

## U P D A T E D

## **NOTICE OF MEETING and AGENDA**

January 23, 2014

Pursuant to the Massachusetts Open Meeting Law, G.L. c. 30A, §§ 18-25, notice is hereby given of a meeting of the Massachusetts Gaming Commission. The meeting will take place:

Thursday, January 23, 2014 9:30 a.m. Boston Convention and Exhibition Center 415 Summer Street, Room 157A Boston, MA

### **PUBLIC MEETING #103**

- 1. Call to order
- 2. Application Presentation Blue Tarp reDevelopment
- 3. Approval of Minutes
  - a. January 9, 2014
- 4. Research and Problem Gaming Mark Vander Linden, Director
  - a. Western Massachusetts Community Health Assessment Presentation Kathleen Szegda, Partners for a Healthier Community
- 5. Licensing Division David Acosta, Director
  - a. Progress Report on Licensing Data Project John Glennon, Director Information Technology
- 6. Racing Division Jennifer Durenberger, Director
  - a. Draft Interim Legislation Proposal VOTE
  - b. 2012 Claims for Payment Approval VOTE
- 7. Legal Division Catherine Blue, General Counsel
  - a. Region C Applicant Identification Clarification Karen Wells, Director Investigations and Enforcement Bureau
- 8. Administration Rick Day, Executive Director
  - a. General Update
  - b. FY2014 Budget Update Derek Lennon, CFAO
  - c. Tax Withholding Legislative Proposal– Catherine Blue, General Counsel and Chairman Crosby VOTE

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Massachusetts Gaming Commission

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## 9. Other business – reserved for matters the Chair did not reasonably anticipate at the time of posting.

I certify that on this date, this Notice was posted as "Gaming Commission Meeting" at <u>www.massgaming.com</u> and emailed to: <u>regs@sec.state.ma.us</u>, <u>melissa.andrade@state.ma.us</u>.

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1a Crosby, Chairman

Date Posted to Website: January 21, 2014 at 2:00 p.m.

 $\star \star \star \star$ Massachusetts Gaming Commission

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## SECTION 1 – NO DOCUMENTS FOR REVIEW

## SECTION 2 – NO DOCUMENTS FOR REVIEW

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## SECTION 3 – NO DOCUMENTS FOR REVIEW



## **Meeting Minutes**

Date/Time: January 9, 2014 – 9:30 a.m.
 Place: Boston Convention and Exhibition Center 415 Summer Street, Room 160 Boston, Massachusetts
 Present: Commissioner Stephen P. Crosby, Chairman Commissioner Gayle Cameron Commissioner James F. McHugh Commissioner Bruce Stebbins

Commissioner Enrique Zuniga

Absent: None

Clicking on the time posted in the margin will link directly to the appropriate section of the video.

## Call to Order

See transcript page 2-8.

9:31 a.m. Chairman Crosby opened the 101st public meeting. Commissioner McHugh provided general comments relative to the Caesars litigation and expressed his confidence in Chair Crosby, Director Wells, and the Commission as a whole. The other Commissioners echoed Commissioner McHugh's sentiments.

## **Approval of Minutes**

See transcript pages 8-10.

9:38 a.m. Commissioner McHugh stated that the minutes for the December 13, December 16, and December 19 public meetings are ready for approval.

Motion made by Commissioner McHugh that the minutes of December 13, 2013 be accepted subject to any mechanical or typographical corrections that may later be made. Motion seconded by Commissioner Stebbins. The motion passed unanimously.

Motion made by Commissioner McHugh that the minutes of December 16, 2013 be accepted subject to any mechanical or typographical corrections that may later be

made. Motion seconded by Commissioner Cameron. The motion passed unanimously.

Motion made by Commissioner McHugh that the minutes of December 19, 2013 be accepted subject to any mechanical or typographical corrections that may later be made. Motion seconded by Commissioner Stebbins. The motion passed unanimously.

### **Research and Problem Gaming**

See transcript pages 10-50.

9:40 a.m. Director Vander Linden presented the first draft of the voluntary self-exclusion regulations and discussed policy questions with the Commission.

## Workforce and Supplier Development

See transcript pages 50-93.

- 10:27 a.m. Director Griffin discussed the vendor advisory team and introduced the members of the Commission's Vendor Advisory Group who will assist small businesses in working with gaming licensees and provide other support.
- 10:39 a.m. Director Griffin discussed a proposal for a small business capacity building program to help meet the supply requirements of the slots gaming establishment after the Commission awards a license. She recommended that the Commission provide \$20,000 to fund a pilot capacity building program to benefit the communities neighboring the licensed slots parlor.
- 11:08 a.m. Motion made by Commissioner Stebbins that the Commission dedicate \$20,000 to fund a pilot capacity building program for the immediate and surrounding communities where the slots parlor is awarded in partnership with the members of our vendor advisory group. Motion seconded by Commissioner Cameron. The motion passed unanimously.
- 11:09 a.m. Commissioner McHugh raised the issue of how the Commission and licensees can be more inclusive of veterans. Director Griffin stated that the Vendor Advisory Group does have veteran representation and will be available for supporting veterans as well.
- 11:21 a.m. The Commission took a brief recess.

### Licensing Division

See transcript pages 93-154.

11:36 a.m. Director Acosta and the Deputy General Counsel Grossman presented the Commission's licensing regulations and discussed the changes that have been made. Deputy General Counsel Grossman presented the small business impact statement.

12:47 p.m. Motion made by Commissioner Stebbins that the Commission approve regulations under 205 CMR 134 to include the additional changes discussed here this morning. Motion seconded by Commissioner Cameron. The motion passed unanimously.

> Motion made by Commissioner Stebbins that Commission approve the small business impact statement as included in the packet with the appropriate edits as discussed. Motion seconded by Commissioner Cameron. The motion passed unanimously.

12:49 p.m. The Commission took a recess for lunch.

## **Racing Division**

See transcript pages 154-212.

- 1:39 p.m. Director Durenberger provided an administrative update.
- 1:42 p.m. Director Durenberger proposed interim legislation to provide a two year extension to G.L. c. 128A and C until replacement legislation can be put in place.
- 2:21 p.m. Motion made by Commissioner Cameron that the Commission authorize Director Durenberger to prepare and discuss with all stakeholders a document including a two-year extension to chapters 128A and C and the five issues that the Commission discussed and excluding the tax deduction issue that will be handled separately by the Commission, provided that Director Durenberger present the document to the Commission for approval prior to sending it to the legislature. Motion seconded by Commissioner Stebbins. The motion passed unanimously.
- 2:24 p.m. Director Durenberger introduced Mr. McErlean who provided an update on the ownership transition of Plainridge Racecourse.
- 2:32 p.m. Director Durenberger presented to the Commission Plainridge Racecourse's proposed customer rewards program. The Commission expressed no objections to the program.
- 2:39 p.m. The Commission took a brief recess.

## Administration

See transcript pages 212-253.

- 2:47 p.m. Executive Director Day provided an administrative update.
- 2:52 p.m. Executive Director Day and Director Lennon presented to the Commission a proposed organization chart and discussed the how the departments will interact.

- 3:00 p.m. Executive Director Day presented an agenda for the proposed March forum on internet gaming.
- 3:10 p.m. Director Lennon presented a draft of the proposed regulations for assessing the Commission's costs on the licensees and the Commission discussed the details of the assessment.
- 3:33 p.m. The Commission discussed tax withholding on pari-mutuel and gaming winnings. The Commission requested that gaming applicants and any other interested parties provide their comments or concerns on the withholding scheme. The Commission will continue the discussion at the following public meeting.

## Legal Division

See transcript pages 253-267.

3:36 p.m. General Counsel Blue presented a draft form of the gaming license for discussion and the Commission discussed possible changes. The Commission requested that the draft form be sent to applicants and posted on the Commission's website with a request for comments.

## Information Technology Division

See transcript pages 267-293.

3:52 p.m. Director Glennon presented a recommendation for the Commission to use a hybrid model for testing and licensing gaming devices. The primary testing would be conducted by an independent testing laboratory and the Commission will have staff on hand for reviewing the laboratory's findings, conducting additional testing when necessary, and issuing a license.

### **Ombudsman Report**

See transcript pages 293-303.

- 4:22 p.m. Ombudsman Ziemba provided an overview of surrounding community and impacted live entertainment venue agreement negotiations and the deadlines for submitting petitions.
- 4:29 p.m. The Commission flipped a coin to determine the order of presentations for the Category 1 applicants. As the only applicant in Region B, MGM would be the first to present. Wynn won the coin toss and decided to present third. Mohegan will be presenting second.
- 4:32 p.m. Meeting adjourned.

### List of Documents and Other Items Used

1. Massachusetts Gaming Commission January 9, 2014 Notice of Meeting and Agenda

- 2. Massachusetts Gaming Commission December 13, 2013 Meeting Minutes
- 3. Massachusetts Gaming Commission December 16, 2013 Meeting Minutes
- 4. 205 CMR Section 133 Voluntary Self-Exclusion Regulations DRAFT
- 5. Massachusetts Gaming Commission Vendor Advisory Team Outline
- 6. January 2, 2014 Massachusetts Gaming Commission Memorandum Re: Category 2 Small Business Capacity Building Funds Request
- 7. 205 CMR Section 134 Licensing and Registration of Employees, Vendors, Junket Enterprises and Representatives and Labor Organizations Regulations DRAFT
- 8. 205 CMR Section 101.00 Adjudicatory Proceedings DRAFT
- 9. 205 CMR Section 112 Required Information Applicant Cooperation DRAFT
- 10. January 9, 20143 Small Business Impact Statement
- 11. Massachusetts Gaming Commission Proposed Organizational Chart January 6, 2014
- 12. Massachusetts Gaming Commission Proposed Internet Forum Agenda
- 13. January 6, 2014 Massachusetts Gaming Commission Memorandum Re: Regulation for Cost Assessment (with attachments)
- 14. Massachusetts Gaming Commission Category 2 Gaming License DRAFT
- 15. January 9, 2014 Massachusetts Gaming Commission Presentation Gaming Lab Recommendation
- 16. Massachusetts Gaming Commission Slot Machine Regulation DRAFT Framework
- 17. December 29, 2013 Massachusetts Gaming Commission Memorandum Re: December 5 Trip Report Addendum
- 18. December 5, 2013 Massachusetts Gaming Commission Memorandum Re: Gaming Laboratory Operations Review Trip Report and Recommendations

<u>/s/ Catherine Blue</u> Catherine Blue Assistant Secretary

## SECTION 4 – NO DOCUMENTS FOR REVIEW









# Western Massachusetts Casino Health Impact Assessment Report

January 2014

Partners for a Healthier Community, Inc. Executive Director, Frank Robinson, Ph.D.



## **About Partners for a Healthier Community:**

Partners for a Healthier Community (PHC) is a 501(c)(3) non-profit organization based out of Springfield, MA whose mission is to build measurably healthy communities with equitable opportunities and resources for all through civic leadership, collaborative partnerships, and policy advocacy. PHC is committed to improving the public's health by fostering innovation, leveraging resources, and building partnerships across sectors, including government agencies, communities, the health care delivery system, media, and academia.

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## **Acknowledgements**

The Western Massachusetts Casino Health Impact Assessment (WMCHIA) Project would like to thank the many local and regional community members and organizations that provided input and feedback to the WMCHIA project. Your input was crucial to the successful completion of the project and in ensuring that the assessment focused on community priorities and was reflective of community needs. We would also like to thank the many content and technical experts that provided guidance to us throughout the process and took the time to review and provide feedback on methods and drafts. Finally, we would like to particularly thank our Advisory Committee members for their commitment to this project and for the time and energy spent working with us.

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Archbishop Timothy Paul Baymon, President, United Council of Churches of Greater Springfield

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Katherine B. Wilson, *President & C.E.O., Behavioral Health Network* 

### We would also like to acknowledge the following:

Feedback on technical aspects of the assessment:

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*WMCHIA Literature Review Assistance:* Yara Teyeh Steven Czerniejewski

*Data Assistance:* Sinai Lidsky, Baystate Health Strategic Planning Massachusetts Department of Public Health

*Report Design Assistance:* Baystate Health Creative Services

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## Western Massachusetts Casino Health Impact Assessment

What is the impact of a proposed casino on Western MA?

## **Overview of key findings**

A casino opening in Western Massachusetts is likely to have a mix of *positive* and *negative* impacts on health determinants and health outcomes related to *jobs and employment*, *access to local casino gambling*, *traffic*, and *crime/public safety*. The extent to which the effects are positive or negative are dependent on the type of local and regional strategies put in place to promote positive impacts. Cross-sector collaboration and strategies that involve the casino operator, municipalities, government agencies, local businesses, regional planning and transportation organizations, public health agencies, local service providers, and other stakeholders have the greatest opportunity for synergy and positive impact.

The new resort casino also has the potential to impact health equity in the region. New employment opportunities may lead to a reduction in some existing health inequities depending on the strategies put in place to ensure that vulnerable populations have the opportunity to access needed jobs. Increases in exposure to near road-way air pollution and access to local casino gambling have the potential to increase existing health inequities as vulnerable populations may experience disproportionately negative impacts. Thus, it is important to carefully consider the effects on these vulnerable populations and identify strategies to mitigate identified negative effects.

## Background

Casino gambling was legalized in 2011 under Chapter 194 "An Act Establishing Expanded Gaming in the Commonwealth," which allows for "up to three destination resort casinos located in three geographically diverse regions across the state," one of which is Western Massachusetts (Region B).

### **Massachusetts Expanded Gaming Act Regions**



The Western Massachusetts Casino Health Impact Assessment (WMCHIA) was conducted from Spring 2013 to Fall 2013 by Partners for a Healthier Community (PHC) to assess the health effects of a new casino in Western Massachusetts and to make recommendations to mitigate negative and enhance positive predicted health impacts. Other lead partners included the University of Massachusetts and the City of Springfield Department of Health and Human Services. The WMCHIA was initiated because of questions and concerns raised by community members about how proposed casinos would impact health. The HIA originally focused on the three potential host communities: Palmer, Springfield, and West Springfield. As residents in two of the three communities voted not to allow the proposed casino in their community, the report focuses on the sole remaining potential host community as of December 2013, Springfield.

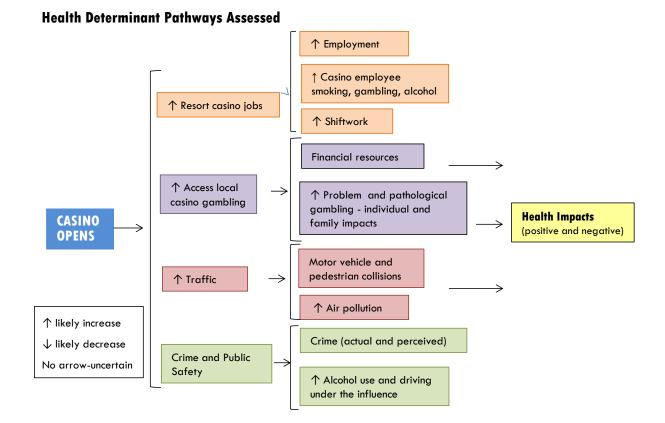


The WMCHIA's goal was to inform decision-making related to the development and operation of a casino. It also strived to inform the Massachusetts Gaming Commission's (MGC) licensing and regulation process, the MGC's casino licensing decision, and the state-funded casino monitoring and evaluation project lead by the University of Massachusetts.

The WMCHIA report is intended to reflect community priorities and needs. Community input was incorporated throughout the entire project through a variety of mechanisms. The WMCHIA focused specifically on how the proposed western MA casino would impact health through **jobs and employment**, **access to local casino gambling**, **traffic**, and **crime and public safety** health determinant pathways. Other health determinants identified by stakeholders were recognized to have likely health impacts - such as economic development and tax revenue – yet were not included due time and resource constraints. The WMCHIA also examined impacts on health equity.

#### What is HIA?

A systematic method utilized to proactively inform decision-making and promote the most beneficial health impacts using data, scientific research, evidence, and stakeholder input.

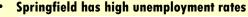


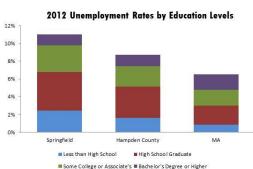
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Partners for a Healthier Community, Inc.

## **Jobs and Employment**

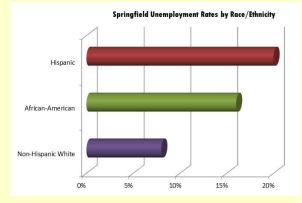






U.S. Bureau of Labor Statistics

#### Unemployment rate disparities exist



U.S. Census Bureau, 2007-2011

• Local and regional **barriers to employment** in entrylevel positions exist, including limited: 1) workforce readiness capacity, 2) access to needed basic adult education and English as a second language courses, and 3) public transit service capacity.

## **Summary of Recommendations**

IMPACTS

Employment & New Jobs

## Impact Direction + Impact Likelihood A A

Anticipated 3,000 new jobs, 2,200 FTEs. Existing barriers could prevent those most in need of the new resort casino jobs from obtaining the jobs.

- The more a casino hires locally, the greater the positive benefits to impacted communities.
- Turnover rates may be as high as 40% for unskilled entry level positions (similar to other positions in hospitality and retail industry)

### Income

## Impact Direction + Impact Likelihood

Higher income associated with reduced risk for chronic disease, mental health conditions and lower mortality rates.

#### Casino Employee Risk Behavior

Impact Direction – Impact Likelihood 🔺

Casino employees have been found to have a higher prevalence of smoking, alcohol, and problem gambling.

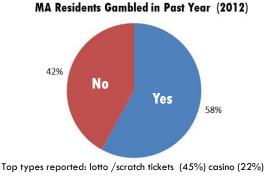
#### Shiftwork

### Impact Direction – Impact Likelihood 🔺

- Associated with increased risk for chronic disease, cancer and mental health conditions.
- A large proportion of resort casino employees will work shiftwork. An estimated 23-40% of casino gaming positions will work night shift work, which has the most risk for negative health impacts.
- Casino operator should clearly articulate plans to ensure local hiring and promote employee retention.
- MGC should provide funding to MA Casino Careers Training Institute to convene regional Workforce Collaborative to develop and implement cross-sector strategies to address local and regional workforce barriers, promote employment among the under and unemployed, and to address regional racial/ethnic disparities in unemployment.
- MGC and casino operator should provide funding 1) to conduct outreach to under and unemployed to connect them to needed education and training, and 2) for needed additional adult basic education and English language courses.
- Casino operator should work with the Workforce Collaborative to: 1) define skills needed for resort casino employment, 2) identify potential workforce shortages due to the new resort casino positions and work with the Workforce Collaborative to create training programs for these categories, and 3) articulate transparent career paths as described in the Expanded Gaming Act (Section 119.01(34)) and utilize incentives to encourage employee participation in these career paths.
- MGC should require casino operator to monitor and report employment characteristics, including but not limited to residence, race/ethnicity, sex, veteran status. This information should be made publicly available by the MGC.
- Casino operator should implement health and wellness programs to reduce risk for increased incidence of employee smoking, alcohol abuse, and disordered gambling.
- Casino operator should educate employees about strategies to reduce harmful health effects of shiftwork, consider providing products to mitigate shift-work related sleep disruption, and implement best practice policies to remediate harmful effects of shiftwork (e.g. rotating shifts forwards, adequate time for sleep between shifts).

## Access to Local Casino Gambling

**IMPACTS** 



\*"Bring it on Home. An Overview of Gaming Behavior in New England" UMass Dartmouth, 2012.

- Estimated prevalence of disordered gambling is approximately 2.6% (1.2% problem gamblers, 1.4% pathological gamblers).
- Springfield has large number of at-risk populations for disordered gambling.

At-Risk Groups	Springfield Population
Living below poverty level	27%
African-Americans	20%
Hispanic/Latinos	37%
Young People	13 higher education institutions in area

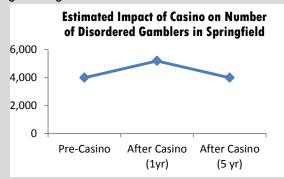
- Very few people with gambling disorders seek treatment in the region.
- Lack of understanding of problem and pathological gambling as a serious problem.
- Limited local capacity to identify and treat gambling disorders.

## **Summary of Recommendations**

#### Problem & Pathological Gambling

#### Impact Direction – Impact Likelihood

 Affects health through decreased financial resources/job loss and comorbidity with other risky behaviors, addictive disorders, and mental health conditions. Family members experience negative health impacts due to increased risk of spousal/child abuse and neglect, suicide, and gambling addiction.



\*Estimated using U.S. Census data, MA disordered gambling prevalence of 2.6% (Bring it on Home, UMass Dartmouth, 2012), and 30% increase after 1 year (Jacques 2006)

- Populations experiencing some of the greatest health inequities in our county are also vulnerable to disordered gambling, particularly low income individuals and some racial/ethnic groups.
- The younger one starts gambling, the greater the risk of becoming a problem gambler later in life.

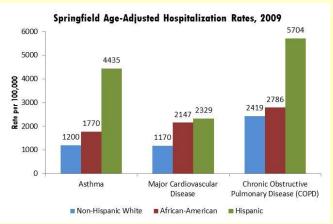
Change in Financial ResourcesImpact Direction(general population)Impact Likelihood

Research is inconclusive as to whether access to local casino gambling disproportionately impacts financial resources of low income individuals.

- The Western MA Council for Gambling Accountability should work with the MA Department of Public Health to convene a Problem Gambling Collaborative to develop best practice cross-sector strategies to identify, treat and manage pathological gambling.
- Funding should be provided from the Public Health Trust Fund for the MGC, casino operator, Problem Gambling Collaborative and Host Community to develop evidence-based communications strategies to raise awareness of disordered gambling as a public health problem.
- Casino operator should 1) have responsible gambling information centers in their facilities in addition to the Expanded Gaming Act's required substance abuse and mental health counseling center, and 2) implement best practice strategies to assist disordered gamblers in managing their addiction as recommended by the Problem Gambling Collaborative and MGC.
- Evidence-based prevention strategies should be promoted by the MA Department of Elementary and Secondary Education, MGC, and the Problem Gambling Collaborative in schools and at institutes of higher education.
- Casino operator should educate employees about increased employee risk of problem gambling.
- Public Health Trust Fund should be used for disordered gambling training and certification of local mental health and addiction providers.
- All strategies to prevent, treat and manage gambling disorders should be accessible to vulnerable populations, including ensuring that they are culturally competent, accessible and affordable.

## Traffic

 Springfield has high hospitalization rates for diseases affected by air pollution - asthma, cardiovascular disease, COPD - and large racial/ethnic disparities.



\* MDPH, MassCHIP

- Large portions of Springfield, including the downtown area in which the casino will be located, are *Environmental Justice* communities.
- As an urban area, Springfield has greater access to PVTA transit bus service than other communities in the region, though residents have cited barriers to usage, particularly among employees working shift work during overnight hours or weekends.
- Highest traffic volume in the region occurs on I-91 at the northern Springfield limit (approximately 110,000 vehicles per day).
- Traffic volume on Springfield local likely casino access routes ranges from approximately 5,000 – 13,500 vehicles/day.

## **Summary of Recommendations**

#### Traffic Volume

A casino is anticipated to generate an estimated 15,000 – 30,000 new vehicle trips per day.

**Air Pollution** 

**MPACTS** 

## Impact Direction – Impact Likelihood *Near Roadway Regional*

- High levels of traffic-related air pollution increase risk for asthma, CVD, and cancer. Children, older adults, and those with preexisting respiratory diseases are vulnerable to increased risk.
- Greatest impact of air pollution likely for those within 200m of roadways with high traffic volume (near roadway air pollution)
- In Springfield, traffic volume on likely local casino access routes could exceed thresholds for negative health impacts.
- Vulnerable populations in Springfield likely to be disproportionately impacted: children, older adults, African-Americans and Hispanics.

#### Motor Vehicle Collisions

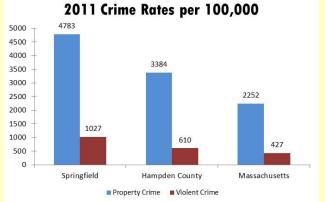
#### Impact Direction = Impact Likelihood 🔺

Increases in traffic due to a casino may increase risk for motor-vehicle related injuries and fatalities. In particular, predicted increases in traffic volume in Springfield reach levels associated with increased risk for pedestrian injury in urban settings found in some studies.

- MGC should provide funding to Pioneer Valley Planning Commission to convene a regional Transportation Collaborative to identify and implement best practice strategies to reduce likely casino-related traffic increases in the region and host community once a casino operator has been identified.
- Casino operator, host community, surrounding communities and PVTA should implement best practice strategies to promote the use of public transit and alternative modes of transportation. As part of this process, MGM should implement 1) the transportation demand strategies included in their traffic assessment (e.g. bikes for employees, employee promotion of public transit), and 2) their proposed Trolley Bus system, as discussed in the host agreement, using a fee structure that encourages usage and appropriate mechanisms to reduce impact on air quality.
- MGC should ask PVTA and the Massachusetts Department of Transportation to assess increase in public transit needs due to a
  casino and allocate appropriate funding to upgrade transit service as needed.
- The casino operator should assess potential for instituting public transit mechanisms for their employees (e.g. casino operator bus), particularly in the case where public transit options do not provide adequate service.
- Casino operator should provide funding to assess intersections in a mile radius of the proposed casino, and in partnership with municipal agencies, upgrade those found to be adversely impacted.
- Casino operator and municipal agencies should develop strategies to minimize impact of near roadway air pollution exposures on vulnerable populations through traffic demand management strategies or other evidence-based strategies to reduce exposure (e.g. barriers, roadside vegetation).

## Crime and Public Safety

• Springfield has crime rates 2x that of the state



#### \*FBI Uniform Crime Data

- Evidence indicates that there is a *high perception* of crime in Springfield.
- In 2011, there were 90 driving under the influence (DUI) charges in Springfield.
- In 2011, 30% of fatalities due to collisions in Hampden County involved a driver that had a blood alcohol concentration above the legal limit (greater than 0.08).

### Crime

MPACTS

### Impact Direction – Impact Likelihood 🔺

- Crime is associated with negative physical and mental health impacts.
- Studies have had conflicting results on a casinos impact on crime, with those finding an increase finding an average of 10%.
- The extent to which a community is accepting of the proposed casino and prepares accordingly may impact crime rates.

#### **Perception of Crime**

### Impact Direction – Impact Likelihood

- Perception of crime or lack of safety can also negatively impact health.
- Community environment contributes to perception of crime and can affect crime rates. Environmental design elements, such as enhanced lighting and infrastructure to support pedestrian activity, have been shown to deter crime and increase perception of safety.

#### DUI, Collisions & Fatalities Impact Direction = Impact Likelihood A A

 Best available evidence suggests that **DUIs** may increase with likely increased access to free alcohol, thus increasing risk for motor vehicle collision-related injuries and fatalities.

## **Summary of Recommendations**

- Community policing strategies which includes a community partnership model should be used by the local police department to monitor and address casino impacts on crime and perception of crime in the host community.
- A joint casino-host community effort should be established to 1) implement and enhance casino operators planned design elements that prevent crime, which includes proper lighting, amenities that promote pedestrian activity, and maintenance of private properties and public space, and 2) align these efforts with any related host community activities.
- Host community of Springfield and community development organizations should implement strategies to support the proposed MGM proposal and host agreement elements that increase foot traffic and "eyes on the street" by promoting connectivity between the casino, other City attractions (e.g. museums, Basketball Hall of Fame) and Main Street. Examples include publicly available maps, street kiosks, and cobblestone walkways.
- Best practice strategies should be implemented to reduce DUIs and associated fatalities, including: 1) funding from the host agreement community impact fund should be provided to the host community Health Department to conduct a campaign about risks and consequences of driving under the influence of alcohol in collaboration with community partners and the licensed casino operator, and 2) host community Police Department should conduct expanded sobriety checks and strictly enforce minimum legal drinking age and zero tolerance laws.

## General

- A number of regional needs exist that were identified as areas likely to be impacted by a resort casino, including:
  - limited public transit capacity due to funding challenges over time,
  - limited workforce capacity, including workforce readiness,
  - high crime rates and perception of crime in Springfield.
- Large health inequities exist in Hampden County and Springfield for African-Americans and Hispanic/Latinos.

### **Regional Impact**

Integrating resort casino plans with other initiatives in the region creates the greatest opportunity to address existing prioritized regional needs and increases the potential to positively impact health.

#### **Health Equity**

**MPACTS** 

A resort casino has the potential to improve or worsen health inequities depending on strategies implemented.

## **Summary of Recommendations**

- 1. The MGC should consider how resort-casino plans will impact *existing regional needs* and *health equity* by including the following in their evaluation of casino operator Phase 2 applications:
  - a. how the casino operator plans to leverage existing regional resources and feed into integrated strategies to address existing prioritized regional needs, including but not limited to: improved public transit and infrastructure to support alternative methods of transportation; regional workforce development and career pathway programs; livable wage employment; and addressing disordered gambling
  - b. the extent to which the casino operator describes plans to minimize negative health impacts and promote positive health impacts
- 2. A transparent, dynamic *process should be established that ensures continued collaborative work between licensed casino operator, municipalities, community organizations, etc. during casino development and operation*. The process should include 1) evaluation of the extent to which resort casino development and operation improves existing regional prioritized needs and health equity, 2) modification of plans as needed, and 3) reallocation of funding to support implementation of modified plans. As a part of this process,
  - a. MGC and the host community should create procedures or regulations to allow this type of dynamic process to take place.
  - b. Workforce, Problem Gambling and Transportation Collaboratives should review data and make any needed recommendations for modification of strategies and reallocation of funding to support these modifications.
  - c. MGC and host communities should make publicly available: gaming impact data and reports, impact reviews, and any recommended modifications to casino operator and collaborative strategies.



## **Report Guide**

This report describes the process and findings of a health impact assessment (HIA) conducted to examine the potential health impacts of proposed casinos in Western Massachusetts (MA), and the subsequent recommendations to enhance positive and mitigate negative predicted impacts. The report will focus on four areas prioritized for inclusion based on community input and the relevant scientific literature: resort casino jobs and employment, access to local casino gambling, traffic, and crime and public safety.

## The report consists of the following sections:

- Introduction an overview of the casino licensing process, the Western Massachusetts proposed casino development, and the potential host community
- **Methods** an overview of HIA, the Western Massachusetts Casino Health Impact Assessment (WMCHIA) Project, and WMCHIA methods



- Assessment assessment of impacts that a casino would have through each focus area pathway, including: 1) a summary of scientific literature and evidence documenting how the opening of a resort casino would potentially impact health, 2) existing conditions in the potential Western Massachusetts resort casino host community and the county as a whole, and 3) predicted impacts of the opening of a resort casino on pathway indicators and health outcomes
- **Recommendations and Monitoring Plan** includes both 1) best practice/evidence-based recommendations to enhance positive and mitigate negative predicted impacts and, 2) indicators to monitor implementation of recommendations and impacts predicted by WMCHIA
- Strengths and Limitations strengths and limitations of the WMCHIA assessment and report
- Conclusions summary of WMCHIA findings

## Introduction

## **Casinos in Massachusetts**

In November 2011, Governor Deval Patrick signed Chapter 194 "An Act Establishing Expanded Gaming in the Commonwealth" into law. The Act allows for "up to three destination resort casinos (Category 1) located in three geographically diverse regions across the state," one of which is Western Massachusetts (Region B) (Figure 1). The legislation also allows for the licensing of a single slot casino (Category 2). The Massachusetts Gaming Commission (MGC) is the independent body created by the legislation to oversee the licensing and implementation process. The MGC is responsible for reviewing casino license applications and choosing a casino operator for licensure in Western Massachusetts and the other state designated regions. They are also responsible



for implementing the Expanded Gaming Act legislation, which includes developing the processes for casino licensure and regulatory requirements for development and operation. In some cases, this includes creating regulations to govern these processes.

To be considered for licensure, resort casino applicants were required to submit Phase I applications in January 2013 (Table 1). The Phase I process assessed casino operator suitability and included background checks. Those casino applicants that were deemed suitable by the MGC are eligible to submit Phase II applications, which are required to be submitted by December 31, 2013. Phase II applications are the detailed applications that describe the proposed casino resort development plans and a number of other required components, including potential impacts and mechanisms to minimize identified adverse impacts, such as increased traffic. As part of their Phase II application, casino operators must successfully demonstrate the support of the host community in which they plan to site their resort casino through: 1) a signed agreement with the host community that identifies potential impacts to the host community and addresses those impacts, and 2) an affirmative referendum where a majority of host community residents vote to allow the casino in their community. In addition to a signed host community agreement, casino operators must submit signed surrounding community agreements for those communities designated as such through processes stipulated in the Expanded Gaming Act (205 CMR 125.00). Upon submission of Phase II applications, public hearings will be held in the host communities. The MGC has stated that it plans to issue a resort casino license for Western Massachusetts by April of 2014.

### **Table1: Resort Casino Licensing Process and Timeline**

Resort Casino Licensing Components	Timeframe
Phase I Resort Casino Applications submitted	January 2013
Host Community Agreements signed and approved	May – August 2013
Host Community Referendums conducted	July – November 2013
Phase II Resort Casino Applications submitted	October – December 2013
Host Community Public Hearings	Upon submission of administratively complete Phase II applications
Anticipated MGC licensing of Western Massachusetts resort casino	April - May 2014
Projected approximate opening of Western Massachusetts resort casino	Fall 2016

## Western Massachusetts Casino Development Proposals

Four casino operators originally submitted Phase I applications for casinos that would be located in the host communities of Springfield, West Springfield, and Palmer. Two operators submitted applications for a casino in Springfield - MGM Resorts International (MGM) and Penn National. In April 2013, the City of Springfield chose to sign a single host agreement with MGM, thus removing Penn National from contention. Hard Rock International signed a host agreement with the town of West Springfield, but residents chose not to allow the casino in their community in a referendum held in September 2013. Similarly, Mohegan Sun signed a host agreement with the town of Palmer, but residents voted not to allow the casino in Palmer in a referendum held in November 2013. Thus, the remaining contender for licensure is MGM, with a proposed location in the south end of downtown Springfield (Figure 2).

## Figure 2: Springfield Proposed MGM Casino Site Location



The Expanded Gaming Act legislation calls for a minimum capital investment of \$500 million by casino applicants. The proposed MGM resort casino development capital investment is an estimated \$800 million. The proposed development will include a casino, hotel, conference/convention area, restaurant and retail space, entertainment area, and a residential area among other amenities (Table 2).

## **Table 2: Proposed Casino Development Characteristics**

Characteristic	MGM Proposal
Host Community	Springfield
Host Community Population*	153,552
Estimated Approximate Capital Investment <sup>**</sup>	\$800 million
Development area (s.f.) #	850,000
Anticipated Number of Gaming Machines <sup>##</sup>	3,000
Anticipated Number Gaming Tables##	75
Number of Hotels (Rooms Total) ##	1 (250)

\*U.S. Census Bureau, 2012

\*\*MGM Press Release, 7/2/13 (http://www.mgmspringfield.com/news/new-north-citizens-council.aspx)

<sup>#</sup>MGM website (<u>http://www.mgmspringfield.com/faqs/faqs.aspx - accessed 10/21/13</u>)

##Springfield/MGM Host Agreement

## Sociodemographic Profile of Potential Host Community

The potential host community of Springfield is located in Hampden County, Massachusetts. It is the third largest city in Massachusetts and the fourth largest city in New England. Springfield experienced a thriving economy driven by the strength of its manufacturing industry through the 1960's, after which there was a sharp economic decline due to the weakening of the manufacturing sector.<sup>1</sup> In 2011, the largest employment sector in Springfield was the service industry (32%), followed by healthcare (28%).<sup>2</sup> Springfield has a younger population than Massachusetts as a whole with 40% of the population under age 24 compared to 32% for the state (Table 3). Springfield residents experience economic challenges with a median family income of \$41,454, which is almost half the median household income for the state overall and 33% less than the median household income for Hampden County. Springfield struggles with high poverty rates, with 27% of residents living below the poverty level, which is 2.5 times higher than the state and 1.5 times greater than that of the county. Children have particularly high poverty rates with an estimated 39% of children in Springfield living below the poverty level within the past 12 months.<sup>3</sup> Economic racial inequities exist with African-Americans experiencing higher rates of poverty (24%) compared to white (19%) and Hispanic/Latino (17%) residents. Springfield has a racially/ethnically diverse population with the majority of Springfield residents being people of color and a sizeable foreign-born population including immigrants from Latin America, the former Soviet Union, Africa, and Asia. In 2012, Springfield had an estimated 65,735 residents in the labor force with an unemployment rate of 11%, which is almost double the state unemployment rate and 25% greater than the county. Educational levels

are lower than that of the state overall, with an estimated 55% of Springfield residents aged 25 years or older having a high school degree/GED or less in 2010.<sup>3</sup> In the 2011-2012 school year, 57% of Springfield high school students graduated in 4 years compared to 85% for the state.<sup>4</sup> Residents also experience housing related economic challenges, with an estimated 52% of Springfield residents bearing a housing cost burden, which is slightly higher than the percentage of Massachusetts residents that are housing cost burdened (45%). A housing cost burden is defined as greater than 30% of income spent on housing.<sup>3</sup>

## Table 3: Springfield Sociodemographic Profile

153,552 38%	County 465,923		
	465.023		
	165 023		
38%	403,723	6,646,144	
50/0	68%	77%	
20%	8%	6%	
37%	20%	9%	
2%	2%	5%	
2%	2%	2%	
27%	24%	22%	
14%	11%	10%	
13%	12%	13%	
35%	40%	41%	
11%	14%	14%	
\$41,454	\$61,800	\$83,371	
27%	17%	11%	
39%	25%	14%	
74,205	194,478	3,191,604	
11%	9%	7%	
57%		85%	
37 /0		,-	
	11% \$41,454 27% 39% 74,205	11%       14%         \$41,454       \$61,800         27%       17%         39%       25%         74,205       194,478         11%       9%	

\*U.S. Census Bureau, 2012

\*\*U.S. Census Bureau, American Community Survey 2007-2011 5-Year Estimates

\*\*\*Massachusetts Department of Labor and Workforce Development, 2011

\*\*\*\*U.S. Bureau of Labor Statistics, 2012

\*\*\*\*\*Massachusetts Department of Elementary and Secondary Education, School District Profiles, 2011-2012

## **Health Status in Potential Host Community**

Health status can be examined by looking at the frequency of health promoting and risk behaviors, access to healthcare, and the prevalence of physical and mental health conditions. Table 4 provides Massachusetts Department of Public Health (MDPH) estimates for these measures obtained using Behavior Risk Factor Surveillance Survey (BRFSS) data from the years 2001-2011. The majority of estimates were made using 2008 data or later (see Appendix A for confidence intervals and survey years used). As can be seen, compared to the state, Springfield respondents reported less frequent engagement in health promoting behaviors, more frequent participation in health risk behaviors, less access to care, greater prevalence of physical health conditions, poorer health overall, and poorer mental health.

## Table 4: Springfield Adult Health Prevalence Data - Behaviors, Physical and Mental Health #

Indicator	Springfield	Hampden County	Massachusetts
Health Behaviors and Access to Healthcare			
Fruits and Vegetable Consumption (5 or more daily)**	22%	25%	27%
Regular Leisure Time Physical Activity ***	44%	48%	52%
Current Smoker***	23%	21%	16%
Inability to see a Doctor Due to Cost**	13%	10%*	7%
Physical Health			
Obese (only) **	32%	26%	23%
Overweight or Obese**	67%	62%	59%
Hypertension**	31%	29%	26%
Heart Disease and Stroke**	7%	7%	6%
Asthma**	15%	12%	10%
Diabetes**	12%	10%	8%
Overall Health Status (poor or fair health)**	23%	17%	12%
Mental Health			
Current Depression**	15%*	10%	7%
General Mental Health	15%	12%	9%
(15 or more days of poor mental health)***			

#Behavioral Risk Factor Surveillance Survey, 2001-2011, with the majority of estimates made using 2008 data or later

\*Prevalence estimate for the community meets one but not both DPH REPORTING RULES. (The estimates have adequate sample size, however, the precision of 95% CI is larger than the allowable requirements). The MDPH states "In order to provide data for more Massachusetts communities, we include town level estimates that may be based on relatively few respondents or have standard errors that are larger than average. The confidence interval (CI) for this community is wider than the normal limits set by MDPH. Therefore, the estimate for this town should be interpreted with caution."

\*\*Three years average prevalence among adults in MA

\*\*\*Five years average prevalence among adults in MA

# Table 5: Springfield Age-AdjustedHospitalization Rates: Total and byRace/Ethnicity

To better understand health status, it is important to understand not only how many people have a disease, but also how many people are experiencing poor health due to their disease or chronic conditions. Hospitalization data is a measure of morbidity that provides information about how many people are experiencing severe illness. Table 5 provides age-adjusted total and race/ethnic specific 2009 hospitalization rates for health outcomes examined in this health impact assessment, including cancer, cardiovascular disease (e.g., coronary heart disease and heart attack), cerebrovascular disease (e.g., stroke), mental disorders, and respiratory diseases (asthma and chronic obstructive pulmonary disease (COPD)) (see Appendix B for confidence intervals). Age-adjusted rates are utilized when comparing rates between geographic locations because differing age distributions can affect the rates and result in misleading comparisons. The most recent age-adjusted data available for this report was 2009. Unadjusted 2012 hospitalization rates are available in Appendix C. As can be seen in Table 5, rates for cerebrovascular disease, mental disorders, asthma, and COPD are higher in Springfield than those of the state.

	Spri	ngfield	Hampden County		Massachusetts	
	Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000
Cancer						
Total	492	336	1,712	336	26,674	387
White*	275	310	1,374	317	24,651	379
Black**	106	391	141	461	1,490	453
Hispanic	105	355	156	325	1,090	326
Lung Cancer						
Total	64	45	262	52	3,682	50
White*	42	47	231	53	3,338	51
Black**	11	45	14	50	138	44
Hispanic	10	37	13	31	78	30
Cerebrovascul	ar Disea	se				
Total	401	268	1,324	244	17,180	229
White*	209	206	1,050	218	14,629	216
Black**	86	346	98	351	1,035	346
Hispanic	98	437	149	443	769	272
Major Cardiov	ascular	Disease				
Total	2,295	1,550	7,649	1,432	105,069	1,401
White*	1,161	1,170	5,967	1,261	89,914	1,335
Black**	553	2,147	625	2,163	6,329	2,083
Hispanic	526	2,329	887	2,546	4,533	1,596
Mental Disord	ers					
Total	2,765	1,820	6,593	1,421	53,395	786
White*	1,159	1,667	4,151	1,233	41,894	768
Black**	444	1,386	523	1,418	3,563	878
Hispanic	1,069	2,387	1,726	2,313	4,660	860
Asthma***						
Total	3,253	2,123	6,965	1,472	64,572	938
White*	898	1,200	3,433	946	45,981	803
Black**	556	1,770	653	1,819	6,916	1,789
Hispanic	1,732	4,435	2,728	4,350	8,478	1,809
COPD						
Total	4,977	3,297	13,230	2,662	151,342	2,101
White*	2,057	2,419	8,836	2,122	125,974	1,997
Black**	817	2,786	959	2,898	9,771	2,770
Hispanic	2,003	5,704	3,214	5,816	10,602	2,645

Source: MDPH MassCHIP, Massachusetts Hospitalization Dataset, 2009

When examining hospitalization rates by race/ethnicity, it is clear that racial/ethnic disparities exist in Springfield and in Hampden County as a whole (Table 5). After adjusting for age, hospitalization rates were found to generally be 1.5 to 2 times higher for non-Hispanic African Americans and Hispanics as compared to non-Hispanic whites for cerebrovascular disease, major cardiovascular disease, mental disorders, respiratory system diseases, asthma, and COPD. Of note is that these disparities generally exceeded disparities found in the state overall. Asthma hospitalization disparities were found to be particularly large among Hispanics with rates more than four times that of non-Hispanic whites in Hampden County.

## Methods

The Western Massachusetts Casino Health Impact Assessment (WMCHIA) project was initiated by Partners for a Healthier Community, Inc. (PHC) in Spring 2013 to examine the potential health impacts of proposed casinos in Western Massachusetts and to make recommendations to enhance positive and mitigate negative predicted impacts. The following provides an overview of HIA, the WMCHIA process, and the stakeholder engagement process.

## What is Health Impact Assessment (HIA)?

Health Impact Assessment is a systematic method that uses data, scientific research, evidence, and stakeholder input to determine how a proposed policy or project would impact health. Based on the findings, recommendations are developed to either augment potential health benefits or reduce harmful effects. HIAs are proactive in that they occur before a decision is made so that the findings and recommendations can be used to ensure that the project has the most potential for beneficial health effects and to minimize any inadvertent negative health impacts. HIAs examine how health is impacted by the decision through health determinants, which are the social, environmental, and economic factors that influence health. HIAs use best available evidence in the assessment to make predictions. This may include both quantitative and qualitative evidence (e.g.

interviews). HIAs also actively involve stakeholders throughout the process.

The promotion of *health equity* is an important goal of HIA and of the WMCHIA project. Oftentimes, processes or decisions may inadvertently negatively impact health equity. HIAs strive to identify health equity impacts so that decisions have the best opportunity to promote equity. The concept of **health equity** is everyone having "... a fair opportunity to attain their full potential and, more pragmatically, that no one should be disadvantaged from achieving this potential, if it can be avoided. Based on this definition, the aim of policy for equity and health is not to eliminate all health differences so that everyone has the same level of health, but rather to reduce or eliminate those which result from factors which are considered to be both avoidable and unfair. Equity is therefore concerned with creating opportunities for health and with bringing health differentials down to the lowest levels possible." <sup>6</sup>

## HIAs typically have six primary steps:<sup>5</sup>

- **Screening:** determines whether an HIA is needed and would have value given the decision-making process, timeframe, and other contextual factors
- **Scoping:** determines the focus of the HIA (e.g. population, health determinants, and health outcomes to be examined), research methods, and a plan for completing the assessment
- Assessment: predicts impacts of decision on health by describing 1) baseline conditions, 2) scientific literature and other evidence characterizing impacts on health determinants and health, and 3) an analysis of how the decision will likely affect the target population, given baseline conditions and the evidence
- Recommendations: provides strategies to strengthen positive and mitigate negative health impacts
- **Reporting:** communicates HIA findings and recommendations to stakeholders and decision-makers
- Monitoring: tracks the impact of the HIA on decision-making, health determinants, and health outcomes

## WMCHIA Overview

The WMCHIA was initiated by Partners for a Healthier Community, Inc. (PHC) because of questions and concerns raised about how proposed casinos would impact communities in Western Massachusetts. A number of casino-related assessments were being conducted, however, to our knowledge none specifically focused on health. With the support of our local community stakeholders and the Massachusetts Gaming Commission (MGC), PHC applied for and received a demonstration grant from the Health Impact Project, a partnership of the Robert Wood Johnson Foundation and Pew Charitable Trusts, to conduct an HIA of the proposed casinos in Western Massachusetts. The grant was intended to build capacity to conduct HIAs while completing the HIA project. The WMCHIA was originally planned to focus on Springfield, MA, but the scope was expanded during the screening process to include all the potential resort casino host communities to maximize the potential for the HIA to add value to the casino licensing decision-making process. The WMCHIA was not intended to advocate for or against casinos in Western Massachusetts, but rather to identify opportunities to improve health impacts. The project also had a strong focus on identifying opportunities to promote health equity, as a number of health inequities were known to exist in the region. In regards to racial/ethnic equity, since word choice matters, the report will use the term "people of color" rather than "minority" whenever possible as the term "minority" is outdated, carries a subordinate connotation, and in the case of Springfield, is inaccurate as people of color are the majority.

## **WMCHIA Project Management**

The project management framework included the HIA Core Team and Advisory Committee.

- The HIA Core Team was primarily responsible for completion of the HIA and was made up of PHC and the other lead partner organizations on the grant – University of Massachusetts, Amherst Department of Public Health and Health Sciences; and the Springfield Department of Health and Human Services.
- The Advisory Committee provided guidance to the Core Team over the course of the project (see Stakeholder • Engagement) and consisted of community stakeholders, experts, municipal representatives and other key decision-makers.

## **Timeline**

Though the project officially began in March 2013, the assessment process did not fully begin until May 2013 after Training and Scoping Session was conducted by our grant-funded technical assistance providers, Human Impact Partners. As the HIA timeline is driven by the casino licensing decision-making process, the HIA was completed over the course of the summer and early fall with the final draft of the HIA report completed in November and the final report anticipated to be released in early January 2014.

## Goals

The WMCHIA goals have evolved over the course of the project to ensure that the HIA was relevant to the decision-making process. The primary goals of the WMCHIA are as follows:

Promote the consideration of potential health impacts in decision-making related to the licensing, development, and operation of a casino in Western Massachusetts, particularly focusing on the following decision points: implementation of host community agreements, casino operator Phase II license applications, host community public hearings, MGC licensing and regulation process and decision, and selected casino operator's planning for development and operation

- Recommend possible health or health-related indicators for the MA Gaming Commission's casino monitoring and evaluation plan
- > Promote the use of HIAs in policy decisions in Western Massachusetts

## **WMCHIA Methods**

## Screening

As described above, screening was conducted early in the process to decide whether an HIA was appropriate. It was determined that an HIA would provide important information, was feasible, and would add value to the decision-making process based on the following:

- Strong interest by local stakeholders in examining health impacts, which were generally not anticipated to be included in other casino-related assessments
- Interest by the MGC, one of the primary decision-makers, in having an HIA conducted and having active stakeholder engagement in the HIA process
- Possible large health impacts in the potential host communities with the potential to decrease or increase existing health inequities depending on casino licensing, development and operating decisions

## Scoping

During the scoping process, the parameters for the assessment were defined to include specifications of: the target population, prioritized health determinants and outcomes, research questions, and research methods and plans. Several factors were considered when defining the scope, including: stakeholder input; the body of scientific literature and evidence; and feasibility, which was primarily based on available resources and the project timeline. Stakeholder input was an important component of the scoping process as a goal of the project was to ensure that the assessment reflected community stakeholder priorities. The following describes the WMCHIA scope for important parameters used to guide our assessment.

## WMCHIA Target Population

- ▶ Local Target Population: During the scoping process, the primary target populations were determined to be the potential host communities, which at the time were Palmer, Springfield, and West Springfield. Over the course of the project, one of the two Springfield casino applicants and the West Springfield and Palmer applicants were removed from consideration during the host community negotiation and referendum process. Thus, Springfield was the sole remaining potential host community as of November 2013. However, Palmer and West Springfield were included in stakeholder engagement activities and assessment activities as they were possible host communities throughout the summer, and in the case of Palmer, into late fall. Though the HIA Core Team recognized that there would be impacts to surrounding communities and the region, it was acknowledged that including communities beyond the host communities would be beyond the scope of the HIA due to the short timeframe and available resources to conduct the HIA.
- Regional Target Population: When examining regional impacts, the scope was limited to Hampden County, which is the county in which all three potential host communities are located. Though we recognize that impacts are likely to extend beyond the county, assessment of communities beyond Hampden County was beyond the scope of the HIA.

#### WMCHIA Prioritized Health Determinants, Health Outcomes, and Research Questions

Health determinants and outcomes to be assessed in the HIA were identified through the creation of pathway diagrams. These diagrams were used to guide the assessment process and illustrate potential pathways by which the opening of a casino would impact health determinants, such as employment, and subsequently health. The pathways were created by the HIA Core Team, stakeholders, and others at the two-day HIA Training and Scoping Session. They were then refined and prioritized based on 1) stakeholder input at Advisory Committee meetings, community forums, and an online survey; 2) scientific literature/evidence supporting the pathway's impact on health; and 3) feasibility to complete an assessment of the pathway and predict health impacts. As part of this process, we also considered whether the pathways were relevant to each of the three potential host communities at the time (Palmer, Springfield, and West Springfield) and the relative importance of each pathway to each community. Pathways were not prioritized if they were only relevant to one of the potential host communities.

The *initial set of prioritized pathways* for inclusion focused on how a resort casino would impact health due to changes in 1) jobs and employment, 2) traffic, 3) access to local casino gambling, 4) crime and public safety, 5) housing displacement, and 6) city/town revenue. The housing pathway was deprioritized after further assessment indicated that the proposed casino developments would not likely impact displacement to the extent originally believed. The city and town revenue pathway was also deprioritized because it was determined that it was not feasible to assess this pathway given the project's short timeframe for completion and limited resources, though it was recognized as an important impact. Other *important impacts also considered but not included* were the potential impacts that a resort casino would have on city infrastructure and public safety capacity and on economic development. These pathways were considered for inclusion, but were not among the top prioritized pathways and could not be included in our assessment due to time and resource constraints.

Thus, the *final set of prioritized pathways* were 1) jobs and employment, 2) traffic, 3) access to local casino gambling, and 4) crime and public safety. These priorities were also the top community priorities identified through the community forums and the online survey (see Appendix D for community forum and survey results). The jobs and employment pathway focused primarily on the effect of new resort casino jobs on unemployed community members due to time and resource constraints. Prioritized research questions were then developed to examine each component of the pathway diagrams.

#### Assessment

A variety of data sources were utilized to develop 1) a baseline data profile and summary of existing conditions in each host community, and 2) a summary of the scientific literature and evidence describing how a casino would impact health through the prioritized pathways. Baseline and existing conditions data was obtained through publicly available data sources (e.g., U.S. Census Bureau, U.S. Department of Labor Statistics), casino assessments, and stakeholder and expert interviews. The summary of evidence describing casino impacts through the pathways was obtained through 1) literature searches conducted using key search terms in academic databases (e.g., PubMed, Google Scholar), 2) internet searches, and 3) content expert interviews. The baseline conditions and evidence summary were used to predict the potential impact of a casino on health in the potential host communities through the prioritized pathways. Whenever possible, methods were used to estimate quantitative impacts. Qualitative impact predictions were made if quantitative estimates were not possible. The assessment report was reviewed by content experts, key stakeholders, and the Advisory Committee.

#### **Recommendations**

Recommendations were developed based on assessment findings, evidence, best practices, and local needs. Recommendations were developed by the HIA Core Team with the assistance of content experts and key stakeholders, and were reviewed by the Advisory Committee.

#### **Stakeholder Engagement**

Stakeholder engagement was an important component of the WMCHIA project as it was initiated in large part due to stakeholder interest in having a better understanding of how a casino in the potential Western Massachusetts host communities would impact health. Stakeholder input was sought for all stages of the HIA and incorporated into the HIA process.

#### Methods of Engagement

The primary mechanisms used to engage stakeholders were:

- Advisory Committee An Advisory Committee consisting of local and regional stakeholders, HIA and content area experts, municipal leaders, and representatives of the MGC was created to 1) provide necessary technical and community expertise needed for the HIA, 2) ensure the input of diverse stakeholders in the HIA, and 3) assist in disseminating HIA information to their broader constituencies. The Advisory Committee met seven times over the course of the project to provide feedback and input on WMCHIA processes and activities. The Advisory Committee also reviewed and provided substantial feedback on the WMCHIA report and recommendations and supported final report findings and recommendations.
- Introductory Workshop on HIA and the WMCHIA A half-day workshop on HIA that included an overview of the WMCHIA was held early in the HIA project as part of a 2-day HIA training. Key regional stakeholders and decision-makers were invited to attend to better understand HIA and the WMCHIA project. Fifty-five attendees participated in this introductory HIA workshop.
- Community Forums A community forum was held in each potential host community (Palmer, Springfield, and West Springfield) to raise awareness of the Western Massachusetts Casino HIA and to better understand community stakeholder perceived impacts and priority areas of interest. The Palmer and Springfield community forums were held in May and June 2013 and informed the scoping process. Despite the project's best efforts, we were unable to hold the West Springfield forum until the assessment phase of the process. West Springfield community forum input was used to help better understand potential impacts and to ground truth our pathway diagrams. See Appendix D for a summary of forum and survey findings.
- **Online Survey** Information was gathered through an online survey soliciting host community resident input on perceived impacts of a resort casino and priority impact areas as part of the scoping process. The survey was open to respondents from all three potential host communities for two weeks. A total of 106 participants responded to the survey during this timeframe. See Appendix D for a summary of survey and forum findings.
- Stakeholder Interviews and Community Contacts- Over 40 interviews and community outreach contacts were conducted with a wide range of community stakeholders representing a variety of sectors from each of the three host communities, and the region as a whole, to better understand 1) host community characteristics and processes, 2) beliefs and concerns about how a casino would impact host communities, and 3) potential impacts in the host communities. These interviews and community contacts were also used to inform stakeholders about the WMCHIA project and activities. See Appendix E for organizations and stakeholder groups that were involved in interviews or community contacts.

Media – The media was engaged in an effort to raise community-wide awareness of the Western • Massachusetts Casino HIA and findings. A press release was issued to inform community residents about WMCHIA and the community forums. The local newspaper and several local television stations reported on the community forums and the WMCHIA.



- Website PHC solicited community feedback and posted WMCHIA information on its website. The Advisory Committee and existing community networks helped to disseminate the website link.
- WMCHIA Email List Project email updates were sent to individuals on the WMCHIA email list, which included those individuals that attended WMCHIA events, others that expressed interest in receiving project information, Advisory Committee members, and various community and neighborhood networks in the impact areas.
- Presentations Presentations on WMCHIA were made to Springfield City Council's Casino Committee and the Springfield Public Health Council.

### Stakeholder Groups Engaged

A stakeholder analysis was conducted to identify the various stakeholders that would be impacted by a casino in Western Massachusetts and to prioritize those that would be engaged in our outreach efforts. Stakeholder sectors identified included:

- host community municipal governments including elected officials, health departments, public safety departments, law enforcement
- host community residents •
- economic development, business, and workforce development agencies
- planning agencies •
- public health, healthcare, and mental health providers •
- faith-based organizations
- higher education and community colleges •
- social and environmental justice organizations •
- transportation agencies
- civic associations
- immigrant organizations
- compulsive gambling organizations •
- local non-profits and funding organizations
- elementary and secondary education organizations •
- pro- and anti-casino initiatives
- casino operators
- MA casino gambling regulatory agency
- other primary decision-makers and impacted community organizations

Individuals representing these sectors were invited to participate on the WMCHIA Advisory Committee to ensure that stakeholder input was included throughout the process. In addition, we actively sought representation from

each of the three potential host communities – Palmer, Springfield, and West Springfield. We also strived to ensure that there was diverse representation by sex and race/ethnicity. We had 24 individuals actively participate on our Advisory Committee representing 23 different organizations and departments. Below is a list of the organizations that participated. The City of Springfield was represented on our Core Team by the City's Department of Health and Human Services Director.

Arise for Social Justice	<ul> <li>Massachusetts Department of Public Health</li> </ul>	<ul> <li>Springfield Police Department (retired chief)</li> </ul>
Behavioral Health Network	<ul> <li>Massachusetts Gaming Commission</li> </ul>	<ul> <li>Town of Palmer, Health Department</li> </ul>
• City of West Springfield, Health Department	New North Citizens' Council	<ul> <li>Town of Palmer, Planning Department</li> </ul>
Develop Springfield	Palmer Town Council	<ul> <li>United Council of Churches of Greater Springfield</li> </ul>
Greater Springfield Chamber of Commerce	<ul> <li>Partners for Community/United Farm Workers</li> </ul>	• United Way of Pioneer Valley
Holyoke Community College	Pioneer Valley Planning Commission	<ul> <li>University of Massachusetts, Amherst</li> </ul>
<ul> <li>Irene E. And George A. Davis Foundation</li> </ul>	<ul> <li>Regional Employment Board of Hampden County</li> </ul>	Western MassCOSH
Lutheran Social Services	<ul> <li>Springfield City Council Casino Site Committee</li> </ul>	

#### **WMCHIA Advisory Committee Representation:**

Key stakeholders from the sectors identified above were also engaged by inviting them to the half-day Introduction to HIA and WMCHIA Workshop held in May 2013. Interviews with key stakeholders, including those that were not able to participate in our Advisory Committee, were conducted to ensure that their input was included as part of our scoping and assessment process. Interviewees included representatives from the Pioneer Valley Transit Authority, Massachusetts Casino Careers Training Institute, Massachusetts Council of Compulsive Gambling, Gandara Center, Behavioral Health Network, Hampden County Regional Employment Board, host community municipal governments, Pioneer Valley Planning Commission, Lutheran Social Services, Jewish Family Service of Western Massachusetts, and a number of other organizations (see Appendix E for list of organizations interviewed).

Efforts were also made to engage each of the three casino operators seeking licensure in Western MA. Core Team members held interviews with each of the three casino operators to inform them about the WMCHIA and to request data and information that would be used to inform the HIA assessment. The casino operators were also provided a copy of the draft WMCHIA report and were invited to submit feedback.

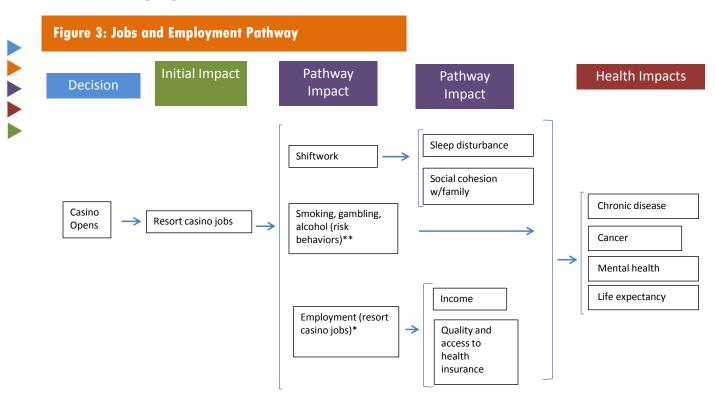
# Assessment

The following is a description of the findings of our assessment of the proposed casino's impact on health through the four pathways examined in the WMCHIA: jobs and employment, access to local casino gambling, traffic, and crime and public safety. As discussed in the Methods section, the scope of our assessment was limited to the potential host communities, and in some cases the county as a whole, due to limited time and resources to complete the HIA.

For each pathway area, the following are presented:

- the pathway diagram that guided our assessment and a brief summary that includes an overview of stakeholder feedback
- literature and evidence review findings
- existing conditions in each host community and in the county as a whole for data indicators related to the pathway
- predicted impacts
- key summary findings
- evidence summary table

## **Jobs and Employment**



\* Assessment focus is on impact of employment on unemployed

\*\* Relates specifically to casino employees

#### Overview $\blacktriangleright$

The proposed resort casino is anticipated to bring a number of new jobs to the host community and Western Massachusetts as a whole. These new jobs have the potential to impact health through several mechanisms, including employment and job characteristics. In particular, the assessment focused on how new resort casino jobs will affect the unemployed, and the subsequent impacts employment would have on income, health insurance, and health status. It also examined how characteristics of resort casino employment will potentially affect health, specifically focusing on the impacts of shiftwork and casino employment on health risk behaviors. We recognize that the development and operation of the resort casino will have additional important impacts on employment in the host community and region through new casino construction jobs and potential indirect job creation. However, these other employment impacts are beyond the scope of this HIA to examine due to time and resource constraints.

When considering assessment findings, it is important to understand how the Expanded Gaming Act and the casino licensing process are promoting job creation and workforce development. In addition to prioritizing job creation, the Expanded Gaming Act calls for the development of a diverse workforce and employment opportunities for unemployed and underemployed. There are also efforts underway to prepare the Massachusetts workforce for new resort casino jobs through a partnership between the MGC and the state's community colleges to establish the Massachusetts Casino Careers Training Institute. Finally, local hiring has been prioritized as the Springfield-MGM host community agreement includes a commitment to local hiring. Our analysis will consider findings in the context of these efforts when possible.

#### Summary of Stakeholder Feedback

A common theme that we heard through our community engagement efforts was that a new resort casino in Springfield would provide needed job opportunities in the region. There was also a belief that the increase in employment could help to stimulate economic development. Conversely, others expressed apprehension that the casino could also harm other businesses if it took patronage from them. Some community stakeholders expressed apprehension about whether resort casino positions would provide a "livable wage." Questions also arose about who would be offered the available positions and whether marginalized populations, such as low-income populations or people of color, would have the opportunity to receive or qualify for the jobs given existing barriers to employment for these groups. Issues were raised about the "fairness" of the hiring process and whether everyone would have equal opportunity, or whether nepotism or cronyism might provide an advantage to some people. Some stakeholders expressed concerns about whether a casino in Springfield would reflect the Connecticut experience, where it is perceived that a large number of people from outside of the region were hired for the casino positions. Others provided positive feedback about MGM's commitment to local hiring and a diverse workforce, as exemplified by the explicit goals to this end in the host agreement.

Interviews with key employment and workforce development stakeholders indicated that there was a need to address the existing workforce barriers that exist in our region to fully maximize the positive benefit of the new resort casino positions to the community (see Existing Conditions section for details of existing workforce barriers, p. 22). There was apprehension that many underemployed and unemployed individuals most in need may not be able to access the positions due to these barriers. There was excitement about the Massachusetts Casino Careers Training Institute efforts to prepare the workforce for the new positions, and optimism about the licensed casino operator working jointly with the Training Institute on these efforts. However, there was concern expressed that there was not sufficient current community capacity to assist under and unemployed individuals in obtaining skills needed to participate in the Massachusetts Casino Careers Institute Programs. Finally, there were concerns expressed that the new resort casino positions could negatively affect other industries due to the current limited workforce capacity for local entry-level positions. As a number of the resort casino positions would be entry-level, it is believed that the resort casino may draw these employees from other companies/organizations in the region.

#### Literature and Evidence Review

#### Casinos and employment

Studies have generally reported that a new casino in a region increases the number of people reporting employment.<sup>7-9</sup> However, effects on employment rates have varied likely due to changes in population levels that occur in some communities once a casino opens. In an analysis of casino counties in 26 states conducted by Baxandall and Sacardote to inform decisions about the legalization of casino gambling in Massachusetts, they found that the introduction of a casino was associated with a 1.1% increase in employment rates.<sup>7</sup> When they only included more populous counties comparable to what would likely occur in Massachusetts, employment rates dropped by 1.7% due to population increases. However, in both cases, the number of people reporting employment increased by 6.7% and 5.7%, respectively. Thus, population increases lead to a decrease in employment rates in more populous casino counties despite increases in people reporting employment. It is important to note that the casinos examined in this analysis were Native American casinos, which may have different effects on employment due to differences in baseline conditions found on reservations, including high rates of poverty and unemployment. Impacts of a new casino have been found to vary, with some finding that the effects of a new casino were especially beneficial in economically depressed communities.<sup>10</sup>

Similarly, studies have found an inconsistent impact on unemployment rates. One study found that unemployment rates dropped by over 5% in gaming host communities and 2.5% in surrounding communities,<sup>11</sup> whereas another found no unemployment rate impact.<sup>12</sup> Again, population increases are a likely reason for differential impacts. Another possible reason for discrepancies in the studies is differences in the target populations examined. For example, some studies focused on the host community, whereas others focused on the region. If the majority of individuals filling the positions are from the region as a whole rather than the casino county or host community, then there may be a reduction in regional unemployment but not in casino county or host community unemployment levels.<sup>13,14</sup> If this were to occur, this would have implications for a host community in that they would bear casino-related infrastructure costs- such as roads, sewers and police- but not experience the benefits of increased employment for its residents.

Annual employee turnover rates can be high for casino-related positions. The Spectrum Gaming Report to the Massachusetts legislation on the impacts of legalizing casino gambling states typical turnover rates of 25-30%.<sup>15</sup> The report found that rates vary depending on a variety of factors, including type of casino job and proximity to other casinos, which effects subsequent ease of seeking employment elsewhere. The report projected that there would be an annual casino employee turnover rate of 25% in Massachusetts with rates as high as 40% in certain job categories, such as unskilled entry-level positions.

#### Income and Health

Unemployed individuals who obtain the new resort casino jobs would have an increase in income. Income has been shown to be associated with health outcomes in a number of studies with greater income positively associated with better health. Studies have found that low-income people have poorer health outcomes and higher mortality rates.<sup>16-18</sup> Though a number of factors likely contribute to this income-based inequity, one mechanism by which this may occur is through decreased access to resources that promote health, such as healthy food and opportunities for physical activity.<sup>17</sup> Studies have shown that lower-income individuals are more likely to live in areas lacking grocery stores and general access to affordable healthy foods, sometimes referred to as "food deserts," compared to higher-income people.<sup>19</sup> Subsequently, they are likely to eat fewer fruits and



vegetables, have a less varied diet, and have more mineral and vitamin deficiencies.<sup>20</sup> In addition, low-income people often live in environments with limited opportunities for physical activity, which likely contributes to the finding that low-income individuals tend to be less active.<sup>21,22</sup> A healthy lifestyle, which includes healthy eating and physical activity, has been shown to decrease risk for cancer<sup>23</sup> and chronic disease, including heart disease, high blood pressure, diabetes, and obesity-related diseases.<sup>19,24</sup>

#### Health Insurance and Health

Typically in the U.S., employment would also lead to improved health through increased access to health insurance as employers are the primary source of affordable quality health insurance. Studies have found that insurance coverage has been positively associated with more timely and regular care, as well as better health outcomes.<sup>25-28</sup> However, this finding is not necessarily applicable in Massachusetts. An estimated 96% of Massachusetts residents have health insurance as a result of the 2006 Massachusetts' healthcare insurance reform act which requires health insurance.<sup>29</sup> Individuals can obtain insurance through employers, purchase private state plans, or receive coverage through public plans (MassHealth) if they are income-eligible. Recently unemployed individuals may receive insurance coverage through unemployment benefits or privately purchase insurance through COBRA plans. Income-eligible unemployed individuals may also obtain insurance coverage through public plans.

Discrepancies in insurance quality and costs exist for Massachusetts residents depending on the type of their insurance coverage. It has been reported that individuals who receive insurance through unemployment benefits or through public insurance may have difficulty accessing care because few physicians accept the insurance plans.<sup>30,31</sup> Discrepancies in cost-sharing, or "out-of-pocket" costs such as co-pays and deductibles, also vary by type of insurance coverage. Employer plans and privately purchased plans typically require cost sharing, whereas public insurance in Massachusetts (MassHealth) does not.<sup>31</sup> Among insurance plans purchased or provided by employers, lower premiums often mean higher co-pay and deductible amounts resulting in the most affordable monthly payments having higher costs when care is needed. In low-income families, this can mean that healthcare costs are still very high and care is inaccessible despite having insurance coverage. In addition, low-wage workers spend proportionately more of their income on "out-of-pocket" costs.<sup>32</sup> Even moderate outof-pocket expenses can substantially increase the burden on low-income families, particularly for individuals with children and/or chronic health issues.<sup>33,34</sup> This cost burden has also been found to contribute to poorer general and mental health among low-wage workers,<sup>32</sup> likely because they use fewer services, tend not to have a regular primary care provider, use less preventive care, and are less likely to use new, brand name drugs.<sup>35</sup> In Massachusetts, individuals with low-income have been found to have fewer cardiovascular and cancer screenings.36

#### Casino Employees, Risk Behaviors, and Health

Casino employees have been found to have a higher prevalence of behaviors that put their health at risk, including drinking problems, smoking, and pathological gambling.<sup>37</sup> When casinos offer services to address these problems, studies suggest that few casino employees participate.<sup>37</sup> It has been suggested that the increased prevalence in stress-related behaviors may be due to a number of conditions related to casino employment, including "shift work, demanding work roles, emotional labor, patron interactions, uncertainty and lack of control, legal responsibilities, ethical concerns, and super-charged environments..."<sup>38</sup> The work environment may

particularly impact prevalence of problem gambling as the close proximity to gambling activities, familiarity with gambling due to workplace exposure, and readily available wages (i.e. through payment in cash or advances on wages) may make it easier for casino employees to develop gambling problems.<sup>39</sup> In addition, some casino employees receive gratuities in the form of chips, also known as tokes, which could encourage employees to gamble. It is unclear the extent to which this practice encourages gambling as it has been reported that some casinos do not allow employees to gamble on their site.<sup>40</sup>

Problem gambling, excessive alcohol use, and tobacco use all have known negative effects on health. Numerous studies have found that smoking increases risk for respiratory conditions,<sup>41</sup> cardiovascular disease,<sup>42</sup> diabetes,<sup>43-45</sup> and a number of other health conditions.<sup>41,46,47</sup> Smoking also increases risk for a variety of cancers including: oral, lung, laryngeal, esophageal, stomach, bladder, cervical, kidney, leukemia, and pancreatic.<sup>41,47-51</sup> Excessive alcohol use has been associated with chronic disease,<sup>46</sup> cardiovascular disease,<sup>52</sup> diabetes,<sup>53</sup> cancer,<sup>49,52,54-56</sup> and numerous other health conditions.<sup>52</sup> Pathological gambling also leads to a number of negative health effects for the individual and family, which are outlined in the Access to Local Casino Gambling section (p. 35) of this report. In addition to these physical health effects, substance abuse and gambling addictions are comorbid, or co-occur, with a number of mental health conditions, including depression and anxiety.<sup>9,57-59</sup>

#### Casino Employees, Shiftwork and Health

Casinos are open 24-hours a day, and subsequently, employees may work late night hours or lengthy shifts.<sup>60,61</sup> Shift-work, defined as any type of employment that is not a regular daytime schedule, has been shown to negatively impact daily sleep length, circadian rhythm patterns, work-life balance, and stress.<sup>62,63</sup> In particular, night shift work is particularly disruptive to circadian rhythms and the subsequent physiologic processes affected by these cycles.<sup>64,65</sup> Studies have found an association between shiftwork and negative physical health outcomes, including obesity, cardiovascular disease, diabetes and cancer.<sup>64,66-68</sup> The International Agency for Research on Cancer concluded that "shiftwork that involves circadian rhythm disruption is probably carcinogenic to humans."<sup>64</sup> Studies have also found that shiftwork has a negative effect on mental health, with one study finding risk of anxiety and depression 2-6 times higher among night shift workers and workers with varying shift schedules than those working standard schedules.<sup>69</sup>

Nonstandard work patterns have also been found to negatively affect family life.<sup>39</sup> Separation or divorce was found to be 3-6 times higher in families where a spouse worked nights.<sup>70</sup> In addition, parents have reported poorer family functioning, less effective parenting, and depression when working nonstandard schedules.<sup>71</sup> This negatively affects children and increases the likelihood that they will have social and emotional problems.<sup>71,72</sup> In addition, deterioration of family cohesion has been associated with negative health effects. Family cohesion contributes to social connection and an individual's access to emotional and physical resources, which has been found to decrease stress and increase life span.<sup>73</sup> Those who report a lack of social support are over two times more likely to have poor or fair health<sup>73</sup> and higher mortality rates from heart disease and cancer.<sup>74-77</sup>

## **Existing Conditions**

#### ▶ Unemployment

In 2012, 7,200 Springfield residents were unemployed, representing 11% of the community's labor force and 37% of unemployed individuals in the county (see Table 6). The unemployment rate was 64% higher than the state rate and almost 30% higher than the county rate. Unemployment rates in Springfield, the county and the state have been dropping over the past several years after reaching their peak in 2009. Hampden County had 18,729 unemployed residents in 2012.

Year	Springfield		Hampden County		Mass	achusetts
	Percent	Count	Percent	Count	Percent	Count
2007	7.0%	4,560	5.5%	12,348	4.5%	153,000
2008	7.9%	5,179	6.4%	14,213	5.3%	180,200
2009	11.7%	7,789	9.7%	21,947	8.2%	283,543
2010	12.6%	8,641	10.2%	23,264	8.5%	297,100
2011	11.8%	7,943	9.2%	20,558	7.4%	254,191
2012	11.0%	7,200	8.5%	18,729	6.7%	233,684

#### **Table 6: Percent and Number Unemployed in the Workforce**

Source: U.S. Bureau of Labor Statistics, 2012

The education level among unemployed individuals in the workforce in Hampden County is lower than the level for the state overall (Table 7). In Springfield, the majority of unemployed individuals in the workforce have an education level of a high school degree/GED or lower (Table 7). Using these census estimates and unemployment data from the Bureau of Labor Statistics, it is estimated that 4,392 Springfield residents have a high school diploma equivalent or less.

#### **Table 7: Percent Unemployed by Educational Attainment**

Educational Attainment	Springfield	Hampden County	Massachusetts
Less than High School graduate	22%	19%	13%
High School Graduate	39%	40%	33%
Some College or Associate's Degree	27%	26%	28%
Bachelor's Degree or Higher	11%	14%	26%

Source: US Census Bureau, American Community Survey: 2007-2011

In Springfield and Hampden County as a whole, there are large racial/ethnic disparities in unemployment rates (Table 8). In Hampden County, Black/African-American and Hispanic residents aged 16 and older are estimated to have unemployment rates that are at least double that of non-Hispanic whites. In addition, the unemployment rate for Hispanic/Latino residents in Hampden County is particularly high with a rate almost 50% higher than the statewide rate for Hispanics/Latinos.

Race/Ethnicity	Springfield	Hampden County	Massachusetts
Non-Hispanic White	8.0%	8.0%	7.0%
Black or African-American	16.0%	16.0%	14.0%
Hispanic or Latino	20.0%	19.0%	13.0%

#### **Table 8: Percent Unemployed by Race/Ethnicity**

Source: US Census Bureau, American Community Survey, 2007-2011

#### Barriers to Employment

It is estimated that 65% of the new resort casino positions would require a high school diploma or GED based on educational attainment data for New Jersey resort casino employees.<sup>78</sup> A number of barriers exist for workers in the greater Springfield area related to both obtaining and retaining entry-level positions that do not require a college degree. For those that do not have a high school degree, there are challenges accessing the basic adult education and training services that would be needed by many to obtain a GED. Interviews with Hampden County Regional Employment Board staff indicated that in Hampden County, there are over 1,000 people estimated to be on waitlists for both Adult Basic Education and/or English as a Second Language courses.<sup>79 80</sup> Those who have a high school diploma or GED face barriers to obtaining positions. The Federal Reserve Bank of Boston's survey of employers in the Greater Springfield area reported "good availability of entry level applicants, but a high prevalence of workforce readiness issues."<sup>81</sup> Examples described include incomplete employment applications, lack of interview/personal presentation skills, and lack of previous work experience among young adults.<sup>81,82</sup> Workforce readiness issues have also been described as a barrier to retaining employees, with a number of skills commonly found to be lacking in entry-level employees, including; dependability, reliability and proper workplace etiquette.<sup>81,83</sup> In an effort to prepare local residents for resort casino positions and ensure a trained local workforce, the Massachusetts Gaming Commission entered into agreements with the state's community colleges to create the Massachusetts Casino Careers Training Institute. The Institute has an agreement with the Atlantic Cape Community College to exclusively use its training curriculum, which was highlighted as an example case study of a casino workforce development program in Spectrum Gaming's 2008 report commissioned by the Massachusetts legislature.<sup>15</sup>

The Federal Reserve Bank of Boston also identified limited public transit service as a significant barrier to obtaining entry-level positions among Springfield residents.<sup>82</sup> The Pioneer Valley Transit Authority (PVTA) provides local transit service, which is predominantly utilized by individuals earning less than \$20,000 per year.<sup>84</sup> In a survey of transit users primarily from Hampden County, the majority of riders reported that they use public transit because they do not have a car or driver's license and rely on public transit for transportation.<sup>85</sup> Among the top barriers to transit use identified in a PVTA non-user survey were "no bus stop near my home," "does not go

where I need to," and "takes too long."<sup>84</sup> The Federal Reserve Bank similarly found that many Springfield residents in poor neighborhoods lacked access to cars and generally found the local public transit bus service to be insufficient for their needs.<sup>82</sup> An interview with the PVTA Administrator found that large cuts to PVTA funding in the early 2000's led to a 19% reduction in service.<sup>86</sup> It was also reported that mostly level funding over the past several years, combined with increased costs to provide service (e.g. maintenance), have resulted in the inability to restore service to prior levels. An increase in funding in 2012 was used to balance the budget and prevent fare increases. Current service is targeted to the primary needs of their ridership.<sup>87</sup> Currently, public transit service is offered primarily during the day and early evening on weekdays, with limited routes on the weekends.<sup>88</sup>

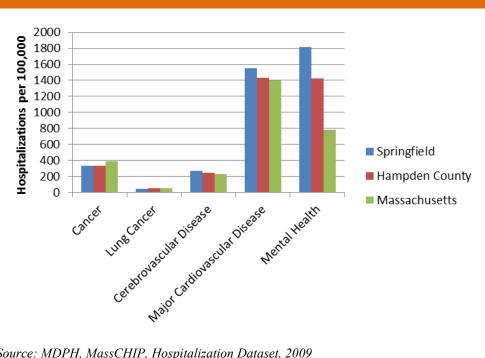
An analysis of PVTA Springfield schedules available on their website indicates that Springfield is serviced by 16 routes on weekdays with service running from approximately 6:00 a.m. to 6:30-10:00 p.m. depending on the route. Over two-thirds of these routes have wait times between buses of 45 minutes or more. Weekend service is reduced. Twelve routes are available on Saturday with service starting between 6:00 - 8:00 a.m. and ending between 7:00 - 9:00 p.m. depending on the routes. Two-thirds of the stops have wait times between buses of an hour or more. Sunday service is even more limited with only seven routes that run from approximately 9:00 a.m. to 6:00 - 7:00 p.m. with wait times of over an hour for all seven routes. This limited service has been described as a barrier to employment for entry-level shiftwork positions.<sup>82</sup> An increase in funding this fiscal year has allowed the PVTA to increase service for the first time in many years. They plan to expand their Sunday service with this funding.<sup>86</sup>

#### ▶ Uninsured

As discussed previously, the vast majority of residents in MA are now insured due to the implementation of universal healthcare in 2006. U.S. Census Bureau pooled data from 2009-2011 indicates that an estimated 7% of Springfield residents were uninsured during this time period, as compared to 5% of Hampden County residents and 4% of MA residents overall.<sup>29</sup>

#### Pathway Related Health Outcomes

As described in the Health Status section of the Introduction (see p.6), Springfield residents are impacted more by some forms of chronic disease and mental health conditions than Massachusetts residents as a whole. BRFSS data indicates that Springfield has a higher prevalence of diabetes (11.6%) and current depression (15%) than that of the state overall (Table 4). Springfield also has higher age-adjusted hospitalization rates for cardiovascular disease, cerebrovascular disease, and mental disorders when compared to the state (Figure 4). In addition, there are racial/ethnic disparities in morbidity related to chronic disease and mental health in Springfield. As discussed in the Health Status Section, age-adjusted hospitalization rates of heart disease, cardiovascular disease were generally 1.5 to 2 times higher among African-Americans and Hispanics as compared to non-Hispanic Whites (Table 5). In addition, the age-adjusted hospitalization rate for mental disorders was found to be 17% higher for African-Americans and almost two times higher for Hispanics when compared to non-Hispanic whites.



#### Figure 4: Hospitalization Rates for Health Outcomes in Employment Pathway

Source: MDPH, MassCHIP, Hospitalization Dataset, 2009

### **Predicted Impacts**

#### Increase in Employment Opportunities

The proposed casino operator, MGM, anticipates employing approximately 3,000 new employees at their resort casino, of which 2,200 are anticipated to be full-time.<sup>89</sup> This will be beneficial to the residents of the host communities and the county overall given the 7,200 unemployed individuals in Springfield and 18,729 in Hampden County as a whole. MGM has indicted in their host agreement with Springfield that they will attempt to hire locally. MGM explicitly states that it "will use its best efforts to strive to achieve labor participation goals for the utilization of [Springfield] City Residents so that (a) no fewer than 35% of persons employed by the Developer at the Project and any related Union Station facility will be City Residents; and (b) no more than 10% of its workforce will be residents from outside the City and its surrounding area."<sup>89</sup> In addition, MGM stipulates that it will use best efforts to achieve a workforce in which no less than 50% is people of color, no less than 50% is women, and 2% is veterans.

As discussed previously, it is anticipated that 65% of the casino positions will have a baseline educational requirement of a high school diploma or GED.<sup>78</sup> As over half of unemployed individuals in Hampden County and the host community have only a high school diploma or less, this will provide needed employment opportunities to a large portion of the county's unemployed workforce. However, as discussed previously, documented barriers exist in Hampden County and Springfield that prevent individuals from obtaining and retaining entry-level positions, including limited public transit service, challenges accessing basic education courses, and lack of workforce readiness skills.

Public transit is available for Springfield, but is generally only available during the day and early evening, which would not meet the needs of resort casino employees working shifts in the evening or overnight hours.<sup>88</sup> In addition, limited service options can result in lengthy wait/trip time and limited access as described in the PVTA Regional Transit Non-User Survey.<sup>84</sup>

As described earlier, many employers have cited lack of workforce readiness skills among employees in entry-level positions as a barrier. The Massachusetts Casino Careers Institute will include basic education and workforce readiness components in its curriculum, in addition to training and certificate programs for casino positions in which specific skills are needed (e.g., dealers). However, for those positions in which a certificate is not needed for employment, there is no guidance as to which positions will require formal training prior to being hired or starting a resort casino position. Since a number of positions do not require unique skills and training (e.g., hotel staff), some resort casino position applicants may not receive the workforce readiness training that would enable them to obtain and retain a position. In addition, it is not clear what funding will be available to support individual's participation in the Massachusetts Casino Careers Training Institute. The MGC is currently working with the community colleges to identify potential funding sources. As noted above, there are also many unemployed individuals who would need additional adult basic education, English language courses, or a GED to be eligible for the training programs. Outreach is often needed to help connect people to these needed basic education courses, however, funding for this type of work is limited. In addition, there is a lack of available adult basic education and English language courses that would enable vulnerable residents to either complete a GED or fill a basic skills gap needed for employment.

In addition to these challenges, as described in the literature/evidence review, annual average turnover rates in casinos are typically 25-30%. Casino entry-level position turnover rates were found to be higher with rates as high as 40%, which may in part be reflective of high turnover rates among entry-level positions in general.<sup>90</sup> Therefore, there is potential for poor retention among entry-level positions that do not require specific skills due both to the workforce readiness issues described above, and possibly the nature of the positions. The importance of resort casino position career pathway opportunities to support employee development and advancement was discussed as an important mechanism to reduce employee turnover during our content expert interviews.<sup>79</sup> It is important to note that career pathway programs are one among a number of practices that potentially reduces employee turnover rate.

#### Casino Employment Opportunities Impact on Income

A variety of positions are anticipated to be available at the resort casinos. Appendix F provides a list of anticipated positions that was developed by Spectrum Gaming in its report to the Massachusetts legislature.<sup>15</sup> In addition, education levels and mean wages are provided based on 2011 U.S. Bureau of Labor Statistics data and Massachusetts Casino Careers Training Institute information. Of note is that wages are only for salary and do not include gratuities, which are a sizeable percent of total income for some casino positions. The positions are listed by category: casino, hotel, food & beverage, marketing, accounting, and administration. Examples of annual average wages include: casino cashiers \$26,500, slot service attendants \$34,200, slot supervisors \$38,300, and table supervisors \$49,700.

Many casino and hospitality employees in certain positions rely on tips as part of their income. In addition, some casino employees receive tokes, which are a form of tip in which chips are given as a gratuity and then pooled and distributed among certain employee positions using a standard protocol. To gain an understanding of total average wage including gratuities, we drew on income data made publicly available by Foxwoods casino as part of the assessment conducted for their Milford, Massachusetts casino application.<sup>91</sup>

Information for their assessment came from their payroll records. Table 9 summarizes their findings. The lowest average wage anticipated was \$29,000 for line level and administrative support not receiving gratuities. The report estimates that 28% of full-time employees will be line level and administrative support positions. These estimates may be an underestimate for the proposed resort casino in Western Massachusetts as the Mohegan Sun socioeconomic impact assessment predicted a larger percentage with average annual wage below \$30,000 when including resort casino positions not in the casino or the associated hotel (i.e., retail and water park). Those in hourly cash tip positions and hourly positions receiving tokes earn more than 50% of their income through gratuities.

Category of Position	Average per capita wage	Annual Cash Tips and/or Casino Tokes	Total Average Per Capita Wage
Executive/Director	\$189,331		\$189,331
Management	\$67,418		\$67,418
Skilled Salary & Supervisory	\$53,583		\$53,583
Hourly, Casino Tokes	\$17,374	\$31,124	\$48,498
Hourly, Cash Tips	\$18,388	\$21,856	\$40,244
Line Level and Administrative	\$29,806		\$29,806

#### Table 9: Foxwoods Crossroads Casino Report - Average Wage by Category

\*Crossroads Resort-Casino Projected Labor & Labor Market Analyses - http://casino.milford.ma.us/document-repository-area/foxwoodsma-impact-reports/foxwoods-ma/economic/

Concerns were raised during WMCHIA community outreach activities and our assessment process about whether casino employee wages were sufficient to provide economic self-sufficiency, sometimes referred to as a livable wage. The Crittendon Women's Economic Independence Index Report provides estimates of the income required for a family to be economically self-sufficient in Massachusetts.<sup>92</sup> All of the average wages are above the estimated income needed for one adult to be self-sufficient in Hampden County when comparing to data from the 2013 Crittendon Report (\$21,780). The Crittendon Report found that the amount needed for a single parent family with one child (i.e., one adult and one child) to be self-sufficient was \$40,296 if the child was pre-school age, and \$36,804 if the child was school age. The line level and administrative positions do not meet this threshold based on the average wages described above. Thus, it is estimated that at least 28% of positions would not provide an income that would allow self-sufficiency for a single parent family with one child in Hampden County, Massachusetts.

#### Casino Employment Opportunities Impact on Health Insurance

Based on the Springfield-MGM host agreement, it is estimated that approximately 70% of the positions will be full-time and eligible for benefits.<sup>89</sup> It has been reported that casinos typically offer good health plan benefit packages to employees, often using this as a recruiting tool with some requiring little or no employee contributions towards these packages.<sup>15</sup> Thus, it is predicted that employees who were previously unemployed and relied on public insurance or insurance benefits through unemployment would have better access to providers through resort casino employment. Casino employees who were previously on public insurance would likely see

an increase in cost-sharing (e.g. co-pays, deductibles) as MassHealth does not require any cost-sharing. However, with the implementation of the Affordable Care Act (ACA), the amount that employers can require employees to contribute to their premium is limited to 9.5% of their income.<sup>93</sup> Many other changes will occur at the federal and state level with the implementation of the ACA, including a number of income-based subsidies, so it is difficult to predict the impact on health insurance.

#### Resort Casino Employment and Shiftwork

Estimates of the shift distribution of new resort casino gaming and non-gaming employees were provided by the Massachusetts Casino Careers Training Institute (Table 10).<sup>94</sup> These estimates were based on information provided by several potential resort casino operators throughout the state. It was reported that employee shift assignments are determined by a bidding process. Staffing levels vary based on day of week and holiday season, with Thursday to Sunday and holidays having higher levels. It is important to note that the distributions in Table 10 are average percentages and that there will be variation by day of the week and season as described above. As can be seen, the vast majority of gaming and non-gaming positions would work non-standard work hours, which would potentially place them at increased risk for chronic disease and cancer as described in the literature review section. Forty percent of gaming positions would work during evening and overnight hours, which is the shiftwork period that has the highest increased risk for negative health impacts.

It is not clear the extent to which these estimates would apply to the new casino in Western MA. MGM provided a sample shift headcount based on a summary of two of their properties in Las Vegas, which can be found in Table 11.<sup>40</sup> The sample shift has a substantially larger number of non-gaming positions working dayshift. In addition, it has fewer gaming employees working during the overnight shift. It is important to note that the shifts in the MGM sample have rolling start times and, thus, many employees would still work nonstandard work schedules. For example, a follow-up interview with an MGM representative described dayshift as a shift that starts anytime in the morning prior to noon, and swing shift as a shift that starts anytime in the afternoon.<sup>95</sup> Though the MGM representative stated that the sample was likely representative of the distribution of shiftwork among casinos in general, it is uncertain the degree to which the sample shifts would be representative of a casino in Western MA as it was also stated that shift schedules are determined based on projections of needs due to visitation estimates, etc. These projections may vary by geographic location.

Table 10: Estimated	Percent of Emp	loyees by Shift t	or Gaming and No	n-Gaming Positions

Gaming Employees		Non-Gaming Employees		
Hours	Percent	Hours	Percent	
5:00 a.m. – 1:00 p.m.	20%	8:00 a.m. – 4:00 p.m.	20%	
1:00 p.m. – 9:00 p.m.	40%	4:00 p.m. – 12:00 p.m.	60%	
9:00 p.m. – 5:00 a.m.	40%	12:00 p.m. – 8:00 a.m.	20%	

Data Source: Casino Careers Training Institute

#### **Table 11: MGM Sample Shiftwork Distribution**

Shifts	Gaming Employees (Percent )	Non-Gaming Employees (Percent)
Day Shift	37%	56%
Swing Shift	40%	30%
Overnight Shift	23%	14%

Data Source: MGM; sample based on two properties- New York, New York and Monte Carlo

#### Casino Employment Impact on Health Risk Behaviors

Based on the findings in the scientific literature and evidence review that casino employees have higher prevalence of health risk behaviors, it is anticipated that casino employees will have a higher incidence of smoking, alcohol consumption, and problem gambling. In regards to problem gambling, MGM has reported that they do not allow employees to gamble at their site, which would reduce the ease with which employees may gamble at the casino.<sup>95</sup> This may reduce the likelihood of increased risk for problem gambling. The increased prevalence of smoking and alcohol consumption would place them at higher risk for poor health outcomes.

#### **Summary of Key Findings**

- New casino jobs would provide unemployed individuals with increased employment opportunities and associated income, which have been shown to improve health by reducing risk for chronic disease, cancer, and mental health illness.
- Springfield's 2012 unemployment rate of 11% was 64% higher than that of the state and 37% higher than the county rate. Large local racial/ethnic disparities exist in unemployment levels, which likely contribute to local health disparities.
- The more casinos hire locally (i.e. host community, surrounding communities, and county), the greater the positive benefits to the communities being impacted by the casino.
- Employer-based health insurance obtained through these jobs would likely be beneficial as it would provide increased access to providers. It is unclear how implementation of the ACA would affect the impact.
- A number of documented local and regional barriers exist that prevent individuals from obtaining and retaining entry-level positions. These include limited: 1) public transit service, 2) workforce readiness capacity, 3) community outreach to link unemployed individuals to needed basic adult education/training, and 4) access to needed basic adult education and English as a second language courses. These barriers could prevent those most in need of the new resort casino jobs from obtaining the new jobs, thus reducing the potential positive benefit of the increased employment opportunities.

• The Massachusetts Casino Careers Training Institute will provide programs to train individuals on specific skills needed for resort casino jobs and other workplace skills, including workforce readiness. However, there are concerns that those under and unemployed individuals most in need of these training programs may face many challenges obtaining the basic education needed to qualify for the training programs. There are opportunities to support the Massachusetts Casino Careers Training Institutes efforts to prepare the workforce for new resort casino positions.

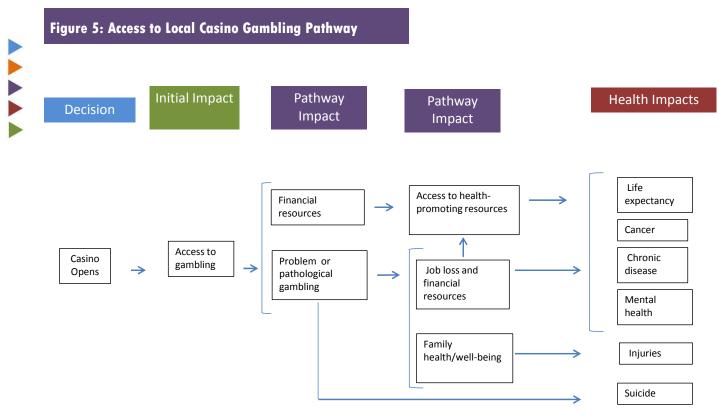


- Evidence suggests that turnover rates may be as high as 40% for entry-level unskilled casino positions. Welldefined career pathways that support employee development and advancement have been shown to reduce turnover rates.
- Casino employees have been found to have a higher prevalence of health risk behaviors (smoking, alcohol, and problem gambling), which negatively impact health. It is unclear the extent to which MGM's stated policy that employees are not allowed to gamble onsite will affect the likelihood of increased risk of problem gambling.
- A large proportion of resort casino employees will work non-standard work hours, or shiftwork, which has been associated with an increased risk for chronic disease, cancer, and mental health conditions through 1) increased sleep disturbance and circadian rhythm disruption, and 2) negative impacts on family cohesion. Best available evidence suggests that 23-40% of casino gaming positions will work night shift-work, which has the most risk for negative impacts due to circadian rhythm disruption.

## Table 12: Summary Evidence Table - Jobs & Employment Pathway

What does the evidence say about how the decision will impact health through pathways?							
Health Determinant	Positive or negative health effect? (direction)	Likelihood of impact? (likelihood)	Number of people affected? (magnitude)	How strong is the health impact? (severity)	Who will be impacted? (distribution)	Strength of evidence supporting impact on health	Uncertainties and Contextual Comments
Employment	+	likely	moderate	moderate to high	resort casino employees (casino, hotel, retail and other) and families	very strong	positive impact dependent on if existing local barriers to employment are addressed
Income	+	likely	moderate	moderate to high	resort casino employees (casino, hotel, retail and other) and families	very strong	positive impact dependent on whether wage is self-sustaining
Quality of health insurance	+	possible to likely	moderate	moderate	resort casino employees (casino, hotel, retail and other) and families	strong	impacts uncertain with Affordable Care Act implementation
Employee risk behaviors	-	likely	low	moderate	casino employees	very strong	
Shiftwork	-	likely	low	moderate to high	casino and hotel employees working shifts	fair to strong	Night shift workers particularly impacted
Legend	Jenction:       positive (+), negative (-), mixed (+/-), unable to assess (?)         Likelihood:       likely, possible, unlikely, uncertain         Magnitude:       low (<500), moderate (500-10,000), high (>10,000)         Severity:       low (transient/minimal health symptoms), moderate (chronic/more severe transient health symptoms), high (severe chronic symptoms or death)         Distribution:       population most likely to be affected by the changes occurring due to a resort casino					ce base with some of ting pathway), fair ence base with cont hway), weak (little	flicting evidence but evidence that is of

## **Access to Local Casino Gambling**



#### Overview

A resort casino in Western MA would provide access to a new form of local gambling. Though casinos will be new to Massachusetts, gambling is common among Massachusetts residents. Gambling is a large revenue generator in the Commonwealth with one of the highest per capita gross gaming revenues among non-casino states due to one of the top grossing lotteries in the U.S.<sup>60</sup> Though gambling is a common leisure-time activity, for some, this risk-taking behavior can become an uncontrollable problem. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) classifies pathological gambling as a mental health disorder and defines it as the "persistent and recurrent maladaptive gambling behavior that disrupts personal, family, or vocational pursuits."<sup>96</sup> The sub-clinical version of this disorder is generally referred to as problem gambling. Pathological and problem gambling together are referred to as disordered gambling, which is a term we will use throughout this report. The recently released update to the DSM-IV (DSM-V) renames "pathological gambling" as "gambling disorder" and reclassifies disordered gambling as an addictive disorder, which reflects the scientific evidence indicating similarities to substance abuse disorders.<sup>97</sup>

The assessment focused on how this local access to casino gambling would likely impact the prevalence of problem and pathological gambling and the subsequent impacts on health of the individual and family. The assessment also examined how local access to a casino would potentially impact financial resources and the subsequent health of individuals that gamble at the casino. This was included because community members had raised concerns about the potential for a disproportionately negative effect on low-income individuals (see Summary of Stakeholder Feedback below).

#### Summary of Stakeholder Feedback

The impact of a local casino on problem gambling, as well as on other forms of addiction, was consistently expressed as a top concern by community stakeholders in all of our engagement efforts. Some Springfield community members were worried about how gambling would lead to the "break-down in families" and other negative impacts associated with pathological gambling, such as domestic violence. There were also concerns about how a casino in Springfield would impact social cohesion in the community overall. Survey and interview respondents raised issues about how a casino and increased access to gambling would impact vulnerable populations, particularly high-risk youth and people of color. Interviews with local mental health providers indicated that there was a lack of understanding of disordered gambling as a serious problem in the community overall. Interviews also indicated that very few people seek treatment for disordered gambling and that there is limited local capacity to treat disordered gambling. There was the belief that the focus on disordered gambling due to a casino could provide an opportunity to raise community awareness about disordered gambling.

In addition to problem gambling, there were also questions raised about potential disproportionate impacts on low-income individuals due to access to local casino gambling. Some stakeholders noted that gambling would be a form of "regressive tax" with low-income individuals contributing a disproportionately larger percentage of their financial resources to gambling.

#### Literature and Evidence Review

#### Problem and Pathological Gambling

Studies estimate that 2.2% of adults in the U.S. have had problem or pathological gambling disorders in the past year<sup>98</sup> and 2.7% have experienced these disorders during their lifetime.<sup>9</sup> Though the lifetime prevalence may seem low, disordered gambling rates are comparable to other substance abuse (e.g. cocaine use disorder) and mental health disorders (e.g. obsessive-compulsive disorder, anorexia).<sup>99</sup>

A number of sociodemographic risk factors for disordered gambling have been identified, including male sex, younger age, minority racial/ethnic status, low socioeconomic status (SES)/income, and divorced/separated marital status.<sup>58,100</sup> Among racial/ethnic populations, African-Americans have been found to have disproportionately higher rates of problem and pathological gambling<sup>9,57,101</sup> with one study finding almost double the prevalence of Whites.<sup>101</sup> Studies are less conclusive for Hispanics, with some studies finding similar rates<sup>101</sup> and others finding higher rates.<sup>57</sup> Research suggests that immigrants may also be at increased risk for disordered gambling.57,102

Studies have also found that individuals with other mental health disorders or a history of substance abuse are also at increased risk for problem and pathological gambling.<sup>10,57</sup> Mental health and substance abuse disorders are often co-morbid, or co-occur, with gambling disorders. Thus, it is not clear whether these disorders precede gambling disorders or vice versa.

Elderly populations and youth/young adults are also potential vulnerable populations to the negative impacts of gambling.<sup>57,103-106</sup> Primary concerns about the elderly have focused on the impact that gambling has on fixed incomes and past casino efforts to target advertising to seniors. Young adults and youth are considered vulnerable as studies have shown that the earlier one begins gambling, the greater the risk for problem and pathological gambling later in life.<sup>10,57,100</sup> Also, younger pathological gamblers have more destructive habits, such as increased illegal activity, risky sexual behaviors, and suicide attempts.<sup>107</sup>

New casinos increase local opportunities to gamble,<sup>108-110</sup> which has been shown to increase problem and pathological gambling in a number of studies.<sup>111-114</sup> Estimates of increases in problem and pathological gambling have varied from 30% to 75% likely due to differences in study design, monitoring timeframe, distance from casino, and existing opportunities to gamble prior to the casino opening.<sup>109,110,113</sup> Research has found that the initial increase in disordered gamblers that occurs with the introduction of a new source of gambling is followed by a decrease over time.<sup>98</sup> These findings suggest that rates of disordered gambling would potentially be higher immediately after a new casino is built, but would likely decrease the longer a casino has been present. For example, Welte et al. found that prevalence increased by 29% one year after a casino opened, but returned to approximate baseline levels after 4 years.<sup>113</sup>

Studies have found that less than 10% of pathological gamblers seek treatment for their disorder. Those that do seek treatment tend to be middle-aged, employed, married, Caucasian and less educated.<sup>100</sup> Treatment options include psychosocial therapy (e.g., cognitive behavioral and motivational enhancement) and Gamblers Anonymous, which is a member-led support group similar to other 12-step programs such as Alcoholics Anonymous. As discussed above, problem and pathological gambling is complexly related to other mental health disorders and often co-occurs with mental health and other addictive disorders. It is often difficult to treat since it is frequently a coping mechanism for these other disorders.<sup>102,111,115</sup>

#### Access to Gambling and Impact on Financial Resources

Concern has been expressed about how access to new casino gambling would impact financial resources in the general population, and particularly among low-income residents. When examining the effects of gambling on resources, MacDonald et al. did not find a difference in the effect on savings, retirement, and net worth when comparing low-level gambling households to non-gambling households.<sup>116</sup> In addition, they found that gambling did not affect financial resources for life essentials, such as spending on food and shelter, in the general population. Low-income populations have been found to be vulnerable to greater negative economic effects of gambling, as studies indicate they spend a disproportionately higher proportion of their financial resources on gambling than those with higher incomes, leading some to term gambling as a form of "regressive taxation."<sup>8,111,117</sup> It is important to note that studies examining this issue have focused on non-casino gambling and may not be generalizable to casino gambling since studies suggest that casino gambling is done primarily by those with more leisure time and higher incomes.<sup>106,118</sup> In addition, other research has found that non-lottery gambling does not increase income inequality at a state level.<sup>119</sup> However, since all other forms of gambling act in this "regressive" nature, it is suggested that casinos may disproportionately impact the poor in a similar manner to other types of gambling.<sup>8,117</sup>

#### ▶ Impacts of Disordered Gambling on Health

Studies have found that pathological gamblers and some problem gamblers experience social, economic and health effects due to their disorder.<sup>120</sup> Financial difficulties, impacts on family well-being, and suicide have all been found to be associated with pathological gambling.

#### **Disordered Gambling - Financial Impacts- Health**

Studies report that many problem and pathological gamblers have financial troubles due to gambling.<sup>106,111,121,122</sup> Financial troubles may include bankruptcy, loss of employment, and poverty.<sup>106</sup> Spouses report financial issues in the forms of debt, property loss, loan default, and harassment by creditors.<sup>122</sup> Up to 50% of pathological gamblers reported financial trouble in one study, with 26% reporting that they borrowed money or sold possessions in order to gamble, 5.6% reporting illegal activity, and 2.7% reporting filing for bankruptcy.<sup>111</sup>

As discussed earlier in the employment pathway section, decreases in income, financial resources, or job loss have been shown to negatively impact health by increasing risk for chronic disease and mental health conditions. Potential mechanisms include decreased opportunities for healthy eating and physical activity due to fewer financial resources and financial challenges associated with insurance costs (see p.19).

#### Disordered Gambling - Impact on Family Well-Being/Cohesion- Health

Problem and pathological gambling have been found to have serious negative impacts on family relationships.<sup>106,115,122-126</sup> A recent review found that spouses of pathological gamblers often reported a number of family problems, including "arguments, anger and violence; lies and deception; neglect of family; negatively affected relationships; poor communication; confusion of family roles and responsibilities..."<sup>122</sup> Spousal abuse and neglect are common among problem gamblers, with a review by Kalischuk finding reports of verbal and/or physical abuse ranging from 43-87%.<sup>122</sup> Approximately one-third of couples in which one member is a problem or pathological gambler end up separated or divorced.<sup>9</sup>

Family dysfunction has been shown to negatively impact physical and mental health. Spouses of pathological gamblers report a number of stress-related ailments (e.g., headaches, intestinal disorders, and high blood pressure)<sup>122</sup> and greater use of health care services<sup>127</sup> as a result of chronic physical and mental health

problems.<sup>128-131</sup> Children of pathological gamblers have been found to be more likely to smoke, drink, and use drugs,<sup>121</sup> all of which are associated with poor health outcomes. Additionally, stressful childhood experiences are known to increase the risk for heart problems later in life.<sup>132</sup> Spouses of pathological gamblers and their children are also at higher risk of becoming disordered gamblers themselves.<sup>10,101</sup>

#### **Disordered Gambling - Suicide**

Suicide has been described as one of the potential impacts of problem and pathological gambling.<sup>59,106</sup> Suicide attempts are well documented in the literature and have been found to be as high as 20% in diagnosed pathological gamblers.<sup>121</sup> Additionally, spouses of disordered gamblers are at increased risk of suicide with Lorenz and Yaffee finding that 14% of spouses of problem gamblers reported suicidal ideation.<sup>122</sup> Crosby et al. found that the average annual prevalence of suicidal thoughts among adults in Massachusetts was only 4.2% in 2008-2009.133

#### **Existing Conditions**

Findings from the 4<sup>th</sup> Biennial New England Gaming Behavior Survey conducted in 2012 indicate that 58% of Massachusetts residents reported legally gambling in the past year.<sup>134</sup> The types of gambling reported included the lottery, scratch tickets, casino gambling, Keno, poker, bingo, dog/horse racing, sports betting, and internet gambling. The most frequent type of gambling in Massachusetts is the lottery with 45% of survey respondents having played in the past year; 22% of respondents reported casino gambling in the past year. Unfortunately, gambling prevalence data is not currently available at the county or city/town level.

A 2007 University of Massachusetts, Dartmouth report estimated that the prevalence of disordered gambling in Massachusetts was approximately 2.6% (123,000 individuals), with 1.2% of survey respondents identified as probable problem gamblers and 1.4% as probable pathological gamblers.<sup>135</sup> The lifetime prevalence of at-risk gamblers was found to be 4.1%. A 2013 statewide web-based survey conducted by the Massachusetts Council of Compulsive Gambling found higher rates among individuals that reported gambling in the past twelve months, with 4.9% identified as problem gamblers and 5.0% as probable pathological gamblers. A commonly utilized screening tool, the South Oaks Gambling Screen (SOGS), was used to identify disordered gamblers.<sup>136</sup> As stated in the report, caution must be taken when interpreting these results as they may not be generalizable due to the possibility of response bias and other forms of bias that may have occurred.<sup>136</sup> Representative disordered gambling data is not available for regions or counties within the state.

As described previously, treatment for disordered gambling generally consists of psychosocial treatment/therapy, or Gamblers Anonymous, which is a 12-step program similar to those for other types of addiction (i.e., Alcoholics Anonymous and Narcotics Anonymous). Interviews with representatives from large local mental health facilities indicate that very few people in the region receive treatment for pathological gambling, which aligns with research finding that only 10% of disordered gamblers seek treatment for the disorder.<sup>100,137,138</sup> In addition, they have found that there is a lack of public awareness in the community as to when gambling becomes a problem (i.e. disordered gambling) and of disordered gambling as a serious problem. The Massachusetts Council of Compulsive Gambling survey similarly found that 40% of respondents did not believe that compulsive gambling was a "somewhat serious" or "serious" problem.<sup>136</sup>

Local capacity to address problem gambling is limited, as many clinicians are not currently trained on disordered gambling criteria and methods of treatment.<sup>137,138</sup> Currently, there are three Gamblers Anonymous groups available in Hampden County (Springfield/Indian Orchard, Holyoke and Longmeadow), with the

Springfield/Indian Orchard site being the closest option for those in the potential host community. New groups can be formed when members see a need and take initiative to start a new group.<sup>139-141</sup>

As identified in the literature review, there are several groups that are potentially vulnerable to disordered gambling, including low-income individuals, some racial/ethnic groups, and young people. Springfield and the county as a whole, have a large number of residents who would be at increased risk. As discussed in the sociodemographic profile, Springfield has a large number of low-income residents with an estimated 40,400 (27%) living below the poverty level.<sup>3,142</sup> The majority of Springfield's residents are people of color with an estimated 20% of the population non-Hispanic Black or African-American and 37% of the population Hispanic/Latino.<sup>3</sup> In addition, a large number of young people reside in the region with 13 institutions of higher education in the greater Springfield area, including eight colleges, community colleges or universities in Hampden County (American International College, Bay Path College, College of Our Lady of the Elms, Holyoke Community College, Springfield College, Springfield Technical Community College, Western New England University, Westfield State University), and the University of Massachusetts, Amherst located approximately twenty miles from Springfield.

## **Predicted Impacts**

## ▶ Problem and Pathological Gambling

Based on the literature, it is anticipated that a new casino in Western Massachusetts would initially increase the prevalence of disordered gambling upon opening. Using the statewide past-year disordered gambling prevalence rate of 2.6% found by Barrows & Borges<sup>135</sup> and U.S. Census data, we estimated the current number of disordered gambling in the county and the potential host community (Table 13). As study estimates of increased prevalence have varied widely, we use a conservative estimate of an initial increase of approximately 30% in disordered gamblers found by Jacques et al. to estimate the number of new problem and pathological gamblers due to a casino.<sup>109</sup> There would potentially be an increase of 3,634 disordered gamblers in Hampden County with the introduction of local casino gambling (Table 13). We anticipate prevalence would return to baseline levels after approximately five years.<sup>98,109</sup> This increase in disordered gambling would negatively impact financial resources and family cohesion as described above and subsequently impact health. The large number of low-income individuals, people of color, and young people that reside in Hampden County would be vulnerable to increased risk.

#### Table 13: Estimated Impact of Casino on Number of Disordered Gamblers

	Problem and Pathological Gamblers						
Geography	Current	After Casino Opens - Initial (~1 year)	After Casino Opens - Over Time (~5 years)				
Springfield	3,993	5,191	3,993				
Hampden County	12,114	15,748	12,114				

\*Estimated using U.S. Census 2012 Population estimates, the MA prevalence of disordered gambling estimates (Barrows and Borges, 2007) and 30% increase (Jacques, 2006) upon opening of casino

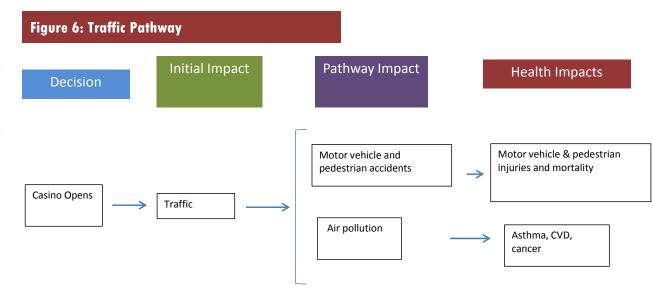
## **Summary of Key Findings**

- Problem and pathological gambling, or disordered gambling, is an addictive disorder that negatively affects the health of the individual through decreased financial resources/job loss and comorbidity with other risky behaviors, addictive disorders, and mental health conditions. Family members also experience negative health impacts due to increased risk of spousal/child abuse and neglect, suicide, and gambling addiction.
- It is estimated that the current prevalence of disordered gambling is approximately 2.7%. Access to a new casino in Western Massachusetts would likely increase prevalence of problem and pathological gambling initially, with a subsequent decrease in prevalence over time (i.e. approximately 5 years).
- Populations experiencing some of the greatest health inequities in our county are also vulnerable to higher rates of problem and pathological gambling, particularly low-SES/income individuals and some racial/ethnic groups.
- The younger one starts to gamble, the greater the likelihood that one will become a problem gambler later in life.
- Very few people with gambling disorders seek treatment in the region.
- There may be a lack of understanding of problem and pathological gambling as a serious problem in the general population.
- There is limited local capacity to identify and treat gambling disorders in Western Massachusetts.

## Table 14: Summary Evidence Table - Access to Local Casino Gambling Pathway

Health Determinant	Positive or negative health effect? (direction)	Likelihood of impact? (likelihood)	Number of people affected? (magnitude)	How strong is the health impact? (severity)	Who will be impacted? (distribution)	Strength of evidence supporting impact on health	Uncertainties and Contextua Comments
Problem and pathological gambling	-	likely	moderate	pathological gambling: high problem gambling: low to moderate	disordered gambler and their families; low- income and some racial/ethnic groups have more vulnerability to this impact	very strong	families impacted through loss of family financic resources and increased risk family abuse and neglect
Financial resources (as it relates to the general population)	-/?	uncertain	moderate	moderate	casino patrons	weak	strong evidenc of disproportiona impact of casinos on low- income populations no available
Legend	(?) Likelihood: li Magnitude: li Severity: low (chronic/more chronic sympt Distribution:	kely, possible, un ow (<500), mode (transient/minimo severe transient oms or death)	rate (500-10,000 al health symptoms health symptoms), ikely to be affecte	)), high (>10,000) s), moderate high (severe	Strength of Evidence: very strong (strong, qual base with some conflictin pathway), fair ( modera conflicting evidence but evidence that is of mode	g evidence but overc te strength/quality ev majority supports pat	rchingly supporting vidence base with hway), weak (little

## Traffic



#### Overview

A resort casino has the potential to increase the amount of daily traffic in the region. The new anticipated resort casino trips will include those made by both visitors and employees. This increased traffic could affect health by impacting air pollution levels and frequency of motor vehicle collisions. The casino operators are required to create plans to minimize impacts, and to this end, have conducted traffic assessments and committed to initial mitigation plans through host agreements. This analysis will take into account their assessment estimates.

#### Summary Stakeholder Feedback

Stakeholders consistently raised a new casino's impact on traffic as a top concern. Many stakeholders in the region have voiced concerns about the impact traffic would have on congestion in potential host and surrounding communities. In addition, many stakeholders expressed concern about additional air pollution caused by casino-related traffic, citing Hampden County and Springfield's poor air quality ratings. A number of people believe that the increase in traffic would increase air pollution levels, and subsequently, have negative effects on the large number of children and adults with asthma in Springfield. In addition, there were concerns that an increase in air pollution would increase the already large racial/ethnic asthma prevalence and morbidity disparities that exist in Springfield.

As discussed in the employment section, there was a belief that the current public transit capacity would not meet the needs of resort casino employees. Concerns were raised that current public transit options would not be sufficient for employees working shifts due to limited service in evenings, nights, and weekends. It was also believed that current public transit service was insufficient for the needs of casino patrons and that the vast majority of patrons would drive to the resort casino. There was optimism that the trolley bus system that MGM committed to supporting in the host agreement would help promote connectivity in Springfield between the bus and train station, the casino, and major attractions in the city. In addition, it was suggested that the casino-related increase in transit needs might provide an opportunity to increase transit capacity if efforts could be integrated and aligned appropriately.

#### Literature and Evidence Review

#### Traffic and Air Pollution

Motor vehicles are a significant source of air pollution in the U.S. The Environmental Protection Agency (EPA) reports that motor vehicles are responsible for nearly "one half of smog-forming volatile organic compounds (VOCs), more than half of the nitrogen oxide (NOx) emissions, about half of the toxic air pollutant emissions ... and almost 75% of carbon monoxide emissions" in the United States.<sup>143</sup> In addition, NOx and VOC emissions react chemically to form ground-level ozone, which is a harmful pollutant and the main component of "smog."<sup>144</sup> This is different than the "good" ozone found in the atmosphere, which protects against sun-related illnesses such as skin cancer. Motor vehicles also emit particulate matter (PM), which has been shown to have a number of harmful health effects. In urban environments, vehicles can be a significant contributor of PM, with one study finding that vehicle usage accounted for up to as much as one-third of ambient PM<sub>2.5</sub> levels.<sup>145</sup> NOx, ozone, and PM have all been shown to have negative respiratory and cardiovascular health effects.<sup>144</sup>

Vehicular air pollution has the potential to impact both regional and roadside air pollutant levels. The emitted air pollution may move downwind, depending on atmospheric conditions, and potentially increase regional levels.<sup>146</sup> In addition, recently emitted pollution from mobile sources has been shown to have strong impacts on pollutant levels near highways and major roadways. These effects have been found to decrease with increasing distance <sup>147,148</sup> and to return to background levels between 150-300 meters from the roadway.<sup>147,148</sup> Thus, though regional levels of air pollution may be below EPA thresholds for health impacts, near roadway exposure to air pollution is likely to be higher and have greater potential for negative health effects. This is of particular concern in urban environments where there may be higher volumes of motor vehicle traffic, greater density of homes near roadways, and the potential for cumulative roadway effects due to the proximity of neighboring roads.<sup>149,150</sup>

The impact of increased traffic on congestion is also important to consider as studies have found that pollutant emissions are higher under congested conditions. Congestion occurs when a roadway nears or exceeds capacity, which can result in traffic delays, frequent stop-and-go traffic flow, and idling.<sup>145</sup> Impacts of increased traffic on congestion are dependent on whether the increase causes capacity to be exceeded and if mitigation measures are put in place to reduce congestion. Congestion can increase emissions and exposure to emissions through 1) decreased vehicle speed, which can lead to increased travel time, exposure, and concentration of emitted pollutants within a given area; and 2) frequent changes in speed or starting and stopping which leads to increased emissions.<sup>151</sup> The increase in emissions due to congestion can be significant, with a study by Frey et al. finding that emissions were 50% higher under congested travel conditions compared to uncongested conditions.<sup>152</sup> This increased risk due to congestion can more profoundly affect urban and local traffic environments. One study found that congestion-related rush hour emissions and the subsequent health impacts were greater for arterial roadways than highways.<sup>151</sup>

#### Air Pollution and Health

Elevated levels of PM, NOx, and ozone have been shown to irritate the airways and have adverse respiratory effects.<sup>144</sup> PM has also been found to negatively affect cardiovascular health. Though all people can experience these impacts, people with pre-existing respiratory or cardiovascular disease, children, and older adults have been found to be particularly vulnerable to the negative respiratory health impacts of these pollutants.<sup>144,153</sup> Children are particularly vulnerable to air pollution because of 1) the negative effects of air pollution on

developing lungs, and 2) their greater exposure due to higher ventilation rates, more frequent physical activity, and greater amount of time spent outdoors.<sup>154</sup>

A number of studies have shown that traffic-related air pollution can lead to asthma exacerbations (flareups) and increased healthcare utilization, such as asthma-related emergency room visits.<sup>155-157</sup> Some studies have suggested that air pollution may increase risk for the onset of asthma among individuals previously not having the disease.<sup>155,158</sup> Near roadway exposure to dense traffic corridors has been found to increase risk for asthma morbidity.<sup>148,159,160</sup> In a review of the literature, Boothe et al. found that almost all of the nineteen studies examined reported that proximity to high levels of near roadway traffic increased risk for negative respiratory effects.<sup>148</sup> Increased proximity to high traffic volume was found to increase wheezing, and exposure to dense traffic within 75-300 meters increased asthma prevalence. The threshold level for high traffic volume varied in studies, and ranged from approximately 10,000-100,000 vehicles per day (vpd).<sup>148</sup>

Exposure to air pollution can also increase risk for cardiovascular-related mortality and events (e.g. heart attacks, heart failure, strokes).<sup>161-164</sup> The American Heart Association's 2010 expert panel evidence review report found that there was strong evidence of an association between elevated short-term and long-term exposure to PM<sub>2.5</sub> and traffic/combustion-related air pollution and the following: cardiovascular deaths, cardiovascular hospitalizations, and ischemic heart disease.<sup>162</sup> The expert review panel found that short-term exposure of as little as a few hours can increase risk for cardiovascular morbidity and that "Long term exposure to elevated concentrations of  $PM_{2.5}$  in the present day environment reduces life expectancy in a population by several months to a few years." Studies also suggest that exposure to elevated levels of PM can lead to the onset of cardiovascular disease among individuals that previously did not have the disease.<sup>164</sup> Studies also suggest that near-roadway exposure may be an important factor when considering vehicle-related exposure to air pollution and risk for cardiovascular disease, though more research is needed.<sup>165</sup>

Though not as extensively studied as the effects of air pollution on respiratory and cardiovascular outcomes, a number of studies have shown that increased exposure to air pollution increases the risk for lung cancer.<sup>165,166</sup> Literature reviews conducted by Brugge et al. and Vineis et al. found that the studies provided evidence of a positive association between air pollution and lung cancer.<sup>165,166</sup> Study findings also suggested that near roadway exposure may increase incidence of lung cancer, as one study found that an increase in road traffic of 4,000 vehicle-km per day within 100 meters of study participant homes increased the risk for lung cancer by **9%**.<sup>167</sup>

#### ► Traffic and Injury and Mortality

The Center for Disease Control and Prevention (CDC) reports that unintentional injury due to motor vehicles is one of the leading causes of death for people age 5-34.<sup>168</sup> Collision-related injury and mortality rates vary in rural and urban settings. The Insurance Institute for Highway Safety reports that fatalities due to collisions are more frequent in rural settings, whereas, those that cause non-fatal injuries occur more often in urban settings.<sup>169</sup> In addition, the Institute reported that pedestrian deaths and injuries caused by collisions occur more frequently in urban settings.

A number of factors contribute to risk for motor vehicle collisions and subsequent vehicle-related injury and mortality, one of which is traffic volume.<sup>170</sup> Greater volume or amount of driving has been shown to increase the risk for collisions.<sup>146,170,171</sup> One study found that greater daily vehicle miles traveled (VMT) increased the risk for highway rear-end collisions.<sup>172</sup> In the report "Understanding the Relationship between Public Health and the Built Environment," Ewing states that the most important factor in motor vehicle collisions is the amount of

driving. "Any measure which reduces VMT or traffic volumes, whether the measure is transportation or land use related, should reduce the number of fatal and non-fatal traffic accidents."<sup>170</sup> Vehicle miles traveled is a measure used to describe the amount of travel in a given region (e.g., average daily VMT in Hampden County). It takes into account the number of motor vehicles traveling in a given area over a specified timeframe (volume or counts) and distance traveled. It is important to note that traffic volume is only one of a number of factors that affects risk for motor vehicle crashes. Other factors include vehicle speed, environmental factors (e.g., driving conditions and street conditions), and driver characteristics (e.g., age). Though increasing volume has been found as a risk factor, other risk factors may mediate the risk.

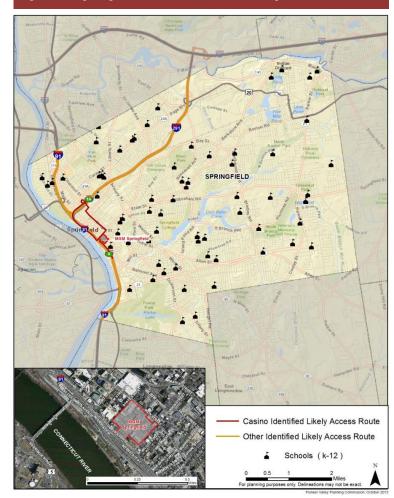
Traffic volume has also been found to increase risk for motor vehicle-related pedestrian injuries, particularly in urban environments.<sup>173-177</sup> Stevenson et al. found that 41% of pedestrian traffic injuries could be attributed to high traffic volume of more than 10,000 vehicles per week.<sup>175</sup> Traffic volume also contributes to income-related inequities that exist in the number of motor vehicles, collisions, and related injuries that occur. In a recent study, Morency et al. found a 6-fold higher rate of pedestrian injury and a 4-fold higher rate of motor vehicle occupant injury when comparing lower-income and higher-income census tracts, due in part, to higher traffic volume.<sup>177</sup>

#### **Existing Conditions**

#### Casino Access Routes

In Springfield, the primary freeways that lead into the city are I-91, which provides access from regions to the north and south, and I-291, which connects to the Massachusetts Turnpike (I-90) east of the City. A number of local streets would then be used to access the resort casino site, which is planned to have a primary entrance on East Columbus Avenue and secondary entrances on Union and State Streets. Figure 7 highlights, in red, the likely local routes that will be used to access the proposed MGM casino as identified by the casino operator's traffic assessment report. In addition, likely highway access routes are highlighted in orange.

#### **Figure 7: Springfield Resort Casino Primary Access Routes**



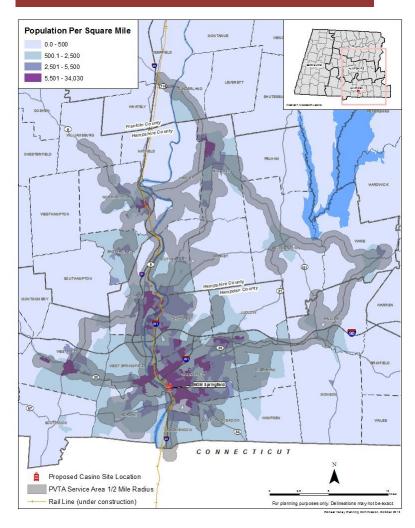
### ► Traffic

Vehicle counts (i.e. number of cars) provide an estimate of traffic volume on a roadway on a given day. The highest traffic volume in the region occurs along the I-91 corridor in the Springfield area. Traffic volume along this corridor varies by location. The Pioneer Valley Planning Commission (PVPC) reported that average daily 2012 vehicle counts at the northern Springfield City Line (Chicopee Border) were approximately 110,000, which were the highest in the region. The average daily 2012 vehicle count at the southern City Limit (Longmeadow) was approximately 70,000.<sup>178</sup> The most recent available traffic count data for local Springfield roads is from the traffic assessment report commissioned by MGM. The report stated that traffic volume on the primary casino access routes in November 2012 ranged from approximately 10,000 to 13,500 vehicles on Fridays and 5,000 to 10,000 vehicles on Saturdays (see Appendix G for counts by route).<sup>179</sup> Though vehicle counts were not available for other days, these counts provide an estimate for weekday and weekend volume, although it is recognized that there is likely variation in traffic volume over the course of the week.

Hampden County has less congestion compared to other urban areas in the state. According to the Texas Traffic Institute's Urban Mobility Report, 21% of VMT (vehicle miles traveled) in the Springfield urbanized area during peak travel periods in 2011 was in congested conditions, as compared to 56% for the Boston urbanized area.<sup>180</sup> This was almost half the proportion of VMT traveled in congested conditions during peak travel hours in the Hartford urbanized area (41%), which is a city of comparable size. It is important to note that the Springfield urbanized area extends beyond Hampden County and into the Hartford region, but the estimate does provide an understanding of general relative congestion in the region.

A larger percentage of Hampden County residents drive to work as compared to the state overall, likely due, in part, to infrequent and limited transit route options.<sup>181</sup> An estimated 88% of people drive to work in Springfield, as compared to 80% for the state.<sup>3</sup>

#### Figure 8: Regional Public Transit Access

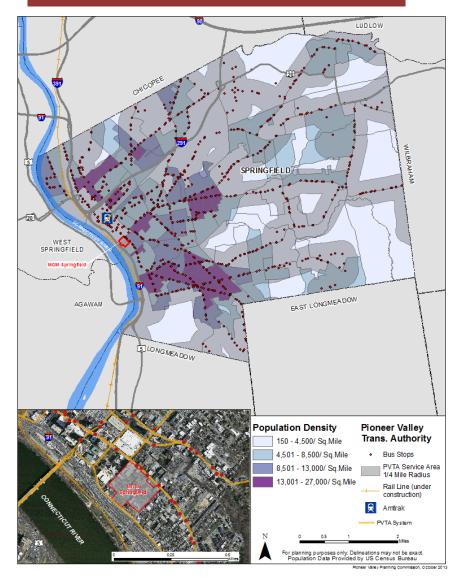


Chapter: Assessment

Average commute times in the County are lower than that of the state overall. U.S. Census data indicates an estimated average commute time of 22.5 minutes for Hampden County residents, as compared to 27.5 minutes for residents in the state overall.<sup>3</sup> On average, commute time for Springfield residents is 21.3 minutes.

As discussed previously, the region's transit provider, PVTA, provides bus route service throughout Hampden County and to other communities in the Pioneer Valley. Figure 8 illustrates access to PVTA buses in the region and population density along PVTA routes. The highlighted areas indicate regions within walking distance (0.5 mile)to PVTA bus routes. Though service is primarily accessed at the bus stops, individuals can board a PVTA bus anywhere along the route as long as it is deemed safe by the driver. The figure also illustrates the anticipated rerouting of the Vermonter Amtrak train route, which is expected to be completed by late 2014 or early 2015.

This information is shown in more detail for Springfield (Figure 9), in addition to bus stop locations throughout the community and near the proposed casino site. As Springfield is an urban center, it has extensive bus service with a number of stops throughout the city. Bus service Figure 9: Springfield Public Transit Access



runs to Union Station, the region's largest train and bus station, where riders can access Peter Pan Bus Lines and Amtrak rail service. As described in the employment section, the majority of riders are individuals that earn less than \$20,000 per year and rely on PVTA service for transportation.<sup>84,85</sup> Though Springfield has the most extensive access to PVTA service in the region, barriers have been described, including insufficient coverage and long travel times.<sup>84</sup> As discussed previously, the Federal Reserve Bank reported that individuals residing in low-income Springfield neighborhoods have described service as insufficient to their needs.<sup>82,</sup>

In addition to current public transit options, the Springfield-MGM host agreement stipulates that MGM will provide funding to PVTA to run trolley bus service throughout downtown Springfield. The trolley bus is planned to provide service to Union Station, the proposed casino, and several other tourist and highly trafficked locations in the City.<sup>89</sup>

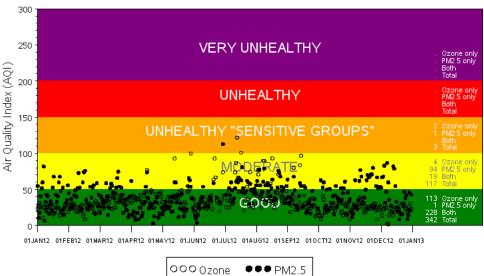
The host agreement also states that MGM will implement the traffic mitigation measures described in the MGM commissioned traffic assessment; however, it is not clear if this includes the assessment's recommended strategies to reduce traffic (i.e. transportation demand strategies). Recommended strategies in the assessment include providing: free or discounted employee transit passes, employee bicycles available for travel to and from the site, programs to encourage ride shares or car pools, and a guaranteed employee ride home program in case of emergency (i.e. for employees participating in ride shares, walking, biking, or taking public transit to work).<sup>179</sup>

#### Air Pollution

#### **Pollutant Levels**

The EPA National Ambient Air Quality Standards (NAAQS) provide threshold values for six common air pollutants that are known to harm human health and cause damage to the environment: ozone, carbon monoxide, lead, nitrogen dioxide, particulate matter (PM), and sulfur dioxide (see Appendix H for NAAQS). The primary standards provide protection for health. Secondary standards have higher thresholds and provide protection for public welfare (e.g., visibility and environment). The EPA Air Ouality Index (AOI) is a measure of how air quality data compares to the primary threshold values and whether a pollutant level is harmful to





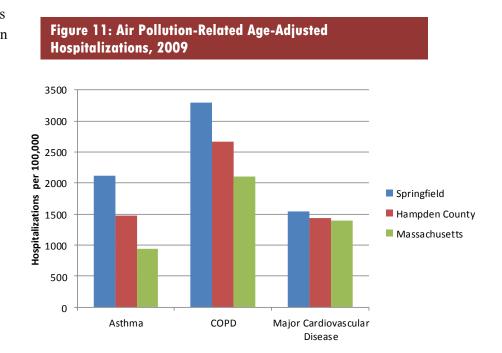
Source: U.S. EPA AirData <a href="http://www.epa.gov/airdata">http://www.epa.gov/airdata</a> Generated: September 17, 2013

health. The AQI standardizes the values across pollutants since threshold values and unit of measurement vary by pollutant type. A value of 100 is the threshold for unhealthy air quality, with this level indicating that the air quality for the given pollutant is "unhealthy for sensitive groups".

U.S. EPA air quality data is available for Hampden County. In 2012, the majority of days (68%) were considered good air quality days based on the EPA's AQI.<sup>182</sup> There were three days in which pollutant levels exceeded the air quality standards and were identified as "unhealthy for sensitive groups". Two of these days were due to exceedances of ozone and one due to an exceedance of PM<sub>2.5</sub>. Figure 10 shows the distribution of 2012 PM and ozone AQI values as they were the only pollutants with exceedances in Hampden County. As can be seen in Figure 10, there were also 96 days with moderate AQI values for ozone and PM<sub>2.5</sub> with a number nearing the threshold.

#### Health Conditions Related to Pollution

As described in the Health Status section of the Introduction, Hampden County, and Springfield in particular, have high asthma rates. Children in Springfield have an asthma prevalence of approximately 20%, which is almost double the state rate.<sup>183,184</sup> In addition, as illustrated in Figure 11, there are high rates of asthma morbidity with age-adjusted hospitalization rates in Springfield over double that of the state. Age-adjusted cardiovascular disease hospitalization rates are 10% higher in Springfield compared to the state.



Source: MDPH, MassCHIP, Hospitalization Dataset, 2009

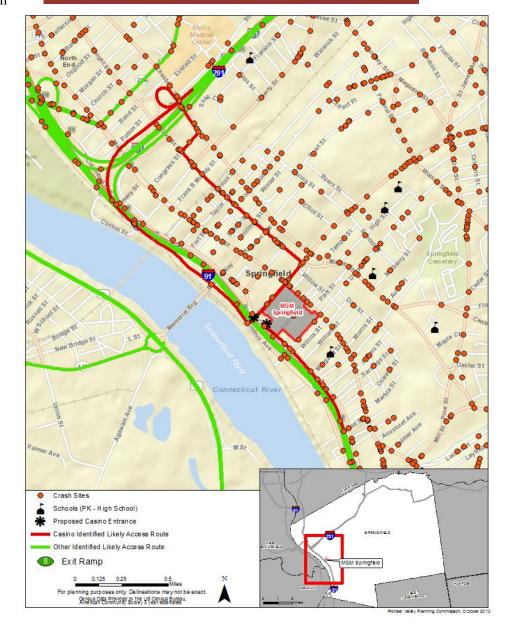
Springfield and Hampden County as a whole also experience large racial/ethnic disparities for asthma morbidity with Hispanic age-adjusted asthma hospitalization rates over 3.5 times that of non-Hispanic whites, which is almost double the disparity that exists for the state overall (see Table 5, p.7) In addition, African-Americans have asthma hospitalization rates 1.5 times that of non-Hispanic whites. Hispanic and African-Americans also experience cardiovascular (e.g., coronary heart disease and heart attack) and cerebrovascular (e.g., stroke) disease hospitalization rates over 1.5 times that of non-Hispanic whites.

#### Motor vehicle collisions and injury



The Massachusetts Department of Transportation reports that there were 4,643 collisions in Springfield in 2011 with 8 resulting in a fatality, 1,747 in injury, 157 involving a pedestrian, and 65 a cyclist (see Appendix I for additional Springfield collision data). Figure 12 illustrates the locations of these collisions in Springfield. The National Highway Transportation Safety Administration's Fatality Analysis Reporting System reports that there were 337 traffic-related fatalities in Massachusetts as a whole in 2011.<sup>185</sup> The majority of the fatalities occurred in urban environments (229). Of the total fatalities occurring, the vast majority were motor vehicle occupants (70%). Seventeen percent were pedestrian fatalities. Thirty-four percent of the 337 fatalities involved drivers that were alcohol impaired (Blood Alcohol Concentration (BAC) greater than .08). In 2011, the motor vehicle fatality rate for Hampden County was slightly higher than the overall state rate (5.61 vs. 5.12 per every 100,000 people).<sup>186</sup>

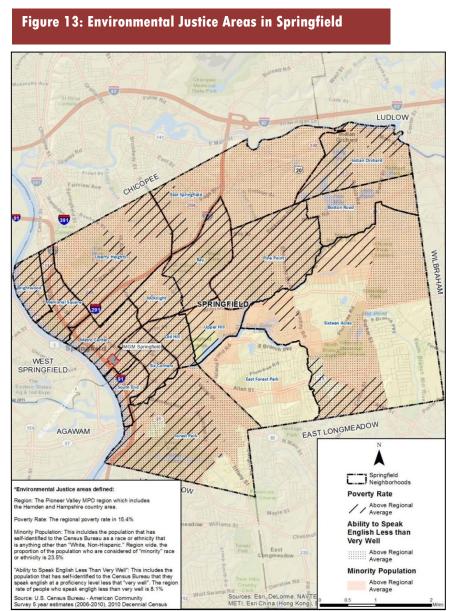
# Figure 12: Locations of Collisions in Springfield, 2011



## **Predicted Impacts**

#### Impacts on Environmental Justice Communities

When considering environmental impacts, it is important to take into account the potential effects on Environmental Justice (EJ) communities. EJ communities are those identified as having vulnerable populations that often experience disproportionate exposure to environmental hazards. The state of Massachusetts' Executive Office of Energy and Environmental Affairs established an EJ policy that aims to reduce potential added environmental burdens on EJ communities in Massachusetts, specifically focusing on neighborhoods that have a large percentage of low-income, minority racial/ethnic populations, immigrant, or non-English speaking populations.<sup>187</sup> Our assessment utilized our regional Pioneer Valley Metropolitan Planning Organization's definition of EJ communities, which are those neighborhoods that have rates of poverty or racial/ethnic minorities above the regional average. In addition to poverty and minority racial/ethnic group status, we have added in criteria for areas with above-average number of residents



Pioneer Valley Planning Commission, 2013

who self-identify as speaking English "less than very well" to reflect the state's inclusion of criteria for immigrant populations. Figure 13 illustrates the EJ regions in Springfield. As can be seen, Springfield has large regions of the city that meet all three EJ criteria, including the downtown area in which the casino would be located. Thus, it is important to take particular care when considering how pollution will impact these areas in Springfield.

#### Air Pollution

#### Regional

Using information included in the MGM traffic analysis report, it is estimated that there will be approximately 15,000 – 30,000 new vehicle trips per day (tpd) to the resort casino (Appendix J).<sup>179</sup> Vehicle trips include trips both to and from the casino and should not be interpreted as number of new vehicles going to the casino. Based on the anticipated number of new trips per day, a range of potential regional daily emissions was estimated for low (15,000 tpd), medium (22,500 tpd), and high (30,000 tpd) values of new trips. EPA Mobile 6.2 emissions factors and estimated vehicle trip parameters (see Appendix J for estimation method) were used to predict the new regional emissions. Mobile 6.2 is an EPA model used to estimate air pollution emissions from cars, trucks, and motorcycles.<sup>188</sup> Vehicle trip parameters used to predict emissions included average casino-trip VMT, vehicle mix, and average speed. These parameters were estimated using existing data sources and reports. Pioneer Valley Planning Commission provided technical assistance when selecting parameters and calculations. Average additional emissions were calculated for five common pollutants – VOCs, CO, CO<sub>2</sub>, PM<sub>2.5</sub>, and PM<sub>10</sub>.

Table 15 provides the estimates for increases in emissions. To provide context for the estimated increases, these values were compared to the Massachusetts Department of Environmental Protection's Emissions Inventory values for 2005 Hampden County on-road mobile emissions of VOC, CO, NOx, PM<sub>2.5</sub>, and PM<sub>10</sub> (Table 16). This was the most recent year available. Information on CO<sub>2</sub> emissions was not included in the emissions inventory. As can be seen, the estimated emissions increases are approximately 1-3% of emissions experienced in Hampden County in 2005. It is not clear the extent to which the increases would cause ozone and PM<sub>2.5</sub> levels in the moderate category near the threshold of "unhealthy for sensitive groups" (Figure 10) to cross the threshold. However, as a number of days had ozone and PM<sub>2.5</sub> levels near the threshold for this category, it is possible that these increases could lead to more days with pollutant levels that are "unhealthy for sensitive groups." Of note is that the estimated increases in emissions are regional and include a larger geographic area than Hampden County.

Pollutant	Daily Incre	ease in Emission	s (kg/day)
	Low	Medium	High
VOC	69	103	137
CO (summer)	1,270	1,905	2,540
CO (winter)	2,978	4,466	5,955
NOx	172	258	344
<b>CO</b> <sub>2</sub>	162,047	243,071	324,095
PM <sub>2.5</sub>	5	7	9
PM10	9	13	18

#### Table 15: Daily Estimated Regional Increases in Emissions Due to New Casino Trips\*

Low=15,000 new tpd; Moderate=22,500 new tpd; High=30,000 new tpd

Pollutant	Average Summer Day	Average Winter Day	Average Day
VOC	6,812	6,213	6,515
C0	104,822	179,069	141,946
NOx	23,228	21,460	22,342
PM2.5	435	363	396
PM10	626	517	571

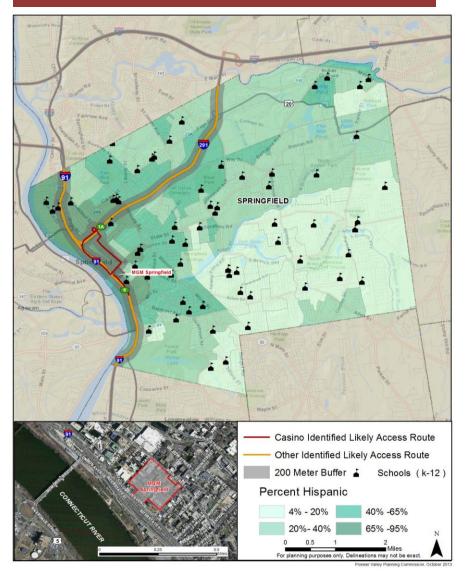
#### Table 16: On-Road Mobile Emissions in Hampden County (kg/day)

\* Source: MA DEP Emissions Inventory, 2005, http://www.mass.gov/eea/docs/dep/air/priorities/app05mob.pdf

#### **Near Roadway Exposure**

As discussed above, some studies have found that near roadway exposure to traffic volume as low as 10,000 vehicles per day (vpd) may increase risk for asthma morbidity and other health conditions. However, threshold values have varied with some suggesting that thresholds of 20,000 vpd should be used to examine increased risk in urban environments.<sup>189</sup> Baseline vehicle counts for the likely local Springfield casino access roads are estimated to be approximately 10,000-15,000 vpd on weekdays and 5,000-10,000 vpd on weekends. Increased casino traffic of 15,000 to 30,000 vehicle trips per day would likely lead to traffic levels above 10,000 vpd on most days and in some cases values above 20,000 vpd. In addition, there would be an increase in highway traffic

# Figure 14: Hispanic/Latino Populations Residing Within 200 meters of Likely Casino Routes



that would be used to access these local roadways. To examine the impact of exposure to these increased levels of traffic volume and associated levels of potentially harmful near roadway air pollution, we used Geographic Information System (GIS) mapping and U.S. Census data (2007-2011)<sup>3</sup> to assess which vulnerable populations reside within a 200 meter buffer zone of the likely routes to the casino. Likely routes included the local access routes identified in the casino operator's traffic assessment (red routes) and other likely highway routes that would be taken to reach the local access routes (orange routes). Vulnerable populations were those identified as being disproportionately impacted by air pollution and related health impacts, including children less than 14 years of age and older adults over age 65. In addition, Hispanic/Latino and African-American Springfield residents were included because of the high rates of asthma hospitalizations and asthma-related health inequities within these populations.

The analysis found that an estimated 6,076 Springfield residents live within 200 meters of all of the identified likely casino access routes. These residents would be exposed to the increased levels of casino-related traffic that would have the potential to negatively impact health. Hispanic/Latino residents would be particularly vulnerable to the effects of increased traffic on near roadway air pollution as many of the residential areas within 200 meters of the likely casino local access routes have a large proportion of Hispanic/Latino residents (Figure 14). This increased exposure has the potential to increase the large existing asthma-related health inequities experienced by Hispanic/Latinos in Springfield. As children are also at increased risk of negative health effects of air pollution, the map also shows the schools found along the local access routes. Students at South End Middle School would be exposed to these elevated levels of near roadway pollution as the school is located within 200 meters of the likely local casino access routes. An examination of the vulnerable populations that would be impacted by increased traffic on the highways due to the casino found that that the 200 meter buffer zones included some census block groups in which large percentages of children and African-American populations reside. See Appendices K - M for figures illustrating these maps. There are also several schools that are located within 200 meters of the highways that would be used to access the resort casino. An estimated 3,986 Hispanic/Latino residents, 841 African-American residents, 1,562 children under age 14, and 800 adults over age 65 live within 200 meters of the likely highway and local routes that would be used to access the proposed casino in Springfield.

#### Collisions

As discussed in the literature and evidence review previously, traffic volume has been shown to be a risk factor for increased collisions and subsequent injury and fatalities. Based on those findings, we predict that increases in casino-related traffic volume may increase highway and local roadway collisions due to increased opportunity for collisions. In addition, we predict that motor vehicle related pedestrian injury may increase, particularly in Springfield, as increased traffic volume in urban areas has been found to be associated with increased risk of pedestrian injury. The predicted potential traffic counts of 10,000 per day or greater that may occur, as described in the air pollution section, have been found in some studies to be associated with greater risk of pedestrian injury.<sup>190</sup> However, it should be noted this does not take into account potential mitigation measures that are currently being proposed by casino operators.

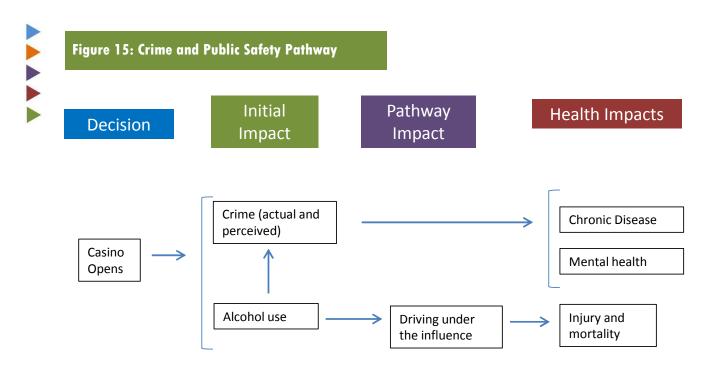
# **Summary of Key Findings**

- High levels of traffic-related air pollution, particularly PM2.5, ozone, SO2, and NO2, increase risk for asthma, CVD, and cancer morbidity, and mortality. Short and long-term exposure has been shown to have negative health outcomes.
- Large portions of Springfield, including the downtown area in which the casino will be located, are Environmental Justice communities. Thus, care must be taken when considering potential environmental impacts of casino-related traffic on these areas.
- Increases in traffic volume due to a casino will slightly increase levels of air pollution in the region. It is not clear the extent to which these emissions may lead to ozone and PM2.5 related increases in "unhealthy air quality days for sensitive individuals" as a number of days were found to be near the AQI threshold for this categorization.
- Increases in traffic are likely to impact exposure to near roadway pollution. Populations particularly vulnerable to effects of near roadway pollution are children, elderly, and those with pre-existing respiratory or cardiovascular disease.
- As an urban area, near roadway exposure to air pollution in Springfield has the potential to impact a large number of residents. Near roadway pollution levels in Springfield could exceed thresholds for negative health impacts with the addition of the new casino traffic. Additional vulnerable populations in Springfield include Hispanics and African-Americans as they experience disproportionately high hospitalization rates for asthma, cardiovascular disease, and cerebrovascular disease.
- Increases in traffic due to a casino may increase risk for motor-vehicle related injuries and fatalities as high traffic volume has been shown to be a risk factor for increased injury due to vehicle-vehicle and vehicle-pedestrian injury. In particular, predicted increases in traffic volume in Springfield reach levels associated with increased risk for pedestrian injury in urban settings found in some studies.
- PVTA transit bus service is available in the Hampden County region. As an urban area, Springfield has greater access to transit than other communities in the region, though residents have cited barriers to usage. In addition, as described in the employment section of the report, service is likely to be insufficient to meet the needs of employees working shift-work during overnight hours or weekends.

# Table 17: Summary of Evidence Table - Traffic Pathway

Health Determinant	Positive or negative health effect? (direction)	Likelihood of impact? (likelihood)	Number of people affected? (magnitude)	How strong is the health impact? (severity)	Who will be impacted? (distribution)	Strength of evidence supporting impact on health	Uncertainties ar Contextual Comments
Air pollution	-	<u>Regional</u> – possible <u>Near</u> <u>roadway</u> - likely	Regional- high <u>Near</u> roadway- moderate to high	moderate to high	region and community	very strong	-
Motor vehicle and pedestrian collisions	-	likely	low to moderate	moderate to high	motor vehicle drivers and passengers, pedestrians, bicyclists	strong	Impacts dependent on measures put in place to improv pedestrian and bicyclist safety
Legend	Likelihood: like Magnitude: low Severity: low (t (chronic/more s symptoms or de Distribution: po	Direction: positive (+), negative (-), mixed (+/-), unable to assess ( Likelihood: likely, possible, unlikely, uncertain Magnitude: low (<500), moderate (500-10,000), high (>10,000) Severity: low (transient/minimal health symptoms), moderate (chronic/more severe transient health symptoms), high (severe chron symptoms or death) Distribution: population most likely to be affected by the changes poccurring due to a resort casino			Strength of Evidence: very strong (strong, quality evidence base), strong (strong evidence base with some conflicting evidence but overarchingly supporting pathway), fair (moder strength/quality evidence base with conflicting evidence but		

# **Crime and Public Safety**



#### ▶ Overview

A resort casino has the potential to impact crime and public safety in its host community. Crime has the potential to directly impact physical and mental health through injuries, mortalities or trauma caused by acts of crime. Crime may also indirectly impact health through perception of crime in the community. A casino may also affect public safety as complimentary alcohol may lead to an increase in the number of people driving under the influence and a subsequent increase in associated collisions and health impacts. Measures have been put in place in anticipation of potential increases in crime and public safety issues. The Massachusetts Expanded Gaming Act calls for the establishment of a gaming enforcement unit within the state police to investigate criminal activity related to gambling. The Act also calls for casino operators to designate a space within their gaming establishment for gaming enforcement unit officers. In addition, the MGM-Springfield host agreement includes casino funding for direct impacts, which the City has reported will be used for additional police and other needed city infrastructure.

When examining the impact of a resort casino on crime and perception of crime, the assessment focused on overall crime rates. Examination of impacts on crime that are viewed as specifically related to casino gambling, such as prostitution and loan sharking, are beyond the scope of this HIA due to time and resource constraints.

#### Summary of Stakeholder Feedback



A resort casino's impact on both crime and public safety were raised as two of the top three concerns in our Springfield stakeholder engagement efforts. As stated above, there were questions about how a casino would impact overall crime rates, in addition to forms of crime viewed as related to gambling. Some were interested in further understanding how the casino operator's "investment in lowering the crime rate" would affect crime in the city. A theme that came out in our stakeholder engagement efforts was how a casino would impact current public safety capacity. It was anticipated that there would be an increased demand on the police and public safety services. In addition, it was understood that the host agreements included funding to mitigate the increased burden on public safety. However, some stakeholders expressed concern that the City of Springfield would not effectively utilize the funding to address potential negative effects. Conversely, some stakeholders felt that the casino presented an opportunity to increase needed public safety infrastructure, such as increase in police, through the funding provided by the host agreements.

Stakeholders also expressed positive beliefs that the proposed resort casino could help to revitalize the City and reduce distress in some areas. As discussed in the assessment section, distress contributes to increased perception of crime. Stakeholders referenced MGM's agreement with the City to fund improvements to the River Walk and their development plans for the downtown area. MGM's design concepts were also discussed positively as they included elements that would prevent crime and increase pedestrian activity.

#### **Literature and Evidence Review**

#### Casinos and Crime

A number of studies have been conducted examining the impact of a new casino on crime. Despite the relatively high quality of literature available, findings are contradictory or inconclusive. Multiple studies found that a casino may increase the rate of property crime (i.e., crimes associated with theft, embezzlement, fraud) while having little or no impact on violent crime,<sup>115,191-194</sup> whereas other studies found an increase in violent crimes as well.<sup>195</sup> Conversely, several studies and reports conclude that the introduction of a new casino does not affect the rate of crime in a community<sup>9,196-204</sup> and in some cases may actually decrease crime rates.<sup>202</sup> In a study examining casino and non-casino communities, Stitt et al. found that some types of crime increase while others decrease, but that findings varied across communities.<sup>202</sup> The authors conclude that crime does not inevitably increase with the introduction of a casino into a community, but that the effects of casinos on crime appear to be related to a variety of contextual factors. Some of the differences may be due to differences in initial conditions, including whether there are already high levels of crime and social problems prior to the introduction of a casino.<sup>198</sup> For example, larger communities and higher unemployment rates have been found to be associated with a higher crime rate, while Gross Domestic Product (GDP) growth and increases in manufacturing employment are associated with decreases in crime rates.<sup>198</sup> In addition, Stitt et al. found that when a casino is built with the support of the community, crime is less likely to rise.<sup>202</sup> Finally, some differences in study findings are believed to be due to the challenges of disentangling increases in crime as a result of population increases versus increased access to casino gambling.<sup>15</sup> It has been argued that increases found in some studies can be attributed to population growth, though it is not clear if this is the case.

Some assessments have proposed that the Mohegan Sun and Foxwoods resort casinos in southeastern Connecticut are comparable to the proposed Western Massachusetts resort casinos and that potential impacts



would be similar.<sup>60</sup> In addition, residents in our community forums and interviews often described Connecticut casino impacts as likely impacts of a Western Massachusetts casino. Thus, it is important to examine the impacts that have been documented in Connecticut. An analysis of crime rates in Connecticut found that overall crime increased slightly in the five towns surrounding the casinos while decreasing in the state as a whole during the same time period.<sup>7</sup> The main increases were seen in the casino host communities of Montville and Ledyard and primarily attributable to crime occurring on the casino premises. When using Connecticut casino impact information to anticipate the effects of the proposed Western Massachusetts casinos, one must consider that the Connecticut casinos are 1) in a more rural location, and thus may not be comparable to the proposed Springfield casino, and 2) located on tribal land, which may result in differences in impacts. In addition, the Massachusetts legislation allowing casino gambling is a different process than the Connecticut casino process and includes the negotiation of host community agreements that includes funding for public safety and the police department. Despite these caveats, it is helpful to gain an understanding of impacts on communities in an adjacent state with similar characteristics to Massachusetts.

#### ► Casinos – Alcohol – Crime

Casinos generally provide free alcohol to guests within gambling designated areas. The Massachusetts Expanded Gaming Legislation allows for this practice in the proposed Massachusetts casinos. This source of free alcohol may increase access to alcohol within the host community. A number of studies have found an association between alcohol consumption and violent crime, with alcohol consumption often preceding incidents of violent crime.<sup>205</sup> In addition, access to free alcohol increases risk for driving under the influence and subsequent injuries and fatalities. A study by Cotti et al. found that the presence of a casino in a county increased risk for the number of traffic collisions caused by drunk drivers by 9.2% on average.<sup>206</sup> Differences in increased risk were found based on size of the community in which the casino was introduced. Rural/moderate sized communities (average study population size 17,339) experienced a 16.9% increased risk and large urban centers (average study population size 936,589) experienced a decrease in alcohol-related traffic fatalities. The decrease in urban areas was theorized to occur because more casino patrons were believed to live locally and, therefore, to have traveled less distance while intoxicated. In addition, it was believed that patrons in the urban areas likely utilized public transit more frequently. A 2009 report examined the impact of Connecticut casinos on the host and surrounding communities. One of the surrounding communities examined was Norwich, which is located within eight miles of both casinos (Foxwoods, Mohegan Sun) and the largest municipality in the region. The report stated that driving under the influence (DUI) arrests more than doubled since 1992 and the rate of motor vehicle collisions increased 27% from 1991-2004 in Norwich.<sup>207</sup> The report states that the host communities of Montville and Ledyard have experienced similar increases, and that approximately 20% of motorists in the area who were arrested for DUI admitted that their last drink was at a casino. It was estimated that casino patrons were involved in one out of four arrests in Ledyard, nearly one out of three arrests in North Stonington, and one out of five arrests in Montville.<sup>115</sup>

#### Crime and Health

It is well understood that victims of crime may experience physical injury. The U.S. Bureau of Justice Statistic's national *Criminal Victimization in the U.S.* report stated that in 2008, 37.3% of robbery victims and 21.2% of assault victims sustained physical injury.<sup>208</sup> In addition, the experience of crime may negatively affect

the mental health of victims. Studies have shown that the immediate psychological consequences of crime include: fear, anxiety, and distrust of others.<sup>209</sup> More chronic psychological consequences include: depression, attempted or completed suicide, alienation, and Post Traumatic Stress Disorder.<sup>209</sup> The large body of literature on mental health suggests linkages between psychological issues and substance abuse following crime victimization.

Research also suggests that perception of crime and neighborhood disorder may also impact the state of social, mental, and physical wellbeing of a community as a whole. Studies have shown that *perceptions of safety* within a neighborhood or community impact the health of a community. Neighborhood disorder and the fear of crime have been associated with negative physical and mental health outcomes for individuals, such as coronary risk factors, low birth weight, smoking, psychological stress, feelings of powerlessness, depression, and overall mortality.<sup>210</sup> Neighborhood disorder is defined as the visual, physical, and social conditions in a neighborhood environment that are seen as threatening or noxious. The majority of research investigating the relationship between disorder and health suggests that the relationship is mediated through fear of crime – specifically, perceiving your environment as disordered generates fear of crime, which in turn leads to negative physical and mental health consequences. A study conducted in a low-income neighborhood in Boston demonstrated that perceiving one's neighborhood as unsafe during the day was associated with less physical activity.<sup>211</sup> Higher asthma rates have also been associated with parent's perceptions of unsafe neighborhoods.<sup>212</sup> Fear of crime has been found to have a disproportionately negative impact on certain sub-groups, most notably low-income mothers, and to a lesser extent the mentally ill.<sup>213</sup>

Environmental design has been suggested as a way to improve the perception of safety in neighborhoods and prevent crime.<sup>214</sup> Strategies focus on creating a "watched" neighborhood by improving lighting, limiting hidden areas, ensuring proper maintenance, and designing neighborhoods to encourage pedestrian usage and the utilization of public space.<sup>214</sup> Mixed use zoning has also been suggested as an approach, as retail facilities would encourage a daytime presence and residential units a nighttime presence.<sup>215</sup> Hedayati et al. suggest that creating an environment using these strategies does in fact deter crime and, by doing so, decreases the fear of crime.<sup>216,217</sup>

#### **Existing Conditions**

#### ▶ Overall Crime

The FBI Uniform Crime dataset provides information on violent crime (murder and negligent manslaughter, forcible rape, robbery, and aggravated assault) and property crime (burglary, larceny or theft, and motor vehicle theft). In 2011, Hampden County had almost 1.5 times the state rate of total crime, violent crime, and property crime (Table 18). Property crime accounted for approximately 80% of total crime in Springfield and the county. Springfield had high crime rates with almost 1.5 times the county rate for total, violent, and property crime. From 2010 to 2011, overall crime rates for the state, Hampden County and Springfield decreased. Appendix N provides detailed breakdowns of types of crime for the state, Hampden County, and Springfield for 2009-2011.

#### Table 18: Crime Rates - Total, Violent and Property Crime

Geography	Total Crime		Violent Crime		Property Crime	
	Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000
Springfield	8,946	5,809	1,581	1,027	7,365	4,783
Hampden County*	17,770	3,994	2,715	610	15,055	3,384
Massachusetts	177,009	2,679	28,219	427	148,790	2,252

Source: FBI Uniform Crime Data, 2011

 $^*$  Population total for Hampden County is the total for only the reporting municipalities

#### ▶ Alcohol-Related Traffic Crime

Counts of DUI and driving while intoxicated (DWI) charges for Springfield were obtained from the Hampden County District Attorney's office (Table 19). In 2011, there were 90 DUI/DWI charges in Springfield. Data on fatalities due to collisions that involved DUIs is more limited and only available at the county level. The National Highway Transportation Safety Administration's Fatality Analysis Reporting System reports that in 2011, there were 141 collision-related fatalities in Massachusetts in which a driver had a blood alcohol concentration (BAC) above the legal limit of 0.08 or above, nine of which occurred in Hampden County.<sup>186</sup> In Hampden County, 30% of fatalities due to collisions involved a driver with a BAC greater than 0.08.

#### Table 19: DUI/DWI Charges among Adults\*

Geography	2009			2010		2011	
	Count	Rate per 100,000#	Count	Rate per 100,000#	Count	Rate per 100,000#	
Springfield	79	70	97	86	90	80	

Source: Commonwealth of Massachusetts District Attorney Mark G. Mastroianni, Hamden District Hall of Justice \*District Attorney's Office note- numbers provided may not be exact

# Rate is among individuals age 18 and over; data sources: U.S. Census ACS 2007-2011, U.S. Census ACS 2012

#### Perception of Crime

Community level information on perception of crime information was also obtained. Participants at all of our forums expressed concerns about the "criminal element" that a casino would bring and the overall increases in crime and types of crime often believed to be associated with gambling, including loan sharking, prostitution, etc. The Federal Reserve Bank's 2009 Discussion Paper on Springfield suggests that perceptions of crime are high in Springfield, but that they may be worse than reality.<sup>1</sup> The report proposes that this may be because distress is clearly visible in Springfield, and is concentrated along heavily trafficked areas including downtown and major roadways. In addition, data from a survey conducted in the Spring of 2013 as part of the CDC funded Springfield Community Transformation grant found that approximately 30% of respondents did not feel safe walking alone in their neighborhood during the day, and 60% did not feel safe walking alone at night.<sup>218</sup>

## **Predicted Impacts**

Based on the literature's conflicting evidence regarding impacts of casinos on crime, we anticipate a wide range of potential impacts. Based on the findings of the majority of studies, we anticipate that there could be changes ranging from a slight decrease in crime to an increase of approximately 10%. A number of measures have been described to address/deter potential increases in crime, including 1) the Expanded Gaming Act's requirement that a state police unit be located on the premises of licensed casinos or gaming establishments, 2) MGM's detailed security plans and state of the art security measures at their facilities, and 3) community impact funding included in the MGM-Springfield host agreement that the City has stated will go towards the police department and other needed City infrastructure. These measures would serve to deter crime and address any potential increases.

Perception of increased crime is also a potential issue as a number of community residents have expressed concerns about increases in crime overall and of casino-related crimes in general. However, the extent to which environmental design measures are used to prevent crime will influence perception of crime. MGM's proposed casino design measures and funding to improve areas of the City have the potential to improve perception of crime and safety.

Alcohol-related crime and public safety issues are also predicted to increase due to the likely access to free alcohol while gambling. We anticipate that driving while under the influence and associated traffic-related fatalities will likely increase based on Connecticut casino impact findings and the Cotti study's examination of casino impacts on alcohol-related traffic fatalities.115,206

## **Summary of Key Findings:**

- Crime negatively impacts the physical and mental health of crime victims. Elevated levels of perceived crime or lack of safety in a community also negatively impacts health.
- The extent to which overall crime will be affected in the host and surrounding communities is unclear, as studies have had conflicting results. Studies estimate that among those communities that experienced an increase, the average increase was 10%. The extent to which a community is accepting of the proposed casino and prepares accordingly may impact crime rates subsequent to the resort casino opening.
- Best available evidence suggests that driving under the influence may increase with likely increased access to free alcohol, thus increasing risk for collision-related injuries and fatalities.
- Community environment contributes to perception of crime and can affect actual crime rates. Environmental design elements such as enhanced lighting and infrastructure to support pedestrian activity have been shown to deter crime and increase perception of safety.
- Evidence suggests that there is a high perception of crime in Springfield. The impact of a resort casino on • perception of crime is uncertain. A resort casino could increase perception of crime as some residents have expressed concern that the presence of a casino would create more crime. A resort casino could also reduce perception of crime and increase perception of safety in the Springfield downtown area due to the environmental design elements being proposed by MGM. Funding through the MGM-Springfield host agreement to enhance City properties, such as the River Walk, and provide connectivity to other downtown sections of Main Street could also enhance perception of safety if environmental design concepts were used to deter crime.

# Table 20: Summary Evidence Table - Crime and Public Safety Pathway

What does the	evidence sa	y about how	the decision v	vill impact h	ealth through patl	1ways?	
Health Determinant	Positive or negative health effect? (direction)	Likelihood of impact? (likelihood)	Number of people affected? (magnitude)	How strong is the health impact? (severity)	Who will be impacted? (distribution)	Strength of evidence supporting impact on health	Uncertainties and Contextual Comments
Crime (Violent and Property)	-	possible	low to moderate	moderate to high	casino patrons, community residents and visitors	fair	
Perceived Safety/Crime	-	uncertain	high	low to moderate	community residents and visitors	fair	
Alcohol related traffic crime and fatalities	-	likely	low	high	casino patrons, other motor vehicle drivers and passengers, pedestrians, bicyclists	fair to strong	
Legend*	Direction: positive (+), negative (-), mixed (+/-), unable to assess (?         Likelihood:       likely, possible, unlikely, uncertain         Magnitude:       low (<500), moderate (500-10,000), high (>10,000)         Severity:       low (<500, moderate (500-10,000), high (>10,000)         Severity:       low (transient/minimal health symptoms), moderate         (chronic/more severe transient health symptoms), high (severe chronic symptoms or death)         Distribution:       population most likely to be affected by the changes occurring due to a resort casino				Strength of Evidence: base), strong (strong ev evidence but overarchir moderate strength/qua evidence but majority s that is of moderate or v	idence base with soungly supporting path lity evidence base w upports pathway), w	me conflicting way), fair ( vith conflicting veak (little evidence

# **Recommendations and Monitoring**

This section describes 1) WMCHIA recommendations aimed at enhancing positive and mitigating negative predicted health impacts identified in the assessment, and 2) the monitoring components recommended to assess implementation and efficacy of recommendations. Below is a brief overview of the process used to develop recommendations and components of our monitoring plan. Following these overviews are sections describing general and pathway specific recommendations and monitoring indicators. Each section includes: 1) pathway diagram with findings (pathway specific sections only), 2) a brief overview of key findings, and 3) a table that includes recommendations to address key findings along with a preliminary set of monitoring indicators and responsible parties.

#### Recommendations

Recommendations are evidence-based or best practice methods tailored to meet local needs to the extent possible. An initial set of general, overarching and pathway specific recommendations was developed based on assessment findings and interviews with key stakeholders and content experts. Modifications were made based on feedback from these groups and the WMCHIA Advisory Committee. The WMCHIA Advisory Committee reviewed the final draft and was in overall agreement with the recommendations. The general terms host community and casino operator are used in the recommendations, except when referring to elements specific to MGM or the City of Springfield.

#### ▶ Monitoring

Monitoring will help decision-makers, local communities and other stakeholders understand the impact that a Western MA casino has on 1) the health determinants and outcomes that they identified as important during the WMCHIA process, and 2) the adoption and efficacy of WMCHIA recommended strategies that reflect community priorities. As part of this process, it is recommended that the data gathered through the state's casino evaluation and research initiative conducted by the University of Massachusetts, titled the "Social and Economic Impacts of Gambling in MA Study" (SEIGMA), be made publicly available through the MGC website, the SEIGMA website, or another avenue as deemed appropriate. In addition, it is recommended that the casino operators provide data to complement data gathered through this initiative. The indicators recommended for monitoring in the following tables include both process and impact outcomes. Process indicators are measures used to assess whether the recommended strategies are implemented. Impact indicators are measures that assess whether the recommendations have an impact on social determinants of health and/or health outcomes.

#### **General Recommendations and Monitoring Plan**



Based on assessment findings, a set of overarching recommendations were developed to promote overall positive health impacts and reduce existing health inequities. The assessment indicated that there is an opportunity for a casino to positively impact health for some pathways if the casino operator plans are part of an integrated plan to address existing needs in the region (e.g. workforce development, public transit). Stakeholders expressed this hope, but also the concern that the window of opportunity was primarily during the application phase. In addition, the assessment indicated that there is potential to either improve or exacerbate the existing inequities in health and the social determinants that affect health in the county. As discussed in the introduction, health inequity is defined as "disparities in health outcomes that emanate from unjust and unfair differences in social, economic and environmental conditions."<sup>219</sup>\_ Though there are aspects of the MGM-Springfield host community agreement and the Expanded Gaming Act that demonstrate the importance of equity by promoting the importance of a diverse workforce, it is not clear that plans are sufficient to address systemic barriers that create inequities, such as current workforce development barriers that may disproportionately affect specific populations. The following are recommendations to ensure that these factors are explicitly considered during the application review process and that processes are created to ensure ongoing review and modification of strategies (Table 21).

Key Finding(s)	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
Integrating resort casino plans with other initiatives in the region creates the greatest opportunity to address existing prioritized regional needs and increase the potential to positively impact health. A resort casino has the potential to improve or worsen health inequities depending on strategies implemented.	<ol> <li>The Massachusetts Gaming Commission should include the following in their evaluation of casino operator Phase 2 applications:         <ul> <li>a. how the casino operator plans to leverage existing regional resources and feed into integrated strategies to address existing prioritized regional needs, including but not limited to: improved public transit and infrastructure to support alternative methods of transportation; regional workforce development and career pathway programs; livable wage employment; and addressing disordered gambling</li> <li>b. the extent to which the casino operator describes plans to minimize negative health impacts and promote positive health impacts</li> </ul> </li> </ol>	MGC	II: casino operator plans include regional needs and health impact components	РНС	January- April 2014
See above	<ul> <li>2. A transparent, dynamic process should be established that ensures continued collaborative work between licensed casino operator, municipalities, community organizations, etc. during casino development and operation, to: 1) evaluate the extent to which resort casino development and operation improves health equity and existing regional prioritized needs, 2) modify plans as needed, and 3) allocate funding to support implementation of modified plans. The process should include the following:</li> <li>a. The MGC should make gaming impact data publicly available by annually posting reports based on data from casino operators and the MGC funded research team (UMass SEIGMA) on a state website. Reports should include data on monitoring indicators identified in this report and other casino impact data as deemed appropriate.</li> <li>b. Reports should include but not be limited to employment and workforce development reports (where hired from, vulnerable population statistics, retention rates, etc.),</li> </ul>	- MGC - casino operator - UMass SEIGMA - Workforce Collaborative - Problem Gambling Collaborative - Transportation Collaborative (see corresponding recommendation sections for information on Collaboratives)	Pl: data and reports posted on website Pl: evaluation of efficacy of strategies completed Pl: collaborative identification of any needed modification of strategies Pl: public posting of recommended modifications to strategies	PHC	annually

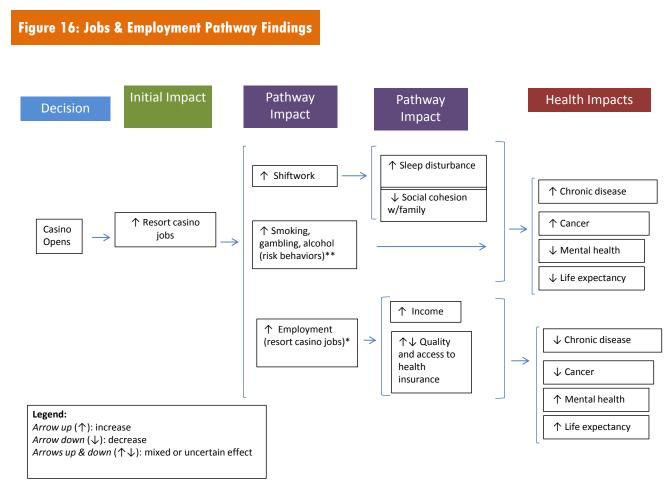
# Table 21: General Recommendations and Monitoring Plan

Key Finding(s)	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
	traffic and transportation reports, disordered gambling reports, etc. The State of PA provides an example of this form of publicly available data for workforce diversity. <sup>220</sup>				
	<ul> <li>c. These reports should be reviewed annually by the Workforce, Problem Gambling and Transportation Collaboratives identified in jobs/employment, traffic and access to gambling pathway recommendations to: <ol> <li>assess whether strategies are improving health equity and addressing prioritized regional needs, 2) modify strategies as needed based on data, 3) reallocate funding to modified initiatives as needed, 4) make connections to other efforts across the community that compliment casino efforts.</li> </ol> </li> </ul>				
	<ul> <li>d. The host community and MGC should make Collaborative findings (2c above) available for public review</li> </ul>				
See above	3. The MGC and host community should create processes to allow for data-driven assessment and modification of casino operator strategies, host community agreement strategies, and other casino revenue funded activities as needed. These processes should also allow for the appropriate reallocation of funding to support modifications. The assessment should demonstrate how strategies are or are not effectively: addressing negative casino impacts, integrating casino operator plans with other strategies to improve prioritized existing regional needs, addressing health inequities.	- MGC - host community	PI: processes in place	РНС	annually

\* PI=Process Indicators (measures used to assess whether the recommended strategies are implemented)

II= Impact Indicators (measures used to assess whether the recommendations have an impact on social determinants of health and/or health outcomes)

# **Jobs and Employment**



\* Assessment focus is on impact of employment on unemployed

\*\* Relates specifically to casino employees

The assessment found that the resort casino would increase job opportunities in the county and subsequently have a positive effect on employment and health among unemployed individuals. Existing unemployment rates in Springfield are 64% higher than the state unemployment rate and 30% higher than that of the county. In Springfield and the county as a whole, large racial/ethnic inequities exist for unemployment, which likely contributes to existing health inequities. Local hiring would ensure that the host and surrounding communities directly impacted by a resort casino would have the greatest employment-related benefit. It was also found that current regional workforce challenges and barriers - including limited workforce readiness skills, public transit, and available adult basic education - could limit the potential positive effect. In addition, turnover rates may be high as best available evidence suggests that resort casino entry level position rates may be as high as 40%. Estimates are based on rates found for other casinos and are similar to those found for entry level positions and hospitality and retail industry positions. The assessment also found that attributes of resort casino jobs could negatively impact health. Studies have found that casino employees have a higher prevalence of smoking, alcohol use, and disordered gambling. In addition, casino and hotel positions that require shiftwork could negatively impact health as shiftwork has been found to increase risk for negative health outcomes. In

particular, night shift work has been found to be particularly detrimental for some people because of circadian rhythm dysfunction.

The Massachusetts Casino Careers Institute training programs for resort casino positions will help prepare the local workforce for the resort casino positions. However, there is concern that unemployed and underemployed most in need may not be able to access needed basic education required to qualify for the MA Casino Careers Institute and resort casino positions. The following recommendations were developed based on extensive input from representatives from the MA Casino Careers Training Institute and the Hampden County Regional Employment Board and are meant to support the work that will take place by the Casino Careers Training Institute to build workforce capacity (Table 22).

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
The more casinos hire locally (i.e. host community, surrounding communities, county), the greater the positive	<ol> <li>Casino operator should clearly articulate their plans to meet their stated goal to hire at least 35% of its employees from Springfield and no more than 10% from outside the City and surrounding area. These plans should include a</li> </ol>		PI: Clearly defined strategies	Workforce Collaborative (see below)	annually
benefits to the communities being impacted by the casino.	efits to thedefinition of the term "surrounding area" andmunities beingshould also state how the casino operator plans		II: Total number of resort casino employees; number from host community, surrounding communities, county, region	casino operator	annually
			II: Employment rate – host community, surrounding communities, county, region	UMass SEIGMA	baseline and annual follow-up
			II: Unemployment rate- host community, surrounding communities, county, region	UMass SEIGMA	baseline and annual follow-up
		II: Position characteristics, including average income, percent full-time, percent shiftwork, percent positions that provide economic self- sufficiency, turnover rates	casino operator	annually	
Regional barriers exist that could prevent those most in need from obtaining the new resort casino jobs. They include: limited workforce readiness capacity, limited community outreach to	<ol> <li>MGC should provide funding to the Massachusetts Casino Careers Training Institute to convene a regional Workforce Collaborative as part of its regional efforts. The Workforce Collaborative should promote cross-sector strategies to ensure 1) needed workplace readiness training to obtain and retain resort casino jobs, 2) support as trainees transition from training to employment, 3)</li> </ol>	- MGC - Western MA Casino Careers Training Institute	PI: Funding provided to support collaborative PI: Collaborative in place	Partners for a Healthier Community	baseline and annual follow-up

#### Table 22: Jobs and Employment Recommendations and Monitoring Plan

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
link unemployed individuals to needed basic adult education/training, and limited access to needed adult basic education (ABE) and English as a second language courses (ESOL).	strategies and programs are in place to ensure that the underemployed and unemployed are receiving training needed to obtain resort casino positions. This collaborative should include, but not be limited to, local community colleges, regional employment board, casino operator, vocational training organizations, Literacy Works, Springfield Adult Basic Education Collaborative, and public health agencies.				
Regional barriers exist that could prevent those most in need from obtaining the new resort casino jobs. (see above)	<ol> <li>Workforce Collaborative should identify and implement formal cross-sector strategies to address the following:         <ul> <li>a. Identifying and addressing barriers to employment among local residents, vulnerable populations and those experiencing unemployment disparities</li> <li>b. Identifying those in need of additional workplace readiness training prior to hiring and/or upon employment and to ensure that identified needed training is received</li> <li>c. Connecting and streamlining outreach, training and retention components of workforce development</li> </ul> </li> </ol>	Workforce Collaborative	Pl: Strategies identified and in place II: Number of people receiving basic adult education and ESOL through identified strategies II: Number receiving workforce readiness training II: Number of people receiving services through outreach efforts	Workforce Collaborative	annually
Regional barriers exist that could prevent those most in need from obtaining the new resort casino jobs. (see above)	<ul> <li>4. Casino operator should work with the Casino Careers Training Institute and the Workforce Collaborative to: <ul> <li>a. Clearly articulate an understanding of skills needed to obtain resort casino positions and where to obtain needed skills.</li> <li>b. Identify resort-casino occupations for which there may be a regional shortage, and thus negative regional impact, due to the</li> </ul> </li> </ul>	casino operator	Pl: Clear publicly available description of resort casino career pathways Pl: Priority occupations identified and training programs developed II: Number of employees advancing through resort casino career paths	Casino operator	annually

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
	<ul> <li>limited number of skilled potential employees in the region (i.e. culinary, IT, technical skill programs). Training programs should be created for these prioritized occupations.</li> <li>c. As described in the Expanded Gaming Act, articulate transparent career paths with measurable criteria that allow employees to seek advancement and provide resources to obtain needed education/skills for promotion (Section 119.01(34)). Incentives should also be utilized to encourage employee participation in career paths.</li> </ul>				
Regional barriers exist that could prevent those most in need from obtaining the new resort casino jobs. (see above)	<ul> <li>5. Funding should be provided by casino operator and designated by MGC from state casino gaming revenue to the following organizations to prepare the workforce for entry into MA Casino Careers Training Institutes: <ul> <li>a. Community-based organizations to strengthen outreach programs aimed at identifying those in need of additional education and training to prepare them for Casino Careers Training Institute. Funding should be provided through a grant process to qualified organizations.</li> <li>b. Regional Employment Board of Hampden County's Literacy Works Collaborative to support additional availability of Adult Basic Education and English as a Second Language courses.</li> </ul> </li> </ul>	- casino operator - MGC	PI: Funding made available for outreach and ABE and ESOL PI: Increased number of basic education courses II: Number completing basic education courses that enter MA Careers Training Institute or obtain resort casino employment	Workforce Collaborative	Baseline, annually

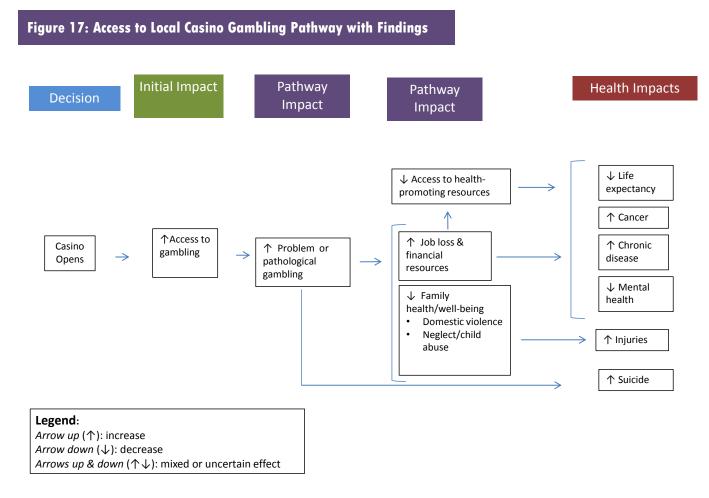
Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
Resort casino position turnover rates may be high, particularly for entry level positions	<ol> <li>Casino operator should clearly articulate strategies to promote employee retention to the Workforce Collaborative and MA Casino Careers Training Institute.</li> </ol>	casino operator	Pl: Strategies clearly communicated II: Annual resort casino turnover rate	Casino operator	Annually
Limited public transit service is a documented regional barrier to accessing entry-level positions.	<ol> <li>Increased availability and access to public transit (see traffic pathway recommendations)</li> </ol>				
Large local racial/ethnic disparities exist in unemployment levels, which likely contribute to local health disparities.	8. MGC should require casino operator to monitor and report employee characteristics, including residence, race/ethnicity, sex, veteran status, etc. Data should be made publicly available through a website described in General Recommendations.	- MGC - casino operator	II: Diversity/equity characteristics of employees (race/ethnicity, sex, disability status, veteran status)	casino operator	annually
Casino employees have been found to have higher prevalence of health risk behaviors (smoking, alcohol, and problem gambling) which negatively impacts health.	<ul> <li>9. Casino operator should implement programs to address increased casino employee risk behaviors of smoking, alcohol abuse and disordered gambling. Recommended strategy includes working with the Center for the Promotion of Work in the New England Workplace (CPH-NEW) to explore the development of a coordinated health promotion and occupational health &amp; safety program using the NIOSH Total Worker Health (TWH) approach, which is a team-based approach that includes both management and front-line employees. Approach should include items below.</li> <li>Design interventions including on-site and off-site employee assistance/wellness programs that include a focus on stress reduction approaches.</li> </ul>	casino operator	Pl: Interventions in place to promote employee wellness programs Pl: Workplace supports in place to support healthier behaviors Pl: Number of employees participating in workplace wellness programs II: Percent casino employees that smoke, have excessive alcohol consumption, or are disordered gamblers	PI: casino operator II: UMass SEIGMA	baseline and annual follow-up

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
	<ul> <li>Implementation of workplace supports for healthier behaviors, including exercise and healthy food options on site.</li> <li>Appropriately targeted employee incentives; focus/support groups; employee and manager education on risk behaviors and alternative coping strategies; and other best practice models to promote participation in wellness programs.</li> <li>Monitoring to assess use and efficacy of programs.</li> </ul>				
A large proportion of resort casino employees will work non-standard work hours, or shiftwork, which has been associated with increased risk for negative health outcomes. A substantial percentage of gaming positions will work night shift-work, which has the most risk for negative impacts due to circadian rhythm disruption.	<ul> <li>10. Casino operator should implement programs to address health concerns related to shift work, including: <ul> <li>a. Education of employees and management on techniques to mitigate sleep disruption due to shift-work including black out curtains, ear plugs, etc.</li> <li>b. Consider reimbursing for or providing shiftwork related sleep disruption products, such as black out curtains.</li> <li>c. Implementation of evidence-based policies to reduce negative health impacts of shiftwork, such as ensuring adequate time to sleep between shifts (at least 11 hours between shifts) and keeping employees on standard shifts or rotating shifts forward.<sup>221</sup></li> <li>d. Support for stress reduction and healthier behaviors as identified in recommendation 9 above.</li> </ul> </li> </ul>	Casino operator	Pl: Resort casino strategies in place to mitigate negative effects of shift work	casino operator	baseline and annual follow-up

\* PI=Process Indicators (measures used to assess whether the recommended strategies are implemented)

II= Impact Indicators (measures used to assess whether the recommendations have an impact on social determinants of health and/or health outcomes)

# Access to Local Casino Gambling- Problem and Pathological Gambling



Problem and pathological gambling, or disordered gambling, is an addictive disorder that negatively affects the health of the individual and their family. Best available evidence suggests that an estimated 2.7% of Hampden County residents are disordered gamblers. Access to local casino gambling in Western Massachusetts would likely lead to an initial increase in disordered gambling with a probable decrease over time. Populations experiencing some of the greatest health inequities in our county are also vulnerable to higher rates of problem and pathological gambling, particularly those of low SES/income and some racial/ethnic populations. The younger one starts to gamble, the greater the likelihood that they will be a problem gambler later in life. Few people with gambling disorders seek treatment and there is currently limited local capacity to identify and treat gambling disorders. Efforts are underway to promote responsible gambling at new casino sites, including the MGC's development of a responsible gambling framework and casino operators' required inclusion of strategies to address disordered gambling in their applications. The following includes recommendations for specific strategies that complement these efforts. In some cases, strategies may already be considered as part of the MGC and casino operator efforts. However, they are included because of the community's belief and WMCHIA findings indicating that they are important components of an integrated strategy to prevent, treat and manage disordered gambling (Table 23).

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
Access to a local casino will likely lead to an initial increase in disordered gambling with a probable decrease over time.	<ol> <li>The Western MA Council for Gambling Accountability should work in conjunction with the MA Department of Public Health to convene a Problem Gambling Collaborative between the licensed casino operator, mental health providers, local law enforcement, healthcare providers, public health agencies, and other identified stakeholders to develop best practice cross- sector strategies to identify, treat and manage pathological gambling. Examples of the type of cross-sector initiatives to be considered include:         <ul> <li>a. gambling courts</li> <li>b. screening in high-risk populations (e.g. mental health clinics, emergency rooms)</li> <li>c. general screening by primary care providers (e.g. short screening tools as part of medical history questionnaire)<sup>222-224</sup></li> <li>d. health insurance reimbursement for disordered gambling screening</li> </ul> </li> </ol>	- Western MA Council for Gambling Accountability - MDPH	P11: Collaborative convened P12: Cross-sector initiatives to address disordered gambling implemented	PI1:PHC PI2: Problem Gambling Collaborative	baseline and annually
There may be a lack of understanding of problem and pathological gambling as a serious problem in the general population.	<ol> <li>The following strategies should be implemented to prevent development of disordered gambling and to raise community awareness of disordered gambling, risk factors and treatment options. Funding should be provided through the Public Health Trust Fund to implement the strategies described below.</li> <li>MGC, casino operator and Problem Gambling Collaborative should employ Strategic Frame Analysis<sup>TM</sup> approach to creating communications about gambling</li> </ol>	- MGC - casino operator - Problem Gambling Collaborative - MDPH - local mental health providers - local public health agencies	PI: Funding provided for prevention strategies PI: Disordered gambling public awareness campaign conducted PI: Problem gambling information center located in licensed casino operator facility II: Number of disordered gamblers	Pl: Problem Gambling Collaborative II: UMass SEIGMA	baseline and annually

## Table 23: Problem and Pathological Gambling Recommendations and Monitoring Plan

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
	as a process addiction. <sup>225</sup> The aim is to reframe gambling addiction as a social issue, change the public conversation about solutions, and advance systemic actions.				
	<ul> <li>MGC, casino operators, casino host communities and the Problem Gambling Collaborative should adopt an overarching communications framework for aligning and/or conducting joint public awareness campaigns about disordered gambling, treatment options, and where to go to get help.</li> </ul>				
	c. In addition to the Expanded Gaming Act's requirement that casino operators provide onsite complementary space for a substance abuse and mental health counseling center, it is recommended that the casino operator have responsible gambling information centers in their facilities.				
The younger one starts to gamble, the greater the likelihood that they will be a problem gambler later in life.	<ol> <li>Prevention strategies should be conducted targeting vulnerable populations, including:</li> <li>a. The MA Department of Elementary and Secondary Education (MA DESI) should work with local schools to use the evidence-based program Stacked Deck to educate youth about gambling (e.g. odds of winning, statistics), risk factors for problem and pathological gambling, and pathological gambling as an addictive disorder.<sup>226</sup></li> </ol>	- local public schools -MA DOE - institutions of higher education	Pl: Number of schools educating children on gambling and problem gambling Pl: Number of institutes of higher education conducting disordered gambling awareness raising activities	Pl: Problem Gambling Collaborative II: UMass SEIGMA	
	<ul> <li>MGC and the Problem Gambling Collaborative should work jointly with institutions of higher education to conduct a general awareness campaign</li> </ul>				

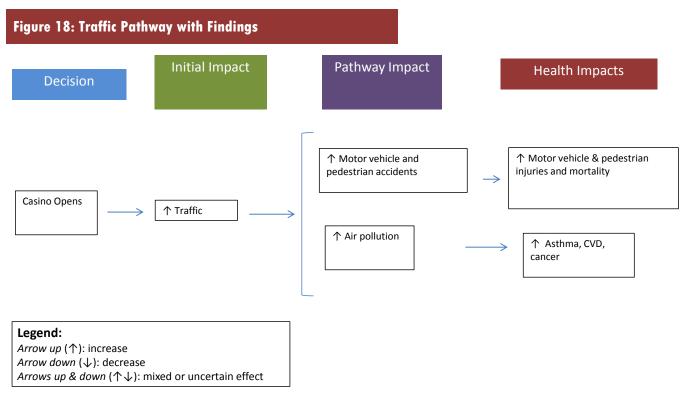
Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
	using the communications strategy described in Recommendation 2 and to implement research-based disordered gambling prevention strategies with their students.				
Access to a local casino will likely lead to an initial increase in disordered gambling with a probable decrease over time.	<ul> <li>4. a. Recognizing that the MGC is developing a responsible gambling framework, it is recommended that the following practices be considered for inclusion in their best practices:<sup>227</sup> <ol> <li>self-exclusion,</li> <li>pre-commitment,</li> <li>limiting reward/loyalty card participation,</li> <li>responsible features on gaming machines</li> <li>restricting access to money (e.g. no ATMs on gaming floor)</li> <li>advertising restrictions</li> </ol> </li> <li>b. It is recommended that the casino operator implement the best practice policies aimed at assisting disordered gamblers in managing their addiction as recommended by the MGC Responsible Gambling initiative and the above mentioned Problem Gambling Collaborative</li> </ul>	- casino operator - MGC - Problem Gambling Collaborative	Pl: Disordered gambling prevention, treatment and management strategies implemented	UMass SEIGMA	annually
Casino employees have been found to have higher prevalence of health risk behaviors smoking, alcohol, and problem gambling (see jobs/employment)	<ol> <li>Casino operator should train their employees on increased risk of employee problem gambling as part of the MGC regulations requiring employee training to identify patrons with problem gambling (MGC REG. 119.01(26)).</li> </ol>	casino operator	Pl: Employee education program in place Il: Number of employees with disordered gambling	PI: casino operator II: UMass SEIGMA	baseline and periodically
There is limited local capacity to identify and treat gambling disorders in Western MA.	<ol> <li>Funds from the Public Health Trust Fund should be used to support training and certification of local mental health and addiction providers on disordered gambling.</li> </ol>	MGC	PI: Funding allocated to train and certify mental health providers on disordered gambling PI: Number of local	PI: Problem Gambling Collaborative	baseline and annually

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
			providers certified to treat disordered gambling		
Populations experiencing some of the greatest health inequities in our county are also vulnerable to higher rates of problem and pathological gambling, particularly low-SES/income individuals and racial/ethnic populations.	7. Casino operator, local treatment providers and public health professionals should ensure that all strategies to prevent, treat and manage gambling disorders are accessible to vulnerable populations, including ensuring that they are culturally competent, accessible and affordable.	Problem Gambling Collaborative	Pl: Materials in a format accessible to vulnerable populations II: Percent disordered gamblers from vulnerable populations (youth and young adults, racial/ethnic populations, low income)	PI: Problem Gambling Collaborative II: UMass SEIGMA	baseline and annually

\* PI=Process Indicators (measures used to assess whether the recommended strategies are implemented)

II= Impact Indicators (measures used to assess whether the recommendations have an impact on social determinants of health and/or health outcomes)

# Traffic



A casino will likely increase traffic regionally and in host and surrounding communities. High levels of short and long-term traffic-related air pollution increase risk for asthma, CVD and cancer morbidity and mortality. It is anticipated that the increase in traffic will lead to a slight increase in regional air pollution levels. It is likely that the increased traffic will have more of an impact on near roadway exposure to air pollution, particularly on the urban streets of Springfield as access to the casino from the highways requires travel on local roadways. Vulnerable populations that will experience disproportionate effects include children, elderly, and those with preexisting conditions. In Springfield, Hispanics and African-Americans will be disproportionately impacted as they experience high rates of asthma and cardiovascular disease hospitalizations when compared to non-Hispanic Whites. In particular, a large number of Hispanics live within 200 meters of the likely local casino access routes and would be exposed to the increases in near roadway air pollution. Increases in traffic due to a casino may also increase risk for motor vehicle related injuries and fatalities. Predicted increases in traffic volume in Springfield reach levels associated with increased risk for pedestrian injury in urban settings found in some studies. It is not clear the extent to which other factors that affect risk for motor vehicle-pedestrian collisions (e.g. roadway conditions, intersection safety measures) may mediate this increased risk. Public transit options exist with Springfield having the most extensive public transit access in the region. However, Springfield residents still cite barriers to usage including long wait times and insufficient access. In particular, service is not provided during overnight hours and is limited on weekends. This limited service has been described as a barrier to employment for entry-level shift work positions in Springfield. Table 24 provides recommendations to reduce the potential negative impact of casino-related increases in traffic on health.

#### Table 24: Traffic Recommendations and Monitoring Plan

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
A resort casino will lead to an increase in traffic, which has the potential to impact health through increases in near roadway pollution, regional air pollution and increased motor vehicle collisions.	<ol> <li>MGC should provide funding to Pioneer Valley Planning Commission to convene a regional Transportation Collaborative to 1) identify and implement best practice strategies to reduce likely casino-related traffic increases in the region and host communities once a casino operator has been identified, and 2) make data-driven recommendations to modify strategies based on efficacy once casino is operational (see General Recommendations). Strategies should integrate casino operator plans, PVTA transit plan, municipal and other regional plans. Transportation Collaborative should include, but not be limited to, the casino operator, PVTA, municipal representatives, local and regional public health agencies, MA Department of Public Health, MA Department of Transportation, and transit advocacy initiatives. Strategies considered should include:         <ul> <li>a. promising alternative models of transit that have demonstrated efficacy, including hub and spoke models</li> <li>b. use of transportation demand management strategies (i.e. strategies to reduce amount of traffic), including but not limited to promotion of public transit and infrastructure to encourage alternative modes of travel such as walking or biking</li> </ul> </li> </ol>	-MGC -PVPC	P11: Funding provided to convene Transportation Collaborative P12: Collaborative convened P13: Integrated strategies to reduce traffic identified and implemented II: Traffic volume – host community, surrounding community, county II: Motor vehicle collisions II: Motor vehicle collision injuries and fatalities II: Air pollution	PI1&PI2: PHC PI3: Transportation Collaborative II: MGC designated agency, such as the Pioneer Valley Planning Commission or UMass SEIGMA	baseline and annually

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
A resort casino will lead to an increase in traffic, which has the potential to impact health through increases in near roadway pollution, regional air pollution and increased motor vehicle collisions.	<ol> <li>Casino operator, host community, surrounding communities and PVTA should implement best practice strategies to promote the use of public transit and alternative modes of transportation. This includes MGM implementation of the transportation demand strategies identified in their traffic assessment report, which includes but is not limited to:         <ul> <li>a. Promotion of employee use of public transit, carpooling, walking</li> </ul> </li> </ol>	<ul> <li>casino operator</li> <li>host community</li> <li>surrounding</li> <li>communities</li> <li>PVTA</li> </ul>	Pl: Strategies in place to promote alternative modes of transportation II: Number of casino employees and patrons using public transportation	Pl: Transportation Collaborative (see recommendations) II: MGC designated agency, such as the Pioneer Valley Planning Commission or UMass SEIGMA	annually
	and biking to work b. Bicycles provided for employees				
	<ul> <li>c. Programs for employees that use to have access to transportation at work as needed, such as Zipcar<sup>TM</sup> and guaranteed ride home</li> </ul>				
	d. Trolley bus system to provide timely transportation service between Union Station, major Springfield attractions and proposed resort casino. Cost structure should be implemented that maximizes usage (e.g. fee free, tiered costs). Trolley bus should use alternative fuel or other mechanisms to minimize impact on air quality.				
A resort casino will lead to an increase in traffic, which has the potential to impact health through increases in near roadway pollution, regional air pollution and increased motor vehicle collisions.	3. Casino operator should document and report to the Transportation Collaborative their methods of promoting public transit, alternative transportation measures and how efforts align with regional strategies	casino operator	Pl: strategies reported	Pl: Transportation Collaborative	annually

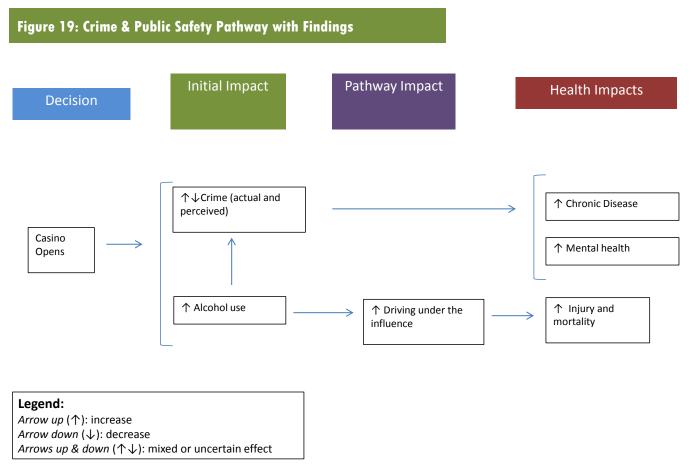
Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
Barriers have been cited to accessing public transit in Springfield, including long wait times and insufficient coverage. Inadequate access to public transit has been described as a barrier to entry-level shift work employment.	<ul> <li>4. Recognizing that limited funding over time has resulted in restricting the responsiveness of Pioneer Valley Transit Authority service to fully address local needs, we recommend the following: <ul> <li>a. MGC should ask PVTA and MDOT to identify transit service required to address the needs created by the new resort casino. Based on the proposed increase in transit service, MGC should allocate a suitable percent of revenue to transit upgrades and require the casino operator to provide an appropriate amount as well. Assessment of transit needs should include consideration of current transit capacity to support employee shiftwork.</li> <li>b. The casino operator should assess potential for instituting public transit mechanisms for their employees (e.g.</li> </ul> </li> </ul>	- MGC - PVTA - MDOT - casino operator	PI: assessment of public transit needs completed PI: funding provided to upgrade transit system II: number of patrons and employees utilizing public transit	Pl: Transportation Collaborative (see recommendations) Il: casino operator	annually
Increases in traffic due to a casino may increase risk for motor-vehicle related injuries and fatalities,	<ul> <li>casino operator bus), particularly in the case where public transit options do not provide adequate service.</li> <li>5. Casino operator should provide funding to assess intersections in a mile radius of the proposed casino, and in partnership with municipal agencies, upgrade those that are</li> </ul>	- casino operator - host community municipal departments as	PI: assessment conducted PI: upgrades completed	Pl: Transportation Collaborative Pl: Host Community	baseline and one year following
including pedestrian and cyclist injury.	found by the Transportation Collaborative to be significantly adversely impacted. Upgrades should promote traffic calming and facilitate pedestrian and bicycle use. This should include street lighting and decorative amenities to promote walking and biking, which would also serve as a crime prevention measure (see Crime Recommendations- crime prevention through	appropriate	Completed		opening

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
	environmental design).				
Increases in near roadway exposure to air pollution due to resort casino traffic will likely increase risk for asthma, CVD and cancer for some vulnerable populations in Springfield.	6. Casino operator and municipal agencies should develop strategies to minimize impact of near roadway air pollution exposures on vulnerable populations to the extent possible through traffic demand management strategies, or other evidence-based strategies to reduce exposure (e.g. barriers, roadside vegetation). Strategies should also be developed to maintain these interventions.	- casino operator - host community municipal departments as appropriate	Pl: Strategies in place II: Asthma and cardiovascular disease prevalence and hospitalizations	PI: Transportation Collaborative (see recommendations) II: UMass SEIGMA	annually

\* PI=Process Indicators (measures used to assess whether the recommended strategies are implemented)

II= Impact Indicators (measures used to assess whether the recommendations have an impact on social determinants of health and/or health outcomes)

# **Crime and Public Safety**



Stakeholders have raised concerns that a casino will increase crime in host and surrounding communities. It is unclear the extent to which a casino would impact crime as studies have had mixed findings. Those studies finding an increase have found an average increase of 10%. Crime victims experience negative physical and mental health impacts. Best available evidence suggests that driving under the influence will probably increase with likely free access to alcohol at casinos. This would subsequently lead to increased risk for collisions and increased likelihood of associated injury and fatalities. Community environment contributes to perception of crime and can affect actual crime rates. Perception of crime was found to be high in Springfield. Perceived crime and safety in the community has been found to negatively impact health. As some community residents have expressed concern about a casino increasing crime rates, a casino could increase perception of crime. Conversely, elements included in MGM's proposed design and funding through the host agreement to improve properties in the City could decrease perception of crime. Community characteristics and the extent to which a community is accepting of the proposed casino and prepares accordingly are believed to affect a casino's impact on crime rates in the host community. Environmental design aimed at increasing foot traffic and "eyes on the street" has been shown to decrease crime. Table 25 provides recommendations to address potential impacts of the proposed casino of crime, and alcohol-related motor vehicle collisions.

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
A casino may increase crime rates and perception of crime.	<ol> <li>Casino impacts on crime rates and the perception of crime in the host community should be monitored by the Police Department. Efforts should be targeted appropriately to monitor and address direct impacts on crime in the neighborhoods in which the casino will be located (in Springfield - South End, Metro Center), and indirect impacts to surrounding neighborhoods. Community policing strategies – which engage local residents, the police department, other community stakeholders, and the casino in partnership - should be used to monitor and address crime.</li> </ol>	host community police department	PI: assessment of crime rates and perception of crime conducted PI: community policing strategies in place to assess and deter crime II: crime rates (overall and by type)	PI: Springfield Police Department II: UMass SEIGMA	baseline and annually
Community environment contributes to perception of crime and can affect crime rates.	2. MGM has proposed design concepts that include elements that will prevent crime. A joint casino and host community effort should be established to ensure 1) the utilization of these and other crime prevention through environmental design concepts in casino development, planning, and operation stages, and 2) that these efforts are aligned with any related city activities. Crime prevention strategies should include ensuring proper lighting, offering pedestrian amenities, and maintaining private properties and public spaces. These strategies will also support efforts to promote walking and biking as alternative modes transportation (see Traffic Recommendations).	- casino operator - City of Springfield (planning department, DPW, etc.)	PI: environmental design crime prevention strategies implemented II: crime rates	PI: PHC II: UMass SEIGMA	baseline and annually

#### Table 25: Crime & Public Safety Recommendations and Monitoring Plan

Key Finding	Recommendation	Entity Responsible for Enacting Recommendations	Monitoring Indicators*	Monitoring Agency*	Timing
Perception of crime is high in Springfield. It is likely higher than the reality due to the visibility of distress, particularly heavily trafficked corridors.	3. The City of Springfield and other community development organizations should implement strategies to support the proposed MGM proposal and host agreement elements that increase foot traffic and "eyes on the street" by promoting connectivity between the casino, other City attractions (e.g. museums, Basketball Hall of Fame) and Main Street. Examples include publicly available maps, street kiosks, and cobblestone walkways.	- City of Springfield - casino operator	Pl: strategies implemented to promote connectivity	PI: PHC	annually
Driving under the influence will likely increase with greater access to free alcohol, thus increasing risk for collisions leading to injury and fatalities.	<ul> <li>4. Implement best practices to reduce likelihood of overconsumption of alcohol and driving under the influence, including: <ul> <li>a. Funding from the host agreement community impact fund should be provided to the local health department to conduct a campaign about risks and consequences of driving under the influence of alcohol in collaboration with community partners and the licensed casino operator. The campaign should be both community-wide and at the resort casino site.</li> <li>b. Host community police department should conduct expanded sobriety checks<sup>168</sup></li> <li>c. Host community police department and casino operator should strictly enforce minimum legal drinking age and zero tolerance laws</li> </ul> </li> </ul>	- host community health department - casino operator - host community police department	PI: public awareness campaign conducted PI: strategies implemented to prevent driving under the influence II: DUI/DWI rates – host community, surrounding communities, county II: Injury and mortality due to DUI/DWI related motor vehicle collisions	Pl: host community health department II: UMass SEIGMA	baseline and annually

\* PI=Process Indicators (measures used to assess whether the recommended strategies are implemented)

II= Impact Indicators (measures used to assess whether the recommendations have an impact on social determinants of health and/or health outcomes)

# **Strengths and Limitations**

# **Strengths**

- The HIA report provided information on the impacts of a new resort casino in Western Massachusetts that can be proactively used to inform decision-making related to the licensing and operation of the casino so that decisions and processes have the strongest opportunity to result in positive health impacts.
- The assessment specifically examined the impacts of the proposed casino on the potential host community of • Springfield and the county given current existing conditions.
- The HIA proactively engaged a wide range of local, regional, and statewide stakeholders. The report, including the assessment and recommendations, reflects the needs and priorities of the community.
- The assessment incorporated a wide variety of data sources and evidence, including scientific peer-reviewed and gray literature; technical reports commissioned by casino operators; previous casino assessment reports; national, state and local data sources; content and technical expert opinion; host community agreements; and local and regional stakeholder input.

# Limitations

# General

- The scope of the HIA was limited by time and resource constraints. There were numerous potential impacts and populations that would likely be impacted by a new casino. Some important impacts were not able to be assessed, including the impact that a resort casino would have on economic development in Springfield. Some stakeholders believe that a resort casino would bring much needed economic development to the City, which could potentially impact the health of a number of residents. The short timeframe for completion and limited resources restricted our focus to the four prioritized pathways and to the potential host communities.
- The decision to focus on all potential host communities in Western Massachusetts, in an effort to maximize the impact of the HIA, limited our scope as well. Conducting community engagement efforts and assessment activities for the three potential host communities that were under consideration in the initial stages of our HIA reduced the number of impact areas that we could focus on.

# **Data and Research**

There have been a large number of assessments and studies examining the impact of casinos. The research has been conflicting for a number of these areas, likely because of differences in study design, baseline differences in communities examined, type of casino, etc. Thus, for some areas examined it is challenging to predict how a casino would impact Springfield. We have used public health principles and our best judgment to identify potential risks and benefits based on how these conflicting studies relate to specific proposals and baseline conditions in Western MA. In all cases, we have been transparent with regard to the degree of certainty in our assessment of potential impacts. In some cases, because it was unclear how the casino would impact the host communities, we were unable to make clear predictions.

• We used the best available data that we could gather to describe existing conditions. In some cases, data was only available for the county, region, or state. In those cases, we used that information to estimate conditions in the host communities or county. In addition, for some data indicators, older data was the best available data and used to approximate current conditions. These estimates may differ somewhat from actual conditions.



- The U.S. Census data used was predominantly three or five year pooled data estimates because of the small number of respondents for a given year. They are only estimates and may differ from current conditions.
- We used data from casino operator traffic, employment, and socioeconomic assessment reports in our HIA assessment as they were the best available source of data in some cases. We recognize that this is not an unbiased source of information and that estimates may not be entirely accurate.

# Methodological

- We made quantitative predictions when feasible using findings from research studies or methodologies utilized in other HIAs or assessments. These predictions are estimates meant to characterize impacts and only take into account a subset of factors likely to affect the actual impacts. Qualitative predictions were made if we were not able to make quantitative predictions. Again, these are estimates based on generalizations made from research and other evidence based on existing conditions.
- In our assessment of regional air pollution impacts, we were unable to use methods to translate the increases in regional air pollution to health impacts. We reached out to several experts but were unable to conduct the dispersion modeling needed to determine how the regional increases in air pollution would impact existing levels due to time constraints.

# Conclusions

A casino opening in Western Massachusetts is likely to have a number of potential impacts on health determinants and health outcomes related to jobs/employment, access to local casino gambling, traffic, and crime/public safety. There will likely be a mix of positive and negative health impacts. The extent to which the effects are positive or negative are dependent on the type of local and regional strategies put in place to promote positive impacts. Cross-sector collaboration and strategies that involve casino operators, municipalities, government agencies, local businesses, regional planning and transportation organizations, public health, health care, local service providers, municipal departments (e.g. health and human services, police, planning, economic development), non-profits, and other stakeholders in efforts to align casino operator activities with local and regional strategies have the greatest opportunity for synergy and positive impact.

In addition, the new casino and required mitigation measures required by the Expanded Gaming Act legislation present an opportunity to address existing identified needs in the Hampden County region, including but not limited to:

- expanded public transit service;
- access and promotion of alternative methods of transportation;
- workforce development to reduce existing barriers to employment;
- increased awareness of disordered gambling and number of individuals seeking treatment;
- increased capacity to treat disordered gambling locally;
- and improved physical elements of the City of Springfield's built environment that would reduce/deter crime, increase perception of safety, and increase walkability and connectivity to other neighborhoods and city amenities that would create an impression of a thriving district.

The new resort casino also has the potential to impact health equity in the region. New employment opportunities may lead to a reduction in some existing health inequities depending on the strategies put in place to ensure that vulnerable populations have the opportunity to access needed jobs. Increases in exposure to near road-way air pollution and access to local casino gambling have the potential to increase existing health inequities as vulnerable populations may experience disproportionately negative impacts. Thus, it is important to carefully consider the effects on these vulnerable populations and identify strategies to mitigate identified negative effects.

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# Appendices

#### Appendix A: Adult Health Prevalence Data - Behaviors, Physical and Mental Health

	Spring	gfield	Ham Cou	pden unty	Masso	achusetts	BRFSS years		
Indicator	%	95% Cl	%	95% Cl	%	95% CI	used		
Health Behaviors and Access	Health Behaviors and Access								
Fruits and Vegetable Consumption (5 or more per day)**	22.15	20.01, 24.46	24.86	20.76, 29.49	27.43	26.75, 28.1	2005, 2007, 2009		
Regular Leisure Time Physical Activity ***	44.27	41.9, 46.68	48.24	43.45, 53.01	52.22	51.6, 52.84	2001, 2003, 2005, 2007, 2009		
Current Smoker***	23.16	21.41, 25.01	21.21	17.74, 25.35	15.87	15.43, 16.3	2008, 2009, 2010		
Inability to see a Doctor Due to Cost <sup>**</sup>	12.82	11.03, 14.84	9.86*	7.5, 12.99	6.81	6.3, 7.32	2009, 2010, 2011		
Physical Health									
Obese (only) **	31.6	29.1 <i>5</i> , 34.17	26.22	21.76, 31.47	22.97	21.75,22 .97	2008, 2009, 2010		
Overweight or Obese**	67.08	64.65, 69.43	62.35	57.03, 67.41	58.85	57.89, 59.81	2009, 2010, 2011		
Hypertension**	31.15	29, 33.43	29	25.68, 33.26	25.82	25.22, 26.42	2008, 2009, 2010		
Heart Disease and Stroke**	6.98	5.99, 8.19	6.73	5.42, 8.35	5.85	5.58, 6.13	2008, 2009, 2010		
Asthma**	14.67	12.91, 16.61	12.06	10.17, 14.25	10.33	9.88, 10.78	2008, 2009, 2010		
Diabetes**	11.57	10.22, 13.13	9.58	7.5, 12.27	7.51	7.2, 7.82	2008, 2009, 2010		
Overall Health Status- Poor or Fair Health**	23.14	21.09, 25.34	16.84	13.88, 20.46	11.94	11.52, 12.35	2009, 2010, 2011		
Mental Health									
Current Depression**	15.31*	12.08, 19.23	10.32	7.42, 14.29	7.43	6.71, 8.15	2006, 2008, 2010		
General Mental Health – 15 or more days of Poor Mental Health***	15.33	13.9, 16.88	12.17	10.1 <i>5,</i> 14.61	8.86	8.52, 9.21	2007-2011		

Source: Massachusetts Behavioral Risk Factor Surveillance Survey

\*Prevalence estimate for the community meets one but not both DPH REPORTING RULES. (The estimates have adequate sample size, however, the precision of 95% CI is larger than the allowable requirements). The MDPH states "In order to provide data for more Massachusetts communities, we include town level estimates that may be based on relatively few respondents or have standard errors that are larger than average. The confidence interval (CI) for this community is wider than the normal limits set by MDPH. Therefore, the estimate for this town should be interpreted with caution."

\*\*Three years average prevalence among adults in MA

\*\*\*Five years average prevalence among adults in MA

--Unavailable

Appendix B:	Age-Adjusted Hospitalization	on Rates - Total and b	ov Race/Ethnicity, 2009
APPOINT D.	Age Aulosien nospinanzane		/ mace/ Enniterry/ 200/

	Springfield		На	ımpden	County	Massachusetts			
		Rate	per 100,000		Rate	per 100,000		Rate	per 100,000
	Count	Rate	95% CI*	Count	Rate	95% Cl*	Count	Rate	95% CI*
Cancer			•			•			
Total	492	336	307 - 366	1,712	336	320 - 352	26,674	387	382 - 391
White, Non-Hispanic	275	310	273 - 348	1,374	317	300 - 334	24,651	379	374 - 383
Black, Non-Hispanic	106	391	316 - 466	141	461	384 - 538	1,490	453	429 - 477
Hispanic	105	355	281 - 428	156	325	269 - 381	1,090	326	305 - 347
Lung Cancer									
Total	64	45	34 - 56	262	52	46 - 58	3,682	50	49 - 52
White, Non-Hispanic	42	47	33 - 62	231	53	46 - 60	3,338	51	49 - 53
Black, Non-Hispanic	11	45	18 - 71	14	50	23 - 76	138	44	36 - 51
Hispanic	10	37	13 - 60	13	31	13 - 49	78	30	23 - 37
Cerebrovascular Dise	ase								
Total	401	268	242 - 294	1,324	244	231 - 258	17,180	229	225 - 232
White, Non-Hispanic	209	206	177 - 235	1,050	218	205 - 232	14,629	216	213 - 220
Black, Non-Hispanic	86	346	272 - 420	98	351	281 - 421	1,035	346	324 - 367
Hispanic	98	437	343 - 531	149	443	366 - 521	769	272	251 - 293
Major Cardiovascula	r Disease								
Total	2,295	1550	1487 - 1612	7,649	1432	1401 - 1464	105,069	1401	1393 - 1409
White, Non-Hispanic	1,161	1170	1101 - 1238	5,967	1261	1229 - 1293	89,914	1335	1327 - 1344
Black, Non-Hispanic	553	2147	1972 - 2321	625	2163	1997 - 2328	6,329	2083	2032 - 2134
Hispanic	526	2329	2121 - 2538	887	2546	2371 - 2720	4,533	1596	547 - 1645
Mental Disorders									
Total	2,765	1820	1753 - 1888	6,593	1421	1387 - 1455	53,395	786	780 - 793
White, Non-Hispanic	1,159	1667	1570 - 1764	4,151	1233	1195 - 1271	41,894	768	760 - 775
Black, Non-Hispanic	444	1386	1257 - 1516	523	1418	1296 - 1540	3,563	878	849 - 908
Hispanic	1,069	2387	2236 - 2538	1,726	2313	2196 - 2431	4,660	860	833 - 887

		Springfield			mpden	County	Massachusetts		
	Count	Rate	per 100,000	Count	Rate per 100,000				per 100,000
	Count	Rate	95% CI*	Count	Rate	95% CI*	Count	Rate	95% Cl*
Asthma									
Total	3,253	2123	2050 - 2196	6,965	1472	1437 - 1507	64,572	938	931 - 945
White, Non-Hispanic	898	1200	1119 - 1281	3,433	946	914 - 978	45,981	803	796 - 811
Black, Non-Hispanic	556	1770	1622 - 1918	653	1819	1679 - 1960	6,916	1789	1745 - 1832
Hispanic	1,732	4435	4204 - 4666	2,728	4350	4167 - 4533	8,478	1809	1765 - 1852
СОРД									
Total	4,977	3297	3207 - 3387	13,230	2662	2617 - 2707	151,342	2101	2090 - 2111
White, Non-Hispanic	2,057	2419	2312 - 2525	8,836	2122	2077 - 2166	125,974	1997	1986 - 2008
Black, Non-Hispanic	817	2786	2596 - 2976	959	2898	2715 - 3080	9,771	2770	2714 - 2826
Hispanic	2,003	5704	5430 - 5977	3,214	5816	5594 - 6038	10,602	2645	2589 - 2701

Source: MDPH, MassCHIP, Massachusetts Hospitalization Discharge Dataset, 2009

	Springfield		Hampde	en County	Massachusetts		
		Rate per		Rate per		Rate per	
Hospitalization Category	Count	100,000	Count	100,000	Count	100,000	
Cancer	412	270	1,558	336	27,404	413	
Lung Cancer	54	35	220	47	3,448	52	
Cerebrovascular disease	391	256	1,347	290	17,423	263	
Major Cardiovascular Disease	2,218	1,453	7,176	1,547	102,030	1,539	
Mental Disorders	3,156	2,068	7,517	1,621	59,424	896	
Respiratory Diseases	1,798	1,178	5,813	1,253	76,740	1,158	
Asthma	351	230	914	197	10,661	161	
COPD	702	460	2,281	492	27,791	419	

# Appendix C: Unadjusted Hospitalization Rates, 2012

Source: Massachusetts Hospitalization Discharge Dataset, 2012

#### Appendix D: Community Forum and Survey Results

A community forum was held in each of the 3 potential host communities. The Palmer and Springfield forums were held in Spring 2013 and were used to inform the selection of prioritized pathways during the Scoping Phase. Despite best efforts, the West Springfield forum could not be held until August 2013. Input from the W. Springfield community forum was used to help better understand potential impacts and to ground truth our pathway diagrams.

Below are the top impacts identified through the community survey and through the Springfield and Palmer community forums. Following is a summary of the findings from the West Springfield community forum.

#### Forum and Survey Input used to Inform Scoping

#### Springfield

Online Survey (n=66)

- 1. Jobs/employment/income
- 2. Crime & safety
- 3. Problem gambling
- 4. Traffic
- 5. Family health

#### *Community Forum (n=15)*

- 1. Problem gambling and addiction
- 2. Crime and safety
- 3. Increased leisure (improved QOL)(riverfront)
- 4. Jobs/employment
- 5. Improved public service/safety capacity (schools, police)

Springfield	Onlin	e Survey	<b>Community Forum</b>			
	Top 5	Rank	Top 5	Rank		
jobs/employment/income	Х	1	Х	4		
crime & safety	Х	2	Х	2		
problem gambling	Х	3	Х	1		
traffic	Х	4				
family health	Х	5				
increased leisure (improved QOL)			Х	3		
improved public service/safety			Х	5		
capacity						

#### Palmer

*Online Survey (n=23)* 

- 1. Crime and safety
- 2. Traffic
- 3. Problem gambling
- 4. Public service/safety capacity
- 5. Family health

- *Community Forum (n=13)* 
  - 1. Traffic
  - 2. Public safety/service capacity
  - 3. Jobs/employment
  - 4. Family health
  - 5. Town Character/QOL

Palmer	Onlin	Online Survey		ity Forum
	Top 5 Rank		Top 5	Rank
crime & safety	Х	1		
traffic	Х	2	Х	1
problem gambling	х	3		
public service/safety capacity	Х	4	Х	2
family health	х	5	Х	4
jobs/employment			Х	3
town character/QOL			Х	5

#### W. Springfield

Online Survey (n=17)

- 1. Traffic
- 2. Crime and safety
- 3. Problem gambling
- 4. Public safety/service capacity
- 5. Jobs/employment

#### Forum Input used to Inform Assessment

#### W. Springfield Community Forum Summary

(11 participants)

Potential casino impacts on W. Springfield residents that were discussed:

- Housing (property value)
- Crime (drugs, prostitution)
- Traffic (pollution)
- Other environmental impacts
  - Indoor air quality
  - Indoor noise/overstimulation and impact on individuals
- Impacts on utilities, water, and other infrastructure
- Impacts on family cohesion
- Other potential health effects on casino visitors
- Effect on young people

#### Ground Truthing Simplified Pathway Diagrams

Participants generally felt that the prioritized pathway diagrams reflected the top impacts that they anticipated. They did not disagree with the pathways included in the WMCHIA, though they did provide additional areas of concern.

# Appendix E: Stakeholder Organizations Interviewed

Organization
Arise for Social Justice
Behavioral Health Network
Citizens for Jobs & Growth in Palmer
City of West Springfield, Health Department
City of West Springfield, Town Council
City of West Springfield, Mayor's Office
Develop Springfield
The Gandara Center
Greater Springfield Chamber of Commerce
Health New England
Jewish Family Services
Lutheran Social Services, West Springfield
Western MA Casino Task Force
New North Citizens Council
North Brookfield Savings Bank
Palmer, Council on Aging
Partners for Community, Springfield
Pioneer Valley Planning Commission
Pioneer Valley Transit Authority
Quabog Hills Chamber of Commerce, Palmer
Quabog Valley Against Casinos, Palmer
Regional Employment Board of Hampden County
Representative Michael Finn's Office
Senator Jim Welch's Office
Springfield Technical Community College
Town of Palmer, Administrator's Office
Town of Palmer, Community Development Dept.
Town of Palmer, Town Council
West Springfield Chapter of the Council of Churches
Western MA Casino Careers Training Institute
Western Massachusetts Refugee and Immigrant Consortium

# Appendix F: Required Education and Wages for Anticipated Resort Casino Job Positions

Category	Position	SOC	Education	Mec	in Hourly	Mean Annual		
		Code			Rate		Wage	
Casino Operation	Slot Service Attendants	39- 1012	HS/GED	\$	16.44	\$	34,200.00	
Casino Operation	Slot Technical	49- 2097	HS/GED	\$	17.76	\$	36,940.00	
Casino Operation	Slot Supervisory	39- 1021	HS/GED	\$	18.41	\$	38,300.00	
Casino Operation	Slot Shift Manager	11- 9071	Some College/ Workforce Training	\$	34.32	\$	71,390.00	
Casino Operation	Exec Director Slot Operations	11- 1021	Workforce Training	\$	55.22	\$	114,850.00	
Casino Operation	Dealers	39- 3011	HS/GED	\$	10.77	\$	22,410.00	
Casino Operation	Tables Supervisory	39- 1011	Workforce Training	\$	23.89	\$	49,700.00	
Casino Operation	Table Games Shift Manager	11- 9071	HS/GED	\$	34.32	\$	71,390.00	
Casino Operation	Executive Director Table Games	11- 1021	HS/GED	\$	55.22	\$	114,850.00	
Casino Operation	Poker Dealers	39- 3011	HS/GED	\$	10.77	\$	22,410.00	
Casino Operation	Poker Supervisory	39- 1011	HS/GED	\$	23.89	\$	49,700.00	
Casino Operation	Poker Shift Manager	11- 9071	HS/GED	\$	34.32	\$	71,390.00	
Casino Operation	Poker Director	11- 1021	Workforce Training	\$	55.22	\$	114,850.00	
Casino Operation	Casino Cashiering	39- 3019	HS/GED	\$	12.74	\$	26,500.00	
Casino Operation	Casino Credit Clerks	39- 3019	HS/GED	\$	12.74	\$	26,500.00	
Casino Operation	Pit Clerks	39- 3019	HS/GED	\$	12.74	\$	26,500.00	
Casino Operation	Cashiering Supervisors	39- 1011	HS/GED	\$	23.89	\$	49,700.00	
Casino Operation	Casino Cashiering Shift Manager	11- 9071	HS/GED	\$	34.32	\$	71,390.00	
Casino Operation	Count Room	39- 3019	Workforce Training	\$	12.74	\$	26,500.00	
Casino Operation	Count Room Supervisory	39- 1011	Workforce Training	\$	23.89	\$	49,700.00	
Casino Operation	Director Casino Accounting	11- 1021	College	\$	55.22	\$	114,850.00	
Casino Operation	Surveillance	33- 9031	HS/GED	\$	15.40	\$	32,040.00	
Casino Operation	Surveillance Supervisor	39- 1011	Workforce Training	\$	23.89	\$	49,700.00	
Casino Operation	Surveillance Shift Manager	11- 9071	Workforce Training	\$	34.32	\$	71,390.00	
Casino Operation	Surveillance Director	11- 1021	College	\$	55.22	\$	114,850.00	

Category	Position	SOC Code	Education	in Hourly Rate	M	ean Annual Wage
Hotel Operation	Housekeepers	37- 2012	HS/GED	\$ 13.03	\$	27,110.00
Hotel Operation	Housekeeping Supervisory	37- 1011	HS/GED	\$ 22.11	\$	45,990.00
Hotel Operation	Public Areas	37- 2011	HS/GED	\$ 14.69	\$	30,550.00
Hotel Operation	Public Areas Supervisory	37- 1011	HS/GED	\$ 22.11	\$	45,990.00
Hotel Operation	Housekeeping/Public Areas Shift Managers	11- 9081	HS/GED	\$ 33.13	\$	68,900.00
Hotel Operation	Director Housekeeping Public Areas	11- 9081	Workforce Training	\$ 33.13	\$	68,900.00
Hotel Operation	Director Hotel Operations	11- 9081	College	\$ 33.13	\$	68,900.00
Hotel Operation	Front Desk	43- 4081	HS/GED	\$ 12.63	\$	26,280.00
Hotel Operation	Front Desk Supervisory	39- 1021	HS/GED	\$ 20.87	\$	43,400.00
Hotel Operation	Bell Services	39- 6011	HS/GED	\$ 12.14	\$	25,240.00
Hotel Operation	Valet Attendant	53- 6021	HS/GED	\$ 12.07	\$	25,100.00
Hotel Operation	Valet Cashier	41- 2011	HS/GED	\$ 10.35	\$	21,520.00
Hotel Operation	Valet Supervisor	39- 1021	HS/GED	\$ 20.87	\$	43,400.00
Hotel Operation	PBX Operator	43- 2021	HS/GED	\$ 19.39	\$	40,330.00
Hotel Operation	PBX Supervisor	39- 1021	College	\$ 20.87	\$	43,400.00
Hotel Operation	Message Therapists	29- 1123	Workforce Training	\$ 38.27	\$	79,600.00
Hotel Operation	Spa Attendant	39- 9099	HS/GED	\$ 14.07	\$	29,260.00
Hotel Operation	Spa Manager	11- 9111	Workforce Training	\$ 33.13	\$	68,900.00
Hotel Operation	Spa Supervisor	39- 1021	College	\$ 20.87	\$	43,400.00
Hotel Operation	Health Club Attendant	39- 9032	HS/GED	\$ 12.25	\$	25,480.00
Hotel Operation	Health Club Supervisor	39- 1021	Workforce Training	\$ 20.87	\$	43,400.00
Hotel Operation	Pool Supervisor	33- 1099	College	\$ 23.73	\$	49,360.00
Hotel Operation	Life Guard	33- 9092	HS/GED	\$ 10.99	\$	22,850.00
Hotel Operation	Grounds Keeper	37- 3011	Workforce Training	\$ 15.81	\$	32,880.00
Hotel Operation	General Maintenance	47- 2061	HS/GED	\$ 23.26	\$	48,380.00
Hotel Operation	Painter	47- 2141	HS/GED	\$ 20.93	\$	43,540.00
Hotel Operation	Electrician	47- 2111	HS/GED	\$ 29.87	\$	62,140.00

Category	Position	SOC Code	Education	n Hourly Rate	M	ean Annual Wage
Hotel Operation	Carpenter	47- 2031	HS/GED	\$ 26.85	\$	55,850.00
Hotel Operation	Plumber	47- 2152	HS/GED	\$ 32.18	\$	66,940.00
Hotel Operation	HVAC	49- 9021	HS/GED	\$ 27.02	\$	56,190.00
Hotel Operation	Facilities Supervisory	11- 9021	Workforce Training	\$ 48.68	\$	101,250.00
Hotel Operation	Facilities Shift Manager	11- 9021	College	\$ 48.68	\$	101,250.00
Hotel Operation	Executive Director Facilities	11- 9041	College	\$ 70.25	\$	146,110.00
Hotel Operation	Security	33- 9032	Workforce Training	\$ 14.74	\$	30,660.00
Hotel Operation	Security Supervisor	33- 1099	College	\$ 23.73	\$	49,360.00
Hotel Operation	Security Shift Manager	11- 9071	College	\$ 34.32	\$	71,390.00
Hotel Operation	Executive Director Security	11- 1021	College	\$ 60.70	\$	126,270.00
Hotel Operation	Convention Services	53- 7062	Workforce Training	\$ 14.65	\$	13.15
Hotel Operation	Retail Manager	11- 9081	College	\$ 33.13	\$	68,900.00
Hotel Operation	Retail	41- 2031	HS/GED	\$ 12.59	\$	26,190.00
Hotel Operation	Retail Supervisors	41- 1011	Workforce Training	\$ 21.61	\$	44,950.00
Food & Beverage	Bartender	35- 3011	HS/GED	\$ 12.74	\$	26,490.00
Food & Beverage	Bar Porter	35- 9011	HS/GED	\$ 11.15	\$	23,200.00
Food & Beverage	Beverage Server	35- 3041	HS/GED	\$ 11.08	\$	23,040.00
Food & Beverage	Food Server	35- 3031	HS/GED	\$ 13.13	\$	27,310.00
Food & Beverage	Bus Person	35- 9011	HS/GED	\$ 11.15	\$	23,200.00
Food & Beverage	Greeter	35- 9031	HS/GED	\$ 10.96	\$	22,800.00
Food & Beverage	Stocker	35- 0000	HS/GED	\$ 12.24	\$	25,260.00
Food & Beverage	F&B Supervisor	35- 1012	Workforce Training	\$ 17.84	\$	37,110.00
Food & Beverage	F&B Shift Managers	11- 9051	College	\$ 27.54	\$	57,100.00
Food & Beverage	Director Beverage	11- 9199	College	\$ 52.44	\$	109,080.00
Food & Beverage	Exec Director Food and Beverage	11- 9021	College	\$ 48.68	\$	101,250.00
Food & Beverage	Banquet Beverage	35- 3011	HS/GED	\$ 12.74	\$	26,490.00
Food & Beverage	Banquet Server	35- 3031	HS/GED	\$ 13.13	\$	27,310.00

Category	Position	SOC Code	Education	n Hourly Rate	Mean Annual Wage		
Food & Beverage	Banquet Manager	35- 1012	Workforce Training	\$ 17.84	\$	37,110.00	
Food & Beverage	Director Catering/Convention Services	11- 9199	College	\$ 52.44	\$	109,080.00	
Food & Beverage	Room Service Food Server	35- 3041	HS/GED	\$ 11.08	\$	23,040.00	
Food & Beverage	Room Service Attendant	35- 9011	HS/GED	\$ 11.15	\$	23,200.00	
Food & Beverage	Room Service Order Taker	41- 2011	HS/GED	\$ 10.35	\$	21,520.00	
Food & Beverage	Cafeteria	35- 9011	HS/GED	\$ 11.15	\$	23,200.00	
Food & Beverage	Uniforms Attendant	43- 5071	HS/GED	\$ 16.63	\$	34,590.00	
Food & Beverage	Room Service Supervisor	35- 1012	HS/GED	\$ 17.84	\$	37,110.00	
Food & Beverage	Butler	35- 3031	HS/GED	\$ 13.13	\$	27,310.00	
Food & Beverage	Director Room Service	11- 9199	Workforce Training	\$ 52.44	\$	109,080.00	
Food & Beverage	Cooks	35- 2014	HS/GED	\$ 13.37	\$	27,820.00	
Food & Beverage	Sous Chef	35- 1011	Workforce Training	\$ 26.15	\$	54,400.00	
Food & Beverage	Stewards	35- 9021	Workforce Training	\$ 10.29	\$	21,400.00	
Food & Beverage	Steward Supervisor	35- 1012	College	\$ 17.84	\$	37,110.00	
Food & Beverage	Executive Chef	11- 9051	College	\$ 27.45	\$	57,100.00	
Marketing Dept	Box Office Supervisor	39- 1021	Workforce Training	\$ 20.87	\$	43,400.00	
Marketing Dept	Box Office	41- 2031	HS/GED	\$ 12.59	\$	26,190.00	
Marketing Dept	Stage Managers	27- 2012	Workforce Training	\$ 34.37	\$	71,490.00	
Marketing Dept	Promotions Booth	41- 9041	HS/GED	\$ 16.67	\$	34,680.00	
Marketing Dept	Promotions Supervisor	39- 1021	Workforce Training	\$ 20.87	\$	43,400.00	
Marketing Dept	Telemarketing/Reservations	41- 9041	Workforce Training	\$ 16.64	\$	34,680.00	
Marketing Dept	Bus Greeter	41- 9041	HS/GED	\$ 16.64	\$	34,680.00	
Marketing Dept	Hosts	41- 9099	HS/GED	\$ 22.24	\$	46,260.00	
Marketing Dept	Player Development Execs	11- 2022	Workforce Training	\$ 66.83	\$	139,000.00	
Marketing Dept	Executive Director Player Development	11- 2022	College	\$ 66.83	\$	139,000.00	
Marketing Dept	Director Advertising	11- 2021	College	\$ 66.34	\$	137,980.00	
Marketing Dept	Director Public Relations	11- 2031	College	\$ 58.15	\$	120,950.00	

Category	Position	SOC Code	Education	n Hourly Rate	Μ	ean Annual Wage
Marketing Dept	Director Database Marketing	11- 2021	College	\$ 66.34	\$	137,980.00
Marketing Dept	Director Marketing Operations	11- 2021	College	\$ 66.34	\$	137,980.00
Accounting Dept	Hotel/F&B Cashier	41- 2011	HS/GED	\$ 10.35	\$	21,520.00
Accounting Dept	Accountants	13- 2011	College	\$ 36.43	\$	75,780.00
Accounting Dept	Accounting Clerks	43- 3031	Workforce Training	\$ 20.01	\$	41,630.00
Accounting Dept	Casino Accounting	43- 3031	College	\$ 20.01	\$	41,360.00
Accounting Dept	Casino Controller	11- 3031	College	\$ 62.05	\$	129,070.00
Accounting Dept	Director Financial Analysis	11- 3031	College	\$ 62.05	\$	129,070.00
Accounting Dept	Director Financial Reporting	11- 3031	College	\$ 62.05	\$	129,070.00
Accounting Dept	Controller	11- 3031	College	\$ 62.05	\$	129,070.00
Accounting Dept	Director Hotel Accounting	11- 3031	College	\$ 62.05	\$	129,070.00
Accounting Dept	Purchasing Manager	11- 3061	College	\$ 50.67	\$	105,400.00
Accounting Dept	Purchasing Agent	43- 3061	College	\$ 21.71	\$	45,150.00
Accounting Dept	Warehouse Supervisor	43- 1011	College	\$ 28.32	\$	58,910.00
Accounting Dept	Warehouse Attendant	43- 5071	HS/GED	\$ 16.63	\$	34,590.00
Accounting Dept	Director IT	11- 3021	College	\$ 66.88	\$	139,120.00
Accounting Dept	Information Technology Techs and Programmers	15- 1141	College	\$ 40.13	\$	83,480.00
Accounting Dept	Computer Operator	43- 9011	Workforce Training	\$ 20.69	\$	43,030.00
Accounting Dept	Internal Audit	13- 2011	College	\$ 36.43	\$	75,780.00
Accounting Dept	Executive Director Internal Audit	11- 3031	College	\$ 62.05	\$	129,070.00
Casino Administration	Human Resources Supervisors/Professionals	13- 1071	College	\$ 31.05	\$	64,580.00
Casino Administration	Executive Director Human Resources	11- 3011	College	\$ 42.63	\$	88,660.00
Casino Administration	Director Employee Relations	11- 3121	College	\$ 52.69	\$	109,590.00
Casino Administration	Director Personnel	11- 3121	College	\$ 52.69	\$	109,590.00
Casino Administration	Human Resources Administrative	43- 4161	College	\$ 22.37	\$	46,530.00
Casino Administration	Executive Directors	11- 3011	College	\$ 47.48	\$	98,760.00

Category	Position	SOC Code	Education	Mean Hourly Rate		ean Annual Wage
Casino Administration	Administrative Professionals	43- 6014	College	\$ 19.61	\$	40,780.00
Casino Administration	Vice Presidents	11- 1011	College	\$ 94.29	\$	196,130.00

Sources: Position Categories, Titles and Education Data- MA Casino Careers Training Institute; SOC Codes - Spectrum Gaming 2008 Report; if SOC code was not available, code for similar position was used; Wage data - U.S. Bureau of Labor Statistics 2011; casino positions use national data and all other use MA data

# Appendix G: Springfield Average Daily Traffic (ADT) Counts for Likely Casino Access Routes

Location	Friday ADT	Saturday ADT
West Columbus Avenue, between Bliss and Howard	10,213	5,197
East Columbus Avenue, between Bliss and Howard	10,962	5,890
Main Street, north of Howard	13,456	10,324
State Street, between East Columbus and Main	10,937	7,684
Union Street, between East Columbus and Main	10,755	6,857

Source: Traffic Impact and Access Study - MGM Springfield, TEC, INC. December 17, 2012

		Primary/	Averaging		
Pollutant		Secondary	Time	Level	Form
Carbon		primary	8-hour	9 ppm	Not to be exceeded more than once per
Monoxide (CO)			1-hour	35 ppm	year
Lead		primary &	Rolling 3	0.15	Not to be exceeded
		secondary	month average	µg/m <sup>3 (1)</sup>	
Nitrogen [ (NO <sub>2</sub> )	Dioxide	primary	1-hour	100 ppb	98th percentile, averaged over 3 years
		primary & secondary	Annual	53 ppb	Annual mean
Ozone		primary	8-hour	0.075	Annual fourth-highest daily maximum 8-hr
		and secondary		ppm	concentration, averaged over 3 years
Particle	PM <sub>2.5</sub>	primary	Annual	12	Annual mean, averaged over 3 years
Pollution				µg/m³	
		secondary	Annual	15 μg/m³	Annual mean, averaged over 3 years
		primary	24-hour	35	98th percentile, averaged over 3 years
		and secondary		µg∕m³	
	PM10	primary and secondary	24-hour	1 <i>5</i> 0 µg/m³	Not to be exceeded more than once per year on average over 3 years
Sulfur Diox (SO <sub>2</sub> )	xide	primary	1-hour	75 ppb	99th percentile of 1-hour daily maximum concentrations, averaged over 3 years
	()		3-hour	0.5 ppm	Not to be exceeded more than once per year

Source: U.S. EPA http://www.epa.gov/air/criteria.html, accessed 7/1/13

# Appendix I: Motor Vehicle Collisions by Type and Severity- Springfield, 2011

		Type of Ve	hicle Collisio	n				Collision Severity						
Geography	Vehicle Only	Pedacyclist	Pedestrian	Other Non- Motorist		Injury or Fatality Fatal Not Fatal		Property Damage			No Repo		Unkn	own
					count	%	count	%	count	%	count	%	count	%
Springfield	4,414	65	1 <i>57</i>	7	8	0.2%	1,747	37.6%	2,616	56.3%	196	4.2%	76	1.6%

Source: Massachusetts Department of Transportation, 2011

#### Appendix J: Regional Emissions Estimate Procedure

#### **Casino Trip Generation Scenarios:**

Low = 15,000 trips/day Medium= 22,500 trips/day High= 30,000 trips/day

**Trip Type:** casino patron, retail patron, employee **Pollutant Types:** VOC, CO, NOx, CO<sub>2</sub>, PM<sub>2.5</sub>, PM<sub>10</sub> **Roadway Type**: freeway, local

#### **Assumptions:**

- Average speed: freeway= 65 m.p.h., local roadways=30 m.p.h.
- Percent roadway type travel by trip type
  - Casino patrons: 90% freeway, 10% local roadway
  - Retail patrons: 80% freeway, 20% local roadway
  - Employees: 10% freeway, 90% local roadway
- Average VMT by trip type was estimated as follows
  - $\circ$  Casino Patron estimated to be 50 miles<sup>1</sup>
  - $\circ$  Retail Patron estimated to be 10 miles<sup>1</sup>
  - $\circ$  Employment estimated to be 15 miles<sup>2</sup>
- A percentage of trips will involve patrons that are diverted from other casino or retail trips, and subsequently, would already have been on the road. To account for this, the following adjustments were made
  - VMT of casino patrons reduced by 50%
  - VMT of retail patrons reduced by 35%
  - VMT of employees not reduced
- Number of employees using vehicles: The initial estimate was 3,000 based on casino estimates. It was estimated that 15% would be using environmentally friendly methods of transportation,<sup>2</sup> leaving 2,550 employees that would be utilizing their cars.

#### **Procedure:**

- Proportion of casino trips by trip type was estimated using weekday trip data from the Mohegan Sun and MGM trip generation tables included in their traffic reports.<sup>3,4</sup> The Hard Rock tables were not publicly released and thus not available for inclusion. Only retail, casino and Cineplex trip data was used as it was believed that the other trip types would vary between casinos (e.g. water park). The total trips were used (i.e. before numbers were reduced due to drive-by trips, etc.).
  - For each casino, total number of trips was broken into casino, retail and employee trips based on procedure and assumptions above. Employee trips were calculated by multiplying the number of employees by 2, which totaled 5,100. The 5,100 employee trips were divided in half and reduced from the casino and retail patron trip estimates. Proportions for each type of trip were then calculated. Proportions were then averaged across the two casino estimates to come up with an average proportion of trips by casino patron, retail patron and employee. See table below.

<sup>&</sup>lt;sup>1</sup>Buckhurst Fish & Jacquemart Inc . Bridgeport Casino Traffic Impacts on the South Western Region of CT. 2001. Prepared for the Southwestern Regional Planning Agency. http://swrpa.org/?Transport=80.

<sup>&</sup>lt;sup>2</sup> Pioneer Valley Planning Commission. State of the People: for the Pioneer Valley. 2013.

<sup>&</sup>lt;sup>3</sup> Beals and Thomas, Inc. Report of Impacts on Nearby Communities, Mohegan Sun Massachusetts: Off of Thorndike and Breckenridge Streets Palmer, Massachusetts. Prepared for Mohegan Tribal Gaming Authority. 2013.

<sup>&</sup>lt;sup>4</sup> TEC, Inc. Traffic Impact and Access Study: MGM Springfield. Prepared for MGM Resorts International Global Gaming Development, LLC. 2012

# Proportion of Trips by Type of Trip

	Total Patron Casino Trips	Total Retail Patron Trips (+ Cineplex)	Employees (2550) Trips	Total	Proportion Casino	Proportion Retail	Proportion Employees
MS	11006	12084	5100	28190	0.3904221	0.42866265	0.180915218
MGM	23062	6854	5100	35016	0.6586132	0.19573909	0.145647704
Average					0.5245177	0.31220087	0.163281461

• For each trip generation scenario, number of trips by type of trip was obtained by multiplying total number of trips by proportion of type of trip. See below for number of trips by trip type and an example calculation.

# Number of Trips by Trip Type

Scenario	Trips per day	Casino	Retail	Employee
High	15735.53011	9366.02606	4898.4438	15735.53011
Medium	11801.64759	7024.51954	3673.8329	11801.64759
Low	7867.765057	4683.01303	2449.2219	7867.765057

#### Example calculation

High Scenario: Casino Patron Trips=30,000\*0.545177=15,736

• Vehicle VMT by type of roadway and trip type was calculated for each scenario by multiplying the following: the number of trips by trip type, the proportion of trips traveled by each type of roadway for each trip type, average VMT traveled for each type of trip. This amount was then multiplied by the percent of new trips for that trip type, i.e. those that were not diverted (see assumptions above). See below for VMT by type of roadway and trip type and an example calculation.

		Freeway VMT		Local Street VMT				
Scenario	Casino	Retail	Employee	Casino	Retail	Employee		
High	354,049.428	48,703.33549	7,347.665747	78,677.6506	18,732.052	66,128.9917		
Medium	265,537.071	36,527.50162	5,510.74931	59,008.2379	14,049.039	49,596.7438		
Low	177,024.714	24,351.66774	3,673.832873	39,338.8253	9,366.0261	33,064.4959		

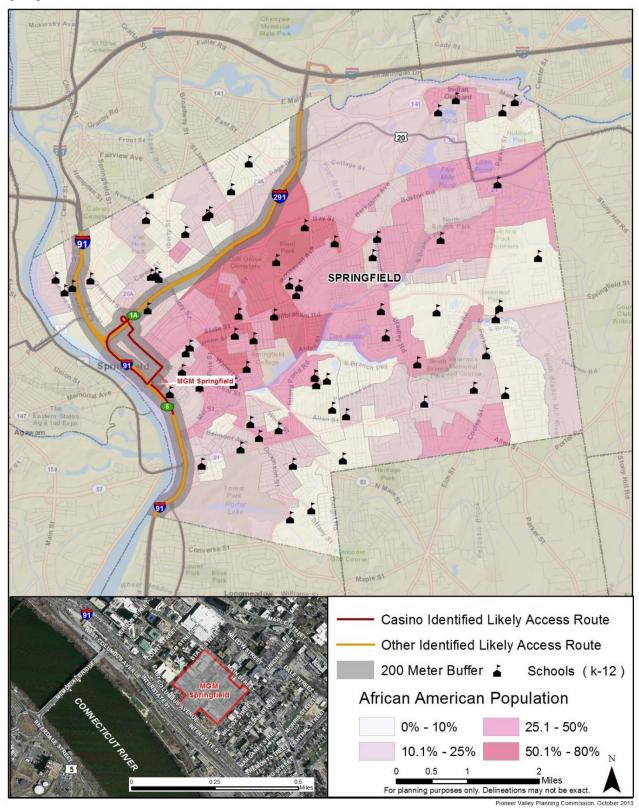
### VMT by Type of Roadway and Trip Type

#### Example calculation

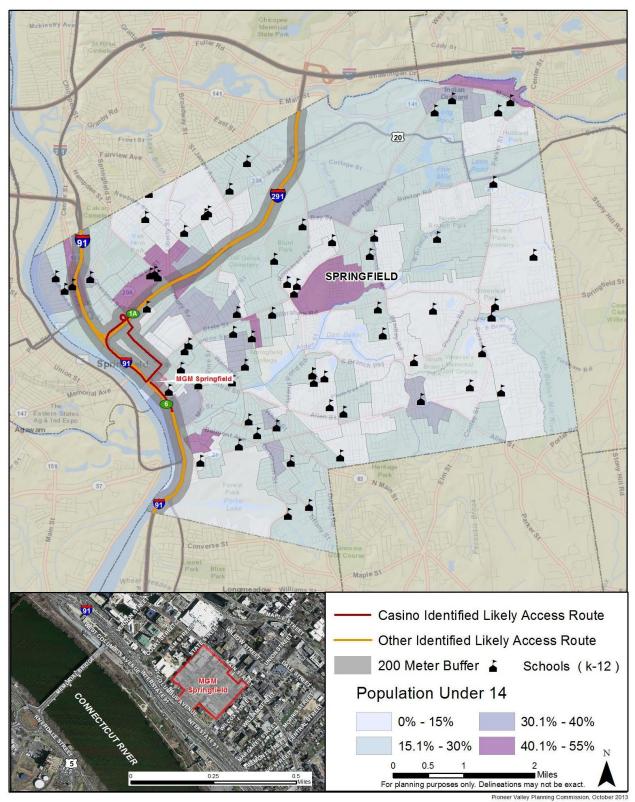
High Scenario: Casino Freeway VMT for casino patrons=15,735.530\*50\*.9\*.5=354,049.428

• Emissions by type of trip and roadway was calculated for each scenario by multiplying the VMT by type of roadway and trip type by the EPA MOBILE 6.2 emissions factor for each pollutant type. The pollutant emissions were then summed across all sources to obtain total emissions by pollutant type. These total emissions were then adjusted using a seasonal adjustment factor to account for differences during seasons. See below for estimated emissions by pollutant source.

High Scenar	io								
	Fre	eway (kg/	day)	Loca	ıl Street (kg	/day)			
Pollutant	Casino	Retail	Employee	Casino	Retail	Employee	Total (kg/day)	Seasonal Adj. Factor	Adjusted Total (kg/day)
VOC	80	11	2	20	5	17	135	1	137
CO (summer)	1,667	229	35	271	64	228	2,493	1	2,540
CO (winter)	3,932	541	82	729	174	613	6,069	1	5,955
NOx	231	32	5	34	8	28	337	1	344
CO <sub>2</sub>	200,031	27,516	4,151	44,451	10,583	37,362	324,095	1	324,095
PM <sub>2.5</sub>	. 6	. 1	0	1	0	1	. 9	1	
PM10	11	2	0	2	1	2	18	1	18
Medium Sce	nario								
	Fre	eeway ( <mark>kg</mark> /	day)	Loca	ıl Street (kg	/day)			
Pollutant	Casino	Retail	Employee	Casino	Retail	Employee	Total (kg/day)	Seasonal Adj. Factor	Adjusted Total (kg/day)
VOC	60	8	1	15	4	13	101	1	103
CO (summer)	1,250	172	26	203	48	171	1,870	1	1,905
CO (winter)	2,949	406	61	547	130	460	4,552	1	4,466
NOx	173	24	4	25	6	21	253	1	258
CO <sub>2</sub>	150,023	20,637	3,113	33,338	7,937	28,021	243,071	1	243,071
PM2.5	4	1	0	1	0	1	7	1	7
PM10	8	1	0	2	0	2	13	1	13
Low Scenari	0								
	Fre	eeway (kg/	day)	Loca	ıl Street (kg	/day)			
Pollutant	Casino	Retail	Employee	Casino	Retail	Employee	Total (kg/day)	Seasonal Adj. Factor	Adjusted Total (kg/day)
VOC	40	5	1	10	2	9	67	1	69
CO (summer)	833	115	17	135	32	114	1,247	1	1,270
CO (winter)	1,966	270	41	364	87	306	3,035	1	2,978
NOx	116	16	2	17	4	14	169	1	172
CO <sub>2</sub>	100,015	13,758	2,076	22,226	5,292	18,681	162,047	1	162,047
PM <sub>2.5</sub>	3	0	0	1	0	1	5	1	5
PM10	5	1	0	1	0	1	9	1	9



Appendix K: African-American Populations Residing within 200m of Likely Access Routes to Proposed Springfield Casino



Appendix L: Children Under Age 14 Residing within 200m of Likely Access Routes to Proposed Springfield Casino

Cady St 203 SPRINGFIELD 91 MapleSt Casino Identified Likely Access Route Other Identified Likely Access Route 200 Meter Buffer 👗 Schools (k-12) COMMECTICULT Population Over 65 0% - 10% 15.1% - 25% 10.1% - 15% 25.1% - 40% 0.5 0 1 2 Miles For planning purposes only. Delineations may not be exact. Pioneer Valley Planning Commission, October 2013

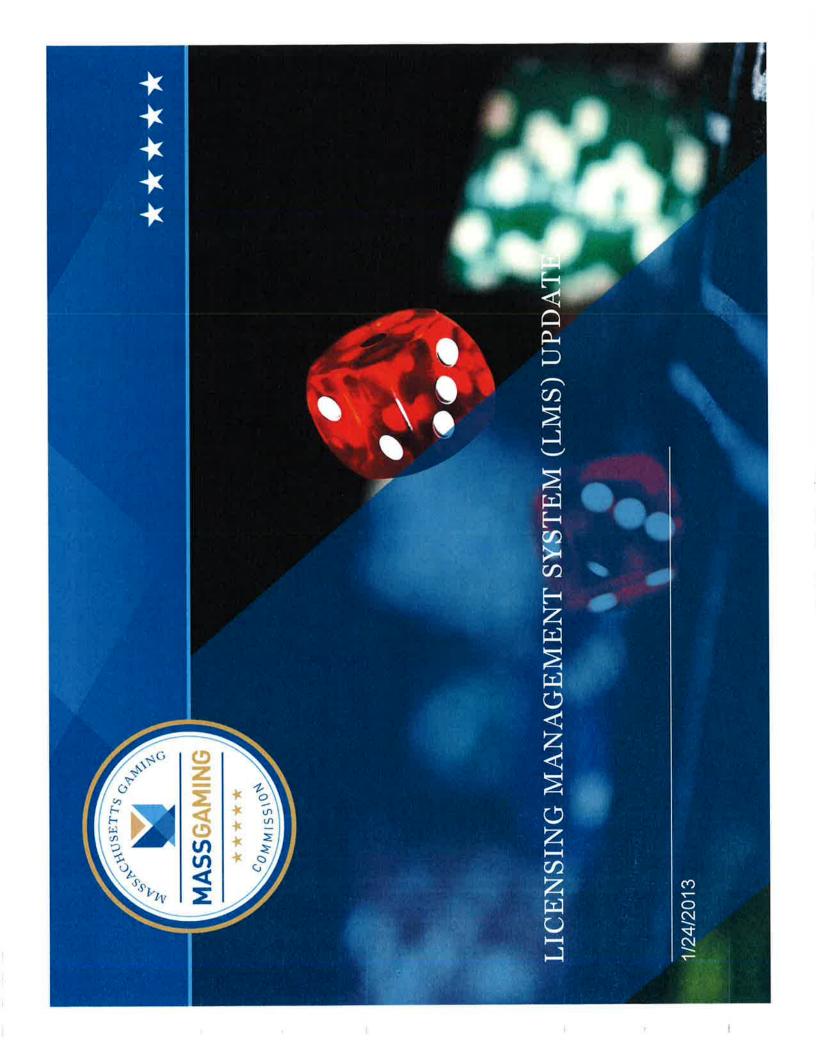
Appendix M: Adults over Age 65 Residing within 200 meters of Likely Access Routes to Proposed Springfield Casino

# Appendix N: Crime Rates by Type, 2009-2011

Geography	Year	neg	and non- ligent aughter	Forcik	ole rape	Rol	obery		avated sault	Bur	glary	Larcen	y- theft		vehicle neft
		Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000	Count	Rate per 100,000
Springfield	2009	16	10	116	76	581	378	1,216	792	2,068	1,347	4,615	3,006	835	544
Springfield	2010	16	10	129	84	587	380	1,358	880	2,660	1,724	4,015	2,602	872	565
Springfield	2011	20	13	31	20	532	345	998	648	2,499	1,623	4,072	2,644	794	516
Hampden County	2009	20	5	209	48	742	172	1,939	449	3,667	850	9,439	2,188	1,356	314
Hampden County	2010	22	5	220	48	816	180	2,250	496	4,684	1,032	9,869	2,175	1,519	335
Hampden County	2011	25	6	141	32	723	162	1,826	410	4,195	943	9,556	2,148	1,304	293
Massachusetts	2009	173	3	1,734	26	7,467	113	21,129	320	34,515	523	106,799	1,620	11,864	180
Massachusetts	2010	210	3	1,745	27	6,874	105	21,724	331	37,767	575	104,685	1,595	11,453	175
Massachusetts	2011	185	3	1,628	25	6,768	102	19,638	297	36,533	553	101,471	1,536	10,786	163

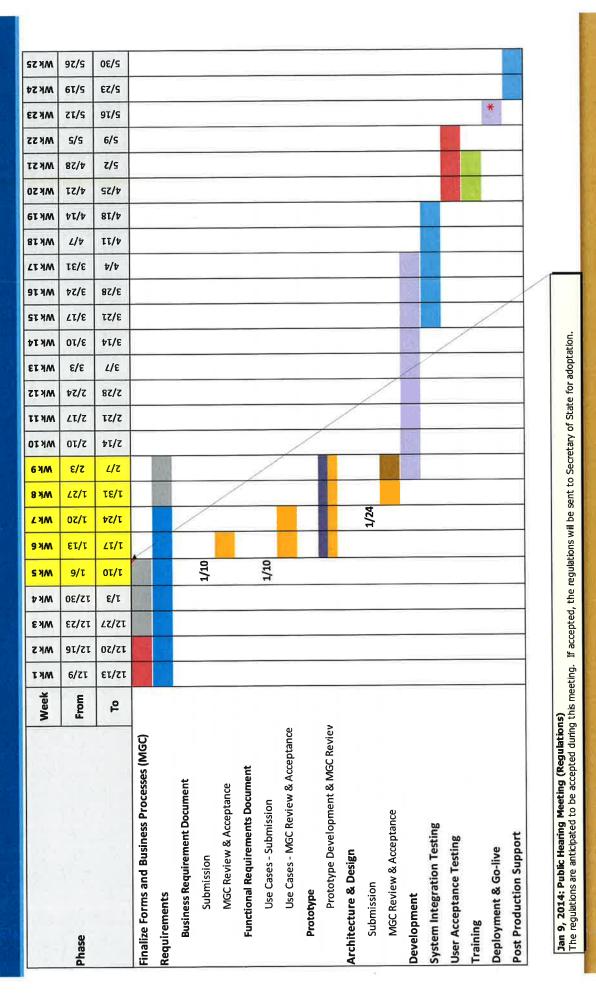
Source: FBI Uniform Crime Data Report, 2011

# SECTION 5 – NO DOCUMENTS FOR REVIEW



LICENSING MANAGEMENT SYSTEM (LMS) UPDATE	- EMC Documentum platform selected for enterprise content management procured in November 2013	<ul> <li>Statement of Work Review (SOW) executed with NTTData in December 2013 for development of LMS.</li> </ul>	- Licensing Management System scheduled for go-live in early May.	of Slot Parlor Licens ense application form olications from Gamin usiness processes wi usiness processes wi	1, massgaming commission $\star \star \star \star \star$
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# LICENSING MANAGEMENT SYSTEM (LMS) UPDATE



2 | MASSGAMING COMMISSION

\*\*\*\*

# SECTION 6 – NO DOCUMENTS FOR REVIEW



To: Stephen Crosby, Chairman Gayle Cameron, Commissioner Jim McHugh, Commissioner Bruce Stebbins, Commissioner Enrique Zuniga, Commissioner

From: Jennifer Durenberger, Director of Racing

**Date:** 23 January, 2014

**Re:** Proposed extension of existing chapters c.128A and c.128C

Commissioners -

As we discussed at the previous public meeting, it is our recommendation at this time to actively pursue a two-year extension to the existing pari-mutuel and simulcast laws currently set for repeal on July 31, 2014.

Although we discussed last time a handful of potential modifications to those chapters, our evolving position is that two of those suggested modifications be included –the continuation of simulcasting on the Wonderland and Raynham racing licenses, and the need to address the minimum number of live racing days required in order to conduct simulcast wagering.

Section 92 of c.194 of the Acts of 2011 states that the Wonderland and Raynham licensees remain authorized to conduct simulcast wagering until July 31, 2014. We recommend a two year extension to that section in order to maintain existing revenue levels for industry stakeholders, and to preserve existing jobs.

As you recall, c.128C section 2 requires a licensee to, among other things, conduct "at least 900 live races over the course of not less than 100 calendar days." Reduction of this requirement to 720 races and 80 racing days has been achieved through legislation in each of the past three years. The primary circumstances which have effectuated that need – the non-competitive purse structure in the absence of gaming-derived purse supplements and the nationwide reduction in the number of available racehorses will remain unchanged in

### \*\*\*\*

### Massachusetts Gaming Commission

2014 and 2015. Additionally, the Racing Division recognizes that there are a number of unknown variables facing both the Thoroughbred and the Standardbred racing industry in the next 18 months, and the potential scenarios and challenges facing the two industries are likely to be very different. This makes accurate forecasting of a sustainable number of race days difficult, if not impossible, and that number may not be the same for both breeds. Several of these variables are not likely to be resolved until sometime after the existing repeal date, and would necessitate a late season introduction of legislative amendments this year and next, if not addressed as part of the extension.

To that end, we have included language in section 3 of the proposed draft which would vest in the Commission the authority to make the determination as to the minimum number of days appropriate for each class of racing in calendar years 2014 and 2015. This would provide the necessary flexibility for each industry to adapt and respond to its individual landscape during the upcoming transition period without the need for additional legislation. Sections 4 and 5 would sunset that authority in calendar year 2016.

We recognize that the live racing requirement is an important one to both industries, and we have included a number of criteria which are designed to address the concerns of the stakeholders and the industry as a whole.

The Racing Division requests that the proposed legislation found in the attached document be considered for introduction.

# Massachusetts Gaming Commission 84 State Street, 10th Floor, Boston, Massachusetts 02109 | TEL 617.979.8400 | FAX 617.725.0258 | www.massgaming.com

\* \* \* \* \*

SECTION 1. Section 112 of chapter 194 of the Acts of 2011 is hereby amended by striking out the words "July 31, 2014", and inserting in place thereof the following words:- July 31, 2016.

SECTION 2. Section 92 of chapter 194 of the Acts of 2011 is hereby amended by striking out the words "July 31, 2014", and inserting in place thereof the following words:- July 31, 2016.

SECTION 3. Notwithstanding section 2 of chapter 128C of the General Laws or any other general or special law to the contrary, in calendar years 2014 and 2015, no racing meeting licensee shall simulcast live races unless the racing meeting licensee is licensed to and actually conducts live racing over the course of a number of calendar days and in a number determined by the commission to be consistent with the best interests of the industry.

(a) When considering the best interests of the industry, the commission shall take into consideration, in addition to any other pertinent and appropriate factors, the following: the need for a minimum number of days to protect the financial investment of racing's participants; the effect on potential revenue for statutory disbursements pursuant to c.128A and c.128C; the effect of purse money available to each racing licensee on their competitive position with regard to neighboring racing states; the likely availability of race-worthy horses during the course of the racemeet; and the importance of providing and maintaining appropriate training and racing facilities.

SECTION 4. Section 3 is hereby repealed.

SECTION 5. Section 4 shall take effect on July 31, 2016.



To: Stephen Crosby, Chairman Gayle Cameron, Commissioner Jim McHugh, Commissioner Bruce Stebbins, Commissioner Enrique Zuniga, Commissioner

From: Jennifer Durenberger, Director of Racing

**Date:** 23 January, 2014

Re: Claims for payment pursuant to c.128A §5A and c.128C §3A

Commissioners -

Not all pari-mutuel tickets are redeemed. Tickets may be lost or mutilated or, more frequently in the simulcast era, the holders of the tickets may be unaware that there is value on them and discard them.

The timeline for making claims for payment against lost tickets in Massachusetts is as follows:

- At the end of each year the tote company provides a summary, including transaction detail and unique ticket identification number, of all outstanding tickets remaining for that calendar year. We call this the "Outs" book.
- The claimant has until the end of the calendar year *following* the calendar year in which the ticket was issued to make a claim.
- In the absence of any claims, the sum of those unclaimed wagers is to be deposited into the purse account of the licensee association that generated the unclaimed wager.
- Claims are made in a manner consistent with 205 CMR 6.06. When a claim is made, an investigation as to the claim's validity is conducted by the association.

## \*\*\*\*

### Massachusetts Gaming Commission

84 State Street, 10th Floor, Boston, Massachusetts 02109 TEL 617.979.8400 FAX 617.725.0258 www.massgaming.com

- At the end of the calendar year following the calendar year in which the ticket was issued, the association provides a list of all such claims for Commission approval, as specified in 205 CMR 6.06(4).
- The sum of those unclaimed wagers is then subtracted from the aggregate, and the balance remaining becomes payable to the association's purse account by April 1.

There were no claims for payment against the 2012 "Outs" books at Raynham Park or at Plainridge Racecourse. Suffolk Downs has submitted the attached list of 12 claims, totaling \$6,159.58.

It is my recommendation that this list be approved, and then we will return to you in February to ratify the total amounts of 2012 unclaimed wagers payable to the purse accounts for each licensee.

\* \* \* \* \*



То:	Jennifer Durenberger Director of Racing Massachusetts Gaming Commission 84 State Street, 10 <sup>th</sup> Floor Boston, MA 02109
From:	James R. Alcott Director of Pari-Mutuel Operations
Date:	December 17, 2013
Re:	Commission Ruling

I request the Massachusetts Gaming Commission approval of payment from the 2012 Outs Book to pay the following individuals:

NAME:	AMOUNT:	TICKET #:	DATE:
William White, Jr. 370 East Street #2 Dedham, MA 02026-2854	\$126.00	93578577713654	2/10/12
Ribiar Figaro 42 Holborne Street # 3B Dorchester, MA 02121 Mail to: P.O. Box 1112 Jamaica Plain, MA 02130	\$35.70	06667445845004	4/29/12
William Wadman 9 Walden Pond Circle Saugus, MA 01906	\$315.58	12774990688024	5/19/12
Patrick Martino 202 Rumney Street Revere, MA 02151	\$418.80 (Voucher)	62383238439587	8/24/12
Matthew Chan 10 Commonwealth Ct. Unit 16 Brighton, MA 02135-4513	\$444.80	53419228807389	8/22/12
Juan Tejeda Moreta 18 Henri Ave Lynn, MA 01902	\$116.40	12691014846877	10/7/12
Vartkess Moushigian 12 Lincoln St. Watertown, MA 02472	\$140.00	66450944152560	10/7/12

Anthony Mamakos 1092 Fellsway #1 Medford, MA 02155-2834	\$559.20	90300128300507	10/19/12
Charles Ndango 259 Lantern Rd. # 35 Revere, MA 02151-1253 Mail to: P.O. Box 326 Revere, MA 02151	\$792.10 (IRS)	23387823285742	10/27/12
Thomas Petelle 32 West St. Wilmington, MA 01887-3008	\$234.70	39203232004952	11/3/12
Aregawe Berhe 20 Greenewood Rd. Lynfield, MA 01940-1941 Mail to: 51 Franklin St. #14 Lynn, MA 01902	\$165.75	93334427413872	12/5/12
Mitchell Goldberg 4 Upland Road Saugus, MA 01906-4081	\$2,810.55 (IRS)	25167366317686	12/8/12

Total: \$6,159.58

Sincerely,

James R. Alcott

C/C:

Chip Tuttle, Chief Operating Officer John Rizzo, Chief Financial Officer Dave Lanzilli, Assistant Controller

# SECTION 7 – NO DOCUMENTS FOR REVIEW

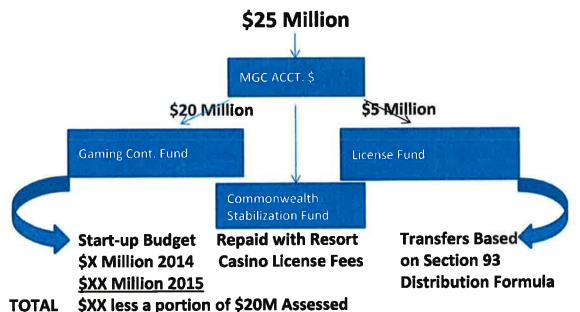
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# SECTION 7.a – NO DOCUMENTS FOR REVIEW

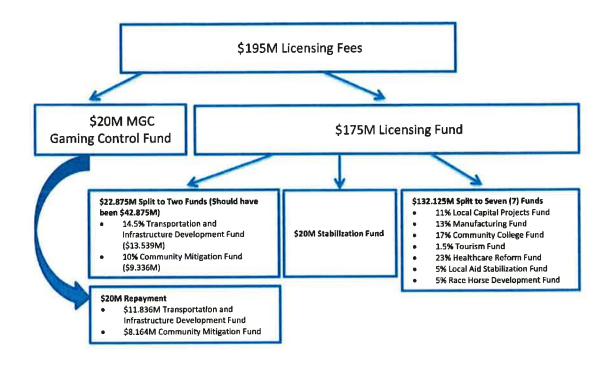
# SECTION 8 – NO DOCUMENTS FOR REVIEW

# SECTION 8.a – NO DOCUMENTS FOR REVIEW

# **Budget and Assessment Process**



- Necessary to maintain control over gaming establishments
- Estimate based on three (3) Licenses (If a Region C is awarded, assessments will be revised)
- Assessed in proportion to number of gaming positions
- Condition of licensure
- Six (6) months of assessment due in 30 days and remaining on a quarterly billing cycle over FY14 and FY15
- Adopt new regulation that includes an annual budget and assessment
- Reconcile and bill, refund, or credit
- \$20 million will be loaned from Community Mitigation Fund and Transportation and Infrastructure Development Fund
- Debt repayment begins based on schedule Commission agrees to
- Section 93(b) requirements on Transportation and Infrastructure Development Fund and Community Mitigation Fund



Attachments 205 CMR 121.01 (b) 205 CMR In draft Session Laws: Chapter 194 of Acts of 2011 Section 93

i.

205 CMR 121.00: LICENSING FEE

### Section

- 121.01: Licensing Fee
- 121.02: Payment of the Fee

### 121.01: Licensing Fee

- (1) Within 30 days after the award of a Category 1 license by the commission, the licensee shall pay a non-refundable license fee of \$85,000,000 to the Commission.
  - (2) Within 30 days after the award of a Category 2 license by the commission, the licensee shall pay a non-refundable license fee of \$25,000,000 to the commission.

(3) Within 30 days after the award of a Category 1 or Category 2 license by the commission, the licensee shall remit:

(a) a license fee, as provided by M.G.L. c. 23K, § 56(a), of \$600 for each slot machine referenced in 205 CMR 119.01(45) and approved by the commission for use by a gaming licensee at a gaming establishment; and

(b) a license fee, as provided by M.G.L. c. 23K, § 56(c), to be determined by the commission upon issuance of the license, to cover costs of the commission necessary to maintain control over gaming establishments, in proportion to the number of gaming positions projected for the gaming establishment; provided, however, that such assessment may be adjusted by the commission at any time after payment is made where required to reflect a license's actual share, and accordingly, the license may be required to remit additional funds or a credit may be issued towards the payment the following year; and

(c) a license fee, as provided by M.O.L. c. 23K, § 56(e), to be determined by the commission upon issuance of the license, reflecting the applicant's share of \$5,000,000 to be deposited into the Public Health Trust Fund in proportion to the number of gaming positions projected for the gaming establishment; provided, however, that such assessment may be adjusted by the commission at any time after payment is made where required to reflect a licensee's actual share, and accordingly, the license may be required to remit additional funds or a credit may be issued towards the payment the following year.

### 121.02: Payment of the Fee

(1) All fees shall be submitted in the form of a certified check or secure electronic funds transfer payable to the "Massachusetts Gaming Commission."

(2) In the event that a licensee fails to pay the fee as provided in 205 CMR 121.01, the commission may take any remedial action it deems necessary up to and including revocation of the gaming license.

### REGULATORY AUTHORITY

205 CMR 121.00: M.G.L. c. 23K, §§ 4(26); 4(37); 5; 10(d); 11(b); and 56.

Section

- \_\_\_\_.01 Annual Budget
- \_\_\_\_.02 Annual Slot Fees
- \_\_\_\_.03 Annual Operating Costs Assessments
- \_\_\_\_.05 Use of This Regulation with 205 CMR 121.00
- \_\_\_\_.06 Annual Reconciliation of Expenses to Revenues
- \_\_\_\_.07 Payment of Fees and Assessments for Operations

\_.01 Annual Budget

- a) The Commission shall develop and approve an annual budget prior to the beginning of the subsequent fiscal year. The budget shall include revenue and cost projections for the subsequent fiscal year.
- b) The Commission's fiscal year shall be from July 1<sup>st</sup> to June 30<sup>th</sup>.
- c) If at any time during the fiscal year the Commission anticipates that the expenses for the current fiscal year are projected to exceed revenues, the Commission is authorized to revise assessments to licensees utilizing the formula in Section \_\_\_\_\_.03 (a). Within 30 days of receipt of the revised assessment, the licensee shall remit payment to the Commission.

\_.02 Annual Slot Fees

- a) The Commission shall impose a fee on each licensee, on or about July 1, for each slot machine referenced in the licensee's approved application, or as provided by MGL C. 23K § 56(a) once a gaming establishment is open for business, for each slot machine approved as of July 1 of each year and shall be assessed on a pro rata basis for any slot machine approved for use thereafter.
- b) For the purposes of this section, pro rata shall be defined as proportional share of days the slot machine is approved for operation in a given fiscal year.
- c) Within 30 days of receipt of the fee, the licensee shall remit payment to the Commission.

\_\_\_\_.03 Operating Cost Assessments

a) The Commission shall assess gaming licensees annually after the approval of the annual budget and before June 1 of each year, to cover the costs of the Commission to maintain regulatory control over gaming establishments in the subsequent fiscal year, in proportion to the number of gaming positions projected for each gaming establishment or as provided by MGL C. 23K § 56(c), once the gaming establishment is open for business in proportion to the number of gaming positions at each gaming establishment.

b) Each gaming licensee shall pay the amount assessed upon it within 30 days after the date of the notice of assessment from the Commission.

\_.04 Public Health Trust Fund Assessment

- a) Upon a later determined date the Commission shall assess each licensee an annual fee reflecting the licensee's share of not less than \$5,000,000 to be deposited into the Public Health Trust Fund. Each licensee's share shall be in proportion to the number of gaming positions projected for each gaming establishment or as provided by MGL C. 23K § 56(e) once the gaming establishment is open for business the share shall be in proportion to the number of gaming positions at each gaming establishment as of July 1 of each year.
- b) Within 30 days of receipt of the assessment, the licensee shall remit payment to the Commission.
- .05 Use of This Regulation with 205 CMR 121.00
- a) This section shall be used in conjunction with 205 CMR 121.00, and nothing in this section shall cause a licensee to be doubly assessed for the proportional share of a fiscal year operating costs of the commission as provided by MGL C. 23K, § 56.
- \_\_.06 Annual Reconciliation of Expenditures to Revenues
- a) At the close of each fiscal year (including the state accounts payable period as set by the Office of the State Comptroller), the Commission shall reconcile its actual expenditures with its actual revenues. No commitment or expense shall cause the Gaming Control Fund to end the fiscal year with a negative cash balance.
- b) In the event there are revenues that exceed the expenses for a given fiscal year, the Commission, in its sole discretion, shall decide to either return the excess revenues to the licensees in proportional share to the assessments under section \_\_\_\_\_.03 of that fiscal year, or it may be used to offset the licensee's assessments in the subsequent fiscal year.
- \_\_.07 Payment of Annual Fees and Assessments
  - a) All Fees and assessments shall be submitted in the form a certified check or secure electronic funds transfer payable to the "Massachusetts Gaming Commission."
  - b) All fees and assessments generated and collected under this regulation, except those collected under section \_\_\_\_\_.04, shall be deposited into the Gaming Control Fund established in MGL, Ch. 23K, Section 57

c) In the event that a licensee fails to pay the fee as provided in 205 CMR \_\_\_\_.00, the Commission may take any and all remedial action(s) it deems necessary up to and including revocation of the gaming license.

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**SECTION 93.** (a) There shall be established and set up on the books of the commonwealth a Gaming Licensing Fund which shall receive all category 1 or category 2 licensing fees, with the exception of initial application fees, collected from applicants in receipt of a category 1 or category 2 license under chapter 23K of the General Laws. The fund shall expire on December 31, 2015. The commission shall be the trustee of the fund and shall transfer monies in the fund as follows;

(1) 10 per cent to the Community Mitigation Fund established in section 61 of chapter 23K of the General Laws;

(2) 14.5 per cent to the Transportation Infrastructure and Development Fund established in section 62 of chapter 23K of the General Laws;

(3) 11 per cent to the Local Capital Projects Fund established in section 2EEEE of chapter 29 of the General Laws;

(4) 13 per cent to the Manufacturing Fund established in section 98;

(5) 17 per cent to the Community College Fund established in section 99;

(6) 1.5 per cent to the Massachusetts Tourism Fund established in section 35J of chapter 10 of the General Laws;

(7) 23 per cent to the Healthcare Payment Reform Fund established in section 100;
(8) 5 per cent shall be remitted to the comptroller for deposit into the Local Aid
Stabilization Fund established in section 2CCCC of chapter 29 of the General Laws; and
(9) 5 per cent shall be remitted to the Race Horse Development Fund established in section 60 of chapter 23K of the General Laws.

(b) Upon receipt by the Massachusetts gaming commission of license fees from licensees, interim transfers and payments shall be made on a pro rata basis from the Gaming Licensing Fund as provided in clauses (1) and (2) of subsection (a); provided, however, that no transfer or payment under said clauses (1) and (2) of said subsection (a) shall occur until the fund reimburses \$20,000,000 to the Commonwealth Stabilization Fund as required by subsection (c) of section 94.

FV14 Budget and Revenues

2014	14															
Row Labels	Annual Projection	A Viut	August	September	Octobar	November	December	Six Month Actual January	Annuny	February	March	April	INtery .	June	Six Month Projected	Actual + Projected
1050001																
AA REGULAR EMPLOYEE COMPENSATION	3,746,771.00	183,756 69	207,006.73	3 216,525.9	226,440.02	251,572,07	391,899.30	1,477,200,79	378,261.70	378,261.70	378,261,70	378,261,70	378,261.70	378,261.70	2,269,570,21	3,746,771,00
BB REGULAR EMPLOYEE RELATED EXPEN	137,950,00	5,000.00	23,371.39	9 7,341.0	4,027.76	10,005.38	540,42	50,285.99	14,610,67	14,610.67	14,610 67	14,610.67	14,610.67	14,610.67	87,664,01	00 <sup>'056'</sup> /2ET
CC SPECIAL EMPLOYEES	100,000,00	3,900,00	11,227.50		14,557,50	12,255,00	19,912,50	75,480.00	12,260.00	12,260.00		×		i i	24,520.00	100,000,00
DD PENSION & INSURANCE RELATED EX	1.010,136,15	50,919,23	57,458,90		_	69,809.18	108,760.49	409,961,01	100,029.19	100,029.19	100,029,19	100,029 19	100,029.19	100,029,19	600,175.14	1,010,136.15
FE ADMINISTRATIVE EXPENSES	564.729.00	23,096.39	215.731.83			44,054,03	(292,415,86)	214,746.09	58,330.49	58,330,49	58,330,49	58,330,49	58,330,49	58,330,49	349,982,91	564,729,00
GG ENERGY COSTS AND SPACE RENTAL	563.256.00	39,388.42	41.272.11			43,727.98	43,469.78	256,048.44	31,201.26	31,201.26	31,201,26	111,201.25	51,201.26	51,201.26	307,207.56	563,256.00
HH CONSULTANT SVCS (TO DEPTS)	11.019.053.44	648.87	1.285.548.31	1	~	1,170,506,53	928,571.30	5,009,455,21	958,933,04	958,933.04	958,933 04	1,038,933.04	1,038,933.04	1,048,933,04	6,003,598,23	11,013,053,44
LI OPERATIONAL SERVICES	903,180,00	35,890,36	33,689,82	~	79,117.29	14,472.38	52,252,63	224,093.79	113,181.04	113,181.04	40 181,ELL	113,181,04	113,181.04	113,181.04	679,086.21	903,180.00
KK Equipment Purchase	61.500.00						5	*	X	61,500.00	5	×	i.	÷	61,500.00	61,500,00
LL EQUIPMENT LEASE-MAINTAIN/REPAR	28.822.00	1.076.77	2,229,51	1 2,861,73	2,052.09	3,558,17	3,421.00	15,199,27	2,270.46	2,270.46	2,270.46	2,270.46	2,270.46	2,270.46	13,622.73	28,822.00
MM PURCHASED CLIENT/PROGRAM SVCS	10.000.01	-				7,402.50	2,587.50	00'065'6	10,00	7	2	*	÷	3	10,00	10,000.00
NN INFRASTRUCTURE:	76,585,81	*	×	29.00	488.25	58,320.41	17,627.40	76,495.06	90.75	5	2	1	6		90.75	76,585.81
PP STATE AID/POL SUB	4.158.083.00		75,000.00	0 211,140.00	1,107,497.30	15,000.00	164,239.13	1,572,876,43	04	2		3	2,154,338,81	430,887.76	2,585,206.57	4,158,083.00
UU IT Non-Pavroil Expenses	2,054,893,39	2,684,50	2,878.35		5,199,26	13,927.81	384,7771,60	418,921.30	270,162,10	113,000.00	13,000.00	684,486,29	277,662,10	277,662.10	1,635,972.59	2,054,893.89
Grand Total	24,428,959.79	346,361.23	1,955,414.43	3 2,119,822.6	1,848,906.21	1,714,511,44	1,625,637.39	9,610,753.38	1,939,340.68	1,843,577.03	1,669,817.83	2,501,304.19	4,186,018.74	2,475,347.69	14,518,206.91	24,428,960.29
Cash Balance At Close of Month		16'01E'E08'0T	9,310,051.08	8,556,368.4	7,832,775.24	6,981,213.80	6,530,542.98	6,536,638.46	5,097,298.06	3,620,720.22	1,950,902.39	22,399,598.26	18,210,779.52	15,735,431.83		
				Actuals							Proj	Projections				
Severate as	Annual Prolaction	Autv	Auterust	September	October	November	Decamber	Six Month Actual	January	February	March	April	May	Jane	Sin Month Projected	Actuel + Projected
Beatruing Balance	10,868,827 28	868,827,88		UT	a	(*		10,868,827.88	æ	3	3	×	ж	3 <b>8</b>	141	10,868,827,88
Miscellaneous Revenue	6,095.76	79,29	872.12	2 5,000.00	52,50	50,00	41.57	6,095,48	0.28	5	1	2	÷	*	0,28	6,095,76
Phase 1 Investigation Collections and Grants	4,839,468,48	280,795,00	461,252.45	5 1,361,140.00	1,125,260.55	863,000,00	374,925.00	4,472,468 48		367,000.00	2		10	14	367,000.00	4,839,468.48
Phase 2 Category 2 Collections	1.500.000.00				•	,	1,000,000 00	1,000,000.00	500,000.00	8				2	500,000.00	1,500,000 00
Phase 2 Category 1 Collections	2.800.000 00			5		X		1	6	i.		2,800,000.00			2,800,000 00	2,800,000.00
Licensing Division Revenue	150,000.00		204		14	20	2	94	()	8	<u>.</u> *	150,000.00	×	аł	150,000.00	150,000 00
Iransfer from \$25M Category 2 Fee	20,000,000 00				14	36	~	4		140		20,000,000.00	e	•	20,000,000 00	20,000,000.00
		20 2 4 0 m 0 h 0 m	0 mm m.m	A 446 446 4 446 446 446 446	A 415 445 45	And and an			100 000 001			11 000 000 00			BC DAN THE EC	C1 C02 404 004

1/22/2014

	Current Yr Request			\$3,646,771.00	\$100,000.00	\$3,746,771.00		\$54,500.00	\$83,450.00	\$137,950.00		\$100,000.00	\$100,000.00		\$1,010,136.15	\$1,010,136.15		\$42,000.00	\$25,400.00	\$5,317.00	\$25,200.00	\$3,500.00	\$500.00	\$2,653.00	\$90,000.00	\$265,000.00	\$20,000.00	\$46,000.00	\$8,659.00	\$20,500.00	\$10,000.00	\$564,729.00
	object_name			Salarles: Inclusive				Other Out Of State Travel - INCLUSIVE: AIRFARE, HO	In-State Travel			Contracted Faculty			Fringe Benefit Cost Recoupment			Office & Administrative Supplies	Printing Expenses & Supplies	Postage	Subscriptions, Memberships & Licensing Fees	Advertising Expenses	Bottled Water	Fees, Fines, Licenses, Permits & Chargebacks	Temp Use Space/Confer-Incidental Includes Reserva	Credit Card Purchases	Out Of State Travel Expen on Behalf of State Employ	Secretariat Central Services Chargeback	Reimbursement for Traval and Other Expenses for B	Conference, Training and Registration Fees		
QRYJanuary 2014 MGC Budget	Budget Fiscal Appropriation Object Class Object Year Code	2014 10500001	AA REGULAR EMPLOYEE COMPENSATION	A01	A08	Total for Object Class	BB REGULAR EMPLOYEE RELATED EXPEN	801	B02	Total for Object Class	CC SPECIAL EMPLOYEES	C01	Total for Object Class	DD PENSION & INSURANCE RELATED EX	D09	Total for Object Class	EE ADMINISTRATIVE EXPENSES	E01	E02	E06	E12	E13	E15	E19	E22	E30	E41	E56	E98	EE2	EE9	Total for Object Class

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Wednesday, January 22, 2014

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Budget Fiscal Year	Appropriation	Object Class	Object Code	object_name	Current Yr Request
2014	t 10500001				
		GG ENERGY COSTS AND SPACE RENTAL			
			G01	Space Rental	\$543,256.00
			G03	Electricity	\$20,000.00
		Total for Object Class			\$563,256.00
		HH CONSULTANT SVCS (TO DEPTS)			
			60H	Attorneys/Legal Services	\$1,359,772.72
			H19	Management Consultants	\$9,334,384.11
			H21	Personnel Placement Consultants (Recruiters)	\$30,096.61
			H23	Program Coordinators	\$137,500.00
			H98	Reim Trav/Exp For Consultant Services	\$8,000.00
			енн	Media Design, Editorial and Communication	\$143,300.00
		Total for Object Class			\$11,013,053.44
		JJ OPERATIONAL SERVICES			
			125	Laboratory & Pharmaceutical Services	\$717,931.00
			133	Photographic & Micrographic Services	\$75,000.00
			J46	Temporary Help Services	\$15,000.00
			J62		\$92,499.00
			211	Auxiliary Services	\$2,750.00
		Total for Object Class			\$903,180.00
		KK			
			K06		\$15,000.00
			K10		\$45,000.00
			K12		\$1,500.00
		Total for Object Class			\$61,500.00
		LL EQUIPMENT LEASE-MAINTAIN/REPAR			
			106	Print, Photocopying/Micrographics Equip TELP Lease	\$5,400.00
			125	Office Equipment Rental or Lease	\$15,922.00
			126	Printing/Photocopy & Micrographics Equip Rent/Lea	\$7,500.00
		Total for Object Class			\$28,822.0 <b>0</b>
		MM PURCHASED CLIENT/PROGRAM SVCS			
			M04	Services Purch Support of Human/Social Services for	\$10,000.00
		Total for Object Class			\$10,000.00

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Current Yr Request	\$488.00 \$25,769.36 \$150.00 \$50,178.45	<b>\$76,585.81</b> \$693,731.00 \$3,459,352.00 \$5,000.00	<b>\$4,158,083.00</b> \$44,500.00 \$60,000.00	\$1,191,266.89 \$18,000.00 \$740,127,00 \$1,000.00	\$2,054,893.89 \$24,428,960.29
object_name	Initial Furrishings & Equipment Purchases Property Management Non-Hazardous Waste Removal Services Reimbursement for Travel/Other Expense Infras Proj	Grants To Public Entities Other Financial Assistance to State Authorities	Telecommunications Services - Voice	Information Technology (IT) Professionals Information Technology (IT) Cabling Information Technology (IT) Equipment Information Tech (IT) Equipment Maintenance & Re	
Object Code	N18 N51 N73 N98	P01 P06 PP1	U03 U03	U05 U06 U107	
Object Class NN INFRASTRUCTURE:		Total for Object Class PP STATE AID/POL SUB	Total for Object Class UU IT Non-Payroll Expenses		Total for Object Class priation
Budget Fiscal Appropriation Object Class Year 2014 10500001 NN INFRA					Total f Total for Appropriation
Budget Fiscal Year 2014					

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Wednesday, January 22, 2014

Phase I						3600 Penn				4000 Sterling		
Investigations as of	3100 Crossroads 3200 Hard Rock	3200 Hard Rock	3300 Mass	3400 MGM	3500	National Gaming, 3700 Plainridge	3700 Plainridge		3900 Raynham	Suffolk	4001 Minor 110	Treade
1/21/2014	MA LLC	MA	Gaming Ent LLC	springrieia	monegan sun	JU	Racecourse	CASINO RESORTS	LAIR	Laboration	אאווווי רדר	Inters
Collections	\$1,120,486.00	\$845,755.00	\$756,759.60	\$2,067,685.80	\$1,313,517.00	\$500,000.00	\$813,039.00	\$452,294.00	\$948,231.80	\$1,451,828.80	\$1,883,232.00	\$12,152,829.00
Forecast Cost amount	\$924,000.00	\$733,380.00	\$555,380.00	\$1,766,445.00	\$1,180,742.25	\$443,894.00	\$768,000.00	\$411,740.00	\$789,000.00	\$1,310,630.00	\$1,871,136.64	\$10,754,347.89
Other costs	\$145.00	\$694.87	\$0.00	\$2,277.50	\$427.50	\$39,225.54	\$3,541.50	\$5,061.00	\$4,695.00	\$16,421.86	\$12,360.42	\$84,850.19
Total	\$924,145.00	\$734,074.87	\$555,380.00	\$1,768,722.50	\$1,181,169.75	\$483,119.54	\$771,541.50	\$416,801.00	\$793,695.00	\$1,327,051.86	\$1,883,497.06	\$10,839,198.08
Balance	\$196,341.00	\$111,680.13	\$201,379.60	\$298,963.30	\$132,347.25	\$16,880.46	\$41,497.50	\$35,493.00	\$154,536.80	\$124,776.94	-\$265,06	\$1,313,630.92
Admin Percent	13.71%	13.71%	13.71%	13.71%	13.71%	13.71%	13.71%	13.71%	13.71%	13.71%	13.71%	13.71%
Admin Costs	\$126,680.40	\$100,546.40	\$76,142.60	\$242,179.61	\$161,879.76	\$60,857.87	\$105,292.80	\$56,449.55	\$108,171.90	\$179,687.37	\$256,532.83	\$1,474,421.10
Proposed invoice												
amount	\$0.00	\$24,163.38	\$0.00	\$0.00	\$28,702.96	\$0.00	\$0.00	\$0.00	50.00	50.00	\$315,132.07	\$357,998.41

# **Phase I Consultant Collections and Payments**

1/22/2014

# Phase II Consultant Collections and Payments

Phase II	3600 Penn	3800 PPE	3900	
Projected cost as	National	Casino	Raynham	
of 1/21/2014	Gaming, Inc	Resorts	Park	Totals
Finance and				
Economic	\$105,000.00	\$105,000.00 \$105,000.00	\$105,000.00	\$315,000.00
Design and				
Mitigation	\$216,666.67	\$216,666.67 \$216,666.67	\$216,666.67	\$650,000.01
Project				
Mangement	\$84,000.00	\$84,000.00 \$84,000.00	\$84,000.00	\$252,000.00
Expert				
Evaluations	\$30,833.00	\$30,833.00 \$30,833.00	\$30,833.00	\$92,499.00
Total	\$436,499.67	\$436,499.67 \$436,499.67	\$436,499.67	\$436,499.67 \$1,309,499.01

13.71%	\$179,532.31	
13.71%	\$59,844.10	
13.71%	\$59,844.10	
13.71%	\$59,844.10	
Admin %	Admin cost	

Grand Total	\$496,343.77	\$496,343.77	\$496,343.77	\$496,343.77 \$496,343.77 \$496,343.77 \$1,489,031.32
Collected	\$500,000.00	\$500,000.00	\$500,000.00	\$500,000.00 \$500,000.00 \$500,000.00 \$1,500,000.00

.48 \$711,238.4	\$237,079.4	\$237,079.48	\$237,079.48	aid amount
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1/22/2014

### Crosby, Steve (MGC)

From:	Geoff Freeman <gfreeman@americangaming.org></gfreeman@americangaming.org>
Sent:	Monday, January 06, 2014 11:26 AM
То:	Crosby, Steve (MGC)
Subject:	FW: State Withholding Taxes on Gaming Winnings 1 2 14
Attachments:	State_Withholding_Taxes_on_Gaming_Winnings_1-6-14.docx

Mr. Chairman – Below and attached is more information on the withholding issue (as well as the issue of tax deductibility). As you will see, Massachusetts is extreme based on our research. Look forward to discussing.

Geoff

From: Andrew Smith <<u>ASmith@americangaming.org</u>>
Date: Monday, January 6, 2014 at 11:20 AM
To: Geoff Freeman <<u>gfreeman@americangaming.org</u>>
Cc: Elizabeth Cronan <<u>ECronan@americangaming.org</u>>
Subject: State Withholding Taxes on Gaming Winnings 1 2 14

Geoff,

The \$600 threshold that Massachusetts is proposing is substantially more onerous from both the customers' and casino operators' perspective than any other state to the best of our knowledge. While we have yet to hear back from regulators in all 23 existing commercial states, we have gotten definitive responses to our inquiry about state withholding thresholds on gaming winnings in 13 thus far. Here is how our results from the 13 breakdown:

- 10 states (77%) follow federal / IRS withholding thresholds for gambling winnings

- 1 state (8%) has no withholding requirements at all

- 2 states (15%) have slightly more stringent thresholds than federal / IRS requirements but neither are as severe as Massachusetts' proposal

The attached document summarizes in greater detail what we have found on this issue. We anticipate hearing back from more regulators in the coming week as people return to their offices following the holidays. I would expect to have all 23 states' details filled in by next week.

Another issue that the AGA has been following closely in various states around the country is the issue of deductibility of gaming losses from winnings. In the vast majority of states (17 of 23 states) and at the federal level, casino customers who choose to keep track of gambling losses can rightfully deduct those losses from any gambling winnings they may have over the course of the year. Massachusetts appears as though it will be one of the few states to not allow gambling losses to be deductible against winnings. From the AGA's perspective, this is punitive public policy. Casino customers deserve tax fairness.

Happy to discuss further at your convenience.

Andrew

# **State Withholding Taxes on Gaming Winnings**

American Gaming Association January 22, 2014

_	
Federal / IRS	Reportable Gambling Winnings
INS	The Internal Revenue Service (IRS) requires certain gambling winnings to be reported on Form W-2G if:
	1. The winnings (not reduced by the wager) are \$1,200 or more from a bingo game or slot machine.
	2. The winnings (reduced by the wager) are \$1,500 or more from a Keno game.
	<ol> <li>The winnings (reduced by wager or buy-in) are more than \$5,000 from a poker tournament.</li> </ol>
	<ol> <li>The winnings (except winnings from bingo, slot machines, keno and poker tournaments) reduced, at the option of the payer, by the wager are:</li> </ol>
	a. \$600 or more, and
	b. At least 300 times the amount of the wager, or
	<ol> <li>The winnings are subject to federal income tax withholding (either regular gambling withholding or backup withholding).</li> </ol>
Colorado	State withholding requirements are the same as federal thresholds
Delaware	State withholding requirements are the same as federal thresholds, with the exception
	of Keno. DE issues a W-2G for Keno winnings of \$600 or more, not reduced by the wager.
Florida	State withholding requirements are the same as federal thresholds
Illinois	No state withholding requirements. Patron is given the option to request state
	withholding if he or she desires it after a gaming win that meets or exceeds federal thresholds.
Indiana	State withholding requirements are the same as federal thresholds
lowa	State withholding requirements are the same as federal thresholds
Kansas	State withholding requirements are the same as federal thresholds
Louisiana	
Maine	State withholding requirements are the same as federal thresholds
Maryland	If winnings total more than \$5,000, Maryland income taxes will automatically be withheld.
	If prize money totals between \$500 and \$5,000, one must file Maryland <u>Form 502D</u> and
	pay the tax on that income within 60 days from the time you receive the prize money.
	If win is less than \$500, one doesn't have to file Form 502D, but they still must report
	the winnings and pay tax on it when they file their annual state income tax return.
Michigan	State withholding requirements are the same as federal thresholds
Mississippi	State withholding requirements are the same as federal thresholds. State withholding tax is 3%.
Missouri	State withholding requirements are the same as federal thresholds
Nevada	No state withholding requirements
New Jersey	State withholding requirements are the same as federal thresholds
New Mexico	State withholding requirements are the same as federal thresholds
New York	Winning is reportable if the prize reduced by the wager is \$600 or more and the prize is

	at least 300 times the amount of the wager. Prizes over \$600 but less than \$5,000 with no tax ID # are subject to backup withholding. Finally, there is a mandatory withholding on all prizes over \$5,000. Any winnings of \$600 or more are subject to the following offsets (in order): - Child Support: 100% of the prize after mandatory withholding
	<ul> <li>Public Assistance: 50% of the prize after mandatory withholding</li> <li>NY State Tax Arrears: 100% of the prize after mandatory withholding</li> </ul>
Ohio	State withholding requirements are the same as federal thresholds (for casino gaming), and operator shall deduct and withhold OH income tax from person's winnings at a rate of four percent.
Oklahoma	State withholding requirements are the same as federal thresholds
Pennsylvania	
Rhode Island	State withholding requirements are the same as federal thresholds
South	State withholding requirements are the same as federal thresholds
Dakota	
West	
Virginia	



# **MEMO** DRAFT FOR DISCUSSION PURPOSES ONLY

Date: January 13, 2014

To: Enrique Zuniga

From: Drew Chamberlain

# Subject: Implications of Massachusetts reporting and withholding tax requirements on winnings at Category 1 and 2 Casinos

Further to your request, we outline below the implications of the Massachusetts reporting and withholding tax requirements with the passage of the Expanded Gaming Act applied to casino winnings.

# 1. The Issue

Winnings from all gambling activities are subject to personal income tax in the United States. Citizens are required to report gambling winnings (less losses-not to exceed gambling winnings) on annual tax returns. On a federal basis casino operators are required to report gambling winnings over certain thresholds (e.g., winnings from a slot machine jackpot \$1,200 or more) and, in cases where the gambler does not have a tax identification number, withhold tax on the winnings at a rate of 28%. A few states have imposed additional state withholding taxes on slot machine and other gaming winnings.

The Act Establishing Expanded Gaming in the Commonwealth—Chapter 194 of the Acts of 2011—(the "Act") includes a requirement for a 5% State withholding tax on any gaming winnings<sup>1</sup> in excess of \$600. The quantum of tax and the manner in which the Act sets out the calculation and collection of tax are highly problematic because the proposed approach:

- is inconsistent with federal reporting and withholding requirements of gaming winnings;
- produces an unreasonable financial outcome for high limit table game players;
- will ensure Massachusetts casinos operate at a significant competitive disadvantage vis a vis casinos in bordering states (i.e., Rhode Island, Connecticut, New York and possibly New Hampshire) in addition to attracting VIP play from other jurisdictions; and

<sup>&</sup>lt;sup>1</sup> The Act also includes a provision to withhold winnings of more than \$600 in situations where the gaming winner has unmet child support obligations. This memo does not address that issue. That said, the administrative challenges in implementation this provision would be similar to the withholding tax requirement.



• places an impractical operational burden on Massachusetts casino operators.

Casino Applicants have identified the tax provisions of the Act as problematic, even perhaps unworkable. In our opinion, the competitiveness of taxation rates is open for debate however, based on our assumptions regarding implementation of the reporting and withholding requirements under the Act we agree with the Applicants regarding the impracticality of the requirements, certainly in the context of objectives of the casino initiative.

# 2. Key Assumptions in this Analysis

In completing this analysis we assumed the following with respect to the gaming environment in Massachusetts and implementation of the tax reporting and withholding requirement provisions of the Act:

- Total gaming revenue generated by Massachusetts casinos could reach \$1.6 billion/annum of which slot revenue would account for about \$1.2 billion/annum. These amounts are predicated on the State tax reporting and withholding requirements that are consistent with federal requirements.
- Massachusetts casino operators will be required to report winnings over \$600, whether earned by a Massachusetts resident or non-resident and withhold 5% State tax on this amount. Such an approach will be a disincentive for both State residents and non-residents to patronize Massachusetts casinos. Massachusetts residents who win amounts over \$600 in slots (but less than \$1,200) in out-of-state casinos are required to pay State tax but do so on the "honor system" as out-of-state casinos are not required to report within this range.
- All states bordering Massachusetts will continue to use the federal threshold (e.g., \$1,200 for slot machines, and nothing in respect of table games), in respect of reporting winnings.
- Certain definitions used federally with respect to gaming winnings are modified in Massachusetts, specifically:
  - Losses from gambling are not deductible from gambling winnings.
  - The definition of winnings does not provide for a deduction of the amount of the wager to determine the \$600 reporting and withholding threshold. However the amount of the wager to earn such winnings is deductible from these winnings in determining taxable income on the Massachusetts tax return.



- The payout ratio of 300:1 as contained in section 3402 of the Internal Revenue Code is not applied in the determination of whether winnings are subject to withholding tax<sup>2</sup>. Accordingly, all table game winnings in excess of \$600 are subject to reporting and withholding tax.
- Winnings are determined on a table game decision basis. In other words, the winnings of each hand played (wager) is subject to the \$600 threshold. (This is consistent with slot jackpots determining "winnings" as well is consistent with the restriction that gambling losses are not deductible from gambling winnings. It is also consistent with the Massachusetts Department of Revenue's-Gambling and Lottery guide to personal income tax.)

Other assumptions are stated throughout the balance of this document.

### 3. Inconsistency with Federal Reporting and Withholding Requirements on Gaming Winnings

On a federal level, net winnings from gambling are considered taxable income (i.e., gambling losses can be deducted from taxable gambling winnings (only to the extent of gambling winnings) for federal income tax purposes in any given year). Either as required by the Internal Revenue Code, or Treasury Regulations, individual gaming operators are required to report winnings as follows:

- The winnings (not reduced by the wager) are \$1,200 or more from a bingo game or slot machine,
- The winnings (reduced by the wager) are \$1,500 or more from a keno game,
- The winnings (reduced by the wager or buy-in) are more than \$5,000 from a poker tournament,
- The winnings (except winnings from bingo, slot machines, keno, and poker tournaments) reduced, at the option of the payer, by the wager are:
  - \$600 or more, and
  - At least 300 times the amount of the wager, or
- Other winnings subject to federal income tax withholding (either regular gambling withholding or backup withholding).

Winnings of amounts under these thresholds are not required to be reported by the casino operator. Amounts over these threshold must be reported on form W-2G. If the

<sup>&</sup>lt;sup>2</sup> A general provision of section 3402 of the Income Tax Code requires winnings of \$5,000 or more and have proceeds that are at least 300 times the amount of the wager, be subject to reporting and withholding taxes. Winnings from table games are not subject to reporting or withholding taxes as no traditional table games have payout odds in excess of 300 times the amount wagered. Side bets, however, such as a Caribbean Stud Jackpot where the payout would exceed 300:1 times would be subject to withholding tax.



taxpayer/gambler is unable to provide a tax identification number upon completion of the W-2G, taxes are withheld by the casino operator.

Three significant differences exist between current federal reporting and withholding requirements and those proposed by Massachusetts in the Act:

- 1. The minimum threshold for casino operators to report winnings on slot machines is \$600 in Massachusetts versus \$1,200 federally.
- 2. The 5% State tax imposed by Massachusetts will be withheld whether or not the player has a tax identification number.
- 3. The 300:1 payout ratio applicable for federal purposes is <u>not applicable</u> for State purposes in determining whether winnings are subject to reporting and withholding requirements. Table games winnings at \$600 or more are to reported and subject to a 5% withholding tax.

These differences are raised here although the implications are discussed more fully in the two sections below.

# 4. Competitive Disadvantages of a \$600 Win Threshold

Differences between competing casinos in the quantum of tax, withholding provisions and reporting requirements provide a significant competitive advantage or disadvantage. All other things being equal, customers will select a casino that has a higher reporting threshold (i.e., a larger win amount triggering reporting and withholding) and a lower withholding tax rate applied to the winnings.

Massachusetts is located within the middle of a very competitive gaming market. Three bordering states (i.e., Connecticut, New York and Rhode Island) offer casino gaming and none of these jurisdictions impose a state tax over and above the federal gambling tax. Several casinos in these border jurisdictions rely on Massachusetts residents for a significant proportion of gaming revenue.

A disparity in tax policy of the magnitude considered will be a significant point of differentiation. As a result, while the 5% State tax withholding requirement at a \$600 threshold was enacted with a view to capturing additional tax revenue to the State, it is very likely that such a move will result in a reduction of overall taxation revenue to the State. The unfavourable tax consequences to the casino customer will likely result in choosing an out-of-State gaming facility with the gaming tax revenue from these forgone gaming revenues exceeding the incremental income tax revenue.

The implication for both slot and table game players is highlighted below.

#### 4.1 **SLOTS**

Slot players and casino operators in the United States are accustomed to the \$1,200 federal reporting requirement for slot winnings.



Slot winnings<sup>3</sup> are not subject to federal withholding taxes, so long as the customer can provide a tax identification number upon completion of a W-2G form. In the event the player cannot provide this number they are subject to a 28% federal withholding tax. With the imposition of the tax reporting and withholding requirements in the Act, the 5% tax on winnings in excess of \$600 will be withheld and a W-2G will be forwarded to federal tax authorities.

Massachusetts Gaming Commission Racing Division staff conducted a survey of taxes in other states and found only five states assess additional state withholding taxes on slot machine winnings, specifically;

		Amount of Withholding
State	Threshold for Withholding Tax on Slot Machine	Tax
Indiana	Greater than \$1200	3.40%
lowa	Greater than \$1200	5.00%
Louisiana	Greater than \$1200	6.00%
Michigan	Greater than \$5000	4.25%
Maryland	Greater than \$5000	8.75%/7.00%*
	nsory Inc. based on survey conducted by Massachusetts (	

None of the slot facilities in these states directly compete with Massachusetts gaming facilities. None of the casinos located in bordering states (i.e., Connecticut, New York, and Rhode Island) are required to withhold tax for amounts below \$1,200 and only then when the player does not have a valid tax identification number.

Potential impact on State revenue from incremental tax on slot winnings

In order to assess the impact of a 5% State withholding tax on slot machine winnings over \$600, we compared the estimated incremental income tax revenue (from the 5% State withholding tax) with the potential loss in topline slot revenue that might result from Massachusetts casinos being viewed as less competitive than casinos located in border states (that do not withhold a 5% State tax on winnings over \$600).

<sup>&</sup>lt;sup>3</sup> In practical application federal slot "winnings" are defined to mean slot jackpots in an amount of \$1,200 or more. Slot machines are set to pay out via slot credits which are automatically added to the credit meter on the slot machine. In order to comply with existing federal requirements, in the event a jackpot is earned that is \$1,200 or more, the machine "locks up" and won't add credits to the meter, rather a casino attendant will pay out the winnings manually to the customer. This will result in the completion of the W-2G prior to payment of winnings. We have assumed that the same process would take place in Massachusetts casinos, however, noting that the machine would lock up at \$600 for the W-2G completion and the 5% State withholding tax would be retained in addition to any federal withholding as required.



The following table estimates slot jackpot amounts for a Massachusetts casino with annual slot revenue of \$340 million. The jackpot amounts are drawn from an actual casino of similar size and revenue in another jurisdiction. In addition we have extrapolated this amount to the total slot revenue potential for the State of approximately \$1.2 billion with the opening of one Category Two facility and three Category One facilities.

Massachusetts Slot Jackpot Estimate (Annual)						
	Total Estimate fo					
	Single Casino	State				
Total Slot Revenue	\$340,000,000	\$1,200,000,000				
Number of Jackpots \$600 or More	190,452	672,184				
Total Value of Jackpots \$600 or More	\$334,341,000	\$1,180,027,059				
Number of Jackpots \$1200 or More	87,840	310,024				
Total Value of Jackpots \$1200 or More	\$248,319,600	\$876,422,118				
Source: HLT Advisory Inc. based on similar casino results						

The estimated increase in State income taxes from the lower reporting threshold of \$600 is calculated as the total value of jackpots issued between \$600 and \$1,200. Based on the table above, it is estimated these amounts would be as follows:

Incremental State Taxes Collected at Lower Threshold				
Annual Jackpots in Excess of \$600	\$1,180,027,059			
Annual Jackpots in Excess of \$1200	\$876,422,118			
Difference	\$303,604,941			
State Tax on Difference*	\$15,180,247			
Source: HLT Advisory				
*We assume that the State tax rate would appro withholding tax rate	oximate the State			

The incremental tax revenue collected by the requirement to report slot winnings above the \$600 threshold (as opposed to the federal \$1,200 threshold) is approximately \$15 million. While this \$15 million is incremental tax revenue to the State, it must be viewed in the context of the effect a 5% State withholding tax at a \$600 threshold will have on the competitiveness of Massachusetts casinos. The unfavorable reporting and withholding requirements in Massachusetts will provide a competitive disadvantage in comparison to those out of State casinos competing for the Massachusetts market.

Assuming the State's gaming taxes earned as a percentage of gross slot revenue (i.e., the tax paid by the operator) is 26% (calculated as the weighted average of the State gaming tax rates for the various categories of facilities) the \$15 million earned through the 5% State withholding tax on winnings exceeding \$600, but less than \$1,200, would be offset by a \$58 million dollar reduction in total slot revenue for the State (i.e., \$15 million  $\div$  26% = \$58 million). A \$58 million variance on estimated slot revenue of \$1.2



billion is approximately 5%. Given the competitive disadvantages outlined in this memo, it is not unreasonable to suggest that the gaming facilities in the State will not be able to fully capture their share of the broader gaming market and that any State income tax earned from the lower reporting threshold would be offset by a reduction in gaming tax collected with lower gaming revenues. Given that a disproportionate amount of slot revenue comes from a small percentage of total players, this more "savvy" customer will almost certainly have a greater negative impact on total slot revenue of 5%, likely rendering the withholding ta at the lower threshold a net loss.

# 4.2 TABLE GAMES

Unlike what is being proposed in Massachusetts through introduction of the Act, competing casinos in bordering states have no reporting or withholding tax requirements for table games (wherein Section 3402 of the Internal Revenue Code utilizes a payout ratio of 300:1 to determine whether winnings are subject to tax).

Even if the impracticalities related to the administrative burden could be managed (as discussed in the following section), the inequitable tax treatment would preclude any player from playing table games that result in a wager paying more than the \$600 threshold.

An example is appropriate:

A table game player plays blackjack starting with a \$15,000 bankroll. In the course of two hours he plays 100 hands (100 decisions) wagering \$1,000 per hand. Of the 100 hands, the player won 45 decisions while the "house" won 55 decisions. At the end of 2 hours the player has lost \$10,000, while the casino has earned \$10,000 in table game revenue (equates to \$2,500 in gaming taxes for the State for a Category 1 casino). In addition to losing \$10,000, over the course of two hours he will be issued 45 W-2Gs for the 45 decisions he won. He will have to remit 5% of the amount of winning decisions or \$4500 (45 hands \* \$2000 in winnings \* 5% withholding tax) in respect of withholding tax. In summary, the player started with \$15,000, lost \$10,000 to the casino and had to remit \$4500 in withholding tax to the State.

Even if the player "broke even" with the casino and each of the player and the house won 50 decisions, he would be required to remit \$5,000 in withholdings taxes in respect of his "winnings".

As a result, casino operators in Massachusetts would likely be forced to manage table games such that the payout of any winnings would not exceed \$600. This will require implementing significantly reduced wagering maximums, especially on table games that have high payout ratios on specific winning outcomes.

The implication for VIP play (bets over \$100/hand) and main table play are further outlined below:

• VIP Play—If the scenario applied above is correct, we believe there will be no VIP play in Massachusetts. Typically the limits wagered at a table game will be set based on a minimum limit and a maximum limit with a 10 times multiple. In other words a table game with a \$100 minimum wagering limit will have in place



a maximum wager of \$1,000. VIP play is a significant segment of business for casino operators. We would estimate that total State table game revenue originating from the VIP segment would approximate anywhere between 25% and 50% of total table games revenue. We had estimated that the Massachusetts table game market approximated \$400 million in total annual revenue. If there is no VIP play in the State, this could result in a reduction in table game revenue of \$100 to \$200 million.

• Main Table Game Floor—While not as pronounced as VIP play, main floor table play will also be negatively impacted. If casino operators manage table games such that winning wagers always pay out \$599 or less (except in rare circumstances), the type of table games placed on the main floor and the allowed maximum wagers for these games will have to be adjusted ensuring the \$599 winning threshold is not reached. For example if a winning wager in roulette can pay out at 35:1 and the operator wants to ensure that all winning wagers in roulette pay out at \$599 or less, the maximum allowable bet would have to be approximately \$17 to avoid the \$599 threshold. The operator may desire a \$10 minimum on the roulette floor therefore the min/max wagering range would be \$10 to \$17 as opposed to the traditional min/max range of \$10 to \$100 given a 10 times spread.

For players that bet at the low end of the range for table games (\$10-\$15 average wager) we do not believe the State reporting and withholding tax will present a problem, however, for players that wish to increase wagers and/or play games that have high payout odds for certain winning hands, this will present a problem.

Quantification of this amount of lost table revenue for this main floor segment of business is virtually impossible to estimate, however it is not unreasonable to assume that it could equal in a range of \$25 to \$50 million.

The following table shows a range of possible forgone table game revenue and resulting gaming tax revenue to the State. We have assumed a weighted average tax rate of 23% between table game revenue earned from the Category 2 casino and the Indian casino. We have also assumed Category 1 operators will alter their table game mix to avoid the \$600 withholding tax threshold, and as such provided the estimate in respect of income taxes collected by the State at \$0.

Loss in Gaming Tax Revenue for the State							
		Low		High			
Loss in VIP Play	\$	100,000,000	\$	200,000,000			
Loss on Main Gaming Floor	\$	25,000,000	\$	50,000,000			
Total Gaming Revenue Loss	\$	125,000,000	\$	250,000,000			
Tax Rate		23%	23%				
Loss in State Gaming Taxes	\$	28,750,000	\$	57,500,000			
State Income Taxes on Winnings	\$		\$				
Net Loss in State Taxes	S	28,750,000	\$	57,500,000			



The withholding tax collected from winnings in table games will be minimalistic as gaming operators will be forced to manage limits such that winnings per decision would always be less than \$600 to avoid the customer reporting and withholding tax exposure.

# 5. An Impractical Operational Burden

The reporting and withholding tax approach contained in the Act will place unreasonable administrative requirements of issuing W-2Gs and collecting any withholding tax.

An example is appropriate:

A table game player plays blackjack starting with a \$15,000 bankroll. In the course of two hours he plays 100 hands (100 decisions) wagering \$1,000 per hand. Of the 100 hands, the player won 45 decisions while the "house" won 55 decisions. At the end of 2 hours the player has lost \$10,000, while the casino has earned \$10,000 in table game revenue (equates to \$2,500 in gaming taxes for the State for a Category 1 casino). In addition to losing \$10,000, over the course of two hours he will be issued 45 W-2Gs for the 45 decisions he won. He will have to remit 5% of the amount of winning decisions or \$4500 (45 hands \* \$2000 in winnings \* 5% withholding tax) in respect of withholding tax.

From a reporting and withholding standpoint, the proposed approach is impossible to administrate. In the example above a "stop play" is required to issue the W-2G and collect the 5% withholding tax 45 times during the duration of play. This assumes that the player is the only participant in the game. If there are 6 players at this game wagering at the same level, there will be a stop play issued virtually every hand, and approximately 3 W-2Gs and withholding payments would be required for each hand played. Maximizing the number of hands played per hour is an important factor in determining profitability in table games.

# 6. Conclusions

In our opinion, the taxation provisions contained in the Act:

- Are inconsistent with federal taxation of gaming winnings and, as a result, are likely to cause significant confusion in implementation.
- Will ensure Massachusetts casinos (i.e., Category 1 and 2 licensees) operate at a significant competitive disadvantage vis a vis casinos in bordering states (i.e., Rhode Island, Connecticut, New York and possibly New Hampshire).
- Are virtually impossible to implement on an administrative basis, and
- The tax provisions contained in the Act appear to be contradictory to key elements of the State's gaming initiative.

We estimate that the implementation of the withholding and reporting requirements under the Act will cost the State between \$28.8 million and \$57.5 million in lost taxation revenue. Any amounts earned from State income taxes will be more than offset by a decline in gaming tax collected as casino operators will not be able to achieve gaming revenue potential. This assumes any income taxes collected from the lower slot jackpot



threshold would be offset by an equivalent amount of tax of slot gaming revenue as a result of the unfavourable tax treatment.

One of the objectives of the State casino initiative was to repatriate gaming revenue from State residents as well as bring in revenue from out of State visitors. As evidenced by the calculated estimates to State gaming revenue from the implementation of reporting and withholding requirements under the Act, this will not provide for a robust gaming industry.

Table games are extremely labour intensive. As noted above, a \$250 million decline in table game revenue could very well equate to 1,500 jobs forgone in the State.

Further, the imposition of these tax provisions, and the manner in which it is to be implemented, will restrict the casino operator from catering to the VIP segment of business both for slots and certainly for table games. The Category 2 facilities being proposed, however (both in terms of cost and the significant non-gaming amenities) are in large part premised under the ability to attract that VIP segment of business.

# SECTION 9 – NO DOCUMENTS FOR REVIEW