



City Lights

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

Volume 6, No. 3/4

Published by CityMatCH

Summer/Fall 1997

Public Health Leadership:

Government Reorganization, Re-engineering, Right-Sizing

By Peter Morris, MD, MPH,
Director, Youth & Family Success
Wake County (Raleigh, NC) Human Services

All levels of government in the United States are undergoing rapid transformation. The public is demanding less government and more accountability from both the stewards of funds and the recipients of services.

Proponents of change insist that the authority for programs such as Temporary Aid for Needy Families -- TANF (formerly Aid to Families with Dependent Children) should "devolve" from federal control to state and local control. Instead of big government making decisions remote from those administering the programs, state and local governments should be more responsive and creative in developing local solutions to local problems. With this new authority, though, changes are needed for the local level, including more integrated and flexible use of resources, and true decision-making authority.

According to Donna Petersen, Ph.D., Assistant Dean for Academic Affairs at the University of Alabama School of Public

Health, changes in health care, welfare, education policy, criminal justice, and in the public demands for accountability often collide with the needs of the populations we strive to serve, particularly those that are most at risk or marginalized by society or politics. "We know what we must do to address these acute health needs, but at the same time we must also be mindful of the need to justify our efforts, our funding, and our organizational placement in order to sustain the capacity that enables us to respond to the persistent and emerging needs of children and their families."⁽¹⁾

Entering this "devolution revolution," reorganization of government has become the driving force to promote changes in public programs around the nation. Dr. Petersen notes that "the level of change occurring outside is unrelenting, overwhelming us with its speed and its scope... it is not reorganization itself that concerns us, it is why and how it is done."

There are guiding principles which can help those in the midst of change. These principles are derived from

personal experience with rapid change and merging of major social agencies in the Raleigh, NC community.

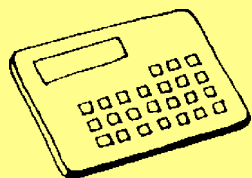
First, let us reframe what it is we do. We are in the business of family support. This must undergird everything we do at the community level. Seeing our mission more broadly provides direction for increased involvement of many and new partners in the community in the provision, assessment, and advocacy for human services. Instead of protecting categorical funds and approaches, family support demands collaborations which could lead to multiyear budgets and strategies, and reinvestment of saved resources into priority areas.

Second, as agencies streamline to reduce government we must assure the availability of quality services through the public, private and nonprofit sectors. Public health should retain certain core services, which might differ from community to community, and should continue to provide those services where we are the most cost-competitive, quality provider in the community.

Third, our public health methodology should be our guiding principle even during change, including assessment, policy development, and assurance. Public health knows data, and we know outcomes. We should blend our skills and applied sciences, like epidemiology, with those of our

Continued on back cover

See Inside-



Special Report Low-Birthweight Data for Selected U.S. Cities: 1993-1995

*From the most recent data available through the
National Center for Health Statistics.*

Inside...

CityView.....	2
CityResources.....	2
CitySpotLight.....	4
SpecialReport.....	Pullout
CityMatCH News.....	6

He's Bugging Me

by Magda G. Peck, ScD
CityMatCH CEO/Executive Director



I saw it clearly out of the corner of my eye: Sam socked his younger brother David in the stomach. We were at the pool, again; it was hotter than hot. "But he bugged me first," Sam rushed to explain as I headed in their direction. "Yeah, but he hit me!" came David's indignant retort, the wailing stopping as quickly as it began.

Peck

After the "time-outs" passed, and fragile peace was restored, David draped his six-year-old body across mine to find solace. "Mom, I figured out why Sam bugs me," he announced. "Sam bugs me because I bug him. He bugs me *so I can experience me*." His precocious insight startled me -- I asked him to repeat his words: "... *so I experience me, you know, so I know what it feels like to be bugged all the time.*"

I asked him if he thought Sam liked bugging him. David thought about this for a minute. "No, he really doesn't." I saw my opening, that great teachable moment. After a pause, I asked, "So Dave, how do you think you can get your brother to stop bugging you?" My sage question immediately brought the "look." "Duh, Mom," he replied in disbelief at my ignorance. "I just have to stop bugging Sam." And then, his punchline: "But I really *like* bugging him!" Clearly David is not ready to give it up. He is just not ready for change.

What about us? Amidst the reorganization, re-engineering, and reinvention of the public sector at all levels, there are many around us not yet willing to change. Faced with seemingly unsatisfying or unacceptable choices, they stand their ground in the name of what has always been.

Many will deny and resist change at first, hoping it will all blow over. Excessive

absenteeism, depression, grumblings or rage can be manifestations of understandable anger and anxiety. Change always means an end to something, and endings mean letting go. Our job as urban MCH leaders is to manage change effectively. Keeping focused on a better future with a clear destination is absolutely necessary, but never sufficient.

Business consultant William Bridges concludes that the single biggest reason organizational changes fail is that no one thought about the endings. "The first task of transition management is to convince people to leave home."⁽¹⁾

Some of us are being handed unsolicited tickets to new organizational destinations, embarking on changes not of our own making. Others are charting new courses for their public health agencies in the seas of managed care and welfare reform. Our challenge either way is to mark the endings with humor, honor and grace, and to see learning opportunities in every new face and structure.

Source:

⁽¹⁾ Bridges, William. *Managing Transitions: Making the Most of Change*. Addison-Wesley Publishing Co., 1991, p. 32.

Reorganization Resource Sampler

Reinvention / Reorganization information can be found via the **Alliance for Reinventing Government**. The **Reinventing Government Database** of the National Academy of Public Administration is located on the internet at: <http://www.clearlake.ibm.com/Alliance>.

"*Assessing the New Federalism*" is a multiyear **Urban Institute** research project to analyze the devolution of responsibility for social programs from the federal government to the states, focusing primarily on health care, income security, job training, and social services. Researchers monitor program changes and fiscal developments. In collaboration with **Child Trends, Inc.**, the project is studying the well-being of children and families. Findings may assist state and local policy makers in designing new policies and programs by providing information about significant developments. Visit their website at <http://newfederalism.urban.org/>

The National Performance Review is the Clinton-Gore Administration's

initiative to reform the way the federal government works. Its goal is to create a government that "works better and costs less." Links to related websites can be found here as well. The website is located at: <http://www.npr.gov/>

Inside the Reinvention Machine: Appraising Governmental Reform

Donald F. Kettl and John J. DiIulio, Jr., Editors, provides the first independent assessment of the Clinton administration's "reinventing government" plan after a year of effort. What has the reinvention machine produced? Where does it most need to be oiled and adjusted? And has it truly changed the way the federal government conducts its business?

The authors of *Improving Government Performance: An Owner's Manual* (Brookings, 1993) join with other public management experts to look at both the practice and theory of reinventing government. Contributors are Carolyn Ban, State University of New York (SUNY), Albany; Christopher H.



Foreman, Jr., Brookings; Gerald Garvey, Princeton; Constance Horner, Brookings; and Beryl Radin, SUNY, Albany.

Donald F. Kettl, professor and associate director at the LaFollette Institute of Public Affairs, University of Wisconsin-Madison, is coauthor of *Civil Service Reform: Building a Government That Works* (Brookings, 1996). John J. DiIulio, Jr., professor of politics and public affairs at Princeton University and a nonresident senior fellow at Brookings, is the editor of *Deregulating the Public Service: Can Government Be Improved?* (Brookings, 1994) and coauthor of *Body Count: Moral Poverty... and How to Win America's War Against Crime and Drugs* (Simon Schuster, 1996).

For more complete information on this independent assessment, you may access the website at: <http://www.brookings.org/pub/books/machine.htm>

The Epidemiology Program of the Chicago Department of Public Health

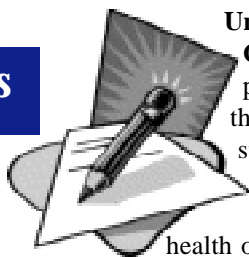
CityResources

recently published several new resources: *"A Comparison of Chicago Health Measures with United States Year 2000 Goals"* (\$15.00); *"Big Cities Health Inventory, 1997"* (\$10.00); *"Selected Readings Regarding HIV/AIDS and Access to Sterile Syringes/Needles"* (\$15.00); *"An Epidemiologic Profile of HIV/AIDS in Chicago"* (\$5.00). To order, contact **The Chicago Department of Public Health**, Resource Center, Room 2137, Attn.: Dan Noonan, 333 S. State Street, Chicago, IL 60604-3972. Website:<http://www.ci.chi.il.us/>, or phone: 312-747-9884.

The report, *"Rethinking the Brain"* was released at the April 1997 White House Conference on Early Childhood Development. It summarizes new research on brain development in young children with a focus on policy and program implications. The information is useful for efforts which support young children and their families. Copies are available via the Internet at <http://www.familiesandwork.org/>

"The Healthy Start Initiative: A Community-Driven Approach to Infant Mortality Reduction -- Volume V: Collaboration with Managed Care Organizations" is the fifth publication in a series which shares lessons learned during a five-year national demonstration project using a community-driven, systems development approach to reduce infant mortality and to improve the health and well-being of women, infants, children, and their families. Single copies may be obtained at no charge from the **National Maternal & Child Health Clearinghouse**, 2070 Chain Bridge Road, Vienna, VA 22182-2536. Phone 703-821-8955 or Fax 703-821-2098. Earlier volumes are also available.

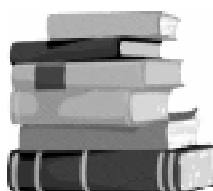
Primary focus in the most recent issue of *Health Policy & Child Health* is implementation of Title XXI. The newsletter, which is published quarterly by the **Center for Health Policy Research at the George Washington**



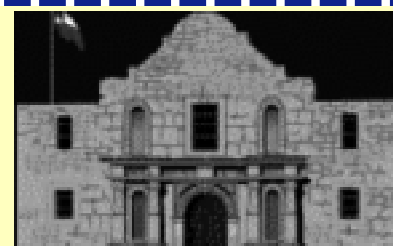
University Medical Center seeks to promote awareness of the implications of state and federal policies and programs for the health of mothers, infants, children and adolescents and to disseminate information on federal and state activities, laws, programs and other public initiatives likely to affect maternal and child health. Available on the Internet at: <http://www.gwumc.edu/chpr/hpchn/htmlavailable/>

"Eligibility Options Under the State Children's Health Insurance Program"

From the Maternal & Child Health Policy Research Center is the first in a forthcoming series of reports on the implementation of Title XXI of the Social Security Act. Subsequent issue briefs will discuss plan and benefit selection, cost sharing, and child health insurance. Contact the **Maternal & Child Health Policy Research Center**, Fox Policy Consultants, 1747 Pennsylvania Avenue, NW, Suite 1200, Washington, DC, 20006-4604, or call 202-223-1500.



The Child Health Initiative: Removing Categorical Barriers to Care, a national demonstration project, funded by **The Robert Wood Johnson Foundation**, with grants made to public and private non-profit organizations in nine cities, is summarized in a publication recently made available through the foundation. The publication is titled, *"Improving Child Health Services: Lessons Learned from Nine Community Efforts."* The initiative was viewed as an opportunity to learn how different communities would approach improving child health services through 'decategorization' of child health funds. This publication presents some very basic lessons learned in a fashion that is both easy to read as well as interesting to those with only a casual interest in child health policy. For more information, contact the **National Program Office**, 1914 N. 34th Street, Suite 400, Seattle, Washington, 98103, phone 206-616-1506, or fax 206-616-1553.



SEPTEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Save The Date!
9th Annual Urban MCH Leadership Conference

San Antonio, Texas

September 12-15, 1998

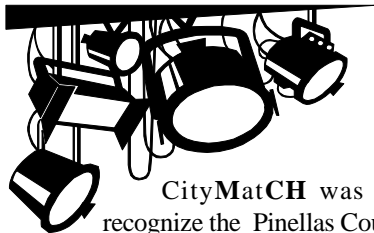
Lessons Learned 1996...

Limited copies of *"Lessons Learned 1996: Profiles of Urban Health Department MCH Efforts from the CityMatCH Urban MCH Leadership Conference"* are still available for purchase at the CityMatCH office.(\$20) Call 402-559-5355 to order yours.

Lessons Learned is a compendium of current best practices in urban public health. Each CityMatCH member attending the 1996 conference submitted a profile describing what it considered to be its most successful MCH effort. Use of this publication is intended to facilitate easy access to selected urban public health practices, and to promote communication across communities about what works, what doesn't and why. If you would like to preview the material, selections from *Lessons Learned* will be available at our website in February of 1998: <http://www.citymatch.org/>

"Project Women" "STOP" -

Special Teen Outreach Program in St. Petersburg



CityMatCH was pleased to recognize the Pinellas County Health Department of St. Petersburg, Florida, with a 1996 **SpotLights** Award for the following MCH initiative.

Teens in Pinellas County have a long-standing voluntary program in place to assist them with preconceptional health after a negative pregnancy test. The Special Teen Outreach Program (STOP) is specially designed to meet the needs of women 17 and under at risk for unintended pregnancy.

The program works with teens through a unique combination of screening, counseling, education and regular outreach case management to promote healthier lifestyles, marketable job skills, and respect for themselves and others.

Abstinence is encouraged as the best birth control method; however, the program refers teens for family planning services as needed. Additionally, STOP presents key educational messages such as dangers of unhealthy sexual behaviors (including the risk of contracting

STDs), and problems associated with drug/alcohol abuse and poor or incomplete education.

STOP also works to help clients manage life experiences by encouraging young women to participate in formal education or career training. Finally, staff encourage stronger family relationships when possible to increase parental involvement, which they consider key in enabling teens to mature and accept appropriate responsibility for themselves and those around them.

Staff include one full-time social work services program manager, two nurses and two paraprofessionals. Each caseworker has 40 to 50 clients. STOP maintains an active caseload of 200 teens.

According to Dr. Claude Dharamraj, Assistant Director of the Pinellas County Health Department, "Program evaluation has shown that among participating teens who subsequently got pregnant, there were an average of 7.6 contacts per year, as compared to 10.5 contacts per year among the group

of teens who did not get pregnant. Further, differences were noted between the two groups with respect to teens who received face to face contacts in the home."

Originally implemented in 1991 as a federally funded Preconceptional Health Initiative Program (PHIP), and currently funded through Federal Title X monies, the program receives in kind support from the Pinellas County Health Department, including state funding. New funding will be available through "Wages" (Work and Gain Economic Sufficiency - Florida's welfare reform program), allowing the program to serve an additional 100 teens in 1998.



For more information contact:

Claude M. Dharamraj, MD
Assistant Director
Pinellas County Health Department
500 7th Ave. S., P.O. Box 13549
St. Petersburg, FL 33701
Phone: (813) 824-6921
Fax: (813) 893 5600
dharamraj @def.state.fl.us

NACCHO Announces Winners*

1997 Awards for Excellence in Maternal & Child Health

Winner - Bladen County Health Department, North Carolina for a partnership of county and social service officials to take responsibility for the poor health indices in their communities and to seek solutions. Focused on reducing infant mortality, the **Maternity Program** identified gaps in community Medicaid services. In response, the partnership team implemented strategies to meet the demand for care and generate interest in hard to reach populations. **Strategies** include: increased availability of prenatal appointments, increased social service staff to reduce caseloads and to improve quality, recruitment of lay maternal outreach workers to educate pregnant women about the importance of prenatal care and the availability of services in the county, and incentives such as car seats, clothes and food to encourage women to seek prenatal care and follow-up services. *The program contributed to a dramatic reduction in Bladen County's infant mortality rate, from 17.6 in 1993 to 9.1 in 1995. Additionally, first trimester prenatal HIV testing rose from 18% to 90%.*

MCH Runner Up - Pueblo City - County Health Department, Colorado for their program, **La Familia Fuerta/Strong Families (LFF/SF)**, developed to restructure MCH services based on a needs assessment in which family strengthening emerged as a key priority area. LFF/SF is a community-based, multidisciplinary team program for families with children under age three. The program's goal is to encourage better health through family strengthening and self-sufficiency. **Strategies** include: nurses providing eligible infants and children with health checkups in their homes; outreach workers who link enrolled families with community resources; monthly family neighborhood get togethers, including on-site child care; and assuring coordinated, quality health care and social services. *Results show that all enrolled children have received age-appropriate immunizations, or are on a catch-up schedule, and have received or exceeded the recommended number of well-child checkups.*

MCH Runner Up - Cecil County Health Department, Maryland for their **Upper Shore Perinatal Program (USPP)**, a partnership formed to establish an integrated system of care for women and their babies. Local hospitals and clinicians teamed with the Cecil County Health Department, combining individual perinatal programs into one to provide the highest quality services. **Strategies** include: hiring personnel to facilitate the development of a sustainable, county-wide system of perinatal care; standardizing record keeping, consent forms and medical guidelines; computerized tracking for high risk patients; unified referral and follow-up; policies for providing care to women lacking health insurance; continuing education for community clinicians; and, educational campaigns on availability of perinatal services. *Results include a fully integrated, accessible system for comprehensive care, follow-up and educational services; increased quality and efficiency of services.*

* For more information, contact Sarah Schenck at NACCHO (National Association of County & City Health Officials), 440 First St NW, Ste 450, Washington, DC 20001, Ph 202-783-5550, Fax 202-783-1583, Web: <http://www.naccho.org/>

What is the CityMatCH Ask-A-Colleague Service?



Would you like to share your expertise or learn from your colleagues around the country? In an effort to improve peer-to-peer support among CityMatCH members, CityMatCH maintains a fax network that can be used by regular members to ask colleagues around the country specific questions related to maternal and child health. CityMatCH staff will take the questions submitted and write them up in a fax format. The fax format allows the member responding to

do so directly to the person who requested the help. The person asking for assistance synthesizes the information he or she receives and shares it with the CityMatCH office. We can then share the information in a future *CityLights* article or by other means.

Due to limited resources, this service is only available to current CityMatCH members. The request to use the service must come through the designated CityMatCH representative in member health departments. For more information on the Ask-A-Colleague service, or to submit a query, contact Nancy Garrett Brown at the CityMatCH central office or visit our web site at www.citymatch.org.

For More Information. . .



For more information on using the **Ask-A-Colleague** service, contact Nancy Garrett

Brown at CityMatCH.

Phone (402) 559-8323, fax at (402) 559-5355, or email at ngarrett@mail.unmc.edu

Supported in part by grant number MCJ-317760 from the Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services and grant number GA 5159 from the Division of Reproductive Health, Centers for Disease Control and Prevention. Additional support is provided by the University of Nebraska Medical Center.

Peer-Reviewed Data Improves Quality

Prior to the publication of city-specific MCH data, CityMatCH asks urban health departments to review preliminary data tables and reply with any comments, questions, and concerns. These health departments are usually city or county, but in some places are regional or state health departments (such as Rhode Island and Hawaii).

Advance notice of comparative data gives these health departments an opportunity to do two things: to look for discrepancies by comparing NCHS data and available local data, and to prepare for local comment and use.

Since the first *CityLights* city-specific data report in 1991, some county or district health departments reported being unaccustomed to seeing city-specific breakouts of MCH indicators for their jurisdictions. They did not necessarily find city black/white comparisons more useful. Based on feedback, this is the first year that NCHS has made available Hispanic data on cities.

This year, the feedback process for low birthweight data helped NCHS find an error related to cities in their birth certificate data tapes. This allowed NCHS and CityMatCH to make corrections prior to publication. The original plan was for 1992-1994 LBW and VLBW data to be published. Although this report has been delayed, the need for corrections permitted the provision of more recent data.

See Special Data Report, page A1-A8, *Low Birthweight for Selected U.S. Cities: 1993-1995*.

Ask-A-Colleague: How Did It Work?

Deborah Lutjen, the Douglas County Health Department (Omaha, NE) MCH representative to CityMatCH, came away from the 1996 CityMatCH conference intrigued. A talk on accountability given by Sid Gardner at the Center for Collaboration on Children, California State University, Fullerton, challenged her to think about Omaha's readiness for devolution, and health and welfare reform.⁽¹⁾ Sid Gardner had described a potential role for urban MCH leaders to assess community readiness for outcomes accountability in maternal and child health. A year later she was urging her health department to expand its assessment capacity to include how to assess community readiness for block grants and outcomes-based budgets.

Last Summer, Lutjen, on behalf of her health department, used the Ask-A-Colleague Service to query other members about assessing community readiness for results based budgeting, with particular focus on "children's budgets." She asked: What communities have developed an integrated children's budget or child health budget? Urban health department MCH leaders also were asked to describe the level of assessment, planning or implementation of an outcomes based budget process in their community.

Out went the FAX Query from the CityMatCH Office on August 7th. By

September 1st, she had heard back from 30 of 155 members. Several described their experiences in following the money, including Honolulu, Kansas City, Los Angeles, and Orlando. Most expressed interest as public health leaders in learning more about results-based community budgets for children. Based on the response, an impromptu meeting was convened at CityMatCH's Atlanta meeting in September to identify ways to learn more together.

The Ask-A-Colleague query has been a catalyst for learning. With Title V funds, Douglas County is moving ahead with a learning project to understand the role that children's budgets can play in local readiness for accountability and services planning, and whether this is a useful tool for Omaha. CityMatCH may promote a learning circle among members to continue to facilitate understanding in other urban communities of how a children's budget can help sharpen the capacity of urban communities to invest effectively in the health and well-being of their children.

For more information, contact Deborah Lutjen at 402-444-7209.

(1) Sid Gardner, MPA, "Bridges and Boxes" from **Bridging Risk and Opportunity -- Highlights of the 1996 Urban MCH Leadership Conference: Featuring Profiles of Successful Urban MCH Efforts**. Published by CityMatCH at UNMC, Omaha, NE, 1996.

www.citymatch.org

Under construction is a complete re-thinking of the CityMatCH website. Increased capacity and resources, as well as a whole new look are on the slate of priorities. We hope our members, as well as others who use this site, will find it to be a hub of information on issues of importance to urban maternal and child health. Look for it on the world-wide web at <http://www.citymatch.org/>



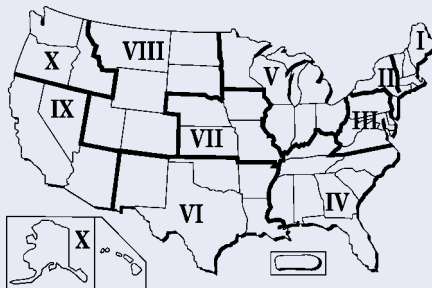
Opportunity: Changes in Title V MCH Block Grant Guidance

This year, States must submit their Title V MCH Block Grant application using new guidance, which was recently piloted in 10 states. The application has both required performance outcomes, as well as a mandate to develop state-specific outcome objectives that are relevant and can be measured. Each state will have to submit outcome objectives for which they are accountable. Cities may be asked by the state health department to participate in the development of outcome measures for their applications. States would want to have cities provide input on these outcomes and how to link data systems to measure the outcomes.

Every five years, states are required to submit a comprehensive needs assessment in conjunction with their Title V application, which is due in July of each year. The next needs assessment will be due in July, 1999. However, the needs assessments will be under development in most states in 1998-99. Some states, such as Kansas and Iowa, take the needs assessment process a step further by conducting a joint needs assessment process that includes WIC, MCH, and family planning and includes a local needs assessment process. Get involved with Title V application and needs assessment process by contacting the MCH Title V director in your state.

For additional information, contact AMCHP, 1350 Connecticut Avenue, NW, Suite 803, Washington, DC 20036-1662 Phone: 202-775-0436 Fax: 202-775-0061

CityMatCH 1997-1998 Board of Directors



Region I: Lillian Shirley, RN, MPH
Executive Director
Boston Public Health Commission
Boston, MA
617-534-5264 lillian.shirley@bmc.org

Region IX: Vicki Alexander, MD, MPH
MCH Director
Berkeley City Health Dept
Berkeley, CA
510-644-7744 via1@ci.berkeley.ca.us

Region II: Gary Butts, MD
Deputy Commissioner
New York City Dept of Health
New York, NY
212-788-5331 gcb554@aol.com

Region X: Kathy Carson, RN
Parent, Child & Reproductive Health Admin
Seattle -King Co Dept. of Public Health
Seattle, WA
206-296-4677 kathy.carson@metrokc.gov

Region III: Susan Lieberman, MS
Interim Director, MCH
Philadelphia Dept of Public Health
Philadelphia, PA
215-685-6827 susan.lieberman@phila.gov

At Large: Len Foster, MPA
Deputy Director of Public Health
Orange Co Health Care Agency
Santa Ana, CA
714-834-3882 lfoster@hca.co.orange.ca.us
*** Vice-Chair, Policy Development**

Region IV: Claude M. Dharamraj, MD
Assistant Director
HRS Pinellas Co Public Health
St. Petersburg, FL
813-824-6921
claud_dharamraj@def.state.fl.us

At Large: Wilma Brakefield-Caldwell
Health Care Administrator
Detroit Health Care Department
Detroit, MI
313-876-4228

Region V: Bobbie Brown, MSN
Coordinator, Maternal & Child Health
Health & Hospital Corp. of Marion County
Indianapolis, IN
317-541-2341 bobbie@kiwi.iupui.edu

At Large: Peter Morris, MD, MPH
Director, Family & Youth Success
Wake Co Human Services
Raleigh, NC
919-250-3813 pmorris@co.wake.nc.us
*** Chair**

Region VI: Linda A. Welsh, MA
Director, Community Services
Austin/Travis Co Human Services
Austin, TX
512-473-4101 linda.welsh@ci.austin.tx.us

At Large: Gary Oxman, MD, MPH
Health Officer
Multnomah Cty Health Dept
Portland, OR
503-248-3674
gary.l.oxman@co.multnomah.or.us
*** Vice-Chair, Infrastructure**

Region VII: Carole Douglas, RN, MPH
Chief, Community Health Services
Lincoln-Lancaster Co Health Dept
Lincoln, NE
402-441-8054 cadoug@aol.com
*** Vice-Chair, Capacity Building**

CEO: Magda G. Peck, ScD
CityMatCH at the
University of Nebraska Medical Center
Omaha, NE
402-559-8323 mpeck@mail.unmc.edu

Region VIII: Margaret Gier, RNC, MS
Manager, Women's Health Services
Tri-County Health Dept
Englewood, CO
303-220-9200 gierc@msn.com

*** DENOTES EXECUTIVE COMMITTEE**

Perspectives

from Your Current CityMatCH Board of Directors

*“What do you think is the biggest challenge facing urban mothers and children in the coming year?
What is the biggest challenge for CityMatCH in the coming year?”*

“I think one of the greatest challenges facing public health in the next few years is how to assure that our cities’ children have access to health care and are adequately cared for as the country tries to put everyone to work. We have coalitions promoting “family-friendly workplaces,” and one of our measures of that is whether they give employees time off to take their child for medical care. But is that reasonable if the health care system doesn’t also move to become more family-friendly by offering flexible hours and appointments. We believe parenting education and family support are effective ways to prevent child abuse, but can we devise ways those services can be delivered that meet the economic realities our families are facing?”

How is public health going to assure the health and safety of children in child care when a third of all child care workers turn over every year due to low wages in these jobs society values so little?”

Kathy Carson, RN
Seattle, Washington

“There is, more than ever, a need for a national vision and for eloquent voices to argue and persuade our needs and concerns, and it is we who need to come forward and fill this void for mothers and infants.”

Peter Morris, MD, MPH
Raleigh, North Carolina

“I think the biggest challenge for mothers and children is going to be changes related to managed care. We are used to doing follow-up on our prenatals on our own, without having to partner with anyone. Now we have to go to an agency which has historically been a money maker and ask them to pay us for this service...Another question is what will we do with the indigent population?”

CityMatCH is having a lot of growing pains...We are in the process of identifying what the structure is going to be. If some of Magda’s responsibilities are taken on by someone else, who will that be and will they have the same leadership skills she has?”

Wilma Brakefield Caldwell
Detroit, Michigan

“What I would like to see accomplished for the organization are: a) ensure the financial and managerial viability through the development of a specific three-year plan which would allow for it to continue to prosper even if it lost its relationship with the University of Nebraska Medical Center and the services of its current Executive Director/CEO, and; b) develop additional mechanisms whereby CityMatCH members are able to become more engaged with the organization through strengthening regional networks or geographically appropriate hubs throughout the country, in conjunction with federal regional offices and state MCH leadership.”

Len Foster, MPA
Santa Ana, California

“I am particularly interested in the challenges facing MCH in the transition from a categorical discipline to a basis for broader issues of developing communities. The thing I would most like to accomplish on behalf of the organization is to assure that CityMatCH continues to thrive as a resource for training and support of urban MCH/public health personnel.”

Gary Oxman, MD, MPH
Portland, Oregon

To our Readers: What do you think the biggest challenges are?

CityLights is interested in your opinion, so please, take some time to tell us what you think. E-mail us at: citymch@mail.unmc.edu

New Faces at the CityMatCH Office

CityMatCH recently welcomed four new staff members to its team. **Nancy Garrett Brown, M.P.A.**, received her degree at Troy State University, Florida Region in Fort Walton Beach, Florida. Prior to CityMatCH, she completed her first year of law school. Nancy is responsible for customer services, including Ask-A-Colleague. She crafts and maintains the CityMatCH website, and is the liaison to the Infrastructure Action Group. **Maureen Fitzgerald Erixon, M.P.A.**, received her master's degree from the University of Nebraska at Omaha this summer. Her interests are policy, information dissemination, and graphic communications. Maureen is editor of the *CityLights* newsletter, the CityMatCH NewsBriefs, and is the liaison to the Capacity Building Action Group. **Elizabeth (Betsy) Meyer and Paula Swanson** are new staff secretaries, providing support for the entire CityMatCH team. We look forward to better serving our members. Welcome Nancy, Maureen, Betsy and Paula to CityMatCH!

Public Health Leadership in Reorganization of Government

(Continued from Page 1)

counterparts in other public programs to complete a broad assessment that better describes the needs of those receiving public services and the community at large.

Fourth, we need to change the culture of the public sector, ourselves included. Public sector providers have been too insular, and public health is no exception. We all argue for our separate priorities, failing to see the overlap or to acknowledge the worthy goals of others. It is time to join together as professionals and lead by advocating for the broad needs and concerns of our families and children.

Dr. Petersen suggests that "regardless of our place on the organization chart, yesterday, today or tomorrow, we are constantly reassessing and realigning our relationships with others to more effectively meet persistent needs and emerging challenges." Or at least we should be.

The civil rights movement was led by communities of faith, who sought and found the high moral ground. I believe the child and family movement can and will be led by health professionals who must also choose to do the same.

Last, we need to think more broadly than our traditional outcomes, like infant mortality and immunization rates, and get outside our categorical framework to look at families and their successes differently. Families measure success in terms of a roof over their heads, food on the table, a safe neighborhood, and a future for themselves and their children -- outcomes more broad, -

yet just as achievable and affecting health just as surely as those we have pursued for decades. We must learn to support the outcomes desired by our communities and by the families and youth we serve. We must become students of popular culture, looking outside our narrow professional beliefs and literature to see the outcomes desired by our families and communities, and then embrace them as our own.

Government at all levels will continue to be reorganized, re-engineered, restructured or right-sized until both politicians and the public see the outcomes they expect. The organization does not matter; the outcomes do. We need to listen to our colleagues and peers, to the communities we serve, and use our strengths to work for the success of families and youth. We need to embrace change, ask the hard questions, expand who sits at the table, and reframe the outcomes so the average family or citizen understands the problems and the solutions. In short, we need to lead our communities - and our new colleagues - to get where we should be.

Source: Adapted from remarks presented by Dr. Peter Morris at the Partnership for Information and Communication Meeting, Washington, D.C., April 30, 1997.

(1) From remarks presented by Dr. Donna Peterson at the MCH Federal-State Partnership Meeting held in Washington, D.C., June 16-18, 1997.

See also page two for additional re-organization resources.



CityMatCH newsletter is produced and published quarterly by CityMatCH staff and is funded by project MCU-316058-06-1 from the Maternal and Child Health program (Title V, Social Security Act), Health Resources and Services Administration and the Department of Health and Human Services.

CityMatCH

at the

University of Nebraska Medical Center

600 South 42nd Street

Post Office Box 982170

Omaha, Nebraska 68198-2170

Phone: (402) 559-8323

Fax: (402) 559-5355

<http://www.citymatch.org>

CityMatCH Staff:

Magda G. Peck, ScD, CEO/Executive Dir.

mpeck@mail.unmc.edu

William Sappenfield, MD, MPH

wsappenf@mail.unmc.edu

Patrick Simpson, MPH, Program & Policy Manager

psimpso1@mail.unmc.edu

Maureen Fitzgerald Erixon, MPA, Project Coordinator

mfitzger@mail.unmc.edu

Nancy Garrett-Brown, MPA, Project Coordinator

ngarrett@mail.unmc.edu

Joan Rostermundt, Admin. Technician

jrosterm@mail.unmc.edu

Elizabeth Meyer, Secretary

Diana Fisaga, Secretary

Paula Swanson, Secretary

With contributions from Pamela Federline, MPH



CityMatCH

at the

University of Nebraska Medical Center

600 South 42nd Street

Post Office Box 982170

Omaha, NE 68198-2170



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