Learning for Results

This edition of CityLights focuses on tools, tips and opportunities to improve maternal and child health (MCH) practice. It spotlights the array of tools CityMatCH has developed over the past decade to improve the capacity of member health departments and their partners in urban MCH.

CityMatCH has maximized the tremendous support it gets from its funders to deliver a strategic mix of products and services. We have two assumptions about all MCH practitioners: (1) they must be challenged – and supported - to stay fresh and current in their knowledge and skills, and (2) they will seize opportunities for enhancing practice that they perceive to be timely, relevant, engaging, and accessible.

We combine learning and effectiveness for best results. Participants in our Data Use Institutes frequently describe our approach to continuing professional education in three words: intense, relevant, and practical. Ask-A-Colleague lets members quickly learn how other cities have addressed an issue of shared concern. NewsBriefs allows its readers a one-stop shop for breaking information. The annual Leadership Conference is a whirlwind of on-site learning. Cities engaged in the Perinatal Periods of Risk Practice Collaborative will shape better practices to prevent infant mortality. Urban teams in the Perinatal HIV Urban Learning Cluster exchange what works to make a greater difference locally. Lessons Learned offers new ideas for best practice.

We often hear about the very real challenges to learning facing folks in the field. Too busy, stressed, or tired to invest in retooling. Or not supported enough by their organizations to seize opportunities at hand. To this we say, give us 15 minutes.

Ask yourself: When was the last time we took dedicated time out to learn? Then look inside for a tapestry of stories of how the growing array of CityMatCH tools for enhancing practice are being used across the country by folks like you. Then, make a promise to fully utilize at least one of our products in the next month.

We challenge you to join the legion of learners who are dedicated to enhancing public health practice to get better results for urban women, children and families.

- Magda Peck, CityMatCH CEO/Executive Director

Tools for Practice

Ask-A-Colleague Service: A Fax network that can be used by members to query peers nationwide with specific questions about MCH. Page 3

Data Use Institutes: A year-long intensive, team-based continuing education experience for building local capacity to use data more effectively in MCH practice. Pages 7-8

Lessons Learned: A compendium of ongoing program and policy initiatives in urban MCH, collected and edited in conjunction with the annual Urban MCH Leadership Conference. Page 2

NewsBriefs: CityMatCH bi-weekly electronic newsletter of resources, opportunities, news of interest, and updates on key urban MCH issues. Page 7

PPOR Practice Collaborative: Demonstrates the community impact of using the Perinatal Periods of Risk approach to understanding infant mortality, by capturing best practices and lessons learned, and developing local practice expertise. Pages 4-5

Urban Learning Clusters: Promote the translation of research and data into effective practice in urban communities with the highest rates of Perinatal HIV. Page 6

Urban MCH Leadership Conference: An Invitational annual meeting of member health departments to foster learning and best practices. Page 7

www.citymatch.org: Provides access to CityMatCH products and services; displays current projects and events information through the Internet.
Not Another Idea
Magda Peck, ScD
CEO, Executive Director of CityMatCH

The Architecture Expo project was due in 10 days. Not a word had been written, no floor plans yet drawn, and the model wasn’t under construction. It was all in his ten-year-old head: clear but only to him. And it changed from hour to hour. I knew this fifth grade contest required results, and I was getting antsy.

The kernel of David’s project was a National Roller Coaster Museum. A flood of ideas had followed the required research. We read in Fast Company about architects who align a museum’s design with its mission and values - like the Holocaust Museum in Washington, D.C. We raided the scrap closet of the architectural firm next door to CityMatCH. A young designer named Brian showed Dave how to use cork for landscaping and marbled foam board for exterior walls. They bantered about cool ways to incorporate stiff fabrics and tinted plastic. Their ideas meshed like improvisational jazz.

By the end of Winter Recess, he had added other components to the growing museum complex: a roller coaster park featuring the world’s best rides; and a pentagonal hotel tower above the museum for guests to stay longer (including a penthouse just for David). A second cylindrical tower of mirrored glass, encased in timber framing - like an old fashioned wooden coaster - was the Ideas Factory, where roller coaster inventors and engineers would do research and development, inspired by views (or immediate boarding) of the best rides ever. The museum itself was on the ground level, with strategically placed wall to ceiling windows for outside viewing; an educational amphitheater was featured on the lower level. But it was still all in his head, less than a week till deadline. He was high on his ideas.

In the leadership pre-assessment of the Data Use Institute, the Kirton Adaptation Index (KAI) is used to measure one’s preferred style of creativity. It shows how we are hard-wired for problem-solving. The KAI is expressed as composite score on a continuum from highly “adaptive” [tending toward in-depth, careful attention to one thing at a time, building on proven ideas] - to highly “innovative” [favoring the new, the untried or unproven, and sometimes the unallowable]. Those of us whose prefer innovation over adaptation in solving problems get Dave’s euphoria. It is just so much fun to generate a flurry of fresh ideas, to think “out of the box” and break the rules along the way. Unchecked, however, we often end up with really cool concepts but few final products finished on time.

By the final weekend he had worn me down with his exuberance. He balked at the grunt work of floor plans and had little patience for the precision needed to build the model. I stifled a scream when he ripped the cork into strips for pavement and slopped them with glue on the foam board. And when he shouted, “Oooh, oooh, Mom - here’s another idea!” bouncing around the family room like a grinning pogo stick, I hit the wall. I didn’t want to hear how the penthouse had a parachute built into the roof and could be ejected from the main hotel structure in case of emergency. I just wanted it done. Hyper-original, rule-busting me called for a moratorium of new thought. Graciously, David complied. At the onset of his next ideas explosion, he announced how he had created a detour to a special ‘parking lot’ in his brain for new ideas. It filled up fast.

It was a struggle, but the model, floor plans, and written description were turned in on time. All of the other fifth grade projects were bigger, and certainly more polished. Perfectly shingled roofs of lollipops sticks painted a meticulous dark brown. Precise grass and trees landscaped in miniature. Some students ridiculed him for the roughness of his model, and its way out design, but David stood his ground: “I still really like my ideas, Mom. I think they are really great, even if they don’t really look that good.” Two weeks later, to David’s absolute surprise, the judges agreed: two first place awards for his essay and floor plans.

As my Grandma Jennie would ask, “So what did you learn?” That the KAI is always a relative measure and that the meaning of your score depends on the preferred styles of those around you. It took an ebullient ten-year-old to show me the other side of the coin. I finally felt what others on my team with more adaptive styles must regularly experience when I am gleefully shooting off the twenty-first new idea of the morning, and they just want to keep us on task, on time. Unchecked and insensitive, I can exhaust those around me with too many ideas and too little follow through.

“The trick,” I later coached David (and myself), “is to work as part of a team that has just the right mix of people who can both generate great ideas, carry them out really well, and have fun along the way.” Maybe he will be as blessed as we are at CityMatCH, to have assembled an extraordinarily diverse team of talented people, each with wonderfully strong preference and styles. It can be hard work to balance and blend our assets.

Recently, I’ve been borrowing David’s mental parking lot maneuver. It seems to be taking the edge off the inevitable tension of working with brilliant folks a bit more adaptive than I. And Lord knows, given how hard we are working and how much we push ourselves always to do better, I need them bad.

Lessons Learned 2000 Poised for Distribution

Lessons Learned 2000: Profiles of Leading Urban Health Department Initiatives in Maternal and Child Health is the fifth in this CityMatCH publication series, once again offering easy access to selected urban public health practices aimed at improving the health of women, children and families. Hot off the presses and winging its way to destinations across the country, Lessons Learned promotes communication across communities about what works, what doesn’t work and why.

Consider Lessons Learned as a cookbook of ideas and methods for the development or enhancement of future local, urban health projects. Each CityMatCH member health department attending the September 2000 Urban MCH Leadership Conference submitted a profile of a current MCH effort as a condition of participation.

To receive a copy of Lessons Learned 2000: Profiles of Leading Urban Health Department Initiatives in Maternal and Child Health, call the National MCH Clearinghouse toll-free number: (888) 434-4MCH or the CityMatCH office at 402-595-1700.
Ohio Cities "Ask-A-Colleague" and Get Results

AKRON: "Does your Health Department use incentives to increase compliance with postpartum checkups?"

About one year ago, I used the CityMatCH "Ask-A-Colleague" service to poll local MCH leaders about using incentives to increase compliance with postpartum checkups. I appreciated working with CityMatCH staff to refine my query. By clearly focusing my question, the response rate was likely improved. With so many responses, I could be fairly confident I was getting a representative cross section of experience.

The response was, in a word, amazing. I expected a few answers back from health departments who were using incentives, but I wasn’t prepared for all of my colleagues who also took the time to answer “No.” I received 36 responses, several times what I thought I’d get. Ten had used incentives and provided detailed descriptions of the process and its success or failure.

Most respondents used incentives as part of a larger program that included prenatal visits. They identified specific items that were most popular with their clients. None mentioned formal evaluation or evidence of improved compliance. The most complete response came from the Mobile, (AL) Health Department. In the long term, incentives had not proved beneficial. Mobile offered descriptions of successful changes made to address client issues such as transportation, child care, etc. For Mobile, these changes were more effective than incentives.

I also received three responses from people who had not used incentives, but who had other suggestions of what had worked for them. I was especially impressed with Tulsa’s reported 90-97% completion rate (although they include visits up to 8–10 weeks).

They use Healthy Start case managers to follow-up, which apparently works well. This also matches the experience of one of our local hospitals, which has a 68% return rate (after a reminder call). Upon further investigation, they found that all but one of those who did not return had had less than six prenatal visits. The return rate for the highest-risk women, who saw a Nurse Practitioner as part of their prenatal care, was 100%. Clearly, the personal relationship factor is critical.

In the end, we decided not to add incentives to our program. One positive result of this discussion is our prenatal outreach program, tied to public health through our local Title V consortium, is now using “goody bags” from Planned Parenthood for clients who delay or miss their postpartum visit. These supplies are linked with setting an appointment for ongoing family planning services.

CityMatCH provides a valuable service with Ask-A-Colleague, and I heartily recommend its use. Where else can you tap into so many experts so easily? I would caution users to expect a lot of responses, and not to be impatient, as some responses trickled in after the deadline passed. (Submitted by Rick Davis, Summit County Health Department)

For more information, contact Rick Davis, MHSA: 330-926-5684 or via E-mail: rDavis@schd.org

COLUMBUS: “Does your community have a system for scheduling first prenatal care appointments for a variety of providers?”

Our health department was concerned with long waiting times for first prenatal care appointments. The average waiting time for an appointment was an average of 17 days for the public health clinic sites (3), neighborhood health center sites (7) and hospital outpatient OB clinics (7).

One issue contributing to long waiting times was “no shows” which were caused by women scheduling several appointments and keeping the earliest, but not canceling the others. Even with “overbooking” strategies, no shows were a problem. To reduce scheduling of several initial appointments, we considered a centralized first prenatal care appointment system. As part of the exploration, we wanted to hear from other cities who had tried this and find out what their experience had been.

Through CityMatCH, we employed the “Ask-A-Colleague” quick survey method. We designed the four question survey and submitted it to the CityMatCH Central Office. CityMatCH faxed the survey out in August to 142 member health departments, representing cities with a population greater than 100,000.

Forty-seven local health departments responded to the question, “Does your community have a system for scheduling first prenatal care appointments for a variety of providers?”

Responses provided us with a wealth of information on what works, what hasn’t, and suggestions of what health departments would like to have done differently. For example, Akron (OH) Health Department reported their experience with operating a centralized system six years ago, based on similar needs as Columbus. The system began with community Ph.D.’s committing appointment slots for the centralized system.

Hospitals agreed to join if it was determined that the system worked. A Ph.D. (with voice mail) coordinated the system. Very few calls were received, which they attributed to inadequate marketing of the telephone line. The only outreach they could afford was the printing and county-wide distribution of wallet-sized cards. The Health Department lacked a massive media push, an important lesson they shared with the Columbus Health Department.

The Columbus Health Department continues to explore whether a centralized system will be effective. We are following up with the cities whose response was “Yes,” and we plan to share our summary information with prenatal care providers in the community. Excellent ideas and strategies were presented that individual providers may be able to adopt or adapt.

Columbus Health Department extends a hearty thank you to our CityMatCH colleagues for their valuable assistance and advice. (Submitted by Carolyn Slack, Columbus Health Department)

For more information, contact Carolyn B. Slack, MS, RN: 614-645-6263 or via E-mail: carolyns@cmhhealth.org
Perinatal Periods of Risk Collaborative to Enhance Practice

Fourteen CityMatCH member Health Departments and their community-based partners recently joined CityMatCH, the CDC, the National March of Dimes Birth Defects Foundation and other national partners to put the Perinatal Periods of Risk (PPOR) approach into practice in their community in an effort to improve the health of women and infants. The purpose of this new Perinatal Periods of Risk Practice Collaborative is to define together the best practices in using the approach as a community tool for decision-making, targeting resources, and program/policy development.

Objectives of the Collaborative are to improve the PPOR approach as a community tool to improve the health of women and infants; to describe and encourage best practices in using PPOR as a community tool; to develop easy-to-use materials and services to support communities interested in using PPOR in their community; and to assure the strategic linkage of the PPOR approach with related existing efforts (e.g. FIMR, Healthy Start).

Participating Urban Health Departments will work with identified partners in their communities to implement the PPOR approach as part of a larger existing community-improvement effort. The Practice Collaborative will promote common sharing of knowledge and experiences in using the approach as a community tool, across participating urban areas. CityMatCH will facilitate the development of PPOR materials and technical assistance to support participating communities in their efforts and will provide the vehicles for sharing and collecting gained knowledge and experiences. These combined efforts will be in concert with related activities of the National Perinatal Periods of Risk Initiative, including the development of a PPOR National Resource Center and the PPOR User's Network to assist communities across the country in using this new approach.

The PPOR Practice Collaborative is a joint responsibility of CityMatCH Members and its national partners. The collaborative will use several different strategies. For further information about the National Perinatal Periods Of Risk Initiative, including the PPOR Practice Collaborative, please contact: William Sappenfield, MD, MPH by E-mail: wsappenf@unmc.edu at CityMatCH.

Practice Collaborative Primary Strategies:

- Jointly define the general operations of the Practice Collaborative.
- Sponsor four face-to-face meetings (National Forums) that focus on key stages in using PPOR as a community tool.
- Sponsor regular conference calls and web-based meetings—National Seminars—on key topics addressing essential training needs, sharing related experiences and resolving common issues.
- Develop guidance and materials to assist participating cities in using the PPOR approach.
- Support the formation issue specific groups to address essential needs of the Practice Collaborative.
- Develop a website to share Practice.

What is Perinatal Periods of Risk (PPOR)?

PPOR is a simple approach or tool that can be used by large communities to examine their fetal and infant mortality and to improve their maternal and infant health by identifying gaps in their community, targeting resources for prevention activities, and mobilizing the community to action. For more information check out the PPOR Button on the CityMatCH Website at <www.citymatch.org>.

Responsibilities of CityMatCH and Its Other Partners:

- Provide material and technical assistance on PPOR analysis, communicating PPOR to various audiences, and using the approach.
- Provide opportunities and mechanisms for participating cities to share experiences.
- Provide technical assistance to resolve common problems and issues.
- Capture essential PPOR information and materials for use by communities.
- Provide leadership and coordination for the overall PPOR Practice Collaborative.
- Engage key national partners and inform others.

Responsibilities of Participating Health Departments and Partners

- Assure community readiness and commitment to use PPOR as part of a larger community effort.
- Assure analytic readiness to complete the analytic work required for the approach.
- Use PPOR as a community tool as part of a larger community-based effort using the MCH planning cycle.
- Carry out all steps, where appropriate, in completing the PPOR analysis and in using the approach as a community tool.
- Share products, results and experiences gained from the approach with others.
- Make contributions and to provide feedback on the development of materials and best practices.

The Perinatal Periods of Risk Practice Collaborative is supported by grants from the Centers for Disease Control and Prevention and the National March of Dimes Birth Defects Foundation. CityMatCH receives in-kind support from the University of Nebraska Medical Center.
PPOR Practice Collaborative Cities Selected

Recently, fourteen U.S. cities were selected to be full members of the Perinatal Periods of Risk Practice Collaborative (PPOR-PC). Each of these cities has uniquely partnered with community organizations to incorporate the PPOR approach locally. Of the 14 cities participating in the PPOR Practice Collaborative, 10 are Federal and/or State Healthy Start Sites and use FIMR as a tool with the PPOR approach. Four cities have State chapters of the National March of Dimes Birth Defects Foundation participating. Key collaborators in each of these PPOR initiatives are listed with the participating city:

- **Baltimore, MD**
  Baltimore City Health Department
  Baltimore Perinatal Systems Review

- **Columbus, OH**
  Columbus Health Department’s Caring for 2

- **Durham, NC**
  Durham County Health Department
  Durham County Infant Mortality Reduction Task Force

- **Jacksonville, FL**
  Duval County Health Department
  Northeast Florida Healthy Start Coalition

- **Kansas City, MO**
  Kansas City, (MO) Department of Health
  The MCH Coalition of Greater Kansas City

- **Louisville, KY**
  Louisville/Jefferson County Health Department
  Healthy Start Consortium
  The March of Dimes

- **Nashville, TN**
  Metropolitan Davidson County Health Department
  The March of Dimes

- **New Haven, CT**
  New Haven Health Department
  New Haven Healthy Start Project
  New Haven Perinatal Partnership

- **Orlando, FL**
  Orange County Health Department
  Orange County Healthy Start Coalition

- **Philadelphia, PA**
  Philadelphia Department of Public Health
  Lower North Philadelphia Healthy Start
  Philadelphia Safe and Sound

- **Phoenix, AZ**
  Maricopa County Department of Public Health
  Metro Phoenix Healthy Start

- **Portland, OR**
  Multnomah County Health Department
  The March of Dimes

- **Raleigh, NC**
  Wake County Human Services
  Healthy Mothers, Healthy Babies Coalition
  The March of Dimes

- **St. Petersburg, FL**
  Pinellas County Health Department
  Healthy Start Coalition of Pinellas
  Pinellas African American Targeted Reduction in Infant Mortality Community Action
  The March of Dimes

A couple of great opportunities to increase your knowledge of issues such as the linkages between safe motherhood and infant mortality are highlighted here. Mark your calendar, and make plans to attend CDC’s Safe Motherhood Conference, and the NFIMR Conference.


Each year, approximately six million U.S. women become pregnant. Of the four million women who give birth, at least 30% have a pregnancy-related complication before, during, or after delivery. The CDC’s Division of Reproductive Health (DRH) has identified maternal health as one of its priority mission areas.

To address issues of safe motherhood and improved health of women during their pregnancies, and to develop a research agenda that will focus on these issues, CDC and its partners will be holding a national conference September 5-7, 2001 in Atlanta. Please mark your calendars. For additional information, consult the CDC website at http://www.cdc.gov/nccdphp/drh/mh1.htm for more details of this important conference.

The Fourth National Fetal and Infant Mortality Review Conference at the August 2-4, 2001 at the Grand Hyatt Hotel in Washington, DC. Watch their webpage <http://www.acog.org/from_home/departments/dept_notice.cfm?recno=10&bulletin=1384> for additional information, or contact: Kathleen Buckley, Director, at kbuckley@acog.org; or Darlene Kerr, Associate Program Manager, at dkerr@acog.org.
City Tools: Urban Learning Clusters

"Preventing Perinatal Transmission of HIV in U.S. Cities" Year Two Expansion

The Perinatal HIV Urban Learning Cluster has invited five new cities to take part in upcoming Learning Cluster activities. MCH and HIV co-leads of selected new cities will participate in the Cluster meeting, April 1-3, 2001 in Philadelphia, PA. Congratulations to Atlanta, GA, Hartford, CT, Jacksonville, FL, Newark, NJ, and San Diego, CA. Following this meeting's intensive orientation, assessment and technical assistance, new cities will be asked to reassess their interest and commitment to be an active Learning Cluster participant. If their response is affirmative, the MCH and HIV co-leads will be responsible for finalizing and convening the full Action Team within four to six weeks.

Thanks to our current Learning Cluster teams, Los Angeles (CA), Norfolk (VA), Philadelphia (PA), and Washington, DC, for their ongoing commitment to the Perinatal HIV Urban Learning Cluster and to reducing the transmission of perinatal HIV. Our best wishes to the Miami team for its support and participation last year.

The Urban Learning Cluster approach is designed to strengthen community-based capacity to generate and use data strategically for more effective local practice and policies in perinatal health and HIV/AIDS prevention. CityMatCH is using two key approaches to reducing HIV. Targeted Information Dissemination provides CityMatCH member health departments and other key partners with timely information about perinatal HIV prevention.

Urban Learning Clusters brings selected cities with the greatest disease burden together for strategic joint action. The project is supported by a three-year (1999-2002) cooperative agreement between CityMatCH, at the University of Nebraska Medical Center, and the National Center for HIV, STD, and TB Prevention at the Centers for Disease Control and Prevention in Atlanta, Georgia.

For more information, visit www.citymatch.org and click on HIV.

Miami Pearls: Effective Perinatal HIV Prevention Programs

Thanks to the gracious and generous work of CityMatCH’s Miami colleagues, participants were able to visit five compelling sites during the Second Perinatal HIV Urban Learning Cluster meeting held in Miami last December. The meeting focused on team action plans, program evaluation, site visits, and cross-city action groups. Selected excerpts of "Pearls" from the site visits follow.

COPE CENTER NORTH
At this alternative school for pregnant and parenting teens, participants learned about HIV prevention in partnership with schools.

- Fully embrace the needs of pregnant and parenting adolescents.
- Integrate HIV education into comprehensive program components.

GETTING BUSY
Selected participants observed the "Gettin' Busy-Get Tested" campaign at Robert Morgan Technical School and a teen outreach bowling party at a local alley.

- Consistent, constant community outreach efforts establish and build "trust" with youth at risk.
- Involve of community volunteers and business sector to improve efficacy and expand opportunities.

FLORIDA HEALTHY START
"Starting Early-Starting Smart" (S.E.S.S.), at the University of Miami, targets substance exposed and high-risk infants and young children, offering comprehensive services, including initial and ongoing assessment, intensive care, coordination, and enhances parenting and psychosocial counseling.

- Strong collaborative partnerships braid services into a single site.
- Excellent parenting education models teach self-reliance and empowerment.

FIRST HAITIAN AIDS SUMMIT
The first Miami-Dade Haitian HIV/AIDS Summit was launched to engage the Haitian Creole population in prevention.

- Take ownership of this community problem!
- Engage State and City officials and involve local faith communities.
- Be “united in efforts to empower women.”

M.O.V.E.R.S. (Minorities Overcoming Virus Education Responsibility Spirituality)
One of Dade County Health Department’s strongest and longest partnerships, MOVERS represents 10% of Dade County population and 90% of reported county HIV/AIDS cases.

- Compel faith communities to address tough issues.
- Leaders must be flexible, charismatic, compelling.

For more information about these programs, contact Nancy Humbert, Miami-Dade County Health Department: 305-377-5010 or by E-mail: nancy_humbert@doh.state.fl.us
12th Annual CityMatCH Urban MCH Leadership Conference

2001 Conference - Save the Date!

Kickoff & Conference:
August 27-29, 2001

Pre-Conference Activities:
Beginning August 25, 2001

The 2001 CityMatCH Annual Urban MCH Leadership Conference will be held Saturday, August 25 through Wednesday, August 29, 2001 at the Millennium Hotel - Nashville in Nashville, Tennessee. Class of 2001-2002 CityMatCH Data Use Institute activities will begin on Saturday evening, August 25th.

Pre-Conference Data Workshops and additional Data Use Institute activities will be held on Sunday, August 26th. The Conference will officially kick off on Monday, August 27th and will adjourn Wednesday, August 29th. Information on the website (at www.citymatch.org) will be posted as it becomes available. Updates will include: hotel and registration information, agenda, workshop and site visits, and a printable registration form. Be sure to check back often for the newest updates.

DUI Alumni Take the Lead in 2001 Hands-On" Experience

Forty-five current Data Use Institute (DUI) members, representing eleven cities, recently were guided through the "Hands-On" workshop, which translates the three "corners" of the Data Use Triangle. DUI Teams worked their way through Planning and Programs, Data and Analysis, and Policy and Politics, as they took part in this year’s "Hands-On." Midway through the year-long Institute, the workshop was held in Scottsdale (AZ) in early February. "Hands-On" events have taken place every year since the inception of the Data Use Institute in 1997. What makes this particular year so remarkable? Five DUI alumni successfully made the transition from participating in previous years’ teams, to faculty and local hosts. This new role created fresh challenges and new opportunities for the following DUI Alumni: Kathy Carson, Seattle (WA); Carolyn Slack, Columbus (OH); Larry Sands, Rose Howe and Sarah Santana of Phoenix (AZ). A hearty "thank you" goes out from DUI and CityMatCH staff to Kathy, Carolyn, Larry, Rose and Sarah! “This was the best Hands-On Workshop yet!” DUI alumni said.

NewsBriefs Has the MCH Pulse

Since 1998, CityMatCH has produced a bi-weekly electronic newsletter. The demand continues to increase for this compilation of resources, opportunities, news of interest, and updates on key urban MCH issues, such as Women’s Health, Child Care, Racial and Ethnic Disparities, and SCHIP.

NewsBriefs is a product of the CityMatCH Partnership for Information and Communication (PIC) Cooperative Agreement with the Maternal and Child Health Bureau. To subscribe, E-mail mfitzger@unmc.edu with your name and E-mail address. If you would like to take a peek at recent issues of "NewsBriefs" go to the CityMatCH website at <www.citymatch.org> and click on “Publications.”

Is Your Health Department a Current Member?

CityMatCH member health departments are eligible for all of the tools for enhancing urban MCH practice described in this edition of CityLights. Members are invited to the annual Urban MCH Leadership conference with significant financial support. Only members are eligible to apply to the Data Use Institute. Members form the nucleus of the PPOR Practice Collaborative. Members get to use the Ask-a-Colleague Service. And once again, due to continued significant public and private grant support, there are no financial dues to join in 2001. We ask that you ‘pay’ with your time, information, and commitment to peer exchange to enhance urban MCH practice.

The 2001 Membership Drive is now underway. Health departments serving cities with populations of 100,000 or greater (or the largest city in less populated states) are eligible to join CityMatCH. Past members must renew their memberships in 2001 to continue receiving our products and services. Has your health department sent in its renewal? Contact Joan Rostermundt, Member Services Coordinator at CityMatCH by E-mail: jrosterm@unmc.edu.
Why Apply to DUI 2001-2002?

It offers a unique opportunity to build capacity in your Health Department.

All eligible CityMatCH Health Departments may apply, including Health Departments who participated in previous year’s DUI experience.

Application Deadline: May 1, 2001

For more details or applications, contact:
Jennifer Skala at jskala@unmc.edu,
402-595-1700 or Fax: 402-595-1693

DUI Pearl #1: Communication

“There are many ways to say it.”

Your message needs to be targeted to the audience that will be listening. People hear and respond to messages differently. Here are some examples of how different people have spoken on the same issue:

♦ Science Speak:
“Based on a representative and randomized sample of households, our survey data indicate a statistically significant increase in the pregnancy rate among females ages 11-14, and a non-significant increase among those ages 15-19.”

♦ Plain Speak:
“Our survey found that teen pregnancy rates are increasing among girls under age 15.”

♦ News Speak:
“More Young Teens Get Pregnant”

Taken from: Effective Communication Tips, presented by consultant Kay Johnson at the Hands-On Workshop held February 3-5, 2001 in Scottsdale, Arizona

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DUI Pearl #1: Communication