2025 HIV Prevention, Care, and Treatment Needs Assessment Report

Prepared by:
The University of Alabama at Birmingham
School of Public Health

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Introduction and Purpose

The Alabama Department of Public Health's (ADPH) Office of HIV Prevention and Care is responsible for developing a Integrated HIV Prevention and Care Plan, a comprehensive plan that outlines strategies aimed to stop the spread of Human Immunodeficiency Virus (HIV) including a roadmap for maximized coordination, integration and effective linkages to all points along the HIV Care continuum, specific goals, objectives, and activities to reduce HIV transmission and improve health outcomes for all people living with HIV. ADPH contracted with the University of Alabama at Birmingham (UAB) School of Public Health to conduct a statewide needs assessment.

The purpose of the statewide needs assessment is to identify needs, gaps, and barriers to HIV prevention and care. The primary goal is to improve HIV/AIDS care, treatment, and support services in the state of Alabama. The key population groups are people with HIV (PWH), people at risk for HIV acquisition, and Ryan White care providers. The findings from this statewide assessment will inform the 2027-2031 Integrated HIV Prevention and Care Plan. The results will support the ADPH in identifying opportunities to improve HIV prevention, care, and support services across the state.

Needs Assessment Process and Methods

Overview

The 2025 HIV Prevention, Care, and Treatment Needs Assessment was collaboratively conducted by ADPH and UAB. ADPH entered into contractual agreements with the UAB to facilitate the implementation of the needs assessment process. UAB also partnered with community-based organizations to support community engagement during the assessment. These organizations included Thrive Alabama (Huntsville), Birmingham AIDS Outreach (Birmingham), Lifelines Counseling (Mobile), Selma AIR (Selma), and Tuscaloosa Latino Coalition (Tuscaloosa). These organizations supported recruitment and awareness efforts for the project.

Data Collection Methods

To evaluate the needs, gaps, and barriers across key populations, a multi- method approach was used to collect both quantitative and qualitative data. The data collection methods included the following:

I. Population Specific Surveys:

- Statewide electronic and paper surveys for PWH.
- Statewide electronic and paper surveys for at-risk individuals defined as those who are sexually active and not diagnosed with HIV.
- Statewide electronic survey to reach prevention and direct care staff including physicians, nurses, social workers, case managers, and others working in direct patient care.

II. Focus Groups

- Focus groups with PWH.
- Focus groups with people at risk for HIV acquisition.

The data collection methods included strategies to ensure equitable opportunities for participation. Surveys used for the 2015 HIV Needs Assessment were used as a foundation for building the new surveys. All three of the surveys were reviewed and piloted with the ADPH Office of HIV Prevention and Care. Comments and feedback incorporated in the final survey design ensuring that the language and format were appropriate for the intended participants. UAB presented at the April 2025 Alabama Partners in Care (APiC) meeting to discuss the needs assessment process with the participants and solicit contact information to share the survey with direct providers. The focus group guide was developed by UAB, and it was determined to create two distinct guides: one for PWH and one for individuals at risk. UAB incorporated comments and feedback from ADPH Office of HIV Prevention and Care. The strategies used to recruit for participation in the survey and focus groups included:

- Distributing marketing materials in English and Spanish
- Collaborating with health department central and district staff to promote distribution of data collection methods and encourage participation
- Fielding mobile-friendly online and paper surveys in English and Spanish
- Partnering with local, trusted community-based organizations for recruitment and awareness efforts
- Partnering with community-based organizations to support community participation in focus groups
- Facilitating diverse focus groups that included representation based on geography, race, ethnicity, language, income, age, and disability status

Survey Completion Results

The total reach for the survey was 1090 eliciting responses from 57 counties with representation from all 8 public health districts. A total of 1025 surveys were analyzed. A valid survey consisted of a response to county information and response to at least one question. While not all surveys captured completed responses, it is necessary to include those findings in the analysis because any response provides valuable information that was once unknown amongst communities across the state. The following tables show the breakdown of identification of the respondents and where they reside.

Table 1: Number and percentage of surveys by respondent type

Please select the group you best identify with?	Number of Surveys (N)	Percentage of Surveys (%)
Person who is sexually active but has not been diagnosed with HIV	585	57.1%
Person with HIV	325	31.7%
Direct Provider	115	11.2%
Total	**1025**	**100.0%**

Table 2: Number and percentage of surveys by public health district.

District	Number of Surveys (N)	Percentage of Surveys (%)
West Central	246	24.0%
Jefferson	237	23.1%
Mobile	207	20.2%
Northeastern	103	10.1%
East Central	89	8.7%
Northern	72	7.0%
Southwestern	43	4.2%
Southeastern	28	2.7%
Total	**1025**	**100.0%**

Table 3: Number of surveys by respondent type for each public health district

District	**Direct Provider**	**Person with HIV**	**Person who is sexually active but has not been diagnosed with HIV**	**Total**
East Central	17	19	53	89
Jefferson	15	196	26	237
Mobile	46	20	141	207
Northeastern	11	31	61	103
Northern	12	31	29	72
Southeastern	3	6	19	28
Southwestern	4	3	36	43
West Central	7	19	220	246
Total	**115**	**325**	**585**	**1025**

Table 4: Number and percentage of surveys by each county represented

County	Number of Surveys (N)	Percentage of Surveys (%)
Jefferson	237	23.1%
Mobile	207	20.2%
Tuscaloosa	106	10.3%
Walker	54	5.3%
Calhoun	53	5.2%
Montgomery	52	5.1%
Pickens	27	2.6%
Shelby	22	2.2%
Madison	20	2.0%
Baldwin	18	1.8%
Houston	17	1.7%
Sumter	15	1.5%
Greene	13	1.3%
Hale	13	1.3%
Lauderdale	12	1.2%
St. Clair	11	1.1%
Lee	10	1.0%
Marion	10	1.0%
Conecuh	9	0.9%
Talladega	9	0.9%
Cullman	8	0.8%
Morgan	8	0.8%
Fayette	6	0.6%
Lamar	6	0.6%
Colbert	5	0.5%
Tallapoosa	5	0.5%
Bibb	4	0.4%
Chilton	4	0.4%
Etowah	4	0.4%
Geneva	4	0.4%
Marengo	4	0.4%
Russell	4	0.4%
Winston	4	0.4%
Autauga	3	0.3%
Bullock	3	0.3%
Chambers	3	0.3%
Choctaw	3	0.3%
Dallas	3	0.3%
Marshall	3	0.3%
Barbour	2	0.2%
Clay	2	0.2%
Coosa	2	0.2%
Elmore	2	0.2%
Perry	2	0.2%
Pike	2	0.2%
Washington	2	0.2%
Wilcox	2	0.2%
Blount	1	0.1%
Butler	1	0.1%
Clarke	1	0.1%
Crenshaw	1	0.1%
Dale	1	0.1%
Franklin	1	0.1%
Limestone	1	0.1%
Lowndes	1	0.1%
Monroe	1	0.1%
Randolph	1	0.1%
Total	1025	100.0%

Survey Reports

People with HIV

UAB analyzed 325 PHW surveys. Respondents primarily self-identified as male (n=170, 52.3%) and nearly half as heterosexual/ straight (n=148, 45.5%), with an additional one-third identifying as gay or lesbian (n=95, 29.2%). Most participants identified as Black or African American (n=194, 59.7%), followed by White respondents (n=68, 20.9%). Two-thirds of respondents (n=201, 61.8%) reported living with HIV for 10 years or more, and over half (n=162, 49.8%) indicated they were living with HIV and were not experiencing symptoms. Additionally, 77.5% percent of respondents (n=252) reported annual household income levels below $40,000.

For the PWH survey, respondents were given lists and descriptions of core medical services, mental health and other counseling services, substance abuse services, and support services. From these lists, respondents were asked if, in the last 12 months, they 1) knew about the service 2) needed the service 3) received the service, and 4) if they received the service, did it meet their needs. Gaps in services are represented by the number of people who marked that they needed the service but did not receive the service. The following summaries identify the top three responses to survey questions regarding needs, gaps, and barriers. Percentages below represent the 325 surveys analyzed. or a full listing of survey results for PLWHA, see Appendix A.

Core Medical Services

Among the eleven (11) core services listed:

The top 3 needs for the core medical services among PWH were:

1. Dental Care, 19.4% (n=63)
2. Medical Case Management, 18.2% (n=59)
3. Medication Assistance, 16.9% (n=55)

The top 3 services that were needed but not received (Unmet) were:

1. Medical Case Management, 13.8% (n=45)
2. Medication Assistance, 12.6% (n=41)
3. Primary Medical Care, 12% (n=39)

The top 3 services that were received but did not meet their needs (Poorly Met) were:

1. Medical Case Management, 12.3% (n=40)
2. Medication Assistance, 10.8% (n=35)

3. Primary Medical Care, 9.8% (n=32)

Respondents were asked to identify what, if anything, prevented them from receiving core medical services they needed. The top 3 frequent responses for not getting core medical services were:

1. Cost too much (n=57)
2. Didn’t know where to get services (n=52)
3. No reliable transportation (n=44)

Mental Health and Other Counseling Services

While mental health and other counseling services are core medical services, it was determined to separate mental health to give special attention to this emerging public health issue.

Among the three (3) mental health and other counseling services listed:

The top needs for mental health and other counseling services among PWH were:

1. Individual or Group Mental Health Counseling, 14.2% (n=46)
2. Psychological Support Counseling, 11.7% (n=38)
3. Crisis or Emergency Counseling, 5.2% (n=17)

The top services that were needed but not received (Unmet) were:

1. Individual or Group Mental Health Counseling, 10.5% (n=34)
2. Psychological Support Counseling, 8.3% (n=27)
3. Crisis or Emergency Counseling, 3.7% (n=12)

The top services that were received but did not meet their needs (Poorly Met) were:

1. Individual or Group Mental Health Counseling, 10.2% (n=33)
2. Psychological Support Counseling, 7.4% (n=24)
3. Crisis or Emergency Counseling, 3.7% (n=12)

Respondents were asked to identify what, if anything, prevented them from receiving mental health and other counseling services they needed. The top 3 frequent responses for not getting mental health and other counseling services were:

1. Didn’t know where to get services (n=42)
2. No reliable transportation (n=31)
3. Cost too much (n=26)

Substance Abuse Counseling Services

Similarly to mental health, while substance abuse counseling services are core medical services, it was determined to separate substance abuse counseling to give special attention to this emerging public health issue.

Among the three (3) substance abuse counseling services listed:

The top needs for substance abuse counseling services among PWH were:

1. Outpatient Substance Abuse Counseling, 4.9% (n=16)
2. Peer Counseling and Support for Substance Abuse, 4.6% (n=15)
3. 24 Hour-a-Day Residential Substance Abuse Counseling, 4% (n=13)

The top services that were needed but not received (Unmet) were:

1. Outpatient Substance Abuse Counseling, 3.7% (n=12)
2. Peer Counseling and Support for Substance Abuse, 3.7% (n=12)
3. 24 Hour-a-Day Residential Substance Abuse Counseling, 2.2% (n=7)

The top services that were received but did not meet their needs (Poorly Met) were:

1. Outpatient Substance Abuse Counseling, 3.1% (n=10)
2. Peer Counseling and Support for Substance Abuse, 2.5% (n=8)
3. 24 Hour-a-Day Residential Substance Abuse Counseling, 1.8% (n=6)

Respondents were asked to identify what, if anything, prevented them from receiving substance abuse counseling services they needed. The top 3 frequent responses for not getting substance abuse counseling services were:

1. Didn’t know where to get services (n=17)
2. No reliable transportation (n=17)
3. Housing instability (n=14)

Support Services

Among the thirteen (13) support services listed:

The top 3 needs for support services among PWH were:

1. Food Services, 12.9% (n=42)
2. Non-Medical Case Management, 9.2% (n=30)
3. Emergency Financial Assistance, 8.9% (n=29)

The top 4 services that were needed but not received (Unmet) were:

1. Food Services, 9.2% (n=30)
2. Non-Medical Case Management, 8% (n=26)
3. Transportation, 4.6% (n=15)
4. Referral for Health Care/Support Services, 4.6% (n=15)

The top 3 services that were received but did not meet their needs (Poorly Met) were:

1. Food Services, 8.3% (n=27)
2. Non-Medical Case Management, 6.2% (n=20)
3. Transportation, 4.3% (n=14)
4. Referral for Health Care/Support Services, 4.3% (n=14)

Respondents were asked to identify what, if anything, prevented them from receiving support services they needed. The top 3 frequent responses for not getting support services were:

1. Didn’t know where to get services (n=32)
2. No reliable transportation (n=20)
3. Didn’t want anyone knowing I was living with HIV (n=19)

What are the ten most important services to you from the choices below?

Respondents were asked to identify the ten (10) most important services to them from a list of 27 services, the top ten (10) responses were:

1. Food Services (n=233)
2. Dental Care (n=227)
3. Medical Case Management (n=159)
4. Housing (n=146)
5. Medication Assistance (n=143)
6. Health Insurance Assistance (n=142)
7. Emergency Financial Assistance (n=135)
8. Transportation (n=134)
9. Mental Health Services (n=128)
10. Primary Medical Care (n=127)

* See full list in Appendix A

Utilized services and ranking most to least utilized

Respondents were asked to rank a list of 13 services from most utilized to least utilized. The top five (5) most utilized services were:

1. Food Bank, 12.9%
2. Dental Services, 9.9%
3. Primary Medical Services, 9.4%
4. Transportation, 9.3%
5. Health Insurance Assistance, 9.3%

*See full list in Appendix A

Have you been living with HIV for more than a year?

Ninety eight percent (n=292) of respondents reported living with HIV for more than a year.

Have you ever had a period of at least 12 months that you did not receive HIV/AIDS-related medical care?

Fifteen percent (n=46) of respondents have had a period of at least 12 months that they did not receive HIV/AIDs-related medical care.

What best describes your situation during that period you did not receive care?

Of those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months 42.5% (n=17) were receiving care, but stopped going, 32.5% (n=13) were recently diagnosed and hadn’t entered care, 25% (n=10) did not have access to care.

During that time, what kept you from getting HIV/AIDS-related medical care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked what kept them from getting HIV/AIDS-related medical care during that time. The top 6 responses were:

1. I had a mental health issue 29.8% (n=14)
2. I didn’t know where to go to get services 27.7% (n=13)
3. I didn’t feel sick 21.3% (n=10)
4. I didn’t want anyone to know I was living with HIV 21.3% (n=10)
5. Cost too much 19.2% (n=9)
6. No transportation to appointments 19.2% (n=9)

*See full list in Appendix A

What caused you to get back into HIV/AIDS-related medical care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked what caused them to get back into HIV/AIDS-related medical care. The top 4 responses were:

1. I was ready to deal with my HIV, 66.7% (n=28)
2. I got sick and knew I needed care, 31% (n=13)
3. I found a doctor or medical facility I liked, 26.2% (n=11)
4. Someone working in HIV-related care contacted me to return to care, 23.8% (n=10)

*See full list in Appendix A.

Would the following services have helped you start going to HIV/AIDS-related medical care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked if any of the six (6) services listed would have help them get back into HIV/AIDS-related care. The top responses were:

1. Connection to a case manager to link me to services or support, 51.1% (n=24)
2. Appointment Reminders, 38.3% (n=18)
3. Connection to another HIV-positive person to link me to support, 36.2% (n=17)
4. Someone to help me cope with stress, 34% (n=16)

Do you have a regular place you go for HIV/AIDS-related medical care?

Ninety six percent (n=274) of respondents have a regular place they go for HIV/AIDS-related medical care.

Where do you regularly receive your HIV/AIDS-related medical care?

Those who have a regular place they go to receive HIV/AIDS-related care, were asked where they receive care. 68.9% (n=164) at a HIV clinic or hospital/medical center, 22.7% (n=54) at a community clinic serving only HIV-positive clients, 5.9% (n=14) in a private physician's office.

*See full list in Appendix A.

Overall PHW Survey Findings: Overall, the top service needs reported to be unmet or poorly met were medical case management, medical assistance, individual/group and psychological counseling, outpatient and peer and support counseling, and food services. For 3 out of the 4 topical areas, the top reason for not getting these services was "didn't know where to get the service". These results indicate improved coordinated efforts to clearly establish coordination related to medical case management is an area of opportunity for the state. Additionally, improved access to information and resources that is accessible would improve the unmet and poorly met needs of respondents as the top priorities.

People At-Risk for HIV

UAB analyzed 585 at-risk surveys. Most respondents self-identified as female (n=430, 73.5%) and heterosexual/straight (n=463, 79.1%). More than half identified as Black or African American (n=317, 54.1%) followed by White respondents (n=205, 35%). Additionally, just over half of respondents (n=299, 51%) reported household income levels below $40,000.

For the at-risk survey, respondents were given a list and descriptions of thirteen (13) HIV prevention services that people at higher risk for HIV acquisition might utilize. From this list, respondents were asked if, in the last 12 months, they 1) knew about the service 2) needed the service 3) received the service, and 4) if they received the service, did it meet their needs. Gaps in services are represented by the number of people who marked that they needed the service but did not receive the service. The following summary identifies the top three responses to survey questions regarding needs, gaps, and barriers. Percentages below represent the 585 surveys analyzed. For a full listing of survey results for higher-risk, HIV negative individuals, see Appendix B.

Among the thirteen (13) prevention services listed:

The top 3 needs for prevention services among At-Risk Individuals were:

1. Primary Medical Care, 14.7% (n=86)
2. Condoms, 14.4% (n=84)
3. Pharmacy/Medications, 14.2% (n=83)

The top 3 services that were needed but not received (Unmet) were:

1. Primary Medical Care, 10.6% (n=62)
2. Condoms, 10.4% (n=61)
3. Pharmacy/Medications, 9.4% (n=55)

The top 3 services that were received but did not meet their needs (Poorly Met) were:

1. Primary Medical Care, 9.4% (n=55)
2. Condoms, 9.2% (n=54)
3. Pharmacy/Medications, 8.7% (n=51)

Respondents were asked to identify if they have had any problems while seeking HIV prevention services they needed. The top 3 frequent responses for challenges faced in seeking prevention services were:

1. Don’t need or want any services (n=148)
2. Afraid of what other people might think (stigma) (n=76)
3. Too Busy (n=61)

How many times have you ever been tested for HIV?

Respondents were asked how many times they have ever been tested for HIV, 19.6% (n=109) have never been tested, 22.2% (n=123) have been tested once, 37.8% (n=210) have been tested 2-5 times, and 20.4% (n=113) have been tested more than 5 times.

Overall At-Risk Survey Findings: Based on the results, primary medical care is the top service that is needed yet is unmet or poorly met. The top reason for not getting this service was “didn’t know where to get the service”. These results indicate that improved access to information and resources that is accessible would improve the unmet and poorly met needs of respondents as the top priorities.

Direct Care Providers

UAB analyzed 115 Direct Care Provider surveys. Respondents primarily represented community-based organization (n=23, 24%) or HIV/AIDS service organizations (n=17, 17.7%). Most of these service organizations had been providing HIV/AIDS care-related services for more than 10 years (n=65, 67.8 %). For a full listing of survey results for Direct Care Providers, see Appendix C

Which of these best describes your agency?

Respondents were asked what kind of agency they work for.

	Number of Respondents (N)	**Percentage of Respondents (%)**
Community-Based Organization (non-HIV specific)	23	24%
Government Facility	11	11.5%
Health Clinic	10	10.4%
HIV/AIDS Service Organization	17	17.7%
Hospital	7	7.3%
Multi-service Agency that includes HIV/AIDS Services	5	5.2%
Non-medical Service Provider	2	2.1%
Substance Abuse Treatment Facility	0	-
FQHC	16	16.7%
Other*	5	5.2%

*See list of other agencies in Appendix C

What is the average number of HIV/AIDS patients that your organization sees in a year?

Respondents were asked the average number of HIV/AIDS patients their organization sees in a year.

	Number of Respondents (N)	**Percentage of Respondents (%)**
1-25	27	28.1%
26-50	11	11.5%
51-75	3	3.1%
76-100	10	10.4%
101-500	46	47.9%
501-1000	7	7.3%
1001+	17	17.7%

Are HIV/AIDS related services the only type of services provided by your agency?

Ten percent (n=10) of respondents' agencies provide only HIV/AIDS services.

For how many years has your agency provided HIV/AIDS related services?

Respondents were asked how many years their agency has provided HIV/AIDS related services. Among respondents, 26% (n=25) 1-4 years, 6.3% (n=6) 5-10 years, and 67.7% (n=65) 11 years or more.

Please indicate the services your agency provides for people who are living with HIV. (Select all that apply)

Respondents were asked to identify the services their agency provides for people living with HIV from a list of 15 services. The top five (6) services were:

1. Case Management, 71.1% (n=64)
2. Counseling, 68.9% (n=62)
3. Preventative Services (Testing, PrEP, PEP), 68.9% (n=62)
4. Mental Health, 58.9% (n=53)
5. Primary Care, 57.8% (n=52)
6. Transportation, 57.8% (n=52)

*See full list in Appendix C

What barriers exist that prevent clients from obtaining these services from your agency? (Select all that apply)

Respondents were asked to identify what barriers keep clients from obtaining services at their agency, from a list of 18 services. The top five (5) barriers were:

1. Transportation, 79.4% (n=73)
2. Stigma, 60.9% (n=56)
3. Personal Limitation, 43.5% (n=40)
4. Lack of awareness about services, 43.5% (n=40)
5. Mental Health, 38% (n=35)

*See full list in Appendix C

Of the services your agency provides, which services do your clients utilize most? Ranked from (1) most utilized to (13) least utilized.

Respondents were asked to rank a list of 13 services from most utilized to least utilized by their clients. The top five (5) most utilized services were:

1. Health Insurance Assistance, 10%
2. Transportation, 9.6%
3. Counseling, 9.6%
4. HIV Support Groups, 8.8%
5. Primary Medical Services, 8.5%

*See full list in Appendix C

In which area(s) does your agency provide HIV/AIDS related services? (Select all that apply)

Respondents were asked in which areas their agency provides HIV/AIDS-related services.

	Number of Respondents (N)	**Percentage of Respondents (%)**
Urban (in the city limits)	66	76.7%
Suburban (outside city limits)	38	44.2%
Rural (in the country)	51	59.3%

What kind of accessibility options does your agency provide to your clients? (Select all that apply)

Respondents were asked in what kind of accessibility options their agency provides clients.

	Number of Respondents (N)	**Percentage of Respondents (%)**
Walk-in services or same day appointments	69	90%
Weekend or evening hours	19	24.7%
24-hour coverage	16	20.8%
Home-based Medical Services	6	7.8%
Telemedicine Services	34	44.2%
Other*	9	11.7%

*See list of other services in Appendix C

Have any of the following occurrences taken place within your agency during the last year? (Select all that apply)

Respondents were asked to indicate any changes that they have seen within their agency in the last year.

	Number of Respondents (N)	**Percentage of Respondents (%)**
An increase in the number of clients seeking services	46	54.1%
An increase in demand for services from clients	44	51.8%
A decrease in funding from private donations	9	10.6%
A decrease in funding from any sources	30	35.3%
No changes	18	21.2%

Which populations does your agency most frequently serve? Rank from most frequent (1) to least frequent (7).

Respondents were asked to rank the populations that they most frequently serve from a list of seven (7) populations. The top five (5) most served populations were:

1. Black or African American, 23.8%
2. White or Caucasian, 20.1%
3. Hispanic/Latino, 14.6%
4. Multiracial, 12.2%
5. Native American or Alaskan Native, 11.2%

*See full list in Appendix C

Which populations does your agency most frequently serve? Rank from most frequent (1) to least frequent (13).

Respondents were asked to rank the populations that they most frequently serve from a list of thirteen (13) populations. The top five (5) most served populations were:

1. Adults (Ages 19+), 17.5%
2. Unstably Housed, 16.4%
3. Low Income, 13.4%

4.Living with HIV Sex Partners, 12.6%
5. Recently Released from Incarceration, 8%

*See full list in Appendix C

In addition to HIV/AIDS services, in the most recent 12-month period, please select the type of services clients received. (Select all that apply)

Respondents were asked to indicate other services clients have received in addition to HIV/AIDS services.

	Number of Respondents (N)	**Percentage of Respondents (%)**
Hepatitis C	42	51%
Other STD	51	62%
Other Chronic Medical Condition	45	55%
Other*	13	15.9%

*See Other Services in Appendix C

Estimate the number of people with HIV/AIDS lost to care or not receiving follow-up services.

Respondents were asked to estimate the number of people with HIV/AIDS who were lost to care or are not receiving follow-up services

	Number of Respondents (N)	**Percentage of Respondents (%)**
Under 5	21	25.9%
5 to 9	3	3.7%
10 to 14	9	11.1%
15 to 24	9	11.1%
25 to 50	20	24.7%
Over 50	19	23.5%

Focus Group Reports

People with HIV

Focus groups with PWH were conducted in collaboration with four organizations, Thrive Alabama, Birmingham AIDS Outreach, Selma AIR, and Lifelines Counseling Center. Below are the demographics for those who participated in the Person with HIV groups. Most participants were between the ages of 55-64 (n=16; 53.3%). More than 83% of the participants identified as male. Almost half of the participants (n=13; 41.9%) have a household income of less than $10,000. The themes are summarized below, key quotes for each theme can be found in Appendix A.

PWH Focus Group Demographics		
Age		
16-24	0	-
25-34	3	10%
35-44	4	13.3%
45-54	2	6.7%
55-64	16	53.3%
65+	5	16.7%
Sex Assigned at Birth		
Female	5	16.1%
Male	26	83.9%
Racial/Ethnic Background		
Native American of Alaskan Native	1	3.2%
Black or African American	23	74.2%
White	4	12.9%
Hispanic or Latino	3	9.7%
Education		
Some high school	7	22.6%
High school degree or GED	8	25.8%
Some college	7	22.6%
Associate’s or technical degree	1	3.2%
Bachelor’s degree	4	12.9%
Graduate or advanced degree	3	9.7%
Household Income		
Less than $10,000	13	41.9%
$10,000 - $19,999	10	32.3%
$20,000 - $39,999	7	22.6%
Marital Status		
Single/Living Alone	20	64.5%

Living with Partner or Significant Other	5	16.1%
Married	1	3.2%
Divorced/Separated	3	9.6%
Widowed	2	6.4%

Themes	Description	Summary
Access to Care Barriers (Diagnosis, Treatment, and Retention to Care, and Service Gaps)	Challenges in entering or navigating the healthcare system, such as unclear processes, delays in treatment, paperwork requirements, and eligibility confusion. Issues related to initiating and maintaining HIV treatment, medication adherence, and access to HIV/STI testing and prevention services. This also includes quotes related to health maintenance as participants age. Breakdowns in communication and integration among healthcare providers and agencies, leading to gaps in care continuity. Additionally, issues w/ staffing and resource availability.	Participants frequently described their challenges navigating disconnected systems and unclear processes for accessing care, including difficulty with transportation, long wait times, inconsistent communication, and system-level "run arounds." Some reported issues navigating insurance systems (both public and private), transportation barriers, struggles with delayed medication shipments or pharmacies failing to fill prescriptions, and lack of knowledge of what resources or services are available. Experiences with diagnosis varied widely across participants, some noting they were linked to care immediately while others experienced more difficult situations due to poor communication and stigma. Cost of medication was a major concern shared across many participants, noting that insurance coverage and Ryan White Program support as crucial to accessing their medication. Retention in care among participants was strongly influenced by consistent provider relationships, reliable medication access, and communication. Administrative barriers including insurance confusion and lack of coordination across providers were key causes of interruptions in treatment. Participants identified gaps in both healthcare and support services noting shortages in staff, lack of dental or vision services, and poor coordination among agencies. Many described their experiences as "wild goose chases" after being referred to organizations that could not serve their needs, after being promised assistance. Participants also noted the sentiment that there was an unawareness or underutilization of Ryan White Funding among agencies, that further contributes to unmet needs in their communities.

Support Services	Participants’ desire for practical assistance (e.g., groceries, utilities, housing) and social support through peer groups or community programs.	Support services, particularly transportation, housing assistance, food support, legal resources, and peer groups were described as essential to participants’ ability to maintain in care and enhance their quality of life. Organizations that offered consistent person-centered care were praised by participants for “going above and beyond,” building trusting relationships, and helping individuals feel valued and cared for. However, there were inconsistencies in availability, funding, and access across counties and agencies. Peer and support groups emerged as a priority, especially for older adults or those who are newly diagnosed with HIV.
Stigma and Discrimination	Experiences or perceptions of judgment, prejudice, or fear associated with HIV status, which may deter individuals from seeking care.	Stigma was a consistent theme across all groups. Predominantly in their families, communities, churches, and healthcare settings. Participants shared experiences being isolated by their loved ones and in church community or being treated differently in healthcare settings once their HIV status was known. Fear of judgement led some individuals to delay care or avoid disclosure of their status. Participants also noted that stigma disproportionately affected older adults and individuals with mental health challenges. Participants emphasized the need for both provider and community education as a key step in reducing stigma.
HIV Education Gaps	Lack of information about available health and support services, including HIV specific and general care, and uncertainty about how to access them.	Both community members and healthcare workers were described as lacking adequate HIV-related knowledge. Participants noted misinformation, fear, and generational gaps as barriers to understanding HIV testing and care. Those who are newly diagnosed often do not know what services are available, how to access them, or what HIV meant for their long-term health. Some medical providers working outside of HIV-specialty clinics reportedly had limited knowledge of HIV care and displayed a stigma rooted in outdated information.

		Participants stressed the need for expanded education in schools, churches, underserved communities, as well as a more systematic approach for information sharing withing health and social service systems.
Financial Barriers	Obstacles related to cost of care, insurance coverage, copays, and other financial constraints that limit access to services.	Financial strain was a consistent theme across all groups. Participants noted high co-pays, inconsistent insurance coverage, and sudden loss of eligibility for insurance assistance programs created substantial disruptions in care. Some described being unable to afford specialty care or medications without external support. Many noted the limitations of Medicaid coverage, specifically for dental care services. Several participants emphasized the need for Medicaid expansion in the state, noting that current gaps result in unequal treatment, denied services, and financial instability among those who depend on it.
Mental Health Support	Needs related to psychological well-being, counseling, and coping with the emotional impact of living with HIV and other health conditions.	Many participants described feelings of depression, fear, or experienced emotional distress following their diagnosis or during ongoing treatment. Mental health needs were often connected to stigma, isolation, and life stressors. Some participants reported positive experiences seeking mental health services through HIV service organizations, others felt mental health providers minimized their concerns or treated them differently due to their HIV status. Peer support groups, where they are available, were noted as vital for coping and hope.
Nonmedical Drivers of Health	Non-medical factors affecting health outcomes, including housing instability, food insecurity, transportation limitations, and financial hardship.	Participants noted significant social and economic challenges, including housing instability, food insecurity, transportation limitations, and utility needs. These factors directly affected participants’ ability to maintain their health and stay in care. In some cases, HIV service organizations provide extensive wrap-around services including housing assistance,

		food assistance, and transportation. However, access to these resources vary widely across the state.

What gives you hope?

At the end of each focus group, UAB asked participants to share what gives them hope. The intent was to end each group on a positive note. Below is a summary of responses from participants in the living with HIV groups.

Participants described hope as coming from faith, supportive relationships, and progress made in HIV care and community work. Many emphasized that God, prayer, and spiritual strength grounded them, while family, friends, and support groups provided additional encouragement. Others found hope in seeing long-term commitment from providers, community workers, and peers who show up year after year. Medical advances, effective treatment, and compassionate care were described as life-changing, transforming HIV from a feared diagnosis into something management allowing participants to envision long, full futures with loved one. Meeting like the focus group itself offered hope, reminding participants that people still care, are invested in change, and are working together to understand needs and strengthen the community.

People At-Risk for HIV

Focus groups with people at an increased risk for HIV were conducted in collaboration with five organizations, Thrive Alabama, Birmingham AIDS Outreach, Selma AIR, and Lifelines Counseling Center, and Tuscaloosa Latino Coalition. Most participants were between the ages of 25-34 (n=11; 40.7%). More than half (n= 14; 51.9% of the participants identified as male. Most participants have a household income of $60,000 or more (n=10; 37%). The themes are summarized below, key quotes for each theme can be found in Appendix B.

People At-Risk for HIV Focus Group Demographics		
Age		
16-24	4	14.8%
25-34	11	40.7%
35-44	5	18.5%
45-54	4	14.8%
55-64	2	7.4%
65+	1	3.7%
Sex Assigned at Birth		
Female	13	48.1%
Male	14	51.9%
Racial/Ethnic Background		
Asian	0	-
Black or African American	13	48.1%
White	8	29.6%
Multiracial	1	3.7%
Hispanic or Latino	1	3.7%
Other	2	7.4%
Education		
Some high school	2	7.4%
High school degree or GED	7	25.9%
Some college	4	14.8%
Associate’s or technical degree	7	25.9%
Bachelor’s degree	2	7.4%
Graduate or advanced degree	5	18.5%
Household Income		
Less than $10,000	2	7.4%
$10,000 - $19,999	4	14.8%
$20,000 - $39,999	5	18.5%
$40,000 - $59,999	6	22.2%
$60,000 or more	10	37%

Themes	Description	Summary
Access to Care Barriers	Participants identified structural barriers such as transportation, affordability, lack of insurance, long distances to clinics, and confidentiality concerns at home. These obstacles often delayed testing, treatment initiation, medication pickup, or clinic follow-up.	Participants identified many structural barriers that made it difficult for them to obtain testing, prevention, and general healthcare services. Transportation challenges were widespread, especially in more rural counties where clinics were far away and public transportation is limited and/or unreliable. Many participants noted that people in smaller towns often avoid seeking care because of a fear of running into someone they know at the health department or pharmacy, noting concerns with confidentiality. Financial barriers also played a role noting high cost of care, insurance complications, and requirements for mail-order prescriptions, especially for time-sensitive medications like PEP. Overall, participants emphasized the need for more flexible options that meet people where they are.
Sexual Health Education (PrEP Awareness)	Participants' understanding of sexual health, including knowledge of HIV and STI prevention, risk behaviors, and safer-sex practices. It also includes perceptions of how sexual-health information is shared—or not shared—within communities, schools, families, and healthcare settings. This theme includes gaps in education, misinformation, cultural barriers, and the need for more accessible,	Participants emphasized severe gaps in HIV and sexual health education among their communities. Many shared common misconceptions shared within the community including the idea that HIV could be transmitted through touch or shared dishes. Adults and youth both have limited exposure to accurate sexual health information, and schools were widely described as unwilling or unable to provide comprehensive sexual education

	non-judgmental, and culturally appropriate sexual-health education. Additionally, participants discussed varying levels of awareness and use of PrEP/PEP. Conversations focused on access challenges, concerns about side effects, misconceptions about what PrEP protects against, and the need for clearer provider education and reminders.	due to restrictive policies. Participants repeatedly shared that they only learned about HIV, PrEP, STI risks, or the realities of HIV prevention, treatment, and care after engaging with HIV service organizations. Social media was a common source of information, although participants noted it was often unreliable. Participants stressed that education should be on-going, age appropriate, culturally sensitive and provided both inside and outside of healthcare settings. Parents and families were also seen as important messengers but are often unprepared with the correct information. Awareness of PrEP varied across groups. Some participants were highly knowledgeable, while others had only heard about PrEP through organizations or their peers. Cost, insurance coverage variability, fears about side effects, and misinformation discouraged many from using it consistently or seeking it at all. Participants also described stigma associated with PrEP including friends assuming they had HIV, parents threatening consequences if a young person was taking it, or communities perceiving PrEP users as sexually irresponsible. Participants emphasized the need for accessible, non-judgmental education about PrEP in everyday spaces like churches, community events, and through social media in formats that normalize PrEP use for all people, not just LGBTQ+ communities. They also emphasized the importance of promoting PEP, which many

		said receives little attention despite being both time-sensitive and critical.
Resources and Services (Service Gaps and Telehealth Services)	Types of support participants rely on, or feel are needed to manage their sexual health and overall wellbeing. Participants often described which services are accessible, which are missing, and which feel welcoming or unwelcoming. This theme captures breakdowns in the service system caused by poor communication, insufficient funding, and reduced clinic or organizational offerings. Participants described unclear or inconsistent information about services, program cutbacks due to limited funding, and the loss or reduction of key supports—such as testing, counseling, or outreach—which leave communities without the resources they need for timely and effective care. Telehealth prompted mixed reactions. Some participants appreciated the convenience, while others felt it lacked personal connection or created privacy issues at home. Several felt telehealth was especially challenging for mental health care or for those with limited technological comfort.	Participants repeatedly described gaps in services resulting from understaffing, limited funding, or poor coordination between agencies. Reduction in transportation programs meant that individuals that previously relied on ride to appointments were suddenly unable to get care or pick up medications. Mental health services were also difficult to access due to long wait lists, lack of culturally relevant counseling, and providers who offered “textbook responses” rather than meaningful connection. Lack of communication across providers and systems contributed to frustration and missed opportunities for prevention. Many felt they had to navigate these services on their own. Telehealth conversations revealed mixed feelings among participants. Some found it helpful for mental health, convenience, or when transportation was lacking. Others worried that telehealth does not capture the full picture of their health concerns, or that privacy at home was not guaranteed.
Stigma and Discrimination	Stigma appeared as a major emotional and social barrier across groups. Participants described fear of judgment, secrecy within families, avoidance of services, and discomfort with how providers or community members talk about HIV. Many expressed a	Stigma emerged as one of the most prominent barriers across all groups. Many participants described avoiding testing, care, or prevention tools to avoid judgement from family, church communities, peers, or healthcare staff. Some said people only seek education after someone close to

	desire for stigma-reducing communication and more compassionate care environments.	them is diagnosed or becomes sick. Others described internalized fear, shame, or anxiety rooted in generational beliefs about HIV as a “death sentence.” Participants highlighted that stigma often intersects with race, gender, sexuality, and socioeconomic status. Transgender participants, closeted individuals, and the immigrant community described particularly intense fear of exposure. Many emphasized the need for provider and systems to demonstrate empathy, build trust, use inclusive language, and ensure strict confidentiality to overcome these barriers.
General Healthcare Experiences	Experiences with healthcare providers strongly shaped participants’ comfort and engagement. Positive interactions involved respect, clear communication, and proactive sexual-health discussions. Negative experiences included feeling judged, dismissed, or not understood culturally. Trust and relational continuity were especially important in some groups.	Experiences with healthcare providers varied widely among participants. Positive encounters were characterized by respect, proactive sexual health conversations, empathy, and clear communication. Non-judgmental spaces that are explicitly LGBTQ+ friendly were described as places participants felt safe, understood, and supported. Negative experiences included being dismissed, judged, talked down to, or misunderstood culturally. Some participants said providers judged them for seeking out PrEP and discouraged them from taking it. Others described condescending behaviors, rushed appointments, or doctors who failed to explain test results or treatment. Several participants noted that providers seemed uncomfortable discussing sexual health at all or lacked basic understanding of HIV prevention tools like PrEP and PEP. Queer and transgender

		participants described instances of misgendering, ignored preferred names, and dehumanizing interactions.
HIV Testing and Treatment	Participants’ direct experiences with HIV and STI testing, receiving results, initiating treatment, and maintaining ongoing care. It includes emotional reactions, comfort levels, privacy concerns, and interactions with staff during testing. It also captures challenges such as long wait times, confusion about procedures, transportation barriers, and the quality of communication around treatment options and follow-up.	Participants reported mixed experiences with HIV and STI testing. Some described efficient, welcoming, community events where testing was fast, private, and free of stigma. Others shared experiences that led to confusion, lacked follow-up, or were emotionally distressing, these experiences were specifically at health departments where staff made assumptions about participants’ behavior or identity. Confidentiality was a major concern that was consistent across all groups. Some participants described being recognized by staff who immediately connected them with family members, causing fear and embarrassment. To avoid being seen seeking care, some traveled to different counties or even out of state for testing and care. Several participants shared experiences with at-home testing kits, mobile units, or discreet community-based testing that meet people privately to reduce these barriers.
Language, Culture, and Identity	Language barriers, cultural norms, and translation needs shaped the care experiences of LatinX participants. Participants highlighted the importance of empathetic and trustworthy providers, cultural sensitivity, and the impact of immigration status, community norms, and stigma within cultural contexts.	For Latinx participants, language barriers, immigration fears, and cultural norms significantly shaped access. Many described anxiety about being asked for unnecessary personal information, fearing it would connect them to immigration systems. Others noted the need for culturally competent providers, bilingual staff, and community health workers who genuinely

		understand cultural identities. Participants also noted cultural discomfort discussing sexual health as barriers for both youth and adults. LGBTQ+ individuals described existing stigmas within their own communities and within healthcare settings, emphasizing the need for safe identity-affirming environments.

What gives you hope?
At the end of each focus group, UAB asked participants to share what gives them hope. The intent was to end each group on a positive note. Below is a summary of responses from participants in the At-Risk groups.

Participants described hope as emerging from community connection, compassionate support, and the belief that progress is possible. Many found hope in the resources and services available, including HIV prevention tools, telehealth, and supportive public health programs – which were noted to reduce fear and help people feel safe seeking care. Others were encouraged by the dedication of staff, advocates, and younger generations who continue pushing for change despite challenges. Hope was also rooted in personal relationships, chosen family, and sense of belonging in LGBTQ+ and local communities. Several emphasized that making a difference for even one person, engaging in open conversation, and focusing on the possibilities of tomorrow all contribute to a shared sense of resilience and purpose.

Appendices

Appendix A: People with HIV

PWH Survey Demographics*

*Demographic data reflects total number of respondents that completed the demographic section of the survey.

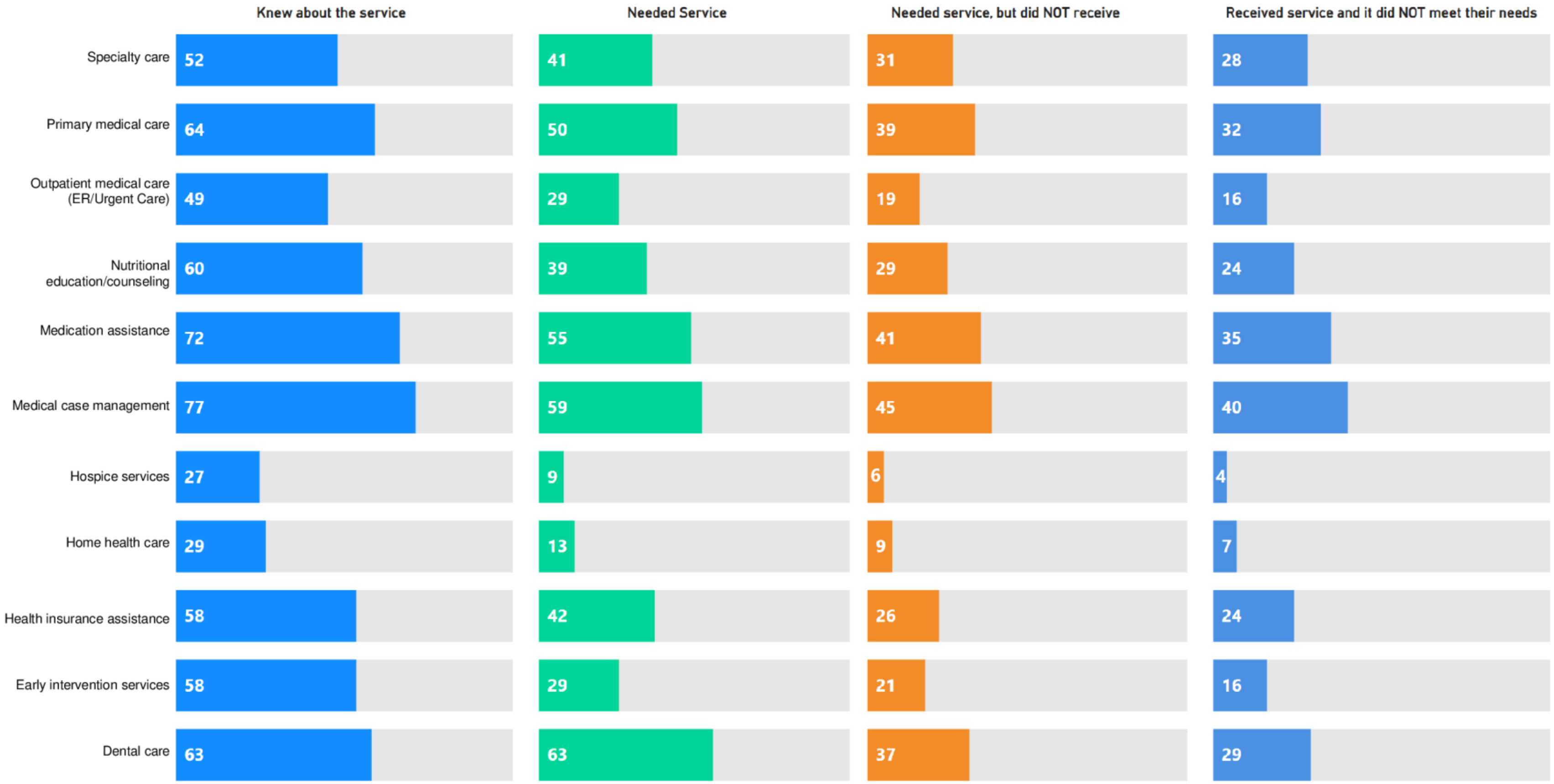
People with HIV Survey Participant's Characteristic	Number of Respondents (N)	Percentage of Respondents (%)
Age		
16-24	4	1.4%
25-34	25	8.9%
35-44	38	13.6%
45-54	72	25.7%
55-64	105	37.5%
65+	36	12.9%
Racial/Ethnic Background		
Native American of Alaskan Native	4	1.3%
Asian	1	0.3%
Black or African American	194	64.7%
Native Hawaiian or Other Pacific Islander	0	-
White	68	22.7%
Multiracial	9	3%
Hispanic or Latino	17	1.7%
Other	7	2.3%
Sex Assigned at Birth		
Male	170	60.7%
Female	110	39.3%
Sexual Orientation		
Heterosexual/Straight	148	52.3%
Gay or Lesbian	95	33.6%
Bisexual	24	8.5%
Other	16	5.7%
Education		
Some high school	44	15.4%
High school degree or GED	82	28.7%
Some college	77	26.9%
Associate's or technical degree	35	12.2%

Bachelor’s degree	29	10.1%
Graduate or advanced degree	19	6.6%
Household Income		
Less than $10,000	133	48.2%
$10,000 - $19,999	56	20.3%
$20,000 - $39,999	63	22.8%
$40,000 - $59,999	16	5.8%
$60,000 or more	8	2.9%
Insurance Type		
Private Insurance	66	25%
Medicaid	71	26.9%
Medicare	55	20.8%
Medicaid and Medicare	62	23.5%
None	9	3.4%
Other	1	0.4%
Current Housing Situation		
Rent or own a house, condo, or apartment	221	78.4%
Staying with friends or family	44	15.6%
Temporary or Transitional housing	5	1.8%
Housing for persons living with HIV	3	1.1%
Residential Treatment Program (for drugs or alcohol)	4	1.4%
Homeless or in a shelter	5	1.8%
Marital Status		
Single/living alone	183	62.7%
Married	56	20.3%
Living with partner/Significant Other	26	8.9%
Divorced/Separated	26	8.9%
Widowed	23	7.9%
Type of Area Lived In		
Urban (in the city)	157	55.9%
Suburban (outside of a city)	60	21.4%
Rural (in the country)	56	19.9%
I move around or am homeless	8	2.9%
HIV/AIDS Status		
Living with HIV with no symptoms (asymptomatic)	162	78.6%
Living with HIV symptoms	23	11.2%
Diagnosed with AIDS	11	5.3%
Unknown Status	10	4.9%
Time Living with HIV		
Less than 1 year	5	1.8%

1-4 years	26	9.4%
5-9 years	40	14.5%
10 or more years	201	72.8%
I don’t remember	4	1.5%

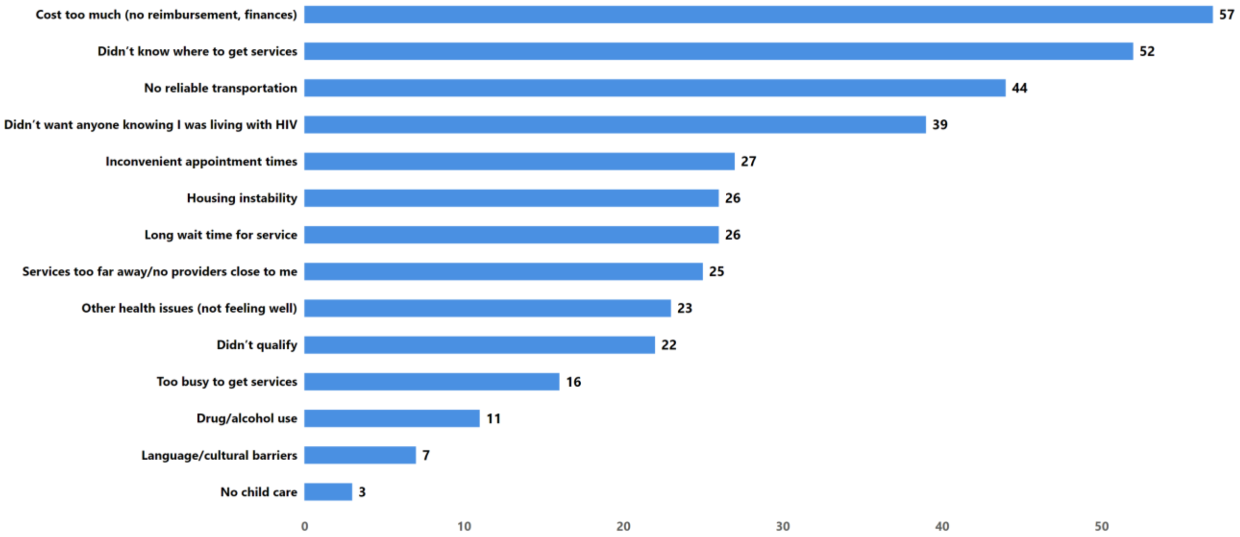
Core Medical Services

For Core Medical Services, respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs. The visual below shows number ("n") of respondents who indicated their knowledge of the service, need for service, if they needed but did not receive the service, and if they received the service, it did not meet their needs.



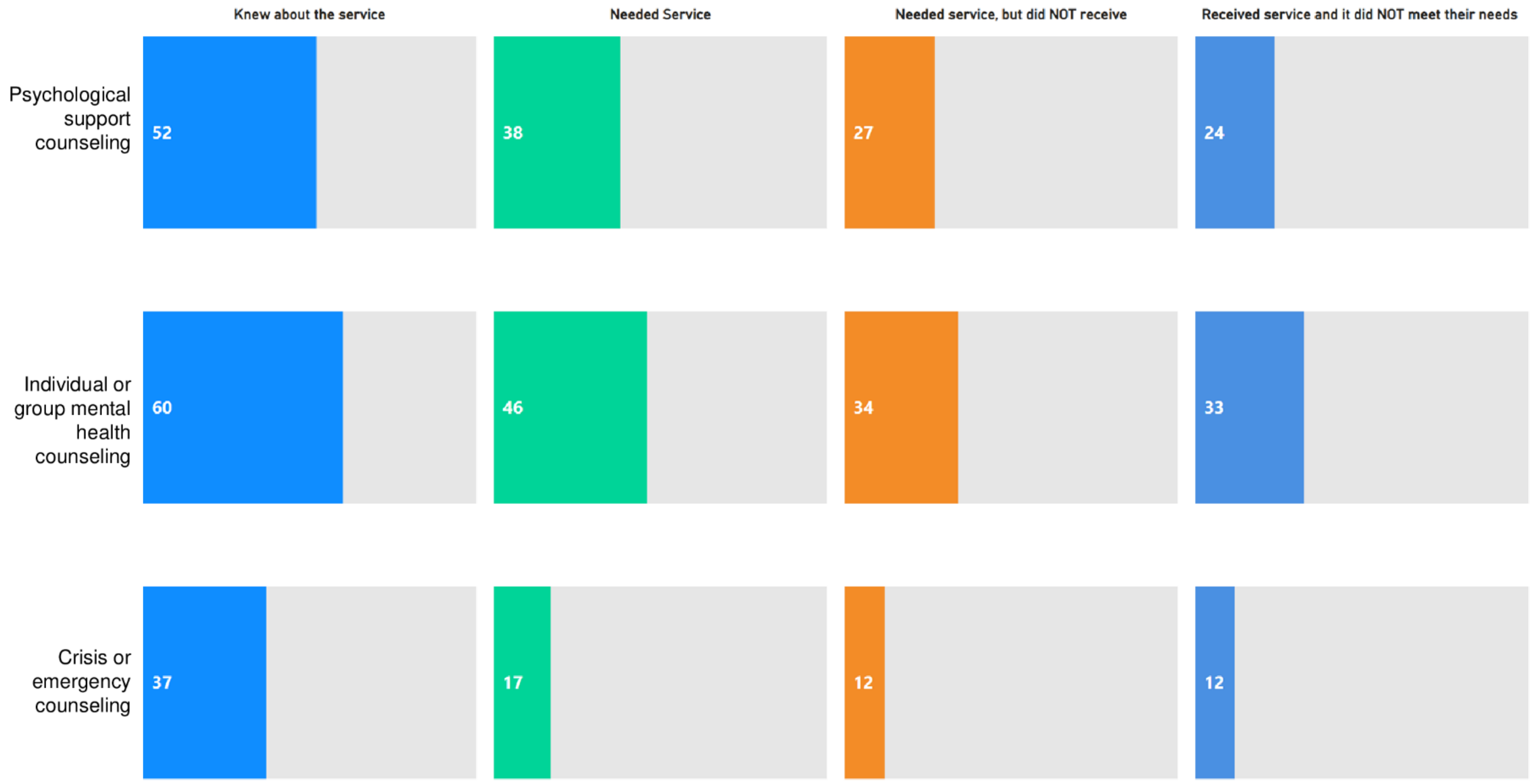
Respondents were asked what barriers prevented them from receiving the core medical services they needed. The bar graph below lists the responses of barriers that limit access to medical services.

Barriers to receiving core medical services



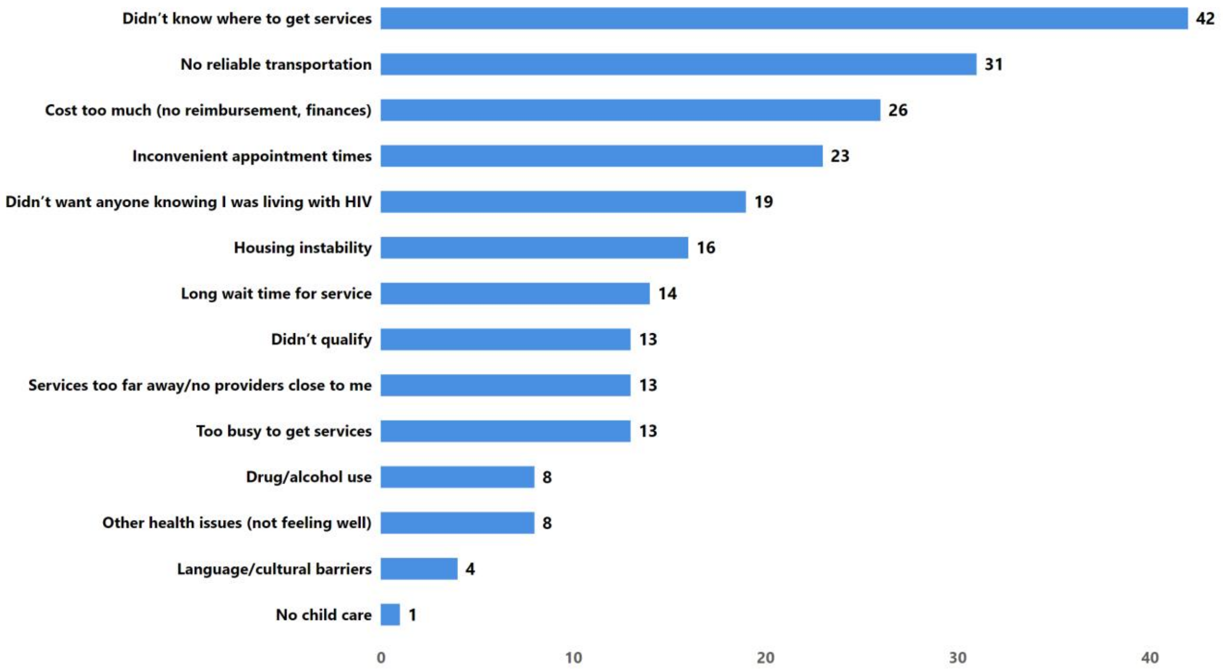
Mental Health and Other Counseling Services

For Mental Health Services, respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs. The visual below shows number ("n") of respondents who indicated their knowledge of the service, need for service, if they needed but did not receive the service, and if they received the service, it did not meet their needs.



Respondents were asked what barriers prevented them from receiving the mental health services they needed. The bar graph below lists the responses of barriers that limit access to mental health services.

Barriers to receiving mental health services

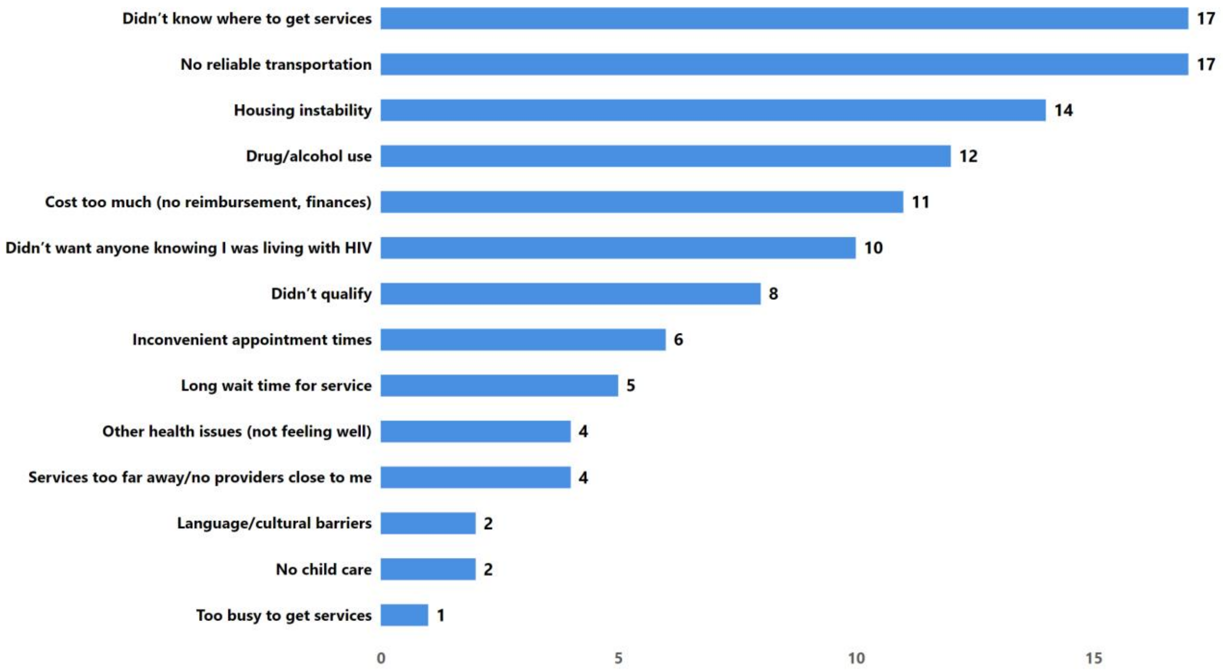


Substance Abuse Counseling Services

For Substance Abuse Counseling Services, respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs. The visual below shows number ("n") of respondents who indicated their knowledge of the service, need for service, if they needed but did not receive the service, and if they received the service, it did not meet their needs.

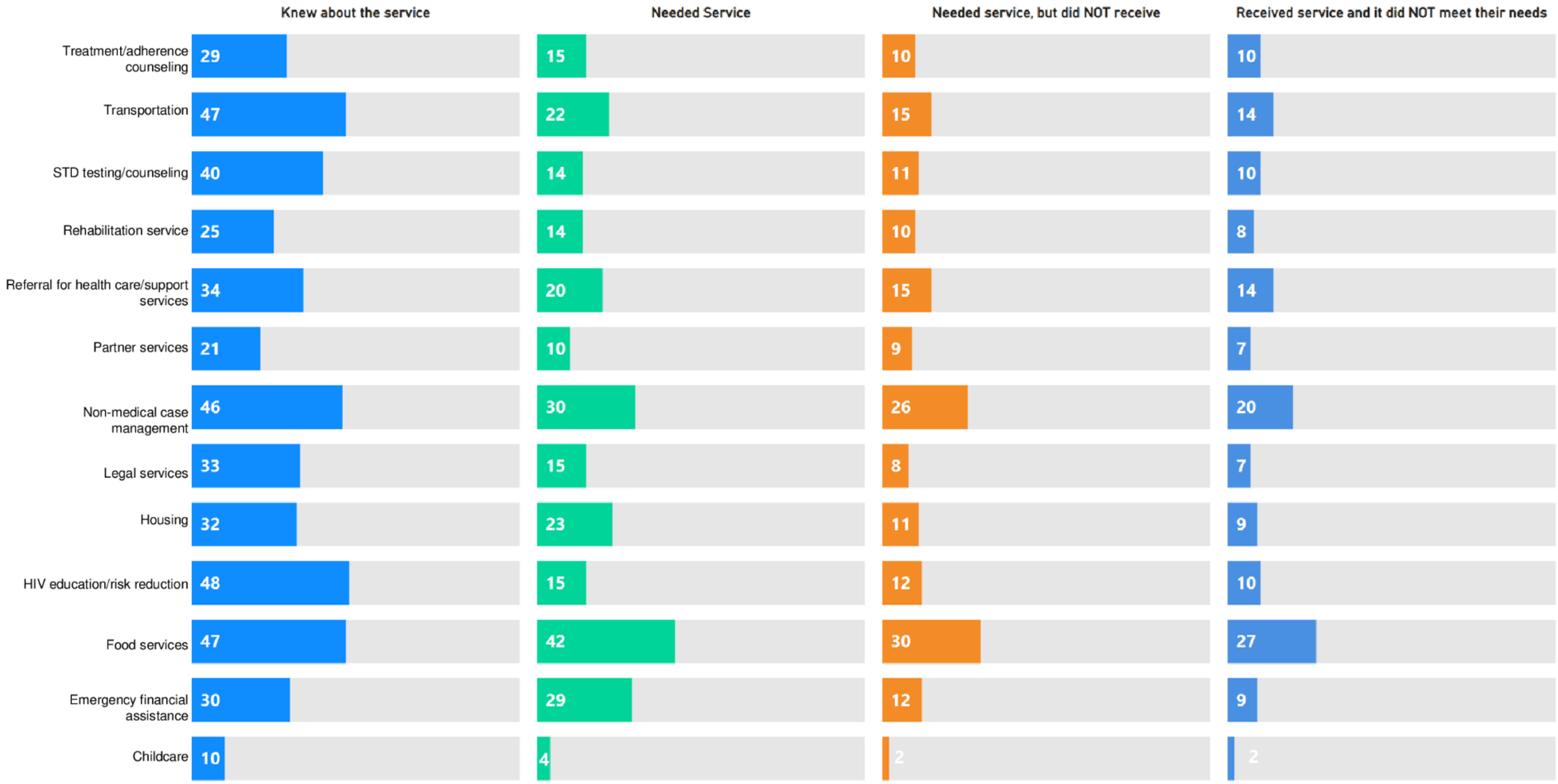
Respondents were asked what barriers prevented them from receiving the substance abuse counseling services they needed. The bar graph below lists the responses of barriers that limit access to substance abuse counseling services.

Barriers to receiving substance abuse counseling services



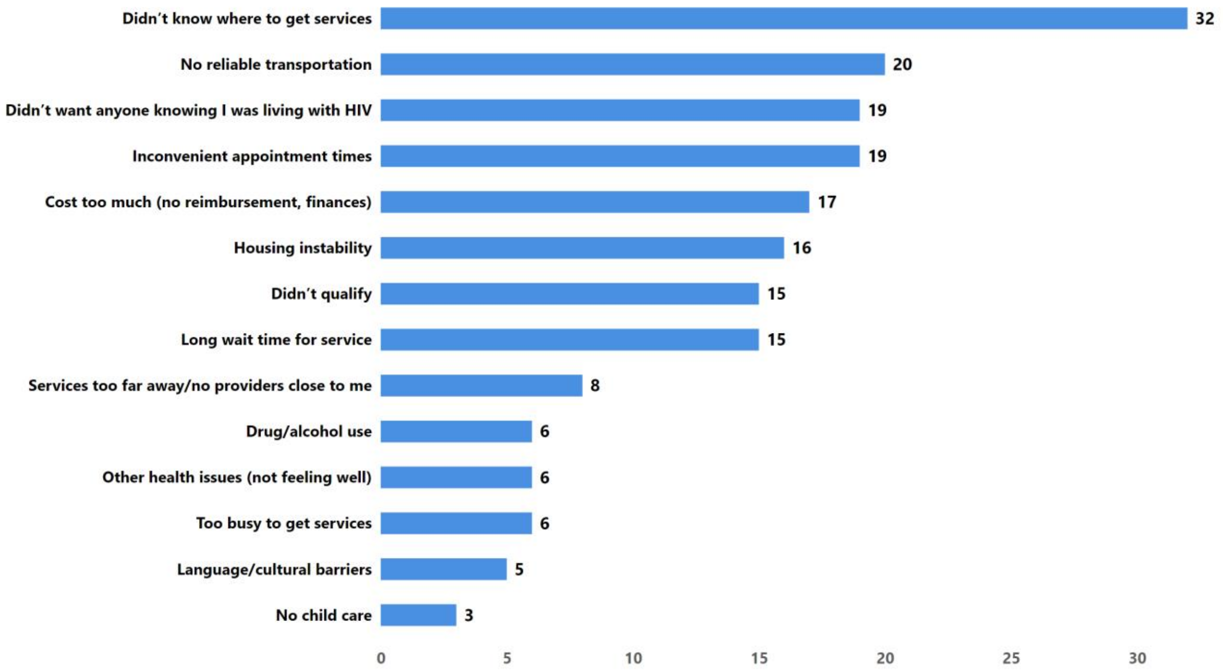
Support Services

For Support Services, respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs. The visual below shows number (“n”) of respondents who indicated their knowledge of the service, need for service, if they needed but did not receive the service, and if they received the service, it did not meet their needs.



Respondents were asked what barriers prevented them from receiving the support services they needed. The bar graph below lists the responses of barriers that limit access to support services.

Barriers to receiving support services



What concerns do you have about getting care or treatment services in the future?

Respondents were asked to share any concerns they have receiving care or treatment in the future; open responses were coded into the following themes.

Cost/Funding (n=20)

- any new or increase in cost
- availability of funds running out.
- cost
- cuts in programs
- funding
- I fear that federal and state funding will be cut, and many needed services will be discontinued
- I fear that funding cuts will diminish services that we need.
- lack of funding
- lack of funds
- mental health services -> concerns over being able to pay out of pocket
- not enough funds
- slow growing economy. more funding
- that funding for poz people will disappear
- that funding will be cut
- that government keeps funding for it
- the government cutting funding.
- the uncertainty of when and how the federal funds will be cut and the impact of those cuts upon me and my family concerns me deeply.
- Having money for a co-pay
- with the current president, i fear funding may run out for HIV services
- worry if trump is going to cut some services' funding.

Transportation/Access (n=12)

- attending schedule appointments on time.... the commute from my apartment is 1hr 47mins.
- being able to get to my appointments through transportation
- location availability
- transportation
- I need more transportation
- I would like specific services for transportation for surgeries when put to sleep
- just being able to have transportation for the doctor
- transportation
- transportation and childcare
- transportation and providers located too far away from rural areas.
- Transportation is a big problem
- transportation, distance to provider, work schedule

Other (n=8)

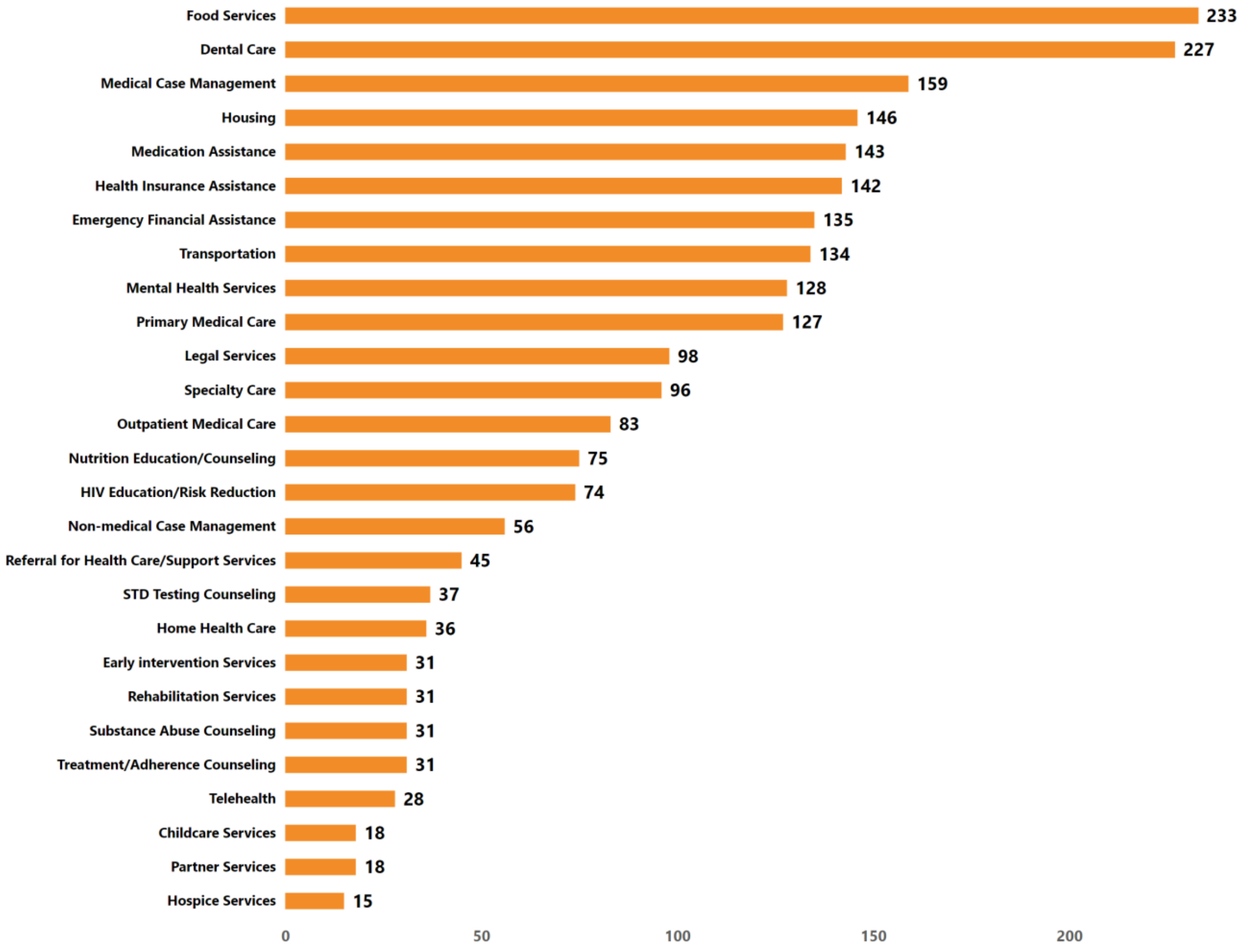
- hoping the services will be there!
- I am concerned about the program continuing to exist. We need programs like these to continue to be available for all who need them.
- I hope to continue services because I need them
- I’m excited about the service I receive, and all of the services available even I don’t need them they are there if I do
- I’m thankful for all my services.
- housing
- concerned as I age what long term effects i can/should expect
- the stigma of being HIV+

Case Management Needs (n=3)

- Help setting up SSI and SSDI, and insurance
- not knowing what to ask for
- to know where and whom to talk to about getting care and treatment

Respondents were asked to identify the ten (10) most important services to them from a list of 27 services, see full list of responses below.

Top Important Services



Utilized services and ranking most to least utilized

Respondents were asked to rank a list of 13 services from most utilized to least utilized, see full list of responses below.

Services	Percentage of Respondents (%)
Food Bank	12.9%
Dental Services	9.9%
Primary Medical Care	9.4%
Transportation	9.3%
Health Insurance	9.3%
Prescription Drug Assistance	9.2%
Counseling	8.1%
Mental Health Services	7.0%
Emergency Financial Assistance	6.9%
HIV Support Group	6.7%
Substance Abuse	4.2%
Rehabilitation Services	3.7%
Partner/Outreach Services	3.7%

Have you been living with HIV for more than a year?

Ninety eight percent (n=292) of respondents reported living with HIV for more than a year.

	Number of Respondents (N)	Percentage of Respondents (%)
Yes	292	97.9%

Have you ever had a period of at least 12 months that you did not receive HIV/AIDS-related medical care?

Fifteen percent (n=46) of respondents have had a period of at least 12 months that they did not receive HIV/AIDs-related medical care.

	Number of Respondents (N)	Percentage of Respondents (%)
Yes	46	15.2%

What best describes your situation during that period you did not receive care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked what described their situation at the time.

	Number of Respondents (N)	Percentage of Respondents (%)
I had been receiving HIV/AIDS-related medical care, but stopped going	17	42.5%
I was recently diagnosed and had not entered HIV/AIDS-related medical care	13	32.5%
I didn’t have access to care	10	25.0%

Other responses included not wanting anyone to know HIV status, using drugs, and insurance loss.

During that time, what kept you from getting HIV/AIDS-related medical care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked what kept them from getting HIV/AIDS-related medical care during that time, see full list of responses below.

	Number of Respondents (N)	Percentage of Respondents (%)
I had a mental health issue (depression, etc.)	14	29.8%
I didn’t know where to get services	13	27.7%
I didn’t feel sick	10	21.3%
I didn’t want anyone to know I was living with HIV	10	21.3%
Cost too much	9	19.2%
No transportation to appointments	9	19.2%
Afraid of the medications/side effects	8	17.0%
I was using drugs	8	17.0%
I wasn’t ready to deal with my HIV status	8	17.0%
I didn’t feel comfortable with provider	5	10.6%
I was homeless	5	10.6%
I couldn’t get an appointment	4	8.5%
I was in jail or prison	4	8.5%
No child care	4	8.5%
No one offered services close to me	4	8.5%
Too busy with other things	4	8.5%

What caused you to get back into HIV/AIDS-related medical care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked what caused them to get back into HIV/AIDS-related medical care, see full list of responses below.

	Number of Respondents (N)	Percentage of Respondents (%)
I was ready to deal with my HIV	28	66.7%
I got sick and knew I needed care	13	31.0%
I found a doctor or medical facility I liked	11	26.2%
Someone working in HIV-related care contacted me to return to care	10	23.8%
I got the information I needed to get back in care	8	19.1%
I was able to deal with other things I was worried about/other problems in my life	8	19.1%
I found housing	7	16.7%
I got out of jail/prison	7	16.7%

Other responses included ending drug use and moving to another state.

Would the following services have helped you start going to HIV/AIDS-related medical care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked if any of the six (6) services listed would have help them get back into HIV/AIDS-related care, see full list of responses below.

	Number of Respondents (N)	Percentage of Respondents (%)
Connection to a case manager to link me to services or support	24	51.1%
Appointment reminders	18	38.3%
Connection to another HIV+ person to link me to support	17	36.2%
Someone to help me cope with stress	16	34.0%
Nothing would have helped	11	23.4%
Someone to go with me to appointments	8	17.0%

Do you have a regular place you go for HIV/AIDS-related medical care?

Ninety six percent (n=274) of respondents have a regular place they go for HIV/AIDS-related medical care.

	Number of Respondents (N)	Percentage of Respondents (%)
Yes	274	96.5%

Where do you regularly receive your HIV/AIDS-related medical care?

Those who have a regular place they go to receive HIV/AIDS-related care, were asked where they receive care, see full list of responses below.

	Number of Respondents (N)	Percentage of Respondents (%)
HIV clinic in a hospital/medical center	178	68.7%
Community clinic serving only HIV+ clients	59	22.8%
Private physician's office/clinic	14	5.4%
Other community clinic that is not HIV-specific	7	2.7%
VA Hospital/Clinic	1	0.4%

Access to Care Barriers (Diagnosis, Treatment, and Retention to Care, and Service Gaps)

"Right, because you can't go to the marketplace because if you do, then we lose out on the Medicaid. I'm unemployed, too, and if it wasn't for my parents being alive, I'd be in a situation where I'd be on this because right now I have stage IV cancer and HIV."

"…It seem like he didn't get it started back 'til about three weeks after that. He was out of medicine. Then, they told him it wasn't going to happen again, but then it happened the following month again. As it kept happening, he just said, "Okay, I'm not finna keep doing this cause I'm starting medicine. I'm stopping. I'm starting. I'm stopping…He almost stopped care completely because of that."

"It seems as though money is available, but when you need access to resources, it's not available to you. "

"I was diagnosed. I was tested in the emergency room, and the doctor like a follow-up. He kept putting it off for two weeks, but he had asked me would I consent to a HIV test, and I did. They didn't tell me till I went back, and the doctor, he's like, "Well, you're HIV-positive." I felt like he needed more education how to handle a situation with a patient where they're newly diagnosed. I said something', and he said, "Didn't you know you've had HIV?" That, it's all these years later, and it's still in my head, and it still bothers me the way it was presented. "

"That hurted me. I didn't know what to do. I just wanted to die right then because I know how my grandmama treated this lady with HIV. I said, "Lord, my grandmama gone. I wonder how she treat me if she knew that her grandbaby had HIV." It just a hurting thing. Cause I gave up. When I found out, I gave up. Didn't want to take no medicine. My counselor had to come to my house and make me take my medicine"

"I thank God that they give out this medicine because I googled these pills. These pills $10,000 every month. How the hell we gonna pay that? "

"Now, you're leaning on that. Now that the medications and things are changing and people are living longer, you got to stand up on your own two feet. You got to take care of yourself because some of us have dual diagnosis."

"The pharmacy is another aspect of providing that is inconsistent. I'm using Curant as much as I possibly can, but to his point, when we don't have our meds, I rely on my meds to keep me healthy, the HIV meds. If I don't get them, then that's just—it's just a failure. Because of the way they mailed them—they say they're going to mail them overnight. Well, let's just take this week for instance. Veterans Day was on Tuesday. If they mailed them on Friday, they're not going to be received until probably Thursday. You think that's crazy, but it's not crazy. I don't get them on Monday because if

they were mailed on Friday afternoon, they don't get into the system until Monday. They don't go on Tuesday. Then there's Wednesday and then usually there's Thursday, so I may be out for a week and so there's a breakdown in that particular provider's system."

"…discouraging is when those barriers pop up and they're tell me one thing and then there's something' else and it just seems like who can you turn to get help? It's frustrating and I'm—like I said, there was a point in time where I just threw up my damn hands and I just said, "I give up. I'm tired of fighting. I'm tired. I'm tired of trying to prove my point. Who's going to help me?"

"*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 a long way to take to get some help. Your diagnosis should be automatic. Go right through."*

"Okay, so, sometimes, agencies, they're actually set up to provide services, care and help, but they're unable to because they're not connected to the other agencies that you were sent from."

"*I think that, in parts, you are, but a lotta stuff is more on the table that you're not given because you don't know. They're not willing to because it's a lot of paperwork to go through that. A lotta them don't even touch that…They decide, "We don't want to touch that." That means hire new staff. That means a whole nother department that pay for a lotta stuff to be brought down and added to the health department, but they don't want to touch it."*

Support Services
“Let them know, too, if you also get it, it ain’t a bad thing, so you can live a long time with it. You just need to get that schooling and information. Always have information that’ll be sending out and stuff. Get it to them in—I’m glad when I’ve mentioned it to a couple of pastors and stuff. They started talking to youth and have little certain sessions about it. See, that’s the thing, we need more people to go and talk about it and talk to our youth and stuff, especially in the schools and stuff.” “*If they are inclined. This is a person that’s HIV positive. We will go get them, bring them to their doctor’s appointment, take them back home. That’s all part of their services.* “ “*Peer support. The state had gotten rid of all their peer advocates. Now, you’re trying to reinforce and bring back some new advocates. The parameters is different. It’s not because we live the same way or we have the same diagnosis. That’s not what they’re looking for. It’s not as personal as it was before. Again, you have someone that is not living or walking in—or don’t understand. They’re trying to help somebody that’s going through it*”

Stigma and Discrimination

“*It has been a trajectory, because even today, there’s stigma. Sometimes it comes from our own people, gay people; many times, most of the time, and others. I think education, and always thinking. Well, I think it’s good when it happens because I feel like I can teach someone. I use that as a teaching moment.”*

“*One more thing. A lotta peoples will turn against you when they find out you have HIV. “*

“I think you’re treated differently, or I have seen people treated differently with mental cases that are HIV positive. It’s like, “You’re going to die anyway, so we’re not going to waste time trying to, mentally, get you correct.”

“*Well, I think what it is, the reason why they treat you like that because they know your illness. They feel like that, with your illness, you just ain’t nobody to them.”*

“I’ve gone with client to doctor, and because they had to constantly give their diagnosis to every staff, it ran them away. I had to encourage them to keep going’ there and, “Just go for your care because they already know why you’re here. They know your history because they did the release form.” Then, the one that I went with, you’re a foreign, so you have a English breakdown. They were just so rude to this person—and I had to keep stepping’ in. Just very rude. Very rude. That’s a turnoff. They don’t want them to take care of their health.”

“You leave from the health department and go into the other agencies that don’t really care like that about that. Again, it’s about money. It’s unfortunate, but it’s about money.”

“*Well, if you brought me in, suddenly, my aspect is I have a government job. I’ve got the hot shower. I’ve got the warm bed, and I’ve got a paycheck coming. As long as I’m doing the bare minimum, for what is quote unquote required, then I’m safe and it doesn’t matter to that—what happens to the individual that’s across the table from me. You may have empathy, but it’s more sympathy.”*

HIV Education Gaps

“One thing I—when I came here, I used to deal with stigma a lot, and when you go to a place like [community clinic]…make you feel like a part of. They had a lunch and learn, to where you can get education on this… and it’s been an experience to me. It’s been really educating.”

“Well, I feel like I’m pretty well educated when it comes to HIV, but I do have concerns about that, because they are young people who are coming along who may be testing positive, and those people really need that sort of help. We’ve been around the block, most of us, so we know a lot. “

“*I think it’s a class or something’ they need to educate them people because when we’ll go to a healthcare provider in [community clinic] they’re already up on the game. They already know about how to treat this. Now, we go to a hospital or somewhere else, and they look at and find out that you HIV-positive, then they are saying—you can see it. You can sense it. …They’ll treat you differently, some of them will.”*

“*That’s another thing why a lotta kids and stuff don’t want to get tested and stuff, because lack of knowledge. They don’t have the understanding that you can live long with it. “*

“*I think it should come from the systems in place. People that you have in the systems should become more knowledgeable of what all they have to offer.”*

“*I see a primary care outside of the board of health. A lotta them do not know a whole lot about HIV. They know some, but they don’t know a whole lot.”*

Financial Barriers
“HIV medication is real expensive. All the pills all the cost you almost $2,000. I couldn’t afford that. A lot of people couldn’t afford that.” *“Well, I feel like that that’s the state’s fault because Medicaid is funded by the state. Then, the state needs to put out more funding or expand the Medicaid—if they fund Medicaid more, it will help you. You wouldn’t be turned away like that. You wouldn’t be denied services like that.”* *“Right, because you can’t go to the marketplace because if you do, then we lose out on the Medicaid. I’m unemployed, too, and if it wasn’t for my parents being alive, I’d be in a situation where I’d be on this because right now I have stage IV cancer and HIV.”*

Mental Health Support

“Outside looking’ in, I don’t think the mental health for HIV is the same as it would be for somebody that’s not. I think they don’t care as much as if you’re just mentally healthy and, say, normal.”

“We just give them another pill. We going to give them another pill. That’s my feeling with the mental health and a peer counselor…”

Nonmedical Drivers of Health
“There’s a lot of people that I’m sure are homeless or in need of a place, and they’re HIV-positive. That’s when it’s most needed.” *“I don’t have no relative, no friend, no brother, no sister, nobody. It was just me, and still is. I had to do what I had to do. That’s when they started giving out the bus—that’s when I learned how to start riding the bus.”*

Appendix B: People At-Risk for HIV

People At-Risk for HIV Survey Demographics*

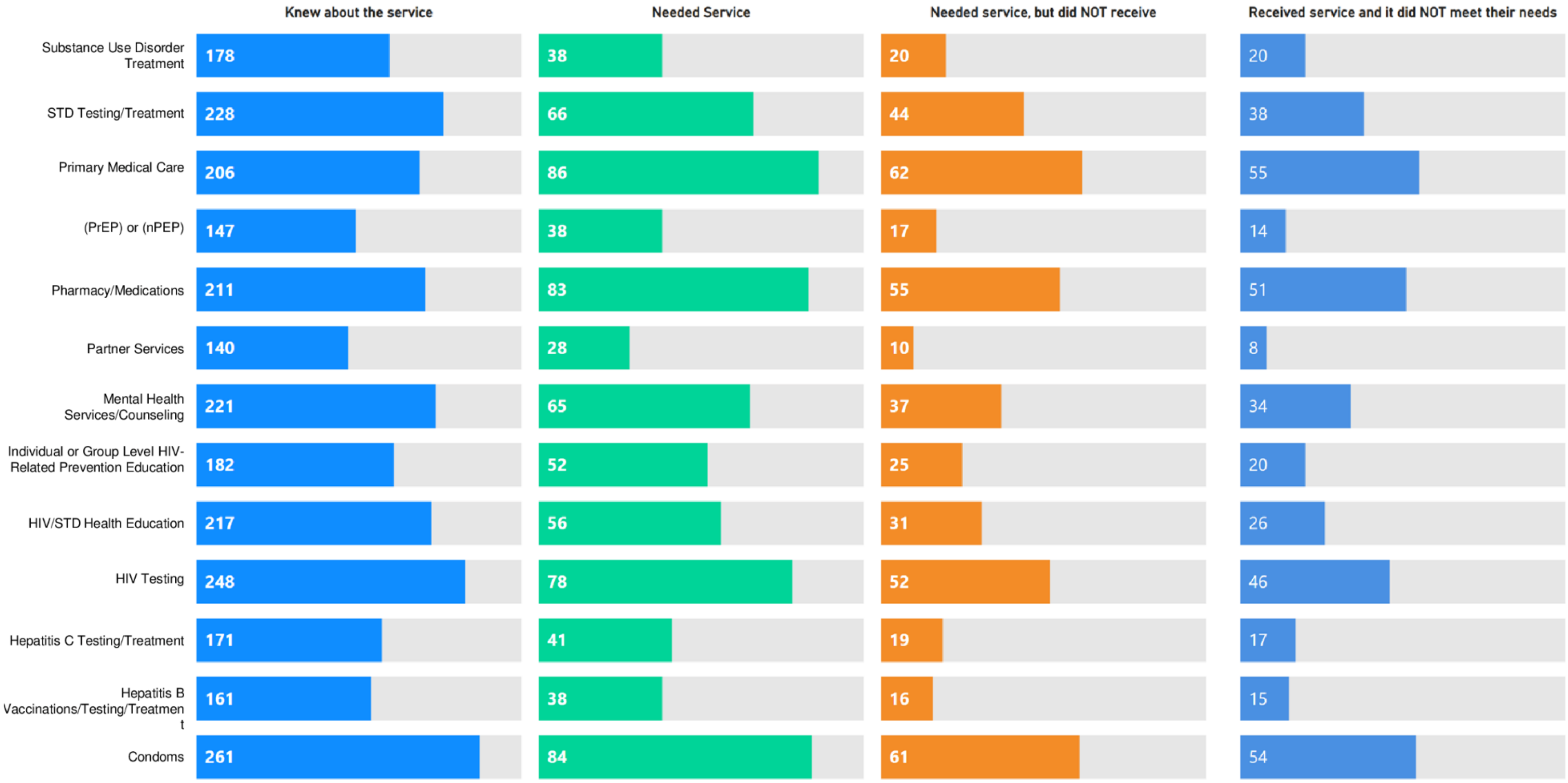
*Demographic data reflects total number of respondents that completed the demographic section of the survey.

At-Risk Survey Participant's Characteristics	Number of Respondents (N)	Percentage of Respondents (%)
Age		
16-24	73	13.1%
25-34	106	19%
35-44	121	21.7%
45-54	135	24.2%
55-64	78	14%
65+	46	8.2%
Racial/Ethnic Background		
Native American of Alaskan Native	8	1.4%
Asian	6	1.1%
Black or African American	317	56.3%
Native Hawaiian or Other Pacific Islander	0	-
White	205	36.4%
Multiracial	18	3.2%
Hispanic or Latino	34	6.2%
Other	9	1.6%
Sex Assigned at Birth		
Male	132	23.5%
Female	430	76.5%
Sexual Orientation		
Heterosexual/Straight	463	83.7%
Gay or Lesbian	35	6.3%
Bisexual	43	7.8%
Other	12	2.2%
Education		
Some high school	47	8.4%
High school degree or GED	144	25.6%
Some college	139	24.7%
Associate's or technical degree	53	9.4%
Bachelor's degree	93	16.5%
Graduate or advanced degree	87	15.5%

Household Income		
Less than $10,000	130	23.3%
$10,000 - $19,999	70	12.5%
$20,000 - $39,999	99	17.7%
$40,000 - $59,999	100	17.9%
$60,000 or more	159	28.5%
Insurance Type		
Private Insurance	298	54.3%
Medicaid	81	14.8%
Medicare	38	6.9%
Medicaid and Medicare	32	5.8%
Other Government	7	1.3%
None	84	15.3%
Other	9	1.6%
Current Housing Situation		
Rent or own a house, condo, or apartment	416	75%
Staying with friends or family	59	10.6%
Temporary or Transitional housing	33	6%
Housing for persons living with HIV	5	0.9%
Residential Treatment Program (for drugs or alcohol)	28	5.1%
Homeless or in a shelter	14	2.5%
Marital Status		
Single/living alone	254	45.6%
Married	149	46.8%
Living with partner/Significant Other	55	9.9%
Divorced/Separated	67	12%
Widowed	32	5.8%
Type of Area Live In		
Urban (in the city)	259	47%
Suburban (outside of a city)	122	22.1%
Rural (in the country)	158	28.7%
I move around or am homeless	12	2.2%

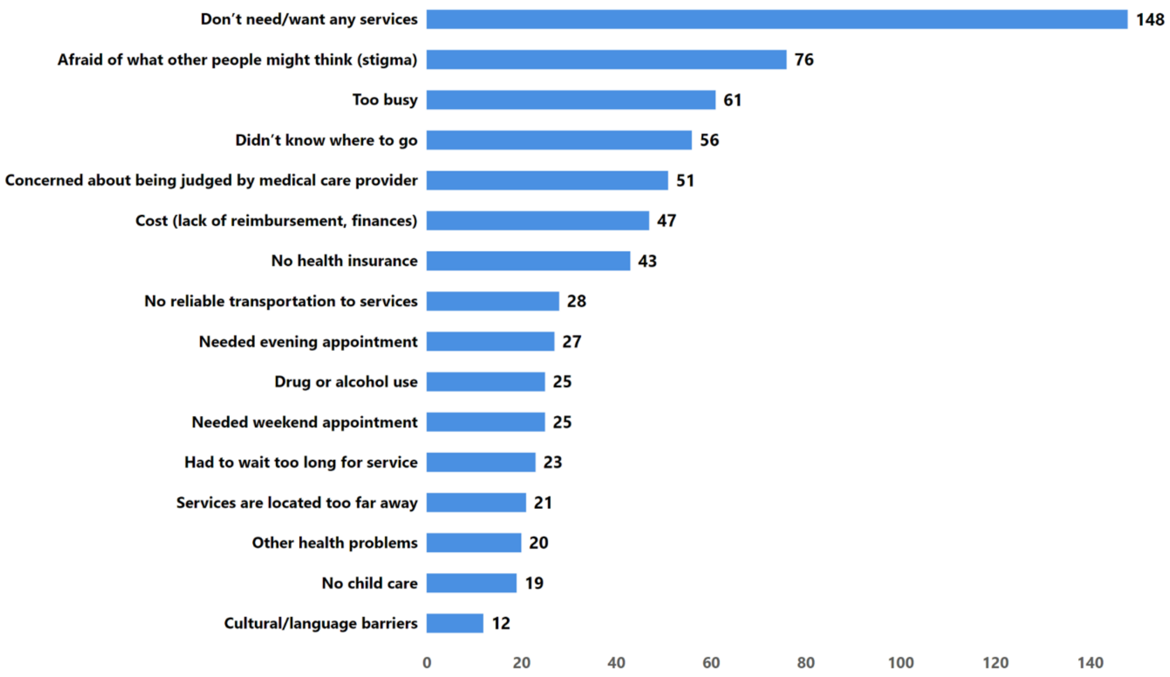
HIV Prevention Services for At-Risk Individuals

Respondents were given a list and descriptions of thirteen (13) HIV prevention services that people at higher-risk for HIV might utilize. Respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs. The visual below shows number (“n”) of respondents who indicated their knowledge of the service, need for service, if they needed but did not receive the service, and if they received the service, it did not meet their needed.



Respondents were asked what barriers prevented them from receiving the services they needed. The bar graph below lists the responses of barriers that limit access to needed services.

Barriers to receiving services



How many times have you ever been tested for HIV?

Respondents were asked how many times they have ever been tested for HIV, 19.6% (n=109) have never been tested, 22.2% (n=123) have been tested once, 37.8% (n=210) have been tested 2-5 times, and 20.4% (n=113) have been tested more than 5 times.

	Number of Respondents (N)	Percentage of Respondents (%)
Once	123	22.2%
2-5 times	210	37.8%
More than 5 times	113	20.4%
Never	109	19.6%

Sexual Health Education (PrEP Awareness)

“I don't think that the problem is the information about PrEP, but how we get the information delivered.”

“For me, I would say, before working with [community organization], you have—as a woman, you have your checkups that you have to go to. They do testing and everything, but they don't really give you education on it. You just do the test, you go home, negative, positive, whatever. I learned more as I've been working with [community organization].”

“People in my community, I know they don't really know nothing. I hate the way they treat people when they—if they do have something. A lot of people now, in my community, even if they have something, they don't—I don't think they feel comfortable enough to come or talk to someone or tell people, because of how people react and act towards them. I think the education with HIV in my community is very poor.”

“When I was in Atlanta, you could go to the grocery store, and you'll see people with signs saying, "Get free testing here." I used to be like, "Okay. Well, I'm going to get tested. It's free, you know what I'm saying?" I would do that. Here, you don't hear anything about free testing. You don't see nothing about free testing, none of that.”

“They still on that generational knowledge that was passed down, and that's years ago. This is real life and how medication can improve, like PrEP and PEP and all that stuff. When you get up into the older ages, a lot of, "Baby, what's that?" We didn't have that, so.”

“How do you get it out? Everybody's on social media. I go through Instagram a lot. I'll see all kinds of posts. It's just enough information on the post; because they spend less than a second looking at something. It's got to be just short. Just enough to grab somebody's attention. HIV is not a death sentence anymore, something like that. Have other pages in the post or a link to something.”

“I believe because they might have heard so many stigmas and was like, "I want to know for myself." Type of thing. You really can't go back once you've heard anything. Wanting to know more. They may know a family member. They may be dealing with it. It's like, “Oh, okay. Well, now I know someone at home got it, so I want to learn more." A friend or someone like that. They just want to know more than going by the stigma that they heard.”

“I do feel like there should probably be a better education aspect in major hospitals, Huntsville Hospital, UAB, major hospitals in Alabama, because I feel like they also don't necessarily address sexual health and wellness as well. I feel like they could do a better—the major hospitals could do a better job at that in referring.”

“Yeah, social media, meeting people where they are, having like fun activities, community events. I mean, everybody loves free stuff, especially as kids so having a community-friendly event would be better during the summertime, so you have an outside space. That would be more of a good way to do it. Honestly and truthfully, going to the school system, high schools, educating everybody before they're seniors, before they go off to college. I don't think health education is the same as it was when I was in school so going to where they are. Even having it during PTA meetings and the parents know, so they can have that conversation with their child at home on how to teach their child.”

“Why wait 'til the university [age] —why wait until somebody's active? That is an information [and] education that you start sooner.”

“Yes, and also letting them know the benefits of PrEP and what PrEP is actually made for and the proper use of it.”

“A lot of them go on PrEP, and they go wild. Then they end up with other STI's. Another thing is, I remember when PrEP was coming—beginning to be a little bit more popular. A lot of people use that as an escape, saying I don't have HIV; I'm on PrEP. No, you're not. You're just saying that to make someone feel like you're safe; so misusing it.”

“You have Truvada and Descovy. One of those has just gone generic, so now it's the only one you can get a doctor to prescribe you because they're not—even though the other one's gentler on your body, it has much higher insurance costs. They don't want to give you the other one. I've heard that there are injectables now that last much longer, but you can't get those through Thrive. I don't know where in Alabama you can get those.”

“In my experience, PrEP, they do a pretty good job of advertising. It's the post-exposure prophylaxis, which is often the more time-sensitive and urgent one that they could use some work on promoting A, that it is a service that is offered, and B, because it's so time-sensitive, how to quickly and efficiently navigate the system, what barriers you might run into. Just because there's so much time pressure with those, I think that more information available to the community of how to easily access and quickly access those resources.”

Resources and Services (Service Gaps and Telehealth Services)

“I live in Lowndes County and there are absolutely no places that here for the people here in this county to get those resources or to get even get free services. They have to go either to Montgomery or Selma. They could have a list of places that people can get the information from free health care, even transportation.”

“When it comes to mental health, you have to have that person that can understand you. I can't sit here and talk to a straight man and tell him what I'm goin' through in my personal gay life and my relationships and he not look at me like—yes, of course, you're gonna tell me your medical response to everything, but can you really relate to what I'm goin' through and what I'm talkin' to? Half the time, you can't.”
“If I need something that I can't get at one of those [services], I'm going down to Birmingham. The other health care options around here are not great.”

“Yeah. I think community health workers go a long way in and doing a lot of stuff, but then also making sure those community health workers, too, are doing' self-examinations of what their biases are as they go out into the field, which can be hard when we're living in the deep South. Those people do exist. It could be somebody that comes to a training and their mind is moved around something.”

Stigma & Discrimination

“Sometimes, the doctor treat you like you have no clue what they are saying, that you have no right to even know what is your treatment or what are your treatment options. They start not even giving' instructions, but giving' orders in a weird, awkward way.”

“I think they really need to focus on the fact that it's not a death sentence anymore. The medication is one to two pills or an injection, like he said. It really is easy to take care of it or to keep it under control. The stigma does need to be broken.”

“Oh, and if we teach all the kids all of this stuff from the beginning, all the same—because HIV is not a gay problem or a straight problem or a big problem. It's an everybody human problem. STDs are also a human problem. Then, that also removes the stigma from stuff like PrEP”

“It's just actually getting' people to listen, take time and read and comprehend the information. Because people are still in this mindset that you can get it from a touch. You can get it from drinking behind someone. They're very standoffish. If they know someone is positive, or even if someone has been around somebody positive, the first thing they said, "Don't come over here with that. Don't bring it over here. I don't want that."

“Because my whole thing was, when I did go, the first thing this lady looked at me, the nurse, she looked at me and saw my last name. It was like, "You related." To such and such and such. "I know." Such and such, and, "That's my best friend." I'm like, oh crap. I'm like, if you tell this one, I already know it's gone be Channel 8 news. It's gone be all over. It's just gone be like—it's going to go everywhere, or whatever. I know it's a confidentiality clause, there, with HIPAA and all that. At the time— that wasn't my mindset. Because this lady, she was, she was naming family members off the riff. She got to naming my mom and I'm like, oh, no, no…”

“About people knowing that they're getting' tested. Cause just the people see you going to place, oh, they got something, so that helps alleviate some of that stress off the individual.”

“It kind of make a lot of people uncomfortable that way too. Then, here in Birmingham, everything is UAB. It's kind of like, where is it I'm going to go that I cannot run into somebody?”

“There's still a stigma. When I first got on PrEP, one of my friends saw the medicine, and they're like, "What's this for?" I looked it up, and they're like, "You have HIV?" I'm like, "No, I don't have HIV. Also, why are you looking through my medicine?"

“Yeah, the other thing I was thinking' 'bout, —we're talking' a lot about sex, which is a primary way of HIV transmission, but there's also other ways, like using safe needles and different things like this, folks who might use drugs intravenously. I think it also comes down to a question of judgment. It's other populations that are judged for activities they may be doing. When we talk about the people who are giving these, you really got to review your biases and your ability to be not judgmental in those spaces.”

General Healthcare Experiences

“You have some that are just in the field just to be in the field. Then you also have some that are in there that genuinely cares and wants to help be a difference maker and just not there just to get the money or whatever, or just—or the prestige. I would say with that, was a two in one type situation. There are healthcare providers that are genuinely concerned…It's just when you get people that are genuinely concerned and care, that makes you feel a whole lot better versus someone that just sees you as a dollar sign, so to speak.”

“I have a PCP who take care of my personal healthcare. My primary care physician also take care of my mama, my uncle, my grandmama, and he knows our whole family. I feel like if I ever had a issue that was dealing with something sexually, he'll be my last resort”

“You need to feel safe. You need to be able to say anything and know that they're not going to come back at you or cause you trouble.”

“Especially a woman of trans experience, once they find out, you know, they just go haywire. Thirty different questions.”

“When it comes to mental health, you have to have that person that can understand you. I can't sit here and talk to a straight man and tell him what I'm going' through in my personal gay life and my relationships and he not look at me like—yes, of course, you're going to tell me your medical response to everything, but can you really relate to what I'm going' through and what I'm talking' to? Half the time, you can't. That's one thing about finding us”

“I prefer to go through somewhere private and if there are privacy shields in place with the health department, advertising those, I think would probably help get a little bit more traction. As a general rule, I'm going to go with somewhere private where I feel my privacy is more prioritized.”

“As a trans woman, medical forms and working with medical providers is often very dehumanizing, especially around here. Most people don't have a preferred name section. If they do, they'll just completely ignore it. They'll call me by my dead name or just use my last name, which I never really had been—had that happen to me before. That just sucks.”

“For me, I'm only going to go through [community organizations] or somewhere that does that for my primary care as well. I think part of that is the advertising of LGBT-friendly explicitly too, but also just sex positivity in general. You don't get a lot of sex positivity where you feel comfortable actively discussing, "I'm going to be having sex. What are my options for harm reduction to maximize my safety, given that this is something I'm going to do?" That's not something I feel like I get at Huntsville Hospital or anything like that.”

Access to Care Barriers

” Again, I know it's confidentiality, but sometimes people, just in general, conversation could be having a conversation with someone. It'll be like, such and such came in the pharmacy and got their PrEP. Not meaning to tell it, but just in casual conversation, while sometimes not thinking, hey, I got to keep this private, will up and say it, so that's an issue as well.”

“I think some of the barriers that we have from where we're from is we come from a smaller town. It's not as big as Birmingham. Some of the cases, like friends of ours that may have been diagnosed with something, they can't utilize that healthcare because either they don't have that transportation to get them to Birmingham, and they don't trust nobody to know their status to tell them, can you take me to this doctor. Half of them would then skip treatment. They might get on that first treatment or maybe that second one. When it comes to, "Hey, I don't have that access to talk to you on the phone because my family don't know," or, "I can't get nobody to bring me 45 minutes to the doctor every month," to realize what you going for. That'd be some of the big barriers in small towns here. Because it's kind of like their lifestyle is accepted more in Birmingham because it's bigger. When you get to a smaller town that's only two schools and everybody know everybody”

“There was one point before things started changing, we was able to provide transportation. We was able to go and pick them up if they didn't have a ride, but then it got cut…. That hurts real bad, because there are people that have fallen out of care because they don't have no way to get their medications, their food boxes or coming to see their doctors.”

“I once had an exposure. I got a prescription for post-exposure prophylaxis, and it was filled at a local pharmacy. I went to pick it up, and they said, "Your insurance will not allow me to fill this. This has to go through a mail-order pharmacy." Even though it's a time-dependent drug, they made it go through a mail-order pharmacy before it could come to me, and it had to be taken within 72 hours. All because insurance decided that that was not the way that it needed to be done. “

“How reporting something to the state versus my primary care doctor, I think I have better control over. I can say, yes, it can go to these specific—my information can go to these specific individuals rather than my information going in a state database. I think that would be a barrier for me to go as well, if it's something very intimate and personal. “

“I've done some mental health care, the psychiatric medication, which is a lower barrier to entry, which is also helpful for me at times. Also just access-wise. Even in the local community, mental health in particular. I don't have any problem getting a primary care appointment, but getting an appointment with a psychologist or psychiatrist is very difficult. They're super backed up. It's impossible to get an appointment. It'll

be months out. Whereas through telehealth services, I've had success getting in much faster because of the less travel time and them being able to process patients through more quickly. Yeah, just general access and a number of available representatives."

"Working with the city schools and seeing the families who actually live here, I think that those communities—not just the Hispanic community, but also all of the communities, transportation is a barrier. Our public transportation is abysmal. Also, their accessibility of the materials presented. because, a lotta the times, people from the university can have an air about them of, "Look at this shiny thing that I know. Here, we want to teach you," but they don't know it well enough to break it down."

"Well, I got in the [community organization] in Birmingham. I live in Tuscaloosa, but I will take time off to go there because it's been just such a positive experience. I,, probably, didn't have to worry about coming out or anything like that in a very non-judgmental space. I quite often tell folks in Tuscaloosa that I know about it. Even if they're going to have to commute because I—I wish they would open one here. A branch here would be really helpful."

HIV Testing and Treatment

“Our testing here that's over here will let them know that you don't have to come into the clinic to get tested. They do it confidential. You can have a prevention worker actually come out to the house and test you for HIV, hepatitis C, STI's. They'll also taken to the health department for you, and then they would deliver your results back to you, so you never have to go through that first stage of the struggle with the stigma and the narrative and stuff.”

“I did not know I wasn't getting tested for HIV with my gynecologist. I didn't know. When they said, well, we're going to do a blood test to see what's going on, that that wasn't something that was included. The lack of knowledge of knowing what's included when you're being tested.”

“I had an experience with the health department here, It was years ago. I went through a little situation. I had to go there and get tested. I just said, I just feel they set me up for the kill, still to this day. It was a lot of no communication. It put me through a very traumatic and emotional mental state.”

“The only thing that I think that really be the issue with the health department is sometimes when you go get tested for certain things, they're not aware of your lifestyle and where you come from. It's kind of in the back of your head you're looking at them saying if you hadn't done anything, you wouldn't be in here.”

“Yeah, I was thinking as well, I haven't done it through the health department and a little outside of scope probably, but I, as a queer person, don't feel super comfortable giving the state of Alabama much of my health care information.”

“I used to have mail-in service for STI testing once and had a good experience with that.”

“I have noticed that there's a lot more in-home testing you can get at CVS, I think. A lotta that needs to be promoted.”

Language, Culture, and Identity
“I would say that [community organization] could use some culture sensitivity training and LGBTQ+ training as well. Not all the workers there, but I think, really, management. There's a lotta stigma from them.” *“As they're reaching out, the community, they get a little bit feary or scared that the information can be linked with everything that is going on., that the information, as we're provided, can be linked to other services…that the best most efficient way to eliminate that fear is relationship building, which is obvious, but hard to do. The second thing is to eliminate the information that you're asking for, because everybody doesn't need to give you the name of every single person in their house, their full address, their full phone number, because that's the kind of stuff that makes people nervous.”* *“I might be wrong, and you just tell me if I am. I think it would be more approachable if it was more—if you're reaching out to the Latino community, that it would be more the Latino people asking the questions”*

Appendix C: Direct Care Providers

Survey Results

Which of these best describes your agency?

Respondents were asked what kind of agency they work for.

	Number of Respondents (N)	Percentage of Respondents (%)
Community-Based Organization (non-HIV specific)	23	24%
Government Facility	11	11.5%
Health Clinic	10	10.4%
HIV/AIDS Service Organization	17	17.7%
Hospital	7	7.3%
Multi-service Agency that includes HIV/AIDS Services	5	5.2%
Non-medical Service Provider	2	2.1%
Substance Abuse Treatment Facility	0	-
FQHC	16	16.7%
Other*	5	5.2%

Other responses included city official, community health organizations, higher education, and therapy.

What is the average number of HIV/AIDS patients that your organization sees in a year?

Respondents were asked the average number of HIV/AIDS patients their organization sees in a year.

	Number of Respondents (N)	Percentage of Respondents (%)
1-25	27	28.1%
26-50	11	11.5%
51-75	3	3.1%
76-100	10	10.4%
101-500	46	47.9%
501-1000	7	7.3%
1001+	17	17.7%

Are HIV/AIDS related services the only type of services provided by your agency?

Ten percent (n=10) of respondents' agency's provide only HIV/AIDS services.

For how many years has your agency provided HIV/AIDS related services?

Respondents were asked how many years their agency has provided HIV/AIDS related services.

Years agency has provided HIV-related services	Number of Respondents (N)	Percentage of Respondents (%)
1 to 4 years	25	26.04%
5 to 10 years	6	6.25%
11 or more years	65	67.71%

Please indicate the services your agency provides for people who are living with HIV. (Select all that apply)

Respondents were asked to identify the services their agency provides for people living with HIV from a list of 15 services, see full list below.

Services Agency Provides	Number of Respondents (N)	Percentage of Respondents (%)
Case Management	64	71.1%
Counseling	62	68.9%
Preventative Services (Testing, PrEP, PEP)	62	68.9%
Mental Health	53	58.9%
Primary Care	52	57.8%
Transportation	52	57.8%
Partner/Outreach Services	51	56.7%
Prescription Drug Assistance	49	54.4%
HIV Support Groups	43	47.8%
Dental Care	42	46.7%
Substance Abuse Counseling	41	45.6%
Food Bank	40	44.4%
Health Insurance Assistance	40	44.4%
Emergency Financial Assistance	37	41.1%
Rehabilitation Services	13	14.4%

What barriers exist that prevent clients from obtaining these services from your agency? (Select all that apply)

Respondents were asked to identify what barriers keep clients from obtaining services at their agency, from a list of 18 services. See full list below.

Barriers to Obtaining Services	Number of Respondents (N)	Percentage of Respondents (%)
Transportation	73	79.4%
Stigma	56	60.9%
Lack of awareness about services	40	43.5%
Personal limitations	40	43.5%
Mental Health	35	38.0%
Lack of Social Support	34	37.0%
Lack of insurance	30	32.6%
Substance Use Disorder	29	31.5%
Psychological Barriers	27	29.4%
Resource Constraints	26	28.3%
Medication adherence	24	26.1%
Privacy	24	26.1%
Cultural and Language Barriers	19	20.7%
Inflexible hours	18	19.6%
Other chronic medical conditions	18	19.6%
Doubts about treatment effectiveness	14	15.2%
Limited number of HIV specialty clinics	11	12.0%
Lack of HIV-related services	8	8.7%

Other responses included no phone or phone out of service and clients not wanting help.

Please add any comment you might have regarding barriers that limit your agency’s capacity to provide HIV/AIDS-related services?

Respondents were asked to share any barriers that limit their agency’s capacity to provide HIV-related care; open responses were coded into the following themes.

System Barriers (n=14)

- Being able to provide HIV services within our agency
- agency work hours not accommodating Clients with the same work hours as our agency hours
- Another barrier: documents, requiring documents that are dated within 90 days of appointment, not allowing documents without dates, and requiring all paperwork at appointment time (instead of allowing clients to bring documents at a later time).
- Doctors need to be more active and persistent in informing patients of their status. And preventative treatment needs be prioritized when patients have symptoms. Healthcare officials are letting patients out the door without any treatment, therefore, spreading the STI's even more.
- Don’t know how to reach them.
- Follow up. CM resources to prevent lost to follow up. Training in HIV.
- For the patient to be able to see other doctors within our agency
- Government limits
- Having a more coordinated approach to care would go a long way.
- Privacy
- stay consentient
- Treatment options
- We are seeking services that are available for the community
- We provide an outlet for outreach

Transportation (n=11)

- Clients are really struggling to make it to appointments when they do not have transportation. Many clients do not have vehicles, the ability to drive, and/or the support from others who can help them with transportation.
- Clients' ability to find reliable transportation is one of the more significant barriers our clients face.
- Lack of public transportation to the adult primary care location due to not being on the bus route.
- Transportation barriers for people who live in Winston, Marion, and Franklin Counties. Public transport is limited to NACOLG in the aforementioned counties as well as Lauderdale and Colbert.
- Transportation Challenges – Limited transportation options for clients in rural or underserved areas reduce access to care.

- Transportation from longer distances and dealing with an aging population that is starting to need memory care seems to be the biggest challenge we are currently facing.
- Transportation is a huge issue!
- Transportation is a large barrier because the area does not have reliable public transportation. The area is large and rural and difficult to coordinate services in all areas. Stigma continues to be a barrier for patients connecting to care.
- Transportation is our biggest barrier
- Transportation is the largest barrier being faced by far at this time. Resources across many agencies have been cut and the issue is expensive and complex
- We serve a very rural population so transportation can be a big barrier.

Funding (n=10)

- Funding is a huge barrier to care. I have 2 clients that had dental services approved and then approval was rescinded when it was determined that our funding would not allow for the additional service. Both clients have been waiting for over a year for dental assistance and 1 client is on Medicaid and has no other source of dental assistance.
- lack of funds, often number changes
- Barriers created by the state and the federal funding agencies
- Budget constraints, grant funding affecting specific populations ability to receive services.
- Funding
- Funding is a major barrier. We are limited with resources and amount of funding we can provide for each client, especially in the event of an emergency.
- Funding to hire more staff for additional services.
- Need more funding
- Needing more funding and resources to provide for the community
- restrictions on how funding can be used

Stigma (n=7)

- At times the management has stigma against the LGBTQ individuals, and it prevents us to do advertising and outreach I. The correct approach!!
- CEO Stigma
- Stigma and awareness
- Stigma and social / structural determinants of health
- Stigma is still a challenge for Mobile County. If HIV/AIDs was addressed or discussed on a broader scale within the county, the community would not be so uncomfortable with the need for HIV prevention.
- There's huge systemic stigma in this area leading to lack of supports, increased isolation, psychological barriers, and additional chronic medical conditions for people living with HIV.
- Trying to work against the embarrassment is hard

Individual Barriers (n=7)

- Barriers vary by individual. Some have personal barriers which prevent them from receiving services
- Client's self-determination.
- Unstable housing, phone number, access to Internet and WiFi make clients difficult to reach.
- Lack of knowledge about the services
- Not being aware of the service
- Appointment adherence
- Most of our Clients are below the federal poverty line so are unable to pay for copays for appointments or medications. Many are afraid to be seen at the clinic or afraid to use transportation with fear someone in their community will find out they have HIV. There is a lack of sex education in the community, many new diagnoses do not know how HIV is spread. Many Clients face food insecurity, and they don't want to take their medications on an empty stomach. Many Client's have comorbidities. There are not many housing, mental health, or substance use programs in the area that Client's need.

Of the services your agency provides, which services do your clients utilize most? Ranked from (1) most utilized to (13) least utilized.

Respondents were asked to rank a list of 13 services from most utilized to least utilized by their clients, see full list below.

Services	Percentage of Respondents (%)
Health Insurance Assistance	10.0%
Transportation	9.6%
Counseling	9.6%
HIV Support Groups	8.8%
Primary Medical Care	8.5%
Partner/Outreach Services	8.2%
Prescription Drug Assistance	7.7%
Emergency Financial Assistance	7.5%
Food Bank	7.4%
Substance Abuse Counseling	7.4%
Mental Health	6.2%
Dental Care	6.0%
Rehabilitation Services	3.1%

In which area(s) does your agency provide HIV/AIDS related services? (Select all that apply)

Respondents were asked in which areas their agency provides HIV/AIDS-related services.

	Number of Respondents (N)	Percentage of Respondents (%)
Urban (in the city limits)	66	76.7%
Suburban (outside city limits)	38	44.2%
Rural (in the country)	51	59.3%

What kind of accessibility options does your agency provide to your clients? (Select all that apply)

Respondents were asked in what kind of accessibility options their agency provides clients.

	Number of Respondents (N)	Percentage of Respondents (%)
Walk-in services or same day appointments	69	90%
Weekend or evening hours	19	24.7%
24-hour coverage	16	20.8%
Home-based Medical Services	6	7.8%
Telemedicine Services	34	44.2%
Other*	9	11.7%

Other responses included education, health fairs, outreach services, referrals, partnerships with other agencies, and helping clients with benefit eligibility.

Have any of the following occurrences taken place within your agency during the last year? (Select all that apply)

Respondents were asked to indicate any changes that they have seen within their agency in the last year.

	Number of Respondents (N)	Percentage of Respondents (%)
An increase in the number of clients seeking services	46	54.1%
An increase in demand for services from clients	44	51.8%

A decrease in funding from private donations	9	10.6%
A decrease in funding from any sources	30	35.3%
No changes	18	21.2%

Which populations does your agency most frequently serve? Rank from most frequent (1) to least frequent (7).

Respondents were asked to rank the populations that they most frequently serve from a list of seven (7) populations, see full list below.

Race/Ethnicity	Percentage of Respondents (%)
Black or African American	23.8%
White or Caucasian	20.1%
Hispanic/Latino	14.6%
Multiracial	12.2%
Native American or Alaskan Native	11.2%
Asian	11.1%
Native Hawaiian or Other Pacific Islander	7.1%

Which populations does your agency most frequently serve? Rank from most frequent (1) to least frequent (13).

Respondents were asked to rank the populations that they most frequently serve from a list of thirteen (13) populations, see full list below.

Attribute	Percentage of Respondents (%)
Adults (Ages 19+)	17.5%
Unstably Housed	16.4%
Low Income	13.4%
Living with HIV sex partners	12.6%
Recently Released from Incarceration	8.0%
Men who Have Sex with Men	6.1%
Sex or Needle Sharing Partner with HIV	5.8%
People with Mental Health Disorders	5.1%
Children (Ages 0-13)	4.8%
Teenagers (Ages 14-19)	4.6%
People with Other Substance Use Disorders (e.g. snort, snort, or ingest drugs or alcohol)	3.5%
People Who Inject Drugs	2.2%

In addition to HIV/AIDS services, in the most recent 12-month period, please select the type of services clients received. (Select all that apply)

Respondents were asked to indicate other services clients have received in addition to HIV/AIDS services.

	Number of Respondents (N)	Percentage of Respondents (%)
Hepatitis C	42	51%
Other STD	51	62%
Other Chronic Medical Condition	45	55%
Other*	13	15.9%

Other responses included education and community resources.

What can be done to better serve your clients/patients living with HIV/AIDS?

Respondents were asked to share what could be done to better serve their client; open responses are were coded into the following themes.

Support Services (n=16)

- Better Housing
- Better options for homeless clients, more inclusive outreach, more low-cost/free PrEP options for clients
- Case Management services need to be enhanced for patients to achieve optimal health outcomes.
- Have a good bank in house, support groups
- I believe that having a peer mentor in the office again would be a huge benefit to our newer clients. It would also be helpful if a female peer was available to meet with clients.
- Increase in types of services available to aging clients with memory and mobility issues.
- Insurance and access to medical care
- Medication compliance
- More programs
- More services
- More support and collaboration from ADPH and less barriers
- More support groups
- The best thing that I feel would benefit our clients would be to have more reliable public housing programs.
- Variety of medical providers for infectious disease services.
- More housing options, and additional funds for utility assistance.
- Housing, hygiene supplies and food

Funding (n=11)

- Additionally funding for staff to expand hours
- Advocacy for additional funding and less restrictions on the current funding that is received.
- Assistance with medication coverage
- more funding and stabilization efforts for lower income families
- Financial assistance
- Funding is an issue
- Increase funding for services
- More funding
- More funding for mental health
- More resources and funding
- More resources to eliminate barriers for Clients

Community Awareness/Education (n=11)

- Awareness
- Awareness of services
- Continue to educate the community on the resources available to PLWHIV and more promotion of PrEP in the State.
- Community education. HIV is highly prevalent in Alabama and teaching pts how likely they are to contract it and why the need to be tested. Also teaching patients the legal implications of spreading a known infectious disease
- Education
- increase awareness in community
- Inform the community on Hiv and safe sex measures.
- More education
- More outreach and advocacy efforts. Making advocacy part of agency culture
- Raising awareness
- Tell them the important things and positive outcomes that comes with taking there medication and being safe

Provider Changes (n=8)

- Being more present and willing to help
- Getting to know our clients better to understand their stories and what they need individually.
- More partnerships and collaboration from other providers to meet needs, fill in assistance gaps, and optimize referrals/services
- Protecting our patients against program and research funding cuts by the federal government
- provide trans portfolio
- Publications
- Reassuring the patient that we are here to help

- stay consentient

Transportation/Access (n=7)

- A van should be purchased so that case managers can pick up clients and transport them to and from the clinic
- Accessibility
- Addition of more rural clinic locations
- clients need help with transportation. Transportation needs to be expanded.
- Establish more clinic that can take care of their needs
- Transportation Assistance
- Transportation needs

System Changes (n=4)

- Address social determinants of health in AL, more comprehensive sexual health education in schools, prevent any funding cuts to RW clinics
- Erase the STIGMA
- Systemic change re: stigma especially as it relates to evangelical Christianity in the South.
- Updates to RW Part B Service Standards (such as more employer and insurance related documentation is hard for many clients to navigate) and changes to pharmaceutical assistance programs are creating more challenges for patients to quickly get on medication.

Estimate the number of people with HIV/AIDS lost to care or not receiving follow-up services.

Respondents were asked to estimate the number of people with HIV/AIDS who were lost to care or are not receiving follow-up services

	Number of Respondents (N)	**Percentage of Respondents (%)**
Under 5	21	25.9%
5 to 9	3	3.7%
10 to 14	9	11.1%
15 to 24	9	11.1%
25 to 50	20	24.7%
Over 50	19	23.5%

Appendix D: Hispanic/Latinx Population Specific Data

The following data were extracted from the larger report to highlight Hispanic/Latinx respondents as priority population.

People with HIV Survey- Hispanic/LatinX Population

PWH Survey Demographics*

*Demographic data reflects total number of respondents that completed the demographic section of the survey.

Characteristic	Number of Respondents (N)	Percentage of Respondents (%)
Age		
16–24	0	0.0%
25–34	1	7.1%
35–44	2	14.3%
45–54	8	57.1%
55–64	2	14.3%
65+	1	7.1%
Racial and Ethnic Background		
Native American of Alaskan Native	1	6.67%
Asian	0	0.0%
Black or African American	4	26.7%
Native Hawaiian or Other Pacific Islander	1	6.67%
White	2	13.3%
Multiracial	2	13.3%
Hispanic	100.0%	17
Other	6	40.0%
Sex Assigned at Birth		
Male	12	80.0%
Female	3	20.0%
Sexual Orientation		
Heterosexual/Straight	8	53.3%
Gay or lesbian	6	40.0%
Bisexual	1	6.7%
Other	0	0.0%
Education		

Some high school	4	25.0%
High school degree or GED	3	18.75%
Some college	2	12.5%
Associate’s or technical degree	2	12.5%
Bachelor’s degree	3	18.8%
Graduate or advanced degree	2	12.5%
Household Income		
Less than $10,000	8	57.1%
$10,000 - $19,999	0	0.0%
$20,000 - $39,999	4	28.6%
$40,000 - $59,999	1	7.1%
$60,000 or more	1	7.14%
Marital Status		
Single/living alone	12	70.6%
Married	2	11.8%
Living with partner/Significant Other	2	11.8%
Divorced/Separated	0	0.0%
Widowed	1	5.9%
Health Insurance		
Medicaid	3	25.0%
Medicare	0	0.0%
Medicaid and Medicare	1	8.3%
Private Insurance	3	25.0%
Other	0	0.0%
None	5	41.7%
Current Housing		
Rent or own a house, condo, or apartment	11	73.3%
Residential treatment program (for drugs or alcohol)	1	6.67%
Temporary or transitional housing	0	0.0%
Housing for persons living with HIV	0	0.0%
Staying with friends or family	3	20.0%
Homeless or in a shelter	0	0.0%
Other	0	0.0%
Type of Area Live In		
Urban (in a city)	9	56.3%
Suburban (outside a city)	5	31.3%
Rural (in the country)	2	12.5%

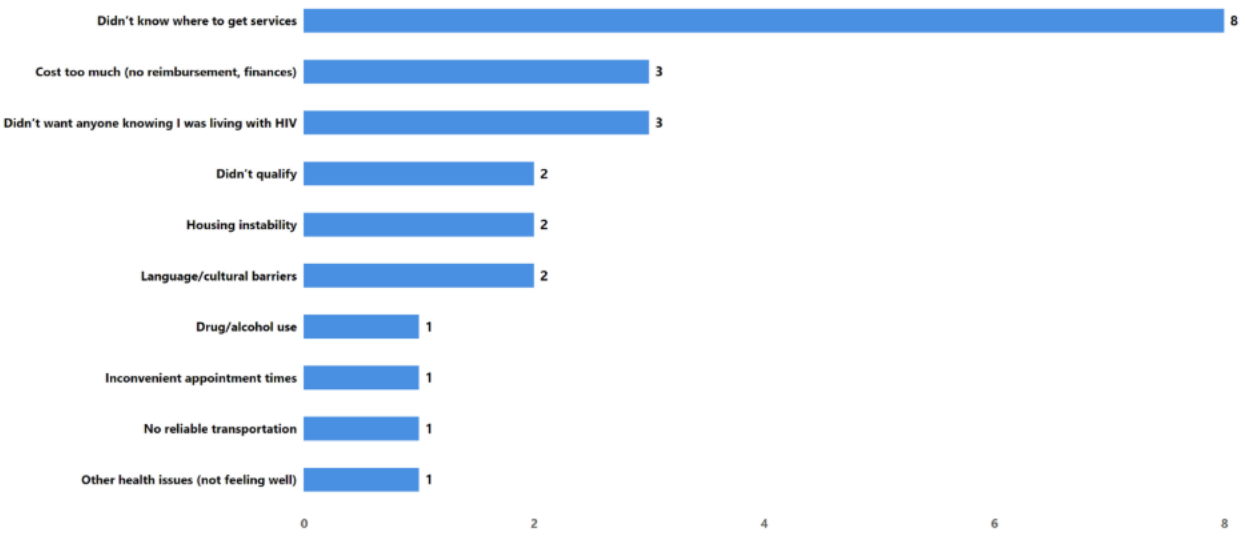
I move around or am homeless	0	0.0%
HIV/AIDS Status		
Living with HIV with no symptoms (asymptomatic)	7	63.6%
Living with HIV symptoms	1	9.1%
Diagnosed with AIDS	2	18.2%
Unknown Status	1	9.1%
Time Living with HIV		
Less than 1 year	1	6.7%
1-4 years	4	26.7%
5-9 years	5	33.3%
10 or more years	5	33.3%
I don't remember	0	0.0%

Core Medical Services

For Core Medical Services, respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs. Dental care, medical care management, primary medical care, and specialty care were the top services that needed put unmet or poorly met.

Respondents were asked what barriers prevented them from receiving the core medical services they needed. The bar graph below lists the responses of barriers that limit access to medical services.

Barriers to receiving core medical services

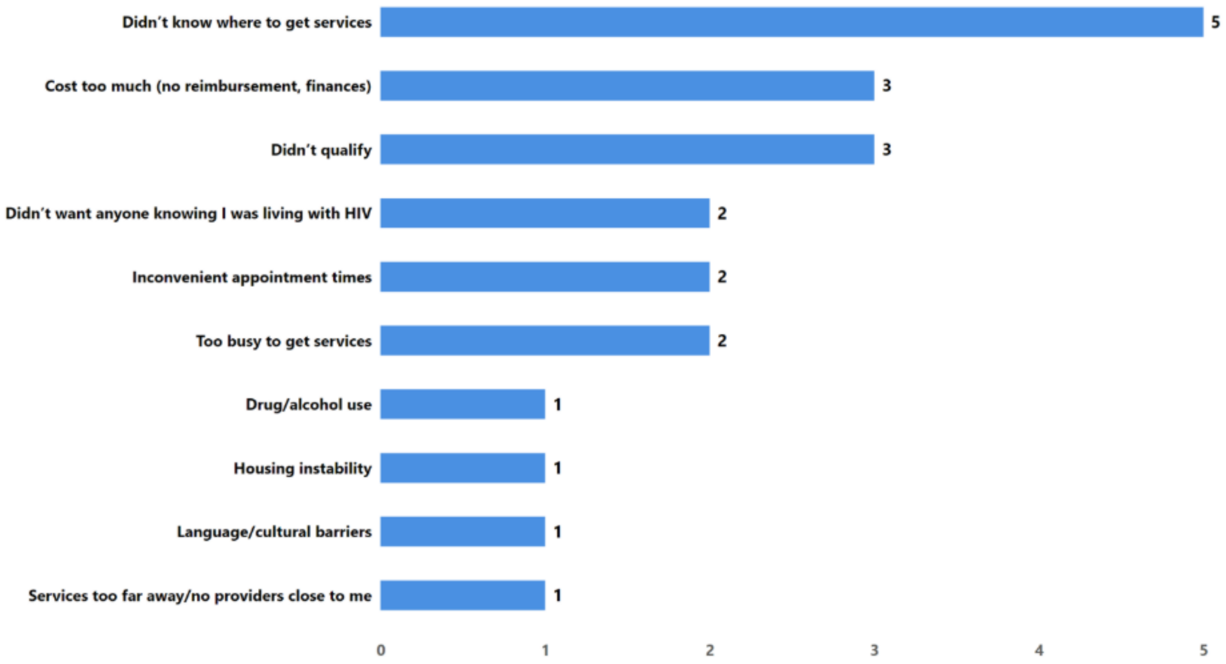


Mental Health and Other Counseling Services

For Mental Health Services, respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs. Psychological support counseling was the top services that needed put unmet or poorly met.

Respondents were asked what barriers prevented them from receiving the mental health services they needed. The bar graph below lists the responses of barriers that limit access to mental health services.

Barriers to receiving mental health services

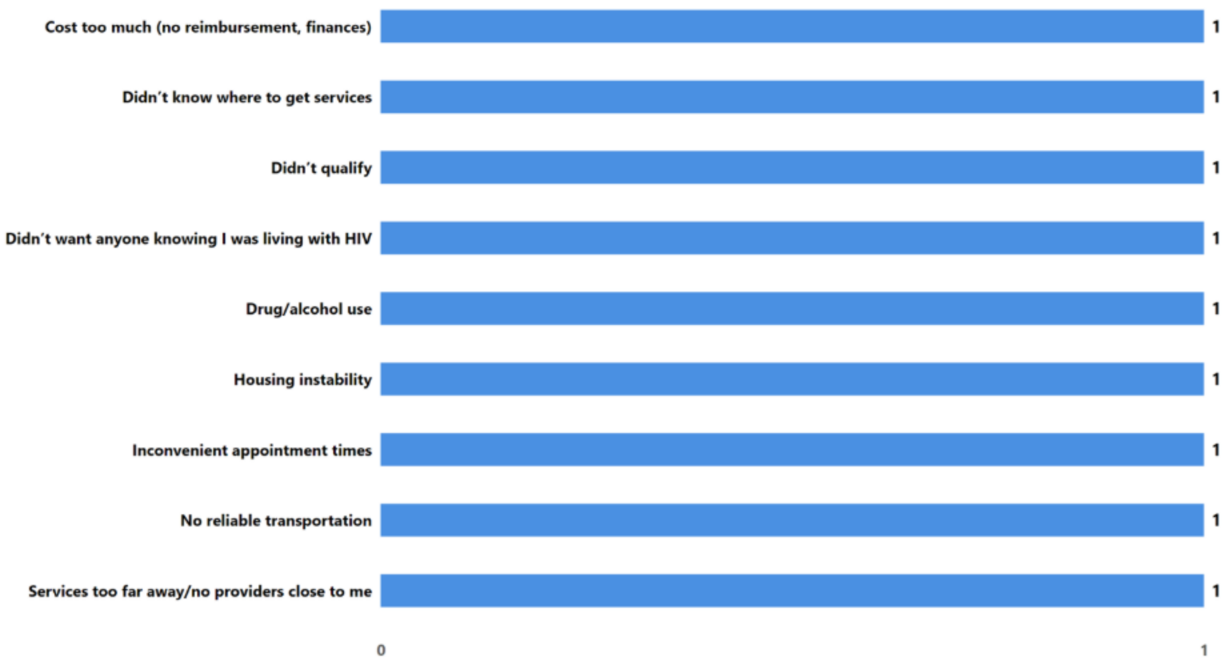


Substance Abuse Counseling Services

For Substance Abuse Counseling Services, respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs.

Respondents were asked what barriers prevented them from receiving the substance abuse counseling services they needed. The bar graph below lists the responses of barriers that limit access to substance abuse counseling services.

Barriers to receiving substance abuse counseling services

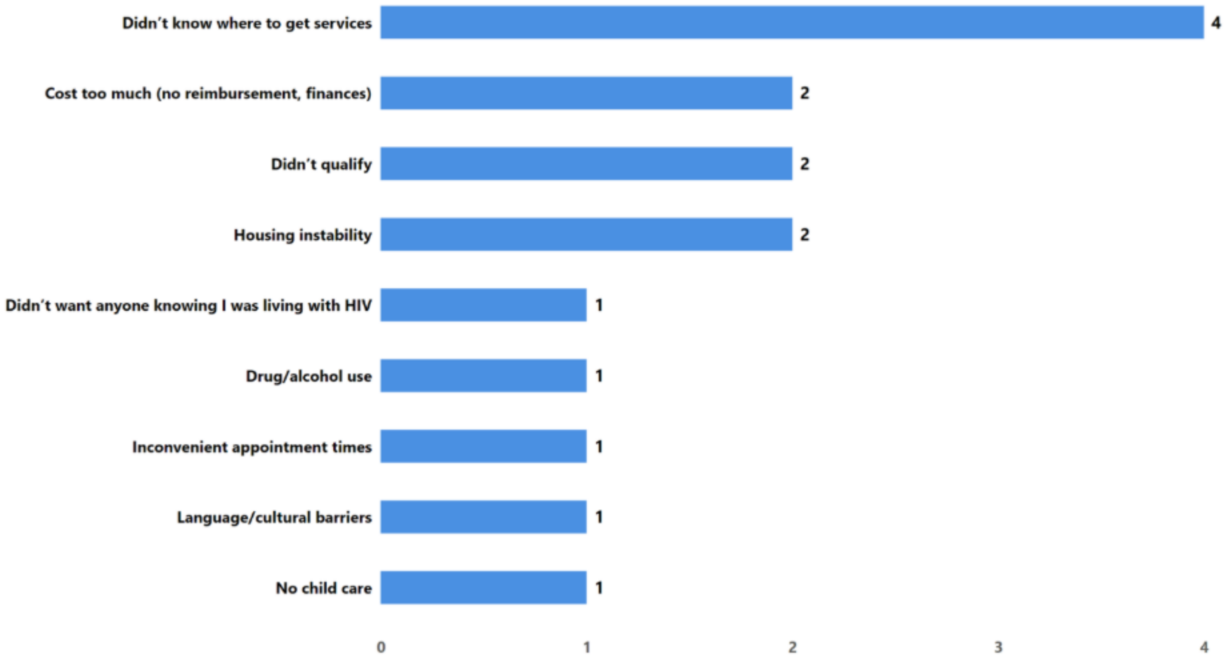


Support Services

For Support Services, respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs. Transportation, legal services, and food services were the top services that needed put unmet or poorly met.

Respondents were asked what barriers prevented them from receiving the support services they needed. The bar graph below lists the responses of barriers that limit access to support services.

Barriers to receiving support services



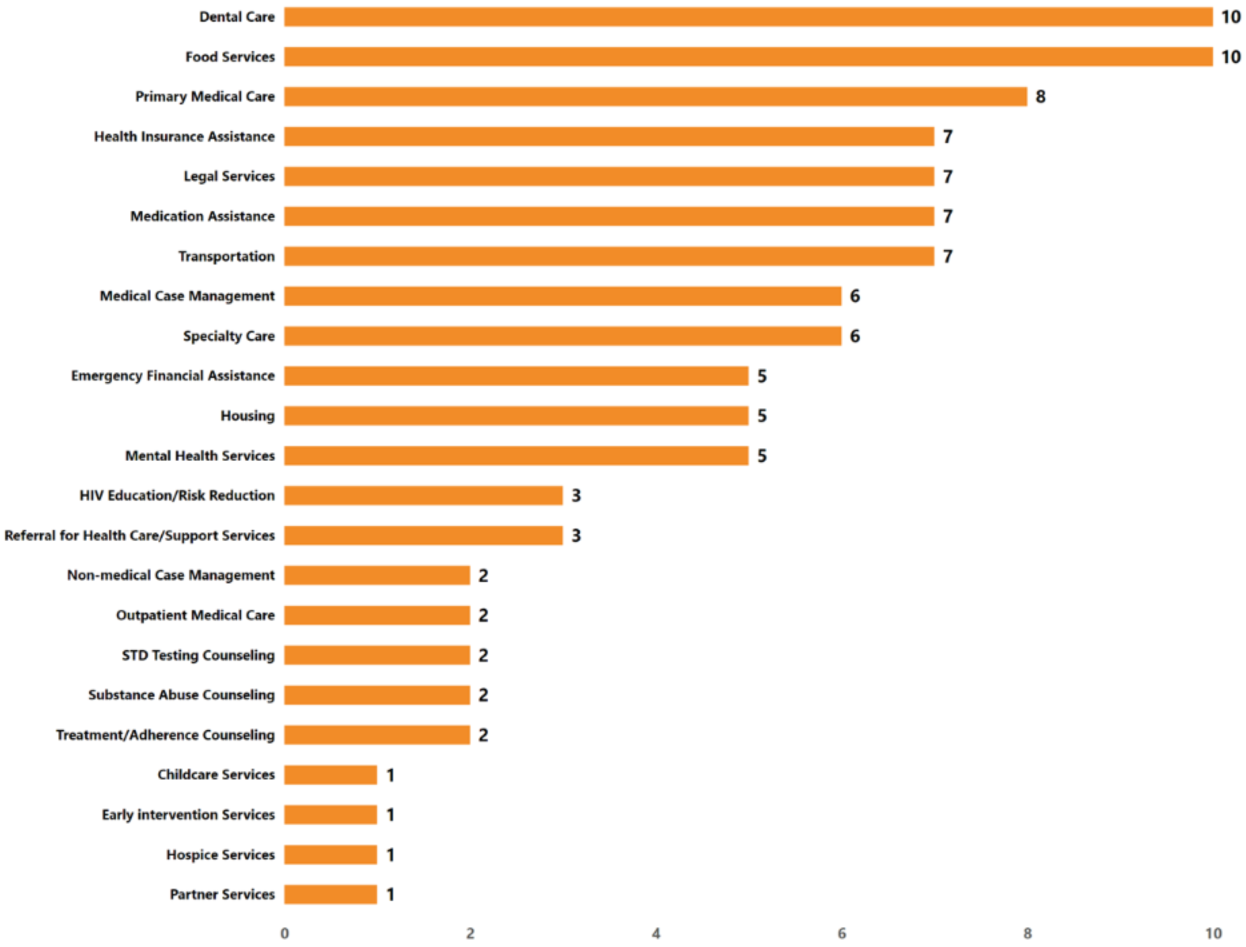
What concerns do you have about getting care or treatment services in the future?

Respondents were asked to share any concerns they have receiving care or treatment in the future.

- Cost
- Location availability
- Funding cuts

Respondents were asked to identify the ten (10) most important services to them from a list of 27 services, see full list of responses below.

Top Important Services



Utilized services and ranking most to least utilized

Respondents were asked to rank a list of 13 services from most utilized to least utilized, see full list of responses below.

Services	Percentage of Respondents (%)
Primary Medical Care	14.3%
Food Bank	13.1%
Dental Services	12.6%
Transportation	9.6%
Health Insurance	9.4%
Prescription Drug Assistance	9.4%

Emergency Financial Assistance	6.6%
Counseling	6.4%
Mental Health Services	6.4%
Rehabilitation Services	3.8%
HIV Support Group	3.4%
Partner/Outreach Services	3.0%
Substance Abuse	2.3%

Have you been living with HIV for more than a year?

Ninety four percent (n=16) of respondents reported living with HIV for more than a year.

	Number of Respondents (N)	**Percentage of Respondents (%)**
Yes	16	94.1%

Have you ever had a period of at least 12 months that you did not receive HIV/AIDS-related medical care?

Thirty seven percent (n=6) of respondents have had a period of at least 12 months that they did not receive HIV/AIDs-related medical care.

	Number of Respondents (N)	**Percentage of Respondents (%)**
Yes	6	37.5%

What best describes your situation during that period you did not receive care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked what described their situation at the time.

	Number of Respondents (N)	**Percentage of Respondents (%)**
I had been receiving HIV/AIDS-related medical care, but stopped going	2	40.0%
I was recently diagnosed and had not entered HIV/AIDS-related medical care	1	20.0%

I didn’t have access to care	2	40.0%

During that time, what kept you from getting HIV/AIDS-related medical care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked what kept them from getting HIV/AIDS-related medical care during that time, see full list of responses below.

	Number of Respondents (N)	Percentage of Respondents (%)
I had a mental health issue (depression, etc.)	4	66.7%
I didn’t know where to get services	2	33.3%
I didn’t feel sick	0	-
I didn’t want anyone to know I was living with HIV	1	16.7%
Cost too much	0	-
No transportation to appointments	0	-
Afraid of the medications/side effects	0	-
I was using drugs	1	16.7%
I wasn’t ready to deal with my HIV status	1	16.7%
I didn’t feel comfortable with provider	0	-
I was homeless	1	16.7%
I couldn’t get an appointment	0	-
I was in jail or prison	0	-
No child care	1	16.7%
No one offered services close to me	1	16.7%
Too busy with other things	0	-

What caused you to get back into HIV/AIDS-related medical care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked what caused them to get back into HIV/AIDS-related medical care, see full list of responses below.

	Number of Respondents (N)	Percentage of Respondents (%)
I was ready to deal with my HIV	3	60.0%
I got sick and knew I needed care	0	-
I found a doctor or medical facility I liked	1	20.0%

Someone working in HIV-related care contacted me to return to care	1	20.0%
I got the information I needed to get back in care	2	40.0%
I was able to deal with other things I was worried about/other problems in my life	2	40.0%
I found housing	1	20.0%
I got out of jail/prison	0	-

Would the following services have helped you start going to HIV/AIDS-related medical care?

Those who responded “yes” that they did not receive HIV/AIDS-related medical care for at least 12 months, were asked if any of the six (6) services listed would have help them get back into HIV/AIDS-related care, see full list of responses below.

	Number of Respondents (N)	**Percentage of Respondents (%)**
Connection to a case manager to link me to services or support	2	33.3%
Appointment reminders	2	33.3%
Connection to another HIV+ person to link me to support	4	66.7%
Someone to help me cope with stress	2	33.3%
Nothing would have helped	1	16.7%
Someone to go with me to appointments	3	50.0%

Do you have a regular place you go for HIV/AIDS-related medical care?

Ninety-three percent (n=15) of respondents have a regular place they go for HIV/AIDS-related medical care.

	Number of Respondents (N)	**Percentage of Respondents (%)**
Yes	15	93.8%

Where do you regularly receive your HIV/AIDS-related medical care?

Those who have a regular place they go to receive HIV/AIDS-related care, were asked where they receive care, see full list of responses below.

	Number of Respondents (N)	**Percentage of Respondents (%)**
HIV clinic in a hospital/medical center	10	66.7%
Community clinic serving only HIV+ clients	4	26.7%
Private physician's office/clinic	0	-
Other community clinic that is not HIV-specific	1	6.7%
VA Hospital/Clinic	0	-

At-Risk Survey- Hispanic/LatinX Population

People At-Risk for HIV Survey Demographics*

*Demographic data reflects total number of respondents that completed the demographic section of the survey.

Characteristic	Number of Respondents (N)	Percentage of Respondents (%)
Age		
16–24	7	20.6%
25–34	9	26.5%
35–44	5	14.7%
45–54	9	26.5%
55–64	3	8.8%
65+	1	2.9%
Racial and Ethnic Background		
Native American of Alaskan Native	0	0.0%
Asian	0	0.0%
Black or African American	9	29.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
White	14	45.2%
Multiracial	2	6.5%
Hispanic	34	100.0%
Other	6	19.4%
Sex Assigned at Birth		
Male	11	32.4%
Female	23	67.7%
Sexual Orientation		
Heterosexual/Straight	19	59.4%
Gay or lesbian	6	18.8%
Bisexual	7	21.9%
Other	0	0.0%
Education		
Some high school	8	23.5%
High school degree or GED	9	26.5%
Some college	8	23.5%
Associate’s or technical degree	3	8.8%
Bachelor’s degree	3	8.8%
Graduate or advanced degree	3	8.8%
Household Income		

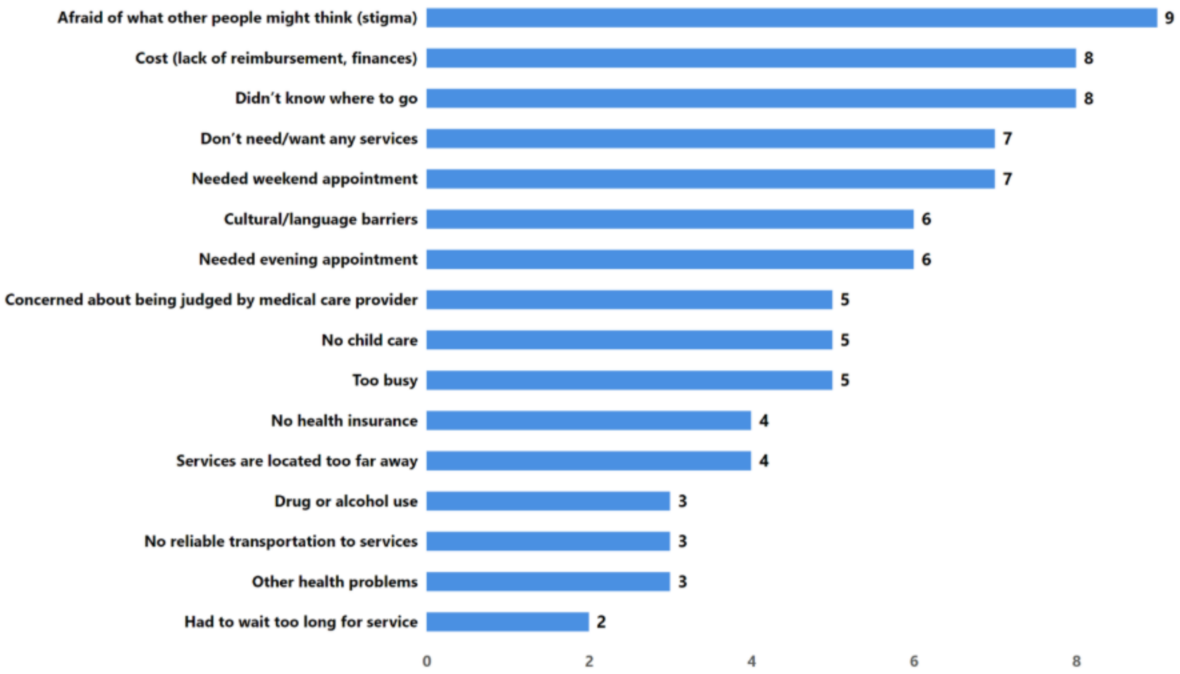
Less than $10,000	4	12.1%
$10,000 - $19,999	10	30.3%
$20,000 - $39,999	5	15.2%
$40,000 - $59,999	7	21.2%
$60,000 or more	7	21.2%
Marital Status		
Single/living alone	17	50.0%
Married	12	32.3%
Living with partner/Significant Other	3	8.8%
Divorced/Separated	1	2.9%
Widowed	1	2.9%
Health Insurance		
Medicaid	0	0.0%
Medicare	3	9.09%
Medicaid and Medicare	0	0.0%
Private Insurance	19	57.6%
Other Government	2	6.1%
Other	0	0.0%
None	9	27.3%
Current Housing		
Rent or own a house, condo, or apartment	19	59.4%
Residential treatment program (for drugs or alcohol)	0	0.0%
Temporary or transitional housing	8	25.0%
Housing for persons living with HIV	0	0.0%
Staying with friends or family	5	15.6%
Homeless or in a shelter	0	0.0%
Other	0	0.0%
Type of Area Live In		
Urban (in a city)	15	46.9%
Suburban (outside a city)	9	28.1%
Rural (in the country)	8	25.0%
I move around or am homeless	0	0.0%

HIV Prevention Services for At-Risk Individuals

Respondents were given a list and descriptions of thirteen (13) HIV prevention services that people at higher risk for HIV might utilize. Respondents were asked if, in the last 12 months, they 1) knew about the service, 2) needed the service, 3) received the service, and 4) if they received the service did it meet their needs. STD services, PrEP, individual or group level HIV related prevention education, HIV testing, and condoms were the top services that needed put unmet or poorly met.

Respondents were asked what barriers prevented them from receiving the services they needed. The bar graph below lists the responses of barriers that limit access to needed services.

Barriers to receiving services



How many times have you ever been tested for HIV?

Respondents were asked how many times they have ever been tested for HIV, 19.6% (n=109) have never been tested, 22.2% (n=123) have been tested once, 37.8% (n=210) have been tested 2-5 times, and 20.4% (n=113) have been tested more than 5 times.

	Number of Respondents (N)	**Percentage of Respondents (%)**

Once	11	34.4%
2-5 times	8	25.0%
More than 5 times	6	18.8%
Never	7	21.9%

Focus Group Summary with Hispanic/Latinx Population

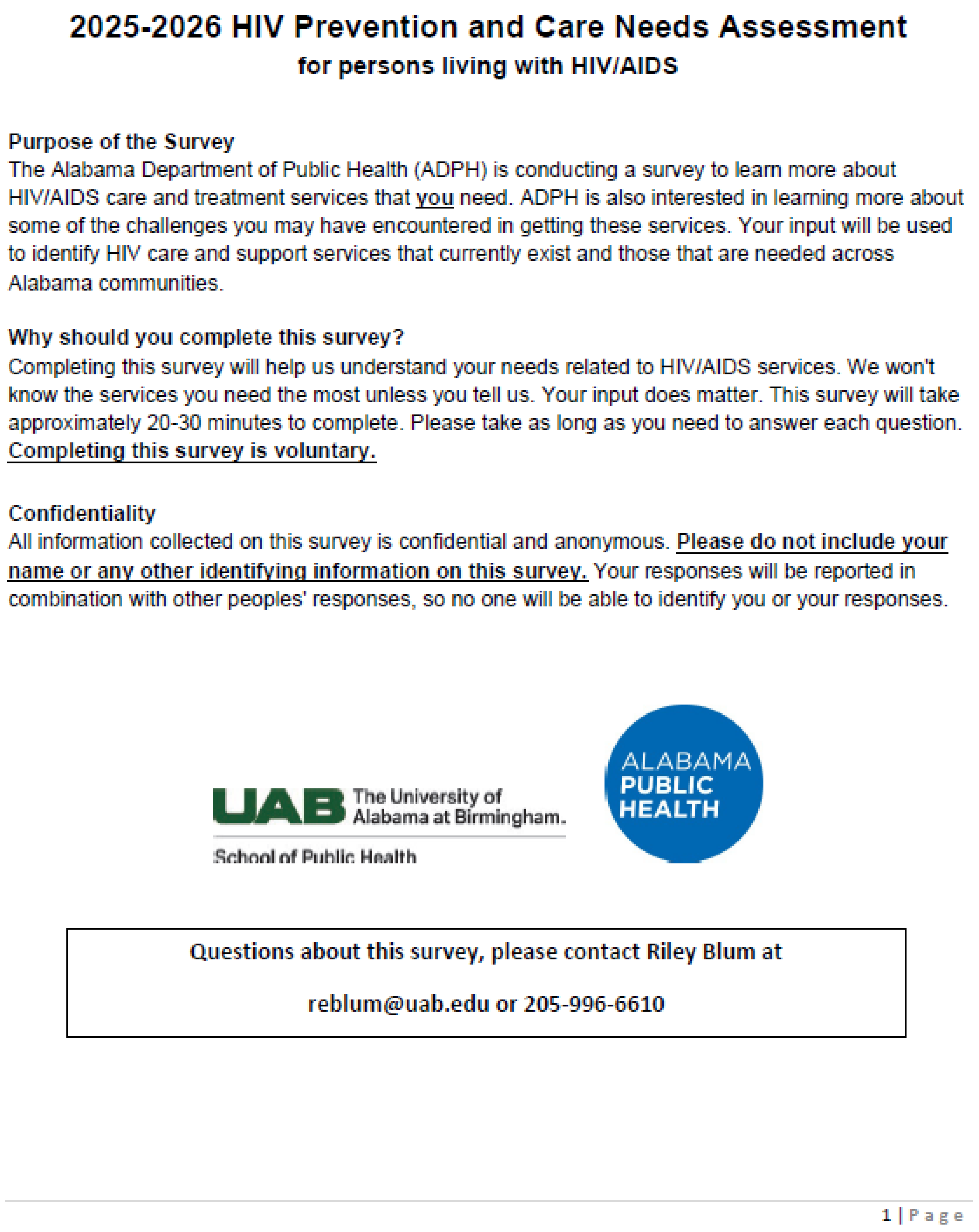
The summary below represents themes from a conversation with a group of 7 individuals. Among participants, 71% identified as male, 71% were under the age of 34, and 54% self-identified as Hispanic/Latinx.

The focus group highlighted strengths and challenges in HIV and sexual-health services for Latino and LGBTQ+ community in the Tuscaloosa area. Participants praised many local organizations for providing affirming, accessible care, while expressing other concerns about stigma and poor cultural sensitivity in other local agencies. They emphasized that sexual health education in Alabama in insufficient, should begin earlier, and must be inclusive for all identities not just the LGBTQ+ community.

Latinx participants spoke about significant barriers including fear of sharing their personal information, mistrust in institutions, and limited language appropriate services. Building trust, reducing unnecessary data collection, and meeting people in their communities were emphasized as essentials solutions.

Stigma around PrEP was also a major theme. Participants noted that many providers misunderstand PrEP and community messaging that targets only LGBTQ+ individuals, leaving out others who could benefit. They recommended broader and more discreet outreach across diverse spaces.

Appendix E: Survey Instruments and Focus Group Guides



2025-2026 HIV Prevention and Care Needs Assessment

for persons living with HIV/AIDS

Purpose of the Survey

The Alabama Department of Public Health (ADPH) is conducting a survey to learn more about HIV/AIDS care and treatment services that you need. ADPH is also interested in learning more about some of the challenges you may have encountered in getting these services. Your input will be used to identify HIV care and support services that currently exist and those that are needed across Alabama communities.

Why should you complete this survey?

Completing this survey will help us understand your needs related to HIV/AIDS services. We won't know the services you need the most unless you tell us. Your input does matter. This survey will take approximately 20-30 minutes to complete. Please take as long as you need to answer each question. **Completing this survey is voluntary.**

Confidentiality

All information collected on this survey is confidential and anonymous. **Please do not include your name or any other identifying information on this survey.** Your responses will be reported in combination with other peoples' responses, so no one will be able to identify you or your responses.

UAB The University of Alabama at Birmingham.
School of Public Health

ALABAMA PUBLIC HEALTH

Questions about this survey, please contact Riley Blum at

reblum@uab.edu or 205-996-6610

Instructions: Below is a list of services that may be available in your area. Thinking about the **past 12 months**, circle Yes or No to indicate whether you know about the service, need the service, received the service, and if so whether it met your needs.

1. CORE MEDICAL SERVICES	**Did you know about this service?**		**Did you need this service?**		**Did you receive this service?**		***If you received this service,* did it meet your needs?**	
EXAMPLE: Access to free condoms	[✓ Yes]	No	[✓ Yes]	No	[✓ Yes]	No	[✓ Yes]	No
Medical case management – someone to help with medical appointments, getting medications, mental health services, substance abuse services	Y	N	Y	N	Y	N	Y	N
Dental care – general dental care, oral surgery, dentures	Y	N	Y	N	Y	N	Y	N
Early intervention services – help getting into medical care or other services (counseling, testing, monitoring, etc.)	Y	N	Y	N	Y	N	Y	N
Health insurance assistance – help paying for health insurance premium, co-payments, or deductibles	Y	N	Y	N	Y	N	Y	N
Home health care – professional healthcare worker to help with prescribed treatments at home	Y	N	Y	N	Y	N	Y	N
Hospice services – nursing and counseling services for the terminally ill and their families	Y	N	Y	N	Y	N	Y	N
Medication assistance – help paying for and obtaining HIV/AIDS related drugs, including AIDS Drug Assistance program (ADAP)	Y	N	Y	N	Y	N	Y	N
Nutritional education/counseling – someone to help you with eating habits and nutrition issues affecting your health	Y	N	Y	N	Y	N	Y	N
Outpatient medical care (ER/Urgent Care) – an appointment with a doctor, nurse, or other provider to take care of your on-going HIV care and treatment	Y	N	Y	N	Y	N	Y	N
Primary medical care – an appointment with a doctor, nurse, or other healthcare worker to provide routine health care (physical exam, flu/cold, immunizations, etc.)	Y	N	Y	N	Y	N	Y	N
Specialty care – an appointment with a specialist, for example a dermatologist, OB/GYN, etc.	Y	N	Y	N	Y	N	Y	N
Other (please specify)								

What prevented you from receiving the medical services that you needed? (Mark all that apply)

- ☐ Cost too much (no reimbursement, finances)
- ☐ Didn't know where to get services
- ☐ Didn't want anyone knowing I was living with HIV
- ☐ Didn't qualify
- ☐ Drug/alcohol use
- ☐ Housing instability
- ☐ Inconvenient appointment times
- ☐ Other (please specify):
- ☐ Language/cultural barriers
- ☐ Long wait time for service
- ☐ No reliable transportation
- ☐ No childcare
- ☐ Other health issues (not feeling well)
- ☐ Services too far away/no providers close to me
- ☐ Too busy to get services

2. MENTAL HEATLH AND OTHER COUNSELING	Did you know about this service?		Did you need this service?		Did you receive this service?		*If you received this service,* did it meet your needs?	
Individual or group mental health counseling – a professional to talk to you if you have a mental health diagnosis (such as depression, bipolar disorder, schizophrenia)	Y	N	Y	N	Y	N	Y	N
Crisis or emergency counseling – support and assistance during a crisis to minimize the stress of an event	Y	N	Y	N	Y	N	Y	N
Psychological support counseling – individual and/or group support by peers (people living with HIV) and other non-clinical staff (includes support groups)	Y	N	Y	N	Y	N	Y	N
Other (please specify)								

What prevented you from receiving the above counseling services you needed? (Mark all that apply)

☐ Cost too much (no reimbursement, finances)
☐ Didn't know where to get services
☐ Didn't want anyone knowing I was HIV+
☐ Didn't qualify
☐ Drug/alcohol use
☐ Housing instability
☐ Inconvenient appointment times
☐ Other (please specify):
☐ Language/cultural barriers
☐ Long wait time for service
☐ No reliable transportation
☐ No childcare
☐ Other health issues (not feeling well)
☐ Services too far away/no providers close to me
☐ Too busy to get services

3. SUBSTANCE ABUSE COUNSELING	Did you know about this service?		Did you need this service?		Did you receive this service?		*If you received this service,* did it meet your needs?	
Outpatient substance abuse counseling – treatment for alcohol and/or legal and illegal drugs through office visits with specially qualified staff	Y	N	Y	N	Y	N	Y	N
24 hour-a-day residential substance abuse counseling – short-term treatment in a residential setting	Y	N	Y	N	Y	N	Y	N
Peer counseling and support for substance abuse	Y	N	Y	N	Y	N	Y	N
Other (please specify)								

What prevented you from receiving the above substance abuse counseling services you needed?? (Mark all that apply)

☐ Cost too much (no reimbursement, finances)
☐ Didn't know where to get services
☐ Didn't want anyone knowing I was HIV+
☐ Didn't qualify
☐ Drug/alcohol use
☐ Housing instability
☐ Inconvenient appointment times
☐ Other (please specify):
☐ Language/cultural barriers
☐ Long wait time for service
☐ No reliable transportation
☐ No childcare
☐ Other health issues (not feeling well)
☐ Services too far away/no providers close to me
☐ Too busy to get services

4. SUPPORT SERVICES	Did you know about this service?		Did you need this service?		Did you receive this service?		*If you received this service,* did it meet your needs?	
Non-medical case management – someone to help with scheduling transportation, financial assistance, and other support services	Y	N	Y	N	Y	N	Y	N
Childcare – so you can attend medical and other clinical appointments	Y	N	Y	N	Y	N	Y	N
Emergency financial assistance – help paying for emergency expenses	Y	N	Y	N	Y	N	Y	N
HIV education/risk reduction – information about living with HIV, safer sex, current treatments, etc.	Y	N	Y	N	Y	N	Y	N
Housing – assistance finding a place to live (temporary or permanent)	Y	N	Y	N	Y	N	Y	N
Legal services – assistance with evictions and housing discrimination, wills or estate planning, power of attorney, confidentiality breaches, eligibility for benefits	Y	N	Y	N	Y	N	Y	N
Food services – food, grocery certificates, home-delivered meals, nutritional supplements	Y	N	Y	N	Y	N	Y	N
Partner services – information to help notify friends, family, partners (sexual or drug-injection) of possible HIV exposure and offer services to protect partners	Y	N	Y	N	Y	N	Y	N
Rehabilitation services – therapies to help improve your quality of life, such as physical therapy	Y	N	Y	N	Y	N	Y	N
Referral for health care/support services – someone to direct you to services you need through a phone call or written communication	Y	N	Y	N	Y	N	Y	N
STD testing/counseling – testing and/or counseling for any STD such as syphilis, gonorrhea, chlamydia	Y	N	Y	N	Y	N	Y	N
Transportation – rides to medical appointments and other support services	Y	N	Y	N	Y	N	Y	N
Treatment/adherence counseling – someone to help you understand your medications and how to take them	Y	N	Y	N	Y	N	Y	N
Other (please specify)								

What prevented you from receiving the above support services you needed? (Mark all that apply)

- ☐ Cost too much (no reimbursement, finances)
- ☐ Didn't know where to get services
- ☐ Didn't want anyone knowing I was living with HIV
- ☐ Didn't qualify
- ☐ Drug/alcohol use
- ☐ Housing instability
- ☐ Inconvenient appointment times
- ☐ Other (please specify):
- ☐ Language/cultural barriers
- ☐ Long wait time for service
- ☐ No reliable transportation
- ☐ No childcare
- ☐ Other health issues (not feeling well)
- ☐ Services too far away/no providers close to me
- ☐ Too busy to get services

5. What concerns do you have about getting care or treatment services in the future?

6. *What are the ten most important services to you from the choices below? (Please mark* ***ONLY 10****).*
(See description of each service listed below in questions #1-4)

☐ Medical Case Management
☐ Dental Care
☐ Early intervention services
☐ Health Insurance Assistance
☐ Home Health Care
☐ Hospice Services
☐ Medication Assistance
☐ Nutrition Education/Counseling
☐ Outpatient Medical Care
☐ Primary Medical Care
☐ Specialty Care
☐ Mental Health Services
☐ Substance Abuse Counseling
☐ Non-medical Case Management
☐ Childcare Services
☐ Emergency Financial Assistance
☐ HIV Education/Risk Reduction
☐ Housing
☐ Legal Services
☐ Food Services
☐ Partner Services
☐ Rehabilitation Services
☐ Referral for Health Care/Support Services
☐ STD Testing/Counseling
☐ Transportation
☐ Treatment/Adherence Counseling
☐ Telehealth
☐ Other (please specify): ____

7. Please rank the services listed below that you have utilized from most utilized (1) to least utilized (13).

___ HIV Support Group
___ Health Insurance Assistance
___ Counseling
___ Partner Outreach Services
___ Substance Abuse Counseling
___ Transportation
___ Food Bank
___ Emergency Financial Assistance
___ Dental Services
___ Primary Medical Services
___ Rehabilitation Services
___ Prescription Drug Assistance
___ Mental Health Services

By answering this section and telling us about your experiences, you are helping those in your community who are currently receiving HIV care.

8. Have you been living with HIV for more than a year?
   - ☐ Yes
   - ☐ No (Skip to Question 15)

9. Have you ever had a period of at least 12 months that you did not receive HIV/AIDS-related medical care?
   - ☐ Yes
   - ☐ No (Skip to Question 15)

10. What best describes your situation during that period you did not receive care?
    - ☐ I was recently diagnosed and had not entered HIV/AIDS-related medical care
    - ☐ I had been receiving HIV/AIDS-related medical care, but stopped going
    - ☐ I didn't have access to care
    - ☐ Other (please specify): ____

11. During that time, what kept you from getting HIV/AIDS-related medical care? (Mark all that apply)
    - ☐ Afraid of the medications/side effects
    - ☐ Cost too much
    - ☐ I didn't feel comfortable with provider
    - ☐ I didn't feel sick
    - ☐ I didn't know where to get services
    - ☐ I didn't want anyone to know I was living with HIV
    - ☐ I couldn't get an appointment
    - ☐ I had a mental health issue (depression, etc.)
    - ☐ I wasn't ready to deal with my HIV status
    - ☐ I was in jail or prison
    - ☐ I was homeless
    - ☐ I was using drugs
    - ☐ No one offered services close to me
    - ☐ No transportation to appointments
    - ☐ No childcare
    - ☐ Too busy with other things
    - ☐ Other (please specify): ____

12. What caused you to get back into HIV/AIDS-related medical care? (Mark all that apply)
    - ☐ I was ready to deal with my HIV
    - ☐ I got sick and knew I needed care
    - ☐ I got the information I needed to get back in care
    - ☐ I found housing
    - ☐ I was able to deal with other things I was worried about/other problems in my life
    - ☐ I found a doctor or medical facility I liked
    - ☐ Someone working in HIV-related care contacted me to return to care
    - ☐ I got out of jail/prison
    - ☐ Other (please specify): ____

13. Would the following services have helped you start going to HIV/AIDS-related medical care? (Mark all that apply)

☐ Connection to a case manager to link me to services or support
☐ Connection to another HIV+ person to link me to support
☐ Someone to help me cope with stress
☐ Appointment reminders
☐ Someone to go with me to appointments
☐ Nothing would have helped
☐ Other (please specify):

Please tell us a little about yourself. Select one response unless otherwise specified.

14. What is your HIV/AIDS status?

☐ Living with HIV with no symptoms (asymptomatic)
☐ Living with HIV symptoms
☐ Diagnosed with AIDS
☐ I don't know (Skip to question 18)

15. How long ago did you learn that you were HIV positive?

☐ Less than 1 year
☐ 1-4 years
☐ 5-9 years
☐ 10 or more years
☐ I don't remember

16. Do you have a regular place you go for HIV/AIDS-related medical care?

☐ Yes
☐ No (skip to Question 18)

17. Where do you **regularly** receive your HIV/AIDS-related medical care?

☐ HIV clinic in a hospital/medical center
☐ Emergency Room (ER)/Urgent Care
☐ Community clinic serving only HIV+ clients
☐ Private physician's office/clinic
☐ Other community clinic that is not HIV-specific
☐ VA hospital/clinic
☐ Other
☐ (please specify):____________________

18. What type of health insurance do you have?

☐ Medicaid
☐ Medicare
☐ Medicaid and Medicare
☐ Private Insurance
☐ Other
☐ (please specify):____________________
☐ None

19. What is your gender assigned at birth?

☐ Male
☐ Female

20. Do you consider yourself…

☐ Heterosexual/Straight
☐ Gay or lesbian
☐ Bisexual
☐ Other (please specify):
____

21. What is your ethnic background?

☐ Hispanic or Latino
☐ Not Hispanic or Latino

22. What is your racial background?

☐ Native American or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Multiracial
☐ Other (please specify):____________________

23. What is your current age? ________

24. What is your current marital status?

☐ Single/living alone
☐ Married
☐ Living with partner/significant other
☐ Divorced/separated
☐ Widowed

25. What is the highest level of education you have completed?

☐ Some high school
☐ High school degree or GED
☐ Some college
☐ Associate's or technical degree
☐ Bachelor's degree
☐ Graduate or advanced degree

26. What is your household income?

☐ Less than $10,000
☐ $10,000 – $19,999
☐ $20,000 – $39,999
☐ $40,000 – $59,999
☐ $60,000 or more

27. Where are you living now?

☐ Rent or own a house, condo, or apartment
☐ Residential treatment program (for drugs or alcohol)
☐ Temporary or transitional housing
☐ Housing for persons living with HIV
☐ Staying with friends or family
☐ Homeless or in a shelter
☐ Other (please specify) _______________

28. What type of area do you live in?

☐ Urban (in a city)
☐ Suburban (outside a city)
☐ Rural (in the country)
☐ I move around or am homeless

29. What zip code do you live in _______________

30. What county do you live in? _______________

Thank you for taking the time to complete this survey. Your responses will help improve care for people living with HIV/AIDS throughout Alabama.

2025-2026 HIV Prevention Practices Survey:

Persons HIV negative/Status Unknown

Purpose of the survey
The Alabama Department of Public Health (ADPH) is conducting a survey to identify needs, gaps, and barriers to HIV prevention and support services in the state of Alabama. Your input will be used to identify HIV prevention and support services that currently exist and those that are needed across Alabama communities.

Confidentiality
All information collected on this survey is confidential and anonymous. Please do not put your name or any other identifying information on this survey. Your responses will be reported in combination with other peoples' responses, so no one will be able to identify you or your responses. Completing this survey is voluntary.

UAB The University of Alabama at Birmingham.
School of Public Health

ALABAMA PUBLIC HEALTH

Questions about this survey, please contact Riley Blum at

reblum@uab.edu or 205-996-6610

Instructions: Below is a list of services that may be available in your area. Thinking about the **past 12 months**, circle Yes or No to indicate whether you know about the service, need the service, received the service, and if so whether it met your needs.

	Did you know about this service?		**Did you need this service?**		**Did you receive this service?**		***If you received this service,* did it meet your needs?**	
Example: Help choosing a TV	[✓ Yes]	No	[✓ Yes]	No	[✓ Yes]	No	[✓ Yes]	No
1. Condoms: Free condoms (excluding those given by friends, relatives, or partners)	Y	N	Y	N	Y	N	Y	N
2. Individual or Group Level HIV-Related Prevention Education: Education to increase knowledge and awareness of HIV/AIDS, promote positive attitudes towards safe sex, reduce risky behavior, improve relationship communication and safe-sex negotiation skills	Y	N	Y	N	Y	N	Y	N
3. HIV Testing: HIV testing in either a healthcare or non-healthcare setting	Y	N	Y	N	Y	N	Y	N
4. Pre-Exposure Prophylaxis **(PrEP)** or non-occupational post-exposure prophylaxis **(nPEP)**	Y	N	Y	N	Y	N	Y	N
5. HIV/STD Health Education: Information about the risks of HIV and other STDs, symptoms of HIV/STDs, how HIV/STDs are spread, how to protect yourself/partner, treatment options, and community resources	Y	N	Y	N	Y	N	Y	N
6. Hepatitis B Vaccination/Testing/Vaccinations	Y	N	Y	N	Y	N	Y	N
7. Hepatitis C Testing/Treatment	Y	N	Y	N	Y	N	Y	N
8. Mental Health Services/Counseling: Professional psychological or psychiatric counselling and/or therapy	Y	N	Y	N	Y	N	Y	N
9. Pharmacy/Medications: Access to a pharmacy and needed medications	Y	N	Y	N	Y	N	Y	N
10. Primary Medical Care: Routine health care provided by a general practitioner, family physician, nurse practitioner, physical assistant, or pediatrician	Y	N	Y	N	Y	N	Y	N
11. STD Testing/Treatment: Testing for any STD such as syphilis, gonorrhea, or chlamydia	Y	N	Y	N	Y	N	Y	N
12. Substance Use Disorder Treatment: Professional treatment and counseling for drug or alcohol addiction	Y	N	Y	N	Y	N	Y	N
13. Partner Services: Information, counseling, or services received following from a partner's HIV/STD diagnosis	Y	N	Y	N	Y	N	Y	N
14. Other (please specify):	Y	N	Y	N	Y	N	Y	N

15. Have you had any of the following problems while trying to get HIV prevention services? **Mark all that apply.**

- ☐ Afraid of what other people might think (stigma)
- ☐ Cost (lack of reimbursement, finances)
- ☐ Concerned about being judged by medical care provider
- ☐ Cultural/language barriers
- ☐ Didn't know where to go
- ☐ Don't need/want any services
- ☐ Drug or alcohol use
- ☐ Had to wait too long for service
- ☐ Needed weekend appointment
- ☐ Needed evening appointment
- ☐ No childcare
- ☐ No reliable transportation to services
- ☐ No health insurance
- ☐ Other health problems
- ☐ Services are located too far away
- ☐ Too busy

Other (please specify): ______________________________

16. How many times have you ever been tested for HIV?

- ☐ Never
- ☐ Once
- ☐ 2-5 times
- ☐ More than 5 times

Please tell us a little about yourself. For each question, check the most appropriate response.

17. What type of health insurance do you have?
- ☐ Medicaid
- ☐ Medicare
- ☐ Medicaid and Medicare
- ☐ Private Insurance
- ☐ None
- ☐ Other (please specify): ____________

18. What is your gender assigned at birth?
- ☐ Male
- ☐ Female

19. Do you consider yourself to be…
- ☐ Heterosexual/Straight
- ☐ Gay or lesbian
- ☐ Bisexual
- ☐ Other (please specify):

  ____

20. What is your ethnicity?
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

21. What is your racial background?

- ☐ Native American or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Multiracial
- ☐ Other (please specify):

  ____

22. What is your current age? __________

23. What is your current marital status?
- ☐ Single/living alone
- ☐ Married
- ☐ Living with partner/significant other
- ☐ Divorced/separated
- ☐ Widowed

24. What is the highest level of education you have completed?
- ☐ Some high school
- ☐ High school degree or GED
- ☐ Some college
- ☐ Associate's or technical degree
- ☐ Bachelor's degree
- ☐ Graduate or advanced degree

25. What is your household income?
- ☐ Less than $10,000
- ☐ $10,000 – $19,999
- ☐ $20,000 – $39,999
- ☐ $40,000 – $59,999
- ☐ $60,000 or more

26. Where are you living now?

- ☐ Rent or own a house, condo, or apartment
- ☐ Residential Treatment Program (for drugs or alcohol)
- ☐ Temporary or Transitional Housing
- ☐ Housing for persons living with HIV
- ☐ Staying with friends or family
- ☐ Homeless or in a shelter
- ☐ Other (please specify): _______________

27. What type of area do you live in?

- ☐ Urban (in a city)
- ☐ Suburban (outside of a city)
- ☐ Rural (in the country)
- ☐ I move around or am homeless

28. What zip code do you live in? _______________

29. What county do you live in? ________________

Thank you for taking the time to complete this survey. Your responses will help improve care for people living with HIV/AIDS throughout Alabama.

2025-2026 HIV Prevention and Care Needs Assessment:

Direct Care Provider Survey

Purpose of the survey

The Alabama Department of Public Health (ADPH) is conducting a survey to identify HIV prevention, care, and support service needs for persons living with HIV/AIDS (PLWHA) in the state of Alabama. ADPH is also interested in learning more about some of the problems you may have encountered in providing these services. This survey will help ADPH make decisions about the services needed in Alabama and to better understand met and unmet needs for HIV-related services. The information collected will be used to improve services for your clients and for all individuals living with HIV/AIDS across Alabama communities.

Confidentiality

All information collected on this survey is confidential and anonymous. Please do not put your name or any other identifying information on this survey. Your responses will be reported in combination with other peoples' responses, so no one will be able to identify you or your responses. Completing this survey is voluntary. Please take a few minutes to fill out this survey by selecting or writing in your responses. Your input does matter!

UAB The University of Alabama at Birmingham.
School of Public Health

ALABAMA PUBLIC HEALTH

Questions about this survey, please contact Riley Blum at

reblum@uab.edu or 205-996-6610

1. Which of these best describes your agency?
   - ☐ Community-based organization (not HIV-specific)
   - ☐ Government facility (VA, health department)
   - ☐ Health clinic (primary care, private practice, multispecialty clinic)
   - ☐ HIV/AIDS service organization
   - ☐ Hospital
   - ☐ Multi-service agency that include HIV/AIDS services
   - ☐ Non-medical services provider
   - ☐ Substance abuse treatment facility
   - ☐ FQHC
   - ☐ Other (please describe): _______________

2. What is the average number of HIV/AIDS patients that your organizations sees in a year?
   - ☐ 1-25
   - ☐ 26-50
   - ☐ 51-75
   - ☐ 76-100
   - ☐ 101 or more (please share how many below)

   ____

3. Are HIV/AIDS related services the only type of services provided by your agency?
   - ☐ Yes, HIV/AIDS services are the only services we provide
   - ☐ No, HIV/AIDS services are part of a larger service program

4. For how many years has your agency provided HIV/AIDS care-related services?
   - ☐ 1 to 4 years
   - ☐ 5 to 10 years
   - ☐ 11 or more years

5. Please indicate the services your agency provides for persons who are living with HIV. (Select all that apply)
   - ☐ HIV Support Groups
   - ☐ Health Insurance Assistance
   - ☐ Counseling
   - ☐ Partner/Outreach Services
   - ☐ Substance Abuse Counseling
   - ☐ Transportation
   - ☐ Food Bank
   - ☐ Emergency Financial Assistance
   - ☐ Dental Care
   - ☐ Primary Care
   - ☐ Rehabilitation Services
   - ☐ Prescription Drug Assistance
   - ☐ Mental Health
   - ☐ Case Management
   - ☐ Preventative Services (Testing, PrEP, PEP)
   - ☐ Other (please describe):

   ____

6. What barriers exist that prevent clients from obtaining these services from your agency? (Select all that apply)
   - ☐ Transportation
   - ☐ Privacy
   - ☐ Stigma
   - ☐ Limited number of HIV specialty clinics
   - ☐ Lack of insurance
   - ☐ Medication Adherence
   - ☐ Lack of awareness about services
   - ☐ Other chronic medical conditions
   - ☐ Personal limitations
   - ☐ Inflexible Hours
   - ☐ Mental Health
   - ☐ Substance Use Disorder
   - ☐ Resource Constraints
   - ☐ Cultural and Language Barriers
   - ☐ Psychological Barriers
   - ☐ Lack of Social Support
   - ☐ Doubts about treatment effectiveness
   - ☐ Lack of HIV-related services
   - ☐ Other (please specify)

   ____

7. Please add any comments you might have regarding barriers that limit your agency's capacity to provide HIV/AIDS-related services.

8. Of the services your agency provides, which services does your client utilize the most? Please rank from most utilized (1) to least utilized (13).

   ___ HIV Support Groups

   ___ Emergency Financial Assistance

   ___ Health Insurance Assistance

   ___ Dental Care

   ___ Counseling

   ___ Primary Medical Care

   ___ Partner/Outreach Services

   ___ Rehabilitation Services

   ___ Substance Abuse Counseling

   ___ Prescription Drug Assistance

   ___ Transportation

   ___ Mental Health

   ___ Food Bank

9. In which area(s) does your agency provide HIV/AIDS related services? (Select all that apply)
   - ☐ Urban (i.e., in the city limits)
   - ☐ Suburban (i.e., outside the city limits)
   - ☐ Rural (i.e., in the country)

10. What kind of accessibility options does your agency provide to your clients? (Select all that apply)
    - ☐ Walk-in services or same day appointments
    - ☐ Weekend or evening hours
    - ☐ 24-hour coverage
    - ☐ Home-based medical services
    - ☐ Telemedicine services
    - ☐ Other (please specify):

    ____

11. Have any of the following occurrences taken place within your agency during the last year? (Select all that apply)
    - ☐ An increase in the number of clients seeking services
    - ☐ An increase in demand for services from clients
    - ☐ A decrease in funding from private donations
    - ☐ A decrease in funding from any sources
    - ☐ No changes

12. Which populations does your agency most frequently serve? Rank from most frequent (1) to least frequent (7).

___ Native American or Alaskan Native

___ Hispanic/Latino

___ Asian

___ Multiracial

___ Black or African American

___ Native Hawaiian or Other Pacific Islander

___ White or Caucasian

___ Other

(Please Specify): ______________________

13. Which populations does your agency most frequently serve? Rank from most frequent (1) to least frequent (13)

___ Living with HIV sex partners

___ People Who Inject Drugs

___Unstably Housed

___ People with Other Substance Use Disorders

(e.g. snort, smoke, or ingest drugs or alcohol)

___ Sex or Needle Sharing Partner with HIV

___ Recently Released from Incarceration

___ Low Income

___ Children (Ages 0-13)

___ People with Mental Health Disorders

___ Teenagers (Ages 14-19)

___ Men who Have Sex with Men

___ Adults (Ages 19+)

___ Other

(Please specify):______________________

14. In addition to HIV/AIDS service, in the most recent 12-month period, please select the type of services clients received. (Select all that apply)
    - ☐ Hep C
    - ☐ Other STD
    - ☐ Other Chronic Medical Condition
    - ☐ Other (please specify):

____

15. What else can be done to better serve your clients/patients living with HIV/AIDS?

16. Estimate the number of people with HIV/AIDS lost to care or not receiving follow-up services.
   - ☐ Under 5
   - ☐ 5 to 9
   - ☐ 10 to 14
   - ☐ 15 to 24
   - ☐ 25 to 50
   - ☐ Over 50

17. What zip code do you work in? ______________

18. What county do you work in? _______________

Thank you for taking the time to complete this survey. Your responses will help improve care for people living with HIV/AIDS throughout Alabama.

ADPH HIV Needs Assessment Focus Group Guide – PWH

I. Ice Breaker Question

Facilitator: Thank you for taking time to complete the survey. As a reminder, everyone will get a chance to speak during this session, but we will do so one at a time. Now let's warm up the room with an ice breaker question.

a. What is one local healthcare resource or service in your community you think more people should know about?

Probe: If participants hesitate or do not have an answer, ask some of them to share what local resources or services they would like to have available to them.

II. Questions for People Living with HIV (PLWHA)

A. HIV Services and Education

Facilitator (*optional language*): Building upon what was shared from the ice breaker, could you all share (start asking questions below):

a. What HIV treatment, care, and support services are available in your community?

b. What are some gaps that exist in these services?

c. Have you ever received STI or HIV testing from the health department (local or state health departments/clinics)? If yes, could you tell us more about your experience? If no, why?

d. Is there anything that the health department could do to make people more comfortable seeking testing services when they are needed? (ask follow up questions as needed)

e. What suggestions do you have for community organizations that provide HIV services to increase accessibility? (ask follow up questions as needed)

f. What are your thoughts about education on HIV in the community?

B. Healthcare Experiences

Facilitator (*optional language*): Thank you so much for sharing that information. Let's switch gears to talk about your health care experiences.

a. Can you tell us about some of your experiences (positive or negative) with healthcare providers?

C. Stigma and Discrimination

Facilitator (*optional language*): Thank you so much for sharing that information. Now we would like to talk about stigma and discrimination that may exist for those living with HIV.

a. If you have ever experienced stigma or discrimination related to seeking HIV treatment and care or any kind of healthcare in general. Can you tell us more about that experience and how it has impacted you?

b. Has stigma/discrimination ever prevented you or those you know from getting the healthcare that you or they need?

c. Do you think health provider organizations need training to prevent stigma/discrimination in their practice?

d. Do you have any thoughts or suggestions on how to reduce stigma and discrimination in healthcare settings?

e. Is there a need for education on coping strategies among people living with HIV, particularly in response to stigma and discrimination in healthcare settings? If so, what does that look like?

D. Diagnosis & Retention in Care

Facilitator (*optional language*): Thank you so much for sharing that information. Now we would like to talk your diagnosis and your experiences with care.

a. Thinking back to the time in which you received your HIV diagnosis, what do you wish you would have known that you were not told?

b. How long did it take from your first HIV reactive test to begin taking HIV medication?

c. What concerns do you have about maintaining your health?

d. What barriers have prevented you from seeking care or delayed your care? Can you tell us more about your experience?

e. Some people living with HIV do not stay in medical care and drop out. Have you or someone you know ever dropped out of HIV care?
    a. Can you tell us more about the reason that they dropped out?

f. If you are currently receiving HIV treatment and care services, what keeps you in care and prevents you from dropping out?

g. What would encourage people who are HIV positive and are not in care to seek care?

E. Service Gaps

Facilitator (*optional language*): Thank you so much for sharing that information. Now we would like to talk about gaps that may exist in services available to those living with HIV, specifically for mental health services.

a. As a person living with HIV, are there other healthcare services you wish you could get that are not currently available in your community?

b. How would you describe the level of need or demand for these kinds of services? (High, medium, low)

F. Mental Health

a. What are your thoughts on the mental health services that are accessible for people living with HIV in your community?

b. What are some challenges in accessing mental health services within the existing HIV care system?

G. Transportation

Facilitator (*optional language*): Thank you so much for sharing that information. Now we would like to switch gears and talk about travel and transportation to and from appointments.

a. How long does it take or how far do you have to travel for HIV- related services?

b. Do you have reliable transportation to get to and from your HIV care appointments and pharmacy?

c. Have you missed, been late, or did not schedule an appointment due to transportation problems?

d. What kind of transportation barriers do you or those that you know face when seeking HIV-related care?

H. Telehealth

Facilitator notes *(optional language)*: Still focusing on access to services – we would like to talk about your experiences with telehealth.

a. Do you have reliable internet access and access to the necessary technology (e.g., smartphone, computer) for telehealth?

b. Have you used telehealth to receive HIV related care services? (Can ask about telehealth generally, if no response)

c. Can you tell us about some of your experiences using telehealth services?

I. Aging & Long-Term Survivors (if applicable, ages 55+)

a. What are the barriers to accessing healthcare services that are tailored to your needs as an older adult living with HIV?

b. How can communities and organizations better support older adults living with HIV?

J. Latinx Community (if applicable)

a. What are some specific barriers and challenges to HIV care services for the Latinx community?

b. How can prevention and care services be made more accessible and responsive to the needs of Latinx persons?

c. Are there specific types of healthcare providers or organizations that you prefer or feel more comfortable with?

d. Do you feel there is enough HIV education that is tailored for Latinx communities?

e. Are there any issues specific to the Latinx community that we have not captured?

ADPH HIV Needs Assessment Focus Group Guide – At-Risk

I. Ice Breaker Question

Facilitator: Thank you for taking time to complete the survey. As a reminder, everyone will get a chance to speak during this session, but we will do so one at a time. Now let's warm up the room with an ice breaker question.

a. What is one local healthcare resource or service in your community you think more people should know about?

   Probe: If participants hesitate or do not have an answer, ask some of them to share what local resources or services they would like to have available to them.

II. Questions for those At-Risk

A. Sexual Health Awareness and Education

Facilitator (*optional language*): Building upon what was shared from the ice breaker, could you all share (start asking questions below):

a. Where do you get information about HIV or other STIs?

b. What are your thoughts about education on HIV in the community?

Facilitator (*optional language*): Thanks for sharing that information. Next, we would like to learn more about your experiences with STI and HIV testing and treatment (start asking questions below):

B. Testing and Treatment Experiences

a. Have you ever received STI or HIV testing from the health department? If yes, could you tell us more about your experience? If no, why not?

b. Is there anything that the health department could do to make people more comfortable seeking testing services when they are needed? (ask follow-up questions as needed)

c. Can you tell us more about your experiences seeking sexual health treatment and care services in your community? Where do you go to seek these services?

d. Can you tell us how far you travel to receive sexual health prevention, testing, or care services?

e. What are the barriers to accessing these services in your community?

f. What are your suggestions on ways that community organizations that provide sexual health services can improve access to those services? (ask follow-up questions as needed)

C. Healthcare Experiences

Facilitator (*optional language*): Thank you so much for sharing that information. Let's switch gears to talk about your health care experiences.

a. Can you tell us about some of your experiences (positive or negative) with healthcare providers?

D. Diagnosis & Retention in Care

Facilitator (*optional language*): Thank you so much for sharing that information. Now we would like to talk your diagnosis and your experiences with care.

a. Thinking back to the time in which you received your HIV diagnosis, what do you wish you would have known that you were not told?

b. How long did it take from your first HIV reactive test to begin taking HIV medication?

c. What concerns do you have about maintaining your health?

d. What barriers have prevented you from seeking care or delayed your care? Can you tell us more about your experience?

e. Some people living with HIV do not stay in medical care and drop out. Have you or someone you know ever dropped out of HIV care?
    a. Can you tell us more about the reason that they dropped out?

f. If you are currently receiving HIV treatment and care services, what keeps you in care and prevents you from dropping out?

g. What would encourage people who are HIV positive and are not in care to seek care?

E. Service Gaps

Facilitator (*optional language*): Thank you so much for sharing that information. Now we would like to talk about gaps that may exist in services available to those living with HIV, specifically for mental health services.

a. As a person living with HIV, are there other healthcare services you wish you could get that are not currently available in your community?

b. How would you describe the level of need or demand for these kinds of services? (High, medium, low)

F. Mental Health

a. What are your thoughts on the mental health services that are accessible for people living with HIV in your community?

b. What are some challenges in accessing mental health services within the existing HIV care system?

G. Transportation

Facilitator (*optional language*): Thank you so much for sharing that information. Now we would like to switch gears and talk about travel and transportation to and from appointments.

a. How long does it take or how far do you have to travel for HIV- related services?

b. Do you have reliable transportation to get to and from your HIV care appointments and pharmacy?

c. Have you missed, been late, or did not schedule an appointment due to transportation problems?

d. What kind of transportation barriers do you or those that you know face when seeking HIV-related care?

H. Telehealth

Facilitator notes *(optional language)*: Still focusing on access to services – we would like to talk about your experiences with telehealth.

a. Do you have reliable internet access and access to the necessary technology (e.g., smartphone, computer) for telehealth?

b. Have you used telehealth to receive HIV related care services? (Can ask about telehealth generally, if no response)

c. Can you tell us about some of your experiences using telehealth services?

I. Aging & Long-Term Survivors (if applicable, ages 55+)

a. What are the barriers to accessing healthcare services that are tailored to your needs as an older adult living with HIV?

b. How can communities and organizations better support older adults living with HIV?

J. Latinx Community (if applicable)

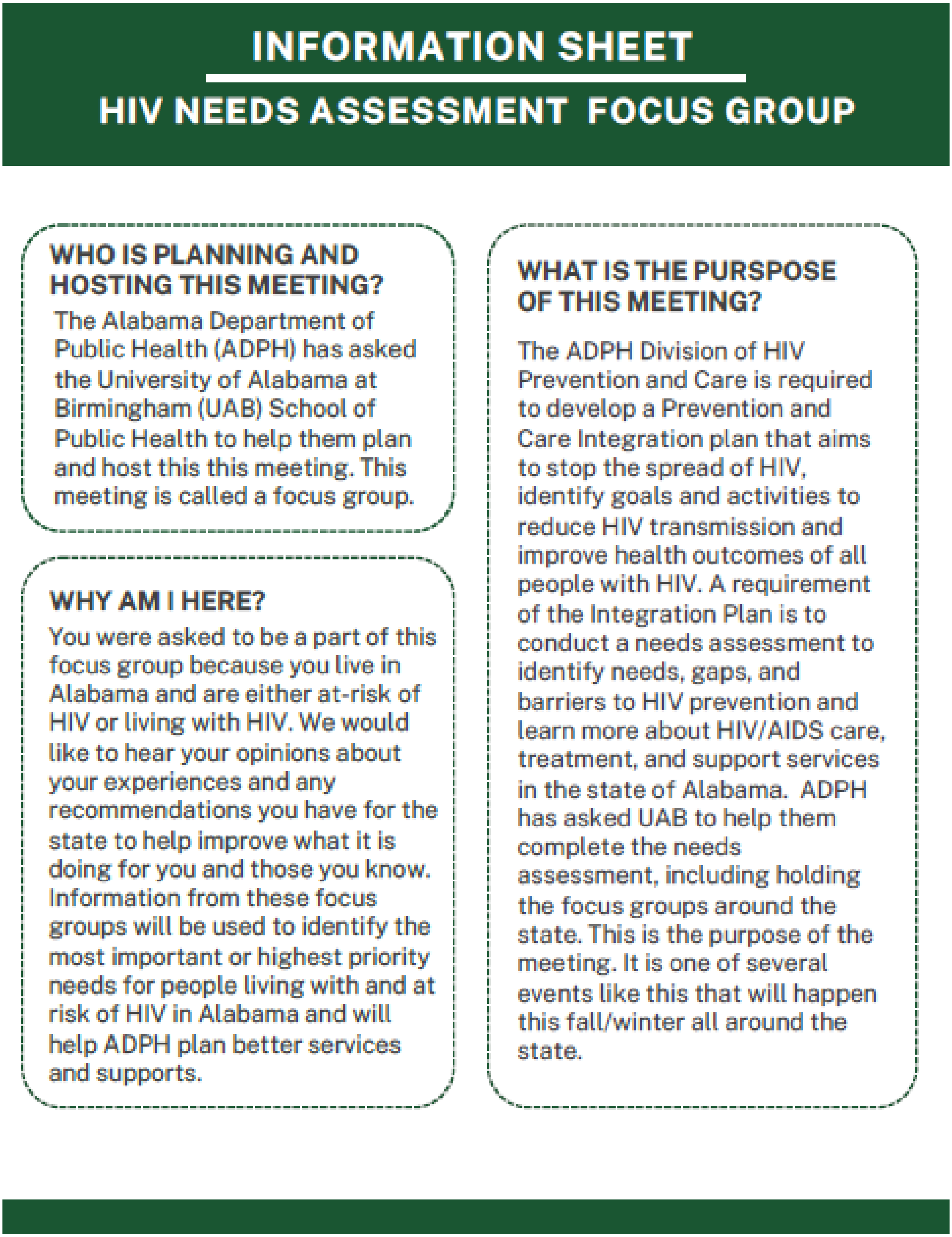
a. What are some specific barriers and challenges to HIV care services for the Latinx community?

b. How can prevention and care services be made more accessible and responsive to the needs of Latinx persons?

c. Are there specific types of healthcare providers or organizations that you prefer or feel more comfortable with?

d. Do you feel there is enough HIV education that is tailored for Latinx communities?

e. Are there any issues specific to the Latinx community that we have not captured?



INFORMATION SHEET

HIV NEEDS ASSESSMENT FOCUS GROUP

WHO IS PLANNING AND HOSTING THIS MEETING?

The Alabama Department of Public Health (ADPH) has asked the University of Alabama at Birmingham (UAB) School of Public Health to help them plan and host this this meeting. This meeting is called a focus group.

WHY AM I HERE?

You were asked to be a part of this focus group because you live in Alabama and are either at-risk of HIV or living with HIV. We would like to hear your opinions about your experiences and any recommendations you have for the state to help improve what it is doing for you and those you know. Information from these focus groups will be used to identify the most important or highest priority needs for people living with and at risk of HIV in Alabama and will help ADPH plan better services and supports.

WHAT IS THE PURSPOSE OF THIS MEETING?

The ADPH Division of HIV Prevention and Care is required to develop a Prevention and Care Integration plan that aims to stop the spread of HIV, identify goals and activities to reduce HIV transmission and improve health outcomes of all people with HIV. A requirement of the Integration Plan is to conduct a needs assessment to identify needs, gaps, and barriers to HIV prevention and learn more about HIV/AIDS care, treatment, and support services in the state of Alabama. ADPH has asked UAB to help them complete the needs assessment, including holding the focus groups around the state. This is the purpose of the meeting. It is one of several events like this that will happen this fall/winter all around the state.

WHAT WILL WE DO DURING THE MEETING?

If you decide to participate, you will be asked to be a part of a group discussion with about 5-7 other people. In this focus group, a group leader will ask questions about your opinions. There are no right or wrong answers, and you don't have to share anything you don't want to.

You will be in the focus group for no more than 90 minutes (1.5 hours). You can leave before the focus group is over if you decide you don't want to stay in the meeting.

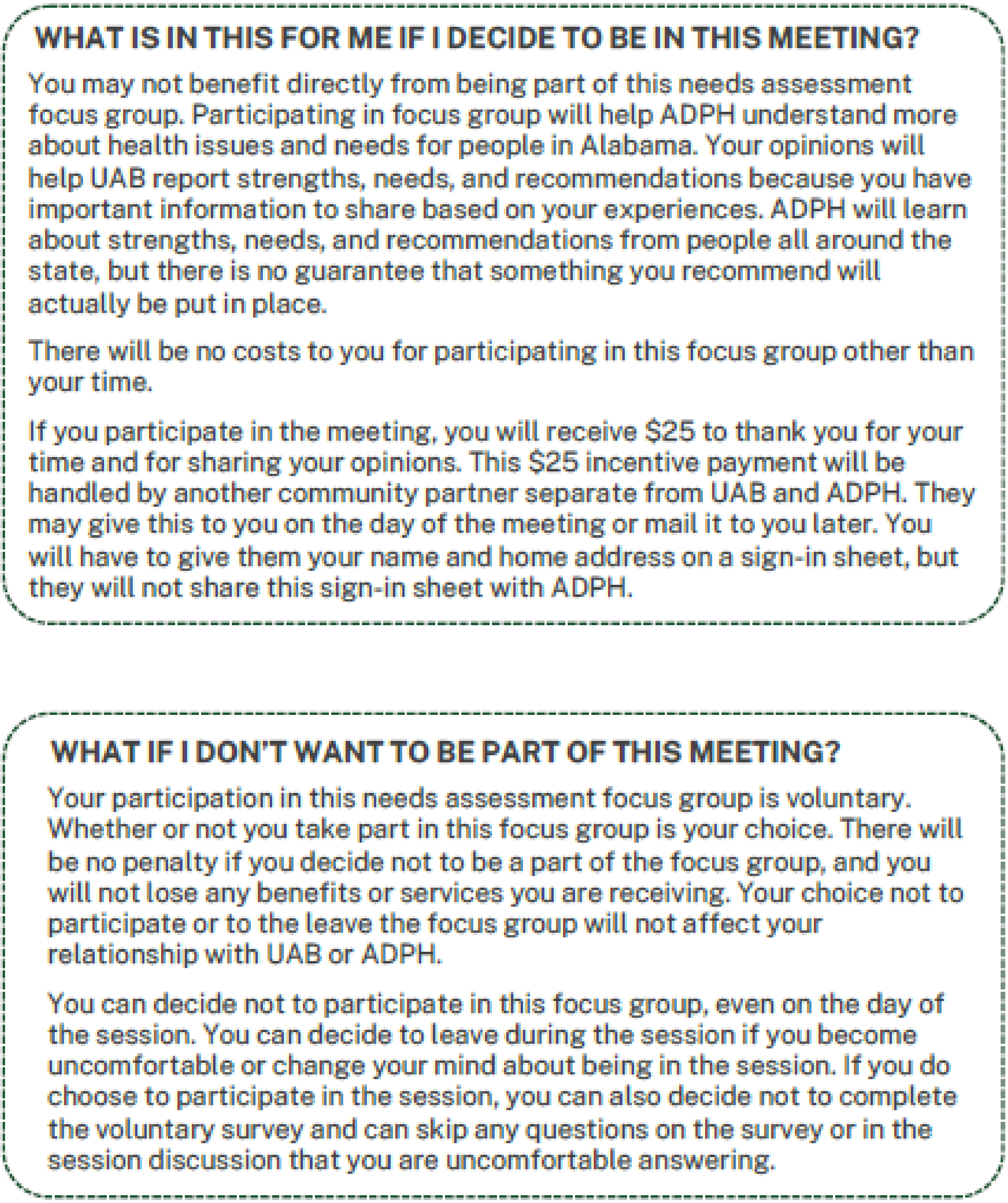
Someone from UAB will be taking notes in the focus group. The session will also be audio-recorded to be sure we capture all the information shared. No one will use this recording except for UAB to help them give a report to ADPH of all the opinions shared in all the focus groups around the state. And we won't use your name in this report or share anything you say in a way that would identify you.

You will be asked to complete a brief survey. The survey is completely voluntary, which means you don't have to complete the survey if you don't want to or can skip any questions you don't want to answer. The survey questions are just to help UAB know about the whole group of people who participate in focus groups around the state. The questions will ask you things about yourself, like your age, gender, race, and county where you live. Your answers will be combined with everyone else's answers. You will not be identified individually or by name.

ARE THERE ANY RISK OR CONCERNS I NEED TO THINK ABOUT IF I DECIDE TO BE IN THIS MEETING?

During the focus group, you will be asked to honestly discuss your opinions on your health and/or those you know. You can share your thoughts on your experiences with the health care system and community supports. Since experiences can be both positive and negative, you may experience discomfort in thinking about or answering some questions. But you are free to share aloud only what you are comfortable with. You don't have to say anything at all if you don't want to.

As we said above, the UAB group leaders and other staff won't share anything you say outside of the group except as part of a group report that doesn't identify you by name. But because we are talking together in a group setting, the group leader can't be sure that other people in the group with you won't share your responses. The group leader will ask all participants to maintain confidentiality of others in the group, which means the group leader will ask everyone not to talk about what people said during the focus group outside the room once the group is over. But UAB can't be sure that the other people in the group still won't talk about what was said.



WHAT IS IN THIS FOR ME IF I DECIDE TO BE IN THIS MEETING?

You may not benefit directly from being part of this needs assessment focus group. Participating in focus group will help ADPH understand more about health issues and needs for people in Alabama. Your opinions will help UAB report strengths, needs, and recommendations because you have important information to share based on your experiences. ADPH will learn about strengths, needs, and recommendations from people all around the state, but there is no guarantee that something you recommend will actually be put in place.

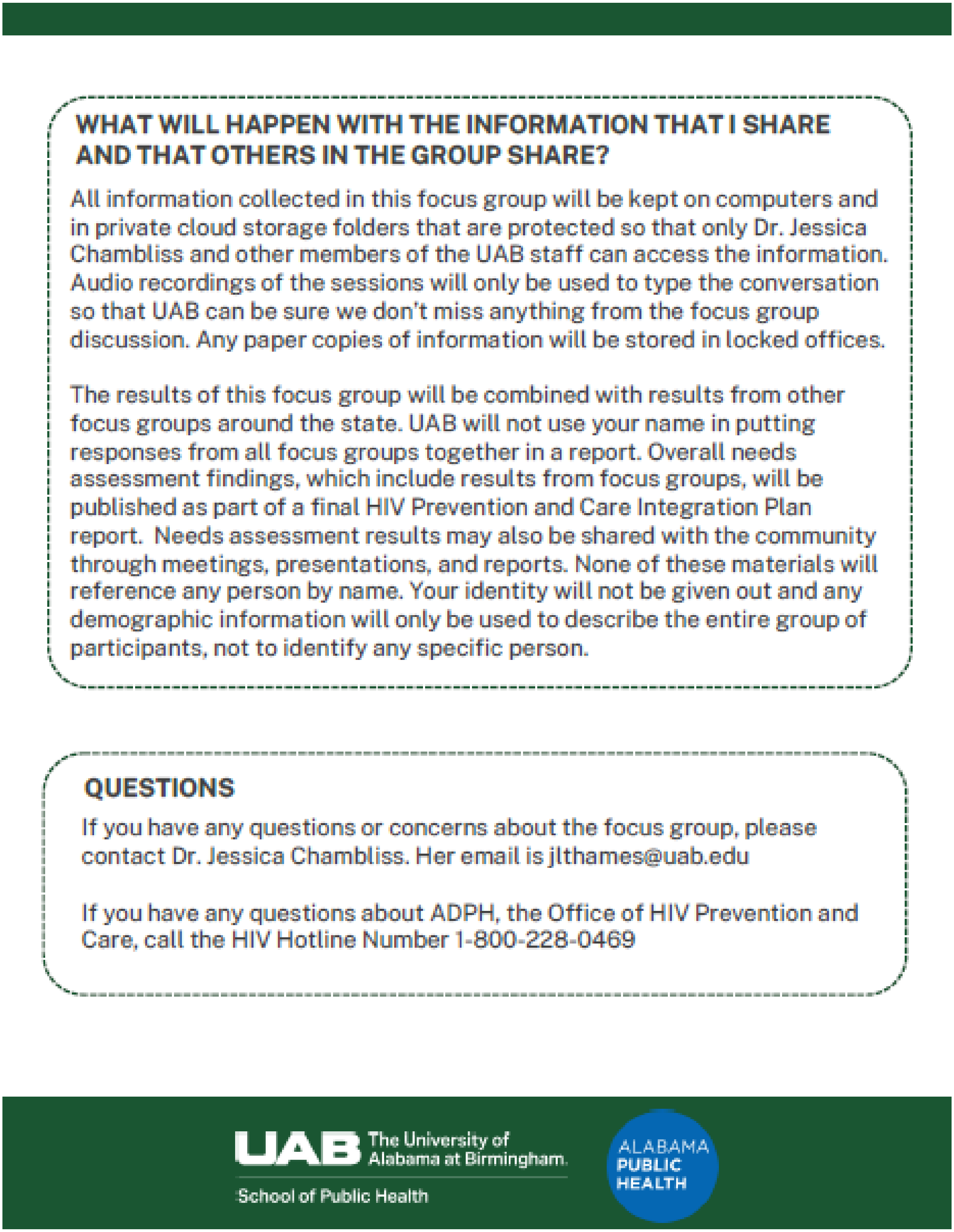
There will be no costs to you for participating in this focus group other than your time.

If you participate in the meeting, you will receive $25 to thank you for your time and for sharing your opinions. This $25 incentive payment will be handled by another community partner separate from UAB and ADPH. They may give this to you on the day of the meeting or mail it to you later. You will have to give them your name and home address on a sign-in sheet, but they will not share this sign-in sheet with ADPH.

WHAT IF I DON'T WANT TO BE PART OF THIS MEETING?

Your participation in this needs assessment focus group is voluntary. Whether or not you take part in this focus group is your choice. There will be no penalty if you decide not to be a part of the focus group, and you will not lose any benefits or services you are receiving. Your choice not to participate or to the leave the focus group will not affect your relationship with UAB or ADPH.

You can decide not to participate in this focus group, even on the day of the session. You can decide to leave during the session if you become uncomfortable or change your mind about being in the session. If you do choose to participate in the session, you can also decide not to complete the voluntary survey and can skip any questions on the survey or in the session discussion that you are uncomfortable answering.



WHAT WILL HAPPEN WITH THE INFORMATION THAT I SHARE AND THAT OTHERS IN THE GROUP SHARE?

All information collected in this focus group will be kept on computers and in private cloud storage folders that are protected so that only Dr. Jessica Chambliss and other members of the UAB staff can access the information. Audio recordings of the sessions will only be used to type the conversation so that UAB can be sure we don't miss anything from the focus group discussion. Any paper copies of information will be stored in locked offices.

The results of this focus group will be combined with results from other focus groups around the state. UAB will not use your name in putting responses from all focus groups together in a report. Overall needs assessment findings, which include results from focus groups, will be published as part of a final HIV Prevention and Care Integration Plan report. Needs assessment results may also be shared with the community through meetings, presentations, and reports. None of these materials will reference any person by name. Your identity will not be given out and any demographic information will only be used to describe the entire group of participants, not to identify any specific person.

QUESTIONS

If you have any questions or concerns about the focus group, please contact Dr. Jessica Chambliss. Her email is jlthames@uab.edu

If you have any questions about ADPH, the Office of HIV Prevention and Care, call the HIV Hotline Number 1-800-228-0469

UAB The University of Alabama at Birmingham.
School of Public Health

ALABAMA PUBLIC HEALTH