Praxis Training for Massachusetts Addiction Professionals

Newsletter

March 2021

What's New at Praxis

from Rachel Ehly, Praxis Project Director

As we continue to navigate COVID-19 together, many new and exciting changes are coming, while some things are staying the same.

What's new?

Did you know that Praxis provides more than just training? Praxis provides assistance to BSAS-funded treatment programs to improve implementation of best and evidence-based practices, service delivery, and outcomes. Assistance could be brief—as when a program wants materials for an education group—or more involved—as when a program needs to develop new procedures for admission. Praxis staff and other experts will respond to requests for assistance in a respectful and confidential manner. The new TA menu provides examples of the free technical assistance and consultation that Praxis can offer. For assistance or questions, please contact us at praxis@c4innovates.com.

Meet Your Trainer: Elizabeth Black

(Elizabeth Black and Lilybet)

Elizabeth Black is one of our trainers who has been with Praxis for almost two years. She holds a master's degree in Rehabilitation Counseling and is a Licensed Drug and Alcohol Counselor. Prior to her current role, she spent a decade at the Oklahoma Department of Mental Health and Substance Abuse Services where she oversaw the implementation of health and wellness interventions in behavioral health services statewide. Her areas of interest and expertise include Medication Assisted Treatment (MAT), wellness and recovery, and co-occurring disorders. In her free time, she loves skiing and riding motorcycles. She currently resides in Quincy with her two basset hounds and a chihuahua named Lilybet.

Race and COVID-19

Since the early stages of the COVID-19 pandemic, research has revealed significant racial and ethnic inequities across the continuum—exposure, morbidity, hospitalization, and mortality (Abedi et al., 2020). The U.S. Centers for Disease Control and Prevention (CDC) have estimated that COVID-19 cases and hospitalization rates are at least 2.5 and 4.5 times higher, respectively, among Black, Indigenous, and people of color (BIPOC) populations than among White populations (CDC, 2020). While there is no evidence for genetic or biological causes for a more severe course of illness, there are structural reasons for the inequitable impact that COVID-19 is having on members of racial and ethnic minorities in the U.S.

Many institutions and systems deny people and communities of color a society where they can thrive and prosper. Specifically, the COVID-19 pandemic has magnified the racial inequities in the healthcare system. These factors, and more, have created a society where BIPOC are more likely than Whites to:

- Live in larger multigenerational family groups which makes limiting exposure much more difficult
- Work in essential jobs that cannot be done remotely and involve contact with other people
- Use public transportation to get to work which can increase exposure
- Encounter barriers to healthcare, such as a lack of health insurance or not being paid when missing work to get care
- Experience racism and the stress of dealing with racial discrimination which takes a toll on health and can lead to the development of health conditions and premature death
- Live with additional health conditions associated with more severe illnesses caused by COVID-19 (HHS, 2020).

All of these factors—underlying health conditions, dense living conditions, employment in the service industry or as an essential worker, access to health care and racism—contribute to the more disparately negative impact that COVID-19 has on people of color.

Substance use disorders (SUD) also increase risk for COVID-19 infection and a more serious course of illness. Data suggest that people with opioid use disorders were 10.2 times more likely than a person without a SUD diagnosis to have COVID-19 and to experience adverse outcomes with the disease. Risks are elevated for people with tobacco use disorder (8.2 times more likely), alcohol use disorder (7.8 times), and stimulant use disorder (6.5 times) (Wang et al., 2020). Of Black Americans with COVID-19 and substance use disorders, 50.7% were hospitalized and 13.0% died (Wang et al, 2021).

The COVID-19 pandemic has also highlighted racial and ethnic disparities in access to behavioral health care. While the rates of behavioral health disorders do not differ from the general population, as referenced above, BIPOC have substantially lower access to mental health and substance-use treatment services.

It's been long recognized that inequities in the social determinants of health, such as poverty and healthcare access are interrelated and influence a wide range of health and quality-of-life outcomes and risks (WHO, 2008). To achieve health equity, barriers must be removed so that everyone has a fair opportunity to be as healthy as possible.

Health policy experts have proposed several policy changes that could address powerful health inequities that contribute to disparities seen in COVID-19 (Health Affairs Blog, 2020):

To address long-standing health inequities:

- Expand access to quality healthcare and insurance. Ensure that all communities have quality healthcare—including mental health and addiction services that are available and accessible.
- Improve outreach and engagement in health services by hiring people who reflect the racial, ethnic, and language characteristics of the community.
- Invest in public health and prevention services equitably.
- Improve access to services that address the social determinants of health.

To address the current COVID-19 crisis:

- Testing must be accessible, free, and available without a doctor's referral. Testing sites should be concentrated in communities experiencing the highest rates of COVID-19.
- Contact tracing will help reduce infections only if people and communities trust the messenger and have the resources to quarantine. Recruit contact tracers from the communities they serve and deploy contact tracers based on community need.
- Isolation and quarantine are useful tools for controlling the pandemic, but many people will require additional resources to comply. People may need income support and a physical place to quarantine. Some states are providing hotel rooms for people to quarantine.
- Equitable treatment and vaccine rollout are needed to address the ongoing inequities experienced by people of color.
- Continue to collect and analyze data to monitor and evaluate the impact of COVID-19 on communities of color and to provide information for system improvement.

The challenge now is to make significant structural changes that address social determinants of health and ensure equitable treatment and prevention services so that support and solutions for the next health crisis meet the needs of all communities.

Upcoming Trainings

Join us for following training opportunities:

- Opioid Overdose Prevention: March 11
- Harm Reduction Best Practices: March 15
- Infectious Disease Prevention, Testing & Treatment: March 18
- HIV & AIDS Care Integration: March 23
- Viral Hepatitis Care Integration: March 24
- Training of Trainers: Opioid Overdose Prevention: March 26

Contact Us

Praxis provides training to all Massachusetts Bureau of Substance Addiction Services funded substance use disorder treatment programs on

- Harm Reduction
- HIV/AIDS Care Integration
- Infectious Disease Prevention
- Opioid Overdose Prevention
- Viral Hepatitis Care Integration

Contact us to request training or technical assistance at praxis@c4innovates.com.

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