RESEARCH BRIEF

Center for Practice TRANSFORMATION
UNIVERSITY OF MINNESOTA

Intersecting Identities and the Decision to Live in Recovery Housing

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Abstract

The literature suggests that recovery housing can benefit people with co-occurring mental health and substance use disorders, but that people with marginalized intersecting identities may access these services less than their dominant identity counterparts. Pulling from a sample of 7107 adults attending an intensive outpatient program (IOP), the present research brief sought to explore whether the number of marginalized identities participants carried was associated with recovery residence participation during their IOP admission. Almost three quarters (72.1%) of the present sample were identified to have at least one marginalized identity, and over a quarter (26.8%) to have two or more in the five demographic categories considered (sex, age, race, ethnicity, and educational attainment). Those with at least two marginalized identities were less likely than those with none to live in a recovery residence during their IOP admission, and those with two or more were less likely than those with one identity to live in a recovery residence. These results have implications for reducing disparities in access to recovery-supporting social determinants of health.

Background

Studies have identified benefits, such as abstinence from substances, decreased criminal justice involvement, increased employment, and more likely satisfactory discharge from and lengths of stay in treatment programs related to recovery residence settings of various kinds (Mericle et al., 2022; Mericle, et al., 2019; Polcin et al., 2010). However, the literature demonstrates that significant disparities exist in health service utilization for those with intersecting marginalized identities (Lê Cook & Alegría, 2011; Kattari et al., 2017; Shannon et al., 2018; Pinedo et al., 2020; Batchelder et al., 2021; Lam et al., 2022; Husain et al., 2023; Schiff et al., 2024; Bradley et al., 2024).

The present brief sought to answer the following questions:

1. Are people with any marginalized demographic identity less likely than those with none to live in a recovery residence while in IOP?
2. Are people with two or more marginalized identities less likely than those with one to live in a recovery residence while in IOP?

Methods

The present data was collected through a study partnership from 2019 to 2024 between the Center for Practice Transformation and a Midwest non-profit offering IOP with financial support for a recovery residence option for those in need, examining recovery residence utilization and outcomes. Clients (n=7107) receiving IOP services were given the option to enroll in the study at the time of their admission. Electronic surveys were completed at intake and discharge, and then at three, nine and sixteen months after discharge. Surveys included demographic questions and outcome-related questions. Identifying information was removed for analysis to protect the privacy of participants.

Five demographic identities were used for analysis: sex, age, race, ethnicity, and educational attainment. A variable was created indicating whether a participant had 0, 1, 2, 3, or 4 or more marginalized identities, defined as an identity which may be associated with experiences of bias and exclusion, potentially creating less social power and positionality. Identities of marginalization for each demographic were as follows: female (sex), older than 42 (age; note: this age cutoff was chosen as it was the 75th percentile of the sample), non-white only (race), Hispanic/Latinx (ethnicity), and some high school, but no diploma/GED (educational attainment).

Statistical Analysis

To examine the associations between number of marginalized demographic identities and recovery residence participation during IOP admission, logistic regression models were used (odds ratios and 95% confidence intervals were calculated, and significance was set at $p<0.05$). Logistic regression models were adjusted for other participant characteristics that were significantly associated with the number of marginalized identities as measured by chi-square tests of independence ($p<0.05$). These included treatment setting prior to IOP admission, number of prior treatment attempts for a substance use disorder, age of first substance use, whether they were court ordered to treatment, whether they had been unhoused in the last six months leading up to admission, their SURE total score (Neale et al., 2016), whether they had used opioids, amphetamines, cocaine, hallucinogens, or sedatives as a drug of choice in the last year, and whether they had been diagnosed with a depression, bipolar, post-traumatic stress, attention-deficit/hyperactivity, or personality disorder.

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Results

Are people with any marginalized demographic identity less likely than those with none to live in a recovery residence while in IOP?

Table 1 describes associations between number of identities and participation in a recovery residence during an IOP admission. Compared to those with no marginalized demographic identities, those with at least two identities were significantly less likely to live in a recovery residence during their IOP admission. Specifically, those with two were 0.58 times less likely to live in a recovery residence, those with three were 0.44 times less likely, and those with four or five were 0.30 times less likely. Those with one marginalized identity were not significantly less likely than those with none to live in a recovery residence.

Are people with two or more marginalized identities less likely than those with one to live in a recovery residence while in IOP?

Participants with two or more marginalized identities were less likely to live in a recovery residence than those with one (aOR, 0.60, 95% CI 0.48-0.76) (Table 1) (Figure 1).

Conclusions

Almost three quarters (72.1%) of the present sample were identified to have at least one marginalized identity, and over a quarter (26.8%) to have two or more in the five demographic categories considered (sex, age, race, ethnicity, and educational attainment). Those with at least two marginalized identities were less likely than those with none to live in a recovery residence during their IOP admission, and those with two or more were less likely than those with one identity to live in a recovery residence. This data supports the notion that the extent of a client's intersecting marginalized identities is important to understanding how they access social determinants of health, such as housing, which might facilitate recovery.

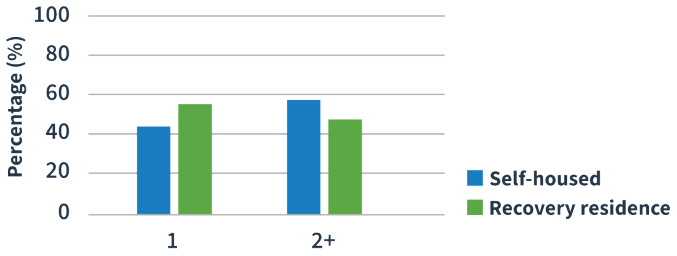
It should be acknowledged that a person's experiences of marginalization, and the related impact on power, privilege, and social positionality, are likely better measured beyond a mere counting of identities. Although the present data suggests that the number of marginalized identities a person has may be one useful way to understand service accessing behaviors, which might help to develop interventions to reduce barriers to access, it would also be useful to study the particular combinations of marginalized identities a person has, as well as interactions with dominant identities. Moreover, the present study did not ask participants about their subjective experiences of marginalization associated with identities, but rather made the assumption that by virtue of having a broadly socially marginalized identity, that they may have experienced marginalization. An identity's ascribed social positionality is likely determined by the social environment in which it is embedded. Thus, further work would benefit from a deeper understanding of the participants' report of their experiences of marginalization. Finally, these findings would next benefit from a better understanding of the reasons why people with marginalized identities choose not to live in recovery residences during treatment as often as their dominant identity counterparts.

Table 1. Associations between number of marginalized identities and recovery housing participation

Number of marginalized identities	Recovery housing		Self-housed		Adjusted		
	N = 2025		*N = 476*				
	n	**%**	***n***	**%**	**OR**	**95% CI**	***p*[a]**
0	598	29.5	99	20.8	Ref		
1	884	43.7	186	39.1	0.89	0.67-1.19	0.44
2	412	20.4	138	29.0	0.58	0.42-0.80	**
3	115	5.7	45	9.4	0.44	0.28-0.69	***
4 or 5	16	0.8	8	1.7	0.30	0.12-0.77	*
One versus two or more	*N=1661*		*N=445*				
1	884	53.2	186	41.8	Ref		
2+	777	46.8	259	58.2	0.60	0.48-0.76	***

[a] *<0.05, **<0.01,***<0.001

Figure 1: Number of marginalized identities



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SUGGESTED CITATION

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