

City Lights

Partnering with Purpose

DATA, PROGRAMS, AND POLICIES FOR HEALTHY MOTHERS, CHILDREN, AND FAMILIES

September 12-14, 2018 🌲 Portland, Oregon

January/February 2019



Local MCH: Strong and Determined

A look at 2018 and a commitment for 2019

WOMEN
FIRST

Racial Healing
REVIVAL



CityMatCH staff took a moment to reflect in 2018, and we were once again amazed by the passion, optimism, and persistence of those who work to improve the health of women, children and communities. As we listened to our national membership and partners, it was clear that:

1. Equity and justice are at the forefront of local conversations;
2. Community voice (community members and those with lived experience) and science are being used in tandem to shape and influence local programs and policy; and
3. A holistic approach to women's health has a home in local Maternal and Child Health.

Institute for Equity in Birth Outcomes

Undoing racism is core to birth equity

By Jessica Ehule, MPH, CityMatCH Sr. Project Coordinator

The United States has seen a significant decrease in adverse birth outcomes such as low birth weight, preterm birth, and infant mortality rates over the past century. However, there is a pattern of poorer birth outcomes in communities of color than in white communities, with black communities having the worst outcomes. This is more evident when data is analyzed at the local level. These disparities did not come about by happenstance. This is the product of a nation grounded in racism that has led to differential treatment and access to care for populations of color. It is this disparity and the need to address racism in communities across the country that led to the establishment of CityMatCH's Institute for Equity in Birth Outcomes.

In 2013, CityMatCH began its first cohort of the Institute for Equity in Birth Outcomes, a project funded by the W.K. Kellogg Foundation. CityMatCH provides technical assistance, tools, and resources to teams over a three-year period. Since the inception of the project, CityMatCH has worked with more than two-dozen local health departments to implement an upstream and downstream strategy to address the disparity in birth outcomes within these communities. **Our current cohort includes: St. Louis, MO; St. Paul, MN; Grand Rapids, MI; Albuquerque, NM; Nashville, TN; Shreveport, LA; and Vallejo, CA.**

Teams have implemented strategies focused on areas such as preconception health education, increasing utilization of progesterone therapy, and creating community-based support systems for pregnant women for their downstream approach. Upstream strategies are focused on policy, systems, and environment. A few teams have been addressing upstream issues such as systems change within their agencies, training clinical providers on bias, and housing.

From the work of the Equity Institute, the impact of systems on the overall health of a community, including birth outcomes, has become more

Our commitment in the new year is that CityMatCH will continue to promote equity and work to improve the health of all women, children, and communities across the nation. We will listen to our membership, associate members, and partners, and look for ways to incorporate we learn into all of our work. We will create space for learning, sharing, and supporting each other. We will communicate at a national level about the impact of local MCH work, challenges, and success. This issue highlights some of our current work, reflects on 2018, and celebrates the accomplishments of close colleagues.

apparent. Though improving the quality of individual care can be beneficial, systems-centered strategies are key to making population level impact. The social determinants of health expose the multi-faceted nature of health. It is important to acknowledge our history, and analyze the practices, policies and procedures that perpetuate the racial disparities we see in our nation.

"We learned from [community members] that trust is huge," said Barbara Hawkins-Palmer, Executive Director, Healthy Kent, Kent County Health Department. "They don't trust government or healthcare, and there is good reason for that. We have a lot to address, even before we get to the real meat of what we are trying to address on infant mortality."

In working to change systems, the Equity Institute teams have been faced with challenges, especially around navigating the bureaucracy within their communities. Appreciating any progress made, whether large or small, toward reaching racial equity has encouraged teams to continue working through these challenges. Success seen within the communities include authentically engaging and partnering with communities, as well as cross-sector conversations acknowledging collective responsibility for the health of the public, and the establishment of teams and funded positions to address equity within agencies.

Undoing the effects of racism is not an overnight process. In order to achieve elimination of birth outcome disparities in our nation, we must continue to examine how individual, interpersonal, and institutional forms of racism impact health, and change systems accordingly. Equity Institute teams continue to advance strategies long after their formal participation in CityMatCH's project. We would like to acknowledge all teams for their continued effort and genuine passion for eliminating health disparities for their mothers, children, and communities.

Heavenly Mitchell Elected to CityMatCH Board of Directors, Kellie Teter appointed Board Chair

Heavenly Mitchell, MA, Director of Healthy Start Systems at the Boston Public Health Commission (BPHC) was elected to the CityMatCH board of directors. She began a term as North East region representative in September 2018.

Mitchell has worked in the health and human service field for more than 25 years, and has been an employee of BPHC for more than 20 years. She has worked on projects and with partners at the local, state, and federal levels to advance health equity, with a particular interest in paternal involvement.

“Cross sectoral strategic partnerships are integral to combating social and structural determinants of health which are fundamental approaches to having an impact on health equity, racial and social justice,” Mitchell said. “As a CityMatCH board member, I look forward to having conversations, identifying and advocating for asset-based strategies anchored in systems change.

Mitchell brings a wealth of knowledge and experience to the table. She said she is excited to share about their work, and learn from her colleagues.

Kellie Teter, MPA, MCH Program Manager, Denver Public Health, was appointed CityMatCH board chair and assumed the role in September 2018. Teter has been an integral member of the CityMatCH board of directors since 2015, and an active CityMatCH member representative for many years preceding her board assignment.

Teter is interested in the intersection of social justice, public health practice and community development. She views Maternal Child Health, as not only a population, (women, mothers, fathers, children and youth) but as a discipline that provides a platform for advancing equity. Her background in implementation science and degree in Public Administration give her a scientific lens for learning from the experts on the ground, in community, and for translating the evidence into actionable plans.

Additionally, there are many areas of interest that she looks forward to discussing with the board, to include: Assets Based Community Development, Disruptive Innovation, Paid Caregiver Leave (Paid Family Leave), workforce pipeline, and social cohesion.

Racial Healing Revival

Learning unwritten past to improve the future

By Lynne Le, MPH, CityMatCH Health Data Analyst

Let's say you have a beautiful, quiet lake with some fish and let's say one day, you notice that one of your fish has gotten sick. Naturally, you nurse it back to health and all is well. Now, let's imagine that one fish gets sick, then another, then another, and before you know it, half of your fish are all sick. Do you keep treating each individual fish and hope something changes, or should you start thinking about the water?

A metaphor from a previous training¹, this fish predicament carries a critical lesson: systems-level thinking. Instead of triaging each fish, maybe it's a better use of time and resources to look at what systems are causing the illness in the population and implement solutions that are more “upstream.” More important is looking at the history of those systems – was there harmful algae in the water years ago that wasn't properly handled? Have people been manipulating this lake since 1492, preventing it from becoming a flourishing ecosystem for all fish?

CityMatCH launched the Racial Healing Revival project in 2018 which combines the importance of systems thinking with community expertise and history. Participating teams will work with an oral historian in their city to gather oral histories from residents of a chosen community. The idea is that

genuine relationships with communities, built on a solid understanding of community history, will inform decision-making. Who better to learn from than the residents who have experienced a highway going through their neighborhood, redlining, or some other systematic and sometimes racist policy in their area?

These lived experiences from the community, paired with general history, will influence and inform change within the health department. In the second year of this two-year project, health departments will reevaluate some of their activities or ways of business and work towards having a more informed and equitable systems-level approach to improving ‘the water in their lake.’ What the change looks like depends on each locale and will be overseen by the Health Director and the CityMatCH member representative (the project co-leads).

After a competitive application process, **our first cohort consists of three excellent teams from Minneapolis, MN; Omaha, NE; and Nashville, TN.** We are excited to begin this journey with the teams and learn more about the intersection of Oral History and Public Health!

¹ Racial Equity Institute, North Carolina

Bringing women back into the picture

By Regan Johnson, MPH CityMatCH, Sr. Project Coordinator

The Maternal and Child Health (MCH) field has a long-standing history of improving the lives, health and well being of mothers, infants and families. From helping communities address the inequities in birth outcomes, to creating innovative prenatal programs, MCH has made exceptional strides in the past. However, one population that doesn't seem to have an established home in MCH is women. CityMatCH is dedicated to changing that.

Just like the field of MCH, CityMatCH has a long history of implementing programs and projects dedicated to improving the lives, health and well being of mothers, infants and families. While we have focused specifically on women in the past, CityMatCH has begun to take a more intentional approach in the past year. This intentional approach is two-pronged and includes creating conversations and connections around women's health, as well as raising women's voices in their communities to create system change.

Creating Conversations & Connections

CityMatCH hosted the first Women First

Reception at its 2018 Conference in Portland, Oregon. Over 100 participants gathered to engage in conversation around issues related to women's health and women's well being and make connections with other passionate public health professionals. Topics discussed included: Black maternal mortality, abortion care, postpartum health care, women in leadership, reproductive well-being, and many others.

The idea behind "Women First" is that before women are mothers, daughters, or wives, they are human beings. This is an aspect that can sometimes be lost in our society and within our public health practice. Despite our best intentions, lack of a woman-centered focus becomes especially apparent in Maternal and Child Health where much of the focus is placed on a woman's reproductive potential.

CityMatCH believes that all women should receive the best possible health care regardless of their intention to have children, and that women should be able to live in communities that are healthy, safe, and woman-friendly. Due to this,

CityMatCH is committed to continuing to lead conversations and facilitate connections that will help our field become closer to achieving communities across the country where women can thrive.

While this initial meet-up may be only one small step in the direction of shifting our narrative and focus, CityMatCH is committed to continuing these conversations and connections. The Women First Reception will continue to be a key part of CityMatCH conferences, and plans are already in place for it to occur at the 2019 Conference in Providence, Rhode Island.

Raising Women's Voices

One of the best ways to truly understand a community's needs is to listen to those living in the community. This year, CityMatCH launched Well Women, Well Communities with the goal of raising women's voices to determine the needs of the community and identify the gaps in existing community systems. Through raising women's voices, teams will aim to improve women's health and health care regardless

Elimination of Perinatal HIV Transmission in the U.S.

Achieving Elimination of Perinatal HIV

By Jessica Chavez Thompson, MPH CityMatCH, Sr. Project Coordinator

In this long, hard, and often thankless work of prevention, I often wonder what it must have felt like to discover vaccines, develop hygienic practices, or invent the seatbelt. What must it have been like to see the incidence of illness and injury cut in half... or even eliminated all together?

If you're like me, you're looking for a sign that our swimming "upstream" is not only worth the struggle, but also effective. And some days, you just want to win one battle in the fight for health equity.

Those are the days when I am grateful for the network of individuals and agencies championing women and children affected by HIV. You see, elimination of perinatal HIV transmission, is not only possible, it's proximal. The medication, clinical expertise, protocols, and the leadership of women living with HIV are there, like pieces of a puzzle, nearly complete. And yet,

we still see transmissions in some of our most highly resourced communities. It begs the question: what about MCH? What can we do, change, or say that can get us to zero transmissions?

More than 15 years ago, CityMatCH, the Centers for Disease Control and Prevention (CDC), and National Fetal Infant Mortality Review program (NFIMR) embarked on a journey to learn from urban Maternal and Child Health (MCH) and HIV leaders. What evolved was the National Resource Center for the FIMR/HIV Prevention Methodology (www.fimrhiv.org). Through FIMR/HIV, the voices of women illuminated surveillance and clinical data, paving the way for the field of MCH to take real action.

Despite ceased funding for the National Resource Center, CityMatCH continues to lead the fight for elimination. In 2017, CityMatCH received

of reproductive intention through improving community systems.

Well Women, Well Communities is a 2-year learning collaborative of four health departments and their multi-sector community partners. **The four teams selected for Cohort 1 include: Coconino County, Arizona, San Antonio, Texas, Waco, Texas, and Washtenaw County, Michigan.**

Through this project, teams will have the opportunity to foster authentic community engagement to maximize women's ability to be well and to seek health care in their communities. They will foster authentic community engagement through a unique component of this project—the creation and utilization of a Women's Community Advisory Board.

As teams move to implement a downstream and upstream initiative in their community, they must create a space for women's voices to be heard and respected. Along with playing a key role in choosing the initiatives to implement,

the Women's Community Advisory Board will also serve as guides to the implementation of the initiatives and ensure that the health department is implementing the initiatives with a women-centered focus. Women must be included in every step of the process and health departments must take their input and feedback into consideration as they move to improve community systems.

At the completion of Well Women, Well Communities in 2020, the goal is for communities to have made significant strides in improving the community systems women interact with on a daily basis. While one focus of this project is improving access and utilization of well-woman care (i.e. the well-woman visit), at CityMatCH we understand that in order to accomplish this objective teams must take a broader approach and work on improving the daily realities of women's lives. Through improving communities'

systems, many of the barriers to health care will be addressed and thus women's health and health outcomes will be improved. Women should be able to move through every level of their community and every level of health care and feel safe, respected, and heard.

Along with the Women First Reception and Well Women, Well Communities, CityMatCH is exploring ways to integrate a women-centered approach into its existing work, as well as seeking new opportunities to engage health departments around this topic.



funding through a cooperative agreement with the CDC to guide a national Stakeholder Group to Eliminate Perinatal HIV Transmission in addressing three key priorities:

- 1) Improving Surveillance Systems;
- 2) Improving and Integrating HIV and Mental Health/Substance Abuse Care; and
- 3) Providing Comprehensive Treatment and Prevention Services for HIV and Sexual/Reproductive Health.

All of these things are firmly aligned with our work at CityMatCH and require the skills and expertise of our MCH locals:

- Improving surveillance systems requires harnessing the power of small numbers, qualitative data, and data communication. We must also address racial healing and community trust as it relates to surveillance.
- Integrating and improving HIV and Mental Health/Substance Abuse Care will require a spirit of collaboration and creativity to address education, workforce and funding silos.

- Providing comprehensive services for sexual and reproductive health demands that we honor women as sexual beings, worthy of whole-person care, regardless of reproductive intention. And we must authentically include partners and fathers, specifically men of color, in creating comprehensive systems of care.

If effectively addressed, these priorities will help us achieve elimination of perinatal HIV transmission as a nation, and improve the lives and care of all women and families, regardless of HIV diagnosis. Our Life Course perspective, Local and State health department networks, and commitment to eliminating health disparities positions us to lead the way toward true elimination of perinatal HIV transmission.

It is a specific issue, but a winnable battle — and perhaps just the kind of momentum we need to improve the lives of all women, children, and families.

2018

CityMatCH Leadership and MCH Epidemiology Conference

The 2018 CityMatCH Leadership and MCH Epidemiology Conference was held in beautiful Portland, OR. More than 800 Maternal and Child Health (MCH) professionals came together to share cutting-edge research, data, methodologies, and ideas. From the main stage to the breakout rooms, the speakers and content were top notch. Outside of the sessions, conference-goers enjoyed many networking opportunities, including the ever-popular Friends of CityMatCH dinner and the Maternal and Child Health Epidemiology Awards Luncheon.



CityMatCH was pleased to partner with The Pregnancy Risk Assessment Monitoring Systems (PRAMS) National Meeting and the Tribal Epidemiology Epidemiology Staff Summit. Both of these events preceded Conference, and many participants also presented abstracts at Conference and attended Conference. We look forward to continuing these partnerships and to identifying ways to incorporate both into future Conferences.

CityLeaders

Diversity of Region and Agency in Cohort 12

CityMatCH launched cohort 12 of its CityLeaders Maternal and Child Health Leadership training program at the 2018 CityMatCH Leadership and MCH Epidemiology Conference. The 9-month-long leadership program features intensive training on the MCH Leadership Competencies A special 2019 edition of CityLights will do a deep dive into the training program and its impact on growing leadership in MCH. Welcome, cohort 12!

- Sarah Beard, Florida Health Department
- Ellie Brent, March of Dimes
- Tika Bynoe, NYC Dept. of Health and Mental Hygiene
- Jamie Comella, RI Dept. of Health
- Anna Corona, AMCHP
- Kristal Dail, DC Dept. of Health
- Leslie deRosset, NC Div. of Public Health
- Sally Dixon, St. Joseph Co. Health Dept.
- Jenny Dodson, Nat. Inst. for Repro. Health
- Portavia Featherstone, SC Dept. Health
- Alissa Fountain, Children's Hospital Minnesota
- Jenna Gaarde San Francisco Dept. of PH, Maternal, Child & ECT
- Janis Gonzales, NM Dept. of Health, Family Health Bureau
- Linga Murthy Kotagiri, SCDHEC
- Bianca Lawrence, Detroit Health Dept.
- April Lowther, City of Milwaukee Health Dept.
- J'Vonah Maryman, Tarrant County
- Anne McHugh, Boston Public Health Commission
- Quatia Osorio, Our Jour3i
- Marais Pletsch, Tri-County Health Dept.
- Whitney Remy, Hamilton County Public Health
- Monica Rogers, Tulsa Health Dept.
- Becky Rowland, City of Milwaukee Health Dept.
- Farahly Saint-Louis, NYC Dept. of Health and Mental Hygiene
- Ashley Seybold, Public Health, Dayton & Montgomery County
- Kristen Shealy, SC Dept. of Health and Environmental
- Kristin Simpson, SC Dept. of Health and Environmental
- Lara Sobek, City of Milwaukee Health Dept.
- Samantha St. Pierre, City of Milwaukee Health Dept.
- Shameka Thomas, University of Miami
- Chemyeeka Tumblin, Metro Public Health Dept.
- Ashley Wahby, Florida Dept. of Health
- Kristin Walker, Health Federation of Philadelphia
- Jocelyn Waters, County of San Diego, HHSA



Award Symbolic of Gerri's Warm Spirit



It was with great honor that CityMatCH was able to celebrate the life of Geraldine 'Gerri' Perry Williams, former CityMatCH board member and MCH director of Pasadena County Health Department, by awarding the first Gerri Perry Williams Innovation Award at the 2018 CityMatCH Leadership and MCH Epidemiology Conference.

Sherry Williams, director at Waco-McLennan County Public Health and Steven Perry, Gerri Perry Williams' son, presented the award to Aileen Alfonso Duldulao, MCH Epidemiologist at Multnomah County Health Department.

The award is representative of Gerri Perry Williams' unwavering commitment to health equity and social justice. The award is symbolic of her warm spirit, which is woven into the fabric of CityMatCH's core values.

2018 Ed Ehlinger Award

Recognizing efforts core to CityMatCH



CityMatCH awarded the Ed Ehlinger Award to two very deserving individuals, during the 2018 CityMatCH Leadership and MCH Epidemiology Conference, Sept. 14-16 in Portland, OR.

Kimberlee Wyche-Etheridge, MD, Assistant Director and Assistant Professor, Division of Public Health Practice at Meharry Medical College (MMC). Wyche-Etheridge provided an integral insight to CityMatCH as Board Chair (2008-2013), during her time as Director, Bureau Family Youth and Infant Health for Metro Public Health Department in Nashville, TN. She continues to inspire new waves of Maternal and Child Health leaders at and is a key link to CityMatCH's externship program with Meharry Medical College.

John Sparks, MD, chair of the Department of Pediatrics at the University of Nebraska Medical Center (UNMC) has been a CityMatCH board member for more than a decade, and has played a significant role in forging and guiding CityMatCH's strategic relationship at UNMC. In 2019, Sparks will step down from the CityMatCH board and retire as the chair of UNMC's Department of Pediatrics. His vision, leadership, and support have been of utmost value to CityMatCH, and will continue to have an impact for decades to come.

CityMatCH's Ed Ehlinger Award is named after CityMatCH's inaugural board chair (1991-1992), and is the most distinguished honor awarded by the organization to leaders and role models in the field of Maternal and Child Health. The award is not given annually, but rather is awarded as the organization deems necessary.

The triangle represents the data-use triangle and serves as the foundation for the award demonstrating that individual data and community data are foundational to MCH. The heart symbolizes passion, compassion and dedication to women, children, and families, displayed by the recipient. The heart can be seen whether you are looking at the award from in front or from behind. This is symbolic of the behind the scenes support that the recipients give to staff and colleagues.

Collective Impact

Authentically Engaging Partners and Elevating Community Voice

By Kara Foster, MPH, CityMatCH, Education and Training Manager

Over the last three years, a total of 30 teams have participated in CityMatCH's Collective Impact Learning Collaborative. Teams have hailed from both small and large cities, spanning many regions of the country. Eight teams from the first cohort are wrapping up their 3rd year in the project, and many of them are starting to see some valuable, quantitative outcomes! The teams from the second and third cohort have made major strides, as well. We are working on an impact report that will include data and case studies, that will be available by the end of 2019.

The CILC project is part of CityMatCH's cooperative agreement with the Maternal Child Health Bureau. Aims of the project include: engaging non-health sector partners to work in partnership with local health departments; utilizing a Collective Impact approach to address Title V MCH priority areas, and aligning local and state health departments. The Collective Impact model challenges teams to approach their work in a shared decision-making process, as opposed to the traditional top-down public health approach. Many teams have uncovered new and effective approaches to improving MCH outcomes by truly partnering with non-health sectors and by giving community members a valuable seat at the table.

We know that it takes time to see the results of the seeds these teams have sown by authentically engaging with partners and elevating the community voice. In addition to the challenges of taking a Collective Impact approach, teams have encountered countless barriers, including but not limited to: staff turnover, changes in funding, limited resources, and working within a fluctuating political climate. It has been an honor to support these teams throughout the project, and we look forward to learning about more exciting outcomes as time goes on!

Local Data Use Research

CityMatCH Receives PPOR and SIDS Research Grants

By Carol Gilbert, MS, CityMatCH, Sr. Health Data Analyst

Perinatal Periods of Risk Approach (PPOR) Research Grant

This year, CityMatCH teamed up with Saint Louis University and received research funding from the Maternal and Child Health Bureau (R40MC317610100) to do some PPOR work. PPOR is a widely-used approach for assessing and addressing high infant mortality rates at the local level, using vital records data (births, infant deaths, and fetal deaths). We hypothesize that data quality has improved since PPOR was created, including better reporting of births and deaths of very small infants. Improvement is likely because vital records are now fully electronic, because use of local data is increasing (e.g. PPOR, COIIN, Healthy Start), and because survival of very preterm infants has improved.

Our project will test this hypothesis and update the recommended PPOR analytic approaches accordingly. First, we are analyzing national data to determine whether local jurisdictions can include more of the tiniest babies in their PPOR analyses without producing biased results. Next, we are investigating the quality of maternal age, education, race and ethnicity data to determine on what basis new national reference groups can be created, and then create some. Using a new national reference group, we will perform the initial PPOR analysis steps for the nation's large counties, describing both typical and unusual PPOR findings. Finally, we will model how these findings vary with county-level measures of social determinants of health, such as income inequality. We look forward to sharing more about the work. To learn about PPOR and the approach visit: www.citymatch.org/perinatal-periods-of-risk-ppor/.

SIDS Prevention Research Grant

CityMatCH received research funding in 2017 from the Nebraska SIDS Foundation to do a small experiment regarding creation and use of sub-state estimates of SIDS risk factors from the Pregnancy Risk Assessment Monitoring Survey (PRAMS). We used an empirical Bayes method to create estimates for local health districts based on both responses of mothers residing in their district, and responses of mothers residing in districts with similar rurality, stratifying by maternal education. We were able to present evaluations of this and another method for creating local estimates, at the PRAMS national meeting in September. We have provided these estimates to fourteen local districts, and are in the process of assessing both their activities in response to the data and their opinions of state vs local data. This small grant has provided customized information to health departments and given CityMatCH the opportunity to develop measures of health department activity in terms of strength and reach. This type of measure was inspired by the work of our colleagues at the Center for Community Health and Development, evaluators for our Equity Institute, and the Healthy Communities Study <https://onlinelibrary.wiley.com/doi/full/10.1111/ijpo.12426> and we hope to use it for future projects.

2019 CityMatCH Maternal and Child
Health Leadership Conference

make waves

intentional disruption to advance health equity

PROVIDENCE, RI | SEPT 23-25 2019

Join CityMatCH, as we make our way to Providence, RI—the Ocean State—for our 2019 Conference Sept. 23-25, 2019. This year features a unique twist, as we partner with Rhode Island's Health Equity Summit. Learn how communities across Rhode Island and nationwide are prioritizing health equity to build healthier, resilient, and more just communities.

For communities to realize health equity, Maternal and Child Health must MAKE WAVES by:

- Purposefully bringing the equity and justice lens to the forefront of every conversation.
- Persistently leveraging community voice and science and data to uncover issues of injustice and equip us in our pursuit of health equity.
- Unwaveringly pursuing leadership strategies and practices that combine the power of local communities with a national MCH network to advance equity and justice.

CityMatCH staff and board members put a great deal of effort into making sure our conference provides important and timely content and applicable takeaways for attendees. We strive to secure relevant speakers for the main stage, and we carefully pair abstract sessions to encourage dialogue. If you would like to share the exciting work your agency is doing in the field of MCH for our next conference, please submit an abstract by March 1, 2019!

Photos are courtesy of the Rhode Island Department of Health and reflective of the Health Equity Zone Initiative that aims to eliminate health disparities using place-based strategies to promote healthy communities. Learn more about Rhode Island's and efforts to MAKE WAVE to advance Health Equity at http://www.health.ri.gov/programs/detail.php?pgm_id=1108.

SAVE THE DATES

Abstract/Workshop Submissions

December 17, 2018 - March 1, 2019

Registration

Early March 2019

Preconference

September 21 - 22, 2019

Conference

September 23 - 25, 2019



Developing a Diverse, Inclusive, and Strong MCH Workforce

By Jessica Chavez Thompson, MPH, CityMatCH Sr. Project Coordinator; Jessica Ehule, MPH, CityMatCH Sr. Project Coordinator

Partnerships that promote the engagement of future healthcare professionals are essential to the development of our workforce. For the past six years, CityMatCH has had a formal partnership with Meharry Medical College. Each year, one student has the opportunity to participate in a summer externship experience in Omaha, Nebraska. While in Omaha, students can engage with the larger University of Nebraska Medical Center network that houses CityMatCH. This includes opportunities with the College of Public Health and other student researchers participating in summer internships. This 10-week summer experience gives students the opportunity to learn about CityMatCH projects and further develop knowledge and skills in Maternal and Child Health.

Meharry students come highly equipped with an understanding of what it means to truly care for communities. This is inherent in Meharry's culture as their motto is "Worship of God Through Service to Mankind." Past Meharry externs have come with a variety of passions and future goals. Meardith Pooler-Burgess is advancing her public health education as a DrPH candidate at Florida A&M University. Chelsei

Granderson is employed as a Community Health Coordinator at Vanderbilt University. Jillian Duke continues to serve at her alma mater as a Program Coordinator. Other externs continue to follow their passions in areas such as healthcare administration, medicine, midwifery, social justice, and systems approaches to solving our greatest health concerns.

Agencies wishing to embark upon similar internship models should note that it is not just about employing highly qualified students. These mutually-beneficial partnerships can, and should, evolve to a more necessary component of workforce development: a leadership pipeline. Representation matters and our relationship with Meharry has generated a way for people of color to authentically know CityMatCH as not only an externship location, but also a viable employer and capacity building organization for Urban MCH Leaders.

Our very own Jessica Ehule, a 2013 Meharry graduate, is now a Senior Project Coordinator, wielding the knowledge and skills of her exemplary Historically Black College/University (HBCU) education, and bringing much needed

diversity of lived experience to the CityMatCH family. In addition to her public health project coordination duties, Ms. Ehule has led the development of the Racial Healing Revival as well as a process for improving workplace culture at CityMatCH.

CityMatCH secured funding in 2017 for former Meharry externs to attend the annual CityMatCH conference. Our 2018 conference proved an even bigger year for Meharry presence as three students and alumni joined us to present posters, network, attend sessions, and register incoming participants. One could spot other alumni throughout the conference, including a member of the most recent CityLeaders cohort.

This is only the beginning of a journey toward a more equitable future that includes a diverse, inclusive, and strong MCH workforce. The CityMatCH-Meharry relationship teaches us that transformation starts with authentic partnership and critical reflection. We hope that CityMatCH will be one of many agencies in the future that leverages the invaluable power of HBCUs and other institutions invested in the advancement of students of color.

CityMatCH Learning Network

Save the Dates

January 16, 2019 | 11 a.m. CST (Recording available)

Getting our House in Order: Addressing Internal Racial Equity

Featuring CityMatCH board members Sherry Williams and Ana Novais, as well as CityMatCH's very own Jessica Ehule.

March 20, 2019 | 12 p.m. CST

Understanding Policy and Impacts

Tanya Cook, former State Senator Nebraska Unicameral Legislature

Register and learn more at www.citymatch.org.

CityMatCH wrapped up year two of its learning network webinar series, and is set to launch year three in January 2019. The series aims to provide training and technical assistance on emerging MCH issues that are identified throughout the year by our membership.

The following 2018 webinars are archived on the CityMatCH YouTube Channel, which can be accessed through the CityMatCH website:

- Changing the Public Conversation on Health
- Using Strategic Frame Analysis to Communicate about Infant Mortality
- Pregnancy and Parenting Among Incarcerated Women
- Emerging Leaders in Public Health: Transformative Change through Health Equity at the Local Level
- Looking at PH Campaigns through a Reproductive Justice Lens
- Perinatal Periods of Risk Methodology - High-level Overview

Lessons from Zika:

Bringing Local MCH and Equity Perspectives to the Table

By Lynne Le, MPH, CityMatCH Health Data Analyst

Throughout 2016 and 2017, CityMatCH was pleased to partner with the Centers for Disease Control and Prevention Zika response and to provide a local Maternal and Child Health (MCH) perspective, with emphasis on equity, in 2016. As with previous high-level emergency response, MCH played a large role. As we prepare for the next emergency, I often wonder where else does MCH as a field, fit into the structure and protocol of Emergency Preparedness and how can we support each other's work?

As we know, the Zika virus can lead to birth defects that effect infants physically and mentally and result in a lifetime of special needs. But this emergency response forced conversations about more than birth defects; folded into the mixture was lab testing during pregnancies, contraception, sexual transmission, men's engagement, women's health, equity, special healthcare needs, and community engagement. These are all topics of conversation in general MCH practice and we, as a field, were well-poised to help the response. We are currently seeing the need for MCH once again when it comes to the opioid epidemic and Neonatal Abstinence Syndrome.

In addition to emergencies that are specific to infants, other emergency situations involve MCH populations as well. Pregnant women, children, and infants can require a different response than the general population or extra measures must be taken to ensure their needs are met, especially if any events involve populations that are generally underserved. For example, in a hurricane, everyone in the community is affected but consideration for MCH is crucial because of factors such as spontaneous preterm labor, dangerous exposures for pregnant women, having access to clean water for formula, or safe sleeping conditions for infants. Emergency Preparedness professionals do not need to be experts on preterm labor nor do MCH professionals need to be experts on handling chemical exposures, but by joining forces during emergencies, we can represent our respective areas of expertise to ensure a more holistic response effort.

January is Birth Defects Prevention Month: The theme: "Best for You. Best for Baby. 5 Tips for Preventing Birth Defects." A toolkit is now available on the National Birth Defects Prevention Network website: www.npdbn.org. Additionally, CDC's National Center on Birth Defects and Developmental Disabilities will be releasing three publications throughout January 2019 highlighting the impact of the opioid crisis on infants.

APHA: 2018 Martha May Eliot Award

CityMatCH Founder Receives Lifetime of Service Award



Magda Peck, ScD, CityMatCH founder and current board member, received the Martha May Eliot Award for lifetime of service to improving child and maternal health. She was presented with the award Nov. 13, 2018 during the American Public Health Association's Annual Meeting and Expo in San Diego, CA.

"We are tremendously proud of Magda and thankful for her commitment to strengthening public health leaders and organizations to promote equity and improve the health of urban women, families, and communities," said Chad Abresch, PhD, Executive Director, CityMatCH. "She continues to make an impact in the field of maternal and child health bringing forth tremendous energy for strategic innovation, leadership, and storytelling for health and justice."

The Martha May Eliot Award honors extraordinary health services to mothers and children; to bring such achievement to the eyes of related professional people and the public; to stimulate young people in the field to emulate efforts resulting in such recognition; and to add within the profession and in the eyes of the public to the stature of professional workers in the field of maternal and child health.

The Martha May Eliot Award has been given since 1964 by the American Public Health Association to commemorate the late Dr. Martha May Eliot. Dr. Eliot served as Chief of Children's Bureau, Department of Health, Education and Welfare (now Department of Health and Human Services) before her retirement in 1956. Dr. Eliot was a moving force in APHA's Section on Maternal and Child Health and served as APHA President in 1958.



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SAVE THE DATES

Abstract/Workshop Submissions

December 17, 2018 - March 1, 2019

Registration

Early March 2019

Preconference

September 21 - 22, 2019

Conference

September 23 - 25, 2019

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