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TUSKEGEE INSTITUTE  
Tuskegee Institute, Alabama

YEAR 1 REPORT

122-d INTERNATIONAL HEALTH PROJECT

(Grant # AID/afr-G-1577)

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## YEAR 1 REPORT

### 122-d INTERNATIONAL HEALTH PROJECT

(Grant # AID/afr-G-1577)

#### BACKGROUND

In September 1979, the United States Agency for International Development awarded Tuskegee Institute a grant, under Section 122(d) of the Foreign Assistance Act, to further develop and expand its response capability and capacity to provide assistance to Lesser Developed Countries in Africa. Over the five year period of the grant, the Institute will endeavor, to the maximum extent possible, to strengthen its capability to render technical and related service to LDC's in two distinct areas:

1. Design, implementation, and evaluation of health services programs as an essential component of Integrated Rural and Community Development; and
2. Environmental Health and Endemic Disease Control.

The purpose of this report is to provide a comprehensive update on the initiatives which were undertaken and the progress registered by the 122(d) project in relation to the proposed Year 1 outputs reflected in Table 1. The presentation will include a review and discussion of the major accomplishments in each area of concentration, together with a brief discussion of the premise and/or rationale for initiating movement in a particular direction to achieve the intended outcome or output.

Table 1**SYNOPSIS OF YEAR 1 122(d) PROGRAM ACTIVITIES**

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1. Organization
    - a. Program Office and Advisory Committee established
    - b. On-campus surveys completed
      - (1) Total international experiences and resources
      - (2) African health experiences
    - c. Library/hard copy data bank for relevant literature established
    - d. Program Activity and Status Report completed
    - e. Visits completed to African LDCs to establish linkages
    - f. Institutional linkage agreements signed
- 
2. Education and Training Capability
    - a. Faculty Development
      - Visits to African institutions
- 
3. Research Capability
    - a. On-site survey/cataloging of existing community development projects
    - b. In collaboration with African LDCs research areas determined
    - c. On-site survey of Environmental Health needs designed
    - d. On-site survey of Endemic Disease Control needs designed
- 
4. Service Capability
    - a. Workshops and seminars conducted
    - b. Technical assistance consultants available
- 
-

Early in the Project year (October, 1979), the President of Tuskegee Institute, the Associate Dean of the School of Veterinary Medicine and the Associate Director of the Project attended a meeting of the 122(d) institutional grantees (Meharry Medical College, Howard University, Charles R. Drew Postgraduate Medical School and Tuskegee Institute) and USAID officials to clarify the opportunities, constraints, requirements and expectations peculiar to the 122(d) grant specifically and the consortium generally. The information obtained from the conference highlighted and clarified the need to modify certain programmatic perspectives associated with the 122(d) Project. These were:

1. The USAID service expectations with regard to the 122(d) grantees were stated clearly and defined as being action oriented. The basic realization was that although the institutional strengthening grant extends over a 5-year period, the AID expectation almost mandates delivering some level of service as soon as possible.
2. The 122(d) funds provided are not sufficient nor intended to initiate and/or conduct any service or provide technical assistance to Lesser Developed Countries in Africa. It was recommended that the institutions enter USAID's routine contract processes to secure the additional resources and look seriously at becoming Indefinite Quantity Contractors to facilitate contract procurement.
3. That the orientation of project management and project activity should reflect some of the characteristics of private sector firms which positively affect their ability to perform successfully in the contract marketplace.

4. That a clearer perspective on the exact nature of the International Health capability would have to be ascertained prior to initiating any substantive negotiations between the Institute and LDC governments or institutions. To enhance the success potential of the 122(d) initiative, these factors were incorporated into the management plan for subsequent program activity.

## PROJECT ORGANIZATION

At the outset it should be noted that (a) the underlying objective of 122(d) organizational and project development activity is the establishment of an International Health Program at Tuskegee Institute (program, within the context of this discussion, refers to a planned institutional mechanism for achieving the stated goals of the project); and (b) the primary goal to be achieved over the grant period is institutional strengthening. Therefore, during the first four months of Year 1, our main focus was on determining the appropriate institutional mechanism for furthering the purposes of the 122(d) project at Tuskegee Institute. This particular approach to project design was necessary because the management structure originally proposed and accepted by USAID had dissipated as a result of the departure of the Vice President for Health Affairs and the subsequent dissolution of the VPHA position. Needless to say, this unexpected situation presented an unparalleled challenge to Tuskegee Institute to establish an alternative structure which would, at maximum, be just as viable as that initially promulgated.

As an initial step toward restructuring the program to achieve the same goals and objectives specified in the grant proposal, an assessment was made of the programmatic expectations and requirements of the prime organizations, institutions and agencies involved in and/or affected by project outcomes. The full text of this preliminary analysis, conducted in November and December 1979, is contained in Appendix 1.

The major findings with respect to the key entities involved are summarized as follows:

### Tuskegee Institute

The twofold purpose of the 122(d) award is the strengthening of the Institute's capability in (1) Integrated Rural Community Development as Related to Health; and (2) Environmental Health and Endemic Disease Control. However, the 122(d) grant for institutional strengthening has no formal provision for TI's recovery of indirect costs associated with the project. As the international health programming and development capability evolves, the expectation is that Tuskegee Institute will be able to successfully respond to USAID service requirements. The earlier the Institute can secure and complete contractual work, the quicker the project can offset such indirect costs.

### United States Agency for International Development

The 122(d) project is funded by USAID's Bureau for Africa, Office of Regional Affairs, Project Division (AFR/RA/PROJ); and AID's prime expectation is the realization of an international resource for developmental programming in the aforementioned areas. In that the grant is primarily for institutional strengthening and does not include resources for conducting any substantive research or technical assistance projects in Africa, additional resources for implementing initiatives in the latter areas should be secured through service contracts; and it is suggested that efforts to enter into the contract market should begin immediately.

### Lesser Developed Countries (LDC's)

Increasingly, LDC's are faced with rising expectations of their rural poor and, as a result, many external donors are shifting their

programs of aid in this direction. Likewise, over time the ability of the governments of LDC's to define and specify their own developmental requirements has increased, spurring a departure from previous periods when external donors, by virtue of their advanced scientific and technical know-how, articulated the developmental needs of LDC's and the transfer of relevant technology. Consequently, the current thrust in arranging bilateral and technical cooperation with developing countries is appropriateness, which, in this context, refers to a process of establishing social and environmental goals, evaluating the potential positive and negative social and environmental impacts of a proposed technology before it is developed, and then attempting to incorporate beneficial elements into the various phases of development and utilization.

These fundamental findings subsequently provided a broad conceptual framework for the requisite modification of the managerial and organizational structure of the 122(d) project. Table 2 reflects the resultant tri-level schedule of management activities required to achieve the stated grant purposes while simultaneously responding to a multiplicity of related demands and opportunities.

#### Institutional Development/Project Direction

In general, this particular dimension of project organization and governance involves expansion of the institution's education and training capability and the creation of a facilitative and monitoring mechanism for the execution of service contracts.

Table 2

MANAGEMENT/GOVERNANCE DIMENSIONS OF THE  
122(d) PROJECT AND RELATED INITIATIVES

INSTITUTIONAL DEVELOPMENT/PROJECT DIRECTION	PROJECT MANAGEMENT	PROJECT COORDINATION
<p>Capability Assessments</p> <p>Curriculum Development</p> <p>Mobilization of Institute Resources (USAID Contracts)</p> <p>Faculty Release Time Proposals</p> <p>Interinstitutional Relations</p> <p>Linkage/Service Negotiations with Lesser Developed Countries</p> <p>Project Evaluation</p>	<p>Strategic Planning</p> <p>Project Design</p> <p>Project Financial Management</p> <p>Cost Benefit Analysis</p> <p>Intergovernmental Relations</p> <p>Resource Conservation</p> <p>Project Implementation/Resource Deployment</p>	<p>Administration of Project in Lesser Developed Country (three to four month tours)</p> <p>Host Country Governmental Relations</p> <ul style="list-style-type: none"> <li>. Functionaries</li> <li>. Civil Servants</li> <li>. Villagers</li> </ul> <p>Intervention Dynamics Management</p> <p>Operations Management</p> <p>Project Completion</p> <p>Summary Reports</p>

Originally, two broad categories of activities were envisioned under the headings of (1) Curriculum Development and (2) Faculty Development. However, because of the multidisciplinary nature of the 122(d) initiative, some modification of the existing institutional framework for "outreach" programs will probably be required to realize the goals and objectives of the project. In essence, the cooperation and support of the deans and directors of contributing academic and service units is vital to maximizing project viability.

Aside from developing an administrative organization and climate that is conducive to the realization of grant goals and objectives, the realities of the Institute's scarce economic resources pose additional challenges to effectuating meaningful institutional development. As one example of the latter, in the grant proposal reference is made to the potential offering of a new core course entitled "Health Care in the Rural African Community". The developmental questions regarding the feasibility, expense, location, faculty and scheduling, characterize, in part, the decisions that would lead to the actual evaluation and implementation of this course at Tuskegee Institute.

Another important area of management activity included within this level is the mobilization of Institute faculty resources to address a wide range of solicited and unsolicited service contract opportunities and responsibilities. From an institutional perspective it would, where feasible, be advantageous for the project to attract and acquire the requisite expertise via the faculty release time mechanism--which will both provide a rational foundation for incurring the expenses associated with faculty growth and development in international health, and achieve

certain economies of benefit in conserving the Institute's financial resources.

#### Project Management

As a result of intensified efforts, during Year 1 substantive progress was made in this area. Major emphasis was placed on achieving the proposed Year 1 program outcomes while, at the same time, strategically conserving grant resources. Unutilized grant funds resulting from such strategic conservation will not revert back to USAID until the end of the 5-year project period; therefore, by progressing deliberately in Year 1, more resources will be available in the subsequent years of the grant to conduct new and/or larger initiatives.

#### Project Coordination

This particular level of administration is designed to satisfy AID's additional request that its in-country projects and services be well-managed. In the future, as the Institute attracts the larger service and research contracts that involve several team members, this area of administrative support and leadership will become increasingly important to contract completion.

Project coordination, operationally, will involve assuring, by direct monitoring, that contract resources and services are consistently expended in accordance with proposed objectives and requirements. In addition, facilitating in-country logistical and procurement needs of the technical staff will enhance Tuskegee Institute's capacity to manage both the complexities and responsibilities of project implementation abroad.

### Advisory Committee

In January 1980, the President of Tuskegee Institute named an Advisory Committee comprised of deans and directors of the academic units and departments deemed essential to the programmatic viability of the project. The role and scope of this Institute-wide committee includes:

- Monitoring the development of the 122(d) Project;
- Establishing an intrainstitutional administrative structure for the project; and
- Selecting a Project Director.

Functioning in accordance with its original charge, the Committee, chaired by the Institute's Director of International Program, has provided an operational umbrella under which program activity can be conducted. Also, the direction and support given by the Committee has contributed significantly to the future attainment of project goals and objectives by bringing almost the full range of the Institute's international capability to bear on 122(d) activity.

To develop an operational service module under Purpose 1 of the grant (Integrated Rural Community Development as Related to Health) requires a wide range of inputs and the Advisory Committee has provided a forum for facilitating the acquisition of such inputs.

The following persons currently constitute the Committee membership:

- Director, International Programs, Chairman
- Associate Dean, School of Veterinary Medicine
- Dean, School of Nursing
- Dean, School of Applied Sciences

- Director, Behavioral Science Research
- Director, Cooperative Extension Service
- Head, Department of Home Economics/Food Science and Nutrition
- Associate Director, 122(d) Project

### Program Office

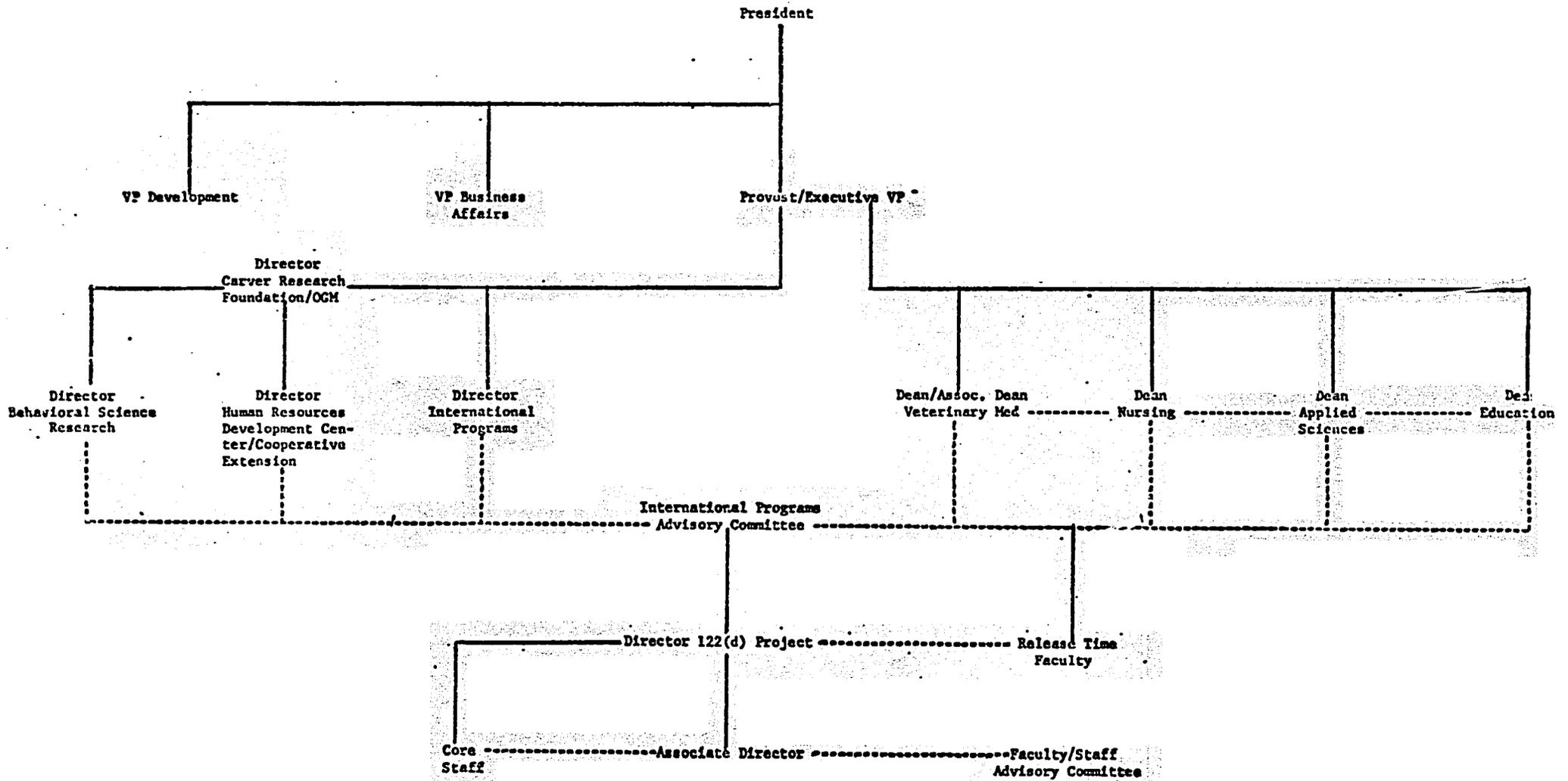
The 122(d) Project Office housing the core staff is currently located in Room B-223 of the John A. Andrew Community Hospital. To accommodate the current and projected spatial requirements, additional offices are being developed in the "A" Building of the Hospital. Overall, a total of 2,500 feet has been rented for project use.

As a spin-off of having the Program Office located in a health science complex, the core staff has gained an increased awareness of the realities of rural medicine and the many health-related problems affecting the rural poor. From an external perspective, the physical location of the office is viewed as a positive reinforcement of the Institute's long-range mission to provide a range of services devoted to alleviating human suffering. Also, the Program Office is in close proximity to the School of Veterinary Medicine, the School of Nursing and the Division of Allied health--the academic units on which the project will be dependent for faculty and related support in crucial program areas, including the training of para-professionals and the development of environmental sanitation and endemic disease control services.

Figure 1 depicts the current administrative organization of the 122(d) project at Tuskegee Institute.

Table 3 lists project personnel. (See Appendix 6 for Bio-Data information.)

Figure 1



Revised Organizational Chart  
122(d) Grant - International Health

Table 3PERSONNEL ASSOCIATED WITH 122(d) PROJECT

## 1. Advisory Committee

Dr. W.E. Adams	2%	Associate Dean, School of Veterinary Medicine
Mr. P.W. Brown	2%	Director, Cooperative Extension
Dr. G.E. Cooper	2%	Dean, School of Applied Sciences
Dr. B.D. Mayberry	2%	Director, International Programs
Dr. Lauranne Sams	2%	Dean, School of Nursing
Dr. Paul Wall	2%	Director, Behavior Science Research

## 2. Project Management

Mr. T.W. Simmons	10%	Interim Director
Mrs. J.B. Punch	100%	Secretary
Ms. O.E. Hume	100%	Information Specialist/Research Associate

## 3. Integrated Rural Community Development as Related to Health

Mrs. Elizabeth Chibu	100%	Public Health Nutritionist
Dr. L. Okere	50%	Nutritional Anthropologist/Environmentalist
Dr. C. Kirya	25%	Physician/Neonatalogist
Ms. R. O'Sullivan	100%	Health Education/Manpower Training Specialist
Mrs. A. Ghartey-Tagoe	25%	Bio Statistician

## 4. Environmental Sanitation

Dr. T. Habtemariam	50%	Epidemiologist
Dr. D. Oliveira	100%	Human & Animal Ecologists
Dr. I Siddique	25%	Public Health Microbiologist
Mrs. A. Ghartey-Tagoe	25%	Bio Statistician

## 5. Social &amp; Cultural Analysis

Dr. P. Wall	23%	Behavioral Scientist
Dr. A.S. Rao	25%	Psychologist
Mrs. H. Calhoun	50%	Media Resource Specialist
Ms. Jonell Jones	50%	Research Assistant

### On-Campus Surveys

The primary intent of resurveying the international experience of the Institute faculty and staff was to identify and update those areas of expertise that are both relevant to and possess the potential for inclusion as essential components of the institutional strengthening (development and expansion) process. While a number of units will, over time, contribute to project outcomes, the following schools, departments, and courses are particularly pertinent to the pursuit of grant goals and objectives:

School of Nursing - The emerging thrust in the design and redesign of health care delivery systems in developing countries is directed toward increasing the availability of health care and education to the rural community and family. Due to the relative scarcity of resources available for allocation to the medical sector in developing countries, there exists considerable flexibility in policies governing the practice of medicine to incorporate, where cost effective, new professional categories of personnel that can maximize the utilization of health resources. Community Health Workers (CHC's) functioning at the periphery of several medical care systems in LDC's have demonstrated a capacity to effectively improve the availability of service to the rural community.

The Tuskegee Institute School of Nursing has a definite role in the design and development of formal and non-formal curricula to educate and instruct trainers in the upgrading of the physical assessment and diagnostic skills of Community Health Workers. It is entirely conceivable that, where feasible and permissible, sophisticated medical processes, on a disease specific basis, can be reduced to decision

logic procedures that can increase the medical knowledge of CHC's to treat those conditions which commonly affect the populace of their villages and communities.

School of Veterinary Medicine - The resources, faculty experiences and expertise centered within the School of Veterinary Medicine constitute a major segment of the Institute's existing and potential capability in international health development and programming. As the health profession which applies the principles of biomedical sciences to health and disease in animals, it contributes to many areas of human health needs through research and in its practice has important direct and indirect implications for human health.

In our collective efforts to patiently unravel the complex and interacting variables which negatively affect the health status of rural populations in tropical climates, we have identified areas where community health and sanitary conditions are impacted by the close proximity in which humans and animals cohabit in certain Lesser Developed Countries. The careful examination of these interrelationships has surfaced three (3) major tracks of pragmatic research and program design:

1. Conducting in-depth analyses upon which to base the rational design of service systems that emphasize the close cooperation and interfacing of human and veterinary medical activities so that a holistic health problem definition and seeking of practical solutions could be sought at the farm or rural community levels.

2. Assisting in the establishment of a developmental framework for including environmental health (potable water, waste disposal) and endemic disease control (fecal water borne and vector borne) into health care delivery and health education systems by conducting sector and subsector analyses and feasibility studies to quantitatively determine priority solutions for program plans, management and evaluation. And
3. The improved health of food animals as nutritional inputs into family health interventions.

School of Applied Sciences - Two programs currently being conducted by the School of Applied Sciences have particular relevance to 122(d)

Project activity:

1. Comprehensive planning for rural development to enhance Tuskegee Institute's multidisciplinary capacity to assist developing nations in the planning and implementation of programs in the areas of agriculture, marketing, and socio-cultural analysis and new lands management. The project emphasizes the transference of appropriate technologies to small scale agriculturalists.
2. Tuskegee Institute International Food and Nutrition Center, which has the following overall objectives:
  - o To facilitate the ability of the Department of Home Economics/Food and Nutritional Science to identify and respond to nutritionally related problems in LDC's with emphasis on nutrition education delivery systems and health as it relates to nutrition.

o To strengthen the international capabilities of faculty in Food and Nutritional Science in order to strengthen Tuskegee Institute's ability to incorporate nutrition considerations in its already established capacity to give technical assistance to LDC's in agriculture and rural development, at the same time stressing the importance of the role of women in development when providing technical assistance.

Division of Allied Health - As alluded to earlier in this presentation, due to the severe scarcity of resources, the improvement of health care services in LDC's (availability, accessibility, quality, cost-effectiveness, etc.) will depend, to a large extent, on the effective utilization of Community Health Workers and allied health personnel. The Division of Allied Health will, throughout the project, play a key role in health manpower training, with particular focus on the areas of:

- Rehabilitation Medicine
  - o Physical Therapy
  - o Occupational Therapy
- Medical Technology
- Radiological Technology
- Therapeutic Recreation

Carver Research Foundation

o Division of Behavioral Science Research - In gearing up to provide assistance to LDC's in the design, implementation, and evaluation of Health Services Programs as a key component of Integrated Rural and Community Development, the Division of Behavioral Science Research will be heavily relied on in the following areas of project activity:

- Selecting appropriate change models
- Research design
- Questionnaire construction
- Pretesting of questionnaire
- Probability samples
- Interviewing (direct person-to-person)
- Direct field observations
- Coding, cleaning and converting raw data into machine readable form for automatic processing
- Data analysis (both qualitative and quantitative)
- Computer programming
- On-line bibliographic searching

o Cooperative Extension Program (Human Resources Development Center)

The Tuskegee Institute Cooperative Extension Program conducts a variety of initiatives directed toward the provision of information and technical services designed especially for limited resource farmers in an impoverished 13-county area. Under the general heading of technology transfer, the Extension staff and agents have developed unique and appropriate programs for improving the economic viability and quality of life for the small farm family.

Some of the services, programs and projects of the Extension Program of import to the 122(d) Project include:

- Beef Cattle - The improvement of feeding, breeding and management practices to increase the productivity of cow-calf operations.
- Pork Production - Increased productive performance in limited resource, small and part-time swine producer herds.
- Goat Production - Evaluating the feasibility of raising goats for meat as an alternative source of protein for limited resource farmers.
- Small Crop Production - Includes the demonstration, evaluation, and transfer of small cropping system technology in improving the economic efficiency and viability of the poor farmer. The model developed by Extension personnel consists of a diversified package of crops:

Sweet Potatoes  
Southern Peas  
Muscadine Grapes  
Greens

Strawberries  
Rabbiteye Blueberries  
Blackberries  
Honeybees

- Commercial Vegetables and Home Gardening - Producing commercial vegetables and growing gardens to supplement the family income and food supply.
- Home Economics and Housing and Home Environment - Through education programs modify family behavior to adjust patterns of resource utilization to prevailing economic and environmental constraints.
- Food and Nutrition - Evaluating the nutritional content and preservation of foods available to the community and their long-term implications for establishing healthful living.
- 4-H Program - Provides a transfer linkage between today's youth and emerging small farm technology and practices.

John A. Andrew Health Center: Rural Health Research and Demonstration

The John A. Andrew Health Center, as a component of the Institute's outreach program, is organized to develop, manage, coordinate, and evaluate health services programs, projects and activities reflecting the Institute's contemporary research and demonstration mission in the delivery of primary care services. The Center employs a computer assisted management support structure and information system to provide conceptual continuity and direction for a range of services and projects which are integrated programmatically to include the mechanisms, processes and facilities for:

- taking health care services to the population at risk
- providing mobile and, where cost is justified, fixed satellite facilities that provide remote entry points into the health care system;
- maximizing scarce physician manpower;
- providing primary care and referrals to secondary and accessible tertiary care services;
- maintaining surveillance of community health; and
- targeting system intervention to major health problems and/or acute incidences of disease.

This unique health care system utilizes community-based health workers, physician extenders and physicians to provide access to a continuous progression of ambulatory care services for the population of a 1700 square mile area in the Black Belt region of Alabama.

Tuskegee Institute's development and continued sponsorship of this innovative network of health services provides a medium for the transfer of health care concepts and skills from the academic environment to the "real world" and serves as a "feedback" mechanism for identifying appropriate technologies for inclusion into future programs both domestically and internationally.

#### Library/Hard Copy Data Bank for Relevant Literature Established

The core staff, in association with the Division of Behavioral Science Research, has accumulated a substantial amount of literature and data pertinent to the two purpose areas of the grant. The Information Specialist/Research Associate has had primary responsibility for coordinating the acquisition and cataloging of material with the information requirements of the technical staff. Appendix 2 contains a bibliographical listing of selected information currently available in the data bank.

The basic approach and intent of the literature search was the building of a technically sound conceptual framework for strengthening our response capability in (1) Integrated Rural and Community Development as Related to Health; and (2) Environmental Health and Endemic Disease Control. The data and information obtained thus far have provided the following insights: The majority of the literature and documentation on integrated rural development is derived from research and projects that

involve agriculture and physical infrastructure (roads, public works) primarily. Although specifically requested, the documentation obtained that includes health as a key component of rural development projects has been scant. This paucity of information is probably representative of the relative newness of inter- and multi-sector approaches as program strategies for community development. The projects and experiences that included the resources from, or have positively impacted, more than one sector seemingly fall into two categories:

1. Community development projects and research geared toward improving the income of the rural farmer by increasing crop/herd production and facilitating the distribution and marketing of commodities. The design of these projects involved the concurrent development of roads and irrigation facilities in the overall effort to improve farm income and reduce poverty.
2. Needs-based community organization initiatives that "mush-roomed" over the life of the project to embrace a range of developmental requirements, including health concerns.

One of the problems in constructing a functional perspective on integrated rural development is that we are, in essence, looking outside of the traditional health sector into other aspects of the rural community to assess both the positive and negative impacts of developmental activity and requirements on community health.

In pursuit of a viable integrated community development strategy that includes the mechanisms and processes for promoting and maintaining human health, our preliminary assessments indicate that there are three distinct

human health status dimensions (physical, mental, and social) that overlap to form general health perceptions. The physical and mental dimensions are characterized by an individual's physiological and psychological capacity to perform within a cultural-societal framework. Social health, in part, describes that universe of environmental and cultural factors which contribute to or detract from maintaining the health and well-being of the individual and/or the community.

In Lesser Developed Countries and in given areas of developed countries there are certain identifiable social, economic, and environmental factors that negatively impact upon the ability of a community or individual to attain a perception of health and well-being consistent with societal belief systems and community standards. The health care delivery system traditionally has dealt primarily with the treatment of those diseases and disease processes that impinge upon the ability of the individual to attain "good health." Public health as an approach and methodology expands the practice of medicine to consider, from a community perspective, the management of health problems and of diseases.

In general, the practice of public health as a discipline is directed toward assuring that all aspects of community life are relatively free of hazards and agents that endanger human health. This concept of public health practice presupposes a well-developed level of community resources and organizational structure that permits a reasonable degree of influence and control over environmental factors that negatively affect the health status. Our review of the literature has, in part, focused on determining whether the methodology and technology associated with the standardized

practice of public health per se can adequately satisfy the current and future needs of Lesser Developed Countries with regard to progressively improving the quality of rural life vis-a-vis limited economic resources.

Integrated rural community development as related to health merits attention as a functional framework for the allocation of resources in the identification and effective management of those environmental factors and developmental needs that actually, or have the potential to, affect the realization and maintenance of health status and well-being. Therefore, we are assuming that it may be significant to consider community development from a holistic perspective in order to appropriately isolate, evaluate, and subsequently resolve, via cost-effective measures, inhibitors to health maintenance and well-being.

When considering rural community development as related to health, the emergence of the human capital theory, which treats the quality of the population, as defined in terms of improved mental and physical ability (well-being) as a scarce resource, offers a reasonable point of departure for establishing a rationale for integrating the allocation of developmental resources. Gross investment in human capital entails acquisition and maintenance costs. These investments include child care, nutrition, clothing, housing, medical services, and the use of one's own time. The flow of services that health capital renders consists of "healthy time" or "sickness free time," which are inputs into work, consumption and leisure activities.

1. Schultz, Theodore W., The Economics of Being Poor (Nobel Lecture, December 10, 1979, Stockholm, Sweden). Copyright, Nobel Foundation.

If it can be shown that benefits to a community's health status and productivity can be achieved by including positive health measures into the major components of community development activity, then there would be a valid purpose and rationale for governmental strategy to include consideration of integrated rural community development as related to health in their allocative and implementation decisions. The next steps of our literature acquisition and review exercises will be characterized by:

- o Defining and establishing the components of community development with direct and indirect implications for human health status.
- o Investigating the academic and economic basis for considering, from a governmental perspective, the inclusion of public health concerns in multi-sector plans.
- o Examination of the potential impact of systemic and structural factors of the larger economic and governmental institutions and priorities which have both causal and positive relationships to rural community health.
- o Constructing a generalized model of integrated rural community development for use as a guide for the refinement and activation of our technical assistance capabilities.
- o Identifying specific health related interventions in:
  - Sanitation and Endemic Disease Control Programs
  - Nutrition Related Agricultural Productivity Initiatives and Garden Projects
  - Marketing Systems (e.g., roads)
  - Education
  - Health and Care Delivery

Visits Completed to African LDC's to Establish Linkages

As alluded to earlier, a major component of the 122(d) developmental process entails establishing a firm concept of, and approach to, the design of a service module consistent with the two purpose areas of the grant prior to engaging in any substantive talks with LDC's regarding linkages. Taking into account the complex nature of these purpose areas, the integrity of our proposals can be maximized by being able to clearly articulate Tuskegee Institute's capability and organized response to developmental requirements and initiatives in LDC's.

The exact nature of our technical assistance delivery processes will be defined within a 6-month period following the end of the first grant year, which coincides with our projected timetable for completing the state of the art literature review. The project is currently evaluating the cost savings that could be derived from combining the purposes for travel to LDC's to necessitate fewer trips. While it should be recognized that we have considered deferring travel for the specific purpose of establishing linkage agreements only, travel might be indicated for faculty development and on-site surveys of existing community development projects prior to establishing linkages. Within the parameters of these short-term objectives, we have identified several countries of interest to the Institute's International Health Project.

Criteria for tentative country selection include:

1. Predominant use of the English language;
2. High strategic interest in the country by the United States;
3. Relative political stability; and

4. Potential compatibility of the government's 5-year plan with the Institute's mission and international development goals.

The following LDC's have been identified and are presented along with the key rationales for their consideration:

- o UGANDA - Uganda seemingly has had low levels of involvement with other U.S. agencies and organizations. Should the current political conditions stabilize and bilateral arrangements be established with the United States, a favorable climate would exist for conducting research to support multisector policy formulation and plans that are within the scope of the project's capability. A good potential would exist for linkage agreements with concerned ministries and institutions.
  
- o BOTSWANA - Botswana is considered a low to middle income country and has, over the years, been the recipient of assistance from several external donors. The baseline assumption which defines our interest is their experience in managing resources originating from a multiplicity of sources. It is probable that this capability and experience would be conducive to the consideration and support of projects with multisector involvement in health. Botswana, given our limited data, should have a good amount of relevant data accumulated as the result of previous research and program activity. Access to this and other select information could enhance and facilitate project identification and design. Moreover, the substantial involvement of the rural population in cattle

management and production would provide opportunities for research and service in the structuring of appropriate interventions to improve the management of those variables that impact upon the interface between animal and human health.

- o ZIMBABWE - Given our somewhat shallow insights into Zimbabwe's future development strategy, it seems that this LDC would offer a possible opportunity to observe the strengthening of support to its rural population. And if this assumption is in fact correct, our faculty could acquire relevant insights and experience with factors that determine the economic and/or policy reasons for making allocative decisions to include or exclude multisector rural development strategies. Naturally, acquiring this background is dependent upon the availability of a knowledgeable resource person in the country. However, if possible, this experience would sharpen our focus on the "real world" determinants and feasibility of integrated multisector approaches to rural development.

- o GAMBIA - Gambia is the sister country to the City of Tuskegee, the home of Tuskegee Institute. There is an established linkage between Tuskegee Institute and this African country and dependent upon their developmental needs and requirements, the project could capitalize and expand on these established relationships.

In part, all project related travel would be an extension of our efforts and initiatives to provide pragmatic and quality service to Lesser Developed Countries in the African region.

## EDUCATION AND TRAINING CAPABILITY

In the last revision of the 122(d) proposal, syllabi and course materials reflecting a strengthening of the Institute's education and training capability are scheduled for completion in Year 2 of the grant. However, with a view toward becoming a resource of USAID as soon as possible, the project has coupled the institutional development efforts with the establishment of a short-term training capability designed specifically for serving the non-formal educational needs of lesser developed countries.

There has been established within the US Department of Health and Human Services an Office of International Affairs (OIA) which has responsibility for the administration, coordination, and monitoring of the health related training elements spelled out in bilateral agreements between the United States and underdeveloped and developing countries. Some of these functions as they relate to specific projects are shared with other agencies within HHS.

Within OIA is the International Education Branch whose primary mission is to identify, implement, administer and monitor the short-term training experiences of USAID, UN, and WHO foreign participants here in the United States. The training fields most frequently utilized are population, family planning, environmental health, and all related health disciplines and services, paramedics, health administration and emergency auxiliary services. In addition, training in disciplinary areas may include medical technology, basic sciences, laboratory sciences, epidemiology, medical science, clinical specialties, microbiology, veterinary medicine, zoonotic diseases, pharmacy, etc.

In association with the Schools of Veterinary Medicine and Nursing, the 122(d) project has established a linkage with OIA and, during Year 1, has been involved in exposing high-level Third World governmental officials interested in US technology in health care and education to Tuskegee Institute's unique capabilities in rural health care, educational, nursing, animal and human health systems.

On a formal basis, we have successfully hosted orientation visits for the following OIA-sponsored Third World governmental officials:

India

S. N. Bagchi, M.D.  
Deputy Assistant Director General  
(International Health)  
Directorate General of Health Services

Thailand

Mongkol Mokkahasmit, M.D.  
Director  
Provincial Health Laboratory

In addition, the following Third World dignitaries will be visiting Tuskegee Institute within the next four to six weeks:

Senegal

Mr. Demba Sek  
Technical Adviser  
Government of Senegal Ministry of Health

Nigeria

A. O. Arigbabu, M.D.  
Director  
Clinical Services and Training  
University of Ife

This new linkage represents a significant opportunity, as the Institute can be reimbursed for the costs associated with the development and delivery of the training exercises. The School of Veterinary Medicine, in collaboration with the Tuskegee Veterans Administration Medical Center, is currently developing a training curriculum in the professional disci-

plines of Immunology and Medical Diagnostics.

In the future we plan to generate a schedule of short-term training that is designed for the "training of trainers" on a case specific basis to support project implementation in the field. In furtherance of such a linkage, in late April, Mr. Ronald R. Reddick, Program Director, International Education Branch, OIA, made a 2-day visit to the Institute to review various programs and services that might be utilized in OIA managed foreign participant training activities. His report is included in Appendix

3.

## RESEARCH CAPABILITY

The development of a viable research capability is based upon the maximization of available resources in support of strengthening the Institute's ability to provide quality service to USAID.

Our primary objective is to identify areas of pragmatic research which can be utilized as inputs into the design and evaluation of our projects in Africa. Conceptually, we view Integrated Rural Community Development as Related to Health as an approach toward identifying the pertinent interrelationships between the environment, behavior, nutrition, and disease for the purpose of assisting in the design of specific measures to promote health at the community level as integral components of community development or the delivery of health care. Therefore, we anticipate that the specification of our research requirements will be a planned by-product of the effort to validate this functional concept and the structuring of our technical assistance capability.

In the design of project related research, we are attempting to build an analytical framework which links our theories regarding change and developmental modalities with community needs, intervention strategies, and project implementation. Essentially, we are looking toward establishing a basis for rational action which will increase or maximize the probability that the suggested intervening measure or practice would set in motion a causal process which results in achievement of project goals and intended outcomes. We believe that this framework will provide a basis for isolating the pertinent interrelationships between nutrition, environmental health and economic development in the design and evaluation of initiatives

intended to improve the physical, social and mental health aspects of community life. Additionally, we expect that this framework for community analysis will be useful in the selection of strategies for project implementation.

As an extension of our effort to construct this analytical framework, the on-site surveys have been designed to improve the sensitivities of project staff and faculty to "real world" issues and considerations surrounding the improvement of community health and well-being as an intended component of rural development in Lesser Developed Countries.

The faculty and staff associated with the 122(d) project expect to depend heavily upon systems analysis, multivariate regression techniques, and certain optimization methods to assist in establishing an empirical foundation for the selection of appropriate courses of pragmatic action. As an adjunct to the Institute's existing and planned electronic data processing capability, we are building a configuration of peripheral and main-frame devices and computer software that will be dedicated to supporting project and related research and analysis.

These efforts to strengthen and direct both the research capability and capacity of the 122(d) project specifically represent significant components to the progressive improvement of Tuskegee Institute's service and technical assistance ability in international health.

## SERVICE CAPABILITY

### Technical Assistance Consultants/Faculty Development

Both the complexity of the areas of technical assistance being developed and the scarcity of institutional resources require the establishment of a capability and delivery mechanism that is designed and organized in a manner that is consistent with and reinforces Tuskegee Institute's extant experience in international programming. Figure 2 depicts a generalized intervention model which has served as a functional guide for the effective utilization of release time faculty, by structuring a supportive flow of research and technical inputs into a management and delivery unit that processes and utilizes them in the actual conduct of design, evaluation and implementation services. The model includes the rural community as the end point to amplify the intent and orientation of the service provided toward ultimately addressing rural community needs.

The complex nature of the assistance to be offered will, in most instances, require a multiplicity of professional inputs and oftentimes collective or team responses to developmental requirements. The preliminary statement of capability presented in Appendix 4 represents an attempt to clearly express the range of skills, services and techniques peculiar to Tuskegee Institute's international health services.

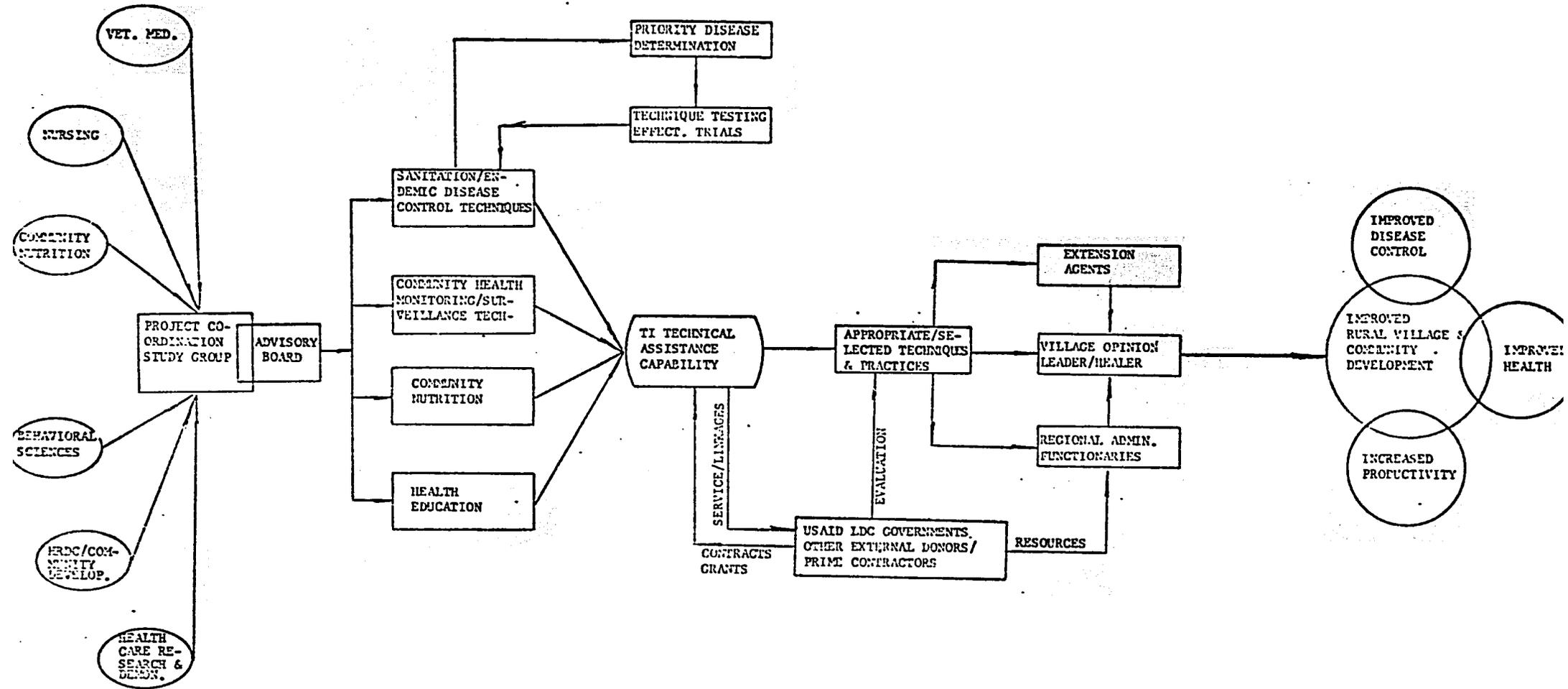
### Relevant Professional Conferences, Workshops and Seminars

Since the onset of the 122(d) project, the core staff and faculty have participated in a number of professional conferences, workshops and seminars. (See Appendix 7 for related Trip Reports)

- Thomas Simmons attended the USAID Program Design and Evaluation Seminar in Washington, D.C. - October 1979
- The Staff participated in a multidisciplinary seminar: Relating Food Use, Nutrition Changes and Health Care Services to Community Life Patterns at Tuskegee Institute - March 1980
- Linus C. Okere attended "International Food and Nutrition Policies: Prospects and Strategies for the 1980's" workshop at M.I.T. July 1980
- Brooke Schoepf attended the Women's Forum, U.N. Mid-Decade Conference on Women as an Exchange participant in Copenhagen - July 1980
- The Staff participated in the Centennial Conference on Rural Development at Tuskegee Institute - September 1980

The 122(d) Project also cosponsored a conference entitled "The Role of U.S. Universities in International Rural Agricultural Development" held at Tuskegee Institute, April 16-18, 1980 (Appendix 5). The Conference addressed and provided insights into a number of issues pertinent to rural community development, including health, from several perspectives which were relevant to establishing an effective technical assistance capability.

Figure 2



**APPENDIX 1****PRELIMINARY ANALYSIS****TUSKEGEE INSTITUTE'S 122(d) PROJECT**

**FOR DEVELOPING IMPROVED TECHNICAL ASSISTANCE CAPABILITY IN  
INTEGRATED RURAL COMMUNITY DEVELOPMENT AS RELATED TO HEALTH  
AND ENVIRONMENTAL HEALTH AND ENDEMIC DISEASE CONTROL**

TUSKEGEE INSTITUTE'S 122(d) PROJECT  
FOR DEVELOPING IMPROVED TECHNICAL ASSISTANCE CAPABILITY IN  
INTEGRATED RURAL COMMUNITY DEVELOPMENT AS RELATED TO HEALTH  
AND ENVIRONMENTAL HEALTH AND ENDEMIC DISEASE CONTROL

PURPOSE

The central purpose of this paper is to generate an initial iteration of the implementation strategy for the 122(d) project at Tuskegee Institute. This represents a culmination of pre-project planning efforts conducted conjointly by the Center for Health Care Research and the School of Veterinary Medicine. The strategic implementation of the project should incorporate an approach toward developing the institutional capability that will provide maximum flexibility in achieving successful outcomes and positive evaluations. During the plenary sessions of pre-implementation phase, substantial progress was made in conceptualizing a design of the project and development which involved synthesizing a multiplicity of significant concepts, directives and inputs that are applicable and appropriate for the particular organizational, institutional, and governmental entities concerned:

- o United States Agency for International Development (USAID);
- o Tuskegee Institute;
- o Lesser Developed Countries; and
- o Black Health Science Centers 122(d) Consortium.

It should be noted here that USAID and other donors facilitating development in certain third world countries are currently guided by a rural development and, more specifically, integrated rural community development theme. The integration of secular initiatives directed at the rural and poor communities and villages represents a major philosophical shift in external assistance away from the Western/European industrial/urban-based model of development. The transition

in focus of external aid is, in part, a reaction to the enhanced ability of LDC governments to more accurately specify and articulate their developmental requirements. The rising expectations of the rural poor regarding a better life as defined in terms of improved income, food, health, education, shelter and equity have placed increased stresses upon the social and political systems of LDC's to effectuate substantive rural development programs.

#### INTEGRATED RURAL COMMUNITY DEVELOPMENT

For the purposes of this paper, integrated rural community development is defined as the process of appropriately improving the levels of living of the poor majority, especially the small farmers. This particular model of rural development attempts to structure the coordinated intervention of intersector initiatives in health, agriculture, public works, etc., to incrementally and appropriately improve the quality of life. Thus the process of integrated rural development includes five major aspects:

- o Raising levels of productivity and life;
- o Analysis of the rural systems;
- o Utilizing measures and change strategies that are appropriate in relationship to perceived and established needs/requirements and are consistent with societal norms;
- o Community participation in the change and evaluation processes;
- o Attempting to make the positive change and the process for change self-sustaining.

It is important to emphasize that the concept and model are relatively new and as such provides an avenue for Tuskegee Institute to positively contribute to the further definition and effectiveness of this framework for rural development.

## RATIONALITY OF PROJECT DESIGN

The design of the project has to be relevant to the goals, objectives and sensitivities of the functional and concerned entities in the decision environment. Therefore, brief statements of position, as determined in the pre-planning phases, for those entities that have been isolated to date are presented as follows:

The United States Agency for International Development is the funding source for the 122(d) institutional building grant, and as such ultimately assumes responsibility for project direction, logistical support, and evaluation. Consequently, our global intentions, project designs and implementation approaches should be assessed by AID for acceptability and appropriateness determinations prior to engaging in any substantive movement. Whatever flexibilities and/or constraints that prevail can be assessed as a function of the project design and implementation strategy presentation. Although seemingly of routine consideration, this perspective of project organization is of tactical import in addressing the action orientation to the development and implementation of the 122(d) program. To clarify this, it should be recognized that the resources provided under the 122(d) grant are not intended nor sufficient to conduct any developmental programs in Lesser Developed Countries. Therefore additional resources should be petitioned from USAID in order to achieve any tangible evidence of "on the ground" service. The additional resources would probably be available through sole source contracts for conducting special pilot projects of a short-term nature or subcontracts originating from a prime contractor with AID's cognizance and support. We have tentatively proposed to actively pursue this course of action in Year 2 of the five project years. However, preparation

for deployment and evidence of movement in this direction should begin immediately in parallel with developing the institutional technical assistance capability. It is highly probable that AID's evaluative criteria will include demonstrating tangible evidence of attempts to provide service via pilot projects and/or subcontracts.

Tuskegee Institute has demonstrated throughout its history a commitment of service to the rural communities of the nation and world aimed at improving the quality of life. These experiences provide a reservoir of information and talent from which to draw upon in developing this current international initiative. Recognizing that there is a tremendous expense associated with the simultaneous delivery of quality education and service, consideration must be given to legitimately maximizing the income accruing to the Institute for sponsoring the 122(d) project and the resultant pilot projects and contracts that originate from having developed a technical assistance and training capability. Taking into consideration that the 122(d) project per se has no formal provision for recovery of indirect cost, it is seemingly rational to assume that additional income can be anticipated as a result of providing service under AID's sponsorship to Lesser Developed Countries. The exactness of this supposition and the appropriate financial arrangements have not been clearly determined at this juncture; but mention has been made here to reflect a cognizance of this aspect and that where and when the opportunity exists to offset expenses and maximize revenue to the Institute, it will be cultivated. This paper represents an attempt in the present to provide information for review and comment such that our resources are conserved where feasible and efficiently utilized in achieving the programmatic objectives and outputs of the 122(d) project.

In pursuing the edicts of the 122(d) grant in Lesser Developed Countries, the study and implementation groups should not compromise the intention and orientation of the Institute in providing services that will be of benefit and help to the government and populations. In structuring our relationships with developing countries, travel should be approved by USAID and, where appropriate, the delegation supported by letters from AID to the involved governmental officials and ministries as well as the affected AID Missions. In addition to timing and scheduling the above have been recommended as necessary practices for assuring that the expected reception and safety of the party and/or delegation are in fact realized.

As discussed in earlier presentations, the overall 122(d) project is comprised of four Black Health Science Centers. The actual receipt of the 122(d) grant award by each institution was staggered; therefore, all are in differing stages of project development. Currently there exists a loose and informal consortium. As the individual projects are brought on line with the proposed scheduling of events, our interinstitutional dialogue should be enhanced. With enhanced dialogue, the degree of collaboration and cooperation in establishing our institutional capabilities should increase. The possibility exists for conjointly petitioning the pilot projects and/or contracts which would certainly create a framework for developing stronger proposals. The consortium anticipates convening sometime in the spring at a central location, possibly Nashville or Tuskegee.

#### PROJECT DESIGN

The design of Tuskegee Institute's 122(d) project should, in concept, embrace the effective mobilization and utilization of these resources to provide technical assistance via education and service that is consistent, com-

patible with, and supportive of the Institute's central teaching mission. The essence of the project's design intends to interdigitate this concept with the development of a finite set of service and education units that can be strategically utilized by external agencies and Lesser Developed Countries. Therefore this initial iteration of project design will attempt to further define the parameters of service that are rational to USAID and LDC requirements and consistent with Tuskegee Institute's capabilities. It is anticipated that from this core of service, with intrainstitutional collaboration the academic and developmental responsibilities can be further isolated, refined, structured and scheduled for developmental action.

PROGRAM COMPONENTS

At this point in the structuring of the project, the following institutional components are seemingly relevant to this initiative:

- o School of Nursing
- o School of Veterinary Medicine
- o International Community Nutrition
- o Behavioral Science Research
- o Human Resource Development Center
  - . Adult Education
  - . Welding
  - . Forrestry
- o Center for Health Care Research and Demonstration

PARAMETERS OF SERVICE

A sketch of the project's design will be developed by providing a short statement of the problems we proposed to address and a brief discussion of the existing and proposed institutional capabilities requiring enrichment to effectively provide service.

Where feasible, consideration has been given to simplicity, practicality and comprehensibility of concept and action so as not to lose contact with the rural village and community orientation of the project. Although the overall problem, "marginal health status," reflects a complex array of interacting variables, Tuskegee Institute's existing and potential capabilities are relatively discernible and should be isolated for analysis in the design phase. What is being promulgated here is that the project avoid steering into entirely new or ultrasophisticated arenas which could unnecessarily deplete our limited resource and energy base. If this approach is acceptable, it would pave the way for the provision of quality and effective task products on a timely basis. In essence measures will be taken to incorporate positive evaluation in the design of the project. The importance of this is germane to the project's viability and, as inferred earlier, if the 122(d) project does not result in additional income producing projects and/or contracts, then Tuskegee Institute would probably realize very little return on its investment in the project. In addition to the above, the practical utility of the intended technical assistance capability to the international community is extremely pertinent. Therefore, the following project design and implementation strategy has been organized to be rational to the aforementioned conceptual framework.

#### ENVIRONMENTAL SANITATION TO CONTROL HUMAN ENDEMIC DISEASES

##### The Problem

- o Exposure to a broad spectrum of endemic and epidemic infectious diseases. Massive vaccination programs over the past two decades have reduced the once dramatic and explosive killers such as small-pox, measles and cholera but these advances have left relatively

untouched the chronic, energy sapping and debilitating diseases such as malaria, schistosomiasis, onchocerciasis and tuberculosis. The composite negative effect of such diseases on the populations of Lesser Developed Countries may exceed that of the erstwhile dramatic killers.

### Design Parameters

In addition to the control and surveillance of applicable zoonoses/diseases which are transmittable from animals to man, disease and site specific methodologies and measures can be developed for:

1. Vector control
2. Eradication of the disease on a regional basis

At the community and/or village level important contributions can be developed for (1) developing and promoting appropriate improvements in water supply and sewage disposal systems through the identification and correction of:

- a. Inadequate or nonexistent drainage of stagnant and unsanitary water sources.
- b. Inadequate or nonexistent treatment facilities for water or sewage.
- c. Inadequate and unsafe water supplies.
- d. Unsanitary and dangerous methods of human and animal waste disposal.

It is suggested that a strategic bank of information be developed on those diseases most prevalent in Lesser Developed Countries, along with a manual of recommended practices that could be taught, trained for and implemented by the community with assistance from the School of Veterinary Medicine.

It is quite probable and desirable that the study team actually employ the recommended practices, utilizing hand or animal driven devices, at one of the Institute's farms to refine measures for implementation and time completion determinations. The recommended practices would then be reduced to practical measures that could be adopted on a site specific basis.

As an adjunct to the above techniques, an additional capability is necessary to appropriately determine which disease is of priority for the government and population, to determine the appropriate intervention, and subsequently evaluate the effectiveness of the change.

Prior to structuring the recommended community sanitation and disease control practices, the measures will require assessment for practicality and amenability for adoption in relationship to anthropological, sociological and societal acceptability. Structuring this vital component of the project's design and implementation can be developed on campus with the assistance of the Center for Rural and International Development and the Behavioral Science Research Department.

#### INTEGRATED RURAL COMMUNITY DEVELOPMENT FOR HEALTH

##### The Problem

- o The inappropriate balance between curative and preventive health measures. The heavy concentration of attention and resources in many LDC's to highly specialized curative medicine, often requiring a relatively sophisticated technology, is still another important chapter in the story of the urban "haves" versus the rural "have-nots."
- o Malnutrition, ranging from the gross starvation seen in the Sahalian countries within the past several years to the more subtle qualitative malnutrition frequently found in association with traditional slash and

burn subsistence farming, inadequate protein content of the traditional crops and/or culturally derived inadequate preparation of food-stuffs.

### Design Parameters

This project component should be structured as a coordinative and implementation vehicle for the practice recommendations and training exercises of the Institute's service units--the premise being that if our recommended interventions are going to be viewed as coordinated and integrated to the Lesser Developed Country, that coordination should be initiated and refined "at home" in order to realize an organized, effective and efficient deployment of our services abroad.

There has been accumulated convincing evidence that the ultimate impact of the introduction of any particular technology or technique is heavily dependent upon an accurate assessment and appraisal of the socioeconomic factors that comprise and define the community to maximize the adoption and diffusion of the innovation at the local level. In the design of this coordinating element a series of simple but effective on-site assessments are required to describe a community in terms of its:

- o Social/anthropological characteristics;
- o Cooking and eating practices;
- o Health care practices and geographical relationship to formal medical care system;
- o Livestock and agricultural practices relevant to nutrition;
- o Endemic/epidemic diseases;
- o Sanitation and disposal practices for human and animal wastes.

Although the above listing is by no means exhaustive, it should provide a point of reference into the range of elements comprising a comprehensive community appraisal. This prior assessment will allow Tuskegee Institute's intervention team to be formulated and organized for service in a variety of countries and communities with circumstances determined as being responsive to our service capabilities. The evaluation and measurement methodology mentioned under the Endemic Disease Control section could conceivably be structured to embrace the range of interventions and intended outcomes.

It has been our experience at the Center for Health Care Research and Demonstration that local adoption of a particular practice by respected community opinion leaders is essential for translating the purpose and benefits of the practice to the larger community which significantly increases the degree of diffusion and acceptance of the measure. Thus our challenge in the design phase is to test the practicality of certain sanitary, nutrition, and health monitoring and surveillance measures and organize the information regarding the practice such that it is in fact functional and maintainable for the persons and communities involved. From this perspective we have brought Tuskegee Institute's School of Nursing, Adult Education and Human Resources Development Center into the design of the program and eventually contributing to the actual delivery of service. With the information tailored for utility at the village level, the implementation teams can be strategically trained and prepared for intervention.

Given the multidisciplinary nature of this project, an International Program Advisory Committee will hopefully be established to support and govern the project's development in the major areas of service and education (curriculum development).

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APPENDIX 3

SITE VISIT REPORT OF

MR. RONALD R. REDDICK, PROGRAM DIRECTOR

INTERNATIONAL EDUCATION BRANCH

OFFICE OF INTERNATIONAL AFFAIRS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

# Tuskegee Institute



TUSKEGEE, ALABAMA

SITE VISITED APRIL 24-25, 1980

PRESIDENT: LUTHER H. FOSTER, Ph.D.



INTERNATIONAL EDUCATION BRANCH  
SITE VISIT REPORT

TO : DIRECTOR, Office of International Affairs, OA/HRA  
THRU: ACTING CHIEF, International Education Branch, OIA/HRA  
FROM: PROGRAM DIRECTOR, IEB, OIA/HRA .

1. Date of Site Visit: Tuskegee Institute (4/23-25/80)

2. Agency/Institution: (include address):

Tuskegee Institute  
Tuskegee, Alabama

3. Purpose of visit:

To explore and evaluate on-site the degree to which visited institutions might participate in OIA managed foreign participant training activities.

Ronald A. Reddick  
(Signature)

June 12, 1980  
(Date)

## Background Sketch

Booker T. Washington, an ex-slave and graduate from Hampton Institute founded Tuskegee Institute in 1881. The school had its beginnings in a delapidated shanty and later moved to a worn out cotton plantation which today houses the world famous institution.

Booker T. Washington recruited George Washington Carver in 1896 from Iowa State College of Agriculture, to head Tuskegee's agricultural department and experimental station. Dr. Carver was successful in producing large yields in his experimental plots from soils nutritionally starved by the cotton monoculture. This success was extended by Dr. Carver's introduction of the mobile demonstration wayon, which initiated the Negro Agricultural Extension Service. This work served as a model for later extension efforts by the U.S. Department of Agriculture.

Tuskegee's formative years were devoted to building a strong program directed at providing practical skills and equipping students with knowledge to solve problems facing deprived Southern rural Blacks.

In 1927 in a response to the changing economic and social needs of the economically depressed Southern Blacks, a college curriculum was introduced. Today Tuskegee has 45 degree granting undergraduate programs and 26 graduate programs. The primary instruction areas include: Schools of Education, Engineering, Nursing, Arts and Sciences, Applied Sciences and Veterinary Medicine. Its current staff includes a large percentage of expatriates from Africa, Asia, Europe and the Middle East to service its 6,000 + students.

## Site Visit Contacts

During my visit to Tuskegee I met with the following individuals and discussed with them our current and prospective training needs.

Mr. Thomas Simmons, Acting Director; John A. Andrew, Health Center; Eugene Adams, DVM., Ph.D. Professor of Pathology and Associated Dean, School of Veterinary Medicine; Walter Bowie, D.V.M., M.S. Ph.D. Dean, School of Veterinary Medicine; Lauranne Samms, R.N. PhD. Dean, School of Nursing; Theodore Childs, Ed.D., RPT Professor of Physical Theraphy and Occupational Theraphy, School of Applied Health; Elizabeth Chibuzo, Public Health Nutritionist; Elaine Hume, Information Specialist/Research Associate; Brooke Schoepy Anthropologist/Medical Educator; Doris M. Oliveira, DVM. Title 12 Small Rodent Project; Tsegaye Habtemariam, Ph.D. Associate Professor Epidemiology; Christopher Kirya, M.D., Head of Pediatric Services and Neonatology; B.D. Mayberry, Ph.D. Director Institute Experimental Station and International Agricultural Programs and Mr. John L. Stewart Deputy Chief Clinical Laboratory Section, Tuskegee Veterans Administration Hospital.

School of Nursing

The dean of the school, Dr. Lauranne Samms discussed the unique aspects of Nursing Education at Tuskegee. The main elements are characterized by extensive involvement by the students in community health care delivery activities throughout their training.

I found the curriculum sound not just in its academic aspects but also in its practical experience components. Students early in their training are exposed to in and out patient care situations at both the fully accredited 136 beds John A. Andrew Hospital and the 1100 plus beds Tuskegee Veterans Hospital. Both of these medical facilities are located on the campus.

During my visit, the school of nursing was to open a new experimental project in gerontology at a senior citizens center in the community. The nursing students were to play a major role in the development, coordination and execution of the wellness activities of the center. These activities are holistic in design.

Dr. Samms invited me to speak with her teaching and research staff in order to acquaint them with the WHO American Study Abroad Program. In response to this presentation the staff raised questions about their own specialty interests and how they might have an opportunity to participate in overseas training and teaching activities in Lesser Developed Countries.

In following discussions with Dr. Samms she informed me of the multiple inquiries that had come to her from Ivy league schools requesting nominations of black nurses with rural health care delivery experience to work on their Lesser Developed Countries (L.D.C.) AID Contracts. She looked upon these situations as a mixed blessing.

Summary:

The nursing school is committed to producing professionals capable of effectively taking charge of project responsibilities in a wide range of socioeconomic community situations. Tuskegee graduates are currently holding significant leadership positions throughout the nation, this fact speaks well of the professional competency of the Tuskegee nursing graduate.

I was impressed with the high professional standards of the staff and Dr. Samms. She is a dynamic personality anxious to explore and participate in new activities which could enhance the professional growth of the school and its students.

Time did not permit an in depth analysis of the wide range of community activities and research projects currently in process throughout the nursing school.

Recommendation:

I would have no hesitation to recommend interested foreign participants to visit the School of Nursing and its many nursing care projects. I firmly believe that the nursing care training projects are relevant to L.D.C. and Continuing Developing Countries (C.D.C.) needs. The holistic delivery service programs are sophisticated yet economically reproducible in the poorest of countries.

Mobile Primary Health Care Services Project

Background on the Concept:

Mr. Thomas Simmons Jr., Coordinator and manager of the Project and my host briefed me on the background of the project and its goals.

In response to the critical shortage of medical professionals in the Black Belt States, Tuskegee sought and acquired financial support from the Robert Wood Johnson Foundation to plan and implement a unique demonstration primary care delivery system in 3 Alabama Counties. The target counties, Macon, Bullock and Russell have a total population in excess of 40,000 inhabitants, half of whom had no access to regular medical care.

The goals of the project are to develop and demonstrate an effective health care delivery system directed at isolated, poor rural communities with widely dispersed settlements. Such communities are not able to financially support a physician or nurse practitioner.

The System has three basic components:

1. A three-physician primary care group practice, based at the John A. Andrew Hospital on the Campus of Tuskegee Institute.
2. Two Mobile field clinics with support teams consisting of a nurse practitioner, a nutritionist and a driver laboratory technician.
3. Six community based health aides who live in the communities served by the mobile clinics. These aides schedule all appointments and follow-up on the treatment status of the patients.

The mobile clinics make periodic runs to predetermined sites each week where full clinic outpatient services are provided. Once on site, the mobile clinics are hooked into power packs which operate all of the electronic components within the units.

The power pack enables the nurse practitioner to have immediate access to the base hospital. Nurses are able to transmit via telephone lines facsimile printouts: EKG reports and other diagnostic data, as well as receive written prescriptions, and immediate consultation on patient problems from the base hospital physicians.

I had an opportunity to see the mobile clinics in operation at two sites. The patient receptivity to this method of health care delivery is very encouraging. The team members are beginning to see cases which in times past would not have received medical attention until the condition affected the patient to the point where he/she could no longer function and had to seek professional help.

It is interesting to note that since a white nurse practitioner was added to one of the mobile clinics, participation by white patients has increased significantly. This type of whole community participation is essential to fully test the medical, political and sociological impact of the mobile clinics on the level of care in the catchment areas.

**Summary:**

The coordinator and manager of the project - Mr. Simmons is developing this system in a graduate stepwise fashion, his leadership characterized by flexibility and soundness of purpose is a significant factor in the success of the project.

I asked him to explore the possibility of utilizing the mobile clinics as dental clinics on the two days of the week when they are not utilized as Primary Care clinics in the field. This would enable an extension of services into the areas of dental surgery and education, to be followed with the addition of an occupational therapist. He responded positively to the idea and indicated that the possibility would be explored. I have attached a brochure on the mobile clinic to this report.

**Recommendation:**

This project, even its experimental phases, is a must for all individuals involved in the development of rural health care delivery systems. Much of the delivery protocols could find immediate application in LDC/C.D.C., other technical features of the sophisticated mobile clinics could be adapted with proper modifications.

In relation to this system, Tuskegee is actively involved in a project directed at Rural Health Care in Lesser Developed Countries. The project (AID funded 122-d) will incorporate the Experimental findings of the three-counties Mobile Clinic System with Animal Medicine and field Agriculture Extension Education. The desired goal is the development of low cost, effective multi-disciplinary holistic Rural Health Care Delivery System.



# Tuskegee's country doctor.

Rural areas are desperately short of doctors and other health professionals. So Tuskegee Institute conceived a program of mobile teams, consisting of a

family nurse-practitioner, nutritionist and driver-lab technician in vans equipped for "Tele-Medicine."

An EKG, for example, can be taken on-board, radioed to a nearby city for

instant computer analysis.

At Tuskegee, we began outreach programs such as this so long ago that the first people rode horses,

rather than vans. For almost 100 years now, Tuskegee has gone far beyond the usual role of a college to help those in need. Small wonder that Tuskegee has

been called a unique national resource.

As we begin our second century, the veil of ignorance is raised, but not yet fully lifted. To cast it off, we need your help. During this, our centennial era, please give.

B10

Tuskegee Institute  
Centennial Era Fund  
Tuskegee Institute,  
Alabama 36033

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check \$ \_\_\_\_\_ Pledge \$ \_\_\_\_\_

Please send information.

Graduate  Former Student

Other



Invest in a unique national resource.

Telemedicine Systems can provide:

- Extension of physician's and specialist's skills to remote areas
- Delivery of health services by midlevel practitioners under the direction of a physician
- Shorter response time for routine and emergency care
- Preventive health care
- Continuing health and medical education
- Increased effectiveness of existing facilities and personnel
- A point of entry for additional treatment when required
- Computerized health/medical records and real-time paramedic aids
- Retrieval of medical records at patient contact point
- An expandable and reproducible health care delivery capability

Telemedicine systems can be designed to provide extension of health care for a variety of city, suburban, and rural requirements.



We can assist you in making an initial analysis that can tell you what type of system can serve you best, and we can give you a cost comparison between the recommended system and your present system.

Your health care requirements are unique; may we talk with you to explore the vast potential of telemedicine as it can meet your needs?

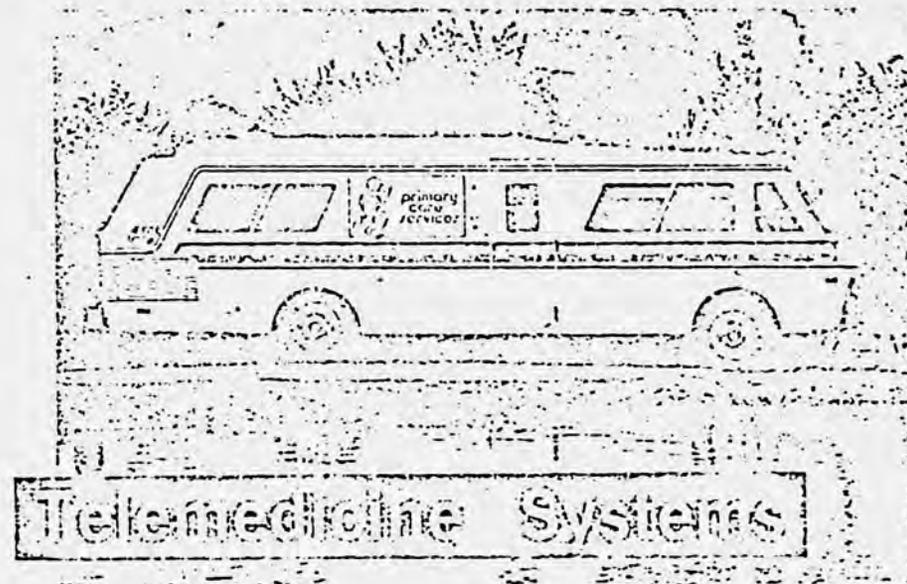
Write, telling us your needs.

Thomas W. Simmons, Jr. or Warren A. Henderson  
John A. Andrew Health Center  
Tuskegee Institute, Alabama 36088

(205) 727-8353 or 727-8137

LMSC

1976



The above photograph shows one of the two mobile medical clinics which are part of the Tuskegee Primary Care Network based at the John A. Andrew Clinic at Tuskegee Institute, Alabama. These two roving medical clinics will operate throughout a three-county area of eastern Alabama serving areas where quality health care is not readily available.

Each mobile clinic will be staffed by a Nurse-Practitioner, Nutritionist, and Laboratory Technician. The two teams will be supported by community health coordinators and resident volunteers at the 17 communities where the clinics will operate initially. The coordinators schedule the patient visits and assist the clinic staff.

The mobile clinics can draw electricity from outlets at regularly scheduled stops or from an on-board generator. For telemedicine communications with the base center, two telephone outlets are available at each stop.

Tuskegee Institute in Tuskegee, Alabama, is an educational organization for black students throughout the United States; however, it draws attendance primarily from southern areas of the nation. The John A. Andrew Hospital and Outpatient Clinic are part of the Institute and they serve the University, the town, and the residents of Alabama.

In 1973, the Robert Wood Johnson Foundation funded initiation of a primary health care delivery system under sponsorship of the John A. Andrew Hospital and the Tuskegee Institute Health Research and Demonstration Division. The Primary Care Network discussed herein operates under that administration.

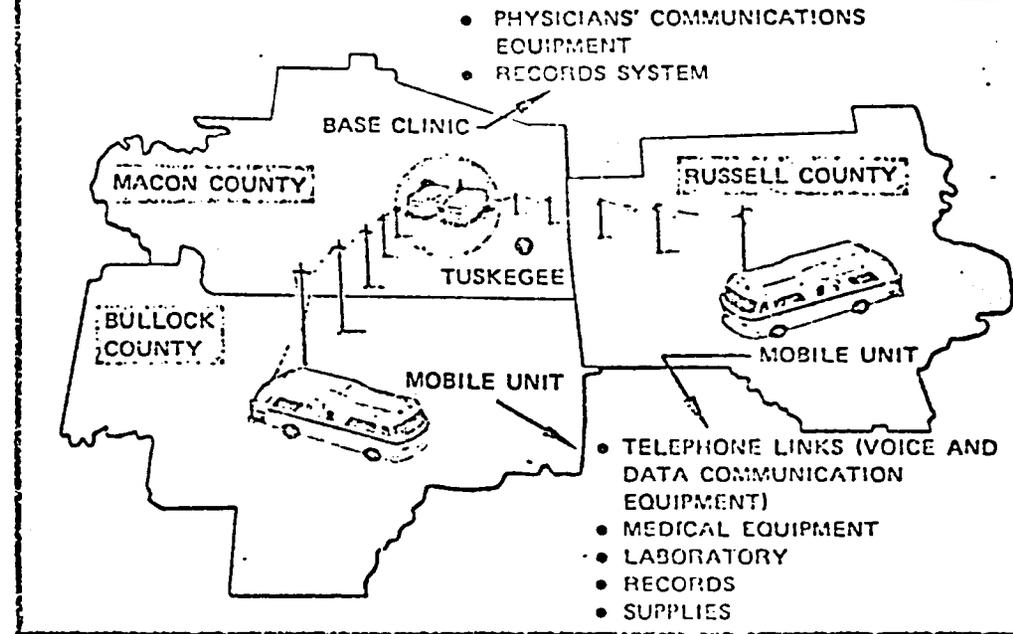
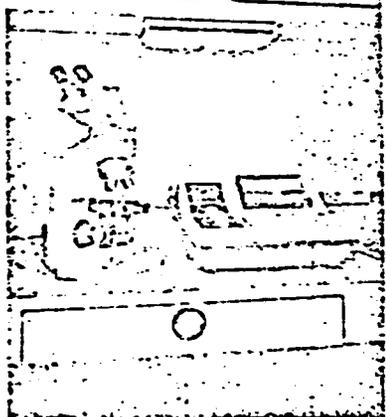
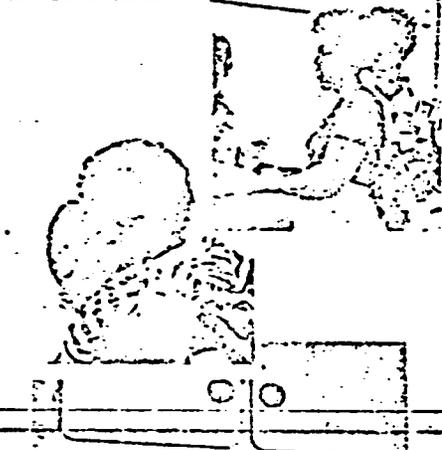
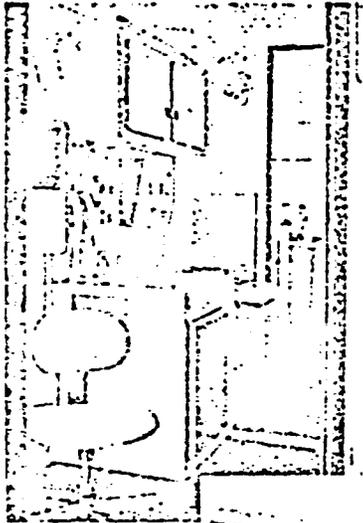
**THE MOBILE CLINICS INCLUDE THE FOLLOWING EQUIPMENT**

**ECG** Direct transmission to a computer analytical center for ECG analysis

**Facsimile** Transmission of patient records, data, laboratory results, appointments, and ECG records

**Telewriter** Transmission of written messages or prescriptions between mobile clinics and the base center.

**Conventional and "Hands-Free" Phone** Voice transmission between the Physician's Terminal at the base center and three communications positions in each Mobile Medical Clinic.



A portable physician's terminal designed and built by Lockheed provides the doctor with ready access to the telemedicine system. The portable terminal contains telephone and telewriter equipment to communicate with the mobile clinics and the ECG computer-analysis center.

While the Tuskegee staff has no plans to transmit images of patients, x-rays and laboratory studies, the communication system between the mobile clinics and the Base Center is capable of expansion to provide such transmission. Likewise, the provision of two examination rooms in each clinic lends flexibility for future staffing patterns.



**TUSKEGEE TELLMEDICINE PRIMARY HEALTH CARE DELIVERY SYSTEM**

The Tuskegee Primary Care Network for the 65,000 residents of largely black Macon, Bullock, and Russell Counties has been developed under a special grant from the Robert Wood Johnson Foundation to Tuskegee Institute's Health Research and Demonstration Division, the John A. Andrew Clinics. The mobile clinics will make scheduled stops in these counties to treat patients by appointments.

Using voice and data links, the team will keep in touch with a physician at Tuskegee who will supervise the evaluation and care of patients being attended in remote areas.

The ECG, Facsimile, and Telewriter (discussed earlier) rapidly transmit vital data for analysis by specialists in centralized higher-level medical facilities. In this manner, top quality medical services are brought to remote areas.

## Allied Health

Met with Dr. Theodore Childs, Chairman of the Department. The discussions opened with my explanation of our program and its activities. Dr. Childs was very interested in attracting our participants with occupational therapy (OT) or Physical Therapy (PT) concerns to his programs at Tuskegee.

The PT and OT programs at Tuskegee are significantly strengthened by 26 participating clinical affiliations in ten states extending between NY and Alabama. Both curriculums are further strengthened by the operation of a rural clinical teaching site located in Loundes County, Alabama. Tuskegee may be one of the few, if any, schools with a rural clinic integrated into its PT/OT programs. Tuskegee's OT program received accreditation for 5 years in January 1980 from the Committee on Allied Health Education of the AMA in cooperation with the committee of the American Occupational Therapy Association.

Dr. Childs has had extensive experience working in Africa, where he was instrumental in establishing a program directed at teaching farming to the blind. He is currently experimenting with the same concept at Tuskegee.

The department also has strong programs in Radiologic Technology and Medical Technology. In all of these programs, the Tuskegee Veterans Medical Center corroborates with the school by releasing physicians and other medical professionals to serve as consultants and teaching staff.

### Summary:

Tuskegee's Allied health programs in PT/OT and Medical Technology are strong, well planned and supported by an experienced and competent staff. The attached newspaper clipping from the Athens, Ohio Messenger is representative of the quality of students released for summer extern training.

The high standard of the programs is a direct result of the leadership of Dr. Childs. My research revealed that he has served as a fellow for the National Foundation for Infantile Paralysis for the purpose of lecturing and giving demonstrations on physical human rehabilitation in France, Italy, Greece, Israel, Kenya and Uganda. He also served as Secretary to the U.S. Committee for Therapeutic Rehabilitation in Africa.

We should not hesitate to send participants interested in PT/OT or clinical laboratory training to Tuskegee; their programs are very substantive. Time did not permit me the opportunity to adequately evaluate the Radiologic Technology program.

## Program Brings 4 to Area Clinics Alabama Student Therapists Benefit Area

By CLIFTON SPIRES JR.  
Messenger Staff Writer

Four Alabama students have found summer jobs in Athens and the community is benefiting from their presence. Sheila Bolling, Jan Gilder, Harrilen Gooden, and Crystal Jackson are all physical therapy students at Alabama's Tuskegee Institute. But this summer, they are working in Athens, thanks to an experimental clinical program set up by Tuskegee and Ohio University.

The four women arrived in Athens July 8 to work with interdisciplinary teams at OU's Center for Human Development, the Gallipolis State Institute, area county health departments, and the center's satellite assessment centers in Hocking and Gallia counties. They are also doing house calls at the homes of the center's clients.

The program came about through OU's Office of Affirmative Action, which was instrumental in securing funds from the University College Experimental Education Fund. Along with the Center for Human Development's staff, the OU Center for Afro-American Studies is helping to coordinate

the project.

The Tuskegee students work five days a week under supervision of clinic teams, and are gaining experience in dealing with persons of varying ages and handicaps.

The women themselves are enjoying the experience, for a variety of reasons.

"This is all new to me," Miss Gilder, 22, of Sylvauga, said. "Evaluating patients is the hardest." She is credited by the other members of the Alabama team with encouraging them to participate in the project.

"I haven't been exposed to working with kids before," Miss Jackson, a 22-year-old native of Bessemer, said.

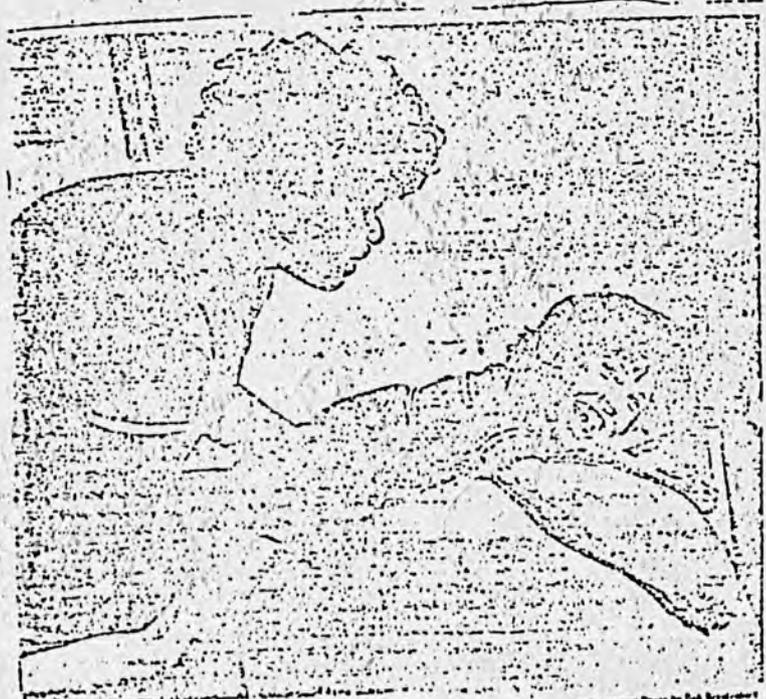
"It's nice, though," 21-year-old Miss Bolling, of Montgomery, added, "because of the contact with parents. And you can watch the children progress."

Although they work with both adults and children, it's clear who the favorites of the Alabama ladies are.

"From being here, I like working with kids," Miss Gilder said.

Miss Bolling agreed, saying, "I've worked with adults before, people with broken legs. Kids will really try harder."

Carolyn Chapman, an Athens resident whose eight-year-old son Dave receives therapy from the center, said, "They work so hard, by the time they're done, the therapists are hot and sweaty, but he's not."



**COURSE IS RELAYED** — Crystal Jackson, a student therapist from Alabama's Tuskegee Institute, angles for Dave Chapman while he receives physical therapy at University Center for Human Development, while he awaits a large medical cast. Miss Jackson massages his back muscles, helping him develop muscle coordination. Miss Jackson and three other Tuskegee students are working in Athens this summer as part of an experimental clinical program set up by the two universites.

All of the young women decided early in life that physical therapy was the field they wanted to enter.

"I had a great-uncle who came to live us," 21-year-old Miss Gooden of Talladega, said. "I would have to exercise his legs. One day, I remember skipping and saw him trying to skip, too. It was after that I realized what I wanted to do."

Miss Polling had a similar family experience.

"My grandmother was paralyzed," she explained. "When I was 12 or 13, I would help out at home with her therapy."

All four stress the importance of keeping a professional distance from their clients, although that's not always easy.

"Our instructor at Tuskegee says 'don't feel sorry for them because they're a child of God,'" Miss Jackson said, adding "but sometimes you have to psyche yourself out not to."

Miss Gilder agreed, saying "Everybody is a child of God, and He loves me as much as he loves a mentally retarded person."

"I go in and say 'I'm helping,' and try not to think about it," Miss Gooden explained.

Miss Polling felt "If you get emotional, you shouldn't go into physical therapy. People don't need you to feel sorry. You have to remain cool."

Athens' sweltering summer is no problem for the southerners, and they have found the community warm and receptive.

"At first, we were expecting a larger city," Miss Jackson said. "Our parents told us to be careful when you go out. But it's not that different from Tuskegee."

The staff at the Center for Human Development is enthusiastic about the students, and hopes the affiliation with Tuskegee will become permanent.

For the ladies from Alabama, the feeling is mutual. As Miss Jackson said, "In January, we're going out on main affiliations, and I know this will help me. I know I won't regret that I came."

Tuskegee Veterans Administration Hospital's Clinical Laboratory:

Met with Mr. John L. Stewart (Deputy Chief Lab. Section). He expressed an interest in extending an invitation to include the VA Hospital Labs on the list of training sites for foreign participant training. The labs. are extremely well equipped, and are used to train students from Tuskegee's Allied Health Program. The 1100 + beds facility offers a unique opportunity for an array of clinical laboratory testing experiences. Mr. Stewart said he would like to discuss this issue in more detail during one of his trips to Washington. I mentioned that any training courses of studies that he might have would be of extreme value in our consideration to utilize his facilities.

**Summary:**

I recommend that we consider Mr. Stewart's offer. Just for the record, the laboratory technician that I spoke with during my site visit to the mobile clinic laboratory had been trained within the VA Clinical Laboratory program. His supervisors considered his training to be of a very high standard.

International Program Advisory Committee:

Met with B.D. Mayberry, Ph.D., Chairman of the committee and others, the meeting opened with an extensive discussion of Tuskegee's role in International Activities. The record of Tuskegee's successful programs abroad speaks for itself. A brochure of these activities and one describing relevant research directed at LDC and CDC is on file in our office.

Tuskegee is anxious to become more involved in program in LDC. They feel that their unique location in the rural south and their experimental service populations which are characteristic of economically depressed agrarian communities, are very relevant to LDC and C.D.C. Health Care Delivery Problems. This is exemplified in the approach they are taking in developing the combined Animal Health, Human Health and Rural Life Health Care delivery project.

**Summary:**

I met with the committee after having visited many of Tuskegee's current health projects and activities, and thus was in a position to appreciate their remarks. I concur with their comments. The way in which Tuskegee is approaching the program of health care delivery in the rural setting, holistic in design, is an appropriate approach adaptable to LDC and CDC needs and as such warrants our support.

**School of Veterinary Medicine:**

Drs. Walter Bowie, Dean; and Eugene Adams, Associate Dean

We discussed the projects currently under investigation that have L.D.C. and C.D.C. significance and the extent to which the school would be willing to participate in our training programs. I also learned of the role the veterinary program would play in the Human Health, Animal Health, Rural Health Care Delivery Project.

I raised questions about short term courses which might be applicable for our participants interested in meat and poultry inspection. Dr. Adams informed me that they were in a position to offer meat inspection courses. He promised to send me the curriculum for a course which is currently offered at Tuskegee that would serve our needs. I have since received the curriculum and it is all inclusive in its approach to the subject.

Dr. Adams gave me a copy of a project he had developed to assist elderly patients overcome depression and social world withdrawal via the use of pets. His hypothesis is that initial non-verbal tactile interactions with pets will gradually strengthen vocal communications with a widening circle of patients.

#### Summary:

Tuskegee's School of Veterinary Medicine is considered one of the best in the United States. I think that we should do more to see that participants, with allied rural health interests, not necessarily Veterinarians, see the School and its capabilities in Veterinary Medicine.

#### Logistics of reaching Tuskegee and Visitor Housing:

To reach Tuskegee from Atlanta Georgia either take a Greyhound bus to the city of Tuskegee or fly into Montgomery, Alabama. From the Montgomery Airport the distance to Tuskegee is about 35 miles; automobiles may be rented from any of 3 rental agents at the airport.

Visitors to Tuskegee are housed in Dorothy Hall which is located on the campus. I found the accommodations in this stately structure built around-the-turn-of-the-century to be quite comfortable and exceptionally clean.

The greatest drawback to a visit to Tuskegee is the lack of a decent place to eat on the campus. The snack bar at Dorothy Hall leaves much-to-be-desired. I would recommend that visitors eat at the John A. Andrew Hospital Cafeteria, which is about 1/4 mile from Dorothy Hall. The other alternative is to go into Tuskegee town, which is about 4 miles from the campus, to the Holiday Inn.

### Overall Summary and Recommendation:

There were many projects such as the Tuskegee Area Health Education Training Center, which trains teachers from 5 Southern Universities and rural community centers, that I did not have time to visit. I feel that there are many activities going on at Tuskegee that are of immense value to our training concerns.

I have taken the initiative to activate interest in corroborative relationships between two schools of public health and Tuskegee as a direct result of my findings on this trip. The main thrust is in the area of practical field experiences in L.D.C. and C.D.C. type health care delivery systems.

I feel very comfortable with the quality of work I saw going on in the programs and projects mentioned in this report. Tuskegee's health and agriculture programs could be a significant tool in upgrading the state-of-the-art in health planning in lesser developed and developing countries.

Tuskegee should be seen by people interested in the holistic approach of cost effective Rural Health Care Delivery Systems. My impressions are well articulated in the comments of a participant that visited Tuskegee, to observe the mobile clinic system, after completing a Johns Hopkins Health Planning Program.

"This is the first example of a health system that I have seen which is relevant to conditions in my country. Most of what we got at Johns Hopkins was interesting but not very applicable to our current needs." I believe this comment will be echoed many times over as visitors have an opportunity to observe Tuskegee's approaches to Holistic Health Care Delivery Systems.

### ADDENDUM:

While visiting Fayetteville State and Tuskegee I made three other contacts: Dr. Leroy Miles, Curriculum Development Division, Virginia Polytechnic Institute; Mr. George Stokes, Jr., Deputy Director, Washington Bureau, Phelps Stokes Fund and Dr. Lloyd C. Faulkner, Associate Dean, University of Missouri-Columbia, College of Veterinary Medicine. They were all interested in our program objectives and wanted to investigate the possibility of their institutions participation. I requested that they contact me upon my return to Hyattsville, as time did not permit me to explore in depth their programs or the degree of applicability to our current and prospective needs. Since returning I have been in contact with each of the three. I have requested them to send us program materials demonstrative of their strongest and best received activities. This was followed by an invitation to visit our office when in the area.

### Recommendation:

These contacts should be followed up by site visits contingent on the applicability of their programs to our needs.

APPENDIX 4

PRELIMINARY CAPABILITY STATEMENT

TUSKEGEE INSTITUTE INTERNATIONAL HEALTH DEVELOPMENT SERVICES

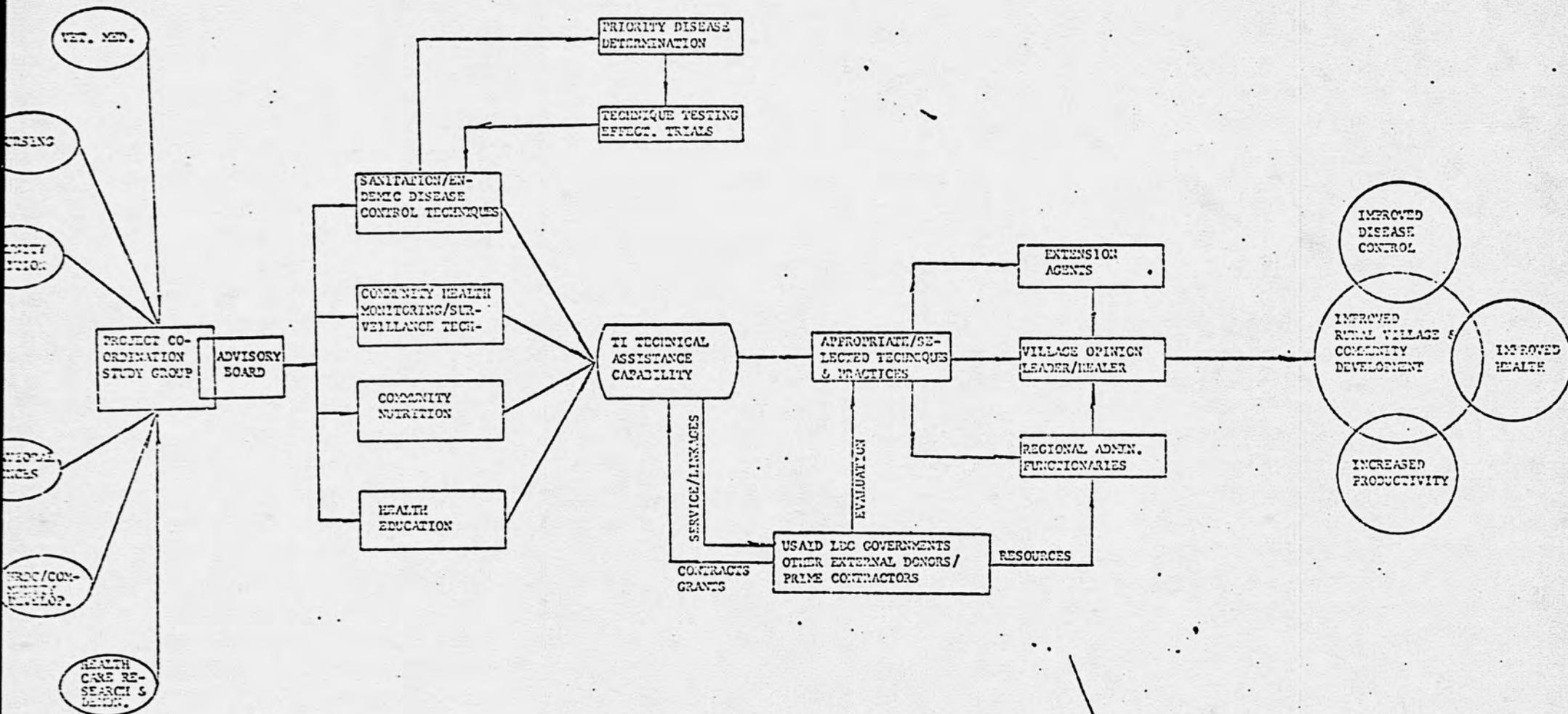
TUSKEGEE INSTITUTE INTERNATIONAL HEALTH DEVELOPMENT SERVICES  
PRELIMINARY CAPABILITY STATEMENT

BACKGROUND

Tuskegee Institute has been awarded USAID 122(d) funding to strengthen its technical assistance capability in (1) Integrated Rural Community Development as Related to Health and (2) Environmental Health and Endemic Disease Control. Although acutely aware of the multidimensional nature of these health sector concerns, Tuskegee Institute's history of providing services to rural communities (both domestically and internationally) has provided a unique foundation upon which innovative approaches and techniques might be designed, implemented and evaluated in support of sector and inter-sector initiatives to manage them. Accordingly, an intra-institutional organizational structure (Figure 1) that facilitates the mobilization of a wide range of expertise that can effectively be brought to bear on a limited number of requests for assistance has been established. In essence, Tuskegee Institute's commitment to strengthening its international service capability and capacity has led to the development of an institutional-based approach toward making optimal use of its limited resources and vast experience in providing assistance through:

1. Subsector Analysis
  - o applied research
  - o financial/market analysis
2. Technology Transfer
  - o project design and evaluation
  - o short-term health manpower training design and implementation
3. Institutional Management
  - o undergraduate and graduate curriculum development
  - o curriculum development for non-formal education
  - o information and faculty exchange

Figure 1



Tuskegee Institute has been involved in international programs since the early 1900's when nine Tuskegee graduates were sent to Togo to assist in developing its cotton industry. Since then, Tuskegee Institute has been involved in a number of successful projects in various parts of the globe. A pragmatic community oriented emphasis on vocational and technical education undergirds virtually all of the Institute's rural development initiatives. It has been this rich background of community education and service that enables the Institute to pursue, within the confines of its well specified capability, ways of effecting positive change in upgrading the quality of rural life (see Appendix 1).

#### TUSKEGEE INSTITUTE RESOURCES AND EXPERIENCES

Appendix 1 includes two documents which provide meaningful insights into the range of resources and experiences of the Institute in general and current programs and areas of expertise in international development in particular. Tuskegee Institute's past and present agricultural and rural development activities make it especially qualified to participate in cooperative programs designed to improve performance and contribution of the agricultural and rural sectors in their overall economic and social development objectives.

- o Approach - In the International Health development areas the activities are strategically guided by a generalized model of integrated rural community development that delineates the dynamic interrelationships between agriculture, public works, and health status. Within the context of this conceptual framework, it was necessary to identify certain points of intervention that are consistent with Tuskegee Institute's resource capability and central mission of providing quality education. Therefore, requests for assistance along the following three major tracks of

program development could be addressed by the institution. These are:

- o integrated rural community development as related to health
- o environmental health and endemic disease control
- o integrated health care delivery systems

#### INTEGRATED RURAL COMMUNITY DEVELOPMENT AS RELATED TO HEALTH

In this specific area of development our refined service module will be based on preventive health care methodologies. The object of our assistance will be to isolate the pertinent interrelationships between sector initiatives in agriculture, public works and community development, where established, and to identify those aspects and components of future programs which will or have the potential to affect community health.

We are especially sensitive to the incorporation of nutritional-based interventions as component parts of agricultural development and small cropping systems. From a preventive care standpoint, our functional perspective specifies that the earlier the intervention point along the health to disease continuum, the greater the effectiveness of the measure. Therefore, the health and economic benefits that can accrue to a rural community as the result of improved nutrition merits detailed examination by decision makers, project designers and program developers in agriculture and health. Essentially our approach is directed at identifying the attributes of current and future development plans where low cost nutritional and/or awareness interventions can be designed and implemented to promote better health, well-being and productivity. In order to achieve this outcome, a requisite baseline study, preferably conducted on a sub-regional or district level, would be performed to:

- a. access current resources and existing project requirements;
- b. review sector plans in agriculture, health, public works;

- c. access current cropping/livestock system and practices;
- d. determine nutrient content of foods and recommended nutrient availability; and
- e. characterize traditional and behavioral patterns regarding food habits and practices:
  - (1) beneficial
  - (2) not beneficial
  - (3) no effect

This baseline information would provide the foundation upon which to formulate a detailed problem statement that depicts the fundamental relationships between what exists presently and what is expected or projected. Project design and feasibility determinations can be developed within this context. The scope of project design that is consistent with Tuskegee Institute's International Health capability can be categorized as follows:

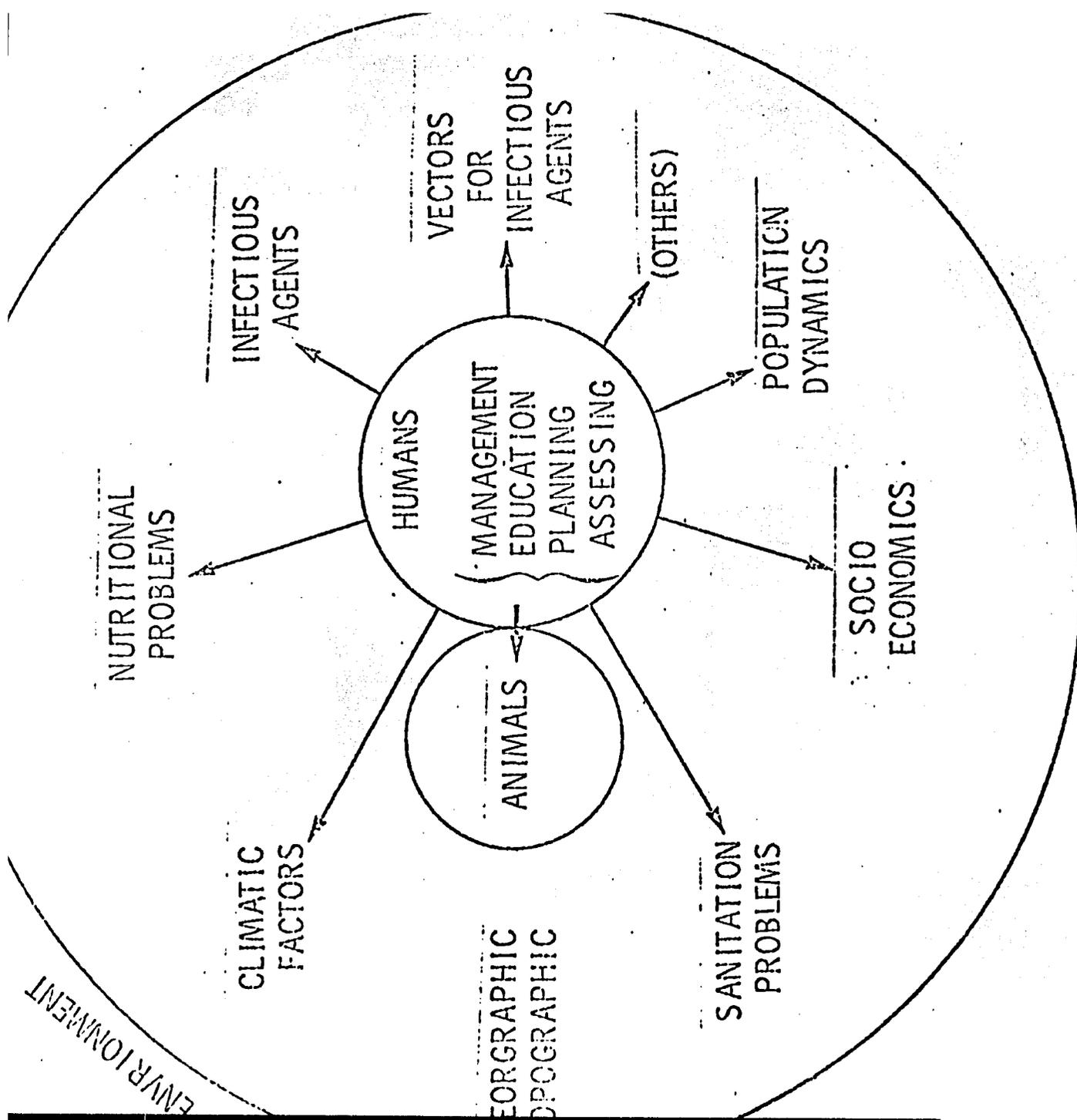
1. Design and/or demonstration of alternative and appropriate small cropping and production methods directed toward increasing essential nutrient availability and improved family life.
2. Design and/or development of training programs for auxiliary community health workers in:
  - o cropping/animal husbandry production methods
  - o cooking/food preparation practices
  - o health education, community awareness, reinforcement techniques
  - o nutrition education
3. Estimating the order and magnitude of program costs
4. Structuring project evaluation methodologies
5. Designing manual and/or computerized information systems to support program operation and evaluation

#### ENVIRONMENTAL HEALTH AND ENDEMIC DISEASE CONTROL

Endemic Disease and Environmental Health, when considered within the context of the rural habitat of a pure and traditional populace, describe a particular subset of natural or usually occurring interrelationships between certain infectious diseases, the vectors or medium which transmit them and their natural exploitation of susceptible human and animal hosts coexisting

in the same ecosystem (Figure 2). Over the last decade biomedical science and technological advances have contributed significantly to the identification and tracing of endemic disease chains and, in some instances, provided preventive agents and cures for these debilitating infectious diseases for the human and animal hosts. However, these technological advances represent descriptions of naturally occurring events and/or universally accepted interventions in the disease affected ecosystem. The recommended interventions have demonstrated positive impacts on the individual's physiological well-being, with high rates of success realized in maintaining health status outside the affected ecosystem. Therefore, maintaining the health status of the community at large can be greatly assisted by effectuating the least disruptive modification in the affected ecosystem. This can be done by preserving as many of the naturally occurring and desirable aspects of the ecosystem as possible. As an entity, the human host represents the highest level of decision making in the ecosystem environment. Modifying the behavior of the host in directions that are contrary to the viability and stability of the disease chain provides a rational point of intervention to promote and maintain physiological well-being. Therefore, the Tuskegee Institute intervention is designed to support the development and promotion of recommended/suggested community practices that would enhance the control of endemic diseases. The service modules which comprise the intervention are described separately as follows:

- o Endemic Disease Control - In those unfortunate circumstances, where efforts to achieve significant impact in the prevalence of several diseases affecting large populations and or geographical units, allocating resources in the midst of a decision environment characterized by a milieu of complex



THE FARM ECOSYSTEM

and interacting social and economic variables requires a useful set of pertinent information to support rational decisions. As an extension of the School of Veterinary Medicine's capability in epidemiology, initiatives have been undertaken to maximize the utility of epidemiological data by constructing mathematical models which take into account the other relevant factors that describe the decision environment. These decision support tools are being flexibly standardized to accommodate quantitatively described accounts of dissimilar realities. The Behavioral Science Research Center (BSR) is prepared to assist local governments in obtaining the requisite human factors data to enhance the specificity and utility of the information outcome. The methods of utilizing the information by decision makers is the functional objective in developing these econometric techniques.

o Environmental Health - Within this context our technical support embraces two lines of services:

1. After officials have made clear specification of their endemic disease control strategies for change and program requirements, we are prepared to design and/or develop short-term non-formal training modules directed toward improving the skills of community health workers in promoting/advocating positive health and sanitary practices.
2. After evaluating several prime points of interest articulated by USAID and governments of developing countries regarding sanitary practices to improve water supply and human waste disposal, we have narrowed our services focus down to concentrating on facilitating and determining under "real world" conditions the costs of fabrication and distribution of self-constructed lavatories and/or kitchen facilities. We believe that inexpensive, dependable, and easy to maintain kitchen and lavatory facilities are essential elements for encouraging positive health practices and stabilizing rural community development.

Specifically, our emerging capability will be restricted to (a) supporting the management of the sociological and behavioral factors which have impacts on community acceptance and use of the above mentioned facilities vis-a-vis varying religious and cultural beliefs; and (b) assisting in the development of the final specifications for construction of the facilities after the appropriate technology has been assessed and suggested. Composting methods for human waste disposal are of particular interest in view of their humus by-products which can provide fertilizer for small scale cropping systems. Through the combined efforts of the Institute's Departments of Agricultural Science, Vocational and Industrial Technology, and the School of Architecture, we will be able to conduct site studies to determine tank or storage area design, and evaluate the suitability of local materials and procurement analysis for all other components required for construction. During this evaluation and trial fabrication period, we will involve a limited number of students for short-term practical training in these developmental processes.

#### INTEGRATED RURAL HEALTH CARE DELIVERY SYSTEM

This track pertains primarily to providing a design, redesign or development assistance for improving and coordinating community health care services. Tuskegee Institute's "real world" rural health care delivery system model includes the mechanisms, processes and facilities for:

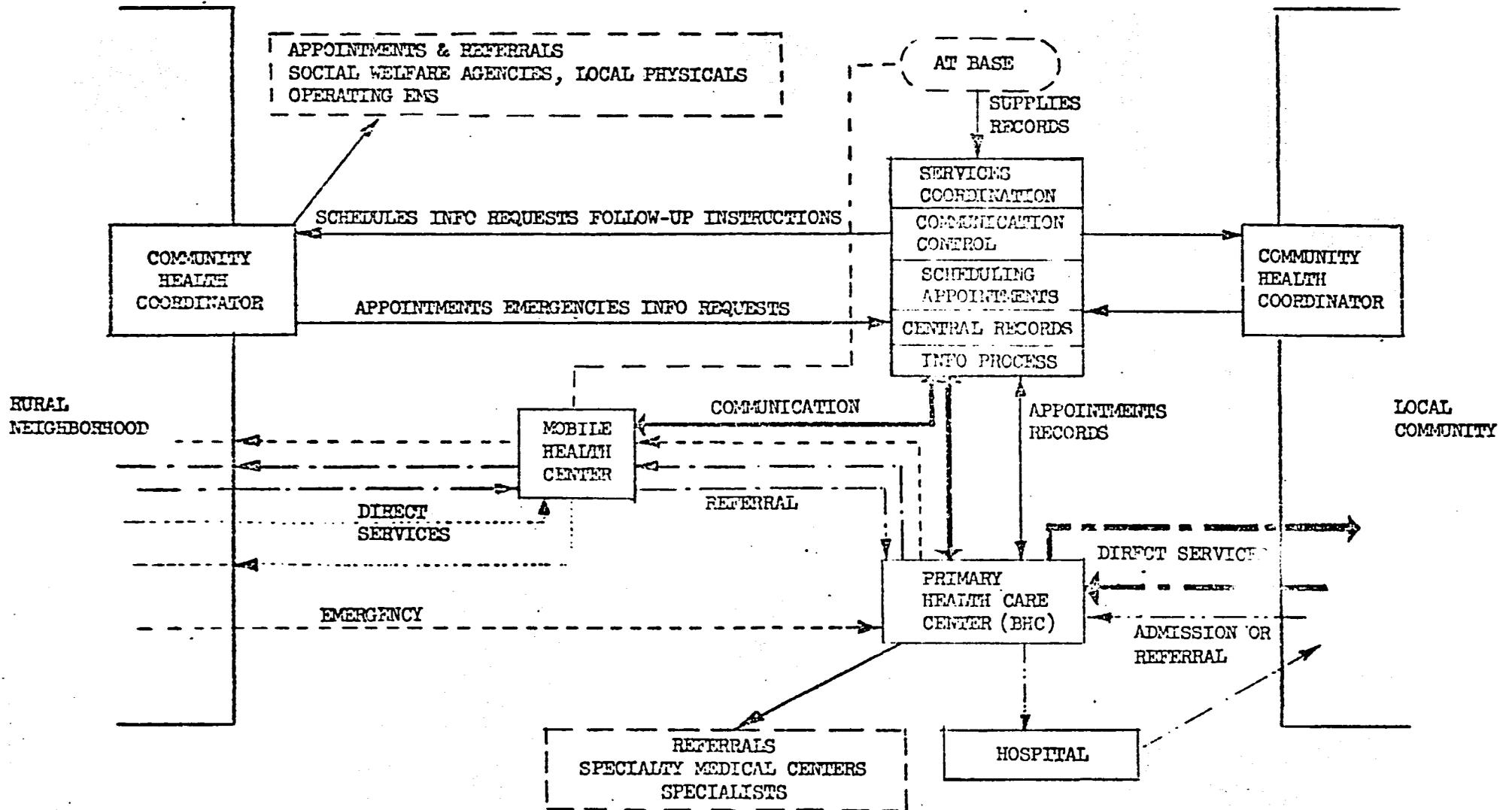
- o taking health care services to the population at risk;
- o providing mobile and, where cost is justified, fixed satellite facilities that provide remote entry points into the health care system;
- o providing scarce physician manpower and competence;
- o providing primary care and referrals to secondary and accessible tertiary care services;
- o maintaining surveillance of community health; and
- o targeting system intervention to major health problems and/or acute incidences of disease.

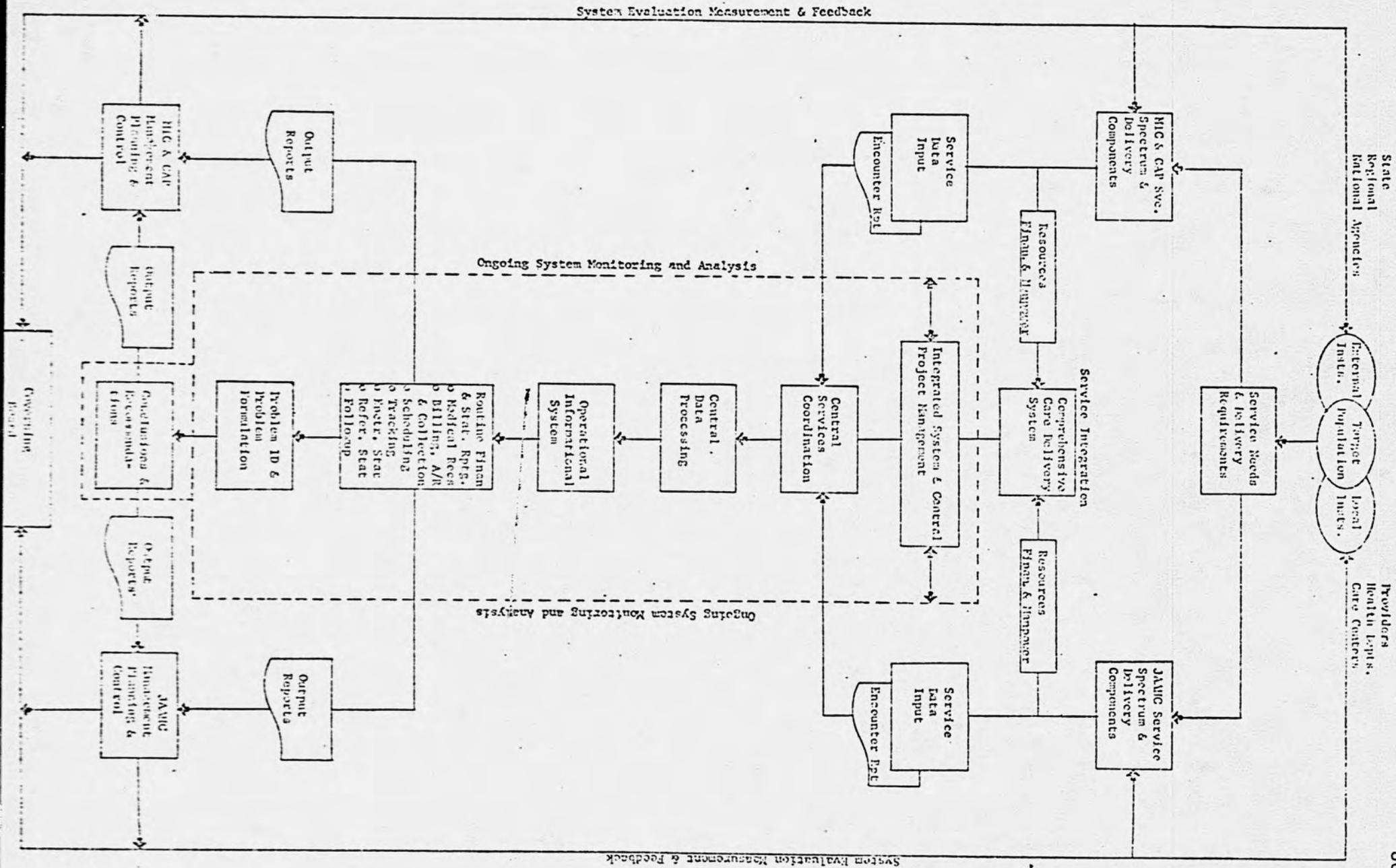
Inasmuch as this particular community-based system is currently operational, we have been able to reduce the technology employed in its design, development and implementation to discrete techno-units available for on-site evaluation and transfer upon request. This approach is directed toward supporting the time-phased reorganization of existing health care systems from curative to preventive care. By establishing cooperative and complementary linkages with other related health care services operating in the environment, we have achieved an integration of community health care infrastructures that function as a coordinated whole, dedicated to maintaining the population's health status. Figures 3 and 4 depict a generalized model of the pertinent interorganizational relationships inherent in this clustering of medical care services. Patients that access the services at the most distal point of the system are able to realize a continuous progression of health and medical care services consistent with their health and social problems. When attempting to interdigitate the functional merits of organizations that have, in the past, competed for resources originating from a single source, care must be given to the design and management of the desired interface between the organizations to effect a viable integration and configuration of their service capability and the flow of programmatic information for performance reporting, community surveillance and impact evaluation (Figure 5). Procurement analysis for requisite pharmaceuticals and supplies is also within the range of services offered. In addition, we are able to construct long- and short-term training and team building exercises for all levels of health care professions that are aimed at bringing the designed set of reorganizational services into reality.

It should be noted here that our Community Health Workers have been pivotal to the success of the system in organizing care at the grassroots level.



Fig. 4 Network Components and Information Processing





We believe that developing countries can maximize the utilization of this personnel category by increasing their functional effectiveness in providing, within standardized limits, health problem identification and therapy for those diseases commonly encountered by the community.

The categories of Institute personnel comprising the task force designated to fulfill project and related requirements are as follows:

Personnel

- o Project Development and Management
- o Epidemiologist
- o Veterinarian
- o Nurse
- o Public Health Specialist
- o Engineer (Civil)
- o Medical Anthropologist
- o Behavioral Scientist
- o Environmental Health Specialist
- o Architect
- o Research Associate
- o Manpower Training Specialist

School and Departmental Support

- o Office of Grants and Contract Management
- o International Programs
- o School of Veterinary Medicine
- o School of Nursing
- o Applied Sciences
- o Behavioral Science Research
- o Allied Health
- o International Rural Community Development
- o Human Resources Development Center
- o Cooperative Extension
- o School of Architecture
- o School of Business
- o School of Engineering

This cadre of Institute personnel dedicated to specified project areas will provide the desired expertise for maximizing the level of efficiency and continuity with which the work to be performed is consistently rational and sensitive to the client's goals and objectives from project development to completion. Biographical sketches and the proposed scheduling of major tasks and products are available to potential users of our services.

**SUMMARY**

Tuskegee Institute has embarked upon the organization of three major tracks of service that are believed could be of utility and assistance to developing countries in furthering their health sector initiatives. The Institute's service modules outlined herein have been carefully formulated to permit, where indicated, the disaggregation of the service tracks and sub-tracks for application to specific problem areas. Accordingly, we are continually interested in improving the relevancy of our International Health Services and welcome constructive suggestions.

**APPENDIX 5**

**Conference Booklet**

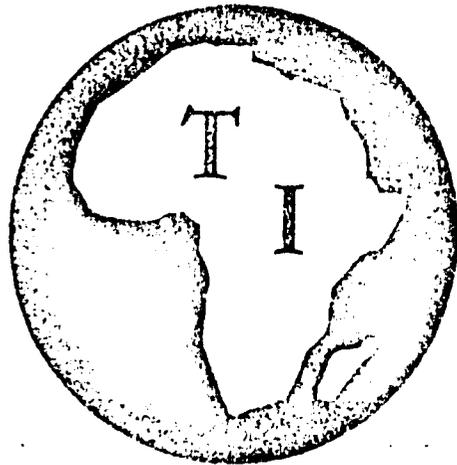
**THE ROLE OF**

**U.S. UNIVERSITIES IN**

**INTERNATIONAL RURAL AND**

**AGRICULTURAL DEVELOPMENT**

The Role of  
U. S. Universities in  
International Rural and  
Agricultural Development



CONFERENCE

TUSKEGEE INSTITUTE

*April 16 - 18, 1980*

Program

TUSKEGEE INSTITUTE CONFERENCE  
APRIL 16-18, 1980

THE ROLE OF U.S. UNIVERSITIES IN INTERNATIONAL RURAL  
AND AGRICULTURAL DEVELOPMENT

Sponsored by the Center for Rural Development, the  
Health Research and Demonstration Center and  
the Center for Food and Nutrition Studies

Wednesday, April 16

8:45 a.m.

TUSKEGEE INSTITUTE WELCOME -- Dr. George Cooper, Dean  
(Tuskegee Institute Chapel) School of Applied Sciences  
Tuskegee Institute

9:00 a.m.

I. KEYNOTE ADDRESS: "Making the Vision Come True"  
(Tuskegee Institute Chapel)

Dr. John L. Withers  
University of the District  
of Columbia  
Washington, D.C.

10:00 a.m.

II. DEVELOPMENT POLICY: RESOURCE ALLOCATION AND OUTCOMES  
(Tuskegee Institute Chapel)

Dr. Willard Johnson  
Mass. Institute of Technology  
Cambridge, Massachusetts

Dr. Pearl Robinson  
Center for International Studies  
Princeton University  
Princeton, New Jersey

Dr. Robert H. Bates  
Cal. Institute of Technology  
Pasadena, California

Moderators: Ms. Anita R. Goodman, School of Business,  
Mr. Cheickna Singare, Center for Rural Development  
Tuskegee Institute

1:15 p.m.

III. FARMING SYSTEMS IN SMALL FARMER AGRICULTURE

(School of Veterinary Medicine Learning Center)

Dr. Kenneth Shapiro

CRED

Univ. of Michigan

Ann Arbor, Michigan

Dr. Richard Robbins

North Carolina A&T

Greensboro, North Carolina

Dr. T.L. Mukenge

Morris Brown College

Atlanta, Georgia

Dr. Michael Horowitz

State University of New York

Binghamton, New York

Ms. Diana Putman

Bryn Mawr College

Bryn Mawr, Pennsylvania

Dr. Elon Gilbert

University of Florida

Gainesville, Florida

Moderator: Dr. John O'Sullivan, Center for Rural Development  
Tuskegee Institute

IV. ECOLOGY OF DISEASE, HEALTH SYSTEMS AND RURAL DEVELOPMENT

(John A. Andrews Health Center Auditorium)

Donald Hopkins, M.D.

Center for Communicable

Diseases

Atlanta, Georgia

Dr. Oscar Gish

School of Public Health

University of Michigan

Ann Arbor, Michigan

Dr. Philomena Steady

Wesleyan University

Middletown, Connecticut

Dr. Wilma Porter

Howard University School of

Medicine

Washington, D.C.

Moderators: Dean Walter T. Bowie, School of Veterinary Medicine  
Dr. Christopher Kirya, John A. Andrews Health Center  
Tuskegee Institute

3:45 p.m.

V. AGRICULTURAL RESEARCH: PROBLEMS OF TECHNOLOGY TRANSFER

(School of Veterinary Medicine Learning Center)

Dr. Vernon Johnson

Former Dept. Asst. Sec. of

State for Africa

Dr. Donald Ferguson

USDA

Washington D.C.

Dr. Michael Joshua

BERD

Virginia State University

Petersburg, Virginia

Ms. Gayla Cook

African American Institute

New York, New York

Ms. Grace Hemmings

Yale University

New Haven, Connecticut

Dr. Peter B. Hammond

World Bank

Washington, D.C.

Moderator: Dr. Booker T. Whatley, Department of Agriculture  
Tuskegee Institute

Wednesday, April 16

VI. EDUCATION FOR DEVELOPMENT: TECHNICAL AND SOCIAL ASPECTS  
OF PARTICIPANT TRAINING

(John A. Andrew Health Center Auditorium)

Dr. Emmanuel Acquah  
Virginia State Univ.  
Petersburg, Virginia

Prof. Ida Rousseau-Mukenge  
Morehouse College  
Atlanta, Georgia

Dr. William Levine  
SECID  
Washington, D.C.

Dr. Shelby Lewis  
Atlanta University  
Atlanta, Georgia

M. Jean-Yves Gapihan  
New Haven, Connecticut

Moderators: Dr. Arthur Henry, Human Resources Development Center  
Dr. Alva Bailey, School of Education  
Tuskegee Institute

7:30 p.m.

VII. DINNER (Holiday Inn)

Address: "Challenges of the 1980's"

Mr. Walter Carrington  
African American Institute  
New York, New York

Hostess: Dr. Velma Blackwell, Vice President for Development  
Tuskegee Institute

Thursday, April 17

8:45 a.m.

VIII. SOCIAL STRUCTURE, PROJECT DEVELOPMENT AND IMPLEMENTATION  
(Tuskegee Institute Chapel)

Dr. Leith Mullings  
Hastings Center and  
Columbia University

Dr. John Lewis  
Howard University  
Washington, D.C.

Dr. Simeon Chilungu  
State University of New York  
Buffalo, New York

Dr. Chengetai Zvobgo  
University of Tennessee  
Knoxville, Tennessee

Moderator: Dr. Willie L. Baber, Assistant Director, Center for  
Rural Development, Tuskegee Institute

Thursday, April 17

11:00 a.m.

IX. ADDRESS: "An Update on the Struggle for Southern Africa"  
(Tuskegee Institute Chapel)

Dr. Bernard Magubane  
University of Connecticut  
Storrs, Connecticut

Moderator: Mr. Frank Toland, Head, History Department and Director,  
Black Studies Program, Tuskegee Institute

1:15 p.m.

X. ANIMAL HEALTH AND LIVESTOCK PRODUCTION SYSTEMS  
(School of Veterinary Medicine Learning Center)

Dr. Cleveland J. Allen  
FAO, Rome  
Rome, Italy

Dr. Martin E. Hugh-Jones  
Louisiana State University  
Eaton Rouge, Louisiana

Mr. John Sutter  
Cornell University  
Ithaca, New York

Ms. Muneera Salem-Murdock  
State University of New York  
Binghamton, New York

Moderators: Dr. Edward T. Braye, Cooperative Extension Service.  
Dr. Doris Oliviera, Director, Small Ruminant Program  
Tuskegee Institute

XI. PROJECT PLANNING AND IMPLEMENTATION WITH HOST COUNTRY  
NATIONALS (Tuskegee Institute Chapel)

Dr. Joseph Kennedy  
Africare  
Washington, D.C.

Mr. Quincy Benbow  
USAID  
Washington, D.C.

Mr. Ntungamulongo Tshibanda  
University of Pittsburgh  
Pittsburgh, Pennsylvania

Dr. Nancie Fairley  
University of Cincinnati  
Cincinnati, Ohio

Dr. Rukudza Murapa  
University of Rhodesia  
Republic of Zimbabwe

Moderators: Ms. Elizabeth Woods, Behavioral Sciences Research  
Dr. Linus C. Okere, Department of Sociology  
Tuskegee Institute

3:15 p.m.

Centennial Era Coffee Break (Dorothy Hall)

Thursday, April 17

3:45 p.m.

XII. SUMMARY OF ISSUES (Tuskegee Institute Chapel)

Dr. Brooke G. Schoepf  
Center for Rural Development  
Tuskegee Institute, Alabama

Moderator: Dean George Cooper, School of Applied Sciences,  
Tuskegee Institute

5:00 p.m.

XIII. CLOSING ADDRESS (Tuskegee Institute Chapel)

"The Global Economic Order and the Poor Villages: The Issue of  
Mediating Structures"

Dr. Elliott Skinner  
Franz Boas Professor of Anthropology  
Columbia University  
New York, N.Y.

Moderator: Dr. William L. Lester, Assistant Provost  
Tuskegee Institute

7:30 p.m.

XIV. DINNER (Holiday Inn)

Address: Dr. Marie Gadsen, Vice President and  
Director for International Programs  
Phelps-Stokes Fund  
Washington, D.C.

Host: Dr. B.D. Mayberry, Director of International Programs  
Tuskegee Institute

POST CONFERENCE SESSION

FRIDAY, APRIL 18

8:45 a.m.

XV. ROUND TABLE: WOMEN AND DEVELOPMENT IN THE 1980'S  
(Tuskegee Institute Chapel)

XVI. WORKSHOP: SMALL FARM AGRICULTURAL RESEARCH  
(School of Veterinary Medicine Learning Center)  
Coordinators: Dr. James Allen and Dr. Kingston Mendisodza  
Department of Agricultural Sciences, Tuskegee  
Institute

XVII. WORKSHOP: RURAL HEALTH CARE SYSTEMS  
(John A. Andrews Health Center Auditorium)  
Coordinators: Dr. Eugene W. Adams and Dr. Tsegaye Habtemariam  
School of Veterinary Medicine, Tuskegee Institute

11:00 a.m.

XVIII. DROUGHT, FAMINE AND DEVELOPMENT IN THE SAHEL  
(Slide-illustrated presentation)  
(John A. Andrews Health Center Auditorium)  
Dr. Richard W. Franke and Dr. Barbara H. Chassin  
Department of Sociology  
Montclair State College  
Upper Montclair, New Jersey

Moderators: Dr. Eloise Carter, Head, Department of Home Economics  
Dr. Eliezer Molokwu, School of Veterinary Medicine  
Tuskegee Institute

1:15 p.m.

XIX. Round Table: AFRICAN MODES OF PRODUCTION: PRE-COLONIAL BASE-  
LINES AND THEIR TRANSFORMATIONS (Tuskegee Institute Chapel)

4:00 p.m.

XX. Round Table: THE RELATIONSHIP OF DEVELOPMENT PROJECTS TO  
DEVELOPMENT AND UNDERDEVELOPMENT (Tuskegee Institute Chapel)

7:30 p.m.

XXI. POT-LUCK SUPPER AND DANCING (Center for Rural Development)  
Hosts: Sociology Department, Tuskegee Institute, Mr. Avery Webber,  
Head

Saturday, April 19

9:30 a.m.

XXII. Round Table: ZAIRE'S ECONOMY: HARBINGER, EPIPHENOMENON OR  
MODEL (Center for Rural Development)

NON-PROFIT ORGAN.  
U. S. POSTAGE  
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ALABAMA  
Permit No. 2

TUSKEGEE INSTITUTE  
CENTER FOR RURAL DEVELOPMENT  
Wilcox B - (205) 727-8129  
Tuskegee Institute, Alabama 36088

DEVELOPMENT POLICY AND RESEARCH ARE AT A TURNING POINT

NEW STRATEGIES ARE REQUIRED TO MAKE DEVELOPMENT  
A REALITY AND TO REVERSE THE TIDE OF  
DEEPENING POVERTY

WHAT THESE NEW DIRECTIONS SHOULD BE, HOW TO RESPOND TO  
THE CHALLENGES OF THE 1980'S, ARE THE  
ISSUES OF THE TUSKEGEE INSTITUTE  
CONFERENCE ON

"THE ROLE OF U.S. UNIVERSITIES IN INTERNATIONAL RURAL  
AND AGRICULTURAL DEVELOPMENT"

APRIL 16-18, 1980  
TUSKEGEE INSTITUTE  
Alabama 36088

A CENTENNIAL ERA EVENT



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**APPENDIX 6****TRIP REPORT****INTERNATIONAL TRAVEL**

## TRIP REPORT FOR 122-d PROJECT

NAME: Brooke G. Schoepf

DEPARTMENT: Sociology

DATES OF TRIP: July 14 - 26, 1980

DESTINATIONS: Copenhagen  
Women's Forum, UN Mid-Decade Conference on Women

PERSONS OR ORGANIZATIONS CONTACTED:

Exchange  
Mid-Decade Forum  
Members of the Official Delegations to UN Conference  
Members of UN Secretaries  
Members of PVO's

PURPOSE OF TRIP:

At the request of Ms. Gayla Cook, Director of African-American Institute's Program on African Women and Development, I participated in the Exchange which held two weeks of workshops - more than 70 sessions - on different aspects of women and development as part of the Nongovernmental Organizations (NGO) Forum. Rather more than half of the hundreds of participants were women from the lesser developed countries. Many leaders and participants were women from the official national delegations, some of whom commented that they found the Exchange sessions extremely rewarding and the atmosphere of sincere collaboration very refreshing. The Exchange is funded by USAID/WID and several foundations to help avoid the conflict that erupted at the 1975 UN Decade for Women Conference held in Mexico City.

Major subjects included:

1. Women and Development: Basic issues
2. Learning from Rural Women: Research and Policy
3. Women's Political Participation
4. Women's Bureaus and Private Organizations

5. Working Women Organize
6. Income - generating Activities
7. Credit, Borrowing and Saving
8. Developpement Rural Integre
9. Program Design
10. Program Funding
11. Education and Training
12. Health and Family Planning
13. Infant Feeding and Women's Changing Role
14. Media and Communications
15. What Unites Women (includes group dynamics)

A full report containing workshop summaries, interviews with leading personalities, and a list of participants is to appear early in 1981 (The publication is funded by the E.E.C.) under the editorship of Ms. Jill Kneerim.

**APPENDIX 7**

**PERSONNEL BIO DATA INFORMATION**

BIO-DATA PROFILE

June 17, 1980

Date

Eugene W. Adams

Name

PERSONAL INFORMATION

Address:

[REDACTED]  
[REDACTED] [REDACTED] [REDACTED]

Phone (Home & Office):

205/727-1875, 8176 (Office)

[REDACTED] [REDACTED]

Birthplace:

[REDACTED] [REDACTED]

Birthdate:

[REDACTED] [REDACTED]

Marital Status (Optional):

Married

SS#: [REDACTED]

EDUCATION

Institution

Kansas State University

Cornell University

Cornell University

From/To

- 1944

- 1957

- 1961

Degree/Major Field

D.V.M. - Veterinary Medicine

M.S. - Comparative Pathology

Ph.D. - Comparative Pathology

PRESENT POSITION

Associate Dean, School of Veterinary Medicine

RESEARCH EXPERIENCES (Include in-progress research)

Associate Investigator, "Aflatoxins in Mammalian Cell Systems" United States Naval Research Grant ONR - M33631. Tuskegee Institute 1966-1968.

Program Director, "Minority Recruitment and Educational Reinforcement Program", "Special Health Careers Opportunity Program" (SCHOG) Department of Health, Education and Welfare 1975-1978. \$425,000.

Program Director, "Minority Recruitment and Educational Reinforcement Program". "Health Careers Opportunity Program". "Health Resources Administration DHEW" 1978-1981. \$492,000.

TEACHING EXPERIENCE (Include institution, courses taught)

- 1970-1972--Professor and Head, Department of Pathology and Public Health and Associate Dean, Faculty of Veterinary Medicine, Ahmadu Bello University, Zaria, North Central Nigeria
- 1961-1970--Professor and Chairman, Department of Pathology and Parasitology, School of Veterinary Medicine, Tuskegee Institute
- 1955-1956--Assistant Professor, Department of Pathology and Parasitology, School of Veterinary Medicine, Tuskegee Institute
- 1951-1955--Instructor, Department of Pathology and Parasitology, School of Veterinary Medicine, Tuskegee Institute

PUBLICATIONS (Include Theses)

- Bida, S. A. and E. W. Adams: Chromophobe Adenoma of the Canine Adenohypophysis; A Case Report. J. Nigerian Vet. Med. Assoc. 4 (2) 85-88, 1975.
- Adams, E. W., Akerejola, O. O. and Ayivor, M. D.: Equine Squamous Cell Carcinoma in Northern Nigeria. Veterinary Record 103:336-337, 1978
- Adams, E. W.: Comparative Approach to Health Maintenance: How Will It Work? J. Amer. Vet. Med. Assoc. 175 (2) 207-209, 1979.

PROFESSIONAL PAPERS

- "A Systems Approach to Rural Health Care: A Tuskegee Model, " The Role of U. S. Universities in International and Agricultural Development Conference, Tuskegee Institute, April 16-18, 1980

WORKSHOPS & SEMINARS (Attended within last 3 years)

- American Public Health Association, 106th Annual Meeting, Los Angeles, California, October 15-19, 1978

FOREIGN EXPERIENCE (Include work and travel)

- Member of Tuskegee Institute Task Force Visit to Republic of South Africa-- Lesotho, Swaziland, Tanzania, Kenya, and Ethiopia, May 18/June 12, 1974
- Co-author, The Report of the Tuskegee Institute Task Force to the Republic of South Africa, 117 pages, September 25, 1974
- 1970-1972--Professor and Head, Department of Pathology and Public Health and Associate Dean, Faculty of Veterinary Medicine, Ahmadu Bello University, Zaria, North Central Nigeria

LANGUAGES

English. Reading knowledge of French and German.

PROFESSIONAL & OTHER ORGANIZATIONS

American Veterinary Medical Association  
 American Association of University Professors  
 Conference of Research Workers in Animal Diseases  
 Sigma XI  
 Phi Zeta  
 American College of Veterinary Pathologists  
 Diplomate

HONORS

Board Certified Pathologist  
 Faculty Achievement Award, Tuskegee Institute--1980  
 Elected to Membership, New York Academy of Sciences--April 1980  
OTHER INFORMATION (Include skills, interests, etc.)

STATEMENT OF INTEREST IN INTERNATIONAL ACTIVITIES

Has considerable overseas experience as a consultant on livestock production, and has presented a number of papers at international conferences. From 1970-72 he served as Professor and Head of the Department of Pathology and Public Health in the Veterinary Medicine Faculty of Ahmadu Bello University, Zaria, Nigeria. In 1974 he visited South Africa--Lesotho, Swaziland, Tanzania, Kenya, Ethiopia and Ghana--as a livestock production consultant. He has presented scientific papers before the Caribbean Veterinary Medical Association in Guyana and the International Conference of Veterinary Pathologists in Stockholm, Sweden.

## CURRICULUM VITA

Philip Washington Brown  
600 Alabama Avenue  
Tuskegee Institute, Alabama 36088  
Office Tel. No. 205 - 727-8111  
[REDACTED] [REDACTED]

### Personal Data

Date of Birth:  
Place of Birth:  
Marital Status:  
Social Security No.:

### Education

Diploma, Carver High School, Eutaw, Alabama, 1956  
B.S., Tuskegee Institute, 1960; Major, Ag. Ed.  
M.Ed., Tuskegee Institute, 1961; Major, Ag. Ed.  
Further Study, Ohio State University, 1969, Adult  
and Continuing Education; Tuskegee Institute,  
1977, Educational Specialist Program.

### Work Experience

1972 - Present: Administrator, Cooperative Extension Program, Tuskegee Institute, Alabama. Duties: Establish and monitor development programs and projects; direct and allocate responsibilities to the Staff; supervise and assist in organizing Extension Program activities; responsible for the preparation of fiscal narrative and financial reports.

Curriculum Vita  
Philip Washington Brown  
Page 2

Work Experience (Continued)

1971 (July)-(Dec.) 1971: Director of the Law Enforcement Project. This assignment consisted of the following: Developed a curriculum to meet the needs of the Law Enforcement trainees; recruited and assisted instructors with the courses taught; submitted monthly and other reports to the funding agency; made recommendations periodically to the chief of police on ways and means of upgrading the Law Enforcement Program.

1971 (Dec.) 1971: Tuskegee Institute, Specialist for Community Services, Human Resources Development Center. This position carried the following responsibilities: Responsible to the Director for plans and operations of activities; worked in cooperation with the local officials—public and private agencies of the community—to accumulate sufficient information for the development of educational programs to eliminate or reduce problems; planned work flow and assignments of county coordinators; secured information, resources and facilities for field service unit; determined community requirements; analyzed assigned missions and interpreted regulations.

1970: Tuskegee Institute, County Coordinator for the Human Resources Development Center. This assignment consisted of the following: Assisted people of the target communities in helping themselves; established working relationships with local government, existing agencies, such as ASCS, FHA, County Extension Service, district, state and campus agencies.

12/68-69: Tuskegee Institute, Research and Field Coordinator (temporary assignment). Duties were as follows: Recruited local field staff in the eleven Black Belt Counties; coordinated all activities in collecting, analyzing and assembling data on selected poverty stricken families in the Black Belt Counties of Alabama.

Curriculum Vita  
Philip Washington Brown  
Page 3

1964-1968: Employed by Tuskegee/Liberia Project, School of Education, Tuskegee Institute, Alabama.

- 1964-65: Served as Educational Advisor in agriculture in Liberia. Duties: Planned and organized an agricultural science program at Kakata Teacher Training Institute. This included teaching classes, supervising laboratory practices, landscaping the campus, and directing a student work experience program. Assisted in the recruitment and testing of students for the program. Served as supervisor of Institute's maintenance staff; a member of the administrative council, and a member of an inspection team (selected by Government of Liberia and USAID/L officials) to determine the possibility of opening the third teacher training institute in Maryland County, Liberia.
- 1965-66: Business Plant Manager. Duties: Requisitioned, purchased, and issued Government of Liberia (GOL) and USAID/contract supplies; supervised cash advance funds, prepared payrolls; supervised all non-academic staff; kept books.
- 1966-68: Served as Educational Advisor to the agricultural science teachers and aides in the Rural Teacher Training Program in Liberia. This included coordinating all faculty who were concerned with agricultural science students who received basic instructions in agricultural production, marketing, rural health sanitation and farm mechanics. A community development program was organized through the RTTI graduates and the activities included improving crops and livestock, constructing water systems, health clinics, school buildings and roads.

Curriculum Vita  
 Philip Washington Brown  
 Page 4

Work Experience (Continued)

1961-1964: Employed by Andalusia City Board of Education at Woodson High School, Andalusia, Alabama. Duties included planning and executing a vocational agricultural program which consisted of teaching students and young adult farmers. In addition to these classes, I made regular visits with the above groups and their farms. They were taught basic techniques in agricultural production, marketing, and farm mechanics.

Other assignments at Woodson High School included assistant football coach, Chairman of the teachers' welfare group, and cashier of the school's cafeteria.

Professional Affiliations

- Alabama Cooperative Extension Service Employees Organization.
- Alabama Rural Development Council
- National Association of Extension 4-H Agents
- American Association of Agricultural College Editors
- National Advisory Council to the Human Resources Development Center
- ECOP Program and Personnel Development Subcommittee (ECOP—Extension Committee on Organization and Policy)
- Kappa Delta Pi Honor Society

Curriculum Vita  
Philip Washington Brown  
Page 5

Awards/Honors:

- Modern Farm Degree Award
- Grand Champion in Alabama's Fat Calf Show
- Superior Farm Degree Award
- President of Local and State New Farmers of America
- First Vice President of the National New Farmers of America Organization.

Religious Affiliation

Protestant

Social Organization

Kappa Alpha Psi Fraternity, Incorporated

PROGRAM FOR INTERNATIONAL PERSONNEL  
 Tuskegee Institute, Alabama 36088

BIO-DATA PROFILE

November 17, 1980  
 Date

ELIZABETH C. CHIBUZO.  
 Name

PERSONAL INFORMATION

Address:

P.O. Box 500  
 Tuskegee Institute  
 Alabama 36088

Phone (Home & Office):  
 (205) 727-8694 (office)  
 -8862 (office)

Birth Date:

[REDACTED]

Birth Place:

[REDACTED]

Marital Status (Spouse):

Married with two (2) children  
 (7 & 4)

Sex:

[REDACTED]

EDUCATION

Institution	From/To	Degree/Major Field
J. A. Andrew Comm. Hosp.	Jan. '80-Aug, '80	Hospital Dietician
Cornell University	Sept. '77-1979	M.S./International Nutrition
Tuskegee Institute	Sept. '72-Dec. 1975	B.S./Nutritional Sc. (graduated w/ highest honors)

PROFESSIONAL EXPERIENCE

Public Health Nutritionist

RESEARCH EXPERIENCE

Designed and conducted thesis research on Attitude Towards Breast-Feeding Among Nigerian Women in the Summer of 1978  
 Designed and conducted research on Health Beliefs and Practices of Nutrient Supplements Among Cornell Students and their Families in the Spring of 1978

EDUCATIONAL BACKGROUND (Include Institute Name, address, location)

Teaching Assistant for Community Nutrition at Cornell University, <sup>111</sup>  
Spring Semester 1979  
Instructor at Southern Vocational College, Tuskegee, Alabama.  
Taught three (3) courses: Nutrition, Human Anatomy and Maths.

PUBLICATIONS (Include Theses)

Thesis: Attitude Towards Breast-Feeding Among Nigerian Women,  
M.S. Thesis, Cornell University, Jan. 1980

The Thesis is on the responses of 128 Nigerian mothers with children less than two (2) years old. These responses on the demographic, infant feeding practices, attitude towards breast-feeding (using a Likert-type attitude scale), nutrition knowledge and the 24-hour dietary recall of child were coded onto computer cards, correlated and analysed. The correlation analysis was done to determine which variables impinge on how a mother feels about breast-feeding her child.

PROFESSIONAL PAPERS

Nutritional Implication in Disease (using Onchocerciasis as an example) and Non-disease states, Dec. 5, 1979  
Information for Program Planning: Background on Botswana, May, 1980  
Narrative Explanation of Model: Relationship between Agriculture, Nutrition, Infectious Disease, Sanitation and Water Supply, June, 1980

(Note: The above papers are Draft Papers)

WORKSHOPS & SEMINARS (attended within last 3 years)

ADA 63rd annual conference, Atlanta, October 6-10, 1980  
Title XII Strengthening Grant Workshop/Seminar, Texas A&M, Sept. 18-19 1980.  
Comparative Hospital Dietetic Studies V.A. Medical Center-- Dietary Department July 7-17, 1980  
Conference on "Role of U.S. University in Integrated Rural Community Development" April 16-18, 1980  
"Silver Jubilee" Dietetic Workshop April 7-10, 1980  
Alabama Hospital Association--Group Purchasing Meeting Montgomery, Alabama April 2, 1980  
PRACTICE WORK AND PROJECTS

As a native Nigerian, I spent twenty-two (22) years of my life in the rural and urban sectors of the country.

Travelled back to Nigeria in the summers of 1976, '77, & '78

Did my M.S. degree research among the Ibo mothers of Nigeria in the summer of 1978

LANGUAGES

Igbo (Ibo)-- native language used for the U.S. degree research  
English

Currently trying to improve on my French language capability

PROFESSIONAL & OTHER ORGANIZATIONS

Member The American Dietetic Association

Member The Alabama Dietetic Association

HONORS

Katherine Wycoff Harris Fellowship, 1977-79, Cornell University

Beta Kappa Chi Scientific Society, 1975, Tuskegee Institute

Home Economics Faculty Award, 1975, Tuskegee Institute

OTHER INFORMATION (Include skills, interests, etc.)

Has a Permanent Resident Visa

Has the following research skills -- design questionnaire, evaluate results--computer analysis; could design intervention programs--Therapeutic Nutrition, and Preventive Nutrition through Nutrition Education; has a minor in Community Service Education

STATEMENT OF INTEREST IN INTERNATIONAL ACTIVITIES

My major interest is in International Nutrition -- which deals with problems, policies and programs of less developed/developing countries. My interest in the Nutritional welfare of LDCs was cultivated during the Nigeria-Biafra war (1967-70) when as a volunteer, I saw children who suffered the most severe consequences of hunger and malnutrition. The problems of malnutrition can still found in many parts of Africa and other less developed countries of the world (without the presence of war). Therefore, my main interest is in finding and designing adequate intervention strategies to help alleviate the problems of malnutrition in developing countries.

COOPER, GEORGE EVERETT, PH.D.  
 DEAN  
 School of Applied Sciences  
 Tuskegee Institute  
 Tuskegee Institute, Alabama 36088  
 Telephone: Office (205) 727-8158

Date of Birth: [REDACTED] [REDACTED] Social Security: [REDACTED]

Place of Birth: [REDACTED]

Marital Status: [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Education:

Ph.D.	1972	University of Illinois Urbana, Illinois 61801 <u>Major:</u> Animal Nutrition (Ruminant Nutrition)
M. S.	1969	Tuskegee Institute Tuskegee Institute, Alabama 36088 <u>Major:</u> Animal Science
B. S.	1967	Florida A&M University Tallahassee, Florida 32304 <u>Major:</u> Animal Husbandry

Scientific Field: Ruminant Nutrition

Ph.D. Thesis Title: "The Nutritive Value of Sheep Feces"

M. S. Thesis Title: "Degradation, Metabolism and Disappearance of Diuron in the Rumen"

Experience:

1967	Research Assistant in Aquatic Entomology Florida A&M University
1967-1969	Graduate Assistant in Animal Science Tuskegee Institute
1969-1972	Graduate Fellow in Animal Science University of Illinois
1972-1977	Tuskegee Institute: Assistant Professor of Animal Nutrition; Coordinator of International Programs in Agriculture and the USAID sponsored 211-d Grant on tropical livestock production;

and taught courses in Animal Nutrition, Introduction to Animal Science and Beef Cattle Production.

1979-1977

Chairman, USAID 211-d Consortium on Tropical Livestock Production, This activity involved the following four institutions: Tuskegee Institute, Texas A&M University, Purdue University and the University of Florida at Gainesville.

1977-1978

Animal Nutritionist, Winrock International Livestock Research and Training Center, Morrilton, Arkansas. Involved in research, training and development activities associated with livestock production; served as scientist in charge of an applied research project involving dairy goats; co-authored a publication entitled "The Role of Sheep and Goats in Agricultural Development - A State of the Arts Study"; was involved in planning development strategies for Mexico and the Caribbean involving livestock as a part of agricultural development programs for smallholders; served as Principal Investigator for developing a research proposal on dairy goat management for support under Title XII of the Foreign Assistance of 1975.

July 1, 1978-  
Present

Dean, School of Applied Sciences. Responsible for the administration and development of academic, research, and outreach programs in Agricultural Sciences, Architecture, Business, Home Economics, Industrial Technology and Allied Health.

1979-1980

Chairman of Tuskegee Institute Analytical Studies Group. Responsible for institutional planning and evaluation.

1979-1981

Training Coordinator for Upper Volta Livestock Project. Responsible for the selection and placement of voltaic participants in M.S. Degree programs. Project funded by USAID and coordinated by the Southeast Consortium for International Development (SECID).

1979-1980

Co-chairman of the Association of 1890 Deans and Directors of Resident Instruction. Organization responsible for planning program

needs of the seventeen historically black landgrant colleges in Agriculture, Home Economics and the Mechanical Arts.

1979-1980

Member of the joint research committee of the board for international food and agriculture development (one year appointment).

Areas of Special Interest: University Instruction, Research and Administration; International Agricultural Development; Laboratory Evaluation of Forages; Utilization of non-competitive feed resources; Dairy Goat production and management; and the role of Small Farmers in U.S. Agriculture.

Foreign Travel Experiences:

AFRICA: Senegal, Mali, Chad, Cameroon, Nigeria, Upper Volta, Botswana, Swaziland, Tanzania and Kenya

SOUTH AMERICA: Guyana

CENTRAL AMERICA: Mexico

Professional Organizations:

American Society of Animal Science

Honor Societies:

Gamma Sigma Delta  
Sigma Xi

Honors:

Outstanding Educators of America (1975)

Publications:

Cooper, G. E., F. C. Hinds and J. M. Lewis.  
The Nutritive Value of Sheep Feces.  
J. Anim. Sci. 1972. 34:358 (Abst.)

Cooper, George E., and Glenn R. Howze.  
A Survey of Livestock Producers in Guyana (1975). Conducted in cooperation with the Guyana Ministry of Agriculture and the United States Agency for International Development.

Cooper, George E., Livestock Breeding Herds for Small Producers. 1976. Presented at the Workshop on Livestock Smallholders and Small Pastoralist. June 14-17, 1976. Winrock International.

Glimp, H. A., H. A. Fitzhugh, R. O. Wheeler, T. D. Nguyen, A. Martinez, G. E. Cooper and R. D. Child. 1977. The Role of Sheep and Goats in Agricultural Development - A State of the Arts Study. Report of a study conducted by Winrock International and co-sponsored by USAID/TAB Livestock.

Community Organizations:

Boy Scouts of America  
Optimist International  
Greenwood Missionary Baptist Church

6/4/80

Tuskegee Institute  
Program for International Development  
Tuskegee Institute, Alabama 36088

BIO-DATA PROFILE

June 18, 1980

Date

Tsegaye Habtemariam  
Name

PERSONAL INFORMATION

Address:

(Office) (205) 727-8461

Birthplace:

Birthdate:

SS#:

EDUCATION

Institution	From/To	Degree/Major Field
Univ. of Calif., Davis	1976-79	Ph.D. Epidemiology
Univ. of Calif., Davis	1976-77	MPVM Preventive Medicine
Colorado State Univ.	1965-70	DVM Veterinary Medicine
Addis Ababa University	1960-64	B.Sc. Animal Science

PRESENT POSITION

Associate Professor

RESEARCH EXPERIENCE (Include in-progress research)

Epidemiologic studies - neonatal mortality, cancer, Trypanosomiasis

Epidemiologic modelling - Trypanosomiasis

Clinical Studies - mastitis, streptochricosis, internal and external parasites of cattle.

Currently - epidemiologic/economic studies on - nosomial infections, oretrospective study of clinical population data, toxoplasmosis, anaplasmosis, modelling, et

TEACHING EXPERIENCE (Include institution, course taught)

Addis Ababa University - Animal anatomy and Physiology, Animal Hygiene and Disease Control, Parasitology

Univ. of Calif., Davis - Advanced Epidemiology, Public Health

Tuskegee Institute - Epidemiology

PUBLICATIONS (Include thesis)

Habtemariam, T. : A study of African trypanosomiasis using Epidemiologic models: The case of Ethiopia. Ph.D. Thesis, Univ. of Calif., Davis, 1979.

: Perspectives on the epidemiology of trypanosomiasis in Ethiopia. MPVM Thesis, Univ. of Calif., Davis, 1977.

: Research in Animal Sciences. HSI University, Ethiopia, 1974.

: Animal Hygiene and disease control. HSI Univ., Ethiopia, 1974.

PROFESSIONAL PAPERS

Adams, EW, Habtemariam, T. : A systems approach to rural health care. Presented at Symposium at Tuskegee Institute. 1980.

Seven unpublished papers and one manuscript.

WORKSHOPS & SEMINARS (Attended within last 3 years)

The Role of U.S. Universities in International Rural and Agricultural Development. Tuskegee Institute, 1980.

Veterinary Symposium, Tuskegee Institute, 1980.

Beterinary preventive medicine and Epidemiology work Conference. Ft. Worth, Texas, 1980

FOREIGN EXPERIENCE (Include work and travel)

Participated in seminars and various professional activities in Sudan, England, Canada (in addition to U.S. and Ethiopia).

LANGUAGES

Ethiopian (Amharic)

English

PROFESSIONAL & OTHER ORGANIZATIONS

American Veterinary Medical Association

HONORS

B.Sc. with Distinction

OTHER INFORMATION (INCLUDE SKILLS, INTERESTS, ETS.)

My expertise is in integrating my veterinary background with analytic methods that include systems analysis, modelling, linear programming and biomathematics. My interests are all types of sports activities.

STATEMENT OF INTEREST IN INTERNATIONAL ACTIVITIES

- Designing and evaluation health care systems in developing countries.
- Analyzing and problem solving of specific health/disease problems.
- Integrated approach to development.
- Health Economics studies
- Designing epidemiologic computer based disease models to evaluate control alternative for application and validation in the field - for example - trypanosomiasis.

TEACHING EXPERIENCE (Include institution, courses taught)

Marriage and Divorce Statistics Analysis Seminar for the Junior Professional Training Program of the National Center for Health Statistics HEW/PHS, Rockville, Md - 1973 (Instructor).

PUBLICATIONS (Include Theses)

Barbara Foley and Elaine Hume, First Marriages: United States 1968-1976, Division of Vital Statistics, National Center for Health Statistics, Health Resources Administration, Public Health Service, D/HEW, Hyattsville, Md 1979.

PROFESSIONAL PAPERS

1979-Session Speaker for in Development Workshop, sponsored by the Caribbeana Council, Washington D.D.-Report of community education evaluation study in Jamaica and the role of women in education and research in Jamaica.

WORKSHOPS & SEMINARS (Attended within last 3 years)

See Above

FOREIGN EXPERIENCE (Include work and travel)

Research experience in Jamaica - see page 1

LANGUAGES

Limited speaking and writing knowledge of French.

PROFESSIONAL & OTHER ORGANIZATIONS

National Association of Social Workers

HONORS

Graduated Cum Laude from Howard University.

OTHER INFORMATION (Include skills, interests, etc.)

Have skills in data analysis and report writing, including a wide range of research skills. Am interested in applied anthropology, the study of culture and its relationship to social development. Would like to expand experience base in international research in health and development in Africa.

STATEMENT OF INTEREST IN INTERNATIONAL ACTIVITIES

See Above

## Research Experience (Con't)

Education Programs. Also, was responsible for developing a Program Interview Schedule and Rating Scale in collaboration with the Jamaican counter parts to be tested in Phase II which has been approved for an extension, pending availability of funds.

- 1974-1975 "Assessment of physicians attitudes towards the Touro community Mental Health Clinic"- research conducted for master research paper - Interviewed a random sample of physicians of the Touro Infirmary Hospital in New Orleans, LA to assess their level of acceptance and support of the community mental health clinic.
- 1974-1975 "Non-verbal Communication, Acsthetics, and Social Work Treatment"-Research conducted for an Independent Studies Project at Tulane University-Coordinated a team of S.W Students for the development of an annotated bibliography in non-verbal communication, black music and dance and its application in social work treatment. Also, conducted a six-weeks group therapy session with a group of 7-11 year old girls.
- 1971 Interviewer for the Evaluation of the Pilot District Project to assess the attitudes of the citizens of Washington D.C. Towards the police service in the city.

Curriculum Vitae

CHRISTOPHER KIRYA, M.B., Ch.B., D.C.H.

ADDRESS: John A. Andrew Community Hospital  
Tuskegee Institute, Alabama 36088

TELEPHONE: (205) 727-8561

## PRESENT POSITIONS:

- (1) Director of Neonatology and Chief of Pediatrics  
John A. Andrew Community Hospital  
Tuskegee Institute, Alabama
- (2) Consultant Pediatrician  
Maternal and Infant Care Project  
Bureau of Maternal and Child Health  
Alabama Department of Public Health  
Montgomery, Alabama
- (3) Consultant/Pediatrician/Neonatologist  
John A. Andrew Health Center  
Tuskegee Institute, Alabama
- (4) Assistant Professor of Pediatrics  
Meharry Medical College  
Nashville, Tennessee

## EDUCATION:

- 1967 Graduate of the University of East Africa  
Makerere University College - Uganda  
o with distinction in Obstetrics and Gyrecology  
o throughout the medical years of training, public  
health is emphasized
- 1970 Diplomate of The Royal College of Physicians of  
London and The Royal College of Surgeons of England  
o Diploma in Child Health

## POST-DOCTORAL FELLOWSHIPS:

- 1975-1976 Johns Hopkins University School of Medicine  
Baltimore, Maryland
- 1976-1978 Neonatology Fellowship - Georgetown University  
School of Medicine, Washington, D.C.
- 1977 Award: First Prize for Scientific Research  
Paper, Georgetown University School of Medicine  
Neonatology Program

Curriculum Vitae  
CHRISTOPHER KIRYA, M.B., Ch.B., D.C.H.  
Page Two

SELECTED PROFESSIONAL CONFERENCES AND PRESENTATIONS:

- 1970 World Health Organization (WHO) Conference on  
"Pediatric Priorities in Developing Countries"  
University of London  
o Rotating Chairman-Participant
- 1971 University of London School of Hygiene and Tropical  
Medicine Conference on "The Use of the Ancillary  
Medical Staff and Use of Limited Resources in De-  
veloping Countries"
- 1973 World Congress of Hygiene  
Eastborne, England
- 1977 Neonatal Retreat  
Colfont, West Virginia  
o Presented a paper on Neonatal Circumcision
- 1979 Pediatric Update  
Las Vegas, Nevada
- 1980 Neonatology Conference on "The Tiny Baby"  
Orlando, Florida

PUBLICATIONS:

Contributed, as WHO Conference participant, to the  
book, "Pediatric Priorities in Developing Countries"  
by David Morley, 1972.

Kiry, C.: Article on Neonatal Circumcision published  
in The Journal of Pediatrics, June 1978.

ADMINISTRATIVE/CLINICAL RESPONSIBILITIES:

- 1968 Head of Pediatric Services  
Mbale Hospital, Uganda
- 1970-1975 Registrar in Pediatrics - England  
o Coordinated Junior Hospital Pediatric Staffs  
of Three Hospitals  
o Other key responsibilities included management  
of Behavioral Disorders of Childhood as well as  
Developmentally Delayed Children

As a Fellow, responsible for the supervision of  
pediatric patient care by the Residents as well as  
clinical/postgraduate teaching.

- 1978- In addition to my present policy-making responsi-  
bilities, I am the Coordinator of Continuing Medical  
Education at the John A. Andrew Community Hospital.

## FELLOWSHIPS, GRANTS, HONORS:

- Fellow of African Studies 1975-1977 awarded by the Committee for International Studies at SUNY Buffalo
- Scholarship Award 1976-1979 from the Scudder Association, Inc.
- Fellowship awarded by the Graduate Group of SUNY/Buffalo on Cultural Change and Continuity for Asian and African Societies, 1977-1979
- Grant-in-Aid for pre-doctoral research awarded by Sigma XI, The Scientific Research Association of North America, April 1978
- Grant-in-Aid for pre-doctoral research awarded by the Graduate Student Association of SUNY/Buffalo, March 1978

## FIELD WORK:

- Field project officer in rural Owerri, Nigeria with the "Save the Children Fund" 1971-1972
- Field research in Owerri, Nigeria, June to September 1978 (pre-doctoral dissertation investigation)

## ACADEMIC ACTIVITIES AT SUNY/BUFFALO:

- Member of the Committee on African Studies
- Member of the Committee of the Graduate Group on Cultural Change and Continuity for Asian and African Societies

## IN PRESS FOR PUBLICATION:

- "The Socio-Cultural and Economic Impact of Colonialism in West Africa" (formerly Master's thesis)

TEACHING EXPERIENCE (Include institution, courses taught)

1937-1943 Teacher of Vocational Agriculture (Alabama)  
1943-1945 Head, Department of Horticulture, Alabama A & M University  
1945-1946 Head, Department of Horticulture, Southern University  
1946-1948 Assistant to Dean of Agriculture, Tuskegee Institute

PUBLICATIONS (Include Theses)

See attached sheet

PROFESSIONAL PAPERS

See attached sheet

WORKSHOPS & SEMINARS (Attended within last 3 years)FOREIGN EXPERIENCE (Include work and travel)

See attached sheet

LANGUAGES

PROFESSIONAL ORGANIZATIONS

HONORS

OTHER INFORMATION (Include skills, interests, etc.)

STATEMENT OF INTEREST IN INTERNATIONAL ACTIVITIES

CURRICULUM VITAE

DORIS MITCHELL OLIVEIRA, D.V.M.

[REDACTED]

VITAL STATISTICS

Born: [REDACTED]

Marital Status: married

Present Address: Department of Agricultural Sciences  
Tuskegee Institute  
Tuskegee Institute, AL  
36088

EDUCATION

Boston University  
Boston, MASS  
A.B. - 1956

Tuskegee Institute  
Tuskegee Institute, AL  
D.V.M. - 1961

CURRENT POSITIONS

October 1978-Present

Director, Title XII Small Ruminant Program - International Program  
Tuskegee Institute, AL

1976-1978

Research Associate  
School of Applied Sciences  
Tuskegee Institute, AL

1975-1976

Research Associate  
Swine Disease Research  
School of Veterinary Medicine  
Tuskegee Institute, AL

1970-1973

Director, Institute of Comparative Studies  
Harlem Hospital Center  
New York, New York

1969-1973

Associate in Pathology  
College of Physicians and Surgeons  
Columbia University

1968-1973

Director, Childrens Council for Bio-Medical Careers Program  
Columbia University  
College of Physicians and Surgeons

PREVIOUS PROFESSIONAL POSITIONS

131

1967-1969 Instructor  
Department of Pathology  
College of Physicians and Surgeons  
Columbia University

1966-1967 Treatment Room Veterinarian  
A.S.P.C.A. Hospital  
92 York Avenue  
New York, New York

1964-1965 Research Associate  
Department of Surgery  
Veteran's Administration Hospital  
Tuskegee, Alabama

1963-1964 Veterinary Poultry Inspection  
Trainee  
U.S. Department of Agriculture  
Philadelphia, Pennsylvania

1962-1963 Research Associate  
Department of Neuropahtology  
Ohio State University  
Columbus, Ohio

1961-1962 Instructor  
Department of Animal Pathology and  
Virology Research Diagnostic  
Laboratory Work  
University of Rhode Island  
Kingston, Rhode Island

1956-1957 Bio Chemical Research Technician  
Argome Cancer Research Hospital  
University of Chicago  
Chicago, Illinois

PROFESSIONAL AFFILIATIONS

American Association of Equine  
Practitioners

American Veterinary Medical Assoc.

Women's Veterinary Medical Assoc.

International Association of Elec-  
tronic and Electrical Engineering

Association of Sheep and Goat  
Practitioners

Association for the Advancement of  
Agriculture Sciences in Africa

International Veterinary Acupuncture  
Society

PROFESSIONAL AFFILIATIONS (Continued)

New York Association of Comparative  
Pathology

New York Association of Laboratory  
Animal Veterinarians

United Nations Association

Associate at Bank Street in Harlem

OTHER AFFILIATIONS

President

Joseph Mitchell Memorial Foundation  
(Educational and Cultural Organiza-  
tion)

Tuskegee Institute  
 Program for International Development  
 Tuskegee Institute, Alabama 36088

BIO-DATA PROFILE

Nov. 17, 1990  
 Date

Rita G. O'Sullivan  
 Name

PERSONAL INFORMATION

Address: [REDACTED] Phone: [REDACTED]  
 (Office) 205-727-8362

Birthplace: Birthdate:  
 Marital Status: Married SS# [REDACTED]

EDUCATION

Institution	From/To	Degree/Major Field
Auburn Univ.	6-78 to pres.	Ed.D, Ed. Leadership, Curriculum and Instr. (in progress)
Calif. Poly, San Luis Obispo	3-74 to 6-76	M.A., Ed. Administration
Univ. of California, Berkeley	9-67 to 12-67	B.A., Anthropology

RESEARCH EXPERIENCE (Include in-progress research)

"Improving Elementary Arithmetic Achievement by Enhancing Student-Teacher Communication of Each Child's Problem Solving Strategy", Proposal to N.I.E., January 1980.

"Northwest Ivory Coast/Odienne Regional Survey", Resources and Development Corp., Planning Ministry, 1975.

TEACHING EXPERIENCE (Include institution, course taught)

Alabama State-wide Head Start Conference, 1978; Health and Nutrition Components.

Bi-State Head Start Workshops, 1977-78; Health and Nutrition Components.

Training and Technical Assistance to Alabama Head Start Centers in Health and Nutrition, 1977-78.

Rural Health Animation, Peace Corps Training, Ivory Coast, 1973-74.

Eight Years Elementary and Secondary Teaching Experience, 1961-1980, in open/non-formal educational settings in U.S. and Ivory Coast.

PUBLICATIONS (Include thesis)

.su

Head Start Health Emergency Plan Handbook, TIASTO, 1978.

"Children's Center: an experience in starting an educational elementary school aged day care center", E.O.C. duplication, Summer 1974.

PROFESSIONAL PAPERS.

"Education Planning in Francophone West Africa: 30 years of Independence", to be presented at the African Studies Association Conference; Fall, 1981.

WORKSHOPS & SEMINARS (Attended within last 3 years)

African Studies Association, October 1980, Philadelphia  
 National Head Start Conference, 1978, Cleveland  
 Open Education Workshop, 1979, Tuskegee, AL

FOREIGN EXPERIENCE (Include work and travel)

Administrative Asst. for regional development study in Northwest Ivory Coast, 1974-75.  
 Area Studies Coordinator for rural health animation training program, Peace Corps Ivory Coast, 1973-74.  
 Peace Corps Volunteer, Rural Health Animation, Ivory Coast, 1968-70.  
 Travel to Upper Volta, Ghana, Senegal, Gambia, Togo, France, England, Belgium, Spain and Mexico.

LANGUAGES

French, Spanish, Malinke

PROFESSIONAL & OTHER ORGANIZATIONS

Association for Supervision and Curriculum Development  
 African Studies Association  
 National Head Start Association  
 American Educational Research Association

OTHER INFORMATION (ADMINISTRATIVE EXPERIENCE)

Program Assistant, African American Institute, AFGRAD program for Francophone Africa, placing graduate students in American Institution, 1977.

5+ years of various educational administration and project coordination, 1970-80.

## RESUME

A. H. SRIKANTA RAO

PERSONAL:

Date of Birth: [REDACTED]

Place of Birth: [REDACTED]

Citizenship: U.S.

ADDRESS:

School of Education  
 Tuskegee Institute  
 Tuskegee Institute, Al. 36088  
 Phone: (205) 727-8551

121 Kimberly Drive  
 Auburn, Alabama 36830  
 (205) 727-1160

PRESENT POSITION:

Professor (tenured), School of Education, Tuskegee Institute  
Research Associate, Division of Behavioral Science Research

EDUCATION:

- Nov. 1965 Ph.D., University of Mysore, India  
 Psychology and Reading  
 Thesis: A Diagnostic Study of Reading  
 Difficulties Among High School Students
- Nov. 1956 M.A., University of Mysore, India  
 Psychoanalysis, Industrial Psychology  
 Thesis: Relationship Between Manual Dexterity  
 and Productivity Among Weavers in a  
 Textile Factory
- Oct. 1954 B.A. (Honors), University of Mysore, India  
 Experimental Psychology, Abnormal Psychology,  
 Social Psychology, Child Psychology,  
 Mental Measurement, Laboratory Studies

POST-DOCTORAL FELLOWSHIP:

- 1966-67 Research Associate, University of Michigan,  
 Ann Arbor, Michigan  
 Studies: Diagnostic and Test Item Analysis,  
 Behavioral Psychology and  
 Classroom Management,  
 Discrimination and Learning

TRAINING:

National Science Foundation Chautauqua Type Courses  
 Clark College, Atlanta, Georgia;  
 Statistics and Experimental Design in the  
 Social and Behavioral Sciences (1973-74), and  
 Improving College Instruction through Evaluation  
 (1974-75). Instructor--Professor Jason Millman of  
 Cornell University.

Educational Testing Service, Princeton, New Jersey  
 Criterion-Referenced and Objective Referenced Measurement---  
 Program of Continuing Education in Assessment, Evaluation,  
 and Information Systems, November 1975.

System of Multicultural Pluralistic Assessment (SOPRA) Workshop  
 Tuskegee Institute, Tuskegee Institute, Alabama  
 Assessment of Culturally Diverse Children, Jan. 1976.  
 Instructor--Professor Jane R. Mercer, Institute for  
 Pluralistic Assessment Research and Training,  
 Riverside, California.

EXPERIENCE:A. Adult Education (India)

1. Head, Research Unit, State Adult Education  
 Council, Mysore, India 1955-1959

The position required frequent visits to rural areas, organizing experimental literacy classes, evaluating rural education programs, training social workers in methods of teaching adults to read and write, analyzing and developing reading materials for adults and other related activities.

(Extracts of some studies conducted during this period and a testimonial from the Chief Executive Officer of the Council are available)

2. Research Assistant, UNESCO Training Center for  
 Fundamental Education, Mysore, India 1954-1955

Studies (Rural setting): Interviewing adult learners, methods of consumer research, production of literacy materials, organizational and evaluation of adult education centers.

(A copy of testimonial from the director of UNESCO Center is available)

EXPERIENCE: (continued)

3. Regional Head, Research, Training, and Production Center, Jamaa Millia Islamia (A Muslim National University), New Delhi, India 1957-1958

Training for regional heads from different parts of the country to set up experimental "permanent" adult schools.

B. School Counseling (India)

1. School Psychologist, Residential Junior College, Mysore, India 1959-1966

C. Evaluation of Educational Programs (USA)

1. An Assessment of Test and Examination Skills Development Program at Tuskegee Institute Sept. 1979

Formulated an evaluation plan and completed the report. Instructional objectives and materials were reviewed; classroom management procedures were examined; and student input was statistically determined.

2. Served as consultant in the design, conduct and reporting of the study entitled, "Evaluation of Effectiveness of Increasing Class Size and Utilizing Programs of Automated Instruction in Reading Programs for Entering College Students." (A Report on the Final Year of a Two-Year Research Study was submitted to the ESSO Education Research Foundation of Tuskegee Institute. 1967)

D. Curriculum Design

1. Directed an "In-House Workshop on Performance Based Curriculum Development for the Reading Clinic," Tuskegee Institute, Alabama Sept. 1975
2. Developed a curriculum package entitled, "How to Read Faster and Comprehend More," Tuskegee Institute, Alabama 1975
3. Organized a Summer Reading Institute for In-Service Teachers in Curriculum Construction, Tuskegee Institute, Alabama Aug. 1979 (Report Available)
4. Co-directed Tuskegee Institute Workshop on Competency-based Learning Systems with faculty from the University of Michigan. Aug. 1979

EXPERIENCE: (cont. Incd)E. Research: Funded/Proposed

1. (Funded) Co-Investigator with Professor Paul L. Wall, "Patterns of Individual and Organizational Adaptation: Impact of Minority Groups in Predominantly White Institutions of Higher Learning." Sponsored by Office of Naval Research, Washington, D.C. April 1974
2. (Funded) Principal Investigator: "An Analysis of Reading Skills, Job Success and Adult Performance Levels of Service Personnel." Sponsored by Spencer Foundation. 1977-1978
3. (Proposed) Principal Investigator: "Developing and Utilizing an Educational Model for Science National Science Foundation. Nov. 1979
4. (Proposed) Principal Investigator: "Personalized Instruction for Reading Improvement." Submitted to EXXON Foundation. 1979
5. (Proposed) Co-Investigator with Professor Janice Belmont, "The Effects of Parent Education Intervention in Reducing First-Grade Reading Problems Among High-Risk Children." Submitted to HEW National Institute of Education, Washington, D.C. March 1979

F. Administration (USA)

1. Director, Reading Clinic, College of Arts and Sciences Tuskegee Institute, Tuskegee Institute, AL. 1973-1977
2. Coordinator, Graduate Studies in Reading, School of Education, Tuskegee Institute, AL. 1973-

G. College Teaching--Graduate and Undergraduate (USA)

1. Professor of Psychology and Reading, School of Education, Tuskegee Institute, AL.  
Employment Year: 1967

Graduate Courses: Introduction to Educational Research  
Practicum in Assessment in Reading  
Complex Reading Problems  
Diagnostic Teaching  
Practicum in Teaching Reading

EXPERIENCE: (continued)G. College Teaching

Undergraduate Courses: Educational Psychology  
 Adolescent Psychology  
 Special Methods and Devices  
 in Teaching Reading

GUEST LECTURE PRESENTATIONS:

- NDEA Institute in Reading, Valparaiso University,  
 Valparaiso, Indiana. "Learning to Read Under  
 Controlled Environmental Conditions." Summer 1967
- NDPA Institute in Reading, Valparaiso University,  
 Valparaiso, Indiana. "Criterion Tests and  
 their Practical Uses." Summer 1969
- Faculty-Student Institute, Tuskegee Institute, AL.  
 "Reading Education and Improvement Programs  
 at Tuskegee Institute." January 1975

CONSULTING:

- Department of English and Reading, Mary Holmes College,  
 West Point, Mississippi.  
 "Organizing Reading Programs." 1974
- Bacon County Board of Education, Tuskegee, AL.  
 In-Service Training-Reading in the Content Area 1977

PUBLICATIONS:

- "A Study of Intercorrelation Between Sub-Tests of a Verbal  
 Test of Intelligence," Journal of Psychology,  
 Madras, India, Vol. 7, No. 2 1963
- "A Study of Vocational Interests Among Secondary School  
 Leaving Students of Mysore City, Journal of Mysore,  
 New Delhi, India. 1965
- "Students' Assessment of Personality," Mysore State  
 Educational Federation Journal, XIX, 2, May 1965
- "Remedial Reading," Kannada Encyclopedia,  
 Government of Mysore, India. 1964
- "Level of Aspiration," Telugu Encyclopedia,  
 Government of Madras, 1964

PUBLICATIONS: (continued)

- "Transformation of Raw Scores into Percentile Ranks and Normalized Standard Scores," New Delhi, India: Manasayana Publishers, 1965
- "A Diagnostic Study of Reading Difficulties Among High School Students," in Modern Trends in Psychology, published by Manaktala & Sons, Bombay, 1968
- "Black Youth," in Revision and Synthesis of Research, School of Education, Tuskegee Institute, Series 1, March 1972
- "A Brief Sketch of Literacy Concepts and Methods of Training," University of Michigan, Ann Arbor: Reading Improvement Service, 1967

BIOGRAPHICAL CITATIONS:

- Personalities of the South, American Biographical Institute, Raleigh, North Carolina, 1972
- Dictionary of International Biography, 1973, Part II, Volume Nine, Cambridge, London, England
- American Men and Women of Science, 12th Edition, The Social and Behavioral Sciences, The J. Cattell Press, Tempe, Arizona
- Leaders in Education, Fifth Edition, The Jacques Cattell Press, Tempe, Arizona

PROFESSIONAL ASSOCIATIONS:

- Phi Delta Kappa, Tuskegee Institute Chapter  
 International Reading Association  
 Southeastern Michigan Reading Association  
 International Association of Applied Psychology, Belgium  
 American Psychological Association  
 Indian Psychological Association

## CURRICULUM VITA

Lauranne Brown Sams

Born in

Social Security Number:

Attended public schools in Indianapolis and graduate from  
Crispus Attucks High School  
Indianapolis, Indiana

### Educational Preparation

- 1951: Graduated with highest academic and clinical rank in the class from Marion County General Hospital School of Nursing, Indianapolis, Indiana
- 1951: B.S. Degree, Butler University, Indianapolis, Indiana
- 1951: Licensed R.N. in Indiana
- 1951-1952: Clinical Course (6 months) in Management and Care of Labor and Delivery. Included:  
Classes with Indiana University Medical Students and Experiences with medical staff at Marion County General Hospital by consent planning and special arrangement between the School and Obstetrical Medical Staff.

### Summary Statement

Post baccalaureate programs designed to relevantly extend nursing knowledge and skills and, thus, ones ability to give needed attention and more comprehensive care to maternity patients was not available in Indiana or surrounding states and there were probably few, if any, such programs, in the country at that time.

Thus, the experience was sought and made available during a one semester period through class participation with staff physicians. Included in the 6 months experience was management of the labor and delivery of normal patients with follow-through of mothers and infants. The experience also included participation in clinical conferences and presentations, Obstetric and Gynecology staff rounds and conferences, and shared care of selected private patients with private physicians.

1958: M.S. in Education, Butler University

- 1957-  
1958: Additional hours of masters level courses in major clinical area of Advanced Maternity Nursing. Post masters work also includes several courses in Public Health, and Psychiatric Nursing. Short Term course in Teaching and Counseling in Maternal-Child Care financed by a Federal Grant in 1962, taken at Rutgers the State University, Newark, New Jersey. (The above nursing courses constituted a masters in nursing major equivalency).
- 1964-  
1966: Attended Indiana University Graduate School summers taking a semesters work each session toward the doctorate degree. During the academic years, 4 semesters of language requirements, (16 credited hours) were taken evenings.
- 1966-  
1968: Full time doctoral study, Indiana University Graduate School
- 1968: Ph. D. Graduate School, Indiana University, Bloomington, Indiana  
Major: Educational Psychology - Special Areas: Human Learning, Human Growth and Development  
Two full Minors in addition to Nursing:  
1. Sociology  
2. Counseling and Guidance

#### Employment Experiences

- 1951: Staff Nurse, Marion County General Hospital
- 1951-  
1952: Charge Nurse: Antepartal-Postpartal Clinics, Marion County General Hospital, Indianapolis, Indiana
- 1952-  
1953: Charge Nurse: Antepartal-Postpartal Clinics and Instructor, Obstetrical and Gynecological Nursing, Marion County General Hospital, Indianapolis, Indiana

#### Summary Statement of Activities 1951-1953

During these years medical students were not yet having regular experiences with patients at Marion County General Hospital; patients were cared for primarily by interns, residents, house and visiting staff. In addition to management of prenatal and post-partal clinics, activities included taking patient histories, drawing blood samples, doing general physical exams prior to being seen by the physician, patient, counseling and teaching, etc. Following the 6 months Labor and Delivery course and experiences (as described above), afternoons were spent in following labor and delivery patients and post-partum care including fitting diaphragms and family planning counseling.

Later, as the only instructor for nursing students, developed content and taught classes, (a physician, Dr. Charles Gillespie, taught some of the classes), and along with clinical unit staff nurses supervised students when they were in the clinical units.

1953-Summer

Camp Nurse, Gallilea Christian Camp, Batavia, Ohio

1955-

1958: Full-time Instructor, Obstetrical Nursing, Marion County General Hospital School of Nursing.

#### Summary Statement of Activities 1955-1958

Developed and implemented first clinical nursing program in Obstetric Nursing; the first time clinical experiences for all students were organized and planned concurrent with classes in related theoretical content. Taught classes and worked with students clinically in all obstetric units. Developed the first faculty and student handbooks for the School of Nursing. Other activities included recruitment, parent sessions, speeches in community settings in the school's interest, class sponsor for students, etc.

1958-

1960: Instructor, Indiana University School of Nursing

#### Summary Statement of Activities 1958-1966

Prior to Accreditation in 1961 involved in development of Educational Philosophy and Objectives, selecting and defining educational purposes developing, organizing and evaluating the curriculum, securing and maintaining resources and facilities for clinical teaching, helping in the establishment of standards and policies as well as participating in related professional activities.

Assisted in writing the School of Nursing Self-Evaluation which was submitted to the National League of Nursing in September 1960 resulting in subsequent school accreditation in 1961.

Taught Maternity Nursing content, guided student clinical experiences and, with another faculty person, developed a new approach to maternity nursing, including written plans and outlines conceptualizing maternity nursing in terms of changes and concomittant needs during each specific trimester and focusing on the total family as central to the child bearing experience.

Compiled and collated materials formulated by total faculty and along with material personally researched, developed and wrote "A Faculty Develops a Theory of Learning." Later worked as Chairman of a subcommittee extracting from the

the material a summary statement of Principles of Learning. The 34 page total document includes 4 pages of specially developed diagrams. This was the document used as the focus for discussion between the Division of Nursing (formerly under the School of Education), and School of Nursing in Indianapolis, during a two day conference; the first joint meeting after the Indiana University Board of Trustees approved the merger of the schools in 1965.

The above material was included in the Indiana University School of Nursing Self-Evaluation Report, February, 1968.

Frequently conducted Maternity Nursing faculty meetings, met with maternity hospital nursing staff, community agencies and resources, etc.

With the Dean of the School of Nursing began first discussions and conferences with Maternity Department at Marion County General Hospital, and St. Francis Hospital exploring the possibility of Indiana University students obtaining experiences in these facilities.

Worked with maternity faculty on curriculum revision and development. Just prior to educational leave, in 1966, held a series of meetings with maternity faculty on evaluation and measurement and began item analysis of examinations with them which resulted in discrimination of items later used to develop Advanced Standing Exams which, until a year ago, were given to R.N. Students who wished to test out of the Maternity Nursing Course.

1966-

1968: Assistant Professor, Indiana University School of Nursing

1968-

1969: Acting Chairman, Maternity Nursing

1969-

1970: Associate Professor, Indiana University School of Nursing and Chairman, Junior Year Curriculum Committee (Originally year chairmanships were administrative appointments made by the Dean). As of September, 1971 these became subcommittees of Undergraduate Council with chairmanship by election.

Research Activities: Guiding graduate and undergraduate students in Research. Research Consultation: Consultation to Special Projects including Systems Approach - Learning Resources Project. Research Consultant for projects at several Schools of Nursing and also for Individual funded projects.

1971-

1974: Professor, Indiana University School of Nursing

Summary Statement of Activities 1968-1972

Taught graduate and undergraduate students in maternity nursing. Planned, developed, implemented and assumed responsibility for community experience which students during the Junior Year while in Maternity Nursing.

Associated with this experience was a two hour weekly seminar, focusing on specific student experiences and designed to help students amplify ideas, enhance conceptual understanding, gain in self understanding and gain insight into a variety of situations which individual and families of various socio-economic, ethnic and cultural groups.

Along with another faculty person, developed the content for the Graduate Courses G553, Advanced Maternity Nursing and G556, Rationale for Nursing Practice and shared in teaching the courses from 1968-1969. Developed content for the Graduate Course, "Teaching in Maternity Nursing," G570 and conducted the seminar in 1969.

Served as Acting Chairman of Maternity Department 1968-1969 while the Acting Chairman was on educational leave.

From 1969-1970 responsible for all maternity undergraduate education activities in curriculum development and revision. Regular weekly and bi-weekly working meetings were held with persons teaching undergraduate courses, in preparation of content material and clinical experiences, developing new teaching methods, improved use of clinical resources, etc., and compilation of significant resource materials and equipment.

Served as Chairman of the Junior Year Curriculum Committee 1969-1971. Engaged in consideration of the junior year curriculum as well as its relationship to the total program.

Recently (1971-1974) revised and taught the Graduate Course G513, Scientific Basis for Maternal Child Health.

Research Committee

Research Activities: Guiding Graduate and undergraduate students; Research Consultation; Consultation to Special Projects including Systems Approach Project - Learning Resources also Research Consultant Projects at Schools of Nursing and Individual funded projects.

Special Areas of Preparation Interest and Participation in Psychology include:

- Human Growth and Development (Especially Infant, Child and Adolescent)
- Human Learning (Especially Theories, Stress and Anxiety, and Motivation)
- Performance and Evaluation
- Counseling Psychology

1974: Present Dean and Professor, Tuskegee Institute School of Nursing.  
Tuskegee Institute, Alabama

Membership in Professional Nursing Organizations:

American Nurses' Association  
Indiana State Nurses' Association  
District #5 Nurses' Association  
Educational Administrators, Consultants, Teachers Section,  
Indiana State Nurses' Association (until 1974)  
National League for Nursing  
Central League for Nursing  
Department of Baccalaureate and Higher Degree Programs,  
National League for Nursing  
Maternal and Child Health Council of National League for Nursing  
International Council of Nursing  
Maternal Child Health Committee of Central League for Nursing  
Indianapolis through 1974

Other Organizational Memberships:

American Public Health Association  
American Red Cross, Indianapolis Chapter  
American Psychological Association

Committee Memberships, Offices and Activities in Professional Organizations  
(Since 1965)

1967--  
1974: Liaison Committee, Indiana State Nurses' Association and Indiana  
Association of Student Nurses.  
1965: Biennial Convention Program Chairman, Indiana State Nurses' Association.  
1969: Biennial Convention Program Committee, Indiana State Nurses'  
Association 1967 - October 1969.  
1968--  
1970: Indiana State Nurses' Association Employee Relations Committee 1968 -  
October 1970

Membership in Professional Nursing Organizations:

American Nurses' Association

Indiana State Nurses' Association

District #5 Nurses' Association

Educational Administrators, Consultants, Teachers Section,  
Indiana State Nurses' Association (until 1974)

National League for Nursing

Central League for Nursing

Department of Baccalaureate and Higher Degree Programs,  
National League for Nursing

Maternal and Child Health Council of National League for Nursing

International Council of Nursing

Maternal Child Health Committee of Central League for Nursing  
Indianapolis through 1974

Other Organizational Memberships:

American Public Health Association

American Red Cross, Indianapolis Chapter

American Psychological Association

Committee Memberships, Offices and Activities in Professional Organizations  
(Since 1965)

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1974: Liaison Committee, Indiana State Nurses' Association and Indiana  
Association of Student Nurses.

1965: Biennial Convention Program Chairman, Indiana State Nurses' Association.

1969: Biennial Convention Program Committee, Indiana State Nurses'  
Association 1967 - October 1969.

1968-

1970: Indiana State Nurses' Association Employee Relations Committee 1968 -  
October 1970

- 1970-  
1971: Committee of Educational, Administrators, Consultants, Teachers Section, Indiana State Nurses' Association
- 1969-  
1973: Sigma Theta Tau, Program Committee
- 1966-  
1969: Indiana State Nurses' Association Board of Directors (Elected)
- 1972-  
1973: Careers Committee of Indiana League for Nursing and Indiana State Nurses' Association
- 1968-  
1970: American Nurses' Association Research and studies committee
- 1970: American Nurses' Association Biennial Convention-Chairman Research Meeting.
- 1970-  
1974: American Nurses' Association Research Commission
- 1969-March  
Advisory Committee, American Nurses' Association Fifth Annual Research Conference, New Orleans, Louisiana
- 1970-April  
Advisory Committee, American Nurses' Association Sixth Annual Research Conference, San Diego, California
- 1971-March  
Advisory Committee, American Nurses' Association Seventh Annual Research Conference, Atlanta, Georgia, March 1971
- 1972-March  
Advisory Committee, American Nurses' Association Eight Annual Research Conference, Albuquerque, New Mexico
- 1971-Present  
President, National Black Nurses' Association
- 1972-  
1974: Vice-President, Indiana Citizens League for Nursing
- 1972-Present  
Appointed to Membership, National Institute for Alcohol and Alcohol Abuse-Special Committee on Alcoholism in the Black Community.

1972-Present

Appointed to Membership, American Nurses' Association Task Force for Affirmative Action Program (re: Minority Nurse Participation in ANA)

1972-

1973: Advisory Committee, Indianapolis Skills Center

1973-Present

American Nurses' Association Ombudsman Committee, Chairperson

1969-

1974: Mayor's Task Force on Individual and Family Counseling  
Indianapolis, Indiana

1969-

1971: Health Consultant, Project Follow-Through, Indianapolis, Indiana

1970-

1974: Committee on Curriculum and Program Development, Metropolitan Manpower Commission, Indianapolis, Indiana

1970-

1974: American Red Cross, Central Nursing Committee, Indianapolis, Indiana

1970-

1974: Instructional Committee of the Nursing Educational Committee, (Chairperson)  
American Red Cross, Indianapolis, Indiana

1969-

1970: Great Lakes Institute on Health and Welfare, Program Committee

1970-

1974: Great Lakes Institute on Health and Welfare Executive Board and Program Committee

1970-

1971: Board of Directors, Opportunities Industrialization Centers, Inc., Indianapolis, Indiana

1973:

Member, Indiana State Board of Nurses' Registration and Nursing Education, Appointment by the Honorable Otis Bowen, Governor of Indiana for 3 year term (resigned from position after decision to leave State of Indiana for new position).

School of Nursing Committees, Offices and Activities

Graduate Education Council - Indiana University

Junior Year Curriculum Committee, Chairperson 1969 - September 1971. Member 1969-1973

Undergraduate Council - 1968-1973

Graduate Education Council Committee on Nurse Specialist Programs, Chairperson 1969-1971

Graduate Education Teaching Committee 1968-1969

Graduate Education Committee on Admissions and Progression 1968-1969

Dean's Committee, Department Chairman 1968-1969

Nursing Service Coordinating Committee 1969-1970

Steering Committee 1969-1972

Research Committee 1971 - 1973

Committee to Improve Climate for Black Students and to Recruit Black Students 1968-1970

Student Academic Counseling, Indiana University School of Nursing (Approximately 10-14 regularly)

Counseling and assistance to black students in school of nursing and prospective students.

Indiana-Purdue University at Indianapolis Committees, Offices and Activities Since 1968

Sesquicentennial Celebration Committee and School of Nursing Sesquicentennial celebration, Chairman and Coordinator

School of Nursing representative to study problems associated with Associate Arts Degree Programs at Indiana-Purdue University at Indianapolis along with Associate Dean, College of Liberal Arts and Directors of the two programs (Chancellor's Appointment). 1971

Indiana-Purdue University at Indianapolis Ad Hoc Committee on Campus Political Activity - Appointed 1970

Indiana-Purdue University Faculty Council Committee on Metropolitan Affairs, October 1970 - Present

Indiana University Committee on Opportunities for Negroes in Medical Education. This resulted in development of one philosophy and objectives, a merging of the Purdue and Indiana University programs, and by decision of Board of Trustees, transfer of the programs under Indiana University School of Nursing in 1972, 1968 - 1969

Vice-Chancellor's Committee to develop a proposal for School of General Studies, 1971

Chancellor's Special Advisory Committee, Parking, 1971

Science Humanities Committee, Indiana-Purdue University, Indianapolis, Indiana, 1971 - 1973

Vice-Chancellor's Exploratory Discussion Meeting on Development of a Public Health Education Program at Indiana University-Purdue at Indianapolis. Member of committee, (appointed following the above initial discussion) to develop a plan for community assessment of the need for a Public Health Education Program, and the type of services desirable, 1972

University Committee to Design Community Education Facility, 1972 - 1973

University Committee for Private Interests in campus planning development, 1972 - 1973

Committee on equalization of salaries - University Affirmative Action Program, 1972-1973

Tuskegee Institute, Offices and Activities 1974

Deans' Council

Educational Council

Educational Policies Committee, undergraduate

Educational Policies Committee, graduate education

School Personnel and Faculty Ranking Committee

Institute Representative to Southern Regional Educational Board

Analytical Studies Group: Institute Systematic Planning and Budgeting Process

Recent Consultation

Federal City College School of Nursing, Washington, D. C.

January - June 1969 (Six visits)

Assisted with development of philosophy, objectives, curriculum pattern, preparation of accreditation report for the newly developing program

Educational standards site visit (observation, evaluation, recommendations)  
Holy Spirit Catholic School, Spring 1969

Community Health Centers and/or Model Cities Project Personnel in  
Indianapolis, Kansas, Atlanta, Boston

Administrative Nursing Staff, Bureau of Public Health Nursing, Indianapolis,  
Indiana

Supervisors and Staff, Prenatal Clinics, Bureau of Public Health Nursing,  
Indianapolis, Indiana

Indiana-Purdue University Nurse Practice Committee

Regenstrief Institute of Medicine and Health staff: Institute Director  
Director of the Nurse Clinician Program and Research Program, Director  
of Family Nurse Practitioner Program, Indiana University

Collateral Reviewer Project Proposal for NIH Division of Nursing,  
HEW 1972-73

Indiana Family Planning Project.

Indianapolis Model Cities Evaluation Team.

Currently Consultant and/or Advisory to:  
Veterans Administration Hospital, Tuskegee, Alabama

National Advisory:

Institute for Services to Education, Washington, D. C.  
Contract from Health Resources

Administration of Public Health Services Grant Contract for a  
Report on Status of Health Sciences in Black Colleges

National Advisory Committee of the Mental Health Research &  
Development Center at Howard University

Indiana University and School of Nursing Consultation  
Public Health Nursing Faculty  
Faculty Systems Approach Teaching Project  
Graduate Students, Clinical Studies and Thesis Committee  
Senior Nursing Students Research Projects.

Selected Examples of Presentations, Papers, or Major Participation in  
Conferences, Workshops, and/or Meetings in Recent Past

Symposium on Higher Education, Washington, D. C. 1969

Mid-West Conference on "Citizen Planning" Chicago Ramada Inn, June 1969

Selected as one of 75 persons to Participate in First National Family  
Planning Conference for Educators, Carolina Population Center,  
Chapel Hill, N.C., April 1969

Resource Person, Occupational Workshop "Exploring Careers in the  
Medical Professions" sponsored by Governor's Committee on  
Human Right, Kokomo, Indiana 1969

Panelist, "Elements of a Nursing Care Plan" Indiana University  
Campus-wide Inservice Education Workshop

Symposia or Seminars

Conducted and/or participated in conducting several workshops and  
conferences, Indiana University 1963-1966 and 1969-1973 on:

Interviewing and Counseling High Risk Families

Emergency Delivery

Human Sexuality

Sex Education

Cultural Variations in Relations to Various Aspects of  
Childbearing, and Child Rearing Practices

Sepaker, Indiana University Nursing Faculty Conference  
"Learning Theory and Its Relationship to Curriculum"  
March 1969

Invited Workshop Participant for Family Planning Nursing Workshops  
for the year 1973, Contraceptive Counseling and Communication  
on topic "Contraceptive Attitudes and Practices"

Four (4) workshops during year for nursing staff from urban and  
rural clinics over the state. Two (2) workshops for out-reach  
workers. Workshops were three (3) days in length.

Presentations on "Variations in Cultural Attitudes Toward Pregnancy  
Child Health and Child Rearing for Indiana Leadership Training  
Program in 1969, 1970, 1971, and 1972

Presentation to students in Graduate School of Social Service, Indiana University, in the area of Sexuality, Pregnancy, and Family Planning 1971, 1972

Other Topics for Which Have Participated

Speeches Given 1973-1974:

Indiana Federation Licensed Practical Nurses State Convention, May 1973

National Black Nurses Association First National Institute and Conference, October 1973

New York BNA, Inc., November, 1973 Annual Conference

Greater St. Louis BNA First Educational Conference, April 1974

Akron, Ohio BNA Installation Luncheon, April 1974

Human Sexuality and Fertility, Indiana Association of Federated Womens, November 1974

Tuskegee Institute School of Nursing Capping Ceremony, March 1974

American Nurses Association Biennial Convention Program

Two Sessions, San Francisco, June 1974:

"Affirmative Action In Action"

"Research Priorities"

NOTE: Attendance at educational, professional, and scientific meetings are too numerous to be included in this resume'.

Honoraries

Sigma Theta Tau, National Honorary for Nurses

Phi Lambda Theta, Professional Honorary for Women

Listed in 1970 Roster of Technical Assistants:

National Health Services and Research, Center for Health Services  
Research and Development, U.S. Department of Health, Education and Welfare.

Publications:

"The Relationship Between Anxiety, Stress, and Performance of Nursing Students," unpublished dissertation, 1968.

"Nursing Is On The Move," The Indiana Nurse, March, 1968

"Issues, Answers, Action," A Reactor Presentation at the 40th Great Lakes Institute Theme: Social Programming - One Small Step in the 60's .....One Giant Step in the 70's in, Proceedings of the Great Lakes Institute, University of Wisconsin Extension, Department of Social Work, 1971.

"Citizens and Community Inputs in Community Planning," A Platform Speech at the 41st Great Lakes Institute: Theme: How Can We Influence Tomorrow - An Exposition of the Process of Effecting Change Through Various Models, Mechanisms and Systems of Planning in Proceedings of the Great Lakes Institute, July 11-16, 1971. University of Wisconsin Extension, Department of Social Work, 1972.

"Identifying and Solving Common Educational Problems with Media - A Departmental View," Media 70's National Conference on Multi-Media in the Health Sciences Proceedings, Educational Communications Foundation, Inc., Fairfax, Virginia, 1971.

#### Studies and Research:

##### A Survey Questionnaire:

With two other faculty developed questionnaire, at the request of the Bureau of Public Health Nursing, to determine needs of staff for improvement of their knowledge and skills. Questionnaire was completed, pre-tested and pre-coded, Spring 1970 and administered June 1970. Results made available to the Bureau of Public Health Nursing and the report written for publication.

#### Studies Currently in Proposal Stage:

Relationship between selected personality factors and variations in the performance of student nurses in relation to specific clinical practice experiences during three years in the nursing program.

Significance of Socio-Economic Status and Family Stability and the relationship to health attitudes and practices (proposed population, a stratified random sample of low socio-economic rural residents and a sample of middle level socio-economic residents).

Relationship between economic development, educational assessibility level and fertility.

A series of small patient group clinical studies involving anxiety as related to health status and health care - an interdisciplinary endeavor.

In consultation with Mr. Joseph J. Brehm, Editor-in-Chief McGraw Hill Company in regard to becoming major editor for a multi-authored and contributed resources book in the area of Maternal-Infant Health.

Project Proposal was written and sent to Washington on March 6, 1972, Health Manpower, Division of Nursing, Department of Health, Education and Welfare, Minority and Disadvantaged in Nursing - regional project for Indiana. A similar proposal preparation is in process for Tuskegee and surrounding counties in Alabama.

Developed a proposal for support to students enrolled in Indiana University School of Nursing who were experiencing problems because of prior academic deficits.

REVISED: DECEMBER 1974 - (See Page 16)

Update 1974 - Present

Member, Advisory Committee, National Center for Minority Mental Health Research, Howard University, January 1975.

Invitation to attend a "Tuesday at the White House," March 25, 1975, to discuss Health Care with Special Emphasis on Community Health with federal leaders including: Secretary Casper Weinberger, HEW; Dr. Ted Cooper, Acting Assistant Secretary of HEW, and other representatives of government.

Appointed to membership on National Task Force for Project Analysis and Planning for Improved Distribution of Nursing Personnel and Services. INTERSTATE COMMISSION ON HIGHER EDUCATION funded under a grant from U.S. Department of HEW, PHS, Health Resources Administration, Bureau of Health Resources Development, Division of Nursing.

Member, Program Committee for 1975-1976 National League for Nursing, Department of Baccalaureate and Higher Degree Programs.

One of thirty (30) persons who received invitation from the federal government to attend a conference in Reston, Virginia, November 2-4, 1975, sponsored by the Office of Health Resources Opportunity, a DHEW unit to consider the question--Blacks and Health in America: How Do We Get What We Need?

Reviewer for F. A. Davis Book Company, July 1975.

Beginning Spring 1976 - Interim Workshop - March 29-30, 1976

Consultant, Albany State College, School of Nursing, Albany, Georgia School year 1975-1976.

10/10/75

## RESUME

GHARTEY-TAGOE, ABENAA F.

Statistician Research Associate  
 Division of Behavioral  
 Science Research  
 Tuskegee Institute, Alabama 36088

SS//:

EDUCATION

Master of Arts (Measurement and Evaluation;  
 Department of Educational Theory):  
 University of Toronto, Ontario, Canada 1973

(Applied Mathematics):  
 University of Waterloo, Ontario, Canada 1970

Bachelor of Science (Mathematics;  
 Minors: Physics and Chemistry):  
 University of Toronto, Ontario, Canada 1969

PROFESSIONAL EXPERIENCE

1974 - Present Statistician Research Associate  
 Division of Behavioral Science Research  
 Tuskegee Institute

October 1977 - Statistician Research Associate/  
 September 1978 Assistant to Acting Director  
 Division of Behavioral Science Research  
 Tuskegee Institute

1973 - 1974 Statistician Research Assistant  
 Division of Behavioral Science Research  
 Tuskegee Institute

1970 - 1972 Graduate Research Assistant  
 University of Toronto  
 Ontario, Canada

## Duties included:

--preparing and grading student teachers  
 weekly assignments in Measurement and  
 Evaluation;

--library research in various areas of  
 Measurement and Evaluation;

---Computer programming (FORTRAN)

- analysis and report on responses to the "Course Evaluation" questionnaires for all courses in the Department of Measurement and Evaluation;
- analysis of data collected for the evaluation of an educational program for primary schools. Data were gathered from students, faculty and parents.

### Administrative Experience

As the Assistant to the Acting Director, I was responsible for the day-to-day operations of the Division of Behavioral Science Research. My duties included the implementation of the development of proposals, monitoring and supervising ongoing research projects and program planning for all major program activities of the Division.

### Computer Programming, Data Analysis and Training

- increasing the computer capability through the development, acquisition and maintenance of computer software programs (BASIC) for data input, cleaning, access, reduction and management;
- using the Statistical Package for the Social Sciences (SPSS) for data analysis; training in the use of MULTIVARIANCE and MULTIQVAL computer packages for analyzing qualitative and quantitative data.
- developing computer programs for monitoring budgets for research projects and maintaining the Division's mailing lists;
- providing computerized literature searches through ORBIT (a computer system of data bases provided by Systems Development Corporation, Santa Monica, California) on a wide range of subjects. Data Bases accessed thus far include ERIC, PSYCHABS, AGRICOLA, BIOSIS and SBIF;
- establishing training programs for students and researchers in the utilization of the computer facilities.

### Research and Evaluation Methodology

- providing assistance to principal investigators and students with regard to research and evaluation design and methodology, and the development of data gathering tools--questionnaires, interview schedules, observation tools, etc.

### Training

- training and supervision of interviewers and coders--monitoring interview schedules for completeness and accuracy.

Professional Development

- 1974 Consultation with the Georgia Dissemination Information Center, University of Georgia, Athens, to study their computer-based retrieval system.
- 1975 Consultation with the computer personnel at the Computer Center and the School of Business, The University of Chicago, to review their catalogue of computer software.
- 1976 Participation in seminars on the use of SPSS and ERIC (bibliographic searching) on the Auburn University IBM computer system.
- 1977 Participation in a training session for new users of the SDC ORBIT system.
- 1977 The annual meeting of the Psychometric Society at Chapel Hill, North Carolina.
- 1978 Participation in a training session for advanced users of the SDC ORBIT system.

Committees

- 1976-1977 Member, Self-Study Committee on "Faculty Standards"
- 1976-1977 Member, Self-Study Committee for Carver Research Foundation
- 1977-1978 Member, Tuskegee Institute National Historic Site Advisory Committee
- 1977-1978 Member, Advisory Committee for the USAID 211-d Grant
- 1977-1978 Member, Search Committee for Director, Carver Research Foundation

AWARDS

- 1968 University College Alumni Scholastic Award, University of Toronto
- 1971-72 Graduate Studies Award, University of Toronto

PROFESSIONAL SOCIETIES

- Member, American Educational Research Association
- Member, Evaluation Network
- Member, National Council on Measurement in Education

MANUSCRIPTS

- 1978 "Evaluation in Community Education: A State-of-the-Arts," (A review of the literature prepared by a team of researchers from the Division of Behavioral Science Research and the Human Resources Development Center, for the project: "Development and Testing of Methodologies and Instruments for Evaluating Community Education Programs").
- 1974 "Community Analysis for the Primary Health Care Project: A Field of Bullock, Macon and Russell Counties, Alabama," ( mimeographed )

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MANUSCRIPTS (continued)

- 1974 "Evaluation of the Freshman Studies Program at Tuskegee Institute, 1973-74," Dali G. Duker and A. F. Chartley-Tagoe. (Mimeographed)
- "Oblique Transformations Based on Ledermann's Condition," Rodérick P. McDonald and A. F. Chartley-Tagoe (unpublished paper presented at the Annual Meeting of the Psychometric Society, The University of Chicago, March 1973).
- "An Investigation into Ledermann Structures in the Oblique Factor Model," (unpublished M.A. thesis, University of Toronto, Ontario, Canada, 1973).

Two final research reports are now in the process of being completed for printing and distribution:

- "Patterns of Individual and Organizational Adaptation: The Impact of Blacks in Predominantly White Institutions."
- "The School of Veterinary Medicine as a Sociocultural System: A Pilot Study."

Professional Development (1979-1980)

- 1979 The 37th Annual Professional Agriculture Workers' Conference
- 1980 Conference on the The Role of U.S. Universities in International Rural and Agricultural Development
- 1980 Participation in the National Institute of Health's Regional Grantsmanship Development Workshop
- 1980 Participation in the training session in the use of the Older American Resources and Services (OARS) Multidimensional Functional Assessment Questionnaire
- 1980 Professional Development Training Workshop on "Multivariate Analysis of Quantitative and Qualitative Data", University of Chicago, Chicago, Illinois, September 2-6, 1980

WALL, Paul L.

Telephones: (205) 727-8575 - office

SSN: [REDACTED]

Date and Place of Birth:

[REDACTED]  
Citizenship: Afro-American  
Marital Status: Single  
Military Service:  
Japan - 1950-1952Education

Bachelor of Arts - Morehouse College, 1948  
Master of Social Work (psychiatric) - Saint Louis University, 1954  
Doctor of Philosophy (Educational Psychology), The University of Chicago, 1972  
Latin American Studies - Academia Hispano Americana, San Miguel, Guanajuato, Mexico, Latin American History and Culture, Summer 1963

EmploymentAdministrative Experiences

1974-present Associate Director, Carver Research Foundation and Director, Division of Behavioral Science Research - Tuskegee Institute

1963-1974 Coordinator, Psychological Studies - Tuskegee Institute

1965 (summer) Director, NDEA Institute on Disadvantaged - Tuskegee Institute

1960-1963 Program Director, Camp Reinberg Association, Palatine, Illinois

1958-1960 Assistant Director, Community Services, Chicago Housing Authority, Chicago, Illinois

1955-1958 Supervisor (Social Work), Institute for Juvenile Research, Chicago, Illinois

Teaching Experiences

1973 Professor (Psychological Studies), School of Education - Tuskegee Institute

1967-1973 Associate Professor (Psychological Studies), School of Education - Tuskegee Institute

1963-1967 Assistant Professor (Psychological Studies), School of Education - Tuskegee Institute

Research

"Values, Power and the Exchange of Resources: The Study of a Small Social System." The University of Chicago, 1970. (Mimeographed)

This research was conducted in a small, co-educational, interracial summer camp during the summer of 1969. Participant observation was the primary methodology employed.

"The Social Organization of Adults in an Elementary School." Ph.D. Dissertation, The University of Chicago, 1972.

This research was conducted in an inner city black elementary school in Chicago, Illinois, during the academic year 1970-1971.

"Patterns of Individual and Organizational Adaptation: The Impact of Minority Groups in Predominantly White Institutions." A research project sponsored by the Organizational Effectiveness Branch, Office of Naval Research, Arlington, Virginia, 1974-75 and 1975-76.

This research was done in two phases: (1) conducted at two institutions of higher education--Tulane University (Louisiana) and Berea College (Kentucky); (2) conducted at the U. S. Naval Base, Mayport, Florida and tested exploratory findings from phase one. Both projects used survey and participant observation methods.

"Development and Testing of Methodologies and Instruments for Evaluating Community Education Programs" (in progress).

This research project is supported by the U. S. Agency for International Development. It has a training component to include 15-20 practitioners from selected less developed countries who will come to Tuskegee Institute for study.

"The Study of the School of Veterinary Medicine As a Sociocultural System: The Impact of Whites in a Predominantly Black Institution--Tuskegee Institute" (in progress).

This is a pilot study spanning one academic year to identify forces related to selected career choices.

Honors and Awards

Alumni Merit Award, Saint Louis University, October 1975

Staff Associate, The University of Chicago, 1966-68

H. H. Powers Faculty Travel-Study Grant to Mexico. Focus: Folk Cultures, August 1973

Professional Memberships

Fellow, American Anthropological Association

Member, American Educational Research Association

Selected Professional Activities

- 1975 Participant - Annual Meeting, Society for Applied Anthropology, Amsterdam, Holland
- 1971 Participant - NBC Education Exchange Series, WMAQ-TV, Chicago, Illinois
- 1971 Participant - The Bramwood Conference on "Psychology and the Process of Schooling," Washington University, St. Louis, Missouri  
 Consultant - American Camping Association Central Regions Convention, "Securing, Training and Working with Inter-group Staff," Cleveland, Ohio
- 1969 Consultant - Community Action Program, Chambers-Tallapoosa Head Start Program, Dadeville, Alabama  
 Consultant - Project Head Start, Teacher Training Program, Tuskegee Institute  
 Consultant - University of North Carolina School of Social Work, Community Action Training Unit
- 1967 Consultant - The American Dietetic Association Workshop, "Strengthening Educational Skills of Dietitians and Nutritionists in Dietary Counseling of Patients"

Selected Campus Community Services

- 1976- Member, Self-Study Steering Committee (a requirement of Tuskegee Institute by our regional rating agency, The Southern Association of Colleges and Schools.
- 1974 Chairman, Committee on Mission - School of Education  
 Chairman, Early Childhood Education Review Committee - School of Education.
- 1974- Member, Committee to Review Research Proposals under U. S. Department of Agriculture Grants.
- 1973- Chairman, Student Financial Aid Committee.
- 1972- Member, Central Committee (Faculty rank and tenure).
- 1970 Member, Research Policy Committee.
- 1969-70 Member, Graduate Comprehensive Examination Committee - School of Education.

Foreign Travel

Japan, Mexico, Canada, The Netherlands, Spain, England, Caribbean Countries.

**APPENDIX 8**

**YEAR II WORK PLAN**

**GOAL:** To develop and expand Tuskegee Institute's response capability and capacity to provide assistance to LDC's in Africa in the area of Integrated Rural Community Development as Related to Health

**I. ORGANIZATION**

**GOAL:**

To establish institutional mechanism whereby Tuskegee Institute can increase competence and expand capabilities to assist less developed African countries to plan and implement public health programs in their specific priority areas.

PURPOSE	SCOPE OF WORK	TASK PRODUCTS
<p>1. Maintain Institutional strengthening process by working through an interested, supportive Advisory Committee</p>	<ul style="list-style-type: none"> <li>- Select from Advisory Committee delegation for travel to African LDC's</li> <li>- Involve Advisory Committee in project development and process</li> </ul>	<ul style="list-style-type: none"> <li>- Tuskegee Institute administrative mechanism maintained</li> </ul>
<p>2. Continue development of Project Office</p>	<ul style="list-style-type: none"> <li>- Information storage and retrieval process</li> <li>- Acquire necessary equipment and support materials</li> <li>- Expand office space to maximize staff productivity</li> </ul>	<ul style="list-style-type: none"> <li>- Project Office better able to respond to project demands</li> </ul>
<p>3. Identify, maintain, and circulate information about Tuskegee Institute program personnel with interest and experience in International Development as related to Health</p>	<ul style="list-style-type: none"> <li>- Campus survey with bio data information of those faculty/staff with interest and experience in project-related areas</li> <li>- Compile information on other Tuskegee Institute programs relevant to project</li> <li>- Continue to determine project staffing requirements</li> <li>- Develop concise presentation of 122(d) program (Eng/French) as a base for attracting/gaining interest of Tuskegee Institute faculty and LDC's</li> <li>- Identify language capability of Tuskegee Institute personnel and students</li> </ul>	<ul style="list-style-type: none"> <li>- Faculty/Staff Data File</li> <li>- 122(d) Brochure Produced</li> <li>- Tuskegee Institute Programs Survey</li> <li>- Tuskegee Institute Translator/Language File</li> <li>- Tuskegee Institute International Brochure</li> </ul>

I. ORGANIZATION  
(con't)

PURPOSE	SCOPE OF WORK	TASK PRODUCTS
<p>4. Maintain and augment data bank holdings through Tuskegee Institute 122(d) Health Information Center Library</p>	<ul style="list-style-type: none"> <li>- Continue acquisition of relevant literature on project interest specific basis</li> <li>- Establish common reference file between 122(d) Health Information Center Library and B.S.R Socio-Cultural holdings</li> </ul>	<ul style="list-style-type: none"> <li>- Increased relevant health/socio-cultural data available</li> <li>- Available International Health Resource Library resource maintained</li> <li>- Updated bibliography</li> </ul>
<p>5. Establish liaison/communication with African LDC's</p>	<ul style="list-style-type: none"> <li>- Obtain necessary mission clearances</li> <li>- Research country programs</li> <li>- Select trip personnel</li> <li>- Plan itinerary</li> <li>- Follow up travel with correspondence, capability and purpose information for countries whose needs are consistent with Tuskegee Institute mission and resources</li> </ul>	<ul style="list-style-type: none"> <li>- Preliminary capability needs exchanged between Tuskegee Institute and African LDC's</li> <li>- Trip reports</li> <li>- Planning seminars</li> </ul>
<p>6. Maintain linkages with other 122(d) institutions</p>	<ul style="list-style-type: none"> <li>- Attend consortium meetings</li> <li>- Exchange information about project activities</li> </ul>	<ul style="list-style-type: none"> <li>- Coordination of total 122(d) efforts</li> <li>- Shared experience base</li> </ul>
<p>7. Coordinate available information among 122(d) Faculty/Staff</p>	<ul style="list-style-type: none"> <li>- Structure information/data dissemination process</li> </ul>	<ul style="list-style-type: none"> <li>- Flow of pertinent information to 122(d) faculty/Staff</li> </ul>
<p>8. Evaluate impact of 122(d) and provide needed reporting</p>	<ul style="list-style-type: none"> <li>- Conduct policy analysis to determine institutional constraints and opportunities to fulfill 122(d) goals and objectives</li> </ul>	<ul style="list-style-type: none"> <li>- 2nd Year Evaluation</li> <li>- 2nd Year Annual Report</li> </ul>

**I. EDUCATION AND TRAINING**

**GOALS:**

To expand Tuskegee Institute's experience base and its curriculum offerings in the organization and implementation of Integrated Rural Community Development as Related to Health

To re-alert and re-orient the Institute's experienced and substantial rural development faculty and staff to the crucial role of functional preventive and remedial health services in rural community development

To sensitize and expose traditional Health Science faculty and students to broader issues necessary for successful IRCD-H

**PURPOSE**

**SCOPE OF WORK**

**TASK PRODUCTS**

PURPOSE	SCOPE OF WORK	TASK PRODUCTS
<p><b>1. Curriculum Development</b></p> <p>A. Strengthening of Tuskegee Institute course offerings relevant to International Integrated Rural Community Development as Related to Health</p>	<ul style="list-style-type: none"> <li>- Working through Academic Deans, identify courses and faculty in the Schools of Nursing, Vet. Medicine, Division of Allied Health, Department of Home Economics, Business, and Sociology with interest in International Development</li> <li>- Conduct planning sessions with view toward incorporating theoretical and practical IRCD-H concepts into course offerings</li> <li>- Begin review and development of new course offerings</li> </ul>	<ul style="list-style-type: none"> <li>- Curriculum review and course development mechanism established</li> <li>- Existing Tuskegee Institute course offerings strengthened</li> <li>- Beginning development of new Tuskegee Institute course offerings for introduction</li> </ul>
<p>B. Provide project-related work activities for Tuskegee Institute students to help train future International Health Personnel</p>	<ul style="list-style-type: none"> <li>- Establish graduate student selection committee</li> <li>- Identify/select graduate students</li> </ul>	<ul style="list-style-type: none"> <li>- Graduate and undergraduate students with International Health Project work experience</li> </ul>
<p><b>2. Faculty/Staff Development</b></p> <p>A. Establish linkages with African institutions engaged in Integrated Rural Community Development as Related to Health</p>	<ul style="list-style-type: none"> <li>- Identify with selected African countries those institutions engaged in IRCD-H activities</li> <li>- Identify key contact personnel</li> <li>- Determine areas of collaborative interests</li> <li>- Develop pragmatic research program</li> </ul>	<ul style="list-style-type: none"> <li>- Communication with African institutions initiated</li> <li>- Faculty exchange</li> <li>- Collaborative research program developed</li> </ul>

**II. EDUCATION AND TRAINING (con't)**

PURPOSE	SCOPE OF WORK	TASK PRODUCTS
<p><b>B. Promote Tuskegee Institute discussion around project-related topics</b></p>	<ul style="list-style-type: none"> <li>- Identify possible seminar topics</li> <li>- Coordinate speaker/participant efforts</li> <li>- Schedule and publicize intra-Institute seminar and lecture series</li> </ul>	<ul style="list-style-type: none"> <li>- Seminar series summary</li> <li>- Lecture series seminar</li> </ul>
<p><b>C. Increase Faculty/Staff ability to work in Africa through language training</b></p>	<ul style="list-style-type: none"> <li>- Develop and coordinate language training exercises compatible with project and faculty requirements; specifically French and/or other useful African language</li> </ul>	<ul style="list-style-type: none"> <li>- Faculty/Staff trained in French or other relevant language</li> </ul>
<p><b>D. Support Faculty/Staff participation in professional meetings</b></p>	<ul style="list-style-type: none"> <li>- Identify groups and organizations pertinent to 122(d) activity</li> <li>- Place project on mailing list of domestic and international organizations</li> <li>- Select areas of interest based on project requirements</li> </ul>	<ul style="list-style-type: none"> <li>- Papers presented at professional meeting;</li> <li>- Meeting reports</li> </ul>
<p><b>E. Provide project related Faculty/Staff supplemental training</b></p>	<ul style="list-style-type: none"> <li>- From capability assessment identify additional training needs</li> <li>- Explore training possibilities</li> <li>- Identify Faculty/Staff targeted</li> </ul>	<ul style="list-style-type: none"> <li>- Increased Faculty/Staff capability</li> <li>- Training Reports</li> </ul>
<p><b>F. Employ additional project personnel as indicated</b></p>	<ul style="list-style-type: none"> <li>- Support course development and delivery release time faculty mechanism</li> </ul>	<ul style="list-style-type: none"> <li>- Sufficient staffing to achieve project goals and objectives</li> </ul>

**RESEARCH CAPABILITY**

**GOAL**

To increase Tuskegee Institute's research capability to respond to pragmatic questions and issues of pressing concern to African LDC's consistent with developed capabilities

Areas of IRCD-H including:

- Nutrition
- Epidemiology
- Beh. Science
- Health Education
- Env. Health
- Endemic Disease
- Manpower Training
- Community Education
- Community Development
- Public Health Nursing
- Human & Anim. Ecology

**PURPOSE**

**SCOPE OF WORK**

**TASK PRODUCTS**

<p>1. Development of IRCD-H systems approach to Health Data Analysis</p>	<ul style="list-style-type: none"> <li>- Identify parameters of farm ecosystem Health problems</li> <li>- Design Base Line Data Study using quantitative and descriptive methods</li> <li>- Collect/Analyze Data</li> <li>- Identify/Prioritize factors important to health problems</li> <li>- Design appropriate intervention model</li> </ul>	<ul style="list-style-type: none"> <li>- Working model of IRCD-H systems approach to Health Data Analysis</li> <li>- Field tested methodology for implementing a base line study overseas (Research Manual)</li> <li>- Health Intervention Model</li> </ul>
<p>2. Determine with selected African LDC's existing health needs relative to project capability</p>	<ul style="list-style-type: none"> <li>- Cataloguing of identified African LDC's existing projects</li> <li>- Identification of LDC counterparts</li> </ul>	<ul style="list-style-type: none"> <li>- On-site survey of existing programs conducted</li> <li>- LDC Needs Assessed</li> <li>- On-site Survey Report</li> </ul>
<p>3. Determine with selected African LDC's research topics</p>	<p>In collaboration with LDC's</p> <ul style="list-style-type: none"> <li>- Literature review of specific areas of needs assessments</li> <li>- Design and Instrument Testing</li> <li>- Pilot Testing</li> <li>- Field Testing</li> </ul>	<ul style="list-style-type: none"> <li>- Base Line Study Design</li> <li>- State of the Arts/ Concept Papers</li> <li>- On-site data collection</li> <li>- Data analysis</li> <li>- Base Line Study Report</li> </ul>
<p>4. Provide for Project data analysis capability</p>	<ul style="list-style-type: none"> <li>- Assess potential data analysis needs in relation to current capability</li> <li>- Conduct user/equipment analysis</li> <li>- Establish benchmarks determining computer soft and hardware requirements</li> <li>- Acquire system</li> </ul>	<ul style="list-style-type: none"> <li>- Analytic and data processing capability in place</li> </ul>

PURPOSE

SCOPE OF WORK

TASK PRODUCTS

V. SERVICE CAPABILITY

GOAL:

To increase Tuskegee Institute response capability to a limited number of technical assistance opportunities surfaced either as a result of integrated on-site activities or through routine Africa Bureau T.A. requests

<p>1. Provide USAID and other countries with short term overseas project personnel</p>	<ul style="list-style-type: none"> <li>- Circulate 122(d) Brochure to USAID Africa Bureau personnel</li> <li>- Meet with Host Country, USAID/D.C. and Mission staffs to explore short term contract possibilities</li> <li>- Establish agreements including scope of work for short term T.A.</li> </ul>	<ul style="list-style-type: none"> <li>- Technical Assistance Consultants available</li> </ul>
<p>2. Enhance communication about International Integrated Rural Community Development as Related to Health and the vital role played by women</p>	<ul style="list-style-type: none"> <li>- Co-sponsor workshop to establish consideration of 122(d) interests RE: Maximize role of family with specific interest in women and their area impact toward realizing improved health</li> <li>- Assist with conference preparation, actualization and proceedings</li> </ul>	<ul style="list-style-type: none"> <li>- Support Project related activities for Tuskegee Institute Centennial Conference on Women in Development</li> <li>- Published proceedings from 122(d) sponsored workshops</li> </ul>
<p>3. Provide USAID and other contractors with short term Tuskegee Institute training Programs in project related areas</p>	<ul style="list-style-type: none"> <li>- Assess Tuskegee Institute short term training capability</li> <li>- Identify target population</li> <li>- Develop syllabi and materials</li> </ul>	<ul style="list-style-type: none"> <li>- Short term training programs available</li> </ul>
<p>4. Establish proposal development mechanism and capability</p>	<ul style="list-style-type: none"> <li>- Assess current proposal development mechanism</li> <li>- Identify policy/information requirements</li> </ul>	<ul style="list-style-type: none"> <li>- Efficient proposal development potential established</li> </ul>