

Op-Ed:
The 'Walmart effect' on Grassroots Recovery Organizations
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We all dream of a healthcare system that is truly responsive, inclusive, and effective in addressing the needs of our most vulnerable community members. As New Jersey grapples with an unprecedented overdose crisis, I've noticed a concerning trend: Our state and local governments pour increasing funding into combating the epidemic year after year, yet the situation only seems to worsen. Why? The answer lies in where funds are distributed, and who makes those decisions.

For people struggling with a substance use disorder, grassroots recovery community organizations are often the first point of contact in accessing critical free services like mental health resources, emergency housing, food assistance, harm reduction supplies, wound care, and warm (in-person) handoffs to specialized health services. Staff and volunteers are often in recovery themselves and take the time to participate in community meetings, build relationships and trust with clients and families, and educate the broader community.

Grassroots organizations are not just vital for providing care, they are cost-effective. Lower administrative overhead means more direct service delivery per dollar spent. Yet many of these organizations find themselves struggling for survival amid a skewed funding landscape that favors large behavioral health corporations that already have lots of money and name recognition.

FUNDING FIRST, OR CLIENTS?

Health corporations, on the other hand, tend to be more focused on the growth of their funding than on the growth of their impact and have a hard time relating to the communities they're based in. In some cases, the longer a company holds a grant, the more likely it is for the program to show cracks. Some hold so many massive grants at a time that they're not able to fulfill what was promised within one, forgetting why they received the funding in the first place.

This trend mirrors a phenomenon called the "Walmart effect," describing what happens to communities and small businesses when big corporations with endless resources, like Walmart, move into the neighborhood. When mom-and-pop stores close because they can't compete, people lose jobs and turn to Walmart for career survival. It's a disturbing paradox: the unsung heroes on the front lines providing essential services are losing grants and barely scraping by, while some large behavioral health corporations and universities have administrative and fringe-benefit costs upward of 70% of their overall funding.

The pandemic further exposed this disparity. If you were never alone and struggling, you may not understand how dangerous it could be to lose access to in-person support systems. When health services transitioned to telehealth, many grassroots organizations innovatively adapted safe ways of keeping their doors open to maintain crucial personal touch with people reaching for help during the most difficult time of their lives. The adaptability and commitment to meeting people where they're at are what larger conglomerates often lack and are a testament to these organizations' essential role in our healthcare ecosystem. This funding inequity threatens the very existence of these vital community resources, and thus, the people who rely on them to stay alive.

New Jersey's distribution of \$1.1 billion in opioid settlements over the next 18 years presents an opportunity to do things differently. This money is earmarked to right the wrongs our families and communities faced at the hands of greedy drug corporations. People who have lived experience with addiction and recovery have a right and a responsibility to say where the money goes since they know best what is helpful and what isn't. Gov. Phil Murphy's creation of state- and county-level opioid recovery and remediation advisory councils is commendable, but leaves

room for enormous conflicts of interest: Many seats are filled by large behavioral health groups, while just one seat per council is reserved for an individual with lived experience.

As opioid settlement advisory councils are making recommendations about which programs to fund, now is the time for decision-makers to empower our grassroots organizations and ensure the stability of the invaluable role they play in the fight to end preventable overdoses. They must remember that high-quality care comes through relationships and person-centered treatment. This is not just a matter of health care policy; in many cases, it's life or death and a reflection of our state's commitment to equitable and compassionate care for all.