Estimating Unmet Need for HIV Primary Medical Care Key Steps for RWHAP Part A and B Recipients Required Estimates and Analyses

The Unmet Need Framework includes three components:

- 1 Late Diagnoses: Diagnosis of HIV in most recent calendar year based on residence at time of diagnosis.
- Unmet Need for HIV primary medical care: Number of people living with diagnosed HIV infection without any CD4 or VL tests in most recent calendar year.
- In Care, Not Virally Suppressed: Estimated number of people who know their HIV status and are in care but have a viral load > 200 copies/ml in most recent calendar year.

Determine if you are doing the Required or Enhanced estimates and analyses:

- Required: Use HIV surveillance data for Late Diagnoses, Unmet Need and In Care, Not Virally Suppressed for the HIV population and three priority populations.
- **Enhanced:** Use RWHAP data for Unmet Need and In Care, Not Virally suppressed for all RWHAP clients and three priority populations. Conduct subpopulation analyses (all data) and link databases.

High-level Workflow for Completing the Required Unmet Need Estimates

- **Review Unmet Need Framework** to determine data needs
- Review Unmet Need Instruction Manual
- Review data element definitions
- Engage key team members/ partners who:
 - Can assist with selection of target populations
 - Can conduct data analysis
 - Are familiar with the data
 - Can review analytic code and output
 - Can review and approve the final Unmet Need estimates and analyses

- Ensure availability of HIV Surveillance data, laboratory data, and analytic program
 - Obtain SAS code from CDC HIV Surveillance contact or
 - Build or utilize jurisdiction-specific code



- Conduct estimates of **Unmet Need**
 - Secure data or submit data

 - Run analyses

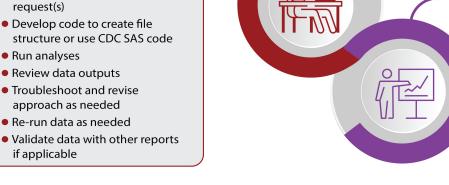
 - Troubleshoot and revise
 - Re-run data as needed



- Enter data into Excel Templates
- Submit for internal review prior to HRSA submission
- Finalize and submit as part of **RWHAP Part A and B applications**

Recipients can use the unmet need estimates:

- In RWHAP applications
- For service planning
- For engaging stakeholders





Estimating Unmet Need for HIV Primary Medical Care Key Steps for RWHAP Part A and B Recipients: Enhanced Estimates and Analyses

The Unmet Need Framework includes three components:

- **Late Diagnoses:** Diagnosis of HIV in most recent calendar year based on residence at time of diagnosis.
- Unmet Need for HIV primary medical care: Number of people living with diagnosed HIV infection without any CD4 or VL tests in most recent calendar year.
- In Care, Not Virally Suppressed: Estimated number of people who know their HIV status and are in care but have a viral load > 200 copies/ml in most recent calendar year.

The Enhanced estimates and analyses include the Required components:

Use HIV surveillance data for Late Diagnoses, Unmet Need and In Care, Not Virally Suppressed for the HIV population and three priority populations.

Plus:

Use RWHAP data for Unmet Need and In Care, Not Virally Suppressed for all RWHAP clients and three priority populations. Conduct subpopulation analyses (all data) and link databases.

High-level Workflow for Completing the **Enhanced** Unmet Need Estimates

- Review Unmet Need Framework to determine data needs
- Review Unmet Need Instruction Manual
- Review data element definitions
- Engage key team members/ partners who:
 - Can assist with selection of target populations
 - Can conduct data analysis
 - Are familiar with the data
 - Can review analytic code and output
 - Can review and approve the final Unmet Need estimates and analyses

- Assess availability of HIV surveillance, including laboratory data, RWHAP data, and any other databases being used
 - Obtain SAS code from CDC HIV Surveillance contact or
 - Build or utilize jurisdiction-specific code



- Develop the timeline for conducting the estimate
- Assess time needed to do multiple data runs to ensure data accuracy
- Understand deadlines for review and submission

Conduct estimates of Unmet Need:

- Secure data or submit data request(s)
- Match datasets (if linking data)
- Develop code to create file structure or use CDC SAS code
- Troubleshoot and adjust code and/or analytic approach
- Develop or obtain code to run RWHAP client estimates and analyses
- Run analyses
- Review data outputs
- Troubleshoot and revise approach as needed
- Re-run data as needed
- Validate data with other reports if applicable

- Populate the Unmet Need
 Reporting Templates (required)
 and Calculation Tables (optional)
- Enter data into Excel Templates
- Submit for internal review prior to HRSA submission
- Finalize and submit as part of RWHAP Part A and B applications

Recipients can use the unmet need estimates:

- In RWHAP applications
- For service planning
- For engaging stakeholders

