



PROBLEM
GAMBLING
PREVENTION

Partnering For Change:

Understanding the Structural and Social Determinants of Health to Prevent Problem Gambling

July 16, 2025 | 1:00 – 3:00 pm ET

Presenters:

Debra Morris, MPH, MCHES | Health Equity Advisor, MCOE PGP

Sarah Jerome, MA, MPH | Technical Assistance, MCOE PGP

Carol Musallam, M.Sc. | Training Coordinator, MCOE PGP



EDC.ORG



Part 1

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



May 20, 2025
10:00 am – 12:00 pm

Part 2

Partnering for Change: Understanding the Structural and Social Determinants of Health to Prevent Problem Gambling



July 16, 2025
1:00 pm – 3:00 pm

Introducing Today's Presenters



Debra Morris
Health Equity Advisor



Sarah Jerome
Training and Technical
Assistance Associate

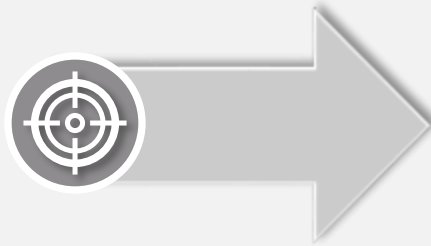


Carol Musallam
Training Coordinator



Key Objectives

Centering Equity in Problem Gambling Prevention



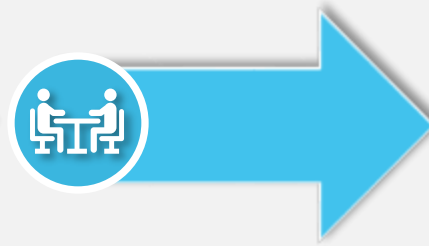
Describe how health equity frameworks can explain the complex set of inter-related factors that drive disparities in problem gambling.

01



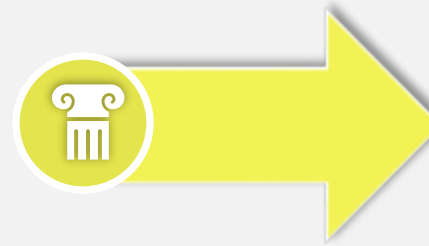
Identify key issues to analyze and address in planning to eliminate health disparities and inequities.

02



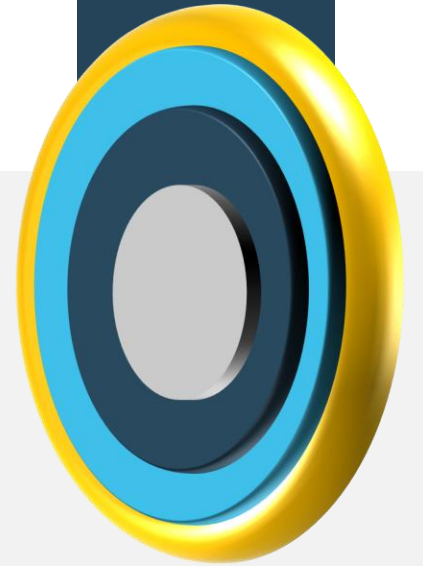
Describe a process to involving the community, engaging partners, and empowering change.

03



List strategies to address four pillars of community equity.

04



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.



**Group
Discussion**

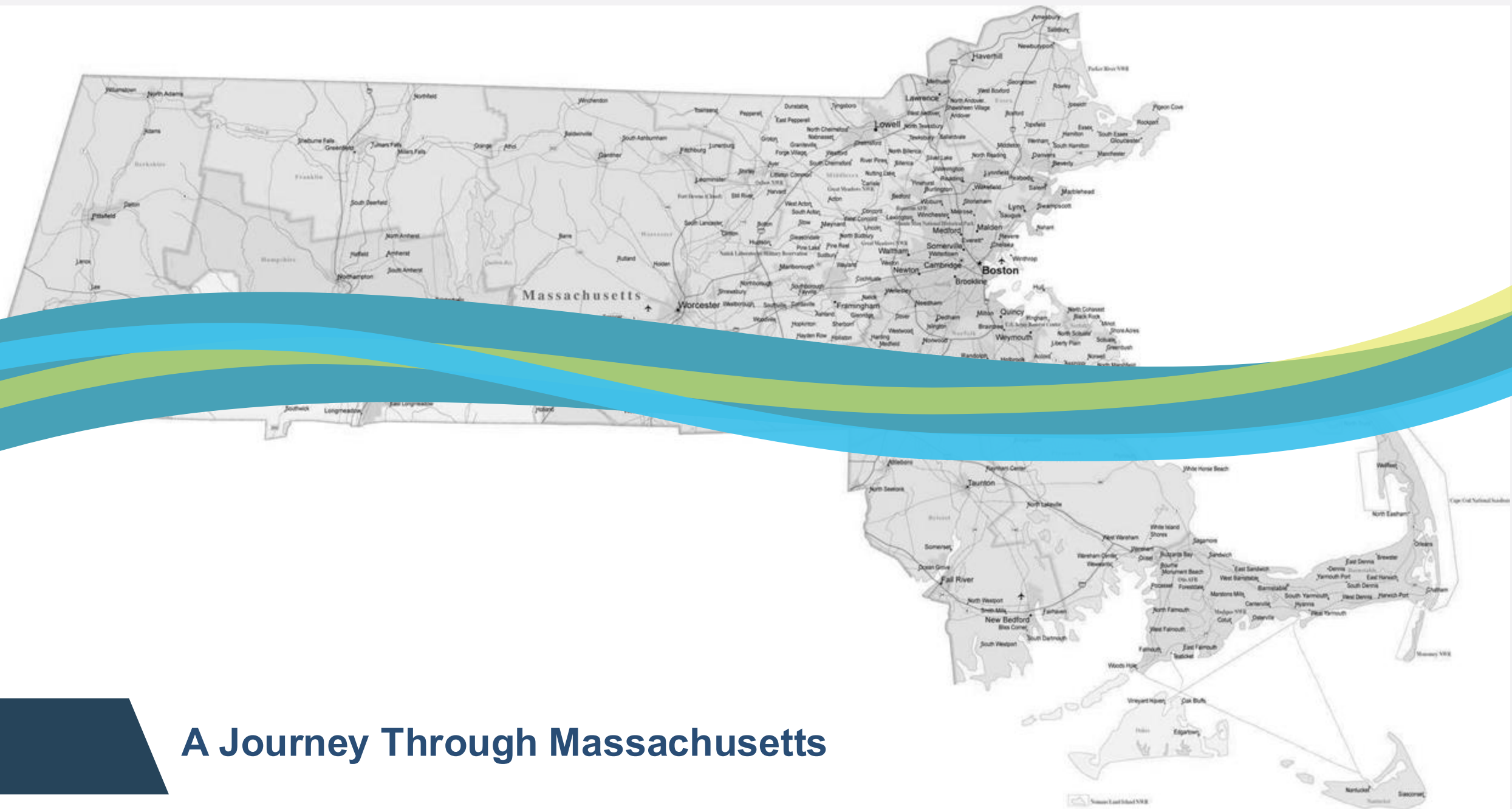
Based on the information provided above:

1. How might he have been devalued or disempowered, or faced barriers in access to resources or opportunities?
2. What exposures to risk for problem gambling is he experiencing?

SECTION 1: EQUITY FRAMEWORKS



Image Source: <https://www.i-fink.com/building-sustainably/>



A Journey Through Massachusetts

W

Worcester County is in the middle of the pack when it comes to health. There are disparities in health insurance coverage. Often called a city of immigrants, immigrant communities hail from Ghana, the Dominican Republic and Vietnam. Immigrants face a number of challenges of healthcare from eligibility to unfair treatment.

In wealthy neighborhoods in Newton, only 1 % of residents have not finished high school. Other factors that can affect life expectancy include income, race, and access to adequate housing and exercise.

Life expectancy in rural areas is generally lower than in urban areas and this divide is growing. In recent years the biggest contributors are Cardiovascular disease and overdose.

The richest American men live 15 years longer than the poorest men, while the richest American women live 10 years longer. 87% in the Roxbury tract are people of color, predominantly Black or Latinx. Many live on low wages and combat racism, sometimes in substandard housing while not feeling safe.

there is **now** a **23-year difference** in life expectancy between a census tract in Back Bay (**91.6 years**) and the 2 miles to Roxbury - Nubian Square (**68.8 years**).

A Journey Through Massachusetts
Average Life Expectancy **80.7 years**, compared with the national average of **78.7 years**

What Explains the Difference?

What Makes Us Healthy



Limited availability of health care resources is another barrier that may reduce access to health services and increase the risk of poor health outcomes.

Understanding the SDOH to Prevent Problem Gambling

What Makes Us Healthy



Research has shown associations between health behaviors and negative health outcomes. The association exists as well between gambling, alcohol and cigarette smoking.

Understanding the SDOH to Prevent Problem Gambling

What Makes Us Healthy



Environmental pollutants can cause health problems like respiratory diseases, heart disease, and some types of cancer. People with low incomes are more likely to live in polluted areas and have unsafe drinking water.

Understanding the SDOH to Prevent Problem Gambling

What Makes Us Healthy



Although there are many possible causes of human disease, family history is often one of the strongest risk factors for common disease complexes such as cancer, cardiovascular disease (CVD), diabetes, autoimmune disorders, and psychiatric illnesses.

Understanding the SDOH to Prevent Problem Gambling

What Makes Us Healthy

The biggest influence on our health are social and economic factors!

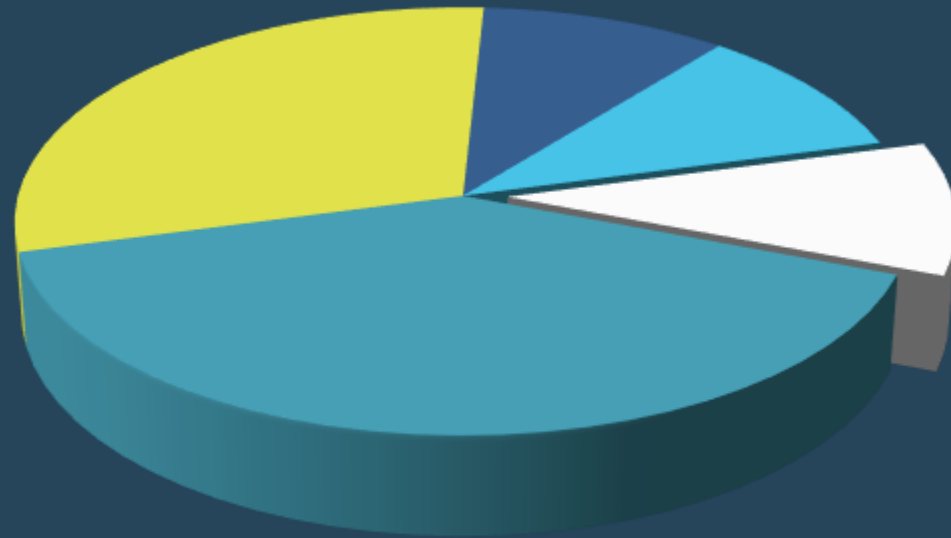


Adverse social and economic conditions also matter greatly to health and affect a large segment of the U.S. population. Despite its large and powerful economy, the United States has higher rates of poverty and income inequality than most high-income countries.

Understanding the SDOH to Prevent Problem Gambling



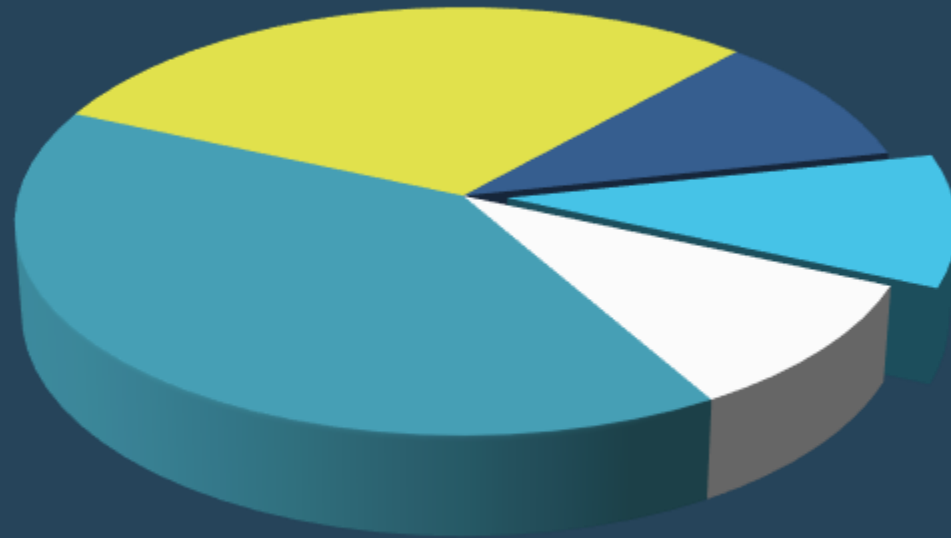
What Makes Us Healthy



Genes and
Biology
10%

Although there are many possible causes of human disease, family history is often one of the strongest risk factors for common disease complexes such as cancer, cardiovascular disease (CVD), diabetes, autoimmune disorders, and psychiatric illnesses.

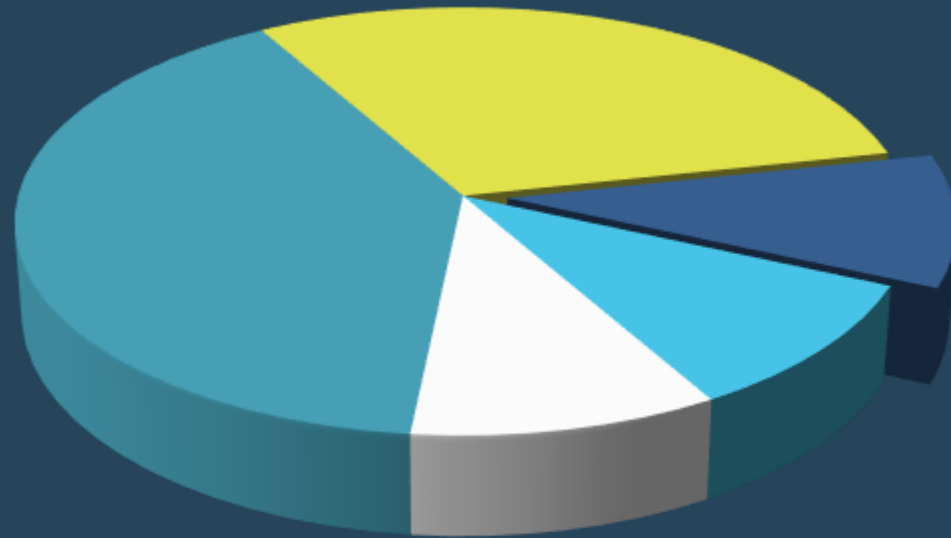
What Makes Us Healthy



Healthcare
10%

Limited availability of health care resources is another barrier that may reduce access to health services and increase the risk of poor health outcomes.

What Makes Us Healthy



Health
Behaviors
10%

Research has shown associations between health behaviors and negative health outcomes. This association exists as well between gambling, alcohol and cigarette smoking.

What Makes Us Healthy



Physical
Environment
30%

Environmental pollutants can cause health problems like respiratory diseases, heart disease, and some types of cancer. People with low incomes are more likely to live in polluted areas and have unsafe drinking water.

What Makes Us Healthy

The biggest influence on our health
are social and economic factors !



Social and
Economic
Factors
40%

Adverse social and economic conditions also matter greatly to health and affect a large segment of the U.S. population. Despite its large and powerful economy, the United States has higher rates of poverty and income inequality than most high-income countries.



What Are Social Determinants of Health

Social and structural determinants of health are nonmedical factors that affect the health status and lives of the people in the community. These factors will influence health outcomes and, ultimately, health disparities.

Social and structural determinants of health are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

*Source: Crear-Perry, J., Correa-de-Araujo, R., Lewis Johnson, T., McLemore, M. R., Neilson, E., & Wallace, M. (2021). Social and Structural Determinants of Health Inequities in Maternal Health. *Journal of Women's Health*, 30(2), 230-235.

Social Determinants of Health

Social determinants of health (SDOH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.



Source: Center for Disease Control and Prevention, Public Health Professionals Gateway, Social Determinants of Health

Education

Educational attainment of a community as well as its access to quality, affordable educational opportunities



Source: Center for Disease Control and Prevention, Public Health Professionals Gateway, Social Determinants of Health

Social and Economic Context

Interactions between individuals and groups in a community



Source: Center for Disease Control and Prevention, Public Health Professionals Gateway, Social Determinants of Health

Economic Stability

Economic environment in which people function



Source: Center for Disease Control and Prevention, Public Health Professionals Gateway, Social Determinants of Health

Neighborhood and Built Environment

Layout, safety, & physical conditions of the environment in which people exist



Source: Center for Disease Control and Prevention, Public Health Professionals Gateway, Social Determinants of Health

Healthcare and Quality

Presence, quality, and affordability of healthcare.



Source: Center for Disease Control and Prevention, Public Health Professionals Gateway, Social Determinants of Health

Examine Data on The Social Determinants of Health

Examine Data on The Social Determinants of Health

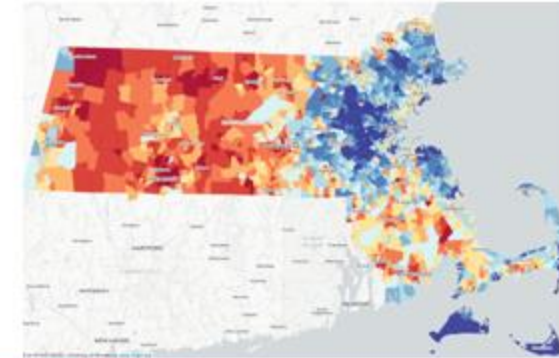
- **Economic Stability**
 - Poverty rates
 - WIC rates
 - Number of bankruptcies
- **Education Access and Quality**
 - Drop out rates
 - College admission rates
 - Standardized test scores
- **Health Care Access and Quality**
 - Health care admission rates
 - The number of health care organizations in a geographic area
- **Neighborhood and Built in Environments**
 - Demographic data
 - Number of gambling retailers in community (scratch tickets, keno, casinos, etc)
 - Gambling or sports betting advertising
 - Availability of green space
 - Access to transportation
 - Crime data
- **Social and Community Context**
 - English language learners
 - Number of organizations addressing SDOH within community (asset mapping)
 - Voter registration and participation rates

Source: U.S. Agency for Healthcare Research and Quality. Social Determinants of Health Indicator Data for Addressing Health Equity & Goals for Local Health Department Effectiveness and Public Health Professional

Understanding the SDOH to Prevent Problem Gambling

15

SDOH Data Collection Tool: Area Deprivation Index



Understanding the SDOH to Prevent Problem Gambling

16

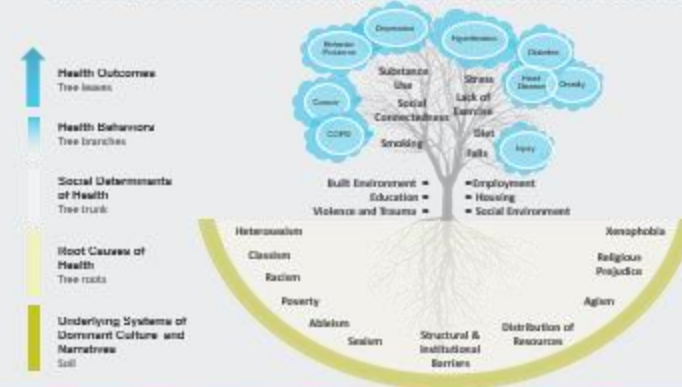
SDOH Data Collection Tool: National Equity Atlas



Understanding the SDOH to Prevent Problem Gambling

17

The Health Tree: Connecting Health Outcomes to Root Causes



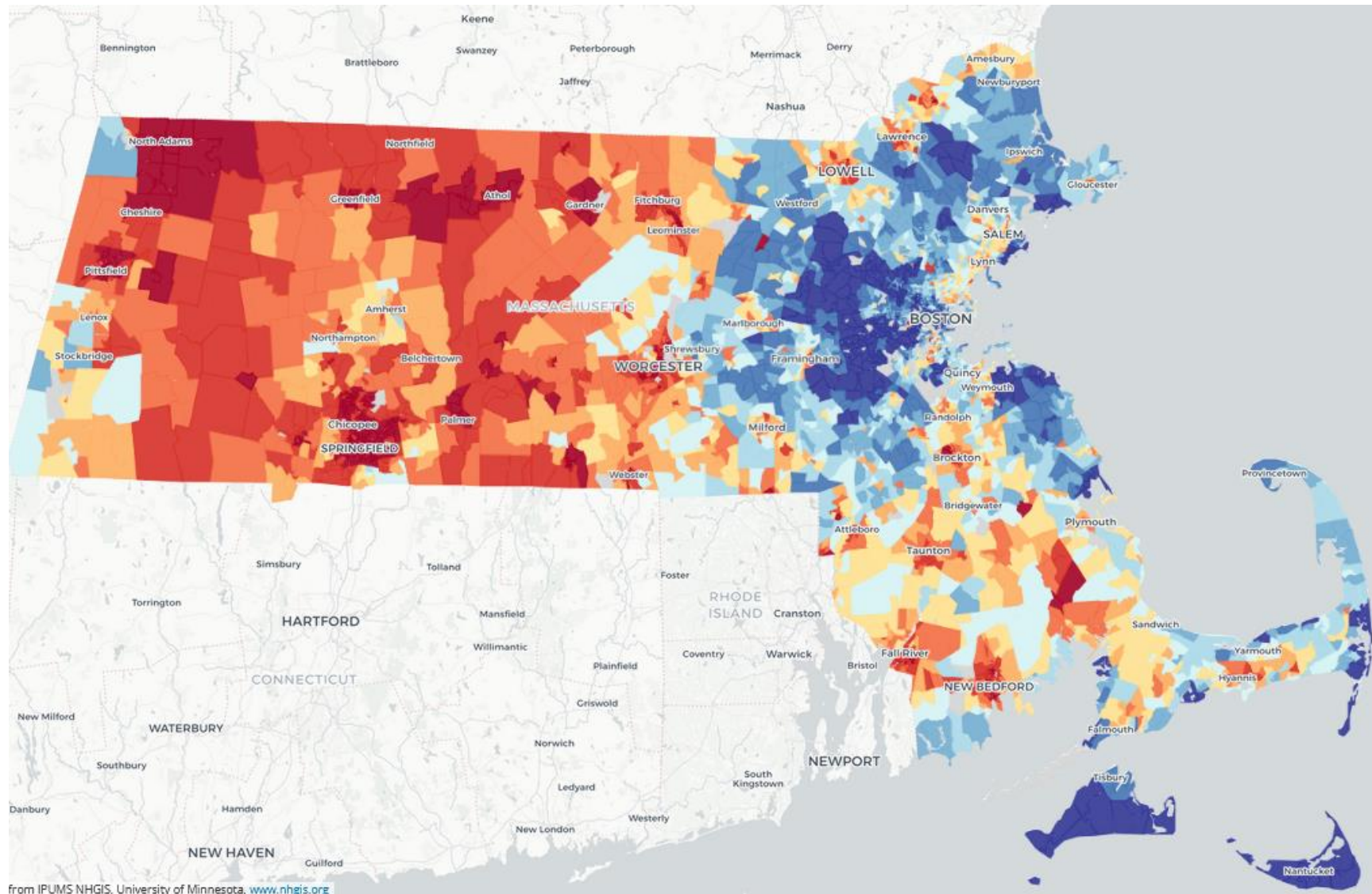
Understanding the SDOH to Prevent Problem Gambling

18

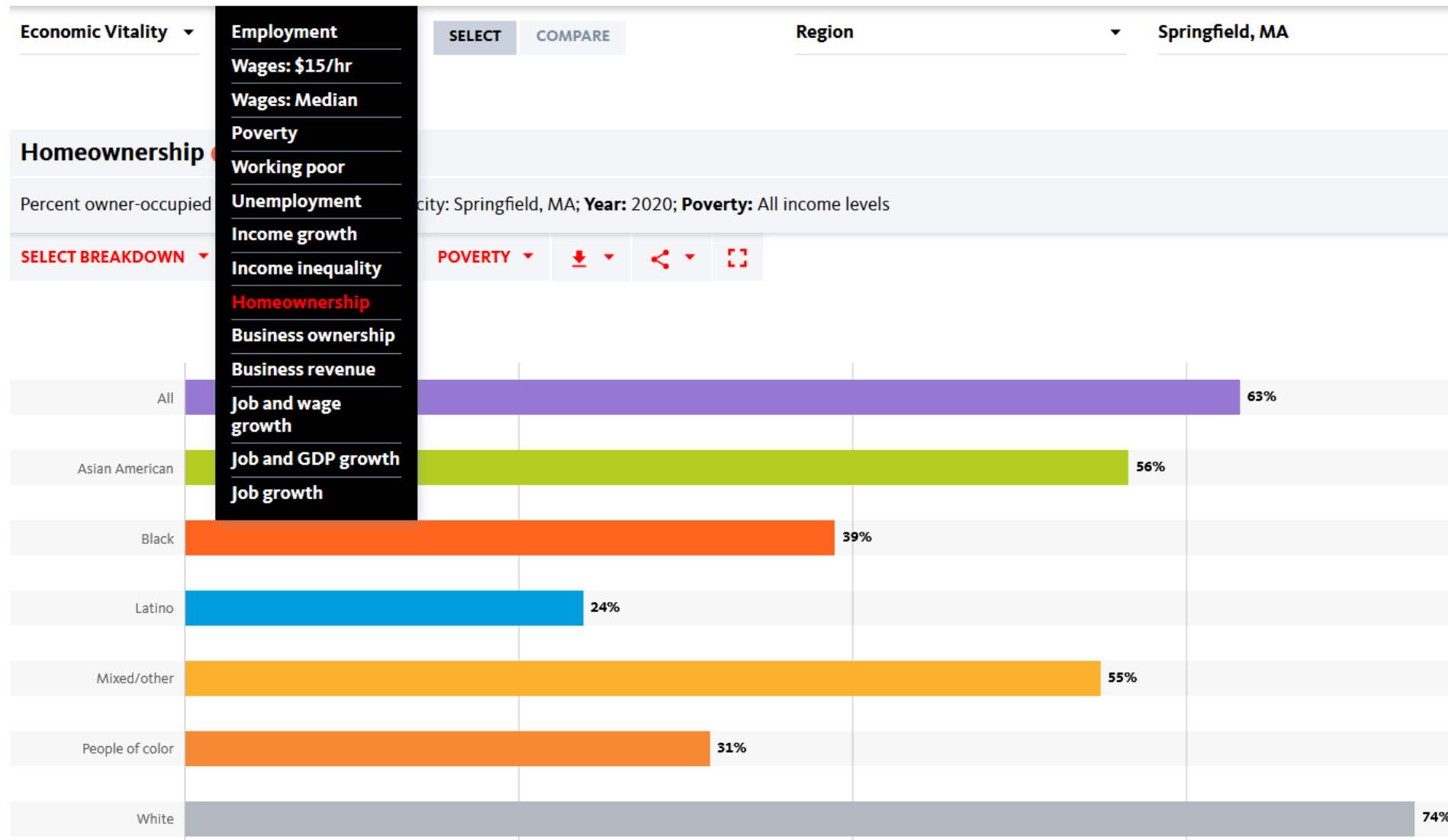
Examine Data on The Social Determinants of Health

- **Economic Stability**
 - Poverty rates
 - WIC rates
 - Number of bankruptcies
- **Education Access and Quality**
 - Drop out rates
 - College admission rates
 - Standardized test scores
- **Health Care Access and Quality**
 - Health care admission rates
 - The number of health care organizations in a geographic area
- **Neighborhood and Built in Environments**
 - Demographic data
 - Number of gambling retailers in community (scratch tickets, keno, casinos, etc)
 - Gambling or sports betting advertising
 - Availability of green space
 - Access to transportation
 - Crime data
- **Social and Community Context**
 - English language learners
 - Number of organizations addressing SDOH within community (asset mapping)
 - Voter registration and participation rates

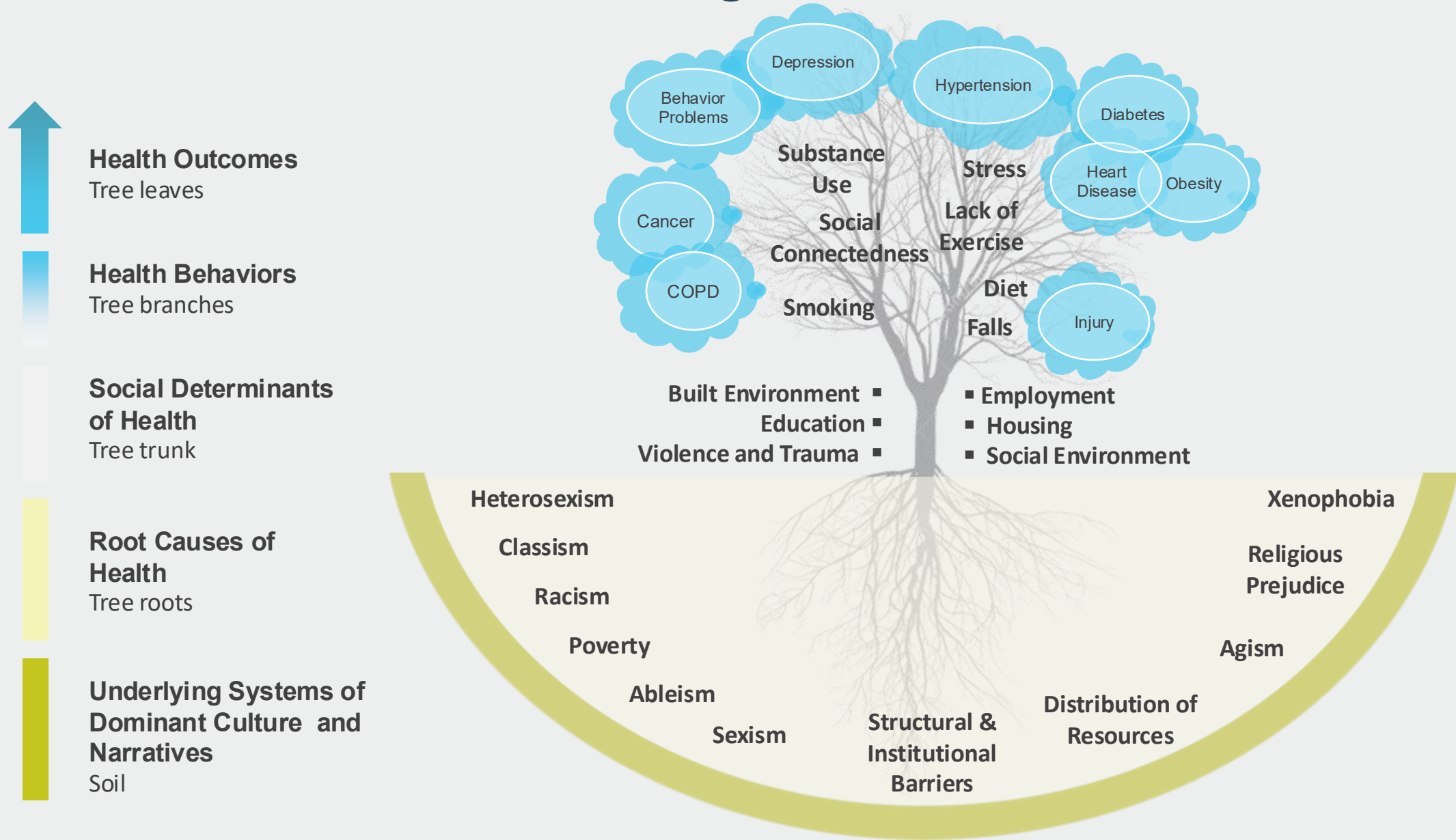
SDOH Data Collection Tool: Area Deprivation Index



SDOH Data Collection Tool: National Equity Atlas



The Health Tree: Connecting Health Outcomes to Root Causes



The Healthier Tree: Connecting Health Outcomes to Root Causes

**Community
Resilience**

**Equitable
Systems and
Supports**

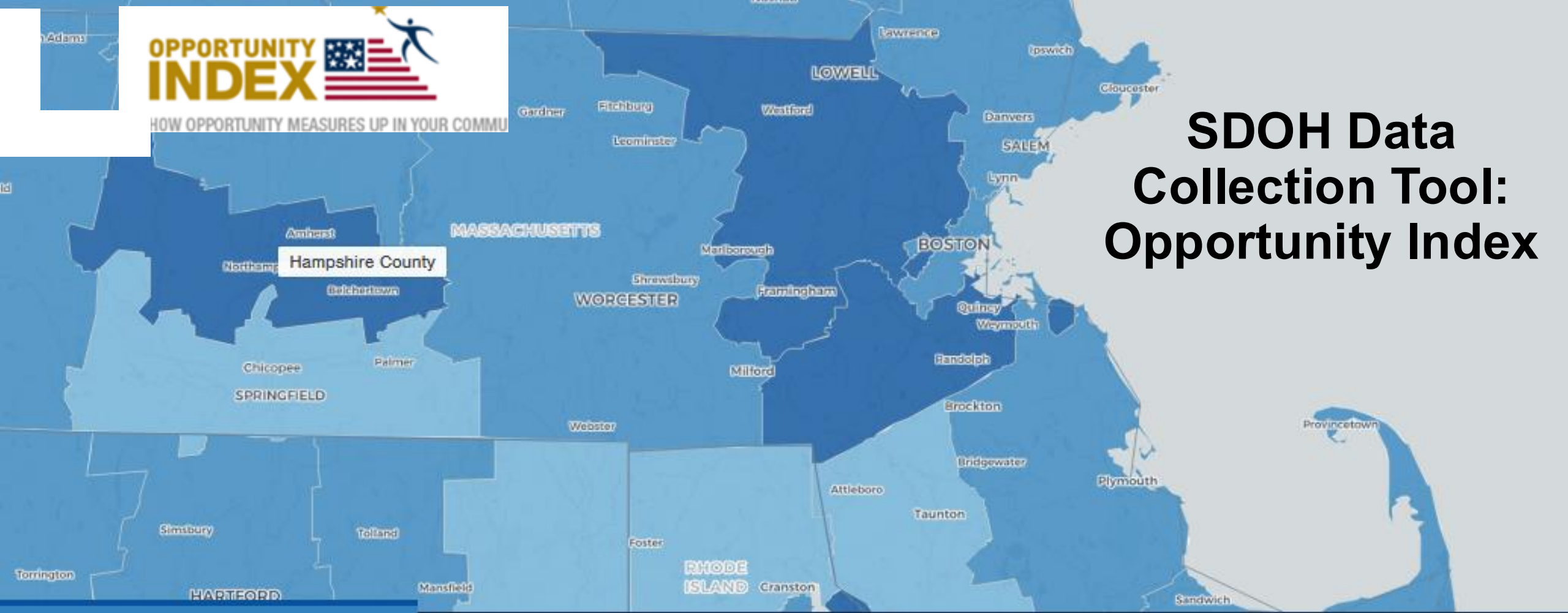


Adams

OPPORTUNITY INDEX



HOW OPPORTUNITY MEASURES UP IN YOUR COMMUNITY



SDOH Data Collection Tool: Opportunity Index

☆ Opportunity Score	📈 Economy Score	📖 Education Score	👤 Community Score
67	60.3	72.6	47.8
53.2	57	58.1	47.8
60.9	59.9	65.7	58

Public Health

“ Public health approaches are driven by data and acknowledge through the social ecological model, in particular—the intersection and impact of individual, interpersonal, community, and systems levels on health outcomes. “

Social Ecological Model



The social ecological model understands health to be affected by the interaction between the individual, the group/community, and the physical, social, and political environments.
(CDC)

Social Ecological Model



This model considers the complex interplay between individual, relationship, community, and societal factors.

This helps us understand the range of factors that put people at risk for problem gambling or protect them from experiencing negative consequences of problem gambling.

Social Ecological Model – Gambling harms

Individual characteristics, life events, personal history, and cognitive characteristics that influence the potential of harm



For example: negative motivations for gambling, early gambling experiences, engagement in other risk behaviors that may increase the risk of harm

Social Ecological Model

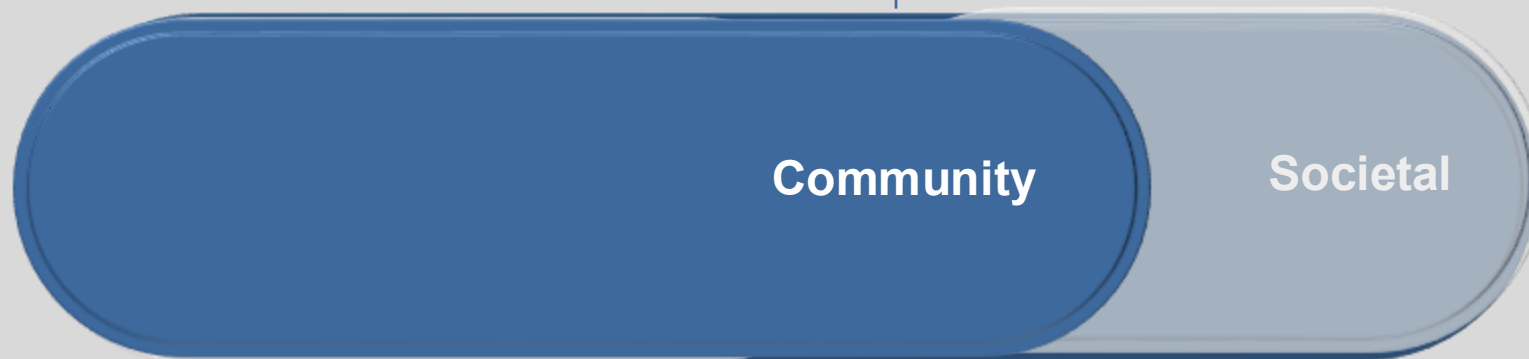
Factors within an individual's closest relationships, such as family, partners, peers that influence experience of harm.



For example: cultures of gambling within family / peer groups or poor social support that may increase the risk of harm

Social Ecological Model

Characteristics of local areas and cultures withing local spaces or broader social groups, like schools and workplaces, that may influence experience of harm



For example: access and availability of gambling locally, poor social / cultural capital or greater deprivation that may increase risk of harm

Social Ecological Model

Policy and regulatory climates and associated corporate norms and practices that may influence the experience of harm



For example: ineffective regulation, certain product characteristics, advertising environments or gambling availability that may increase the risk of harm

Social Ecological Model



Oksanen, A., Sirola, A., Savolainen, I., Koivula, A., Kaakinen, M., Vuorinen, I., ... & Paek, H. J. (2021). Social ecological model of problem gambling: A cross-national survey study of young people in the United States, South Korea, Spain, and Finland. *International Journal of Environmental Research and Public Health*, 18(6), 3220.

Health at Varied Levels



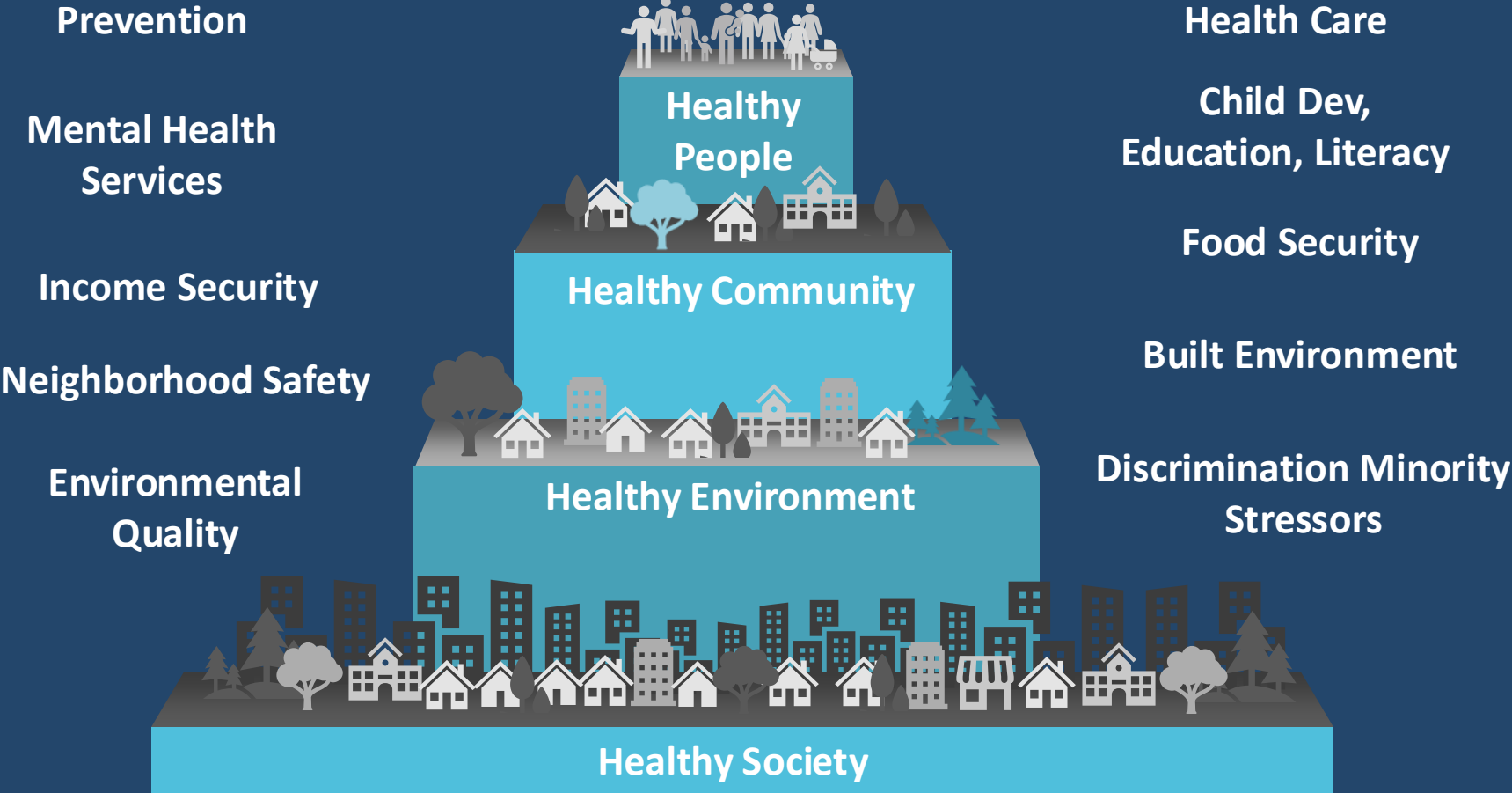
Health at Varied Levels



Health at Varied Levels



Health at Varied Levels



Source: Let's Get Healthy California

SECTION 3: MOVING TO ACTION

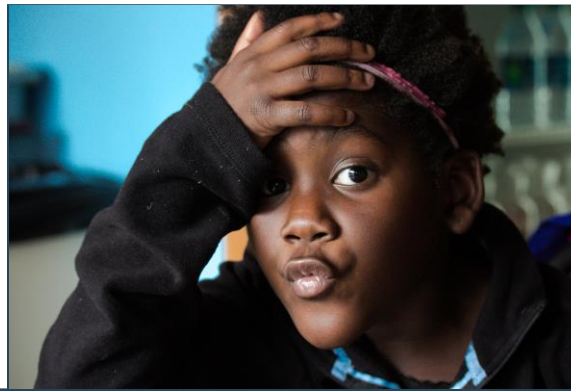
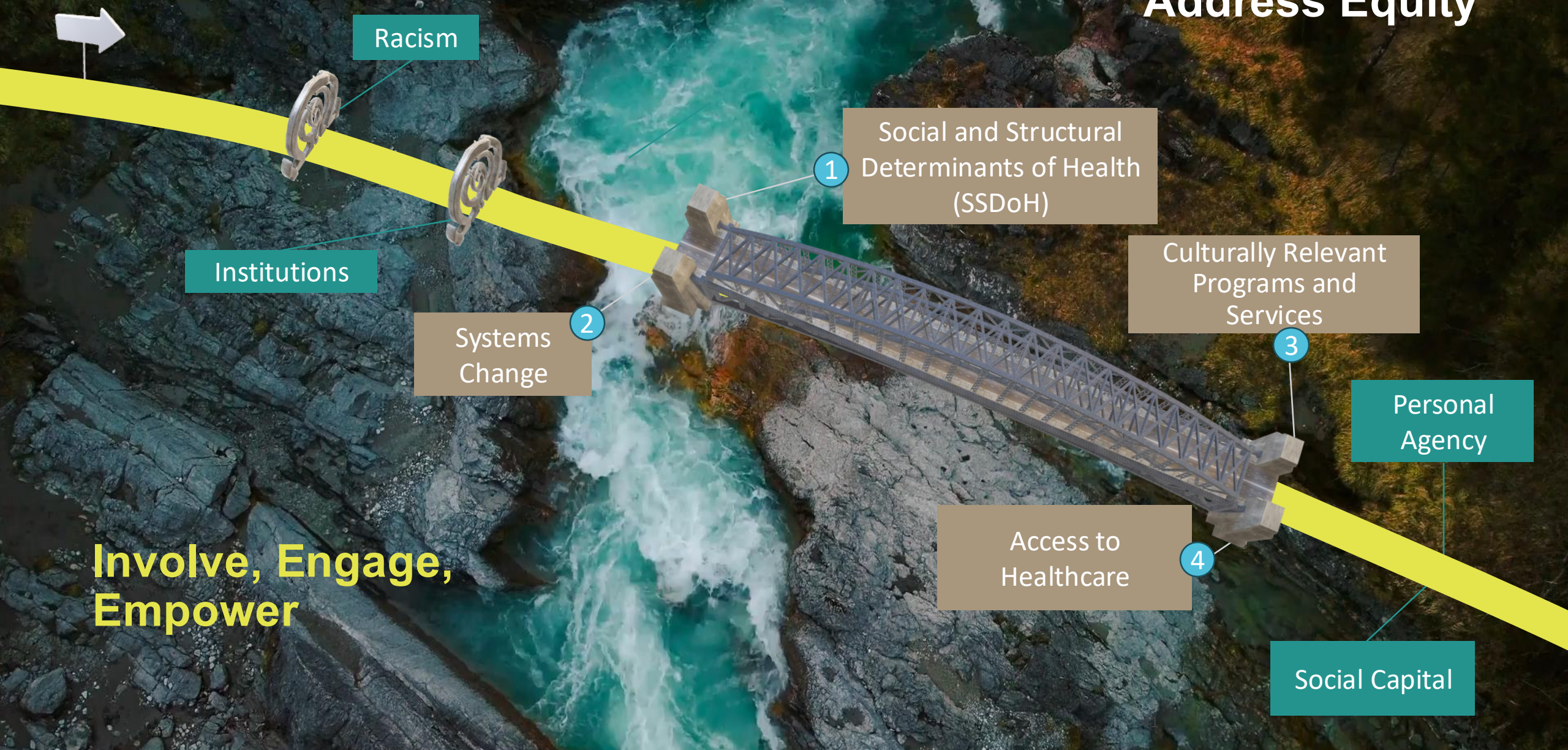


Image Source: <https://www.i-fink.com/building-sustainably/>

Four Pillars to Address Equity



**Involve, Engage,
Empower**

An aerial photograph of a powerful waterfall cascading over dark, jagged rocks. The water is a vibrant turquoise color, creating white foam as it falls. The surrounding landscape is rugged, with patches of moss and small plants on the rocks. The text "Involve, Engage, Empower" is overlaid in white, bold, sans-serif font across the center of the image.

Involve, Engage, Empower



INVOLVE

***Individuals and groups most impacted
including those with lived experience***



ENGAGE

The community to create collective self-determination.



EMPOWER

***Individuals and community change
building local ownership of solutions***

A photograph of two women sitting at a white table in a modern office setting, facing each other in conversation. The woman on the left has long dark hair and is wearing a white short-sleeved shirt. The woman on the right has short curly dark hair, wears glasses and a dark blue long-sleeved top, and has her hands clasped on the table. They are positioned in front of a large window that looks out onto a city skyline. A semi-transparent dark grey banner with white text is overlaid across the middle of the image.

Partner with Organizations that Address Specific Social Determinants of Health

Continuum of Recruitment Strategies

Low

Time Intensity

High

Recruitment Strategies

Anticipating Member Wants and Challenges

General
Recruitment
Approach

Customized
Recruitment
Approach

Partners to Consider

- **Economic Stability**
 - Economic development programs
 - Housing authorities
 - Chambers of Commerce
 - Organizations working with the unemployed
 - Financial Literacy Organizations
 - Organizations focused on people who are unhoused
- **Education Access and Quality**
 - Head Start programs
 - Schools & Afterschool Programs
 - Youth Serving Organizations
 - Parent and Teacher Organizations
- **Social & Community Context**
 - Neighborhood Associations
 - Social Service agencies
 - Dept. Children & Families
- **Neighborhood and Built in Environments**
 - Business community
 - Municipal government
 - Park and recreation department
 - Housing authority
- **Healthcare Access and Quality**
 - Hospitals
 - Community health centers
 - Primary care/pediatricians
 - Transportation providers



Potential Concerns

Engaging Partners

- ✓ Shared Priorities
- ✓ Confidence in Direction
- ✓ Identifying Potential Partners
- ✓ Responsiveness / Interest / Time
- ✓ Trust
- ✓ Capacity

Considerations for Partnering

- Are the specific populations of focus sitting at your planning table?
- Are there partners who work with the population of focus that you can engage in new ways?
- What decision-making roles do partners working with the population of focus have as part of planning and implementation?



Considerations for Partnering

- In what ways are stakeholders working with the population of focus sharing their expertise? In what ways is their capacity being built through collaboration?
- Are there any cultural considerations regarding evaluation methods and tools you should explore?



Sample Partnership Activities

- Outreach and relationship building
- Share information and data
- Learn more about social determinant issues addressed by partners
- Increase knowledge about focus populations impacted by social determinants
- Advocate for policies positively impacting social determinants



Collaboration Opportunities for New Partners



Prospective Partner/Member Recruitment Worksheet

Name of Prospective Partner(s)	Value Added to the Project	Value to Prospective Partner	Potential Contact with Prospective Partner	Comments

Engaging New Partners: Sample Action Steps

- Examine current representation and gaps
- Ensure a climate of culture humility within the group
- Determine organizational readiness for new members and/or partners
- Discussion with current and new community stakeholders about their communities' interests and concerns
- ***Learn about the specific population community you are interested in engaging***



Photo credit:
https://www.flickr.com/photos/atelier_tee/34488627954

Together With Partners

Identify Populations and Priorities

Starting with Massachusetts

- Youth
- Communities of Color
- Asian American Pacific Islanders (AAPI)
- Immigrant Populations
- Men with a History of Substance Use
- Oppressed Communities

Populations from Research

- Older Adults •
- Individuals with Disabilities •
- Previously Incarcerated •
- Casino Workers •
- High School Diploma •
- Low Income •

Building Resources and Readiness to Address Health Disparities: Things to Consider

- Make sure current and new partners understand the role of cultural humility in their work to engaging specific populations.
- Build the knowledge, resources, and readiness of community members to address disparities.
- Develop new partnerships that will help you engage members of these groups in prevention planning efforts.

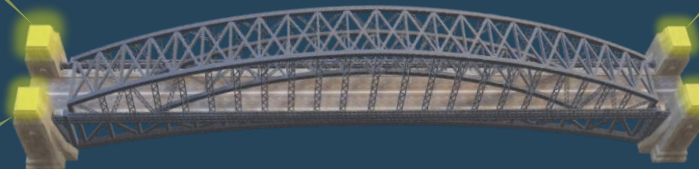
Moving to Action

Four Pillars to Address Equity

**Social and
Structural
Determinants of
Health (SSDoH)**



**Systems
Change**



**Culturally
Relevant
Programs and
Services**



**Access to
Healthcare**



1

Social and Structural Determinants of Health

Identifying Priorities

Structural determinants address the broader issues of climate, societal norms, macroeconomic social/health policies and systems of power. These determinants negatively impact social of health for people who have been historically marginalized and ultimately produce health inequities. (APA)



SSDOH Strategies

“Addressing social determinants of health (SDoH) requires multileveled intervention designs. Increasingly, organizations and coalitions face pressure to use evidence-based strategies when seeking to address SDOH. Evidence-based strategies, however, must be locally relevant and integrated into existing systems to function efficiently.”

Lisa Hardy, Director of the Social Science Community Engagement Lab

Evidence-based Strategies



What Works for Health

Evidence matters. Our What Works for Health tool will help you find policies and programs that are a good fit for your community's priorities.

Find strategies by topic

<h4>Health Behaviors</h4> <ul style="list-style-type: none"> Alcohol and Drug Use Diet and Exercise Sexual Activity Tobacco Use	<h4>Clinical Care</h4> <ul style="list-style-type: none"> Access to Care Quality of Care	<h4>Social & Economic Factors</h4> <ul style="list-style-type: none"> Community Safety Education Employment Family and Social Support Income	<h4>Physical Environment</h4> <ul style="list-style-type: none"> Air and Water Quality Housing and Transit
--	---	--	---



[What Works for Health](#) includes evidence-informed strategies to create communities where everyone can thrive.

Considerations for Centering Equity and the SDOH in Data Collection

- Large quantitative data sets often aren't disaggregated by race/ethnicity and other diversity dimensions and/or lump race/ethnicities/gender together (all LatinX folks, all AAPI folks, all genders)
- Mix of qualitative and quantitative – need to hear from the community – they're the experts
- What else can you do in the absence of certain data sets? (Focus groups, key partner interviews, go to other organizations/groups meetings and LISTEN)
- Who's analyzing/interpreting it? How will you use the data? Is it shared back with the community? How are they involved in deciding what to do with it?



Photo credit:
<https://www.flickr.com/photos/centerforneighborhoodtechnology/21606317500/>

Embedding Social Determinants in Our Everyday Work

- Be intentional.
- Provide a safe space for difficult conversations.
- Take steps to integrate what emerges from these conversation. Don't just talk—do!
- Build trust in community and build multiple relationships in the community.
- Talk less. Listen more.
- Be accountable and follow through.
- Ask what can I do?
- Talk openly about equity and inclusivity in your leadership roles.
- Incorporate health equity into all levels of policy.

Systems Change

Identifying Priorities

Start small. If you start by talking about big systems that are related to how a city/town functions—like the economic system or infrastructure system—it can overwhelm people.

Then focus on the role of people—both **as creators** of the system and **as being impacted** by the system.

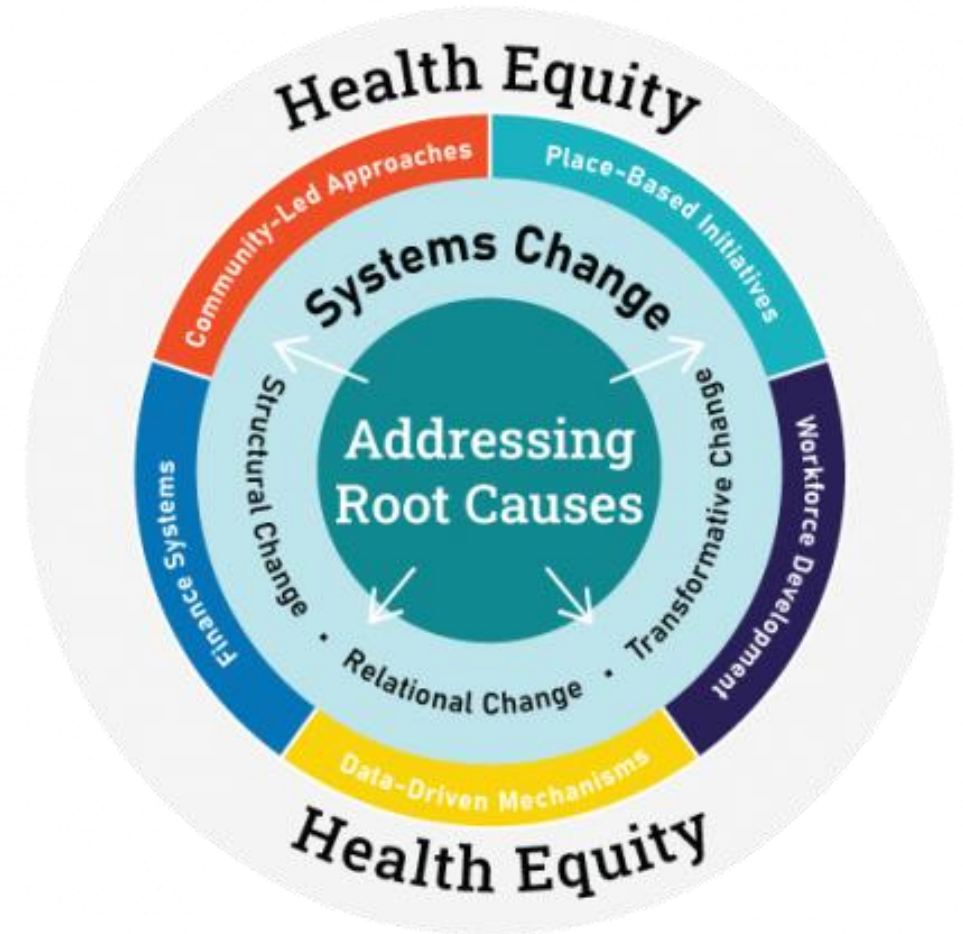
“Americans see systems as opaque, intransigent, unwieldy ... For many, it’s how they see systemic racism—we can see it, we can know it’s wrong, but we feel deep angst because we believe it’s too big for us to solve.”

THE COMMUNICATIONS
NETWORK



Systems Change Framework

- Within our communities, we must build the pathway for everyone to have access and the opportunity to thrive and live their healthiest lives.
- To ensure our efforts have long-term impact and break down barriers causing health inequities, public health practitioners understand creating sustainable systems change is necessary.





In Summary: What Can We Do?

- **Use** data and research to reveal the disparities
- **Build** partnerships and collaborations to develop more equitable solutions
- **Engage** the community to spur action
- **Develop** infrastructure and capacity to scale up equitable solutions
- **Adopt** equitable policies and laws sustain solutions



3

Culturally Responsive *Programs and Services*

- **Respect each client's individual experiences** – Providers should consider the unique experiences that shape a person's overall health.
- **Recruit diverse staff** – Many patients want to see people who look like them and may have shared the same experiences as them.
- **Partner with the community** – The best way to build patient trust is for providers to be closely involved in the communities they serve.
- **Listen and learn** – Empathy is the key word here because it builds trust in the patient-practitioner relationship.

A close-up of a human hand, palm up, reaching out towards the viewer. The hand is positioned in the lower half of the frame, with fingers slightly spread. The background is a blurred, high-angle view of a landscape with rolling hills and fields, bathed in warm, golden light, suggesting a sunset or sunrise. The overall mood is one of openness and connection to nature.

Ground Prevention Planning in Cultural Humility



Cultural Humility

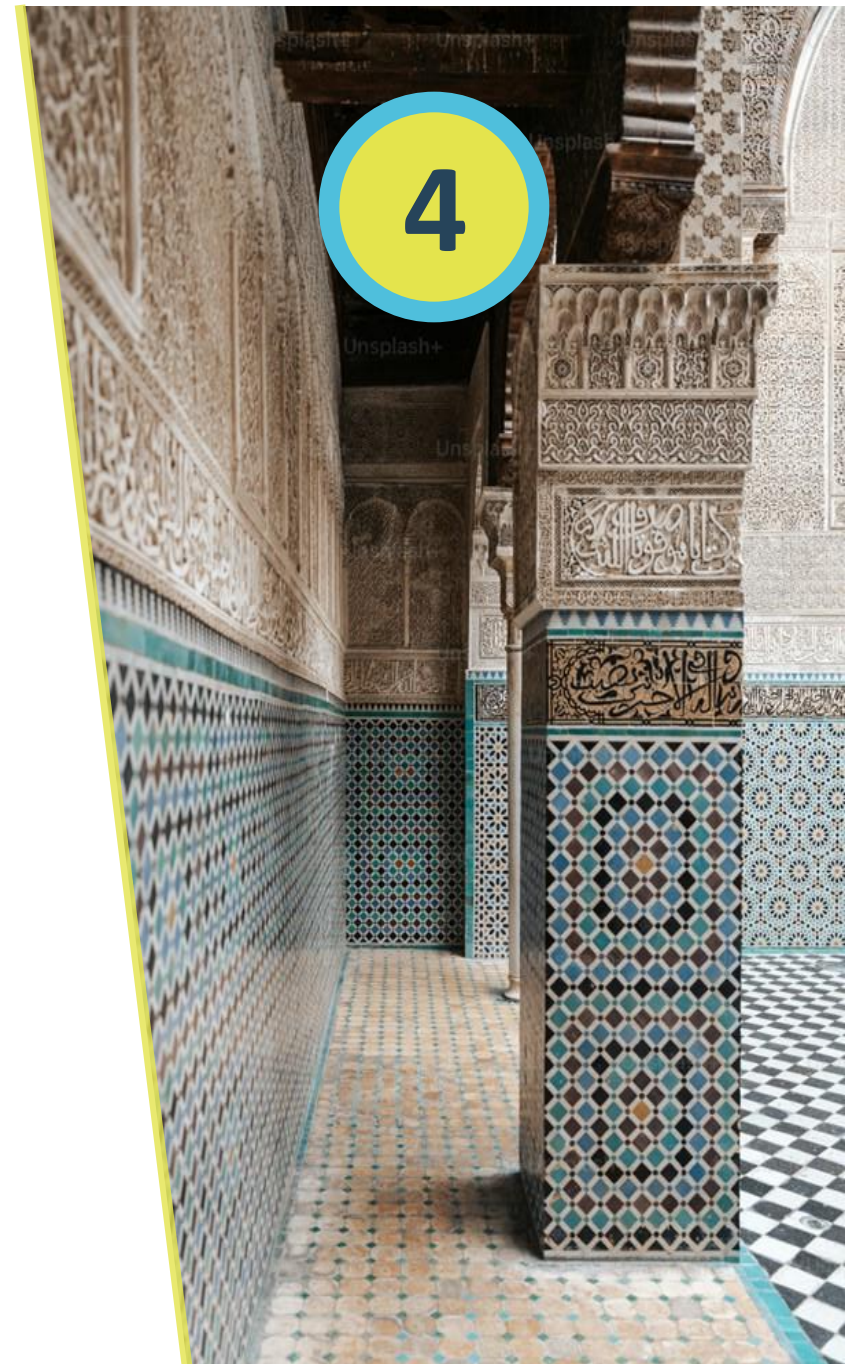
1. **Examine your personal history, background, and social position.**
2. **Reflect on how your professional organization impacts interactions and relationships with community members.**
3. **Understand and respect cultural differences.**
4. **Recognize when you are not the expert.**

Access to Healthcare

Address Barriers

- Adopt alternate care delivery models
- Increase opportunities for health care
- Recruit & retain high quality workforce
- Recruit providers to underserved areas
- Reduce barriers to care

4





Personal Agency

Refers to an individual's ability to control their own behaviors and reactions to circumstances beyond their control, even if their actions are limited by someone or something else.

James W Moore
Department of Psychology, Goldsmiths,
University of London, London, UK

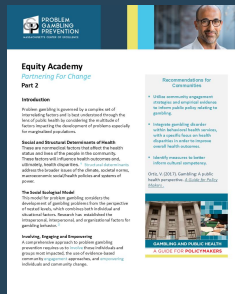
The extent and nature of our connections with others and the collective attitudes and behaviors between people that support a well-functioning, close-knit society.

What Works Well-being



Social Capital

The Handout



Equity Academy *Partnering For Change* Part 2

Introduction

Problem gambling is governed by a complex set of interrelating factors and is best understood through the lens of public health by considering the multitude of factors impacting the development of problems especially for marginalized populations.

Social and Structural Determinants of Health

These are nonmedical factors that affect the health status and lives of the people in the community. These factors will influence health outcomes and, ultimately, health disparities.¹ **Structural determinants** address the broader issues of the climate, societal norms, macroeconomic social/health policies and systems of power.

The Social Ecological Model

This model for problem gambling considers the development of gambling problems from the perspective of nested levels, which combines both individual and situational factors. Research has established the intrapersonal, interpersonal, and organizational factors for gambling behavior.²

Involving, Engaging and Empowering

A comprehensive approach to problem gambling prevention requires us to **involve** those individuals and groups most impacted, the use of evidence-based community **engagement** approaches, and **empowering** individuals and community change.

Recommendations for Communities

- Utilize community engagement strategies and empirical evidence to inform public policy relating to gambling.
- Integrate gambling disorder within behavioral health services, with a specific focus on health disparities in order to improve overall health outcomes.
- Identify measures to better inform cultural competency.

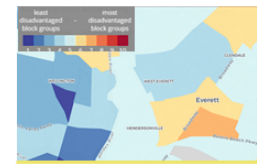
Ortiz, V. (2017). Gambling: A public health perspective. *A Guide for Policy Makers*.



Community Profiles

Community Profile: Everett

Statistic	Everett	MA
Population	49,075	6,981,974
Poverty	14.4%	10.4%
Income Less Than 15,000	10.8 %	8.2%
Bachelors Degree / Higher	10.6%	47.8%
Without Healthcare Coverage	8%	2.6%
Born Outside the U.S.	44.7%	17.6%



The 4 largest ethnic groups in Everett, MA are White (Non-Hispanic) (40%), Two+ (Hispanic) (13.8%), Black or African American (Non-Hispanic) (12.6%), Asian (Non-Hispanic) (8.89%). The most common job groups, by number of people living in Everett, are Construction & Extraction Occupations (2,722 people), Building & Grounds Cleaning & Maintenance Occupations (2,534 people), and Office & Administrative Support Occupations (2,457 people). As of 2022, 71.9% of Everett, MA residents were US citizens, which is lower than the national average of 93.5%.

Neighborhood Atlas - Area Deprivation Index (ADI)

The index it includes factors for the domains of income, education, employment, and housing quality. *Living in a dis-advantaged neighborhood has been linked to a number of gambling risks, including higher risk for problem gambling.* ⁵

Risk and Protective Factors for Gambling

Men are more likely to gamble than women (77% of men vs. 70% of women). Middle-aged adults (25-64) are more likely to gamble than younger adults (75% of middle-aged adults compared to 55% of young adults). Individuals with only a high school diploma are 3 times more likely than individuals with a college degree. Gambling and gambling-related problems are common with all racial and ethnic groups in the US. However, in Massachusetts, blacks are 4 times more likely to have a gambling problem than whites. ¹ Black residents face great disparities in education and employment – two key predictors for risks relating to problem gambling. ² Increased availability and accessibility of gambling is a factor in the development of gambling-related problems. ³ Difficulties related to post-immigration adjustment, which affect many members of most racial and ethnic minorities, such as unemployment, language barriers, and social isolation have been associated with disordered gambling. ⁴ Adaptive coping strategies, social support, spirituality or religious attendance, interpersonal skills or competence, personal autonomy or self-efficacy, and well-being or quality of life have all been identified as protective factors. ⁵

1. U.S. Census Bureau (2022). *American Community Survey 5-year estimates*. Retrieved from *Census Reporter Profile page for Everett, MA* <http://censusreporter.org/profiles/16000US2521990-everett-ma/>
2. Williams, R.J., Zorn, M., Volberg, R.A., Stanek, E.J., Freeman, J., Maziya, N., Naveed, M., Zhang, Y., & Pekow, P. S. (2017). *Gambling and Problem Gambling in Massachusetts: In-Depth Analysis of Predictors*. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.
3. Philander, K., Tabri, N., Wood, R., & Wohl, M. (2022). Casino proximity, visit frequency, and gambling problems. *International Gambling Studies*.
4. Alegria, A. A., Petry, N. M., Hasin, D. S., Liu, S. M., Grant, B. F., & Blanco, C. (2009). Disordered gambling among racial and ethnic groups in the US: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *CNS spectrums*, 14(3), 132-143.
5. Dowling, N. A., Aarsman, S. R., & Merkouris, S. S. (2021). Risk, compensatory, and protective factors in problem gambling: The role of positive mental health characteristics. *Addictive Behaviors*, 112, 106604.

Community Profile Instructions

Community Profile: Everett

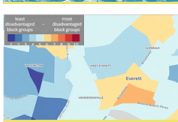
Statistic	Everett	MA
Population	49,075	6,981,974
Poverty	14.4%	10.4%
Income Less Than 15,000	10.8%	8.2%
Bachelors Degree / Higher	10.6%	47.8%
Without Healthcare Coverage	8%	2.6%
Born Outside the U.S.	44.7%	17.6%



The 4 largest ethnic groups in Everett, MA are White (Non-Hispanic) (40%), Two+ (Hispanic) (13.8%), Black or African American (Non-Hispanic) (12.6%), Asian (Non-Hispanic) (8.89%). The most common job groups, by number of people living in Everett, are Construction & Extraction Occupations (2,722 people), Building & Grounds Cleaning & Maintenance Occupations (2,534 people), and Office & Administrative Support Occupations (2,457 people). As of 2022, 71.9% of Everett, MA residents were US citizens, which is lower than the national average of 93.5%.

Neighborhood Atlas - Area Deprivation Index (ADI)

The index it includes factors for the domains of income, education, employment, and housing quality. *Living in a dis-advantaged neighborhood has been linked to a number of gambling risks, including higher risk for problem gambling.*⁵



Risk and Protective Factors for Gambling

Men are more likely to gamble than women (77% of men vs. 70% of women). Middle-aged adults (25-64) are more likely to gamble than younger adults (75% of middle-aged adults compared to 55% of young adults). Individuals with only a high school diploma are 3 times more likely than individuals with a college degree. Gambling and gambling-related problems are common with all racial and ethnic groups in the US. However, in Massachusetts, blacks are 4 times more likely to have a gambling problem than whites.¹ Black residents face great disparities in education and employment – two key predictors for risks relating to problem gambling.² Increased availability and accessibility of gambling is a factor in the development of gambling-related problems.³ Difficulties related to post-immigration adjustment, which affect many members of most racial and ethnic minorities, such as unemployment, language barriers, and social isolation have been associated with disordered gambling.⁴ Adaptive coping strategies, social support, spirituality or religious attendance, interpersonal skills or competence, personal autonomy or self-efficacy, and well-being or quality of life have all been identified as protective factors.⁵

1. U.S. Census Bureau (2022). American Community Survey 5-year estimates. Retrieved from Census Reporter Profile page for Everett, MA <http://censusreporter.org/profiles/16000US251990-everett-ma/>
2. Williams, R.J., Zorn, M., Volberg, R.A., Staneck, E.J., Freeman, J., Maziya, N., Naveed, M., Zhang, Y., & Pekow, P. S. (2017). Gambling and Problem Gambling in Massachusetts: In-Depth Analysis of Predictors. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.
3. Philander, K., Tabri, N., Wood, R., & Wohl, M. (2022). Casino proximity, visit frequency, and gambling problems. International Gambling Studies.
4. Alegria, A. A., Petry, N. M., Hasin, D. S., Liu, S. M., Grant, B. F., & Blanco, C. (2009). Disordered gambling among racial and ethnic groups in the US: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. CNS spectrums, 14(3), 132-143.
5. Dowling, N. A., Aarsman, S. R., & Merikouri, S. S. (2021). Risk, compensatory, and protective factors in problem gambling: The role of positive mental health characteristics. Addictive Behaviors, 112, 106604.

INVOLVE

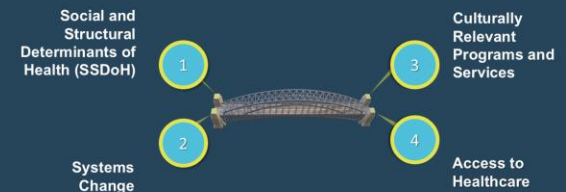
ENGAGE

EMPOWER

Based on the information provided above:

1. What facts or data stood out to you on your first reading of the profile?
2. Identify one or more risk or protective factors you would focus on. *Describe your rationale for choosing that factor to address.*
3. Identify one or more strategies for addressing each of the four pillars (*SSDoH, Systems Change, Culturally Relevant Programs and Services, and Access to Care*).
4. How would you ensure that you **involve** those most impacted by the issues, **engage** the broader community, and **empower** change for individuals and the community?

Moving to Action Four Pillars to Address Equity





PROBLEM
GAMBLING
PREVENTION

MASSACHUSETTS CENTER OF EXCELLENCE

Q & A

Upcoming MCOE PGP Trainings

- **Applying Evidence-Based Models to Prevent Problem Gambling** - July 22nd, 2025 from 1:00 to 3:00 pm ET



We Are Now on Social Media!

Scan the QR codes below to follow our pages



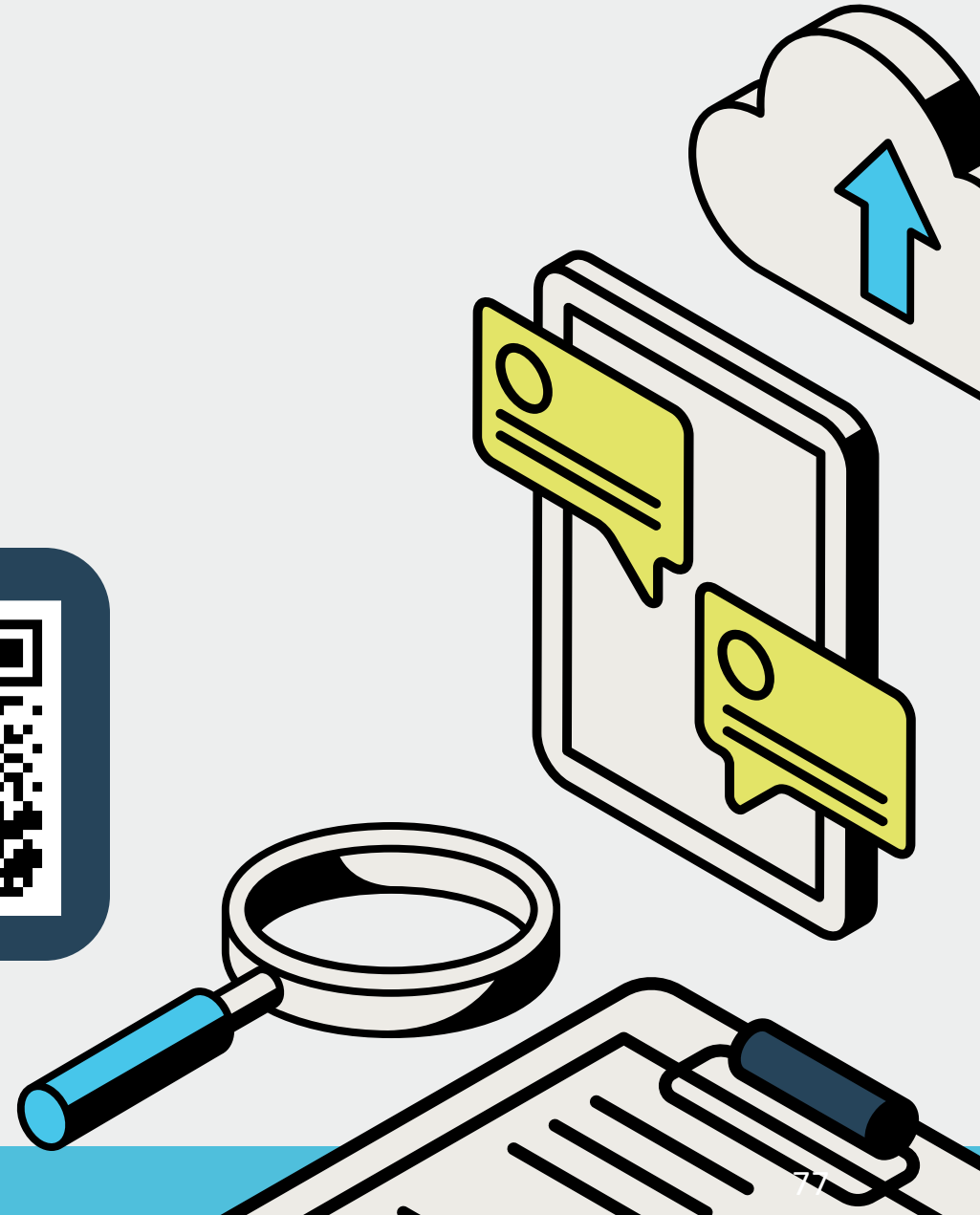
Facebook



Instagram



LinkedIn



References

1. Crear-Perry, J., Correa-de-Araujo, R., Lewis Johnson, T., McLemore, M. R., Neilson, E., & Wallace, M. (2021). Social and Structural Determinants of Health Inequities in Maternal Health. *Journal of Women's Health*, 30(2), 230-235
2. Oksanen, A., Sirola, A., Savolainen, I., Koivula, A., Kaakinen, M., Vuorinen, I., ... & Paek, H. J. (2021). Social ecological model of problem gambling: A cross-national survey study of young people in the United States, South Korea, Spain, and Finland. *International Journal of Environmental Research and Public Health*, 18(6), 3220.
3. Bonilla-Silva E. Rethinking racism: toward a structural interpretation. *Am Sociol Rev*. 1997;62(3):465–80.
4. Krisnanda, V. D., Soejanto, L. T., & Ramadhani, E. (2024). Understanding the socioeconomic determinants of gambling harm: a population-based study. *Journal of Public Health*, 46(1), e199-e200.
5. Hardy, L. J., Bohan, K. D., & Trotter, R. T. (2013). Synthesizing evidence-based strategies and community-engaged research: a model to address social determinants of health. *Public Health Reports*, 128(6_suppl3), 68-76.
6. Colby, M. H., Hires, B., Le, L., Sauma, D., Yau, M. Y., Chu, M. T., & Rubin, H. L. (2022). Unpacking the root causes of gambling in the Asian community: Contesting the myth of the Asian gambling culture. *Frontiers in Public Health*.
7. Wong, Carolyn and Li, Giles, "Talking about Casino Gambling: Community Voices from Boston Chinatown" (2020). Institute for Asian American Studies Publications. 45.
8. Alegría, A. A., Petry, N. M., Hasin, D. S., Liu, S. M., Grant, B. F., & Blanco, C. (2009). Disordered gambling among racial and ethnic groups in the US: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *CNS spectrums*, 14(3), 132-143.
9. People in poor neighborhoods are twice as likely to have gambling problems, study finds (2014, January 6) retrieved 21 September 2024 from <https://medicalxpress.com/news/2014-01-people-poor-neighborhoods-gambling-problems>

Strategies

Overcoming Challenges with Partnering

- ✓ Bridging power structures
- ✓ Acknowledge innate power of all the partners
- ✓ Understand the role of money and historical denial of resources
- ✓ Be strategic in spotlighting success
- ✓ Thoughtful presentation of data
- ✓ Consider missing voices

