

ENGAGING THE COMMUNITY AND PARTNERS TO BUILD CAPACITY TO PREVENT PROBLEM GAMBLING

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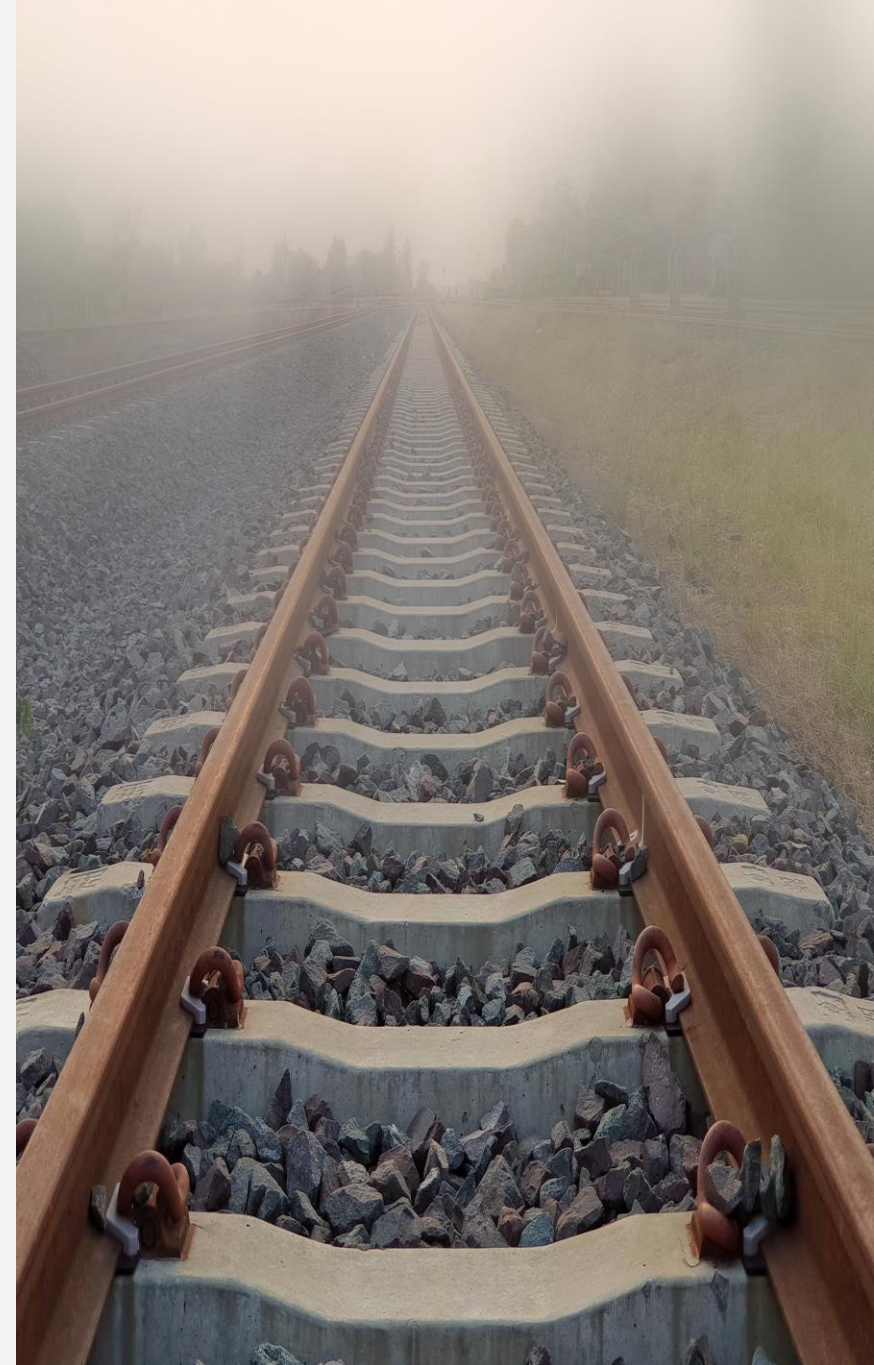
MA Center of Excellence on Problem Gambling Prevention



LEARNING OBJECTIVES

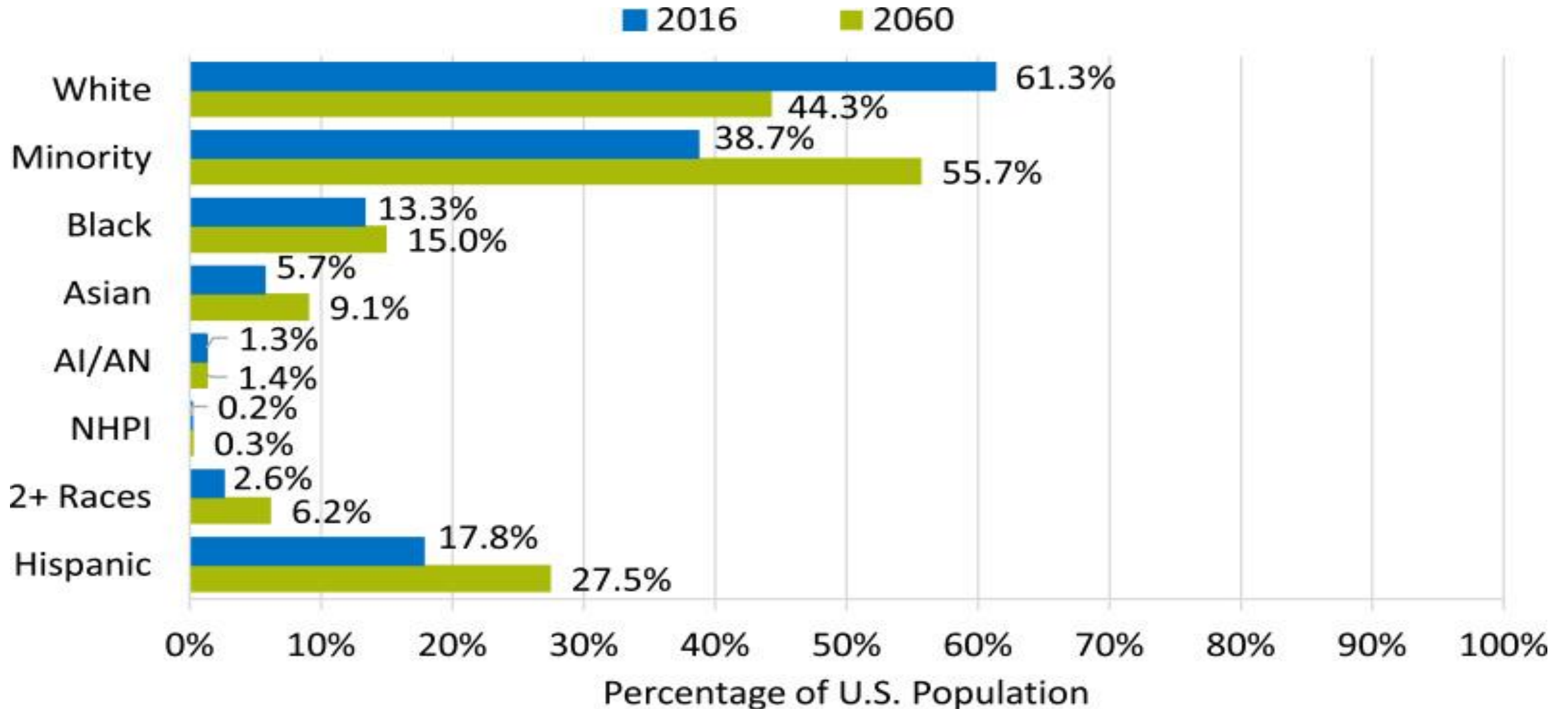
This training will:

- Provide an overview of health equity, health disparities, and the structural determinants of health
- Provide an overview of problem gambling research and populations disproportionately impacted
- Define components of a community-led approach
- Describe the need to lead with a strength-based approach by recognizing and building on community strengths, resiliency, and leadership
- Identify strategies for equitable planning



Changing Demographics: Who Makes up Our Community?

US Census Projections out to 2060



Strategies for Equitable Community Engagement during Planning, Implementation, and Evaluation (breakout)

- Create and Build Real Community Partnerships
- Center the Voices and Experience of Community
- Lead with Validation of Racism and other forms of Oppression
- Hire, Promote and Retain People Representative of the Diversity in Communities
- Build, Grow and Promote Services Grounded in Equity – Ensure an Anti Racist Stance and Approach



Principles of Community Engagement

1. Careful planning and Preparation
2. Inclusion and Demographic Diversity
3. Collaboration and Shared Purpose
4. Openness and Learning
5. Transparency and Trust
6. Impact and Action
7. Sustained Engagement and Participatory Culture

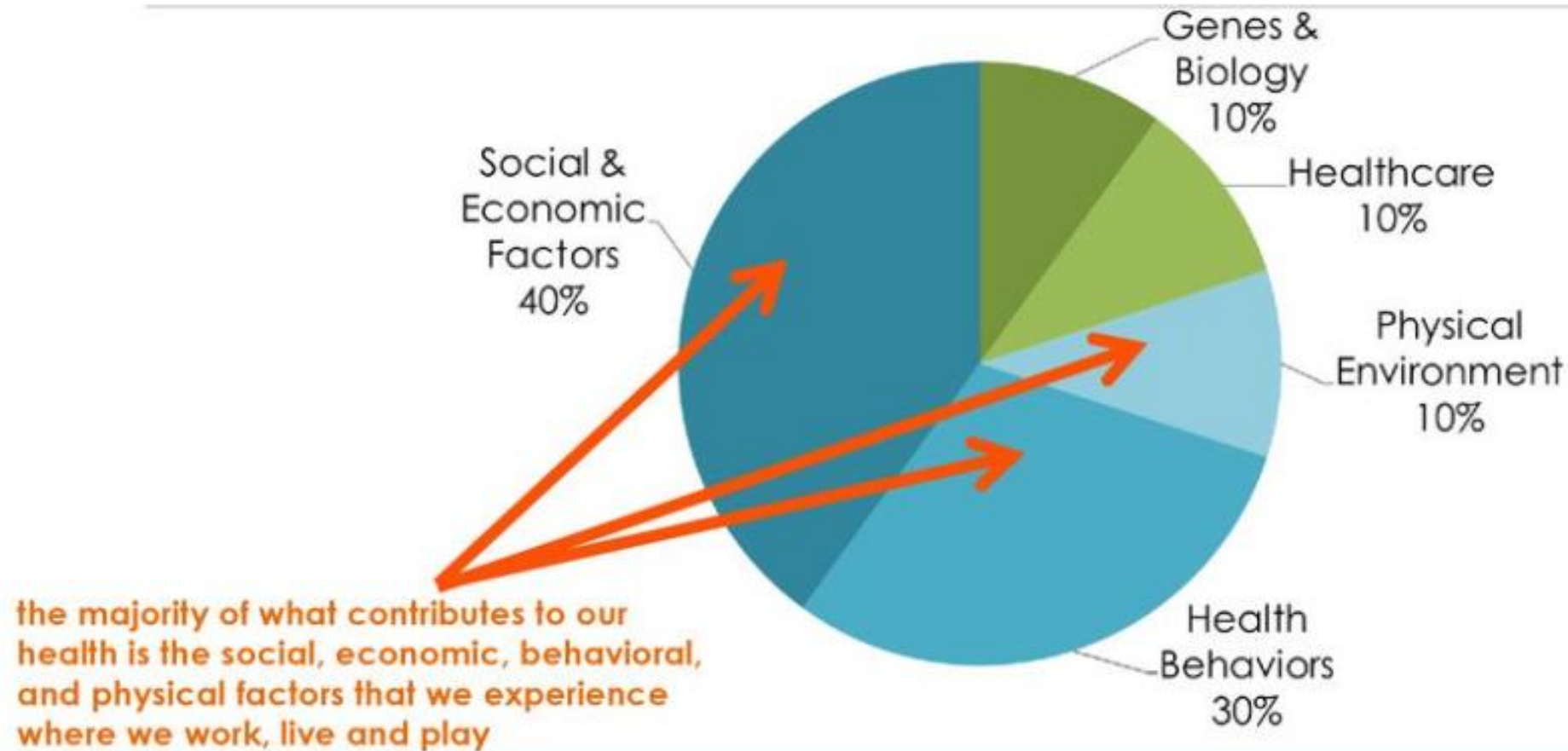
Strengths Based Perspective

- Decades of Experience Resisting Racism and other forms of Oppression
- Historical and Present-Day Resiliency and Strengths
- Presence of Community Based and Driven Strategies and Solutions



Photo courtesy of <https://freesvg.org/fist-silhouette>

WHAT MAKES US HEALTHY?



Source: Tarlov AR. Public policy frameworks for improving population health. Ann N Y Acad Sci. 1999;896:281-93.

STRUCTURAL AND SOCIAL DETERMINANTS OF HEALTH



Much of what impacts a person's health starts where they live, learn, work and play.

Source: Centers For Disease Control and Prevention

PROBLEM GAMBLING RESEARCH

- **High Risk Populations**
- **Risk and Protective Factors**
- **Similarities and Differences with Substance Misuse and Substance Use Disorders**

PEOPLE WHO ARE AT HIGHER RISK FOR PROBLEM GAMBLING

Research shows that some groups are at higher risk for developing problem gambling, including:

- Youth
- Males
- People of color
- People with a high school diploma or less
- People with an annual income of less than \$15,000
- People who are unemployed
- People with a disability
- Casino employees
- People with a history of incarceration
- People who misuse substances

RISK FACTORS



- Early Onset
- Early Big Win
- Inaccurate Understanding of the Odds
- Parents Who Gamble
- Substance Use Disorder (SUD)
- History of Incarceration
- Mental Health Disorder
- Financial Problems

PROTECTIVE FACTORS



- Family Connectedness
- Healthy Social Connections (Activities, Social Circle, Peers/Mentors, Family)
- Accurate Understanding of the Odds
- Understanding of the Connections Between Gambling , SUD, and Mental Health
- Knowledge and Access to Supports
- Healthy Self-Esteem
- Ability to Ask for Help

Comorbidity with Substance Misuse



Problem gambling rates among those who misuse substances are 4 to 10 times that of the general population

Problem Gambling and Substance Misuse



Some types of gambling may be more likely than others to co-occur with substance use disorders (slot machines)¹¹



Gender, culture, and age often impact drugs of primary use, gambling participation and substance use patterns¹¹



Recreational gamblers with substance misuse problems who started to gamble at earlier ages, were more likely to gamble in the hopes of winning money, and gambled more heavily¹²


Behaviors Associated with Co-morbidities



People with substance use disorders may use gambling to support their drug use



Gambling can be a substitute activity that may become exacerbated upon abstinence from drugs




People with substance use disorders were more likely to use substances before or while gambling to enhance performance, ease the pain of losing, and enhance the joy of winning.



Gambling can be a reinforcer of drug use and an obstacle to success in treatment



People with a history of problem gambling and substance use disorder histories were more likely to have attempted suicide at some point in their lives



Polysubstance users were more likely to exhibit serious problem gambling than those with only one substance addiction.

Substance Use Disorder and Problem Gambling:

What are some differences and similarities? (breakout)

Differences:

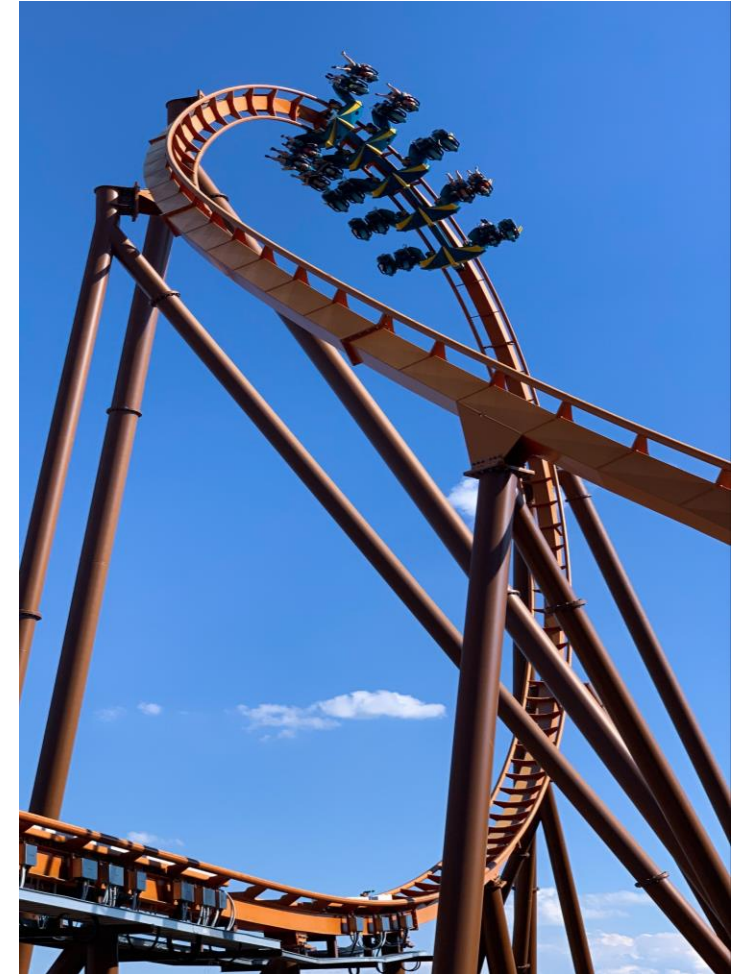
- Gambling is a hidden addiction
- Can't overdose on gambling
- Can't be tested for problem gambling
- Fewer available resources to address problem gambling

Similarities:

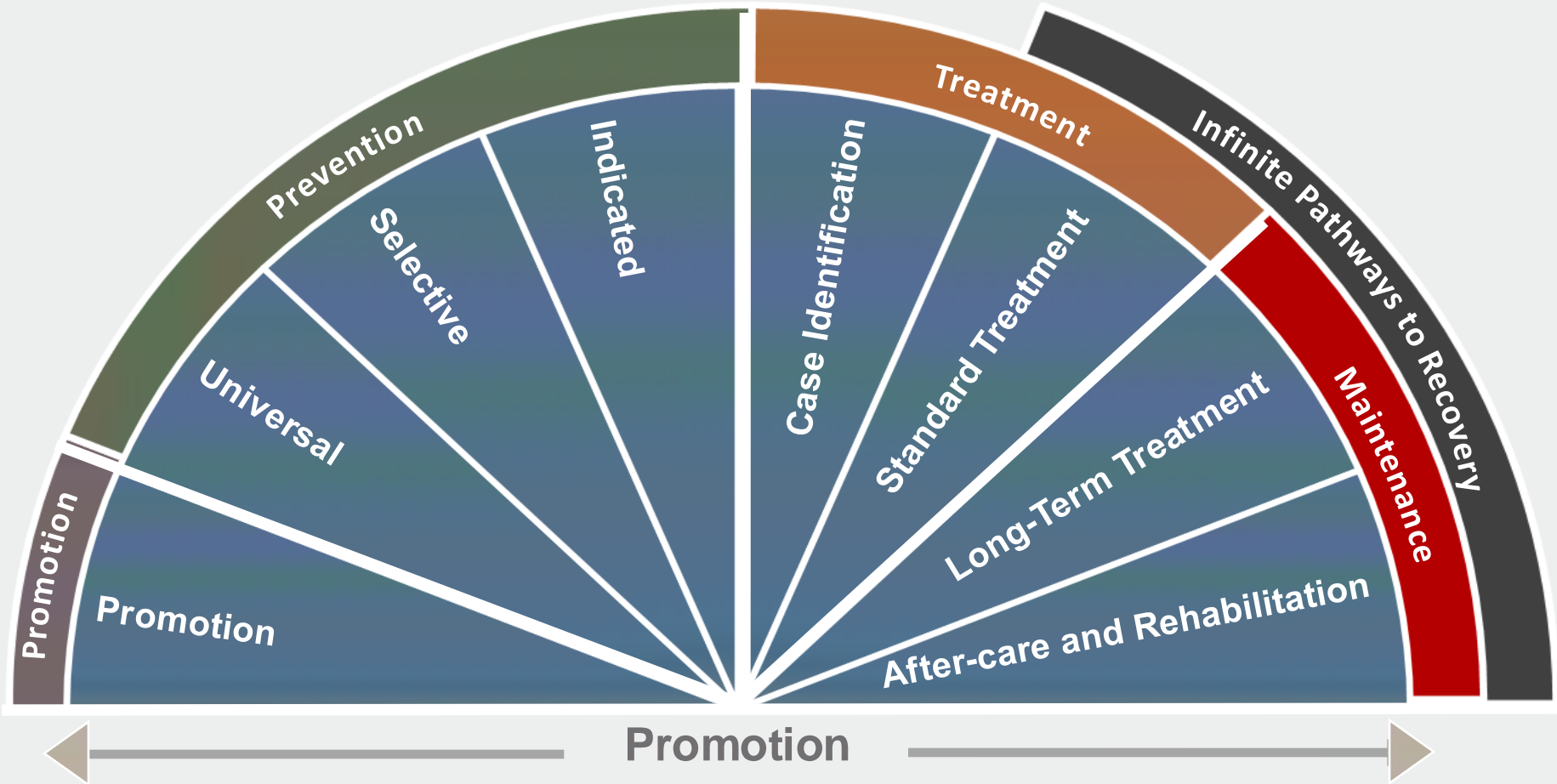
- Legal and illegal forms
- Regulated and promoted by the state
- Produce negative consequences (finances, relationships, etc.)
- Culture influences use
- Tolerance
- Stigma
- Lack of services
- Recovery is possible!

Gambling at the Community Level

- Communities are Targeted by the Predatory Nature and Tactics by Gambling Purveyors
- Casinos Located in “Minority Majority” Cities: Everett and Springfield
- Most Services are Not Designed to Meet Community Needs (Access and Quality of Care)
- Legal forms of Gambling: Lottery, Casinos, Internet Sports Betting, Keno, Bingo, Video Games, etc.
- Illegal forms of Gambling: Animal Fighting, Underground Casinos, Street Racing, etc.



Continuum of Care



Health Disparities

- “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

Examples of Health Disparities

- Health
- Education
- Economics
- Employment
- Policing
- Incarceration
- Representation
- Others?



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**, including **powerlessness** and **lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care**.
- **Behavioral health equity** builds on this definition and directs specific attention to mental health and substance use conditions and disorders.

Equity versus Equality

EQUALITY:

Everyone gets the same – regardless if it's needed or right for them.



EQUITY:

Everyone gets what they need – understanding the barriers, circumstances, and conditions.



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<https://www.rwjf.org/en/blog/2022/11/we-used-your-insights-to-update-our-graphic-on-equity.html>

Examples of Community Based Programs and Care

- Ambassador Initiative
- Photo Voice
- Community Health Workers
- Youth Leadership Programs
- Re-Entry Services
- Outpatient Gambling Treatment
- Recovery Support Centers



"...a lot of people are like this -thorny, rough on the outside, beautiful on the inside. You have to break down these barriers to get to the piece of the person... You should take the time to get to know people. You don't always know a person's story beneath the surface."

SOUTHEASTERN REGIONAL TECHNICAL HIGH SCHOOL STUDENT, HIGHPOINT PREVENTION SERVICES

"It's our responsibility to make sure that the problems and solutions community residents discuss with us are uplifted to city and state policymakers. They know their community and are in the best position to identify solutions." - Springfield Community Health Worker

Questions



Upcoming MCOE PGP Trainings

- **Intersections of Substance Misuse and Problem Gambling Prevention –**
January 28th, 2025 from 1:00 to 3:00 pm ET



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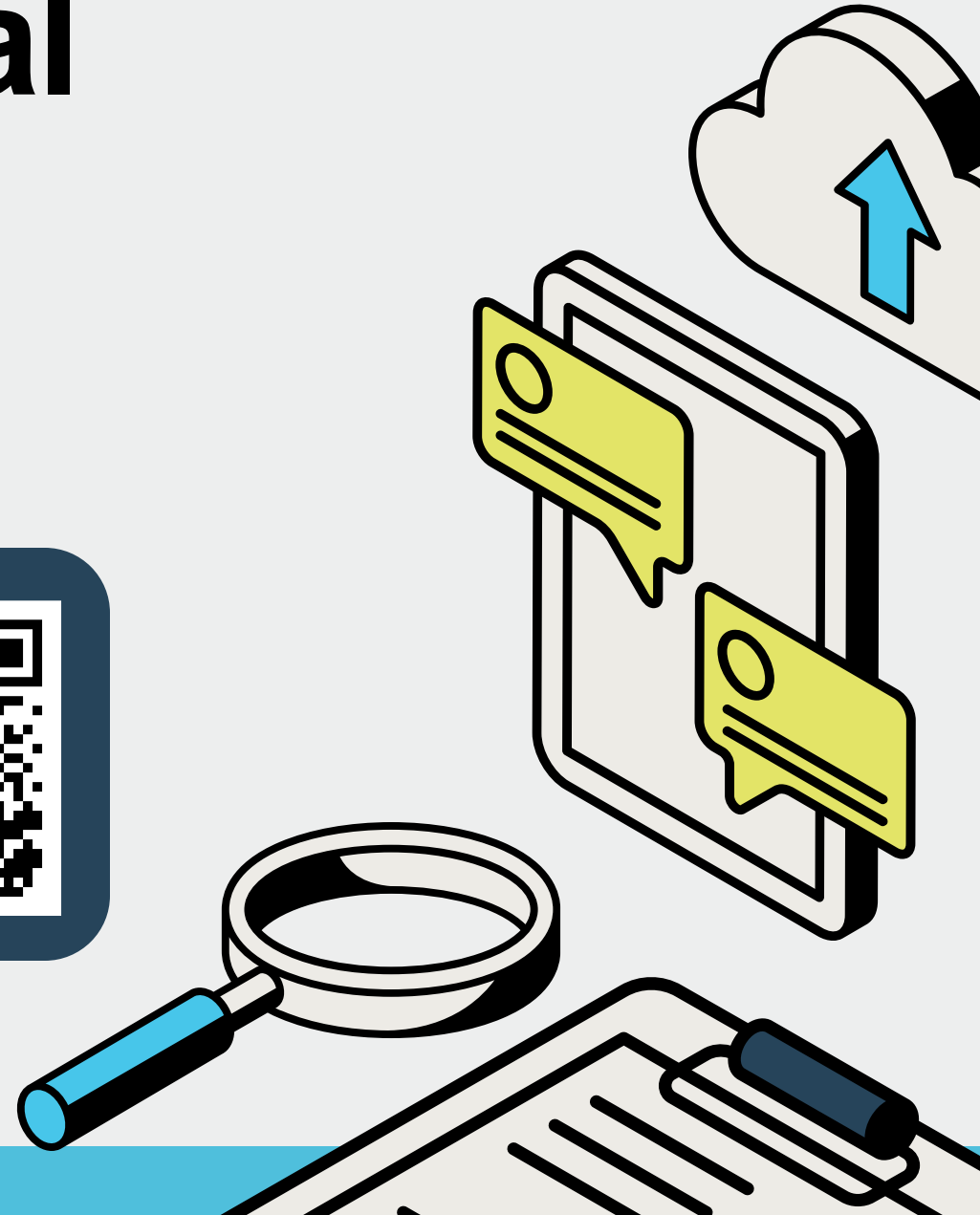
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MUCHAS GRACIAS

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