



MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

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MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

LPHA and School Partnerships: Investing in the Future Together

September 24, 2025

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What We Will Discuss in the Next Hour

Missouri Department of Health and Senior Services

History of Local Public Health in Missouri

History of School Health in Missouri

Missouri Revised Statutes Related to Health and Safety

Power of Partnership

Partner Sharing

History of Missouri Department of Health and Senior Services

MO DHSS

1883

March 29, 1883,
Missouri Legislature
created a State Board
of Health

1967

October 1967,
Legislature State Board
of Health within
Division of Health;
Governor appointed
the members.

1985

July 29, 1985,
Department of Health
was created and
empowered to manage
all public health
functions.

2001

August 28, 2001,
becomes Department
of Health and Senior
Services. Focusing on
prevention and quality
of life for ALL
Missourians.

History of Local Public Health in Missouri

From the beginning....

- 1932** • 6 counties in Missouri had a health agency
 - ALL 6 of them were administered by county courts
-

- 1948** • The number of health agencies increased to 21
 - State law changed to allow county public health agencies to be supported by a tax levy and governed by a board of Trustees
-

- 1973** • The number of health agencies increased to 77
 - The state legislature appropriated approximately \$2.5 million in federal funds to help counties establish public health agencies
-

- 1991** • The number of health agencies increased to 81
 - The majority of the public health agencies governed by county commissions were located in the central part of the state.
-

- 2025** • Missouri has 115 local public health agencies
- All have various forms of governance
- Most (89) of the agencies are funded by a dedicated tax
- County commissions govern 18 of the agencies
- 8 have other forms of governance, including city charter, city/county agreement, or other unique agreement

History of School Health in Missouri

From the beginning....

1902

- Lina Rogers was hired as the first school nurse. She was part of a pilot program aimed at reducing absenteeism in schools due to preventable illnesses. Her work was a success, leading to the hiring of additional school nurses.
-

1984

- Nela Beetam was named the first Missouri State School Nurse Consultant.
-

1993

- The Missouri General Assembly passed legislation designed to increase access to health care. This law allowed for schools to increase access to health care for school-age children by creating or expanding basic school health services programs. The program was funded through the Health Initiatives Fund (HIF) (RSMo 167.603), through a tax on tobacco products.
-

2010

- The School Health Program continued to provide technical assistance and consultation, and trainings to manage chronic health conditions in students.
-

2025

- Serve 600+ Public, Private, Charter and Parochial schools
- Serve 900,000+ students served
- The School Health Program continues to provide technical assistance, consultation, trainings to manage chronic health conditions in students, and has expanded to include additional focus on workforce development for school health staff

Revenue Sources

Local taxes

Grants

Contracts

Fees and donations

State funds through contractual
arrangements

Federal Funds

Public, Charter, Private and Parochial schools

School Health Services in Missouri

Promote best-practices in school health services:

- Vision and hearing screening
- Chronic conditions in the school setting (i.e., asthma, life-threatening allergies, diabetes, seizures)
- Communicable and infectious disease control
- Medication administration



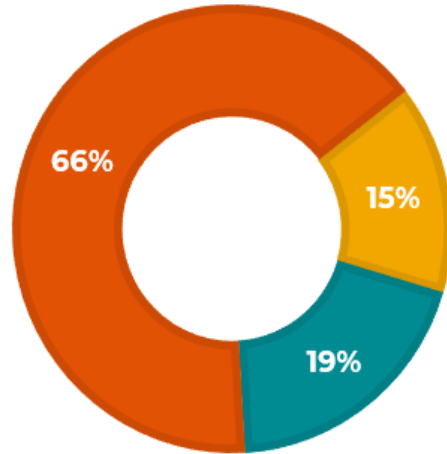
Health Room services by RNs, LPNs and Health Aides

Training and Professional Development:

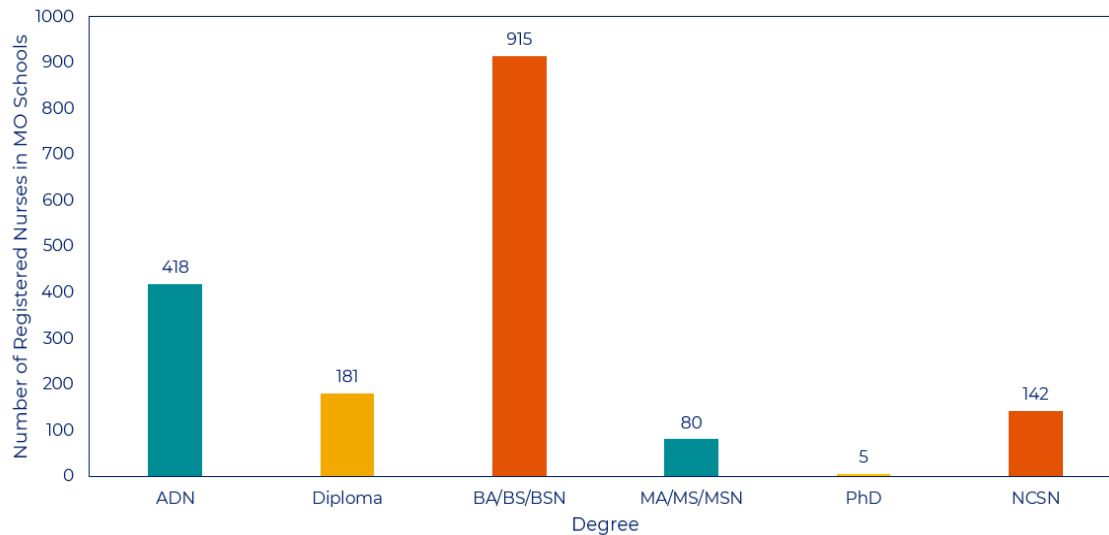
- Health Office Orientation
- Nurse Education Webinar Series (N.E.W.S.)
- Show-Me ECHOs
- Lead School Nurse Collaborative
- 1:1 Technical Assistance and Support
- News You Can Use Newsletter
- Showmeschoolhealth.org

HEALTH STAFF POSITIONS (INCLUDES DUPLICATES FOR NURSES VISITING MULTIPLE SCHOOLS)

■ Health Aides/Clerks/Contact ■ LPNs ■ RN



Education of RNs in MO Schools



STATE OF MISSOURI SCHOOL HEALTH SERVICES STAFFING 2024-2025

Data collected from the School Health Online Reporting system (SHORS)

Every student counts!

2024-2025 School Nurse Staff



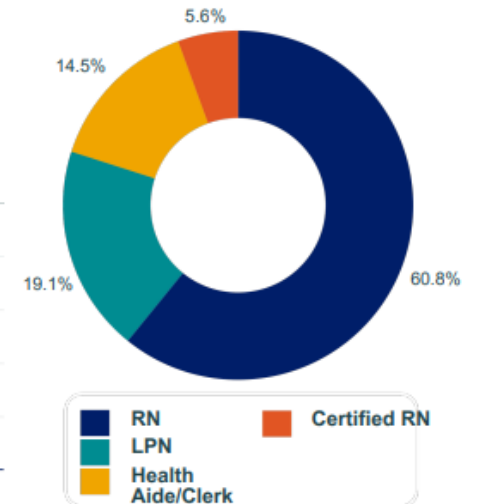
Student Population of Reporting Schools

893,012 students

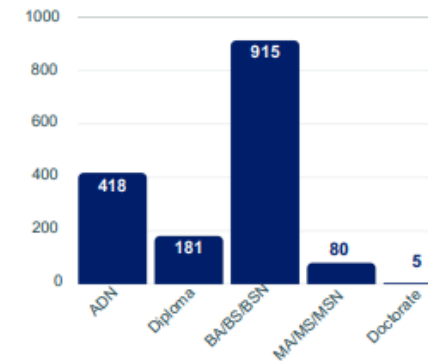
Nurse-to-Student Ratio



Health Staff Positions



Professional Health Services Staff by Degree



Student Health Data

	Missouri Schools	Nationwide
Life-threatening Food Allergies	3.3%	4%
Asthma	7.6%	7-10%
Seizure Disorders	0.85%	0.7%
Diabetes	0.33%	0.3%



STUDENTS WITH DISEASE AND CHRONIC HEALTH CONDITIONS IN PUBLIC SCHOOLS, MISSOURI 2024-2025

Data collected from the School Health Online Reporting System (SHORS).

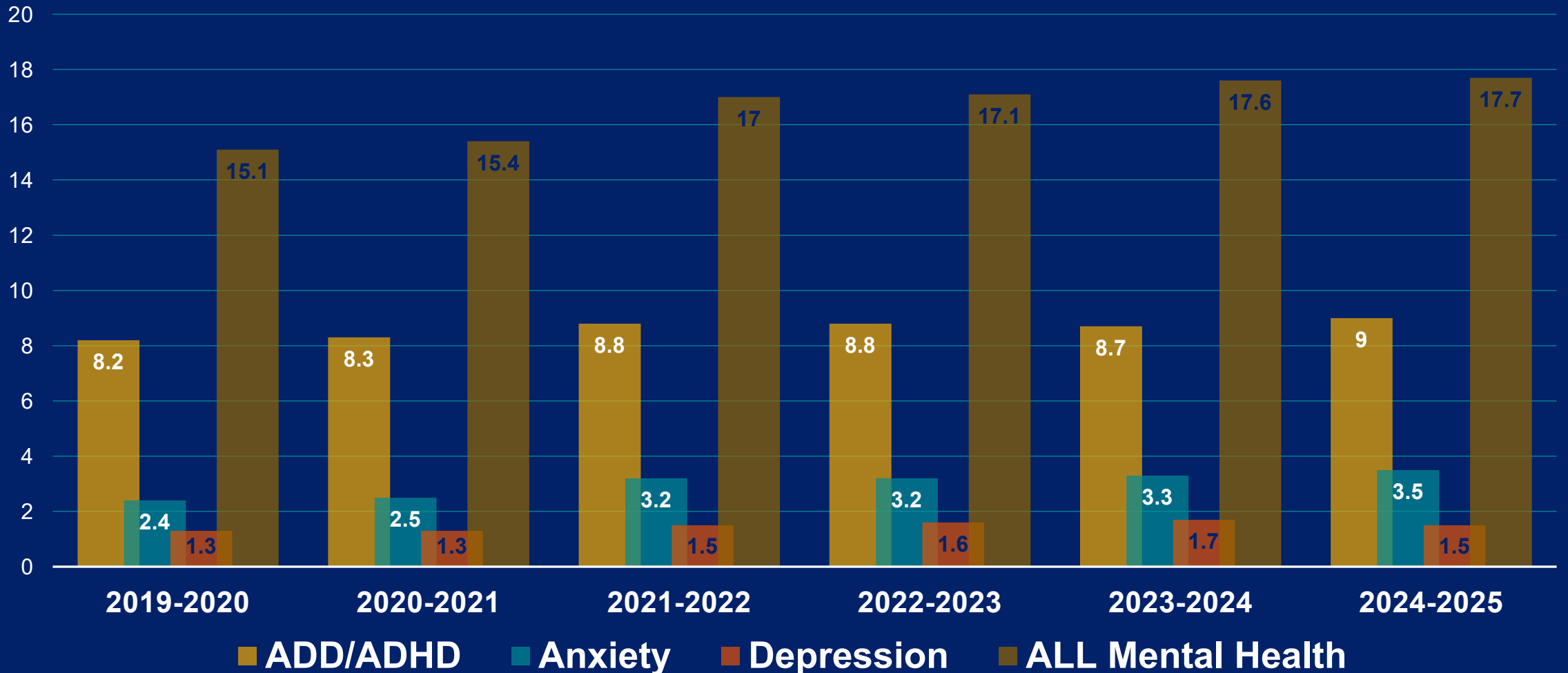
PERCENTAGE OF STUDENTS IN MISSOURI PUBLIC SCHOOLS WITH:



Disease/Conditions	Number	Disease/Conditions	Number
Allergies - life threatening - Food	24,362	Sickle Cell Disease	599
Allergies - life threatening - Insect	3,756	Heart disease with activity restrictions	989
Allergies - life threatening - Latex	1,001	Hemophilia/bleeding disorder	1,008
Asthma - on medication at home or school	66,828	Hydrocephalus with shunt	707
Blind/Visually Impaired	9,410	Kidney disease	1,431
Cancer - History, not on medication	796	Mental Health	
Taking Chemotherapeutic Medication	196	ADD/ADHD	78,776
Chronic Infection (e.g. Hepatitis, etc)	184	Anxiety	30,944
Cleft lip and palate	504	Autism Spectrum Disorder (ASD)	20,825
Cystic Fibrosis	393	Bipolar	1,660
Daily special health care procedures		Depression	13,031
Blood sugar check	2,468	Obsessive Compulsive Disorder	1,910
Catheterization care	267	Oppositional Defiant Disorder	5,405
Ostomy care	154	Post-Traumatic Stress Syndrome	3,262
Tube feeding	750	Tourette Syndrome	1,234
Ventilator dependent	20	Migraine Headaches	13,198
Suctioning	128	Neuromuscular disorder - non-progressive (Cerebral Palsy, etc.)	1,906
Nebulizer Treatment Deaf/Hearing	866	Neuromuscular disorder - progressive (e.g. Muscular Dystrophy, etc)	421
Impaired with no assistive devices	2,640	Organ Recipient	188
Deaf with FM systems	626	Orthopedic disability - permanent	2,272
Deaf with hearing aids	1,956	Orthopedic disability - temporary (e.g., Osgood Schlatter, fractures, etc.)	3,809
Deaf with cochlear implants	448	Scoliosis requiring treatment	1,132
Diabetes		Pregnancy	251
Type 1	2,413	Teen Parenting	382
Type 2	500	Rheumatoid Arthritis	382
Eating disorder (Anorexia, Bulimia, etc)	685	Autoimmune disease (e.g., Lupus, etc)	1,432
Gastrointestinal Disorders (e.g. Irritable Bowel Syndrome, etc)	7,963	Routine medications at school	25,530
Crohn's Disease	460	Seizure disorder	7,527
Ulcers	235	Students with DNAR order	14
Bowel/Bladder Incontinence	4,504	Traumatic Brain Injury	668
Chromosomal Abnormalities (Down Syndrome, Neurofibromatosis, etc)	2,979	504 Plans	32,640

****Totals do not reflect 57 districts that did not respond to the survey. 501 out of 558 public school districts reported data to DHSS. The enrollment in these districts was 879,179, representing 98% of all students enrolled in public schools (893,012) in the 2024-2025 school year. [371,691 of the 879,179 students included in the report indicate having health care insurance . 379,443 of the 879,179 included in the reporting districts indicated they did not inquire about health insurance status.]**

% of Diagnosed Mental Health from Reported MO School Health Data



Student Encounters

Annual data report on student visits to the health office

- ✓ How many visits for school health services?
- ✓ What was the disposition of each encounter

Student Encounters: Missouri School Health Program

Compiled from voluntary reporting 658,486 of 920,182 students in Missouri (63%); 374 of 589 public school districts



MISSOURI DEPARTMENT OF
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2023-2024 **School Year**

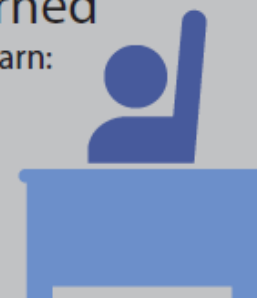
Total sum of visits to the health office:

6,644,927



Number of health office visits resulting in the student being returned to the classroom to learn:

6,347,320



Number of health office visits resulting in the student being sent home due to illness, injury or other:

296,257



Number of health office visits resulting in emergency medical services or 911:

1,350



Missouri Revised Statutes

(RSMo)

Section 170.310, RSMo

Upon graduation from high school, students in public and charter schools shall have received thirty minutes of CPR instruction and training in the Heimlich maneuver or other first aid for choking.

Section 170.307, RSMo

Upon graduation from high school, students in public and charter schools shall have received mental health awareness training. Instruction shall be included in the district's existing health or physical education curriculum.

Section 170.045, RSMo

Each school district shall provide trauma-informed, developmentally appropriate sexual abuse training to students in all grades not lower than sixth grade, each school year.

Section 160.482, RSMo

For the 2026-27 school year and all subsequent school years, this act requires every public school, including charter schools, to develop and implement a cardiac emergency response plan that addresses the appropriate use of school personnel to respond to incidents involving an individual experiencing sudden cardiac arrest or a similar life-threatening emergency while on a school campus.

Power of Partnership

Help develop policy for health promotion

Provide professional development and training opportunities for school personnel

Provide expertise and resources

Help “lighten the load” and meet goals of improving health

Developing joint plans and activities in response to children’s health needs

School Nurses work with their LPHAs a lot!

- Student immunizations records
- Schedule of immunization clinics for referrals
- Communicable disease reporting
- Communicable disease outbreak management
- Health education programs

2023-2024 MISSOURI SCHOOL IMMUNIZATION REQUIREMENTS

All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.

The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.

Missouri required immunizations should be administered according to the current ACIP schedule, including all spacing, ICD-Cause/medication(s).

To remain in school, students "in progress" must have an immunization in Progress form (Impr.P-34) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series).

Religious (Impr.P-34) and Medical (Impr.P-32) exemptions are allowed. The appropriate exemption form must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines	Dose Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
Polio (IPV/OPV)*	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+
HepB								1	1	1	1	1	1
MCV								1	1	1	1	1	1
MMII and Varicella													
MMII (IPV/OPV)*	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+
MMII	2	2	2	2	2	2	2	2	2	2	2	2	2
MMII and B	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+	2+
MMII and B	2	2	2	2	2	2	2	2	2	2	2	2	2

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday. Maximum needed: six doses.

2. B-2, Grade 5: Tdap, which contains pertussis vaccine, is required.

3. Grade 8-12: One dose of MCV is required. Dose must be given after 10 years of age.

4. Kindergarten to Grade 5: Last dose must be administered on or after the fourth birthday. The interval between the next to last and last dose should be at least six months.

5. First dose must be given on or after twelve months of age. If MMII and Varicella are not administered on the same day, they must be at least 28 days apart. The 4-day grace period does not apply to live vaccines.

6. There must be at least four weeks between dose one and two; at least 8 weeks between dose two and three; at least 16 weeks between dose one and three and final dose must be given no earlier than 24 weeks of age.

7. First dose must be given on or after twelve months of age. If Varicella and MMII are not administered on the same day, they must be at least 28 days apart. The 4-day grace period does not apply to live vaccines.

Exemption in Grade 5: A satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.



Rev. 1-23

**"Bee" wise
IMMUNIZE!**

Preparing for school means getting
your children vaccinated.

BACK TO SCHOOL

Protect your student at every age!



ShowMeVax

What is ShowMeVax?

Electronic Reporting

COMMUNICABLE DISEASE REPORTING

Good communication among healthcare providers, childcare providers, school health staff, parents/guardians, and the health department can play a major role in preventing the spread of communicable diseases. It is important that parents/guardians let childcare providers and/or school health staff know whenever their children are diagnosed with a communicable disease. Childcare providers and school health staff should check with the local or state health department to find out if any special control measures are needed when informed of a child or staff member who has a communicable disease.

Missouri reporting rule

Many diseases must be reported to the health department. Missouri rule (19 CSR 20-20.020), Disease fact sheets included in Section 6 indicate which diseases are reportable, and reportable diseases are marked with an asterisk (*) in the table of contents.

Childcare providers and school health staff are required by the rule to report diseases to the health department. You do not need to worry about privacy issues or confidentiality when you make a report. Healthcare providers, laboratories, and others are also required to report. Some communicable diseases can be very serious, so it is important that you call right away, even if you think that someone else may have already made a report. Check the MDHSS website for any changes in the disease reporting rule: <http://health.mo.gov/living/healthcondiseases/communicable/communicablediseases.pdf#reportabledisease62.pdf>.

Reportable Diseases in Missouri

Immediately reportable diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services immediately upon knowledge or suspicion by telephone, facsimile or other rapid communication. Immediately reportable diseases or findings are—

(A) Selected high priority diseases, findings or agents that occur naturally, from accidental exposure, or as the result of a bioterrorism event:

- Anthrax (022, A22)
- Botulism (001, A05.1)
- Plague (020, A20)
- Rabies (Human) (071, A82)
- Ricin Toxin (088, T02)
- Severe Acute Respiratory Syndrome-associated Coronavirus (SARS-CoV) Disease (480.3, J12.9)*
- Smallpox (varicella) (050, B01)
- Tularemia (pneumonia) (031.2, A12.2)
- Viral hemorrhagic fevers (Ebola virus (e.g., Ebola, Marburg) and arboviruses (e.g., Lassa, Machupo)) (079.7, 078.89, A06, A09)

2. Reportable within one (1) day diseases or findings shall be reported to the local health authority or to the Department of Health and Senior Services within one (1) calendar day of first knowledge or suspicion by telephone, facsimile or other rapid communication. Reportable within one (1) day diseases or findings are—

(A) Diseases, findings or agents that occur naturally, or from accidental exposure, or as a result of an undetected bioterrorism event:

- Acute respiratory distress syndrome (ARDS) in patients under fifty (50) years of age (without a contributing medical history)
- Animal (nonruminant) bite, wound, humans
- Brucellosis (033, A23)
- Cholera (001, A00)
- Dengue fever (065.4, A06, A09)
- Diphtheria (022, A26)
- Glanders (024, A24.0)



**Carl Junction School District +
Jasper County Health Department Partnership**



Amberlee Miller, BSN, RN, NCSN
District Leader Nurse
Carl Junction R-I School District

Amberlee Miller, RN, NCSN, earned an Associate of Nursing degree from Crowder College in 2004 and a Bachelor of Science in Nursing from Pittsburg State University in 2023. She has over 19 years of experience in school health nursing, currently serving as the lead and early childhood nurse for Carl Junction Schools, while also practicing at Joplin Freeman Urgent Care. Amberlee has served multiple terms on the Missouri Association of School Nurses executive committee, contributed to planning conferences in 2020 and 2025, and presented on individualized healthcare plans, diabetes care, and nurse self-care. Her public health work includes participation in the 2013 Johnson & Johnson School Health Leadership program, which helped develop an enduring change plan creating a school-linked healthcare clinic and a school-based mental health clinic in partnership with a local healthcare system. She also participated in the 2023 AAP MO-TEAMS project assessing school health policies, serves in the Jasper County Community Health Coalition, and has hosted school-based public health initiatives such as poverty simulations, drug impairment awareness training, and educational opportunities for school nurses. As a cohort in the Goldfarb MSN-School Nurse program with anticipated graduation in August 2026, her goal is to advance education for herself and fellow school nurses to enhance the health, wellness, and safety of children and communities across Southwest Missouri and the state.

Jasper County

Who We Are

1

**Located in
Southwest Missouri**



3

Population: 124,075

Carl Junction Population: 8,379

2

County seat: Carthage

**Includes the towns of Joplin,
Carthage, Webb City, Carl
Junction, Oronogo, Duquesne,
Duenweg, Cartersville,
Sarcoie, Alba, Asbury, Jasper**

4

**Carl Junction known for
being founded near a
railroad junction. Combines
small-town living with access
to nearby city amenities.**

Carl Junction School District

Who We Are

1

**Located in Jasper County
in Southwest Missouri**

3

**Approximately 30% of students
qualify for free or reduced
school lunches**

2

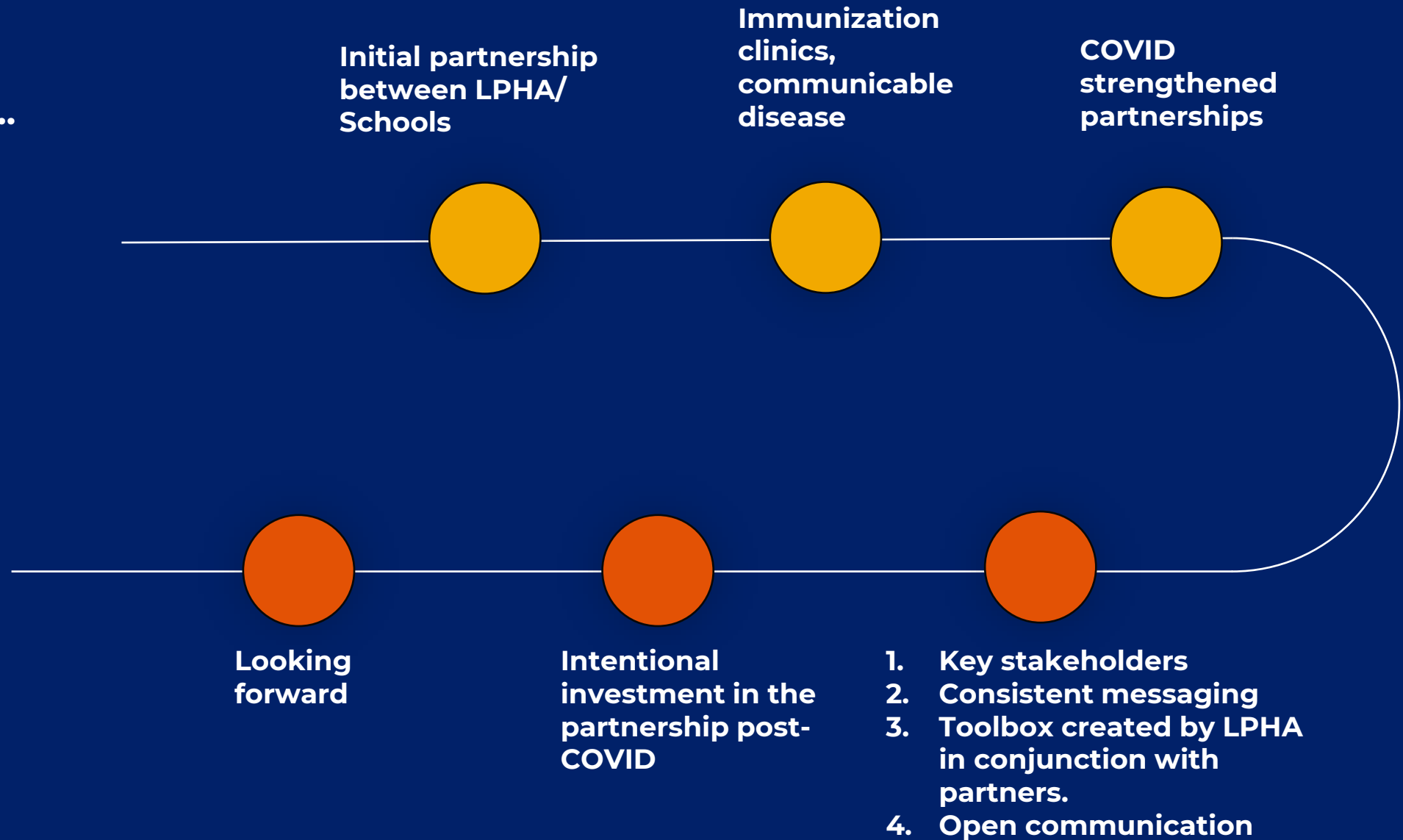
**Grades: PK-12
Students: 3,454**

4

One nurse in each building:

- **7 Registered Nurses (RNs)**
- **1 Health Aide**

How the Partnership Developed....



Achievements

as a Result of Partnership



Shared coalitions,
collaboration for
communicable
disease response

Collaboration



Involvement of
LPHA, school
administration,
DHSS school
programs

Cooperation



Shared decision
making, tools that
are adaptable to
school culture,
shared messaging

Communication



Back-to-School
events, Sports
Physicals and
Immunization
Clinic

Community

Tips

To Replicate Partnership

Tip

- Provide adaptable tools to fit school culture, situation, and audience
- Flexibility in messaging, but consistent talking points

Tip

- Keep an open mind
- Be willing to see things from both points of view and work together for common goals

Tip

- Include each other in community events, meetings, and opportunities
- Commit to being available for each other



**Lincoln County Health Department +
Lincoln County R3 School District Partnership**

Lincoln County

Who We Are

1

Located in the Eastern part of the state, bordering Illinois, along the Mississippi River



3

County Seat: Troy

2

County Population: 65,888

4

Notable attractions: Cuivre River State Park, Lake Lincoln and Frenchman's Bluff.

Lincoln County R3 School District

Who We Are

1

Four school districts:

- Lincoln County R-III
- Elsberry R-II
- Silex R-I
- Winfield R-IV

3

**Overall graduation rate of
92.7% in 2021**

2

**Approximately 9,862
students across Lincoln
County**



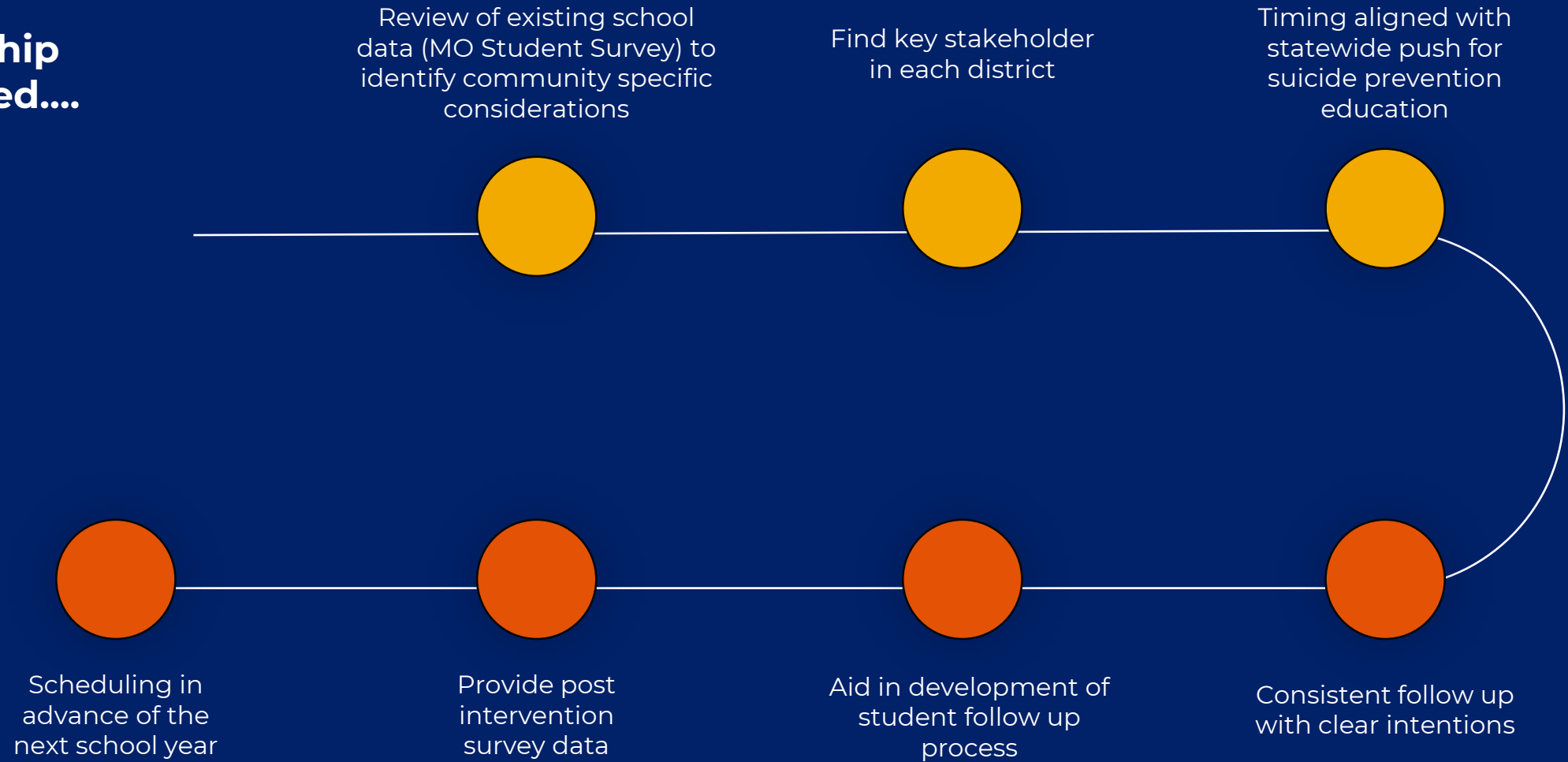
Maternal Child Health (MCH) Services Contract Priority Health Issue

- Promote Protective Factors Among Youth and Families

To lower the rate of:

- Adolescent unintentional death/homicides/suicides (Lincoln County rate was 53.1% compared to the state rate of 26.4%)

How the Partnership Developed....



Achievements

as a Result of Partnership



Increased knowledge among educators and students regarding the 988 suicide & crisis lifeline. To increase accessibility of services, designed and distributed 988 stickers to educators and students.

2022



Increased family/school connectedness and developed a resource guide template, using mental health themes and resources to build healthy coping skills.

2022



Increased participation in Back-to-School fairs among all four school districts, incorporating mental health resources thus increasing knowledge among families.

2023



Increased individual knowledge and skills around mental health and wellness among adolescents from a baseline of zero to 2,420 students, among six schools using the Signs of Suicide program.

2024

Tips

To Replicate Partnership

Tip

Find your key stakeholders

- Administration
- School counselor
- Social worker
- Teacher advocate

Tip

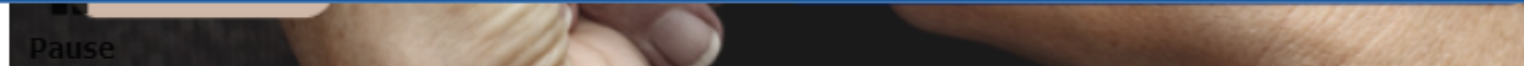
Address fears and misconceptions

- Age-appropriate, evidenced based content
- Dispel misconceptions
- Offer to share a preview video or parent information

Tip

Make it easy for schools to implement

- Offer a clear implementation plan (i.e. – how long you will need, what set up works best, etc.)
- Offer to manage logistics (materials, fees, etc.)
- Be flexible



Recent News | FSIS Issues Public Health Alert for Frozen Chicken Korma with Basmati Turmeric Rice Products Due to Misbranding and A

Find a program for...

Families	Seniors	Agencies	Professionals	Providers
(WIC) Information for Families - Infant and Child Health - Food Programs - Wellness & Prevention - Minority Health - Immunizations - Organ/Tissue Donation & Registry - Child Care - Women's Health - Food Safety			- Oral Health - Adolescent & Teen Health - School Health - Show Me Healthy Women - Men's Health - Lead Poisoning & Prevention - Rural Health - Vital Records	

see more programs for families...

Missouri

From a state public health...



QUESTIONS?

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This project is/was funded in part by the Missouri Department of Health and Senior Services Title V Maternal Child Health Services Block Grant and is/was supported by the Health Resources Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #B04MC52935, Maternal and Child Health Services for \$12,742,189, of which \$0 is from non-governmental sources. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



**Your
feedback
matters to
us!**