



# **Latinx Community and Problem Gambling: Stigma, Strategies, and Solutions**

**Victor Ortiz, MSW, LADC I, CADAC II**


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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**

# Why is this topic relevant and important to problem gambling services and care?

- We must understand the Latinx Communities within its historical and life context to inform prevention, intervention, treatment and recovery support services.
- Research indicates that “one size fits all” approaches are ineffective.
- The field of problem gambling has historically been disconnected to community level experience of gambling and communities of color.

# Latinx Community: Quick Facts

- The Latinx community is not **monolithic**
- Latinos are the **fastest growing population** in the U.S.
- Latinos have a long history of **community organizing, advocacy, and civic engagement.**
- Latino community **resilience** is a strength centered on faith, cultural pride, and the value of interdependence.

# Latinx Community: Cultural Characteristic

- Latinos are united by **customs, language, religion, and values.**
- Interdependence and the value of **the collective**
- **Family** commitment, loyalty, and responsibility
- **Faith/ Spirituality**, the dignity of each individual, and respect for authority figures are valued throughout Latino culture.



# WAR ON DRUGS





# The Power of Language

There is much **power in the language** we use to describe a person and/or communities. The words we use, even with good intention, have the ability to cause the opposite effect.



# U.S. Gambling History and Expansion

# 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.

# The 4<sup>th</sup> Wave

- The gambling environment is evolving
- Technologies initiatives and creations are growing
- Artificial Intelligence and advertisement
- Fantasy sports and social games (gaming vs gambling)
- **Marginalized communities and health disparities**
- **Complexities and association to other related issues**

# Responsible Gambling

## Pro

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

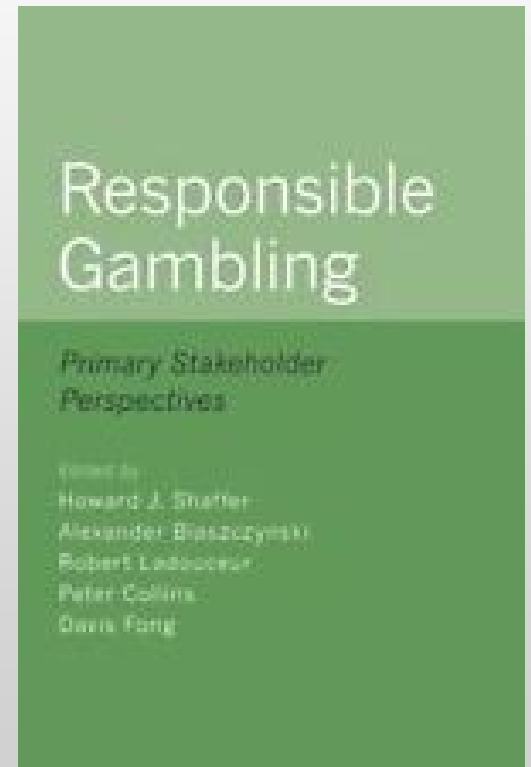
## Con

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

# Responsible Gambling: Primary Stakeholder's Perspective

## Public Health and Social Justice Considerations to Inform Research, Policy, and Practice

*Ortiz V. & Hernandez H.*



# 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.***

# Marginalized and Oppressed Communities

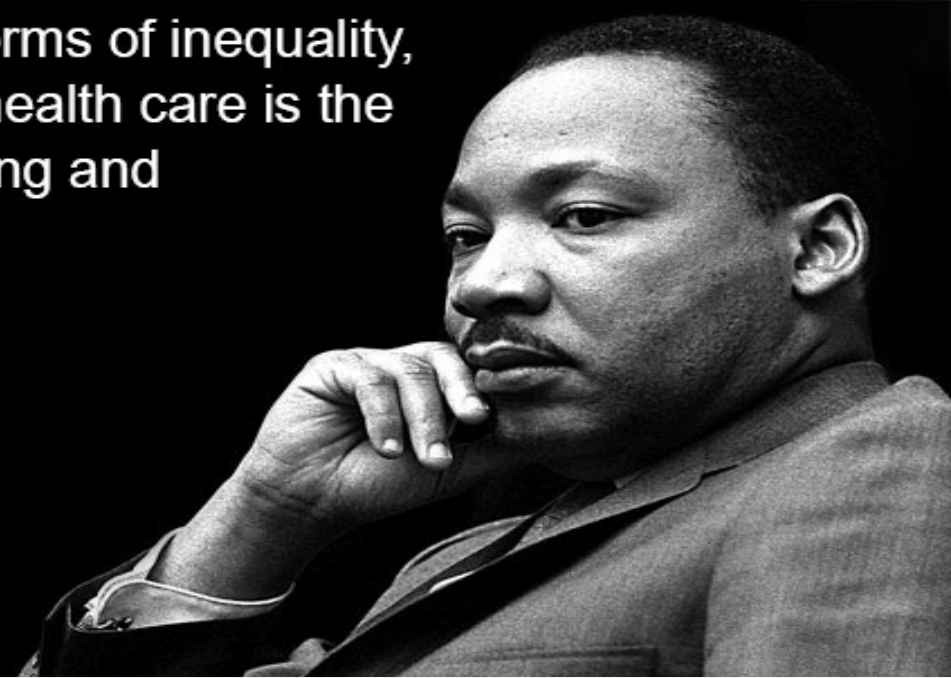
Research shows that prevalence rates of disordered gambling among **Blacks, Native, and Asian Americans** are higher than Whites.

*What is the cause of this health disparity?*



Health Care

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



Education

**1 in 5**

Hispanic people in the U.S. lives in poverty, a rate 6% higher than the national average.

Source: United States Census Bureau

# Problem Gambling: *Addressing Health Disparities and Stigma*



# 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.**



# Social Determinants of Health



# 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





# 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

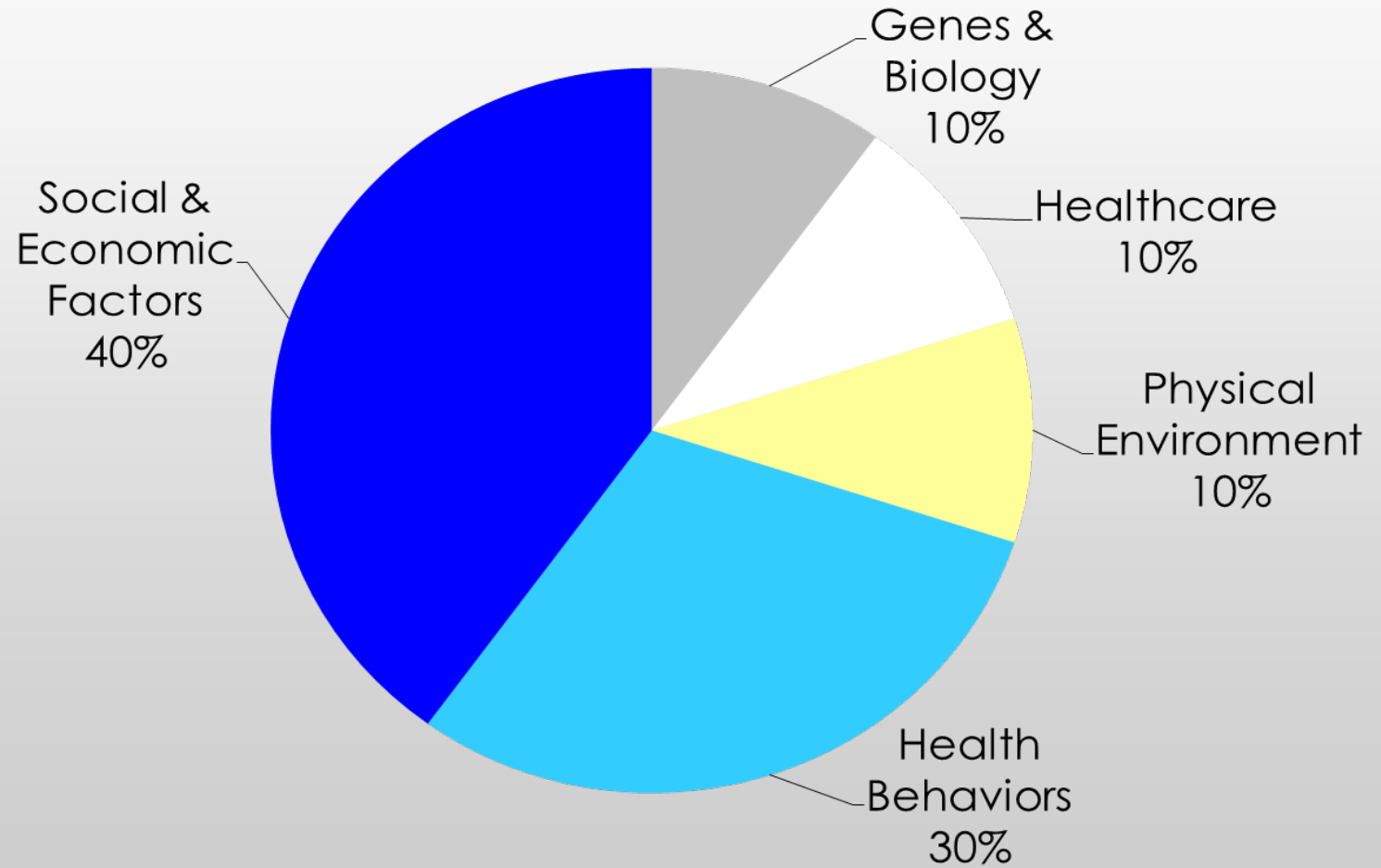
- Health and Health Care

- 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

# What Makes Us Healthy



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



# 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**”

# 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

# 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,

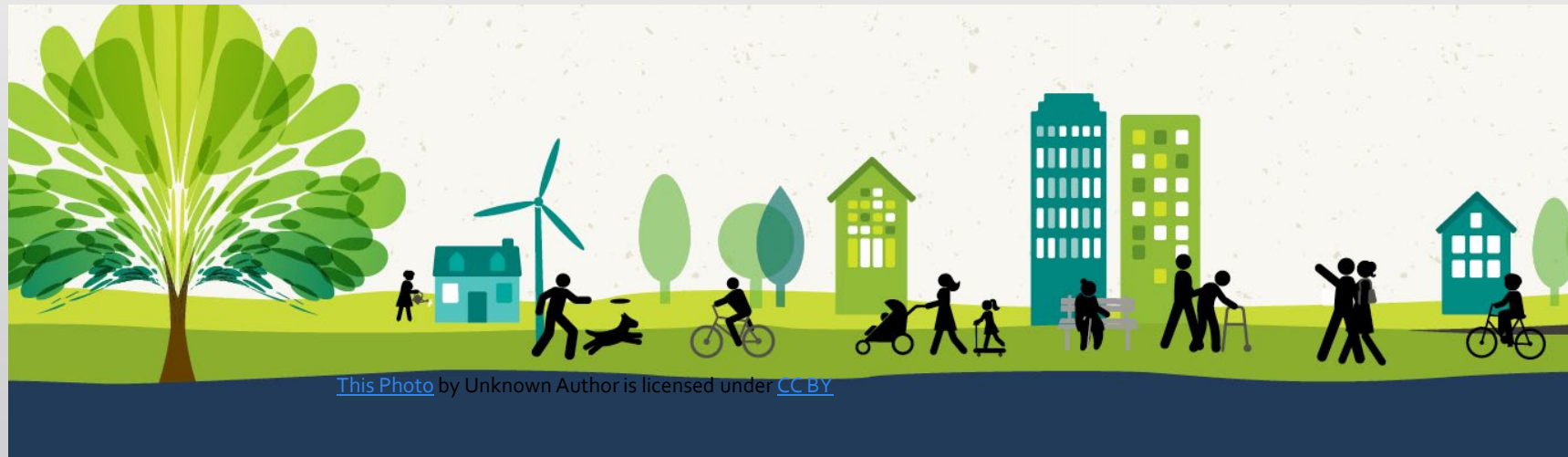
**41.3 percent** had an anxiety disorder,

**60.8 percent** had a personality disorder.

# 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).

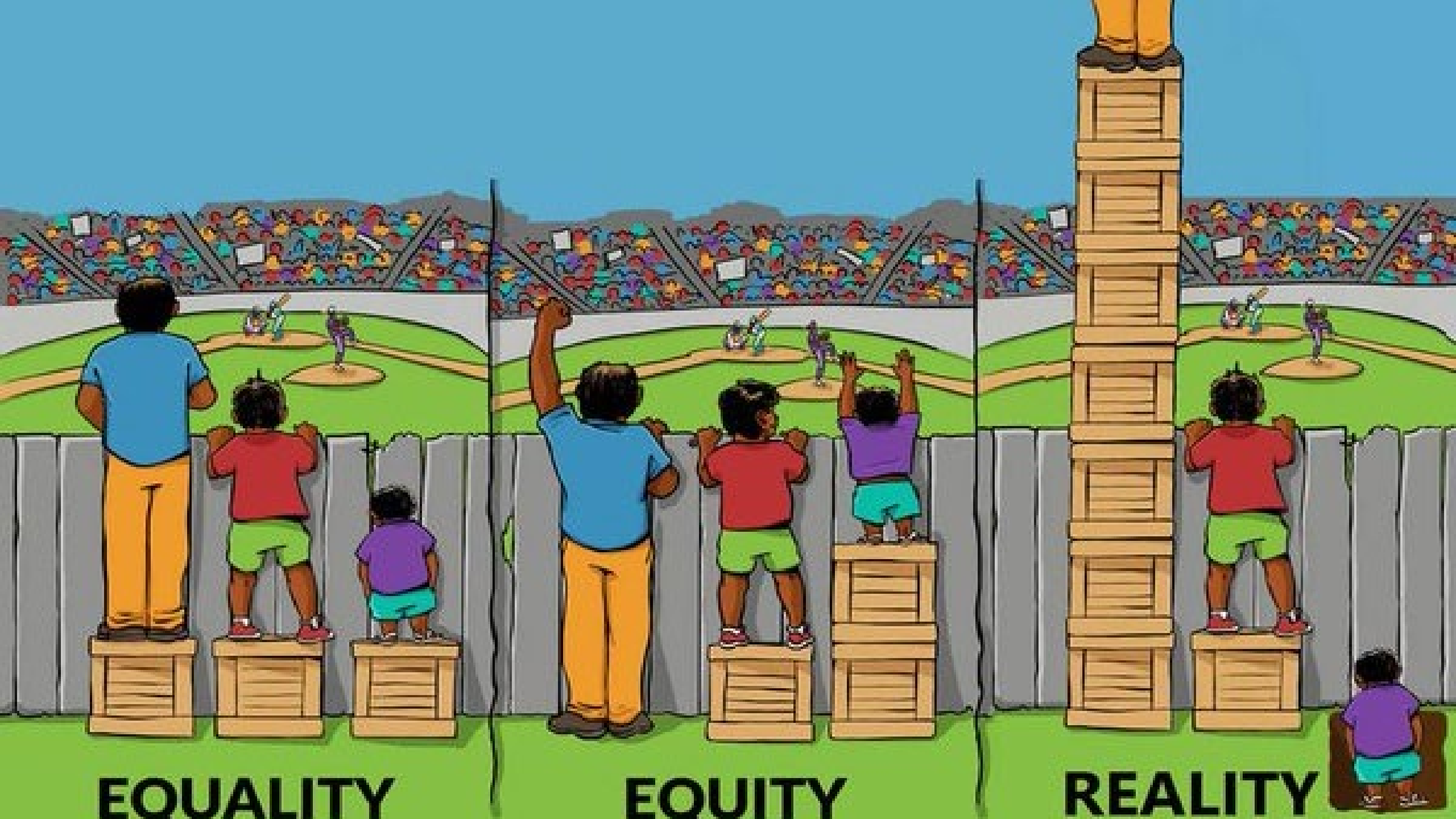
# Problem Gambling: *Building Equity and Solutions*



# 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).





**EQUALITY**

**EQUITY**

**REALITY**

# 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)

# 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)

- 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, responsible gambling methods do not take into consideration socio-economic factors that are rooted in **poverty, lack of education, and inequality**.

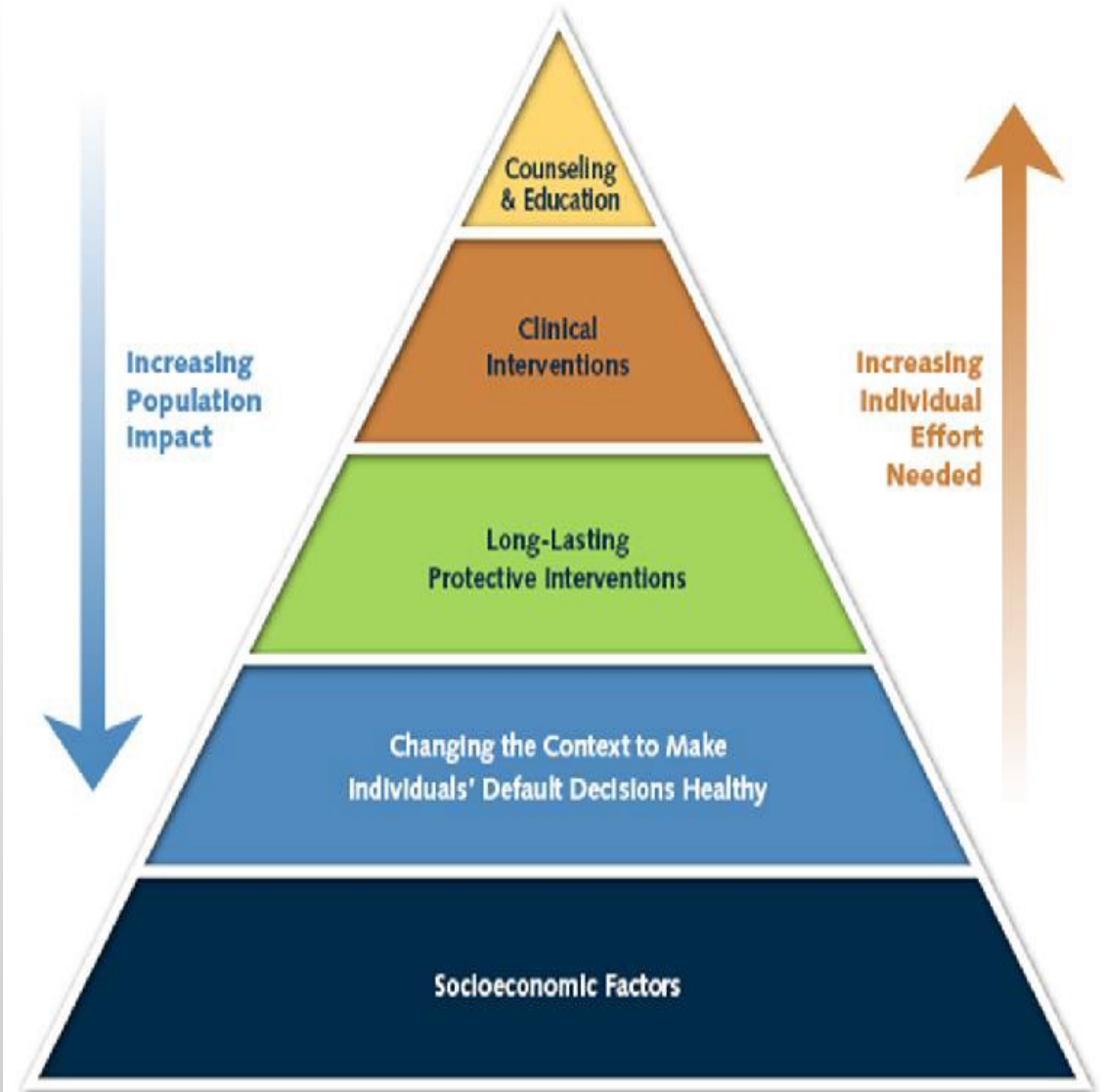


Figure 1: The Health Impact Pyramid

# 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

# Promoting Equity: A few thoughts.....

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

# 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


# 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.

# 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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**Bryan Stevenson**



**Thank You**



**Victor\_Ortiz21**

**Email: [ortizv2@verizon.net](mailto:ortizv2@verizon.net)**

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