What’s NEW at CityMatCH?

By Patrick Simpson, MPH
CityMatCH Executive Director

The pace of our field seems to quicken with each passing year. A colleague recently lamented to me, “There is always more to do, more to know, and more to achieve… it gets harder and harder just to keep up.” Without question, the demands of our work are great, yet beneath the tumult of each passing year lies the bedrock for our work and passion – the women, children and families who deserve better services, better systems, and better outcomes. That is what drives our programs, fuels our passions, and keeps us coming back.

In this issue of CityLights, I would like to share with you some of the recent work of CityMatCH. In these brief pages, little more than an organizational snapshot can be shared, but I offer it in the hope that you – leaders for urban maternal and child health across the nation – might find ideas, resources, and support.

The purpose of CityMatCH is clear – to improve the health and well-being of urban women, children, and families by strengthening the public health organizations and leaders in their communities. I encourage you to take advantage of this mission by drawing upon the programs and resources highlighted in this issue. Additionally, you can contact our staff at any time to share your ideas, ask for technical assistance, and find network connections on any MCH issue.

Above all, I hope you will join us this September in Chicago, IL for our 20th anniversary conference – see page 12 for details. The conference promises to be another great one!

Taking a Look

Back...

By Deborah Hendricks, RN, CS, MPH
CityMatCH Vice-Chair, Education and Training

After 30 plus years in local public health, I am concluding my work as the Family Health Manager for Saint Paul-Ramsey County Public Health. I am excited to begin a new adventure at the University of Minnesota’s School of Public Health where I will be serving as the Director of Community Engagement with the National Children’s Study/Ramsey County site.

But, this change is bittersweet…

(Continued on Page 2)

Forward...

By Kathleen Brandert, MPH, CHES
CityMatCH Education and Training Manager

Can you guess the average tenure of a staff member at CityMatCH? The 16-member staff of CityMatCH has a combined tenure of 90 years and an individual average of six years! All this experience, along with the best Board of Directors imaginable, enables the organization to develop new education and training initiatives that meet emerging MCH needs. So what’s coming next?

Here’s a look into our crystal ball…

(Continued on Page 2)
(Continued from Page 1 - By Deborah Hendricks)

I have been active in CityMatCH since 1997 and I am currently serving on the CityMatCH Board of Directors as Vice-Chair of the Education and Training Action Group.

I can say with confidence that I have personally experienced the rewards of CityMatCH involvement. I have been enriched from participation in annual conference planning. I have had the pleasure of establishing and renewing relationships with colleagues across the country. And I have loved the challenges of collaboratively grappling with serious MCH issues on a national level.

I would like to express my sincere gratitude to the wonderful CityMatCH staff for their amazing work and commend the CityMatCH Board of Directors for their steadfast commitment to the organization and its mission in the face of increased challenges at home.

My involvement with CityMatCH has been one of the highlights of my career in local public health and I encourage you to take advantage of the wealth of upcoming opportunities through CityMatCH for learning, growth, and leadership on behalf of urban women, children, and families across the country.

I trust this issue of CityLights, which features many of our recent Education and Training initiatives, will give you ample opportunity to find a place to get involved. It’s as easy as calling the staff today!

(Continued from Page 1 - By Kathleen Brandert)

The staff and conference planning committee are working diligently to create the September 2010 CityMatCH Conference in Chicago. This conference marks the 20th Anniversary of our premier education and training activity.

We have included elements in this year’s conference that define our 20-year history, and have incorporated fresh perspectives that tell our members and attendees that there is still much more to come.

In addition to celebrating our 20th anniversary conference, we are also working to enhance our repertoire of education and training initiatives over the next three to five years. We will start with a reboot of our communication vehicles, including our website, which will be redesigned to better meet the demands for growing technology and social media outlets. Starting this fall, CityMatCH will lead two Tennessee communities through a racial healing process with funding from Kellogg. In the spring of 2011, we will host a regional MCH epidemiology conference designed specifically for the needs of local, urban epidemiologists and data analysts. Within two years, we will develop and implement a state/local MCH Life Course Learning Community in partnership with AMCHP (join us Monday, September 13 at our conference for the first of two Life Course Town Hall Meetings).

But the CityMatCH staff is most excited about the upcoming unveiling of our new “look” — complete with a new logo. We believe this refresh of our brand will commemorate the transition from the organization’s teen years to young adulthood. And our crystal ball has promised that this vibrant organization still has many years of life ahead!

Storytelling

Storytelling is critical if MCH leaders are going to successfully motivate constituents and policymakers to take action. The skill of crafting an MCH story is also included as an “Advanced” skill under Communication in the MCH Leadership Competencies v3.0. Over the last two years, the CityMatCH staff has drawn upon the expertise of storytelling guru Andy Goodman1 to provide education and training on storytelling to its members. We would like to offer just a sampling of that work in this issue of CityLights. Below is a story about a CityMatCH member – Mary Balluff, Chief of Community Health and Nutrition, Douglas County Health Department in Omaha, Nebraska. Also included are two boxes. The first box highlights six essential components of a well-written story, and the second details the specific components as found in Mary’s story.

Mary’s story is an example of a “How We Began” story. Goodman identifies five types of stories an organization should be able to tell about itself. Consider the stories your organization needs to tell to advance public health locally. CityMatCH wants to hear these stories! Staff can provide assistance when necessary. Please contact Kathleen Brandert or Sarena Dacus for further discussion (402-561-7500).

February 2010

Mary felt like she was yelling down an empty hallway. “Why do babies keep dying and no one seems to care?” The hard cold facts inside the manila folder stared her in the face. It was 1999, and she had just seen the numbers that once again showed that too many babies, more than the national average, were dying in Omaha before their first birthday. After many years in public health, Mary had received a leadership position as Division Chief at the Douglas County Health Department, and each year she nervously opened that folder hoping for a change in those numbers. She tried to fight the defeatist attitude that crept into her mind, but she didn’t feel she had the solutions, or the influence within the community to make a change.

A couple months later, a colleague of Mary’s called. It was Magda – a fast-talker from Philly who set up shop in Omaha when she founded a national organization called CityMatCH. “Mary, infant mortality is high in Omaha….must change the way you look at the data….no excuse for this….other cities working on this nationally….let’s set up time to talk.” Mary barely got a few words in before the conversation was over, but one thing was clear, it was time to finally address this issue head on.

Mary and a small group of others attended a series of meetings led by Magda and CityMatCH over the course of the next nine months to answer the question, “Why are babies dying in Omaha?” They got their hands dirty in the data to search for answers. The resulting colorful graphs and fancy analyses showed the story behind the numbers: too many babies were born too early, and there was disturbing disparity in the deaths. Almost twice as many black babies were dying in the community as were white babies. This new data also provided some clues as to what could be done to reduce these deaths.

With these facts in hand, they spent the next two years convening meetings with important stakeholders – hospital systems, local physicians, politicians, and influential community leaders. Mary played understudy to Magda’s lead actress at these meetings, slowly gaining confidence in her knowledge and skills along the way. But, much like that moment in Sister Act when the quiet nun finally belts out her beautiful voice, Mary had to take a big, confident step out of the chorus and into the solo – the community needed to hear from one of their own.

It happened in 2002, at an important meeting with local physicians – just as Magda pressed the power button on the projector to bring up the slides, she said, “…and Mary will lead this presentation.” And with that, Mary, feeling unprepared but ready at the same time, told, in her own voice, the story of why too many babies were dying in Omaha.

Her voice grew stronger as she and the health department began to lead this effort. Petite in stature, and mannered in the typical midwestern way, Mary went door-to-door, organization-to-organization making personal connections with important stakeholders and getting people to buy-in to make serious change in infant mortality. “On my watch,” she would say to community groups, “we will change infant mortality in this community.” She also helped others tell the story in their own voice to everyone who would listen.

The story and all of its messengers became so confident and committed that the community began to hear their story and wanted to join and make a change. A cohesive group of the most passionate players came to the table again and again. In 2003, this group, with Mary in the lead, found themselves a suitable name: The Baby Blossoms Collaborative… because all babies deserve a chance to blossom.

While more work remains to be done in Mary’s hometown, Baby Blossoms has reason to be encouraged – infant mortality rates have decreased! And, seven years later, the Collaborative still thrives. At a recent meeting, Mary sat listening to the impressed perspectives of all who were gathered around the Baby Blossoms’ table. She reflected on everything the Collaborative had done to arrive at this point. Under her leadership, they had engaged the community, shared lessons learned with other cities nationally, reassessed the data, celebrated, committed to ongoing effort, and never relented. Along the way, Mary had developed personal leadership skills that remain essential to the success of the Collaborative. It was at that point during the meeting when Mary leaned over to Magda and whispered with a smile, “Thanks for the push.”
CityMatCH Partners with AMCHP & NHSA to Address Racism

CityMatCH, the Association of Maternal and Child Health Programs (AMCHP) and the National Healthy Start Association (NHSA) with funding from the W.K. Kellogg Foundation, created the Partnership to Eliminate Disparities in Infant Mortality (PEDIM) in 2008. PEDIM’s vision is to eliminate racial inequities contributing to infant mortality within U.S. urban areas.

Understanding of the connections between racism, stress, and pregnancy outcomes has increased in recent years. A 2007 report from the Joint Center explains that poverty, education, and other factors do not account for disparities in birth outcomes for African Americans.1 Additionally, Dr. Tyan Parker Dominguez and colleagues have shown that racism-related stress in particular is a significant contributor to disparities in birth outcomes for African Americans,2 and Dr. Amani Nuru-Jeter and colleagues have furthered our understanding of racism-related stress by exploring how African Americans experience and talk about experiences with racism.3 While research documenting the impacts of stress and racism on birth outcomes is ever-increasing, there are few examples of effective practices to address such complex and interwoven issues.

The PEDIM partners assert that no organization or group can make a measurable difference in addressing racism independent of others. Therefore, an Action Learning Collaborative (ALC) approach was taken. ALCs are intensive training programs that bring diverse state, local, and community agencies and programs together to tackle priority issues, promote collaboration, and improve public health systems.

Each ALC team developed strategies for their work and created logic models to guide evaluation. Team strategies included:

And

developing a training toolkit for healthcare providers; designing a website with racism/infant mortality information, resources, and best practices; developing empowerment coaching to promote the positive roles of African American males and fathers; making the “business case” for this work; and developing a plan to involve business partners.

The Infant Mortality and Racism ALC addressed the need for MCH leaders to learn from peers and content experts; discuss how to tailor interventions for community, local, and state practice; and become part of a larger learning community. The ALC experience will be fully documented in a report to be published in the summer of 2010. The PEDIM partners remain committed to their vision, and look forward to leading additional activities to eliminate racial inequities at the state and community levels.

For more information, contact Brenda Thompson, MPH, CityMatCH at 402-561-7500.

New Resource Center for the FIMR/HIV Prevention Methodology

No baby should begin its life with HIV infection. That is why CityMatCH, in partnership with the CDC and the American College of Obstetricians and Gynecologists, developed and launched the FIMR/HIV Prevention Methodology Resource Center. The Resource Center will support communities as they implement the FIMR/HIV Prevention Methodology to investigate cases of perinatal HIV exposure and make improvements in local systems of care.

Nine communities are currently receiving technical assistance provided by the Resource Center on this methodology, which was adapted from the Fetal and Infant Mortality Review (FIMR) program. Additional communities will have an opportunity to apply for participation each summer. In January 2010, CityMatCH also launched a website that will serve as the online home for the FIMR/HIV Prevention Methodology. For additional information, or to apply for participation, visit www.fimrhiv.citymatch.org.
The State of Urban MCH, Survey Says…

To effectively understand and serve urban MCH leaders, CityMatCH routinely assesses its Member Health Departments. In the most recent of these assessments, the organization noted the continuation of two key findings in demographic information and health department priorities. These findings raise several important questions for the future of urban maternal and child health, which will be discussed at the end of this article.

CityMatCH tracks and reports on the distribution of assessment responses from large central, large fringe, medium, and small metropolitan counties. In this most recent assessment, responses were most prevalent from the medium counties, with large central counties a close second.

<table>
<thead>
<tr>
<th>Urban-rural category</th>
<th>Classification rules</th>
<th>CityMatCH Membership Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large central metro</td>
<td>Counties in a metropolitan statistical area of 1 million or more population: 1) that contain the entire population of the largest principal city of the metropolitan statistical area, or 2) whose entire population resides in the largest principal city of the metropolitan statistical area, or 3) that contain at least 250,000 of the population of any principal city in the metropolitan statistical area</td>
<td>40% were from large central metro counties</td>
</tr>
<tr>
<td>Large fringe metro</td>
<td>Counties in a metropolitan statistical area of 1 million or more population that do not qualify as large central</td>
<td>12% were from large fringe metro counties</td>
</tr>
<tr>
<td>Medium metro</td>
<td>Counties in a metropolitan statistical area of 250,000 to 999,999 population</td>
<td>44% were from medium metro counties</td>
</tr>
<tr>
<td>Small metro</td>
<td>Counties in a metropolitan statistical area of 50,000 to 249,999 population</td>
<td>5% from small metro</td>
</tr>
</tbody>
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Source: The National Center for Health Statistics (2006 Urban-Rural Classification)

1 City and county health departments having jurisdiction over one or more urban areas with populations of 100,000 or larger are eligible for CityMatCH membership. In states where no urban area has a population greater than 100,000, one city or county health department in that state is granted membership.

Race, Ethnicity, Gender, and Age:

This type of information has historically been gathered by CityMatCH, which then interprets it and is responsive to the needs that are revealed. Data analysis has led to education and training on issues such as succession planning, cultural competency, and the need for increased diversity in the workforce.

- 21 of 85 respondents (25%) indicated that they were a race or ethnicity other than or in addition to white
- 75 percent indicated that they were white only
- 10 of 85 respondents (12%) were male
- 46 percent were in the 50-59 year age range
- 22 percent were older than 59
- 32 percent under age 50 (compared to 53% of respondents in 1998)
- 35 percent expect to retire in five years or sooner
- 38 percent expect to retire in more than 10 years
Seniority and Leadership:
This category clearly captures the rich variety of experience CityMatCH members bring to the table, from high-ranking, experienced members to more emerging leaders. The data helps CityMatCH to create cutting-edge and responsive programs, such as CityLeaders, which link senior members with emerging leaders in a mentor/mentee capacity for mutual gain.

- 47 percent of respondents have 24 or more years of experience in public health (compared with 32% in 1998)
- 42 percent classified themselves as Division Managers or Bureau Chiefs (Figure 1)
- 16 percent classified themselves as ranks higher than Division Managers or Bureau Chiefs (i.e. Assistant Director, Deputy Director, Department Director, Bureau Director, or Commissioner)
- 33 percent indicated that they held lower positions (i.e. Section Manager, Department Manager, Unit Manager, or Program Manager)

2. What are CityMatCH Members’ Priorities?
CityMatCH members were also asked, “What are the top-three MCH priorities of your health department?” Figure 2 represents the frequency of the most commonly selected priorities.

To ensure that urban MCH is speaking with a unified message, CityMatCH is careful to compare priorities between more urban counties vs. less urban counties. Counties seemed to agree on many priorities. For example, “Family planning/pregnancy prevention” and “Immunizations” were listed among the top-three priorities for more than one in five respondents of both more urban and less urban counties.

However, assessment findings also indicate some important areas of divergence in priorities between counties. Respondents from less urban counties listed “Emergency Preparedness” and “Racial and Ethnic Disparities” as more important than respondents from more urban counties. In fact, over 10 percent of respondents from less urban counties selected “Emergency Preparedness” as a top priority, while none of the more urban county respondents selected it as a priority. Similarly, “Racial and Ethnic Disparities” were more likely to be chosen as a priority for less urban county respondents. One in five (22.5%) less urban county respondents selected this as a priority, while only one in ten (10.3%) respondents from more urban counties indicated the same.

Conversely, “Adverse Perinatal Outcomes” and “Communicable Diseases” were more
commonly cited as top priorities among more urban counties. “Adverse Perinatal Outcomes” was named a priority for 54 percent of respondents from more urban counties, while only 27.5 percent of less urban county respondents selected it as a priority. Likewise, “Communicable Diseases” was a priority for 30 percent of respondents from more urban counties, but for only 13 percent of less urban county respondents.

Looking Ahead...

CityMatCH also asked its members to identify areas of practice that their health departments considered critical/essential for CityMatCH to address in the next three years. Figure 3 represents the frequency of the most commonly selected priorities.

It is interesting to note that while the priorities indicated on this question of the assessment are largely aligned with respondents’ current priorities, some differences also emerge. For example, “Social Determinants of Health” and “Life Course” are relatively low current priorities, but emerge as high priorities for CityMatCH to address in the next three years. Immunizations, however, are a high current priority but far fewer respondents indicated that this was an important topic for CityMatCH to address in coming years.

These differences could indicate that respondents see issues such as social determinants of health and life course as emerging priorities or, rather, they could indicate that respondents need more assistance implementing these issues than they do on immunizations or other lower-ranked future priorities.

3. Key Findings

As indicated at the outset, two findings in the data presented above stand out as important for the future of urban MCH. First, it is inescapable that urban maternal and child health has a workforce that is nearing retirement. Sixty-eight percent of respondents are 50 years of age or older, and over a third expect to retire in five years or sooner. CityMatCH remains committed to providing leadership training to the next generation of leaders. The CityLeaders program highlighted in this issue serves as one prominent example. Additionally, the CityMatCH conference planning committee is working on incorporating leadership training components into this year’s 20th anniversary conference, including the first-time inclusion of a student session. Finally, despite our collective best efforts, it is likely that the urban MCH leadership transitions over the next five years will present significant challenges. Even without the opportunity to grow leaders into these critical positions, CityMatCH will be ready to greet each new professional and link them to the vast experience of the CityMatCH membership network.

The second noteworthy finding is the divergence of a few key priorities between more urban verses less urban counties, which raise important questions. First, why are the divergences present in the first place? To gain insight into this question, CityMatCH has planned a series of focus groups among respondents. Understanding why the ranking of certain priorities differs among counties may lead to strategic action to better target the needs of members. Second, how can CityMatCH serve – in a more formal way – as the central voice for urban maternal and child health priorities? For years, the organization has reported on urban MCH priorities, but in these rapidly-changing times, it may be necessary to formalize a leadership group within the organization that builds consensus around a handful of top priorities for national advancement.

These and other issues will be explored in the 2010 CityMatCH Membership Assessment. For more information about the assessment, contact the central office at 402-561-7500.
CityLeaders Program Enhances Urban MCH Leadership Skills

A relatively new addition to the CityMatCH Education and Training cohort, the CityLeaders program, has demonstrated success in helping participants gain new insights, information, familiarity and experience in urban MCH leadership. A six-month intensive training program, CityLeaders provides emerging MCH leaders with an introduction to the MCH Leadership Competencies (see box) and engages participants in a variety of interactive and didactic learning opportunities. CityLeaders is funded through the Maternal and Child Health Bureau's Training Program Knowledge to Practice grants.

Curriculum

The CityLeaders program offers innovative adult learning techniques, including an onsite meeting at the CityMatCH conference, distance learning skills-building opportunities, small group work, and the development of individual leadership action plans.

During the six-month training, CityLeaders participate in three distance-learning calls, focused on the leadership priorities of the cohort. Topics are determined by a pre-assessment administered to all incoming CityLeaders. The pre-assessment utilizes the 12 core MCH leadership competency domains, and identifies “perceived importance to urban MCH practice,” “skill level,” and “training priority” of each domain. Over the past three years, the six highest average ranking competencies based on training priority (range 4.3-4.8) were 1) Policy and Advocacy, 2) Critical Thinking, 3) Working with Communities and Systems, 4) Negotiation and Conflict Resolution 4) Interdisciplinary Team Building, 5) Developing Others, and 6) Communication.

These results illustrated that MCH leaders perceive these leadership competencies as important to urban MCH practice, identifying a greater need for training.

How to Create An Individual Leadership Action Plan (ILAP)

You don’t have to be involved in CityLeaders to create your own ILAP! Begin by answering the following questions:

1. What leadership skill(s) are you interested in developing?
2. What specific tasks will you need to complete to develop that skill?
3. What actions will it take for you to accomplish each of the tasks you identified?
4. What results are you seeking by completing each of those actions?

See the CityLeaders website for an ILAP template and additional instructions - http://www.citymatch.org/cityleaders.php

Maternal and Child Health Leadership Competencies, Version 3.0:

Leadership in MCH calls for specific knowledge, skills, personal characteristics, and values. The MCH Leadership Competencies offers 72 overall competencies, clustered into 12 domains. These competencies were identified as most important to MCH professionals, and are designed to support and promote MCH leadership. For additional information, visit: http://leadership.mchtraining.net

To enhance individual leadership development, each CityLeader was required to develop an Individual Leadership Action Plan (ILAP). In their ILAP, CityLeaders outline:

1. Skills they wish to address
2. Tasks required to develop that skill
3. Actions needed to accomplish the tasks
4. Results they seek

The ILAP provided common ground for each participant as they began conversations with their CityLeaders mentor and cohort colleagues, yet could also be used with supervisors and staff as participants apply learning to their current work.

To assure skills-building opportunities are enhanced, CityMatCH pairs each CityLeader with a seasoned urban MCH leader in a mentor/mentee relationship for the duration of the program. The opportunity to establish such a relationship is continuously evaluated as a key component of the CityLeaders program.

Mentorship is a growth opportunity for both mentee and mentor. Mentors’ closing comments included, “A very positive experience;” “a real growth experience;” “I learned a lot in the process,” and “we will continue to stay in touch monthly.” (Continued on next page)
Participants in CityLeaders represent a variety of emerging and mid-level professionals in urban MCH who share a common desire to become more effective leaders. Said one participant, “I think the program opened my eyes to all that MCH means and what is possible.”

This training program seeks to increase knowledge of the MCH Leadership Competencies, and build leadership capacity across a diverse group of MCH professionals. Each cohort demonstrated geographic, racial/ethnic, and professional diversity.

One CityLeader, Kori Wilford, a Health Educator at the Larimer County Department of Health and Environment in Fort Collins (CO), shared perceptions about herself and the personal/professional impact of the program in a recent interview. Highlights are found in the box at right.

**Program Evaluation**

This training program incorporated a combination of evaluation strategies, including pre/post assessment of competencies and program satisfaction. Both the pre- and post-assessment utilized the 12 core MCH leadership competency domains, and captured CityLeaders’ perceived importance, skill level, and how well the competency domain was covered throughout the program. A 5-point Likert scale (5=very strong) assessment was used to capture participants’ perceptions prior to the start of the program and following the conclusion.

On average, over the three years of the project, the skill level of participants increased from 2.9-3.9 to 3.3-4.5. In years two and three, 88 percent of respondents stated that their expectations of the program were met and 100 percent of respondents agreed or strongly agreed that they would recommend the CityLeaders program to other colleagues.

**Applying for the Program**

CityMatCH is currently taking applications for year four of the CityLeaders program. For information, see: www.citymatch.org/cityleaders.php, or contact Kathleen Brandert, MPH, at kbrandert@unmc.edu.

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**Kori Wilford**

1. **Why did you participate in CityLeaders?** My work in MCH began right after college. While I accomplished a lot, I felt uncertain, at a turning point. My supervisor encouraged me to apply for CityLeaders. Honestly? It was the first time I thought about myself as an “emerging leader!”

2. **Describe your experience in CityLeaders.** My fellow CityLeaders seemed so sure of themselves, yet we all faced similar challenges. The initial on-site meeting was a great opportunity to meet MCH leaders. My mentor helped me realize that earning an MPH was right for me; I am now enrolled in an online MCH MPH.

3. **Key “Aha!”?** CityLeaders came at just the right time. I was unsure of the direction to take in my career, didn’t yet see myself as a leader, and wasn’t sure how to challenge myself. CityMatCH staff supported and encouraged me from day one. CityLeaders helped me see that I can influence change on behalf of women, children, and families. My mentor’s support and guidance has meant so much.

4. **Describe the impact of CityLeaders?** CityLeaders and CityMatCH are like a family. Staff passionately believes in assuring future generations of urban MCH staff and leaders can rise to meet new challenges. It is amazing – when you shift your focus and find your strengths, doors open and opportunities appear.

5. **Would you recommend this program?** Absolutely! Participating in CityLeaders has been a highlight of my MCH career! I think differently about my role, what I can accomplish, and possibilities for professional growth. CityLeaders helped me find my place and empowered me to keep challenging myself.
Evidence-Based Teen Pregnancy Prevention

In early spring of this year, the newly established Office of Adolescent Health announced the availability of $75 million – through competitive grant applications – for evidence-based teen pregnancy prevention programs. In order to prepare CityMatCH-member communities to competitively apply for these federal grants, CityMatCH, in partnership with Healthy Teen Network and the National Campaign to Prevent Teen and Unplanned Pregnancy offered an in-depth training. The training featured distance and on-site learning opportunities, culminating in a two-and-half-day training at the Palmer House Hilton in downtown Chicago, IL.

To select participating communities, CityMatCH began by announcing an application process open to all members. Thirteen communities applied for participation and eight were selected based on need and available funding. These eight communities immediately began receiving technical assistance to work through the Getting to Outcomes (GTO) program planning process. GTO was originally designed for practitioners in the substance abuse prevention field and was adapted through the leadership of CDC’s Division of Reproductive Health for work in adolescent reproductive health. CityMatCH was grateful to be working with Healthy Teen Network, a recognized national leader in training for GTO.

All eight communities met together for the first time via conference call in April to discuss their local efforts, exchange ideas, and receive training on the first two steps of GTO – Needs/Resources Assessment and Goal Setting. Following the teleconference, the communities worked independently, and with assistance from an assigned CityMatCH faculty member, to complete these first two planning steps.

In May, five to seven members from each of the participating communities convened in Chicago for intensive training around the remaining steps of GTO and for dedicated grant writing time.

The teams were convened by the local health department and included diverse representation from the community (i.e. public and private schools, family planning, youth-based organization, and many more). While the weather in Chicago quickly turned cold and rainy, the mood inside heated up dramatically. Imagine 40 public health professionals from eight cities representing every region across the country, collectively discussing their local teen pregnancy challenges and working to identify the best evidence-based model for addressing those challenges.

For CityMatCH, this was an exciting experience. Not only were we able to rub shoulders with our favorite people – MCH community leaders – we had the opportunity to build member capacity around evidence-based programs, implemented with an evidence-based approach. As staff weaved our way through the eight communities seated in rounds in one of the Palmer House meeting rooms, we observed the teams pouring over local data and evidence-based models. We heard them passionately arguing things such as, “Until we focus specific attention on the teens in these three ZIP codes, the situation in our community will never truly improve.” Or perhaps, “We need to explain to the community that the work that we have done in the past is important, but this new work is based on evidence – it’s been proven effective.” From the conversations, we quickly realized that this was public health at its finest – a diverse group of community members, convened by their local health department, making decisions based on local data with the weight of national evaluation. (Continued on next page)
One highlight of our time together came after two days of technical assistance, training, and grant writing, when the trainees collectively took ownership of the process by insisting on a temporary break to reenergize. Sonara Carter-Barber from Long Beach, CA volunteered to lead the “energizer.” Trained in Expressive Arts Therapy, Ms. Carter-Barber gave the teams one minute to pick the song that best expressed their work together as a team. And then, one by one, the teams performed their “art.” It was a great testimony to how quickly members of the same community who barely knew one another before the meeting, could come together around a shared goal of fewer teen births. And, the harmony of “We Are Family” still rings in our ears!

At present, CityMatCH has concluded its work with the eight communities, as the submission deadline has passed. We look forward to celebrating with them one day soon!

Life Course Game

CityMatCH, in partnership with Contra Costa Health Services in California, recently launched the much anticipated Online MCH Life Course Toolbox! (see www.citymatch.org/lifecoursetoolbox)

The MCH Life Course Toolbox is an online resource for MCH researchers, academics, practitioners, policy advocates, and others in the field to share information, innovative strategies, and tools to integrate the Life Course Perspective into MCH work at the local, state, and national levels.

The Life Course Perspective offers a new way of looking at health, not as disconnected stages unrelated to each other, but as an integrated continuum. This perspective suggests that a complex interplay of biological, behavioral, psychological, social, and environmental factors contribute to health outcomes across the course of a person’s life. It builds on recent social science and public health literature that posits that each life stage influences the next and that social, economic, and physical environments interacting across the life course have a profound impact on individual and community health.

The toolbox is also the new home of the Life Course Game, which debuted at the 2008 CityMatCH Conference (see http://www.citymatch.org/lifecoursetoolbox/gameboard.php). In the Life Course Game, participants are led through an interactive experience, designed to illustrate key concepts of the life course framework. Specifically, participants receive birth certificates at the start of the game that identify socially- and biologically-based historical factors that help determine their course in life. As they work their way through the game board, each person’s roll of the dice identifies risk factors and protective factors that either push down or lift up their overall health trajectory and life course. The game concludes with each player rolling the dice a final time to determine their end-of-life outcomes (retirement projections, years-of-life remaining, etc.)

The game is available for purchase from the website, as a Facilitator’s Kit, which includes three complete game sets—sufficient to conduct the game with up to 30 people*. The Life Course Game can be used in a variety of settings to raise general awareness of the myriad of risk and protective factors that determine a person’s life course (poverty, race, environment, etc.).

* At a cost of $100.00 plus $19.00 shipping
On behalf of CityMatCH, Mr. Patrick Simpson invites you to the 20th Anniversary CityMatCH Conference

Celebrate!
Urban Maternal and Child Health Leadership

September 11 - 14, 2010
Chicago, Illinois
The Palmer House Hilton