



PROBLEM
GAMBLING
PREVENTION

Stronger Together: Partnering to Prevent Problem Gambling at Its Roots

February 19, 2026 | 1:00 – 3:00 pm EST

Presenters:

Sokoni Davis, EdD | Special Projects Manager

Carol Musallam, M.Sc. | Health Equity Academy Lead

Kathryn Jaksic, MPH | Training and Technical Assistance Associate



WELCOME & OVERVIEW

About the Center and Today's Training



About Us

- We are the Massachusetts Center of Excellence on Problem Gambling Prevention (MCOEPGP)
- Funded by: the MA Department of Public Health, Office of Problem Gambling Services.
- We provide **training, capacity-building, and program development** to support the prevention of problem gambling and related health issues.



About This Training

- Part of the **Health Equity Academy**, designed to strengthen individuals' and organizations' capacity to advance health equity
- Today's session is in the Intersections of **Health Equity Track**

What to Expect Today



Participation

- Please keep your **webcam on** if you're comfortable. It helps us connect!
- You're muted on entry; feel free **to unmute anytime** to contribute
- Use the **chat** or **raise your virtual/physical hand** to ask questions or share ideas
- **Please stay engaged.** Your experience enriches the conversation.

Please Introduce Yourself

1

**Name,
Organization,
and Role**



Hello
my name is

2

Activity:

Share one of your
superpowers.

Introducing Today's Presenters



Sokoni Davis, EdD
Special Projects Manager



Carol Musallam, M.Sc.
Health Equity Academy Lead



Kathryn Jaksic, MPH
Training and Technical
Assistance Associate



Keri Lemoine
Training Coordinator



Group Agreements

- ✓ Engage & be present
- ✓ Experience discomfort as a part of learning
- ✓ Share airtime, make space for others
- ✓ Listen for understanding

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



Part 1

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



**November 6, 2025
1:00 pm – 3:00 pm**

Part 2

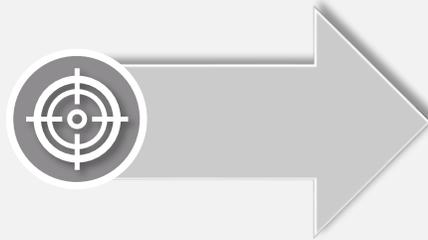
**Stronger
Together: Partnering to
Prevent Problem Gambling
at Its Roots**



**February 19, 2026
1:00 pm – 3:00 pm**

Key Objectives

Centering Equity in Problem Gambling Prevention



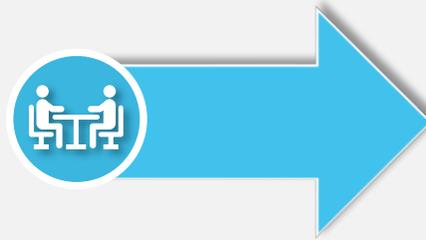
Analyze key issues to reduce health disparities driven by the SDOH.

01



Apply the SDOH framework and the Social Ecological Model to guide problem gambling prevention.

02



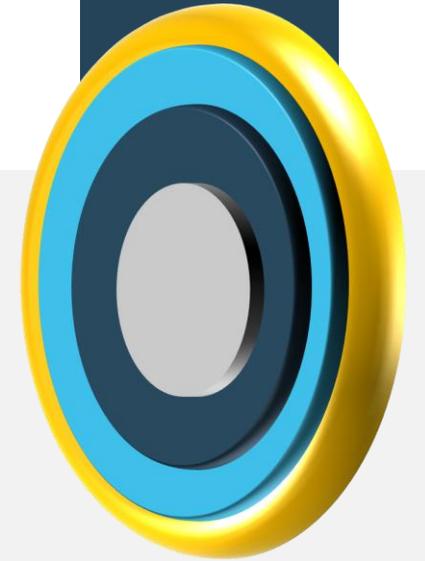
Leverage data to inform and prioritize key community issues for a practical action plan to affect change.

03



Apply strategies for cultivating authentic, sustainable community partnerships that drive systemic change.

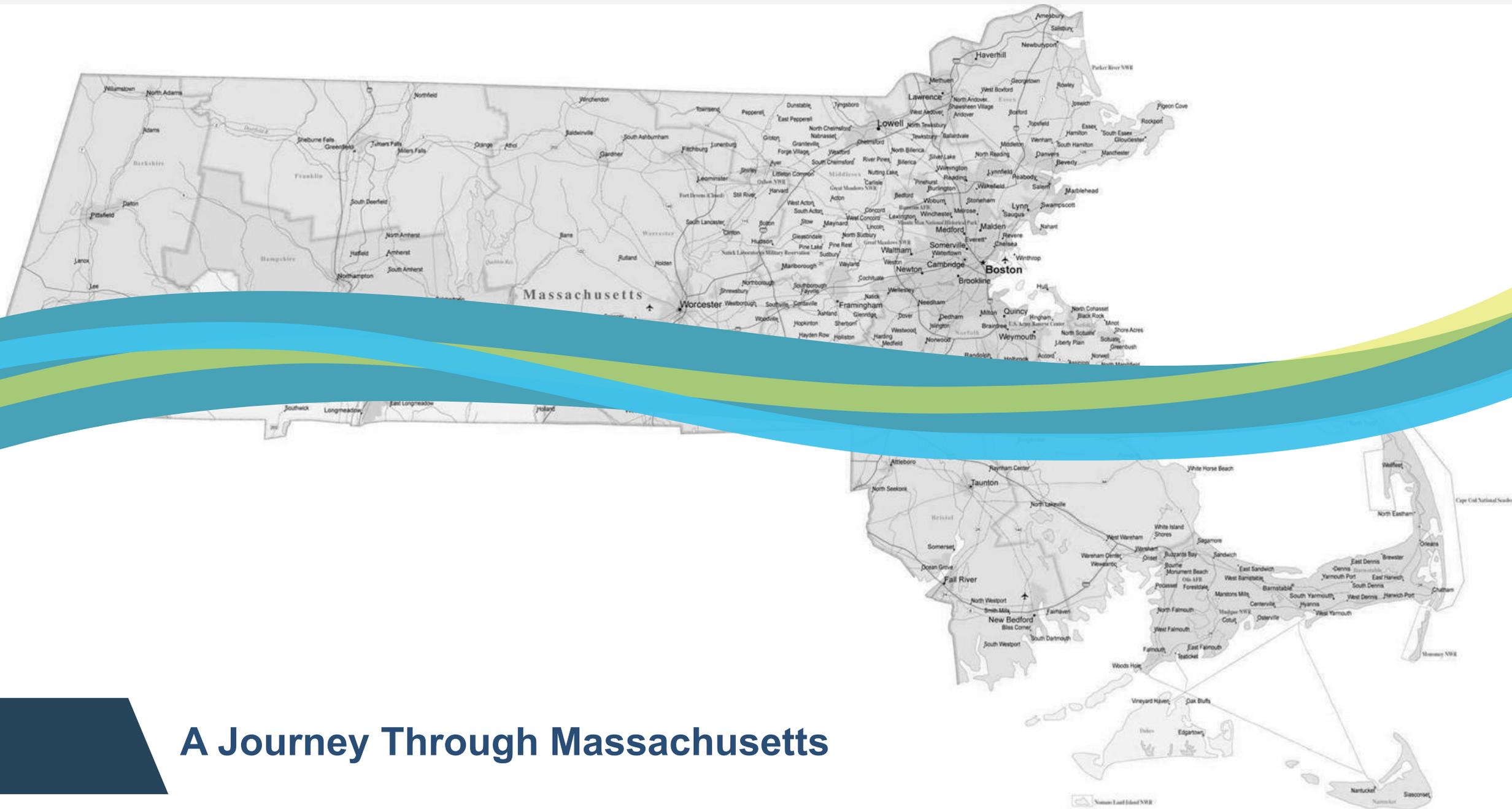
04



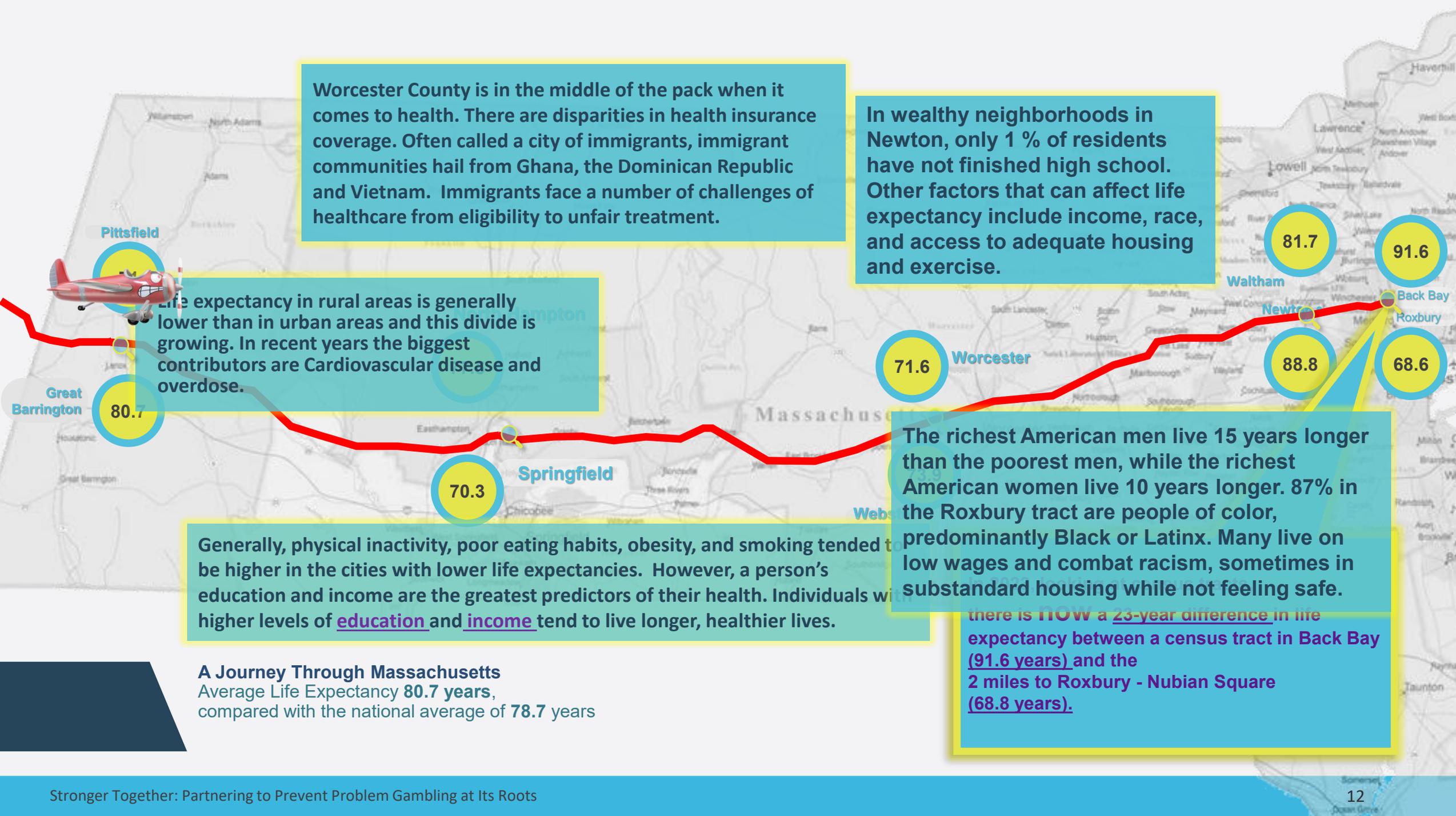
SECTION 1: EQUITY FRAMEWORKS



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



A Journey Through Massachusetts



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.

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

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**

Poll: What has the biggest influence on our health?

- Genes and Biology
- Healthcare
- Health Behaviors
- Physical Environment
- Social and Economic Factors



Poll: What has the biggest influence on our health?

- Genes and Biology **10%**
- Healthcare **10%**
- Health Behaviors **10%**
- Physical Environment **30%**
- Social and Economic Factors **40%**



Social and Structural Determinants of Health

Social and structural 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

Examine Data on The Social & Structural 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

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

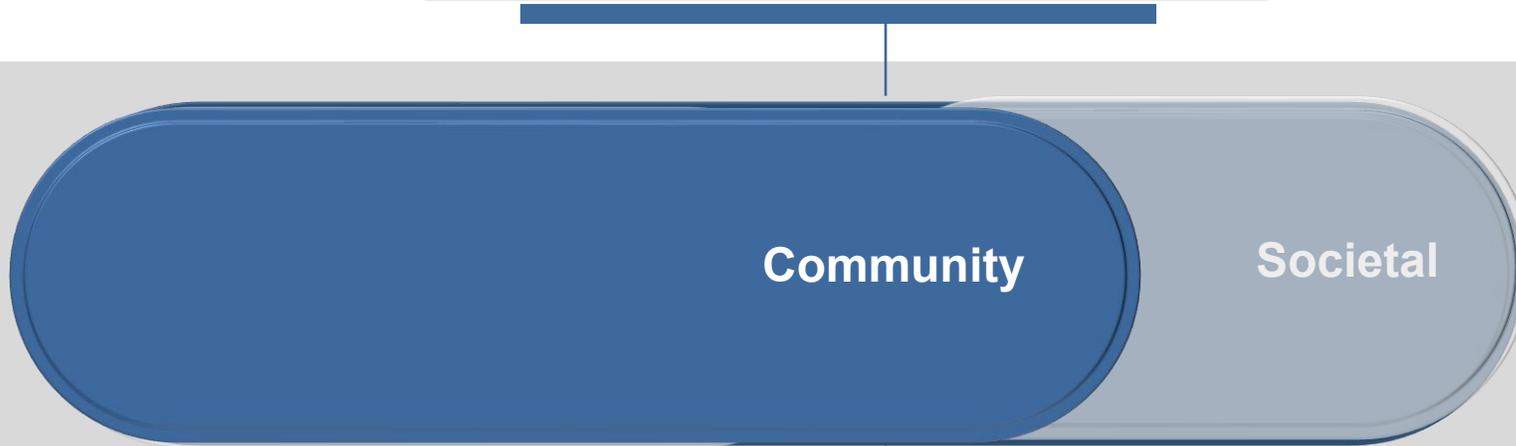
Factors within an individual's closest relationships, such as family, partners, peers that influence experience of harm.



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 within 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



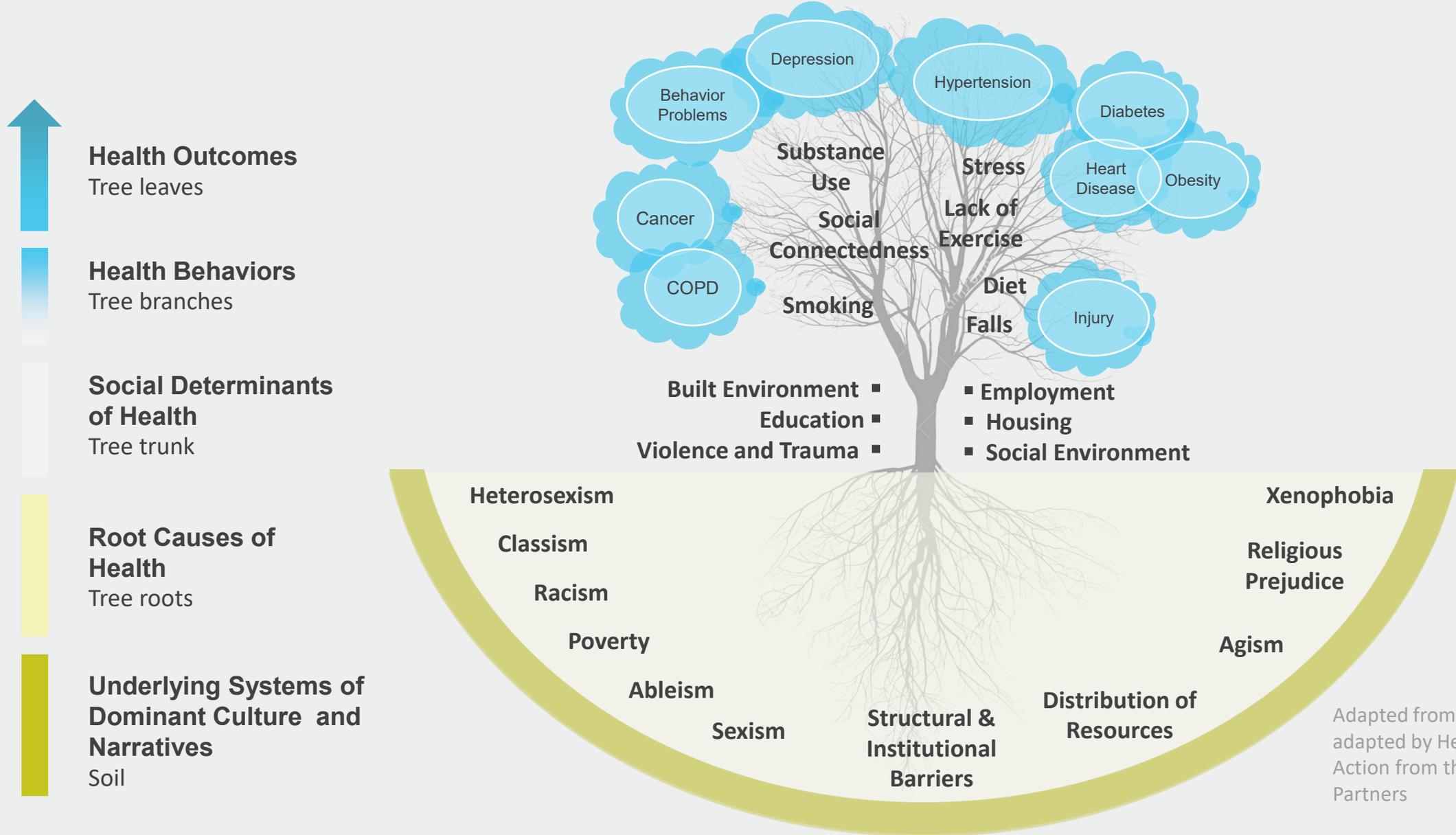
For example: ineffective regulation, certain product characteristics, advertising environments or gambling availability that may increase the risk of harm

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.

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

SECTION 2: MOVING TO ACTION

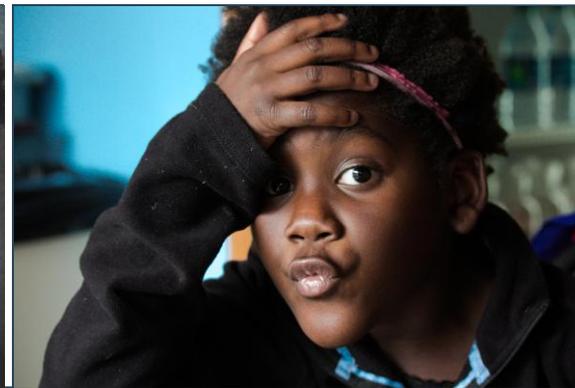
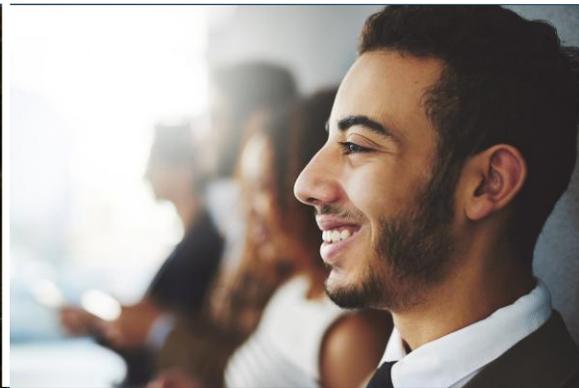


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Moving to Action

Four Pillars to Address Equity

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



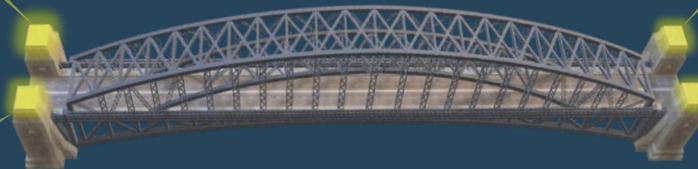
**Systems
Change**

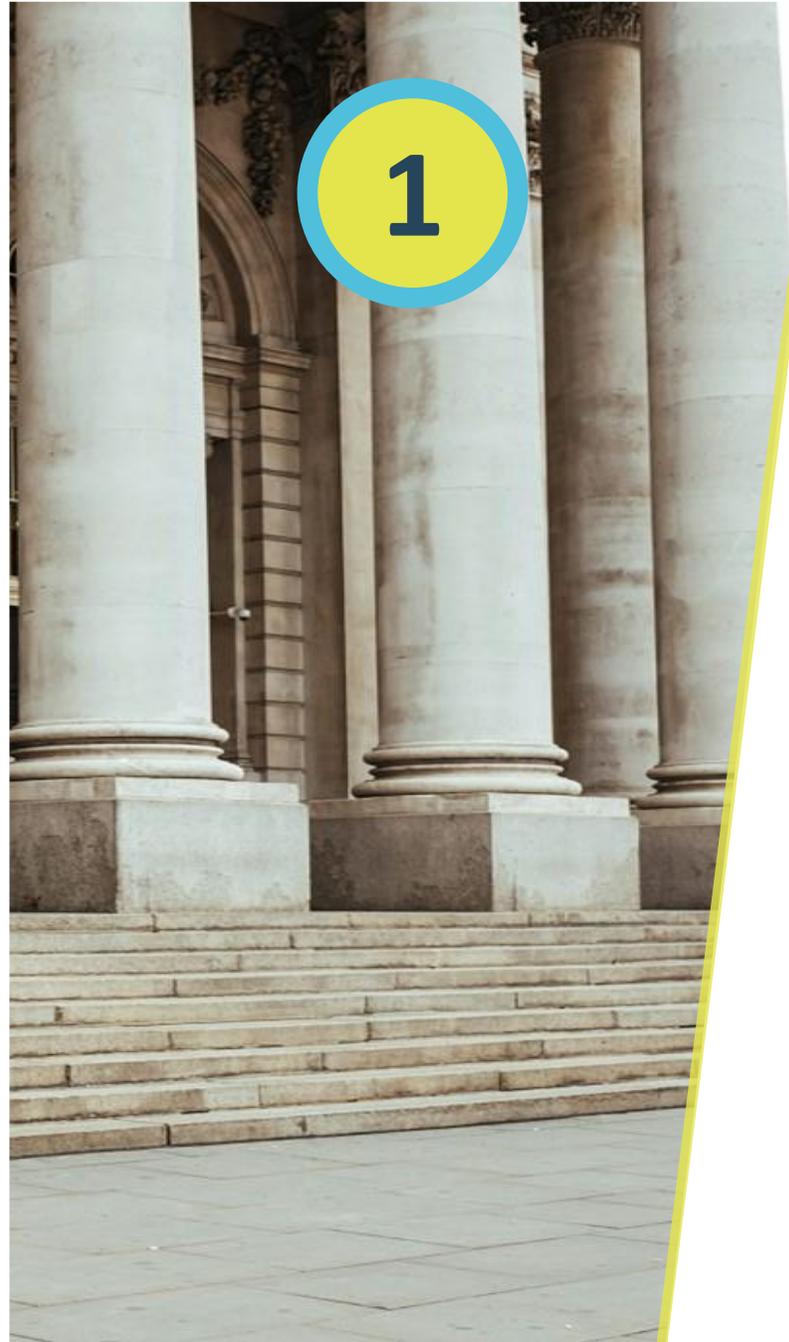


**Culturally
Relevant
Programs and
Services**



**Access to
Healthcare**





1

Social and Structural Determinants of Health

Identifying Priorities

- Who faces disproportionate risk?
- Why do they continue to face disproportionate risk?
- Which determinants most strongly influence risk/vulnerability?

Centering Equity and the SDOH in Data Collection

- Whose voices are missing?
- Who is interpreting the data, and through what lens?
- What context can only the community provide?
- How will we use the data responsibly and equitably?



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

Embedding Social Determinants in Our Everyday Work

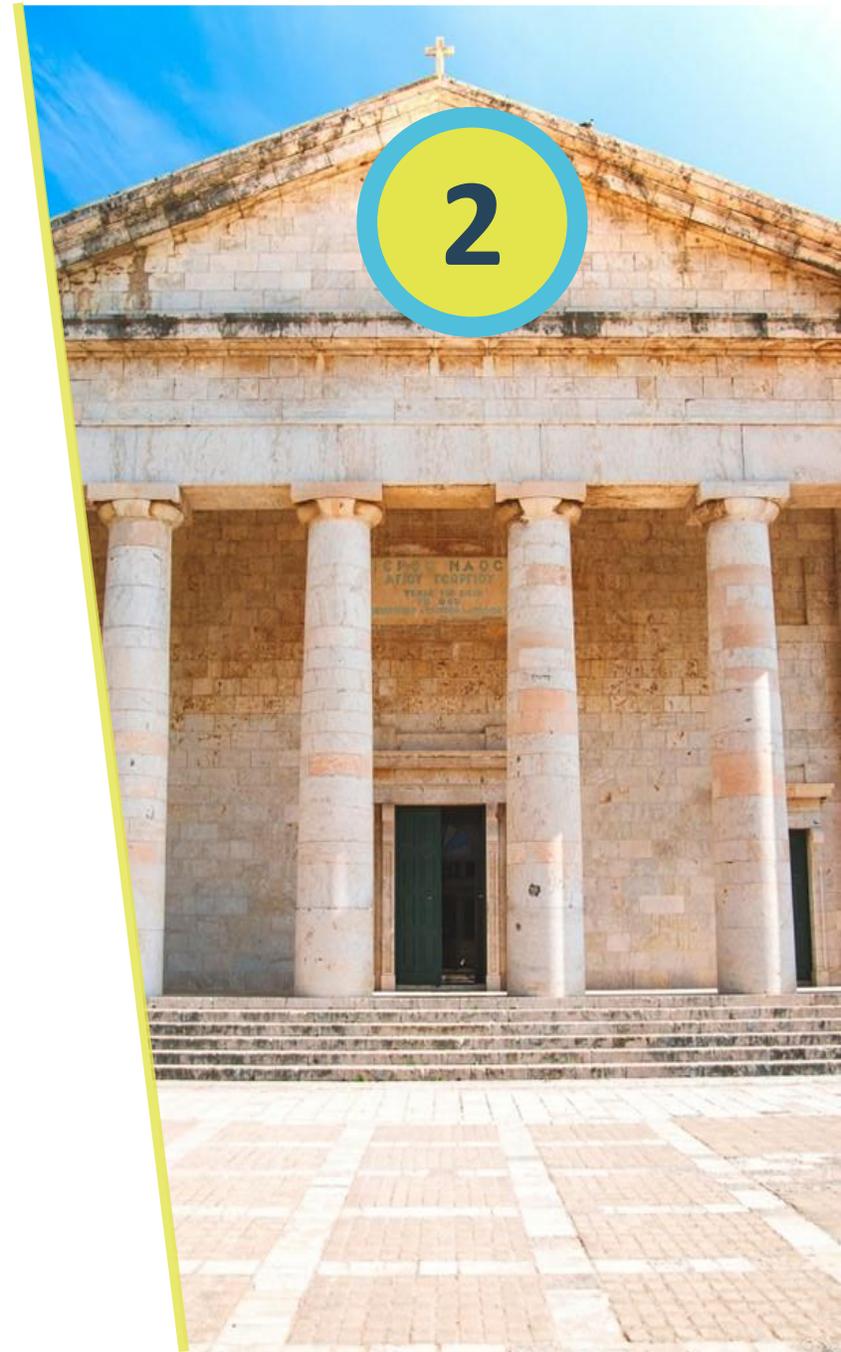
- Create safe spaces for difficult conversations
- Listen more than we talk
- Build trust through consistency and follow-through
- Make equity a leadership practice at every level
- Move from discussion to action

Accountability is key to all of this!

Systems Change

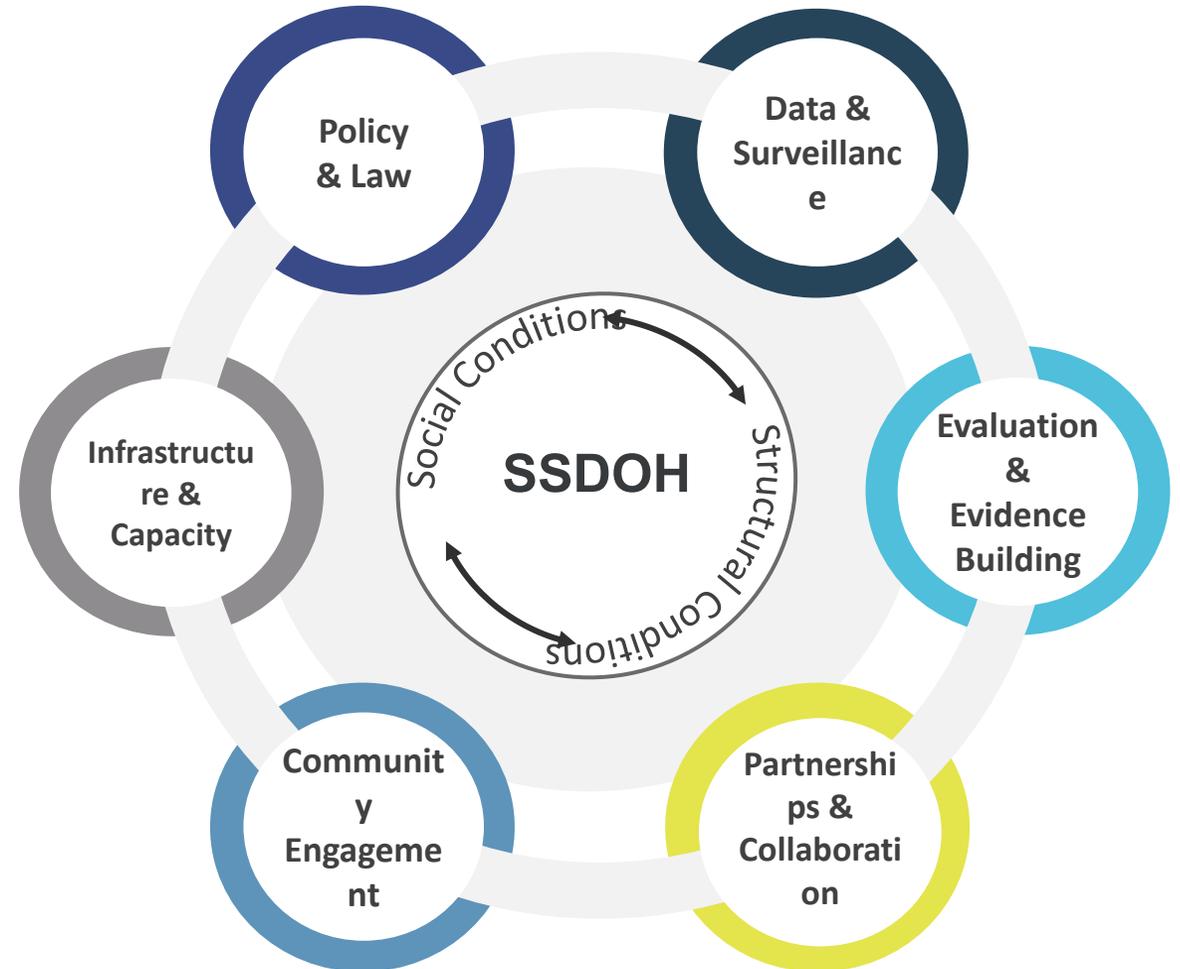
Identifying Priorities

- **Which systems influence risk?**
- **How do these systems support or limit well-being?**
- **Where do we have influence or partnership opportunities?**



Systems Change Framework

- **Systems change is essential for long-term impact**
- **It can happen across multiple areas**
 - *Policy and law*
 - *Data and surveillance*
 - *Evaluation and evidence*
 - *Partnerships and collaboration*
 - *Community engagement*
 - *Infrastructure and capacity*



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
- **Strengthen** infrastructure and capacity to scale up equitable solutions
- **Adopt** equitable policies and laws sustain solutions



Movement Break! (5 Minutes)





3

Culturally Responsive *Programs and Services*

- **Respect each person's individual experiences**
- **Recruit diverse staff**
- **Partner with the community**
- **Listen and learn from people**
- **Adapting programs to reflect the cultures of the communities we serve**

Cultural Humility: A Foundational Practice

Ongoing learning and self-reflection

Awareness of our biases and roles

Knowing we are *not* the experts

Respectful, curious engagement

Equitable, collaborative partnerships

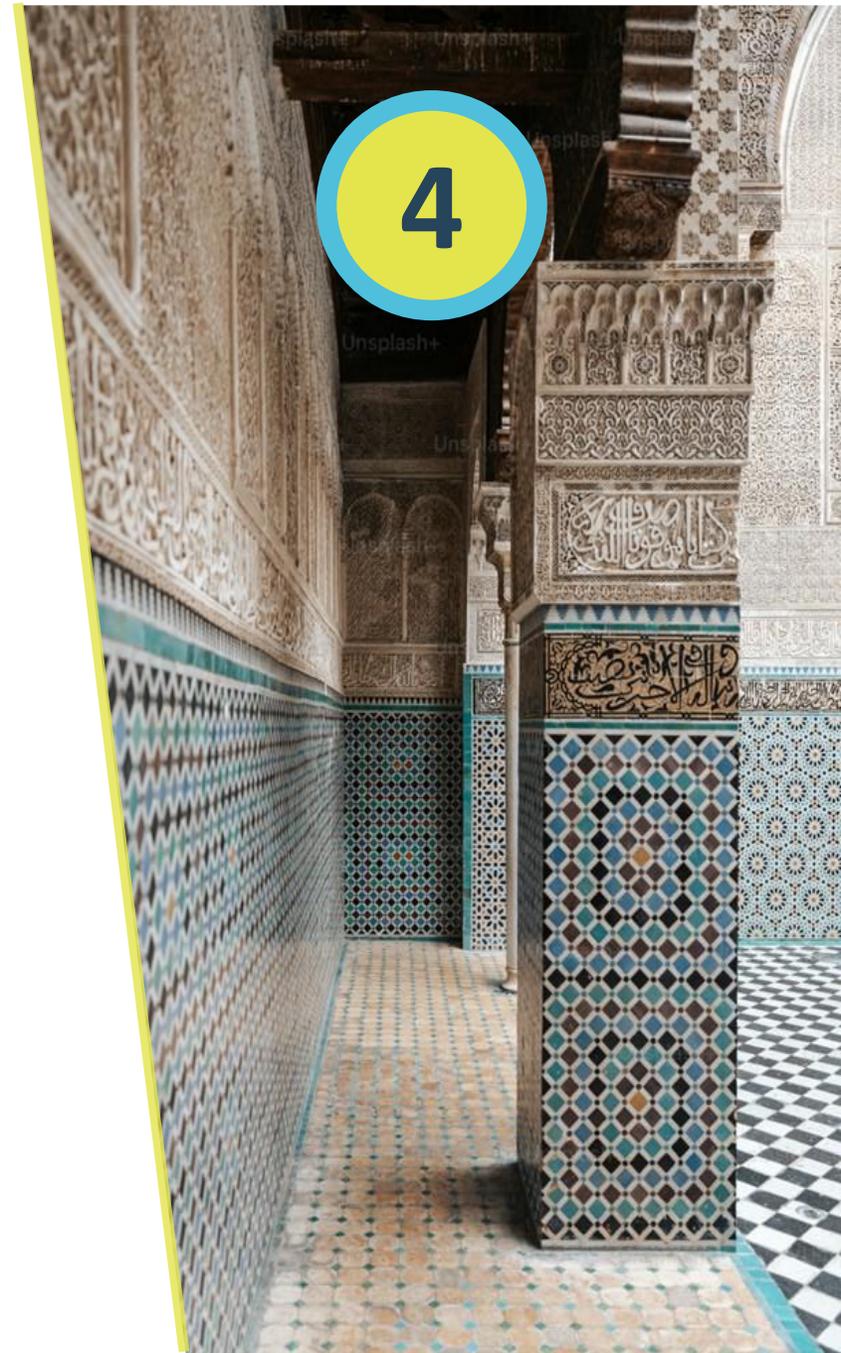


Access to Quality Care

Address Barriers

- Remove practical barriers
- Offer flexible and community-based care
- Increase providers in underserved communities
- Build a workforce that reflects and understands the community

4



SECTION 3: PARTNERING FOR COMMUNITY CHANGE

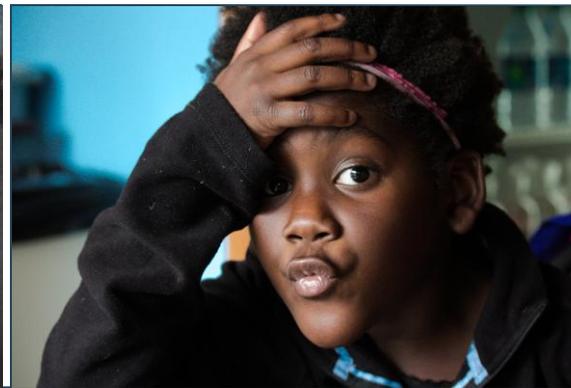
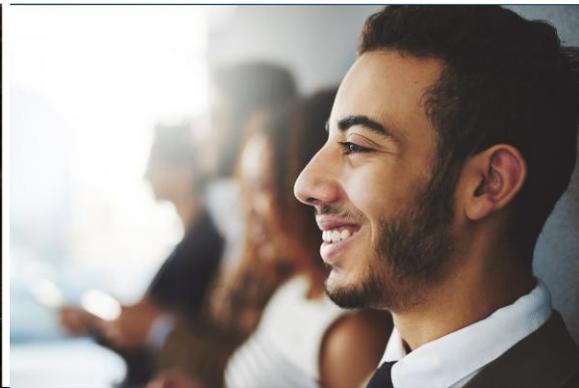


Image Source: <http://www.i-link.com/building-sustainably/>

A photograph of two women sitting at a table in a bright, modern office setting. The woman on the left has long dark hair and is wearing a light-colored blouse. The woman on the right has short curly hair, wears glasses and a dark blue dress, and has her hands clasped on the table. They are both looking towards each other, suggesting a conversation. The background shows a large window with a view of a city skyline.

Partner with Organizations that Address Specific Social Determinants of Health

Continuum of Engagement Strategies

Low

Time Intensity

High

Engagement Strategies

Anticipating Member Wants and Challenges

General
Engagement
Approach

Customized
Engagement
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

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**





Potential Concerns

Engaging Partners

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

Considerations for Partnering



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

Collaboration Opportunities for New Partners



Engaging New Partners: Sample Action Steps

- Examine current **representation and gaps**
- Ensure a **climate of humility** within the group
- Determine **organizational readiness** for new members and/or partners
- Discussion with current and new community partners 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

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



Building Resources & 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.

Group Discussion

In your groups, choose a question(s) to discuss:

- How can we address the differences/disparities in the **Social & Structural Determinants of Health**?
- What are some **culturally responsive techniques** that are needed and/or have worked for those that you serve?
- **Share about a partnership** that has been beneficial or would be beneficial to those that you serve.

Please choose a presenter to share your thoughts and reflections.





MASSACHUSETTS CENTER OF EXCELLENCE

Q & A

Upcoming MCOE PGP Trainings

Using Data Effectively for Problem Gambling Prevention: Data to Action

February 25, 2026, 10:00 am – 12:00 pm ET

Intersections of Problem Gambling and Suicide Prevention

March 11, 2026, 1:00 – 3:00 pm ET



We Are Now on Social Media!

Scan the QR codes below to follow our pages



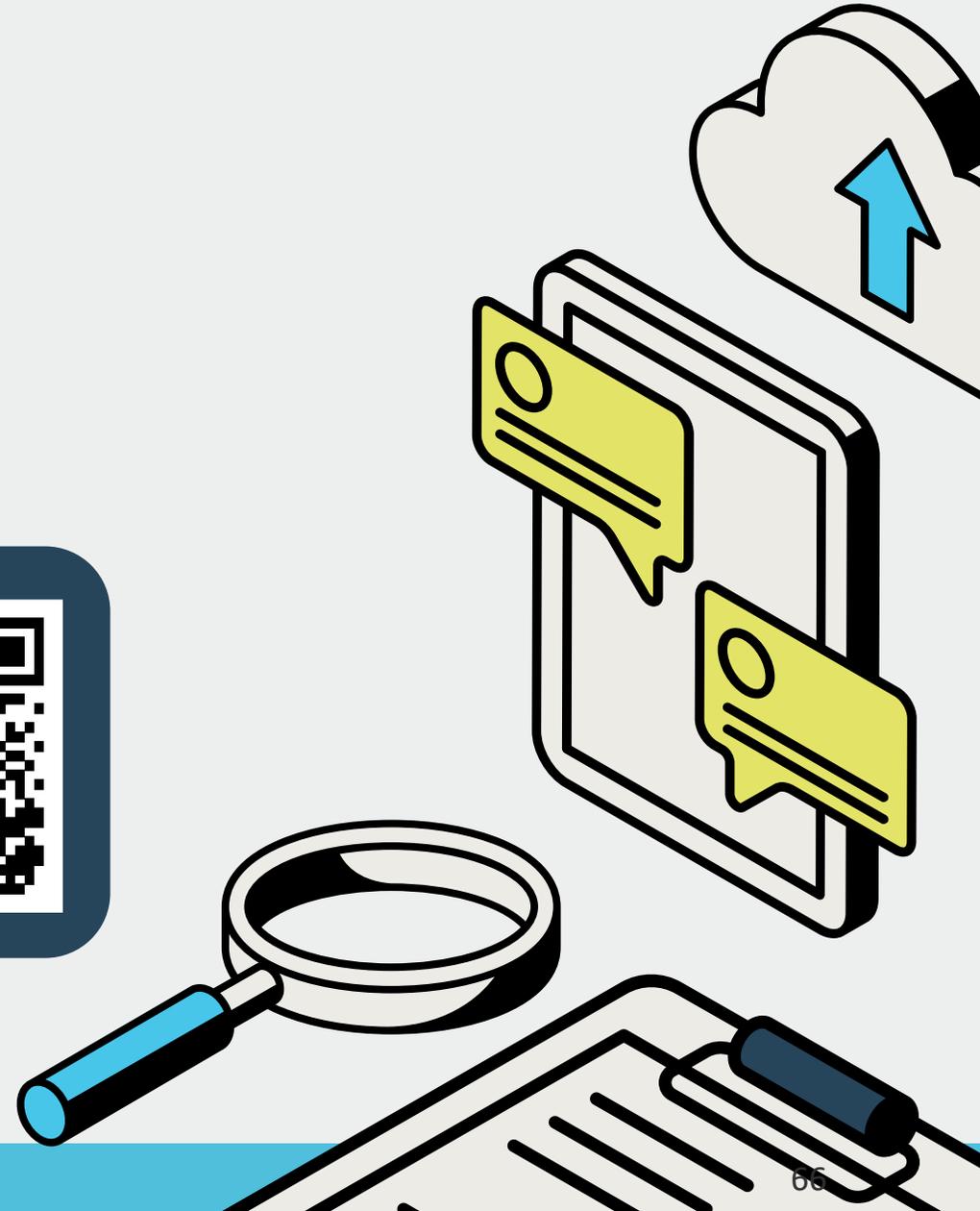
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9. People in poor neighborhoods are twice as likely to have gambling problems, study finds (2014, January 6) retrieved 21 September 2024 from <https://medicalxpress.com/news/2014-01-people-poor-neighborhoods-gambling-problems>