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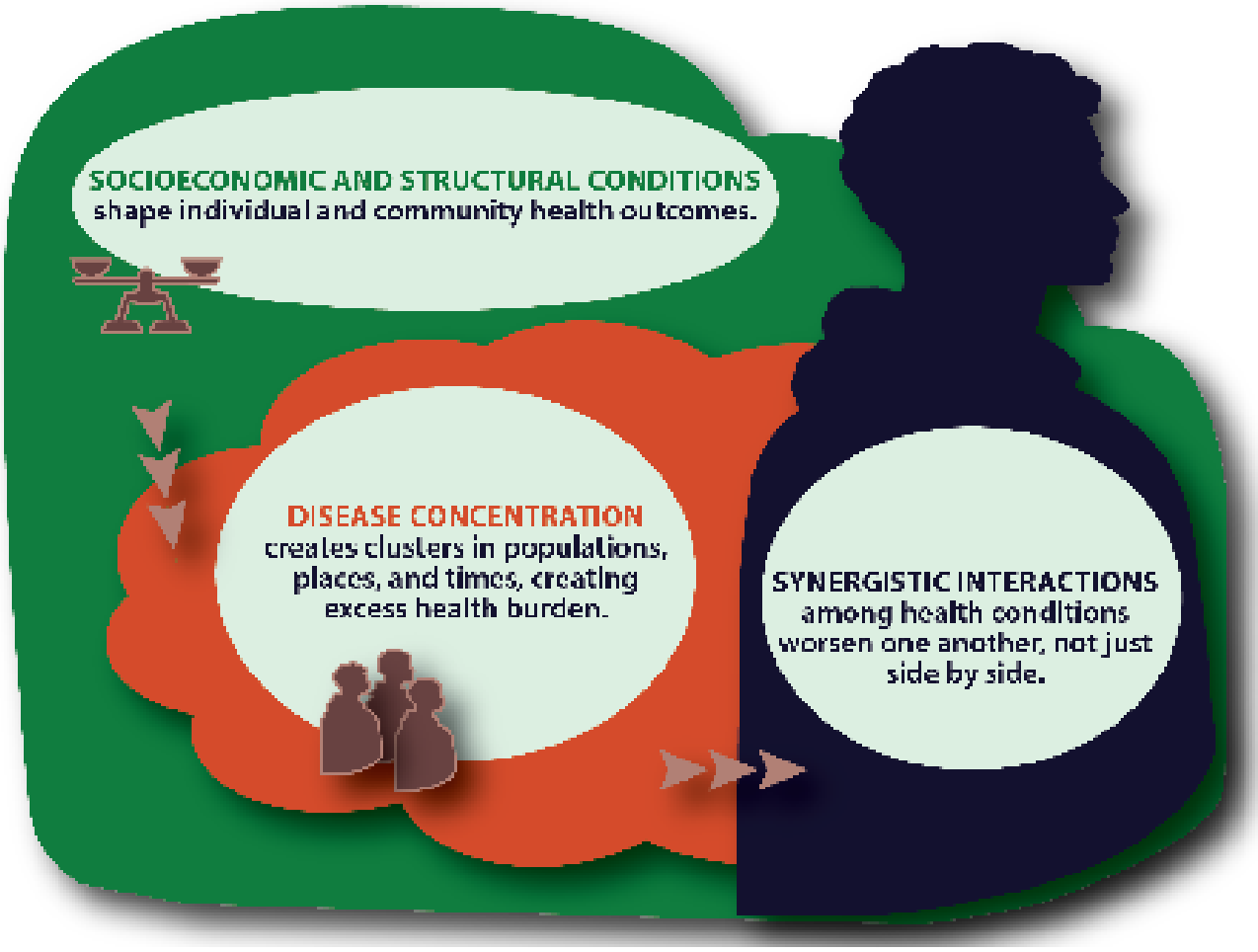
FROM IDEA TO PRACTICE: SYNDEMICS FOR CASE MANAGEMENT

A syndemic isn't just two health problems happening at once. It's a specific, three-part pattern.

A syndemic is a set of two or more health conditions that cluster in a population, area, and time; actively worsen one another through biosocial interactions; and are produced and sustained by the social and structural conditions in which people live.

When all three are present, treating any one condition in isolation tends to underperform, because the underlying interactions — and the conditions driving them — keep pulling the client back. The combined harm is greater than what each would cause on its own (synergistic effect).

A SYNDEMIC APPROACH IN PUBLIC HEALTH



"Syndemics are defined as the aggregation of two or more diseases or other health conditions in a population in which there is some level of deleterious biological or behaviour interface that exacerbates the negative health effects of any or all of the diseases involved." (Singer M, Bulled N, Ostrach B, Mendenhall E. Syndemics and the biosocial conception of health. *The Lancet*. 2017;389(10072):941–950. p. 941)

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Why does a syndemic approach to case management matter?

Most clients on an HIV caseload live with more than one condition, and those conditions rarely stay isolated. A Social Determinants of Health (SDOH) screening identifies risk factors and referral needed, one at a time. Syndemics explains the pathways through which an unresolved SDOH referral can worsen other conditions — which is why the referral is more than just "one more item on the list."

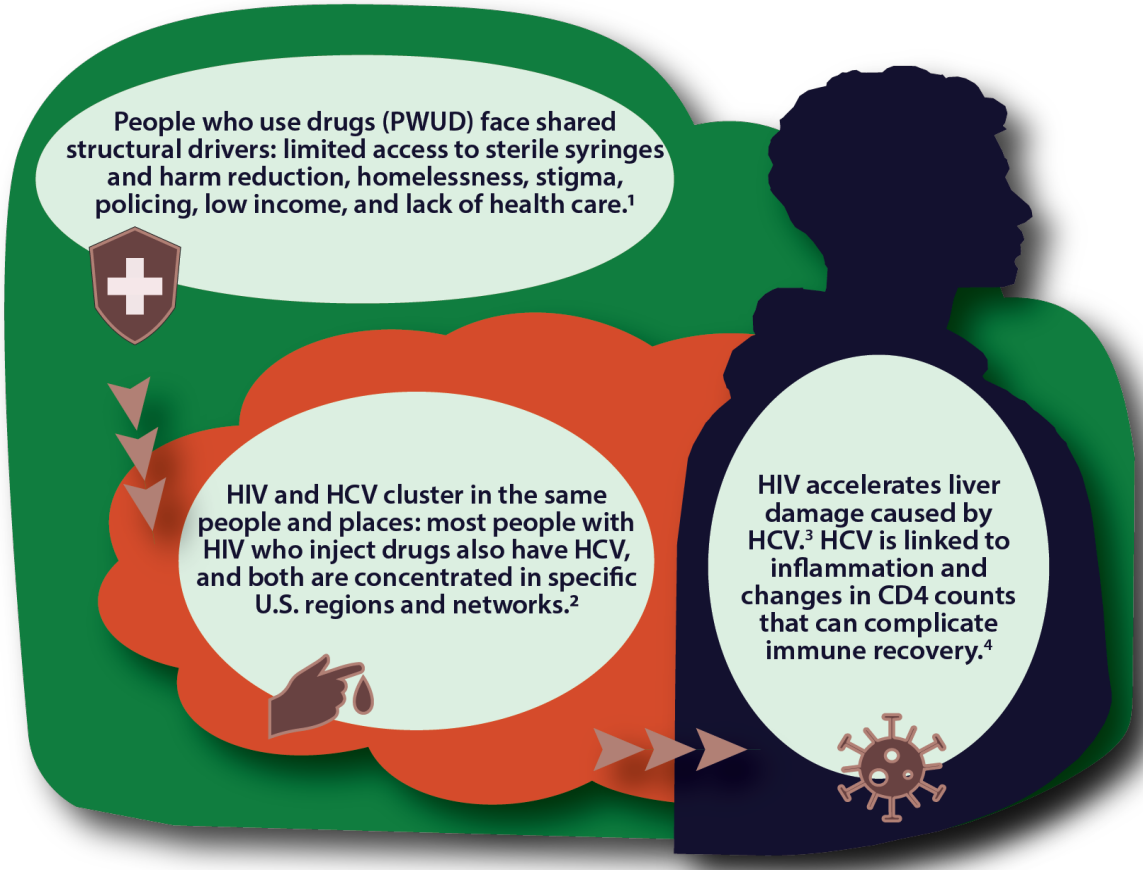
A syndemic approach to case management:

1. Helps you address multiple health conditions that reinforce one another, rather than treating each condition in isolation.

2. Moves you beyond a list of problems toward prioritized, integrated care that improves several outcomes at once.

3. Directs your service planning and navigation work toward the social and structural conditions driving the pattern, since treating the conditions without changing what produces them rarely works.

A SYNDEMIC APPROACH TO UNDERSTANDING HIV & HCV



1. Werb D, Garfein R, Kerr T, et al. A socio-structural approach to preventing injection drug use initiation: rationale for the PRIMER study. Harm Reduction Journal. 2016;13(1):25.
2. NIH. HIV and opportunistic infections, coinfections, and conditions. 2025; https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-hepatitis-c. Accessed 9/2/26.
3. Graham C, Baden L, Yu E, et al. Influence of human immunodeficiency virus infection on the course of hepatitis C virus infection: a meta-analysis. Clinical infectious diseases. 2001;33(4):562–569.
4. Hyun J, McMahon RS, Lang AL, et al. HIV and HCV augments inflammatory responses through increased TREM-1 expression and signaling in Kupffer and Myeloid cells. PLoS pathogens. 2019;15(7):e1007883.

What this means in practice: both conditions are treatable. A syndemic approach links a client to HCV treatment, HIV care, and harm reduction simultaneously rather than sequentially, and addresses their housing, stigma, and access barriers. For many Latino clients, immigration status, language access, and fear of institutions add to these barriers.

What programs can do to strengthen a syndemic approach

Programs face real, ground-level barriers to adopting a syndemic perspective — most often, uncertainty about who is responsible for addressing a cluster of conditions versus simply referring it out. Programs can strengthen their service delivery workflows so that a syndemic perspective is embedded at each step.

Build the foundation:

- Identify two or three conditions that cluster in your population.
- Map community resources relevant to those conditions and their social drivers.
- Build external partnerships to address condition clustering.
- Strengthen protocols for integrated linkage and navigation and coordinated communication.

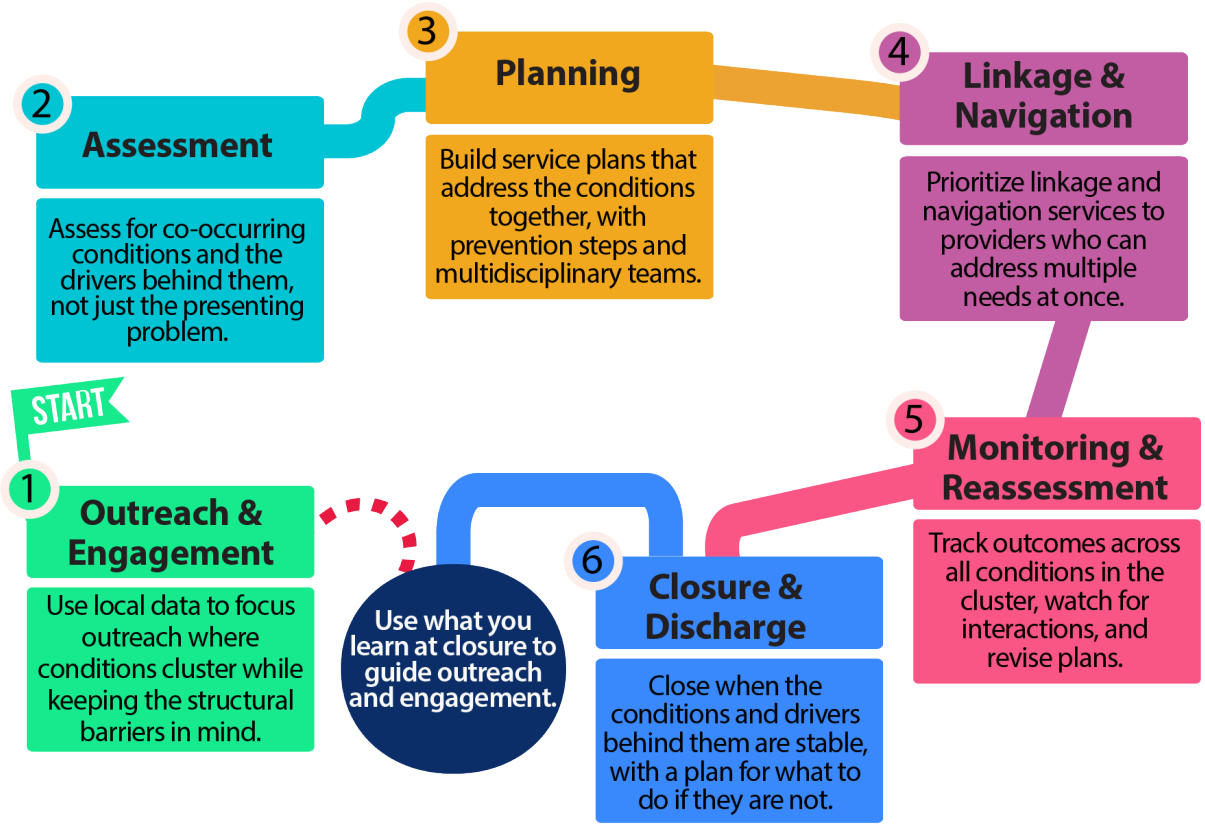
Improve service planning:

- Screen routinely and early for clustering conditions and their socioeconomic drivers during standard assessments.
- Develop service plans that address syndemic risks and prioritize the prevention and treatment of co-occurring conditions before a crisis occurs.
- Build prevention steps into service plan forms so this happens routinely.

Monitoring and retention:

- Invest in retention in care for syndemic conditions, which often require longer engagement.

A syndemic approach to case management workflows



Steps adapted from the six core components of HIV case management in CDC/HRSA (2008). CDC. Recommendations for case management collaboration and coordination in federally funded HIV/AIDS programs: a coordinated & collaborative case management environment for the client. 2008; https://stacks.cdc.gov/view/cdc/45930. Accessed 9/3/26.

FROM INDIVIDUAL PRACTICE TO INSTITUTIONAL DESIGN

A single case manager using a syndemic perspective can improve outcomes for their caseload, but lasting change requires institutional support. Key elements that move an organization from an uncoordinated to a coordinated model include:

Recommendations

- Identify core syndemic risks in your client and general population.
- Build capacity to recognize how conditions interact biologically and behaviorally.
- Institutionalize early screening and service planning for co-occurring conditions and their social drivers.
- Address stigma and medical mistrust across all conditions clients experience.
- Establish syndemic-oriented standards of practice for case management steps.
- Establish a formal, multi-disease collaboration plan among partner agencies serving the same clients.

What would your organization need in training, technical assistance, information transfer, or resources to adopt a syndemic approach?

CONTACT US!

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References

1. Werb D, Garfein R, Kerr T, et al. A Socio-structural Approach to Preventing Injection Drug Use Initiation: Rationale for the PRIMER study. Harm Reduction Journal. 2016;13(1):25.
2. NIH. HIV and Opportunistic Infections, Coinfections, and Conditions. 2025; https://hivinfo.nih.gov/understanding-hiv/fact-sheets/hiv-and-hepatitis-c. Accessed 9/2/26.
3. Graham C, Baden L, Yu E, et al. Influence of Human Immunodeficiency Virus Infection on the Course of Hepatitis C Virus Infection: a Meta-analysis. Clinical Infectious Diseases. 2001;33(4):562–569.
4. Hyun J, McMahon RS, Lang AL, et al. HIV and HCV Augments Inflammatory Responses through Increased TREM-1 Expression and Signaling in Kupffer and Myeloid Cells. PLoS Pathogens. 2019;15(7):e1007883.
5. CDC. Recommendations for Case Management Collaboration and Coordination in Federally Funded HIV/AIDS Programs: a Coordinated & Collaborative Case Management Environment for the Client. 2008; https://stacks.cdc.gov/view/cdc/45930. Accessed 9/3/26.
6. Singer M, Clair S. Syndemics and Public Health: Reconceptualizing Disease in Bio-Social Context. Medical Anthropology Quarterly. 2003;17(4):423–441.
7. Singer M, Bulled N, Ostrach B, Mendenhall E. Syndemics and the Biosocial Conception of Health. The Lancet. 2017;389(10072):941–950.

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