



Re-opening During the COVID-19 Pandemic

Nine Requests from Michigan's Local Public Health Departments

Coordinated State & Local Strategies

1. Local public health to review and respond to new guidance and orders
2. Clear and consistent guidance and orders across Michigan
3. Gradual reopening process that prioritizes openings based on low risk to public health
4. Workplace controls to maintain public health

Shoring Up Local Testing, Tracing, and Surveillance Infrastructure

5. Testing available for every resident in every community
6. Real-time surveillance to measure COVID-19 in every county
7. Flexible and funded case investigation and contact tracing improvements

Pandemic Resilience & Recovery in Communities

8. Serving populations experiencing disparities and extreme hardship
9. Empowering Michiganders to take action to protect health

This document outlines the key “asks” of local health departments who are serving on the front lines of the public health response to the COVID-19 pandemic. **It’s important that everyone who is planning for the reopening of businesses and activities in Michigan understand what local health departments need to keep people safe.** Most importantly, local health departments request a highly coordinated and clearly communicated reopening plan.

Michigan has 45 local health department jurisdictions – many county-level and some covering two or more counties (district health departments). These health departments serve everyone in Michigan, whether they live in an urban, suburban, or rural area.

COORDINATED STATE & LOCAL STRATEGIES

1. Opportunity to review and respond to new guidance/orders before they are issued

Local health departments serve as critical information-providers, educators, resource-finders, and enforcement agencies for our communities, in addition to our roles in case investigation and contact tracing. We implement public health activities on the front lines in a community response. Often, we have situational awareness across the entire state that can serve as important input on new public health orders or guidance at the state level. We must be

provided opportunities to share our input on draft guidance and orders. We suggest a secure dialogue center through a web-based platform; scheduled calls can be difficult to coordinate.

2. Clear and consistent guidance/orders across Michigan

While the majority of public health interventions in the COVID-19 response have been implemented by the Governor's Executive Orders, some counties have needed to expand on the orders and have issued rules around employee screening or other types of guidance. Local public health departments recognize that a patchwork approach to public health orders by counties is difficult for businesses to implement. Therefore, we request the opportunity to coordinate and communicate with State entities to ensure that guidance is as consistent as possible. Guidance/Orders should be accompanied by plain-language explanations whenever possible.

3. Gradual reopening process that prioritizes openings based on low risk to public health

When and how to lift or implement restrictions to slow the spread of COVID-19 disease are critical public health decisions. These decisions should not be arbitrary but rather informed by tangible data and strategic goals.

Local health departments support a very gradual process to reopen non-essential businesses, community spaces, gatherings, travel, and recreation. Reopening should be based on the activity or businesses' potential to contribute to the continued spread of COVID-19. Those things that pose the least amount of risk to public health (solitary activities, curbside delivery and pick up, etc.) should be prioritized. Community mitigation strategies should be continued as feasible.

Businesses must be expected to participate in the control of COVID-19 as partners with local public health departments – this may involve providing testing, contact tracing, and issuing their own quarantine process immediately rather than waiting for local public health guidance. When sectors are reopening, their ability to procure necessary supplies, such as face coverings, hand sanitizer, handwashing stations, gloves, etc., must be considered.

While there may be some temptation to lift restrictions based on geographic regions (such as emergency preparedness regions or prosperity regions), it's important to understand that in many parts of the state, pre-defined "regions" often consist of an urban core with several rural counties. Decisions on reopening based on geography should take into consideration the actual COVID-19 data within the region and individual counties within the region. Rural and remote areas of the state are vulnerable if non-residents or vacationers travel within the state, bringing increased COVID-19 infections.

Decisions for gradual reopening should be based on:

- A downward trajectory of positive tests as a percent of total tests
- A decrease in hospitalizations
- A decrease in intensive care unit admissions
- A decrease in the frequency of deaths

- Hospital attestation of being able to treat all patients without resorting to crisis standards of care (this includes adequate personal protective equipment)
- Ability to test all people with symptoms for COVID-19 disease (see # 5)
- Local public health attestation of adequate workforce capacity for case investigation and contact tracing (see #7)
- Statewide guidance for workplace safety (see #4)

4. Workplace controls to maintain public health

Local health departments request that the State consider the input of agencies such as MDARD, LARA, and EGLE when developing guidance, as they are used to developing rules for the industries they regulate. Local health departments are also working to develop recommendations to share with the State for consideration at the state level.

Guidance such as wearing of cloth face coverings, temperature checks, Plexiglas shields, etc needs to be written in a way that takes into account supply shortages.

SHORING UP TESTING, TRACING, and SURVEILLANCE INFRASTRUCTURE

5. Testing available for every resident in every community

We request a robust, coordinated plan to expand testing throughout the state. Testing availability across Michigan is widely variable. While some areas have widely available access, others have no access at all besides emergency rooms.

Funding to staff and supply these testing sites is also variable – many health systems are planning to scale back their testing sites because of funding concerns. Michigan should consider providing funding to local health departments, health systems, and other community service agencies to open public testing sites in a similar fashion to Federally Qualified Health Centers – particularly in rural areas where the market will not support a testing site by the private sector.

PPE availability as well as testing supplies constrains the expansion of testing sites.

6. Real-time surveillance to measure COVID-19 in every county

Due to the current testing availability, many areas of Michigan do not yet have a true sense of the level of COVID-19 present in their community. MDSS is very reactive, and delays in learning about new cases are common. A comprehensive surveillance strategy should be informed by *local* syndromic surveillance, which is not currently present in most areas. Real-time surveillance should be in place to test the impact of re-opening parts of the community. Updated technology is an urgent need. A strategy for how counties can re-institute restrictions must be available. There will be intense political pressure on local health officers to NOT re-institute restrictions.

7. Flexible and funded case investigation and contact tracing improvements

Local health departments must be part of the planning process for efforts to expand our capacity, through volunteers, technological means, or increased funding for staff. Substantial human capital is needed to expand public health infrastructure at the local level for case investigation and contact tracing. All health departments must plan for these functions to continue until a vaccine is developed and deployed.

Using volunteers is one of many ways to increase capacity, but it comes with its own unique challenges. Local health departments using paid and trained staff can likely deliver a higher quality of service when compared to volunteers that are not local to their communities. Some health departments could expand internal capacity if we were able to divert existing staff on other programs to these functions – but this would require funding flexibility.

PANDEMIC RESILIENCE & RECOVERY in COMMUNITIES

8. Serving populations experiencing disparities and extreme hardship

Local public health departments recognize that people of color, particularly African-Americans, have been devastated by this pandemic. We must be able to develop strategies and services to assist and revitalize communities that cannot reopen because they have been hit the hardest. They will also experience economic deprivation the longest – and as public health practitioners, we must plan to mitigate this. Many local health departments are experienced in working to improve health equity. These efforts should be led by community members who are experiencing the disparity, and supported by local health departments.

We are collaboratively planning with our local homeless service providers across the state. Support will continue to be needed for persons who cannot isolate or quarantine in their own residence.

9. Empowering Michiganders to take action to protect health

In order to encourage people to continue the basic public health recommendations, as well as follow new rules during a reopening process, use of marketing, outreach, and empowerment strategies must be employed. Messages must be simple and easy for people to understand.

A statewide effort (such as using the Pure Michigan campaign or similar) would be appreciated at the local level so we do not all have to develop our own messaging and materials. Ideally, messages and marketing could be developed so that local communities could easily personalize it for their county or city. Such as #StayHomeMuskegon or similar. Local health departments have been very innovative and should continue to be consulted as state-level efforts are planned.

Additional innovative engagement efforts could be considered – such as encouraging people to keep a list of those they come into contact with each day – which could possibly speed up contact tracing, and keep people involved in the effort to fight COVID-19.

We recommend the following references:

Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors, Johns Hopkins Bloomberg School of Public Health, Center for Health Security, Retrieved from: https://www.centerforhealthsecurity.org/our-work/pubs_archive/pubs-pdfs/2020/200417-reopening-guidance-governors.pdf

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