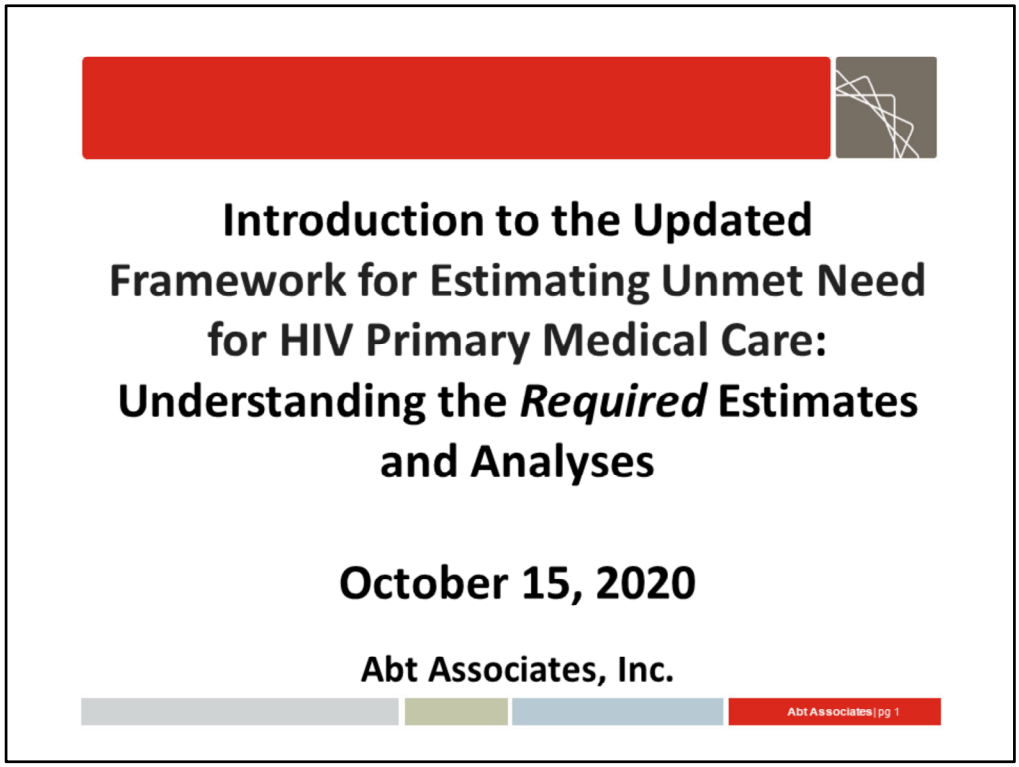
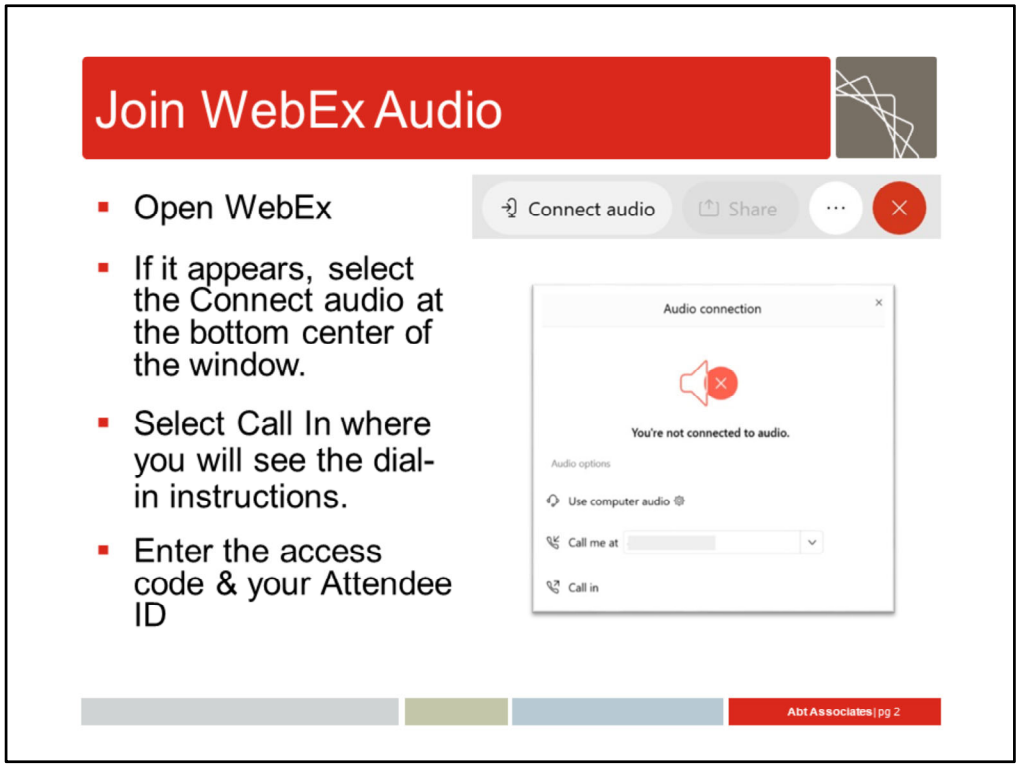
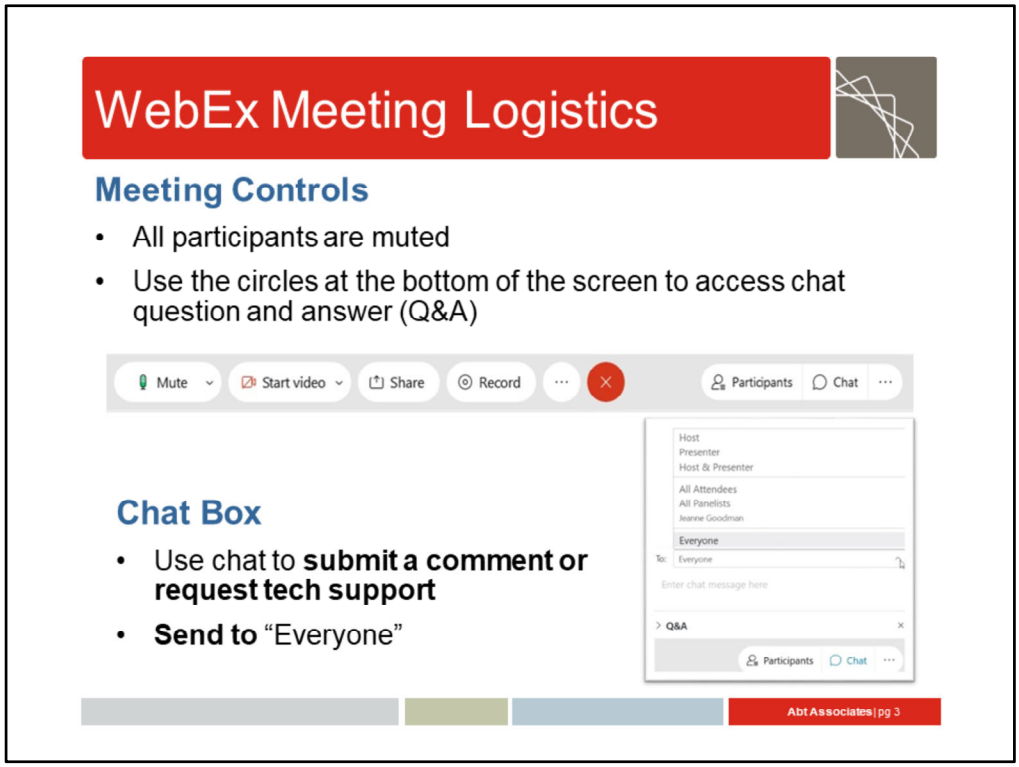


Tara. Hello everyone, good afternoon. Welcome to the first of six webinars to support the implementation of the Updated Framework for Estimating Unmet Need for HIV Primary Medical Care. My name is Tara Earl and my company, Abt Associates contracts with HRSA HAB and for this project you'll come to know us as the Ryan White HIV/AIDS Program Unmet Need Training and Technical Assistance Team. Our team has been working with staff from HRSA HAB to update framework and methodology and to develop implementation support, like the information we'll provide in today's webinar. Thanks for joining, we'll get started shortly.



Tara: Some of you may already be connected through your computers. For others, especially, those who have only been able to join by phone, we aim to make the process as easy as possible. **READ bullets on the slide.**

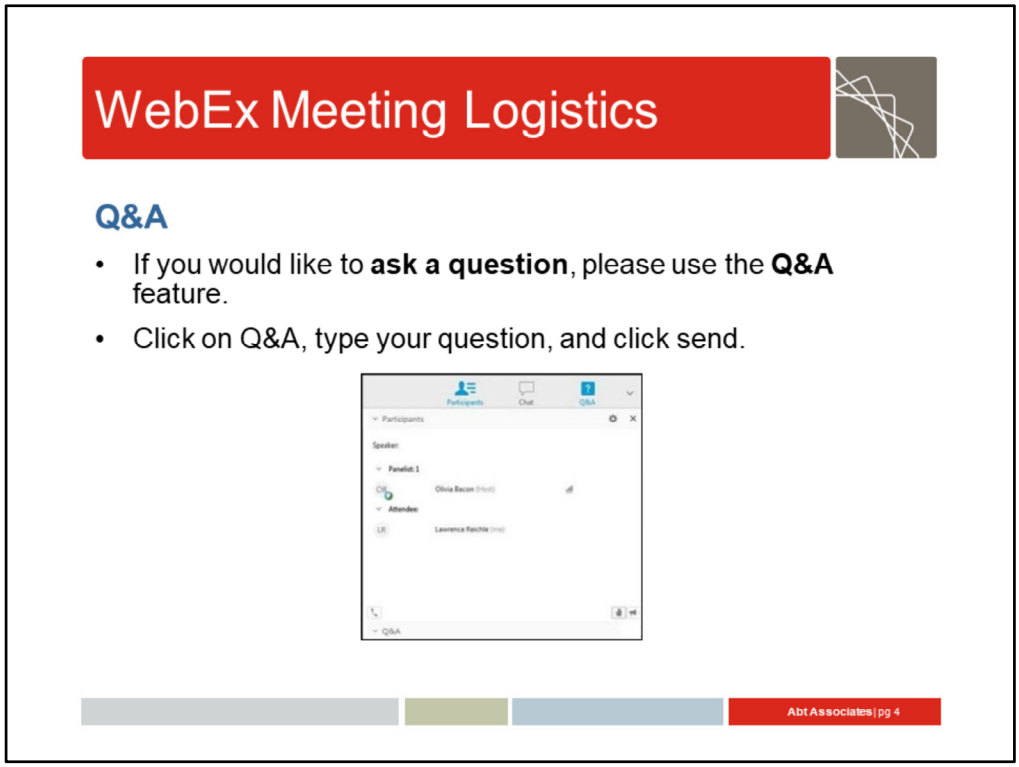


Tara: Okay, let's talk logistics. Please note that everyone is muted. If you have a question, use the question and answer feature. We've set aside time for questions and discussion at the end, but if you have questions throughout the presentation, go ahead and chat them in and we'll address them. If you experience any technical issues, please use the chat box feature. Please note that there are multiple options. For general comments, please send them to "Everyone" so we can all benefit from your comment or question.

Audience Engagement: Okay, let's test this out. Using the chat box, please enter your name and jurisdiction. It'll be great to see who are all with us today.

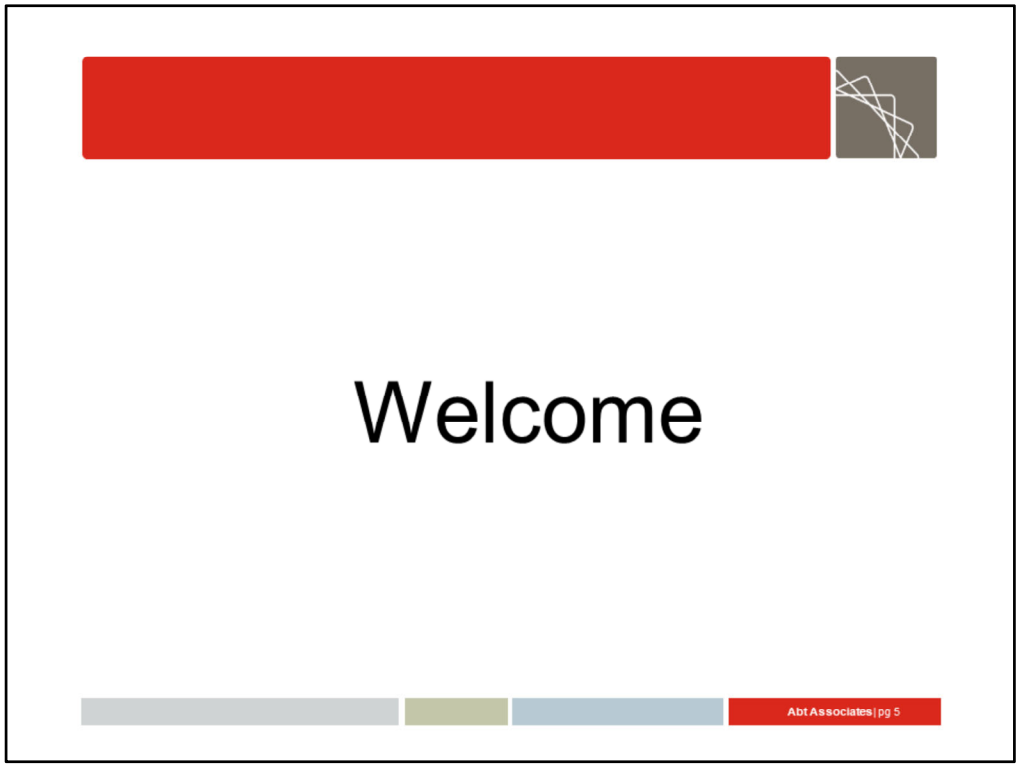
Please also note that today's webinar is being recorded and will be available on the TargetHIV website in case you need to reference back as you move along with implementation.

Now I'm going to turn this over to Andy Tesfazion, the HRSA HAB lead for Unmet Need.



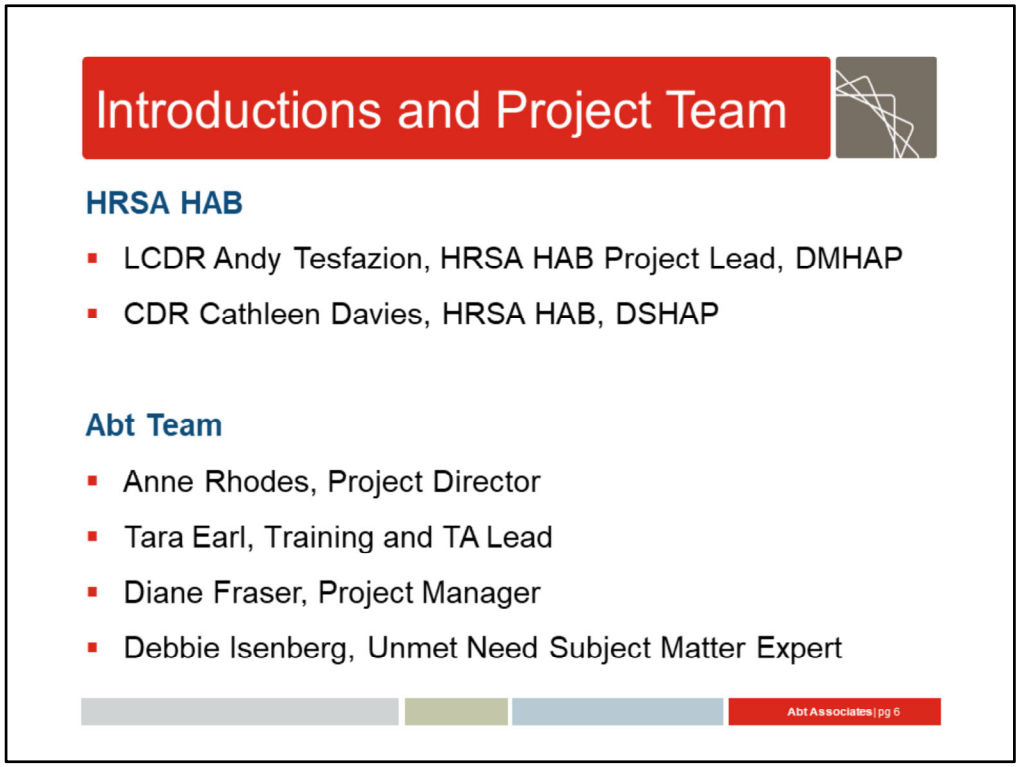
Tara: Please use the Q&A feature for questions you have during the webinar and we will review questions at the end of the webinar and also use those to update the Unmet Need Frequently Asked Questions (FAQ) document. Also, these slides and the FAQ will be posted on the TargetHIV website within 2 weeks of the webinar.

Now I'm going to turn this over to Andy Tesfazion, the HRSA HAB lead for Unmet Need.



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

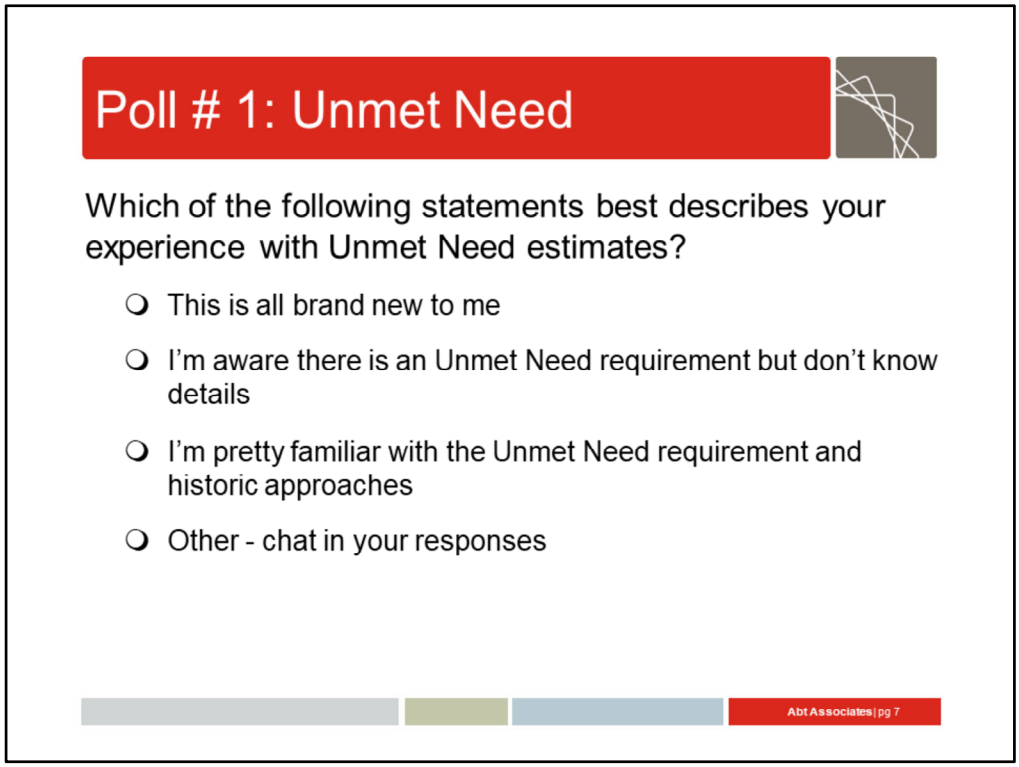
- Good morning! My name is Andy Tesfazion. I am a Senior Advisor in the Division of Metropolitan HIV/AIDS Programs (DMHAP, also known as the Part A program) and the Health Resources and Services Administration HIV/AIDS Bureau (HRSA HAB) lead for the development and implementation of the new Unmet Need 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 this training webinar, which will be the first of several training webinars, on the new Unmet Need Framework geared towards RWHAP Part A and Part B recipient staff.
- I'll turn the presentation back over to Tara Earl on the Abt team.



Introductions (Tara)

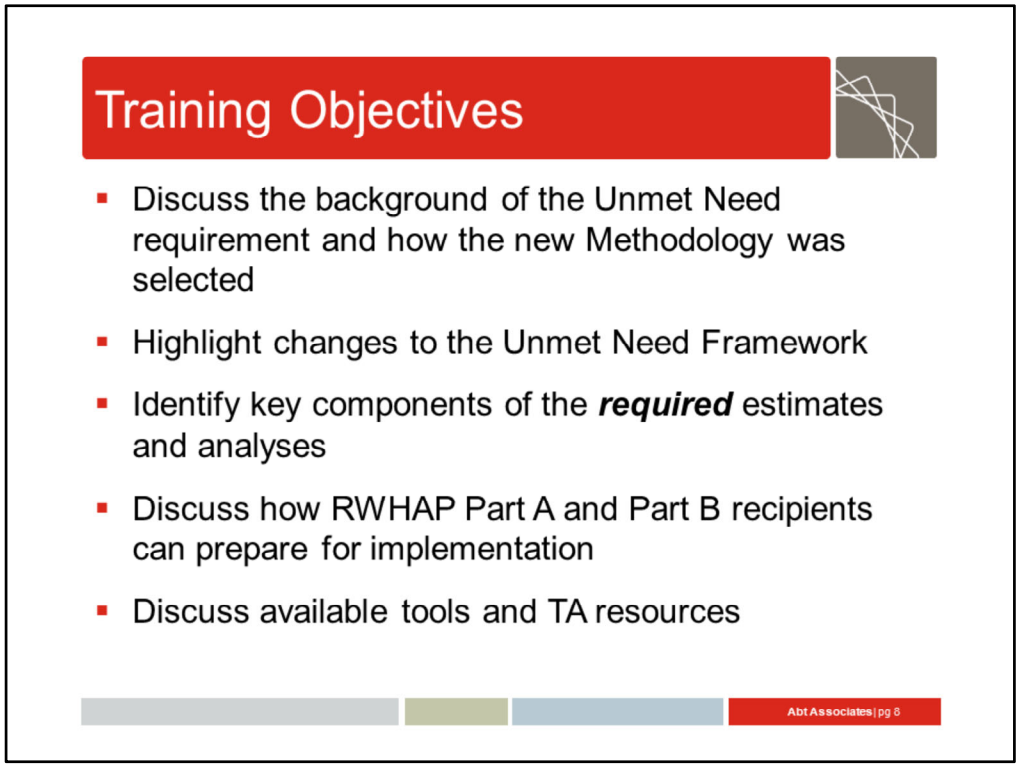
Thanks Andy! I would like to take a few minutes to formally introduce key members of this project. Andy Tesfazion from the Division of Metropolitan HIV/AIDS Programs (DMHAP) and Cathleen Davies from the Division of State HIV/AIDS Programs (DSHAP) are senior advisors who will guide this work as well as serve as a resource to the HRSA HAB Project Officers.

Earlier I mentioned the Abt team how we've been working closely with Andy and others at HRSA HAB to update the Unmet Need Framework. Our team includes Anne Rhodes, myself, Diane Fraser and Debbie Isenberg who has extensive experience and expertise in Unmet Need.



Poll 1: Unmet Need (Tara with Diane's support)

Before we jump into all things unmet need, we'd like to do a quick poll to find out how much you all know about the exciting world of unmet need. Diane will launch the poll and you should see it on your screen – this is a choose only one answer. I'll give people a minute to respond….. [Review results]



Training Objectives (Tara)

Today we are going to:

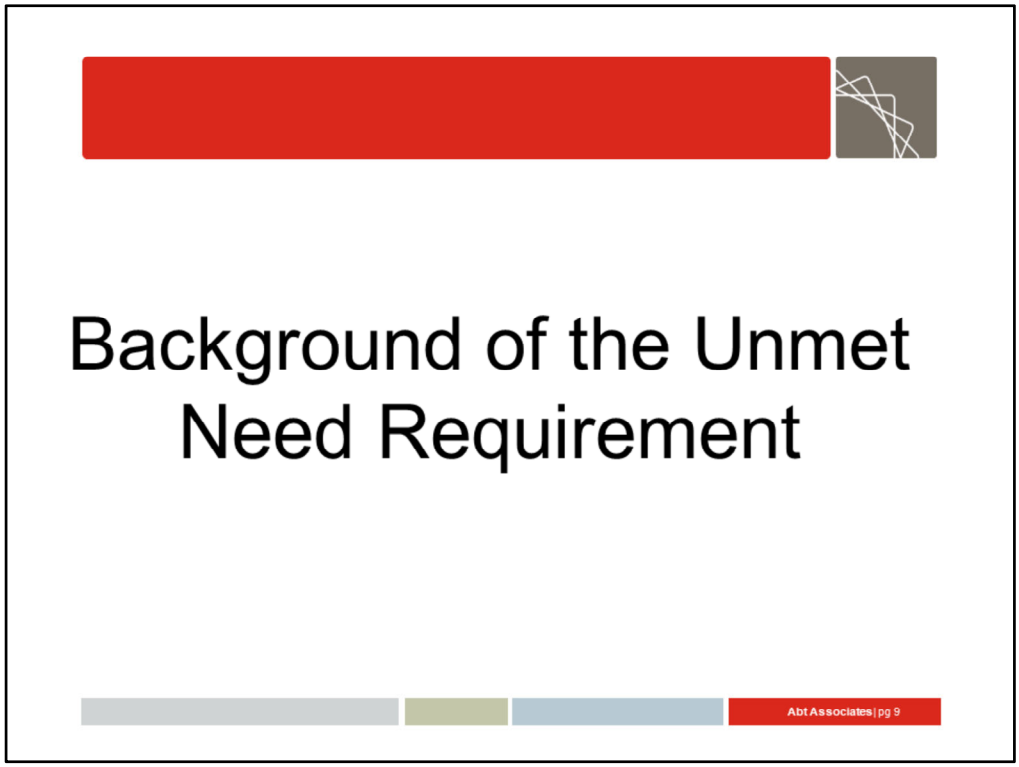
- Discuss the background of the Unmet Need requirement and how the new Methodology was selected
- highlight the updates to the Unmet Need Framework,
- review the Framework's **required** estimates and analyses,
- explain how recipients should prepare for implementation, and most importantly,
- discuss the tools and resources that will be available to you as you prepare to do Unmet Need estimates and analyses.

We'll spend about an hour covering this information and then we'll have about 30 minutes for discussion and questions. We will also highlight upcoming activities and webinars.

The information that we cover is provided in more detail in the *Methodology for Estimating Unmet Need Instruction Manual*. The manual and additional implementation support materials are posted on the TargetHIV website. Diane will put the link to the manual in the chat box. We'll review specifically where those materials are and what is available.

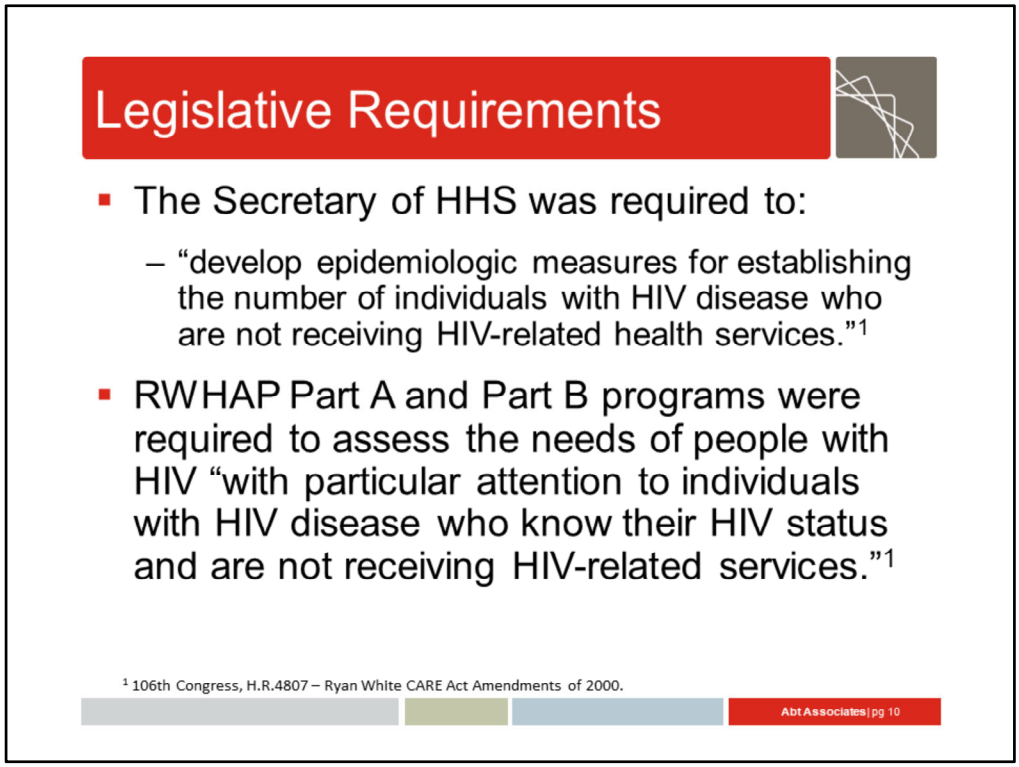
If you have questions, please don't hesitate to post them in the Q&A. We welcome your questions as they will help inform the development of technical assistance materials and future webinars.

Now I'm going to turn it over to Anne Rhodes to talk about the Background of the Unmet Need Requirement.



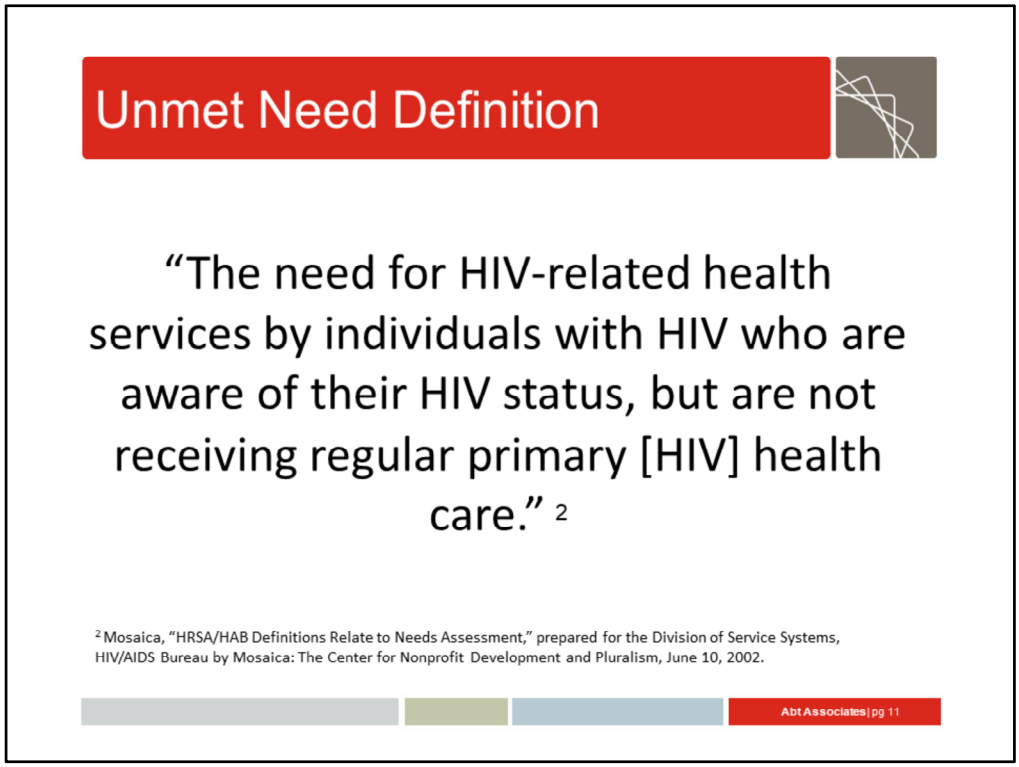
RWHAP Unmet Need Framework and Methodology Transition Slide (Anne)

Ok, let's dive in. I'm going to start with some background about the Unmet Need requirement and what it is.



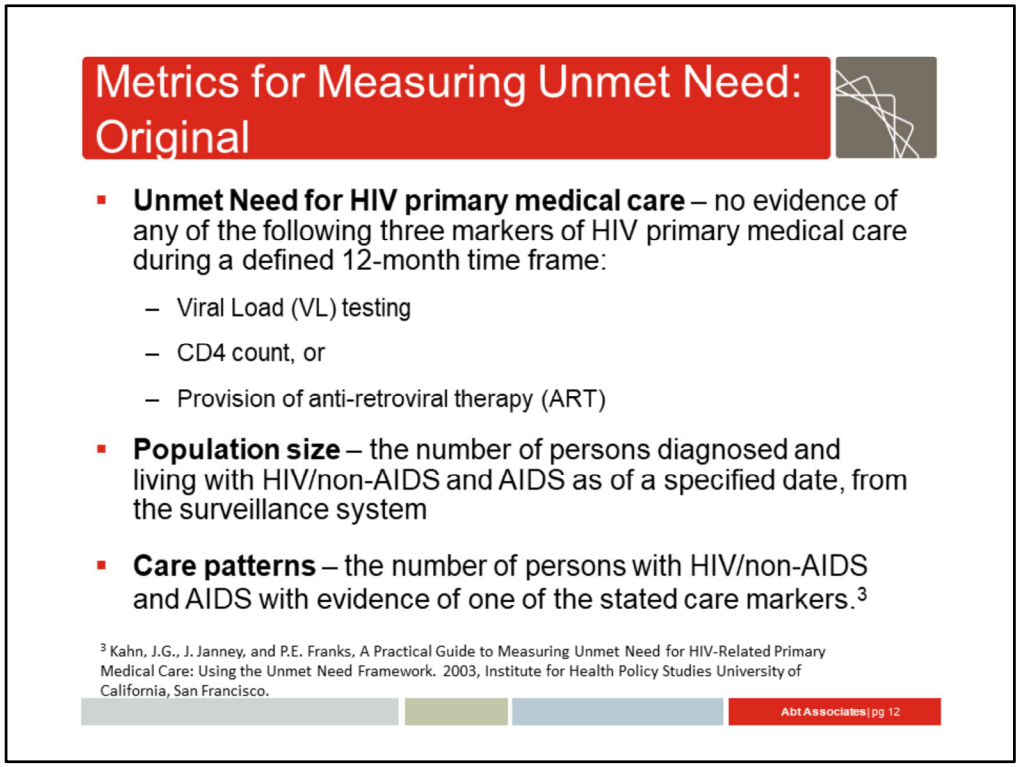
Legislative Requirements (Anne)

Unmet need was first introduced in the RW CARE Act amendments of 2000. The Secretary of HHS was required to develop epidemiologic measures for establishing the number of individuals with HIV disease who are not receiving HIV-related health services. RWHAP Part A and Part B programs were charged with assessing the needs of people with HIV (PWH) "with particular attention to individuals with HIV disease who know their HIV status and are not receiving HIV-related services."



Unmet Need Definition (Anne)

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.



Metrics for Measuring Unmet Need: Original (Anne)

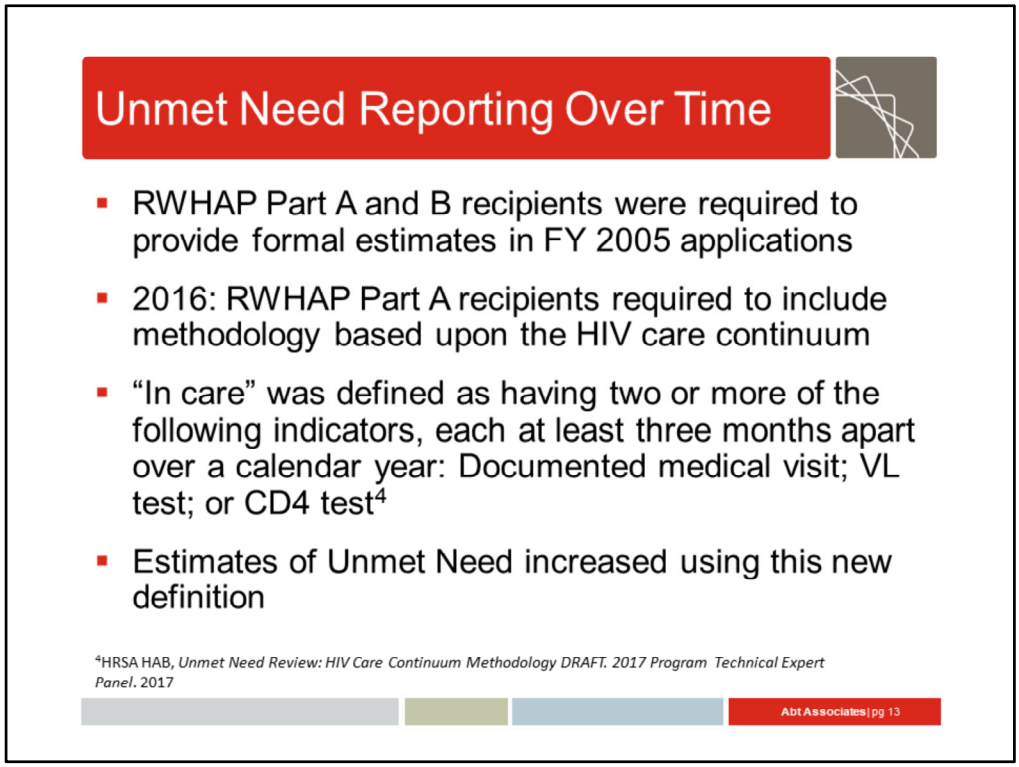
So let's do a quick review of the original elements used to measure unmet need. They included:

Unmet need for HIV primary care, which was defined as no evidence of any of the following three markers of HIV primary medical care during a defined 12-month time frame:

Viral Load (VL) Testing
CD4 count, or;
Provision of anti-retroviral therapy (ART)

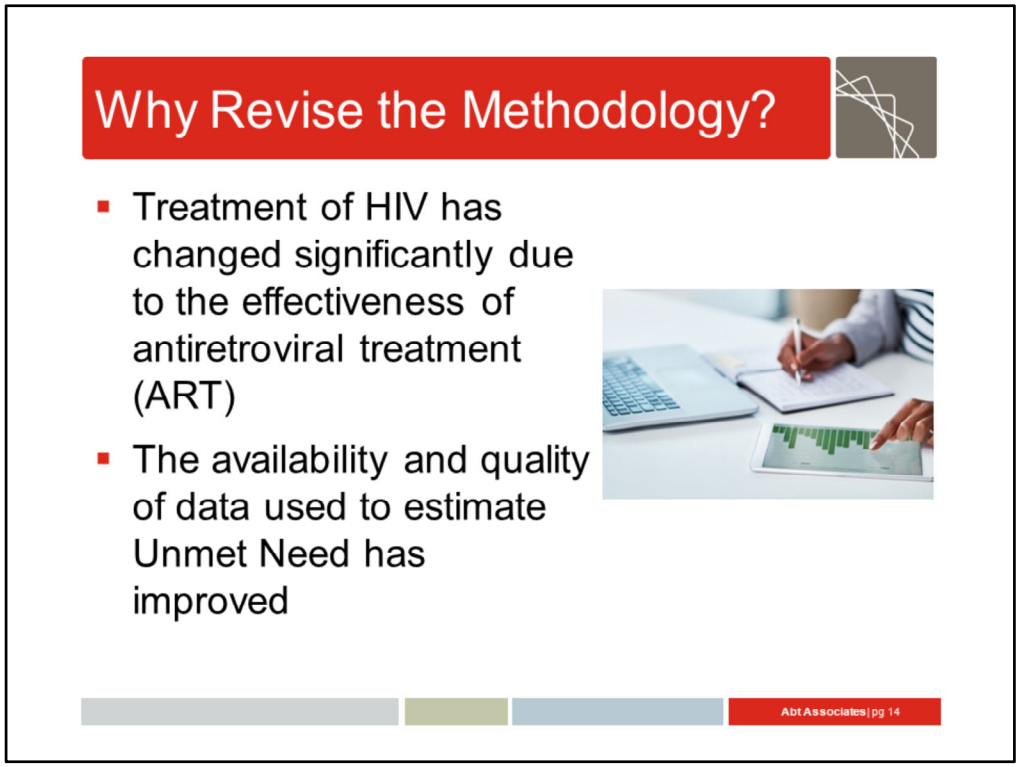
Population Size was defined the number of persons diagnosed and living with HIV/non-AIDS and AIDS as of a specified date, from the surveillance system

And Care patterns were defined the number of persons with HIV/non-AIDS and AIDS with evidence of one of the stated care markers.



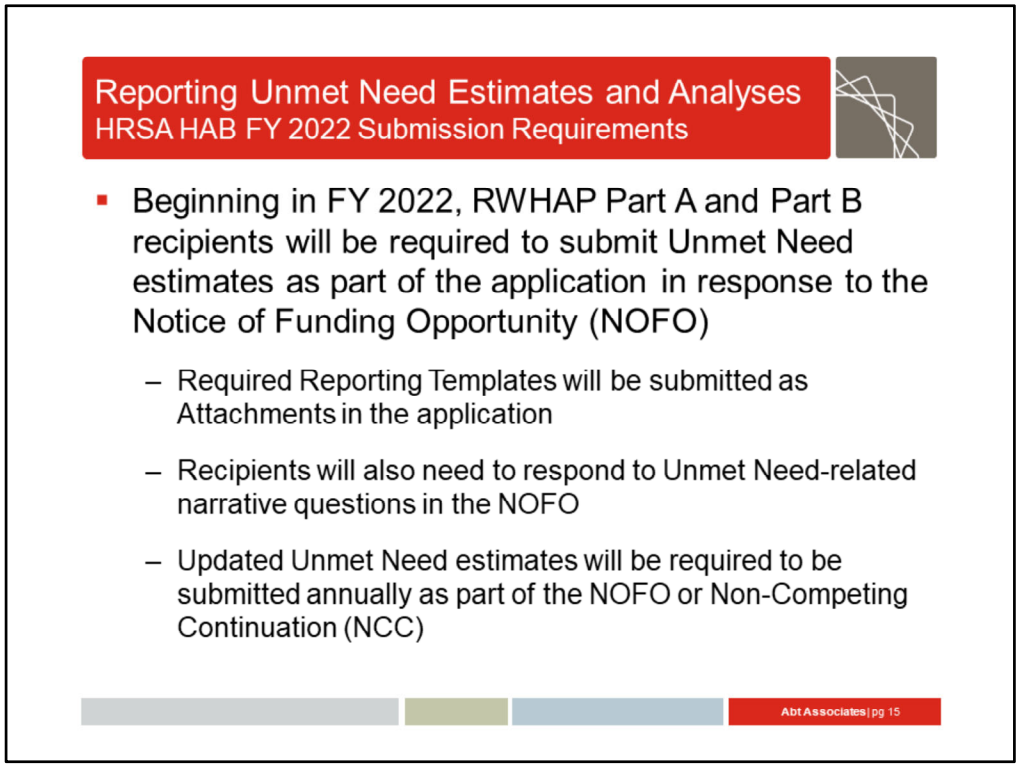
Implementing Changes to Unmet Need Reporting (Anne)

Part A and Part B recipients began reporting unmet need estimates in FY 2005 applications. In 2016, HRSA HAB required Part A recipients to utilize a new methodology that was based on the HIV care continuum. In care was defined as having two or more of the following indicators, each at least three months apart over a calendar year: Documented medical visit; VL test; or CD4 test. This was similar to the retention in care measure used in the continuum. This estimation method showed increased unmet need compared with the original definitions.



Why Revise the Methodology (Anne)

In the years since the original Unmet Need methodology was put in place, the treatment of HIV disease has changed significantly due to the effectiveness of antiretroviral treatment (ART). The availability and quality of data used to estimate unmet need have improved during this time as well. In response, HRSA HAB has been exploring ways to more effectively estimate unmet need—meeting both the legislative requirements and providing a better tool that jurisdictions can use to identify needs and develop interventions in response to those needs.



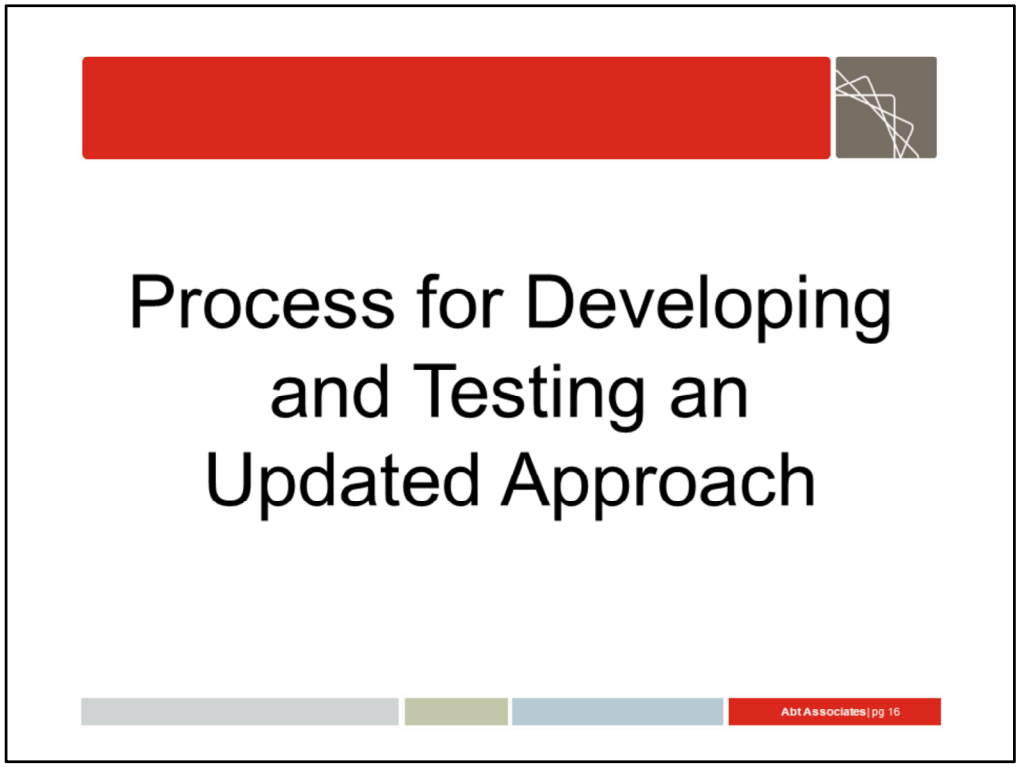
Reporting Unmet Need Estimates and Analyses (Anne)

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 (NOFO).

They will need to use Required Reporting Templates (which Debbie will review today) as attachments in the application. Only the required estimates and analyses have to be submitted but recipients can submit enhanced estimates and analyses. Our next webinar in November will focus on the enhanced estimates and analyses.

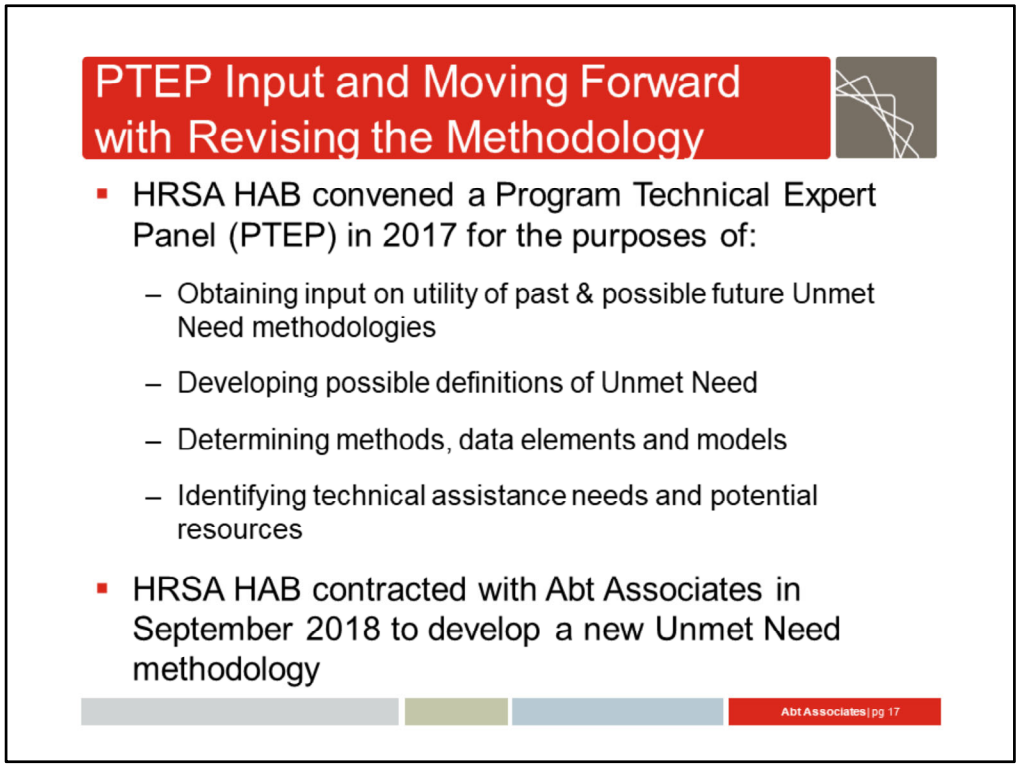
There will also be narrative questions related to unmet need that will need to be addressed based on the data in the reporting template. The Unmet Need estimates will be required to be updated annually and submitted as part of the Part A and Part B NOFOs and non-competing continuations.

So now, I'm going to pass this over to Debbie Isenberg to discuss the process for changing the Unmet Need framework and walk us through the specific elements of the new framework.



Process for Developing and Testing an Updated Approached Transition Slide (Anne transitions to Debbie)

Thanks so much Anne. I'm going to start by sharing an overview of the process that HRSA HAB undertook to develop and test an updated Unmet Need Methodology.

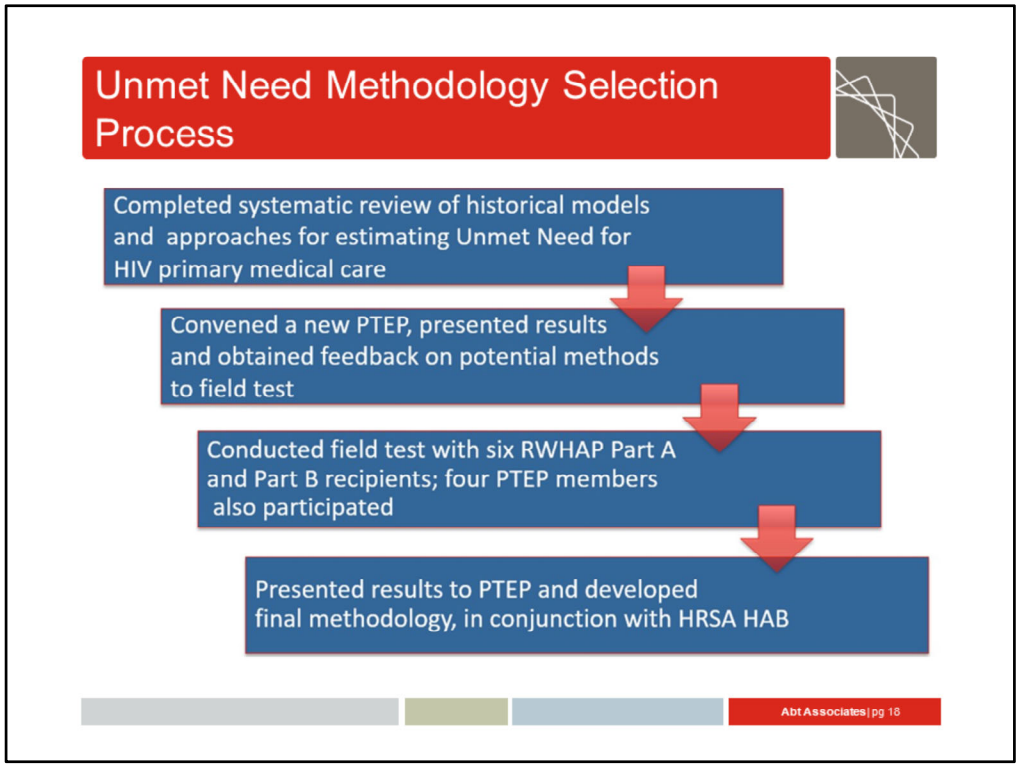


PTEP Input and Moving Forward with Revising the Approach (Debbie)

HRSA HAB convened a Program Technical Expert Panel or PTEP in 2017 for four purposes:

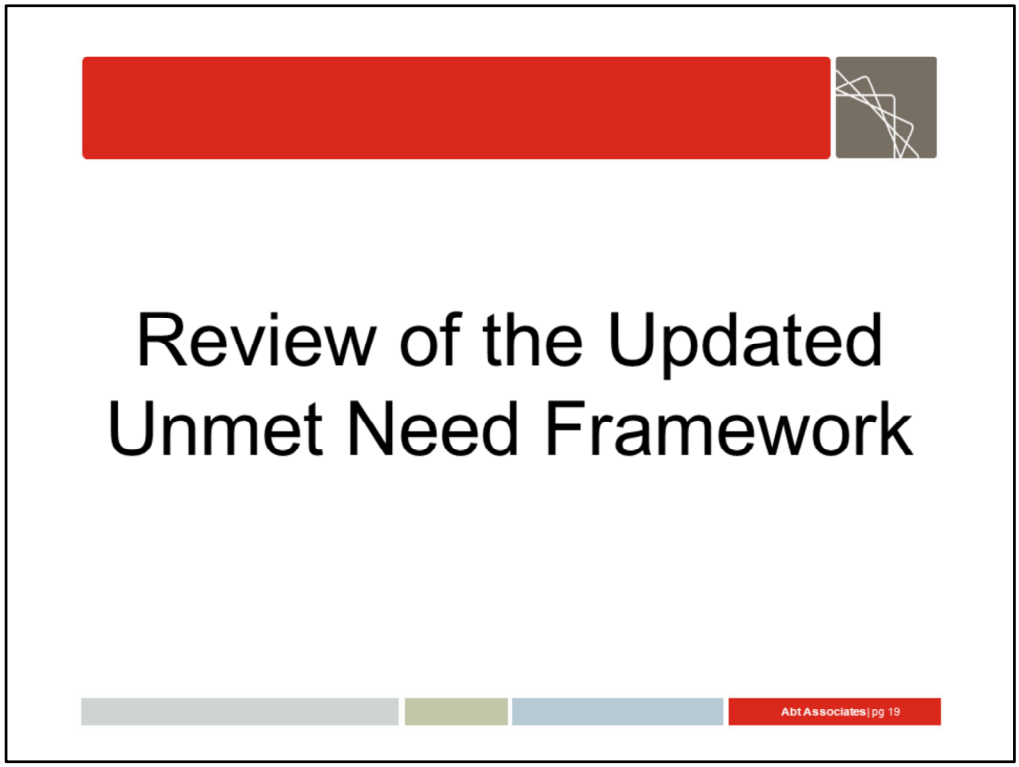
- Obtain input on the past and possible future methodologies
- Develop possible definitions to be used for Unmet Need
- Determine methods, data elements and models for assessing jurisdictional Unmet Need
- And identify TA needs and resources for implementing Unmet Need

In the Fall of 2018, HRSA HAB contracted with Abt Associates to build on the work of the 2017 PTEP. The purpose of the contract is to conduct an analysis of historical models and approaches for estimating Unmet Need to inform recommendations for a practical measure for estimating Unmet Need for HIV primary medical care that can be implemented across RWHAP Part A and Part B grant recipients.



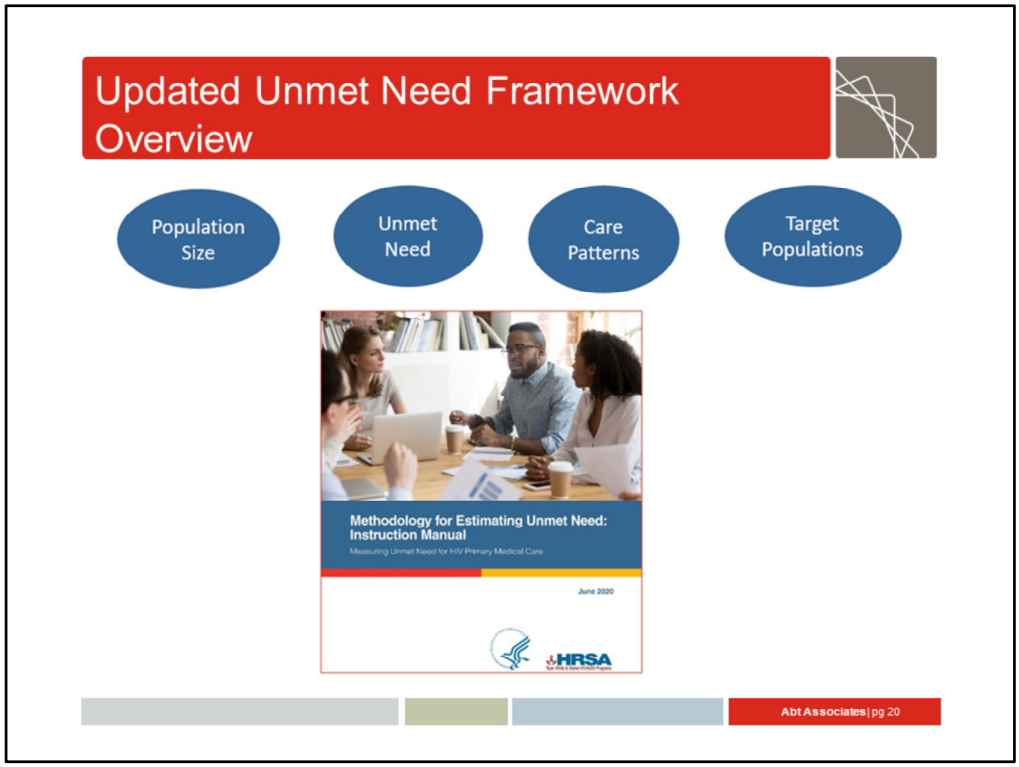
Unmet Need Methodology Selection (Debbie)
Activities have included several key steps.

1) (click) First, the Abt team completed a literature review of existing models and approaches for estimating Unmet Need.
2) (click) A summary of what was learned was presented to a new PTEP (many of whom were on the previous PTEP) who then shared recommendations for field testing. The Abt team, in conjunction with HRSA HAB, synthesized the information to develop guidance for field test sites to test the updated methodology.
3) (click) Three Part A recipients and three Part B recipients were chosen to participate, representing multiple characteristics that may impact the ability of recipients to complete the Unmet Need estimates and analyses including: a Part A that crossed state lines, a Part A and B from the same state, a Part B with no Part A and a state in which the HIV surveillance program does not meet CDC completeness criteria. PTEP members who were also Part A and B recipients also volunteered to participate (2 As and 2 Bs). For Part As, both TGAs and EMAs were represented. Geographic representation was also taken into consideration.
4) (click) The results of the field test were presented to the PTEP who provided feedback for the final methodology. Abt developed the final methodology in conjunction with HRSA HAB.



RWHAP Unmet Need Framework and Methodology Transition Slide (Debbie)

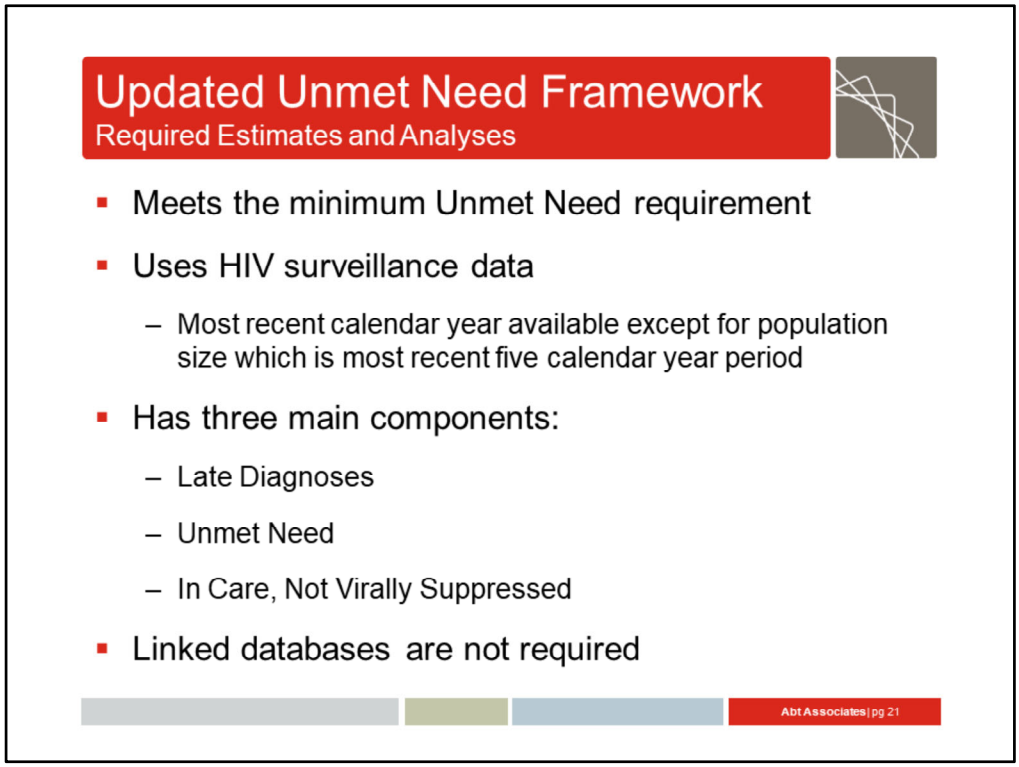
So now for the moment that you've been waiting for! What is the updated Unmet Need framework?



Updated Unmet Need Framework: Overview (Debbie)

One of the things about the framework is that there are lots of definitions! (Click) Population size, (click) unmet need, (click) care patterns and (click) target populations just to name a few. We're going to review the definitions for the required estimate and analyses today but will also encourage you to read the manual. (click 4 times). There is a lot of detail in the manual that will be helpful.

Over the next several slides, I'm going to review the required Unmet Need estimates and analyses.

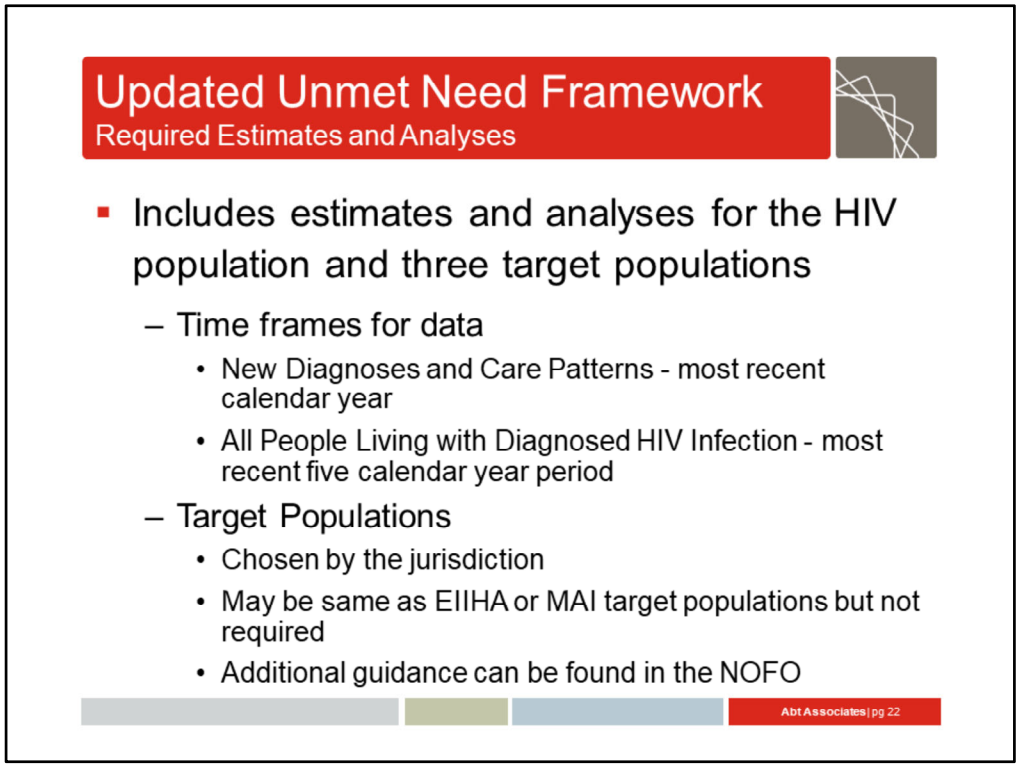


Updated Unmet Need Framework: Required Estimates and Analyses (Debbie)

The required estimates and analyses meet the minimum requirement for all Part A and B recipients. The required estimates only use HIV surveillance data and have three main components which I'll explain in more detail in a moment:

Recipients are expected to complete estimates and analyses for the HIV population (all new diagnoses and people living with diagnosed HIV infection) and three target populations that are selected by the jurisdiction.

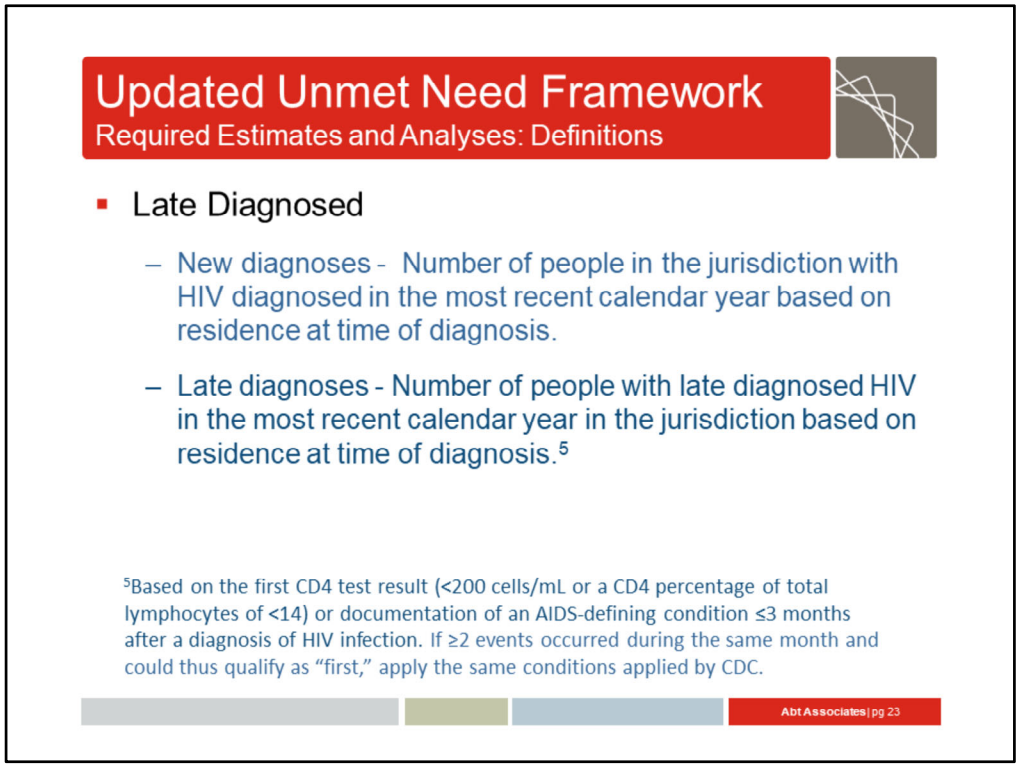
Linked databases are not required for the required estimates and analyses



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

New Diagnoses and Care Patterns are based on the most recent calendar year while the population size is based on the most recent five calendar year period.

Target populations are chosen by the jurisdiction and 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.

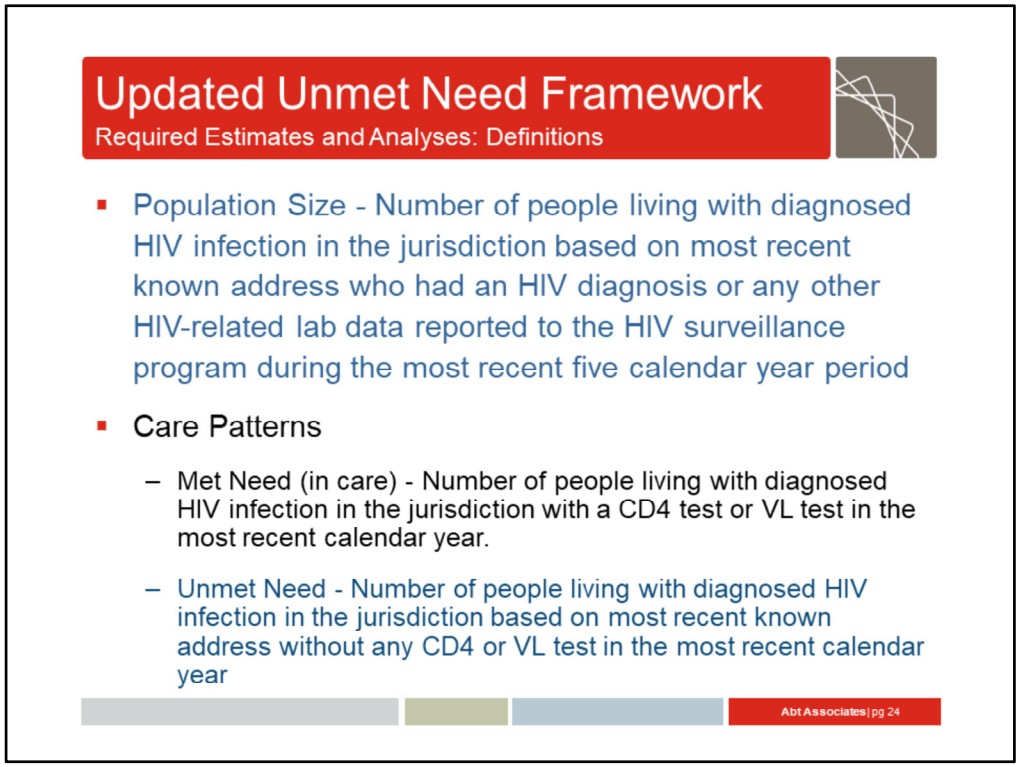


Updated Unmet Need Framework: Required Estimates and Analyses: Definitions (Debbie)

As I mentioned, I'm going to provide more detail regarding required estimates and analyses. Now you'll notice as I review the definitions that some are highlighted in a different color. These are considered key components and are what have to be reported to HRSA HAB. The other data elements will need to be calculated but do not have to be reported.

The first data elements that I'll review are for late diagnosed individuals. There are two data elements here: late diagnoses and new diagnoses.

Recipients will first calculate new diagnoses-specifically the number of people in the jurisdiction with HIV diagnosed in the most recent calendar year. Residence at time of diagnosis should be used. Of those individuals with a new HIV diagnosis, recipients will then calculate the number with late diagnosed HIV. The definition for late diagnosed HIV is the CDC definition. The manual provides additional guidance regarding the criteria for late diagnoses.

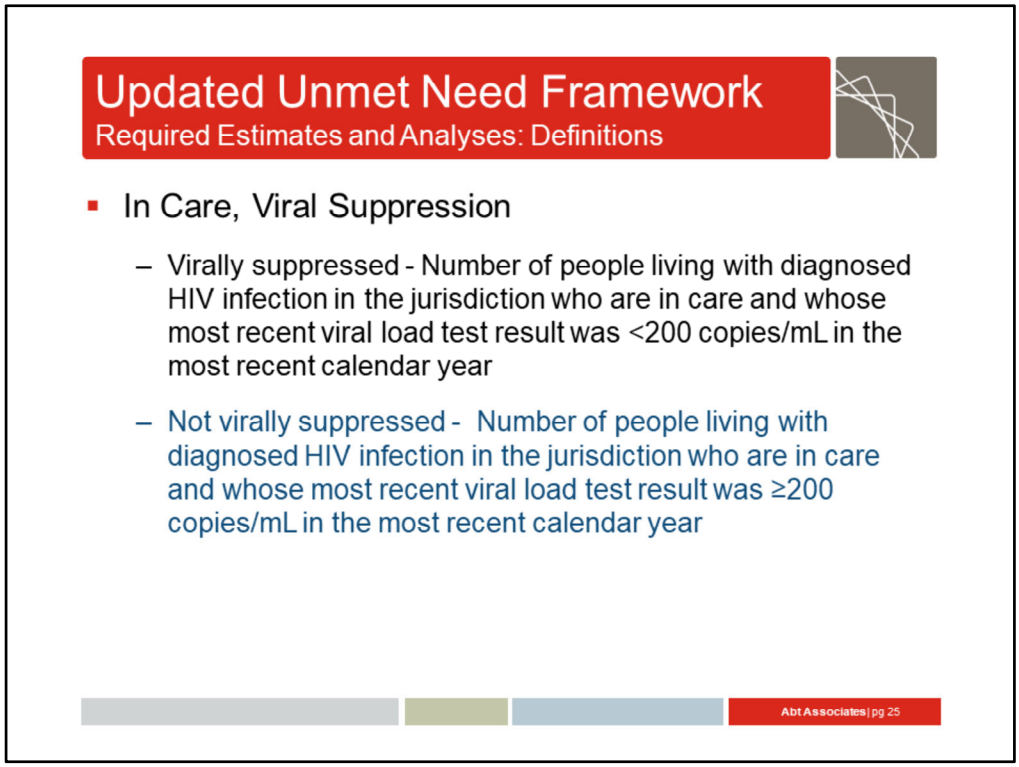


<u>Updated Unmet Need Framework: Required Estimates and Analyses: Definitions (Debbie)</u>

Now let's review population size and care patterns.

Population size uses a 5 year cohort instead of cumulative data. Specifically, it is the number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address who had an HIV diagnosis or any of the HIV-related labs listed in the most recent five calendar year period. HIV labs may include labs such as CD4, viral loads, genotypes and HIV tests.

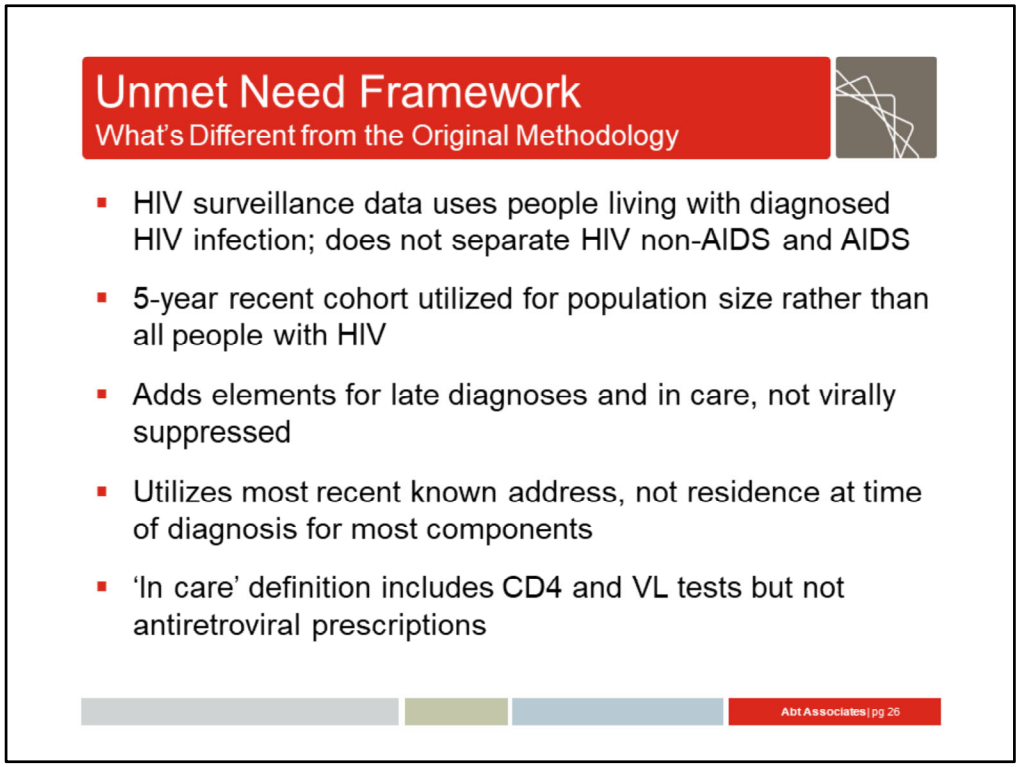
Care Patterns mean met need and unmet need. Met need is those people in the population (that we just defined) who had a CD4 or a VL test in the most recent calendar year. Unmet need is defined as the number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address without any CD4 or VL tests.



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

Finally, let's look at viral suppression for those in care (with a met need). Viral suppression are those people living with diagnosed HIV infection in the jurisdiction who are in care (had at least one CD4 or VL test) whose most recent viral load test result was <200. By most recent, we mean in the calendar year that you are using in the care pattern definition.

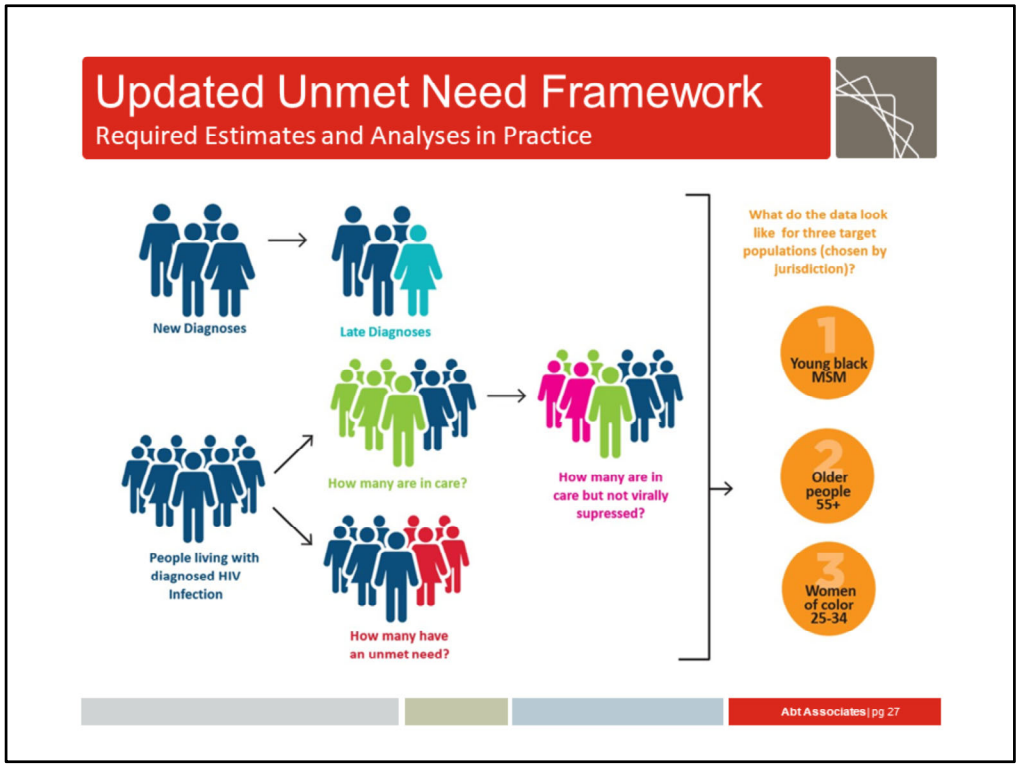
Finally, in care not virally suppressed are people living with diagnosed HIV infection in the jurisdiction whose most recent viral load test result was greater than or equal to 200 copies/mL.



Updated Unmet Need Framework : What's Different from the Original Estimate (Debbie)

Since some of you may remember the original methodology, it may be helpful to highlight some differences between the required estimates and the original methodology.

1) The original methodology differentiated between HIV non-AIDS and AIDS whereas now we use people living with diagnosed HIV infection. This aligns with changes with how HIV surveillance data are presented.
2) A second change is that rather than use all people living with diagnosed HIV infection, the population size is limited to those who have had an HIV-related lab in the most recent 5 calendar year period for which data are available. This makes it more likely that individuals who have moved or died are not included in the estimate.
3) The updated methodology adds late diagnoses and in care not virally suppressed. Late diagnoses provide additional understanding of how many people living with diagnosed HIV infection in the jurisdiction were not tested soon after becoming infected with HIV. In care, not virally suppressed data can help identify disparities among people living with diagnosed HIV infection. It's also very similar to data that are already being calculated for the HIV care continuum.
4) All estimates use most recent known address except for late diagnoses. This is consistent with broader changes in how data are presented by CDC and better reflects where people are now than when they were diagnosed.
5) Finally, the historic 'in care' definition also included antiretroviral prescriptions; the updated definition includes only CD4 and VL tests. ARV prescriptions are not available in HIV surveillance data.

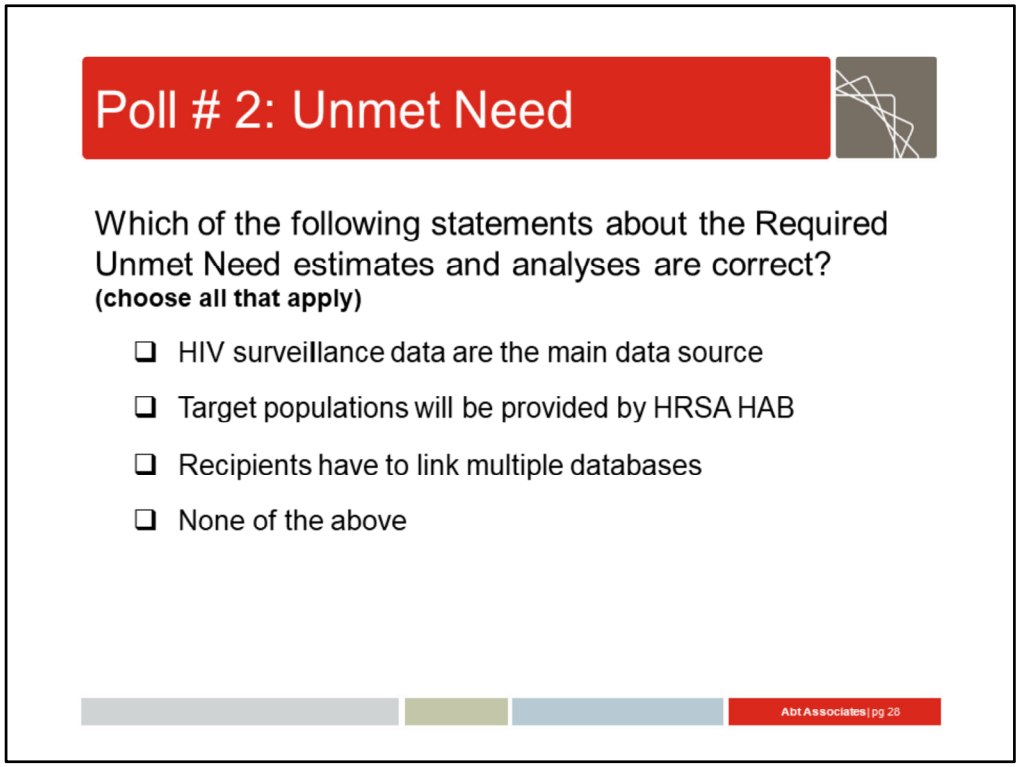


Updated Unmet Need Framework: *Required* Estimates and Analyses in Practice (Debbie)

So I know that was a lot of information. Let's walk through this conceptually.

Required Estimates and Analyses

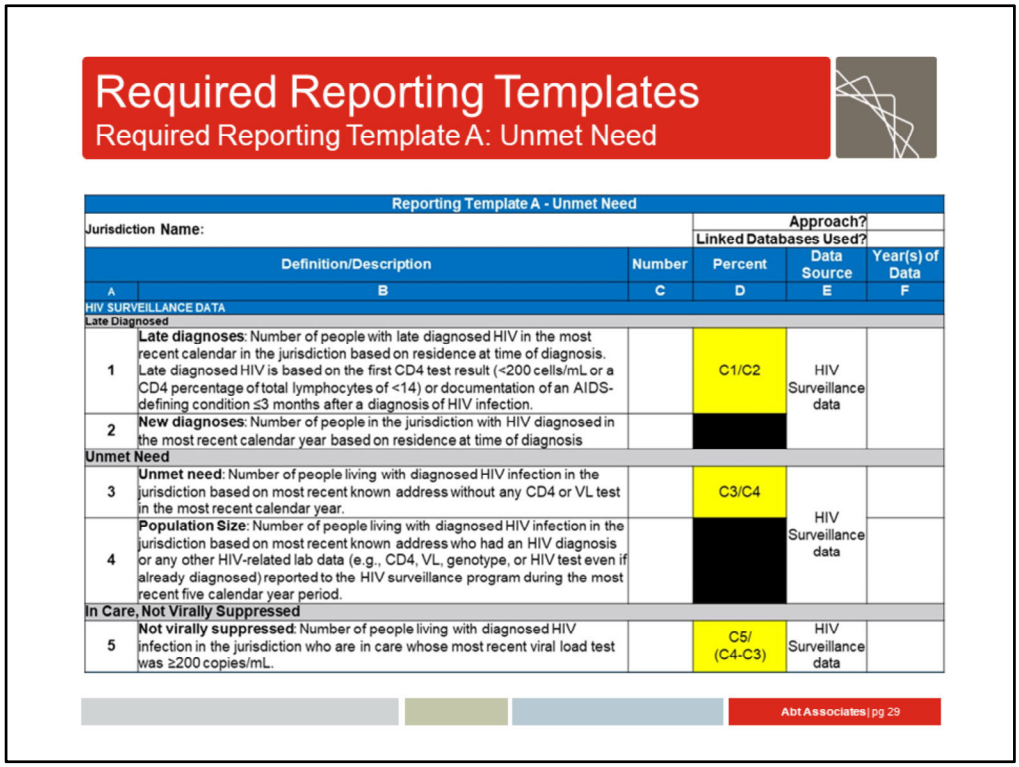
1) The first thing that recipients will need to do is to determine the number of people in the jurisdiction with new HIV diagnoses in the most recent calendar year based on residence at time of diagnosis. (Click) That is represented in the graphic in the left hand corner
2) Next, using the late diagnoses definition, (click) determine how many people who were newly diagnosed were late diagnosed.
3) The process for people living with diagnosed HIV infection is similar. First, (click)recipients will determine the number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address who had an HIV diagnosis or any other HIV-related lab data (e.g., CD4, VL, genotype, or HIV test even if already diagnosed) reported to the HIV surveillance program during the most recent five calendar year period. A difference from new diagnoses is that the most recent **five calendar year** period is used.
4) Next, using the definition for in care (at least one CD4 or one VL test), determine how many people are (click) in care and how many (click)are not in care which means they have an unmet need.
5) For those people in care, (click) determine the number whose most recent viral load test result was ≥200 copies/mL, meaning they were not virally suppressed
6) Now for the required estimates and analyses, there is one more step. Now that the estimates and analyses are completed for everyone, (click) rerun these for three specific target populations. A recipient may choose the populations and the criteria to use in selecting them. These might be the same populations used in the grant applications that address Early Identification of Individuals with HIV/AIDS (EIIHA) or the Minority AIDS Initiative (MAI).



Poll 2: Unmet Need (Debbie)

So now let's test your knowledge. Which of the following statements about the Required Unmet Need estimates and analyses are correct?

- ❑ HIV surveillance data are the main data source
- ❑ Target populations will be provided by HRSA HAB
- ❑ Recipients have to link multiple databases
- ❑ None of the above



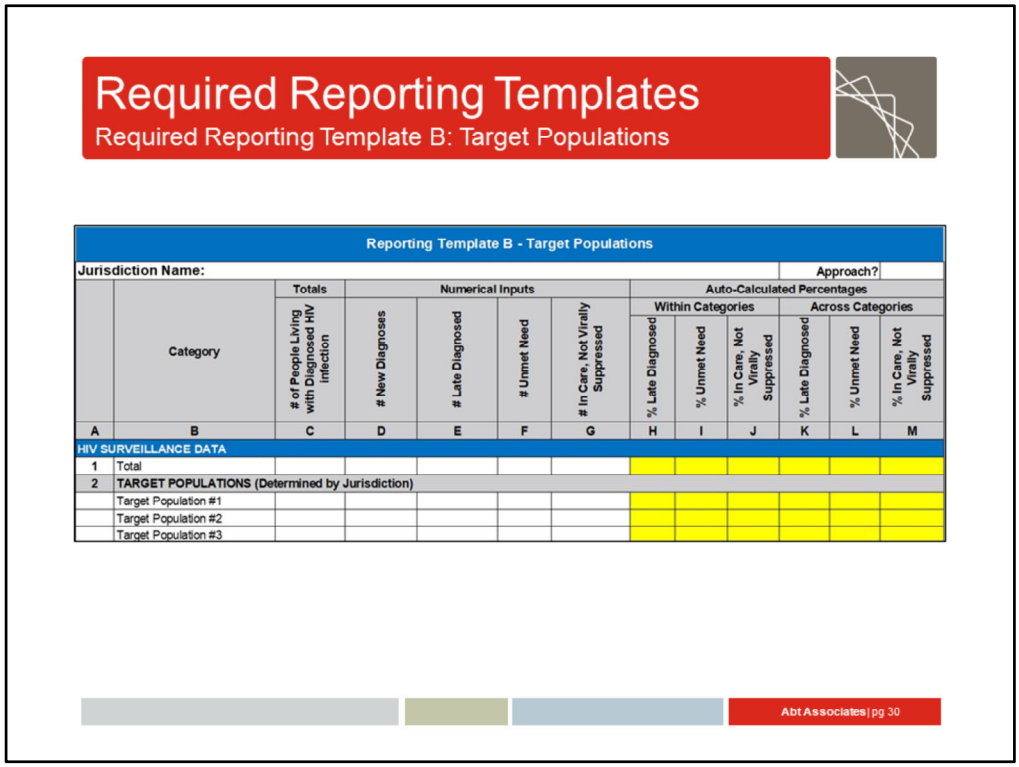
Required Reporting Templates

Required Reporting Template A: Unmet Need

Reporting Template A - Unmet Need					
Jurisdiction Name:			Approach?		
			Linked Databases Used?		
	Definition/Description	Number	Percent	Data Source	Year(s) of Data
A	B	C	D	E	F
HIV SURVEILLANCE DATA					
Late Diagnosed					
1	**Late diagnoses**: Number of people with late diagnosed HIV in the most recent calendar in the jurisdiction based on residence at time of diagnosis. Late diagnosed HIV is based on the first CD4 test result (<200 cells/mL or a CD4 percentage of total lymphocytes of <14) or documentation of an AIDS-defining condition ≤3 months after a diagnosis of HIV infection.		C1/C2	HIV Surveillance data	
2	**New diagnoses**: Number of people in the jurisdiction with HIV diagnosed in the most recent calendar year based on residence at time of diagnosis				
Unmet Need					
3	**Unmet need**: Number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address without any CD4 or VL test in the most recent calendar year.		C3/C4	HIV Surveillance data	
4	**Population Size**: Number of people living with diagnosed HIV infection in the jurisdiction based on most recent known address who had an HIV diagnosis or any other HIV-related lab data (e.g., CD4, VL, genotype, or HIV test even if already diagnosed) reported to the HIV surveillance program during the most recent five calendar year period.				
In Care, Not Virally Suppressed					
5	**Not virally suppressed**: Number of people living with diagnosed HIV infection in the jurisdiction who are in care whose most recent viral load test was ≥200 copies/mL.		C5/ (C4-C3)	HIV Surveillance data	

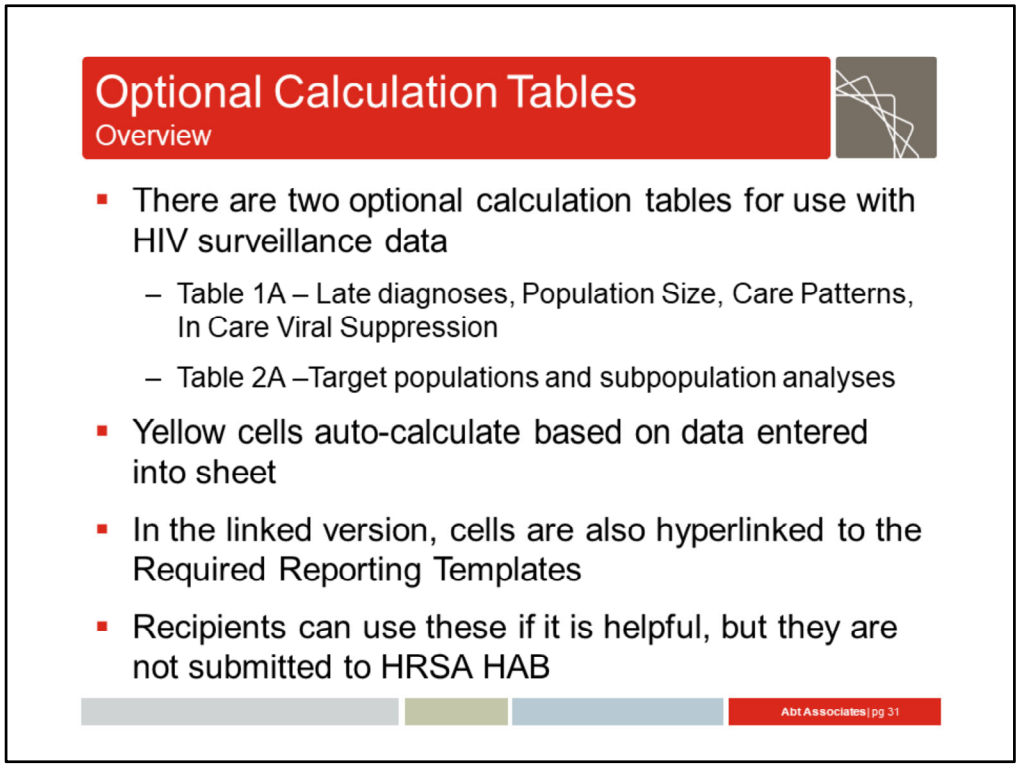
<u>Required Reporting Templates: (Debbie)</u>

I'm going to provide an overview of the Required Reporting Templates. You can find these in Appendix B of the manual. Diane will post the link to these files in the chat. There are two templates that recipients must use in order to report their Unmet Need Estimates. Template A-Unmet Need is where recipients will report new and late diagnoses, unmet need, population size and in care, not virally suppressed or what I just reviewed as required estimates and analyses. The cells highlighted in yellow will be auto-calculated as part of the Excel tool.



<u>Required Reporting Templates (cont'd): (Debbie)</u>

Template B is for reporting the target populations. Recipients will be reporting population size, new diagnoses, late diagnoses, unmet need and in care not virally suppressed for three target populations chosen by the recipient. As with Template A, the cells highlighted in yellow will be auto-calculated as part of the Excel tool.



Optional Calculation Tables: (Debbie)

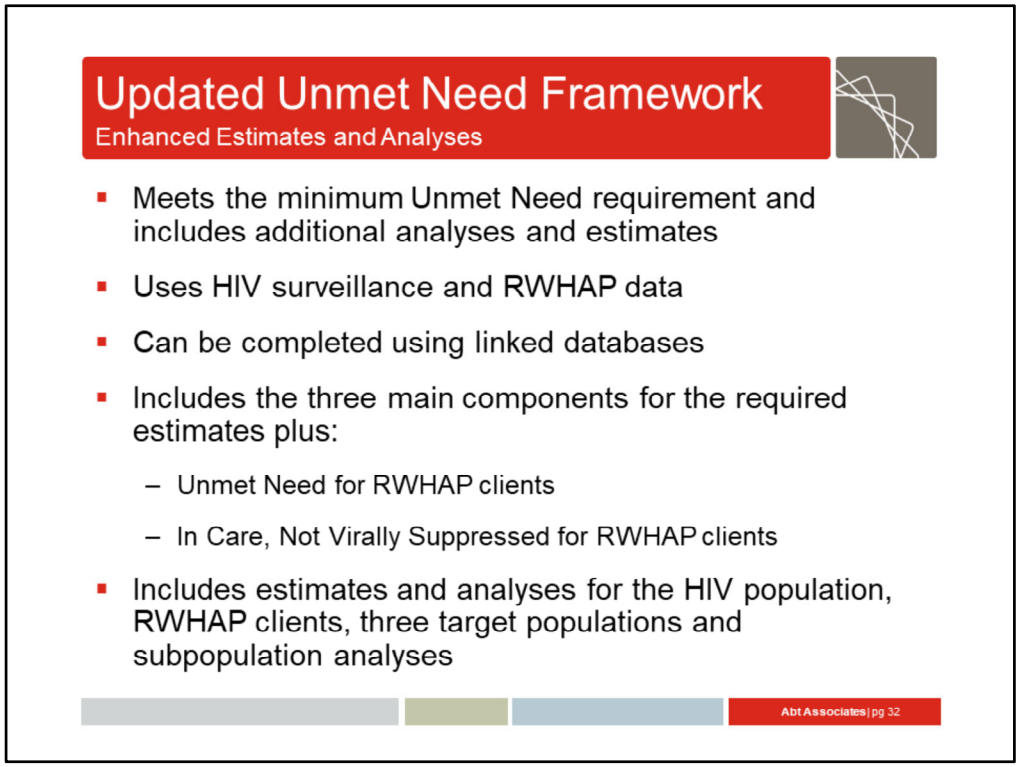
There are also two optional calculation tables. These are provided to help recipients in completing the Required Reporting Templates.

Tables 1A includes late diagnoses, unmet need and in care not virally suppressed using HIV surveillance whereas 2a includes target populations as well as subpopulation analyses although subpopulation analyses are not required for the estimates.

As I already mentioned, the yellow cells reflect values that will be auto-calculated when other cells are populated.

There is also a version of the excel tool called the linked version (V1) that takes everything entered in the Tables and auto-populates the Required Reporting Templates.

These tables are intended to be a resource for recipients but are not required to be used.

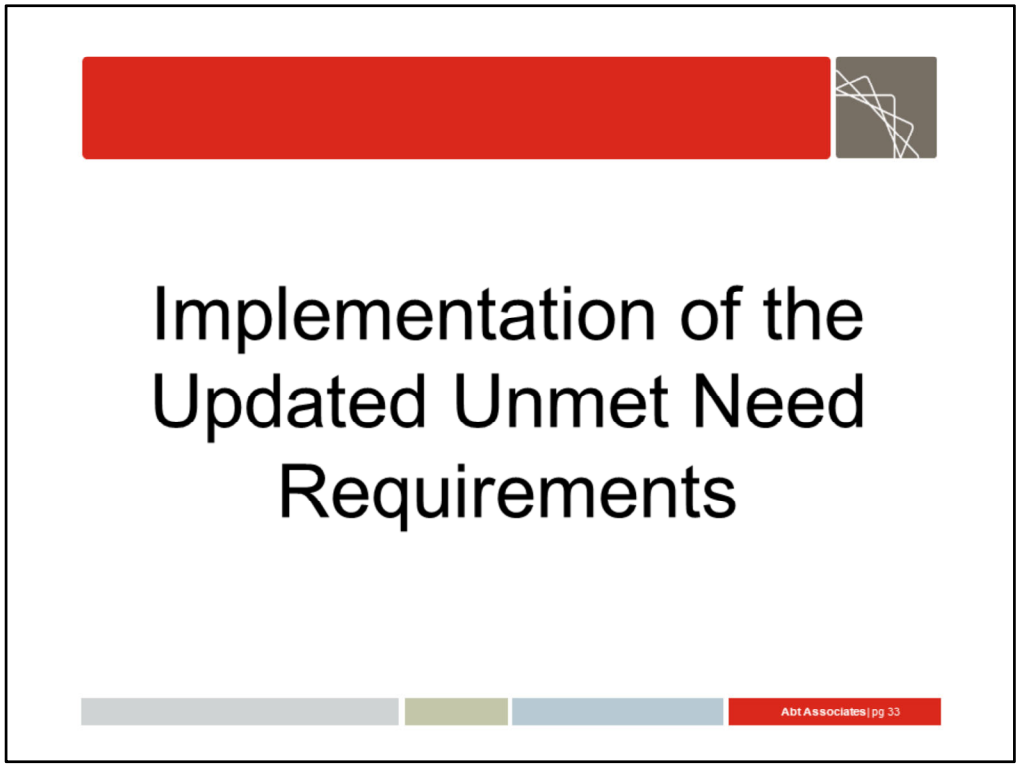


Updated Unmet Need Framework: *Enhanced* Estimates and Analyses (Debbie)

Now we have an entire webinar on November 12 on the enhanced estimates and analyses so I'm not going to go into a great amount of detail, but will provide a high level overview so you can discern the difference between required and enhanced estimates and analyses. Enhanced estimates and analyses include all of the requirements we just reviewed plus additional estimates and analyses. These additional estimates and analyses are optional but are recommended if feasible.

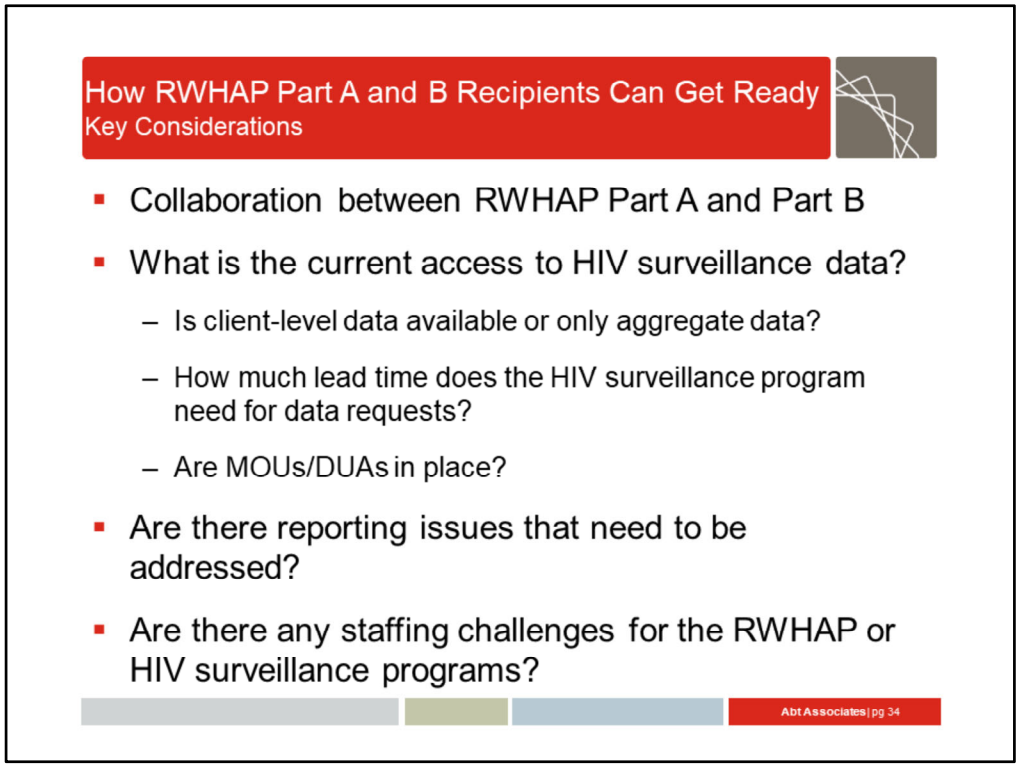
Both HIV surveillance and RWHAP data are used and jurisdictions can also used linked databases. It includes all of the key components that we just reviewed for HIV surveillance data plus two others for RWHAP data-unmet need and in care not virally suppressed. This means that recipients are expected to run estimates and analyses for the HIV population (all new diagnoses and people living with diagnosed HIV infection) and target populations and in addition, they can run estimates and analyses for RHWAP 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.

I'm going to turn it back over to Anne to talk about resources and TA materials.



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

So how do you all get ready for the implementation of Unmet Need? Let's review the requirements



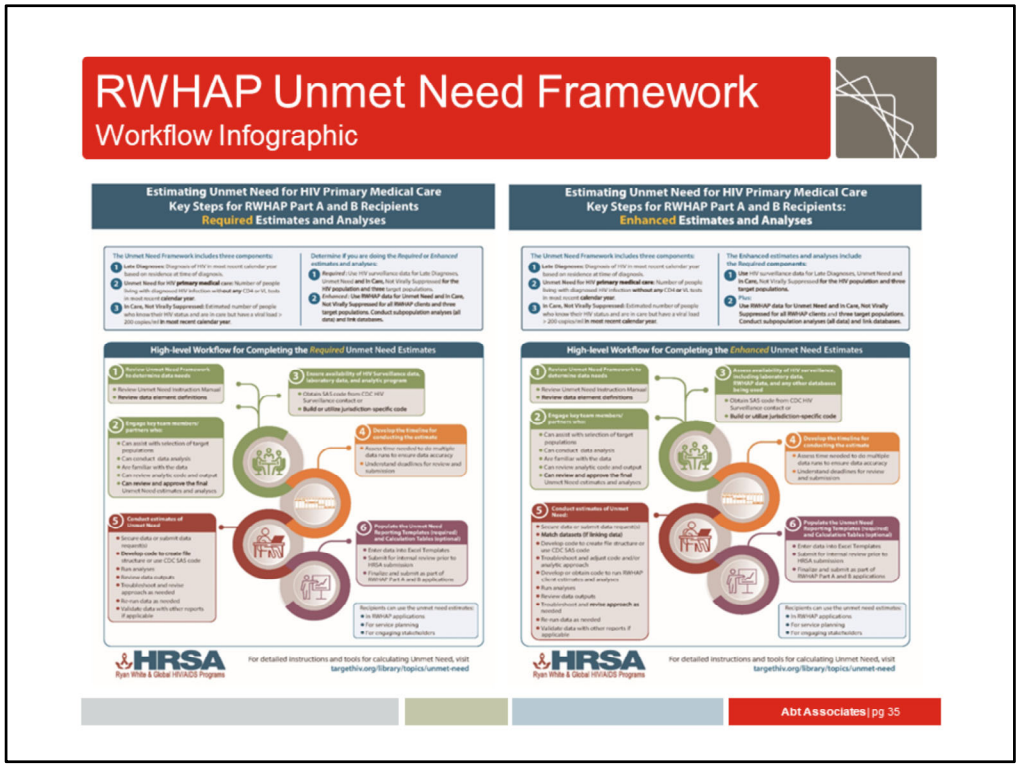
How Part A and B Recipients Can Get Ready (Anne)

You may be wondering how your jurisdiction can get ready. Here are a few key considerations.

First, in states with both a Part A and B recipient, are you already collaborating on other HRSA HAB requirements? If so, you may be able to collaborate on the unmet need requirement as well.

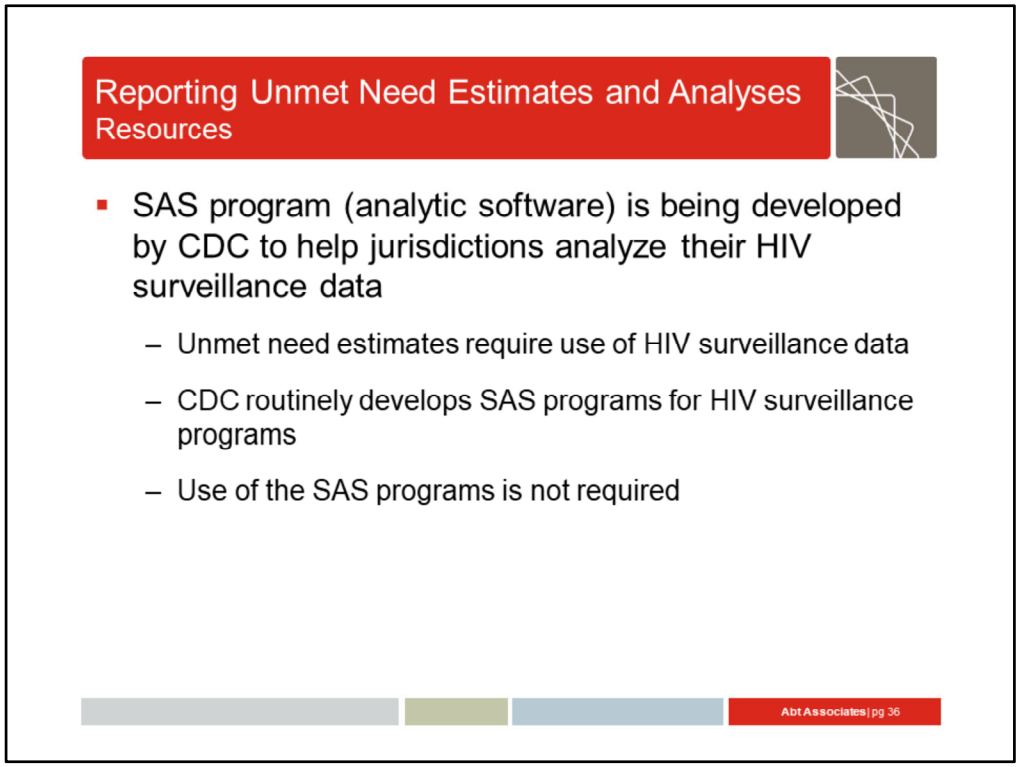
Second, what access does your RWHAP currently have to HIV surveillance data? Can you receive only aggregate data or is client-level data available? It is also important to know how much lead time the HIV surveillance program needs for data requests. Finally, if needed, do you already have memorandum of understanding (MOUs) or data use agreements (DUAs) in place?

Other things to consider include whether your jurisdiction currently has reporting issues with HIV surveillance data including delayed or missing labs or other data. Also, are there staffing issues for Ryan White or HIV surveillance programs that may require additional time to complete the Unmet Need estimates and analyses.

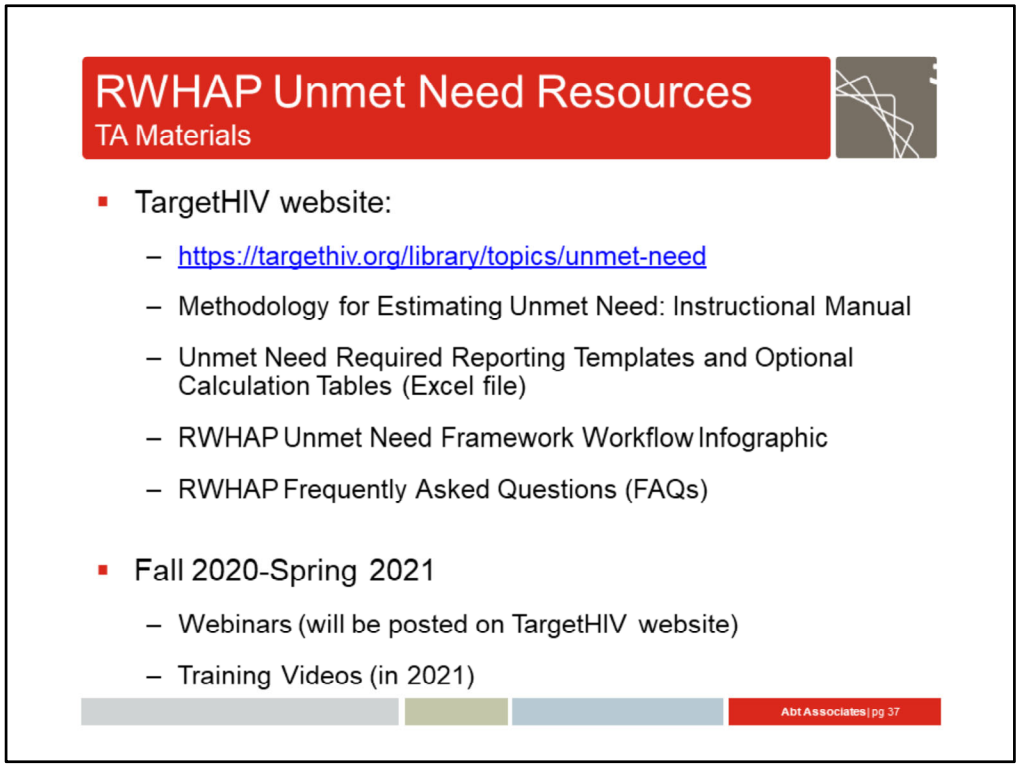


RWHAP Unmet Need Framework Infographic (Anne)

We've put together an infographic that can help you think through the steps needed to complete the Unmet Need estimates and analyses. The pictures on this slide are small, but you can download the PDF from the TargetHIV website. This infographic describes the process for unmet need visually. It shows a number of steps, including determining data sources, engaging team members, developing a timeline for completing the work and populating the required tables. This graphic can assist jurisdictions in organizing their work for successful completion of the Unmet Need requirement.



<u>Resources for Reporting Unmet Need (Anne)</u>
Let's talk about tools and resources that will be available to help with completing the Unmet Need estimates and analyses. These include a SAS program that is currently being developed by the CDC HIV Surveillance team and will be available to the HIV Surveillance contacts in each jurisdiction by early 2021. 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.
CAREWare will also be developing custom reports to help with the analysis of RWHAP data. More information about these resources will be posted on the TargetHIV website as they are finalized. We will also be doing a webinar in the spring of 2021 to review how to use these tools.



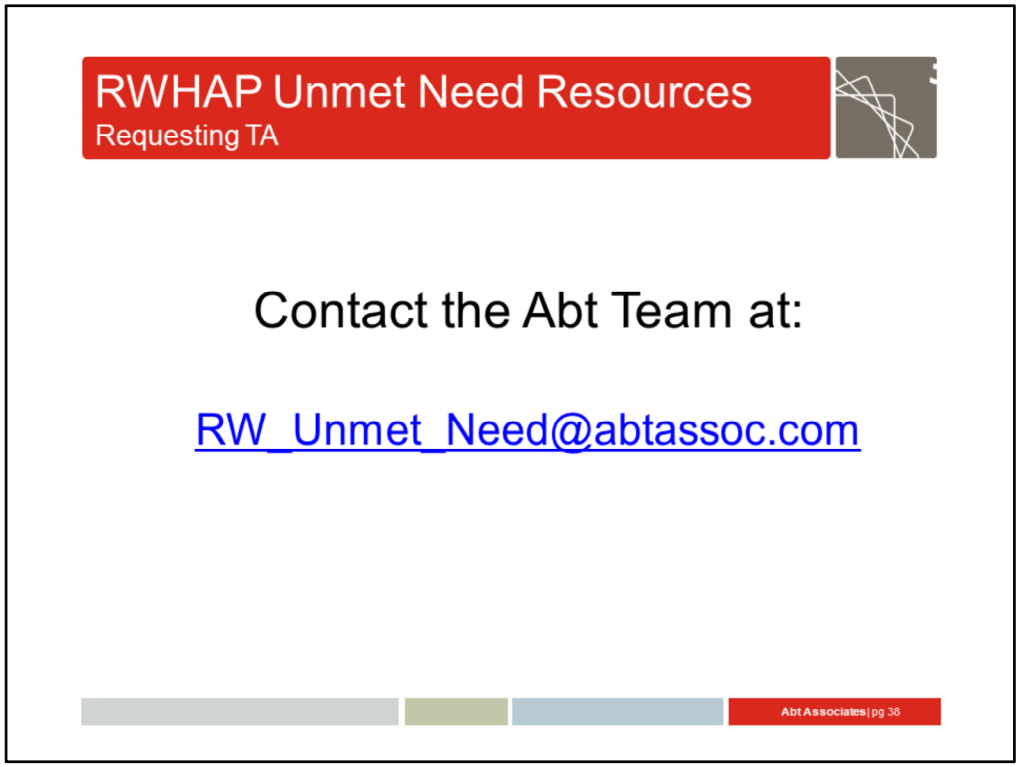
RWHAP Unmet Need Resources: TA Materials (Anne)

Technical Assistance materials are on the TargetHIV website. These include:

- The manual which contains detailed information on how to complete the estimates and use the Excel files.
- 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

Future webinars will be done in November 2020 and early 2021 covering a variety of topics in

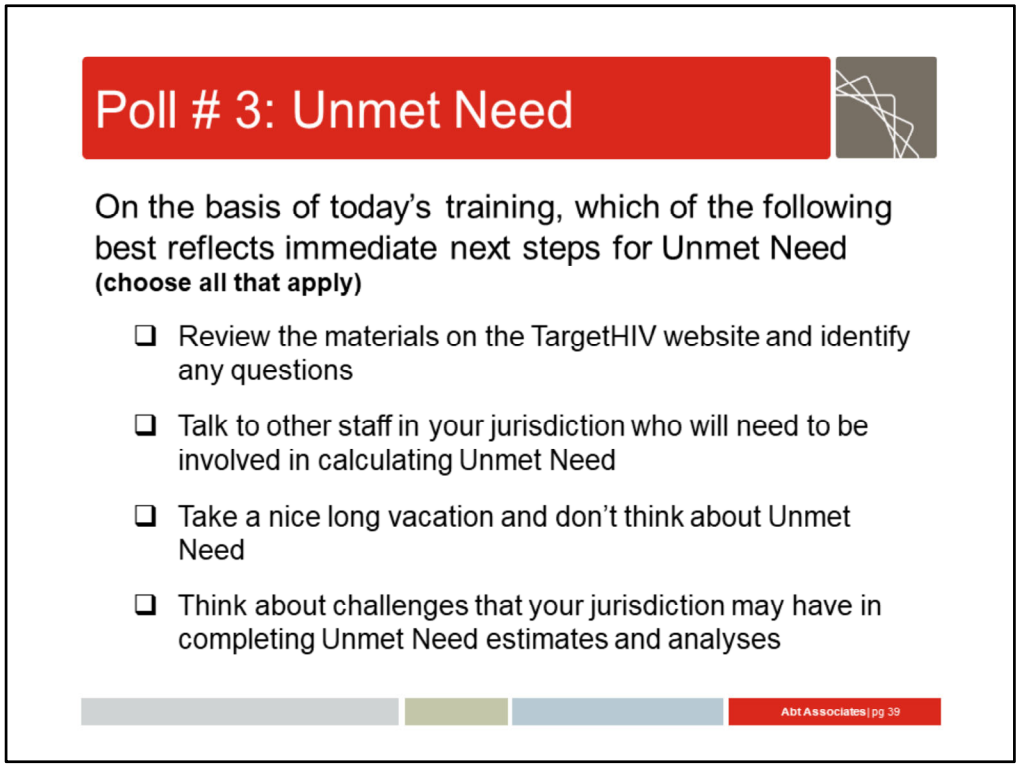
There will also be specific training videos posted to the Target HIV website in 2021 for recipients to view at anytime.



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

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

Now I'm going to hand it back over to Tara to wrap up.

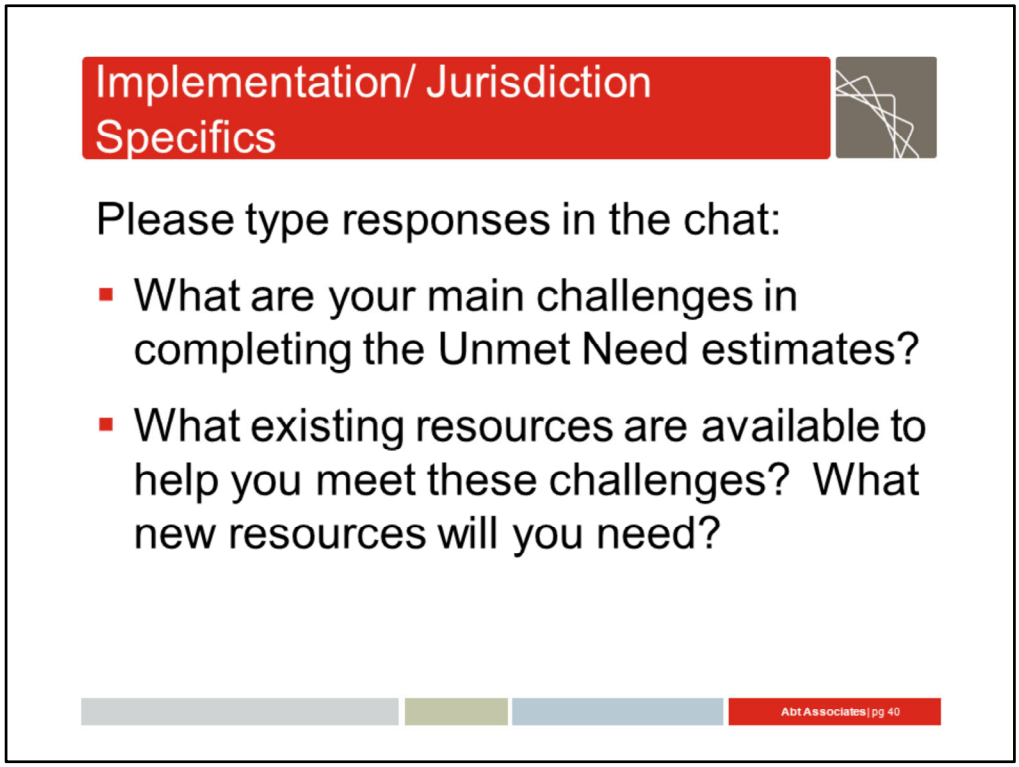


Poll 3 - Tara

Ok let's try another poll. On the basis of today's training, which of the following best reflects immediate next steps for recipients (choose all that apply)

- ❑ Review the materials on TargetHIV and identify any questions
- ❑ Talk to other staff in your jurisdiction who will need to be involved in calculating Unmet Need
- ❑ Take a nice long vacation and don't think about Unmet Need
- ❑ Think about challenges that recipients with whom you work may have in anticipation of the unmet need launch

[Review answers]



Open-Ended Discussion (Facilitated by Tara)

So we have done a lot of talking. We'd like to hear from you about specific concerns or thoughts you have about implementing Unmet Need in your jurisdiction. This will help us in thinking about future webinars and will also help other jurisdictions as they do this work.

Please use the chat to answer this question - What might be challenging to implement about the Unmet Need requirement in your jurisdiction? This might include things like access to HIV surveillance data, how to choose target populations, analytic capacity or other things. I'll give people a few minutes to type in thoughts.

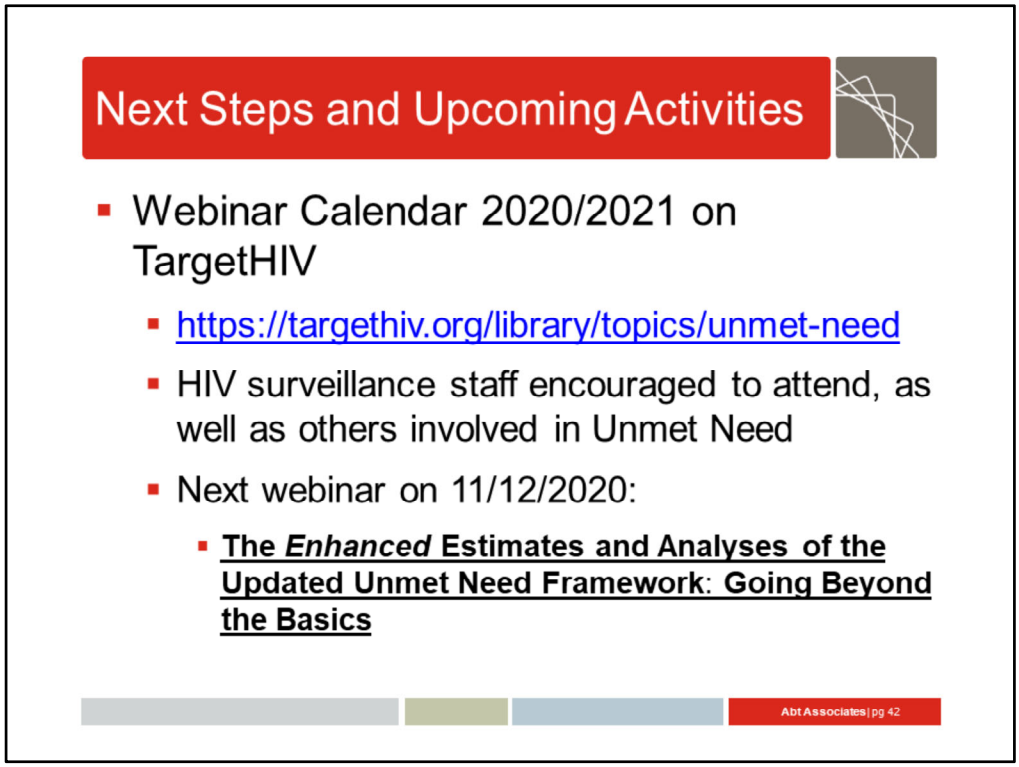
[Read some responses] These are great responses and we will definitely use them to refine our training and technical assistance materials.

A second question - What solutions or facilitators in your jurisdiction can assist with determining Unmet Need? This might be things like already linking databases, utilizing surveillance data to look at persons not in care, etc. I'll give people a few minutes to type in thoughts.

[Read some responses] These are great responses and you all are doing innovative work that other jurisdictions will love to hear about. We may reach out to some of you to get more information.

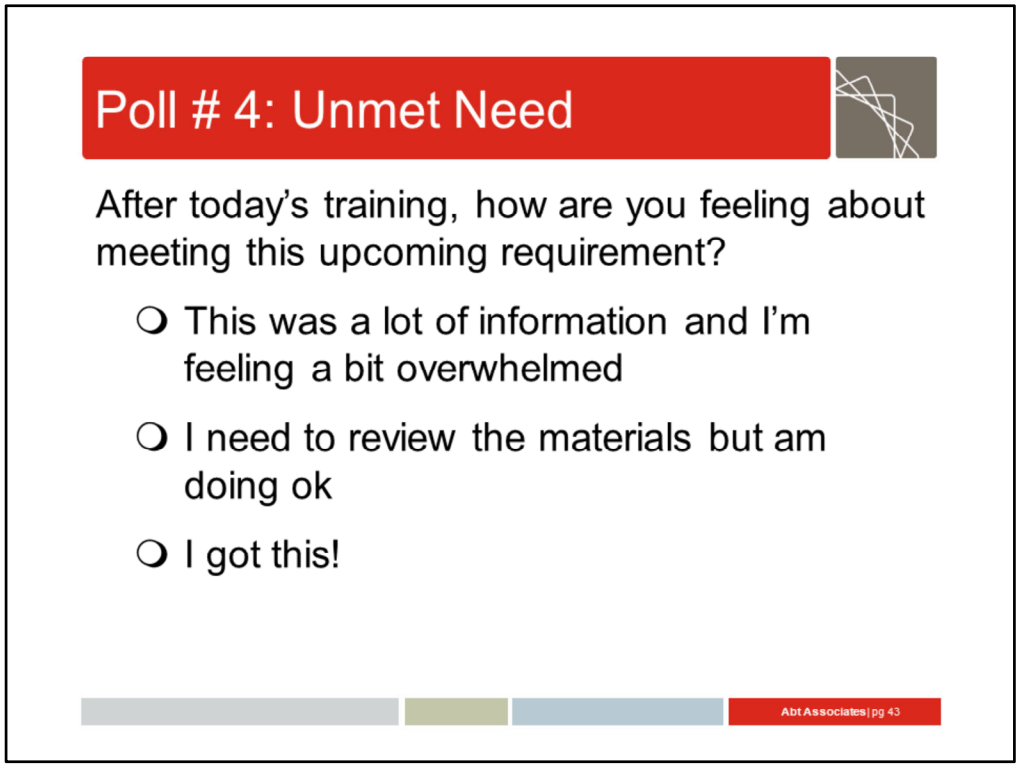
Next Steps Transition Slide (Tara)

That was a great discussion. Let's talk about next steps!



Next Steps and Upcoming Activities (Tara)

We will be doing a series of webinars this fall and early next year about Unmet Need. The calendar is up on the TargetHIV website and will cover topics including the enhanced estimates, tools for completing the Unmet Need estimates and analyses, and ways to utilize the data from Unmet Need for planning. Please encourage any staff from your jurisdictions who will be involved in Unmet Need to attend, including HIV surveillance staff. Our next webinar is 11/12 and will focus on how to do the enhanced estimates for Unmet Need. Diane will put the link to register for that webinar in the chat.



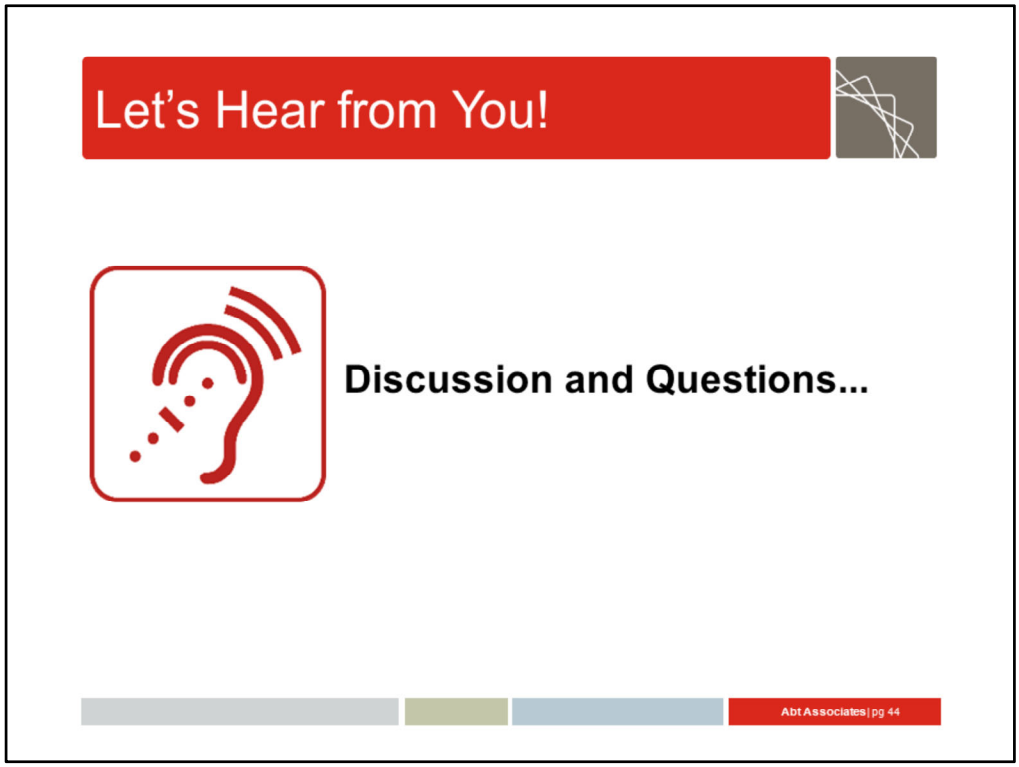
Poll 4: Unmet Need (Tara)

Let's take one last poll.

After today's training, how are you feeling?

- This was a lot of information and I'm feeling a bit overwhelmed
- I need to review the materials but am doing ok
- I got this!

Review poll results. I'm going to turn it over to Anne to review the questions we received in the Q&A. I'll also mention that, depending on the question, if it's something that could inform others, we'll include it in the FAQ document on the TargetHIV site.



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!