

# Connections

## Dreyfus Health Foundation

### Contents

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### Spotlight on Malawi.....1

Country News

**Malawi** continued.....2

Dominican Republic...2

El Salvador.....3

India.....4

Kyrgyzstan.....5

Lesotho.....5

United States.....7

Announcements.....8

Recent Workshops.....9

How You Can Help.....9

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## Creating Safe Water Conditions in Malawi Villages

*Submitted by Sebastian Milardo  
Director of Operations, DHF*

Two Problem Solving for Better Health® (PSBH®) workshops were held at the Malawian Entrepreneurs Development Institute (MEDI) in Mpongwe, December 2008. Supported by the W.K. Kellogg Foundation and organized by the Local Initiative for Better Health (LIBH) in collaboration with the Dreyfus Health Foundation, the first workshop took place on December 10, 2008, and was a follow-up to a workshop held in 2006. Approximately 25 of the original participants attended to discuss sanitation projects focused on improving water quality in order to decrease diarrheal diseases.

Facilitators Maxwell M'bweza, Evelyn Nyirenda, and Lifah Sanudi highlighted three rural communities (Mgona, Mitundu and Chimwaminga) to present the efforts accomplished since the original workshop. These villages, located within the capital area, have no electricity and are reachable only by dirt road, precariously during the wet season. Diarrhea, cholera and other waterborne diseases are common. This is in part due to lack of, or inappropriate placement of, ventilated pit latrines (VIPs), protected wells, and waste disposal sites.

The primary goal of the projects in each village was to provide a central, protected well with an attached laundry slab in order to prevent the local community from having to rely on possibly



*LIBH facilitator Maxwell M'bweza (left) demonstrates proper well usage to the community.*



*A pit latrine cover used for sanitary protection*

contaminated river and stream water. Secondly, the local community leaders urged their constituents to dig pit latrines for each household. Involving the community in the actual digging of the pits led to an increased sense of responsibility for the care of the latrines and empowered them to positively impact their health. Each family that contributed to the effort received a sanitary slab to cover the latrines.

In Mgoni, community members dug a large pit and lined it with bricks in order to use it as an organic waste depository. The entire village uses it for everyday, degradable waste. At the end of the rainy season, the decomposed waste is sold as fertilizer to local farmers, improving the condition of the village as well as providing a small amount of funds for seeds and tools.

This follow-up workshop allowed project leaders to discuss the progress of their work and share ideas on how to replicate the projects within their respective communities. They made plans to dig a waste pit in both Mitundu and Chimwaminga, as well as Cipehe and Kamgumbwe villages. The goal is to mobilize the communities to dig more than 100 additional VIPs, which will then be supplied with sanitary slabs. In Mitundu, 164 households did not have latrines. Now, over 50 have been built and covered with the slabs, and we expect more to be completed after the rainy season. With the assistance of the Village Health Committee (VHC) and the Health Surveillance Assistant (HSA), the project leaders will carry out a series of proper disposal and hygiene education lessons which will culminate in a village-wide Sanitation Open Day. It will feature health professionals explaining proper use and maintenance of the protected wells, VIPs, and

sanitary slabs, as well as the use of chlorine for water sanitation and waste disposal.

A new PSBH workshop was held December 11-13, 2008, also at MEDI. Thirty participants from the Lilongwe and Mzuzu areas worked through the problem-solving process. Participants from the follow-up workshop shared success stories from their projects, which mobilized community leaders to replicate the sanitation projects in more villages. Other projects developed at the new workshop focused on HIV/AIDS awareness, food security, crime reduction, women's and children's rights, maternal and child mortality reduction, tuberculosis education and prevention, and malaria reduction. All the participants completed a project proposal and submitted it to the LIBH by mid-January 2009 for seed-funding.

The Dreyfus Health Foundation would like to thank the facilitators for their hard work and dedication to the development of Malawian communities. Similar thanks are given to Regional Coordinator Ruth Chikasa and the Program Director in Malawi, Dr. Maureen Chirwa, for their leadership. DHF looks forward to the implementation of the second round of projects initiated through the PSBH program in Malawi. ■



*The project leader responsible for spearheading the protective well initiative.*

## Dominican Republic

### Raising Awareness of Dengue & Leptospirosis

*Submitted by Dr. Adelaida Oreste  
National Coordinator, Dominican Republic*

The National Conference for Social Mobilization Against Dengue was held June 23-24, 2007, in Santo Domingo under the direction of Dr. Bautista Rojas Gómez from the State Department of Public Health and Social Assistance. Dr. Cristina Nogueira of the Pan American Health Organization (PAHO), representatives for the mayor, and non-governmental organization (NGO) representatives participated. The conference was held to discuss the prevention and management of dengue outbreaks and the elimination of the *Aedes aegypti* mosquito that carries the virus. As a result of the conference, the Integral Center for Health and Development (CISADE), DHF's local partner in the Dominican Republic, conducted the following activities:

- Home visits to distribute educational material about dengue
- Improvement of water storage methods to eliminate mosquito breeding grounds
- Provision of chlorine and other substances to disinfect the water, cisterns and other deposits
- Emphasis on reporting fever cases and making immediate referrals to epidemiological doctors
- Education and guidance to quickly detect and manage dengue fever cases
- Warning people not to take aspirin to treat fever because it can cause hemorrhage

CISADE achieved 100% coverage in its area of responsibility and also expanded to some outer areas. The value of CISADE's work received recognition, which led to support for the June 2008 opening of the Unities in Primary Health Care (UNAP) No. 1 in Farallones del Mirador.

On November 24, 2007, CISADE held the Campaign for Prevention of Leptospirosis in coordination with the

Department of Environmental Health and the State Department of Public Health. Leptospirosis is an infectious disease caused by the spirochete bacteria, which is transmitted by rats and other vermin. CISADE distributed educational materials about the disease and poison in an effort to control the rodent population, which caused the country's leptospirosis outbreaks after Hurricanes Noel and Olga.

### Prevention and Treatment of Malnutrition

This program, concentrated in the marginalized neighborhoods of Batey Central Barahona, Mata Mamon-La Victoria, and Ensanche La Paz, supported Problem Solving for Better Health® (PSBH®) projects and was completed in October 2008. It included activities such as treating children for parasites, monitoring their height and weight, and providing fortified nutrients and multivitamins.

The Department of Nutrition of the State Department of Public Health & Social Assistance (SESPAS) and the Batey Relief Alliance (BRA) donated nutrients, vitamins, and medicine for the treatment of parasites. PSBH participants were trained in the following:

- Teaching mothers and pregnant women about the importance of good nutrition for their children by providing information about fortified nutrients and multivitamins and their utilization
- Height and weight measurement, evaluation techniques, and proper documentation for follow-up (i.e. photographic registry)
- Treatment for parasites

The program also provides services at four schools in Batey Central Barahona in coordination with SESPAS. UNAP provided facilities for height and weight measurement. A total of 1,700 children, 23 pregnant women, and 42 senior citizens received assistance. ■

## El Salvador

### Youth Project Updates 2008

*Submitted by Marta Paniagua  
PSBH Facilitator, El Salvador*

#### Environmental Clean-up Teams

Nataly, a participant of the first Problem Solving for Better Health® (PSBH®) workshop for youths of the El Balsamo Microregion, proposed waste removal activities for her project "Caring for Water Sources in Cantón La Montaña." One of the phases of her project was implemented on January 5 in the basins of Cantón el Zapote. The Salvadoran Medical Association for Social Responsibility (MESARES) provided the necessary support and team presence in order to carry out the project.

#### Coffee Tour in Jayaque

On Sunday, January 13, we conducted a nature walk and tour of different coffee farms in Jayaque. Marvin Torres' project titled "Promoting Tourism in Jayaque" aimed to introduce travelers to the region and promote its coffee. Tourists as well as local residents had the opportunity to taste the delicious coffee. All were amazed by the region's beauty and climate.

#### Activities at Las Flores Educational Center

On February 29, we held a litter reduction campaign in the Plan de Los Amores community. Project leader Wilbur Rodriguez proposed this activity, which involved various institutions and students. We also organized a drug abuse prevention lecture, conducted by Luis Antonio Torres, a psychologist and PSBH® facilitator at Las Flores Educational Center. Seventy-five students attended, and additional lectures are scheduled at various educational centers throughout the region.

#### Tepecoyo Cultural Day

On April 12, we inaugurated "Cultural Day" to renovate the outdoor theater in Tepecoyo and decorate its posts. The mayor, friends from non-governmental organizations (NGOs), and community residents attended. Participants performed a play to raise awareness about the dangers of drug and alcohol abuse among adolescents and the need to open youth recreation centers. The event featured music, dance, and our typical food "pupusas" (stuffed corn tortillas), which everyone enjoyed.



*Students work on their project proposals at the fourth PSBH workshop for youths of the El Balsamo Microregion, April 2008.*

## Fourth PSBH Youth Workshop

The fourth PSBH workshop for youths of the El Balsamo Microregion was held April 19-20, 2008, at a mountain hotel in La Palma, Chalateno. Sixty-five students attended, as well as people working in the region who supported the projects. They formed 10 community health teams resulting in 18 projects that include the following subjects: youth at risk, reforestation and the environment, communicable diseases, and city safety. The group leaders were responsible for making sure the activities were carried out.

We have now trained 150 youths in the PSBH process. With PSBH, once again we can say: Yes, we can! Yes, we can! ■

# India

## Healthy Teeth for Schoolchildren

*Submitted by Shakthi Balaravindran  
Project Leader, India*

Dental caries is a common problem among children and adults in India. Initially it appears as a black mark and if left untreated, it can erode the pulp of the tooth, causing severe pain and abscess. Poor dietary habits and oral hygiene practices, as well as genetic predisposition and malnutrition, contribute to dental caries.

Environmental factors that contribute to this problem include excess consumption of refined sugar and lack of fluoride in water. In India, it is easier to prevent dental caries than to provide treatment, where 70% of the population inhabits villages. According to a GOI-WHO publication, the dentist/population ratio is 1:30,000, and only one out of five dentists return to rural areas to provide treatment. Over 40% of Indian children are afflicted with dental caries and a large percentage of these children reside in rural areas.

The original "Good Question" for my project was: "Will a health education program about good oral hygiene, consisting of screening, tooth-brushing demonstrations, and stressing the importance of visiting the dentist, with 120 students between the ages of 5 and 10 in class I-IV, at PSG Children's School, Coimbatore, and Karadivavi



*Project leader Shakthi Balaravindran and students at Coimbatore School.*

Government School, Karadivavi, held for two months with two sessions per month, raise awareness of dental caries and improve oral hygiene practices by at least 20% as assessed by pre- and post-intervention questionnaires and dental charts?"

I, along with my teammates, screened all students (272) of class I-IV in PSG Children's School, and Karadivavi Government Primary School and recorded their DMF (Decayed/Missing/Filled teeth) scores. This scoring method was developed by the World Health Organization. A DMF score between 0.0 and 1.1 is considered very low, a DMF of between 2.78 and 4.4 is moderate, and a figure of 6.6 or more is very high. At



*Karadivavi School students practice the medically approved brushing technique.*

the PSG Children's School, 37% had dental caries, with an average DMF score of 4. At Karadivavi Government Primary School, 59% had dental caries, with an average DMF score of 4.46. We used charts, questionnaires, tooth models, screening equipment, toothbrushes, and toothpaste.

We gave the students who tested positive for dental caries a questionnaire to assess their brushing habits and identify any faulty practices. All the students, irrespective of dental status, were taught the importance of oral hygiene and methods to improve dental health. We conducted a demonstration of the medically advised brushing technique, taught each child individually, and provided them with age-appropriate toothbrushes.

After the project activities, we gave the students with dental caries a post-questionnaire to assess their retention of the health education, improvement in their oral hygiene practices, if any, and change in attitude after becoming aware of the problem. Our study revealed that children in the rural area (Karadivavi: 59%) had a higher prevalence of dental caries, when compared to the children in the urban area (Coimbatore: 37%). Also, the children in Karadivavi (81%) had poorer oral hygiene practices, prior to the intervention, as opposed to the children

in Coimbatore (83.1%). This further reinforces the DMF scores of the children. The students in Coimbatore (7.6%) showed a better response in terms of improved oral hygiene practices than Karadivavi (6.7%). By the end of our program, a substantial number of students (64) had visited a dentist and undergone treatment.

Health education, demonstrations and other measures taken to improve the status of oral health among schoolchildren were effective, with an increase of approximately 8% in oral hygiene practices overall. ■

## Kyrgyzstan

### Youth Center Established with Support from the Global Fund

*Submitted by Aibek Mukambetov  
National Coordinator, Kyrgyzstan*

The Problem Solving for Better Health® (PSBH®) program in Kyrgyzstan has been successful since its launch in 2005. However, when DHF began experiencing financial difficulties, our team was faced with a new challenge--expanding the country's program by seeking outside donors. The goal was to establish a youth center for troubled teenagers. Our persistence paid off and we are pleased to announce that we received a \$51,000 US grant from the World Bank for the next year and a half to support the center. We also obtained support from local state agencies. This was a great achievement for PSBH in Kyrgyzstan.

The center is located in the poorest area of Bishkek and gives the teens a safe place to engage in healthy recreational activities. Hundreds of adolescents visit every month and are educated about the prevention of drug and alcohol addiction and HIV/AIDS. Volunteers, including students and former "problem children," conduct these lessons. A variety of activities are held at the center, including English and Chinese language courses, computer classes, sports, and dance lessons.

Obtaining financial support from other donors was not an easy task. We contacted several different international

agencies and local organizations, and although the program's concept was met with understanding and approval by all, these organizations were unable to allocate additional funds from their budgets. Some public health donors turned down our proposal, indicating that they only support specific activities; for example, tuberculosis prevention programs. As a result, our team decided to focus on the country's most important public health problems when submitting proposals.

This project is sustainable and we are focusing all our efforts to take it to a national level. We plan to include the youth center model in our five-year proposal to the Global Fund with an approximate budget of 27 million US dollars. If we are successful, the Global Fund will support several youth centers throughout Kyrgyzstan over the next five years. ■

#### Did You Know?

- Kyrgyzstan declared independence from the Soviet Union on August 31, 1991.
- Kyrgyzstan is officially bilingual. Kyrgyz and Russian are the country's official languages.
- The Manas, an epic Kyrgyzstan poem, is the longest in the world, consisting of over 500,000 lines. The poem was recited for centuries, but it was not until the 20th century that a man by the name of Saiakbai Karalaev wrote it down.



*Kyrgyzstan's flag*

## Lesotho

### Developing Job Performance Guidelines at Tsepong ART Centre

*Submitted by Majulia Rammitsane  
Project Leader, Lesotho*

My name is Majulia and I am a Senior Nursing Officer at Tsepong ART (antiretroviral therapy) Centre in Leribe. I first learned about Problem Solving for Better Health® (PSBH®) in March 2008. The methodology impressed me. I had never participated in a program where individuals had the freedom to share their concerns and work-related problems with such enthusiasm, genuineness, and openness. The discussions at the workshop were constructive and have great potential for bringing about successful solutions.

I raised the following Good Question: "Will providing an orientation workshop with relevant hospital and clinic staff, providing a copy of relevant job descriptions, and implementing a clocking in/out system for each support staff member at Tsepong ART Centre, along with maintaining supervision by one person, increase performance and productivity among support staff from 50% to 95% in a period of six months?"

I took the following steps to address the problem:

- Interviewed support staff members and their immediate supervisor, and observed them at their workstations to assess their punctuality, the quality of their work, those who did not perform to standard, and reasons for their poor performance



*Majulia Rammitsane*

- Organized a meeting for all clinic staff to brief them about the workshop
- Developed a new curriculum and training plan in collaboration with the clinic team
- Created training materials and teaching aids
- Held a successful workshop

The following changes in clinic operations occurred as a result of the project:

- A sign-in and sign-out book to record attendance and ensure coverage in the clinic throughout the day, including a staggered lunch schedule for all clinic staff
- The development and administration of an assessment tool for support staff, reviewed by clinic management to provide feedback at the end of every month
- Cleaning schedule for staff tea room
- Availability of staff schedule in departmental offices
- One person identified as supervisor for support staff

#### Sustainability

- Ongoing support and supervision; unannounced station visit by supervisor once a month
- Open door policy promoting communication between supervisor and employee
- Motivational seminar on support staff duties and responsibilities held every six months
- Employee of the month/year – performance based on objective administration of assessment tool (PSBH recommendation)
- Suggestion box for staff and patients (new practice suggested during PSBH project)

It has been a great privilege and honor for me to participate in a PSBH project. I learned a lot from this experience, which has led to more collaboration among staff members, recognition for each other's potential to provide outstanding healthcare, and respect for different approaches despite academic achievement and years of work experience. Because of my outstanding performance, I was selected to facilitate the next PSBH training workshop. I embraced the challenge wholeheartedly.

One commonality I discovered among the participants is that they had identified at least one problem in their workplace and were committed to solving it utilizing the PSBH process. Every person has the potential to solve problems in his/her workplace rather than wait for solutions from senior staff or a supervisor.

## Raising Nursing Standards at Berea Hospital

*Submitted by Matare Munyaradzi  
Project Leader, Lesotho*

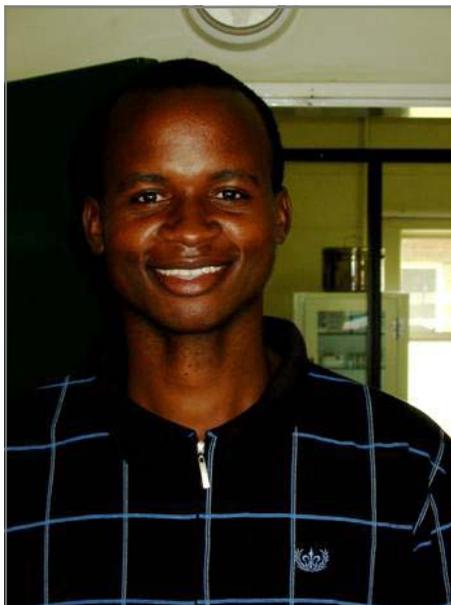
I work in Berea Hospital in Teyateyaneng and attended a Problem Solving for Better Health-Nursing™ (PSBH-N™) workshop in October 2008. I noticed a major problem -- lack of proper nursing care delivered to patients causing unnecessary suffering, and in some cases, death.

#### Problem #1:

##### **Lack of proper nursing assignment to specific departments**

Nurses at Berea Hospital were working in various departments without a specific work schedule. Therefore, nurses were not familiar with the departments they worked in, causing lack of ownership in the quality of their work. The nurses were seen as jacks-of-all-trades and masters of none.

To fix this problem, I implemented a system where each nurse is assigned to a specific ward for a set of period of time, allowing the nurses to familiarize



*Matare Munyaradzi*

themselves with their wards to improve their sense of belonging and create pride in their work. This system has promoted intimate nurse-patient relationships, thus improving patient care and trust.

#### Problem #2:

##### **Off-duty requests and vacations**

Nurses working in a department could all request to be off duty at the same time, thus leaving the ward understaffed.

I developed a system for each department to draft its own duty schedule by assessing individual needs and requests. Nurses log their leave request in a departmental book for approval. Furthermore, I assigned night duty nurses to specific departments to ensure that each department has coverage. Problems still continue to arise when nurses fail to request leave for workshop attendance, bereavement or illness. To rectify this situation, I assigned two relief nurses who would be called to cover when there is a shortage of staff.

#### Problem #3:

##### **Patient Notes and Reporting Process**

Patient files are kept in Maternity until the morning instead of the ward they belong in, requiring the new shift nurses to go to Maternity to collect the files and get verbal reports from the night shift nurses. Sometimes there is confusion when information is passed on from night duty staff to day duty staff. Furthermore, sometimes patient files are misplaced or even lost, endangering patient lives.

I made personalized files using X-ray covers, which I placed at each patient's bedside. Patient files are now in their proper location. Moreover, the nurses are giving each other proper verbal reports. Critical cases are then identified and discussed during shift change.

#### Conclusion

My main goal was to bring our nursing standard to a higher level, thereby preventing unnecessary patient suffering and death. I was able to make small changes that created a big difference in my hospital.



## Improving the TB Patient Discharge Process

*Submitted by Nthuseng Tso'sane  
Project Leader, Lesotho*

I am a registered nurse and midwife working in the male ward of Maluti Adventist Hospital in Mapoteng. After attending a Problem Solving for Better Health-Nursing™ (PSBH-N™) workshop in October 2008, I noticed that category II tuberculosis (TB) patients (retreatment cases) were discharged without being screened for Multiple Drug Resistant (MDR) TB. This occurred because the staff was not familiar with the protocol for category II TB cases. I discovered that 15% of the 20 TB patients were in category II treatment and discharged without being screened for MDR.

To solve this problem, I developed the following "Good Question:" "Will conducting health talks about proper ward care of category II treatment TB patients and including the request for sputum to send for MDR screening, at Maluti Adventist Hospital in Mapoteng, increase the number of category II patients who are screened properly before being discharged?"

I met with the TB coordinator and prepared a lesson plan to teach the staff and nursing students about the proper protocol for category II TB patients, and conducted monthly lessons with the staff. Everyone who participated was supportive and appreciative of the information provided.

After the lessons, I noticed that category II TB patients were no longer sent home without an MDR screening. My hope is that with continuous education and monitoring, the statistics will remain at 0%. Thumbs up to the PSBH-N program! I found a solution to this problem in my ward.

## Decreasing Bacterial Enteritis in Mamohau Hospital

*Submitted by Ntsukunyane Mokhotho and  
Sister Exinia  
Project Leaders, Lesotho*

We are Ntsukunyane Mokhotho, pharmacy technician, and Sister Exinia, nursing assistant, from Mamohau Hospital in Leribe. One of the main problems we encountered at the hospital on a daily basis was bacterial enteritis, a disorder of the intestinal tract caused by invasion of toxins, resulting in diarrhea. We discovered that 20 to 25 patients from the surrounding villages of Mamohau Hospital were diagnosed with bacterial enteritis per week. This was due to lack of knowledge of safe sanitary practices, not washing hands before handling food, not boiling water before drinking, and unsafe waste disposal.

To tackle this problem, we held a meeting with the hospital staff to address the issues and developed an action plan to conduct health talks in the surrounding villages. During the health talks we identified several key factors that were causing this problem and implemented the following activities: fencing off the springs to prevent animals from drinking there, digging deep trenches to burn waste, and digging pit latrines. We also provided health education on safe sanitary practices. From October 2008 to February 2009, we helped our community decrease the number of bacterial enteritis cases from 102 to 82 patients.

We believe that through public health education we can prevent diseases, prolong life, and promote physical health. This is possible with effective community mobilization! We also



*Ntsukunyane Mokhotho*



*Sister Exinia*

believe that if we continue providing health education, we can reduce bacterial enteritis cases in Mamohau completely. ■

## United States

### Council on Collegiate Education for Nursing Meeting Features DHF-Sponsored Projects

*Submitted by Valerie Cilento  
Executive Editor, DHF and  
Dr. Frances Henderson, PIN Consultant*

The Council on Collegiate Education for Nursing (CCEN) was held in Atlanta October 5-7, 2008. Approximately 200 nurse educators and invited guest speakers participated in the annual meeting, which featured over 40 presentation posters and exhibits, five of which highlighted projects that received initial funding through a grant awarded to the Dreyfus Health Foundation by the Partners Investing in Nursing's Future (PIN) program. The PIN program is a national initiative that encourages local foundations and communities to develop strategies for creating and sustaining a stable and adequate nursing workforce.

The main objective of the CCEN meeting was to develop effective strategies for increasing student graduation rates in collegiate nursing programs. The posters were designed to inform nurse educators about activities that can help increase graduation rates, such as preparing students for the nursing program, raising awareness of program requirements among their family members, encouraging student mentoring, and increasing the number of faculty members in nursing colleges.

“Admission, progression and graduation challenges are each different,” said PIN Consultant, Dr. Frances Henderson. “Whereas students may meet admission criteria, they must also meet minimum end-of-course requirements, such as a grade no less than ‘C’ in order to progress to the next sequential nursing course. All required courses MUST be passed in order to meet minimum graduation requirements.”

The Council members who attended the meeting represent schools of nursing in 16 southern states and the District of Columbia. There are approximately 170 member schools.

“Nursing faculty and students at Delta State University and nurses affiliated with the Mississippi Office of Nursing Workforce are grateful to the Dreyfus Health Foundation for assisting us in the Problem Solving for Better Health-Nursing™ (PSBHN™) initiative in Mississippi,” said Henderson. “These projects, which we were proud to share with a regional nursing audience, are helping us to address the nursing shortage in Mississippi.”

## Community Leader Revitalizes the Third Ward and South Union in Houston

*Submitted by Valerie Cilento  
Executive Editor, DHF*

The influence of the Dreyfus Health Foundation (DHF) can be felt in many regions throughout the world, and the United States is no exception. Spreading its mission to serve as a catalyst for better health by emphasizing individual and group responsibility at the community level, and the optimal use of already available resources, the DHF provides people with the skills and knowledge to define, prioritize, and identify solutions to local problems. DHF’s network has reached 32 countries to date, empowering over 30,000 individuals to make a difference in their communities. DHF’s Problem Solving for Better Health® (PSBH®) program in Houston, Texas is doing exceptionally well.

One individual taking a leadership role in her community is Flossie Lewis, a vibrant, 82-year-old woman and licensed



*Flossie Lewis*

nurse who has resided in the Houston area since 1959. Lewis has many years of community service experience, and in March 2005 she attended a PSBH workshop to continue improving quality of life in her neighborhood. She immediately became drawn to the program’s inspirational message. The program challenges people to accept responsibility for improving quality of life in their communities and gives them the confidence to initiate action themselves, rather than wait for solutions from the outside. Lewis has taken responsibility, and she is determined to revitalize her community. After the workshop, Lewis began a project aimed at reducing the number of empty, abandoned lots in the Third Ward and South Union areas of Houston, with the assistance of Executive Director Robin Blut and her staff at Keep Houston Beautiful, a litter reduction and recycling education organization that has operated since 1979.

The Third Ward and South Union areas of Houston had a total of 6,350 homes with over 1,000 vacant. These abandoned homes and lots brought crime such as drug dealing to the area. To combat this epidemic, Lewis worked with Keep Houston Beautiful and civic clubs to have the empty homes torn down. She also rallied volunteers to pick up litter and landscape the empty lots. The project began with the clean-up of six lots twice a year but now averages six every month.

Lewis’ efforts dramatically improved the area’s economy and quality of life. Several lots were purchased and approximately 13 to 15 new homes built on the once-abandoned lots were sold. It costs under \$3,000 a year to implement this project, which receives donations from McDonald’s, area grocery stores, and volunteers. Today, Lewis continues campaigning to promote neighborhood safety and cleanliness.

In honor of Flossie Lewis’ leadership and achievement, Houston Mayor Bill White presented her with the 2007 Mayor’s Proud Partner Award at a special ceremony held Monday, December 3, 2007, at the InterContinental Hotel. Lewis is a shining example of how much one person can do to create positive change. The DHF congratulates Lewis for her achievements and for embracing the true spirit of PSBH. ■

### Announcement

#### Congratulations Giedre and Wenjie!

On August 20, 2008, National Coordinator Giedre Donauskaite Tang (Lithuania) and her husband Wenjie Tang welcomed a baby boy, who they named Giedrius Li. “He is a very strong, active boy,” said Giedre. “He does not cry often, only when he is hungry, and it seems like he is hungry always! It is a great feeling to be a mom.”

Giedrius means “bright and sunny” in Lithuanian and Li means “independent and strong” in Chinese.

The DHF extends its best wishes to Giedre, Wenjie, and Giedrius Li.



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## Comments and Suggestions

We want to hear from you!  
Please send us your comments and suggestions. *Connections* is your newsletter!

## Connections Online

View this issue and past issues online at:  
<http://www.dhfglobal.org/news/newsletter.cfm>

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## Special Thanks from DHF

The DHF would like to extend its gratitude to the team members who are persevering with the PSBH program and continuing to implement successful projects in their communities. You have shown us that even during difficult times, the spirit of PSBH is ever present and your efforts are making a difference in the lives of many. With PSBH, there are boundless possibilities!



*DHF staff, top row: Sebastian Milardo, Marsha Copeland, Karen Meerabux, Carley Smith, and Dr. Barry Smith. Bottom row: Pamela Hoyt-Hudson, Valerie Ciliento, and Carol Slotkin.*

## Recent Workshops

### Bulgaria

- A PSBH workshop was held in Kranevo, Dobrich, December 5-6, 2008.

### China

- A PSBH workshop was held in Beijing, October 15-17, 2007.
- A PSBH workshop was held in Beijing, October 17-19, 2007.
- A PSBH workshop was held in Macau, SAR, April 16-17, 2008.
- A PSBH workshop was held in Beijing, October 20-22, 2008.

### El Salvador

- A PSBH workshop was held in El Balsamo on April 15, 2007.
- A PSBH workshop was held in Chalatenango, El Balsamo, April 19-20, 2008.

### India

- A PSBH workshop was held in Trivandrum, Kerala, August 20-21, 2007.
- A PSBH workshop was held in Bhopal, Madhya Pradesh, December 3-4, 2007.

### Indonesia

- A PSBH workshop was held in Yogyakarta on April 26, 2008.

### Jordan

- A PSBH workshop was held in Amman, December 4-6, 2007.
- A PSBH workshop was held in Karak, February 29-March 1, 2008.

### Lesotho

- A PSBH workshop was held in Maseru, November 2-4, 2007.
- A PSBH workshop was held in Maseru on March 15, 2008.
- A PSBH workshop was held in Leribe, October 8-10, 2008.
- A PSBH workshop was held in Leribe, October 13-15, 2008.

### Malawi

- A PSBH follow-up workshop was held in Mphonela, December 9-10, 2008.
- A PSBH workshop was held in Mphonela, December 11-12, 2008.

### Romania

- A PSBH workshop was held in Focsani, February 21-23, 2008.

### United States

- A PSBH workshop was held in Clarksdale, Mississippi, January 5-6, 2007.
- A PSBH workshop was held in Houston, Texas, October 22-23, 2008.

## How You Can Help

### Get Involved

To learn more about the Dreyfus Health Foundation and help in our mission, please contact your National Coordinator. We welcome your involvement and partnership in the effort to improve health and quality of life worldwide. Together, we can accomplish far more than any of us can alone.

### Make a Donation

Please support the Dreyfus Health Foundation in its mission to help people help themselves toward a better life by making a contribution. Contributions to the Dreyfus Health Foundation, as a division of The Rogosin Institute, are tax-deductible under Section 501 © (3) of the Internal Revenue Code, to the fullest extent allowed by law. For more information on how you can support the Dreyfus Health Foundation, please visit [www.dhfglobal.org/donation](http://www.dhfglobal.org/donation) or contact Sebastian Milardo at: [smilardo@dhfglobal.org](mailto:smilardo@dhfglobal.org)

### Search the Web

Raising money to help support Dreyfus Health Foundation programs is easy. Each time you do an Internet search using GoodSearch, revenue is generated by the advertising companies on the results pages. The amount raised is then shared 50/50 with the designated charity. So the next time you need to do an online search, make it a GoodSearch.

### Follow These Simple Steps:

1. Visit [www.goodsearch.com](http://www.goodsearch.com).
2. Type "Dreyfus Health Foundation" in the "I Support" box.
3. Click "Verify."
4. Search the Internet as you normally would!

Add GoodSearch to your bookmarks or make it your homepage so you don't forget! Tell all your friends and colleagues! Every search counts. Each time you conduct a search, you are helping us in our mission to achieve better health for all. GoodSearch estimates each search will raise \$0.01 for the designated organization. Now, every time you search the web using [www.goodsearch.com](http://www.goodsearch.com), you will be supporting DHF!