

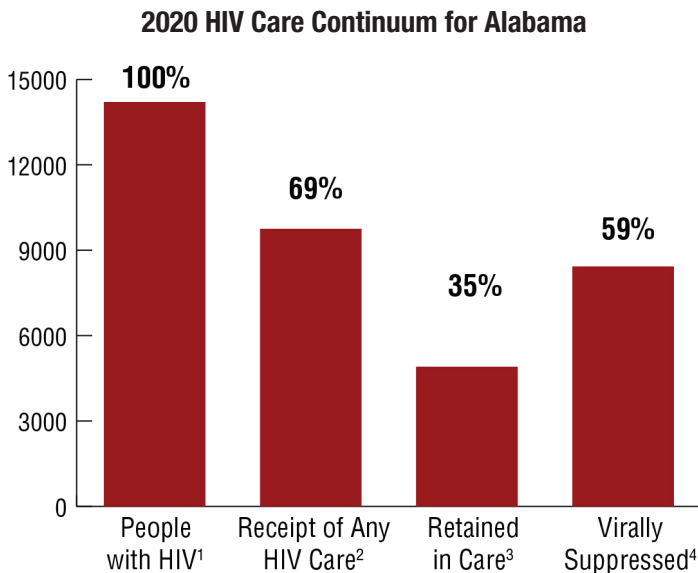


Alabama Profile from the HRSA 19-039 SPNS Enhancing Linkage of STI and HIV Surveillance Data in the Ryan White HIV/AIDS Program (RWHAP)

HIV and STI Epidemiological Context in Alabama

Within the Alabama Department of Public Health (ADPH), the Division of STD Prevention and Control and the Division of HIV are located in the Bureau of Communicable Diseases. The HIV Prevention & Care Branch and the HIV Surveillance Branch are housed within the Division of HIV. The ADPH receives Ryan White Part B money and distributes it to eight grantees within the state of Alabama.

Alabama's 2020 HIV Care Continuum shows 14,209 people were living with HIV. Of those people with HIV, 69% (9,752) had ever received care, 35% (4,905) were retained in care, and 59% (8,429) were virally suppressed.



¹ People with HIV in Alabama in 2020.
² People with HIV who received any care in the past. This includes a medical visit, viral load test, or CD4 test.
³ People with HIV who attended at least two medical visits or labs, at least 3 months apart in 2020.
⁴ People with HIV who achieved viral suppression in 2020. Their viral load test value was ≤ 200 copies/mL.

Alabama HIV and STI surveillance data show elevated rates of HIV, chlamydia, and gonorrhea in Alabama compared to national rates.

New HIV and STI Cases and Rates for Alabama, 2020			
	Cases	Rate ¹	National Rate ¹
HIV	6,382	13.02	11.1 ²
Chlamydia	27,075	552.2	481.3
Gonorrhea	14,426	294.2	206.5
P & S ³ Syphilis	529	10.8	12.7

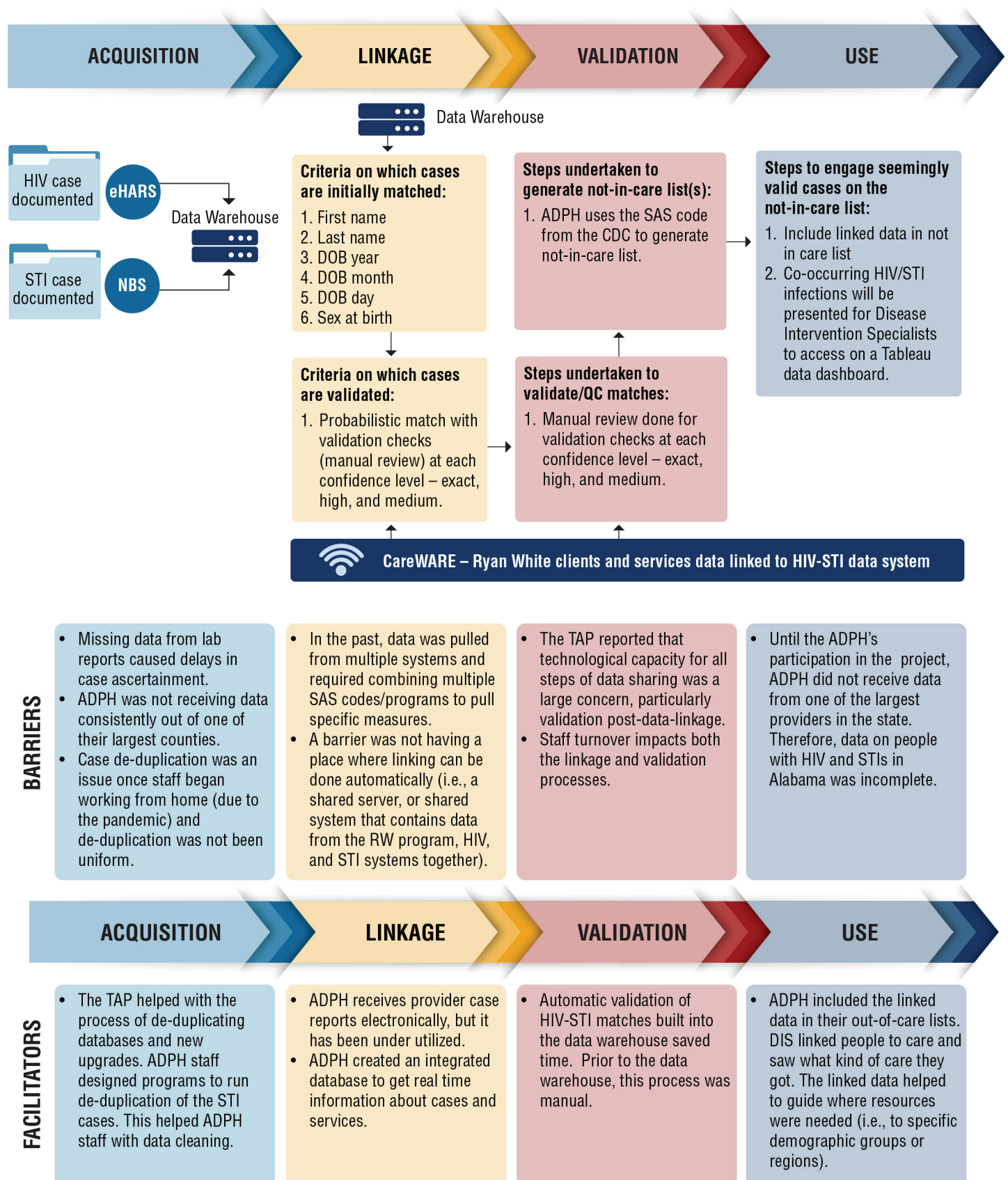
¹ Rate is per 100,000 people
² New HIV cases, rates, and the national rate are from 2019.
³ P & S means Primary & Secondary.

This evaluation summary was produced for the U.S. Department of Health and Human Services, Health Resources and Services Administration, under contract number HHS2502013000051.

This summary lists evaluation data in order to provide additional information to recipients participating in cooperative agreement HRSA-19-039. The evaluation data in this summary have not been formally approved by the U.S. Department of Health and Human Services (HHS) or the Health Resources and Services Administration (HRSA) and is not an endorsement by HHS or HRSA.

HIV/STI Data Linking Process in Alabama

The following graphic shows the process of HIV and STI surveillance data acquisition, linkage, and validation in Alabama. It also describes the process by which linked HIV-STI data are intended to be used. HIV case documentation is housed in the Enhanced HIV/AIDS Reporting System (eHARS). STI case documentation is in the National Electronic Disease Surveillance Base System (NBS). The Technical Assistance Provider (TAP) worked with IT staff to develop a data warehouse in which these two systems are linked.



Data Linking Goals, Progress, and Tailored Technical Assistance to Support Alabama's Goals

Jurisdiction-Specific Goals and Progress at the End of Each Project Year

Goals	Progress at end of Year 2	Progress at end of Year 3
Improve staffing support for linking data by working with the Technical Assistance Provider (TAP) to identify and strategize how to address staffing gaps and/or train existing staff.	ADPH hired new staff, some of which assisted with data linkage activities. The TAP cross-trained on tasks related to data linkage for new and existing staff.	A TAP staff member traveled to Alabama to help with linkage activities, write SAS code, and train new staff.
Enhance capacity for integrating data into a single data system by working with the TAP to develop data migration, integration, and validation protocols.	Staff worked with the TAP to refine existing programming specifications to enhance co-morbidity matching protocols, more specifically editing the code to make the matches person-specific, rather than episode-specific.	ADPH and TAP staff worked to launch integrated data warehouse, which sources data from the HIV surveillance system, STD program system, and AIDS Drug Assistance Program (ADAP) data system and links entries at the person-level.
Improve local RWHAP data-to-care capacity by working with the TAP to assess the feasibility of acquiring and integrating RWHAP data into existing linkage, validation, and reporting processes.	The TAP and ADPH staff convened strategy discussions with a provider that receives RWHAP Part B funding but had not shared the data with the ADPH.	TAP staff developed a data sharing pathway between a RWHAP Part B provider and ADPH, including timelines, matching variables, and coordination with other ADPH client outreach timelines. To allow for this data sharing, a Data Sharing Agreement (DSA) was drafted and is currently under review by ADPH's legal team.

Technical Assistance Focus Areas and Activities by Theme

Technical Assistance (TA) Theme	Focus Areas for Alabama	Activities in Year 2	Activities in Year 3
Business Process Development	Staffing support	<ul style="list-style-type: none"> ADPH hired new staff to assist with data linkage activities. The TAP cross-trained new and existing staff on data linkage tasks. 	<ul style="list-style-type: none"> The TAP supported ADPH staff by rewriting SAS code and providing subaward funding for staff training programs.
Integrated Data System Development	Data Integration within a single system	<ul style="list-style-type: none"> The ADPH and TAP staff worked together to develop a central linkage data warehouse to enhance availability of timely and comprehensive HIV/STI data. TAP staff provided SAS code used for the HIV/STI case matches. ADPH and TAP staff developed a step-by-step enhancement plan for the data warehouse. 	<ul style="list-style-type: none"> ADPH and TAP staff worked on several phases of rewriting SAS code to enhance the frequency and complexity of the HIV/STI case match. ADPH staff continued the manual review of matches as indicated from the data warehouse.
Collaboration Building	Improve Data-to-Care Capacity	<ul style="list-style-type: none"> The TAP brought together staff from a RWHAP Part B provider and ADPH to discuss the data integration gaps between state and county level, and how this limits data to care/retention/linkage work. 	<ul style="list-style-type: none"> An effective collaborative relationship was established between a RWHAP Part B provider and the ADPH. An in-person workshop was held to plan the details of the proposed routine data match.
Data Transfer Development/ Enhancement	Improve Data-to-Care Capacity Data Integration within a single system	<ul style="list-style-type: none"> A workgroup was formed for RWHAP provider collaboration building to enhance care provision capacity by getting DSAs in place to address reporting gaps among RWHAP Part B recipients. 	<ul style="list-style-type: none"> The TAP facilitated coordination between state and county entities, enhancing HIV-STI matches, and enhanced data flows from the county level.
Data Utilization for Outreach Efforts	Improve Data-to-Care Capacity Data Integration within a single system	<ul style="list-style-type: none"> Another workgroup focused on the design, testing, implementation, and publishing a data dashboard in Tableau to inform prevention, outreach, and education efforts. 	<ul style="list-style-type: none"> The TAP continued to implement the design, testing, and implementation of the public-facing data dashboard in Tableau.