



Building the Best Environments for Families and Children XVII Annual CityMatCH Urban MCH Leadership Conference

All of life is interrelated. We are all caught in an inescapable network of mutuality, tied to a single garment of destiny. Whatever affects one directly affects all indirectly.

- Martin Luther King, Jr.

For three days in Denver, more than 300 people from all areas of public health came together for a common purpose. A spark of optimism flared and passion was reclaimed as conference participants focused their attention on maternal and child health, particularly the physical, social and political environments of urban communities. Challenged as leaders to find new ways to work together to rebuild communities with physical environments that foster health and well-being, participants were challenged to look beyond the box to advocate for vulnerable populations.

Read on to gain a sense of how the physical, social and political environments must work together to protect those whom we serve, and how data can be used to effect positive change over time.

This issue features selected highlights from presentations featuring national experts like Richard Jackson, Magda Peck, Carol Woltring and Antronette Yancey. You will also find an overview of the challenges and opportunities related to the changing face of MCH leadership and a discussion of strategies to address succession planning.

If you were unable to attend this year's annual conference, we hope this edition will enable you to ask more questions, garner inspiration, and most of all, help you to sustain that spark throughout the coming year.

Finally, be sure to visit the CityMatCH website <<http://www.citymatch.org>> for full conference coverage, including additional resources, tools, and PowerPoint presentations from most sessions.

Connecting Environments to MCH: Why Good Community Design is Better than an Apple a Day

The great conservationist Aldo Leopold once said, "no important change in ethics was ever accomplished without an internal change in our intellectual emphasis, loyalties, affections, and convictions."



For Dr. Richard Jackson, that internal change began years ago on a hot summer day in Atlanta, when he was caught in traffic. His eye was drawn to an elderly woman, weighed down with heavy grocery bags, trudging along. She walked along a two mile stretch of treeless concrete paralleling that busy street, breathing the exhaust fumes of countless cars, just to get to the next pedestrian crosswalk. As he watched, he thought to himself, "What if she were overcome with heat-stroke and died? What would be listed as her cause of death? Poor urban planning? Lack of trees? The intrusion of a built environment designed to promote cars rather than human life?"

When Dr. Jackson spoke at the annual CityMatCH Conference, he pointed to that series of observations as the defining moment when the impact of the man-made environment upon our nation's health really hit home.

He began his keynote address by reminding participants of the mission of CityMatCH: "to improve the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities." However, he quickly pointed out, the health and well-being of our nation's women, children and families will never be fully achieved as long as health is not given due consideration in built environment decisions. Dr. Jackson is one of many public health leaders who assert that the built environment is exerting tremendous impact upon the nation's health.

(Continued on page four)

Looking Back: The Importance of “Being at the Table”

This past year, we (Kandi Buckland and Nina Burford) were in the interesting situation of being outgoing City-MatCH Board members, who, at the same time, were hosting the 2007 Conference here in Colorado. This brought a different perspective to our work and the places where we do it.

The theme for the Conference, “Building the Best Environments for Families and Children,” fit well for us here in Colorado, a place known for beautiful outdoor environments. It also speaks to what we know as public health professionals in Colorado – that we have many of the same maternal child health issues that exist all around the country.

While Colorado has a relatively healthy population overall, our high low birth weight rates are a result of women who still smoke, but also women who do not gain enough weight during pregnancy, even while we see people increasingly gaining too much weight! These two factors led to some tough public health work, and have contributed to the Healthy Weight in Women of Childbearing Age ALC, which was spotlighted during the Conference. Here in Colorado, we work to convince women to gain an appropriate amount of weight based on pre-pregnancy BMI. However, messages about the negative health effects of being overweight or obese is confusing to many women and makes them fearful of gaining weight. Helping pregnant women to understand the importance of appropriate gain for their baby is of prime importance.

On the last day of the Conference,

we heard about the Gulf Coast post-Hurricanes Katrina and Rita. We were told of the losses and the continuing lack of resources and infrastructure, and the enormous needs in public health. At the same time, we heard from Dr. Kathryn Hall-Trujillo about the hope that comes from projects like the Birthing Project USA which provides “sister friends” to pregnant women through the first year of their babies’ lives. She talked about how this effort works to overcome stress and lack of social supports. Again, through good science, we can affect a person’s long-term health.

Some of the Conference focused on MCH Leadership. Laura Kavanaugh, Training Branch Chief for MCHB, who was instrumental at the federal level in the development of the MCH Leadership Competencies, spoke with Kathy Kennedy, Director of the Regional Institute for Health and Environmental Leadership about how these new competencies can be used at the local level to bring public health to the table.

We know from a practice perspective that a competent workforce is essential to ensuring that MCH stays at the table. Utilizing the new MCH competencies in building MCH staff skills will assure a level of knowledge and competence needed to provide community leadership and to be a voice for women, children, and families.

We feel fortunate to have been CityMatCH Board members. We have been able to see the importance of good science, good discussions, and good collaborations. Some of these collabora-

Kandi Buckland, MPA
El Paso (CO)
Health Department



Nina Burford, MSN
Tri-County (CO)
Health Department



tions were evident Monday evening at the Colorado Networking Reception when several health departments and local agencies were able to demonstrate the positive effects of working collegially at the local level, which is the foundation for its effectiveness at the national level.

Nationwide, we’re beginning to put the pieces together to give us a picture of what is needed to make a difference in urban environments. Urban living areas are changing to accommodate improved transportation, healthier options for living, and opportunities for increased “neighborliness.” We know this is good for public health and for maternal child health in particular. However, we also know that these neighborhoods aren’t possible for all. So we will continue to work here at home by being at the table with colleagues, and calling on our old friends at CityMatCH for help through science, strong national collaborations, and networking with local MCH programs – all the things CityMatCH has provided and we’ve come to rely on!

Cultivating Successful Future MCH Leaders: “How Does Your Garden Grow?”



The public health workforce is aging. Many state and local governments are reporting that up to 45 percent of their public health workforce will be eligible for retirement over the next five years.¹ A recent CityMatCH membership assessment revealed that

the largest segment of the urban MCH workforce is between 50 to 59 years-old, with considerably smaller numbers in younger age groups. We are clearly facing a talent crunch – there will be far fewer available workers from Generation X – and the “skilled worker gap” will grow to 5.3 million by 2010 and to 14 million by 2022.² How can we deal with this coming crisis?

Carol Woltring, MPH, Executive Director for the Center for Health

Leadership and Practice at the Public Health Institute in Oakland, CA spoke about succession planning during the CityMatCH Conference. Succession planning is a deliberate and systemic effort to project leadership requirements, identify a pool of high potential candidates, develop leadership competencies in those candidates through intentional learning experiences, and then select leaders from the pool. It is a long term

(Continued on page three)



Building Urban MCH Leadership

"I believe every person in this room is a public health leader for maternal and child health. It may not be in your job title and you may not feel very leader-ful in the course of your daily work in complex, hierarchical organizations, and in highly politicized times; yet, I believe that inside each of us are seeds of stewardship. If you can truly believe it, and genuinely become it, imagine how together we can be such a powerful force for change.... We have been missing opportunities."

With those words, Magda Peck, ScD, Director of the Great Plains Public Health Leadership Institute and Senior Advisor to CityMatCH, opened the Conference. She reflected upon her own journey through the maze of traditional leadership models in a male-dominated society, sharing how she found her footing – harvesting and exchanging “some fresh and some seasoned” perspectives on leadership for the public’s health.

“My leadership beliefs,” she said, “are grounded in science and honed in cities and on the Nebraska prairie...” Peck believes that leadership requires core capacity – common knowledge and skills, awareness and attitude, perspectives and practices – bundled into competencies that can be taught and mastered, and then manifested in the work we do.

She describes leadership as contextual in time and space. Right now, public health continues to make trade-offs rooted in limited resources; wars are ongoing – both in our city streets and abroad; retiring baby boomers are

leaving gaps in leadership, thrusting less experienced people into leadership roles; racism persists; our basic liberties continue to erode....this is a time of glaring contradictions.

The challenge lies in how we, as current and rising public health leaders, respond and learn to lead differently, to build sustainable, positive physical, social, and political environments that bring out the best in our urban communities.

Peck spoke of the “Mighty Seven” – seven critical types of leaders which must combine forces for MCH (**See “21st Century Leaders Needed to Safeguard the Public’s Health” on page seven**). She suggests that MCH leaders reflect on the list and determine their leading edge. They must also spend time with their organizations, asking each person this question and thoughtfully comparing notes together.

Urban MCH, maintains Peck, is the right facet of public health to model and manifest the “Mighty Seven” in intentional and strategic ways.

MCH leaders and their organizations are called to be:

- ♦ Grounded and driven by social justice/other core human values
- ♦ Ethical in the conduct of our work
- ♦ Accountable for results
- ♦ Committed stewards of the public’s health
- ♦ Systems thinkers and doers who navigate complexity with creativity, intelligence and wisdom
- ♦ Masters of collaboration
- ♦ Architects of transformation
- ♦ Harvesters of complexity
- ♦ Advocates for sustainable, positive change
- ♦ Lifelong learners

In closing, Peck said, “If each one of us were to cultivate the seeds of leadership within, and catalyze our institutions to emulate effective, strategic leadership as well, imagine what could happen.

*I believe that it is up to us collectively to strengthen leadership for maternal and child health. It will take time and work and mutual support. And we **can** do it.”*

Cultivating Successful Future MCH Leaders

(Continued from page two)

strategic initiative to ensure that the right staff are in the right jobs at the right times. Continued organizational performance is ensured by the establishment of processes to develop and replace key staff over time.

The first step in effective succession planning is to determine the critical positions and realistically assess the five-year turnover rate. Next, consider who has the skill set to replace them, determine how to develop their talents and how to retain them.

Different generations have different values and expectations. According to the Center for Health Leadership and Practice, Public Health Institute,^{*} fifteen percent of Boomers (1945-64) left jobs because of lack of training opportunities, but 30 percent of Generation Xers (1965-81) left jobs for the same reason. The more they learn, the more they stay.

They want to constantly develop skills so they can adapt and move on. Millennials (1982-2000) regard learning as a way of life and expect continuous training. Once they have learned a skill, they want to move on to the next step...now!

Top level leaders must develop succession plans that focus on leadership development, embrace diversity and the richness of the field. Organizations must foster a culture of caring and coaching. A formal mentoring program that clearly explains the responsibilities of both mentors and protégés is an effective tool.

Leaders must also recognize that the different generations have radically different expectations – then integrate what is important to them into creating better succession plans and allow time for their growth and development. Says Woltring, “It is not about having a corner office anymore; younger generations want time off! They aren’t interested in a career

that doesn’t allow them enough time for a quality personal life. They want to job-share and work from home.”

Public health must understand how to creatively respond to the needs of emerging leaders to assure that future public health leadership is resilient and strong.

** Editor’s Note: The Center for Health Leadership & Practice (CHLP), a Center of the Public Health Institute, is a nonprofit leadership training, consultation, and resource center serving health leaders and organizations. For more information, visit their website at: http://www.cfhl.org/about_us.jsp*

¹ Association of State and Territorial Health Officials, Council of State Governments, & National Association of State Personnel Executives, “State Public Health Employee Worker Shortage Report: A Civil Service Recruitment and Retention Crisis”

² National Commission for Employment Policy Seventeenth Annual Report. Program Year 1991. July 1, 1991 to June 30, 1992. Report Number 32.

Connecting Environment to MCH: Why Good Community Design is Better than an Apple a Day

Conference Session Sponsored by the National Healthy Start Association

(continued from page one)

Dr. Jackson vividly illustrated key changes to the U.S. lifestyle and environment over the past fifty years, and the resulting societal, health and economic impacts. He is adamant: we *cannot* remain on this path and expect the life expectancy of future generations to exceed their parents; it is simply not possible.

The reasons are both simple and complex. Cities have been increasingly planned around availability and use of cars for transportation. In 2007, nearly all children are driven or bussed to large, monolithic schools, away from housing developments, and often surrounded by huge parking lots. Gone are the overflowing bike-racks; the number of children who either walk or ride to school each day is a tiny fraction of what it was just 25 years ago.

Children are increasingly attached to computers, videos and couches, with little sense of nature or unstructured outdoor play. The sandlot has all but disappeared. Teen depression and suicide rates are unacceptably high. School shootings fill the news with alarming frequency – our initial shock has long since worn away. Methylphenidate (Ritalin) prescriptions are written by the millions to manage high numbers of children diagnosed with Attention Deficit Hyperactivity Disorder.

Other unhappy features of life in the United States in 2007 include dramatic increases in overweight, obesity and the chronic diseases which accompany this trend, such as Type 2 Diabetes – now seen in startling numbers in our youth. We have “super-sized” food portions and added cheap, high-fructose corn syrup to seemingly every processed food. We have decreased physical activity and live fast-paced lives with long commutes along endless corridors of strip malls. Our stress has increased with little time for quiet contemplation or relaxation. Our inner cities have liquor stores and fast food restaurants, but no large grocery stores. Urban areas lack safe, green spaces for children to play and adults to enjoy. Asthma rates are on the rise,

and global warming is no longer “just a theory,” but a reality.

As the sheer magnitude of the situation was catalogued by Dr. Jackson, one might feel completely overwhelmed. What, if anything, can we do to fix this situation? If, as the Institute of Medicine states, the “purpose of public health is to fulfill society’s interest in assuring the conditions in which people can be healthy,¹” we have our work cut out for us. We need help from nontraditional partners. Addressing complex, systemic problems will require creativity and cooperation.

Dr. Jackson envisions multilevel change – from our own personal changes, to neighborhood and urban planning shifts, thoughtful and innovative policy solutions, implementation of fair and humane regulations and provision for effective safety nets.

For example: neighborhoods benefit from community gardens and farmers’ markets. School gardens can provide exercise, learning, cooperation, fun, and good food. Jackson cited the links between green play settings and their impact on children with ADHD: school age children with ADHD who had higher contact with nature showed better concentration, task completion, and following of directions.² Rethinking the size and location of schools to assure that more children walk or bike to smaller neighborhood schools can positively impact health and well-being.

Urban planning decisions increasingly must account for potential impacts on health. If we, as public health leaders and practitioners want something better for the coming generations, we must envision change. We must then be both strategic and opportunistic in our efforts to realize positive changes.

For example, in January, the California Medical Association passed a resolution supporting legislation that maximizes physical activity opportunities when funds from voter-approved infrastructure funding measures are allocated. They also resolved to support legislation that enhances the role of public health in



The credentials of Richard Joseph Jackson, MD MPH, could easily fill several pages. Most recently, he has been named the first Director of the Graham Environmental Sustainability Institute at the University of Michigan. He is Adjunct

Professor of Environmental Health and of City and Regional Planning at the University of California, Berkeley. Dr. Jackson spent nine years as the Director for the Centers for Disease Control and Prevention’s (CDC’s) National Center for Environmental Health in Atlanta. He has been the U.S. lead through several US governmental initiatives related to health and environment in Russia, including radiation-related concerns. In 2005, he was recognized with the highest civilian award for U.S. Government service, the Presidential Distinguished Executive Award. His leadership positions with the California Health Department are numerous, including State Health Officer. In 2005, Dr. Jackson was selected to serve on the Board of Directors of the American Institute of Architects.



Check out “Urban Sprawl and Public Health,” a 2004 book from Island Press co-authored by Dr. Jackson, which illustrates the need for interconnectedness between urban planning, architecture, transportation, community design and public health, and offers proposed strategies and alternatives which provide both challenge and hope. See <http://www.islandpress.org/>

local planning, zoning and the ‘school-siting’ process to facilitate the design of communities which foster and support physical activity.

These present challenges demand leadership and new collaborations. Frederick Law Olmstead, perhaps most famous for his design of New York’s Central Park, also headed up the Sanitary Commission during the Civil War, saving countless lives. In the past, says Dr. Jackson, infrastructure and sanitation were aligned as the primary tools for public health improvement. Public health must return to its roots in infrastructure, if the trajectory toward improved health and well being begun in the nineteenth century is to be assured.

¹ Institute of Medicine, Committee for the Study of the Future of Public Health. *The Future of Public Health*. Washington, DC: National Academy Press, 1988.

² Coping with ADD: The Surprising Connection to Green Play Settings” *Environment and Behavior*, 33 (1), 54-77. AF Taylor, FE Kuo, WC Sullivan, 2001.

Health Impact Assessment: Tools for Moving Toward Healthier Policies

Health Impact Assessment (HIA) is commonly defined (from the 1999 Gothenburg consensus statement)¹ as “a combination of procedures, methods, and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.”



At the recent CityMatCH Conference, Candace Rutt, PhD, Health Psychologist, Division of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, introduced participants to the fundamentals of HIA and shared examples of the practical use of HIA to improve MCH outcomes. This article provides a brief summary and a basic introduction to key concepts.

An HIA “can be used to evaluate objectively the potential health effects of a project or policy before it is built or implemented. It can provide recommendations to increase positive health outcomes and minimize adverse health outcomes. A major benefit of the HIA process is that it brings public health issues to the attention of persons who make decisions about areas that fall outside of traditional public health arenas, such as transportation or land use.”²

Informed decision-making goes beyond economic impacts and thinks about the health and well-being of populations. As a tool, an HIA can influence decision-makers; highlight potential health impacts; assess how proposals will affect community members and specified at-risk subpopulations, facilitate collaboration and public participation in decision making, promote sustainable development, encourage appreciation of public health in the decision making process, and raise awareness of health issues with regard to the built environment

The HIA is increasingly popular as communities, builders, and politicians weigh the health implications of policies and projects. Whether the policy is to

Conference 2007



require mandatory physical education classes in a middle school or a project is intended to revitalize a shopping center, health implications have often been ignored. HIA can help to evaluate objectively a project or policy before it is implemented, so that evidence-based findings and recommendations can influence decision-making.

The core values governing health impact assessment are democracy, equity, sustainable development, scientific and robust practice, and a holistic approach to health.

Because health is determined by a broad array of factors from all sectors of society, community must play a major role in a successful HIA. Community organizing grounds HIA and the benefits of including the community in the process cannot be overstressed. Community representatives must be involved throughout the process to help identify social as well as health issues, raise community concerns, build community capacity and increase buy-in.

The HIA process has five main steps: screening, scoping, assessing risks and benefits, reporting and evaluating.

Screening involves identifying policies or projects that might benefit from an HIA. **Scoping** describes the identification of which specific health effects must be considered during the HIA. **Assessing** risks and benefits involves reviewing what populations might be affected and how. **Reporting** of results must be strategically and effectively communicated to decision makers. Finally, **evaluating** the effect of the HIA on the decision process may inform and improve future processes.

Conducting an HIA may present significant challenges, which can cause a few headaches. They can create delays and require additional resources, and can be a source of conflict between lay and expert participants. Simply identifying the most appropriate and representative stakeholders in a timely manner can be difficult.

Unfortunately, as Dr. Rutt explained, there are times when an HIA does not influence a final decision. Constraints such as money, time and political will may come together to put health on the back burner. If decision-makers are not open to reconsidering their plans, an HIA may be of little use, therefore strategies for building political will and effective reporting are essential. Successful HIA documents relate to the audience, their barriers and their bias. Reports should be tailored to suit their audiences, such as technical manuals for other HIA specialists; brief summaries for the public, stakeholders, the media; and perhaps manuscripts for academics. Timing is very important, and optimally, the HIA should occur early in the process. New or unfamiliar information provided by an HIA may affect decisions, particularly if planners and decision-makers are open to the process.

Interest in Health Impact Assessment is growing. This session was well-attended at the CityMatCH conference, and evaluation comments reflected both interest and commitment to advancing the use of HIAs. Health Impact Assessment is “...a new and evolving science, providing a promising new approach to quantify health impacts of a wide variety of policies and projects, and provides an outlet for health to be appropriately factored into complex decisions.”

For more information, visit the CDC website at <http://www.cdc.gov/healthyplaces/hia.htm>

¹ <http://www.euro.who.int/document/PAE/Gothenburgpaper.pdf>

² <http://www.cdc.gov/healthyplaces/hia.htm>

Building Best Environments for Vulnerable Families and Children: The Post Katrina Story

On the eve of the second anniversary of Hurricane Katrina, three heroines: Dr. Gina Peyton Lagarde, Dr. Joia Crear-Perry, and Dr. Kathryn Hall-Trujillo brought their personal experiences to life for Conference participants in an emotional delivery. Selected highlights focus on the psychosocial, economic and health care impacts.

Before the 2005 hurricanes, said **Dr. Gina Peyton Lagarde**, ten percent of Louisiana called New Orleans home. Poverty was high; the population was predominantly African American. This was a city rich in traditions – Mardi Gras, jazz, riverboats and street cars. Generation after generation stayed in the same neighborhoods and created the mystique.

Katrina was the costliest storm in our history; Rita was the ninth. Together, they flooded 85 percent of New Orleans, and the financial impact has surged past \$150 billion. It is too soon for the full psychological and social impacts to be calculated. Families were splintered across the United States. Fifty percent of the health care market was impaired, and the resulting exodus of trained experienced medical personnel continues. Health care facilities and inventory were lost; scientific research and medical education disrupted. The payer mix shifted dramatically; remaining hospitals are overburdened and struggling to care for the uninsured and uninsurable.

New Orleans was unprepared for the complete collapse of their health care and communications' infrastructure. Disaster plans had been designed around intact systems. The public health workforce was overworked, fatigued, and many were themselves victims. Volunteers were eager, but sometimes unprepared to practice in gyms and on bridges. The health department struggled to verify volunteer credentials; assure accountability and sustain interest. Potential volunteer resources, such as local providers, allied health students and retirees were overlooked.

Public health became the safety net, providing every level of service needed and necessary. Over 70,000 people were triaged. Search and rescue operations were coordinated, field hospitals set-up, acute and primary care services provided



Joia Crear-Perry, MD, FACOG
Medical Director, Healthy Start Program
(Office of Health Policy)
City of New Orleans Health Department

Gina Payton Lagarde, MD, MBA
Child Health Medical Director
Maternal & Child Health Program
Louisiana Office of Public Health

Kathryn Hall-Trujillo, DDiv, MPH
Director for the Center for Community
Health & Well-Being
Home of the Birthing Project

and over 1,000 volunteers credentialed. 13,000 people were sheltered, over 1,000 donated car seats, cribs and high chairs were distributed and there was mass immunization. All of this was accomplished with the assistance of the US Public Health Service. SAMSA helped coordinate the acute mental health care. Partners and volunteers proved critical in the aftermath.

Information technology services evolved in response to the storm. A volunteer registry was created, and a web-based database helped to manage patients and medications. The Health Department website offered a way to reconnect the missing at: www.katrinamissing.dhh.louisiana.gov and implemented the "Find Family National Call Center."

The development of better preparedness and planning systems has been one positive result of this epic disaster. The Emergency Systems for Advanced Registration for Volunteer Health Profes-

sionals has been implemented. The new Center for Community Preparedness in the Office of Public Health provides planning, preparedness education and training, promotion and policy. Health department employees have been trained across systems. Ham radios, switchboard operations and mobile communication operations have been organized. Hazard plans and Continuity of Operation Plans have been coordinated with appropriate Memorandums of Understanding in place. The Governor's Office of Homeland Security and Emergency Response has been engaged and the National Incident Management System and the Incidence Command System adopted.

Key Lessons Learned:

- 1) Plan and prepare for disaster.
- 2) Create plans that are flexible, accessible, standardized, practiced and promoted.
- 3) Include children and those needing mental health services in plans for crisis intervention and treatment.
- 4) Assure polices are flexible and maximize services.
- 5) Assure appropriate planning, training, communication and staffing along with improved policies and sustained funding
- 6) Include potential providers in your planning, e.g. private providers, allied health students, retirees, etc.

Joia Crear-Perry, MD, MPH further described the impact of the hurricanes and complex efforts to rebuild and re-engage disheartened residents. 200,000 people returned to New Orleans in the months following the storm. The population has risen about another three percent each month to 280,000. Major demolition and rebuilding efforts are patchy; some areas are virtually untouched. Some homeowners have yet to return for their first look or to decide what they ultimately will do.

Dr. Crear-Perry serves on a number of key committees including the Coalition of Louisiana Health Care Leaders, whose goal is to overhaul the health care system. She sees the hurricanes as having been catalytic. For the first time, every hospital in the city, public and private, is on this coalition. Why? Because they



must now provide care for the poor and they are losing money. The Coalition is reviewing two plans: to continue the hospital-based system or change to a patient insurance-based system. At the end of the day, says Dr. Crear-Perry they want to provide a health care system that will work better for patients.

Dr. Kathryn Hall-Trujillo spoke passionately about the role of the Birthing Project (see <http://www.birthingprojectusa.com/>) in finding victims of the tragedy and helping pregnant and parenting women Post-Katrina. The Birthing Project is an extended family program that recruits, trains and supports community volunteers to provide one-on-one support to pregnant and parenting women. Dr. Hall-Trujillo is no stranger to adversity. She said, *“Before I received all those fancy degrees and recognition ... I used to live in the bus station in Oakland with two children. The work that I do is the bridge between that woman who lived in the bus station and the woman with the fancy degrees who became a public health advisor for the State of California.”*

Bureaucratic barriers initially held them back from helping after the devastation. The Birthing Project immediately offered their services to the American Red Cross and also submitted a proposal to FEMA. When they ran into snags with each, they decided to “go ahead on their own” and headed to New Orleans, providing their own housing and transportation. Partnering with Pastors for Peace, they caravanned with supplies—everything from baby clothes to lipstick—to help the victims keep their spirits up. The journey began at their local Birthing Project in Little Rock, Arkansas and continued across Mississippi, with stops along the way to help. In New Orleans,

they met with women in parking lots, gas stations and flood-damaged homes.

As people returned to the city, they were faced with so much – searching for missing relatives, filing insurance papers and salvaging the remnants of their lives. The Birthing Project was there to provide caring and dignified social support to pregnant and parenting women. They partnered with Healthy Start for care-coordination and connections to available resources.

One woman gave birth on a hospital rooftop. Initially, she received press attention, yet later she received no support. Another suffered a fetal demise. After the flood, her rent had quadrupled and she was being evicted. She had no place to go and was caring for her siblings and their children. Her family was spread all over and she had no place to live.

The impact of stress on these women has been unimaginable. They need comprehensive services, including mental health care. Social and family support systems must be recreated in New Orleans. Hall-Trujillo is encouraged, by the progress being made.

A story is being created for their “Katrina Babies.” New Orleans now has a Birthing Project where community women are providing support for pregnant and parenting women, and taking care of their own babies. They told Hall-Trujillo, *“Helping to bring new life into our community gives us hope.”*

21st Century Leaders Needed to Safeguard the Public’s Health

(See Page Three)

1. Values-Driven Leaders: whose life and work are in part driven by their commitment to equity and fairness; who acknowledge, understand and balance the diverse values of the communities served, organizations in the system, and other stakeholders; who anchor the work in our core philosophy: social justice (Foege).

2. Ethical Leaders: who set and hold standards for themselves and others; who are committed to explicit, defined shared principles; who hold themselves and others accountable for both means and ends.

3. Servant Leaders: who are committed to serving the public; who possess a set of core characteristics to serve them well: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to human growth and building community (Greenleaf).

4. Systems Leaders: who have creativity to generate ideas, analytic intelligence to evaluate these ideas, practical intelligence to implement the ideas and persuade others of their worth, and the wisdom to balance the interests of many stakeholders and ensure that the actions of leaders contribute to the common good. (Sternberg, Rowitz).

5. Collaborative Leaders: who create and foster mutually beneficial, well-defined relationships among individuals and organizations to achieve results that would not have occurred as well or at all if they had not worked together (Winer and Ray, Larsen, Turning Point).

6. Transformational Leaders: who offer a purpose that transcends short term goals and focuses on higher order intrinsic needs for the greater good. Put plainly, together they embrace a common mission, set a clear vision, and execute the process of change (Rowitz and Lamberth).

7. Ecological Leaders: who are committed to the ongoing development and synthesis of leadership skills and competencies throughout their careers in response to an ever-changing environment; who expect, invite, promote and sustain a culture and infrastructure of learning in their public health organizations. (Rowitz).

(Developed for the 2007 CityMatCH Urban MCH Leadership Conference, Denver CO.)



SAVE THE DATE:
The CityMatCH Urban MCH Leadership Conference 2008
ALBUQUERQUE, NEW MEXICO

SEPTEMBER 21 TO 23

(image courtesy of www.marblestreetstudio.com)

2006-2007 DaTA Team Graduation

Congratulations to the graduating members of seven 2006-2007 DaTA Institute teams. Throughout the year, teams participated in learning calls, a three-day workshop, and leadership training and team development during Conference. Their yearlong learning was anchored in a data use project of importance to their organization and community.

1 Arkansas Department of Health and Human Services, Little Rock

"The Healthy Redwood Project: Combating Childhood Obesity through Effective School, Community and Public Health Partnerships." (Pictured, left to right: Zenobia Harris, Darrell Montgomery. Not pictured: Cynthia Wilborn)



healthier eating and exercise activities among students in Redwood Pre-School. A survey of student diet and exercise habits was compiled with guidance from the Arkansas Center for Health Improvement; a parent survey was administered to gather information regarding student diet and exercise practices and a health improvement intervention was planned and presented to parents. The group intends to continue health improvement interventions with Redwood Preschool students and parents during the 2007-08 school year.

2 District of Columbia Department of Health

"The Safe Cribs Program: Promoting a Safe Sleeping Environment in the District of Columbia, 2003-2005." (Pictured, left to right: Sharon Brandon, Eleanor Padgett, JoAnn Smith, Stephanie Alexander, Carole Amaning. Not Pictured: Joyce E. Brooks, Constance Dendy)



This project's goal was to help reduce infant crib injury and deaths

of at-risk infants by promoting a safe sleeping environment. The team utilized data from the 2003-2005 Safe Cribs data base, the DC Birth files and matching Medicaid files, which demonstrated the intended number of Medicaid-eligible recipients were reached and the working poor were also being served. The Safe Cribs team will continue to evaluate the program and develop additional survey instruments.

3 Hartford Health and Human Services Department

"Impact of Poly-Syndromes on Low Birth Weight." (Pictured, left to right: front: Sandra Abella, Leticia Marulanda; back: Tung Nguyen, Carlos Rivera. Not pictured: Emily Carroll, Jeffery Lim)



Hartford's DaTA team analyzed birth data to find precursors and trends affecting the rate of low birthweight (LBW) in the City. Two sets of birth data from 2001 to 2005 were used: official birth records from the CT DPH and data from the Maternal Infant Outreach Program (MIOP). The data demonstrated that a history of preterm births or previous SGA infant, hypertension and smoking were all factors significantly associated with LBW. Hartford presented their findings to the HHS Department's Advisory Council to actively engage them. The local health department is working on revisions and planning system integration to better address the most common preventable factors affecting birth outcomes in the city. An automatic poly- and cross-referral system is being implemented at the local health department.

4 Metro Public Health Department of Nashville/ Davidson County

"Rapid Repeat Pregnancy Testing

(RRPT) Among Metro Public Health Department Clients." (Pictured, left to right: Jeselyn Rhodes, Sanjana Stamm, Lillian Maddox-Whitehead. Not Pictured: D'Yuanna Allen)



Nashville's team sought to understand the potential for intervention at the time of a negative pregnancy test result, by studying female clients identified as having Rapid Repeat Pregnancy Tests (RRPT). They utilized patient encounter data from PTBMIS (Patient Tracking Billing Management Information System) and from a chart audit of patient medical records. They learned that 72% of patients with RRPT had at least one negative pregnancy test prior to a subsequent positive test; 60% reported that the current pregnancy was not intended. Delivery of a negative pregnancy test result may thus be an optimal time for preconception counseling. Next steps include development of a preconception health plan assessment for use in clinics.

5 Philadelphia Department of Public Health

"Process to Modify Data Collecting Tool for Improved Identification of Risk Factors Associated with Sudden Unexplained Infant Deaths (SUID) in Philadelphia." (Pictured, left to right: Ugo Chizea-Abuah, Laila Alex, Tracey Mention, Adina Ekwerike. Not Pictured: Kimberlee Mander-Wilson, Cynthia Line, Theresa Dulski)

(Continued on next page)



Leadership Café Brews Creativity for Innovative Solutions

People already have within them the wisdom and creativity to deal with current challenges.

Exploring issues together encourages new ways of thinking and a shift in perspective creates new possibilities.

Conference 2007 provided participants a unique opportunity to experience first-hand a proven method of strategic collaboration they can use in their work. **The World Café**, developed by Juanita Brown and David Isaacs, is a good, simple process for bringing people together around questions that matter.¹ This version was billed as a "Leadership Café." Facilitated by Dr. Magda Peck, Director of the Great Plains Public Health Leadership Institute and CityMatCH Senior Advisor, the Leadership Café engaged participants in rich dialogue about building the best environments for urban families and children.

One of the World Café principles is to create "hospitable space." The traditional hotel ballroom was transformed into a bustling café atmosphere where aproned CityMatCH staff seated over 300 participants at small tables seating just four or five. Café guests were offered beverages and healthy snacks to help them feel comfortable and welcomed. Every table was covered in newsprint and stocked with colorful pens to encourage note-taking and creative doodling. Following an overview of the process and "café etiquette," Three, twenty-minute conversations took place around pivotal questions.

After each round of conversation, one person remained at the table to host the next group, while others spread throughout the room for fresh conversations at new tables. Afterward, a verbal "harvest" of ideas brought the entire group back together. Out-of-the-box thinking yielded a range of new ideas, including partnering to establish and secure safe play zones in challenged neighborhoods; changing daylight savings time and having all-block porch lights on to enable greater outdoor play into the evenings; advocating for more flexible work hours, light rail, and breast-feeding friendly worksites to support healthier living; and expanding community kitchens and gardens as public health interventions.

Before leaving the Café, participants displayed their marked-up tablecloths on the Café walls. A synthesis of all ideas was posted in the main plenary hall for further conversations. The Leadership Café catalyzed innovative thinking around environmental issues affecting the health and well-being of women, children, and families. Applying the principles and practice of World Café, it fostered collaborative dialogue, which led to breakthrough learning and strengthened networks around complex issues. Participants learned how they can organize a local version of the World Café in their own communities to shape the future through conversations that matter. For synthesis and summaries, visit the CityMatCH website at www.citymatch.org or contact Dr. Peck at 402-561-7500.

¹ Juanita Brown and David Isaacs, *The World Café: Shaping Our Futures Through Conversations That Matter*, Berrett-Koehler Publishers, Inc, San Francisco, 2005.

Philadelphia used data to identify risk factors for infant mortality within the interconception period, to inform the creation and implementation of targeted interventions around sudden unexplained infant deaths. The team used data collection tools and best practices from other states and health agencies. One result of this project has been a modified CDC best practice Sudden Unexplained Infant Death (SUID) tool that better identifies preventable risk factors pertaining to infant deaths and an increased knowledge about those factors. Accurate data around SUIDs will better inform policies and development of appropriate interventions.

6 Rhode Island Department of Health

"Meeting the Obesity Challenge in Newport County, Rhode Island: A Neighborhood Investment Based On Asset Mapping, Identification of High Risk Populations, WIC and BRFSS Data." (Pictured, left to right: Jim Sattel, Amy Pettine, Samara Viner-Brown, Peter Simon)

Rhode Island used qualitative and quantitative data to inform a community-based plan to decrease obesity prevalence. Qualitative data were collected through focus groups and quantitative data were collected from WIC, the US Census, and an environmental scan. They formed a community coalition which produced a needs assessment report with recommendations for action. This was presented to key stakeholders. They plan to partner with existing community efforts and present their findings to potential funding partners.



San Mateo's DaTA team is developing an evaluation plan for their Blueprint for Prevention of Childhood Obesity. Data from countywide school-based surveys, physical fitness tests, and health-care provider databases, plus task force member surveys and perceptions were used. Currently, the team is developing an evaluation report for the first year of project implementation which will soon be presented to stakeholders and policy makers.

7 San Mateo County Health Department

"Developing an Evaluation Plan for a Community-Wide Blueprint for the Prevention of Childhood Obesity." (Pictured, left to right, Anand Chabra, Eliana Schultz, Dan Brown, Jennifer Gross. Not pictured: Alvaro Garza, Besem Obenson)



For more information about the DaTA Institute, contact Sarena Murray at CityMatCH: 402-561-7500 or E-mail: smurray@unmc.edu.



Promising Practices Recognized at CityMatCH Awards Luncheon

Patrick Simpson, CityMatCH Executive Director, introduced the 2007 Conference Awards Luncheon. During his opening remarks, Simpson announced the inception of the “Magda G. Peck Leadership Symposium,” in recognition of Dr. Peck’s lifelong leadership and dedication to MCH. Beginning in 2008, each CityMatCH conference will formally recognize a public health leader who will to speak during an MCH leadership keynote address. Kathleen Brandert and Sarena Murray recognized **DaTA** team graduates for their commitment and achievement (see page 8-9 for a full description of teams, projects and related information).

Chad Abresch and Brenda Thompson, CityMatCH staff, introduced the 2007 Promising Practice Awards.

Awardees either presented their outstanding Promising Practices during the oral breakout sessions or through poster presentations. In 2007, four awards were given – first, two for outstanding oral presentations and second, two for outstanding poster presentations. The expert judges, Alison Johnson and Sam Posner (both from the CDC), were on hand to present the awards. Finally, Johnson introduced Ed Trevathan, the new Director for CDC’s National Center on Birth Defects and Developmental Disabilities, who offered brief remarks.

The **“Most Replicable”** abstract best documents the essentials for feasible replication. Honorable Mention went to Anand Chabra and Jane Smithson from San Mateo, CA, for their abstract: *“Successes and Challenges in Implementing a Broad-based Partnership to Prevent Shaken Baby Syndrome in San Mateo County, California.”* The overall award was given to Sarah V. Scully from Boulder County Colorado Public Health for her abstract: *Vision, Hearing, Dental and Developmental Screening for Children in Child Care Settings.”*

The **“Most Innovative”** abstract best documents innovative responses to specific health problems, issues or barriers. Honorable Mention was given to Judith Shlay, Debra Bell, Moises Maravi, Christopher Urbina, and the Staff of the Denver (CO) Metro Health Clinic for their abstract: *“Integrating Family Planning Services into an STD Clinic Setting.”* The overall award was given to Marilyn Benjamin from Cleveland (OH) Regional Perinatal Network, University Hospitals Case Medical Center for her abstract: *“Perinatal Depression: Building Bridges to Community Treatment.”*

The **“EXTRA Extra”** poster best exemplifies “EXcellence in Translating Results to an Audience.” Honorable mentions were awarded to Debbie Kunkel and Brianna Gass for their poster: *“Aurora and Arapahoe Healthy Start Project: Nurturing Relationships, Improving Outcomes.”* “The “EXTRA Extra” Award was given to Jeanne Smart, Margarita Avina, Cindy Chow, Visuwat “Tony” Taweessup, and Alan Albert for their poster: *“What to Do: A Children’s Primer for Emergency Preparedness.”*

The **“STAR”** poster best exemplifies “Science to Action and Results” and honors those who best translate data into action. Honorable mentions were awarded to Karen Gray, Alexis Forest, Yvonne Gustafson, and Linda Newhouse for their poster: *“Franklin County Infant Safe Sleep and SIDS Risk Reduction Initiative – Phase I: A Continuing Education Curriculum for Nurses.”* The 2007 “STAR” Award for Promising Practice was given to the Lisa Smestad, J. Yannarely, K. Kufahi, and R. Fulton for their poster: *“Influencing the Home Environment of Children with Asthma: The Healthy Homes Grant in Minnesota.”*

CityMatCH would like to express our thanks to the abstract review committee whose efforts identified the recipients of the “Most Replicable” and “Most Innovative” Awards: Katie Foster, Healthy Teen Network; Lauri Levin, AMCHP; Lauren Ratner, ASTHO, Laura Kavanaugh, MCHB, and Megan Forman, NCSL. CityMatCH congratulates all of the 2007 Awardees.

CDC Assigns Senior MCH Epidemiologist to CityMatCH

In October 2007, CityMatCH

welcomed Laurin Kasehagen, MA, PhD to a three-year assignment by the Centers for Disease Control and Prevention as a Senior Maternal and Child Health Epidemiologist. Assignees are typically

placed in states, U.S. territories or localities that have a need to increase epidemiologic capacity specific to issues involving women, children and families. Assignee work is highly varied, yet usually involves a blend of data, program, and policy work for the host agency.

Dr. Kasehagen is an accomplished researcher with comprehensive



knowledge and experience initiating, directing, and executing scientific research studies in Epidemiology and Anthropology.

She has expertise in study design, protocol development, and study implementation and conduct. Dr. Kasehagen earned her PhD in Epidemiology and Biostatistics from Case Western

Reserve University, Cleveland, Ohio, and her MA in Anthropology with a minor in Experimental Statistics from New Mexico State University, Las Cruces, New Mexico.

Recently, she served as the CSTE (Council of State and Territorial Epidemiologists) Fellow in Oregon for the past two years.

Dr. Kasehagen has significant management, research, and strategic planning skills, superior communication skills and her work has been published in scientific journals.

Dr. Kasehagen recently told CityMatCH that, “I am very pleased to have been selected for the assignee position in Omaha – the position provides me with opportunities to use all of my academic, work, and post-doctoral training – and I get to work with a really great group of dedicated professionals from many disciplines who are committed to using the best research, best data, best practices to help the CityMatCH members improve the lives of people in their communities. I’m very motivated and eager to get to work.”

Dr. Magda Peck Receives Ed Ehlinger Award

In a special presentation during the 2007 annual CityMatCH Conference in Denver, CO, Dr. Magda Peck, the CityMatCH Founder, former CEO/Executive Director and current Senior Advisor was honored with the Ed Ehlinger Award. This esteemed award recognizes outstanding contributions made by a leader whose commitment and distinguished service have helped shape the development and future of CityMatCH. Dr. Ed Ehlinger, Director of Boynton Health Service at the University of Minnesota and first Chair of the CityMatCH Board of Directors, personally presented the award to Dr. Peck.



In a moving presentation, Ehlinger presented Peck with a handmade sculpture modeled after an Inuit Inuksuk.* The sculpture was a combination of symbols carved from Minnesota pipestone. The symbols, said Ehlinger, make the visual point that Peck has been the “bridging force that has connected communities and the MCH providers who live and work in those communities.



That bridge is supported by her strong faith and solid data. Overarching all of that is her passion for mothers and children, fathers and families. Her passion, reflected by the large heart, is supported by the passion of all those she has led, trained, encouraged, mentored, and supported. Together these things create a bridge to the future – one that remains connected with the past and the present.”

The bridge is built on a Spirit of Faith and a Spirit of Science. It supports the Spirit of Passion, embodies a Spirit of Community, and sustains a Spirit of Connection. The overall sculpture represents a Bridge of Life. Dr. Ehlinger concluded, “Magda is one of the people who best represents all of these traits.”

*Explained Ehlinger, “Inuksuk means “something which acts for or performs the function of a person.”

They were employed as hunting and navigation aids, coordination points, indicators, and message centers... It is a symbol with deep roots in the Inuit culture. It functions as a:

- ◆ Directional marker that signifies safety, hope and friendship
- ◆ Marker of a cache of goods to help with survival
- ◆ Message center to facilitate communication
- ◆ Remembrance of a significant event in the life of the community
- ◆ Way to honor an important person
- ◆ Link to the spirit world

A Memorable Conference Closing...

The 2007 CityMatCH conference was concluded brilliantly through performance poetry and music. Dr. Antronette Yancey gave a poignant and moving poetry reading. Her spoken words were musically accompanied by Ciro Hurtado** and Cynthia Harding, M.P.H. (CityMatCH Board Member and Director - Maternal, Adolescent & Child Health Division at the Los Angeles County Department Public Health). Harding’s melodious flute and vocals wove in and out of the poetry, adding a haunting quality, while Hurtado’s fingers flew over the strings of a classical guitar in an exquisitely sensitive manner. One poem read by Dr. Yancey that day was called, “Currency.” We reprint it here for our readers.



Currency*

I gave Akil
The spot I
earned
In a pick-up
game
You know, bball
To a kid
That’s like
money
Currency

I gave Robyn
A heartfelt
compliment
Told her
She’s the best
Student I’ve known
To a kid
That’s like money
Currency

Robyn gave me
The ultimate gift
Told my aunts
She wanted to be
A model/doctor
Just like “Aunt Toni”
To me
That’s like money
Currency

I gave Akil
A serious
stroke
Told him
He’s brightest
Kid I’ve met
To a kid
That’s like
money
Currency

Akil gave me
An ego boost
Told some other
folk
I taught him to play
You know, b-ball
To me
That’s like money
Currency

All that currency
Exchanged between us
And nobody
Spent a dime!

*Used with permission.

Antronette K. (Toni) Yancey, MD, MPH
©Imhotep Publishing, Inc., 1992

** <http://profile.myspace.com/index.cfm?fuseaction=user.viewprofile&friendID=25227510>

“Pearls” from the Conference Evaluations

“I was thrilled to know that connecting families to a better environment is a challenge...being addressed through(out) the United States.”

“This was an excellent conference...I was invigorated and inspired to institute new ideas, new programs and continue my work in MCH.”

“I leave today more knowledgeable of MCH practices. I am motivated to try new things in my workplace and community. I am motivated to continue to dream...for better lives, better community for children and families...”

“Dr. Yancey was absolutely wonderful! She is truly an inspiration to all of us! Great finale!”

CityMatCH would like to thank the people and organizations who led to the success of Conference 2007.

Our Conference Co-Chairs:

Mary Balluff, MS, RD

Chair, CityMatCH Board of Directors

Chief, Health & Nutrition Community Services

Douglas County (NE) Health Department

Kimberlee Wyche-Etheridge, MD, MPH

Vice-Chair, Education & Training Action Group

Maternal Child Health Director

Nashville-Davidson County (TN) Health Department

Special thanks go to our local hosts, the Boulder County Public Health Department, represented by Helen Majzler; the El Paso County Department of Health and Environment, represented by Kandi Buckland; the Denver Health Department, represented by Marti Potter; the Tri-County Health Department, represented by Nina Burford; the Larimer County Department of Health and Environment, represented by Averil Strand; and the Jefferson County Department of Health and Environment, represented by Norma Tubman, for their help in planning and coordinating this event. This conference would not be possible without the help and support of CityMatCH member health departments and their representatives!

Thanks to our Exhibitors:

Association of Maternal and Child Health Programs (AMCHP)

Center for Science in the Public Interest

Genesis Systems Incorporated

Infant Adoption Training Initiative

National Adolescent Health Information Center (NAHIC)

National Association of County and City Health Officials (NACCHO)

National Association of Local Boards of Health (NALBOH)

National HIV Testing Resources/CDC

National March of Dimes Birth Defects Foundation

Nurse Family Partnership

The Kempe Center

Thanks the National Healthy Start Association for their support in sponsoring the Keynote Luncheon: "Connecting Environments to MCH: Why Good Community Design is Better than an Apple a Day" and Dr. Miracle for their generous support in sponsoring Plenary III: "Building the Best Environments for Vulnerable Families and Children: The Post Katrina Story."

Thanks to the Gathering Place and the Women's Bean Project for their great projects which were sold to add capital to the Carole Douglas Memorial Scholarship Fund.

CityMatCH would like to thank the Centers for Disease Control and Prevention, HRSA's Maternal and Child Health Bureau and the University of Nebraska Medical Center for their support and help in making the 17th Annual CityMatCH Urban Maternal and Child Health Leadership Conference possible.

Finally, we are grateful for the tremendous assistance of the 2007 Conference Planning

Committee:

Angela Ablorh-Odjidja, MHS

Juan Acuña, MD

Hani Atrash, MD, MPH

Yvonne Beasley, MN, RN, CNAA

Brenda Burnett, RN, MSN

Debby Carapezza, RN, MSN

Sharron Corle

Jody Ruskamp-Hatz, MSW

Kathy Kennedy, DrPH, MA

Agatha Lowe, RN, PhD

Margaret Machala, MPH, RN

Helen Maizler, MPH, RN

Leticia Marulanda, MD

Brook McKelvey, MPH, MA

Rita Muehlbach, BA

Patricia Ann Paluzzi, CNM, DrPH

Ibrahim Parvanta, MS

Belinda Pettiford, MPH

Marti Potter, MSN

James Resnick, MHS

Joanne Rogovoy, BS

Nan Streeter, MS, RN

Averil Strand, MSN

Norma Tubman, RN, MScN

Sherry Williams, BSN



Maureen Fitzgerald, MPA, Editor

CityMatCH at the
University of Nebraska Medical Center

Department of Pediatrics

982170 Nebraska Medical Center

Omaha, Nebraska 68198-2170

Phone: (402) 561-7500

Fax: (402) 561-7525

<http://www.citymatch.org>

CityMatCH Staff:

Patrick Simpson, MPH

Executive Director

Chad Abresch, MEd

Program & Policy Manager

Magda G. Peck, ScD

Senior Advisor

Janet Rogers

Office Manager

Kathleen Brandert, MPH, CHES

Senior Coordinator

Michelle Coe, Office Associate

Mattea Campbell, BA

Program and Conference Associate

Diana Fisaga, BS, Office Associate

Maureen Fitzgerald, MPA, Coordinator

Carol Gilbert, MS, Health Data Analyst

Marilyn Ingram, BA

Logistics Program Associate

Laurin Kasehagen, MA, PhD

Senior MCH Epidemiologist

Mark Law, MS, Senior Coordinator

Sarena Murray, BA, Project Coordinator

Brenda Thompson, MPH, CDC -

Assigned Public Health Prevention Specialist

Lingyun Zhu, BS, Web Designer

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.



CityMatCH at the
University of Nebraska Medical Center
Department of Pediatrics
982170 Nebraska Medical Center
Omaha, NE 68198-2170