

Partnering For Change:

Understanding the Structural and Social Determinants of Health to Prevent Problem Gambling November 5, 2024 | 2:30 – 4:00 pm ET

Presenters:

Debra Morris, MPH, MCHES | Health Equity Advisor, MCOE PGP **Ben Spooner**, BS | Assistant Project Director, MCOE PGP **Carol Musallam,** M.Sc., B.Sc | Training Coordinator, MCOE PGP





Part 1

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



October 22, 2024 10:30 am – 12:00 pm

Part 2

Partnering for Change, Not a Second-hand Emotion: Understanding the Structural and Social Determinants of Health to Prevent Problem Gambling



November 5, 2024 2:30 pm – 4:00 pm

Introducing Today's Presenters



Debra Morris Health Equity Advisor Carol Musallam Training Coordinator Ben Spooner Assistant Project Director



Key Objectives Centering Equity in Problem Gambling Prevention



Describe how health equity frameworks can explain the complex set of interrelated factors that drive disparities in problem gambling. Identify key issues to analyze and address in planning to eliminate health disparities and inequities. Describe a process to involving the community, engaging partners, and empowering change.

List strategies to address four pillars of community equity.



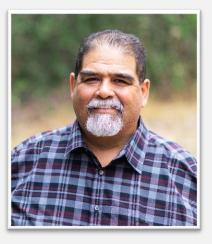
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02

03

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.

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





A Journey Through Massachusetts

rolay

Longmeak



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.

Interpretation of the second s

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80.

Great Barrington

Barrington

Generally, physical inactivity, poor eating habits, obesity, and smoking tended be higher in the cities with lower life expectancies. However, a person's education and income are the greatest predictors of their health. Individuals w higher levels of education and income tend to live longer, healthier lives.

Chicobee

Springfield

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

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.

Worcester

71.6

Massachus

Web

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 **HOW** 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).

Sindh Actor

Network Tanalogy

87.7

Roxbury

Taunton

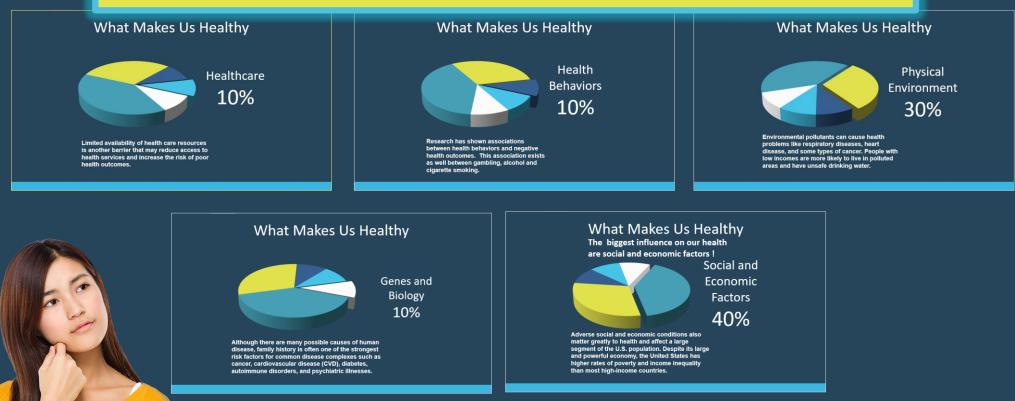
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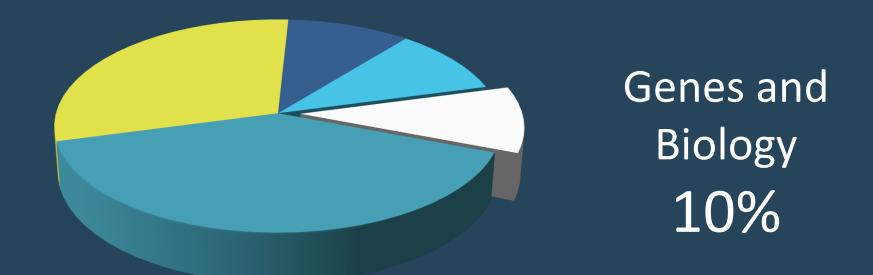
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88.8

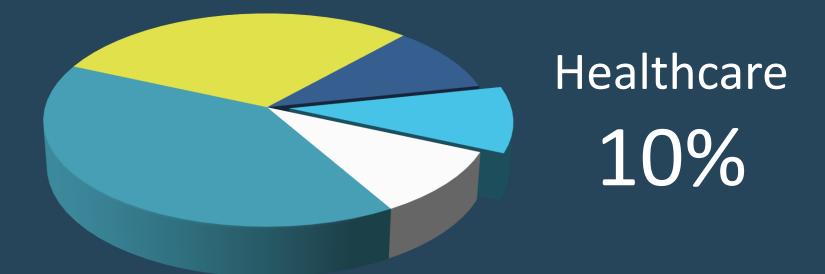
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What Explains the Difference?

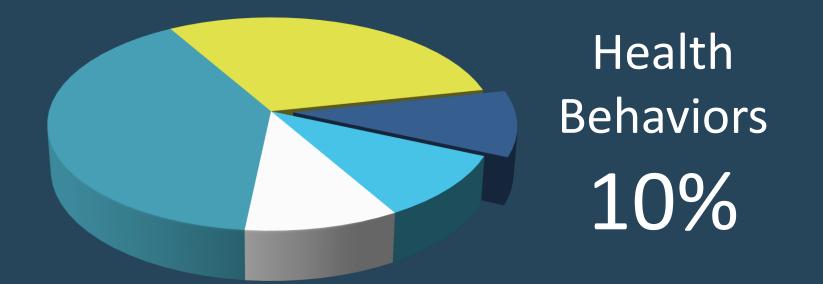




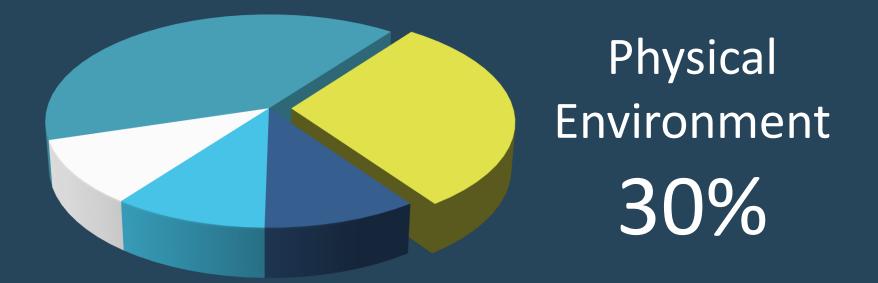
Although there are many possible causes of human disease, family history is often one of the strongest risk factors for common disease complexes such as cancer, cardiovascular disease (CVD), diabetes, autoimmune disorders, and psychiatric illnesses.



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



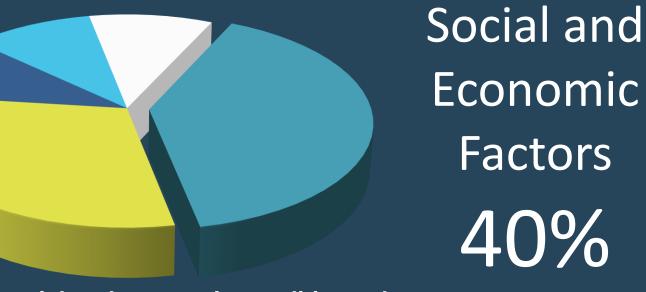
Research has shown associations between health behaviors and negative health outcomes. This association exists as well between gambling, alcohol and cigarette smoking.



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 !



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.





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



Social and Economic Context

Interactions between individuals and groups in a community





Economic environment in which people function



Neighborhood and Built Environment

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

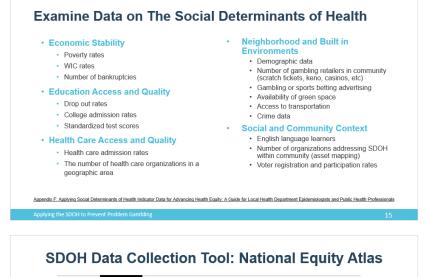


Healthcare and Quality

Presence, quality, and affordability of healthcare.

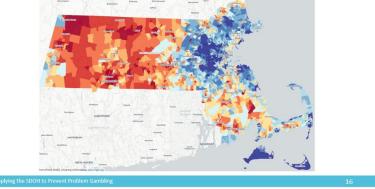


Examine Data on The Social Determinants of Health





SDOH Data Collection Tool: Area Deprivation Index





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

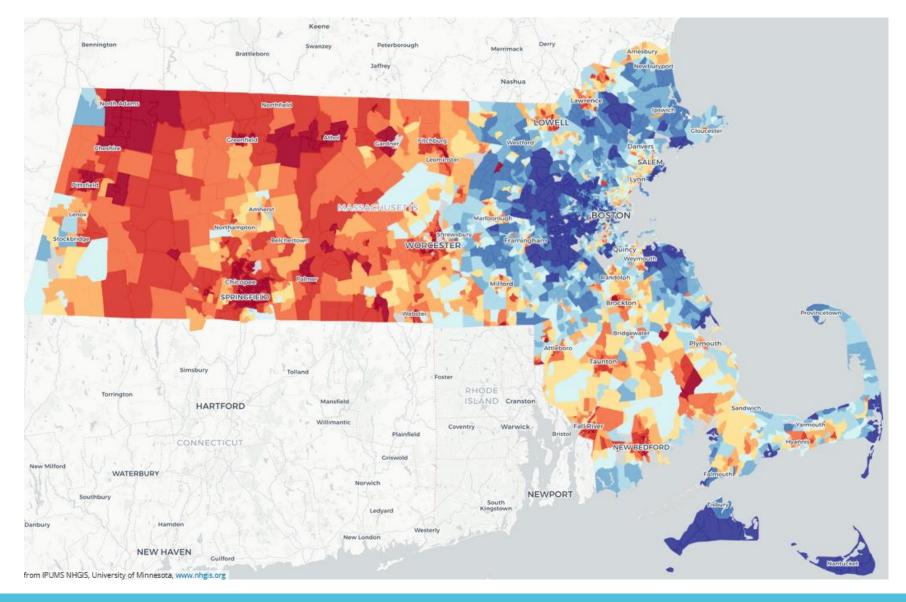
- Neighborhood and Built in Environments
 - Demographic data
 - Number of gambling retailers in community (scratch tickets, keno, casinos, etc)
 - Gambling or sports betting advertising
 - Availability of green space
 - Access to transportation
 - Crime data

Social and Community Context

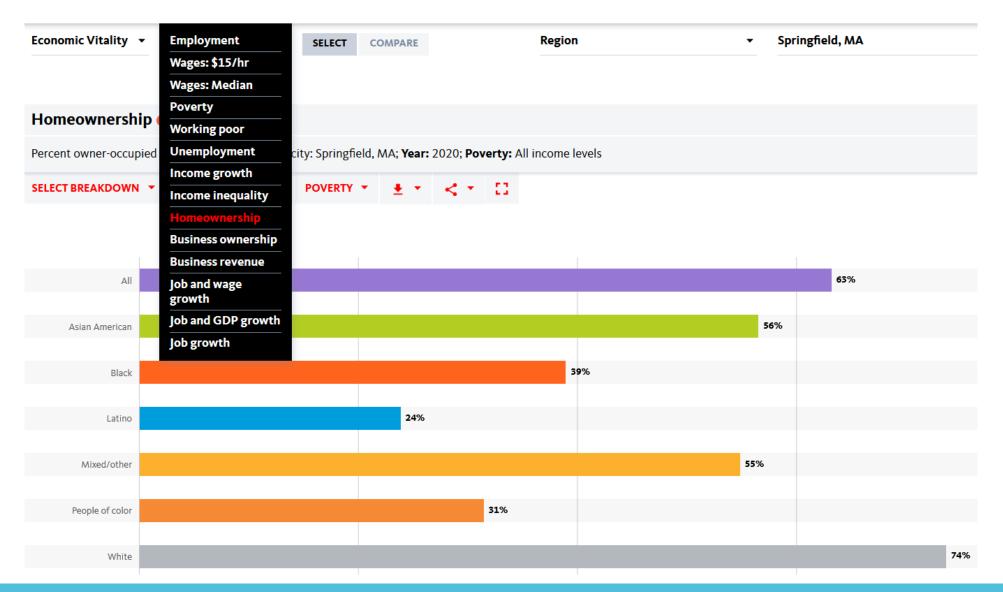
- English language learners
- Number of organizations addressing SDOH within community (asset mapping)
- Voter registration and participation rates

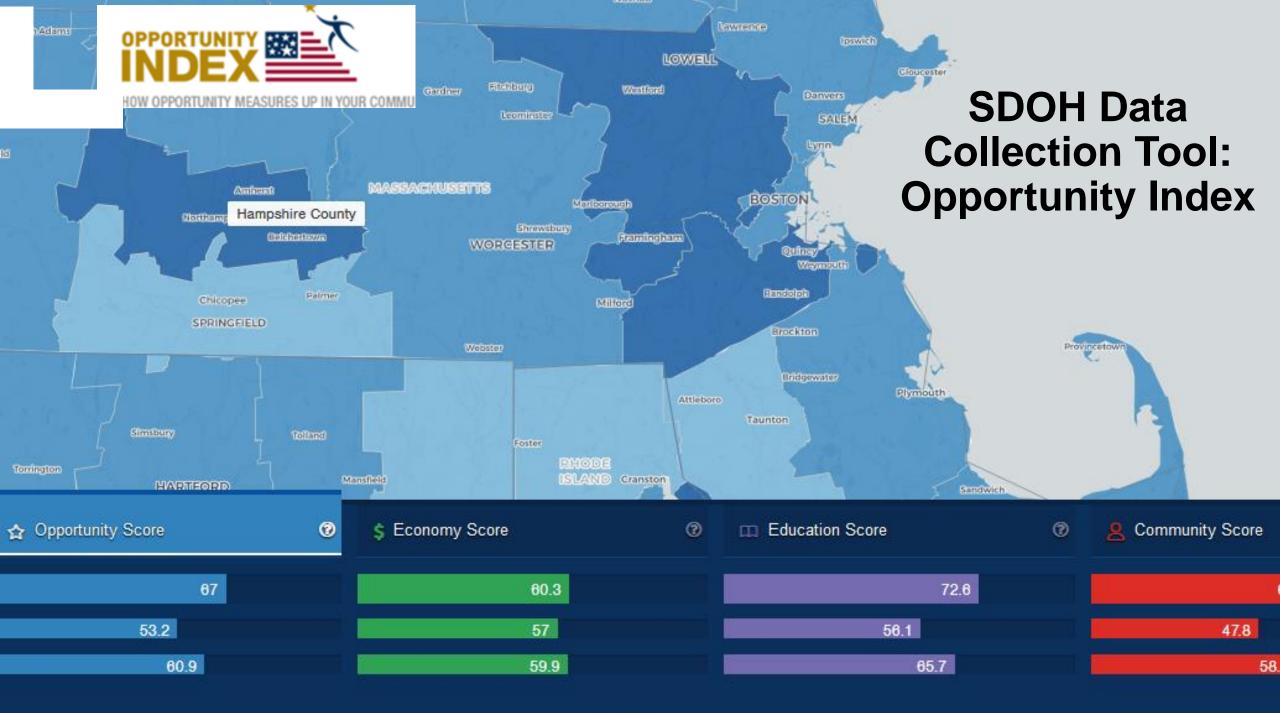
Appendix F: Applying Social Determinants of Health Indicator Data for Advancing Health Equity: A Guide for Local Health Department Epidemiologists and Public Health Professionals

SDOH Data Collection Tool: Area Deprivation Index

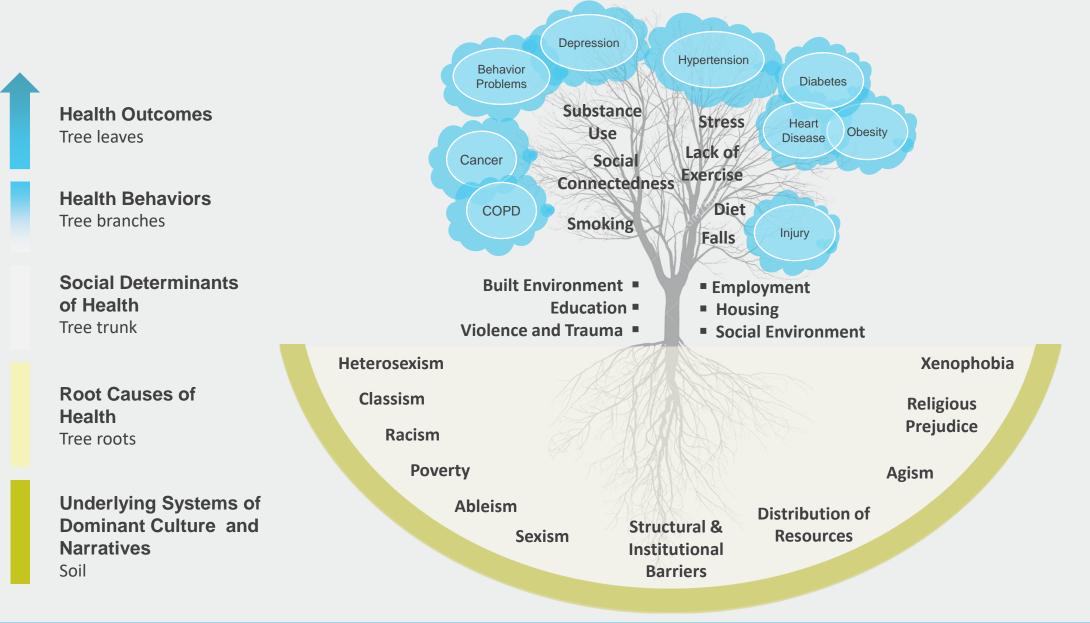


SDOH Data Collection Tool: National Equity Atlas





The Health Tree: Connecting Health Outcomes to Root Causes



Adapted from The Health Tree is adapted by Health Resources in Action from the Human Impact Partners

The Healthier Tree: Connecting Health Outcomes to Root Causes

Community Resilience

Equitable Systems and Supports



Quality education

Affordable, safe, quality housingAccess to health and human servicesAccess to parks and natural resourcesHealthy built environmentsEquity in county practicesFamily wage jobs and job trainingCommunity and public safetyStrong vibrant neighborhoods

Access to safe and efficient transportation

Equitable law and justice systems

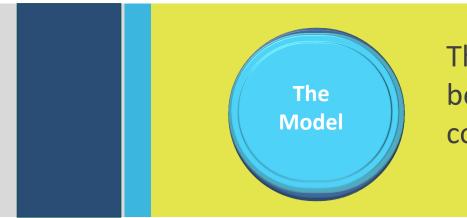
Public Health

" 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)



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

Individual Relationship Community Societal

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

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

Relationship

Community

Societal

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

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

Community

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

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

Societal

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



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



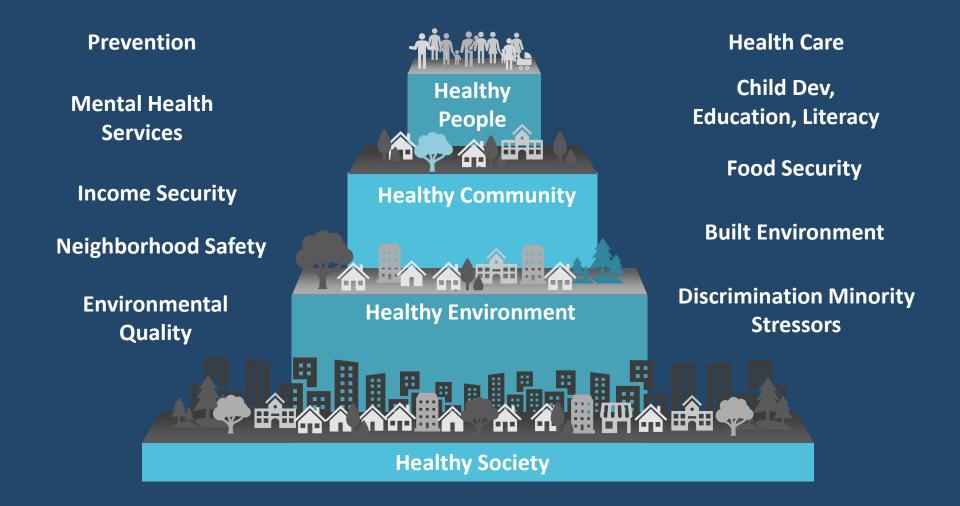
Health at Varied Levels



Health at Varied Levels



Health at Varied Levels



Source: Let's Get Healthy California

SECTION 3: MOVING TO ACTION



Four Pillars to Address Equity

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

> **Culturally Relevant** Programs and Services

> > Personal Agency

Access to Healthcare

Institutions

Racism

Systems Change

Involve, Engage, Empower

Social Capital

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

Partner with Organizations that Address Specific Social Determinants of Health

Continuum of Recruitment Strategies



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



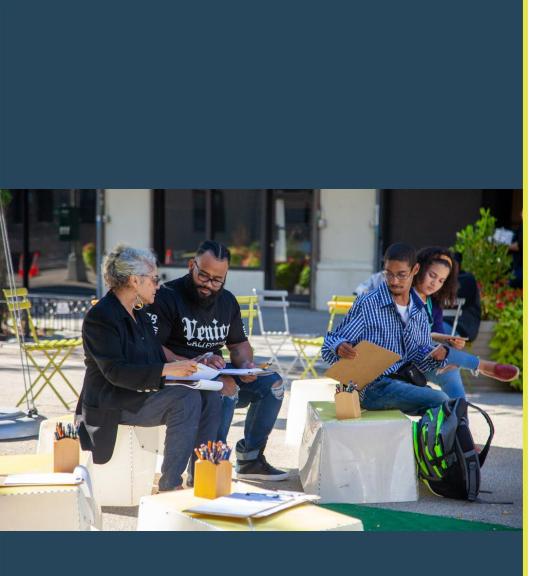
Potential Concerns Engaging Partners

- 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



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

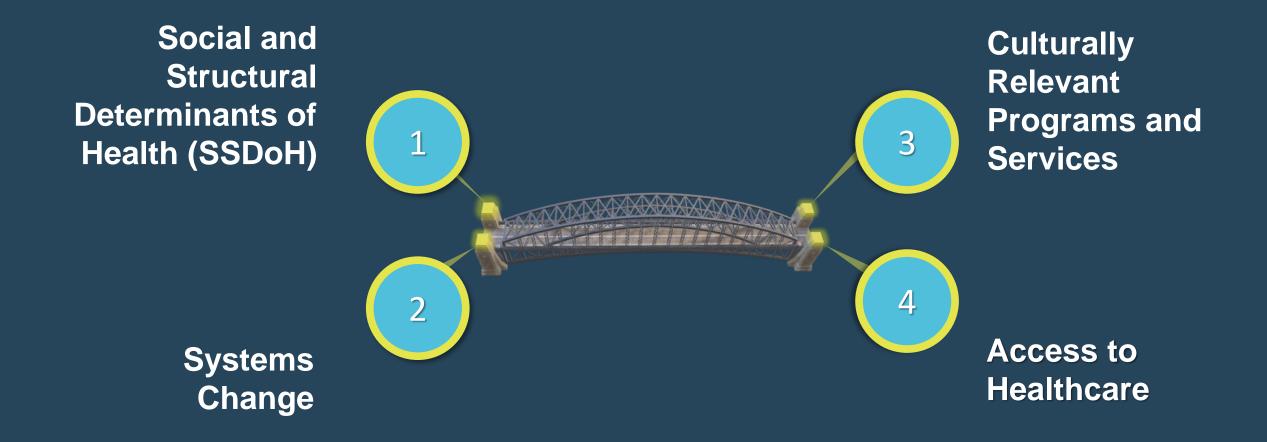
Populations from Research

- 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 Identifying Priorities

Conditions in the environments where people are **of Health** born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-oflife outcomes and risks. <u>(Healthy People 2030)</u>

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 evidencebased 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



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



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?



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.

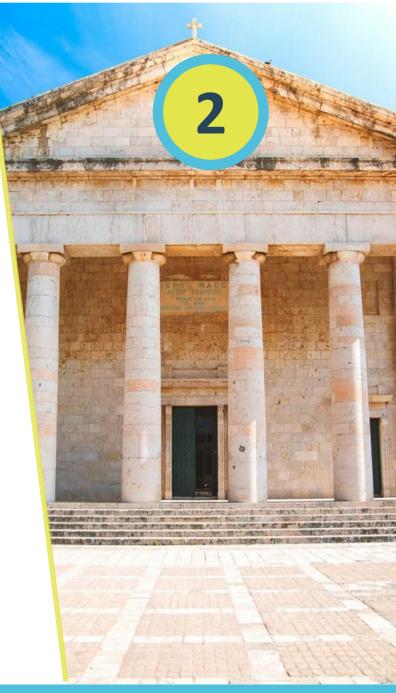
Systems Change Identifying Priorities

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.

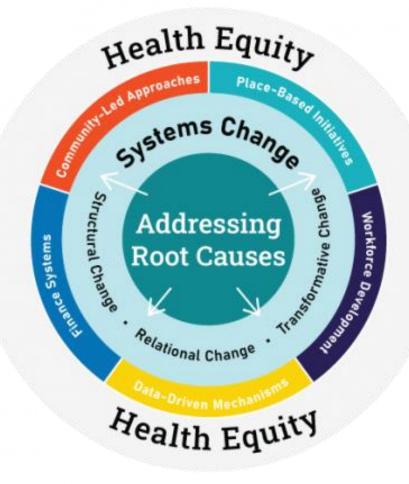
"Americans see systems as opaque, intransigent, unwieldy ... For many, it's how they see systemic racism—we can see it, we can know it's wrong, but we feel deep angst because we believe it's too big for us to solve."





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



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.

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



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 wellfunctioning, close-knit society.

What Works Well-being



The Handout

Equity Academ





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. <u>A Guide for Policy</u> <u>Makers</u>.



Community Profiles

Community Profile: Everett

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

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 gamblingrelated 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 Adative 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.³

- 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/
- 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.
- Philander, K., Tabri, N., Wood, R., & Wohl, M. (2022). Casino proximity, visit frequency, and gambling problems. International Gambling Studies.
- 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.
- 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	1.1
Population	49,075	6,981,974	1.00
Poverty	14.4%	10.4%	15.
Income Less Than 15,000	10.8 %	8.2%	Martin P.
Bachelors Degree / Higher	10.6%	47.8%	1.
Without Healthcare Coverage	8%	2.6%	120
Born Outside the U.S.	44.7%	17.6%	merville

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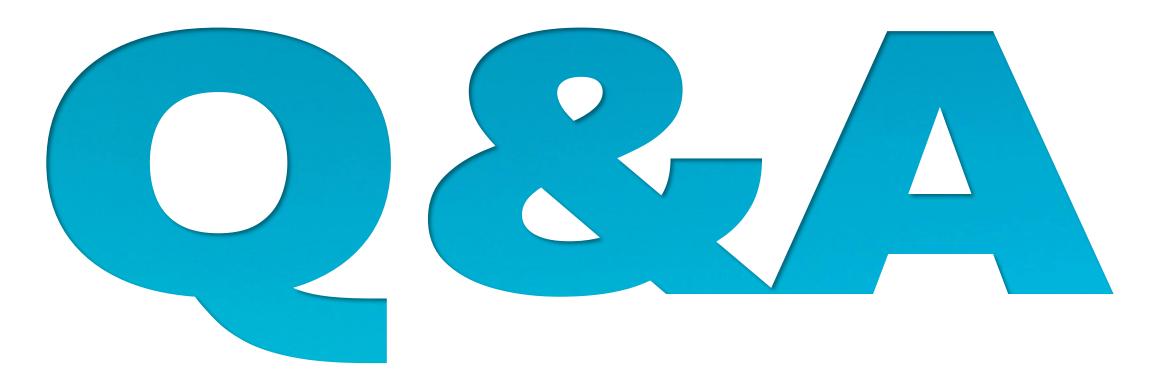
Based on the information provided above:

- 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?





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 Engaging the Community and Partners to Build Capacity to Prevent Problem Gambling – November 7th, 2024 from 1:30 to 3:30 pm ET



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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

