



Category A – Programs with a budget of greater than \$250,000

First Place

Ohio Department of Health

Ohio Perinatal Quality Collaborative (OPQC)

The Ohio Perinatal Collaboration to Improve Birth Data and Prematurity Outcomes is a creative approach to using public health surveillance data (birth certificates) as a supplement to data collected from medical records to serve as the metrics that can inform and accelerate perinatal quality improvement initiatives. The Ohio Perinatal Quality Collaborative (OPQC), Ohio's public/private partnership focused on improving health outcomes using quality improvement science, has documented early successes in reducing late preterm scheduled deliveries without medical indication in 20 delivery hospitals in Ohio. Spreading what works will be essential in reducing prematurity and having a measurable impact on population health. This effort is state administered by investing and partnering in OPQC where the improvement happens. Over many decades Ohio has relied heavily on birth certificates as source of data to measure population-level changes over time, but only recently has turned to them to measure improvements in health care and outcomes.

Second Place

Texas Department of State Health Services

"Ready or Not?"

"Surviving Disaster: How Texans Prepare," a video toolkit and documentary series, is a component of the DSHS "Ready or Not?" preparedness education initiative. Using real people and real survival stories, it is a creative, replicable and sustainable multi-pronged approach to help residents prepare for, respond to, and recover from natural or man-made disasters. The video toolkit, which includes support materials for the public and communities, is available both in hard copy and online at www.texasprepares.org/survivingdisaster.htm. The documentaries are available in English, Spanish and American Sign Language. DSHS has used a multi-tiered distribution strategy engaging the public, preparedness workers as well as community- and faith-based organization to put the documentaries into the hands of people in Texas. This allows for program replication down to the local level. The call to action is to have people watch the videos, make a disaster plan, show the videos to others and share them electronically.

Category B – Programs with a budget of \$250,000 equal to or less

First Place

Florida Department of Health, Bureau of Laboratories

MDR TB Screening Program

In order to foster the most rapid detection of a multidrug-resistant tuberculosis (MDR TB) patient, Florida implemented a universal screening process of highly infectious TB patients for MDR TB from sputum sediment in July 2009. This universal screening process rapidly validates an initial treatment regimen or indicates the definite need to change a treatment regimen before the patient experiences treatment failure. As a result of implementing this protocol, 31 Florida TB patients were more accurately diagnosed ensuring appropriate treatment, minimizing transmission, and providing the patient the best chance of being cured. With an earlier diagnosis of MDR TB, the patient receives adequate treatment faster, thus shortening the time period of transmitting and lessening the likelihood of developing MDR TB when only mono-resistance to isoniazid (INH) or rifampin (RIF) is initially detected or, if MDR TB is not suspected. A regimen may be implemented for a non-MDR TB case, unknowingly inadequately treat the patient.

Second Place

Oklahoma State Department of Health, Maternal and Child Health Service

Every Week Counts (EWC)

Every Week Counts (EWC) is a strong example of how relationships focused on a common goal can impact population health. Through working together multiple public and private health organizations, using their creative energies, are making systems changes to improve the health outcomes of Oklahoma mothers and infants. Public health is being infused into hospital systems and seen in a different light than the historical regulatory role it has played. Hospital leadership, physicians, and nurses from birthing hospitals are talking about the bigger health picture of maternal and infant health and the impact the decisions they make in providing care have on the life course (morbidity and mortality) of these populations.