



**Department of  
Mental Health &  
Addiction Services**

Office of Prevention Services

Bobbie J. Boyer, Deputy Director

# Vision

All Ohioans promoting healthy, safe and resilient communities

# Mission

Advance innovative, Advance innovative, high-quality prevention services across the lifespan for all Ohioans



Department of  
Mental Health &  
Addiction Services

Mike DeWine, Governor  
Lori Criss, Director

OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES  
**OFFICE OF PREVENTION SERVICES**  
**STRATEGIC PLAN**



# Strategic Priorities

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#1 Promote the alignment and leveraging of resources

#2 Support systems change efforts and implementation

#3 Enhance multi-sector efforts across the continuum

#4 Advance the use of prevention science

#5 Grow and support Ohio's prevention workforce



**OHIO CENTER**  
*of* **EXCELLENCE**

**FOR BEHAVIORAL HEALTH  
PREVENTION & PROMOTION**

[www.preventioncoe.ohio.gov](http://www.preventioncoe.ohio.gov)

Administered by:

**OHIO**  
UNIVERSITY

Voinovich School of  
Leadership and Public Service

in collaboration with



# **Infusing Diversity, Equity, Inclusion and Justice into Behavioral Health Prevention and Promotion**

Holly Raffle, PhD, MCHES®

Ohio Center of Excellence for Behavioral  
Health Prevention and Promotion

Ohio University's Voinovich School of  
Leadership & Public Service



# About the presenter...

Glen Este High School Graduate (Cincinnati, OH)

Ohio University - Athletic Training & Health Education (BSAT)

University of Minnesota - Educational Policy and Administration (MA)

Taught High School Health – Logan (OH) High School

Ohio University - Educational Research and Evaluation (PhD)

Ohio University's Voinovich School of Leadership and Public Service

- Professor of Leadership and Public Service
- Program Director – Partnership for Community-based Prevention
- Faculty Director – Ohio Center of Excellence for Behavioral Health Prevention and Promotion

Hockey Mama, Marathon Mama, CrossFit Mama



# Today's Learning Objectives

## Participants will:

1. Learn about specific strategies to increase the diversity of the prevention workforce.
2. Learn about community-based strategies for addressing social determinants of health.
3. Learn about programs used to gain increased involvement and participation from populations who are at a higher risk of substance use and mental health disorders.





# **Setting the Stage for Learning Objective 1**

Utilizing SAMHSA's Disparities Impact Statement process is essential to guide prevention infrastructure development.





Ohio Center of Excellence for Behavioral Health Prevention and Promotion

## DISPARITIES IMPACT STATEMENT

*Approved: 3-28-2023*

### PURPOSE OF THE DISPARITIES IMPACT STATEMENT

The purpose of the Disparity Impact Statement (DIS) is to ensure that Substance Use and Mental Health Services Administration, formerly known as Substance Abuse and Mental Health Services Administration (SAMHSA) grantees are inclusive of underserved racial and ethnic minority populations in their services, infrastructure, prevention, and training grants. These populations have been underrepresented in SAMHSA grants.

The DIS is a Secretarial Priority from the Department of Health and Human Services' (HHS) Action Plan to Reduce Racial and Ethnic Health Disparities (2011). The objective is to "assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that: ... program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications." The Secretarial Priority focused on underserved racial and ethnic minority populations, e.g., Black/African American; Hispanic/Latino; Asian American, Native Hawaiian and Pacific Islander; and American Indian/Alaska Native. SAMHSA's Office of Behavioral Health Equity also includes LGBT populations as an underserved, disparity-vulnerable group.

The Ohio Center of Excellence for Behavioral Health Prevention and Promotion (Center) was founded in 2022. With funding from the Ohio Department of Mental Health and Addiction Services and the support of eleven Inaugural Partners,<sup>1</sup> the Center is facilitated by a team of faculty and professional staff at Ohio University's Voinovich School of Leadership and Public Service in collaboration with prevention research scientists at the Pacific Institute for Research and Evaluation (PIRE).

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<sup>1</sup> Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery at Ohio State University; Impact Prevention, Inc.; King Consulting and Evaluation; Mansfield Urban Minority Alcoholism and Drug Abuse Program; Ohio Program for Campus Safety and Mental Health at Northeast Ohio Medical University; Ohio Suicide Prevention Foundation; Prevention Action Alliance; PreventionFIRST; Problem Gambling Network of Ohio; The Ohio Council of Behavioral Health & Family Service Providers; and Urban Minority Alcoholism and Drug Abuse Outreach Program of Dayton.

**TABLE 1. Distribution of Ohio's Credentialed Prevention Workforce**

	Ohio's Credentialed Prevention Workforce		Percent of Total OH Population
	Count	Percent	
<b>Type of Credential</b>			
Registered Applicant	862	57.2%	
OCPSA	306	20.3%	
OCPS	173	11.5%	
OCPC	166	11.0%	
<b>Gender</b>			
Female	1217	80.8%	50.7%
Male	289	19.2%	49.3%
Transgender			
<b>Race</b>			
African American	374	25.4%	13.2%
American Indian/Alaska Native	2	0.1%	0.3%
Asian	17	1.2%	2.7%
Native Hawaiian and Other Pacific Islander	1	0.1%	0.1%
White	978	66.5%	81.2%
Other/Multiple Race	98	6.7%	1.9%
<b>Ethnicity</b>			
Hispanic / Latino/a/x	51	3.7%	4.4%
<b>Age</b>			
18-29	386	25.6%	
30-39	345	22.9%	
40-49	303	20.1%	
50-59	273	18.1%	
60-69	154	10.2%	
70+	45	3.0%	
<b>County of Residence - Type</b>			
Rural	307	21.0%	19.9%
Partially Rural	354	24.2%	23.0%
Urban	802	54.8%	57.2%
<b>County of Residence - Appalachian Status</b>			
Appalachian	310	21.2%	16.8%

Data Sources: Ohio Chemical Dependency Professionals Board Certification Data (9-26-2022); CC-EST2019-ALLDATA-[ST-FIPS]; Annual County Resident Population Estimates by Age, Sex, Race, and Hispanic Origin: April 1, 2010 to July 1, 2019; <https://www.census.gov/quickfacts/fact/table/OH>; <https://www.census.gov/library/stories/state-by-state/ohio-population-change-between-census-decade.html>; Annual Estimates of the Resident Population for Counties in Ohio: July 1, 2021 (CO-EST2021-POP-39).

# Center of Excellence for Behavioral Health Prevention and Promotion's Diversity Impact Statement (DIS)

645 Credentialed Preventionists in Ohio (2022) and 11,693,217 Ohioans

- 5.5 Credentialed Preventionists per 100,000 Ohioans.

1,884,283 Ohioans between ages 5-17

- 34 Credentialed Preventionists per 100,000 school-age Ohioans.

586 public school districts in Ohio

- Each district would have access to 1.10 Credentialed Preventionists

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## **Learning Objective #1**

Learn about specific strategies to increase the diversity of the prevention workforce.

# Ohio Workforce Development Initiatives

1. BIPOC Prevention Skills Training
2. CLAS Standards as a Catalyst for Prevention: A Learning Collaborative



# Growing Ohio's Credentialed Prevention Workforce with an Intentional Focus on Diversity, Equity, Inclusion, and Justice

## Black, Indigenous, People of Color (BIPOC) Prevention Skills Training



# Project Goals

1. Create a prevention certification pathway to increase the number of BIPOC-identifying individuals who have completed at least two steps of the prevention certification process (RA and OCPSA).
2. Create a culturally-centered SAPST training environment that honors connection, community, and culture to initiate the certification pathway with 40.5 hours of the 45 required training hours.
3. Create a seamless connection from the culturally-centered SAPST training environment to Ohio's Coaching and Mentoring Network.





**OHIO  
BLACK,  
INDIGENOUS,  
PEOPLE OF COLOR (BIPOC)  
PREVENTION SKILLS TRAINING (PST)**

Train to become an Ohio  
Certified Prevention Specialist  
Apply for our:

- 5-day training for people who identify as Black/African American, Hispanic/Latinx, Asian, Native American/Indigenous, or People of Color.
- Includes original SAPST material with new content related to BIPOC populations with concentrated themes of health disparities, health equity, and cultural aspects.
- Grounded in current research and SAMHSA's Strategic Prevention Framework (SPF).
- Provides Foundational knowledge and skills necessary to implement effective, data-driven prevention interventions that reduce behavioral health disparities and improve wellness.



Presented by

**MARKETA ROBINSON, PH.D.**

Master Trainer,  
SheRay's & Associates, LLC



**ALBERT GAY, M.S.**

Master Trainer,  
SheRay's & Associates, LLC

Upcoming Training:



Hosted by UMADAOP of Lima  
**OCT 30 - NOV 3, 2023**  
9AM -5PM (EST)



Hosted by  
UMADAOP of Franklin County  
**NOV 27 - DEC 1, 2023**  
9AM -5PM (EST)

APPLYING IS REQUIRED!  
**FOR MORE INFORMATION  
VISIT [SHERAYS.COM](http://SHERAYS.COM)**

**SAPST**

**BIPOC  
Supplemental  
Sessions**

Concepts

Cultural Experiences

**Bridgework**

Research

Discovery

Case Studies

Experiences





# Pedagogical Innovations

1

**Affinity  
Group  
Model**

2

**Journaling  
& Healing  
Circles**

3

**Coaching**



# Engaging in the BIPOC PST Offers:

<b>RA</b>	<ul style="list-style-type: none"> <li>• 18 years of age or older</li> <li>• High School Diploma or GED</li> <li>• Complete Professional Development Plan (PDP)</li> <li>• 2-year certification</li> </ul>
<b>OCPSA</b>	<ul style="list-style-type: none"> <li>• 18 years of age or older</li> <li>• High School Diploma or GED</li> <li>• 100 hours of prevention related experience (paid/volunteer)</li> <li>• 45 hours of prevention education in specified content areas. 50% shall have been obtained within the last two years <i>and</i> nine hours shall be (AOD) prevention specific.</li> </ul>
<b>OCPS</b>	<ul style="list-style-type: none"> <li>• Associate degree or higher</li> <li>• One year (2,000 hours) prevention related experience (paid/volunteer)</li> <li>• 120 hours of prevention education in specified content areas. 50% shall have been obtained within the last five years <i>and</i> twenty-four of these hours shall be (AOD) prevention specific.</li> <li>• 120 hours of practical experience in the six performance domain areas</li> <li>• Pass the ICRC International Certification &amp; Reciprocity Consortium (ICRC) Prevention Examination</li> </ul>
<b>OCPC</b>	<ul style="list-style-type: none"> <li>• Bachelor's degree or higher</li> <li>• 4,000 hours work in administrating/supervising prevention services</li> <li>• Work experience <i>must</i> be while applicant is under the scope of practice of an OCPS</li> <li>• 90 hours of administrative/supervisory education (45 hours in Human Resource management topics &amp; 45 hours in Fiscal Management)</li> </ul>

1. Exposure to Ohio's Prevention Certification Requirements at the time of application, during the training, and in post-training follow up contacts.
2. Opportunity to begin or advance a prevention credential.
3. Linkage to expert coaching from Ohio's Coaching and Mentoring Network to navigate the certification process.
4. Practice testing for the ICRC Prevention Examination

# Ohio Workforce Development Initiatives

- ✓ 1. BIPOC Prevention Skills Training
2. CLAS Standards as a Catalyst for Prevention: A Learning Collaborative



# Working with Ohio's Prevention Providers to Improve Service Delivery and Integrate Culturally Responsive Strategies into their Organizational Structures

## CLAS Standards as a Catalyst for Prevention: A Learning Collaborative

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Prevention  
Action Alliance

Lifetime Prevention | Lifetime Wellness

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Great Lakes (HHS Region 5)  
**PTTC**  
Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

**OHIO**  
UNIVERSITY

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Voinovich School of  
Leadership and Public Service

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**OHIO CENTER of EXCELLENCE**  
FOR BEHAVIORAL HEALTH PREVENTION & PROMOTION



**Department of  
Mental Health &  
Addiction Services**

# Project Goals

1. Increased knowledge among key organization leaders about best practices in CLAS Standards and the and NIATx Model in the prevention field.
2. Identification of CLAS priorities and goals for the organization.
3. Identification and implementation of processes and interventions to improve future cultural adaptation and application.
4. Identification of baseline measurement and measurements of change over time of relevant cultural variables.
5. Implementation of sustainability strategies to ensure the continuation of cultural and linguistic efforts in the organization.

## CLAS Standards as a Catalyst for Prevention: A Learning Collaborative

### Request for Applications

- Informational Webinar: May 1, 2023, 10 am - 11:30 am
- Application deadline: May 19, 2023, 12 noon EST

### Overview

The CLAS Standards as a Catalyst for Prevention: A Learning Collaborative (CLAS Learning Collaborative) will give participants the skills to improve service delivery and integrate culturally responsive strategies into their organizational structures. The CLAS Learning Collaborative presents cultural competence not as a distinct knowledge base but as a framework to incorporate CLAS Standards, leadership development, and process improvement into the inner workings of an organization.

Prevention Action Alliance (PAA) in collaboration with The Great Lakes Prevention Technology Transfer Center (GL PTTC), the Ohio University Voinovich School of Leadership and Public Service (OU-VS), the Ohio Center of Excellence for Behavioral Health Prevention and Promotion (Center) will contribute expertise and high-quality materials through the delivery of a two-day summit and learning collaborative. This approach will allow us to provide extensive, in-depth training beyond basic concepts of cultural competence. In addition to the two-day summit, three coaching webinars will be added so that each organization can get the proper support to implement a CLAS Standards change project effectively.

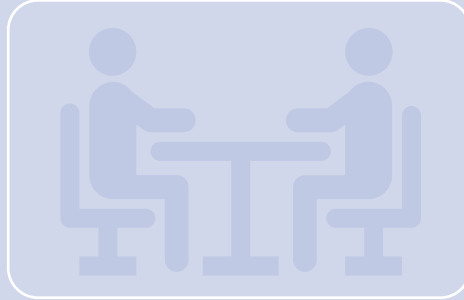
Our training design will bring in a three-member training team specifically skilled in cross-cultural communication, cultural and worldview elements, community engagement, and process improvement to approach the complexities of holistically integrating cultural and linguistic strategies into organizational culture, policies, and operations.

### Training Description

The first training day will take the cohort into a comprehensive analysis of the 15 **National CLAS standards** and all variables to be considered in implementing such standards as a framework in the prevention arena. The comprehensive approach will provide a lens by which to see the framework as a preventive toolkit to affect change in environments that increasingly have become more difficult to navigate. It will be the goal of day one to prepare each team with a comprehensive knowledge base and, strategic overview, and critical thinking toolkit necessary to move from theory into practice while constantly evaluating the process and quality at every turn.

On the second day of training, at the **NIATx Change Leader Academy**, you will help you define a cultural change project that will get you started on your journey toward continuous process improvement. You will use skills gained in the CLAS Learning Collaborative on day one to design products and services while simultaneously applying the National CLAS Standards to your every effort. The NIATx model will support your endeavor by providing tools and personalized, hands-on coaching on how to use all that you have learned through the CLAS Learning Collaborative.

# Process



Two Day Face-to-Face Summit to Learn CLAS Standards and NIATx Model

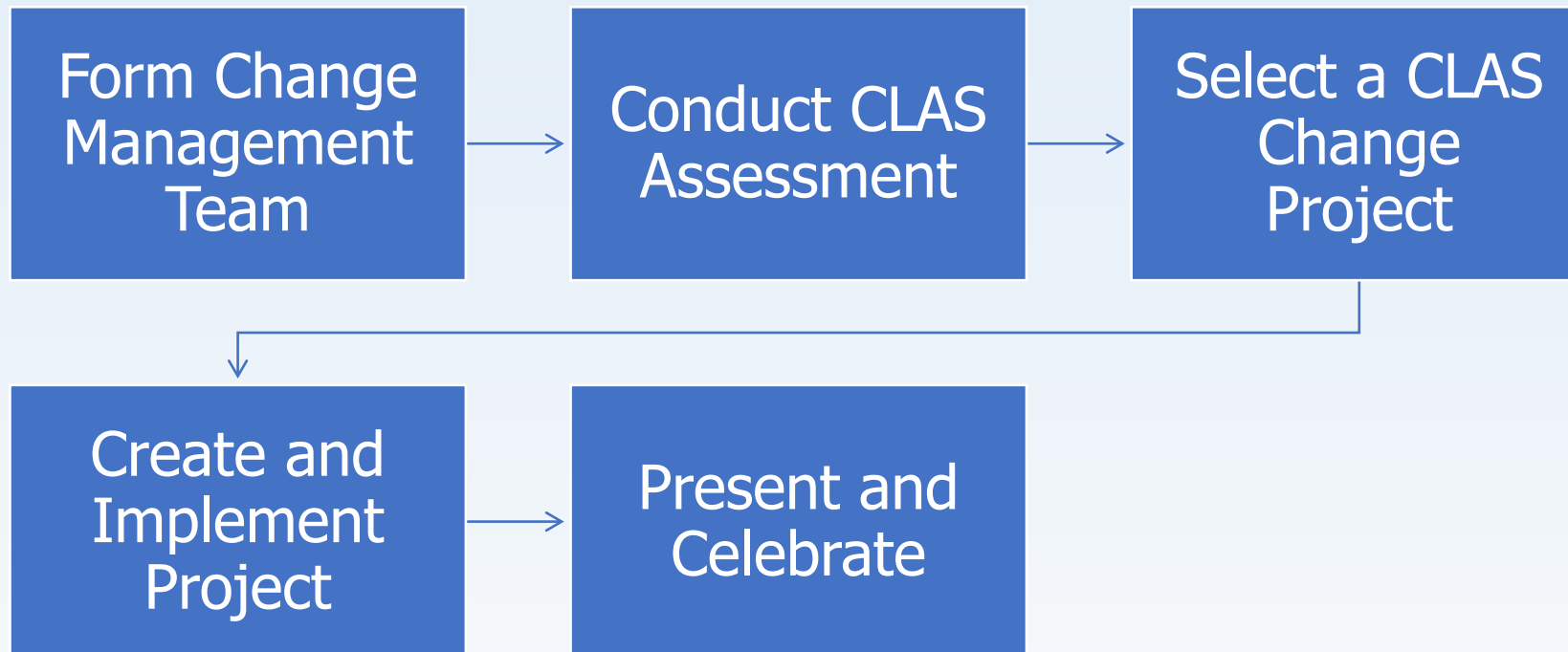


Three Virtual Coaching Sessions



Celebration Event with Project Presentations

# Participant Experience





# Today's Learning Objectives

## Participants will:

- ✓ 1. Learn about specific strategies to increase the diversity of the prevention workforce.
2. Learn about community-based strategies for addressing social determinants of health.
3. Learn about programs used to gain increased involvement and participation from populations who are at a higher risk of substance use and mental health disorders.





# Setting the Stage for Learning Objectives #2 and #3

Evidence-based programs, policies, and practices (EBPPPs) designed for behavioral health prevention and promotion will not eliminate health disparities and inequities.

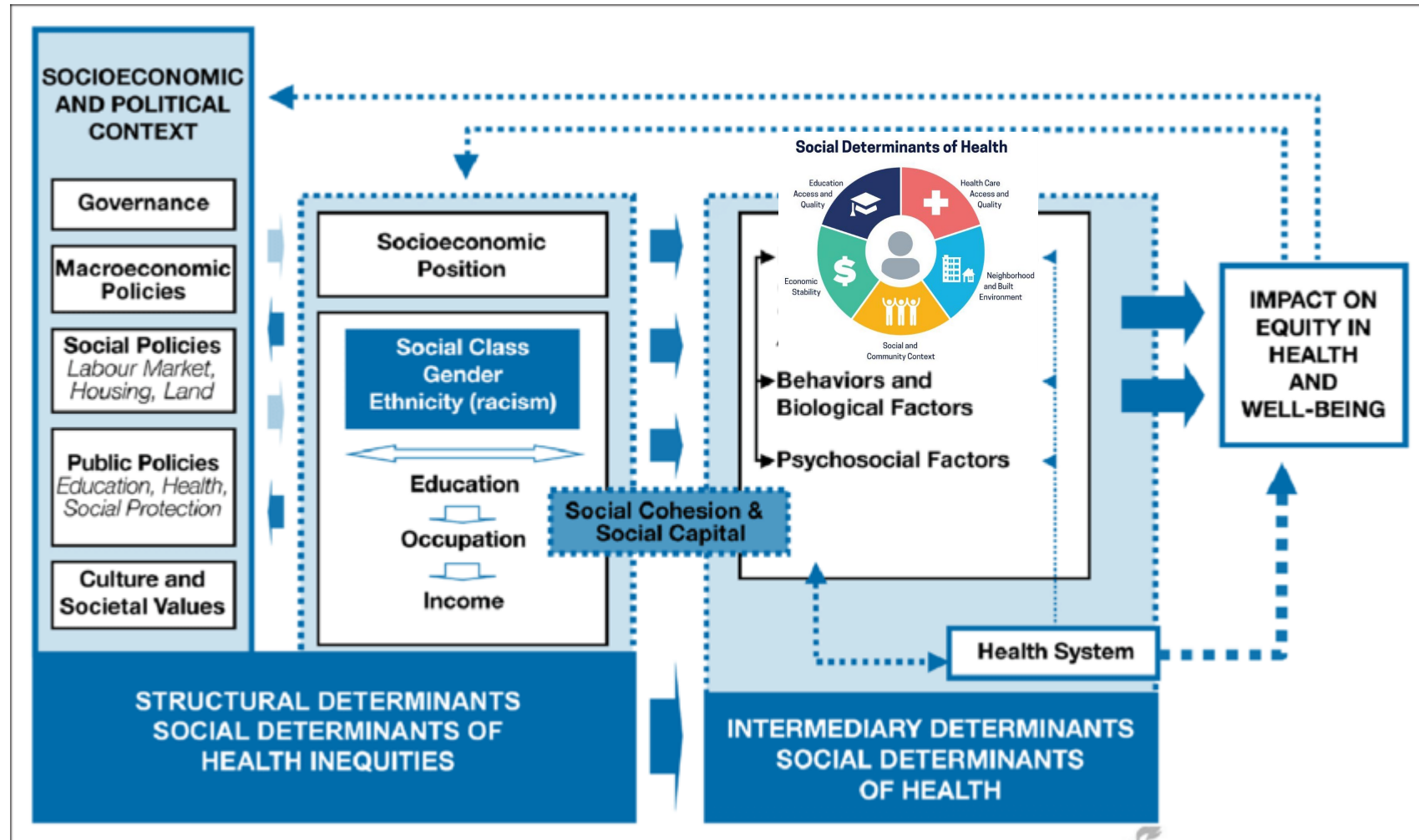
Let's explore why...

# Social Determinants of Health

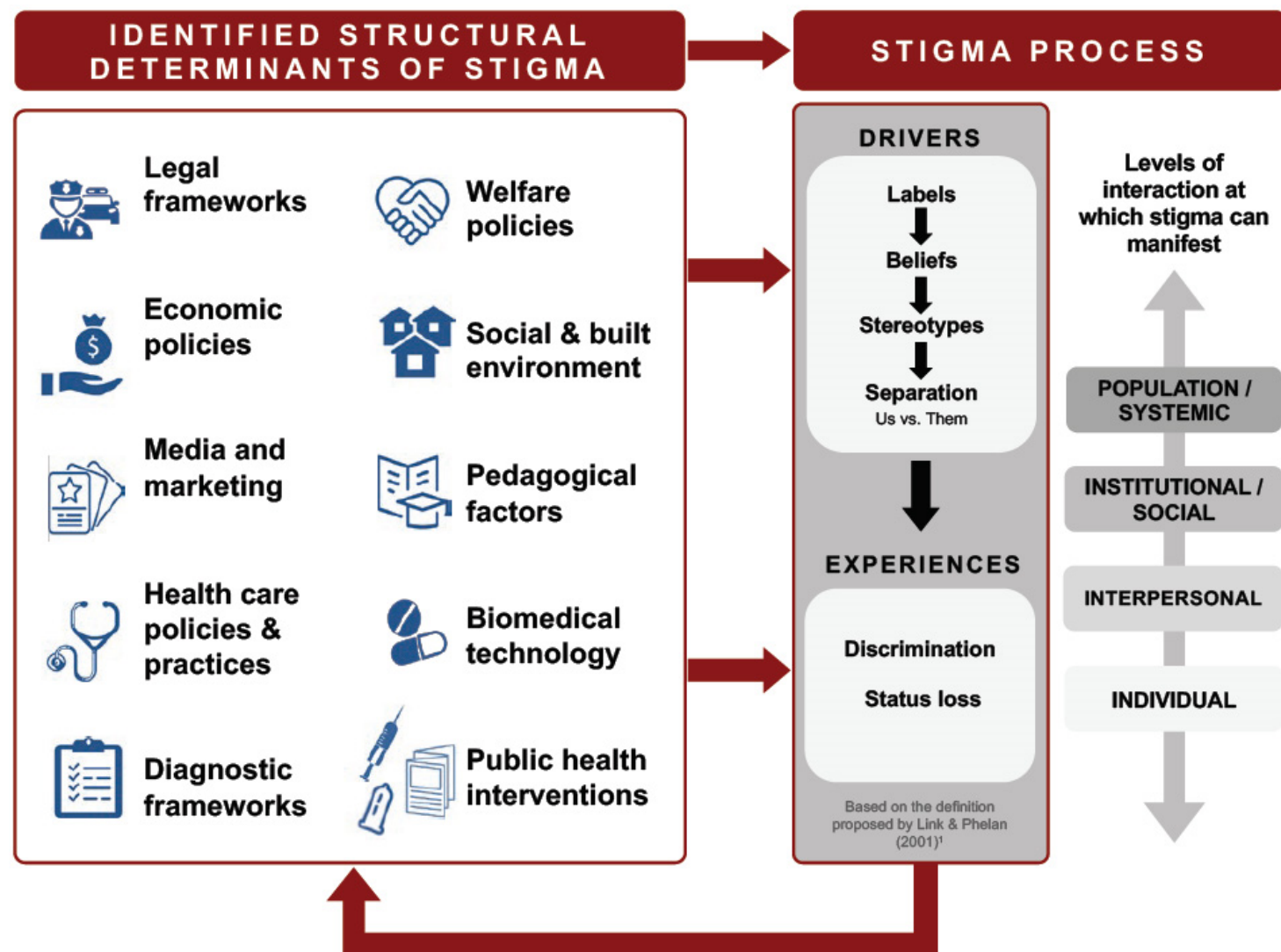
## Social Determinants of Health



# Structural + Social Determinants of Health



# Stigma and its Relationship to Ableism



Stigma has been defined as a process enabled by social, economic and political power inequities, through which negative labels, beliefs and perceived differences between groups can culminate in discrimination and status loss.

*What's the difference?*

## Health Disparities and Health Inequities

**Health disparities are population-based differences in health outcomes.**

A disparity reflects the difference between groups, not an outcome that is only experienced by one group.

**Health inequities are differences in health outcomes and the opportunities groups have to achieve optimal health.** These differences are rooted in avoidable and unfair social and structural injustices.

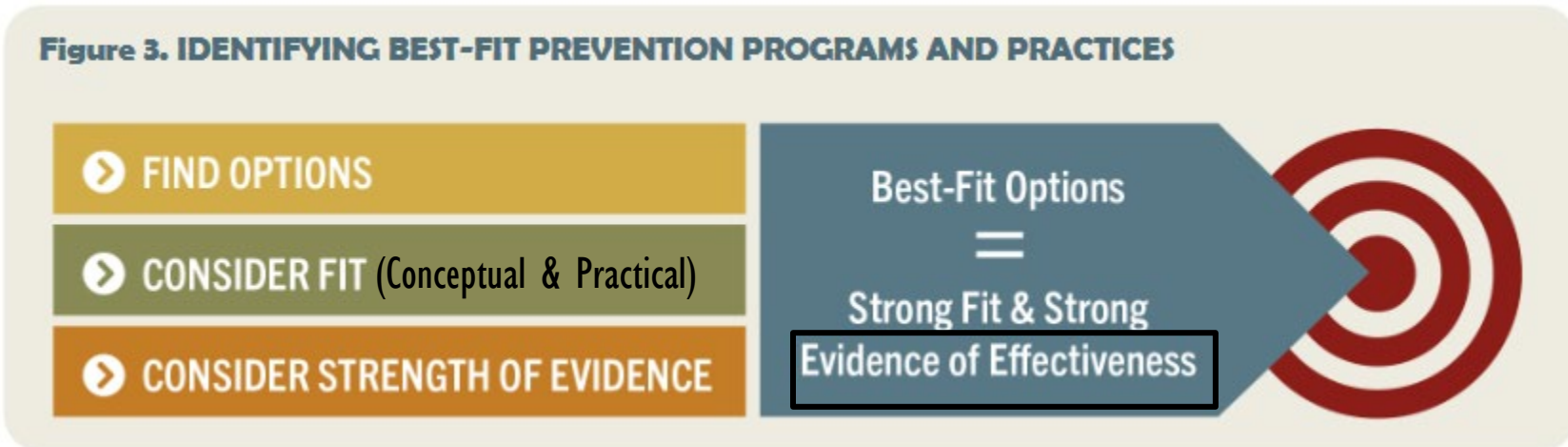
\* **Not all disparities reflect an inequity.** Consider this example from the Boston Public Health Commission:

"Male babies are generally born at a heavier birth weight than female babies. This is a health disparity. We expect to see this difference in birth weight because it is rooted in genetics. [Because this difference is unavoidable, it is considered a health disparity.]"

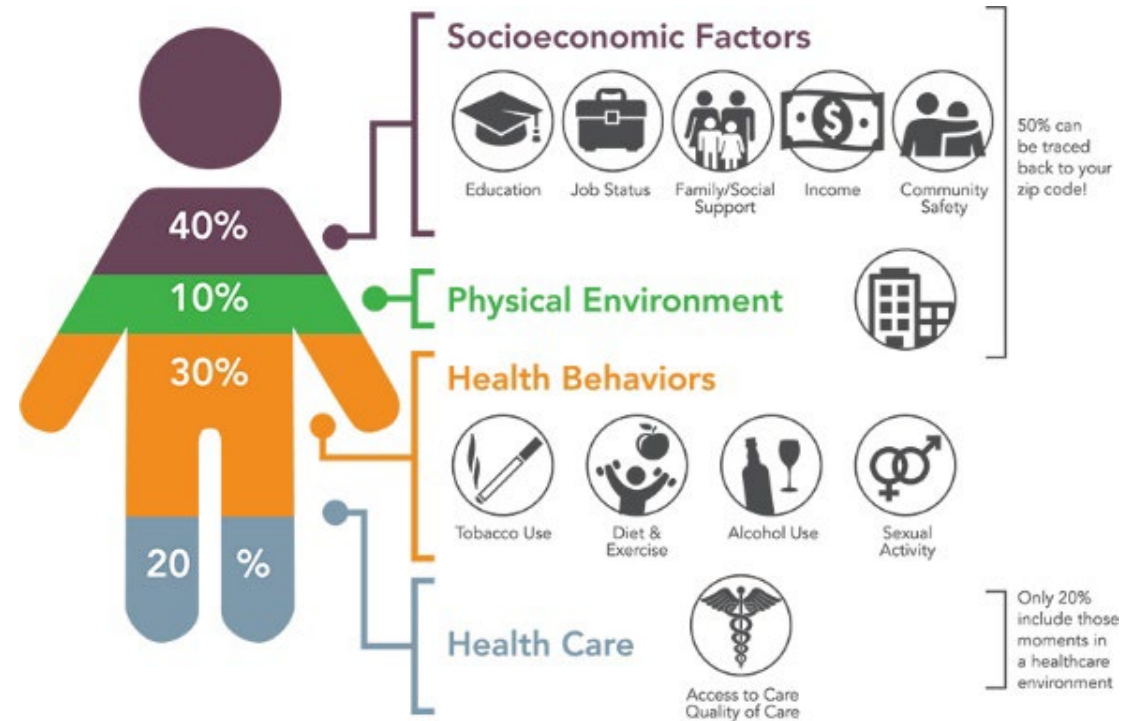
On the other hand, studies have shown links between the stress from racism experienced by Black women and negative health outcomes. "Babies born to Black women are more likely to die in their first year of life than babies born to White women."

Because this is true regardless of income or level of education, it is considered an inequity. Racial discrimination in health care and the stress of racism negatively affect health.

# What EBPPPs are designed to do...



# What the “real world” looks like...



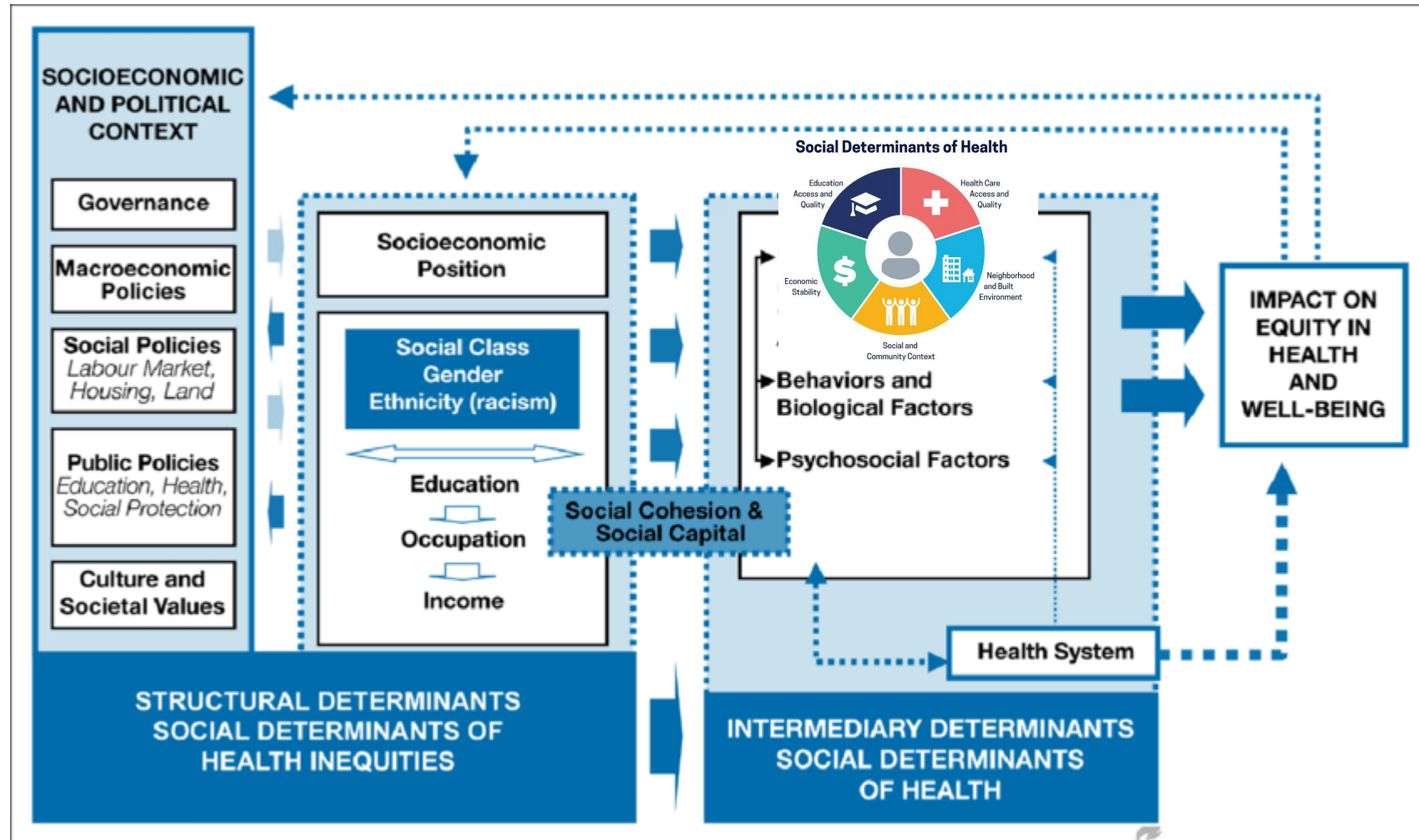
Source: Institute for Clinical Systems Improvement, *Going Beyond Clinical Walls: Solving Complex Problems* (October 2014)

Graphic: <https://www.promedica.org/socialdeterminants/pages/default.aspx>

Paper: <http://www.nrhi.org/uploads/going-beyond-clinical-walls-solving-complex-problems.pdf>



# Structural + Social Determinants of Health



# Where should we prioritize efforts?



## **Addressing Behavioral Health Issues**

- Implementing EBPPPs that are designed to address specific health behaviors
- Making cultural and lingual adaptations when implementing EBPPPs – recognizing that adaptations do not address underlying causes of disparities & inequities

## **Addressing Health Disparities & Inequities**

- Addressing structural determinants of health (which includes stigma)
- Addressing social determinants of health

- a) True
- b) Also true
- c) Two things can be true at the same time
- d) All of the above



**Recognize  
two things  
can be true.**

# It's important to prioritize both.



## **Address Behavioral Health Issues**

- Implement EBPPPs that are designed to address specific health behaviors
- Make cultural and lingual adaptations when implementing EBPPPs and recognize that adaptations do not address underlying causes of disparities & inequities



## **Address Health Disparities & Inequities**

- Address structural determinants of health (which includes stigma)
- Address social determinants of health

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## **Learning Objective #2**

Learn about community-based strategies to address social determinants of health.

# What is prevention's role in addressing structural and social determinants of health?

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# Community Collective Impact Model for Change 2.0: Addressing Social Determinants of Health in Minority and Underserved Communities

# Project Goals

1. Engage five of Ohio's urban behavioral health boards in a community-based process to consider the impacts of SDOH when planning and implementing prevention services and programming.
2. Introduce and utilize the CDC Resource titled Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health to catalyze community change.
3. Utilize a community of practice approach buttressed with individual coaching sessions to promote and strengthen the knowledge, skills, and attitudes of community leaders to engage in health equity work.



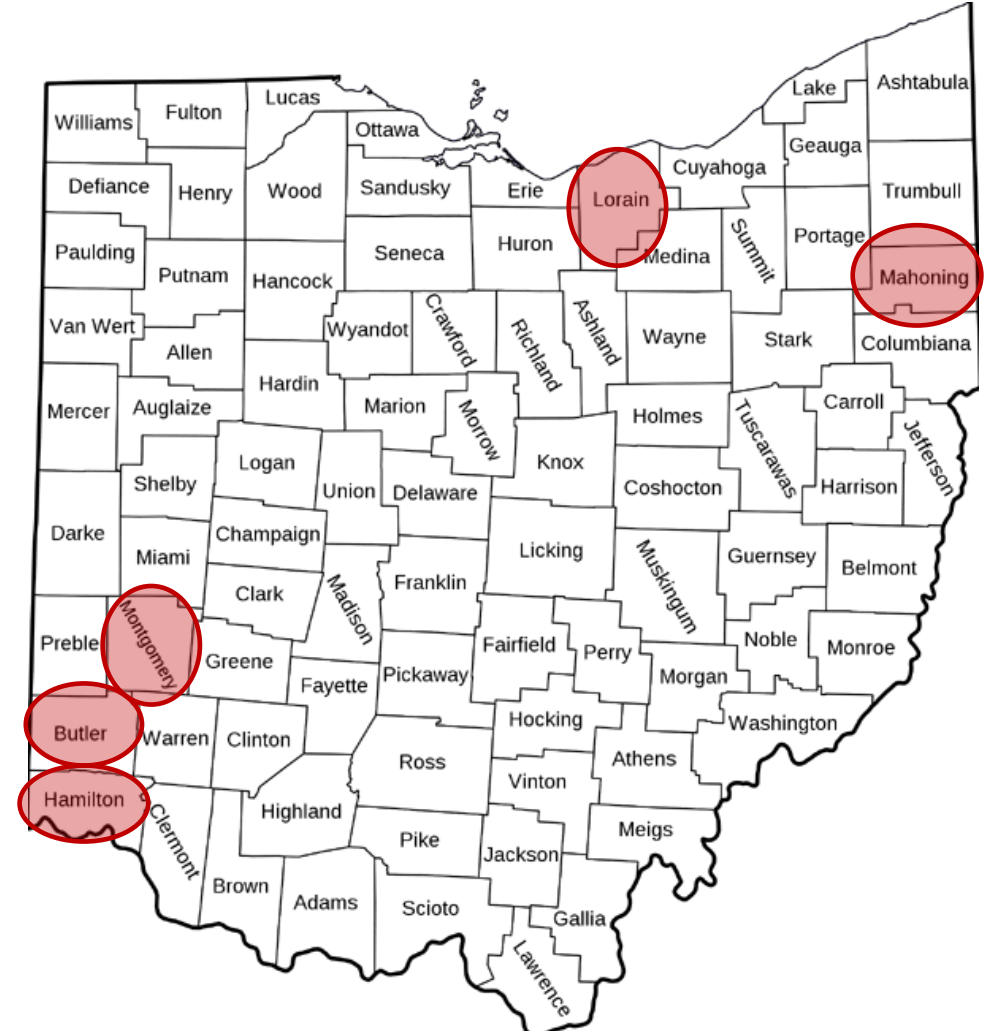
# MOVING BEYOND DOWNSTREAM AND MIDSTREAM



"Meeting Individual Social Needs Falls Short Of Addressing Social Determinants Of Health," Health Affairs Blog, January 16, 2019. DOI: 10.1377/hblog20190115.234942

# Urban Behavioral Health Boards

1. Butler County Mental Health and Addiction Recovery Board
2. Hamilton County Mental Health and Recovery Services Board
3. Mental Health, Addiction, and Recovery Services Board of Lorain County
4. Mahoning County Mental Health and Recovery Board
5. Montgomery County Alcohol, Drug Addiction, and Mental Health Services Board





# Lens to Address Structural & Social Determinants of Health

Promoting Health Equity  
*A Resource to Help Communities Address  
Social Determinants of Health*



- CCIM4C Video Here

# Today's Learning Objectives

## Participants will:

- ✓ 1. Learn about specific strategies to increase the diversity of the prevention workforce.
- ✓ 2. Learn about community-based strategies for addressing social determinants of health.
3. Learn about programs used to gain increased involvement and participation from populations who are at a higher risk of substance use and mental health disorders.





## **Learning Objective #3**

Learn about programs used to gain increased involvement and participation from populations who are at a higher risk of substance use and mental health disorders.

# Strategies for Inclusion and Voice

## 1. Involvement

- Ohio's Urban Minority Alcoholism & Drug Abuse Outreach Program
- Ohio Health Youth Environment Survey (OHYES!)

## 2. Adaptation

- Pause Before You Play (Adult) & Change the Game (Youth)
- One Campaign for Problem Gambling Prevention, Nine Toolkits

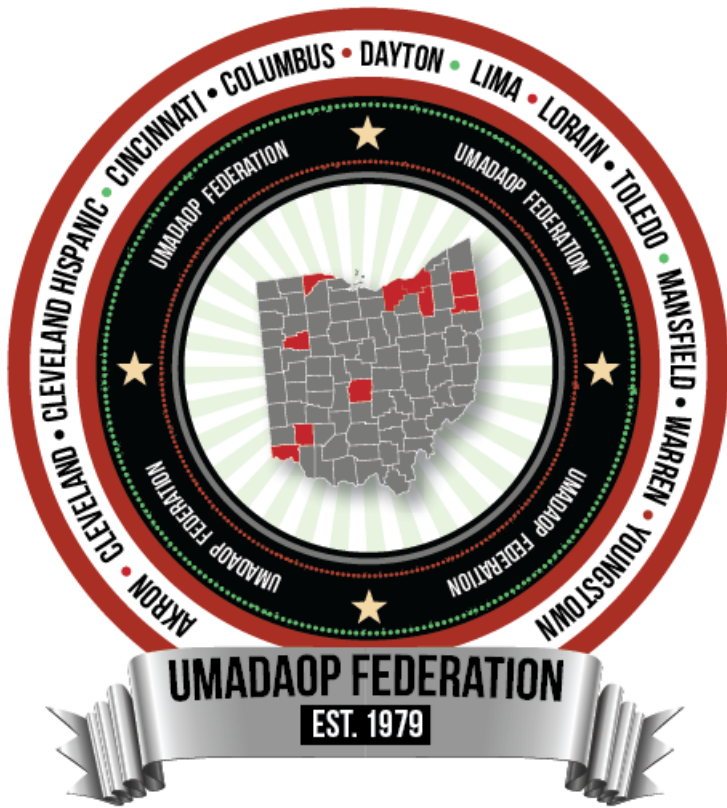
## 3. Media Segmentation

- Life is Better With You Here
- A campaign created by the Black community whose sole focus is to provide resources, support, and love for the Black community





# Ohio's Urban Minority Alcoholism & Drug Abuse Outreach Program

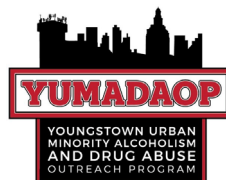


“None of us is free until all of us are free.”

- Spearheaded by former State Representative William L. Mallory
- Established via state legislation in SFY 1980
- Statewide network to address the needs of African and Hispanic Americans across the continuum of care

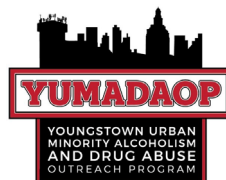
# Project Goals

1. Increase the collection and quality of youth risk and protective factor data
2. Increase participation in the Fall 2022 administration of the Ohio Healthy Youth Environments Survey (OHYES!)
3. Collaborate with Ohio's Urban Minority Alcoholism and Drug Abuse Outreach Programs to engage schools in their respective catchment areas



# Performance Metrics

1. 247 schools were engaged by the UMADAOPs
2. 21.8% (54) schools registered to participate in the survey
3. UMADAOPs top success was the creation of new relationships and contacts
4. Even if a school did not register, the door was open to future administration of the survey as well as the provision of both in-school and out-of-school time prevention services



# Strategies for Inclusion and Voice

## 1. Involvement

- Ohio's Urban Minority Alcoholism & Drug Abuse Outreach Program
- Ohio Health Youth Environment Survey (OHYES!)

## 2. Adaptation

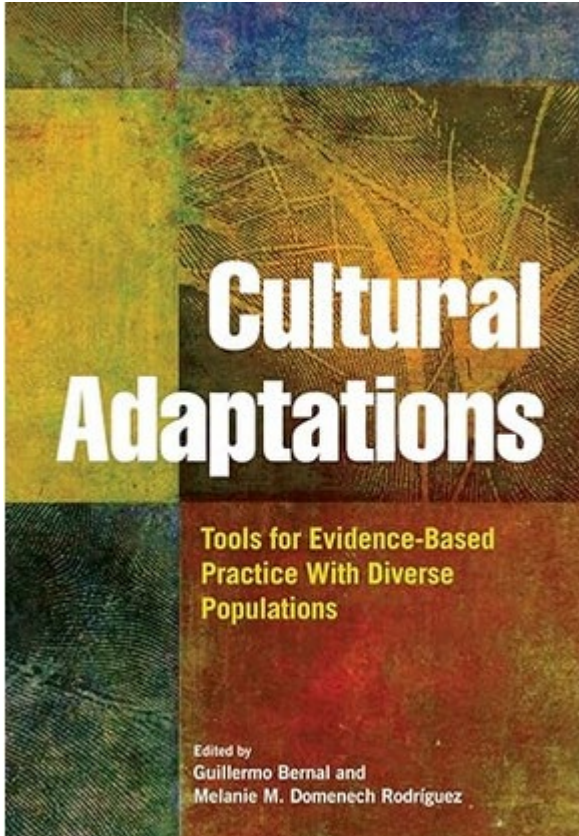
- Pause Before You Play (Adult) & Change the Game (Youth)
- One Campaign for Problem Gambling Prevention, Nine Toolkits

## 3. Media Segmentation

- Life is Better With You Here
- A campaign created by the Black community whose sole focus is to provide resources, support, and love for the Black community



# Cultural & Lingual Adaptations



Cultural and lingual adaptations are **necessary** to consider when implementing EBPPPs; however, adaptations alone **will not address** not address the underlying cause of the disparity and/or inequity.

National Standards for CLAS in Health and Health Care:  
*A Blueprint for Advancing and Sustaining CLAS Policy and Practice*



**National Standards for Culturally and Linguistically  
Appropriate Services in Health and Health Care:**

**A Blueprint for Advancing and Sustaining CLAS  
Policy and Practice**

Office of Minority Health

U.S. Department of Health and Human Services

April 2013



# Pause Before You Play

- Ohio adults' gambling prevalence has grown
  - 83% of adults engaging in gambling
  - 1 of 5 at some level of risk for a Gambling Disorder
- Ohioans of Black or African American race and those with Hispanic ethnicity have a significantly higher rate of problematic gambling
- In addition to tailored campaign images and media buys, toolkit materials are now available in English, Spanish, Arabic, Russian and Ukrainian, along with several languages for the broader Asian American Pacific Islander populations.



# Project Goals

1. Educate the public and grow awareness about problem betting and gambling
2. Keep gambling and betting responsible and fund for those who engage in it
3. Connect people who need help with resources





### GENERAL COMMUNITY

The General Community Toolkit is comprised of assets that are commonly being used to address the general public.

[VIEW TOOLKIT](#)



### HELPLINE CAMPAIGN

The Helpline Campaign Toolkit focuses on the general public with the goal to connect at-risk individuals and others who may be concerned about someone they love to the support they may need.

[VIEW TOOLKIT](#)



### YOUTH INFLUENCER

The Youth Influencer Toolkit is designed to educate and prevent underage gambling with a very simple and straightforward message.

[VIEW TOOLKIT](#)



### SPORTS BETTING

The Sports Betting Toolkit focuses on sports enthusiasts and the many ways they may choose to gamble, such as in-person, online, and fantasy sports.

[VIEW TOOLKIT](#)



### AFRICAN-AMERICAN

The African-American Toolkit is comprised of materials that are focused to African-American audiences.

[VIEW TOOLKIT](#)



### ONLINE GAMING

The Online Gaming Toolkit focuses on adult gamers and creating habits to keep online gaming safe and healthy.

[VIEW TOOLKIT](#)



### VETERANS

The Veterans Toolkit focuses on keeping gambling safe and responsible among veterans.

[VIEW TOOLKIT](#)



### COLLEGE STUDENT

The College Student Toolkit provides resources available to students who may be struggling with a problem with gambling, as well as tips to help keep gambling responsible.

[VIEW TOOLKIT](#)



### SPANISH TRANSLATION

The Spanish Toolkit is comprised of print materials, ranging from posters and print ads to pocket cards. These items are written entirely in Spanish.

[VIEW TOOLKIT](#)



**PARA  ANTES DE JUGAR**



**TOME EL EXAMEN** | **PONGA LÍMITES**

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**Spin to win a Loot Box!**

**Have you heard of Loot Boxes? Your kids have.**



**توقف مؤقتاً قبل أن تلعب**

**أفضل خطة لعبة لكل رهان.**

- صنع حدوداً للمبلغ الذي تراهن به 
- ممارسة هويات أخرى بعيداً عن المقامرة 
- حافظ على إبقاء المقامرة نشاطاً اجتماعياً 
- اصرف المحاضر قبل أن تراهن 
- ضع فواتيرك قبل المقامرة 
- صنع الحفلة والأصدقاء قبل المقامرة 

**تعرف على المزيد عبر**  
**PauseBeforeYouPlay.org**

هل لديك مشكلة مع المقامرة؟ 1-800-589-9966 

**GET GAME READY**



**PAUSE  BEFORE YOU PLAY**

**BET RESPONSIBLY WITH A PLAN**

**GAMBLING PROBLEM? 1-800-589-9966** 



**GAMBLING PROBLEM? 1-800-589-9966**

**Help starts here**

- Pause Before You Play Ad: <https://vimeo.com/840971043>

# Strategies for Inclusion and Voice

## 1. Involvement

- Ohio's Urban Minority Alcoholism & Drug Abuse Outreach Program
- Ohio Health Youth Environment Survey (OHYES!)

## 2. Adaptation

- Pause Before You Play (Adult) & Change the Game (Youth)
- One Campaign for Problem Gambling Prevention, Nine Toolkits

## 3. Media Segmentation

- Life is Better With You Here
- A campaign created by the Black community whose sole focus is to provide resources, support, and love for the Black community



# Life is better with you here.

1. Only one in three Black adults who need mental health care receive it.
2. Black adults living below the poverty line are more than twice as likely to report serious psychological distress than those with more financial security.
3. Members of the Black community face structural racism, leading to barriers to access for care and the treatment needed.



# Project Goals

1. Eliminate the stigma around suicide and mental health disorders in the Black Community and provide culturally appropriate support and resources.
2. Build a bridge inside the Black community and create a safe space for the conversation around suicide and mental health.
3. Prevent suicide in the Black community and to normalize talking about mental health, self-love, and self-care.



Life is better with you here.



Life is better  
with you here.



- Video from LIBWYH Campaign

# Life is better with you here.

# LIFE IS BETTER WITH YOU HERE PODCAST



## BIPOC MENTAL HEALTH

Life is better with you here.

### CHILDREN & TEENS

Suicide among children and teens is a deeply concerning and complex issue that has been on the rise in recent years. This tragic phenomenon is influenced by a multitude of factors, including mental health disorders, exposure to traumatic events, social isolation, bullying, and substance abuse. In some cases, young people may experience feelings of hopelessness, depression, and anxiety which, when left untreated, can lead to suicidal ideation and attempts.

The increasing prevalence of social media and the internet has also played a role in exacerbating these issues, as it can expose vulnerable individuals to cyberbullying, online harassment, and harmful content that may glorify self-harm or suicide. Moreover, the stigma surrounding mental health can prevent children and adolescents from seeking help or discussing their feelings with trusted adults, further contributing to the risk of suicide.

Early intervention and support are crucial in addressing this devastating issue, as it is essential to create a safe and open environment where young people feel comfortable discussing their emotions and seeking help when needed. Parents, educators, and mental health professionals play a vital role in recognizing the warning signs of suicidal ideation and providing appropriate care and resources for those in need. This may include therapy, medication, or support groups, as well as fostering a strong network of social connections to help combat feelings of isolation and despair.

Additionally, it is important to promote mental health education and awareness in schools and communities, in order to dismantle the stigma surrounding mental health and encourage open dialogue about the challenges faced by young people today. By working together to address the root causes and risk factors associated with suicide in children and teens, we can strive to prevent these tragic losses and create a brighter future for our youth.

### UNDERSTANDING THE STATISTICS

Black children are particularly at risk – the rate of suicide among Black children under the age of 13 is two times higher compared to white peers. Improving mental health services for Black youth requires a culturally responsive approach from parents, teachers, medical providers, and other adults in a child's life. It's also important to understand that in general, children may display mental health problems in different ways from adults including misbehavior, lack of interest in schoolwork or social activities, and social withdrawal and isolation. Any big changes in the way a child is acting should be cause for concern and understanding the risk and protective factors can help you assess whether a child may need support.

Particularly, the suicide rate for Black teen males has increased by 60% compared to their white counterparts. These numbers may be startling, but there are steps that individuals and their families can take to address suicide and create healthier habits and lifestyles.



BLACK GIRLS





# Today's Learning Objectives

## Participants will:

- ✓ 1. Learn about specific strategies to increase the diversity of the prevention workforce.
- ✓ 2. Learn about community-based strategies for addressing social determinants of health.
- ✓ 3. Learn about programs used to gain increased involvement and participation from populations who are at a higher risk of substance use and mental health disorders.



**Thank you for your  
commitment to behavioral  
health prevention and  
promotion.**

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