



MONTHLY MORBIDITY REPORT

REPORTED MORBIDITY
FEBRUARY, 1984

**PUBLIC HEALTH STATISTICS and
DIVISION OF DISEASE CONTROL**

HIGH BLOOD PRESSURE CONTROL IN LOUISIANA

Linda M. Lambert, MPH, Field Epidemiologist
Martha L. Huber, BSN, Nurse Consultant
Marise S. Gottlieb, MD, Medical Director

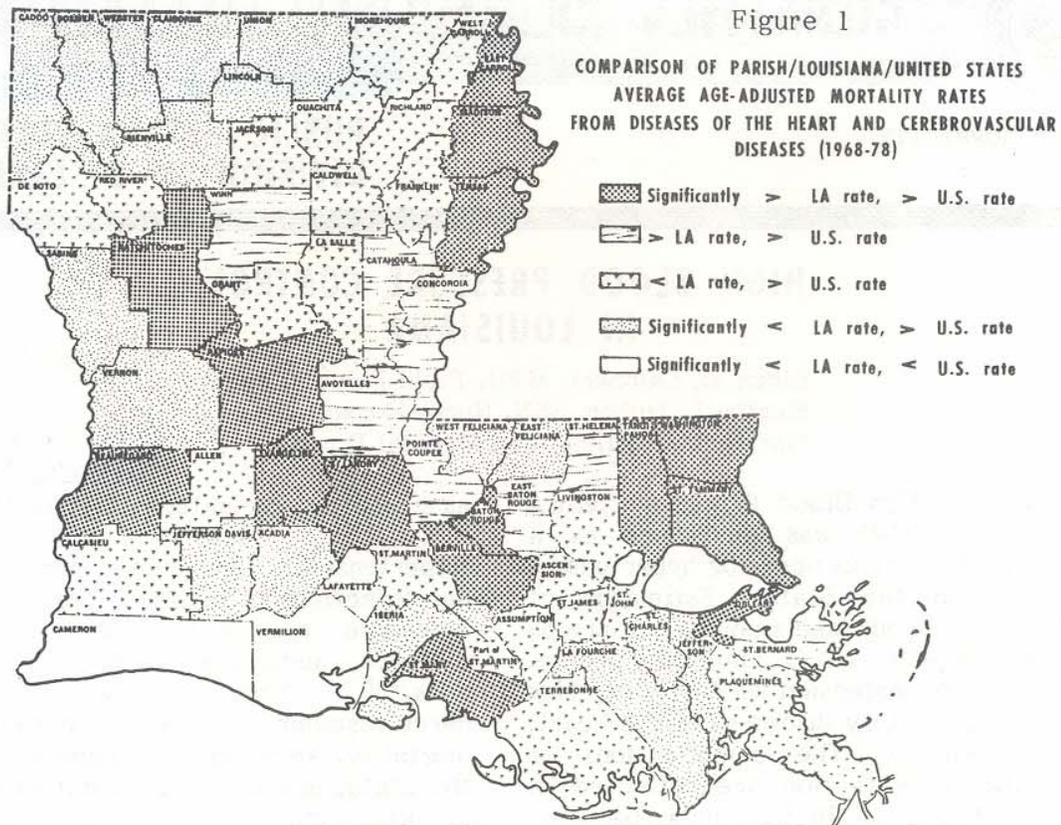
The Louisiana High Blood Pressure Control Program (LHBPCP) was developed as a response to the serious need for hypertension control within the State. Estimates of hypertension in Louisiana's population are as high as 600,000 to 1 million people. Uncontrolled hypertension is a leading risk factor for circulatory disorders of the heart, brain and kidney. The complications of uncontrolled hypertension are reflected in mortality statistics. In Louisiana, between 1968 and 1978, all but three parishes had annual average age-adjusted mortality rates above the United States rates for death from the causes of cerebrovascular and cardiovascular disease. (See Figure 1). Although these rates have fallen in recent years continuous effort needs to be made to bring them to the lowest possible levels. The effort and concern for hypertension as a controllable chronic disease should be similar to that applied to polio and measles.

Nationally, the direct and indirect costs of uncontrolled high blood pressure are estimated to be 20.6 billion dollars per year.¹ The cost of identifying and treating hypertension is about \$250 per patient at the worksite.² A 3:1 cost benefit would potentially be realized through early identification and treatment to control hypertension.³ This same potential benefit is available to Louisiana residents. Such estimates do not include the unestimable human suffering, disruption of family life and work productivity that victims of uncontrolled hypertension are subjected to

as a result of premature death and disability.

Hypertension is the first chronic, non-infectious disease proven to be amenable to public health intervention methods, according to recently published data.⁴⁻⁶ The steady decline in cardiovascular and cerebrovascular mortality, seen both nationally and within the State, are to some extent attributed to breakthroughs in pharmacological control during the past 20 years. Noncompliance with the prescribed medical regimen is the foremost reason for the lack of hypertension control. Also, failure to comply with non-pharmacological approaches of reducing overweight, limiting sodium in the diet, and stopping smoking also contribute to poor control of hypertension. Barriers to compliance include the lack of physician time resources and support personnel to promote patient education in such a manner that the patient is able to maximize his role in his own hypertension control.

The LHBPCP augments physician care through the support of patients in maintaining compliance with their medical regimen as prescribed. The program identifies potentially hypertensive patients, refers them to their physician for diagnosis, then assists the patient through monitoring, counseling, and education to control their blood pressure. Parish health unit personnel, specifically trained to facilitate patient adherence, provide specialized counseling and educational activities.



The overall goal of LHBPCP is to reduce morbidity and mortality from hypertension related disease. In this effort, the following services are provided free to all Louisiana residents age 14 years and older.

- A. Primary screening includes a single blood pressure measurement and a short history for risk factor assessment and education. This screening is conducted at a variety of sites where people gather such as parish health units, worksites, driver's license sites and shopping centers. (Figure 2).
- B. Rescreening of individuals having above normal reading ($\geq 140/90$ mm Hg) at initial screening is conducted within 7-10 days. A series of three blood pressure measurements is taken at least two (2) minutes apart at the parish health unit. (Figure 3).
- C. Referral to the personal physician or

Charity Hospital for diagnosis and treatment is given when the diastolic reading is ≥ 120 mm Hg at screening or when diastolic reading is ≥ 95 mm Hg or systolic ≥ 160 mm Hg at rescreening.

- D. Monitoring and counseling as a non-pharmacological intervention for two months is provided for borderline hypertension at rescreening (140-159 mm Hg or diastolic 90-94 mm Hg). If successful in reducing blood pressure to $< 140/90$ mm Hg, monitoring and counseling are continued monthly for six months and semiannually thereafter. Those individuals not achieving blood pressure of $< 140/90$ mm Hg are referred to a physician for diagnosis and treatment following the two month intervention.
- E. Monitoring, counseling and education for diagnosed hypertensives are scheduled according to the physician

Figure 3

RESCREENING

38. Date of Rescreening (month, day, year)

39. Site Number

40. Blood Pressure Readings (right arm if possible)

	SYSTOLIC	DIASTOLIC
1st Reading	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2nd Reading	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3rd Reading	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
ADD three readings + record total		
	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

41. DIVIDE total by three:

Record Average Blood Pressure

SYSTOLIC	DIASTOLIC
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

42. Status (check one)

Normal ($\leq 139/\leq 89$) 5.

Borderline (140-159 or 90-94) 6.

Elevated (≥ 160 or 95-119) 7.

Extremely Elevated (Diastolic ≥ 120) 8.

43. Disposition Code (use codes below)

44. Referral Code (use codes below)

45. Expected Visit to LHBPCP (month, day, year)

46. Referral Site (LHBPCP only) _____

47. Rescreened by: _____

DISPOSITION CODES				
Item 17 (Screening) or Item 43 (Rescreening)				
BLOOD PRESSURE	THERAPY STATUS	USE CODE:	WHEN DISPOSITION IS:	
NORMAL	NOT ON	1	CLIENT ADVISED TO HAVE RETEST WITHIN ONE YEAR	
NORMAL	ON	4	ACCEPTED REFERRAL TO LHBPCP FOR MONITORING	
BORDERLINE	NOT ON THERAPY	2	ACCEPTED REFERRAL FOR MEDICAL EVALUATION, OR	
		3	ACCEPTED REFERRAL FOR RESCREENING OR BORDERLINE RETESTING BY LHBPCP, OR	
BORDERLINE	ON THERAPY	6	ACCEPTED REFERRAL FOR MEDICAL EVALUATION AND ACCEPTED REFERRAL TO LHBPCP FOR MONITORING IF APPROPRIATE	
		2	ACCEPTED REFERRAL FOR MEDICAL EVALUATION OR	
		3	ACCEPTED REFERRAL FOR RESCREENING OR BORDERLINE RETESTING BY LHBPCP, OR	
ELEVATED	NOT ON THERAPY	4	ACCEPTED REFERRAL TO LHBPCP FOR MONITORING	
		6	ACCEPTED REFERRAL FOR MEDICAL EVALUATION AND ACCEPTED REFERRAL TO LHBPCP FOR MONITORING IF APPROPRIATE	
		2	ACCEPTED REFERRAL FOR MEDICAL EVALUATION, OR	
ELEVATED	ON THERAPY	3	ACCEPTED REFERRAL FOR RESCREENING OR BORDERLINE RETESTING BY LHBPCP, OR	
		4	ACCEPTED REFERRAL TO LHBPCP FOR MONITORING	
		6	ACCEPTED REFERRAL FOR MEDICAL EVALUATION AND ACCEPTED REFERRAL TO LHBPCP FOR MONITORING IF APPROPRIATE	
EXTREMELY ELEVATED	NOT ON THERAPY	2	ACCEPTED REFERRAL FOR MEDICAL EVALUATION	
		6	ACCEPTED REFERRAL FOR MEDICAL EVALUATION AND ACCEPTED REFERRAL TO LHBPCP FOR MONITORING IF APPROPRIATE	
Exceptions to coding For all clients:			5	CLIENT REFUSED RESCREENING AND/OR REFERRAL
			7	OTHER

REFERRAL CODES	
Item 18 (Screening) or Item 44 (Rescreening)	
USE CODE:	WHEN REFERRAL IS:
0	NO REFERRAL SOURCE (ANNUAL RECHECKS INCLUDED)
1	LHBPCP
2	PRIVATE DOCTOR
3	CHARITY HOSPITAL
4	OTHER HOSPITAL
5	PRIVATE DOCTOR AND LHBPCP
6	CHARITY HOSPITAL AND LHBPCP
7	OTHER HOSPITAL/CLINIC AND LHBPCP
8	OTHER

WHEN DISPOSITION CODE IS:	USE REFERRAL CODE:
1	0
2	2, 3, or 4
3	1
4	1
5	0
6	5, 6, or 7
7	8

recommendations at regular intervals for one year. Annually the patient returns to their physician for an updated referral.

- F. Follow-up communication is provided to encourage continued appropriate patient participation through notification of missed appointments and rescheduling of additional appointments.

Figure 4 is an algorithm illustrating the criteria for referral and diagnosis as described above.

Monitoring and education assists the patient in maintaining his medical regimen as prescribed by his physician. In addition to regularly scheduled blood pressure measurements, assistance can include dietary counseling on medication compliance, weight reduction and sodium restriction, counseling family members about supportive techniques, helping the patient establish a medication reminder system or helping the patient quit smoking. No medications are provided by the health unit. All information gathered regarding the ongoing monitoring of the patient's blood pressure is available to the physician on a continuing basis.

Physician input of information regarding diagnosis and treatment of each patient is crucial to LHBPCP monitoring, education and counseling service. Active participation by some 614 physicians between April 1982 and October 1983 has made a major contribution to the success of the program.

The patient referred by the health unit to his physician is given a Physician's Diagnostic Findings Form (Figure 5) to deliver to his physician. Upon completing the form, the physician returns it to the parish health unit. Return of the form serves as documentation for release of information between the parish health unit and the physician. The form also serves as medical orders for the patient's care which can

include the current blood pressure reading, prescribed medical care, and the signed request for patient education, dietary instruction and blood pressure monitoring.

Physicians can refer their patients to LHBPCP by contacting the nurse coordinator at their local parish health unit and by returning the Physician's Diagnostic Findings Form as described earlier.

Results

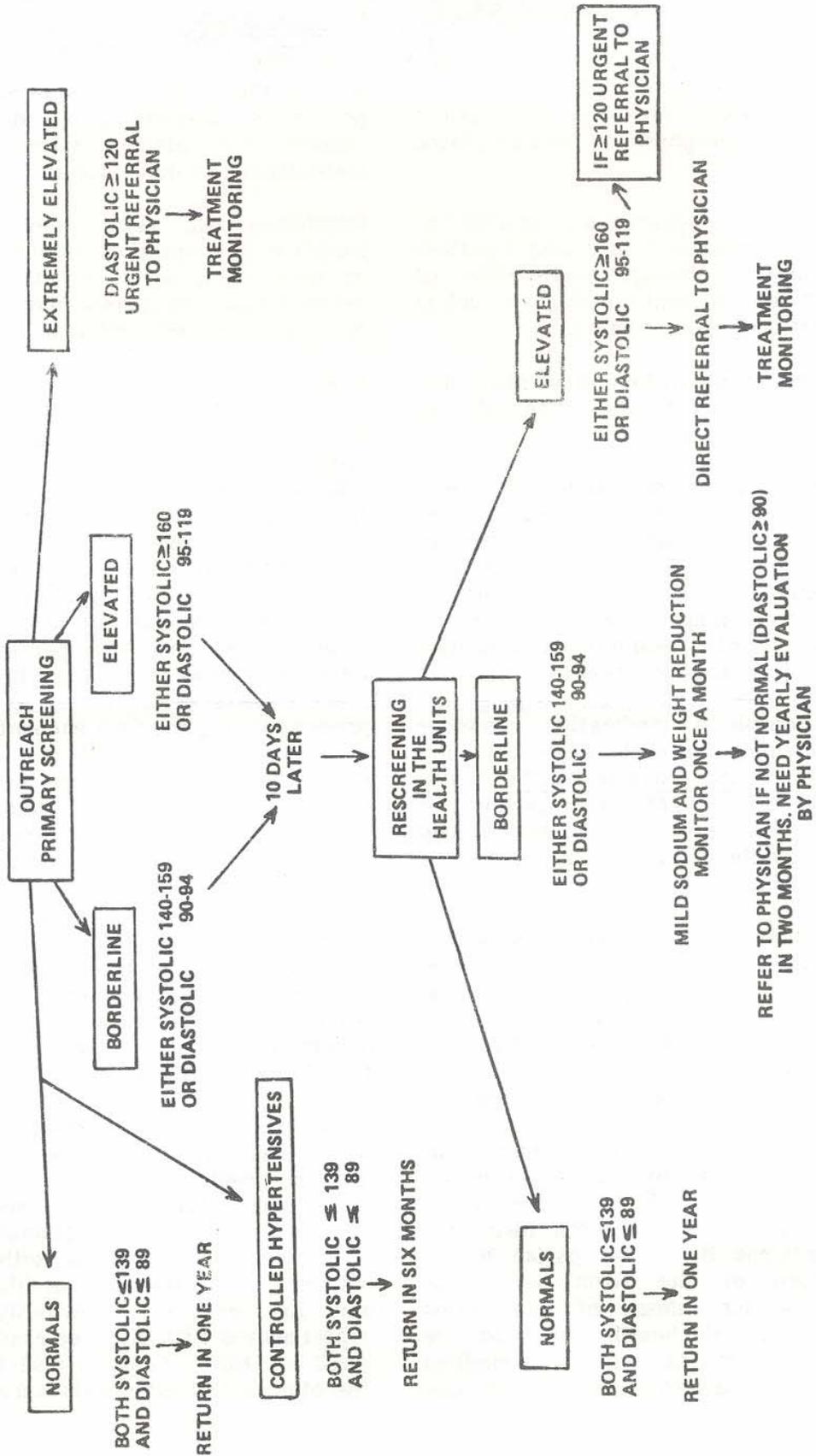
Primary screening results for the statewide program for the period of April-September, 1982 are presented in Table 1. During the first six months of the program, 14,359 people were screened with 31 parishes providing 99 or more screenings. Statewide, 55% of the screened population exhibited a normal pressure and had no prior history of hypertension. Forty-five percent (45%) had either an above normal (>140/90 mm Hg) reading or a prior history of high blood pressure during the first encounter.

Considerable variability can be noted in the percentage of normal blood pressure readings. On a parish by parish basis, the range is from 88% to 19% of the persons screened having a normal reading with no prior history of hypertension. Review of age distribution of the screened groups identified the expected age trend with respect to hypertension occurrence. Thus, those parishes identifying a large number of hypertensives screened a much older group than those identifying fewer hypertensives.

During this six month period, 3,528 people were found to have above normal blood pressure readings (>139/89 mm Hg). Within this group, 1,175 (33%) were referred directly to physicians, at primary screening. The referred individuals either had an extremely elevated reading (diastolic >120 mm Hg) or were previously diagnosed hypertensives with elevated reading (systolic >160 mm Hg or diastolic > 95-119 mm Hg). The other 2,353 individuals were referred to

Figure 4

LOUISIANA HIGH BLOOD PRESSURE CONTROL SYSTEM
HIGH BLOOD PRESSURE CONTROL CRITERIA
FLOW CHART



DEPARTMENT OF HEALTH AND HUMAN RESOURCES OFFICE OF HEALTH SERVICES AND ENVIRONMENTAL QUALITY
LOUISIANA HIGH BLOOD PRESSURE CONTROL PROGRAM LHBPCP - 2 (Rev.11/82) DIAGNOSTIC FINDINGS

1a. Case I.D. Number (Social Security Number)

2. Name (last) (first) (ml)

3. Address (print number, street, town and/or directions) _____

4. Zip Code

5. Parish of Residence

1b. Patient File No.

6. Sex Male 1 Female 2

7. Birth- (month) (day) (year)
 date

8. Race (check one)
 W 1
 B 2
 AM. IN. 3
 Ori. 4
 Other 5

9. Site Code

PHYSICIAN'S DIAGNOSTIC FINDINGS (CONFIDENTIAL)

10. Current Blood Pressure Systolic Diastolic (5th phase)

11. Diagnosis (circle one)
 1 Normal at retesting (not on medications)
 2 Previously diagnosed hypertensive (controlled)
 3 Previously diagnosed hypertensive (not controlled)
 4 Newly diagnosed hypertensive

12. May we monitor the patient's blood pressure and offer patient education between visits to your office?
 1 Yes 2 No
 How often? Every _____ weeks

13. TO ASSIST IN PATIENT COMPLIANCE/EDUCATION PLEASE COMPLETE THE FOLLOWING:

A. Maximum blood pressure permitted: Systolic Diastolic (5th phase)

B. Patient Disposition (Circle one)
 1 None 2 Observation 3 Treatment 4 Hospitalization

If treatment prescribed, check as many items as apply:

- Diets
 - No diet prescribed
 - Low sodium _____ mg/day (2000-3000 mg Na recommended)
 - KCL Salt Substitute
 - High potassium _____ mg/day (3000 mgm = 40 mEq)
 - Weight reduction _____ cal/day
 - Other, specify _____
- Drug Stopped-care (see back for specific drugs; check step)
 - Step 1 - Diuretics Potassium Supplement
 - Step 2 - Adrenergic Inhibiting Agents
 - Step 3 - Vasodilators
 - Step 4 - Additional Adrenergic Inhibiting Agent
- Other drugs (not stepped care; check if prescribed)
 - Specify _____
- Please indicate below each prescribed drug and its dosage

14. Physician's signature _____

15. Physician's address: _____

16. Date: Month Day Year

FOR OFFICE USE ONLY

Site Code

Treatment Codes:

*DRUGS - STEPPED CARE

Step 1 - Diuretics

- A. Thiazide and thiazide derivative diuretics
- B. Loop diuretics
- C. Potassium - sparing agents
 - Spironolactone
 - Triamterene

Step 2 - Adrenergic Inhibiting Agents

- A. Clonidine
- B. Guanethidine
- C. Methyldopa
- D. Metoprolol
- E. Nadolol
- F. Prazosin
- G. Propranolol
- H. Rauwolfia Alkaloids

Step 3 - Vasodilators

- A. Hydralazine
- B. Minoxidil

Step 4 - Additional Adrenergic Inhibiting Agent
Guanethidine

*The 1980 Report of the Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure. NIH Publication No. 81-1088, December, 1980, pp 12-13.

If you would like to receive a copy of the above report please make a request to:

LA HIGH BLOOD PRESSURE CONTROL PROGRAM
State of Louisiana, DHHR-OHSEQ
P.O. Box 60630
New Orleans, LA 70160
(504) 568-5204

Table 1
 April 1982 - September 1982
 Blood Pressure Status At Screening
 Statewide and Selected Parishes¹

	Louisiana	Acadia	Allen	Assumption	Ayoelles	Beauregard	Caddo	Catastien	Caldwell	Catahoula	Clabornne	Concordia	Evangeline	Franklin	Grant	Iberia
New Hypertensive (Above Normal, Never Diagnosed HBP)	9352 (7%)	63 (4%)	19 (10%)	5 (4%)	8 (3%)	18 (10%)	35 (13%)	6 (5%)	9 (5%)	13 (10%)	10 (6%)	6 (6%)	40 (13%)	20 (16%)	10 (9%)	7 (6%)
Uncontrolled Hypertensive (Above Normal, Previously Diagnosed HBP)	2693 (19%)	32 (20%)	63 (32%)	28 (24%)	45 (20%)	24 (13%)	109 (39%)	29 (25%)	7 (4%)	59 (45%)	90 (54%)	51 (47%)	122 (40%)	17 (13%)	27 (25%)	56 (47%)
Controlled Hypertensive (Normal, Previously Diagnosed HBP)	2899 (20%)	17 (11%)	31 (16%)	39 (33%)	106 (46%)	33 (19%)	62 (22%)	13 (11%)	6 (3%)	36 (27%)	49 (29%)	30 (28%)	74 (24%)	17 (13%)	44 (42%)	33 (28%)
Never Hypertensive (Normal, Never Diagnosed HBP)	7832 (55%)	103 (65%)	84 (43%)	47 (40%)	70 (31%)	103 (58%)	73 (26%)	70 (59%)	163 (88%)	23 (18%)	19 (11%)	22 (20%)	71 (23%)	72 (57%)	25 (24%)	23 (19%)
Total Screened	14359	158	197	119	229	178	279	118	185	131	168	109	307	126	106	119
Percent of Statewide Screening Sample	100%	1% ⁴	1%	1%	2%	1%	2%	1%	1%	1%	1%	1%	2%	1%	1%	1%

	Jackson	Jefferson	Lincoln	Livingston	Morehouse	Orleans	Ouachita	St. Bernard	St. Landry	St. Martin	St. Mary	Tangipahoa	Vermillion	Webster	West Carroll	Win
New Hypertensive (Above Normal, Never Diagnosed HBP)	7 (5%)	39 (7%)	37 (10%)	7 (6%)	16 (4%)	189 (4%)	15 (10%)	25 (11%)	6 (3%)	16 (10%)	31 (14%)	109 (6%)	5 (4%)	7 (4%)	50 (6%)	14 (8%)
Uncontrolled Hypertensive (Above Normal, Previously Diagnosed HBP)	34 (25%)	168 (28%)	58 (16%)	7 (6%)	36 (8%)	482 (11%)	35 (24%)	81 (36%)	61 (29%)	56 (37%)	72 (33%)	153 (8%)	22 (18%)	70 (44%)	26 (3%)	72 (42%)
Controlled Hypertensive (Normal, Previously Diagnosed HBP)	42 (31%)	152 (25%)	59 (16%)	8 (7%)	92 (21%)	914 (21%)	25 (17%)	43 (19%)	79 (38%)	19 (12%)	59 (27%)	206 (11%)	31 (26%)	42 (26%)	15 (2%)	55 (32%)
Never Hypertensive (Normal, Never Diagnosed HBP)	53 (39%)	239 (40%)	218 (59%)	87 (80%)	302 (68%)	2718 (63%)	68 (48%)	73 (33%)	61 (29%)	62 (41%)	57 (26%)	1426 (75%)	63 (52%)	41 (26%)	682 (88%)	31 (18%)
Total Screened	136	598	372	109	446	4303	143	222	207	153	219	1894	121	160	773	172
Percent of Statewide Screening Sample	1%	4%	3%	1%	3%	30%	1%	2%	1%	1%	2%	13%	1%	1%	5%	1%

¹Parishes screening more than 99 clients during the period are listed.

²Frequency and percent of clients screened for hypertension statewide.

³Frequency and percent of clients screened within each specified parish.

⁴Percent of the statewide screening sample represented by a particular parish.

participate in rescreening as described previously.

Future articles will describe the rescreening and monitoring data collection system and present more detailed information on the program.

Conclusion

The Louisiana High Blood Pressure Control Program is devoted to providing identification, referral for treatment, monitoring, counseling and education for Louisiana residents as a comprehensive hypertension health intervention service in partnership with other health care providers. The program encourages referral for monitoring and education from a variety of sources including private physicians. The cooperative effort of all health care providers will enable Louisiana to successfully address the problem of uncontrolled hypertension and eventually control this leading cause of premature death and disability.

All questions and comments are welcomed and may be addressed to Louisiana High Blood Pressure Control Program at P.O. Box 60630, New Orleans, Louisiana, 70160 Phone (504) 568-5203.

References

1. Ruchlin, H. et al Cost of Worksite Hypertension Treatment. DHHS Pub. No. (NIH) 81-2115
2. Unpublished fact sheet from the National High Blood Pressure Education Program entitled Economic Costs of Cardiovascular Disease.
3. Unpublished fact sheet from National High Blood Pressure Education Program entitled Estimate of Savings Due to Selection and Treatment of High Blood Pressure.
4. Five-year findings of the hypertension detection and follow-up program: I. Reduction in mortality of persons with high blood pressure, including mild hypertension. Hypertension Detection and Follow-up Program Cooperative Group. JAMA 242:2562-2571, 1979.
5. Five-year findings of the hypertension detection and follow-up program: II. Mortality by race-sex and age. Hypertension Detection and Follow-up Program Cooperative Group. JAMA 242:2572-2577, 1979.
6. Five-year findings of the hypertension detection and follow-up program: III. Reduction in stroke incidence among persons with high blood pressure. Hypertension Detection and Follow-up Cooperative Group. JAMA 247:633-638, 1982.

SELECTED REPORTABLE DISEASES (By Place of Residence)

STATE AND PARISH TOTALS	VACCINE PREVENTABLE DISEASES					ASEPTIC MENINGITIS	HEPATITIS A AND UNSPECIFIED**	HEPATITIS B	LEGIONELLOSIS	MALARIA ***	MENINGOCOCCAL INFECTIONS	SHIGELLOSIS	TUBERCULOSIS, PULMONARY	TYPHOID FEVER	OTHER SALMONELLOSIS	UNDERNUTRITION SEVERE	GONORRHEA	SYPHILIS, PRIMARY AND SECONDARY	RABIES IN ANIMALS (PARISH TOTALS CUMULATIVE, 1984)
	MEASLES	RUBELLA*	MUMPS	PERTUSSIS	TETANUS														
TOTAL TO DATE 1983	0	0	0	2	1	2	138	50	1	0	9	9	55	0	17	0	3193	233	6
TOTAL TO DATE 1984	0	0	0	1	0	6	54	55	0	0	15	11	39	1	18	2	4453	227	0
TOTAL THIS MONTH	0	0	0	1	0	6	48	50	0	0	13	9	18	1	14	1	1940	113	0
ACADIA							5	1			1						17	1	
ALLEN																			
ASCENSION							1										8		
ASSUMPTION																	8		
AVOUELLES														1			8		2
BEAUREGARD							8										9		1
BIENVILLE																	4		
BOSSIER								1									7		2
CADDO						1	2	3			1		2		1		193		10
CALCASIEU							2	3								1	1	83	4
CALDWELL																			
CAMERON																	1		1
CATAHOULA																	2		
CLAIBORNE																	9		
CONCORDIA																	3		
DESOTO																			
EAST BATON ROUGE							3				1	6			4		150		12
EAST CARROLL							1										8		
EAST FELICIANA																	7		
EVANGELINE															1		1		
FRANKLIN							1										10		
GRANT																			
IBERIA								1											9
IBERVILLE							1	1			1						5		
JACKSON																	2		
JEFFERSON						1	2	8			1		2		3		104		8
JEFFERSON DAVIS																	10		1
LAFAYETTE							5	1					1				66		7
LAFOURCHE							1				1	1			1		31		2
LASALLE																			
LINCOLN													1				23		
LIVINGSTON																	2		1
MADISON																	17		5
MOREHOUSE																	28		1
NATCHITOCHE				1													4		4
ORLEANS						1		24			5	1	7		1		662		34
OUACHITA							1					1					133		
PLAQUEMINES							1	1									1		
POINTE COUPEE																	1		
RAPIDES							2					1					85		2
RED RIVER																	1		
RICHLAND												1					16		
SABINE																			
ST. BERNARD								2			1						4		
ST. CHARLES																	3		1
ST. HELENA																	1		
ST. JAMES																	10		1
ST. JOHN								1				1					4		1
ST. LANDRY												1					19		2
ST. MARTIN																	12		2
ST. MARY						1	1										11		1
ST. TAMMANY								1			1				1		14		
TANGIPAHOA						2	2	3									17		6
TENSAS																	1		
TERREBONNE							2					1		1			34		
UNION																	7		
VERMILION							3	1									12		
VERNON							4	1									10		
WASHINGTON																	18		
WEBSTER																	30		
WEST BATON ROUGE																			1
WEST CARROLL																	1		
WEST FELICIANA																	1		
WINN																	2		
OUT OF STATE																	1		

* Includes Rubella, Congenital Syndrome.

** Includes Hepatitis Non A, Non B.

*** Acquired outside United States unless otherwise stated.

From January 1, 1984 - February 29, 1984, the following cases were also reported:

3-Amebiasis, 10-H-Flu Meningitis.

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