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Pandemic Stress Indicator: Expert Panel

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AUTHORS

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IGPA is developing several Pandemic Stress Indicators, designed to evaluate the social and economic effects of the COVID-19 pandemic on Illinois residents. This first stress

indicator is a frequent poll of three sets of experts about pandemic policies, starting with how and when to take steps to reopen the economy.

The Pandemic Stress Indicators grew out of the work on IGPA's Task Force on the Impact of the COVID-19 Pandemic. (<https://igpa.uillinois.edu/page/igpa-covid-19-pandemic-task-force>)

Experts on economics, public health, and/or vulnerable populations from across Illinois have generously agreed to provide, via periodic surveys, opinions on pandemic policies. The panelists, with affiliations, are listed in Appendix A. In answering the surveys, panelists provide only their own personal views, and do not offer official positions on behalf of their respective institutions.

"As state restrictions put in place to slow the spread of COVID-19 begin to loosen, more decisions will fall to local officials," said IGPA Director Robin Fretwell Wilson. "They will need ways to regularly measure progress. Public health and economic data will be crucial, but it is also important that they consider the economic and social pain Illinois residents are feeling. IGPA's Pandemic Stress Indicators will offer decision-makers a more holistic picture of the pandemic's human toll."

The inaugural survey was fielded May 20-23. There were 27 responses, 11 from experts in economics, and 8 each with expertise in public health and vulnerable populations.[1]

IGPA asked if state officials, in the week of May 25-31, should ease or tighten restrictions on "public and economic activities" or leave them in place unchanged (full question texts are in Appendix B). Respondents were also asked how certain the respondent felt about this choice. No one wanted more restrictions, but there was a large difference between the mix of *less* and *same* answers, according to area of expertise.

"Taking the temperature of experts throughout Illinois from these three groups ensures that we are considering input from individuals who view the world through differing lenses, and who are members of a variety of communities throughout our state," said Brian Gaines, an IGPA senior scholar and professor

of political science at the University of Illinois Urbana-Champaign. “It is not too surprising that their opinions on reopening the economy differ widely. There are lively debates all over the country on the best courses. It will be interesting to monitor responses over the coming weeks to see if there are places where opinions begin to converge. That might signal an opportunity for building consensus around a certain policy area.”

The economists leaned towards easing, while the public health and vulnerable populations experts were far more favorable to the status quo. Table 1 shows that the most common response combination for economists was “ease” plus “very certain”; none of the other experts chose that same pair. In turn, the most common response for the other experts was “leave unchanged” with “very certain,” a pair selected by no economists.

Table 1. Should Emergency Restrictions Change Starting May 25?

	Ease, Very certain	Ease	Uncertain	Leave in place	Leave..., Very certain
Economics	5	1	2	3	0
Health, Vulnerable Pop.	0	4	1	5	6

The survey asked who should be setting rules to “reopen” Illinois. Most respondents, across expertise type, prefer state officials, while the governor, who has been at the forefront thus far, was also a popular choice. A few were keen for decentralization to county and/or city officials, while others wanted the General Assembly also involved. Only a couple of those who focus on vulnerable populations favor a national policy, set by the federal government.

Table 2. Who Should Make the Rules for Reopening Illinois?

	President & Congress	Governor	Governor & G.A.	County &/or City Officials	Uncertain
Economics	0	5	3	3	0
Public Health	0	3	4	1	0
Vulnerable Pops	2	4	1	0	1

The present plan for transitioning out of emergency rules (*Restore Illinois*) partitions Illinois into four regions, whose timelines for reopening can vary, according to local conditions. Respondents were asked if they like that scheme, or thought that a single statewide policy, or a policy anchored to more than four regions, would be preferable. Economists, again, were comparatively less likely to approve of the status quo, as most of them want more scope for variation within the state.

Table 3. How Many Regions for Rules for Reopening Illinois?

	1 (statewide)	4 (<i>status quo</i>)	5-20	More than 20	Uncertain
Economics	0	2	6	1	2
Public Health	0	5	2	0	1
Vulnerable Pops	1	5	2	0	0

There was near consensus that “medical and public-health experts and officials” rank first (26 out of 27 respondents). Economists and other governors (based on experiences in their states) were equally popular for second rank, and our experts in economics were only a little more likely than the other two groups to place their own in that spot. “Legislators” were mostly ranked third through fifth, and few experts ranked “public opinion” at all highly—only three did not rank it fourth or fifth.

Respondents were also invited to rank five possible *sources* of advice for the governor, as he “makes decisions about when, where, and how to adjust emergency orders.”

Table 4. Respondents' Rankings of Sources for Policy Advice

	Ranking				
	1 st	2 nd	3 rd	4 th	5 th
Medical and health experts	26	1	0	0	0
Economists	1	12	10	3	1
Other governors	0	12	6	7	2
Legislators	0	1	9	11	6
Public opinion	0	1	2	6	18

Note: sources were randomly ordered in the survey, but are ordered by average ranking in the table. Differences by expertise type were minimal.

We invited our respondents to provide longer, more nuanced responses by writing as much as they liked on two open-ended questions. On the subject of whether phone apps can play an important role in tracking and tracing infection, respondents were divided. A few indicated too little expertise on the matter to express an opinion, and no one thought that apps alone can work. There was a mix of opinions on whether they are more dangerous and subject to abuse, or, instead a useful and inevitable complement to more traditional and labor-intensive tracking.

We were especially interested in how respondents are forming their opinions on these issues, and asked what kinds of data or cases each respondent finds particularly important or relevant to the determination of best pandemic policies. Some mentioned particular countries or states that are somewhat further along the timeline for disease spread. Not surprisingly, perhaps, New York, which has been the main U.S. hotspot, was the most commonly mentioned state. Some respondents have in mind comparisons of seemingly successful programs and programs in states with worse outcomes.

Many respondents have an eye on particular medical statistics, including the much-discussed hospitalization and testing rates, as well as cumulative confirmed cases and deaths. Others emphasized that the cost-benefit analysis of best measures requires data on economic consequences of shut down along

with health data. In short, it is less surprising that experts differ on some conclusions, given that there are so many ways to conceive of the primary evidence at hand.

IGPA is developing other Pandemic Stress Indicators that will draw from regularly scheduled interviews with leaders of impacted vulnerable communities, the lived experiences of ordinary individuals who will document the impact of the COVID-19 on their lives through videos and journals uploaded with their cell phones and direct assessments of what Illinois' residents think through a focus group process. These stress indicators will launch in the coming weeks and they will be accessible through the task force's website (<https://igpa.uillinois.edu/page/igpa-covid-19-pandemic-task-force>).

Appendix A. IGPA Pandemic Expert Panel

Evan Anderson, Northern Illinois University

Laurence Appel, University of Illinois at Chicago

Brandi Barnes, University of Illinois at Urbana-Champaign

Mark Daniel Bernhardt, University of Illinois at Urbana-Champaign

Mark Borgschulte, University of Illinois at Urbana-Champaign

Stephen Brown, University of Illinois at Chicago

Beverly Bunch, University of Illinois at Springfield

Lorraine Conroy, University of Illinois at Chicago

Toni Corona, Madison County Health Department

Michael Fagan, Northwestern University

Joseph M. Feinglass, Northwestern University

Barbara Fiese, University of Illinois at Urbana-Champaign

Lidia Filus, Northeastern Illinois University

Tamara Fuller, University of Illinois at Urbana-Champaign

Michael Gelder, Northwestern University

Robert J. Gordon, Northwestern University

Betsy Goulet, University of Illinois at Springfield

Bart Hagston, Jackson County Health Department

Marc D. Hayford, Loyola University Chicago

Ronald Hershow, University of Illinois at Chicago

Joseph K. Hoereth, University of Illinois at Chicago

Wiley Jenkins, Southern Illinois University

Timothy Johnson, University of Illinois at Chicago

Greg Kaplan, University of Chicago

Sage J. Kim, University of Illinois at Chicago

Brenda Davis Koester, University of Illinois at Urbana-Champaign

Ken Kriz, University of Illinois at Springfield

Janet Liechty, University of Illinois at Urbana-Champaign

Justin McDaniel, Southern Illinois University Carbondale

Ruby Mendenhall, University of Illinois at Urbana-Champaign

Edward Mensah, University of Illinois at Chicago

Katie Parrish, Lake Land College

Sarah Patrick, Southern Illinois University Carbondale

Alicia Plemmons, Southern Illinois University Edwardsville

Carolyn A. Pointer, Southern Illinois University

Tara Powell, University of Illinois at Urbana-Champaign

Tyler Power, Quad Cities Chamber of Commerce

Elizabeth Powers, University of Illinois at Urbana-Champaign

Chris Setti, Greater Peoria Economic Development Council

Abigail Silva, Loyola University Chicago

Brian Smith, University of Illinois at Springfield

Tracey J. Smith, Southern Illinois University Springfield

Nicole M. Summers-Gabr, Southern Illinois University

Vidya Sundareshan, Southern Illinois University

James A. Swartz, University of Illinois at Chicago

Kevin Sylwester, Southern Illinois University Carbondale

Karriem Watson, University of Illinois at Chicago

Moheeb Zidan, Knox College

Appendix B. Questions

In March 2020, in response to the COVID-19 outbreak, officials issued a series of orders declaring Illinois to be in a state of disaster, and requiring most individuals to stay at home, except for essential activities. Should these orders be altered in any way in the coming week, starting Monday May 25?

- Officials should ease the restrictions to allow more public and economic activities.
- Officials should leave the present orders in place unchanged.
- Officials should tighten the restrictions to allow fewer public and economic activities.
- I'm uncertain what officials should do.

Ideally, who should be setting or revising rules to "re-open" Illinois?

- the president
- the president and congress, through the normal national legislative process
- the governor
- the governor and general assembly, through the normal state legislative process
- county and /or city officials
- I'm uncertain

The "Restore Illinois" plan groups 11 Emergency Medical Services regions into four larger regions (Northeast, North-Central, Central, and Southern Illinois) that can follow different re-opening schedules. What do you think is the right number of regions for stay-at-home or quarantine rules in Illinois?

- one: only statewide rules make sense
- two, in case the greater Chicago area needs different rules from the rest of the state
- four: the current plan is sensible
- 5-20: more regional variation would be useful
- more than 20: it should be possible to have variation by county or city
- I'm uncertain

How would you rank the following sources of advice the

governor might take into account in making decisions about when, where, and how to adjust emergency orders? Please drag and drop the boxes so that they are in order from most to least important.

-Legislators

-Medical and public-health experts and officials

-Economists

-Public opinion

-Other governors, based on experiences in their states

What sort of data, outcomes, experiences, or observations contribute to your assessments of the best pandemic policies? Are there states or jurisdictions outside of Illinois that seem particularly relevant or important in assessing the best policies at present?

One strategy for containing the COVID-19 virus is to trace the contacts of people who have been diagnosed with it. Tracing contacts can be done by Public Health Departments interviewing patients and contacting those with whom those who test positive have been in contact. A new alternative is to employ smart phone applications (apps) that automatically monitor movements and contacts. Do you have thoughts on what kind of tracing and tracking would work best in the present crisis?

[1] The lines between the three kinds of expertise sampled in the survey are sometimes blurry. In selecting experts in economics to invite to the panel, IGPA aimed for individuals with expertise in public finance, public policy, business, or some other subfield particularly relevant to the economic impact of pandemic and quarantine policies. Our experts in economics are mostly, but not entirely, professors of economics. Some of the experts in public health and on vulnerable populations are also trained economists, who focus in their work on topics like health economics or the economics of poverty. For brevity, this report employs “economists” to refer only to those identified as having expertise in economics, even

though there are some economists mixed in with doctors, sociologists, social workers, and others in the other groups as well.

Research Area: none

Policy Initiative: none

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