The past year has been a significant one in the history of CityMatCH. As most readers will already know, Dr. Magda Peck, our organization’s founder, announced one year ago to the Board of Directors that it was time to transition the Executive Directorship to a new generation. She was not abandoning the organization by any means. In fact, she remains on as the CEO and Senior Advisor. But the day-to-day direction of the organization needed to be handed off for her to realize new professional vision.

In February of this year, the Board of Directors unanimously voted to appoint Patrick Simpson, seven-year CityMatCH veteran and then Director of Operations, to assume the position of Acting Executive Director. Mr. Simpson accepted and has since worked to steer CityMatCH purposefully and soundly in an era that could otherwise be stormy. For her part, Dr. Peck has been there, ready with encouragement, free advice, and gentle reminders of what is most important. And our Board’s seasoned Executive Committee - Kandi Buckland, Vicki Alexander, Kathy Carson, and Zenobia Harris - has been invaluable. Focused on the mission, committed to the cause and thoroughly practical in their ability to make our mission and vision work on the ground.

Together, Magda Peck, Patrick Simpson and the CityMatCH Executive Committee would like our readers to know...

- **Our destination is still unfolding.** Several unanswered questions (let’s call them opportunities) remain for CityMatCH. One such opportunity stems from the recent five-year accreditation of the University of Nebraska Medical Center’s (UNMC) Public Health Program - founded in large part through the work of Magda Peck. With this accreditation, new public health infrastructure is unfolding rapidly at UNMC. Where will CityMatCH fit in that picture? University officials agree that CityMatCH will be a vital player as an established, public health organization.

- **Our projects are running strong.** Inside this issue of CityLights, you will read about many of our organization’s projects. We have tailored the content to give readers a detailed look at what is going on inside CityMatCH. Page two highlights a trip made by CityMatCH leaders to the XV International AIDS Conference in Bangkok, Thailand (see picture at left).

- **Our Board will undertake a five-year strategic planning process in the months ahead.** It is hard to believe that five years have passed since our last strategic plan, but it is true. During the process, the direction and vision of our Board will be more important than ever. What’s more, we will need the continued input of our members. Page four summarizes an example of this critical input, gathered in a recent Emergency Preparedness query.

- **Our commitment to urban MCH is unwavering.** As an anchor to our work and evolution, the mission of CityMatCH has not changed, “Improving the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities.”

- **Our leader and inspiration for all these years, Magda Peck, is still here!** Still our founder. Still our visionary. Still our CEO and Senior Advisor. Magda Peck remains a wonderful story teller, mixing experience with passion for urban MCH. For many, many years she has offered a heading home story to close our annual conference on a high note. For all our readers unable to attend this annual event, Magda offers a printed story within - Enjoy!

Patrick Simpson, Acting Executive Director, showcases CityMatCH efforts to help cities reduce Perinatal Transmission of HIV/AIDS, at the XV International Aids Conference in Bangkok, Thailand (See page two)
AIDS Conference in Thailand into fixed luggage space, it was too late for a real dinner. A quick trip to the convenience store would have to hold me till morning.

The Bangkok side street leading to the Queens Park Imperial Hotel was lined with competing massage parlors, street vendors serving uncertain foods, a few restaurants, and a lively bar where East served West. The roadway was still thick with a noisy mix of vehicles. Stepping gently around the mother and toddler curled up on the sidewalk, I didn’t know what else to do. Loose change from my earlier passing still lay in the cup by her side. The FamilyMart across the street was western utilitarian, fluorescent-lit tight aisles packed with international necessities. Most evenings that week, I had seen an old woman sitting on the stoop outside, not begging, just there. That last night, I cradled juice and yogurt cookies in the check out line right behind her.

When I encounter something unfamiliar, my brain works to make sense of it based on some prior life experience. Synapses of memory fuel rapid hypotheses about what’s going on and what might happen next. In a heartbeat, I had written her sad life’s story through elite Western eyes. From her leathered bare feet and faded floral dress, I assumed that she had been weathered by chronic poverty, unsheltered overnight for a very long time. She must have lacked basic health care: both eyes were marked by opaque cataracts, obscuring hints of original steel blue. She seemed ancient, but it was more likely that we were closer to the same age. I registered vague pity, abstractly angered at injustice manifest.

Their commercial exchange was straightforward: she put one 5 Baht coin on the counter – about a dime – and said something quietly to the young clerk, who gave her one piece of gum and 3 Baht coins. The old woman then placed each coin on the counter – about a dime – and said something to me. I didn’t know what she was trying to say, but it was clear she was thanking me. She placed her gnarled hands one on top of the other, fingers touching, all lightly joined her palms, all touching fingertips pointed upward, and pressed her gnarled hands thumb-side to her chest. Bowing her head, she whispered Khop Khun Mak Kha – thank you very much – and received a like gesture in return. She put the small piece of gum in her mouth and left the store. When I stepped outside a few minutes later, there she was back on her stoop, settled in for the night. She was smiling. I had never witnessed such simple peace.

For fifty years, each experience has fused with the ones before, forming the rich, cohesive mosaic of my life. Each new piece always seemed to find enough context to make sense. Smug with worldliness and seasoned by cross cultural encounters, I had headed to Asia ready to retrofit more tiles, but too many just would not fit. Elephants trained to hand out condoms to aid the prevention of AIDS, a seven course meal of dog meat at stands regulated by the Ministry of Health, and salt served in pepper shakers and pepper in the salt. Graceful Tai Chi for young and old in every park at dawn and dusk, fervent Temple offerings of gold leaf and incense and baskets brimming with eggs and fruit. Old men squatting patiently in the searing wet heat who always feel a breeze: an old woman with empty pockets whose heart and soul was full. Surprised by simple acts of daily living, I became the stranger: too wide and too white and too western to ever fit in. Once I stopped trying, new possibilities came at every turn.

The hard stuff we need to do in public health to really combat AIDS and prevent infant mortality and eliminate health disparities requires us to construct a new mosaic, together. Current constructs – be they political or social or economic or cultural - constrain our thinking of what can and must be done. We must become strangers to current realities so that we can challenge old ways of doing business that don’t work anymore. Unless each of us becomes supremely and personally uncomfortable with what is, we will not feel compelled to make fundamental change happen.

Khop Khun Mak Kha to my FamilyMart guardian who one Sabbath night led me to encounter the world anew. Fuelled by fresh perspectives, taking on the really tough stuff somehow seems doable again. No matter how hard or hot it may get, there will always be a breeze of hope. A great deal, for only 3 Baht change.
CityMatCH Conversations:
Urban Women's Health/Preconception Health

CityMatCH members have a clear understanding of the complex interplay of variables that can steer urban women away from optimal health and possess a wealth of ideas to address them. Over the last year, selected CityMatCH members participated in focused conversations, highlighting key areas to address disparities and improve the health of urban women. CityMatCH members working with the PPOR PAC, the UWH subcommittee, the National March of Dimes and the National Center of Birth Defects and Developmental Disabilities at CDC agree it is essential to promote the health of women to achieve healthy women, children, and families. A summary of key concepts from members is included below.

Identified Needs
- Greater emphasis on planned pregnancies;
- Increased partnerships between family planning providers and the health department;
- Well-women care for unplanned pregnancies;
- Social norms valuing well-timed and spaced pregnancies;
- Providers who understand linkages between women's health and pregnancy;
- Research demonstrating preconception factors influencing birth outcomes.

Promising Practice Strategies
- Preconception counseling approaches;
- Client – centered service models with carefully tailored messages;
- Community needs assessments;
- Illustrating community benefits from family planning, well-women and preconception care;
- Successful Practice Strategies:
  - Increased partnerships between family planning providers and the health department;
  - Well-women care for unplanned pregnancies;
  - Social norms valuing well-timed and spaced pregnancies;
  - Providers who understand linkages between women's health and pregnancy;
  - Research demonstrating preconception factors influencing birth outcomes.

FOCUS ON PARTNERS -- The National March of Dimes Birth Defects Foundation

The mission of the March of Dimes is to improve the health of babies by preventing birth defects and infant mortality. Improving infant health requires a focus on the entire spectrum of reproductive health, which begins before conception and extends throughout the woman’s childbearing years.

Preconception care is a reframing of the focus of health care, shifting from primary care to PREVENTION in order to maximize maternal health and birth outcomes. The most important message for preconception care is that a woman should plan for pregnancy in order to optimize birth outcomes. This is extremely important as 40% of all pregnancies in the United States are unplanned.

The elements of preconception care include risk assessment, risk reduction, health education, health promotion and medical or psychosocial interventions (Risk assessment is available online at: http://www.marchofdimes.com/files/preconception_tool_ed.pdf).

The elements must be accomplished prior to conception. Why don’t more women subscribe to preconception care? Perhaps because some do not understand the importance of good health habits prior to conception and many women do not have access to health services. So, how to forward the platform of preconception care? The topic should be included in professional educational programs.

The National Center of Birth Defects and Disabilities has recently announced their commitment to make preconception care as a routine part of health care. The March of Dimes is including preconception messages in the next phase of the national prematurity campaign. As public health advocates, we have a responsibility to incorporate these messages into our work in order to improve maternal and child health. For more information on this and on the second annual Prematurity Awareness Day, visit the website at http://www.marchofdimes.org/
By now, the presence of Emergency Preparedness activities, funding and related organizational shifts are the new status quo. How this impacts our members ability to assure MCH activities is a question CityMatCH first asked via Rapid E-Query in February, 2003. Monitoring our membership in this manner enables CityMatCH to identify risks and opportunities, determine how shifting focus on security and emergency preparedness impacts local MCH systems and status in urban communities, and understand how the needs of children and families will be addressed in case of disaster. The first members query on Emergency Preparedness was completed in March of 2003. (See CityLights, Winter/Spring 2003, Volume 11, No. 3/4, page three)

In the first query, members asked that CityMatCH continue to monitor the ongoing impact of BT preparedness activities on MCH outcomes and to assist members to be more proactive versus reactive in developing solutions. To that end, a second query was fielded in March/April 2004. The summary of responses follow, and we expect that the thoughts and ideas shared here can continue to spur our members to action, as was the case with the 2003 Query.

Response: In 2004, CityMatCH received 66 (47%) responses from 140 members (there are 237 cities over 100,000 according to the 2000 census—66 is 28% of those) in comparison to the 2003 Query which elicited 76 responses, comprising 54% of members queried.

This year just under half (46% of the 66 respondents) felt their programs had been adversely affected by Emergency and Bioterrorism Preparedness activities. This is very similar to last year’s result, and as in 2003, the largest negative impact was felt in the diversion of funds and staff time and energy from MCH programs. However, many health departments have been able to take advantage of new resources available to them because of BT activities. In some cases, MCH programs have benefited from infrastructure improvements. Many programs were able to develop new relationships with community organizations, and had new opportunities for contact with their target populations as a direct result of their BT work.

Impacts on Budget and Staff Time

In 2004 just under half (46%) CM member health department representatives feel they have been adversely affected by Emergency and Bioterrorism Preparedness activities. This is very similar to last year’s result, and as in 2003, the largest negative impact was felt in the diversion of funds and staff time and energy from MCH programs. However, many health departments have been able to take advantage of new resources available to them because of BT activities. In some cases, MCH programs have benefited from infrastructure improvements. Many programs were able to develop new relationships with community organizations, and had new opportunities for contact with their target populations as a direct result of their BT work.

“...As a result of reduced funding, I have not been able to fill vacant positions. With decreased public health nurses, I have had to move them into clinical areas, i.e., STD Clinics, immunizations, CD control, and have severely reduced home visiting for high risk families.”

- Michelle Kling, Division Director Reno (NV)
New Opportunities and Successes

Over one third of respondents believed that MCH issues have benefited from emergency preparedness programs. A variety of benefits was mentioned, including the hiring of an epidemiologist, staff training that can be applied to MCH programs, improvements in data collection capabilities (such as absent student information), and technology and infrastructure improvements. Improvements included faster, more large scale, and more multicultural public information systems, a “sentinel monitoring program with on-line real time access to all the local hospitals,” and “BlackBerry” mobile Email units for senior staff members. One program has used EP notification systems to provide physicians with “timely information regarding child health issues.” In one city, the local EP program provides after-hours telephone coverage that makes MCH information available “24/7.”

Less tangible benefits were new opportunities to disseminate information to the public or to collaborate with agencies or providers. Mass flu vaccination clinics have provided both of these, and given MCH staff valuable program experience. One member related that emergency preparedness volunteers from the community have learned about MCH issues and have begun providing MCH programs with professional expertise in areas such as public relations and dentistry, and helping MCH staff with tasks such as outreach mailings.

Several members reported increased opportunities to network with responders such as fire departments and local hospital emergency rooms, which resulted in broadening perspectives on both sides. Other members said they were collaborating with the local Homeland Security Office and nearby nuclear power plants. One respondent wrote “Emergency and Bioterrorism preparedness has forced MCH programs to think about their populations in this context.” Others wrote “when MCH staff are asked to participate [in Emergency Preparedness activities] they frequently represent MCH interests and gain a broader perspective on how Public Health works.”

MCH Involvement with Emergency Preparedness Planning Activities

Only 25% of respondents (fifteen) felt they had not personally played an active role in Emergency Preparedness activities in their jurisdiction. (Slightly fewer than the in 2003 survey.) Three of these felt their issues were well represented by their own staff or others with knowledge of their issues. Seven had very limited involvement and had plans to improve MCH representation. Only three respondents indicated that MCH issues were not being addressed at all.

A majority, 75% of respondents (46 members) indicated that they as MCH leaders, were playing an active role in Emergency Preparation, especially in Federal regions VI, VII, VIII, and X, which have lower population density (p=.058).

A majority (28 members) indicated that they were automatically included in Emergency Preparation by virtue of their position. Six were invited due to expertise or connections with first responders. Four volunteered or had to ask to be “at the table.” Over half (24) had leadership roles in Emergency Preparation. Others were involved with planning and carrying out activities.

For more information on the Emergency Preparedness Rapid E-Queries, contact Maureen Fitzgerald, Coordinator, via Email: mfitzger@unmc.edu or phone: 402-561-7500.

"As a member of the department's Emergency Operations Center, I am helping to develop the plan for Hawaii. My focus has been to emphasize the importance of MCH, especially special needs populations."

- Loretta Fuddy,
  Family Health Division Chief, Title V Director
  Honolulu, (HI)
In 2004, CityMatCH conducted an assessment of its entire membership. The Membership Assessment considered a broad spectrum of urban MCH issues.

Categories covered in the assessment included, health department priorities, budget, infrastructure, CityMatCH training initiatives, and demographics.

The survey was delivered to 144 members with an aggressive follow-up strategy to increase the response rate. Non-respondents were contacted twice via phone and via e-mail four times.

Ultimately a 70% response rate was achieved with 102 members at least partially completing the survey.

For the first time in our organization’s history, the survey was conducted online. Based on the success of this methodology, future topical surveys will also be offered online. This method allows us to link response on rapid queries to complete contact databases for increased statistical utility.

The results of the CityMatCH 2004 Membership Assessment are currently being reviewed and analyzed. Look for more in-depth reporting in a subsequent edition of CityLights.

For more information on member services at CityMatCH, contact Mark Law, Project Coordinator via Email at: mlaw@unmc.edu or by phone at: 402-561-7500.

The DaTA Institute Model

CityMatCH Urban MCH DaTA Institute:

Data To Action for Effective MCH Leadership

After a year of evaluating, revising and restructuring curriculum, CityMatCH is pleased to announce the 2004 – 2005 DaTA Institute. The six teams accepted into the DaTA Institute and their projects are as follows:

• **Golden, CO:** Translating Community Health Assessment Findings to Improve MCH Outcomes
• **Nashville, TN:** Nashville Obesity Project
• **Philadelphia, PA:** Interconception Risk Assessment
• **St. Paul, MN:** Analyzing and Evaluating Public Health Participation with Teens on Welfare
• **St. Petersburg, FL:** Teen Pregnancy Prevention
• **San Jose, CA:** Santa Clara County Public Health Department Teen Pregnancy Prevention

We welcome and congratulate the teams as they begin this yearlong process.

For more information, contact Kathleen Kock, Project Coordinator, DaTA Institute, via E-mail: kkockt@unmc.edu or phone: 402-561-7500.

CityMatCH Releases New Publication --

"Undoing Racism in Public Health: A Blueprint for Action in Urban MCH"

Racial and ethnic disparities in health status persist and are increasing in some areas. Eliminating health disparities has been a sustained, strategic priority of CityMatCH.

CityMatCH has synthesized responses from a 2004 query of its membership and evaluation comments from State department teams participating in a workshop on health disparities that revealed four potential areas of focus for a large-scale, national initiative on undoing racism in public health.

CityMatCH is proud to announce the publication of ‘Undoing Racism in Public Health: A Blueprint for Action in Urban MCH’ in September, 2004.’ This document looks at the current knowledge base, strategies for undoing Institutional Racism and offers a strategic model for future CityMatCH activities, and can be adapted for use in other settings.

Copies can currently be ordered through the CityMatCH office, with dissemination plans ongoing. Visit the web at http://www.citymatch.org, E-mail: citymch@unmc.edu or phone: 402-561-7500.
CityMatCH welcomes several new members to our Board of Directors. Elections were held throughout the month of June for Regions I, II, IV, VII, and VIII as well as two At-Large positions. Thanks to all of the CityMatCH members who thoughtfully participated in this year’s board elections - your votes are certainly appreciated.

Newly elected Board members will assume their responsibilities in September, 2004 and serve through September, 2007.

- **Region I:** William Ridella*, General Manager, Family Health Services Section, Detroit (MI) Department of Health & Wellness Promotion
- **Region II:** Nina Burford*, Nurse Manager, Tri-County (CO) Health Department
- **Region IV:** Carol Synkewecz, Maternal and Child Health Director, Duval County (FL) Public Health Department
- **Region VII:** Mary Balluff (Returning), Chief, Health & Nutrition Community Services, Douglas County (NE) Health Department
- **Region VIII:** Kandi Buckland (Returning), Director, Personal and Preventive Health Division, El Paso County (CO) Department of Health and Environment
- **At-Large:** Zenobia Harris (Returning), Patient Care Leader-Central Region, Pulaski County (AR), Arkansas Department of Health
- **At-Large:** Cynthia Harding, Director, Maternal, Child, & Adolescent Health Programs, Los Angeles County (CA) Department of Health Services

CityMatCH salutes the following outgoing Board Members for their dedication.

- **Barbara Ferrer,** Deputy Director, Boston (MA) Public Health Commission
- **Claude M. Dharamraj,** Assistant Director, Pinellas County (FL) Health Department
- **Gary Oxman,** Health Officer, Multnomah (OR) County Health Department

CityMatCH Elects New Member to Nominating Committee

One CityMatCH member was also elected to serve on the Nominating Committee. This committee is primarily responsible for developing the slate of potential candidates for the Board of Directors. Elected was:

- **Sherry Williams,** Program Administrator, Waco-McLennan County (TX) Public Health District

*Pending approval of bylaw revisions - see related story at right.*

CityMatCH Members’ Services Coordinator Back From Active Duty

Mark Law, CityMatCH Project Coordinator for Member Services and Sergeant, South Dakota Army National Guard was called to active duty in Iraq in early 2003, and just recently returned to his position at CityMatCH. He comments, "I was humbled by the amount of support I received from the CityMatCH family, my co-workers, my family, and my wife. I feel fortunate to know wonderful people and I hope they understand how much I appreciate what they did to help me come back healthy, both physically and emotionally. It’s great to be back."

Welcome back, Mark.

Changing with the Times: CityMatCH Bylaws Revisions

A year ago at the CityMatCH Annual Conference, Board members met to address plans for the future of the organization. Over the past thirteen years, this organization has grown and flourished; much has changed. What has not changed, members of the Board agreed, is the commitment to improving the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities.

Since then, the Board’s Organizational Effectiveness Committee has taken the lead on charting a sure course for the future. Part of their work has involved a thorough review and consideration of the CityMatCH bylaws.

Some were outdated; others failed to adequately recognize technological advances and capabilities; some lacked robust qualities needed for unique circumstances and contingencies.

What’s more, the enduring role of the organization’s founder and now Senior Advisor, Magda Peck, was not adequately addressed. Finally, the bylaw revisions addressed an ongoing problem — a shortfall of Regional Board Candidates. To solve this issue, the revisions now allow for an additional At-Large Board Member to represent vacant regions.

Revisions are now complete and approved by the Board. Now, ratification is required by a quorum of voting CityMatCH members. To that end, revised bylaws have been mailed to all members for review. At the Members’ meeting in Portland (OR) on September 11, 2004, these bylaws will be presented, questions will be fielded and a vote to adopt them will be taken.

All members are encouraged to review these changes and assure their voices are heard prior to the vote. CityMatCH is a member-driven organization and your input is valuable.

For more information, contact: Chad J. Abresch, Project Coordinator, via Email: cabresch@unmc.edu, or phone: 402-561-7500
CityMatCH Annual Membership Meeting

“Expedition 2004: Exploring the Boundaries of Urban MCH” in Portland, OR, was the location for the annual CityMatCH Membership meeting, Saturday, September 11, 2004.

Under the direction of the Board of Directors’ Executive Committee, this year’s membership meeting focused on member engagement. CityMatCH structured much of its work around three organizational Action Groups: Education and Training, Best Practices and Policy and Organizational Effectiveness. In the past several years, our Board members have taken the Lion’s share of the work for these groups, but as we move ahead, we hope to engage more members in these critical groups that steer our course. If you are interested in joining an Action Group, contact Mark Law via Email at mlaw@unmc.edu or by phone at 402-561-7514.

Stay Tuned:

Watch your mailbox for details about the 2005 CityMatCH XV Annual Urban MCH Leadership Conference

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