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Early Care and Education Advisory Council Members Appointed

The Louisiana Department of Education and the Board of Elementary and Secondary Education have announced the members selected to serve on the Early Childhood Care and Education Advisory Council. The Council will advise BESE and the Department in implementing Act 3 and provide recommendations on policies related to all publicly-funded early child care and education programs.

For more information on the Council, the members selected, and its meeting schedule read the full press release below.

Please note that all meetings of the Council will be open to the public, and most will be streamed. For agendas for the upcoming meetings and for streaming see <http://bese.louisiana.gov>.

FOR IMMEDIATE RELEASE

Date: 10/15/14

Contact: LDOE Public Affairs, (225) 342-3600, Fax: (225) 342-0193

BESE AND DEPARTMENT ANNOUNCE SELECTION OF MEMBERS FOR THE EARLY CHILDHOOD CARE AND EDUCATION ADVISORY COUNCIL
 Community Engagement, Council Recommendations to Guide Unification of Fragmented Early Childhood System

BATON ROUGE, La. - The Louisiana Department of Education and the Board of Elementary and Secondary Education (BESE) today announced members selected to serve on the Early Childhood Care and Education Advisory Council. The council will advise BESE and the Department in implementing the landmark unification of the state's early childhood systems as directed through [Act 3](#) of the 2012 Regular Legislative Session. The Advisory Council will provide recommendations on policies related to all publicly-funded early child care and education programs including early learning centers, LA4 Programs, the Child Care and Development Fund Block Grant, the Child Care Assistance Program, Early Head Start, and Head Start programs.

The Early Childhood Care and Education Advisory Council is comprised of 17 voting members and 13 non-voting, ex-officio members as described in [Act 868](#) of the 2014 Regular Legislative Session. Members selected to serve on the Advisory Council are:

<u>Member Name</u>	<u>Non-Voting, Ex-Officio Members</u>
Maria Blanco	Sen. Conrad Appel
Melanie Bronfin	Angele Ashley
Contessia Brooks	Capt. Stacey Barrett
Bonnie Buckelew	Rep. Regina Barros
Dr. Jeanne Burns	Rep. Steve Carter
Gina Young Cahee	Carey Foy
Carole Elliot	Cindy Gonthier
James Evans	Linda Lambert
Lois Jordan	Albert Mancuso
Jodi Loar	Kim Matherne
Paula Polito	Brenda Sharp
Anthony Recasner	Kahree Wahid
Cindy Rushing	Amy Zapata
Dr. John Warner Smith	
Dr. Roberta Vicari	
Carynn Wiggins	
Alan Young	

"The members of this council will serve as a guiding force as we unify what has become a fragmented system of early childhood in our state," said State Superintendent John White. "By listening to the concerns of the communities where these children live and reviewing critical policy proposals, the advisory council's recommendations will help lead to a system providing greater access, greater equity, and greater child development."

"The Head Start Association of Louisiana is excited to be a part of the Early Childhood Care and Education Advisory Council," said James Evans, Head Start Association. "As a member of the Council, we can provide great insight into the world of Head Start and provide guidance to the Department and BESE to get Louisiana's most at risk children ready for Kindergarten. All children in Louisiana deserve and must have a quality early childhood education in order to overcome barriers that would prevent them from becoming self-sufficient."

"This Council is another giant step as Louisiana continues to build its new early care and education system. It will provide an opportunity for the early childhood community and the public to have a voice as we move forward," said Cindy Rushing, Early Childhood Coordinator for Rapides Parish Schools.

"Louisiana has poised itself for greatness with the recent efforts of the stakeholders in early childhood education. These collaborative efforts between the Department, Early Childhood Education Industry, Head Start and numerous advocacy groups will ensure that all children entering kindergarten ready to learn. I feel privileged and honored to be chosen to serve on the new Advisory Council that will participate in providing a unified effort that we will ensure the success of the future generations of children in our state," said Alan Young, Child Care Association of Louisiana.

As mandated through [Act 868](#) of the 2014 Regular Legislative Session, the licensing authority for the state's child care and Head Start centers transferred from the Department of Children and Family Services to the Department of Education on October 1. Since that time, the Department has worked closely with stakeholders to revise the existing health and safety regulations. The Department will host roundtables around the state prior to presenting the draft regulations to the new Early Childhood Care and Education Advisory Council that will convene this month. The Advisory council will meet a minimum of four times a year in Baton Rouge. In the upcoming year, the council will be asked to weigh in on critical policies including child care licensing, teacher preparation, funding equity, enrollment coordination, and a report card system for evaluating program quality. Below is an updated schedule, including community engagement, for the advisory council:

Date/ Event

October 21, 2014 - 1:00 pm

Claiborne Building
Thomas Jefferson Room
1201 N. 3rd Street
Baton Rouge, LA

First meeting of Early Childhood Care and Education Advisory Council

- Council will establish bylaws and discuss summary of proposed licensing and workforce policy changes
- Department will share formal draft licensing regulations Regulations submitted to Children's Defense Fund, Louisiana Association for Education of Young Children, Louisiana Partnership for Children and Families, Louisiana Policy Institute for Children, Louisiana Head Start Association, Child Care Association of Louisiana and Nonpublic School Council

October 23, 2014

Launch of statewide roundtables and webinars

- Department will go through revised regulations

Week of Oct. 27, 2014

Face-to-face roundtables in north, central, and south Louisiana

October 29, 2014

Formal draft of early childhood credentialing policy changes made public

- Proposed policies submitted to Advisory Council in advance of November meeting

November 5, 2014

Early Childhood Care and Education Advisory Council meeting

- Council will review and provide recommendations on licensing regulations and early childhood teaching credentialing policies

For more information on the Early Childhood Care and Education Network, please [click here](#).

For more information on Child Care and Development Fund Licensing, please [click here](#).

For more information on the members of the Early Childhood Care and Education Advisory Council, please [click here](#).

Speak up for Kids at the Ballot Box Midterm elections approaching on Nov. 4

Congress is busy preparing for the national midterm elections, and you should be, too! The AAP is helping to ensure you are equipped with the information you need before Election Day on **Tuesday, Nov. 4**.



Now is the time to speak up for children at the ballot box and **cast your vote in support of children's health**.

This year, the full House of Representatives and one-third of the Senate are up for re-election. In addition, candidate races for state governors, state representatives and local government officials are underway. Before the election on Nov. 4, find out who is running and make sure you are registered to vote in your state by visiting Vote411.org.

Your vote is necessary to ensure that children have a voice on Capitol Hill and in state legislatures across the country. Children do not have a vote, but you do!

To cast your vote on Election Day:

- Register to vote or check your registration status by visiting Vote411.org.
- If you are unable to vote in-person, request to vote by mail.
 - o **Medical students, residents and fellows:** If you are training in a state that differs from where you are registered to vote, request an absentee ballot to vote by mail in your home state.
- Participate in the midterm election by visiting your local polling place on November 4.

In advance of the election, find out where your current members of Congress and candidates running for office stand on federal child health policy issues important to you.

Learn more:

- Visit Vote411.org for a list of candidates who are running for office in your area.
- Go to federaladvocacy.aap.org for more information on critical child health federal policy topics.
- Read the [2014 State Elections Guide for AAP Chapters](#) and download [related resources](#) like posters, stickers

and poll time reminders.

Clinical Pre-Authorization for Palivizumab (Synagis®) for La. Medicaid Pharmacy Program NEW GUIDELINES

10/16/14 From Ruth Kennedy, Medicaid Director

[Click here for the full Memo which includes the form required for use.](#)

Effective November 1, 2014, the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established clinical pre-authorization criteria for palivizumab (Synagis®). The criteria follow the 2014 American Academy of Pediatrics (AAP) guidelines.

Claims for palivizumab (Synagis®) will be reimbursed at Point of Sale (POS) when the prescriber has obtained an approved clinical pre-authorization and POS requirements are met. Prescribers must complete the Palivizumab Clinical Pre-Authorization Form in full and fax to 866-797-2329. The criteria and form are included with this memo. Refer to www.lamedicaid.com.

Pharmacy claims for palivizumab (Synagis®) without clinical pre-authorization will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to EOB code 066 (Clinical Pre-Authorization Required)

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Pharmacy Help Desk at 800-437-9101 or refer to www.lamedicaid.com

Palivizumab (Synagis®) Criteria for the 2014-2015 Respiratory Syncytial Virus (RSV) Season For Legacy Medicaid and Shared Health Plan Recipients

Palivizumab is indicated for the prevention of serious lower respiratory tract infection caused by respiratory syncytial virus (RSV) in selected infants and young children at high risk of RSV disease. Monthly prophylaxis should be discontinued in any infant receiving monthly palivizumab prophylaxis who experiences a breakthrough RSV hospitalization.

Clinical Pre-Authorization Criteria

All prescriptions for palivizumab require clinical pre-authorization. Prescribing providers must complete the Palivizumab Clinical Pre-Authorization Form and fax to LA Medicaid Rx PA Operations at the University of Louisiana at Monroe School of Pharmacy at 866-797-2329. Clinical pre-authorization requests for palivizumab will be processed beginning on November 1, 2014, the start of RSV season. Prescribing providers will be notified by fax or mail of the outcomes of clinical pre-authorization requests.

Clinical Pre-Authorization will be considered for approval when requests meet the following criteria:

- Palivizumab clinical pre-authorization requests will be considered in accordance with an RSV season of November 1, 2014 through March 31, 2015; AND

• Recipient must meet gestational age AND chronological age requirements for the ICD-9-CM diagnosis code(s) and/or other qualifying risk factor(s) submitted with request. Attach supporting documentation (i.e. progress notes, discharge notes, pediatric cardiologist consult notes and/or chart notes). Requests for palivizumab will be considered for approval when ONE of the following 'high-risk' criteria are met:

1. Infant born prematurely without Chronic Lung Disease (CLD) or without hemodynamically significant cyanotic or acyanotic heart disease or without other listed 'high-risk' factors:

> The infant is younger than 12 months of age on November 1, 2014, AND was born before 29 weeks, 0 days' (\leq 28 weeks, 6 days') gestation.

2. Infant with Chronic Lung Disease (CLD) (one of the criteria sets below must be met):

> SET 1: Infant diagnosed with CLD who is 12 months of age or younger, whose first birthday is on or after November 1, 2014, AND the infant was born at < 32 weeks, 0 days' gestation AND the infant required > 21% oxygen for at least 28 days after birth; OR

> SET 2: Infant diagnosed with CLD who is 24 months of age or younger, whose second birthday is on or after November 1, 2014, infant's second dosing season, AND the infant was born at < 32 weeks, 0 days' gestation AND the infant required > 21% oxygen for at least 28 days after birth AND the infant has required medical therapy (i.e., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the six (6) months before November 1, 2014, the start of the infant's second RSV season.

3. Infant with Congenital Heart Disease (CHD):

> The infant's first birthday is on or after November 1, 2014; AND

> The infant meets one of the following hemodynamically significant conditions:

- The infant has cyanotic heart defect(s) and decision for use of palivizumab was made with pediatric cardiologist consultation; OR

- The infant has acyanotic heart disease AND is receiving medication to control congestive heart failure AND will require a cardiac surgical procedure; OR

- The infant has moderate to severe pulmonary hypertension; OR

- The infant has lesions that have been adequately corrected by surgery but continues to require medication for congestive heart failure.

4. Infant with cardiac transplant:

> The infant is younger than 2 years of age on November 1, 2014; AND

> The infant has undergone or will undergo cardiac transplantation from November 1, 2014 through March 31, 2015.

5. Infant with a congenital anatomic pulmonary abnormality or neuromuscular disease:

> The infant's first birthday is on or after November 1, 2014; AND

> The infant's congenital anatomic pulmonary abnormality or neuromuscular disease impairs the ability to clear secretions from the upper airways because of ineffective cough.

6. Immunocompromised infant:

> The infant's second birthday is after November 1, 2014; AND

> The infant is/will be profoundly immunocompromised (for example, receiving chemotherapy or immunosuppressive therapy) from November 1, 2014 through March 31, 2015.

Medical Reconsideration

Medical Reconsideration of a denied clinical pre-authorization decision may be requested by the prescribing practitioner. Reconsideration requires completion of the Palivizumab Request for Reconsideration form available at www.lamedicaid.com. The form must be completed in full and signed by the prescribing practitioner. Signature stamps and proxy signatures are not acceptable. The completed form must be faxed from the prescribing

practitioner to the LA Medicaid Rx PA Operations at the University of Louisiana at Monroe School of Pharmacy at 318-812-2940.

Point-of-Sale (POS) Requirements

Age Restriction

- Palivizumab claims for recipients who are twenty-four (24) months of age or younger as of November 1, 2014 meet the POS age requirement.

Maximum Number of Doses

- Up to a maximum number of five (5) doses will be reimbursed during the RSV season. Qualifying infants born during the RSV season require fewer doses. For example, infants born in January would receive their last dose in March. A claim submitted for palivizumab outside the maximum number of doses allowed will deny at POS with:

NCPDP rejection code 88 (DUR Reject Error) mapped to EOB code 656 (Exceeds Maximum Duration of Therapy)

PALIVIZUMAB CRITERIA ICD-9 CODE and MEDICATION LIST included in the full document [here](#)

Diagnosis Code Requirements on Attention Deficit Hyperactivity Disorder/Attention Deficit Disorder (ADHD/ADD) Prescriptions for Louisiana Medicaid Pharmacy Program

10/20/14 From Ruth Kennedy, Medicaid Director

The purpose of this memo is to advise you that effective *October 28, 2014*, the Louisiana Medicaid Pharmacy Program in collaboration with the Louisiana Medicaid Drug Utilization Review (DUR) Board has established diagnosis code requirements on all ADHD/ADD prescriptions. Covered diagnosis codes are in the table included in the full memo. [Click here to view the full memo.](#)

For the medications listed in the table, an ICD-9-CM diagnosis code must be documented on the hardcopy prescription or in the pharmacy's electronic recordkeeping system.

Pharmacy claims for ADHD/ADD prescriptions will deny at Point of Sale (POS) when there is a missing or invalid diagnosis code submitted in NCPDP field 424-DO (Diagnosis Code) with:

NCPDP rejection code 39 (Missing or Invalid ICD-9 diagnosis code) mapped to EOB code 575 (Missing or Invalid ICD-9 diagnosis code)

When recipients are established on ADHD/ADD medications, but the ICD-9-CM diagnosis codes submitted are not included in the table of covered diagnoses, prescribing providers may call Louisiana Medicaid RxPA Operations at the University of Louisiana at Monroe School of Pharmacy at 1-866-730-4357 for guidance.

When the diagnosis code written on the prescription is not included in the list of covered diagnoses AND when the pharmacist cannot reach the prescriber OR when the RxPA Center is closed, the pharmacist, using his/her professional judgment, may deem the filling of the ADHD/ADD prescription to be an 'emergency.' In these

emergency cases, the pharmacist must indicate 'Emergency Prescription' on the hardcopy or in the pharmacy's electronic recordkeeping system AND may override the diagnosis code requirement by:

Placing '03' in NCPDP field 418-DI (Level of Service)

Compliance associated with program policy will be verified through the Louisiana Medicaid Pharmacy Compliance Audit Program.

Your continued cooperation and support of the Louisiana Medicaid Program efforts to coordinate care and improve health are greatly appreciated.

If you have questions about the contents of this memo, you may contact the Pharmacy Help Desk at (800) 437-9101, send a fax to (225) 342-1980, or refer to www.lamedicaid.com.

DHH Submits Revised and Executed Hospital Partnership Agreements to CMS

Friday, Oct. 17, 2014 | Contact: Olivia Watkins; (225) 342-7913, olivia.w@la.gov

Baton Rouge, La. - This morning, the Louisiana Department of Health and Hospitals (DHH) notified the federal Centers for Medicare and Medicaid Services (CMS) that all parties had signed the revised public-private partnership agreements that now govern the operation of five former LSU hospitals and affiliated clinics across Louisiana. Copies of the agreements were provided to the federal agency as part of DHH's official response to CMS's earlier inquiry.

Earlier this year, DHH submitted to CMS a revised state plan amendment (SPA) in response to an earlier denial by CMS of pending SPAs that governed payments to the public-private partnerships. DHH worked diligently to craft a new reimbursement methodology that addressed concerns raised by the federal agency.

The revised SPA, transmittal number 14-25, amends Medicaid state plan provisions governing Disproportionate Share Hospital (DSH) payments in order to establish payments to a new category of hospitals, called Louisiana Low-Income Academic Hospitals. On August 19, 2014, CMS provided the state with a request for additional information (RAI), which formally halted the 90-day review clock. In response to questions raised in that RAI, the State has revised its agreements with the partner entities. Specifically, the revised agreements include those with:

1. Louisiana Children's Medical Center (partner) and University Medical Center Management Corporation (operating subsidiary)
2. Biomedical Research Foundation of Northwest Louisiana (partner) and BRF Hospital Holdings, L.L.C. (operating subsidiary)
3. Lafayette General Health System (partner) and University Hospital and Clinics (operating subsidiary)
4. Our Lady of the Angels Hospital, Inc. (partner)
5. Southwest Louisiana Hospital Association d/b/a Lake Charles Memorial Hospital (partner)

The revised agreements address concerns raised by CMS regarding funding provisions in the CEAs. Payments to hospital partners will now be governed entirely by the Louisiana Low- Income Academic Hospitals methodology in the Medicaid state plan, rather than funding provisions of the CEA. DHH provided executed copies of the amended agreements to CMS as part of its official response to the August 19, 2014 RAI. This action officially restarts the 90-day review clock, though DHH anticipates a faster decision as the department earlier provided CMS with copies of the amended but unsigned agreements.

"These changes directly address concerns raised by CMS, and early feedback we have received from our federal partners strongly favors a speedy review and approval," said DHH Secretary Kathy Kliebert. "The evidence that

these partnerships are improving quality and access to care has never been greater, and we are excited to be moving forward on strong footing into this new era of health care in Louisiana."

For a copy of the response to CMS, including copies of the revised agreements, [click here](#) .

It is clear that the public-private partnerships are transforming the delivery of care to residents by increasing access to primary and specialty care as well as emergency and urgent care. Some of the most recent achievements include:

- In Baton Rouge, Our Lady of the Lake's clinics have already had more than 126,000 patient clinic visits, including over 30,000 patient visits at the new 24-hour urgent care center that was opened in North Baton Rouge. OLOL is also on track to become a Level I trauma center. Over 15,000 patients have been seen at the Perkins Surgery Center.
 - Additionally, in Baton Rouge approximately 80,000 prescriptions have been filled since the partnership took effect in 2013, and the wait time for filing prescriptions has been reduced significantly from 10 days to 1 day in most instances.
 - In Lafayette, private partner Lafayette General has reopened clinic and hospital capacity that had previously been shuttered or scaled back due to budget cuts, including its reopening of a pediatric clinic, a twelve bed medical detox, and returning its orthopedics unit to full-time status.
 - In New Orleans, Louisiana Children's Medical Center took over the operations of the Interim LSU hospital. Since completing the partnership, the hospital has increased the emergency department capacity and reopened several medical/surgical inpatient beds and nine inpatient psychiatric beds.
 - Under its partnership with Lake Charles Memorial Health System, W.O. Moss in Lake Charles has established a new urgent care clinic, which means that more patients are able to see a physician outside of expensive and ineffective emergency room settings. Physicians are now averaging 28-30 patients per day versus 10 in 2012.
 - The partnership in Lake Charles has also led to the introduction of several new specialty care clinics, including an orthopedic clinic and a breast health clinic. Patients who were previously referred out of town for these critical services can now receive them in their home community. Additionally, all previous backlog for receiving an MRI, pulmonology services, or GI scopes has been reduced.
 - In Houma, the partnership between Terrebonne General Medical Center and Ochsner has resulted in improvements to patient care with the hiring of new physicians, including a new cardiologist, urologist and family health physician. Two new digital mammogram units have been installed at the hospital and it has instituted a same-day walk-in screening process leading to a 16 percent increase per month in mammograms.
 - The Houma partnership has also resulted in expanded urology services - a 41 percent increase in monthly visits. Additionally, it has resulted in an 83 percent increase in urological surgical procedures and a 12 percent increase overall in patient clinic visits. Ochsner has also decreased the wait time for admit screening for diabetes care from 1 hour to 5 minutes and has increased colonoscopy screening by 54 percent.
 - In Shreveport and Monroe, University Health has dramatically decreased wait times, for example, reducing MRI appointment times from more than 60 days to 1-2 days and CT appointment times from 14 to 2 days. They have also reduced the clinic appointment backlog from more than 12,000 to less than 1,800 patients.
-

DHH Announces Plan to Stop Billing Sexual Assault Victims for Exams and Tests

Monday, Oct. 20, 2014 | Contact: Olivia Watkins; (225) 610-8660, olivia.w@la.gov

Baton Rouge, La. - Today, the Louisiana Department of Health and Hospitals (DHH) announced a plan to stop billing sexual assault victims for exams and tests. In order to stop billing victims, the plan streamlines the funding source through the Crime Victim's Reparation Board (CVRB). Through legislation, these changes will prevent direct billing of charges to the victim by allowing hospitals to bill the Crime Victim's Reparation Board directly.

Under current law, the board may not accept bills for additional medical expenses directly from the provider, which forces hospitals to treat victims of sexual assault like a normal emergency room patient and bill them for additional services.

Additionally, victims who decide not to file a police report are currently ineligible for reimbursement from the Crime Victims' Reparation Board. Victims of sexual assault may not have decided at the time services are rendered whether they will file a police report. In fact, some victims decide ultimately not to file a report at all.

First, the Louisiana Commission on Law Enforcement (LCLE) will promulgate rules immediately to address two issues:

- Exclude from the determination of medical compensation or other awards for victims of sexual assault the circumstances under which the crime was committed, such as what the victim was wearing, marital status and the presence of illegal drugs or alcohol, among other things.
- Establish that victims of sexual assault may choose not to seek reimbursement from private insurance, Medicaid or other collateral sources in order to be eligible for reparations. In some cases, victims do not want documentation related to the sexual assault.

Second, the administration will work with the Legislature to change the law to address two issues:

- Prohibit billing victims of sexual assault and authorizing hospitals to bill the Board directly.
- Remove the requirement that victims of sexual assault file a police report to be eligible for reimbursement.

"Over the last few weeks, so many leaders have come to the table ready to discuss how we support sexual assault survivors and how care is provided to them. I am encouraged by the commitment of everyone we've worked with and am confident that we can support the legislature in making changes to improve care for survivors," said DHH Secretary Kathy H. Kliebert.

"There is so much work to do on so many different levels, but it appears the commitment is there to end the mistreatment of rape victims when it comes to unacceptable billing practices. There are policy changes that can be worked on now through DHH and on the legislative side, I am prepared to author any needed legislation to resolve this issue including revising the Louisiana Crime Victims Reparations Fund," said Representative Helena Moreno.

"It's heartening to see so many different groups-public, private and nonprofit-come together to work on definitive solutions regarding this outrageous situation with rape exams and billing. Swift, decisive action is what our citizens expect and deserve on this issue," said Senator J.P. Morrell.

2014 Louisiana Lead Poisoning Prevention Awareness Week (October 19, 2014-October 25, 2014)



National Lead Poisoning Prevention Week is a week-long observance whose main aim is to raise awareness of the consequences of lead poisoning in children. This week is annually held at the end of October. The Louisiana Department of Health and Hospital's Office of Public Health, Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP) is teaming up with the Centers for Disease Control and Prevention, the U.S. Environmental Protection Agency and the U.S. Department of Housing and Urban Development to promote this week in the state of Louisiana. This annual awareness week highlights to Louisiana citizens the importance of testing their homes for lead, testing their children for lead poisoning and learning how to prevent lead poisoning.

Please join LHHCLPPP in raising awareness, educating and advocating for lead poisoning prevention. Please use this opportunity to test your patients aged 6 to 72 months for lead. The 2014 National Lead Poisoning Prevention Week message is "Get Your Home Tested, Get Your Child Tested and Get the Facts". Please help us by passing this message to all of your medical partners,

parents you serve and interested parties! Information regarding activities for the 2014 Louisiana Lead Poisoning Prevention Week is below.

If you have any questions, comments or suggestions, please contact the Louisiana Healthy Homes and Childhood Lead Prevention Program, Louisiana Office of Public Health, at 504-568-8254.

Specific activities include:

Sunday, October 19, 2014

- Lead Poisoning Prevention Day at St. Mark's United Methodist Church-Alexandria, LA
 - o Time: 11:00AM-1:00PM
 - o Address: 712 Avoyelles Drive, Alexandria La. 71302
 - o A presentation to church members on the importance of testing their homes for lead, testing their children for lead poisoning, learning how to prevent lead poisoning and distribution of Lead Poisoning Prevention awareness packets.

Monday, October 20, 2014

- 750 Statewide Packet Mail-Outs on Renovation Repair and Painting (RRP) rule and lead poison prevention to Head Starts, WIC clinics, parents, contractors, churches, clinicians, Statewide Press Releases and DHH Bulletin Board Announcement to all state employees
- RRP and Lead Poison Prevention Material Displays distributed to City of New Orleans Code Enforcement Office, Safety and Permit Office and the Home Builders Association.
- Lead Prevention Training for staff and outreach to parents at the Quad Area Head Start Center in Clinton, La.
 - o Time: 10:00AM-12:00PM
 - o Address: 3585 Hwy 63, Clinton La. 70722
- Lead Prevention Training for staff and outreach to parents at the Quad Area Head Start Center in Jackson, La.
 - o Time: 1:00PM-3:00PM
 - o Address: 3531 Cottage Street, Jackson La. 70748
- Lead Prevention Training for staff and outreach to parents at OPH Region 1-St. Bernard WIC clinic about RRP, and what to do if children are exposed
 - o Time: 8:00AM-10:00AM
 - o Address: 8050 W. Judge Perez Dr., Suite 1600, Chalmette La. 70043
- Lead Prevention Contractor Training at Dillard University Deep South Center for Environmental Justice
 - o Session 1: 9:00AM-4:30PM

Tuesday, October 21, 2014

- LA Healthy Homes and Childhood Lead Poisoning Prevention Program-State Advisory Board Meeting 10:00AM-12:00PM
 - o East bank Regional Library
 - o Address: 4747 West Napoleon Metairie, LA 70001
- Lead Prevention Contractor Training at Dillard University Deep South Center for Environmental Justice
 - o Session 1: 9:00AM-4:30PM

Wednesday, October 22, 2014

- 11:30AM-1:00PM
- Lead Prevention Week/Children's Health Month-Walk for Children's Health/ Walktober Event
 - o 11:30AM-12Noon-Pep Rally to Announce the Walk (School Bands Invited)
 - o 12Noon-12:30PM-A 1 mile walk (2 times around the LA Mercedes-Benz Superdome)
 - o 12:30PM-1:00PM-Distribution water, fruit and educational packets to walkers

Thursday, October 23, 2014

- Lead Prevention Training for staff and outreach to parents at OPH Region 1- Children's Medical Center WIC clinic about RRP, and what to do if children are exposed
 - o Time: 9:00AM-11:00AM
 - o Address: 91 West bank Expressway, Suite 405, Gretna, La. 70053

Friday, October 24, 2014

- Lead Prevention Training for staff and outreach to parents at OPH Region 1 Metairie WIC clinic about RRP, and what to do if children are exposed
 - o Time: 8:00AM-10:00AM
 - o Address: 111 North Causeway Blvd., Metairie La. 70001
- Lead Poisoning Prevention Training for medical residents and clinical staff at LSU Health Science Center
 - o Session 1: 1:00PM-2:00PM

Saturday, October 25, 2014

- Lakeside Mall Initiative to reach and educate parents of children on RRP, the importance of blood lead screening, lead poisoning prevention and arts and crafts exercises to educate children on lead prevention will be provided.

Contact Person: Trina Evans Williams, MPH, State Program Coordinator of the Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program at 504-568-8259 or at Trina.Evans@la.gov

SUIDA Recipe: Baked Spinach Artichoke Yogurt Dip

Score big points with your fellow football fans by sharing this crowd-pleasing starter on game day. Whether you're at the game or cheering from home, kick off your tailgating party with our nutrient rich baked spinach artichoke yogurt dip.

Makes 8 Servings
Prep Time: 10 min
Cook Time: 20 min

Ingredients

- 1 (14-ounce) can artichoke hearts, drained and chopped
- 1 (10-ounce) package frozen chopped spinach, thawed and drained
- 1 (8-ounce) container low-fat plain yogurt
- 1 cup shredded part-skim, low-moisture Mozzarella cheese



- 1/4 cup chopped green onion
- 1 garlic clove, minced
- 2 tablespoons chopped red pepper

Combine all ingredients except red pepper and mix well. Pour mixture into 1-quart casserole dish or 9-inch pie plate. Bake at 350 degrees Fahrenheit for 20-25 minutes or until heated through and sprinkle with red peppers. Serve with toasted bread or whole grain crackers.

Recipe created by 3-Every-Day™ of Dairy.

Nutritional Facts

Calories: 80
Total Fat: 3 g
Saturated Fat: 2 g
Cholesterol: 10 mg
Sodium: 220 mg
Calcium: 20% Daily Value
Protein: 8 g
Carbohydrates: 7 g
Dietary Fiber: 1 g

For more information and recipes visit www.southeastdairy.org

LA AAP Survey- Practice Patterns Related to HPV Vaccine

Dear Louisiana AAP Chapter Member,

We invite you to participate in a brief, 3 minute, IRB approved survey investigating practice patterns in Louisiana related to the use of human papillomavirus (HPV) vaccine in adolescents. All responses are anonymous. We plan to publish the aggregate data in the peer review literature and have the data without identifiers publically available. Thank you for taking the time to complete the survey. We appreciate your efforts.

Joseph A. Bocchini, Jr., MD, FAAP
Professor and Chairman, Dept. of Pediatrics
LSU Health- Shreveport

Cherie-Ann Nathan, MD
Chairman, Dept. of Otolaryngology- Head and Neck Surgery
LSU Health- Shreveport

You can take the survey online at <https://www.surveymonkey.com/s/aaphpv> or complete the paper version that is being mailed to you and either scan and email to ashley.politz@laaap.org or mail to P.O. Box 64629 Baton Rouge, LA 70896. You are asked to complete the survey by Monday, October 27, 2014.

Lead Testing Survey

The Office of Public Health's Louisiana Healthy Homes and Childhood Lead Poisoning Prevention Program (LHHCLPPP) is committed to reducing and eliminating hazards in the environment for all children and their families in the state of Louisiana.

LHHCLPPP has developed a pilot survey for pediatricians in Louisiana to assess lead testing practices in their offices. Presently our lead testing rate for children ages 6 months to 72 months in the state of Louisiana is 16.4%. Results from this survey will allow us to better gauge the current understanding and practices relating to lead poisoning testing among physicians, as well as assist us in planning for future educational efforts that are geared towards improving the existing lead testing rate. **Please complete the Physician Survey by Friday, November 7, 2014.**

This survey is electronic and can be completed online and sent back electronically. The survey will take about 5 minutes to complete and can be accessed by copying/following the link listed below.

<https://www.surveymonkey.com/s/leadsurvey2014>

If you have any questions, comments or suggestions, please contact the Louisiana Healthy Homes and Childhood Lead Prevention Program, Louisiana Office of Public Health, at 504-568-8254.

Upcoming Events

American Public Health Association's (APHA) 2014 Annual Meeting and Exposition

Nov. 15-19, 2014, New Orleans.

APHA's Annual Meeting & Exposition serves as the home for public health professionals to convene, learn, network and engage with peers. With the Annual Meeting, we strengthen the profession of public health, share the latest research and information, promote best practices and advocate for public health issues and policies grounded in research. Come experience APHA.



[Register Now](#)

LAPEN'S 8th Annual Summit for Parenting Educators - Adverse Childhood Experiences: Parenting Education is Key



Wednesday, January 21, 2015, West Baton Rouge Conference Center in Port Allen, LA

9:00am - 3:30pm

A full day of presentations, networking, exhibits, and more!

Speakers:

Dr. Robert Anda, co-Principal Investigator with the ACE Study

Dr. Anda has conducted research in a variety of areas including disease surveillance, behavioral health, mental health and disease, cardiovascular disease, and childhood determinants of health. After spending 20 years as a research medical officer in the U.S. Public Health Service, he is now a Senior Scientific Consultant to the Centers for Disease Control and Prevention (CDC) in Atlanta. He played the principal role in the design of the Adverse Childhood Experiences (ACE) Study and serves as its Co-Principal Investigator.

Findings from the ACE Study have been presented at Congressional Briefings and numerous conferences around the world. The ACE Study is being replicated in numerous countries by the World Health Organization (WHO) and is now being used to assess the childhood origins of health and social problems in more than 18 U.S. states.

Dr. Stewart Gordon, Community Health Solutions Louisiana

Dr. Stewart Gordon joined CHS-LA in January 2012 as Chief Medical Officer. Prior to joining CHS-LA, Dr. Gordon was a practicing pediatrician for eighteen years at Earl K. Long (EKL) Medical Center. His pediatric practice was largely focused on providing services to the Medicaid and uninsured population. He was involved in medical student and pediatric resident education throughout his tenure at EKL. Dr. Gordon's areas of interest include early brain development / early childhood, child advocacy / children's public policy, juvenile justice reform, prevention of child abuse and neglect and prevention and treatment of childhood obesity.

Register: <http://lapensummit2015.eventbrite.com>

Registration RATES:

\$40 through December 31, 2014

\$50 After January 1st, Registration Closes January 15th

Registration includes lunch!

Continuing education credit applications are in progress.

To view the flyer, [click here](#)

Questions? Call Lenell Young 225-218-5657 or lapen@selahec.org

From Hungry To Healthy

The Importance of Increasing School Breakfast Participation



School breakfast plays a critical role in helping school children reach their full academic potential. This may be especially true for the 1 in 5¹ who live in a household faced with food insecurity.

To help our nation's children who need to move from hungry to healthy², we are committed to increasing student participation in School Breakfast Programs.

Collectively we will work together to:

- **Increase** awareness of the critical impact School Breakfast Programs have on learning, nutrition security, diet quality and student health.
- **Provide** resources to empower schools to champion school breakfast.
- **Inspire** families and communities to embrace school breakfast.
- **Empower** children to take action to help increase access to breakfast in their schools.



¹Food Insecurity in Households With Children: Prevalence, Severity, and Household Characteristics, 2010-11 by Alisha Coleman-Jensen, William McFall, and Mark Nord, Economic Information Bulletin No. (EIB-113) 59 pp, May 2013
²Approximately 1% of households experience very low food security where children are hungry, skip a meal, or don't eat for a whole day because of economic challenges at some time during the year.

