

Dr. Ted Duncan, the ‘Maestro’ of Capacity Building, Retires

After more than 20 years at CDC, Dr. Ted Duncan retired September 30 from his position as a research behavioral scientist in the Capacity Building Branch in DHAP. He has been called “dean” and “maestro” of capacity building assistance, leaving behind a rich legacy both in the division and the field of HIV prevention at-large.

Dr. Duncan came to CDC in 1995. Trained as an applied anthropologist, Dr. Duncan has brought to DHAP an ability to bring order out of chaos and find solutions to identified needs. This ability has been particularly useful for grantees needing help describing their challenges, focusing their work, and segmenting their target audiences in order to reach the highest-risk populations and avoiding duplication of the work of other organizations. His unique logic models, affectionately referred to as “Ted Duncan logic models” have helped grantees create order in highly complex and changing situations and dynamics. In particular, his groundbreaking “Locate, Engage and Motivate” model has helped grantees clarify their linkage to care systems and augment infrastructure for testing, treatment, and care.

Dr. Duncan was a “warrior for the field” and “advocate for the community” within the intersection of the criminal justice system and HIV prevention field. Dr. Duncan was a subject matter expert on [Project START](#), an intervention which reduces HIV, STI, and Hepatitis risk behaviors among HIV-positive individuals released from correctional facilities and provides them with linkage to medical care and ART. Dr. Duncan’s work with correctional populations has allowed DHAP to advance its work reaching an underserved population and fight the stigma that has created disparities.

One of Dr. Duncan’s unique attributes is his skill at breaking down complex behavioral theories into actionable steps for a lay audience. When one state HIV Planning Group in 2003 prioritized low-risk groups and the general population as priority populations for HIV services instead of HIV-positive individuals in their HIV Prevention Jurisdictional Plan, Dr. Duncan was the one who conveyed, “you need two things to transmit HIV in a community: one is the behavior (unprotected sex, sharing needles, etc.), and second is the presence of the virus.” He developed the model below to convey these necessary pre-conditions for transmitting HIV:



With this equation, the state HIV planning group was able to clarify that HIV-positive men who had sex with men should be the focus of its services. This targeted approach has been instrumental in helping DHAP develop its prescription of matching the level of funding to the burden of the epidemic.

In addition to his scientific mastery, Dr. Duncan was also revered for his diplomacy, tact, and cultural

appropriateness. When there was a politically sensitive technical assistance issue, he was one of the persons the Division of HIV/AIDS Prevention would bring in to work with the grantee. He would hold grantees accountable to the funding requirements of an FOA and put in place the necessary protocol to ensure that programmatic objectives would be met. One colleague recounts a particular incident involving an organization that had difficulty reaching African Americans and Latinos. Dr. Duncan spoke to the organization and shed historical light on the reticence of these groups to seek services by invoking the legacy of the Tuskegee syphilis experiment in which African American men in Alabama were denied medical treatment for syphilis when treatment had become available. Dr. Duncan proposed a plan for the agency to diversify its staffing in order to make it more representative of the populations it sought to serve.

As Stacey Bourgeois, a long-time colleague sums up "Dr. Duncan has done more for HIV prevention in the field than any single individual in DHAP.

"Attesting to how much grantees appreciated his talents and what an instrumental role he played in developing the HIV prevention landscape, at his presentation during the most recent grantee meeting, there was standing room only.

Ms. Phyllis Stoll writes to Ted:

"I am sad because the HIV prevention workforce is losing an amazing mind! You have contributed so much over the years and are one of handful that really knew his stuff! I know you will enjoy your retirement from CDC and wouldn't be surprised if a few of the CBAs ask you to come on as a consultant."

Ms. Olivia Marr writes to Ted:

"I'm so proud to have been your colleague and to remain your friend. You're one of the best Ted, in and out of CDC - just an all-round terrific human being!"

Dr. Miguel Chion, Associate Director of Client Services and Director of CBA Programs at AIDS Project Los Angeles wrote to Dr. Duncan:

"It is hard for me to express the mixed feelings of you departing from CDC CBB. You have been an important engineer of the capacity building initiative, the voice of reasoning and support of great projects. You have been a guide, support and a great teacher, a truly "Maestro" in my professional journey through the CBA world. The Branch and the CDC will miss you. We continue applying all the things that we learned with you, among many: to have a critical thinking approach to assess each case, to share what we learned, the facilitated planning process, to use frameworks to build capacity in core competencies, "layers of protection".... And many more."

Mr. Oscar Marquez, CBA Provider at AIDS Project Los Angeles writes:

"The field is definitely not going to be the same. Ted has definitely been a strong advocate for the community as well as an innovator of services. His work and legacy will be long lasting. . . the field is losing one of its strongest warriors."

Ms. Katie Kramer of the Bridging Group writes to Ted:

"I will very much miss you and have truly enjoyed the partnership and friendship we have developed over the years. As Barry and I say (all the time), you have been a true champion for those affected by the criminal justice system within the HIV/AIDS landscape (and beyond)."

Mr. Andrea Perez, Former HIV/AIDS Director of the Indiana State Department of Health wrote to Ted:

"I want you to know how much I valued your willingness to share your knowledge, experience and insight over the years. I could always count on you to provide sound advice. You will definitely be missed!"

During his time at CDC, Dr. Duncan applied his expertise in social network analysis and participant recruitment to other infectious disease outbreaks in addition to HIV, specifically Ebola and Zika. His anthropological background was particularly helpful during the Ebola outbreak in helping CDC understand the cultural practices surrounding burial rituals in the affected countries and devise solutions that would be relevant among populations at risk.

Dr. Duncan's trailblazing career did not begin with CDC. Prior to his arrival in 1995, Dr. Duncan served as the first director of volunteer services for Hospice of Southeast Florida when hospice was still a movement that was not a widely accepted practice. He was also the director of Wellness House of Southeast Michigan, which was the home for indigent and homeless people living with AIDS at time when there were few treatment services available. Always able to identify and solve unmet needs for populations at risk, Dr. Duncan developed a food pantry to meet the basic needs of residents and others in the community.

Although most are anticipating that Dr. Duncan will continue to work in HIV prevention capacity building in some manner, Dr. Duncan will devote more time to photography in his retirement, a hobby to which he also brings his anthropological lens of being able to characterize complex situations and create translatable products that reveal needs and social conditions. He also looks forward to spending more time with his wife, Judy Lipshutz, who still works at CDC, and his daughter, a current ORISE fellow at CDC for whom he has also instilled a love for public health.