



CityLights

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

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Fostering Dynamic Peer Exchange

CityMatCH serves as a person-to-person, collegial support system for those who seek to improve and enhance MCH practices and policies at the local, state, and national levels. CityMatCH members are committed to giving (data, expertise, leadership) as well as expecting to receive benefits from the organization. *CityLights* highlights peer exchange experiences in this issue, and celebrates its members' commitment to collaboration.

Ask-A-Colleague: Milwaukee *Key Outcomes in Public Health*

Local public health departments are in the midst of tremendous changes; their roles in leadership, quality assurance and service delivery are being redefined. Many health departments are reassessing and reorganizing to meet the needs of a changing urban community. Through a supportive network of peers in other urban cities, CityMatCH member health departments have greater capacity to learn and grow from their peer experiences.

Liz Zelazek, BSN, MS of the Milwaukee (WI) Health Department's CityMatCH liaison came to CityMatCH in November of 1998, with a request. Her city health department, reassessing its role in the health of the community as part of a comprehensive strategic planning process, needed to know more about key outcomes in public health programs. Zelazek needed help in gathering information on direct service provision, outcome focus, public health partnerships, and the role of other local urban health departments in their cities.

An Ask-A-Colleague Rapid Fax Query was sent from CityMatCH to its 145 member health departments nationwide, asking if the amount of direct service provided by the health department had increased, decreased, or remained the same over the last five years. Seven respondents saw increases, 24 noted a decrease, and three felt that direct service provision has remained constant. When asked if they foresaw changes in services provided directly by their health department in the coming five years, 17 of the 24 who had experienced decrease felt it would continue. Those who saw direct services increasing expected that trend to continue.

Milwaukee also wanted to know whether other urban health departments consider themselves to be outcome-driven organizations, and if so, in what ways. Fifteen respondents felt that they were outcome-driven. Strategic plans, setting of goals and objectives, a built-in accountability for outcomes were examples given.

(continued on page four)



Ask-A-Colleague: Columbus *Community Health Planning*

The Columbus, Ohio Health Department is strengthening its internal capacity in order to assume a more visible role in leading health planning in Columbus and Franklin County.

About four years ago, the Department reorganized, and a new 'Cluster' was created to foster...

The 'Cluster' has four teams - Health Communications and Health Promotion; Vital Statistics; Epidemiology; and Planning & Community Partnerships.

The Cluster structure is in place; however, community health planning is done under many umbrellas in Columbus and surrounding Franklin County. Planning occurs around populations, issues, systems and/or funding streams. The department perceived the need to gain better understanding of all these initiatives. They also wanted to increase the level of coordination and communication among these initiatives and create one place or entity which would become the "hub" for planning. The function of the hub would be to assure coordination and communication, plus host or provide forums for addressing community wide issues. The Columbus Health Department wants to be that hub.

In order to help craft this future, Carolyn Slack, MS, RN, who submitted an Ask-A-Colleague Rapid Fax Query request to CityMatCH focusing on planning in urban health departments. Forty four (44) member health departments responded to the query. 93% of

respondents stated that their health department does health planning. 55% (24) stated that they have a health planning unit or section in their agency. 77% (34) stated they had dedicated staff,
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Under the Covers



*Magda Peck, ScD
CEO and Executive Director of
CityMatCH and Associate Chair for
Community Health
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University of Nebraska Medical Center*

Some of the best conversations happen late at night, in the dark, under the covers.

Sam is lanking out more these weeks before his eleventh birthday. Tall to my shoulders and narrow all around, old enough to hesitate before kissing his mom in public. Yet young enough still to invite me under the covers just before sleep. It has long been our talkin' time, when things can be said without fear for what will remain known at first light.

"There's room, Mom. Come lie down," Sam insisted the other night, scooting over and raising the blanket. He motioned for the requisite back rub that helps him bridge day to night. We lay in silence as I kneaded the muscles at one shoulder. His tension eased. Then he started.

"Y'know, I was a real jerk last year in 4th grade." I asked him to explain. In his usual way, the words came tumbling out at once after but a pause. "Well...last year Aaron and I tried to make each other look stupid in class. He's really smart..and so am I. He would try to look better in class by making me mess up. And I would do the same to him, well sometimes. I was such a jerk! I mean, if he and I had just put our smarts together, we could have done awesome things, like we do now." He quieted for a bit, but wasn't quite finished. Finally he vented about his 5th grade computer robotics lab partner who insisted on doing everything himself. "If he'd just let me help, we could make our Legos monster really do cool stuff. I know some stuff more than he does, but what good is it if we don't work together?"

Good point, kiddo. I worked on the other shoulder. "That's one lesson a lot of adults don't really learn until they are 30 or 40 or 50... or never," I mused aloud, mostly to myself. "Big jerks?" giggled Sam. "Still growing up, at least," I smiled back, thinking of a few folks in particular. I rolled out of the twin bed as he rolled over for a proper tuck good night.

"Growing up is cool," he pronounced with a yawn. Indeed, Sam, indeed.

As you read this edition of *CityLights*, at your desk or under the covers, check out the ways urban public health departments and their partners are working within their communities and with other others across the country to make a difference for urban women, children and families.

Peer exchange and collaborative technical assistance assumes we will share the Legos to make better monsters. CityMatCH is about doing really cool stuff together.

No time for jerks - lives are at stake.

Peer Exchange: A Leadership Perspective



*Len Foster, MPA
1999 CityMatCH Board Chair, and
Acting Public Health Director
Orange County Health Care Agency
Orange County, California*

Among the valuable and sustaining lessons I have learned from my educational and professional experiences, few have made more impact than the realization that leadership is more about networking and research than coming up with great new ideas.

While I will not argue that many leaders are highly creative individuals, they tend to be the exceptions. More often than not, highly effective leaders are those who know where to look for good ideas and resources, and who understand which are appropriate to adapt to their environment.

It is within this context that CityMatCH provides local MCH leaders, through peer exchange, with a tremendous opportunity to demonstrate leadership. The annual *Lessons Learned**

compendium provides CityMatCH members from across the country with a valuable document which describes innovative programs designed to address MCH issues in urban communities.

The *Ask-a-Colleague* service offered by CityMatCH gives our members the opportunity to ask their MCH peers how they are dealing with particularly challenging issues in their communities. Sharing approaches to common issues, whether they were proven to be successful or not, represents one of the most important services MCH leaders can offer to each other.

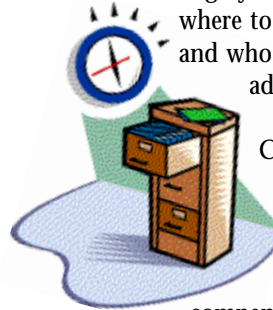
I owe much to my colleagues in San Antonio, TX, from whom I gained greater insight into the development of an immunization registry, and to those who developed the Public Health Improvement Plan for the State of Washington, from whom we "stole" much of the foundation for our local strategic planning process.

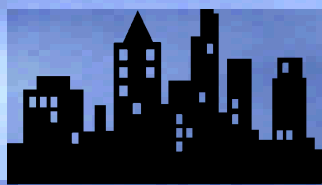
MCH leaders represent a rich source for great ideas. There is much we can learn from each other's experiences. So don't be reluctant to share your experiences and ask your colleagues for assistance.

CityMatCH can assist you in tapping into the wealth of knowledge that exists. All you need do is ask.

Remember that successful leaders understand their limitations and how to acquire the resources necessary to compensate for them.

* Note: see page 5 for *Lessons Learned* ordering information.





Medicaid Managed Care Update II: Urban Health Department - MCO Collaborations

This report is excerpted from the forthcoming publication, "A Second Look at Medicaid Managed Care, MCH and Urban Health Departments: Changing the Rules II." For more information, contact CityMatCH, 402-559-8323.

Medicaid Managed Care's (MMC) emergence as a dominant force in health care delivery to low income urban women and children has challenged urban health departments to uphold core public health values in a changed environment.

Among the core values essential to public health, "fostering interdependence" is critical in the context of managed care.* Significant obstacles to achieving interdependence remain. Although public health and managed care organizations (MCO's) both have responsibility for populations, managed care selects populations while public health is responsible for all. Public health's mission is clear; and public health departments share common values. In contrast, managed care organizational missions vary and assuring care for all can be at odds with demands for financial gain. Legitimate differences between public health and managed care can impede collaboration unless they are strategically acknowledged and addressed.

In a recent national survey, City-MatCH asked a series of questions on *how* urban public health departments have effectively collaborated with MCO's in maternal and child health. The essence of their responses is captured below.

Nature of Collaborations with Managed Care Organizations

Results from the 1997 CityMatCH survey of Medicaid Managed Care and Urban Health Departments shows high levels of collaboration. Nearly 80% of responding urban health departments described collaboration in maternal and child health with MCO's in their communities. Where Medicaid man-

aged care is being implemented, health departments reported a range of collaborations between urban health departments and MCO's in their jurisdictions: focused efforts around a specific issue or project; collaborative systems-level assessment, planning, evaluation, and policy development; negotiated delivery of clinical and/or enabling services to Medicaid managed care MCH populations; and general discussions to establish initial relationships.

Opportunities Encountered in Collaborations with Managed Care Organizations

Where local public health agencies have collaborated with MCO's in their urban jurisdictions opportunities have become apparent; immunization initiatives, case management in perinatal services, establishment of public health oriented contracts for service delivery, or joint planning through committees and consortia, are examples.

Urban health departments now strive to assure the health of women, children and adolescents through effective partnerships with managed care organizations. The key to achieving successful collaboration has been to become engaged in joint work toward a commonly defined goal. Local health departments that know their core mission and strengths, demonstrate flexibility to work cooperatively with MCO's, and hone their capacity to provide population-based data for outcomes monitoring and evaluation, fare better than those firmly entrenched in traditional public health approaches.

For collaboration to work well, partners must perceive value in each others' contributions. Public health departments serving larger urban communities with near complete penetrance by Medicaid managed care must define clear strategies, based on known and emerging organizational strengths and an understanding of the marketplace. In this way, public health's

contributions to the health and well-being of the maternal and child health populations within their jurisdictions can be maximized.

Barriers and Successful Strategies

Responding urban health departments perceived a number of barriers to effective collaboration with MCO's for maternal and child health. Managed care entities in urban jurisdictions are perceived to not understand and/or value public health. Local public health departments strive to assure health care access to all women, children and adolescents, and measure their accountability in terms of population-based measures. In contrast, MCO's bear selective accountability for continuously enrolled patients.

Local health departments play a role in assuring health care to MCH populations. MCO's and local health departments can become competitors in markets where public health supports direct services as part of assurance. Collaboration to assure overall maternal and child health can become hampered by resulting tensions. Finally, state health departments have a perceived lack of clarity or support for the role of local public health under Medicaid managed care.

These barriers have intensified in urban communities with transitions to MMC marked by prolonged confusion, uncertainty, poor information and data exchange. In contrast, these barriers have been overcome when relationships are forged through common work toward common goals. Collaborating on joint projects such as sharing data for monitoring, increasing immunization levels, and identifying measurable outcomes for shared accountability is a key strategy to build trust between urban health departments and MCO's.

* Marks J. in *CityLights* 7(1): Leadership for a change. pp 1 and 8, published by CityMatCH at the University of Nebraska Medical Center, Omaha NE, April 1998.



Milwaukee, WI: *Key Outcomes in Public Health*

(Ask-A-Colleague continued from page one)

Several felt that their health departments were outcome-driven in just a few areas. As one respondent stated, *"We struggle between being funding-driven and outcomes-driven programs. I would say that we are striving to become outcomes driven."* Eight respondents saw their health department as not outcomes-driven.

When asked if health departments are structured to achieve their goals, 14 responded yes, five responded that they were somewhat structured, and seven said structures were not in place.

Public health departments have made partnerships with private health care organizations and integrated service delivery systems, among others. Zelazek was curious about the partnerships which have developed in other urban areas. Thirty-one members are currently in partnerships which range from development of joint immunization databases with private providers to direct

service contracts with Managed Care Organizations. *"We have multiple private/public partnerships in school health, Healthy Start, women and children's health, primary care and immunization programs,"* said one member.

Participants were also asked how they defined their health department's role around leadership, quality assurance, and service delivery. Several respondents saw it as focused specifically on the core public health functions of assessment, assurance, and policy development.

Still others define leadership as provision of accurate and timely data on the health status of the community; provision of health-care related expertise in the community; and serving as a catalyst to bring diverse constituencies together to address health issues.

Some saw the quality assurance role as ensuring that the public health services be consistent with community standards of care and working with other entities to ensure quality of care.

Service delivery meant providing

services which the local health department is uniquely qualified to perform; services for which there are inadequate private resources to provide or for which there is a statutory requirement.

Many saw the local health department role in direct service changing to a community health leadership role. *"As direct service decreases, our role will be to oversee needs with service areas, assure quality services are available, and link those in need of services to providers,"* said one respondent.

Zelazek was pleased at the responses from her peers to the Ask-A-Colleague survey. Because CityMatCH member health departments took the time to answer her query in a thoughtful and detailed manner, the Milwaukee Public Health Department has a strong base from which to plan its future.

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Columbus, OH: *Community Health Planning*

(Ask-A-Colleague continued from page one)

although in many cities these staff have other duties in addition to health planning. Program managers often do health planning related to their specific programs.

Various staff perform health planning functions: 21 use health planners; 18 have epidemiologists; one city has a health economist; 13 have community organizers; others include "senior" staff, statisticians, public health nurses, program managers and health educators.

Twenty cities (45%) stated that there was an overall community health planning body. The larger the city, the more likely there was more than one of these bodies. Also, some of the responses related only to an overall

planning group for MCH, not for overall health planning.

Those that possessed an overall health planning body were asked if it was a district entity, i.e. an organization with staff, etc. The answers to this question were difficult to interpret. Thirty-four percent (15) responded YES when asked. However, some cities identified "APEX" teams as the distinct organization with staff or again referred to an MCH coalition. Several cities reported that hospitals house these health planning councils.

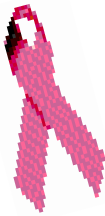
Sixty-eight percent of health departments responding (30 cities) take the lead in health planning. Ambiguity about what this means was reflected in comments offered, for example, some respondents reported they are the leader, *"when it occurs"* or *"depends on how you define health planning."* Other YES

responses were qualified by noting that in many areas they are the leader, but not for *overall* health planning.

Three who answered NO described nearby hospitals or universities as being in the lead. Many cities indicated that no single entity was in a leadership position on community health planning. Health planning currently occurs in a number of places.

Slack found the information, observations and thoughts which CityMatCH colleagues offered to be very useful. As the Columbus Health Department develops and implements its leadership role, she may again contact respondents for additional insight.

For more information contact:
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New Orleans Breast Cancer Awareness Program Reaches Underserved Populations



The Breast Cancer Awareness Program sponsored by the New Orleans, Louisiana Department of Health was selected as one of four *SpotLight* winners at the CityMatCH Annual Meeting held in San Antonio, Texas in September 1998. As a criteria for attendance at the annual conference, CityMatCH members are asked to submit a written profile describing a successful MCH program. These profiles are then judged on innovation, replication, sustainability and collaboration. The programs which best meet the criteria are selected for *SpotLight* recognition. All profiles are compiled into an annual "*Lessons Learned*" compendium. (see box below)

The Breast Cancer Awareness Program is a collaborative effort to provide education and health screening including breast and cervical cancer screening to women in medically underserved areas of Greater New Orleans, now in its third year.

Three components make up the program: First, on-site education and health screening is offered at several of the Food for Families/Food for Seniors distribution sites located in the target (three-county) area, and at three public health clinics using a mobile unit from the local hospital.

Second, a mother-daughter brunch designed to overcome barriers to breast and cervical cancer screening through education and on-site registration was initiated. Finally, community awareness of the above screening programs was raised through health fairs at City Hall and distribution of fliers to clinics and adult day care centers.

The local health department wrote both the initial grant and annual renewals, organized the two-day planning meeting, networked with the associated organizations and set up screening sites for the mobile unit at Food for Families distribution sites and at three health centers. They assumed responsibility for the final evaluation report.

One of the most significant barriers the crafters of the program encountered

was convincing women to do the screening when mammograms were made available to them. It appeared that the older the woman, the stronger the resistance became.

To overcome this resistance, the mother-daughter brunch is in its second year. Breast cancer survivors from the community gave testimonies and encouraged women to get screened for the benefit of their families. Daughters frequently encouraged their mothers to get screened. Funding was a very real barrier until two grants from cancer foundations were secured.

Key partners include Food for Families/Foods for Seniors, which provided sites for screening activities. The National Black Leadership Initiative on Cancer provided \$1500 for brunch in years two and three. The Housing Authority of New Orleans distributed fliers in public housing projects. The Susan G. Komen Breast Center Cancer Foundation provided funds for publicity and screening activities. The Stanley S. Scott Cancer Center provided free educational materials. East Jefferson Hospital provided information to women via a toll free phone line. East Jefferson Hospital also conducted screenings using their mobile unit.

10,000 fliers were distributed in the first year, encouraging women to register for a health screening at the local hospital Comprehensive Education and

Early Detection Department (CEED) or one of the mobile sites. Screenings included health education, blood pressure screening, breast exams and reinforcement of self exams, PAP smears, fecal occult blood, and mammogram screenings. There were 372 women who took advantage of this opportunity.

The mother-daughter brunch was added the second year. 183 women attended the brunch; and 172 of those registered for the health screening program. An additional 277 called the toll-free phone line and registered through their own providers. Numbers of women who followed through with screening in the second year are pending.

Joseph-Bickman learned that resources for collaboration may be found if one is willing to look. For example, the mobile unit screening program was already in existence at the local hospital; the challenge was educating the medically underserved women in the community to take advantage of the screening and make it available to them.

For more information, on this program, contact:

Stephanie Joseph-Bickham
New Orleans Dept. of Health
City Hall, 1300 Perdido Street
New Orleans, LA 70112
Phone: 504-565-6593
Fax: 504-565-7493

Lessons Learned 1998 - Coming Soon!

CityMatCH announces the upcoming release of "*Lessons Learned 1998: Profiles of Leading Urban Health Department Initiatives in Maternal and Child Health.*"

Innovative approaches and "best practices" to solve the public health problems facing women, children and adolescents in America's cities continue to be in demand as urban communities strive to overcome barriers to implementation, move from "project" to scale, and sustain resources and commitment for long-term change.

Lessons Learned 1998 provides information from many of your own health departments about promising program and policy initiatives in urban maternal and child health to address the demand for replicable solutions. Anticipated delivery of the publication is late Spring 1999.

Additional copies of *Lessons Learned 1997* remain. If you would like to order a copy of this valuable book, contact the CityMatCH office at 402-559-8323.

CityFriend:
The National League of Cities

The country's largest and most representative organization serving municipal governments, the National League of Cities (NLC), was founded in 1924 as the American Municipal Association by ten state municipal leagues. Today direct members include 49 state municipal leagues and more than 1,500 communities of all sizes. Through the membership of the state municipal leagues, the NLC represents more than 18,000 municipalities.

In its activities, the NLC encourages full participation by the entire city leadership team, not just one or two top officials. Through the NLC, mayors and city council members join together to establish unified policy positions, advocate these policies forcefully, and share information that strengthens municipal government throughout the nation. The NLC's diverse membership is one of its greatest strengths, and the organization's non-partisan structure takes full advantage of the broad base the membership provides.

Acting on behalf of local governments, the NLC's goals include influencing national policy and building understanding and support for cities and towns. The NLC assists local leaders in their jobs as policymakers and public servants.

Most of the nation's larger municipalities are members of the League, yet many of the NLC's direct members have populations less than 50,000; and small cities, towns and villages play an equal and key part in the activities of the organization.

For more information about the National League of Cities, contact the **Center for Public Affairs** at (202)626-3120, or by email at pa@nlc.org.

(Editor's note: Information presented here was taken from the National League of Cities web site at <<http://www.nlc.org>>)



Save the Date!



10th Annual CityMatCH Urban MCH Leadership Conference will be held jointly with the National League of Cities **"Your City's Families"** Biennial Conference **Baltimore, Maryland**

1999 CityMatCH Urban MCH Conference Joins with the National League of Cities "Your City's Families Conference"

Get ready for an exciting opportunity for learning, networking, and fun! This year, CityMatCH will hold its annual Urban MCH Leadership Conference in conjunction with the National League of Cities' fourth "Your City's Families Conference." (YCF) The joint conference is scheduled for September 14-18, 1999 in Baltimore, Maryland. The conference theme will focus on healthy communities for healthy children and families. This unique event offers CityMatCH and NLC members a wealth of opportunity for shared learning, collaboration, and dialogue about the health of our cities.

This year's conference not only will build on familiar learning opportunities usually offered during the annual CityMatCH Urban MCH Leadership Conference, but will also take advantage of the unique opportunity that partnering with the National League of Cities allows.

This joint conference will feature keynote presentations, workshops, site visits, and skills building sessions.

Planners for this year's joint conference include local elected officials; members of the NLC Youth, Education and Families Council; key leaders in maternal, child, and community health; and staff from the two co-sponsoring organizations.

The first YCF conference, now held every two years, was organized by the Children and Families in Cities Program

to help city leaders learn new strategies and develop action plans to implement them. The conference is an extension of the NLC's effective, interactive technical assistance process.

Although both individuals and city teams are welcome to attend a YCF conference, teams are actively recruited. This year will offer the opportunity for health departments to be part of their cities' teams. Teams of key leaders, elected officials, and youth from communities who work collaboratively during the conference can translate the experience into collaborative action when they return home. The conference provides information and ideas on one hand, and provides a process for individualized community action planning and implementation on the other.

This year's joint conference will also be unique in at least two ways: One, it emphasizes the strong interconnection between the success of communities and the success of families. Two, it facilitates the conversion of good ideas and thinking into positive action and community development and provides the opportunity to convert a conference from a solitary event to a continuing process of community assistance.

Conference invitations will be issued in June. If you would like more information, please contact CityMatCH at (402) 559-8323 or by E-mail at citymch@unmc.org.

Call for Nominations - 1999 CityMatCH Board Elections

We Remember

It is with great sadness that we announce the death of Mr. Billy Goins, Regional Administrator for Region VII for the Louisiana Office of Public Health and leader of the Shreveport DUI team. He died on February 14, 1999 while on a cruise off the coast of Jamaica.

Billy was a special person and contributed greatly to whatever he did, including his participation in this year's DUI class. He will be greatly missed.

It's that time again! Nominations will be taken soon for four seats on the CityMatCH Board of Directors which are up for election. The following regions in September 1999: Region I, presently held by Lisa Belanger, Region V, held by Bobbie Brown, Region IX, currently held by Vicki Alexander, and the At-Large position currently held by



Peter Morris are up for election. A mailing which will include the Nomination materials, will go out to CityMatCH membership in April.

If your Region has an open seat, consider nominating a qualified representative. The CityMatCH Board provides essential representation for its Regions, and works diligently for the membership as a whole.

CityMatCH subscribes to a number of electronic newsletters which provide current information on issues touching the lives of urban children and families. Our readers may be interested in receiving and reading these newsletter as well, so we have described several of them below, and provided readers

with the necessary contact and

subscription information. Not to forget CityMatCH's own resources for readers, CityMatCH NewsBriefs is highlighted in the box at right, with a description of the unique niche it fits.

The KidsCampaigns Weekly is the electronic newsletter of KidsCampaigns <<http://www.kidscampaigns.org>>, an action and information center for citizens, businesses, and parents who want to make their communities work for kids. The Benton Foundation works to realize the social benefits made possible by the public interest in the use of communications. To subscribe, either sign up online at <<http://www.kidscampaigns.org/index.html?weekly.html>> or send E-mail to: majordomo@kidscampaigns.org, typing only the words "subscribe kids-weekly YourEmailAddress" For example: subscribe kids-weekly john@somewhere.com. Type the message in the body (not the subject line) of the email.

AAMC Washington Headlines offers legislative and regulatory news from the Association of American

Medical Colleges. The complete Washington Highlights is available at <<http://www.aamc.org/advocacy/washhigh/start.htm>>. To subscribe to Washington Headlines, send E-mail to <majordomo@aamcinfo.aamc.org> typing only the words "subscribe aamcwash" in the body of the message

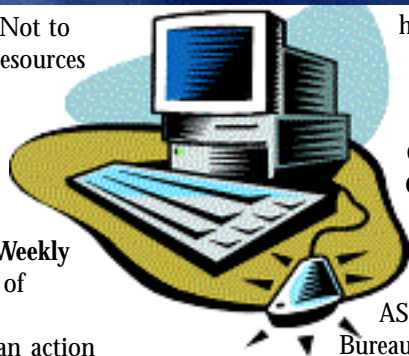
— not in the subject line. You will be notified when your request has been fulfilled.

The **Association of State and Territorial Health Officials Primary Care Network News** is supported in part by cooperative agreements between ASTHO and HRSA's Bureau of Primary Health Care and Maternal and Child Health Bureau. Comments, suggestions or submissions may be sent via E-mail to: Brent Ewig: bewing@astho.org; Heather Pierce, MPH: hpierce@astho.org, or Christa Singleton, MD, MPH: csingleton@astho.org

The **Association of State and Territorial Health Officials, Adolescent and School Health Update** is a monthly newsletter, distributed to state health officials and adolescent and school health staff within the state health departments. Send comments, articles or news to include in the Update to Karen Welding at: kwelding@astho.org

The **MCH Alert** is produced by the **National Center for Education in Maternal and Child Health** under its cooperative agreement with the HRSA's

CityElectronic Resources



NewsBriefs!

CityMatCH produces its own electronic newsletter, which is sent out every two weeks. A compendium of resources, opportunities, news of interest, and updates on key urban MCH issues, such as CHIP legislation, NewsBriefs is a great way to get and stay informed. To subscribe, simply E-mail mftzger@unmc.edu, and provide your name and your E-mail address. You will be placed on the subscriber list right away. Go ahead, give it a try!

Maternal and Child Health Bureau. Submissions, suggestions and questions may be sent via E-mail to: nberglas@ncemch.org OR jgrumet@ncemch.org WEB SITE: <<http://www.ncemch.org>> To subscribe to the MCH Alert, send an email message to MCHALERT@LIST.NCEMCH.ORG, with SUBSCRIBE in the subject line.

To subscribe to the **Child Health Information Project Listserv**, visit the Children's Defense Fund's website at <http://www.childrensdefense.org/listserv_chip.html> and follow the directions at the bottom of the page, or, send the following message to majordomo@autemailer.com: subscribe cdfhealthinfo [your email address] Contact the Health Division of the Children's Defense Fund at cdfhealth@childrensdefense.org if you have questions.

Editor's note: For any of these listservs, when subscribing or unsubscribing, do not surround your address with brackets.

Hands On Success!

"The weekend was the closest thing to a 'public health boot camp' experience you could get," exclaimed Larry Sands, CityMatCH representative and Director for Community Health Services in Maricopa County (Phoenix), AZ.

"We arrived uninitiated, and departed far better prepared and far better equipped to take on the challenges of our DUI projects. It was intense!" Sands refers to the 1998-99 Urban MCH Data Use Institute (DUI) Hands On Training in Atlanta from January 30 to February 1. More than seventy persons, including fifty-five team members, representing eleven cities, local officials, CityMatCH staff and faculty came together for a powerful learning experience.

Hands On Training was a resounding success, in spite of differing levels of orientation to urban MCH and the DUI. Because several teams have made additions during the year, this training was many participants' first contact with CityMatCH or the DUI. As Bryan Backenson, of the Hartford, CT team said, "This session contained information that can be used across all fields of public health, and for someone like me, who isn't strictly an MCH person, that's really great."

Hands On Training comprises didactic lectures and case study work group sessions culminating in a presentation to a mock City Council. Case studies revolved around the fictitious Peach City's perceived adolescent pregnancy and the local health department's prevention efforts. Dr. Paul Wiesner, Director of the DeKalb County Board of Health, brought a mayor, two county commissioners, and the Chairman of the DeKalb County Board of Health to serve as the Peach City Council. Additional support was provided by Karen Waldrop from the National March of Dimes Birth Defects Foundation, and CDC's Elliot Churchill. One participant attested to the value of the experience this way: "This was definitely the best and most challenging part of the training. I will be able to take this home and perform better for my City Council."

During the final moments of the training, participants were asked for a "one word pulse" to summarize the training: "Intensive...enlightening...challenging...empowering," were heard. Len Foster, CityMatCH Board Chair and Orange County, CA DUI Team Leader stood and stated this is "definitely the best product CityMatCH has delivered."

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