Despite increasing health care expenditures and the impressive array of medical breakthroughs we have witnessed in the past century, we still see significant and persistent disparities in the health of racial and ethnic groups. Much evidence exists to demonstrate that racial and ethnic minority status is associated with disparate, and often, disproportionately poorer health outcomes. The reasons for these disparities in health are complex and often still insufficiently understood. Converging influences such as poverty, inadequate health care coverage, and difficulty accessing quality and culturally competent health care contribute greatly; systemic barriers to health care combine with issues of lifestyle, health risk behaviors, and environmental factors.

Last February, when he formally announced the new Race and Health Initiative, President Clinton powerfully articulated that we can no longer tolerate the existence of preventable gaps in health. With the vast array of resources that our country can bring to bear on this problem, we can no longer view as acceptable the establishment of differential goals for health defined by racial and/or ethnic status. The President committed the Nation to an ambitious goal: eliminate health disparities experienced by racial and ethnic minority populations in six critical health status areas, while continuing the progress we have made in improving the overall health of the American people. The six critical health status areas are HIV/AIDS, infant mortality, cancer screening and management, cardiovascular disease, diabetes, and child/adult immunizations.

This new, targeted Initiative to Eliminate Racial and Ethnic Disparities in Health relates closely to Healthy People 2000 and 2010. Healthy People 2000 provides near-term goals for the Race and Health Initiative by giving us measurable objectives. The Race and Health Initiative, however, goes another critical step by developing an action framework for achieving the goals that are based on the work of Healthy People, and by the commitment to eliminate disparities in health.

Protecting the health of children is of critical importance. The relative proportion of racial and ethnic minority children is increasing, particularly for certain groups such as Hispanics and Asian Americans. Given the demographic distribution of minority families and youth, much of the responsibility for improving their health falls upon urban health departments. Our nation’s urban centers are host to some of the greatest disparities in racial and ethnic health outcomes, and (continued on page 6)
"Messing Up"

"Stories for Heading Home" presented by Magda Peck, CEO and Executive Director of CityMatch, are a conference tradition. Here is a story from this year’s closing session:

"Close your eyes and hold out your hand," said Sam, voice filled with eager anticipation. I did as instructed.

"Now open them," he said as he presented alpine flowers just picked from the mountain top carpet of color. "They’re lovely," he said as he explained. "So did Sam."

"Quick, hide them in your pocket!" he said in an urgent whisper. He said Sam in an urgent whisper. He said Sam in an urgent whisper. He said Sam in an urgent whisper. He said Sam in an urgent whisper.

I could taste the delicious joy that came from spontaneous gifts of love from sons on the edge of adolescence. I resisted the spontaneous gifts of love from sons on the edge of adolescence. I resisted the spontaneous gifts of love from sons on the edge of adolescence. I resisted the spontaneous gifts of love from sons on the edge of adolescence. I resisted the spontaneous gifts of love from sons on the edge of adolescence. I resisted the spontaneous gifts of love from sons on the edge of adolescence. I resisted the spontaneous gifts of love from sons on the edge of adolescence.

"Thanks, Sam..." I began, but before I could say another word, Sam and his brother took off down the trail, fighting for the lead. When I caught up with them, Dave was giving a dramatic reading of an information sign titled "Dr. Jekyll and Mr. Hyde in the Rocky Mountains." They took turns reading the ten forbidden practices of errant hikers: Number 3: Litter. Number 5: Picking alpine flowers: Illegal and punishable by fine.

"They’re lovely," I said quietly. His tense body began to ease. Without permission, I leaned over and kissed his head. His moist eyes toward mine. "So do I."

So did I.

We mess up. This still comes as a surprise to many, as if perfection were the default position. As long as there is action, mistakes are inevitable. In the name of prevention, some never act. For the rest of us, the question becomes what to do with our errors. It is a two-fold challenge: uncoupling mistakes from failure, and learning to seize each error as an opportunity to learn.

Mistakes well learned from are gifts. Invisible if not opened, they appreciate in value, and become sweet in hindsight.

Through CityMatch, we foster gift exchange: systematically sharing ideas, expertise, and mistakes in urban MCH practice and policy development. We encourage public health agencies to share their "best practices" and the lessons they have learned from what hasn’t worked as well. Our annual conference, CityLights, the Data Use Institute, and other products and services give direct ways to make the exchange happen regularly among urban communities.

I challenge us to go further. While we sharpen the measures of ‘success,’ we must redefine ‘failure’ as being unwilling to admit our worst mistakes, as missing the opportunity to learn all we can learn from them, as being unable to openly teach others from our lessons learned.

In a darkening time of uncertain truths about high crimes and misdemeanors, public health leaders must raise the bar, not about initial mistakes which we are destined to make to some degree in this lifetime, but rather how well we handle them with grace and humility.

Sam is not yet old enough to fully appreciate the moral dilemma of mountain flowers. My job is to help him weed out failure from messing up, to dilute his dose of harsh self-judgment with the right words and deeds. I took his sweet face in my hands and coaxed his moist eyes toward mine. "So now you know. It’s okay," I said quietly. His tense body began to ease. Without permission, I leaned over and kissed his head. His return embrace lingered briefly, and clouds of doubt scattered with the winds.

On the next morning’s breakfast table, the illicit flowers looked refreshed and lovely. So did Sam.
"It Always Starts with Community"

Linda Welsh, Austin, TX, 1998 Conference Co-Chair, and local host, Fernando Guerra, Director of the San Antonio Metropolitan Health District, welcomed conference participants to the 9th Annual CityMatCH Urban Maternal and Child Health Leadership Conference in San Antonio, Texas. The kick-off luncheon celebrated community and drove home the message of the conference: Remember the Mission: Improving the Health of Urban Children and Families.

Dr. Guerra greeted participants with a warm San Antonio welcome given in Spanish and English. Entertainment and enlightenment followed. Patti and Rod Radle offered "Songs, Stories and Voices from the Community," sharing their unique combination of community service and folk music. Rod Radle directs San Antonio Alternative Housing, a corporation established by Inner City Development, which provides a way for low income families to purchase a home. Patti Radle serves on the board of San Anto Cultural Arts, a program which grew out of Inner City Development. Since 1972, both have volunteered at Inner City Development, helping to develop such programs as a food pantry, clothing service, sports programs, after school tutorials, summer program for children, and summer job training for teenagers.

The Radles' presentation was punctuated with comments from three people whose lives they have touched personally: a young woman who has seen both sides of the program, first as a participant and later as a volunteer; a mother whose children took part in the program's many activities, and who recently became the first paid staff member; and a young man who was a participant of the program as a youth and now serves as a peer volunteer. According to one conference attendee, the opening session "deepened my appreciation of the populations we serve. I was moved by the Radles' maintenance of a commitment to serve, in a very personal way, a population that many of us serve indirectly." Another stated that it was an "excellent way to convey what getting involved in the community can do, and then what community residents who are recipients of services are able to give back and become employed in their community."

Through music and stories, the Radles reminded us that it does always start with the community.

Networking at the Opening Night Reception, provided with the generous support of the March of Dimes, brought the first day of conference to a close.

Poster presentations from the 1997-1998 Data Use Institute (DUI) Team projects were on display at the adjoining Data Use Institute Symposium, affording all the chance to meet and talk with team members.

Carole Douglas, Lincoln, NE, CityMatCH Region VII Board member, introduced the three cities selected for SpotLights recognition (see page 4).

A special Children of Children narrated photography exhibit by San Antonio artist Michael Nye was on display. Nye's work highlights the experiences of those whose lives have been impacted by teen pregnancy.
During the opening night reception at the conference, Carole Douglas, Lincoln, NE, recognized three outstanding MCH Initiatives. She reminded listeners that the programs selected for SpotLights were among the best programs, and not the only great programs. Over 80 profiles of excellent initiatives were submitted this year for peer review and selection.

Fresno County, CA, Health Services Agency received SpotLights recognition for “Count to Ten,” initiated in January 1997 in partnership with the Fresno County Domestic Violence Roundtable, the Interagency Council for Children and Families and the Partners for a Healthier Community (a group of hospitals). “Count to Ten” creates public awareness about the relationship between domestic violence and child abuse and the need for primary prevention and early intervention.

The City of New Orleans Health Department received SpotLights recognition for their “Breast Cancer Awareness Program,” a collaborative effort to provide education and health screening, including breast and cervical cancer screening (mammograms and PAP smears) to women in medically underserved areas of Greater New Orleans. The program is in its third year and continues to grow.

Pinellas County Health Department, Saint Petersburg and Clearwater, Florida, was awarded SpotLights recognition for “Healthy Start and Women’s Services.” Men’s Services recognizes that fathers or other male support persons have a profound influence on the future health and well-being of a baby. Men’s Services provides both case management and support groups for biological or identified fathers of female clients of Healthy Start who reside in the targeted federal grant area. The program assists the father to build a bridge between himself, the child, and the mother.

Each of these MCH programs will be featured in the coming year’s issues of CityLights. Fresno County is spotlighted in this Conference Edition (see page 5).

As part of the criteria for attending this annual Urban MCH Leadership Conference, CityMatch members are asked to submit written profiles featuring outstanding MCH initiatives involving their health department. These profiles are judged for collaboration, innovation, replication, and sustainability. Each year, three initiatives which best fit the criteria are selected by peers for SpotLights recognition.

Site Visits Showcase San Antonio's MCH Programs

This year, conference participants had the opportunity to visit one of five different San Antonio-area MCH-related sites, arranged by the San Antonio Health Department. These programs opened their doors for several vans of observers.

Alamo Children’s Advocacy Center showed participants a comprehensive assessment, treatment and advocacy center for child and teenage sexual abuse victims.

Avance spotlighted their award winning and nationally recognized family support and education project, which provides direct services to strengthen families and enable parents and children to realize their fullest potential.

Community Health Watch is a neighborhood-based program designed to identify the health needs of residents in targeted neighborhoods and link them to available resources to improve health status. Individual and family needs and the empowerment of people through involvement and education are the main areas of focus.

The Healy-Murphy Center for high-risk teenagers who have dropped out or have been dismissed from school, provides child care for children of teen parents, intensive counseling, an accredited high school program, career guidance, skills and pre-employment training.

Patrician Movement, which calls itself an “Integrated Family Treatment Program,” highlighted their substance abuse treatment program which works in collaboration with the San Antonio Metropolitan Health District to provide residential services for pregnant women and women with young children. They offer prenatal and well child care, individual, marital and group counseling, educational and vocational classes and personal growth through community living.

Participants caught glimpses of successful programs, affording unique learning experiences. They were able to examine, and ask, and come away with ideas and plans to take back to their urban communities nationwide.
"Count to Ten" Raises Domestic Violence Awareness

Fresno County, CA, Health Services Agency's "Count to Ten," program was initiated in January 1997. A collaborative effort between the Fresno County Domestic Violence Roundtable, the Interagency Council for Children and Families and the Partners for a Healthier Community (a group of hospitals), it counts as partners the Fresno Chamber of Commerce, the Fresno Business Council, and The Fresno Bee. "Count to Ten" was one of the three cities selected for 1998 SpotLight recognition.

"Count to Ten" works to create public awareness about the relationship between domestic violence and child abuse and the need for primary prevention and early intervention to minimize its significant impact on children, youth, families and our community.

Program activities include: a K-3 after-school program; Future Positive, already in place at five school sites (thanks to the Partners for a Healthier Community and the Fresno County Health Services Agency, Maternal and Child Adolescent Health program), which include educational instruction and activities on nonviolent conflict resolution, anger management, communication skills, self-esteem, setting goals and collaboration; a drama production developed by youth for youth; a speaker's bureau anchored by the "Count to Ten" video; and a county-wide media campaign.

The objective of "Count to Ten" is to create public awareness about 1) the realities of domestic violence and the harsh consequences of this abuse; and 2) the need for primary prevention and early intervention to minimize the dramatic impact upon children and their families. Partners hope to stop the violence at home, at school and in the community. According to Project Director Kathleen Grassi, "A call to action by the community to prevent domestic violence is to prevent lives from being broken. And in the process, we'll become a community that turns from violence to embrace respect, peace and pride."

Lessons Learned? Grassi advises, "First, find partners (individuals with the ability to capture the attention of others, not necessarily health and human service people) in the community who also believe the message, effort, etc. Educate them and let them help carry the message. Partner with those who can get the job done. They feel good and they will help you again someday. It works!"

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"Politically All Wrong!" Show Features Our Cities, Our Future

...Good Afternoon, and welcome to Politically All Wrong! The topic of today's broadcast is Our Cities, Our Future. And, what's happening to America's cities, anyway? They're getting the short end of the stick. All this talk about devolution is mostly a conversation between Capitol Hill and Governors' mansions... "Local government" to Federal level folks seems to mean things in States.

Last I checked, no one in the State legislature answered the phone when a city resident in bad trouble called 911. I have not seen babies born at the State Level. The real brunt of devolution - or welfare reform, or immigration reform, or health care reform or education reform - is playing out locally, in cities across America.

Mayors and other local elected officials do not shape national policy, and can no longer drive state or local policy. They manage what happens when cities are left holding the bag..."

And so the final plenary of the 1998 CitySpotLight 1998 Conference came to an end, with Nannis opened with, "Were back, live from San Antonio, Texas, home of the Alamo, with a special edition of Politically All Wrong." In our closing segment, I challenge each of our guests to tell us what the future holds for cities and kids."

Casey, Freudenberg, Kurland and Kyle then offered predictions about the impact of change on cities families' health and well-being. Conversations about regionalism, regional compacts and community strength, opportunity cities, and true devolution ensued. As Politically All Wrong came to an end, Nannis challenged all to stay tuned next year for another unique CityMatch closing plenary!
this trend will continue well into the coming century. Nearly 80 percent of our population is now living in urban settings, and minority Americans are more likely to live in cities. As you know, a profound and distinguishing feature of so many of our nation’s cities is the concentrated pockets of poverty.

Public health has always assumed a vital role in addressing the health needs of urban communities. As MCH practitioners, you have been deeply engaged in these efforts, and we have seen tangible progress.

There are specific and important opportunities for action. First is the need to deliver more and better health services to children and their families. Second is the need to recognize the role played by nonfinancial barriers to care.

Solutions require multidisciplinary approaches and must involve not just health departments, medical providers, and academic institutions, but also a range of community-based organizations, institutions and leadership.

Let me highlight three immediate ways CityMatCH could support this initiative. First, CityMatCH could expand its unique capacity to analyze and report city-specific data for trends and progress in narrowing the gap. In partnership with CDPH and HRSA, CityMatCH has become a very important resource and an increasing center of excellence in applied Urban MCH epidemiology. This is a crucial and underdeveloped need.

Second, CityMatCH could expand its efforts to build urban public health capacity in using MCH-related data as part of an urban strategy to reduce disparities and to achieve the Healthy People 2010 objectives broadly. The CityMatCH Data Use Institute, developed in collaboration with CDPH and with additional support from the AAP, is an excellent model for building and sustaining community capacity to use data and information strategically to improve the health of urban children and families.

Finally, CityMatCH could expand its resources compendium, “Lessons Learned” to identify, verify and disseminate profiles of programs and initiatives aimed at the six health status areas identified in the Race and Health Initiative. These profiles of promising and proven MCH practices are of great value to policymakers, practitioners and communities. Focused inclusion of the six priority areas of the Race and Health Initiatives would yield great knowledge and insight. Extending availability of “Lessons Learned” through additional communication networks the Race and Health Initiative could offer would further extend the value of this work.

I look forward to working with you as together we try to increase the likelihood that racial and ethnic disparities in MCH outcomes are eliminated in the years ahead.

Editor’s note: These remarks, excerpted from a keynote presentation to the 1998 Urban MCH Leadership Conference, can be found in their entirety at the CityMatCH website [http://citymatch.org]. For more specific information regarding this initiative, visit the Office of MCH’s website at [http://www.ohmhc.gov/frames.htm].

Kudos and Thanks Go To . . .

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For more information about this and future conferences, call CityMatCH at 402-559-8323.
Morris Receives 1998 Ehlinger Award

Peter J. Morris, outgoing CityM atCH Board Chair, was honored Monday, September 14, 1998 at the annual CityM atCH Business meeting. Len Foster, Deputy Director, Public Health, Orange County Health Care Agency, Santa Ana, California made the presentation in his first official act as incoming Chair of the CityM atCH Board of Directors.

Foster said, “I have learned a great deal from watching Peter in action - his quiet power of persuasion and ability to calmly otherwise tense situations. I consider him a mentor and treasured friend.”

Dr. Morris has been at the helm of change and growth as CityM atCH charts its course for the Year 2000. Dr. Morris is the Director of Family and Youth Success, Wake County Human Services, in Raleigh, North Carolina, and has a long history of advocacy in Public Health.

Morris joined the Board of CityM atCH in 1994 as a large Representative. In 1995 and 1996, he co-chaired the annual Urban MCH Conference. In 1996, he was elected Chair of the CityM atCH Board and Vice Chair for the Policy Development Action Group.

CityM atCH Action Groups Forge Ahead

CityM atCH conducts its organizational business through three “Action Groups” - Capacity Building (CBAG), Infrastructure (IAG), and Policy Development (PDAG). CBAG is responsible for products and services, and conference planning. The Municipal MCH Partners Project/Cooperative Agreement Advisory Committee is an aligned group of the CBAG. IAG is charged with incorporating changes in operating procedures and policies of the Board and the organization, revising Bylaws as needed, and reviewing procedures for selecting the Executive Committee. PDAG seeks to educate members through distribution of policy statements and position papers on emerging MCH issues, and to serve as a voice for local level MCH colleagues when queried by our national partners.

Each Action Group met during the 1998 Annual Conference. CityM atCH’s website is expanding and suggestions are solicited for its development. Action items and next steps will be reviewed through future conference call meetings. For more information, contact Kathy Carson via e-mail at kathy.carson@metrokc.gov or Donadea Rasmussen, CityM atCH staff liaison.

Infrastructure Action Group

Gary O’xman (Portland, OR), 1998 - 1999 Vice Chair for Infrastructure, reviewed CityM atCH’s mission, structure, interrelationships, Executive Committee, multiple roles of CEO/Executive Director/Primary Investigator, staff roles and functions, and CityM atCH’s unique approach to influencing policy.

Dr. O’xman highlighted the CityFutures, a process to strengthen the structure of the CityFutures process. Contact Gary O’xman via e-mail at gary.o’xman@co.multnomah.or.us or Joan Rosennundt, CityM atCH staff liaison for further information.

Policy Development Action Group

Vicki Alexander, (Berkeley, CA) 1998 - 1999 Vice Chair for Policy Development, facilitated this meeting, assisted by Len Foster, past Vice-Chair for PDAG.

Dr. Alexander began with a discussion of current “hot” policy issues, including CHIP, Welfare Reform, Child Care, Urban Asthma, and Early Brain Development. The meeting closed with conversation about the roles CityM atCH and PDAG, in particular, can take to positively impact national health policy debates on urban maternal and child health. Contact Vicki Alexander via e-mail at via1@ci.berkeley.ca.us or Maureen Fitzgerald, CityM atCH staff liaison for further information.
Data Use Institute Kicks-off New Year of Activity

The 1998-99 Data Use Institute (DUI) was launched with an Orientation for the eleven teams selected to participate this year. It was evident that having more teams, and larger teams (45 members total) put the Institute goals of translation and collaboration to the test.

CityMatCH CEO/Executive Director and DUI faculty, Magda Peck, kicked off the upcoming year’s activities with an ice breaker to measure comfort levels with data. Kick-off activities allowed teams to get to know each other. A lot of laughs were had as people learned more about their own data skills in relation to their team members and the other teams.

DUI Coordinator Donadea Rasmussen and Program and Policy Manager Patrick Simpson, presented the year’s agenda for the Institute and discussed course materials. Participants were encouraged to network with this year’s teams during the workshops and to connect with the first year’s DUI teams and CityMatCH members during the conference. Bill Sappenfield, MCH Epidemiologist, and DUI faculty, gave an overview of the purpose and vision of the Data Use Institute. Dr. Sappenfield encouraged teams to use the DUI-related activities and training, not only for the work they currently do, but to begin thinking about how they would like to contribute to the conference next year.

1997-1998 DUI teams “graduated” at the first DUI Symposium during the conference. This dynamic session “Mission Possible” offered participants a chance to see the importance of using data to address the health problems of children and families. Teams highlighted the need to understand the important role that teamwork, partnership, problem-solving, and leverage play. The symposium gave the chance to hear about other’s experiences in using data in this manner. As one participant put it, the DUI Symposium was “refreshing, innovative, informative and fun!”

Leadership into Action Through Effective MCH Data Use