



## **Building Data Infrastructure to Meet the Unmet Need Requirement**

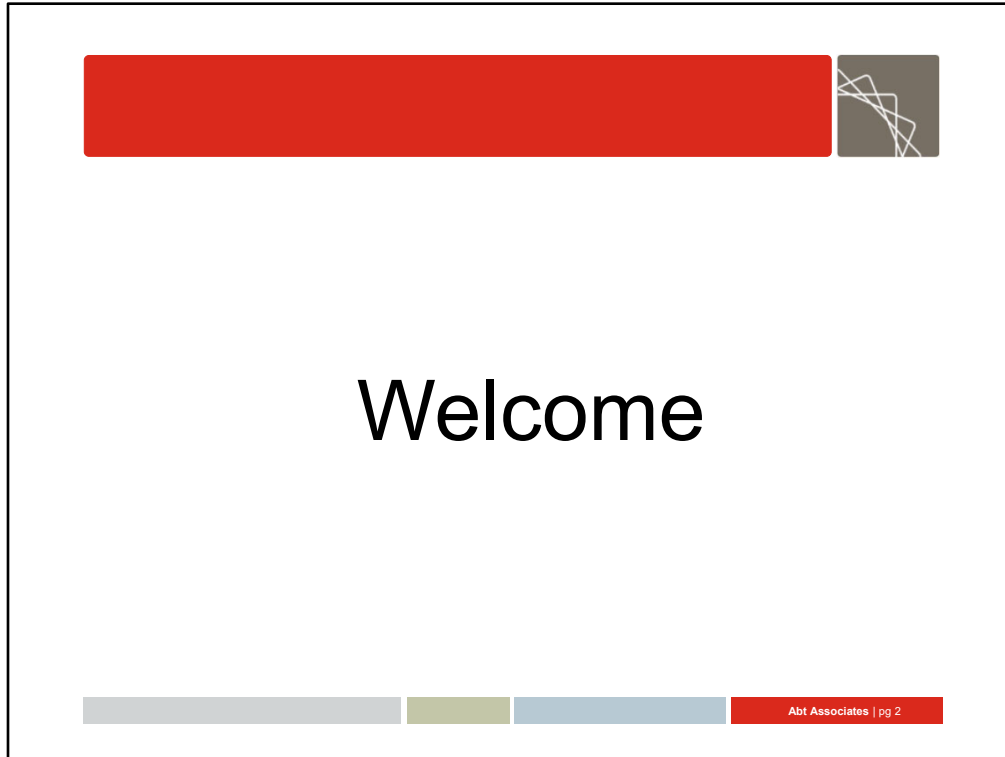
**February 18, 2021**  
**Abt Associates, Inc.**



Hello everyone, thanks for joining, we'll get started in a few minutes.

Hi, good morning or afternoon, everyone. 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. For this project, you will come to know us as the Ryan White HIV/AIDS Program Unmet Need Training and Technical Assistance Team...or, the Abt Team...which is a lot shorter. As we get a little further along, I'll introduce everyone.

Hopefully, you all have joined one of our previous webinars. Nonetheless, welcome, we're happy to have you here today. This is the fourth of six webinars that we are presenting to ensure that you all have proper guidance and information as you seek to implement the updated framework. Today's webinar is focused on building data infrastructure to meet the Unmet Need Requirement.



- 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 fourth 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

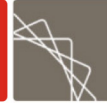
- Jane Fox, Project Director
- Tara Earl, Training and TA Lead
- Diane Fraser, Project Manager
- Debbie Isenberg, Unmet Need Subject Matter Expert
- Anne Rhodes, Subject Matter Expert

### Introductions

Thanks Andy! I would like to take a few minutes to introduce key members of this project. Andy Tesfazion from the Division of Metropolitan HIV/AIDS Programs and Cathleen, or Cat, Davies from the Division of State HIV/AIDS Programs are senior advisors who will guide this work as well as serve as a resource to the HRSA HAB Project Officers.

Earlier I mentioned that my colleagues and I have been working closely with Andy and others at HRSA HAB to update the Unmet Need Framework. Our team includes Jane Fox, myself, Diane Fraser, Anne Rhodes and Debbie Isenberg. Today, you'll hear from both Anne and Debbie. We're excited to have Debbie as part of our team given her extensive experience and expertise with the Unmet Need framework.

## Training Objectives



- Provide a high-level overview of Unmet Need
- Identify data sources for use in completing Unmet Need estimates and analyses
- Identify strategies for enhancing data infrastructure
- Outline key steps for completing the Unmet Need estimates and analyses

### Training Objectives

Today we are going to do a high level overview of the Unmet Need data elements, discuss steps needed to complete the Unmet Need requirement, including determining data needs, engaging key staff, reviewing available data and tools and developing a timeline for completion.

Background information and detailed descriptions of the data elements for unmet need are provided in the *Methodology for Estimating Unmet Need Instruction Manual*. The manual, additional implementation support materials, as well as today's slides and audio recording will be available on the TargetHIV website. The manual and implementation materials are already available and Diane has included a link to them in the chat box.

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.

## Poll # 1: Unmet Need



Did you complete the Data Assessment Survey that was sent out with the registration for this webinar?

- Yes, completed all of it
- Yes, but I couldn't complete all of it
- No, did not complete, but plan to
- No, did not feel we needed to complete
- Other, chat in your response

### Poll 1: Unmet Need

## 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)

Abt Associates | pg 6


### 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 (NOFO).


Recipients will use the Required Reporting Templates (which Debbie will review today) as attachments in the application. Only the required estimates and analyses have to be submitted but recipients can submit enhanced estimates and analyses, which we will be reviewing in detail today.

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.

So now, I'm going to pass this over to Debbie Isenberg to discuss how to get ready for completing the Unmet Need estimates and analyses. As a reminder, please use the Q&A feature to submit any questions that you have and we will review these at the end of the presentation.



# Review of the Updated Unmet Need Framework



Abt Associates | pg 7

RWHAP Unmet Need Framework Transition Slide

So now we're going to review the Updated Unmet Need Framework. For those of you who joined us during previous webinars, this will be a little bit of a 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.”<sup>2</sup>

<sup>2</sup> 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.

Abt Associates | pg 8

### Unmet Need Definition

The formal definition for unmet need 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.” – So this was prior to the idea of the care continuum, but was looking at similar issues.



## 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 target populations
- Linked databases are not required

Abt Associates | pg 9

### Updated Unmet Need Framework: Required Estimates and Analyses

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 target 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) target 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 target populations and subpopulation analyses

Abt Associates | pg 10

### Updated Unmet Need Framework: *Enhanced* Estimates and Analyses

While the **required** estimates and analyses using HIV surveillance data are very helpful, they can be limiting for RWHAP planning or resource allocation purposes for jurisdictions. 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 of the additional estimates and analyses are completed are also up to the recipient.

The additional estimates and analyses use both HIV surveillance AND RWHAP data for the most recent calendar year except for population size. The most recent calendar year must be the same for all data sources. Jurisdictions can also choose to use linked databases but that is not required. The additional estimates and analyses includes all of the key components that we just reviewed for HIV surveillance data plus two others for RWHAP data unmet need and in care not virally suppressed.

This means that recipients are expected to run estimates and analyses for the HIV population (all new diagnoses and people living with diagnosed HIV infection) and target populations. In addition, they can run estimates and analyses for RWHAP clients including the same three target 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.

Now let's review these definitions in more detail.

## Poll # 2: Unmet Need



Which approach do you plan to complete for FY2022: required or enhanced estimates and analyses?

- Required Estimates and Analyses
- Enhanced Estimates and Analyses
- Not sure yet
- Other (chat in response)

Abt Associates | pg 11

### Poll 2: Unmet Need

Which analyses and estimates do you plan to complete for FY2022?

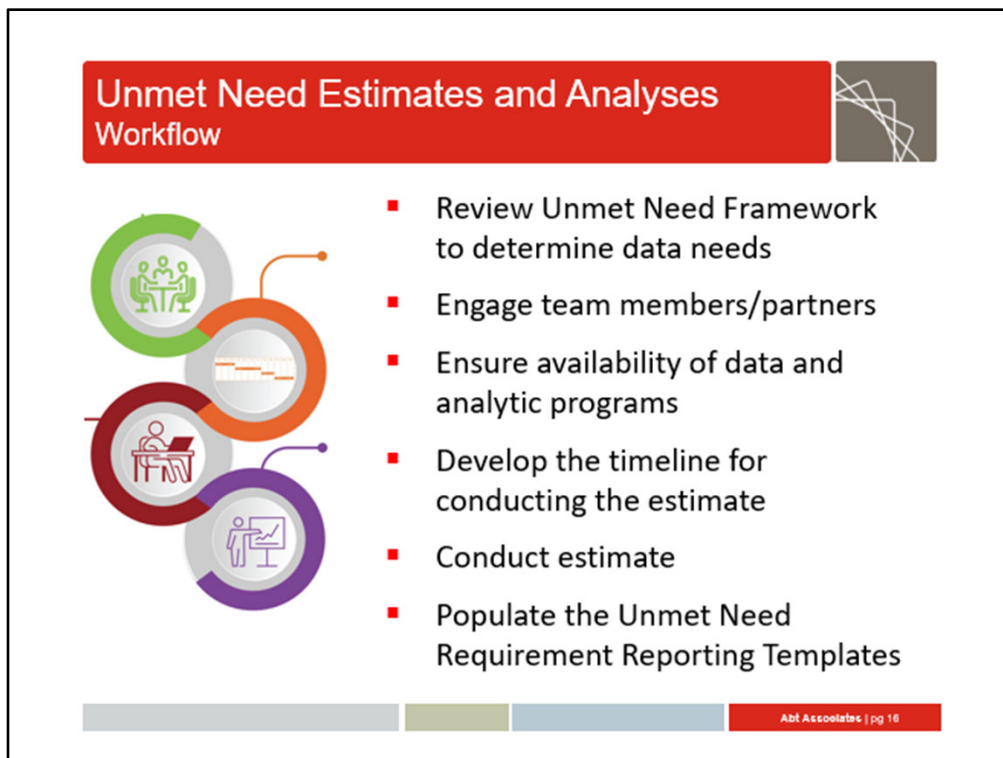
- Required Estimates and Analyses
- Enhanced Estimates and Analyses
- Not sure yet
- Other (chat in response)



# Unmet Need Tasks and Considerations



RWHAP Unmet Need Framework Transition Slide



The slide features a red header with the title "Unmet Need Estimates and Analyses Workflow" and a line graph icon. On the left, a vertical flow diagram consists of four overlapping circles in green, orange, red, and purple, each containing an icon representing a step in the process. To the right, a bulleted list details the steps. At the bottom, a horizontal bar is divided into four colored segments (grey, olive, blue, red), with the red segment containing the text "Abt Associates | pg 16".

## Unmet Need Estimates and Analyses Workflow

- Review Unmet Need Framework to determine data needs
- Engage team members/partners
- Ensure availability of data and analytic programs
- Develop the timeline for conducting the estimate
- Conduct estimate
- Populate the Unmet Need Requirement Reporting Templates

Abt Associates | pg 16

### Unmet Need Estimates and Analyses Workflow

Once you've determined which approach you are doing, there are some steps that you'll need to implement. Today we focus on the first four steps (click) and some considerations for how to complete them. These steps are also outlined in an infographic on TargetHIV for which Diane will chat out the link. The steps are based on input from the Part A and B recipients that participated in the Unmet Need pilot activities.

1. Review Unmet Need Framework to determine data needs
2. Engage team members/partners
3. Ensure availability of data and analytic programs
4. Develop the timeline for conducting the estimate
5. Conduct estimate
6. Populate the Unmet Need Requirement Reporting Templates

## Determining Data Needs



- Data Needs will vary based on a variety of factors:
  - If you're conducting required or enhanced estimates and analyses
  - If you plan to use data in addition to HIV surveillance and RWHAP
  - If you are linking data
  - If you are requesting aggregate or client-level data
- Once decisions are made, you can outline data needs

Let's start with determining data needs. Determining what data you'll need is based on several factors. First, are you conducting required or enhanced estimates and analyses. Remember that required estimates and analyses only use HIV surveillance data, while enhanced estimates and analyses use HIV surveillance and RWHAP data/ You may also decide that you want to use additional data sources such as ADAP or Medicaid.

You'll also need to decide if you're linking data or requesting aggregate or client level data.

Once you've made these decisions, you can better outline your data needs.

## Considerations



- Do you already have an existing relationship with HIV surveillance? If not, do you know who you would contact with a data request?
- For Part As, do you make HIV surveillance requests to the Part B or HIV surveillance?
  - Do you normally get aggregate or client-level data?
  - Is it possible that the state will run your unmet need estimate for you?
- Do you routinely share data with HIV surveillance?
- Do you have a DUA/MOU in place?



Abt Associates | pg 18

Considerations are impacted by your current data capacity. For example, do you already have someone in HIV surveillance who runs data for you? If not, do you know to whom to submit a request? For Part A recipients, do you normally submit data requests to the Part B recipient or directly to HIV surveillance? Do you routinely share data with HIV surveillance? If so, obtaining the data for Unmet Need may be fairly straightforward. Do you have a DUA/MOU in place already? If not, will it be required.

## Engaging Team Members



- Develop an Unmet Need Team and consider the following needs:
  - Familiarity with the data sources that you are using
  - Ability to conduct data analyses (e.g. running SAS code or writing custom reports)
  - Ability to review data output and code/reports to ensure accuracy of the data
  - Familiarity with target populations used by RWHAP and HIV surveillance
  - Authority to review and finalize the Unmet Need Estimates and Analyses



Abt Associates | pg 10

Let's move on to the next step: engaging team members. We asked the pilot sites for Unmet Need to share what needs should be addressed in completing unmet need estimates. These include familiarity with data sources as well as the skills to conduct the required analyses. You want to be able to review the output and the analytic code to ensure that the data are accurate. Familiarity with the target populations that are commonly used would also be helpful.

Finally, you need to have someone who can review and sign off on the estimates.

The number of people could be as little as 2 depending on your staffing and how these needs can be addressed but may be a much larger team as well.



## Considerations



- What are current staff demands?
- Do you have identified staff who normally conduct analyses/work with the RWHAP?
- Have staff been involved in Unmet Need before?
- What are current data review and release procedures? Who has to sign off to consider a data run 'final'?



In considering who is on the team, you'll need to determine what current staff demands are. Also, are there already people identified who normally conduct analyses or work with the RWHAP for data needs. Have these or other staff been involved in Unmet Need before?

Finally, are there already procedures in place to review and finalize data requests? If so, who has to sign off on the data runs?

## Ensure Availability of Data and Analytic Programs



- Assess the availability of the datasets that you are planning to use
- Determine what analytic programs/queries you'll need to conduct analyses
- Determine if there are known data limitations/data quality issues

You also need to ensure that the data that you identified in step one is available. You'll also need analytic programs so you can run the estimates and analyses. It's also really important to talk about known data quality issues such as missing data, delayed lab reporting, timing of when a dataset is finalized and so on.

## Considerations



- Do you know when HIV surveillance data are considered final and ready for release? What about RWHAP data?
- Do you have the CDC SAS code to run the Unmet Need analyses for HIV surveillance data?
- Have you developed the queries/custom reports to run your RWHAP data?
- If a Part A that crosses state lines, are you able to get data for all states in your Part A?
- If linking, what approach are you using to link the different datasets?
- Will data quality issues impact your approach or estimates and analyses?

Abt Associates | pg 19

So there are several considerations. First, do you know when the HIV surveillance dataset is considered final? What about the RWHAP data?

Have you gotten the CDC SAS code to run the estimates and analyses. If you're doing required estimates and analyses, have you already developed the SAS code for your target populations. For enhanced estimates and analyses, do you have the capacity to expand the SAS code as needed? For RWHAP data, have you developed the queries or custom reports you need to run the data?

For Part As that cross state lines, are you able to get data from all of the states in your Part A? If not, do you have an established approach for analyzing your data?

If you're linking, has the approach been finalized? And finally, will the known data quality issues impact your approach or your estimates and analyses?

## Develop Timeline



- Establish timeline that allows for multiple data runs to ensure data accuracy
- Incorporate time needed for review and submission
- Plan for writing the narrative and populating the excel sheet
- Align activities with data availability to the extent feasible
- Plan for the data preparation and analytic approach to be the most time consuming steps
- Include planning meeting before the NOFO/NCC is released


The final step that we're going to talk about today is developing a timeline. It is important to establish a timeline to ensure that there is enough time for complete all of the steps. This may include checking data accuracy or for final review and submission. You'll also need to ensure that you plan for time to write the narrative and populate the excel sheets. It is often useful to align activities to data availability as well. Based on feedback from our pilot jurisdictions, data preparation and writing the analytic programs is the most time consuming step. They also recommend 4 6 weeks depending on the status of the datasets and analytic programs. Finally, even though the NOFO hasn't yet been released, we suggest that you also incorporate a planning meeting soon!

## Considerations




- What are competing priorities?
- How much lead time does HIV surveillance need? RWHAP?
- How much time is needed for review and approval?
- Will key staff be in the office?
- Can this be considered a routine request that is scheduled annually?

In developing your timeline, there are some important considerations. Since there is always something else going on, what are the competing priorities about which you should be aware. You'll also want to be sure that you know how much lead time HIV surveillance needs as well as RWHAP if you're using RWHAP data. For the review and approval process, how long does that normally take? You'll want to be sure that key staff are in the office, so take vacations and offsite meetings into considerations. Finally, can this be considered a routine request so it is scheduled annually and everyone is prepared to complete it?



# Common Challenges and Strategies



Abt Associates | pg 22

Common Challenges and Strategies

Now we're going to highlight common challenges and strategies

## Common Challenges



- Competing priorities
- Data quality issues
- Lack of access to HIV surveillance data
- Lack of collaboration between Part As and Bs
- Staffing limitations
- Limited resources

### Common Challenges

These common challenges probably look familiar because we touched upon many of them in the considerations that we just reviewed. First, look at the competing priorities grant applications and reports, other projects all impact the ability to get this done. Data quality issues are also common challenges. Some recipients, particularly Part As, may lack access to HIV surveillance data. You may also be in a state or jurisdiction where there isn't a lot of collaboration between Part As and Bs.

Some recipients are dealing with staffing issues key staff leaving or having limited staffing to start with. And finally, limited resources are also a challenge.

## Strategies



- Start now!
- Get any needed DUA/MOUs in place now
- Develop your team and have them attend/review the webinars
  - Ensure that you have someone with strong knowledge of datasets, analytic skills and manager/supervisor to finalize the estimates
- Develop an Unmet Need Preparation Plan
  - Consider short-term and long-term approaches

### Strategies

Well how to tackle these? First we recommend starting now. Don't wait for the NOFO to drop. Do as much as you can beforehand. Also remember that the Abt team is around through May so if you'd like to get TA from us, the sooner the better. If you need to have a DUA or MOU in place, those can take a lot of time. If you're not sure if you need a DUA/MOU, ask your privacy officer/legal guidance.

We reviewed the needs of your team earlier. Develop your team now and have them attend these webinars. Remember that all webinars are also recorded and posted on TargetHIV so they are always available. The pilot recipients recommended that at a minimum, you have someone with a strong knowledge of the data that you're using, someone with strong analytic skills and a manager or supervisor who can approve the estimates.

Finally we suggest that you develop an Unmet Need Preparation Plan. There's a template on TargetHIV to help you. This is also where you can address any challenges raised by the data capacity assessment that you completed before this webinar. Consider both short term (this year) and long term (following years) approaches.



## Strategies

- Align with related work such as Epi Profile and HIV Care Continuum
- Part As and Part Bs collaborate
- Request technical assistance



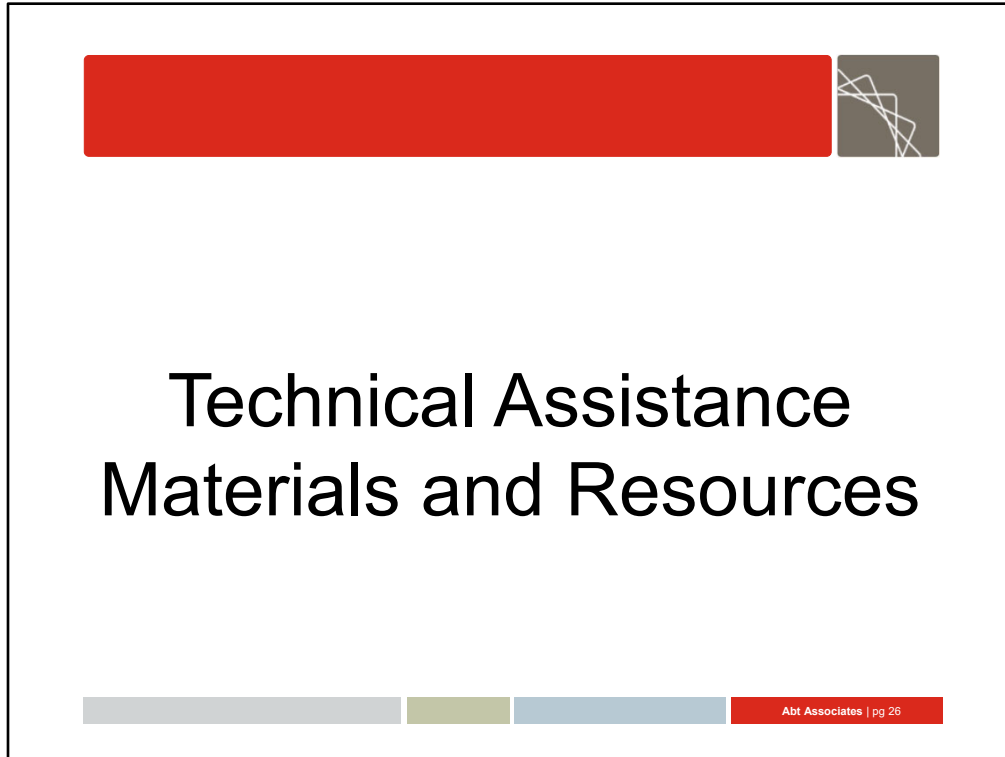
Abt Associates | pg 28

You can also align the Unmet Need work with similar work such as completing the Epi Profile or HIV Care continuum.

We also strongly encourage that Part As and Part Bs collaborate. This may include having the Part B work with HIV surveillance so they run the estimates and analyses for Part A.

Finally, request TA don't wait.

Now I'm going to turn things over to Anne to review TA materials and resources.



Getting Ready for Implementation of the Updated Unmet Need Requirements Transition Slide

Thanks Debbie! That was a lot of information. But we have lots of resources and technical assistance available to help with completion of Unmet Need.

## RWHAP Unmet Need Resources

### TA Materials



- TargetHIV website:
  - <https://targethiv.org/library/topics/unmet-need>
  - 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)
  
- Spring 2021
  - Webinars (will be posted on TargetHIV website)
  - Training Videos (in 2021)

Abt Associates | pg 27

### 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. As Debbie mentioned, 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

Future webinars will be done in March and April on how to utilize Unmet Need data for planning, and the tools available to complete the estimates and analyses.

There will also be specific training videos posted to the Target HIV website in 2021 for recipients to view at anytime. We presented on a CDC HIV Surveillance call in January to ensure that recipient HIV surveillance staff are aware of Unmet Need and how surveillance data are being utilized.

## RWHAP Unmet Need Resources

TA Materials



- 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

Abt Associates | pg 28

### 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 in the next couple of months. 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 in April 2021, with CDC surveillance staff focused on the SAS program.

## RWHAP Unmet Need Resources

Requesting TA



Contact the Abt TA Team at:

[RW\\_Unmet\\_Need@abtassoc.com](mailto:RW_Unmet_Need@abtassoc.com)

Abt Associates | pg 32

### 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



- 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!

Abt Associates | pg 30

### Technical Assistance

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.

I'm going to turn this back over to Tara to discuss next steps and wrap up!



Next Steps Transition Slide

That was a great discussion. 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 and other Unmet Need stakeholders are encouraged to review the previous webinars and attend the future ones.
  - Next webinar is March 18, 2021:
    - **Enhanced Unmet Need Analyses: Data for Local Planning**

### Next Steps and Upcoming Activities

We are doing a series of webinars about Unmet Need, with 2 more webinars scheduled in 2021. Topics will include using the enhanced unmet need estimates and analyses for local planning and tools for completing the Unmet Need estimates and analyses. Please encourage any staff from your jurisdictions who will be involved in Unmet Need to attend, including HIV surveillance staff. Our next webinar is March 18 and will focus on using data for local planning. Diane will put the link to register for that webinar in the chat and it is also on the TargetHIV website.



## 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

Abt Associates | pg 33

### Poll 4: 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

If you are feeling overwhelmed and would like to have a discussion with our team about how your program can prepare for Unmet Need, please send an email to our team or put your email in the chat. Diane will put the Unmet Need email in the chat.

Let's Hear from You!



**Discussion and Questions...**

Abi Ascolatas | pg 37

Let's Hear from You: Discussion and Questions

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!