

Using the Unmet Need Estimates and Analyses for HIV Primary Medical Care to Inform Planning Activities

Estimating Unmet Need for HIV primary medical care is a requirement of the Ryan White CARE Act Amendment of 2000. While meeting this requirement is essential, Unmet Need estimates and analyses are also a critical component of the Ryan White HIV/AIDS Program (RWHAP) recipients' overall planning activities to address the needs of people with HIV in their jurisdiction. Each component of the methodology for completing Unmet Need provides data to identify gaps and support efforts to engage and retain people in HIV primary medical care, improve viral suppression rates, and address the HIV care and treatment needs of people with HIV. Use of these data is particularly important as recipients and planning bodies make decisions about priorities, resource allocations, and changes in the system of care to decrease late diagnoses, Unmet Need, and lack of viral suppression for those in care. The integration of the Unmet Need estimates and analyses into broader planning activities is key to ensuring increases in jurisdictional client outcomes of linkage, retention, and viral suppression.

The purpose of this document is to help recipients understand how Unmet Need estimates and analyses fit into the larger planning process. We will give specific examples of how Unmet Need estimates and analyses can support planning.

Priority Setting and Resource Allocation (PSRA)

- **Approach:** As part of data presentations informing the PSRA process, planning councils/planning bodies for RWHAP Part A and Part B programs will review unmet need data annually, at a minimum.
- **Possible uses for estimates and analyses:** Information on the number, characteristics, and geographic distribution of people with late-diagnosed HIV, people living with diagnosed HIV infection who have an unmet need for HIV primary medical care, and people in care but not virally suppressed can inform data-based decision making about service priorities and use of funding. For example, high rates of late diagnoses or unmet need may indicate a need for higher priority or increased funding for service categories such as outreach or Early Intervention Services. Disparities in specific subpopulations measures can guide decisions about service priorities and funding allocations.



Integrated/Comprehensive Plans

- **Approach:** Many RWHAP Part A and Part B programs have goals and objectives in their Integrated HIV Prevention and Care Plans to improve retention in care and viral suppression rates. Reviewing unmet need data at least annually supports monitoring progress towards retention and viral suppression goals.
- **Possible uses for estimates and analyses:**
 - High rates of late diagnoses, unmet need, or in care but not virally suppressed among specific subpopulations or in particular geographic areas can identify needed changes in service delivery.
 - Integrated planning may address these issues with additional testing sites, points of entry into care, service locations, mobile services, tele-medicine, or improved transportation assistance.
 - This information can lead to the testing and adoption of evidence-informed linkage and retention interventions for specific populations or parts of the jurisdiction.
 - Reviewing changes in late diagnoses, unmet need, and in care but not virally suppressed over time can measure progress towards integrated planning goals.



Needs Assessment

- **Approach:** Findings from the Unmet Need estimates and analyses, especially subpopulation analyses, often identify populations or places where additional information should be obtained to better prioritize testing, increase retention in care, and/or improve viral suppression rates. This additional information is often collected as part of a needs assessment.
- **Possible uses for estimates and analyses:**
 - If Unmet Need subpopulation analyses show specific groups of individuals (e.g. Hispanic/Latino, 13-24 year olds) who are more likely to be late-diagnosed, the RWHAP Part A or Part B program may then use focus groups or key informant interviews to better understand why, asking about such factors as access to testing, stigma and confidentiality concerns, and/or level of knowledge about HIV behavioral risk factors in this population.
 - Such information can help a program better reach these subpopulations for testing.
 - If a jurisdiction conducts subpopulation analyses by county and finds the rate of unmet need is especially high in certain rural counties, then they may do a special needs assessment study of service access and points of entry into care in those counties to better understand factors that limit linkage to and retention in care, so barriers to care can be addressed and minimized.

Planning for National Initiatives like the Ending the HIV Epidemic Initiative (EHE)

- **Approach:** National initiatives typically address topics informed by unmet need data, which can be helpful for planning appropriate strategies. Choosing appropriate priority populations as well as geographic breakdowns is important for such planning.
- **Possible uses for estimates and analyses:** Two of the four pillars of EHE involve early diagnosis and rapid linkage to treatment and sustained viral suppression for people with HIV. Use of subpopulation and geographic analyses identifying people who are late diagnosed and in care not virally suppressed will support planning for EHE. Several of the Unmet Need methodology field test sites noted a better understanding of the rates of unmet need and viral suppression was helpful in choosing appropriate strategies for increasing retention in care.



Special Analyses

- **Approach:** Jurisdictions may choose to do special analyses not required by HRSA but utilize Unmet Need data. Unmet Need estimates and analyses for RWHAP clients can provide information regarding clients with an unmet need for HIV primary care or for those in care but not virally suppressed.
- **Possible uses for estimates and analyses:** The Unmet Need Methodology defines a RWHAP client as an individual who has received at least one RWHAP or RWHAP-funded service during the past year. This analysis provides information about the number of RWHAP clients who have unmet need or are in care but not virally suppressed based on Unmet Need Methodology definitions. Since all clients in the RWHAP Unmet Need estimates and analyses received a service in the past year, jurisdictions can use this information to identify and contact these individuals through their RWHAP service provider and try to re-engage them in care or provide them with additional resources to help support medication adherence, retention, and viral suppression.

Need more help on integrating Unmet Need estimates and analyses into your planning activities? TargetHIV has an entire section just on planning. You can also reach out to HAB-funded technical assistance providers for additional assistance.

- [TargetHIV planning page](#)
- [Planning Community HIV/AIDS Technical Assistance and Training \(Planning Chatt\)](#)
- [Integrated HIV/AIDS Planning \(IHAP\) TA Center](#)

