



July 26-27, 2023

A Summary of Key Themes and Summit Presentations

The Syndemic Solutions Summit was the first known national health summit focused on discussing and generating solutions for syndemic approaches to end the intertwined health conditions of five epidemics: HIV, STIs, Viral Hepatitis, Substance Use Disorders and Mental Health, and Reproductive and Sexual Health.

The Syndemic Solutions Summit was hosted by the Collaborative Center to Advance Health Services (the Collaborative) at the University of Missouri-Kansas City School of Nursing and Health Studies. The mission of the Collaborative is to advance health and wellness by bringing research to practice, supporting organizations through change processes, and providing high-quality training and technical assistance to the health services workforce.

The Summit, hosted in Kansas City, Missouri, was designed to create a neutral space for government, the workforce, and people with lived and living experience to learn, listen, and collaboratively chart a path forward. The group of 200 attendees stepped away from focusing on each of the health conditions as their own “vertical” and focused more broadly on solutions such as braided funding, standardized language, streamlined data gathering, and program best practices.

Summit Objectives:

- Define the key elements of a syndemic framework.
- Discuss the benefits of applying the framework to prioritize health equity among populations impacted by health disparities.
- Describe existing solution-focused initiatives across disciplines that successfully synchronize strategies of a syndemic approach.
- Identify at least three ways that researchers, funders, policymakers, service providers, and people with lived experience can collaborate to advance the health needs of all communities using a syndemic framework.

This document is a high-level summary of some of the key themes captured from speaker presentations and discussions at the Summit. More information about the Syndemic Solutions Summit can be found at <http://www.syndemicsolutionssummit.org>.

## Key Themes

**Strategic Collaboration and Community Engagement:** Effective syndemic approaches require intentional partnerships, cross-programmatic collaboration, and engagement of multiple stakeholders, including those with lived and living experiences and the communities most affected. Community-centered solutions acknowledge the strengths, challenges, and needs of those most central to the syndemic.

**Acknowledgment of Inequities and Use of Equity-Driven Strategies:** Successful syndemic approaches require recognition of and discourse around disparities. Strategies must prioritize equity and confront racism, discrimination, and stigma.

**Infrastructure and Workforce Development:** Dedicated staffing, organizational capacity, and integrated financial strategies are essential for sustained impact. Strategies should address breaking down silos, fostering collaboration, and strengthening public health systems. Approaches should also emphasize creating a workforce that is representative of lived and living experiences and prioritize a focus on skill and career development.

**Harm Reduction:** Harm reduction as a philosophy must be central to syndemic approaches. Harm reduction is inclusive and based on respecting individual choices and circumstances, recognizing that people are experts on their own lives. Strategies should be person-centered and focus on the individual's goals, values, timelines, and trajectories.

**Value Lived and Living Experience:** Ensuring the engagement and leadership of people with lived and living experience in both understanding syndemic dynamics and crafting solutions is integral.

**Systemic Approaches:** Understanding the broader societal and systemic issues and inequities at play, such as stigmatization, discrimination, and other social and structural determinants of health and how they cause and complicate health concerns, is crucial to syndemic approaches.

**Integrated Disease Surveillance:** Incorporate strategies such as GIS (Geographic Information System) and spatial epidemiology to identify where syndemics are taking place via integrated data systems.

**Focused Resources:** Put the money and resources where they are needed based on data and equity to address immediate need.

**Policy as a Public Health Intervention:** Leverage policy as a public health tool to enable community-based and equity-driven health solutions at the structural level (e.g., optimizing access to resources, eliminating discrimination and criminalization).

**Holistic and Comprehensive Approaches to Services and Care:** Employing a "whole person" approach acknowledges that individuals come with multifaceted needs beyond their primary concern and allows us to offer care and supports that addresses not just one facet of their health, but every intertwined aspect.

# Meeting Summary

## **Opening Keynote – Framing a Syndemic Approach**

*Rear Admiral Jonathan Mermin, MD, MPH,*

*Director, CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention*

Dr. Jonathan Mermin framed a syndemic approach. He began by sharing the state of several epidemics including HIV, viral hepatitis, sexually transmitted infections (STIs), and tuberculosis (TB). He defined a syndemic as *two or more diseases or health conditions clustered within a population where social, epidemiologic, and biologic factors create the conditions for clustering and result in adverse disease interactions, increasing the health burden of the affected population*. The speaker also noted that it is important to avoid getting bogged down in semantics or a simple definition of a syndemic. Rather he stressed the importance of focusing on social and structural approaches that impact outcomes.

Dr. Mermin addressed the question of “why now?” by explaining how current challenges and opportunities make this right the time to bring syndemic approaches forward. These challenges and opportunities include restricted budgets, increasing demand on providers and health systems, and availability of new tools and data to inform the work.

Dr. Mermin stressed the benefits to a syndemic approach, which include: 1) Efficiency and cost-effectiveness, 2) Increased flexibility and responsiveness, 3) Holistic provision of interventions and services, and 4) Support for upstream interventions that have multiple beneficial outcomes. Syndemic approaches are critical now in a time of restricted budgets where we must do better with the resources we have, in addition to increasing demand from populations affected and the availability of new data tools that lend themselves to syndemic approaches. Dr. Mermin shared a syndemic framework that emphasizes **People, Policy, Place, and Science**.

- **People Matter:** Inequities are not inevitable. Communities benefit from comprehensive approaches and strong partnerships to improve health outcomes.
- **Place Matters:** Social and economic determinants lead to most disparities, including disparities in geographic distribution of resources. Syndemic approaches must align resources to the disease burden and co-locate services, when possible, to provide holistic care.
- **Science Matters:** Approaches that focus on multi-pathogen testing and treatment increase diagnosis and linkages to care while multi-pathogen vaccines prevent infection. The science has proven that PrEP and syringe service programs (SSPs) prevent mortality, reduce morbidity, and decrease incidence.
- **Policy Matters:** Good policy can be cost-saving, maximize reach and effectiveness, and provide long-term solutions. By acting upstream, policy can improve health equity.

The speaker shared examples of syndemic approaches and solutions:

*Administrative Flexibility:* The unanticipated epidemic in Mpox presented an opportunity to demonstrate administrative flexibility as a strategy to address the syndemic of HIV and Mpox. Given the need for a rapid response, CDC, SAMHSA, and the Ryan White HIV/AIDS Program under HRSA used administrative flexibility to re-direct funding for these efforts.

*Syringe service programs (SSPs):* SSPs have led to a 50% reduction in HIV and HCV infections. People who use SSPs are three times more likely to stop injecting and are more likely to take advantage of opportunities for vaccinations, medical care and treatment. Dr. Mermin emphasized the need to make SSPs a normal part of public health services in the U.S.

*Integrated outbreak response:* By following the outbreak data of HIV and HCV among persons who use drugs, we can get tools, services, and resources allocated to the specific location of the outbreak. Examples of what can be provided include HIV/HCV testing and treatment, syringe services, substance use and mental health services, STI screening and treatment, insurance enrollment, and naloxone distribution.

*Social Security, Medicare, and Medicaid:* The introduction of social security was associated with decreases in poverty and mortality among older persons. The expansion of Medicaid saw improved health outcomes related to HIV, cancer, maternal and neonatal health, and reduced health disparities. Medicare is associated with reduced mortality, hospitalization rates, and healthcare expenditures.

The speaker discussed the barriers to syndemic approaches including:

- Organizational structures and funding silos
- Multiple surveillance systems
- Fear of mission drift

Dr. Mermin closed with a call to action including five key policy actions to address the syndemic.

- Put people first.
- Focus on equity.
- Put money where the epidemics are.
- Leverage policy as a public health tool.
- Support workforce and partnerships.

## **Federal Panel: U.S. Government Agencies Share Perspectives on Syndemic Approaches**

This panel of federal agency representatives gave an overview about how their agencies are operationalizing the syndemic framework to mitigate intersecting biosocial conditions.

*Michelle Van Handel, MPH  
CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention*

Michelle Van Handel framed the context of her and Dr. Mermin's presentation within the framework of their center's activities and CDC's involvement in addressing health issues. This approach involves placing a strong focus on people, equity, financial investments, policy interventions, scientific advancements, and collaborative partnerships. These factors collectively contribute to addressing the challenges posed by endemics and epidemics. She discussed the core concepts of the center's approach, which revolves around understanding and addressing the interconnected health and social factors driving diseases and health outcomes. This is achieved through the implementation of high-impact strategies aimed at delivering comprehensive services to populations affected by various diseases and conditions. She outlined the approach using five key strategies:

1. *Venue-Based Multi-Disease Prevention*: Highlighting the significance of targeting specific venues like schools to implement preventive programs. She cited the "What Works in Schools" program, which demonstrated positive outcomes in reducing risky behaviors among students, such as fewer sexual partners and less drug use. She also shared CDC's vision and mission for harm reduction and their support for syringe service programs as an effective approach to reduce injection drug use and subsequent health conditions.
2. *Multi-Pathogen Testing and Vaccines*: The speaker discussed ongoing projects related to routine screening for multiple infections, such as in community health centers and emergency departments. She also mentioned efforts to promote a "status neutral" model, ensuring easy access to care and prevention services for various diseases. (<https://www.cdc.gov/hiv/pdf/policies/issue-brief/issue-brief-status-neutral-hiv-care.pdf>)
3. *Routine Case Investigation and Outbreak Response*: The speaker acknowledged the need for a comprehensive approach to supporting individuals during outbreaks, ensuring linkage to care, treatment, insurance enrollment, and other essential services. She also emphasized the importance of the disease intervention specialist workforce.
4. *Health Communications*: The speaker discussed the role of effective health messaging in areas like comprehensive sexual health campaigns (e.g., Mpox) to reduce stigma while providing essential information.
5. *Integrated and Aligned Data Systems*: The speaker acknowledged the importance of data systems and highlighted the CDC's efforts toward modernizing data systems for better alignment across diseases and improved comparability. She noted the availability of surveillance data on [NCHHSTP's Atlas Plus](#), which provides comprehensive data for various diseases geographically.

These strategies can't be effective without the right policy interventions, scientific innovation, and operational support. She noted initiatives, like a new cooperative agreement for policy analysis and the center's epidemiologic and economic modeling agreement as examples. She also stressed the need for flexibility within cooperative agreements to support integration efforts.

*Rae Hutchison, MSW*  
*Health Resources and Services Administration, Region 7*

Rae Hutchison described her role in the Health Resources and Services Administration (HRSA), specifically focusing on her responsibility for Region 7, which includes Iowa, Kansas, Missouri, Nebraska, and nine federally recognized tribes. HRSA is part of the U.S. Department of Health and Human Services (HHS) and is often referred to as the "Access Agency." Its mission is to improve health equity and health outcomes by ensuring access to quality healthcare services, especially for economically or medically vulnerable populations. She highlighted that HRSA addresses a wide range of health issues, including maternal and infant health, substance use disorders, HIV/AIDS, viral hepatitis, and more. The speaker described [HRSA's Health Center Program](#), which focuses on improving the health of underserved communities and vulnerable populations. These health centers provide comprehensive, culturally competent, primary healthcare services across the nation. These centers offer various services, including medical care, oral care, mental health services, substance use disorder treatment, and health education. She emphasized that health centers play a vital role in providing care for people living with HIV/AIDS and viral hepatitis and discussed the integration of HIV testing, prevention, care, and treatment into primary care settings.

In discussing the [Ryan White HIV/AIDS Program](#), the speaker explained its significance in providing primary medical care, medication, and support services to low-income individuals

living with HIV/AIDS and their families. She highlighted the program's efforts to increase health equity and reduce stigma and disparities by offering holistic care and addressing social determinants of health. The program includes five parts, each with specific funding purposes, including medical and support services, clinical training, technical assistance, and research. For example, Ryan White Part D funds outpatient family-centered primary and specialty medical care for low-income women, infants, children, and youth with HIV. Part F's *Special Projects of National Significance Program* supports the development of innovative models of HIV care and treatment to quickly respond to the emerging needs of program clients.

Maternal health initiatives were also discussed, with a focus on HRSA's *Maternal and Child Health Bureau*. She highlighted the Healthy Start program, aimed at improving maternal and child health outcomes, and the Alliance for Innovation on Maternal Health (AIM), which focuses on reducing maternal deaths and severe illness by promoting safety practices in hospitals and outpatient clinics. She noted HRSA's dedication to mental health support for mothers, introducing the National Maternal Mental Health Hotline (1-833-TLC-MAMA). This hotline provides free, confidential support in multiple languages, including professional counseling services through phone and text.

The *Rural Health Portfolio*, managed by HRSA's Office of Rural Health Policy, was discussed in relation to addressing a wide variety of programs that address substance use disorders as well as maternal health issues in rural areas. She highlighted the Rural Communities Opioid Response Program (R-CORP), which provides funding and technical assistance to rural communities dealing with substance use disorders. She also noted the Rural Maternity Obstetrics and Management Strategies Program (RMOMS), which aims to improve maternal and obstetric care in rural communities. The speaker emphasized that HRSA operates collaboratively across its different bureaus and offices to address a wide spectrum of health issues. She discussed upcoming webinars and initiatives that showcase HRSA's commitment to various healthcare challenges.

*Yngvild K. Olsen, MD, MPH*  
*Substance Abuse and Mental Health Services Administration*

Dr. Yngvild Olsen introduced herself as an addiction medicine specialist and internist, noting her background in the field. She also shared her experience as the former medical director of an opioid treatment program in Baltimore, where she incorporated various aspects of the syndemic strategies discussed during the Summit. She recounted a story about a patient she treated for hepatitis C, who was cured of the illness. The person said, "That's the first time in my life I've ever been cured of anything." She highlighted the emotional impact that such successes have on individuals' lives and underlined the importance of combining narratives with data in healthcare. She discussed SAMHSA's mission, which revolves around promoting mental health, preventing substance misuse, and providing comprehensive treatment and support to facilitate recovery. She elaborated on the organization's strategic priorities, particularly focusing on reducing overdose rates and ensuring integrated care. The speaker emphasized the significance of a "whole person" approach, acknowledging that individuals seeking help come with multifaceted needs beyond their primary concern.

Dr. Olsen noted specific policy changes, like the elimination of the requirement for a special waiver to prescribe buprenorphine for opioid use disorder treatment. She highlighted the significance of this change, as it significantly increased the number of medical practitioners eligible to provide medication-assisted treatment. She also discussed SAMHSA's commitment

to expand substance use disorder training for healthcare professionals, addressing the stark lack of training many receive during their education.

She discussed SAMHSA's focus on harm reduction, mentioning the recent release of a harm reduction framework for public comment. She noted SAMHSA's direct harm reduction funding grants, encouraged engagement with this framework, and discussed how it would influence SAMHSA's harm reduction initiatives. The speaker touched upon the various grant programs under SAMHSA's purview, particularly those aimed at addressing HIV, hepatitis, and substance use disorders. She noted the importance of linking individuals to care for these conditions, given that SAMHSA lacks the authority to fund treatment of these conditions directly.

Regarding opioid treatment programs (OTPs), she detailed SAMHSA's efforts to make the flexibility for take-home methadone doses established during the COVID-19 pandemic a permanent part of the regulations. She explained the regulatory changes SAMHSA was proposing to make these programs more patient-centered, trauma-informed, and inclusive of harm reduction principles. The speaker spoke about issue of "intervention stigma" surrounding substance use disorder treatment and medication-assisted treatment. She shared her concerns about the discrimination patients face (in jobs, medical treatment, etc.) due to these interventions, emphasizing the intervention stigma that results from taking medications like methadone or buprenorphine. She noted SAMHSA's efforts to address these issues and shared that the Department of Justice has issued guidance to combat discrimination against individuals receiving medication-assisted treatment.

*Liz Romer, DNP, FNP-BC  
HHS Office of Population Affairs*

Dr. Liz Romer discussed the role of the Office of Population Affairs within the Assistant Secretary for Health's office. OPA administers programs like Title X Family Planning, Teen Pregnancy Prevention, and the Embryo Adoption Awareness and Services Program. The office aims to promote health across the reproductive lifespan with an emphasis on evidence-based adolescent health and family planning programs. She discussed *Title X Family Planning* and that, consistent with new October 2021 regulations, it is vital that services be client-centered, culturally and logistically appropriate, trauma-informed, protect the dignity of the individual, and ensure equity and quality consistent with national standards. She shared the core services offered by Title X and noted that all family planning services are voluntary, confidential, and provided regardless of one's ability to pay. For many clients, Title X clinics are their primary healthcare source.

Beyond the core services, Title X projects may provide other related health prevention services. Examples include human papilloma virus (HPV) vaccination, HIV pre-exposure prophylaxis (PrEP), breast and cervical cancer screening, and screening for various health issues like intimate partner violence, obesity, substance use, and mental health. Title X has funded nine demonstration projects for integrating expert insight into family planning and reproductive health screening in substance use treatment and partnerships with clinical and national training centers to bolster support and training in administering screenings for substance use disorders and behavioral health issues. There is also an ongoing effort to update the quality family planning guidelines. The focus is on health equity, patient-centered care, and aligning the guidelines with the advancements in the field. She emphasized a patient-centric approach, ensuring that patients have a voice in directing their care, and a continuous effort to keep the guidelines up-to-date and in alignment with the field's current needs and understanding.

*CDR Luz Rivera, Psy.D., M.S. RSHS, M.A.Ed., M.S.  
HHS Office of Infectious Disease and HIV/AIDS Policy (OIDP), Region 6*

Dr. Luz Rivera discussed how OIDP oversees the development, implementation, and evaluation of various national strategic plans and initiatives related to HIV/AIDS, sexually transmitted infections (STIs), viral hepatitis, and vaccinations. The multiple initiatives coordinated by OIDP lay the groundwork for addressing health issues from a syndemic perspective. OIDP does not work in isolation; rather they collaborate with experts, federal partners, stakeholders, and the general public to form and implement strategies.

OIDP manages various councils, one of which is the [Presidential Advisory Council on HIV/AIDS \(PACHA\)](#), populated by community members. When there are vacancies on these councils, they are publicly advertised. Beyond council membership, the public is encouraged to give feedback during council meetings either in person, online, or through written submissions. Dr. Rivera, as a representative of OIDP, acts as a bridge between federal decisions and ground-level realities. This two-way communication ensures that community feedback refines and adjusts national initiatives.

### **National Panel: National Organizations Share What They Are Doing with Syndemic Approaches**

This “fireside chat” panel of representatives from national organizations/associations provided overviews of their efforts to move the field or workforce segments they represent forward in syndemic approaches. One question was asked of each panelist.

*Lucy Slater  
Senior Director, HIV, STI, Hepatitis, and Harm Reduction  
National Association of County and City Health Officials (NACCHO)*

**Question:** How does your organization support a syndemic approach and what are the benefits to your constituents and members?

**Answer:** NACCHO, the National Association of County and City Health Officials, represents local health departments responsible for executing grassroots-level public health initiatives across a broad spectrum: environmental health, immunizations, maternal child health, preparedness, STIs, hepatitis, and HIV. Despite many health departments being resource-limited, with some in rural areas staffed by just a handful of individuals, they strive to deliver integrated services. Key challenges they face include funding, staffing, policy, and political environments. A recent NACCHO survey revealed a strong desire among health departments to serve marginalized communities like sex workers, unhoused individuals, migrants, refugees, and people of color. Addressing social determinants of health is essential for a syndemic approach, which recognizes the interconnected nature of various health and social issues. Ms. Slater highlighted the importance of recognizing and reconciling past societal wrongs, drawing from the experience of Germany's Truth and Reconciliation Commission, which allowed the country to accept a significant number of refugees during a recent crisis. To support a syndemic approach, NACCHO focuses on structures and partnerships. Although faced with siloed projects and funding, they leverage their expertise across various health areas to drive innovation and collaboration. For example, they are pushing for STI clinics to integrate harm reduction services and vice versa. Their partnership efforts are not just internal; they also collaborate with national



organizations. The power of these collaborations enables more extensive outreach and impactful initiatives, such as a webinar series on syphilis and drug user health.

*Laura Guzman, JD  
Acting Executive Director  
National Harm Reduction Coalition*

**Question:** What barriers and constraints have you faced in integrating a syndemic approach? What have you done to address those barriers?

**Answer:** Laura Guzman shared the origins of the harm reduction movement, emphasizing that it emerged in the mid-90s in response to the neglect faced by drug users with HIV by governments at all levels and even some providers. Pioneers of this movement were primarily individuals who use drugs, social workers, and people with HIV, rather than politicians or public health officials. She discussed the co-occurrence of HIV and hepatitis C, emphasizing the importance of addressing underlying systemic issues like racism, criminalization of drug users, and other societal inequalities in a syndemic approach.

Highlighting the grassroots nature of the harm reduction movement, Ms. Guzman noted challenges related to distributing naloxone, an opioid overdose reversal drug, directly to the community, and the role of people who use drugs in conducting overdose reversals. She noted that the common narrative around social determinants of health fails to recognize the impacts of colonization and systemic racism. She noted the need for a "no wrong door" approach, wherein every point of access to care is inclusive and accepting. Ms. Guzman also mentioned the ongoing barriers faced by marginalized communities, from language barriers to racial representation in healthcare. She stressed the importance of leadership from Black, Indigenous, and People of Color (BIPOC) communities and people who use drugs in shaping a truly inclusive approach. Ms. Guzman finished by noting that criminalization is still a huge barrier for harm reduction programs.

*Stephen Lee, MD, MBA  
Executive Director  
National Alliance of State and Territorial AIDS Directors (NASTAD)*

**Question:** When you think about the language around syndemics or using a syndemic approach, what are the things that you think are important to consider?

**Answer:** Dr. Stephen Lee described NASTAD as a membership organization representing governmental public health leaders in the fields of HIV, hepatitis, STIs, and drug user health. They have recently updated their mission and values to reflect a commitment to not only end HIV but also address intersecting epidemics. The updated mission emphasizes community engagement and partnerships. To further these goals:

- A syndemic team was formed to focus on social and contextual factors, such as racial and housing inequities, mental health, substance use, and economic disparities.
- Members are in the process of strategic planning to integrate social determinants of health and racial equity.
- Membership has taken a whole-person approach with a lens to really addressing racial inequities, housing inequities, and mental health, substance use, and overdose issues.

- Innovative staffing decisions include joint positions between units to bridge connections, such as between substance use recovery and infectious disease.
- Many members have adopted a data-driven approach, using existing resources and evaluating programs to build on experiences.
- On the funding side, members are combining resources from different organizations, such as CDC, HRSA, and SAMHSA, to enable comprehensive programs.
- As an organization, NASTAD is collaborating with partners like the National Minority AIDS Council (NMAC), AIDS United, and the National Coalition of STD Directors (NCSD), advocating across the federal government for a broader inclusion in the response to these health challenges.

*Kathryn Cates-Wessel*

*CEO*

*American Academy of Addiction Psychiatry (AAAP)*

**Question:** Tell us about the types of knowledge and training and resources that your constituents and members need to successfully implement a syndemic approach.

**Answer:** The American Academy of Addiction Psychiatry (AAAP) is a membership organization for psychiatrists who specialize in addictions. AAAP has been around for about 30 years, and for much of that time, addiction psychiatrists have faced stigma both within the broader medical community and from the general public. Despite this stigma, AAAP members are deeply committed to their patients and to promoting mental health more broadly. One of the main challenges for AAAP has been getting its members to step out of their comfort zones to both advocate for their profession and collaborate with other professionals outside their field. To this end, AAAP is working to encourage its members to be more outward-facing and collaborative. Ms. Cates-Wessel noted initiatives funded by SAMHSA to expand training and resources for addiction treatment and prevention, all of which underscore the importance of collaboration and partnership. AAAP has recruited 23 national organizations across medicine to serve as their partners and messengers through the Providers' Clinical Support System (PCSS) to get one-on-one support. They refer to it as speed mentoring, where a provider can post a question and an addiction specialist responds. Related to opioid use, AAAP has 46 national organizations who can respond to requests for training within 24 hours. The AAAP's tagline, "translating science, transforming lives," embodies their mission. They strive to bridge the gap between scientific knowledge and real-world practice to transform the lives of those struggling with addiction. Ms. Cates-Wessel emphasized the importance of respect, dignity, and self-worth in the treatment and recovery processes, and the necessity of engaging with various sectors, including the legal system, to create a comprehensive approach to addiction.

*General Barrye L. Price, PhD (retired)*

*President and CEO*

*Community-based, Advocacy-centric, Data-driven, Coalition-building Association (CADCA)*

**Question:** What types of collaboration are needed to advance the health needs for communities using a syndemic framework?

**Answer:** CADCA has recently renamed themselves as the Community-based, Advocacy-centric, Data-driven, Coalition-building Association. Originally centered on America, they've expanded their presence to 28 countries and now offer training in nine languages. Their international experiences often shape their domestic initiatives. CADCA holds events like the

one in Grapevine, Texas, which recently attracted 2,400 attendees. In recent years, CADCA has begun to embrace parts of harm reduction, focusing on a full spectrum of treatment, recovery, and prevention. Their unique approach is based on the formation of community-based coalitions, totaling almost 7,000. These coalitions consist of 12 sectors, including children's organizations, parents, media, clergy, and law enforcement. Each coalition tailors its work according to the specific needs of its community. There are four main pillars that CADCA emphasizes:

- *Advocacy*: They educate coalitions on self-advocacy, differentiating it from lobbying. This advocacy extends to interactions with national leadership in Washington, DC.
- *Education*: CADCA teaches the art and science of prevention, focusing on underage drinking, tobacco cessation, and other drug-related issues. Their strategies can be applied to address other community challenges.
- *Resource Utilization*: With the influx of opioid settlement funds, CADCA proposes to use this funding to revitalize dormant coalitions and further training programs. They suggest states use this money to invest in community growth and education.
- *National Convener*: There is a need for a national figure, based in Washington, DC, with significant connections to the White House and Congress, to effectively navigate the political landscape.

Overall, CADCA believes their approach, especially when backed by the opioid settlement funds, can be transformative for communities across the country.

*Aaron Williams*  
*Senior Advisor*  
*National Council for Mental Well-Being*

**Question:** At the National Council, how do you use lived experience to inform syndemic approaches?

**Answer:** The National Council for Mental Well-Being, previously known as the National Council for Behavioral Health, underwent a name change two years ago to better fit its mission. With membership spanning all 50 states, the council brings together a diverse tapestry of political backgrounds and interests, unified under one overarching mission. Providers are often asked to provide care without funding. Their dedicated efforts are geared towards assisting individuals to reduce or put a stop to their substance use. The common refrain for a lot of providers is that they are helping people reduce or discontinue their substance use so they can die of another illness. One of the hallmarks of the Council's advocacy efforts is its undying commitment to whole-person integrated care. By integrating primary care with behavioral health, they envision a system where holistic services are a given, not an exception. *The Certified Community Behavioral Health Project* includes more than 500 organizations with this designation. In these integrated settings, providers pool resources, partner with each other, and aim to offer a comprehensive spectrum of services.

The Council's syndemic strategy is reflected by viewing and treating individuals as complete human beings, offering care that addresses not just one facet of their health, but every intertwined aspect. They focus their efforts on harm reduction, with an emphasis on engaging those with lived experience. The Council believes in the power of firsthand experience, ensuring that such voices play a pivotal role, not just in the execution but in the very strategy and planning of projects. Understanding the invaluable insights that those with lived experience bring, the Council has pioneered initiatives to make them an integral part of the conversation. An employee resource group dedicated to those with lived experience has been established,

fostering a space for idea exchange and mutual support. The Council has also diversified its board membership, inviting a member from a recovery community organization, ensuring that lived experience is reflected at all levels of the organization.

### **Showcase 1: Highlight of National-Level Projects/Work Underway in U.S.**

A panel of representatives from projects serving national audiences provided dynamic, high-level summaries of current work that demonstrated syndemic approaches in action. Following a brief summary presentation, the speakers hosted small group discussions.

*Kristen Zucht, MA*

*UMKC Collaborative Center to Advance Health Services*

*HCV Testing and Treatment in Opioid Treatment Programs - Service Integration*

Kristen Zucht described the work that has been undertaken by the Collaborative Center to Advance Health Services as part of its Addiction Technology Transfer Center (ATTC) Network Coordinating Office and the Opioid Response Network. The work focuses on integrating hepatitis C (HCV) testing and treatment services into opioid treatment programs (OTPs). This effort was motivated by the increasing rates of HCV, with 71% growth in infections within four years as of 2018, with a significant number linked to injection drug use. She told the story of Riley who had HCV and benefited from the integration of in-house testing and treatment at Athens Clinic, an OTP in Georgia. After being cured, Riley became a certified peer specialist, emphasizing the transformational change such programs can induce. Like Riley, people faced numerous barriers to receiving HCV treatment. To reach historically and presently marginalized individuals in need of HCV care, SAMHSA funded the ATTC Network Coordinating Office and Opioid Response Network to develop products and tools focused on integration at publicly-funded OTPs. The initiative aligns with the [Viral Hepatitis National Strategic Plan](#), targeting early detection and care integration. OTPs are pivotal points for this thanks to their frequent patient interaction and the availability of medical staff and care navigators. A panel of experts and site visits helped create a framework for integration, understanding that OTPs have varying resource levels. The approach emphasizes that any integration level, even if minimal, is beneficial.

Ms. Zucht facilitated a small group discussion focusing on how OTPs want to treat the “whole person,” including providing HCV services, yet have limited resources to do so, referencing such challenges as funding and Medicaid/Medicare billing restrictions. She discussed how the project team established a professional learning community where OTPs submitted a series of change indicators at different intervals of their HCV/ODU treatment integration and how the majority of OTPs demonstrated an increase in number of patients tested for HCV and number of patients linked to treatment. She described two technical assistance tools developed under this initiative to aid OTPs in integrating, expanding, and enhancing HCV services into their current practices: 1) [“Your Guide to Integrating HCV Services into Opioid Treatment Programs”](#) (“the Guide”) and 2) a ten-session Learning Community (LC) based on content from the Guide. To replicate this success more broadly, a toolkit for facilitators was developed, aiming to train facilitators to initiate HCV/ODU service integration learning communities in different U.S. communities. The initiative’s broader applicability was highlighted in a Kansas City training event, emphasizing its adaptability for other public health challenges.

*Joelle Puccio, BSN, RN  
Co-founder Academy of Perinatal Harm Reduction  
Center on Parenting and Opioids: Reproductive Harm Reduction*

The mission of the Academy of Perinatal Harm Reduction is to improve the lives of pregnant and parenting people who use substances, regardless of their choices about what they put in their bodies. The [Pregnancy and Substance Use Toolkit](#) is their digital resource available in English, Spanish, and Burmese. The toolkit discusses commonly used substances, prenatal care, pain control, birth plans, and navigating the legal system. Joelle Puccio, co-founder of the Academy of Perinatal Harm Reduction, described the elements of a harm reduction framework:

- People who use drugs deserve respect. Society's normalization of disrespect, especially towards women who are already subjected to sexualization and infantilization, needs to be addressed.
- Quality of life should be defined by the individual, not by external entities or standards.
- It is crucial to understand the whole picture of why people use drugs. They might offer temporary solace, so understanding the positive aspects helps in suggesting alternative coping mechanisms, promoting joy and pleasure.

Harm reduction focuses on positive change, whether it is safer use, reduced use, abstinence, or unrelated to substance use. Celebrating small, positive changes, no matter how insignificant they may seem, is crucial. Harms faced by pregnant people who use substances are not just about substance use but the environment in which it happens. This includes lack of access to healthcare, food deserts, poverty, exposure to environmental contaminants, lack of birth control, forced sterilization, social isolation, housing issues, and societal judgment. Harm reduction in practice focuses on four pathways: abstinence, safer use, reduced use, or unrelated to substance use. The ultimate aim is any positive change with a focus on the patient's goals, values, and timelines. Before addressing substance use, the immediate needs of individuals must be met. Things like hunger, safety, and access to services play a pivotal role. Interventions should be patient-centered and not mandatory. Doula's experienced in supporting those with substance use disorders can make a significant positive impact.

In the small group discussion, Joelle Puccio noted that harm reduction is challenging, but harm reduction during pregnancy is even harder. There are no positive narratives of parents using drugs and the stigma against people who are pregnant and using drugs is even worse. Navigating harm reduction during pregnancy requires an end to inhumanization (belief that one group is more human than another) and a good strategy to engage around this is storytelling, which is strengths-based and offers a more complex view of individuals' intersectional identities beyond just being a person who is pregnant and/or uses drugs. They noted that it is critical to use a person-centered approach and recognize the complexity of systems. When children are taken away from parents who use drugs, this ignores the problems with systems such as foster care. Life is not safe; pregnancy is not safe. What is good for a pregnant person is also good for their children and future children. Being person-centered is good for everyone, not just pregnant people.

*Cody Knight, MPH, CPH  
Southern Plains Tribal Health  
The Indigenous HIV/AIDS Syndemic Strategy*

Cody Knight shared an overview of the *Indigenous HIV/AIDS Syndemic Strategy*. The strategy focuses on a holistic approach, derived from the indigenous community's perspectives and practices. The main challenges faced in the community were navigating various strategies and their associated funding. Working with a broad team from across the country, they were able to develop this endemic strategy that not only takes the vision of the community, but then also makes it a tool that combines all the other strategies so that indicators and objectives are all presented in one document. The speaker discussed the core values and components of the strategy:

- **Sovereignty** emphasizes the recognition and respect of indigenous communities' autonomy at local, state, and federal levels.
- **Cultural responsiveness** stresses the importance of understanding and respecting indigenous cultures and traditions and recognizes that traditional practices can also serve as a form of medicine.
- **Partnerships** encourages collaboration between indigenous communities and stakeholders in both the public and private sectors.
- **Awareness and stigma** acknowledges the challenges faced by groups such as the 2SLGBTQ+ community, incarcerated individuals, and people who use substances, ensuring their representation within the strategy.
- **Clinical resources and services** emphasizes optimizing the roles of healthcare providers and reaching out to the community effectively, even if they might not have formal qualifications.
- **Data systems** highlights the importance of representing American Indian and Alaska Native data in research and funding databases.

In the breakout session, Mr. Knight shared available resources in indigenous communities and best practices. He discussed how a national workgroup was formed by recruiting from the National Native HIV Network, communities who had participated in informational sessions, Tribal Supreme Court judges, and non-sanctioned harm reduction groups. This group encompassed Native American, Native Alaskan, and Native Hawaiian voices. The workgroup discussed the importance of centering indigenous sovereignty and cultural responsiveness, as well as distinctions between individual efforts, community identities, and systems. White people tend to think of regional distinctions/identities; for Native people, many of them are not in geographical areas that house their cultural elements due to relocation.

*Maxine Henry, MSW, MBA  
UMKC Collaborative to Advance Health Services  
National Center on Domestic Violence, Trauma, and Mental Health*

Maxine Henry discussed a pilot project on substance use coercion, which involves the intentional use of substances to cause harm and control others. The project is a collaboration with the ATTC Network Coordinating Office, Region 8 Mountain Plains ATTC, the National Center on Domestic Violence, Trauma, and Mental Health, and Violence Free Colorado. Intimate partner violence can accelerate substance use and make recovery, abstinence, or harm reduction harder for the person experiencing substance use coercion. A person who is

victimized by a partner can face mental health challenges, suicide attempts, and substance use and substance use disorders. On the flipside, up to 90% of individuals with substance use disorder have reported domestic violence experiences in their lifetimes. This project emphasizes the importance of including people with lived and living experiences in every stage of planning and execution. A Project ECHO format was employed for training providers in Colorado, promoting an environment where everyone teaches and learns from one another. While the project acknowledges the need to care for individuals causing harm, the primary focus is on those experiencing the effects of substance use coercion. The aim is to break down silos among providers, helping them better assist individuals in navigating available services and aligning with [SAMHSA's eight dimensions of wellness](#). The project underscores trauma-informed care, the importance of language, and an emphasis on safety in all aspects. It was critical that program participants have organizational leadership signed on to make sure that they committed to the consistent learning and 12-month process. The goal is to help them hone their skills, to learn from each other, and to do that by teaching each other, breaking down silos, and building bridges between communities, providers, and agencies.

## **Breakout Sessions**

**Research:** The focus of this track is to answer questions related to how research can support the identification and adoption of syndemic solutions.

*Using Spatial Epidemiology as a Framework for Syndemics Research*  
*Shikhar Shrestha, MS, PhD*  
*Tufts University School of Medicine*

Dr. Shrestha shared his work using spatial epidemiology (SE) to analyze disease patterns and their relationship with geographic factors. He discussed the role of Geographic Information Systems (GIS) in storing, analyzing, and displaying geographic data. GIS tools allow us to effectively surveil outbreaks of disease and plan a response. He demonstrated uses for SE such as disease mapping, cluster detection, risk factor identification, disease transmission modeling, and resource allocation.

He discussed how the interrelated epidemics of opioid use disorder, overdose, and HIV/HCV transmission occur in structurally marginalized contexts and used the example of how interventions were able to flatten the curve in Scott County, IN when the geographic epidemics emerged. Dr. Shrestha stressed the importance of understanding what unique features create these pre-disposing conditions where syndemics thrive. He described the steps of the SE Framework as follows:

- 1) Incorporate GIS and spatial epidemiology into analyses of infectious disease syndemics to identify individual associations between salient variables through basic mapping. Visualize individual variables to gain a broader appreciation for the complex underlying factors driving co-occurrence of diseases across geographic space and time.
- 2) Explore the co-occurrence of disease and potential social and biological drivers and highlight the co-occurrence of the HCV and opioid overdose death rates per 100,000.
- 3) Use spatial modeling techniques to identify geographic variations in co-occurring diseases, adjusting for social and biological drivers, and illustrate differences between univariate vs. multivariate approaches for syndemics research.

Dr. Shrestha recommends the following for addressing syndemics via research and SE.

- Examine and understand the systemic landscape, including prevalence, patterns, and interactions.
- Understand what factors play a role in the syndemic by investigating the underlying social, economic, environmental, and behavioral factors that contribute to the syndemic.
- Assess the effectiveness of interventions through rigorous evaluation and evaluation of multi-level interventions.
- Ensure collaboration among various stakeholders, including researchers, healthcare professionals, policymakers, and community members.
- Empower communities affected by syndemics by involving them in the research process. Community-based participatory research approaches engage community members as active participants, ensuring that their voices and experiences shape research priorities, study design, and implementation.

**Public Health Policy:** The focus of this track is to identify how policy at the federal, state, and local levels can address syndemics.

*Boatema Reid, JD, MPH, Senior Director of Syndemic Approaches*  
*Edwin Corbin-Gutierrez, MA, Senior Program Advisor*  
*National Association of State and Territorial AIDS Directors (NASTAD)*

In the past year, NASTAD reviewed and revised its mission and vision, identifying four new guiding principles:

- Strengthening public health systems for HIV/HCV
- Advancing racial and health equity
- Strengthening organizational excellence
- Implementing integrated approaches – their approach to addressing syndemics.

The speakers noted that it is crucial that we first acknowledge and talk about inequities in order to address the syndemics. Syndemics require an equity-driven response where we must acknowledge and address discrimination. They noted that this means looking at our partners and making sure we are partnering with the right people. It also means acknowledging that simply reaching out to communities will not result in movement. We must be realistic about the time needed to create change and be humble, not pretend to have all of the answers.

NASTAD's syndemic objectives include:

- Cross-programmatic collaboration is strategic.
- Policies must promote the provision of syndemic services.
- Policy barriers to syndemic approaches are removed.

The speakers also noted a need for dedicated staffing and organizational capacity. If not, we end up with bits and pieces of FTE (i.e., staff time), which makes it hard to sustain over time. The speakers also noted a need for integrated and coordinated approaches to braided funding at the national and state level, rather than relying on CBOs and local government to figure it out alone. They also recommend the development of integrated performance measures across



funding streams and priorities. The speakers addressed the following points related to syndemic approaches:

- Use population-specific approaches that work, for example housing for Black LGBTQ youth with integrated medical care and safe spaces.
- Give attention to stigma and discrimination at all levels and in all conversations.
- Assessing community needs requires community engagement.
- Hire people with lived experience.

**Programmatic Implementation:** The focus of this track is to identify programmatic approaches, such as program integration or structural interventions, that can address syndemics.

*An Update on the Elimination of HCV*  
*Anthony Martinez, MD, AAHIVS, FAASLD*  
*La Bodega Clinic at Erie County Medical Center*

Dr. Martinez discussed trends in HCV and injection drug/opioid use. He noted that injection drug use is still the most important risk factor for HCV infection and hepatitis C approaches have changed due to priority populations shifting. He noted that, left untreated, one person who injects drugs with HCV potentially can spread HCV to up to 20 others within the first 3 years of infection. Dr. Martinez also shared that only 1 in 3 people in the US are cured of HCV and only 1 in 4 of those without health insurance. He noted barriers to HCV treatment uptake in three categories:

- 1) **Systemic**, i.e., lack of insurance, access to services, complicated process, transportation
- 2) **Patient**, i.e., mistrust of healthcare system, lack of HCV-related knowledge / perceived need for treatment / lack of symptoms
- 3) **Provider**, i.e., concerns regarding lack of adherence or reinfection, discomfort with coexisting mental health diagnoses or active drug use, lack of HCV treatment knowledge

Dr. Martinez discussed how the [Viral Hepatitis National Strategic Plan](#) supports point-of-care tests for test-and-treat models as well as increasing access to medications. He noted four pillars for HCV elimination: screening, linkage, treatment initiation, and harm reduction (synonymous with reinfection prevention).

Dr. Martinez emphasized that a co-localized, hybrid model of care, such as La Bodega, is an effective and flexible strategy, helping to increase HCV screening and treatment uptake among people with substance use disorders. La Bodega uses a novel co-localized model (hospital-based clinic). It is whatever the patient needs it to be (addiction management, hepatology, combined, etc.). The program offers safe injection supplies and a harm reduction kit. They include tangible and visual reminders of hope of being cured, which allows the client to consider other comorbidities. Key success factors include facilitating linkage, transportation, system navigation, handpicked dedicated team, mix-and-match approach, and harm reduction measures.

**Integrating Lived Experience into the Workforce:** The focus of this track is on how to integrate lived experience into the workforce to identify and adopt syndemic approaches to care.

*Lived Experience-Based Certification: The Benefits and Challenges of Expanding the Workforce*

*Tim Saubers, CPS*

*Program Coordinator for Workforce Development*

*Peer Recovery Center of Excellence*

Tim Saubers presented on the need to ensure a workforce representative of lived experience. He noted that building training and certification programs that support a syndemic approach to ongoing epidemics requires re-focusing on skill development, career ladder development, and cross-community skills. He noted that certification streamlines access to professional credentials and lowers the barrier to entry for those in their respective fields, thereby contributing to the development of programming that is reflective of the needs of the community being serviced.

Mr. Saubers noted that lived experience-based certifications create more professional opportunities for folks from historically marginalized communities, but have a variety of education, training, exam, and background check requirements and vary from state to state. The difference in certification requirements and processes can contribute to siloing and a fractured workforce.

Since certifications vary and are managed from state to state there is no guarantee of reciprocity, recognition, or contribution to professional development. Due to these challenges, professionals with these certifications may not receive professional recognition, equitable pay, and/or career opportunities. In addition, these certifications are often siloed in their approaches, people with intersectional lived experience may be required to obtain multiple certifications. He stressed that employers and systems must recognize the value of these certifications and implement adequate and equitable pay and benefits. He discussed the importance of incorporating lived experience in marketing job openings and in the hiring process. Stigma can create a barrier to candidates applying. He also shared that by adding these certifications as a requirement in job descriptions and developing interview questions about their experiences, employers are creating a space for diverse candidates with lived experiences.

### **How a Syndemic Approach Advances Health Equity and Vital Conditions for Health and Wellbeing**

*Linda H. Scruggs, MHS*

*RIBBON, The Well Project*

Linda Scruggs described the importance of systemic approaches in community healthcare, particularly in the context of HIV, substance use, and other stigmatized issues. She was diagnosed with HIV and viewed it as a death sentence during an era when that was the common perception. As a person who formerly used substances, specifically cocaine, with no knowledge of harm reduction strategies at the time, she decided to remain abstinent, even after understanding there were other choices. She values her lived experience and uses it to aid others in understanding and dealing with similar challenges. Ms. Scruggs emphasized that these types of systemic and community-based efforts are not new but have become essential to funding and policymaking as a living and evolving experience that prioritizes people first. It is about meeting them where they are and understanding their world - going to the community, rather than expecting them to come to providers. She discussed the value of genuine

collaboration, partnership, and the importance of de-siloing issues like HIV and substance use, and called for recognizing and confronting systemic stigmas, understanding the real challenges and stories of individuals, and creating frameworks that allow communities to define their wellness. These efforts require that we collaborate, innovate, and be willing to take risks to create real, lasting change in communities. Intentionality is critical. Actions should be taken with clear intent and purpose, not just for the sake of doing something. Finally, to effect real change, organizations and individuals might need to take risks, step out of their comfort zones, and be willing to innovate.

## **Showcase 2: Approaches in Action - Highlight of Projects/Work Underway in States/Regions**

*Laura Guzman, JD  
National Harm Reduction Coalition  
End the Epidemics Coalition in California*

Laura Guzman discussed *California's Community Mobilization and Syndemic Approach to Funding Services*. She emphasized the importance of community mobilization and the syndemic approach to tackle epidemics in California, particularly those associated with drug use. The National Harm Reduction Coalition is the oldest harm reduction organization in the country, focused on addressing harms caused by racialized drug policies. She described harm reduction (HR) as a set of principles and practices aimed at minimizing negative outcomes associated with substance use. She notes that HR is inclusive and acknowledges a continuum that respects all individuals, whether they are aiming for abstinence or not. Edith Springer, a pioneer in the harm reduction movement and the speaker's mentor, described harm reduction as "loving people back to health". Harm reduction addresses high disease and fatality rates and engages vulnerable populations, providing support even if people return to use. In California, the End the Epidemics Coalition was built over five years and collectively worked to reduce the harms of racialized drug policies and achieved a budget win in 2019 with \$14 million funding for harm reduction. Through this funding, the coalition increased distribution of naloxone and sterile injection supplies, and increased services. The California Harm Reduction Initiative (CHIRI) has provided significant support to syringe service programs, increasing their outreach and capacity, serving 135% more programs, distributing 75% more supplies, and offering treatment options like buprenorphine on-site. Together, they have secured millions of dollars in support from 2021 to 2023.

*Precious LaFaver and Atonbara Sowemimo, MPH, CHES  
Oklahoma State Health Department  
Taking the Syndemic Approach to Harm Reduction in Oklahoma*

Oklahoma has been gradually moving towards a harm reduction approach for a couple of decades, starting with discussions of syringe exchange programs in 1997. It has been a community-driven effort consisting of harm reduction programs, religious-based organizations, community-based organizations, councils, coalitions, and action groups, and among many other key players. A shift happened in 2019 with the name change from "HIV and STD services" to "Sexual Health and Harm Reduction Services" with the intent to destigmatize services and be more inclusive. In 2021, Senate Bill 511 passed with bipartisan support, legalizing harm reduction programs under certain stipulations. The bill allowed programs to provide syringe services legally with mandated registration with the Oklahoma State Department of Health and quarterly data reports. No additional funding was attached, and a sunset clause means the law could end by 2026. This would not have happened without the efforts of groups like the

Oklahoma HIV and Hepatitis Planning Council (OHHPC) and harm reduction organizations such as the Oklahoma Harm Reduction Alliance (OHRA) and Stop Harm On Tulsa Street (SHOTS). OHHPC members called and emailed their representatives and educated them about harm reduction and its benefits. After the bill was passed, they drafted an email to send to Governor Stitt encouraging him to sign it into law. The speakers noted that harm reduction can be understood at two levels: 1) at the individual level where it is about understanding a person's specific needs and meeting them where they are and 2) at the community level, leading harm reduction initiatives with those who have lived experience. A syndemic approach allows us to highlight how different diseases and social issues intersect and amplify each other's effects. HIV, hepatitis C, syphilis, and substance use disorder can often co-exist, making prevention and treatment more complex. Social determinants, such as poverty, domestic violence, and lack of insurance, can exacerbate these health issues. Oklahoma engaged in community-building efforts such as hosting the Association of State and Territorial Health Officials' (ASTHO) [Boundary Spanning Leadership Model to Strengthen OK Harm Reduction Programs](#) and NASTAD's Statewide Harm Reduction Training. The trainings familiarized community members with harm reduction and its benefits. In Oklahoma, collaborative efforts among state departments, harm reduction organizations, tribal bodies, and community-based organizations have been instrumental in promoting engagement activities, such as training sessions and community council formations, and have helped build common understanding and strategies. To effectively address intertwined health and social challenges we must consider all aspects of a person's experience. Collaborations are essential, and lived experiences must be at the forefront.

*Sharon Hesseltine, BSW*

*Mid-America Peer Support Services for Pregnant and Parenting Families  
Missouri Credentialing Board Project*

The *Mid-America Peer Support Services for Pregnant and Parenting Families* program supports and strengthens the capacity of peers who provide services to pregnant and parenting people with substance use disorders, including opioid use disorder. There is a strong correlation between overdose death rates and maternal mortality. In addition, the child welfare system has inherent disparities, with Black and Brown individuals being more frequently reported to Child Protective Services and facing harsher consequences. Early disruptions in parent-child relationships, such as a child's removal from their birth parent's custody, have long-term psychological impacts.

This project is a collaboration between the Mid-America ATTC, the Missouri Credentialing Board, and the Missouri Department of Mental Health. The purpose of the program is to enhance the capacity of programs and services for the affected demographic by offering specialized training for peers and professionals working with this population and to reduce societal stigma associated with these families. The focus is on training skilled trainers, predominantly those with first-hand experience. Resources from multiple organizations are consolidated to ensure maximum efficiency. A significant component of the project is the curriculum titled "[Providing Peer-Based Recovery Support Services to Pregnant and Parenting Families.](#)" The content cuts across public health, prenatal care, family support services, infant mental health, treatment, and recovery support. It also is about reducing the stigma specific to pregnant and parenting families where substance use disorder is an issue. This is a highly stigmatized population, and they rely on multiple systems and settings to be able to move forward. The approach for this project was to build a cadre of skilled and knowledgeable trainers, primarily people with lived experience. The program leverages the resources of multiple training and technical assistance entities that are connected through the Collaborative Center to Advance Health Services. A combined two-day standard training followed by a two-

day training-of-trainers session was held in November 2022. Various partner organizations played distinct roles:

- **Opioid Response Network:** Funded training and curriculum development.
- **Mid-America ATTC:** Managed logistics, recruited participants, and covered travel costs.
- **Missouri Credentialing Board:** Provided endorsements for training participants and decided to offer the curriculum across systems due to its importance.
- **Missouri Department of Mental Health:** Assisted in planning and identifying potential trainers.

The initiative is not limited to training; there is an emphasis on continuous support for trainers. There is a concerted effort to spread the curriculum to other states, with initiatives already in places like Texas, Florida, Kentucky, and Virginia. The training content encompasses various areas, necessitating consistent support for trainers to ensure they stay updated and effective. In essence, the project aims to blend immediate support with long-term solutions, addressing root societal issues while also providing immediate care and support.

### **Showcase 3: Local and Community-Based Syndemic Initiatives**

*Morgan Brinker, BA, CPT and Paisley Williams, MPH  
KC CARE Health Center  
Syndemic Services in an FQHC*

The speakers shared that the KC (Kansas City) CARE Health Center provides comprehensive, integrated care for the whole patient. Services include primary care, behavioral health care, and an anonymous syringe services program – all available at no cost. For organizational buy-in on the importance of syringe services, it was important to acknowledge that prevention tends to come secondary, as a supportive service, yet clinics should be integrating harm reduction services into primary services. The syringe services program operates based on Missouri law. To reduce legal-related concerns, the program is not promoted via social media, marketing campaigns, or other large public outreach. Offerings are promoted by word of mouth among the community. Educating and engaging law enforcement on the benefits of syringe services is also key. They shared that the wraparound services most often requested by participants include community-specific resources such as after-school activities, financial education, and skill-building classes, noting that this is an opportunity to engage with community partners and that prevention is a layered approach. The speakers discussed how to engage partner organizations that may be concerned/uncomfortable with syringe services. They suggested starting with education on naloxone and other harm reduction offerings and building anti-stigma messaging through harm reduction education. When asked about expanding outreach and engaging folks who may not be able to easily access syringe services, the speakers suggested syringe supply delivery services and mobile outreach. They also noted that the key is community outreach to reach those zip codes where the conversation is taboo. In engaging with partners to help with reaching folks, they noted the importance of discussing how your organization/provider can help with meeting their goals and objectives and vice versa.

*Carl Highshaw, DSW, MSW  
AMAAD Institute  
Highlight of Minority AIDS Initiative*

Dr. Carl Highshaw shared information on the AMAAD Institute's peer-based approach. AMAAD is a Swahili word that means support. Their purpose is to provide peer-led grassroots recovery community support, resources, and referrals centered around specialized strength-based recovery management services in southern Los Angeles with a focus among LGBTQ+ people of color. AMAAD's service model team includes:

- Peer Navigators/Case Managers
- Behavioral Health Therapists
- Housing Navigators
- Substance Abuse Recovery Specialists
- Employment Specialists
- Housing Programs Resident Advisors

AMAAD uses a Recovery Capital Model that includes eight domains: family and social, safe house and health environment, peer-based support, employment and legal supports, vocational skills and educational development, community integration and cultural supports, (re) discovering meaning and purpose, and mental and physical well-being. In the breakout session, Dr. Highshaw focused on how AMAAD uses an integrated and culturally-responsive syndemic approach to support the diverse Black and Brown LGBTQ+ communities it serves and provides services directly in the geographic area where they live and play. He shared that AMAAD recognizes the need to prioritize work in a way that is culturally relevant. As there is a huge housing crisis in LA, housing support is HIV treatment, mental health treatment, etc. He noted that we cannot expect people to be adherent to treatment if they have to put their belongings in a bush. The group discussed how funding needs to come from diverse sources and how building partnerships and collaborating across clinical and non-clinical services at the local, county, state, regional, and national levels is essential to support the diverse needs of their diverse clients. Community partnerships with grassroots community-based organizations are critical. Instead of competing with these organizations for funding, AMAAD can support and help build the capacity of grassroots organizations by writing them into their grants to provide resources in a way that allows efforts to align. Finally, he noted that syndemic approaches require us to think about ways we meet our community needs not only from the silos of the funding networks, but more importantly from the lens of how we bring people together and partner and lift people up to meet the vision and goals of syndemic solutions.

*Patrick Stonehouse, MA  
Chicago Department of Public Health  
Syndemic Infectious Disease Bureau*

Patrick Stonehouse is the Director of Program Operations at the Syndemic Infectious Disease Bureau with the Chicago Department of Public Health. The Bureau focuses on HIV, viral hepatitis, STIs, Mpox, and TB. He noted that each of these conditions share the same root causes of health inequities – including social inequities, institutional inequities, and living conditions. The speaker shared the integrated structure at the health department, noting how

healthcare, housing, resource coordination, and community development work together with data, evaluation, and planning in promoting equity.

In the breakout session, Mr. Stonehouse shared that the health department has funded four organizations to bring people together to discuss barriers and come up with solutions and implementation and evaluation methods. There is also a group focusing on people who use drugs to examine ways to provide more flexible funding to syringe service organizations. He shared that during the Mpox outbreak, it was important that the response be not only clinical but human. It was important to ensure that the response was sensitive to the trauma that these populations had experienced for years. He shared information about the Chicagoland LGBTQ+ Health Forum, which meets in-person to design strategies to address the health needs of the LGBTQ+ community. There is no membership and no notes – just an opportunity for open discussion and brainstorming. Mr. Stonehouse discussed how the health department has focused on services for people who use drugs as a strategy for increasing flexibility with funding to address multiple conditions. The health department tends to only use local funds to avoid the restrictions associated with federal funds – especially around syringe access. Every person on their council has lived experience and is compensated. The health department has done a great deal of work around response to critique/systemic defensiveness, reminding themselves that their job was to receive community criticism with grace and make programs better.

## **Applying Syndemic Concepts**

*Rosi Greenberg, MPP  
Drawn to Lead*

The Summit successfully incorporated the visualization of collected thoughts and ideas over the past day and a half through the work of Rosi Greenberg. Rosi Greenberg presented this visualization, urging participants to reflect on their takeaways before they get caught up in their daily routines once they return home. Attendees were reminded to recognize the physical and emotional presence of their fellow participants, acknowledging their shared efforts. Over the two days, the Summit highlighted:

- An opening with land acknowledgments and a welcome to Kansas City.
- Dr. Mermin's keynote address emphasizing equity, people-centric approaches, and addressing inequalities and diseases.
- Discussions from the federal panel on equal access to care, overdose prevention, integrated care, public policy as a health intervention, and many other topics.
- Emphasis on the importance of addressing systemic inequalities and oppression, the social determinants of health, and a holistic approach to health.
- The need for harm reduction and respecting people who use drugs.
- Insights on systemic approaches to health and well-being, using data and planning to support various communities.

Participants gathered for a reflective session to discuss their learnings and insights from a two-day conference. They were encouraged to think about what they had learned and discuss it in a structured manner. Key takeaways included:

- Many found the experience to be a reminder that challenges can be overcome with teamwork and collaboration.

- Syndemic solutions continuously evolve, emphasizing the need for adaptability.
- The importance of including people with lived experience in discussions and decision-making processes was highlighted.
- Attendees recognized the challenges in replicating innovative treatments and the systemic challenges posed by a profit-driven structure.
- The idea of "no wrong doors" was discussed, emphasizing the importance of accessibility and co-location of services.
- The significance of networking was emphasized, with attendees highlighting the benefits of making connections and sharing knowledge.
- The importance of recognizing the role of racism in systems and processes was underscored.
- Many attendees felt the need to expand their understanding of prevention and meet organizations and people where they are.

Participants were asked to brainstorm about how they would implement their learnings and what specific actions they would take next.

- Some committed to making changes in how they approached data, emphasizing giving ownership and interpretation of data to the individuals it represents.
- Others committed to pursuing specific initiatives or projects, like legalizing certain programs (e.g., syringe exchange programs) or increasing resources for specific groups.
- Networking and establishing connections were commonly highlighted next steps, with attendees recognizing the value of collaboration and shared resources.
- Some noted the challenges of confronting and discussing racism and biases in a professional setting, as well as the importance of education and internal reflection to effectively address these issues.
- Participants emphasized the need for truth, reconciliation, and frequent dialogues to move past prejudices. They were urged not to judge individuals based on appearances, as our backgrounds and identities are complex and diverse.

The group reminisced about notable moments from the meeting, highlighting the significance of various events and conversations. The gathering was seen as a momentous occasion, with participation from various stakeholders ranging from grassroots level to federal agencies, united in their goal to tackle systemic issues. They celebrated their collective commitment to address these challenges and the progress made in bringing taboo subjects to the forefront.