



SYNDEMIC SEPTEMBER

Demystifying syndemic approaches in elimination planning for viral hepatitis programs

HepTAC Virtual Learning Collaborative
September 20, 2023, from 3 to 4 PM ET

Welcome and thank you for joining us!

- Joining us today are presenters:
 - Boatemaa Ntiri-Reid, Senior Director, Syndemic Approaches, NASTAD
 - Edwin Corbin-Gutierrez, Senior Program Advisor, NASTAD
- We will have a presentation with discussion questions throughout
- Feel free to use the chat to introduce yourself and ask questions!

Demystifying Syndemic Approaches to Elimination Planning for Viral Hepatitis Programs

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***NASTAD's Prevention & Surveillance Virtual Learning Collaborative
Syndemic September
September 20, 2023***

Agenda

- Introduction to NASTAD
- Defining and Understanding Syndemic Approaches
- Introduction to NASTAD's exploration of and commitment to syndemic approaches
 - Member Survey
- Discussion
- Wrap Up

Introduction to NASTAD

Mission

NASTAD's mission is to advance the health and dignity of people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics by strengthening governmental public health and leveraging community partnerships.

Vision

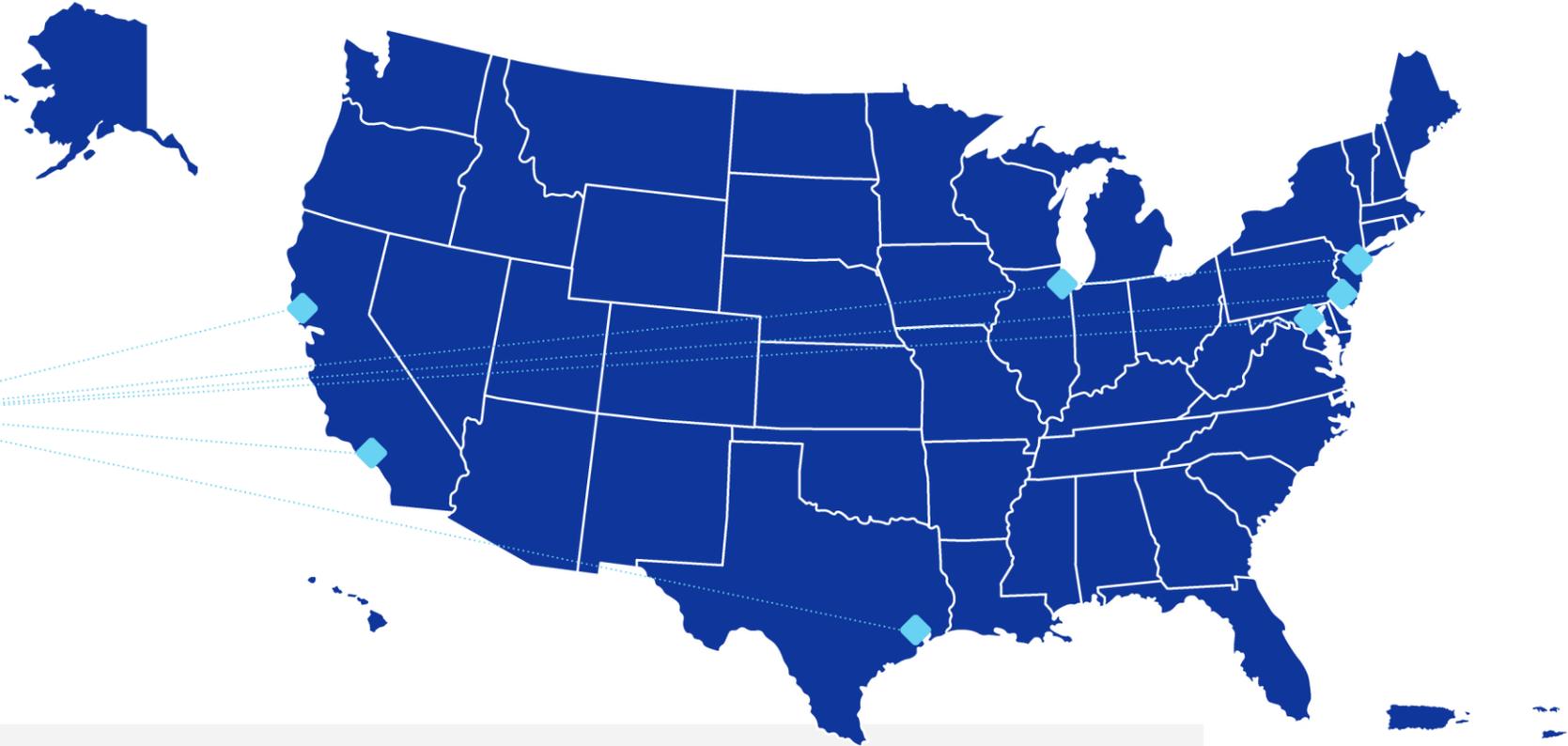
NASTAD's vision is a world committed to ending HIV/AIDS, viral hepatitis, and intersecting epidemics.

NASTAD Serves 66 Jurisdictions

- 50 U.S. States
- District of Columbia
- Puerto Rico
- U.S. Virgin Islands

- 7 Local Jurisdictions
 - Baltimore
 - Chicago
 - Los Angeles County
 - Houston
 - New York City
 - Philadelphia
 - San Francisco

- U.S. Pacific Island Jurisdictions
 - American Samoa
 - Guam
 - Marshall Islands
 - Federal States of Micronesia
 - Northern Mariana Islands
 - Palau



VALUE STATEMENTS

We believe every person has equal value and dignity.

We believe access to quality health care is a basic human right.

We have an obligation to dismantle systems that perpetuate social and racial injustice.

GUIDING PRINCIPLES



EQUITY

We advance the rights and dignity of all people by dismantling oppressive systems and centering those most impacted by the syndemic.



HARM REDUCTION

We ensure people are free to make their own choices and we empower them to live safe, healthy lives.



PERSONAL GROWTH & DEVELOPMENT

We invest in opportunities for entry into and advancement within NASTAD and the public health workforce.



COMMUNITY

We continually engage with public health and community leaders to learn, connect, empower, and ultimately improve lives.



EVIDENCE-INFORMED INNOVATION

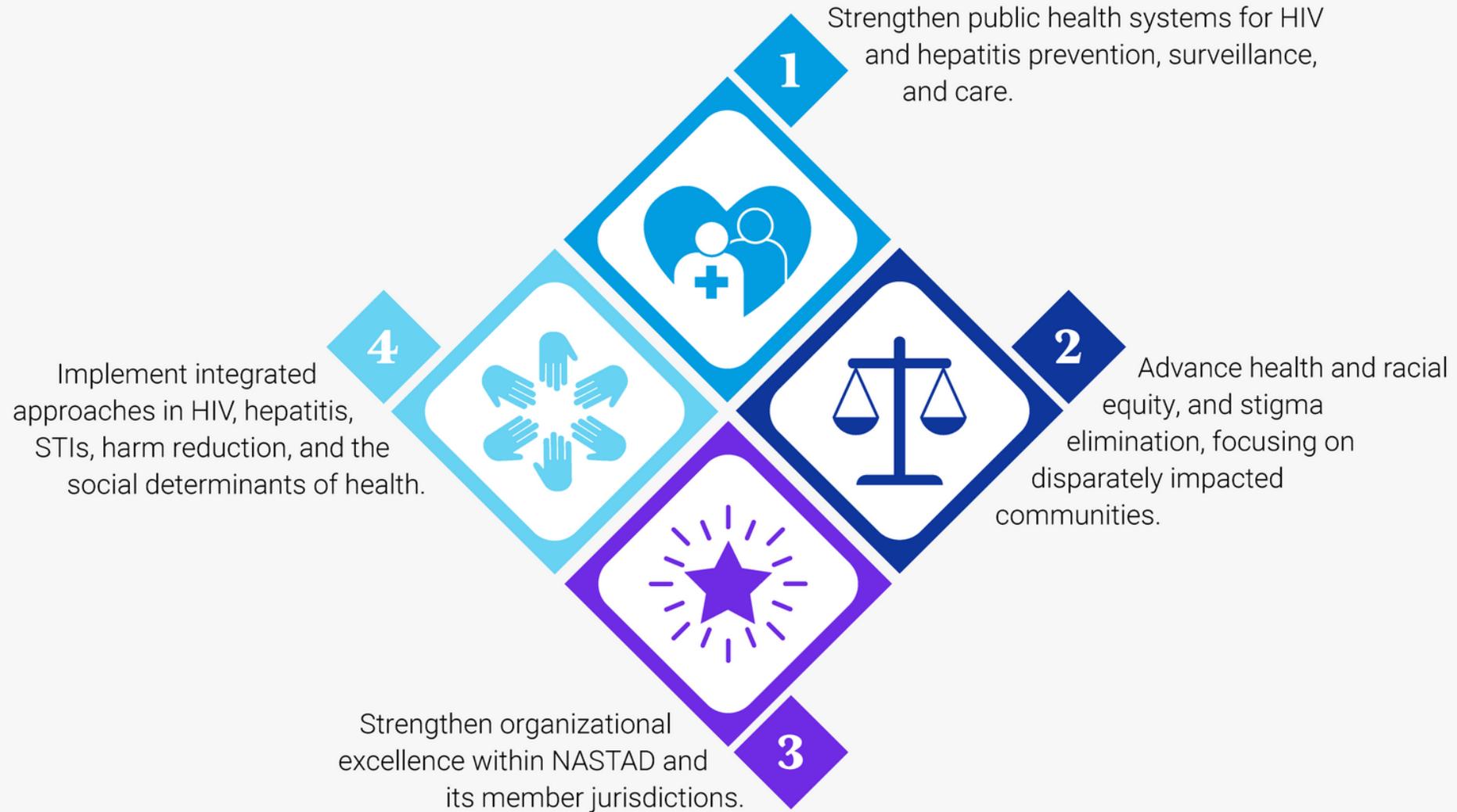
We use data-driven and community-informed strategies to provide technical assistance, capacity building, and advocacy.



ACCOUNTABILITY & TRANSPARENCY

We hold ourselves accountable to people living with and impacted by HIV/AIDS, viral hepatitis, and intersecting epidemics; and we provide comprehensive, timely, and accurate information to our staff, members, and external partners.

STRATEGIC PRIORITIES



Defining Syndemic Approaches

Syndemic Definitions | Original & Disease-Specific

- **Original (2003):** Synergistically interacting epidemics
- **Lancet Commission (2019) :** A syndemic is when two or more diseases that co-occur, interact with each other, and have common societal drivers.
- **CDC/DHP (2022):** Syndemics are epidemics—of diseases or health conditions, such as viral hepatitis, sexually transmitted infections (STI), substance use, and behavioral health issues—that interact with each other and by that interaction increase their adverse effects on the health of communities that face systematic, structural, and other inequities. In addition, SDOH (racism, homophobia, poverty) interact with syndemic conditions/diseases to elevate them to syndemic-level.

Defining Syndemic Approaches

[A] syndemic approach examines why certain diseases cluster (i.e., multiple diseases affecting individuals and groups); the pathways through which they interact biologically in individuals and within populations, and thereby multiply their overall disease burden, and the ways in which social environments, especially conditions of social inequality and injustice, contribute to disease clustering and interaction as well as to vulnerability.

- Merrill Singer, PhD, University of Connecticut (2017)

Conditions of Social Inequality

- **Economic Stability**
- **Education Access and Quality**
- **Health Care Access and Quality**
- **Neighborhood and Built Environment**
- **Social and Community Context**

Social Determinants of Health



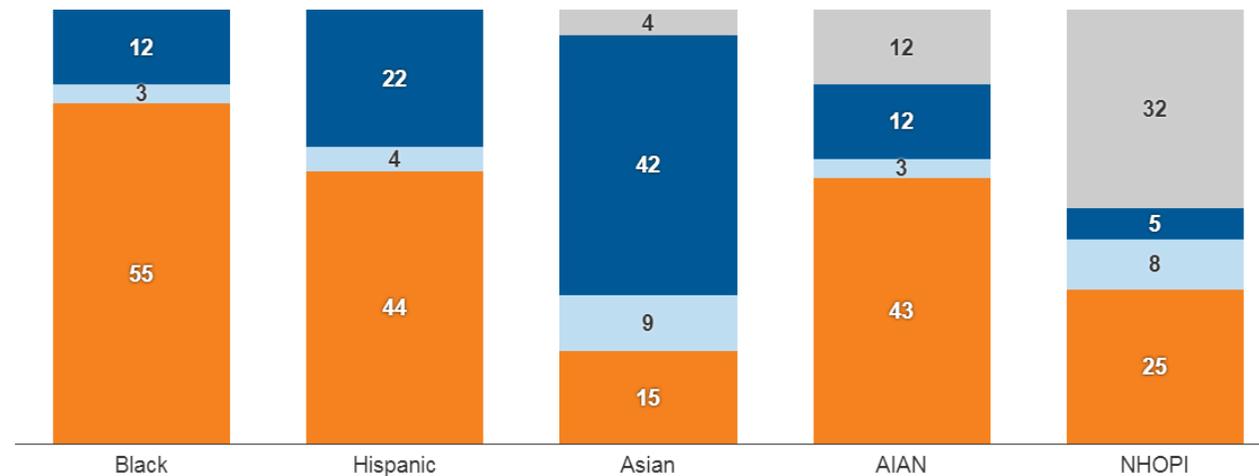
Racism: Structural & Social Determinants of Health

Figure 1

Health and Health Care among People of Color Compared to White People

NUMBER OF MEASURES FOR WHICH GROUP FARED BETTER, THE SAME, OR WORSE COMPARED TO WHITE PEOPLE:

Worse No difference Better No data



NOTE: Measures are for the most recent year for which data are available. "Better" or "Worse" indicates a statistically significant difference from White people at the $p < 0.05$ level. No difference indicates no statistically significant difference. "Data limitation" indicates no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. AIAN refers to American Indian or Alaska Native. NHOPI refers to Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.

[PNG](#)

KFF

NASTAD's syndemic approaches center an equity-driven response to the epidemics of HIV, viral hepatitis, STIs and the infectious disease-related harms of drug use.

NASTAD's working statement on syndemic approaches (2023).

Snapshot of Syndemic Approaches

Snapshot of Syndemic Approaches: NASTAD

- Internal Reorganization and Coordination
- Partnerships with Federal and other Organizational Partners
- Learning From and Sharing with Our Members
- Outreach to Build Increased Education and Awareness

Snapshot of Syndemic Approaches: Members & Partners

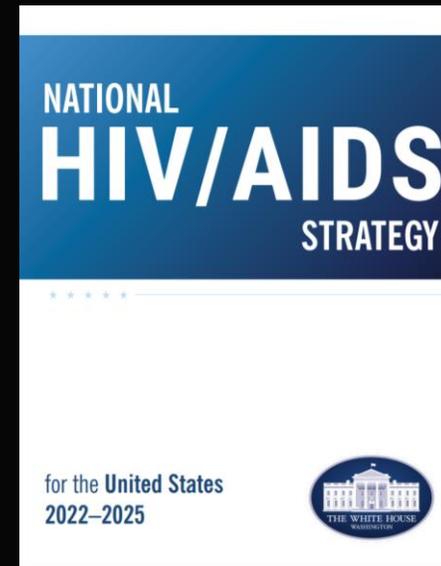
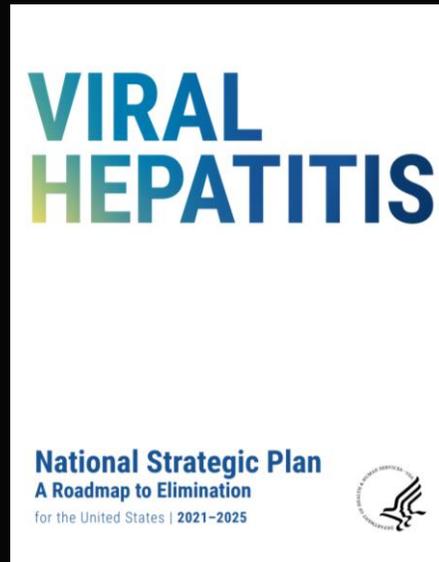
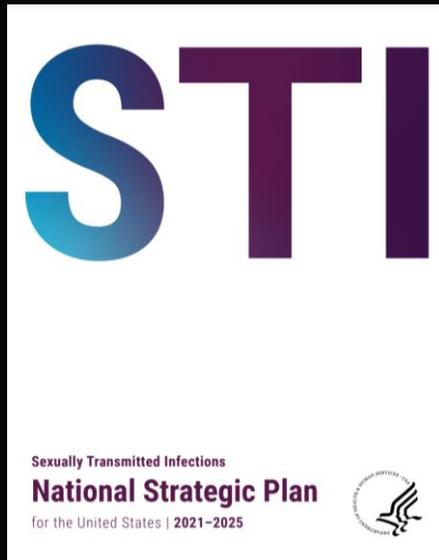
Key Components

- Staffing
- **Planning**
- Testing/clinical care
- **Braided funding***
- **Contracting/sub-contracting**
- Outreach/education/awareness
- **Infrastructure/Systems-level change**

Focus and Direction

- **Alignment with community priorities**
- **Focus on SDOH and equity**
- **Focus on integrated and status-neutral service delivery**

Syndemic Planning | Federal



Syndemic Planning | National



The **Syndemic Solutions Summit:**
a Collaborative Approach to Advancing
Health Services

**REGISTRATION
NOW OPEN**

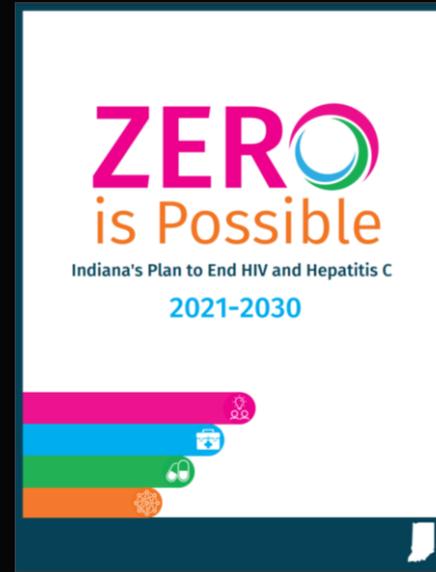
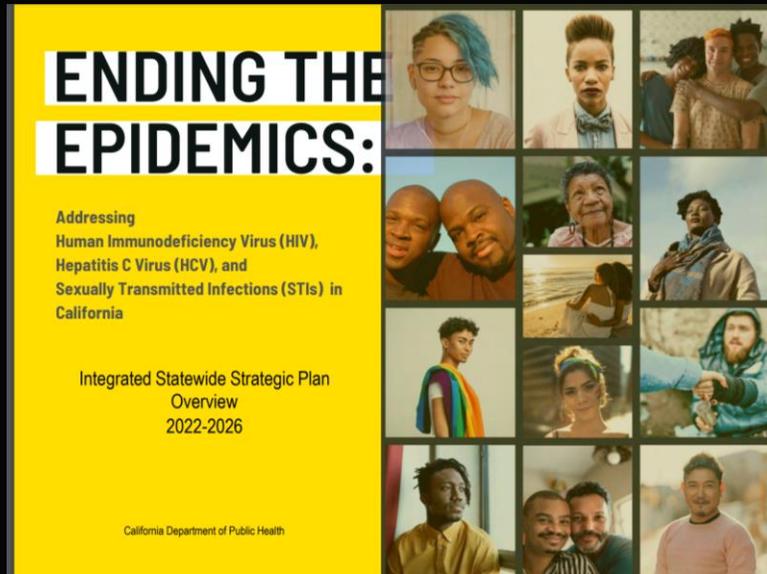
The Nation's First
Public Health Conference
for a Syndemic Approach

July 26 – 27
Kansas City, MO
syndemicsolutionssummit.org

COLLABORATIVE
TO ADVANCE HEALTH SERVICES



Syndemic Planning | Jurisdictional



Contracting/Sub- contracting: Syndemic Grantmaking

RFA Syndemic Approach to Infectious Disease Prevention & Linkage Services

Important Information

- **Application due date: no later than 5:00 pm, June 5, 2023**
- Contract timeframe: Initial contract beginning January 1, 2024
- Submit applications and questions to: ID.RFASyndemic@doh.wa.gov
- Upcoming application and information webinar April 12, from 10:00 a.m. – 12:00 p.m. PST
- If you have questions about this application, you can ask them until April 24, 2023, at 5:00 pm. (Please see the RFA schedule on the cover page; note that the question and answer period has been extended from the original ending date of April 18, 2023, to allow more time for interested parties to view the recordings of the pre-release webinars.)
- You must submit questions by email to the RFA Coordinator: ID.RFASyndemic@doh.wa.gov.

Summary

Washington State Department of Health Office of Infectious Disease is seeking applications from organizations interested in providing disease prevention and linkage services centering HIV, STI, viral hepatitis, and drug user health to individuals and communities in Washington state.

[Expand all](#)

Eligible Program Activities



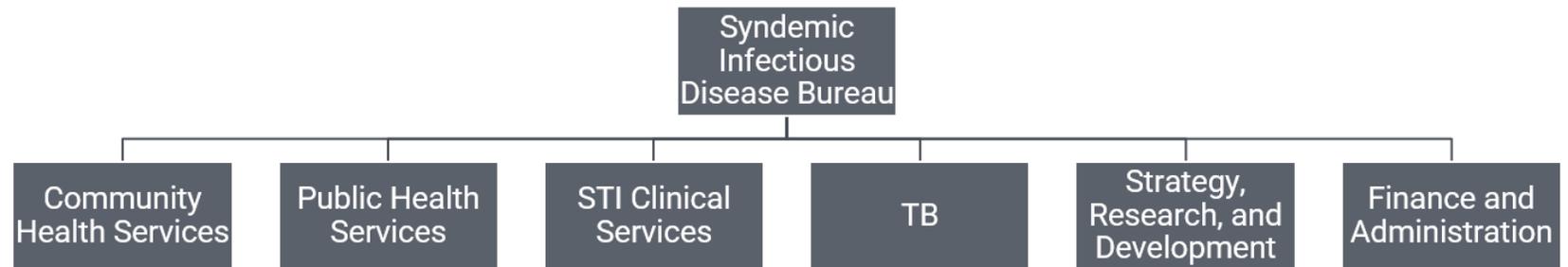
How to Apply



Application Materials - Syndemic



CDPH Syndemic ID Bureau – Current State



Total FTE: ~140

Infrastructure/
Systems-level
Change

NASTAD Member Survey: Focus and Direction

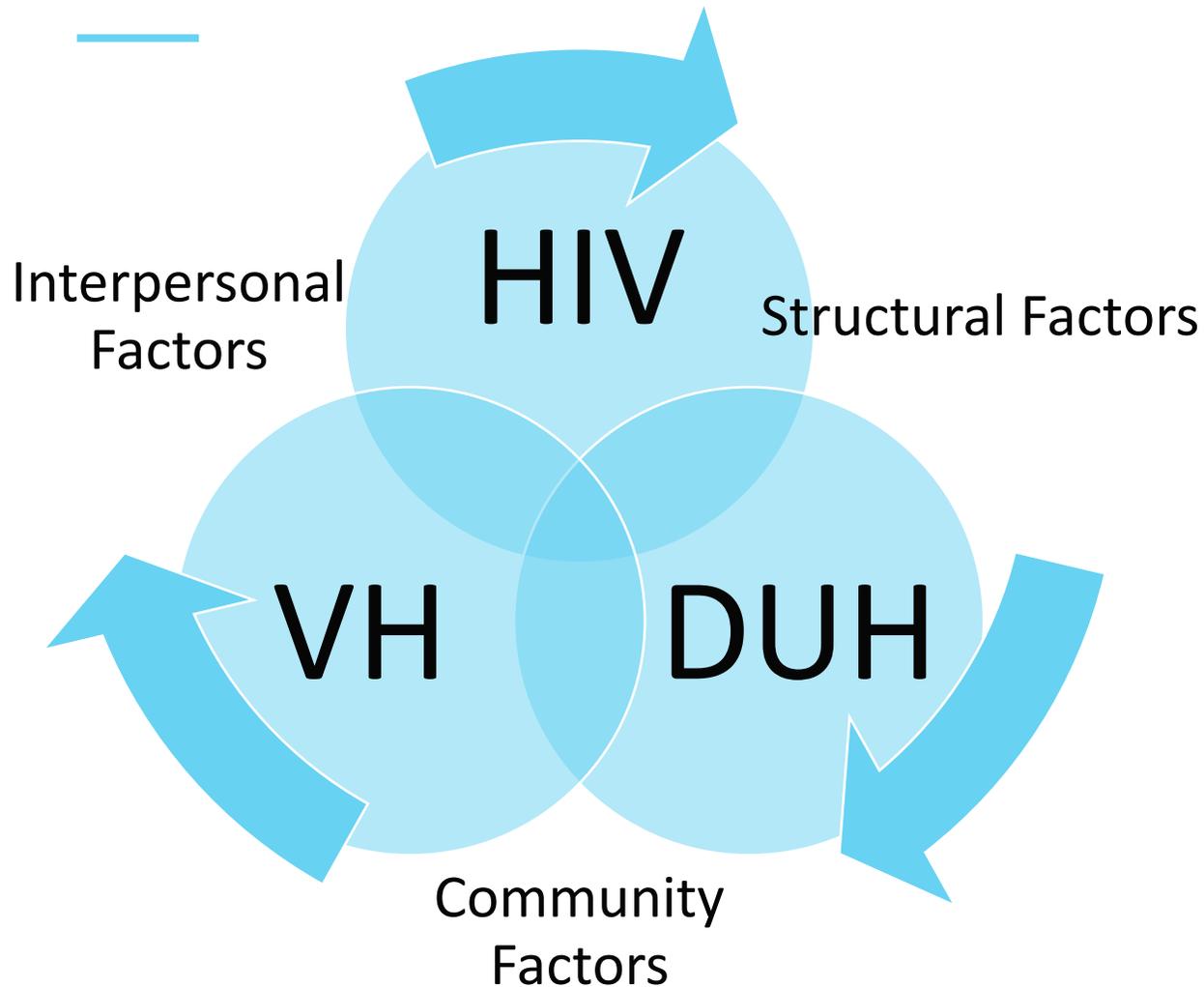
Aligning Public Health to Community Priorities

- Assessing community needs
- Centering voices in planning and implementation

Actively responding to outbreaks impacting PWID. Working closely with community partners and key leaders with lived experience.

Thinking syndemically requires a commitment to community partnerships and a recognition that ending new HIV transmissions means addressing other STI, like syphilis and gonorrhea, and working to address structural factors that make people vulnerable to HIV and STI, like lack of housing and food insecurity.

Focus on Equity and Social Determinants of Health



The program uses HIV care assessments and other data to be able to prioritize and address SDOH.

We had a particular focus this year on housing. We worked with a land bank, HUD, and other partners to develop a housing unit for black trans and gay/bi youth with integrated medical care and safe spaces.

Focus on Status-Neutral Approaches and Integrated Services

- Toward whole person care:
 - Reduce burden on patients and provide an equitable level of care
 - Maximize care encounters and address all patient health priorities
 - Improve care for complex health needs
 - Navigation to improve access to care
 - Strategies to address social determinants

The status neutral service navigation program supports the implementation of integrated delivery models. The program connects people to services addressing the social determinants of health.

We have expanded on the status neutral approach around prevention and care. We incorporated harm reduction most recently as we prepare to launch a statewide SSP registration initiative.

Comprehensive Harm Reduction programs include focus on HIV, hepatitis and STIs and these programs support clients with accessing a variety of services including health insurance enrollment, family planning, social services etc.

NASTAD Member Survey: Strategy and Implementation Components

Program Integration and Re-Organization

“We are now organizationally more integrated across HIV, hepatitis, STIs - and social determinants are an overarching theme in our programming and work.”

- Re-organizing HIV, Viral Hepatitis, and STD programs has enabled teams to integrate by function and leverage each program’s strengths and capacity
- This has enabled programs to focus on social determinants as root causes of HIV, viral hepatitis, and STD infection and poor health outcomes for impacted communities
- Several states also noted developing Integrated planning and conducting strategic planning with using a syndemic lens

Dedicated Staffing Capacity

Opened an HIV and its Syndemic Specialist position

Created a position with the Bureau of Substance Use Disorder Prevention, Treatment, and Recovery to create a common strategic plan for people who use drugs and who have or at risk for infectious diseases.

“As part of EHE, we have formed an alliance with the health department's Office of Healthy Equity to ensure adequate understanding and support of the SDOH.”

Braided Funding and Partnership

We are working with the state Department of Corrections and a local jail to pilot a new 340B drug pricing program model. The goal is to extend our 340B STI/HIV covered entity status to jails who meet key readiness/infrastructure criteria to increase STI/HIV screening and treatment in correctional settings.

Currently working on an integrated RFA for services for HIV prevention, HCV prevention, drug user health and STIs

Integrated Service Delivery

- Increased access to care
- Integrated service bundles
- Collaboration with non-traditional partners
- Trauma-informed approaches

The HIV program supports field-based integrated HIV/STI and HCV testing and implemented dried blood spot (DBS) testing in 2019. Additionally, the HIV program has a direct contract with a lab to allow health departments to order dry blood spot home test kits and use them with priority populations and in non-clinical, outreach settings. The health departments can use the lab's web portal to view results and follow up on positives.

Contact Information

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Discussion

thank you!

Discussion Q&A with audience

Feel free to raise your hand or pop your questions into the chat

Syndemic September

Outbreak Detection Workgroup

- Date: Tuesday, September 26, 2023
- Time: 3:30 - 4:30 pm (ET)
- Topic: This discussion-based, informal session will discuss considerations by WV on leveraging the HIV response to support hepatitis outbreaks.
- Presenters: Alana Hudson (WV DHHR)

VLC

- Date: Wednesday, September 27, 2023
- Time: 3:00 - 4:00 pm (ET)
- Topic: Jurisdictional approaches to syndemic planning and implementation
- Presenters: Leo Fulwider and Arlis Jenkins (AZ DOH), and Brittany Gross (IN DOH)