



# UNC CFAR Newsletter

May 2017

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## Developmental Core #1 for Return on Awardee Investment

The UNC CFAR Developmental Core provides mentoring support for junior investigators who are interested in pursuing an HIV research career. The Core provides funding to junior investigators and experienced investigators new to the field of HIV research. They work collaboratively with other CFAR Cores to connect investigators with scientific and career mentors. One of the primary aims of the Core is to help support junior investigators in preparing grant applications, executing projects, writing manuscripts, and developing large-scale proposals to the NIH.

Recently, the UNC CFAR was distinguished as the best in "return on investments" (ROI) through the Developmental Core. For each dollar bestowed through Developmental grants, Awardees obtained \$16.50 in follow-up grants from the NIH. This return on investment is approximately double the average of the ROI for CFARs around the country.

Cathy Emrick, Developmental Grant Manager, shared that the Core "provides access to mentorship, funding, and research infrastructure at the University to help new investigators with career development". In fact, this grant program is how many prestigious HIV scholars kick-start their careers. Jennifer Tang, MD, M.S.C.R., is an Assistant Professor at the UNC Institute for Global Health and Infectious Diseases. She was funded by a Developmental Award as a post-doctoral student in 2013 and received a large R01 grant from NIH in 2016 to continue her work. Tang shared, "I'm really grateful to have received the UNC CFAR Developmental Award as it provided me with the additional funding I needed to complete my K01 study. Both the Developmental Award and my K01 then provided me with the research experience I needed to successfully apply for an R01, which is based on my CFAR/K01-funded study."

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## Social and Behavioral Science Research Core Networking Event with Congressman David Price

On May 8, 2017, the UNC CFAR Social and Behavioral Sciences Research Core hosted the Spring 2017 Networking Event. The theme of this month's event was "HIV Research that Reaches Policymakers: Part I with Congressman David Price D-NC-04".

David Price represents North Carolina's Fourth District - a rapidly growing, research-and-education-focused district that includes parts of Orange, Durham, and Wake counties. He received his undergraduate degree at UNC-Chapel Hill and went to Yale University to earn a Bachelor of Divinity and Ph.D. in Political Science. Before he began serving in Congress in 1987, Price was a Professor of Political Science and Public Policy at Duke University. He is the author of four books on Congress and the American political system. Price currently serves on the House Appropriations Committee and is the ranking member of the Transportation, Housing and Urban Development Appropriations Subcommittee. He is also a member of the Appropriations subcommittees covering homeland security, State Department, and foreign operations funding.



*Congressman  
David Price*

Congressman Price shared his perspective on how researchers can best focus their outreach efforts to inform policy makers about their research findings and shared personal examples of how he used research to inform policy. He also shared the importance of having a broad viewpoint on health issues and working as a coalition to advocate for funding.

Following the talk, Dr. Ronald Strauss, Administrative Core Consultant for the UNC CFAR, moderated a question & answer session with Congressman Price and attendees. Attendees posed questions around the future of HIV research and prevention, with a specific focus on PrEP and HIV in the South. Congressman Price emphasized the importance of community partnerships and well-developed grassroots outreach efforts. Price discussed the value of seeking funding through the ACA to promote research and further inquiry in the field of health maintenance, diagnosis and wellness.

A strong emphasis was placed on developing positive working relationships with community health centers, and Price encouraged attendees to think strategically about how we support the work of those combatting health challenges outside of the HIV/AIDS field. Congressman Price articulated that the most lasting impact is made when researchers work cooperatively to address health disparities. He encouraged attendees to connect with national advocacy groups like the Non-Defense Discretionary (NDD) United, an alliance of stakeholders from across the non-defense sectors, to call for a balanced approach to deficit reduction.

### UPCOMING EVENTS

#### 10<sup>th</sup> Annual InWomen's Conference

A conference on substance abuse and risk behaviors in women, hosted by the International Women's and Children's Health and Gender Group.

**Friday, June 16, 2017**

**Montreal, CA**

**See [unccfar.org](http://unccfar.org) for details.**





## CFAR IN THE NEWS



### Napravnik Wins Teaching Award

Sonia Napravnik, PhD, was honored with the Gilling School of Global Public Health Teaching Excellence and Innovation Award. An associate professor in the UNC School of Medicine and the UNC School of Public Health, Napravnik teaches concepts and methods of epidemiology with an emphasis on their application in clinical research, clinical practice, and health care policy.



### New HIV Reservoir Identified

UNC Researchers J. Victor Garcia, PhD, and Jenna Honeycutt, PhD, have found that the HIV virus persists in HIV-infected macrophages. The discovery of this viral reservoir has significant implications for HIV cure research. These findings were published in *Nature Medicine* on Monday, April 17, 2017. The next steps for the team include investigation of what regulates HIV persistence in tissue macrophages, where in the body persistently infected macrophages reside during HIV treatment, and how macrophages respond to possible therapeutic interventions aimed at eradicating HIV from the body.



*Dr. Jennifer Tang teaches Emergency Obstetric & Neonatal Care to a nurse midwife at Bwaila Hospital in Lilongwe, Malawi*

## #1 Return on Investment

Originally pioneered by Dr. Charles van der Horst, Professor Emeritus, the program offers small grants to many individuals to help encourage their professional growth. Emrick shared that, at the onset of the program, they agreed to “cast a wide net” to help as many people as possible. Emrick said, “this new data on ROI shows that our approach is working to engage many newcomers to the HIV research field. Our investment is truly a lot more than just funds. It includes mentorship and a solid foundation in research at the CFAR through the support of other Cores and Scientific Working Groups.”

Dr. Kate MacQueen, Developmental Core Director, helps to bridge the gap between UNC and FHI 360, one of our two partner organizations. She offers the experience and expertise needed to connect new HIV investigators to the resources they need to succeed. The Core provides detailed feedback for proposals, regardless of whether they receive funding. This is part of an ongoing commitment to help provide support to everyone who has an interest in the field of HIV research, particularly those who work at institutions where there is less research infrastructure available to work toward receiving NIH funding.

Emrick shared that “the Developmental Core is often the entry point to the CFAR and what it has to offer. After pursuing funding with us, whether their proposals are funded or not, investigators are connected to regulatory services through Clinical or International core, statistical consultation through the Biostatistics Core, scientific and lab resources through the Virology, Immunology & Microbiology Core and the Clinical Core, and much more. All of these Cores provide discounted or free services that are very essential for new investigators and Developmental Awardees.”

This year, the Developmental Core is implementing a new policy that requires Awardees to give a presentation on their work to the CFAR Core Directors at the halfway point in their funding. The Core is hoping to expand on their program to offer constructive feedback on implementation of funding resources and to help these investigators clarify their long-term visions. The ultimate goal is to provide them with effective guidance toward crafting a successful NIH grant application. The Core is also exploring the idea of more extensive networking among Awardees to create a supportive cohort.

# Director's Corner

by Ron Swanstrom



## "The Only Thing That Is Constant Is Change." – Heraclitus

The last few months have been filled with uncertainty for our CFAR grant and NIH-funded research in general. On the heels of a freeze in spending on EPA grants (which was lifted) we were introduced to the concept of an 18% cut in NIH spending proposed by the new administration. In a strong show of support for biomedical research Congress passed a 2016-2017 budget resolution with a \$2 billion increase in funding for NIH. The next unknown is what the final budget will look like for 2017-2018 so look for another period of uncertainty in the upcoming budget period. Cuts of this magnitude would significantly change the face of research in the US and require painful adjustments within our CFAR. We can hope that the historical bipartisan support for research prevails.

Several years ago, NIGMS did a study trying to measure investigator productivity as a function of total funding. Their conclusion was that these factors were related up to a point of about \$750,000 per investigator after which increases in funding did not lead to significant increases in productivity. This led NIGMS to start limiting the amount of funding to investigators who had over \$750,000. The Director of NIH Dr. Francis Collins has now proposed to implement a similar scale NIH-wide. We will now be counting grants by their point number attributed to the PI, with the magic number for the sum of allowed points being 21. The sum of grant points above 21 will cause study sections to notice and institutes to review new applications. There may be a process in the institute to decide to allow funding above this level but this will be on a case-by-case basis. The benchmark in setting the value of each grant type came from the idea that three Ro1s was enough for any one investigator, thus an Ro1 (or a Po1 subproject) has a score of 7. Oddly, if you are a co-PI on an Ro1 you still get a count of 6, a significant disincentive for collaborative research. An R21 has a point value of 5. Our research leaders

who provide leadership for a large collaborative grant (P50, P41, U54, UM1, UM2) take a hit of 11 points, significantly limiting their ability to maintain their own research enterprise that made them competitive for a leadership role in the first place. NIH is accepting comments on this new paradigm so let them know your thoughts. The goal is noble, to make sure funds are distributed most efficiently with the intent of having funds available to support our next generation of investigators. Let's hope this new point system accomplishes this goal without damaging groups of highly competitive researchers carrying out our most important work.

One thing that doesn't change is the support we get from our CFAR Program Officers and Health Specialist team (Ann Namkung Lee, Candice Beaubien, Elaine Wong) as well as the members of the NIH CFAR Steering Committee. We are hosting a site visit from members of the NIH CFAR team on May 11 where we are looking forward to sharing our accomplishments and receiving their insights. For a number of years now we have been fortunate to work with this "can-do" group of NIH administrators who guide us through our interface with NIH and support the CFARs collectively in many ways including managing the yearly CFAR Supplement Award process. All of us enjoy the partnership working with them, especially their help to solve the inevitable problems that arise. On a daily basis, they contribute to the success of the CFAR program and help us to realize the potential of the CFAR network to contribute, with each core request and each developmental award, to changing the course of the HIV epidemic.

### FOR MORE INFORMATION

Contact Ron Swanstrom

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# Chinese Delegation Visits UNC and NIH

A six-member delegation from China consisting of Guangdong Provincial Health and Family Planning Commission, Southern Medical University, Dermatology Hospital of Southern Medical University officials paid a visit to UNC and the NIH from April 4<sup>th</sup> to 6<sup>th</sup>, 2017.

During their visit to the UNC, the delegation met with representatives of different units including Dr. Ron Strauss (Executive Vice Provost and Chief International Officer at UNC), Dr. Wesley Burks (Executive Dean for the UNC School of Medicine), Dr. Myron Cohen (Associate Vice Chancellor for Medical Affairs and Global Health), Dr. Jim Herrington (Executive Director of the UNC Global Gateway), Dr. Kate Muessig (UNC Department of Health Behavior), Dr. Amanda Corbett (Infectious Diseases Associate Director of Global Engagement and Global Pharmacology Coordinator), and Dr. Arlene Seña (Associate Professor of Medicine).



The main purpose of the meeting was to review the existing partnerships with Institute for Global Health & Infectious Diseases at UNC, to discuss how to maintain and improve the current partnership, and to explore new collaborations in the areas of HIV/AIDS prevention between UNC and China.

The delegation also visited the Fogarty International Center (FIC) and National Institute of Allergy and Infectious Diseases (NIAID) of NIH. They met with Dr. Ken Bridbord (Acting Division of International Relations Director of FIC) and Dr. Carolyn Deal (the head of Sexually Transmitted Diseases Branch of NIAID). During the meeting, the Chinese Delegates discussed the potential opportunities for the sustaining of UNC-South China Training Center for STI with representatives of NIH, and discussed potential future collaboration.

For more information, please contact Joe Tucker at [jdtucker@med.unc.edu](mailto:jdtucker@med.unc.edu).





## 2<sup>nd</sup> Annual HIV in the Southeast Workshop

In the decades since the first AIDS cases were reported in Los Angeles and New York City in 1981, the epicenter of the nation's HIV epidemic has shifted from urban centers along the coasts to the 16 states and District of Columbia that make up the South. The South now experiences the greatest burden of HIV infection, illness, and deaths of any U.S. region, and lags behind in providing quality HIV prevention and care to its citizens.

Southern states today account for an estimated 44 percent of all people living with an HIV diagnosis in the U.S., despite having only about one-third (37%) of the overall U.S. population. Eight of the 10 states with the highest rates of new HIV diagnoses are in the South, as are the 10 metropolitan statistical areas (MSAs) with the highest rates (CDC HIV Surveillance Report, 2014). Diagnosis rates for people in the South are higher than for Americans overall: In 2010, the region had the highest rates of HIV and AIDS diagnoses in the country, as well as the highest number of people living with HIV compared to all other regions (SAS Report, 2015).

2017 marked the second year of the CFAR HIV in the Southeast Workshop, at gathering of researchers and community organizers from CFARs across the country. This year's event was held in the Cal Turner Family Center at Meharry Medical College in Nashville, Tennessee on March 24, 2017. The Tennessee CFAR hosted the workshop.

CFAR investigators and staff, along with public health workers and community representatives, collaboratively addressed the nature of the shifting HIV epidemic at the workshop. Discussions and panels identified shared resources and strategies to combat the epidemic, ways to engage the community and methods to influence public health policy to better serve people living with or at risk for HIV in the Southeast. Attendees had the opportunity to hear plenary speakers present on NIH priorities and initiatives relevant to HIV/AIDS in the South, necessary components for collaboration between health departments and CFARs, and use of molecular surveillance data to identify clusters of HIV infection.

The UNC CFAR was well-represented in panel discussions as leaders in the field: **Erika Samoff** spoke on the panel "Working with Health Departments, including Rapid HIV Transmission Networks/Phylogenetics", **Heidi Swygard** spoke on the panel "PrEP Implementation, Linkage, Retention, and Rapid ART Initiation", **Bill Zule** shared on the panel "HIV and the Opioid Epidemic", and **Caressa White** led a discussion on "Effective Approaches to Community Engagement". Following the panel discussions, attendees joined in conversation about priorities and action items for the future.

Workshop planners are now collecting information from participants in the Southeast CFAR Workshops (Atlanta 2016 and/or Nashville 2017) to assist all participating CFARs, justify supplemental funding for a potential third workshop, and maintain momentum for the organization. The work to address the epidemic in the Southeast is essential to the health of people in the region and to our nation's long-term goal of ending the epidemic.

– Caressa White, SCEED Office Director

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Newsletter

Compiled by the  
CFAR SCEED Office