

**Issue Brief** 

# **Equity**







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# **Background**

Among people experiencing a substance use disorder, individuals from Black, Latinx, and Indigenous communities often experience the most significant barriers to care, along with other groups who are systematically marginalized due to sexual and gender identity, socioeconomic or housing status, geographic location, disabilities, and other factors. Across the United States, the call to initiate and sustain anti-racism efforts across systems is growing and urgent. Disparities among systematically marginalized populations, however, are long-standing and well-documented as many American institutions embark on equity initiatives in earnest for the first time.

In 2019, the Health Policy Institute of Ohio (HPIO) identified that Ohioans who are racial or ethnic minorities, have lower incomes or educational attainment, are sexual or gender minorities, are living with disabilities, or living in rural or Appalachian counties experience poorer health outcomes and face barriers to being healthy (HPIO, 2019). These findings reflect historical and present-day factors that perpetuate structural racism and discrimination. Black and Latinx individuals across the United States face increased barriers to substance use treatment and recovery services both in general and specifically to quality substance use treatment due in part to lower employment rates (and therefore limited employer-based health insurance coverage) when compared to White individuals. For those who have experienced past interactions with the criminal justice system, access to quality recovery housing can be particularly challenging. When recovery housing operators opt to limit who can reside in a home based on criminal justice involvement, this can lead to overly restrictive barriers to entry that often have the greatest impact on people of color. In addition, for Ohio's LGBTQ+ population, the list of protected classes under Ohio s laws against discrimination does not include sexual or gender identity. Awareness of intersectionality, and how these and other identities and experiences of people interact, is essential to providing supports that are safe, effective, and responsive.

Documenting these and other types of disparities is a critical first step toward equity, although action must follow. Currently, Ohio is in position to be a leader in driving equity within the continuum of behavioral health services, including recovery housing.

# **Findings**

- Addiction and recovery may mean different things depending on a person's cultural background. While the recovery community aims to welcome all who need it, there is often a disconnect when it comes to how the community views the variety of recovery pathways, what recovery means for each person, and how community services and supports align or are available and responsive based on different cultural needs.
- Demographic makeup of recovery houses may reflect disproportionalities within broader systems of care. Some respondents observed that residents in a recovery home may not be representative of the local community. One observation was that the racial makeup of recovery housing residents tends to vary based on how residents were referred to a specific recovery home. More data are needed to assess these types of observed disparities.
- Culturally appropriate and responsive services must do more than meet a person's
  language needs. Language is not the only barrier driving inequities. For example, having the
  ability to share and celebrate a person's culture may be an important part of their recovery
  journey, or it may affect how they view various components of treatment and recovery.
  Additionally, having access to recovery housing as a family is critical to parents who are in
  or seeking recovery.
- Underserved communities must shape cultural adaptations to services. Multiple operators
  described their efforts and intentions to meet the needs of all who come to their residence.
  Without a concerted effort to engage local communities that are not well represented in the
  recovery residence population, operators may have blind spots about whether their efforts
  to attract diverse residents are culturally responsive and effective, or if they incorporate
  unintended biases.
- Ohio is positioned to lead the way in driving equity across the continuum. Ohio is a
  national leader in recovery housing, which OhioMHAS supports and strengthens across the
  behavioral health continuum. As Ohio implements equity-centered activities, it can lead the
  way by using best practices that focus communities and marginalized voices on defining
  barriers and designing equitable solution—for recovery housing and beyond.

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## Recommendations

#### POLICY AND PLANNING

 Evaluate RFPs (requests for proposals) and other funding opportunities to ensure that the evaluation and funding considerations include equity.

- Recognize and address barriers to access for people who identify as specific races and ethnicities, as
  well as specific gender and sexual identities, disabilities, parents or families with children, and other
  marginalized populations.
- Identify NIMBY-related factors that perpetuate racial inequities in recovery housing; support operators to implement solutions to overcome these barriers.
- Include a diverse representation of stakeholders to inform policy, funding, and programming priorities.
- Evaluate outcomes data tools and other state data sources to ensure that they consistently address race as
  well as language preference, disability status, and other factors that may contribute to marginalization within
  recovery housing as well as the broader behavioral and physical health continuum
- When possible, ensure that researchers:
  - disaggregate and analyze data
  - o consider intersectionality
  - o use data to identify gaps or barriers to accessing recovery housing
  - o measure successes
  - identify best practices in serving diverse populations
- Incorporate expectations for recovery housing operators specific to how they serve their local community, connect with diverse partners, and seek to reduce barriers toward equity for underserved populations.
- Explore what role local partners, community planners, or local governments might play
  in fostering a culture of equity and accountability, and in establishing best practices and
  expectations for recovery housing operators.

#### RESEARCH

- Apply a racial equity framework when conducting any evaluation or research on your state's
  recovery housing and behavioral health services continuum of care. Explore how structural
  racism in treatment and other systems of care lead to racial inequities in how people access
  recovery housing and other recovery supports.
- Review available data sources in your state to identify disparities across race, gender, and other demographics that may predict access to and outcomes in recovery housing.
- Apply available data to ongoing equity work to identify who is and who is not accessing recovery housing across your state; identify gaps and needs, target strategies for improvement and next steps, and regularly measure progress.

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#### PRACTICE AND TRAINING

 Develop a statewide strategy to provide equity training opportunities to advance equity and cultural responsiveness.

- Develop a statewide strategy to employ an equity framework for recovery housing.
- Review data regularly to make midcourse corrections, address gaps or disparities, and monitor progress.
- Ensure that housing capacity matches the demographics of residents in need, and that staffing patterns con sider residents background.
- Partner with organizations to build relationships with communities that may not have previously had access
  to substance use treatment, recovery housing, or other recovery supports.
- Partner with organizations and community groups that have expertise in serving systematically marginalized populations.
- Support training to ensure that promotional materials, intake forms, and other written documents take into
  consideration language needs and literacy level. Incorporate video or audio messaging options.
- Integrate evidence-based approaches into recovery housing settings, where applicable, to support and address the unique and diverse needs of people with disabilities.

### References

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