In the early 1920’s, the noted philanthropist James B. Duke became interested in supporting an institution that would achieve and maintain a place of real leadership in higher education. His family long supported Trinity College, a liberal arts college founded in the 1830’s, and in 1924, he established the Duke Endowment. This endowment provided for the evolution of Trinity College into Duke University. As a result of the Duke gift, the small college underwent significant expansion, including the establishment of new graduate and professional schools. Trinity College was continued within the new university as an undergraduate college, the Graduate School of Arts and Sciences was organized in 1926, the Divinity School in 1926, the School of Medicine in 1930, the School of Nursing in 1931, the School of the Environment in 1938, and the College of Engineering in 1939. The Fuqua School of Business was added in 1968. In 2009, the Sanford School of Public Policy became Duke’s 10th school.

FACILITIES AND OTHER RESOURCES

Duke University
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Duke University School of Nursing (DUSON)
Founded in 1931, the School of Nursing remains on the forefront of nursing education, practice, and research. The mission of the school is to create a center of excellence for the advancement of nursing science; the promotion of clinical scholarship; and the education of clinical leaders, advanced practitioners, and researchers. Through nursing research, education, and practice, students and faculty seek to enhance the quality of life for people of all cultures, economic levels, and geographic locations. The philosophy of the School of Nursing is consistent with the purposes of Duke University and Duke University Medical Center, which include undergraduate, graduate, and professional education, research, and service.

More than 1,050 students are now enrolled across DUSON’s four-degree programs (ABSN, MSN, DNP, and PhD), the largest number of students in the school's 90-year history. Many programs are now available online and are meeting the needs of students in remote geographic locations in the U.S. and in sites around the world. As of April 2023, Duke University School of Nursing (DUSON) was positioned 5th with NIH among Schools of Nursing for federal fiscal year 2023 funds awarded and boasts an active research portfolio that includes over $7.5 million in NIH funding. Additionally, DUSON is ranked #2 Best Graduate School for Nursing, #2 Best Doctor of Nursing Practice Program, and #2 Best Online Graduate Nursing Program for Veterans by the 2023 U.S. News & World Report. USNWR also noted three majors within the Master of Science in Nursing program ranked #1 for the third year including Family Nurse Practitioner, Nursing & Healthcare Leadership, and Nursing Education.

Space Resources
The School of Nursing is distributed among two buildings located on the Duke University Medical Center
campus. In July 2006 the School of Nursing moved into its 59,000 square foot Christine Siegler Pearson Building, and a 45,000 square foot extension to this building was completed in Spring 2014. The Pearson Building is immediately adjacent to a site that, until 2017, held the School's 14,000 square-foot Elizabeth C. Clipp Research Affairs Building. The Clipp Building was demolished in late 2017 and in fall 2019 was replaced by the Interprofessional Education Building, a new 102,000-square-foot, five-story building that expanded the School of Nursing’s physical imprint and provided space for a new Health Innovation Lab, dedicated space for our PhD and Post-Doctoral in Nursing Programs, Office of Global and Community Health Initiatives, Center for Nursing Research, and Center for Inter-Professional Education. The building also includes the School of Medicine’s Doctor of Physical Therapy Program, Doctor of Occupational Health Program, and the Department of Orthopedic Surgery, which enhances existing collaborations with these programs.

**Academic Programs**
The School began offering the Bachelor of Science degree in nursing in 1953 and initiated a clinical nurse specialist program in 1958. In 1985, in concert with the Medical Center’s focus on educating leaders through graduate studies, the School of Nursing closed its undergraduate program and concentrated on graduate education. In 2002, in response to the national nurse shortage, the School began an accelerated bachelor of science in nursing program (ABS(N)) for individuals with bachelor’s degrees in other fields.

The School also has a Master of Science in Nursing (MSN) Program that offers eight advanced practice registered nurse majors and three non-clinical majors. The MSN degree is accredited by the Commission on Collegiate Nursing Education.

The School began admitting PhD candidates in Fall 2006. The program focuses on trajectories of chronic illness and care systems and allows students to focus on prevention or management of particular chronic illnesses, a particular age group or population, or formal or informal care systems.

In Fall 2008, the School admitted its first class to the Doctor of Nursing Practice (DNP) Program. The Duke University School of Nursing is the first nursing school in the state to offer a Doctor of Nursing Practice degree. The Duke DNP is a practice doctorate that provides students with the skills and tools necessary to assess the evidence gained through nursing research, evaluate the impact of that research on their practice, and as necessary, make changes to enhance quality of care. The curriculum focuses on translation of evidence to practice, transformation of health care, health care leadership, and advanced specialty practice.

School of Nursing faculty serve as mentors for post-doctoral fellows through a School-funded post-doctoral program, individual NRSA applications and similar fellowship programs, the NIA-funded T32 Research Training Program (a post-doctoral training program based at the Duke University Center for the Study of Aging and Human Development), and other T32 programs on campus. School of Nursing PHD students have received 27 NRSA fellowships since 2009.

**Center for Nursing Research (CNR)**
Established in 1993, the Center for Nursing Research is a joint enterprise of Duke University School of Nursing and Duke University Health System. Its mission is to provide the resources needed to support knowledge discovery that advances the science of nursing. CNR provides research and mentoring support to faculty, post-doctoral fellows, and doctoral students. CNR also supports practicing nurses in the Duke University Health System (DUHS) by facilitating scientific inquiry and the diffusion of innovation into practice settings. Individual and group consultations assist nurse investigators in the refinement and submission of external funding applications. Under the direction of Sharron Docherty, PhD PNP RN FAAN, Vice Dean for Research, the CNR faculty and staff assist with proposal development writing through preparation of statistical data, editorial review, budget development, and communication with the IRB, Duke Office of Clinical Research (DOCR), Institutional Animal Care and Use Committee (IACUC), and the Institutional Office of Research Administration. Personnel include the Vice Dean for Research, two Research Services faculty leads, a Director of Research Statistics, four faculty statisticians, two staff statisticians, a Senior Director of Research Administration, six Grants & Contracts Administrators, a Postdoctoral Program Director, a Senior Program Analyst, a Director of Research Development, and two Research Practice Managers. Computer resources available to CNR are outstanding and include networked access to personal computers equipped with the standard Microsoft Office
software, as well as most major quantitative and qualitative analysis software packages, including Atlas-Ti, SAS, and SPSS. The Vice Dean for Research and senior research faculty work with faculty investigators to develop grant applications including structuring a timeline for grant submission. CNR faculty and staff assist with the development and implementation of more than 70 research proposals for external funding a year for School of Nursing Faculty and Duke Hospital nurses.

CNR serves as liaison with organizational offices such as the Office of Research Administration (ORA), Office of Sponsored Programs (OSP), Duke Office of Clinical Research (DOCR), Duke Office of Scientific Integrity (DOSI), organizational departments and centers, as well as external funding agencies, collaborating investigators, and institutes. CNR also coordinates School of Nursing representation on two of the eight Duke University Medical Center Institutional Review Boards (IRB) and the ADRA serves as one of the Chairs of the Duke IRB. The CNR staff are located in the Interprofessional Education building.

Center for Nursing Research Cores
The Center for Nursing Research consists of four main areas of service that support research faculty. Each core (faculty science, health statistics and data science Core, research administration, and research oversight and compliance) is intended to give faculty the strongest possible foundation with the largest range of support services from which to choose.

- Science - The Science Core consists of the Vice Dean for Research, the Director of Research Development, Research Services faculty, the Research Advisory Council, a Postdoctoral Program Director, and an Executive Administrative Assistant. It is responsible for research faculty mentoring development and supports DUHS nurse researchers.

- Statistics - The Stats Core consists of a Director, four faculty statisticians and two staff statisticians. It is responsible for statistical support services and expertise for DUSON faculty, postdocs and students.

- Research Administration - The Research Administration Core (RAC) consists of a Senior Director of Research Administration, a Lead Pre-Award Administrator, a Lead Post Award Administrator, and four Grants and Contracts Administrators. The core is responsible for all pre-award and post-award services for DUSON faculty, postdocs, and students.

- Research Oversight and Compliance - The ROCC Core consists of the Research Practice Manager, Assistant Research Practice Manager, and a research staff including Clinical Research Coordinators and Research Program Leaders. In partnership with the faculty CRU Director, it provides guidance (or oversight) for regulatory compliance and responsible conduct of research.

CNR Research Services Areas
The Research Services areas support the overall synergy of research initiatives at DUSON. They build on existing faculty strengths and research potential, are conceptually broad to allow multiple opportunities for researchers to develop and grow collaborative partnerships and will guide recruitment efforts of researchers. Faculty may participate in the activities of each area during the evolution of their research programs. The focus areas include:

- Research Innovation - New ideas, processes, products, or procedures for health care.
- Precision Health - Evidence-based, customized approach to health incorporating genomics, environment, and lifestyle.

Health Innovation Lab: The Health Innovation Lab (HIL) is a dedicated maker's space to ideate and innovate new concepts for health and patient care. We support students, faculty, staff, and clinicians. The HIL is located in the Duke University School of Nursing and directly adjacent to the Duke Health System. We offer creators a 20,000+ square-foot state of the art laboratory, classroom, and simulation space.

Adjacent to Duke Hospital, the lab provides an infrastructure and physical space for entrepreneurship, product development and testing, and modeling new care delivery processes across the Duke Schools of Nursing, Medicine, Engineering, and the Duke Health System. The lab is an incubator and serves as a pipeline to
translate innovative ideas, processes, and technologies into clinical practice.

**DUSON Biomarkers Lab**

Biomarkers are an emerging area of importance in nursing research. DUSON has an established 800 sq.ft. biomarker laboratory in the Medical Sciences Research Building (MSRB) which is centrally located within the research area of Duke University's campus. This space includes laboratory, tissue culture, and walk-in refrigerator space.

Equipment in the Biomarkers Laboratory includes: a FlexiVent forced oscillation ventilator (SCIReq) with a dedicated Dell Optiplex computer and flexiVent software; aerosol exposure chambers; multiple 6-jet nebulizers; a cytopsin; high-speed centrifuges; -20 & -80°C freezers; 4°C standing and walk-in (shared resource) refrigerators; Grass instruments EKG pre-amplifier with electrodes (Grass Instruments. Quincy, MA); a fully equipped tissue culture facility with incubators, hoods, and microscopes; vertical gel electrophoresis with power supply; a laminar flow hood; Beckman TJ-6 & J2-HS refrigerated centrifuges; Eppendorf 5414C centrifuges; microwave; pH meters, and top-loading balances.

The following equipment is shared and in close proximity to the Biomarkers Laboratory: autoclave; MT-2 microtome; phase contrast microscope; vacuum oven; spectrophotometer; BD FACSCanto II flow cytometer; ABI 7500 Real-time PCR system; Zeiss Axioimager A1 Upright Research Microscope; PerkinElmer’s GEliance 600 imaging system; Sorvall RC-6 Plus Superspeed Centrifuge; Legend table-top centrifuges; UV-Vis Spectrophotometer; Speedvac; gel dryers; luminometer, Stratagene UV Crosslinker, beta counter, PCR thermal cyclers, and inverted microscope.

**Duke School of Nursing Center for Information Technology and Distance Learning (CITDL)**

The Center for Information Technology and Distance Learning (CITDL) was founded to better address and enhance the technological needs of the School of Nursing by providing IT leadership, support, and development to integrate and promote the use of instructional, mobile, and computer technology for all members of the DUSON community.

The School of Nursing’s technology leadership team includes a director of IT and a manager of IT. The School of Nursing is represented on the Duke Information Technology Advisory Committee (ITAC), the Center for Instructional Technology Advisory Committee (CIT), and the Duke IT Council. The CITDL Infrastructure Support Team currently consists of six full-time staff with a wide skill set to provide professional and comprehensive technical support to over 1000 staff, faculty and students. Support provided by CITDL includes but is not limited to:

- Data and Network Systems Infrastructure Maintenance and Development: Workstation software, hardware, and connectivity troubleshooting and installation, Local Area Network (LAN) management, SON server management, email administration, network security and HIPAA compliance, mobile device administration.
- Classroom Instructional Technology Support including classroom Audio – Video assistance, mobile presentation setup, and lecture content recording and delivery.
- Technology adaptation and integration: Trend and need analysis, IT automation, exploratory research, and technological solution assessment.
- Instructional Support and IT Training including online educational technical support services; faculty, student and staff skill development; grant IT needs and project development; and software assessment and feedback.
- Content Creation and Delivery (provided in collaboration with Duke Health Technology Services, OIT and other external sources) including web content and media development, multimedia production, database support, and Internet server management.

Because the School is so thoroughly involved in a wide array of activities in clinical, educational, and research components at Duke, technical success relies on collaborating with additional Duke IT support entities as well as non-affiliated entities and third-party product vendors, each responsible for providing a specific set of services and applications to the School of Nursing.
**Web and Technology Solutions**

When projects that require the use of technology are included in a grant, web and technology solutions provide the necessary project management and development support. Designing and building websites, consultation and recommending resources, hiring contractors, database development, and other application coordination and development are some of their services. Project scopes range from individual faculty support to a particular department or center to initiatives affecting the school as a whole. They support and/or manage applications typically not widely supported by Duke and include Drupal, Wordpress, a course evaluation application, a learning object repository, a photo repository, and e-newsletter software.

**IT Resources and Committees**

Staff and faculty workstations in all offices and classrooms are continuously being upgraded. New systems boast a standard suite of software for the creation of course materials, personal productivity, and research. Computer applications available include, but are not limited to, Adobe Acrobat Professional, Microsoft Office Suite Professional (word processing, spreadsheet, relational databases and presentation software), Mediasite Desktop Recorder, Endnotes Reference Software, and statistical software packages including Atlas, SAS and SPSS. Software is continuously being tested and upgraded. A direct connection to Duke University's impressive on-line Libraries, including the Medical Center Library, is available from all faculty and staff offices, the School's research library and wirelessly throughout the buildings. In addition, faculty and staff can securely connect to the Duke network from offsite locations using encrypted VPN connections.

The School of Nursing runs a hard-wired switched DHCP network at 100MB-1GB per second connectivity to servers and workstations and is connected to the network backbone by 1GB fiber. Additionally, both secured and guest wireless access is available for faculty, staff, and students throughout the School of Nursing. All computers are linked to the School's network, which has a dedicated server and administrative infrastructure for data storage and manipulation. Network administration is accomplished by an impressive set of tools allowing IT support to efficiently and granularly secure, control, diagnose, and upgrade its IT infrastructure.

The heart of this infrastructure is the Duke Data Center, located on the main campus. All School of Nursing servers are housed here, including file and print servers, application and administrative servers, a system virtual machine infrastructure, and media production and storage servers. Data are backed up according to Duke University Information Systems Security protocols and procedures and conform to NIH research data retention guidelines. A detailed disaster recovery plan is in place and regularly reviewed by CITDL staff. The Data Center is equipped with autonomous and redundant environmental controls and the servers themselves are secured within locked racks with controlled access. Redundant backup systems connect, along with the building's network backbone infrastructure, to Duke Hospital's emergency power system capable of providing supplemental power indefinitely.

All of the School of Nursing’s classrooms boast state of the art integrated digital audio-visual systems capable of a wide array of multimedia playback and lecture recording abilities to help promote content retention and student interaction. The School of Nursing also maintains multiple high-end Polycom videoconferencing systems for use by faculty, staff, and visitors to the school. The school also features a high-end recording studio that is equipped with the hardware and software necessary for recording high-quality online lectures. Lectures can be published in a variety of formats including web streaming and iPod compatible.

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Office of Global and Community Health Initiatives (OGACHI)
OGACHI, founded in January 2006, is an administrative arm of the School of Nursing charged with facilitating the school’s global interests. The mission of OGACHI is to address health disparities locally and abroad through promoting academic enrichment, service learning, and research. It is directed by a Vice Dean for Global and Community Health Initiatives (Michael Relf, PhD RN ACNS-BC ACRN CNE FAAN) who is assisted by five full-time employees. In addition, OGACHI seeks to increase diversity in nursing through special initiatives and programs, often in partnership with other institutions. Through OGACHI, DUSON is an affiliate of the Duke Global Health Institute, providing a framework for interdisciplinary collaboration with peers across the campus around global academic and research initiatives.

OGACHI serves as a clearinghouse and catalyst for the development, facilitation, and monitoring of local and international activities of students and faculty related to improving health around the world. Currently, it develops and directs programs in the Caribbean and Central America, and Tanzania. OGACHI, with the involvement of nursing faculty primarily in the geriatric nursing specialty, partners with the Pan American Health Organization-Office of Caribbean Program Coordination (PAHO-CPC), the Regional Nursing Body of CARICOM, and the University of the West Indies at Mona in the development of an evidenced-based comprehensive model of community-oriented primary care for the growing elderly population in the Caribbean. The relationship includes capacity building, research, consultation, and technical assistance. Similarly, the faculty and staff of the Division of Nursing are working with Panama and Nicaragua to strengthen the integration of technology in nursing education. The recent signing of a general Memorandum of Understanding between Duke University and the University of the West Indies will facilitate collaborative research among multiple disciplines across the partnering institutions, among other academic and programmatic ventures. Projects are under development in Tanzania for addressing primary health care needs and capacity building in remote rural areas of the country.

OGACHI has the responsibility for developing opportunities for undergraduate and graduate students to have cultural immersion and residency experiences in developing countries and/or with vulnerable populations locally. Currently, six international sites in Honduras, Barbados, Jamaica, Nicaragua, China, and Tanzania and three sites locally are operational for students in public health nursing, maternity nursing, and tailored experiences for graduate APRN students, such as Family and Pediatric Nurse Practitioners. In 2014, 65 undergraduates and 16 MSN students participated in 2-to-6-week experiences associated with credit-bearing clinical courses. These numbers represent nearly 80 percent of undergraduates and a growing percentage of graduate placements. OGACHI has the capacity and a growing network of contacts through which to create multiple experiences locally and abroad in response to expressed interests by faculty and students from all levels of academic programs in the School of Nursing, including post-baccalaureate and post-masters DNP students. OGACHI is developing and beginning to implement opportunities for language development and cultural competence. It also expects to trigger the development of a Post MS program in Global Health Nursing.

In addition, OGACHI has a business arm called OGACHI Global Health Services that makes selected services available to academic institutions, governments, and health care agencies around the globe. Drawing upon the expertise of DUSON faculty, OGACHI can negotiate service agreements for consultation, technical assistance, continuing education, visiting graduate scholars, student global experiences for non-DUSON students, and planning and providing logistical support for international nursing visitors to the University. Among recent successful contracts are visiting graduate scholars from Egypt and Japan, and consultation to the Government of Bermuda.

PhD Program
Duke University School of Nursing (DUSON) has established a strong commitment to the training of future nurse scientists since the inception of the program in 2006. The PhD Program in Nursing prepares nurse scholars who will advance nursing science and promote equitable health outcomes and care systems, with a focus on social determinants of health (SDOH). Students will acquire the knowledge and skills necessary to design, implement, and evaluate innovative models of care that improve health outcomes across diverse populations. To date, DUSON has graduated 68 nurse scientists, the majority of which have assumed roles in academic and research settings. As of May 2023, 27 of DUSON's PhD program graduates received Fellowship funding over the past 5 years, with 15 awarded NIH F31 grants and 12 awarded foundation grants. In the 2023 federal fiscal year, DUSON ranked 5th in NIH funding among Schools of Nursing and boasts an active research portfolio that includes over $7.5 million in NIH funding across 18 projects. DUSON is also ranked #4 Best Graduate School for Nursing by the 2024 U.S. News & World Report. These achievements demonstrate DUSON's strong commitment to academic and research excellence. Additionally, DUSON's dedication to educate and develop nurse scientists is exemplified by the PhD program's strong mentorship culture. Each year, DUSON admits a small number (6-9 students) of highly qualified individuals to ensure each student has the opportunity to work closely with one or more faculty members through intensive mentored experiences.

DUSON provides an exceptionally rich scholarly environment with 89 faculty members, 21 of whom have sustained research programs and ongoing R-level studies (21 R-type awards and 3 U-type NIH awards over the past 5 years) and large foundation grants, most of which address SDOH. The school also has a growing number of junior (3 K awards) and recently tenured faculty who are solidifying their own research programs, obtaining R-series funding, and actively mentoring trainees. This structure ensures (1) socialization to the role of research scientists, (2) significant knowledge and skill acquisition to launch a successful program of independent research, and (3) preparation for an entry role in an intensive academic research institution.

Research Centers at Duke University

Bryan Alzheimer's Disease Research Center (Bryan ADRC).

The Joseph and Kathleen Bryan ADRC is a clinical and basic science center dedicated to the highest level of care for patients and families affected by Alzheimer's disease (AD) and other memory disorders, the discovery of the basic mechanisms underlying the disease process, and the development of effective treatments and preventive strategies for AD and related conditions. The Bryan ADRC brings together interdisciplinary teams across the various schools and centers at Duke University to solve complex health problems and to train the next generation of dementia care leaders.

The Bryan ADRC offer a variety of hands-on clinical opportunities through rotations in the Memory Disorder Clinic where students are immersed in the team approach to the evaluation of memory disorders arising in middle to late life due to a broad array of causations. The ADRC has a very active teaching program and typically has interns, residents, and fellows for several months of the year each. Beyond this clinical activity, the Bryan ADRC also offers weekly didactic sessions on behavioral neuroscience and neuropsychology. For those who are interested in bench sciences, it holds a monthly scientific seminar series that is attended by basic science faculty, graduate students, and fellows. This seminar focuses on findings from collaborating research laboratories and new discoveries of potentially high impact in the field of Alzheimer’s disease research.

Center for AIDS Research (CFAR)

The principal mission of the Duke Center for AIDS Research (CFAR) is to establish, enrich, and provide continued infrastructure support to an academic research environment that will effectively promote collaboration and coordination among the community of HIV/AIDS investigators at Duke and its principal international research partners at the Kilimanjaro Christian Medical Center (KCMC) in Moshi, Tanzania, thereby enhancing both the quality and quantity of their collective significant global contributions to the field.

The overall mission of the Centers for AIDS Research (CFAR) program of the Division of AIDS within the National Institute of Allergy and Infectious Diseases (NIAID); the National Institute on Aging (NIA); the National Cancer Institute (NCI); the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD); the National Heart, Lung, and Blood Institute (NHLBI); the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK); the National Institute on Drug Abuse (NIDA); the National Institute of
General Medical Sciences (NIGMS); the National Institute of Mental Health (NIMH); the Fogerty International Center (FIC); and the Office of AIDS Research (OAR) at the National Institutes of Health (NIH) is to support a multidisciplinary environment that promotes basic, clinical, epidemiologic, behavioral, and translational research in the prevention, detection, and treatment of HIV infection and AIDS. The CFARs accomplish this mission by providing scientific leadership and institutional infrastructure dedicated to AIDS research; stimulating scientific collaboration in interdisciplinary and translational research; promoting development of sustainable multidisciplinary HIV/AIDS research programs at each CFAR institution; strengthening capacity for HIV/AIDS research in developing countries; fostering scientific communication; sponsoring training and education; promoting knowledge of CFAR research findings and the importance of AIDS research through community outreach; promoting and supporting innovative NIH HIV/AIDS research initiatives; establishing collaborative research between CFARs, and supporting HIV/AIDS research networks; facilitating technology transfer and development through promotion of scientific interactions between CFARs and industry; and supporting research on prevention and treatment of HIV infection in hard-to-reach domestic populations, especially in inner city, rural poor, and disadvantaged minorities.

The Duke CFAR is led by Drs. Kent J. Weinhold (Director) and John A. Bartlett (Co-Director), and its overall organization consists of seven individual Cores structured around seven broad Programmatic areas. The Core of the Duke CFAR includes: 1) the Administrative Core, 2) the Developmental Core, 3) the Immunology Core, 4) the Biostatistical and Computational Biology Core, 5) the Clinical Core, and 6) the Social and Behavioral Sciences Core. The Scientific Programs supported by the Duke CFAR Cores include 1) Basic Science; 2) the AIDS Global Health Program; 3) Clinical Science; 4) the HIV Infection and Control Program; 5) the HIV Prevention Program; 6) the HIV Therapeutics Program; and 7) the AIDS/Viral Pathogenesis Program.

The Duke CFAR seeks to recruit and retain the very best basic and clinical investigators to perform cutting edge, state-of-the-art research that will have the greatest possible impact on the development of innovative new preventive and therapeutic strategies to control and ultimately eradicate HIV infection. The Duke CFAR also seeks to reach out to intramural scientists who are not presently involved in AIDS-related research, but whose research talents and interests could greatly complement and extend the scope of ongoing or future investigations. An equally important mission of the Duke CFAR is its central role and important commitment to the comprehensive training and mentoring of young basic and clinical scientists who represent the next generation of scientific investigators and who will become the leaders in shaping the course of future medical research over the next 25 years and beyond.

**Center for Child and Family Policy**

The mission of the Center for Child and Family Policy is to solve problems facing children in contemporary society by bringing together scholars from many disciplines with policy makers and practitioners, in an effort to improve the lives of children and families. They are dedicated to teaching, research, and policy engagement and focused on the areas of early childhood education, education policy, and adolescent problem behavior. It is home to the largest violence-prevention study ever funded by the National Institute of Mental Health; the largest youth-violence-prevention experiment for middle schools ever funded by the Centers for Disease Control and Prevention; a major effort to evaluate the effects of education reforms on children across North Carolina; an effort to promote healthy child development in the community of Durham, North Carolina, by focusing on parent-child relationships; and the Durham Family Initiative, which strives to prevent and reduce child maltreatment. The Center for Child and Family Policy is available to consult with organizations, conduct program evaluations and identify funding sources for new programs or measure the effectiveness of existing programs. The expertise of more than 80 highly trained researchers and staff identify, implement, and evaluate programs that positively affect the lives of children and families. Services include help identifying potential funding sources, grant writing, help identifying model programs and promising practices, training in program implementation strategies and data collection methods, developing monitoring systems to measure program performance, strategic consultation on evidence-based program development and supervision, evaluation of services to document program effectiveness, and data analysis, report writing, and presentation development. As home to the North Carolina Education Research Data Center, the Center for Child and Family Policy has access to more than a decade of data on North Carolina's public schools that can be used to identify important education outcomes.
Center for Developmental Science
The Center for Developmental Science is the culmination of several years of collaboration by members of the Carolina Consortium on Human Development. The Consortium was established in 1987 by faculty and researchers from three neighboring universities to promote the interdisciplinary study of developmental theory and longitudinal methods. The aim was to transcend the limitations of institutional and disciplinary divisions in order to facilitate scholarship and collaboration among faculty and young scientists. In the first six years of its existence, the Consortium focused on issues of developmental theory and research, providing proseminars, workshops and lectures, and postdoctoral training.

The Consortium was the first step in the evolution of an advanced institute for developmental studies. Toward that end, the faculty formed a working committee to respond to an initiative of the National Institute of Mental Health. This initiative, signed into law by the U.S. Congress, was to support new behavioral research centers that could "provide a unified and integrated research environment in which to pursue novel and focused questions in basic science related to mental health." The proposal won approval by NIMH in September 1993. The Center for Developmental Science became fully operative in November 1994, when it was established as a University Center by the Governing Board of the University of North Carolina.

The faculty of the Center for Developmental Science consists primarily of scientists from Duke University, University of North Carolina at Chapel Hill, Meredith College, North Carolina State University, University of North Carolina at Greensboro, and North Carolina Central University. Selected researchers from other institutions collaborate in research initiated by the Center.

Center faculty specialize in anthropology, behavioral genetics, developmental psychology, developmental psychobiology, education, epidemiology, experimental psychology, internal medicine, behavioral neurobiology, nursing, pediatrics, psychiatry, public health, and sociology. The Center has three branches: the Carolina Consortium on Human Development, the Behavioral Science Research Division, and the Social Development Research Division. There is considerable overlap across organizational divisions in the sharing of resources, ideas, and personnel.

Duke Pepper Older Americans Independence Center (OAIC)
The Duke OAIC is based administratively in the Center for the Study of Aging and Human Development (referred to here as the Aging Center or CFA) at Duke. The Center is an all-university resource for the Duke University and Medical Center community with participating faculty members from across the entire institution. The Aging Center is located in a wing of Duke University Medical Center which provides easy access to clinical and basic science resources and is directly adjacent to the main academic campus of the University. The Offices of the OAIC Co-Directors, Drs. Schmader and Morey, the Aging Center Director and PESC Lead, Dr. Whitston, the Division Chief, Geriatrics and REC Lead, Dr. Colon-Emeric, the REC Co-Lead, Dr. Johnson, LAC Senior Advisor, Dr. Cohen, and Analysis Core Lead, Dr. Pieper, and some of the most closely associated faculty and staff are located in an 18,000 square foot wing of the Medical Center, adjacent to the main university campus and to Duke’s biomedical research buildings. The Director’s office houses the administrative personnel funded by the Aging Center to provide financial and grants management for the Duke OAIC. The CFA also houses the Division of Geriatric Medicine and the Geriatric Medicine Fellowship Program, which offer opportunities for early-stage investigator development.

Various databases and statistical analysis tools are available to all faculty and trainees both on campus and remotely in the CFA. Statistical support to aid investigators and trainees in planning studies, analyzing data, and learning how to use statistical software packages is also available from staff in the OAIC and CFA’s statistical and analysis group. This expert statistical assistance is freely available and given in a one-on-one tutorial basis so that trainees and faculty can learn to develop the most appropriate study designs and use the most effective data analysis programs available. The CFA also provides assistance with IRB documentation, maintains an active Aging Center Subject Registry of ~2,500 older adults to aid OAIC investigators with human subjects’ recruitment, and provides training to ensure that investigators keep within the appropriate guidelines for human subjects research. It also provides assistance in working with IACUC for animal studies. The Center also houses a post-doctoral research training program (T32) in aging which has been continuously funded for...
the past 32 years and provides an outstanding source of trainees to work with the Duke OAIC in areas of mutual interest.

**Duke Roybal Center**

Duke University was awarded a NIA Roybal Center in 2019 with the overall goal to catalyze the development of cross-disciplinary research to develop and test innovative behavioral and social interventions for older adults. These interventions work to improve healthy longevity of older adults with a focus on enhancing functional independence and increasing engagement with meaningful activities and participation. This Center funds a team of 14 co-investigators with expertise that spans behavioral and social science theory, intervention development, efficacy testing, pragmatic trials of effectiveness, implementation research, community-based participatory research, and health policy research (NIH intervention develop Stages I-V). The management and administrative core of the Duke Roybal Center leads capacity and skill building activities including workshops, intervention incubator sessions, experiential and applied learning, and includes external advisors with expertise across the translational spectrum and lifespan. Experiential learning activities are informed by Social Cognitive Theory to foster the development of skills needed to design, refine, test, and implement novel behavioral interventions for enhancing mobility and healthy longevity. Our approach may serve as a national model for skills-based research training for researchers to develop effective, cross-disciplinary, and translatable behavioral interventions to enhance functional independence among older adults. The center is housed in the Duke Interprofessional Education Building, on the administrative floor for the Department of Orthopaedic Surgery; however, all activities have been remote (and without interruption) since March 16, 2020.

**Department of Population Health Sciences**

Created in 2016, the Department of Population Health Sciences at Duke seeks to bring together faculty and staff from across the School of Medicine and University to study and identify determinants of health and the most effective means for improving health.

This multidisciplinary, collaborative department is working to engage faculty members from a variety of disciplines including epidemiology, health services research and policy, health economics, health measurement and behavior, and implementation science who share an interest in answering complex questions about the drivers of health in populations.

The department will include signature research initiatives in health services research, implementation science, and measurement science and educational offerings including a post-graduate certificate program in Population Health Sciences and Master and PhD programs in Population Health Sciences.

**Department of Psychiatry and Behavioral Sciences**

An internationally recognized leader in laboratory and clinical research, the Duke Department of Psychiatry and Behavioral Sciences is among the top 5 psychiatry departments in NIH funding. The Duke Behavioral Medicine Division is a world leader in research, clinical care, and education. Drawing together experts from clinical psychology, public health, nutrition, and medicine, the services are led by prominent clinical scientists who are internationally recognized for their contributions to advancing the well-being of individuals, families, and communities.

**Duke Center for the Study of Aging and Human Development**

The Duke Center for the Study of Aging and Human Development has been studying successful aging—and applying the results of its research—for more than 40 years. With more than 30 core staff members and more than $3 million in annual direct research funding, it is a vital national resource for the study of aging. Current research includes studies of dysmobility, osteoporosis, Alzheimer’s Disease, cancer, viruses, depression in later life, and caregiver stress. The Center is also involved in an ambitious program designed to identify and educate future geriatricians. The Center’s first initiatives included the Duke Longitudinal Studies, a 20-year project begun in 1956 that monitored the physical, mental, social and economic status of approximately 800 older adults. These studies, which received the 1983 Sandoz International Prize for multidisciplinary research in aging, documented the capacity of older adults to age well, helping revolutionize thinking about human aging. In 1975, the Older Americans Resources and Services (OARS) Program developed the first comprehensive technique for assessment of functional impairment in the elderly. Duke’s Geriatric Evaluation
and Treatment (GET) Clinic, opened in 1967, continues to serve older adults from throughout the southeastern United States. Since 1988, the Center's Long Term Care Resources Program has assisted North Carolina in developing and implementing sound public policies for serving older adults and their families in the long term.

The Center for the Study of Aging and Human Development is an all-university Center, serving as a resource for the entire Duke University and Medical Center community, with 126 faculty members from a broad spectrum of departments, designated as Senior Fellows. The Offices of the Director (Harvey Jay Cohen, MD) and some of the most closely associated faculty and staff are located in the Busse Building of the Medical Center, adjacent to the main university campus. The Aging Center provides a computing and statistical laboratory that permits easy access to large databases and statistical analysis software packages. Both faculty and trainees can also access this facility through personal and laptop computers throughout the building. Statistical support to aid investigators and trainees in planning studies, analyzing data, and learning how to use statistical software packages, is also available in the computing laboratory. This expert statistical assistance is freely available and given in a one-on-one tutorial basis so that trainees and faculty can learn to develop the most appropriate study designs and use the most effective data analysis programs available. On the same floor is a social science data archive with multiple resources and local help for interpretation and recording problems with these data sets if this should be necessary. The Aging Center maintains a subject registry as well to aid investigators in finding appropriate human subjects for their research and to ensure that investigators keep within the appropriate guidelines for human subject research.

Duke researchers understand that the growing number of older adults will have a significant impact on society's arrangements for income maintenance, health care, social services, housing, and transportation. Studies being conducted at Duke today already are addressing the complex health problems of a longer-lived population, and developing programs that will enable the elderly to receive care while maintaining their independence for as long as possible. The center plans to initiate and expand its aging research in several areas in the future: cellular and molecular biology of aging, interventions to enhance longevity, health care and health services utilization, cardiovascular disease and cancer, family relationships in later life, improving disability for osteoporosis and Pagets disease of bone, risk factors for chronic disease and mental illness, and the economic status of older adults.

**Duke Clinical Research Institute (DCRI)**
The mission of the DCRI is to develop and share knowledge that improves the care of patients around the world through innovative clinical research. It is the world's largest academic clinical research organization, is known for conducting groundbreaking multinational clinical trials, managing major national patient registries, and performing landmark outcomes research. DCRI research spans multiple disciplines, from pediatrics to geriatrics, primary care to subspecialty medicine, and genomics to proteomics. The DCRI also is home to the Duke Databank for Cardiovascular Diseases, the largest and oldest institutional cardiovascular database in the world, which continues to inform clinical decision-making 40 years after its founding. With over 1100 employees, of whom 224 are faculty, the DCRI combines the clinical expertise and academic leadership of a premier teaching hospital with the full-service operational capabilities of a major contract research organization. Its leaders are some of the world's foremost authorities on the science, study, and application of clinical research, making them uniquely positioned to understand the operational, financial, and regulatory implications of numerous project designs. Building on over 40 years of experience in innovative approaches to analyze the impact of various therapies on patient outcomes, the DCRI offers full clinical trial services as well as substantial resources dedicated to outcomes research and assessments, clinical database design and management, and medical education. The DCRI enlists more than 5000 investigators in over 64 countries to carry out scientific investigations. Their experienced investigators also conduct key quality of life, economic, and outcomes studies that are increasingly essential for sound results. DCRI faculty are also committed teachers in the Clinical Research Training Program, including classes in Biostatistics, Clinical Trials, and a summary Seminar in Clinical Research.

**Duke Clinical and Translational Science Institute (CTSI)**
The CTSI serves as the academic hub for accelerating the translation and implementation of scientific discoveries into health benefits for patients and communities at Duke. Building on efforts begun in 2006, the CTSI focuses on leveraging the vast research resources at Duke University and facilitates collaborations that
provide or enhance the infrastructure, education, and resources needed to take promising ideas from concept, through development and testing, and into patient care. The Institute encompasses faculty and staff along the entire spectrum of translational science—from early research in the laboratory, through clinical trials in humans, to the successful implementation of new ideas in clinical and community settings. The goal of the CTSI is to serve as a catalyst for translational science by facilitating collaborations across Duke departments, institutes, schools, and the community that help us advance health together.

**Duke Mobile App Gateway (MAG):**

The Mobile App Gateway is a central resource for all mobile and digital health projects at Duke. Situated within the Duke CTSI, the Mobile App Gateway offers tools and resources to support successful design, development, and implementation of mobile and digital health projects to all Duke faculty, staff, and students. The Mobile App Gateway provides guidance on a variety of projects and topics including questions about user experience, connections with Duke approved vendors, app architecture, regulatory hurdles, budget development, feasibility, branding, and more.

The Mobile App Gateway is dedicated to creating an environment to support the use of mobile apps in research through the following efforts. It provides monthly seminars on topics of interest to researchers, informal “brown bag” meetings for collegial discussions of research ideas, individual consultation for grant or idea development, general navigation to satisfy regulatory and institutional requirements, support for the preparation of documents, and implementation support post-award. The Mobile App Gateway is an interdisciplinary team from across the Duke health System and Schools of Medicine and Nursing with office space across the university campus to allow the staff to be close to research and academic offices.

**REACH Equity Center**

Funded by the National Institute of Minority Health and Health Disparities, the Duke Center for REsearch to AdvanCe Healthcare Equity (REACH Equity) is one of 12 specialized research centers designed to conduct multidisciplinary research, research training, and community engagement activities focused on improving minority health and reducing health disparities. REACH Equity provides research and training resources across the Duke Campus and health system to develop and test interventions that reduce racial and ethnic disparities in health by improving the quality of patient-centered care in the clinical encounter—a setting where disparities in care are well documented. The Center serves as an umbrella for the integration of transdisciplinary health disparities research across Duke and aims to: catalyze and support a program of research related to the Center's theme; support the development of the next generation of health disparities investigators through a research education and training pipeline program; diversify the health disparities research workforce by identifying, mentoring, and developing investigators from under-represented groups; and facilitate community and stakeholder engagement in health disparities research. Investigators across the campus and health system are invited to participate in REACH Equity programs by attending educational events, applying for REACH Equity funding opportunities, and accessing REACH Equity's cores (Measures Methods and Analysis, Community Engagement and Dissemination) to support their health disparities research.

**Margolis Center for Health Policy**

The mission of Duke University's Robert J. Margolis, MD, Center for Health Policy is to improve health and the value of health care by developing and implementing evidence-based policy solutions locally, nationally, and globally.

Duke-Margolis brings together capabilities that generate and analyze evidence across the spectrum of policy to practice, supporting the triple aim of health care—improving the experience of care, the health of populations and reducing the per capita cost. This requires broad multidisciplinary capabilities that few institutions can bring together and is fueled by Duke University's entrepreneurial culture.

The Center integrates the expertise of Duke University scholars and academic health system with an established team experienced in convening stakeholders and conducting policy analysis. The Center is a catalyst, linking Duke's world-class research and health care with policymakers and policy analysts in the public and private sector at the local, national and global levels. Disciplines involved in the Center include
business, biomedical research, clinical care, public policy, population health, global health, law, the social sciences, and the humanities.

**The Jean and George Brumley, Jr. Neonatal-Perinatal Research Institute (NPRI)**
The George and Jean Brumley, Jr. Neonatal-Perinatal Research Institute (NPRI) was created in 1996 as a multidisciplinary platform to address health problems of the newborn child through translational research programs and to train the next generation of physician-scientists to continue addressing these problems. The NPRI aims to provide a dedicated environment wherein investigators from different fields can participate in collaborative multidisciplinary research aimed at understanding the basis of key problems suffered by neonates. The NPRI was founded by Dr. Ronald Goldberg, present Division Chief, with the support of the late Dr. George Brumley, Jr., past Division Chief of the Duke Neonatal-Perinatal Program. The mission of the NPRI is three-fold: to explore the basis for birth defects and neonatal injury of the brain and lungs and translate the findings into clinical practice; to address issues of health policy as they affect newborn care; and to educate the next generation of physician-scientists to this endeavor. Since it was founded, the NPRI has grown into a successful, multimillion dollar endeavor affiliated with 80 senior investigators, who are supported by a variety of external funding agencies.

The NPRI hosts a wide range of research initiatives by investigators with primary appointments in traditional departments including Cell Biology, Neurobiology, Nursing, Immunology, Pharmacology, Cardiology, Neonatology, Neurology, Pediatrics, Psychology, Maternal-Fetal Medicine, Anesthesiology, Critical Care Medicine, Medical Ethics, Genetics, Biomedical Engineering, Institute for Genome Sciences and Policy, Center for Human Genetics, Fuqua School of Business, the Duke Clinical Research Institute, and the Nicholas School of the Environment. Topics under investigation can be categorized into three major groups: basic, clinical, and health care economics research. Basic research includes major initiatives in the causes of birth defects that particularly affect the cardio-craniofacial field and left-right cardiac axis determination, and the perinatal mechanisms of disrupted development and post-natal injury with special emphasis on lung, brain, and heart. Clinical research addresses the problems of low-birth-weight infants, morbidity and mortality, perinatal asphyxia, ventilatory management, growth and development of high-risk infants, and the role of genomics in neonatal morbidity. Research interests also include medical economics, and biomedical engineering--specifically in the areas of informatics, optics, virtual reality and microdigital fluidics.

**The Social Science Research Institute**
The Social Science Research Institute (SSRI) is an interdisciplinary research institute of Duke University. The core mission is to catalyze pioneering social science research and methods across the social and behavioral sciences. The SSRI serves scholars at all levels from across the Duke University campus and the Duke School of Medicine. Although many of their principal constituents find their disciplinary homes in the departments of Economics, Political Science, Psychology and Neuroscience, Public Policy, and Sociology, they have also worked with faculty from the departments of Biology and History, the Department of Statistical Science, and the Fuqua School of Business, the Pratt School of Engineering, the Nicholas School of the Environment and Earth Sciences, School of Nursing, and the School of Law within their facilities and programs and as collaborators of their affiliated centers. The Social Science Research Institute (SSRI) is one of seven university-wide interdisciplinary institutes at Duke University.

The programs and events the SSRI hosts foster the creation and dissemination of new interdisciplinary knowledge in the social sciences. Located in the historic Erwin Mill building, the SSRI facility is equipped to conduct and communicate social science research that attracts, and trains scholars engaged in research and interested in collaboration. SSRI assists research development by administratively supporting innovative, externally funded research. Their diverse group of affiliates enables SSRI to contribute to knowledge in the service of society. SSRI scholars connect research to policy and practice, integrate knowledge and service, and make the translation between theory and practice. Their research is the bridge from discovery in basic research to delivery in some solution or intervention in real time. The institute boasts a number of researchers who meld basic research with a policy or problem-centered approach. Basic researchers work collaboratively with more problem-centered researchers in the highly interactive scholarly community at SSRI. Both basic research and applications benefit. SSRI Faculty Fellows Program identifies specific topics, selects faculty from across the university to participate, and then gives them release time for collaborative
investigation. Translation emerges from the collaborative interests of faculty from multiple disciplines as they pursue a common interest.

**Duke Population Research Institute**

The Duke Population Research Institute (DuPRI) is an interdisciplinary research organization bringing together researchers from the biological, economic, mathematical, psychological, statistical, sociological, and policy sciences at Duke. The Institute seeks to advance science in the area of demography and population science, as well as expand the current boundaries of demographic investigation. DuPRI's goals are to organize the breadth and depth of population research at Duke into a synergistic whole much greater than the sum of its parts, attract to the Duke faculty some of the field's most highly acclaimed researchers as well as some of the field's most outstanding new talent, and to expand the intellectual activity at Duke devoted to population research in the classroom as well as in the laboratory and in the field. To accomplish these goals, DuPRI is organized around two broad research programs – Health and Human Development and Aging. Within these substantive areas faculty use an unusually wide set of methods, many of which have been pioneered by Institute researchers. Four groups of methods stand out: statistical and mathematical modeling, measurement of biological processes and analyses of their influence, analyses of networks and their influence, and ethnography and mixed methods.

DuPRI offers assistance to faculty associates and affiliates through all stages of the grants process: from proposal development and submission, through research administration responsibilities, to close out activities. DuPRI grant specialists work closely with faculty and SSRI as well as with the Office of Research Support and the Office of Sponsored Programs throughout the lifecycle of a grant. DuPRI gives Duke University an internationally recognized world-class asset in the field of population research. Institute members have joined together to push the current boundaries of investigation, especially by including faculty researchers from a broad and exciting set of disciplines, including the life sciences.

**Center for Human Genetics**

Established by Duke University Medical Center in 1996, the Center for Human Genetics (CHG) is an international leader in the study of inherited disorders. The CHG’s faculty and staff investigate genetic and environmental influences on human disease in a uniquely integrated research setting. The Center has partnerships with clinicians, basic scientists, and industry. The Center for Human Genetics includes an outstanding team of faculty members who are working to understand the genetic basis of human diseases. These faculty members are experts and leaders in their fields, contributing to the wealth of knowledge about genetics and genomics.

The Center’s long-term goal is to incorporate genetic research findings to improve the diagnosis, treatment, and prevention of disease. The CHG is widely known for its pioneering efforts in mapping genes for both Mendelian and common complex genetic diseases. Its core group of investigators have participated in the mapping or identification of genes in over 50 diseases, stored DNA samples from nearly 60,000 individuals, established 7000 cell lines, and collected data on over 6000 families encompassing more than 160 different disorders. This collaborative approach has accelerated the discovery of genes involved in complex human diseases such as cardiovascular disease, Alzheimer's Disease, Parkinson Disease, and autism.

The resources of the CHG are organized around research cores which include epidemiology, statistics, clinical genetics, molecular genetics, tissue banking, and informatics. The cornerstone of the Center’s genomic research effort is the CHG DNA Bank and Tissue Repository. This repository is one of the largest (containing >110,000 DNA, tissue and blood samples) and oldest academic DNA banks in the United States, and provides rapid, low-cost, high-quality DNA extraction and associated services to human genome researchers. The Genomics Resource Laboratory Core is headed by Simon Gregory, Ph.D., and houses the CHG molecular biology unit. This unit applies the latest genetic laboratory techniques to identify disease genes. The Genomics Research Laboratory possesses the technical and physical resources to support the Center’s research projects. These resources include high-throughput genotyping, mutation and polymorphism detection, physical mapping, sequencing and gene expression analysis, tissue culture facilities, and several applications of genomic microarrays. CHG investigators developed the internationally recognized PEDIGENE® data management system for use in genetic and disease mapping studies. In the course of their collaborative
studies they have developed methods for secure access of the database and software by external collaborators and thus have experience in distributing data to and accepting data from a wide variety of data types, data sources and formats.

**Duke Global Health Institute (DGHI)**

DGHI works to reduce health disparities in our local community and worldwide. Recognizing that many global health problems stem from economic, social, environmental, political, and health care inequalities, DGHI brings together interdisciplinary teams to solve complex health problems and to train the next generation of global health leaders. DGHI researchers focus within seven research priority areas in global health: cardiovascular disease and obesity, environmental health, emerging infectious diseases, maternal child health, health systems strengthening, mental health, and cancer. DGHI’s education, research, and capacity building initiatives are built on a strong network of partnerships with institutions around the world called Priority Locations: Beijing, Kunshan, and Shanghai in China; Leogane, Haiti; Delhi, India; Eldoret, Kenya; Singapore; Cape Town, South Africa; Galle, Sri Lanka; Moshi, Tanzania; and Kampala, Uganda. These priority locations provide opportunities for faculty and students and are based on a bidirectional, mutually beneficial relationships with partners and institutions.

DGHI aims to remain at the forefront of the evolving field of global health by maintaining its competitive advantage, particularly in the area of education. DGHI’s vision, goals, strategies, and metrics for success are articulated in its latest five-year plan, *Transforming Global Health: Duke Global Health Institute Strategic Plan 2013-2017*. By successfully implementing the strategies outlined in this plan, DGHI will achieve its vision of employing academic excellence to meet the global health challenges of today and tomorrow and to achieve health equity worldwide. DGHI faculty are currently leading 215 research projects in 42 different countries, and DGHI faculty are currently leading 215 research projects in 42 different countries, and

**Duke Institute for Brain Sciences**

Duke Institute for Brain Sciences (DIBS) advances interdisciplinary research and education that transforms understanding of brain function and translates this understanding into innovative solutions for health and society. The four DIBS research themes represent strategic areas of interdisciplinary and collaborative brain science research at Duke: neurotechnology, circuits and behavior, neurological and neuropsychiatric disorders, and brain and society. In the area of neurotechnology, DIBS is actively engaged in bringing together investigators with a broad range of expertise in the biological sciences, biomedical engineering, chemistry, and physics to develop the next generation of tools that will make it possible to monitor and regulate the activity of functionally identified populations of neurons with unprecedented spatial and temporal resolution. By combining the latest technological developments with novel experimental and computational approaches, DIBS investigators are defining how neural circuits contribute to brain function, how these circuits arise during development, and how they are shaped by experience in the adult. DIBS investigators work side by side in multidisciplinary teams that are focused on exploring the neural basis for a particular brain disorder and developing more effective treatment strategies. DIBS investigators are transcending the boundaries between neuroscience, the social sciences, and the humanities to provide novel insights into the neural basis for behaviors that are particularly relevant to human interactions. DIBS investigators’ expertise in genetics, behavior, cognition, economics, and neuroscience are combined to illuminate the neural basis of decision-making, communication, social cognition & behavior, and affective processes in humans and animal models.

**The Center for Spirituality, Theology, and Health**

The Center for Spirituality, Theology, and Health was founded in 1998, and is focused on conducting research, training others to conduct research, and promoting scholarly field-building activities related to religion, spirituality, and health. The Center serves as a clearinghouse for information on this topic, and seeks to support and encourage dialogue between researchers, clinicians, theologians, clergy, and others interested in the intersection. The Center’s five main goals are to conduct research on religion, spirituality and health, train those wishing to do research on this topic, interpret the research for clinical and societal applications, explore the meaning of the research for pastors and theologians, and discuss how theological input can advance the research.
**Duke Center for Genomic and Computational Biology (GCB).**
The mission of the Duke Center for Genomic and Computational Biology (GCB) is to catalyze innovative, interdisciplinary research in genomic and computational biology across Duke’s campus. Our research faculty come from diverse backgrounds and work collaboratively to solve problems not easily tackled within traditional departments. GCB enables research across campus through its data-generating, analysis, and computational shared resources. GCB is an interdisciplinary center where faculty across Duke’s campus collaborate to study complex problems in genomic and computational biology, train researchers and develop genomic technologies. GCB brings together scientists, engineers, physicians, and sociologists passionate about interdisciplinary research to explore big questions in genomics and computational biology.

**Duke Translational Medicine Institute**
The Duke Translational Medicine Institute (DTMI) is Duke’s academic home for the clinical and translational research community. It is an integrated support structure that provides resources and training and facilitates collaborative clinical and translational research. The mission of the DTMI is to catalyze translation across the continuum of scientific discovery, clinical research, care delivery, and global health. The DTMI includes five contiguous institutes: the Duke Translational Research Institute (bench-to-bedside research); the Duke Clinical Research Unit (early-phase and proof-of-concept studies in humans); the Duke Clinical Research Institute (clinical trials, outcomes research, health economics, and policy); the Duke Translational Nursing Institute (implementing best practices at the point of care); and the Duke Center for Community Research (community participatory research). These institutes are supported by crosscutting functional units that provide expertise and instruction in biostatistics, informatics, regulatory affairs, ethics, and the development of intellectual property. Together, these components comprise thousands of projects and hundreds of faculty. The DTMI facilitates team science by joining multidisciplinary investigators and industrial-model project management, while providing investigators easy access to emerging technologies and methodologies. The DTMI can assist investigators with all aspects of the research continuum, from preclinical research to clinical trials to community-based research. Through the DTMI, Duke investigators can consult with experts in biostatistics and data management; obtain assistance with regulatory strategies and submissions; access core technology expertise in biobanking and -omics, immune monitoring, cell and tissue therapies, and imaging; take advantage of research training and career development opportunities; apply for a variety of funding opportunities to support innovative research projects; and conduct early-phase clinical research projects in dedicated facilities with specialized staff, resources, and expertise.

**Sarah W. Stedman Nutrition and Metabolism Center**
The Sarah W. Stedman Nutrition and Metabolism Center is an interdepartmental and interdisciplinary center for metabolic and nutritional research with strong ties to basic and clinical research groups on the Duke campus and beyond. Under the direction of Christopher B. Newgard, PhD, the center is building a unique program in metabolic and nutritional research that consists of three major areas of competency: basic science, clinical research, and comprehensive metabolic/biomarker profiling. The center has recruited a cadre of world-class basic scientists who deploy interdisciplinary approaches to understand fundamental nutritional and metabolic regulatory mechanisms. Clinical efforts are focused on translating basic science and epidemiological findings into well-designed clinical trials, ultimately leading to the development of new therapies for chronic diseases with a metabolic basis such as obesity, diabetes, heart disease, and cancer. The center has developed a technology platform that includes mass spectrometry and nuclear magnetic resonance-based approaches for comprehensive metabolic analysis; multiplex assay systems for hormones of energy balance and cytokines; and physiologic measurements such as resting metabolic rate and body composition. The long-term goal is to generate personalized metabolic profiles that diagnose and direct the treatment of individuals with chronic diseases.

**Duke University Health System (DUHS)**
DUHS is a non-profit, integrated, academic health system comprised of many facilities throughout the North Carolina region. DUHS facilities include 1) Duke University Hospital -- a full-service tertiary and quaternary care hospital licensed for 957 beds, offering regular and intensive care inpatient units, a regional emergency -trauma center with a separate pediatric emergency department and a major surgery suite with four dedicated open-heart operating rooms; 2) Duke Regional Hospital -- a 335 bed acute care community hospital serving residents of Durham and surrounding counties, offering tertiary care services in an 8 contiguous county area;
3) Duke Raleigh Hospital – a 186 bed acute care community hospital serving Raleigh and Wake County; 4) Duke Primary Care (DPC) -- a network of primary care physicians and clinics, formed in 1994 and covering 20 locations in eight counties; 5) Duke Health Integrated Practice (DHIP) -- the DHIP offers pediatric and adult specialty services, urgent care facilities, and prevention and wellness services; and 6) Duke Home Care and Hospice – an integrated service providing home care, infusion management, hospice, and bereavement care. The Duke University Health System (DUHS) is affiliated with numerous hospitals and health care facilities through such programs as the Duke Heart Network and Duke Oncology Network and in partnership with LifePoint, a joint venture which owns Maria Parham and Person Memorial Hospitals. Duke's affiliations enable the Health System to share its clinical and research expertise to benefit patients in communities throughout the Southeast.

Duke University Medical Center currently has over 400 buildings containing 12 million square feet. Duke University Hospital and related clinical facilities account for about half of the Medical Center’s total square footage. The hospital is housed in the 870-bed Duke North Division, which opened in 1980. North contains inpatient units for Medicine, Surgery, Obstetrics/Gynecology, and Pediatrics; a regional Emergency-Trauma Center; a major surgery suite; and a 41-room Diagnostic Radiology area that includes four magnetic resonance imagers. The South Division of Duke University Hospital, which includes the original 1930-era Duke Hospital building, contains inpatient units for outpatient clinics; psychiatry; and a federally supported Clinical Research Unit. The Duke Cancer Center opened in 2012, providing comprehensive care for patients with cancer. The Duke Medicine Pavilion opened in 2013, focusing on expanded critical care services.

**Duke Children’s Hospital**
Duke Children’s Hospital & Health Center, located in Durham, N.C., is nationally ranked among the best in pediatric health care programs. Duke provides the complete range of medical and surgical specialties to meet the needs of every pediatric patient, inpatient and outpatient. One of the world’s most comprehensive and respected heart programs, the Duke Children's Heart Program is a primary provider of cardiovascular diagnostic and treatment services in the southeastern United States. The heart center is also a member of the NIH Pediatric Heart Network.

**The Division of Neonatal-Perinatal Medicine** provides comprehensive care for premature and full-term infants with neonatal problems and is part of the National Institutes of Health-supported Neonatal Research Network. In addition, in 1996 the neonatal division created the Neonatal-Perinatal Research Institute (NPRI) as a multidisciplinary platform to address health problems of the newborn child through translational research programs and to train the next generation of scientists to continue addressing these problems in the most productive manner. The division benchmarks patient care outcomes with this group of 16 of the leading intensive care nurseries in the country. Our low-birth-weight mortality and rate of broncho-pulmonary dysplasia and retinopathy of prematurity are consistently among the lowest. The Division of Neonatal-Perinatal Medicine also has a follow-up specialty clinic located in the Children’s Health.

**Duke Intensive Care Nurseries (ICN)**
The Duke ICN is a 81-bed level III-IV nursery with 450 preterm infants admitted annually who are ≤ 35 weeks gestation. The ICN practices developmental family centered care from admission to discharge. Systems in place to support this philosophy of care include a family centered developmental care committee comprised of staff nurses, nurse managers, advanced practice nurses, physicians, occupational therapy, speech therapy, physical therapy, and a family support specialist. This committee meets monthly and is responsible for the development of standards of care within the nursery and would likely serve as the H-Hope Team. There is also a developmental and discharge planning care team that meets weekly to discuss specific patient needs. Other specific care practices include 24-hour visitation, family medical/team rounds, parent collaboration in plan of care, and parent advisory boards to encourage open communication between parents and providers. Finally, a nursery executive committee with all disciplinary clinical leaders and representatives from the staff meets weekly to discuss care issues from a systems level. These committees would provide a foundation and support for implementation of the proposed intervention.
Duke Regional Special Care Nursery (SCN)
Duke Regional SCN18-bed Level II nursery with over 400 admissions annually. Admissions that would not typically overlap with the Duke ICN admission numbers includes 115 infants born at ≥32 weeks and ≤35 weeks. The same Division of Neonatology physicians and Neonatal Nurse practitioner team provides care at the Duke Regional SCN as at the Duke ICN. The SCN also practices developmental family centered care with similar committee structures. Specialty services from occupational therapy, speech therapy, physical therapy are also available as needed.

Duke Cancer Institute
The Duke Comprehensive Cancer Center was one of the nation’s first cancer centers to be established in 1972 under the National Cancer Act. Today, Duke is one of 61 comprehensive cancer centers nationwide. The "comprehensive" status recognizes centers for research excellence and for other contributions in the areas of clinical trials, prevention and control efforts, information and educational offerings, and outreach and service activities. The Duke Comprehensive Cancer Center’s more than 300 physicians and scientists research all aspects of cancer biology and treatment. The Cancer Center includes two Coordinating Centers for NCI funded Cooperative Groups (the Cancer and Leukemia Group B and the American College of Surgeons Oncology Group) creating a large cadre of investigators with a focus on collaboration on a broad scale. The Cancer Center also includes a large group of multidisciplinary faculty in its Cancer Prevention and Control group. This group includes a Behavioral Division with three sections (primary prevention, screening and high risk and symptom management, and survivorship and beyond) and an Epidemiology Division focused on molecular epidemiology.

The Duke Cancer Institute (DCI) was launched in the fall of 2010 as a single entity – the first of its kind at Duke – with the goal of uniting hundreds of physicians, researchers, educators, and staff across the Duke University Medical Center, Duke University School of Medicine, and the Duke University Health System under a shared administrative structure to offer unprecedented opportunities for teamwork among scientists and caregivers. The vision of the new Duke Cancer Institute is to accelerate research advances related to cancer and to translate these discoveries into the most advanced cancer care to patients.

Each year, the DCI provides care to more than 50,000 patients with all forms of cancer. Patients who come to Duke represent virtually every state in the nation and every county in North Carolina. More than 60 percent of new Duke patients are referred to Duke for their initial treatment. Duke residency and fellowship training programs provide comprehensive training in gynecologic oncology, hematologic/oncology, neuro-oncology, pediatric hematology/medical oncology, radiation oncology, and surgical oncology to develop the next generation of clinical and science leaders.

The cornerstone of the Duke Cancer Institute is the Duke Cancer Center building for ambulatory care. The center is the first building at Duke dedicated solely to the care of patients with cancer. It includes 267,000 square feet of space dedicated to patient-focused cancer care, including more spacious treatment rooms, a rooftop terrace and gardens, quiet spaces for conversation or reflection, and a cafe.

Duke Forge
Duke Forge is the university’s center for actionable health data science. Based in the Duke University School of Medicine and supported by a diverse team of scholars, clinicians, and experts from multiple disciplines, the Forge focuses on the implementation of artificial intelligence in health and healthcare, as well as the regulatory and ethical implications of such technologies. Forge functions as a “think tank” where clinical problems or questions amenable to data science and machine learning solutions are identified, prioritized, and scaled for application in the clinic, health system, and beyond.
See link for more information,

Duke Heart Center
Consistently ranked among the top heart programs in the nation by U.S. News & World Report, Duke Heart Center serves more than 50,000 patients every year and is a globally recognized leader in cardiovascular care, research, and education.
It is the nation’s top heart failure program based on outcomes, volumes, and research; the nation’s first and largest dedicated cardiovascular MRI service; and the nation’s top 1 percent in thoracic aortic surgical outcomes. It is the birthplace of RACE-ER, the model for the AHA-funded, nationwide Mission: Lifeline, and one of only six U.S. programs dedicated to adult congenital heart disease.

It is one of the nation’s top units for myocardial infarction care. It has one of the nation’s only dedicated programs for advanced coronary artery disease, with the largest pediatric EP services, the largest adult valvular heart disease programs, and the largest and longest-running cardiac rehabilitation programs. It is one of the nation’s handful of centers offering cardiac resynchronization therapy and epicardial catheter ablation. It has one of the nation’s highest volumes and best outcomes for ventricular assist device (VAD) implantation and cardiac transplantation and one of the nation’s largest cardiovascular nursing research programs. Among the Southeast, it has the highest cardiothoracic surgical volumes, busiest implantable-device lead-extraction services, and highest-volume interventional cath labs. It has North Carolina’s highest volume of catheter ablations for atrial fibrillation; largest, most specialized pediatric cardiac ICU; largest pediatric heart failure program; and first hybrid OR.

Duke Heart Center leads a range of efforts to define best practices and improve the quality of care delivered to cardiac patients worldwide. Examples include (1) leading the creation of national quality standards through work with entities including the Centers for Medicare and Medicaid Services, the Food and Drug Administration, and the National Academy of Sciences’ Institute of Medicine; (2) coordinating center and analytic engine for national quality initiatives that collect data from U.S. hospitals to improve treatment and outcomes (Expecting Success: Excellence in Cardiac Care; Society of Thoracic Surgeons’ National Database; AHA’s Get With the Guidelines initiative; ACC’S National Cardiovascular Data Registry percutaneous coronary intervention registry and the NCDR-ACTION acute coronary syndromes registry—each the world’s largest clinical registry in its class; and CRUSADE National Quality Improvement Initiative); (3) pioneering new models of care delivery, such as RACE-ER and an effort to make cardiac rehabilitation a standard of care; and (4) serving on the ACC committee to develop the first appropriateness guidelines for cardiovascular imaging.

Duke Heart Center is home of the Duke Databank for Cardiovascular Disease, the world’s largest and oldest repository of cardiac outcomes data. A founding site of the NIH-funded Heart Failure Clinical Research Network and the Clinical and Translational Science Awards Consortium, it is one of nine U.S. sites in the NIH-funded Cardiothoracic Surgical Trials Network and one of eight U.S. centers in the NIH-funded Pediatric Heart Network.

Duke Heart Center has more than 700 faculty and staff, including 100-plus board-certified cardiologists, cardiac surgeons, and cardiothoracic anesthesiologists. More than 270 clinical trials are under way. Annual cardiovascular research funding exceeds $85 million. It has more than 57,000 unique patients in all locations.

The cardiology inpatient service is located on two clinical units at Duke Hospital; each has 32 beds and discharges about 1,100 symptomatic CHF patients a year with an average length of stay of 3.7 days. Six attending physicians and six nurse practitioners cover the in-patient step-down service each week; the ratio of nurses to patients is 1:4. The Duke Cardiology clinics are located in four demographically distinct geographic areas in Durham, North Carolina, and they serve a diverse patient population, including 30% Black and 10% Hispanic patients. About 650 heart failure patients attend the outpatient clinics, which are staffed by 12 advanced practice nurses, 10 cardiologists, and 6 clinic nurses. Approximately half of the CHF patients are women.

Duke Center for Palliative Care
The mission of the Duke Center for Palliative Care is to promote the relief of suffering for patients with serious illness and their loved ones through compassionate care, innovative teaching and pioneering research. Under the direction of Dr. David Casarett, the Center promotes interdisciplinary scholarship and collaborative care related to care of the suffering and dying. The Center for Palliative Care offers inpatient consultation services at Duke University Hospital and Durham Regional Hospital; educational programs for students, residents, fellows, faculty, and staff; and research. The Duke Center for Palliative Care is committed to continuously improving the quality of care provided to patients, through finding better ways of alleviating suffering, reducing
pain, and improving quality of life for people with serious illness and their families. The center pursues this mission through research in a spectrum of areas: communication between patients and providers, understanding the experience of serious illness, symptom management, culture and end-of-life care, new models of care, and research tools.

**Durham Veteran's Affairs Medical Center**

Durham VA Medical Center is a 271 bed Complexity Level 1A tertiary care referral, teaching and research facility located on an 18-acre site in a mid-sized urban center near downtown and is adjacent to Duke University Medical Center. The campus consists of a 151-bed acute care hospital and a 120 bed Community Living Center facility, and also houses the VISN 6 Mental Illness Research and Clinical Center (MIRECC), Geriatric Research, Education and Clinical Center (GRECC), and Southeast Epilepsy Center of Excellence. Durham operates Community Based Outpatient Clinics in Greenville, Morehead City, and Raleigh, NC. A free-standing Outpatient Dialysis Unit was opened in June 2011 in Raleigh NC. In addition, several primary care and mental health clinics and some administrative offices are located in leased space about two miles from the medical center (Hillandale Clinic) and the medical center has a large off-site lease housing its Human Resources, Fiscal, and Health Services Research departments. The Durham VA Medical Center supports Veterans Outreach Centers in Raleigh, NC and Greenville, NC both clinically and administratively.

The Medical Center is a regional Center for radiation therapy, neurological disorders, therapeutic endoscopy, and other special procedures. In addition, it serves as a referral Center for high-risk open-heart surgery cases, angioplasty, and hemodynamic cardiac catheterization. The 120-bed Extended Care Rehabilitation Center is reflective of an ongoing emphasis on wellness, preservation of functions, and rehabilitation. Special programs at Durham include a comprehensive Women’s Health Center; a Home-Based Primary Care program; a Telemedicine Home Care program; a Geriatric Research, Education, and Clinical Center; the Center for Health Services Research in Primary Care; the VISN 6 Mental Illness Research, Education, and Clinical Center; and the Epidemiology Research and Information Center. Durham also serves as the support facility for the National Center for Health Promotion and Disease Prevention, the Performance Assessment Center for Excellence, and the Employee Education Service.

**Additional Resources at Duke University**

**Duke University Libraries**

Duke University has 10 libraries, all of which are available to students and faculty. Duke’s Medical Center Library & Archives supports the unique needs of health sciences faculty, students and staff. The Medical Center Library is located near the School of Nursing, houses nearly 286,000 volumes, subscribes to 1,043 electronic journals and has access to over 5,965 related health sciences serial titles, including more than 500 full-text online nursing journals. The library collection contains both print and electronic nursing and medically related books and a small core collection of audiovisuals in video and DVD formats. The Medical Center Library provides access to 68 health-related databases, but there are hundreds of other databases available on the Duke campus covering the sciences, business, law, theology, global health and other relevant topics. There is an outstanding rare book collection on the History of Medicine, which is now located on main campus in the David M. Rubenstein Rare Book and Manuscript Library. The Duke Medical Center Archives has an extensive collection of records and papers about the history of Duke Medicine. The Medical Center Library & Archives supports students and faculty both on and off campus through reference services, specialized Web pages and handouts, training in information management skills, and the provision of online tutorials.

The combined book collection of all Duke libraries includes more than 6 million volumes (making it one of the 10 largest private university library systems in the US), and there are 2 million public documents; 20 million manuscripts and archival documents; more than 113,000 serial titles; over 2 million films and videos, audio recordings, and other non-print materials; and more than 41,000 computer files. The library system offers a broad range of services, including document delivery, interlibrary loan, customized classes, and consultations. The main campus library supports the Center for Instructional Technology, which assists faculty in the use of new technologies for teaching and learning. Medical photography and video teleconferencing services are
provided by other units within the University. A collaborative relationship between Duke University, the University of North Carolina at Chapel Hill, North Carolina Central University, and North Carolina State University makes the resources of all four library systems available to faculty and students on each campus. Users can search across all four library catalogs to identify and request print and multimedia materials through a robust interlibrary loan program. In addition, Duke faculty and students may also visit the other campus libraries to use materials on site or directly borrow items, as well as access electronic resources restricted to that campus.

**Duke Office of Clinical Research (DOCR)**
Formerly Research Management Team (RMT), DOCR is part of the School of Medicine that contracts to provide staff to assist investigators in the conduct of clinical research. DOCR began in the School of Nursing and moved to the School of Medicine when its mission expanded to encompass services to clinical investigators throughout the Medical Center. DOCR is directed and managed by two clinical trials managers and is comprised of experienced research professional staff that includes masters level statisticians, data managers, data technicians, and part-time student research assistants. The members of this team have diverse skills and expertise, including face-to-face and computer-assisted telephone interviewing (CATI) skills; development of relational databases (Access™) for subject tracking and data collection; assistance with the IRB process; project management; mass mailings; web-based questionnaire development; design of promotional and educational materials; data analysis and statistical support; subject recruitment and consent; and cross-sectional and longitudinal data collection. Team members have all received Institutional Review Board and HIPAA training, with annual updates, and annually receive refresher training in ethics, protection of human subjects, and the importance of adherence to research protocols.

In addition, DOCR is in charge of regulating and monitoring human subjects research in Duke Medicine (School of Nursing, School of Medicine, and Duke Health System). Each department has a Clinical Research Unit made of a director, a research practice manager, and a financial practice manager.

**The Graduate School**
Duke University Graduate School, established in 1926, currently enrolls approximately 2,800 graduate students in a wide range of research master’s (MA/MS) and doctoral (PhD) degree programs in more than 60 departments or programs of study. Graduate students work closely with faculty across Duke’s nine other schools. By attracting the best domestic and international graduate students to work in cutting-edge fields of knowledge, the Graduate School plays a key role in supporting the mission of Duke University by serving "to prepare future members of the learned professions for lives of skilled and ethical service by providing excellent graduate and professional education; to advance the frontiers of knowledge and contribute boldly to the international community of scholarship; to promote an intellectual environment built on a commitment to free and open inquiry . . . to engage the mind, elevate the spirit, and stimulate the best effort of all who are associated with the University; to contribute in diverse ways to the local community, the state, the nation and the world." The Graduate School helps to strengthen the intellectual life of the university by supporting and expanding on the scholarly activities of Duke faculty. Moreover, the graduate students have many opportunities to participate in leadership roles on campus or in surrounding communities, to serve as teachers and mentors who bridge faculty and undergraduate students, or to develop professionally through conducting and presenting their own research.

The Duke ideal is a small number of superior students working closely with esteemed scholars. Graduate study is viewed as an apprenticeship. To earn the right to become a colleague of "master" teachers, students must submit to hours of concentrated work in solitude, the sometimes-overwhelming freedom of independent research, and finally, the challenge of original writing. The Duke and Durham communities and the community of graduate students themselves provide a positive environment for students' "apprenticeship." The small, private character of each of Duke’s departmental environments promotes a partnership between graduate student and faculty -- an intimate collegiality and common purpose driven by the twin goals of creativity and innovation. Maximum personal attention, smaller, more involving classes, and richer cross-disciplinary possibilities for scholarship generally characterize the Duke graduate student's relationship with faculty. Flexibility in design and implementation of a graduate student's personal program of study is possible only in
Office of Biomedical Graduate Diversity (OBGD)
The Office of Biomedical Graduate Diversity (OBGD) contributes to the diverse scientific climate within the Biomedical Graduate Programs in the School of Medicine and School of Nursing. The office works to host a series of programs including professional development opportunities, academic enrichment groups, mentoring programs, and social activities. OBGD is dedicated to maintaining a climate of inclusiveness and celebrating the richly unique scientific community at Duke University. The OBGD “Annual Retreat” is a fun-filled 3-day retreat for all minority graduate students in the basic sciences and School of Nursing. Students participate in teambuilding exercises, hear scientific presentations from their peers and from a keynote speaker, and participate in workshops designed to both reflect on and improve their life as a graduate student at Duke. The goals of the retreat are to build a greater sense of community among the minority graduate students enrolled in different programs, gather data on the “pulse” of the climate for minority students in order to guide OBGD programming, and bridge the currently enrolled minority graduate students with minority alumni. “Dinner and Dessert” is a monthly event designed to develop mentor/mentee relationships between faculty, administrators, and minority graduate students. Faculty and administrators speak informally and honestly about how they made career decisions, handled both successes and failures, and provide important insights to assist the students as they pursue their graduate careers. “Dissertation Support Group” is designed for students within 1 year of writing their dissertation. “Prelim Prep Group” is for students within 6 months of taking preliminary qualifying exams (prelim). The group encourages discussion of issues specific to the preliminary exam. “Open Door Lunches” provide an opportunity for minority graduate students to spend time with the OBGD Director on a daily basis and allows students to receive support and guidance in a relaxed, confidential manner. “Lunch and Lounge” is a weekly activity in which students have the opportunity to spend their lunch break with other OBGD students. Netflix and Hulu TV shows and movies are available for viewing in the conference room. “Monthly Activities/Dinners” for the minority graduate students are opportunities to build community with one another and to enjoy special events around the Durham community. These events range from dinners at the home of the OBGD Director to festivals and concerts. OBGD works with the minority PhD students in the School of Nursing.

Office of Postdoctoral Services
Because postdoctoral appointees are an integral part of the research endeavor at Duke University, Duke established the Office of Postdoctoral Services (OPS) on January 2, 2006. The Office of Postdoctoral Services is the central resource for postdoctoral appointees on campus and serves as a liaison between postdocs, faculty, administrators, and staff. By providing a complete menu of services, from orientation seminars to career development programs to exit surveys, the OPS promotes post-doctoral training at Duke and prepares Duke postdocs for successful careers. Duke Postdoctoral Services works side-by-side with the Duke University Postdoctoral Association to address the needs and concerns of post-doctoral trainees and plan and implement career development workshops and seminars. The OPS also partners with the Duke Career Center, the Graduate School, and the Faculty Development Program in the School of Medicine to provide programming relevant to postdocs, grad students, and junior faculty. Services of the OPS include individual career counseling; critiques of resumes, CVs, cover letters, and personal statements; mock interviews; career development workshops and symposia; information and referrals to Duke departments and organizations (e.g., international office, childcare services, etc.); and a career resource library, including DVDs of recent workshops. Post-doctoral fellows in the School of Nursing are monitored and supported by the Duke OPS.

Woo Center for Big Data and Precision Medicine
The Sherry and John Woo Center for Big Data and Precision Health supports research projects, educational experiences and entrepreneurship opportunities for Duke faculty and students in collaboration with clinical and industry partners worldwide. The overarching goal of the Woo Center for Big Data and Precision Health is to improve health care on a global scale by harnessing the power of big data, machine learning, and precision medicine. By utilizing state-of-the-art machine learning, software engineering, and clinical expertise, the Health Data Science division seeks to both develop and integrate novel and effective solutions to better diagnose patients, provide useful insights to clinicians, predict adverse outcomes, and ultimately create an improved patient experience. By doing so, we hope to catalyze the formation of true Learning Health Systems.
Other Centers and Institutes at Duke

Ambulatory Surgery Center
Center for Chemical Biology
Center for Clinical Health Policy Research
Center for Cognitive Neuroscience
Center for Comparative Biology of Vulnerable Populations
Center for Genome Technology
  Center for Microbial Pathogenesis
  Center for RNA Biology
  Center for Virology
Center for Global Studies and the Humanities
Center for Health Policy and Inequalities Research
Center for Hyperbaric Medicine and Environmental Physiology
Center for Molecular and Biomolecular Imaging (CMBI)
Children’s Environmental Health Initiative
Duke Aesthetic Services
Duke AIDS Research and Treatment Center (DART)
Duke Center for Human Genetics
  Udall Parkinson’s Disease Research Center
Duke Center for Living
Duke Comprehensive Sickle Cell Center
Duke Diet and Fitness Center
Duke Eye Center
Duke Heart Center
Duke Human Vaccine Institute
  Center for HIV-AIDS Vaccine Immunology
Duke Institute for Genome Sciences and Policy
  Center for Human Genome Variation
  Center for Public Genomics
  Center for Systems Biology
  Center for Personalized Medicine
Duke Integrative Medicine
Duke Neuroscience Center
  Spine Center
  Stroke Center
Duke-UNC Brain Imaging and Analysis Center
Duke University Population Research Institute (DuPRI)
Hemostasis & Thrombosis Center
Fitzpatrick Institute for Photonics
McGovern-Davison Children’s Health Center
Program on Global Health and Technology Access
Samuel and Ronnie Heyman Center for Ethics, Public Policy, and the Professions
Trent Center for Bioethics, Humanities & History of Medicine