

**Required and Enhanced RWHAP Unmet  
Need Estimates and Analyses:  
Exploring the Possibilities**

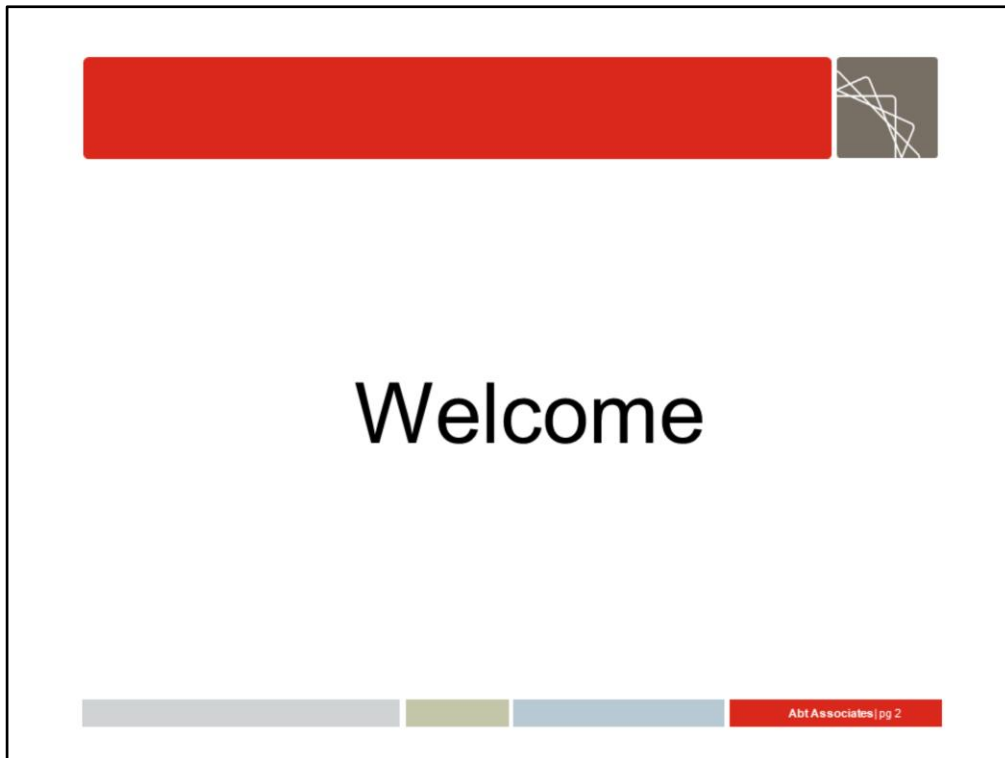
**January 14, 2021**  
**Abt Associates, Inc.**

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**Tara. [3 minutes before the start of the webinar]** Hello everyone, thanks for joining, we'll get started in a few minutes.

**[at the start of the webinar]** Hi, good morning or afternoon, everyone. My name is Tara Earl and my company, Abt Associates, is contracted by HRSA HAB to deliver a series of webinars to support the implementation of the Updated Framework for Estimating Unmet Need for HIV Primary Medical Care. As we get further along, I'll introduce everyone.

Hopefully, you some of you have joined one of our previous webinars. Either way, welcome, we're happy to have you here today. This is the third of six webinars that we are presenting to ensure that you all have proper guidance and information as you seek to implement the framework. Today, the focus on highlighting the differences between the required and enhanced estimates and analyses and helping you explore the possibilities by providing considerations for running each.



Andy: Welcome and introduce the purpose of the training (before transitioning it to the Abt Team)

- Good morning! My name is Andy Tesfazion. I am a Senior Advisor in the Division of Metropolitan HIV/AIDS Programs (DMHAP, also known as the Part A program) and the Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) lead for the development and implementation of the new Unmet Need Framework. I want to welcome and thank you all for attending today's training; and I want to extend a thanks to the Abt Associates team for putting on this training webinar, which is the third of six training webinars on the new Unmet Need Framework geared towards RWHAP Part A and Part B recipient staff and other staff at the recipient level who may work on Unmet Need estimates and analyses.
- I'll turn the presentation back over to Tara Earl on the Abt team.

# Introductions and Project Team



## HRSA HAB

- LCDR Andy Tesfazion, HRSA HAB Project Lead, DMHAP
- CDR Cathleen Davies, HRSA HAB, DSHAP

## Abt Team / RWHAP Unmet Need Training and TA Team

- Jane Fox, Project Director
- Tara Earl, Training and TA Lead
- Diane Fraser, Project Manager
- Debbie Isenberg, Unmet Need Subject Matter Expert
- Anne Rhodes, Subject Matter Expert

### Introductions (Tara)

Thanks Andy! I would like to take a few minutes to introduce key members of this project. Our senior advisors are Andy Tesfazion from the Division of Metropolitan HIV/AIDS Programs and Cathleen, or Cat, Davies from the Division of State HIV/AIDS Programs. Together, they will guide this work as well as serve as a resource to the HRSA HAB Project Officers.

Our team, who has been working closely with Andy and his colleagues at HRSA HAB to update the Unmet Need Framework **includes Jane Fox**, myself, Diane Fraser, Anne Rhodes, and Debbie Isenberg. You can refer to us as the Ryan White Training and Technical Assistance Team, or the Abt Team. Today, you'll hear from both Anne and Debbie as they share their expertise and extensive knowledge with the framework and the ways with which you can explore running the estimates and analyses.

## Training Objectives



- Identify key steps in completing the required and enhanced estimates and analyses
  
- Identify potential enhanced estimates and analyses that a jurisdiction can complete
  - Linked Databases
  - Subpopulation analyses
  - RWHAP data
  
- Begin to assess data capacity

### Training Objectives (Tara)

The main objectives for today's webinar are to help you:

- Identify key steps in completing the required and enhanced estimates and analyses. For more information, visit the first two webinars that we presented. They are currently available on TargetHIV.
  
- Identify potential enhanced estimates and analyses that jurisdictions can use to complete Linked Databases, subpopulation analyses, and navigate the use of the Ryan White data in general.

We will also begin to orient you on how to assess data capacity as you work on the estimates and analyses. Please note that this part of the conversation starts today, but will continue during our next webinar.

Also, in addition to the first webinars, please note that more information and detailed descriptions of the Unmet Need data elements are available in the *Methodology for Estimating Unmet Need Instruction Manual*. The manual, additional implementation support materials, today's slides, and audio-recording will be available on TargetHIV. Diane has also included a link to the manual and existing implementation materials in the chat box, for reference.

And, again, if you have questions, please don't hesitate to post them using Q&A. You can do this at anytime during the presentation and we'll review.

## Poll # 1: Unmet Need



HRSA/HAB has not required an unmet need estimate for the past several years. When was the last time your jurisdiction did an unmet need estimate?

- In the last 12 months
- 1-3 years ago
- More than 3 years ago
- I have no idea

### Poll 1: Unmet Need (Tara)

Okay, let me get a sense of how recently you all have worked with Unmet Need. Given that it has been a while since HRSA/HAB has required an Unmet Need estimate, please indicate the last time your jurisdiction did an unmet need estimate?

Was it within the

- last 12 months
- 1-3 years ago
- More than 3 years ago,
  
- Or, are you not sure?
- I have no idea

[Review results]

Great, thanks. This information is very helpful. Let me talk a bit about the upcoming reporting requirements for the estimates and analyses.

## Reporting Unmet Need Estimates and Analyses HRSA HAB FY 2022 Submission Requirements



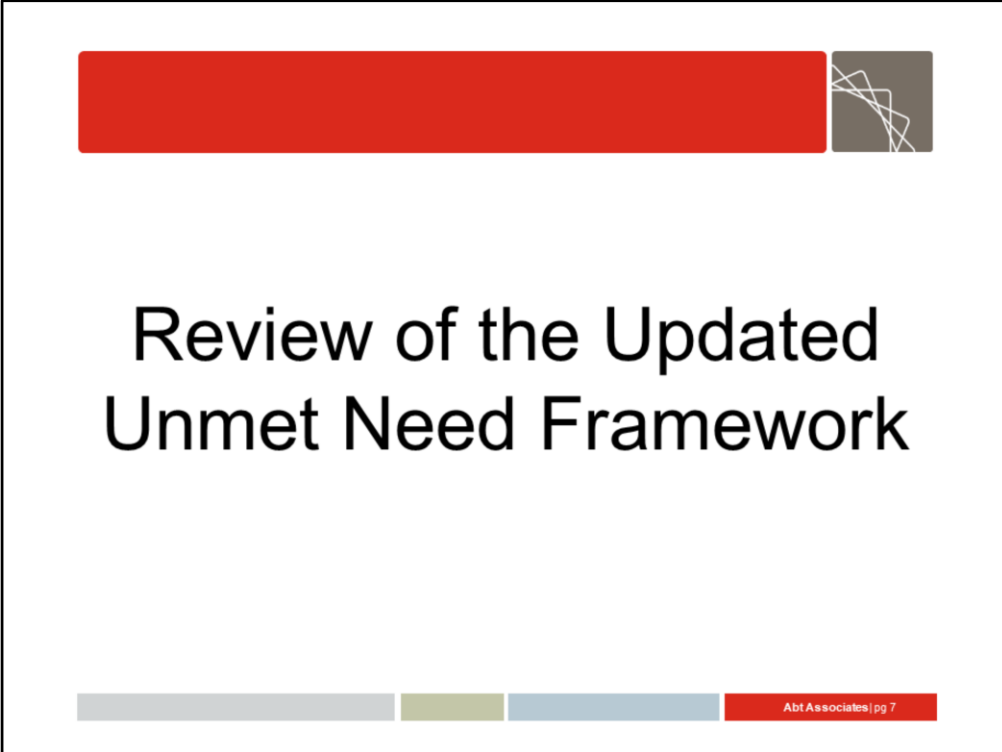
- Beginning in FY 2022 (CY 2021), RWHAP Part A and Part B recipients will be required to submit Unmet Need estimates as part of the application in response to the Notice of Funding Opportunity (NOFO)
  - Required Reporting Templates will be submitted as Attachments in the application
  - Recipients will also need to respond to Unmet Need-related narrative questions in the NOFO
  - Updated Unmet Need estimates will be required to be submitted annually as part of the NOFO or Non-Competing Continuation (NCC)

### Reporting Unmet Need Estimates and Analyses (Tara)

Beginning in FY 2022, recipients will be required to submit Unmet Need estimates as part of the application in response to the Notice of Funding Opportunity, also referred to as a NOFO.

Only the required estimates and analyses have to be submitted but recipients can submit enhanced estimates and analyses. There will also be narrative questions related to unmet need that will need to be addressed based on the data in the reporting template. The Unmet Need estimates will need to be updated annually and submitted as part of the Part A and Part B NOFOs and/or non-competing continuations.

If you have any questions about this, go ahead and enter them using the Q&A feature and we'll try to address towards the end of the presentation. Okay, now, I'll pass the discussion over to Debbie to review the Unmet Need data elements and discuss the differences between the required and enhanced estimates and analyses. The floor is yours, Debbie...



Review of the Updated  
Unmet Need Framework

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RWHAP Unmet Need Framework Transition Slide (Debbie)

Thanks Tara! Now we're going to review the Updated Unmet Need Framework. For those of you who have joined previous webinars, this will be a little bit of a review.

## Unmet Need Definition



“The need for HIV-related health services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary [HIV] health care.”<sup>2</sup>

<sup>2</sup> Mosaica, “HRSA/HAB Definitions Relate to Needs Assessment,” prepared for the Division of Service Systems, HIV/AIDS Bureau by Mosaica: The Center for Nonprofit Development and Pluralism, June 10, 2002.

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### Unmet Need Definition (Debbie)

The formal definition for unmet need is – “The need for HIV-related health services by individuals with HIV who are aware of their HIV status, but are not receiving regular primary [HIV] health care.” – So this was prior to the idea of the care continuum, but was looking at similar issues.



## Updated Unmet Need Framework

### Required Estimates and Analyses



- Meets the minimum Unmet Need requirement
- Uses HIV surveillance data
  - Most recent calendar year available except for population size which is most recent five calendar year period
- Has three main components:
  - Late Diagnoses
  - Unmet Need
  - In Care, Not Virally Suppressed
- Includes estimates and analyses for the HIV population and three target populations
- Linked databases are not required

### Updated Unmet Need Framework: Required Estimates and Analyses (Debbie)

As we've discussed in previous webinars, the required estimates and analyses meet the minimum requirement for all Part A and B recipients. The required estimates and analyses use HIV surveillance data for the most recent calendar year except for population size which uses the most recent five calendar year period. There are three main components: Late Diagnoses, Unmet Need and In Care Not Virally Suppressed.

Recipients are expected to complete estimates and analyses for the HIV population (including all new diagnoses and people living with diagnosed HIV infection) and three target populations that are selected by the jurisdiction. These may be the same as Early Identification of Individuals with HIV/AIDS (EIIHA) or Minority AIDS Initiative (MAI) target populations but this is not required. Additional guidance will be included in the NOFO.

Linked databases are not required for the required estimates and analyses.

## Updated Unmet Need Framework

### Enhanced Estimates and Analyses



- Meets the minimum unmet need requirement (also known as the Required Estimates and Analyses) and includes additional analyses and estimates
- Uses HIV surveillance and RWHAP data
  - Most recent calendar year available except for HIV surveillance data population size as previously noted
- Can be completed using linked databases
- Includes the three main components for the required estimates plus:
  - Unmet Need for RWHAP clients
  - In Care, Not Virally Suppressed for RWHAP clients
- Includes estimates and analyses for the HIV population, RWHAP clients, three target populations and subpopulation analyses

### Updated Unmet Need Framework: *Enhanced* Estimates and Analyses (Debbie)

While the **required** estimates and analyses using HIV surveillance data are very helpful, they can be limiting for RWHAP planning or resource allocation purposes for jurisdictions. The enhanced estimates and analyses include ALL of the requirements I just reviewed PLUS additional estimates and analyses that can be useful for RWHAP planning and resource allocation. These additional estimates and analyses are optional but are recommended if feasible; how much of the additional estimates and analyses are completed is also up to the recipient.

The additional estimates and analyses use both HIV surveillance AND RWHAP data for the most recent calendar year except for population size. The most recent calendar year must be the same for all data sources. Jurisdictions can also choose to use linked databases but that is not required. The additional estimates and analyses includes all of the key components that we just reviewed for HIV surveillance data plus two others for RWHAP data-unmet need and in care not virally suppressed.

This means that recipients are expected to run estimates and analyses for the HIV population (all new diagnoses and people living with diagnosed HIV infection) and target populations. In addition, they can run estimates and analyses for RWHAP clients including the same three target populations they ran for HIV surveillance data. Additional subpopulation analyses (by age, current gender identity, etc) are also recommended for both HIV surveillance and RWHAP data.

## Poll # 2: Unmet Need



Which of the following are not part of the Required Estimates and Analyses? (choose all that apply)

- Use of HIV surveillance data
- Use of RWHAP data
- Subpopulation analyses for both HIV surveillance and RWHAP data
- Linked databases
- Target populations

### Poll 2: Unmet Need (Debbie with help from Diane)

So just a quick check-in to be sure that makes sense. Which of the following are not part of the Required Estimates and Analyses? (choose all that apply)

- Use of HIV surveillance data
- Use of RWHAP data
- Subpopulation analyses for both HIV surveillance and RWHAP data
- Linked databases
- Target populations

## What's Different Between Required and Enhanced Estimates and Analyses?



- Addition of RWHAP data for unmet need and in care not virally suppressed
- Completing subpopulation analyses for both HIV surveillance and RWHAP data
- Linked databases which may also include using databases beyond HIV surveillance and RWHAP data

### What's different between the approaches? (Debbie)

Thanks so much for your responses! To recap, there are three differences between required and enhanced estimates and analyses. Enhanced estimates and analyses include using RWHAP data for unmet need and in care not virally suppressed. In addition, subpopulation analyses can be completed for both HIV surveillance and RWHAP data. Finally, linked databases can also be used. Let's review each of these in more detail.

## RWHAP Data



- Definition

- In the most recent calendar year, the number of RWHAP clients in the jurisdiction who received any RWHAP or RWHAP-related service
  - Unmet need for HIV primary medical care
  - In care, not virally suppressed

- Why It's Helpful To Add

- Allows for comparison of RWHAP clients to all people living with diagnosed HIV infection
- Identifies RWHAP clients who are in the system of care but have an unmet need for HIV primary medical care
- Ability to better target resources

### RWHAP data (Debbie)

For each of these, I'll review the definition and why it is helpful to add these additional estimates and analyses. Let's start with RWHAP data.

RWHAP data are the data for the most recent calendar year that include RWHAP clients who received any RWHAP or RWHAP related service. These data are used to calculate unmet need and in care not virally suppressed.

Adding in analyses of RWHAP data allows you to compare unmet need for RWHAP clients that you serve with that of the entire population. While the care pattern definition is different, this is still a useful comparison.

In addition, you can identify RWHAP clients who are in the RWHAP system of care but have an unmet need for HIV primary medical care.

Finally, the additional information can help you better target your resources.

## RWHAP Data Example – Recipient A



- Unmet need for HIV primary medical care among people living with diagnosed HIV infection (HIV surveillance data) is 42%
- Using RWHAP data, unmet need for HIV primary medical care among RWHAP clients is 34%
  - 10% of clients with an unmet need for HIV primary medical care are receiving food bank/home delivered meals
  - Recipient A decides to do targeted outreach to those clients in collaboration with food bank/home delivered meals providers.

### RWHAP Data Example (Debbie)

Let's walk through an example of this. From HIV surveillance data, we know that unmet need for HIV primary medical care among people living with diagnosed HIV infection is 42%. Using RWHAP data, unmet need for HIV primary medical care is 34%. Now it is important to note that the care pattern definition is different (CD4 or VL vs CD4, VL or OAHS visit) but this is still a useful comparison. This is similar to running the HIV Continuum of Care using both HIV surveillance and RWHAP data.

In addition, the recipient learns that 10% of the clients with an unmet need for HIV primary medical care are receiving food bank/home delivered meals. This additional information helps recipient A conduct targeted outreach to ensure those clients are linked to medical care.

## Subpopulation Analyses



- **Definition**

- Characteristics such as current gender identity, age, race/ethnicity, transmission category, and geographic area of residence for people living with diagnosed HIV infection and RWHAP clients

- **Why It's Helpful To Add**

- Gain a better understanding of the characteristics for high rates of late diagnosis, unmet need or in care, not virally suppressed
- Identify need for refinements in the system of care
- Better information for prioritization process
- Meets other RWHAP Part A and Part B requirements and needs

### Subpopulation Analyses (Debbie)

Let's turn to subpopulation analyses

Subpopulation analyses includes examining characteristics such as current gender identity, age, race/ethnicity, transmission category and geographic area of residence for both people living with diagnosed HIV infection and RWHAP clients.

There are many advantages to adding these additional analyses. First it will provide a better understanding of late diagnoses, unmet need and in care not virally suppressed. You won't just know the totals, you'll know specific characteristics about those individuals who are late diagnosed or have an unmet need for HIV primary medical care.

These analyses can also be helpful in identifying needed refinements in the system of care that impact retention, medication adherence and viral suppression among different subpopulations or in different parts of the state or Part A EMA/TGA.

This also provides better information for the prioritization process and can help inform and meet other Part A and B requirements such as identifying EIIHA target populations, Ending the HIV Epidemic plans, and/or Minority AIDS Initiative reporting

## Subpopulation Analyses Example-Recipient A



- Unmet need for HIV primary medical care among people living with diagnosed HIV infection (HIV surveillance data) is 42%
- After completing subpopulation analyses, recipient determined that unmet need was not the same for all subpopulations.
  - 47% of all people living with diagnosed HIV infection who had an unmet need for HIV primary medical care were Black/African American MSM
  - Among all Black/African American MSM living with diagnosed HIV infection, 62% had an unmet need for HIV primary medical care

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### Subpopulation Analyses Example (Debbie)

Let's walk through an example for this one. As we mentioned before, 42% of people living with diagnosed HIV infection had an unmet need for HIV primary medical care.

Since the recipient completed subpopulation analyses, they were able to get more information than just the total. They learned that nearly half of all people living with diagnosed HIV infection who had an unmet need for HIV primary medical care were Black/African American MSM. Among all Black/African American MSM, 62% had an unmet need. The main difference here is what is being used for the denominator. In the first example, the denominator is all people living with diagnosed HIV infection. In the second example, the denominator is Black/African American MSM living with diagnosed HIV infection.



## Linked Databases



- Definition
  - Using unique identifier(s) to link clients across databases, resulting in more information about each person than would otherwise be available through HIV surveillance or RWHAP data alone
- Why It's Helpful To Add
  - Assists jurisdictions in better understanding what percentage of RWHAP clients are reflected in HIV surveillance data
  - Beneficial for activities beyond Unmet Need such as Data to Care
    - An individual who may not have CD4 or VL data in HIV surveillance data may have a service in RWHAP data and is in the RWHAP system of care
  - Can provide more information about individuals for analyses

### Linked Databases (Debbie)

Finally let's move to our third example-linked database

Linked databases means you use a unique identifier (or identifiers) to link a client across different databases. This results in your having more information about each person than would otherwise be available within a single database. Linked databases can be used for care pattern definitions and in care not virally suppressed only.

It can be helpful to add these analyses for several reasons. It assists jurisdictions in better understanding what percentage of RWHAP clients are reflected in HIV surveillance data. It not only provides more information about unmet need but can support other activities such as data to care. For example, someone may not have a CD4 or VL result in HIV surveillance data but they may have an OAHS visit in RWHAP data and are in the RWHAP system of care; therefore they may not truly be out of care.

Linked databases can also provide more information about individuals for analyses. For example, the RWHAP database may not have CD4 or VL data and by linking with HIV surveillance data, a client who previously would have been characterized with an unmet need for HIV primary medical care will now be reported as being in care. RWHAP data can also be provided to HIV surveillance, but lab data can only be used if it is from a clinical data source, not client self-report.

## Linked Databases Example



- Client A is in the RWHAP database but the client does not have any CD4 or VL results or an OAHS visit so it looks as if they have an unmet need.
- However, client A has a VL result in HIV surveillance data. By linking the data, a client who may have been categorized as having an unmet need is actually in care

### Linked Databases Example (Debbie)

In this example, Client A does not have any labs or an OAHS visit in the RWHAP database. However, they do have a VL result in HIV surveillance. By linking these data, the client is defined as in care rather than with an unmet need.

## Factors that Influence Feasibility of Required vs Enhanced Estimates and Analyses



- Data availability
  - Access to HIV surveillance data, either in the aggregate or a partially de-identified dataset
  - Access to client-level data for RWHAP
  - Access to other datasets such as ADAP, Medicaid
- Analytic capacity
  - Staff availability
  - SAS and/or RWHAP data system query knowledge
  - Linkage approaches

### Factors That Influence Feasibility (Debbie)

There are several factors that will influence what estimates and analyses are feasible. First is data availability. For required analyses, a recipient needs to be able to have totals for late diagnoses, unmet need and in care not virally suppressed. This can either be through aggregate data provided by HIV surveillance or access to client-level data. In order to complete enhanced estimates and analyses, you need more information from HIV surveillance as well as RWHAP data. In addition, you may determine the need to use additional datasets to have the most accurate estimates.

Another consideration is analytic capacity. Every recipient is different so it is important to consider your analytic capacity when determining which approach you will use. For example, is there one person in HIV surveillance who completes all of the data requests? If so, what is feasible for them to complete? You'll also want to consider existing capacity to run analyses. While the SAS code for running the HIV surveillance data will be provided by CDC, you'll still need to make some modifications. For example, for required estimates and analyses you'll need to write the SAS program for target populations. For enhanced estimates and analyses, it would also include subpopulation analyses.

If you're considering data linkages, are there approaches that are already developed or would you be starting from scratch? It is easier to leverage an existing process which may factor in to your decision.

## Implementation/ Jurisdiction Specifics



- Which approach do you think you would use – ***required*** or ***enhanced***?
- What resources do you think you need in order to complete the approach that you chose?

**Please type responses using chat**

### Implementation/Jurisdiction Specifics (Debbie)

So we have done a lot of talking. We'd like to hear from you to learn more about which approach you think you'll use and the resources that you think you'll need. Let's start with which approach. Please go ahead and put required or enhanced in the chat box. If you're not sure yet, you can put not sure. Remember, that required estimates and analyses are the minimum.

In answering think about what is feasible for your program. I'll give people a few minutes to type in thoughts.

[Read some responses] These are great responses and very helpful for us to see which approach you're thinking about using.

Here's the second question - What resources do you think you'll need in order to complete the approach you chose? Things like access to HIV surveillance data, RWHAP data, data use agreements or analytic programs may all be resources that you've identified you'll need to complete either the required or enhanced estimates and analyses.

[Read some responses] Thanks so much for sharing. We're going to be talking more about available resources as part of this webinar series.

For now I'm going to turn things over to Anne to talk more about the implementation of the requirements. Anne, take it away!


# Implementation of the Updated Unmet Need Requirements

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Getting Ready for Implementation of the Updated Unmet Need Requirements Transition Slide (Anne)

Thanks Debbie! That was a lot of information. But we have lots of resources and technical assistance available to help with completion of Unmet Need.

## Unmet Need Estimates and Analyses Workflow



- Review Unmet Need Framework to determine data needs
- Engage team members/partners
- Ensure availability of data and analytic programs
- Develop the timeline for conducting the estimate
- Conduct estimate
- Populate the Unmet Need Requirement Reporting Templates

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### Unmet Need Estimates and Analyses Workflow (Anne)

We've spent a lot of time talking about required vs enhanced estimates and analyses and some reasons to conduct enhanced estimates and analyses. Once you've determined which approach you are doing, there are some steps that you'll need to implement. You can find more information about these steps in an infographic that we developed that is on TargetHIV. And Diane will chat out the link to that now. Steps in the process include:

1. Review Unmet Need Framework to determine data needs
2. Engage team members/partners
3. Ensure availability of data and analytic programs
4. Develop the timeline for conducting the estimate
5. Conduct estimate
6. Populate the Unmet Need Requirement Reporting Templates

We'll talk more in our next webinar about many of these steps and how you can develop a plan for completing the estimates and analyses for your jurisdiction.

**How RWHAP Part A and B Recipients Can Get Ready**  
Data Capacity Assessment

Data Availability	Analytic Capacity	Collaboration
<ul style="list-style-type: none"> <li>• HIV surveillance aggregate or person-level data</li> <li>• RWHAP client-level or aggregate data</li> <li>• Lag time/reporting issues</li> <li>• MOU/DUA requirements</li> </ul>	<ul style="list-style-type: none"> <li>• Running SAS code</li> <li>• Writing queries</li> <li>• Linking databases</li> <li>• Data Cleaning</li> <li>• Data Preparation</li> </ul>	<ul style="list-style-type: none"> <li>• Part A/Part B</li> <li>• HIV Surveillance/RWHAP</li> <li>• Data to Care</li> <li>• Planning/Needs Assessment</li> <li>• EIIHA</li> </ul>

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### Data Capacity Assessment (Anne)

What are some things to consider when you are getting ready to do Unmet Need estimates and analyses?

We have put together some questions on data capacity that we will send out to participants after this webinar and that you can utilize in your jurisdiction to determine what resources are needed and what types of estimates and analyses are best suited for your program. Diane will chat out the link to the survey and we'll also send it to all participants in an email after the webinar.

These considerations include assessing data access and availability for both HIV Surveillance and RW data, the type of analytic capacity available in your jurisdiction and the extent of collaboration currently occurring among RWHAP recipients and providers as well as within HIV programs.

Our next webinar in February will focus on building data infrastructure and assessing data capacity for unmet need. Please plan to attend that webinar with your completed data capacity assessment and we will explore developing a Data Infrastructure Preparation Plan for your jurisdiction.

## RWHAP Unmet Need Resources

TA Materials



- TargetHIV website:
  - <https://targethiv.org/library/topics/unmet-need>
  - Methodology for Estimating Unmet Need: Instructional Manual
  - Unmet Need Required Reporting Templates and Optional Calculation Tables (Excel files)
  - RWHAP Unmet Need Framework Workflow Infographic
  - RWHAP Frequently Asked Questions (FAQs)
  
- Spring 2021
  - Webinars (will be posted on TargetHIV website)
  - Training Videos (in 2021)

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### RWHAP Unmet Need Resources: TA Materials (Anne)

Technical Assistance materials are posted on the TargetHIV website and the link is in this slide and Diane will also put that in the chat. These resources include:

- The manual which contains detailed information on how to complete the estimates and use the Excel files. There is a section for the required estimates and analyses and a different section for enhanced estimates and analyses. Once you determine which one you are doing, you can just use that section of the manual.
- The Excel files which have both a reporting template and calculation tables.
- The infographic which provides a high level overview of completing the Unmet Need requirement.
- An FAQ document that will be continuously updated

Webinars will be done in February, March and April of 2021 covering a variety of topics including how to utilize Unmet Need data for planning, and the tools available to complete the estimates and analyses.

There will also be specific training videos posted to the Target HIV website in 2021 for recipients to view at anytime. We will also be presenting on a CDC HIV Surveillance call next week to ensure that recipient HIV surveillance staff are aware of Unmet Need and how surveillance data are being utilized.



## RWHAP Unmet Need Resources

Tools



- SAS program (analytic software) is being developed by CDC to help jurisdictions analyze their HIV surveillance data
  - Unmet need estimates require use of HIV surveillance data
  - CDC routinely develops SAS programs for HIV surveillance programs
  - Use of the SAS programs is not required

### Resources for Reporting Unmet Need (Anne)

One important tool that will be available for completing the Unmet Need estimates and analyses is a SAS program that is currently being developed by the CDC HIV Surveillance team and tested by recipient staff and will be available to the HIV Surveillance contacts in each jurisdiction in the next couple of months. CDC routinely provides SAS programs to jurisdictions to assist with data reporting and quality assurance. Using the CDC SAS program is not required, as jurisdictions can develop their own programs.

We will also be doing a webinar in April 2021, with CDC surveillance staff focused on the SAS program.

## RWHAP Unmet Need Resources

Requesting TA



Contact the Abt Team at:

[RW\\_Unmet\\_Need@abtassoc.com](mailto:RW_Unmet_Need@abtassoc.com)

### RWHAP Unmet Need Resources: TA Materials, con't. (Anne)

Also, we have an email available for specific questions about Unmet Need and also to request technical assistance. It is on this slide and Diane will also put it in the chat. If you think of something now or later, please email us. We are here to help!

## Technical Assistance



- TA through Abt will be available through May 31, 2021 – can use the TA email
- TA is also available from your HRSA HAB Project Officer at any time
- Webinars and videos will be on the TargetHIV website
- Start early!

Slide 30(Arne)

Technical assistance for unmet need will be available from Abt through May 31, 2021 – you can use the email on the last slide to request assistance at any time through May. You can also request assistance through your HRSA HAB project officer at any time. In addition, the webinars and videos will be on the TargetHIV site and available for download and viewing at any time. Because Unmet Need has a number of steps and requires coordination between RWHAP and HIV surveillance, it is a good idea to start planning early to ensure successful completion of the Unmet Need requirement.

I'm going to turn this back over to Tara to discuss next steps and wrap up!



Next Steps Transition Slide (Tara)

Thanks, Anne. Let's talk about next steps!

## Next Steps and Upcoming Activities



- Webinar Information on TargetHIV
  - <https://targethiv.org/library/topics/unmet-need>
  - HIV surveillance staff are encouraged to attend, as well as others involved in Unmet Need
  - Next webinar is February 18, 2021:
    - Building Data Infrastructure to Meet the Unmet Need Requirement
- Complete your Data Capacity Assessment

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### Next Steps and Upcoming Activities (Tara)

We are doing a series of webinars about Unmet Need, with 3 more webinars scheduled in 2021. Topics will include building data infrastructure to meet the unmet need requirement, using the enhanced unmet need estimates and analyses for local planning and tools for completing the Unmet Need estimates and analyses.

Please encourage any staff from your jurisdictions who will be involved in Unmet Need to attend, including HIV surveillance staff.

Mark your calendars as our next webinar is February 18th. This webinar will focus on specific tasks to help build data infrastructure including establishing data use agreements between HIV surveillance and the Ryan White HIV/AIDS Programs, enhancing coordination between Part A and B recipients, enhancing data quality and developing or modifying analytic programs and reports.

Diane has included a registration link in the chat box. The link is also available on TargetHIV. Again, mark your calendars and please register.

And, as Anne shared, be on the lookout for

1. **March 2021:** *Enhanced* Unmet Need Estimates and Analyses: Using Data for Local Planning
2. **April 2021:** Data Tools for the Updated Unmet Need Estimates and Analysis

## Poll # 3: Unmet Need



Which of the following best describes where your jurisdiction is regarding unmet need?

- We're in a good place and don't think we'll need any assistance
- We're just starting to figure it out and may need assistance
- We haven't really started focusing on it yet so we're not sure what we need
- We're waiting for the NOFO to come out before we start

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### Poll 3: Unmet Need (Tara)

Let's take one last poll.

Which of the following best describes where your jurisdiction is regarding unmet need?

- m We're in a good place and don't think we'll need any assistance
- m We're just starting to figure it out and may need assistance
- m We haven't really started focusing on it yet so we're not sure what we need
- m We're waiting for the NOFO to come out before we start

### **Review poll results.**

[For persons who say they may need assistance or aren't sure what they need, they can contact us for TA and attend future webinars and review materials on TargetHIV]

[For persons who say they are waiting for the NOFO, gentle reminder that Unmet Need will take time to complete and it would be good to start planning early – they can sign up for future webinars and review materials on TargetHIV]

Let's Hear from You!



**Discussion and Questions...**

Let's Hear from You: Discussion and Questions (Facilitated by Anne)

Review Q&A

(At the end)

Thanks for your participation, please remember to complete the evaluation that will come up at the end of the webinar, we want to hear your feedback on this training!

Thanks and have a great day!