

Health Education and Wellness Rotarian Action Group (HEWRAG)

Rotarians Working Together To Improve World Health

Volume 4, Issue 3 – Fall 2018

www.hewrag.org hewrag@gmail.com facebook.com/HEWRAG

Newsletter Editors and HEWRAG Co-Chairs: Jane Little and Sheila Hurst

Greetings!

HEWRAG is committed to 2017-18 RI President Ian H.S. Riseley's challenge: *Rotary: Making a Difference.* It demonstrated that commitment in a series of successful activities at the International Convention in Toronto.

The Annual General Meeting

Featured were highlights of the 2017-2018 accomplishments, updates about cervical cancer prevention and oral health and nutrition projects in Kenya and Nigeria, medical and dental missions, the Rotary Ambala Cancer & General Hospital, Autism in Argentina, the American Cancer Society's focus on cervical cancer prevention, The Leprosy Project, and HEWRAG's plans for 2018-19.



Cervical Cancer Prevention Special Session

This Special Session featured five experts discussing building awareness, working with local and national governments, vaccinations, examinations, effective partnerships, and funding possibilities to prevent cervical cancer. A summary of this session, information about the speakers, and their PowerPoint presentations are online at http://www.hewrag.org/blog-links.

The Leprosy Project Special Session

HEWRAG Co-Chair Jane Little and Tony Leung, Chairman of the Board of The Leprosy Project and Past President of the Rotary Club of Quarry Bay II in Hong Kong, led a discussion about leprosy and ways to support The Leprosy Project in Liangshan, China. with questions or for details about the session, please write to hewrag@gmail.com. (continued on the next page)

HEWRAG Booth in the House Of Friendship

HEWRAG members who staffed the Booth welcomed Rotarians and others from around the world to discuss projects, involvement opportunities, membership, materials and supplies, references, and support available in our areas of emphasis. As in previous years, HEWRAG and the American Cancer Society shared information and collaborated on referrals between their booths.



BE THE INSPIRATION

Now in 2018-19, HEWRAG continues to exemplify RI President Barry Rassin's theme for 2018-19, *Be the Inspiration*, as it endeavors to inspire Rotarians, Clubs, and the community at large.

This first newsletter of the 2018-2019 year has inspiring and interesting articles. Subjects include Past RI Director Grant Wilkins, Tuberculosis, the Vaccine to Prevent Cervical Cancer, a Cervical Cancer Mission to Guatemala in English

and Spanish, HEWRAG's recent meetings in Kenya and Zambia, a medical mission in South Africa, and updates about the Kenya Smiles Oral Health and Nutrition project after 5 years.

Would you like HEWRAG to provide an inspiring program or exhibit in one or all of our areas of emphasis for your District Conference, Zone Institute, or another Rotary event? We have created informative materials, attractive displays, and have a team of speakers who welcome inquiries about how we can support your projects for Health Fairs & Medical Missions, Oral Health & Nutrition, and Cervical Cancer Prevention.

For details, please contact us at HEWRAG@gmail.com.

What's coming up in 2019? The February Newsletter will include information about HEWRAG's plans for the Hamburg Convention.

With Warm Regards,

Jane Little and Sheila Hurst
Co-Chairs



Health Education and Wellness Rotarian Action Group (HEWRAG)

The Health Education and Wellness Rotarian Action Group operates in accordance with Rotary International policy but is not an agency of or controlled by Rotary International.



FEATURED ARTICLES

A Few Memories of HEWRAG Advisory Board Member Grant Wilkins

Grant's Friend, PDG Steve Yoshida HEWRAG Board of Advisors

We Rotary E-Club of District 5000, Hawaii, USA

Tuberculosis (TB): The Greatest Killer of Infectious Diseases in the World

Yash Pal Das

Rotary International Director 2011-2013

HEWRAG Director

Rotary Club of Ambala, District 3080, India

Stopping Cervical Cancer with a Vaccine

John Donnelly, Ph.D.

President, Rotary Club of Orinda, District 5160, California, USA

President, Global Healing

Guatemala Mission – PINCC and Rotary Working Together to Fight Cervical Cancer (English Version)

Richard Godfrey, MD

Rotary Club of Niles, District 5170, California, USA

Executive Director - East Bay Foundation/GME

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Misión Guatemalteca (Spanish Version)

Translation by Manuel Franco, Rotary Club of Niles, District 5170

Melkbos Rotary Club Eye Health Day

Josie Norfolk

Past President, Rotary Club of Melkbos, District 9350, South Africa Eye Health Day Organizer

HEWRAG on the Road: September – October 2018

PDG Karl Diekman

HEWRAG Director

Rotary Club of Woodland, District 5160, California, USA

Kenya Smiles - 5 years later, Fall 2018

Thoughts from members of the Kenya Dentists Vocational Training Team Reflections by Marilyn Brenchley, Coordinator, Meru Nutrition Program



A Few Memories of HEWRAG Advisory Board Member Grant Wilkins

Grant's Friend, PDG Steve Yoshida HEWRAG Board of Advisors We Rotary E-Club of District 5000, Hawaii, USA



Grant Wilkins was my RI Director in 1994-5. Grant was the master of organizing a conference. Before Grant, I would find an excuse from attending boring conference sessions as a waste of time.

I approached Grant's first conference the same way. Go to the sessions that appeared interesting, avoid the rest. But each session was more exciting than the last. I found myself getting to every session early to find the best seat. Every speaker had an engaging manner and essential topic. Deep discussions afterwards with my classmates enhanced each topic. They were talking about the most important issues of the day. Creative solutions to the world's problems. It was thrilling to see what we could do to change the world though the Rotary network.

Since Russia was part of my district and Grant's Zone, Grant was appointed the RI representative to Russia. He attended the chartering of the first Russian Rotary club in Moscow. When I was elected as Rotary District Governor for Alaska, Yukon Canada, and Eastern Russia, Grant became the Rotary liaison for Rotary in Russia.

Grant was also an art collector. He favored American Indian art and made important purchases from art galleries and artists in Santa Fe, New Mexico. Many of his pieces were loaned to museums for display.

American Indian art was a great investment for one who had an eye for excellence. Grant applied the same skills to Russian art.

When Grant and his wife, Marlene, came to visit Noko and me in Homer, Alaska, we spent many, many enjoyable hours fishing and swapping stories.

Grant served as a President of Denver Rotary, District Governor, and as a Rotary International Director. He passed away on May 19, 2018.



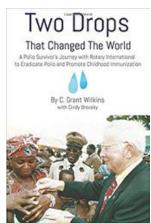
Grant catching a halibut

Thank you, Grant, for all your contributions to the World, Rotary, and me. You will be greatly missed. *(continued on the next page)*





Grant Wilkins on the far left in back and the Fiji Health
Fair Team with Steve Yoshida on the left front



Two Drops That Changed the World

Editor's Note: Grant Wilkins was a polio survivor. He said, "There have been two things that have greatly impacted my life: contracting the polio virus and being a member of Rotary." His book, *Two Drops that Changed the World: A Polio Survivor's Journey with Rotary International to Eradicate Polio and Promote Childhood Immunization*, June 1, 2017 by C. Grant Wilkins with Cindy Brovsky (Editor) is available on amazon.com.



Tuberculosis (TB): The Greatest Killer of Infectious Diseases in the World

Yash Pal Das Rotary International Director 2011-2013 HEWRAG Director Rotary Club of Ambala, District 3080, India

Despite being preventive and curable, TB (Tuberculosis) is the world's deadliest infectious disease, killing more people than any other disease in human history. The Global incidence of TB is 10.4 million cases, approximately 2.8 million of which are from India. India harbours 25% of the Global cases of TB and has been struggling for the past twenty years to combat this disease. If detected early, it can be cured fully. If not, it can be fatal. In India one person dies of TB every minute.

Currently there is no effective vaccine for TB, and the available drugs have a very long regimen (6 to 9 months). Because of this long regimen, several patients give up the treatment midway which results in Multi Drug Resistant TB (MDR TB). The Global incidence of MDR TB is about half a million cases of which 27% are from India.

Unfortunately TB is not very easy to detect, and it may take some time to arrive at the correct diagnosis. Moreover in India since there is a social stigma attached to the disease, several patients do not talk about their ailment for the fear of being discriminated against in the community. Most people associate TB with the lungs, but (continued on the next page)



TB can affect any part of the body such as the spine or the bones or the intestines. The World Health Organization (WHO) has set a global goal of eradicating TB by 2030. The Prime Minister of India on March 13, 2018 announced the advancement of the Goal for India to 2025. This certainly has caught the attention of the Ministry of Health & Family Welfare who has developed a National Strategic Plan to achieve the goal of a **TB FREE INDIA** by 2025.

Rotary India National TB Control and Awareness Committee, chaired by Past RI Director Y.P. Das, has been working with the Rotarians in India in an attempt to sensitise them to work in their respective communities to create awareness about the disease. At the start of each Rotary year the Committee conducts an orientation seminar for all the District Governors in India. Later in the year it encourages districts to organise District Orientation Seminars in which the clubs are encouraged to hold health camps in their respective communities.



Lung Diseases for South East Asia," "REACH" and the "TATA TRUSTS." In order to address the issue of social stigma and sensitise the participants, TB survivors are invited to narrate

and share their personal experience and



TB Survivor Neha Singh addressing the DGs of 2018-19

In a recently held National Orientation & Planning Meet on PolioPlus & Measles – Rubella, in which all the District Governors in India were invited, TB also figured in one of the sessions. They all committed themselves to work for a **TB FREE INDIA**.

With comments and queries, please write to yashpaldas@yahoo.com



Members of the Rotary India National TB Committee with RI Director Basker Chockalingam



Health Education and Wellness Rotarian Action Group

Stopping Cervical Cancer with a Vaccine

John Donnelly, Ph.D.
President, Rotary Club of Orinda, District 5160, California, USA
President, Global Healing

Cervical cancer strikes approximately 500,000 women worldwide every year, accounting for 7.5% of all cancer deaths in women. Doctors have tried for many years to detect cervical cancer early when it is easiest to treat. The discovery that cervical cancer is caused by a virus and the development of effective vaccines has changed public health approaches to cervical cancer forever. Three vaccines against human papilloma virus (HPV), the cause of cervical cancer, now are marketed by the multinational companies Merck and Glaxo Smithkline.

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So far, 81 countries (42% of UN member states) have incorporated HPV vaccine into their routine vaccination schedules. Since 2012, the World Health Organization (WHO) has sought to provide HPV vaccine at low cost for countries that cannot afford to purchase it directly. In May 2018, WHO issued a call to action for global elimination of cervical cancer through immunization. However, only 26% of countries using HPV vaccine obtain their vaccine through the WHO's vaccine supply channel, the Global Alliance for Vaccines and Immunization (GAVI). Just 15% of the

countries eligible for GAVI support have been able to procure HPV vaccine, despite having 52% of the world's disease burden of cervical cancer.

The challenges to making HPV vaccine available to those who need it most are twofold: developing an adequate supply and reducing the cost to an affordable level. The supply limitation can be addressed in part by reducing the number of doses that are administered. When they were originally launched, the vaccines were given in 3 doses, but researchers have found that two doses can be sufficient, and studies are underway to determine if one dose gives sufficient protection to make a difference to cervical cancer rates in low income countries. Reducing the number of immunizations has an immediate effect of stretching the limited supply. Both supply and cost can be improved by bringing new manufacturers to supply the GAVI markets. Vaccine manufacturers in India and China are taking up this challenge, and the resulting increases in supply and growth of competition also will help to reduce prices, but this is not likely to have an impact until sometime in the next decade.



What can Rotarians do to help? Advocate for HPV vaccination in your community. Educate fellow Rotarians and your community about the importance of HPV vaccination around the world. Urge your elected representatives to ensure that this need is a priority for US foreign aid. Donate to GAVI through the Charities Aid Foundation of America.

More information is available at https://www.who.int/immunization/diseases/hpv/en/



Editor's Note: John J. Donnelly is President of Global Healing, an international NGO that provides training programs for physicians, nurses, and laboratory professionals to improve standards of medical care in developing countries. Before joining Global Healing, Dr. Donnelly worked for more than 25 years in vaccine research, development and manufacturing for PATH, Novartis Vaccines, Chiron, and Merck. He continues to serve as a consultant to the World Health Organization and the Global Alliance for Vaccines and Immunization on matters related to vaccines.



Guatemala Mission – PINCC and Rotary Working Together to Fight Cervical Cancer (English Version)

Richard Godfrey, MD
Rotary Club of Niles, District 5170
Executive Director - East Bay Foundation/GME
Associate Clinical Professor
UCSF - East Bay Surgical Residency Program



The outdoor waiting room of Hospital San Benito

From September 17-21, 2018 Niles Rotary supported PINCC preventing cervical cancer – globally (Prevention International of Cervical Cancer) in their first training program at District Hospitals Melchor de Mencos and San Benito, located in the tourist friendly Peten, Guatemala.

I joined a team of 9 healthcare workers including three Gynecologists, and we saw 540 patients over 4 days. Members of Rotary Flores/Peten played a huge role in contacting and registering patients and supporting every part of the



mission, including meals. The Rotary Club of Belize helped with the medical support of gynecologist Dr. Marcel Coyi. I have worked intermittently in Guatemala for eighteen years as a General Surgeon and was greatly impressed by the enthusiasm and energy of the Rotarian effort.

Niles Rotary had a primary role in the Guatemala mission, first in raising money to help support the connections for the health care provision. Secondly, there were four Niles Rotarians who volunteered in the screening by interviewing patients and preparing a visitor center with new paint and furniture. By helping the two hospitals involved with equipment and building capacity, there was a ready acceptance of the larger goal of working to prevent cervical cancer. This allowed for reaching



Niles Rotarians Steve Landon and Manuel Franco at work with Dr. Antonio Chacon

out to the local and more rural population and for bringing in public health workers for their training with VIA (Visual Inspection with Acetic Acid).

VIA requires only a strong headlamp, acetic acid solution, and a speculum in order to identify the HPV virus and the occasional malignant changes the human papilloma virus causes. We saw an approximate 6% positive rate for the virus with most diagnoses in the CIN1 category (cervical intraepithelial neoplasia), a pre-malignant development. This condition was treated with thermocoagulation on inspection, rendering it non-invasive. One malignant diagnosis was made, and the patient will be referred to the Government hospital in Guatemala City. All data were analyzed and added to PINCC's database.



The PINCC Team and Hospital San Benito Support Staff

PINCC has been in action for over ten years and now is guided by Executive Director Dr. Melissa Miskell, who does as many as four or five missions a year, reaching out to East Africa, Cambodia, India, South America, and now Guatemala. The modus operandi of PINCC is to schedule 3 visits at intervals of 6 months and verify that receiving health care teams have the skill and capacity to carry on. Diagnostic and treatment equipment is left with the teams that are competent



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to continue screening and treating, and verification of professional care is a key element of PINCC's training – "train the trainers."

The next visit should take place in April of 2019 and should provide sufficient numbers of VIA positive patients to also train the Guatemalan doctors to do thermocoagulation of appropriate lesions. Because Cervical cancer is the most common malignancy of women in Central America, it is anticipated that screening will continue to identify early and more advanced conditions and save lives. Volunteers are encouraged to explore the PINCC website and join in the work. www.PINCC.ngo

The well-balanced relationship of Rotary and PINCC continues to gain strength and promise for future work.

For questions or with comments, I can be reached at richgodfrey77@gmail.com

Misión Guatemalteca (Spanish Version)

Translation by Manuel Franco, Rotary Club of Niles, District 5170

El Club Rotario de Niles ha proporcionado asistencia al programa global de "Prevención de Cáncer Cervical" (PINCC), en su primer programa de entrenamiento en los Hospitales de los Distritos de Melchor de Mencos y de San Benito, localizados en el departamento turístico de Peten, Guatemala.

Yo me uní al equipo de trabajadores para la salud, que incluye tres Ginecólogos, y atendimos a 540 pacientes en un término de 4 días. Miembros del Club Rotario de Flores, Peten hicieron un trabajo muy importante, llamando a pacientes, registrándolas, y asistiendo en cada etapa de esta misión, incluyendo comidas. El Club Rotario de Belice ayudó con la asistencia médica de la Dra. Marcela Coy. Yo he trabajado intermitentemente en Guatemala por dieciocho años, como Cirujano General, y me impresionó grandemente el entusiasmo y energía del esfuerzo Rotario.

El Club Rotario de Niles asistió de una manera principal en la misión a Guatemala. PRIMERO, reuniendo dinero para poder realizar estas provisiones de cuidados de salud. SEGUNDO, se contó con cuatro miembros voluntarios del Club Rotario de Niles, evaluando y entrevistando pacientes y preparando un centro de visitas, con pintura y muebles nuevos. La meta principal de prevenir el cáncer cervical ya había sido aceptada por los dos hospitales, quienes ayudaron con equipo y un edificio capacitado. Esto permitió poder abarcar la población local y rural, y traer trabajadores de Salud Pública, para entrenarlos en "IVA" (Inspección Visual con Ácido Acético).

"IVA" requiere únicamente una lámpara para la cabeza, solución de ácido acético, y un espéculo para poder identificar el VHP (Virus Humano de Papiloma) y los cambios malignos ocasionales que este virus puede producir. Vimos aproximadamente un 6% de casos positivos en la mayoría de los diagnósticos en categoría NIC1(Neoplasia (continued on the next page)



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Intraepiteleal Cervical) un desarrollo prematuramente maligno. Esta condición fue tratada con termocoagulación durante la inspección, tornándola no invasiva. Hubo una diagnosis maligna, y la paciente fue referida al Hospital del Gobierno de la Ciudad de Guatemala. Todos los datos fueron analizados y sumados a la base de datos de la PINCC.

La PINCC ha estado en acción por más de diez anos y ahora la Directora Ejecutiva es la Dra. Melisa Miskell, quien realiza de cuatro a cinco misiones al año, llegando hasta el Éste de Africa, Cambodia, India y ahora Guatemala. El modus operandi de la PINCC es programar 3 visitas con intervalos de 6 meses y verificar que los equipos que proporcionan cuidados de salud tienen la destreza y la capacitación para poder hacerlo. Los diagnósticos y el equipo de tratamiento se les deja a los equipos que sean competentes para poder continuar las evaluaciones y tratamientos, y la verificación de cuidados profesionales son un elemento clave para poder entrenar a "los ayudantes".

La próxima visita tendrá lugar en abril del 2019 y debe incluir la cantidad suficiente de pacientes con IVA positivo para poder entrenar a los doctores Guatemaltecos a emplear la termocoagulación en lesiones apropiadas. El Cáncer Cervical es un mal común en las mujeres de Centro América, y la evaluación anticipada puede identificar a tiempo, condiciones que pueden avanzar, y así poder salvar vidas. Se recomienda que los voluntarios busquen en la Internet sobre el PINCC y se unan en este trabajo. www.PINCC.ngo

La Buena relación entre el Club Rotario y el PINCC continúa ganando fuerza y promesas para trabajar en el futuro. Para preguntas o comentarios, puede comunicarse a: richgodfrey77@gmail.com





Melkbos Rotary Club Eye Health Day

Josie Norfolk
Past President, Rotary Club of Melkbos, District 9350
Eye Health Day Organizer

On Wednesday, 3 October, 2018, the Melkbos Rotary Club held an annual Eye Health Day at the Emmanuel School in Atlantis, Western Cape, South Africa. Rotarians and local health workers volunteered for the day with over 380 adults plus 60 children that were served. Other services provided were blood pressure readings, family planning advice, and distribution of food packets. The children learned hand washing and tooth brushing skills.

The adults attending received Eye exams by Optometrists Dr. Fred Jansen and Dr. Mandre Vosloo. Both are members of the Melkbos Rotary Club, and Fred is the current President. Reading glasses were dispensed free of charge when needed, and people needing exams for prescription glasses were referred to Dr. Jansen's practice. The Melkbos Rotary Club pays for the new glasses, and there is no charge to the client. The doctors detected an early brain tumor in one client who was referred to a Neurosurgeon, and she has already received surgery.

Advertising was primarily by word of mouth, posters, handouts, and radio.

For more information, please contact Josie Norfolk at josie@beachroad.co.za



Clients lining up for services



Melkbos Rotarian Vicky Ketcher helping a client



Melkbos Rotarian Mandre Vosloo conducting an eye exam





Health care worker taking a blood pressure reading



HEWRAG Co-Chair PDG Jane Little teaching tooth brushing



Melkbos Rotarians on Eye Health Day, October 3, 2018



Melkbos Rotarian Suzanna de Kok giving a vision test



A child learning to wash her hands

HEWRAG on the Road: September – October 2018

PDG Karl Diekman HEWRAG Director Rotary Club of Woodland, District 5160, California, USA

In mid September, HEWRAG traveled to Kenya

Keeping with the purpose of Rotarian Action Groups (RAGs) to assist Rotarians with the development of projects, HEWRAG Co-Chair Sheila Hurst and I met with Rotarians of the Mt. Kenya Area to help them design a Cervical Cancer Prevention Project. The site visit consisted of three meetings with Rotarians and meetings on location with health officials, administrators, and clinicians in Meru, Tharaka-Nithi, Embu, and Kirinyaga counties.

The overarching goal of the planned project is to raise awareness of the disease of cervical cancer and to encourage women to receive periodic cervical examinations. At a day-long planning session in Meru in mid-September, Mt. Kenya Area Rotarians worked with the assistance of HEWRAG to define project parameters and other project requirements. To provide additional support, HEWRAG joined local Rotarians in meetings with Ministry of Health officials and other leaders in four counties.

After compiling a report that outlined the various activities that can be components of a comprehensive Cervical Cancer Prevention Project, HEWRAG leaders presented a summary of how those project components fit within the conditions found in Kenya. Through a discussion facilitated by HEWRAG, local Rotarians began the process of developing a project that fits the specific needs of the communities served. At the conclusion of the planning session, the Mt. Kenya Area Rotarians had outlined a path forward in their planning process.







At the Meru County Ministry of Health with the County Cancer Coordinator and Meru Rotarians





At the Tharaka-Nithi County Hospital with the medical staff, officials with the Ministry of Health, and Meru Rotarians



At the Kirinyaga County Ministry of Health with Officers of the County Executive Committee of Health, members of the Rotary Club of Kirinyaga and the Rotary Club of Meru



At the Embu Ministry of Health with the Executive Health Committee Officers, Embu Rotarians, and Meru Rotarians



At the new Embu Cancer Hospital

While in Kenya, we also met with members of the Rotary Club of Karen who are currently organizing a Cervical Cancer Prevention project. District Governor Jeff Bamford, a member of Karen Rotary, is fully engaged in both projects.

On to Zambia in late September until early October

After a week meeting with Rotarians in Kenya, we traveled south from Nairobi to Lusaka, Zambia where planning for upscaling the Cervical Cancer Prevention work was at the top of District Governor Elect Douglas Katengo's agenda. For several days we met with Rotarians, Ministry of Health Officials, and the Medical Women of Zambia Association. We left with the feeling that there was a general agreement about the nature of the upcoming work and the importance of working to prevent cervical cancer. (continued on the next page)



Overall, our time in Africa was well spent, and we left with a great deal of pride in Rotary and its worldwide network of Rotarians dedicated to improving health worldwide.



With members of the Rotary Club of Kusinta in Lusaka

For more information, please write to hewrag@gmail.com



With DGE Douglas Katengo, members of Kusinta Rotary, Ministry of Health officials, and officers of the Medical Women of Zambia Association.



Kenya Smiles -5 years later, Fall 2018

Thoughts from members of the Kenya Dentists Vocational Training Team

At the end of September 2018 at the Trattoria Restaurant in Nairobi, Kenya, HEWRAG Co-Chair Sheila Hurst and HEWRAG Director Karl Diekman had a reunion with four members of the Kenya Smiles Vocational Training Team:

Jane Wamai: Former Chair of the Kenya Dental Association; now Immediate Past Chair of the Kenya Dental Association, and a practicing dentist

Stephen Irungu: Former Chief Dentist of Kenya; now County Head of Oral Health Services of Murang'a County, Kenya

Regina Mutave: Former Department Chair at the School of Dental Sciences, University of Nairobi, Kenya; now Dean of the School of Dental Sciences, University of Nairobi, Kenya

Linus Ndegwa: Former Chief Dentist at the Aga Khan University Hospital Nairobi; now Research Scientist with the Kenya Medical Research Institute, Vice Chair of the Kenya Dental Association, and a private dentist *(continued on the next page)*



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The VTT members shared some thoughts about their Kenya Smiles experience

- Most of what I'm doing now on prevention I learned from the Kenya Smiles program. It's made a huge difference to see what one person can achieve if you put your mind to it. Even the vulnerable deserve and can learn about preventive care.
- There's now an awareness of oral health and an emphasis on it. It was an eye opener when the dentists realized that we weren't doing enough for prevention.
- Thanks to Kenya Smiles, I believe that Kenya dental professionals are more focused on prevention today. We put a lot of effort into prevention, and now it's a passion.
- We've used the mobile operatories in clinics, and now there's a change of attitude toward dentists. People see that dentists can help conserve teeth, not only remove and extract them.
- We really appreciate the equipment: the mobile operatories, the projector for student instruction, and the instruments that were donated by Rotarian dentists.
- The Kenya Dental Association used the mobile operatories for a two-year treatment project for 20,000 school children aged 6 to 8 years.
- We've seen that a school-based program can work for oral health. The puppets, the tooth board, and the mobile operatories are all great.
- The puppets were especially effective when we were working in the dental hospital and the eye hospital.
- The Ministry of Health completed a national survey that included some information that is in line with the Kenya Smiles prevention program.
- The dental school students loved the idea of community outreach and were passionate and ready to go to use the mobile operatories and to teach children how to prevent decay. We've started to explore a public oral health curriculum.
- When the Kenya Dental Association received a major grant from Wrigley, we used the Kenya Smiles experiences to demonstrate our capacity to carry out a large-scale program.
- We collaborated with others to create the First Oral Health Summit to bring attention to preventive oral health that can impact public policy in the region Kenya, Uganda, and Tanzania.





Reunion in Nairobi with the Kenya Smiles VTT dentists



A young boy watches KDA dentists use a mobile operatory to treat his brother



In July-August 2018 at Kaptembwa Primary School in Nakuru, the Kenya Dental Association screened 714 students and used the mobile operatories for those who needed treatment



This child just had her teeth cleaned for the first time



The US and Kenya Vocational Training Teams in Nairobi



Reflections by Marilyn Brenchley, Coordinator, Nutrition Program in Meru

In late September 2018, HEWRAG Co-Chair Sheila Hurst and HEWRAG Director Karl Diekman returned to the Thiiri Cultural Centre in Meru and talked with Director Marilyn Brenchley, MS Family Life, and Master of Divinity Theology. She provided these comments about the Kenya Smiles Meru Nutrition Program that she coordinated.



Thiiri Cultural Centre, Meru, Kenya

The Food Science staff at Meru University of Science and Technology helped to write a curriculum and to train eight local women who were fluent in both the vernacular and English. These trainers were mothers selected from two local primary schools and by community leaders. They were empowered to train about 550 mothers in groups of 50. Each week-long course was conducted over 5 days with sessions of 7 hours per day for a total of 35 class hours.

In 2013 as part of the Kenya Smiles Project, Thiiri Cultural Centre in Meru helped to create a nutrition education program for women living in rural villages in the Meru area. The program included revised cooking methods, new food sources, preservation, and limited agriculture intended to add vegetables to the diet. Now, after 5 years, we know that the project has really changed the lives of people in our villages.



A class lesson on nutrition education



Practical gardening experiences

The program, delivered in the local language of Ki-Meru, addressed topics of good nutrition including effective gardening practices and how to prepare and enjoy nutritious meals cooked on their own locally manufactured Jiko energy efficient stoves (that they helped to buy at a significantly reduced price).

Long-term program outcomes include healthier students who have continued to perform better on national exams, eight local women trainers with higher self esteem and experiences who are now community leaders serving on school committees, and others who have been able to start their own small businesses.



As evaluations were made both shortly after the trainings and recently, the mothers have testified to program benefits.

The mothers said that they learned...

- to bake a cake on our jikos. Now I can make cake for my children's birthday.
- to cook pumpkin without adding water and to serve it mashed with black beans. Before, we only gave pumpkin to our cows.
- to cook so many different greens and to cook them very little to conserve the vitamins and minerals.
- what a balanced diet is. Usually we just served carbohydrates and beans.
- how to wean our babies to keep them healthy.
- how to make a compost out of the waste in our gardens that we can now use as fertilizer instead of buying chemicals.
- that so many greens growing around our shambas are more nutritious than sumikawike (kale).
- to eat vegetables raw and to make salads.
- how to store our grains so they won't spoil.
- how to make ugali out of millet instead of maize delicious.

For more information please visit our website: http://www.thiiri.co.ke/thiiriholdings, or email me at thiiri.marilyn@gmail.com



Hundreds of program graduates learned new ways of preparing nutritious foods on their own locally manufactured energy efficient jiko stoves



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Health Education and Wellness Rotarian Action Group Board of Directors

- Jane Little, Co-Chair, Past District Governor, District 5010 (Alaska, USA and Yukon, Canada)
- Sheila Hurst, Co-Chair, Past Assistant District Governor, District 5160 (California, USA)
- o Rajendra K. Saboo, Rotary International President, 1991-92, District 3080 (India)
- Yash Pal Das, Past Rotary International Director, District 3080 (India)
- Karl Diekman, Past District Governor, District 5160 (California, USA)
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- Kathryn Ann Hester, Past President, Rotary Club of Logan, District 9630 (Australia)

Health Education and Wellness Rotarian Action Group Advisory Board

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- o Dr. Sanjay Kalra, Rotary Club of Midtown Chandigarh, District 3080, (India)
- o Chinelo Ude Akpeh, Rotary Club of Onitsha East, District 9142 (Nigeria)





The goal of the Health Education and Wellness Rotarian Action Group is to promote good health and wellness through healthy lifestyle choices and disease prevention.

The emphasis is on building awareness, promoting education, and providing information to help achieve and maintain good health and to utilize effective prevention in an integrated way.

One of the first 10 Rotarian Action Groups formed was World Health Fairs (WHFRAG), which has been reorganized and expanded and was renamed in 2014 as the Health Education and Wellness Rotarian Action Group (HEWRAG).

You are encouraged to share this Newsletter with your friends and family, other Rotarians, Rotaractors, Interactors, colleagues, business associates, and those you think might find it interesting and/or beneficial.

Comments and suggestions about HEWRAG and this Newsletter are welcome. With questions or for more information, please write to hewrag@gmail.com.

Readers are invited to submit an article about Health Education and/or Wellness projects and programs for consideration in a future issue. General guidelines:

- an article of up to 400 words (500 words maximum) and
- 2 or 3 high-resolution .jpg images (each a minimum of 1 MB to a maximum of 3 MB) with captions.

The next issue of this Newsletter will be published in February 2019.

To submit an article about Health Education and/or Wellness for consideration in the September issue, please write to hewrag@gmail.com by January 10, 2019.

To request adding someone to the mailing list, please send contact information including Rotary affiliation and e-mail address to hewrag@gmail.com.

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