



Featuring the 19th Annual CityMatCH
 Urban MCH Leadership Conference

Reinventing MCH Practice: Rising to the Challenge, Committing to the Future

“The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow.”

Behind those words, penned by William Pollard well over 100 years ago, lies a humbling reality for urban maternal and child health leaders – the job is not yet done.

With this in mind, urban leaders for maternal and child health convene every autumn in one of our Nation’s grand cities for the CityMatCH Urban Maternal and Child Health Leadership Conference. This conference is a time for these leaders to learn from one another, to share common concerns and challenges, and to consider what will be needed next to improve MCH outcomes and assure equity.

This year’s CityMatCH conference took place in New Orleans, LA, August 23-25, 2009. The conference focused on evidence, innovation, and leadership. These three themes were selected with the understanding that our best intentions for creating healthier communities will fall short without equal emphasis on each.



- **Evidence** – *We cannot design and deliver programs because they feel right. We need evidence to indicate that they are right.*
- **Innovation** – *We cannot only do what we have done. We must let innovation guide us to what hasn’t been done.*
- **Leadership** – *We cannot simply react to the concerns of the moment. We must provide leadership toward a better future – responsible public health practice demands that.*

We trust you will enjoy the following selected highlights from this year’s conference, and we hope they will motivate you to join us for our best conference yet – our 20th Anniversary conference – taking place in 2010. Details coming soon!

Special thanks to...Our local hosts – the City of New Orleans Health Department, represented by Dr. Kevin Stephens, Dr. Joia Crear-Perry, Charlotte Parent, and Barbara Cheatham. This year, our local hosts helped to choreograph the Friends of CityMatCH Dinner, the on- and off-site Service Learning experiences, and many conference sessions. They deserve kudos for their remarkable assistance with planning, developing, and executing the annual conference. We thank you!

Paying Our Respects: Inspiring Learning through Service

By Leah Jepson, Julie Driscoll, and Anna Benton, City of Milwaukee Health Department

In an effort to “give back” to our host city, CityMatCH provided three Service Learning opportunities for participants at this year’s conference. A group of participants remained onsite at the hotel to stuff emergency evacuation kits for New Orleans families and assemble information packets for the State Health Department. Others chose to venture outside the hotel to assist with grounds maintenance at a local MCH clinic or a community cemetery. The story of the community cemetery, as seen through three participants, is told below.

While buses idled outside, an impressive number of attendees opted to break out of their comfort zone and get their hands dirty in an off-site Service Learning experience. Service Learning is a call to action – a way of providing meaningful service to the community while also gaining a new perspective on the integration of Maternal and Child Health research, data, and service planning in a way that can never be fully grasped in a conference or classroom.

Three of us from the City of Milwaukee Health Department chose to work on a project organized in partnership with Operation Nehemiah. This New Orleans-based non-profit organization was founded the day that Hurricane Katrina first made landfall. Once the floodwaters receded, Operation Nehemiah volunteers donned vibrant green t-shirts – the only green to be found in a city devoid of foliage – and went to work providing support to hundreds of residents who had lost hope following Katrina’s devastation.

Recently, Operation Nehemiah vowed to see the restoration of the Holt Cemetery. Historic cemeteries are as much a part of New Orleans culture as are Zydeco music and Creole cuisine. There are dozens upon dozens of spectacular cemeteries in the city proper; their tight, orderly subdivisions and stunning above-ground crypts pay homage to the French and Spanish heritage that formed this city nearly three centuries ago.

And then there is Holt. Owned by the city, Holt was established in 1879 and was deemed a “potter’s field,” a place where people considered indigent or unidentifiable were once buried. Unlike the majority of cemeteries in New Orleans, however, the dead in Holt Cemetery are buried underground – a practice almost unheard of due to the city’s low elevation. Multiple family members are buried in each tiny plot, the previous occupant being moved up towards the headstone to make room for subsequent remains.

In the shadow of the sprawling City Park, tucked between a baseball diamond and the Delgado Community College parking lot, lies this neglected cemetery. A tiny, hand-painted sign leans in the direction of the entrance – easily missed – and a dilapidated building shades a pile of headstones that have long since been separated from their rightful plots.

A narrow channel of stagnant water cuts through its center to drain the excess water that plagues low-lying cities, and it is full to overflowing. Every inch of the cemetery is caked

with dried, cracked mud, which has buried, broken, or dislodged headstones and delivered them to the far ends of the field. Burial plots are demarcated by rotting wood, tangled bed frames, plastic garden edging, bricks, and even rusted folding chairs, if marked at all. All of this, after hundreds of volunteers have come weekly since March to do their part.

Tackling the destruction is an admittedly overwhelming task. Upon arrival, CityMatCH participants quickly divvied up responsibilities, which included the digging and righting of headstones, backfilling sunken graves, and clearing the cemetery of debris.

Quite possibly the most difficult and undesirable task of them all was digging out the trench leading to the drainage hole to prevent the cemetery from flooding again.

As the day progressed and volunteers sought relief from the heat and hard work, a sense of quiet reverence overtook the group. Many were unnerved, as they walked amongst the graves.

Several volunteers stumbled upon human remains – in one case, an entire pile of them reduced to fragments – and there was no possible way to determine where they belonged. These discoveries made the current condition of the cemetery seem even





more unacceptable as a final resting place for a loved one.

And then it happened. After hours of digging, one by one, the scattered group realized excitedly that the stagnant water in the drainage ditch had begun to move. Everyone paused as the algae coating the surface broke apart and began slowly moving down the channel and out of the cemetery.

It was this small victory that reinforced what we were doing out there in the damaged cemetery: we were making a difference to our hosts by giving some of the poorest families in New Orleans a dignified place to pay their respects.

Even with everything accomplished, it was clear that there were going to be more days like this – countless more volunteers working in the heat to improve Holt Cemetery.

The work done by CityMatCH volunteers, while seemingly a drop in the bucket, has given both the volunteers and the community a greater sense of hope and pride.

We believe that, above and beyond what we did in New Orleans, we have seen the meaningful impact of what a little work can do, and hope that each person who participated in Service Learning – whether offsite or on – takes this back and applies the experience to their own communities.

It makes the hard work that much more important and impactful.

To date, Operation Nehemiah has provided help to more than 37,000 New Orleans residents distraught by the storm.

If you would like more information about this organization, contact Fred Franke at ffranke@operationnehemiah.com or by phone at (504) 782-3337.

CityMatCH 2009 Conference New Orleans, LA August 22 – 25, 2009



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The evaluations have been tabulated, the session materials posted online, and the highlights brought forward for you to experience. In the following sections, we feature some of the most exciting moments and sessions of the 2009 CityMatCH Conference... *Laissez les bons temps rouler!*

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Do you want more Conference 2009?

Please visit the CityMatCH Conference website to see all of the highlights from 2009 including: session materials, conference photos, and the *Conference Abstract Compendium: Examples from the Field*.
http://www.citymatch.org/conf_index.php

Evidence Under the Gunn

"MCH programs can and should show leadership in evidence innovation and the development of new evidence."

"There's nothing like starting a morning by talking about evidence." The opening Plenary of the CityMatCH Conference began with a presentation by Dr. Veronica Gunn (Chief Medical Officer, Tennessee Department of Health) in which she emphasized the importance of recognizing and expanding the evidence base in order to assure the implementation of best practices in MCH.

Dr. Gunn addressed some of the most fundamental aspects of evidence by answering the following three questions:

1 "What is meant by 'evidence' in public health?" Evidence based public health has been defined as the process of integrating science-based interventions with community preferences to improve the health of populations.¹

2 "Where can you find evidence, and how can you apply evidence to MCH practice?" It is important for public health professionals to apply evidentiary standards to practice. In order to accomplish this task, Dr. Gunn proposed the following steps:

- **Identify the "right" issue.** First, determine the relevance of the problem and decide if addressing this problem is an achievable task.
- **Seek out the best evidence.** Utilize a variety of sources and assess the strength of the evidence.
- **Critically appraise the evidence.** Determine the validity, impact, and applicability of any evidence used.
- **Integrate with public health experience.** Determine the best course of action considering the population for whom the intervention is designed.
- **Evaluate.** Conduct both process and outcome evaluations.

"MCH is very well aware that while there is a lot of data out there, it doesn't answer all questions and it isn't necessarily readily applied to all populations."

3 "What can maternal and child health professionals do to add to the evidence base?" When MCH programs find little or no evidence to guide a selected intervention, an opportunity is presented to generate new evidence. Dr. Gunn suggested professionals conduct a "rapid-cycle" study* when implementing new and innovative practices.

• **Guide activities based on some reasonable data.** Begin by identifying what you know about the problem you have chosen to address and what others have done to impact the problem.

• **Determine what 'success' looks like.** Clearly define the goal you seek to accomplish.

• **Design evaluation.**

Determine what you are going to measure and how you will incorporate evaluation into your project.

• **Implement intervention.** Conduct the project.

• **Adjust as necessary to achieve outcomes.** Based upon your evaluation results, modify the intervention to assure it produces the intended results.

Dr. Gunn's presentation reminds us that the appropriate application of evidence can improve outcomes and efficiencies, and impact future programs and services for women, children, and families.

* For more from Dr. Gunn on evidence in MCH and examples from Tennessee, download her session PowerPoint at: <http://www.citymatch.org/Conf2009/ppt/sun/Plenary1-WhatisEvidence.pdf>.

¹ ND Kohatsu, JG Robinson, TC Torner. Evidence-based public health: an evolving concept. Am J Prev Med. 2004 Dec;27(5):417-21.



"As public health professionals we know that much evidence exists, and the challenges are in how to access that information, how to nuance it, and how to apply it to your specific population, your resources, the public demand, and political pressure."

Methods for Assessing Racism: Three Community-Level Investigations of Racism

An unprecedented number of abstracts were submitted for presentation at this year's conference. While there were far too many to include in this issue, we have chosen to highlight three - presented in the session, "Methods for Assessing Racism" - which show promise for contributions to the MCH evidence base. In the past decade, there has been increasing interest in developing methods to understand and measure the impact racism has on health outcomes. Below, three communities share their analytic approaches and findings (complete abstracts and session materials can be found at: http://www.citymatch.org/conf_index.php).

Columbus/ Franklin County, Ohio

In Franklin County, Ohio, non-Hispanic Black women experience a greater proportion of adverse birth outcomes than non-Hispanic White women even after adjusting for education and income. To better understand the factors underlying disparities in birth outcomes, the 2005 Franklin County Health Risk Assessment included questions to measure racism developed by Camara Jones, MD, MPH, PhD for the Behavioral Risk Factor Surveillance System (BRFSS, Module 12, Reactions to Race - <http://www.cdc.gov/brfss/questionnaires/pdf-ques/2008brfss.pdf>).

Columbus Public Health analyzed data for Franklin County from 1,315 women who responded to the Health Risk Assessment and found that non-Hispanic Black women are far more likely than non-Hispanic White women to think about their race more frequently; report being treated worse than other races in the health care setting; and, report having emotional and/or physical symptoms as a result of how they were treated based on their race.

Los Angeles County, California

In Los Angeles County, data from the 2005 Los Angeles Mommy and Baby Project, a biennial, population-based survey, was used to investigate racial disparities in discrimination. Perceived discrimination was measured using a seven-item discrimination scale developed by Nancy Krieger (Experiences of Discrimination -- <http://www.macses.ucsf.edu/Research/Psychosocial/notebook/krieger.html>). Overall, 42% of African American and 41% of Asian American women reported some form of discrimination.

When looking at specific forms of discrimination, the greatest differences were seen in the reporting of discrimination due to color or race. Compared to White women, African American women were nearly five times, Asian women nearly four times, and Latino mothers more than two and a half times more likely to report discrimination due to color ($p < 0.0001$).

Madison / Dane County, Wisconsin

Data analyses indicate that in 2002, African American infant mortality declined dramatically and achieved rates comparable with Whites in the City of Madison and Dane County. Public Health-Madison and Dane County (PHMDC) became partners in a collaborative research project to better understand this phenomenon.

PHMDC conducted focus groups with African American women and asked about their life course, experiences with healthcare, family, community, and their perceptions of race and racism. PHMDC found that themes around race, poverty, healthcare, fathers, and community emerged.

Film footage from the focus groups and interviews with providers has been used to develop a mini-documentary to encourage awareness, dialogue, and problem-solving among community members, stakeholders and providers.

Wondering what your community can do?

Based on the results of the three studies above, CityMatCH has identified a number of strategies for communities interested in addressing the impacts of racism in their community:

- Conduct and report research on specific factors associated with perceived discrimination for women of color
- Use a validated instrument to assess racism
- Identify factors that foster resilience
- Develop programs that promote resilience as a means of health promotion
- Help women use culturally appropriately coping strategies
- Make health care providers aware of the role of discrimination and its impact on maternal and infant health

If you are interested in any of these strategies, technical assistance is available. Contact Brenda Thompson at brendathompson@unmc.edu or by phone: 402-561-7500.

The Innovation Value Chain

A key breakout session at the annual conference focused on a program featured in previous editions of *CityLights* called the *Building Economic Security Today* (BEST) Project (for more complete information on BEST, see the Spring 2009 issue of *CityLights* or view materials from the session at: http://www.citymatch.org/conf_index.php). BEST is an asset-development pilot project that utilizes innovative strategies to reduce inequities in health outcomes for low-income Contra Costa County families by improving their financial security and stability.

Since many in the MCH community have credited BEST as one of the more innovative public health programs in the last few years, we asked session presenters, Cheri Pies, MSW, DrPH and Padmini Parthasarathy, MPH (Contra Costa County, CA) to use a published business model known as the Innovation Value Chain to evaluate their organization's innovation processes.

The Innovation Value Chain (IVC) is a framework for fostering innovation in MCH departments or organizations.¹ The IVC is a three-phase process consisting of generating ideas, developing ideas, and disseminating ideas. Across the three phases, six critical tasks must be performed. These tasks serve as links in the chain, and an organization might have links that are particularly strong and others that hold them back. The key is to take a look *across* an organization's IVC to determine how to improve the innovation processes that are in place. (See Figure 1: Innovation Value Chain – adapted for public health audiences).

Below, Pies and Parthasarathy describe the BEST program through the lens of the IVC.

Phase 1: Idea Generation

In-House. *Did you and your staff in Family, Maternal and Child Health (FMCH) Programs create ideas about this innovative program on your own?*

Yes, although it is important to note that the ideas for BEST came from expo-

Figure 1 THREE PHASES						
Critical Tasks	1. IDEA GENERATION			2. CONVERSION		3. DIFFUSION
		In-House Creation within a program	Cross-Pollination Collaboration across programs	External Collaboration with parties outside the organization	Selection Screening and initial funding	Development Movement from idea to first result

sure to a combination of events. Several FMCH Programs staff had been meeting with our Life Course Data Team for about a year, and we were struggling to identify a new life course-based intervention that would push us further “upstream” in our efforts to address social determinants of health.

Additionally, the release of the documentary, *“Unnatural Causes”* by the California Newsreel in 2008 inspired many of us to think about the link between health and wealth.

Cross-Pollination. *Did your staff generate potential ideas by working across the organization?*

Yes, we shared our ideas with other Public Health programs across our larger organization, and they, in turn, let us know what they thought of these ideas and how they could be integrated into their work.

External. *Did you look outside the organization to draw good ideas from others?*

Yes and no. We did not exactly “look outside the organization,” but we did take advantage of several opportunities that enabled us to go outside of our public health comfort zone. Our interest in financial asset development was first piqued in March 2007, when we attended a summit held by our local Family Economic Security Partnership (FESP), at which we learned about local efforts to ensure the financial security of Contra Costa families. This summit introduced us to this whole new world of asset building and preservation.

The final push to create BEST came when our team attended a **CityMatCH** Preconception Health Practice Collaborative Meeting in June 2008. We talked with other teams about the health and social issues with which women in their cities

are struggling. We synthesized this with what we were learning about asset development and the connection between wealth and health. We recognized that if our Life Course Initiative was truly going to make a paradigm shift in practice and improve birth outcomes, we needed to design a new project that would address larger structural issues; poverty was one of those. As a result, BEST was born.

Phase 2: Conversion

Selection. *Have you been able to screen and fund the new ideas?*

Yes, FMCH staff were initially skeptical about whether this new project would “work.” We told them that we did not know if BEST would “work” to reduce inequities in birth outcomes, and that we would only know if we tried. We provided asset development trainings for our staff. They immediately began to engage more in the project and the planning process. They started to talk with us about what *they* needed as members of the community, and how a program like this could help *them*. These insights from our staff were used to design specific interventions for BEST.

So far, BEST has been funded primarily by existing state MCH and County general funds. In 2009, we received funding from two local foundations, and we continue to apply for support for the project.

Development. *How is your staff turning these innovative ideas into practical interventions and best practices?*

The first year of BEST has renewed our belief that developing a solid logic model and evaluation plan is key to developing strong program interventions. Having taken the time to clearly articulate our project's strategies, short- and long-term outcomes, and methods for measuring success, we are now able to design the most effective interventions possible. In

(Continued on next page)



Creativity is a gift we have had since childhood...find it.

CityMatCH asked 2009 Plenary Speaker, Candy Whirley, to share her insights on how to start thinking creatively.

I remember this one time when I was a kid, my neighborhood friends and I were bored and wanted to play something the whole group could play. We had access to a big field by an old house, a bat - but no baseball - and a rubber kickball. It was the best base-kick-dodge ball game we ever played! When we hit that rubber ball it soared, and we could throw the ball at the base runner to make an out. We believed that three bases were too boring, so we made six bases, plus home. We played until dark. Little did we know how creative we were.

What do children do about obstacles? They create, they invent, they change, and they play. Stop and think for a moment about your childhood and how creative you were with those obstacles. As adults we tend to push back our creativity and our childhood playfulness. You can get it back and you should take advantage of it in your organization.

A great way to get those creative juices flowing is through laughter. When is the last time you laughed a deep-down belly laugh - at work? As a leader, how can you harness that laughter - and use it to spark creativity in your staff? In my *Creativity Day Camp for Leaders*, I use a technique called 'The A-B-C Game' to help cultivate an environment of humor and laughter, and to initiate creative ideas.

The ABC Game. Ask your staff to brainstorm about an obstacle you are currently facing, such as, 'local funding sources we can tap into,' or 'creating a positive work environment.' Break the participants into two groups, assign one group the letters A-M and the next group N-Z. The ideas have to start with the letters assigned. If you need more than two groups, just repeat the letter assignments.

Sit back and watch, as many different ideas come from each group. The ABC Game stretches their brains to new, more creative ideas.

Example: "Creating a positive work environment."

Always let staff know about changes,
Be sure communication is timely,
Catch someone doing something good and tell them,

D, E, F, G, Have an open door policy,
I, J, K, Laughter is the best medicine,
M, Need chocolate now,
O, P, Q, R, S, T, U, Value others' unique talents,

Walk 'n talk meetings can get ideas flowing,

X, Y, Zero whining!

Candy Whirley is a national speaker on the topic of innovation, creative thinking, and managing personalities in organizations: www.candywhirley.com.

The Innovation Value Chain (Continued from previous page)

addition, we have gained tremendous insights into the time, effort, energy, and patience that go into changing systems. We are working on a protocol that could be utilized by others as they begin to make structural changes to their delivery of services.

Phase 3: Diffusion

Spread. *Is your staff diffusing BEST across your organization and into other communities?*

We are fortunate to have had several opportunities to speak with groups within our health department, at local community-based organizations, and across the country about our new project. We also recently launched our Life Course Initiative website, which shares our work with a broad audience. Both our speaking engagements and our website have allowed us to obtain feedback from varied individuals and organizations, which we have used to enhance the design of BEST.

In addition, BEST's intensive planning

process provides other local health departments with a road map and tools for replicating our project. Finally, as members of several local coalitions, we bring new project ideas to them and discuss how to work with community partners to make this project a reality for our clients.

For more information, contact Padmini Parthasarathy, Life Course Initiative Coordinator, at pparthas@hsd.cccounty.us or 925-313-6178, and visit our website at www.cchealth.org/groups/lifecourse.

Final Thoughts

Being "innovative" in urban maternal and child health will take much more than throwing around an intangible buzzword. It will take courage and tenacity, as well as all people, in all areas of our organizations to bring freshness and creativity to our work.

Frameworks such as the IVC can be used to think about how an MCH department or organization takes on

innovation as a mainstay of their work.

Think about these questions:

- *Are all six of the critical tasks/links present across the program?*
- *In which of the phases does a program excel?*
- *In which phases is improvement needed?*
- *How will a staff team improve its end-to-end process of generating, converting and disseminating innovative ideas in the future?*

Using this framework to examine Contra Costa's BEST project is one example of how we can begin to expand our public health capacity to be creative and inventive.

What will you do to make innovation your organization's next best practice?

¹ Hansen, M.T. & Birkinshaw, J. The Innovation Value Chain. Harvard Business Review. June 2007.

Building Your Organization through Mentoring and Peer Coaching

According to the 2009 CityMatCH Membership Assessment, 62% of member representatives plan to retire in the next 10 years. As a result, CityMatCH continually fields requests for resources and conference sessions on succession planning, and particularly, mentoring.

Common questions include: *“How do I know if I am ready to be a coach or a mentor?”* or *“What will we talk about?”* and *“How do I manage that kind of relationship?”* Additionally, *Developing Others through Teaching and Mentoring* has been designated as one of 12 core MCH leadership competencies (MCH Leadership Competencies v3.0, found at: <http://leadership.mchtraining.net/>).

In response to this need, CityMatCH created the CityLeaders Program (see page nine), and began holding a series of workshops at our annual conference. This year, we invited public health leadership expert, Claudia Fernandez, DrPH, MS, RD, LDN, (Director, MCH-Public Health Leadership Institute) to speak at a pre-conference workshop during which she shared her insights on the field of mentoring. Selected highlights are found below:

The Continuum of Developing Others...

People often confuse mentoring with other forms of working with and developing people. Figure 2 shows a continuum you can use to determine the best developmental fit for an individual in your organization.

Figure 2

The Mentoring-Coaching Continuum				
Typically Internal		Typically External		
Technical Skills Transfer	Mentoring	Coaching	Consulting	Counseling
<ul style="list-style-type: none"> ▪Orient ▪Train ▪Model ▪Precept 	<ul style="list-style-type: none"> ▪Teach culture ▪Provide meaning ▪Foster Career 	<ul style="list-style-type: none"> ▪Guide Leadership ▪Develop Soft Skills ▪Discrete skills 	<ul style="list-style-type: none"> ▪Analyze situation ▪Solve problems ▪“Do the Work” 	<ul style="list-style-type: none"> ▪Personal coping or dealing with issues of private life

Do’s for Mentors...

There isn’t a pre-determined age, and you don’t have to be nearing retirement to be “ready” to mentor. You only have to be ready to give of yourself with the intent of helping another person grow.

Since this is a highly personal relationship that often involves you sharing your ideas, perspectives, and experiences with another, more junior, person, it is understandable that you would want to choose a mentee carefully, and choose someone you respect and trust. You can decline to be a mentor when asked, if you feel the personal chemistry between you isn’t right.

If you are lucky enough to be a mentor, there are some guidelines for success you can follow. When you mentor another individual, it is helpful to start off with a road map of what they would like to learn from you, and revisit that roadmap as your relationship develops.

You should not be their “sole source” for development—encourage them to read books and articles, engage in leadership development experiences, or undertake stretch assignments. Your role is to give advice and perspective, make connections, and generally nurture their careers along.

Do’s for Mentees ...

If you are lucky enough to have a mentor, you should nurture this relationship. Your mentor is sharing valuable wisdom, advice and experience you can learn from—and it can be life-changing.

First, respect their time; they are typically very busy individuals. Set regular

work with them so they understand their role. Be organized and keep them apprised of your other development work, for example, if you have read relevant articles or books on issues of mutual interest.

Absolutely, respect any confidences they share with you and always thank them for their time and their wisdom. This calls for more than words—from time to time, you should send them a personal handwritten note or a letter sharing the impact they have made on you.

Mentoring in your Organization...

If you are the leader of your organization, it is a good idea to get everyone involved as a mentor and as a mentee. It helps create networks across your organization and share learning more broadly.

If creating a robust mentor/mentee program is not a good fit for your organization or team, one of the best strategies you can use is Peer Coaching. Peer Coaching facilitates teamwork and promotes a culture of learning by organizing team members into groups of two to four with the goal of holding one another accountable for growth and learning.

Ongoing Peer Coaching teams share individual development plans with one another and discuss them at least quarterly. Each team member states the areas in which they want to grow, shares their road map, and keeps their team regularly apprised of progress.

If someone needs help, they have a team right there to jump in with ideas, resources and contacts. Overall, it is a great way to support goal achievement and keep team members on track.

For more of Dr. Fernandez’s insights, and to view materials from her pre-conference workshop, visit: <http://www.citymatch.org/Conf2009/ppt/sat/BuildingYourOrganization.pdf>

Creating a Culture of Candor



Effective leadership is especially critical in these changing times. And while communicating in an honest and direct manner has long been discussed as a critical leadership skill, creating a culture where candor is commonplace can be a difficult task for a leader to accomplish.

The *Magda Peck Leadership Symposium* at this year's conference featured a candid conversation between Dr. Magda Peck (*Founder and Senior Advisor to CityMatCH*), and an MCH leader who has modeled transparency throughout his career, Claude Earl Fox, MD (*Director - Florida Public Health Institute*). Answering questions from Dr. Peck, Dr. Fox highlighted numerous points in his career when he experienced working in a culture of true candor, or created that culture himself as a leader. Below are selected excerpts from Dr. Fox's responses highlighting key strategies for building a culture of candor:

Speak up. When I first started in public health, I was involved in doing

hypertension screening. I began thinking, 'Why are we screening and not treating?' As a new health officer I made some comments about that; two years later, the state developed a hypertension treatment program through the health department. You can do it in a respectful fashion, but if you don't speak up, and share your ideas, they'll never go anywhere.

Provide the conditions for others to speak up. I think as a leader you should develop ways for staff to communicate to you in an anonymous fashion. When I was head of a state health department, we had five thousand employees. Most of them never had a chance to say anything to me directly.

Every year, we would break them up into town meetings, give everybody note cards and ask them to write down anything they wanted to ask or say to me. Then we would collate them, and leave two hours at the end of the day where I would stand at the podium and answer the questions. It allowed my staff to have the opportunity to ask an anonymous question, or make a comment about something that was going on in the agency.

They could hear my response, totally unscripted. It allowed me to get a feel of the agency, what was going on at the ground level. You ought to have a culture where people can say things openly to

you and not feel threat or retaliation.

Making issues "public" leads to action. I worked in Alabama when we had the worst infant mortality rate in the country. The Governor couldn't say 'infant mortality'; it wasn't in his vocabulary. So we started putting out publicity about infant deaths, and kept on, kept on, kept on. Finally, he formed an infant mortality task force that included the Medicaid Director and me.

As a result, the Medicaid agency quadrupled payments under Medicaid for prenatal and global maternity care. The Governor was forced into it. He didn't care anything about infant mortality, but since we made it a public issue, we forced him into doing something that was quite proactive for women and children in Alabama.

Always have a back-up plan. In a final question, Dr. Peck inquired, "You never said, 'I just have to keep my mouth shut because the consequences are too great?'" Dr. Fox responded, I prepared myself so that if I ever had to leave a job, I would have somewhere else to go or have the qualifications to do so.

The Magda Peck Leadership Symposium takes place at the annual CityMatCH Conference and features compelling and provocative topics in Public Health Leadership.

The CityMatCH CityLeaders Program

Congratulations to the following MCH leaders who were accepted to the Year 3 cohort of *CityLeaders*, a six-month leadership training program for emerging and mid-level leaders in urban maternal and child health. For more information on the program, visit: <http://www.citymatch.org/cityleaders.php>.

- **Linda Archer**, Colorado Dept of Public Health & Environment, Denver, CO
- **Lupeda T. Brown**, Lawndale Christian Health Center, Chicago, IL
- **LaTasha Cooper**, Boston Public Health Commission, Boston, MA
- **Mara DeLuca**, Maricopa County Dept of Public Health, Phoenix, AZ
- **Michael Dedee**, Monroe County Health Dept, Rochester, NY
- **Venkata Garikapaty**, Missouri Dept of Health & Senior Services, Jefferson City, MO
- **Leah Jepson**, City of Milwaukee Health Dept, Milwaukee, WI
- **Alana S. Podratz**, El Paso County Dept of Health & Environment, Colorado Springs, CO
- **Beryl Polk**, Mississippi Dept of Health, Jackson, MS
- **Jill Radowicz**, City of Milwaukee Health Dept, Milwaukee, WI
- **Stephanie Rogers**, Christiana Care Health System, Wilmington, DE
- **Stephanie Townsell**, UIC School of Public Health, Chicago, IL
- **Jamila Walker**, Nashville, TN



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Urban MCH Summit on Committing to the Future

*“Recent Study Reveals Health Inequities Abolished in 2010”
“All Urban Neighborhoods Tied for #1 Place to Live”
“Families Matter...And We Really Mean It This Time”*

Creating these headlines marked the first in a series of activities that occurred on the final day of the 2009 Conference at the Urban MCH Summit on Committing to the Future. In the end, the Summit helped to encapsulate answers to the question “What can and must be done to improve urban MCH in the coming years?” Answers ranged from key success factors (see related box, “Key Success Factors” on page eleven), to topic-specific approaches, to education and training needs of urban MCH professionals. Take a look below at selected ideas with great momentum.

1 Life Course Health Development.

Ideas on how best to move this framework from theory to practice came to life in many conversations throughout the day. Participants insisted that we no longer look at maternal and child health within silos of ‘age.’ Gone are the days when we look at infants only as infants; they are infants linked to mothers whose own health is key to good outcomes, and who will become adolescents, then adults, and potentially have children one day. The Life Course Perspective seeks to eliminate walls put up around each age group and to look across the entire lifespan and across generations. Emerging approaches included:

- Offer a team-based practice collaborative that would bring together pilot cities who would demonstrate implementation of the life course model across one content area (i.e. healthy weight). Participating cities/teams would discover processes, steps, and recommendations for turning this theoretical framework into practice opportunities for local public health.
- Create life course logic models which would assist local health departments in determining the life course lens for each of their programs/services.
- Re-direct federal funding streams from age-specific prevention to life course-based preventive health services.
- Help local health departments re-think funding strategies within current categorical funding by linking coherent life course activities across grants.

2 Bridging Family Planning and MCH.

Several action plans and dialogues during the Summit targeted services and strategies typically associated with family planning and Title X as an entry point for improving broader MCH outcomes. Participants called for connecting family planning across agencies and gender, and identifying approaches for harnessing the current political atmosphere to make large changes in reproductive health care. Ideas for better connecting MCH and Family Planning included:

- Foster the use of Title X and Medicaid to improve coverage continuity and broader services; eliminate family planning waiver requirements.
- Develop and execute strategies for incorporating Reproductive Life Planning into existing services, particularly those that are federally funded (i.e. FQHC’s, Healthy Start, Title X and Title V programming)
- Enlist pediatricians in providing inter-conception care guidance to women and men.
- Work with reproductive health agencies to further agendas that are jointly applicable for urban MCH and family planning professionals.
- Connect with the White House Council on Women and Girls to educate on the important connections and cross-over between MCH and family planning.

3 The Role of Men in MCH.

Maternal and Child Health by name excludes the important population of men who share responsibility for birth outcomes, serve as mentors and role models for children and adolescents, and need preventive and mental health care to ensure the resilience of future generations. Summit participants urged that men become a larger part of the MCH equation as we move toward the future. Suggestions included:

- Collect data on male populations 17-25 by asking, “Where do you find health care?” and use the results to create opportunities for incorporating MCH services.
- Stress the value-add of incorporating a male component into programs and services to funders and national partners.
- Focus on upstream services such as career and vocational training, and fatherhood coaching and counseling.
- Recognize the consequences of male and father involvement in the juvenile and criminal justice systems, address the social determinants of health that place them there, and develop national strategies to curb the rising numbers.



Over the next year, CityMatCH will work with our partners both nationally and at the local level, to turn these ideas into strategy and action. If you have suggestions to share, contact Chad Abresch or Katie Brandert at CityMatCH at 402-561-7500.

Awards Luncheon

Kathy Carson Promising Practice Award. This award was named this year as a tribute to Kathy Carson (Seattle & King County, WA), who after 20 years of service to CityMatCH has retired from the Board of Directors. Kathy has been an innovator and leader in MCH, pushing CityMatCH and our membership to think bigger and to do more.

Winner: Paymon Ebrahimzadeh and colleagues, Los Angeles County Department of Public Health, "HIV Prenatal Testing and Discussions among Race / Ethnicity in the 2005 LAMB Study."



Winner: Rita Beam and colleagues, Tri-County Health Department, CO, "Creating Community Involvement to Conduct a

Each year CityMatCH hosts an Awards Luncheon to recognize the contributions that local professionals have made to the field of MCH. The following awards were given during the luncheon for the outstanding abstracts presented at this year's conference through both oral and poster presentations.

Perinatal Periods of Risk Assessment."

Honorable Mention: Margaret Chao and colleagues, Los Angeles County Department of Public Health, "Reasons for Perceived Discrimination among New Mothers."

Honorable Mention: Pamela McGranahan and Suzanne Gaulocher, Public Health Madison / Dane County, WI and University of Wisconsin, Madison, "Giving Voice to African American Women in Shaping Health Disparity Inquiry."

Honorable Mention: Mia Arias and colleagues, National Health Foundation, CA, "The Los Angeles Chronic Disease Management Consortium."

Honorable Mention: Wanda Wesson and colleagues, March of Dimes, "Honey Child Prenatal Education Program: A Faith-

based Model Designed to Reduce Disparities in Birth Outcomes Among African American Women."

Effective Communication Award. The poster that receives this award exhibits excellence in translating results to an audience. The award was given to:

Winner: Los Angeles County Department of Health, "Circumstances of Perceived Discrimination Among New Mothers: 2005 Los Angeles Mommy and Baby (LAMB) Survey."

"STAR" Award. This award is given to the poster that exemplifies "Science to Action and Results" and honors those who best translate data into action.

Winner: Lyn Kieiltyka and colleagues, Louisiana Office of Public Health, "Changes in New Orleans Birth Outcomes Following Hurricane Katrina."

Honorable Mention: Laura Gaydos, Emory University, "The Role of Faith in Family Planning for Southern African-American Women."

CityMatCH congratulates all of the 2009 Awardees.

Key Success Factors

What are key success factors when it comes to providing good public health for women, children and families in urban areas?

Urban MCH Summit participants had an opportunity to brainstorm these factors in an Appreciative Inquiry (AI) exercise. AI suggests that focusing on successes, values, hopes, and dreams, rather than focusing on problems, failures, and fears can lead to more productive conversations about the future. Furthermore, the approach asks us to consider, "What makes success possible?"

After sharing personal stories about a time when they were "wildly successful" in accomplishing better maternal and child health, participants were asked to list concrete factors that led to their success. The following categories emerged:

Leadership. Leadership, often shared; effective leadership; champions

Collaboration and Partnerships. Partnerships/networks; cooperation with stakeholders, including during decisionmaking process, including community/target group; partnerships with external agencies

Buy-In. Community's involvement, voice; buy-in, trust, ownership from community and stakeholders

Resources and Talent. Resources – financial, human capital, stakeholders, volunteers; identify resources/talent of each person in the group to fully utilize everyone's strengths; qualified staff, right people, diverse staff, trained staff

Passion and Commitment. Persistence, passion, hard work; personal commitment, passion; positively passionate commitment

Goal Setting. Identify an achievable goal; realistic expectations; stayed focused on goal

Others factors included data, communication, vision, relationships, listening, creativity, persistence and opportunity (seized!).

Thanks to our Exhibitors and Sponsors



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

Thank You!

CityMatCH would like to thank the people and organizations who made the 2009 Conference successful.

Planning Committees:

- CityMatCH Education and Training Action Group (ETAG) and Conference Planning Committee (Chair: Deborah Hendricks, St. Paul-Ramsey County, MN)
- Summit Planning Committee
- The Lee Institute

Conference Sponsors:

- Association of Maternal and Child Health Programs
- National Healthy Start Association
- All conference exhibitors (*see page eleven*)

Funding Support:

- Centers for Disease Control and Prevention
- HRSA, Maternal and Child Health Bureau
- University of Nebraska Medical Center

Special thanks to... CitySingers, the official CityMatCH Band – starring, Margarita Reina (guitar, top right), Vanessa White (keys, middle), Don Horton (guitar/ music arrangement, bottom right). This talented group of urban MCH'ers shared their gifts of music during an evening out in New Orleans.





Guest Editors:
Kathleen Brandert and Sarena Dacus
<http://www.citymatch.org>

CityMatCH Staff

Patrick Simpson, MPH
Executive Director
Chad Abresch, MEd
Policy & Communications Manager
Kathleen Brandert, MPH, CHES
Education & Training Manager
Laurin Kasehagen Robinson, MA, PhD
Senior CDC-Assigned MCH Epidemiologist
Mark Law, MS
Organizational Effectiveness Manager

Mattea Campbell Langel, BSBA
Marketing Coordinator
Michelle Coe, Office Associate
Sarena Dacus, BA, Project Coordinator
Diana Fisaga, BS, Office Associate
Maureen Fitzgerald, MPA, Coordinator
Carol Gilbert, MS, Health Data Analyst
Marilyn Ingram, BA, Logistics Coordinator
Jennifer Martens, MPH, Project Coordinator
Janet Rogers, Office Manager
Brenda Thompson, MPH
Project Coordinator

Magda Peck, ScD, Senior Advisor