Alabama Department of Public Health

Integrated Planning: A Coordinated Approach to HIV Care

Ashley Wilson, Integration Coordinator
Valerie Lockett, EHE Director

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State Health Officer

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Alabama at a Glance

- Known as the Bible Belt
- Home of the Civil Rights Movement
- Collegiate sports: Alabama Crimson Tide "Roll Tide" and Auburn Tigers
- Highest number of Historically Black Colleges and Universities (HBCU) in the nation
- Leading industries: Automotive manufacturing, agriculture and forestry, aerospace and technology, shipping port

- Estimated population of 5.1 million
- 67 counties, ranging in populations from 7,100 (Greene County) to 674,721 (Jefferson County)
- Predominately rural state, with 42% of Alabama's overall population living in rural areas.
- 15% of Alabama's population live at or below the poverty level
- Median Household Income is $63,999
- Racial & Ethnical Composition:
  - Black/African American: 27%
  - White: 69%
  - Latino: 6%
- Ranked 42nd in 2025 Scorecard on State Health System Performance
- The average percentage of uninsured Alabama residents aged 18 to 64 who live in rural areas is 16%, compared to 14% percent of residents who live in urban areas.
- There are 54 rural county hospitals serving residents in 42 of Alabama's 55 rural counties.
- Hospitals in rural Alabama have 21.4 general hospital beds per 10,000 residents compared to 34.6 in urban areas (*At a Glance | Alabama Department of Public Health (ADPH)*, 2024, Radley et al., 2025, *U.S. Census Bureau QuickFacts: Alabama*, n.d.)

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Background to the HIV Epidemic in Alabama

- Ongoing public health concern
  - HIV continues to impact communities across Alabama, particularly the southern region of the state
- Geographic variances
  - Higher rates in urban counties, with increased trends of overall HIV incidence in rural counties
- Populations of focus
  - Black/African Americans
  - Men who have male-to-male sexual contact (MMSC)
  - Youth and young adults (ages 13-34)
  - Latino population
  - People who inject drugs (PWID)
- Barriers to HIV prevention & care
  - HIV-related stigma and medical mistrust
  - Socioeconomic, structural, and geographic challenges (poverty, housing insecurity, access, transportation, etc.)
  - Lack of comprehensive sexual health education
  - Missed testing opportunities and STI/HIV service disconnect
  - Language

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The Big Picture: Alabama's HIV Epidemic SWOT Analysis

STRENGTHS

i. Statewide HIV testing and counseling services

ii. Innovative outreach strategies to expand prevention and testing services in high prevalence communities

iii. Robust RWHAP, including Alabama Drug Assistance Program (ADAP) & HIV Re-Engagement Program (HREP)

iv. Longstanding community-based partnership to enhance testing, engagement, and linkage.

WEAKNESSES

i. Routine HIV testing

ii. Low PrEP education and uptake

iii. Fragmented data system and care coordination

iv. Limited provider capacity and training in HIV

v. Limited healthcare access in rural counties

vi. Limited integration of HIV, mental health, and support services.

OPPORTUNITIES

i. Increase PrEP education and uptake

ii. Context aware training and capacity building

iii. Increase telehealth and mobile health services

iv. Cross-sector collaboration (housing, transportation, etc.)

v. Expansion of opt-out testing across healthcare settings

THREATS

i. Policy and funding uncertainties

ii. HIV-related stigma

iii. Rising HIV infections

iv. Health differences across populations

v. Socioeconomic, structural, and geographic challenges

vi. Rural healthcare gaps

vii. Legal and educational challenges

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Guiding Intent and Direction

Establish a coordinated, comprehensive framework that aligns HIV prevention, care, and treatment efforts across the state.

Maximize resources and improve overall system efficiency.

Reduce new HIV infections by expanding prevention efforts.

Improve health outcomes for people with HIV (PWH).

Promote meaningful engagement.

Create a unified and strategic response to HIV in Alabama.

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How We Accomplished Our Goals: Approach & Methodology

Integrated Plan Engagements

- Visioning Day
- Alabama Prevention & Care Group (APCG)
- Alabama Quality Management Group (AQMG)
- Alabama Partners in Care (APiC)
- Social Work Intern – Tuscaloosa County
- HREP
- HIV District Managers
- Sumter County Coalition
- Alabama State University (ASU)
- University of Alabama Tuscaloosa (UA)
- Stillman College
- Talladega University
- Selma Health Fair & Back to School Bash w/ Kappa Alpha Psi Fraternity
- Homeless Connect - Calhoun County

Key Insights

- Gaps in early diagnosis
  - Low perception of HIV risk
  - Missed testing opportunities
- Competing basic needs often take priority
- Concerns about confidentiality impact testing and care seeking, especially in small communities
- HIV prevention knowledge gaps
  - General HIV knowledge is relative strong
  - Gaps in PEP, PrEP, and treatment as prevention (U=U) education
- Fragmented systems and limited coordination
  - Gaps in awareness of services and navigation
  - Technical issues affecting lab results between data systems

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Voices from the Community

- "I received my diagnosis in the emergency department, I underwent tests, and the physician recommended a follow-up. He delayed it for a couple of weeks but did ask if I would agree to an HIV test, which I accepted. They informed me only when I returned, and the doctor stated, "You're HIV-positive." I felt that he lacked the necessary training to manage a patient's reaction to a new diagnosis effectively. I mentioned this to him, and he responded, "Didn't you know you had HIV?" Even after all this time, it still lingers in my mind, and the way he delivered the news continues to trouble me." – PWH Focus Group Participant

- "Because my main concern was that when I arrived, the first thing the nurse noticed was my last name. She said, "Are you related to…" and mentioned several names. I replied, "Yes." Then she added, "That's my best friend." I thought, oh no. If this gets out, I can already imagine it being on Channel 8 news. It's going to spread everywhere. I understand there are confidentiality rules with HIPAA and everything. However, at that moment, I wasn't thinking about that. This nurse was casually mentioning family members, and when she said my mom's name, I thought, oh no, no…" –Focus Group Participant representing persons vulnerable to HIV acquisition

- "That's one reason many young people and others hesitate to undergo testing, due to a lack of information. They don't realize that it's possible to have a long life with it. " -PWH Focus Group Participant

- "In smaller towns, there are major barriers to care. Unlike Birmingham, where there are more resources and anonymity, smaller communities make it difficult to access services. People worry about confidentiality because everyone knows each other. Transportation is also a big issue, many people can't travel 45 minutes or more for care, and they don't feel comfortable asking for help without disclosing their status. As a result, some start treatment but don't stay in care." –Focus Group Participant vulnerable for HIV acquisition

- "Navigating services can be frustrating. People are often sent back and forth, asked for repeated documentation, and made to go through unnecessary steps, even when their information is already in the system." –PWH Focus Group Participant

- "They send you on a wild goose chase. They'll tell you come in with all the paperwork. They're like, "Oh, we got to go back. You got to do this. You got to do that." You know my status. I'm in the system. You shouldn't have to go through so much to get some help. Your diagnosis should be automatic. Go right through." –PWH Focus Group Participant

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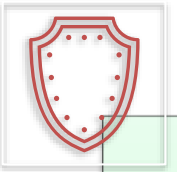
Practice Considerations & Recommendations

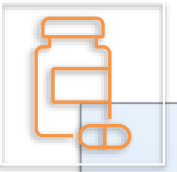
DIAGNOSE

- Expand routine, opt-out HIV testing (e.g. ER Department)
- Increase access testing
- Ensure confidential, stigma-free, and context aware testing environments



PREVENT

- Scale up PrEP access
- Strengthen prevention services
- Expand community outreach



TREAT

- Ensure rapid linkage to care
- Promote retention through integrated services
- Strengthen re-engagement strategies
- Integrate support services

RESPOND

- Strengthen cross-sector collaboration
- Improve data coordination
- Engage lived experience in decision making

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Learning Through the Process

Obstacles Faced

- ✓ Insufficient monetary incentives
- ✓ Lower than expected response rates
- ✓ Limited engagement among key populations (rural, Native American/Tribal, Latino)

Solutions Implemented

- ✓ Used multiple data sources (supplemental survey)
- ✓ Regular planning meetings (virtual, in-person)
- ✓ Flexible engagement strategies (targeted outreach events)
- ✓ Implementation of paper surveys

Lessons Learned

- ✓ Invest in on-going relationship building
- ✓ Leverage trusted community messengers
- ✓ Diversify engagement methods
- ✓ On-going communication
- ✓ Early and continuous stakeholder engagement

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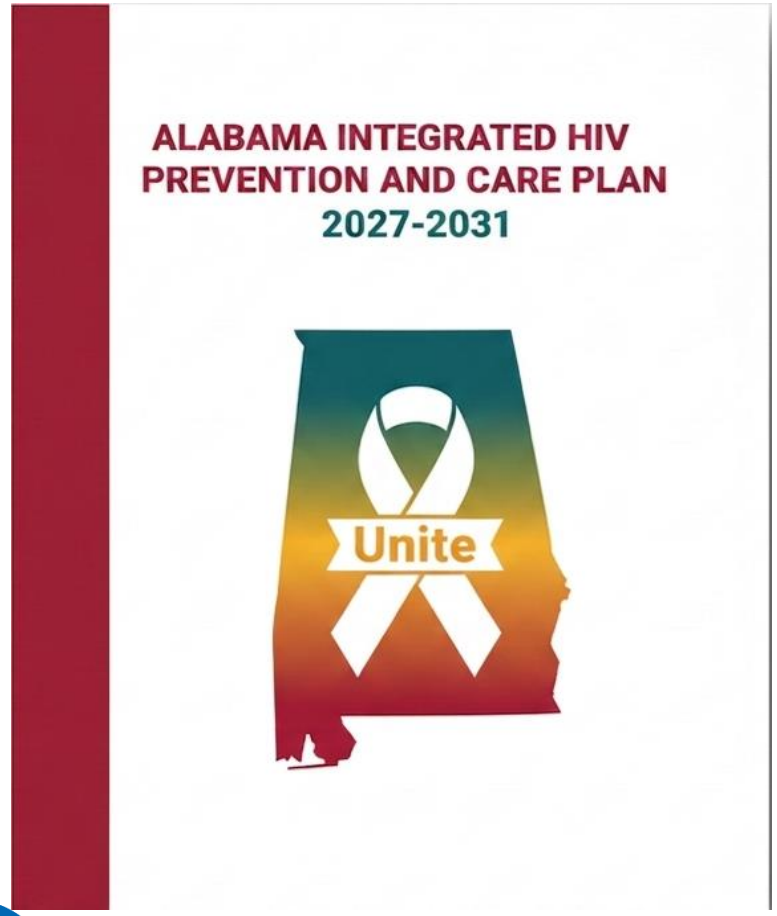
Alabama Integrated HIV Prevention and Care Plan 2027-2031



Contact information:

Ashley Wilson
Ashley.Wilson@adph.state.al.us

Valerie Lockett
Valerie.Lockett@adph.state.al.us

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