

WATCH BWCH

**Spring
2009**

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It's Your Time! Is the theme of the Tenth Annual Women's Health Week in Arizona, May 10th-16th. The goal of Women's Health Week is to raise awareness about women's health issues and encourage women to manage their health and avoid risky behaviors.

The Arizona Department of Health Services is working in partnership with the Governor's Office for Children, Youth and Families, the Governor's Commission on Women's and Children's Health, and community organizations across the state to plan events for this year's Women's Health Week. Activities focusing on women's health will be held statewide. For information about events in your area, check out:

<http://gocyf.az.gov/WHW>

One event you won't want to miss is the Health Expo being held at two locations on Friday May 15th, from 9am until 4pm. The Wellness Community and St. Joseph's Hospital and Medical Center will be hosting the Expo. At both locations, this FREE event will have health screenings, educational workshops, raffles, informational booths, on-site mammograms, and healthy refreshments. Over 2,000 community members are expected to participate, so put it on your calendar now!

Special points of interest:

Why do so many witnesses of a crime fail to act?

What are the consequences of Bystander intervention?

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News from the Office for Children with Special Health Care Needs

Effective July 1, 2009, funding for the Arizona Department of Health Services (ADHS) Office for Children with Special Health Care Needs (OCSHCN) Family Resource Coordination (FRC) Program will end. As a result of the current state budget crisis, ADHS-OCSHCN and the Governor's Council on Spinal and Head Injuries are reducing their budgets. Because of these budget reductions, it is necessary to end funding for the Family Resource Coordination Program.

The family resource coordinators and ADHS-OCSHCN are committed to making every effort to help families transition to other community resources.

ADHS-OCSHCN staff will continue to be available to provide information and referral support. For any questions or concerns, please contact Ellen Holmes or Marta Urbina at (602) 542-1860 or the Children's Information Center at (800) 232-1676 and ask for OCSHCN. You can e-mail us at OCSHCN@azdhs.gov. or visit our website: <http://www.azdhs.gov/phs/ocshcn>.

Listed below are some key resources for information and guidance:

Community resources and family support - Raising Special Kids at (602) 242-4366, or (800) 237-3007 toll free or visit the website: <http://www.raisingpecialkids.org> , email them at info@raisingpecialkids.org or visit the office at 5025 E. Washington St. Suite 204, Phoenix 85034.

Community Resources and family support in Southern Arizona - Pilot Parents of Southern Arizona at (520) 324-3150 or

visit the website: www.pilotparents.org , e-mail them at info@pilotparents.org or visit the office at 2600 N. Wyatt Dr., Tucson, AZ 85712.

Spinal Cord Injury resources and support - the Arizona Spinal Cord Injury Association at (602) 507-4209 or (888) 889-2185 toll free, visit the website: <http://www.azspinal.com> , email them at info@azspinal.org or visit the office at 5025 E. Washington St. Suite 110, Phoenix 85034.

Traumatic Brain Injury resources and support, - the Brain Injury Association of Arizona at (602) 323-9165 or (888) 500-9165 toll-free, visit the website: <http://www.biaaz.org> , email them at info@biaaz.org or visit the office at 777 East Missouri Ave., Suite 101 Phoenix, Arizona 85014.

ADHS-OCSHCN staff will continue to be available to provide information and referral support.

Zero to Five

The Arizona Department of Health Services has formed an internal early childhood workgroup called Zero to Five. The mission of this group is to coordinate programs and services offered by the Arizona Department of Health Services around infants and young children and to provide timely and authoritative information from all of the ADHS programs who serve or study this population when needed. The group will identify commonalities as well as areas where collaboration will strengthen the efforts of the separate programs.

The group looked at other agencies with similar work groups, including the Department of Economic Security, for guidance and then identified the following goals: expand knowledge of early childhood, including the preconception and prenatal period, within ADHS; increase awareness of early childhood concerns, resources and opportunities and to promote policy and practices that have been proven to be best practices and are in the best interests of young children and their families.

The work group hopes to achieve its goals through agency wide Brown Bag lunches with content experts, exploring opportunities to provide early childhood information to ADHS employees as well as clients and by identifying and addressing emerging early childhood issues within the appropriate Bureau/Office.

New Materials from the Health Resources and Services Administration (HRSA)

The Health Resources and Services Administration (HRSA) Bright Futures for Women’s Health and Wellness (BFWHW) project has recently added materials specific to the perinatal period. The message is “Taking Care of Mom, Nurturing Self as Well as Baby”. The materials were developed for three specific audiences 1. Consumers – women ages 14-44, from pregnancy through one year after pregnancy; 2. Community – individuals and organizations with whom perinatal women come into contact and, 3. Healthcare Providers – physicians, nurses, counselors and others providing care to perinatal women.

The materials include a 10 page booklet for consumers that promotes emotional wellness by increasing awareness of and providing interventions to reduce stressors that typically occur during the prenatal/postnatal period. These stressors include relationship changes, sleep deprivation and weight gain.

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The Bystander Effect

Early in the morning on March 13, 1964, outside her apartment, in Queens, New York, a young woman named Kitty Genovese was sexually assaulted and stabbed to death. (This brutal sexual assault and murder would not have been particularly notable except for the fact that thirty-eight of her neighbors watched the attack from their windows or heard her screams for help but did nothing to intervene during the thirty-five minutes that Genovese was being attacked. In fact, twice the killer, frightened by the lights in the neighbor's windows, left Genovese but after realizing that no one was going to intervene, came back and resumed attacking her (Manning 2007).

That 1964 incident eventually became a textbook case. Why did so many witnesses fail to act? Calling the police would involve no risk, and likely would have saved Ms. Genovese's life. Social psychologists Latane and Darley decided to investigate the non-action of her neighbors. They focused specifically on social issues surrounding this case, which may influence people, especially crowds, to turn away as witnesses. After months of interviewing and heading up experiments, they concluded that people are less likely to intervene or offer

help in emergencies when they are in the presence of others than when they are with only a few others. This became known as the Bystander Effect. This is also known by two other names, the Bystander Apathy Effect or the "Genovese Syndrome".

Why do people who are so willing to help in non-emergency situations not so willing in emergencies situations?

Steve Prentice-Dunn, a psychology professor at the University of Alabama, describes the mind-set that one might have when faced with a situation. The larger the number of people who witness a crime, the less likely any one person is to jump in and assist. "It's mainly because when a number of people are looking, they don't feel as individually responsible for what's going on," he said.

Latane and Darley defined factors which may influence you helping:

Characteristics of Emergencies

Emergencies come without warning with no practiced responses to fall back on. Yet it requires instant action on your part.

Model of the Intervention Process

A bystander (you) must make a series of decisions. First, you must notice the event, and then interpret it as an emergency. You must decide if you have the responsibility to act, and if so what form of assistance you should use. Should you help directly or call the police? Then you must decide how to act and implement your choice.

Social Determinants to Bystander Intervention

When you happen upon an ambiguous "situation", you often may look to others' behavior to see if they observe it as an emergency. An individual, seeing the inaction of others, will judge the situation as less serious than they would if alone." People may react less to an emergency if they are in a group situation than if they are alone.

What are the consequences of bystander Intervention?

Studies consistently show that the result of bystander intervention is the **reduced** likelihood of violent attempts being successful, the reduction of overall violence, and increased intervention by others in conflict situations (Christy & Voigt 1994, Rigby & Johnson 2005). For these reasons, anti-bystander

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 apathy education programs have been implemented by a number of different institutions to increase helping behavior, **especially** in situations of sexual violence or violence against children .

Remember communities where people intervene for the good of others creates a safer community.



Hey there!

Arizona Department of Health Services is using Twitter. Twitter is a free service that lets you keep in touch with people through the exchange of quick, frequent answers to one simple question: **What are you doing?** Join today to start receiving AZDHS's updates.

To sign up for ADHS's twitter go to: Twitter.com/azdhs

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In addition to the booklet, the BFWHW project includes a poster for use in community settings and a laminated pocket card for healthcare providers that describes why it is important for them to discuss emotional wellness with perinatal women and a list of questions they can ask related to emotions, support systems and locus of control in their role as mothers. The materials are easy to read, colorful and provide excellent information for consumers and professionals. The booklet, poster and pocket card are free in limited amounts (10 of each product) and can be obtained by calling the HRSA Information Center at 1-888-ASK-HRSA, (1-888-275-4772) or online at www.MCHB.HRSA.GOV/pregnancyandbeyond .

Please contact :

Capt. Karen Hench, RN, MS Deputy Director, Division of Healthy Start and Perinatal Services at khench@hrsa.gov or 1-301-443-0543, if amounts exceeding the limits are needed.

The materials are also available in Spanish.

Another wonderful and free Bright Futures toolkit is "A woman's guide to emotional wellness", and "A young woman's guide to emotional wellness". The toolkit also includes a poster proclaiming "You can learn to feel your best", is a guide for health care providers and community organizations that describes how they can promote emotional wellness. The toolkit consists of a booklet for each of the four audiences that provides very targeted suggestions for helping women learn how to appreciate themselves, find balance and purpose and connect with others. The women's guides can be used on an individual basis and as a guide for group discussions. During this ever evolving period, it is especially important that health care providers and policy makers address, encourage and support the emotional wellness of women of all ages. The emotional wellness of women impacts more than just her quality of life, it can have a long term impact on her family, loved ones, friends and co-workers.

These materials are available online at <http://www.hrsa.gov/WomensHealth/ewtools/wguide/index.htm>

In addition to the materials described above, HRSA's BFWHW continues to offer other tools designed to support physical activity and healthy eating among women of all ages.

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KEEPING UP WITH BWCH

Just like the world around us, the Bureau of Women's and Children's Health has undergone some changes in the past eight months. Some of these changes are related to the current state budget situation which resulted in the loss of state funding for the Pregnancy Services Program and the County Prenatal Block Grant. In addition, the Newborn Screening Program moved to the state laboratory in September 2008 to facilitate a seamless communication flow and efficient use of resources.

The Bureau of Women's and Children's Health decided to review the functions, resources, focus and structure of the bureau during this period of change and proposed a restructure that supports the bureau's growing emphasis on the importance of women's health prior to pregnancy and the holistic health of young children. The new structure will allow BWCH to be in the best position possible to address emerging maternal and child health trends as well as any challenges the future may bring. The restructure of BWCH resulted in the establishment of the following; an Office of Women's Health headed by Toni Means, an Office of Children's Health headed by Mary Ellen Cunningham and an Injury and Child Fatality Section lead by Tomi St. Mars. Additional personnel changes include the selection of Khaleel Hussaini as Acting Office Chief of Assessment and Evaluation and the appointment of Rosalinda Castaneda as the State Child Wellness Expert for Project LAUNCH.

Programs within the Office of Women's Health include Health Start, Family Planning, Teen Pregnancy Prevention, Abstinence Education, Sexual Assault Prevention, Domestic Violence, as well as the Community Involvement Project and the Preconception Care Initiative. The Office of Children's Health is comprised of the High Risk Perinatal Program, Community Health Block Grants, Sensory Program, Maternal and Child Health Hotlines and Project LAUNCH. Injury prevention and Child Fatality Review were merged because of the direct link between intentional and unintentional injuries and child deaths.

In February 2009, the Bureau of Women's and Children's Health was pleased to welcome the Office of Oral Health. The Title V Maternal and Child Health block grant has been a source of funding for sealants and other Office of Oral Health activities for a number of years. The addition of the Office of Oral Health to BWCH will facilitate increased integration of oral health into programs serving women and children.

If you have any questions regarding the information provided above please feel free to call Sheila Sjolander at 602-364-1400.

This newsletter brought to you by:
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