CHRP Learning & Evaluation Strategy
2025-2030

Background

Founded in 1983, The California HIV/AIDS Research Program (CHRP) is the longest running publicly funded grantmaking program of its kind in the United States. CHRP is administered through the Research Grants Program Office within the Division of Research and Innovation at the University of California, Office of the President. Since its founding, CHRP has invested over $350 million dollars to fund over 2,000 research grants that support the development, implementation, evaluation, and dissemination of innovative HIV research projects through its stated mission:

> *Our mission is to advance transformative research across California that will promote the health of people living with or at risk for HIV*

CHRP funds research addressing the needs of communities in California highly impacted by HIV and is grounded in the California Office of AIDS *Ending the Epidemics* strategic.[1] In addition to our annual request for proposal(s), which are open to any qualified Principal Investigators conducting work within the state, we also provide awards for doctoral students, early career investigators, and trainee supplements for persons historically under-represented in the sciences. As outlined in Figure 1, our current research priorities (**Research Pillars**) include: Basic Biomedical; Clinical, Social-Behavioral, and Implementation Science; and Policy Research. Through these pillars, we strive to bridge the gaps between cutting-edge research findings and the implementation of those findings at the clinic, community, and policy levels.

Research and Strategic Priorities

Across our three **Research Pillars,** CHRP has identified four **Research Priorities** (Figure 1). This *Learning and Evaluation Strategy* is intended to outline a broad-based plan for systematically identifying and addressing questions relevant to program activities over the next five years.

Figure 1. CHRP Research Pillars and Priorities
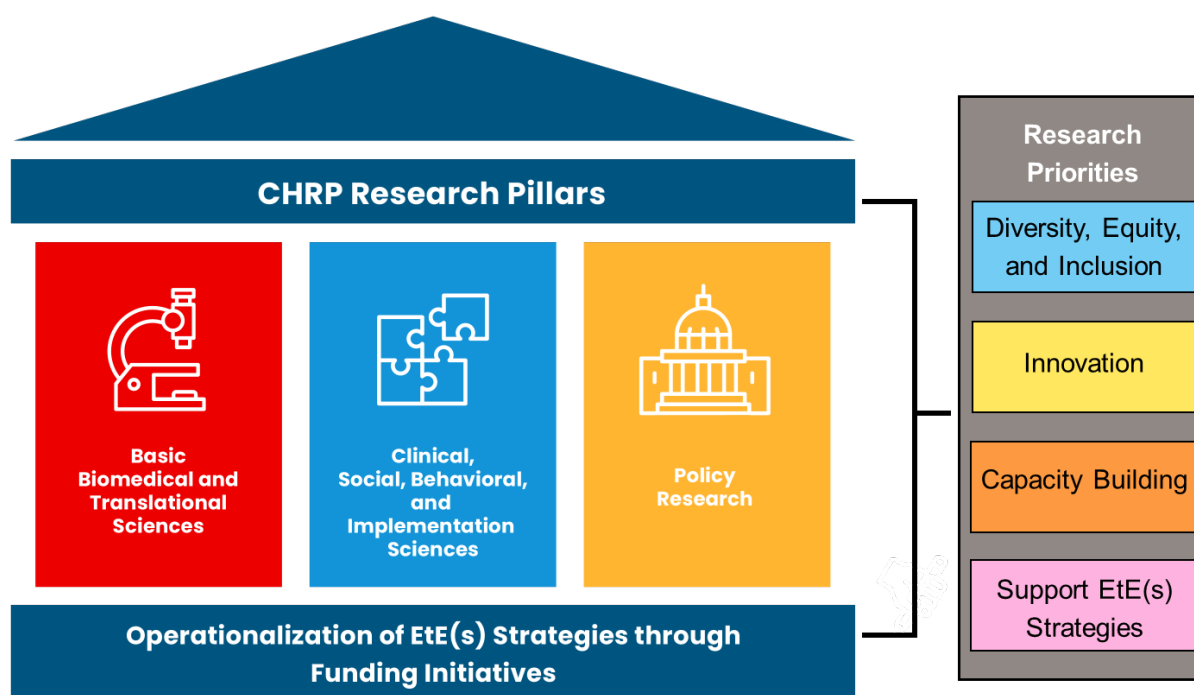
Our **Research Pillars** demonstrate how CHRP fulfills its mission by identifying and addressing gaps in scientific research through our funded initiatives. Our **Research Priorities** outline areas that help ensure our program is responsive to community concerns, emerging scientific discoveries, and the changing funding landscape. Taken together, we envision this document as

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[1] https://www.cdph.ca.gov/Programs/CID/DOA/Pages/Strategic-Plan/Main.aspx

a roadmap for guiding evidence-based decision-making, as well as demonstrate our continued efforts to ensure responsible stewardship of California taxpayer funds.

Additionally, CHRP has identified multiple **Strategic Priorities** for both the program as a whole, as well as across each **Research Pillar** to help guide the future direction of the program over the next five years:

Program Wide Strategic Priorities

- Advance person-centered and community-engaged research to prevent, treat, and cure HIV
- Support syndemic-focused HIV research that is responsive to the evolving needs of the California epidemic
- Support the next generation of investigators and community leaders to further advancements in HIV science
- Ensure that evidence-based outcomes are relevant and accessible to all Californians

Basic Biomedical and Translational Sciences Strategic Priorities

- Advance HIV-related basic biomedical and translational research to better prevent, treat, and cure HIV.
- Support continued discovery of basic mechanisms and processes of HIV biology.

Clinical, Social, Behavioral, and Implementation Sciences Strategic Priorities
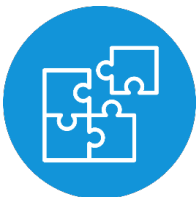
- Advance research that supports access to, and uptake of, clinical and social services among people at risk for, and living with, HIV.
- Focus on evidence-based health services research that promotes person- and community-centered delivery strategies.
- Support research focused on the implementation and evaluation of strategies to advance clinical care and programmatic efficiency.

Policy Research Strategic Priorities

- Advance timely and responsive policy research that addresses all HIV-impacted communities across California.
- Fund collaborative projects that promote partnerships between academic, government, and community stakeholders.

Logic Model

Figure 2. CHRP Logic Model

INPUTS
Resources needed to implement activities

ACTIVITIES
What the program does with those resources

OUTPUTS
Tangible products, capacities, and services resulting from activities

OUTCOMES
Changes in conditions due to CHRP activities and outputs

IMPACTS
Changes in society

Budget

Program Staff

UNIVERSITY OF CALIFORNIA

Institutional support and infrastructure

Community and stakeholder support

Alignment with other syndemic control strategies and agencies

Fund visionary research

Research Priorities
• Basic Biomedical Research
• Clinical, Social-Behavioral & Evaluation Sciences
• Policy Analysis

Build and foster multi-sector partnerships

Disseminate findings and knowledge

Evaluate program performance

Substantive

Novel research to support epidemic(s) control

Annually distribute ~$8M in new grants

Stewart ~$50M portfolio of ~50 diverse projects

Support research diversity and capacity

Fund a pipeline of new investigators, students, and trainees

Fund voices from historically marginalized communities impacted by HIV

Support structures and systems to facilitate meaningful change

Policy Analysis that bridges the divide between research and action

Collaborations with external partners on shared goals and outcomes

Evaluative

• *Process evaluation* to identify systemic inefficiencies and inequalities
• *Outcome analysis* to measure changes that result from our funded research
• *Impact evaluation* to measure benefits to California communities
• *ROI* to assess impacts of funding on future research opportunities

Inclusive and sustainable HIV research capacity across California

Evidence-based solutions for HIV prevention, care, practices and policies

Equitable health, educational, and economic benefit for all Californians

We envision a California where evidence-based research findings support health, stigma-free, and dignity-filled communities free from structural inequalities

Assumptions
1) Adequate funding is provided and sustained; 2) Institutional support from UCOP and California legislature; 3) Cooperation from strategic partners and stakeholders

CHRP's **Logic Model** (Figure 2) outlines the associations between the program's resources/activities and their intended outcomes. The logic model guided the development of this *Learning and Evaluation Strategy* by identifying critical resources and activities needed to support the intended outcomes that will contribute to achieving CHRP's strategic goals.

Learning Agenda Objectives and Methods

Following the outline set by the [Foundations for the Evidence-based Policymaking Act of 2018 (Evidence Act)](#), CHRP conducted several key informant interviews with stakeholders and thought leaders across each of the stated **Strategic Priorities** to help identify key learning questions. We also sought feedback from members of our Advisory Council who assisted with further refinement. Based on feedback, nine learning questions emerged across our four **Strategic Priorities** (Table 1).
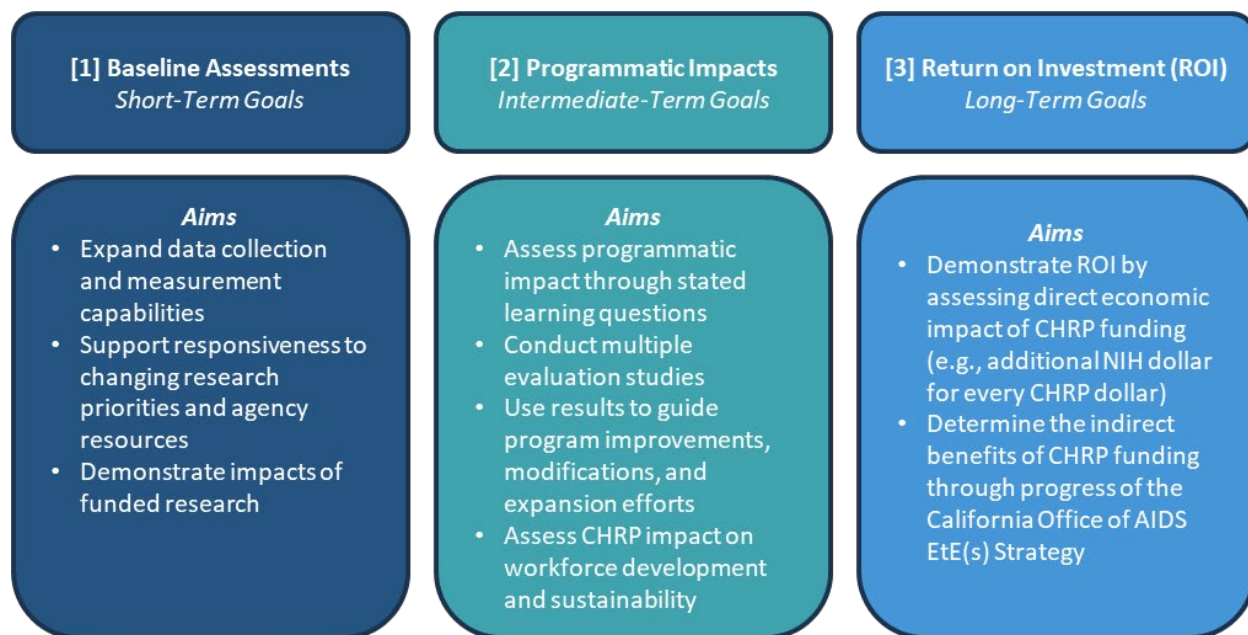
Table 1. CHRP Learning Questions

Learning Questions by Strategic Priority Area
Diversity, Equity, and Inclusion
1. How can CHRP better **integrate** diversity, equity, and inclusion practices into our grantmaking processes?
2. How can CHRP continue meaningful **engagement** with stakeholders and communities highly impacted by HIV in California?
3. How can CHRP support HIV research **workforce diversity** through its funded initiatives?
Innovation
4. How can CHRP foster **continued investment** in high-risk, high-reward, and high-rigor research?
5. How can CHRP ensure its **continued relevance** with the changing HIV-related syndemics landscape in California?
Capacity Building
6. How can CHRP support the **development** and **sustainability** of HIV research conceived and led by syndemic impacted communities in California?
7. How can CHRP better facilitate new **multi-sector collaborations** within the HIV research and evaluation fields across California?
8. How can CHRP support **dissemination** of relevant findings that support the integration and operationalization of novel approaches and solutions?
Support EtE(s) Strategies
9. How can CHRP continue to **advance** California's EtE(s) Strategy and Implementation Plan?

Measurement Priorities and Operationalization

To support measuring progress towards stated goals, we have established short-, medium-, and long-term measurement priorities (Figure 3). These priorities will be used to craft and prioritize evaluation studies and analyses to help us better understand programmatic gaps, impacts, and areas of expansion. Ultimately, we strive to quantify the program's overall "return on investment" (ROI) on the HIV epidemic in California.

Figure 3. Measurement Priorities

[1] Baseline Assessments
Short-Term Goals

Aims
- Expand data collection and measurement capabilities
- Support responsiveness to changing research priorities and agency resources
- Demonstrate impacts of funded research

[2] Programmatic Impacts
Intermediate-Term Goals

Aims
- Assess programmatic impact through stated learning questions
- Conduct multiple evaluation studies
- Use results to guide program improvements, modifications, and expansion efforts
- Assess CHRP impact on workforce development and sustainability

[3] Return on Investment (ROI)
Long-Term Goals

Aims
- Demonstrate ROI by assessing direct economic impact of CHRP funding (e.g., additional NIH dollar for every CHRP dollar)
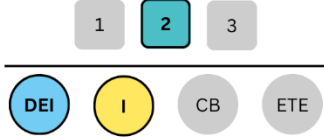- Determine the indirect benefits of CHRP funding through progress of the California Office of AIDS EtE(s) Strategy
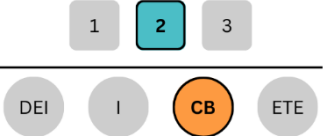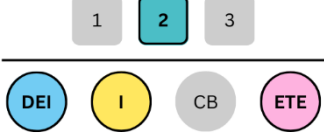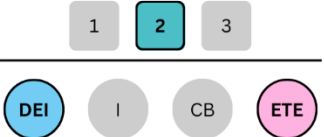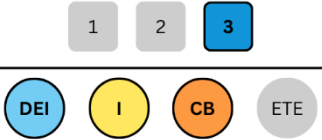
Future Evaluation Opportunities

The following section outlines proposed evaluation studies that may be undertaken to help operationalize this strategy. Each proposed project below is accompanied by a description of not only the type of study proposed, but the research/evaluation question to be addressed. It also provides an overall description of how the study could be operationalized, its alignment with both the strategic and measurement priorities, and the proposed learning question(s) addressed. CHRP will continue to work with its Advisory Council to prioritize when and how individual research/evaluation questions will be addressed.

These projects will be reviewed and augmented with feedback from Advisory Council members and stakeholders to ensure they are relevant to the programs needs and responsive to changing priorities in the field of HIV/AIDS. We hope this provides a roadmap for how CHRP can continue to be a strategic partner with other state and national agencies as we work collectively to end the HIV epidemic.

Table 2. Future Evaluation Research Projects

Evaluation Type	Purpose and Anticipated Outcome(s)	CHRP Research Questions	Measurement Priorities / Strategic Priorities Alignment
Formative Evaluation	Development of CHRP funding dashboard	What were the impacts of CHRP's historical funding and how can we learn from history to improve CHRP's ability to address current issues in HIV research?	**Measurement Priorities:** 1, 2, 3 selected. **Strategic Priorities:** I highlighted (DEI, I, CB, EtE)
Formative Evaluation	Re-design of the CHRP website and supporting materials	How can CHRP improve transparency in its priorities and funding initiatives?	**Measurement Priorities:** 1 selected. **Strategic Priorities:** I highlighted (DEI, I, CB, EtE)
Equity Assessment	Investigate CHRP's accessibility and reach and how operational processes may disproportionately impact some persons' or communities' ability to initiate and complete applications, execute their funded research proposals, report on progress, and receive technical assistance from our team	What are the barriers to initiating and completing applications? What issues arise in the application process that impact whether a proposal is funded that may further exacerbate inequities and affect the diversity of the applicant and grantee pool? What are the issues in the grantee experience and how might they exacerbate inequities and impact whether grantees recommend others to apply? How can CHRP collect more rigorous data to assess who applies for RGPO program, who is funded, and how change in policies and processes impact that data over time?	**Measurement Priorities:** 2 selected. **Strategic Priorities:** DEI and CB highlighted (DEI, I, CB, ETE)

Process Evaluation	Identify opportunities to improve efficiency in program processes and procedures.	What are the barriers to using SmartSimple for grant submission? What are the barriers to acquiring and disbursing funding in a timely manner? How user-friendly are RGPO and CHRP policies, and SmartSimple, with respect to reporting requirements?	1 **2** 3 **DEI** **I** CB ETE
Sustainability Analysis	Assess the scalability and sustainability of CHRP funded pilots and programs intended for adoption.	What are the barriers to implementing and sustaining best practices learned through funded research initiatives? How can CHRP better support grantees to plan for project sustainability? Is the infrastructure in place to ensure program growth and evaluation?	1 **2** 3 DEI I **CB** ETE
Outcome Evaluation	Evaluate changes in knowledge, attitudes, beliefs, behaviors, systems of care, programs, and policies resulting from CHRP-funded research.	Have HIV prevention or care systems and practices from CHRP research been adopted at scale or shifted paradigms? Have any policies have been implemented by state or local agencies based on CHRP research?	1 **2** 3 **DEI** **I** CB **ETE**
Impact Evaluation	Assess the degree to which CHRP activities have helped to provide timely responses to emerging issues in the California HIV epidemic.	What is the long-term impact of CHRP programs over time on the HIV/AIDS epidemic in California?	1 **2** 3 **DEI** I CB **ETE**

Economic Return on Investment	Identify the tangible ROI from CHRP funding to grantees and agencies.	Does CHRP funding lead to grantees receiving additional research dollars from other agencies? Do early investigator awards foster further research funding? What are the impacts of CHRP funding on CBO programs and services offered? What is the impact of CHRP funding on HIV training?	1 2 **3** DEI I CB ETE
Social Return on Investment	Assess the social impact of CHRP funding on the HIV/AIDS epidemic in California.	Have CHRP funded projects lead to improvements in the HIV/AIDS epidemic in California in the form of reduced disparity in new incidence cases and mortality?	1 2 **3** DEI I CB **ETE**