Greetings!

As this Rotary year comes to an end, we are happy to report that 2016-2017 has been a very exciting and productive time for the Health Education and Wellness Rotarian Action Group!

In the Spring of 2017, HEWRAG sponsored projects in China, Zambia, and Nigeria. We've been represented and have made presentations at District Conferences in several countries. We helped staff the Rotarian Action Group Information Booth at the International Assembly in San Diego. We’ve published three editions of the well-received HEWRAG newsletter. We’ve strengthened relationships with other organizations and are moving forward with collaborations in our three areas of emphasis. Last Fall, the Latino American Autism group in Argentina affiliated with HEWRAG held its successful Secundo Congreso de Profesionales de Autismo.

We’re writing now to say that we’re making final preparations for the International Convention in Atlanta and to invite you to participate in the scheduled HEWRAG events and to visit the HEWRAG Booth #2925 in the House of Friendship.

HEWRAG EVENTS AT THE INTERNATIONAL CONVENTION IN ATLANTA:

SPECIAL SESSION: HEWRAG AND THE ORAL HEALTH & NUTRITION MODEL
SATURDAY, JUNE 10: 12:30 - 14:00. Room A408
This special session will describe the six components of the model that was originally developed for Kenya Smiles, a Global Grant Humanitarian and Vocational Training Team (VTT) project in Kenya. The model has been used extensively throughout Kenya and has subsequently been presented in and modified for use in China, Myanmar, Zambia, Nigeria, Ethiopia, and Tanzania.  

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Materials and supplies will be available and demonstrated, fund-raising and financing strategies will be shared, grant details will be offered, and interactions and suggestions will be welcome.

**SPECIAL SESSION: HEWRAG AND CERVICAL CANCER PREVENTION**
**SUNDAY, JUNE 11, 12:30 - 14:00, Room A408**

This special session will discuss conditions, challenges, strategies, funding, and financing possibilities for Cervical Cancer Prevention Projects in a variety of communities and settings. While the particular focus will be on Nigeria and Zambia, all interested Rotarians and guests from every district, country, and club are encouraged to participate.

**HEWRAG ANNUAL GENERAL MEETING**
**MONDAY, JUNE 12, 12:30 – 14:00. Room A408**

Our ongoing activities will be highlighted at our Annual Meeting with updates about 1) Medical/Dental Missions/Health Fairs, 2) Oral Health and Nutrition, and 3) Cervical Cancer Prevention as well as affiliated activities and events. Come to this Open Meeting to learn how you can be involved and how HEWRAG can support you, your club and your District.

**HEWRAG Booth #2925 in the House of Friendship.**

We invite you to visit HEWRAG Booth #2925 in the House of Friendship to learn about the existing programs in our three areas of emphasis, upcoming projects, future plans, and to discuss your creative ideas and suggestions for working together to improve world health.

Booth hours are Saturday, June 10 to Tuesday, June 13 from 09:00 to 18:00 and Wednesday, June 14 from 9:00 to 4:00 except during plenary sessions. Members are invited to help in the Booth. Please contact rotaryjane@yahoo.com for times.

We look forward to seeing you in Atlanta!

With warm regards,

Jane Little and Sheila Hurst
FEATURED ARTICLES

SPECIAL SECTION: HEWRAG Travels - Spring 2017
The 2017 China Medical/Dental Mission
   Overview of the Medical/Dental Mission
   Jane Little, HEWRAG Co-Chair, Past District Governor, District 5010
   Rotary Club of Homer Downtown, Homer, Alaska, USA

   Go with the Flow – Teaching Stress Management to a Rural Chinese Population
   Kirsti Kankkunen, Adelaide City Rotaract Club,
   Immediate Past President, District 9500, South Australia

   Teaching the hand dance in Western Chinese schools
   Karen Kankkunen, Rotary Club of Logan, Australia, District 9630
   Secretary, Health Education and Wellness Rotarian Action Group

   Bringing the HEWRAG Oral Health and Nutrition Model to rural Western China
   Sheila Hurst, Ed.D., HEWRAG Co-Chair
   Rotary Club of Redding West, District 5160, California, USA

   Zambia: Oral Health and Cervical Cancer Prevention Meetings, Presentations, and School Visits

   Nigeria: An Invitation to the District 9140 Conference and A Polio/Peace Walk through Calabar

   Cervical Cancer – A Global Burden
   Sally Cowal, Senior Vice President, Global Cancer Control
   American Cancer Society

   Nsawo Village, Uganda, Maternity/HIV Clinic Up and Running as Part of Adopt-A Village Model
   Larry Hutchings, Past President, Past District Grants Chair
   Rotary Club of Clayton Valley/Concord Sunrise, District 5160, California, USA

   Fun with Interact: Peer Leadership & Depression Prevention
   Bob Anthony, President 2017-2018
   Rotary Club of Wellesley, District 7910, Massachusetts, USA
The 2017 China Medical/Dental Mission

Overview of the Medical/Dental Mission
Jane Little, HEWRAG Co-Chair, Past District Governor, District 5010
Rotary Club of Homer Downtown, Homer, Alaska, USA

The successful First Annual China Medical/Dental Mission took place on April 4, 5, and 6, 2017 in Gaohe, Qionglai, Sichuan, China. The sponsors were the Health Education and Wellness Rotarian Action Group (HEWRAG), Rotary Club of Chengdu (RCC), Shanghai GuoFeng Charity Foundation (GFCF), and locally the Ruiyun Group and Qionglai Tejiiao.

The foreign volunteers came to China from Australia, India, Singapore, South Africa, and Alaska, California, Hawaii, and North Carolina in the United States. Throughout the mission, the foreign volunteers worked closely with Chinese students from the Southwest Petroleum University near Chengdu who were interpreters and with other local volunteers.

The mission had three components:
1) Medical Consultations: More than 600 patients were seen.
2) Health Seminars on site: Approximately 700 adults and children attended seminars on stress management, hand washing, oral health and nutrition, safe alcohol use, tobacco, cancer, diabetes, and hypertension.
3) Health Education Lessons in schools: During the mission, more than 3,000 students in local schools received training from Mission volunteers in oral health and nutrition including teeth brushing and in hand washing.

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Frank Yih's Shanghai GuoFeng Charity Foundation provided the funds needed for all of the Chinese volunteers and the majority of the funds required for the Mission.

Funding was also donated by the Rotary Club of Chengdu, the Rotary Club of Homer Downtown, and Rotarian Mark Wang from Singapore. In-kind support came from the Ruiyun Group, Global Doctors Chengdu, the Rotary Club of Redding West, and these Chengdu businesses: Fraser Suites, Crown Plaza Hotel, Lazy Pug Restaurant, Cheers, and many others.

A special thank you to Helen and Anita of Windhorse Tours in Chengdu, the Rotary Club of Chengdu, and to each of the volunteers, supporters, and contributors for all their assistance and dedication in making this First Annual China Medical/Dental Mission such a wonderful success. We extend sincere appreciation for the generosity of all participants, and we offer heartfelt apologies to any supporting person or group inadvertently not specifically included in this message.

Those who have been reading about this Mission in the HEWRAG Newsletters during the past 18 months of the planning process may recall that originally the Mission was planned to be held in Liangshan. However, this changed about 10 days prior to the Mission when the Chinese Government gave permission for the Mission to be held in Gaohe. The planning committee went into high gear to make the changes, and the Mission proceeded with this geographical adjustment.

A little background about the selected location. Three hours by car from Chengdu, China is Qionglai, the first stop on the famous southern silk route. One hour further is the small town of Gaohe. Since Gaohe didn’t have a hotel large enough for the group, we stayed at a hotel in a great location in Qionglai and commuted every day to the Mission site. This worked well as fellowship for all the volunteers to interact was a very important component for a successful Mission. Fellowship continued throughout the Mission, and wonderful friendships were formed between the foreign and Chinese volunteers.

(continued on the next page)
THE MISSION TEAM

(Listed in alphabetical order by last name)

1. Ruby Cai - Shanghai GuoFeng Charity Foundation; Chengdu, China

2. Kathleen Ann Finn, MS Nursing; Alaska

3. Harley Greenberg - Project Manager and President of the Rotary Club of Chengdu; Chengdu, China; Rotary Club of Chengdu

4. Carol Usher Hardee - Office Manager; North Carolina

5. Sheila Doran Hurst, Ed.D. - Co-Chair HEWRAG; California; Rotary Club of Redding West

6. Dr. Rita Kalra - Pediatrician; India; Rotary Club of Midtown Chandigarh

7. Dr. Sanjay Kalra - Dentist; India; Rotary Club of Midtown Chandigarh

8. Karen Anne Kankkunen - Teacher - Librarian; Australia; Rotary Club of Logan

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9. Kirsti Anne Kankkunen - MA, Clinical Neuropsychology; Australia; Rotaractor, Rotary Club of Adelaide City

10. Dr. Janice Hall Kurth - Internal Medicine; California; Past District Governor; Rotary Club of Del Mar

11. Dr. Matthias Carl Kurth - Neurologist; California

12. Jane Little - Project Leader, Co-Chair HEWRAG; Alaska; Past District Governor; Rotary Club of Homer Downtown

13. Edwin Ngoi - China and Singapore; We-Rotary eClub of District 5000 Hawaii

14. Josephine Norfolk - Registered Nurse; South Africa; Rotary Club of Melkbos

15. Tannie Tan - School Principal, 136 primary and secondary schools, 471 special needs students; China; Qionglai Special Education Resource Center

16. Dr. Hongdar Teng - Chinese Traditional Medicine, China

17. Mark Wang - Singapore; President-Elect, Rotary Club of Singapore

18. Antonio Wehrli - Artist; Chengdu, China; Rotary Club of Chengdu

19. Wennie Wen - Shanghai GuoFeng Charity Foundation; Chengdu, China

20. Kelly Ann Hardee Wheeler - Process Improvement Specialist; Hawaii; Rotary Club of Hickam-Pearl Harbor

21. Vernon William Wheeler - Inspector General; Hawaii; Rotary Club of Hickam-Pearl Harbor

22. Frank Yih - Sponsor, Shanghai GuoFeng Charity Foundation, Rotary Special Representative to China; Shanghai; Rotary Club of Shanghai

23. Rio Yuan - Shanghai GuoFeng Charity Foundation; Shanghai, China

24. Mr. Chen YuZhong - President of Ruiyun Group; Sponsor; China

25. Mr. Zhouguohua - Coordinator and Sponsor; Ruiyun Group; China

26. The 19 Chinese Volunteers who are listed on the next page
This is a brief summary of the 2017 Mission; additional information will be given at the HEWRAG Annual Meeting Monday, June 12 from 12:30 - 14:00 in Room A408 at the Rotary International Convention in Atlanta.

Of course no reference to the Sichuan Province would be complete without mentioning that it is the natural habitat of the Giant Panda and the site of its most important breeding and research centers. While in the Province, many of the team members visited various Giant Panda Sanctuaries, Parks, and Reserves to see this revered national symbol of China.

With questions or for more detailed information, please contact the Project Leader, Past District Governor Jane Little at rotaryjane@yahoo.com.

Editor’s Note: A gallery with a selection of photos of the Mission and the actual lesson plans for Stress Management, Hand Washing, and Oral Health and Nutrition are available online at www.hewrag.org/publications under the link to the May 2017 Newsletter.

Please refer to past HEWRAG newsletters starting in May 2016 to read about the history, development, and progress of this Rotary China Medical/Dental Mission.

You will find all the newsletters online at www.hewrag.org/publications.
Go with the Flow – Teaching Stress Management to a Rural Chinese Population

Kirsti Kankkunen, Adelaide City Rotaract Club
Immediate Past President, District 9500, South Australia

In early April 2017 I had the opportunity to be part of the Western China Medical and Dental Mission which was based in Gaohe, a small rural village about one hour’s drive from the city of Qionglai in the Sichuan Province. I was part of the Health Seminar Team and was tasked with developing a presentation on the topic of stress management and delivering it with the aid of a wonderful local volunteer interpreter, Ying, multiple times a day to the rotating crowd of people (up to >100 some mornings) who were waiting their turn to be seen by the medical staff.

Given that I have a background in psychology and have been working as a clinical neuropsychologist for the past four years, the stress topic fell to me. As part of my current job in a rehabilitation hospital I regularly provide education around the impact of mood, including stress, on cognition (i.e. thinking skills) and ways to maintain mental wellbeing. My training and work experience was, therefore, very helpful and relevant to my role in this Mission, and I found it very rewarding to be able to give something back to people in this region who have little to no access to psychology.

Without knowing too much about the local population and the types of stressors they may experience, their current knowledge about stress, and being aware that there’d likely be cultural differences in our understandings, I decided to keep my seminar simple and to the facts. I focused on the following:

1. What is stress?
2. Causes of stress
3. Common signs of stress
4. Ways to manage and minimise stress – immediate and longer-term

(continued on the next page)
I also wanted to keep the seminar interactive and for each person to come away with some practical and easy things they could do to help themselves feel a little better when stressed. This involved practising deep breathing and muscle stretching and relaxation exercises as a group. This was very well received, and I was so impressed that nearly everyone, young and old, got up and participated, even though it meant we all looked a bit silly at times! I also introduced the idea of the importance of having a good laugh and then had to demonstrate this, which of course ensured that more laughter followed!

These are simple things, but they work.

To end, here are some interesting things I learnt about the people in this region:

1) They reported experiencing a lot of stress, with lack of money reported as the most common stressor.
2) Sleep disturbance is frequent, and many wanted further education on this.
3) They are generally very active and do a lot of incidental exercise (i.e. walking), they appear to eat well (i.e. mostly farmers who grow their own food), and when asked what activities they enjoyed. many women in particular said square dancing and singing. While just part of their 'normal' lifestyle these represent protective factors against stress which is good to know.

I'm so glad I got the opportunity to be part of this mission, and I’m looking forward to more volunteering trips in the future.

For more information, please email kirsti.kankkunen@gmail

Editor's Note: The full seminar content is online at www.hewrag.org/publications listed under the link to the May 2017 Newsletter.
Teaching the hand dance in Western Chinese schools
Karen Kankkunen, Rotary Club of Logan, Australia, District 9630
Secretary, Health Education and Wellness Rotarian Action Group

So, picture a room full of 500 Chinese little faces and 1000 little hands held high, and you will begin to understand the amazing opportunity provided to HEWRAG members to promote good hand health and wellness through correct hand washing techniques to about 1800 Chinese kindergarten and Elementary students in the Gaohe Regional area, outside Qionglai, China.

Over a period of three days Sheila Hurst and I were taken into 3 schools per day, and in each school we taught two groups. Sheila presented lessons on oral health and nutrition, and I taught hand washing technique.

On Day 1 our first school was Qionghlaishi Huojingzhen School where we taught 100 elementary students and 170 kindergarten students. We were met and welcomed by the Principal with a cup of buckwheat tea before being escorted through the school to our different venues. One thing we noticed immediately was that Chinese schools are really into calisthenics, with many classes out on the oval doing activities regularly.

The kindergarten Principal also made us very welcome, and we were pleased to note the work the kindy students were doing on healthy nutrition and wellbeing. This was followed by our two other schools following a similar pattern.

Day 2 saw us visit Qionglai Gaohen Primary, Huangba Primary and Gaohe Primary schools. We were blessed with two wonderful Chinese volunteers who translated and worked with us, Wang Shan and Antonia Huang.

On the third day in the schools many other volunteers, who had been teaching seminars at the actual mission location, were also sent into schools in the region to teach these two lessons to a wider audience.

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On this Friday, I found myself partnered with my daughter, Kirsti Kankkunen, who is a long-term Rotaractor living and working in Adelaide, Australia. Kirsti and I were whisked off to a school about one hour away called Jia Guan School, which was a very traditional town in a beautiful tea-growing region.

Here, Kirsti switched from the Stress seminars she had been providing to adults awaiting the doctors or dentists at the Mission site to the oral health lesson, and I continued to present hand washing. We were made very welcome by the Deputy Principal with a cup of the new season first pick tea, and with our two translator volunteers, Sabrina and Bubbly, we taught in a hall where the whole elementary school of 500 students and their teachers sat. They were wonderful, and quickly cottoned on to the techniques we were presenting and willingly joined in the lessons. We then passed through the senior school to the kindergarten where we focused on the 300 littlies sitting so politely on their little chairs, that each had carried in.

The Principal and Deputy of the Kindergarten then took us out to lunch to experience the specialties of this little town, which were smoked pork meats and roast chicken. This was an experience of a lifetime, and the Rotary Club of Chengdu and Western China Medical Mission organisers did an awesome job putting together this itinerary at such short notice.

If you want more information, you can reach me at hewrag@gmail.com, by just putting ATT: Karen in the SUBJECT.

Editor’s Note: The hand washing lesson is online at www.hewrag.org/publications listed under the link to the May 2017 Newsletter.
Bringing the HEWRAG Oral Health and Nutrition Model to rural Western China
Sheila Hurst, Ed.D., HEWRAG Co-Chair
Rotary Club of Redding West, District 5160, California, USA

The HEWRAG Oral Health and Nutrition model was originally created as part of a Global Grant Project named Kenya Smiles. The basic introductory lesson explains how to help prevent tooth decay through proper brushing and a healthy diet. Children – and adults – are included through interactive games, demonstrations, and songs. Props include a large mouth model, a magnetic healthy snack board, and puppets.

The basic lesson was offered during the Medical/Dental Mission at the Health Seminars for groups of adults and children. Then it was presented to about 1400 students in seven schools in three days. With Antonia Huang as the interpreter, teachers, principals, and students all were successfully engaged and enthusiastically participated.

For further information, please email hewrag@gmail.com, and write Attention: Sheila in the Subject Line.

Editor’s Note: The Oral Health curriculum and details about supplies and materials are online at www.hewrag.org/links under the Oral Health and Nutrition heading.
May 2017

Zambia: Oral Health and Cervical Cancer Prevention Meetings, Presentations, and School Visits

The early part of 2017 has been busy for HEWRAG and has taken its members to different places around the world. As with any large organization, HEWRAG leaders may work individually or together to help Rotarians take advantage of and benefit from our varied resources.

A good example of how we work to fulfill our worldwide commitment to support Rotarians was illustrated in recent trips to Zambia and Nigeria by Co-chair Dr. Sheila Hurst and Director PDG Karl Diekman.

In February Sheila and Karl met with Zambian government officials and Rotarians to explore opportunities to conduct future programs in the areas of Oral Health and Nutrition and Cervical Cancer Prevention. Not content with only discussing issues, they delivered oral health lessons to more than 1,000 children in a school in rural Zimba, and dozens of Rotarians learned how to implement Cervical Cancer Prevention programs. Rotarians in District 5160 and HEWRAG donated oral health supplies and materials, toothbrushes, and a digital camera during the visit.

In Lusaka we met with Directors and Deputy Directors of several Departments of the Ministry of Health including:
• Dr. Christine Kaseba-Sata, former First Lady of Zambia, Obstetrician/ Gynecologist, and Dr. Sharon Kapambwe, National Coordinator for Cancer Prevention, Zambia Ministry of Health and
• Zambia’s Chief Dental Officer Dr. Itone Muteba and Doreen Mwondela, Acting Chief Dental Therapist.

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We made presentations on oral health programs and presented educational materials to
- About 100 faculty members and students at the Dental Training School in Lusaka,
- Leaders of Kusinta Lusaka Rotary who requested special training, and
- The 2017 Lusaka Presidents Elect Training Seminar.

An Article From the April 2017 Rotary Service Newsletter

Preventing cervical cancer in Zambia

Join Rotarian experts to address women’s health issues

Cervical cancer is nearly 100 percent preventable, yet Zambia has one of the highest rates of cervical cancer in the world. Every year, cervical cancer affects nearly 500,000 women globally and over a quarter-million women die of the disease. Eighty-five percent of these deaths occur in developing countries with limited access to screening and treatment, according to figures from the global coalition Cervical Cancer Action. The Health Education and Wellness Rotarian Action Group is working to provide Rotary members with the tools and knowledge they need to advocate for cost-effective, low-technology programs and to organize them to address this health issue. Contact the group to get involved.
Nigeria: An Invitation to the District 9140 Conference and A Polio/Peace Walk through Calabar

At the International Assembly in January in San Diego, HEWRAG leaders talked with District 9142 Governor 2017/2018 Emman Ude Akpek and Chinelo Ude Akpek about HEWRAG’s work with cervical cancer prevention and oral health and nutrition. Subsequent email conversations resulted in a gracious invitation from Akabom Enebong, District 9140 Governor 2016/2017, and Emman to speak about these topics at the historic last District 9140 Conference in Calabar, Nigeria. (On July 1, 2017 District 9140 will become the two new districts of 9141 and 9142.)

As a result, early in May Karl and Sheila were off to Calabar where they were cordially welcomed with warm and very generous hospitality.

They had the pleasure of meeting the Rotary International President’s Personal Representative Past District 3450 Governor Peter K.T. Wan and Rita and were delighted to see good friends from Kenya: PDG Geeta Manek, Regional Coordinator, Zone 20A; and PDG Eric Kimani, Regional Rotary Foundation Coordinator, Zone 20A.

Wonderful local dancers entertained the attendees.

Karl Diekman addressed the Conference.

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At the Conference, Karl and Sheila made presentations to hundreds of Rotarians on strategies for implementing Oral Health and Nutrition and Cervical Cancer Prevention programs, had individual meetings and conversations with dozens of Rotarians, and staffed an exhibit table displaying oral health and nutrition educational materials.

Partially in response to the high level of interest in Nigeria and Zambia, HEWRAG has scheduled two Special Sessions at the International Convention in Atlanta that are open to all interested Rotarians, friends, and guests.

NOTE: Conference registration is not required for entry into these meeting rooms.

SATURDAY, JUNE 10: 12:30 - 14:00. Room A408 - Oral Health & Nutrition Model

SUNDAY, JUNE 11, 12:30 - 14:00, Room A408 - Cervical Cancer Prevention

More details are on the first page of this newsletter.

A Polio/Walk in Calabar, Nigeria

Sometimes we find ourselves in the midst of an opportunity that could not have been planned and would not have happened had we not been in the right place at the right time. In this instance being in the right place gave us the opportunity to participate in a Polio/Peace Walk early on a Thursday morning in Calabar, Nigeria.

This Walk, sponsored by Rotary District 9140 as part of its Conference, provided us the opportunity to march from the central market to the sports stadium, perhaps a distance of two miles. We were impressed to see how warmly Rotarians and the "End Polio Now" message were received by the community. For us however, there was an even greater inspiration. Leading this march was a group of young men who are polio survivors, all of whom got around on a type of skateboard. This is not something we typically see, and it was inspiring to recognize the enthusiasm these dozens of young men showed as they encouraged families to get their children immunized. We’ll remember this morning walk for a very long time.

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PDG Peter K.T. Wan and Rita are joined by PDG Karl Diekman, Sheila Hurst, and others to remind everyone “We’re This Close” to eradicating polio worldwide.
Cervical Cancer – A Global Burden
Sally Cowal, Senior Vice President, Global Cancer Control
American Cancer Society

Today we have the strategies we need to change the course of cervical cancer, both domestically and abroad; for “where you live shouldn’t determine if you live.” For far too long, cervical cancer in developing countries hasn’t been a priority for our global leaders, but with your help, we can change that.

It is worth noting some of the facts about cervical cancer as we know them today.

- We know how to prevent it with the use of the HPV vaccination for adolescent girls and with screening for women.

- Globally, it was the 4th most commonly diagnosed cancer in women in 2012 and the most common cancer in 38 low- and middle-income countries.

- 266,000 women lose their lives from cervical cancer each year, with 85% of those deaths occurring in developing countries. The primary cause being inadequate coverage for precancer screening and preventive treatment.

- When detected early, the disease is one of the most successfully treated cancers. In the U.S., the 5-year survival rate is 91%, and the mortality rate is about 2 per 100,000. In contrast, the mortality rate in eastern Africa is about 27 per 100,000 women.

Cervical Cancer Prevention Initiative
The American Cancer Society (ACS) is proud to co-chair Cervical Cancer Action, or CCA, a global coalition to stop cervical cancer. In 2015, CCA launched a 5-year initiative to prioritize investments in the health of women and girls. The Cervical Cancer Prevention Initiative convenes a multi-sectoral partnership to prioritize investments in the health of women and adolescent girls and builds momentum for action on global cervical cancer prevention.

We are pleased at the significant increase of concerned stakeholders and addition of new organizations whose primary focus has been on HIV/AIDS or maternal mortality, and who now feel that cervical cancer must be addressed alongside these other health challenges. For example, in collaboration with Pink Ribbon Red Ribbon and other organizations, ACS’ advocacy affiliate, the American Cancer Society Cancer Action Network launched an advocacy campaign to end cervical cancer deaths worldwide. We hope these new partners will include Rotary.

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Cost of Action Study
As we advocated for increased resources for cervical cancer prevention, we realized that donors wanted to know what it would cost and what impacts they could anticipate for their investments. ACS commissioned the Harvard School of Public Health to estimate the cost of comprehensively addressing cervical cancer in the developing world.

We focused on the world’s 50 low and lower-middle-income countries, looking specifically at what it would take to screen every woman in those countries at least once in a lifetime and to vaccinate young girls against HPV.

The study estimates that $3.64 billion will be necessary over the next decade to scale up vaccination of girls and screening programs that reach 30-49-year-old women at least once in their lifetimes and treat cervical lesions before they progress to cancer.

At an average cost of $13 per girl, the HPV vaccination will prevent 2.36 million cervical cancer deaths over the lifetimes of the 160 million girls in the vaccinated cohorts. Additionally, at a cost of only $25 per woman, screening will prevent an additional 1.23 million cervical cancer deaths over the lifetimes of the 164 million women screened during the intervention decade.

Conclusion
In recent years, we’ve made tremendous progress in decreasing mortality from pregnancy-related complications or from HIV in developing countries, but it didn’t happen overnight. We achieved these gains through significant investments in evidence-based best practices. With a similar focus and approach, we can dramatically reduce the cervical cancer burden.

We are not just saving millions of lives, but millions of mothers, sisters, aunts, daughters, who can provide for and pass on this important awareness and value of health to the next generation, ensuring our continued work and a stronger path toward ending deaths from this horrible disease.

For more information, please visit www.cancer.org/global or write to ACSandRotary@cancer.org.

Editor’s Note: View Sally Cowal’s Video Message from the 2016 Rotary International Convention in Seoul Korea on hewrag.org/links under Cervical Cancer Prevention.
A maternity and HIV clinic in Uganda is now in operation thanks to the most recent of three Rotary grants benefiting Nsawo Village, a collection of small villages of approximately 2,500 residents. Six years ago a partnership began between the Rotary Club of Clayton Valley/Concord Sunrise, District 5160 in Northern California, and Ugandan Rotary Clubs, including lead host club R.C. of Muyenga, R.C. of Nansana, and R.C. of Wobulenzi, District 9211, to adopt a village—that is, to do whatever was necessary to give the people in one village a hand to enable them to pull themselves out of poverty.

The first $38,000 global grant in 2011 concentrated on reduction in disease and improving nutrition—by providing mosquito nets, clean water and improved sanitation with a new borehole, pit latrine toilets and hand washing stations at the main trading center and at a school; better breeds of beans and maize seeds, piglets, chicks, feed, and veterinary services, thus producing additional sources of protein. The incidence of malaria went down by 95%; other water borne diseases decreased substantially, and the overall diets as well as incomes of villagers improved.

The second global grant of $46,680 expanded the water supply and focused on trade education and business equipment: sewing machines and brickmaking machines, banana suckers for farmers; pigs and sheep; catering equipment to enable the women to engage in business; and maternal care kits for expectant mothers to promote safe deliveries. Incomes in the village continued to rise due to the farming, catering, and production of sewn items.

One of the benefits of the second grant was that the youth who received the vocational training in brick making and laying constructed a building on donated land in the center of the village for use as a medical clinic. With the building in place, the Rotary Clubs of Clayton Valley/Concord Sunrise, Muyenga, and members of Ashland, Oregon, Durango, Colorado, and Vallejo, California made more than $15,000 in direct grants to the RCC to equip the clinic, as well as obtaining a donated microscope valued at $10,000.

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Several children have now been born at the clinic; many children and adults have received vaccinations, and it is now being used for wellness/diagnosis for the village at large. However, more assistance is needed to fund regular visits by the doctor and ongoing supply needs. All projects have been championed and overseen by Rotarian Deborah Luyima, club secretary of the Rotary Club of Muyenga.

For information on the adopt-a-village model and how to participate in further assisting the clinic, please contact Deborah at kimydala@yahoo.co.uk or Larry Hutchings at lwhutchings@yahoo.com.

Fun with Interact: Peer Leadership & Depression Prevention
Bob Anthony, President 2017-2018
Rotary Club of Wellesley, District 7910, Massachusetts, USA

Interact teens in Puerto Rico, the United States, and India are having fun introducing content from a Boston Children’s Hospital curriculum. Even as they enjoy teaching healthy coping and problem-solving skills such as PIP Problems-Ideas-Plans, they also deliver important information that is not known everywhere. Examples include:
- 1 in 5 cases of depression are wholly preventable.
- Depression is a disease that usually begins in children.

The Interact teens attend train-the-trainer workshops, just as faculty would, and then facilitate the four 45 minute curriculum modules to every student in a grade at a school or in a community youth group. Some youth groups go on to deliver subsets of the content on their own, creating skits or discussing video clips.

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The core curriculum outcomes are improvements in Knowledge, Help-seeking confidence and Attitude as measured through pre- and post-surveys. In addition to the direct outcomes, the Rotary Club of Wellesley, Massachusetts, USA gained two moms and a dad as new members!

The Peer Leadership and Depression Prevention project was started by the Interact Cub of Wellesley. It was first brought into nearby communities through a district grant, and then a Global Grant brought it through the San Juan Club into schools in Puerto Rico, where students achieved improvements of 146% in Knowledge, 32% in Help-seeking, and 10% in Attitude. An Interact club is making a multi-lingual video about mental health and wellness promotion; a local hospital is actively engaged for referral and training.

A second Global Grant brought the project to a thousand standard 8-10 students in rural India through the Rotary Club of Hubli East. For the first time, the schools have a referral protocol, provided by the project through the Karnataka Institute of Medical Science. After the training, the school faculty explained that they first learned through this training that depression was a disease of children. They said they have changed their discipline style in hopes of better understanding what the students are thinking. The students are learning it is all right to talk about emotions and that it is healthy to address the emotions. They are having fun with related drawings on anger, joy, and sadness in the journals they began for the project.

The next country planning to implement the project is Nigeria. We hope Rotary Clubs everywhere will implement it soon.

For more information, program materials, and global grant template, please contact BobAnthony@AdolescentWellness.org and visit www.AdolescentWellness.org/Rotary

Editor’s Note: This is a great example of a project that could make an excellent display at a health fair or could be included in a medical mission.
May 2017

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The goal of the Health Education and Wellness Rotarian Action Group is to promote good health and wellness through healthy lifestyle choices and disease prevention. The emphasis is on building awareness, promoting education, and providing information to help achieve and maintain good health and to utilize effective prevention in an integrated way.

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

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

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

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

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

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

The next issue of this Newsletter will be published in September 2017.

To submit an article about Health Education and/or Wellness for consideration in the September issue, please write to hewrag@gmail.com by or before August 1, 2017.

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