



The California HIV/AIDS Research Program (CHRP) Strategic Plan Years 2007-2012



The Program's Vision

The California HIV/AIDS Research Program (CHRP) envisions a California a decade from now where:

Systems of research, prevention, and care for people with HIV, particularly those addressing communities disproportionately affected by the disease, position California as a national leader. Furthermore, significant progress in reducing HIV transmission, improving HIV-related treatment and care, and enacting evidence-based public policy in California positively impacts state, national, and global efforts to end the pandemic.

Background Investigator and Stakeholder¹ Input

During 2006, an extensive process of stakeholder input identified key themes that provided the basis for framing new strategies seen as essential to the program's ability to achieve this vision. They include the need for:

- Strategically targeting research dollars to critical areas.
- Leadership in identifying research topics and critical issues to address HIV/AIDS in California.
- Greater visibility of the contributions of HIV/AIDS research towards advancing prevention of HIV infection and the care of people with HIV/AIDS.
- Strengthened dissemination of research findings and products and communication with community-based organizations, public agencies, and policy makers to have a greater impact on the epidemic.
- Assistance for new scientists engaged in high priority areas of HIV/AIDS research.
- Support for innovative ideas that will advance HIV/AIDS science.

¹ Any individual or group with an interest in the success of CHRP in delivering intended results and maintaining the viability of the organization's research products, including scientists, public health officials, legislators, community-based organizations, consumers, affected community members, advocates, and others.

- Rapid and responsive policy research to inform HIV/AIDS policy at the state and national levels.
- Increased emphasis and focus on applied and translational HIV/AIDS research.

Program's Core Values

Throughout a year and a half long process of re-envisioning the Universitywide AIDS Research Program (UARP) as the California HIV/AIDS Research Program (CHRP) the following *core values* also served as a foundation:

A commitment to...

1. Advancing rigorous, innovative science
2. Leveraging resources to maximize outcomes
3. Studying the HIV/AIDS issues of disproportionately affected and under-served populations
4. Ensuring that effective HIV/AIDS prevention and care programs are developed and evaluated in collaboration with the communities most affected
5. Fostering collaborations among experts and stakeholders to address California's HIV/AIDS epidemic
6. Contributing to the professional development of emerging investigators from diverse backgrounds interested in HIV/AIDS
7. Using evidence-based science to positively impact HIV/AIDS public policy decision making
8. Communicating HIV/AIDS science in language appropriate and accessible to a diverse array of stakeholders
9. Changing to be responsive to the needs of an evolving epidemic
10. Ongoing rigorous evaluation of the program's activities and outcomes

Mission:

The California HIV/AIDS Research Program funds innovative basic, clinical, social, behavioral, health services, and policy research, and provides scientific leadership by convening California stakeholders from diverse backgrounds with expertise in addressing and ending the human suffering caused by HIV disease.

Strategic Goals:

As a result of this process, the program and its Advisory Committee, the California HIV/AIDS Research Advisory Council (see Attachment A), have articulated six strategic goals that will focus the program's priorities over the next five years:

Strategic Goal 1: To catalyze leadership for the discovery of evidence-based solutions for HIV/AIDS issues critical to California, the nation, and the world.

Strategic Goal 2: To promote the application and real-world impact of California-supported HIV/AIDS research, particularly within the communities disproportionately affected by HIV/AIDS.

Strategic Goal 3: To actively encourage innovation in HIV/AIDS research.

Strategic Goal 4: To stimulate increased public and private investment towards the discovery of evidence-based solutions for emerging and critical HIV/AIDS issues.

Strategic Goal 5: To provide resources to address strategic HIV/AIDS research priorities critical to California.

Strategic Goal 6: To develop a next generation of scientists, providers, advocates, and policy makers from diverse backgrounds committed to exerting leadership to advance science in HIV/AIDS.

Overview of New Program Approach:

Because current grant programs alone may be insufficient to achieve these strategic goals, CHRP is considering alternative and additional approaches. The program proposes to engage innovators in HIV/AIDS science, public health, providers, members of disproportionately affected communities, policy makers, industry, and foundations in an active and continuous partnership aimed at strengthening the program's overall impact.

These innovators will collaborate with the program to:

- Identify research priorities and novel funding strategies
- Participate in think tanks to assess the status and progress of the CHRP-funded portfolio in these priority areas; and
- Disseminate the research findings and products in forms and forums that promote impact on HIV/AIDS science and its application in the real world.

When fully implemented in FY 2010-2011, CHRP will have eliminated current funding set-asides and will be allocating all grant funds through this approach. Approaches to input and priority-setting processes will be piloted and evaluated during FY 2007-2008 (see attachment B) and if successful, will inform a prioritized Call for Applications to be issued in August, 2008 and grants resulting from this solicitation will begin to be funded in April, 2009.

During FY 2008-2009 and FY 2009-2010 approximately \$5.75 million and \$1.0 million of grant funds, respectively, will also be allocated to support continuing awards funded through the program's previous grant mechanisms (i.e., pilot studies, training, community collaborative, research centers). With the exception of the "Systems of Prevention and Care" area of research, which may allocate up to \$250,000 in accelerated grant funding in FY 2007-2008, all four scientific areas will each begin allocating approximately 25% of the program's new

grant funds to the research priorities that are identified through the new input process and as announced in the August, 2008 Call for Applications.

All research supported as a result of this new process will continue to emphasize innovation, be peer reviewed, and be investigator-initiated, whether in response to an open call for applications or to a call for research in targeted areas.

The following are the specific objectives, actions plans, and evaluation measures related to each of the program's strategic goals:

Strategic Goal 1: To catalyze leadership for the discovery of evidence-based solutions for HIV/AIDS issues critical to California, the nation, and the world. (Core Values 1, 3, 5, 7, and 9)

Objective 1.1: Beginning in 2007-2008, identify critical areas of concern in HIV/AIDS in California and the research priorities and innovative funding strategies that would directly address them.

Action Plan 1.1:

Steps

1. By 2007-2008, design and implement input processes (e.g., web-based surveys, in-person meetings, etc., see attachment B) in the program's four scientific areas (see attachment C), beginning with the Systems of Prevention and Care area, modifying subsequent processes based on evaluation of the initial pilot.
2. Insure that participants in all input processes are broadly representative of California's HIV/AIDS investigators as well as of stakeholders representing communities disproportionately impacted by HIV/AIDS in California.
3. Identify other current relevant sources of California-specific HIV/AIDS research priorities, e.g., existing state-wide Task Forces; current research-agenda setting forums and meetings.

Performance Measures

- Input process and meetings implemented
- Publication and dissemination of a research agenda and proceedings for each specific HIV/AIDS research area
- Evaluation of input and prioritization process
 - Participants are broadly representative and diverse

Outcome Measures

- By 2008-2009, identification of at least five major HIV/AIDS issues critical to California
- By 2008-2009, development of a priority ranking of critical HIV/AIDS issues and the research-based strategies to address them

Evaluation Plan

- Surveys of input meeting participants regarding strength and diversity of participants and the quality and outcome of the process
- Summaries of major issues surfaced at stakeholder input meetings and their priority rankings for dissemination to stakeholders

Objective 1.2: Beginning 2007-2008, inform key policy makers, stakeholders, and disproportionately-affected communities about California's emerging and critical HIV/AIDS issues and research that contributes to advancing knowledge of these issues.

Action Plan 1.2:

Steps

1. Beginning 2007-2008, conduct annual legislative briefings and/or think tanks to review and disseminate the findings of California-supported HIV/AIDS research.
2. Beginning 2007-2008, develop electronic methods to distribute information identifying HIV/AIDS issues critical to California and the contribution of HIV/AIDS research to advancing knowledge or evidence related to the issue. Target key stakeholders, and leadership in communities disproportionately impacted by HIV/AIDS in California.

Performance Measures

- Briefings conducted and level of attendance by policymakers
- Publication and dissemination of briefings and/or think tank proceedings
- E-communications disseminated
- Survey of key stakeholder awareness of current HIV/AIDS issues and the contribution of CHRP-sponsored research and activities to addressing them

Outcome Measures

- By 2011-2012, at least 50% of key stakeholders are aware of HIV/AIDS issues critical to California, one or more of CHRP strategic goals and/or initiatives, and the contribution of state-sponsored research and activities to advancing progress in these critical areas

Evaluation Plan

- Survey of stakeholders in 2009-2010 and 2011-2012.

Strategic Goal 2: To promote the application and real-world impact of California-supported HIV/AIDS research, particularly within and by the communities disproportionately affected by HIV/AIDS. (Core Values 3, 4, 5, 7, and 8)

Objective 2.1: Maintain at least 50% of all of the research supported by the program as applied in nature and having clear, direct, and timely applicability for improving HIV detection, prevention, and health care.

Action Plan 2.1:

Steps

1. Insure substantial input from investigators and stakeholders on research and strategies that have near term implications relevant to everyday life
2. Involve consumers of applied research, particularly those from and serving communities disproportionately affected by HIV/AIDS in California, in all input processes (e.g., PLWHA, practitioners, advocates, providers, industry, public health officials, policy makers)
3. Evaluate all proposals for applied research for its potential for direct and near term relevance for everyday life use in improving prevention of HIV infection and the care and treatment of those with HIV/AIDS

Performance Measures

- Grant programs supporting applied and translational HIV/AIDS research implemented
- Peer reviews with potential for application and translation as a primary criteria implemented

Outcome Measures

- During 2008-2009 through 2011-2012, an average of at least 50% of CHRP research grants are applied in nature and have clear, direct, and timely applicability for improving HIV detection, prevention and health care

Evaluation Plan

- Analysis of annual program research grant data

Objective 2.2: By 2011-2012, a significant proportion of all applied research funded by the program will involve collaboration across sectors including between academia and industry, between academia and community, and public health providers serving populations disproportionately affected by HIV/AIDS.

Action Plan 2.2:

Steps

1. Beginning 2007-2008, based on input from the fields, identify a specific amount of CHRP resources to be allocated to academic-industry and academic-community/public health collaborative research

2. Beginning 2007-2008, incorporate mechanisms of support for academic-industry and academic-community/public health collaborative research into strategies that address high priority applied research areas
3. Evaluate proposals for cross-sector collaborative research for the quality of collaboration throughout the research process

Performance Measures

- Grant programs supporting cross-sector collaborative research implemented
- Peer reviews with quality of cross-sector collaboration as a primary criterion implemented

Outcome Measures

- By 2011-2012, at least 50% of publications resulting from completed CHRP research grants that are applied in nature reflect collaboration as evidenced by cross-sector authorship
- By 2011-2012, at least 50% of subsequent research grant support resulting from completed CHRP grants that are applied in nature reflect a continuing relationship between collaborators

Evaluation Plan

- Analysis and summary of grant outcome data collected by the program

Objective 2.3: By 2009-2010, broaden electronic dissemination of the findings and products of all HIV/AIDS research sponsored by the program.

Action Plan 2.3:

Steps

1. By 2008-2009, develop the CHRP website and other electronic methods to enable easy access to the findings and products of all HIV/AIDS research sponsored by the program.

Performance Measures

- Study findings and products disseminated and levels of web site utilization
- Survey key community stakeholder and provider awareness of the findings and contributions of CHRP-sponsored research

Outcome Measures

- By 2011-2012, at least 50% of key community stakeholders and providers are familiar with some of the findings and products of HIV/AIDS research sponsored by CHRP.

Evaluation Plan

- *Survey of stakeholders in 2009-2010 and 2011-12*

Strategic Goal 3: To actively encourage innovation in HIV/AIDS research. (Core Values 1, 3, 7, and 9)

Objective 3.1: By 2011-12, at least 80% of the research supported by the program will be innovative in concept or approach and involve transformational ideas with breakthrough potential.

Action Plan 3.1:

Steps

1. *Rigorously peer review all proposals*
2. *Evaluate all proposals for innovation in concept and/or approach as a primary review criterion*
3. *Ensure that investigator-initiated proposals are supported within all funding mechanisms, whether in response to either targeted or open calls for proposals*

Performance Measures

- *Grant programs requiring innovation implemented*
- *Peer reviews with innovation as a primary criterion implemented*
- *Investigator-initiated opportunities incorporated into all funding mechanisms*

Outcome Measures

- *By 2011-2012, for every \$100,000 in CHRP funds invested, maintain at least 2.0 peer reviewed publications resulting from completed research studies*
- *By 2011-2012, for every \$1,000,000 in CHRP funds invested, maintain at least one patent or license resulting from completed clinical and basic biomedical research studies*

Evaluation Plan

- *Analysis of program grantee outcome data*

Strategic Goal 4: To stimulate increased public and private investment towards the discovery of evidence-based solutions for emerging and critical HIV/AIDS issues. (Core Values 1, 2, 5, 7, and 9)

Objective 4.1: By 2011-2012, expand the public support for CHRP research by 25% over current levels by raising federal funds and/or educating about the need for increased allocations of state funds

Action Plan 4.1:

Steps

1. By 2008-2009, develop a mechanism to facilitate multi-institutional applications for federal and/or other research support
2. By 2009-2010, plan and implement briefings and dissemination of information that demonstrate the need for increased state support for research to address California's emerging and critical HIV/AIDS issues
3. By 2010-2011, submit a request to increase state budget allocations to CHRP by 25% over current levels
4. By 2010-2011 develop new and/or expanded collaborative HIV/AIDS research initiatives with other state agencies

Performance Measures

- Multi-institutional applications for federal and/or other research support submitted
- Research opportunities offered with support and collaboration with other state agencies
- Research opportunities offered with funds resulting from other expansion of state-supported HIV/AIDS research

Outcome Measures

- By 2011-2012, at least a 25% increase in public funds supporting California HIV/AIDS research programs
- By 2011-2012, at least one multi-institutional and other applications for federal and/or other research support successfully funded

Evaluation Plan

- Independent evaluator analyzes and summarizes program activity and five-year program budget data

Objective 4.2: By 2011-2012, expand the privately funded support for CHRP research and research-related activities by 50% over current levels by raising private foundation and corporate funds

Action Plan 4.2:

Steps

1. By 2007-2008, develop a detailed AIDS Partnership California-California HIV/AIDS Research Program fund development plan
2. Between 2007-2008 and 2009-2010, develop and submit proposals to private funders that are consistent with the fund development plan
3. By 2008-2009, develop and expand participation in AIDS Partnership California to at least five additional active partners
4. By 2008-2009, develop strategies to incorporate private funding matches and contributions into CHRP grant mechanisms
5. By 2009-2010, explore and establish the institutional structures necessary to effectively sustain ongoing fund development plans

Performance Measures

- *Additional private foundation and corporate participation in AIDS Partnership California*
- *APC-CHRP fund development plan produced*
- *Proposals submitted and funded for additional private investment in AIDS Partnership California and CHRP*
- *Private funding matches incorporated into CHRP grant mechanisms*
- *Additional institutional structures to sustain fund development explored*

Outcome Measures

- *By 2010-2011, at least a 50% increase in private funds supporting the HIV/AIDS research programs and related activities sponsored by AIDS Partnership California and CHRP*

Evaluation Plan

- *Analysis and summary of CHRP/APC program activity and five year program budget data*

Strategic Goal 5: To provide resources to address strategic HIV/AIDS research priorities critical to California. (Core Values 1, 2, 3, 4, 7, and 9)

Objective 5.1: Through a phased and evaluated approach, by 2010-2011, allocate the program's entire annual research budget to the support of high priority HIV/AIDS research and strategies that are based on a broad and systematic investigator and stakeholder input process. Based on this input, some or all of the resources in any particular field may be allocated through open calls or calls for strategic/targeted research. Resources may also be allocated for cross-disciplinary priorities that emerge as a result of input processes.

Action Plan 5.1:

Steps

1. *Beginning in 2008-2009, allocate approximately 25% of the program's uncommitted research budget over three years to the support of high priority HIV/AIDS research and strategies in each of four CHRP program research areas: (1) Systems of Prevention and Care; (2) Social/Behavioral; (3) Clinical; and (4) Basic Biomedical.*

Performance Measures

- *Calls soliciting proposals in high priority research areas*
- *Grants awarded in high priority research areas*
- *Survey of key stakeholder and policymaker assessment of progress in addressing HIV/AIDS issues critical to California*

Outcome Measures

- By 2011-2012, at least 50% of program stakeholders agree that CHRP research grants are addressing HIV/AIDS issues critical to California
- By 2011-2012, at least 50% of key stakeholders acknowledge significant progress (as defined through input processes) achieved in at least two of the high priority HIV/AIDS research areas funded by CHRP
- By 2011-2012, for every \$1 in CHRP funds invested, maintain at least \$5 in non-CHRP funds leveraged from completed research studies

Evaluation Plan

- Surveys of stakeholders in 2009-2010 and 2011-12
- Analysis of program grantee outcome data

Strategic Goal 6: To develop a next generation of scientists, providers, advocates, and policy makers from diverse backgrounds committed to exerting leadership to advance science in HIV/AIDS. (Core Values 3, 4, 6, and 9)

Objective 6.1: By 2011-2012, at least 10% of the membership and participants in all CHRP-sponsored groups and convenings will be new and junior level² HIV/AIDS scientists, providers, and advocates from diverse backgrounds

Action Plan 6.1:

Steps

1. By 2007-2008, develop an active pool of qualified new and junior level scientists, providers, and advocates from communities disproportionately affected by HIV/AIDS in California
2. By 2007-2008, incorporate an active role for new and junior level scientists, providers, and advocates from communities disproportionately affected by HIV/AIDS in each CHRP-sponsored group and convening
3. By 2009-2010, develop specific CHRP-sponsored opportunities for leadership development among these new and junior level HIV/AIDS scientists, providers and advocates

Performance Measures

- Qualified and viable pool of new and junior level scientists, providers, and advocates developed
- Membership in and participation by new and junior level scientists, providers, and advocates in CHRP-sponsored groups and convenings
- Specific leadership development opportunities developed and implemented

² Within five years of a terminal degree or first HIV/AIDS-related position.

Outcome Measures

- By 2011-2012, assessment of attendees at CHRP committees, meetings, and conferences reflect at least a 10% representation of new and junior level HIV/AIDS scientists, providers, and advocates from diverse backgrounds

Evaluation Plan

- Examination and analysis of participant lists for all CHRP committees, meetings, and conferences in 2009-2010 and 2011-2012.

Objective 6.2: By FY 2011-2012, expend at least 10% of the program's annual research funding on the training of new research scientists, from diverse backgrounds

Action Plan 6.2:

Steps

1. By 2007-2008, insure that strategies solicited during investigator and stakeholder input incorporate the development of new scientists as a priority
2. By 2008-2009, incorporate training and development of new scientists into new funding programs that address high priority research areas

Performance Measures

- Grant programs supporting training and development of new scientists
- Trainees and new scientists reflective of the diversity of California populations

Outcome Measures

- By 2011-2012, at least 10% of the program's annual research funding is directed towards supporting the training of new research scientists from diverse backgrounds

Evaluation Plan

- Analyses and summary of program grantee data

Objective 6.3: By FY 2011-2012, expend at least 10% of the program's private funding on strengthening the capacity of providers, advocates, and policy makers to inform, participate in, and utilize the results of research

Action Plan 6.2:

Steps

1. By 2007-2008, insure that strategies solicited during stakeholder input incorporate the involvement of providers, advocates, and policy makers as partners in relevant research
2. By 2008-2009, incorporate strengthening the capacity of providers, advocates, and policy makers to inform, participate in, and utilize the results of research as a program component of APC initiatives

Performance Measures

- Programs and grants supporting the involvement of providers, advocates, and policy makers as partners in relevant research

Outcome Measures

- By 2011-2012, at least 10% of the program's private funding is expended on strengthening the capacity of providers, advocates, and policy makers to inform, participate in, and utilize the results of research

Evaluation Plan

- Analysis and summary of program activity and grant data

Attachment A: Advisory Council Role and Structure

Composed of scientists, public health, and community leaders from throughout the state, the California HIV/AIDS Research Program (CHRP) Advisory Council (formerly the Universitywide Task Force on AIDS) plays a critical role in the program by continuing to:

- Advise on the program's mission, goals, objectives, policies, and priorities
- Advise on the allocation of the program's resources across priorities
- Recommend new program direction, processes, award programs, and initiatives
- Advise on the application review process
- Advise on the relevance of meritorious applications
- Recommend meritorious grants to be funded

Consistent with these responsibilities, the Advisory Council will advise the program on the development and evaluation of CHRP strategies, both during regular meetings of the whole body and through deliberations of the following specific subcommittees of the Council:

- I. Strategic Planning and Evaluation (ongoing)
- II. Input and Prioritization (cyclical)
- III. Solicitation and Review (cyclical)
- IV. Communication and Dissemination (ad hoc)
- V. Fund Development and Partnerships (ad hoc)

Throughout the pilot and phase-in process of this strategic plan, the Advisory Council will review data on the evaluation of its implementation and outcomes and provide recommendations for the continuation or modification of the plan.

Attachment B: Proposed CHRP Input Process

I. Develop Background Information and Parameters for Input:

Structure:

- *Web based survey* to identify high priority research issues, topics, and questions in each of four content areas (systems of prevention and care; social/behavioral; clinical; basic biomedical).
- *Internal data collection and analyses* regarding UARP/CHRP history of funding in specific areas and current funding trends.

Participants:

- California-based investigators and stakeholders in the respective fields.
- Scientists based outside of California with comprehensive knowledge of the field, including issues relevant to California.
- Program-Advisory Council Committee

Process:

- Program designs, implements, and analyzes web-based survey and collects and analyzes internal funding data.
- Program-Advisory Council committee develops guidance for input process participants and framework for background data to be presented.

II. Develop Three-Year California HIV/AIDS Research Priority Recommendations by Content Area:

Structure:

- *Large in-person CHRP-hosted group meetings* (30-75 participants) in each of four content areas.

Participants:

- Investigators and relevant stakeholders in each content area (e.g., senior and junior investigators, community members, policy makers, funding partners).
- An inclusion plan will be developed in concert with community members who have close familiarity with common barriers to participation to insure that under-represented voices are included in each meeting.

Process:

- Provide purpose of input process, parameters and limitations of the process, status of UARP/CHRP funding in specific area(s) to large group.
- Small groups identify priority areas and define benchmarks for scientific progress in each area. Facilitated larger group discussion provides agreement.

III. Determine Three Year Funding Plan, Budgets, and Grant Mechanisms:

Structure and Participants:

- *Cross program CHRP committee; CHRP and SRP leadership; Advisory Council and APC Advisory Committees*

Process:

- *Program level analyses* of resources available for implementation including CHRP budgets, potential and committed funding partner investments, and timeframes.
- *Program provides specific targeted funding plan*, rationale, and data supporting specific priority areas, funding strategies, resources to be allocated, and timeframes for investment.
- *Advisory Council reviews and recommends* specific targeting and funding plan to the program.

Attachment C: Definitions of Fields

The following are proposed definitions of the four fields around which input, prioritizing, initiatives, and funding will be organized:

1. Research on Systems of Prevention and Care

Research on systems of prevention and care encompasses both basic and applied studies that examine access, availability, utilization, costs, quality, delivery, organization, policy and financing related to organizations and service delivery systems. This research is intended to produce new knowledge that can be applied to improve prevention and care services for affected persons and populations.

2. Social and Behavioral Research

Behavioral and social sciences research has a major and explicit focus on the understanding of behavioral or social processes and/or patterns, or on the use of these processes and/or patterns to predict or influence health outcomes or health risk factors. “Behavioral” refer to overt actions; to underlying individual psychological processes such as cognition, emotion, temperament, and motivation; and to biobehavioral interactions. The term “social” encompasses sociocultural, socioeconomic, and sociodemographic status; to biosocial interactions; and to the various levels of social context from small groups to complex cultural systems societal influences. Social and Behavioral research may focus on prevention and/or care. Research findings may have implications for policy, social changes and systems changes.

3. Clinical Research

Clinical research is intended to understand the effects of medical treatments or methods on disease progression, prevention or diagnosis in patients. Such research includes therapeutic interventions, preventive vaccines, and testing of new technologies, often in a clinical trial format. Clinical research is research conducted with human subjects (or on material of human origin such as tissues, specimens and cognitive phenomena linked to medical treatments or methods) for which an investigator (or colleague) directly interacts with the study participants. Excluded from this definition are in vitro studies that utilize human tissues that cannot be linked to a living individual.

4. Basic Biomedical Research

Basic biomedical research involves laboratory studies aimed at understanding the underlying mechanisms of disease at the cellular or subcellular level, or laboratory studies aimed at understanding the mechanism of action or optimization of treatments by conducting research at the cellular or subcellular level. For this purpose, basic biomedical research excludes clinical research conducted with human subjects or on material of human origin for which an investigator directly interacts with human subjects and includes in vitro studies that utilize human tissues that cannot be linked to a living individual.