



**ANGUILLA PROGRESSIVE ASSOCIATION OF NEW YORK, Inc**  
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The Anguilla Progressive Association of New York, Inc (APANY) is a 501 c (3) not for profit organization, currently active in developing educational, social, economic, and medical service initiatives in Anguilla and the Caribbean. APANY is determined to continue a modality among persons of diverse cultures, so as to foster an inclusive invitation in the United States and abroad.

We have gathered an assembly among an active group of skilled operatives to continue our determined commitment. Our goal is to be in compliance with human needs and the laws governing NGO's in the United States.

As an immigrant organization APANY served a population that is talented, growing , and yet at the same time experienced in many major ills that afflict other immigrant communities in New York such as, marked health disparities including hypertension, diabetes, and cardiovascular diseases. At the same time in the fourteen years since its founding, we have been creative in meeting the outreach of our community such as; developing linkages with other community base organizations.

Our goal and objectives are to conduct activities which are charitable, educational and cultural; to promote the good will and general welfare of its members; provide assistance to persons in need; provide activities for the elderly and youth, such as; scholarship awards mentor-ship/mentors to assist and encourage students and youth; as well as to sponsor and support programs in cultural, and visual arts.

As you can well imagine the down turn in the economy has had a major impact on immigrant communities such as ours and has greatly impacted our social service delivery

to the population we serve as well as our fund raising activities. Our primary fund raising event is the Annual Dinner and Awards Dance, when we celebrate "Anguilla Day". In the past we have honored Anguillians in New York metropolitan area, as well as those living in Anguilla for their continued contributions to their respective communities or institutions.

We continue to experience significant increase in demand for our services at the same time as our resources dwindle at an unprecedented rate. It is in this context that APANY is requesting funding...to support this program that makes a meaningful difference in the lives and general welfare of our youth and elderly. A contribution ...will allow us to provide consistently the needs of this growing population. Specifically we seek funding to provide building space to improve the recreational needs of our families, youth, and elderly population.

Let me thank you for your kind consideration for this request and we attach a budget with the appropriate breakdown for your attention and favorable deliberation

Sincerely,

Carlson Connor, President

**Project Title: REQUEST FOR FUNDS TO BUILD AND OPERATE A COMMUNITY CENTER IN ANGUILLA**

Amount: US\$5 Million

Starting Date for Construction: Groundbreaking ceremony August 8, 2010

Completion Date: December 31, 2013

Location: South Hill, Anguilla, B.W.I.

Name of Organization: **The Anguilla Progressive Association of New York Inc (APANY).**

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## I. PROJECT SUMMARY

The ultimate goal of this project is to reduce morbidity and mortality of the residents of Anguilla by focusing on prevention and health education. Specific health problems of islanders are:

- (1) HIV-AIDS among sexually active youth (34 documented cases);
- (2) High incidence of Type II Diabetes (14% of the population);
- (3) Cardiovascular Disease;
- (4) Cancers of the breast, colon and prostate;
- (5) Alcoholism;
- (6) Mental Health.

The total expenditure for health care in Anguilla per capita was less than \$200 in 2000 but it has low infant mortality rate (3.54 deaths per 1,000 live births in 2008), an important indicator of the health of a nation and the quality of its healthcare system.

The initial objective of the project is to determine the feasibility of reversing Type II diabetes with the full cooperation of health officials in Anguilla. To this end, APANY intends to use \$30,000 of its operating capital to provide free meals consisting of raw food to 100 type II diabetics for a period of thirty days. Its purpose is to demonstrate that this disease can be reversed through changes in lifestyle.

If type II diabetes can be reversed in Anguilla through changes in lifestyle, this program will lay a solid foundation for reversing coronary artery disease and preventing certain cancers through diet and early detection.

With the cooperation of its partners, APANY also proposes a rigorous educational program to halt the spread of HIV/AIDS in Anguilla by promoting abstinence, the use of condoms and gels, and more testing.

Alcoholism is another major social, economic, and public health problem in Anguilla that will be addressed through an anticipated partnership with AA. Alzheimer's disease in the elderly will be addressed in efforts to mitigate its symptoms through social interaction and stimulation of the brain with music, dancing and drama classes.

Childcare programs for infants, toddlers, two-year olds, three-four olds, and those in pre-kindergarten and kindergarten will be developed in a modern child care center in the Community Center.

The Anguilla Progressive Association of New York Inc. (APANY) provides assistance for the educational, medical, social, economic, and cultural needs of Anguillians. It seeks \$5 million to establish a construction and operations fund to develop a Community Recreation Center on 4 acres of land donated by the Government of Anguilla in the Valley for the young and elderly. Its goal is to have this center built and operating by the end of 2013.

## II. INTRODUCTION

### History

The Anguilla Progressive Association of New York (APANY) is a not for profit 501(c)(3) corporation, which was organized by a group of concerned Anguillians and friends of Anguilla in 1996. To accomplish its goals and objectives delineated below, APANY engages in various funding and fund raising activities. Its primary fund raising event is its Annual Dinner and Awards Dance, when it celebrates "Anguilla Day" and presents awards.

APANY has honored Anguillians in the New York metropolitan area, as well as those living in Anguilla for their continued outstanding contributions to their respective communities or institutions, which they have served with distinction. The awardees gave freely their time for the general welfare of Anguillians.

APANY Inc. strives to carry on the philanthropic ideas of the previous Organizations, such as The Anguilla Progressive Society of New York that was started here in New York in 1923; and the Sons and Daughters of Anguilla of New Jersey. Membership in the Association is open to any person who shares a common interest in promoting the goals and objectives of the Association. It also works with several organizations in Anguilla to accept contributions in North America.

### Mission Statement

The mission of APANY is to provide assistance for the educational, social, economic and cultural needs of Anguillians at home and abroad.

### Goals and Objectives

- . To conduct activities which are charitable, educational and cultural.
- . To unite all people who are interested in the island of Anguilla.
- . To promote the goodwill and general welfare of its members
- . To provide assistance to persons in need.
- . To provide activities for the elderly and youth
- . To provide scholarship awards
- . To provide mentors to assist and encourage students who receive scholarships.
- . To sponsor and support programs of cultural, and visual arts.

### III. TECHNICAL OBJECTIVES

The ultimate goal of this project is to reduce morbidity and mortality of the residents of Anguilla by focusing on prevention and health education. The tactical approach to achieving this goal is simple: Diet and exercise.

The statistics on mortality are included here in Table 1 to serve as baseline so that performance variables can be measured annually.

Table 1. Relevant Statistical Data for Baseline

<b>Parameter</b>	<b>Number</b>	<b>Population</b>	<b>Year</b>
Death Rate	4.39	1,000	2008
Infant Mortality Rate	3.54	1,000 live births	2008
Life Expectancy at Birth	80.53		

The specific technical objectives of the program are to:

- (1) assist health officials in Anguilla establish an educational campaign for the prevention and treatment of hypertension, diabetes, and kidney diseases;
- (2) support Anguilla Diabetic Association (ADA) in setting up diabetic screening and education stations throughout the island; and
- (3) initiate a campaign to prevent the spread of HIV-Aids among sexually active youth.
- (4) promote good health and prevent disease;
- (5) improve access to health services;
- (6) assess changing community needs for health services; and
- (7) provide health services with efficiency to improve the health and well being of all seniors living in Anguilla with cooperation of the healthcare system on the island.
- (8) develop specific programs to address Alzheimer's disease prior to the construction of the building.

In order to achieve these objectives, the research plan will answer the following questions:

### IV. IDENTIFICATION AND SIGNIFICANCE OF THE PROBLEM

#### A. The Problem

A random walk with conversation from village to village in Anguilla indicates the clear need for a community center and transportation to a central location where the general welfare and wellness of the islanders can be addressed. While the total expenditure for health care in the United States per capita was \$6,714 in 2006, that for Anguilla in 2000 was below \$200. With respect to infant mortality, an important indicator of the health of

a nation and the quality of its healthcare system, 6.71 infants died for every 1,000 live births in the U.S. It is indeed interesting that the infant mortality rate in Anguilla with a population of 14,108 was 3.54 deaths per 1,000 live births.

Specific health problems of islanders are:

- HIV-AIDS among sexually active youth (34 documented cases)
- High incidence of Type II Diabetes (14% of the population)
- Cardiovascular Disease
- Cancer
- Alcoholism

The proposed community center addresses these health problems in comprehensive fashion through science, education, diet and exercise on an island with clean air and water. Performance goals will be measured by monitoring the reduction in the morbidity and mortality annually from baseline values, shown above..

Since Type II diabetes and cardiovascular disease can be reversed through changes in lifestyle, APANY and its partners intend to develop strong evidence to demonstrate this to health officials and resident Anguillians in comprehensive fashion. If this goal is attained after five years, the implications for global health will be profound and the probability of increased funding for this center and others in the Caribbean will be high. And because of the size of the population - 14,108 - with a population density of 141 per square kilometer, it is anticipated that if the diabetes of one member of the ACC is reversed after thirty days, the message will be readily transmitted throughout the island from village to village. This will serve as the catalyst for changing the lifestyle on the entire island. In addition, this proposal assumes support and participation of Anguillians living in Anguilla and in the United States, United Kingdom and Canada.

#### B. Historical Relevance of the Need

As our random walker approaches the Tender Loving Care Nursing Home in the Valley, he or she might be fortunate to meet the oldest Anguillian.

When Victoria Charles was an infant, there were no cases of Type II diabetes and no refined sugar or high fructose corn syrup. At puberty, the boys treated her and other girls with respect and dignity; they courted and eventually seduced without the use of condoms. And yet, the prevalence rate for syphilis was significantly lower than that currently for HIV/AIDS .

Hitler invaded Poland when Victoria was 35 and there was rationing of flour and other imported provisions. She, along with the entire population, continued to eat fish and grow their crops. As beef, pork and chicken became scarce, Anguillians ate more tropical fruits and vegetables, casava bread and other Caribbean foods, while drinking herbal teas prepared using indigenous bush.

But in the evening, men drank rum sold by Gussie the Baker on Roaches Hill and other owners of liquor stores throughout the island.

Miracles do happen.

Victoria and the other women of the Revolution of course knew of Uncle Jerry and his brother Uncle John. The women were in the forefront of the many demonstrations, playing key roles during the 1967 - 1969.

Women like Alben Lake Hodge and Doreen Duncan..

Uncle Jerry went to Washington, DC and to the United Nations. And as historian Petty observed "he had used his American connections to get financial support for the Revolution which partly explains why he made some twenty trips to the U.S. back then. However, I am of the view that his appearance before the United Nations Committee of 24 on our behalf was the hallmark of his outstanding contribution to Anguilla, politically."

A visionary leader, Uncle Jerry donated land and financed the construction of a small community center in South Valley. But behind every great soul, there is a demon, he had his demons just like every descendent of Gussie the Baker.

It was Christmas Eve of 1977, when Captain Lloyd, one of Gussie's grandchildren, encountered engine problems on his flight from St. Kitts to St. Marteen. Desperately he tried to save lives by trying to land the small plane. He was not quite 30 years old.

When Victoria was 73, another grandson was visiting with Teacher Iris and Miss Marjorie when he heard the loudest scream across the street. He was asked to go and comfort the widow and her daughter. They had received a telephone call stating that Clayton and his nine passengers were killed in the fire. It was one of the worst nights in the history of this small island with a population of less than 10,000 at the time. Victoria was at her home in Blowing Point, but no one celebrated Christmas because the bodies were still in Simpson Bay.

Death is no stranger to Anguilla. Uncle Jerry passed away peacefully on Thursday 8th April 2004 to join his beloved brother Uncle John who passed one year earlier from pancreatic cancer. He was 91 and his brother was 95. Older brothers of this remarkable family include Uncle Hilton who died of complications from tertiary syphilis at 74, Philip who lived with bone cancer until he was 97, Clarence, the oldest who was caught in the Cuban Revolution and died there; George the Holy Man and Mary who both passed on in 1977. Clayton's parents died soon after his funeral of broken hearts.

But what is death? And can it be postponed? Victoria may be on to something.

APANY appreciates the many contributions of Hugo Rey Sr.

But the Grandson has a unique perspective of death and believes strongly that through lifestyle, Anguillians living on the island can extend their lifespan. He is convinced that with science and adequate resources the mortality and morbidity can be significantly

reduced. This thesis is driven by the fact that his heart had stopped following a bout of chronic bronchitis and Dr. MacDonald had told Uncle John and Teacher in 1940 that "we have lost him."

But Anguilla did not lose the grandson and he is still around after he was resuscitated and warmed by Sister Tarvi who lived to be 106. Yes, miracles do happen.

Or is it the beginning of another revolution?

Is it a miracle if science can use stem cells to save life? Can the aging process be halted and reversed if human beings took better care of their bodies? We smoke and drink and engage in self-destructive behavior. But did you know that the leaf of the papaya tree is effective in curing the incurable dengue fever? Fellow Anguillians and Anguillian-Americans, help is on the way. Yes, it is.

At 58, Victoria was probably unaware of the link between smoking and lung cancer and other chronic diseases. Sixteen years later, the scourge of HIV/AIDS emerged out of Africa and reached Anguilla in 1988, infecting 34 today among sexually active youth.

Today, Victoria's Secret to longevity is: "Eat plenty of fish and ground provisions." She knows nothing about antioxidants, but does she or did she know that only fish is naturally rich in Vitamin D?

There is in this remarkable 104-year old lady a spirit that reminds each Anguillian of our mother, grandmothers and great-grandmothers, depending on our date of birth. This is the spirit that cries out loud and clear for a community center or centers on that beautiful isle we all love and know as Anguilla.

### C. Background

## V. CONSTRUCTION OF BUILDING

This part of the proposal awaits pending floor plans, estimated costs of construction and equipment that are important to potential donors, for obvious reasons. With approximately 50% of the requested funds, APANY plans to erect a two story structure in South Hill on land to be provided by the Government of Anguilla.

APANY has requested cost estimates and more detailed drawings from two civil engineering firms and it plans to select the optimal bid after careful deliberation and analysis. The cost estimates and final floor plans prepared by the successful bidder will be included in this proposal.

A. Objectives and Goals

The primary objective is to build a community center where the mission of APANY as stated in its mission statement can be achieved. The ultimate goal is to reduce morbidity and mortality while improving the quality of life for the young and elderly. What follows is a brief and preliminary description of selected areas of the preliminary floor plans.

B. Floor Plans

First Floor

	Original Area (ft <sup>2</sup> )	Recommended Area (ft <sup>2</sup> )
1. Ball Room - Multipurpose Room for 250 - 300 persons	4,500	
2. Receptionist Area	200	
3. Senior Citizen Area for 25	750	6,400
4. Auditorium for 300 persons	4,500	
5. Reading Room with PCs for 5 - 10 persons	200	
6. Offices for staff meetings	600	
7. Massage Room with lockers and closets	300	
8. Two male and Two female bathrooms	500	
9. Childcare Center for 15	500	1,600
TOTAL PROGRAM AREA REQUIRED	13,300	

Second Floor

10. Conference Room	600	
11. Various Offices for Rental	400	
12. Two male and two female bathrooms	200	
TOTAL PROGRAM AREA REQUIRED	1,200	

AREA FOR CIRCULATION AND BUILDING SUPPORT                      ?????

Basement

13. Three ping-pong tables	300
14. Three billiard tables	300
15. Dominos / chess / cards room	400
16. Roller skating area	4,000
17. Cistern	400
18. Swimming Pool	
19. Four bath rooms and three urinals	500
20. Steam room	100

TOTAL PROGRAM AREA REQUIRED 6,000

TOTAL PROGRAM AREA 20,500 square feet

Ground Floor

Area (ft<sup>2</sup>)

1. Reception area with computer, scanning device and webcams	400
2. Indoor Basketball court	5,400
In addition to basketball, this space can be used for other recreational purposes, such as skating, hockey, indoor soccer, and a larger play area for children, and parties.	
3. Male Locker Area	200
4. Washing area with 3 basins	100
5. Three male urinals	100
6. Two male toilets	100
7. Two male showers	100
8. Female Locker Area	200
9. Washing area with 3 basins	100
10. Three female toilets	300

11. Two female showers	100
12. Kitchen (For preparing healthy foods)	1,600
13. Cafeteria (For serving healthy foods)	2,000
14. Baby Sitting (Play Room) with Otically transparent door and side with one male/female restroom attached in the back of the room. This room will contain an attendant's desk, chair, TV set, assorted toys and stuffed animals, et cetera.	1,600
15. Senior Area	6,400
<u>Second Floor</u>	
16. Offices	240
17. Genealogy room This relatively small area will contain a PComputer with genealogy software (password protected for residents to record their family medical history and ancestry, while their grandparents are still alive.	240
18. Recreation Room for general public: dominos, cards, chess, table tennis, billiards, reading area.	1000

## VI. COST ESTIMATES FOR CONSTRUCTION AND COMMITMENTS

APANY has a commitment from Leroi Richardson, an electrician and electrical engineer to perform all wiring in the proposed center at no cost to APANY, except for that of the labor for two workers. APANY will solicit similar commitments from other contractors and suppliers on island. In addition, there are most likely among the Anguillian diaspora others, who may want to contribute their professional services to this vast project.

The Chief Minister has indicated that import duties on any goods for the center will be waived.

## VII. COST ESTIMATES FOR EQUIPMENT

## VIII. OPERATIONS

### Overview

We plan to use half of the funds raised to create an endowment fund for operating the center following construction and equipping. Cost estimates will be developed later by a cost accountant. Line items will include labor and labor overhead, van for transportation, supplies, general and administrative expense, fundraising, liability insurance, et cetera.

#### A. MANAGEMENT/OWNERSHIP

APANY intends to form a separate corporation to own and operate the center. This entity as presently envisaged will be licensed to operate in Anguilla with the name: Anguilla Community Center, Inc. It will be owned by the permanent residents (voting population) of Anguilla and it will appoint officers, who will perform all management functions of the Center. The advantage of this is that resident Anguillians can become more intimately in the planning, construction and operation of the community center.

#### B. STAFFING

The CEO will be responsible for hiring a staff to operate the Center. Because of his passion and love for Anguilla, it is strongly recommended that this position be offered immediately to Carlson Connor-Lloyd, a true visionary behind this program, in the opinion of Gumbs. Because of financial constraints, it is also suggested that the CEO also serve as General Manager at an annual salary of US\$100,000. Other staff members include the following:

- Cook
- Waiter/Waitress
- Janitor
- Receptionist
- Volunteers
- Geriatric Nurse or Attendant
- Pediatric Nurse or Attendant

#### C. RESPONSIBILITIES/FUNCTIONS

##### C. POTENTIAL PARTNERS

- The Government of Anguilla
- Health
- Anguillian Diabetic Association
- Registered Dietician
- Bakeries
- JC and other Recreational Centers
- Anguilla Chamber of Commerce and Industries

#### D. CONSULTANTS/VOLUNTEERS

Dr. Louden  
Dr, Gumbs

## WORK PLAN

The work plan is organized into many tasks that will be carried out in iterative and comprehensive fashion as outlined in the technical objectives section of this proposal. The chronic diseases that will be addressed over the next five years are:

- A. Type II Diabetes
- B. Cardiovascular Diseases
- C. Cancer
- D. Sexually Transmitted Diseases
- E. HIV/AIDS
- F. Alzheimers Disease
- G. Alcoholism
- H. Mental Health

### Task 1. TYPE II DIABETES

#### Background and Rationale

It is important to repeat that 14% of the population suffers from this chronic disease. In light of this, the technical approach first involves convincing medical personnel in Anguilla that a diet of raw food and smoked fish can reverse Type II diabetes.

<http://www.youtube.com/watch?v=ZZe-igIE4dI>

<http://www.rawfoodhowto.com/video-reversing-diabetes-naturally.cfm>

<http://myspacetv.com/index.cfm?fuseaction=vids.individual&videoid=23009299>

<http://www.thailand-detox.com/raw-food-video-reviews/raw-food-videos-arnolds-way-raw-food-and-adhd-141.html>

[http://www.metacafe.com/watch/1341018/natural\\_cures\\_for\\_diabetes/](http://www.metacafe.com/watch/1341018/natural_cures_for_diabetes/)

[http://www.videos.es/reproductor/arnoldsway-rawfoodanddiabetes-\(a6aA87v73W8](http://www.videos.es/reproductor/arnoldsway-rawfoodanddiabetes-(a6aA87v73W8)

Literature references on the raw food diet are shown elsewhere,  
[www.anguillacommunitycenter.com](http://www.anguillacommunitycenter.com).

The support and guidance of the healthcare providers on island is necessary to convince potential donors that this goal can be achieved with education, adherence to the diet and exercise, and the support of the families of Anguillians with Type II diabetes.

#### Process Objectives

The primary objective of the center is to start an educational campaign with the ultimate goal of reversing Type II Diabetes and cardiovascular disease on the island. It is the firm opinion of the writer and others that these diseases can be reversed with a raw food diet or with gastric bypass surgery.

#### Outcome Objectives

It is anticipated that initially those residents who adhere to strict diet and exercise will show dramatic improvements, which will convince others to adopt this diet. It is estimated that for \$30,000 the center can provide meals for 100 diabetics for thirty days, with profound results, if these individuals stick to this diet.

#### Impact Objectives

The most significant and relevant feature of this application is that if you can reverse Type II diabetes in Anguilla, you can potentially reduce it anywhere on this globe. This is the dream and it might just be the reality if Anguillians believed in their ability to make it happen. Anguillians were always as smart as other West Indians. Here is the opportunity to demonstrate this not only to the other islands in the Caribbean, but beyond and for a long time to come. So let the demonstrations begin and just think of the profound and global implications if Anguillians are successful in achieving this goal on an island with clean air and water, and plenty of raw food and fish.

## E. CARDIOVASCULAR DISEASE

### Background and Rationale

The proposed model is that developed and used successfully by Dr. Dean Ornish (<http://www.webmd.com/dean-ornish-md.>) Essentially, the Ornish diet (<http://www.webmd.com/diet/ornish-diet-what-it-is>) entails consuming 10% of calories as fat. Information on this program is available at: <http://www.pmri.org/>

Hypertension is a major problem affecting the adult population. It can be addressed with diet and exercise. It is a silent killer of older Anguillians and it can be unhealthy even if it stays only slightly above the normal level of less than 120/80 mmHg. The more their blood pressures increase above normal, the greater the health risk. For some unknown reason, it afflicts black Anguillians more than other ethnic groups. There is strong evidence that blood pressures were reduced with an eating plan that is low in saturated fat, cholesterol, and total fat and that emphasizes fruits, vegetables, and fat-free or low-fat milk and milk products. This eating plan—known as the DASH (Dietary Approaches to Stop Hypertension) eating plan—also includes whole grain products, fish, poultry, and nuts. It is low in lean red meat, sweets, added sugars, and sugar-containing beverages compared to the typical American diet. It is rich in potassium, magnesium, and calcium, as well as protein and fiber.

### Daily Nutrient Goals Used in the DASH Studies (for a 2,100 Calorie Eating Plan)

- Total fat: 27% of calories
- Saturated fat: 6% of calories
- Protein: 18% of calories
- Carbohydrate: 55% of calories
- Cholesterol: 150 mg
- Sodium: 2,300 mg\*
- Potassium: 4,700 mg
- Calcium: 1,250 mg
- Magnesium: 500 mg
- Fiber: 30 g

### Goals and Objectives

The ultimate objective is reduce morbidity and mortality from cardiovascular events on the island. The immediate objective is improve the quality of life by lowering the average blood pressure of adults in efforts to prevent and reverse heart disease. Since this disease is the most prevalent cause of death, its reversal and prevention will have a profound impact on the island.

## F. CANCER

### Background and Rationale

For some reasons, black Anguillians and African Americans have a higher incidence of three cancers that will be addressed in this program: breast, prostate and colon. The cause of this disparity is unknown, but there are programs that can narrow the gap and in some cases prevent these cancers. These are detailed in brochures published by the American Cancer Society.

The goals and objectives are to reduce the incidence of these and other cancers through changes in lifestyle combined with early detection. The program assumes the full cooperation of the healthcare providers and the desire of Anguillians to improve their quality of life.

The following examples of video presentations will be helpful in educating the healthcare providers and their patients:

<http://video.msn.com/video.aspx?mkt=en-US&vid=dcaa5dc9-4126-4b62-95a9-f5240624d617>

<http://video.msn.com/video.aspx?mkt=en-US&brand=msnbc&vid=10674ecf-f44b-48e3-8919-b96c08b4ac2f>

<http://www.mayoclinic.com/health/breast-cancer/BR99999>

<http://www.mayoclinic.com/health/breast-lump/WO00031>

## G. HIV/AIDS

### Background and Rationale

Blood investigations from the laboratory at the hospital revealed a total of 8 positive HIV cases between 1997 and 2000, one being a blood donor. Four cases were males and four females, and all were in the 20-60 year age group. There were no deaths from AIDS during the period.

Other sexually transmitted infections indicate the extent of safe sexual practices: Between 1997 and 2000, there were 19 cases of syphilis. Blood investigations in the same period showed 2 blood donors positive for syphilis and 14 for hepatitis B, one of them in a blood donor.

Currently, there are 34 documented cases (0.24% of the population) of HIV/AIDS in Anguilla. This is equivalent to 720,000 cases in the U.S.

Educational programs and counseling about HIV/AIDS in schools and work sites are required to encourage abstinence, the use of condoms and gels, and more testing.

Recent reports on this disease have been published in the Anguillian News, indicating the existence of programs to combat and reduce the spread of HIV. This includes the informative weekly column by Dr. Brett Hodges, who will be approached as one of the partners for the community center and the feature address given by Dr. Bonnie Richardson-Lake, Permanent Secretary of Health, prior to Anguilla's Race against Aids.

A comprehensive review of HIV/AIDS is available at: <http://www.aids.gov>

### Process Objectives

The objective is halt the spread of HIV by education, counselling in schools and work sites in efforts to encourage abstinence, the use of condoms and gels, combined with more testing of sexually active youth. A model protocol on prevention is given in the CDC HIV/AIDS Fact Sheet entitled HIV/AIDS among African Americans.

### Outcome Objectives

Because HIV/AIDS is a preventable disease, we anticipate that its spread can be halted with the proposed educational programs detailed in the CDC Fact Sheet.

### Impact Objectives

HIV/AIDS is a serious problem on Anguilla where children become sexually active at a very young age. If this population can realize that this disease is a preventable disease, the number of documented cases will remain at the present level and resources can be used to treat and counsel those already infected. .

## H. ALCOHOLISM

### Background and Rationale

Alcoholism is a major social, economic, and public health problem in Anguilla. In fact, the incidence of alcohol intake and related problems is rising. Data indicate that about 15% of people in Anguilla are problem drinkers, and about 5% to 10% of male drinkers and 3% to 5% of female drinkers could be diagnosed as alcohol dependent.

Support groups are available to help people who are dealing with alcoholism. Alcoholics Anonymous is a self-help group of recovering alcoholics that offers emotional support and a model of abstinence for people recovering from alcohol dependence. There is local chapter in Anguilla.

Men who have 15 or more drinks a week, women who have 12 or more drinks a week, or anyone who has 5 or more drinks per occasion at least once a week are all at risk for developing alcoholism. (One drink is defined as a 12-ounce bottle of beer, a 5-ounce glass of wine, or a 1 1/2-ounce shot of liquor).

Those who are dependent need to stop drinking alcohol (abstinence). Those who are problem drinkers may be successful with moderation. Because many people refuse to believe that their drinking is out of control, trying moderation can often be an effective way to deal with the problem. If it succeeds, the problem is solved. If not, the person is usually ready to try abstinence.

Three general steps are involved in treatment once the disorder has been diagnosed: intervention; detoxification; and rehabilitation.

### Process Objectives

APANY intends to seek a partnership with AA in Anguilla. Further, and since no alcohol will be served at the center it will extend cordial invitations to anyone with a drinking problem to participate in the many recreational programs that will be available to all Anguillians. The goal is to reduce the incidence of alcoholism on the island.

### Outcome Objectives

Achieving the primary goal will have a profound effect on health and reduction of the number of DWI accidents, including fatalities.

### Impact Objectives

The cause of alcoholism historically was boredom and alienation. If APANY provides more recreational activities for all age groups in the proposed community center, the quality of Anguillians will start to improve starting 2011 and beyond. But we need to start with the childcare programs in order to prevent this disease and other drug addictions. The ultimate goal is to reduce the possible complications, including the

following:

- Brain degeneration
- Cancers of the larynx, esophagus, liver, and colon
- [Cirrhosis of the liver](#)
- Delirium tremens (DTs)
- [Depression](#)
- [Esophageal bleeding](#)
- [Heart muscle damage](#)
- High blood pressure
- [Insomnia](#)
- Liver disease (alcoholic hepatitis)
- Nausea, vomiting
- [Nerve damage](#)
- [Pancreatitis](#)
- Poor nutrition because vitamins aren't absorbed properly
- Erectile dysfunction
- Severe memory loss
- Stopping of the period (menstruation) in women
- [Suicide](#)
- [Wernicke-Korsakoff syndrome](#)

## I. NUTRITION AND DIET

There are foods that can heal and prevent chronic diseases. Fresh food contains many nutrients, vitamins and minerals, that are essential to optimal health as the nutritional secrets from around the world will attest.

### NUTRITION SECRETS FROM AROUND THE WORLD

#### Anguilla

Anguilla's oldest citizen, 104-year old Victoria Charles' recipe for longevity is no secret. "Eat plenty fish and ground provisions."

[http://ods.od.nih.gov/factsheets/VitaminD\\_pf.asp](http://ods.od.nih.gov/factsheets/VitaminD_pf.asp)

#### India

The disease-fighting actions of turmeric come from a compound called curcumin. Research suggests that curcumin has powerful anti-inflammatory, anti-tumor, and antioxidant properties that may be protective against several types of cancers, heart disease, [multiple sclerosis](#), [arthritis](#), [Alzheimer's disease](#) and [ulcerative colitis](#).

### Ireland

Cabbage has special compounds that detoxify cancer cells and interfere with the formation of cancerous substances. Cabbage's cousins—the cruciferous vegetables broccoli, Brussels sprouts, cauliflower and turnips—are also effective disease fighters. Studies show that cruciferous vegetables may be protective against [ischemic stroke](#), lung, [breast](#), gastrointestinal and pancreatic cancer, cognitive decline and [diabetes](#).

### Okinawa

People on the Japanese island of Okinawa live the longest, healthiest lives of any single group on earth. In fact Okinawa has the highest prevalence of centenarians (people older than 100) in the world. Research shows that even their arteries stay young—and their diet is one of the biggest contributing factors.

They eat a type of healthy East-West fusion diet that includes fish, green and yellow vegetables, legumes (esp. tofu), small amounts of lean meats (pork), sweet potatoes and utilizes spices such as ginger and garlic.”

Sweet potatoes are just one reason Okinawans have such young, healthy cardiovascular systems. They are loaded with heart-healthy antioxidants, carotenoids, vitamins E and B-6, copper and fiber. Various teas and immune-boosting tonics made from turmeric, mugwort, and other herbs provide potent antioxidant and anti-inflammatory protection.

### Middle East

Lentils are an important part of the Mideast's food culture because they are versatile, hearty and wield a nutrient-packing punch. Lentils and other legumes are rich in proteins, fiber, B vitamins, iron, potassium, and magnesium. Clinical research tells us that bean-eating people weigh less than non-bean eaters and are at a decreased risk for heart disease and [cancer](#). Legumes also help boost the immune system by nourishing the healthy bacteria in the gastrointestinal tract.

Nuts and Seeds are clearly important ingredients in any healthy diet, except the Ornish diet.

#### Nuts

Almonds - Almonds are particularly nutritious; 100g contain 16.9g protein, 4.2mg iron, 250mg calcium, 20mg vitamin E, 3.1mg zinc and 0.92mg vitamin B2.

Brazils - Brazils are high in fat, which causes them to go rancid very quickly, and protein. 100g of Brazils contain 12g protein, 61g fat, 2.8mg iron, 180mg calcium, 4.2mg zinc, and a significant amount of selenium, an important mineral in preventing prostate cancer.

Cashews - High in protein and carbohydrate, 100g cashews contain 17.2g protein, 60 micrograms vitamin A, 3.8mg iron.

Chestnuts - These are high in starch, but low in protein and fat, 100g chestnuts contain 36.6g carbohydrate, only 2g protein (the lowest of all nuts) and 2.7g fat.

Coconuts - Valuable oil is extracted from the nut meat and used for cooking (although it is very high in saturated fat), margarines, soaps and detergents. 100g fresh coconut contains 3.2g protein and 36g fat, desiccated contains 5.6g protein and 62g fat.

Hazels - Used in sweet and savory dishes, they are available whole, ground and flaked, or made into oil and nut butter. 100g hazel nuts contain 7.6g protein, and they are lower in fat than most other nuts.

Macadamia Nuts - Somewhat expensive, they have a delicious creamy flavor and crunchy texture. Low in carbohydrate, but quite high in fat, 100g Macadamia nuts contain 7g protein and 40mg calcium.

Peanuts - Whole peanuts can be eaten raw or roasted or made into peanut butter. 100g peanuts contain 24.3g protein, 2mg iron and 3mg zinc.

Pecans - 100g pecans contain 9.2g protein, a very high fat content of 71.2g, 130 micrograms vitamin A (also very high), 2.4mg iron and 73mg calcium.

Pine Nuts - They become rancid very easily and should be stored in the fridge or freezer. 100g pine nuts contain 14g protein.

Pistachios - 100g pistachios contain 19.3g protein, 14mg iron, 140mg calcium.

Walnuts - High in fat, they go rancid very quickly and should be stored in the fridge or freezer. 100g walnuts contain 10.6g protein and 2.4mg iron.

## Seeds

Pumpkin - Pumpkin seeds can be eaten raw or cooked in either sweet or savory dishes. Delicious toasted and sprinkled, while hot, with Soy sauce and served on salads. They are rich in protein, iron, zinc, and phosphorous. 100g pumpkin seeds contain 29g protein, 11.2mg iron and 1144mg phosphorous.

Sesame - A good source of protein and calcium, 100g sesame seeds contain 26.4g protein, 12.6mg vitamin B3, 7.8mg iron, 131mg calcium and 10.3mg zinc.

Sunflower - 100g sunflower seeds also contain 24g protein, 7.1mg iron, and 120mg calcium.

## J. CHILDCARE

### Background and rationale

Children (0-4 years): There were 8 deaths among children under 1 year from 1997 to 2000, four of them due to conditions originating in the perinatal period.

Schoolchildren (5-9 years): During 1997-2000 there were no deaths in this age group. The school health service provides physical examinations, and dental, hearing, and vision screening for children 5-9 years of age. Worm infestation was reported in four children in 1997 and five in 2000.

Adolescents (10-14 and 15-19 years): During 1997-2000, females under 19 years of age accounted for 12% of all births. Family planning services are available to adolescents and a family life education program, including peer counseling and skills training at the schools.

Age structure (2008): 0-14 years: 24.8% (male 1,795/female 1,706)

15-64 years: 67.6% (male 4,569/female 4,970)

65 years and older: 7.6% (male 510/female 558)

### Program Design

#### Childcare Programs

INFANTS - Age-appropriate activities promote cognitive and social development in a warm, nurturing environment.

The goal is a safe, secure “home away from home” where each child can learn, play and grow. APANY envisions a nurturing, creative world for infants to help their minds and bodies develop.

At this stage in their life, infants are unique and have their own patterns for play, feeding and sleeping. These patterns can serve as a guide to introduce daily activities that will prepare the infant for life. APANY and its Anguillian partners will provide highly trained staff who can offer a nurturing and creative environment for infants to develop their bodies and minds. It is committed to making this first transition away from home easy and natural for both parent and child.

The ultimate goal is to provide the foundation that can develop the children of today into the leaders of tomorrow.

Attractive features of this program are:

- Building of self-esteem through nurturing personal care
- Interaction with groups to spark curiosity and socialization
- Focus on cognitive and motor skills through playtime and activities

- Development through age-appropriate materials and toys
- Regular communication between teachers and parents to keep them informed about their child's day

TODDLERS - As envisaged, this program will offer a balance of nurturing, playtime, and learning throughout the day.

This program is for babies when they take to their feet. They walk, they talk, and they begin to develop relationships with each other. These toddlers have so many things that they want to see and do, and an attendant will be there to guide them every step of the way.

Toddlers learn through sensory experiences that enhance their cognitive, language, motor and social skills. They turn ideas into words and phrases to better express themselves, and practice the value of sharing and cooperating through group play. Children at this stage start to develop friendships and gain confidence as they use their words and thoughts to interact with others. It is important for children to express themselves creatively and, through the proposed program; the center will encourage all children to develop their unique skills and interests.

The objectives and goals are summarized below:

- Daily whole group instruction promotes social skill development
- Balance of nurturing, playtime and learning throughout the day
- Monthly thematic units that provide a variety of daily activities and experiences
- Development of confidence, self-esteem and a love of learning
- Learning areas focused on dramatic play, creative arts, language and sensory exploration
- Regular communication between teachers and parents to keep them informed about the child's day

Preschool (2 years) - Learning environments that keep two year olds' fingers busy and their mind engaged and happy.

As presently designed, this program aims to permit the child to discover something new each day under the caring eyes of an attendant. Children at this age are curious about the world around them. They are busy exploring their environment and learning to communicate their thoughts. While they begin to exert their independence, they are also gaining a better understanding of group play. It will emphasize the development of the whole child, by focusing on both education fundamentals and social skills. The attendant will keep small hands busy and young minds engaged through activities designed specifically for this age group.

The ultimate goal is for the child to build skills and confidence through games, songs, movement and art, as the attendant provide an outlet for creative expression. By

encouraging child-directed play, the center will ensure that the child develops at his or her own pace. Sharing, cooperating and taking turns teaches the child the importance of being a team player.

An important aspect of this program is the utilization of DVD's of Sesame Street and other educational programs that the children can view in the playroom.

Program Features:

- Daily small-group instruction which promotes skill development
- The perfect balance of nurturing, learning and playtime
- An environment focused on the development of the whole child
- A variety of activities that support learning concepts for this age group
- Encouragement and support that lead to confidence, self-esteem and a love of learning
- Regular communication between teachers and parents.

Preschool (3-4 years) - Our daily activities will develop the child's academic skills while the child enhances his or her social skills.

At this critical stage of their life, a preschooler's world opens up in new ways as children improve coordination, learn complex games, and begin to interact more with others. They learn by doing, and at the proposed center, each preschooler will strengthen his or her cognitive skills with plenty of hands-on activities.

The curriculum when fully developed will be organized into theme-based units that address complex topics that encourage children to develop their skills and confidence. Each unit incorporates language, math, science, creative arts, music, motor skills and social development. An important part of this program relies heavily on The Leap Pad tools.

Main features of this program are:

- Observation-based assessments that demonstrate progress
- Thematic units that encourage curiosity, self-direction and confidence
- Math and science skills heightened through hands-on experiences
- Portfolios to collect the child's work and capture their unique creative expression
- Small group instruction
- Half-day program also available-availability varies by center
- Regular communication between teachers and parents

Pre-kindergarten - A curriculum designed to prepare the child for the next exciting phase—kindergarten!

Prekindergarten is a critical time for children as they begin the adventure of a lifetime of learning. Every day the child is learning and doing more.

#### Program Features

- Twice-daily small group instruction in math and literacy
- Preparation for kindergarten and future success in school
- Whole-group activities to develop social skills
- Development of a stronger vocabulary through letters and words
- Further independent, creative learning through hands-on experiences
- Half-day program also available-availability varies by center
- Daily communication between teachers and parents to keep the parent informed about the child's day

Kindergarten - A skill-based program designed to prepare children for the first grade and for success in school.

At the proposed center, children will be in a safe environment they know and love, which makes learning more effective and fun.

Activities will be tailored to meet the child's individual needs, and the attendant will provide opportunities to explore, question, communicate and create in a fun and supportive environment.

#### Program Features

- Individual attention in a small class setting
- All-day instruction with before- and after-school care provided
- Educational field trips and school presentations that enhance the curriculum
- Curriculum aligned with that of local elementary schools to make transition smooth and natural
- Regular communication between the center and parents to keep them informed about their child's day

Before and After School Programs – There is a need for a unique before- and after-school learning experience to keep the school-ager motivated and focused in a fun and stimulating environment, even after school ends.

APANY intends to develop innovative before- and after-school program to meet the growing educational needs of Anguillian children. The goal is to enable them to spend time with friends and enjoy activities that are relevant to school-age interests. To make it easy for the parent's schedule, the center will provide transportation to and from neighborhood schools. This program as presently envisaged will align with school

calendars to provide a fun-filled (and educational!) offering during holidays, teacher in-service days and other school breaks.

Salient features of the program include the following:

- Homework support in the Homework Center
- Fitness activities to keep the child active and healthy
- Builds leadership and communication skills through Classroom Council
- A comfortable environment where the child will learn to build confidence, self esteem, character and social skills
- Daily communication between attendant and parents to keep the parents informed about the child's day

#### Summer Programs

Enjoy the convenience, safety, and familiarity

Where learning is the adventure

We know the best kind of learning happens when children are having too much fun to notice. We want to keep the child engaged with an all-day, all-fun program.

#### Summer program features

- Variety of special programs and activities in a camp-like atmosphere
- Flexible program options so you can plan around family vacations
- Familiar setting combined with the familiar faces of friends and staff creates a comfortable environment for the child
- Exciting field trips
- Safe and trusted environment

Operating Hours:      Monday to Friday 9 AM – 8 PM  
                                 Saturdays, Sundays and Holidays 9 AM – 12 NOON

## K. SENIOR CARE

### Objectives

With respect to the elderly, APANY's mission is to promote good health and prevent disease, improve access to health services, assess changing community needs for health services, and provide health services with efficiency to improve the health and well being of all seniors living in Anguilla with cooperation of healthcare system on the island. Specific programs for addressing Alzheimer's disease will be developed prior to the construction of the building.

As presently envisioned, the Senior Center in ACC will be barrier free and handicap accessible. There will be a large multipurpose room, computer area, and a comfortable lounge area for socializing. A geriatric attendant will be present during all hours of operation.

Daily transportation between the Center and homes of residents, including the two nursing homes will be provided.

### Background and Rationale

The recipe of Anguilla's oldest and perhaps wisest citizen, 106-year old Victoria Charles, for longevity is: "Eat plenty fish and ground provisions." She is a resident of the Tender Loving Care Nursing Home in the Valley, one of two nursing homes on the island. The other nursing home on the island, the Miriam Gumbs Senior Care Center with 16 geriatric beds, also provides institutional care.

The elderly (60 years and older) constitute around 18 % of the total population. Most of them live at home with the extended family, but a growing number live alone. Health care providers make periodic home visits for routine monitoring and medical care. The estimated number of housebound elderly on the island is 93 (34 males and 59 females).

Operating Hours:      Monday to Friday 9 AM – 8 PM  
   Saturdays, Sundays and Holidays 9 AM – 12 NOON

### Alzheimer's Disease

Recent research findings indicate that the symptoms of this disease can be mitigated by dancing, music, and drama classes in a social setting. APANY intends to monitor this research and its implementation in the U.S. and to develop protocols with the collaboration of the healthcare system in Anguilla. This dreaded disease has a profound impact on the spouse and other family members. If we can lessen this effect and improve the quality of life of senior citizens in Anguilla, it will speak volumes on how this nation treats its elderly.

### Biographical Sketches

#### BIOGRAPHICAL SKETCHES

# BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.  
 Follow this format for each person. **DO NOT EXCEED FOUR PAGES**

NAME <b>LOUDEN, DELROY M.</b>		POSITION TITLE <b>PROFESSOR/ Epidemiologist</b>	
eRA COMMONS USER NAME <b>DLOUDEN</b>			
EDUCATION/TRAINING ( <i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i> )			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
<b>John Hopkins University, Maryland</b> <b>University of Bristol, England</b>	<b>Post Doc</b> <b>Ph.D.</b>	<b>1986-1988</b> <b>1977</b>	<b>Epidemiology</b> <b>Psychology</b>
<b>Manchester Polytechnic, England</b>	<b>B.A.</b>	<b>1972</b>	<b>Social Sciences</b>

## A. POSITION AND HONORS

- 2003 NIH/NICHD-Extra Mural Associate Program
- 1996 Fellow Royal Society of Health (UK).
- 1995 United States Public Health Services - Bureau of Primary Health Care Policy Fellowship.
- 1985-1987 Distinguished Fulbright Scholar, National Institute of Mental Health, Epidemiology and Biostatistics Division, Rockville, Maryland.
- 1986-1988 Post Doctoral Fellow Epidemiology - The John Hopkins University, School of Public Health.
- 1980 Fellow, Royal Society of Medicine (UK).
- 1969-1972 Inner London Education Authority Scholarship, England.

**1997 – Present**      **Professor - Lincoln University, PA**  
 Responsibilities include fostering and sustaining excellence in teaching, research and service. Courses: teaching Race, Ethnicity & Health, Research Methods and Health Psychology.

**2003 – Present**      **PI Office of Research Development Planning and Coordination (ORDPC) (NIH/NICHD) sponsored.** Major responsibility includes fostering faculty and undergraduate research.

**1996 – 1997**      **Executive Director - Center for Research in Nursing Education & Community Health, National League for Nursing, New York**  
 As Executive Director, responsibilities continue as listed below and were broadened to include: Interim Head of NLN Accreditation - Advised Deans and Colleges on Accreditation and Curricular issues; Community-based primary health care research initiatives. Major advocacy role in Health Service legislative initiatives on Primary Health Care/ HIV/AIDS in Washington, D.C. with the Association of American Medical Colleges.

- 1994 - 1996**                    **Vice President for Research, National League for Nursing, New York, New York**  
 Member of senior management team; involved in organizational decision-making and long-term planning. Overall responsibility for all facets of research for NLN, which includes maintaining and routinely updating, databases for nursing research. Established international collaborative agreement through; Memorandum of Understanding with Pan-American Health Organization, and Madigol University, Government of Thailand. Represented the organization before external bodies, e.g., National Committee on Vital and Health Statistics; National Center for Educational Statistics; US Department of Education-Accreditation
- 1993 - 1994**                    **Director - Epidemiology and Surveillance - Department of Health, Bureau of Tuberculosis Control, New York, NY**  
 Responsibility includes needs assessment, program planning, technical assistance to service providers to improve patient's compliance. Established the research agenda of the Epidemiological unit; including surveillance objectives. Supervised of the research scientists, public health epidemiologist, and public health advisors; database of public health advisors in clinics and laboratories to report TB cases into a network; produced an annual report of TB cases in New York City, NY, provided epidemiological trends to the Center for Disease Control Prevention.
- 1987 – 1991**                    **Chief Psychologist (Epidemiologist) – Thistledown Regional Center for Children and Adolescents, Ontario, Canada**  
 As Chief Psychologist, responsibilities were to provide comparative psychological/educational assessment of children and families; consultant to boards of education – school districts. Clinical consultant to treatment programs – drugs, alcohol, HIV and other sexually transmitted diseases.

**OTHER ACADEMIC APPOINTMENTS AND PROFESSIONAL MEMBERSHIPS**

- **American College of Epidemiology – APHA, APA**

- 1995 – 1996**                    **Associate Professor - Adjunct, Department of Psychology, New York University**  
 Teaching courses in Measurement and Research Methods and Abnormal Psychology
- 1993 – 1994**                    **Distinguished Visiting Professor, William Paterson College, NJ, Department of African, African American & Caribbean Studies**  
 Teaching courses in Psychology of Afro-American Life and Racism and Sexism Measurement of Health Status in Black Populations
- 1991-1993**                    **Senior Research Associate Department of Preventive Medicine and Biostatistics and Center for Health Promotion. University of Toronto, Canada.**  
 Undergraduate and Graduate teaching in the following areas:  
 Multiple Risks to Health - Ontario Health Survey - Multicultural Health Promotion Project - Measurement of health status in individuals and communities
- 1989-1991**                    **Course Director - Department of Psychology - York University, Canada**  
 Research methods and statistics Personality and abnormal psychology

**1980-1985 Associate Professor (Tenured) Department of Psychiatry, Psychiatry University of the West Indies**

Responsibilities include: teaching medical students; residence in psychiatry. Established the first Master's Degree Program; in Clinical Psychology in the English speaking Caribbean. Provide clinical consultation to a) Outpatient Psychiatric Clinic; b) Child Psychiatry Clinic Vice-Chairperson - Clinical Records Quality Assurance Committee - Conducts bimonthly chart review of patients' charts in a six hundred beds teaching hospital. Establish criteria and guidelines governing quality assurance procedures

**1985-1986 Visiting Associate Professor - Howard University, Washington, D.C. - Graduate School of Arts and Sciences**

Graduate teaching in the psychiatric/epidemiological training program for; historically black colleges and universities.

**Membership** American College of Epidemiology, American Public Health Association, American Psychological Association

**External Grant Reviewer: HRSA – DHSS/OMH/ NCMHD/SAMHSA and CDC**

- a. Special Project of National Significance (SPNS)
- b. Early Intervention Services (EIS), Ryan White, Title 1, 11, and 111
- c. Bilingual Bicultural Programs
- d. CDC-Prevention Research Centers
- e. Poison Support and Enhancement
- f. Regional Collaborative for the Pacific Basin
- g. Minority Faculty Fellowship
- h. Training and Technical Assistance CA Targeting Part D Grantees
- i. Health Careers Opportunity Program
- j. National Research Service Award (NRSA)
- k. National HIV Training and Technical Assistance Cooperative Agreement
- l. Coordinated HIV Services and Access to Research for Women, Infants, Children and Youth (CSWICY)

**CO-CHAIR**, CDC, 2003 National HIV/AIDS Prevention Conference – Track G – Integrating HIV Prevention into other Prevention Programs, Atlanta, Georgia

**B. SELECTED PUBLICATIONS/BOOKS**

Carter – Obayuaana, A, McNicol, S., Loudon, D., "Personality Assessment and Culture" Vol. 2 (2005) HBCU/MI Consortium Press Chantilly, Virginia

McNicol, S., Elizalde, G., Nahari, S., Loudon, D. (1999). "A Test Review Guide for Bilingual Children Cognitive Assessment" Lincoln University Press PA.

Louden, D.M., Jones, and D. (1997) "Annual Guide to Graduate Nursing Education" NLN Press, New York.

Louden, D.M., Jones, D. (1997) "NLN Guide to Undergraduate RN Education" NLN Press, New York.

Louden, D.M., Jones, D. (1996) "Annual Guide to Undergraduate RN Education" NLN Press, and New York.

Louden, D.M., Crawford, L., Trotman, C. (1996). "Profile of the Newly Licensed Nurse" NLN Press, New York.

## **SELECTED ARTICLES**

- Louden, D.M. "Challenges in Integration HIV/AIDS Mental Health and Substance Abuse in Primary Care Settings" – Forthcoming in African American Voices: African American Health Educators Speak Out. Edited by Pam Hammond et. al – NLN Press **New York, NY 2009**
- Johnson-Spruill, Ida RN, PhD, LISW, Hammond, Pamela PhD, RN, FAAN, Davis, Bertha PhD, RN, FAAN, McGee, Zina PhD, Loudon, Delroy PhD, "Health of Gullah Families in South Carolina with Type 2 diabetes: Diabetes self management analysis form Project SuGar." – **Forthcoming J. of Diabetic Education 2009**
- Louden, D.M. (1995) "The Epidemiology of Schizophrenia among Caribbean-Born and First- and Second-Generation Migrants in Britain," Journal of Social Distress and the Homeless, volume 4, no.3 pp. 237-253.
- Louden, D.M. (1995) "Epidemiological Findings in Understanding Mental Illness in Ethnic Minorities: The case of Schizophrenia." In African American Voices: African American Health Educators Speak Out. Edited by Ruth Johnson, NLN Press.
- Louden, D.M. (1994). "Methodological Issues in Ethno Racial Data Collection" in Planning for Diversity: Collection of data on culture, language, ethnicity and race. Toronto, Canada.
- J. Mills, G. Grell, P. Gibbs, M. Anderson, G. N. Melville, D. Loudon and A. Castro. (1984). "Blood Pressure Response of the Drug-Treated Hypertensive Patient under Stress" in Research Communications in Psychology, Psychiatry and Behavior 10, (4), pp. 261-275, 1985.
- Louden, D. (1984). "Mental Health Needs of the Commonwealth Caribbean with Special References to the Small Territories." West Indian Medical Journal, 33 (20) pp. 106-116.
- Louden, D. (1984). "Interaction of Dopamine Agonist with Disrupted Mesolimbic Pathways: Implication for Mental Health," West Indian Medical Journal, pp. 106-116.

## **CONFERENCE PAPERS**

- Primary Care Center for the Treatment of Adolescent Obesity and Health Service Research: A Sustainable Model at Lincoln University. Paper presented at the 2008 Annual eHealth Conference United Negro College Fund Special Programs Corporation/National Library of Medicine, Historically Black Colleges and Universities Access (UNCFSP/NLM HBCU ACCESS) June 9-11, 2008
- Preliminary Investigation of Knowledge, Attitudes and Practices Regarding Obesity in African American College Students – Lincoln University (Mrs. Denise M. Gaither-Hardy/Dr. Delroy Loudon) presented at the **2<sup>nd</sup> International Conference on Psychology, Athens, Greece. July 2008**
- Knowledge and Attitude Regarding Colorectal Cancer Screening – Engaging African American Churches in Chester County, PA. Presented at the Gene Environment Interactions for Colorectal Cancer in Northeast, PA Retreat, September 29, 2008
- Community Based Participatory Research-Engaging Black Churches in Colorectal Cancer Screening in Chester County, PA presented at the Fox Chase/LU Disparities Workshop, October 10, 2008
- Coordinating HIV/Substance Abuse, Mental Health and Hepatitis Programs – What States are

doing? Paper presented at the United States Conference on AIDS New Orleans September 18–21, 2003

Integration of HIV/AIDS, Mental Health and Substance Abuse Services – Findings from three surveys. Paper presented at the United States Conference on AIDS Anaheim, California September 18-21, 2002

Integrating Mental Health, Substance Abuse and HIV/AIDS Services: Findings from Recent surveys – 6<sup>th</sup> Annual United States Conference on AIDS (USCA) – Anaheim, CA, September 19-22, 2002

Outcome Performance Measures among HIV/AIDS Service Providers, paper Presented – 128 Annual Meeting American Public Health Association, Nov 12-16, 2000, Boston, MA

Stressful Life Events and Illness: Their Content and Meaning in the African American Population. Paper presented at the National Black Nurses' Association, Inc., August 1995, Washington, DC

Stressful Life Events and Mental Illness Pattern of Schizophrenia in Afro-Caribbean Population. Paper presented at the XXV Inter-American Congress of Psychology, July 1995, Puerto Rico

Public Health Challenge of Emerging Infectious Diseases. Lessons for the Past – Vision of the Future. Presented at the Annual Meeting of the Association of State and Territorial Directors of Nursing, Virginia, May 1995

Epidemiological Findings in Understanding Mental Illness in Ethnic Minorities: The Case of Schizophrenia. Presented St. Johns University 4<sup>th</sup> Annual Conference Multicultural Prospective on Mental Illness, May 1994

### C. RESEARCH SUPPORT

<b>Term</b>	<b>Agency</b>	<b>Program</b>	<b>Total Amount</b>	<b>Duration years</b>	<b>PI/PD</b>
10/1/01-9/30/02	U.S. Department of Defense	NIV/AIDS Prevention in Nigerian Military	\$299,965	1	PI/ Dr. Chikwem/ Co/PI Dr. Louden
11/1/02-9/30/03	U.S. Department of Defense	HIV/AIDS Educational Project (Nigeria)	\$299,033	1	PI/ Dr. Chikwem/ Co/PI Dr. Louden
2/1/03-1/31/08	National Institutes of Health	Extramural Associates Research Development Award (EARDA)	\$248,400	5	PI/. Louden
6/6/2010	Pennsylvania Department of Health	Adolescent Obesity	\$284,000	4	PI/ Louden
6/6/07	Pennsylvania Department of Health	Colorectal Cancer	\$471,966	4	PI / Louden

#### D. PROFESSIONAL/CONTINUING EDUCATION

Technical Assistance Workshop for Historical Black Colleges and Universities (HBCUs), sponsored by Health Resources and Service Administration (HRSA) Silver Spring, MD, January 2001

Challenges in Health Disparity in the New Millennium; NIH Office of Research on Minority Health; Washington DC, April 2000

Monitoring the Nations Health: Data Users Conference – National Center for Health Statistics – Bethesda, MD, July 26-28, 2000

Writing a Competitive Contract Proposal, Morgan State University & National Cancer Institute, Baltimore, MD, September 2000

Treatment and Adherence Research in Racial and Ethnic Minority Communities; Opportunities for Investigation; National Institute of Health; Arlington, VA, October 2000

Improving HIV Care and Prevention into the 21<sup>st</sup> Century – Integrated Care for the Multiple Diagnosis – Department of Veterans Affairs – Washington DC, June 28-29, 1999

National Conference on Health Statistics, Health in the New Millennium – Making Choices Measuring Impact NCHS/CDC/DHSS – Washington DC, August 2-4, 1999

HIV Prevention Research – Training and Career Development Workshop National Institute of Health (NIH) – Atlanta, GA, August 28-29, 1999

#### E. PROJECT CONSULTATION – NATIONAL

**1995-1997**

**Acting as External Evaluator** for Baltimore City Health Department Ryan White's Office Evaluation of 54 Primary Care and Case Management of CBOs ??? The HIV/AIDS population in Maryland.

**1999**

**Consultant**-Westcon International Limited, McLean, Virginia Evaluations of Primary Medical Care/Outpatient Medical Services, Case Management and Assisted Transportation Services provided to HIV+ Clients in the Washington Metropolitan Area. Site visits, Chart reviews and Client interviews are used to measure provider performance.

Developed chart review instrument for Primary Medical Care, Case Management, Assisted Transportation and a Patient Satisfaction Questionnaire designed to provide a standardized assessment of Quality of Life Measures for the Washington EMA clients.

Comprehensive review of: program accountability, cultural competency, and accessibility. Attainment of programmatic goals and objectives, staffing, client confidentiality and grievance procedures, data management and reporting, fiscal management and third party billing practices for the District of Columbia Administration of HIV/AIDS.