

How has Ohio avoided a coronavirus spike while other states surge? Experts credit early closings, measured reopenings

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Wearing their protective masks, from left, Ohio Lt. Gov. Jon Husted, Gov. Mike DeWine, and Ohio Department of Health Director Dr. Amy Acton walk into their daily coronavirus news conference Wednesday, April 15, 2020 at the Ohio Statehouse in Columbus, Ohio. (Doral Chenoweth/The Columbus Dispatch via AP) AP

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By [Mary Kilpatrick, cleveland.com](#)

CLEVELAND, Ohio — Ohio's aggressive, early response to coronavirus and its measured reopening helped Ohio avoid a spike in cases seen in other Republican states like Texas, Florida and Arizona, experts say.

These southern states shut down later and opened up sooner, maybe even before they peaked, said Harvard T.H. Chan School of Public Health assistant professor Dr. Tom Tsai. Ohio took a different approach. Its start-up was gradual and took place in a plateau. It used data to drive decisions. It made its director of public health, Dr. Amy Acton, a household name.

The state “may have potentially truly flattened the curve and changed the trajectory of cases in Ohio versus some of the states in the south who were late to shut down and then early to reopen,” Tsai said. Data-driven decisions allowed experts to closely monitor how relaxing regulations affected COVID-19 case counts.

Gov. Mike DeWine in his statehouse news briefing Thursday credited Ohio residents, but warned that the virus continues to spread, especially in the [Dayton and Cincinnati areas](#).

“Ohioans have done amazingly well,” he said. “Ohioans have stayed home for a period of time. Ohioans have kept distancing. We’re now in a phase, how do we live with this and still go about our lives?”

The trend of newly reported coronavirus cases has been [edging down in Ohio since late April, according to rolling seven-day averages from the Ohio Department of Health](#), as have the number of new daily hospitalizations. A University of Washington model predicts daily deaths will continue to decline and the state will have enough ICU beds.

In comparison, Arizona's daily deaths are projected to rise, and the state may need more ICU beds than it has [by early July](#). Florida's daily deaths are projected to increase throughout the summer, and the state may also require more ICU beds than [it has by September](#).

Texas is projected [to have enough ICU beds](#), but the Lone Star State saw the largest single-day increase in cases on Tuesday, with 3,011 new cases, according to numbers reported by the [Houston Chronicle](#). Florida broke its case record Thursday with 3,207 cases, according to the [Miami Herald](#). Arizona did the same Thursday with 2,519 cases, according to reporting by [the Arizona Republic](#).

These states also have a high number of tests turning out positive, another troubling indicator. It means that only the sickest people are being tested, and the states don't have a handle on how many people really have COVID-19 in their state, according to Johns Hopkins University. A lower percent positive rate means the state has enough testing capacity.

The World Health Organization recommends the percent positive rates remain under 5 percent. Texas' is 9 percent, Florida's is 8 percent and Arizona's is 17 percent, according to [Johns Hopkins](#).

Ohio, meanwhile, has flattened its [daily cases](#), and has a percent positive rate of about 3.5 percent.

Ohio is doing well so far because leaders successfully balanced the health, economics and politics of the state, said Texas A&M school of public health professor Gerard Carrino, a native of Wadsworth.

States that prioritized the economy are grappling with the consequences.

"We're learning now from states that shut down late and opened up early, that it can't all be about economics because people get sick and people die," Carrino said.

Every state was dealt a different deck of cards when it comes to COVID-19: testing capacity, cultural differences, the overall health and poverty level of residents, the number of cities. All the demographics made a difference in how COVID-19 spread.

In Ohio, the counties with the highest percentage of coronavirus cases have generally been in metropolitan areas, or areas with prisons.

DeWine and Acton were methodical in their approach.

They've tried to address prison spread by [allowing early release for some prisoners](#) and sending in the National Guard to help with medical care. They locked down nursing homes early and later amped up testing, again with the help of the Guard. They created a task force to address health disparities in minority communities. And at 2 p.m. every day for weeks, DeWine and Acton spoke directly to Ohioans, urging them to stay home, wash their hands and take care of each other.

Together, the duo – whose names and faces were emblazoned on T-shirts and in a cartoon homage to Laverne & Shirley -- became the face of Ohio's coronavirus response, earning the public's trust in science-driven regulations by explaining the reasoning behind policy decisions.

State health officials and the governors of Texas and Florida didn't team up when speaking to the public like DeWine and Acton did. Their policies also differed from Ohio's.

Sure, DeWine and Acton had opponents. Ohioans picketed the statehouse and some even Acton's house, unhappy with the closures and the economic downturn. But DeWine remained overwhelmingly popular.

"Every day they provided authentic, objective science-based information in plain language that everyone could understand," Carrino said.

Together, they warned residents that reopening could bring a bump in new coronavirus cases, as people emerged from their houses and mixed with each other. But that hasn't happened.

Still, Ohio is not safe when it comes to coronavirus, though the numbers look decent now. The state and other states faring well for now, should stay the course.

"For some of these states, this is like halftime. There's going to be a second half," Tsai said. "What's happening in Arizona and Texas and Florida, I think is a cautionary tale for the states that are doing well."

Texas

Texas began reopening aggressively on May 1, without having a reliable plateau in case counts, or decrease in case counts, Carrino said.

Texas hit highs last week for hospitalizations and new [COVID-19 cases](#), prompting Houston's top county official, Lina Hidalgo, to warn that "we may be approaching the precipice of a disaster." Meanwhile, the state went ahead with allowing restaurants to expand eat-in dining Friday to 75% of capacity, up from 50%.

"My guess would be it was political, which economic is part of. Just based on what was done, we were not looking at the data to drive whether we reopened or not," said Catherine Troisi, an infectious disease epidemiologist at the University of Texas Health Science Center at Houston.

Texas's COVID response centered around what its electorate wanted, Carrino said. Like Ohioans, Texans value liberty, and politicians factored that into their response to the virus.

Texas Gov. Greg Abbott in March stopped the release of prisoners from county jails to prevent the spread of COVID-19, citing public safety concerns, [according to the Dallas Morning News](#). Prison testing did not begin until mid-May, a month later than Ohio, [according to the Texas Tribune](#).

Mayors in Texas on Tuesday [pushed Abbott](#) to require that Texans wear masks, or at least let municipalities make the order, The Houston Chronicle reports. Abbott eventually gave the OK for counties to require businesses to mandate masks, [according to the Texas Tribune](#).

“Ohio and Texas share a lot in common with respect to the things that we think would matter with respect to transmission of the virus,” Carrino said, noting how both states are conservative, and have a mix of urban centers and rural populations. “But their approaches to the coronavirus from the early days all the way to today, show a few key differences that I think might help us to understand why their states curves are shaped differently.”

Because Acton and DeWine successfully explained the science, they helped people understand why economic concerns needed to be balanced with the health concerns.

Arizona

Arizona reopened without a good handle on testing, Tsai said. The [state for a period](#) was last among U.S. states and territories for testing per capita.

“Arizona was an example of a state that reopened where there was woefully inadequate testing,” he said.

The state has since stepped up testing, and those efforts have resulted in more positive tests, said Dr. Daniel Derksen, associate vice president for health equity, outreach & interprofessional activities at the University of Arizona Health Sciences.

Still, “that doesn’t explain why we’re seeing a spike in the number of hospitalizations and the number of occupied Intensive Care Unit beds,” Derksen said.

One major factor is that Arizonans have become less careful about social distancing, wearing masks and handwashing, he said.

Arizona also faces challenges Ohio doesn’t.

Arizona is home to a diverse population, including 22 federally recognized Native American tribes and a large Latino population, with 27.2 percent of people speaking a language other than English at home, [according to recent U.S. Census data](#). Education campaigns are critical to helping reduce COVID-19 numbers. In Arizona, they need to reach remote populations and be in multiple languages.

Florida

In Florida, “our public health officials have been much less visible than they have in Ohio,” said Dr. Leslie Beitsch, a Florida State University College of Medicine professor and a former Florida Department of Health official.

On Tuesday, a coalition of doctors called for Gov. Ron DeSantis to mandate masks in enclosed public places, to no avail. DeSantis also refused to release immunocompromised or elderly Florida prisoners, according to [floridapolitics.com](https://www.floridapolitics.com).

Beitsch believes economic concerns were prioritized over the science in reopening Florida. The message around reopening safely has been scrambled.

“I think you can reopen and reopen safely or more safely than we have. And that is very much about maintaining the social distancing, and the mask wearing, even as you try to reopen the economy, so it’s a blended message. I think that part of the message, frankly was lost often.”

Cindy Prins, an epidemiologist at the University of Florida, said people there have become more comfortable in going out and resuming their normal lives. People aren’t always wearing a mask, or not wearing it correctly.

“Maybe people are going back too quickly to their activities without taking the precautions they need to take,” she said, adding that she would have liked to see Florida’s phased reopening roll out slower.

Florida is also dealing with a very different population than Ohio. About 20% of residents are under 18, [according to U.S. Census data](#). About 20% are over 65, making them high risk.

“You’ve got this low risk group below 18. And this very high-risk group,” Beitsch said. “And, you know, we had a lot of science in between that’s missing.”

When did stay-at-home orders take effect?

Ohio: March 23

Texas: [March 31](#)

Arizona: [March 31](#)

Florida: [April 1](#)

When did reopenings begin?

Texas: May 1, with retail stores, restaurants, museums, libraries, movie theaters and malls [allowed to open at 25% capacity](#).

Arizona: May 11 for restaurants and May 13 for [gyms, spas and public swimming pools](#). The stay-at-home order expired May 15.

Florida: May 4 for restaurants, retailers, and gyms to [reopen at 50% capacity](#) — with [exception of the counties](#) home to Miami, Fort Lauderdale and West Palm Beach. May 18 for the whole state.

Ohio: Outdoor dining [May 15](#), indoor dining [May 21](#). [Pools](#) and [gyms](#) May 26. [Movie theaters and museums](#) June 10. Amusement parks June 19.

The Associated Press contributed to this report.

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