

Updates from NACCHO: Programming, TA, and Current Trends



About NACCHO

The National Association of County and City Health Officials (NACCHO) serves as a voice for the country's over **3,300 local health departments (LHDs)** and is a leader in providing cutting-edge, skill building, professional resources and programs.

Our mission is to **improve the health of communities** by **strengthening and advocating** for LHDs.

Our Work:



Support health departments



Advocate on behalf of local public health



Encourage NACCHO member engagement



Optimize strategic alliances and partnerships



About Me



I've worked at NACCHO for 4 years now as Senior Program Analyst on the STI HIV Syndemics team. Before this, I was at Virginia Department of Health in HIV care and prevention services and later became the Overdose Response Coordinator for Richmond City and Henrico County Health Districts in Virginia, supporting local and statewide overdose prevention and response work. I also did HIV testing and community outreach in Gainesville, FL, and worked with unhoused families in Richmond, VA.



My Current Focus Areas

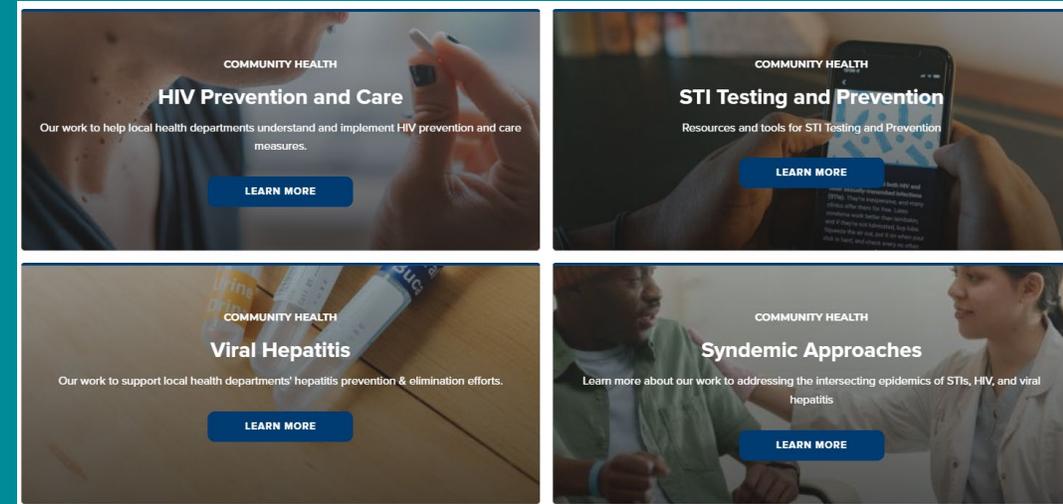
- Expanding STI and HIV testing and treatment access for people PWUD and unhoused people
- Media and communications around overdose prevention work by LHDs and partners
- Disaster preparedness and response impacts on PWUD and overdose prevention
- Overdose Syndemic TA for LHDs and community partners

Past work includes opioid settlements, drug checking and emerging adulterants



HIV, STI, Viral Hepatitis, and Syndemic Approaches

- Building the capacity of local health departments to address the syndemic of STIs, HIV, and viral hepatitis.
- NACCHO's Syndemics program aims to strengthen the capacity of local health departments to address the intersecting epidemics of STIs, HIV, and viral hepatitis by providing technical and capacity building assistance, developing and disseminating tools and resources, and facilitating information exchange, peer engagement, and learning opportunities.



What's a Syndemic Again?

- The presence of two or more disease states that adversely interact with each other, negatively affecting the mutual course of each disease trajectory, enhancing vulnerability, and which are made more harmful by experienced inequities
- “Perhaps the most unique feature of the syndemic approach to understanding various disease states and the way in which they cluster is the emphasis on the situation and circumstances in which individuals live. In other words, **syndemics fundamentally rely on context.**”



[Syndemics: health in context - The Lancet](#)



STI and HIV Infections Among PWUD

- We are seeing increased HIV and syphilis infections among people who use drugs and people who are unhoused
- Congenital Syphilis continues to disproportionately impact pregnant people with a history of substance use, incarceration of self or partner, and housing insecurity



Drug Use and HIV Risk

PWUD have multiple risk factors to HIV infection:

- Injection drug use
- Survival and transactional sex
- Layered stigma
- Incarceration and criminalization
- Lack of healthcare access



Drug Use and HIV Risk

- Drug users living with HIV have greater risk of infection, liver issues, and fatal overdose
- Unhoused people who inject drugs are more vulnerable than other drug users to HIV and HCV infections and less likely to be able to access diagnostic or treatment services
- People living with HIV are more likely to have used substances in the last month, last year, and greater rates lifetime use than others without HIV- adjusted for race, sex and income



Drug Use and HIV Risk

- Recent outbreaks among injection drug users
 - Scott County, Indiana (2015)
 - Bangor, Maine (2025)
- New HIV infections in the US associated with injection drug use (IDU) increased from 2016-2022
 - 7% of new HIV diagnoses HIV attributed to IDU



“They’re not going to come to us. We have to go to them.”

Non-clinical, community-based settings are great places to reach those who may not be able to make it to clinic, as well as those who have historically faced stigma or judgement in clinical settings

This may include people who:

- use drugs
- unhoused or living in congregate settings like transitional housing or recovery houses
- engaged in sex work
- are/have been incarcerated
- all of the above (especially these folks!)

Potential Partners and Settings

- Recovery Houses, Inpatient and Outpatient facilities
- MOUD Providers
- Mobile Clinics and Street-Based Providers
- Drug Courts
- Libraries
- Food Pantries and Feed Programs
- Others?



Climate Emergencies and Disaster Preparedness



Disasters Disrupt Services

Climate-related

- Heat waves
- Severe storms
- Flooding
- Winter weather emergencies

Infrastructure

- Power outages
- Internet disruptions
- Transit shutdowns

Public health crises

- Workforce shortages
- Clinic closures
- Supply chain disruptions

Housing instability

- Shelter closures
- Mass displacement

Populations at Highest Risk

- People experiencing homelessness
- People in unstable housing
- Individuals with substance use disorder or mental health needs
- Youth and aging populations
- Clients without legal presence
- People with limited digital access



How Disasters Break the Care Chain

- Missed medical appointments
- Lost or spoiled medications
- Closed clinics and laboratories
- Transportation barriers
- Staff shortages
- Data system outages
- Interrupted case management



Homelessness + Disaster = Compounded Vulnerability

- Displacement into unfamiliar systems
- Loss or theft of medications
- Reduced privacy and stigma concerns
- Limited access to storage, refrigeration, and transportation
- Breaks in case management relationships



SUD + Disaster = Compounded Vulnerability

- People living with HIV are more vulnerable to overdose than others without HIV
- Risk of HIV and fatal overdose are both higher among people who use drugs, homeless, lack access to prevention and treatment services that meets reality of their daily lives
- Following weather disasters like Hurricane Katrina, California and Hawaii wildfires there were increases seen in rates of HIV and STIs, as well as fatal overdoses, suicide, and return to substance use



Opioid Settlements



Top Funding Priorities for LHDs and SSPs in October 2024 Opioid Settlement Poll of LHDs and SSPs

Syringe Services Programs

Housing Assistance for People Who Use
Drugs

Naloxone Distribution

Peer Navigation or other Peer-Delivered
Services

Re-entry Services for Recently
Incarcerated People

What We've Seen that Works!



Regional collaborations and across sectors



Investments in people and services



Tell the stories! Share successes!



Intentional, uniform data that speaks to what you are doing and collective impact



Ensuring that people with living and lived experience and those most harmed are centered in your work



Key Partnerships and Funding Considerations

Likely More Well-Resourced

- Law Enforcement
- Recovery Organizations

Who Knows?

- Other First Responders
- Treatment Providers
- Universities
- Local Gov't

Likely Facing Funding and Political Challenges

- SSPs
- Shelters and Housing Services
- FQHCs
- Other Safety Net Providers

Current Challenges and Considerations



Current Challenges and Considerations

The sharp decrease in overdoses is worth celebrating, but we don't know all of the drivers

- Also, with cuts to services that have been stood up and expanded to address the overdose crisis, these successes could be short lived or plateau

Fentanyl is not the only substance of concern

- Unregulated drug market whack-a-mole of substances and varying risk of harm
- Drug checking provides individual and community awareness

Opioid users are not the only people at risk of overdose

- Support work reaching and connecting with all drug users



Current Challenges and Considerations

Avoid conflating SUD and risk of overdose

- Increases stigma, decreases avenues to care and support

SSPs and recovery orgs are not incompatible

- They can be friends!

MOUD is only as effective as its reach and accessibility; same with naloxone

- Does not require abstinence to be effective against risk of overdose



Gentle Reminder

People who
use drugs
should
always be
centered in
work



Other Challenges and Considerations

- Vetted evidence-based interventions are no longer federally supported
 - Some tools and resources on federal site no longer available
- Data on impacted populations may be more difficult to collect and track
- Burnout and compassion fatigue with LHD and SSP staff, as well as first responders and medical providers, must be addressed
- Opportunities to leverage Opioid Settlements
 - Support evidence-based efforts that are also facing federal funding restrictions
 - The money will be spent one way or another
- Syndemic approaches- braiding STI, HIV, HCV, and overdose prevention



Data, media, and comms questions I don't have the answers to but will be exploring in the coming months

- How can LHDs better showcase and share data with partners and the public?
 - How do we provide context in accessible ways?
- What are the stories we want to convey with data?
 - Who are the partners to help with that?
- How do we develop concise talking points and sound bites for nuanced and layered work?
- How do we adapt language and practices that meet requirements but don't leave people behind?



Data, media, and comms questions I don't have the answers to but will be exploring in the coming months

- How do LHDs and partners build positive media relationships?
- How do we vet news inquiries and when do we say no?
- How do we share positive outcomes that aren't rooted in abstinence?
- How do we share successes that are not the exception to the norm or contribute to stigma?



Getting Plugged into NACCHO

Bi-weekly STI HIV
Syndemics
Digest

Join a
Community of
Practice or
Workgroup

Participate in a
webinar, listening
session, or round
table discussion



How to sign up for the STI HIV Syndemic Digest

STEP 1

Visit www.naccho.org and click the “MyNACCHO Login” button at the top right corner of the main navigation menu. You will be directed to go offsite.

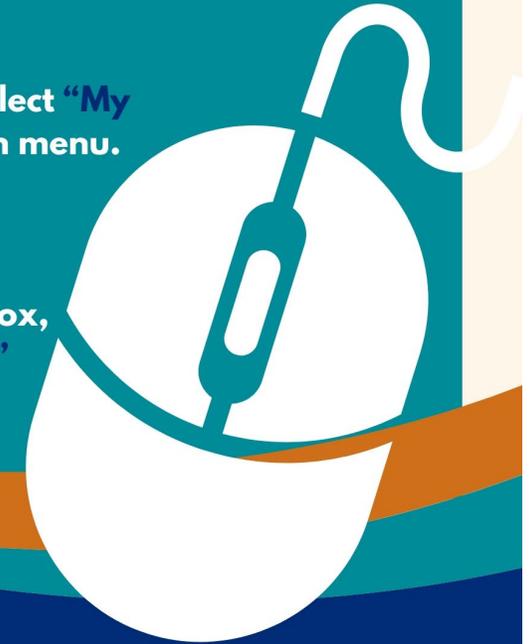
STEP 2

If you have a MyNACCHO account already, login using your username and password.

If you need to create a MyNACCHO account, scroll down and select “Create Account.”

STEP 3

Once logged in to your account, select “My Subscriptions” from the navigation menu. Once on the Subscriptions page, scroll down until you see the “STI HIV Syndemic Digest” option. Place a checkmark in the box, then scroll down and select “save.”



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Thank you!

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