



HEWRAG

NEWSLETTER OCTOBER 2021



October 2021

www.hewrag.org hewrag@gmail.com

Greetings!

As HEWRAG begins its eight year, we continue to take seriously our commitment to support Rotarians to do "Good in the World."

HEWRAG continues our emphasis on five areas of public health: Medical/Dental Missions and Health Fairs; Cervical Cancer Prevention and Elimination; Tuberculosis Awareness and Prevention; Autism Awareness and Empowerment; and Oral Health and Nutrition. We have added two new areas of emphasis Rota care Free Clinics as well as the free supply of upper limb prosthesis – please see our web page for more details.

If you are working in these areas or if you have another area of public health that you'd like us to consider adding, we encourage you to contact us.

HEWRAG has been working with Rotarians to raise awareness and deliver projects aimed at the elimination of cervical cancer. That work has created connections with a wide variety of non-Rotary organizations notably including the World Health Organization (WHO). Through this relationship we had the privilege to see firsthand the development of WHO's, "Global strategy towards eliminating cervical cancer as a public health problem. The strategy approved by the 194 member countries was officially launched in a virtual global celebration on 17 November 2020. Director Karl Diekman represented HEWRAG in the Pan American Health Organization portion of the presentation.

On 17 November 2021, WHO will celebrate the first year's successes and look toward the future elimination of cervical cancer.

At HEWRAG's 24 September meeting WHO's Representative Richard Freeman invited Rotarians and their communities to recognize their efforts to eliminate cervical cancer and raise awareness in their communities as part of the anniversary program.

For more information and to get involved send an email to cxca@who.int.

If you would like to listen to Richards's presentation please go to our website and watch the recording of the zoom meeting on the events page, its very enlightening and he goes into detail about vaccine affordability and availability. www.hewrag.org

Please try and light up this problem in your club and your District or even just amongst your family and friends it may save a life.

Stay safe and well
Josie Norfolk
Chair

Cervical Cancer Elimination: Marking One Year of a Movement



WHO recently launched a global strategy to eliminate cervical cancer



Nigeria: First Ladies unite to celebrate the launch and advocate for elimination



Canada: Niagara Falls illuminated in teal

For the first time ever, 194 countries have resolved to eliminate a cancer: cervical cancer.

On Nov 17, 2020, countries ushered in the global strategy to eliminate cervical cancer with an international day of action.

- Survivors played leading roles and shared their stories.
- First Ladies rallied their communities.
- Patients and survivors led cancer walks
- Healthcare workers were trained and new health facilities initiated services (e.g., Malawi, Rwanda)
- Screening campaigns rolled out (e.g. female prisoners across Zambia)
- Local campaigns and initiatives launched (e.g., Action Plan in Canada, elimination expert group in Brazil, Guatemala MOH announced commitment to elimination)
- Over 100 monuments were illuminated in the color teal
- Thousands of viewers followed the broadcast.
- Coverage by major media outlets and by local press



El Salvador: lighting of Monumento al Divino Salvador

For more about the launch visit:

<https://www.who.int/initiatives/cervical-cancer-elimination-initiative>

November 17, 2021: We're doing it again!



Japan: civil society celebrates under the teal-lit Kyoto tower.

This November 17, another international day of action will mark one year of the movement!

Want to organize an event? Do you have achievements in 2021 to share with the world? We want to hear about it!

WHO will showcase worldwide actions, new commitments will be announced, and we will celebrate achievements in this first year of the movement.

Help us light up the world again – illuminate your local monuments in teal and show a commitment to eliminate cervical cancer *everywhere*. We can share materials to help you do it.

For more information and to get involved:
Send an email to cxca@who.int

Or contact us through the website:
<https://www.who.int/initiatives/cervical-cancer-elimination-initiative>



Rwanda: MOH launches cervical cancer services on Nov 17 at health facilities



Guatemala: minister of health pledges commitment to eliminate cervical cancer

Wilfred Collison Files, Jr.

Aug. 22, 1940 – July 27, 2021



It is with great sadness that we report the recent passing of Will Files, our friend and Hewrag Board member. Our condolences go to his wife Martha and their family.

Will was a Co-Founder and Co-Chair in World Health Fairs Fellowship which became World Health Fairs Rotary Action Group which was renamed to Health Education and Wellness Rotary Action Group in order to expand our focus beyond just health fairs. He was active

with WHFRAG/HEWRAG serving on the Board of Directors from the very beginning until his death.

Wilfred Collison Files, Jr., a local businessman, community leader and passionate volunteer passed away peacefully in his Homer home on July 27. Born in Tanana in 1940, Will grew up in Ft. Yukon, where his parents served as missionaries of the Episcopal church. After attending Trinity College in Hartford, Connecticut, he returned to his hometown to teach mathematics and music. Even after he retired from his profession and moved to the Kenai Peninsula in 1987, he never stopped teaching, lending his skills to teaching youth to fly in Civil Air Patrol and guiding the educational programming of the Center for Alaskan Coastal Studies. Will excelled at bringing people together to build relationships and help the community. He worked with Rotary for years to bring health fairs to Alaska, Russia, and the world, and in recent years, he worked tirelessly to open and run the South Peninsula Athletic and Recreation Center (SPARC), creating an indoor space for year-round athletics.

He never gave up his love of the water and fishing or of playing tennis. Will's love of life and good humor brought joy to all around him, and his good advice and helpfulness were treasured.

Will is survived by his loving wife, Martha Ellen Anderson; her children Stan, of Morro Bay, California, Ruth (Brad), of Hamlin, New York, and Freya of Juneau, Alaska, as well as his sons, Wilfred (Annie) of Carlsbad, California, and Kirby (Amory), of Milton, Massachusetts; five grandchildren, and one great-granddaughter. He was active in the Homer United Methodist Church.

Those who wish to celebrate his life are invited to donate to his two favourite passions: SPARC Homer <https://sparchomer.org/donate-to-help-sparc/>

and Homer Rotary .<https://www.homerrotary.org/>

Meet HEWRAG's CADRE Technical Officer!

KARL DIEKMAN



The Rotary Foundation Cadre of Technical Advisers is a group of Rotarians who volunteer to use their professional skills and technical expertise in Rotary's areas of focus or financial auditing to advise Rotarians who are planning and working on Rotary Foundation grant projects. The CADRE is composed of more than 700 members from 75 countries who speak more than 80 languages. Beginning in the 2021-22 Rotary year each Rotary Action Group was asked to select one CADRE member to serve as its CADRE Technical Officer. HEWRAG selected PDG Karl Diekman to serve as its first CADRE Technical Officer.

In this capacity PDG Karl's purpose is to help HEWRAG members as they deal with the design, application process, implementation, and evaluation of projects. While the focus is on Global Grant Projects that fall within the scope of HEWRAG's interests, he is available to discuss any project.

PDG Karl, a member of the Rotary Club of Woodland, CA, USA brings with him nearly 4-decades of Rotary experience that includes having been President of three Rotary Clubs, one term as District 5160 Governor, and two-terms as District 5160 Foundation Chair. He has been awarded The Rotary Foundation Citation for Meritorious Service and today, his Rotary experience is enhanced by being a member of the CADRE and a Board Member of the Health Education and Wellness Rotary Action Group (HEWRAG). As a Major Donor and Paul Harris Society member he enjoys the privilege of supporting the many good projects of Rotarians around the world.

Major projects PDG Karl has been involved in include oral health and nutrition, Polio eradication, water and sanitation and since 2013, he has worked with Rotarians, NGO's and health agencies around the globe to design and implement cervical cancer prevention projects. Recently, he was a participant in the World Health Organization process that led to the adoption in November 2020 of a global policy to "Eliminate Cervical Cancer as a Public Health Problem".

PDG Karl is always available for your inquiries at kddiekman@aol.com

HEWRAG Presents at the International Festival of Public Health

By: PDG Karl Diekman, HEWRAG Director and CADRE Technical Officer

On July 20, 2021, HEWRAG Director Karl Diekman presented "[Engaging non-clinicians in clinical services project development](#)" to the 9th Annual International Festival of Public Health at the University of Manchester, Manchester, UK. The festival usually conducted live on the campus of the University of Manchester was held virtually this year due to the Covid-19 pandemic. As a presenter my observation was that the audience was more diverse than usual which presumably benefited the presenters and the program.

The presentation began with a summary of how a Rotarian could evolve through their Rotary experience while making increasingly meaningful contributions to a variety of projects. There was a special focus on how health care projects can benefit from the contributions of non-clinicians.

The presentation also included an overview how an oral health and nutrition project could lead to the creation of a Rotary Action Group. The attendees learned how the Health Fairs Rotary Action Group merged with a group focused on oral health and nutrition to create the significantly more diverse Health Education and Wellness Rotary Action Group (HEWRAG) and bring under its umbrella additional areas of interest as diverse as Autism and Cervical Cancer Prevention. A couple of examples offered during the presentation were the “HEWRAG Guide to Cervical Cancer Prevention” and our Oral Health and Nutrition project “Kenya Smiles”. The audience was left with the following challenge when considering non-clinician participation in clinical projects:

You have two choices:

1. If someone comes knocking on your door, let them in.
2. If they don't come knocking on your door, go find them.



Breast Cancer Recurrence

Fear of breast cancer recurrence is common among survivors — but it doesn't have to control your life.

For many breast cancer survivors, the fear of recurrence can be all-encompassing.

You may feel guilt for this — like you should feel more grateful for your health — but it's completely normal to have both gratitude and fear, says Dr. Gabriela Gutierrez, LMFT, clinical oncology therapist at Loma Linda University Cancer Centre.

"Cancer is like an earthquake with many aftershocks," she says. "Just because the big one is out of the way doesn't mean the ripples are gone."

The journey transitions from a physical one to a mental one, and it may be a lifelong battle. In fact, nearly half of patients have some fear of recurrence. The good news is that you're not alone and there are ways to cope.

Five Tips for Coping with Fear

1. Normalize the fear

Unfortunately, fear is part of the journey, says Gutierrez. It's perfectly normal that you're feeling this way. In fact, fear means that you care about your life — that you do have hope for the life ahead of you.

And it's possible you're feeling the emotions you pushed to the side during treatment, says Lauren Chatalian, LMSW, a therapist at Cancer Care.

"In the treatment phase, an individual is just thinking about survivorship," she says. On the other side, thoughts of the ordeal you just went through and facing that again can be overwhelming.

Now might be a good time to reach out to a therapist or social worker, especially if you didn't talk to one while going through treatment. They can help you further normalize and process these feelings.

2. Ask for support

You don't have to go through this alone. Your loved ones are probably also scared and may fear bringing it up.

"Finding ways to bond against fear together can make it more manageable, rather than having individual battles against fear, which can promote isolation," says Gutierrez.

But it can feel like an isolating experience, especially if you don't have any other survivors in your life. Research shows that being part of a breast cancer support group can improve quality of life.

Creating connections with people with similar experiences — either in-person or virtually — can help you feel understood. It may also strengthen your relationships with family and friends by alleviating some of the emotional burden they're carrying from not knowing how to best support you.

If your loved ones are worrying that you're overreacting, they should understand that "the survivor is sometimes operating from a lens of trauma," says psycho-oncologist and breast cancer survivor Dr. Renee Exelbert. "And [you] may therefore see other more minor health issues as indicative of a recurrence."

Share with them just how normal your fear of recurrence is.

3. Continue being proactive about medical care

It can be tempting to want to bury your head in the sand and never visit another doctor's office again after a long battle with cancer. But keeping up with your doctor's appointments, including any medical visits you may have put to the side during treatment, is important.

As you likely already know, early detection is key.

Reach out to your doctor if you're experiencing any of your original symptoms, or any new symptoms, including pain or physical problems that interfere with your quality of life.

Visiting your doctor after surviving cancer treatment can bring back a flood of memories you may not be prepared for, says Susan Ash-Lee, LCSW, vice president of clinical services at Cancer Support Community. Writing your questions in advance and bringing a family member or friend with you can be helpful.

4. Regain a sense of control over your body

Cancer can make you feel like your body is betraying you or like it's not your own.

"An excellent way to regain a sense of control is through diet and exercise," says Exelbert. "This allows the individual to be an active agent of change, and in command of choices that can positively impact their health."

Whether you had a mastectomy or not, your body is different now than it was before cancer, and activities that strengthen the mind-body connection, like yoga, can help you feel more grounded, Ash-Lee says. (Of course, always be sure to clear any physical activity with your doctor before beginning a new exercise program!)

Taking time to be mindful can also help you tune in to your bodily sensations, feeling like your body is your own again.

"Mindfulness is simply paying attention on purpose, in the present moment, without judgment," Ash-Lee says. "Being mindful can improve our concentration, enhance our relationships, and help decrease our stress."

5. Focus on enjoying your life

Sometimes, after treatment, you may be feeling stuck, like you don't remember what life was like before diagnosis.

"Cancer was able to guide so much of your life during treatment; now that it is out of your body, we don't want to continue to give it the power to guide you even though it's gone," says Gutierrez. "That's not the life you fought for."

You get to celebrate now! Facing cancer is one of the hardest things you will ever have to go through — and you survived.

What's on your bucket list? Now's the time, (if you have the energy) to do all the things you always said you'd do someday.

Take your dream trip, pick up a new hobby, or just schedule time to catch up with the loved ones you didn't get to see while you were going through treatment. Take time to appreciate the little things in life.



What is METASTATIC (MBC) or ADVANCED Breast Cancer?

It is when the **CANCER** has **SPREAD** to **OTHER AREAS** in the body like the liver, lungs, bone, brain and/or other organs or tissues



The Needs of Advanced Breast Cancer Patients

MBC is treatable, however there is no cure for this disease

The goal of treatment is to limit progression, symptom control and pain management

Access to mental health care

Improvements in lifelong surveillance

Tracking of patients

Access to routine assessments

Did you know? CANSAS offers counselling and emotional support to cancer patients and families as well as medical equipment to rent to assist with mobility difficulties such as wheelchairs and walkers or eggshell mattresses to help with lying down more comfortably.

CANSAS launched its new **iSurvivor MBC** email support programme aimed at assisting and helping mostly MBC patients with their unique challenges.

Go to isurvivor.org.za and subscribe on the MBC link.

CHALLENGES FACED BY MBC PATIENTS

- ➔ Feeling isolated and misunderstood regarding their condition
- ➔ Dealing with an incurable illness
- ➔ Side effects of treatment
- ➔ Pain and sexual dysfunction
- ➔ Experiences of social isolation
- ➔ Reduced self-worth, anxiety and depression
- ➔ Stigma with the notion that the patient is somehow responsible for the diagnosis

SYMPTOMS THAT MAY REQUIRE URGENT ATTENTION

- ➔ Spinal cord compression - persistent neck or back pain or decreased power in legs
- ➔ Sepsis - fever
- ➔ Possible lung metastasis - shortness of breath, coughing, chest pain, dry cough, pain
- ➔ Seizures - headaches, personality changes or confusion
- ➔ Liver metastasis - nausea, jaundice
- ➔ Hypercalcemia - increased urination, excessive thirst, dehydration, vomiting and constipation

October is Health Literacy Month

What is health literacy?

The definition of health literacy is evolving. Until recently, many definitions of health literacy were framed in terms of patients' communication deficits (especially reading problems) seen in medical settings. Lately, the definition is focusing more on the alignment of communication strategies used by providers, patients, and systems throughout the continuum of care. Health literacy is a shared responsibility between patients (or anyone on the receiving end of health communication, including the lay public) and providers (or anyone on the giving end, including agencies that provide health information). Each must communicate in ways that the other can understand.

Why is health literacy a problem?

Studies consistently show that a significant number of people have problems reading, understanding, and acting on health information, and there are a number of reasons why. For one thing, health information is inherently complex, and health providers are not necessarily skilled communicators. Additionally, patients bring a wide range of learning needs to the healthcare experience. Basic literacy skills, language, age, disability, cultural context, and emotional responses can all affect the way people receive and process information — and the way people process information, in turn, has a direct impact on health outcomes and cost.

“Health literacy is a shared responsibility between patients and providers. Each must communicate in ways the other can understand.” — Helen Osborne, president of Health Literacy Consulting.

What is Health Literacy Month?

October is Health Literacy Month, a time when health literacy advocates around the world promote the importance of making health information understandable to the ordinary man in the street.

The idea behind Health Literacy Month is a time of observance when hospitals, health centres, literacy programs, libraries, social service agencies, businesses, professional associations, government agencies, consumer alliances, and many other groups can work collaboratively to draw attention to, and develop local capacity for, addressing this important issue.

Since Health Literacy Month began, events have been held in a majority of U.S. states and territories, in many Canadian provinces, and on most continents.

Designated months like this provide a sense of urgency to year-round concerns, and many people speaking out at the same time on the same topic amplifies the message. As a result, television, radio, newspapers, and other media pay special attention.

Health Literacy Month Events

Now that you know what Health Literacy Month is about, it's time to start thinking of ways to observe it so that you can help raise awareness and make a difference in people's lives. That means it is time to start planning an event, a perfect project for your club.

For more information and to download Helen Osbornes amazing guide to planning an event download her handbook [HERE](http://www.healthliteracymonth.org) <http://www.healthliteracymonth.org>.



What is low vision?

It is when—even with regular glasses, contact lenses, medicine, or surgery—people find everyday tasks difficult to do.

What causes low vision?

Low vision is usually caused by—



Eye diseases
or health disorders

Eye injuries



Birth defects

What are the numbers?

2.9

2.9 million Americans
have low vision.

72%

Expected
to increase
72 percent
by 2030.

Most people with
low vision are
65 or older.

What can I do?



See an eye care
professional.

Learn about
vision rehabilitation.

Get a good support team—
You, your primary eye care
professional, a specialist
in low vision, and your
rehabilitation specialists.



What is vision rehabilitation?

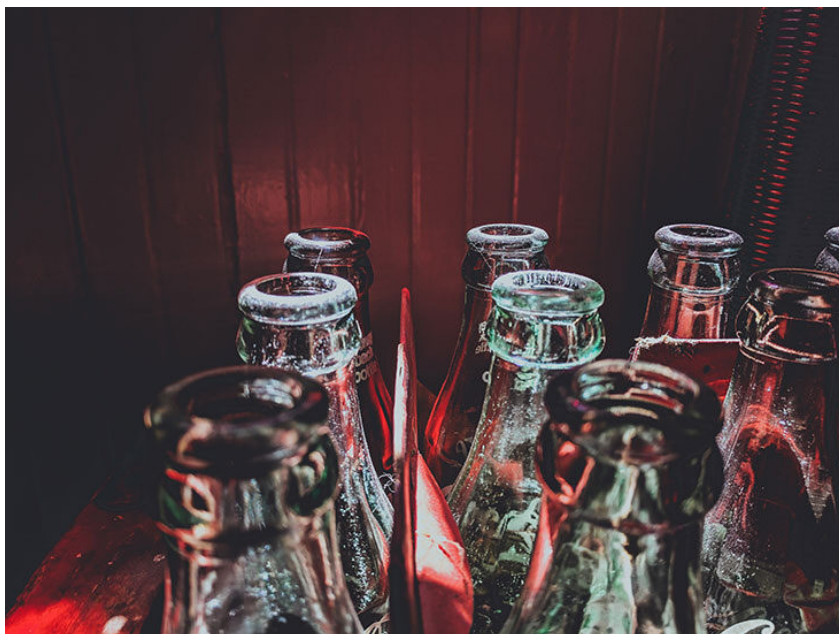
Vision rehabilitation services

Services that help people make the
most of their vision and keep their
independence by teaching them how to—

- Move safely around the home.
- Carry out daily living skills safely.
- Find resources and support.
- Use magnifiers and other
adaptive devices.

Source: National Eye Institute, 2013

Where can I learn more?
Visit www.nei.nih.gov/lowvision



Diet soda and diabetes

Managing blood sugar levels is an everyday goal for people with type 1 and type 2 diabetes.

While eating sugar doesn't cause either type of diabetes, keeping tabs on carbohydrate and sugar intake is an important part of managing both types of diabetes. Eating healthfully and staying active can also reduce your risk for developing type 2 diabetes.

Being overweight or having obesity is linked to the development of type 2 diabetes. In fact, obesity is one of the leading causes of type 2 diabetes.

According to the Centers for Disease Control and Prevention (CDC) Trusted Source, more than one-third of American adults have obesity. Obesity can put you at risk for diabetes and other health conditions.

Eating highly processed foods that are high in sugar, unhealthy fats, and empty calories increases your risk of gaining excess weight.

Drinking sugary drinks is also a risk factor for developing type 2 diabetes. If you're working to keep your blood sugar in check or manage your weight, you might choose diet soda.

Low in calories and sugar, diet sodas appear to be a good alternative to sugary drinks. Diet sodas are 99 percent water, and when checking the nutrition facts panel, you should see less than 5 to 10 calories and less than 1 gram of carbohydrate per serving.

Even though they contain no sugar, diet sodas are usually sweetened with artificial sweeteners. They may contain natural or artificial flavors, coloring agents, acids, preservatives, and caffeine.

Research

At one time, there was much debate over the safety of artificial sweeteners. Many feared that these sweeteners caused certain types of cancer. Studies performed in the 1970s suggested that the artificial sweetener saccharin was linked to bladder cancer in male rats.

Since that time, however, saccharin has been deemed safe and has been used safely in the food supply for over a hundred years. It's 300 times sweeter than sucrose, or table sugar, so tiny amounts are used to sweeten foods and beverages.

The average person ingests less than one ounce of saccharin in a year.

The National Cancer Institute and the Food and Drug Administration (FDA) among many other regulatory and professional organizations consider the sweetener safe.

Aspartame, another common yet controversial sweetener, gained clearance for use in 1981 as a sugar replacement.

The FDA regulates artificial sweeteners as food additives. It reviews and approves artificial sweeteners before they can be sold. Some food additives are generally recognized as safe (GRAS) and have the FDA's approval.

Aspartame, saccharin, and sucralose are commonly found in diet sodas, and they're all FDA reviewed and approved.

Other commonly used sweeteners approved for use by the FDA include advantame, acesulfame potassium, and neotame.

What are the risks?

While diet soft drinks are safe, they provide no nutrients. In addition to diet soda, the ADA recommends drinking water, unsweetened iced, or hot tea, and sparkling or infused water, which similarly have no calories and few nutrients.

Although they contain carbohydrates, milk and 100 percent fruit juices can be wise choices when you consider the nutrients they provide. Be sure to limit fruit juices due to their high natural sugar content.

A 2000 study Trusted Source published in Archives of Paediatrics and Adolescent Medicine investigated the risks of drinking colas in youth.

The study found that drinking carbonated beverages was associated with bone fractures in teenage girls. Most of the girls drank regular sugar sweetened soda, while only 20 percent drank the diet version.

Although the same wasn't shown for boys, the study did raise concerns about replacing milk with soda during a critical time for bone development.

Diet soda consumption for adults only becomes problematic when the quantity consumed is very excessive. This can lead to higher intakes of caffeine if the beverages are caffeinated.

Replacing all water and dairy or 100 percent juice with diet soda in the diet can lead to missing essential nutrients.

The acceptable daily intake (ADI) is the level of intake considered safe. For an adult weighing 150 pounds, the ADI is 20 twelve ounce soft drinks or 97 packets of no-calorie sweetener such as aspartame.

Aspartame and diabetes

Aspartame is one of the most commonly used artificial sweeteners. Brand names include NutraSweet and Equal. Aspartame is a low-calorie sweetener that's 180 times sweeter than sugar and often used as a sugar substitute.

It contains no calories or carbohydrates, so it'll have no effect on blood glucose levels.

Aspartame is made of two naturally occurring amino acids, which are the protein building blocks for humans.

These two amino acids — aspartic acid and phenylalanine — are found in meats, grains, and milk. Aspartame breaks down into these two amino acids and a small amount of methanol, and it doesn't accumulate in the body.

The negative press around aspartame is mostly based upon animal studies.

Because rats don't metabolize in the same way as humans and most of these studies use extreme doses of the sweeteners for testing, the results don't reflect on the safety of aspartame for humans using a typical amount daily.

Another commonly heard urban myth is that artificial sweeteners make your body crave sugar.

In fact, many studies have found that people who replace full-calorie beverages with low-calorie sweetened ones tend to make healthier dietary choices and eat fewer sweets, subsequently losing weight.

Alternatives

While water is the top recommendation for hydration, most people prefer drinks with some flavour added in. If you prefer not to reach for a diet soda, there are several great options to choose from instead.

Milk is also an acceptable choice, though it's best to limit sweetened milk, like chocolate milk), and keep track of carbohydrates, since cow, rice, and soy milk all contain carbohydrates.

Other non-dairy milk alternatives may have fewer carbs, but they lack the nutritional value of cow's milk or soy milk.

Unsweetened tea is another option. Whether you prefer hot or cold, you can choose from a large number of different flavors and types of tea. Remember that adding a natural sweetener such as honey does add carbohydrate and can raise blood glucose levels.

Finally, when in doubt, try fruit-infused water. You can add fruit (especially berries), cucumbers, lemon, and herbs (like basil and mint) into your water. Sparkling water is also a good option, as long as it's carbohydrate- and calorie-free.

Takeaway

Whether it's to lose weight or manage diabetes, becoming proactive about reducing sugar intake is a positive step. Switching to diet soda may help you meet your goal.

Drinking a zero-calorie beverage may be a better option than the sugared variety, and there are many acceptable sweetener choices available.

Be mindful of your eating habits, physical activity, and beverage choices. This will help you better manage your blood glucose levels.

PROJECT ARUNDHATI: Women Wellness Day

Dr Rita Kalra



“Communities and countries and ultimately the world are only as strong as the health of their women.”

Women experience unique health issues and conditions, from pregnancy and menopause to gynaecological conditions, such as uterine fibroids and pelvic floor disorders. Issues related to women’s overall health and wellness also include violence against women, women with disabilities and their unique challenges, osteoporosis and bone health, and Non communicable diseases.

The women health stats 2020 highlight the issues which need attention.

40% women are anaemic

15.8% are in poor health

19.8% alcohol users



49.3% meet the physical activity requirement

12.7% smoke cigarettes

48.1% suffer from obesity

45.2% suffer from Hypertension

Out of 100000 women 829 die due to cancer, heart disease and stroke

We've come a long way since 1995--and it is time to celebrate women and their achievements. But it is also time to take stock of how women's rights are fulfilled in the world --especially the right to health. Twenty years after countries signed pledges in the 1995 Beijing Declaration and Platform of Action, women still face many health problems and we must re-commit to addressing them.

PROJECT PROFILE

Thinking of women and their health globally the world has made a lot of progress in recent years. We know more, and we are getting better at applying our knowledge at providing young girls a good start in life. And there has been an upsurge in high-level political will – evidenced most recently in the United Nations Secretary-General's Global Strategy for Women's and Children's Health. Use of services, especially those for sexual and reproductive health, has increased in some countries. Two important factors that influence women's health – namely, school enrolment rates for girls and greater political participation of women - have risen in many parts of the world.

And that is why Rotary International is partnering with Government health systems for developing a new global strategy for women's, children's and adolescents' health, and working to enshrine the health of women in United Nations' Sustainable Development Goals. This means not only setting targets and indicators, but catalysing commitments in terms of financing and action, to ensure that the future will bring health to all women and girls – whoever they are, wherever they live.

Methodology : Dedicating one day every month throughout the year for world women wellness is a unique initiative to educate, enable and empower women about their own health and wellness.

Special clinics to register women in KNOW YOUR NUMBERS CAMPAIGN on 9th of every month will ensure early detection, timely treatment and long term rehabilitation for healthy and long life.

Wellness clinic will lay emphasis on preventive health through active engagement and capacity building of volunteers and community platforms .

The wellness clinic shall provide a bouquet of holistic services that will include:-

Maternal and child health care thru OPD services

Screening through diagnostic test for anaemia, osteoporosis, heart diseases, diabetes, hypertension, cancer, lung diseases etc.

Basic management of health ailments

AYUSH consultations including Homeopathy, ayurveda and yoga

Rotary Clubs can coordinate with Public Health authorities for logistic support and volunteering, for screening camps

wellness talk on health and hygiene

healthy cookery quiz

Refreshment to engage with women visiting the hospital.

Health Cards

The women health card shall record demographic, socio- economic profile besides the examinations and screening tests which are indicators and determinants of women health . The health cards data and records will assist the authorities in development of program and policies benefiting women.

The numbers that matter are: Age, weight and height for calculating BMI, Blood pressure, Blood sugar and Haemoglobin. If the numbers fall within the range, the circle of safety (called IKIGAI in Japanese) is impenetrable.

Mahatma Buddha once said “Health is the greatest gift, contentment the greatest wealth” Lets pledge for healthy, happy and meaningful life by the secret of good health.

Slogan - Ek Chamach Kum Aur Char Kadam Aage

The ten main issues regarding women's health

Reproductive health: Sexual and reproductive health problems are responsible for one third of health issues for women between the ages of 15 and 44 years. Unsafe sex is a major risk factor – particularly among women and girls in developing countries. This is why it is so important to get services to the 222 million women who aren't getting the contraception services they need.

Maternal health: Many women are now benefitting from massive improvements in care during pregnancy and childbirth introduced in the last century. But those benefits do not extend everywhere and in 2013, almost 300 000 women died from complications in pregnancy and childbirth. Most of these deaths could have been prevented, had access to family planning and to some quite basic services been in place.

HIV: Three decades into the AIDS epidemic, it is young women who bear the brunt of new HIV infections. Too many young women still struggle to protect themselves against sexual transmission of HIV and to get the treatment they require. This also leaves them particularly vulnerable to tuberculosis - one of the leading causes of death in low-income countries of women 20–59 years.

Sexually transmitted infections: I've already mentioned the importance of protecting against HIV and Human Papilloma Virus (HPV) infection (the world's most common STI). But it is also vital to do a better job of preventing and treating diseases like Gonorrhoea, Chlamydia and Syphilis. Untreated syphilis is responsible for more than 200,000 stillbirths and early foetal deaths every year, and for the deaths of over 90 000 newborns.

Violence against women: Women can be subject to a range of different forms of violence, but physical and sexual violence – either by a partner or someone else – is particularly invidious. Today, one in three women under 50 has experienced physical and/or sexual violence by a partner, or non-partner sexual violence – violence which affects their physical and mental health in the short and long-term. It's important for health workers to be alert to violence so they can help prevent it, as well as provide support to people who experience it.

Mental health: Evidence suggests that women are more prone than men to experience anxiety, depression, and somatic complaints – physical symptoms that cannot be explained medically. Depression is the most common mental health problem for women and suicide a leading cause of death for women under 60. Helping sensitise women to mental health issues, and giving them the confidence to seek assistance, is vital.







Cancer: Two of the most common cancers affecting women are breast and cervical cancers. Detecting both these cancers early is key to keeping women alive and healthy. The latest global figures show that around half a million women die from cervical cancer and half a million from breast cancer each year. The vast majority of these deaths occur in low and middle income countries where screening, prevention and treatment are almost non-existent, and where vaccination against human papilloma virus needs to take hold.

Non communicable diseases: In 2012, some 4.7 million women died from non communicable diseases before they reached the age of 70 —most of them in low- and middle-income countries. They died as a result of road traffic accidents, harmful use of tobacco, abuse of alcohol, drugs and substances, and obesity -- more than 50% of women are overweight in Europe and the Americas. Helping girls and women adopt healthy lifestyles early on is key to a long and healthy life.

Communicable Diseases: Adolescent girls face a number of sexual and reproductive health challenges: STI s, HIV, and pregnancy. About 13 million adolescent girls (under 20) give birth every year. Complications from those pregnancies and childbirth are a leading cause of death for those young mothers. Many suffer the consequences of unsafe abortion.

Geriatric issues: Having often worked in the home, older women may have fewer pensions and benefits, less access to health care and social services than their male counterparts. Combine the greater risk of poverty with other conditions of old age, like dementia, and older women also have a higher risk of abuse and generally, poor health.

Health Musts FOR WOMEN OF EVERY AGE

 <p>20s</p> <ul style="list-style-type: none"> ▶ Develop healthy habits, like quitting smoking, minimizing drinking and eating right. ▶ Schedule annual physicals and pap smears. ▶ Get an HPV vaccine. Sexually active women should be screened for STDs. ▶ Limit sun exposure. 	 <p>30s</p> <ul style="list-style-type: none"> ▶ Build healthy exercise habits into your daily routine. Make sleep a priority. Strive for 8 hours. ▶ Find time to unwind. Chronic stress affects every system in a woman's body. ▶ Check your blood pressure. Hypertension begins to develop in a woman's 30s.
 <p>40s</p> <ul style="list-style-type: none"> ▶ Schedule a mamogram. Your doctor can help evaluate family history and schedule of future exams. ▶ Schedule diabetes screening. Type 2 diabetes is increasingly common after age 40. ▶ Exercise and eat healthy. Metabolism slows and muscle mass starts to decrease at 40. 	 <p>50s</p> <ul style="list-style-type: none"> ▶ Know your "heart-health numbers". These include cholesterol, blood pressure and diabetes. ▶ Get screened for colon cancer. ▶ Discuss menopause symptoms with your doctor and the risks associated with hormone therapy.
 <p>60s</p> <ul style="list-style-type: none"> ▶ Schedule a bone density test and increase daily calcium intake with diet or supplements. ▶ Get an pneumonia vaccine and a shingles vaccine. ▶ Increase your vitamin B12 intake. This nutrient produces healthy red blood cells, protects your nervous system and may help to prevent memory loss. 	 <p>70+</p> <ul style="list-style-type: none"> ▶ Take safety precautions to reduce risk of falling or injury. 50% of women with hip fractures never go back to pre-fall conditions. ▶ Eat healthy. Nutrition is more important than ever. ▶ Stay active - both mentally and physically.
<p>Every Woman Should Have...</p> <ul style="list-style-type: none"> ▶ A yearly dental exam and cleaning ▶ An eye exam every two years ▶ A yearly flu shot ▶ A yearly physical exam ▶ Periodic skin exams by a doctor 	

Comprehensive School Health Program by Tarang Health Alliance

Rahul Mehra PhD (rahulmehra35@gmail.com)

Executive Chairman, Tarang Health Alliance (www.Taranghealthalliance.org)

National Representative of India, UNESCO Chair for Global Health & Education

how to develop healthy lifestyle habits in their schools. Health Education should be a part of the basic curriculum, not something extra. The vision of Tarang Health Alliance (NGO) is that health education be mandatory at every grade level and in every school across India. Our mission is to

develop innovative educational materials and train teachers to implement a Comprehensive School Health Program in schools.

Over the last several years, we have developed Class VI & VII Student workbooks and Teachers Manuals for a curriculum which covers Physical, Social and Mental Health. The list of chapters in the books are listed here:

We have also developed additional materials to make health education engaging and enjoyable. For example, to educate children about a healthy diet, we have developed a Nutrition mat. This mat helps them keep record of what they eat during the day and reminds them to have a healthy diet. We have other engaging materials to teach proper hand-washing, impact of smoking tobacco etc.

In order to change the health habits of youth, we need a Comprehensive School Health Program. Health Education is the key component of the Program. It needs to be complemented by (a) Physical activity (at least 60 minutes per day) (b) Frequent parent engagement sessions (c) School Health Services (d) Healthy nutritional services at school (e) Emotional and physical safety at school and (f) Having teachers be role models.

When we conduct our program in any school, we provide the books, the additional educational materials as well as the slides, quizzes etc. The school teachers teach the health curriculum. We conduct teacher training for at least eight hours for the teachers of each school and support them over the year. Implementation of our Comprehensive School Health Program requires that the school commit to (a) at least forty hours of health education during the academic year. Evidence indicates that this duration of health education is needed to develop healthy habits among youth. (b) one hour per month for sessions with the parents of these students. The purpose of these parent engagement sessions is to educate the parents about healthy habits. These parent engagement sessions are conducted by us. During these sessions, employees of Tarang discuss topics related to nutrition, mental health or any health topic the parents want us to discuss.

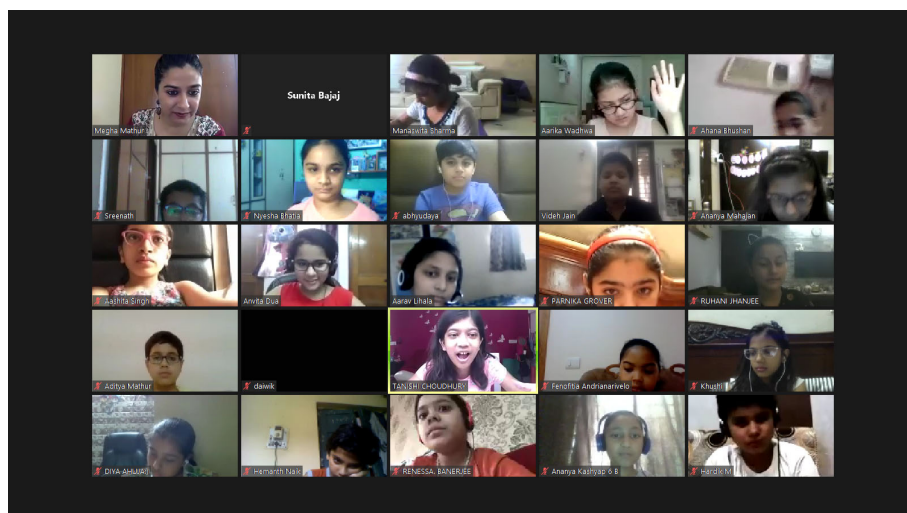
We also conduct a pre and post evaluation i.e. each student completes questionnaires at the beginning and end of the academic year. This is conducted in the school where students are receiving health education (Intervention schools) and in demographically matched schools where students do not receive any health education (control schools). This methodology allows us to evaluate the changes in health behaviors and knowledge among the students in the intervention as compared to the control schools over the academic year. The motivation for control schools to participate is because they become an intervention school the following year.

Our Comprehensive School Health Program was implemented by one private school in Delhi, India for their Class 6 students in 2020-21. Due to the pandemic, the teachers taught the classes online. Since access to technology was very limited among Government school students, the program was conducted in a private school. Tarang conducted the monthly online Parent Engagement sessions. The data from the questionnaires given at the beginning and end of the academic year was analyzed and it showed that the health behavior of the students in the intervention school improved significantly as compared to those in the control school, over this duration. This year (2021-2022), we are conducting our Comprehensive School Health program in six schools in two cities. Five of these schools are private where online teaching is being done and one government school with offline teaching of students. About 900 Class VI students are receiving health education in the intervention schools and there are about the same number of students in the control schools. We are collecting data from all these students. This data will be analyzed at the end of the academic year to determine the impact of the program on student's health behavior and knowledge.

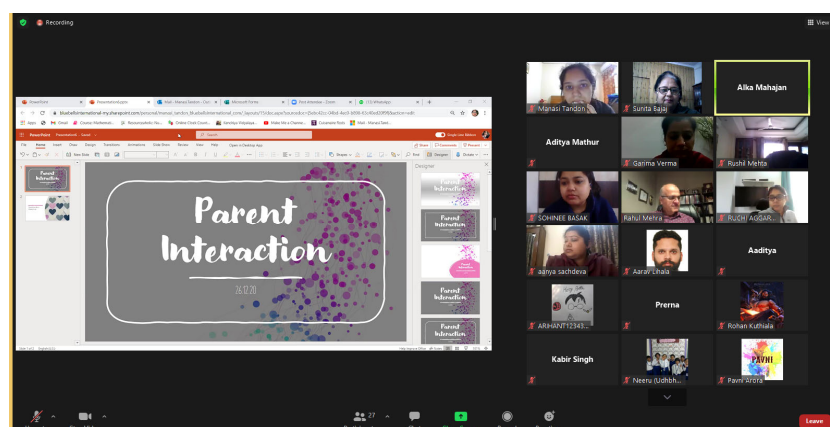
Our long-term goal is to (a) Conduct advocacy to make health education a mandatory subject in every school and grade level and (b) Scale up our Comprehensive School Health Program in schools across India. We are starting with Class 6 & 7 students as these books have been printed. Once the books for the remaining K-12 grades are developed, we will expand to the other grade levels as well.



Training for teachers at a private school over Zoom being conducted by me. The School Principal and teachers are in attendance.



A typical online health class being taught by a teacher.



A parent interaction meeting with parents of students being held over Zoom by me in DEC 2020

The Best Chance to Eradicate Polio is Now

by Aidan O'Leary Illustration by Viktor Miller Gausa

"There's something about the whole idea of eradicating polio that grabs the imagination," says Aidan O'Leary. "Most people talk about making steps toward achievements, and it's almost always into the never-never. Eradication is a zero-sum game; anything short of zero is failure. You keep getting closer and closer, but ultimately the only number that actually matters is zero."

Although O'Leary, the polio eradication director for the World Health Organization, is speaking from his home in Galway, against the verdant backdrop of western Ireland, his focus is on war-torn Afghanistan and the parched and dusty plains of Pakistan — the last two places on the planet where wild polio still thrives.

What is the latest update on wild poliovirus?

The numbers are extremely encouraging. We've gone over a very bumpy road during the last two years. We had a fivefold increase in cases between 2018 and 2019, when we saw 176 cases, and we had 140 cases in 2020. But we've recorded just two cases this year [as of 27 July] — one each in Afghanistan and Pakistan. [Both cases were in January.]

READ THE FULL ARTICLE ON THIS LINK

<https://www.rotary.org/en/best-chance-eradicate-polio-now>



Moving the Needle on Vaccine Uptake

Addressing vaccine hesitancy is not a new challenge in public health. But the issue has been thrust into the spotlight since COVID-19 vaccinations began, often with a myopic focus on the refusal of people to use available doses.

The result? A single story that clouds the real, complex barriers to vaccine uptake.



A child is immunized in Kwitanda, Malawi. Photo credit: Paul Joseph Brown

Vaccine hesitancy is [defined](#) as the delay in acceptance or refusal of vaccines despite their availability. According to the World [Health Organization's "3C's model"](#) there are three main factors at play: confidence, complacency and convenience.

Complacency appears when there is a low perceived risk of vaccine-preventable diseases so vaccination is not deemed necessary and other health issues may become a higher priority. A lack of confidence reflects low levels of trust in vaccines, the delivery system, or health authorities. This may include doubts about vaccine efficacy, motivations of policymakers, or mistrust rooted in a history of unethical public health practices.

Vaccine convenience is the extent to which barriers related to physical availability of vaccines, geographic accessibility, affordability and acceptability of services impact vaccine uptake.

These factors are of course also compounded by well-documented broader [vaccine delivery challenges](#), such as [unreliable funding](#) and an already-stretched [health workforce](#).

Given the challenges around COVID-19 vaccine delivery, we need solutions informed by the range of complex reasons for vaccine hesitancy. Getting people vaccinated is not as simple as getting a supply of doses. It is critical to reach people where they are with overlapping strategies to address complacency, boost confidence, and improve convenience.

That's why VillageReach is implementing a number of initiatives to address hesitancy and ensure health services reach the most under-reached communities.

First, social listening is a valuable strategy to understand concerns and community priorities, whether it's about vaccines or another health service. Better data on the drivers of hesitancy are needed, so countries can effectively tailor communications and demand generation strategies that make a

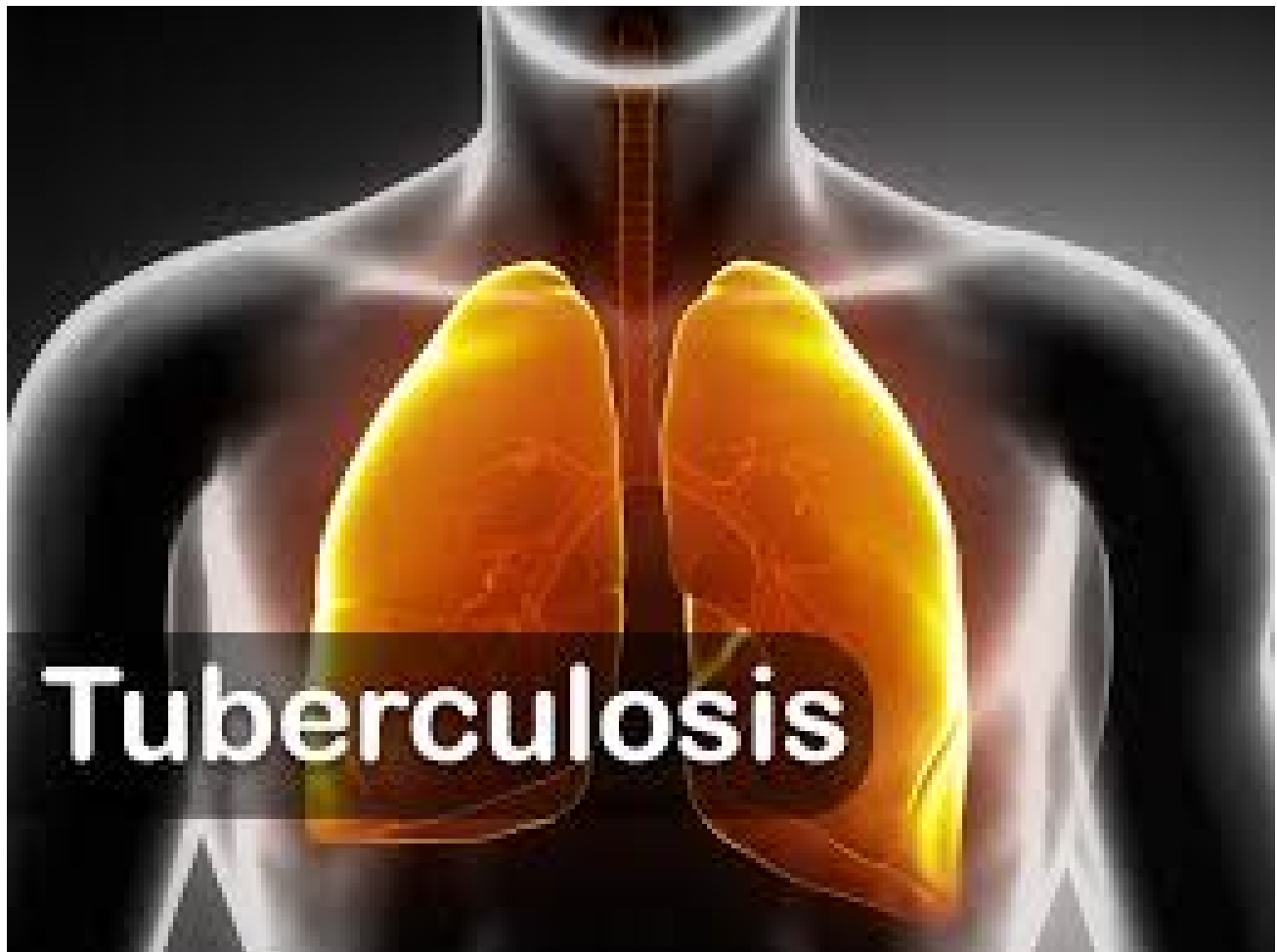
compelling case for COVID-19 vaccines. Through social listening and integrated data collection efforts, countries can access a clearer picture of the specific barriers to vaccine uptake and design interventions that are more effective.

We've worked with Praekelt to develop a communication and data collection platform in the Democratic Republic of Congo (DRC) and Côte d'Ivoire called VaccineCheck. The app not only provides accurate vaccine information but also tracks community concerns and misinformation. Utilizing data harvested from the app, ministries of health can develop strategies to better reach communities with information about the risks of COVID-19 and the urgent need to get vaccinated.

We also know that health workers can play an essential role in combating vaccine hesitancy by building trust in vaccines. But in remote communities, barriers of convenience can hinder critical, consistent in-person contact. The Malawian Ministry of Health and Population has been leveraging [Chipatala cha pa Foni \(CCPF\)](#), a toll-free health hotline staffed by trained health workers, to provide accurate information. VillageReach supported CCPF from the very start and more recently has helped by adding COVID-19 vaccine-related content to the hotline.

Finally, it's important to ensure that the process of getting vaccinated is convenient, by making it as accessible as possible. VillageReach works with governments to strengthen supply chains and find innovative ways to deliver healthcare to remote communities. In the DRC, for instance, we have taken on direct-to-facility supply chain optimization work that has improved the availability of several vaccines.

It is only by understanding the wide range of factors leading to vaccine hesitancy that we can develop effective solutions to increase vaccine demand and ensure a rapid, equitable rollout of COVID-19 vaccines. In addition, the global community must support this work by investing in the right delivery systems and supportive tools — simply securing doses for low-income countries will not be enough. Ultimately, we must push for a well-funded, people-centered approach built on trust so that countries can meet individuals where they are, effectively deliver vaccines, and end this pandemic as soon as possible.



THE TB HUT

The TB elimination services under in roof

On January 1, 2020, India's TB control programme has been rechristened as the National Tuberculosis Elimination Programme (NTEP). The change in name is in line with the larger goal of eliminating the disease by 2025, five years ahead of the Sustainable Development Goals target.

TB is not just a disease but a socio-economic problem. So this requires every section of the society to be playing its part in fighting to end the disease." The goal to end TB by 2025 got a much needed boost with the World Health Organization stating that the indigenously developed molecular test (True Nat MTB) for diagnosing pulmonary and extra pulmonary TB and Rifampicin-resistant TB has high diagnostic accuracy enabling early initiation of treatment to break the transmission cycle and achieve better cure rates.

It is proposed to start comprehensive services under one roof for better goal achievement & avoid intermingling of services inside the hospital for every district in Haryana.

TB HUT shall include:

Diagnostic X-ray/ sputum testing Lab Counselling & consultation (OPD)DOT

Centre for dispensing medicines Nikshay Portal services, bank transfer to beneficiary, reporting, incentives, (Admin services) stores etc.

Nutrition supplement program & self help groups HIV Tb Co infection management Hospitalization services (IPD) to continue inside civil hospital

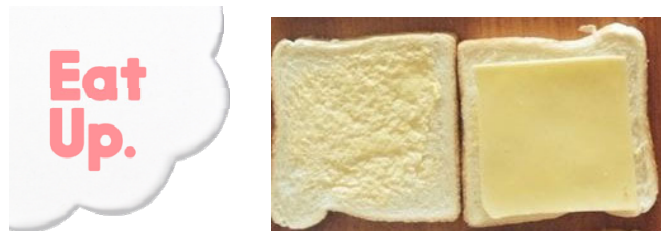
Budget :- The land shall be provided by government authorities.

The design & estimates to be approved by Civil Surgeon & after project execution by NGO under CSR to be handed over to government.

Infrastructure – prefabricated 2000 sq. feet – 7000000/-Air conditioning & electrical fittings – 200000/-



Rotary Club of Litchfield/Palmerston's Eat Up Project



It may be only a cheese sandwich but, for children who come to school hungry, it provides a small meal, which can make them happier and able to learn better.

Launched in the Northern Territory by the Rotary Club of Litchfield/Palmerston in February 2021, in collaboration with Eat Up Australia, the Club has embraced this project and has celebrated birthdays, and Matt and Mel's 1st wedding anniversary in July, all while making a simple cheese sandwich.

Eat Up Australia is a not-for-profit organisation, started in 2013 by Lyndon Galea, from Shepparton in Victoria, after reading an article in his local newspaper about teachers providing sandwiches to their students because they were hungry.

In 2020, Eat Up Australia was active in Victoria, New South Wales and Queensland before launching into the Northern Territory and Western Australia in 2021.

The Club provides cheese sandwiches, at no cost, to eight (8) schools in Litchfield and Palmerston, every three weeks, to support students make the most of their learning opportunities. Cheese is a good source of calcium, and Vitamin K in cheddar cheese is a key nutrient for healthy bones and

teeth. Since January 2021, Team NT with our lunch making skills, have made, wrapped, packed and delivered 7,640 sandwiches to the schools.

In August, the Club was privileged to have District Governor Martti and Karen travel out to Howard Springs to give Team NT a helping hand prepare the sandwiches and Karen together with Club Secretary, Valerie Wilkie, delivered the sandwiches to the three schools in the rural area just outside Darwin.

The Club meets on a Sunday afternoon, at the local community room, to prepare the sandwiches for delivery on Monday morning. When delivered, the schools freeze the sandwiches, and can then provide their students with a defrosted or toasted sandwich for either breakfast or lunch!

A big shout out to Water Dynamics/Southern Cross who came on board in April 2021 to sponsor the purchase of the bread required for the project until December 2021. All the products, bread, spread and cheese, are sourced locally for the project. Eat Up initially provided the tablecloths, gloves and the large boxes of cling wrap to start the project.



This is the way we PREPARE, STACK, WRAP and PACK sandwiches



Delivery of the sandwiches to schools in the Rural area

My First Migraine: 6 Stories

Six community members share their experiences about the first time they had a migraine attack.



As anyone who has experienced migraine would be able to tell you, a migraine attack is far from just a headache. Living with migraine, especially when it is chronic, can be debilitating.

Migraine is a neurological condition that can be:

Episodic, when symptoms occur for fewer than 14 days per month

Chronic, when symptoms occur for more than 15 days a month for over 3 months in a row

The most commonly reported symptom of migraine is an intense headache. However, other symptoms are common as well, including nausea, vomiting, numbness or tingling, sensitivity to light, sound, or smell, and difficulty speaking. If you have never had a migraine attack before, it can be scary or confusing when you first experience symptoms. Because different people experience symptoms of migraine differently, it can be hard to recognize that you are having a migraine attack. If you are currently experiencing or have recently experienced your first migraine, you are not alone. Members of the Migraine Health line community shared their stories about the first time they had a migraine episode.

I was on an international flight

“My first experience with a classic migraine with pain was when I was 20 years old and on a long international flight from England to Malaysia.

“I had no medication other than Tylenol. It became a full-blown migraine and I had to sleep in the crew seats until we landed. I felt so sick.

“It was scary because it was so painful and I had no medication. I did know what was happening because my mother also had migraine, but I was travelling alone.

“Once I landed, I met my friend and I slept it off. Luckily, I felt fine the next day. After that, they were episodic for a long time before turning chronic.” — Lexi

It was just after the birth of my daughter

“My first migraine happened about a week after my daughter was born in 1997. I saw flashing lights when my eyes were closed and then got a massive, painful headache.

This lasted about 7 weeks and then finally went away.” — Dizzy Dane

It started when I was 12 years old

“My first ‘migraine’ was when I was 12. I woke up one day with pain in my head and it never left.

“Over the years, the pain would change and become worse or more tolerable.

“I assumed since I wasn’t nauseous anymore that they weren’t migraine attacks, so I just treated the pain with over-the-counter medications every single day. I wish I had been given proper education back then.

“Fast forward to 2019, I had my first ever neurologist appointment. He diagnosed me with chronic migraine and started treatment right away. I think it was too little too late because now I have chronic intractable migraine.” — Courtney Lynn

I put a cold butter knife over my eye

“I don’t actually remember my first migraine, but I was around 8 years old.

“I do remember that when I had migraine attacks around that age I would put a butter knife in the freezer for a while, then place it over my left eye, where my pain was. I would go to bed and make everything as dark as possible.

“My mom had migraine too, so we knew what they were.” — Claudann

I was in the car as a teenager

“The first time I had a migraine was when I was about 14. I was in the car with my mom and I had a very typical visual aura and then the head pain.

“Both my parents have migraine so I was familiar with some symptoms. It was painful and frustrating, but I think my biggest concern was worrying about finishing my homework!

“I did realize recently that they probably started years before that, very intermittently, but I didn’t recognize the symptoms as migraine until later on.” — LeahBee

I was cooking dinner

“I was fine and cooking supper when suddenly my balance and perception were way off. Then the headache hit, and I lost feeling on the left side of my body.

“My friend tried to help and rubbed my neck because my head felt too heavy for my body. The pain was so bad I couldn’t even stand to touch my hair. It was terrible!” — Debbye002

The bottom line

The first time you have a migraine attack can be scary, confusing, and stressful.

While there isn’t currently a cure for migraine, there are steps you can take to manage your symptoms and reduce the frequency of your migraine attacks.

Speaking to a primary care doctor or a neurologist is a great first step as they can help you come up with a treatment plan.

Whether you have only recently experienced your first migraine, or have had chronic migraine for many years, talking to others who know what its like can help.

Around the World with Rotary: One Man's Journey

By PDG Karl Diekman

I recently had the opportunity to participate in the dedication of a WASH project at the Karen C Primary school that my club, the Rotary Club of Woodland, California, USA worked on with the Rotary Club of Karen, Kenya. While in Karen I also had the good fortune of being the club program where I presented "Around the World with Rotary: One Man's Journey."

With this brief introduction you may be asking what this has to do with HEWRAG. My answer is everything, read on and see if you agree.

The current WASH project was inspired by the conditions that prevented nearly 1,300 school children from attending school due Covid-19 pandemic. The simple problem was that there was an inadequate water storage and a lack of wash basins which prevented the school children from performing the basic health safety measure of washing their hands. The story could be long but suffice it to say that together the clubs developed a Global Grant project to install a water storage system and enough wash basins so the school children could attend to necessary hand washing as a Covid-19 preventative measure. I was fortunate enough to attend the October 13, 2021, completion ceremony.

The thing that may not be quite so noticeable about the genesis of the current WASH project is that hand washing was a key component of the District 5160 and the Rotary Club of Karen's Kenya Smiles project which was completed about 6 years ago. It was out of the sustainability effort of Kenya Smiles that HEWRAG was formed. Time passes but friendship last.

When we visit Rotary clubs far away from our homes, we are often asked to make presentations and my trip to Karen was no exception. As I pondered what I could share that was relevant to my long-time friends in Karen I thought I could use my personal experience to highlight opportunities for service. In this program I took the Rotarians through a pictorial journey of my nearly 4-decades of Rotary experience. I was particularly proud as we looked at the group photo of my club and I was able to explain who each member of our project committee was and how they individually contributed to the success of the WASH project.

No presentation of my many years of Rotary experiences would be complete without explaining my personal philosophy of making certain that each trip I make to attend a Rotary function or participate in a Rotary project includes a little personal adventure. It was through this series of photos that I was able to illustrate the more than 85 countries that I have had the opportunity to visit and explore.

Again, you ask what has this got to do with HEWRAG? In just one example, I have visited Rotarians in more than a dozen countries helping find opportunities to engage in cervical cancer prevention projects. Cervical cancer prevention is one of HEWRAG's key areas of interest. Or to say it another way, my Rotary experience has everything to do with HEWRAG, just as your Rotary experience has everything to do with the things you are interested in.

For more information please contact PDG Karl Diekman at kddiekman@aol.com





Karl giving his talk at the RC Karen



Karl trying out the new basins

Plaque Disclosing Tablets

Everyone has a buildup of biofilm, right? Yes. So shouldn't that mean that it's not a big deal? Unfortunately, that's not true. Biofilm, commonly known as plaque, is not something you want to build up in your mouth. Luckily with the help of plaque disclosing tablets and solutions, you can easily detect the presence of plaque in your mouth. Find out how these solutions work and how they can help you protect your smile.

What's the Deal with Plaque?

Plaque is the sticky film that covers your teeth. So why is plaque problematic? Plaque contains bacteria, which can release acids following a meal containing sugars. These acids attack tooth enamel. With repeated attacks, your enamel can break down, resulting in cavities, also known as dental caries.

When plaque builds up and isn't removed regularly by brushing, it eventually can harden into tartar. When tartar collects around your gumline, your gum tissue can become swollen. This is the early stage of gum disease.

How Do Disclosing Tablets Work?

If you're wondering whether you have a buildup of plaque, one way to test for it is by using disclosing tablets. After chewing a tablet and rinsing your mouth, pink-stained areas will develop on your teeth. These are the areas that contain plaque in your mouth.

Two-tone plaque disclosing solutions are also available to differentiate between new and old biofilm. A report in the World Journal of Pharmaceutical Research highlights a three-tone plaque disclosing solution, which can identify new, old, and acid-producing biofilms.

To Disclose or Not to Disclose?

Plaque disclosing tablets, mouthwashes, or solutions can help you determine if there are parts of your mouth that you aren't brushing enough.

They can also be handy if you're an orthodontic patient. During orthodontic treatments like getting braces, you might have a more challenging time brushing your teeth. A study in the Turkish Journal of Orthodontics highlighted this. The participants in this study were all orthodontic patients. They were divided into three groups: the first one was motivated by conventional oral hygiene instructions, the second one was given plaque disclosing tablets in the dentist's office, while the third group experienced the same chairside demonstration and was also given at-home disclosing tablets. The study concluded that the self-application of disclosing tablets at home and repeated oral hygiene motivation can result in improved oral hygiene.

Another study in the International Journal of Clinical Pediatric Dentistry points out that dental plaque disclosing can be an effective strategy in infants to prevent early childhood caries (ECC).

Of course, the use of a plaque disclosing mouthwash needs to be accompanied by a vigorous oral hygiene routine. You must brush twice a day and floss daily. And don't forget to check with your dentist about whether incorporating disclosing tablets into your oral care is right for you.

Prevention is often better than cure, and it's especially so in the case of plaque buildup. Disclosing tablets can help you improve your oral hygiene routine and ensure that nothing causes your smile to waver!

COMMUNICATING WITH AUTISM

An autistic person may display behaviours of concern and you may not know why...

As you may know, an autistic individual does not usually behave in distressing ways just because they want to.

There's often a REASON behind their behaviour or it might be their only way of telling you something's wrong...

All Behaviour Is a Form of Communication

...therefore, it's essential we understand the causes of behaviours of concern and know what practical strategies will help you to effectively support and care for them.

- Some of the triggers of an autistic individual's behaviour could be...
- They are in pain or their medicine isn't agreeing with them.
- They're unable to communicate they're hungry, thirsty or tired.
- Arousing Triggers Such As Direct Eye Contact, Touch and Spectators of an Incident
- Demands and requests of them.
- Non-verbal behaviours such as aggressive postures and stances.
- Their routines suddenly change and time is unstructured.
- Communication difficulties from not being understood.
- They can't get something they REALLY want or need.
- Their Environment is too noisy or quiet, hot or too cold, dark or too bright
- They're feeling anxious or upset because of something that happened or may happen.

These and many other triggers can cause stress, anxiety and frustration for autistic children and adults.

That's why we REALLY need to have a deeper understanding of autism as well as learn practical strategies, tools and resources to best support children and adults on the autism spectrum.

Our next zoom presentation

We are planning our next Zoom presentation in January where we will be showcasing Village Reach, an organisation that specialises in delivering medical help and health information into very rural areas of Africa. The following article is a glimpse into one of their many varied activities.

Three Months of Drone Delivery in DRC

Olivier Defawe, VillageReach Director Health Systems / Drones for Health Lead

It never ceases to amaze me that the DRC government, with its drone provider [Swoop Aero](#) and our DRC [VillageReach](#) team, have re-supplied health centers more than 100km away (4–10 hours by road and/or boat) using a fleet of four drones, for five days per week since the beginning of 2021. These remarkable drones travel 8–11 hours each day over dense forest and the Congo River in Equateur province — an extremely challenging terrain — without reliable connectivity (even SatCom)!

Drone in Equateur province, DRC.



Over 90 working days, Swoop Aero's fleet of drones has flown over 40,000km, performing over 900 flights (400 flight hours) transporting vaccines, health products, and returning with lab samples and reports, and more. From its primary and secondary drone hubs (allowing longer distances), Swoop Aero delivers life-saving health products to 27 health facilities via 12 landing sites. And the network is still growing to reach a fleet of 10 drones, 25 landing sites supplying health

products to 70 health facilities in the province.

Every morning when I receive the daily flights and delivery reports, it gives me such joy to know that people — no matter how remote their communities might be — are getting the vaccines and medical products they need to thrive. I just have to shout “CONGRATULATIONS!” to the dedicated health workers and logisticians at all levels of the health system in Equateur province, to the local Swoop Aero pilots and ground operators, and to the dedicated VillageReach team.



Top left: Map of drone delivery in Equateur province, Top right: Terrain of drone route, Bottom center: Drone landing site.



It's time to make a stink!

It's unclear who first invented the toilet. Early contenders include an ancient settlement in Scotland dating back to 3000 B.C. and a palace on Crete that was built around 1700 B.C.

Fast forward to today: around 60% of the world – 4.5 billion people – don't have a toilet that safely manages human waste at home.

Here's why it matters:

Toilets save lives! Without toilets, deadly diseases spread rapidly.

Over 750 children under five die every day from diarrhoea caused by unsafe water, sanitation, and poor hygiene.

Would you show up if there were no toilets at your school?

Globally, 1 in 3 schools do not have adequate toilets, and 23% of schools have no toilets at all.

Schools without toilets can cause girls to miss out on their education.

Without proper sanitation facilities, many are forced to miss school when they're on their period.

Toilets are a great investment. Every dollar spent on sanitation has a return of US\$5.50, according to WHO research.

But still, 892 million people worldwide practise open defecation, meaning they go outside – on the side of the road, in bushes or rubbish heaps.

It's often a matter of where they live: 90% of people who practice open defecation live in rural areas.

It's time to make a stink! In order to get everyone in the world using toilets, we need to triple our current efforts. That doesn't just mean more toilets, but creating the desire for people to use them.

[UNICEF works in more than 190 countries and territories](#), and over the last four years has helped more than 70 million people gain access to basic toilets in their homes, and improved sanitation services in over 51,000 schools.

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- Jane Little, Past District Governor, District 5010 (Alaska, USA)
- Miguel A. Martinez Pereyra, Past District Governor, District 4890 (Argentina)
- Rajendra K. Saboo, Rotary International President, 1991-92, District 3080 (India)
- Laura Young, Past District Governor, District 5160 (California, USA)
- Dr. Rita Kalra, Rotary Club of Midtown Chandigarh, District 3080 (India)
- Dr Rami Sarkis Rotary Club of Beirut, Lebanon District 2452

Health Education and Wellness Rotary Action Group Advisory Board

- Clifford L. Dochterman, Rotary International President, 1992-93, District 5160 (California, USA)
- Richard D. King, Rotary International President, 2001-2002, District 5170 (California, USA)
- Barry Rassin, Rotary International President, 2018-2019, District 7020 (New Providence, Bahamas)
- Phil Silvers, Past Rotary International Director, District 5500 (Arizona, USA)
- Carolyn Jones, Past Trustee, The Rotary Foundation, District 5010 (Alaska, USA)
- Steve Yoshida, Past District Governor, District 5000 (Hawaii, USA)
- Bill Gray, Past District Governor, District 7040 (Canada)
- Dr. Bob Warner, Jr., Past District Governor, District 6150 (Arkansas)
- Nadezhda Papp, Past District Governor, District 2220 (Russia)
- Morrison Heth, Past District Governor, District 5450 (Colorado, USA)
- Dr. Emman Ude AKPEH, Past District Governor, District 9142 (Nigeria)
- Dr. James P. Green, Assistant District Governor, District 5110 (Oregon, USA)
- Al Jubitz, Rotary Action Group for Peace, District 5100 (Oregon, USA)
- James H. Goddard, Rotary Club of Denver, District 5450 (Colorado, USA)
- Michael Mead, Rotary Club of Balgowlah, District 9285 (Australia)
- Bruce Mills, Rotary Club of Logan, District 9630 (Australia)
- Dr. Sanjay Kalra, Rotary Club of Midtown Chandigarh, District 3080 (India)
- Chinelo Ude Akpeh, Rotary Club of Onitsha East, District 9142 (Nigeria)
- Dr. Richard Godfrey, Rotary Club of Niles, District 5170 (California, USA)
- Richard Clarke, Past District Governor, District 5020 (Canada)

The goal of the Health Education and Wellness Rotary 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. Rotary members are encouraged to promote the action group in their districts and especially in their clubs.

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

