We’ve been doing this CityMatCH conference thing for a while now, and every year it just gets better. This last one was really sweet music. Remember Pittsburgh? Who knew it was so beautiful at the confluence of three old rivers ringed by worn western Pennsylvania hills? Who knew it was possible for a gritty city of steel and sweat to transform itself into an urban jewel…downtown, at least. Who knew we could challenge those who came to take it up another notch; and oh how they rose to new heights of unconventional learning.

It seems longer ago than late last summer that we came together for Confluence 2003. But if I close my eyes and hold real still for just a minute, I can hear us at the Friends of CityMatCH Dinner belting out the last doctored chorus of “Take Another Little Piece of My Budget, Baby.” And I can’t help but sigh at the unexpected silk of Zenobia’s send-off melody. Sandwiched between songs was the solid stuff that can make each of us a whole lot better at what we do each day for the women and children and families and fathers we serve. This Conference 2003 Review edition seeks to capture the nectar. Read on for a taste of what was offered last September…and what awaits you next round in Portland come September 2004.

—Magda Peck

Participant Pearls...

see page two

“As a new public health professional, I now have a wealth of information and new ideas to help with current programs and to start new ones back home at my health department.”

- Conference Participant
Relative Value

Helping and healing are his themes of heart. To be sure someone in the family knew how to make her shortbread cookies before this last bout of cancer stakes its claim, Sam spent time by his Grandmother’s side deep in dough and became the guardian of her famous recipes. He is known for making pecan pies for classmates in the dumps. He still dances with his mom in the kitchen and worries that his Dad is worrying too much. He really cares about world peace, and he believes he has a moral duty to help achieve it.

He’s such a mensch that he feels badly when his success seemingly is at the expense of another’s. At last Saturday’s Regional Academic Decathlon competition, he squirmed again in accomplishment. This high school phenomenon is new to me. Students from area schools work in together intensively to master a nationally determined comprehensive curriculum and then compete against each other as school teams in something akin to the old OE College Bowl. Since September, Sam has been so immersed in the botany, economics, politics, geography, and cultures of the Lewis and Clark Expedition that most of his waking hours outside of class and home are spent prepping with his “AcaDeca” teammates. His father and I can hardly complain. What, scold him for studying too much? Tickled to learn that he made alternate on the Honors team, he felt guilty for having displaced upperclassmen who had been at it far longer. He would be the first to tell you that his high school “kicked butt” at Regionals, beating out a longtime rival team despite their matching outfits.

Hoarse from cheering, he whooped and squeaked at each teammate’s announced accolade in the final medals ceremony. He was still jazzed on the ride home, positively soaring.

“After we take State, it’s on to Nationals,” he announced with certainty. Cradling medals in his hands with stunned, sheepish pride, it was clear that he got it: all that hard work had paid off. And then came the shadow of angst: his unexpectedly high test scores put one of the senior co-captains’ spot at State competition in question. “I want it to be fair, and I want us to win, but what about Mike?”

In public health, we are taught the difference between absolute and relative value. Absolute value looks at the worth or weight of something in and of itself, independent of all others. Relative value always takes another into consideration. Sam’s soul is hardwired to see himself first and always in relationship to the person next door or around the world. He understands his inherent connectedness to all other beings. It simply is not enough for him to succeed alone; his self-worth is relative to the team’s efforts. In other words, he’s a mensch.

I don’t know if mensch-dom can be taught or learned or gained over time, say like wisdom. That your children have it is an unending source of sweet satisfaction. That the people who work with you and for you, and the people you work for share it, is a blessing. I for one, am truly blessed and supremely satisfied. I can only wish the same for you and yours.

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Participant Pearls...

"Perspectives were brought to the forefront. It enabled me to look at data a step further, putting data into action."

"As a relative novice in the public health field, I found this conference very helpful, to understand the public health perspective, how I can fit in and how to achieve goals that matter in the public health arena."

"The information and activities were very much on target with MCH goals."

"Please continue discussions on racism and social justice in public health."

"The “informal” conversation between Drs. Richmond and Kotelchuck and the audience was a priceless stroll down MCH memory lane."

"Editor’s Note: “CityView, the column written by Magda Peck, ScD, CityMatCH was inadvertently truncated in the printed version of CityLights, Conference 2003 Edition, Volume 12, No. 2, and the last two paragraphs were left out. Our sincere apology is extended to Dr. Peck, and the complete story is included here for our members and other readers.”"
TUESDAY, AUGUST 26: RESILIENCE

Sage Advice for Harder Times: Montage of Past & Present Leaders

resilience (noun):
1. The ability to recover quickly from illness, change, or misfortune; buoyancy.
2. The property of a material that enables it to resume its original shape or position after being bent, stretched, or compressed; elasticity.

Source: www.dictionary.com

Kay Johnson, MPH, MEd, Johnson Consulting group, presented a visual and audio montage spotlighting MCH leaders past and present who created programs for desperately poor families, had the vision and creativity to use data to make their case, and fought tough policy battles, using community leaders as allies, to offer lessons in resolve, results, and highlighted the resilience that characterized the lives of MCH leaders past and present.

Victor Sidel, MD, Distinguished Professor of Social Medicine, Montefiore Medical Center, Albert Einstein College of Medicine, and Karen Wolk Feinstein, PhD, President, Jewish Healthcare Foundation were on hand to give their perspectives in person. A synthesis of selected "sage advice" follows:

"No legislation can be secured; no legislation when secured can be made effective, without the steady conscious push of a convinced public opinion; and the statistics of wisely conducted inquiries form the indisputable basis of facts which will at once convince and inspire public opinion."
- Julius Richmond

"We must organize, mobilize and communicate in new ways to meet new challenges. We are determined to succeed for our children and nation's sake."
- Marian Wright Edelman

Leaders of the past provide us with lessons on the importance of resilience when facing political challenges, social injustice, and personal hardship. Remember the leaders we know as suffragettes, abolitionists, pioneers, feminists, public servants, civil and human rights activists.

**To access the complete slide show developed for the Conference, visit the CityMatCH website at www.citymatch.org.**

Modified Precepts for Reluctant Prophets

In closing this plenary, Peter Morris, Medical Director/Policy Director, Wake County Human Services, Raleigh (NC) offered the following words of wisdom:

Common themes emerge from the stories and lives of advocates for the health of women, mothers, babies, infants, and children. They each were part of their contemporary system and until their call, they were each part of their contemporary problem. Faced with the available data, common wisdom, and the prevailing will of their times, each leader collected, connected, or transformed the data; adapted, developed, or invented startlingly new strategies that challenged the complacent systems. Against many odds, they bent the prevailing will to their persistence. They were called, they were "prophets."

(Continued on page eleven)

Kate “Janie” Kock (right) performs, “Take Another Piece” at the networking event during the Saturday evening CityMatCH Networking Event.

CityMatCH Annual Urban Maternal & Child Health Leadership Conference August 23-26, Pittsburgh, PA

Sunday, August 24...........................................p.5

RESOLVES

Summoning Moral Courage, Plenary

Racism and Public Health, Revisited

MCH Bureau Briefing: Leadership and Hope for Tougher Times

CityMatCH Bureau Briefing: "Resilient Leadership"

Saturday, August 23.................................p.4

PRE-CONFERENCE

Navigation Team Leader Training

Urban Women’s Health

CityMatCH 2003 Review

Confluence 2003: Where Resilience, Results & Resolve Came Together

War, The economy. Budget cuts. Bioterrorism and Smallpox. Mystery viruses and old bugs. How do we meet these extraordinary challenges with resilience while holding fast to our resolve for social justice? How can we assure results for the women and children we serve?

"Confluence 2003" reflected the context of the war, stripped-down health department budgets, bioterrorism plans, and a host of other challenges. CityMatCH once again offered an innovative conference with cutting-edge content, a host of inspiring, inviting speakers, and unparalleled learning opportunities. The following pages offer a glimpse of key Conference presentations and events, giving readers a second chance to learn, gain inspiration and take home messages of resolve, results and resilience for better maternal and child health outcomes.

CityMatCH Bureau Briefing: "Resilient Leadership"
Toward Urban Women’s Health

CityMatCH recognizes the unmet needs in urban women’s health. During Conference 2003, the Urban Women’s Health subcommittee members worked with invited guests from MCHB and CDC to come together for a brainstorming session. Fresh, creative, and tangible ideas were generated for expanding or identifying new activities, products, and services that can improve urban women’s health. Better integrating an urban women’s health perspective into existing products and services was discussed. Participants identified what strategic partnerships would be most beneficial. The committee identified the types of tools and products, such as toolkits and training materials, most useful to members. Participants then generated strategic information to include in newsletters, issue briefs, and other CityMatCH publications. In time, the group may tackle complex initiatives requiring assistance from national partners and will develop tools and products for use in community assessment.

The ideas were collected and analyzed. Many suggestions relevant to current activities, such as ideas for the ASTHO/ CityMatCH teleconferences, have been forwarded for inclusion in other products and services. Others ideas, such as how to better integrate a women’s health focus into current CityMatCH initiatives, are being discussed within committees. CityMatCH leaders are looking at the feasibility of ideas that require working with multiple partners or on large-scale initiatives.

Several ideas were generated for new products and services; however, current resources require CityMatCH to be selective about undertaking new initiatives, partnerships, and joint projects until they are ready to meet these goals. The Urban Women’s Health Subcommittee recently completed a prioritization of these suggestions. Initiatives are being considered that can provide the most benefit to the largest number of people. The selected initiatives will be forwarded to the CityMatCH Board for further discussion and approval. CityMatCH will then begin the development of these new products that will assist members as they work to improve the health of urban women.

For more information on Urban Women’s Health Activities at CityMatCH, please contact Maureen Fitzgerald, Coordinator at 402-561-2500 or mfitzger@unmc.edu.

Urban Women’s Health Recommendations Approved by the CityMatCH Board

*Incorporate an urban women’s health focus into CityMatCH. Question how all CityMatCH activities can incorporate an urban women’s health perspective.
*Assist members in building skills so that they are better positioned to improve urban women’s health. Trainings that highlight population-based information about women, as well as skills-building opportunities on subjects such as coalition building or advocacy. Provide training to as many members as possible using a variety of methodologies such as Annual Leadership Conference teleconferences, and other methods.
*Strengthen current alliances and develop strategic new alliances related to urban women’s health. Reach out to new, current, and nontraditional partners focused on women’s health issues (reproductive health providers or health care access advocates).
*Embrace a view of urban women’s health that includes the traditional maternal role and takes a comprehensive view of women’s health throughout the life span. Advocate for this expanded view of women’s health with partners and alliance members.
*Adapt and develop new CityMatCH products and services that support members’ efforts to improve urban women’s health.

Learning is richer and better when you do it with others, and navigating through a complex array of learning opportunities can be safer when you don’t try to do it alone. Once again, CityMatCH incorporated “Navigation Team Exercises” into the 2003 Confluence: Where Resilience, Results and Resilience Come Together. Selected leaders were invited to serve as Navigation Team Leaders. They were quickly trained as a pre-conference activity to assist their peers through team-based learning through action, which is quickly becoming a hallmark of capacity-building work everywhere.

Navigation Team Exercises included a series of team-based activities woven throughout the Conference. Using CityMatCH tools and strategies, participants quickly enhanced their skills related to important MCH topics, and teams developed projects with utility beyond the meeting.

Some of the selected Navigation Team “Aha’s!”

* Public health professionals must become politically savvy in order to secure funding in political climate.
* The media can be your friend in supporting MCH. Public health needs to nurture its colleagues, visionaries, catalysts, and its community base. “Chance favors the prepared mind.” –Louis Pasteur.
* To make true change come about you need a movement that encompasses the people and not just the staff involved.
* Program objectives must be results driven with scientific data in order to be sustainable.
* Adequate knowledge does not always lead to appropriate action. Imperfect knowledge does not preclude appropriate actions.

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* Adequate knowledge does not always lead to appropriate action. Imperfect knowledge does not preclude appropriate actions.

Participants at Conference had the option to present Promising Practices in either oral or poster presentation form. During Monday’s Promising Practice Presentation Sessions, Conference participants had the opportunity to learn about the most recent innovative activities, strategies or lessons learned that have strengthened a city’s capacity to serve children and families in the areas of Mental Health, Child and Adolescent Health, Perinatal Health, Pre- and Intercenception Health, and Urban Public Health Systems.

Promising Practices illustrated the responses to persistent barriers and demonstrated the work being done to promote women’s and children’s health. In addition, they were practices that could be replicated in other cities facing similar obstacles. Navigation Teams worked together to perform Reviews of the posters and to identify the Best Practices and Lessons Learned.

The National March of Dimes Birth Defects Foundation graciously sponsored the Poster Reception and Promising Practice Abstract Poster and Oral. Presentation Awards later that day.

During the reception, the Extra Award (Excellence in Translating Results for an Audience) was presented to Virginia Bowman, the CityMatCH local host, facilitated reverse site visits: Conference participants were able to meet with representatives of a number of local agencies and view their poster displays.

The Star Award (Strategic Translation of Data into Action and Results) was presented to Salinas (CA) for “Matching Maternal Health Needs and Resources in a Changing Community.” For more information on the Promising Practices Abstracts, please contact CityMatCH at citymch@unmc.edu or 402-561-7500.

2003 Data Use Institute (DUI) Team Graduation

On August 25, 2003, CityMatCH graduated the sixth Data Use Institute cohort during the Annual Conference. All of the 58 DUI teams, past and present, have come together from health departments, foundations and community organizations for the betterment of women and children in their communities. The graduating teams were as follows:

- Amaarillo, TX
- Detroit, MI
- Jackson, MS
- Madison, WI
- Montgomery County, MD
- Pittsburgh, PA
- Salinas, CA
- San Antonio, TX
- San Francisco, CA
- Washington, DC

There is no seventh Data Use Institute cohort this year. Instead, time is being taken to evaluate, revise and retool the training year, including curriculum. Applications for the 2004.

2005 Data Use Institute will be available in Spring, 2004. For more information, contact Kathleen Kock, DUI Project Coordinator, at 402-561-7500, or e-mail klocke@unmc.edu.

On August 22, 2003, the sixth Data Use Institute team graduated from the CityMatCH Data Use Institute (DUI) at Conference 2003. The 2002-2003 Data Use Institute Teams
Getting Real Results: From Data to Action

(Continued from page seven) stimulus from all sources. In defense, one needs to have three domains in control, we

Kotelchuck: This model is a way of envisioning the world. Dr. Peter Van Dyck described five new ideas in the MCH Bureau’s Strategic plan, and talked about a common vision. Health policy represents an important purpose, it makes one realize that we in MCH will always be swimming upstream, yet there will be times when we see the light at the end of the tunnel.”

“It was exciting to hear the story of the Richmond-Kotelchuck model from the creators.”

Participant Pearls...

“Reviewing the history of important programs serves an important purpose. It makes one realize that we in MCH will always be swimming upstream, yet there will be times when we see the light at the end of the tunnel.”

Sunday, August 24: Resolve

Racism and Public Health, Revisited

Developing a framework for initiating undoing racism efforts as a health care organization is a foundational step toward change. Collecting, analyzing, and using data for identifying racial/ethnic disparities in health, finding about strategies for creating a “community map” to identify opportunities/challenges for action, and seeking participation to identify organizing strategies appropriate for taking action are all essential steps, but difficult to tackle without the right knowledge base. This conference paper builds on the solid base of the 2002 conference plenary and offered a wealth of learning opportunities; selected highlights follow.

Barbara Ferrer: Racial and ethnic disparities in health in a rich country as rich as ours is a public health failure. Very little talks occurs in public debate about the role racism plays in creating racial disparities in health and perpetuating these disparities in health. Some key questions to consider are:

- “Is this about poverty, lack of education?” It’s not about race; it’s really about how you feel about these issues. It’s not about race; it’s really about what you believe and what you believe in.
- “Is this about race?” Racism is a system of oppression. When we look at the three different types of racism, institutional racism, personally-mediated racism, and internalized racism we need to remember that we are talking about intentional and unintentional racism, acts of commission as well as acts of omission. If in the face of injustice you do nothing, that can be seen as racism. If your institutions perpetuate inequality by simply continuing to do what they do, that is institutional racism. Instead of adding racism to the long laundry list of issues that affect health status, we should understand that racism has a profound affect on many issues. It is the precursor to socioeconomic status, to environmental exposures and exposure to stress, it affects one’s access to health services. Racism has been here for a very long time and for many of us seems like a problem that isn’t solvable. Yet, racism itself was a system that was constructed, understood, and anything that was constructed can be taken down.

Terri Wright: There are policies and practices we can act on now in our positions as Local or State MCH Directors while the science continues to evolve. We can start moving while we support research and ask the critical questions that still remain. Our work is a marathon, difficult and sensitive. We must be ready for the long haul and respond to what we know.

Maternal and child health represents the heart and the conscience of local health departments. That is where we ought to expect change to initiate. Tackling social issues like this cannot be done alone. In your positions of leadership, you can have impact and can help move this difficult work forward, but you must engage communities and other stakeholders.

My definition of community includes those who are directly affected, those who are indirectly affected, and those who are stakeholders.

At the Kellogg Foundation, we have language around leadership that we call positioning: to look at your work from your spheres of influence. We know that

Summing Moral Courage

In an opening Conference address both stirring and provocative, Peter Morris, Rural NC challenged participants to summon moral courage to stay the course. Each day brings new challenges — budget cuts, new unfunded mandates, bioterrorism preparedness, political turf battles; at times, the list seems endless, Morris said. If we are not careful, these challenges become distractions that steer us away from our primary mission: improving the health of women, children and families in our communities. The only courageous soul is able to summon the strength to do what is right, regardless of the circumstances, challenges and trials. To some, the challenge of an intractable, inescapable, insurmountable. Morris called upon participants to face these challenges head-on.
MCH Bureau Briefing: Leadership and Hope for Tougher Times

"Let us lead, let us renew our efforts in these difficult times, let us exhibit confidence, competence, innovation, optimism, accuracies. Let us create a vision, flexibility, deliberation, efficiency, confidence. Let us take stock, let us get together, let us think about the future. Let us get our priorities right."

Peter van Dyck

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Carol Hogue: What does equal treatment mean in public health? How can dialogue about what you believe is important make a difference? What you believe will make a difference; what you believe will make a difference.

Racism and Public Health, Revisited

Dr. Richmond and Kotelchuck were asked to engage in a conversation to describe how they developed their model and whether it still speaks to us today in these troubling times. Their synthesized comments follow:

Julius Richmond: The critical dimension of leadership is hope. Hope is a psychological process that we often don't mention, although it is very important for future thinking. We developed this model in part because it relates to hope. One needs to have some conceptual framework. It's what I thought my life was at that point, which was knowledge base. That was the beginning of my introduction to the model, which got me moving and thinking.

Milt Kotelchuck: In 1954, Julius Richmond was asked to engage in a conversation to describe how they developed their model and whether it still speaks to us today in these troubling times. Their synthesized comments follow:

Julius Richmond: The critical dimension of leadership is hope. Hope is a psychological process we often don't mention, although it is very important for future thinking. We developed this model in part because it relates to hope. One needs to have some conceptual framework. It's what I thought my life was at that point, which was knowledge base. That was the beginning of my introduction to the model, which got me moving and thinking.
Racism and Public Health, Revisited

(Continued from page five) MCH has a role of positional influence, to be able to impact these disparities and specifically on injustices and trying to move forward in achieving justice. You also have the opportunity to sit at different tables where strategic decisions are being made around policy, budget, and practices.

What does equal treatment mean in the community? What does it mean among the pool of MCH providers? You have the authority to bring groups together, to hold local conferences, seminars, forums, and discussions. You can dialogue about what you believe is important. What you believe will make a difference.

This issue also requires community mobilization to engage other partners to recognize change must happen at the practice level, at the policy level, and in some cases, even in law, to make a difference. To recognize how racism contributes to disparities.

Carol Hogue: What I bring to you is where I am as a scientist in racism and how I came to get that way.

Following roundtable discussions entitled “Conversations, Consecu- tions. Breakfast with MCH Champions,” Peter van Dyck, Health Bureau Associate Administra- tor, Peter C. van dyck MPH, talked about the state of Maternal and Child Health, and the impact that can be made by effective, visionary, leaders. All those present can make a measurable difference, he said, whether you are in the State, City, County, Program, or Agency level, they are leaders.

At the Federal level, there is awareness and empathy as budgets at all levels are cut, agencies are reorganizing out of centralized maternal and child health units, consolidations, freezes and delays on hiring are ongoing. 

The events of September 2001 changed the “business-as-usual” mindset of many in public health. The weak- nesses in public health infrastructure became an important issue. Attention being paid to infrastructures is now overwhelmed by the need to respond to bioterrorism. Although any strengthen- ing effort is welcome, van Dyck encouraged vigilance to first protect maternal and child health infrastructure and take advantage of opportunities.

Beyond traditional MCH issues, leaders must be aware of the strengths and needs of families. They must be responsive to these needs and to acquiring the data necessary to identify and advocate for those in the MCH community increased services.

The Bureau recently drafted a strategic plan, Dr. van Dyck highlighted key strategies in creating the vision for leadership within the plan:

1. Creating shared vision and goals for MCH;
2. Strengthening the MCH knowledge base and supporting scholarship within the MCH community;
3. Fiscal cooperatively, sustainable MCH partnership within and beyond the health sector;
4. Promoting family leadership in MCH service delivery, Education, and program policy development;
5. Providing both graduate level and continuing education training to assure interdisciplinary MCH public health leadership nationwide.

Select principles for leadership are also included:
1. Leadership, performance, and accountability form the basis for the Bureau's operation, or course; an outcome.
2. Positive "can do" energetic optimistic approaches;
3. Collaborative partnerships as well as excellent communication among stakeholders;
4. Evaluation for program management before the data needed to assess impact, strengthen programs, and make sound decisions about future allocations of resources.

Foundational principles for leadership:
- Understanding the categories of the MCH knowledge base.
- Knowledge Base
- Social Strategy
- Political Will

How this Model Works

Milt Kotelchuck: The critical dimension of leadership is hope. Hope is a psycho- logical process we don’t often mention, though it is very important for future thinking. We developed this model in part because it relates to hope. One needs to have some conceptual framework. It’s what I like to think of as a conceptual roadmap. In the Wizard of Oz, it was said, “If you don’t know where you're going any old road will do.” In terms of effectiveness, programs one needs to have a conceptual roadmap, it provides an opportunity to create. For people who are in the trenches, it's important to have a conceptual framework for the work that you do from day to day. We developed this model to have universality.

Milt Kotelchuck: In 1954, Julius published the first paper on this model. When I first met him, I was a student in the school of public health, studying...
**Getting Real Results: From Data to Action**

(Continued from page seven) stimulii from all sources. In defense, one

need to address all three domains if we are going to be successful in the MCH world. Though sometimes we don’t have all of those domains in our control, we can keep working at it. We need to balance all three areas.

**Kotelchuck:** This model is a way of envisioning the world. Dr. Peter van Dyck described five new ideas in the MCH Bureau’s Strategic plan, and talked about a common vision. Health policy typically is placed in the middle of the model, and Dr. van Dyck illustrates our common vision. We had scholarship, knowledge-base development, family leadership and interdisciplinary training. Those are two social strategies of the Bureau, and we have partnerships, a form of political will. You can take our ideas and put them into this model. You need to address all three domains if you are going to be successful in the MCH world. Though sometimes we don’t have all three of those domains in our control, you can keep working at it. We need to balance all three areas.

**Participant Pearls...**

"Reviewing the history of important programs serves an important purpose. It makes one realize that we in MCH will always be swimming upstream, yet there will be times when we see the light at the end of the tunnel."

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**SUNDAY, AUGUST 24: RESOLVE**

**Racism and Public Health, Revisited**

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**Barbara Ferrer:** Racial and ethnic disparities in health in a country as rich as ours is a public health failure. Very little talk occurs in public debate about the role racism plays in creating racial disparities in health and perpetuating these disparities in health. Some key questions to consider are:

"Is this about poverty, or lack of education?" It’s not about race; it’s really about something else. We must engage communities and other stakeholders.

"Is this about race?" Science has shown us that racism is a biologic or genetic basis for race categorization. Race is a categorization scheme driven by social and political forces and has been used to justify social inequities.

"Is this about racism?" Racism is a system of oppression. When we look at the three different types of racism: institutional racism, personally-mediated racism, and internalized racism we need to remember that we are talking about intentional and unintentional racism, acts of commission as well as acts of omission. In the face of injustice you do nothing, that can be seen as racism. If your institutions perpetuate inequity by simply continuing to do what they do, that is institutional racism.

In addition of adding racism to the long laundry list of issues that affect health status, we should understand that racism has a profound affect on many issues, it is the precursor to socio-economic status, to environmental exposures and exposure to stress, it affects one’s access to health services.

Racism has been here for a very long time and for many of us seems like a problem that isn’t solvable. Yet, racism itself was a system that was constructed, and anything that was constructed can be taken down.

**Terri Wright:** There are policies and practices we can act on now in our positions as Local or State MCH Directors while the science continues to evolve. We can start moving while we support research and ask the critical questions that still remain. Our work is a marathon, difficult and sensitive. We must be ready for the long haul and respond to what we know.

Maternal and child health represents the heart and the conscience of local health departments. That is where we ought to expect change to initiate. Tackling social issues like this cannot be done alone. In your positions of leadership, you can have impact and can help move this difficult work forward, but you must engage communities and other stakeholders.

My definition of community includes those who are affected, those who make up that data, who can impact the data, and collect the data. Engage them from the beginning to increase their awareness about this data and what it means and how racism specifically contributes to racial and ethnic disparities.

Be sensitive and thoughtful in your approach - recognize that to some, the issue is debatable. Envision what you want you cannot achieve what you cannot envision. This means thinking about how you feel about these issues. It requires deep introspection about how you feel, you actualize what you feel, how you behave in your thinking. We have done this before. We have taken on increasing awareness to mobilize communities around some very critical issues (infant mortality, HIV, AIDS).

At the Kellogg Foundation, we have language around leadership that we call positioning people to look out at your spheres of influence. We know that

**Roundtable Participants**

- Barbara Ferrer, Boston (MA) Public Health Commission
- Carol Hogue, Emory University, Atlanta (GA)
- Terri Wright, W.K. Kellogg Foundation, Battle Creek (MI)

**ConfluenceResolve**

In an opening Conference address both stirring and provocative, Peter Morris, Raleigh (NC) challenged participants to summon moral courage to stay the course. Each day brings new challenges — budget cuts, new unfunded mandates, bioterrorism preparedness, political turf battles; at times, the list seems endless, Morris said. If we are not careful, these challenges become distractions that steer us away from our primary mission: improving the health of women, children and families in our communities. The truly courageous soul is able to summon the strength to do what is right, regardless of the circumstances, challenges and trials.

To some, the challenge to achieve what you cannot envision is insurmountable. Morris called upon participants to face these challenges head-on.

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**ConfluenceResults**

**Dr. Julius Richmond and Dr. Milton Kotelchuck**

**Receive 2003 Ed Ehlinger Award**

The Ed Ehlinger Award is given on an occasional basis to recognize great vision and perhaps small deeds with great impact, and also to honor sustained, everyday, behind-the-scenes service. Ed Ehlinger was the first Chair of the CityMatCH Board, a visionary, and a leader. Part of a core group who shaped CityMatCH, Ehlinger reminded us how important it is to serve with humility and with humor.

This year’s awards were presented by Ed Ehlinger, who said, “We recognize Dr. Richmond and Dr. Kotelchuck for their wisdom. In their presentations, they shared stories and metaphors. CityMatCH provides many metaphors about interconnectedness and using resources to help people in need. It is everything that is what we are trying to do in our communities survive. CityMatCH plays on those metaphors, talks about interconnectedness and then uses a symbol to make it believable. The triangle is the strongest structure to keep things together, to hold up bridges and buildings, to hold up so interconnectedness and strength is there. We’ve seen it in this conference: DUI, in partnerships with CDG, MCH, the connection between cities and CityMatCH coming together to support each other, the interaction that’s there, advocacy, research, service, influencing, acting, thinking, imagination, idealism, reality, present, past, future.

Dr. van Dyck said it best, “The mind and the spirit and soul and also the heart. The heart is really what brings it on.” Dr. Kotelchuck and Dr. Richmond have brought heart to public health and to MCH. There is tremendous need to have heart, to take heart, to have emotion and passion, to care about what you do. These gentlemen have demonstrated this in their professional lives.

In addition to the award CityMatCH has for each of the award winners, Ehlinger also presented each with a small carving of a heart in the middle of a triangle. Made from Catlinite, the triangle is the precursor to socio-economic status, to environmental exposures and exposure to stress, it affects one’s access to health services. Racism has been here for a very long time and for many of us seems like a problem that isn’t solvable. Yet, racism itself was a system that was constructed, and anything that was constructed can be taken down.

Terri Wright: There are policies and practices we can act on now in our positions as Local or State MCH Directors while the science continues to evolve. We can start moving while we support research and ask the critical questions that still remain. Our work is a marathon, difficult and sensitive. We must be ready for the long haul and respond to what we know.

Maternal and child health represents the heart and the conscience of local health departments. That is where we ought to expect change to initiate. Tackling social issues like this cannot be done alone. In your positions of leadership, you can have impact and can help move this difficult work forward, but you must engage communities and other stakeholders.

My definition of community includes those who are affected, those who make up that data, who can impact the data, and collect the data. Engage them from the beginning to increase their awareness about this data and what it means and how racism specifically contributes to racial and ethnic disparities.

Be sensitive and thoughtful in your approach - recognize that to some, the issue is debatable. Envision what you want you cannot achieve what you cannot envision. This means thinking about how you feel about these issues. It requires deep introspection about how you feel, you actualize what you feel, how you behave in your thinking. We have done this before. We have taken on increasing awareness to mobilize communities around some very critical issues (infant mortality, HIV, AIDS).

At the Kellogg Foundation, we have language around leadership that we call positioning people to look out at your spheres of influence. We know that

**Summing Moral Courate**

In an opening Conference address both stirring and provocative, Peter Morris, Raleigh (NC) challenged participants to summon moral courage to stay the course. Each day brings new challenges — budget cuts, new unfunded mandates, bioterrorism preparedness, political turf battles; at times, the list seems endless, Morris said. If we are not careful, these challenges become distractions that steer us away from our primary mission: improving the health of women, children and families in our communities. The truly courageous soul is able to summon the strength to do what is right, regardless of the circumstances, challenges and trials.

To some, the challenge to achieve what you cannot envision is insurmountable. Morris called upon participants to face these challenges head-on.
Toward Urban Women's Health

CityMatCH recognizes the unmet needs in urban women's health. During Confluence 2003, the Urban Women’s Health Subcommittee members met three times, with experts from MCHB and CDC, to brainstorm new ideas, strategies, and interventions. They focused on the importance of developing and implementing a comprehensive urban women’s health strategy. CityMatCH tools and resources, and strategies, will be developed as part of the Urban Women’s Health Subcommittee’s efforts to improve women’s health in urban settings.

Selected Navigation Team "Aahhs!"

- Public health professionals must become politically savvy in order to secure funding in political climate.
- The media can be your friend in supporting MCH. Public health needs to nurture its colleagues, visionaries, catalysts, and its community base.
- Chance favors the prepared mind.” —Louis Pasteur.
- To make true change come about you need a movement that encompasses the people and not just the staff involved.
- Program objectives must be results driven with scientific data in order to be sustainable.
- Adequate knowledge does not always lead to appropriate action. Imperfect knowledge does not preclude appropriate actions.

Navigation Team Exercises

Chart Learning for Action

CityMatCH tools and strategies, participants quickly enhanced their skills related to important MCH topics, and teams developed projects with utility beyond the meeting.

Navigation teams were asked to perform peer reviews of the Promising Practices Poster Presentations. (see page nine)

Annual Leadership Conference, teleconferences, and other methods. Provide training to as many members as possible using a variety of strategies such as Annual Leadership Conference, teleconferences, and other methods.

2003 Data Use Institute (DUI) Team Graduation

On August 25, 2003, CityMatCH graduated the sixth Data Use Institute cohort during the Annual Conference. All of the 58 DUI teams, past and present, have come together from health departments, foundations and community organizations for the betterment of women and children in their communities. The graduating teams were as follows:

- Amarillo, TX
- Detroit, MI
- Jackson, MS
- Madison, WI
- Montgomery County, MD
- Pittsburgh, PA
- Salinas, CA
- San Antonio, TX
- San Francisco, CA
- Washington, DC

There is no seventh Data Use Institute cohort this year. Instead, time is being taken to evaluate, revise and retool the teams.

Pittsburgh Picnics: Networking, Peer Exchange and Reverse Site Visits

Virginia Bowman, the CityMatCH local host, facilitated reverse site visits: Conference participants were able to meet with representatives of a number of local agencies and view their poster displays.

The National March of Dimes Birth Defects Foundation graciously sponsored the Post-Convention and Promising Practice Abstract Poster and Oral Presentation Awards later that day.

During the reception, the Extra Award (Excellence in Translating Results for an Audience) was presented to Jacksonville (FL) Friendly AccessSM for their presentation, “Taking a Lesson from the Mouse: Jacksonville Friendly AccessSM.”

The Star Award (Strategic Translation of Data into Action and Results) was presented to Salinas (CA) for “Matching Maternal Health Needs and Resources in a Changing Community.”

For more information on the Promising Practices Abstracts, please contact CityMatCH at citymch@ummc.edu, or 402-561-7500.
Tuesday, August 26: Resilience

Sage Advice for Harder Times: Montage of Past & Present Leaders

those related to healthy environment ecology, etc., among our young people, and helping them see where biological science meets the humanities, where quantitative thinking becomes action, disciplined thinking for the scientific method, fact-based but also trying to practice, research, and the way one lives one’s life and engages in the community.

- Karen Wolk Feinstein

“We would have to make a national commitment, not necessarily a dollar commitment, but a resolve that any woman in this country required, deserved — and we were better off if there was — an investment in adequate health services for her and her family.”

- Eta Davidon

“We need to counter the negative rhetoric and the sense of helplessness with a new vision and new language.”

- Deborah Klein Walker

And, ultimately, the implementation of preventive policies depends on the energy, resources, and directed compassion of the public.

- Julius Richmond

“We must organize, mobilize and communicate in new ways to meet new challenges. We are determined to succeed for our children’s and nation’s sake.”

- Marian Wright Edelman

Leaders of the past provide us with lessons on the importance of resilience when facing political challenges, social injustice, and personal hardship. Remember the leaders we know as suffragettes, abolitionists, pioneers, feminists, public servants, civil and human rights activists.

- Lyndon B. Johnson

“While leadership is important, the story in which a society collectively decides to move forward is the critical element. It is that feeling in the community that people working together can produce change that will save us and save public health.”

- Vic Sidel

I’m excited about developing a strong undergraduate curriculum in public health. I love the opportunity to capture the natural passion for social movements, particularly

Confluence 2003: Where Resilience, Results & Resolve Came Together

War, The economy. Budget cuts. Bioterrorism and Smallpox. Mystery viruses and old bugs. How do we meet these extraordinary challenges with resilience while holding fast to our resolve for social justice? How can we assure results for the women and children we serve?

“Confluence 2003” reflected the context of the war, stripped-down health department budgets, bioterrorism plans, and a host of other challenges. CityMatCH once again offered an innovative conference with cutting-edge content, a host of inspiring, inviting speakers, and unparalleled learning opportunities. The following pages offer a glimpse of key Conference presentations and events, giving readers a second chance to learn, gain inspiration and take home messages of resolve, results and resilience for better maternal and child health outcomes.

CityMatCH Annual Urban Maternal & Child Health Leadership Conference August 23-26, Pittsburgh, PA

Saturday, August 23.................................p.4

P R E - C O N F E R E N C E

Getting Real Results: From Data to Action

Sunday, August 24.................................p.5

Resolute

Summoning Moral Courage, Plenary

Racism and Public Health, Revisited

MCH Bureau Briefing: Leadership and Hope for Tougher Times

Monday, August 25.................................p.7

Results

Promising Practices Poster Oral Presentations, Poster Reviews and Awards

Tuesday, August 26.................................p.10

Resilience

Modified Precepts for Reluctant Prophets

In closing this plenary, Peter Morris, Medical Director/Policy Director, Woke County Human Services, Raleigh (NC) offered the following words of wisdom:

Common themes emerge from the stories and lives of advocates for the health of women, mothers, babies, infants, and children. They each were part of their contemporary system and until their call, they were each part of their contemporary problem. Faced with the available data, common wisdom, and the prevailing will of their times, each leader collected, connected, or transformed the data; adapted, developed, or invented startlingly new strategies that challenged the complacent systems. Against many odds, they bent the prevailing will to their persistence. They were called, they were “prophets.”
An inspiring series of national audioconferences was launched last July, 2003, the culmination of a collaboration between CityMatCH and the National Association of County and City Health Officials (NACCHO). Participants’ comments and evaluations describe “Emerging Issues in Maternal and Child Health (E-MCH)” audioconferences as a catalyst for learning and change. Over the years, CityMatCH members have expressed strong interest in hearing content information as well as promising practices in areas not necessarily in the traditional “realm” of maternal and child health. In early 2003, NACCHO and CityMatCH began a comprehensive planning process. The CityMatCH Board of Directors responded to a query for issue areas. NACCHO members were also queried. With generous support from the Health Resources and Services Administration’s Maternal and Child Health Bureau through the Partnership for Information and Communication Cooperative Agreement, the audioconferences quickly became a reality.

Issues addressed in the first series of calls included adolescent mental health, oral health, childhood obesity and asthma. Evaluations and registrations strongly supported the continuation of the Emerging Issues in Maternal and Child Health Audioconferences. The spring series will be equally relevant, kicking off with an audioconference on Preconception/Interconception Health in February. E-MCH audioconferences take place on the third Thursday of each month at three o’clock p.m. Eastern time and last ninety minutes. On-line registration is available at the CityMatCH website at www.citymatch.org. Registration typically is opened up about one week prior to the monthly call (see schedule of upcoming calls above). Archived presentations, including audio recording, PowerPoint point presentations and resource lists are also located on the CityMatCH website. For more information, contact: Maureen Fitzgerald, phone 402-561-7500, fax 402-561-7525, or e-mail at mfitzgeral@naccho.org.

Prophets are called to consider the available data, common wisdom, and prevailing will of our times and to consider our places and our contemporary system and our contributions to our current problems.

- Peter Morris

Apartheid, and the government-sponsored violence that upheld it. He confronted the evil and complicity of the people - white, black, and mixed - in his own church and in his own institutions. I’ve adapted Dr. Story’s work on the call to mission and offer “10 Precepts for Relevant Prophets” modified:

1. Expect the call.
2. Claim your position in your community.
3. Stand on the solid ground of informed data.
4. Go to the core of the issue, which today is not really budget cuts or budget evaluation, but justice.
5. Witness to that truth.
6. Bind up the broken among your trafficked clients, your communities.
7. Enter the struggle to transform systems of injustice changing means consistent with the just ends desired.
8. Maintain a perfect distance, be assured that all weapons must be thrown from your camps.
9. Be a messenger of hope.
10. Be prepared to live the alternative as a sign and inspiration to those who do not believe it can be different.

We have been called as women and men, by mothers and fathers, infants and children who cry out in disparity, ill health, and injustice. We dare not refuse and we are up to the task.

Modified Precepts for Relevant Prophets
CityMatCH Conference 2003

Promoting communication and collaboration to improve the health of urban women, children and families

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Reviewing

Confluence 2003: Where Resilience, Results, & Resolve Came Together

We’ve been doing this CityMatCH conference thing for a while now, and every year it just gets better. This last one was really sweet music. Remember Pittsburgh? Who knew it was so beautiful at the confluence of three old rivers ringed by worn western Pennsylvania hills? Who knew it was possible for a gritty city of steel and sweat to transform itself into an urban jewel…downtown, at least. Who knew we could challenge those who came to take it up another notch; and oh how they rose to new heights of unconventional learning.

It seems longer ago than late last summer that we came together for Confluence 2003. But if I close my eyes and hold real still for just a minute, I can hear us at the Friends of CityMatCH Dinner belting out the last doctored chorus of “Take Another Little Piece of My Budget, Baby.” And I can’t help but sigh at the unexpected silk of Zenobia’s send-off melody. Sandwiched between songs was the solid stuff that can make each of us a whole lot better at what we do each day for the women and children and families and fathers we serve. This Conference 2003 Review edition seeks to capture the nectar. Read on for a taste of what was offered last September… and what awaits you next round in Portland come September 2004.

—Magda Peck

Participant Pearls...

see page two

"As a new public health professional, I now have a wealth of information and new ideas to help with current programs and to start new ones back home at my health department."

—Conference Participant