

**MICHIGAN UNMET NEED ESTIMATE AND ASSESSMENT
RYAN WHITE CARE ACT TITLE II: FY2007 GRANT APPLICATION
Summary**

Annually, the HIV surveillance program provides data to the MDCH HIV/AIDS Prevention and Intervention Section (HAPIS) as well as the City of Detroit for the Title I and Title II Ryan White CARE Act grant applications. One important component of these grants that HIV Surveillance provides data for is called "unmet need." Unmet need refers to the population of HIV positive persons who are not receiving minimally adequate HIV-related services, defined as receiving at least one viral load (VL) or CD4 count/percent within a one-year period.

In previous years, MDCH relied on historic Medicaid data and data from the Detroit area project- Adult Spectrum of Disease (ASD), which concluded in 2003, to provide estimates of unmet need. Because mandatory laboratory reporting of HIV-related tests in Michigan was implemented last year, we are now able to provide up-to-date, population-based assessments of unmet need, including a description of persons who are categorized as having unmet need.

Laboratory data were used to determine each patient's most recent CD4 count, CD4 percent, and/or viral load test date. The laboratory results were then joined to data in the primary HIV surveillance database (eHARS). Persons diagnosed after September 30, 2005 were excluded from analysis to eliminate the possibility of including those who were very recently diagnosed and had not yet obtained care. Unmet need was then calculated by determining the number of persons in eHARS who were diagnosed prior to October 1, 2005 and had not received a viral load or CD4 test between October 1, 2005 and September 30, 2006.

The statewide Title II analysis revealed that of the 12,624 HIV positive persons currently living in Michigan at the time of analysis, 42 percent have unmet need (34% of AIDS cases and 51% of HIV, non-AIDS cases). Those with unmet need are similar to those with met need according to sex (77 percent male) and race/ethnicity (57 percent black, non-Hispanic), but differ according to age at HIV diagnosis, current residence, and mode of transmission. The groups with the highest percentage of unmet need include persons aged 20 - 29 years at diagnosis (46 percent), persons currently living outside of the Detroit metro area (47 percent), and IDU (51 percent).

While these estimates may seem high, evidence suggests that Michigan's results are comparable to those of other states. Mosaica, an organization that contracts with HRSA to provide technical assistance for unmet need assessments, reports that the median estimates of unmet need among all Title II grantees were 52 percent for HIV, non-AIDS cases, 38 percent for AIDS cases, and 43 percent for HIV and AIDS cases combined. Although methodologies used to calculate unmet need vary considerably from jurisdiction to jurisdiction, making comparisons problematic, these data nonetheless imply that Michigan's estimates are not excessive relative to other areas.

HAPIS is currently working to identify strategies used in other jurisdictions, and then plans to fit those strategies with the data gleaned from this analysis. In so doing, these data will be used to target resources to HIV positive persons in Michigan who need them most.

