

SUMMARY OF STATE-SPECIFIC GOVERNMENT RESPONSE TO COVID-19 IN THE US 2020/2021

MICHIGAN

March 2023

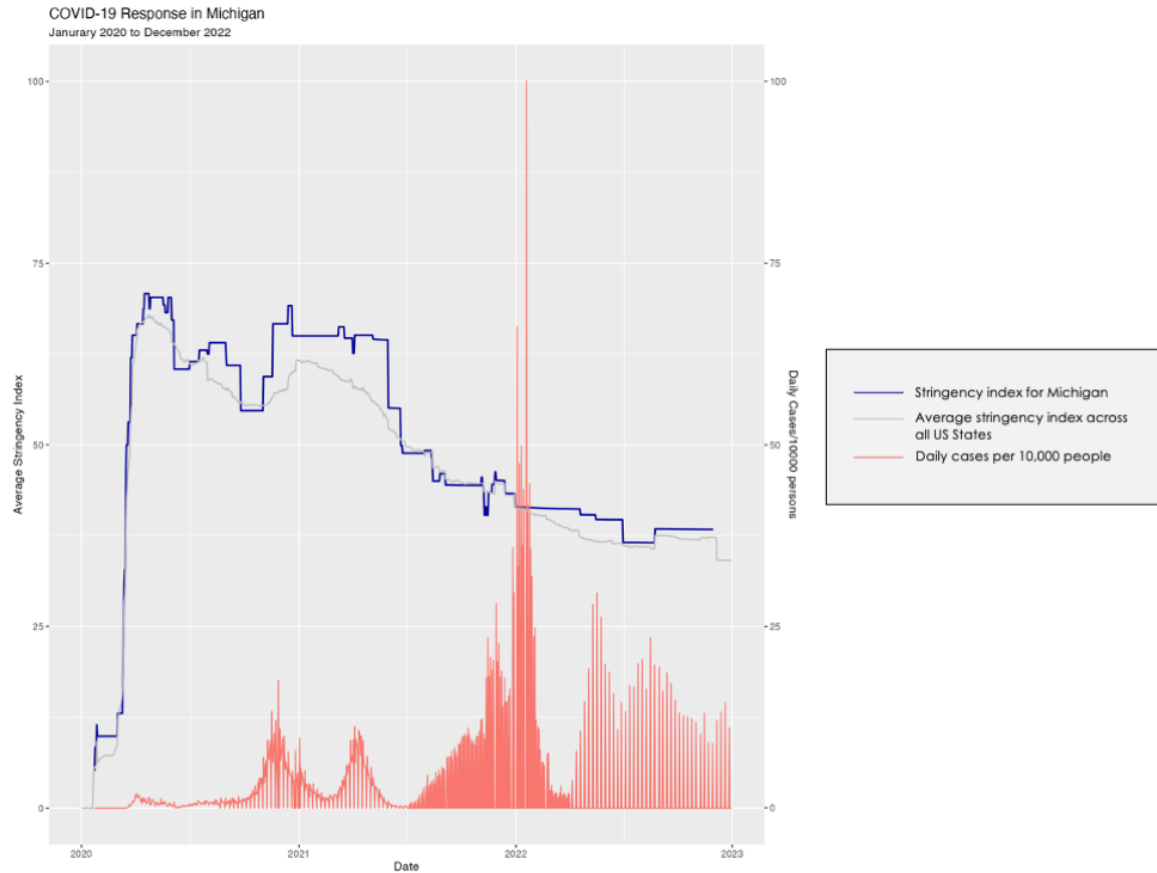
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Michigan

Summary of Government Response to COVID-19



COVID-19 Response in Michigan: Using the OxCGRT Stringency Index for Michigan (blue) and the average OxCGRT Stringency Index across all US states, the above shows the overall government response to COVID-19 in Michigan in comparison to the average US state response from January 2020 to December 2022. This also displays the number of daily cases per 10,000 people in Michigan (red).

Summary

Michigan first responded on the 24 of January in 2020 following its first suspected case of COVID-19. At the time, tests were only being conducted by the *Centers for Disease Control and Prevention* (CDC) several states away, therefore Michigan's first case was only confirmed days later. In response to the growing number of COVID-19 cases at the nationally level, the *Michigan Department of Health and Human Services* (MDHHS) activated the community health emergency center to support local and state responses to the outbreak. The state remained vigilant until mid-March 2020, and then, began enacting low levels of policy changes to reduce disease transmission. However, on March 16, 2020, the governor passed an executive order closing school buildings, restaurants, and other crowded venues like concert halls. This act marked the beginning of a lengthy response to

COVID-19 within the state of Michigan. Although many of the state's responses to the COVID-19 pandemic would largely come to an end by mid-2022, some of the effects of these policies like a bolstered health communications network and a battle-hardened public health system are still present today.

Closure and Containment

C1: School closures

C1 records closings of schools and universities and is measured as 0 (no measures), 1 (recommend closing or all schools open with alterations resulting in significant differences compared to non-Covid-19 operations), 2 (require closing only some levels or categories, e.g., just high school, or just public schools), or 3 (require closing all levels).

School closure policies became active on March 16, 2020, by a government executive order to close primary and secondary schools. At this time, public universities had already suspended in-person teaching. However, private universities were still allowed to remain open and continue in-person lessons. This level of school closure remained in effect until August 31, 2020, when major public universities and k-12 schools indicated that they would reopen for in-person classes. During that first term, schools used targeted policies such as limited class sizes and masking to help reduce the spread of the disease. However, on November 18, 2020, MDHHS made changes to the rule allowing in-person learning to a policy that restricted in-person learning for universities and high schools, but students from Pre-K to 8th grade were still allowed to have in-person learning. This policy would remain in place until 21 December 2020 when the state government began a "cautious reopening" plan allowing universities and high schools to reopen with restrictions. However, many schools elected to remain closed through the remainder of the 2020-2021 school year.

In anticipation of the 2021-2022 school year, on June 25, 2021, MDHHS released guidelines for safely reopening schools which included changes to operating procedures, encouragement of vaccinations, and hosting in-person teaching. In addition, as of August 13, 2021, many universities required students and staff to remain masked while in person regardless of vaccination status. On August 27, 2021, several universities required COVID-19 vaccinations for the Fall 2021 semester. Approaching the end of the year 2021 holiday season, many schools closed and reopened as they felt necessary in response to rising case numbers. Beginning March 2022, restrictions on masking requirements began to expire and many K-12 schools started dropping the act. At the university level, mask and vaccine requirements would remain in place until Michigan State University - one of the largest public universities in the state - dropped its mask mandate on May 16, 2022. Other universities soon followed, lifting their masking requirements as the school year ended. Nevertheless, vaccine requirements

(influencing booster shots) remained in effect for the university. Currently, the same policy remains for schools throughout the state of Michigan.

C2: Workplace closures

C2 records closings of workplaces and is measured as 0 (no measures), 1 (recommend closing or recommend work from home or all businesses open with alterations resulting in significant differences compared to non-Covid-19 operations), 2 (require closing or work from home for some sectors or categories of workers), or 3 (require closing or work from home for all-but-essential workplaces, e.g., grocery stores, doctors).

Beginning on March 16, 2020, by the governor's executive order, multiple businesses such as restaurants, coffeehouses, libraries, gyms, and cinemas were directed to close. On March 24, 2020, the order escalated to include all other businesses except for those necessary to sustain life such as critical infrastructure, healthcare, and law enforcement. In addition, it was strongly encouraged that non-essential workers remain at home unless necessary to leave. This restriction remained in effect until April 24, 2020, when Governor Gretchen Whitmer extended the stay-at-home order but loosened restrictions on businesses that were able to operate while following social distancing guidelines (i.e., primarily outdoor businesses like garden and landscaping businesses, bicycle maintenance shops and maintenance work). In the upper peninsula (the UP) of Michigan, some bars and restaurants were permitted to reopen on May 22, 2020. On June 1, 2020, the previous executive order restricting businesses in all but the most essential cases ended. Workers who could not do work from home, were allowed to return to the office. However, businesses that involved close contact with other people such as theaters, beauty salons, and tattoo parlors were required to remain closed.

These general restrictions would remain in effect for most of 2020 with minor changes based on considerations of occupancies within stores and indoor vs. outdoor operations. On September 25, 2020, the governor allowed cinemas and theaters to finally resume operations. To help ensure the safety of employees and patrons, the state required businesses to implement public health measures such as social distancing, mask requirements, and frequent sanitation. Given the increased number of COVID-19 cases as the holiday season approached, on November 18, 2020, the state enacted several changes that forced entertainment venues like gyms, restaurants, and theaters/cinemas to close. This policy remained in effect for several months with minor changes consistent with the 2020 changes, such as the ability for restaurants to be able to operate if they followed state guidelines such as masks and occupancy requirements. On June 1, 2021, the government announced that in-person work could resume at 55% occupancy for employees 16 and older with at least one dose of the COVID-19 vaccine. After this last policy change, the state deferred to federal guidelines for work closure, allowing a near-total return to the workplace for everyone.

C3: Cancel public events

C3 records cancelling public events and is measured as 0 (no measures), 1 (recommend cancelling), or 2 (require cancelling).

On March 11, 2020, Governor Gretchen Whitmer recommended residents to cancel large events and gatherings. This recommendation was upgraded to an executive order to close all places of public amusement, such as theaters, concert venues, and bars, on March 16, 2020. This policy would remain in effect – with some circumstantial exceptions such as bars in the UP – until June 5, 2020, when public events were once again, allowed under capacity limitations. On August 3, 2020, using an executive order, the governor further limited gathering capacities to 10 people for indoor venues and 100 people for outdoor venues. A pattern of lighter and lighter restrictions followed for the next few months until November 18, 2020, when the department of health and human services made several changes state-wide restricting all indoor non-residential gatherings and limiting outdoor gatherings and events to a maximum of only 20 people. This policy was further clarified to specify entertainment venues like roller rinks, theaters, and banquet halls on December 9, 2020, and would remain in effect until December 21, 2020, when the health department initiated a “cautious reopening” plan.

Under this plan, in the early months of 2021, many restrictions on congregating outside of one's household began to ease, with occupancy limitations. For instance, on January 22, 2021, entertainment venues were allowed to operate at 20% capacity. This and other capacity-based policies would remain the norm until June 1, 2021, when all the policies restricting outdoor events, and gatherings, expired. No new policies restricting public events have since gone into effect.

C4: Restrictions on gatherings

C4 records limits on gathering and is measured as 0 (no restrictions), 1 (restrictions on very large gatherings where the limit is above 1000 people), 2 (restrictions on gatherings between 101-1000 people), 3 (restrictions on gatherings between 11-100 people), or 4 (restrictions on gatherings of 10 people or less).

Like the policies restricting gatherings at events, policies targeting gatherings started on March 2020. On the 13th, an executive order from the Governor of Michigan stated that all assemblages of 250 or more people in a shared space were now prohibited with exceptions for essential. On March 14, 2020, another executive order was issued restricting visitations to community living facilities such as senior residence homes and juvenile justice facilities. On March 17, 2020, another executive order was issued, amending the order on the 13th, to limit all gatherings (indoor and outdoor) to a maximum of 50 people. Policies restricting gathering further escalated on March 24, 2020

when all public and private gatherings of any size outside of one's immediate family unit were prohibited with only limited exceptions.

The policy, that prohibited non-household members from gathering, remained in effect for several months until it was initially loosened on June 5, 2020 with restrictions. Notably, indoor gatherings could not exceed 50 people (250 people for outdoor gatherings) and people would have to maintain 6 feet (~2 meters) distance from each other. This new policy would remain the norm throughout the summer until July 31, 2020, when the state once again restricted all indoor gatherings to 10 people and outdoor gatherings to 100 people; However, residents in the "UP" area were exempt from this rule and allowed to continue gathering up to 250 people outdoors. The policy would remain unchanged until March 19, 2021, when the department of health and human services changed gathering guidelines, allowing up to 25 people for indoor gatherings and up to 300 people for outdoor gatherings with some restrictions. Finally, on June 22, 2021, the governor announced that all restrictions on gatherings would be lifted and capacity limits for both indoor and outdoor settings were increased to 100% regardless of vaccine status and face masks. No new policies restricting gatherings have since gone into effect.

C5: Public transport closures

C5 records the closing of public transport and is measured as 0 (no measures), 1 (recommend closing or significantly reduce volume/route/means of transport available), or 2 (require closing or prohibit most citizens from using it).

Restrictions on public transit began on March 17, 2020 when the *Detroit Department of Transportation (DDOT)* reduced its weekly schedule and suspended some routes. DDOT would go on to suspend its Qline streetcar service on March 29, 2020. This policy limiting the number of routes would remain unchanged until June 8, 2020, when DDOT modified its service to limit overcrowding on high-frequency routes. This policy would essentially remain the same – with some minor changes to guidelines making it easier to maintain social distancing – until it was ultimately removed on June 1, 2021. No new policies affecting transport have since gone into effect.

C6: Stay-at-home requirements

C6 records orders to "shelter-in-place" and otherwise confine to the home and is measured as 0 (no measures), 1 (recommend not leaving house), 2 (require not leaving house with exceptions for daily exercise, grocery shopping, and 'essential' trips), or 3 (require not leaving house with minimal exceptions, e.g., allowed to leave once a week, or only one person can leave at a time, etc).

Stay-at-home requirements followed a similar pattern to the workplace closures and restrictions on gatherings. On March 11, 2020, the governor

recommended Michigan residents cancel large events, work remotely, and limit travel as much as possible. This recommendation was upgraded to an executive order on March 24, 2020, requiring all Michigan residents to stay-at-home or place of residence with exceptions: outdoor activities with social distancing, essential workers and to obtain life sustaining supplies such as food.

On May 18, 2020, residents of the state living in the UP area were given some additional freedoms outside of the house: social gatherings of 10 people or less. Restrictions for the lower Michigan residents remained largely unchanged. Then, on May 21, 2020, restrictions on social gatherings outside of the house were loosened for the entire state allowing for gatherings in groups of 10 or fewer. This would remain the primary policy for stay-at-home requirements until the policy was effectively ended on January 13, 2021.

C7: Restrictions on internal movement

C7 records restrictions on internal movement between states and is measured as 0 (no measures), 1 (recommend not to travel between states), or 2 (internal movement restrictions in place).

Restrictions on internal movement were relatively short-lived compared to other restrictions and policies in Michigan. The first policy restricting movement within the state began on March 24, 2020, where the guidelines for the stay-at-home order were clarified. This policy – which was outlined in the executive order for the stay-at-home order – states that residents of the state are banned from traveling except to return to their place of residence from outside the state, to leave the state for a residence elsewhere, to travel between residents within the state, and as required by law enforcement or court order. This policy would remain in effect until June 1, 2020, when the government ended restrictions on the movement of all people. It was recommended that high-risk individuals avoid leaving their places of residence.

On March 9, 2021, a slight amendment to the existing policy was made recommending that all Michigan residents (not just those at high risk) avoid travel if possible. However, by June 1, 2021, all restrictions on internal movement were lifted.

C8: International travel controls

C8 records restrictions on international travel for foreign travellers (not citizens) and is measured as 0 (no restrictions), 1 (screening arrivals), 2 (quarantine arrivals from some or all regions), 3 (ban arrivals from some regions), or 4 (ban on all regions or total border closure).

Most policies involving international travel were made at the federal level, so there were not many instances where Michigan had to act as an individual state and enact its own policies.

At the state level, some policies on international travel began as early as January 28, 2020, when the Detroit International Airport started to screen passengers for COVID-19 in conjunction with the Centers for Disease Control and Prevention. In addition, on March 20, 2020, travel through land ports of entry and ferry along the Michigan part of the US-Canada border were limited to “essential travel”. This policy of screening and restricted travel except for essential travel would remain in effect until January 5, 2021, when all international travel controls appeared to have been handed over to the federal government.

Economic Response

The indicators for economic policies measured the policies that provided economic support from the state government in response to the COVID-19 pandemic. The economic indicators recorded at the subnational level in the US were E1 and E2, which are measured on an ordinal scale without a flag indicating the geographic scope.

E1: Income support

E1 records if the government is providing direct cash payments to people who lose their jobs or cannot work and is measured as 0 (no income support), 1 (government is replacing less than 50% of lost salary or if a flat sum, that is less than 50% median salary), or 2 (government is replacing 50% or more of lost salary or if a flat sum, that is greater than 50% median salary).

There were relatively few income support policies implemented by the state, as many programs were introduced by the federal government to help offset income loss because of COVID-19 lockdowns. Nevertheless, the state still implemented one key policy that helped residents maintain their income.

On March 16, 2020, the state government expanded unemployment benefits to include individuals who, under normal circumstances, would not qualify. This included those who had childcare responsibilities due to school closures, those who were forced to care for loved ones who became ill, those who were laid off due to staffing reductions at this time, and those who became sick while employed but did not have access to paid medical leave. On March 30, 2020, the state expanded the unemployment insurance policy to include self-employed workers and independent contractors who normally do not receive unemployment benefits. In addition to federal augmentations to unemployment insurance payments, on September 10, 2020, the state announced additional lost wage support of \$300 per week for all qualifying Michigan residents. These policies remained in effect until September 4, 2021, when the laws were allowed to expire.

E2: Debt/contract relief

E2 records if the government is freezing financial obligations for households (e.g., stopping loan repayments, preventing services like water from stopping, or banning evictions) and is measured as 0 (no debt/contract relief), 1 (narrow relief, specific to one kind of contract), or 2 (broad debt/contract relief).

On March 20, 2020, a new policy was put into place temporarily prohibiting the removal of renters or tenants from their place of residence, even if they were delinquent on their rent or mortgage. In addition to this policy, on March 28, 2020, another policy compelled public utilities such as gas and water to ensure supply to Michigan residents, even if they were delinquent on payment. Though some changes were made to the legal framework of the policies and additional funding sources were made available to landlords and utilities to recoup lost funds, policies making it more difficult to evict tenants and shut off utilities appear to remain in effect as of December 2022. Though, this was, in part, due to funding from the federal government through the CARES act in 2022.

Public Health Responses

The public health response indicators recorded health system responses to the COVID-19 pandemic. The indicators recorded at the subnational level in the US were H1, H2, H3, H6, H7, and H8. The geographic scope of these policies was marked by an ordinal flag for indicators H1, H6, and H8. Differentiated policies, or policies that were specifically directed at those vaccinated or unvaccinated, are indicated when flagged as 'Vaccinated' or 'Non-Vaccinated' for indicators H6 and H8.

H1: Public information campaigns

H1 records the presence of public info campaigns and is measured as 0 (no Covid-19 public information campaign), 1 (public officials urging caution about Covid-19), or 2 (coordinated public information campaign, e.g., across traditional and social media). As early as January 24, 2020, MDHHS released a statement advising medical providers to remain vigilant when screening patients for symptoms and to contact their local health departments if they saw a potential case. Shortly thereafter, on February 3, 2020, MDHHS released a statement to the larger public acknowledging the potential threat associated with COVID-19. In anticipation of cases within the state, on March 10, 2020, the State Emergency Operation Center (SEOC) activated a joint information center, coordinating state communications efforts to make information dissemination to the public easier. Following this, on March 12, 2020, after the governor announced new measures throughout the state to curb the spread of the disease, a widespread information campaign from health officials began. These campaigns included the use of social media posts from MDHHS to help spread information and to help circulate changing guidelines.

The strategy of using social media in addition to other traditional media outlets would remain the norm throughout the pandemic. Other campaigns like the “Spread Hope, Not COVID” campaign on September 14, 2020 emerged. These different campaigns all worked towards better equipping the public with knowledge so that they would remain as well informed as possible throughout the ever-changing situation. In addition, once vaccines became available in late 2020 and early 2021, MDHHS used its reach to inform the public about the vaccine, basic information about how they work to combat misinformation, and vaccine availability.

H2: Testing policy

H2 records government policy on who has access to testing and is measured as 0 (no testing policy), 1 (only those who both have symptoms AND meet specific criteria, e.g., key workers, admitted to hospital, encountered a known case, returned from overseas), 2 (testing of anyone showing Covid-19 symptoms), or 3 (open public testing, e.g., "drive through" testing available to asymptomatic people).

Though the state did not begin setting its own guidelines until later, state and local health officials began working with the CDC by February 28, 2020, to monitor the spread of the disease. Michigan officials later went on to expand COVID-19 testing criteria beyond the narrow standards set by the CDC beforehand on April 14, 2020. With these new guidelines, all hospitalized patients, symptomatic healthcare workers, and other potentially vulnerable populations like the elderly were allowed to get tested for COVID-19. On May 26, 2020, MDHHS expanded its criteria for testing once again, now including people without obvious symptoms who are prioritized by local health departments for any reason and asymptomatic people who need to leave their homes for work (i.e. essential workers like grocery store employees, factory workers, etc.).

As restrictions changed throughout the year, gradually, residents began meeting the criteria for COVID testing. To keep up with the demand for more tests, on February 2, 2021, the MDHHS authorized anyone with appropriate training to collect and process COVID tests. This new policy further authorized facilities to provide test results directly to the individual who was tested. On March 20, 2021, MDHHS encouraged anyone meeting existing testing criteria to get tested, and that free testing would be widely available. Ultimately, MDHHS made testing available to everyone regardless of symptoms on May 17, 2021.

H3: Contact tracing

H3 records government policy on contact tracing after a positive diagnosis and is measured as 0 (no contact tracing), 1 (limited contact tracing; not done for all cases), or 2 (comprehensive contact tracing; done for all identified cases).

Contact tracing began, though somewhat loosely, on March 10, 2020, following the first presumptive positive COVID test in Michigan. At this time, cases were monitored through traditional channels, following similar protocols within local health departments to other respiratory diseases. On April 20, 2020, in response to a rising number of cases, MDHHS launched a large-scale volunteer contact tracing program, and more than 2,200 volunteers were trained. As time went on, new COVID-specific contact tracing policies which correlated better with the progression of the disease were developed. Despite these changes and improvements to the existing contact tracing mechanisms, the system remained chronically underfunded, leading the Chief Medical Executive of the state to remark that contact tracers were only able to reach about 70% of those who tested positive in the summer of 2020.

On November 2, 2020, the state government granted MDHHS the power to enhance its contact tracing efforts. With this new authority, on November 18, 2020, the MDHHS made several state-wide changes requiring gatherings to comply with contact tracing mandates. These policies remained relatively unchanged until February 8, 2021, when MDHHS became stricter on contact tracing policy compliance for businesses. Before contact tracing policies came to an end, MDHHS implemented several tools to make contact tracing easier, especially as case numbers rose due to new COVID variants. However, intensive contact tracing came to an end on July 1, 2022, and does not appear to have resumed since then.

H6: Facial Coverings

H6 records policies on the use of facial coverings outside the home and is measured as 0 (no policy), 1 (recommended mask wearing), 2 (required in some specified shared/public spaces outside the home with other people present, or some situations when social distancing not possible), 3 (required in all shared/public spaces outside the home with other people present or all situations when social distancing not possible), or 4 (required outside the home at all times regardless of location or presence of other people).

The state government did not put any facial covering policies into effect until April 24, 2020, when the governor released an executive order requiring facial coverings of any kind; However, the government recommended that non-essential workers wear homemade facial coverings instead of medical-grade masks due to limited supplies. In addition, people were required to wear facial coverings when they were in enclosed public spaces, but coverings were not necessary (though suggested) when outdoors while following social distancing guidelines. Facial covering requirements were expanded to include children ages 2 and above on April 19, 2021.

The policy requiring masks by anyone ages 2 and above remained in effect until they were softened on June 1, 2021. Under the new guidelines, masks were no longer required outdoors and people who had been

vaccinated were no longer required to wear masks indoors. Nevertheless, the MDHHS still recommended the use of masks, even for those who were fully vaccinated. From there, masking requirements loosened further on June 22, 2021, when the MDHHS dropped the state-wide masking requirements. There were still situations where MDHHS suggested people wear masks, but it would no longer be a requirement of the state. However, some larger counties, like Wayne County which houses Detroit, still required non-vaccinated people to wear masks in public buildings.

In addition, many school districts including many of the state's large universities continued with a stricter masking policy, regardless of vaccination status. Many of those universities would retain stricter masking policies until Michigan State University switched to a recommended masking policy, rather than a required mask policy on April 20, 2022. Since then, no significant changes in policy have been made and the state continues its masking recommendation policy to this day.

H7: Vaccination policy

H7 records policies for vaccine delivery for different groups 0 (no availability), 1 (availability for ONE of following: key workers/clinically vulnerable groups that are non elderly/ elderly groups), 2 (availability for TWO of following: key workers/clinically vulnerable groups that are non elderly/elderly groups), 3 (availability for ALL of following: key workers/clinically vulnerable groups that are non-elderly/elderly groups), 4 (availability for all three plus partial additional availability for select broad groups/ages), or 5 (universal availability).

Vaccine policies went into effect on December 14, 2020, shortly after full FDA approval for the first COVID-19 vaccine. On that day, MDHHS announced that it would be providing the first vaccines for frontline healthcare workers and residents of long-term care facilities. As more doses of the vaccine became available, the state put into effect a plan to gradually make the vaccine available to everyone based on their risk of exposure as well as other factors. According to that plan, on January 11, 2021, teachers were allowed to receive the vaccine; on January 25, 2021, the elderly and various essential workers like correctional staff were allowed to receive the vaccine as well.

On March 9, 2021, the state allowed anyone over the age of 50 to receive one of the three available vaccines: Pfizer, Moderna, or Johnson & Johnson. On March 22, 2021, this was later expanded to include anyone 16 years or older with certain medical conditions or who were at risk of COVID-related complications. Finally, on April 5, 2021, all Michigan residents ages 16 and above, regardless of medical conditions, were allowed to receive vaccines; However, providers were encouraged to still prioritize residents based on their risk (i.e., healthcare workers, the elderly, schoolteachers, etc.). The policy remains in effect today and has expanded to include progressively younger groups of children, as FDA approvals for each age

group were gradually announced. As of October 27, 2022, everyone 6 months and older are eligible to receive a least the initial series of COVID-19 vaccinations, and everyone ages 5 and above are eligible for booster shots as well.

H8: Protection of elderly people

H8 records policies for protecting elderly people (as defined locally) in Long Term Care Facilities and/or the community and home setting. This is measured as 0 (no measures), 1 (recommended isolation, hygiene, and visitor restriction measures in LTCFs and/or elderly people to stay-at-home), 2 (narrow restrictions for isolation, hygiene in LTCFs, some limitations on external visitors and/or restrictions protecting elderly people at home), or 3 (extensive restrictions for isolation and hygiene in LTCFs, all non-essential external visitors prohibited, and/or all elderly people required to stay-at-home and not leave the home with minimal exceptions, and receive no external visitors).

Beginning on March 14, 2020, by order of the Governor, all residential care facilities including elder care facilities were required to restrict all visitors. Non-residents essential to the daily functions of the facility were also required to undergo regular health evaluations upon re-entry to screen for COVID. On April 16, 2020, the Governor went on to order all residential care facilities to cancel all communal dining and other internal or external group activities. Guidelines became stricter on May 20, 2020, when the government issued a new policy requiring employees of care facilities who test positive or otherwise are exhibiting one or more symptoms related to COVID to stay-at-home. Facilities were also required to make best efforts to provide personal protective equipment for staff and residents.

In the summer of 2020, the MDHHS requested nursing home facilities to create and implement a testing policy on residents to better identify and quarantine patients with COVID. This policy remained in effect until it was expanded upon on October 6, 2020, by the MDHHS, when they created a more comprehensive process to ensure the health and safety of residents and staff at elder care facilities. Once the new guidelines were in place, little changed in terms of elder care policy until guidelines were updated once again on March 10, 2021. Under the new guidelines, the facilities could allow reasonable visitations for all residents regardless of vaccination status. However, specific guidelines based on the level of spread and number of infected residents within the facility were also put into effect. As time went on, restrictions loosened slightly, making it easier for residential care facilities to safely receive visitors.

As of late 2022, there have been no significant changes to policy regarding protections for the elderly. However, guidelines for residential care facilities remain notably stricter for these facilities than for most of the larger public.

Vaccine Policies

The vaccine indicators record vaccination policies regarding the distribution of vaccines and vaccine mandates. This is recorded as V1-V4 and includes a state's prioritisation list, eligible groups, cost of vaccination to the individual, and the presence of a vaccine mandate. These indicators do not include a flag for geographic scope.

V1: Vaccine Prioritisation

V1 records the ranked position for different groups within a state's prioritisation plan when vaccines resources were too scarce for universal availability. Groups are ranked on an ordinal scale, the number represents the rank of prioritisation, and equal-ranked categories share the same number.

Vaccines first became available in December 2020, and several of the most at risk people were given top priority to receive initial doses, beginning with workers at healthcare facilities and the elderly. Gradually, additional groups were added to the prioritization list as more doses were made available and the most vulnerable people started to become fully vaccinated. Ultimately, vaccines were made universally available to adults (and later children) on April 5, 2021.

V2: Vaccine Availability

V2 records when categories of people – regardless of their position in a prioritised rollout plan – receive vaccines. This is measured as 0 (vaccines are not being made available to this category) or 1 (vaccines are being made available to this category).

Vaccines became available to Michigan residents based on the prioritization scheme outlined by the state on December 14, 2020. According to this scheme, vaccines were made available first to the most at-risk individuals then, as more doses became available, new people were allowed to receive the vaccine until universal availability was achieved by mid-2021.

V3: Vaccine Financial Support

All vaccines were government-funded at the federal-level across the US.

V4: Mandatory Vaccination

V4 measures the existence of a requirement to be vaccinated and is measured as 0 (no requirement to be vaccinated) or 1 (requirement to be vaccinated).



Though some companies made vaccination a condition of employment, vaccinations were never made compulsory for Michigan residents by the state.