



Enhanced Unmet Need Estimates and Analyses: Using Data for Local Planning

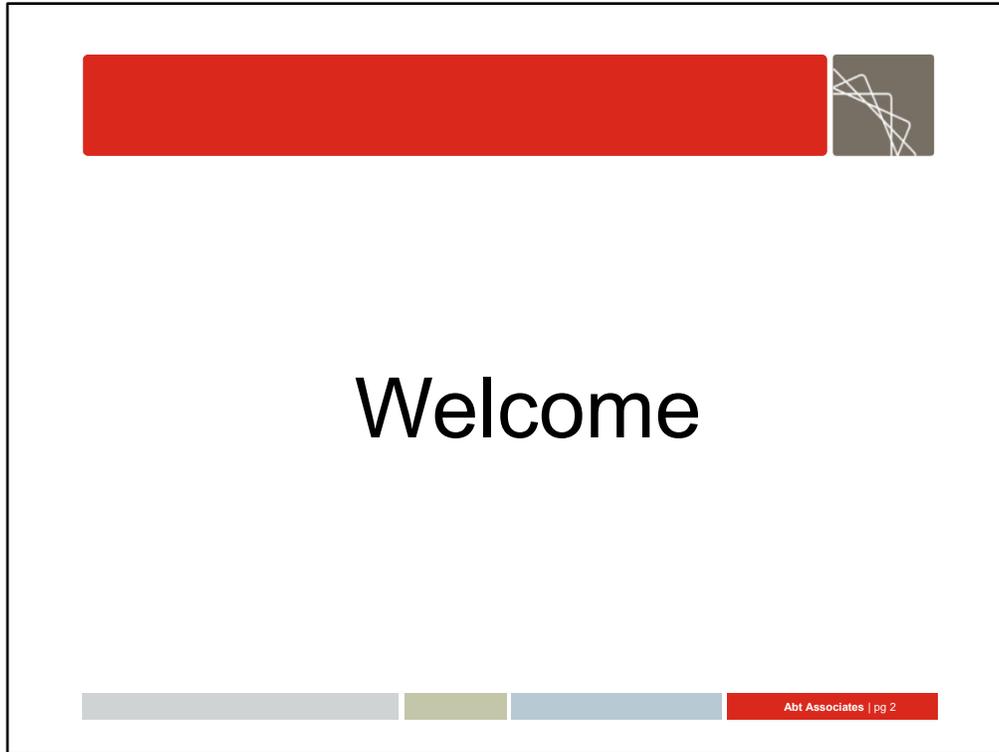
March 18, 2021
Abt Associates, Inc.



Hello everyone, thanks for joining, get settled and we'll start soon.

Alright, let's get started. Good morning or afternoon. Hopefully, you all have joined one of our previous webinars. Nonetheless, welcome, we're happy to have you here today. 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 the team.

Today's webinar is the fifth of six webinars that we developed to ensure that you all have proper guidance and information as you implement the updated framework. Today, we will focus on using the enhanced estimates and analyses for local planning.



Welcome and introduce the purpose of the training

- 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 fifth 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

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 has worked closely with Andy and others at HRSA HAB to update the Unmet Need Framework. The team 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 knowledge in expertise to help you prepare to use the data for local planning.

Training Objectives



- Describe the components of the Unmet Need enhanced estimates and analyses
- Identify at least three ways a jurisdiction can use the enhanced analyses for local planning and decision making

Training Objectives

Today we are going to:

- Describe the components of the enhanced estimates and analyses that are in the updated framework
- and
- Identify at least three ways a jurisdiction can use the analyses for local planning and decision making

If you haven't yet reviewed, background 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, including frequently asked questions and answers, today's slides, and today's audio-recording will be available on TargetHIV. Diane will chat out a link to the manual and existing implementation materials.

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 and discuss at the end of the presentation.

Poll # 1: Unmet Need



Which of the following describes your planned approach to completing this year's Unmet Need requirement?

- Doing the required estimates and analyses
- Doing the enhanced estimates and analyses
- We haven't decided yet
- I'm not sure and need TA to figure it out

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Poll 1: Unmet Need

Which of the following describes your approach for completing this year's Unmet Need requirement?

Are you planning to

- Do the requirement estimates and analyses
- Do the enhanced estimates and analyses
- Have you not yet decided?*
- Or, are you uncertain and would like to request TA to figure it out?*

*For those who haven't yet decided or want TA, please let us know via chat or send us an email and we'll be in touch to support you. Diane, will you put our email in the chat box? Thanks!

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)

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Reporting Unmet Need Estimates and Analyses

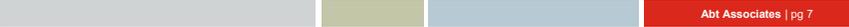
Beginning in FY 2022, recipients will be required to submit Unmet Need estimates as part of the application in response to the Notice of Funding Opportunity, also referred to as a NOFO.

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 be required 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, please enter them using the Q&A feature and we'll address them 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 how the data from the enhanced estimates and analyses can be used for planning. The floor is yours, Debbie...



Review of the Updated Unmet Need Framework



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RWHAP Unmet Need Framework Transition Slide

Thanks Tara! Since we've presented this in other webinars, this will be a quick 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.”²

² 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

The definition of unmet need that guides the work 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.”

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 priority populations
- Linked databases are not required

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Updated Unmet Need Framework: Required Estimates and Analyses

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 priority 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) priority 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



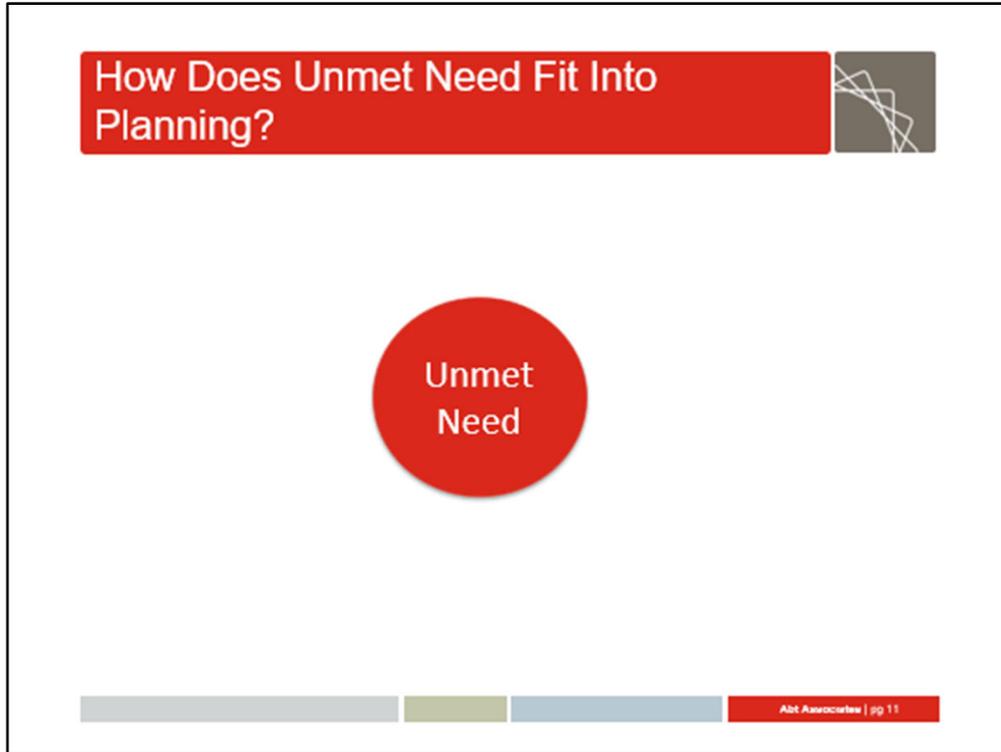
- Meets the minimum unmet need requirement (also known as the Required Estimates and Analyses) and includes additional analyses and estimates
- Uses HIV surveillance and RWHAP data
 - Most recent calendar year available except for HIV surveillance data population size as previously noted
- Can be completed 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 priority populations and subpopulation analyses

Updated Unmet Need Framework: *Enhanced* Estimates and Analyses

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 are completed is also up to the recipient.

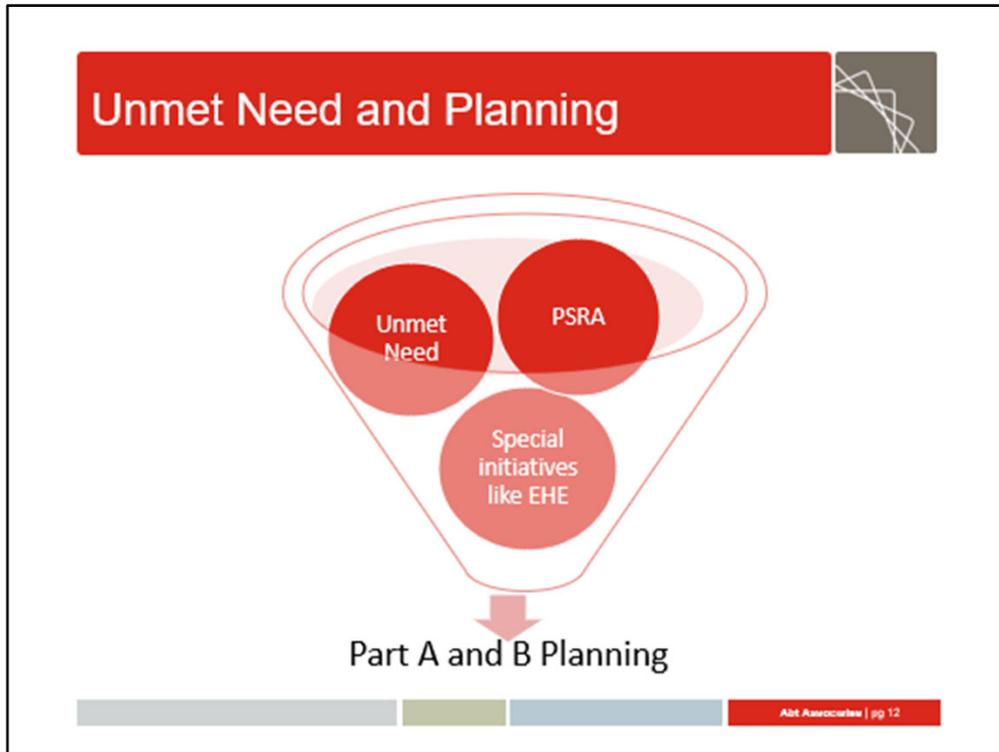
Possible additional estimates and analyses include using RWHAP data as well as adding in subpopulation analyses for HIV surveillance data. This means that enhanced estimates and analyses can include using HIV surveillance AND RWHAP data. If recipients use more than one data source, the most recent calendar year of data must be the same. Jurisdictions can also choose to use linked databases for care pattern definitions, but that is not required.

So this means that recipients are expected to run estimates and analyses for the HIV population and priority populations that we just reviewed. In addition, they can run estimates and analyses for RWHAP clients including the same three priority 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.



Planning

So hopefully that review was helpful. We've asked you which approach that you plan to use (required or enhanced) and reviewed the definitions. But the topic for today is about using data for local planning. So how does Unmet Need fit into planning?



Planning

Unmet need is a component of the overall planning activities a recipient engages in to address the needs clients have in the jurisdiction. It fits with other activities such as Priority Setting and Resource Allocation and Special initiatives like Ending the Epidemic or EHE. Unmet need is therefore basically another tool that recipients can use in planning. But how you may ask? Well hold that thought for a moment while we do another poll.

Diane, can you launch the poll?

Poll # 2: Planning



Which of the following best describes how you used your historical Unmet Need Estimates?

- We only used them for the submission to HRSA HAB
- We tried to use them for planning but had trouble
- We routinely use them as part of our overall planning
- I'm not sure

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Poll 2: Planning

Which of the following best describes how you used your historical Unmet Need Estimates?

- We only used them for the submission to HRSA HAB
- We tried to use them for planning but had trouble
- We routinely use them as part of our overall planning
- I'm not sure

Great, thanks. This information is very helpful.

Unmet Need Estimates and Analyses and Planning



- Priority setting and resource allocation (PSRA)
- Identification of service gaps
- Design or refinement of service models or strategies
- Planning for special initiatives like Ending the HIV Epidemic

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Unmet Need Estimates and Analyses and Planning

So back to the question that I asked a minute ago. How does Unmet Need fit into larger planning activities? Well that's what we're going to spend some time talking about today. We're going to present four examples.

- Priority setting and resource allocation (PSRA)
- Identification of service gaps
- Design or refinement of service models or strategies
- Planning for special initiatives like Ending the HIV Epidemic

For each example we're going to describe the data available from Unmet Need and how it might be used for planning. Let's get started.

Priority Setting and Resource Allocation



- Data
 - Number, characteristics, and geographic area of late-diagnosed people with HIV, not in care (unmet need) and in care but not virally suppressed
- Use for planning
 - Supports data- informed decision making about service priorities and use of funds
 - May indicate a need for higher priority or increased funding for service categories like outreach or Early Intervention Services

Priority Setting and Resource Allocation

First we'll discuss PSRA. Now remember that unmet need provides the number, characteristics and geographic area of people with late diagnosed HIV, those with an unmet need and those in care but not virally suppressed.

The estimates and analyses can help support data informed decisions about service priorities and use of funding. For example, say that after running the estimates and analyses, you identify high rates of late diagnoses or unmet need. This can help identify a need for higher priority or increased funding for specific service categories such as outreach or EIS.

Service Gaps



- Data
 - Services for clients with an unmet need for HIV primary medical care and in care not virally suppressed
- Use for planning
 - Identifies clients who may be receiving case management and support services, but may not be linked to or retained in HIV primary care
 - Work with providers where clients with an unmet need or who are in care not virally suppressed are receiving other services to further engage them in medical care

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Service Gaps

Let's try another example-service gaps. For those of you running estimates and analyses with RWHAP data, this one may be of particular interest.

Now remember that for RWHAP data, the denominator is the number of clients who received RWHAP or RWHAP-related services. That means you'll know all of the services that they received.

So how is that useful for planning? Well, you'll be able to identify clients who may have received case management or other support services but are not linked or engaged/retained in HIV primary medical care.

Knowing the services that clients do receive for those with an unmet need or who are in care not virally suppressed can provide an opportunity for engagement or additional support through new/revised models or interventions. For example, if you know that half of clients with an unmet need get food bank/home delivered meals, you can work with those providers to engage clients in medical care.

Design/refine service models/strategies



- Data
 - Number, characteristics, and geographic area of people with late-diagnosed HIV, unmet need, and individuals in care but not virally suppressed
- Use for planning
 - Reviewing and refining the system of care
 - May indicate need to improve access to care such as additional service locations, mobile services, telemedicine, or improved transportation assistance

Design/Refine service models/strategies

Let's look at another example. With the unmet need estimates and analyses that you'll have available, you can review and refine the system of care. How would that work?

Well if you have high rates of unmet need in a certain part of the state or EMA/TGA, it may indicate a need to improve access. You may choose to expand the service model to include additional locations, mobile services that go to the clients, telemedicine or even more transportation assistance.

Planning for Special Initiatives



- Data
 - Number, characteristics, and geographic area of people with late-diagnosed HIV, unmet need and individuals in care but not virally suppressed
- Use for planning
 - Identified subpopulations and geographic areas with higher rates of late diagnosed HIV, unmet need or in care not virally suppressed
 - Will help address two of the four pillars of Ending the HIV Epidemic: A Plan for America Initiative (EHE) : Diagnose and Treat

Planning for Special Initiatives

The final example is special initiatives such as Ending the Epidemic. Data for late diagnosed HIV, unmet need and in care not virally suppressed can all be helpful.

For planning, the estimates and analyses may help you identify specific subpopulations or geographic areas with higher rates of late diagnosed HIV, unmet need or in care not virally suppressed

This can help address two of the four pillars of EHE: Diagnosed (for late diagnosed) and Treat (for unmet need and in care not virally suppressed).

Planning/Jurisdiction Specifics



- How can the Unmet Need estimates and analyses help your planning processes?

Please type responses using chat

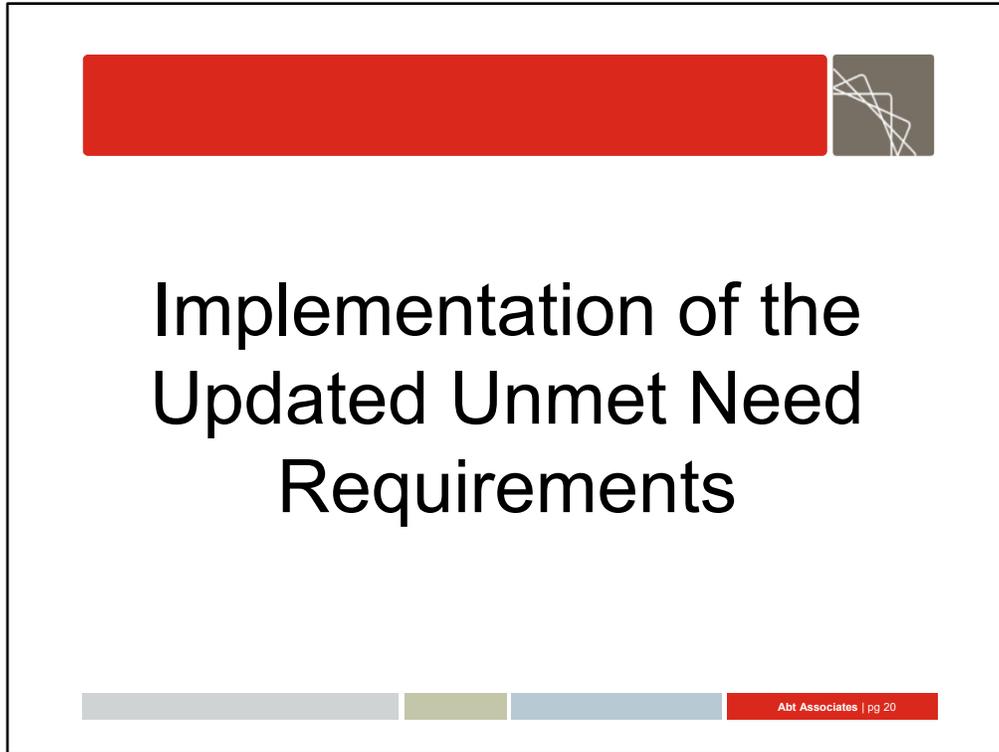
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Implementation/Jurisdiction Specifics

I hope those examples were helpful. Now we'd like to hear about how you might utilize the Unmet Need estimates and analyses to help your planning processes.

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

Thanks Debbie! That was a great discussion on the use of data for planning. I want to review some of the resources that are available to help with completion of the Unmet Need estimates and analyses.

RWHAP Unmet Need Resources

TA Materials on TargetHIV Website



- 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)
- Data Capacity Assessment

<https://targethiv.org/library/topics/unmet-need>

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RWHAP Unmet Need Resources: TA Materials

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
- A Data Capacity Assessment

RWHAP Unmet Need Resources

TA Materials on TargetHIV Website



- Preparation Plan
- Feasibility of Required vs. Enhanced Estimates and Analysis
- Webinar recordings and slides
- Training Videos (coming soon)

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RWHAP Unmet Need Resources: TA Materials

- A Preparation Plan to help organize the work
- A document outlining considerations for completing required vs enhanced estimates
- Webinar recordings and slides (This webinar will be up in the next two weeks)
- Training videos - one focused on the completion of the Excel files and one on the TA materials available to assist with Unmet Need

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
 - Webinar on April 15th with CDC to review SAS program

Resources for Reporting Unmet Need

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. 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 on April 15, 2021 that includes CDC surveillance staff. We did a presentation in January on an CDC HIV Surveillance call to ensure that surveillance contacts in the jurisdictions are aware of the upcoming requirement and use of surveillance data.

For those of you who may not be sure which approach to the estimates and analyses you are using, I did want to mention that the CDC SAS code will calculate estimates and analyses for not only the HIV population but also for some of the subpopulation analyses. This means that you can do some pieces of the enhanced estimates and analyses even if you are only using the CDC SAS program.

RWHAP Unmet Need Resources

Requesting TA



Contact the Abt Team at:

RW_Unmet_Need@abtassoc.com

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

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



- Unmet Need 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!

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.

Planning Resources



- Planning TA is available through other HRSA HAB funded resources:
 - For help in how to select priority populations and use data from Unmet Need
 - [Integrated HIV/AIDS Planning \(IHAP\) TA Center](#) (RWHAP Part A and B recipients)
 - Assistance for RWHAP Part A planning bodies and planning councils with utilizing data
 - [Planning Chatt](#)
- [TargetHIV planning page](#)

There are also several resources available related to planning and how recipients might use data to assist in planning processes. These resources include the Integrated HIV/AIDS planning TA center for Part A and Part Recipients and for planning bodies and planning council – Planning CHATT – Diane will chat out the links to these resources and there is also a page on TargetHIV that has additional information on planning and resources.



Next Steps Transition Slide

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
 - Last webinar is April 15, 2021:
 - [Data Tools for the Updated Unmet Need Estimates and Analysis](#)
- Complete your Data Capacity Assessment and/or Unmet Need Preparation Plan

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Next Steps and Upcoming Activities

Please mark your calendars as our last Unmet Need webinar is April 15th. As I mentioned, this webinar will focus on the data tools available for completing the estimates and analyses for Unmet Need. Diane has included a registration link in the chat box. The link is also available on TargetHIV.

Another good step to get prepared is to complete the Data Capacity assessment and Unmet Need Preparation Plan that are posted on TargetHIV – these will help you in determining the steps you need to get done to complete the requirement.

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 4: Unmet Need

Okay, now, I want to know where you all are currently with regards the assistance you seek for unmet need. Let's take one last poll.

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

Let's Hear from You!



Discussion and Questions...

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Let's Hear from You: Discussion and Questions

Review Q&A

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!