"People, we are two minutes from air time," bellowed the "producer." Cameras hurried into position. Wireless microphones were tested a final time for volume. On stage, News Hour "anchor" Peter "[Mc]Morris" reviewed his questions for the initial interview segment with CDC's Jim Marks, Director of the National Center for Chronic Disease Prevention and Health Promotion. Co-anchor Magda [Peck] "Plear" put final edits to the late-breaking news. Then came the producer's countdown: "5-4-3-2-1." House lights faded, and the "[Mc]Morris-Plear News Hour" went on "live" in Atlanta, Georgia.

“Leadership in public health,” began [Mc]Morris. "...perhaps an oxymoron? The health landscape in America's cities is being transformed by managed care, welfare reform, immigration reform. Local public health agencies are challenged to assure access to health care for all women, children and adolescents within their jurisdictions, yet many have divested of personal health services. There are those who cast doubt on the capacity of those in public health to effectively provide leadership during these extraordinary times of change. Today's News Hour focuses on 'Leadership...for a Change,' with special emphasis on maternal and child health. But first the news..."

This unconventional kickoff of the eighth CityMatCH Urban MCH and Child Health Leadership Conference featured a series of thoughtful, sometimes blunt, often provocative conversations on leadership challenges in public health. The first interview segment between CityMatCH Board Chair Peter Morris, Director of Family and Youth Success in Wake County (Raleigh) NC, and CDC's Jim Marks examined the definition of leadership and its unique manifestations in public health.

Dr. Marks described the essential values at the core of effective public health leadership. First, we in public health are about prevention. We also must be grounded in science. We must know the data, be able to show evidence for the effectiveness of our interventions, and base our prevention on epidemiologic science. "Maternal and Child Health too often can be passion driven," noted Dr. Marks. "When MCH passion gets out in front of the data, we become simply advocates with an opinion." Public health must recognize and promote interdependence. Our primary focus is on population-based assets, problems and solutions. To effectively safeguard the health and well-being of the community, we must work in concert with many, many others. We...
"Enough!" Moral Courage and Public Health

For me these are the real public health leaders of our time. They aren't involved in arguments over cost-effectiveness and efficacy. They don't worry about how to better communicate the value of public health. And, they aren't embroiled in debates over what constitutes "public health."

They, as individuals, identified what they believe in and determined the extent to which they could operate outside the bounds of their principles. Confronted with situations they found intolerable, these individuals made a decision to take a stand, at whatever cost. Each stood by that decision, and through that action, made a difference for public health.

In most circles, these persons would not be considered public health leaders or even leaders of any sort. This is because we tend to define leadership in terms of professional qualities: technical skills, expertise and knowledge, objective problem solving, and political sensibilities. But they are, in my mind, the kind of leaders we must cultivate and to which we should all aspire. They have a vision, integrity, a commitment to what they believe in, and a willingness to take a stand, no matter the risk. They have moral courage.

As a society, we are desperate for moral courage, not only in public health, but in all fields of work and in all aspects of social discourse.

- Many babies die each year, even though we know how to prevent a significant proportion of infant deaths.
- In my city, the rape of a white woman gets headlines, while the murder of countless African American men in the same town goes largely unnoticed by press.
- Every day, people go without food, shelter, and health care in the richest nation in the world.

To be sure, it is not easy to be morally courageous because there can be a cost to taking a stand. In a professional context, the cost could be your reputation, your influence, or even your job. But, as the examples I gave earlier illustrate, the act of one person can make a difference. An individual act can also motivate others who only need the inspiration of your example to take a risk.

In 1956, Martin Luther King wrote, "If we are to speed up the coming of the new age, we must have the moral courage to stand up and protest against injustice wherever we find it." Many of the injustices we see are not easily resolved, especially through traditional political and market processes. Often they reflect long-standing conditions defined by economic and political relationships. Yet, if we look back to some of the most important advances in human conditions and social organization, they have been led by individuals who had integrity, vision, and unwavering commitment to their beliefs and principles. We can gain hope and inspiration from leaders like Martin Luther King and others. We can learn from their examples and be motivated by their conviction.

"Enough!" Like those leaders before us who moved institutions and cultural norms, we need a public health leadership with vision, integrity, a commitment to principles and a willingness to take a stand, no matter the risk.

We need a public health leadership with a willingness to take a stand, no matter the risk.

An individual act can also motivate others who only need the inspiration of your example to take a risk.
Barbara Matula, former director of the North Carolina Medicaid program, and current Director of Health Programs for the N.C. Medical Society Foundation, shared her experiences in working in collaboration with public health to help mothers and children.

"...The first meeting of state Medicaid directors and state MCH directors almost ended in a fistfight," Matula began. "They saw us as bean counters. We saw public health folks as flower people - skipping through the fields doing good and if a dollar happened to be spent correctly - hey great! But it has been the unholy marriage of the bean counters and do-gooders that has done the most good for mothers and children."

Using her experiences as a state Medicaid director and drawing upon her collaborative style of leadership, Matula had the following "leadership pearls" for CityMatCH members:

1. You have to build your own credibility. Know your stuff. Don't just know what you knew before - build on it. Building it doesn't mean you have to be a genius - learn from others - borrow from others and give a little credit.

2. Be a genius - learn from others - borrow and move with the changes. What goes around comes around. Don't wait for the big things to change your life. Don't let perfection become the enemy of good.

3. Accept incremental change gratefully. Little changes, little flexibility. Be like an accordion player - be flexible and move with the changes. What goes around comes around. Don't wait for the big things to change your life. Don't let perfection become the enemy of good.

4. Build your knowledge base, build it with peers and share it generously. When someone becomes an expert in Russia they don't share because that is their power...that is not how we work.

5. Don't be afraid to say "I don't know." Amen.

6. Attitude. It doesn't hurt to be pleasant but pointed. Someone has to say the emperor has no clothes but in a way that it will not be held against you. Consistently make your point. Have a positive "can-do" attitude. Don't be the one who is negative.

7. Don't accept this doomsday, inevitability theory. For example, managed care is just another leadership challenge. I can say that because I've seen so much. There are phases of the moon. Some use these to avoid the need to do something - sort of like reorganizing. Don't accept things as inevitable.

8. Accept incremental change gratefully. Little changes, little flexibility. Be like an accordion player - be flexible and move with the changes. What goes around comes around. Don't wait for the big things to change your life. Don't let perfection become the enemy of good.

9. Publicize successes. Every time people feel satisfied - remind people that there are people with no insurance.

10. Always try to anticipate the next issue. There always is a next issue.

11. Don't let anyone forget about the uninsured. Have multiple forums for it. Publicize successes. Every time people feel satisfied - remind people that there are people with no insurance.
Managed Care, Welfare Reform, Immigration Reform, The Child Health Insurance Program. What change is next in health care? Conventional wisdom says the only constant in the health care arena is change. Within a context of continuous change, how can public health leaders provide effective leadership? Conference ’97 sought to provide participants with tools, techniques, ideas and inspiration to accomplish just that.

Pre-conference workshops offered learning opportunities in Media Skills, MCH Assessment, Economic and Trend Analysis, Linking Data and Policy, and Outcomes for MCH.

Opening plenaries, "Leadership for a Change," and "Moral Courage of Leadership," gave participants a strong base upon which to build their conference experience. The unusual news hour format set the tone.

Skills-building opportunities were many: Unintended Pregnancy, Skills for Organizational Change, So, What Really Works?, MCH Advocacy in Action, Where's the Money?, and Violence Prevention all were offered.

Site visits gave participants the opportunity to see MCH at work in several Atlanta locations. College Park Health Center, DeKalb Small Grants Program, Georgia Starting Points Initiative, Healthy Mothers-Babies Best Start Initiative, Frasier Child Development Center & Parenting Program, Teen Services - Dunbar Center, Whitefoord Community Program all were offered up for review.


Closing plenaries put the wealth of information in perspective. Managed Care - A Challenge to Leadership, The Future of Public Health Leadership, and Stories for Heading Home, gave attendees ideas and inspiration to take home.

CityMatCH is a free-standing national membership organization of city and county health departments’ MCH programs and leaders representing urban communities in the United States.

The conference was supported by the Maternal and Child Health Bureau, Health Resources and Services Administration and the Centers for Disease Control and Prevention. Additional support was provided by the University of Nebraska Medical Center and the March of Dimes Birth Defects Foundation National Office. For more information about this and future conferences, call CityMatCH at 402-559-8323.
Preparations for the 9th Annual Urban MCH Leadership Conference are in full swing. Conference '98 builds on the strong foundations laid by Jim Marks and others instrumental in Conference '97. Our theme is: “Remember the Mission: Improving the Health of Urban Children and Families,” which takes us back to the very heart of the CityMatCH mission.

San Antonio, Texas has been selected as the conference location. Pre-conference activities begin on Friday, September 11; the welcoming luncheon is slated for Sunday, September 13, and closing plenary, Wednesday, September 15.

Conference Registration fees are waived for CityMatCH members. Additionally, lodging may be provided for members, and additional travel stipends may be available. All CityMatCH member representatives are strongly encouraged to attend, and those unable to attend are asked to send a designated representative in their place.

Opportunities for Connections
Jorge Magana, El Paso, Texas, and Deb Hendricks, St. Paul, Minnesota, exchange ideas during the poster display session. Participants took this opportunity to network, develop new contacts and build upon professional relationships while learning about related organizations and projects.

Opportunities for Learning
Hortensia Amaro, PhD, Boston University School of Public Health, shares her expertise with conference participants during one of several skills building sessions.

Opportunities for Listening
Conference participants took advantage of opportunities to hear from leading MCH professionals and then take back that knowledge to their respective organizations.
CityMatCH News

Ehlinger Award Recipient
Honored

The 1997 Ed Ehlinger Award was presented this year to Sidney L. Bates, former Chief of Maternal and Child Health Service with the Kansas City, Missouri Health Department and former member of the CityMatCH Board. Sid Bates died of cancer on April 1, 1997. Paula Murray accepted the award in memory of her husband.

In presenting the award, Ehlinger noted that it is necessary for us to challenge what is "urban." Similarly it is essential to come together to talk about individuals and look at them at different levels. "Sid worked tirelessly in Maternal and Child Health. It is interesting to go back and look at the profiles that had Sid's name on them over the years."

"The most remarkable thing was that he had a sense of humor and a sense of fun. Sid had a sense of dedication and fairness. He also had vision. Those of you in cities under 200,000 - you are here because of Sid. He wanted to be inclusive. His persistence is responsible for a much larger and richer group of cities in CityMatCH." Sid Bates dared to ask if Boise and Boston had any common ground in urban MCH, and he persuaded us to reach out to smaller urban communities. In time, his advocacy changed the face of CityMatCH for the better.

"He was the first elected representative from Region VII on the Board of Directors. He was supportive of our developing an urban MCH committee within APHA. He said we have to have more people in the tent."

"When I asked Sid, 'Why do you climb mountains?' He said, 'Well I like the challenge. I like the process of getting up there, and I like climbing with friends and seeing the expression on people's faces when they get to the top.' That is a great metaphor for Sid - he pulled us along."

CityMatCH Action Groups Look to the Future

Infrastructure Action Group (IAG) - Fourteen participants chose to take part in the Infrastructure Action Group Breakfast.

1997-1998 Vice Chair for Infrastructure, Gary Oxman, opened the meeting by asking, "Why did you choose to attend the IAG session?" Responses to the question were for the most part, quite encouraging. Participants agreed that they came where more people and input were needed. They wanted to hear the issues, which were more challenging to them, and the smaller size of the group felt better to them. Discussion continued regarding procedural issues surrounding the future of CityMatCH, the development of contacts in outside organizations, and the ways that change will affect the regular membership.

Policy Development Action Group (PDAG) - Len Foster, 1997-1998 Vice Chair for Policy Development led the Work Group meeting, which drew thirty participants. Outgoing PDAG Vice-Chair Liz Zelazek presented a brief synopsis of last year's activities including collaborations and representation at other organizations' meetings and presented a list of accomplishments.

PDAG members receive policy related materials for comment via rapid information delivery - fax, conference calls, the website, E-mail, and other means. They provide input on special policy and reform materials. Action Group participants discussed the need for balanced representation on policy issues, development of a criteria for measuring success and failure, and development of benchmarks.

Capacity Building Action Group (CBAG) - Twenty-two people attended this Action Group session, led by Carole

Urban MCH Data Use Institute Launched

Data Use Institute teams from nine cities (Fresno CA, Peoria IL, Durham NC, Portland OR, Knoxville TN, Austin TX, Norfolk VA, Seattle WA, and Milwaukee WI) met for the first time in conjunction with the 1998 CityMatCH Urban MCH Leadership Conference. The orientation allowed the 28 participants in this year's Institute the opportunity to network with teams from other parts of the country and learn more about the Institute.

Team members were given the opportunity to improve their analytic skills through participation in pre-conference skills-building sessions and a special presentation on small area analysis and geographic information systems (GIS). Many of the Institute members who had not previously attended a CityMatCH conference stayed to learn more about urban MCH issues.

Institute teams left Atlanta with a clear idea of the hard work ahead. Teams will participate in a series of conference calls augmented with self-instructional materials and begin work on their year long project. Participants will meet again in Atlanta in January 1998 to further master data use skills.

Interested in improving the data use skills in your community? The 1998-1999 CityMatCH Urban MCH Data Use Institute will be announced in May.
Lessons Learned: Successful MCH Programs Recognized

The Tarrant County Violence Prevention Project (TCVPP) was selected as one of four Spotlight winners at the CityMatCH Annual Meeting in September.

The one and a half year-old project was precipitated by a 1994 U.S. Department of Justice crime report which revealed that Tarrant County had higher crime rates per capita than Texas or the United States. TCVPP has worked to establish a presence in the community as a partner in violence prevention, receiving funding through Title V monies provided through the state of Texas.

Taking the initiative as the lead agency, TCVPP is working collaboratively with a multidisciplinary team to address violence prevention. The project is also an active participant in the Tarrant County Criminal Justice Planning Group, a broad-based coalition of 54 agencies. The process will include development of a comprehensive resource assessment for victim referral and identification of gaps in the current system which address violence.

A prevalence study of battering during pregnancy is underway with the health department prenatal and WIC population. The survey has been constructed in English, Spanish and Vietnamese, with attention to the appropriate reading and comprehension level of the survey population. TCVPP plans to include education and screening for all prenatal providers in the county and move toward a more uniform reporting of battering by appropriate agencies.

Accomplishments to date also include development of a newsletter to assure networking and communication among the violence prevention agencies in the community. A ten-part video production of the violence prevention program “A Gentle Touch” for caregivers of infants and children from birth to age five has been completed. The program focuses on modeling non-violent behavior to create an environment of gentle communication.

A health educator has been hired to facilitate community-wide education with this program. Expansion efforts may include offering the program through health maintenance organization as participants in the Medicaid Managed Care program in Tarrant County.

Glenda Thompson of the Tarrant County Health Department says the project is important to the county because, “working together for the welfare of the residents of Tarrant County is a strong investment in the future. The ability for agencies to be a referral resource through the concept of networking benefits the community at large by linking available services for optimal resource utilization.”

For more information about the Tarrant County Violence Prevention Project, contact:

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“...working together for the welfare of the residents of Tarrant County is a strong investment in the future.”
Leadership for a Change (from page one)

must also broaden the credit for making a measurable difference. Last, leaders in public health must never forget their core value of social justice. "We are the guardians of the community's health," noted Dr. R. M. I. S. Social justice is what sets us apart from others engaged in community health who have choice about the portion of the population for which they want to assume accountability. Public health accountability is and must be for the whole community. We need strong public health leaders who reaffirm and recommit to that accountability every single day.

In a follow up News Hour Focus segment, CityM atCH CEO / Executive Director Maggie Peck, alias Co-anchor "Plear," interviewed Milwaukee Health Commissioner Paul Nannis and Wisconsin State Senator Peggy Rosenzweig about the interplay between state and local leadership in public health. Senator Rosenzweig observed that it is increasingly critical for maternal and child health advocates to grapple with their competition with the aging population. They need to be clear and persuasive in arguing for a special place for mothers and children in