Bobby Jindal
GOVERNOR

Bruce Greenstein
SECRETARY

State of Louisiana

Department of Health and Hospitals

March 5, 2013

The Honorable John A. Alario, Jr., President
Louisiana State Senate
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

The Honorable Charles E. Kleckley, Speaker
Louisiana State House of Representatives
P.O. Box 94062, Capitol Station
Baton Rouge, LA 70804-9062

The Honorable David Heitmeier, Chairman
Senate Health and Welfare Committee
Louisiana State Senate
P.O. Box 94183, Capitol Station
Baton Rouge, LA 70804-9183

The Honorable Scott Simon, Chairman
House Health and Welfare Committee
Louisiana State House of Representatives
P.O. Box 4486, Capitol Station
Baton Rouge, LA 70804-4486

Re: SCR 111 of the 2012 Regular Session

Dear President Alario, Speaker Kleckley, and Honorable Chairs:

On behalf of Secretary Greenstein, I am submitting the Louisiana Department of Health and Hospitals (DHH) response to SCR 111 of the 2012 Regular Session. SCR 111 directed DHH to consult with appropriate state entities and healthcare stakeholders based on the United Health Foundation's *America's Health Rankings* twenty-three measures and to prepare and submit a report to the Senate and House committees on health and welfare that addresses raising Louisiana's health ranking to thirty-fifth within the next ten years.

Please feel free to contact me if you have any questions regarding this report or any healthcare matter. I can be reached by phone at (225) 342-5274 or via email at christine.peck@la.gov.

Sincerely,

Christine Arbo Peck

Christine Arbo Peck
DHH Government Relations

DEPARTMENT OF HEALTH AND HOSPITALS

IMPROVING LOUISIANA'S HEALTH CARE RANKINGS

REPORT PREPARED IN RESPONSE TO SCR 111 OF THE 2012 REGULAR SESSION

FEBRUARY 2013

Contact:
Louisiana Department of Health and Hospitals
Christine Arbo Peck
Office of Legislative and Governmental Relations
628 N. Fourth Street, Baton Rouge, LA 70821
225-342-5274
Christine.Peck@la.gov

EXECUTIVE SUMMARY

CHARGE OF THE RESOLUTION

In 2012, the United Health Foundation's report *America's Health Rankings*® ranked the State of Louisiana's overall health at 49th in the country. Looking back over the past decade, our ranking has remained at or near the bottom among the 50 states. In the 2012 Louisiana Regular Legislative Session, the Legislature passed Senate Concurrent Resolution No. 111, which directs the Department of Health and Hospitals (DHH) to examine the measures included in the United Health Foundation's ranking and submit a report identifying measures that are being taken or can be taken to raise our ranking to 35th within the next decade. *America's Health Rankings*® is an annually released report by the United Health Foundation that assesses the health of the people in each state based on 24 measures, divided into five subject areas: (1) Behavioral Measures, (2) Community and Environment, (3) Public and Health Policies, (4) Clinical Care, and (5) Outcomes. This report identifies key areas to achieve desired health outcomes through collaborative partnerships.

REPORT SUMMARY

- In the 20 plus years that the United Health Foundation has released the America's Health Rankings® report, Louisiana has never ranked higher than 47th, which it only achieved once. Louisiana has ranked 48th twice, 49th nine times, and 50th eleven times (see Chart 1).
- Louisiana is currently working to improve each of the measures, through the coordinated efforts of multiple state agencies and departments. Principal actions are highlighted for each measure in the body of this report.
- One of the areas of critical importance is smoking. This measure has the largest impact on our overall ranking, and the state has seen a continual decline in our rankings for this measure since 1990. The Louisiana Tobacco Control Program (LTCP) and the Louisiana Public Health Institute's Campaign for Tobacco Free Living (TFL) have a significant focus and goal on decreasing the smoking prevalence of adult residents in Louisiana, which is currently at 25%.

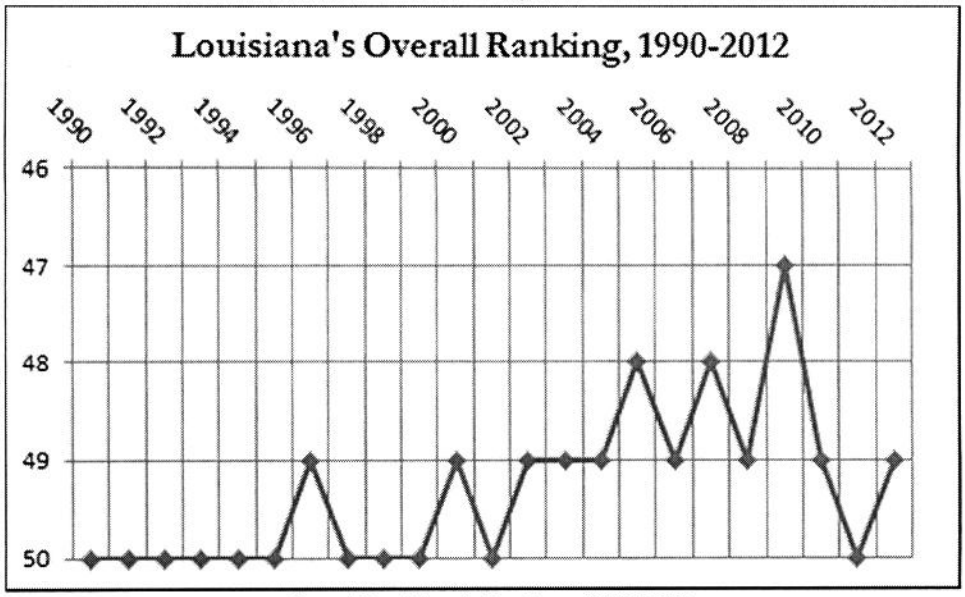

Chart 1: Louisiana's Ranking, 1990-2012

RECOMMENDATIONS

To improve our overall ranking, the state should focus on improving those measures weighted most heavily toward the overall ranking. Additionally, the state should examine efforts undertaken by other states that have risen in the rankings within the past decade. The collaborative effort of the business community and the private sector are needed to develop and implement vital changes in these key subject areas, will ultimately improve health outcomes as measured by the United Health Foundation's *America's Health Rankings*®.

1. Behavioral Measures
    - Increase public education on chronic disease prevention and medical regime compliance.

2. Community and Environment
    - Increase awareness and testing of infectious diseases, especially among high-risk populations.

3. Public and Health Policies
    - Improve school-based and work-place nutrition policies.

4. Clinical Care
    - Improve access to health care services through programs such as Bayou Health, Rural Health Clinics, and School-based Health Clinics.

INTRODUCTION

In 2012, the United Health Foundation's report *America's Health Rankings*® ranked the State of Louisiana's overall health at 49th in the country. Looking back over the past decade, our ranking has remained at or near the bottom among the 50 states. During the 2012 Louisiana Regular Legislative Session, the Legislature passed Senate Concurrent Resolution No. 111, which directs the Department of Health and Hospitals (DHH) to examine the measures included in the United Health Foundation's ranking and submit a report identifying measures that are being taken or can be taken to raise our ranking to 35th within the next decade. *America's Health Rankings*® is an annually released report by the United Health Foundation that assesses the health of the people in each state based on 24 measures, divided into five subject areas: (1) Behavioral Measures, (2) Community and Environment, (3) Public and Health Policies, (4) Clinical Care, and (5) Outcomes.

In the past decade, Louisiana's overall health ranking has failed to sustain any improvement (see Chart 2). If the state desires its ranking to demonstrate significant, lasting improvements, it should focus on those measures that most heavily impact our annual ranking. In this report, we explain (a) the current status of each measure included in the overall ranking and (b) the department's recommendations for improving the rankings.

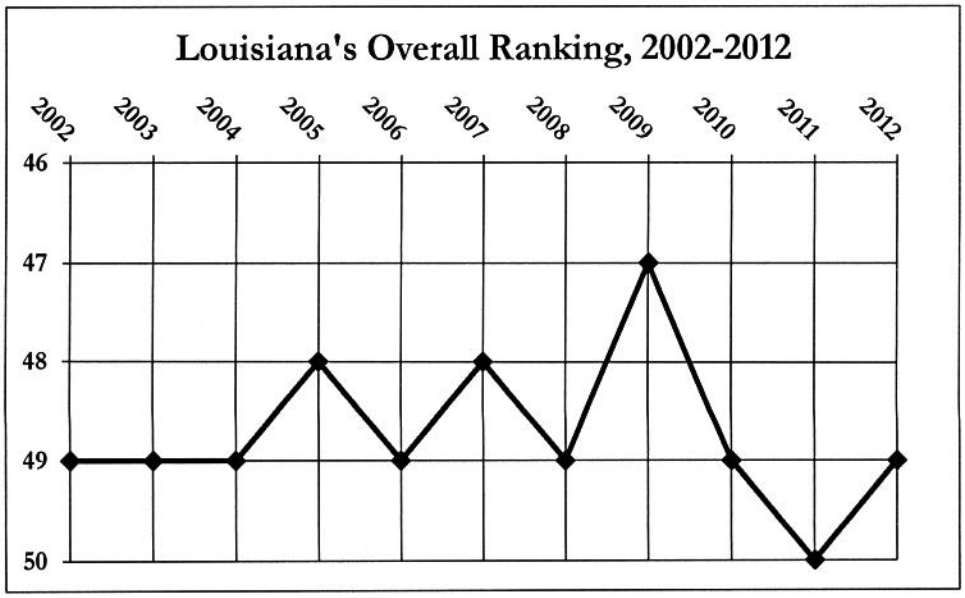

Chart 2: Louisiana's Ranking, 2002-2012

WEIGHTS OF MEASURES

The United Health Foundation considers three criteria when assigning weights to measures.

1. What effect does a measure have on overall health?

2. Is the effect measured solely by this measure or is it included in other measures?

3. How reliable is the data supporting a measure?

The final weights, presented in Chart 3 below, are based on input from experts in 1990 and 1991 and the Scientific Advisory Committee and its continuing methodological review.[1] The weights of the measures total 100 percent. Determinants account for 75 percent of the overall ranking and outcomes account for 25 percent, a shift from the 50/50 balance in the original 1990 index. This reflects the importance and growing availability of determinant data. The column labeled "% of Total" indicates the weight of each measure in determining the overall ranking. For example, prevalence of smoking is 7.5 percent of *America's Health Rankings*®.

	Measure	*Percent of Total Score*
Determinants	**Behaviors**	
	Smoking	7.5
	Binge Drinking	5.0
	High School Graduation	5.0
	Obesity	5.0
	Sedentary Lifestyle	2.5
	Community and Environment	
	Air Pollution	5.0
	Children in Poverty	5.0
	Infectious Disease	5.0
	Violent Crime	5.0
	Occupational Fatalities	2.5
	Public Health and Health Policies	
	Immunization Coverage	5.0
	Lack of Health Insurance	5.0
	Public Health Funding	2.5
	Clinical Care	
	Early Prenatal Care	5.0
	Primary Care Physicians	5.0
	Preventable Hospitalizations	5.0
Outcomes	Geographic Disparity	5.0
	Infant Mortality	5.0
	Premature Death	5.0
	Diabetes	2.0
	Cancer Deaths	2.0
	Cardiovascular Deaths	2.0
	Poor Mental Health Days	2.0
	Poor Physical Health Days	2.0
	TOTAL	100

**Measures are ranked from largest to smallest within each subject area*

Chart 3: Weight of Individual Measures

[1] "America's Health Rankings: The Scientific Advisory Committee," United Health Foundation (2012).

LOUISIANA'S CURRENT STATUS

In this section of the report, we explain (a) how the United Health Foundation calculates the ranking of the measurements that impact states' overall ranking, and (b) the current status of Louisiana's activities related to each of the 24 measures. The 2012 rankings for each measure are identified under each measure, including how the measure has changed over time, when the data is available.

America's Health Rankings® uses 24 measures to determine a state's overall health. These measures are divided into five subject areas: (1) Behavioral Measures, (2) Community and Environment, (3) Public and Health Policies, (4) Clinical Care, and (5) Outcomes. Four of these areas are determinant measures and one is focused on outcomes. Each measure is weighted to ensure those areas that are deemed to have a greater impact on a person's health are considered proportionately. For Louisiana to improve the health of its population, efforts must focus on changing the determinants of health. According to the United Health Foundation, if a state is significantly better in its score for determinants than its score for outcomes, it will likely improve its overall health ranking in the future. Conversely, if a state is worse in its score for determinants than its score for outcomes, its overall health ranking will more likely decline over time.

BEHAVIORAL MEASURES

SMOKING (45TH)

Smoking has the largest weight of all 24 measures, 7.5% of the total score. Smoking measures the percentage of the population over age 18 who smoke tobacco products regularly. It is defined as the percentage of adults who self-report smoking at least 100 cigarettes in their lifetime and who currently smoke every day or some days. The rank is based on the preceding year's data from Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS). The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. If we want to improve our overall ranking, we must address the prevalence of smoking in our state. The state is currently addressing the issue of smoking in the following ways:

- Cessation: The Louisiana Tobacco Control Program (LTCP) has a significant focus and goal on decreasing the smoking prevalence of adult residents in Louisiana, which is currently at 25%. Louisiana has historically been above the national average for this indicator. In order to impact this measure, LTCP uses evidence-based practices along with programmatic partnerships to leverage resources and reach to impact this risk factor. Currently, LTCP offers cessation services via the Louisiana Tobacco Quitline, 1-800-QUITNOW, and also a health care provider referral system which links Quitline services to patients via the Fax To Quit Program.

- Secondhand Smoke: To reduce exposure to secondhand smoke and create positive environmental changes, LTCP assists health care facilities in developing, implementing, and enforcing a 100% tobacco free policy. LTCP also provides interested facilities with a Project HEAL (Helping to Empower All of Louisiana) manual, which outlines a 12-month process for implementing a tobacco free policy.

- The LTCP also uses its strong working alignment relationship with the Louisiana Public Health Institute's Campaign for Tobacco Free Living (TFL). Louisiana is one of 11 unique states in which there are more than one comprehensive tobacco control programs in the state. In 2007, LTCP and TFL underwent an alignment process where both programs systemized this alignment and made it a daily practice. TFL has a very strong focus on the passage of local smoke free ordinances in the state. Since Alexandria became the first city within the state to adopt a 100% smoke free ordinance, several studies have been performed to assess the policy's economic impact on the city. The smoke ban has not negatively impacted the city and this effort could be replicated in other cities statewide as an evidence-based practice proven to decrease adult smoking prevalence.[2] [3]

BINGE DRINKING (9TH)

The binge drinking measure is 5% of the total score. The state is currently ranked 9th in the country for binge drinking prevalence. According to the United Health Foundation's *America's Health Rankings*® binge drinking is defined as the percentage of the population over the age of 18 who drank excessively in the last 30 days. The rank is based on the preceding year's data from CDC's Behavioral Risk Factor Surveillance System (BRFSS). In Louisiana, there are two age groups that are the focus of behavioral mitigation strategies: (1) school age youth (ages 4-18) and (2) young adults (ages 19 – 25). Although, school age youth are not referred to as binge drinkers by definition by *America's Health Rankings*®, it is assumed that underage drinking behaviors begin at that age and progress into early adulthood whose behaviors do affect health rankings. The state is currently addressing the issue of binge drinking in the following ways:

- The Department of Health and Hospitals, through the Office of Behavioral Health (OBH), offers multiple evidence based alcohol prevention for children and adolescents. These programs focus on problem-solving, conflict resolution and substance refusal skills while promoting mental wellness. Further, to support planning efforts across the state, OBH sponsors the Louisiana Caring Communities Youth Survey. This tool provides participating schools a snapshot of the typical high-risk behaviors in which students may be engaged, allowing schools and communities to plan strategies to address their specific needs. It is estimated that through these programs, 151,000 youth annually are provided preventative services for alcohol, tobacco, and other drugs (OBH 2013). Corresponding to the high level of services offered to youth in the last decade is a steady decline in binge drinking activity among school age youth.

- Prevention strategies for young adults are primarily initiated on college campuses. To date, every two-year and four-year college campus maintains some level of prevention activity for students. Typical services provided for college students include prevention education, early identification of abuse issues, as well as counseling resources in which students can attend for alcohol abuse concerns. The central organizing body of these efforts is the Louisiana Center for Addressing Substance Use in Collegiate Communities (LaCASU). In addition to functioning as an organizing body for collegiate prevention efforts, LaCASU produces an annual survey of the various substance use behaviors of

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[2] "Smoke-Free Air Act Study Shows No Impact on Employment in Hospitality Industry," The Louisiana Campaign for Tobacco-Free Living, (2012). http://www.tobaccofreeliving.org/home5/section/announcement_view/642/.
[3] "Best Practices for Comprehensive Tobacco Control Programs," Centers for Disease Control and Prevention, (2007). http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/bestpractices_complete.pdf.

college age students. Over the last several years, there continues to be a slight downward trend in binge drinking behaviors amongst college students in Louisiana.

OBESITY (49TH)

**The risk factor of obesity and the disease process of diabetes are so closely linked, that any intervention for one impacts the other.*

The obesity measure is 5% of the total score. The state is currently ranked 49th in the country for the percentage of obese adults. Obesity is the percentage of the adult population estimated to be obese, defined as having a body mass index (BMI) of 30.0 or higher. BMI, as defined by CDC, is equal to weight in pounds divided by height in inches squared and then multiplied by 703. The ranks are based on the preceding year's data from CDC's BRFSS. If the state seeks to improve its overall ranking, Louisiana policy leaders must address the growing prevalence of obesity in our state. The state is currently addressing the issue of obesity in the following ways:

- The Diabetes Prevention and Control Program (DPCP) team is working with the Community Transformation Grant (CTG) team on completing statewide community health assessments. The goals of CTG are directly linked to diabetes and obesity reduction and prevention and are as follows:
    - Increase active living
    - Increase healthy eating
    - Increase access to clinical preventive screenings and tobacco use reduction

- The DPCP is working with the DHH Information Technology department on contributing diabetes and chronic disease resource information to the Health Finder database currently in development. In addition, the DPCP serves as the DHH supporting agency point of contact to Department of Education (DOE) and Board of Elementary and Secondary Education (BESE) on Act 858 – Diabetes Management and Treatment for elementary and secondary students in public and non-public schools.

SEDENTARY LIFESTLYE (47TH)

The sedentary lifestyle measure is 2.5% of the total score. The state ranks 47th in the country for the percentage of adults who report doing no physical activity or exercise (such as running, calisthenics, golf, gardening or walking) other than their regular job in the last 30 days. The ranks are based on the preceding year's data from CDC's Behavioral Risk Factor Surveillance System (BRFSS). The 2012 edition is the first edition to include sedentary lifestyle in the *America's Health Rankings*®. The state is currently addressing the issue of sedentary lifestyle in the following ways:

- The Louisiana Governor's Council on Physical Fitness and Sports (GCPFS) launched the Living Well in Louisiana challenge, a three-month wellness challenge in which the participant earns points through exercise, weight loss and healthy eating by tracking the progress through an online wellness center at no cost to the participant. This program is designed to make fitness fun, with physical activity and healthy eating challenges designed around different themes. It features four challenges including the healthy workplace challenge, family challenge, fit schools challenge, and community weight loss challenge. Additionally, the Living Well Physical Activity and Nutrition Challenge formed a partnership with Core Health Technologies, Inc. and created the CoreMobile app to help participants

track steps, weight loss, nutrition and more. In 2012, the Living Well in Louisiana challenge accommodated 5,500 participants that accumulated more than 35,557,002 steps and lost 3,550.6 pounds.

- GCPFS also sponsors the Governor's Games, a premier seven-month statewide sporting event consisting of more than 60 different sporting events that provide an opportunity for fitness for all ages. The events include basketball, volleyball, gymnastics, boxing, tennis, track and field, girls' softball, youth baseball and more. The 2012 Games garnered more than 267,000 participants in 35 parishes across the state from ages 8 - 80 years old.

- Lastly, the Tour de Fitness project responds to the problem of obesity in the school aged population by focusing on how to inject the most physical activity into the amount of time teachers have with their students. Since its inception, more than 1,500 teachers have been in-serviced either in their own parishes or in Baton Rouge. Activities include fitness builders that make exercise more like a game to children. Two years ago, the Fitness Council incorporated a "health focus" into the program. Workshops were held in eight parishes in addition to four statewide workshops in Baton Rouge, which drew more than 300 teachers each.

HIGH SCHOOL GRADUATION RATE (46TH)

High school graduation rate is 5% of the total score. Louisiana ranks 46th in the county for the percentage of incoming ninth graders who graduate within four years and are considered regular graduates. The National Center for Education Statistics collects enrollment and completion data and estimates the graduation rate for each state. The rate is the number of graduates divided by the estimated count of freshmen four years earlier. This estimated count of freshmen is the sum of the number of 8th graders five years earlier, the number of 9th graders four years earlier and the number of 10th graders three years earlier divided by three. Enrollment counts also include a proportional distribution of students not enrolled in a specific grade. Additionally, this is one of the measures that can positively affect our overall ranking. The Louisiana Department of Education has made this a priority of education reform in Louisiana and contributed the following information to this report.

In 2011, Louisiana achieved an historic boost in its graduation rate, lifting it to an all-time high and above the 70 percent mark. The 3.7-point boost from 2010 to 2011 is nearly three times the 1.3 point increase achieved during the previous three years combined, from 2007 to 2010. The gain tied Louisiana and North Carolina for the highest point gain from one year to the next and represents an additional 1,800 additional students graduating from high school. Louisiana's goal is to raise its graduation rate to 80 percent by 2014 – an aim officially adopted by lawmakers in 2009. The state expects the 2012 graduation rates to be released in spring 2013. The state is currently addressing the issue of high school graduation rates in the following ways:

- More effective strategies being implemented by schools to prevent and recover dropouts (credit recovery, dropout/recovery prevention programs like Jobs for America's Graduates, etc.)

- Inclusion of high school graduation rate in the K-12 accountability system for public schools in a greater way in recent years (weighted more heavily in the formula)

- More locally-developed strategies to address the needs of at-risk students, including comprehensive programs involving schools, law enforcement, juvenile justice, social services, etc.

COMMUNITY & ENVIRONMENT

VIOLENT CRIME (44TH)

Violent crime is 5% of the total score. In 1990, Louisiana ranked 43rd for violent crime. In 2000, the state ranked 45th, and we currently rank 44th. Violent crime measures the annual number of murders, rapes, robberies and aggravated assaults per 100,000 population. Ranks are based on the previous year's data from the Crime in the United States report from the Federal Bureau of Investigations. If we want to improve our overall ranking; we must work to address violent crime in our state. The Louisiana Department of Public Safety has made this a priority reform effort in Louisiana and contributed the following information to this report.

The Louisiana State Police, along with the East Baton Rouge Sheriff's office, the Baton Rouge City Police Department, the 19th Judicial District Attorney's office, and the ATF formed a partnership and the East Baton Rouge Violent Crime Unit (EBR-VCU) became operational as a full-time unit on January 26, 2011. The initiative called for federal, state, and local law enforcement, as well as, the community to work together to fight escalating crime in local areas. Governor Jindal authorized the use of increased resources from the State Police Crime Lab and Fusion Center, including:

- Providing real-time forensic results from the Crime Lab for high priority EBR-VCU cases
- Developing procedures for accepting EBR-VCU evidence more quickly into the Crime Lab
- Addition of an ATC Ballistics Examiner position co-located at the Crime Lab
- Installation of the newest technology from the National Integrated Ballistics Information Network (NIBIN) by the ATF at no cost to the State of Louisiana
  - Access for EBR-VCU Investigators to the Homeland Security Information Network (HSIN) through the Fusion Center
  - Full-time analytical support from the Fusion Center

Colonel Mike Edmonson, Deputy Secretary of the Louisiana Department of Public Safety (DPS), stresses the importance of communication among agencies, pooling of resources, sharing of knowledge, and the rapid dissemination of information necessary for successful investigation of all crimes, and the apprehension and prosecution of those responsible.

In addition to the EBR-VCU, the Louisiana State Police initiated the Louisiana State Analytical & Fusion Exchange (LA-SAFE) center which has provided training to law enforcement, fire, and emergency managers to create fusion liaison officers (FLO). The FLO program provides a mechanism to involve both law enforcement and non-law enforcement communities with a way to participate in the sharing of information between related to crime prevention and reduction. This has provided a force multiplier for not only the fusion center, but also for the participating agencies. The participation by multiple disciplines has enabled the fusion center to provide information across not only the law enforcement community, but the non-law enforcement community. This collaborative environment ensures that information is shared rapidly and effectively throughout the state and the country. Information collected and maintained will

facilitate compliance to state laws throughout local, state, and federal jurisdictions. Collaborative efforts and communication with other agencies are positive methodologies for successful management within our agency.

In 2008, DPS instituted a program encouraging troopers to make informal visits to schools and have interaction with students and staff. These visits range safety talks to having lunch with students or reading to them. In addition to this program, Public Information Officers regularly conduct school safety presentations to students, faculty, and staff. These presentations not only focus on safety during an active shooter event but also include the consequences of bullying in a proactive effort to prevent school violence.

The Louisiana State Police has been awarded federal grants dollars to assist in the collection and processing of DNA samples to follow-up on investigational leads obtained from forensic evidence matched to an offender's DNA profile. These funds also provided a funding mechanism to search for active and inactive sex offenders that have not had their DNA collected. These initiatives are in conjunction with the governor's priority to ensure that all registered sex offenders have their DNA collected.

OCCUPATIONAL FATALITIES (47TH)

Occupational fatalities are 2.5% of the final score. The state ranks 47th in the country for the combined rate of fatal injuries in the following industries: construction, manufacturing, trade, transportation, utilities, professional, and business services, as defined by the North American Industry Classification System (NAICS). Rather than using an occupational fatality rate for all workers, this industry-adjusted rate is used to account for the different industry mixes in each state in order to accurately reflect the safety differences between the states. Occupational fatalities are measured over a three-year span because of their low incidence rate. The Louisiana Workforce Commission has made this a priority reform effort in Louisiana and contributed the following information to this report. The state is currently addressing the issue of occupational fatalities in the following ways:

- Focusing on industries with high fatality rates: The majority of workplace fatalities in Louisiana occur within a small handful of industrial sectors that, by the nature of the work involved, are inherently more dangerous. In recent years, those industries have included natural resources and mining, construction, and trade, transportation and utilities. The Louisiana Workforce Commission's (LWC) Office of Workers Compensation Administration (OWCA) focuses additional resources and attention toward those industries to try and reduce the number of fatalities. Our OWCA Safety Unit, which assists employers in developing safety plans, ensuring they address the most crucial areas of safety and are inclusive of all employees, both onshore and offshore. The OWCA works continually to identify and target industries that need the most assistance and support with intervention efforts to reduce workplace fatalities in Louisiana.

- Workers Safety Task Force: The LWC and the Workers Compensation Advisory Council are in the early stages of forming a Workers Safety Task Force, whose role will be to share expertise and ideas to protect Louisiana workers. The task force will study trends and data in order to better identify dangerous and risky workplace practices, and will recommend ways to reduce injuries and fatalities. The task force will address both prevention and proper response to workplace accidents by providing recommendations to industry, labor, the Legislature and the general public.

- Youth Safety Initiative: In 2011, the LWC launched the Youth Safety Initiative under its Occupational Safety and Health Administration (OSHA) consultations program. Our OSHA team staff visits high schools and juvenile detention centers around the state to make presentations that introduce youths to workplace safety awareness. The goal is that when these youths eventually land their first job they will be safer workers, and they'll know how to recognize and report unsafe work conditions they may encounter. As of January 2013, the program has been presented to 1,000 youths statewide.

- Governor's Conference presentation: In 2012, managers from the LWC's OSHA Consultation and Records Management sections made a joint presentation called "Awareness and Prevention of Work-Related Fatalities in Louisiana" at the Louisiana Governor's Safety and Health Conference. The presentation addressed work-related fatalities in Louisiana, and highlighted the number of safety audits conducted in industries with unusually high fatalities.

INFECTIOUS DISEASE (45TH)

Infectious disease is 5% of the total score. The state ranks 45th in the country for the combined incidence of measles, pertussis, Hepatitis A and syphilis per 100,000 population. Two-year averages are used to calculate the incidence rates. This definition was changed in 2011 from the previous editions, where infectious disease was defined as the combined incidence of AIDS, TB, and hepatitis A and B, and three-year averages were used. The rank is based on data from two and three years prior from the CDC's Mortality and Morbidity Weekly Reports (CDC/MMWR). In order to improve our overall ranking, Louisiana must address infectious disease in our state. The state is currently addressing the issue of infectious disease in the following ways:

- The infectious disease indicator measures the cumulative number of measles, pertussis, syphilis and Hepatitis A cases per 100,000 residents. The source of this indicator was the CDC/MMWR during 2009-2010. Infectious diseases pose a threat to all members of a population, but can be especially severe in young children and the elderly, leading to hospitalizations or even death.

- Currently Louisiana is ranked 45th in the nation for infectious disease or approximately 17% of the population. This is an improvement from 2011 in which approximately 20% of the population was impacted by infectious diseases. Louisiana will continue to steadily improve its infectious disease indicator by promoting children and adult immunizations. The Office of Public Health (OPH), local public health agencies, a variety of health care professionals including physicians, nurses, pharmacists, members of the business community will continue to provide the infrastructure and capacity to improve accessibility to immunizations.

- In 2010, there were 547 Primary and Secondary (P&S) syphilis cases reported in Louisiana, a 26% decrease compared to the 742 cases reported in 2009. Approximately 90% of the individuals in 2010 with reported race were black, reflecting a significant health disparity that exists in Louisiana. In 2010, 53% of P&S syphilis cases with reported sex were in males. The highest age and gender specific rate was 52.0 per 100,000 in males aged 20 to 24 years.

CHILDREN IN POVERTY (49TH)

Child poverty is 5% of total score. The state ranks 49th in the country for the percentage of related individuals under age 18 living in a household that is below the poverty threshold. The poverty threshold established by the U.S. Census Bureau for a household of four people which includes two children living in the lower 48 states is $22,811 in household income. The source of this indicator is based on 2011 data from the Annual Social and Economic Supplement to the U.S. Census Bureau's Current Population Survey.

Poverty has a significant impact on children's health as it relates to chronic diseases and shorter life span. Families in poverty have difficulty providing medical, education, and nutritional essential needs. Programs such as Supplemental Nutrition Assistance Program (SNAP) and Women Infants and Children (WIC) operated by the Louisiana Department by Children and Family Service (DCFS) and DHH provides nutritional foods to families in need. In addition to the WIC Program, the DHH administers Louisiana Children's Health Insurance Program, or LaCHIP. LaCHIP provides health care to uninsured children up to age 19.

AIR POLLUTION (26TH)

Air pollution is 5% of the total score. The state is currently ranked 26th in the country for air pollution exposure. Air Pollution measures the fine particulates in the air that is inhaled. It is the population-weighted average exposure to particulates 2.5 micron and smaller for each parish reporting in the state. Air pollution is monitored in many parishes/counties where population density is significant and/or where there have been pollution concerns in prior years. Population weighting of the county data adjusts the information to reflect the actual number of people potentially exposed to particulates. The rank is based on the preceding three year's data from the U.S. Environmental Protection Agency and U.S. Census Bureau. The Louisiana Department of Environmental Quality has made this a priority reform effort in Louisiana and contributed the following information to this report. The state is currently addressing the issue of air pollution in the following ways:

- The Louisiana Department of Environmental Quality (DEQ) currently has monitors in each region of the state to measure for $PM_{2.5}$ particle pollution. This is the particle matter in the air that is considered to pose the greatest health risk because of their small size and ability to lodge deeply in a person's lungs.[4] The State of Louisiana meets the EPA health based air quality standards for $PM_{2.5}$ at all of the sites and EPA has designated the entire state in attainment of the $PM_{2.5}$ standard. There are an additional 12 continuous monitors located around the state to give the public hourly information about particulate exposure.

- Federal fuel and emissions rules should bring down particulate emissions on a national basis. EPA low sulfur diesel fuel standards will continue to provide additional particulate emissions reductions. EPA grant programs provide benefits to local governments to assist in diesel engine retrofits to result in lower particulate emissions.

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[4] "Fine Particle (PM2.5) Designations," United States Environmental Protection Agency, (2012), http://www.epa.gov/pmdesignations/faq.htm#0.

- LDEQ has been working with local governmental entities to use the Ozone Advance and PM Advance programs to implement emissions reduction projects that can help keep the areas in attainment with federal air quality standards. Implementing projects that provide multi-pollutant reduction benefits will continue the air quality improvements that can have direct impacts on human health.

PUBLIC AND HEALTH POLICIES

LACK OF HEALTH INSURANCE (47TH)

Lack of health insurance is 5% of the total score. The state currently ranks 47th in the country for the percentage of the population that does not have health insurance privately, through their employer or the government. This measure is based on data from the preceding two years from the U.S. Census Bureau's Current Population Survey.

The national rate of un-insurance increased about 15 percent from 13.9 percent ten years ago to 16.0 percent in 2012, but has remained relatively stable for the last three years. Since 2003, the number of uninsured children in Louisiana has gone from 11.1%, or 143,173, to 3.5%, or 42,011, which translates into a total change of 101,162 fewer uninsured children. During that same period, the number of Medicaid eligible children has also declined from 11.1%, or 83,669, in 2003 to 2.9%, or 21,439, in 2011. The numbers are highest in the New Orleans region, and lowest in the Acadiana region. In 2011, the number of uninsured nonelderly adults in Louisiana was 633,943, with 430,116 of those under 200% of the Federal poverty Level (FPL). The numbers are highest in the Northeast region, and lowest in the Northshore region.

In 2008, soon after taking office, Governor Jindal announced an expansion of the Louisiana Children's Health Insurance Program (LaCHIP), to include children between 200 and 250 percent of the federal poverty level. The LaCHIP Affordable Plan provides coverage to children in families with moderate incomes at a minimal cost, $50.00 per family per month. To be eligible, these children must not have access to any other employer-sponsored health insurance. The DHH staff and contractors have done a superb job of providing information about LaCHIP to the public and ensuring that DHH has the most up-to-date information on children to ensure their continued coverage. The efforts include securing partnerships with community-based organizations with missions to provide access to health care for children and providers, as well as going into the community to meet families where they spend their time like retail outlets, restaurants, shopping centers, malls, and civic events. As a result of this concerted effort, only 3.5% of Louisiana's children are uninsured. In addition, those children with public health coverage retain that coverage almost 100% of the time.[5]

Louisiana has continuously worked to enhance the quality of health coverage that we provide through Medicaid. The state is taking action through several measures, most notably through Bayou Health. Bayou Health is a new way for most of Louisiana's Medicaid and LaCHIP recipients to receive health care services. Bayou Health is a coordinated care system that should lead to better access to health care, more choices and improved patient health. Bayou Health was launched February 1, 2012.

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[5] "Annual Report," Louisiana Children's Health Insurance Program, (2012). http://new.dhh.louisiana.gov/assets/medicaid/lachip/2012_LaCHIP_Report.pdf.

PUBLIC HEALTH FUNDING (13TH)

Public health funding is 2.5% of the total score. The state ranks 26th in the country for the dollars per person that are spent on public or population health through funding from the Centers for Disease Control and Prevention, Health Resources Services Administration and the state. Louisiana spends $101.76 per person for public health services. For the Gulf State region (Texas, Mississippi, Alabama, Florida) $79.93 is spent per person. This does not include spending from other sources such as county or city governments nor does it include state spending for health that is included under other departmental spending such as education and transportation. The rank is based on data from the two preceding years from the Trust for America's Health.

IMMUNIZATION COVERAGE (7TH)

Immunization coverage is 5% of the total score. The state ranks 7th in the country for the average of the percentage of children ages 19 to 35 months who have received the following vaccines: Diphtheria, Tetanus, Pertussis (DTP), Poliovirus, Measles, Mumps, & Rubella (MMR) and Hepatitis B Vaccine (HepB). This measure does not account for each individual receiving the full series of shots, but rather, individuals receiving individual shots. The rank is based on the preceding year's data from the CDC's National Immunization Program.

Currently, 74.6% of children have received the recommended doses of vaccinations by 24 months of age, compared to 73.3% nationally. The National Immunization goal (standard) is that 90% of children ages 19-35 months will be up to date with 4-Diphtheria-Tetanus-Pertussis; 3-Polio; 1-Measles-Mumps-Rubella; 3-Haemophilus influenza type b; 3- Hepatitis B; 1-Varicella; and 4-Pneumococcal Conjugate type B vaccines by 24 months of age. The state is currently addressing the issue of immunization coverage in the following ways:

- The Immunization Program conducts assessments of the immunization provider population and teaches providers how to conduct their own immunization assessments to ensure compliance with immunization recommendations as promulgated by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the Louisiana Department of Health and Hospitals- Office of Public Health – Immunization Program.

- The Immunization Program promotes, recruits, and trains healthcare providers to participate in the Louisiana Immunization Network for Kids Statewide (LINKS). LINKS is Louisiana's immunization information system.

- The Immunization Program conducts Assessment, Feedback, Incentive, eXchange (AFIX) visits to assess the Vaccines for Children (VFC) enrolled provider's immunization coverage levels for the 24-35 month age cohort with an up-to-date status at 24 months. Feedback of the assessment results are provided to the provider along with recommended strategies to improve the office's processes, promote immunization best practices, and how to increase coverage levels. Information is eXchanged to inform providers about appropriate immunization practices and dispel any myths that may exist; promote the value of Assessment as a tool; share ideas on what works and what does not work; and to create a sense of a common mission among the providers and public health.

- The Immunization Program provides ongoing education and information to healthcare providers and staff to ensure their understanding and adherence to immunization best practices.

- The Immunization Program conducts reminder/recall activities (via postal cards/automated telephone calls) quarterly to promote timely vaccination by alerting parents/guardians to upcoming appointments or missed appointments their child needs to keep current with their vaccination schedule.

- The Shots for Tots Coalition (SFT) are a network of public and private entities working together to provide immunization awareness and education to both parents and providers. The Coalition advocates for immunization and encourages community participation to assist in their efforts of promoting the health and well-being of Louisiana's children.

CLINICAL CARE

LOW BIRTHWEIGHT/EARLY PRENATAL CARE (49TH)

Low birthweight/early prenatal care is 5% of the total score. The state ranks 49th in the country for the percentage of babies born weighing less than 2,500 grams (5 pounds, 8 ounces) at birth. Low birthweight was changed in this edition from a supplemental measure to a clinical care measure to be used as a proxy for clinical care during the prenatal period. Unlike the early prenatal care measure, direct state-to-state comparisons can be made and a national average can be calculated using the low birthweight data. Rank is based on the most recently available birth certificate data from the National Vital Statistics System, National Center for Health Statistics (NCHS) and CDC. The state is currently addressing the issue of early prenatal care in the following ways:

- Low Birth weight: Prevention of low birth weight is a priority across programs in the Department of Health and Hospitals (DHH). Low birth weight is associated with increased risk of death in first year and with poor life-long health and developmental outcomes that impact education and income into adulthood. In Louisiana, prematurity accounts for over half of low birth weight births. Prior low birth weight birth, pregnancy spacing, use of tobacco, alcohol and/or cocaine, low maternal prepregnancy weight, maternal hypertension or diabetes, sexually transmitted disease, and perceived maternal stress are among the significant factors associated with low birth weight.

- The DHH Birth Outcomes Initiative (BOI) has focused on addressing behavioral health by working to institute a statewide system of screening, referral and treatment for all pregnant women in Medicaid. In addition, BOI is instituting interconception care - evidence-based interventions such as care coordination and home visitation that can be delivered to women at high risk to reduce the chances of an adverse outcome for mother and baby. DHH is conducting an interconception care pilot in the Greater New Orleans Community Health Connection 1115 Waiver and has also issued interconception care guidelines to all of the Bayou Health Plans.

- The transformation of Medicaid from a fee-for-service program to the quality-focused Bayou Health coordinated care system holds much promise for improving birth outcomes. Bayou Health plans offer care coordination for high-risk pregnancies and women with chronic health conditions; tobacco

cessation and weight management resources; and improved access to critical interventions such as 17P.

- OPH programs such as Family Planning and the STD/HIV Program are partnering to address pregnancy spacing and reduce the infections that can impact pregnancy outcomes. Optimal spacing of pregnancies is 18 months to ensure healthy birth outcomes and reduce incidences of preterm and low birth weight births. Evidence-based maternal and early childhood home visiting programs led by the Bureau of Family Health (BFH) that start during pregnancy, such as the Nurse-Family Partnership program are an additional strategy to improving pregnancy outcomes. Lastly, BFH actively helps to link women to resources through Text4Baby enrollment and the Partners for Healthy Babies resource line and website.

PRIMARY CARE PHYSICIANS (24TH)

The primary care physician measure is 5% of the total score. The state ranks 24th in the country for access to primary care. The primary care physician is a measure of access to primary care for the general population as measured by number of primary care physicians per 100,000 population. Primary care physicians include all those who identify themselves as Family Practice physicians, General Practitioners, Internists, Pediatricians, Obstetricians or Gynecologists. The rank is based on the most recently available data from the American Medical Association's Physician Characteristics and Distribution Report. The state is currently addressing the issue of primary care physicians in the following incentive programs:

- State Loan Repayment Program: This program provides educational loan repayment assistance to clinicians who agree to work in an area designated as a Health Professional Shortage Area (HPSA). The mission of the program is to alleviate, and ultimately overcome, the state's problem of a substantial lack of primary care health professionals. For the purpose of recruitment under this program, eligible primary care practitioners include physicians (allopathic or osteopathic) who have completed a residency in family practice, general practice, obstetrics/gynecology, internal medicine, pediatrics, or general psychiatry, and other primary health care professionals.
    - The program currently has 19 primary care physicians serving in HPSAs.
    - Providers are serving 32,300 patients, of which 9,690 are covered by Medicare or Medicaid or are uninsured.

- Conrad State 30/J1 Visa Physician Waiver Program: The purpose of the Conrad State 30 (J-1 Visa Waiver) Program is to provide for each participating state a total of 30 J1-Visa waiver positions per year to recruit needed primary care and specialty physicians, both allopathic and osteopathic, into federally designated HPSAs.
    - The program has resulted in 46 primary care physicians currently serving in HPSAs.
    - These providers are serving 78,200 patients, of which 23,460 are covered by Medicare or Medicaid or are uninsured.

- National Health Services Corp (NHSC) Program: Clinicians participating in this program practice in a broad range of community-based systems of care operating in rural and urban federally designated HPSA. The NHSC participants and clinics are committed to serving the needs of underserved populations.
    - The program currently has 30 primary care physicians serving in HPSAs.
    - Providers are serving 51,000 patients, of which 15,300 are covered by Medicare or Medicaid or are uninsured.

- Current initiatives address access to free or affordable primary care and preventive health care services in Louisiana's health professional shortage areas (HPSAs). Physicians and clinics participating in the Conrad State 30/J1 Visa Physician Waiver Program must have a minimum of 30% combined Medicare, Medicaid and uninsured patient populations. The clinics offer a sliding fee scale (SFS) to assure access to all patients regardless of their ability to pay.

- These programs have increased the number of clinicians that have implemented the use of SFSs for patients that are below? 200% of the federal poverty level. Clinics supported in their efforts to expand comprehensive, culturally competent, community-based primary health care services for medically underserved populations include critical access hospitals, federally qualified health centers (FQHCS), private physician practices, rural health clinics, and small rural hospitals. Over 40% of primary care physician placements are with FQHCs. Through state and federal clinical initiatives, the FQHCs are integrating the patient-centered medical home model and electronic medical records.

- LSUHSC – New Orleans, Rural Scholars Track: Admission to the LSU School of Medicine in New Orleans Rural Scholars Track (RST) identifies and trains physicians to practice medicine in rural Louisiana. This rural track was created in response to the growing shortage of physicians in certain areas of Louisiana. This program is open to Louisiana residents.

PREVENTABLE HOSPITALIZATIONS (48TH)

Preventable hospitalization is 5% of the total score. The state ranks 48th in the country for discharge rate of Medicare enrollees age 65-99 with full Part A entitlement and no health maintenance organization (HMO) enrollment from hospitals for ambulatory care-sensitive conditions. Ambulatory care–sensitive conditions are those "for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease[6]." These conditions are based on International Statistical Classification of Diseases and Related Health Problems (ICD-9-CM) diagnosis codes and include: convulsions, chronic obstructive pulmonary disease (COPD), bacterial pneumonia, asthma, congestive heart failure (CHF), hypertension, angina, cellulitis, diabetes, gastroenteritis, kidney/urinary infection and dehydration. The rank is based on the most recently available data from the Dartmouth Atlas of Health Care.

On a national level, the number of preventable hospitalizations is declining. Between 2001 and 2012, the number of preventable hospitalizations nationally declined from 82.5 to 66.6 discharges per 1,000 Medicare enrollees. Preventable hospitalizations include those hospitalizations that could likely be prevented by high quality preventative and primary health care. According to the United Health Foundation, "Preventable hospitalizations reflect how efficiently a population uses the various health care delivery options for necessary care."[7] According to that same report, if preventable hospitalizations are

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[6] "Prevention Quality Indicators: Overview," Agency for Health Care Research and Quality (2012). http://www.qualityindicators.ahrq.gov/.

[7] "America's Health Rankings," United Health Foundation. (2012).

addressed, the economic burden currently placed on our health care system could largely be alleviated.[8] In Louisiana, the numbers of hospital readmissions are declining, with the biggest percentage drop in the Lake Charles region of the state.[9] The state is currently addressing the issue of preventable hospitalizations by taking action through several measures, most notably through eQHealth Solutions, which is a non-profit health care management company working in Louisiana to lower hospital readmission rates. In September 2012 they received a federal contract from the Centers for Medicare & Medicaid Services (CMS) to "improve health outcomes and reduce costs in both the Monroe and Shreveport communities," including hospital readmission rates.[10] eQHealth is the Medicare Quality Improvement Organization for Louisiana, working with hospitals and long-term care providers to address and improve health outcomes in the state.

OUTCOMES

DIABETES (46TH)

[See Obesity, page 7]**The risk factor of obesity and the disease process of diabetes are so closely linked, that any intervention for one impacts the other.*

POOR MENTAL HEALTH DAYS (44TH)

The poor mental health days measure is 2% of the total score. According to the United Health Foundation's America's Health Rankings, the outcome measure "Poor Mental Health Days" is defined as the average number of days in the previous 30 days that a person could not perform work or household tasks due to mental illness. The self-reported data relies on the accuracy of each respondent's estimate of the number of limited activity days they experienced in the previous 30 days. The rank is based on data from the preceding year from the CDC's BRFSS.

The number of poor mental health days in the previous 30 days ranges from an average of 2.8 days in Hawaii and North Dakota to 5.2 days in Arkansas; Louisiana residents reported not being able to perform work or household tasks an average of 4.4 days in the previous 30. The average number of poor mental health days in the previous 30 days for the United States is 3.8 days. Louisiana currently ranks 44th.

Poor mental health days provide a general indication of health related quality of life, mental distress, and the burden that more serious mental illnesses place on the population. Good mental health is essential to good overall health and wellness. Poor mental health days are an assessment of the impact of poor mental health on wellness. The number of poor mental health days is also a predictor of future health as it predicts 1-month and 12-month office visits and hospitalizations (Dominick et al., 2002). In extreme cases, poor mental health can lead to suicide, the 11th leading cause of death for all ages and the 2nd leading cause of death among 25 to 34 year olds. The medical costs of mental illness are estimated to be approximately $100 billion annually (Mark et al., 2007). Although occasional short periods of mental distress and a few poor mental health days may be unavoidable, more prolonged and serious episodes are

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[8] Ibid.

[9] "Quality Insider," eQ Health Solutions, 7, no. 3 (2012).

[10] Ibid.

treatable and preventable though early interventions (Moriarty, 2009). The state is currently addressing the issue of poor mental health days in the following ways:

- Louisiana, over the past three years, has fundamentally transformed the behavioral health service delivery system through implementing the proven behavioral health care strategy of providing services through a managed care model. Managed care improves quality through expanding the base of providers in which clients can receive care as well as through ensuring each service received is appropriate and in the best interest of the client. Specialized care is also made available through various expansion programs that focus on youth and adults that are more "at greatest risk." For the first time, Louisiana residents with Medicaid or who are uninsured have a single point of entry into the behavioral health system by calling toll-free to the 24/7/365 hotline at 1-800-424-4399.

- Simultaneous to the improvements to the behavioral health care system are equally impressive changes that are occurring in the primary health care delivery system. Bayou Health, the name given to the primary health managed care system, is having a similar impact of improving the types and range of services available to clients as well as the quality of physical health care delivered. This initiative is expected to reduce the number of poor mental health days by ensuring that physical health conditions, often related to exacerbation of behavioral health symptoms, are more effectively managed and treated. This is particularly important as individuals with behavioral health disorders more frequently are diagnosed with multiple chronic diseases and experience mortality 14-32 years earlier than the general population (Oliver, 2012). Further, with the move to managed care for both behavioral and physical health, there is a greater opportunity to coordinate behavioral and primary health services for consumers. Strong collaborations between primary and behavioral health providers enhance both behavioral and physical health outcomes.

- Louisiana is continuing to have positive impacts on the behavioral health of its citizens in a number of other important ways. One example is the continual promotion of healthy activities. DHH as well as other health care providers continue to promote healthy lifestyles by providing information on healthy food choices, exercise, and smoking cessation. In addition to health promotion, Louisiana has also paid focused attention to suicide prevention. The Louisiana Youth Suicide Prevention coalition conducted a media campaign to inform residents of suicide prevention resources such as the National Suicide Prevention Lifeline. Training and presentations regarding suicide prevention and intervention have reached over 40,000 individuals since 2006. Related to these efforts, Louisiana has been able to maintain a historically low rate of suicide[11]. Finally, Louisiana has placed effort on improving elderly care services (a group disproportionately impacted by behavioral health issues). These programs (such as LA Program of All-Inclusive Care for the Elderly - LA PACE) help coordinate elderly persons to health care needs as well as allow the elderly to continue to live independently longer.

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[11] "Suicide Mortality, 2010," Centers for Disease Control and Prevention. (2010). http://www.cdc.gov/nchs/pressroom/states/SUICIDE_STATE_2010.pdf.

POOR PHYSICAL HEALTH DAYS (42ND)

The poor physical health days measure is 2% of the total score. Poor physical health days are the average number of days in the previous 30 days that a person could not perform work or household tasks due to physical illness. The self-reported data relies on the accuracy of each respondent's estimate of the number of limited activity days they experienced in the previous 30 days.[12] Currently Louisiana is ranked 42nd in the nation for poor physical health days, with approximately 5% of the population reporting. The rank is based on the preceding year's data from CDC's Behavioral Risk Factor Surveillance System (BRFSS).

Poor physical health days provide a general overview of the population's quality of life. Poor physical health days are not only an indicator of current health status but also a predictor of future health and future medical care; it has been shown to be a predictor of 1-month and 12-month hospitalizations and office visits.[13]

GEOGRAPHIC DISPARITY (25TH)

Geographic disparity is 5% of the total score. The state ranks 25th in the country for the variation in the age-adjusted mortality rate among parishes in the state. It is the standard deviation of the three-year average, age-adjusted all-cause mortality rate for all parishes/counties within a state divided by the three-year age-adjusted all-cause mortality rate for the state. The lower the percent, the closer each parish/county is to the state average and the more uniform the mortality rate is across the state. For parishes/counties with fewer than 20 deaths in the three-year period (about 20 to 30 counties in the United States each year), the parish/county was assumed to have an age-adjusted death rate equal to the state's age-adjusted death rate and thus has no effect on the geographic disparity of the state. The rank is based on the most recently available data from the CDC and the NCHS. The state is currently addressing the issue of geographic disparity in the following ways:

- The Louisiana Chronic Disease Prevention and Control Unit (CDPCU) collaborates with stakeholders to reach disparate populations in a data-driven approach to addressing health disparities and reduce mortality across disease areas. Collaborative efforts incorporate community-based strategies that promote health and wellness in areas where statistics show the highest burden and mortality rates. The CDPCU worked to identify area population groups with a higher prevalence of tobacco related co-morbidities/chronic conditions such as cancer, heart disease, asthma, and infant mortality. As a result, the CDPCU also identified tobacco as a major risk factor for all of the aforementioned chronic diseases that contributes to increasing illness and mortality. Tobacco use has shown to contribute to increasing complications of these chronic diseases and plays a key role in increasing the cost associated with treatment of patients with these illnesses.

- Efforts have been made since 2012 to increase the Quitline utilization by rural, low socioeconomic status (SES) youth, reproductive age women, individuals with mental health conditions, and people with disabilities through communication and outreach efforts. By targeting rural areas with tobacco, the CDPCU has implemented a cross-cutting approach to reaching disparate populations across

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[12] "Behavioral Risk Factor Surveillance System (BRFSS)," Centers for Disease Control and Prevention, (2011). http://apps.nccd.cdc.gov/BRFSS/page.asp?cat=PA&yr=2011&state=LA#PA.

[13] KL Dominick, FM Aherm, CH Gold, and DA Heller, "Relationship of health-related quality of life to health care utilization and mortality among older adults," Aging Clinical Experience Research, no. 14 (2002): 499-508.

disease areas. The Louisiana Asthma Management and Prevention (LAMP) Program provides education and training on the diagnosis and management of asthma to physicians, nurses and respiratory therapists in regions where Medicaid claims are the highest. The Louisiana Tobacco Control Program provides education and training on tobacco cessation interventions to health care providers in areas where tobacco use has shown the highest burden. The Louisiana Heart Disease and Stroke Prevention Program increased the capacity of small rural hospitals to implement strategies that utilize electronic communication methods to address stroke diagnosis in areas where the prevalence is highest.

- The Louisiana Diabetes Prevention and Control Program (DPCP) has developed initiatives reaching three federally qualified health centers (FQHC) and one rural health clinic (RHC) treating and tracking approximately 500 diabetics in regions of the state with high percentages of persons with diabetes-related health disparities.

- Moving forward, the CDPCU continues to work to improve the percentage of Louisiana residents who are adversely impacted by chronic diseases while reducing geographic disparities through program integration at the grassroots level, state and local policies and leveraging human resources to meet the needs of citizens addicted to tobacco and diagnosed with chronic illness.

INFANT MORTALITY (49TH)

Infant mortality is 5% of the total score. The state ranks 49th in the country for the number of infant deaths that occur before age 1 per 1,000 live births. The rank is based on a two-year average using the most recently available data from the NCHS.

The death rate of babies before their first birthday is measured through infant mortality. Drivers of infant mortality can include birth defects, maternal complications of pregnancy, Sudden Infant Death Syndrome (SIDS) and injury. But the major cause is when babies are born too soon or too small; therefore, DHH strategies to address low birth weight and prematurity also have the potential to impact Louisiana's infant mortality rate. Infant mortality prevention is a major focus nationally with Maternal and Child Health (MCH) Title V Directors and State Health Officials in federal Regions IV and VI are expected to develop and execute state plans around addressing key drivers of infant mortality by December 2013. The state is currently addressing the issue of infant mortality in the following ways:

- The previously mentioned low birth weight and preterm birth prevention activities will impact infant mortality. In addition, DHH/ Bureau of Family Health (BFH) plays a key role in the analysis and interpretation of vital records, health, morbidity, and sociodemographic data for the purpose of assisting program planning, evaluation, and policy development. Pregnancy Risk Assessment and Monitoring System (PRAMS) is a surveillance system designed to identify factors associated with low birth weight deliveries and other outcomes by describing maternal behaviors and experiences before and during pregnancy and in infancy.

- Another key program designed to examine underlying causes of infant mortality and make recommendations to prevent infant death is Fetal Infant Mortality Review (FIMR). FIMR is a community-based sentinel surveillance system and action oriented process that assesses, monitors, and works to improve service systems and community supports.

- Additionally, BFH promotes public awareness of Sudden Infant Death Syndrome (SIDS) through its SIDS/Safe Sleep Campaign, a social marketing effort to reduce infant's risk of suffocation and SIDS.

CARDIOVASCULAR DEATHS (46TH)

Cardiovascular deaths are 2% of the total score. The state ranks 46th in the country for the three-year average, age-adjusted number of deaths attributed to cardiovascular diseases, including but not limited to heart disease and stroke, per 100,000 population. The rank is based on the most recently available three years of data from the National Center for Health Statistics and CDC. The rates are age-adjusted using NCHS's bridged-race estimates of the July 1 resident population from the 2008 county-level postcensal series.
The state is currently addressing the issue of cardiovascular deaths in the following ways:

- The Louisiana Heart Disease and Stroke Prevention (HDSP) Program has been working toward reducing the burden of cardiovascular disease (CVD) by focusing on relevant risk factors: high blood pressure, high cholesterol and smoking. Reducing the prevalence of these risk factors will not only reduce the number of deaths caused by CVD, but also the number of people diagnosed with CVD. In 2009, the HDSP Program partnered with the Diabetes Prevention and Control Program, Tobacco Control Program, and Louisiana Primary Care Association on the Health Disparities Collaborative. Technical assistance and training on providing disease management treatment and care to patients diagnosed with diabetes or cardiovascular disease was provided to three federally qualified health centers for 18 months. Significant improvements were made in patients' health and the model can be replicated in other health care facilities. More information can be found in the recent publication "Reducing the burden of cardiovascular diseases: A qualitative assessment of Louisiana health disparities collaboratives" in the *Journal of Cardiovascular Disease Research.*

- Recently, the HDSP Program has been focusing on worksite wellness. Employers can take several steps to improve the health of their employees, leading to increased productivity, reduced absenteeism, and reduced health care costs. The HDSP Program has partnered with the Louisiana Business Group on Health (LBGH) in the development of the *Louisiana Worksite Wellness Toolkit and Resource Guide.* While LBGH is working to implement the toolkit in private companies, the HDSP Program is working to implement it in state agencies. Blue Cross Blue Shield (BCBS) manages the health plans for approximately 62,000 state and public school employees, retirees and their dependents. As part of BCBS member services, they promote health and wellness through a wide range of integrated programs and services. The HDSP Program is focused on improving the overall health of state employees through the promotion of Blue Cross Blue Shield's health plan benefits, and education regarding the importance of preventive health. The HDSP Program also plans to work with individual state agencies to assist in the implementation of worksite wellness programs that encourage physical activity, healthy eating, quitting smoking and disease self-management.

CANCER DEATHS (48TH)

Cancer deaths are 2% of the total score. The state ranks 48th in the country for the three-year average, age-adjusted number of deaths attributed to cancer per 100,000 population. The rank is based on the most recently available three years of data from the NCHC and CDC. The rates are age-adjusted using NCHS's bridged-race estimates of the July 1 resident population from the 2008 county-level postcensal series. The

following ICD-10 codes were used: C00-C97 (Malignant neoplasms), D00-D09 (In situ neoplasms), and D37-D48 (Neoplasms of uncertain or unknown behavior).

Cancer is the second leading cause of death in the United States, and is predicted to take 84 million lives over the next decade. Louisiana has approximately 180 cancer deaths a week. In 2011, approximately 8,360 deaths occurred in Louisiana as a result of cancer. As a result of these alarming statistics, government and non-profit state organizations have diligently worked on programs and initiatives to help reduce this burden.

Louisiana State University (LSU) Health Sciences Center's School of Public Health currently manages the Louisiana Comprehensive Cancer Control Program using funding from the Centers for Disease Control and Prevention (CDC). Some of their cancer control initiatives include:

- The Louisiana Breast and Cervical Health Program (LBCHP), funded by and part of the National Breast and Cervical Cancer Early Detection Program of the Centers for Disease Control and Prevention (CDC), provides access to lifesaving services for early detection of breast and cervical cancers to low-income, uninsured, and underserved women in Louisiana

- The Louisiana Cancer Control Partnership, also funded by the CDC, is a coalition dedicated to reducing cancer disparities by providing a comprehensive, integrated, and coordinated approach to the continuum of cancer control service delivery.

- A demonstration project for policy and system change for primary, secondary, and tertiary prevention of cancer is funded by the CDC to show that by implementing policy and system changes, incidence and mortality rates of cancer can be impacted.

In addition to LSU Health Sciences Center's School of Public Health the Stanley S. Scott Cancer Center (SSSCC), which operates under the guidance of LSU's School of Medicine, works within communities to help reduce the burden of cancer. The SSSCC's programs provide communities with information on how to reduce their chances of developing cancer; help people detect cancer at early, treatable stages of the disease; diagnose and treat cancer patients; and further cancer research. Initiatives which help reduce second hand smoke-exposure and promote active living and healthier eating habits each help reduce the burden of second hand smoke exposure.

PREMATURE DEATH (47TH)

Premature death is 5% of the total score. The state ranks 47th in the country for the loss of years of life due to death before age 75 as defined by the Centers for Disease Control and Prevention's Years of Potential Life Lost (YPLL-75). Thus, the death of a 25-year-old would account for 50 years of lost life, while the death of a 60-year-old would account for 15 years. Rankings are based on the 2009 YPLL report from the CDC. Deaths happening in the younger population are usually more preventable than those occurring in the elderly population and suggest inadequacies of in the health care system or lifestyle

behaviors. According to 2009 mortality data, cancer, unintentional injury, heart disease, suicide and deaths occurring during the perinatal period are the top five causes of premature death in the United States. [14]

Modifying lifestyle behaviors can directly impact premature deaths. For instance tobacco use, physical inactivity, and being overweight or obese can increase the incidence of cancer, heart disease, and diabetes. The Department of Health and Hospitals (DHH) is actively in engaging with schools and worksites to implement tobacco-free environments and work-site wellness programs.

[14] "WISQARS years of potential life lost (YPLL) report," Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control (NCIPC), (2009). http://webappa.cdc.gov/cgi-bin/broker.exe.

RECOMMENDATIONS: HOW LOUISIANA CAN IMPROVE

In this section of the report, we explain (a) recommendations for improving Louisiana's overall ranking, and (b) existing recommendations for improving individual measures.

IMPROVING OVERALL RANKINGS

In addition to continuing the efforts identified in the proceeding section of this report, the state could focus additional attention onto those areas where the measure are more significantly weighted than others. If the state wants to significantly raise the overall health ranking in the next decade, thought should be given to the state's current approach to health care. Since the *America's Health Rankings*® report began in 1990, the state has consistently been at the bottom of the ranking. If there are states with similar demographics consistently ranked higher in the overall health rankings, Louisiana may benefit from a study of what they are doing to achieve and maintain those rankings. One approach to this would be to create a benchmarking system where the state can compare their programs to comparable states in the country that are either consistently ranked highly or have drastically improved their rankings in the past decade. Further study could be beneficial to implement a successful plan to improve the state's overall ranking.

BEHAVIORAL MEASURES

SMOKING

The smoking measure has the highest weight on the overall health ranking. Recommendations to improve the state ranking for this measure include:

- Encourage schools and worksites to adopt tobacco-free policies. Tobacco-free polices ban smoking and oral tobacco use on school and worksite properties, thus limiting the exposure to second-hand smoke.
- Encourage the expansion of tobacco-prevention youth programs to prevent the initiation of tobacco.
- Promote and maintain the sustainability of the Louisiana Tobacco Quitline, 1-800-QUITNOW, that offers tobacco cessation services for the state's residents.
- Continue the enforcement of The Louisiana Smoke-Free Air Act (Act No. 815), effective January 1, 2007, prohibits smoking in most public places and workplaces, including all restaurants with or without attached bars.

OBESITY

Recommendations to improve the state's ranking for this measure include:

- Promote and implement quality physical education programs in schools and workplaces among all students and state employees.
- Work to ensure that students in grades K-8 participate in planned, organized, and moderate to vigorous physical activity for a minimum of 30 minutes each school day.

- Implement a program similar to "Fit Kids" or "Growing up Fit" that incorporates healthy eating, physical activity, and psycho-social support to children.
- Promote participation in bicycle sharing programs such as B-Cycle to promote physical activity.
- Work with insurance providers in offering discounts and/or incentives to participants that sign up for personal training services with physician orders.
- Develop and implement the "Eat Fresh Louisiana" Initiative, a farm-to-restaurant table program will be implemented statewide in order to increase the amount of fresh, locally grown produce that is utilized in all Louisiana restaurants and to promote selection of healthier options.
- Replace unhealthy foods with healthy snacks in vending machines in state buildings.
- Develop and maintain a completely virtual "Diabetes and Obesity" University (e.g. http://www.reshapingtexas.org/) a comprehensive, statewide collection of resources and information to help address the economic effects of obesity. This can include geographic information system (GIS) maps showing where in Louisiana students are most at risk for obesity. These maps will help identify the state's obesity hot spots — areas most in need of targeted intervention
- Partner with Louisiana Public Health Institute (LPHI) and Blue Cross Blue Shield of Louisiana to support Text4Health. Text4Health creates a customized texting program for anyone who enrolls, helping the individual manage his or her lifestyle by passing along daily reminders and tips and encouraging them to set fitness goals. The program is made possible through a public-private initiative that includes the American Diabetes Association (ADA), Centers for Disease Control and Prevention (CDC), the Office of the National Coordinator for Health Information Technology (ONC), Voxiva, and the three Beacon Communities that are piloting this program: Crescent City (New Orleans), Southeast Michigan and Greater Cincinnati.

COMMUNITY & ENVIRONMENT

INFECTIOUS DISEASE

Recommendations to improve the state's ranking for this measure include:

- Implement routine syphilis testing in correctional settings in the Baton Rouge and Shreveport regions, two of the highest morbidity areas of the state.
- Increase community-based syphilis testing for high-risk individuals in the New Orleans region. (Not budget neutral, but a good recommendation.)
- Increase awareness of syphilis prevention information and availability of testing resources for high-risk individuals through recruitment/outreach activities in the New Orleans, Baton Rouge, Lafayette, and Shreveport regions.
- Continue to provide Partner Services with all persons who are diagnosed with primary & secondary syphilis to ensure proper treatment was completed and to identify and locate partners who may have been exposed to syphilis for further testing and treatment, as needed.

OUTCOMES

POOR MENTAL HEALTH DAYS

It is anticipated that the state will continue to improve the poor mental health days ranking in the next ten years by continuing with the changes to the physical and behavioral health care service delivery system and by engaging in intentional health promotion efforts. This indicator will also benefit from the developing collaboration between primary care and behavioral health providers and continuation of existing efforts with the elderly and in suicide prevention.

GEOGRAPHIC DISPARITY

Recommendations to improve the state's ranking for this measure include:

- Continue legislative funding match of the state Loan Repayment Program.
- Provide placement assistance to physicians seeking positions in HPSAs.
- Increase the number of medical students willing to pursue careers in primary care and serve in HPSAs.
- Link patients with primary care physicians and clinics serving in Louisiana recruitment incentive programs.

CARDIOVASCULAR DEATHS AND DIABETES

Recommendations to improve the state's ranking for this measure include:

- Explore having Office of Group Benefits (OGB) adopt a Comprehensive Wellness Premium Discount Program to lower risks and reduce the incidence of costly chronic conditions among state employees and thereby reduce costs to the state.
    - All active state employees would be required to be screened for each of the five risk factors:
        - Glucose> 200
        - Cholesterol >250
        - BMI> 35
        - Hypertension> 160/100
        - Tobacco use
    - Employees would receive a $25 comprehensive wellness premium discount when either of the following conditions are met: The employee has been deemed not at risk by OGB based on the reported health risk factors or the employee has been deemed at risk by OGB based on the reported health risk factors and has followed the requirements to address their particular condition(s). They would also receive a $25 tobacco-free discount if they are not tobacco users.
- Increase number of federally qualified health centers (FQHC) that are recognized as medical homes. The medical home model is an approach to providing comprehensive primary care that facilitates partnership between patients, physicians, and families. It also ensures that patients have the education and support they need to make healthy lifestyle decisions and participate in their own care. Encompassed within achieving medical home recognition are clinical and preventive guidelines and interventions to be met and followed that address obesity, diabetes, and smoking - among many other chronic disease factors.
- Work with Blue Cross Blue Shield of Louisiana (BCBS) to develop a value-based insurance design (VBID) that will address cost-related medication non-adherence and remove cost barriers.

Recommendations to improve the state's ranking for this measure are divided into three goals and include:

- Goal 1: Improved access to care and early detection among the medically underserved population.
  - Increase the number of women served by Louisiana Breast and Cervical Health Program (LBCHP) to 25% of the eligible population.
  - Increase the routine administration of the HPV vaccine to all females nine to 26 years old.
  - Have all LSU mammography clinics offer walk-in availability.

- Goal 2: Tobacco control
  - Eliminate nonsmokers' exposure to secondhand smoke by increasing the number of healthy workplaces.
  - Promoting Quitline use among adults and young people.

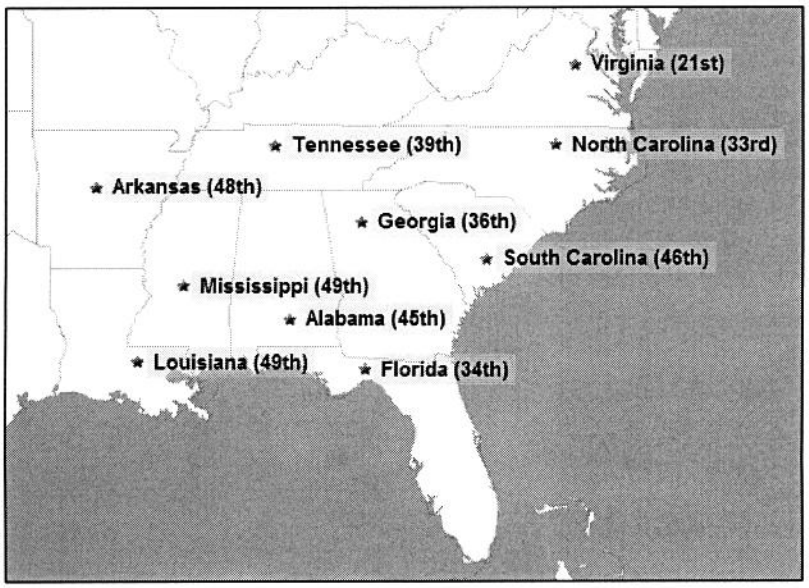
- Goal 3: Obesity
  - Develop a system to provide rates of obesity and related health indicators to partners for planning, evaluation, and dissemination.
  - Establish policy and environmental changes for healthy food choices and physical activity.
  - Increase the number of collaborations to organize individuals, families, schools, worksites, and communities to create opportunities that promote healthy lifestyles and healthy weights.

- Efforts being implemented in other states:
  - Kentucky uses a multi-pronged approach to addressing the cancer burden. Initiatives such as community outreach; education of medical professionals, students, and community members; and research into social factors affecting cancer risk each help to address this burden.
  - New York recently released its 5-year plan to target cancer; the plan includes initiatives to target smoking, poor nutrition, obesity.

CONCLUSION

In the past decade, Louisiana's overall health ranking has remained at or near the bottom. The state's overall ranking has improved slightly in three of the past eleven years, but consistently has gone back down. In order to achieve significant, permanent increases, the state should focus on improving those measures weighted most heavily, such as smoking, obesity, and the lack of health insurance. These are among the measures that have the largest impact on the state's overall ranking. In this report, we explained (a) the current status of each measure included in the overall ranking and (b) the department's recommendations for improving the rankings.

The state should routinely measure progression on goals and objectives that will improve overall rankings. Success is not only the responsibility of DHH, but partners from other state agencies, the business community, schools and universities, and health care organizations. A partnership to improve the overall health of Louisiana is a commitment to the residents of our state and sharing the responsibility of addressing our health issues in a systematic and accountable way. Additionally, Louisiana can look to other states that have risen in the rankings within the past decade and to other southern states that rank higher for guidance on improving rankings. Among the most highly ranked southern states, Virginia ranks 21st, North Carolina ranks 33rd, Florida ranks 34th, and Georgia ranks 36th (See Map 1).



Map 1: Regional Rankings, 2012

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Authors: Lauren Wingo Jackson, Tasha Bergeron, Christine Arbo Peck, Calder Lynch, Department of Health and Hospitals

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Louisiana Department of Health and Hospitals
Bruce D. Greenstein, Secretary
Kathy Kliebert, Deputy Secretary
Jerry Phillips, Undersecretary
Courtney Phillips, Chief of Staff
Christine Peck, Legislative and Governmental Relations Director

BIBLIOGRAPHY

Agency for Health Care Research and Quality, "Prevention Quality Indicators: Overview." Last modified 2012. Accessed February 8, 2013. http://www.qualityindicators.ahrq.gov/.

Centers for Disease Control and Prevention, "Behavioral Risk Factor Surveillance System (BRFSS)." Last modified 2011. Accessed January 22, 2013. http://apps.nccd.cdc.gov/BRFSS/page.asp?cat=PA&yr=2011&state=LA#PA.

Centers for Disease Control and Prevention, "Best Practices for Comprehensive Tobacco Control Programs." Last modified 2007. http://www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2007/bestpractices_complete.pdf.

Centers for Disease Control and Prevention National Center for Injury Prevention and Control (NCIPC), "WISQARS years of potential life lost (YPLL) report." Last modified 2009. Accessed January 29, 2013. http://webappa.cdc.gov/cgi-bin/broker.exe.

Centers for Disease Control and Prevention, "Suicide Mortality, 2010." Last modified 2010. Accessed February 8, 2013. http://www.cdc.gov/nchs/pressroom/states/SUICIDE_STATE_2010.pdf.

Dominick, KL, FM Aherm, CH Gold, and DA Heller. "Relationship of health-related quality of life to health care utilization and mortality among older adults." *Aging Clinical Experience Research.* no. 14 (2002): 499-508.

eQ Health Solutions, "Quality Insider." 7. no. 3 (2012).

Louisiana Department of Health and Hospitals, "Leading Transformation: Our FY 2012 Priorities for a Healthier Louisiana." Last modified 2011. Accessed January 29, 2013. http://www.dhh.louisiana.gov/assets/docs/Secretary/DHH_BsnssPln_FNL_9_22_11.pdf.

Louisiana Department of Health and Hospitals, "BAYOU HEALTH." Last modified 2012. Accessed January 29, 2013. http://www.makingmedicaidbetter.com/.

Louisiana Children's Health Insurance Program, "Annual Report." Last modified 2012. Accessed February 7, 2013. http://new.dhh.louisiana.gov/assets/medicaid/lachip/2012_LaCHIP_Report.pdf.

The Louisiana Campaign for Tobacco-Free Living, "Smoke-Free Air Act Study Shows No Impact on Employment in Hospitality Industry." Last modified 2012. Accessed February 8, 2013. http://www.tobaccofreeliving.org/home5/section/announcement_view/642/.

United Health Foundation, "America's Health Rankings." Last modified 2012. Accessed January 22, 2013. http://www.americashealthrankings.org/.

United Health Foundation, "America's Health Rankings, Louisiana Overview: 2012." Last modified 2012. Accessed January 22, 2013.

http://reportgenerator.americashealthrankings.org/Report/Create/Print/RankingsPreview/LA/2012.

United Health Foundation. "America's Health Rankings: The Scientific Advisory Committee." Last Modified 2012. Accessed February 7, 2013. http://www.americashealthrankings.org/About/ScientificAdvisoryCommittee.

United States Environmental Protection Agency, "Fine Particle (PM2.5) Designations." Last modified 2012. Accessed January 22, 2013. http://www.epa.gov/pmdesignations/faq.htm#0.