Urban MCH Revisited: Perspectives and Possibilities

When events escalate around us and the environment increasingly seems altered, distraction can become the norm. Amid fear and war and fear again, what is most important? How many more jobs can one absorb to counter those who have left or been pulled away to more pressing assignments? Dark forces, ancient foes sap lives and limb still. Unintended pregnancy gets stale; racial disparities, old news. Immediate threats – perceived and real – rule the day; it’s the bugs, not babies who seem to matter most.

In response, we offer three things in this issue of CityLights. First is perspective. Our February 2003 Member rapid on-line query provides a quick pulse of the perceived interplay between BT preparedness and MCH in urban health departments. Yes, the shift to biopreparedness weighs heavily still on each agency and urban community. And yes, for the hearty and entrepreneurial, BT “stuff” brings clear opportunities for building public health infrastructure such that down the line, women’s and children’s health and well-being will be better served. Second, we offer updates of CityMatCH initiatives aimed at improving urban MCH practice. Find out how PPOR is being institutionalized statewide in one state for sustainable utility. And last, we outline opportunities for you to keep on moving ahead. What better time is there to seize learning and seed change than when everything is a bit upside down?

An old adage apt to maternal and child health is that times of greatest vulnerability are times of greatest opportunity. Women and children and families and fathers are counting on us to assure the right things done right. Let’s be sure we deliver.

Take the Quiz: Bioterrorism & MCH

Q. As a result of recent emphasis on BT preparedness and smallpox planning, urban health department’s MCH programs and activities have been adversely affected. T/F

Q. Some priority issues for women, children and families are not being addressed because of the current environment. T/F

Q. Some health department have found new opportunities and/or experienced innovation in public health programs and activities for women, children and families as a result of recent emphasis on BT preparedness and smallpox planning. T/F

Q. Designated CityMatCH MCH leaders have played a role in the BT preparedness (including smallpox planning) activities. T/F

(See page three to find answers. Read what CityMatCH learned from the recent on-line members query)
Rear Witness
Magda Peck, ScD
CEO, Executive Director
CityMatCH

They say all four feet eleven inches - or at least the head and shoulders they could see above the podium - were at ease and in command.
They say he seemed to really enjoy himself.
They say he made them laugh and cry.
And we must believe them, for all we saw were the heels of his dress shoes and the back of his yarmulke.

A few weeks ago our son David became a Bar Mitzvah, a son of the Commandment. He was responsible on that given Saturday for leading the packed congregation in morning service. “Shabbat Shalom and welcome. We begin our service on page 283…” he started.

In a voice either side of manhood, he proceeded to sing alone and in unison the prayers and blessings of our synagogue, as have countless generations of seventh graders of our faith. The centerpiece of the service is a reading from the week’s portion of the Torah and its commentators; for David, it was about the rules of ethical living, the ways of holiness.
He chanted his Hebrew verses like velvet and read their translation in English: Honor your mother and father, and love your neighbors. Rise before the aged, and put no stumbling block before the blind. Be honest with your weights and measures. In short, he read the source language for social justice, a public health code of conduct.

In the sermon that followed, David challenged us all to abide by the spirit of this ancient code. He questioned the Patriot Act’s impact on Arab Americans. He cried out against unequal pay for women. He urged quality care and compassion for children with special needs. And throughout it all, his father, the Rabbi and I bore witness from our assigned seats behind the lectern. An occasional sigh, and fidgety feet.

For all of his 12 years I have been out in front of him. My job assignment - Captain Mom – meant clearing pathways, pointing out new sights, running interference, keeping him on task and on track. Until that very Sabbath morn, when my new position was presented and assumed in honor and recognition of adulthood emerging: to the rear.

From behind one can whisper words of encouragement, remind him from whence he’s come, and try to catch him if he really falls. No more unquestioned frontal coaching; his opinions of what is right and what lies ahead are pretty well set, thank you very much. He’s moving so fast; I am but an image that appears closer than it really is in his rear view.

We all become rear witnesses to the best things we grow and nurture into maturity. Kids. Jobs. Projects. Organizations. Collaboratives. One measure of their success is the grit they kick back in our faces as they race ahead. One measure of ours is the willingness to simply wipe off the dust, and smile.

Results, Resolve and Resilience

These words have renewed significance for me recently. The journey of the last few weeks has given me a new and deeper perspective of the value of these attributes for keeping us in the fray for healthy women, children and families.

As some of you know, on March 21, I was diagnosed with a serious cancer of the liver. What a surprise as I am feeling quite well and symptom-free at this time.

We are often conscious of our resilience in the days and months immediately following events that put a major roadblock in our plans. But too often we forget that resilience is not only what takes us through the immediate crises but also what keeps us on track and looking for the best options for years later. How we cope with our new realities and keep our eye on the results we have dreamed of achieving depends on how resilient we are from day to day.

I am much more conscious of the opportunity of each day these past weeks. While I obviously believe in a strategic approach to life, I am finding a need to have more respect for the options that present themselves each day. I mentioned to my oncologist that I felt healthy, optimistic, and very aware that today is the only opportunity any of us can depend on. Also, I was aware that either one of us could be killed driving home from work today. Her response, with a grin, was “none the less, we will both drive home carefully tonight.”

So, without recklessness, with strong information (data) and with firm resolve I challenge all of us to look to the opportunity of today. For today, try doing something a new way or make a new relationship to make your city a little safer and healthier for your family, your neighbors, your coworkers and the mothers, children and families in your community. Spend today fully so that you anticipate the tomorrow waiting for you with the next sunrise.

Editor’s Note: Keep in touch with Carole via e-mail at CADoug@aol.com. You can access her website at http://www.caroleedouglass.com to find out how she’s doing.

Have you registered for the CityMatCH Urban MCH Leadership Conference? See page 12 for details.
On February 14, 2003, CityMatCH member representatives received the first in a series of “Rapid E-Queries” about seeing and seizing opportunity - and managing risks - for women and children in the current push for Bioterrorism (BT) and Smallpox preparedness (see box at right).

Response: In just 18 days, over half (54%, N=76) of the current CityMatCH members responded.

Looking not only at the impact BT and Smallpox preparations have had upon maternal and child health (MCH) in local public health departments, but also at the role CityMatCH leaders have played and the opportunities they have created for MCH in the course of their preparations, members responses to these questions paint the issue affecting them with a much broader brush. Members are experiencing serious repercussions to the ever-tightening economy, and BT resources and added responsibilities are impacting local public health departments on several levels. The convergence of these varied experiences continues to impact the provision of MCH services in many urban communities.

The following three pages walk through the responses to this E-query, consider the technology used and how it relates to expanding member capacity, and offer recommendations based on the March 2003 UrbanPIC meeting in Arlington, VA.

Note: The second in the Rapid E-query series on BT & MCH will be sent to members later this summer. Watch for new results this fall.

CityMatCH Rapid E-Query on Bioterrorism & MCH

Questions Asked in February 2003

Q - As a result of recent emphasis on BT preparedness and smallpox planning, have your health department’s MCH programs and activities been adversely affected? (e.g. funds shift from MCH to BT programming, MCH staff reassigned to BT activities, BT activities dominating planning and development time, MCH initiatives unable to generate support or attention in the larger community.)

Q - Briefly explain how your MCH work has been affected adversely. What has changed? What are the consequences of these changes?

Q - Is there a specific priority issue for women, children and families not being addressed because of the current environment? If so, please describe this priority issue.

Q - Has your health department found new opportunities and/or experienced innovation in public health programs and activities for women, children and families as a result of recent emphasis on BT preparedness and smallpox planning? If so, please describe these new opportunities and/or innovations in MCH.

Q - Have you, as the designated CityMatCH leader for maternal and child health programs and policy, played a role in the BT preparedness (including smallpox planning) activities in your jurisdiction?

Q - Are MCH issues and concerns otherwise represented? How and by whom?

Q - What role(s) have you played? How did you get “to the table?”

CityMatCH BT Rapid E-Query: Testing Technology

Assessing member ability to use newer electronic communication technologies was an additional benefit of this query, as it represented the first time that CityMatCH fielded a query solely via E-mail and offered a ‘live-link’ for online response. The few kinks discovered in the process are being worked out, and it is expected that enhancements will be made with the second round of this BT Rapid E-query series.

A 54% response rate for a query sent out to members via E-mail with just 18 days allowed for response is significant in today’s environment. When the NACCHO / CityMatCH Survey "Local Public Health and the Health of Women, Children and Families" was fielded in 2001, just 32.2% of our members indicated that they often share data via E-mail. Whether this was by choice or due to lack of capacity is unknown.

Respondents to the Rapid E-query had the option to respond online or via E-mail only. In 2001, 52.6% of CityMatCH members described never or only some/occasional usage of the Internet as a means of distributing MCH-related data. 42.4% said they used the Internet often for this purpose. Two years have passed since the survey was taken and in 2003, over 90% of responding CityMatCH members completed the query via the Internet.

It was pointed out to us by participants at the UrbanPIC BT meeting (see page six) that a number of local health departments were deeply involved in the administration of smallpox programs coincidental to the query. However, the overall level of response was probably typical of CityMatCH member participation in general. Members partake of different choices within the catalog of CityMatCH opportunities. The timing of the query may have decreased the availability of staff to respond in such a short time.
MCH Programs and Activities Feel Impact of BT Emphasis

To the question, "As a result of recent emphasis on BT preparedness and smallpox planning, have your health department’s MCH programs and activities been adversely affected?" 39 (51.3%) respondents answered "Yes" and another 37 (48.7%) said "No." Participants who responded positively were asked to then explain how their maternal and child health related programs and activities had been adversely affected: what had changed, and what might be the consequences of these changes.

The most common adverse effect described was the involvement of MCH staff in smallpox immunizations, BT training and response preparedness. Given the current shortage of public health nurses and budget deficits (that complicate hiring of additional staff), such shifts, if persistent, could decrease the effectiveness of MCH services.

Less prevalent, but of consequence, was the heavy overload that the rush of implementing BT preparedness measures inflicts on the public health administration. BT dominates the planning and development time of the department’s leadership, effectively putting the MCH planning on hold.

Finally, a few respondents expressed concern about general shifts in priorities, leading to decreased funding, reduced public interest and program elimination.

According to the New Haven (CT) Health Department, "BT has immobilized our health department. BT is a smokescreen, in the face of HUGE budget deficits, for shifting resources from public health initiatives that have improved health outcomes to the pretend game of Civil Preparedness. We have gone from utilizing data to create public policy (PPOR) to prioritizing and shifting all public health resources to BT, which is unsupported by any kind of data other than the data of public hysteria."

In New Haven, the situation is further compounded by State budget deficits that have led to layoffs of personnel and elimination of needed programs and services. The consequence, they say, is an unlimited potential for MCH and Women’s health issues to be completely eliminated from public discussion.

The Rapid E-query asked local health departments if there was a specific priority issue for women, children and families not being addressed because of the current environment. To this 14 (18.4%) answered "Yes" and 62 (81.6%) said, "No." Although the formulation of the question allows a broad interpretation, most of the respondents framed it in the context of BT impact, which probably explains the small percentage of the “Yes” answers.

A substantial number of those who said there were MCH issues not being addressed described budget deficits and funding cuts as the major issue making the current environment so difficult. The consequences for them are substantial, including potentially reduced access to care and programs’ elimination.

In our community, we have been working on a general emergency preparedness plan and have not addressed vulnerable populations such as pregnant women and children. No planning has been done about where pregnant women will go to deliver if the hospitals are on divert, no plan on where to send children in need of medical care or who have special needs such as feeding tubes, vents, etc. - El Paso County (CO) Department of Health

Others noted a shift in priorities toward the most 'urgent' issues and away from chronic problems such as infant mortality and racial disparities. "Infant mortality has risen. A planning group was formed to address this issue, but they are the same people who are responsible for BT and smallpox planning, so this issue is not getting the attention it would otherwise receive," according to the Delaware Division of Public Health in Wilmington.

Temporary reduction in services (home visitation, teen pregnancy prevention, child care safety) due to nurses' shortages and concerns about lack of provision in the BT plans for specific MCH populations were cited by a small number of respondents. The Lincoln Lancaster County Health Department reported, "We have engaged in very little strategic or creative new thinking around MCH for the last year. We exchange one "planned approach" (MCH) for another (BT) but haven’t found the resources to do it for all of our important programs."

Portland’s (ME) Public Health Division described their situation as, "a major diversion of time for the director who cannot then be attending to other program needs... Our fear is that funding will be reallocated from ongoing MCH efforts to bolster the BT preparedness efforts to come!"
BT Shifts Create Opportunities for Health Departments

To the question, “Has your health department found new opportunities and/or experienced innovation in public health programs and activities for women, children and families as a result of recent emphasis on BT preparedness and smallpox planning,” 28 (36.8%) responded “Yes” and 48 (63.2%) said “No.” About half of the positive responses listed some additional resources for staff and infrastructure strengthening. The training that staff undergo in the process of BT preparedness is regarded as valuable for the future MCH activities. Improvements in communications and collaborations with various community partners such as physicians, schools and police were reported by some. Others said BT awareness created opportunities for further outreach to MCH populations, especially for HIV prevention. Finally, several respondents view the BT preparedness as an integral part of the overall surveillance and emergency response measures. They are satisfied that the current BT emphasis allows them to allocate sufficient attention to these important functions and consider the needs of the MCH populations well served by the BT plans under development.

The City of Norfolk Department of Public Health explained, “We are trying to get enhanced surveillance in the schools with notification of increased presence of illness, specifically looking at rash and fever illnesses. A new opportunity has been working with the Children’s Hospital pharmacy for pediatric dosing and antidotes related to BT preparedness. Rapid response with medical providers as related to dissemination and obtaining information for sudden occurrences, i.e., recent deaths in children with related symptoms in our area. The presence of the district BT planner, regional medical consultant, district and regional epidemiologist on site enhance the ability for surveillance planning and response to BT events.”

"Opportunities primarily are in the area of how we can work with families with special needs in the event of an emergency...All of the planning strengthens our capacity to get messages out to various communities through established and trusted networks,” explained the Minneapolis (MN) Department of Health & Family Support.

Interestingly, departments who found most opportunities are the ones serving largest (over 800,000) and smallest (less than 100,000 population) jurisdictions. Around three-quarters of these two groups reported increased opportunities versus just under a third of the rest. Since the smallest CityMatCH member jurisdictions are as a rule the major urban centers in their State, the similarities between the two extremes is not so surprising.

Urban MCH Leaders Play Leadership Roles in BT Preparedness

The actual responses to the last question in the query, “Have you, as the designated CityMatCH leader for maternal and child health programs and policy, played a role in the BT preparedness (including smallpox planning) in your community?” were, “Yes” - 64 (84.2%) and “No” - 12 (15.8%). Interestingly, some of those who said “No” went on to describe a role they had played.

Worthy of reporting are the qualitative responses that describe what roles are being played. The majority of the respondents who stated that they did indeed have responsibilities related to BT preparedness had a very active role. They were involved in the BT planning and coordination, in response teams, staff training and even in administering smallpox vaccine. According to the Amarillo (TX) Department of Public Health’s respondent, “Due to the small size of our department, all of us wear many hats. As the epidemiologist, bioterrorism is one of my major responsibilities.”

Only three of the respondents characterized their role as supplying input and keeping informed about the current BT-related activities. In some cases this active involvement came after volunteering. In other cases, since the survey recipients were among the Health Departments’ leadership, their participation in BT preparedness was inevitable and occasionally it interfered with their other work. Many of the respondents indicated that they wear different hats (BT involvement was sometimes unrelated to their MCH role), and viewed their role in BT activities as an additional responsibility.

Of the “No” responses, half considered maternal and child health issues well represented “at the table” by knowledgeable colleagues, three were still in the process of influencing the BT plans by increasing the MCH awareness of the planners, and two expressed dissatisfaction about not being able to be heard.

Clearly, most CityMatCH member representatives are actively involved in BT preparedness activities, and most are either impacted in some way by the current emphasis on BT preparedness.
Among those who did feel the ‘pinch,’ budget deficits and funding cuts were the key pressure on their health department. Most respondents did not feel that there was one specific MCH priority issue being overlooked because of the environment. The diversion of staff to smallpox immunization efforts, or to Bioterrorism training and response activities. This has led to reduced capacities needed to effectively respond to all MCH activities.

The goal of the meeting was to inform and create greater awareness of the impact of Bioterrorism Preparedness on the provision of MCH Services by local public health departments, and to better understand the role(s) being played by CityMatCH members.

As a result of this open and lively dialogue, participants were able identify what CityMatCH can do to build the capacity of member health departments to maximize opportunities, to identify what CityMatCH can do in collaboration with other National Partners to assist members, and to describe specific products that would be of assistance to them (see box at left). Rest assured that CityMatCH will once again respond with more than just written information. Later this summer, a second BT Rapid E-Query will be fielded to monitor the ongoing impact. Results will be reported at Conference and in CityLights.

In the Rapid E-Query, more than half of the respondents said their MCH programs and activities had been adversely affected by the increased emphasis on BT preparedness activities in local public health departments. The most frequently cited impact has been the diversion of staff to smallpox immunization efforts, or to Bioterrorism training and response activities. This has led to reduced staff available for MCH and to inevitable concerns about shifting priorities away from pressing MCH issues toward a more nebulous concern. Most respondents did not feel that there was one specific MCH priority issue being overlooked because of the environment. Among those who did feel the ‘pinch,’ budget deficits and funding cuts were the key pressure on their health department.

Many respondents have specific role in BT preparedness and smallpox planning efforts in their jurisdictions, and with this involvement comes opportunity. Slightly over half of the respondents said their health department had found new opportunities and/ or innovations as a result of the recent BT emphasis. Look for CityMatCH to explore these opportunities and innovations in future CityLights stories and through presentations at the Urban MCH Leadership Conference in Pittsburgh in August.

The National Association of County and City Health Officials (NACCHO) has been actively engaged in Bioterrorism activities since 1999. As part of a cooperative agreement with the Centers for Disease Control and Prevention (CDC), NACCHO is actively engaged in several programs in collaboration with local, state, and federal partners to strengthen and improve local health agencies’ capacity to respond to Bioterrorism and other communicable disease and environmental health threats.

At the core of NACCHO’s Bioterrorism programs is the belief that the capacities needed to effectively respond to Bioterrorism allow for the development of a dual-use response infrastructure that improves the capacity to respond to all hazards. Bioterrorism is just one of the many public health emergencies that requires systems in place that enable local public health agencies to identify and respond to disease outbreaks to protect the health of their communities. The capacities needed by local public health agencies to effectively respond to the consequences of an act of Bioterrorism should build upon the systems used to respond to more common disease outbreaks.

A NACCHO Bioterrorism and Emergency Preparedness Committee made up of 15 local health officials advises NACCHO and the CDC on specific Bioterrorism preparedness and emergency response efforts for all projects within the Bioterrorism and Emergency Response Program. In addition, the Committee provides feedback and input to materials disseminated to the broader public health community to ensure that they are relevant to local public health and meet local public health system needs.

For information on NACCHO’s Bioterrorism projects, visit the website at http://www.naccho.org, or contact the NACCHO staff at 202-783-5550 or via E-mail: Overall Bioterrorism programs: Radha Rajan, E-mail: rrajan@naccho.org and Zarnaz Rauf, E-mail: zrauf@naccho.org, Bioterrorism & Emergency Response: Laurence Raine, E-mail: lraine@naccho.org; and Centers for Public Health Preparedness Program: Suela Kaba, Email: skaba@naccho.org.
CityMatCH has identified Urban Women’s Health as a strategic priority. Through its Partnership for Information and Communication (PIC) Cooperative Agreement with HRSA/MCHB, CityMatCH recently sponsored a meeting of the Urban-PIC Advisory Committee (see page six) in Arlington, VA, on Saturday and Sunday, March 8-9, 2003 with the intent of opening up dialogue between members, federal partners and other national organizations.

The first of a two-part series of meetings focused on the state of urban women’s health and the second on concerns expressed by local public health departments as they put into effect Bioterrorism Preparedness and Smallpox plans (see page three - six). Invited participants comprised representatives from key national organizations, federal partners and selected CityMatCH staff.

In “Part One,” consultant Helene Kent, H. M. Kent Consulting, Denver (CO), presented the current status of urban women’s health. This overview grounded participants and offered a framework for the ensuing conversation. Participants engaged in spirited dialogue as they strove to develop an inventory of current resources for local public health departments, and began a process of identifying and prioritizing “hot” issues. Final discussions reflected potential solutions and strategies that build the capacity of local public health to improve urban women’s health outcomes.

These animated discussions provided CityMatCH with a wealth of information and guidance regarding “next steps” for urban women’s health.

The CityMatCH’s Women’s Health Subcommittee, in conjunction with Helene Kent, has been hard at work for the past two months reviewing, refining and preparing recommendations for next steps. Initial recommendations will be offered to the Board for consideration in late spring. Some of the initial recommendations include:

* Incrementally incorporating an urban women’s health focus into current CityMatCH products and services and to build upon the existing CityMatCH philosophy.
* Building skills so that members are better positioned to improve urban women’s health by providing population-based knowledge about women and skills such as coalition-building or advocacy.
* Strengthening current alliances and developing strategic new alliances related to urban women’s health.
* Embracing a view of urban women’s health that includes the traditional maternal role and also takes a comprehensive view of women’s health throughout the life span.

CityMatCH is committed to providing leadership in addressing urban women’s health. Look for an upcoming issue brief on the status of urban women’s health, and ongoing coverage in CityLights.

Specific action workshops at the 2003 Urban MCH Leadership Conference in Pittsburgh (see page 12), including:

- Protecting Women’s Health Rights: Standing Strong for Women, Preconceptional Health: Intervening Before and Between Pregnancies reflect the high priority attached to urban women’s health. Participants will find this priority reflected throughout the August 2003 Conference.

Having the unique perspectives of Federal, State and local participants together at the same table was critical to the success of this meeting, and CityMatCH would like to thank all participants for their invaluable ideas and input.

For more information, contact Maureen Fitzgerald, Coordinator, by phone at 402-561-7500, or via E-mail at mfitzger@unmc.edu.
CityMatCH Launches PPOR Learning Network

With the support of CDC and the National March of Dimes Birth Defects Foundation, the Perinatal Periods of Risk (PPOR) Level 2 “Learning Network” was launched in January 2003 to promote the dissemination, utilization, and integration of the Perinatal Periods of Risk Approach in U.S. urban areas. The PPOR Approach can be used to mobilize and focus fetal and infant mortality prioritization efforts, ideally in concert with other proven tools that are already in place (e.g., Healthy Start initiatives, Fetal Infant Mortality Review, Child Death Review). Using linked birth-death files combined with fetal death data, communities can identify in which “periods of risk” there are the greatest disparities.

The “Learning Network” is appropriate for communities served by CityMatCH member health departments using or planning to use the PPOR Approach and requiring interactive assistance and peer exchange. The Learning Network promotes consistent implementation of PPOR through shared knowledge and understanding. It promotes the use of PPOR as a community-based tool to improve the health of women and infants through integration with related efforts, including FIMR and national Healthy Start. The Network’s intent is to assist communities in prioritizing prevention efforts based in part of PPOR results by providing consultation and peer interaction and learning with other communities.

Participating learning teams from urban communities include the CityMatCH member health department plus key partners essential for systems change. Linkages to state level public health and statewide March of Dimes chapters is strongly encouraged. CityMatCH provides tailored consultation, technical support and assistance. Bimonthly Network seminar calls, which began in January 2003, concentrate on relevant community issues as they relate to PPOR and follow the conceptual framework for the impact of the PPOR Approach.

CityMatCH requires that Network members participate in the “How to Do” PPOR workshop (or equivalent) to assure that Network participants share a common basic knowledge. Interested in learning more about PPOR and related CityMatCH activities? Visit the CityMatCH website at www.citymatch.org or contact LaToya Williams by phone at 402-561-7500, or via E-mail at lwilliams@unmc.edu.

National Data Tables Coming Soon

CityMatCH is updating the original 1995-1997 “64 Cities Tables” with the most recent 1998-2000 Perinatal Mortality Data files from NCHS. New tables contain data related to completeness of reporting basic PPOR variables; list PPOR rates for the overall population (by race and ethnicity and for singleton births); look at trends in PPOR rates for three time intervals (1989-1991, 1995-1997 and 1998-2000); and present updated national reference rates. The new tables will contain data for 199 urban counties that are part of MSAs with population greater than 250,000 corresponding states and cities. For more information, contact Vera Haynatzka, CityMatCH Health Data Analyst by phone at 402-561-7500, or via E-mail at vhaynatz@unmc.edu.

SIDS reporting throughout the state, and PPOR representation/participation in a PRAMS working group.

For more information, contact: Debra Bara, Executive Director of the Healthy Start Coalition of Pinellas, Inc. by phone at: 727-507-6330, or via E-mail at dbara@healthystartpinellas.org
Opportunities for Learning in PPOR

In an effort to advance dissemination and to showcase experiences from CityMatCH’s National Perinatal Periods of Risk Practice Collaborative, CityMatCH has developed a series of national “How to Do PPOR” workshops. The one day intensive on site workshop is designed to promote best practices, foster communication, enable effective dissemination of the PPOR Approach through training and assistance. The PPOR Approach, when integrated with other assessment and planning tools in urban communities, can make a difference in improving the health of women and children. Two recent workshops are highlighted below:

First “How to Do PPOR” Offered at MCH EPI 2002

In December 2002, in conjunction with the CDC-sponsored MCH Epidemiology Conference in Clearwater Beach, FL, CityMatCH presented the first day-long “How to Do” Perinatal Periods of Risk (PPOR) workshop as a post-conference session.

Forty participants from 21 communities and 22 organizations had the opportunity to understand and recognize all components of PPOR Approach. They learned what it takes for a community to be “ready” to implement the Perinatal Periods of Risk Approach. They were shown how to conduct Phase I and Phase 2 analyses and learned from faculty who participated in the original 14 city Practice Collaborative how to shift focus from PPOR analysis to using PPOR as a tool in guiding communities to change. Participants completing the workshop who are affiliated with CityMatCH member health departments obtained certification for participating in CityMatCH PPOR Level 2 Learning Network.

Second “How to Do PPOR” at AMCHP 2003 Stresses State-Local Collaboration

Increasingly, the PPOR approach is being adopted by states and localities to address health disparities in women and infants. For PPOR to become an effective standard tool to achieve MCH outcomes, its valid and strategic uses must be promoted for best practices in the field. State-local collaboration is essential for institutionalization of PPOR in MCH practice.

In an effort to showcase the importance of state-local collaboration in improving MCH, the second “How to Do” PPOR workshop was held in conjunction with the March 2003 meetings of the Association of Maternal and Child Health Programs (AMCHP) in Arlington, VA. This workshop included opportunities to understand the PPOR Approach, and focused on integration of community tools, such as FIMR and Healthy Start initiatives for promotion of overall systems change.

With the assistance of the National March of Dimes Birth Defects Foundation (MOD), CityMatCH was able to support the partnering of state chapter MOD representatives with their corresponding community MCH leaders from Boston, MA, Jackson, MS, Louisville, KY, Washington, DC and Phoenix, AZ to foster linkages. Forty participants from 20 states and 21 cities learned first-hand from CityMatCH PPOR-Practice Advancement Collaborative faculty about PPOR experiences in Baltimore, Ohio and Louisville. In particular, they described how they examined factors associated with racial/ethnic disparities in infant mortality and identified strategies to reduce or eliminate these disparities.

Developing the skills needed to “use” the approach effectively in communities, and promoting the findings from the CityMatCH PPOR initiatives in U.S. communities were highlights of this day-long presentation.

Participate in the Next "How to Do" PPOR Workshop

What is it and where? CityMatCH will host a third “How to Do” PPOR Workshop in conjunction with the CityMatCH Urban MCH Leadership Conference: Confluence 2003 “Where Resilience, Results and Resolve Come Together” (see back cover)

When will it be held? Part One will take place on Tuesday, August 26 from 2:50 p.m. and Part Two will be held on Wednesday, August 27 from 8:30 a.m. - 12:00 p.m.

Who should attend? Groups or individuals wanting hands-on training or using PPOR; Maternal and Child Health practitioners in communities who plan to incorporate the PPOR Approach into their community’s work to promote women’s health, address racial disparities and mobilize partners to focus on infant mortality; Healthy Start Sites and practitioners involved in FIMR, Child Death Review and other related initiatives.

We encourage all participants to coordinate with their local health department before and after the Workshop to assure integrated learning for joint local action. For a list of CityMatCH member health departments please go to “http://www.citymatch.org” and click on members.

What will be gained? Participants will gain knowledge and opportunities to: recognize and understand components of the PPOR Approach; learn how to assess “community readiness;” learn how to assess “analytic readiness;” achieve a common understanding of what it takes to conduct the first phase of analysis; learn how to shift focus from PPOR data to using the PPOR Approach for systems change; recognize local and state PPOR strategies for addressing racial disparities using the PPOR Approach in concert with other tools for change (e.g., Healthy Start, FIMR, Child Death Review) and understand the importance of effective partnerships between states and their localities in implementing the PPOR Approach.

Want to find out more? Contact LaToya Williams at CityMatCH at 402-561-7500 or via E-mail at lwilliams@unmc.edu. You may register for the conference or for the PPOR “How to Do” workshop online by visiting the website at http://www.citymatch.org and clicking on ‘Conference.’
"Class Six" data use institute teams 2003 hands-on workshop

Marking the first ever appearance of the CityMatCH Data Use Institute in sunny Clearwater Beach, Florida, ten 2002-2003 teams convened on February 2-4, 2003 for the “Hands On” workshop, hosted by the Pinellas County Health Department.

“Hands-On” faculty (see box at right) immersed participants in a series of lectures and case studies revolving around teen pregnancy concerns in a fictitious county.

On the final day, “Hands-On” participants presented their “findings” on this teen pregnancy problem to a “Mock City Council.” This year, Mary Brown, a local school board member and Jim Mills, executive director of the local children’s board, along with “Hands On” faculty member Charlie Mahan, volunteered their services as mock city council members. Following team presentations, these ‘council members’ offered frank advice and strategies for working with elected officials.

“Hands-On Ahas” are pearls of wisdom gleaned by participants taking part in this experience. February “Ahas’s” include:

• Process evaluation is what we DO; outcome evaluation is what we ACHIEVE!
• Know to whom you are talking; test your messages.
• Data is always on or around our desk; we must take the time to use it.
• Teen pregnancy is not a solely female problem. Excluding males from prevention strategies suggests that it’s okay to abandon responsibility and condone that behavior.
• Know your votes on the City Council; do your homework in advance.

"Class Six" urban MCH data use institute teams

• Amarillo, TX: Reduction of Potter/Randall IMR through Community-Based Assessment and Intervention
• Detroit, MI: Teen Health—Teens’ Obesity Prevention
• Jackson, MS: Perinatal Periods of Risk for Jackson Metropolitan Area
• Madison, WI: MDPH Perinatal Services Improvement Project
• Pittsburgh, PA: Perinatal Periods of Risk
• Montgomery County (Rockville, MD): FIMR Using Perinatal Periods of Risk Approach
• Salinas, CA: Creating A Geographic Health Profile (GIS)
• San Antonio, TX: Establishing the Prevalence of Perinatal Depression in the SAMHD Public Health Clinic Population
• San Francisco, CA: Stamp Out Perinatal Substance Abuse (STOPs)
• Washington, DC: Using School Health Data to Create Targeted Programs to Encourage Physical Activity and Proper Nutrition Habits Among District of Columbia School Students

CityMatCH sadly reports the unexpected passing of Dr. Patricia Evans, of San Francisco's Data Use Institute team. Dr. Evans served as Medical Director for Maternal and Child Health for the San Francisco Department of Public Health. Our thoughts are with her colleagues, family and friends.

Meet the “Hands-On” Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Title/Institution</th>
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<tbody>
<tr>
<td>Magda Peck</td>
<td>CEO/Executive Director, CityMatCH;</td>
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<tr>
<td>Mary Balluff</td>
<td>Chief of Health &amp; Nutrition Community Services, Douglas County (NE) Health Department;</td>
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<tr>
<td>Hani Atrash</td>
<td>Associate Director for Program Development, National Center on Birth Defects &amp; Developmental Disabilities, CDC;</td>
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<tr>
<td>Juan Acuña</td>
<td>MCH Medical Epidemiologist, CDC Assignee-Louisiana Office of Public Health;</td>
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<tr>
<td>Kathy Carson</td>
<td>Administrator Parent Child Health, Seattle-King County Department of Public Health;</td>
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<tr>
<td>Lyon Daniel</td>
<td>Health Education, National Center on Birth Defects and Developmental Disabilities, CDC;</td>
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<tr>
<td>Charles Mahan</td>
<td>Director, MCH Policy, the Lawton &amp; Rhea Chiles Center for Health Mothers and Babies, University of South Florida;</td>
</tr>
<tr>
<td>Mary Rogers</td>
<td>Health Scientist, Applied Sciences Branch, Division of Reproductive Health, CDC; and</td>
</tr>
<tr>
<td>William Sappenfield</td>
<td>Medical Epidemiologist and MCH Epi Team Leader, Applied Sciences Branch, Division of Reproductive Health, CDC</td>
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Data Use Institute under construction

After six years of turning data into action through the Data Use Institute (DUI), CityMatCH and its partners have decided not to hold the 2003-2004 DUI in order to devote the year to curriculum evaluation and revision. It is time to make a successful, time-tested service even better. Applications will be available in Spring 2004 for participation in the 2004-2005 DUI.

CityMatCH and the University of Nebraska Medical Center will be conducting the 2003-2004 Data Use Academy. The Academy is the regional equivalent to the DUI and is open to all teams, including CityMatCH member teams, who are ready, willing and able to make a measurable difference in the lives of women, children and families, and who have dedicated financial support to do so.

Applications are due August 1, 2003; the Academy year kicks off October 2003, in Omaha. Applications are available on the CityMatCH website or by contacting the DUA Project Coordinator, Kathleen Kock at (402) 561-7500 or by email at kkockt@unmc.edu.
Is Your Health Department a Current CityMatCH Member?

CityMatCH membership is a privilege that carries significant opportunities. Member Health Departments are eligible for all of the proven CityMatCH tools for enhancing urban MCH practice. For example, members are invited to the annual Urban MCH Leadership conference. Only members are eligible to apply to the Data Use Institute. Members form the nucleus of the PPOR Practice Collaborative. Members can avail themselves of the Ask-a-Colleague Service and find solutions to issues they face. Members participate in "hot topic" Rapid Fax and E-Queries that are used to inform national policymakers and organizations. These are just a few examples of a well-stocked tool kit that reflect the CityMatCH mission: to improve the health and well-being of urban women, children and families by strengthening the public health organizations and leaders in their communities.

With continued significant public and private grant support, there are no financial dues to join in 2003. We ask that you pay with "do's": your time, information, and commitment to peer exchange to enhance urban MCH practice. The 2003 Membership Drive will be underway in July. Health departments serving cities with populations of 100,000 or greater (or the largest city in less populated states) are eligible to join CityMatCH. If your health department is eligible, but has not yet joined, will you consider joining now? If your health department is currently a member, consider becoming more active, or participating more fully in the numerous opportunities that are at your "command." For more information, visit the CityMatCH website at www.citymatch.org, or contact Chad Abresch by phone at 402-561-7500 or via E-mail: cabresch@unmc.edu.

Call for Leadership: The CityMatCH Board Elections

Changes are on the horizon for the CityMatCH Board as a result of upcoming summer elections. Members serve three-year terms and elections are staggered, with a portion of the slots up for election on any given year.

Region III, currently represented by Virginia Bowman, Pittsburgh, PA; Region VI, held by Linda Hook, San Antonio, TX; Region X with Kathy Carson, Seattle-King County, WA; and one "At-Large" slot currently held by Marilyn Seabrooks, Washington, DC are on deck for 2003 elections. We commend the 2002-2003 Board of Directors for their invaluable leadership and dedication to improving the health and well-being of urban women, children and families during these complex and often disheartening times.

The deadline for nominations is May 31, 2003. Current bylaws dictate that the election itself is undertaken in the month of June. Look for an announcement of candidates and election times to be forthcoming.

Let your voice be heard and participate in the election process.

For additional information, contact CityMatCH at 402-561-7500.

Carolyn Slack Receives "Effective Practice" Award

CityMatCH Board Member Carolyn Slack received an award for "Effective Practice at the Community Level" on Friday, December 13, 2002 at the MCH Epi Conference in Clearwater Beach, FL. Carolyn Slack has been a driving force at the Columbus (OH) Health Department, demonstrating vision, dedication and significant leadership, performing extraordinary “bridgework,” integrating local and state efforts to improve MCH. Slack participated on a CityMatCH Data Use Institute Team (1998-1999), and on a CityMatCH Perinatal Periods of Risk (PPOR) Practice Collaborative team (2000-2002). She has championed the effective use of data to make changes in the way that Columbus does business in MCH. Currently serving on a national consultation team developing a chapter in CDC’s Guide to Community Preventive Services on MCH: entitled, “Interventions to Improve Maternal and Child Health Outcomes of Pregnancy,” Slack clearly articulates local perspective and champions the effective use of data. Slack’s high personal standards raise the bar for the kind of leader this award is meant to recognize. Congratulations!

Welcome New Member Health Departments

Palm Beach County (FL) Health Department and the Cleveland (OH) Department of Public Health recently became the newest members of the CityMatCH family. Each represents a uniquely urban metropolitan area and will bring a fresh perspective to member discussion.

PALM BEACH - The Palm Beach County Health Department in Lantana, Florida has a vision - to be champions for the healthiest community in the nation. To accomplish this, they have developed the following mission, "To protect and promote a healthy environment by:"

* Assessing public health issues.
* Developing public health policy initiatives.
* Assuring access to essential health services.
* Assuring a healthy environment."

For more information, contact the designated CityMatCH Member Representative: Christine Englead, Community Health Nursing Consultant Coordinator by phone: 561-540-5606 or via E-mail: christine_englestad@doh.state.fl.us

CLEVELAND - The Cleveland Department of Public Health is committed to improving the quality of life in the City of Cleveland by promoting healthy behavior, protecting the environment, preventing disease, and making the city a healthy place to live, work, and play.

For more information, visit the website at: http://www.co.ba.md.us/Agencies/health/index.html or contact the designated CityMatCH Member Representative: Lisa M. Matthews, Healthy Family/Start Project Director by phone at 216-664-4281 or via E-mail: lmatthews@city.cleveland.oh.us

If your health department is not currently a CityMatCH member, and you think this is an opportunity you don’t want to miss, contact Chad Abresch at CityMatCH phone at 402-561-7500 or via E-mail: cabresch@unmc.edu.
for the CityMatCH Urban MCH Leadership Conference, Pittsburgh, PA
AUGUST 23-26, 2003

The Annual CityMatCH Urban MCH Conference, “Confluence 2003: Where Resilience, Results and Resolve Come Together” promises to be an exciting, educational and inspirational event that not only refreshes and renews us, but prepares us to return to the increasing challenges back home.

We will strengthen our resolve to assure the well-being of all the women and children and families we serve. We will summon the moral courage to address the racism that fuels persistent health disparities. Together we will reclaim the meaning of “homeland security” by increasing our skills to make the case with demonstrable results for women, children and families. With resilient leadership, we can stay the course amid distraction and destruction.

We are excited to offer a variety of skills building sessions and workshops designed to give cutting-edge information and practical tools to take with you to help implement change at home.

Finally, thank you for your dedication, determination, and commitment to women, children and families. Although you are likely facing budget cuts, travel restrictions and a host of obstacles, we urge you to come. This conference is for you. We need each other. Our resolve is strong and we stand united, with resilience; only together can we see results! See you late summer in Pittsburgh.

- Conference Chair Zenobia Harris and CityMatCH Chair Carole Douglas

Annual Business Meeting August 23rd

All CityMatCH members are encouraged to attend the annual CityMatCH business meeting. This year’s meeting will be held in conjunction with preconference activities at the CityMatCH Urban MCH Leadership Conference in Pittsburgh, PA on Saturday, August 23rd at 4:00 p.m. Not to be missed, this meeting is a key opportunity to know what's hot, what's changing, and what opportunities lie ahead. A no-host networking dinner will follow the meeting and give participants a chance to see more of the Pittsburgh city center.

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