Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

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Missouri's Public Health Response to COVID-19:

# Key Findings and Recommendations for State Action and Investment

September 2021

## Executive Summary

This report from the study, *Strengthening Missouri's Capacity to Respond to Public Health Crises*, summarizes key findings that are relevant to strengthening the state's and local public health agencies' (LPHAs) capacity to respond to future public health crises. With funding from Missouri Foundation for Health, a George Washington University study team conducted 138 stakeholder interviews within public health and other sectors involved in the COVID-19 response, revealing several key opportunities for the Missouri Department of Health and Senior Services (DHSS). Missouri, like many other states, faced great challenges in responding to the COVID-19 pandemic. Missouri now has a singular opportunity to build stronger public health agencies at state and local levels with unprecedented amounts of funding from the federal government. Among the key findings and recommendations are:

**Ability to collect and analyze data associated with an infectious disease outbreak was severely lacking.**

- The sufficiency and accuracy of state data was called into question on many occasions.
- LPHAs had limited capacity and resources to undertake and sustain surveillance activities and contact tracing.
- The rollout of testing was delayed and the state's testing protocols were confusing for LPHAs. Many LPHAs did not have the capacity or staffing to manage the level of testing needed.
- LPHAs were challenged with tracking vaccine distribution from the state and resorted to local and regional "bartering systems" for redistribution.

**Past emergency response experience and planning were not fully leveraged during the pandemic.**

- There is tremendous variation in training, skills, and capacity across LPHAs, with many lacking the fundamental infrastructure and expertise to mount an effective emergency response.
- Coordination between emergency response officials and public health officials was often lacking or disjointed. Informal channels of communication were often used to compensate.
- The state uses a Highway Patrol map to define the health regions of the state. This does not align with public health or health care infrastructure, nor does it reflect the population, and was therefore not useful for pandemic response and coordination.
- The health care sector (primarily hospitals and community health centers) took on significant public health functions, ranging from standing up testing programs and doing limited contact tracing to organizing vaccine clinics and redistribution.
- LPHAs reported difficulties surging their workforce to respond to the pandemic.

**The state's commitment to financing public health is among the lowest in the country.**

- Historically, Missouri has depended disproportionately on federal funds to support public health functions. Those funds are often categorical in nature, i.e., tied to specific programs or services, thus limiting the state's (and LPHAs') ability to establish a public health workforce that can adequately carry out core public health functions or be responsive to emergent needs.

- Federal pass-through dollars for pandemic response, such as CARES Act funding meant to support LPHAs, was sent to county officials, rather than directly to LPHAs. In a number of key instances, funds for pandemic response never reached LPHAs, which undermined their ability to respond.

**Consistent guidance regarding public health mitigation measures against COVID-19 was lacking from the state, and complex local governance structures resulted in inconsistent guidance and policy at the local level.**

- LPHAs were left without guidance on many issues, such as masking and school attendance, leading to different practices among neighboring municipalities and counties; LPHAs did not see the state as a resource for resolving these differences.
- The state did not consult with LPHAs on pandemic response decisions, thus missing an opportunity to get on-the-ground expertise and assess potential implementation challenges.
- The variable legal authority and governance structures of LPHAs further contributed to confusion around the pandemic response.

## KEY RECOMMENDATIONS FOR STRENGTHENING PUBLIC HEALTH INFRASTRUCTURE IN MISSOURI

| Recommendation: | | The State of Missouri Should: |
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| 1 | Provide financial support and technical assistance for public health accreditation. | Create a special fund to provide technical assistance for LPHAs to assess readiness for accreditation via the Public Health Accreditation Board, identify costs to close gaps, and cover fees associated with the accreditation application process. |
| 2 | Prioritize equity. | Expand funding, staff, and other supports to help LPHAs integrate equity principles into data collection and reporting and community engagement (i.e., trust building, links to social services). Increase workforce and funding for the Office of Minority Health. |
| 3 | Build a modernized surveillance system. | Build a modernized system and provide LPHAs or regional bodies with hardware and software to manage the system, consistent with federal standards. |
| 4 | Create regional coordinating bodies. | Incentivize and support greater formal sharing of staffing and services among smaller LPHAs, with a lead public health agency designated to convene and coordinate, designed to develop and strengthen all foundational public health capabilities. |
| 5 | Bolster the public health workforce. | Support workforce development through equitable recruiting, hiring, and promotion practices; new training programs; enhanced salaries for LPHA leaders with advanced training; and deploy skilled staff within regions. |
| 6 | Ensure equitable public health funding across the state. | Provide a minimum level of funding for LPHAs, linked to delivery of foundational public health services and an equity analysis incorporating social vulnerability, and ensure that public health money flows directly to LPHAs. |
| 7 | Clarify LPHA governance structure and authorities. | Commission legal analysis to create greater consistency in decision making and oversight across LPHA governance and financing. |
| 8 | Harmonize policy development. | Ensure consistent policies across jurisdictions for public health prevention and mitigation measures. DHSS should establish and adhere to protocols for consultation with LPHAs on new policies during emergencies. |

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