

# CityMatCH CityLights

Promoting communication and collaboration to improve the health of urban women, children and families

Volume 15, No. 3

Published by CityMatCH

Fall - Conference 2006

XVI Annual Urban Maternal and Child Health Leadership Conference

## Providence 2006: Where Obstacles Became Opportunities

*"The city is grateful for the work all of you do on behalf of families all across America. We recognize that your diligence is needed now more than ever... especially as we live in a time when the number of uninsured Americans has reached the 45 million mark and still counting; and when the divide between rich and poor has reached unprecedented proportions and is still widening..."*

The above words by Providence Mayor David N. Cicilline kicked off the [Sixteenth Annual CityMatCH Urban Maternal and Child Health Leadership Conference](#) (August 20-22 in Providence, RI). In a spirited welcome, Cicilline shared his bold vision for the health of all residents of Providence.

According to Cicilline, Providence has developed a progressive and comprehensive plan to protect the health and well-being of residents, including a CDC-funded *Campaign against Breast and Prostate Cancer*, a *Substance Abuse Prevention Task Force*, local peer-outreach agencies that inform children on the prevention of STDS, to cite a select few.

Cicilline clearly appreciates the contributions national organizations such as CityMatCH make and understands their unique role in safeguarding the nation's health. In closing, he said, *"This is some of the most important work any of us can do,"* and thanked the audience for *"helping us tackle these vital issues."*

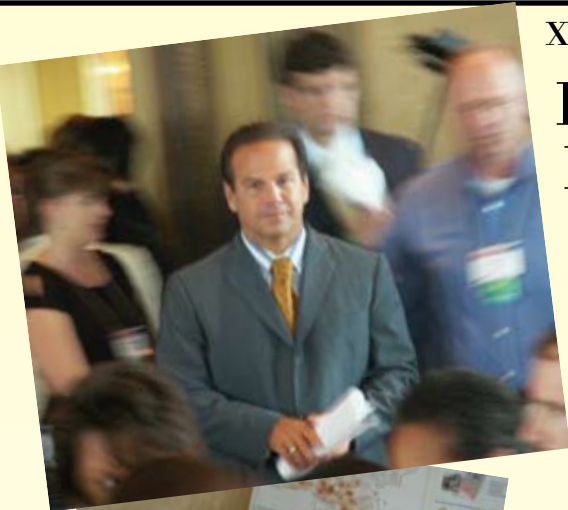
Highlights of the Conference are featured in this special edition of CityLights. **"Providence 2006: Where Obstacles Become Opportunities"** brought nearly 300 individuals together in downtown Providence for pre-conference meetings including graduation exercises for the DaTA Institute and for stimulating plenaries, innovative workshops, plenty of networking and focused skills-building sessions. The pages inside represent just a fraction of the offerings.

Our local host, *The Rhode Island Department of Health*, represented by **Dr. Peter**

### Special Thanks to...

**Simon**, Assistant Medical Director, and Member, CityMatCH Board of Directors, and **Dr. William Hollingshead**, Health Department Director, deserve kudos for their remarkable assistance and persistence with planning, developing and executing the annual

Conference. Each year, CityMatCH relies on local host health departments to choreograph events such as reverse site visits, presentations by local dignitaries, and more. Without their commitment, Conference would not be the nationally-recognized and successful event it has become. Would your health department care to host a future annual Conference?



# The View from the Podium

By Kimberlee Wyche-Etheridge, MD, MPH, Interim Chief Medical Officer

Director Family Youth and Infant Health, Metro Nashville, Davidson County (TN) Public Health Department



Wyche-Etheridge

For the last year, the CityMatCH Board of Directors and the Undoing Racism Subcommittee have been working on the issues of race, power, influence and privilege, and how these interconnected themes

influence our own health as well as that of the women and children we serve.

The work has required some difficult introspection, an assessment of our CityMatCH organization, as well as a check of the pulse and readiness of membership. As individuals, and as a cutting-edge organization, we still have a lot of work to do to really acknowledge and work to change the many inequities that come with the uneven distribution of privilege; however, every long journey starts with the first step.

It was with this understanding that silence fell over the large ballroom where the Conference luncheon was being served. No longer did one hear the clanging of silverware, or the clinking of glasses. All had grown quiet. The sea of attendees sat somewhat perplexed as they awaited the next instructions in the *Privilege Exercise*\*.

A major obstacle packaged in the form of a cancelled keynote speaker, offered a “chancy” opportunity to take attendees out of their comfort zones and interactively discover the subtleties of how privilege, or the lack thereof, can

influence or impact an individual’s life and health. This *Privilege Exercise* started with everyone on the same game space, or line. A series of questions were read and depending upon one’s personal response, a marker was moved forward, backward, or not at all.

“If you grew up in a home where your parents read for pleasure, move forward one space.” “If you had to take out loans to attend college, move back a space.” After each question was read, a low hum broke out, and a flurry of activity ensued as some individuals pushed their markers forward and others sat back appearing disappointed.

From the podium-view, the light mood that defined lunch slowly turned. Shoulders dropped, arms crossed, eyes no longer gazed forward. Each table began to represent a microcosm, and a general realization evolved even within the safe environment of a CityMatCH conference we bring with us unique personal experiences that have subtly molded us into individuals.

The game continued with steps taken forward and backwards until at the end, everyone was asked to give observations about the final positions of all the markers, and engage in a discussion about their findings with others at their table.

Initially there was little conversation, and then there was a burst of energy as the room again came alive. The emotions that erupted ranged from embarrassment to anger, from sadness to reassurance, and from denial to realization. Tears were shed by some and hugs shared by others. The resulting talk spilled out of the lunch and continued throughout the rest of the conference.

Why did we feel it was so important to have attendees experience this? The Conference Planning Committee debated whether to include this activity into the freed-up time slot. How would it be perceived? Would there be enough time for debriefing? Would the larger significance emerge? Would it add another dimension to the conference, and change the way we do business when we

returned home? It was a risky move, but one the Committee was willing to take.

Was the *Privilege* experience effective? For answers, we must look to the collective body of participants who came together that day to eat lunch and ended up playing a much larger role than anticipated. CityMatCH looks forward to hearing from each of you.

\* “*Privilege Exercises*” provide participants an opportunity to understand the variables within privilege. For this exercise, questions developed by the National Association of County and City Health Officials (NACCHO) were used with permission.



Helen Jackson and Bill Ridella share findings



## The "Federal Focus: A Conversation with HRSA/MCHB - CDC

CityMatCH Conference participants recently enjoyed a unique opportunity to interact with Peter van Dyck, MS, MD,

MPH, Associate Administrator for HRSA’s Maternal and Child Health Bureau, and Sam Posner, PhD, Associate Director for Science, NCCDPHP, Division of Reproductive Health at the Centers for Disease Control and Prevention. Selected comments follow.

**MCHB Goals:** Dr. van Dyck advised participants that providing national leadership for maternal and child health remains a committed goal of MCHB. To achieve this, they are working to cre-

ate a shared vision and goals for MCH, informing the public about MCH needs and issues, modeling new approaches to strengthen MCH, forging strong collaborative partnerships, and fostering a respectful environment that supports creativity, action, and accountability for MCH issues.

Other current goals are eliminating health disparities in health status outcomes by the removal of economic, social and cultural barriers to receiving comprehensive, timely and appropriate health care; ensuring the highest quality of care through the development of practice guidance, data monitoring, and evaluation tools; the utilization of evidence-based research; and ensuring the avail-

ability of a well-trained, culturally diverse workforce; and, facilitating access to care through the development and improvement of the MCH health infrastructure and systems of care to enhance the provision of the necessary coordinated, quality health care. These strategies resonated strongly with CityMatCH membership.

Dr. van Dyck identified obesity, early childhood, perinatal depression, and low-birthweight as areas of particular focus for MCHB. These areas very much mirror priority areas identified by the CityMatCH membership over the past several years. For additional information on HRSA/MCHB, including strategic planning, priorities, funded areas, current

(Continued on Page Eight)

# Toward a “Fair Health Movement” and “PLACE MATTERS”



Recently, Dr. Gail C. Christopher spoke to participants of the CityMatCH Conference about the work of the Joint Center for Political and Economic Studies' Health Policy Institute, sharing her personal and professional perspectives, challenging current practices and offering words of hope.

In April, 2004, Christopher was appointed director of the Joint Center, a nonpartisan, nonprofit organization, that conducts research and analyses on public policy issues of concern to African Americans and other minorities. Since then, Dr. Christopher has crafted an ambitious agenda for the Institute's work on key health policy issues for African Americans and other communities of color.

Christopher's passion for eliminating the persistent racial health disparity of high infant mortality rates among African American families is quite personal — it was prompted by a painful experience — the death of her firstborn baby girl, 23 years ago.

She said, *“I believe we can reduce needless loss and morbidity. I've seen it done. However, we have to work to mitigate the effects of institutionalized and structural racism, the legacy of centuries of enslavement and denial of the “humanity” of African American women, babies, children and men. Mitigating the effects of institutionalized and structural racism compels an approach to health disparities that is grounded in the social determinants-of-health framework.”*

People who have been disadvantaged in the past are at greatest risk in each life transition, said Christopher. Pregnancy and childbirth are among life's most significant transitions and public policies must provide safety nets and springboards to offset earlier disadvantages. Good health involves reducing educational failure, job insecurity and income differences in society. *“We need to ensure that fewer people fall and fall less often. Policies for education, employment and housing affect health standards. Societies which enable all citizens to play a full and useful role in the social, economic and cultural life of their society will be healthier than those where people face inse-*

*curity, exclusion and deprivation.”*

The Health Policy Institute (HPI) mission, *“to ignite a “Fair Health Movement” that affords People of Color the inalienable right to equal opportunity for healthy lives,”* addresses these issues head-on.

Framing the HPI mission in terms of a Fair Health Movement, says Christopher, is an acknowledgment of the legacy of activism and coalition that underpins racial, political and economic progress. This approach deliberately shifts focus away from a laundry list of health disparities to desired outcomes and implied action strategies. CityMatCH agrees with her statement that community leadership and input are key components for change and crucial to the achievement of goals.

Eliminating racial disparities in infant and maternal health outcomes is a cornerstone of HPI's work; other areas of focus include:

- 1 Identifying/addressing economic, social, environmental and behavioral determinants that can lead to improved health outcomes.
- 2 Increasing resource allocations for prevention, wellness and health promotion, as well as effective management of chronic illness.
- 3 Informing the policy and practice of reducing infant mortality and improving child and maternal health.
- 4 Reducing risk factors and supporting healthy behaviors among children and youth.
- 5 Improving mental health and reducing factors that promote violence.
- 6 Optimizing healthcare access and quality.
- 7 Creating conditions for healthy aging and improving the quality of life for seniors.

Several commissions and research projects have recently come together in HPI's signature initiative, “PLACE MATTERS,” an innovative public sector performance data-based project that seeks to measure, benchmark and track

a broad array of health-related indicators. PLACE MATTERS was developed in partnership with the National Association of Counties, International City/County Management Association, National Organization of Black County Officials, and National Association of County and City Health Officials. *“Based at the county and local level,”* states Christopher, *“PLACE MATTERS will complement the Fair Health Movement goal to establish community-based leadership in promoting and preserving health and reducing health disparities.”*



Dr. Gail Christopher

According to Christopher, the magnitude of the Hurricane Katrina disaster revealed another apparent racial and ethnic health disparity and demonstrated the contributions that concentrated poverty, unemployment, and inadequate educational, housing, and transportation resources have made to health disparities. These conditions must be addressed for progress to occur. PLACE MATTERS seeks to build the capacity of county health officials and community leaders to identify, assess, and share effective disparities reduction strategies.

Christopher's closing remarks incorporated an African Proverb which declares that, *“To stumble is not to fall, but to move forward – faster,”* and proposed that *“the use of a social determinant conceptual framework will enable us to accelerate progress in reducing infant mortality among African American families where they live and work and grow.”*

For more information, visit the Joint Center's website at: <http://www.jointcenter.org/index.php> or the Health Policy Institute's at: <http://www.jointcenter.org/healthpolicy/index.php>.

*To stumble is not to fall, but to move forward – faster.*

*- African Proverb*

Four national experts came together for a conversation at the CityMatCH Conference recently. This plenary, sponsored by the Association of Maternal and Child Health Programs (AMCHP) spotlighted current research, science and strategies supporting the recent recommendations.

Released in April, 2006 by the CDC along with their national partners, these *Recommendations to Improve Preconception Health and Health Care – United States: A Report of the CDC/ATSDR Preconception Care Work Group and the Select Panel on Preconception Care*, were designed to promote optimal health throughout the life span for women, children, and families by using both clinical care and population-focused public health strategies.

Speakers Hani Atrash, MD, MPH, CDC, Janis Biermann, MS, National

## Moving Ahead: Preconception Health & Health Care



Atrash, Curtis, Biermann and Streeter

March of Dimes Birth Defects Foundation, Michele Curtis, MD, MPH, University of Texas-Houston, and Nan Streeter, MS, RN, Utah Department of Health, talked about aligning the recommendations with current practice and identifying unique implications for clinical, consumer and public health practice. Selected comments from each are highlighted here.

Atrash discussed creating “A paradigm shift for better perinatal outcomes.” He said, “We need to integrate into existing systems of care; not silo. We really do not want to have another prenatal care “process.” “One size fits all” is not going to work. There are people with different risk profiles, different communities, and different age groups - each need different approaches. I am happy to see the variety of approaches people have used during the past two days (of the conference) with developing different interventions.”

Curtis said, “I am in awe of all of the work you do out there; of your constant, every day struggle usually at very small pay and with very little social recognition and sometimes an incredible amount of push-back from your communities...Please keep doing it for though there are many clinicians who say this is the right thing to do, if we do not have your voice behind us and we do not have people out there forcing the political will to sit up, listen, and change it is not going to happen.”

Biermann described March of Dimes Birth efforts in this area, including a review of current research and data to inform future activities. Their “target audience” is broken into two groups of women: generally speaking, one is women of childbearing age (18-44), and the other is those considered to be at-risk due to race, ethnicity, geography, age, income, incarceration, or previous poor outcomes. Within both groups are subsets of “contemplators” women who think about future pregnancy and plan ahead and those who do not. Biermann said, “While we know some things about these women, we really need to learn more.”

Public health is a natural stage for addressing preconception care and health care, said Streeter, and during early discussions of the CDC/ATSDR Preconception Care Work Group they, “found ourselves easily carving a public health role.” Health promotion activities such as disseminating brochures, social marketing, promoting screening for known risk factors, and implementing interventions to reduce these risk factors can be accomplished effectively in public health clinics.

Releasing the Recommendations was an important next step in increasing national awareness and desire for preconception health care. The September MCH Journal Supplement and the new CDC/CityMatCH Preconception Health Practice Collaborative (See related stories on this page) are other important components for increasing understanding and utilization of preconception care and health care strategies. Ultimately, it is believed these strategies will lead to better health and health outcomes for women, children and families.

For more information, contact: Hani K. Atrash, MD, MPH, Associate Director for Program Development, National Center on Birth Defects and Developmental Disabilities, CDC, by phone: 404-498-3075 or via E-Mail: [Hatrash@cdc.gov](mailto:Hatrash@cdc.gov).

### MCH Journal "Preconception Care" Available Online!

A special supplement of the Maternal and Child Health (MCH) Journal on Preconception Care:

Science, Practice, Challenges and Opportunities (Volume 10, Supplement 7 / September, 2006) has been published online and is available free of charge at: <http://www.cdc.gov/ncbddd/preconception/links.htm>

Guest Editors are Hani K. Atrash, MD, MPH and Louis G. Keith, MD, PhD. The MCH Journal is published by Springer Netherlands.

### CityMatCH to Pilot Preconception Health Collaborative

Several CDC-convened work groups are addressing implementation of the recommendations through strategic national, state and local action. This past June, the Public Health Practice (PHP) Work Group crafted a strategy to foster integration of preconception health in public health practice. In order to achieve this strategy, (CDC Recommendations, Action Steps 8a and 8b) the Work Group recommended using a “practice collaborative” model to promote adoption and integration in sentinel communities and states.

CityMatCH has been selected to develop the “Pilot Urban Practice Collaborative on Preconception Health,” a one-year (October 2006 - September 2007) collaborative learning experience aimed at improving preconception health care practice in three selected U.S. cities: (Hartford (CT), Los Angeles (CA), and Nashville (TN)). Each of the teams collectively possesses essential expertise in community assessment and engagement, prevention programming, clinical practice, policy development and systems integration.

For more information, contact Kathleen Brandert by phone: 402-561-7500 or via E-mail: [kbrandert@unmc.edu](mailto:kbrandert@unmc.edu)

# Navigating the Institutional Review Board Process: Assuring Ethical Public Health Practice



*Audrey Stevenson, MSN, FNP, MPH, Family Health Services Division Director at the Salt Lake Valley Health Department and George White, PHD, MSPH, Director and*

*Professor, Public Health Programs at the University of Utah, shared the podium for an informative Data Track Skills-building overview of the Institutional Review Board (IRB) process. Essential information that MCH professionals must have to utilize the process effectively in their communities was summarized by Stevenson recently for CityLights.*

In recent years, the amount and complexity of research conducted at the local health department level has increased dramatically. Both the scope of services and the number of individuals participating in these services make local health departments an attractive option for recruiting participants and conducting research studies.

Such studies may be conducted internally or by outside agencies/academic institutions. They produce significant social benefit for researchers and local health department program participants. Salt Lake Valley Health Department is committed to conducting and participating in research studies.

Examples of previous studies



include issues of obesity, effective treatments for sexually transmitted diseases, pediatric lead levels, etc. Information gained

through these studies is beneficial in implementing improvements to health department programs and for patient outcomes.

Ensuring that the rights and welfare of clients are respected requires the use of IRBs, a vital component of the research process.

History provides numerous examples of unethical treatment of humans involved in research studies. Tuskegee, the Thalidomide study, and the Tea Room Study are just a few examples of such ethical violations.

In 1979, the Belmont Report was published and has continued to be a standard for ethical treatment of research subjects. (See <http://ohsr.od.nih.gov/guidelines/belmont.html>) This document outlines the determination of boundaries

between research and routine practice, risk-benefit criteria, appropriate guidelines for selection of subjects for participation in research and the nature and definition of informed consent. IRBs were established to protect the rights and welfare of human subjects and to ensure that conflicts of interest do not interfere with ethical conduct of medical research.

How can academic institutions and health departments collaborate to conduct meaningful, ethical research? The answer is in the provision of an IRB review by one or both collaborating agencies.

When communities or local health departments have internal IRBs, they must conform to the same standards as those IRBs housed in larger institutions. Smaller agencies may rely on the IRB of a local university or state health department, rather than create and maintain their own.

When multiple IRBs are involved, who has the final say about approval of a research proposal? To answer this, first determine which agency is responsible for conducting the research.



The agency that owns the client's chart or provides the services to the client should have the final decision about approving the research proposal.

Determining which agency has the medical or ethical liability for the project and whether either party stands to benefit financially from the project is critical. Financial reimbursement for conducting a study may need to be examined in the context of conflict of interest.

If an outside agency requests to conduct research with a local health department that does not have its own IRB, the local health department can request that the State Health Department or a local academic institution review the IRB request. In some situations, more than one IRB may review the same request.

Some local health departments have solved this dilemma of using another agency's IRB, but reserving the right to make a final determination regarding the approval of a research project. These agencies have incorporated an internal

decision matrix for reviewing research study requests.

IRBs are important in assuring that patient rights are protected while participating in research studies. Public health departments have multiple potential patient populations that would provide good research information for both internal research projects as well as projects under the auspices of other community or academic agencies.

The challenge for local health departments is to identify and participate in research projects that will provide critical information useful in improving the scope and delivery of public health services. While it is important that research be conducted, it is perhaps even more important that the rights of research participants are maintained.

For more information, please contact Audrey Stevenson, Salt Lake Valley Health Department, Salt Lake City (UT) via phone: 801-468-2756, or via E-mail: [astevenson@slco.org](mailto:astevenson@slco.org)

*Recent years have seen a dramatic increase in the amount and complexity of research conducted at the local health department level.*

Sources:

- Anderson EE. A qualitative study of non-affiliated, non-scientific institutional review board members. *Account Res.* 2006 Apr-Jun; 13 (2):135-55.
- Burke GS. Looking into the institutional review board: observations from both sides of the table. *J. Nutr* 2005 135:921-924.
- Department of health and human Services. United States Federal Regulations, 45 CFR Section 46, subpart D.
- Eysenbach G, Till JE. Ethical issues in qualitative research on internet communities. *BMJ* 2001 Vol. 323:1103-5.
- King NM. Defining and describing benefit appropriately in clinical trials. *J Law Med Ethics* 2000; 28(4):332.

## 2005-2006 CityMatCH DaTA Institute Teams Achieve Goals

Members of five 2005-2006 DaTA Institute teams were on hand during the annual Conference for closing exercises and graduation ceremonies. During their year of training, teams focused on a project of importance in their communities, ranging from childhood obesity to infant mortality. Short summaries of team projects and participants follow. For additional information on the DaTA Institute, contact CityMatCH by phone: 402-561-7500 or via E-mail: [citymch@unmc.edu](mailto:citymch@unmc.edu).

**1. Lane County Public Health Services, Eugene, OR** Lane County's overall fetal-infant mortality rate is alarmingly high at 9.5 per 1,000 live births in 1999-2003. This DaTA Institute team is utilizing the PPOR approach to inform and engage the community in examining and responding; to collect needed data and other supporting information, and to implement effective strategies to reduce fetio-infant mortality. Team members made related presentations to the local Child Fatality Review and local Health Advisory Committee (HAC).



The result? HAC chose this issue for their "2006 Focus" and is supporting the establishment of a FIMR process and future related community work. Progress can be slow, yet the team is grateful for the support and training provided by the DaTA Institute, because it gave them new tools and strategies for addressing this

entrenched public health issue. Team members included (Pictured from left to right) Pamela Stuver, Karen Gillette and Cindy "C.A." Baskerville. Not pictured: Paula Aska, Rebecca C. Bent, Rhonda J. Busek, Douglas Daniell, Alicia Hays, and Sarah Hendrickson.

**2. Nashville-Davidson County Health Department, Nashville, TN** Throughout the 2005-2006 DaTA Institute training year, Nashville's team created a process and preliminary impact evaluation for the CHOICES Program which addresses the 60 percent of Nashville teens (and their partners), ages 13 - 20, who test negative for pregnancy and are at risk for sexually transmitted infections. Evaluation data was collected through sexually transmitted disease clinic charts, client encounters, and ZIP code mapping. Results of the evaluation suggest a positive correlation



between individuals receiving preconception health education, reproductive health screenings, and, fewer repeat STD and pregnancy testing services.

Next steps of the team include sustaining current level programming and expanding services to other populations.

DaTA Institute participation helped spearhead the city-wide focus on preconception health. Team members included (Pictured from left to right) D'Yuanna Allen, Brook McKelvey, and, Pamela Taylor. Not pictured: Kim Cox, Lisa Nislter, Rhonda Patton, and Kimberlee Wyche-Etheridge.

**3. Orange County Health Department, Orlando, FL** The goal of the Orange County Health Department DaTA Institute team project was to evaluate the "Save Our Babies" program, a campaign to reduce poor birth outcomes among high-risk African American women. Through program participants' pre and post-tests, questionnaires, and vital statistics data, the team found significant improvements in early prenatal care entry from 2003-2004 in two high risk ZIP codes in the Orlando area (+ 114% improvement and + 57% improvement respectively).



Over 12,000 educational contacts were made with the program and workshop participants showed an increase in knowledge of maternal-child health issues. Next steps for the team include finding additional funding to continue these efforts to reduce racial disparities in birth outcomes in their community. Team members included (Pictured from left to right) Linda Sutherland, Sylvia Davis, Shalana Eubanks-Worlds, and Kenneth Swann. Not pictured: Ellen Geiger and Yolanda Martinez.

**4. Philadelphia Department of Public Health, Philadelphia, PA** This team sought to evaluate Sudden Infant Death Syndrome and presumed causes as they relate to co-sleeping and roll-over/overlays, for the creation and implementation of targeted interventions and public awareness messages. The team collected data from a variety of sources including the Philadelphia Medical Examiner's Office, the 96<sup>th</sup> Hour Death Review Team, Vital Statistics, Local and State Youth Fatality Review Teams, SIDS Alliance, First Candle, and the C.J. Foundation for SIDS.

Results allowed them to identify common risk factors for SIDS and to develop messages on safe sleep for infants. Members of the DaTA Institute team worked with Maternal Child and Family Health staff to apply for a "Safe at Sleep" mini-grant targeting patients, clients, clinical and social providers. SIDS remains a challenging issue; language regarding the problem is not consistent, definitions of SIDS and SUID's are not universal and cannot be



summed up in one message. Team members included (Pictured from left to right) Sonia Haynes, Christina Williams, Robin Holts, Paulette Rhodan, and Marjorie Angert.

**5. County of San Diego Department of Health Services, San Diego, CA** San Diego is conducting a pilot study to measure overweight prevalence among kindergarten and first grade students in three school districts in San Diego County. Since 1974, California law has required students entering first grade to have documentation of a comprehensive health exam; the DaTA Institute team modified the form to include weight, height, and age.



Schools will submit completed project forms to the county by April 2007. After completion of the pilot study, data collection will be expanded to include all public and private first grades in the county, to determine county-wide childhood overweight prevalence. The team learned: "If the data you need

doesn't exist, collect it yourself!" Team members included (Pictured from left to right) Beverly Tuzin, Sutida Jariangprasert, Phyllis Elkind, Judith Quinn, and Tracy Delaney.

## CityMatCH Awards Reception Recognizes Excellence

Mary Balluff, CityMatCH Board Chair and Patrick Simpson, Acting Executive Director, hosted the 2006 Conference Awards Reception. Awards were given for the "Promising Practices" posters and abstracts, and a special staff award.



R. Elliott Churchill, MS, MA, recently retired CDC Senior Communications Specialist, Division of International Health, Epidemiology Program Office, CDC presented awards for outstanding Promising Practices presented as oral breakout sessions or poster presentations.

**The "Most Replicable" abstract best documents the essentials for feasible replication.** The Honorable Mention went to Margaret Yonekura from Los Angeles, CA, for *"The Healthy Eating and Lifestyle Program: A Collaborative Pediatric Obesity Prevention Program."* The overall award was given to Beverley White Macklin, Vickye Hayter, and Alma Burrell from the Santa Clara County (CA) Public Health Department for *"Partnering to Improve Nutrition, Physical Fitness and Wellness for Healthy Birth Outcomes in Pregnant and Postnatal African American Women."*

**The "Most Innovative" abstract best documents innovative responses to specific health problems, issues or barriers.** An Honorable Mention was given to Judi Vitucci from Pinellas County (FL) for *"Cocaine in the Cradle: Mediated Learning Playgroups to Improve Mother-Child Interactions."* The overall award was given to Connie Ritchey, Kimberlee Wyche-Etheridge, Tina Lester from the Nashville Metro Public Health Department, for *"Youth Community Voices: Empowering Youth in the Faith Setting to Improve Perinatal Outcomes."*

**The "EXTRA Extra" poster best exemplifies "EXcellence in Translating Results to an Audience."** Honorable mentions were given to Jane Bambace and Jane Wilson, Pinellas County Health Department for *"I Received Healthy Start Services from My Doctor,"* and to Phyllis Elkind, Tracy Delaney, Sutida Jariangprasert, Judith Quinn, Beverly Tuzin, Adrienne Yancey from the Pinellas County Health Department for *"Which Way Are San Diego Children Growing?"* The "EXTRA Extra" Award was given to Amy Robillard, Jefferson County Department of Health and Environment for *"Helping Women Make Healthy Choices about Alcohol."*

**The "STAR" poster best exemplifies "Science to Action and Results" and honors those who best translate data into action.** Honorable mentions were awarded to Sara Paton, Pam Albers, Suzanne Choiniere, Robert L Stoughton, Elaine Vest, Mary Ann Swank from Montgomery County, Ohio for *"Education of Women with Previous Preterm Delivery, A Survey of Home Health Care Providers"* and to Cindy Howarth, Teresa Phillips, Pam Strohfus of the Idaho Central District Health Department for *"SHOT LINE: Immunization Education Service for Medical Providers."* The 2006 "STAR" Award for Promising Practice was given to the 2005-2006 Philadelphia DaTA Institute Team, Philadelphia Department of Health for *"Reducing Infant Sleeping Hazards."*

**The Staff Award was given to Jennifer Skala, MEd,** who left CityMatCH in June (See *CityLights Summer Edition*). In his remarks, Patrick Simpson, CityMatCH Acting Executive Director, said Skala left a legacy of influence as she strove to assure the needs of membership were met, developed projects to meet the changing priorities and was instrumental in shaping effective collaboratives and partnerships.

CityMatCH congratulates all of the 2006 Awardees.

## CityMatCH Awarded HRSA/MCHB Adolescent Health Promotion Grant

In May 2006, the Division of Adolescent, Child and Family Health at HRSA/MCHB released a request for proposals for the "Partners in Program Planning for Adolescent Health" (PIPPAH) Initiative. The application made by CityMatCH was one of just eight approved for funding. The five-year project period runs from September 1, 2006 through August 31, 2011.

MCHB's PIPPAH Initiative seeks to contribute to the improvement of adolescent health, safety and wellbeing by promoting a multidisciplinary, comprehensive adolescent health agenda among professionals who work with adolescents and their families.

As a "PIPPAH Partner," CityMatCH will engage in national efforts to elevate and promote adolescent health and safety, and will build and enhance local capacity to address the 21 critical adolescent health objectives identified by Healthy People 2010. CityMatCH will provide national leadership regarding elimination of health disparities among adolescents.

CityMatCH is pleased to be included in this partnership along with The American Academy of Pediatrics, The American Bar Association, American College of Preventive Medicine, Healthy Teen Network, National Conference of State Legislatures, National Association of County and City Health Officials, and the National Institute for Health Care Management.

For more information, please contact the CityMatCH office.

## CityMatCH Members Chart Their Course



The CityMatCH Board and membership recently convened to network and shape organizational plans for the future. Anchored by a current report of CityMatCH activities and finances, Action Group members Best Practices and Policies, Education and Training, Organizational Effectiveness reviewed current priorities, discussed expectations and mapped future possibilities.

Mary Balluff, Omaha (NE), Board of Director's North Central Representative and current Board Chair, called the meeting to order. Balluff introduced the newly-appointed North East Representative to the CityMatCH Board, Marjorie Angert, DO, MPH, Medical Director, Maternal, Child and Family Health at the Philadelphia (PA) Department of Public Health. Thanks to Dr. Angert for stepping in when the position became unexpectedly vacant.

This annual meeting assures members an active role in the honing and transforming of CityMatCH. *CityLights* will document these new strategies and activities. Readers are encouraged to participate in next year's membership meeting, held in conjunction with the 2007 Annual Urban MCH Leadership Conference in Denver (CO). (See *Conference announcement on Page Eight*).



The CityMatCH 2006-2007 Board of Directors



## Your Colorado Connection: The 17<sup>th</sup> Annual CityMatCH Urban MCH Leadership Conference 2007

Stayed tuned for breaking details about Conference 2007, taking place August 25-28, 2007 at the Marriott Tech Center in the mile-high city: Denver, Colorado.

Next year's conference is already on track to provide participants with cutting-edge content, new strategies for addressing entrenched public health concerns and plenty of opportunities for networking and creating important connections.

Visit [www.citymatch.org](http://www.citymatch.org) for new information as it happens, and check out the hotel website at <http://marriott.com/property/propertypage/dentic> See you in Denver!

## The Federal Focus: HRSA/MCHB and CDC

*(Continued from Page Two)*



activities and more, visit the website at: <http://mchb.hrsa.gov/>

Sam Posner focused his comments around collaborations and facilitated a discussion on the new CDC goals, followed by an interactive question and answer session. CDC-funded CityMatCH activities align well with these goals, which promise to be an integral part of current and newly funded initiatives. A thorough explanation of CDC's goals can be found at <http://www.cdc.gov/about/goals/goals.htm>.

Posner spotlighted the Twelfth Annual Maternal and Child Health Epidemiology Conference, which CityMatCH has long partnered, participated and promoted. More information on the 2006 "MCH Epi" Conference (December 6-8, 2006, Omni Hotel at CNN Center, Atlanta, GA) can be found at <http://www.cdc.gov/reproductivehealth/MCHEpi/2006/AboutConference.htm>.

In his conclusion, Posner reflected upon "new frontiers" emerging areas which CDC is currently investigating. CityMatCH finds itself uniquely positioned to play an active role in this investigation, particularly around preconception care and strategic partnerships *(See page four for related story)*.

To find additional information on CDC, including goals, priorities, current activities and more, visit the CDC home page at [www.cdc.gov](http://www.cdc.gov).



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



Maureen Fitzgerald, M.P.A., Editor

CityMatCH at the  
University of Nebraska Medical Center  
Department of Pediatrics  
982170 Nebraska Medical Center  
Omaha, Nebraska 68198-2170  
Phone: (402) 561-7500  
Fax: (402) 561-7525  
<http://www.citymatch.org>

CityMatCH Staff:

**Patrick Simpson, M.P.H.**

Acting Executive Director

**Chad Abresch, M.Ed.**

Program & Policy Manager

**Magda G. Peck, Sc.D.**

CEO & Senior Advisor

**Janet Rogers**

Office Manager

**Michelle Coe**, Staff Secretary

**Diana Fisaga, B.S.**, Staff Secretary

**Maureen Fitzgerald, M.P.A.**, Coordinator

**Carol Gilbert, M.S.**, Health Data Analyst

**Marilyn Ingram, B.A.**, Logistics Program Associate

**Kathleen Brandert, M.P.H.**, Project Coordinator

**Mark Law, M.S.**, Project Coordinator

**Brenda Thompson, M.P.H.**, CDC - Assigned Prevention Specialist

**Lingyun Zhu**, Web Designer

CityLights is supported in part by Grant # 1 G97 MC04442-01-00 from the Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration, Department of Health and Human Services.

NON-PROFIT ORG.  
U.S. POSTAGE  
PAID  
Omaha, Nebraska  
PERMIT NO. 454