



Health Education and Wellness Rotarian Action Group (HEWRAG)

*Rotarians Working Together To Improve World Health*

## Volume 1, Issue 3 - September 2015

[www.hewrag.org](http://www.hewrag.org) [hewrag@gmail.com](mailto:hewrag@gmail.com)

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

### Greetings!

As we come to the close of the first year of the Health Education and Wellness Rotarian Action Group, we would like to extend heartfelt appreciation to our Board of Directors, Advisory Board, the staff at Rotary International, and to all members and friends for helping with the reorganization, participating in the new activities, volunteering at the International Convention and other events, submitting newsletter articles, sharing project information, and providing suggestions and encouragement for expanding HEWRAG's focus and opportunities for service.

### HEWRAG Activities at the 2015 Rotary International Convention

The Rotary International Convention in São Paulo provided a great opportunity to greet many members and to welcome new ones in various formal and informal conversations and settings. Our scheduled activities were:



#### **An Information Booth in the House of Friendship:**

A central location, knowledgeable and helpful volunteers, interesting projects, and substantial traffic made for a productive and enjoyable time that passed quickly.

#### **Breakout Session: "Successful and Effective Strategies and Resources for Health Education Projects and Community Health Fairs" on Monday, June 8, 2015**

PDG Karl Diekman was the excellent moderator, and PDG Laura Day, Jeff Bamford, PDG Jane Little, and Sheila Hurst were panelists. The room was full, and the interaction was lively. Presentations are online at [www.hewrag.org](http://www.hewrag.org).

#### **Annual Meeting Highlights: Holiday Inn Parque Anhembi, Monday, June 8, 2015**

- An summary described the collaborative transition from (continued on the next page)

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the World Health Fairs Rotarian Action Group and the Kenya Smiles Project to the Health Education and Wellness Rotarian Action Group and an expansion of focus.

- A motion to change the dues structure passed unanimously. Annual membership dues are now \$30 and 5-year membership dues are \$125. Existing Lifetime Memberships will be honored with no additional dues collected or required.
- Upcoming events and projects were announced.
- Suggestions for newsletter articles were offered.
- Activities for the 2016 Rotary International Convention were discussed.
- Elections for the Board of Directors at the Annual Meeting in Seoul, Korea.

### Upcoming Events:

**October 20 to October 30, 2015. Kenya Smiles Project to Train the Trainers in western Kenya.** Health care workers, educators, parents, and others in western Kenya will participate in an oral health care preventive education and training program that will be provided by HEWRAG, local Rotarians, and community leaders.

**December 30, 2015 to January 5, 2016. The 3rd Annual Myanmar Medical and Humanitarian Mission.** Members of HEWRAG will again participate with medical and dental professionals and others to provide medical care, treatment, and education. Reports on activities and impacts will be provided in upcoming newsletters.

**January 15 and 16, 2016. The Rotary Peace Conference in Ontario, California USA.** This is part of the Rotary International Presidential Conference Series. Daw Tin May Aung from Myanmar will be speaking about the prosthetic hand program that is part of the Myanmar Medical Mission. For more information on the Peace Conference, please go to [peaceconference2016.org](http://peaceconference2016.org)

**May 28 to June 1, 2016: Rotary International Convention in Seoul, South Korea.** We plan again to have an Information Booth in the House of Friendship, a Breakout Session, and our Annual Meeting. Please let us know if you would like to volunteer in the Booth and/or be involved in other ways. More information will be included in the February 2016 newsletter.



We welcome your comments and suggestions and hope to see you at these and other upcoming events and in Seoul!

With Warm Regards,

Co-Chairs Jane Little and Sheila Hurst



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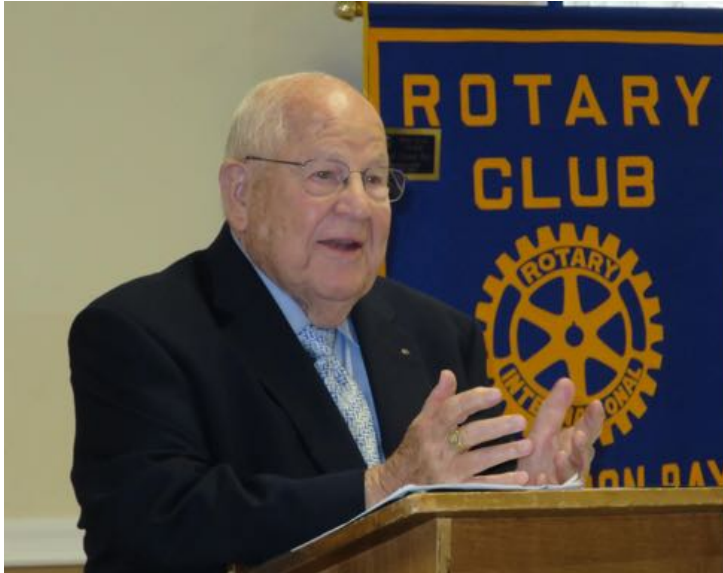
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## HEWAG Off to a Great Start

**Cliff Dochterman, Rotary International President, 1992-93  
District 5160, California, USA**



It is encouraging to observe the acceptance, support, and enthusiasm being created by the Health Education and Wellness Rotarian Action Group. This high level of interest was especially shown at the recent Rotary International Convention in São Paulo, Brazil. Not only did hundreds of Rotarians and guests visit the HEWAG booth in the House of Friendship, but interested delegates crowded the break-out session which discussed the work of the Action Group.

Rotarians are well aware that basic health practices, personal hygiene activities, and the availability of simple medical equipment or supplies are vital to fighting disease, illness, and long term disabilities. Often these steps in health education or supplying the necessary equipment are fairly easily accomplished by Rotarians who may not be trained medical professionals. Distribution of toothbrushes, personal sanitation and hygiene products, water purification techniques, malaria bed nets, and other basic supplies for first aid treatment are important steps for a wellness program in areas where such supplies are not readily available.

I was amazed recently how easy and fast it was when several Rotary Clubs in our community collected hundreds of crutches, canes, walkers and wheelchairs for a program called "Crutches For Africa." Huge containers are now on their way to assist people with long and short-term mobility problems in the African continent. And we know that there are similar "health and wellness" conditions existing in every part of the world.

The Health Education and Wellness Rotarian Action Group encourages your ideas, suggestions, and concrete examples of additional Club projects, collections, and distributions of health and wellness supplies, equipment and instructional materials.

The HEWAG is off to a great start – let's keep it going!



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## Open World Delegation from Yakutsk, Russia... Visiting Alaska USA to Study Health Fairs

### Will Files, Rotary Club of Homer Kachemak Bay, Alaska, USA

Four health professionals and a journalist from Yakutsk, Russia spent a week in Alaska in May 2015. Their purpose was to review the health fair program in Homer and to meet with health care providers in Homer and Anchorage. Host Rotarians provided opportunities for personal and professional sharing.



*Dr. Downey gave the team an overview of the South Peninsula Hospital in Homer*

The team was part of the Open World Program sponsored by the United States Library of Congress. Groups from Russia and former Soviet Republics are invited to the US for exposure to professional practices in areas of medicine, rule of law, the environment, energy, and other issues of importance.

They had 3 extremely busy days in Homer with visits to the hospital, medical clinics, the mental health center, high school, college, the City Council, Chamber of Commerce, senior center, women's shelter,

alcohol and drug abuse center, eye clinic, radio station, newspaper office, and Hospice.

One of two Rotary potluck/fellowship evenings provided a boat trip across Kachemak Bay for fish chowder.

The four days in Anchorage included a visit to the Alaska Department of Health Tuberculosis and Infectious Diseases Laboratory. Rotary Past District Governor Ted Trueblood later traveled to Yakutsk, met with local leaders there plus members of this team, and discussed plans to develop a Tuberculosis screening/treatment program to be jointly developed with Rotarians and the local/regional health authorities - a very exciting endeavor. (continued on the next page)



*Dimitriy Kovalaskiy, Anna Sokolova, and Natalya Portnyagina visit the Food Pantry in Homer*



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Anchorage stops included Providence Medical Center, the Alaska Native Tribal Health Consortium, the Alaska Medical Missions Office, Gregory Kaplan of US Senator Lisa Murkowski's office, the Anchorage Museum, and the Alaska Native Heritage Center

Long time Rotarian "Meg" Girard and his wife, Natasha, hosted a going away party and Banya (Russian sauna). An American BBQ consisting of hot dogs, hamburgers, potato salad, beans, and halibut gave them a memorable taste of Alaska.

*Senior Center Director Kelley welcomes Olga Petrova, Natalya Portnyagina, Anna Sokolova, Keren Kelley, Nadezhda Guryeva, Ilya Kvyatkovskiy, and Dimitri Kovalskiy*

For more information about this program, please write to [will@wfiles.us](mailto:will@wfiles.us)

## Education at the Forefront of Palliative Care

**Ian E. Lancaster, RN, BScN(PC), CPN, CHPCN(C)  
Assistant Rotary Coordinator, Zone 24 East  
Rotary Club of Northumberland Sunrise, District 7070, Ontario, Canada**

In May and June 2013, District 2760, Aichi Prefecture, Nagoya, Japan and District 7070, the greater Toronto, Ontario, Canada area, shared a Vocational Training Team (VTT) exchange in a field not often discussed, hospice palliative care or as it is also known, end-of-life care.

Hospice palliative care endeavours to provide active compassionate care for patients and their families at a time when traditional curative treatment is no longer an option at a point where control of suffering and pain has become increasingly important. "Palliative" is derived from the Latin word 'pallium' or cloak, metaphorically 'cloaking' the symptoms of terminal illness while aiming to provide comfort. As early as the 16th century, doctors used the term 'palliation' to describe alleviation of suffering. Dr. Balfour Mount, a Canadian surgeon who is considered the father of palliative care in Canada, is credited with instituting the term "palliative care" for the type of care he started administering in 1973, care that was meant to improve the quality of patients' final days. (continued on the next page)



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Palliative care involves a multidisciplinary team; nurses, physicians, social workers, physiotherapists, dieticians, volunteers, chaplains and legal advisors. The Canadian Team included a palliative care physician, chaplain, nurse practitioner in palliative care and nursing supervisor in Long Term Care. The Japanese Team comprised a palliative care physician, psycho-oncologist, pharmacist and palliative care nurse.

As the Rotarian leader of the Canadian Team, I was able to share in the experiences of my fellow team members in Japan, and as a practising clinician in palliative care I developed the program for the Team members from Japan while in District 7070.

Here are comments of one of each of the teams in the exchange in relation to their VTT activities and its impact on the needs of their respective communities.

“Our Canadian Team had the opportunity to meet with eight hospital, hospice and community based palliative care teams. There was a wide variety in the composition of these teams; however a unifying factor was their commitment to the provision of quality palliative care to their populations. As palliative care is relatively new in Japan, we noted providers to be committed, motivated and focused on innovation and improvement; our experiences broadened our vision and expanded our toolkit of ways to approach palliative care at a local level.”

“Currently, palliative medicine, in cancer care in particular, is an area that is attracting a lot of attention and is increasingly considered important. By having an opportunity to conduct palliative care training in Canada, the birthplace of the term “palliative care”, the problems facing palliative care in Japan were put into sharper focus, and at the same time (we) were able to get an idea of how to spread palliative care in the community. In that respect, it was a very valuable opportunity.” [Translated]

The way we provide for the dying across the globe is a measure of the care and compassion we have for them and their journey along the path. All deserve respect, love, and living well with dignity and comfort to the end of life.

*Editor’s note: Should you be interested in more information on Palliative Care or the Vocational Training exchange, please contact the author through his email: [ielancaster@xplornet.ca](mailto:ielancaster@xplornet.ca)*

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*Vocational training teams are groups of professionals who travel abroad either to teach local professionals about a particular field or to learn more about their own. Teams can be funded by district grants and global grants. Learn more at <https://www.rotary.org/myrotary/en/document/facts-about-vocational-training-teams>*



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*Vocational Training Teams from Canada and Japan, May 2013*

## 緩和ケアの最前線での教育

イアン・E.ランカスターRN、BScN (PC)、CPN、CHPCN (C)

アシスタント・ロータリー・コーディネーター、ゾーン 24 東

2013年5月と6月に、日本の愛知県名古屋市の地区 2760 と、カナダオンタリオ州グレーター・トロント（トロント市及び近郊）の地区 7070 とが、ホスピス緩和ケアまたは終末期ケアとして知られるあまり頻繁に議論されない分野の職業訓練チーム（VTT）の交換交流を一緒に分かち合いました。

苦しみや痛みを制御できる事そのものがますます重要となり、伝統的な治癒的治療がもはや選ぶにも選ぶようがなくなって来た時点で、ホスピス緩和ケアは患者やその家族のために積極的な思いやりのある介護を提供出来るように努めています。「緩和 (Palliative)」という言葉はラテン語の「パリウム（外套膜）」や「クローク（覆い隠す）」と言う、快適に過ごせる事を提供する事を目指しながら、末期疾患（不治の病）の様々な症状を比喩的に「包み込んで覆い隠す（クローキング）」という事より派生しています。早くも 16 世紀には、医師は苦しみを和らげるという事を説明するために「緩和 (palliation)」という用語を使用してい



ました。カナダの緩和ケアの父と考えられているカナダの外科医であるバルフオー・マウント博士は、1973年に開始したケアの種類、すなわち患者の余命いくばくもない最後の日々の質を向上する意図の「緩和ケア(palliative care)」という治療用語を使用し始めた功績で認められています。

緩和ケアは、多岐の専門分野からなる総合チームの力を必要とします：看護師、医師、ソーシャルワーカー、理学療法士、栄養士、ボランティア、牧師と法律顧問などです。カナダ側のチームは、緩和ケアの医師、牧師、緩和ケアにおける施術も許された看護師と長期介護に携わる看護師長が含まれていました。日本側チームは、緩和ケアの医師、心理・癌治療医、薬剤師と緩和ケアの看護師を含んでいました。

カナダのチームのロータリアンのリーダーとして、私は日本で私の仲間たちの経験を共有することができたと共に、日本チームが地区7070にいる間、緩和ケアにおける臨床医療従事者として私は日本からのチームメンバーのためのプログラムを作成しました。

ここでは、それらのVTTの活動や、それぞれの地域社会のニーズへの影響に関連して意見の交換を行った際のそれぞれのチームのコメントを載せておきます。

『私たちのカナダのチームは、8つの病院、ホスピス、コミュニティベースの緩和ケアチームと会う機会がありました。これらのチームは多種多様のチームから成り立っていましたが、一つのまとまった要因としては、彼らが自分たちの患者たちへ高品質の緩和ケアを提供する事に対してのコミットメントを持っていると言う事がありました。緩和ケアは、日本では比較的新しいものであり、ケアを与える人たちがコミットをし、やる気が満々で革新と改善に焦点を当てている事を明記すると共に、その経験から我々の視野も広がり、身近な地域レベルで緩和ケアに対応する方法としてのツールキット・道具類を拡大する事に繋がりました。』

『現在、緩和医療は、特に癌治療において、多くの注目を集めており、ますます重要となると考えられている領域です。「緩和ケア」の用語の発祥の地であるカナダで緩和ケア研修を実施する機会を持てたことにより、日本の緩和ケアが直面している問題により鮮明な焦点が当てられ、同時に我々も地域で緩和ケアをいかに広げて行くかについてのアイデアを得る事ができました。その意味で、これは非常に貴重な機会となりました。』【翻訳】

世界中で死に面している人たちに対する我々の接し方は、死にゆく人たちや彼らが通りすぎる過程への我々のケアと配慮や思いやりへの尺度です。人生の終わりに際して、すべての人が尊重と愛を受け、尊厳と快適さに満ちた残りの人生を全うする生き方をするに値します。

## Cervical Cancer Prevention for Nicaragua

**Past District Governor Karl Diekman, District 5106  
Rotary Club of Woodland, California, USA**

This project was the result of a conversation between a Rotarian and an oncologist at a clinic in California, USA. During a casual conversation about their shared interest in travel, the Rotarian learned that the oncologist and another local physician had traveled to Nicaragua to explore the beautiful sites Nicaragua has to offer. During their trip the doctors were startled to learn that Nicaragua had a very high incidence of cervical cancer. The oncologist was especially troubled because cervical cancer is one of those cancers that is preventable. Being the good doctors they are, they decided to do something about it. But what?

It was not long after the doctors returned to California that the Rotarian and the oncologist talked about their travels. Upon hearing from the oncologist the compelling story about how every family he encountered in Nicaragua had in one way or another been affected by cervical cancer, the Rotarian asked if he could help. From this conversation an effort began to find the right way to help.



*Rotary Volunteer Jan Lecklikner speculum washing in Kukrahill, Nicaragua, June 2015*

Ultimately, the oncologist and the Rotarian agreed that a Rotary Global Grant would be an ideal vehicle to help. For the next year there were many meetings of doctors, NGOs, university professors, Rotarians, and other healthcare workers to devise a way to attack the cervical cancer problem. The most important thing they learned was the World Health Organization had approved a very simple technique that could be easily taught and involved only minimal equipment. Finally, a decision was made to put together a Vocational Training Team so the knowledge could be transferred to healthcare workers in remote clinics in Nicaragua. Naturally, in cooperation with appropriate authorities in Nicaragua.  
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By June 2015 a Vocational Training Team (VTT) project sponsored by the Rotary Clubs of Woodland, California and Leon, Nicaragua and their partner clubs was approved by The Rotary Foundation, equipment was purchased, and airline reservation was made.

Beginning on June 6, 2015 more than 25 physicians, medical assistants, educators, and others trained dozens of health care workers, examined hundreds of women, treated scores, educated men and women about how to prevent cervical cancer over a three week period. Equally important was the transfer of much needed equipment to remote clinics.

This project will be completed after the second VTT trip in January 2016, but much work remains in Nicaragua and dozens of countries around the world.

For more information, please write to [kddiekman@aol.com](mailto:kddiekman@aol.com).

## **International Vision Volunteers... Bringing sight and eye care to the impoverished of the world**

**James W. "Bud" Tysinger, Jr., M.D.  
Rotary Club of Mission Viejo, District 5320, California, USA**

International Vision Volunteers (IVV) was founded in 1994 by three Rotarian ophthalmologists: Dr. Thomas Brumley, Dr. Robert Grosserode, and myself. Our mission was to be "a non-profit organization dedicated to bringing sight and eye care to the impoverished of the world."

To that end we have sent many eye teams to Zimba, Zambia since 1994. These eye teams have donated time, skills, and equipment to provide the latest eye care and surgery to the poor and needy.



*The IVV Guest House in Zimba, Zambia.*

In Zimba, International Vision Volunteers has a well-constructed, fully equipped eye clinic and operating room.

In addition, there is a guest unit that provides bedrooms with private bath facilities, a large kitchen and dining room for meals, and a large living room for relaxing. Meals and laundry are provided by national staff on a daily basis.

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Over the years tens of thousands of patients have been seen and treated for eye infections, allergic conjunctivitis, glaucoma, traumatic eye injuries, removal of foreign bodies, etc. Surgically, thousands have had cataract removal with lens implants, removal of pterygiums and squamous cell carcinomas, repair of entropions (eyelids turning inward) with trichiasis (eyelashes rubbing the corneas) and repair of corneal and scleral (shell of the eye) lacerations. Lasers have been used to remove clouding behind lens implants, to treat glaucoma, and now to treat diabetic retinopathy.

IVV welcomes qualified ophthalmologists, ophthalmic technicians, operating room technicians, and lay people willing to be go-fers.

*IVV medical teams have helped tens of thousands of patients.*

Natural Wonders of the World), Livingstone Town, and Chobe National Game Park just over the Zambian border in Botswana.

Of course the greatest rewards are giving sight to the blind and preventing blindness before it would otherwise take place.

IVV is now preparing to submit a grant application to The Rotary Foundation for equipment to provide greater services and eye care to people in Zambia.

Please contact me with questions and for more specifics about joining a team going to Zimba, Zambia and/or supporting the International Vision Volunteers Rotary Grant project.

For more information, please write [budles@sbcglobal.net](mailto:budles@sbcglobal.net) and visit [internationalvisionvol.org](http://internationalvisionvol.org).

Attractions for going to Zimba include the proximity to Victoria Falls (one of the Seven



*Patients wait to see visiting IVV eye doctors.*

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## **Access and Accommodation: Best Practices for Persons with Disabilities**

**Dr. Victor Santiago Pineda, President, World Enabled / Pineda Foundation and  
Director of Inclusive Cities Lab**

**Yomi S. Wrong, Past Executive Director,  
Center for Independent Living, Inc.**

**Frederick C. Collignon, Ph.D., FAICP  
Professor Emeritus, Department of City and Regional Planning;  
Past Co-Chair/founder, Disability Studies Program, U.C. Berkeley;  
Past President, Berkeley Rotary Club, District 5160, California, USA  
District Governor Elect, Rotary District 5160, California, USA**

Rotarians around the world are changing the lives of persons with disabilities, but often without much knowledge or understanding of the global movement to promote their rights. In the link provided in this article we provide a compilation of suggestions and best practices for including persons with disabilities as beneficiaries of Rotary Programs. It draws on recommendations and sometimes regulations and laws from many different scales: from the United Nations to local service agencies and most importantly, persons with disabilities who are the best experts on their lives and should be key partners for change.

At the time the United Nations adopted the Declaration of Human Rights for persons with disabilities, its report stated that at least 15% of the population in most countries has physical or cognitive impairments leading to disability. In countries with more advanced medical systems and censuses, the number people living with a disability can exceed 20% of the general population. Of course, as people age, the percentages will only rise in the decades to come.

*The "cause" of disability is complex.*

The "cause" of disability is complex. Poverty, environments, our technology and ways we conduct our work and daily living can foster disease, accidents and impairments. Our wars, our gaps in health care, our administration of justice and our social practices can also give rise to impairments – some partly self-inflicted as with smoking, obesity and lack of exercises. Our social attitudes can create stigma, prejudices, lack of self-esteem and low expectations that impede an individual's ability to thrive with their impairments. And the way we lay out the physical environments of our communities – design our buildings and supportive infrastructure – and organize our workplaces and public activities can turn impairments into disability. (continued on the next page)



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In 2013, leaders in the U.S. State Department expressed interest in seeing if Rotary could share information across countries about best practices in helping to prevent disabilities and also improve outcomes for people living with disabilities by promoting full community integration and the principals of Independent Living. These State Department leaders envisioned great value in people with disabilities becoming contributors to society through their work and volunteerism.

Why did they ask for Rotary involvement? Rotary chose to start a worldwide war to try to eliminate polio, historically a disease that was a leading source of disability, and thus naturally continues to have an interest in helping people who have survived polio better adapt and live in our communities. More importantly, Rotary across the world works in more diverse geographic environments, and in more diverse cultural, economic and political settings than most governments and nonprofits. We have deep experience with helping people with disabilities in different settings from which we ourselves but also others can learn.

In response to this request, your authors with assistance from the interdisciplinary faculty associated with the Disability Studies program at the University of California, Berkeley, assembled a bibliography: **Resources for Best Practices/Insights For Serving People with Disability.**

*[HEWRAG is honored to make this bibliography available at [hewrag.org/links](http://www.hewrag.org/links).  
<http://www.hewrag.org/wp-content/uploads/2015/09/Resources-for-Best-Practices-Insights-For-Serving-People-with-Disability.pdf>]*

We also sought out projects at the RI international conferences in Bangkok and Lisbon to exchange stories of best practice with other groups. There are so many, many groups in the Rotary world, that it appeared linking with a Rotary Action Group would be a better way to proceed. And thus we are pleased to be working with the Health Education and Wellness Rotary Action Group.

During the process of assembling the bibliography, we asked specialists in organizations and also the leaders of organizations of persons with disabilities if there were some "basic overall lessons" to be conveyed. Three clearly emerged.

The first is simple and should be obvious to any in Rotary: "If you want to know how to support a person with disability, first ask the person what they need."

***If you want to know how to support a person with disability, first ask the person what they need.***

That, of course, is what Rotary also tells all clubs engaged in international service to do before mounting a project. Ask the local people you're helping what they perceive they need and need most. But often we don't take this approach with individuals with disability. Instead, we allow the parent, the village leader, doctor or social worker to speak for them. This has several unintended consequences (continued on next page)



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- The person speaking for them tends to prioritize needs according to their own area of expertise.
- It lowers the self-esteem of the person with disability not to be a direct participant in trying to improve his or her own life.
- It may lead to interventions that are ineffective. Meaning, you might provide a much more costly intervention than was needed, one which doesn't address the major need at all, or one which addresses the major need but has limited success.

In the U.S., one of the largest surveys of American businesses asked firms what lessons they learned about accommodating workers who became disabled. Their response was "to ask the worker how best to accommodate them." These businesses reported that providing accommodations was "no big deal." In fact, accommodations in most instances were low-cost and easy to do, as they involved moving furniture about or changing where the person worked. It did not involve making difficult structural adaptations to buildings.

***... return to the person with disability after the intervention to evaluate whether it was a success...***

The second key lesson was to return to the person with disability after the intervention to evaluate whether it was a success, how it could be improved, and what was deemed unnecessary. This type of outcome measurement saves costs and leads to more efficient future intervention.

The third lesson came more from organizations focusing on access. They report that it's much cheaper to design access into a structure or physical environment at the time you build it, than to adapt it after the fact. Of course, it can raise the immediate cost, though a number of studies have indicated the cost increase is more on the order of 5%. The impact of adapting the structure or completing barrier removal, on the other hand, is much more costly. And usually, you are improving the accessibility for many users, not just the individual with disability.

***...it's much cheaper to design access into a structure or physical environment at the time you build it, than to adapt it after the fact.***

So what can you do to spur this dialogue? Share with the Health Education and Wellness Rotarian Action Group a story of how your group solved an access or disability problem, especially where you think others can learn from your experience. The literature and the experiences exchanged at professional conferences are limited to responding effectively to disability in rural areas, refugee camps, villages, squatter settlements, and even small towns, especially in poor countries and communities. And of course, the cultural setting can require major adjustments in approach.

## The Dental Health Awareness Society of Panchkula, India

**Dr. Rita Kalra, Rotary Club of Chandigarh Midtown, District 3080, India**

The Dental Health Awareness Society (DHAS) based in Panchkula, India, serves a 50 kms stretch in and around Panchkula that includes Chandigarh and the peripheral areas of Punjab, Haryana, and Himachal Pradesh, a region with a population of about 2.5 million people. DHAS came into being on 3rd March 1999 by Dr. Sanjay Kalra who has earned a reputation of leading by example in adopting the latest technology and treatment techniques strictly adhering to the ethics of dental practice. DHAS aims to spread awareness about the most important but most neglected part of our body. Dental health education plays an essential role in not only prevention of dental diseases but also maintenance of good oral hygiene for a lifetime.

The DHAS team consists of four dentists, two dental assistants, one tooth fairy, and one manager. Their tireless efforts in educating the young and old in the areas have received a tremendous response. DHAS has also been nominated for an ICD - Memento by Fellows of the International College of Dentists and was awarded the Non-Government Organization of the Year Award in year 2008 by the U.T administration.

We have been pioneers in introducing innovative programs every year to make the whole project effective and sustainable. Some of the major projects undertaken are:



*DHAS dentist provides a dental examination for a child.*

### **School Dental Health Education:**

The students in the schools adopted by DHAS have shown a marked improvement in oral health and hygiene with a decrease in the incidence of caries. Through the Tooth Fairy Education Program 10,000 children were contacted, 3301 children examined, and 550 under privileged children received free dental treatment.

### **Dental Health for Under Privileged**

**Children:** Orphanages and urban slum schools have been adopted by the society and every year free oral kits and free dental treatments are provided.

**Senior Dental Care:** More than 400 members were contacted, a free dental camp for the senior citizen council and residents of old age home was organized, and a number of seniors received free dentures. (continued on the next page)



**Rural Dental Care:** A free dental camp and awareness program is provided every month for the nearby villages.

**Oral Health Education:** Talks are offered in schools and at the Press Club, Rotary Clubs, and Lions Club meetings.

**Traveling Dental Exhibitions:** Dental health awareness exhibitions are organized every year at various locations in the geographic out reach areas.



*A DHAS dentist provides dental care at a clinic.*



*DHAS offers dental health awareness at traveling dental exhibitions.*

All activities, equipment, and materials are sponsored by the Trigon Dental Society. Free services are offered by the volunteer dentists from the near by dental colleges. No charges are taken for any services rendered by the society.

The DHAS will soon be sponsoring the mobile dental van for rural health activities of the society so that the

patients get treatment at the camp and need not travel to far off hospitals and clinics for dental treatments.

The Society is also putting in special efforts for preventing oral cancer through the oral cancer screening camps held twice a year at the clinic.

Our innovative approach to educate the masses has started showing the results. We feel a deep sense of satisfaction when parents confirm the drastic change in brushing and eating habits of their children. As goes the saying:

If your vision is few months, cultivate flowers.  
If your vision is few years, cultivate trees.  
If your vision is eternity, cultivate people.

Please contact us for more information. [Rita.kalra5@gmail.com](mailto:Rita.kalra5@gmail.com)





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Special appreciation for the HEWRAG Graphic Design is extended to

[Pat Sagan \\* Creative Business Solutions \\* patricia.sagan@sbcglobal.net](#)

*Comments and suggestions about HEWRAG and this Newsletter are welcome.*

With questions or for more information, please write to [hewrag@gmail.com](mailto:hewrag@gmail.com)

Please share this Newsletter with your friends, other Rotarians, colleagues, business associates, and those you think might find it interesting or beneficial.

To request adding someone to the mailing list, please send contact information including e-mail addresses to [hewrag@gmail.com](mailto:hewrag@gmail.com).

***The next issue of this Newsletter will be published in February 2016.***

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 and 2 or 3 high-resolution .jpg images (each a minimum of 1 MB) with captions.

*To submit an article about Health Education and/or Wellness for consideration in the February issue, please write to [hewrag@gmail.com](mailto:hewrag@gmail.com) by or before January 4, 2016.*

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