

# 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.
- 2 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.
- 3 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:

- 1 Required:** Use HIV surveillance data for Late Diagnoses, Unmet Need and In Care, Not Virally Suppressed for the HIV population and three priority populations.
- 2 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

#### 1 Review Unmet Need Framework to determine data needs

- Review Unmet Need Instruction Manual
- Review data element definitions

#### 2 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

#### 5 Conduct estimates of Unmet Need

- Secure data or submit data request(s)
- Develop code to create file structure or use CDC SAS code
- Run analyses
- Review data outputs
- Troubleshoot and revise approach as needed
- Re-run data as needed
- Validate data with other reports if applicable

#### 3 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

#### 4 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

#### 6 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

# 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:

- 1 **Late Diagnoses:** Diagnosis of HIV in most recent calendar year based on residence at time of diagnosis.
- 2 **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.
- 3 **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:

- 1 Use HIV surveillance data for Late Diagnoses, Unmet Need and In Care, Not Virally Suppressed for the HIV population and three priority populations.
- 2 **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

