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BOARD OF HEALTH:	Bruce DeLong Dwight Washington, Ph.D.	George Bailey Chuck Murphy	Betty Kellenberger Adam Petersen
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APPROVED 6/24/20

BOARD OF HEALTH
 REGULAR MEETING
 At
 Mid-Michigan District Health Department (MMDHD)
 Saint Johns, Michigan

Meeting held electronically through <https://join.freeconferencecall.com> due to COVID-19.

Wednesday, May 27, 2020 at 9 a.m.

MINUTES

We take action to protect, maintain, and improve the health of our community.

- Members Present: George Bailey, Chairperson; Bruce DeLong; Chuck Murphy; Dwight Washington; Adam Petersen; and Betty Kellenberger, Vice Chairperson
- Members Absent: None
- Staff Present: Mark W. (Marcus) Cheatham, Ph.D., Health Officer; Melissa Selby, Director of Administrative Services; Cynthia M. Partlo, Board Secretary; Jennifer E. Morse, MD, MPH, FAAFP, Medical Director; Liz Braddock, Director of Environmental Health (EH); and Sarah Doak, Director of Community Health and Education
- Staff Absent: None
- Guests: Ali Barnes, CPA, Yeo & Yeo; and Elisabeth Waldon, Reporter, Daily News

George Bailey, Chairperson called the Regular Meeting of the Mid-Michigan District Board of Health (BOH) to order at 9:00 a.m. on Wednesday, May 27, 2020, virtually through <https://join.freeconferencecall.com> due to the highly contagious COVID-19 and to assure compliance with federal, state, and local health guidance and requirements relating to the Governor’s Executive Order 2020-75.

The Pledge of Allegiance was led by G. Bailey.

A. AGENDA NOTES, REVIEW, AND REVISIONS:

G. Bailey requested that all votes be taken by roll call.

Motion made by B. DeLong and seconded by B. Kellenberger to approve the Agenda as presented. C. Partlo called the roll:

Board Member	Yes	No
B. DeLong	✓	
B. Kellenberger	✓	
C. Murphy	✓	
A. Petersen	✓	
D. Washington	✓	
G. Bailey	✓	

Motion carried 6-0.

B. CONSENT ITEMS:

1. Meeting Minutes

- a. Michigan Association for Local Public Health (MALPH) Draft Board of Directors Meeting held March 9, 2020
- b. Mid-Michigan District Board of Health (BOH) Regular Meeting held April 22, 2020
- c. Mid-Michigan District BOH Special Meeting held May 6, 2020

2. Communications

- a. Letter dated May 11, 2020 from Jay Fiedler, MS, Director, Division of Emergency Preparedness and Response, Michigan Department of Health and Human Services (MDHHS) regarding Public Health Crisis Response funding

C. Murphy requested a correction to the April 22, 2020 BOH Minutes on page 4, third paragraph to read: *“C. Murphy asked why Michigan has more than twice as many deaths compared to several States with about the same number of cases but fewer deaths.”*

Motion made by B. Kellenberger and seconded by D. Washington to accept the Meeting Minutes B. 1. a., b. (corrected Minutes) and c., as well as Communications B. 2. a. and place on file. C. Partlo called the roll:

Board Member	Yes	No
B. DeLong	✓	
B. Kellenberger	✓	
C. Murphy	✓	
A. Petersen	✓	
D. Washington	✓	
G. Bailey	✓	

Motion carried 6-0.

C. PUBLIC COMMENTS: None.

D. BRANCH OFFICE EMPLOYEES: None.

E. COMMITTEE REPORTS:

1. Finance Committee – Bruce DeLong, Chairperson

a. MMDHD’s Expenses for April 11 through May 8, 2020

Motion made by B. DeLong and seconded by B. Kellenberger to approve payment of the MMDHD’s expenses for April 11 through May 8, 2020 in the amount of \$425,468.98. C. Partlo called the roll:

Board Member	Yes	No
B. DeLong	✓	
B. Kellenberger	✓	
C. Murphy	✓	
A. Petersen	✓	
D. Washington	✓	
G. Bailey	✓	

Motion carried 6-0.

b. MMDHD’s Monthly Balance Sheets, Revenue and Expenditure Reports for February, March, and April 2020

Motion made by B. DeLong and seconded by B. Kellenberger to approve and place the Balance Sheets, Revenue and Expenditure Reports for February, March, and April 2020 on file. C. Partlo called the roll:

Board Member	Yes	No
B. DeLong	✓	
B. Kellenberger	✓	
C. Murphy	✓	
A. Petersen	✓	
D. Washington	✓	
G. Bailey	✓	

Motion carried 6-0.

c. MMDHD FY 19/20 Budget Forecast

M. Selby commented that the agency was unsure regarding upcoming revenues once the agency’s full operations have been restored; however, she anticipated a loss of some revenue for FY 19/20. M. Cheatham added that in FY 20/21, there might be additional work for the agency to do regarding COVID-19; however, local demand for public health services could increase as well. He also stated that there could be an opportunity for the agency to obtain additional staff for contact tracing and public education regarding COVID-19. The agency will continue to follow developments and update the BOH.

D. Washington stated that he understands that COVID-19 is a big undertaking; however, he is wondering if there are other services that the agency could be looking at to provide in the future. M. Cheatham stated that the agency has been looking at new, innovative services and began providing the services of Community Health Workers. During this pandemic, staff have been busy and have not had an opportunity to focus on other services. A. Peterson asked for clarification that the agency would be adding staff next year. M. Cheatham indicated that local public health departments were approached by the State regarding potential funding to add additional staff. M. Cheatham said he told the State that the agency could add staff for contact tracing and public information if funding was provided.

d. FY 18/19 Audit, *Yeo & Yeo*

Ali Barnes, CPA from Yeo & Yeo reviewed the FY 18/19 Audited Financial Statements, including the Single Audit Report. She reviewed portions of the Financial Statements noting that the opinion given to MMDHD was an unmodified, clean audit opinion and there were no Federal findings in the Women, Infant, and Children’s (WIC) Program and the Family Planning (FP) Program reported in the Single Audit Report. She indicated that this year, she was required to test two programs, which is different than what had been done in the past. Ali Barnes discussed a few recommendations for management for improved operational processes.

Ali indicated that the agency had healthy cash balances when compared to liabilities. M. Selby added that she believed that the State would take back some of the agency’s Medicaid full cost reimbursement and was planning for that. Ali indicated that agency revenues were \$6.9 million, and expenditures were \$6.8 million; therefore, the agency was able to apply \$100,000 to fund balance. She indicated that was positive given that the agency’s future funding was uncertain. She reviewed the agency’s committed funds, noting that because the agency has several committed funds for specific purposes, that it showed forward thinking and planning for future expenses.

Motion made by B. DeLong and seconded by A. Petersen to accept the FY 18/19 Audited Financial Statements as proposed and place them on file. C. Partlo called the roll:

Board Member	Yes	No
B. DeLong	x	
B. Kellenberger	x	
C. Murphy	x	
A. Petersen	x	
D. Washington	x	
G. Bailey	x	

Motion carried 6-0.

e. Quotes for New Office Equipment

B. DeLong mentioned that after discussion, the Finance Committee recommended purchasing the fleet with light production equipment from Ricoh USA. M. Cheatham added that the agency would be saving over \$36,000 by switching vendors to Ricoh USA through the MiDeal Program and purchasing rather than leasing the equipment. The agency would also gain the ability to print their own brochures, publications, and business cards through the light production machine rather than outsourcing that work to a commercial printer. A. Petersen asked what the agency would have to

spend to obtain the savings. C. Partlo added that the savings with Ricoh USA is different than the agency's previous lease arrangements. With Ricoh USA, the agency pays for copies as used at the rate per machine. In the past, a specific quantity for copies was included, and the agency went over in color copies every year for the past five years. Additionally, C. Partlo indicated that the annual cost does not include the rebate amount of \$14,000 from Ricoh USA, which could be applied to anything. C. Partlo clarified that the purchase price would be amortized over 8 years. B. DeLong suggested adding the rebate amount to fund balance to be used for new equipment in 8 years.

A. Petersen asked if the agency has a half-million in fund balance for equipment. M. Cheatham confirmed that there was currently a \$489,000 fund balance for equipment. A. Petersen asked if the fund balance for equipment could be used for other things. M. Selby added that the equipment fund balance is designated to be used for significant expenses such as computers, servers, and new software. She indicated that the Board has the right to decide to move some of the funding if they choose. M. Selby suggested that maybe the fund should be renamed to technology fund. Additionally, M. Selby indicated that the agency has a total fund balance of \$2 million between committed and general which is one-third of the agency's \$6 million budget.

Motion made by B. DeLong and seconded by B. Kellenberger to authorize MMDHD to purchase the fleet equipment with the light production machine from Ricoh USA as proposed through the MiDeal Program. C. Partlo called the roll:

Board Member	Yes	No
B. DeLong	✓	
B. Kellenberger	✓	
C. Murphy	✓	
A. Petersen	✓	
D. Washington	✓	
G. Bailey	✓	

Motion carried 6-0.

2. Personnel Committee – Betty Kellenberger, Chairperson – No Report.
3. Program Committee – Dwight Washington, Chairperson – No Report.
4. Mid-Central Coordinating Committee – Dwight Washington, Chairperson – No Report.

F. MEDICAL DIRECTOR'S REPORT: Jennifer E. Morse, MD, MPH, FAAFP

1. Future of the COVID-19 Pandemic

Dr. Morse reported on the future of the COVID-19 Pandemic stating that the Centers for Infectious Disease Research and Policy (CIDRAP) looked at eight pandemics since the 1700s and compared them to COVID-19. She said that coronavirus has never caused a global pandemic before. She described some of the differences between pandemics, noting that seven of them had an early peak followed by a second peak around six months later, with some of the peaks being larger than the first peak. She indicated that some of the pandemics had smaller waves of cases over two years after the first wave. Only the H1N1 pandemic had a vaccine available about six months after the beginning of the

pandemic, which prevented many more cases. Dr. Morse reported that it could be about 18 to 24 months before the pandemic would end and about 60% to 70% of the worldwide population would need to be immune. A vaccine, when and if it becomes available, might help achieve the needed levels of immunity; however, would not be available for widespread use until next year. She noted that mass production of the vaccine was an issue and might delay availability.

Dr. Morse reported that CIDRAP proposes three possible scenarios: Scenario 1 – a first wave in the spring of 2020 followed by smaller waves for one to two years, gradually ending in 2022. Scenario 2 – a first wave in the spring of 2020, followed by a larger wave in fall/winter of 2020, which would require reinstitution of mitigation efforts. Scenario 3 – a first wave in the spring of 2020, followed by a slow burn of cases, varying by location for the next one to two years. She reported that it was likely that SARS-CoV-2 would join other seasonal coronaviruses and continue to circulate. Dr. Morse stated that her BOH Monthly Healthy Living Recommendations for June were taken from the CIDRAP report; noting that communities should plan for the worse – which is Scenario 2.

D. Washington commented that he believed that this pandemic was different than the others because of the availability of social media and the ability to get messaging to the public. He encouraged the health department to keep its website up to date with current messaging to connect with the public. He suggested using a warning system to help the public know their level of risk so that they can modify their behaviors. He also stated that the Clinton County courthouse had an exposure of COVID-19; as a result, he said there could be asymptomatic carriers for the next 11 days. Therefore, the courthouse needed to be on a higher level of warning than before the exposure. Dr. Morse replied that not everyone in the building was at risk for illness as not everyone in the building was a contact.

G. Bailey stated that he was hearing that the testing reveals carriers; if we have enough tests, people in the courthouse could be tested. Dr. Morse added that testing is not foolproof – people can be infected and test negative, people can test negative today and be infected tomorrow, and people can test positive for up to 60 days after being infected when they are really only contagious for about 10 days past symptom onset because the ribonucleic acid (RNA) is continuously present in their system. So, Dr. Morse indicated that testing positive does not necessarily mean a person is contagious. She said testing was helpful, but by testing negative, does not mean that a person was safe to return to work. She said the issue was a long and difficult discussion. B. Kellenberger commented that she had heard that the Centers for Disease Control and Prevention (CDC) indicated that testing was only accurate about 50% of the time. Dr. Morse reported that antibody testing with a low prevalence in the community caused false-positive results about 50% of the time.

In summary, she recommended people incorporate COVID-19 into their daily lives by wearing face masks, spatial distancing, and staying home whenever possible.

C. Murphy proposed that the agency explore using interns or medical students for contact tracing, or additional duties relating to COVID-19 response. M. Cheatham replied that the agency has used interns and medical students in the past, but currently was not using them.

Dr. Morse reviewed the BOH Monthly Healthy Living Recommendation for June:

1. States, territories, and tribal health authorities should plan for the worst-case scenario (Scenario 2), including no vaccine availability or herd immunity.
2. Government agencies and healthcare delivery organizations should develop strategies to ensure adequate protection for healthcare workers when disease incidence surges.

3. Government officials should develop concrete plans, including triggers for reinstating mitigation measures, for dealing with disease peaks when they occur.
4. Risk communication messaging from government officials should incorporate the concept that this pandemic will not be over soon, and that people need to be prepared for possible periodic resurgences of disease over the next 2 years. (See *COVID-19: The CIDRAP Viewpoint Part 2: Effective COVID-19 Crisis Communication* <https://www.cidrap.umn.edu/sites/default/files/public/downloads/cidrap-covid19-viewpoint-part2.pdf>)

Motion made by B. Kellenberger and seconded by D. Washington to approve the BOH Monthly Healthy Living Recommendation for June as proposed and approve the Medical Director’s Report as presented. C. Partlo called the roll:

Board Member	Yes	No
B. DeLong	✓	
B. Kellenberger	✓	
C. Murphy	✓	
A. Petersen	✓	
D. Washington	✓	
G. Bailey	✓	

Motion carried 6-0.

G. HEALTH OFFICER’S REPORT:

1. COVID-19 and the Impact on Immunizations

M. Cheatham stated that the document, *The Impact of Covid-19 on Immunization Coverage in Michigan*, came from the MDHHS. He indicated that MMDHD stopped doing almost all immunizations at the end of March, along with most other health departments. He reported that:

- Administration of non-influenza immunizations decreased 17% between January and April 2020;
- Orders to purchase vaccines were down 78%; and
- Overall vaccine coverage dropped from 59% to 57% with coverage dropping for 7-month old infants from 55% to 47% and only 37% of children on Medicaid have adequate coverage at this time.

He said that the State has asked the local health departments to restart their immunization programs on June 1, 2020. He reported that MMDHD was in the process of fit testing staff with N-95 masks to protect them as they begin providing immunizations.

2. MMDHD COVID-19 Activities for May

M. Cheatham reviewed activities that the agency has been doing for COVID-19 such as: 1) providing case investigation and contact tracing, 2) encouraging the public cooperate with emergency orders, 3)

participating in MDHHS's testing moonshot, 4) supporting long-term care and adult foster care facilities; 5) providing public outreach and housing for people impacted by COVID-19.

He reported that for contact tracing, MMDHD has processed 1,884 cases, and was currently monitoring 273 cases with 17 deaths across the district. He said contact tracing was a key activity in the State's plan for managing COVID-19.

Regarding encouraging the public to follow emergency orders, M. Cheatham stated that the agency has been heavily tested. He said that the agency continues to encourage the public to follow the Governor's emergency orders as new ones are introduced frequently. For reopening, businesses should follow the detailed guidance from the Michigan Economic Recovery Commission (MERC). He provided examples of requests received from the public to endorse the opening of community events and how the agency has responded. He commented that the agency has received complaints and law enforcement had been responding; however, in the future, law enforcement involvement would become less.

M. Cheatham provided an overview of the MDHHS's testing moonshot program directed by the Michigan State Police and National Guard, stating that it was the State's effort to get as many people tested for COVID-19 as possible, prioritizing long-term care facilities and jails. He reported that Rite Aid and Walmart were asked to launch drive-through testing sites in the district and they declined; however, he indicated Meijer was interested, so the agency would be working with them to set that up in Gratiot County as there are currently no drive-through testing sites there. He indicated that Sparrow Carson City has established drive-through testing. Additionally, MMDHD has provided support to long-term care facilities by:

- Assisting them with access to testing and personal protective equipment (PPE);
- Providing models of how they can communicate proactively with the public about their facility; and
- Helping them get access to the regional hub if they have lost the ability to care for their patients.

M. Cheatham reported that the agency assisted Schnepf's with housing and testing of eight individuals relocated due to the recent flooding in Saginaw.

Furthermore, he reported that MMDHD has also established sheltering; however, to date have not used those facilities. In Montcalm County, another group has been utilized for housing individuals impacted by COVID-19.

M. Cheatham reported that MMDHD received \$148,000 from the Federal Emergency Management Agency (FEMA), and that the MMDHD was successful in re-directing \$28,000 from a cross-jurisdictional sharing grant for improving statewide medical direction that had met its goals to now be used for learning how to reintroduce Immunization Programs during the COVID-19 pandemic. Additionally, the redirected funding would be used to assist health departments in preparing to administer a new COVID-19 vaccine once it becomes available.

C. Murphy asked what type of testing that Meijer would be doing. M. Cheatham replied that Meijer would be performing the Polymerase Chain Reaction (PCR) diagnostic test, not the serology (antibody) test. C. Murphy also asked if there had been any progress toward providing an antibody test within the district. M. Cheatham discussed the value of serology testing, stating that there were too many

unknowns regarding the testing, noting that the data was not helpful because immunity to COVID-19 was uncertain. He said that companies continue to push antibody tests; however, the results of those tests were being reported with PCR test results skewing the data and causing problems with the Michigan Disease Surveillance System (MDSS). He added there was no evidence that because you have had a positive serology test that you are immune to COVID-19 or how long immunity lasted. Dr. Morse mentioned that Clinton County has been conducting antibody testing along with the prison systems. She also stated that there were people who positively had COVID-19, but after receiving an antibody test, the results showed that they had not had it. She reported that manufacturers were releasing antibody testing without authorization, but the Food and Drug Administration (FDA) had now stopped that to control unauthorized tests; requiring manufacturers to show evidence of effectiveness and to obtain licensing.

3. Agreements Signed, April 17 through May 20, 2020

The topic was for information only.

4. Preparations for Reopening MMDHD Services

M. Cheatham provided an overview for reopening services at MMDHD stating that the agency planned to begin administering vaccines on Monday, June 1st following a model from the Counties using MERC guidance. He said that the agency's goal was to keep as many staff working from home as long as possible. The agency's WIC and Children's Special Health Care Services Programs were being offered remotely, and it was anticipated this would continue through July. He explained how the agency would now operate the Family Planning and Immunization Programs in the branch offices.

M. Cheatham reported that Environmental Health (EH) Specialists have been providing services since May 7th from their homes. He said that sneeze guards were being installed in the branch offices to protect EH staff when customers begin to purchase permits in person. Hand sanitizer was also made available at a few locations in each branch office. Emergency Order 2020-92 was written after the Board packet was completed; requiring a written plan before reopening that provides training to staff on COVID-19 and that a COVID-19 responsible supervisor be physically present at all times in the branch offices.

M. Cheatham mentioned that the agency's budget process has been delayed due to COVID-19; however, the management staff would now begin working on the agency's proposed budget for FY 20/21. He noted that he would begin meeting with County Administrators virtually to discuss the budgeting process. In summary, he added that good communication with the Counties was needed to minimize surprises.

5. Preparations for Availability of COVID-19 Vaccine

M. Cheatham mentioned that the State has indicated that the earliest the vaccine could arrive would be around the New Year. He mentioned that the vaccine was expected to be administered initially as a two-dose vaccine separated by 28 days. The vaccine would be rolled out in priority groups before the general public with local public health departments administering the vaccinations.

D. Washington asked how MMDHD would be working with the schools to reopen. M. Cheatham mentioned that the State has established a committee to address the reopening of schools. If the State requested involvement from local public health, MMDHD would get involved. As always, MMDHD stands ready to assist local intermediate school districts, if requested.

M. Cheatham provided an overview of the recently released website called the MI Safe Start Map (<https://mistartmap.info/>), an effort by the State to provide quantitative data to local jurisdictions on indicators of risk within their communities so decisions could be made on reopening. He mentioned that for rural counties, there was insufficient data points to use the dashboard quantitatively to make decisions on reopening.

Motion made by D. Washington and seconded by B. Kellenberger to approve the Health Officer’s report and place it on file. C. Partlo called the roll:

Board Member	Yes	No
B. DeLong	✓	
B. Kellenberger	✓	
C. Murphy	✓	
A. Petersen	✓	
D. Washington	✓	
G. Bailey	✓	

Motion carried 6-0.

H. OLD BUSINESS: None

I. NEW BUSINESS:

1. Emerging Issues – None

J. LEGISLATIVE ACTION: None

K. INFORMATIONAL ITEMS:

1. Mid-Michigan District BOH Action Items, April 2020

2. MMDHD Staffing Report

L. RELATED NEWS ARTICLES AND LINKS: – <https://www.mmdhd.org/2020-board-of-health/>

1. County Adheres To Restrictions While Preparing For Candidate Filings, *Gratiot County Herald*, April 15, 2020
2. No Deaths Yet In Gratiot As COVID-19 Continues To Spread, *Gratiot County Herald*, April 15, 2020
3. Interview With Pat Carr, *Lakeview Area News*, April 16, 2020
4. 4 Deaths At Senior Facility Reported, *Lansing State Journal*, April 16, 2020
5. COVID-19 Outbreaks Reported At 4 Area Care Facilities, *Lansing State Journal*, April 22, 2020
6. First COVID-19 Death Reported In Gratiot As Cases Slow, *Gratiot County Herald*, April 22, 2020
7. Kent County Revokes Court Order Which Said Possible COVID-19 Carriers Who Refuse To Isolate Can Be Detained, *Daily News*, April 22, 2020
8. 3 New Deaths Push Area Total To 23, *Lansing State Journal*, April 24, 2020
9. Local Medical Director: Michigan To Start Reporting ‘Probable’ Cases And Deaths Related To COVID-19, *Daily News*, April 24, 2020
10. 8 New COVID-19 Cases Reported In Greater Lansing, *Lansing State Journal*, April 26, 2020
11. COVID-19 Cases Hit Double-Digits In Gratiot County, *Gratiot County Herald*, April 30, 2020

12. Health Department Provides Briefing, *Gratiot County Herald*, April 29, 2020
13. Michigan is Flattening The Curve, But It's Not Business As Usual, *Daily News*, May 1, 2020
14. Virus Claims 3 More Lives In Lansing, *Lansing State Journal*, May 2, 2020
15. Greater Lansing Sees 1 More Case Of COVID-19, *Lansing State Journal*, May 4, 2020
16. 4 More COVID-19 Cases In Area, *Lansing State Journal*, May 5, 2020
17. Ingham: 14 Have Died From COVID-19, *Lansing State Journal*, May 6, 2020
18. Virus Linked To Death At Nursing Home, *Lansing State Journal*, May 6, 2020
19. Outbreak At Care Facility Doubles Gratiot's COVID-19 Cases, *Gratiot County Herald*, May 6, 2020
20. Political Messages? *Daily News*, May 7, 2020
21. COVID-19: Ingham Reports Toll Climbs To 37, *Lansing State Journal*, May 16, 2020
22. 7 Cases Total Reported At Masonic Pathways, *Morning Sun*, May 20, 2020

M. AGENCY NEWSLETTERS: None

In summary, G. Bailey mentioned that the meeting was positive and provided good information and feedback. He recommended as businesses decide to reopen that they abide by the guidance from the health department, the CDC, and MERC.

There being no further business to come before the Board, the meeting was adjourned at 10:56 a.m.

Respectfully Submitted,



Cynthia M. Partlo, Board Secretary
For George Bailey, Chairperson
Mid-Michigan District Board of Health