Addressing Problem Gambling Treatment Disparities in the Latinx Community

A PILOT PROJECT WITH UGSP AND VYC

Project Partners

- California Office of Problem Gambling (OPG)
  - Part of the California Department of Public Health
  - Provides funding and oversight for the California Gambling Education and Treatment Services (CalGETS) program

- UCLA Gambling Studies Program (UGSP)
  - Part of the Semel Institute for Neuroscience and Human Behavior
  - Administrative/clinical oversight and reporting on CalGETS program data

- Visión y Compromiso (VyC)
  - VyC is the lead agency in California providing promotores with core skills training, peer support, capacity building, advocacy, leadership, and workforce development

Mental Health Serivce Utilization

► Disparities in mental health service utilization exist for Latinos in the United States.

► For example, despite similar rates of psychological distress, Latino individuals aged 18 or older were about half as likely to have received mental health services in the past year (SAMHSA, 2020. Results from the 2019 National Survey on Drug Use and Health: Mental Health Detailed Tables. Table 8.17B https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables).

► Also, for those with a past year major depressive episode, fewer Latinos than non-Latino Caucasians received treatment for depression (58% vs. 70%)(SAMHSA, 2020. Results from the 2019 National Survey on Drug Use and Health: Mental Health Detailed Tables. Table 8.39B https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables).

Problem Statement

- The prevalence of problem gambling among Latinos (~1%) is at least equal to that seen for non-Latino Caucasians (~1.4%) (Alegria et al, 2009).

- The percentage of Latino clients in CalGETS has been approximately 17%, which is lower than their representation in the adult California population (~36%).

- There is a need to implement program changes to better engage Latinos in treatment for problem gambling to reduce the burden of gambling harms in this community.

Action Plan

- Train promotores about gambling problems, including how to identify those who may benefit from CalGETS services

- Develop information and resources on gambling problems and CalGETS for the Latino community

- Implement a plan for promotoras' activities in Los Angeles and San Diego Counties

- Assess the project impact by tracking promotora outreach activities, calls to the CalGETS Helpline (1-800-GAMBLER), and CalGETS utilization rates

Preliminary Work

Latinos in CalGETS (AHSR, NY 2023)

▶ All participants in this study were receiving outpatient treatment for problem gambling or gambling disorder and were admitted to CalGETS between July 1, 2015 and June 30, 2020.

▶ Analyses were conducted to look for differences between these groups on demographic, mental health, gambling behavior, substance use, and health variables.

▶ The study compared four groups: non-Latino U.S. born (N=2,365; 65%), Latino U.S. born (N=267; 7%), Latino non-U.S. born (N=266; 7%), non-Latino non-U.S. born (N=747; 21%); the total N was 3,645.

▶ Key Findings: Differences in English proficiency, education, marital status, household income, age of first gambling, time to first problem, games played (slots, sports, lottery), substance use, and having health insurance.

Key AHSR Findings

- Large effect size for English proficiency.
  - Need for in language services

- Medium effect size for education.
  - Implications for intake documents, intake process, and psychoeducation

- Small effect sizes for marital status, household income, age first gambled, time to first gambling problem, games played (slots, sports, lottery), substance use (cannabis, other drugs), and having health insurance.
  - Implications for social support, resources, progression (possibly), and co-occuring conditions.

CalGETS Provider Surveys

▶ We surveyed Spanish-speaking CalGETS providers (N=20) and did key informant interviews with a subset of them (N=5) to better understand reasons for Latino's underutilization of CalGETS services.

▶ Key concerns about seeking treatment in the Latino community included:

  ▶ the privacy and confidentiality of services,

  ▶ fears of deportation if they participated in treatment,

  ▶ stigma related to seeking services,

  ▶ lack of trust in government programs, and

  ▶ questions about the nature/process of psychotherapy since many were in it for the first time.

Focus Groups (APA, D.C. 2023)

▶ Gambling is common in the Latino community at regulated venues and in informal social groups, but some activities are not seen as gambling (e.g., scratchers and lottery).

▶ The consequences of gambling problems, and the stigma associated with them, are similar to that seen in other communities; however, gambling is often not seen as a problem until an individual or family experiences severe consequences.

▶ Although women do gamble, gambling is seen as a male activity and machismo may limit males from talking about gambling problems or seeking treatment; women are more open to help.

▶ Participants discussed the impacts of gambling problems on individuals and families, noting that they cause depression, anxiety, stress, and financial problems that destabilize the family.

Training for Promotores

Purpose of the Training

- **Equip** promotores with knowledge and skills for CalGETS outreach.
- **Focus areas:** History, impacts, detection, safe practices, and CalGETS services.

Training Details

- **Dates**: September 6-7 in Los Angeles, September 13-14 in San Ysidro.
- **Participants**: 28 promotores (17 in LA, 11 in San Diego), predominantly female (96%).
- Most promotores had a current or previous relationship with VyC and volunteered to participate in the training.

Training for Promotores

Training Content

- **What is Gambling?** Definition and understanding
- **Gambling History and Impacts** Overview and challenges
- **Gambling Behaviors** Range from casual to problematic
- **Cognitive Distortions** Misconceptions and irrational beliefs
- **Detection and Safe Practices** Identification and referral procedures

Training Evaluation Survey

- **Seven questions with a rating scales and comment section**

Training Evaluation

Evaluation Results

- **Familiarity with Gambling Problems Before Training**
  - Majority unfamiliar (43%) or somewhat familiar (36%).
- **Learning Outcomes**
  - 96% felt they learned a lot.
- **Ratings of Curriculum and Speakers**
  - Mostly outstanding or good.
- **Training Effectiveness**
  - Strong agreement on increased knowledge and well-organization.
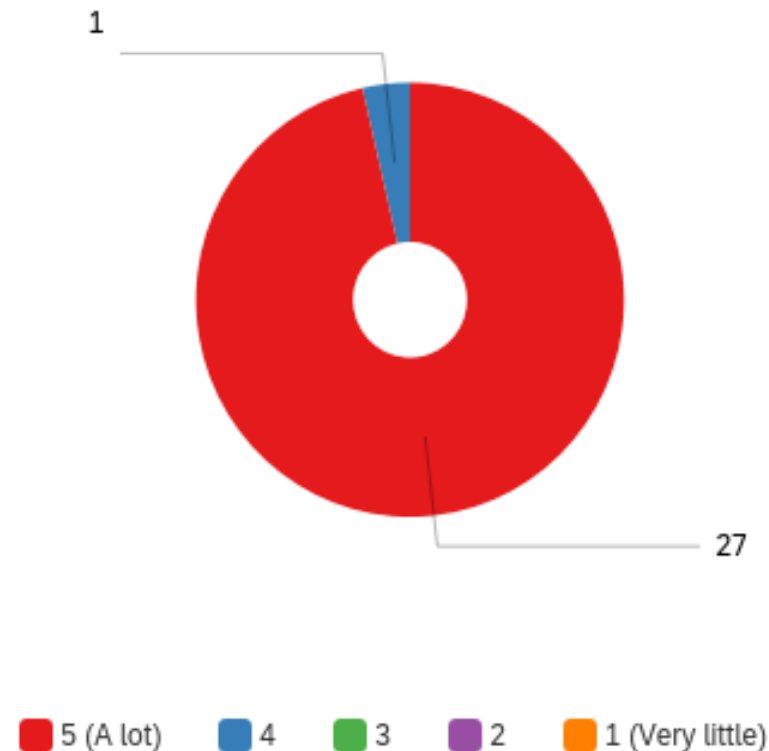
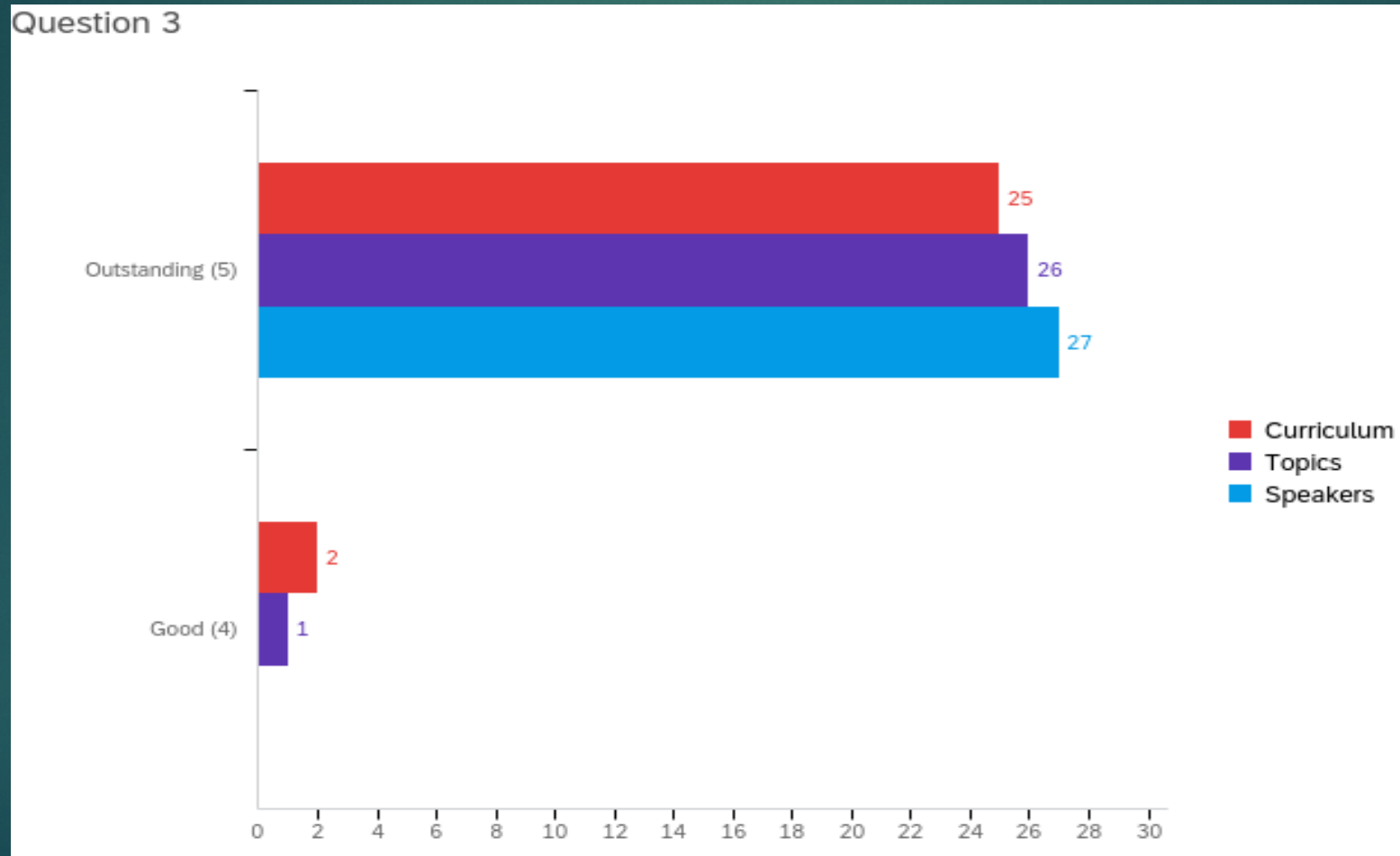# *Prior to this training, how familiar were you with problem gambling and gambling addiction?*
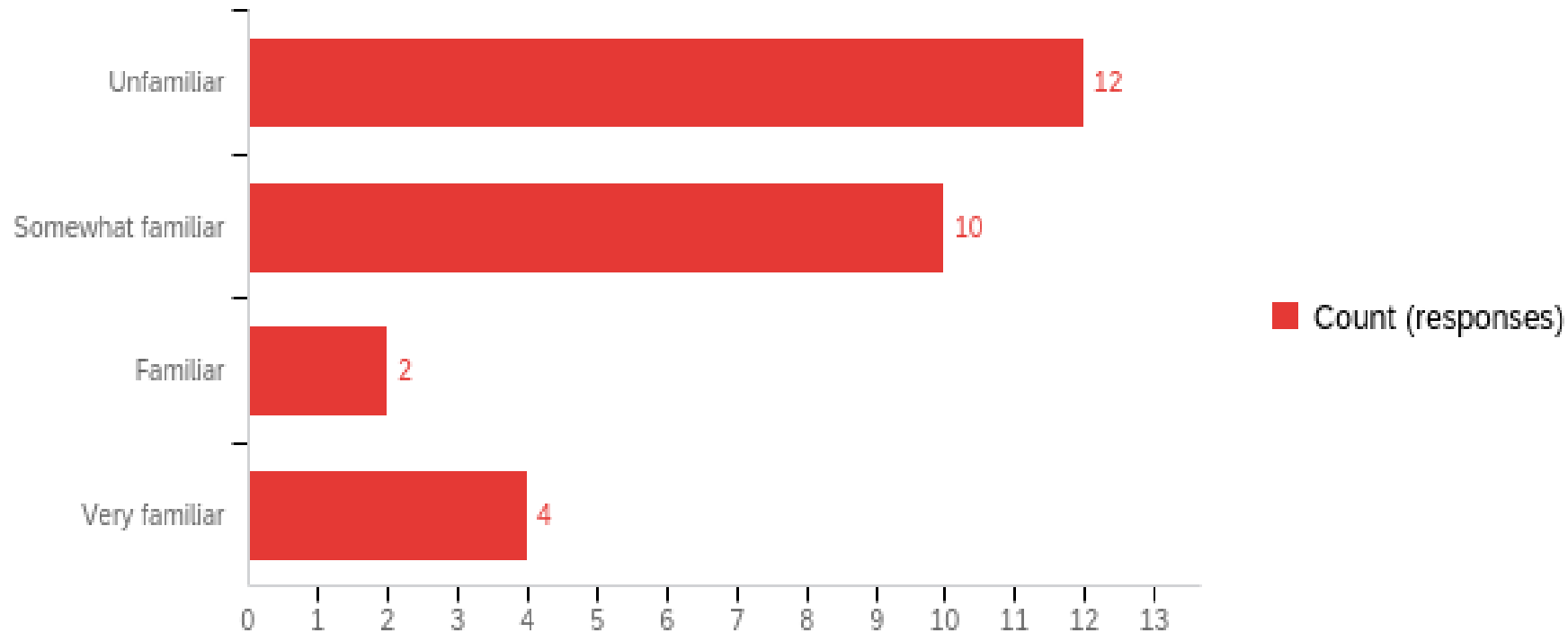
On a scale of 1 – 5, with 5 meaning a lot and 1 meaning very little, how much did you learn as a result of this this training?

Please rate the following: Curriculum, Topics, and Speakers.

Training Content Quiz

- Average quiz scores:

- 99.2% for Los Angeles County, and

- 99.7% for San Diego County

- The cutoff score was 85%.

- Table 2: Sample Quiz Questions

- When thinking about the definition of gambling, money will <u>always</u> be involved.

- (True or False)

- What percentage of the general population of the United States suffers from at least one notable gambling-related problem in their lifetime?

- (Multiple Choice)

Visión y Compromiso™

Visión y Compromiso

Fernando Carrillo
Project Coordinator

Objectives:

. **Learn how gambling has historically impacted the Latino community across generations.**

. **Receive information from a study conducted by promoters regarding gambling.**

. **Share information about the effects of gambling.**

. **Learn prevention measures and available resources for those affected directly or indirectly.**

Our work in Collaboration with UCLA

Integration of the Communty Health Promotoras (CHW's) Model

Gambling in the Latino community

Gambling occurs not only in casinos but also in lotteries, scratch cards, card games at parks, home games, animal competitions and figths, Sport games (Boxing, Soccer, and illegal activities such as street races.

WHO ARE PROMOTORES?

PROMOTORAS ARE EFFECTIVE CATALYSTS FOR COMMUNITY CHANGE & SUPPORT

- Promotoras are **community members** who act as natural helpers and liaisons to their neighbors and local neighborhoods; they are characterized by *servicio de corazón*– service from the heart.

- Promotoras are powerful advocates for individual and community transformation. They **share information** with community residents about local resources and have the capacity to **influence policies** related to critical issues facing their communities.

- The role of the promotor extends far beyond the disease-related functions (Bio-medical Model) of community health to a passion for **human rights and social justice** (Socio-ecological Model).

REDUCING DISPARITIES & PROMOTING HEALTH EQUITY

PROMOTORES

- Naturally connect with and maximize existing social networks

- Increase trustworthiness

- Local workforce development

- Provide cost-effective services

- Reinforce cultural values and norms

- Encourage community participation in improving health

As liaisons, they help:

- Keep appointments

- Increase access to prevention, scope of services and follow up care

- Decrease effect of cultural and linguistic barriers for organizations

COMMUNITY

HEALTH CARE SYSTEM

PROMOTORES

Healthy Families and Communities
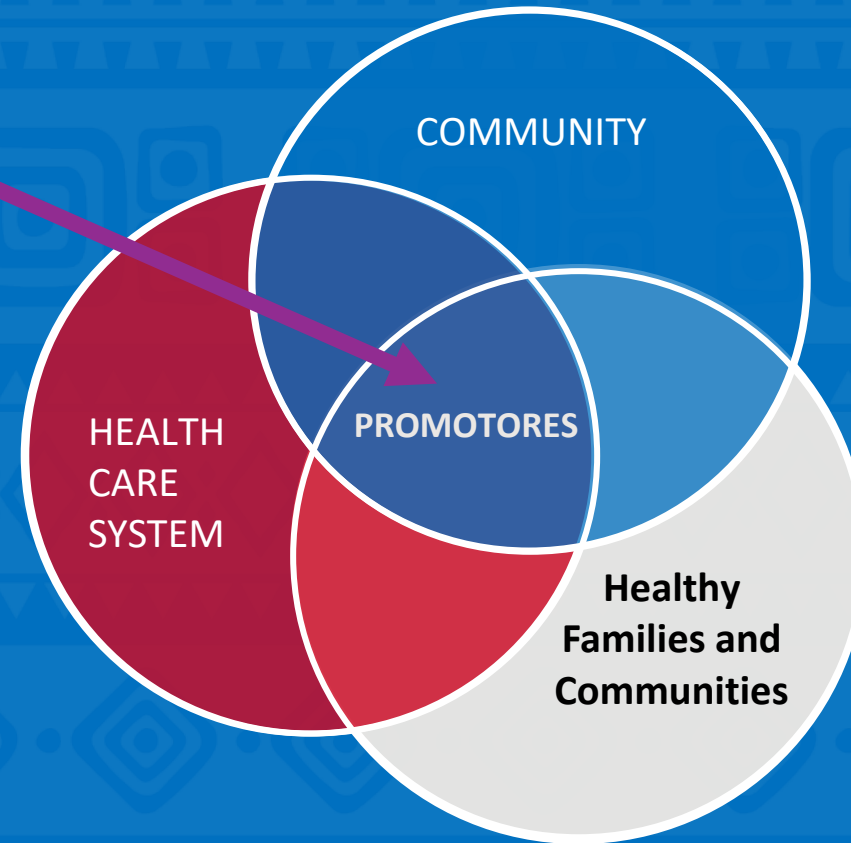
PROMOTOR MODEL

THE COMMUNITY TRANSFORMATIONAL MODEL

If the promotor model is allowed to function according to the theory of change, promotores will:

BUILD EGALITARIAN RELATIONSHIPS → **SHARE INFORMATION** → **MOTIVATE COMMUNITY PARTICIPATION** → **Increase individual and family health**

"Many of us are leaders in our community. We are compassionate and have this desire to serve. We don't just work at an office from 9 to 6. We live in the community, and we have to be able to go and talk to people who are in need late at night or during the day—whenever they need it. This is the work and we give it with our hearts."

- Outreach and Educational efforts conducted in Los Angeles, San Diego and Tulare County
- 6 promotores across the three counties (2 promotores per county)
- Outreach efforts primarily done in Spanish
- Often provide in-person and online workshops
- Referral information is confidential to assure community feels comfortable

- Outreach is done at libraries, city-sponsored events, community centers, farmers markets, and government spaces

- By utilizing public spaces, promotores engage the community in their space, where members feel comfortable

- They provide education about problem gambling, its affects and resources

OUR CHALLENGE.
OUR OPPORTUNITY

Organizations who truly understand promotores use popular education methodology appropriate for the community transformational model. Core competencies are also linked to the model.

Pre-Post Demographics: AIs

	Pre-Promotora	Post-Promotora	Chi-Square (df = 1)	p-Value
Age	45 (15.7)	42 (15.0)	1.29	0.099
Gender				
Male	31 (20%)	41 (25%)	1.34	0.247
Female	128 (81%)	124 (75%)		
Education			0.48	0.786
HS or Less	50 (31%)	57 (35%)		
Some College	85 (54%)	82 (50%)		
College Grad or More	24 (15%)	26 (16%)		
Income				
Less than 46K	104 (65%)	101 (61%)	0.61	0.433
46K or More	55 (46%)	64 (39%)		
English Proficiency	142 (89%)	160 (97%)	7.51	0.006
Latino Ethnicity	36 (23%)	53 (32%)	3.65	0.037

Analysis

► Stepwise Logistic regression predicting Latino ethnicity for affected individual admissions

► Used data from 26 months: 13 months before promotoras and 13 months after promotoras began work

► Limited analysis to counties where promotoras were trained

► Included demographics as control variables before entering a dichotomous predictor for pre-post promotora outreach

► N for the analysis was 324; No cases were excluded due to missing model variables

► Odds ratios represent independent contributions of each variable to predicting Latino ethnicity for admission

Logistic Regression – Step One

Variable	Reference Group	Odds Ratio	95% C.I.	df	p-Value
Age		0.965	0.946 – 0.985	1	0.001
Gender	Male	1.247	0.655 – 2.373	1	0.502
Education	HS or Less				
Some College		0.420	0.222 – 0.794	1	0.008
College Grad or More		0.519	0.201 – 1.338	1	0.175
Median Income	< 46K	1.623	0.839 – 3.140	1	0.151
English Proficiency	Low EP	0.058	0.017 – 0.196	1	0.001

Model Chi-Square [df=6] = 53.31(p = 0.001); Nagelkerke R Square = 0.219; Hosmer and Lemeshow Chi-Square [df=8]= 5.67 (p=0.684)

Logistic Regression – Step Two

Variable	Reference Group	Odds Ratio	95% C.I.	df	p-Value
Age		0.965	0.945 – 0.985	1	0.001
Gender	Male	1.187	0.620 – 2.270	1	0.605
Education	HS or Less				
Some College		0.447	0.234 – 0.852	1	0.014
College Grad or More		0.553	0.214 – 1.435	1	0.224
Median Income	< 46K	1.560	0.803 – 3.032	1	0.189
English Proficiency	Low EP	0.042	0.012 – 0.148	1	0.001
Promotora Outreach	Pre-Outreach	2.165	1.221 – 3.838	1	0.008

Model Chi-Square [df=7] = 60.61(p = 0.001); Nagelkerke R Square = 0.247; Hosmer and Lemeshow Chi-Square [df=8]= 4.89 (p=0.770)

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Thank You!!!!!!