



## Community-Centered Research Collaboratives to Address Local HIV-Related Syndemics Across California

### Call for Applications 2022

Call for Applications Release:	Friday, April 1, 2022
Webinar for Applicants:	Thursday, April 21, 2022, 12-1 PM (recording will be available)
<b>Letters of Intent (LOI) Due:</b>	<b>Thursday, May 19, 2022, 12:00 PM Pacific Time</b>
<b>Invited Applications Due:</b>	<b>Thursday, July 21, 2022, 12:00 PM Pacific Time</b>
Notification of Peer Review Outcome:	Thursday, November 10, 2022
Performance Period:	February 1, 2023 – January 31, 2027

#### ***CHRP Programmatic Priorities***

*Across every aspect of our work, the California HIV/AIDS Research Program (CHRP) seeks to fund high-risk, high-reward, high-rigor research projects that aim to substantially and rapidly advance HIV epidemic control and/or treatment, and which address research priorities and gaps not supported by other funders. Further, CHRP is committed to diversity, equity, and inclusion as a means of increasing the effectiveness of its grantmaking and generating new knowledge that benefits all Californians.*

#### **Goals of this Funding Initiative**

With this Call for Applications, CHRP primarily seeks to center the voices of persons who are highly affected by HIV in the planning, development, implementation, and dissemination of innovative research to improve HIV-related health outcomes in their local communities. To do this, CHRP will fund multiple collaborative research teams who will work with community members to identify HIV-related syndemic outcomes that are important to that community, jointly create a research agenda including evidence-based interventions to improve those outcomes, implement research projects to serve that agenda, and disseminate research results with and for that community. Specifically, this research initiative aims to:

- 1) Establish new or strengthen existing **multi-sector research partnerships** which **center specific communities** that are highly affected by HIV;
- 2) Support the shared development and implementation of research agendas toward **ending HIV and addressing HIV-related syndemic outcomes** that concern the centered community;
- 3) **Form a community of practice** to increase the likelihood of success as the teams implement the research projects from their agendas;
- 4) **Hold the collaboratives accountable** for making the results of the research accessible and actionable to the community at its center once the research is complete.

## Background

This research funding opportunity draws upon multiple aspects of CHRP's current [strategic directions](#), in that it utilizes a syndemics approach to health; prioritizes the needs of highly-impacted communities; supports implementation science (to leverage the evidence-based tools that we already have, as opposed to creating new interventions); and is centered on the meaningful engagement of stakeholders, both with the program and across previously siloed stakeholder groups.

*Syndemic Approach:* Across California, public health leaders and health care providers who work with communities that are highly affected by HIV have come together to shift our collective focus beyond HIV to also address hepatitis C (HCV) and other sexually transmitted infections (STIs); these three epidemics come together to form a syndemic (a set of linked health issues that interact synergistically and lead to or exacerbate poor health outcomes). The syndemic approach to public health research differs from the biomedical approach in that it sees each health condition as a part of the whole syndemic and seeks to address the underlying social and structural determinants of health that drive them (California HIV Policy Research Centers, [chprc.org/end-the-epidemics](http://chprc.org/end-the-epidemics), accessed 28Feb2022). CHRP seeks to fund innovative research that will leverage this shift in focus. **Proposals must include one HIV-related primary outcome** and may include other HIV-related syndemic outcomes as well.

*Prioritizing Highly Impacted Communities:* While researchers in California broaden our focus to include non-HIV infectious diseases, we must also clearly define priority populations to appropriately serve the populations that bear a disproportionate burden of poor health outcomes related to these syndemics and concentrate our resources in service to these communities. The most recent epidemiological data from the California Office of AIDS identifies the communities in our state who are most impacted by HIV, HCV, and/or sexually transmitted infections to include People of Color, especially Blacks/African Americans, Latinx, and Indigenous people; young people (ages 15-29 years); gay and bisexual men, and other men who have sex with men; people who are transgender or gender non-conforming; people who use drugs, including people who inject drugs; people experiencing homelessness; people who are or have been involved with the carceral system; people who exchange sex for drugs, housing, and/or other resources; people who can become pregnant; and migrant or immigrant communities, including people who are undocumented ([California Department of Public Health, Integrated Statewide HIV, HCV, and STI Strategic Plan, 2022-2026](#)). **Proposals must specify one or more of these priority populations** (or other communities that are similarly impacted) as their focus. The program has particular interest in supporting those communities who have historically been systematically excluded from research funding and/or institutionally oppressed.

*Microepidemic Focus:* Microepidemics in California are the highly specific combinations of a population's behavioral, geographic, demographic, and/or other characteristics with a key epidemic threatening its wellbeing (adapted from [Piot, The Global Epidemic, AIDS Care, 1998](#)). These characteristics may include persons *exhibiting behaviors* consistent with a route of HIV transmission (such as men who have sex with men [MSM]; persons who inject drugs); persons *experiencing risk factors* that are significantly associated with elevated incidence or prevalence of the epidemic of interest in California but that are not necessarily a route of HIV transmission (e.g. homelessness, methamphetamine use); persons who are physically present in a geographic space; and more.

**Applicants must propose their specific microepidemic focus, including a specific centered community, a specific geography, a behavior or risk factor, and a well-defined HIV-related outcome.** By focusing

the proposed research beyond the priority population to the level of one or more microepidemics that are of concern to members of that community, CHRP seeks to concentrate resources where they are needed most. For example, a research agenda aiming to impact HIV incidence by improving PrEP uptake among men who have sex with men and work in the sex trade in Alameda County would be seeking to serve persons who have a specific behavioral characteristic, in a well-defined geographic area, and would aim to improve a key HIV-related outcomes (HIV incidence and PrEP uptake). Such a proposal would also need to describe how the community of MSM who work in the sex trade would be accessed and centered, by either describing an existing organized group of persons in that community or presenting a plan for including individuals with lived experience in that community.

*Leveraging the Tools we Have:* Proposed research agendas and/or specific projects should **implement existing evidence-based interventions**, with adaptations for appropriateness as identified by the centered community. This initiative will not fund development of new interventions or significant adaptation of untested interventions.

*Meaningful Engagement of Stakeholders:* The overlapping HIV-related syndemics across California and the intersectional communities they impact come together in multiple heterogenous combinations. Each has their own structure and dynamics, and each community is its own best expert in determining which health-related outcomes are of highest importance to them and which interventions might be most effective and acceptable to address those outcomes. The research teams funded by this initiative will determine their outcomes of interest and the interventions that could address those outcomes **in cooperation with the centered community** (or persons with lived experience in that community) from the initial planning stage.

*Partnerships:* Ending the HIV-related syndemics in California will require us to work together to overcome historical silos in public health. With this funding opportunity CHRP will invest in the creation of new multi-sector partnerships, and/or strengthen existing partnerships. CHRP has recently invested in community-development of interventions to serve to the needs of many of our local California communities ([Lightfoot JAIDS 2021](#)), and this funding initiative is intended to build upon and broaden that work by funding new ideas (previously funded proposals are not eligible for continuation or resubmission to this funding opportunity).

## **Research Objectives**

The funded teams will work from a community-engaged perspective (see [Lightfoot JAIDS 2021](#)), their research projects must address the objectives stated in California's Integrated Statewide HIV, HCV, and STI Strategic Plan ([CDPH 2022](#)), and must serve the needs of the most highly-affected communities and populations either as denoted in that plan or in California's most recent HIV Health Disparities Report ([CDPH OA 2021](#)), or with sufficient epidemiologic justification. During the funded period, all of the multi-sector community-engaged research teams will meet as a single collaborative group to learn from each other, with the intention of forming a community of practice that will be invested in both achieving impact beyond specific study aims and sustaining itself after the initiative ends.

Successful applications will include robust descriptions of these three aspects of their proposed collaborations:

- 1) **Community at the Center:** Each proposed collaborative should focus on a single, well-defined community of interest to serve, and the centered community must be involved with the development of the research agenda from the planning stages. The proposal should specify how the community will be accessed and included, via an organized group of persons with lived experience in the centered community, or a plan to access individuals with lived experience in the centered community, or both.
- 2) **Partnerships:** Each proposed collaborative will either establish new cross-sector partnerships or strengthen and build upon existing cross-sector partnerships. **Proposals must include one partner from each of the three categories below:**
  - a) An academic-affiliated Applicant Principal Investigator (API);
  - b) A formalized group (such as a CBO or advocacy organization) that includes and serves the centered community, with a named leader who is listed as a Co-Principal Investigator (CPI) in the application (a description of the group is not sufficient). Funding for personnel in this category is required, at a level commensurate with the value of their lived experience to the project, and reflective of their contribution to the project;
  - c) One of the following:
    - i. A representative from a Department of Public Health (DPH) that serves a portion of the identified community (which may span multiple DPH jurisdictions); funding for personnel in this category is not required; applicants should negotiate budgetary considerations directly with their DPH partner; or
    - ii. A State or local government or governmental entity, such as a school district or a justice or carceral system; or
    - iii. A pharmaceutical industry partner or community pharmacist; or
    - iv. Others who stand to benefit from expanded HIV prevention, treatment, and other wraparound services.
- 3) **Evidence-Based Research Agendas/Projects which Assess Specific HIV-related Syndemic Outcomes among a Specified Microepidemic Population:** Applicants must specify the microepidemic population that is the focus of the proposal, the evidence-based interventions that will inform the development of the research agenda, the HIV-related primary outcomes they will assess, and any HIV-related syndemic outcomes that will also be measured (optional). While non-HIV syndemic outcomes such as hepatitis C (HCV) and other sexually transmitted infections (STIs) may be outcomes of interest in the proposed research agendas, **proposals must include an HIV-related outcome as the primary endpoint.**

## Eligibility

Principal Investigators (API and CPIs) from non-profit research, academic, or community-based institutions located in California are eligible to apply. Current recipients of CHRP research funding are eligible to apply for funding under this initiative. US citizenship is not a requirement. Applicant Principal Investigators may submit more than one Letter of Intent to this Call for Applications; if more than one LOI is advanced to submit a full application, the API may elect to submit more than one full application (final funding decisions reflect the results of the peer review process and of programmatic review).

Principal Investigators (API and CPIs) may serve in different roles on additional applications. Individuals, community-based organizations, and health systems/jurisdictions may participate in more than one application under this mechanism.

Applicant PIs who do not yet hold “Principal Investigator” status at their institution may apply for this funding mechanism if they include assurance from their institution that such status would be granted if the application were selected for funding. In accordance with [UC policy](#), PIs who are UC employees and who receive any part of their salary through UC must submit grant proposals through their UC campus Contracts and Grants office. Exceptions must be approved by the UC campus where the PI is employed.

### **Available Funding, Anticipated Number of Awards**

For this Community Engaged Collaboratives Initiative, CHRP expects to fund three to four awards, with total investment ranging from \$5.5M to \$7.3M. The number of awards to be offered is not predetermined but will depend on the number of meritorious applications received. Awards are contingent on the availability of funds, and funding allocations may be adjusted based on performance (criteria will be provided in the instructions for the Full Application).

### **Award Duration, Budget, and Requirements**

Each award will support up to four years of related activities. Total budget for all four years is limited to \$1,400,000 in direct costs (\$350,000 per year for four years), which can be unevenly distributed across the four-year project period; e.g., lower annual costs in earlier time periods during start-up and planning, and higher annual costs during implementation of the research project(s). Continued funding beyond year one is contingent on progress toward milestones enumerated in the application. All Principal Investigators (API and CPIs) must commit a minimum of 10% effort to this project (1.2 person-months of effort for a 12-month appointment, or equivalent). Budgets must include support for regular meetings of the full study team; community advisory board management; and participation in activities of the larger collaborative (meetings, publications). University of California (UC) institutions are eligible for indirect costs up to 30% of modified total direct costs; non-UC institutions are eligible for the same, or their negotiated indirect cost rate agreement with the U.S. Department of Health and Human Services (or other similarly established rate), whichever is lower. Grants are one-time, non-renewable awards.

### **Diversity, Equity, and Inclusion Supplements**

All projects selected for funding will be encouraged to apply for an additional \$10,000 in supplemental funds to promote diversity, equity, and inclusion in the pipeline of future investigators in HIV research. These supplemental funds are intended to partially support the scientific contributions of students or trainees (high school, undergraduate, graduate/clinical, post-doctoral) from sociodemographic groups that are underrepresented among health researchers, or with lived experience in a community with elevated HIV incidence in California, to the funded project. APIs should consider all trainees who will promote diversity in HIV research, including trainees from diverse socioeconomic, cultural, ethnic, racial, gender, sexual orientation, ability/disability, linguistic and geographic backgrounds who would otherwise not be adequately represented in their field, trainees who are from underserved communities, and trainees who have demonstrated commitment to diversity efforts.

## Submitting a Letter of Intent

Complete LOIs must be submitted via [SmartSimple \(https://ucop.smartsimple.com\)](https://ucop.smartsimple.com) **no later than 12:00 PM Pacific Time on the date shown on page one**. LOIs received after the deadline will not be accepted. Investigators may submit multiple LOIs as PI to this Call for Applications; no more than one LOI per PI will be invited to submit the full application. A complete LOI for this mechanism consists of:

- Project Title (100 characters)
- Project Duration (up to four years), Start Date (enter Feb 01, 2023) and End Date
- Referral Source(s)
- Applicant Profile for Applicant PI (update your “My Profile” entries; ORCID ID is recommend; demographic data provided here will not be shared with staff or reviewers, but will be used to track the Program’s ability to reach highly affected communities with our work)
- LOI Scientific Abstract (limit 2,400 characters)
- LOI Specific Aims (limit 2,400 characters)
- Title of Your Collaborative Center (limit 1,300 characters)
- Project Leadership Plan (limit 1,300 characters)
- Total Amount of Funding Requested per Project Year (direct costs only)
- Suggested Reviewers (optional)
- CHRP Research Priority Area; Research Type and Sub-Type; Subject Area; Focus Area (see LOI instructions for response options)
- Applicant Electronic Signature and Date.

Partnerships are allowed to be in the formative stages at the time of LOI submission, but must be established by the time of full application submission. Official signatures are not required by CHRP at the LOI stage; however, any differing applicant institutional policies supersede CHRP policy. CHRP staff will review LOIs to ensure that the proposed research is responsive to the research objectives (page 3) and that the applicant and institution(s) meet eligibility criteria (page 4). Applicants with an approved LOI will be notified via [SmartSimple \(https://ucop.smartsimple.com\)](https://ucop.smartsimple.com) and gain access to the full application materials at time of notification. No application may move forward without an approved LOI.

## Prospective Applicant Webinar

CHRP will hold a webinar at 12:00PM on **April 21, 2022**, to provide an overview of the intent of the award mechanism and the application process, and allow prospective applicants and community members to ask questions about the application and review process. Information on how to access the applicant webinar, and a recording of the webinar, will be posted on the CHRP website: <http://www.californiaaidsresearch.org/funding-opportunities/index.html>.

## Submitting a Full Application

Instructions for completing the full application will be distributed to invited APIs at the time of LOI approval. Full applications must be **submitted via SmartSimple (https://ucop.smartsimple.com) no later than 12:00 Noon Pacific Time on the date shown on page one**. An optional webinar for applicants and community members will be held after LOI dispositions are announced, to provide more details about the

application content and process. Attendance is not required, and the webinar will be recorded and posted on our website for later viewing.

### Peer Review of Full Application

Review criteria for scoring full applications include:

1. **Community, Partnerships, and Collaboration** (30% of total score): Scoring will reflect the centrality of the community in the work; the appropriateness of proposed partnerships; and the likelihood that the collaboration will elevate the reach, impact, or success of the work.
2. **HIV Microepidemic Populations and HIV-related Syndemic Outcomes** (20% of total score): Scoring will reflect the appropriateness of the microepidemic population selected (are they highly impacted by HIV and related syndemics; are they underserved or understudied), and the appropriateness, rigor, and specificity of the outcome(s) selected.
3. **Approach** (50% of total score):
  - a. **Planning Stage:** Scoring will reflect the clarity and feasibility of the path to the jointly developed research agenda. The research agenda should be developed in partnership with the centered community, and the application should outline the path that will be taken to get there, how the community will be included, and provide examples of potential research projects that might be launched in the later years of the project as predicted by the HIV prevention and care needs of the microepidemic population.
  - b. **Research Stage:** Scoring will reflect the capacity of the PI and the team to develop and execute the research plan, and the strength of any proposed methods. Applications should not propose novel research methods or interventions, but should focus on novel implementation of existing interventions.
  - c. **Dissemination Stage:** Scoring will reflect the clarity and feasibility of the dissemination plan, and the degree to which it will serve the needs of the centered community. After the research is completed, it is essential that the research results and products be shared in a collaborative and accessible fashion with the community they were intended to serve. Dissemination efforts should extend beyond academic publications and scientific conference presentations. This may happen after the funding period has ended, due to the nature of the research enterprise; the application should provide a plan for how the results will be communicated with the community once they are available.

Reviewers will evaluate but not score the following items:

- **Budget:** Appropriateness of the budget request for the project.
- **Protection of Human Subjects from Research Risk:** Appropriateness of protections from research risk relating to human subjects participation in the proposed research.
- **Inclusion of Women, Minorities and Children in Research:** If human subjects are involved, the adequacy of plans to include subjects of all genders, all racial and ethnic groups (and subgroups) and children as appropriate for the scientific goals of the research will be assessed.

All complete applications will be reviewed by a panel which includes (a) persons with lived experience in communities that are highly impacted by HIV in California, and (b) scientists from outside California who are subject matter experts and experienced peer reviewers. Reviewers will receive training and a

manual of policies and procedures for application scoring and review before access to the applications is allowed; the manual is available to applicants by request. Current [RGPO policies and procedures](#) concerning confidentiality and conflicts of interest will be observed. CHRP is committed to diversity, equity, and inclusion as a means of increasing the effectiveness of its grantmaking and generating new knowledge that benefits all Californians. Final funding decisions may take into account these and other programmatic priorities.

## Stipulations

**Funding:** Awards are contingent upon availability of funding, as well as compliance with all research and reporting requirements. Grantees will be subject to funding renewal on an annual basis. The number of awards made will depend on the number and quality of applications received.

**Human or animal subjects:** Approvals or exemptions for the use of human or animal subjects are not required before the time of LOI submission or review but will be required before any funded work commences. Principal Investigators are encouraged to apply to the appropriate board or committee as soon as possible after submitting a proposal to expedite the start of the project.

**Grants management procedures and policies:** Details concerning the requirements for grant recipients are available in the “RGPO Grant Administration Manual.” The latest version of the Manual is accessible online at: <https://www.ucop.edu/research-grants-program/grant-administration/index.html>

**Appeals of review decisions:** Final funding decisions are at the discretion of the CHRP Director and are subject to oversight from the CHRP Advisory Council and the Research Grants Program Office. Decisions may not be appealed; declined proposals may be submitted to future competitions without prejudice.

## Open Access

The UCOP Research Grants Program Office (RGPO) is committed to disseminating research as widely as possible to promote the public benefit. All publications based on funding received from RGPO are subject to the [University’s Open Access Policy](#). To assist RGPO in dissemination and archiving, the grantee institution will deposit an electronic copy of all publications in the [UC Publication Management System](#), UC’s open access repository, promptly after publication. Notwithstanding the above, this policy does not in any way prescribe or limit the venue of publication. This policy does not transfer copyright ownership, which remains with the author(s) or copyright owners.

## How to Get Help

For scientific questions regarding application preparation or guidance regarding the suitability of a proposed project, contact Lisa Loeb Stanga at [lisa.loeb.stanga@ucop.edu](mailto:lisa.loeb.stanga@ucop.edu).

For general questions regarding the electronic submission of an LOI or application, including using SmartSimple, please contact the Research Grants Program Office, Contracts and Grants Unit at [RGPOGrants@ucop.edu](mailto:RGPOGrants@ucop.edu), or 510-987-9386.

