

Racial Equity Program and Policy Rubric for the Governor’s Overdose Task Force

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How to Use This Toolkit and Rubric

Reframe Health and Justice developed and adapted this rubric from the Racial Equity Guide for Local Overdose Prevention and Response offered by RIDOH (October 2022) for the Rhode Island Governor's Overdose Task Force to evaluate the racial impact of potential policy and programmatic changes. This toolkit offers a process-oriented approach to developing racially equitable policies and programs for people who use substances, people in recovery, and impacted families and communities. Thank you to the staff and advocates who contributed valuable feedback to this guide.

Racial Disparities and Health Outcomes for PWUD

In the last several years, rates of fatal and non-fatal overdoses in Rhode Island have increased. Both locally and nationally, this rise in [overdoses has disproportionately impacted Black and brown individuals who use substances](#), and [overdose death rates for Black and Hispanic Rhode Islanders continue to rise](#). In 2020, the Governor's Overdose Task Force responded by [naming structural racism as one of three drivers of fatal overdose](#), a recognition that racial equity in overdose prevention and drug user health is a necessary step towards addressing this crisis. Racial inequities in Rhode Island regarding substance use, overdose, and treatment include:

- Non-Hispanic Black individuals continue to die of accidental drug overdoses at higher rates than any other race in the state.
- Fatal overdoses among non-Hispanic Black and Hispanic/Latine individuals have steadily increased since 2018.
- Black individuals in Rhode Island have the lowest rates of methadone receipt compared to non-Hispanic white or Hispanic/Latine individuals.
- Nationally and locally, communities of color are less likely to have access to buprenorphine treatments.

Racial disparities are the conditions where one racial/ethnic group experiences systemic and disproportionately worse outcomes compared to another racial/ethnic group. Racial disparities in fatal overdose are indicative of historical power and resource inequities. Addressing disparities while reducing overdose rates for all groups requires targeted approaches that address the power and resource gaps that create injustice.

Equity as a Health Intervention

Racial equity work addresses the systemic and structural power dynamics that create and sustain outcome disparities. In 2022, the Racial Equity Work Group of the Governor's Overdose Task Force concretized a definition of racial equity work to address racial disparities in fatal overdose and drug user health for the state. This definition offers guidance for supporting the well-being of all people who use drugs in Rhode Island.

For the Governor's Overdose Task Force, Racial Equity is a process of eliminating racial disparities in:

- *Availability, access to, and perception of treatment and services,*
- *Leadership/power in structures and systems, and*
- *Overall health and life circumstances*

for substance users. It is the intentional and continual practice of changing:

- *The composition of decision-making bodies and leadership,*
- *Policies across multiple systems,*
- *Perceptions of the system, and*
- *Diversity in the landscape of service providers*

by prioritizing measurable change in the lives of people of color.

This guide will support practitioners in anticipating the racial impact of new policies and programs by looking at a program's 1) development, 2) implementation, and 3) evaluation. In the left column of the rubric are guiding questions meant to identify key areas of programming to incorporate racial equity principles to close racial and ethnic disparities in outcomes. In the right column are descriptions of ways to answer the question.

This rubric uses the following principles of racial equity work. Programs that are more likely to have an equitable impact will:

- Identify racial and ethnic disparities;
- Focus on changing systems, not people;
- Redistribute power and resources towards those communities most impacted; and
- Use iterative practices of self-reflection and adaptation informed by meaningful data collection.

In the following sections, you will find:

- A rubric for racial equity which cover three phases of programming
- An explainer of how each section aligns with racial equity principles
- Two sample program analyses

This rubric is a guiding document for crafting and implementing policies that consider racial disparities. These questions are invitations to action toward racial equity.

This racial equity policy rubric is not the only one, and organizations have developed meaningful and expansive racial equity assessments. We encourage you to explore other tools to see different approaches to incorporating equity:

- [Center for the Study of Social Policy's Race Equity Impact Assessment](#)
- [Race Forward's Principles For Racially Equitable Policy Platforms](#)
- [Children's Trust of South Carolina's Racial Equity Impact Assessment Guide](#)
- [Center for Disease Control's Addressing Health Equity In Evaluation Efforts](#)

"Not everything that is faced can be changed, but nothing can be changed until it is faced."

James Baldwin

Facilitation Guide

Goal

This rubric was developed for the purpose of integrating equity practices into policy and program development and implementation in support of people who use substances and people in recovery.

Objectives

- Identify places where practices have been incorporated into program/policy development, implementation, and evaluation.
- Identify opportunities for additional incorporation.
- Better understand the issue being addressed through an equity lens.

Facilitator's Agenda

Activity	Description
<p>Opening & Icebreaker</p> <p>Support Materials Discussion Agreements Template</p>	<ul style="list-style-type: none"> ● Introductions and Icebreaker <ul style="list-style-type: none"> ○ Ask participants to introduce themselves, including if they have worked on the issue/program ○ Activity will ask participants to review, critique and brainstorm. Use icebreakers geared towards trust-building to create a container where participants can reflect and critique practices and/or creativity, to facilitate additional brainstorming. ○ <i>Suggestion: #9. Draw your mood [External Link; Slido Blog]</i> ● Review Discussion Agreements, ask for any additional requests ● Review Racial Equity Definition ● Review agenda and goals
<p>Review the Issue and Goals</p>	<ul style="list-style-type: none"> ● Review issue and goal that the policy/program is meant to address ● Review communities named in the Impacted Communities Worksheet
<p>Large Group Discussion</p>	<ul style="list-style-type: none"> ● Using a large note pad, have three separate sheets for the sections on design, implementation and evaluation and take notes for the answers to each prompt. ● Depending on where the policy is in development and execution use a mixture of review and visioning for each section. ● Work through the questions in each section, taking bullet point notes with the answers. If possible, begin each section with descriptions from those participants who have been a part of the process. Hold discussion and analysis until the descriptive response is complete. ● Once all sections have been completed, review the full process with participants
<p><i>Discussion Questions</i></p>	<ol style="list-style-type: none"> 1. Did anything about this process surprise you? 2. Are there sections (development, implementation, evaluation) where you have incorporated more equity practices than others? How does that shape the outcomes? Why do you think that is?

	<p>3. Are there additional practices that can be incorporated moving forward?</p>
<p>Reflection and Action Items</p>	<ul style="list-style-type: none"> ● Move to discussing <i>What would We Do differently?</i> In Column Three of the Visual Notes Template ● Brainstorm what you would do differently outside of the typical constraints of budget, capacity, or knowledge in each area where participants feel there could be new approaches incorporated into the process. ● Of the brainstorm, discuss which practice: <ul style="list-style-type: none"> ○ Might have the most impact ○ Would be most feasible, based on outside constraints ○ Would require the most additional support ● Based on discussion, decide which additional actions could be incorporated moving forward and assign any follow-up tasks, such as outreach or background research

Racial Equity Rubric

How Does This Program...	Describe your process and findings.
Development	
1. Recognize and respond to existing racial or ethnic disparities in health outcomes?	<p><i>Describe the racial and ethnic disparities you have identified in the specific outcomes of this project/program.</i></p> <p><i>Name the historically marginalized community that this program invests in.</i></p>
2. Follow the direction and leadership of people and communities of color, particularly those communities who are disproportionately impacted by the issue?	<p><i>Name the community organizations and leaders from the community named above who are part of the program development leadership.</i></p> <p><i>Describe how communities contributed to the understanding and analysis of information to determine the cause of identified disparities.</i></p>
3. Have an explicit goal to close or eliminate existing racial/ethnic disparities?	<p><i>Name the outcome disparity addressed and how much the gap is anticipated to close.</i></p>
4. Use anti-stigma principles throughout the process and program (ie. using person-first language)?	<p><i>Explain how anti-stigma principles were valued and incorporated into the development and outcomes of this policy/program.</i></p>
Implementation and Action	
5. Invest resources directly into the impacted community or community-based organization?	<p><i>Describe what budget allocations are going directly to community groups serving the community named above.</i></p>
6. Distribute all program resources in a way which addresses existing racial/ethnic disparities?	<p><i>Describe how resources are being directed to address the outcome disparity named above.</i></p>
7. Take into account power differentials between communities of color, service	<p><i>Describe decision-making policies for program implementation and leadership and how power differentials between community and state actors are considered.</i></p>

providers and state actors to achieve racial/ethnic equity in on-going decision making and implementation?	
8. Consider accessibility needs (ie. language, location, physical space, cost) of disproportionately impacted communities of color?	<i>Name what accessibility needs were identified by the community and how those are being addressed within the program.</i>
9. Avoid relying on criminalization, criminal-legal systems, or law enforcement participation for implementation?	<i>Describe any ways in which criminal-legal system involvement, including systems such as child welfare, are required for program participants.</i>
10. Rely on accessing other forms of service provision, and if so, are these services and systems adequately resourced and culturally responsive?	<i>Name the service partners you are working with to implement this program and describe how those partners have incorporated racial equity into their work for this community.</i>
11. Put the onus on structures offering care to change outcomes, rather than the people seeking care?	<i>Describe how this effort focuses on structural change instead of individual behavior change.</i>
Evaluation	
12. Use metrics which are/can be disaggregated for race and ethnicity to measure disparities?	<i>Describe what metrics will be used to determine program success, including how those metrics measure the intended outcome.</i>
13. Include communities of color in evaluation processes and decisions making around changes?	<i>Describe how program metrics will be analyzed, and how the impacted community is being included in program evaluation.</i>

14. Use a range of metrics, both quantitative and qualitative, in evaluation?	<i>Describe the types of metrics being used for program analysis.</i>
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Racial Equity Rubric Explainer

This rubric was developed with the following principles of racial equity:

- Identification and targeting racial and ethnic disparities;
- Focusing on changing systems, not people;
- Redistributing power and resources towards communities most impacted by inequity; and
- Iterative practices of self-reflection and adaptation using meaningful data collection.

Principle A: Identification of Racial and Ethnic Disparities

Being able to identify existing racial and ethnic disparities in health outcomes enables our programs to work directly towards closing those gaps. At every stage of programming, practitioners must understand the different dynamics of communities and populations from design to evaluation. Identifying these gaps can come from disaggregation of state or existing program data, partnerships with impacted communities, or information gathered from individual community leaders or program participants. Recognition is the first step to targeted intervention.

Focus Area	Principle in Practice	Rubric Questions
Development	Include community groups and members in identifying disparities and barriers and collaborate in program design. Program goals should include addressing existing racial and ethnic disparities.	1. How does the program/policy recognize and respond to existing racial or ethnic disparities in health outcomes? 3. How does the program/policy include goals of closing existing racial disparities?
Implementation and Action	Instead of a one-size-fits-all approach, programs should consider the unique needs of impacted communities, such as offering multilingual resources.	8. How does the program/policy consider accessibility needs (ie. language, location, physical space, cost) of impacted communities?
Evaluation	Collect information on the impact of programs in a way which can evaluate racial disparities in outcomes.	12. How does the program/policy use metrics which are/can be disaggregated for race and ethnicity to measure disparities?

Example: PROGRAM DEVELOPMENT. By RECOGNIZING racial disparities in outcomes of populations accessing recovery services, the Racial Equity Work Group of the Governor’s Overdose Task Force RESPONDED by collecting more information specific to substance users of color. The Work Group supported a series of focus groups with BIPOC substance users on needs and barriers to accessing treatment. This process used qualitative data collection which centered on the needs of marginalized community members. These results can help inform programming decisions moving forward to address the unique gaps in care for racialized individuals.

Principle B: Focusing On Changing Systems, Not People

Equity work involves addressing structural and systemic inequity which creates disparities between individuals. Widespread community impact does not happen when focused on changing individual behavior and decision-making. To change the circumstances of communities, programming should focus on the systems and structures which create the circumstances, not the individuals who respond to them. This requires those tasked with implementation and change to be actively engaged in their own racial equity work, and to have a strong network of culturally-responsive care. A referral for care is only as good as the quality of services available. Expanding the network of care providers includes investing in anti-stigma work to increase the number of affirming care options for people who use substances. Read more about the [Guiding Principles for Addressing Stigma on Opioid Addiction](#).

Achieving racial equity also means programs should understand the context of structural determinants of health and seek to make upstream changes, including through supportive advocacy in aligned areas, to achieve downstream results. Recognizing a program’s relationship to the structural determinants of health also means recognizing the relationship between criminalization, which disproportionately targets people and communities of color, and negative health outcomes.

Focus Area	Principle in Practice	Rubric Questions
Development	Focus change on the systems and structures which control the circumstances of accessing care instead of individual behavior. For example, if the disparity in care identified is that racialized clients are far less likely to have insurance, structural change would be to hire an insurance navigator to support uninsured clients and advocate for expanding Medicaid coverage at the state level. While the intervention can support all uninsured clients, centering on a barrier which is disproportionately impacting people of	11. How does the program put the onus on structures offering care to change outcomes, rather than the people seeking care? 4. How does the program use anti-stigma principles throughout the process and program?

	color can begin to change a circumstance leading to racial and ethnic disparities.	
Implementation and Action	<p>Programs should be aware of the local landscape of systems and actors which impact the health and well being of people who use substances. Programs should prioritize partnerships and involvement of organizations which have aligned racial equity practices and commitments. Programs should not rely on policing or criminalization for implementation, as criminalization is a driver of health inequity.</p>	<p>9. How does the program avoid relying on criminalization, criminal-legal systems, or law enforcement participation for implementation?</p> <p>10. How does the program rely on accessing other forms of service provision, and if so, are these services and systems adequately resourced and culturally responsive?</p>

Example: DEVELOPMENT and IMPLEMENTATION. Rhode Island for Community and Justice, a community organization committed to fighting myriad forms of injustice including racism, has supported the building of Juvenile Hearing Boards throughout the state, creating ALTERNATIVE STRUCTURES for young people to participate in accountability practices which AVOID RELYING on the criminal-legal system. Racialized youth are significantly more likely to encounter punitive systems, including in schools, and can benefit from alternative investment.

Principle C: Redistributing Power And Resources Towards Those Communities Most Impacted

Disparities in outcomes are a symptom of long-standing power imbalances due to historical racism. Racial equity-focused programs should recognize these foundational gaps and be responsive to addressing them. Redistribution of power includes shifting both existing leadership in multi-stakeholder programming and supporting decision-making by communities of color to implement programs that suit their specific needs. Redistribution of resources includes increasing investment in communities experiencing structural inequity.

<i>Focus Area</i>	<i>Principle in Practice</i>	<i>Rubric Questions</i>
Development	Programs that redistribute power and resources in development make sure that impacted communities have decision-making power over the design of the program. For example, when community members are asked to contribute to program design, they are compensated in line with other outside experts and accessibility is prioritized.	7. How does the program take into account power differentials between communities, service providers and state actors to achieve equity in on-going decision making and implementation?

	<p>Programs that redistribute power and resources will appropriately consider power differentials between different actors, especially state-based and community-based stakeholders, when engaging in collaborative development, including grant applications. For example, a program could set up an advisory board to review grant evaluation criteria.</p>	
<p>Implementation and Action</p>	<p>Programs that redistribute power and resources in implementation invest resources into community organizations and members to implement programming. Programs will allow flexibility of programs to ensure responsiveness to unique community needs. For example, if travel stipends are offered state-wide, allow flexibility for areas with ample public transportation to offer bus passes and rural locations to offer gas cards. To distribute these resources in a way which addresses disparities, allocate how many bus passes are distributed to under-resourced communities further from service providers instead of a single, state-wide amount.</p>	<p>5. How does the program invest resources directly in a community or community-based organization?</p> <p>6. How does the program distribute all resources in a way which addresses existing resource disparities?</p>
<p>Evaluation</p>	<p>Incorporate community organizations and members into program evaluation and ensure communities of color are involved in program adjustments and changes. Utilize multiple forms of information gathering, especially qualitative information, and include all forms of information to analyze program efficacy and support needed adjustments.</p>	<p>12. How does the program include communities of color in evaluation processes and decision making around changes?</p>

Example: DESIGN and IMPLEMENTATION. The Rhode Island Foundation’s Equity Leadership Initiative INVESTS RESOURCES in a cohort of BIPOC community members through a year-

long program of individual coaching and mentorship, strengthening peoples’ networks and leadership development to support more leaders of color in Rhode Island.

See Also: [Young Women’s Equity Coalition](#) at Rhode Island for Community and Justice, supported by the Women’s Fund of Rhode Island

Principle D: Iterative Practices Of Self-Reflection And Adaptation Using Meaningful Data Collection

Racial equity work is an on-going practice without a singular end goal. As racial disparities change, including for the better, programs and practices should be responsive to these shifting needs. To understand how programs should adapt, regular data collection should be conducted, with an intention towards collecting information on their success within marginalized communities. Metrics should focus on collecting data on the outcomes desired, and include quantitative and qualitative data.

<i>Focus Area</i>	<i>Principle in Practice</i>	<i>Rubric Questions</i>
Evaluation	Programs with iterative practices of self-reflection focus data collection on desired outcomes, instead of program inputs. Programs include the leadership of impacted communities in analysis and program adaptation.	<p>12. How does the program use metrics which are/can be disaggregated for race and ethnicity to measure disparities?</p> <p>13. How does the program include communities of color in evaluation processes and decisions making around changes?</p> <p>14. How does the program use a range of metrics, both quantitative and qualitative, in evaluation?</p>

Example: EVALUATION. The Governor’s Action Plan for addressing overdose in Rhode Island has gone through regular analysis of success and uses that information for ADAPTATION. The [2020 Evidence Update](#) described using both QUANTITATIVE DATA, DISAGGREGATED BY RACE, and QUALITATIVE data to identify barriers and themes which led to naming structural racism as one of three drivers of fatal overdoses in the state.

Racial Equity Rubric Example 1

Racial Equity-Focused Program

Program Description: The City of A spent a year conducting research on the health of substance using people with a racial equity lens. The city had city-level public health data on things like overdose rates and emergency department visits which they were able to disaggregate by race and ethnicity, among other variables. In their findings, they discovered that the greatest disparities were in Latine-identified individuals, specifically those from recent migrant communities in Neighborhood B. The research found that there were numerous gaps in resources, including outreach services and drug user health-specific interventions. To better understand this information, the City conducted focus group meetings at local community-based organizations, facilitated by local organizers, and did key informant interviews with community leaders and service providers. From there, the city held invite-only planning meetings with some of those organizations and leaders to analyze the information and brainstorm plans for intervention. With this information, the city created a grant program to:

- (1) hire full-time outreach workers, housed at those community-based organizations to do on-site and mobile drug user health programming and offer referrals care, including substance use-specific organizations, and
- (2) offer trainings on cultural humility, harm reduction interventions, and anti-stigma practices for substance use.

The goal is to improve the health of Latine-identified substance users in the area. The evaluation metric to determine success will be the number of Latine-identified people from Neighborhood B accessing substance-use specific health services increasing over time.

How Does This Program...	Describe your process and findings.
Development	
1. Recognize and respond to existing racial or ethnic disparities in health outcomes?	The program intervention named focuses on Latine individuals from Neighborhood B. City-level data showed that this community is currently accessing health services for substance use at lower rates than comparable groups. The program is designed to address this disparity specifically, with an explicit goal of closing this disparity.

<p>2. Developed with the direction and leadership of people and communities of color?</p>	<p>Community-based organizations hosted and facilitated focus groups; key community leaders were identified for additional information sharing. Analysis of the data was done collectively with community leaders. Recommendations for programming were developed in collaboration with community leaders.</p>
<p>3. Include goals of closing existing racial disparities?</p>	<p>The goal of the program is to close disparities for Latine communities accessing substance use services.</p>
<p>4. Use anti-stigma principles throughout the process and program (ie. using person-first language)?</p>	<p>One of the trainings offered will be on stigma against substance users.</p>
<p>Implementation and Action</p>	
<p>5. Invest resources directly in a community or community-based organization?</p>	<p>Funding for an outreach worker will go directly to a community-based organization.</p>
<p>6. Distribute all program resources in a way which addresses existing disparities?</p>	<p>Program funding will go into a community-based organization currently located in and serving Latine individuals from Neighborhood B, though it is unclear on the full budget of the program from the summary.</p>
<p>7. Take into account power differentials between communities, service providers and state actors to achieve equity in on-going decision making and implementation?</p>	<p><i>More information needed beyond summary for who will be doing on-going evaluation and program analysis.</i></p> <p>Recommendation: <i>Develop an advisory board from the initial stakeholders to review program data semi-annually, with clear decision-making practices between the City and the CBO.</i></p>

<p>8. Consider accessibility needs (ie. language, location, physical space, cost) of underserved communities?</p>	<p>Program is located within the neighborhood where the impacted community lives, with mobile outreach.</p>
<p>9. Avoid relying on criminalization, criminal-legal systems, or law enforcement participation for implementation?</p>	<p>Program is independent of criminal-legal systems and actors for implementation.</p>
<p>10. Rely on accessing other forms of service provision, and if so, are these services adequately resourced and culturally responsive?</p>	<p>The program relies on access to existing health care and substance-focused services. Programs are being supported through training and TA to expand services both to new communities (cultural humility training) and new service offerings (harm reduction and anti-stigma).</p> <p><i>Recommended:</i> Program evaluation could also be conducted on the experiences of Latine patients at different locations to assess additional needs re: cultural humility.</p>
<p>11. Require the effort being expended to change outcomes to be done by structures offering care, or people seeking care?</p>	<p>Effort is being expended by service organizations through city funding. Individuals will have outreach into local communities through service providers they already frequent.</p>
<p>Evaluation</p>	
<p>12. Use metrics which are/can be disaggregated for race and ethnicity to measure disparities?</p>	<p>Metrics are focused on individuals who identify as Latine from a specific geographic community.</p>
<p>13. Include communities of color in evaluation processes and decision making around changes?</p>	<p><i>More information needed beyond the summary. Not clear from the description about the processes of evaluation for change.</i></p>

<p>14. Use a range of metrics, both quantitative and qualitative, in evaluation?</p>	<p>Only one quantitative metric is being considered for evaluation.</p> <p><i>Recommendation:</i> <i>Include funding for semi-annual focus groups to assess success of the program.</i></p>
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Racial Equity Rubric Example 2

General Drug User Health Program, No Racial Equity Component

Program Description: The City of H has been experiencing an overdose crisis specific to fentanyl in opioids, as evidenced from local emergency department information. In the information provided, fatal overdoses were more common for Black and Latine-identified individuals. To address this rise in fatal overdose, the city brought together representatives from all substance use-focused service providers, the DOH, and hospitals in the area to identify possible interventions. In response, the city created a program within the Department of Health to purchase and distribute fentanyl testing strips at all DOH clinics in the city. Once a month, locations are also required to offer at least one training on how to use the strips to be held at their locations. The goal is to reduce overdoses related to fentanyl, and the metric for evaluation will be the number of strips distributed.

How does this program...	Describe your process and findings.
Development	
1. Recognize and respond to existing racial or ethnic disparities in health outcomes?	While the program does acknowledge that there are racial disparities, the program does not respond to these disparities directly and instead implemented a “one size fits all” approach without addressing disparate experiences.
2. Developed with the direction and leadership of people and communities of color?	Stakeholders brought together were all service providers, state health officials, and local health practitioners. Communities of color were not intentionally consulted. Recommendation: Include key partners from impacted communities to explore what is leading to the disparity in fatal overdoses and design interventions which speak to those disparities.
3. Include goals of closing existing racial disparities?	The program does not have a racial equity goal in addition to the reduction of overdose deaths.
4. Use anti-stigma principles throughout the process and	Unclear from the description.

<p>program (ie. using person-first language)?</p>	
<p>Implementation and Action</p>	
<p>5. Invest resources directly in a community or community-based organization?</p>	<p>Resources are invested at the state level and maintained by DOH-operated services, which means no resources are being invested in communities of color.</p> <p>Recommendation: Resources, including funding for outreach and distribution, should go to community-serving organizations and community members in addition to, or instead of, exclusively increasing the capacity of the state.</p>
<p>6. Distribute all program resources in a way which addresses existing disparities?</p>	<p>Resources will be distributed without addressing inequity and maintained at the state level.</p>
<p>7. Take into account power differentials between communities, service providers and state actors to achieve equity in on-going decision making and implementation?</p>	<p>Power and decision-making remains with state actors and does not include local communities or service providers.</p>
<p>8. Consider accessibility needs (ie. language, location, physical space, cost) of underserved communities?</p>	<p>It is not clear from the description how these locations serve communities.</p>
<p>9. Avoid relying on criminalization, criminal-legal systems, or law enforcement participation for implementation?</p>	<p>The program is independent of criminal-legal systems or actors and uses health locations for distribution.</p>
<p>10. Rely on accessing other forms of service provision, and if so, are</p>	<p>Program does not rely on accessing other forms of service provision.</p>

<p>these services adequately resourced and culturally responsive?</p>	
<p>11. Require the effort being expended to change outcomes to be done by structures offering care, or people seeking care?</p>	<p>The behavior change expected is that people who use substances are asked to take and use the test strips, and then to change their consumption in order to avoid overdose.</p> <p>Recommendation: <i>If the presence of fentanyl is the main driver of fatal overdoses, upstream structural change would be to offer a safe supply for opiate users.</i></p>
<p>Evaluation</p>	
<p>12. Use metrics which are/can be disaggregated for race and ethnicity to measure disparities?</p>	<p>It is not clear if these locations collect racial/ethnic demographic data.</p>
<p>13. Include communities of color in evaluation processes and decisions making around changes?</p>	<p>Decision-making is maintained at the state level.</p>
<p>14. Use a range of metrics, both quantitative and qualitative, in evaluation?</p>	<p>The distribution of fentanyl strips is the only metric being used.</p> <p>Recommendation: <i>Use qualitative research to better understand racial disparities in fatal overdoses and the barriers faced by impacted communities.</i></p>