

What's Equity Got To Do With It? Centering Equity in Problem Gambling Prevention

November 6, 2025 1:00-3:00 pm EST

Sokoni Davis, EdD | Special Projects Manager

Debra Morris, MPH, MCHES | Senior Training and Technical Assistance Associate

Kathryn Jaksic, MPH | Training and Technical Assistance Associate





Please Introduce Yourself

1

2

Name, Organization, and Role



Activity: Pick a Number

Share a significant number to you personally or in your work.



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Introducing Today's Presenters









Sokoni Davis, EdD Special Projects Manager

Debra Morris, MPH, MCHES

Senior Training and Technical

Assistance Associate

Kathryn Jaksic, MPH
Training and Technical
Assistance Associate

Keri LemoineTraining Coordinator







Training Objectives

- Define and describe common concepts and words associated with disparities, health equity, and cultural-linguistic responsiveness.
- Describe how structural and institutional factors impact community health.
- Identify how discrimination and oppression of all kinds are a threat to the health of communities.
- Identify ways to apply health equity and cultural responsiveness to our work to improve the individuals we serve and the overall community's health.

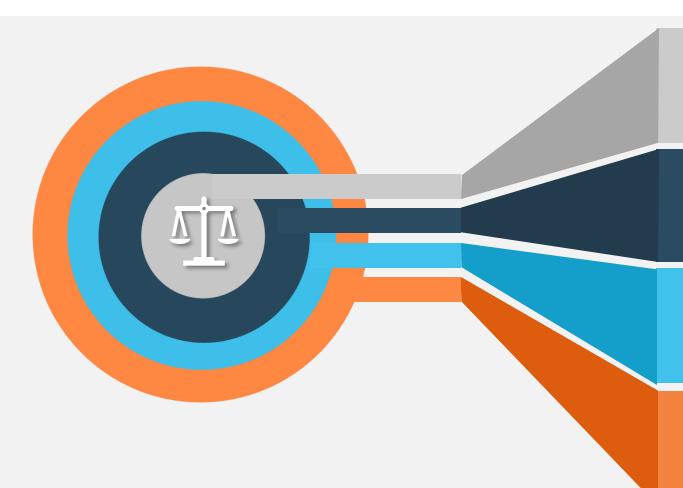
Group Agreements

- ✓ It is important to be engaged
- ✓ Speak from your experience
- Experience discomfort as a part of learning
- ✓ Share airtime, make space for others
- ✓ Listen for understanding
- Maintain confidentiality
- Stay curious beyond this training

What would you add to make this time more productive for you?



Principles to Guide Our Learning



Everyone has their <u>own life experience</u>. This is important wisdom that we want you to bring in the room.

There are no "right answers" or "right ways to think." We can value everyone's perspective at the same time.

<u>Use history as a tool</u> to understand what has happened and how to create solutions for the future.

Operationalizing equity is a journey.

Part 1

What's Equity Got To Do
With It?
Centering Equity in Problem
Gambling Prevention



November 6, 2025

Part 2

Stronger Together:
Partnering to Prevent
Problem Gambling at Its
Roots



December 16, 2025



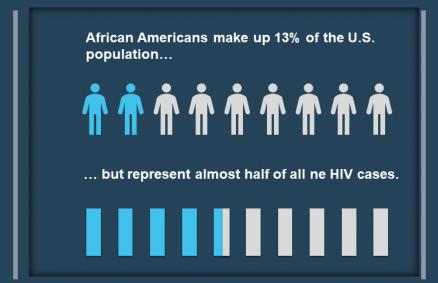
KEY TERMS

- Disparity,
- Disproportionality, and
- Inequity

Understanding Key Terms Disparity, Disproportionality, and Inequity



Disparity refers to the state of being unequal.



Disproportionality refers to the state of being out of proportion.



Health Inequities: A difference or disparity in health outcomes that is systematic, avoidable, and unjust.

Health Inequity (Unjust Why?)

A health inequity is a type of health disparity that is unjust, avoidable, and rooted in social, economic, or environmental disadvantage.

<u>The difference</u> is believed to be caused by <u>systemic factors</u> such as racism, poverty, discrimination, or unequal access to resources.

Example:

• Higher maternal mortality rates among Black women.



Health Disparity (The What?)

A <u>health disparity</u> refers to a <u>difference in health</u> <u>outcomes or health status</u> between different groups of people.

These differences are **measurable** and can be described **using data**.

Example:

The infant mortality rate for African Americans is 11.4 per 1,000 live births, compared to 4.9 per 1,000 live births for white Americans.



Inequities and Disparities In Problem Gambling

Research consistently shows that rates of gambling disorder and its associated harms are not evenly distributed across populations.

<u>Socioeconomic Status</u>: *Disparity* - People with lower income tend to experience higher rates of gambling problems, often because gambling is perceived as a quick way to improve financial security. *Inequity* – lower wages, unemployment / underemployment, lack of training and education opportunities

Race and ethnicity: **Disparity** - Certain racial and ethnic minority groups have higher prevalence of gambling-related harm.

Inequity - linked to targeted marketing and unequal access to prevention services

What are some other examples of disparities and inequities in problem gambling?



Why We Conduct an Academy on Equity

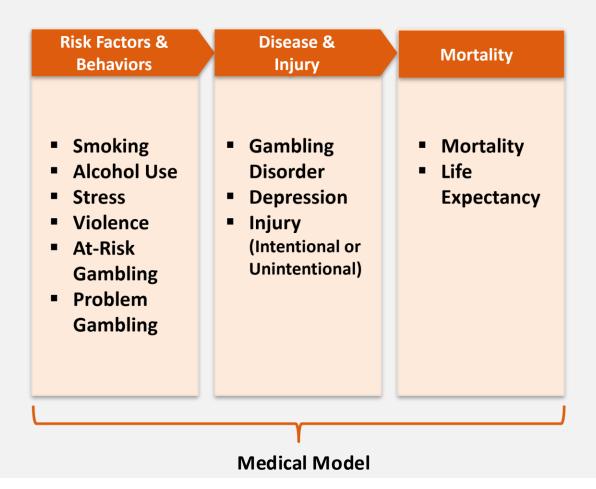
The most prevalent and severe health inequities in Massachusetts occur where there is poverty, systematic racism, and discrimination.

Some of the most common and well-researched health inequities are experienced between groups based on socioeconomic status, race, ethnicity, sexual orientation, gender expression, and geographic location.

Historically, community level experiences and communities of color are not the focus of programs and services.

Where To Begin

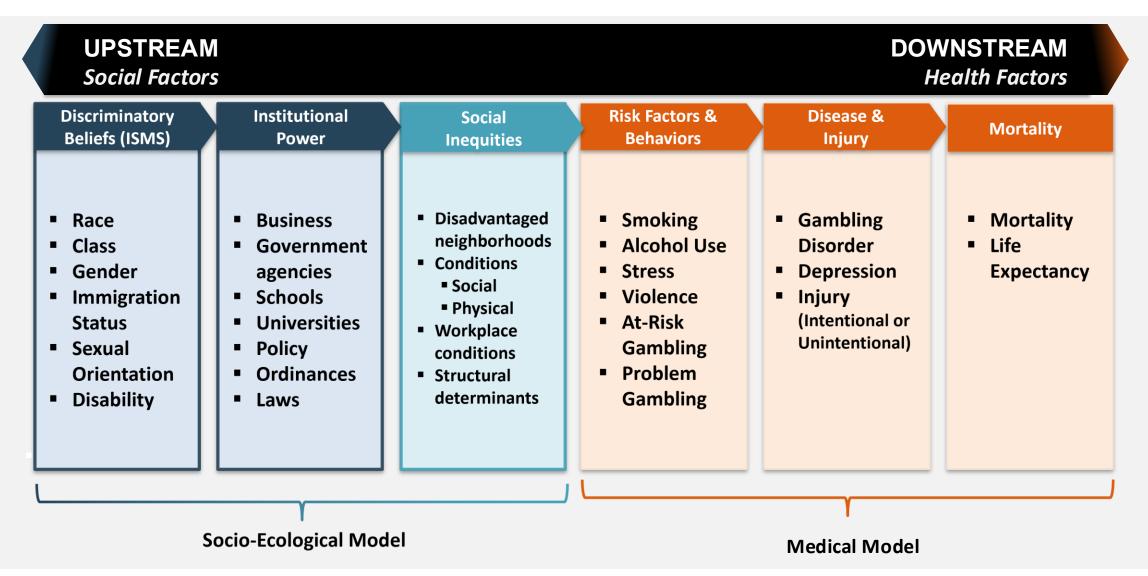
Often the emphasis is on the relationship between gambling participation, harms, and outcomes.



In fact, some of the most common and well-researched health inequities are experienced between groups based on socioeconomic status, race, ethnicity, sexual orientation, gender expression, and geographic location.

Source: Alameda County Public Health Department. (2008). Life & death from unnatural causes: Health & social inequity in Alameda County.

We Must Move Upstream



Source: Alameda County Public Health Department. (2008). Life & death from unnatural causes: Health & social inequity in Alameda County.

The Equity Academy Series

Session 1

Discriminatory Beliefs (ISMS)

- Race
- Class
- Gender
- ImmigrationStatus
- Sexual Orientation
- Disability

Institutional Power

- Business
- Government agencies
- Schools
- Universities
- Policy
- Ordinances
- Laws

So, Let's get started on root causes and centering equity.

Session 2

Social Inequities

- Disadvantaged neighborhoods
- Conditions
 - Social
 - Physical
- Workplace conditions
- Structural determinants

Source: Alameda County Public Health Department. (2008). Life & death from unnatural causes: Health & social inequity in Alameda County.

SECTION 1: AN EQUITY LENS



Image Source: http://www.i-fink.com/building-sustainably/

An Equity Lens

Viewing our work through an Equity Lens is like getting a new pair of glasses. It helps you:

- See things from a new perspective.
- Be more effective in your everyday work by getting a clearer focus and more complete view.





Concepts and Definitions

Race

A socially constructed way of grouping people, based on skin color and other perceived physical differences, which has no genetic or scientific basis.

Race is not the same thing as ethnicity or culture.

The social construct used to justify social and economic oppression.



Understanding Key Terms

Privilege and Oppression

Privilege

Advantages and immunities enjoyed by one, usually powerful group or class, especially to the disadvantage of others.



Oppression

Unjust use of power and authority used to the advantage of dominant groups and the disadvantage of a non dominant group.

The freedom to stand while riding on the UP escalator

Being required to run up the DOWN escalator

Discrimination

Unfair or prejudicial treatment of people and groups based on characteristics such as race, ethnicity, gender, age, sexual orientation, and nationality.

Prejudice → Stereotype → Discrimination



- The Fair Housing Act

 prohibits discrimination in the sale, rental, and financing of dwellings on the basis of race, color, national origin, religion, sex, familial status, and disability.
- The Civil Rights Act, and the Americans with Disabilities Act prohibit discrimination in employment on the basis of race, color, sex, ethnic origin, age, and disability.

Gender **Upbringing** Age **Physical** Religion **Ability** Income Education Parental Status Culture Family Appearance Sexual Orientation Ethnicity Race Marital **Status** Image by Rosa Sheng, AIA

Implicit Bias

- Refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner
- Are activated involuntarily and without an individual's awareness or intentional control

Race - A socially constructed way of grouping people

<u>Racism</u> - Defined as an organized social system that devalues and disempowers groups of people

<u>Privilege</u> - Advantages and immunities enjoyed by one group

Oppression - Unjust use of power and authority against another group

<u>Discrimination</u> - Unfair or prejudicial treatment of people and groups based on characteristics

Implicit Bias - Refers to the attitudes or stereotypes that unconsciously affect our actions, thoughts, etc.

GROUP DISCUSSION

Some questions to consider:

- What do these words have in common?
- How have these words impacted your community, work, etc.
- How do we or can we create bridges in our community, work, etc. despite the barriers?
- Additional thoughts and reflections?

*Please be prepared to share out

Health Equity

Means that everyone has a **fair** and **just** opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty, discrimination, and their consequences. These consequences include powerlessness and lack of access to good jobs with fair pay, quality education, quality housing, safe environments, and health care.

Behavioral health equity builds on this definition and directs specific attention to behavioral health disorders.



Robert Wood Johnson Foundation

Equality – Everyone gets the same regardless if its needed or right for them.



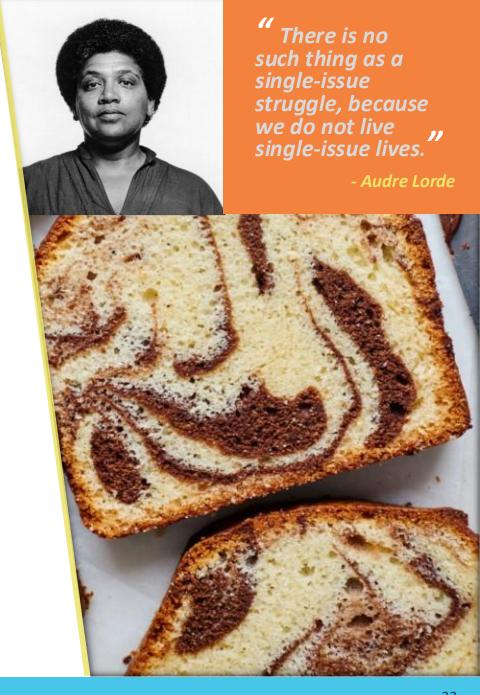
Equity – Everyone gets what they need, but also understands the barriers, circumstances, and conditions.



Source: Robert Wood Johnson Foundation

Intersectionality

- Refers to the interconnected nature of social categorizations such as gender, race, class, and others that cannot be examined in isolation from one another.
- This creates overlapping and interdependent systems of discrimination and disadvantage.

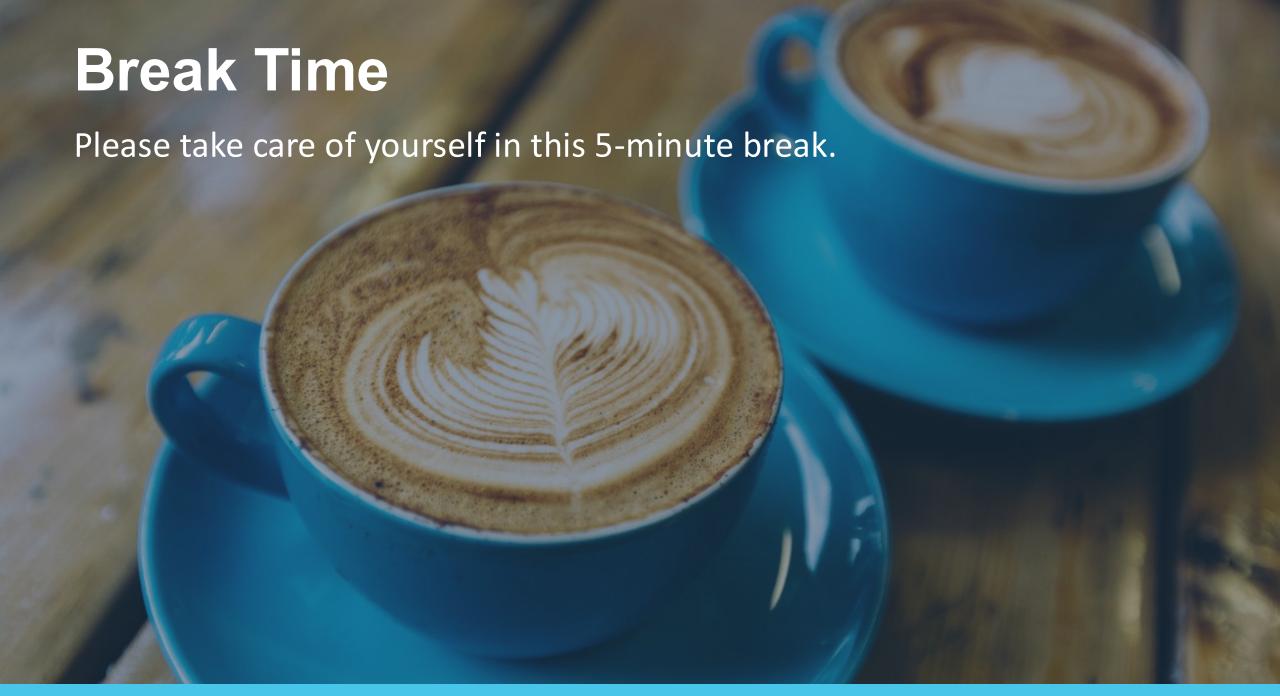


Health Disparity

- ✓ "Particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage."
- ✓ Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on:
 - Racial or ethnic group
 - Religion
 - Socioeconomic status
 - Gender
 - Age

- Mental health
- Cognitive, Sensory, or Physical Disability
- Sexual orientation or gender identity

- Geographic location
- Other characteristics historically linked to discrimination or exclusion



SECTION 2: COMMUNITY HEALTH



Applying a Racial Equity Lens

Explicitly considering race, ethnicity, and racism when we analyze issues, look for solutions, and define what success really means

Disparities

Race, Racism, Discrimination and Health

At least half

of Black and Hispanic adults and about 4 in 10 Asian adults say they have experienced at least 1 type of discrimination in their daily life. People who experience discrimination are more likely to report adverse effects from worry and stress, as well as regular feelings of loneliness, anxiety, and depression.

30% of adults
overall report at least one
negative experience with
a health care provider in
the past three years...
because of their race or
ethnicity.

Negative experiences with health care providers as well as language access challenges have consequences for health and health care use.

Cambridge **Boston** ALLSTON SOUTH END Brookline ROXBURY DORCHESTER ASHMONT North Quincy MATTAPAN

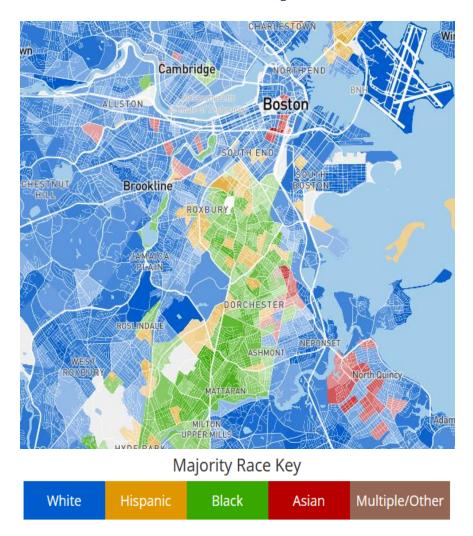
Majority Race Key

White Hispanic Black Asian Multiple/Other

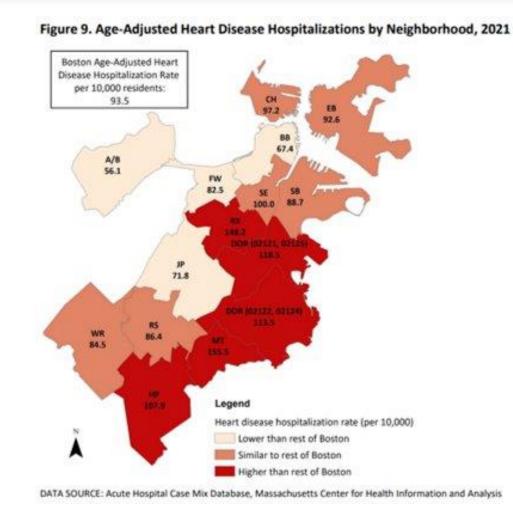
Self-Identified Race of Boston, MA Population

Race	2010	2020
White	50%	71.7%
Hispanic	17%	9.9%
Black	22%	6.1%
Asian	9%	8.0%
Native American	0.1%	0.1%
Other	4.2%	4.2%

Self-Identified Race of Boston, MA Population

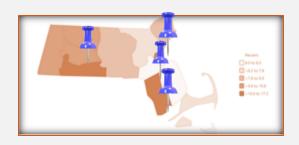


Heart Disease Hospitalizations by Neighborhood



SECTION 3: APPLICATION









Examples of Disparities in Massachusetts Driven by Inequities

- Individuals with low incomes are exposed to increased gambling access.
- The Massachusetts Gaming Commission has identified immigrants, African Americans/Black individuals, and Hispanics as populations to monitor for risk.
- Older adults are aggressively targeted by the industry, with offers of free food, transportation, and other incentives.
- For many in the AAPI community, gambling is a source of recreation and relief from social isolation and concentrated poverty.

What <u>additional disparities</u> do you see in your communities?

Case Study: A Look at Gambling Disparities

Individuals Living in Poverty, Older Adults, and AAPI

People with Annual Income Less Than \$15,000 are 2x as likely to experience gambling problems.

Over 70%
of older adults
gambled in MA last year.
They are susceptible to
problem gambling and many
experience economic
devastation.

Asian American and Pacific Islander (AAPI) communities are disproportionately impacted by problem gambling.

Racism is defined as an organized social system that devalues and disempowers racial groups regarded as inferior, reduces access to resources and opportunities such as employment, housing, education, and health care and increases exposure to risk factors.

Williams & Lawrence 2019



Case Study: Jorge

Jorge is a **54-year-old man**, who migrated to **Jamestown from Mexico** six years ago. He arrived in Jamestown without a high school diploma. He was able to secure a job with a construction company. The pay was acceptable to him but didn't include health insurance benefits. Jorge moved into a neighborhood where he would connect with others recently migrating from Mexico. It turns out that gambling was a popular past time among these new friends, and that some thought it was a chance get ahead and change their life. While he made some friends, his salary was not sufficient to bring his extended family to Jamestown and he often felt isolated, bored, and lonely. Jorge **began gambling more and more**. At first, he would only occasionally purchase a lottery ticket, and then over time having been exposed to marketing targeting individuals living in lower income neighborhood, Jorge added new types of **gambling** to his routine. Soon he was **experiencing problems** with paying his bills, more strain at work, and what started as gambling to deal with isolation became more pronounced depression.





Case Study: Jorge

Based on the information provided above:

- What are some of the impacts of racism on Jorge?
- How might he have been devalued or disempowered?
- What barriers to resources or opportunities could he have faced?
- What exposures to risk for problem gambling is he experiencing?
- In your role, what resources or support can you offer Jorge?
- Additional thoughts?

Evaluation

Please take a moment to complete our evaluation as we close out this session.



Questions? &

Reflections

Share a word, thought and/or feeling after our session today.

Upcoming MCOE PGP Trainings

Title	Date and Time
Engaging the Community and Partners to Build Capacity to Prevent Problem Gambling	Wednesday November 19, 2025 1–3 pm EST
Part 2 – Stronger Together: Partnering to Prevent Problem Gambling at Its Roots	Tuesday December 16, 2025 1 –3 pm EST



We Are Now on Social Media!

Scan the QR codes below to follow our pages



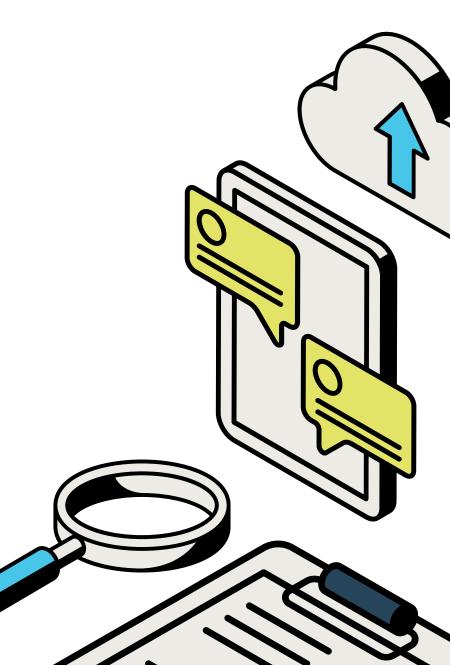
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LinkedIn



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