

CHRP EVALUATION OF PROGRAM OUTCOMES, 2015-2020 EXECUTIVE SUMMARY

The California HIV/AIDS Research Program (CHRP) is a publicly funded grantmaking program, administered through the Division of Research and Innovation at the University of California, Office of the President. Since 1983, CHRP has invested over \$300 million dollars through over 2,000 research grants to support the development, implementation, evaluation, and dissemination of innovative HIV projects through its stated mission:

"To support scientists in California to develop, evaluate, and disseminate innovative research for (a) eliminating new HIV infections, (b) optimizing treatment uptake and outcomes for all persons living with HIV, and (c) addressing the comorbidities and social determinants that threaten the health and well-being of persons at risk for or living with HIV."

By design, CHRP funds research that primarily serves communities that are highly impacted by HIV, such as people of color, sexual and gender minorities, and other communities that are experiencing health disparities. The program also preferentially supports students/trainees from groups that are underrepresented in science, and early career investigators, building diversity at the start of the pipeline of research personnel.

In 2021 we conducted an outcome evaluation to assess the degree to which activities reflected our mission, to quantify the programs recent effectiveness, to inform strategic program planning and improvement, and to provide accountability and transparency for our stakeholders. Our Advisory Council oversaw the process, and together we created the programs first ever logic model and defined the research and evaluation "Outputs" and "Outcomes" to be assessed, which included:

Output Indicators

- Advancing research to end the pandemic
- Building diversity and capacity in HIV research
- Engaging, including, and serving

Outcome Indicators

- Sustainable HIV research capacity
- Economic benefit to California
- Evidence-based changes in policies, practices

To quantify outputs and outcomes, we used existing program data, publicly available data, and primary data collected by surveying Program investigators from the past five years (FY15-16 through FY19-20) and the five years before that (FY10-11 through FY14-15) for comparison.

Major **output** findings presented in this report demonstrated that CHRP has improved on all indicators over the study surveillance period by:

- More than doubling (39% to 86%) the number of grants supporting communities highly impacted by HIV;
- Nearly doubling of the average number of students/trainees supported per award (4.2 vs 2.6);
- Nearly doubling the number of pilot awards to early-stage investigators (29% to 50%); and
- Increased diversity among Principal Investigators by demonstrating they are from communities highly impacted by HIV (21% to 28%).

Similar improvements were noted with respect to **outcome** findings through:

- Doubling of the number of peer reviewed scientific publications (254 vs 126) from CHRP funded projects, resulting in 5.7 publications per \$1M spent; greater than the national average which is 4.2;
- Approximately two-thirds (67%) of CHRP awardees reported using project findings to securing additional funding through external sources five years later. For these awardees \$1 invested by CHRP in pilot awards resulted in \$14 secured in leveraged funding from external sources, and \$17 in new leveraged funding per \$1 invested in UC campuses specifically; and
- A five-fold increase (47 vs 9) in the number of policy briefs developed by CHRP grantees.

Key recommendations from these findings include:

- It is critical that the Program centers the voices of persons and communities who are highly affected by HIV in our work: we must measure the degree to which we do so, and do more;
- Scientific productivity includes reporting back to the community as well as indexed publications: we will continue to refine how we measure this indicator;
- Sustained partnerships will help decrease silos and lead to better health outcomes for our priority communities: will should continue to invest in these;
- Building up the pipeline of future investigators is an essential part of CHRP's mission and is expressly valued by our stakeholders: our funding priorities will continue to reflect this;
- Adopting a complexity science approach led to increased scientific productivity: stay the course;
- Our basic biomedical pilot awards are economic catalysts for California and UC: continue these;
- A nimble fiscal stance allowed us to pivot to SARS-CoV-2 pandemic research: maintain this;
- CHRP's impact on the California HIV epidemic is evident and enduring through health care
 and policy changes: we should continue to prioritize policy research as the bridge from clinical
 research to real world change, and share this model with other California programs.

Taken together, these conclusions and the data behind them tell the story of **CHRP as a catalyst for moving science forward** by sponsoring groundbreaking and inclusive HIV research, and our funded research directly serves **highly impacted communities** including people of color and sexual and gender minorities. This work yields **tangible innovations** for the benefit of the whole field, yields **millions of dollars of leveraged research funding** for California, is the on-ramp for new investigators from **communities that are underrepresented in science**, and results in systemic shifts in HIV prevention and care systems. With this evidence in hand, we will convene a group of stakeholders in 2023 to consider how to continue to improve the program's contribution to achieving HIV epidemic control in California and to inform how we might improve our impact over the coming years.

Lisa Loeb Stanga, DrPH MPH

Program Officer
California HIV/AIDS Research Program

Rhodri Dierst-Davies, PhD MPHDirector and Health Equity Lead
California HIV/AIDS Research Program

Suggested Citation: Ten Years of Public Investment in HIV Research across California: Impact Evaluation of the California HIV Research Program, July 1, 2022. Loeb Stanga L, Hintz G, Dierst-Davies R, Forsyth A. University of California, Office of the President, Oakland, CA.

Full report available at californiaaidsresearch.org.