose infection and death rates vastly exceed those of whites (CDC 2020). The legacy of institutional racism in access to health care, adequate housing and economic opportunity also contributes to the higher incidence of COVID-19 in minority communities (Pirtle, 2020).

Chetty, et al. (2020) found that spending in the US dropped most among the highest income earners and this contributed to the economic dislocation of lower income workers. They argue Congressional aid, like the Pay Check Protection Program, which targeted businesses, did little to address this discrepancy. Unemployment insurance, by contrast, reaches middle and lower income workers who are more likely to spend the funds received, and this has a stimulus effect on the broader economy. Addressing the needs of middle and lower income workers, actually has a more positive effect on the overall economy. Inequality has been a rising concern in advanced industrialized economies as evidenced in Piketty's (2014) work on returns to capital

versus returns to labor. Improvements in wages and worker protections can be good not only for workers, but also have a broader positive stimulus effect on the economy.

Federalism and the Patchwork of US Safety Net Policies

As a federal nation, many labor and social welfare policies are made at the state level in the US. Scholars have written about the importance of federalism to promote policy innovation and fiscal responsibility (Oates 1972). Others have noted the role of "states' rights" in creating an uneven landscape of policies across the country (McLean 2019, Hertel-Fernandez 2019, Kettl 2020). The role of the subnational state in the US is critical in determining access to services and social citizenship rights (Kim and Warner 2018). This is especially true when it comes to social safety net policies and labor rights (Katz 2002).

The social safety net in the US is primarily based on employment benefits. This is why the US Congressional response to COVID-19 gave such heavy emphasis to expanding unemployment benefits provided by the 50 states. If people are laid off, they also lose their health insurance. The CARES act, passed in April 2020, extended the time limit for unemployment benefits, increased the level of pay to at least $600/wk (because unemployment compensation in many states is so low) and expanded worker eligibility to include gig workers (US Treasury 2020).

For those without employer-provided health insurance, state programs can help address the need. Under the Affordable Care Act in 2010, states were given the opportunity to expand Medicaid (the health insurance program for low income residents). Thirty-six states expanded Medicaid access for those too poor to purchase health care insurance on the market-based

exchanges (Kaiser Family Foundation 2020a). This federalist approach gives states wide discretion in how Medicaid is designed and implemented (Michener 2018).

For those at the bottom of the labor market, state policies set the floor on employer actions. For example the federal minimum wage of US$7.25 per hour has only one-third the purchasing power it had in 1970 (Lafer 2017), but 29 states have raised their state minimum wage above the federal minimum (EPI 2020). In the 2018 elections, even traditionally conservative states like Arkansas, Arizona, and Missouri increased their states' minimum wage above the federal level (EPI 2020). There is no federal policy on paid sick leave, and many workers have none. Only 13 states require private employers provide paid sick leave (AZ, CA, CT, MD, MA, MI, NY, OR, RI, VT, WA) (A Better Balance. 2020). Paid leave is critical to allow sick workers to stay home.

Welfare benefits are limited to a small set of eligible citizens. The primary program, Temporary Assistance for Needy Families (TANF), shows dramatic differences in both level of benefits and eligibility across states (Urban Institute 2018). This variation is significantly tied to race; as states with more African American populations offer lower benefits (Hahn et al. 2017). Katz (2002) has termed this variation in social rights, the "price of citizenship." Michener (2018), in her study of Medicaid, found differences in state benefit levels affect residents' level of political engagement.

Progressive political movements have sought to build coalitions between labor, social activists and state and local governments to broaden access to social rights. Success has been seen in labor rights – minimum wage and paid sick leave (Doussard 2013). But conservative political movements have pushed back on social rights. For example, the Koch brothers funded American Legislative Exchange Council (ALEC) pushes an anti-labor agenda at the state level

because it sees the subnational state as easier to penetrate than the federal government (Kim et al. 2020). State legislatures are often part time, lack policy think tanks and increasingly are under Republican control. Lafer (2017) argues ALEC's efforts are designed to reduce the citizen's expectation of rights that can be protected by the state. But in the context of the COVID-19 pandemic, states which have a broader social safety net may be more likely to impose and maintain stay-at-home orders because the economic hardship of social distancing is partly ameliorated. That is the core question explored in this paper.

DATA AND METHOD

We are interested in the extent to which the date of stay-at-home orders and reopening can be explained by public health, social safety net benefits, political partisanship, economic hardship and demographic factors. We build a database for all 50 states and run statistical analysis. We use survival analysis to measure "success," in this case implementation of a stay-at-home order and the date of reopening, both measured in days since the COVID-19 pandemic was declared on March 11, 2020. The New York Times (2020) developed trackers of state policy and of COVID-19 case rates, which we use in our study. Descriptive statistics of model variables are in Table 1.

Table 1 Descriptive Statistics

Variable	Obs.	Mean	Std. Dev.	Min	Max
Start date of stay-at-home order (days since March 11)[1]	50	29.76	30.83	8	99
Reopening date (days since March 11)[1]	50	59.08	11.33	40	90
Social safety net (factor score)	50	0.00	1.00	-1.63	1.66
Inequality (factor score)	50	0.00	1.00	-1.92	2.00
Unified Republican control (1=yes) [2]	50	0.44	0.50	0	1
Unemployment rate (03/2020, %)[3]	50	4.16	1.14	2.2	6.9
Unemployment rate (04/2020, %)[3]	50	13.49	3.83	7.9	28.2
COVID-19 positive cases/tests (as of 03/31)[4]	11.46	9.16	2.24	40.85	11.46
COVID-19 positive cases/tests (as of 05/31)[4]	50	8.59	5.03	0.84	21.50
Urban population (%)[5]	50	73.59	14.57	38.7	95
Minority population (%)[6]	50	30.89	15.65	6.62	77.88
Population over 65 (%)[6]	50	15.64	1.81	10.52	19.73

Data sources: 1. New York Times States reopen map https://www.nytimes.com/interactive/2020/us/states-reopen-map-coronavirus.html (accessed on June 22nd) 2. National Conference of State Legislatures, State Partisan Composition, 2020 3. U.S. Bureau of Labor Statistics, 2020a 4. The New York Times COVID-19 Tracker, 2020 5. Census 2010 6. American Community Survey (2014-2018)
Note: social safety net and inequality are based on factor analysis. Data sources are shown in Table 2

Table 1 shows that the earliest states to impose stay-at-home orders did so eight days after the pandemic was declared, and the average time before imposing a shutdown was 30 days. States that never imposed a stay-at-home order were given the value 99. The New York Times reported the reopen date as the earliest regional reopen date within the states. The earliest reopening date was 40 days after March 11 (South Carolina, followed by Georgia), but most states began reopening after 60 days. For states still in regional shutdown on June 22nd (when we conducted our analysis), we used the stay-at-home order expire date as the reopen date. Figures 1 and 2 show the dates of stay-at-home order and reopen order by state.

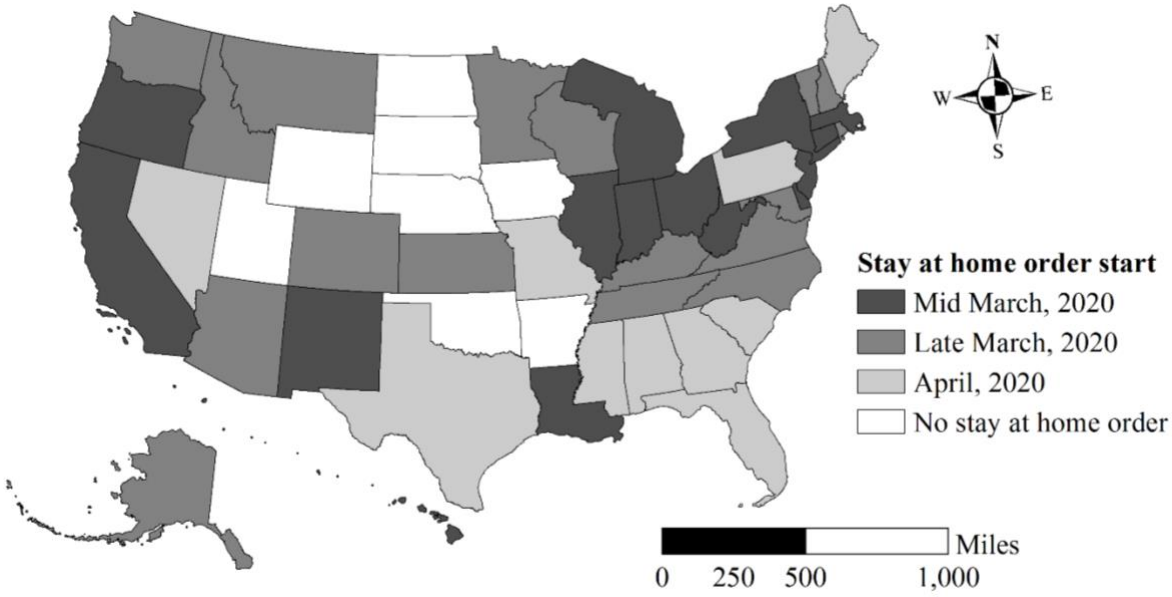

Figure 1 COVID-19 Stay-at-Home Orders
Source: NY Times Data Base (2020)

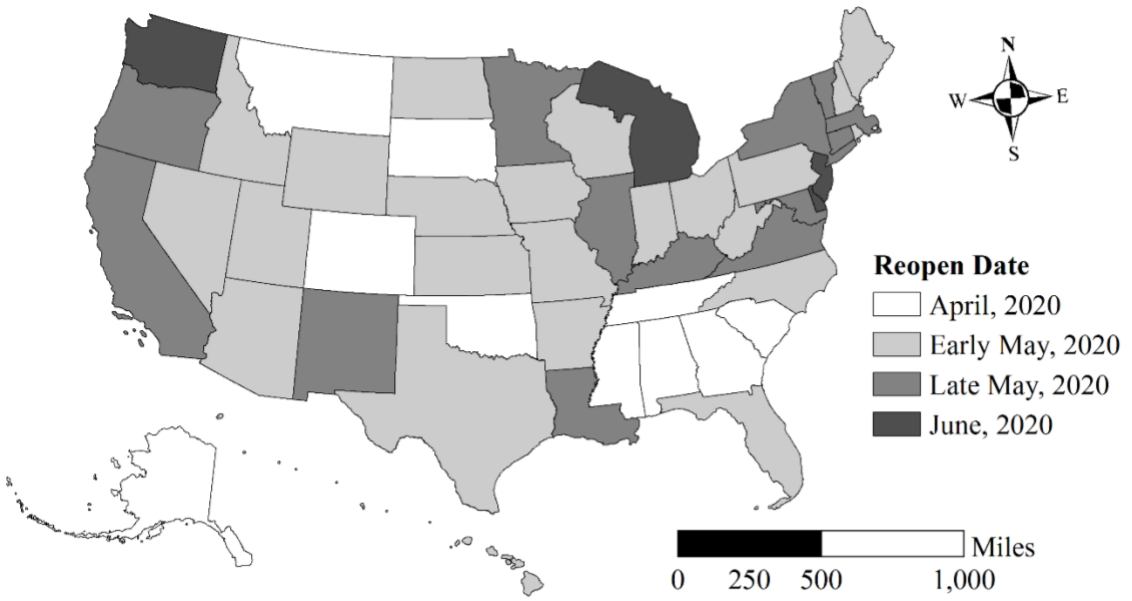

Figure 2 COVID-19 Reopen Dates
Source: NY Times Data Base (2020)

Our measure of the social safety net includes four elements: Medicaid Expansion (Kaiser Family Foundation 2020a), state minimum wage above Federal minimum wage (EPI 2020), paid sick leave (A Better Balance 2020) and TANF benefit for a family of three (Urban Institute Welfare Rules Database 2018). We ran a factor analysis, shown in Table 2, which differentiated these social safety net policies into one factor, and economic inequality (poverty and Gini Coefficient) into another factor. Poverty and the Gini coefficient of inequality are drawn from the American Community Survey (2014-2018 rolling averages, the most recent available data). We run these two factors in our models.

Table 2 Factor analysis results: Social safety net and Inequality

	Social safety net		Inequality
Medicaid Expansion (1=adopted) [1]	0.7397		
State minimum wage above Federal (1=above $7.25)[2]	0.7891	Gini[5]	0.8758
Paid sick leave[3]	0.7404		
TANF benefit (family of three)[4]	0.6792	Poverty[5]	0.8758

Data source: 1. Kaiser Family Foundation. Status of State Medicaid Expansion Decisions: Interactive Map**,** 2020a. 2. EPI, Minimum Wage Facts & Analysis, 2020 3. A better balance interactive overview of paid sick time laws in the United States, 2020 4. Urban Institute Welfare Rules Database 2018, Table II.A.4. Maximum Monthly Benefit for a Family of Three with No Income. 5. American Community Survey (2014-2018)

We test shutdown and reopening against the level of COVID-19 infections. We use average COVID-19 infections/tests as of March 31st in the shutdown model and the average infections/tests as of May 31st in the reopening model. Table 1 shows that the average infection rate is higher at the end of March than at the end of May. Stay-at-home orders were in response to the high infection rate, and we also expect state reopening to be related to a decline in the average COVID-19 infection rate, as this was part of the CDC guidelines for reopening (White House and CDC 2020).

For political partisanship we differentiate states where there is unified Republican control of both the state legislature and the governorship, using data from the National Conference of

State Legislatures (2020). We expect these states with consolidated Republican control to impose stay-at-home orders later and reopen sooner. In states where Democratic governors faced Republican Legislatures, maintaining stay-at-home orders was more contested (as in Wisconsin where the Governor's stay-at-home order was over ruled by the Legislature). For economic dislocation we use the unemployment rate from the Bureau of Labor Statistics for March 2020 in the shutdown model, and for April 2020 in the reopening model. We expect states with higher unemployment rates may feel pressured to reopen sooner. For demographic data we use percent urban from the 2010 US Census, and race and age from the most recent data from the American Community Survey (2014-18 rolling averages). Urban areas were hit first with the virus, and COVID-19 case rates are higher among minorities and the poor. States facing more COVID-19 public health challenges would be expected to shut down earlier and reopen later.

ANALYSIS

We assess which factors differentiate the date of stay-at-home and reopening orders, based on public health, economic dislocation, social safety net, political partisanship and demographic factors. The framework for our analysis is given in Figure 3.

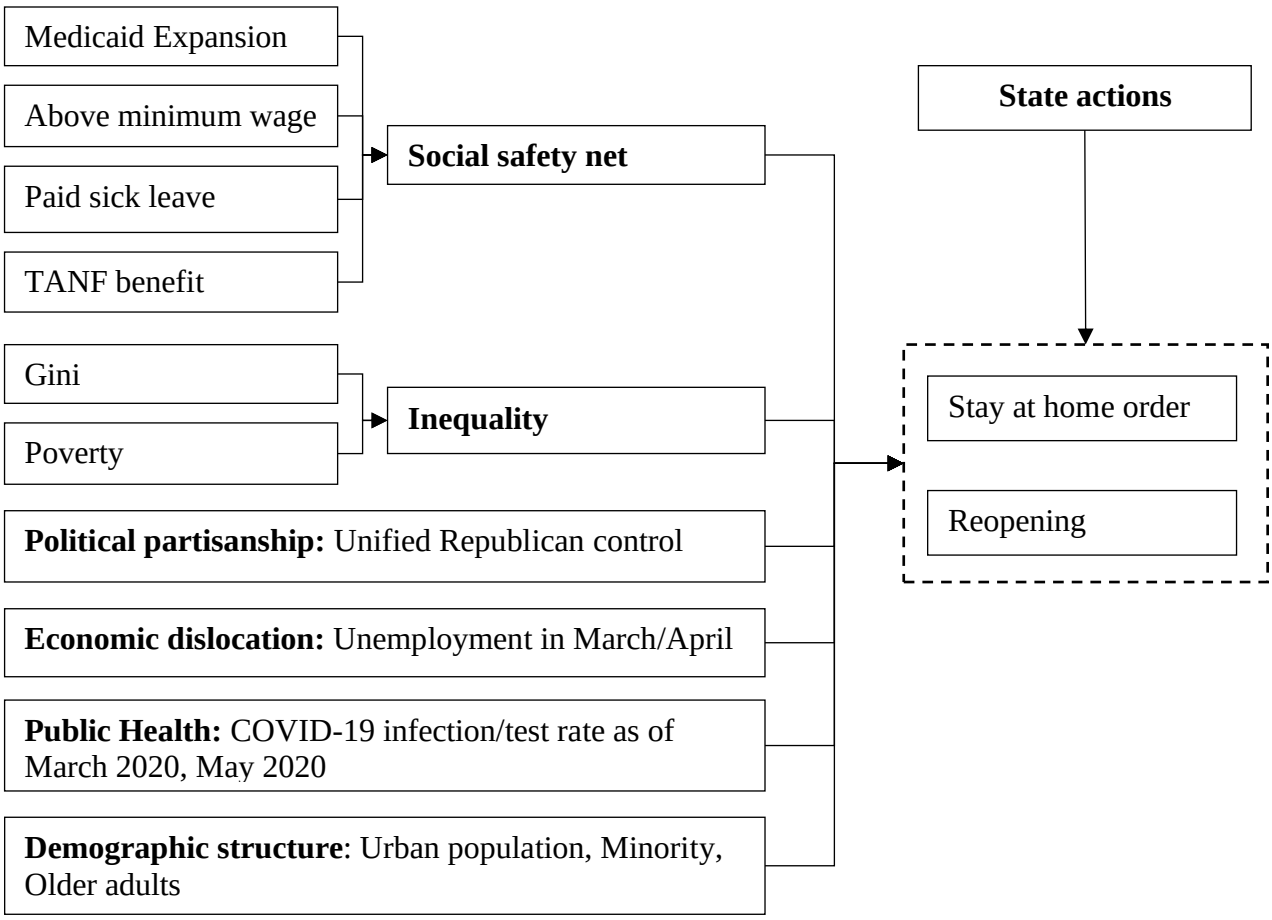

Figure 3 Research framework

We use survival analysis to test our two dependent variables, stay-at-home and reopen date. We ran a Cox Proportional-Hazards model using survival analysis to explore the relation between the start date of the stay-at-home order and date of reopening and the covariates. The Cox Proportional-Hazards regression analyzes the time it takes for an event to occur. An earlier date means a state imposed a stay-at-home order earlier in the pandemic, which would be good for public health, and an earlier reopening date would be deleterious to public health, as cases were still rising in all fifty states in April and May. Models are calculated in STATA 14. Table 3 shows model results.

Table 3 Model results: COVID-19 Stay-at-Home and Reopen Orders, US States

	Stay-At-Home Early start date[1]		Reopen Early start date[1]	
	Haz. Ratio	Std. Err.	Haz. Ratio	Std. Err.
Social safety net (factor score)	1.60*	(2.24)	0.58*	(-2.54)
Inequality (factor score)	1.73*	(2.09)	0.65*	(-2.20)
Unified Republican control (1=yes)[2]	0.15**	(-3.64)	9.18**	(4.27)
Unemployment rate (03/2020, %)[3]	0.92	(-0.45)	-	-
Unemployment rate (04/2020, %)[3]	-	-	0.99	(-0.25)
COVID-19 positive/test rate as of 03/31 (%)[4]	1.01	(0.67)	-	-
COVID-19 positive/test rate as of 05/31 (%)[4]	-	-	0.96	(-1.21)
Percent of urban population (%)[5]	1.01	(0.78)	0.96*	(-2.11)
Percent of minority population (%)[6]	1.00	(-0.04)	1.03*	(2.17)
Percent of population over 65 (%)[6]	0.93	(-0.65)	0.96	(-0.44)
N	50		50	
Log likelihood	-136.65		-128.1	

Survival analysis, * $p<0.05$, ** $p<0.01$
Data sources: 1. New York Times States reopen map https://www.nytimes.com/interactive/2020/us/states-reopen-map-coronavirus.html (accessed on June 22, 2020) 2. National Conference of State Legislatures, State Partisan Composition, 2020 3. U.S. Bureau of Labor Statistics, 2020a 4. The New York Times COVID-19 Tracker, 2020 5. Census 2010 6. American Community Survey (2014-2018)

Results show stay-at-home orders were imposed earlier in states with more robust social safety nets (hazard ratio 1.60), and a higher level of inequality (hazard ratio 1.73). They were imposed later in states with unified Republican control (hazard ratio 0.15). The opposite results are found for reopen dates. State with more robust social safety nets and more inequality reopened later (hazard ratio 0.58, 0.65 respectively), and those with unified Republican control reopened earlier (hazard ratio 9.18). In addition, states with a higher percent of minorities reopened earlier (hazard ratio 1.03), while states with a higher percent of urban population reopened later (hazard ratio 0.96) . None of the other model variables are significant. Economic dislocation (unemployment) is not a driving factor; neither is the COVID-19 case rate. Thus, despite the argument of the trade-off between economic and public health concerns, neither economic dislocation nor COVID-19 case rate differentiate the date of state stay-at-home and

reopen orders. Demographics do not differentiate the dates of these orders. More urban states and those with more older residents did not shut down or reopen earlier. However, states with more minority population did reopen earlier despite higher COVID-19 infection rates in minority populations.

DISCUSSION

One of the core policy questions in the pandemic has been the trade-off between the public health benefits of stay-at-home orders and the economic dislocation caused by them. Both economists and public health experts have challenged this as a false trade-off, arguing instead that policies to protect public health are the only way to restart the economy (Chetty et al. 2020, Romer 2020). Our analysis of state policy choices on shut down and reopening shows that neither public health nor economic dislocation differentiate the dates of shut down and reopen orders across states. States with higher COVID-19 case rates did not shut down earlier or reopen later. Demographic characteristics generally do not differentiate state action on stay-at-home orders. However, cases were higher in urban areas first, and in low income minority communities and among the elderly (CDC 2020). Our models show urban areas are more likely to have a later reopen date, while states with a higher percent minority have an earlier reopen date.

New York State was an early COVID-19 hotspot. It had the highest COVID-19 case rates in the nation, high minority population, high inequality, more generous social safety net policies and it shut down earlier. When we exclude New York from the model, we obtain similar results.

What are the lessons for public policy? First, social safety nets are a critical component of public health. Our findings contribute to the vast literature on the social determinants of health

that makes clear the connection between social supports and public health (US HSS 2020). Without a social safety net, it is more difficult for a state to impose a stay-at-home order and it is more likely to feel pressured to reopen sooner. Many states that opened up early began experiencing severe spikes in COVID-19 infection rates in June (e.g., Alabama, Florida, Texas). These are Republican controlled states which have lower social safety net protections.

From a comparative policy perspective, the US is understood to be a market oriented state (Esping-Anderson 1990). As such, social welfare supports are linked to labor market participation and primarily delivered through employers. Comparative policy analysis uses the welfare conventions framework to differentiate the political rationales and tools that underly various welfare approaches (Chiapello and Knoll 2020). In the US, the market/entrepreneurial approach makes it difficult for policy makers to use the civic and communitarian conventions that are more appropriate to a public health response. Such entrepreneurial welfare conventions are most common where social rights are least secure (Tse and Warner 2020). The limited social rights in the US help explain why many states do not make a direct connection between social safety net protections and broader public health.

Second, public health has become politicized in the US. State with unified Republican control imposed shut down orders later and reopening orders sooner, despite their level of COVID-19 infections or demographic characteristics that have been shown to be related to higher infection rates. The politicization was influenced from the top, as President Trump expressed impatience with public health directives and focused more on the need to open up the economy. Republican Governors in Republican controlled State Legislatures, followed the President's lead and opened up. Democratic governors did not reopen sooner, even if they were targets of President Trump and his encouragement of civil protests in the "Liberate" rallies.

Polls show the majority of residents across the country supported the public health criteria for shut down and reopening (Kaiser Family Foundation 2020b), but the differences across the states reflect the increasing division in policy approaches across states in the US federal system (Kettl 2020).

State policies to protect public health ran straight into the politics of social welfare. Most social supports in the US are limited to workers and the "deserving" poor (Katz 2002). The federalist structure of health and welfare programs results in states with the highest poverty and more minority populations offering more meager benefits (Hahn et al. 2019, Kaiser Family Foundation 2020a); and the structure of these programs contributes to lower political participation (Michener 2018). The erosion of citizen expectations of the state (Lafer 2017) creates challenges as states try to impose policies to protect public health.

An important lesson of this research is social safety nets are important *both* for public health and for economic recovery. Recognizing this dual role could fit within the market/entrepreneurial welfare convention in the US. While the impacts on economic recovery are beyond the scope of this research, economic simulations show the importance of a public health approach that is complemented by economic policy that addresses both inequality and economic dislocation (Chetty et al. 2020). Consumer spending is a critical component of the US economy and those in the bottom income quintiles spend all they make These expenditures are concentrated in local goods and services, such as housing, transportation and food, and thus stimulate, especially, the local economy (Warner and Liu 2005, BLS 2020b). International comparative research is beginning to investigate the economic impacts of safety net, tax and business stimulus policies (Devereux et al. 2020, Hale et al. 2020). Will the COVID-19

pandemic give more force to policy proposals such as universal basic income, universal access to health care and paid sick leave – both for their social welfare and economic stimulus benefits?

Another policy lesson is how to overcome the challenge of the politicization of public health (Goldberg 2012). Public health is a broad public good, but the costs of the COVID-19 pandemic have been born unequally. Infection and death as well as economic dislocation have hit low income, minority and elderly residents the hardest (CDC 2020). COVID-19 has highlighted structural racism in US society (Pirtle 2020). In Republican controlled states, with more meager social safety nets, the welfare of these groups has been sacrificed to economic reopening. The US faces a challenge in how to build a sense of public health, public good and shared sacrifice. The COVID-19 pandemic response is heightening inequalities. It is also heightening awareness of the challenges of policy coordination in a multi-level governance system (Liu et al. 2020, Kettl 2020).

Conclusion

The public health response to the COVID-19 pandemic required social distancing and led many US states to impose stay-at-home orders. This analysis explores which factors differentiate when states imposed stay-at-home orders and when they reopened their economies. After controlling for COVID-19 infection rates, demographic factors and economic dislocation, our models find states with more robust social safety nets imposed stay-at-home orders sooner and lifted them later. This shows safety nets are part of a public health response. By contrast, states with Republican control of the governorship and state legislature, imposed stay-at-home orders later and lifted them sooner. This shows the politicization of public health. The COVID-19 pandemic has revealed problems with structural inequality in US society. Comparative

analysis across the fifty US states shows the importance of including social safety net policies in facilitating a public health response. This is a critical lesson for public policy.

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