

# Education and Skill-Building to Prevent Problem Gambling: A Community Coalitions Project

*--REQUEST FOR APPLICATION FOR FUNDING--*

Gambling is risking something of value  
on an event that is determined mostly by chance.

- One of 10 Ohio adults is at-risk for problem gambling.
- One of 100 is considered “addicted” to gambling.
- Of Ohio youth ages 12-17, 3.4% are at-risk for problem gambling.
- Gambling can lead to poor health, substance use disorder, depression, intimate partner violence, financial ruin and suicide.

## OVERVIEW

Beginning in SFY 2020, which starts July 1, 2019, new funding from the Problem Gambling Casino Fund will be distributed specifically for effective enhancements in problem gambling/gambling disorder prevention services. For this project up to \$20,000 per year, per coalition may be requested with the funds potentially renewable, contingent upon outcomes and availability of funding for up to two years.

The Ohio Problem Gambling Advisory Board (PGAB), OhioMHAS and Ohio for Responsible Gambling recognize that one of the highest success rates in influencing community behavior is through the efforts of community coalitions. This is an application for funding for “Education and Skill-Building to Prevent Problem Gambling: A Community Coalitions Project.” Projects will be focused on populations identified in the 2016-17 Ohio Gambling Survey data.

## BACKGROUND

The PGAB, made up of representatives from the Ohio behavioral health system of care, advocates, county ADAMH/MHRS Boards, members of Ohio for Responsible Gambling, and others, developed a Strategic Plan for Ohio’s Problem Gambling Services in 2016. The PGAB members have continued to work to achieve the objectives of the Strategic Plan, and the question of what would be the most effective uses of new funding for prevention of problem gambling was put in PGAB’s hands.

Since 2013, \$3.8 million from the Problem Gambling Casino Fund has gone out into the community via the 50 county Alcohol, Drug Addiction & Mental Health boards in the state. Additionally, approximately \$3.5 million has been granted to OhioMHAS-certified behavioral health agencies for community-based services, with a portion of these projects supported by funding from the Ohio Lottery Commission.

## ELIGIBLE ENTITIES

Eligible entities for this project include: community coalitions of all kinds, i.e. culturally specific, faith-based, city or county-hosted, suicide prevention, drug-free community coalitions, coalitions with 501-C-3 status, an ADAMH Board or OhioMHAS-certified provider, or group affiliated with a public health district or educational institution.

## DATA SOURCES – PROBLEM GAMBLING/GAMBLING DISORDER BY ADAMH BOARD AREA

Adult Gambling Behavior: The initial Ohio Gambling Survey was completed in 2012, prior to the opening of Ohio’s 4 casinos and 7 racetrack-based racinos. The survey established a baseline for prevalence of gambling behavior among adults. The 2016-17 survey includes the same prevalence measurement, the Canadian Problem Gambling Index, for accurate comparisons. Analysis highlights adult Ohioans’ gambling behavior in SFY 2016-17 and gambling-related changes over the four-year period. The survey was conducted by Strategic Research Group after a competitive bid, and weighting assistance came from The Ohio State University. More than 24,000 completed

surveys were gathered from Ohio adults via cell phones and landlines. The survey data was weighted on age, race and gender in order to closely reflect Ohio’s population by county and to enable generalizations from the sample data about the population of adults (U.S. Census Bureau. 2017).

***ADAMH Board area survey data reports are available upon request.***

## Rates of At-Risk/Problem Gambling by Race, Ethnicity, and Age Group: Ohio

Ohio	White/ Caucasian	African American	Other Race	Hispanic	Overall (age group)
18-24	12.0% (±1.4%)	19.2% (±5.4%)	14.1% (±4.2%)	15.0% (±6.8%)	13.0% (±1.3%)
25-44	11.0% (±0.8%)	19.5% (±3.3%)	12.8% (±2.7%)	16.7% (±4.0%)	12.3% (±0.7%)
45-64	7.5% (±0.6%)	18.0% (±3.1%)	10.5% (±2.5%)	9.1% (±3.6%)	8.9% (±0.6%)
65+	6.5% (±0.7%)	20.5% (±5.0%)	9.8% (±3.6%)	20.3% (±7.6%)	7.8% (±0.7%)
Overall (race/ ethnicity)	8.9% (±0.4%)	19.1% (±1.9%)	12.0% (±1.6%)	14.1% (±2.5%)	<b>All Ohio Adults</b> 10.3%



± x% refers to margin of error, calculated at 95% confidence level. When the sample size is small, the margin of error can be large.

Youth Gambling Behavior: To assess gambling by Ohio’s youth, ages 12-17, data exists from the OHYES (Ohio Healthy Youth Environments Survey) over several years, with consistent comparisons to the results of the PreventionFirst! 2018 Student Drug Use Survey: Gambling Use by Youth in Hamilton County – also surveyed over a three-year span. ***Youth survey analysis is available upon request.***

### Ohio Healthy Youth Environments Survey

During the past 12 months,...	2016-17*
• how often did you gamble money or personal items...?	14.7%
• have you ever hidden from family or friends any IOUs, money you’ve won or lost...?	1.7%
• have you ever lied to people important to you about how much you gamble?	1.2%
• have you ever gambled more than you planned?	4.0%
• have you ever felt bad about the amount you bet or about what happens when you bet?	3.4%

*\*Significantly higher percentages of males and even higher stats for youth who are Transgender/ Gender Nonconforming.*



**GAMBLING PROBLEM? 1-800-589-9966 BEFOREYOU.BET.ORG**

## Proposal Sections

### 1. PROJECT FOCUS

Identify a specific focus area for your Community Coalition Project. Some possible topics are below. Remember that your project should be relevant to one or more segments of your community and coalitions may partner to achieve their goals.

#### Some Possible Project Topic Areas to Prevent Problem Gambling with Education & Skill-Building

School-age youth	People with SUD	Adults/youth involved in justice system
Older adults	People with mental illness	Families involved with child welfare
Parents/caregivers	People with physical health issues	Economically depressed areas
Employees	Athletes	Social clubs for adults or youth
LGBTQ	Current gamblers	Physical healthcare system
Veterans or people with PTSD	Faith community	Sports facilities or audiences
Cultural/ethnic groups: Black, Asian, Pacific Islander, Hispanic, Native American	Points of purchase, i.e. gambling locations	Employ a shared Prevention professional to work across communities on identified focus area(s)
Based on focus population, implement evidence-based program models: Risky Business (12-17 YO), Campus Cents (18-25 YO), Smart Bet (12-25 YO), or Stacked Deck (12-17).		

### 2. SMART GOALS

Identify specific SMART (Specific, Measurable, Achievable, Relevant and Time-bound) goals for your community. Be sure to develop and include at least one measurable goal for each strategy defined. To ensure success, coalitions should develop partnerships with many sectors and culturally specific groups.

### 3. THEORIES OF CHANGE

Identify a specific Theory of Change for your project. Lewis Carroll said, "If you don't know where you are going, any road will get you there." Once applicants have chosen a focus and SMART goals, it is time to determine how to achieve those goals. CADCA's "Seven Strategies to Achieve Community Change" is a strong, evidence-based framework for effecting change (included below). These strategies have been proven to lead to community change, and which ones are used should be based on the project's goals. The *Planning Primer: Developing a Theory of Change, Logic Models and Strategic and Action Plans* at <https://www.cadca.org/sites/default/files/resource/files/planningprimer.pdf> will also be useful. Applicants may choose to use and describe a different theory of change. We encourage an approach that includes three or more strategies working toward community-level change.

### 4. EXPECTATIONS

There will be a Frequently Asked Questions (FAQ) period from May 10, 2019 through May 31, 2019 after the release of the Request for Applications. All questions should be sent to [rfp@preventionactionalliance.org](mailto:rfp@preventionactionalliance.org). Funded entities will participate in at least two conference calls/webinars for course correction and shared lessons learned during the project.

### 5. COMMUNICATION PLAN

Describe how your organization plans to communicate internally to ensure consistent messaging and outreach across all members and/or partners involved in the project. Further explain how the project will communicate with the focus population chosen. What will outreach include? What methods will be used? How often will constituents be contacted?

## **6. BUDGET PLAN**

Using the attached template, describe the project's budget needs, narrative and anticipated expenses. Budget requests may be up to \$20,000.

### **Seven Strategies to Achieve Community Change**

1. Providing information—Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, billboards, community meetings, forums, Web-based communication).
2. Enhancing skills—Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population-level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
3. Providing support—Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
4. Enhancing access/reducing barriers—Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
5. Changing consequences (incentives/disincentives)—Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. Physical design—Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. Modifying/changing policies—Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

**SCORING RUBRIC for**

**“EDUCATING AND SKILL-BUILDING TO PREVENT PROBLEM GAMBLING: A COMMUNITY COALITIONS PROJECT”**

**Community Coalition and Organization Name:**

**Reviewer:**

**Rate the applicants’ responses to each section on a scale of 1-10, with 10 being the most responsive score.\***

**Comments may be included in the rubric or below, but if listed below, be specific regarding content area that’s being addressed.**

PROPOSAL CONTENT	Project Focus	SMART Goals	Theory of Change	Communications Plan	Budget	W-9	501-C-3	Assurances
SCORE								
COMMENTS								

**TOTAL SCORE: \_\_\_\_\_**

\*Consider the following:

- Was the content area clearly described, i.e. project focus, goals, theory of change, communications plan?
- Is the budget appropriate for the project described? Is the narrative adequate?
- Are the required documents attached and signed, if applicable?