

## Feasibility of Required vs Enhanced Estimates and Analyses for Estimating Unmet Need for HIV Primary Medical Care

Unmet Need Approach	 <b>Data Availability</b>	 <b>Analytic Capacity</b>	 <b>Collaboration</b>
<b>Required</b>	<ul style="list-style-type: none"> <li>● RWHAP data are not complete and accurate</li> <li>● Aggregate only or limited access to RWHAP client-level data</li> <li>● DUA/MOU for HIV surveillance data is needed and not currently in place</li> <li>● HIV surveillance data can only be obtained through a formal request</li> </ul>	<ul style="list-style-type: none"> <li>● Rely solely on HIV surveillance staff to analyze data</li> <li>● Rely on CDC SAS programs</li> <li>● No dedicated person to run RWHAP analyses</li> <li>● No data sharing/matching with HIV surveillance</li> <li>● Current staffing issues</li> </ul>	<ul style="list-style-type: none"> <li>● Lack of collaboration between Part A and B on data requests and planning activities</li> </ul>
<b>Enhanced</b>	<ul style="list-style-type: none"> <li>● Real time or routine access to RWHAP client-level data</li> <li>● DUA/MOU, if needed, is in place with HIV surveillance</li> <li>● Currently have access to HIV surveillance data without data request</li> </ul>	<ul style="list-style-type: none"> <li>● Have either a dedicated person in RWHAP who can analyze HIV surveillance data or share dedicated analytic staff with HIV surveillance program</li> <li>● Can develop SAS/analytic programs to analyze data</li> <li>● Have dedicated person who can analyze RWHAP data</li> <li>● Routinely match/link data with HIV surveillance program</li> <li>● No current staffing issues</li> <li>● Can run subpopulation analyses</li> </ul>	<ul style="list-style-type: none"> <li>● HIV surveillance program has a dedicated person for all RWHAP data needs</li> <li>● RWHAP pays for person(s) to work in HIV surveillance program</li> <li>● Part A and B collaborate on different activities including planning and data analysis</li> </ul>