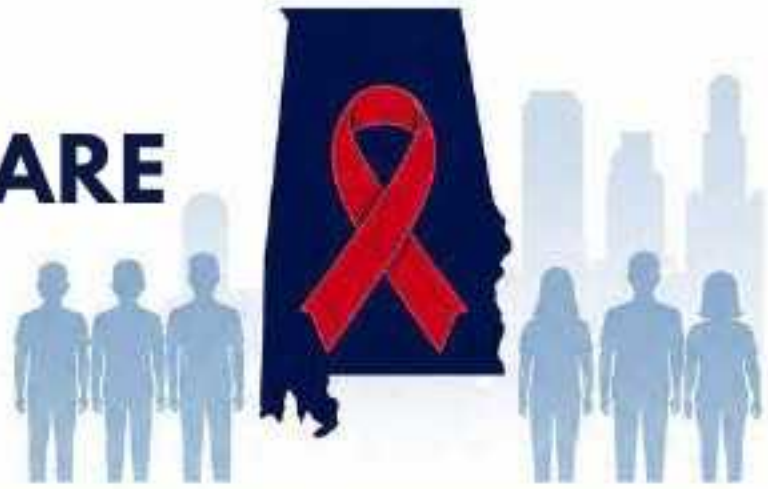
ALABAMA
HIV PREVENTION & CARE
INTEGRATED PLAN



DATA-DRIVEN. COMMUNITY-FOCUSED. FAIRNESS-ORIENTED.
TOGETHER, WE CAN END HIV.

PLAN OVERVIEW

The Alabama HIV Prevention and Care Integrated aligns prevention, care, and treatment efforts statewide to reduce new HIV infections, improve health outcomes for people with HIV (PWH), and address long-standing differences in outcomes.

GUIDED BY:

- Ending the HIV Epidemic (EHE) Initiative
- National HIV/AIDS Strategy (NHAS)
- CDC & HRSA Integrated HIV Planning Guidance

FOUR PILLARS: ENDING THE HIV EPIDEMIC (EHE)

DIAGNOSE
Expand HIV testing and early detection to identify infections early and connect people to care without delay.

TREAT
Strengthen timely connection to care and support ongoing HIV treatment to achieve and maintain viral suppression.

PREVENT
Increase access to PrEP and other evidence-based prevention strategies to stop new HIV infections.

RESPOND
Enhance outreach, detection, and rapid response to address rising HIV cases promptly.

CROSS-CUTTING STRATEGIES

- Workforce Development
- Health Access for All
- Community Partnerships
- Data Use & Analysis

DATA-INFORMED. COMMUNITY-ENGAGED.

The plan is grounded in a comprehensive situational analysis of:

- HIV surveillance data
- Service use patterns
- Gaps across the prevention and care continuum

Input was gathered through statewide meetings, community conversations, focus groups, surveys, and key informant interviews with people with HIV, community organizations, health centers, healthcare providers, and public health partners.

OUR COMMITMENT

Through coordinated action, ongoing monitoring, and strong partnerships across Alabama's 67 counties, we will reduce HIV-related differences in outcomes and ensure everyone has the opportunity to live a long, healthy life in a supportive community.

OUR PRIORITY AREAS

1. **STRENGTHENING HIV MEDICAL CARE & SUPPORT SERVICES**
   Ensure early detection, prompt connection to care, retention in treatment, and sustained viral suppression.
2. **ADDRESSING SOCIAL CONDITIONS THAT SHAPE HEALTH**
   Improve access to stable housing, transportation, nutritious food, income supports, and economic opportunities that impact health outcomes.
3. **INTEGRATING BEHAVIORAL HEALTH & SUBSTANCE USE SUPPORT**
   Provide mental health and substance use support that promotes ongoing engagement, healthy choices, and overall well-being.
4. **EXPANDING PREVENTION ACCESS & COMMUNITY EDUCATION**
   Increase access to PrEP, condoms, harm reduction, and education to strengthen communities and prevent new infections.

FOCUSING ON THOSE MOST AFFECTED | BUILDING STRONG PARTNERSHIPS | USING DATA TO DRIVE ACTION | IMPROVING HEALTH FOR EVERYONE

TOGETHER, WE CAN END HIV IN ALABAMA. | Learn more: www.adph.org/hiv

NEEDS ASSESSMENT SUMMARY

ADVANCING HIV PREVENTION, CARE, AND TREATMENT FOR HEALTHIER COMMUNITIES

HIV TESTING SERVICES

SERVICES NEEDED FOR HIV TESTING ACCESS & STAYING NEGATIVE

- Routine, convenient testing options (e.g., community-based, mobile, walk-in, same-day services)
- Affordable or free HIV testing services
- Transportation support to improve access
- Confidential, stigma-free testing environments
- Contextual awareness of care from trusted providers
- Increased awareness of where and how to access services
- Expanded access to prevention services (PrEP education, navigation, and access)
- Access to primary care and preventive health services
- Pharmacy and medication access for prevention (e.g., PrEP)
- Comprehensive sexual health education
- Peer-led outreach and support
- Telehealth options to increase access

RAPID LINKAGE TO HIV CARE AFTER POSITIVE DIAGNOSIS

- Immediate case management and care navigation (highly utilized and critical)
- Peer navigation and support from individuals with lived experience
- Clear referral pathways and improved coordination across providers
- Timely appointments and reduced wait times for treatment initiation
- Transportation and logistical support to attend appointments
- Follow-up systems (e.g., reminders, outreach) to support engagement and re-engagement

HIV CARE AND TREATMENT ISSUES

SERVICES FOR MAINTAINING CARE & ACHIEVING VIRAL SUPPRESSION

- Medical care
- Behavioral health counseling and psychological support
- Outpatient and peer-based substance use services
- Food assistance
- Non-medical case management
- Emergency financial assistance
- Housing support
- Transportation

RETENTION & RE-ENGAGEMENT FACTORS

- Engagement and retention improve when individuals feel supported and ready
- Access to trusted support systems for stress management and emotional well-being
- Access to trusted providers increases retention
- Outreach and follow-up efforts facilitate re-entry into care
  - Connection to a case manager
  - Connection to a person with lived experience
- Appointment reminders

CHALLENGES TO ACCESS

HIV TESTING HINDRANCES

- Stigma and fear of judgment
- Limited awareness of available services
- Concerns about maintaining confidentiality
- Competing priorities (e.g., work, time constraints)

CHALLENGES WITH STATE LAWS AND REGULATIONS

- Insurance coverage gaps, including a lack of Medicaid expansion
- Confusion around program eligibility and enrollment processes
- Administrative complexity in accessing services
- Funding limitations and instability affecting service availability
- Immigration-related policies/immigration status can affect health outcomes, which have a broader public health implication

HIV PREVENTION, CARE, AND TREATMENT ACCESS ISSUES

STRUCTURAL CHALLENGES

- Transportation
- Cost of care and services
- Housing instability and food insecurity
- Workforce shortages and service capacity limitations
- Disconnect between HIV awareness and actionable prevention steps
- Immigration-related consequences (e.g., fear of enforcement) discourage individuals and families from enrolling in coverage and/or accessing healthcare services

SYSTEM-LEVEL GAPS

- Poor coordination between providers and agencies
- Limited integration of prevention and care into routine healthcare
- Inconsistent information about available services

SOCIAL & INDIVIDUAL CHALLENGES

- Stigma and judgment
- Behavioral health challenges
- Fear of disclosure
- Linguistic gaps, especially for the Latino population

OUR GOAL

To remove barriers, strengthen systems, and ensure every individual has the opportunity to prevent HIV, access quality care, and achieve optimal health outcomes with dignity and respect.

TOGETHER, WE CAN END HIV. TEST. TREAT. PREVENT. THRIVE.

SECTION V 2027–2031 INTEGRATED HIV WORKPLAN

Our 5-Year Plan to Prevent HIV, Improve Health Outcomes, and Advance Health Fairness for Alabama

HOW THIS WORKPLAN WORKS

The Workplan translates our priorities into action. Each goal includes objectives (what we will accomplish) and key activities (what we will do) over the next five years.

GOALS (WHAT WE WILL ACHIEVE)	OBJECTIVES (WHAT WE WILL ACCOMPLISH)	KEY ACTIVITIES (WHAT WE WILL DO)
1 PREVENT NEW HIV INFECTIONS Stop HIV before it starts.	• Scale up PrEP education and access.	Increase routine HIV testing statewide.
		Integrate HIV testing with STIs, Hepatitis C, and Tuberculosis.
	• Expand HIV testing and early diagnosis.	Provide provider training on prescribing PrEP.
	• Prevent mother to child HIV transmission.	Implement context-aware HIV prevention campaigns.
	Strengthen community and public health relationships.	Reduce new perinatal HIV transmissions through screening, education, and prevention services.
2 IMPROVE CARE & TREATMENT OUTCOMES Help people with HIV live well.	Strengthen linkage to HIV medical care.	Ensure people newly diagnosed with HIV are quickly connected to HIV medical care.
	Increase retention in HIV care.	Expand patient navigation.
	Improve viral suppression.	Implement strategies to re-engage individuals who have fallen out of care.
	Strengthen quality and performance improvement efforts.	Expand telehealth services.
	Support people who have fallen out of care.	Implement continuous quality improvement initiatives across HIV programs.
3 REDUCE HEALTH INEQUALITIES Make health and care fair for everyone.	Reduce HIV-related stigma.	Provide testing in shelters, substance use programs, correctional facilities, community events, and re-entry programs.
	Expand HIV testing in communities with limited resources.	Address access challenges such as transportation, housing instability, substance use, and behavioral health.
	Improve connection to care and supportive services.	Provide stigma and bias awareness training to healthcare providers and staff.
	Strengthen fairness in HIV service delivery.	Promote fair practices in hiring, recruitment, and workforce development.
4 STRENGTHEN SYSTEMS & PARTNERSHIPS Work together to do more.	Improve collaboration across HIV prevention and care systems.	Increase communication among community-based organizations.
	Expand community partnerships.	Build partnerships with faith-based organizations, correctional facilities, and local leaders.
	Improve data sharing and use.	Engage people with lived experience in decision-making processes.
	Enhance referral and connection systems.	Improve referral processes between HIV testing, prevention, care, and support services.
	Ensure quality improvement and accountability.	Improve data collection, reporting, and information sharing across programs and partners.

FOCUSING ON THOSE MOST AFFECTED | BUILDING STRONG PARTNERSHIPS | USING DATA TO DRIVE ACTION | IMPROVING HEALTH FOR EVERYONE

IMPLEMENTATION, MONITORING, & FOLLOW UP

A 5-Year Roadmap for Impact: 2027–2031

Year 1 (2027): Planning Activation & Initial Implementation

- Finalize work plans and governance structures
- Engage partners and PWH
- Establish baselines and data systems
- Launch priority activities and pilot initiatives

Year 2 (2028): Expansion & Early Monitoring

- Expand programs and partnerships
- Increase reach of prevention and care services
- Begin early performance monitoring
- Address initial gaps identified

Year 3 (2029): Midpoint Assessment & Strategic Adjustment

- Conduct comprehensive midpoint evaluation
- Assess impact, equity, and progress toward goals
- Adjust strategies and reallocate resources
- Strengthen systems and refine approaches

Year 4 (2030): Intensification & Gap Reduction

- Intensify high-impact interventions
- Focus on persistent gaps and disparities
- Strengthen retention and viral suppression efforts
- Optimize partnerships and resource alignment

Year 5 (2031): Final Evaluation & Sustainability Planning

- Conduct final evaluation of outcomes and impact
- Document lessons learned and best practices
- Develop sustainability plan and transition strategy
- Communicate outcomes and future direction

HOW ALABAMA WILL IMPLEMENT, MONITOR, AND IMPROVE

IMPLEMENTATION

Alabama will implement the 2027–2031 Integrated HIV Prevention and Care Plan through a coordinated, data-driven, and participatory approach that aligns with the EHE initiative and leverages both CDC and HRSA funding streams.

Governance & Structure

Implementation will be guided by the statewide integrated planning group (APCG), prevention and care workgroups, and district HIV Prevention Networks (HPN) to ensure alignment, minimize duplication, and address service gaps.

Meaningful Engagement of PWH

PWH will be integrated across all levels of implementation:

- Representation on planning group, advisory committees, and workgroups
- Engagement of PWH, including those from disproportionately impacted populations
- Supportive services (e.g., transportation, virtual participation)
- Utilization of peer-led models and PWH-led organizations
- Routine feedback mechanisms (e.g., listening sessions, focus groups)
- Integration of PWH perspectives into messaging, outreach, and services

Engagement will evolve from advisory input to shared leadership and co-implementation.

Partner Coordination

Alabama will actively coordinate partners across sectors, including:

- Public health and clinical providers
- AIDS Service Organizations
- RWHAP subrecipients and HIV service providers
- Prevention subrecipients
- New and nontraditional partners (e.g., faith-based organizations, rural health providers)
- PWH and representatives of disproportionately impacted groups

Strengthening Stakeholder Engagement

Alabama will leverage and expand existing advisory groups and committees (ADAP Advisory Workgroup, Clinician Advisory Group, etc.), formalize partnerships (e.g., AETC), define partner roles, integrate partners into performance reviews, create feedback loops, and embed stakeholders into quality improvement activities.

MONITORING

Progress toward goals and objectives will be monitored using a structured, continuous quality improvement framework.

- Utilize data dashboards to track key indicators (HIV diagnosis rates, linkage to care, viral suppression, PrEP uptake, and variances among populations of focus).
- Convene biannual planning group meetings and internal performance reviews to review progress, identify gaps, and recommend course corrections.
- Ensure cross-collaboration among partners to align timelines, activities, and outcomes.

EVALUATION

Alabama will implement a comprehensive evaluation strategy to assess both process and outcome measures.

- Ongoing analysis of performance indicators quarterly
- Annual formal evaluation reports assessing progress toward plan goals and objectives
- Use of both quantitative (surveillance and program data) and qualitative data (focus groups, stakeholder interviews)

Findings will be routinely presented to the integrated planning group, stakeholders, and leadership to inform decision-making and resource allocation.

IMPROVEMENT

Continuous quality improvement will be embedded throughout the 5-year plan and beyond.

- Use data to identify service gaps and underperforming strategies
- Incorporate stakeholder input to guide revisions
- Conduct annual plan reviews and make formal updates as needed
- Allow for more frequent adjustments in response to emerging data, public health trends, or funding changes

Decision-making will be transparent and guided by data, stakeholder input, and fair considerations.

REPORTING & DISSEMINATION

Alabama will ensure ongoing communication of progress and outcomes through a structured dissemination strategy.

- Quarterly data briefs and dashboards shared with partners and stakeholders
- Biannual updates presented during APCG and APiC
- Annual progress reports made publicly available
- Targeted communications tailored for the public, including PWH

Multiple dissemination channels will be used, including webinars, newsletters, and digital platforms. Materials will be context-aware and available in multiple languages as appropriate.

COLLABORATION Working together across sectors

DATA-DRIVEN Using data to guide action and decisions

EQUITY FOCUSED Addressing disparities and advancing health equity

ACCOUNTABLE Transparent reporting and continuous learning

Stronger Partnerships. Better Data. Healthier Communities. An HIV-Free Future.