

## **MCHB/EPI Atlanta GA Conference**

December 10 - 14, 2005

### **Awards**

JUAN ACUNA: Well, hello, everyone. And welcome to the MCH Epi Awards Luncheon and Ceremony. We have a very special ceremony today; you will see why. I just wanted to welcome you on behalf on the Maternal and Child Health Program at CDC, HIRSA, MCHB, our main partner for the conference, and all of the other institutions that make part of the conference and the 16 institutions that make part of the MCH Epi Coalition for Excellence in MCH Epidemiology.

As you know, the awards in MCH Epi have been in place since year 2000 so this is our seventh year and this year, as all the others, we were blessed with a very, very good candidates nominated for these awards so we have great awardees that are going to be part of the ceremony.

The latest of the 16 institutions that make part of the Coalition for Excellence in MCH Epidemiology is NIH and we welcome NIH within our Coalition.

We're going to get started with the awards ceremony and we will have three awards given right before lunch now and four awards given after lunch and the MCH Epi Coalition Awards are going to be followed by the Conference Awards after lunch. So thank you very much for being here. Thank you to all the

institutions that form the Coalition. I love you for making it to the conference and making this a great conference once more. Thank you much.

STEPHANIE BAILEY: Good afternoon, ladies and gentlemen. My name is Stephanie Bailey. I am the Chief for Public Health Practice at the Centers for Disease Control in the Office of the Director. It warms my heart and tickles my innards to present this award to my friend Dr. Kimberly Weiss Etheridge. Dr. Kim, as she is affectionately known to her staff has such skills that the entire staff enthusiastically owns their business embracing innovation, using data, and achieving results. She is a meta leader. She is never without an idea nor energy for making a difference, whether it's in managing staff for grant opportunities, in engaging unusual partners for making a compelling case for the use of best practices, or through teaching and/or mentoring, whether one person at a time or a population. At one time Kim had seven master's students in her small little office mentoring at the same time. It has been a joy to know her and a joy to give her this gift, give it to this young woman whose gift is giving.

This is for Effective Practice 2007 National MCH Epidemiological Award, improving the health of women, children, and families at the community level through the effective practice of epidemiology. Ladies and gentlemen, Dr. Kimberlee Wyche-Etheridge.

KIMBERLEE WYCHE-ETHERIDGE: This is really a treat and an honor to receive this award. I would like to thank several people. One, of course, is Dr. Bailey, who, as my Director of Health in Nashville gave me the opportunity to actually use my epidemiology and my skills to move MCH forward in the city of Nashville. And I definitely wouldn't be doing the things I'm doing now without her support and her leadership. And also to CityMatCH who gave me the skills of epidemiology through the PPOR process that we have used to really run our maternal and child health and actually has filtered across the state. So with those people in mind, they have really shaped the practice of epidemiology as we do it in Nashville and as in Tennessee. And I thank you all for this honor. Thank you.

SALLY FOGERTY: I'm not sure if it's still morning or afternoon so I'll good morning and good afternoon. My name is Sally Fogerty and I'm from the Department of Public Health in Massachusetts. And I am absolutely delighted and honored to be able to present this award for the effective practice at the state level to Wanda Barfield. Wanda came to us in 2003. We fought hard to get her. She wanted to come to Massachusetts and we worked with multiple partners in order to look at how we could all work together to utilize her skills. While she was in Massachusetts we were able to pass revised perinatal licensure regulations which really solidified the regionalization system which had been in place since the 1970s. We were able to do that because of Wanda and because of her skills in being able to facilitate, many times to mediate, and to bring to consensus those individuals who were very diverse in their opinions about what we should

have in these regulations. She also has skills around mentoring. I think it was over 15 people she mentored. She worked with five of our cities and towns around health disparities. She was wonderful in Massachusetts. We then had to give her back to CDC. But with that I know she's had the opportunity to work with other states and this award is so well deserved. Congratulations.

WANDA D. BARFIELD: Thank you very much, Sally. And I also want to thank the committee for nominating me for this award. And I just wanted to say--aww. So sweet. My son would've wanted to be here to console him. But speaking of which, I think it's just important for me to say that I could not have this success without the wonderful people who have really helped to assist me in getting this work done. First of all, my family, my parents, my spouse Joseph who couldn't be here, as well as my son. And also the family within the state and those folks who are sitting here at the table here, because, really, it's through all of their work that we were able to be successful in terms of getting things done. And also the family within CDC as well. So thank you very much.

Carolyn Slack: Well, good afternoon. I'm Carolyn Slack, the Director of Maternal and Child Health at Columbus Public Health Department and current President of the CityMatCH Board of Directors. I am so pleased to be here to present this award for effective practice at the national level to Dr. Carrie Shapiro-Mendoza. Her work in leading the development and implementation of CDC's Sudden Unexpected Infant Death Initiative really resonates with me. We have had a child

death review process in Columbus since 1988 and all the issues that she has worked on and given us guidance on have really resonated truly within me. The whole idea of distinguishing between SIDS and sudden unexpected infant death issues around the home scene investigation. Her work, in fact, embodies the theme of this conference: making methods and practice matter for women, children, and families. As a result of her work we understand better SIDS and sudden unexpected infant deaths. We understand why and how infants die and we have a much better understanding of the risks associated with those deaths and therefore we can avoid future deaths. That matters. Please, join me in recognizing Dr. Carrie Shapiro-Mendoza for her effective work and practice at the national level.

Carrie Shapiro-Mendoza: Thank you guys so much. I truly feel honored and so privileged and fortunate to be doing such important work and making a real contribution to improve maternal and child health. My work is, indeed, my passion and I love coming to work every day and collaborating with such outstanding colleagues and partners. But please do not think that the success of the SUID Initiative was all accomplished by me alone. I would be remiss if I did not recognize my special colleagues who, in our combined efforts, led the SUID initiative towards such success. First, Kay Tomashek, my mentor, my friend. Kay had the vision and the drive to make this work. It wasn't good enough that we identified an important problem, namely, a lack of standards for death-scene investigation and inconsistency in reporting and classifying SUID deaths; she

wanted to fix this problem. She thought big, outside the box, and kept moving forward, regardless of any obstacles that were in our way. And Terry Davis also provided important leadership. Terry's outgoing personality and tireless efforts to promote the dissemination of the SUID training materials among our various and numerous collaborators and partners was and remains remarkable, and complemented both Kay and my efforts. Terry's experience in law enforcement as a death-scene investigator and child advocate in Alabama made her one of the guys and very credible and very likeable. Plus, she did some type of magic to get this thing promoted and taught to about 10,000 people so far. Also please let me thank the others who have made such important contributions to the SUID project, either through administrative leadership, scientific or technical support, John Linher, Harriet Chat, Renee Brown Bryant, Lee Blackowitz, Carol Bruce, Sarah Blanding, Melissa Kimble, Jennifer Wingo, Steve Basic, Chrisanne Heiser, Bill Callahan, Sam Posner, and the rest of MIHB and DHR. And, finally, my newest colleagues, Starlicia Williams and Lena Campalingo who I hope will be able to share in my enthusiasm for the continued success of this project. SIDS deaths are those deaths with an unknown cause and if we can better understand the circumstances leading to these deaths then we can develop effective prevention strategies. And then we can make a difference and save infant lives. Thank you.

UNKNOWN SPEAKER: Enjoy your lunch.

UNKNOWN SPEAKER: I hope you enjoyed your lunch. I'm here to talk about the next award. Now, the next award is the Advancing Knowledge Award, its purpose, unique among the awards, is to really focus on the scientific contributions of an individual. It's intended to recognize the depth and breadth of someone's scientific work. Through their work we recognize an individual who's made the world a better place for mothers and infants. Greg Alexander was the second winner of this award in 2001. Now, one day, I was talking to Greg about a paper and he said, "You know, I've been getting up in the middle of the night and thinking about the measurement of gestational age." When he told me that, I had two thoughts. Number one, when I get up in the middle of the night, it's not to think about gestational age. Number two, I thought, "There are six billion people on this earth. I'm now standing probably in front of the only person in the world who thinks about gestational age measurement in the middle of the night." But it's because of that dedication that he made such terrific contributions.

In baseball there is an expression that someone's a five tool player. It means they can field, throw, hit, hit for average, hit for power, and field. In a way, Greg was a five tool player when it came to research. He had almost 170 publications in scientific journals. And it wasn't just the quantity; it was the quality. He made remarkable contributions in prenatal care utilization, in racial disparities and access to care, birth outcomes, fetal growth curves. His work in fetal growth curves is still used. Not only that, he coordinated the research of others. He was the second editor of the Maternal and Child Health Journal. He organized

conferences on pre-term birth. He trained others to do research as well, both as a professor, he trained a number of students, many of whom are in the room today. He also trained a number of state and local MCH epidemiologists. Again, you may have taken one of his courses.

So it's because of all of these contributions I'm honored to announce that the Advancing Knowledge Award from hence forth will be known as the Greg Alexander Award for Advancing Knowledge.

I'd now like to introduce his wife, Dr. Donna Peterson, to present this year's awardee.

DONNA PETERSON: Thank you, Michael, and thank you so much for that honor. That would've meant a lot to Greg. He did care about this aspect of his life and the work that we all do and he would be very, very pleased. He would also be very pleased to learn who this year's recipient is and I'm delighted to announce that the winner of the first Greg Alexander Award for Advancing Knowledge is Dr. Michael Kramer.

Dr. Kramer is James McGill Professor in Departments of Epidemiology and Vital Statistics and the Department of Pediatrics at McGill University in Montreal, Canada. He is a former distinguished investigator of the Canadian Institutes of Health Research and presently serves as scientific director of that institute's

Institute of Human Development and Child and Youth Health. Dr. Kramer's contributions to the advancement of knowledge and maternal and child health epidemiology are numerous and they have had great impact on our field. His greatest contributions are in advancing our understanding of the determinance of fetal growth and duration of pregnancy and the child health impacts of breastfeeding.

Dr. Kramer's sustained interest in breastfeeding has included both methodological and applied research. His 1981 study of breastfeeding and its links to eczema spelled out the methodological standards in this area. He then went on to design a randomized trial to demonstrate the provision of free samples of infant formula to new mothers actually hastened weaning and the introduction of solid foods. He followed that with a trial of advice to avoid pacifier use to show that such use was a result, not a cause, of difficulties in feeding. Finally, in an elegant design, he randomized hospitals in the Belarus area to become baby friendly immediately or in two years. Results of this trial have confirmed some observational results, failed to confirm others, and contradicted yet others. Continued follow-up will assess the long-term child health impact of breastfeeding.

Dr. Kramer's work on duration of pregnancy and fetal growth has also set the methodological standard. Indeed, his 1987 review of the topic is still widely cited and is used in many instances of program planning. He has done landmark work

on the accuracy of menstrual dating, the difference between proportionate and disproportionate fetal growth restriction, the accuracy of birth and fetal death registration, the importance to infant mortality of so-called late pre-term birth, and the reason for the recent alarming increase in pre-term delivery.

These accomplishments only begin to highlight Dr. Kramer's numerous contributions. Dr. Kramer is the author of over 250 publications in prestigious peer review journals. He is the author or co-author of 20 books and monographs, including a widely read textbook of clinical epidemiology and vital statistics. He's also the author of 11 book chapters. He has served on numerous committees, including several for the U.S. national academies and the World Health Organization. He is the recipient of numerous awards, including research awards from both the Ambulatory Pediatric Association and the Canadian Pediatric Society. Dr. Kramer has truly advanced the knowledge of our field and improved the health of women and infants worldwide. Greg, as I said, would have been very, very pleased to know that Dr. Kramer was the first recipient of an award in his name. And on his behalf and with my great gratitude I present this year's award to Dr. Michael Kramer.

MICHAEL KRAMER: Thank you. I'm really touched and honored to receive this award, particularly because of its being named after Greg. Although I collaborated on one occasion with Michael Cogan, I never collaborated with Greg and my contacts with him, other by email and telephone, were limited to two

conferences, including one of the ones that he organized for NICHD on pre-term birth and another one that we invited him to in Ottawa. But for those of you who knew Greg, and I assume a lot of people in the room did, he was humble, he was thoughtful, and he was creative. I didn't know that he woke up in the middle of the night to think about gestational age. But he had the ability to use conventionally collected and national data sets like the NCHS link file, but unlike many other people in our field who basically just grind out the data and do what I would call cookie-cutter research, he managed to use a common resource like that to really do some creative thoughtful things with. And I think his contributions that Michael has mentioned are really outstanding.

I want to make the point that Greg--and it's a point that Michael made--that Greg didn't just build a career. He made many, many important contributions. And I want to just spend a minute talking about the difference between making a career and making a contribution, particularly aimed at some of the younger epidemiologic researchers in the group. Building a career or making a career in academics, and I assume the same is true in government, is not all that hard to do. Making a contribution to the field is a lot harder.

How can you make a contribution? How can you move beyond making a successful career to making an important contribution? I would say there are three issues. The first is asking a question that matters. And what I mean by that is what decisions will be affected by the answer to the question that you ask. And

if that decision is going to change somebody's individual health behavior, whether they smoke during pregnancy or what they eat during pregnancy, for example, if it's going to change clinical practice, if it's going to change public health policy, if it's going to change the organization of healthcare services or at the very least change what future researchers are going to do, then it's probably a question that's worth answering.

A second point is starting small but thinking big. When you're beginning your research career you can't get involved in the major projects that are going to, you know, really move the field forward. But if you don't think about those things and try to aspire to those things and never proceed beyond the little small projects and small publications, you're not going to get there.

And the last one is to have fun. If you don't enjoy it, think about doing something else. I knew Greg well enough to know that he loved what he did. I do too. And the best thing I can wish for those of you who are just starting out in this field is to enjoy it as much as Greg and I have. Thank you.

MILTON KOTELCHUCK: Hi. I'm Milton Kotelchuck and I'm honored to be making the second presentation for Excellence in Teaching Award for the MCH Epi world. And it's my honor to present this award to Russ Kirby, and I think many of you know Russ really well. He's a phenomenal teacher and I was really honored to be able to make this presentation. But how could you make a presentation

about Russ without having your top ten list for Russ Kirby? Okay. So I'll start with the most obvious ones. Russ is a great teacher. He's been a fabulous teacher and mentor at UAB and at millions of meetings here, at Ad Match, everywhere in the world. He is really truly deserving of this award and has done just what our previous speaker talked about, helping people grow and develop as a career.

Number two, he's a dedicated epidemiologist and renown birth defects researcher. He's published 140 papers.

Third, you can read some of this in his blurb in our book, he's a national MCH leader in fields like National Birth Defects Prevention Network, the Perinatal Data Center at March of Dimes Perinatal Data Center, Ad Match, at the planning committee here; he's an outstanding leader in our fields.

But let's get down to some of the more serious things about him now. Number four: what you don't know is he is a superb harmonica player. Okay. He plays in a band, a bluegrass band called Amniotic Band. Okay.

Number five, he has a wicked sense of humor, an impish mind, and is always making these forward-thinking proposals, some of which you may not want to hear. But he makes them, which might get to number six.

He has a very mobile career. He's been in a lot of different places. He thinks it's because he was geographically trained but I'm not sure whether some of his suggestions didn't go a little too far for some people.

Fortunately, because he's had to move around, number seven is really helped by the fact that he's a Unitarian and a practicing Unitarian and for that reason gets along with just about everybody.

Which, considering the fact that he has a congenital defect that he doesn't talk a lot about, which also brought him into the field that he's in, he has an inability to say no.

And as a Unitarian, not saying no is a serious thing, which might result in number nine, which is that he goes to even more conferences than I do.

And finally, number ten, he is the top ten top ten maker at MCH Epidemiology and his a unique teaching style of using top tens is one of the reasons we're giving him this award today. Congratulations.

RUSS KIRBY: Well, I'm not sure what I should say to follow-up that. Well, firstly, I did want to make a formal announcement that anybody who wants to hear bluegrass music tonight can do so if you'll just be in the lobby around 7:15 and we'll organize a caravan to go and go to the Red Light Café and listen to

bluegrass. And I'm told that one of my other Amniotic Band members is actually going to also be there, you know, a colleague from CDC.

But I actually, you know, last year you guys surprised me with a top ten list and anybody who's been to my office since then will know that I took that and had it framed and it's hanging right outside the door of my office. But I thought we needed a top ten list for today. And I actually started making this list during the award ceremony last year. And it is a list that we really needed. It's the Ten Things About Maternal and Child Health that You Always Wanted to Know But Were Afraid to Ask. And I know there's many of you in the audience who've had a number of things that you really wanted to know about maternal and child health.

Now, this was a very difficult list, you know, to get down to only ten things because there's so many things in our field that we do want to know. So just a few examples of things that didn't make the list. Okay. You know, for example, what is the best way to code half marathon or 5K into your race ethnicity categories? And, likewise, you know, why are so many statewide and national meetings and conferences held over weekends? I'm sure you always wondered about that. My wife wonders a great deal about that. And then one of my favorites--I was really disappointed this didn't make the list because I think it should've, but it didn't--and that is, and it might be because I'm living in Alabama

and people are too sensitive to these kinds of things, but, you know, is incest a measure of relative risk? And, unfortunately, that didn't make the list either.

So, without further ado, here are the ten things about MCH you always wanted to know but were afraid to ask. First of all, number ten, what training is required to become a provider of preconceptional care? What training do you need for that? And then another question that puzzled me when I was on the awards committee for several years, why aren't there more young professionals in MCH under the age of 40? Why is that? I think we need to figure that out. And then number eight: how can I solve my small numbers problem? We always have this problem. And I've got an answer to this question. It's very simple: use a larger font. And then number seven: do editors--I do work with autism and developmental disability (inaudible) so do editors and autism journals have a narrow interest? I think they might. And then because we are doing some qualitative work in our field, number six, do locksmiths make the best key informants? I've wondered about that. And then this is something that endemic to public health but maternal and child health as well: so what do you call an MCH professional who loves acronyms? And the answer, of course, an acronymphomaniac. And number four, and a lot of us kind of wonder about this, I think I'm going to have this problem as I get older as well, but is hearing loss the new "silent epidemic"? And then number three--this actually came up in an earlier session as well--why do so many birth certificates indicate that women live in post office boxes? And I've wondered about that for a long time. And then this one, people think that number two actually relates to me,

but I have wondered about it. And that is: do males enter the field of maternal and child health primarily because it's a good place to meet women? And I've wondered about that. But then the number one thing that you always wanted to know about MCH but were afraid to ask is the ultimate question: how many MCH epidemiologists does it take to change a light bulb? And I've got an answer to that. I've worked up that it actually takes nine, which is why most MCH epidemiologists don't have any lights in their office. And here's the list of the people you need to have. Firstly, you need one person to conduct a multivariable analysis to determine whether the light bulb needs replacing. And then you need one to conduct an economic analysis of the cost benefit, effectiveness, and utility of changing the light bulb, and that needs to be based on the assumption that all other things being equal, it needs to be replaced. And then you need another one to present the results of the previous analyses to a statewide, culturally diverse, regionally representative, multidisciplinary advisory group. Then it's going to take two epidemiologists plus a clerical assistant to complete the paperwork and format the results for publication on the worldwide web. Then we need another who's going to take the MCH epidemiologist actually assigned to that cubicle to the ophthalmologist prior to completing a workman's compensation form, then we need one who's going to do the quality assurance and actually inspect and test the light bulb to make sure it's actually going to work if it is installed. And then we need one to actually install the new light bulb. And then finally we need one to conduct a formal program evaluation, including process, outcome, and impact. And so, really, it takes nine. But, you know, I sent a question to Greg in January

about this particular topic to see what he thought of this answer and he immediately emailed me back. He must've, you know, just been on his computer and he emailed me back immediately. And here's what he said. He said the question can't be answered because nobody knows what an MCH epidemiologist really is. So those are the ten things about maternal and child health that you always wanted to know but were afraid to ask.

And I'm very honored to receive this award and as I told other people, I'm not going to stop just because I got an award. I will continue to be active and continue to help to move our field forward.

CHRIS GALAVOTTI: That's a very hard act to follow. I am Chris Galavotti. I'm with the Division of Reproductive Health here at CDC and I am delighted to be the one to present the Young Professional Achievement Award. And I'm happy to tell Russ that our young professional is indeed under 40, well under 40. I'm presenting this award today to Dr. Charlan nee Kroelinger. She is currently an MCH Epi assignee assigned to the state of Delaware and joined the MCH Epidemiology program in August of 2005. And she has truly earned the right to enter the ranks of the high achieving young professionals. She really rose to the challenge of facing the state's rising infant mortality rates when she went to Delaware. She's organized state health department members to work in collaboration with obstetricians, neonatologists, and other medical providers to create a focused agenda for improving pregnancy outcomes through improved

surveillance, access to care during pregnancy, as well as the preconception period. She established a registry for improved birth outcomes constructed of women who resided in Delaware and had a premature delivery, low birth weight infant, or infant death, and this registry provided baseline data for statewide intervention programs and a statewide education campaign aimed at targeting behaviors and beliefs.

She was also instrumental--and she's only been there for two years--she was instrumental in helping the state successfully compete for a PRAMS cooperative agreement which went into the field this August. She's also worked with other Division of Public Health program directors to implement an evidenced-based supplemental prenatal and preconception care program throughout Delaware, which is a very interesting program, if you have a chance to talk with her about that.

I know that she's tremendously valued by her state. I was having lunch with her family and her state supervisor who confessed to me, her state supervisor, that they value her so much in Delaware and she has just created an environment in which MCH Epi could really flourish, an environment that really didn't exist in Delaware before Charlan arrived. And he confessed to me that his greatest fear is losing her after some, you know, period of an assignment when she would go to another state. But he was happy that she recently announced her engagement to her fiancé, who's also here today, and he lives in Delaware, so the state is

very happy that they expect to have Charlan for a little while longer. So congratulations to you. You've been a tremendous asset to the state as well as to the MCH Epi program.

CHARLAN KROELINGER: Thank you. Thank you, Chris. That was wonderful. I just want to say that I would not be here today if it were not for the support of my wonderful family and for my wonderful staff. I don't do all this myself. I have a team, a staff of people that I work with, that enable me to implement these programs. And of course my mentors. And I'd like to thank my mentors just in turn, quickly. I'd like to thank Bill Sappenfield for giving me the opportunity to work for CDC right after my post-doctoral fellowship was complete. And especially my two main mentors right now, Dr. Paul Silverman, who is at the Division of Public Health in Delaware; and Dr. Juan Acuna, who is my supervisor at CDC. I would not have begun to understand the complexities of maneuvering in the state and federal environment without their help. I am humbled and most appreciative of this award and will use it as motivation to continue promoting maternal and child health epidemiology in Delaware. Thank you.

ED TREVATHAN: Good afternoon. I'm Ed Trevathan, Director of the National Center on Birth Defects and Developmental Disabilities at CDC here in Atlanta. It really is very humbling and/or a great pleasure to introduce and to announce that Dr. Irve Emanuel is the recipient of the award for Lifetime Achievement. And, in fact, it could take a lifetime to read all of his accomplishments. And just to

summarize, I think first of all, the last sentence in your program, I think, describes so well many of his accomplishments and his activities. Irve was an MCH epidemiologist before the term was invented. I think that describes much of his work in research and in training because he truly, as a researcher, was ahead of the curve and ahead of his time. And I think in many ways his early work is still ahead of our time. Since arriving at University of Washington in 1961, he has had a long, important, and significant career that's impacted many of our work today. Early on, his work in congenital cytomegalovirus virus was pivotal. He did early work in Edmondson measles vaccination, very vulnerable populations. His very meticulous studies of congenital malformations including neural tube defects really brought to focus the big picture environmental issues, including socioeconomic factors that we're still unteasing today and looking at more seriously using newer techniques, and certainly wouldn't be doing that without Dr. Emanuel's previous work.

As the Director of the Child Development and Mental Retardation Center in the University of Washington, he mentored and directed teams that made really landmark contributions to not only maternal and child health, but also clinical pediatrics and broader areas of public health and child development. For example, the whole concept of infant imitation really impacted not only the fields that we all are here thinking about today, but my own field of pediatric neurology and thinking of brain development in children.

And, of course, the identification of Fetal Alcohol Syndrome occurred within his center and is now one of the opportunities for prevention that we have here in our country. Perhaps one of the most important areas of research that he really pioneered is the area in which we now recognize, the critical nature of inner-generational aspects of birth weight and a variety of different maternal and child health outcomes and his observation that pregnancy and perinatal complications tend to repeat over generations not only has helped foster new research ideas but really is, I think, still having impact in terms of developing new fields in the way that many of us are starting to try to come to terms with issues that connect epi-genetics, environmental interactions, and thinking about environment in the big picture.

I think for many of us in the room, of Dr. Emanuel's contributions perhaps most significant is the fact that he is really the mentor's mentor, literally. Just the few people that I know that he mentored include a list that is at least three of my mentors who have been most important in my development. And I suspect that he's been a mentor to many of you in the room and if he hasn't been your mentor, if you check it out you might find out he was your mentor's mentor. And so it is a great pleasure to recognize and to honor Dr. Emanuel as the recipient of the Award for Lifetime Achievement.

IRVIN EMANUEL: Thank you very much. It's indeed an honor to be a recipient of an award named for two old friends, Azina and Mervin whose work I have long

admired. I will apologize ahead of time that I do not have a single joke to tell you. Some people think I have no sense of humor. But, anyway, I'll say a few words.

History, the present and the future are all important in MCH issues. This means that as epidemiologists we are involved in a real sense in the study of human evolution. This raises two very broad questions about how far back in time should we be concerned and what are the consequences, harmful, neutral, or beneficial, of what we do today. It's now clear that we need to be concerned not only about mothers and children but about the entire age range of human health problems. Consistent with a new concept of the developmental origins of health and disease we must view each one of us as a pregnancy outcome.

There is now evidence that some inter-generational preconceptual, prenatal, and post-natal risk factors are important in a range of maternal, childhood, and adult health problems from low birth weight and prematurity and infant and childhood morbidity and mortality through preeclampsia, gestational diabetes, type two diabetes, hypertension, coronary disease, cognitive development, even including Alzheimer's disease. And there are others as well that have not been so well investigated. And sub-optimal reproductive outcomes may precede adult chronic disease in the same ostensibly normal individual.

(Inaudible) contributions that MCH epidemiologists can make by themselves and in collaboration with other epidemiologists and other specialists, both major

interest and sufficient funding would be required. I have some hopes that both will be forthcoming. Thank you.

JUAN ACUNA: Well, I would like to thank you all and thank you to the Coalition for Excellence in MCH Epidemiology, the institution's members, and those that represent those institutions for the excellent that awardees that we had this year. And I just wanted to close this section before proceeding to the conference award session that are going to be presented by Dr. Sam Posner just telling you that these awards are not possible without you guys so you need to think on those of you who you think should be awarded by the coalition and let us know. Let me know. My contact information is in the book, is on the website. You can Google me and you will get the awards, my name, my email. So I'm there, easy to find. And you have to let me know or let us know of those people you would like honored here in the form of awardees. We really want to make this award process a meaningful one. It's become a very important one in MCH. And without further delay, I would like to proceed to the conference awards by Sam. Thank you.

SAM POSNER: Good afternoon. And I want to say congratulations to all of the awardees. And the great thing about doing the oral and poster awards is that these are the people who you're going to see up here over time getting these awards because these awards are about the excellence in science that are

presented here at the conference. And we're going to start with the poster awards and then we'll move on to the oral abstract awards.

But before I go there, there are a couple of things. First of all, I'd like to recognize all the people who were reviewers for the abstracts for this conference. It takes a huge amount of work and we really appreciate your willingness and ability and dedication and time to do that reviewing and thank you very much. Also, I want to recognize the team of people who review the posters when they're up in the hall. This is something that I sort of coordinate, but I don't do the work. These people do the work. They have great conversations and really critically look at what the posters discuss and come up with who the winners are. And so I'd like them to stand and I will try and read their names. There are a few I may make mistakes with. But Copana Ramia, Marshall Chaney, Juani Bedegouda, Meg Wallace, Susie Zackpas, Monica Hansberger, Mejoro, Thomas Piner, Netu Jane, Joy Anderson, Amy Mullinex and Chinelo Okbanu. So thank you very much for the time that you spent yesterday.

And I've got to say, when we were going around at the end, deciding what they were, there were several times I was listening to the people discuss why they liked posters and I was absolutely amazed at how articulate and how thoughtful everyone was. It was really a lot of fun this year to do.

So starting with the second place poster, this poster is titled “Life stress factors associated with physical abuse during pregnancy in Louisiana 2000 to 2004” by Caleb Wederman. And this is a poster that really deals with an important issue for improving both maternal and child health. Stressful life events identify who’s at risk and where the intervention points may be and that really, you know, appropriate screening and action is going to improve the outcomes over a lifetime; not just in the short-term but in a lifetime. One of the things that we’ve seen in other work we do is that stressful life events have impact for the infants across the lifespan and there it’s the inter-generational events. And I think this was a really good poster and thank you very much. And, Caleb, are you here? Are there other authors who are here who--thank you. And I’m sorry to say I only have the first author in the program book. And I would like to announce also that it is poster 74. It should still be up, I believe, and it’s on page 269 if you’d like to take a peek at the abstract.

And the first place abstract has two titles. There’s the title in the book and the title on the poster. You know, we all do this. Many times people ask me for my slides, you know, three weeks in advance and, you know, they want them so they can put them in the book and stuff, and invariably I haven’t done them, I’m going to do them on the plane, and they will change. So I completely understand. This is on page 251 of your book, poster number 45, “Increasing disparities in low birth weight with advancing maternal age among U.S. born and foreign-born black women.” And the real title of this is “How race and nativity change the picture in

maternal age and pre-term birth.” And this was a really fascinating poster. It looks at really the differences. This is the paradox that we see over and over again between U.S.-born and foreign-born people and their pregnancy outcomes. And, you know, everybody really liked this poster and it really points to the level of analysis we need to do in maternal and child health because, you know, grouping people in large blocks hides the outcomes that we need to look at and also helps us identify what we can do, you know, what are the differences between these two groups and how can we improve the outcomes for those experiencing the largest disparities. So Judith Sackoff and Lindsey Center are the authors and I’d like for them to come as well. Thank you very much. Nothing like a photo op. Thank you and congratulations.

And we’re moving on to the oral posters, or the oral abstracts. They’re not, you know. And I want to recognize there’s a small group of us who get together every Tuesday night before the conference starts to go over the abstracts, to identify the top two abstracts. And it’s a whole lot of fun and it’s a lively group and those of you who have either served on it or are currently serving on it I think know what fun we have. And this year we have a student representative and our student is rotating off this year, Katie Hutchison, and, you know, as we were talking at the end of the meeting on Tuesday about it and, you know, what it was like to come into this meeting I think one of my colleagues made the very astute comment that the only noise she made when her jaw hit the table when she heard what we were talking about and how critically we looked at these

abstracts. And I'm happy to say that after two years she fits right in. And really made important contributions and we have, you know, senior and junior people sitting around the table and Katie made some really good points on Tuesday night that really made all of us stop and think. And, you know, these are the leaders in MCH that we're trying to build and recognize. So thank you very much for your service, Katie.

Also on the panel that I would like to recognize because they also put in a lot of work and it's often tiring and we're often very hungry on Tuesday night when we do this, and that's Wendy Nebhart, Veal Undergrigorescue, Lori Chestnut, Wanda Barfield, Roger Rochet, and Katie Hutchinsons. Thank you very much.

And there is a session that I think I missed, unfortunately, but it must've been a very good session. The second place oral presentation is titled "The Relationship Between Depressive Symptoms and Relapse to Smoking During Pregnancy and Smoking During the Post-Partum Period." And these are, you know, smoking cessation is important for any number of reasons for maternal and child health. Also, you know, post-partum depression is, I mean, there's some news recently in, I think it was October, November, about this. These are both really important issues and this paper looked at the interaction and the intersection of these two things and where we can have some public health impact on improving the health of women and their children. And I'm happy to give this award to Alicia Allen, Cheryl Prince, and Patty Dietz. And hopefully they're all here. Thank you

very much. And, yes, they're all CDC people in the Division of Reproductive Health but it wasn't fixed, I can assure you. We had a really lively discussion in how we came to the conclusion, so they really did a great job and it's a very interesting presentation.

And that presentation was on page 114 and if you turn the page to 115, also in the same session the top abstract oral presentation is titled "State Variation: the Proportion of Children Living with Households with Tobacco Smokers" and this is by Kathleen Newton and colleagues, I assume, because there's only one author here listed. And this is a paper that we really liked because one of the things that we talk about in the Planning Committee, at the Scientific Review Panel, is how we, you know, integrate new methods into what we do and how we think about things. And this really does a very nice job with implementing GIS analysis to look at this issue and to look at the implications for secondhand smoke from an environmental perspective for children's health. And so I'm very happy to award this award to Kathleen Newton. Is Kathleen here? Are any of her coauthors here?

Well, I want to thank everyone very much. This has been a great lunch and awards section. Actually, I do have one more plug before we break. Donna and I were talking at lunch today about the need for reviewers and how important it is and what a vital role we all play in reviewing for peer review journals, just like for

the MCH Epi conference. So if you're interested and able to review for the MCH Journal we would greatly appreciate it.