Proposal for the CUNY Institute for Implementation Science Research in Population Health
CUNY SCHOOL OF PUBLIC HEALTH

March 9, 2016

To Whom It May Concern:

I confirm that the CUNY Institute for Implementation Science Research in Population Health, to be directed by Dr. Denis Nash, was approved by the Faculty and Student Council of the CUNY Graduate School of Public Health and Health Policy on Friday, March 4th, 2016.

If I can be of further assistance, please do not hesitate to contact me.

Sincerely,

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A. Executive Summary

Mission and Goal. The central mission of the CUNY Institute for Implementation Science Research in Population Health is to translate research into sustainable, cost-effective population-level interventions, strategies, initiatives, and policies that have the potential to improve health on a large scale and reduce health disparities around the world. The overarching goal of the Institute is to conduct large-scale research studies on population health and on intervention implementation in real world settings (i.e., outside the research environment). We engage in, foster, and leverage multidisciplinary research collaborations across different health outcomes and disease types with public sector health agencies, health care organizations, clinical researchers, community-based organizations and policy makers. Multidisciplinary teams from across CUNY’s 26 colleges and graduate schools will collaborate on the scientific study of population health and assessing the impact of initiatives with the potential to influence population health outcomes. The Institute will be a global leader and partner in the conduct of impactful, cutting edge research on population health and related outcomes, including programmatic and service delivery implementation, as well as clinical interventions. As a CUNY Institute, we will provide research and training opportunities for faculty and students, post-doctoral fellows, interns, and visiting scholars. We will also curate and host themed special events, such as symposia and seminars.

Financial model. The intent is for this new CUNY Institute for Implementation Science Research in Population Health is to be self-sustaining in the next 3 years, largely through external grants for domestic and international research to be obtained by 10-12 Institute Investigators and our collaborators. We estimate our annual operating budget expenses (personnel and OTPS) to be between 750K and 800K during the next 5 years. Our budget model assumes a core set of 10-12 Institute Investigators from across CUNY, in addition the Executive and Deputy Directors. With this configuration, and assuming that each faculty member holds 1-2 research grants at any given time, it is expected that the Institute’s total research funding would reach 8.4M by FY 2020 and the total indirect funds will be 2.8M by FY 2020. In addition, to facilitate the institute launch and achievement of self-sustainability, a number of important institutional commitments and investments on the part of CUNY Central and the Graduate School of Public Health and Health Policy (GSPHHP) have been made. These include a permanent faculty line, temporary tax levy money for start up expenses and initial hiring, as well as a financial model of 20% net indirect cost recovery (ICR) on all existing and future grants awarded to Institute Investigators. Combined with research grants won by Institute Investigators, recovering costs in this way is how the Institute’s operating budget will be sustained beyond the first three years. Our budget model projections suggest that our revenue will match or surpass our expenses, even after temporary start up funding diminishes in FY 2019.

Arrangements with other CUNY institutions. The Provosts of the Graduate Center, CCNY, and Queens College have each made commitments to the Institute as founding partners.
B. Brief description

Mission of Institute

The central mission of the CUNY Institute for Implementation Science\(^1\) Research in Population Health (iSRPH) is to translate research into sustainable, cost-effective population-level interventions, strategies, initiatives, and policies with the potential to improve health and reduce health disparities at scale around the world. We do this by understanding biological mechanisms, subtypes and major drivers of disease, identifying program/service/policy implementation gaps driving suboptimal health outcomes at the population level, and by designing and conducting rigorous experimental and observational studies of the impact of strategies aimed at improving population health outcomes. We rigorously assess the effectiveness of these strategies when implemented at scale. Given that many forces shape population health, including those outside the health sector (e.g., political, economic, sociologic, environmental, demographic), we seek and generate knowledge, collaboration and expertise to achieve our mission of improved population health through better implementation.

Goals of Institute

The overarching goal of the Institute is to conduct large-scale research studies on population health and on intervention implementation in real world settings (i.e., outside the research environment). We engage in, foster, and leverage multidisciplinary research collaborations across different health outcomes and disease types with public sector health agencies, health care organizations, clinical researchers, community-based organizations and policy makers. Our primary goals are:

- To apply rigorous scientific methods to assess the effectiveness and impact of interventions, strategies, initiatives, and policies aimed at improving population health around the world.
- To conduct research that describes population health outcomes and improves the understanding of the factors that can shape/influence them through better implementation.
- To create, support, and leverage successful multi-disciplinary partnerships across all of CUNY’s colleges, professional schools, and institutes for cutting edge and impactful research collaborations at the intersection of implementation science and population health.
- To provide hands-on research training for masters/doctoral students and post-doctoral fellows and host visiting scholars at the intersection of implementation science and population health.

Multidisciplinary teams from across CUNY colleges and graduate schools will collaborate on the scientific studies that describe population health outcomes and asses the impact of initiatives with the potential to influence population health outcomes. The Institute will be a global leader and partner in the conduct of impactful, cutting edge research at the intersection of implementation science and population health, including programmatic and service delivery implementation, as well as clinical interventions. As a CUNY Institute, we will provide research and training and research opportunities for faculty and students, post-doctoral fellows, interns, and visiting scholars. We will also curate and host themed special events, such as symposia and seminars.

Expertise of Institute Investigators

- Epidemiology and Biostatistics
- Comparative Effectiveness Methods
- Public Health Surveillance
- Health Behavioral Science
- Precision Population Health
- Health Economics
- Geographic Information Systems
- Health Inequalities
- Global Health
- Dissemination
- Health Services Research
- Big Data, Data Science
- Population Health Informatics
- Genomics and Bioinformatics
- Health Policy
- Health Metrics/Dashboard Systems

Multidisciplinary collaboration across a range of health outcomes is essential to the success of any endeavor at the intersection of implementation science and population health. This guiding principle is reflected in expertise of the Institute’s Investigators and collaborators, as well as our plans for growth.

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\(^1\) Implementation science is the study of methods to promote the integration of research findings and evidence into healthcare policy and practice. As a newly emerging field, the definition of implementation science and the type of research it encompasses may vary. However, the intent of implementation science and related research is to investigate and address major bottlenecks (e.g. social, behavioral, economic, management) that impede effective implementation, test new approaches to improve health programming, as well as determine a causal relationship between the intervention and its impact. (Source: https://www.nlm.nih.gov/hsrinfo/implementation_science.html)
C. Implementation Science and Population Health

Implementation science, according to the National Institutes of Health, is the “study of methods to promote the integration of research findings and evidence into healthcare policy and practice. As a newly emerging field, the definition of implementation science and the type of research it encompasses may vary. However, the intent of implementation science and related research is to investigate and address major bottlenecks (e.g. social, behavioral, economic, management) that impede effective implementation, test new approaches to improve health programming, as well as determine a causal relationship between the intervention and its impact”. ²

Population health has been defined as the health outcomes of groups, including the “measurement of health outcomes and their distribution, the patterns of determinants that influence such outcomes, and the policies that influence the optimal balance of determinants”.³ Many forces, including those outside the health sector (e.g., political, economic, sociologic, cultural, environmental, demographic, genetic), shape population health outcomes. Academic population health research, therefore, must explicitly address these realms of influence, requiring it to be inherently multi-disciplinary.

There is great need for more multidisciplinary research at the intersection of Implementation Science and Population Health. While public health as a discipline, perhaps rightly, has focused less on health care as a tool or setting to advance its agenda of improving population health outcomes, this needs to change. In the US, the Affordable Care Act aims to focus our health care system to be more accountable for both the health of individuals and populations. Further, the advent of big data (e.g., electronic health records, administrative data, and mHealth) and data science (i.e., advanced methods to leverage data into useful information and new knowledge) are creating new avenues of multi-disciplinary collaboration with unprecedented potential to influence the health outcomes of populations. The confluence of these factors create important opportunities to identify policy and implementation gaps, and apply implementation science methods that address them on a large scale in order to more effectively influence population health outcomes on a large scale. Given that much academic research on population health outcomes globally occurs within siloes of disease-specific funding streams, the need for a CUNY Institute with a mission to transcend such siloes is more important than ever.

C.1 The case for more effective implementation of interventions/policies with the potential influence population health outcomes

Some of the largest gains/improvements in population health outcomes such as life expectancy have been achieved through successful implementation of large-scale, multidisciplinary interventions with the potential to impact population health. Global examples include smallpox eradication and, more recently, massive efforts to scale-up access to HIV treatment in resource limited settings. Both smallpox and HIV caused millions of preventable deaths per year globally before the international community joined forces to address them. By 1977, using a vaccine, smallpox was successfully eradicated. While HIV continues to cause 1.5 million deaths per year, the rising tide of HIV-related deaths is finally turning, and the international community is setting increasingly ambitious goals for expanding HIV treatment access.

Achieving ambitious goals in population health requires both adequate scale-up of interventions, as well as increasingly effective, efficient, and cost-effective implementation of those interventions (given the limited resources for health). In the US alone, it has been estimated the public health interventions added 25 years to the average life expectancy in the 20th century.⁴ However, US life expectancy is still worse than many other developed nations, suggesting that in the US, there are still many opportunities to achieve meaningful improvements in population health outcomes.

Population health interventions occur on a large scale, making effective and efficient implementation critical, because even slight improvements or course corrections can make a huge difference in terms of the number of lives saved or extended. Imagine if smallpox could have been eradicated more rapidly, or if universal HIV treatment scale-up could be achieved even sooner. The difference could translate into hundreds of thousands or even millions more lives saved. The implementation science projects already being led by Investigators in the Institute is fundamentally about identifying the most effective and

² NIH (https://www.nlm.nih.gov/hsrinfo/implementation_science.html)
⁴ see http://www.cdc.gov/about/history/tengpha.htm
efficient approaches to delivering interventions at scale while optimizing the impact of interventions and policies

C.2 Implementation gaps and examples of related work by Institute Investigators

Interventions found to be highly efficacious in research settings often don’t translate into the expected population-level impact when implemented in the real world at scale. This is due to many factors, including challenges implementing interventions on a large scale, inadequate targeting of interventions to those who need them most, and myriad barriers to access and adequate engagement in the interventions among the population(s) targeted by the intervention. Such ‘implementation gaps’ represent major challenges and pose significant threats to protecting health, realizing future health gains and reducing health disparities at the population level.

There are often large gaps between what scientific research tells public health practitioners and policymakers about how best to protect, promote, and improve population health and what is actually implemented in terms of programs and policies. And even when the right strategies for a particular health problem are being implemented, another gap often exists when the implementation of those strategies doesn’t fully achieve the expected impact on health outcomes at the population level. Our Institute is focused on two types of implementation gaps that result in suboptimal population health outcomes.

**Gap 1: Lack of implementation** of existing strategies with potential to improve health is a major implementation gap, which in turn can result in persistent suboptimal or worsening population health outcomes. *Example*: In resource-limited settings, non-communicable diseases (NCDs) are overtaking infectious diseases in terms of the number of deaths as well as other measures of disease burden (such as disability adjusted life years). HIV care and treatment scale-up greatly advanced the capacity of health systems in resource-limited settings to provide ongoing care for chronic health conditions other than HIV. However, while the capacity to provide this care is increasing in many resource-limited settings, very little is being done within the health care systems in the way of actual implementation. Institute investigators, through their participation in the global IeDEA collaboration ([http://www.iedea.org](http://www.iedea.org)), a network of clinical cohorts comprised of over 1,000,000 HIV patients around the world, are playing a leading role in assessing the capacity of HIV care clinics in resource-limited settings to screen, diagnose, and manage a range of NCDs. We are also planning to conduct pilot studies of NCD screening and management in select HIV care clinics and in outpatient care clinics in central and southern sub-Saharan Africa.

**Gap 2: Suboptimal implementation** of strategies with the potential to improve health is another important implementation gap, resulting in a less than expected impact on population health outcomes. *Example*: Antiretroviral therapy (ART) for HIV treatment, when taken consistently, can reduce the amount of HIV virus circulating in the blood (viral load) to undetectable levels, resulting in normal life expectancy and prevention of onward transmission of the virus to others. However, despite the availability of ART since 1996, only 40% of the 1.1 million people with HIV in the US have achieved undetectable viral load, which in turn drives about 6,000 avoidable deaths and 50,000 preventable new infections each year. Globally, there has been tremendous progress in scaling up access to ART in resource-limited settings, which began in 2004. However, in 2015, only 15 million of the estimated 32 million living with HIV are receiving...
ART, which in turn drives an estimated 1.5 million avoidable deaths and 2 million new preventable infections each year. Both in the US and globally, implementation science is playing a key role in improving the effectiveness and efficiency of HIV treatment delivery to help further maximize the impact of life saving HIV treatment. Several investigators in the Institute are engaged at the forefront of these efforts in New York City, New York State and globally, making them well-positioned to harness lessons learned that can be applied to other population health challenges.

C.3 The need for rigorous effectiveness studies of population health interventions/policies at scale

Strategies are often of interest to public health practitioners and policy makers because of their demonstrated efficacy in controlled research studies, or because of other reasonable expectation of their potential to improve health outcomes at the population level. When large-scale interventions are implemented with the intent to impact population health outcomes, it becomes critical to know how effective they are, and whether their effective implementation can be further optimized (i.e., done more effectively and more efficiently). However, even for those strategies with a very promising track record in controlled research settings, a variety of reasons may prevent the achievement of effectiveness or cost-effectiveness at scale in a particular target population or setting. This is a key reason why rigorous outcome studies of strategies being implemented at scale are critical to ascertain the degree of effectiveness, overall and within key subpopulations.

D. What is unique and desirable about an Institute for Implementation Science Research in Population Health at CUNY?

• While implementation science is generating interest among academics, there are very few professional schools and no universities that have created truly interdisciplinary centers or institutes aimed at prioritizing and growing research in both population health and implementation science. Implementation science in public health, health care and medicine is an emerging area with tremendous potential for growth and generation of new and impactful knowledge that can greatly improve the health of populations. Achieving that potential requires collaboration between academics and professionals to conduct rigorous, interdisciplinary research in real world and large-scale service delivery settings. No such center currently exists at CUNY, likely in part because the necessary research faculty do not exist in a single college or professional school.

• Because CUNY is still in the early stages of developing a School of Public Health, and will be launching a School of Medicine, CUNY is uniquely positioned to leverage the interdisciplinary nature of its faculty, schools and colleges for the creation of an Institute for Implementation Science Research in Population Health. This creates tremendous potential to innovate and weave this important work and University-wide interdisciplinary collaborations into our research fabric from the outset.

• During a transition to the central SPH, it is possible to create real opportunity for new research collaboration in the strategic areas of the proposed Institute and, critically, support the transition of research active faculty and their projects. An Institute for Implementation Science Research in Population Health at CUNY is important and timely because of the need to rapidly integrate new and existing faculty into supportive research infrastructures and environments that will create synergy across CUNY entities. By launching the Institute and associated research infrastructure during this transition, the proposed Institute can help to both catalyze strategic new research collaborations and support the transition of research projects Institute faculty to help ensure their productivity from the outset.

• CUNY has the potential to benefit greatly by supporting the proposed Institute, because it will bring together the right team and the right time with the right project portfolio. Combining these with supportive institutional conditions for success, the proposed Institute will have unparalleled potential to succeed at: 1) growing its federally funded domestic and global research portfolio; 2) greatly increasing interdisciplinary research collaboration and productivity in our themed areas throughout CUNY; and 3) substantially enhancing CUNY’s visibility in this strategic area of research in the health sciences.

E. What the Institute aims to accomplish in the first 5 years

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• Create a research infrastructure for Institute Investigators that supports grant proposal development, submission, and execution
• Identify and engage members of an influential Advisory Board for the Institute that includes technical experts and global leaders in population health and implementation science, as well as leaders in the business and philanthropy sectors.
• Launch a population health and implementation science seminar series that is attended by faculty and students from multiple CUNY campuses, as well as by individuals from organizations external to CUNY.
• Increase the diversity of funding sources beyond NIH and the New York State Department of Health to include PCORI, CDC, NSF, and private foundations for research in the themed areas of the Institute.
• Engage faculty from at least 5 CUNY entities (colleges, graduate schools, institutes) outside the School of Public Health for research in the themed areas of the Institute.
• Host 2 or more visiting scholars from outside of CUNY who are leaders in the field of implementation science and/or other themed areas of the institute for a semester or academic year.
• Expand or create strategic and productive research collaborations in at least 5 geographic areas around the world (NY, other US states, Central Africa, Haiti, India) for research in the themed areas of the Institute.
• Expand external research funding for population health and implementation science research in the Institute to $10 million.
• Sponsor 2 successful K awards for early investigators in the areas of population health and implementation science.
• Each Institute Investigator will hold 1-2 active NIH R grants from NIH or other federal agency in the areas of population health and implementation science in any given year.
• Support 5 junior CUNY faculty in getting their first R grant from NIH in the areas of population health and implementation science.
• Support the dissertation research of 10 doctoral students in various disciplines with dissertation topics related to population health and implementation science.
• Support fieldwork or field research opportunities for 35 CUNY masters and doctoral students from various CUNY campuses and disciplines.
• Develop at least 5 graduate level courses in implementation science and population health offered by Institute faculty within the academic departments of the GHSPH.
• Obtain foundation or philanthropic support for new/strategic projects by Institute Investigators.

F. Key collaborative entities within CUNY
The following are CUNY entities with expertise and agendas related to population health and implementation science that represent potential lines of collaboration and growth for the proposed Institute:
• CUNY School of Public Health
• Research and Evaluation Center (John Jay College of Criminal Justice)
• Baruch College Survey Research team (Baruch College)
• CUNY Institute for Demographic Research (Baruch College)
• The new CUNY School of Medicine
• Center for Human Environments (CUNY Graduate Center)
• Center for Urban Research (CUNY Graduate Center)
• CUNY Institute for State and Local Governance (CUNY Graduate Center)
• New York Federal Statistical Research Data Center (Baruch College)

G. Key entities outside of CUNY
The following represent that represent existing collaborative partners of Dr. Nash:
Albert Einstein College of Medicine, Montefiore Medical Center, Weill-Cornell Medical Center, HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute, Mailman School of
H. Institute Organization

Organizational Chart of the proposed CUNY Institute for Implementation Science Research in Population Health

H.1 Institute Leadership and governance, Investigators, Core Research Staff, and Core Administrative Staff

Leadership and governance

- **Executive Director** – Dr. Nash will oversee the activities of the institute to ensure that it achieves its overall mission and goals by ensuring that the research environment and infrastructure successfully supports Institute Faculty and Staff. He will provide leadership and vision for the Institute and liaise with Institute partners, potential collaborators, and donors. All of Dr. Nash's research will be housed in the Institute.
  - The Institute Executive Director will report jointly to the Dean of the School of Public Health and the Executive Vice Chancellor of the University.

- **Deputy Director** – The Institute has been given a permanent faculty line by CUNY Central to serve as the Deputy Director of the Institute to provide additional leadership and assist with the oversight and day-to-day administration of the Institute. This faculty line, into which Dr. Nash will recruit a faculty member, ideally with a track record of federally funded research in population health and implementation science, is open rank and can support the hire of a Full Professor with a 9-month salary of 116K.
  - The Deputy Director of the Institute will report directly to the Executive Director of the Institute.
The Deputy Director will ideally bring a substantial NIH research portfolio aligned with the Institute’s themed areas. If we are not successful in recruiting a Deputy Director with a substantial NIH research portfolio, s/he will help manage two of Dr. Nash’s existing research projects and submit one NIH proposal in Year 1 as PI (or as MPI if necessary for grantsmanship).

The Deputy Director will submit at least two aligned R grant proposals to NIH in Year 1 as PI.

- **Associate Director:** The Associate Director of the Institute will assist the Executive and Deputy Directors with management and administration of the Institute, including HR/personnel, hiring, development, and overall management and administration and strategic initiatives.

- **Advisory Board:** We will develop an Advisory Board of population health experts, Institute stakeholders, business leaders, strategic advisors, and interested parties with potential to assist with guiding the institute and with development activities. For the first four years, the Advisory Board will be chaired by the Executive Vice Chancellor of CUNY, and co-chaired by an expert in the field from outside of CUNY. CUNY Central will also provide direct support for development to support the Institute’s recruitment and strategic initiatives.

- **Governance:** The Executive Director and Deputy Director will govern the Institute, with input from the Advisory Board members, the GHSPHP Dean, and Institute Investigators. Should Dr. Nash step down as Executive Director of the Institute, the Deputy Director of the Institute will serve as the acting Executive Director of the Institute. Subsequently, the Executive Vice Chancellor, GHSPH Dean, and the Advisory Board will be consulted and asked to identify potential candidates to serve as Executive Director or whether the Institute should continue under new leadership or be dissolved.

**Investigators and Affiliated Members**

- **Institute Investigators.** Institute Investigators are those CUNY faculty who are research productive/actively funded in the areas of population health and implementation science that are most engaged in the activities of the Institute. Specifically, this means that they participate actively in the activities and meetings of the Institute, and that their research grants and research staff are housed within the Institute. In addition to the Executive Director and Deputy Director, the Institute’s Investigators will initially include 10-12 CUNY faculty members who are research productive/actively funded in the areas of population health and implementation science, who would represent the Institute’s initial critical mass of research faculty during our start-up phase. We will include at least two faculty from other CUNY Colleges/Schools (specifically, CCNY/Sophie Davis, Queens College, and the Graduate Center). See Appendix N.1 for a list of potential faculty who could join the Institute as Investigators. Ultimately, CUNY faculty will be appointed as Investigators of the Institute based on mutual agreement between the faculty member and the Executive Director. For those faculty outside the GSPHHP, additional approval to join the Institute as an Investigator may be needed by college campus provosts. A major consideration for appointing faculty members to the Institute will be the commitment and potential for that faculty to obtain new research grants and/or greatly enhance the ability of other Institute Investigators to obtain new research grants in the themed areas of the institute. Letters of commitment from other CUNY campuses are in Appendix M.6.

- **Affiliated Members.** Affiliated Members of the Institute are those CUNY faculty who collaborate as with Institute Investigators on research projects in the themed areas of the Institute, but who do not participate at the same level of engagement as the Institute Investigators. They do not necessarily attend Institute Investigator meetings or house their research grants within the Institute. Additionally, we will use the Affiliated Member designation for: 1) visiting scholars/fellows/lecturers; 2) post-doctoral fellows and doctoral students whose research is housed within the Institute; and 3) key collaborators external to CUNY who are actively engaged in research projects and/or student mentoring in the themed areas of the Institute. See Appendix N.2 for a list of faculty who could potentially become Affiliated Members of the Institute.
• **Post-doctoral fellow(s):** The Institute will have at least one post-doctoral fellow to work with the Executive Director, Deputy Director, and Institute Investigators on research projects that represent strategic research priorities and/or new directions for the Institute.

• **Doctoral Students/Graduate Research Assistants (GRAs).** The Institute will hire CUNY Doctoral Students to work with faculty in conduct of the research project portfolio of the Institute. All GRAs will be interdisciplinary (e.g. Public Health, Psychology, Anthropology, Computer Science, Math, Geography and GIS). At least one GRA will support a Teaching Assistant (TA) to serve as TA for two courses (one per semester) being taught by Institute Investigators. The remainder of their available time will be spent on Institute research projects.

• **Research assistant(s).** A full-time Research Assistant for 3 years to assist with grant preparation, manuscript preparation, social media, website development and maintenance, overall project support.

**Core Administrative Staff**

• **Grants Management Specialist:** The Grants Management Specialist will oversee and manage the pre- and post-award processes for all funded research being led by Institute faculty. This will include grants and contract management, interfacing with RF CUNY and sub-contracting partner organizations/entities, expense reports and reimbursement requests, and managing the IRB-related aspects of Institute research projects.

• **Administrative Assistant(s):** An administrative assistant will provide support to the Institute leadership, investigators and staff. This will include scheduling, coordination, and other administrative functions.

**I. Incentivizing faculty around CUNY to engage and collaborate with the Institute**

How will the proposed Institute incentivize faculty around CUNY to engage and collaborate within the new Institute? What will be the formal process for a faculty to become affiliated with the Institute?

- **Incentives**
  - Research infrastructure and pre- and post-award administrative support for all grants submitted through the Institute.
  - Mentoring on research grant development and submission for junior faculty.
  - Enhanced indirect recovery to PIs for all grants that are awarded to the Institute (PI gets 20% and Institute gets 20%).
  - Annual reduction in teaching load for faculty outside the SPH provided by the home campus.
  - For the duration of any grant funded through the Institute to a faculty member external to the GSPHHP, the Institute will use ICR to provide a Grad A or Grad D, depending on the amount of the grants, to support a doctoral student to be hired by all external faculty members.

- **Process**
  - All Institute Faculty must agree to submit, as a PI (or MPI if needed for grantsmanship), at least two federal research grants per year through the Institute.
  - All awarded grants will be housed within and administered by the Institute.

**J. Financial Model, institutional commitments, operating budget, and budget projections**

The intent is for this new CUNY Institute for Implementation Science Research in Population Health to be self-sustaining in the next 3 years. To facilitate this, a number of important institutional commitments and investments on the part of CUNY Central and the School of Public Health (SPH) have been made. These include personnel, as well as a financial model of 20% net indirect cost recovery (ICR) on all existing and future grants awarded to Institute Investigators. Recovering costs in this way is how the Institute’s operating budget will be sustained beyond the first three years. The next sections include a budget (Appendix M.1) with estimates of the Institute’s overall research revenue and the amount of revenue that would go to the Institute for use in its operating budget.
Dr. Nash’s current research project funding totals $1.1 million\(^5\) annually to CUNY in FY 2016, including 929K in direct costs and 179K in indirect costs. These projects will become part of the Institute’s research project portfolio immediately and contribute to indirect cost recovery. All other Institute faculty will also port their existing research portfolios to the Institute, which for the purposes of budget projections, we assume total an estimated 422K (276K in direct costs and 146K in indirect costs). Thus, for Year 1 (FY 2017), with an expected 3 new grants won by the Institute (one by Dr. Nash and 2 by others), we estimate that the Institute’s total research funding will be 4.0M.

For subsequent years (i.e., FY 2018-FY 2022), we have completed budget projections under three different scenarios: a Base Case Scenario (4 new federal grants per year), an Optimistic Scenario (5 new federal grants per year), and a Pessimistic Scenario (two new federal grants per year). We assume that grants will be 2-3 years in duration, and range from 150K to 350K per year in direct costs, with an indirect rate of 53%. To achieve sustainability, we will prioritize engagement faculty with a successful track record of obtaining external research funds, and develop plans for these faculty to mentor junior Investigators of the Institute to help ensure that they are written into grants and are supported to submit and win future research grants as independent Investigators.

J.1 Projected total revenue from research grants (direct and indirect funds)
- Under the **Base Case Scenario** (4 new federal grants each year). Under these assumptions, the Institute’s total research funding would increase from 3.7M in FY 2017 to 9.4M in FY 2022 (Figure 1). The total indirect funds range from 228K in FY 2017 to 3.1M in FY 2022 (Figure 2).
- Under the **Optimistic Scenario** (5 new federal grants each year), the Institute’s total grant revenue would range from 5.5M in FY 2017 to 11.8M in FY 2022 (Figure 1). The total indirect funds range from 228K in FY 2017 to 4.0M in FY 2022 (Figure 2).
- Under the **Pessimistic Scenario** (2 new federal grants each year) the Institute’s total grant revenue would range from 2.3M in FY 2017 to 5.7M in FY 2022 (Figure 1). The total indirect funds range from 228K in FY 2017 to 1.8M in FY 2022 (Figure 2).

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\(^5\) This total does not include money awarded to CUNY as part of Dr. Nash’s awards that are part of sub-awards to the NYC DOHMH and New York University, which amounted to an additional 300K in FY 2016.
There are three major sources of revenue to the Institute for use in its operating budget:

1. Start Up package from CUNY Central and the GSSPH.
2. Indirect cost recovery (ICR) from research grants housed within the Institute.
3. Other revenue from research grants used for the Institute’s operating expenses.

**J.2 Institute Revenue Source 1: Start up package from CUNY Central and the GSSPH**

- One permanent faculty line (116K per year) from CUNY Central
- Two permanent annual course buyouts from the SPH (one for the Executive Director and one for the Deputy Director, at 18.75% of salary plus fringe)
- An additional course buyout for the Executive Director and Deputy in FY 17 at 18.75% of salary plus fringe
- Temporary start up funds in the form of Tax Levy money.
  - 375K from CUNY Central to be spent by the end of FY 2019
  - 350K from the SPH over five years
    - 45K in each year to go towards the salary of a post-doctoral fellow
    - 25K in each year for a Grad A Teaching Assistant
    - Each of these is renewable after five years based on reassessment by GSPHHP Dean of value added/return on investment

With some of the flexibility that exists with the start up funds from CUNY Central, we have allocated to spend close to 450K in FY17, and then a steady decline to 186K in Years 4 and 5 (representing SPH commitments to support a Post-doctoral fellow (45K) and Graduate Assistant (25K), and 116K for the permanent faculty line from CUNY Central. In Year 6, the only remaining institutional support is the 116K faculty line. The Post-doctoral fellow and Graduate Assistant may be renewed in Year 6 as described above. However, to be on the conservative side, our projections do not include these positions beyond Year 5.
J.2.b Institute Revenue Source 2: Indirect cost recovery from research grants housed within the Institute

The Institute will recover 20% of net indirects on all grants going through the Institute indefinitely. For example, if an Institute Investigator has a 156K federal grant (i.e., 100K in direct costs and 56K in indirect costs), after 6.5% of the indirects go to the Research Foundation of CUNY ($3.4K), the Institute would receive 20% of the remaining (net) $49.5K, or $9,911. This ICR revenue will come from existing research grant portfolio of Institute Investigators as of today as well as future grants housed within the Institute, and be used to support the Institute's operating budget. We estimate ICR for the Institute under the three different scenarios as follows:

- Under the Base Case Scenario, the Institute would recover between 210K (FY 2017) and 568K (FY 2022) in indirect revenue for use in its operating budget (Figure 4).
- Under the Optimistic Scenario, the Institute would recover between 330K (FY 2017) and 726K (FY 2022) in indirect revenue for use in its operating budget (Figure 4).
- Under the Pessimistic Scenario, the Institute would recover between 119K (FY 2017) and 330K (FY 2022) in indirect revenue for use in its operating budget (Figure 4).
J.2.c Institute Revenue Source 3: Other revenue from grants

The Institute will also include 5% effort for grants/project management on each submitted grant, which will add an additional 69K (FY 2017) to 156K (FY 2022) in revenue to support the infrastructure of the Institute under the Base Case Scenario (Figure 5).

Figure 4. Projected indirect cost recovery (ICR) to the Institute

J.3 Institute expenses

With the salary plus fringe of the staff listed above in Section H and operating expenses of the Institute such as course-releases and summer salary for the Institute Executive Director and Deputy Director, equipment needs, events, travel, pilot project funding, and discretionary support for Institute Investigators in years where grant revenue is less than expected, the Institute’s expenses are expected to range from 780K in FY 2017 to 758K in FY 2022 (Figure 6).

Figure 5. Other revenue to the Institute
J.3.a Personnel expenses

Executive Director. To ensure that the Executive Director has adequate time to both direct/lead the Institute and continue to maintain an active and productive research portfolio, the Executive Director will teach one course per year. The School of Public Health will provide one course release, the Institute’s operating budget will be used to provide a second course release, and the Executive Director’s research grants will provide a third course release. Because the Institute will be fully operational in the summers, the Institute’s operating budget will also be used to provide one month of summer salary for the Executive Director.

Deputy Director. To ensure that the Deputy Director has adequate time for Institute leadership and administration, while continuing to maintain an active and productive research portfolio, she/he will teach one course per year. The School of Public Health will provide one course release, the Institute’s budget will be used to provide a second course release (if there are no ‘new faculty course releases’ remaining), and the Deputy Director’s research grant support will provide a third course release. Because the Institute will be fully operational in the summers, the Institute’s operating budget will also be used to provide one month of summer salary for the Deputy Director of the Institute.

Associate Director. The Institute’s operating budget will be used to support 30% of the Associate Director’s effort. The remaining effort will be supported via the Executive Director’s research grants and other revenue from grants (see Section J.2.c).

Institute Investigators and Affiliated Members. Institute Investigators and Affiliated Members will not receive any direct salary support from the Institute’s operating budget. Some Investigators from other campuses may receive course release for their faculty to engage in the Institute’s research activities.

Post-doctoral fellow(s). We will use Tax Levy Institute start up funds to support a post-doc at a salary of 80K plus fringe for 2.5 years. We would eventually like to have at least two post-doctoral fellows in the Institute. These will have to be supported by the operating budget of the Institute (if/when it allows) or by training grants (e.g., NIH T32).

Doctoral Students/Graduate Research Assistants. We will use Tax Levy start up funds to support four doctoral students (one Grad A and three Grad Ds). After three years, funding for Grad Ds (currently 6K per year) will be the responsibility of the Institute. The School of Public Health will provide funding for a Grad A Teaching Assistantship (with a salary of 25K per year) for a GSPHHP Doctoral Student who will be available 20 hours per week during the academic year for teaching/TAing (one course per semester) and institute research projects.
Research Assistant(s). We will hire a full-time Research Assistant using RF money at a salary of 50K per year (plus fringe) using the Institute’s operating budget. Additional Core Research Assistants will be hired to help with cross-cutting activities as needed when the operating budget allows. Institute Investigators are expected to hire Research Assistants for their specific projects using their research funding or ICR.

Grants Management Specialist. We will use start up funds from the CUNY Office of Academic Affairs to support the salary and fringe of a new grants manager, to start on July 1, 2016. After three years, the Institute will support this position and any needed additional grants administration hires with its operating budget. We have budgeted this position as a Research Foundation hire at 80K plus fringe.

Administrative Assistant(s). A full-time administrative assistant will be hired using Tax Levy start up funds from the CUNY Office of Academic Affairs for the first two years. This position will be supported by the Institute’s operating budget in Year 3 and beyond with RF money. Eventually, we will hire at least one additional full-time administrative assistant for the Institute using funds derived from indirect cost recovery. Estimated cost: $55,000 plus fringe (76K) in subsequent years for each administrative assistant.

J.3.b Other than personnel expenses (all paid for using the Institute’s operating budget)

Institute website. We budget 5K per year for website development, maintenance, and social media support.

Computers and other hardware. We budget 5K per year for computers and other hardware for core Institute staff and cross-cutting Institute needs to be paid for using the Institute’s operating budget.

Discretionary fund. We budget 25K per year for the Institute’s discretionary expenses, including strategic initiatives, visiting fellows/scholars from other institutions, unexpected budgetary shortfalls, etc. This 25K per year will accumulate until needed.

Grant writing course. We budget 15K in Year 1 to host an off-site two day grant writing course given by an outside expert tailored for Institute Investigators.

Grant writer. We budget 5K each year for the services of a Grant Writer to work with Institute Investigators on their grant submissions on request. Should we need more than 5K worth of services, Institute Investigators may use their ICR funds.

Pilot projects. We budget 5K per year for pilot projects that incentivize new collaborations around strategic priorities of the Institute. These could include small planning grants or funds for pilot data collection. When the Institute’s operating budget allows, this amount will be increased.

Seminar series and special events. We budget 10K per year for an Institute run seminar series, including speaker travel and honoraria, and refreshments.

Strategic travel. We budget 15K per year for strategic travel not covered by existing grants for opportunities to advance the mission of the Institute. This could include travel to scientific meetings, travel to the location of potential research sites or collaborators, or travel to invite potential collaborators to the institute.

Entertainment. We budget 5K per year for entertainment of Institute collaborators and partners, as well as an annual Institute gala or party for Institute Investigators, Staff, and Affiliates.

J.4 Budget projections: Institute Revenue versus Expenses

Under the Base Case Scenario above, we expect a budget shortfall in some years, including 62K in Year 1, 4K in Year 3, and 20K in Year 4 (because decreased intuitional commitment after Year 3) (Figure 7). There is a surplus in all other years, and the the 24K worth of shortfalls in Y3 and Y4 are small enough that they can likely be covered by the 24K surplus in Y2 along with hiring accruals and other potential budget savings. There are substantial budget surpluses (71K in each of Years 5 and 6) after institutional commitment diminishes substantially. Under the Optimistic Scenario, there are no budget shortfalls in any years, and there are substantial budget surpluses in some years (FY18, FY21, and FY22) (Figure 8). Under the Pessimistic Scenario, there would be major budget shortfalls in all years, ranging from 180K in FY17 to 264K in FY21 (Figure 9).
Figure 7. Institute revenue versus expenses (Base Case Scenario)

Figure 8. Institute revenue versus expenses (Optimistic Scenario)
J.5 Conclusions and possible remedies for budget shortfalls

The Institute could succeed in becoming self-sustaining by 3 years under the Optimistic Scenario, and could likely succeed in becoming self-sustaining under the Base Case Scenario. However, it would not succeed under the Pessimistic Scenario, which could occur if there was much lower than expected success at winning research grants. Possible remedies to avert budget shortfalls under the Base Case Scenario include:

- Recruiting a Deputy Director with a substantial grant portfolio. If the Deputy Director has a large grant portfolio, this could eliminate budget shortfalls.
- Hire new research faculty from outside of CUNY with grants that cover nearly 100% of their salary.
- Ask Institute Investigators to contribute some of their own ICR to the institute’s core infrastructure (e.g., 5%).
- Raise private funds to support the launch of the Institute (could be difficult at such an early stage).

K. Space to house Institute Investigators and associated staff:

The Institute will require adequate and suitable delineated space, and this has been guaranteed by the GSPHHP and CUNY Central, although details have not been finalized. Information included here is meant to be used as a guide to plan for the space needs of the Institute. The GSPHHP will seek to locate the offices of core Institute staff, affiliated faculty, and research staff in contiguous space to facilitate the effective scholarly collaboration and productivity of the Institute. The Institute Investigators and Staff will for the most part be housed at the GSPHHP at 55 W. 125th St. The Institute will also have an office at the CUNY Graduate Center. As the Institute grows, or if adequate space is otherwise not available to meet the needs of the Institute faculty and staff, leadership in GSPHHP and CUNY Central will work with the Executive Director of the Institute to quickly identify suitable space at another location.

Space at GSPHHP (55 W. 125th St, New York, NY)

Core Institute Leadership and Staff. The Institute will require space for the core staff outlined in Section H, including Institute Leadership (Executive Director, Deputy Director, and Associate Director), Core Institute Administration (Grants Manager, Administrative Assistant) and Core Institute Research Staff (one Post-Doctoral Fellow, one Graduate Research Assistant A, and 3 Graduate Research Assistant Ds). Space for the Institute should include a suitable office for the Executive Director with space for a conference table, and access to a dedicated conference room or meeting space that is adequate for the needs of the Institute. It should also include suitable office space for the Deputy Director (one office), an office for the Grants Manager (one office) and office for the Associate Institute Director.
(one office). As the Institute plans to immediately hire on its operating budget (i.e., not on research grants) an Administrative Assistant (cubicle), a Post-doctoral Fellow (shared office), and four Graduate Research Assistants (cubicles), immediate space for these individuals is necessary, as well.

Space for Institute Investigators who are based outside the GSPHHP. Floater offices for Institute Faculty who are not based at 55 W. 125th St (1-2 offices) must be identified for exclusive use by the Institute.

Existing Research Staff of the Executive and Deputy Institute Directors. Space will also be necessary for the research staff (staff funded on research grants) for the Executive Director (currently two full-time post-docs who currently share an office and 5 full-time Research Associates who currently sit in cubicles) and the Deputy Director (TBD, but should plan for at least 4-5 cubicles).

Existing Research Staff of the Institute Investigators. The GSPHHP should coordinate with the Institute on where and how best to house these staff, once they are identified.

New Research Staff to be hired on the research grants of all Institute Investigators in Years 1-5. Given the plans for new research grants coming to the Institute in Years 1-5, it is important to plan for expansion at the outset.

Visiting Fellows/Scientists (Years 2-5). The Institute expects to have at least 2 Visiting Fellows/Scientists join the Institute for a semester or an entire academic year, which will require additional space.

Space at the CUNY Graduate Center (365 5th Ave. at 34th)

The CUNY Graduate Center is a strategic, central hub for internal and external collaboration, engagement of doctoral students across a range of disciplines relevant to the Institute, and meetings with GC faculty. The Institute will require two adjacent offices at the CUNY Graduate Center for exclusive use by the Institute. At least one of these offices, the one to be used by the Institute Executive Director, should be large enough to include a desk and a meeting table of up to 6 individuals.

L. Institute Executive Director

The CUNY Institute for Implementation Science Research in Population Health will be lead by Dr. Denis Nash. Dr. Nash is an epidemiologist and a tenured, full Professor of Epidemiology at the CUNY School of Public Health. Dr. Nash trained in epidemiology at Johns Hopkins University and the University of Maryland, after which he joined the Epidemic Intelligence Service (EIS) of the Centers for Disease Control and Prevention, based at the New York City (NYC) Department of Health and Mental Hygiene. As an EIS Officer, Dr. Nash played a key role in the NYC area’s outbreak investigation of West Nile virus in 1999, and the implementation of a new citywide HIV/AIDS surveillance system. Dr. Nash has extensive leadership experience in city government, collaborative, interdisciplinary research and academic administration.

Dr. Nash specializes in infectious disease epidemiology, epidemiologic methods, public health surveillance, implementation science research, and comparative effectiveness research, focusing on service-delivery programs in resource-limited settings and on vulnerable populations in NYC. His current research is focused on the epidemiology of HIV/AIDS and hepatitis C virus, as well as the epidemiologic shift in the burden of disease in resource-limited settings from communicable to non-communicable diseases. He has published over 110 peer-reviewed articles in these areas.

Dr. Nash has extensive global health implementation and research experience. He has worked extensively on large scale initiatives and research projects in sub-Saharan Africa, including on the Guinea Worm Eradication Program in Nigeria, sentinel HIV surveillance in Nigeria and Botswana, and rapid expansion/scale-up of HIV/AIDS care and treatment under the President’s Emergency Plan for AIDS Relief (PEPFAR) in Burundi, Cote d’Ivoire, Ethiopia, Kenya, Lesotho, Mozambique, Nigeria, Rwanda, South Africa, Swaziland, Tanzania, Uganda, and Zambia. He has recently begun a research project on non-communicable diseases, which includes a soon to be launched household population health survey of 4 urban slums in Port au Prince, Haiti.

Dr. Nash is currently PI on three NIH funded research projects, including two R01s (one focused in sub-Saharan Africa and one in NYC), as well as a U01 that follows over 50,000 people with HIV enrolled in HIV care and life saving antiretroviral drugs in Central Africa (Rwanda, Burundi, Democratic Republic of Congo, and Cameroon). Dr. Nash and his team at CUNY recently launched a new online
epidemiologic ‘dashboard’ system to track New York state’s HIV epidemic and evaluate the progress of New York State’s ‘Ending the HIV Epidemic’ Initiative. Dr. Nash’s full CV is included in Appendix N.3, and a complete list of Dr. Nash’s funded and pending research projects that would immediately become part of the Institute’s research portfolio is included in Appendix N.4.

Dr. Nash is the Executive Officer of CUNY’s Doctor of Public Health Programs at the CUNY Graduate Center. He is also an adjunct Professor of Epidemiology at Columbia University’s Mailman School of Public Health, adjunct Professor of Epidemiology and Population Health at the Einstein College of Medicine, and Adjunct Professor of Community and Preventive Medicine at the Mt. Sinai School of Medicine.

Faculty profiles
1. CUNY [Graduate Center](#)
2. CUNY [School of Public Health](#)
3. Columbia University, [Mailman School of Public Health](#)

Recent media coverage and other highlights
1. Politics on the Hudson: [Cuomo names task force to fight AIDS](#).
2. WNYC, Morning Edition: [Where New York City Kids Are Not Getting Vaccinated](#).
3. NPR, All Things Considered: [“New York’s Disease Detectives Hit The Street In Search Of Ebola”](#).
4. Associated Press, “[Ebola case highlights work of NYC disease sleuths](#)”.
5. Albany Times Union, “[Plan for New York to end AIDS](#)”.
6. Hunter College, “[Hunter Professor Denis Nash to Help Track New York’s End of AIDS Initiative](#)”.
## M. Appendices

### M.1 Budget

#### Expenses

<table>
<thead>
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<th>Category</th>
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<td>Discretionary personnel support (salary &amp; fringe)</td>
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<td>Grant writing course</td>
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<td>$5,000</td>
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<td>Events (seminars, office parties)</td>
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<td>$5,000</td>
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<td>Travel (discretionary, e.g., post-docs and GRAs)</td>
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<td>Entertaining existing and future collaborators (meals, etc)</td>
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<td>Pilot projects to incentivise research proposals and collaborations</td>
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<td>$25,000</td>
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#### Revenue (Base case scenario)

**Start up support**

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<td>$116,000</td>
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<td>$116,000</td>
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<td>Start up money (Tax Levy)</td>
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<td>Course release</td>
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<td><strong>Total</strong></td>
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<td>$286,609</td>
<td>$152,241</td>
<td>$116,000</td>
<td>$116,000</td>
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**GSPHHP**

| Grad A       | $25,000   | $25,000   | $25,000   | $25,000   | $25,000   |
| Post-Doc     | $45,000   | $45,000   | $45,000   | $45,000   | $45,000   |
| **Total**    | $70,000   | $70,000   | $70,000   | $70,000   | $70,000   |

#### Research funding

**Federal grants**

| Direct   | $1,853,264 | $3,196,063 | $4,086,008 | $4,335,000 | $5,135,000 |
| Indirect | $982,230   | $1,693,913 | $2,165,582 | $2,297,550 | $2,721,550 |
| **Total**| $2,835,494 | $4,889,976 | $6,251,590 | $6,632,550 | $7,856,550 |

**non-Federal grants**

| Direct   | $774,844   | $638,401   | $653,401   | $599,861   | $475,587   |
| Indirect | $144,969   | $127,680   | $130,680   | $119,972   | $95,117    |
| **Total**| $919,813   | $766,081   | $784,081   | $719,833   | $570,704   |

**Total research funding**

| $3,705,307 | $5,656,058 | $7,035,666 | $7,352,383 | $8,427,254 |

**Indirect cost recovery to Institute**

| $210,786   | $340,638   | $429,401   | $440,859   | $517,823   |

**Support for project management on grants**

| $69,170    | $112,401   | $138,340   | $121,048   | $146,986   |

**Total Revenue to Institute**

| $717,723   | $809,648   | $789,982   | $747,907   | $850,810   |
### M.2 Potential Institute Investigators

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<th>Department</th>
<th>Relevant expertise</th>
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<td>Grov, Christian</td>
<td>CUNY GSPHHP</td>
<td>Community Society and Health</td>
<td>Behavioral Science</td>
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<td>Golub, Sarit</td>
<td>Hunter College</td>
<td>Psychology</td>
<td>Behavioral Science, Implementation Science, Biostatistics</td>
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<td>Goodwin, Renee</td>
<td>Queens College</td>
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<td>Epidemiology, Behavioral Science</td>
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<td>TBD (Deputy Director)</td>
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### M.3 Potential Institute Affiliated Faculty

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<th>Relevant expertise</th>
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<td>Community, Society, and Health</td>
<td>Implementation Science, Global Health, Dissemination</td>
<td>Director of the GSPHHP Center for Global, Immigrant, and Refugee Health</td>
</tr>
<tr>
<td>Huang, Terry</td>
<td>GSPHHP</td>
<td>Community, Society and Health</td>
<td>Systems Science and Health Policy</td>
<td>Director of the GSPHHP Center for Prevention by Community Design</td>
</tr>
</tbody>
</table>
1. DATE OF PREPARATION OF C.V.  
January 2015

2. PERSONAL DATA:  
Office address: CUNY School of Public Health  
2180 3rd Ave (at 119th St), Room 544  
New York, NY 10035  
Telephone: 718-530-0684  
Fax: 360-851-7175  
E-Mail: dnash@hunter.cuny.edu

3. ACADEMIC TRAINING  
8/95-5/99: University of Maryland  
Degree: Doctor of Philosophy, Epidemiology and Preventive Medicine  
Thesis title: Lead and menopause: Latent re-exposure to lead stored in bone and health consequences  
Advisor: Ellen K. Silbergeld, Ph.D.

6/93-6/95: Johns Hopkins University School of Hygiene and Public Health  
Degree: Master of Public Health  
Advisor: Moyses Szklo, MD, DrPH

9/86-6/91: Drexel University, Philadelphia, PA  
Degree: Bachelor of Science, Physics - Cum Laude

4. TRAINEESHIP/POSTDOCTORAL TRAINING:  
7/99-7/01: Epidemic Intelligence Service (EIS) Officer  
Centers for Disease Control and Prevention, U.S. Public Health Service  
Assignment location: New York City Health Dept., Office of HIV/AIDS Surveillance, New York, NY

1997-1998: Heinz Family Foundation Predoctoral Fellow  
Program in Human Health and the Environment, University of Maryland School of Medicine, Baltimore, MD

5. LICENSURE AND CERTIFICATION:  
HIPAA (Columbia University)  
Good Clinical Practice, Epidemiology and Social Behavior (Columbia University)  
Human Subjects Research (Department of Health and Human Services, CDC)

6. MILITARY/UNIFORMED SERVICE  

7. MEMBERSHIP IN SOCIETIES (past and present):  
IAPAC - International Association of Providers of AIDS Care  
CSTE - Council of State and Territorial Epidemiologists  
SER - Society for Epidemiologic Research  
APHA - American Public Health Association  
ATPM - Association of Teachers of Preventive Medicine  
IAS – International AIDS Society
8. ACADEMIC APPOINTMENTS:

6/2012—present  Professor of Epidemiology with tenure, Epidemiology and Biostatistics Program, City University of New York (CUNY), Hunter College, School of Urban Public Health New York, NY

6/2012—present  Professor of Public Health, Graduate Center of the City University of New York (CUNY), New York, NY

12/2015—present  Adjunct Professor of Epidemiology and Population Health, Albert Einstein College of Medicine, Bronx, NY

4/2011—6/2012  Associate Professor of Public Health, Graduate Center of the City University of New York (CUNY), New York, NY

9/2010—6/2012  Associate Professor of Epidemiology with tenure, Epidemiology and Biostatistics Program, City University of New York (CUNY), Hunter College, School of Urban Public Health New York, NY

9/2010—present  Adjunct Associate Professor of Epidemiology, Department of Epidemiology, Columbia University Mailman School of Public Health, New York, NY

01/2006—9/2010  Associate Professor of Epidemiology, Department of Epidemiology, Columbia University Mailman School of Public Health, New York, NY

10/2004—1/2006  Assistant Professor of Epidemiology, Department of Epidemiology, Columbia University Mailman School of Public Health, New York, NY

10/2003-10/2004:  Investigator, Center for Urban Epidemiologic Studies, New York Academy of Medicine, New York, NY

12/1999—10/2004  Adjunct Assistant Clinical Professor Department of Community Medicine, Mt. Sinai School of Medicine, New York, NY

9. PROFESSIONAL POSITIONS AND ADMINISTRATIVE RESPONSIBILITIES

2014—present  Investigator, Global Burden of Disease Project, Institute for Health Metrics, University of Washington

2013—present  Executive Officer, Doctor of Public Health Programs, CUNY Graduate Center

2013—present  Dean’s Cabinet, CUNY School of Public Health

2013—present  Co-Director, Public Health Policy and Practice Core, HIV Center for Clinical and Behavioral Studies, Columbia University

2011 – present  Editorial Board, Epidemiology - Open Access Journal

2009—present  co-Chair, Global Site Assessment Working Group, International Epidemiologic Databases to Evaluate AIDS (IeDEA) network

2008 – present  Member, Statistics, Epidemiology, and Data Management (SED) Core, HIV Center for Clinical and Behavioral Studies at the New York State Psychiatric Institute and Columbia University

2008 – present  Member, New York City Department of Health and Mental Hygiene General Preventive Medicine Residency Advisory Committee

2005 – present  Editor, Surveillance Section, Journal of HIV/AIDS Surveillance and Epidemiology

2000 - present  Member, Mt. Sinai School of Medicine General Preventive Medicine Residency Advisory Committee

2013  Member, Search Committee for Hunter College Associate Provost for Research

2013  Member, Search Committee for Hunter College Center for HIV Educational Studies and Training (CHEST), Faculty Search Committee

2012—2013  Chair, Admissions Committee, CUNY SPH Doctoral Program, CUNY School of Public Health

2011—2012  Chair, Biostatistics Faculty Search Committee, Epidemiology and Biostatistics Program (Hired Xiaowei Yang, PhD, at the Associate Professor level)

2011 – 2013  Track Coordinator, Epidemiology Doctoral Program, CUNY School of Public Health

2011  Grant proposal reviewer, PSC-CUNY Research Award Program

2010 – 2013  NIH Office of AIDS Research (OAR) pan-NIH Natural History and Epidemiology Planning Group (March 2010-Feb 2013)

2010  Grant proposal reviewer, Alfred P. Sloan Foundation
2010  CDC Special Emphasis Panel, National HIV Behavioral Surveillance (NHBS)
2010  CDC Special Emphasis Panel, Kenya Medical Research Institute (KMRI)
2007 – 2010  Member, Mailman School of Public Health School-wide Faculty Steering Committee
2007 – 2010  Public Health Reports, ASPH Advisory Committee
2005 – 2010  Member, Mailman School of Public Health, Department of Epidemiology Diversity Committee
2004 – 2010  Leadership Team Member, International Center for AIDS Care and Treatment Programs (ICAP)
2004 – 2010  Center for Infectious Disease Epidemiologic Research (CIDER) training committee
2004 – 2010  Director, Monitoring, Evaluation, and Research Unit, International Center for AIDS Care and Treatment Programs (ICAP), Columbia University, MSPH.
   Description: Oversee and coordinate Monitoring, Evaluation, and Research activities at ICAP-supported HIV care and treatment sites in 14 countries.
   Supervise technical/professional staff (15 persons in NYC and 10 based in sub-Saharan Africa, all at master’s or doctoral level). Establish/develop and implement ICAP’s research agenda.
2002 – 2004  Steering Committee Member, Global AIDS Technical Assistance Program, National Alliance of State and Territorial AIDS Directors (NASTAD)
   Description: Directed HIV/AIDS surveillance activities, including a staff of over 50 individuals responsible for tracking the HIV/AIDS epidemic in New York City.
   Oversaw development and implementation of a new surveillance system to track HIV (non-AIDS) diagnoses.

10. HONORS AND AWARDS:
   2002: James H. Nagano Citation for an outstanding CDC scientific publication in 2001, National Center for Infectious Diseases, CDC
   2001: Secretary’s Award for Distinguished Service (West Nile outbreak response): U.S. Department of Health and Human Services
   2001: Honor Award: Centers for Disease Control, National Center for Infectious Diseases
   2001: Outstanding Unit Citation: U.S. Public Health Service for work on the 1999 West Nile outbreak
   1995: John C. Hume Award: Johns Hopkins School of Public Health (nominated)
   1995: Delta Omega: National Public Health Honor Society (nominated)
   1991: Sigma Pi Sigma: National Physics Honor Society
   1988: Dean’s List, Drexel University 88-89 and 89-90

11. FELLOWSHIP AND GRANT SUPPORT:
   Fellowship
   2004-2008: National Health Disparities Research Fellow, National Institute of Health, Competitive Loan Repayment and student loan forgiveness program
   1999-2001: Epidemic Intelligence Service Officer, Epidemiology Program Office, Centers for Disease Control and Prevention. Based at the New York City Department of Health, HIV/AIDS Surveillance Program, New York, NY

Current grants
HRI 4895 Amount: $750,000
Title: Tracking Progress towards Ending the AIDS Epidemic in NYS
Funding agency: New York State Department of Health AIDS Institute 11/2014-10/2017
As part of the Cuomo administration’s statewide End of Aids initiative, this grant will be used to create an epidemiologic data dissemination system that will help track the state’s progress toward achieving its goal of reducing the number of new HIV infections to below epidemic levels by 2020.
Role of Denis Nash: PI

**R01 MH101028-01A1** (MPIs: D Nash and M Irvine)  
Amount: $3,100,000  
Funding agency: National Institutes of Health (NIMH)  
Title: HIV care coordination: comparative effectiveness, outcome determinants and costs  
Role of Denis Nash: co-PI

**P30-MH43520** (PI: Remien)  
Funding agency: National Institutes of Health (NIMH)  
Jan 2014-Dec 2015  
Dr. Nash received $19,000 in pilot funds from the HIV Center’s P30 for a project aimed at understanding barriers to linkage or re-linkage to HIV care among STD clinic attendees in NYC.  
Role of Denis Nash: PI

**PCORI** (PI: Georgina Osorio)  
Amount: $130,467  
Funding agency: Patient Centered Outcomes Research Institute (PCORI)  
10/1/13-9/30/16  
Impact of patient navigators on health education and quality of life among formerly incarcerated persons.  
Role of Denis Nash: Co-Investigator and PI of sub-contract

**1U01AI096299-01** (PIs: K Anastos, D Hoover, D Nash)  
Amount: $4,500,000  
Funding agency: National Institutes of Health (NIH)  
International Epidemiological Databases to Evaluate AIDS (IEDEA), Central Africa Region: A multi-partner, multi-center project to combine data on cohorts of patients receiving HIV care and treatment in the Central Africa region.  
Role of Denis Nash: MPI

**1U01AI096299-01** (PIs: K Anastos, D Hoover, D Nash)  
Amount: $75,000  
Funding agency: National Institutes of Health (NIH)  
9/2013-8/2014  
Dr. Nash received an administrative supplement to this award to lead epidemiological analyses related to implementation science in the Central African region, and to lead multi-regional site assessment activities.  
Role of Denis Nash: PI of Administrative Supplement

**P30-MH43520** (PI: Remien)  
Funding agency: National Institutes of Health (NIMH)  
Feb 2013-Jan 2018  
HIV Center for Clinical and Behavioral Studies: The HIV Center is a multidisciplinary research center that investigates the behavioral causes and consequences of HIV/AIDS, focusing on the intersections of HIV infection, gender, and sexuality; treatment strategies for infected populations; and innovative dissemination of scientific findings.  
Role of Denis Nash: Co-investigator, co-Core Director, and PI of sub-contract (15%)

**1R01MH089831-01A1** (Co-Principal Investigator: Denis Nash)  
Amount: $2,499,000  
Funding agency: National Institutes of Health (NIH)  
05/2010-04/2015  
Multi-level determinants of late ART initiation in sub-Saharan Africa: to determine the multi-level factors associated with late antiretroviral therapy (ART) initiation (i.e., in the advanced stages of HIV disease) in areas of sub-Saharan Africa where ART is rapidly being scaled-up.  
Role of Denis Nash: Principal Investigator (25%)

**1 H97 HA2269301-00** (PI: H Cruz and B Agins)  
Amount: $900,000  
Funding agency: Health Resources and Services Administration (HRSA)  
Role of Denis Nash: Co-investigator and Evaluation Director

**Canadian NIH** (PI: Robert Hogg)  
Amount: 09/2012-08/2015
Determinants of late initiation and treatment interruption in a context of the expansion highly active antiretroviral therapy (HAART) in British Columbia, Canada
Role of Denis Nash: Co-Investigator

NIH 1F31MH099924 (PI: Sonia Gonzalez-Gladstein) 09/2012-5/2014
Piloting a Mobile App for HIV Risk Reduction among Young Latinas and Black Females
Ruth L. Kirschstein National Research Service Award (NRSA), pre-doctoral fellowship
Funding agency: National Institutes of Health (NIMH) Amount: $74,248
Role of Denis Nash: Sponsor

1U62PS003692-01 (PI: J Tesoriero) Amount: $60,000
Funding agency: Centers for Disease Control and Prevention 12/2011-11/2015
Positive Pathways Project to reduce HIV-related stigma in New York State Prisons and link HIV positive persons to HIV care upon release from prison.
Role of Denis Nash: Co-investigator and consultant

CDC Cooperative Agreement (sub-contract from EDC to Nash)
Funding agency: CDC (PI: Deborah Mclean, EDC) 9/2013-8/2015
Title: Maximizing Online Dissemination and E-Learning of HIV Care Strategies (MODEL HIV Care Strategies)
Role of Denis Nash: Co-Investigator

Pending grants
Recently submitted grants

Determinants of Timely Outcomes prior to ART In Initiation in Sub-Saharan Africa
Role of Denis Nash: Principal Investigator
Lead institution: Hunter College, School of Urban Public Health
Funding requested: $3,479,531 ($2,826,286 direct, $653,245 indirect)
Funder: NIH/NIMH
Duration: 5 years (2015-2021)
Submission date: May 2015

This project will determine the factors associated with timely HIV diagnosis and enrollment in HIV care across four African countries and identify the most acceptable and preferred strategies to promote HIV testing and care enrollment prior to development of symptoms. These findings will then be used to develop a population-health and economic model that will inform programmatic strategies and national planning efforts.

Implementation Science to Improve HCV Continuum Outcomes
Role of Denis Nash: Principal Investigator
Lead institution: Hunter College, School of Urban Public Health
Funding requested: $16,536,893 ($13,819,574 direct, $2,717,319 indirect)
Funder: PCORI
Duration: 5 years (2015-2021)
Submission date: May 2015

This project assesses the comparative effectiveness of five public health strategies, all currently in use and including low-touch interventions of a mobile application and text messaging, aimed at optimizing clinical outcomes among persons with hepatitis C virus (HCV) infection in New York City who are not engaged with the health care system for their HCV infection. We will also extensively characterize the patient perspective on the acceptability of the five different strategies being compared, as well as other possible strategies to improve clinical outcomes.
Y Get It? Using Social Media to Do What You Need to Do
Role of Denis Nash: Co-Investigator
Lead institution: New York State Department of Health, AIDS Institute
Funding requested: $108,600
Funder: HRSA (subcontract from AIDS Institute)
Duration: 3 years (2015-2019)
Submission date: April 2015
This is a demonstration project that uses innovative social media tools to identify, link and retain hard to reach youth and young adults in HIV primary care and supportive services.

HIV Care Continuum within Ryan White HIV/AIDS Program Part A jurisdictions
Role of Denis Nash: Co-Investigator
Lead institution: New York State Department of Health, AIDS Institute
Funding requested: $446,051 ($394,735 direct, $51,316 indirect)
Funder: HRSA (subcontract from AIDS Institute)
Duration: 3 years (2015-2019)
Submission date: April 2015
The purpose of this project is to affect positive outcomes along the HIV care continuum by providing guidance and technical assistance to Part A jurisdictions across the country using a collaborative learning approach and rapid improvement principles and practices. The project will also apply data-driven, evidence-based and evidence-informed strategies for improving population-level HIV outcomes across Part A jurisdictions and their systems of care and scale-up interventions to improve HIV outcomes by stimulating action across jurisdictions and among many partners.

Identifying Effective and Acceptable Strategies to Improve the HIV Care Cascade Among Young People Living with HIV (YPLWH)
Role of Denis Nash: Co-Investigator
Lead institution: Columbia University, Mailman School of Public Health
Funding requested: $255,187 ($163,785 direct, $91,402 indirect)
Funder: NIH/NIMH (Subcontract from Columbia University)
Duration: 5 years (2016-2022)
Submission date: May 2015
This study will identify potentially effective approaches to improving the individual and population impact of PEPFAR-supported HIV care services among young people living with HIV in three countries highly impacted by the HIV epidemic.

Center for AIDS Research
Role of Denis Nash: Co-Director
Lead institution: Albert Einstein College of Medicine
Funding requested: $630,000 ($500,000 direct, $130,000 indirect)
Funder: NIH (subcontract from Albert Einstein College of Medicine)
Duration: 5 years (2016-2022)
Submission date: July 2015
We will be forming an NIH-funded Center for AIDS Research with Albert Einstein College of Medicine.

Central Africa International Epidemiologic Databases to Evaluate AIDS (CA-ieDEA)
Role of Denis Nash: Co-Principal Investigator (MPI) with K Anastos (Albert Einstein School of Medicine)
Lead institution: Albert Einstein College of Medicine and Hunter College School of Urban Public Health
Funding requested: $756,000 ($600,000 direct, $156,000 indirect)
Funder: NIH/NIMH (subcontract from Albert Einstein College of Medicine)
Duration: 5 years (2016-2022)
Submission date: July 2015

This is a renewal of the currently funded multi-center cohort study that brings together data from several HIV care and treatment sites in Central Africa to examine key clinical and operational issues surrounding scale-up of services. Dr. Nash is now co-Principal Investigator on this project and his expected support will increase accordingly.

Past grants

**NIH R01 MH089831-01A1S1** (Co-Principal Investigator: Denis Nash) 10/2010-9/2013
Funding agency: National Institutes of Health (NIMH) Amount: $287,000
Retention and engagement in care of patients prior to ART initiation. A PEPFAR Administrative Supplement to NIH R01 MH089831-01A1 focusing on four scale-up clinics in the Kagera region of Tanzania.
Role of Denis Nash: Co-Principal Investigator (5%)

**CDC 1 R49 CE002096** 12/2012-11/2013
Incidence and risk factors for injuries among firefighters at the Fire Department of New York (FDNY) (Principal Investigator: Denis Nash)
Funding agency: Center for Injury Epidemiology and Prevention at Columbia University and National Center for Injury Prevention and Control, CDC (1 R49 CE002096). Amount: $10,000
The overarching objective of this project is to characterize the incidence of and risk factors for severe work-related burn, smoke inhalation, and musculoskeletal injuries through a retrospective cohort analysis of injuries during the last decade.
Role of Denis Nash: Principal Investigator

HIV Center for Clinical and Behavioral Studies: The HIV Center is a multidisciplinary research center that investigates the behavioral causes and consequences of HIV/AIDS, focusing on the intersections of HIV infection, gender, and sexuality; treatment strategies for infected populations; and innovative dissemination of scientific findings.
Role of Denis Nash: Co-investigator (2%)

**U01AI069911-01** (PI: C Yiannoutsos) 07/2011-06/2013
Funding agency: National Institutes of Health (NIAID) Amount: $15,000
International Epidemiological Databases to Evaluate AIDS (IEDEA), Eastern Africa Region: A multi-partner, multi-center project to combine data on cohorts of patients receiving HIV care and treatment in the eastern Africa region.
Role of Denis Nash: Co-investigator (2%)

**U01AI069927** (Principal Investigator: T. Hartwell) 07/2009-06/2011
Funding agency: National Institutes of Health (NIAID) Amount: $15,000
International Epidemiological Databases to Evaluate AIDS (IEDEA), Central Africa Region: A multi-partner, multi-center project to combine data on cohorts of patients receiving HIV care and treatment in the Central Africa region.
Role of Denis Nash: Co-investigator (2%), and PI of sub-contract

**U2GPS0033031** (Principal Investigator: Denis Nash) 9/2010-09/2015
Funding Agency: US Centers for Disease Control and Prevention
Technical Assistance for HIV-related Strategic Information in the Central Asian Republics of Kazakhstan, Kyrgyzstan, Uzbekistan, Tajikistan, and Turkmenistan Amount: $2,000,000
Role of Denis Nash (Principal Investigator, 10%)

U2GPS002828-01 (Principal Investigator: Denis Nash)  9/2010-09/2015
Funding Agency: US Centers for Disease Control and Prevention
Technical Assistance for HIV-related Strategic Information in the Mozambique  $240,000
Role of Denis Nash (Principal Investigator, 5%)

1 T32 AI49821-01 (Principal Investigator: Wafaa El-Sadr)  09/30/01-9/2010
Funding agency: NIAID
Training in the Epidemiology of Infectious Diseases: The goal of this project is to produce a cadre of scientists with expertise in the epidemiology of infectious diseases. Candidates are recruited from the Infectious Diseases Fellowship Training Program in the Department of Medicine or Pediatrics at Columbia University and one of the two doctoral programs in the School of Public Health to pursue a Master of Public Health or Science or doctoral degree in the Department of Epidemiology.
Role of Denis Nash: Co-Investigator (5%)

U62/CCU223540 (Principal Investigator: Wafaa El-Sadr)  2/23/04-9/2010
Funding agency: Centers for Disease Control and Prevention
President’s Emergency Plan for AIDS Relief: The program’s goal is to expand HIV Care and Treatment in Kenya, Mozambique, Rwanda, Tanzania, South Africa, Ethiopia, Nigeria, Cote d’Ivoire, Swaziland, and Lesotho.
Role of Denis Nash: Co-investigator (30%)

GPO-A-00-03-00001 (Principal Investigator: Wafaa El-Sadr)  07/01/03-9/2010
Funding agency: United States Agency for International Development
Expansion of the MTCT-Plus Initiative: The program’s goal is to enable MTCT-Plus to expand care and treatment to additional patients and to additional sites, with an emphasis on activities in USAID priority countries.
Role of Denis Nash: Co-investigator (5%)

U62 CCU222407 (Principal Investigator: Wafaa El-Sadr)  09/30/02-9/10/10
Funding agency: Centers for Disease Control and Prevention
Global AIDS Project, University Technical Assistance Program: Develop a team of experts with multi-disciplinary skills who can effectively and efficiently execute CDC requests in GAP-identified countries while supporting a cadre of Technical Field Advisors assigned to the designated countries.
Role of Denis Nash: Co-investigator (10%)

The MTCT Plus Initiative (PI: Elaine Abrams)  01/01/02-9/10/10
Multiple Foundations: This initiative aims at providing HIV-infected women and their children with access to HIV care in resource limited settings. The project, to be focused initially in sub-Saharan Africa, will work through partners already engaged in the prevention of maternal-to-child transmission (MTCT) of HIV.
Role of Denis Nash: Co-investigator (5%)

Funding agency: National Institutes of Health (NIAID)  PI: Matthias Egger  Jan 2007-Dec 2008
International Epidemiological Databases to Evaluate AIDS (I DEA), Southern Africa Region: A multi-partner, multi-center project to combine data on cohorts of patients receiving HIV care and treatment in the southern Africa region.
Role of Denis Nash: Co-investigator (5%)

Funding agency: The Doris Duke Charitable Foundation
Identifying optimal approaches to HIV care and treatment in Africa: A multi-level operational research study of the characteristics of Columbia University-supported HIV care and treatment programs and outcomes among individuals receiving care at these sites.
Role of Denis Nash: Principal Investigator (10%)
Amount: $200,000

**ART-LINC** (Principal Investigator: Matthias Egger)
Funding agency: US National Institutes of Health (OAR) and French Agence Nationale de Recherches sur le Sida (ANRS)
Anti-retroviral therapy in low-income countries (ART-LINC) Consortium. A demonstration project to combine information on persons receiving ART from multiple HIV care and treatment sites in low income settings, including sub-Saharan Africa, Brazil, India, and Thailand.
Role of Denis Nash: Co-investigator (in kind)

**U62/CCU206208** (Principal Investigator: Denis Nash, 30%) 1/2003-12/2003
Funding Agency: US Centers for Disease Control and Prevention
Core HIV/AIDS Surveillance $3,067,389

**U62/CCU206208** (Principal Investigator: Denis Nash, 15%) 01/2003-12/2003
Funding Agency: US Centers for Disease Control and Prevention
HIV Incidence Surveillance $660,906

**U62/CCU220961** (Principal Investigator: Denis Nash, 15%) 09/2002-09/2004
Funding Agency: US Centers for Disease Control and Prevention
Evaluation of integrated HIV/AIDS Surveillance $350,000

**U62/CCU206208** (Principal Investigator: Denis Nash, 10%) 09/2002-09/2003
Funding Agency: US Centers for Disease Control and Prevention
Sampling for transmission risk $50,000

Funding Agency: US Centers for Disease Control and Prevention
AIDS Progression Project, Case Control $83,233
Role of Denis Nash: Co-Principal Investigator, 5%

**TS 288-14/14** (Principal Investigator: Ellen K. Silbergeld) 09/1998-06/1999
Funding Agency: US Centers for Disease Control and Prevention/Association of Teachers of Preventive Medicine
Bone and blood lead and toxicity among peri-menopausal women $100,000
Role of Denis Nash: Co-investigator, 50%

12. TEACHING EXPERIENCE AND RESPONSIBILITIES:

**Courses Taught**
2012-Present Dissertation Research Seminar, CUNY Graduate Center
2012-Present Public Health Surveillance, Principles and Practice, Epidemiology and Population Summer Institute at Columbia University
2011-Present EPI 700 – Public Health Surveillance, Principles and Practice, CUNY School of Public Health at Hunter College
2011-Present EPI 756 – Infectious Disease Epidemiology, CUNY School of Public Health at Hunter College
2005-Present: EPID P6400, Principles of Epidemiology (Lecturer for Infectious Disease Epidemiology, Fundamental Concepts in Epidemiology, Bias and Confounding, Causal Inference), Columbia University Mailman School of Public Health
2012 Advanced Research Seminar 1, CUNY Graduate Center (co-Instructor)
2010  PH 753 – Principles of Epidemiology, CUNY School of Public Health at Hunter College
2007-2010  EPID 8430 – Public Health Surveillance: Principles and Practice (Course Director), Columbia University Mailman School of Public Health
2005-2010  P8488 – Research in Developing Countries (Lecturer on Surveillance), Columbia University Mailman School of Public Health
2005-2010: EPID P8474, Infectious Disease Epidemiology (Lecturer on Surveillance), Columbia University Mailman School of Public Health
2004-2007: EHS P6300, Environmental Health Sciences (Lecturer on Field Studies), Columbia University Mailman School of Public Health
2001-2005: Infectious Disease Epidemiology (Course Director), Mount Sinai School of Medicine

Student mentoring and training

<table>
<thead>
<tr>
<th>Name</th>
<th>Level of Learner</th>
<th>Role in training and Setting</th>
<th>Inclusive dates of training</th>
<th>Trainee’s current position and Institution employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Angela Parcesepe, PhD, MPH</td>
<td>Post-doctoral fellow</td>
<td>Mentor</td>
<td>2015-present</td>
<td>Columbia University, HIV Center</td>
</tr>
<tr>
<td>2. McKaylee Robertson, MPH</td>
<td>Doctoral student in Epidemiology</td>
<td>Mentor/Sponsor</td>
<td>2014-present</td>
<td>CUNY – Nash research team</td>
</tr>
<tr>
<td>3. Olga Tymejczyk, MPH</td>
<td>Doctoral student in Epidemiology</td>
<td>Mentor/Sponsor</td>
<td>2013-present</td>
<td>CUNY – Nash research team</td>
</tr>
<tr>
<td>4. Bisrat Abraham, MD, MPH</td>
<td>Weill Cornell Medical College, Infectious Disease Fellow</td>
<td>Research mentor</td>
<td>2013-present</td>
<td>ID Fellow, 2nd year, Weill Cornell Medical College</td>
</tr>
<tr>
<td>5. Sheila Vaidya</td>
<td>Columbia University MPH Student</td>
<td>Primary thesis reader</td>
<td>2011-2013</td>
<td>MSPH (Epidemiology PhD Program)</td>
</tr>
<tr>
<td>8. Sungwoo Lim</td>
<td>Doctoral Student in Epidemiology</td>
<td>Dissertation committee member</td>
<td>2009-2014</td>
<td>NYC DOHMH</td>
</tr>
<tr>
<td>10. Amanda Farr, MPH</td>
<td>Doctoral Student in Epidemiology</td>
<td>Academic Advisor and Dissertation Sponsor</td>
<td>2011-present</td>
<td>Thompson-Reuters</td>
</tr>
<tr>
<td>12. Brianne Oliveri</td>
<td>MPH Student</td>
<td>Thesis advisor</td>
<td>2010-2012</td>
<td>NYU</td>
</tr>
<tr>
<td>13. Perry Halkitis, PhD</td>
<td>MPH Student</td>
<td>Thesis advisor</td>
<td>2010-2012</td>
<td>Professor and Associate Dean for Research, NYU</td>
</tr>
<tr>
<td>14. Kavita Misra, PhD</td>
<td>MPH Student</td>
<td>Thesis advisor</td>
<td>2012-2013</td>
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<tr>
<td>Name</td>
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<tr>
<td>15. Sonia Gonzalez-Gladstein, MPH</td>
<td>Doctoral Student (Community, Society, and Health)</td>
<td>Advisor and Sponsor on NIMH F31</td>
<td>2012-2014</td>
<td></td>
</tr>
<tr>
<td>16. Lucretia Jones, DrPH, MPH</td>
<td>Doctoral student (Community, Society, and Health)</td>
<td>Committee member</td>
<td>2010-2012</td>
<td>NYCDOHMH</td>
</tr>
<tr>
<td>17. Ragheed Fadhil, MD</td>
<td>MPH Student (Epidemiology) and Fulbright Scholar (Iraq)</td>
<td>Thesis Adviser, practicum supervisor, mentor</td>
<td>2011-2012</td>
<td></td>
</tr>
<tr>
<td>18. Kate Fahy</td>
<td>MPH Student (Health Policy and Management)</td>
<td>Thesis Adviser</td>
<td>2011-2012</td>
<td>Director of Development, Institute for Family Health</td>
</tr>
<tr>
<td>19. Tracy Garber</td>
<td>MPH Student (Health Policy and Management)</td>
<td>Thesis Adviser and practicum supervisor</td>
<td>2011-2012</td>
<td>Packard Foundation</td>
</tr>
<tr>
<td>20. Mark Friedman</td>
<td>MPH Student (Epidemiology)</td>
<td>Thesis Adviser</td>
<td>2011-2012</td>
<td></td>
</tr>
<tr>
<td>21. Lucy Almers</td>
<td>MPH Student (Epidemiology)</td>
<td>Thesis Adviser</td>
<td>2010-2011</td>
<td>CU-MSPH</td>
</tr>
<tr>
<td>22. Ellen Stiefvater</td>
<td>Doctoral student (Sociomedical Sciences)</td>
<td>Dissertation Committee Member</td>
<td>2010-present</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>24. Peter Manyang, MPH</td>
<td>MPH Student (Epidemiology)</td>
<td>Academic Adviser and Thesis Adviser</td>
<td>2009-2010</td>
<td>Carter Center, Guinea Worm Eradication Program</td>
</tr>
<tr>
<td>25. Rituparna Pati, MD, MS</td>
<td>MPH Student (Epidemiology) and Cornell University PMR</td>
<td>Thesis and practicum adviser</td>
<td>2009-present</td>
<td>Weill Cornell Medical College</td>
</tr>
<tr>
<td>26. Josephine Tsai, MD, MPH</td>
<td>MPH Student (Epidemiology) and NYCDOHMH PMR</td>
<td>Academic Adviser and Thesis Adviser</td>
<td>2009-present</td>
<td>NYCDOHMH</td>
</tr>
<tr>
<td>27. Rahela Bursac</td>
<td>MPH Student (Epidemiology), MSPH-DOHMH Surveillance Scholar</td>
<td>MSPH-DOHMH Surveillance Scholar Program Director</td>
<td>2009-present</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>28. Katie Lane</td>
<td>MPH Student (Epidemiology), MSPH-DOHMH Surveillance Scholar</td>
<td>Thesis Adviser, MSPH-DOHMH Surveillance Scholar Program Director</td>
<td>2009-present</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>29. Laura Stadelman</td>
<td>MPH Student (Epidemiology), MSPH-DOHMH Surveillance Scholar</td>
<td>Thesis Adviser, MSPH-DOHMH Surveillance Scholar Program Director</td>
<td>2009-present</td>
<td>CU MSPH</td>
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<tr>
<td>30. Nicole Espinoza</td>
<td>MPH Student (Epidemiology)</td>
<td>Thesis Adviser</td>
<td>2009-present</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>32. Amanda Farr, MPH</td>
<td>MPH Student (Epidemiology), MSPH-DOHMH Surveillance Scholar</td>
<td>Academic Adviser and Thesis Adviser, MSPH-DOHMH Surveillance Scholar Program Director</td>
<td>2009-2010</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>33. Jung-Eun Ha, MPH</td>
<td>MPH Student (Epidemiology), MSPH-DOHMH Surveillance Scholar</td>
<td>MSPH-DOHMH Surveillance Scholar Program Director</td>
<td>2009-2010</td>
<td>Epidemiology Doctoral student, UNC</td>
</tr>
<tr>
<td>34. Christina Parinello, MPH</td>
<td>MPH Student (Epidemiology), MSPH-DOHMH Surveillance Scholar</td>
<td>MSPH-DOHMH Surveillance Scholar Program Director</td>
<td>2009-2010</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>35. Gretchen Nelson, PhD</td>
<td>Post-doctoral fellow</td>
<td>Academic Adviser and Thesis Adviser</td>
<td>2008-2010</td>
<td>CDC EIS Program</td>
</tr>
<tr>
<td>36. Victoria Nankabirwa, MD, MPH</td>
<td>Doctoral Student (Epidemiology)</td>
<td>Dissertation Committee member, CU MSPH</td>
<td>2008-present</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>37. Eduard Eduardo, MPH</td>
<td>Doctoral Student (Epidemiology)</td>
<td>Dissertation Sponsor, CU MSPH</td>
<td>2006-2014</td>
<td>HIV Regional Advocacy Manager with Bristol-Myers Squibb (BMS)</td>
</tr>
<tr>
<td>38. Matthew Lamb, MPH</td>
<td>Doctoral Student (Epidemiology)</td>
<td>Dissertation Sponsor, CU MSPH</td>
<td>2006-2010</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>40. Amber Featherstone, MD</td>
<td>MPH Student (Epidemiology) and NYCDOHMH PMR</td>
<td>Academic Adviser and Thesis Adviser</td>
<td>2007-2008</td>
<td>NYCDOHMH</td>
</tr>
<tr>
<td>42. Soniya Gandhi, MD, MPH</td>
<td>MPH Student (Epidemiology) and CIDER Fellow</td>
<td>Thesis adviser</td>
<td>2008-2009</td>
<td>CUMC</td>
</tr>
<tr>
<td>43. Shean Wang, PhD</td>
<td>Doctoral Student (Biostatistics)</td>
<td>Dissertation committee member</td>
<td>2006-2010</td>
<td>Johnson and Johnson Pharma</td>
</tr>
<tr>
<td>44. William LaRock, PhD, RN</td>
<td>Doctoral student (School of Nursing)</td>
<td>Dissertation committee member</td>
<td>2007-2009</td>
<td>CU School of Nursing</td>
</tr>
<tr>
<td>45. Brandon Aden, MD, MPH</td>
<td>MPH Student (Epidemiology) and NYCDOHMH PMR</td>
<td>Academic Adviser</td>
<td>2007-2008</td>
<td>NYCDOHMH</td>
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<tr>
<td>46. Hannah Jordan, MD, MPH</td>
<td>MPH Student (Epidemiology) and NYCDOHMH PMR</td>
<td>Academic Advisor</td>
<td>2007-2009</td>
<td>NYCDOHMH Preventive Medicine Residency</td>
</tr>
<tr>
<td>47. Folake Eniola, MPH</td>
<td>MPH Student (Epidemiology)</td>
<td>Thesis adviser, CU MSPH</td>
<td>2006-2007</td>
<td>NYCDOHMH</td>
</tr>
<tr>
<td>48. Judith Austin, MPH</td>
<td>Doctoral student (Epidemiology)</td>
<td>GRA supervisor, CU MSPH</td>
<td>2004-2006</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>49. Peter Young, MPH</td>
<td>MPH student</td>
<td>Practicum adviser, thesis adviser, CU MSPH</td>
<td>2004-2006</td>
<td>Allan Rosenfield Global Health Fellow, CDC Mozambique</td>
</tr>
<tr>
<td>50. Carolyn Korves, PhD</td>
<td>Post doctoral fellow</td>
<td>Mentor, CU MSPH</td>
<td>2004-2006</td>
<td>Epidemiologist, CU MSPH ICAP</td>
</tr>
<tr>
<td>53. Aisha Aiebert, MPH</td>
<td>MPH Student</td>
<td>Academic Adviser, CU MSPH</td>
<td>2005-2006</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>54. Ema Kulwa, MPH</td>
<td>MD, MPH student</td>
<td>Practicum adviser, CU MSPH</td>
<td>2005-2006</td>
<td>CU Medical School and MSPH</td>
</tr>
<tr>
<td>55. Tenuja Gengiah, PharmD, MPH</td>
<td>MPH student (Epidemiology) and Fogarty Fellow (South Africa)</td>
<td>Practicum adviser, CU MSPH</td>
<td>Sep 2005-2009</td>
<td>CU MSPH</td>
</tr>
<tr>
<td>56. Susan Manning, MD, MPH</td>
<td>Fellow/EIS Officer</td>
<td>Immediate supervisor, NYCDOHMH</td>
<td>June 2002-2004</td>
<td>Epidemiologist, Maine State Department of Health</td>
</tr>
<tr>
<td>57. Sarita Shah, MD, MPH</td>
<td>Resident, Internal Medicine</td>
<td>Epidemiology elective preceptor, NYCDOHMH</td>
<td>September-October, 2003</td>
<td>Assistant Professor, Albert Einstein Medical College</td>
</tr>
<tr>
<td>58. Ben Harder</td>
<td>CDC Knight Journalism Fellow</td>
<td>Field practicum preceptor, NYCDOHMH</td>
<td>October-November 2003</td>
<td>Reporter, Science Magazine</td>
</tr>
<tr>
<td>59. Sarju Patel, Msc</td>
<td>Medical Student, 3rd year</td>
<td>MPH Program field practicum adviser, NYCDOHMH</td>
<td>January 2003-2005</td>
<td>3rd year Medical Student, Mt. Sinai School of Medicine</td>
</tr>
<tr>
<td>60. Anju Goel, MD, MPH</td>
<td>Preventive Medicine Resident</td>
<td>Epidemiology practicum preceptor, NYCDOHMH</td>
<td>September 2002-2003</td>
<td>PMR, NYCDOH</td>
</tr>
<tr>
<td>61. Nisha Khanna</td>
<td>Medical student, 2nd year</td>
<td>Mentor and supervisor: Health Research Training Program (HRTP), NYCDOHMH</td>
<td>Summer 2002</td>
<td>Medical student, 4th year, University of Texas</td>
</tr>
<tr>
<td>Name</td>
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<tr>
<td>62. Marla Shu</td>
<td>MPH student, 1st year</td>
<td>Mentor and supervisor, HRTP, NYCDOHMH</td>
<td>Summer 2003</td>
<td>MPH Student, 2nd year, University of Michigan</td>
</tr>
<tr>
<td>63. Anne Labowitz, PhD</td>
<td>PhD student</td>
<td>Dissertation committee member</td>
<td>2000-2001</td>
<td>Clinical Psychologist, Yale University</td>
</tr>
</tbody>
</table>

13. OTHER PROFESSIONAL ACTIVITIES:

Manuscript Reviewer

14. PUBLICATIONS:
Original Peer-Reviewed Articles (* indicates senior authored papers)


116. Braunstein et al. CD4+-based Validation of a Surveillance-based Measure of Initiation of Antiretroviral Therapy among People Living with HIV in New York City. Submitted JAIDS.
117. Braunstein et al. Reductions in the Time from HIV Infection to Initiation of Antiretroviral Therapy among Persons with HIV in New York City. Submitted to JAIDS.


Case reports

Invited Reviews

Book Chapters


Editorials


Books

Letters:


Abstracts (not up to date):


13. Irvine, M., Chamberlin, S., Robbins, R., et al. (2013). Care engagement and viral suppression in comprehensive HIV care coordination clients: Baseline characteristics and pre- and post-enrollment outcomes. Poster, CROI, Atlanta, GA.


disease at ART initiation among adults in HIV care and treatment programs in Mozambique. 5th IAS Conference on HIV Pathogenesis and Treatment, Cape Town, 2009.


**INVITED PRESENTATIONS (not up to date):**

1. December 2013: Concepts in Infectious Disease Epidemiology. Lecture in the Epidemiology course of the Executive MPH Program, Columbia University, Mailman School of Public Health

2. November 2013: Epidemiology of HIV/AIDS. Lecture in the Intro to Public Health course at Mt. Sinai School of Medicine.

3. October 2013: Data Visualization in Infectious Disease Epidemiology. Lecture in Data Visualization Course, Columbia University, Mailman School of Public Health
4. September 2013: Concepts in Infectious Disease Epidemiology. Lecture in Epidemiology I course at Columbia University Mailman School of Public Health
5. November 2012: Epidemiology of HIV/AIDS. Lecture in the Intro to Public Health course at Mt. Sinai School of Medicine.
7. September 2012: Concepts in Infectious Disease Epidemiology. Lecture in Epidemiology I course at Columbia University Mailman School of Public Health
8. November 2011: Epidemiology of HIV/AIDS. Lecture in the Intro to Public Health course at Mt. Sinai School of Medicine.
9. September 2011: Concepts in Infectious Disease Epidemiology. Lecture in Epidemiology I course at Columbia University Mailman School of Public Health
10. September 2010: Columbia University Global Health Track Career Day
12. March 2010: Columbia University Mailman School of Public Health: Meet the Methodologist panel series. Focus on Geographic Information Systems
14. June 2008: Describing facility characteristics and their associations with HIV outcomes, CDC Kenya
17. March 2005: The emergence and spread of West Nile virus in the US. Epidemiology Departmental Seminar, Columbia University Mailman School of Public Health
18. February 2005: Invited lecturer on Surveillance and Infectious Diseases, Infectious Disease Epidemiology Course, Columbia University Mailman School of Public Health (course director: Judith Absalon)
19. October 2004: Discussant on Waterborne diseases, Environmental Health Sciences Core Course, Columbia University Mailman School of Public Health
20. April 2004: The emergence and spread of West Nile Virus in the US (invited speaker). The Conference on Emerging Infections, Mt Sinai Medical School, 2004
22. October 2003: Epidemiology of HIV/AIDS. Epidemiology in Action Course (Invited speaker). New York City Department of Health and Mental Hygiene, New York, NY
23. May 2003: The next generation of public health HIV surveillance: Obtaining population-based estimates of HIV incidence. HIV Grand Rounds, SUNY Downstate Medical Center, Brooklyn, NY
24. May 2003: The next generation of public health HIV surveillance: Obtaining population-based estimates of HIV incidence. HIV Grand Rounds, Jacobi Medical Center, Bronx, NY
26. September 2002: Epidemiology of HIV/AIDS. Invited lecturer in course on Activism in Public Health. Montefiore Medical Center, Bronx, NY
29. May 2001: Emerging trends in HIV/AIDS. Conference of the New York State and County Health Officials (NYSCHO), Cooperstown, NY
31. **April 2001:** A follow-up study of New York City residents infected during a 1999 outbreak of West Nile viral disease. Annual meeting of the Epidemic Intelligence Service, CDC, Atlanta, GA
32. **April 2001:** Guinea worm disease eradication: Experiences in Nigeria. Annual meeting of the Epidemic Intelligence Service, CDC, Atlanta, GA
33. **September 2000:** Mortality and survival among reported Acquired Immunodeficiency Syndrome (AIDS) cases, New York City, 1990-1999. Epidemiology Grand Rounds, Centers for Disease Control and Prevention, Atlanta, GA.
34. **September 2000:** The epidemiology of West Nile Virus in the New York City metropolitan area, 1999. Invited speaker, Annual meeting of the American College of Epidemiology, Atlanta, GA.
36. **June 2000:** The public health significance of and response to the NYC West Nile outbreak. Keynote address of the annual meeting of the Mid-Atlantic Biosafety Conference.
37. **April 2000:** Report of a regional outbreak of West Nile virus in the New York City metropolitan area. Annual meeting of the Epidemic Intelligence Service, CDC, Atlanta, GA
38. **March 2000:** The public health significance of and response to the NYC West Nile outbreak. Annual meeting of the Coalition Against the Misuse of Pesticides.
40. **December 1999:** Clinical aspects of 43 serologically positive, clinical cases of West Nile Virus (WNV) infection in New York City, 1999. Annual meeting of the American Society of Tropical Medicine, late breaker session, Washington, DC.
41. **December 2000:** Epidemiologic and clinical aspects of the NYC West Nile outbreak. Pathology rounds, Albert Einstein College of Medicine.
42. **November 1999:** An outbreak of West Nile Virus, New York City, 1999. Mt Sinai School of Medicine, Infectious Disease Conference.
44. **June 1997:** Risk factors for repeat violence-related trauma: report of a large concurrent case control study. Visiting Lecture Series of the University of Maryland at Baltimore, Department of Epidemiology and Preventive Medicine.
45. **May 1997:** Instructor, Workshop on Molecular Epidemiology. Women’s Health Research Group, University of Maryland at Baltimore, Department of Epidemiology and Preventive Medicine.
46. **September 1996:** Self-rated health and survival in a sample of community dwelling elderly women. Visiting Lecture Series of the University of Maryland at Baltimore, Department of Epidemiology and Preventive Medicine.
M.5 Denis Nash’s Actively Funded Research Projects and Recently Submitted Grant Proposals

M.5.a Actively Funded Research Projects in 2016 (total funding through end of active projects: $5,473,700)

**HIV Care Coordination: Comparative Effectiveness, Outcome Determinants, and Costs**  
Role of Denis Nash: Co-Principal Investigator (MPI) with Mary Irvine (NYC DOHMH)  
Lead institution: Hunter College, School of Urban Public Health  
Total funding: $3,002,000  
Funding to date: $1,795,972 ($1,524,041 direct, $271,931 indirect)  
Funder: NIH/NIMH  
Duration: 5 years (2013-2019)

This multi-center cohort study brings together data from several HIV care and treatment sites in Central Africa to examine key clinical and operational issues surrounding scale-up of services.

The major goals of this project are to: 1) assess the effectiveness of the Care Coordination Program at 28 Ryan White-funded agencies (CCP intervention) by comparing primary outcomes among CCP participants with those of similar PLWH in HIV care who do not receive the CCP intervention; 2) among those who enroll in CCP, identify individual and program-level determinants of care engagement and VL suppression up to 36 months following CCP enrollment; and 3) assess the cost-effectiveness (cost per quality-adjusted life year [QALY]) of the CCP relative to usual care outside the CCP, considering downstream cost-savings and individual and public health benefits due to improved VL suppression and HIV infections averted.

**Ending the HIV/AIDS Epidemic Dashboard System**  
Role of Denis Nash: Principal Investigator  
Lead institution: Hunter College, School of Urban Public Health  
Total funding: $575,001  
Funding to date: $345,000 ($305,310 direct, $39,690)  
Funder: AIDS Institute  
Duration: 3 years (2014-2018)

The goals of this project are to develop and maintain a web-based public facing dashboard system to measure, track and disseminate actionable information on progress towards achieving the Cuomo administration’s Ending the Epidemic (EtE) Initiative’s goals in NYS to all who need to know (see www.etedashboardny.org)

**Central Africa International Epidemiologic Databases to Evaluate AIDS (CA-IeDEA)**  
Role of Denis Nash: Co-Principal Investigator (MPI) with K Anastos (Albert Einstein)  
Lead institution: Albert Einstein College of Medicine and Hunter College School of Urban Public Health  
Total funding: $194,214  
Funding to date: $194,214 ($154,138 direct, $40,076 indirect)  
Funder: NIH/NIMH (subcontract from Albert Einstein College of Medicine)  
Duration: 5 years (2011-2016)

This multi-center cohort study brings together data from several HIV care and treatment sites in Central Africa to examine key clinical and operational issues surrounding scale-up of services. The closed competition renewal for another 5 years was submitted to NIH over the summer (see below), and we expect to hear about funding in February.

**System Linkages and Access to Care for Populations at High Risk of HIV Infection Initiative – Demonstration States**
Role of Denis Nash: Co-Investigator
Lead institution: New York State Department of Health, AIDS Institute
Total funding: $1,023,520
Funding to date: $1,023,520 ($905,770 direct, $117,750 indirect)
Funder: HRSA HIV/AIDS Bureau (subcontract from AIDS Institute)
Duration: 5 years (2011-2016)

The major goal of this project is to develop innovative systemic models of linkage to improve access to and retention in quality HIV care. Dr. Nash is responsible for all aspects of the evaluation design and execution for the collaborative and statewide impact evaluation, including data collection, analysis, and dissemination of the evaluation findings.

**New York Links**
Role of Denis Principal Investigator
Total funding: $440,399
Funding to date: $162,400 ($143,717 direct, $18,683 indirect)
Funder: AIDS Institute
Duration: 2 years (2015-2017)

The major goal of this project is to support the evaluation of the NY Links program, including adapting existing dissemination materials to be interactive and dynamic.

**HIV Center for Clinical and Behavioral Studies**
Role of Denis Nash: Co-Investigator and Core co-Director
Lead institution: Columbia University
Total funding: $161,196
Funding to date: $96,717 ($76,759 direct, $19,957 indirect)
Funder: NIH/NIMH (subcontract from Columbia University)
Duration: 5 years (2013-2018)

The HIV Center is an NIH funded P30 that has been at the forefront of behavioral science research around the HIV epidemic for more than 20 years. As part of the HIV Center Leadership, Dr. Nash co- Directs the Public Health, Policy, and Practice Core.

**Y Get It? Using Social Media to Do What You Need to Do**
Role of Denis Nash: Co-Investigator
Lead institution: New York State Department of Health, AIDS Institute
Funding: $108,600
Funding to date: $27,370 ($24,221 direct, $3,149 indirect)
Funder: HRSA (subcontract from AIDS Institute)
Duration: 3 years (2015-2019)

This is a demonstration project that uses innovative social media tools to identify, link and retain hard to reach youth and young adults in HIV primary care and supportive services.

**Monitoring the health of slum-dwelling populations in Port au Prince, Haiti**
Role of Denis Nash: Co-Principal Investigator with Daniel Fitzgerald (Weill-Cornell)
Lead institution: CUNY SPH and Weill-Cornell Global Health Institute
Funding: $50K
Funder: NIH Fogarty Institute
Duration: 2 years (2015-2016)
This project involves surveying a representative sample of 1,000 households in 4 urban slums in Port au Prince to estimate in and out-migration, overall mortality rates, infant mortality rates, and health risk factors. We will also measure height, weight, and blood pressure.

M.5.b Planned Research Projects (recently submitted or soon to be resubmitted grant proposals through July 2015; Total funding requested in submitted proposals: $25,833,299)

Taking care to the end of the continuum: Can safety net services close the gap between retention and viral suppression?
Role of Denis Nash: Co-Principal Investigator (MPI) with Mary Irvine (NYC DOHMH)
Lead institution: Hunter College, School of Urban Public Health
Total funding: $2,015,799 ($1,600,057 direct, $415,741 indirect)
Funder: NIH/NIMH
Duration: 3 years (2016-2019)

The proposed 3-year study, based in real-world service delivery settings, will apply an implementation science approach to identifying drivers of care continuum completion in a complex, dynamic health services and policy landscape. This is the first study to merge both RWHAP and Medicaid program data with longitudinal, population-based HIV surveillance data, for a thorough evaluation of outcomes in relation to publicly funded services utilization, across funding streams and during periods of major evolution in the HIV services and payer landscapes. Through a partnership including the New York State and City health departments, findings from the proposed study will immediately be translated to HIV services planning and program improvements, thus increasing opportunities for people with HIV to achieve and sustain viral load suppression, which in turn will reduce HIV mortality and HIV transmission.

Determinants of Timely Outcomes prior to ART In Initiation in Sub-Saharan Africa
Role of Denis Nash: Principal Investigator
Lead institution: Hunter College, School of Urban Public Health
Funding requested: $3,479,531 ($2,826,286 direct, $653,245 indirect)
Funder: NIH/NIMH
Duration: 5 years (2015-2021)
Submission date: May 2015

This project will determine the factors associated with timely HIV diagnosis and enrollment in HIV care across four African countries and identify the most acceptable and preferred strategies to promote HIV testing and care enrollment prior to development of symptoms. These findings will then be used to develop a population-health and economic model that will inform programmatic strategies and national planning efforts.

Implementation Science to Improve Hepatitis C Care Continuum Outcomes
Role of Denis Nash: Principal Investigator
Lead institution: Hunter College, School of Urban Public Health
Funding requested: $16,536,893 ($13,819,574 direct, $2,717,319 indirect)
Funder: PCORI
Duration: 5 years (2015-2021)
Submission date: May 2015

This project assesses the comparative effectiveness of five public health strategies, all currently in use and including low-touch interventions of a mobile application and text messaging, aimed at optimizing clinical outcomes among persons with hepatitis C virus (HCV) infection in New York City who are not engaged with the health care system for their HCV infection. We will also extensively characterize the patient perspective on the acceptability of the five different strategies being compared, as well as other possible strategies to improve clinical outcomes.
HIV Care Continuum within Ryan White HIV/AIDS Program Part A jurisdictions
Role of Denis Nash: Co-Investigator
Lead institution: New York State Department of Health, AIDS Institute
Funding requested: $446,051 ($394,735 direct, $51,316 indirect)
Funder: HRSA (subcontract from AIDS Institute)
Duration: 3 years (2015-2019)
Submission date: April 2015

The purpose of this project is to affect positive outcomes along the HIV care continuum by providing guidance and technical assistance to Part A jurisdictions across the country using a collaborative learning approach and rapid improvement principles and practices. The project will also apply data-driven, evidence-based and evidence-informed strategies for improving population-level HIV outcomes across Part A jurisdictions and their systems of care and scale-up interventions to improve HIV outcomes by stimulating action across jurisdictions and among many partners.

Identifying Effective and Acceptable Strategies to Improve the HIV Care Cascade Among Young People Living with HIV (YPLWH)
Role of Denis Nash: Co-Investigator
Lead institution: Columbia University, Mailman School of Public Health
Funding requested: $255,187 ($163,785 direct, $91,402 indirect)
Funder: NIH/NIMH (Subcontract from Columbia University)
Duration: 5 years (2016-2022)
Submission date: May 2015

This study will identify potentially effective approaches to improving the individual and population impact of PEPFAR-supported HIV care services among young people living with HIV in three countries highly impacted by the HIV epidemic.

Center for AIDS Research
Role of Denis Nash: Co-Director
Lead institution: Albert Einstein College of Medicine
Funding requested: $839,448 (subcontract from Albert Einstein College of Medicine; $536,505 direct, $302,943 indirect)
Funder: NIH (subcontract from Albert Einstein College of Medicine)
Duration: 5 years (2016-2022)
Submission date: July 2015

We will be resubmitting a proposal to form an NIH-funded Center for AIDS Research with Albert Einstein College of Medicine.

Central Africa International Epidemiologic Databases to Evaluate AIDS (CA-IeDEA)
Role of Denis Nash: Co-Principal Investigator (MPI) with K Anastos (Albert Einstein School of Medicine)
Lead institution: Albert Einstein College of Medicine and Hunter College School of Urban Public Health
Funding requested: $13,361,000
Funder: NIH/NIMH (2,260,390 subcontract from Albert Einstein College of Medicine; $1,448,968 direct, $811,422 indirect)
Duration: 5 years (2016-2022)
Submission date: July 2015

This is a renewal of the currently funded multi-center cohort study that brings together data from several HIV care and treatment sites in Central Africa to examine key clinical and operational issues surrounding scale-up of services. Dr. Nash is now co-Principal Investigator on this project and his expected support will increase accordingly.
M.5.c Recently completed research projects as of 2016 (total funding: $3,201,839)

Multi-level determinants of late ART initiation in sub-Saharan Africa
Role of Denis Nash: Co-Principal Investigator with Batya Elul (Columbia University)
Lead institution: Hunter College, School of Urban Public Health
Total funding (grant received while Dr. Nash was faculty at Columbia University): $3,000,000
Funding to date: $679,309 ($443,992 direct, $235,416 indirect)
Funder: NIH/NIMH (subcontract from Columbia University)
Duration: 6 years (2010-2016)

The major goal of this project is to determine the multi-level factors associated with late antiretroviral therapy (ART) initiation (i.e., in the advanced stages of HIV disease) in areas of sub-Saharan Africa where ART is rapidly being scaled-up. The continuation of this R01 was submitted to NIH over the summer (see below) and will be resubmitted in May 2016.

Impact of Patient Navigators on health education and quality of life for formerly incarcerated patients
Role of Denis Nash: Co-Investigator
Lead institution: Mount Sinai/St. Luke’s Roosevelt
Total funding: $146,395
Funding to date: $146,395 ($104,568 direct, $41,827 indirect)
Funder: PCORI (subcontract from St. Luke’s Roosevelt)
Duration: 3 years (2013-2016)

The major goal of this project of this prospective randomized comparative trial is to examine the impact of an intervention that incorporates peer navigators to improve health education, health related quality of life, healthcare utilization, and medical outcomes compared to usual care among formerly incarcerated individuals as they transition from the correctional system into the community over the course of 2 years.

Maximizing online dissemination and e-learning of HIV care strategies
Role of Denis Nash: Co-Investigator
Lead institution: EDC
Total funding: $55,444
Funding to date: $55,444 ($36,238 direct, $19,206 indirect)
Funder: HHS/CDC (sub-contract from EDC)
Duration: 3 years (2013-2015)

This project involves developing and evaluating the impact of an online package of tools to improve HIV care outcomes, modeled on the NYC DOHMH Care Coordination Program.
March 11, 2016

Vita Rabinowitz, Ph.D
Executive Vice Chancellor and University Provost
205 East 42nd Street, 18th Floor
New York, NY 10017

Dear Vita:

City College of New York (CCNY) is pleased to support the CUNY Institute for Implementation Science Research in Population Health. The Institute’s goals of better understanding biological mechanisms, subtypes and major drivers of disease, identifying program/service/policy implementation gaps driving suboptimal health outcomes at the population level, and designing and conducting rigorous experimental and observational studies of the impact of strategies aimed at improving population health outcomes is squarely aligned with our own mission at CCNY.

I have no doubt that the faculty members of the CUNY School of Medicine and other faculty members at City College will be excited and highly motivated to work with Dr. Nash and other members of the Institute to support the Institute’s mission.

CCNY is very excited to be an initial partner in the founding and launching of this new Institute. We are fully committed to support this effort, and for our faculty and students to take advantage of the resources that the Institute for Implementation Science Research in Population Health has to offer. You have our unqualified support and partnership in this new endeavor to support research on Implementation Science in Population Health at CUNY.

Regards,

Maurizio Trevisan, M.D., M.S.
Provost & Senior Vice President for Academic Affairs