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# **Rapid response research to inform HIV policy decision-making: lessons learned from California's Collaborative HIV/AIDS Policy Research Center**

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## **Introduction**

Responding to the HIV epidemic requires policy decisions that are well researched and informed by empirical evidence. The policy environment, however, is dynamic and fast-paced, and the opportunity to effect change may be limited to brief periods of time. To ensure research findings are ready within these “policy windows,” researchers must be able to launch and complete projects quickly. Responding to these realities, the California HIV/AIDS Research Program (CHRP) has, since 2009, funded two collaborative HIV/AIDS Policy Research Centers. Each consists of university and community-based agency partners that work statewide with consumers, advocates, and policymakers to conduct “rapid response” short-term projects designed to address questions that emerge in the dynamic health policy environment.

## **Description**

Policy research advisory committees meet annually in northern and southern California to prioritize HIV policy-related questions and concerns that would benefit from research. Following each meeting, policy centre investigators formulate specific research questions and study designs

based on policy research advisory committee priorities. Data for each rapid response project are then collected, analyzed, and disseminated back to policy stakeholders, ideally in 6 months or less.

## **Lessons learned**

The HIV/AIDS Policy Research Centers have successfully addressed critical policy issues that emerged in California over the past 7 years. These include analyses of: state budget cuts to HIV prevention; enhanced surveillance efforts on federal funding for California; mandating condom distribution in correctional facilities; the impact of the state's Affordable Care Act implementation on HIV providers and patients; the effects of healthcare reform efforts on the care of HIV-positive individuals who also have mental health diagnoses; the impact of limiting physician visits, capping prescriptions, and charging co-pays for HIV medications; and examining various HIV workforce issues, such as the aging and specialty mix of physicians who provide HIV treatment in California.

## **Conclusions/Next steps**

The collaboration between academic and community partners through standing policy research centers has brought together synergistic skill-sets, knowledge bases, and professional relationships to successfully inform robust and timely analyses of HIV-relevant policy issues. Expansion of this funding model would help to ensure that research is able to respond to the rapid changes in policy environments.