Using Data Effectively for Problem Gambling Prevention
Data to Action

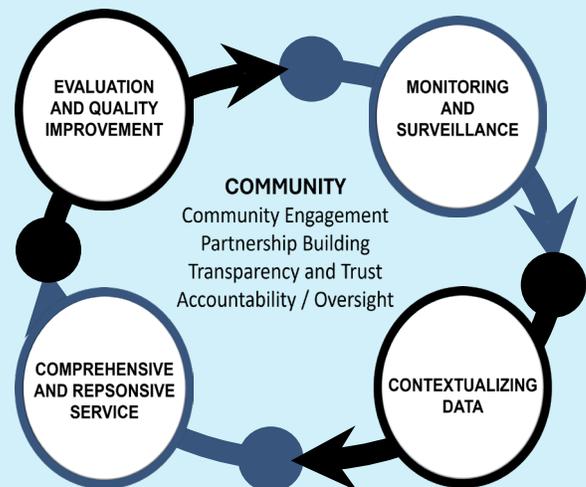## Benefits of Data-driven Decision-Making

Data-driven decision-making (DDDM) in public health involves using data analysis and interpretation to inform decisions related to health policies, interventions, and resource allocation.

- **Improved Health Outcomes:** Targeted interventions based on data can lead to better health outcomes for individuals and communities.

- **Increased Efficiency:** Optimizing resource allocation and program design leads to more efficient use of public health resources.

- **Reduced Costs:** By addressing health issues effectively and preventing future problems, data-driven approaches can lead to long-term cost savings.

- **Greater Accountability:** Data provides a basis for accountability, allowing public health officials to demonstrate the impact of their work.

- **Informed Policymaking:** Data-driven insights can inform the development of effective and evidence-based public health policies.

The OPGS Data to Action Framework

The OPGS Data to Action Framework ensures that problem gambling data is reliable, equitable, accessible, and actionable leading to an optimal public health response to problem gambling in the Commonwealth.

Massachusetts Department of Public Health, Office of Problem Gambling Services (OPGS), OPGS- D2A Framework (v6)4

EVALUATION AND QUALITY IMPROVEMENT

MONITORING AND SURVEILLANCE

COMMUNITY
Community Engagement
Partnership Building
Transparency and Trust
Accountability / Oversight

COMPREHENSIVE AND REPSONSIVE SERVICE

CONTEXTUALIZING DATA

Concepts and Definitions

■ **Contextualizing Data**

Conducting community needs assessments and regional planning processes planning processes to engage community stakeholders and work together to understand and interpreting public health data (adapted from MA OPGS). We want to interpret and understand data in the larger context of historical and structural factors at play within communities, including systems of oppression (e.g., racism, sexism), rather than only focusing on individual health outcomes and behaviors. Contextualizing data means providing a narrative that describes the data and the root causes of inequities in the context of historical and current systems of oppression (e.g. racism, sexism).

■ **Cultural Broker**

A Cultural Broker is someone who functions as a "bridge" between diverse communities and mainstream service systems. A cultural broker understands how a diverse community's culture differs from the mainstream service system's culture, explains nuances and values of one culture to the other, and often celebrates different view, values, and beliefs. (MA Racial Equity Glossary)

■ **Health Disparities**

Disparities in health that stem form unjust, systemic policies and practices which limit opportunities for good health. (CDC)

■ **Health Equity**

A socially constructed way of grouping people, based on skin color and other apparent physical differences, which has no genetic or scientific basis. (Adelman, Cheng, & Shim 2003)

■ **Health Inequities**

Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust. These differences are rooted social and economic injustice, and are attributable to social, economic and environmental conditions in which people live, work, and play.

■ **Surveillance**

Public health surveillance is the systematic and ongoing collection of health-related information on populations to monitor trends; identify risk and protective factors; and inform policies, practices, and investments designed to improve health outcomes (MA OPGS)

■ **Data-driven Decision Making**

Data-driven decision-making is an approach that relies on empirical data, data analysis, and insights to inform strategies that are aimed at improving outcomes and increasing efficiency across various domains. (ehealth4everyopne)

Data and Surveillance: Equity in Action

The Massachusetts Department of Public Health (DPH), Office of Problem Gambling Services (OPGS) is committed to promoting the optimal health and well-being of all residents in the Commonwealth and to ensuring they are provided with healthy and equitable communities to work and live in. Problem gambling has a high level of co-morbidity to other health issues and disproportionality impacts people and communities of color.

" Epidemiology is a key component of public health that guides public health efforts and strategies to prevent and mitigate harms. "

(Massachusetts Office of Problem Gambling Services, Department of Public Health)

Resources

DPH Office of Problem Gambling Services: Data to Action Framework, Guided by the public health principles of engagement, empowerment, and equity, the OPGS Data to Action Framework was developed to illustrate the process through which public health data and community experience can be leveraged to inform and support each other in a mutually reinforcing feedback loop. https://www.mass.gov/doc/opgs-data-to-action-framework-pdf/download

Leading a Public Health Response to the Expansion of Gambling in Massachusetts: Engagement, Equity, and Empowerment, This month's Cambridge Health Alliance Division on Addiction Special Series on Community Approaches to Addiction, Leading a Public Health Response to the Expansion of Gambling in Massachusetts: Engagement, Equity, and Empowerment – BASIS (The Brief Addiction Science Information Source).

Racial Equity Data Road Map, This Racial Equity Data Road Map outlines ideas, suggestions, and best practices for using data to help close gaps in health outcomes by race and ethnicity. Racial Equity Data Road Map | Mass.gov.

The Government Alliance on Race and Equity (GARE), **Racial Equity; Getting to Results**, GARE Resources - GARE Online Community

Actionable Intelligence for Social Policy (AISP) **A Toolkit for Centering Racial Equity Throughout Data Integration** https://aisp.upenn.edu/resource-article/a-toolkit-for-centering-racial-equity-throughout-data-integration/

Sum of Us, A Progressives' Style Guide, A Progressive's Style Guide is explicitly multi-voiced and is created with the following commitments. 1) We combat discriminatory language. 2) We seek advice or more information when we're unsure. 3) When writing, speaking, or using images, we aim to use examples that reflect a broad range of identities and perspectives., https://s3.amazonaws.com/s3.sumofus.org/images/SUMOFUS_PROGRESSIVE-STYLEGUIDE.pdf

Conducting one-on-one interviews: https://mcoepgp.org/resource/conducting-one-on-one-interviews/

Conducting Focus Groups: https://mcoepgp.org/resource/conducting-focus-groups/


Population Health Information Tool
The Population Health Information Tool (PHIT) provides up-to-date, easy to understand public health data and racial equity data in Massachusetts.

References

1. Soucie, J. M. (2012). Public health surveillance and data collection: general principles and impact on hemophilia care. Hematology, 17(sup1), s144-s146.
2. Ortiz, V., Cain, R., Formica, S. W., Bishop, R., Hernández, H., & Lama, L. (2021). Our voices matter: using lived experience to promote equity in problem gambling prevention. Current Addiction Reports, 8(2), 255-262.
3. "How can we avoid "blaming the victim" when we present information on poor outcomes for different racial, ethnic, language or immigrant groups in our community?" Center for Assessment and Policy Development, 2013
4. Messerlian C, Derevensky J, Gupta R. Youth gambling problems: a public health perspective. Health Promot Int. 2005 Mar;20(1):69-79.

Your Data to Action Stage
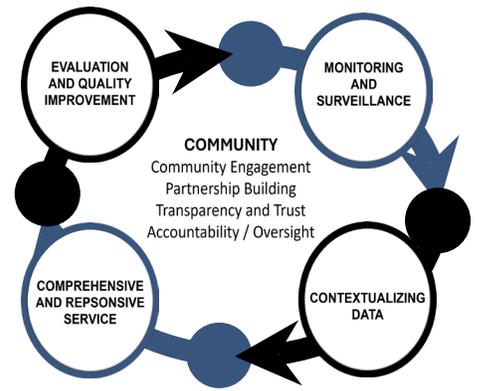
What stage are you in now?

_____

_____

_____

_____

_____

What data do you need for this stage's tasks?

_____

_____

_____

_____

What data have been hard to find? Where might you look for them?

_____

_____

_____

_____

_____

Instructions

Review the data on the right and identify potential root causes for people to have a greater risk for experiencing problem gambling.

Try repeatedly asking the question "Why" (five is a good rule of thumb), you can peel away the layers of symptoms that can lead to the root cause of a problem.

Some things to consider include their *geographic location, race, ethnicity, language(s) spoken, socio-economic status, cultural values, sexual orientation or gender identity expression, age, etc.*

Data Points:

Gambling Participation:
Nongamblers are older, on average, than those gambling on any activity, with a median age of 49. (NGAGE 2021)

Harms: 10% of males, almost twice the rate of females, met at least one criterion for problematic gambling in NGAGE 2024

Problem: _____

_____

Why? _____

_____

Why? _____

_____

Why? _____

_____

Why? _____

_____

Why? _____

_____

In small groups, discuss the questions below. Select a representative to report your reflections to the large group.

Discussion

What story do the data tell now that they have been contextualized?

What additional information do you need?

Who else may need to be engaged in the process?

How might you approach building community readiness to collect data and review data findings?