

Community of Practice: Syndemic Approaches for HIV, STIs, & Viral Hepatitis at Local Health Departments

Syndemic [refers](#) to 2 or more diseases or health conditions that cluster within specific populations(s) due to shared social and contextual factors, resulting in worse health outcomes. Partners across national, federal, state, and local public health are increasingly applying a syndemic perspective to address the intersecting epidemics of HIV, STIs, and viral hepatitis, with many expanding their focus to also include substance use disorder (SUD), overdose, and/or tuberculosis (TB). At the National Association of County and City Health Officials (NACCHO), we recognize the importance of tailoring local syndemic approaches to the local syndemic. **Consequently, LHDs engaged in this project can define their syndemic based on local trends, selecting at least 3 of the following diseases or conditions:**

- HIV
- STIs (syphilis, gonorrhea, chlamydia), syphilis, or congenital syphilis
- Viral hepatitis (A, B, and C), hepatitis B, or hepatitis C
- Substance use disorder (SUD) or overdose
- TB

Syndemic Approaches at LHDs

Through engagement with our LHD members, NACCHO has identified the following core components of a syndemic approach at LHDs:

Component	Examples
Integrate programs and services	<ul style="list-style-type: none">• Co-locate HIV, STI, and hepatitis services within the health department• Strengthen linkages between HIV, STI, and hepatitis services between the health department and other community providers and partners• Integrate HIV, STI, and hepatitis disease intervention or case investigation work
Prioritize people and places	<ul style="list-style-type: none">• Meet people where they are (e.g., mobile, street medicine, or mail-based services)• Deliver HIV, STI, and hepatitis services in non-traditional settings with high prevalence (e.g., harm reduction or correctional settings)• Conduct community outreach and engagement efforts

Braid and pool resources and infrastructure	<ul style="list-style-type: none"> • Cross-train staff and update policies and protocols to ensure clients can easily access testing for multiple syndemic diseases and conditions in one visit (e.g., clinical) or interaction (e.g., case investigation) • Document and characterize partnerships across HIV, STI, and hepatitis programs to identify gaps and opportunities to build and strengthen partnerships or expand the scope of partnerships. • Braid funding sources focused on separate diseases and conditions to support integrated programming
Address drivers of the syndemic	<ul style="list-style-type: none"> • Establish linkages between LHD's infectious disease services and partners' social services (e.g., for transportation, housing) • Partner with organizations that address social determinants of health to promote LHD services to their clients • Educate stakeholders to ensure that local policies and policy implementation promote health (e.g., <i>Health in All Policies</i> approaches)

Strengthening partnerships, modernizing policies and protocols, and building buy-in and capacity for syndemic approaches are important strategies that contribute to each of these components.

CoP Structure & Expectations

NACCHO will select up to 10 LHDs to participate in a community of practice (CoP) focused on advancing syndemic approaches. Participating LHDs will identify and work to implement syndemic approaches that are appropriate for their organization and jurisdiction, considering local epidemiological trends and opportunities to increase efficiency and effectiveness of programs.

CoP members will be expected to either establish a syndemic steering group or designate an existing group of staff to serve as the syndemic steering group. This group will participate in three 90-minute virtual CoP activities between April and July 2025. They will also be responsible for completing brief activities between calls to ensure meaningful participation in the virtual sessions. At least one member of the syndemic steering group will be expected to participate in a 1.5-day long, in-person convening in Atlanta, GA, in early/mid-June. (NACCHO will cover all travel-related expenses).

The structure of the CoP and the expectations of CoP members are as follows:

Part 1: Assessment (April)

Objective(s): Assess current syndemic efforts and capacity/readiness for a syndemic approach.

Overview: NACCHO will conduct a 90-minute interview with each CoP member's syndemic steering group to assess current efforts and capacity/readiness. NACCHO will synthesize notes and send back to CoP members.

- Commitment: Participation in 90-minute interview.

Part 2: CoP Kick-off Call (May)

Objective(s): Introduce CoP members to one another and begin to collectively brainstorm syndemic approaches.

Overview: NACCHO will facilitate a 90-minute virtual kick-off call with CoP members. During the call, NACCHO will share findings from the assessment and CoP members will meet each other and participate in small group discussions via breakout rooms to begin identifying potential syndemic approaches for implementation.

Commitment:

- Pre-work: Submit approximately 2-5 slides (NACCHO will provide a template) to introduce your LHD during the call.
- Participation in 90-minute call.

Part 3: In-Person Convening (June)

Objective(s):

- Foster engagement between CoP members and federal, national, and local experts and partners to strengthen support for syndemic approaches at LHDs.
- Facilitate collaborative brainstorming, strategizing, and troubleshooting among CoP members to build capacity for syndemic approaches.
- Facilitate strategic planning for CoP members to support capacity building and implementation of syndemic approaches.

Overview: NACCHO will facilitate a 1.5-day in-person convening for CoP members and other key partners. During the convening, NACCHO will present findings of assessment activities to-date and LHDs will share success stories and lessons learned. CoP members

will participate in a series of facilitated discussions and activities to identify and plan activities to build capacity for syndemic approaches, including by increasing buy-in and strengthening partnerships. CoP members will also identify and prioritize syndemic strategies and provide peer support to one another to support implementation.

Commitment:

- Pre-work: Complete pre-work form from NACCHO, which will require at least 1 meeting of syndemic steering committee.
- Participation in convening (at least 1 member of syndemic steering committee). *NACCHO will cover all travel-related costs.*

Part 4: Virtual CoP Call (July)

Objective(s): Debrief from in-person convening and support CoP members in translating ideas into action.

Overview: NACCHO will facilitate a 90-minute call with CoP members. During the call, NACCHO will share themes that emerged from the convening and facilitate group discussion on these topics. CoP members will then work with their colleagues in LHD-specific breakout rooms to identify strategies and specific action steps to implement over the next 6 months to advance a syndemic approach at their LHD.

Commitment:

- Participation in 90-minute call.
- Completion and submission of action plan document. This will primarily be completed during the call but may require an additional meeting of the syndemic steering group after the call.
- *Optional:* Participate in technical assistance offerings to support implementation of action plan (e.g., one-on-one support from NACCHO, connection to peers or other technical assistance providers).

Benefits of Participation

Participation will result in the following short-term benefits:

- Access to federal and national experts, including technical assistance providers with expertise in these syndemic diseases and conditions, LHD infrastructure and

workforce development, and syndemic approaches such as braiding funding and integrating services;

- Facilitated activities to support strategic planning for advancing syndemic approaches; and
- Engagement with other LHDs that are also working towards advancing syndemic approaches, including the opportunity to collaboratively troubleshoot challenges and brainstorm solutions.

Long-term, advancing syndemic approaches may help CoP members:

- Maximize and prioritize limited resources;
- Increase efficiency and effectiveness of programs and services;
- Reduce stigma associated with certain diseases, conditions, or associated programs and services;
- Address the health and well-being of their clients and communities holistically; and
- Address the root causes of negative health outcomes.

Selection Process

If your LHD is interested in participating in this project, **please submit the [interest form](#) and a letter of support** (see guidance under question #10 in the interest form) **from LHD leadership to Kat Kelley (kkelley@naccho.org) with the subject line “Syndemic CoP” by Friday, March 28th at 11:59 PM PT.**

NACCHO will select LHDs based on:

- **Epidemiological data:** NACCHO will prioritize jurisdictions with high prevalence of their selected diseases and conditions of focus;
- **Commitment to participating in the CoP and implementing syndemic approaches:** NACCHO will prioritize LHDs that demonstrate commitment to meaningful participation in the CoP and advancing a syndemic approach, as described in the interest form and associated letter of support.

These criteria will ensure a successful CoP with strong peer engagement and support for CoP members. They will also increase the likelihood of successful implementation of syndemic approaches, resulting in lessons learned, success stories, and ultimately guidance and technical assistance for other LHDs.