

**LOUISIANA**

**PROPOSED**

**2011: Preventive Health and Health  
Services Block Grant**

**Advisory Committee**

**Work-plan Review**



**May 2010**



**LOUISIANA**  
**PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT**  
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**LOUISIANA  
PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT  
WORK PLAN REVIEW**

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## **10 ESSENTIAL SERVICES OF PUBLIC HEALTH**

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal healthcare workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.



## Emergency Medical Services Work Plan

### **National Health Objective:**

HO 1-11 Emergency Medical Services

### **State Health Objective(s):**

Reduce the morbidity and mortality for persons, with injuries or who suffer from acute or chronic illnesses, cared for by the Emergency Medical Services System (EMSS) in Louisiana, by assuring the availability of well-trained and appropriately certified response personnel.

### **Baseline:**

The baseline for the education objective is the total number of currently approved EMS education programs/sites and certified instructors.

- Education programs/sites: 223
- Authorized Instructors: 409

The baseline for the examination objective is the total number of currently approved examination sites and certified examiners.

- Examination Sites: 4
- Certified Examiners: 140

The baseline for the certification objective is the total number of newly certified First Responders, EMT's, and Paramedics and the number of those currently certified.

- Current EMT's: 19,495
- Projected New EMT's: 2,000

### **Data Source:**

Louisiana Bureau of Emergency Medical Services Portal, National Registry of EMT Information System.

### **State Health Problem:**

### **Health Burden:**

Emergency medical services (EMS) respond to all requests for pre-hospital medical care including cardiac, medical and trauma emergencies. These illnesses affect persons of all demographics. The survival rate for persons subject to a cardiac, medical or trauma emergency is greatly increased when responded to by a well trained and appropriately certified emergency medical technician.



Over 40% of the State is considered as being either rural and/or in a professional health care shortage area. The State currently has only two Level 1 Trauma Centers with a distance between the two of greater than 300 miles. According to The American College of Surgeons, Committee on Trauma, the State should have a minimum of one Level 1 Trauma Center per one million populations. The total population of the State is 4.6 million. The competency for EMS personnel must be at the highest level to ensure a greater survival rate secondary to prolonged transport times.

The Bureau of EMS is mandated to provide standards for education, examination and certification of emergency medical technicians.

### **State Program Strategy:**

#### **Goal:**

The Bureau of EMS will implement and evaluate the response of appropriately trained and certified emergency medical technicians through assessment, policy development and quality assurance (*State Emergency Medical Services Systems: A Model, July 2008*).

#### **Strategy:**

Louisiana Bureau of Emergency Medical Services is a section within the Department of Health and Hospitals, Office of Public Health. The Bureau of EMS is responsible for the improvement and regulation of emergency medical services in the State; it is mandated to promulgate and enforce rules, regulations, and minimum standards for course approval, instruction, examination and certification; it is responsible for developing a state plan for the prompt and efficient delivery of emergency medical services.

- **Education –**

Assessment: The Bureau of EMS currently manages 220+ EMS Education Programs with over 400 instructors across the state. It is currently a challenging task to ensure that all instructors are appropriately trained and that they are following all course objectives as outlined by the National Highway Traffic Safety Administration (NHTSA)/Department of Transportation and Development (DOTD) National Curriculum. The DOTD and NHTSA requirements will be replaced by the “New Education Agenda” upon its implementation. The New Education Agenda projected implementation is January 1, 2011. All eligible persons seeking certification to be an instructor must be affiliated with an approved EMS Education program. Each EMS program will verify that all current instructors have completed an approved Instructor course.



Policy Development: All eligible persons applying to become a Certified Instructor will be required to attend an approved Instructor Certification program based on the objectives and requirements of a nationally recognized program. This will allow for different organizations to both develop and have their Instructor certification program approved or they can select a list of approved Instructor certification programs. This will ensure that all students will receive a consistent level of instruction. Furthermore, all instructors are required to become affiliated with an approved EMS program.

Quality Assurance: The Bureau of EMS will assure that the education strategy is achieved by requiring certification documentation from a nationally recognized EMS Educator Course. Additionally, the educator must be affiliated with a state approved EMS program. This allows the Bureau of EMS to regulate programs versus instructors. Thus, allowing the Bureau to manage State EMS education more efficiently and effectively to improve the education standard. Furthermore, requiring that educators are affiliated with a State approved EMS program will ensure the competency and integrity of EMS education and offer a more professional standard within the medical community.

- *Examination –*

Assessment: The Bureau of EMS is responsible for administering the National Registry Practical Examination to all candidates eligible to become an EMT or Paramedic. The Bureau of EMS has utilized an examination process which consists of uncertified examiner EMT's and Paramedics. Currently, the Bureau of EMS utilizes a single practical examination site.

Policy Development: The Bureau of EMS will adhere to national recommendations regarding an examination team by utilizing persons across multiple medical disciplines (*National Registry of EMT Exam Coordinator Manual, 2002*). These will include EMT's, Paramedics, Nurses and Physicians. The Bureau will develop an Examiner Course which will certify eligible persons as a State EMS Examiner. The course will utilize standard guidelines and assure that all candidates receive an objective exam. Upon successful completion, the State EMS Examiner is approved to proctor the practical examination. The Bureau of EMS will expand the States' examination availability by increasing the number of approved EMS examination sites.

Quality Assurance: This utilization of a multiple medical discipline, certified examination team, will ensure the integrity and validity of the practical examination. By increasing the number of approved EMS examination sites, the time delay from course completion to practical examination will decrease.

- *Certification –*

Assessment: The Bureau of EMS is required to specify requirements and issue initial certifications and renewals of certification; specify minimum continuing education



requirements for all EMS personnel; and assure medical direction, supervision, and control over emergency medical services. The Bureau of EMS also hosts the EMS Certification Commission, which recommends and approves requirements and standards of practice for all EMS personnel and conducts disciplinary hearings and investigations.

Policy Development: The Bureau of EMS will participate as the beta site for the implementation of the National Registry electronic certification system that will combine both National Registration and State Certification into a single application process. The Bureau of EMS will adopt the National Registry recertification guidelines by allowing both traditional refresher courses and continuing education hours in an accumulative process to apply towards the recertification requirement. The Bureau of EMS will be the approving State authority for all EMS continuing education hours. The Bureau of EMS will create and promulgate State minimal treatment guidelines. The Emergency Medical Services Certification Commission (EMSCC) will evaluate the expansion of the current EMS standard of practice; and formulate a conviction policy to address individuals who violate any provision thereof.

Quality Assurance: A single application process for National Registration and State Certification will decrease the time delay between certification eligibility and receipt of credentials. Broadening recertification requirements allows for greater flexibility and greater access to educational opportunities. State treatment guidelines will set minimum standards using evidenced based medicine and best practices with annual review. The EMSCC meets regularly to discuss proposed changes in the EMS standard of practice. The conviction policy will be utilized to effectively discipline those EMS personnel that violate any part or subpart of the rules and regulations governing them.

### **Strategic Partnerships:**

The Bureau of Emergency Medical Services has developed and maintains strong partnerships with the following:

Internal	External
<ul style="list-style-type: none"> <li>• Louisiana Emergency Response Network Program</li> <li>• Center for Community Preparedness</li> <li>• Designated Regional Coordinators</li> <li>• Medicaid: Health Standards Division</li> <li>• Injury Research and Prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Louisiana Hospital Association</li> <li>• Louisiana Community Colleges</li> <li>• Governor's Office of Homeland Security and Emergency Preparedness</li> <li>• State Fire Marshal</li> <li>• Louisiana Ambulance Association</li> <li>• Louisiana Rural Ambulance Alliance</li> <li>• Department of Education</li> </ul>

Program <ul style="list-style-type: none"> <li>• Immunization Program</li> <li>• Emergency Medical Services for Children</li> <li>• Rural Access to Emergency Devices Program</li> <li>• Emergency Support Function 8</li> <li>• Bureau of Primary Care and Rural Health</li> </ul>	<ul style="list-style-type: none"> <li>• Department of Transportation and Development</li> <li>• National Registry of Emergency Medical Technicians</li> <li>• Louisiana Association of National Registered EMT's</li> <li>• Louisiana Society of Emergency Medical Services</li> <li>• <b>Instructor</b> Coordinators</li> <li>• Committee on <b>Accreditation</b> of Educational Programs</li> <li>• EMS Designated Regional Coordinators</li> <li>• Louisiana Chapter of American College of Emergency Physicians</li> <li>• Louisiana State Medical Society</li> <li>• Louisiana Association of EMS Physicians</li> </ul>
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### **Role of the PHHSBG Funds:**

The role of the Block grant in the Bureau of EMS is to provide funds to support 10 staff positions (8 FTE, 2 contractors). The staff positions provide education, examination and certification as outlined by state statute and in accordance with the National Highway Traffic Safety Administration's EMS Agenda for the Future.

The Bureau of EMS receives additional federal grants and self-generated fees from examination and certification. A small state fund exists for revenue received from personalized EMT license plates, otherwise known as prestige plates.

### **Evaluation Methodology:**

With the implementation of the new strategies proposed, the Bureau of EMS will evaluate the education, examination and certification goals as follows:

- *Education:* 100% of EMS courses will be taught by State EMS Instructors who are affiliated with a State Approved EMS program. 100% of EMS courses will follow the National Curriculum guidelines.
- *Examination:* 100% of practical examinations will be proctored by State EMS Examiners. State approved EMS Examination sites will increase by 300%.
- *Certification:* 100% of EMS personnel will access the single National registration and State certification application process. 100% of State EMS continuing education hours will be reviewed by the Bureau of EMS.

The Bureau maintains a central database which accounts for all certified instructors, examiners and EMS personnel in the State. The database will be used to prepare reports and gather statistical data as related to the program and individual projects.



**Population:**

**Target Population:**

The target population includes all current certified instructors, examiners, EMT's, and the projected number of new EMT certifications for this work plan period.

- Number: 22,494
- Ethnicity: Hispanic and Non-Hispanic
- Race: African American, Asian, White, Other
- Age: 18 through and including 65 years and older
- Gender: Male and Female
- Geography: Rural and Urban
- Primarily Low Income: No
- Location: State of Louisiana

**Population with Disparate Need:**

Illness and injury hold no special regard for race, ethnicity, age, gender, or income level. The EMS instructors, examiners and personnel are inclusive of all facets of the population. Proportionately, there is no disparate population being served.

**Data Source:** 1967 EMS White Paper. 1973 EMS Act.

**Evidence Based Guidelines:**

- Emergency Medical Services Education Agenda for the Future (National Highway Traffic Safety Administration, Department of Transportation)
- Committee on **Accreditation** of Educational Programs
- National Registry of Emergency Medical Technicians
- National Association of State EMS Officials
- National Association of EMS Physicians

**Role Under the National Health Objective:**

- Supplemental Funding

**Block Grant Funds for the National Health Objective:**



Current year funds allocated

\$ 354,195

Current year funds allocated to disparate population:

\$ 0

Current year funds to local entities for this health objective:

\$ 354,195

Block funds vs. other state health department funds for this health objective:

- 100% - Total source of funding

Number of FTE: 8	
Positions funded with this allocation	
Civil Service Title	% of time on the PHHSBG
Program Manager 2	100%
Administrative Coordinator 2	100%
Emergency Medical Services Specialist/EMT	100%
Emergency Medical Services Specialist/EMT	100%
Emergency Medical Services Specialist/EMT	100%
Administrative Program Specialist A	80%
Program Manager 1-B	100%
Program Monitor	100%



## **ESSENTIAL SERVICES:**

Allocated funds will be used to achieve Impact and Process objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices as outlined in this work plan.

### **Essential Service 4: Mobilize Partnerships**

**Impact Objective:** Convene and facilitate affiliations between 100% of EMS educators and approved EMS programs.

- Time-bound: October 2009-September 2010
- Activity:
  1. Completed analysis of all certified instructors in the State.
  2. Completed analysis of all certified programs in the State.
  3. Created the requirements for an Instructor courses.
  4. Provide notice to all instructors and programs of the change in policy.
  5. Implement policy.
  6. Require that 100% of EMT courses are delivered by an instructor affiliated with a State approved EMS education program.

### **Essential Service 5: Develop Policies and Plans**

**Impact Objective:** Develop consistent policy and procedures regarding EMS examination and certification.

- Time-bound: October 2009-September 2010
- Activity:
  1. Develop examiner's course.
  2. Select individuals from multiple medical disciplines to attend examiner's course.
  3. Host a minimum of three examiner's courses.
  4. Certify participants.
  5. Facilitate the National Registry practical examination.
  6. Analyze possible new examination sites and their capabilities.
  7. Meet with exam site facilitators.
  8. Conducted beta exam at selected sites to be attended by the National Registry Representative and State EMS Director.
  9. Approve/Disapprove examination site.
  10. Approve a minimum of three examination sites.

11. Conduct a minimum of two exams at each newly selected examination site.
12. Continuing to evaluate the need for more examination sites.

Essential Service 6: Enforce laws and regulations

Impact Objective: The Emergency Medical Services Certification Commission (EMSCC) will formulate a conviction policy to address individuals who violate any part or subpart of the rules and regulations governing EMS personnel.

- Time-bound: October 2009-September 2010
- Activity:
  1. Convene EMSCC meeting.
  2. Analyzed current trends in disciplinary actions against EMS personnel.
  3. Analyzed current conviction policy.
  4. Amend rules and regulations as appropriate, based on analysis.
  5. Incorporated conviction policy into disciplinary proceedings.

Essential Service 8: Assure competent workforce

Impact Objective: Provide standard, quality education, examination and certification for emergency medical personnel.

- Time-bound: October 2009-September 2010
- Activity:
  1. Reviewed and adopted the new national education standards.
  2. Base State education model on accepted national standards as outlined by the EMS Agenda for the Future.
  3. Adopt a national certification process for State EMS Instructors.
  4. Base State examination model on accepted national standards as outlined by the National Registry of EMT's.
  5. Implement a single application process for National Registration and State Certification.
  6. Adopt a national scope of practice and a State standard of practice.



## Environmental Epidemiology and Toxicology Work Plan

### **National Health Objective:**

HO 8-10 Fish Contamination

### **State Health Objective(s):**

**Impact Objective 1:** Assess Potential Mercury Exposure via Fish Consumption

**Activity:** Monitor Fish-Tissue Mercury Levels

**Measureable:** Waterbodies sampled

**Baseline:** Fish-tissue samples from 44 sites on 37 water bodies evaluated in 2000  
to samples from 66 sites on 61 waterbodies evaluated in 2008

**Data Source:** LDHH, OPH, SEET's Fish-Tissue Mercury Database (1994-2009)

**Impact Objective 2:** Provide Information to Reduce Mercury Exposure

**Activity:** Issue Fish Consumption Advisories

**Measureable:** Advisories issued

**Baseline:** 1 advisory issued in 2001 to 8 advisories in 2008

**Data Source:** LDHH, OPH, SEET's Fish Consumption Advisory Database  
(1994-2009)

**Impact Objective 3:** Evaluate Program Effectiveness and Efficiency

**Activity:** Evaluate Program Outreach Effectiveness

**Measureable:** Awareness of mercury contamination / advisories

**Baseline:** 75 percent of recreational fishers surveyed were aware of advisories in 1997 to 72% of recreational fishers surveyed in 2008 have seen warnings saying there is mercury contamination in fish.



**Data Source:** LDHH's 1997 and 2008 Louisiana Recreational Fishermen and Health Advisory Survey Database

**Activity:** Evaluate Program Sampling Efficiency

**Measureable:** Portion of fish with detectable mercury concentrations

**Baseline:** Portion of fish with detectable mercury concentrations (>0.001 ppm) was 85% in 1996 to 99% in 2005

**Data Source:** LDHH, OPH, SEET's Fish-Tissue Mercury Database (1994-2009)

### State Health Problem:

Mercury was identified as one of the most serious environmental threats in the southeast United States (US) (Facemire, 1995). Mercury is an element that occurs naturally. It is released into the environment by both natural processes and human activity. Methyl mercury accumulates in fish and then in humans who eat fish. Health officials everywhere are wary of high levels of mercury collecting in humans over long periods of time because of its potential for causing health problems. The primary source of environmental exposure to mercury in the general population is through consumption of contaminated fish. An increased mercury level in humans can cause damage to the nervous system and is dangerous to pregnant or nursing mothers.

Wet mercury deposition is approximately twice as high in the Gulf Coast region compared to other parts of the country (NADP, 2008). However, few published investigations have reported fish-tissue mercury levels in this region (Lange *et al*, 1993, 1994; Dupre *et al*, 1999; Huggett *et al*, 2001; Peles *et al*, 2006). In Louisiana (LA), mercury is one of the top ten causes of waterbody impairment (EPA, 2002). Approximately 22.4 percent (106) of Louisiana's assessed streams, lakes, wetlands, and estuaries are only partially supporting their designated uses, while 11.2 percent (53) are not at all supporting their designated uses. There are currently fifty-eight fish consumption advisories- forty-eight of which are for mercury.

This is of concern, as fish consumption is the primary mode of non-occupational mercury exposure; and fishing and seafood consumption are important economic and recreational activities in LA. One billion dollars of fishing expenditures was estimated for 2006 alone (USFWS, 2008). Indeed, significantly higher mercury levels have been found in LA's commercial fishers (Bellanger *et al*, 2000), and coastal recreational fishers (Lincoln, 2006). In these studies, elevated blood and hair mercury levels, respectively, were associated with fish consumption. Fish-tissue mercury levels in Louisiana's seafood may also be of national interest, given that LA has the second largest commercial seafood industry in the nation- LA fisheries contributed 10.3% of the nation's seafood supply in 2007 (NMFS, 2008).



**Target Population: (Source: US Census and Louisiana Department of Fisheries and Wildlife)**

Statewide: Freshwater – 470,441 Louisiana and 19,244 out-of-state fishers

Saltwater - 276,676 Louisiana and 15,667 out-of-state fishers

Race/Ethnicity: African American or Black, American Indian/Alaskan Native, Asian,

Hispanic, Native Hawaiian/Other Pacific Islander, White, Other

Age: All ages

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**Population with Disparate Needs:**

Women of childbearing age and children less than seven years of age.

Race/Ethnicity: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White, Other

Age: All ages

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

**State Program Strategy**

**Goal:** To reduce mercury exposure by performing statewide fish-tissue mercury surveillance, developing fish consumption advisories, and educating residents on advisories and safe fish consumption practices.

**Primary Strategic Partnerships:**



Internal:	External:
State Health Officer State Laboratory	Louisiana Department of Environmental Quality Louisiana Department of Agriculture and Forestry Louisiana Department of Wildlife and Fisheries Louisiana Poison Control Center Louisiana Department of Education Environmental Protection Agency Centers for Disease Control and Prevention Louisiana State University Agricultural Center Louisiana Environmental Action Network Louisiana Audubon Council Tulane School of Public Health and Tropical Medicine LSU School of Public Health Medical Community

**Role of the PHHSBG Funds:** Funds support one data analyst (Environmental Health Scientist Coordinator) to evaluate fish-tissue mercury data and conduct outreach activities.

**Evaluation Methodology:** (1) Survey of licensed residential fishers to evaluate advisory awareness, fish consumption practices and (2) statistical analysis of fish-tissue data to evaluate sampling efficiency.

## Population

**Target Population:** On an as-needed basis, SEET conducts blood mercury screens for targeted groups including commercial fishers and their families, women of childbearing age, and people who regularly eat fish from local water bodies. A detailed questionnaire about fish consumption habits is administered to each participant. Participants are provided with their blood mercury results and information on how to eat fish safely.

In a 2003 study conducted by the fish advisory program, above-normal levels of mercury were found in the blood of some people who consume large amounts of fish from select waterways in north Louisiana. The findings are the result of a five-month study that included 77 participants (43 males and 34 females) from Morehouse, Ouachita and Union parishes. The program began conducting blood mercury screenings in 1998 to determine if Louisiana residents contracted health problems from eating mercury-contaminated fish. Following that initial screening, a small group of people from Ouachita and Morehouse parishes were discovered to have elevated blood



mercury levels. A case was also investigated that involved an individual with mercury poisoning who ate fish caught from a waterway that had an advisory for mercury.

There are several benchmarks for blood mercury levels currently used by the fish advisory program. Amounts less than 10 parts per billion (ppb) are considered normal background levels. Levels between 10 ppb and 35 ppb are not known to pose health risks, but people are advised to limit their consumption of fish. Finally, when levels exceed 35 ppb, recommendations are then made for people to seek medical advice. For women of childbearing age, recommendations are made to seek medical advice when levels exceed 15 ppb.

The results of the most recent tests show 68 percent of those screened had blood mercury levels below 10 ppb. There were 25 percent who had levels between 10 and 34 ppb, and seven percent had levels greater than 35 ppb. All participants have received letters with their individual test results. Those with blood levels greater than 35 ppb were advised to be evaluated by a physician.

Public participation was sought for the study and screenings were done on a volunteer basis. In addition, special outreach efforts were conducted to target at-risk groups including commercial fishermen and their families (especially those who fish in Bayou Bartholomew or the Ouachita River), people who regularly eat fish (particularly bass and bowfin), women of childbearing age, infants and young children.

- Number in target population:
  - Statewide: Freshwater – 470,441 Louisiana and 19,244 out-of-state fishers
  - Saltwater - 276,676 Louisiana and 15,667 out-of-state fishers
- Ethnicity: Hispanic or Non-Hispanic
- Race: African American or Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, White, Other
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Groups:
  - ☐ State and Local Health Departments
  - ☐ Boards, Coalitions, Task Forces, Community Planning, Policy Makers
  - ☐ Disease Surveillance – High Risk
  - ☐ Community Based Organizations
  - ☐ Health Care Systems
  - ☐ Research and Educational Institutions
  - ☐ Business and Merchants
  - ☐ Safety Organizations
  - ☐ Other



### **Population with Disparate Need:**

Women of childbearing age and children less than seven years of age.

- Number in population with disparate need: Not possible to estimate
- Ethnicity: Hispanic or Non-Hispanic
- Race: African American or Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, White, Other
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Location: Statewide

**Data Source:** US Census Data

### **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices

- ☐ Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- ☐ Guide to Community Preventive Services (Task Force on Community Preventive Services)
- ☐ MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))
- ☐ Best Practices Initiative (U.S. Department of Health and Human Services)
- ☐ CDC Recommends: The Prevention Guidelines System (CDC)
- ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ Promising Practices Network (RAND Corporation)
- ☐ Model Practices Database (National Association of County and City Health Officials)
- ☒ Other (describe): Louisiana Environmental Health Tracking Program, Centers for Disease Control / National Institute for Occupational Safety and Health, Environmental Protection Agency, the Environmental Public Health Review, and the National Environmental Health



Tracking Program.

**Role Under the National Health Objective**

☐ Supplemental Funding

**Block Grant Funds for the National Health Objective** *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*

Current year funds allocated

\$ 22000

Current year funds allocated to disparate population:

\$ -

Current year funds to local entities for this health objective:

\$ -

Block funds vs. other state health department funds for this health objective:

- ☐ 100% - Total source of funding
- ☐ 75-99% - Primary source of funding
- ☐ 50-74% - Significant source of funding
- ☒ 10-49% - Partial source of funding
- ☐ less than 10% - Minimal source of funding

Other sources of funding (include amount):

Contracts Funding with this allocation

Contract Number	Contractor Name	Location	Amount

Number of FTE:

Positions funded with this allocation

Civil Service Title	% of time on the PHHSBG
Environmental Health Scientist	%

Coordinator	

## ESSENTIAL SERVICES:

1. Monitor health status
3. Inform and educate
9. Evaluate health programs
10. Research

### **Essential Service 1 – Monitor Health Status**

**Title of Impact Objective:** Assess Potential Mercury Exposure via Fish Consumption

**Title of Activity:** Monitoring Fish-Tissue Mercury Levels

**Description of Activity that helps meet the target of Impact Objective:** Perform risk assessment on fish tissue data on fish species from at least 50 waterbodies to evaluate recreational fishers' potential exposure to mercury via fish consumption

**Time-bound:** start date: October 2010 end date: September 2011

**Who will perform the objective?:** LDHH, OPH, CEHS, SEET (Section of Environmental Epidemiology and Toxicology)

#### **What will the objective do?**

- ☐ increase    ☐ decrease    ☐ collect    ☐ conduct  
☐ develop    ☐ distribute    ☐ establish    ☒ evaluate  
☐ identify    ☐ implement    ☐ inspect    ☐ investigate  
☐ maintain    ☐ obtain    ☐ provide    ☐ publish  
☐ review    ☐ update

**What unit will be measured (select only one):**



X number of.....

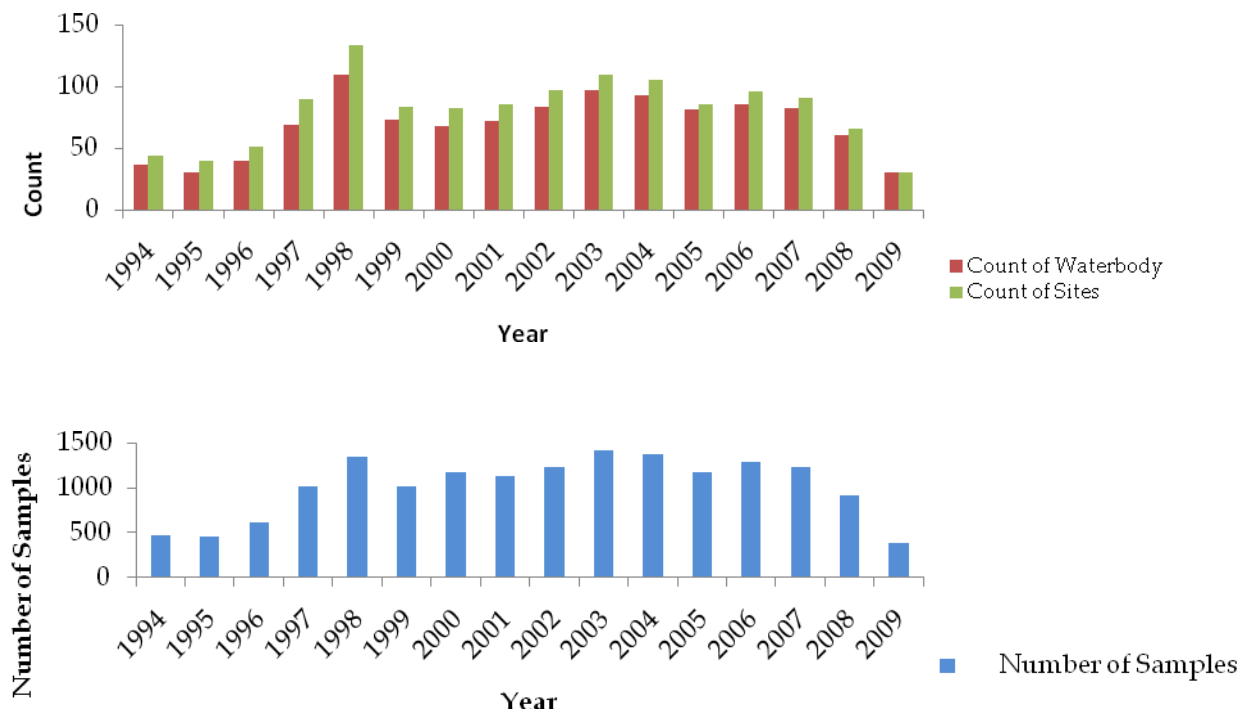
□ percent of.....

□ rate of.....

**Describe what will be measured:** Waterbodies sampled

**What is the baseline:** Fish-tissue samples from 44 sites on 37 water bodies evaluated in 2000 to samples from 66 sites on 61 waterbodies evaluated in 2008 (see **Fig. 1**).

**Figure 1.** Baseline Annual Counts of Waterbodies and Sites Sampled, and Samples Analyzed



### **Essential Service 3 - Inform and Educate:**

**Title of Impact Objective:** Provide Information to Reduce Mercury Exposure

**Title of Activity:** Issuing Fish Consumption Advisories

**Description of Activity that helps meet the target of Impact Objective:** Inform public of waterbody health by issuing local fish consumption advisories to reduce mercury exposure from consumption of regional fish



**Time-bound:** start date: *October 2010* end date: *September 2011*

**Who will perform the objective?:** LDHH, OPH, CEHS, SEET (Section of Environmental Epidemiology and Toxicology)

**What will the objective do?**

- ☐ increase   ☐ decrease   ☐ collect   ☐ conduct  
☒ develop   ☐ distribute   ☐ establish   ☐ evaluate  
☐ identify   ☐ implement   ☐ inspect   ☐ investigate  
☐ maintain   ☐ obtain   ☐ provide   ☒ publish  
☐ review   ☐ update

**What unit will be measured** (*select only one*):

☒ number of.....

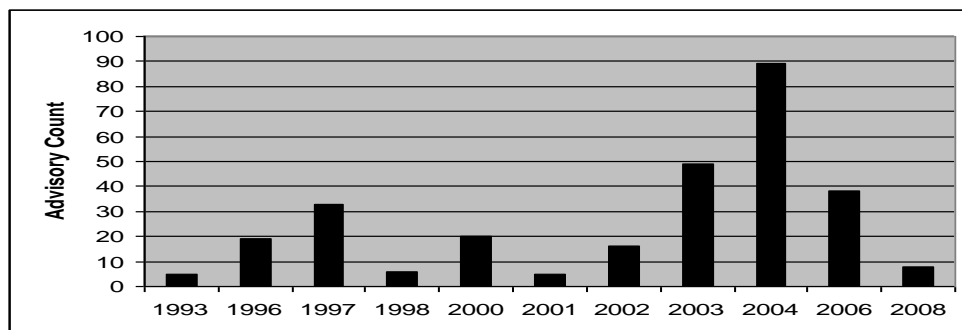
☐ percent of.....

☐ rate of.....

**Describe what will be measured:** Advisories issued

**What is the baseline:** 1 advisory issued in 2001 to 8 advisories in 2008 (see **Fig. 2**)

**Figure 2.** Annual Number of Seafood Consumption Advisories Issued by Louisiana



**Essential Service 9 - Evaluate health programs:**

**Title of Impact Objective:** Evaluate Program Effectiveness and Efficiency

**Title of Activity:** Evaluating Program Outreach Effectiveness

**Description of Activity that helps meet the target of Impact Objective:** Determine whether advisories are protective for high-risk groups by surveying regional anglers on awareness of mercury issues and advisories and direct educational campaigns as necessary

**Time-bound:** start date: *October 2010* end date: *September 2011*

**Who will perform the objective:** LDHH, OPH, CEHS, SEET (Section of Environmental Epidemiology and Toxicology)

**What will the objective do?**

- ☐ increase    ☐ decrease    ☐ collect    ☐ conduct
- ☐ develop    ☐ distribute    ☐ establish    ☒ evaluate
- ☐ identify    ☐ implement    ☐ inspect    ☐ investigate
- ☐ maintain    ☐ obtain    ☐ provide    ☐ publish
- ☐ review    ☐ update

**What unit will be measured** (*select only one*):

- ☐ number of.....
- ☒ percent of.....
- ☐ rate of.....

**Describe what will be measured:** Awareness of mercury contamination problems and / or advisories

**What is the baseline:** 75 percent of recreational fishers surveyed were aware of advisories in 1997.

**Title of Activity:** Evaluating Program Sampling Efficiency

**Description of Activity that helps meet the target of Impact Objective:** Evaluate the last 12 years of sampling data to determine if sampling resources were efficiently used to target locations of concern

**Time-bound:** start date: *October 2010* end date: *September 2011*



**Who will perform the objective?:** LDHH, OPH, CEHS, SEET (Section of Environmental Epidemiology and Toxicology)

**What will the objective do?**

- ☐ increase   ☐ decrease   ☐ collect   ☐ conduct
- ☐ develop   ☐ distribute   ☐ establish   ☒ evaluate
- ☐ identify   ☐ implement   ☐ inspect   ☐ investigate
- ☐ maintain   ☐ obtain   ☐ provide   ☐ publish
- ☐ review   ☐ update

**What unit will be measured (*select only one*):**

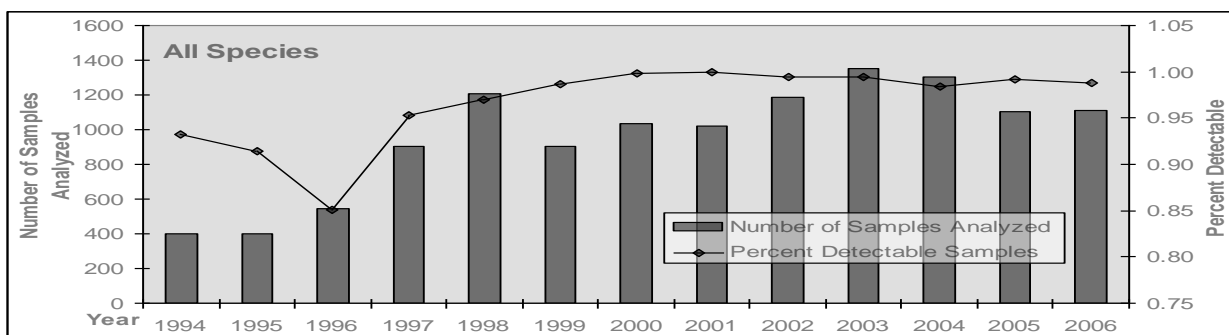
- ☐ number of.....
- ☒ percent of.....
- ☐ rate of.....

**Describe what will be measured:** Portion of fish with detectable mercury concentrations

**What is the baseline:** Portion of fish with detectable mercury concentrations

(>0.001 ppm) was 85% in 1996 to 99% in 2005

**Figure 5.** Annual Count of Fish-Tissue Mercury Samples and Percent of Detectable Samples: All Species (1994-2008)



**State Program Title:** Environmental Epidemiology and Toxicology



## **National Health Objective: HO 8-13 Pesticide exposures**

### **State Health Objective(s):**

Between October 1, 2010 and September 30, 2011:

- Collect, track and analyze pesticide exposure data to assess burden pesticide poisoning in Louisiana
- Promote use of pesticide surveillance findings to target outreach and education activities.

### **Baseline Data:**

Pesticide surveillance data: Cases of pesticide poisoning are received from the following data sources. Annual average number of cases by data source are as follows:

- Health-Related Pesticide Incident Complaints: 28
- Poison Control Center calls: 264
- Laboratory Reports: 124
- Hospitalizations: 38

Use and promotion of surveillance findings in 2009:

- Dissemination activities (articles, reports): 4
- Educational activities (trainings, presentations): 4

Data Source: Pesticide Surveillance Program data.

**Health Burden:** Numerous pesticides are widely used throughout Louisiana in many different ways to control the spectrum of pest that pose challenges to people and their environment. The wide range of pests and pesticides creates a number of unique pesticide exposure scenarios for Louisiana workers and residents. There are over 16,000 pesticide products licensed for use in Louisiana. The majority of pesticides are used in the agriculture industry which is the second largest industry in Louisiana involving more than 30% of land statewide. Aerial spraying (or ‘crop dusting’) is the dominant method of application for most crops, and Louisiana is home to one of the 3 aerial applicator schools in the country. Many of the occupational pesticide cases are from those who handle or load pesticides, or field workers who contact treated plants or other products or are inadvertently sprayed during aerial applications. There are about 39,000 farm workers in the multi-state Delta region. Pesticides are also routinely used by Structural Pest



Control companies which apply pesticides in and around homes and buildings to control a variety of pests including termites, cockroaches and other insects. There are approximately 700 firms licensed in structural pest control in Louisiana who hire from 1 to 35 pesticide applicators. Residential pesticide use is ubiquitous. Most homeowners contain an arsenal of products such as insect sprays, antimicrobials, and mosquito repellents.

Effective epidemiologic surveillance of pesticide exposure incidents provides valuable information about the nature and prevalence of pesticide use and toxicity and can be used to focus public health interventions and reduce exposure to pesticides.

The following table list the number of pesticide exposure investigations from 2002 to 2008.

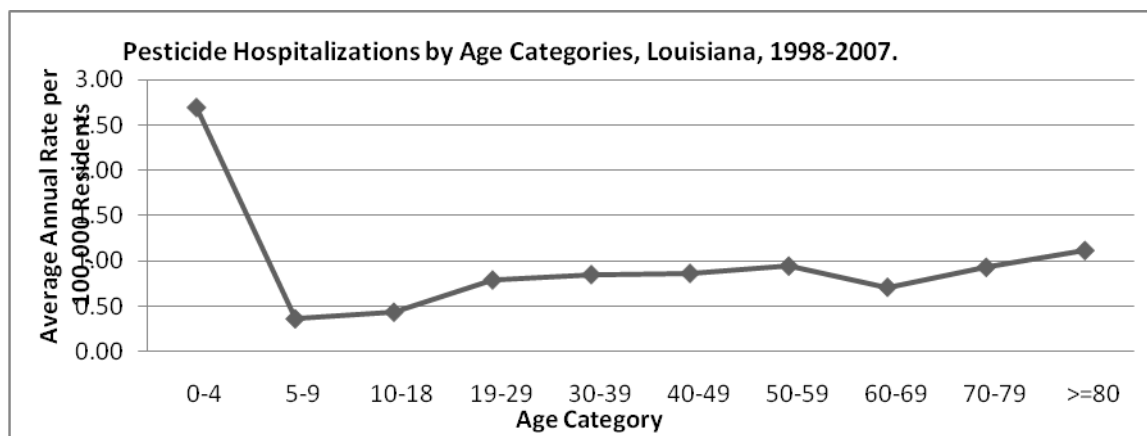
<b>YEAR:</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
Number of pesticide investigations:	117	349	302	321	270	387	301

Surveillance data indicate that children are particularly at risk to pesticide exposure. During a 5-year period (2003-2007), 250 children age 6 years and under with pesticide poisoning were investigated. Almost half of these cases were treated in the emergency room or hospitalized; there was one fatality, and 7 cases had severe, potentially life threatening exposures.

A review of illness and injuries related to total release foggers or bug bombs resulted in a study of 466 fogger exposure cases from eight states (including Louisiana) between 2001 and 2006. Twenty-two percent of the cases were from Louisiana. Most individuals had respiratory problems such as cough, shortness of breath and wheezing. In one case, a child was burned when a fogger exploded after it was placed under a stove with a lit pilot light. Foggers are often used in low-income neighborhoods rather than safe alternatives such as bait stations, gels and other less toxic methods.

An evaluation of pesticide poisoning cases that resulted in hospitalization was conducted for the ten year period 1998 to 2007. Significant findings include the elevated rate of hospitalizations among young children and men, and the large proportion of self-inflicted poisonings. The elevated rate among young children reinforces the importance of residential pesticide poisoning as an important environmental concern among this age group. The elevated rate among men suggests that exposures are work-related as occupations involving pesticides include aerial applicators and pest control operators which are male-dominated.





## State Program Strategy

### Goal:

The overall goal of Louisiana's Pesticide Surveillance program is to reduce pesticide illnesses and injuries in Louisiana. The approach is to maintain a coordinated program that obtains reports of pesticide exposure from various sources, investigates and evaluates pesticide exposure incidents, develops data for evidence-based public health actions to reduce pesticide exposures among residents and workers, and disseminates preventive strategies and focused interventions that can be used in the variety of settings where pesticide exposure occurs.

**Primary Strategic Partnerships:** The Pesticide Surveillance Program staff maintains viable partnerships with the following:

Internal:	External:
State Health Officer State Laboratory Public Health and Emergency Response Program Infectious Disease Epidemiology Office of Vital Records Injury Prevention	Louisiana Department of Agriculture and Forestry Louisiana Poison Control Center American Association of Poison Control Centers Environmental Protection Agency Centers for Disease Control and Prevention Louisiana State University Agricultural Center Louisiana Environmental Action Network Tulane University School of Public Health Louisiana State University

**Role of the PHHSBG Funds:** The PHHSBG supports a portion of the salary of an Environmental Health Scientist Coordinator who investigates cases of pesticide poisoning, tracks



data in a surveillance database, and analyzes data to target outreach and prevention activities.

### **Evaluation Methodology:**

A process evaluation will be conducted to determine the effectiveness of the surveillance system. As part of the evaluation, a logic model will be developed as a systematic and visual depiction of the activities and the proximate and longer term outcomes.

A process evaluation will determine how well the surveillance system functions to assess the collection and compilation of the data. Measures will include data quality, completeness of data, timeliness, availability and reliability of denominators. The usefulness of indicators tracked will be assessed. The evaluation will also involve an assessment of system attributes such as simplicity, flexibility, data quality, acceptability, sensitivity, predictive value positive, representativeness, timeliness, and stability.

Ongoing evaluation of case ascertainment activities will include an assessment of how well data sources are capturing cases, the types of cases they capture by severity, industry, etc, and the strengths and limitations of each data set. Capture-recapture methods will be applied to estimate the extent of incomplete case ascertainment from two independent, but overlapping sources. Analysis of pesticide exposure cases over time can reveal changes in the number of cases as new data sources are added to the system.

### **Population:**

- Number in target population: 4,410,796
- Ethnicity: Hispanic or Non-Hispanic:
- Race: African American or Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, White, Other
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Groups:
  - State and Local Health Departments
  - Boards, Coalitions, Task Forces, Community Planning, Policy Makers
  - Disease Surveillance – High Risk
  - Community Based Organizations
  - Health Care Systems
  - Research and Educational Institutions
  - Business and Merchants
  - Safety Organizations
  - Other



**Population with Disparate Need:** *Based on the population being targeted, identify any sub-populations that bear a disproportionate burden from the health problem. In some instances, the Disparate Population will be identical to the Target Population.*

- Number in population with disparate need: 4,410,796
- Ethnicity: Hispanic or Non-Hispanic: \_\_\_\_\_
- Race: African American or Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, White, Other
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- **Location:**

**Data Source:**

US Census data was used to derive population estimates.

**Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

- ☐ Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- ☐ Guide to Community Preventive Services (Task Force on Community Preventive Services)
- ☐ MMWR Recommendations and Reports (Centers for Disease Control and Prevention)
- ☐ Best Practices Initiative (U.S. Department of Health and Human Services)
  - ☐ CDC Recommends: The Prevention Guidelines System (CDC)
  - ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
  - ☐ Promising Practices Network (RAND Corporation)
  - ☐ Model Practices Database (National Association of County and City Health Officials)
- ☒ Other (describe): SENSOR/Pesticide Surveillance Program, Centers for Disease Control / National Institute for Occupational Safety and Health,

**Role Under the National Health Objective**



☐ Supplemental Funding

Block Grant Funds for the National Health Objective *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*

Current year funds allocated \$

Current year funds allocated to disparate population: \$

Current year funds to local entities for this health objective: \$

Block funds vs. other state health department funds for this health objective:

- ☐ 100% - Total source of funding
- ☐ 75-99% - Primary source of funding
- ☐ 50-74% - Significant source of funding
- ☒ 10-49% - Partial source of funding
- ☐ less than 10% - Minimal source of funding

Other sources of funding (include amount):

Contracts Funding with this allocation

Contract Number	Contractor Name	Location	Amount

Number of FTE:

Positions funded with this allocation

Civil Service Title	% of time on the PHHSBG
Environmental Health Scientist Coordinator	%

## ESSENTIAL SERVICES

### Essential Service 1 - Monitor health status:



**Impact Objective: Collect, track and analyze pesticide exposure data to assess burden pesticide poisoning in Louisiana**

**Title of Activity:** Maintain surveillance of laboratory reports of pesticide exposure

**Time Bound:** October 1, 2010 and September 30, 2011

**Description:** Collect biological laboratory reports (primarily cholinesterase tests) conducted to evaluate pesticide poisoning and process reports using our laboratory surveillance database. Evaluate results using an algorithm that compares the test result with the laboratory reference range, or with a previous cholinesterase test on the same individual, to determine and eliminate cholinesterase test associated with preoperative anesthetic sensitivity is applied. If pesticide exposure is suspected, the case is investigated by following up with the patient and health care provider. Percent of total pesticide exposure cases by Laboratory data source will be measured. Baseline is 11%.

**Title of Activity:** Evaluation Health-Related Pesticide Incident Complaint Investigations

**Time Bound:** October 1, 2010 and September 30, 2011

**Description:** Investigate all pesticide exposure complaints reported to the Louisiana Department of Agriculture and Forestry through their Health-Related Pesticide Incident Program (HRPIR). The HRPIR is a joint program between the Pesticide Surveillance Program and the Louisiana Department of Agriculture and Forestry. These joint investigations involve the collection and review of environmental and health data relevant to the incident. Regulatory aspects of a health-related pesticide incident are handled by LDAF, and DHH/OPH evaluates the health effects. Percent of total pesticide exposure cases by HRPIR data source will be measured. Baseline is 9%.

**Title of Activity:** Evaluation of Poison Control Center calls

**Time Bound:** October 1, 2010 and September 30, 2011

**Description:** Evaluate all PCC calls involving exposure to a pesticide. The Louisiana Poison Control Center (PCC) receives calls from the general public and health care providers. The majority of calls involve an acute exposure to a toxic substance. The PCC's primary function is to provide the caller with toxicologic and treatment information. The LA PCC sends all calls that involve pesticide exposure to SEET. Cases are investigated according to variables such as the circumstance of exposure, severity of health effects, and product toxicity. Percent of total pesticide exposure cases by Poison Control Center data source will be measured. Baseline is 80%.

**Title of Activity:** Maintain pesticide hospitalization dataset



**Time Bound:** October 1, 2010 and September 30, 2011

**Description:** Update database of pesticide-related hospitalizations (Louisiana Hospital Inpatient Discharge Data) with 2008 and 2009 data. The Pesticide Surveillance Program currently maintains a database of all pesticide-related hospitalizations (1998-2007). Complete annual hospitalization datasets are received through a data sharing agreement with the Office of Vital Records. Cases of pesticide hospitalization are selected based on ICD and Ecodes recommended by CDC/NIOSH's SENSOR/Pesticide Program. Number of pesticide-related hospitalizations per year will be evaluated. Baseline is 38 per year.

### **Essential Service 3 - Inform and Educate:**

**Impact Objective:** Promote use of pesticide surveillance findings to target outreach and education activities.

**Title of Activity:** Residential pesticide exposure outreach

**Time Bound:** October 1, 2010 and September 30, 2011

**Description:** Analyze pesticide surveillance data to determine high risk products and activities. Based on findings, develop and distribute educational materials and outreach activities targeting residential pesticide exposures. Number of outreach activities will be tracked. Baseline is 2 per year.

**Title of Activity:** Disseminate pesticide exposure findings to public health officials and organizations, and the healthcare community.

**Time Bound:** October 1, 2010 and September 30, 2011

**Description:** Increase awareness of pesticide surveillance activities and findings by publishing articles in the LA Morbidity Report, the CDC's Morbidity and Mortality Weekly, and other publications. All articles and reports will also be posted on the pesticide surveillance webpage. Number of reports and publications will be tracked. Baseline is 4 per year.

**Title of Activity:** Train pesticide applicators and inspectors.

**Time Bound:** October 1, 2010 and September 30, 2011

**Description:** Partner with the Louisiana Department of Agriculture and Forestry and LSU Agriculture Extension Services to incorporate pesticide surveillance information into the annual



certification and re-certification classes for pesticide applicators. Number of presentations will be tracked. Baseline is 2 per year.

### **Oral Health Work Plan – Dental Director and Fluoridation**

#### **National Health Objective: HO 21-9 Community water fluoridation**

##### **State Health Objective(s):**

Between October 1, 2010, and September 30, 2012, increase the proportion of people served by community water fluoridation to at least 50 percent. Public Health Block Grant funds will be used to provide education and information on the health benefits of community water fluoridation and to provide equipment to initiative community water fluoridation. .

Baseline Data: Currently 41% of Louisiana’s population has the benefits of community water fluoridation.

#### **National Health Objective: HO 21-17 Dental Health Program directed by a dental professional with public health training.**

##### **State Health Objective(s):**

Louisiana’s Oral Health Program has eight priority areas: 1) Enhancing program infrastructure to provide additional staffing, management, and support; 2) Data collection and surveillance to define the burden of oral disease; 3) Strategic planning to develop a State Oral Health Plan; 4) Building partnerships and coalitions to organize and develop a Statewide Oral Health Coalition; 5) Providing access to and utilization of preventive interventions through school based dental sealant demonstration project and community water fluoridation to provide population-based prevention initiatives ; 6) Policy development to develop a Policy Action Team to address oral health disparities; 7 ) Evaluation of program activities to ensure effective and efficient initiatives; 8) Interagency collaborations with other CDC funded programs to recognize and educate on the relationship of oral health to overall health.



Through the collective efforts of the Department of Health and Hospitals Office of Public Health and Oral Health Program partners, the program will be support the efforts of the state-wide Oral Health Coalition, and the Coalition Policy Work Group, conduct evaluation as outlined in the program's five year plan, and conduct surveillance to highlight the burden of oral disease in Louisiana. These activities will guide the successful implementation and sustainability of the all oral heath initiatives and involve the stakeholders and the community and will give the state the ability to compete more effectively for resources and opportunities as they arise.

#### Baseline Data:

In 2009 the Oral Health program developed and implemented a Surveillance Plan, organized an Oral Health Coalition and developed a draft of a State Oral Health

### **State Health Problem**

#### **Health Burden:**

The oral health program is committed to promoting the importance of oral health care, especially focusing on children and pregnant women and on prevention as the key to maintaining good oral health. Essential to reducing the burden of oral diseases to all populations are the program's population-based preventive activities: school based dental sealants and community water fluoridation. In addition the program works with Medicaid and Louisiana's Maternal and Child Health Program to ensure that dental services are available to Medicaid eligible pregnant women with periodontal disease. Dental decay is the most common disease affecting children. Poor oral health in children can have far-reaching consequences, including pain and suffering from infections, absence from school, malnutrition, and diminished sense of self-esteem. In adults, poor periodontal health has been linked to diabetes, cardiovascular disease, stroke, and adverse pregnancy outcomes. Key to improving the oral health of the state is the guidance and supervision provided under the leadership of a Dental Director with experience in public health dentistry.

In the United Sates, among 5 to 17 year olds, dental caries occurs five times more frequently than asthma and seven times more frequently than hay fever. According to data from the National Center for Health Statistics, almost 44% of poor children aged 5 to 17 years have at least one untreated decayed tooth as compared to 23% of non-poor children.<sup>1</sup> Data from the U.S. General Accounting Office finds that children from families with low incomes had five times more untreated dental caries than children from higher income families and that 25% of all

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<sup>1</sup> National Center for Health Statistics (NCHS). Third National Health and Nutrition Examination Survey (NHANES III) reference manuals and reports [CD-ROM]. Hyattsville (MD): NCHS, US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention; 1996.



children in the U.S. have untreated dental decay in their permanent molars.<sup>2</sup> Dental caries, a preventable oral disease, are at epidemic levels in Louisiana. In 2008, the Oral Health Program conducted a Basic Screening Survey measuring the oral health of Louisiana's 3<sup>rd</sup> grade population. In this survey, 2,651 children were screened in seventy-five schools among 34 parishes. Of the screened children, 41.9% had untreated dental caries; 65.7% had previous dental caries experience; only 33.2% had dental sealants; and 42.7% had to be referred to dentists for treatment.

According to Medicaid claims data for the federal fiscal year (FY) 2009, the enrolled total number of Medicaid/LACHIP eligible children in Louisiana has increased as compared to the FY 08 with also an increase in the number of children receiving "any dental service". In spite of an increase in dental visits in FY 09, almost 62% of Medicaid-eligible children did not receive any dental services. For FY 2009, the cost for children's dental treatment in Louisiana's Medicaid Program Early Periodic Screening, Diagnosis, and Treatment (EPSDT) was at least \$104.7 million. During the same time period, 776,127 children were enrolled in the Medicaid Program; yet only 38% of the eligible children received any dental services. In underserved populations, dental health disparities are extremely prominent. In 2009, Louisiana Medicaid data shows that out of the eligible population for the EPSDT program only 34% of children received preventive dental services and 20% received dental treatment services. Louisiana Medicaid reports that 478,473 eligible children had no dental visits. Children in rural areas of Louisiana have the greatest difficulty in accessing preventive and therapeutic dental treatment. In urban communities, access is a problem but utilization of dental services is more apparent. Medicaid data shows that many children only visit the dentists to receive emergent care. Louisiana currently has 2,474 dentists and 1,982 dental hygienists. However, only 610 dentists are Medicaid providers with 391 of those dentists billing Medicaid for \$10,000 or more annually. Medicaid data also shows that 352 dentists treated 50 or more beneficiaries and only 298 dentists treated 100 or more beneficiaries under age 21.

Although dental caries is one of the most common childhood diseases, all individuals with teeth, regardless of age, are at risk for dental caries. According to the Behavioral Risk Factor Surveillance System 2008, 14.2% of the adults in the age group of 18-24 had lost at least one of their permanent teeth due to caries and gum disease as compared to 73.5% in the age group of 65 and above. The elderly population is at high risk for dental caries and total natural tooth loss because of the exposure of root surfaces and changes in the oral cavity, like dry mouth, exacerbated by medications. The result is that 21.2% of elderly population, ages 65-74, has lost all of their natural teeth as compared to 25.5% in the age group of 75 and above. Dental caries left untreated can progress to pain, infection, hospitalization, and tooth loss. In turn, this contributes to loss of work time, loss of function, and loss of self-esteem Those living in poverty

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<sup>2</sup> U.S. General Accounting Office. 2000. *Oral Health: Dental Disease is a Chronic Problem Among Low-Income Populations and Vulnerable Populations*. Washington, DC: U.S. General Accounting Office.



are at the high risk for dental caries and access to care is also challenging among these people. According to the Behavioral Risk Factor Surveillance System, Louisiana 2008 Dental Data, 69.8% of the population surveyed reported visiting a dentist within the past year for any reason. Among the Louisiana residents with an annual income of less than \$15,000 per year, 54.7% did not visit a dentist or dental clinic. However, among the residents with an annual income of more than \$50,000 only 18.2% did not visit a dentist or dental clinic. Whites were more likely to visit a dentist than Blacks.

Fluoridation is recognized as one of the most effective, safe, and economical ways to provide caries prevention to the population; over 50 years of scientific research has demonstrated the efficacy of community water fluoridation in reducing tooth decay, regardless of age and socioeconomic status. Community water fluoridation can reduce dental caries from 20-60 percent. Currently nearly 41% of Louisiana's population is now benefiting from community water fluoridation as compared to 69.2% percent of the United States in 2009. While this is certainly a gain, it is well below the *Healthy People 2010* objective of 75% of the population receiving optimally fluoridated water. Many areas without fluoridated water are also without Medicaid dental providers, increasing the burden of dental caries and associated illness on the children in these parishes. A study of Louisiana Medicaid data by the CDC<sup>3</sup> showed that the average dental treatment costs for Medicaid eligible children living in non-fluoridated areas were twice as high as the average treatment costs for Medicaid-eligible children living in fluoridated areas. The study also showed that Medicaid-eligible children living in non-fluoridated areas were three times as likely as Medicaid-eligible children living in fluoridated areas to receive dental treatment in a hospital operating room.

The Fluoridation Program has been charged by the Louisiana legislature with the promotion of community water fluoridation under the auspices of a Fluoridation Advisory Board, a group of nine dentists representing each of the nine Louisiana Department of Health and Hospitals Administrative Regions and five other representatives from various health organizations. The Oral Health program in collaboration with the Office of Public Health Engineering Services Section monitors the water systems that adjust fluoride to ensure the optimally level of fluoride is maintained. Water systems report monthly on the daily level of fluoride concentrations to the Office of Public Health, Fluoridation Engineer. This information is then sent to the Centers for Disease Control and Prevention (CDC) and may be viewed on line at the "Waters Fluoridation Reporting System" (WFRS) site, <http://apps.nccd.cdc.gov/MWF/Index.asp>

In Louisiana, there are many ground water systems with multiple water sources; the cost of equipment for these systems for fluoridation can be prohibitive in these communities. The Fluoridation Program administers grants to assist these communities. These grants require community participation through a commitment to ongoing purchase of the fluoride chemical,

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<sup>3</sup> Centers for Disease Control and Prevention. "Water Fluoridation and Costs of Medicaid Treatment for Dental Decay -- Louisiana, 1995-1996" *Morbidity and Mortality Weekly Report*, 48; 34 (Sept. 1999): 753.



equipment maintenance, monitoring and compliance according to the standards set by the Fluoridation Program.

Louisiana continues to suffer from a shortage of dental health professionals. According to Louisiana Bureau of Primary Care and Rural Health, the number of parishes considered to be Dental Health Professional Shortage Areas (HPSA) for 2009 totals 56 out of 64. In 2008, only 44 parishes were considered to be a dental HPSA. Historically speaking, right after hurricanes Katrina and Rita, the state had 43 parishes as HPSAs in 2006, but only 8 parishes classified as such in 2003. While the dental health professional shortage is obvious, furthermore there is a shortage of pediatric dentists, as well as pediatric dentists that treat Medicaid-eligible children

The target populations for the Oral Health Program activities and population-based initiatives are indigent children living in underserved areas, all citizens living in non-fluoridated areas and pregnant women in the Expanded Dental Services for Pregnant Woman (EDSPW) Medicaid waiver program. The target populations for the Preventive Health and Health Services Block Grant funds are the partners and stakeholders throughout the state representing a diversity of areas of expertise and professional disciplines, socioeconomic status, geographic areas, health and allied health professionals, and organizations both internal and external to state government for example.

### **State Program Strategy**

**Goal:** The Louisiana Fluoridation Program is committed to promoting, maintaining, and monitoring community water fluoridation to reduce the incidence of dental caries in all populations.

Dental caries is a preventable disease that affects persons of all ages and socioeconomic status. Fluoridation protects the tooth from decay in several ways. Fluoride works both systemically and topically. When teeth are developing beneath the gums, fluoride is deposited into the tooth surface making it stronger and providing long-lasting protection against decay. Secondly, when you eat foods, food particles get stuck between teeth and between the teeth and the gums. These food particles have sugars that the bacteria existing in the mouth consume. All foods have sugars, even fruits and vegetables, not just sweets like cookies and candies. When the bacteria eat the sugars, lactic acid is released, which causes the mouth's overall pH to be lowered to a point where the enamel of the teeth can begin to break down. If the enamel is broken down (demineralized) at a faster rate than it can be repaired (remineralized), cavities will develop. Enamel repair is aided by fluoride. Fluoride ions are able to repair some of the broken molecules in the enamel, and it also enhances the deposition of calcium and phosphate, both of which are needed for remineralization.

In conjunction with the Fluoridation Advisory Board, created by 1998 Louisiana Senate Bill 963, and Act 761 Fluoridation Mandate, passed in the 2008 Regular Legislative session, the



Fluoridation Program promotes community water fluoridation to water systems that have more than 5,000 service connections. The Program funds systems to initiate and maintain fluoridations, provides technical support and assistance, provides operator training, and monitors to ensure the safe delivery of optimally fluoridated water. Each water system is responsible for monitoring fluoride levels and reporting these values to the Fluoridation Program who then submits information to the Water Fluoridation Reporting System (WFRS) within the Centers for Disease Control and Prevention for public access. The Fluoridation Program notifies dental and health care providers of their community water fluoridation status to enable the judicious use of fluoridation supplement.

In 2009, the Oral Health Program made two important steps toward achieving our goal of increasing in the population of citizens with optimally fluoridated water. First, the program was awarded a Center for Disease Control (CDC) grant to increase the capacity through infrastructure building of the state oral health program. Through this funding, the program hired a 1.0 FTE Fluoridation Engineer to manage the technical support and training needed to ensure the safe delivery of optimally fluoridated water in our community water systems as well as work to help water systems meet the requirements of the fluoridation mandate. Another accomplishment for the program was the promulgation of new rules for the state's administrative code pertaining to the operation of fluoridated water system. The new rules reflect Louisiana's fluoridation mandate and will bring the water system operation inline with CDC recommendations.

### **Goal: Dental Director**

The Oral Health Program within the Louisiana Department of Health and Hospitals/Office of Public Health has as its goals:

- To promote health through education that emphasizes the importance of individual responsibility for health and wellness, collaboration with internal and external partners, and through the initiation of population-based interventions.
- To assure universal access to essential health services.
- To provide leadership and guidance for strengthen partnerships and collaborations internally and externally to the program and to provide leadership to identify policy changes to improve oral health.
- To collect and distribute information vital to informed decision-making on matters related to individual, community, and environmental health.
- To provide leadership for the prevention and control of disease, injury, and disability in the state.
- To enforce regulations that protect the environment and to investigate health hazards in the community.

To achieve these goals the Oral Health program will need dedicated and skilled staff led by an experienced Dental Director. The oral health Dental Director will take a leadership role in oral



health through assessment, policy development, and quality assurance activities relating to oral health status and systems of oral health care delivery. Findings of oral health status will be used to engage communities and organizations to achieve an improvement of the oral health status and oral health infrastructure throughout the state. The oral health program director is responsible for developing and evaluating activities directed toward these goals.

Internal Partners:	External Partners:
<ul style="list-style-type: none"> <li>• State Engineering Services Section-Compliance</li> <li>• DHH District and Regional Engineers</li> <li>• State Drinking Water Revolving Loan Fund</li> <li>• State Laboratory</li> <li>• State Health Officer</li> <li>• Maternal and Child Health Program</li> <li>• Medicaid (Bureau of Health Services Financing)</li> <li>• Bureau of Primary Care and Rural Health</li> <li>• Office of Public Health's Service Learning Program</li> </ul>	<ul style="list-style-type: none"> <li>• United States Public Health Service</li> <li>• Centers for Disease Control and Prevention</li> <li>• Louisiana Fluoridation Advisory Board</li> <li>• Environmental Protection Agency</li> <li>• American Dental Association</li> <li>• American Society of Dentists for Children</li> <li>• Louisiana Dental Association and its Alliance</li> <li>• Louisiana Academy of Pediatric Dentistry</li> <li>• Louisiana Dental Hygiene Association</li> <li>• Louisiana Council on Child Abuse</li> <li>• Louisiana Rural Water Association</li> <li>• Louisiana Children's Trust Fund</li> <li>• Louisiana State University School of Dentistry</li> <li>• Louisiana Council on Child Abuse</li> <li>• American Society of Dentists for Children</li> <li>• Local towns and municipalities</li> <li>• Louisiana Healthy Smiles Coalition</li> <li>• Louisiana Municipal Association</li> <li>• Louisiana Conference</li> <li>• Oral Health Coalition</li> <li>• Head Start</li> </ul>

### Role of the PHHSBG – Community Water Fluoridation

The PHHSBG is used to fund equipment costs for the initiation and continuation of community water fluoridation and provide technical assistance to water systems to maintain optimal fluoridation levels. The Fluoridation Program administers these funds and is charged with many other duties. A standardized monitoring program is in place for all fluoridating systems; Fluoridation Engineer monitors the monthly fluoride level reports submitted by the water system, enters into the WFRS data base, and analyzes the data to assess the individual needs of the water system. The position of Fluoridation Engineer is funded by the CDC Grant; however the PHHS



Block Grant funds .05 FTE for a Fluoridation Community Educator. The two positions work in partnership to ensure not only the safe deliver of water but also to ensure that the public is informed and educated on the benefits of community water fluoridation. The Fluoridation Engineer is responsible for delivering technical assistance to water systems as well as approving design plans for systems that are initiating water fluoridation. The Fluoridation Community Educator works with community organizations for the promotion of community water fluoridation, assists the Fluoridation Advisory Board with logistics for their meetings, and works closely with the Fluoridation Engineer in the development and management of the Fluoridation Program. The PHHS Block Grant supported portion of our fluoridation program addresses the Healthy People 2010 objective 21-9. It has direct impact on HO 21-1 in reducing the number of children, adolescents, and adults who have dental caries experience in their primary or permanent teeth.

### **Evaluation Methodology - Fluoridation**

The Fluoridation Program's goal is to provide the highest percent of the population of the State with optimally fluoridated water. The program will measure that by quantitatively assessing the population served by that water system as the numerator and the population of the state as the denominator to determine what proportion of the Louisiana population is receiving the benefits of fluoridated water. Qualitative measurement will assess implementation fidelity of the operations of each water system. In Louisiana each water system is to maintain a fluoride level of 0.8 ppm. Fluoridating water systems are required to measure the fluoride concentration in the water supply on a daily basis; a monthly average is entered into the WFRS data base at the CDC, yearly the CDC recognizes water systems that consistently provide optimally fluoridated water for 12 months of the year.

The 2008 Regular Legislative session for Louisiana produced a fluoridation mandate. The mandate's Act authorizes and obligates the LA Department of Health and Hospitals to re-promulgate the rules and regulations that govern the fluoridation of public water systems. These rules and regulations, LAC Title 48.V, also empowers the Fluoridation Program to approve plans, inspect facilities, require operator training, require testing of the treated water and submit the appropriate reports. These activities ensure that fluoridating systems are doing so consistently within the tolerances set forth in the rules and regulations. By having enforceable rules and regulations, the Fluoridation Program is able to compel individual public water systems to adopt a state-wide uniform operational methods and practices for water fluoridation, ensuring the safe delivery of optimally fluoridated water. Documentation for the qualitative evaluation described above will primarily be generated from inspection reports and logs created by the Fluoridation Engineer.

### **Population – Fluoridation**



**Target Population:** The targeted population consists of the communities in Louisiana that have no community water fluoridation, 2.5 million people. As Act 761, the fluoridation mandate, specifically identifies systems with at least 5,000 service connections, communities served by those systems are of primary interest affecting 1.3 million people. Interest is also given to systems that previously fluoridated but have since discontinued, as well as systems with less than 5,000 connections that have expressed the desire to initiate fluoridation. While efforts are expended in these service areas, water fluoridation benefits persons of all ages with immediate topical benefits to reduce dental decay. To achieve the objectives in this grant, the program will partner and collaborate with the following: state Health Department; Boards, Coalitions, Task Forces, Community Planning, and Policy Makers that partner with the program; Community Based Organizations; and governing bodies of local governments and water system operators for those communities.

### **Population with Disparate Need:**

In general, the entire population, regardless of demographics or geographic location, not served by community water fluoridation is at higher risk for oral health diseases and as such is a disparate population. Community water fluoridation requires no consumer effort or compliance, is available to persons of all socioeconomic status, and is especially beneficial to those with limited access to dental care.

### **Evidence Based Guidelines**



The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

- ☐ Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- x Guide to Community Preventive Services (Task Force on Community Preventive Services)
- ☐ MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))
- ☐ Best Practices Initiative (U.S. Department of Health and Human Services)
- x CDC Recommends: The Prevention Guidelines System (CDC)
- ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ Promising Practices Network (RAND Corporation)
- ☐ Model Practices Database (National Association of County and City Health Officials)

x Other (describe): [United States Public Health Service Review of Fluoride: Benefits and Risks, 1991](#) Comprehensive review and evaluation of the public health benefits and risks of fluoride from drinking water and other sources. [Institute of Medicine Dietary Reference Guidelines, 1997](#)\* Describes the dietary reference intakes for specific nutrients known to be beneficial to health including fluoride. National Research Council The NRC released its current report, [Fluoride in Drinking Water: A Scientific Review of EPA's Standard](#), on March 22, 2006. The National Research Council's (NRC) previous report, entitled *Health Effects of Ingested Fluoride*, was issued in 1993. It examined the possible toxic effects of ingested fluoride and concluded:

**Role Under the National Health Objective** *The Block Grant's role under the National Health Objective helps define if these funds are being utilized for state rapid response activities, for startup activities, supplementing other existing funds, or no other funds exist from the federal or state government to support the National Health Objective. Select only one from the list below.*

- ☐ Rapid Response
- ☐ Start Up



☐ Supplemental Funding

x No other existing federal or state funds

Block Grant Funds for the National Health Objective *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*

Current year funds allocated

\$ 110,000

Current year funds allocated to disparate population:

\$ 110,000

Current year funds to local entities for this health objective:

\$ 110,000

10. Block funds vs. other state health department funds for this health objective:

*(select the one that applies)*

x 100% - Total source of funding

☐ 75-99% - Primary source of funding

☐ 50-74% - Significant source of funding

☐ 10-49% - Partial source of funding

☐ less than 10% - Minimal source of funding

List other sources of funding (include amount):

Contracts Funding with this allocation:

Contract Number	Contractor Name	Duration	Amount
DHH 052288	Town of Walker	12months	\$26,500
DHH 053798	Tulane School of Public Health and Tropical Medicine	12months	\$27,000 for 50% of a 1.0 FTE for the position of Fluoridation Community Coordinator

Number of FTE:	
Positions funded with this allocation	
Civil Service Title	% of time on the PHHSBG

### **Essential Service 1 - Monitor health status**

#### **Title of Impact Objective: Optimal fluoride ion levels**

Between October 1, 2010 and September 30, 2012, the Oral Health Fluoridation Engineer will ensure maximum benefit of fluoridation by maintaining average monthly optimal fluoride ion levels in 90 percent of systems that provide community water fluoridation.

#### **Title of Activity 1: Monitor fluoridating water systems**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

#### **Description of Activity that helps meet the target of Impact Objective:**

Conduct ongoing monitoring of fluoride ion levels of water systems with community water fluoridation. Based on monitoring efforts, systematically identify and contact water systems that are in need of technical assistance and further support to maintain the proper concentration of the fluoride ion.

#### **Title of Activity 2: Provision of technical and/or financial support**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

#### **Description of Activity that helps meet the target of Impact Objective:**

Deliver technical and/or financial assistance to all fluoridating water systems not adequately fluoridating.

### **Essential Service 3 – Inform, Educate, Empower:**

#### **Title of Impact Objective: Increase public awareness**

Between October 1, 2010 and September 30, 2012, the Fluoride Community Coordinator and the Fluoridation Engineer will deliver trainings and presentations to increase public awareness and



advocacy for community water fluoridation in targeted parishes that are currently not fluoridating through public education on the benefits of community water fluoridation.

**Title of Activity 1: Provide community outreach/education to community leaders**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Provide at least two informational sessions to local governing councils/mayors and city water operators in identified cities that are affected by Act 761, the fluoridation mandate. For communities initiating fluoridation, such informational sessions will be in line with the strategic community outreach plan(s) developed between the community leaders, the water system, and the Fluoridation Program.

**Title of Activity 2: Provide community outreach/education to civic organizations**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Provide information on the benefits of community water fluoridation to at least two identified civic organizations in cities that are affected by Act 761, the fluoridation mandate.

**Title of Activity 3: Provide community outreach/education to water operators**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Provide information on the benefits of community water fluoridation to community water system operators at the Rural Water Association meeting. As the water operators are the population most responsible for executing the fluoridation activities at the individual water systems, educating these workers on the public health benefits of fluoridation and providing them with support is crucial to the success of the program.

**Title of Activity 4: Provide community outreach/education to professional organizations**



**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Provide information to at least two professional organizations or associations on the benefits of community water fluoridation and how such organizations or associations can have a role in the initiation process, or continuation process.

**Title of Activity 5: Creation of health communication materials**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Develop and produce educational materials of varying media to use in community outreach education efforts to include WebPages, pamphlets, brochures, posters.

**Essential Service 4 - Mobilize partnerships:**

**Title of Impact Objective: Population with optimally fluoridated water**

Between October 1, 2010 and September 30, 2012, the Fluoride Community Coordinator and the Fluoridation Engineer will foster the relationship between the Fluoride Program and identified partners to increase the proportion of people served by community water systems.

**Title of Activity 1: Fluoridation Advisory Board Meetings**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** In partnership with the Fluoridation Advisory Board Chairman, plan and conduct quarterly meetings of the Fluoridation Advisory Board.

**Title of Activity 2: Partner with other water-related entities**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** In partnership with the Louisiana Rural Water Association and the staff of the Safe Drinking Water Loan



Program visit at least three community water systems that are affected by Act 761, the fluoridation mandate.

### **Title of Activity 3: Partner with state dental health associations**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Meet with representatives of the Louisiana Dental Association, Louisiana Dental Hygiene Association, faculty and staff of the LSU Health Science Center School of Dentistry to foster fluoridation efforts in Louisiana.

### **Title of Activity 4: Partner with state agencies, organizations interested in improving community health**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Meet with representatives of public and private agencies, organizations, and associations whose missions focus on improving health of a community. Partner with such organizations to foster fluoridation efforts in Louisiana.

### **Essential Service 5 – Develop Policies**

Between October 1, 2010 and September 30, 2012, the Fluoridation Program Engineer in partnership with the DHH/Safe Drinking Water Section will develop rules and regulations for publication in the Louisiana Register to enforce the stipulations detailed in Act 761, the fluoridation mandate.

### **Title of Activity 1: Update LAC Title 48. V**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

The Fluoridation Program will submit amendments of LAC Title 48. V to reflect the provisions of Act 761. These amendments will provide the Fluoridation Program the authority to approve plans, inspect facilities, require operator training, require testing of the treated water, and the reporting of the results, in such a manner necessary for proper



execution and expansion of the Fluoridation Program.

**Essential Service 6 - Enforce laws and regulations:**

**Impact Objective 1: Optimal fluoride ion levels**

Between October 1, 2010 and September 30, 2012, the Fluoridation Program Engineer will monitor and report to the Fluoridation Advisory Board, and other identified entities, on the status of community water fluoridation in Louisiana

**Title of Activity 1: Implement recommendations of Fluoridation Advisory Board**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

The Fluoride Program staff will implement the recommendations of the Fluoridation Advisory Board.

**Title of Activity 2: Update WFRS Database**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** monthly upload reports on the average daily level of the fluoride ion for each fluoridating community water system in the CDC's Water Fluoridation Reporting System (WFRS) national database.

**Title of Activity 3: Collect fluoridation initiation cost estimates**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Assist community water systems to comply with Act 761 in compiling, submitting, and reviewing cost estimates to initiate fluoridation.

**Impact Objective 2: Optimal fluoride ion levels**

Between October 1, 2010 and September 30, 2012, the Fluoridation Program Engineer will



ensure that community water systems that add the fluoride ion are in reporting compliance and follow the reporting procedures as outlined in the Fluoride Guidance Manual.

**Title of Activity 1: Increase percentage of compliant water systems**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Increase the percentage of community water systems that are in compliance with standardized monthly monitoring report as outlined in the Fluoridation Guidance Manual from 85 percent to 90 percent.

**Title of Annual Activity 2: Monitoring of water systems**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** On a monthly basis, the Fluoridation Program Engineer will collect, monitor, and prepare reports on the average daily level of the fluoride ion for each fluoridating water system.

**Essential Service 7 – Link to/ provide care: Not applicable**

**Essential Service 8 - Assure competent workforce:**

**Impact Objective: Optimal fluoride ion levels**

Between October 1, 2010 and September 30, 2012, the Fluoridation Program Engineer will ensure a safe and consistent delivery of the optimal levels of the fluoride ion through monitoring, training, and resources available for local water operators.

**Title of Activity 1: Conduct water operator training**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** In partnership with the Louisiana Rural Water Association, provide water operator training on the health



benefit of optimally fluoridated water. to ensure safe and consistent delivery of the optimal levels of the fluoride ion.

**Title of Activity 2: Fluoridation Guidance Manual**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Review the Fluoridation Guidance Manual, revise as needed Distribute to participating water systems.

**Title of Activity 3: CDC water operator’s training**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Ensure that the Fluoridation Program Engineer attends CDC water operators’ training.

**Essential Service 9 – Evaluate:**

**Impact Objective: Quantitative and Qualitative Evaluation**

Between October 1, 2010 and September 30, 2012, the Oral Health Program staff will evaluate the Fluoridation Program for program effectiveness and quality as outlined in the program’s five-year evaluation plan,

**Title of Activity 1: Evaluate population served by fluoridated water**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Quantitatively assess the proportion of Louisiana’s population that receives the benefit of fluoridated water through data reports from WFRS. Further evaluation will be conducted in accordance with the evaluation requirements of the Centers for Disease Control’s Cooperative Agreement.

**Title of Activity 2: Evaluate quality of the Fluoridation Program**

**Time bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Qualitatively



assess the Fluoridation program through water systems adherence to LAC Title 48.V. Further evaluation will be conducted in accordance with the evaluation requirements of the Centers for Disease Control's Cooperative Agreement.

### **Role of the PHHSBG – Dental Director**

The PHHSBG is used to fund approximately 40% of the Dental Director's position. The role of the Dental Director is to provide leadership and direction for Oral Health Program in the Center for Preventive Health, Office of Public Health through supervision of all aspects of a state-wide dental public health program; serve as the state dental contact person for all programs, including, but not limited to, Center for Preventive Health Programs, Center for Environmental Health, Center for Community Health, Preventive Health Services Block Grant programs, DHH Bureau of Primary Care and Rural Health - Chronic Disease. The Dental Director will provide leadership and guidance in the development of a statewide Oral Health Coalition and an Oral Health State Plan that includes a Policy Action Plan that promotes partnerships and coalition on building activities and initiative. The Coalition and the Plan should have as its goal reducing the prevalence of oral diseases and includes specific objectives related to oral health promotion, disease prevention and control, and specified risk factors. The Dental Director will supervise and guide the Oral Health Epidemiologist in completing a burden of oral disease document describing the status of oral diseases in a state and includes any disparities in oral disease status among population groups.

### **Evaluation Methodology – Dental Director**

The Oral Health Program has a comprehensive five-year evaluation plan measuring the effectiveness and efficiency of all of the program initiatives and focus areas with long-term outcome goals of reducing disparities and reducing the prevalence of caries among prioritized populations. To measure the activities funded by the PHHS Block Grant, the program will conduct a comprehensive evaluation of the Burden of Disease Document, the Oral Health Coalition, and the Oral Health State Plan including the Policy Action Plan following the CDC Evaluation Framework. Logic models, Question Grid and Data Source grids have been developed for each activity.

### **Population – Dental Director**

#### **Target Population:**

The target populations for PHHS Block Grant funds are the citizens of Louisiana committed to improving the oral health of the state. The target audience to join the Coalition and develop the



State Plan will be a diverse representation of all stakeholders, citizens with an interest in improving the oral health of Louisiana citizens. The program has identified a diverse group of organizations and individuals to invite to join the Oral Health Coalition following the guidelines for membership as identified in the CDC Oral Health Coalition Framework. Membership will be at all levels of government, local and state, professional organizations, medical and dental professionals, school administration, representatives from environmental and water system operations, and ordinary citizens people who are impacted by oral health issues. The coalition will develop a mission and vision and a list of issues and actions to address identified needs. From this list the members will draft a State Plan. This is not the state oral health program plan or the state oral health coalition plan, it is plan that has as its goal reducing the prevalence of oral diseases and includes specific objectives related to oral health promotion, disease prevention and control, and specified risk factors. Having a state plan will give the state the ability to compete more effectively for resources and opportunities as they arise. This plan will target all populations.

Number in target population: 125 Coalition Members

- Ethnicity: Hispanic or Non-Hispanic: representative of state population
- Race: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White, Other: representative of state population
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Groups:
  - X State and Local Health Departments
  - X Boards, Coalitions, Task Forces, Community Planning, Policy Makers
  - ☐ Disease Surveillance – High Risk
  - X Community Based Organizations
  - X Health Care Systems
  - X Research and Educational Institutions
  - X Business and Merchants
  - X Safety Organizations
  - X Other-All interested citizens



**Population with Disparate Need:** *Based on the population being targeted, identify any sub-populations that bear a disproportionate burden from the health problem. In some instances, the Disparate Population will be identical to the Target Population.*

The 2008 KIDS COUNT Data Book, ranked Louisiana 49<sup>th</sup> in the nation for the health status and well-being of children. Louisiana ranks 49<sup>th</sup> for infant mortality, children in single-parent families and low birth weight babies; 48<sup>th</sup> for teens not attending school and not working and children in poverty; 47<sup>th</sup> for teen high school dropouts, and children living in families where no parent has full time, year-round employment; 43<sup>rd</sup> for teen deaths from all causes; and 42<sup>nd</sup> for child deaths. According to the US Census in 2008 the population of Louisiana was 4,492,076. In 2008, racial makeup in Louisiana was about 64.8% white, 33% black, and 3.2% other. Although 72.6%, of the of the state's population lives in an urban setting, geographically Louisiana is a predominantly rural state. Only 27% of the 64 Parishes have at least 70% of their population classified as urban (2000 U.S. Census). Six of those parishes are located in the greater New Orleans metropolitan area. Most of the parishes in the Central and Northern parts of the State are rural.

In 2008, the median household income in Louisiana was \$42,634 compared to \$52,175 U.S. average. According to the 2008 American Community Survey, Louisiana ranked 2nd highest in the nation for overall poverty, with a rate of 17.3% and 4<sup>th</sup> highest for children under 18 years in poverty, with a rate of 24.7%. The 2009 U.S. child poverty rate is 19% (United Health Foundation Rankings).

In general, the entire population, regardless of demographics or geographic location is at high risk for oral health diseases and as such is a disparate population.

- Number in population with disparate need: \_\_\_\_\_
- Ethnicity: Hispanic or Non-Hispanic: \_\_\_\_\_
- Race: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White, Other
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Location:

**Data Source:** *Describe which data sources were used to determine the population statistics. In many cases the US Census Data is used.*

- US Census: population demographics, poverty levels, household income levels
- The 2008 KIDS COUNT Data Book
- Louisiana Department of Education: School with 50% or more of children on free or



- reduced lunch, population of schools
- Louisiana Medicaid: provider and usage data
- Behavioral Risk Factor Surveillance System, Louisiana: 2008 Dental Data
- American Community Survey: overall poverty, children under 18 years in poverty, and families with children under 5 years that live in poverty.
- Oral Health Program: Basic Screening Survey
- Oral Health Program: SEALS database

### **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

- ☐ Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- x Guide to Community Preventive Services (Task Force on Community Preventive Services)
- x MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))
- ☐ Best Practices Initiative (U.S. Department of Health and Human Services)
- x CDC Recommends: The Prevention Guidelines System (CDC)
- ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ Promising Practices Network (RAND Corporation)
- ☐ Model Practices Database (National Association of County and City Health Officials)
- x Other (describe): Guidelines from Washington state: a compilation of information from many sources, designed to guide efforts to improve oral health for the people in a community through a state-wide coalition.  
[http://www.doh.wa.gov/cfh/Oral\\_Health/Community\\_Roots.htm](http://www.doh.wa.gov/cfh/Oral_Health/Community_Roots.htm)

**Role Under the National Health Objective** *The Block Grant's role under the National Health Objective helps define if these funds are being utilized for state rapid response activities, for startup activities, supplementing other existing funds, or no other funds exist from the federal or state government to support the National Health Objective. Select only one from the list below.*



- ☐ Rapid Response
- ☒ Start Up
- ☐ Supplemental Funding
- ☐ No other existing federal or state funds

Block Grant Funds for the National Health Objective *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*

Current year funds allocated \$

Current year funds allocated to disparate population: \$

Current year funds to local entities for this health objective: \$

10. Block funds vs. other state health department funds for this health objective:

*(select the one that applies)*

- ☐ 100% - Total source of funding
- ☐ 75-99% - Primary source of funding
- ☐ 50-74% - Significant source of funding
- ☒ 10-49% - Partial source of funding
- ☐ less than 10% - Minimal source of funding

List other sources of funding (include amount):

Title V MCH Block Grant-\$70,000

La Department of Health and Hospitals-Bureau of Primary Care and Rural Health-\$10,000

Contracts Funding with this allocation -0-

Contract Number	Contractor Name	Duration	Amount



Number of FTE: 1.0			
Positions funded with this allocation			
Civil Service Title		% of time on the PHHSBG	
Oral Health Program Dental Director- Unclassified		40%	

## ESSENTIAL SERVICES:

### Essential Service 1 - Monitor health status

#### **Title of Impact Objective: Describe the Burden of Oral Disease in Louisiana**

Between October 1, 2010 and September 30, 2012, collect and analyze data as outlined in the Oral Health Program Surveillance Plan to describe the burden of oral disease in the state of Louisiana.

**Title of Activity:** Oral Health Surveillance Plan

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Oversee the implementation of the Oral Health Program Surveillance Plan providing guidance to the program's Epidemiologist in the collection and analysis of oral health data from the primary and secondary data sources as outlined in the plan. Oversee the evaluation of the plan as outlined in the program's five-year evaluation plan.

**Title of Activity:** Monitor Louisiana's progress on achieving the HP 2010 and HP 2020 Goals

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Provide guidance and leadership to the Oral Health Program's Epidemiologist in the identification, collection and analysis of indicators to monitor Louisiana's progress on achieving HP 2010 and 2020



goals that are indicators as defined in the Surveillance Plan. Report annually on the progress toward achieving the goals.

### **Essential Service 3 - Inform and Educate:**

#### **Title of Impact Objective: Increase awareness of oral disease and the Oral Health Program**

Between October 1, 2010 and September 30, 2012, increase public awareness and advocacy for oral health programs and initiatives by assuming a leadership role and participating in the development of statewide oral health promotion activities and initiatives. Provide the general public with information and consultation to prevent oral diseases that threaten the health of the population. Serve as the state lead and spokesperson on such issues.

#### **Title of Activity: Presentations on the Burden of Oral Disease in Louisiana**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** In partnership with the Oral Health Program's Epidemiologist conduct at least four informational sessions to local governing councils/mayors, medical and dental providers/professional associations, program partners and general public to provide an overview on the burden of oral disease in Louisiana.

#### **Title of Activity: Data Collection and Sharing**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Participate in data collection and reporting across programs e.g., nutrition, LAPRAMS, Chronic Disease, and oral health.

#### **Title of Activity: Oral Health Program Web site**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Oversee the Oral Health program web site. Ensure that at a minimum information on the site describes the program and the program's response to ease the health burden and has provider locator links



averaging at least fifty hits in the first six months after launch.

**Title of Activity: Oral Health Program Informational Brochures**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Oversee the development, production and distribution of two different program brochures on the state's fluoridation program targeted to local governments and water operators and one on the program's school-based dental sealant program targeted to schools, school administrators and parents on the benefits of dental sealants. Distribute brochure at a minimum of six different activities/meetings of targeted audiences.

**Essential Service 4 –Mobilize Partnerships**

**Title of Impact Objective: Oral Health Coalition**

Between October 1, 2010 and September 30, 2012, support efforts to sustain an active, Oral Health Coalition with a diverse membership representative of stakeholders from organizations and groups internal and external to state government that will focus on oral health infrastructure development and sustainability, state oral health plan development, community water fluoridation efforts, and school-based/linked dental sealant programs.

**Title of Activity: Oral Health Coalition Sustainability**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Provide guidance to the program staff to identify and implement efforts to ensure the continuation of the Oral Health Coalition in the second year of formation; including but not limited to administrative support, communication with members, and serving on the Coalition leadership team.

**Title of Activity: Oral Health Coalition**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Provide guidance and support to the Coalition leadership team to organize and conduct at least three meetings



of the Oral Health Coalition. Work as a team with the Coalition leadership and program staff to evaluate membership satisfaction and commitment. At least 85% of the coalition membership will report satisfaction with their role in the coalition.

**Title of Activity: Policy Action Work Group**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Identify a group of at least ten key stakeholders with experience in advocacy and policy influence to serve on a Policy Work Group as a committee of the Oral Health Coalition. Organize and conduct at least two meetings of the work group to conduct periodic assessment of policy and systems level strategies with potential to reduce oral diseases.

**Essential Service 5 –Policies and Plans**

**Title of Impact Objective: Oral Health Strategic Planning**

Between October 1, 2010 and September 30, 2012, in partnership with the Oral Health Coalition leadership, guide the Coalition in the Implementation of the Oral Health State Plan and the Policy Action Plan.

**Title of Activity: Oral Health State Plan**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Collaborate with partners and members of the Oral Health Coalition to implement and evaluate The Oral Health State Plan. Work as a part of the Coalition leadership team to implement a distribution plan to ensure access by all stakeholders.

**Title of Activity: Policy Action Plan**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Collaborate with



partners and members of the Coalition's Policy Work Group to finalize a Policy Action Plan. The plan will serve as a guide for oral health stakeholder to implement steps necessary to bring about policy or systems changes that will impact oral health. The Action Plan is to be included in the Oral Health State Plan. The Policy Action Plan will have the approval of at least 80% of the Coalition membership.

### **Essential Service 7 – Link People to Services**

**Title of Impact Objective:** Between October 1, 2010 and September 30, 2012, in collaboration with the Oral Health Coalition assess oral health needs and demands throughout the state aimed at improving oral health including but not limited to improved access to care and dental sealants.

**Title of Activity:** School-Based Dental Sealants

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** In collaboration with program and community partners develop and implement innovative approaches to the delivery of quality public health oral health interventions. Guide and oversee the work of the program's school-based dental sealant coordinator to increase the number of sealants placed in the school-based program.

### **Essential Service 7 – Assure competent workforce**

**Title of Impact Objective:** Between October 1, 2010 and September 30, 2012, participate in the planning of training programs, seminars, workshops, management, and supervisory meetings to provide training on dental public health issues and relevant clinical information and on oral health trends and evidence based practices in dental public health practice.

**Title of Activity:** School Nurse Training

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** In partnership with the Louisiana School Nurses Association provide at least one school-nurse training on



conducting an oral screening and identifying emerging oral health disease providing CEU to at least 25 school nurses.

**Title of Activity: School-Based Dental Sealant Provider Training**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** In partnership with the Louisiana Dental Hygienist Association and the Louisiana Dental Assistant Association provide training on the management and delivery protocols for a school-based dental sealant program conducting training for at least 15 dental professionals.

**Essential Service 9 – Evaluate health programs**

**Title of Impact Objective:** Between October 1, 2009, and September 30, 2011, oversee the comprehensive evaluation of the Oral Health program as outlined in the program's five-year Evaluation Plan.

**Title of Activity: Periodic review of state and national vital statistics**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Monitor the Pregnancy Risk Assessment Monitoring System (PRAMS), MCH Block Grant performance indicators, Louisiana Hospital Discharge System, Behavioral Risk Factors Surveillance System, Youth Risk Behavior Survey, Medicaid Program, and other data on a regular basis to evaluate oral health status and program impact. Prepare and distribute quarterly reports, grant reports, and other requested reporting in a timely manner.

**Title of Activity: Oral Health Five-Year Evaluation**

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Oversee a system of routine systematic evaluation practices for program improvement, decision making, and sharing of lessons learned to measure program progress, community capacity changes, short-



term and distal outcomes. Prepare and distribute quarterly reports, grant reports, and other requested reports in a timely manner.



## **State Program Title: Consumers' Right to Know**

### **State Program Strategy:**

**Goal:** Provide access to reliable health care information pertaining to the quality, cost and performance of health care in order to assist informed decision making by policy makers, providers and the public about the services, treatment and coverage given by the facilities, providers, and health care plans in the state.

The Bureau of Policy Research and Health Systems Analysis (PRHSA) within the Louisiana Department of Health & Hospitals, Office of the Secretary (LDHH/OS) is committed to promoting information for making optimal data-driven decisions that support the accomplishment of health goals, shapes policies, and assures cost effective systems that provide positive outcomes. PRHSA provides state health-status indicators and analyses for use in health-program planning and evaluation, and for monitoring health problems that may occur in Louisiana; to evaluate Louisiana's progress toward Healthy People 2010 health goals; and to support health-research projects in conjunction with educational, private, public, and community-based agencies. Enhancing the current data collection for hospital, emergency room visits, and ambulatory procedures will not only improve the analysis and application of the data, but also provide for planning and development of integrated databases and the establishment of a system linking other health-related data within the Department data warehouse.

**Primary Strategic Partnerships:** Viable partnerships are maintained, or may potentially be maintained, with the following:

#### **Internal:**

- Office of the Secretary
- State Health Officer
- Office of the OPH Assistant Secretary
- Laboratory Services
- Emergency Preparedness & Response
- Infectious Disease Epidemiology
- Vital Records parish offices
- Immunization
- Sexually Transmitted Disease
- HIV/AIDS
- Family Planning
- Maternal & Child Health
- Injury Research & Prevention
- Genetics
- Environmental Health Services

#### **External:**

- Louisiana Secretary of State
- Governor's Office
- State Legislature
- Centers for Disease Control & Prevention
- Agency for Healthcare Research & Quality
- National Healthcare Safety Network
- Health Data Panel
- Healthcare Community
- Louisiana Hospital Association
- Louisiana Health Care Quality Forum
- National Association for Public Health Statistics & Information Systems
- National Association of Health Data Organizations
- University and non-university researchers

- Health Standards
- Management Information Systems
- Law-enforcement agencies
- Other government agencies
- Other private/non-profit organizations

**Role of the PHHSBG Funds:** A critical enhancement component is establishing a data collection system that is user-friendly, economical, and maintains the integrity of the data submission process by applying state-specific data validation rules; allowing users to edit discharge data; streamlining UB-92/UB04 data collection; and submitting data directly to the Department by a multitude of sources. Monies obtained through the Block Grant will be used to procure a solution that modernizes the current system to obtain claims data.

**Evaluation Methodology:** In response to the rising health costs, the shortage of health professionals and health care services across the state, and the concerns expressed by consumers, health care providers, and payers, the Louisiana Legislature passed Senate Bill 287 (ACT537) charging the Department of Health and Hospitals to provide for the collection and publication of provider specific health care quality and outcome data for the Louisiana health care consumers' meaningful comparison of costs for specific health care services and quality of care measures between and among medical facilities, providers and plans. The act mandates DHH identify and define reporting elements; develop data standards of accuracy, quality, and timeliness; collect and distribute data; and create an interactive website to compare information from providers and plans. A multi-stakeholder group representing all interests involved in the collection and publication of the health care data would be created to advise DHH on implementing the legislation. Penalties were set for entities that did not comply with submitting necessary data, and punishments were outlined for those that violated patient confidentiality laws.

Act 537 also mandates that “[a]ll state agencies and health professional licensing, certification, or registration boards and commissions, which collect, maintain, or distribute health data, shall provide to [LDHH] such data as are necessary for the department to carry out its responsibilities as defined in” the statute. Furthermore, “[a]ll health care providers licensed by the state, including but not limited to hospitals, outpatient surgical facilities, and outpatient clinical facilities” will be required to submit information as stipulated by LDHH rules and regulations promulgated by virtue of the Act.

Originally established by House Bill 1462 (Act 622) in 1997 as part of the State Health Care Data Clearinghouse, the Louisiana Hospital Inpatient Discharge Database (LAHIDD) collects inpatient hospital discharge data submissions from licensed hospitals throughout the state, starting with discharges that occurred in January 1998.

### **State Program Setting:**



Business, corporation or industry, State health department

**FTEs (Full Time Equivalents):**

Full Time Equivalents positions that are funded with State General Funds.

**Position Title:** Program Manager 2

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Position Title:** Public Health Epidemiologist

State-Level: 100% Local: 0% Other: 0% Total: 100%

**Total Number of Positions Funded:** 2

**Total FTEs Funded:** 2.00

**National Health Objective:** HO 23-5 Data and Information systems

**State Health Objective(s):**

Between October 1, 2010, and September 30, 2011, modernize the claims data collection system to improve the reporting process for providers, expand the types of providers who are required to report, validate data to promote quality improvement initiatives, save time, money and valuable staff resources by confirming patient encounter data accuracy, provide error correction hints, entry validation and data transmission capabilities, and ensuring the accuracy and quality of future submissions by identifying error patterns.

In doing so, this will provide for an integrated system of data sets to be used to enhance health policy and program developments in an efficient, data-supported manner. A significant factor in further developing this system is the potential to participate in national studies and data consortiums, such as the Healthcare Cost & Utilization Project maintained by the Agency for Healthcare Research and Quality, the largest all-payer collection of hospital, emergency room and ambulatory surgical center statistical information in the United States. This allows enable research on a broad range of health policy issues, including cost and quality of health services, medical practice patterns, access to health care programs, and outcomes of treatments at the



national, State, and local market levels.

The Department of Health and Hospitals has taken several measures to date to accomplish this objective. The agency obtained the assistance of the National Association of Health Data Organizations (NAHDO) as well as other states such as the New York Department of Health as well as Florida's Agency for Health Care Evaluation in appraising database systems, including standards and costs per system.

The Department has launched the *Louisiana Health Finder* website ([www.HealthFinderLA.gov](http://www.HealthFinderLA.gov)) with measures pertaining to hospitals, nursing homes, and health plans. Ongoing improvement to the data collection system will allow the department to provide consumers reports on procedure volumes per provider, quality scores for survival rates, readmission avoidance, health care associated infections, and patient safety events. These enhancements are critical to successfully achieving the overall objectives of the Consumers' Right to Know legislation.

### **Baseline:**

Data collected for LAHIDD are taken from the standard UB-04 billing form used by hospitals throughout Louisiana.

### **Data Source:**

1. The Louisiana Department of Health and Hospitals
2. All licensed hospitals in Louisiana are required by state law to submit files with UB-04 data to the Department on a quarterly basis. With the enhanced data collection, licensed emergency rooms and ambulatory surgical centers will be required to submit UB-04 data on a quarterly basis.

### **State Health Problem:**

### **Health Burden:**

Many areas in Louisiana are experiencing rising health-care costs and shortages of health professionals, making it essential that patients, health-care professionals, hospitals, and third-party payers have information they need to determine appropriate and efficient usage of health services, accurate evaluation of needs and usage, and affordable, comprehensive health insurance. The completeness and relevance of this information requires an understanding of patterns and trends in the availability, utilization, and costs of health-care services, and the underlying patterns of disease that necessitate these services. Data housed within the Department of Health and Hospitals' inpatient and ambulatory surgical dataset will allow identification of high quality care at the provider level as well as the health risks and health-care usage among populations at the community level. Baseline and follow-up data contained in the



Louisiana Hospital Inpatient Discharge Database (LAHIDD) and other health-care databases to be created by virtue of Act 537 of 2008 will enable tracking of illness and injury, health-care service utilization, and the effectiveness of treatments for targeted populations. Many different data systems currently exist within the Department and other state government agencies which contain certain data that would be useful in the identification and resolution of public health problems. These databases are not currently integrated due to inconsistencies in coding, data field designs, physical location, or other technical problems relating to timely access to data. These inconsistencies and problems, in turn, have resulted in communication and cooperation gaps between the holders of the various data sources. Establishment of clear goals and objectives for the Department, along with adequate data collection and analysis resources, will allow for the necessary growth needed to provide linked data sets for users within LDHH and across the State.

**Target Population:**

Number: 4,410,796

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations, Other

**Disparate Population:**

Number: 4,410,796

Infrastructure Groups: State and Local Health Departments, Boards, Coalitions, Task Forces, Community Planning, Policy Makers, Disease Surveillance - High Risk, Community Based Organizations, Health Care Systems, Research and Educational Institutions, Business and Merchants, Safety Organizations, Other

**Evidence Based Guidelines and Best Practices Followed in Developing Interventions:**

Healthcare Cost & Utilization Project (Agency for Healthcare Research and Quality)

Reporting Hospital Quality Data for Annual Payment Update (Centers for Medicare and Medicaid Services)

Other: National Center for Health Statistics, National Association of Health Data Organizations, National Association of Public Health Statistics and Information Systems



### **Funds Allocated and Block Grant Role in Addressing this Health Objective:**

Total Current Year Funds Allocated to Health Objective: \$0

Total Prior Year Funds Allocated to Health Objective: \$0

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$0

Role of Block Grant Dollars: Supplemental Funding

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

75-99% - Primary source of funding

## **ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

### **Essential Service 1 – Monitor health status**

#### **Objective 1:**

##### **Improved data set collection**

Between 10/2010 and 09/2011, The Louisiana Department of Health and Hospitals will release a Request for Proposal (RFP) and contract with a vendor to upgrade the department's data collection systems to be able to accept UB92/UB04 files for hospitals, emergency rooms, and ambulatory surgical centers.

#### **Objective 2:**

##### **Improved dissemination of data sets**

Between 10/2010 and 09/2011, The Louisiana Department of Health and Hospitals, Bureau of Policy Research and Health Systems Analysis will develop **1** plan including strategies for holders of other relevant databases within DHH and other state agencies in order to improve the



effectiveness of linked data sets and their subsequent expanded analysis capabilities.

### **Objective 3:**

#### **Improved indicators for consumer decision making**

Between 10/2010 and 09/2011, The Louisiana Department of Health and Hospitals, with consultation of the Health Data Panel, will develop and finalize measures that utilize the newly collected data that will provide consumers with meaningful, easy-to-comprehend, indicators related to the quality of care of providers across the state. The plan will include graphical representation, appropriate statistical significance, and branding for the purposes of website content.

### **Annual Activities:**

#### **1. Dataset integration/creation**

Between 10/2010 and 09/2011, Meet with representatives of other states and website vendors/developers to devise an Internet-based plan for sharing relevant public health data inter-jurisdictionally. By the authority of Act 537 of the 2008 Regular Session of the Louisiana Legislature, assist the Secretary of LDHH with activities related to the Health Data Panel to recommend and assist in establishing goals, objectives, and strategies that will lead to an increase in the number of data sets available across the Department. Such strategies would provide for an integrated system of data sets, which will allow for the development of health improvement plans and the ability to perform more in-depth analysis of public health policy issues.

#### **2. Data dissemination**

Between 10/2010 and 09/2011, Update the *Louisiana Health Finder* website with the new measures developed using the newly collected data UB04 data. Provide, via the internet, an easy to access HIPAA compliant discharge file for researchers to study the burden of disease across the state. Continue to release in both hard-copy and electronic format the following annual publications: *LAHIDD Report*, *LAHIDD at a Glance* poster, and *LAHIDD at a Glance* fact card.



## **Infectious Disease Epidemiology Work Plan**

### **National Health Objective: HO 23-14 Comprehensive epidemiology services**

#### **State Health Objective(s):**

Between October 1, 2008, and September 30, 2009, provide an infectious disease surveillance system that can collect demographic and standardized disease specific information that can be rapidly transmitted for analysis and accessed for early detection.

#### **Baseline:**

The list of reportable diseases is divided into three classifications: those that must be reported within 24 hours; those that must be reported within one business day; and those that must be reported within 5 business days. The list of reportable disease was updated new infectious diseases of interest. All Louisiana hospitals are using the web based reportable disease database system to report notifiable diseases.

Surveillance is needed to promptly recognize and monitor emerging pathogens and outbreaks. This surveillance system allows for the rapid transfer (real time) of information between local, state and national programs via a variety of methods (telephone, electronic web-based, and fax).

The State's objective is to investigate infectious disease case reports and potential outbreaks and institute appropriate disease control measures. Individual case reports of certain diseases are followed to ensure that patients receive appropriate medical treatment and that their contacts receive preventive therapy. Reports are also used to identify groups at high risk, prompting intervention efforts targeted at those groups.

The surveillance systems tracking infectious diseases have been expanded to cover all aspects of surveillance. They comprise the following systems:

- Infectious Disease Reporting Information System (IDRIS)
- Emergency Department Syndromic Surveillance (EARS)
- Louisiana Early Events Detection System (LEEDS)
- Rabies Infected Animal Surveillance
- West Nile infection surveillance in humans, horses, birds and mosquitoes (Arbonet)
- Epidemiology Active Surveillance Enterprise including
  - Flu surveillance
  - Antibiotic resistance
  - Respiratory virus infection
  - Hurricane casualties
  - Antibigram surveillance

Outbreak investigations have been expanded beyond the usual food outbreaks to include arthropod-borne diseases, hospital acquired infections, other infectious disease outbreaks in institutions.

Data Source:

### **State Health Problem:**

**Health Burden:** Surveillance is needed to promptly recognize and monitor emerging pathogens and outbreaks. Mortality rates from some infectious diseases are increasing. Infectious diseases (Influenza, pneumonia and septicemia combined) are the fifth most common cause of death. Increases in international travel, importation of foods, improper human and veterinary use of antibiotics in the U.S. and abroad, and global environmental changes have resulted in the increased potential for global epidemics of infectious diseases as well as drug resistant strains of emerging or reemerging diseases. Infectious diseases cause a significant financial burden on our society as a whole. Early detection and intervention, as prevention and control measures are essential to reducing the burden of diseases.

Among the new infectious agents that have gained a foothold in Louisiana as well as the nation are community-associated methicillin resistant staphylococcus aureus (CA-MRSA), drug resistant Streptococcus pneumoniae and West Nile virus.

### **State Program Strategy**

**Goal:** The Louisiana Infectious Disease Epidemiology Program is committed to reducing infectious diseases by detecting and evaluating the presence of infectious diseases in the population.

To decrease the incidence of infectious disease staff employ methods such as maintaining a system for reporting/tracking disease cases; conducting outbreak investigations; providing consultation and technical expertise to private and public health care providers; providing educational training; publishing information on infectious diseases; and collaborating with other partners on special studies.

Having the regional epidemiologists, rapid exchange of information between regional, central office levels has vastly expanded the breadth of knowledge and expertise available for dealing with preventive activities and outbreak investigations. Outbreaks are investigated much more rapidly and thoroughly and consequently more outbreaks are being reported. IDE staff also became an important source of speakers for hospital infection control practitioners, health care



facilities educators, local medical, nursing and allied health societies. For example during 2004, IDES gave 202 presentations (including 78 presentations on bioterrorism) reaching 7450 attendees (including 2691 on bioterrorism).

**Primary Strategic Partnerships:** Viable partnerships are maintained with the following:

<b>Internal:</b>	<b>External:</b>
<ul style="list-style-type: none"> <li>• State Epidemiologist</li> <li>• State Health Officer</li> <li>• State Laboratory</li> <li>• Public Health and Emergency Response Program</li> <li>• Infectious Disease Epidemiology</li> <li>• Regional Epidemiologists</li> <li>• Immunization</li> <li>• Sexually Transmitted Disease</li> <li>• HIV/AIDS</li> <li>• Family Planning</li> <li>• Maternal and Child Health</li> </ul>	<ul style="list-style-type: none"> <li>• Hospital Infection Control Practitioners</li> <li>• Medical, Nursing and Allied Health Societies</li> <li>• Healthcare facility educators</li> <li>• Healthcare Community</li> <li>• Louisiana Hospital Association</li> <li>• Louisiana Poison Control</li> <li>• Louisiana Department of Wildlife and Fisheries</li> <li>• Occupational health organizations</li> <li>• Other governmental agencies</li> <li>• Fire, police and other safety organizations</li> </ul>

**Role of the PHHSBG Funds:** The PHHSBG funds regional epidemiologists (two FTE) who:

- Coordinate and conduct epidemiological investigations for OPH programs such as Infectious Diseases (incl. outbreak and cluster investigations), PH preparedness, Maternal and Child Health, Injury Prevention, Chronic Diseases, Environmental Epidemiology and Occupational Health Conditions in the region.
- Function as the team leader for all epidemiologic activities in the region.
- Provide epidemiologic technical assistance to the Regional Management Team and community groups regarding assessments, epidemiologic methods, program/study design and program evaluation, sources of and interpretation of quantitative data and quality assurance activities. Provides educational training.
- Prepare and review reports of epidemiologic studies and investigations

**Evaluation Methodology:** The Infectious Disease Epidemiology Program provides an infectious disease surveillance system that can collect demographic and standardized disease specific information that can be rapidly transmitted for analysis and accessed for early detection. Surveillance is needed to promptly recognize and monitor emerging pathogens and outbreaks. This surveillance system will allow for the rapid transfer (real time) of information between



local, state and national programs via a variety of methods (telephone, electronic web-based, and fax).

Infectious Disease Epidemiology Program investigates infectious disease case reports and potential outbreaks and institutes appropriate disease control measures. Individual case reports of certain diseases are followed to ensure that patients receive appropriate medical treatment and that their contacts receive preventive therapy. Reports are also used to identify groups at high risk, prompting intervention efforts targeted at those groups. Regional Epidemiologists are responsible for coordinating and carrying out public health preparedness activities in their respective regions along with taking the lead in outbreak investigations (i.e. Bioterrorism, West Nile Virus).

## Population

**Target Population:** Surveillance and other epidemiologic activities of infectious diseases control apply to the entire population of the state.

Number in target population:		4,410,800
Ethnicity	Hispanic	178,037
	Non-Hispanic	4,232,759
Race	African American or Black,	1,434,600
	American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander	75,027
	White	2,850,200

- Groups:
  - ☒ State and Local Health Departments
  - ☒ Boards, Coalitions, Task Forces, Community Planning, Policy Makers
  - ☒ Disease Surveillance – High Risk
  - ☒ Community Based Organizations
  - ☒ Health Care Systems
  - ☒ Research and Educational Institutions
  - ☒ Business and Merchants
  - ☒ Safety Organizations
  - ☒ Other: General Public Data Users, High Risk Populations, Faith Based Organizations, Business/Merchants, Fire, Police, Safety Organizations, Other



### Population with Disparate Need:

Surveillance and other epidemiologic activities of infectious diseases control apply to the entire population of the state. Some subpopulations are at higher risk for specific diseases. But since the group of infectious diseases comprises more than 60 diseases, the entire population is at risk. Here are a few examples showing that the entire population is at risk. Some diseases present a higher risk for infants (Salmonella), other for young children (Shigella) adolescents (gonorrhea), college students (invasive meningococcal disease), young adults (syphilis), middle aged adult males (HIV associated opportunistic infections), elderly (influenza), for women (invasive streptococcus group B)...

The entire state population is at high risk of one infectious disease or the other		4,410,800
Ethnicity	Hispanic	178,037
	Non-Hispanic	4,232,759
Race	African American or Black,	1,434,600
	American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander	75,027
	White	2,850,200

### Data Source:

- Infectious Disease Reporting Information System (IDRIS)
- Emergency Department Syndromic Surveillance (EARS)
- Louisiana Early Events Detection System (LEEDS)
- Rabies Infected Animal Surveillance
- West Nile infection surveillance in humans, horses, birds and mosquitoes (Arbonet)
- Epidemiology Active Surveillance Enterprise including
  - Flu surveillance
  - Antibiotic resistance
  - Hurricane casualties
  - Antibigram surveillance
  - Outbreak investigations database
  - Louisiana Hospital In-patient Discharge Data (LaHIDD)
  - Louisiana Vital Statistics



- Special investigations

### **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

- x Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- x Guide to Community Preventive Services (Task Force on Community Preventive Services)
- x MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))
- x Best Practices Initiative (U.S. Department of Health and Human Services)
- x CDC Recommends: The Prevention Guidelines System (CDC)
- x National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- x Promising Practices Network (RAND Corporation)
- x Model Practices Database (National Association of County and City Health Officials)

### **Role Under the National Health Objective**

The Block Grant is being utilized for funding activities where no other funds exist from the federal or state government,

### **Block Grant Funds for the National Health Objective**

Current year funds allocated

\$ 220,000

Current year funds allocated to disparate population:

\$ 220,000

### **Contracts Funding with this allocation**

Contract Number	Contractor Name	Duration	Amount
Number of FTE:			



Positions funded with this allocation	
Civil Service Title	% of time on the PHHSBG

**ESSENTIAL SERVICES:** This program addresses mostly 3 Essential Public Health Services

1. Monitor health status
2. Diagnose and investigate
3. Inform and Educate

### **Essential Service 1 - Monitor health status**

#### **Title of Impact Objective: Infectious Disease Exposure**

Between October 1, 2007, and September 30, 2010, monitor hospitalizations due to infectious diseases. This is an on-going process.

#### **Title of Activity: Monitoring Louisiana Hospital Inpatient Discharge Data**

##### **Time-bound:**

Start date: October 1, 2007      End date: September 30, 2010

**Description of Activity that helps meet the target of Impact Objective:** IDES will analyze the Louisiana Hospital Inpatient Discharge Database to evaluate the trends of 60 infectious diseases of public health importance

### **Essential Service 2 - Diagnose and Investigate**

This service area comprises epidemiological and laboratory identification of disease outbreaks, screening and testing services, client interviewing and following, investigations for disease transmission

#### **Title of Impact Objective: Infectious Disease Exposure**

Between October 1, 2007, and September 30, 2010, reduce the incidence of and exposures to infectious diseases through the detection and the initiation of intervention and disease control measures. This is an on-going process.



**Title of Activity: Contact identification and prevention**

**Time-bound:**

Start date: October 1, 2007      End date: September 30, 2008

**Description of Activity that helps meet the target of Impact Objective:** IDES will maintain an infectious disease reporting system in all 64 parishes within the state and identify those diseases that need a preventive treatment and ensure that 95% of those needing preventives services receive them.

**Essential Service 3 - Inform and educate**

**Title of Impact Objective: Infectious Disease Public Information**

Between October 1, 2007, and September 30, 2010, evaluate impact of infectious diseases of public health importance in Louisiana and disseminate the data through a comprehensive set of surveillance reports displayed on IDES website. This is an on-going process.

**Title of Activity: Disseminate data on infectious disease surveillance in Louisiana**

**Time-bound:**

Start date: October 1, 2007      End date: September 30, 2010

**Description of Activity that helps meet the target of Impact Objective:** IDES will analyze the infectious disease data obtained from all data sources about reportable diseases and display at least 60 reports on the IDES website



**National Health Objective: HO 15-35 Rape or attempted rape**

**State Health Objective(s):**

Reduce rape and attempted rapes per 1000 people aged 12 and over to no more than 0.8 per 1000 by 2011

Baseline Data: *(Provide the baseline measure to track progress of your objective, including the year.)* Females over 12 years of age (1.83 million) and Males over 12 years of age (1.69 million)

Data Source: *Provide the data sources that helped identify the baseline measures.* 2007 US Census Data

**State Health Problem:** *The state health problem includes the health burden, target population and population with disparate need within the target population and data sources used to describe the state health problem.*

**Health Burden:** Sexual violence against women has been shown to have ongoing health effects, including multiple health care problems during the post recover phase. Such violence also often results in physical and quality of life damage to the victim and those who care about her well-being. There are direct costs for medical care, enforcement staff, and judicial and penal intervention. Further, there may be societal costs of lost productivity, and chronic health problems including HIV. Persons experiencing risk behaviors, such as early childbearing, smoking, repeated STD's, school dropout, etc. are more likely to have been sexually assaulted than the general population.

**State Program Title: Injury Research and Prevention**

**State Program Strategy:**

The Injury Research and Prevention Program (IRP) is committed to the health of Louisiana citizens. The vision of the program is to create an "Injury Free Louisiana."

**State Program Goal:** The Injury Research and Prevention Program's goal is reducing deaths caused by both intentional and unintentional injuries. Specifically, the Prevent Health Block Grant's goal is reducing deaths caused by unintentional injuries and reducing the annual rate of rape or attempted rape by 2011.

The core components of IRP mirror a typical public health approach such as:

- Determine the burden and develop a plan of action by:



- Collecting and analyzing injury data
  - Considering the manner of intentional and unintentional injury
  - Determining the incidence, cause and circumstance of injuries
  - Developing a strategic plan of action
- Conduct prevention interventions at multiple levels by:
    - Designing, implementing, and evaluating interventions at multiple levels
    - Blending different types of behavior change strategies
    - Collaborating with others
  - Provide technical support and training to diverse program partners
    - Work with Communities for policy change by:
      - Affecting public policy through collaboration with community leaders to make the community safer
  - Evaluate and Improve Programs by:
    - Building a solid infrastructure for Injury prevention programs through evaluation

IRP Program staff is responsible for the ensuring each component is being implemented. The IRP staff provides leadership, community support, and information on best practice methods to reduce injury morbidity and mortality. Public Health also supplies the epidemiology to drive policy and environmental change. Injury epidemiology should influence and support the selection of risk reduction programs, and provide direction and benchmarks for community and advocacy groups.

### **Highlighted Facts:**

- From 2000-2004 the average number of injury deaths per year in Louisiana was 3,299.
- During that time period, unintentional injuries were the leading cause of death for Louisianans 1-44 years old while homicides were the second leading cause of death for residents 15-34 years old.
- From 2000 to 2004, Louisiana was among the states with the highest rate of unintentional motor vehicle, suffocation, drowning, and fire and burn deaths in the country.
- For the same years, Louisiana had the second highest homicide death rate, the third highest traumatic brain injury-related death rate, and the third highest firearm-related death rate in the country.
- In 2004, 134 Louisianan children younger than 15 years old died from unintentional injuries.
- Data from a recent telephone survey in conjunction with data from the U.S. Census, lead to estimates that 40,281 women residing in Louisiana were raped or physically assaulted by an intimate partner in the past 12 months.



**Primary Strategic Partnerships:** Viable partnerships are maintained with the following:

<b>Internal:</b>	<b>External:</b>
<ul style="list-style-type: none"> <li>• State Epidemiologist</li> <li>• State Medical Director and Health Officer</li> <li>• Center for Community Health</li> <li>• OPH Vital Records and Center for Health Statistics</li> <li>• OPH Nursing Services</li> <li>• OPH Emergency Preparedness and Response Program</li> <li>• OPH Infectious Disease Epidemiology</li> <li>• OPH Regional Epidemiologists</li> <li>• OPH Immunization Program</li> <li>• OPH Pharmacy Services</li> <li>• Adolescent &amp; School Health Initiative</li> <li>• Children’s Special Health Services</li> <li>• OPH Regional Administrators</li> <li>• OPH Regional Medical Directors</li> <li>• OPH Social Work Program</li> <li>• DHH Chronic Disease</li> <li>• SIDS Risk Reduction and Child Death Review Coordinator</li> <li>• MCH Regional Safety Coordinators</li> <li>• OPH Family Planning</li> <li>• OPH Maternal and Child Health</li> <li>• Bureau of Emergency Medical Service</li> <li>• DHH Primary Care and Rural Health Bureau</li> <li>• OPH STD Program</li> <li>• OPH HIV Program</li> <li>• OPH Parish Health Units and Clinics</li> <li>• DHH Medicaid</li> <li>• DHH Office of Addictive Disorders</li> <li>• DHH Office of Citizens with Developmental Disabilities</li> <li>• DHH Office of Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>• Center for Disease Control</li> <li>• Medical, Nursing and Allied Health Societies</li> <li>• Hospitals and Medical Centers</li> <li>• Universities and Colleges</li> <li>• Louisiana Hospital Association</li> <li>• Louisiana Poison Control</li> <li>• Louisiana Department of Wildlife and Fisheries</li> <li>• Occupational health organizations</li> <li>• Office of Adult Services</li> <li>• Department of Agriculture and Forestry</li> <li>• Office of Alcohol and Tobacco Control</li> <li>• Louisiana Public Health Institute</li> <li>• AARP</li> <li>• Volunteers of America</li> <li>• State Farm Insurance</li> <li>• State Fire Marshal’s Office</li> <li>• Consumer Product Safety Commission</li> <li>• LA Highway Safety Commission</li> <li>• LA Dept. of Transportation and Development</li> <li>• LA Department of Motor Vehicles</li> <li>• LA Department of Education</li> <li>• LA Department of Social Services</li> <li>• Louisiana State Police</li> <li>• Office of Aging and Adult Services</li> <li>• Bureau of Minority Health Access</li> <li>• Office of Mental Health</li> <li>• Governor’s Council on Physical Fitness &amp; Sports</li> <li>• Louisiana Coroner’s Association</li> <li>• Parish Police and Criminal Sheriffs</li> <li>• Area Health Education Centers</li> <li>• LA Safe Kids, Inc.</li> <li>• LA Department of Insurance</li> </ul>



	<ul style="list-style-type: none"> <li>• Various Coalitions</li> <li>• LAFASA</li> <li>• LCADV</li> <li>• Local School Based Health Centers</li> <li>• Parish Family Planning Clinics</li> <li>• Youth Servicing Agency</li> <li>• Faith based organizations</li> <li>• Legislators and Public Officials</li> <li>• Appleseed</li> <li>• The Strategies Source, LLC</li> </ul>
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**Role of the PHHSBG Funds:** To administer the injury research and prevention program efforts in Louisiana.

## Population

**Target Population:** The Injury Research and Prevention Program targets:

1. 1.89 million females over 12 years of age. Services are equally available for males.
2. 1.75 million females over 12 years of age. Services are equally available for males.
  - Number in target population: \_\_\_\_\_
  - Ethnicity: Hispanic or Non-Hispanic: \_\_\_\_\_
  - Race: African American or Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, White, Other
  - Age: All ages
  - Gender: Female and Male
  - Geography: Rural and Urban
  - Primarily Low Income: No
  - Groups:
    - ☐ State and Local Health Departments
    - ☐ Boards, Coalitions, Task Forces, Community Planning, Policy Makers
    - ☐ Disease Surveillance – High Risk
    - ☐ Community Based Organizations
    - ☐ Health Care Systems
    - ☐ Research and Educational Institutions
    - ☐ Business and Merchants
    - ☐ Safety Organizations
    - ☐ Other



**Population with Disparate Need:** *Based on the population being targeted, identify any sub-populations that bear a disproportionate burden from the health problem. In some instances, the Disparate Population will be identical to the Target Population.*

The disparate population:

1. School-age population: 250,335 females
  2. School-age population: 177,000 females
- Number in population with disparate need: \_\_\_\_\_
  - Ethnicity: Hispanic or Non-Hispanic: \_\_\_\_\_
  - Race: African American or Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, White, Other
  - Age: 15 and under
  - Gender: Female and Male
  - Geography: Rural and Urban
  - Primarily Low Income: No
  - **Location:**

**Data Source:** *Describe which data sources were used to determine the population statistics. In many cases the US Census Data is used.*

### **Evidence Based Guidelines**



The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

- ☐ Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- ☐ Guide to Community Preventive Services (Task Force on Community Preventive Services)
- ☐ MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))
- ☐ Best Practices Initiative (U.S. Department of Health and Human Services)
- ☐ CDC Recommends: The Prevention Guidelines System (CDC)
- ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ Promising Practices Network (RAND Corporation)
- ☐ Model Practices Database (National Association of County and City Health Officials)
- ☒ Other (describe): Intersections Between Grief and Trauma: Toward an Empirically Based Model for Treating Traumatic Grief, Cheryl Regehr, PhD and Tamara Sussman, MSW; Guidelines for Gender-based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies; Sexual Assault Advocate Training Certification Guidelines & Application Kit; Medical Examination and Treatment for Victims of Sexual Assault: Report to Congress: Appendix B. Inventory of Training Programs, Policy Statements and Practice Protocols (AHRQ); Table 27 Number and percent distribution of incidents, by type of crime and victim-offender relationships, Cathy Maston and Patsy Klaus; Sexual Violence in Women's Lives: Findings from the Women's Safety Project, A Community Based Survey, Lori Haskell and Melanie Randall; Sexual Abuse in a National Survey of Adult Men and Women: Prevalence Characteristics, and Risk Factors, David Finkelhor.

**Role Under the National Health Objective** *The Block Grant's role under the National Health Objective helps define if these funds are being utilized for state rapid response activities, for startup activities, supplementing other existing funds, or no other funds exist from the federal or state government to support the National Health Objective. Select only one from the list below.*

☐ Rapid Response



- ☐ Start Up
- ☐ Supplemental Funding
- ☐ No other existing federal or state funds

Block Grant Funds for the National Health Objective *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*

Current year funds allocated \$

Current year funds allocated to disparate population: \$

Current year funds to local entities for this health objective: \$

10. Block funds vs. other state health department funds for this health objective:

*(select the one that applies)*

- ☐ 100% - Total source of funding
- ☐ 75-99% - Primary source of funding
- ☐ 50-74% - Significant source of funding
- ☐ 10-49% - Partial source of funding
- ☐ less than 10% - Minimal source of funding

List other sources of funding (include amount):

Contracts Funding with this allocation

Contract Number	Contractor Name	Duration	Amount
CFMS 665613 DHH# 052002	LaFASA	7-1-08 to 6-30-2011	\$74,998
Number of FTE:			



Positions funded with this allocation	
Civil Service Title	% of time on the PHHSBG
Program Monitor	50%
Program Monitor	50%

### **Essential Service 3 - Inform and Educate:**

#### **Title of Impact Objective 1: Professional Training**

Between October 1, 2010 and September 30, 2011 the Sexual Assault Centers will provide training to 3,500 professionals on sexual assault prevention in order to increase knowledge and facilitate social change. The number of professionals trained will be measured through reports provided by LaFASA and the Sexual Assault Centers.

##### **Title of Activity 1: Sexual Assault Prevention Training**

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide training to 3,500 professionals on sexual assault prevention to increase knowledge and facilitate social change.

#### **Title of Impact Objective 2: Educational Sessions**

Between October 1, 2010 and September 30, 2011 the Sexual Assault Centers will provide education sessions to 15,000 individuals 12 and older on sexual assault prevention to increase awareness and facilitate social change. The number of students participating in the educational session will be measured through reports provided by LaFASA and the Sexual Assault Centers.

##### **Title of Activity 1: Student Educational Sessions**

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide educational sessions to 15,000 individuals 12 and older on sexual assault prevention to increase awareness and facilitate social change. The SAC's will educate students utilizing the Louisiana established or designated curriculums such as Care\*ageous Kids



and/or T.R.U.S.T.

#### **Essential Service 4 - Mobilize partnerships:**

##### **Title of Impact Objective 1: Sexual Violence Prevention Partnerships**

Between October 1, 2010 and September 30, 2011 Louisiana Foundation Against Sexual Assault (LAFASA) and Louisiana's Injury Research and Prevention Program will maintain a Sexual Violence Prevention Committee of 15-25 community partners to assess primary prevention activities and to recommend additional strategies for preventing sexual violence. The number of partners participating will be confirmed by meeting sign in sheets provided by the LAFASA.

##### **Title of Activity 1: Sexual Violence Primary Prevention Committee Meeting**

**Time-bound:** October 1, 2010 – September 30, 2011

##### **Description of Activity that helps meet the target of Impact Objective:**

Between October 1, 2010 and September 30, 2011, Louisiana Foundation Against Sexual Assault and Louisiana's Injury Research and Prevention Program will host a Sexual Violence Prevention Primary Committee meeting. The purpose of the meeting is to bring together key stakeholders to provide feedback, assist with implementation of strategies identified in the Plan and make new recommendations for future activities.

#### **Essential Service 5 - Develop policies and plans:**

##### **Title of Impact Objective 1: Sexual Violence Primary Prevention Plan (SVPPP)**

Between October 1, 2010 and September 30, 2011, Sexual Violence Primary Prevention Committee (SVPPC) will continue to implement activities of the Sexual Violence Primary Prevention Plan. The number of plan activities implemented will be measured by reports provided by the LAFASA and the Sexual Assault Centers.

##### **Title of Activity 1: Sexual Violence Primary Prevention Plan (SVPPP) Implementation**

**Time-bound:** October 1, 2010 – September 30, 2011

##### **Description of Activity that helps meet the target of Impact Objective:**

Between October 1, 2010 and September 30, 2011 the Sexual Violence Primary Prevention Committee and Sexual Assault Centers will continue to implement activities



of the Sexual Violence Primary Prevention Plan.

**Essential Service 7 - Link people to services:**

**Title of Impact Objective 1: Community Linkages**

Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will help establish a continuity of services by linking 4,000 crisis callers to available community services. The number of linkages will be measured by reports provided by LAFASA and the Sexual Assault Centers.

**A Title of Activity 1: Linkages**

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide a continuity of services by linking 4,000 crisis callers to available community services. By assisting in service continuity, Louisiana is providing support and stability throughout the process to those affected by sexual violence.

**Title of Impact Objective 2: Counseling and Advocacy Services**

Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide sexual assault victims with 13,000 hours of counseling and advocacy. The number of counseling and advocacy services will be measured by reports provided by LAFASA and the Sexual Assault Centers.

**A Title of Activity 1: Counseling and Advocacy**

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide sexual assault victims with 13,000 hours of counseling and advocacy. By helping victims of sexual assault effectively deal with the trauma; Louisiana plays an essential role in its citizens becoming better parents, employees and community members.

**National Health Objective: HO 15-35 Rape or attempted rape**



**State Health Objective(s):**

Reduce rape and attempted rapes per 1000 people aged 12 and over to no more than 0.8 per 1000 by 2011

Baseline Data: Females over 12 years of age (1.83 million) and Males over 12 years of age (1.69 million)

Data Source: 2007 US Census Data

**State Health Problem**

**Health Burden:** Sexual violence against women has been shown to have ongoing health effects, including multiple health care problems during the post recover phase. Such violence also often results in physical and quality of life damage to the victim and those who care about her well-being. There are direct costs for medical care, enforcement staff, and judicial and penal intervention. Further, there may be societal costs of lost productivity, and chronic health problems including HIV. Persons experiencing risk behaviors, such as early childbearing, smoking, repeated STD's, school dropout, etc. are more likely to have been sexually assaulted than the general population.

**State Program Title: Injury Research and Prevention****State Program Strategy:**

The Injury Research and Prevention Program (IRP) is committed to the health of Louisiana citizens. The vision of the program is to create an "Injury Free Louisiana."

**State Program Goal:** The Injury Research and Prevention Program's goal is reducing deaths caused by both intentional and unintentional injuries. Specifically, the Prevent Health Block Grant's goal is reducing deaths caused by unintentional injuries and reducing the annual rate of rape or attempted rape by 2011.

The core components of IRP mirror a typical public health approach such as:

- Determine the burden and develop a plan of action by:
  - Collecting and analyzing injury data
  - Considering the manner of intentional and unintentional injury
  - Determining the incidence, cause and circumstance of injuries
  - Developing a strategic plan of action



- Conduct prevention interventions at multiple levels by:
  - Designing, implementing, and evaluating interventions at multiple levels
  - Blending different types of behavior change strategies
  - Collaborating with others
- Provide technical support and training to diverse program partners
  - Work with Communities for policy change by:
  - Affecting public policy through collaboration with community leaders to make the community safer
- Evaluate and Improve Programs by:
  - Building a solid infrastructure for Injury prevention programs through evaluation

IRP Program staff is responsible for ensuring each component is being implemented. The IRP staff provides leadership, community support, and information on best practice methods to reduce injury morbidity and mortality. Public Health also supplies the epidemiology to drive policy and environmental change. Injury epidemiology should influence and support the selection of risk reduction programs, and provide direction and benchmarks for community and advocacy groups.

#### **Highlighted Facts:**

- From 2000-2004 the average number of injury deaths per year in Louisiana was 3,299.
- During that time period, unintentional injuries were the leading cause of death for Louisianans 1-44 years old while homicides were the second leading cause of death for residents 15-34 years old.
- From 2000 to 2004, Louisiana was among the states with the highest rate of unintentional motor vehicle, suffocation, drowning, and fire and burn deaths in the country.
- For the same years, Louisiana had the second highest homicide death rate, the third highest traumatic brain injury-related death rate, and the third highest firearm-related death rate in the country.
- In 2004, 134 Louisianan children younger than 15 years old died from unintentional injuries.
- Data from a recent telephone survey in conjunction with data from the U.S. Census, lead to estimates that 40,281 women residing in Louisiana were raped or physically assaulted by an intimate partner in the past 12 months.

**Primary Strategic Partnerships:** Viable partnerships are maintained with the following:



Internal:	External:
<ul style="list-style-type: none"> <li>• State Epidemiologist</li> <li>• State Medical Director and Health Officer</li> <li>• Center for Community Health</li> <li>• OPH Vital Records and Center for Health Statistics</li> <li>• OPH Nursing Services</li> <li>• OPH Emergency Preparedness and Response Program</li> <li>• OPH Infectious Disease Epidemiology</li> <li>• OPH Regional Epidemiologists</li> <li>• OPH Immunization Program</li> <li>• OPH Pharmacy Services</li> <li>• Adolescent &amp; School Health Initiative</li> <li>• Children’s Special Health Services</li> <li>• OPH Regional Administrators</li> <li>• OPH Regional Medical Directors</li> <li>• OPH Social Work Program</li> <li>• DHH Chronic Disease</li> <li>• SIDS Risk Reduction and Child Death Review Coordinator</li> <li>• MCH Regional Safety Coordinators</li> <li>• OPH Family Planning</li> <li>• OPH Maternal and Child Health</li> <li>• Bureau of Emergency Medical Service</li> <li>• DHH Primary Care and Rural Health Bureau</li> <li>• OPH STD Program</li> <li>• OPH HIV Program</li> <li>• OPH Parish Health Units and Clinics</li> <li>• DHH Medicaid</li> <li>• DHH Office of Addictive Disorders</li> <li>• DHH Office of Citizens with Developmental Disabilities</li> <li>• DHH Office of Mental Health</li> </ul>	<ul style="list-style-type: none"> <li>• Center for Disease Control</li> <li>• Medical, Nursing and Allied Health Societies</li> <li>• Hospitals and Medical Centers</li> <li>• Universities and Colleges</li> <li>• Louisiana Hospital Association</li> <li>• Louisiana Poison Control</li> <li>• Louisiana Department of Wildlife and Fisheries</li> <li>• Occupational health organizations</li> <li>• Office of Adult Services</li> <li>• Department of Agriculture and Forestry</li> <li>• Office of Alcohol and Tobacco Control</li> <li>• Louisiana Public Health Institute</li> <li>• AARP</li> <li>• Volunteers of America</li> <li>• State Farm Insurance</li> <li>• State Fire Marshal’s Office</li> <li>• Consumer Product Safety Commission</li> <li>• LA Highway Safety Commission</li> <li>• LA Dept. of Transportation and Development</li> <li>• LA Department of Motor Vehicles</li> <li>• LA Department of Education</li> <li>• LA Department of Social Services</li> <li>• Louisiana State Police</li> <li>• Office of Aging and Adult Services</li> <li>• Bureau of Minority Health Access</li> <li>• Office of Mental Health</li> <li>• Governor’s Council on Physical Fitness &amp; Sports</li> <li>• Louisiana Coroner’s Association</li> <li>• Parish Police and Criminal Sheriffs</li> <li>• Area Health Education Centers</li> <li>• LA Safe Kids, Inc.</li> <li>• LA Department of Insurance</li> <li>• Various Coalitions</li> <li>• LAFASA</li> <li>• LCADV</li> </ul>



	<ul style="list-style-type: none"> <li>• Local School Based Health Centers</li> <li>• Parish Family Planning Clinics</li> <li>• Youth Servicing Agency</li> <li>• Faith based organizations</li> <li>• Legislators and Public Officials</li> <li>• Appleseed</li> <li>• The Strategies Source, LLC</li> </ul>
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**Role of the PHHSBG Funds:** To administer the injury research and prevention program efforts in Louisiana.

## Population

**Target Population:** The Injury Research and Prevention Program targets:

3. 1.89 million females over 12 years of age. Services are equally available for males.
4. 1.75 million females over 12 years of age. Services are equally available for males.
  - Number in target population: \_\_\_\_\_
  - Ethnicity: Hispanic or Non-Hispanic: \_\_\_\_\_
  - Race: African American or Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, White, Other
  - Age: All ages
  - Gender: Female and Male
  - Geography: Rural and Urban
  - Primarily Low Income: No
  - Groups:
    - ☐ State and Local Health Departments
    - ☐ Boards, Coalitions, Task Forces, Community Planning, Policy Makers
    - ☐ Disease Surveillance – High Risk
    - ☐ Community Based Organizations
    - ☐ Health Care Systems
    - ☐ Research and Educational Institutions
    - ☐ Business and Merchants
    - ☐ Safety Organizations
    - ☐ Other

## Population with Disparate Need

The disparate population:

- School-age population: 250,335 females
- School-age population: 177,000 females
- Number in population with disparate need: \_\_\_\_\_
- Ethnicity: Hispanic or Non-Hispanic: \_\_\_\_\_



- Race: African American or Black, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, White, Other
- Age: 15 and under
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- **Location:**

**Data Source:** *Describe which data sources were used to determine the population statistics. In many cases the US Census Data is used.*

### **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

- ☐ Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- ☐ Guide to Community Preventive Services (Task Force on Community Preventive Services)
- ☐ MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))
- ☐ Best Practices Initiative (U.S. Department of Health and Human Services)
- ☐ CDC Recommends: The Prevention Guidelines System (CDC)
- ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ Promising Practices Network (RAND Corporation)
- ☐ Model Practices Database (National Association of County and City Health Officials)
- ☒ Other (describe): Intersections Between Grief and Trauma: Toward an Empirically Based Model for Treating Traumatic Grief, Cheryl Regehr, PhD and Tamara Sussman, MSW; Guidelines for Gender-based Violence Interventions in Humanitarian Settings Focusing on Prevention of and Response to Sexual Violence in Emergencies; Sexual Assault Advocate Training Certification Guidelines & Application Kit; Medical Examination and Treatment for Victims of Sexual Assault: Report to Congress: Appendix B. Inventory of Training Programs, Policy Statements and Practice Protocols (AHRQ); Table 27 Number and percent distribution of incidents, by type of crime and victim-offender relationships, Cathy Maston and Patsy Klaus; Sexual Violence in Women's Lives: Findings from the Women's Safety

Project, A Community Based Survey, Lori Haskell and Melanie Randall; Sexual Abuse in a National Survey of Adult Men and Women: Prevalence Characteristics, and Risk Factors, David Finkelhor.

**Role Under the National Health Objective**

- ☐ Rapid Response
- ☐ Start Up
- ☐ Supplemental Funding
- ☐ No other existing federal or state funds

**Block Grant Funds for the National Health Objective** *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*

Current year funds allocated \$

Current year funds allocated to disparate population: \$

Current year funds to local entities for this health objective: \$

10. Block funds vs. other state health department funds for this health objective:

*(select the one that applies)*

- ☐ 100% - Total source of funding
- ☐ 75-99% - Primary source of funding
- ☐ 50-74% - Significant source of funding
- ☐ 10-49% - Partial source of funding
- ☐ less than 10% - Minimal source of funding

List other sources of funding (include amount):

Contracts Funding with this allocation

Contract Number	Contractor Name	Duration	Amount
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CFMS 665613 DHH# 052002	LaFASA	7-1-08 to 6-30-2011	\$74,998
Number of FTE:			
Positions funded with this allocation			
Civil Service Title		% of time on the PHHSBG	
Program Monitor		50%	
Program Monitor		50%	

### **Essential Service 3 - Inform and Educate:**

#### **Title of Impact Objective 1: Professional Training**

Between October 1, 2010 and September 30, 2011 the Sexual Assault Centers will provide training to 3,500 professionals on sexual assault prevention in order to increase knowledge and facilitate social change. The number of professionals trained will be measured through reports provided by LaFASA and the Sexual Assault Centers.

#### **Title of Activity 1: Sexual Assault Prevention Training**

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide training to 3,500 professionals on sexual assault prevention to increase knowledge and facilitate social change.

#### **Title of Impact Objective 2: Educational Sessions**

Between October 1, 2010 and September 30, 2011 the Sexual Assault Centers will provide education sessions to 15,000 individuals 12 and older on sexual assault prevention to increase awareness and facilitate social change. The number of students participating in the educational



session will be measured through reports provided by LaFASA and the Sexual Assault Centers.

**Title of Activity 1: Student Educational Sessions**

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide educational sessions to 15,000 individuals 12 and older on sexual assault prevention to increase awareness and facilitate social change. The SAC's will educate students utilizing the Louisiana established or designated curriculums such as Care\*ageous Kids and/or T.R.U.S.T.

**Essential Service 4 - Mobilize partnerships:**

**Title of Impact Objective 1: Sexual Violence Prevention Partnerships**

Between October 1, 2010 and September 30, 2011 Louisiana Foundation Against Sexual Assault (LAFASA) and Louisiana's Injury Research and Prevention Program will maintain a Sexual Violence Prevention Committee of 15-25 community partners to assess primary prevention activities and to recommend additional strategies for preventing sexual violence. The number of partners participating will be confirmed by meeting sign in sheets provided by the LAFASA.

**Title of Activity 1: Sexual Violence Primary Prevention Committee Meeting**

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Between October 1, 2010 and September 30, 2011, Louisiana Foundation Against Sexual Assault and Louisiana's Injury Research and Prevention Program will host a Sexual Violence Prevention Primary Committee meeting. The purpose of the meeting is to bring together key stakeholders to provide feedback, assist with implementation of strategies identified in the Plan and make new recommendations for future activities.

**Essential Service 5 - Develop policies and plans:**

**Title of Impact Objective 1: Sexual Violence Primary Prevention Plan (SVPPP)**

Between October 1, 2010 and September 30, 2011, Sexual Violence Primary Prevention



Committee (SVPPC) will continue to implement activities of the Sexual Violence Primary Prevention Plan. The number of plan activities implemented will be measured by reports provided by the LAFASA and the Sexual Assault Centers.

**Title of Activity 1: Sexual Violence Primary Prevention Plan (SVPPP)  
Implementation**

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Between October 1, 2010 and September 30, 2011 the Sexual Violence Primary Prevention Committee and Sexual Assault Centers will continue to implement activities of the Sexual Violence Primary Prevention Plan.

**Essential Service 7 - Link people to services:**

**Title of Impact Objective 1: Community Linkages**

Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will help establish a continuity of services by linking 4,000 crisis callers to available community services. The number of linkages will be measured by reports provided by LAFASA and the Sexual Assault Centers.

**A Title of Activity 1: Linkages**

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide a continuity of services by linking 4,000 crisis callers to available community services. By assisting in service continuity, Louisiana is providing support and stability throughout the process to those affected by sexual violence.

**Title of Impact Objective 2: Counseling and Advocacy Services**

Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide sexual assault victims with 13,000 hours of counseling and advocacy. The number of counseling and advocacy services will be measured by reports provided by LAFASA and the Sexual Assault Centers.



**A Title of Activity 1:** Counseling and Advocacy

**Time-bound:** October 1, 2010 – September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:**

Between October 1, 2010 and September 30, 2011, the Sexual Assault Centers will provide sexual assault victims with 13,000 hours of counseling and advocacy. By helping victims of sexual assault effectively deal with the trauma; Louisiana plays an essential role in its citizens becoming better parents, employees and community members.



## **Tuberculosis Work Plan**

National Objective: **Tuberculosis**

### **State Health Objective(s):**

Between October 1, 2010, and September 30, 2011, reduce the incidence of tuberculosis to less than five cases per 100,000 persons.

### **Baseline Data:**

### **Data Source:**

### **State Health Problem:**

### **Health Burden:**

Tuberculosis can be a life threatening disease if not properly treated. Tuberculosis can be transmitted to others without their knowledge. Means to control both the disease and the transmission of the diseases are currently available. Levels of funding at the state level have had a direct impact on progress made in the treatment and prevention of the spread of tuberculosis. These facts have made tuberculosis a public health target for control and prevention.

### **State Program Strategy:**

<b>Internal Partners:</b>	<b>External Partners:</b>
<ul style="list-style-type: none"><li>• HIV Program</li><li>• Laboratory</li><li>• Pharmacy</li><li>•</li></ul>	<ul style="list-style-type: none"><li>• LAPHIE</li><li>• ALA of Louisiana</li><li>• Private Providers</li><li>• Centers for Disease Control &amp; Prevention</li></ul>

### **Role of the PHHSBG:**

**Evaluation Methodology:** The TB Control Program uses cohort analysis to evaluate the effectiveness of all program operations.

### **Population**

**Target Population:** The target population is the approximately 194 diagnosed TB cases statewide, plus the projected 4000+ individuals exposed to the disease by those 194 diagnosed cases.



- Number in target population: 4,410,796
- Ethnicity: Hispanic or Non-Hispanic: \_\_\_\_\_
- Race: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White, Other
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Groups:
  - ☒ State and Local Health Departments
  - ☐ Boards, Coalitions, Task Forces, Community Planning, Policy Makers
  - ☒ Disease Surveillance – High Risk
  - ☐ Community Based Organizations
  - ☐ Health Care Systems
  - ☐ Research and Educational Institutions
  - ☐ Business and Merchants
  - ☐ Safety Organizations
  - ☐ Other

**Population with Disparate Need:** *Based on the population being targeted, identify any sub-populations that bear a disproportionate burden from the health problem. In some instances, the Disparate Population will be identical to the Target Population.*

HIV infected individuals in the state, estimated at 15,000 - 17,000 individuals, are at particular risk when exposed to TB because of the inadequacy of their immune systems. Treating these individuals frequently requires the use of multiple drugs. Increases in TB rates, or changes in the progress made in the decline of TB in the state are due to increasing numbers of individuals with HIV infection and TB. Currently about one fourth of TB patients are co-infected with HIV.

- Number in population with disparate need: 15,000
- Ethnicity: Hispanic or Non-Hispanic: \_\_\_\_\_
- Race: African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White, Other
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Location:



**Data Source:** *Describe which data sources were used to determine the population statistics. In many cases the US Census Data is used.*

### **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

- ☐ Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- ☐ Guide to Community Preventive Services (Task Force on Community Preventive Services)
- ☐ MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))
- ☐ Best Practices Initiative (U.S. Department of Health and Human Services)
- ☐ CDC Recommends: The Prevention Guidelines System (CDC)
- ☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ Promising Practices Network (RAND Corporation)
- ☐ Model Practices Database (National Association of County and City Health Officials)
- ☐ Other (describe):

### **Role Under the National Health Objective**

- ☐ Rapid Response
- ☐ Start Up
- ☐ Supplemental Funding
- ☐ No other existing federal or state funds

**Block Grant Funds for the National Health Objective** *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*



Current year funds allocated \$ 1216487

Current year funds allocated to disparate population: \$

Current year funds to local entities for this health objective: \$

10. Block funds vs. other state health department funds for this health objective:

(select the one that applies)

☐ 100% - Total source of funding

☒ 75-99% - Primary source of funding

☐ 50-74% - Significant source of funding

☐ 10-49% - Partial source of funding

☐ less than 10% - Minimal source of funding

Other sources of funding: Federal Cooperative Agreement \$1,322,000

Contracts Funding with this allocation

Contract Number	Contractor Name	Duration	Amount
Number of FTE:			
11 Positions			
Civil Service Title		% of time on the PHHSBG	
Public Health Nurses			
Clerical support			

**ESSENTIAL SERVICES:** *The 10 Essential Public Health Services are comparable with those proposed by the Institute of Medicine in its 1988 report, The Future of Public Health (i.e. assessment, health policy development, and assurance of quality health services). The analysis of the core functions are part of the refocusing and strengthening of public health under the*

*reformed health care system. Each Essential Service specifies various activities that are carried out to address a health problem. More than one Essential Service may be chosen. The Activities should be unique to the nature of the Essential Service.*

- |                               |                                 |
|-------------------------------|---------------------------------|
| 1. Monitor health status      | 6. Enforce laws and regulations |
| 2. Diagnose and investigate   | 7. Link people to services      |
| 3. Inform and Educate         | 8. Assure competent workforce   |
| 4. Mobilize partnerships      | 9. Evaluate health programs     |
| 5. Develop policies and plans | 10. Research                    |

*The 10 Essential Services definitions are listed on the last page of this document*

**Time-bound:** start date: October 2010 end date: September 2011

**Who will perform the objective?** Services to accomplish the objective are provided by personnel located in Central Office, Regional Offices and Parish Health Units.

**What will the objective do?** Prevent the transmission of TB by reducing the number of cases and stopping transmission earlier reducing the spread of disease.

- |                                   |                                     |                                    |                                  |
|-----------------------------------|-------------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> increase | <input type="checkbox"/> decrease   | <input type="checkbox"/> collect   | <input type="checkbox"/> conduct |
| X develop                         | <input type="checkbox"/> distribute | <input type="checkbox"/> establish | X evaluate                       |
| X identify                        | <input type="checkbox"/> implement  | <input type="checkbox"/> inspect   | X investigate                    |
| <input type="checkbox"/> maintain | <input type="checkbox"/> obtain     | <input type="checkbox"/> provide   | <input type="checkbox"/> publish |
| <input type="checkbox"/> review   | <input type="checkbox"/> update     |                                    |                                  |

**What unit will be measured** (*select only one*):

- |  |
|--|
| <input type="checkbox"/> number of.....  |
| <input type="checkbox"/> percent of..... |
| X rate of tuberculosis disease           |

**Describe what will be measured:** Total TB Cases counted in Louisiana divided by the population and multiplied by 100,000.

**What is the baseline:** The baseline is the National TB Case Rate.

### **Essential Service 1 - Monitor health status**

**Title of Impact Objective: Populations at risk for TB infection**

Between October 1, 2010, and September 30, 2011, maintain at 100 percent the proportion of local health departments that have ongoing programs for active cases of tuberculosis and latent



infection in populations at risk for tuberculosis infection.

**Title of Activity:** Availability of Service

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

Quarterly provide technical programmatic updates for health unit staff to maintain TB skills level.

**Title of Activity:** Improve Case Management Services

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

Provide timely medical and epidemiologic responses to every case and all related case contacts through assuring the maintenance of an adequate number of trained staff.

**Title of Impact Objective: Populations at risk for TB infection**

Between October 1, 2008, and September 30, 2009, maintain at or above 90 percent the proportion of people infected with TB who have completed all courses of preventive therapy. This includes provision of special medical handling and record keeping for cases involving drug resistant strain TB.

**Title of Activity:** Improve Prevention in Infected patients

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

Have in place a updated data system with all pertinent data loaded so that the program will be able to track all infected individuals and their therapy status anywhere in the state.

**Title of Activity:** Improve Pharmacy Services

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

Speed dispensing of preventive medications through mail order as well as Health Unit supplies to assure rapid delivery of medications.

**Title of Activity:** Maintain TB Surveillance statewide

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

Maintain a continuously updated active and accurate referral system from hospitals for all cases identified in hospitals that are referred for follow-up by the program.



**Title of Activity:** Improve Laboratory Support

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

Consistently provide for adequate laboratory support for diagnosing TB and identifying drug sensitivities involved in cases handled by the program.

**Title of Impact Objective: Laboratory Controls**

Between October 1, 2010, and September 30, 2011, maintain appropriate laboratory controls for the handling of infectious materials.

**Title of Activity:** Review Laboratory Controls for Infectious Materials

**Time-bound:** Start date: October 1, 2010 End date: September 30, 2011

Regularly review program and laboratory controls to assure that all staff is consistently following current mandated federal and state laws relating to the handling of infectious materials.

**Title of Impact Objective: State Sanitary Code Requirements**

Between October 1, 2010, and September 30, 2011, assure requirements of the Louisiana State Sanitary Code to report every case of tuberculosis within the state promptly to the State Health Officer and the Office of Public Health upon diagnosis.

**Title of Activity:** Improve reporting and

**Time-bound:**

Start date: October 1, 2010 End date: September 30, 2011

**Description of Activity that helps meet the target of Impact Objective:** ...provide timely medical and epidemiologic responses to all cases and contacts through assuring the maintenance of proper program procedures and adequate numbers of trained staff.

Each Essential Service specifies various activities that are carried out to address a health problem. More than one Essential Service may be chosen. The Activities should be unique to the nature of the Essential Service.



Essential Service 1 - Monitor health status – The TB Control Section identifies and reports all cases of tuberculosis the CDC by electronic case reporting system. This allows case rates and reporting data nationwide.

Essential Service 2 - Diagnose and Investigate –All new suspects of tuberculosis are evaluated to diagnose all cases. All aspects of the TB Control Program Lab, Pharmacy, Health Units and Disease Intervention Specialists participate in the process to diagnose and fully treat all cases. Contacts to new suspects and diagnosed cases are identified, evaluated and preventively treated through this same process.

Essential Service 4 – The TB Control Program partners with the American Lung Association, Medical Schools, Private Providers and Hospitals to improve outcomes in TB management and treatment.

Essential Service 5 – The TB Control Program continues to update and develop guidelines and policies to improve patient care for tuberculosis. Revises and updates the Louisiana Sanitary Code (Administrative Law) to assure modern reporting and management of tuberculosis.

Essential Service 6 – Assures that facilities and patients follow the codes and regulations regarding sanitary codes tuberculosis follow-up and treatment.

Essential Service 7 – Assures availability of diagnostic, treatment and follow-up for tuberculosis are available in all parishes in the state.

Essential Service 8 - Assure training and education in tuberculosis for all personnel , professionals and allied health workers working with tuberculosis cases and contacts.

Essential Service 9 – Evaluate all aspects of the TB Control Program including conversion of sputum, completion of therapy, contacts identified, contacts evaluated and contacts treated. This process is done quarterly and yearly with the results reported to the CDC. Quarterly management meetings are held to realign procedures and services to achieve the program objectives.

Essential Service 10 – The TB Control Program does not conduct Human Subject Research



## **Sexually Transmitted Disease Work Plan**

### **National Health Objective: HO 25-1 Chlamydia**

#### **State Health Objective(s):**

Between October 1, 2007, and September 30, 2008, maintain the rate of Chlamydia in Louisiana at less than 450 per 100,000.

Baseline Data: 2004 Chlamydia Rate – 487/100,000

Data Source: Louisiana Office of Public Health, STD Control Program Surveillance Data

#### **State Health Problem**

##### **Health Burden:**

Sexually transmitted disease caused by Chlamydia trachomatis, if untreated causes infertility, prostatitis, pelvic inflammatory disease, ophthalmia neonatorum. Louisiana reported 23,536 cases of Chlamydia during 2008 for a rate of 550/100,000. During 2005 and 2006 the rate was been lower than 450/100,000. Although the decrease during 2005 and 2006 was encouraging, it may be partially attributable to Hurricane Katrina. The Chlamydia rates for the past five years were:

<b>Year</b>	<b>Chlamydia Rate</b>
2004	487/100,000
2005	381/100,000
2006	395/100,000
2007	451/100,000
2008	550/100,000

#### **State Program Strategy**

The program goal is to continue efforts to achieve continued decline in cases and rates reported.

Louisiana's Sexually Transmitted Disease Program is designed to control and prevent sexually transmitted diseases and reduce the burden and cost of these infections. Untreated sexually transmitted disease endangers not only the infected person, it endangers the infected person's contacts including newborn children. Treatment is easy and cost effective.



The Sexually Transmitted Disease Program is involved in state, local and community efforts to help prevent the spread of syphilis and other STDs. The program receives both state and federal funds to operate clinics, provide laboratory testing, counseling, conduct surveillance and provide follow-up on contacts of the infected persons.

**Primary Strategic Partnerships:** The Sexually Transmitted Disease Program staff maintains viable partnerships with the following:

<b>Internal:</b>	<b>External:</b>
<ul style="list-style-type: none"> <li>• State Health Officer</li> <li>• State Laboratory</li> <li>• Public Health and Emergency Response Program</li> <li>• OPH Nursing Services Program</li> <li>• Parish Health Units/Clinics</li> <li>• OPH Maternal and Child Health Program</li> <li>• OPH Vital Records and Statistics</li> <li>• Medicaid</li> <li>• OPH Immunization Program</li> <li>• OPH HIV/AIDS Program</li> <li>• OPH Infectious Disease Epidemiology Program</li> </ul>	<ul style="list-style-type: none"> <li>• LSU School of Medicine</li> <li>• LSU Health Care Services Division</li> <li>• Centers for Disease Control and Prevention</li> <li>• LSU School of Public Health</li> <li>• Tulane School of Public Health</li> <li>• University of Alabama Birmingham, STD Prevention Training Center</li> <li>• Louisiana Public Health Institute</li> <li>• Louisiana Department of Education</li> <li>• Medical Community</li> <li>• Parish Jails</li> <li>• Juvenile Detention Centers</li> <li>• Youth Servicing Agencies</li> <li>• Rape Crisis Centers</li> <li>• Battered Women's Programs</li> <li>• Local police and safety organizations</li> </ul>

## Role of the PHHSBG

The PHHSBG is used to fund 13 FTE to administer the Sexually Transmitted Disease program.

## Evaluation Methodology

The Sexually Transmitted Disease Control Program monitors disease trends in order to allocate resources and track progress. Chlamydia testing has been available in Louisiana since the mid-1990s. Louisiana has reported increasing rates of Chlamydia since testing became available. It is unclear how much of this might be due to changes in surveillance and testing practices. Between 1998 and 1999, rates of reported chlamydia infection rose 8% from 363 to 393 per 100,000 (to 16,573 cases) after a 33% increase from 1997 to 1998 (273 vs. 363 per 100,000). These increases continued until 2005 when Hurricane Katrina interrupted screening in the New Orleans area. However, in 2008 the Chlamydia rates reached their highest level yet at 550/100,000.

## Population

**Target Population:** This includes sexually active people in the state with a main emphasis on the projected number of individuals exposed to chlamydia as well as gonorrhea or syphilis who seek services in public health clinics. Most of these patients are uninsured.

- Number in target population: 90,000
- Ethnicity: Hispanic or Non-Hispanic: Non-Hispanic
- Race: All Races (African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White)
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: Yes
- Groups:
  - X State and Local Health Departments
  - X Boards, Coalitions, Task Forces, Community Planning, Policy Makers
  - X Disease Surveillance – High Risk
  - X Community Based Organizations
  - ☐ Health Care Systems
  - ☐ Research and Educational Institutions
  - ☐ Business and Merchants
  - ☐ Safety Organizations
  - ☐ Other

## Population with Disparate Need:

The disparate population consists of men and women with or at risk for sexually transmitted diseases including pregnant females who are infected and at risk of losing their fetus or giving birth to a child infected with a sexually transmitted disease. Some sexually transmitted diseases cause congenital abnormalities in infants and can even lead to death.

- Number in population with disparate need: 60,000
- Ethnicity: Hispanic or Non-Hispanic: Non-Hispanic
- Race: African American or Black
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Location: Statewide



Data Source: Louisiana Office of Public Health, STD Control Program Surveillance Data

### **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

☒ X Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

☐ □ Guide to Community Preventive Services (Task Force on Community Preventive Services)

☒ X MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))

- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2006. MMWR 2006;55(No. RR-11).

☐ □ Best Practices Initiative (U.S. Department of Health and Human Services)

☒ X CDC Recommends: The Prevention Guidelines System (CDC)

☐ □ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

☐ □ Promising Practices Network (RAND Corporation)

☐ □ Model Practices Database (National Association of County and City Health Officials)

☐ □ Other (describe): Evidence-Based Medicine for Student Health Services

### **Role Under the National Health Objective**

☐ □ Rapid Response

☐ □ Start Up

☒ X Supplemental Funding

☐ □ No other existing federal or state funds

**Block Grant Funds for the National Health Objective** *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*

Current year funds allocated:

\$



## HO 25-1 Chlamydia

Current year funds allocated to disparate population: \$ 77000

Current year funds to local entities for this health objective: \$ 0

10. Block funds vs. other state health department funds for this health objective:

*(select the one that applies)*

- ☐ 100% - Total source of funding
- ☐ 75-99% - Primary source of funding
- ☐ 50-74% - Significant source of funding
- ☐ 10-49% - Partial source of funding
- ☒ less than 10% - Minimal source of funding

List other sources of funding (include amount):

IAT \$700,000

SG \$100,000

S/L SUPP \$7,061,016

Contracts Funding with this allocation

Contract Number	Contractor Name	Duration	Amount

Number of FTE:	
Positions funded with this allocation	
Civil Service Title	% of time on the PHHSBG

## ESSENTIAL SERVICES:

### 2. Diagnose and investigate

#### **Between October 1, 2007 and September**

Between October 1, 2009, and September 30, 2010, 100% of the Office of Public Health family planning clinics, maternity clinics and STD clinics will examine (including screen, diagnose, treat, and counsel) at least 90,000 patients for Chlamydia.

**Time-bound:** start date: *October 2007* end date: *September 2009*

**Who will perform the objective?:** Public Health Nurses

**What will the objective do?** Can we add examine?

- ☐ increase    ☐ decrease    ☐ collect    ☐ conduct
- ☐ develop    ☐ distribute    ☐ establish    ☐ evaluate
- ☐ identify    ☐ implement    ☐ inspect    ☐ investigate
- ☐ maintain    ☐ obtain    ☐ provide    ☐ publish
- ☐ review    ☐ update

**What unit will be measured** (*select only one*):

X number of laboratory tests provided.

- ☐ percent of.....
- ☐ rate of.....

## Essential Services

### **Essential Service 1 - Diagnose and Investigate**

**Title of Impact Objective: Diagnosis, Treatment, and Counseling**



Between October 1, 2008, and September 30, 2009, maintain the current level of 100% of the Office of Public Health family planning clinics, maternity clinics and STD clinics that screen, diagnose, treat, and counsel for Chlamydia.

**Title of Activity:** STD Examination

**Time-bound:**

Start date: October 1, 2008 End date: September 30, 2009

**Description of Activity that helps meet the target of Impact Objective:** Office of Public Health family planning clinics, maternity clinics and STD clinics will provide testing, diagnosis and treatment of every individual demonstrating a need for STD Program services at clinics statewide by providing sufficient staff.

**Title of Activity:** STD Laboratory Services

**Time-bound:**

Start date: October 1, 2008 End date: September 30, 2009

**Description of Activity that helps meet the target of Impact Objective:** Specimens collected in Office of Public Health family planning clinics, maternity clinics and STD clinics will be processed in the Office of Public Health Laboratory. The lab will process approximately 200,000 STD and promptly notify clinics and doctors of test results. Clinics are to be notified of a laboratory test result within five working days of receipt of the specimen. STD Administrators work on a daily basis with Laboratory personnel to ensure the timeliness of reporting.

**Title of Activity:** STD Treatment

**Time-bound:**

Start date: October 1, 2008 End date: September 30, 2009

**Description of Activity that helps meet the target of Impact Objective:** The Office of Public Health Pharmacy will supply stat medications for the treatment of syphilis, gonorrhea and chlamydia to all Office of Public Health family planning clinics, maternity clinics and STD clinics.



**National Health Objective: HO 25-2 Gonorrhea**

**State Health Objective(s):**

Between October 1, 2008, and September 30, 2009, reduce the rate of gonorrhea in Louisiana to less than 230 per 100,000.

**Baseline Data:**

Data Source: Louisiana Office of Public Health, STD Control Program Surveillance Data

**State Health Problem:**

Rates of gonorrhea in Louisiana are among the highest in the country. We have also seen large increases in resistant gonorrhea through the GISP study in the past year. Louisiana reported 9,765 cases of gonorrhea during 2008 for a rate of 228/100,000. Sexually transmitted disease caused by *Neisseria gonorrhoeae*, if untreated causes infertility, prostatitis, pelvic inflammatory disease, ophthalmia neonatorum. The Gonorrhea rates for the past five years were:

<b>Year</b>	<b>Gonorrhea Rate</b>
2004	235/100,000
2005	212/100,000
2006	240/100,000
2007	260/100,000
2008	228/100,000

Data Source: Louisiana Office of Public Health, STD Control Program Surveillance Data



## **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

☒ X Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

☐ □ Guide to Community Preventive Services (Task Force on Community Preventive Services)

☒ X MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))

- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2006. MMWR 2006;55(No. RR-11).

☐ □ Best Practices Initiative (U.S. Department of Health and Human Services)

☒ X CDC Recommends: The Prevention Guidelines System (CDC)

☐ □ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

☐ □ Promising Practices Network (RAND Corporation)

☐ □ Model Practices Database (National Association of County and City Health Officials)

☐ □ Other (describe): Evidence-Based Medicine for Student Health Services

## **Population**

**Target Population:** This includes sexually active people in the state with a main emphasis on the projected number of individuals exposed to chlamydia as well as gonorrhea or syphilis who seek services in public health clinics. Most of these patients are uninsured.

- Number in target population: 90,000
- Ethnicity: Hispanic or Non-Hispanic: Non-Hispanic
- Race: All Races (African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White)
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: Yes
- Groups:

☒ X State and Local Health Departments

X Boards, Coalitions, Task Forces, Community Planning, Policy Makers

X Disease Surveillance – High Risk

X Community Based Organizations

- ☐ Health Care Systems
- ☐ Research and Educational Institutions
- ☐ Business and Merchants
- ☐ Safety Organizations
- ☐ Other

### **Population with Disparate Need:**

The disparate population consists of men and women with or at risk for sexually transmitted diseases including pregnant females who are infected and at risk of losing their fetus or giving birth to a child infected with a sexually transmitted disease. Some sexually transmitted diseases cause congenital abnormalities in infants and can even lead to death.

- Number in population with disparate need: 60,000
- Ethnicity: Hispanic or Non-Hispanic: Non-Hispanic
- Race: African American or Black
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Location: Statewide

**Data Source:** *Describe which data sources were used to determine the population statistics. In many cases the US Census Data is used.*



## **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

- ☒ X Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- ☐ □ Guide to Community Preventive Services (Task Force on Community Preventive Services)
- ☒ X MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))
  - Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2006. MMWR 2006;55(No. RR-11).
- ☐ □ Best Practices Initiative (U.S. Department of Health and Human Services)
- ☒ X CDC Recommends: The Prevention Guidelines System (CDC)
- ☐ □ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ □ Promising Practices Network (RAND Corporation)
- ☐ □ Model Practices Database (National Association of County and City Health Officials)
- ☐ □ Other (describe): Evidence-Based Medicine for Student Health Services

**Role Under the National Health Objective** *The Block Grant's role under the National Health Objective helps define if these funds are being utilized for state rapid response activities, for startup activities, supplementing other existing funds, or no other funds exist from the federal or state government to support the National Health Objective. Select only one from the list below.*

- ☐ □ Rapid Response
- ☐ □ Start Up
- ☒ X Supplemental Funding
- ☐ □ No other existing federal or state funds



Block Grant Funds for the National Health Objective *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*

Current year funds allocated:

\$

**HO 25-2 Gonorrhea**

Current year funds allocated to disparate population:

\$ 77000

Current year funds to local entities for this health objective:

\$ 0

10. Block funds vs. other state health department funds for this health objective:

*(select the one that applies)*

☐ 100% - Total source of funding

☐ 75-99% - Primary source of funding

☐ 50-74% - Significant source of funding

☐ 10-49% - Partial source of funding

☒ less than 10% - Minimal source of funding

List other sources of funding (include amount):

IAT \$700,000

SG \$100,000

S/L SUPP \$7,061,016

Contracts Funding with this allocation None

Contract Number	Contractor Name	Duration	Amount
Number of FTE: None			
Positions funded with this allocation			
Civil Service Title		% of time on the PHHSBG	

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**National Health Objective: HO 25-3 Primary and Secondary Syphilis**

**State Health Objective(s):**

Between October 1, 2008, and September 30, 2009, reduce the rate of primary and secondary syphilis in Louisiana to less than 7 per 100,000.

**Baseline Data:**

**Data Source:**

**State Health Problem:**

Untreated syphilis endangers not only the life and health of the infected person but it also endangers contacts of that person. Pregnant women can pass syphilis to their fetus. The disease can damage multiple organ systems leading to dementia and other health system failures of any infected person if untreated. Treatment is relatively easy and cost effective with early detection and diagnosis. Louisiana reported 719 cases of primary and secondary syphilis during 2008 for a rate of 16.9/100,000. Early syphilis has increased significantly following Hurricanes Katrina and Rita in 2005. The primary and secondary syphilis rates for the past five years were:

<b>Primary and Secondary</b>	
<b>Year</b>	<b>Syphilis Rate</b>
2004	7.35/100,000
2005	6.42/100,000
2006	7.68/100,000
2007	12.4/100,000
2008	16.9/100,000

**Health Burden**

**Data Source:** *Describe which data sources were used to determine the population statistics. In many cases the US Census Data is used.*



## **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

X Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)

☐ Guide to Community Preventive Services (Task Force on Community Preventive Services)

X MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))

- Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2006. MMWR 2006;55(No. RR-11).

☐ Best Practices Initiative (U.S. Department of Health and Human Services)

X CDC Recommends: The Prevention Guidelines System (CDC)

☐ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)

☐ Promising Practices Network (RAND Corporation)

☐ Model Practices Database (National Association of County and City Health Officials)

☐ Other (describe): Evidence-Based Medicine for Student Health Services

## **Population**

**Target Population:** This includes sexually active people in the state with a main emphasis on the projected number of individuals exposed to chlamydia as well as gonorrhea or syphilis who seek services in public health clinics. Most of these patients are uninsured.

- Number in target population: 90,000
- Ethnicity: Hispanic or Non-Hispanic: Non-Hispanic
- Race: All Races (African American or Black, American Indian/Alaskan Native, Asian, Hispanic, Native Hawaiian/Other Pacific Islander, White)
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: Yes

- Groups:
  - X State and Local Health Departments
  - X Boards, Coalitions, Task Forces, Community Planning, Policy Makers
  - X Disease Surveillance – High Risk
  - X Community Based Organizations
  - ☐ Health Care Systems
  - ☐ Research and Educational Institutions
  - ☐ Business and Merchants
  - ☐ Safety Organizations
  - ☐ Other

### **Population with Disparate Need**

The disparate population consists of men and women with or at risk for sexually transmitted diseases including pregnant females who are infected and at risk of losing their fetus or giving birth to a child infected with a sexually transmitted disease. Some sexually transmitted diseases cause congenital abnormalities in infants and can even lead to death.

- Number in population with disparate need: 60,000
- Ethnicity: Hispanic or Non-Hispanic: Non-Hispanic
- Race: African American or Black
- Age: All ages
- Gender: Female and Male
- Geography: Rural and Urban
- Primarily Low Income: No
- Location: Statewide

**Data Source:** *Describe which data sources were used to determine the population statistics. In many cases the US Census Data is used.*



## **Evidence Based Guidelines**

The interventions for this state health objective follow one or more Evidence Based Guidelines/Best Practices (*select which ones and add other where indicated*)

- ☒ X Guide to Clinical Preventive Services (U.S. Preventive Services Task Force)
- ☐ □ Guide to Community Preventive Services (Task Force on Community Preventive Services)
- ☒ X MMWR Recommendations and Reports (Centers for Disease Control and Prevention (CDC))
  - Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2006. MMWR 2006;55(No. RR-11).
- ☐ □ Best Practices Initiative (U.S. Department of Health and Human Services)
- ☒ X CDC Recommends: The Prevention Guidelines System (CDC)
- ☐ □ National Guideline Clearinghouse (Agency for Healthcare Research and Quality)
- ☐ □ Promising Practices Network (RAND Corporation)
- ☐ □ Model Practices Database (National Association of County and City Health Officials)
- ☐ □ Other (describe): Evidence-Based Medicine for Student Health Services

**Role Under the National Health Objective** *The Block Grant's role under the National Health Objective helps define if these funds are being utilized for state rapid response activities, for startup activities, supplementing other existing funds, or no other funds exist from the federal or state government to support the National Health Objective. Select only one from the list below.*

- ☐ □ Rapid Response
- ☐ □ Start Up
- ☒ X Supplemental Funding
- ☐ □ No other existing federal or state funds



Block Grant Funds for the National Health Objective *Allocate funds to the National Health Objective (HO) under each Program for each category listed below.*

Current year funds allocated:

**HO 25-3 Primary and Secondary Syphilis**

\$

Current year funds allocated to disparate population:

\$ 77000

Current year funds to local entities for this health objective:

\$ 0

10. Block funds vs. other state health department funds for this health objective:

*(select the one that applies)*

☐ 100% - Total source of funding

☐ 75-99% - Primary source of funding

☐ 50-74% - Significant source of funding

☐ 10-49% - Partial source of funding

☒ less than 10% - Minimal source of funding

List other sources of funding (include amount):

IAT \$700,000

SG \$100,000

S/L SUPP \$7,061,016

