US FAST-TRACK CITIES

2025 SUMMIT

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New Orleans

Models of Care: Supporting a New Workforce for Person-Centered HIV Care

Panel discussion 6

CITY OF NEW ORLEANS LOUISIANA

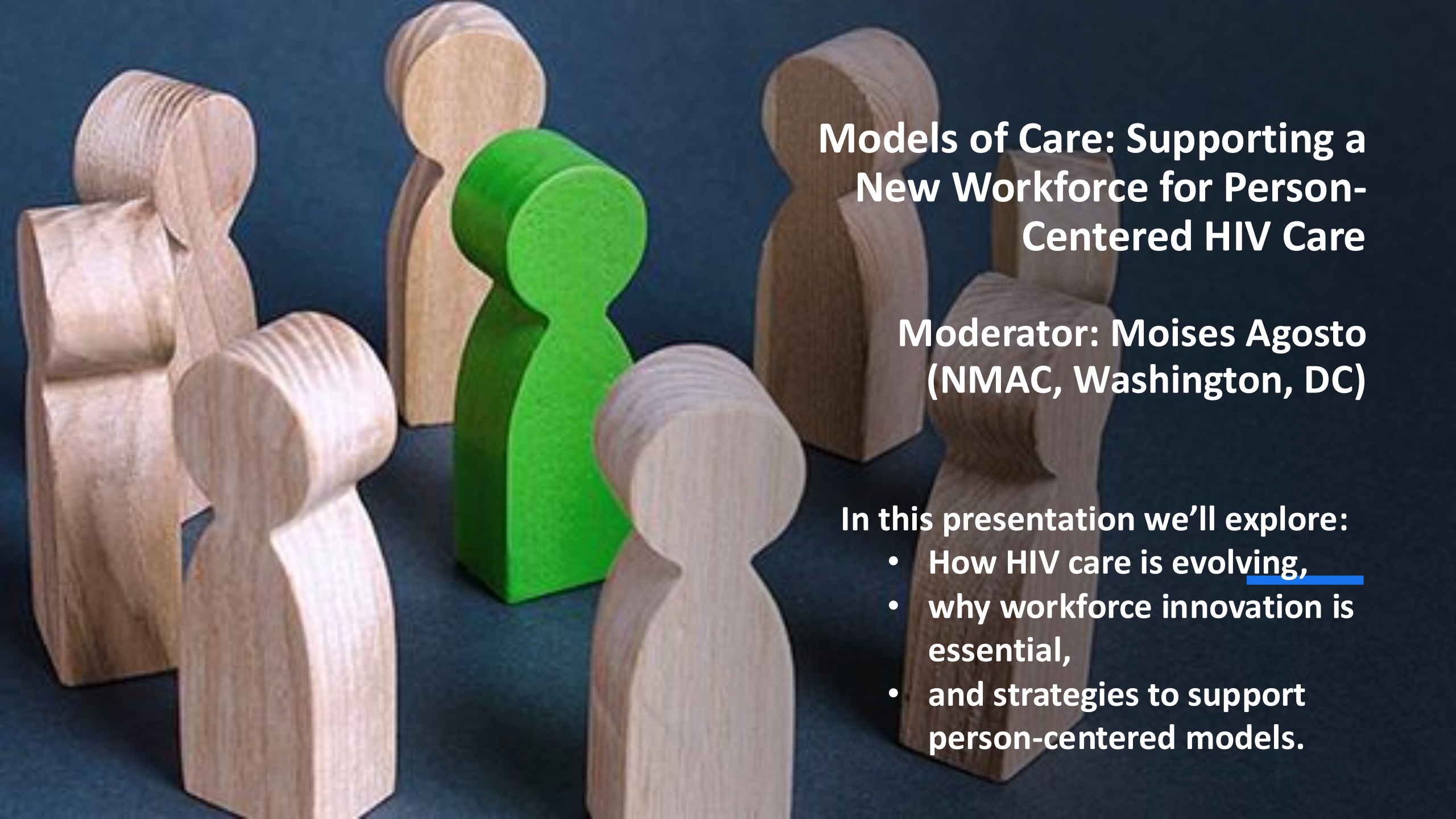
IAPAC INTERNATIONAL ASSOCIATION OF PROVIDERS OF AIDS CARE

FAST-TRACK CITIES INSTITUTE

NACCHO National Association of County & City Health Officials
The National Connection for Local Public Health

AIDS United

NMAC Ending the HIV Epidemic



Models of Care: Supporting a New Workforce for Person-Centered HIV Care

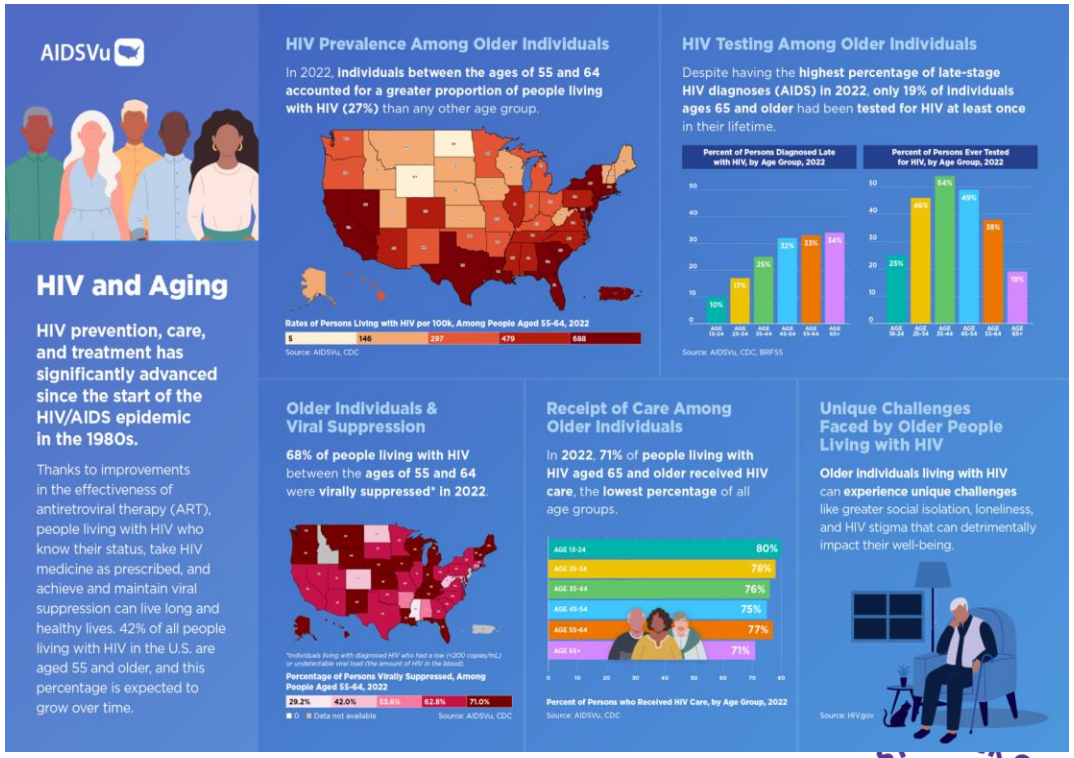
Moderator: Moises Agosto (NMAC, Washington, DC)

In this presentation we'll explore:

- How HIV care is evolving,
- why workforce innovation is essential,
- and strategies to support person-centered models.

The Changing HIV Landscape

- More people living with HIV are 50+
- Complex health + social needs
- Diverse communities disproportionately affected
- HIV is no longer an acute crisis—it's a chronic condition for many.
- People are living longer but also face comorbidities (heart disease, diabetes, mental health).
- Care must respond to diverse communities and social realities.



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Workforce Challenges

- Provider shortages; shortage of HIV specialists is growing.
- Burnout & retention issues; many providers experience burnout, threatening retention.
- Gaps in cultural humility; stigma and lack of cultural humility persist.
- Fragmented care systems; Services often siloed—medical, mental health, housing not well connected.

Supporting a New Workforce

- Training & Mentorship; we need to train and mentor a new generation of HIV care workers.
- Community Pipelines; build pipelines that recruit from affected communities—especially peers with lived experience.
- Recognition & Compensation; recognize, compensate, and retain these workers.
- Policy & Funding Support; policy change needed to expand scope of practice and secure sustainable funding.

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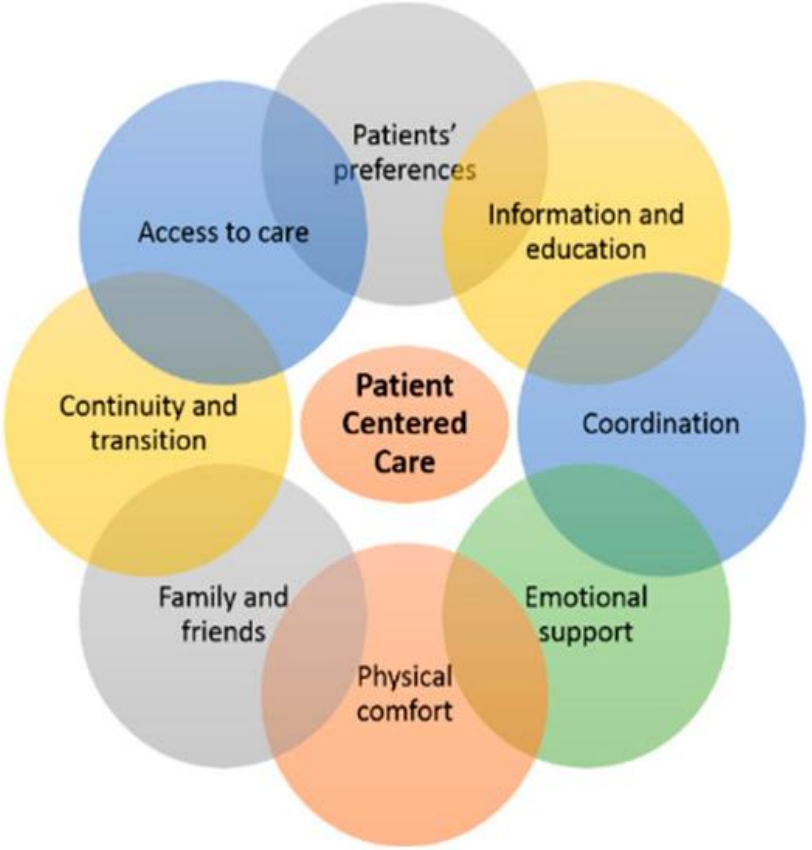
What Person-Centered HIV Care Means

- Holistic: medical, behavioral, social; person-centered care = whole-person approach.
- Empowering & stigma-free; goes beyond viral suppression: quality of life, dignity, empowerment.
- Driven by lived experience; involves patients as partners, not just recipients of care.



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Emerging Models of Care

- Integrated care teams: doctors, nurses, peers, social workers.
- Task-sharing allows pharmacists, CHWs, and nurse practitioners to expand roles.
- Telehealth & Digital Tools; telehealth keeps people engaged across distance.
- Trauma-Informed, Culturally Responsive; care must be trauma-informed and culturally responsive to reduce stigma.

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Panelist

Clover L. Barnes (DC Department of Health, Washington, DC)

Bio: Ms. Clover Barnes is a nurse executive with over twenty years of experience in healthcare and public health. Ms. Barnes serves as the Bureau Chief of the Care and Treatment Division of HAHSTA, where she provides administrative oversight of the Ryan White Program and DC Health's Ending the HIV Epidemic Initiatives.

Focus: Reflecting on DC's model of supporting the HIV care workforce that centers both the workers and patients

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Panelist

Julia Fleming (Fenway Health, Boston, MA)

Bio: Julia Fleming joined Fenway's primary care team in 2019. She graduated from Harvard Medical School before completing her residency in Internal Medicine/Primary Care at Montefiore Medical Center in 2016 and Infectious Diseases fellowship at Johns Hopkins Hospital in 2019. Julia has a particular interest in the treatment of substance use disorders, Hepatitis C (HCV), and HIV.

Focus: Discussing Fenway's community health center model for building and sustaining a diverse, culturally competent workforce and delivering integrated, person-centered care. Infectious Disease

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Panelist

Sarah E. Rowan (Public Health Institute at Denver Health, Denver, CO)

Bio: Dr. Sarah E. Rowan is an infectious disease specialist in Denver, Colorado and is affiliated with Denver Health. She focus on prevention and treatment of HIV, hepatitis C, STIs, and other infections of public health significance. She received her medical degree from University of Oklahoma College of Medicine and has been in practice for more than 20 years

Focus: Focus on how Denver is addressing workforce issues while ensuring training is person-centered

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DC – Supporting HIV care workforce that centers both workers and patients

Clover L. Barnes, RN, BSN, MBA
Senior Deputy Director, HAHSTA
DC Department of Health

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Our workforce matches our community

- Health Impact Specialist Program
  - Started from CDC 1509 funding, continues with Ryan White funding
  - Hire and train LGBTQ+ staff as health department employees, embed them in community-based organizations
  - Encourage them to use the benefits of being government employees to increase KSAs
  - New cohorts are brought on every 6 months
  - 87% of staff are still employed, either at DC Health, within DC government or at CBO

Meeting the needs of community

- Intervention Services Program
  - Hire nurses, social workers and community health workers that are imbedded into private practice clinics that dx HIV
  - Staff do RW reporting so there is no administrative burden on clinic
  - Using EHE funding, can connect patients to services regardless of income
  - Health department learns more about PLWH who don't use RW services
  - Wellness Services – alternative medicine modalities available via a status neutral approach to decrease stress and increase readiness to participate meaningfully in health care

Pathways ahead

- Housing
  - PrEP Housing
    - Young SGL men of color, 2 years, workforce training, intensive case management onsite 10 hours/day
  - HITE – Housing Impact Through Employment
    - Partnering with DOES, join workforce development program and we support housing
    - Shallow rent subsidy upon completion

Morale Boosters

- Provider Mixers
  - Funded providers gather to casually discuss issues and the landscape over a meal, hosted at the health department
  - They can request presentations/information/SMEs
- Staff socials
  - During work hours, management sponsored socials
  - Happy hours
  - Annual cookout
  - Holiday festivities