COMMUNITY LEVEL HEALTH PROJECT (CLHP)- EVERETT



Funded by: Department of Public Health Office of Problem Gambling Services

PROJECT OVERVIEW

Background on Problem Gambling:

- Definition: A person who experiences difficulties due to their gambling behavior
- 83,000+ adult residents are problem gamblers in MA (2%)
- Top Types of Gambling: lottery, raffles, casinos
- Those most affected by problem gambling include:
 - Males
 - People of color
 - Those with less than a college level education

Everett CLHP Goal:

To engage the community impacted by the casino and develop recommendations for a community level plan to address gambling related health concerns.

Priority Areas:

Priority areas were chosen by a consensus process of the committee

- Behavioral health
- Racial equity
- Culturally appropriate services

Catchment Area:



EXPERT PANEL FINDINGS

Panels represented communities in the catchment area and included people with lived experience as well as professionals. There were three panels which resulted in the following insights:

- Behavioral Health: COVID-19 led to new challenges, stigma, impact of poverty, need for non-clinical services, "out of the box" solutions
- Racial Equity: Link between racial equity and casinos, power and resources, need for wrap-around
- Culturally Appropriate Services: Need for spaces of belonging, role of cultural humility, need for renumeration for culturally/linguistically appropriate services, importance of having community leaders "at the table"

COMMUNITY ENGAGEMENT SESSIONS

Demographics:

- 148 participants in a total of 10 engagement sessions
- Languages: English, Spanish, Portuguese, Haitian Creole, Mandarin, and, Cantonese
- Respondents representative of the diverse immigrant community of the catchment area
- 66% of participants were community residents, while 44% were service providers

CHOSEN PRIORITY AREA

69% of community engagement session participants wanted an integration of all three priority areas

RECOMMENDATION



Project RISE

(Resilient Immigrants Striving for Equity)

A behavioral health intervention with a focus on racial equity and access to culturally appropriate services rooted in ideas of power sharing,

PHASE ONE

Phase one is based on building capacity within the community based organizations allowing them to better serve the emotional wellness needs of the population as an upstream prevention strategy so that immigrant communities can to heal, transform, and flourish. The phase will involve hiring family connectors, asset mapping, partnership building, and community design for resilience and wellness.

PHASE TWO

Implementation of direct services, prevention programs, and policy work around emotional wellness.

- Individual: non-clinical support, referrals to outside clinicians, peer support groups
- Interpersonal: Intake process, family support groups, group workshops
- Community: community workshops and other activities to foster community connection and belonging
- Society: Build a systems-level coalition that involves a broader sector including workforce development, healthcare, and others.

ADVISORY COMMITTEE:









