NACCHO
National Association of County & City Health Officials

ISSUE BRIEF
July 2026

What We're Missing: Challenges and Opportunities in Measuring Syndemic Approaches at Local Health Departments

Background

Local health departments (LHDs) are increasingly advancing syndemic approaches to address the intersecting epidemics of STIs, HIV, viral hepatitis, and related health and social conditions. Syndemic approaches recognize that these conditions often affect the same populations, are influenced by shared barriers to care, and can worsen one another's health impacts. Compared to siloed or disease-specific efforts, **syndemic approaches may improve access, engagement, and continuity of care by integrating services, reducing barriers, and strengthening relationships** with communities most affected and least connected to healthcare. In practice, syndemic approaches at LHDs often involve:

- **Integrating services** within the LHD and across the community
- Expanding **community-based and low-barrier service delivery**
- Addressing **gaps across the continuum** of care
- Building **relationships with communities** most impacted by the syndemic
- **Enhancing and leveraging data** systems to inform decision-making

Syndemic: this term refers to multiple epidemics that co-occur within a population as a result of shared social and contextual factors, resulting in worse health outcomes.

While syndemic work is inherently integrated and often requires relationship-building and repeated engagement over time, reporting systems and metrics are often siloed by disease area and funding stream. As a result, current metrics may both fail to capture how syndemic work actually operates in practice and how this work improves the health and wellness of the community.

To better understand these challenges, NACCHO engaged LHDs in facilitated discussions about how current reporting systems do and do not align with syndemic approaches. Findings highlight important opportunities to strengthen how syndemic work is documented, measured, and evaluated to provide more actionable data to improve programs.

Findings

Siloed Reporting Systems Create Administrative Burden

LHDs shared that reporting systems are largely shaped by funders, including what metrics are collected, where data are entered and stored, and how frequently reporting occurs. Funding and programmatic siloes across STIs, HIV, and hepatitis contribute to fragmented systems that are often not interoperable.

> *While current reporting frameworks effectively track program-specific outputs, they create a fragmented view of our syndemic initiatives.*
>
> *-LHD*

Findings at a Glance

- Siloed reporting systems create administrative burden
- Metrics often miss the work that drives better health outcomes
- Metrics do not always reflect who is being reached
- Metrics fail to capture continuity and depth of engagement
- Reporting systems drive how success is defined and measured

As a result:

- Staff may need to document a single integrated visit in multiple systems
- No single system reflects the integrated nature of syndemic work
- LHDs are unable to track patients across programs (including uptake of internal referrals)

These fragmented data and reporting systems may also limit LHDs' ability to monitor syndemic trends among their clients and broader communities and identify emerging patterns or outbreaks across STIs, HIV, viral hepatitis, and related conditions. This can be especially challenging when surveillance, laboratory, or service delivery data are delayed, stored in separate systems, or not analyzed across conditions.

Metrics Often Miss the Work That Drives Better Health Outcomes

LHDs consistently emphasized that current reporting systems focus heavily on outputs and outcomes while failing to capture the work required to achieve those outcomes. Examples of work that often goes unmeasured include:

- **Outreach, relationship-building, and repeated engagement** needed to reach communities disproportionately impacted and increase trust over time
- **Partnership development, service coordination, and warm handoffs** across providers and community organizations
- **Case management, navigation, follow-up, and re-engagement** efforts needed to support continuity of care
- **Structural and enabling interventions** (e.g., transportation, housing support) that support retention and ongoing engagement in care

> *"The most effective parts of our syndemic approaches are entirely invisible from grant reporting requirements."*
> *-LHD*

LHDs emphasized that this work is often essential to successful syndemic approaches, particularly among people experiencing stigma, substance use disorder, unstable housing, or barriers to care.

Metrics Do Not Always Reflect Who Is Being Reached

LHDs emphasized that syndemic approaches often aim to close gaps in access to testing, treatment, and other services among communities disproportionately impacted by the syndemic. However, current reporting systems typically prioritize overall service volume rather than whether services are reaching the communities most affected locally.

LHDs noted that understanding who is reached is critical to identifying unmet need and evaluating whether services are reaching intended populations. Several LHDs shared that metrics stratified by demographic or

risk factors were often more meaningful than overall service counts. For example, tracking testing and treatment among people who use drugs, by pregnancy status, or among individuals experiencing housing instability may better reflect the goals of syndemic approaches than measuring just the total number of public health services delivered.

Metrics Fail to Capture Continuity and Depth of Engagement

LHDs also noted that many reporting systems focus on single visits or encounters rather than how people engage with services over time. However, syndemic work often requires understanding:

- Whether individuals successfully accessed referred services
- The depth of engagement across programs and services over time
- Whether engagement in LHD services changes over time
- Where individuals are lost along the care continuum

Without integrated longitudinal data, LHDs may struggle to evaluate whether syndemic approaches are improving continuity of care, increasing engagement across services, or supporting uptake of more comprehensive care.

Reporting Systems Drive How Success Is Defined and Measured

LHD discussions also raised broader questions about how public health success is defined and measured. While current reporting systems often prioritize disease-specific clinical outcomes, syndemic approaches often seek to improve community health by reaching people who may not be effectively served through fragmented or traditional healthcare systems and by supporting more connected, accessible, and comprehensive care. These discussions suggest that additional evaluation approaches may be needed to better understand the role that service integration, care coordination, relationship-building, and sustained engagement play in increasing access to care and improving population health.

Recommendations

To better support syndemic approaches, funders and partners of LHDs may consider:

Aligning reporting requirements across funding streams to reduce duplication and administrative burden.

Investing in **integrated and interoperable data systems** that support longitudinal and cross-program analysis and help LHDs monitor syndemic trends, identify emerging patterns or outbreaks, and evaluate integrated service delivery and response efforts.

Expanding opportunities for **qualitative and narrative reporting** to capture relationship-building, coordination, and other work not reflected in traditional metrics.

Supporting more **patient-centered approaches to evaluation,** including understanding continuity of care, cross-service engagement, and whether services are reaching the most impacted communities within the jurisdiction.

Additional evaluation and implementation work with LHDs is needed to better understand which metrics and evaluation approaches can effectively capture the relationship-based, longitudinal, and integrated nature of syndemic work.

Considerations for LHDs

While many of the barriers identified by LHDs are driven by funders and/or require significant investment in data system infrastructure, some jurisdictions may be able to strengthen local evaluation approaches. LHDs emphasized that meaningful local evaluation often requires flexibility within reporting requirements and reduced administrative burden, so staff have capacity to collect and use more actionable data. Potential considerations include:

- **Tracking services among populations disproportionately impacted** by the syndemic, rather than simply overall service delivery volume
- **Monitoring uptake of referrals** across syndemic services and programs
- **Capturing repeat engagement** over time across outreach and clinical settings
- **Incorporating qualitative success stories** of relationship building, coordination, case management, and re-engagement efforts
- **Identifying where clients are lost** along the continuum of care
- **Evaluating integrated service delivery models** rather than individual programs in isolation

LHDs emphasized that these approaches require staffing capacity, interoperable systems, and flexibility within reporting requirements.

Conclusion

LHDs are increasingly implementing syndemic approaches, but current reporting systems often fail to capture the integrated, longitudinal, and relationship-based nature of this work. Further, fragmented data systems and duplicative reporting requirements create administrative burden and limit LHD capacity to conduct meaningful local evaluation.

Strengthening syndemic metrics will require alignment across funding streams, investment in interoperable systems, and greater flexibility to capture the work that drives better health outcomes. More comprehensive evaluation approaches may also help LHDs and partners better understand how syndemic approaches improve access, continuity, and engagement in care, assess integrated response efforts, and inform ongoing program improvement.

Scan the QR code to access additional resources related to syndemic approaches at LHDs

This work was supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $100,000 with 100 percent funded by CDC/HHS. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

NACCHO
National Association of County & City Health Officials
www.naccho.org

Public Health
Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW ● 4th Floor ● Washington, DC 20005

P 202.783.5550 F 202.783.1583