

**Addressing Disparities and Building Equity:
Revolutionizing a Path Forward**

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Victor Ortiz, MSW, LADC I, CADCI II

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Introduction

Any **social phenomenon** must be understood within a historical context

The ever evolving growth of gambling exposures and its impact must be **understood and grounded in evidence.**

Public policy related to gambling must aim to protect the **most vulnerable and at-risk in our society.**



*Our lives begin to end
the day we become
silent about things
that matter.*
Martin Luther King, Jr.

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U.S. Gambling History and Expansion

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Gambling History

According to noted gambling law expert I. Nelson Rose, gambling has gone through three waves of expansion in the US.

- **The first wave** of gambling, before the US was founded, was when lotteries were used to finance the settlement of the first colonies.
- **The second wave** happened during the 1800s when gambling was often tolerated (though not always legal) as we began to "go west."
- **And the third wave** began when Nevada legalized casinos (again) during the Great Depression in 1931.

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The Field of Gambling Disorders

It was not until **1972** that **Dr. Robert Cluster**, a physician working at the Veterans' Administration hospital in Brecksville, Ohio, first proposed a clinical entity, which he termed compulsive gambling.

In 1980, the **American Psychiatric Association** incorporated "pathological gambling" into its diagnostic and statistical manual (American Psychiatric Association, 1980) and thus legitimated this entity within the mainstream mental health field.

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U.S. Gambling History and Expansion

- Global casinos had a projected **gross gaming yield of around 115 billion U.S. dollars in 2016**, and this figure was forecasted to reach **130 billion U.S. dollars in 2019**.
- The gambling industry contributed **\$261.1 billion dollars to the American economy in 2017** and supported 1.8 million jobs, both increases from the most recent study in 2014, according to an Oxford Economics report commissioned by the American Gaming Association.
- There are efforts to evolve the gambling experience to reflect more of the video gaming experience.

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The 4th Wave

- The gambling environment is evolving
- Technologies initiatives and creations are growing
- Fantasy sports and social games (gaming vs gambling)
- Gambling is perceived as an ever more important source of public revenues
- Marginalized communities and health disparities
- Complexities and association to other related issues

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Responsible Gambling

Pro

- Consumer Protection
- The need for evidence
- Engagement of stakeholders

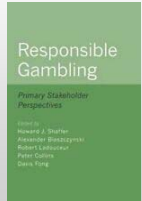
Con

- One size does not fit all
- Who is really responsible?
- Community of color are often not engaged and overlooked .

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Responsible Gambling: Primary Stakeholder's Perspective

Public Health and Social Justice Considerations to Inform Research, Policy, and Practice
Ortiz V. & Hernandez H.



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The Field of Gambling Disorders

In 1999- Korn, D. A., & Shaffer, H. J. (1999). [Gambling and the health of the public: Adopting a public health perspective](#). *Journal of Gambling Studies*, 15(4), 289-365

In 2002 – The Annual Review of Public Health published [Gambling and Related Mental Disorders: A Public Health Analysis](#) by Drs David Korn and Howard Shaffer.

Both landmark studies were a first of its kind that analyzed gambling from a public health perspective.

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Gambling Research

Problem gambling is often connected to mental health and other psycho-social and physical conditions; research shows that **90% of problem gamblers have a pre-existing mental health or other substance-related disorder** prior to the onset of a gambling disorder.

While we understand that problem gambling has a high level of co-morbidity to substance addiction and mental health, according to 2013, Prevalence of Recreational Gambling in MA was 57.4% Gamblers are more likely to be: **Obese, smoke heavily, use alcohol, and use prescription drugs.**

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Marginalized and Oppressed Communities

Research shows that prevalence rates of disordered gambling among **Blacks, Native, and Asian Americans** are higher than Whites.

What is the cause of this health disparity?

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WAR ON DRUGS



THE UNITED STATES HAS:

- 5% WORLD'S POPULATION
- 25% WORLD'S PRISONERS

RACIAL DISPARITY

Category	White	Black
DRUG USE (2010)	9.8%	6.2%
STOP & SEARCH (2007-10)	7/1000	45/1000

BLACK PEOPLE USE LESS DRUGS THAN WHITE PEOPLE, BUT ARE 6 TIMES MORE LIKELY TO BE STOPPED AND SEARCHED FOR DRUGS

Release
From the U.S. Sentencing Commission

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"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."



Risk of Being Expelled Black 1 : White 4

Risk of Facing Multiple Suspensions Black 4 : White 1

Source: U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, 2009-10

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Problem Gambling: Addressing Health Disparities



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Public Health

- Public health is the science of **protecting and improving the health of families and communities** through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.
- Overall, public health is concerned with **protecting the health of entire populations.**



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Social Determinants of Health



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Social Determinants of Health

The **social determinants of health** are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels



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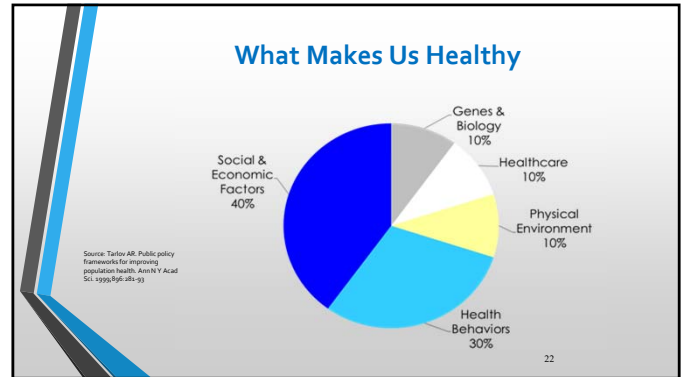


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Social Determinants of Health

- **Economic Stability**
 - Poverty
 - Employment
 - Food Security
 - Housing Stability
- **Education**
 - High School Graduation
 - Enrollment in Higher Education
 - Language and Literacy
 - Early Childhood Education and Development
- **Social and Community Context**
 - Social Cohesion
 - Civic Participation
 - Discrimination
 - Incarceration
- **Health and Health Care**
 - Access to Health Care
 - Access to Primary Care
 - Health Literacy
- **Neighborhood and Built Environment**
 - Access to Healthy Foods
 - Quality of Housing
 - Crime and Violence
 - Environmental Conditions

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Health Disparities

The factors that influence the socioeconomic position of individuals and groups within industrial societies also influence their health

The socioeconomic conditions of the places where persons live and work have an even more substantial influence on health than personal socioeconomic position

According to *Healthy People 2020*, health disparities should be understood as a "particular type of health difference that is closely linked with **social, economic, and/or environmental disadvantage**"

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Health Disparities: Key Points

- **Educational attainment and income** provide psychosocial and material resources that protect **against exposure to health risks** in early and adult life
- Persons with **low levels of education and income** generally experience increased rates of mortality, morbidity, and risk-taking behaviors and decreased access to and quality of health care


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National Epidemiologic Survey on Alcohol and Related Conditions: 2008

- 73.2 percent of pathological gamblers had an alcohol use disorder (73.2%)
- 38.1 percent had a drug use disorder
- 60.4 percent had nicotine dependence
- 49.6 percent had a mood disorder,
- 41.3 percent had an anxiety disorder,
- 60.8 percent had a personality disorder.

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Community Profile Exercise: Springfield, Massachusetts



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Springfield Population

<p>Springfield Population Distribution</p> <ul style="list-style-type: none"> Non-Latino White - 36.7% Latino - 38.8% Non-Latino Black - 19.6% Non-Latino Asian - 2.4% Other Ethno-Racial Group - 2.5% 	<p>Change in Springfield's Population Composition, 2000 to 2010</p> <ul style="list-style-type: none"> Non-Latino White -24.3% Latino 43.8% Non-Latino Black 0.3% Non-Latino Asian 26.5% Other Ethno-Racial Group 1.4%
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Mauricio Gastón Institute of the University of Massachusetts Boston; Latinos in Massachusetts Springfield University of Massachusetts, 2011

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Latinos/as in Springfield

Labor Force

- 55.8% - Total workforce age 16 to 64, second lowest among all populations
- 20.8% - Rate of unemployment, highest among all populations
- 28.9% - Rate of homeownership, lowest among all populations

Health

- 11.7% - Medical Insurance, highest among all populations
- Latino rank within the highest in regards to obesity, asthma, diabetes, HIV diagnoses, and cancer

Mauricio Gastón Institute of the University of Massachusetts Boston; Latinos in Massachusetts Springfield University of Massachusetts, 2011

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Latinos/as in Springfield

Education

- 58% - School Population
- 14.4 % - Increase in student population from 2001-2011
- 17.5 – Amount of absent days, highest among all populations
- 15.6% - Out of school suspensions, second highest among all populations
- 49.9% - Graduation rate, lowest among all populations

* Mauricio Gastón Institute of the University of Massachusetts Boston, Latinos in Massachusetts Springfield University of Massachusetts, 2011

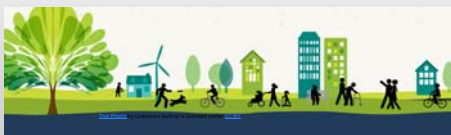
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Health Disparities: Key Point

There are **millions of people in the US** that experience individualized and systemic discrimination "...based on **race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location**" (National Healthcare Quality and Disparities Report, 2015, p. 9).

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Problem Gambling: Building Equity



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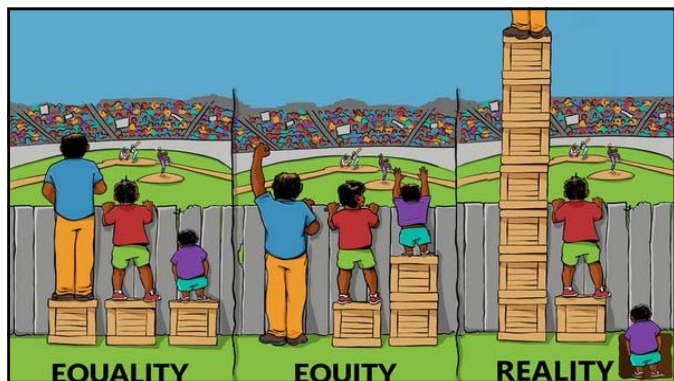
A Public Health Response

It encourages a shift from **a narrow focus on just individual gamblers to a broader consideration of the social setting**; in other words, **the social, cultural, and economic factors** that influence the spread and patterns of a disorder (Shaffer & Korn, 2002).



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Health Equity

“Health equity is the principle underlying a commitment to reduce and, ultimately, eliminate disparities in health and in its determinants, including social determinants” (Braveman, 2014).

Building health equity is not about providing every individual with the same type of services or simply “treating” individuals or entire communities as the “same.” Instead, building health equity requires that **policy makers, responsible gambling program developers, problem gambling treatment providers, and health care systems** strive to understand the specific and collective needs of individuals and entire communities. (Ortiz V. & Hernandez H., 2019)

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Health Equity

“to address racial and ethnic health disparities and build health equity, we must, among other things, understand the role and importance of **culture, cultural humility, and developing cultural intelligence**. (Ortiz V. & Hernandez H., 2019)

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- Traditional disordered gambling programmatic efforts base their work on **counseling, education, and individual interventions**.
- **The Health Impact Pyramid (Frieden, 2010)** demonstrates that these approaches have the least effect or impact on the population at-large.
- In many cases, extant responsible gambling methods do not take into consideration socio-economic factors that are rooted in **poverty, lack of education, and inequality**

Figure 1: The Health Impact Pyramid

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Promoting Equity

Organizational

- Recruitment and Retention
- Professional development (Training and Mentorship)
- Governance (Leadership and Boards of Directors)

Programs and Services

- Development of Community Engagement Strategies
- Partnerships and Collaborations
- Engage and support community and cultural events

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Promoting Equity: A few thoughts.....

- Language
 - Concepts
 - Self promoting labels
 - Promoting one's agenda
- Open to learning and listening
- Create space
- Balance of power

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Promoting Equity and Social Justice

Bryan Stevenson's four keys to increase justice

- Get proximate to communities in need
- Tell the truth to change the narrative
- Be hopeful
- Do the uncomfortable and inconvenient things

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Community Engagement and the Public's Health

- Public health requires "public" participation to plan, develop and implement strategies.
- Addressing the Social Determinants of Health and associated inequities require broad sectors' expertise and direct engagement with those impacted by inequities.
- A collective impact approach should be employed to address broad sweeping health disparities/inequities which requires deliberate collaboration.

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Resources

- US Department of Health and Human Services, Office of Minority Health (2017). Enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS). Available online: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
- Office of Minority Health: <https://www.minorityhealth.hhs.gov/>
- Improving Cultural Competence: <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>



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“We cannot create healthier communities and healthier society if we are not brave enough to get uncomfortable. We need good people to position themselves in difficult place”

Bryan Stevenson

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Thank You

Twitter: [@victor_ortiz21](https://twitter.com/victor_ortiz21)

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