CityMatCH
Promoting communication and collaboration to improve the health of urban women, children and families
Volume 14, No. 2 Published by CityMatCH Conference 2005

For All It’s Worth: Leading with Values and Vision
“Leadership and learning are indispensable to each other.” - John F. Kennedy

The CityMatCH Annual Urban Maternal and Child Health (MCH) Leadership Conference opened on September 10, 2005 in Fort Worth (TX) amid aftershocks from Hurricane Katrina, one of the worst natural disasters in the nation’s history. Conference organizers debated whether to cancel or postpone the conference, and in the end concluded there was no better time than the present to come together to share, learn, work, and heal. Some modifications were made to the Conference to reflect the gravity of the hurricane. Opportunities to help by donating to the Salvation Army and by offering assistance at a local shelter enabled many participants to give generously of their time and resources. As a result, $730 was raised to aid the work of the Fort Worth Salvation Army.

The theme, “Leading with Values and Vision,” was interwoven throughout the Conference. Sessions clustered in categories: values-driven leadership, strategies to carry out the vision and ways to sustain the spark are summarized for this issue of CityLights. We urge you to read on, reflecting upon the values that guide your work, considering how best to carry out your vision for public health at home, and garnering inspiration to sustain your spark throughout the coming year.

MCH Champions Respond: Federal, State and Local Dialogue
“We are already champions in our own right.” - Mary Balluff

Speakers:
Peter C. van Dyck, MD, MPH
Associate Administrator
HRSA’s Maternal and Child Health Bureau (MCHB)

Nan Streeter, MS, RN
MCH Director, Utah Department of Health
President-Elect, AMCHP

Mary Balluff, MS
Chief, Health and Nutrition Community Services
Douglas County (NE) Health Department

Hurricane Katrina provided a poignant backdrop as federal, state and local MCH leaders gathered to speak during the annual CityMatCH Conference. Dr. Peter van Dyck was asked to comment on the MCH safety net and framed his response in light of the hurricane. He reminded participants that one of MCHB’s goals is to provide national leadership in MCH by creating shared goals and vision for MCH; informing the public about MCH needs and issues; modeling new approaches to strengthen MCH; forging strong collaborative partnerships and fostering a respectful environment that supports creativity, action and accountability for MCH issues. Despite the devastating tragedy of Hurricane Katrina, van Dyck was “impressed, heartened and encouraged” by the MCH community’s response. HRSA and MCHB helped staff the DHHS Emergency Center, drafted legislative changes needed to help people receive services and submitted important supplemental appropriation requests. HRSA deployed 180 commissioned officers throughout the affected states, running shelters, staffing community health centers and performing other duties. HRSA/MCHB tracked, on a daily basis, Healthy Start sites, hemophilia centers and the Block Grant Title V activities in the affected states. van Dyck closed with this quote from Napoleon Bonaparte, “A leader is a dealer in hope,” and encouraged attendees to “stay engaged, and stay hopeful.”

“Who are the MCH champions?” Nan Streeter asked, and then answered, “State and local public health leaders and the organizations that promote public health, like CityMatCH.”

Citing hot-button public health issues (access to insurance, impact of mental health on well-being, disparities in oral health, access to oral health care for children and pregnant women, and maternal mortality) Streeter shared some of what states are doing. For example, states are working on new performance measures for Title V Block grants and developing different mechanisms to collaborate with local partners. Noting that CityMatCH and AMCHP share common goals and values, Streeter said, “We want to take our commitment and convictions and put them into action.”

Mary Balluff talked about challenges MCH staff in local public health departments must face. MCH efforts change daily to mold and match the priorities and the emphases of programs to available funding. CityMatCH member-identified current and future priorities (See CityLights Vol. 13, No. 4) anchored her discussion and illustrated the status of local, urban MCH from funding cuts to the creation of new, unique partnerships. MCH leaders, she said, are funding chameleons - moving, shifting and changing to take advantage of opportunity. Funding decisions must carefully weigh the “strategic” versus the “practical.” Building up the community and the partnerships to move a good idea forward takes time, yet funding streams are set up temporally. When those priorities change, partners can be left holding the bag, and the community can suffer. Balluff challenged the federal level to maintain stable priorities to assure communities can address problems effectively and achieve sustainability over time.
For What It’s Worth

Zenobia Harris, MPH, BSN

In her capacity as the Education and Training Action Group Vice-Chair for the CityMatCH Board, Zenobia Harris played a key role in planning the 2005 Conference. Her thoughts and reflections follow:

Just when I thought a CityMatCH conference couldn’t get any better, “For All It’s Worth: Leading with Values and Vision,” challenged that belief. This year, participants convened in historic downtown Fort Worth, Texas for the 2005 Annual Urban MCH Leadership Conference. Known as the city “Where the West Begins,” Fort Worth, with its cowboy heritage, revitalized downtown and major cultural attractions offered many prospects for participants to see, do and reflect.

Holding this conference in the midst of a national mass catastrophe caused by Hurricane Katrina was a choice not made lightly. Indeed our members urged us forward; surely the voice of urban MCH was needed in this bleak time? Publicly acknowledging this unfolding tragedy as well as the resulting collective displacement of Gulf Coast residents, the shame of anemic early response efforts, and the demonstrated need for visionary leadership led to measured reflections upon public health and emergency preparedness. We applauded our public health colleagues for their sacrifice and unwavering support of relief efforts all across the nation and gave special recognition to our local hosts, the Tarrant County Health Department, and their extraordinary support of the displaced citizens in their jurisdiction.

“For all it’s Worth” offered opportunities to consider our personal beliefs as public health leaders and to discuss and reflect how our core values guide our work and our lives. Self-improvement, seeking and finding hidden truths layered within core beliefs through self-study, formal learning, reflection and interaction were challenges woven throughout the conference.

Plenary I, “Values-Driven Leadership,” showcased the values, vision, successes, optimism and encouragement of prominent MCH leaders. Plenary II, “Keeping the Focus on Women, Children and Families,” challenged attendees to reflect on the question, “Where does your spark, your impetus to work for the public’s health emanate from?” Utilizing a “World Café” dialogue technique afforded participants the freedom to share their perspectives and demonstrated that a great deal can be learned and shared in a few short minutes.

The annual membership meeting was the appropriate setting to recognize the changing of the CityMatCH leadership guard (a related story can be found on page seven) and underscored member-identified key areas for training and capacity-building: teen pregnancy, racial and ethnic disparities, adverse perinatal outcomes, preconception health, and healthy weight. Federal partners communicated information that can help us plan for the challenges ahead.

During “Sustaining the Spark” closing ceremonies, Magda Peck shared “pearls” from her upcoming publication, “Invisible Heroes.” Inspiring words challenged everyone to connect with the power within us and within the rich diversity of the American spirit. A melodic sea of voices from a local Fort Worth High School Choir closed out the Conference on a high note of expectant possibility and responsibility as they sang, “I Believe I Can Fly.”

What lessons did we learn during our short time together? That we must examine our attitudes and consider our core beliefs; focus on what is working and give credit for what is working right, recognizing that whatever we give our attention to grows; be willing to learn and grow — indeed the most rewarding part of life and work; and finally, practice authentic truth affirmation — I believe we can do it!!!

Conference 2005 inspired participants to stay on the right path, for the right reasons, with the right vision, for right now. Christopher Parker from the CDC’s National Center on Birth Defects and Developmental Disabilities said it best when he challenged participants to: “Never rest until your good gets better and your better gets best!”

Participant Pearls are anonymous comments derived from evaluations collected during and after Conference 2005. Selected Pearls follow here and are scattered elsewhere throughout this issue.

Participant Pearl: “Helped to re-stimulate my commitment to MCH and to reflect more deeply on the importance of leading with values and vision.”

Participant Pearl: “Excellent opportunity to see what people are doing and get new ideas and new energy about what we can do.”

“For All It’s Worth: Leading with Values and Vision” was made possible by:

Conference Co-Chairs: Deborah Hendricks, RN, MPH
St. Paul-Ramsey County (MN) Department of Public Health
Ann Salyer-Caldwell, MPH, RD/LD
Tarrant County (TX) Public Health
CityMatCH Board of Directors

Host Health Departments:
Tarrant County (TX) Public Health
Ann Salyer-Caldwell, MPH, RD/LD
City of Fort Worth (TX) Public Health Department
Amy Raines, MPH

Mistress of Ceremonies:
Kay Johnson, MPH, ME.
Johnson Group Consulting

CityMatCH Staff Co-Leads:
Kathleen T. Kock, MPH
Jennifer Skala, Med
Marilyn Ingram, BA

Funding Partners:
The 2005 Urban MCH Leadership Conference was supported in part by Public Service Grant H13/CCH724661-01-1 from the Centers for Disease Control and Prevention, Atlanta, GA. Supplemental funding was provided by the University of Nebraska Medical Center, and “RX for Child Survival,” Boston PBS: WGBH.

Conference Planning Committee:
Angela Abloh-Odjidja, MHS — NACCHO
Hani Atrash, MD, MPH CDC
Marie Fallon, MHS A NALBOH
Deborah Hendricks, RN, MPH
St. Paul-Ramsey County (MN) Public Health Department
Cheryl Jantzen, RN, MS South Central Health District, Twin Falls (ID)
Laura Kavanagh, MPP HRSA/MCHB
Lauren Ramos, MPH ASTHO
William Sappenfield, MD, MPH — CDC
Cynthia Scott, MA March of Dimes
Alison Spitz, NCCDPHP/Division of Reproductive Health, CDC
Nan Streeter, RN, MS Utah Department of Health CFHS MCH
Audrey Yowell, PhD, MSSS HRSA/MCHB

Conference Co-Sponsor:
WGBH/Global Health Council

Conference Exhibitors:
Association of Maternal and Child Health Programs (AMCHP)
Healthy Teen Network
Journeyworks Health Promotion and Education Publishing
Maternal and Child Health Library, Georgetown University
National March of Dimes Birth Defects Foundation
National Association of County and City Health Officials (NACCHO)
National HIV/AIDS Clinician’s Consultation Center
Nurse-Family Partnership
Post Katrina: Prisoners of Hope, Together

As the Conference began, Magda Peck, CityMatCH founder, CEO and Senior Advisor addressed the assembly to reflect on an unspoken question, "How do we carry on here, today, in the midst of a national public health emergency?" She asked of the MCH leaders convened, "What do you see in the aftermath of Katrina... what reflection catches your soul? What ignites your passions? She encouraged those gathered together in Fort Worth to seize the moment. "May we have the opportunity to make a difference together. May we give ourselves permission, without guilt or regret, to be here together, to learn and excel. May we find ways to move from words to deeds that will flood our world with the possibility of hope for we are prisoners of hope, together."

Learning for Leadership: Workshops and Action Breakout Sessions

Leadership workshops, skills-building workshops, and action breakouts afforded diverse learning opportunities for participants. Summaries of selected presentations follow.

♦ Building MCH Leadership Capacity: The following sessions engaged participants in active learning around leadership: Fostering Group Dynamics, Sharing Power and Influence within Collaborative Leadership, Developing People: Mentoring and Coaching Skills, Maintaining Core Leadership in Times of Crisis and Ensuring Diversity in Leadership for MCH. The first two sessions were learning modules from the national Turning Point Collaborative Leadership Series. Turning Point’s mission is “to transform and strengthen the public health system in the United States to make the system more effective, more community-based, and more collaborative.” More information on Turning Point, which is funded by the Robert Wood Johnson Foundation, can be found at: www.turningpointprogram.org or www.collaborativeleadership.org.

♦ Building Skills for Undoing Racism: Barbara Major, Executive Director, St. Thomas Health Services, New Orleans (LA) and a recent victim of Hurricane Katrina, suggested that racism and poverty can impact whether one lives or dies, as evidenced by the aftermath of the hurricane in New Orleans. Racism reveals itself in individuals, in our institutions, our culture, our language and our environment. The challenge is to overcome racism within our organizations, and to treat others with dignity and respect. She offered strategies for listening differently and more generously, by accepting that we are in ‘different places’ and framing messages so they might be understood. Be open, she said; harbor no recriminations; create new models for working together; speak from personal experience.

♦ Conducting an Economic Analysis: "In times of tightening budgets," said Dr. Martha Wojtowycz, Director of Research and Administration, SUNY Upstate Medical University, Center for Maternal and Child Health, Syracuse (NY), "local health departments must be more accountable for money spent." Dr. Wojtowycz and her co-presenter, Dr. Dale Tussing, Professor of Economics, Syracuse University (NY), believe that economic analysis is an indispensable tool that can help determine optimal ways to channel limited funds. Wojtowycz described the components of analysis, clarified key concepts such as time frame versus analytic horizon, cost-benefit analysis versus cost-effectiveness analysis, and taught how to select the appropriate strategies and techniques.

♦ Men in MCH: Dr. Michael Connor, Emeritus Professor, Cal State University, Long Beach, who helped found The Role of Men program in California, talked about fathers and their potential impact on birth outcomes. Fathers’ responsibilities range from role model, teacher, learner, parent, partner, to provider. Fathers are more than financial providers; they may also be psychological and emotional providers. Connor challenged participants to look within their own agencies and MCH programs for policies that alienate fathers. He challenged them to encourage greater participation from fathers, and to assure that parent-training programs specifically address fathers.

Reverse Site Visits "Bring It Home"

Fort Worth (TX) offered participants a taste of local public programs in another CityMatCH Conference tradition: reverse site visits. In recent years, host health departments have exhibited community programs at the Conference hotel. Following welcomes from Becky Haskins, Fort Worth City Council, local hosts Ann Salyer-Caldwell and Amy Raines, each local exhibitor addressed the assembled group, sharing programmatic details and fielding questions. Special thanks to our local hosts for bringing together a diverse group of exceptional, high-quality programs.

Raising Spirits through Music

Emotions were high and tears welled in many eyes during the closing ceremony’s musical performance by the local O.D. Wyatt High School Choir, “The Singing Chapparals,” directed by Jewel Kelly. Strains of “I Believe I Can Fly,” “(Your Love Keeps Lifting Me) Higher” “We Shall Overcome,” “Somewhere Over the Rainbow,” had the crowd alternately silent and still and then clapping and singing. Beautiful songs of hope sung by children who live in the urban environment presented a powerful reminder of whom and why we serve. The closing ceremony inspired everyone to carry on with hope, vision and clarity of purpose.

CityMatCH Supports Rx for Child Survival

During Monday morning’s Exhibitor’s Breakfast, the Boston (MA) PBS station, WGBH and the Global Health Council featured a short video presentation about the “Rx for Child Survival” project, which focuses on the health of children and offers ways to give children in the developing world a fighting chance at living healthy lives by providing inexpensive, effective health interventions.

CityMatCH partners with WGBH to promote local learning about the interface between local and global health and how every community can better protect children from preventable illness and death in the U.S. and around the world.

Rx for Child Survival aims to shift the world’s understanding of global health and leave a legacy which reminds us that with the power of combined voices, we can prevent many child deaths and our shared planet can be a stronger, healthier place for all. For more information, visit the web site at http://www.pbs.org/wgbh/rxforsurvival/campaign/
**Conference Highlights**

**For All It’s Worth: Leading with Values and Vision**

The 2005 Conference theme mirrored insights and input from the CityMatCH Board of Directors. Last January, the Board met and reaffirmed that the health and well-being of all urban women, children and families remain at the core of our work. Conference content directly reflected this commitment during interactive plenary sessions summarized below, participants reflected upon their core values and beliefs, considered new strategies to carry out their vision and found ways to sustain their spark. Participants turned to Kay Johnson as Mistress of Ceremonies to help them navigate through the conference by providing opportunities for reflection, relevance and clarity on the most important issues.

---

**MCH Strategies: Keeping the Focus on Women, Children and Families**

A cornerstone of public health is valuing women, children and families. To develop appropriate strategies aligned with these values, we must understand the new people, ideas and thinking involved in today’s MCH environment. The following speakers shared ways to maintain core values regardless of scarce resources, mandates and structure of MCH services.

**Mary Selecky**, Secretary, Washington State Department of Health, believes passion, commitment, creativity, expertise and leadership are essential to assure MCH issues are visible and addressed. MCH leaders must create their vision and then describe and implement it. Selecky believes the vision must be about helping communities, rather than defending the status quo, since what worked yesterday might not be relevant tomorrow. While keeping the focus clearly on MCH, leaders must work to identify outcomes, resources, activities and performance measures. Data can tell the MCH story by linking the data to the outcomes and the outcomes to performance measures. MCH vision is really about influencing policy and legislation, changing organizational practices, fostering coalitions and partnerships, integrating from within and outside, educating providers, promoting community education and strengthening personal knowledge and skills.

**Kathy Carson**, Parent Child Health Administrator at Public Health Seattle & King County (WA) reflected on her public health career. Early on, she was convinced that she would never run out of things to learn and her career would never be boring; Carson believes she still has much to learn about serving families and communities better. MCH work is ever-changing and always evolving. CityMatCH and its DxTA Institute and Perinatal Periods of Risk (PPOR) approach trainings, have influenced Carson’s work and her vision. As one example, she is part of a select group in Washington State charged with the development of a logic model to encompass public health efforts across categorical lines. A process has begun to identify meta-measures across programs, collect relevant statewide information about current efforts and outcomes and make a data-driven case for MCH. When progress can be accurately measured against outcomes, Carson says they will be more accountable for funds received.

---

**Vision: Leadership Café**

“Unite as one; help one another; embrace each other with passion and concern.” — The preceding theme is but one example of the animated responses resonating among participants in the Conference Café session. The Café, developed by The World Café community authors – Eric Voigt, Juanita Brown and David Isaacs, is a simple methodology, yet a powerful metaphor for understanding and working with the complex process by which we collectively construct our world. (See www.theworldcafé.com)

The Café seeks to generate input, share knowledge, stimulate innovative thinking and explore action possibilities. Laura Peck, MPH, led participants in the Café to reflect upon such questions as, “Where does your spark to work in public health come from? Reflecting on current opportunities and dilemmas, what is possible now, that was not possible before?”

During the Café, themes began to emerge and echo around the room. Ideas such as unifying and working with and not against each other in collaborations, and a desire to better advocate for women and children, were shared. Themes of leadership and empowerment, hope for the future, advocacy, development of a national agenda for MCH and lastly, understanding Hurricane Katrina as a sentinel event for CityMatCH action were derived from the Café. This tool is unique and effective – by creating a place where diverse groups of people come together to create productive and meaningful relationships, a common purpose can be imagined and realized.

---

**Participant Pearl:** “Inspirational... gets me even more excited about my future development as manager of a local health department.”

---

**Participant Pearl:** “I learned a new skill that I will use locally. Very powerful technique.”

---

**Participant Pearl:** “Exciting to see the next generation getting involved!”

---

**Participant Pearl:** “I will use this locally. Very powerful technique.”

---

**Participant Pearl:** “Inspiring... gets me even more excited about my future development as manager of a local health department.”

---

**Participant Pearl:** “I learned a new skill that I will use locally. Very powerful technique.”
Connecting Strategies with MCH Vision: The Science Versus the Practice in Perinatal and Preconception Health

How can we bridge the spaces between the science and practice of preconception health? Many respected public health leaders still question whether we possess sufficient evidence to support broad-based preconception care. Three presenters expressed their concerns and perspectives about the scientific evidence required to support preconception health practices. Participants heard the latest research and strategies, and engaged in conversation about improving health outcomes.

To close the session, Kay Johnson, led participants in a tabletop exercise grounded in the “Diffusion of Innovation” theory. This exercise enabled them to develop strategies for advancing the practice of preconception health within their communities.

Christopher Parker, MPA, Public Health Analyst, Centers for Disease Control and Prevention (CDC) said, “We have done a good job in improving some critical pregnancy outcomes. Yet, we could be doing much better.” Key outcomes might be enhanced by shifting from prenatal to preconception care. Prenatal care generally focuses on pregnancy health status and has discrete beginning and end points. Preconception care generally includes medical and/or clinical services accompanied in some cases with social supports. Consensus is needed on defining preconception care, clarifying who should provide it and receive it, where it should be provided and when and who pays the bill. Sufficient scientific evidence exists to support preconception care and there is a growing consensus among national professional organizations that this type of care is needed.

Dr. Karla Damus, Associate Professor, Department of Obstetrics/Gynecology and Women’s Health at Albert Einstein College of Medicine (NY), shared current data to support preconception health. Many risk factors have been cited in the literature as of particular attention in the preconception care period.

Over a dozen chronic diseases, equal numbers of infectious diseases, reproductive concerns, genetic/inherited conditions, medications and medical treatments, and more than a dozen personal behaviors and exposures may be involved. Damus highlighted areas where additional research is indicated and shared draft recommendations, that could improve preconception health prevention visits, interventions for identified risks, pre-pregnancy checkups, health coverage for low-income women, consumer awareness, research and monitoring of improvements.

Dr. Milton Kotelchuck, Professor and Chair, Department of MCH, Boston University School of Public Health, described a vision for creating an internatal/intercenesion care plan. “Internatal care,” he said, “is a subset of preconception care which addresses the continuity of risk from one pregnancy through the next and throughout a woman’s life.” Intercenatal care provision can be hampered by a lack of knowledge about the source of payment, lack of a billing code, inadequate information and an absence of follow-up systems. Women themselves may ascribe little significance or value to this care, be unaware of the necessity, or understand the impact of it. Kotelchuck recommended changes to provider reimbursements, Medicaid, and private insurance coverage. Motivating women and involving the community will be central to increased internatal care usage. Eligibility, timing and frequency of care, content of care, providers of the care, payer sources, public health infrastructure support and additional research must be addressed. “In the future,” said Kotelchuck, “maternal internatal care will seem as normal and important as prenatal care today.”

Sustaining the Spark: A Vision for Our Future

It has been a quest for social justice that is at once personal and professional. Last fall, Dr. Magda Peck started the Invisible Heroes Project to capture first hand the words and voices of her ‘social justice elders.’ She wanted to know from women and men in their 70’s, 80’s and 90’s who had made significant contributions to the well-being of women and children and the most vulnerable, how they sustained their spark for justice. Trained by her local public radio station to use a digital sound reporter’s kit in field interviews, Peck met her elders in their kitchens and in hotels; whenever they said they could carve out a few hours of time. At this year’s conference, Peck offered participants a small taste of what she heard and learned from two “invisible heroes.”

Dr. Bill Foege worked as a medical officer for smallpox eradication in Africa and India for both the World Health Organization and the CDC, serving as the Director of CDC from 1977 to 1983. Executive Director of the Task Force for Child Survival from 1984 until 2000, Foege concurrently served as the Executive Director of the Carter Center beginning in 1985. In 1997, he was named a Professor of International Health at Emory University and is now a Fellow at the Bill and Melinda Gates Foundation.

Foege reflected on the value our society places on biological DNA and the desire to leave something behind for coming generations. Foege described what he calls social DNA, saying, “We all do leave social DNA…the future is just different because we lived and we may not know the ripples of that, but if we understand that is what’s happening…we ought to be more careful about what we do.”

Evelyn (Evie) Adler Zysman has advocated for children for many of her 92 years. Zysman earned a master’s degree in social work from Columbia University in 1932. A prominent figure in early childhood education, Zysman started the Omaha (NE) chapter of the National Association for the Education of Young Children, and championed Project Chance and Head Start. She promoted the first child abuse council in Douglas County and remains an active force in the Omaha community. She said, “How would I define social justice? You know, it’s silly to try to put a name to realizing that everybody should have the same rights that you had. There is no name for it. It’s just a... It’s being human. It’s being human; it’s being Jewish [laughing] there’s no name for it. Give a name to my mother who couldn’t read or write anything, but thought that you should do for each other.”

Dr. Peck closed the session with a personal challenge to understand the source of our individual sparks and to continue fanning the flames.

Participant Pearl: “Outstanding session—lots to think about and lots of discussion to start at home.”

Magda G. Peck CityMatCH CEO, Senior Advisor

Christopher Parker, Kay Johnson and Milton Kotelchuck address questions from the audience
DaTA Institute Teams Complete Yearlong Training

Six teams graduated from the CityMatCH DaTA Institute at the 2005 CityMatCH Conference. During their year of training, teams focused on a project of importance to their communities. Projects ranged from teen pregnancy to pertussis. Read on to find out more.

Golden (CO) Jefferson County Department of Health and Environment. Jefferson County-specific data was collected and analyzed to develop strategies aimed at reducing epidemic pertussis. Immunization data at school entry showed that 83.5% of county students were current for immunizations — significantly higher than the state rate of 76.3%. Rates for Hispanics were significantly lower and evidence of geographic disparities emerged. Timeliness for health department follow up of reported pertussis cases from 1999-2004 was excellent; reporting timeliness was poor. Next steps include completing analysis of immunization and surveillance data for secondary cases, and convening work groups to develop awareness-building strategies around prevention.

Nashville (TN) Metro Public Health Department, Nashville-Davidson County. Nashville-Davidson County’s DaTA Institute team sought to improve the health of children in Metro-Nashville Public Schools. The project included a health screening (height, weight and blood pressure) conducted on 1,367 third and fourth grade students. Body Mass Index was classified into four categories with the following distribution: a) underweight (3.1%); b) normal weight (58.4%); c) at risk of overweight (16.3%) and, d) overweight (22.2%). Next steps include seeking financial partners to endorse their OOPs! Program (Obliterating Obesity Project in Schools). The city of Nashville is committed to the fight against obesity. Team members included: (pictured from left to right) J. Chris Taylor, Latissia Hall, and W. Burns Rogers; Not pictured: Stephanie Blansett, Frances Clark, Judy Diaz, Tonya Gunter; Linda Walton, Kimberle Wyche-Etheridge.

Philadelphia (PA) Philadelphia Department of Health. Philadelphia's team sought to identify census-tract level indicators associated with preterm birth to inform program and resource allocation. Data from the U.S. Census, HRSA, Philadelphia Crime Base, and the PHMC Household Survey data were geo-coded at the census tract level. The greatest correlation existed in tracts with these three characteristics: >50% African American, >25% receive Medicaid, and >33% of the residents were at or below 200% of federal poverty level. Further analysis of high risk census tract areas is planned. The team recognizes the importance of census tract analysis as a guideline for targeting action when vital statistics or epidemiological capacity is limited, however additional research is needed to guide this analysis for health purposes. Team members included: (pictured from left to right) Rachell Arum, Abike James, Marie James, Marjorie Angert, Paulette Rhoden; Not pictured: Brian Castrucci.

St. Paul (MN) St. Paul-Ramsey County Department of Public Health. A goal of the County is to promote high school graduation of 18- and 19-year-old teen parents on TANF and reduce the number of teens who quit school and select the adult work option. Graduation rates and other data are collected on all teen parents in the home visiting program. Of all teen parents who exited the home visiting program, 50% graduated, 42% dropped out and chose the adult work option and 8% were still in school when they became ineligible for TANF. Nationally, only 30% of all teen parents graduate from high school; Though St. Paul exceeds this rate, they strive to do better. As they move ahead, the team will conduct an evaluation of the teen parent home visiting program looking at indicators of health and well-being. Team members included: (pictured from left to right) Susan Mitchell, Deborah Schlick, Leah Bower, Mary Elizabeth Bergland; Not pictured: Sharon Borg, Sharon Cross, Deborah Hendricks, Ann Hoxie, Rachel Tekle.

St. Petersburg (FL) Pinellas County Health Department. The team from Pinellas County worked to develop common evaluation measures across various youth development and pregnancy prevention programs to help improve program effectiveness and enhance the use of best practices in the county. The project utilized a survey assessment of current programs available in the community, and county-level Youth Risk Behavior Survey (YRBS) and Vital Statistics. The project team generated buy-in from community organizations and identified a model self-assessment tool. Next steps include refining and piloting the assessment tool, and presenting and distributing the assessment tool among the community. Team members included: (pictured from left to right) Rhonda Miller Sheared, Ann Doyle, Maridelyn Detrés, Carrie Hepburn; Not pictured: Karen Cochran, Claude Dharmraj, Robert Jansen, Michael Stone, Beth Tobias, Judi Vitucci.

San Jose (CA) Santa Clara County Public Health Department. Reducing the teen birth rates among the Latino teens and increasing the number of adolescents receiving annual health exams was this team’s goal. Data from the Santa Clara County Public Health Department was analyzed and best practices for reducing teen pregnancy were researched. Still in the early stages of development, the data collection for this project is insufficient for thorough analysis. Next steps are to begin implementation and evaluation. Team members included: (pictured from left to right) Alma Burrell, Sapriya Rao, Sandra Trafalis, Dolores Alvarado; Not pictured: Lee Anna Botkin, Joyce Chung, Jose Colome, Jeannette Ferris, Anandi Sujeer.

For more information about DaTA Institute activities at CityMatCH, contact Kathleen Kock, MPH by phone at 402-561-7500 or via E-mail at kkockt@unmc.edu.
Fort Worth Awards Reception Showcases Urban MCH Efforts

The 2005 Conference Awards Reception was hosted by incoming CityMatCH Board Chair Mary Balluff. A variety of honors and awards were announced. Helen Jackson announced the release of a new publication: “Profiles of Perinatal HIV Prevention” (see page eight for additional information on this publication). Graduating DaTA Institute teams were acknowledged and shared project synopses with the assembly (see page six). Patrick Simpson, Acting Executive Director, CityMatCH, was honored by the Board of Directors for keeping the organization on course during this transitional period. A number of other honors and awards were given out, summaries follow.

Promising Practices Abstracts

Each year, CityMatCH encourages members to submit profiles of a successful MCH effort in their jurisdiction, such as an innovative strategy, activity or a lesson learned. Oral presentations were submitted within the categories of child development and prevention care, overweight and obesity, preconception health, racial and ethnic disparities in health and teen pregnancy. Promising Practices Poster submissions were solicited, along with DaTA Institute Team Posters. Overall, the quality of the 2005 submissions was exceptional.

On hand to make the presentations for the Promising Practice Awards were former Education and Training Action Group Vice-Chair, Zenobia Harris and her successor, Kimberlee Wyche-Etheridge. Two awards, based upon abstracts submitted prior to Conference, were given to those selected for oral presentation. The “Most Replicable” Award was presented to Jennifer Herriot of San Antonio (TX) with honorable mentions given to Marivel Davila, San Antonio, and Janet Brown of Oakland (CA). Jennifer Opalek and Jane Bambace of St. Petersburg (FL) received the Award for “Most Innovative,” with honorable mentions to Janet Brown of Oakland and to Audrey Stevenson and Ilina MacDonald of Salt Lake City (UT).

A critical combination of both peer and expert reviews led to two further awards for Promising Practices Poster Presentations. The EXTRA EXTRA” Award — Excellence in Translating Results to an Audience — was presented to Linda Leffler, JPS Health Network, Fort Worth (TX) with honorable mentions given to Carol Brady of Jacksonville (FL) and to the St. Paul-Ramsey County (MN) DaTA Institute team. The “STAR” Award — Science Translated to Action and Results — was presented to Carol Brady of Jacksonville with honorable mentions to Linda Leffler, JPS Health Network and the Marion County (IN) Health Department.

Kathy Carson Receives Ed Ehlinger Award

The Ed Ehlinger award recognizes outstanding contributions made by individuals or organizations whose commitment and service have influenced the future of CityMatCH. Magda Peck, CityMatCH CEO and Senior Advisor presented the award, sharing personal reflections on the outstanding contributions and accomplishments which Kathy Carson, Public Health — Seattle/King County (WA) has made during the last fifteen years. Carson was on hand to accept this recognition, in the midst of a standing ovation. An inscribed plaque was presented on behalf of CityMatCH, and on behalf of Ed Ehlinger, (First Chair of the CityMatCH Board, for whom the award is named) Carson received 45 individually hand-carved hearts for each of the Board members with whom she has served during her long tenure.

Karen Ayala Awarded Carole Douglas Memorial Scholarship

The Carol Douglas Memorial Scholarship was established to provide limited financial assistance to attend the Annual CityMatCH Urban MCH Leadership Conference. This year’s recipient was Karen Ayala, MPH, Winnebago County Health Department, Rockford (IL). Ayala commented, “As a CityMatCH member from a jurisdiction in Northern Illinois that scarcely meets the population cut-off, the challenges for MCH leaders are daunting: responsibilities are great; resources are often scarce. Though I love a challenge, I was growing weary of battling all of the windmills in my village. As the first recipient of this award, I was touched beyond words. More importantly, I was given an opportunity to rekindle the fire within myself. I am extremely grateful to CityMatCH for this opportunity to learn and reconnect, and to rekindle my personal mission. I have returned to my community, committed and ready to realize the definition of a leader as shared by Dr. van Dyck: “a broker of hope.”

CityMatCH Board of Directors Convenes in Fort Worth

The CityMatCH Board of Directors met at the annual Conference to address organizational business. The Board kicked off Conference with their annual business meeting Friday, September 9, 2005. Kandi Buckland, outgoing Chair, welcomed two newly elected members, Peter Simo (Region I) and Kenneth Swann (At-Large) to the 2005-06 Board. Buckland also announced the 2005-06 Executive Committee, comprised of Mary Balluff, Chair; Kandi Buckland, Immediate Past Chair; Kathy Carson, Vice Chair — Organizational Effectiveness; Cynthia Harding, Vice-Chair — Best Practices and Policies; Kimberlee Wyche-Etheridge, Vice Chair — Education and Training.

The Board voted unanimously to create an External Advisory Council and discussed strategic direction for the next year. On Saturday, the Board participated in training facilitated by the National Coalition Building Institute (NCBI). This is part of the next steps identified in the CityMatCH Blueprint for Undoing Racism (See www.citymatch.org and click on Publications). The Board will meet again in February 2006 for further exploration, training, and focus on this priority issue.

The membership, partners and friends met Saturday evening for “Priorities, Values and Vision,” the annual membership meeting. Participants heard about 2004-2005 organizational accomplishments, and spent the bulk of the meeting honing strategic priorities and outcomes for the coming year. Each of the three action groups was challenged to develop internal and external priority outcomes.
New CityMatCH Publications Available

During the summer and fall of 2005, CityMatCH released several publications to enhance member health department toolkits. Short summaries follow.

**Toward Urban Women's Health: Leadership** – This issue brief offers a review of leadership specific to the MCH professional; explains the need for political will and, using the Richmond-Kotelchuck three-part health policy model, describes how leaders can galvanize support for evidence-based change; demonstrates how social and health policies may impact women's health; and shares a vision for women's health that embraces and expands beyond the traditional maternal role.

**Promising Practices Documents** – CityMatCH has released three publications presenting innovative approaches and best practices to address pressing MCH concerns. Each offers tailored information and replicable strategies.

1. **Profiles of Perinatal HIV Prevention** – Represents the culmination of six years of work conducted in partnership with urban communities to prevent and eliminate the transmission of HIV from mother to baby. The intent is to facilitate access to community-wide, systemic approaches to perinatal HIV prevention. The insights, strategies and tools can be used to implement proven HIV prevention initiatives.

2. **For All It’s Worth: Leading with Values and Vision: 2005 Promising Practices Abstracts** – Derived from the recent Urban MCH Leadership conference. Key categories included are: child development and prevention care, overweight and obesity, preconception health, racial and ethnic disparities in health and teen pregnancy. Also included are Conference and DaTA Institute team poster abstracts.

3. **Toward Women’s Health: A Compendium of Promising Practices to Improve Urban Women’s Health** – Respondents to a Winter 2004 CityMatCH Query of promising practices designed to make a difference in the lives of urban women. Four to five promising practices are reviewed in each of four separate issues. Issues come bound together as a compendium, but can also stand alone.

Member health departments have received these publications. Additional copies may be downloaded from the website: [www.citymatch.org](http://www.citymatch.org) or requested from CityMatCH at 402-561-7500, CityLights is supported in part by Grant # 1 G97 MC04442-01-00 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.