Many Trails, One Destination
Urban MCH Leadership Conference 2000

Editor’s Note: Highlights of the Urban MCH Leadership Conference held September 13-16, 2000, are featured in this Edition. This 11th Annual National CityMatCH Conference was held outside of downtown Denver in Westminster, population 100,000, an up-and-coming suburb representative of “edge” cities tackling emerging urban maternal and child health issues. This year’s event took its urban skiing theme from the Colorado peaks in full view, and promised participants metaphysical adventures down many trails toward one destination: greater urban maternal and child health.

The Impact of Racism and Stress on Birth Outcomes

James W. Collins, Jr., MD, MPH, is an Associate Professor of Pediatrics at Northwestern University in Evanston, Illinois. He offered a compelling look at the impact of institutionalized racism on levels of acute and chronic stress Thursday, September 14, at the Urban MCH Leadership Conference. Excerpts from Dr. Collins’ presentation follow:

In August of 1963, President John F. Kennedy’s infant son was born prematurely in Boston. At that time, there was only one perinatal clinic in the country located in San Francisco. By the time they loaded the baby on the waiting plane, it was too late.

After that, vast sums of money were allocated to establishing perinatal intensive care units, with very positive results. In 1960, 80% of low birthweight (LBW) babies expired; now 16% of infants this size and smaller do not survive.

However, the incidence of LBW in this country has not declined significantly in the past 30 years. Today approximately 7% of infants have a birthweight of less than 2500 grams and are considered low birthweight. These infants account for approximately two-thirds of all first-year deaths.

Understanding what causes LBW could have tremendous impact on improving the mortality rates. The incidence has grown from approximately 10 to 13% for African Americans, with wide disparity when compared to babies born to white parents. During the past decade the incidence of LBW infants has actually risen, in part due to advances in medical technology, which are helping infertile mothers.

This year, the Department of Health and Human Services initiated the lofty goal of eliminating racial and ethnic disparities and infant mortality by the year 2010. To achieve that, it is necessary to understand what is driving the dismal African American infant outcome. Some hypotheses put forth are sociodemographic characteristics, prenatal care usage, genetic predisposition, and racial discrimination.

Sociodemographics. College education is protective with respect to pregnancy outcome, but African Americans are less likely to complete four years of college. For women with 17 or more years education, African Americans have a LBW rate of 8% compared to just over 4% for whites. College-educated African American mothers have LBW rates exceeding that of white mothers who did not complete school. Differences also exist between both groups with respect to infants born in poverty.

Genetics. “Genetics” is the predictable response when we find a disparity we cannot initially explain. The apparent paradox between Latino mothers seems to contribute to or at least support the genetic hypothesis with respect to pregnancies of African Americans. Latino mothers have a birth outcome comparable to the white population, despite having social economic status and patterns of prenatal care usage comparable to that of African Americans.

Studies are just beginning to address impacts of racism and stress on birth outcomes. Before the impacts can be measured, a definition of “race” must be agreed upon! For purposes of this discussion, “race is not a biological construct, but a social construct that precisely captures the impact of racism.”

A national advisory commission was appointed in the mid 1960’s, to find causes for the rioting in U.S. cities. They offered the following conclusions: First, the nation is moving toward two cities:

"Racism is a primary stressor for African-Americans. The perception of being made to feel inferior promotes emotional and physiological responses, which could potentially shorten pregnancy duration."

- James Collins

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The Impact of Racism and Stress on Birth Outcomes

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one black, one white, separate and unequal. Second, discrimination and segregation has long affected American lives and threatens the future of every American. Segregation and poverty created a destructive environment in racial ghettos unknown to most white Americans.

Stress. Stress is the body’s reaction to the tensions and demands of life. It makes one’s heart beat faster, makes a person breathe more deeply, and can raise blood pressure. Chronic stress manifests itself with persistent feelings of anxiety and frustration, which keep the body in “crisis mode.” Stress has negative physiologic consequences. A sixth grade pupil in one of the housing projects in Chicago wrote, “For the last few days, lots been goin on, like shootin, killin, dyin, death. It happens every day, every week, every month; like they killed my cousin; my uncle almost tried to hurt my grandfather to take his money. Everywhere you go, you see people in the streets, in abandoned buildings, on the corner, breakin in houses, getting stopped by police; every day the same things happen.”

This is clearly a chronically stressful environment for this child.

Perceptions of Neighborhood. African-American mothers’ perceptions of their environment may impact pregnancy outcomes, assuming that this could be a chronic stressor. We queried African-American mothers of LBW and non-LBW infants for perceptions of their neighborhoods, asking them to recall stressful life events. 50-60% were teenage mothers. The majority did not attain college, were unmarried, and 60% had annual incomes less than $10,000 per year. Most had no private insurance, about one-third received late to no prenatal care. Mothers of LBW infants, were about twice as likely to rate police protection, protection of property, safety, friendliness and services unfavorably, compared to mothers of non-LBW infants. Mothers of LBW infants were three times as likely to rate their neighborhoods unfavorably compared to non-LBW mothers. This trend persisted among low-risk mothers, who did not smoke, drink alcohol or use illicit drugs.

Almost 50% of LBW mothers had stressful pregnancies, compared to 20% of non-LBW mothers. This trend persisted among low-risk mothers. Pregnancy was defined as stressful if three or more stressful events (losing one’s job, going to court, being in a fight, etc.) occurred during pregnancy, or if one or more of these occurred in the last week of pregnancy.

Why do African Americans not residing in poor areas still have higher risk of LBW? The vast majority of middle-class African-American neighborhoods are contiguous to impoverished areas, and people living there may be exposed to similar stresses as those residing in poorer areas.

Racial Discrimination. What effect does experiencing racism have? Ellen Hawley once wrote, “Black is not a color of the skin; it is a unique experience shared by Negro Americans, no matter how varied they may be, that sets them apart from any other group and results in a kind of social adjustment no other group has to make. Namely the adjustment of learning how to survive, and perhaps even flourish, in an atmosphere that is almost totally hostile.”

Racism is a primary stressor for African-Americans. The perception of being made to feel inferior promotes emotional and physiological responses, which could potentially shorten pregnancy duration. A study found that the viewing of racist situations was associated with rises in blood pressure correlating with African-American subjects’ responses to the Farmingham Anger Scale. Another study of African-American women exposed to what they perceived as racial bias, showed a four-fold greater risk of hypertension. A 1996 study found that racial differences in blood pressure were substantially reduced by accounting for reported instances of racial discrimination.

Stress can have physiologic consequences which could increase the risk for preterm labor. Potential mechanisms include: stress-induced oxytocin release, which could lead to an increased risk of idiopathic labor, acute catecholamine release leading to direct or indirect uterine contractions by prostaglandin stimulation of uterine activity, which could lead to an increased risk of idiopathic labor. There is a growing body of literature suggesting that chronic catecholamine release and cortisone release lowers immunity and increases the risk for infections and bacterial vaginosis.

Prenatal Care. In mothers who received inadequate prenatal care, almost 40% of LBW mothers experienced racism, compared to just over 10% of non-LBW mothers. The differences also existed among those at high risk (smokers) and those who used illicit drugs.

Exploratory data suggests that perception of discrimination has negative consequences with respect to pregnancy outcomes. Further study is needed before this can be stated conclusively. New conceptual models of race must be developed.

“The variable ‘race’ is only a rough proxy for socioeconomic status, culture, and genes, but it precisely captures the social classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a sales clerk, a police officer, or a judge; and this racial discrimination has a profound impact on daily life experiences in this country.”

We hypothesize that race-associated differences in birth outcomes are in fact due to the effects of racism. Novel conceptual models are needed to guide our thinking about how to intervene to mitigate the impacts of racism on women’s health. If we are to attain the year 2010 Federal Health Objective to eliminate racial/ethnic group disparities in women’s health. If we are to attain the year 2010 Federal Health Objective to eliminate racial/ethnic group disparities in pregnancy outcomes, more in-depth research on racism and health must be done.

Many Trails, One Destination

Urban MCH Leadership Conference 2000 Highlights

Spirits soared as CityMatCH convened its eleventh annual Urban MCH Leadership Conference in Westminster, Colorado. Beginning with the Pre-Conference Data Use Ski-School on Wednesday, and culminating at Inspiration Point - the Annual Members’ meeting on Saturday, September 16 - this year’s Conference was alive with energy and learning.

Over 200 participants took part in “Many Trails, One Destination,” the first ever CityMatCH Conference held in a noncentral city. Westminster is a fast-growing suburb of Denver, Colorado, with population nearing 100,000.

Pre-Conference workshops focused on effective data use offering participants opportunities to enhance their skills in Basics and Potential Uses of Geographic Information Systems, Perinatal Periods of Risk Approach to Reducing Infant Mortality, Performance and Outcomes Measurements, and Putting Effective Data Use into a Political Toolkit.

The conference kicked off with an “Orienteering for Success” session organized by Federal Regions. “Take the Lift,” the opening plenary session, featured Nancy Heil, Mayor of Westminster; Hugh Stallworth, National Vice President for Cancer Control at the American Cancer Society; Ed Ehlinger, Director and Chief Health Officer, Student Health Services, University of Minnesota, and former chair of the CityMatCH Board; and Magda Peck, CEO and Executive Director, CityMatCH. Representatives from the federal partners, Carol Galaty of the City of Minneapolis Maternal and Child Health Bureau/Health Resources and Services Administration, and Lynne Wilcox, Director, Division of Reproductive Health at the Centers for Disease Control and Prevention, welcomed participants to this 11th annual Conference of urban MCH leaders.

The annual Symposium on Effective Data Use, the “Data Use Institute Discovery Trail,” featured a presentation by Mark L. Rosenberg, MD, MPP, Director of the Task Force for Child Survival and Development. Through pictures and conversational storytelling, the connection between statistics and the faces of the people those statistics represent was illustrated. His presentation was both sobering and inspiring.

Opportunities for learning continued with a number of compelling workshops comprising: The Impact of Racism and Stress on Birth Outcomes; The Role of Prevention in Public Health, School Health: Mental Health Needs and Approaches; Tobacco Use Prevention and Control; MCH in Transition: The Urban Safety Net; Oral Health and more.

Aurora Healthy Start, the Denver Health Department, Family Tree and the Karliss Center, Sheridan Middle School Health Clinic, and the Jefferson County/Boulder Health Department opened their doors on Friday for metro-area MCH site visits. Conference participants were able to see and experience public health in action at the local level.

CityMatCH Conferences always offer a challenge to participants to expand their knowledge base and come away with new skills and ideas. Conference 2000 was no exception, and several attendees remarked that this was the most challenging conference they had ever attended. Thanks to all those who helped to shape this learning experience. Don’t forget to save the date for the CityMatCH 2001 Conference to be held next September in Nashville, Tennessee, on September 17-19, 2001.

Where is "MCH" in Your Urban Health Department?

During the Conference Kick-Off Session, participants were grouped by their city’s federal region and self-assigned to tables by their level of understanding of CityMatCH. To facilitate discussion, each person crafted an organizational chart of their health department, highlighting where the locus of accountability for maternal and child health (MCH) is located.

As many different charts were drafted as there were participants. Similarities, differences and common ground were found and explored. Finally, the charts were clustered and displayed as wallpaper in the “Lodge,” the central Conference resource area.

Illustrating the incredible diversity in MCH positioning, these charts had a powerful impact. They most eloquently demonstrated that oversimplified, “one-size-fits-all” solutions will not resolve MCH concerns in local urban health departments.
CityMatCH4 City Lights

Conference Highlights

Many Trails – Many Opportunities

Pre-Conference Data Use Ski School

Beginning Wednesday, September 13, a group of pre-Conference workshops, called “Ski-School,” were offered. This portion of the Conference includes a series of educational opportunities: new sessions, which build on tools participants discovered in previous Conferences, and sessions that are repeated from previous years both for the benefit of new attendees, and as a refresher course for seasoned participants.

CityMatCH again engaged top notch session leaders and facilitators for these workshops, “The Basics and Potential Uses of GIS in Public Health” a popular session repeated from the 1999 Conference was facilitated by Frederick R. Broome, Chief, Geospatial Research, U.S. Census Bureau, Jonathon Sperling, Geographer, U.S. Census Bureau, and Charles M. Croner, Geographer and Survey Statistician, Centers for Disease Control and Prevention.

Martha King, Program Principal, Health Services Program of the National Conference of State Legislators, and Gina Dunning, Director of the Lincoln, Nebraska Area Agency on Aging led a new session entitled “Putting Effective Data Use in Your Political Tool Kit.”

Favorable evaluations also praised other excellent Ski-School opportunities including “Using the Perinatal Periods of Risk Approach in Your Community – A Fresh Approach to an Old Problem,” “Evaluation for State and Local Health Agencies,” and “Performance and Outcomes Measurements – Methods For Setting Annual Targets.”

CityMatCH Supports the Women's Bean Project

As the Conference Trail Map said “Pick up a lunch, help pick up a life...” Before participants left to attend MCH site visits, they were encouraged to pick up a boxed lunch, catered by the Women’s Bean Project. Following a tradition begun last year in Baltimore, the meal was a fund-raiser for a local venture, which helps abused and homeless women get back on their feet again, by working for and running a small business.

Gayle Bridges-Harris (Durham, NC) receives a boxed lunch from Bean Project Staff

LLamara Padro Milano (Syracuse, NY) and Linda Welsh (Austin, TX) select from the variety of boxed lunches

MCH Site Visits: Denver Area

Back Country Excursions

The Urban MCH Leadership Conference once again offered unique opportunities to see MCH in action. On Friday, September 15, buses arrived near the Ice Arena to transport participants to a varied combination of sites, ranging from local health departments to specific programmatic sites.

Site visits incorporated both tour and question/answer formats. The following organizations opened their doors to conference participants: Aurora Healthy Start, Denver Health Department’s Community Health Center, Family Tree and the Karliss Center, Jefferson County/Boulder County Health Departments, and the Sheridan Middle School Clinic.

This unique educational opportunity is just one example of the way CityMatCH strives at Conference to incorporate theoretical and technical learning experiences with practical examples of work “in the field.”

Sheridan Middle School Clinic is a freestanding clinic building on the grounds of the Sheridan Middle School. Affiliations with local nursing schools and colleges and the health department allow the site to provide comprehensive care for patients of all ages within the community of Sheridan.
On Thursday, September 14, 2000, David Olds, PhD, Professor of Pediatrics and Director of the Prevention Research Center for Family & Child at the University of Colorado Health Sciences Center spoke at a gathering at the 11th Annual Urban MCH Leadership Conference in Westminster, Colorado. Excerpts from his presentation on Maternal and Child (MCH) Home Visiting: Science or Art follow:

Many of the most pervasive and intractable problems facing young children and their parents in our society today can be traced to adverse maternal health-related behaviors during pregnancy, compromised care of the child, and stressful conditions in families’ homes that interfere with parental and family functioning. These problems include: infant mortality; pre-term delivery; low birthweight; neurodevelopmental impairments due to poor prenatal health; child abuse and neglect; accidental childhood injuries as a result of dysfunctional care giving; youth violence due to a combination of neurodevelopmental impairment and harsh and neglectful care giving; and diminished parental economic self-sufficiency as a result of closely-spaced pregnancies, educational failure, and sporadic participation in the work force.

During the past two decades, a program of prenatal and infancy services by nurses has been developed, tested and demonstrated as an effective means of addressing these problems in scientifically-controlled studies.

In general, policies and practices for assisting young children and their families ought to be based upon the best scientific evidence available. Given recent emphasis on brain development in the first three years of life, there is a lot of enthusiasm about this and future conferences, call CityMatCH at 402-595-1700. The Nurse Home Visitation Program consists of nurses who work with first-time, low-income mothers and their families in their homes during pregnancy and the first two years of the child’s life. The program’s goals and format for visits follow a standard process, specified in guidelines and reinforced in intensive training that all nurse visitors must undergo. These theories drive guidelines to help the nurses in their efforts to accomplish the program’s three goals:

* Improve pregnancy outcomes by helping women alter their health-related behaviors;
* Improve child health and development by helping parents provide more responsible and competent care for their children; and
* Improve families’ economic self-sufficiency by helping parents develop a vision of their own future, plan future pregnancies, continue their education and find work.

During the past decade, the findings from this program of research have been used to promote various home visitation programs for pregnant women and parents of young children.

Unless programs share the essential elements, they are not likely to produce the same results. Quality programming requires recruiting qualified staff, intensive training and excellent supervisors -- capacities that require development over time.
SpotLights Shine "Under Mountain Stars"

The commitment and effort of three Urban Health Departments was recognized at the Annual SpotLights Recognition during the March of Dimes Reception at the CityMatCH Urban MCH Leadership Conference.

Lisa Belanger, Vice Chair for Capacity Building, recognized the Wake County (Raleigh, NC) Human Services Department, presenting them with a certificate for the "Most Innovative" for a project entitled "Enhancing Developmental and Behavioral Pediatrics." Borrowing from several creative models developed in Washington, DC, with the Zero to Three National Center, Wake County placed specially trained public health nurses in three clinical settings to perform developmental and behavioral screenings; identify at-risk children and families; counsel and advise parents, refer children to area resources, and consult, advise and provide training for clinical office staff.

SpotLights recognition for the "Most Replicable" was given to the Pinellas County (St. Petersburg, FL) Health Department for "Vasectomy Marketing." This focused social marketing campaign promoted vasectomies for males, leading to a 196% increase in the number of vasectomies performed at the Pinellas County Health Department.

The "Alchemy" Award (for an initiative which takes lead and turns it into gold), was given to the Hartford, CT Health Department for the "Lead Poisoning Prevention and Education Program." Initially facing tremendous opposition to new lead regulations, the Hartford Health Department was able to obtain consensus within a relatively short period of time, bringing disparate representatives from throughout the city to the table, and crafting significant community change.

Most Innovative:
Wake County
(Raleigh, NC)
Human Services
"Enhancing Developmental and Behavioral Pediatrics"

Most Replicable:
Pinellas County
(St. Petersburg, FL)
Health Department
"Vasectomy Marketing"

Alchemy:
Hartford (CT)
Health Department
"Lead Poisoning Prevention and Education Program"

Members Map the Future of CityMatCH

With characteristic fearlessness, CityMatCH Conference participants seized the opportunity to address tough issues during the CityMatCH Annual Meeting. Crafting ideas and answers which will surely shape the future course of CityMatCH, three main questions were addressed:

1. What strategic role should CityMatCH play in shaping urban MCH policy?

2. What more can CityMatCH do to enhance public health organizations’ and leaders’ capacity to improve urban MCH?

3. Who shall be eligible for CityMatCH membership?

Board Vice Chair Carole Douglas (Lincoln, NE) arranged participants into three discussion clusters as they self-selected the question they wanted to address. Lively discussion ensued as facilitators helped structure the focus of responses. Once reconvened into a central group, each facilitator had the opportunity to present a short synopsis of the issues and ideas generated by their cluster. During the coming year, CityMatCH Action Groups will review discussion summaries and look more closely at the issues that have been raised. Watch for reports and activities in upcoming CityLights editions.

Ed Ehlinger Award Honors Federal Partners

At the recent CityMatCH Urban MCH Leadership Conference, two individuals who have made contributions to CityMatCH and thus to mothers, infants, children, adolescents in urban areas were presented the CityMatCH Ed Ehlinger Award.

The awards were given personally by Ed Ehlinger, first Chair of the CityMatCH Board of Directors, and the current Director and Chief Health Officer of Student Health Services at the University of Minnesota. Ehlinger described the recipients as "two people in federal government who quietly and very effectively campaigned for urban MCH and the unique passage of CityMatCH to build leadership capacity and local public health."

Dr. Hani Atrash, Chief of the Pregnancy and Infant Health Branch of the Centers for Disease Control and Prevention in Atlanta, Georgia, was honored for his early and unwavering support of CityMatCH initiatives to build urban MCH data use and epidemiology capacity.

This year’s award was shared with another long-standing Federal Partner, David Heppel, Director for the Division of Child, Adolescent and Family Health at the Health Resources and Services Administration’s Maternal and Child Health Bureau. Due to family matters, Dr. Heppel was unable to be at the CityMatCH Conference, but noted his sincere appreciation and admiration of CityMatCH’s work to improve the health and well-being of women, children, and families in America’s urban communities. Noted Heppel, "I can’t think of a group which has come farther in a short period of time than CityMatCH. I have been a very lucky person to have had the privilege of working with you and the organization and have shared in your great success...I wish CityMatCH to continue so long as children in urban areas need help."

Carole Douglas, Lincoln, NE, captures new ideas

Ed Ehlinger presents award to Hani Atrash, CDC
In her annual report to the membership, CityMatCH CEO/Executive Director and founder Magda Peck strongly affirmed the health and well-being of the organization as it enters its second decade of national service. “We remain unquestionably committed to making a measurable difference,” said Peck. “Our continuous dilemma is striking a strategic balance between expanding proven products and services to more members and partners, and generating new initiatives for even greater impact.”

CityMatCH, now in its 11th year, has reached over 40 urban communities with the Data Use Institute, sustained its funding partnerships with the Health Resources and Services Administration’s Maternal and Child Health Bureau, the Centers for Disease Control and Prevention and the National March of Dimes Birth Defects Foundation to advance urban MCH. It has become a national leader in the translation of science to practice through Urban Learning Clusters around perinatal HIV transmission and feto-infant mortality. Its Rapid Fax Survey approach, with quick and significant responses from members, was shown to work again this Spring in a special survey for the Assistant Secretary for Planning and Evaluation on health and safety in child care and urban public health. Nearly 150 member urban health departments continue to receive regular quality printed and electronic communications, including NewsBriefs, CityLights, and PolicyInfo.

Diversifying the funding portfolio, continued planning for executive leadership succession, and expanding local and private sector partnerships for bringing proven products and services to scale are major challenges in the year ahead. "If we can ski in the Rockies without snow in September, imagine what else we could achieve for urban women, children and families with just a bit more resources to invest," noted Peck, at the close of the most ambitious and best-produced CityMatCH Conference ever.

During the course of the annual members’ meeting, key issues for the future of CityMatCH were pursued. Through songs and altered verses, participants heard from the current conference co-chairs and met the co-chairs for the 2001 Conference in Nashville. They had the opportunity to participate in a number of musical moments as points made were punctuated by old standards rewritten with words to explain the MCH message and dilemmas faced by local urban public health departments.

2000-2001 Board of Directors Elects Executive Committee

At the Fall meeting of the CityMatCH governing board, the following consensus slate was elected for the 2000-2001 term:

- **Betty Thompson** (Nashville, TN)
  Chairperson
- **Lisa Belanger** (Portland, ME)
  Vice Chair for Policy Development
- **Carole Douglas** (Lincoln, NE)
  Vice Chair for Infrastructure
- **Zenobia Harris** (Little Rock, AR)
  Vice Chair for Capacity Building
- **Gary Oxman** (Portland, OR) will serve as the Immediate Past Chair, and
- **Magda Peck** remains as CEO.

Under CityMatCH bylaws, the outgoing Board of Directors elects the Executive Committee for the incoming Board. The new Board begins their governance at the Annual Business meeting.

**Staff Appreciation Awards**

In a tradition begun at the 1999 Conference, CityMatCH staff presented awards to salute persons whose dedication and consistent outpouring of assistance have enabled CityMatCH to achieve its mission to enhance the ability of maternal and child health programs at the local level to improve the health and well-being of children and families in urban areas. This year, Patrick Simpson presented awards to two outgoing CityMatCH Board members. Len Foster, Santa Ana, CA, and Linda Welsh, Austin, TX, have been mainstays of CityMatCH, serving in a number of capacities, including Chair of Board, Board Member, Conference Co-Chair and many others. Both Len and Linda are "retiring" from active CityMatCH duty as they continue their careers in related areas. We wish them happiness and good fortune in their career paths.
Data Use Institute Activities at CityMatCH 2000
Conference Reveal Keys to Success

Data Use Institute (DUI) events at the 2000 CityMatCH Conference welcomed, acknowledged, and provided additional learning opportunities for all DUI Classes. As the 2000-2001 class arrived and was introduced to the Institute, the 1999-2000 class was acknowledged as graduates and inducted into the Alumni Association. At the DUI Alumni Reunion, new DUI classes and graduates joined the Alumni of the 1997-1999 classes. Members and graduates exchanged lessons learned on how to maximize the DUI.

The members of the DUI Alumni Association have accumulated three years of practice in understanding and interpreting what it takes to be successful in the Data Use Institute. Here is their sage advice:

**Keys to a Successful Data Use Institute**

- Make DUI a priority
- Schedule time to do the work
- Take time to monitor the process
- Create a time line for project
- Have a leader to keep things going
- Have fun together
- Take what you learn to your community

For more ideas and information, contact: Jennifer Skala, DUI Coordinator, at (402) 595-1700 or E-mail: jskala@unmc.edu.

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**2001 Conference - Save the Date!**

*12th Annual CityMatCH Urban MCH Leadership Conference*

**Kickoff & Conference:**
September 17-19, 2001

**Pre-Conference Activities:**
Begin September 15, 2001

Nashville, Tennessee