

COVID-19, Policy Enactment, and Political Ideology: Municipal Policies and Actions Within the Context of State Party Control

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Working Paper

Feedback welcome. We are sharing this paper to stimulate discussion and prompt further COVID-19 policy research.

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Abstract

This study focuses on the policy and action responses to COVID-19 in municipalities across the United States. The policies were examined by utilizing event history analysis (EHA) to understand how municipal policies and actions differ in states with unified Party control and Split Party control of their respective legislative bodies. The study makes several major findings:

- There were 3,778 policies and actions from 539 distinct cities dated between March 2020 to May 2021.
- At the beginning of the pandemic, Prevention/Flattening the Curve and Government Operations were the top policies and actions introduced as governments attempted to prepare for and respond to the inevitable rise in infections. In the following eight months, policies and actions varied between Re-Opening and Prevention/Flattening the Curve, as governments attempted to strike a balance between protecting health and safety and attempting to limit the detrimental financial impact on their respective cities. From January to May 2021, municipal policy and actions focus shifted to vaccinations. Finally, Administrative Procedure was the leading policy action type throughout the pandemic.
- A clear pattern exists between states with the highest COVID-19 cases and unified Republican Party control. A negative relationship exists between the percentage of a state's population receiving the COVID-19 vaccine and unified Republican Party control. The relationship between political party control and COVID-19 vaccination rates, COVID-19 infection rates, mask mandates, and stay at home orders is strong.
- Municipal entities across the United States are more likely to pass and enact policy proposals by both the administrative (such as city manager or village administrator) and legislative (such as an executive order issued by a mayor or ordinance passed by city council) approach than through court orders, executive orders, and emergency declarations.
- Republican leaders were more likely than Democrats to choose not to regulate, even as their municipalities were being hit hard by COVID-19 deaths and infections. Democratic mayors took legislative or administrative action 10% more often, on average, than Republicans.
- Democrats passed a greater number of laws in response to state laws or executive orders when they were situated within a unified Democratic-controlled state and Republican mayors did the same under unified Republican-controlled states. This emphasizes what we already knew: Both opposing political parties have very little common ground, even during times of crisis.

Categories of COVID-19 Policy in NLC Data Set

AMERICAN RESCUE PLAN: policies pertaining to the American Rescue Plan, a \$1.9 trillion economic stimulus bill passed by the 117th United States Congress and signed into law by President Joe Biden.

BUSINESS ECONOMIC STABILITY: policies and practices designed to help businesses get through the COVID-19 pandemic including zoning regulations adjustments and restraints, offering zero interest loans, coordinating access to PPP, and decreasing tax burdens.

CITY FISCAL STABILITY: policies and practices designed to help businesses get through the COVID-19 pandemic; zoning ordinances, zero interest loans, and decreasing tax burdens.

COMBATING DISCRIMINATION: policies that address xenophobia, racism, and stereotypes by pausing immigration enforcement; they target people that have tested positive for COVID-19

COMMUNICATION: policies that address combating COVID-19 misinformation.

DIGITAL CONNECTIVITY: policies that concern online education or remote work during the pandemic; they regard Wi-Fi, digital accessibility, rural broadband, and low-income solutions.

EDUCATION AND CHILDCARE: policies regarding how distance affects students; policies focus on reopening/closing schools, displaced college students, and childcare.

FOOD/NUTRITION: addresses meal services for anyone affected by COVID-19, including essential workers, those who are quarantined, hospital patients, etc.

GOVERNMENT OPERATIONS: policies regarding scenario planning, budgets and funding for response, essential personnel, and first responders.

HOUSING: policies include expanding shelter operations to allow for physical distancing and eviction mediation programs to keep people housed.

INDIVIDUAL/FAMILY FINANCIAL STABILITY: which includes relief for lost wages; unemployment insurance; universal basic income; emergency assistance for families; and emergency relief funds.

LONG-TERM COMMUNITY RESILIENCE: policies that plan for long term shutdowns and the challenges that this imposes; these policies focus on resilience and recovery.

MEDICAL/BEHAVIORAL HEALTH: policies that affect how COVID-19 patients are cared for, include primary care services, testing and quarantine centers, and trauma/grief counseling.

MOBILITY AND TRANSIT: policies that focus on public transit, social distancing in small spaces like buses and trains, as well as bike/scooter sharing.

PARTICIPATORY GOVERNANCE: focuses on civic engagement and elections, policies address local and state elections, city council meetings, community input, and census count.

UTILITIES: policies that directly look at energy usage, including water, gas shutoff bans, payment assistance, and changes to energy demand.

VACCINATIONS: policies pertaining to vaccine distribution plans such as setting up COVID-19 vaccination websites pages and plans ensuring equitable access to the vaccine.

1. Introduction

Political polarization has become more pervasive over in the past decade, in the United States and other parts of the world (Carothers and O’Donohue, 2019). The spread of COVID-19 has clearly widened such polarization. Studies have found partisan affiliation to be the strongest predictor of behavior and attitudes about the pandemic - an even a stronger predictor than local infection rates (Rothwell & Makridis, 2020).

This study provides a “roadmap” for research on pandemic-related policy enactment. After laying out the research question, the authors survey the literature on political polarization, COVID-19, and policy diffusion. Then, methodology and data are introduced followed by analysis of a national data set of pandemic policies enacted in the United States. Finally, considerations for moving for researchers to build on this study.

2. Research Question, Theoretical Framework

This research builds off foundational studies on policy enactment, political ideology, and decision making during the COVID-19 pandemic, much of which explore, municipal decision making (e.g., Rothwell & Makridis, 2020; Sebhatu, et al, 2020; and Mistur, et al, 2021). These insights led to these research questions:

What COVID-19 policies and actions did cities enact? Is there a relationship between state party control, the number of COVID-19 cases, and the percentage of population vaccinated? Did city and state leaders vote along party lines on COVID-19 legislation?

A premise for this study is that political polarization is deleterious to American life. It negatively impacts consumer welfare, finances, relationships, health, society interests. It creates challenges for elected officials, policymakers, corporate executives, and others (Weber, et al. 2021). As political polarization has spread in the past decade, Carothers and O’Donohue found the same two drivers of polarization across democracies: (1) polarizing leaders that aggravate tensions by demonizing opponents and (2) technology fueled disruption via social media (2019).

Past research shows that partisan affiliation is the strongest single predictor of behavior and that a state’s partisan orientation strongly affects passage of its COVID-19 public health policies (e.g., timing and duration of stay-at-home orders, bans on social gathering, and mask mandates) (Rothwell & Makridis, 2020). States won by Hillary Clinton were far more likely to live under mask mandates or stay at home orders (Rothwell & Makridis, 2020). Republicans were less likely to express concern about the virus until the upsurge in cases in June and July 2020, when their concern increased (Sides, et al., 2020). Recent COVID-19 policy diffusion studies have provided valuable insights into how and why COVID-19 policies were adopted. A study by Sebhatu, et. al. (2020) investigated what drives Organization for Economic Co-operation and Development countries to adopt COVID-19 restrictive policies (e.g., lockdowns and school closures) and found that policies are strongly driven by the policies initiated in other countries.

5. Data and Methods

This study utilizes data from the COVID-19: Local Action Tracker, a collection of municipal responses to COVID-19 collected by the National League of Cities (NLC) and Bloomberg Philanthropies created to help public health professionals, local leaders, and partner organizations accelerate the fight against COVID-19. The COVID-19: Local Action Tracker was created to curate information so city leaders could learn from other cities.

A majority of the policies and actions were collected by NLC staff and through direct submissions from city leaders across the U.S. The data is only *a sampling* of policies and actions and not a comprehensive view of all actions by cities. The reason for the data being incomplete is (1) lack of resources which meant there were a limited number of NLC staff collecting these policies and actions, (2) not all cities publicly displayed information on their actions, (3) the NLC staff focused on the top 100 cities by population in the U.S., and (4) even the top 100 cities, which were more thoroughly tracked, likely do not have all policies and actions city leaders took included in the tracker.

The COVID-19: Local Action Tracker data set includes 3,778 policies and actions from 539 distinct cities from March 2020 to May 2021. The policies and actions were hand coded and organized into 20 Policy Categories and Policy Action Categories by the NLC staff (see page 3 and appendix for definitions). In addition to the NLC COVID-19 Local Action Tracker, our study incorporates state COVID case counts per 100,000 population (up until May 5th, 2021) and a list of states ranked by percentage of population fully vaccinated according to the CDC's COVID-19 vaccine distribution and administration data tracker.

The “Policy Analysis: NLC Data Overview” section first describes the NLC COVID-19 policy and action data set and explains the impetus and timing of relevant policies and action types. In the “Policy Analysis: COVID Cases, Ideology, and Policy” section, the study breaks down the NLC COVID-19 policy and action data and how it relates to: (1) state COVID-19 cases per 100,000 population; (2) unified party control of states (Democrat vs Republican vs Split Party Control); (3) Governors that did not issue statewide mask mandates; and (4) Governors that opted to not issue statewide stay at home orders.

7. Policy Analysis

The authors utilize the COVID-19 Local Action Tracker to understand: (1) the total policies and actions over time; (2) the frequency of policy categories over time; and (3) the frequency of policy actions over time.

Total Policies Passed by Month

Our findings show a diverse set of COVID-19 policies and actions introduced between March 2020 and May 2021 (see Figure 1). The month with the greatest number of policies and actions introduced was March 2020, with a total of 1,360 policies. This was followed by April with 367 policies and actions.

Top Policy Categories

In March 2020, the most frequent policy categories included Prevention/Flattening the Curve (28.7%) and Government Operations (21.25%), followed by April 2020 with Government Operations (21.5%) and Prevention/Flattening the Curve (16%). These policy categories fit the narrative that Prevention was top of mind for policy makers and Government Operations were needed for planning and funding for response (see Figure 2). During the next eight months, the highest number of policies alternated between Re-Opening (May, June, and September 2020) and Prevention/Flattening the Curve (July,

Figure 1: Total Policies Passed and Actions Taken

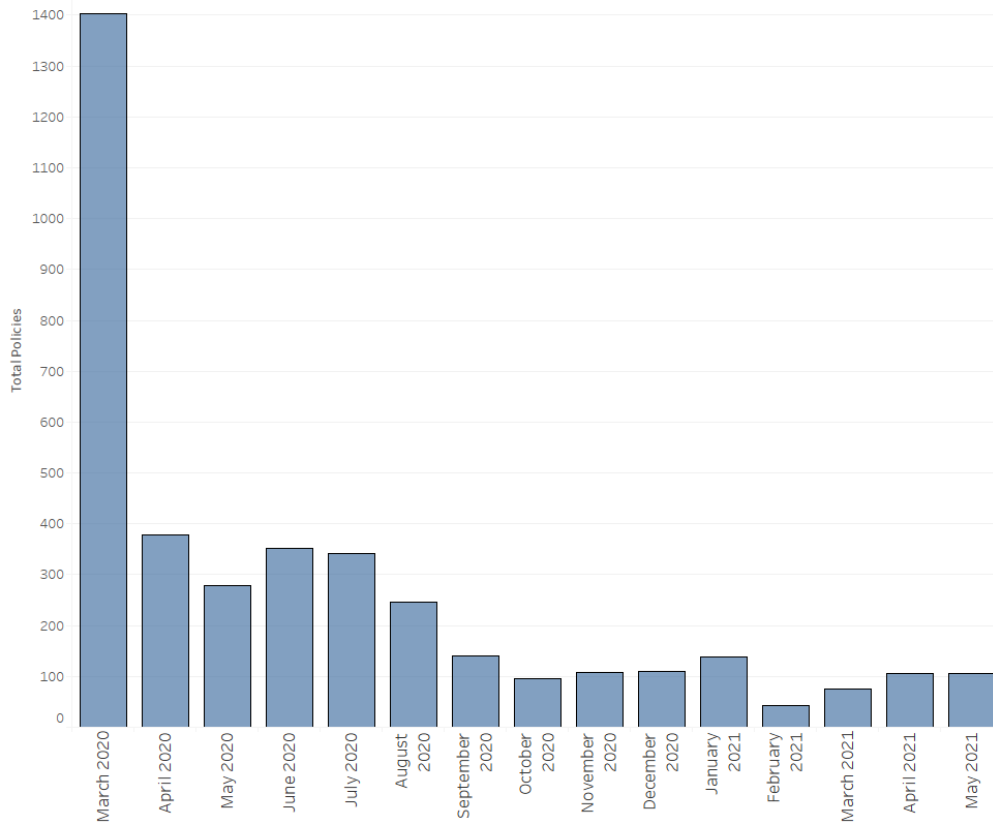
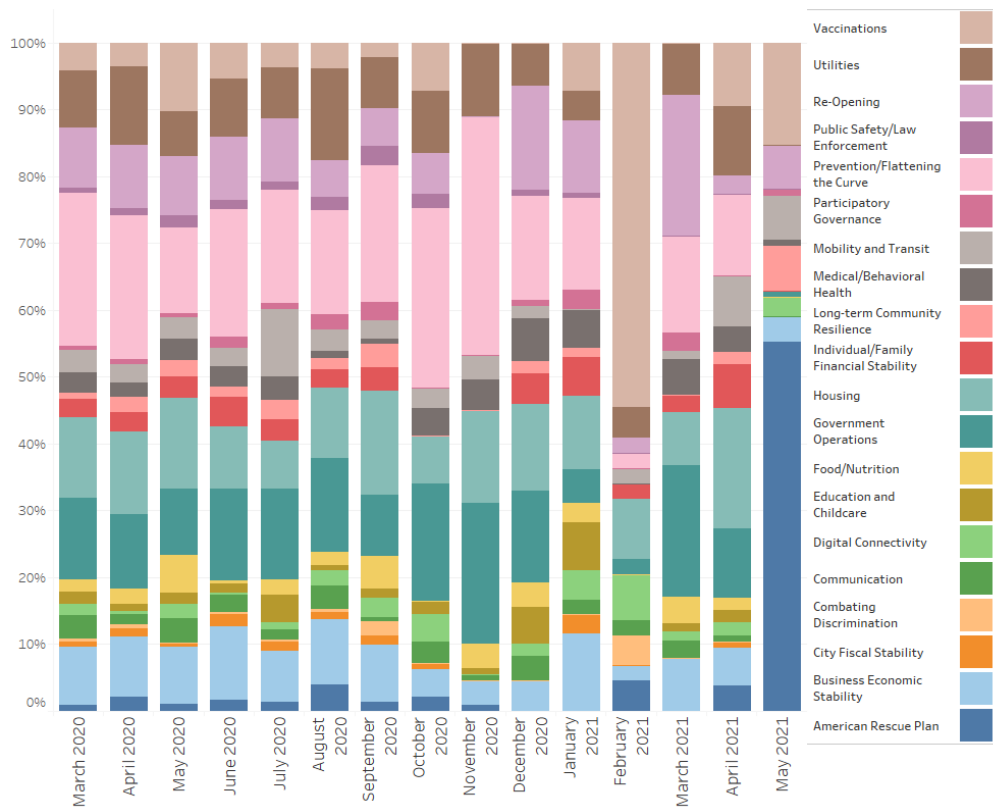


Figure 2: COVID – 19 Policy Categories - Stacked Frequency Percentages



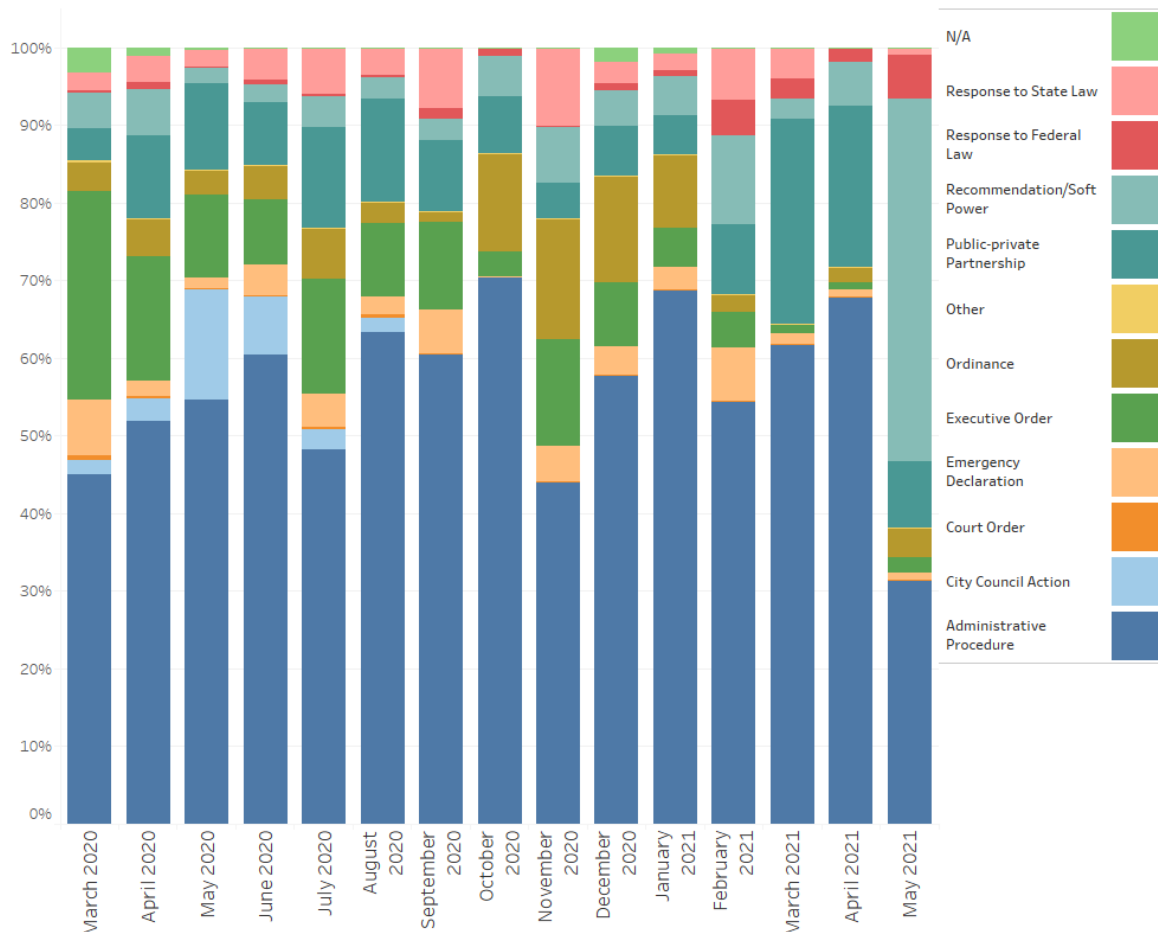
August, October, November, and December 2020). The highest number of policies per month tells the story of what cities were dealing with: attempting to balance keeping their constituents healthy and safe while attempting to limit the detrimental financial impact on their respective cities by re-opening the local economy.

The policies and actions taken from January 2021 to April 2021 focused on flattening the curve, vaccinations, re-opening, and housing. Those included policies and actions pertaining to getting back to pre-COVID-19 life (e.g., a world without lockdowns and masks) is dependent on the number of people fully vaccinated (i.e., herd immunity). The greatest number of policies and actions during the month of May 2021 were policies pertaining to the American Rescue Plan.

Top Policy Action Types

The leading policy action type, Administrative Procedure, has been consistent through May 2021, with a total of 2,041 implementations in the NLC COVID-19 policy and action data set. It was not until May 2021 when Recommendation/Soft Power became the leading policy action type with 52 policies total. Executive Order (632 actions) and Public-Private Partnerships (324 actions) are the second and third-most utilized policy actions throughout the pandemic. With this being the case, an Executive Order is one of the best ways to quickly implement policy (see Figure 3).

Figure 3: Policy Action Type - Stacked Frequency Percentages



Governments would have been unequipped to handle all the issues brought on by the pandemic themselves, making Public-Private Partnerships an effective tool for service and relief delivery. This is also consistent with the plethora of press surrounding Public-Private Partnerships as large companies such as General Motors, Ford, Tesla, Dyson, and others volunteered to assist with the production of ventilators, masks, and hand sanitizer (Boudette & Jacobs, 2020; Ford Media Center, 2020; Keane, 2020; Wilson, 2020; Paynter, 2020; Reagan, 2020; Trepany, 2020; Agence France-Presse, 2020; Williams, 2020).

In order to unpack the adoption of COVID-19 policies enacted and actions taken introduced in various cities, it is important to understand the statewide political context in which they exist. The authors have compared state COVID-19 cases per 100,000 population and percentage population fully vaccinated to: (1) unified political party control of states (e.g., Democratic Control, Republican Control, and Split Party Control); (2) which states lacked statewide mask mandates; and (3) which states opted to not issue statewide stay at home orders.

In addition, the authors have compared the COVID-19 Local Action Tracker data; the policy action type “Response to State Law,” to unified state party control.

COVID-19 Cases, Mandates, and State Party Control

There appears to be similarities between states with the highest and lowest number of COVID-19 cases per 100,000 population and unified state party control. For example, seven of the ten states with the highest number of COVID-19 cases per 100,000 population (figure 4, right box) were states with unified Republican legislative control (e.g., Oklahoma, Iowa, Arizona, Tennessee, Utah, South Dakota, and North Dakota). Rhode Island was the only unified Democratic control state with the highest number of COVID-19 cases per 100,000 population. Two Split Party states (e.g., Wisconsin and Nebraska) were also included in the states with the highest number of COVID-19 cases per 100,000 population.

In addition, out of the ten states with the highest COVID cases, all seven states with Unified Republican Control did not sign statewide mask mandates as of June 2020 and two of those states opted to not issue statewide stay at home orders as of April 2020. Two of the Split Party Control states (e.g., Wisconsin and Nebraska) opted to not sign statewide mask mandates, and Nebraska’s Governor did not sign a Statewide Stay at Home Order as well.

States with the lowest number of COVID-19 cases per capita (figure 4, box on the left) consisted of five states with unified Democratic control (Hawaii, Oregon, Washington, D.C., and Virginia) and two states with unified Republican control (New Hampshire and West Virginia). The other three states with the lowest number of COVID-19 cases, Vermont, Maine, and Maryland are all states with Split Party control. Out of the ten states with the lowest number of COVID-19 cases, two opted to not implement statewide mask mandates as of June 2020. Those states consisted of Vermont (Split Party control) and New Hampshire (unified Republican control).

Vaccinations, Mandates, and State Party Control

Figure 5 shows that the ten states with the lowest vaccination rate percentages (in the box on the right) are states with unified Republican state control, except for Wyoming and Louisiana, both states with Split Party control. Seven states with the lowest vaccination rate also lacked mask mandates. These seven states consisted of Oklahoma, Georgia, Utah, Idaho, Tennessee, and Mississippi, and were all unified Republican control. In addition, three of those states with unified Republican control lacked a stay-at-home mandate (e.g., Oklahoma, Utah, and Arkansas).

Figure 4: Total Number of COVID-19 Cases, No Mask/No Stay-at-Home Mandates, and State Party Control

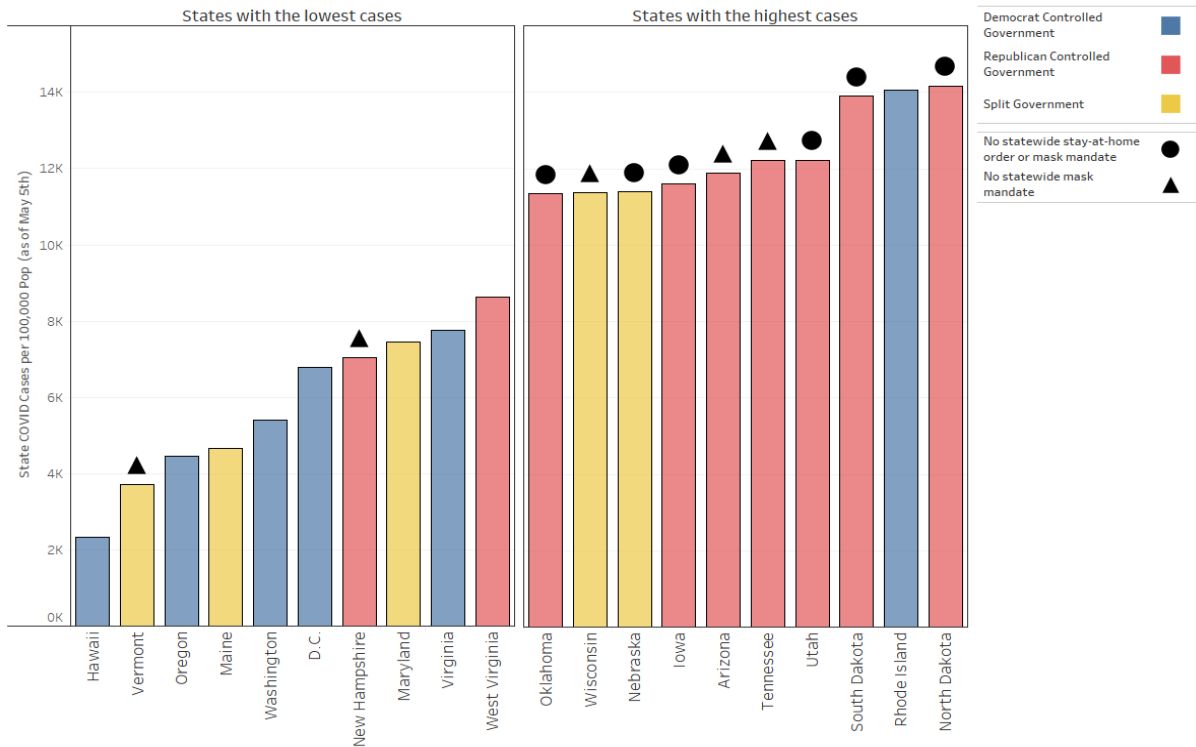
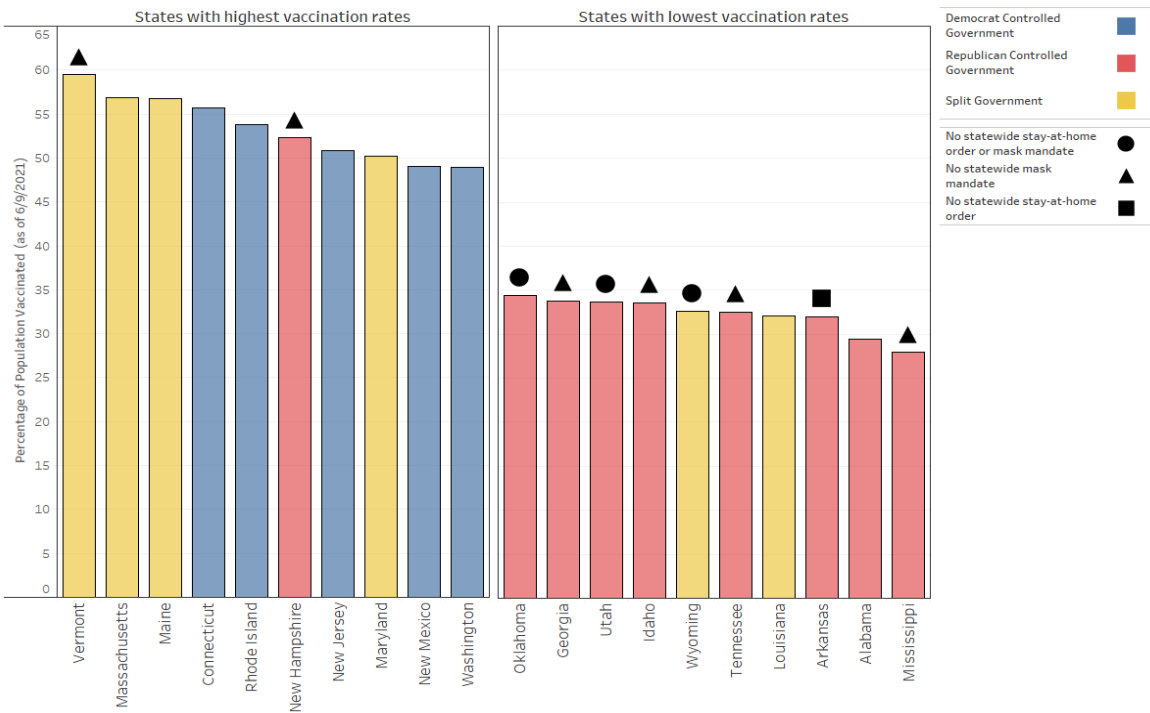


Figure 5: Percent of Population Vaccinated, No Mask/No Stay-at-Home Mandates, and State Party Control



The states with the highest percentages of fully vaccinated populations are five states with unified Democratic state party control (Connecticut, Rhode Island, New Jersey, New Mexico, and Washington). Among the states with the highest vaccination rates, there is one state with Republican state party control (New Hampshire), and four states with split party control.

Mayoral Political Affiliation and Policy Enactment

The NLC policies and actions data includes 283 cities with Democratic mayors, 147 cities with Republican mayors, 8 Independent mayors, and 101 cities that the authors were unable to find the political party affiliation. Many cities have non-partisan elections, so to determine the party of a mayor the authors searched for endorsements (e.g., if a mayor was endorsed by the local Republican or a politician that was a fervent Trump supporter, they were labeled as a Republican).

Considering that heavily populated areas tend to lean Democratic, the median population for cities with a Democratic mayor was 102,338. Conversely, the median population of cities with Republican mayors was 52,642. The authors were not able to find the party affiliation of mayors with the smaller cities (e.g., cities with a median population of 35,299). It was difficult for the authors to find the political affiliation of the mayors in rural cities due to a lack of information online about the mayors, and the fact that many city elections are non-partisan.

Mayoral Political Affiliation, State Party Control, and Response to State Law

Governors are given more power to levy executive orders during times of crisis (Woodall, et al, 2021). As governors signed more executive orders, municipalities responded via action type “Response to State Law.” The data show that Republican mayors were far less likely respond to a state law through legislation or executive order, no matter which party had control of the state. On the local level, Democratic mayors responded by an additional 1.5%, 7.5%, and 19.9% more than unified Republican, Democrat, and Split Party state control (respectively) compared to their Republican counterparts (see Figure 6). The difference in these percentage points suggests that Democratic mayors, much like states with unified Democratic control, opted to take a more “hands on” approach during the first 14 months of the pandemic.

Figure 6: Local Responses to State Laws - State Government Party Control



Democrats passed a greater number of Responses to State Law policy action when they were situated within a unified Democratic controlled state. Republican mayors did the same under unified Republican controlled states. Democrats also passed more Responses to State Law when the state had split party control.

9. Conclusion

An enormous array of COVID-19 policies and actions were introduced in cities across the U.S. during the pandemic. In March and April 2020 Prevention/Flattening the Curve and Government Operations were the most common policies and actions introduced as governments braced for COVID-19. Re-Opening and Prevention/Flattening the Curve were the most common types of policies and actions for the following eight months as governments attempted to strike a balance between community health and financial impacts. Most policies and actions from January to May 2021 shifted to the rollout of vaccinations. Administrative Procedure was the leading policy action type during the time of our study with a total of 2041 implementations.

There was also evidence that Republicans opted against regulatory measures (e.g., zero mask mandates or stay-at-home orders) on both a state and local level, even as COVID-19 positivity and death rates increased. Democratic mayors, on the other hand, responded 10% more on a local level than Republicans to state laws. And lastly, both Democrats and Republicans voted on party lines. Democrats passed a greater number of “Responses to State Law” when they were situated within a unified Democratic controlled state. Republican mayors did the same in unified Republican controlled states.

Republican and Democratic Response to COVID-19

It is important to ask why the Republican response to the crisis differed from that of Democratic leaders. Republican leaders have a greater tendency to emphasize people’s individual responsibility for protecting themselves from the virus (Lopez, 2020). Early in the pandemic many behavioral scientists warned that the pandemic had to be viewed by those in power and presented to the public as a collective problem (Reicher and Drury, 2020). This is not to say that Democrats have avoided overly individualistic approaches to pandemic response, merely that Republicans have just done so to a greater extent (Lopez, 2020). A higher percentage of Republicans than Democrats (i.e., 27 percent and three percent respectively) believe the pandemic is being used to manipulate Americans and are skeptical about the pandemic in general which can translate into increased objections to mask wearing and vaccination (Van Kessel and Quinn, 2020, Graham, 2021).

Ellis (2020) posits that conspiracy theories may have been an important political unifier for some segments of the right wing in America before the pandemic, hence it was easier for COVID-19 conspiracy theories to find a foothold in Republican circles. While individualism and conspiratorial thinking may have led the Republican base to be more likely to oppose effective measures to combat COVID-19, elite Republican rhetoric also played an important role. As U.S. lawmakers addressed the pandemic, President Trump shifted talking points towards anti-lockdown rhetoric. This response, according to Liptak (2020), was because the President believed a faltering economy would hurt his chances of reelection. Many other prominent Republicans have also refused to wear masks and praised anti-lockdown protests (Berman, 2020). This pressure both from powerful Republicans and segments of the Republican base, as well as intense ideological commitment to individualism likely discouraged Republican leaders from taking certain critical actions to combat the pandemic.

Another factor that may explain differences between Democratic and Republican officials are divergent views on the benefits of enacting policy versus the costs of such policy, including the reductions in economic activity resulting from various forms of mandates. Some, or most, Republican leaders, for example, may oppose policies requiring business to temporarily close in order to slow down the spread of the virus out of concern that the costs, with respect to lost jobs and commercial activity, will exceed the benefits with respect to lives saved. More analysis, using different methods of inquiry, would be needed to explore the benefits and costs of the observed gap in their approaches to policymaking.

10. Appendix: Policy Action Type Definitions

ADMINISTRATIVE PROCEDURE: Change in practice or activities taken by the governing body.

CITY COUNCIL ACTION: Policies issued specifically by a city that pertain to only their city, and not the surrounding cities.

COURT ORDER: Policies pertaining to court orders, jails, and fines.

EMERGENCY DECLARATION: Flexible order issued by either an executive office or governing body, gives localities power to decide how to respond to emergencies with greater ease; can be extended on a monthly basis.

EXECUTIVE ORDER: Issued by a member of an executive office, such as a mayor, city manager, or public health authority.

ORDINANCE: Issued by a governing body, such as a city council or board that is voted upon by a collection of elected leaders or municipal employees.

PUBLIC-PRIVATE PARTNERSHIP: Private actors, usually large corporations, or donors, provide a city with a service or resource they might not otherwise have.

RECOMMENDATION/SOFT POWER: No law is created, or internal practice altered, generally has no enforcement and is more suggestion than requirement.

RESPONSE TO FEDERAL LAW: Issued by federal government or related actors, includes CDC and NIH guidance.

RESPONSE TO STATE LAW: Issued by state governor or health authority.

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