

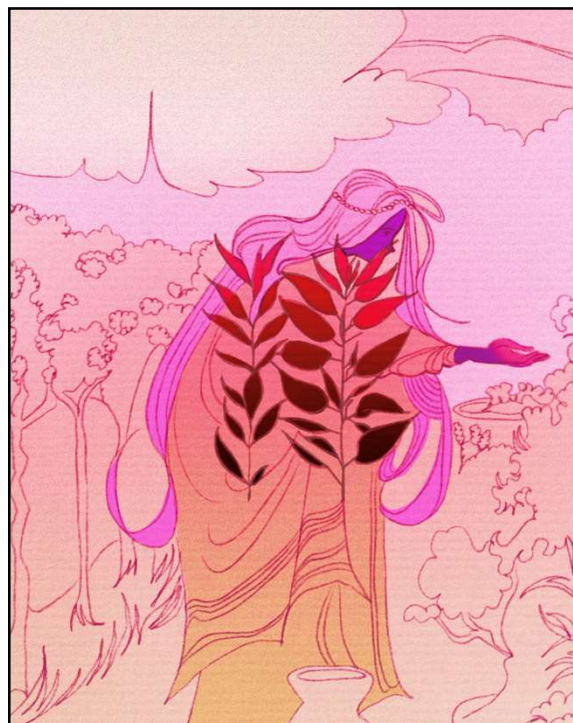


MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

Taking Public Vaccine Strategy Personally: *Reconciling Suffering, Trust, & Our Health Information Blunders*

Heidi B. Miller, MD
Chief Medical Officer, MO Dept of Health & Sr Services

NAIIS Summit
5/19/2026



Perspective

- National Strategy
- State Public Health & Policy
- Clinical Primary Care

@calebauer

Agenda

Deconstructing the Current Divide

1. Providers

Our Culpability

2. Patients

Navigating Cacophony

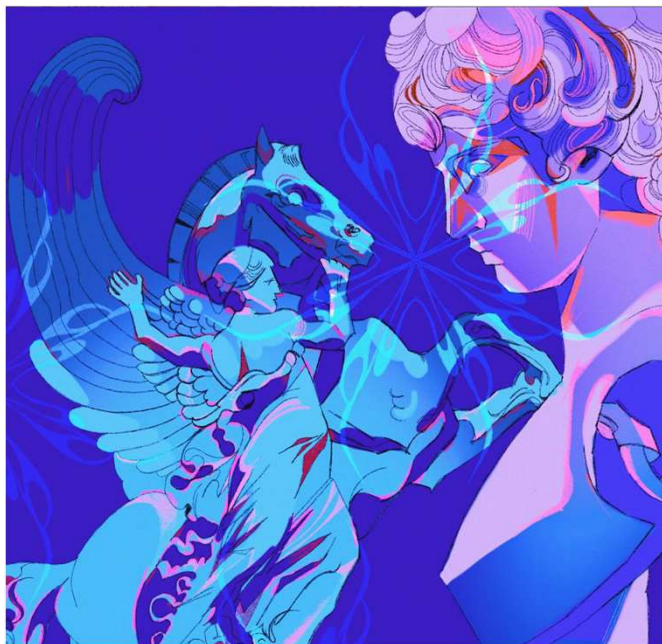
3. Policymakers

Governing Clinical Uncertainty

Path Forward

4. Power Recalibrated

Action Steps



Thank you to the artist @calebauer

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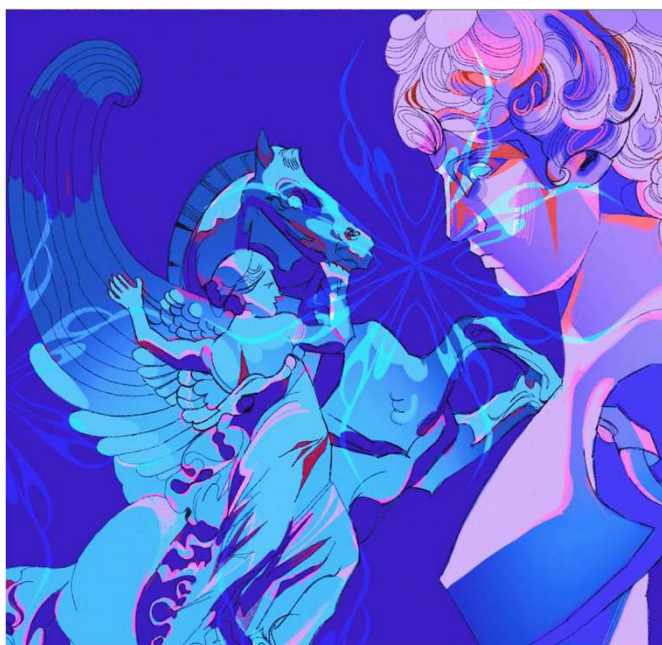
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1. Providers

Our Culpability

- **Power**
- **Arrogance**
- **Impotence**



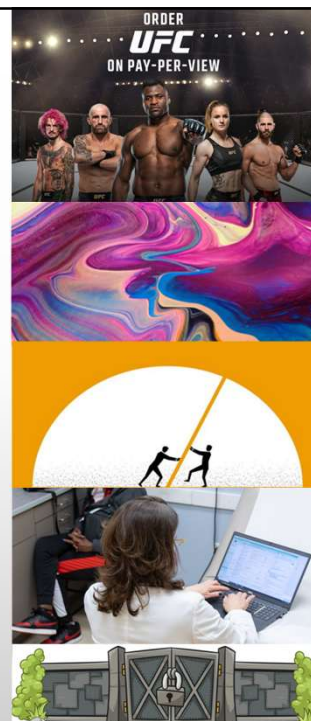
1. Providers

Our Culpability

- **Power** →
- **Arrogance**
- **Impotence**

Information is power.

- Who is brokering this power?
- Barriers we build to fortify it:
 - I. Paywalls
 - II. Obfuscation
 - III. Time traps
 - IV. Attention theft
 - V. Gatekeeping



1. Providers

Our Culpability

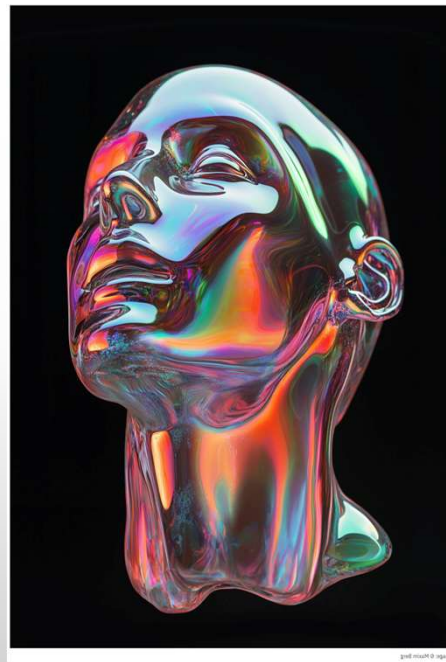
- **Power**
- **Arrogance** →
- **Impotence**

Accountability gaps

- When we don't know
- When we got it wrong

Assuming patients

- would WAIT
- would OBEY
- were blameworthy
- were political zealots



1. Providers

Our Culpability

- **Power**
- **Arrogance**
- **Impotence** →

Consequence of our
power hoarding and
arrogance

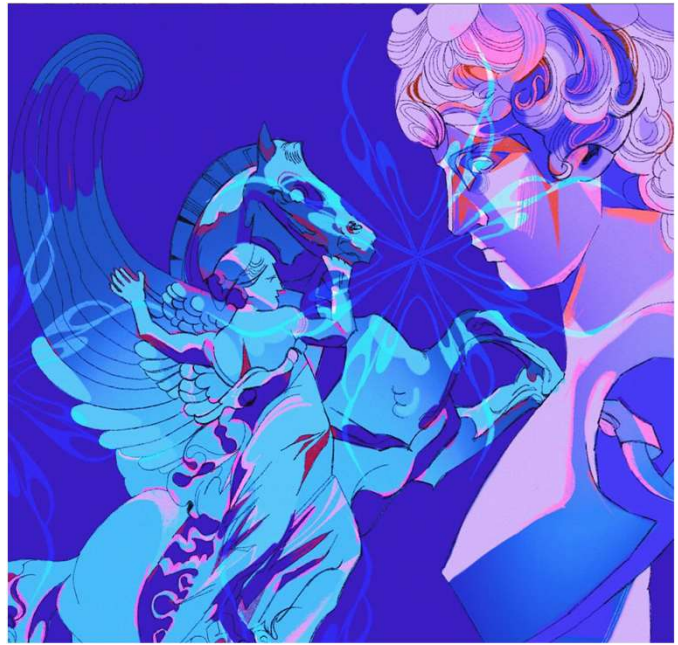
- I. Disinterest
- II. Disdain
- III. Distrust
- IV. Discredit
- V. Dispossession
- VI. Disconnection



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2. Patients Navigating Cacophony

Stages of Grief




Artist: @calebauer

Stages of Grief




1

Denial




(C) Annabell Radisch

Stages of Grief



2

Anger





Stages of Grief

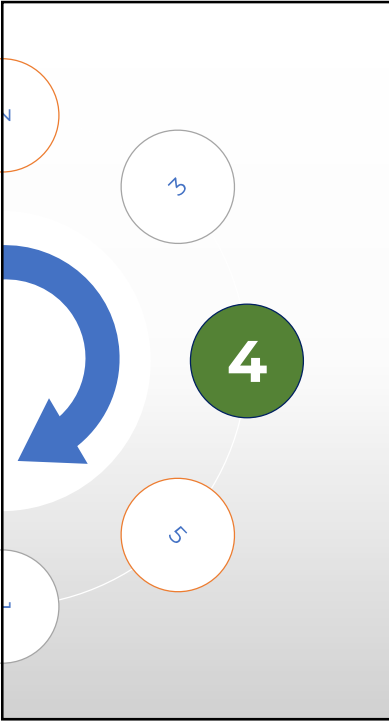
The diagram illustrates the stages of grief as a circular process with four numbered steps:

- 1
- 2
- 3** **Bargaining**
- 4


A large blue arrow points from stage 1 towards stage 3, which is highlighted in a red circle.

A photograph of a woman with glasses and a dark top, smiling and holding a stethoscope in a clinical setting.

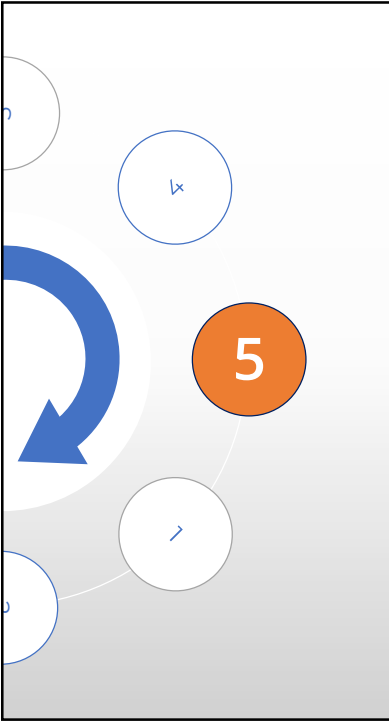
Stages of Grief



Depression




Stages of Grief



Acceptance

of...

- “Detox” and hydroxychloroquine
- or
- Flu Shot?



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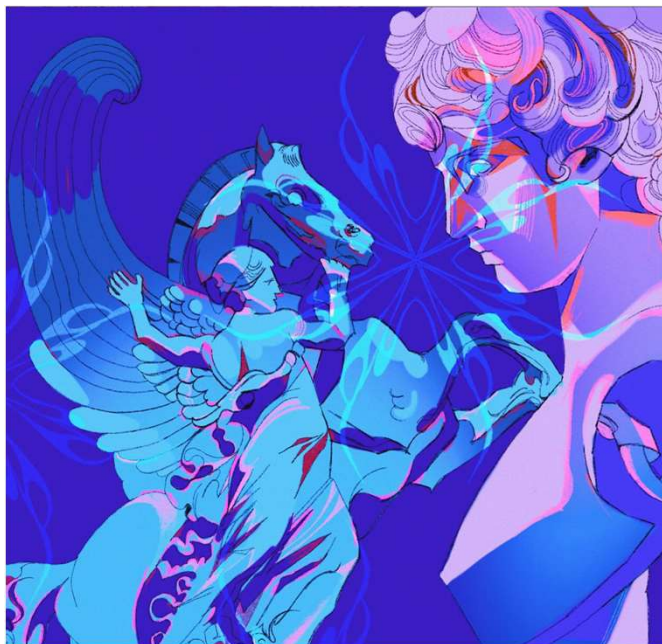
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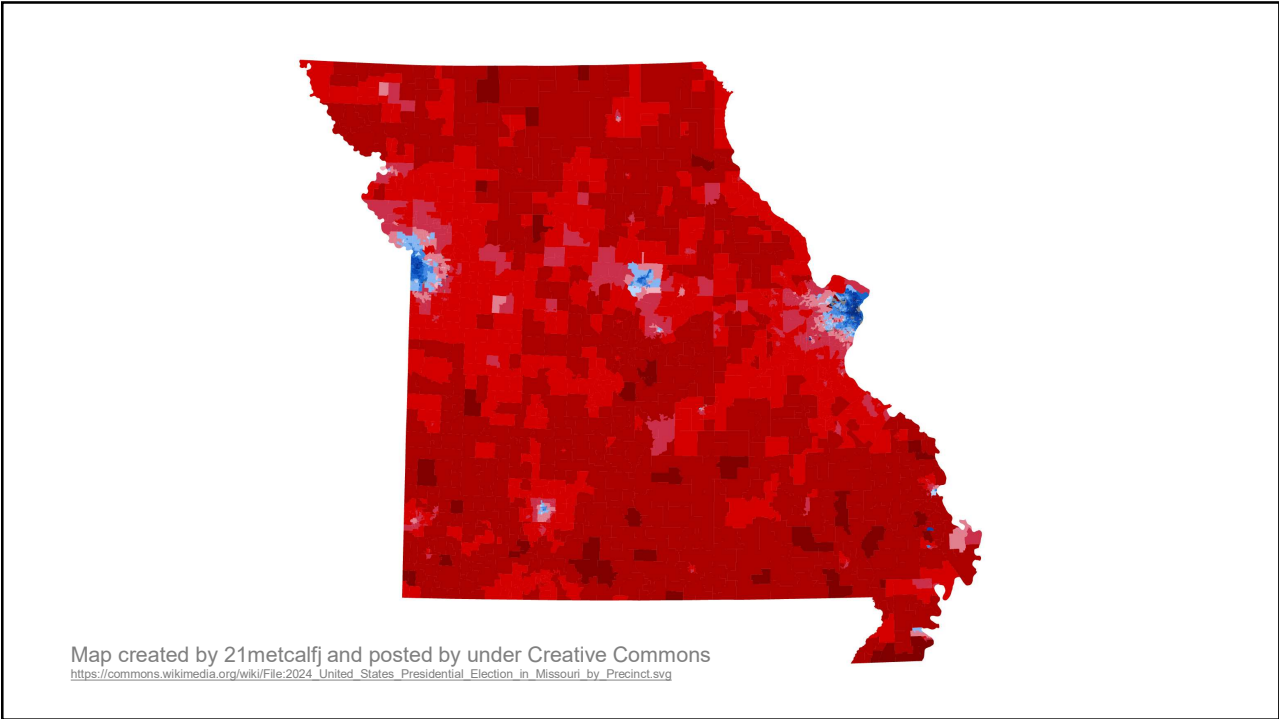
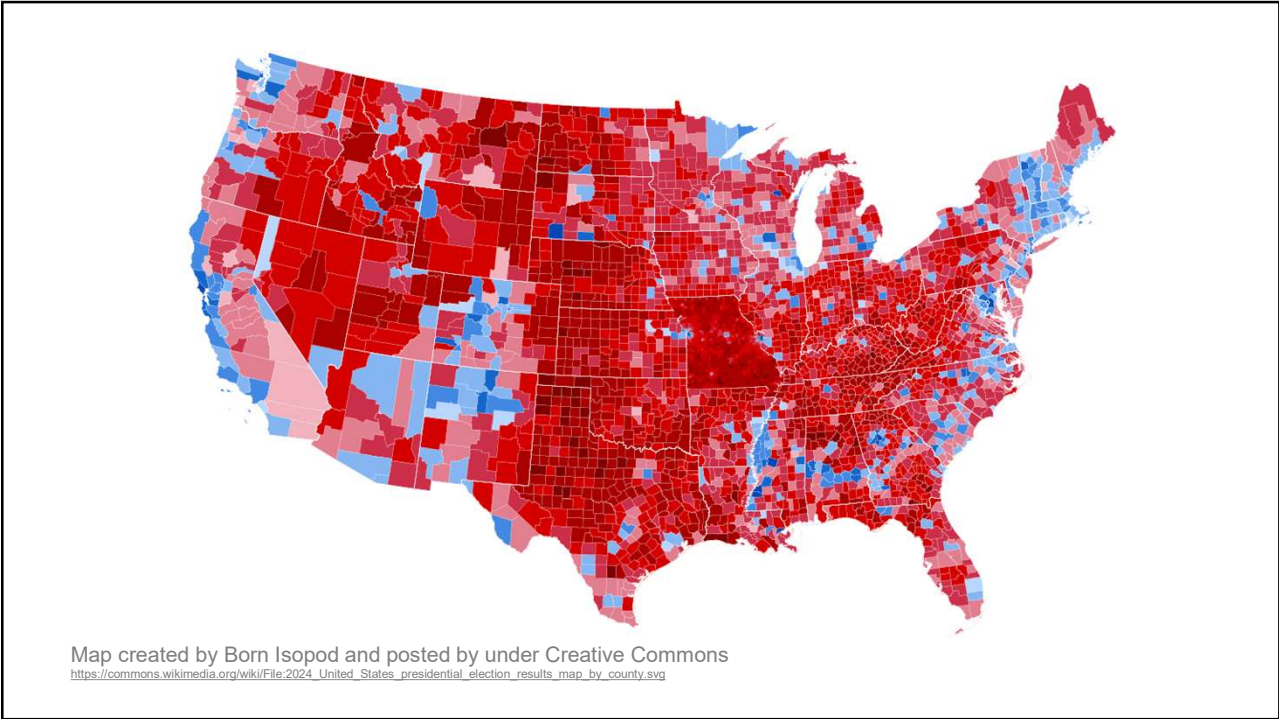
3. Policymakers

Governing Clinical Uncertainty

When public health
loses trust...
policymakers are
left to adjudicate
clinical questions politically



Artist @calebauer



Public Health Funding - State Comparison (Per Person)

Missouri ranks **51st** among jurisdictions



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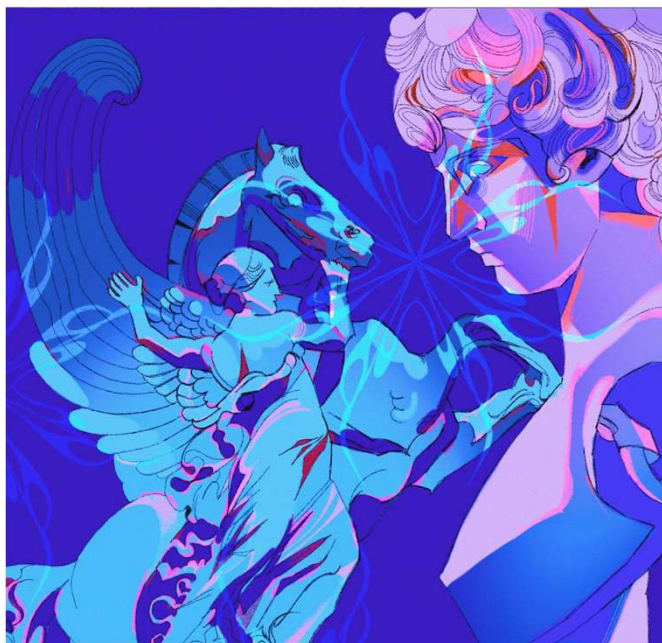
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Action Steps



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4. Power Recalibrated

Action Steps

1. Readjust our **power stance**
2. Find **alignment**, not a debate
3. Stop **repeating our errors**
4. Invest in **trust**



4. Power Recalibrated

Action Steps



1. Readjust our **power stance**
2. Find **alignment**, not a debate
3. Stop **repeating our errors**
4. Invest in **trust**



- Transfer power to the patient
 - “What matters to you?”
 - “This is a deeply personal decision. And I honor whatever you decide.”
- Patient is indeed in charge
- Patient autonomy is primary
- Stop judging/blaming/labeling
- Stop assuming
- Democratize the dialogue
- Democratize the relationship
- (This prevents burnout!)

4. Power Recalibrated

Action Steps



1. Readjust our **power stance**
2. Find **alignment**, not a debate
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- Disagreeing polarizes
- Find shared interests
- This is not a quiz
- This is not a debate
- We don't get to win
- Singular goal is to maintain respect to maintain relationship
- Bipartisan competence
- Equal emotional journey for both sides

4. Power Recalibrated

Action Steps

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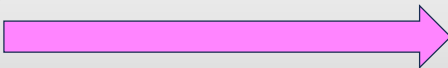


- Own our:
 - Errors
 - Power grabbing
 - Information shielding
 - Arrogance
- Then shed it
- Stop retraumatizing
- Have “opponents”?
- Think this is “us” v. “them”?
 - One-on-one, curiosity, creativity, radical empathy, solve the puzzle!

4. Power Recalibrated


Action Steps

1. Readjust our **power stance**
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- “How do you earn trust?”
 - Never assume you have it
 - Earn it:
 1. Respect
 2. Relationships
 3. Continuity of care
 - Increase investment in this
 - (Not industrial shift work)
 - Primary care
 - Preventive care
 - Maternal care
 - Behavioral care
- Goal >15% of national healthcare expenditures






MISSOURI PUBLIC HEALTH INSTITUTE

Missouri Public Health Trust Poll Full Breakdown

Key Takeaways

- LPHAs have a strong base of public trust and engagement, but awareness and outreach must improve.
- There is overwhelming bipartisan support for increasing public health funding.



MISSOURI
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INSTITUTE



HEALTH CARE
COST INSTITUTE

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Publications

4% of Health Spending Goes to Primary Care

by Jessica Chang, Bianca Silva Gordon, Catalina Desouza | September 17, 2025

Primary care offers patients a critical connection point to the health care system. With contact, continuity, comprehensiveness, and coordination as its base¹, primary care has been shown to [improve health outcomes](#) and [population health, reduce health disparities](#), and [save health care dollars](#). Despite the virtues and benefits of primary care, it seems to be getting harder to access. In 2025, there were [7,901](#) primary care health professional shortage areas. A [recent report](#) found that primary care physicians per capita declined between 2012 and 2021, and fewer trainees chose to pursue primary care than specialty care over the same period.

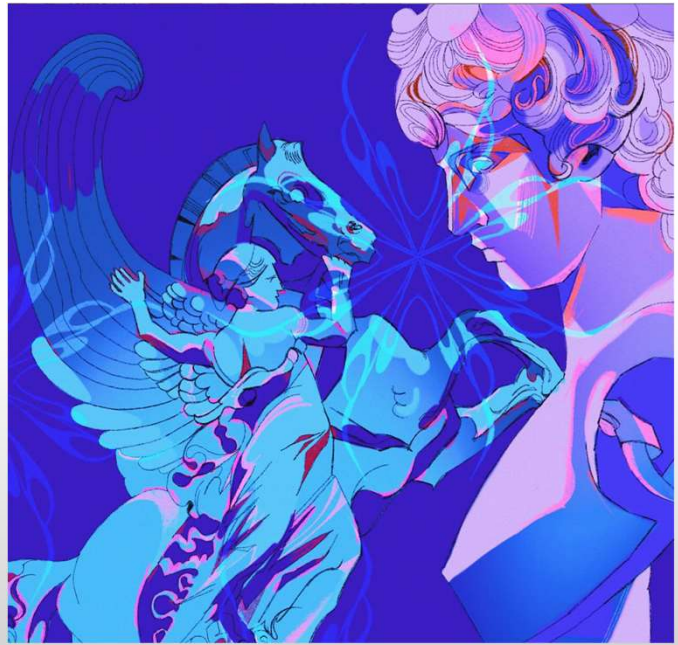
Summary

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Navigating Cacophony
- 3. Policymakers**
Governing Clinical Uncertainty

Path Forward

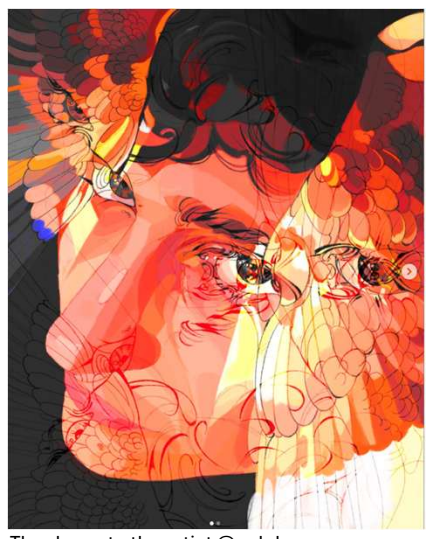
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Thank you!

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Heidi.Miller@health.mo.gov



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