NOTICE OF MEETING and AGENDA

May 22, 2019

Pursuant to the Massachusetts Open Meeting Law, G.L. c. 30A, §§ 18-25, notice is hereby given of a meeting of the **Public Health Trust Fund Executive Committee**. The meeting will take place:

Wednesday, May 22, 2019
3:00 p.m.
Massachusetts Gaming Commission
101 Federal St. Floor 12
Public Meeting Room
Boston, MA 02110

1) Call to Order and Introductions

2) Approval of Minutes from April 24, 2019-**VOTE**

3) Routine Updates
   a. PHTFEC Budget

4) FY20 Proposed budget-final discussion and **VOTE**

5) Programmatic Discussion
   a. MGC-Low Risk Gambling Guidelines

   b. MGC-Research Strategic Plan

6) Agenda Items for future Meetings

7) Other business – reserved for matters the Chair did not reasonably anticipate at the time of posting

8) Public Comment

I certify that on this date, this Notice was posted as "The Public Health Trust Fund Executive Committee Meeting" at www.massgaming.com and emailed to: regs@sec.state.ma.us, melissa.andrade@state.ma.us.

5/20/19
(date)

Enrique Zuniga, Co-Chair
Commissioner
Massachusetts Gaming Commission

5/16/19
(date)

Lindsey Tucker, Co-Chair
Associate Commissioner
Massachusetts Department of Public Health

Original Date Posted to Website: Monday, May 20th, 2019, 11:30AM

Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes

Date/Time: April 24, 2019 – 2:00 p.m.

Place: Public Health Council Room
250 Washington St, 2nd floor

Present: **Executive Committee**
Lindsey Tucker, Co-Chair, Associate Commissioner, Massachusetts Department of Public Health
Enrique Zuniga, Co-Chair, Commissioner, Massachusetts Gaming Commission
Michael Sweeney, Executive Director, Massachusetts State Lottery Commission
Carlene Pavlos, Executive Director, Massachusetts Public Health Association
Susan Terrey, Chief General Counsel, Executive Office of Public Safety and Security

Attendees
Victor Ortiz, Director of Problem Gambling Services, Massachusetts Department of Public Health
Teresa Fiore, Program Manager of Research and Responsible Gaming, Massachusetts Gaming Commission
Mark Vander Linden, Director of Research and Responsible Gaming, Massachusetts Gaming Commission
Tom Land, Mass Gaming Commission
Marlene Warner, Executive Director, Mass Council on Compulsive Gambling
Odessa Dwarika, Director of Programs and Services, Mass Council on Compulsive Gambling
Philip Sherwood, Communication Director, Mass Council on Compulsive Gambling
Julie Hynes, Director of Responsible Gambling, Mass Council on Compulsive Gambling
Lorena Lama, Deputy Director, DPH's Office of Problem Gambling Services

Call to Order

2:07 p.m. Co-Chair Tucker called to order the Public Health Trust Fund Executive Committee (PHTFEC) Meeting and welcomed all members. Victor Ortiz welcomed the new Deputy Director, Lorena Lama to DPH's Office of Problem Gambling Services. Co-Chair Tucker also recognized Sharnise Green and

Rachel Hunt as Administrative support to the DPH Commissioners Office and extend her appreciation to Teresa Fiore for her support in facilitating administrative duties for the PHTF EC meetings. Co-Chair Zuniga announced Catherine Judd-Stein as the new chair of the Gaming Commission.

Approval of Minutes

2:12 p.m. *Michael Sweeney made the motion to approve minutes for the January 23, 2019 meeting, Carlene Pavlos seconded. The minutes were approved.*

Routine Updates

2:13 p.m. a. PHTFEC Budget – FY19

Mr. Zuniga gave an update on the FY19 budget and discussed the MGM number projections and stated that they can fluctuate based on the time of year (January vs. summer months). Mr. Vander Linden asked if the projections are averaged and Mr. Zuniga stated that they are the average. The approved budget is currently trending under projected revenue at the end of FY19.

Mr. Sweeney asked if there is any estimate for the following year's projection. Mr. Zuniga stated that region A (Boston area) is budgeted for more than region B.

FY20 Proposed Budget- discussion: 2:30pm

Mr. Vander Linden described the FY19 approved and FY20 proposed cover sheet and the FY20 draft budget narrative.

Mr. Ortiz presented the DPH section of the budget and highlighted changes.

Mr. Zuniga asked what the increased funds in prevention and health promotion would be used for. Mr. Ortiz stated that the main driver for the increase in FY20 a gambling prevention technical assistance center. Mr. Zuniga asked who is receiving the technical assistance and how these services will be evaluated. Ms. Tucker stated that this will be procured, and they can follow up with those questions.

Co-Chair Zuniga asked if the budget for FY19 was revised down. Mr. Ortiz stated it is under: the infrastructure and capacity building section posed the greatest challenges for development this year, but this is anticipated for the start-up status of the work.
Mr. Ortiz also explained there was a difference in the numbers presented in the cover sheet and the DPH budget sheet, and it would be fixed for the next meeting. The cover sheet is accurate.

Co-Chair Zuniga stated it would be helpful to understand in more detail services provided and in conjunction with other services.

Mr. Vander Linden presented the MGC section of the budget and highlighted changes.

Ms. Pavlos raised that there are two prevention strategies being discussed, using different language – as upstream primary prevention to work with individuals and communities to promote resiliency capacity building and creating healthy youth with leadership potential. Mr. Ortiz stated that for the DPH work, prevention is in two categories, the individual and the community with the goal to build a healthy and equitable community. Ms. Pavlos stated the importance of translating goals and priorities to action with procurements as the vehicle.

Co-Chair Zuniga stated this is a good idea and would like to bring a working draft of the research RFR to the next meeting. Mr. Vander Linden stated a concern about a draft being a public document. Co-Chair Zuniga stated we can share with committee members prior to meetings while following procurement guidelines. Mr. Sweeney asked if there is an executive session vehicle in order to do this. He also asked about making materials and information user-friendly for various audiences and asked why that is not consistently provided by the groups creating the documents.

Mr. Sweeney also asked what the indirect cost based for the gaming commission. Co- Chair Zuniga stated there is a 10% rate on everything spent without reconciliation since the conception of the gaming commission with indirect cost all to personnel.

Mr. Sweeney asked about the amount for the veterans section. Mr. Vander Linden stated that they are mostly offering TA and that if this ends of being a more robust program, then they likely would partner with DPH. Mr. Sweeney asked about the timeline for this work. Co-Chair Zuniga stated sometime in the Fall. Mr. Sweeney stated this is a specialized group that might require past experience or training to veterans and would like it to be taken into consideration.

Ms. Pavlos stated there is information that is driving people to gamble that is not being addressed by the GameSense model and would like to challenge what we know and matching interventions to what people are telling us. She raised a concern about the model not meeting the needs of various racial and cultural groups, specifically those experiencing health inequities. She further stated a concern that the procurement does supports this level of investment in GameSense. Co-Chair Zuniga stated we are going to revise the procurement.

Co-Chair Zuniga stated that we are mandated to attempt some intervention with room to adjust. The root cause of a gambling problem is not something that should be addressed by the gaming commission but should be reflected in procurement with acceptable lifestyle considerations.

Co-Chair Zuniga stated in order to address partners, communities and families we are spending less than appropriated but the effort was made.

Co-Chair Tucker stated that more community level programming is essential and is looking forward to moving additional procurements forward next year. She agreed that funding allocated for Game Sense should be tailored to the needs of that community.

Mr. Sweeney stated he would like to see the Commonwealth have timeline goals and specific goals for programs with the proper time and attention and how to define success for reporting.

Co-Chair Zuniga stated this committee would like to get a better sense of operations, contract and staffing.

Ms. Pavlos stated there were inconsistencies with budget and also asked for page numbers for future documents.

Programmatic Discussion: 3:37pm

a. DPH programmatic updates

Co-Chair Zuniga stated that for future reference it would be great to expand on each metric.

b. MGC Game Sense Logic Model

Julie Hynes, Director, Problem Gambling, Mass Council on Gambling joined the table. Mr. Vander Linden stated that the logic model is a draft and open for discussion. Ms. Hynes stated that they are trying to address gambling literacy and working on capacity building and gambling related harm with a bottom-up approach. The goal is to address the health and well-being of those who choose to gamble.

Co-Chair Lindsey Tucker asked what is the responsibility of the individual vs. the responsibility of the casino. Co-Chair Zuniga stated that there are different programs that are putting efforts towards to prevention that will assists with the need for procurement.

Ms. Pavlos asked how GameSense meets the variety of needs; Ms. Hynes confirmed that efforts are being made to address.

Co-Chair Zuniga stated that there is a need for invention for people at high risk, that there could be the need for casinos to provide the intervention.

Ms. Pavlos asked for clarification on the language discussing high risk gamblers.

Mr. Sweeney would like to address concerns noted in stakeholder engagement documents, specifically marijuana in conjunction with gambling.

c. MGC Research Strategic Plan: working on a report to reflect Springfield and Everett casino locations

Call was made to include Judith Glynn, Principal of Strategic Sciences at 4:15 pm

Mr. Sweeney asked for clarification on the plan to expand product safety; in areas like prostitution and human trafficking activity around casinos. Mr. Sweeney stated that there should be significant efforts around data sharing protection; as well as lack of mental health programs that are substantially funded in the state.

Ms. Pavlos mentioned that the issue of mental health treatment and accessibility in certain areas has been discussed at the State House, as well as the issue of elders being targeted in casinos. She also asked to clarify the use of the word vulnerable when discussing problem gambling population to refer to groups that have legal protections due to their status and that it should not be used to refer to populations who are structurally oppressed, as that description adds to the oppressions they already face.

Co-Chair Tucker stated that it is important for special population and community research should be integrated with state level studies, not to be separate.

Public Comment:
Anh Vu Sawyer, Executive Director, Southeast Asian Coalition of Massachusetts – Ms. Sawyer thanked the Committee for the conversations. She is concerned about gambling in Asian communities and would like access to more information and data on the populations served by her organization as well as opportunities for involvement and initiatives at the community level.

Marlene Warner, Executive Director, Massachusetts Council on Compulsive Gambling – Ms. Warner raised the following points: how to consistently evaluate everything that is being researched and discussed; how to consistently communicate to the public; player health and logic models; and how are people that are in need of treatments able to easily access services. She asked about the forthcoming Treatment Gap Analysis. She also asked about introducing a 3rd party exclusion model as well as the creation of a diversion program for underage gamblers.

Mr. Sweeney suggested that Fantasy Gaming representative be invited to future meetings to discuss money pooling.

Ms. Tucker asked for a motion to adjourn; all moved and approved. The meeting concluded at 5:03 pm.

List of Documents and Other Items Used

1. Public Health Trust Fund Executive Committee, Notice of Meeting and Agenda, dated April 24, 2019
2. Public Health Trust Fund Executive Committee Meeting Minutes, dated January 23, 2019
3. FY19 Budget Overview Spreadsheet
4. FY20 Proposed Budget Materials
5. DPH Office of Problem Gambling Programmatic Update, dated April 17, 2019
6. Game Sense Logic Model
7. Research Strategic Plan, dated April 2019

Massachusetts Department of Public Health
Massachusetts Gaming Commission
Public Health Trust Fund
May 22 ,2019

	FY19 Projection	FY19 to Date	Projected at end FY19 *
Revenues	**8,000,000**	**6,543,969**	**7,942,074**
PHTF - Category 1 Region B	3,000,000	2,377,302	2,942,074
FY19 MGC Assessment	5,000,000	4,166,667	5,000,000

* Projection is based on average full month for Category 1 (prior ten months - Sepl 2018 thru April 2019 or $282,386/month)

Expenditures/Commitmen	FY19 Approved	Committed / Expended	Projected at end FY19	Difference / Uncommited
A. Personnel	**874,448**	**424,637**	**812,355**	**62,093**
MGC (inclusive of all expenses except indirect)	311,981	140,812	310,000	1,981
MDPH (inclusive of all costs, including indirect)	562,467	283,825	502,355	60,112
B. Prevention and Health Promotion	**2,478,552**	**2,217,172**	**2,279,552**	**199,000**
MGC Initiatives	1,748,552	1,742,172	1,745,052	3,500
MDPH Initiatives	730,000	475,000	534,500	195,500
C. Infrastructure, Development and Capacity Building	**1,408,000**	**383,000**	**384,400**	**1,023,600**
MGC Initiatives	0	0	0	0
MDPH Initiatives	1,408,000	383,000	384,400	1,023,600
D. Research	**2,609,000**	**2,407,924**	**2,445,766**	**163,234**
MGC Initiatives	2,549,000	2,328,159	2,321,000	228,000
MDPH Initiatives	60,000	79,765	124,766	(64,766)
E. Marketing and Communication	**600,000**	**646,246**	**592,000**	**8,000**
MGC Initiatives	200,000	200,000	246,000	(46,000)

MDPH Initiatives	400,000	446,246	346,000	54,000
F. Strategic Planning	**30,000**	**9,323**	**45,000**	**(15,000)**
MGC Gaming Research Strategic Planning	30,000	9,323	45,000	(15,000)
Total	**8,000,000**	**6,088,302**	**6,559,073**	**1,440,927**

Projected Revenues End of	**$**	**7,942,074**	*
Projected Expenditures En	**$**	**(6,559,073)**	
Projected Balance End of F	**$**	**1,383,001**	
Projected Revenues End of	**$**	**15,772,305**	**
Additional Revenues Encor	**$**	**1,775,000**	
Proposed Budget FY20	**$**	**(10,578,819)**	
Projected Balance End of F	**$**	**8,351,487**	

* Projection is based on average full month for Category 1 (prior seven months - Sept thru Mar 2018 or $283,766/month)

** Projection includes both Category 1 (MGM & Encore) plus MGC assessment

Massachusetts Gaming Commission Research and Responsible Gaming
Department of Public Health Office of Problem Gambling Services
FY19 Update and FY20 Proposed (update 5.22.19)

	FY19 Approved	Adjustments	FY19 Anticipated	FY20 Proposed (Apr 24)	FY20 Proposed (May 22)	Adjustments (Apr vs. May)
A. Personnel						
MGC: (3.0 FTEs), salary, fringe, supplies	311,981	(1,981)	310,000	399,000	399,000	
DPH Personnel: (8 FTEs) salary, fringe (33.5%), supplies	567,651	(65,296)	502,355	1,159,209	1,132,713	(26,496)
PERSONNEL SUB-TOTAL				**1,558,209**	**1,531,713**	
B. Prevention and Health Promotion						
MGC Initiatives						
GameSense Program at MGM and Region B	891,000	-	891,000	601,000	601,000	
GameSense Program at Wynn and Region A	185,552	-	185,552	not presented	1,200,000	1,200,000
GameSense Program at Plainridge Park Casino and Region C	664,000	-	664,000	515,000	515,000	
GameSense support and indirect		-		568,000	568,000	
VSE Resource Liaison		-		15,000	15,000	
PlayMyWay enrollment incentive	8,000	(3,500)	4,500	8,000	8,000	
DPH Initiatives						
Photovoice Project Plainville/Region C	60,000	-	60,000	100,000	100,000	
Photovoice Project Region A&B	120,000	(100,000)	20,000	200,000	150,000	(50,000)
Ambassador Project Plainville/Region C	100,000	-	100,000	130,000	130,000	
Ambassador Project Region A&B	100,000	(62,500)	37,500	260,000	260,000	
Technical Assistance (TA) of Prevention Services	350,000	-	350,000	500,000	500,000	
Stakeholder Listening Sessions		34,765	34,765	50,000	50,000	
MGC SUB-TOTAL	1,748,552	(3,500)	1,745,052	1,707,000	2,907,000	
DPH SUB-TOTAL	730,000	(127,735)	602,265	1,240,000	1,190,000	
PREVENTION AND HEALTH PROMOTION SUB-TOTAL	**2,478,552**	**(131,235)**	**2,347,317**	**2,947,000**	**4,097,000**	
C. Infrastructure, Development and Capacity Building						
MGC Initiatives						
Regional RG Conference				65,000	65,000	
Regional Voluntary Self-Exclusion software				3,000	3,000	
Veterans Services Technical Assistance				15,000	35,000	20,000
DPH Initiatives						
Suicide and Gambling community-based activities	58,000	(10,000)	48,000	58,000	58,000	
Suicide and Problem Gambling training for Suicide Prevention Workforce	25,000	15,000	40,000	60,000	60,000	

MassMen and Gambling Screening Project	50,000	-	50,000	50,000	50,000	
CHW and Gambling Training- Plainville/Region C	75,000	25,000	100,000	75,000	75,000	
CHW and Gambling Training- Region B	75,000	(75,000)		75,000	75,000	
CHW and Gambling Community Project: and evaluation of the pilot	450,000	(430,000)	20,000	150,000	150,000	
CHW and Gambling Needs Assessment -Region A	25,000	-	25,000	-		
Gambling Services	150,000	(150,000)		50,000	50,000	
Gambling Treatment Enhancements and Initiatives	200,000	(200,000)		200,000	200,000	
Massachusetts Health Promotion Clearinghouse	10,000	-	10,000	10,000	10,000	
Community Level Health Project	200,000	(180,000)	20,000	200,000	200,000	
Helpline Evaluation/TGA Phase II/Trainings	90,000	-	90,000	-		
MGC SUB-TOTAL				83,000	103,000	
DPH SUB-TOTAL	1,408,000	(1,005,000)	403,000	928,000	928,000	
INFRASTRUCTURE, DEVELOPMENT AND CAPACITY BULIDING SUB-TOTAL				**1,011,000**	**1,031,000**	
D. Research						
MGC Initiatives						
UMASS Social and Economic Impacts of Gambling in Massachusetts	1,180,000	-	1,180,000	825,000	825,000	
Social and Economic Research (1/1/20 to 6/30/20)		-		200,000	300,000	100,000
PlayMyWay program evaluation*	150,000	(150,000)	-			
Massachusetts Gaming Impact Cohort	815,000	-	815,000	915,000	915,000	
Public Safety and Crime	30,000	(5,000)	25,000	70,000	60,000	
Community Driven Research	200,000	(53,000)	147,000	200,000	200,000	
Research Peer Review	45,000	-	45,000	50,000	50,000	
Research Consultant	79,000	-	79,000	105,000	105,000	
Data, Transfer, Storage and Access Project	50,000	(20,000)	30,000	50,000	50,000	
DPH Initiatives						
Evaluation of all Prevention Pilots	60,000	30,000	90,000	105,000	105,000	
MGC SUB-TOTAL	2,549,000	(228,000)	2,321,000	2,415,000	2,505,000	
DPH SUB-TOTAL	60,000	30,000	90,000	105,000	105,000	
RESEARCH SUB-TOTAL	2,609,000	(198,000)	2,411,000	**2,520,000**	**2,610,000**	
E. Marketing and Communication						
MGC Initiatives						
GameSense Communication Campaign	200,000	40,000	240,000	220,000	220,000	
DPH Initiatives						
Communication Campaign Implementation: Men of Color with History of Substance Misuse*	200,000	46,000	246,000	-	-	

Communication Campaign Implementation: Youth and Parents	100,000	(50,000)	50,000	300,000	300,000	
Communication Campaign Implementation: At-risk population (TBD; e.g. Elders, Asian Americans)	100,000	(50,000)	50,000	300,000	300,000	
MGC SUB-TOTAL	200,000	40,000	240,000	220,000	220,000	
DPH SUB-TOTAL	400,000	(54,000)	346,000	600,000	600,000	
MARKETING AND COMMUNICATION SUB-TOTAL	600,000	(14,000)	586,000	**820,000**	**820,000**	
F. Strategic Planning						
MGC Initiatives						
MGC Gaming Research Strategic Planning	30,000	15,000	45,000	-		
G. Indirect						
MGC Indirect (10% of allowable costs)*				288,100	410,100	122,000
DPH Indirect (13.31% of allowable costs)*				82,144	79,006	(3,138)
Total						
MGC TOTAL	4,839,533	(178,481)	4,661,052	5,112,100	6,544,100	
DPH TOTAL	3,165,651	(1,222,031)	1,943,620	4,114,353	4,034,719	
COMBINED TOTAL	**8,005,184**	**(1,400,512)**	**6,604,672**	**9,226,453**	**10,578,819**	1,352,366

Notes:

D. Research: MGC has delayed further evaluation of PlayMyWay until development of a play management system at MGM and Encore is complete (Est 9/2020).

E. Marketing/ Communication: An additional $270k was allocated from state line item 4512-0225 for phase III of the Men of Color public awareness campaign scheduled for June, 2019.

G. Indirect: FY20 is the first year that the Massachusetts Gaming Commission will be charging an indirect rate.

G. Indirect: FY19 DPHIndirect costs are reflected in A. Personnel

Massachusetts Gaming Commission
Research and Responsible Gaming
FY20 DRAFT Budget

A. Personnel	Proposed FY20
Personnel (3.0 fte), salary, fringe, travel, memberships/registrations, supplies	399,000
B. Prevention and Health Promotion	
GameSense Program at Encore and Region A	1,200,000
GameSense Program at MGM and Region B	601,000
GameSense Program at Plainridge Park Casino and Region C	515,000
GameSense support and indirect	568,000
VSE Resource Liaison	15,000
PlayMyWay enrollment incentive	8,000
C. Infrastructure, Development and Capacity Building	
RG Conference/training series	65,000
Veterans Services Technical Assistance	35,000
Regional Voluntary Self-Exclusion software	3,000
D. Research	
UMASS Social and Economic Impacts of Gambling in Massachusetts	825,000
Social and Economic Research (1/1/20 to 6/30/20)	300,000
Massachusetts Gaming Impact Cohort	915,000
Public Safety and Crime	60,000
Community Driven Research	200,000
Research Peer Review	50,000
Research Consultant	105,000
Data, Transfer, Storage and Access Project	50,000
E. Marketing and Communication	
GameSense Communications	220,000
Indirect@10% of allowable expense[1]	410,100
Total	6,544,100

[1] In FY20, the MGC intends to charge a state approved indirect rate of 10% on allowable expenses. An indirect has not been charged in previous years.

Massachusetts Gaming Commission
Research and Responsible Gaming
FY20 DRAFT Budget

A. Personnel	
Maintain the current staff of Director and Program Manager and add a Research Manager to provide additional oversight and to oversee changes to the research program resulting from the strategic plan.	$399,000

B. Prevention and Health Promotion

GameSense Program

GameSense supports the implementation of the expanded gaming law (Chapter 194 of the Acts of 2011, M.G.L.). The legislation included several key mandates designed to mitigate the social impacts of expanded gaming including casinos providing on-site space for what has become known as GameSense Information Centers and other protections reflected in GameSense programs.

Task	Outcomes/Outputs/Deliverables	Practical Significance
GameSense Operations at Encore Boston Harbor and region. (11 FTE, promotional materials, printed materials, program supplies training materials) GameSense Operations at Plainridge Park Casino and region (5.5FTE, promotional materials, printed materials, program supplies, training materials)	Staff the centers 16 hours/day/7/days per week to achieve the following outcomes. **RG Enabled Workforce:** • Increased RG knowledge among casino staff • Increased referrals to GSA by casino staff • Increased number of RG activities • Increased casino staff and GSA engagement **Promote Positive Play:** • Increased engagement with GameSense Advisors • Increased enrollments into PlayMyWay • Improved patron literacy, personal responsibility, honest and control, and pre-commitment. • Improved patron attitudes, beliefs, and behaviors reflective of positive play **Reduce Gambling Related Harm:** • Increased referrals and readiness to engage community resources • Increased community awareness for high-	• Healthier, more equitable communities, in which individuals and families practice healthy behaviors related to gambling • Advance an effective, sustainable, measurable, socially responsible, and accountable approach to gambling

Massachusetts Gaming Commission
Research and Responsible Gaming
FY20 DRAFT Budget

GameSense Operations at MGM Springfield and region (6.0 FTE, promotional materials, printed materials, program supplies, training materials)	risk groups • Increased use of Voluntary Self Exclusion • Reduced problem player losses	
GameSense program support and indirect	Provide administrative and executive support, data collection and reporting, facilities/occupancy, travel, depreciation, and indirect costs	
Program/Project	**Vendor**	**FY20 Budget**
GameSense Info Centers at PPC, MGM, Encore	Massachusetts Council on Compulsive Gambling	$2,884,000

VSE Resource Liaison (Pilot)

The MGC proposes a pilot program to increase the number of VSE enrollees that access community resources. Over 92% of MA VSE enrollees meet criteria for past year gambling disorder. To date, only 23% of enrollees have requested follow-up from the MCCG following their exclusion. However, taken in context of the percent of persons in the general population with a gambling disorder that access help, this is quite high. Though research on VSE is limited, Tremblay, Boutin & Ladouceur (2008) found improved outcomes for VSE enrollees that participated in follow up support. The MA VSE evaluation called for better integration of follow-up support during the VSE enrollment.

Task	**Outcomes/Outputs/Deliverables**	**Practical Significance**
Provide phone and digital outreach during and after Voluntary Self-Exclusion enrollment	Increase engagement and participation in community supports following VSE enrollment.	Improved health for persons experiencing gambling related harm.
Program/Project	**Vendor**	**FY20 Budget**
VSE Resource Liaison Project	Massachusetts Council on Compulsive Gambling	$15,000

PlayMyWay Program

PlayMyWay is a play management program intended to help players make decisions about their gambling and monitor and understand the play behavior in real time. This program is part of a comprehensive approach to responsible gaming strategies implemented by the MGC with a particular focus on reducing gambling related harm and promoting positive play.

In FY19 the cost of maintenance and upgrades shifted from MGC to Plainridge Park Casino. Work has begun to develop a play management program to be implemented at Region A and B casinos by September 2020.

The MGC recommends that we continue to incentivize enrollment to continue interest and engagement with the program.

Task	**Outcomes/Outputs/Deliverables**	**Practical Significance**

Massachusetts Gaming Commission
Research and Responsible Gaming
FY20 DRAFT Budget

Offer incentive to enroll in PlayMyWay	Increased enrollment in the PlayMyWay	Increased positive play and informed payer choice.
Program/Project	**Vendor**	**FY20 Budget**
PlayMyWay enrollment Incentive	Plainridge Park Casino	$8,000

C. Infrastructure Development and Capacity Building

Responsible Gaming Conference

Task	**Outcomes/Outputs/Deliverables**	**Practical Significance**
Coordinate a regional Responsible Gaming Conference	Advance knowledge of responsible gaming to key stakeholders including direct practitioners, gaming industry, regulators. Promote GameSense as a vehicle to achieve responsible gaming goals.	Advance a socially responsible approach to gambling that reduces gambling related harm and promotes positive play.
Program/Project	**Vendor**	**FY20 Budget**
RG Conference	Massachusetts Council on Compulsive Gambling	$60,000

Veterans Services Technical Assistance (Pilot)

During that past several months, the MGC has engaged in discussion with the Department of Veteran Services and the Chelsea Soldier's Home about Veteran's risk of experiencing gambling related harm. As a result, they have requested technical assistance and training on responsible gaming, problem gambling and the Voluntary Self-Exclusion Program.

Task	**Outcomes/Outputs/Deliverables**	**Practical Significance**
Provide training to Veteran Service Officers state-wide through regional and state-wide trainings. Target efforts to the Chelsea Soldier's Home. Train VA social workers and other key staff as VSE Designated Agents	Increase knowledge and awareness of positive play and gambling related harms for Veterans and those that serve them. Increase the number of VSE Designated Agents Increase awareness of casino based resources for help.	Veterans are at higher risk of developing a gambling problem. Equipping them and those that serve them with information is important to decreasing gambling related harm.
Program/Project	**Vendor**	**FY20 Budget**
Veterans Services TA	TBD	$35,000

Regional Voluntary Self-Exclusion

The MGC in collaboration with the MA Council on Compulsive Gambling, have worked with regional casinos, state councils, regulators and other government bodies to create a regional voluntary self-

exclusion program.		
Task	**Outcomes/Outputs/Deliverables**	**Practical Significance**
Implement the technical requirements for a regional voluntary self-exclusion model	A regional approach to VSE	The current model requires persons struggling with a gambling problem to go from state to state or even casino to casino to enroll in the program. Regional VSE will allow persons to sign up in one location.
Program/Project	**Vendor**	**FY20 Budget**
Regional Voluntary Self-Exclusion	TriTech (iTrak)	$3,000

D. Research

Social and Economic Impacts of Gaming in Massachusetts (SEIGMA)		
The SEIGMA study has established baselines for a significant number of social and economic variables that may be affected by expanded gaming. Over the past few years, this has been valuable as the team begins to collect, analyze and report follow-up data to identify the true social and economic impacts of casinos in the Commonwealth.		
Task	Deliverable	Practical Significance
MGM patron and license plate survey	Report on results of wave 1 (fielded 2/2019) and wave 2 (scheduled 7/2019) (n~500).	An essential component of the economic analysis that will clarify patron origin and expenditure and inform the analysis of social impacts of the introduction of casino gambling in MA.
Task	Deliverable	Practical Significance
Springfield targeted survey	Raw data file of complete cases (n~1000). Analysis and reporting expected in re-procurement.	The targeted survey is a follow up to the Springfield Baseline Targeted Survey done prior to the opening of MGM Springfield. The report generated from this work will provide information about changes in problem and at-risk gambling, attitudes about gambling, gambling behavior and other social indicators.
Task	Deliverable	Practical Significance
Springfield key informant	Report summarizing interviews	Information gathered will

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interviews		compliment targeted survey findings and provide a clearer picture of Springfield and surrounding community impacts.
Task	Deliverable	Practical Significance
New employee survey coordination	Raw data file of employees that have completed the survey. Analysis and reporting expected in re-procurement.	Data will describe casino employees at PPC, MGM and Encore. The report, will describe economic impacts on individuals (new employees) and overall impact of the development and operation of the gaming establishment on small businesses in the host and surrounding communities.
Task	Deliverable	Practical Significance
Encore construction data collection	Raw data file of total construction costs by vendor. A technical report analyzing construction spending impacts is expected in re-procurement.	Data generated is essential to understand 1) impact of gambling on the state (construction spending impacts on employment and business spending), 2) impact of gambling on businesses (business spending), impact of gambling on communities (economic impact on Everett and surrounding region) and 3) economic impacts on depressed economic areas.
Task	Deliverable	Practical Significance
Data collection, analysis and reporting on year 4 of Plainridge Park Casino operations	Brief technical report containing operator employment and payroll data and vendor spending.	Critical inputs for understanding direct economic impacts of operating phase.
Task	Deliverable	Practical Significance
Collection and reporting on lottery data and population data(for a per adult by city analysis).	Technical report describing MA Lottery impacts in Springfield and the surrounding region.	Key to understand casino impacts on lottery spending.
Program/Project	**Vendor**	**FY20 Budget (July 1 to December 31, 2019)**
Social and Economic Impacts of Gaming in Massachusetts	UMASS, Amherst School of Public Health and Health Sciences (in partnership with the UMASS Donahue Institute and	$825,000

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	Univ. of Chicago NORC)	
Social and Economic Research		
The Expanded Gaming Act (23k Sect.71) required the MGC to engage research to understand the social and economic effects of casino gambling in Massachusetts. Since 2013 the MGC has contracted the University of Massachusetts, Amherst School of Public Health and Health Sciences to carry out this arm of the research agenda. The term of this contract will expire on June 30, 2019 (with the option of one six-month extension). To continue to meet the statutory mandate, the MGC will lead a team to draft an RFR to continue this work. The initial contract period is expected to be January 1, 2020 to June 30, 2020.		
Program/Project	**Vendor**	**FY20 Budget (January 1 to June 30, 2020)**
Social and Economic Research	TBD	$200,000
Massachusetts Gaming Impact Cohort (MAGIC)		
Massachusetts Gaming Impact Cohort is a longitudinal cohort study that provides information about problem gambling incidence rates and the course of problem gambling in Massachusetts. MAGIC will yield information leading to treatment and prevention initiatives that are tailored to the needs of the people of the Commonwealth.		
Task	Deliverable	Practical Significance
Conduct wave 6 data collection (n=~3000). Analyze and generate a report on waves 1-4.	Wave 4 report and one to two academic publications	Contributes to understanding predictors of problem gambling incidence and transitions in MA. Increases efficacy of targeted prevention and treatment efforts.
Program/Project	**Vendor**	**FY20 Budget**
Massachusetts Gaming Impact Cohort	University of Massachusetts, Amherst School of Public Health and Health Sciences (in partnership with Univ. of Chicago NORC)	$915,000
Public Safety Research		
The MGC is examining changes in crime, calls for service and collisions following the opening of casinos in MA. The intention is to demonstrate what changes in crime, disorder and other public safety harms can be attributed directly or indirectly to the introduction of a casino and what strategies local communities need to implement to mitigate the harm.		
Task	Deliverable	Practical Significance
Collect data and analyze changes in crime, calls for service and collisions data for Plainville and five surrounding communities. Provide crime analyst technical assistance as needed.	• Year 4 Public Safety Impact Report: Plainville and Surrounding Communities • Interim raw data report (42 months)	• Provides ongoing monitoring system of crime, calls for service and traffic. • Allows for early detection and response to casino related problems which may arise.
Task	Deliverable	
Collect and analyze police and traffic data for Springfield and	• Year 1 Public Safety Impact Report: Springfield and	

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eight surrounding communities. Provide crime analyst technical assistance as needed.	Surrounding Communities • Interim raw data report (18 months)	• Provides an opportunity for grater collaboration with local police chiefs and crime analysts.
Task	Deliverable	
Collect and analyze crime, calls for service and collision data for Everett and seven surrounding communities for a baseline and follow up studies. Provide crime analyst technical assistance as needed.	Baseline Public Safety report: Everett and Surrounding Communities Three month and six month reports.	
Program/Project	**Vendor**	**FY20 Budget**
Public Safety Impacts	Christopher Bruce	$65,000

Community Engaged Research

The objective of community engaged research is to more deeply understand and address the impact of the introduction of casino gambling in Massachusetts's communities. The specific research topic or question is developed by the community through a community participatory process. Funding for this type of research would build on funding allocated in FY19. In FY19 three grants have been awarded exploring gambling behavior and/or impacts on older adults, Hispanic and Latino communities in Greater Springfield and heterogeneous cultural and social Asian communities in Boston Chinatown. Additional grants in FY19 are pending.

Program/Project	Vendor	FY20 Budget
Community Engaged Research	TBD	$200,000

Data, Transfer, Storage and Access Project

The purpose of the Data Transfer, Storage and Access Project is to provide access to data generated by research projects funded and overseen by the MGC. Datasets from existing and ongoing research projects and player card data will be publicly available with certain parameters.

Program/Project	Vendor	FY20 Budget
Data, Transfer, Storage and Access Project	MDPH	$50,000

Research Review

In order to assure the highest quality research, the MGC has assembled a research review committee. This committee is charged with providing the MGC and research teams with advice and feedback on gaming research design, methods and analysis. Where additional expertise is needed, the MGC seeks advice from experts with specific subject matter expertise to review reports and advise on research matters.

Program/Project	Vendor	FY20 Budget
Research Review Committee (RRC)	Various	$50,000

Research Consultant

Through a contract with UMASS Medical Center, Dr. Tom Land provides advice on research matters. Additionally, Dr. Land leads and facilitates the RRC and Data Transfer, Storage and Access Project.

Program/Project	Vendor	FY20 Budget

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Research Consultant	UMASS Medical Center	$109,000

E. Marketing and Communication

The multi-media marketing and communication campaign is intended to raise awareness of the GameSense Program and highlight other resources such as PlayMyWay and the Voluntary Self-Exclusion Program. Proposed FY20 efforts build upon the existing campaign.

Program/Project	Vendor	FY20 Budget
State-wide GameSense marketing and media	KHJ	$220,000

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MDPH Initiatives	Budget		
A. Personnel	**FY 18**	**FY 19**	**FY 20**
DPH Personnel: Director, Contract Managers, Support Staff, Consultants, Fringe (33.5%), Supplies and Indirect Costs	$254,197	$567,651	$1,211,719
B. Prevention and Health Promotion			
Priority Population: Youth, Parent and At-risk Populations	$430,000	$730,000	$1,190,000
C. Infrastructure Development and Capacity Building			
Prevention: Suicide Prevention Integration	$130,000	$133,000	$168,000
Intervention: Workforce Development: Community Health Workers	$100,000	$625,000	$300,000
Intervention: Intimate Partner Abuse Education Program	$15,000	$150,000	$50,000
Treatment: Workforce Development: Treatment Providers	$200,000	$300,000	$210,000
Community: Community Level Health Project		$200,000	$200,000
Subtotal	$445,000	$1,408,000	$3,329,719
D. Research			
Evaluation of Prevention pilots	-	$60,000	$105,000
E. Marketing and Communications			
Communication Campaigns	$100,000	$400,000	$600,000
Total	**$1,229,197**	**$3,165,651**	**$4,034,719**

A. Personnel	FY 19 Budget	FY 20 Budget
DPH Personnel, Consultants, Support Staff, Fringe (33.5%), Supplies and Indirect Costs	$567,651	$1,211,719

B. Prevention and Health Promotion

In the effort to deliver comprehensive, community-centered, and culturally responsive prevention services aimed at youth, parents, and at-risk populations, and based on the recommendations of the Regional Planning Process, in FY 19 DPH implemented two pilot prevention strategies: Photovoice (for youth and parents) and the Ambassador Project (for men of color with history of substance misuse).

In FY 20, we will maintain current Photovoice (6) Projects for youth and parents and expand the Ambassador Project from four (Plainville/Region C & Region B) to six, by adding two additional projects in Region A. Technical Assistance (TA) will be provided to ensure effectiveness and the utilization of best-practices in prevention, and to provide support, guidance, and expertise in the implementation of the programs. The evaluation efforts will continue with Phase I evaluation activities for all prevention pilots.

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Priority Population: Youth and Parents and At-risk Populations			
Task	**Output/Deliverable**	**Practical Significance**	
• Photovoice: implement six projects statewide	• Implement two educational cycles of the Photovoice targeting youth and parent in per region (6) • Facilitate a community demonstration of Photovoice after completion of the project to stakeholders and community partners to help bring awareness and increase community-level capacity to affect change on the issue of problem gambling.	• Increase awareness of gambling exposure in the everyday lives of youth. • Reinforce the perceived harm of youth gambling increase awareness of what gambling is and where it is present in youth's everyday lives. • Strengthen understanding of the changes occurring in the brain during adolescence and why gambling may be risky for youth. • Develop concrete ideas of ways to build youth resilience. • Increase community and caregiver support and engagement	
• Ambassador Project: Continue project in Plainville/Region C & Region B; expand to Region A	• Conduct Ambassador Project targeting men of color with history of substance misuse statewide. • Engage community members on the risks associated with gambling and distribute educational resources.	• Incorporate discussions about problem gambling into treatment and recovery. • Increase self-efficacy and peer-to-peer advocacy. • Increase understanding of the connections between gambling and other addictions among people who speak with ambassadors.	
Program/Project	**Vendor**	**FY 19 Budget**	**FY 20 Budget**
PhotoVoice Project (5)	Multiple vendors	$180,000	$250,000
Ambassador Project (6)	Multiple vendors	$200,000	$390,000
Technical Assistance			
Task	**Output/Deliverable**	**Practical Significance**	
• Provide Technical Assistance (TA) for all prevention vendors.	• Provide support, guidance, expertise in the delivery of prevention services, and the utilization of prevention best-practices.	• Technical Assistance (TA) will help ensure the effectiveness of prevention services. • Ensure the utilization of prevention best practice.	
Program/Project	**Vendor**	**FY 19 Budget**	**FY 20 Budget**
Technical Assistance (TA) of Prevention Services	TBD	$350,000	$500,000

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Community Engagement			
Task	**Output/Deliverable**	**Practical Significance**	
Coordinate Stakeholder Listening Sessions (SLS) in Region A&B	• Facilitate outreach to community members and key stakeholders in Region A&B. • Facilitate Stakeholder Listening Sessions (SLS) in Region A&B • Analyze findings to distribute to key stakeholders for planning of programs and development of policy.	• The engagement of communities (Region A&B) promote racial equity in the development of programs and development of policy.	
Program/Project	**Vendor**	**FY 19 Budget**	**FY 20 Budget**
Stakeholder Listening Sessions	John Snow Inc. (JSI)	$34,765	$50,000

C. Infrastructure Development and Capacity Building

The PHTF Strategic Plan identifies phase 1 activities as infrastructure and capacity building to support the continuum of care: prevention, intervention, treatment, and recovery supports. This is essential for the foundational development of services to be community centered and culturally responsive.

Prevention: Suicide Prevention Integration		
Task	**Output/Deliverable**	**Practical Significance**
• Suicide Coalitions: Continue/maintain funding for the implementation of the integration of gambling prevention.	• Conduct community-based activities via 11 suicide prevention coalitions statewide. • Facilitate technical assistance to provide support, guidance, and expertise to 11 suicide prevention coalitions.	• Community led activities via suicide coalition will raise awareness of the connection of suicide and gambling, distribute educational resources, and build community resilience. • Technical assistance will support, provide guidance, and expertise in the integration of gambling and suicide community activities.
• Suicide and Problem Gambling Trainings: Continue/maintain funding for the implementation of Suicide and Problem Gambling trainings. Expansion of trainings will include a Train the Trainer Model.	• Conduct two suicide and problem gambling trainings for suicide coalition workforce, volunteers, and mental health providers. • Add TOT (Train the Trainers) trainings for coalition members to carry out training at local communities.	• Build capacity of suicide prevention workforce, volunteers, and mental health professional relating to suicide and problem gambling.

• Gambling Screening: Continue/maintain funding and implementation of suicide and problem gambling screening as part of the MassMen.org initiative.	• Expand the promotion, development of messaging, and resources in the MassMen.org initiative, a comprehensive resource for men and their loved ones, offering state-wide mental health resources, information, and on-line self-assessments. • Provide maintenance of gambling screening and resources. • Provide quarterly analytics report of the gambling screen.	• Screening individuals for common mental health disorders such as problem gambling gives individuals the opportunity to self-identify signs and symptoms, educate themselves on mental health topics, and connect them with local resources in order to seek treatment.	
Program/Project	**Vendor**	**FY 19 Budget**	**FY 20 Budget**
Suicide and Gambling community-based activities	Mass Coalition for Suicide Prevention	$58,000	$58,000
Suicide and Problem Gambling training for Suicide Prevention Workforce	AdCare Educational Institute	$25,000	$60,000
MassMen and Gambling Project	Riverside/Screening for Mental Health	$50,000	$50,000
Intervention: Workforce Development: Community Health Worker			
Task	**Output/Deliverable**	**Practical Significance**	
• CHW and Gambling Training: Implement CHW and Gambling training program statewide	• Conduct 2 training series for a total of six trainings targeting 50 CHWs per region.	• Build the capacity of CHWs to educate, screen, and refer individuals at the community level that is culturally responsive.	
• CHW and Gambling Community Project: continue/maintain funding of the CHW Pilot in Region B	• Develop engagement strategies of local neighborhoods in order to provide education and resources, gather and share local neighborhood's concerns to inform local health policy, systems, and environmental change. • Evaluation of the project	• Conducting community-level engagement and strategies that addresses both prevention and intervention of gambling and associated harms will minizine harm and connect individuals to resources.	

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Program/Project	Vendor	FY 19 Budget	FY 20 Budget
CHW and Gambling Training	TBD	$150,000	$150,000
CHW and Gambling Community Project: and evaluation of the pilot	City of Springfield	$475,000	$150,000

Intervention: Intimate Partner Abuse Education Program

Task	Output/Deliverable	Practical Significance
• Programmatic Assessment: Conduct programmatic assessment of Intimate Partner Abuse Education Program (IPAEP) to integrate gambling services.	• Develop a plan for the integration of gambling screening, education, and intervention within IPAEP services.	• Enhance Intimate Partner Abuse Education Program ability to screen, provide intervention, and distribute information and services.

Program/Project	Vendor	FY 19 Budget	FY 20 Budget
Programmatic Assessment for IPAEP, Domestic Violence, Sexual Assault, and Gambling Services	TBD	$150,000	$50,000

Treatment: Workforce Development and Capacity Building: Treatment Providers

Task	Output/Deliverable	Practical Significance
• Develop treatment service plan based on the recommendations from the Treatment Gap Analysis (TGA).	• Implement action steps of gambling treatment informed by the recommendations of the Treatment Gap Analysis (TGA).	• Target goal is a comprehensive treatment approach for those seeking help for substance and gambling addiction.
• Dissemination of Health Promotion materials statewide to providers and communities.	• Distribute and maintain request for health promotion materials to providers and community members.	• Dissemination of health promotion aids in raising awareness of the risks associated with problem gambling.

Program/Project	Vendor	FY 19 Budget	FY 20 Budget
Gambling Treatment Enhancements and Initiatives	TBD	$200,000	$200,000
Massachusetts Health Promotion Clearinghouse	Health Resources in Action, Inc.	$10,000	$10,000

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Community: Community Level Health Project			
Task	**Output/Deliverable**	**Practical Significance**	
• Community Level Health Project: Continue to fund community level capacity building to address gambling-related health issues and health improvement initiatives within Regions A/B host communities.	• Develop a plan for community-level capacity building on health related issue within the host communities of Region A and B. • Develop evaluation plan. • Submit reports on progress and outcomes.	• Project will engage community stakeholders to develop a plan and implement health-related initiatives within the host communities. Goal to address and enhance community wellness and mitigate harms.	
Program/Project	**Vendor**	**FY 19 Budget**	**FY 20 Budget**
Community Level Health Project	TBD	$200,000	$200,000
D. Research			
Evaluation of prevention pilots	• Conduct evaluation of prevention services. • Provide monthly report on progress of pilot programs including number of contacts.	• The evaluation of the pilots of prevention services will determine effectiveness and inform next steps.	
Program/Project	**Vendor**	**FY 19 Budget**	**FY 20 Budget**
Evaluation of all Prevention Pilots	Social Science Research and Evaluation, Inc	$90,000	$105,000
E. Marketing and Communication			
Task	**Output/Deliverable**	**Practical Significance**	
• Men of Color: Conduct a state-wide health promotion campaign targeting Men of Color with History of Substance Misuse. NOTE: The public awareness campaign will be completed by 6/30/2019	• Develop and coordinate media buy plan. • Facilitate media buys. • Provide summary reports.	• Aimed at raising awareness of the risk associated with gambling among Men of Color with a History of Substance Misuse. NOTE: The public awareness campaign will be completed by 6/30/2019	
• Youth, Parents, At-Risk Populations: continue funding for the creation of a state-wide health promotion	• Develop concepts and conduct messaging testing with youth and parents and at-risk populations.	• The implementation of a state-wide health promotion campaign targeting youth and parents is aimed at raising awareness of underage gambling.	

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campaign targeting youth and parents and an additional target audience (ex. Elders and Asian-Americans).	• Develop media campaign and evaluation strategies. • Utilize the Regional Planning Process Reports targeting youth and parents and at-risk populations to inform the development of messages.	• The implementation of a state-wide health promotion campaign targeting at-risk populations is aimed at raising awareness of the risk associated with gambling	
Program/Project	**Vendor**	**FY 19 Budget**	**FY 20 Budget**
Communication Campaign Implementation: Men of Color with History of Substance Misuse. NOTE: The public awareness campaign will be completed by 6/30/2019	Think Argus	$200,000	(complete)
Communication Campaign Implementation: Youth and Parents.	Think Argus	$100,000	$300,000
Communication Campaign Implementation: At-risk population (TBD; e.g. Elders, Asian Americans).	Think Argus	$100,000	$300,000

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SEIGMA

SOCIAL AND ECONOMIC IMPACTS OF GAMBLING IN MASSACHUSETTS

UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

Implementing an International Approach to Measuring Gambling Harm in Massachusetts

Rachel A. Volberg

Research Associate Professor

Biostatistics & Epidemiology

May 22, 2019

Overview

- Conceptual framework(s) of gambling harm
- Measuring gambling harm in Massachusetts
- *Gambling Harm in Massachusetts* (report)
- International Low Risk Gambling Guidelines project

CONCEPTUAL FRAMEWORKS OF GAMBLING HARM

Gambling & Public Health

- Theoretical approaches in the gambling studies field
  - Self-responsibility/consumer models
  - Medical model
  - Harm reduction/harm minimization models
  - Public health approach

- Internationally, PH approach to gambling has led to adoption of “gambling harm” as organizing concept

Gambling & Public Health

- PH approach to gambling harm requires
  - Consistent & comparable definition of “gambling harm(s)”
  - Delineation of scope of “gambling harm(s)”
  - Development of measures that can support evidence-based practice
- Gambling harms rarely occur in isolation
- Cultural context needs to be recognized

Defining Gambling Harm

- Challenges of rigorously conceptualizing gambling harms
  - Multi-faceted nature of harms
  - Variety of acute, chronic, diffuse impacts

- Levels of manifestation of harm
  - Person who gambles (individual)
  - Family & friends (affected/concerned others)
  - Community (geographic, cultural, socio-economic)

GREO Conceptual Framework of Harmful Gambling

- International interdisciplinary collaboration facilitated by OPGRC/GREO*
  - Originally published in 2013, revised in 2015, expanded in 2018

- Aims
  - Reflect current state of knowledge of factors influencing harmful gambling
  - Identify areas of robust evidence
  - Promote theory-driven research
  - Examine effectiveness of harm reduction/harm minimization approaches
  - Educate policy makers on issues related to harmful gambling

- Interactive website w/links to research summaries, synopses

*Gambling Research Exchange of Ontario

GREO Conceptual Framework of Harmful Gambling

VRGF Conceptual Framework of Gambling Harm

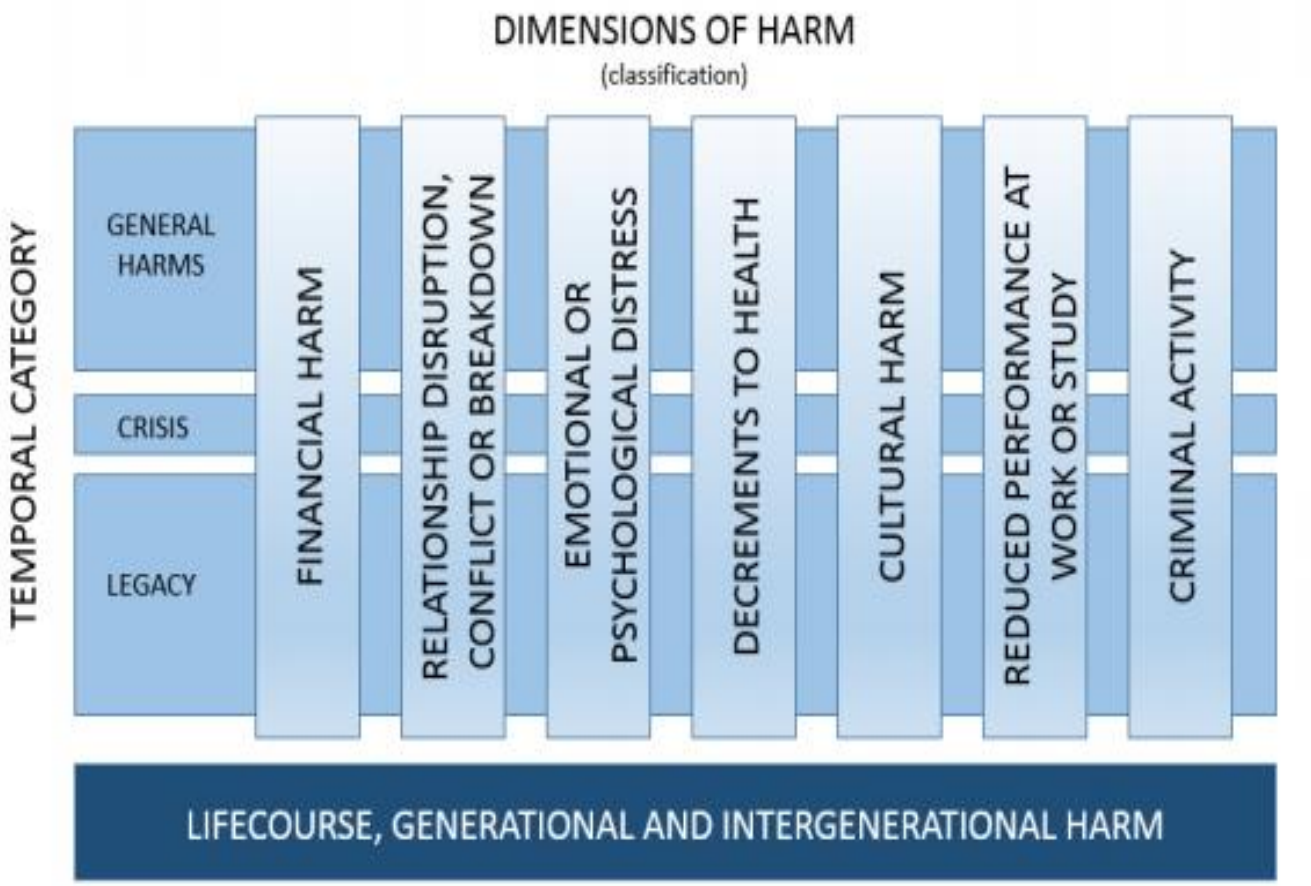
- Study funded by Victorian Responsible Gambling Foundation, carried out by Central Queensland University researchers (Langham et al., 2016)

- Aims
  - Systematically investigate gambling-related harm in Victoria
  - Assess the aggregate Burden of Harm (BOH) in Victoria w/reference to different levels of gambling & other comparable health conditions

- Methods
  - Consultation w/experts & communities in Victoria
  - Developed definition & taxonomy of harms
  - Comprehensive survey on prevalence of specific harms
  - Used established 'Burden of Disease' approach to quantify harms
  - Aggregated harms based on prevalence data
  - Compared gambling harms relative to other health conditions

- Study replicated in New Zealand

VRGF Conceptual Framework of Gambling Harm



Relevance of Conceptual Frameworks

- Researchers
  - Flexible & comprehensive
  - Useful in prioritizing research activities
- Treatment providers
  - Illustrate breadth, complexity of harmful gambling
  - Connect social determinants of health to gambling harms
- Governments
  - Facilitate communication w/decision makers
  - Identify under-served/under-funded areas of research
  - Highlight particular environments, products most closely associated w/harmful gambling

MEASURING GAMBLING HARMS IN MASSACHUSETTS

SEIGMA SOCIAL AND ECONOMIC IMPACTS OF GAMBLING IN MASSACHUSETTS
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Defining Gambling Harm

"Gambling-related harm is any initial or exacerbated adverse consequence due to an engagement with gambling that leads to a decrement to the health or well-being of an individual, family unit, community, or population" (Langham et al., 2016)

Taxonomy of Gambling Harms

Family and relationships Criticized by others (belittled) [M] Relationship problems/conflict [M] Lost a relationship [M] Gambling affected reputation [M] Careless of family welfare [M] Neglect of responsibilities [L]	**Financial/legal** Financial problems [H] Bankruptcy [H] Needing to borrow money to gamble [H] Cash withdrawal from credit cards [M] Selling items to gamble [M] Bet more than could afford to lose [L] Harder to make money last from pay day to pay day [L] Using household money to gamble/reduced spending on other things [L]	**Emotional/psychological** Suicide thoughts [H] Feelings of failure, worthlessness, escaping, extreme distress and vulnerability [H] Loneliness/increased isolation [M] Mental health problems [M] Decrease in ambition/efficiency [M] Felt guilty about gambling [L]
Work and school Losing a job [H] Negatively affects job/school performance [M] Work absences, being late [L]	**Physical health** Attempted suicide [H] Self-harm [H] Health problems [H] Impact someone else's health [M] Difficulty sleeping [L]	**Criminal Acts** Committed illegal activities to fund gambling [M] Child neglect [H] Petty theft [M]
	Cultural Reduced engagement in cultural rituals [M] Shame [H] Reduced contribution to community [M]	

Note: Coding for severity of harms: H = High severity; M = Mid-level severity; L = Low severity. Severity based on studies by Li et al. (2017) and Miller et al. (2013) which employed item response theory (IRT) analysis.

Measuring Gambling Harms

- VRGF gambling harm measure
  - CQU researchers established psychometric properties of 73 self-reported gambling harms
    - 10-item harm subset has since been developed
  - Findings consistent w/harms identified by CPGI
  - Several research groups have concluded that CPGI functions as reliable, broad-based measure of gambling harms
- SEIGMA & MAGIC surveys include CPGI and PPGM

Problem & Pathological Gambling Measure (PPGM)

- PPGM is a 14-item assessment w/questions organized into 3 sections
  - Impaired Control
  - Problems/Harms
  - Other
- Utilizes 12-month timeframe
- Requires attribution of specific harms to gambling
- Field tested & refined using clinical & general population samples

Operationalized Harm Categories in MA

Financial	Bet more than you could afford (GP1) Borrowed or sold to get money to gamble (GP5A) Caused financial problems for household (GP6A) Go back another day to win back money (GP4)
Emotional	Feel you might have a gambling problem (GP9) Feel guilty about way you gamble (GP2) Need to gamble larger amounts to get same feeling of excitement (GP3) Made attempts to cut down (GP16A) Preoccupied with gambling (GP18) Restless or irritable when tried to cut down (GP19) Need to gamble more to achieve same level of excitement (GP20)
Health	Gambling caused health problems (GP7A) Gambling caused mental stress (GP10A)
Relationship	People criticized your betting or told you had a gambling problem (GP8) Caused significant problems in relationship with family/friends (GP11A) Caused to neglect family/children (GP12A) Someone says you have difficulty gambling (GP17)
Work/school	Cause significant work/school problems (GP13A)
Legal	Commit criminal act (GP14A)

Report on *Gambling Harm in Massachusetts*

- FY19 deliverable (6/30/2019)
- Purpose
  - Analyze rates of gambling harms among different groups in MA population
  - Broader & potentially more important measure of impact of expanded gambling than PG
- Method
  - Unweighted data
  - Analyze separately for BGPS & BOPS
  - Examine rates of harms attributed to gambling among Recreational Gamblers, At-Risk Gamblers, Problem Gamblers, Pathological Gamblers
  - Examine by gender, ethnicity, region, child in HH (where possible)

INTERNATIONAL LOW RISK GAMBLING GUIDELINES (LRGG) PROJECT

SEIGMA SOCIAL AND ECONOMIC IMPACTS OF GAMBLING IN MASSACHUSETTS
UNIVERSITY OF MASSACHUSETTS SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES

Approach

- Canadian Centre on Substance Abuse received funding from Quebec gov't to develop evidence-based LRGGs
  - Intended to help adults make informed decisions about their gambling behavior & specific risky situations or circumstances
  - Modeled on previous work in Canada to develop LRGs for alcohol & cannabis

- Scientific Working Group (LRGG-SWG)
  - Provide expert advice, conduct research to support LRGGs

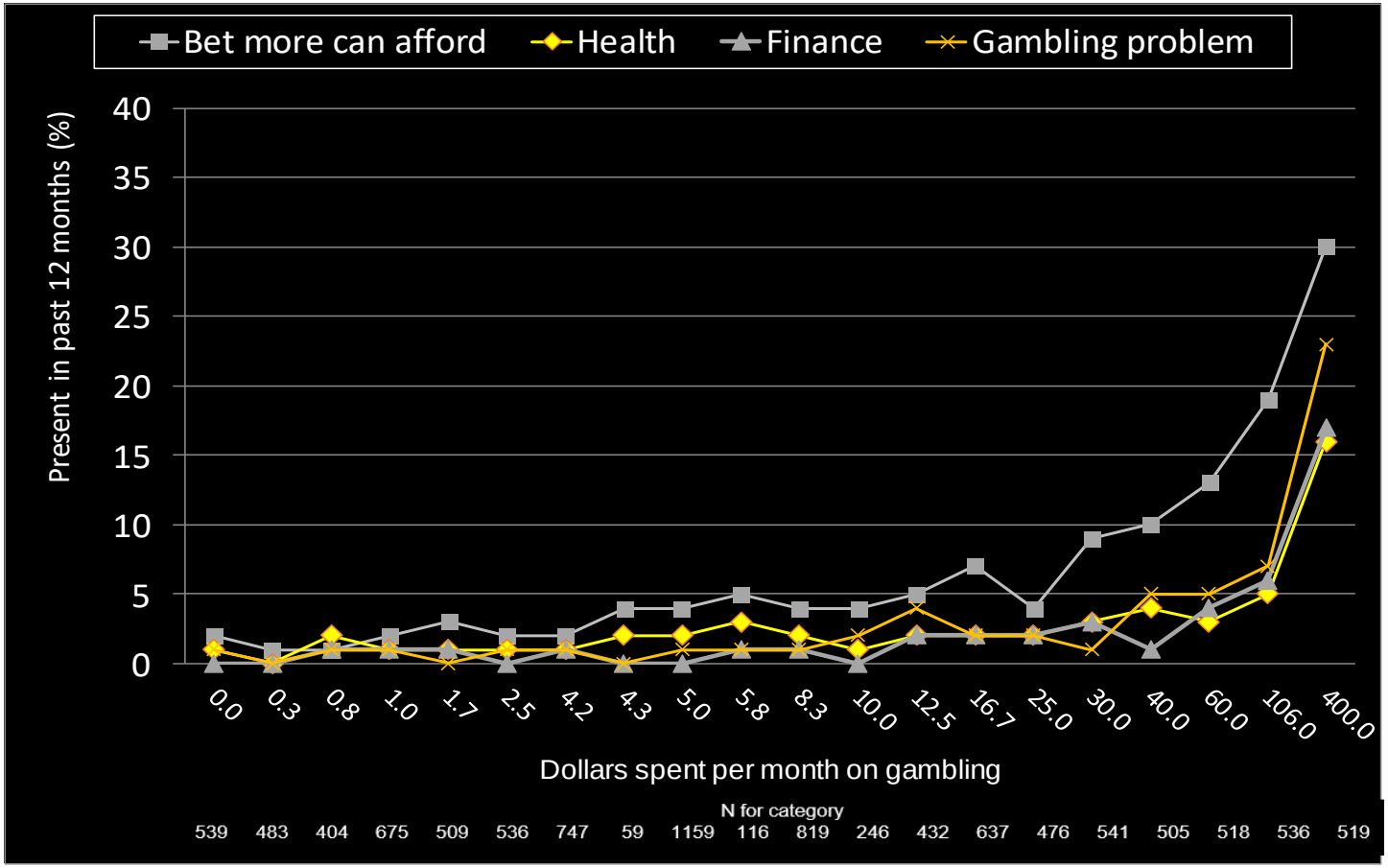
- Advisory Committee (LRGG-AC)
  - Includes prevention, treatment, public health, regulator, industry perspectives
  - Provide guidance over course of project (2016-2020)
  - Facilitate uptake of LRGGs once developed

Literature Review

- LRGG-SWG identified/reviewed quantitative studies examining dose-response relationship btw gambling intensity & harm
  - Studies included data from population surveys, PGs in treatment, psychiatric outpatients, Internet gamblers

- Concluded that risk curves were feasible & less risky levels of gambling involvement could be defined
  - Risk curves can determine upper limits that, when crossed, increase the risk of developing gambling-related harms

Example of a Risk Curve



Inventory of High-Quality Datasets

- Review of potential datasets to include in the analysis
  - Grey literature & journal publications
  - Included population surveillance surveys

- Suitability criteria
  - Instrument(s) used to assess harm
  - Similarity of items assessing gambling frequency, expenditure
  - Method of participant recruitment

Commissioned Datasets

Dataset	Region	Year	Survey Design
Icelandic Gambling Project	Iceland	2005/2007/2011	Cross-sectional
e-Enjeu - Enquête nationale 2012 sur les jeux d'argent et de hasard en ligne (online gamling)	France	2012	Cross-sectional
ENHJEU-Quebec	Quebec, Canada	2012	Cross-sectional
New Zealand 2012 National Gambling Study	New Zealand	2012	Cross-sectional
Enjeu 2014- Enquête nationale sur les jeux d'argent et de hasard	France	2014	Cross-sectional
Finnish gambling population survey	Finland	2015	Cross-sectional
SWELOGS	Sweden	2008-2014	Longitudinal
Victorian Gambling Study	Australia	2008-2012	Longitudinal
The Leisure, Lifestyle, and Lifecycle Project (LLLP) and the Quinte Longitudinal Study (QLS)	Alberta/Ontario, Canada	2009-2012	Longitudinal
The Massachusetts Gambling Impact Cohort (MAGIC) Study	Massachusetts, United States of America	2013-2015	Longitudinal

Methods

- Methods from previous studies on gambling dose-response relationship used to develop risk curves for each dataset along w/ranges of intensity

- Gambling intensity measures
  - Gambling frequency
  - Gambling expenditure
  - Gambling expenditure as % of income
  - Time spent gambling
  - Number of gambling formats

- Gambling harm measures
  - Financial
  - Relationship
  - Emotional/psychological
  - Physical health
  - Work/school
  - Legal/criminal
  - 2+ CPGI items

Progress to Date

- Literature review completed
- Evidence summarized & high-quality datasets identified
- Feasibility meetings held in 2016 (Auckland) and 2017 (Banff)
- Contracts established w/participating organizations
- Risk curves generated, ranges established
- Results reviewed w/international partners in 2018 (Montreal)

Still to Come

- Additional research underway (qualitative & quantitative)
  - Validate limits w/individuals who gamble at low or moderate risk and affected others
  - Determine whether to include individual/contextual factors in guidelines
  - Determine how best to present limits to gamblers to encourage uptake
- Publish international report (March 2020)

For more information, visit:

www.greo.ca

www.responsiblegambling.vic.gov.au

www.ccdus.ca

A Research Strategy for Gaming in Massachusetts

May 2019

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Research Strategy for Gaming in Massachusetts

Introduction

Objective

The State of Massachusetts has made a commitment to "understand the social and economic effects of casino gambling." The Massachusetts Gaming Commission (MGC) has dedicated substantial funds to this commitment, commissioning the most comprehensive research on this topic in the United States. MGC, Executive Office of Health and Human Services (EOHHS) and Department of Public Health (DPH) have formed the Public Health Trust Fund (PHTF) Executive Committee to provide leadership on a more comprehensive research strategy that will both understand these effects, and inform programming to maximize beneficial and minimize negative impacts of casino gambling in Massachusetts.

Primary Deliverable

Research Strategy – a multi-year plan for the evolution of a comprehensive research program to serve the needs of the Massachusetts Gaming Commission, Massachusetts Department of Public Health of the Massachusetts Executive Office of Health and Human Services, as collaboratively represented in the Public Health Trust Fund.

Approach

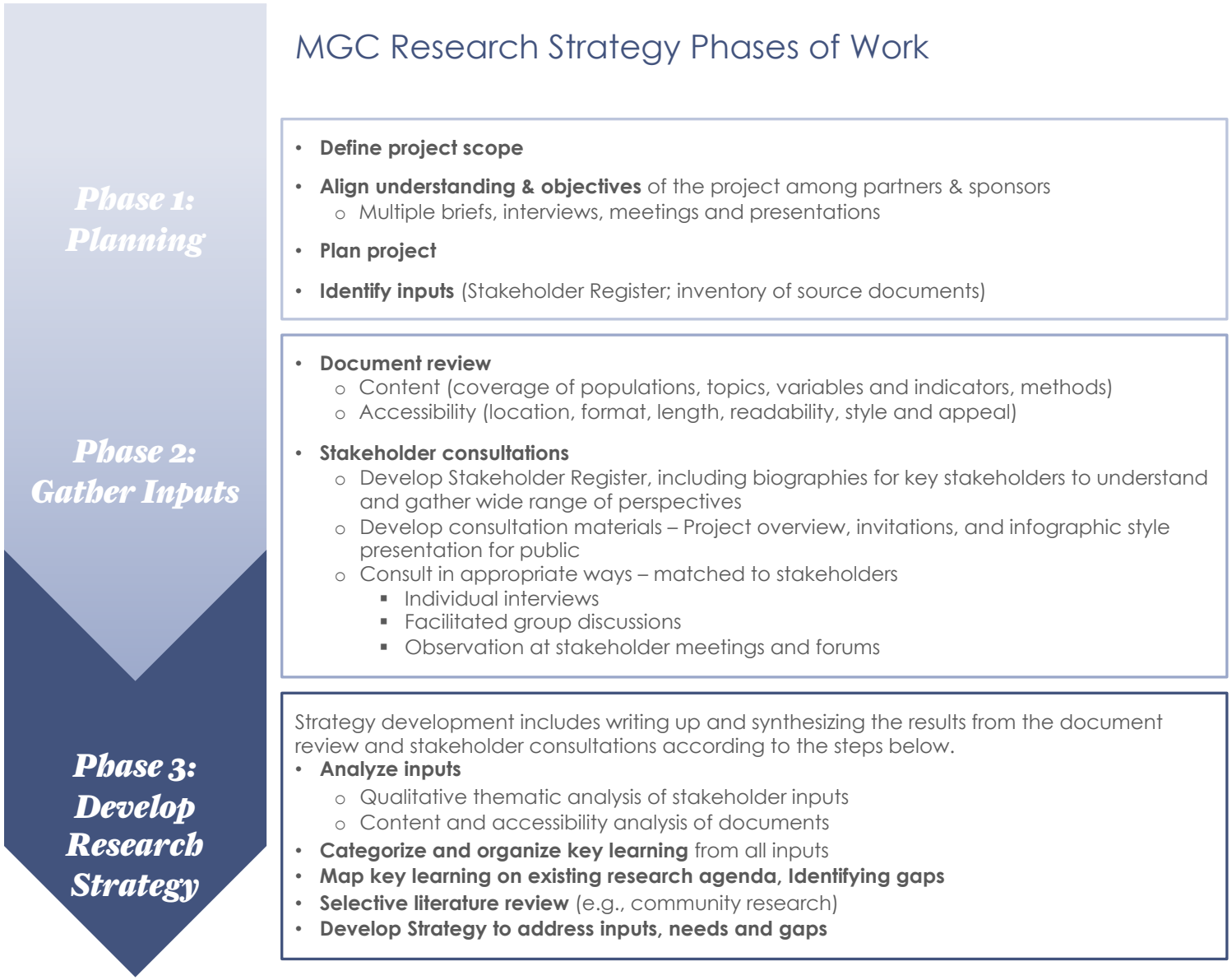
The original work plan, based on a six-month project (May 1 to October 31, 2018), was expanded to accommodate a longer project planning phase, increased stakeholder consultations, and vacation schedules (Summer and Holiday) of consultant and stakeholders. A draft reported was presented to the PHTF on January 23, 2019, and the revised report submitted in April 2019.

Recommendations are intended to achieve a Research Program for Massachusetts that:

- Builds on the commissioned research to understand the social and economic impacts of gambling in Massachusetts,;
- Provides research results that will inform programming to prevent and mitigate gambling-related harm for the overall population while addressing health and social inequities;
- Helps host and surrounding communities to understand the impacts of casinos in their communities, and to develop policy and programs that maximize benefits while minimizing negative impacts;
- Helps at-risk populations and the organizations that serve them to understand the effects in their communities and develop programs and strategies to minimize gambling-related harm.
- Integrates all lines of research to achieve a more cohesive research program.

This project involved three overlapping phases of work as illustrated in the figure below. Detailed reports on the Stakeholder Consultation and Document Review are included as Appendix 1 and 2.

Figure 1. Phases of Work



Research Strategy

Recommendations for a Research Strategy at MGC are laid out in five sections:

1. **Overall:** This section addresses considerations and possible changes to the program objectives, guiding principles and committee structures
2. **Foundational Research Projects:** This section discusses the current social and economic research
3. **Ideas for future research:** This section brings together the rich research ideas drawn from stakeholder interview data, organized by:
    a. Types of research
    b. Topics of research
    c. Populations of Interest
4. **Community-Engaged Research**: This section maps out the addition of a funding stream for research that is driven by and responsive to community needs
5. **Knowledge Translation**: This section maps out the purpose and structure of a dedicated knowledge translation function as part of the research program
6. **Data Management**: This section describes the need to manage large datasets collected under the current research agenda, and anticipated data from casino operators and other sources
7. **Evaluation**: This section describes some work to facilitate evaluation of MGC's Responsible Gaming initiatives
8. **Infrastructure to support the research strategy:** This section outlines options to develop the infrastructure and resources, especially human resources, needed to deliver on a comprehensive research strategy

Section 1. Overall

The Massachusetts Gaming Commission has undertaken the most comprehensive research program in the United States to measure and understand the impacts of the introduction of expanded gambling. This section:

- Examines how well the current research meets the goals of the annual research agenda – as stated in The Expanded Gaming Act (2011), and interpreted by the MGC in the objectives of the Responsible Gaming Framework; and
- Identifies ways to improve the overall structure and approach of the research program.

Recommendations in brief

Responsible Gaming Framework: Research objectives and guiding principles

1. Expand the interpretation of the Research Goals articulated in the Expanded Gaming Act, such that "use findings to inform evidence-based policy and regulation" applies to policy and programs related not just to gambling (gaming regulation, responsible gaming, and problem gambling treatment and prevention), but to **all social and economic impacts of expanded gaming**
2. Add a research objective to **apply a social determinants or health equity perspective** that assures research measures social and economic effects of expanded gaming on vulnerable and at-risk populations
3. Add a research objective for **community engagement** in the research.
4. Add a guiding principle for **openness and transparency**, or rather explicitly extend this MGC principle to the Research Program

Committee Structure

5. Review the GRAC and RRC committees to more accurately reflect the purpose and functioning of these committees

Research Goals, Objectives and Guiding Principles

The Expanded Gaming Act requires the MGC to establish "an annual research agenda" to understand the social and economic effects of casino gambling in Massachusetts. The **Research Goals** are to:

- Understand the social and economic effects of expanded gambling and use findings to inform evidence-based policy and regulation
- Obtain scientific information relative to the neuroscience, psychology, sociology, epidemiology and etiology of gambling
- Inform best practice strategies and methods for responsible gaming and problem gambling treatment and prevention

- Evaluate all responsible gaming initiatives developed by the Massachusetts Gaming Commission

These goals are interpreted in the *Responsible Gaming Framework* that "aims to create an effective, sustainable, measurable, socially responsible, and accountable approach to gambling." The **Research objectives** in the Framework are to:

- Inform best practice in responsible gaming strategies and methods, problem gambling prevention and treatment, and responsible gaming messaging.
- Create and translate knowledge to support evidence-informed decision-making about gambling policy and regulation.

Two Tables mapping the current research program onto the goals expressed in the expanded Gaming Act (2011) are shown below.

Figure**2. Mapping Research Program onto Objectives**

Objective	Research	Data Collected
Understand the social and economic effects of expanded gambling and use findings to inform evidence-based policy and regulation	SEIGMA *Social Impacts*	Gambling & Problem Gambling: Baseline surveys ♦ General population + Targeted + Online panel Gambling and Problem Gambling: Impact surveys ♦ General Population + Targeted +Online Panel Patron Survey
	SEIGMA *Economic Impacts*	♦ Patron Survey ♦ Operations Period Impacts ♦ Construction ♦ Employment ♦ Lottery Revenue ♦ Real Estate ♦ Community Economic Profiles *(see Table 2)*
	Public Safety Impacts	♦ Baseline: Plainville and Springfield ♦ Impact: Plainville (6m, 1y, 2y)
Obtain scientific information relative to the neuroscience, psychology, sociology, epidemiology and etiology of gambling	MAGIC	♦ Changes In Gambling Participation ♦ Changes in Problem Gambling Status ♦ Incidence of Problem Gambling ♦ Transitions, Stability And Change ♦ Implications for PG Prevention and Treatment
Inform best practice strategies and methods for responsible gaming and problem gambling treatment and prevention	MAGIC	♦ Transitions, Stability And Change ♦ Implications for PG Prevention and Treatment
	White Paper	♦ Combined: Baseline population Survey ♦ Helpline Call Data ♦ Focus Ggroup with MH&A treatment providers

Evaluate all responsible gaming initiatives developed by the Massachusetts Gaming Commission	Voluntary SE	♦ Evaluation of the Massachusetts Voluntary Self-Exclusion Program
	GameSense	♦ Compendium + four reports
	PlayMyWay	♦ PlayMyWay Preliminary Evaluation +Assessing the MGC PlayMyWay Play Management System.

Figure 3. Community Economic Profiles

Indicator Type	Indicators
Host community Industrial base & business	Employment, establishments, wages
	Industry Mix
	Business Sales
	Leisure & hospitality
Surrounding communities	Business
Host community Resident	Population
	Demographics
	Unemployment
	Income & poverty
Surrounding communities	Socio-economic
Host community Local area fiscal	Expenditures
	Revenue
	Property values
	Property tax revenue
Surrounding communities	Fiscal

Recommendation 1: The first research objective in the Responsible Gaming Framework to "Understand the social and economic effects of expanded gambling and use findings to inform evidence-based policy and regulation," could be modified to address:

- Challenges in stakeholders' understanding of the expansiveness of the research agenda; and

- Potential to apply findings far beyond Responsible Gambling and Problem Gambling programs and services to address social and economic issues that are covered by the research program and directly or indirectly related to casino impacts. The text highlighted in blue (Table 1) for the first and third objective could be interpreted more expansively to accomplish this.

Expansion of research objectives to include impacts far beyond RG and PG will require mechanisms to:

- Provide access to relevant data about non-gambling impacts
- Communicate the expansiveness of the research program
- Communicate these results to a wider range of target audiences, and
- Apply these findings in practice: to policy, regulation, programs, services, and further research

This expansion positions the research program as enabler of excellence in other areas of the MGC mandate, and as a fundamental tool for engaging communities to share information and build programs and services.

Recommendation 2: The research objectives should include the need to apply a *social determinants* or *health equity* perspective that assures research measures social and economic effects of expanded gaming on vulnerable and at-risk populations

Health inequities are the unfair & avoidable differences in health status. These differences are largely due to the social determinants of health (the conditions in which people are born, live, work & age), which are in turn shaped by the distribution of money, power & resources at national, state & local levels. A health equity approach requires considering the pre-existing inequities of certain population groups and asking: "Were those populations empowered and lifted up, or further pushed down by the introduction of casino gambling?"

Recommendation 3: The research program should be envisioned as part of the Commission's efforts to engage communities regarding the social and economic impacts of gambling, especially those communities most directly impacted by the expansion of gambling in Massachusetts. To that end, the research should address community engagement that will assist host and surrounding communities and high-risk population sub-groups to understand the social and economic impacts of casinos and develop policies and programs that maximize benefits while minimizing negative impacts.

The term "community-engaged research" (CER) is the term selected by MGC for its emphasis on engaging the community, while allowing for a range of methods, relationships and roles within a collaborative framework.

Some examples of community engagement include:

- Outreach to community groups and high risk sub-groups to explain the goals of the research
- Outreach to community groups and high risk sub-groups to explain the findings of the research before they are released to the public
- Inclusion of questions of interest to the host of surrounding communities
- Inclusion of a community response section in reports to the MGC
- Inclusion of a community advisory board or other groups to solicit community input into the overall planning and implementation of state-wide as well as targeted surveys

Additionally, the MGC will fund a separate program for community driven research initiatives, which is described in Section 4 below. The research objectives should include ways to both honor the principles of CER, and to connect State level research with these community-engaged research projects and teams in order to maximize and coordinate research efforts.

Community partnerships and community involvement should be important considerations and regarded as an advantage in future research projects and proposals.

Recommendation 4: **Guiding principle:** Consider adding ***openness and transparency*** as a guiding principle, or rather extending this principle from the larger regulatory approach, to Responsible Gaming and the Research Strategy. The intended result of this change is that data, data collection and reporting processes of operators would be designed with maximum transparency and serve to increase the *evaluability* of RG programs, tools and approaches. In practice this principle could impact such functions as:

- Data collection and extraction procedures to ensure linking data to individual player behavior
- Sharing of employee surveys
- Collaborating on patron surveys, or player surveys
- Training and employee assistance programs
- Awareness and referral to GameSense Information Centres (GSICs) by casino staff

Committee Functions

Recommendation 5: A further recommendation is to review the function of the two committees that were developed to support the research program, the Research Review Committee (RRC) and the Gambling Research Advisory Committee (GRAC). Both of these committees represent a demand on staff resources to manage them (scheduling and logistics, materials preparations, guest presenters, etc.). The roles and expectations of these committees could be examined to clarify whether they are intended to 1) fulfill functions and reduce staff workload, or 2) bring together important stakeholders to keep them apprised of the research program, but as a demand on staff time rather than a support. Considerations could include:

- The **RRC** provides quality assessments by research experts. Two minor criticisms arose during consultation. The first is the description of the Committee's function as "independent gaming research peer review" and, the second is the lack of sufficiently deep economic expertise on the committee. The RRC provides a much needed vetting of research reports by researchers with varied expertise. Two minor recommendations are to:
    - Change the description of the committee to remove "independent"; and
    - Recruit additional economic and fiscal expertise to the RRC.
- **GRAC** was intended to support knowledge translation but appears to function in practice more like a knowledge recipient than a body that assumes responsibility for knowledge translation functions from one meeting to the next. That being said, this does represent an important group of stakeholders who are very close to the research program and so should be knowledgeable about it. This may require a simple shift in thinking of GRAC as a key stakeholder group with whom to share research and that serves as a test group to gather reactions and ideas for more effective knowledge translation to other audiences.

Section 2. Foundational Research Projects

The Research Strategy is built upon two foundational research projects:

- Social and Economic Impacts of Gambling in Massachusetts (SEIGMA)
- Massachusetts Gambling Impact Cohort MAGIC)

Recommendations in brief

Foundational research projects

- Provide expansive knowledge translation
- Considerations for the future of these projects

These are both multi-year studies with rigorous methodology "to assist in understanding the social and economic effects of the introduction of casino gambling in MA, and in making annual scientifically-based recommendations to the Legislature." The results of these studies are to be applied "by policy makers and regulators to create policies that maximize the possible benefits and minimize the possible harms of expanded gambling in the Commonwealth." (https://www.umass.edu/seigma/)

The research design of the two studies is complementary, so that each potentially strengthens the results of the other, combining a large scale multi-year assessment of social and economic indicators at the population level, with a cohort study that follows a sample of people at the State level (with more intensive sampling of people at risk of problem gambling), to assess changes in their lives year-over-year, as casino gambling is introduced. The rigor and comprehensiveness of these two studies combined produces the strongest assessment of gambling impact undertaken in the world to date.

A graphic depiction of the extensive population health indicators being tracked across these two studies is provided in the four figures below.

Figure 4. Geographic Units of Data Collection

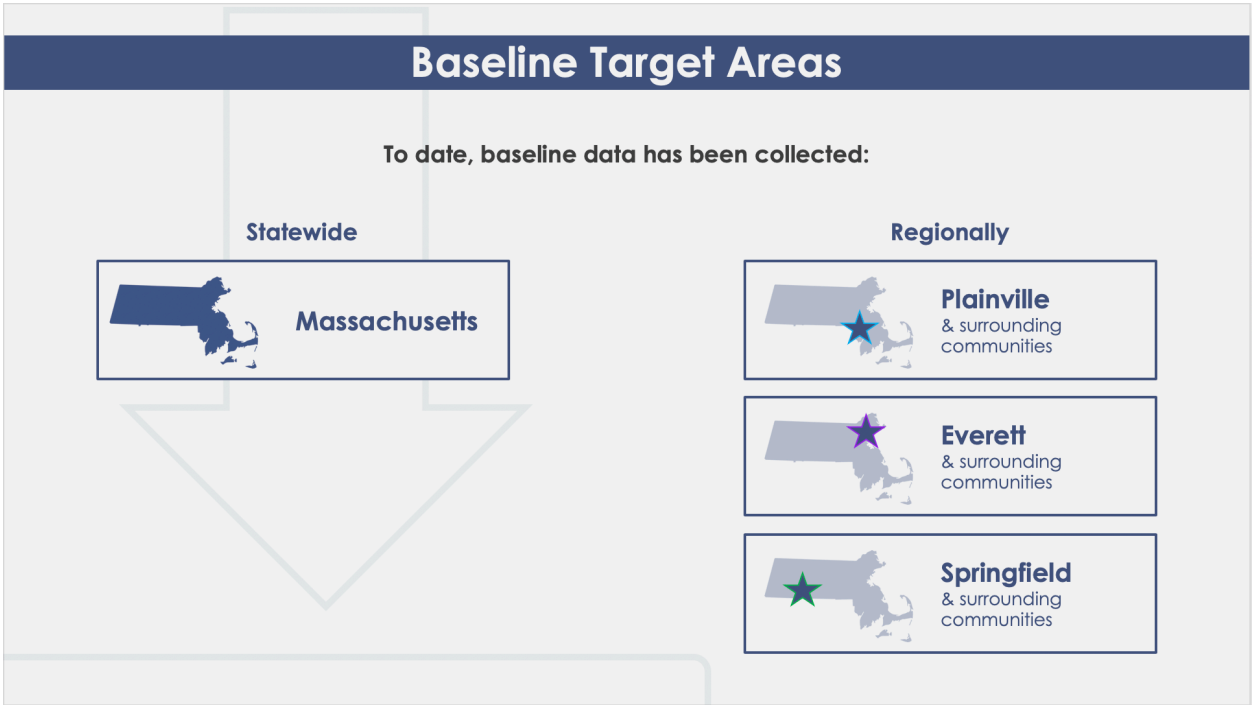


Figure 5. Two Pillars of Population Health Indicators

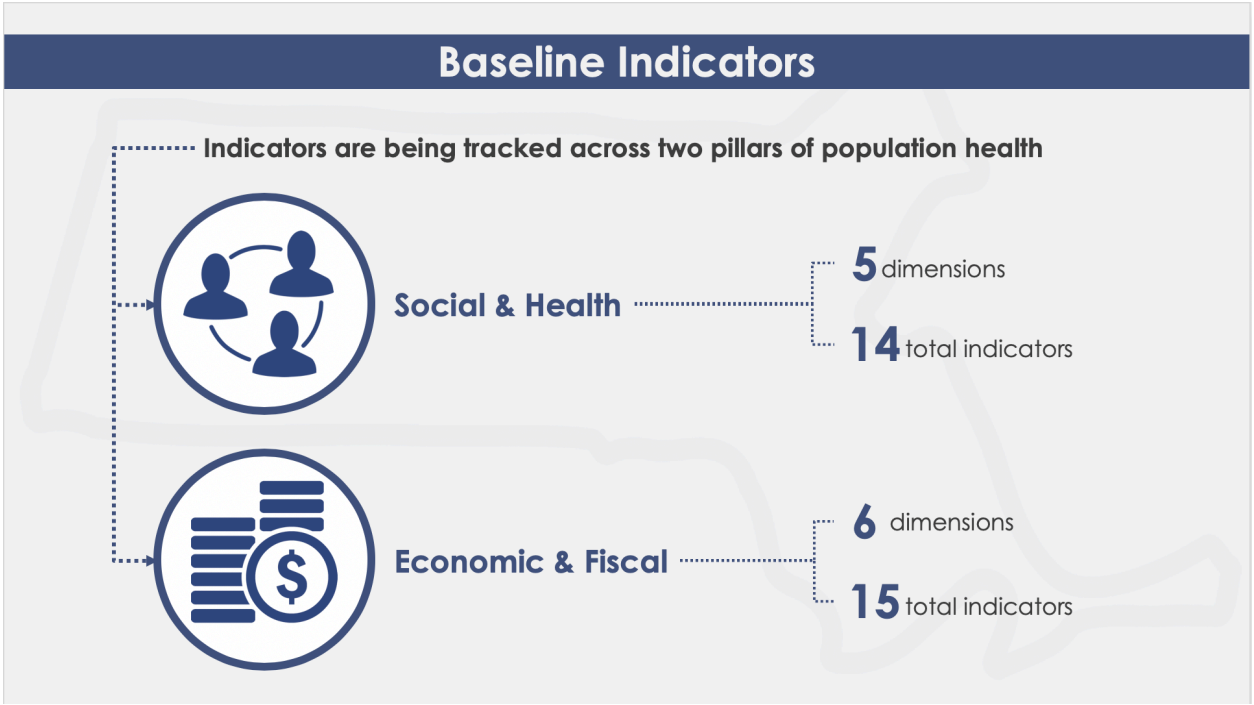


Figure 6. Indicators for Social and Health Pillar

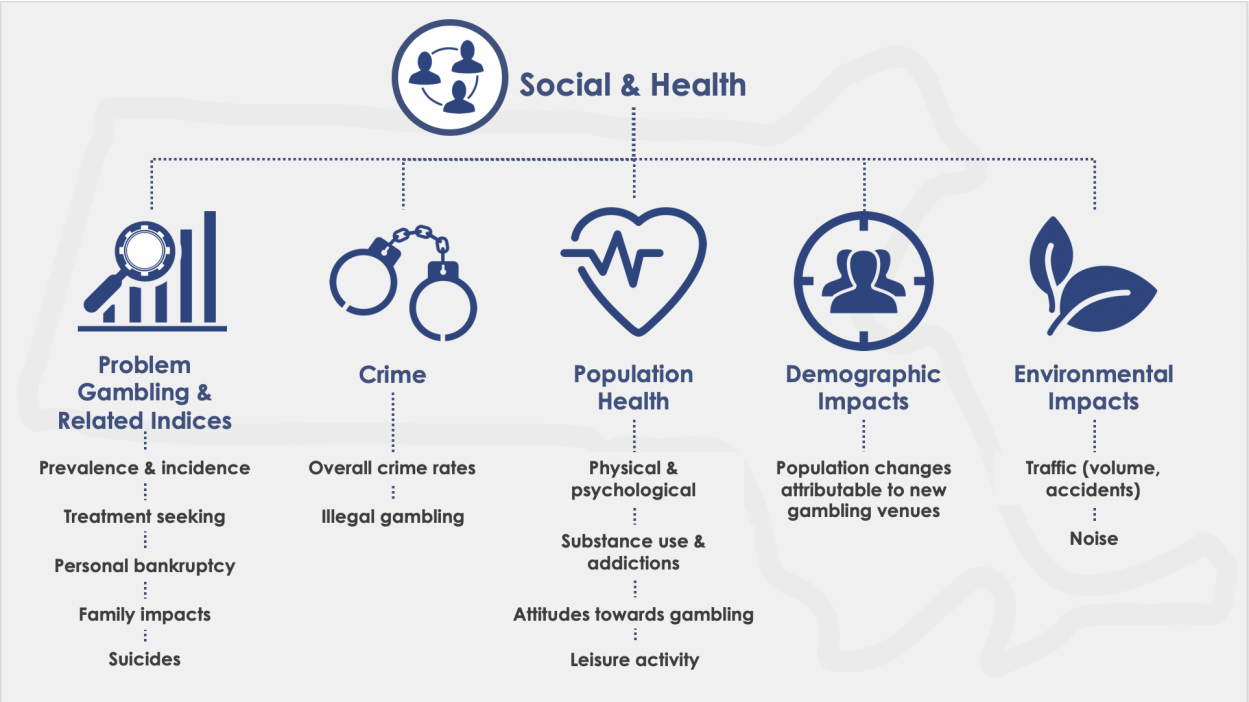
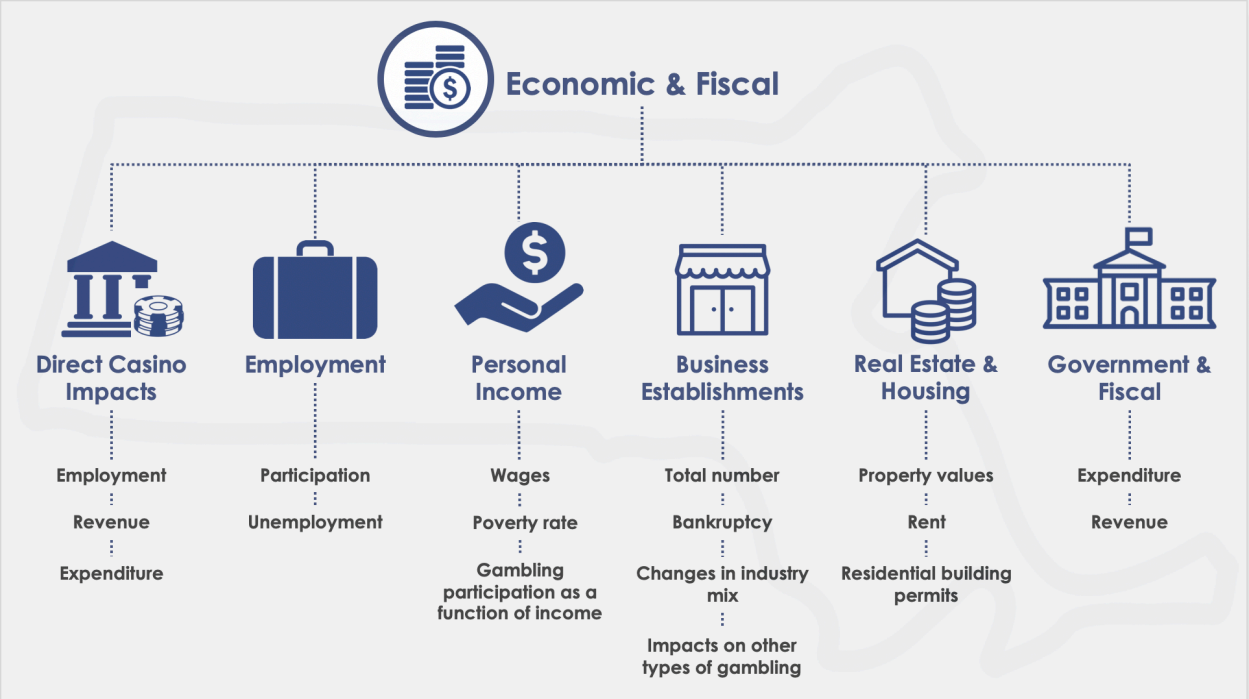


Figure 7. Indicators for Economic and Fiscal Pillar



The need for expansive knowledge translation

One of the key findings of the stakeholder consultation undertaken for the development of the Research Strategy was the lack of understanding of the comprehensiveness of the current research. That is, the majority of stakeholders believed the studies focused primarily on gambling participation and the prevalence of problem gambling, and were surprised by the breadth and depth of social/health and economic/fiscal data being collected on their communities. As stakeholders were made aware of this, they recognized the value of the research results for policy and programs far beyond problem gambling prevention and treatment. This was true even of highly engaged stakeholders, suggesting that the perception is fairly entrenched and requires ***explicit communication efforts on the comprehensiveness and potential value of the research to a range of community stakeholders***. This point is expanded upon in *Section 3. Knowledge Translation*.

The future of these projects

The MGC has begun the process of re-procuring the social and economic research. It will be important for future work in this area to **build on the current work and consider important and complex issues of consistency and comparability,** as well as **intellectual property**.

Section 3. Ideas for Future Research

Stakeholders shared an extraordinary number of interesting ideas for enriching or adding to the current research agenda. These are organized below in four sub-sections:

- **General comments on the current Research Agenda**
- **Types of Research**
- **Topics of Research**
- **Populations of Interest**

General comments on Research Agenda

Ensure the MGC and DPH research agendas are complementary

- Need clarity on the MGC research vision with respect to RG, especially for operators
- DPH appears to be funding their own research on the public health perspective – how does this intersect with the Commissions' research?
- In response to the dynamic tension between MGC and DPH, there is potential to bridge these "two parallel pathways" by framing the end goal as prevention (primary, secondary and tertiary/treatment), and include such things as evaluation of treatment effectiveness
- Balance emphasis on social health equity perspectives with economic, crime and other topics. Some stakeholders emphasized the need not to speak just to a public health audience, but to include the rich data related to crime, business and other economic indices. There is the potential for this economic audience to "be lost" in the public health terminology
- Public health triangle (host, agent, environment) – focus resources in line with this framework

Include all forms of gambling

- The distinction of casino gambling is artificial for most target audiences, with the possible exception of legislators
- Emerging forms of gambling such as sports betting – research to understand current state and anticipate legalization and/or expansion
- Recognizing video gaming as part of spectrum of gambling addiction
- Fantasy sports should be examined

Types of Research

Methodological research
Members of the Research Review Committee and the Gaming Research Advisory Committee in particular emphasized the opportunity to explicitly examine and document the important, but often invisible, work involved in such large scale and ambitious research projects.

- Extensive range of methods such as cross-sectional, longitudinal cohort, targeted population research
- Map current methods, units of analysis, populations and sampling strategies
- Sampling and recruitment in special populations – document learning and recommendations, and strategies for more deeply understanding these populations
- Efforts to integrate primary and secondary data across multiple studies and methodologies to create deeper profiles of target groups
- Use of probability panels concurrent with cross sectional and cohort studies with different sampling strategies – compare approaches on many aspects

Qualitative research
Research and community stakeholders reminded MGC to enrich the current research with qualitative methods.

- To more deeply understand issues, also to probe emerging findings from larger populations studies
- Pilot studies to inform appropriate and effective methodologies to reach, engage and understand a population

Community participatory research
While there is a section dedicated to the addition of this stream of research, it is worth noting that many stakeholders either raised the issue themselves or expressed strong support for the idea when asked, citing benefits such as:

- Will shed more light on how to conduct research with special populations
- Deepen insights
- Address mistrust – such as that encountered by the Research team for the report Casinos & Gambling in Massachusetts: African-American Perspectives – where some respondents expressed doubt about whether the research findings would be used; “do you have any power to change things?” they asked.

Structural impact research
Members of the Research Review Committee and the Gaming Research Advisory Committee as well as host community stakeholders suggested research to understand impact of expanded gambling on social and political structures, including:

- Impact of introduction of casinos on State and local politics and decision-making

- See the report Casinos & Gambling in Massachusetts: African-American Perspectives on focus groups with African Americans to understand the potential impact of casino gambling, where participants expressed fears with respect to fairness, corruption, and ability of the community to influence all of the above, and to have a voice.
- This is potentially a good news story if the perception of fairness is greater after introduction of casinos than before

- Normalization
- Business practices such as procurement
- Comparison of Massachusetts to other jurisdictions – Are we doing a better job?
  - Potentially strike a working group to generate goals and objectives and develop a common definition of success

Program Evaluation

There is a section that describes ways to improve program evaluation research at MGC. It is worth noting that several stakeholders expressed the need for this type of applied research to inform program improvements and assess innovations

- More comprehensive RG program evaluation, pilot and testing research as programs and services are implemented
- Resources should shift to evaluation of programmatic activity (NOTE: this specialized form of research must be recognized as such)
- Inform decisions on where to invest money
- Industry safety and regulatory policy
- GIS mapping: Increased use of this tool to better understand needs and match resources

Topics of Research

Gambling product safety research

- Industry safety, regulatory policy
- Give direction to the gambling industry to conduct some level of product safety testing and to submit the results to the regulator before introducing new products. This would ensure a more measured response to the rapidly evolving technology and gambling landscape
- Industry needs research – decisions made in the dark

Employment: long-term impacts on individuals and communities

- Develop a framework that assesses the role of casinos in the employment path.
- Employee turnover study that tracks new casino employees on their broader career trajectories, including employment status prior to the casino, length of employment, internal progress and promotions, dismissal or resignation, external opportunities, and other stages

- Assess factors such as number of dependents, education, training, access to child care access and to transportation
- Determine whether impact of employment is greater in at-risk and disadvantaged populations
- Quality of employment - Compare employment at casino to similar jobs and examine benefits, compensation and other factors
- The area of research could be strengthened by a sub-set of qualitative interviews to provide a richer picture of the career trajectories and the factors that had positive or negative impacts on their careers and employment well-being. These could be used to create case studies for employment impacts and trajectories.
- Track where funds are going for casino training institutes and the impact of these funds

Employment Data sources

- New employee survey
    - Incredibly valuable source of information
    - Ensure consent included to track their data
- MOSES (Massachusetts one-stop employment system) database
    - For those employees who were in the covered UI system, information can be accessed to better understand their path

Hospitality

Profile

- The associations that support and advocate for the hospitality industry – 16 regional tourist councils doing destination marketing: leisure, conventions, group tours, sports – their goal is to extend stay, extend spend of visitors
- Tend to attract oddball conventions, e.g., Can-vention, Rabbit or pigeon breeders, insurance

Associations would benefit from data, findings and supports. Key issues include:

- Assess whether casino is cannibalizing other events, groups, products
- Missed opportunities – there is a need for consulting/coaching to support local small businesses in transitions, to understand how to maximize impact of casino. Examples include training and support to help adjacent restaurants exploit opportunities for growth, or to help small businesses understand the importance of and learn how to manage their reputation in an online (social media) world

Hospitality methods and data sources

- Three key methods and metrics – all will help inform impact on hospitality sector
    - Customer intercept research at attractions – visitors and from where
    - Conversion – of those who request tourism materials, who comes
    - Awareness – of Pioneer Valley brand, for example
- Need data/support to collect data from MGM
    - Length of stay

  - Where are they staying
  - Visits to other attractions
  - MLife data drove casino marketing – where to pull people from. Do they have data to show if it's working?
  - Impact of casino on accommodation rates, which hadn't moved in 10 years prior
- VISA data – every swipe shows where they spend and zip code
- Other data sources
  - Ticket sales for big attractions such as Six Flags
  - Meal taxes, local option taxes
  - Smith travel research for hotel rates and occupancy
  - Business occupancy in office and commercial space, change in mix in buildings
  - Bradley Airport traffic
- Low or no budget to do research – need data, collaboration, support
  - Our members don't or can't afford to do high quality, high tech research
  - They need access to data on their communities,
  - Interested in collaborative research to enable them to keep their members up-to-date on trends and opportunities in their communities

Property values consider expanding the current research for a deeper understanding of changes in housing in communities and neighbourhoods

Public safety

- Deeper dive into the factors that lead to changes in crime patterns in and around casinos
- Impact of alcohol service, cannabis and other substances on gambling behaviour and on crime behavior

Environmental justice perspective – This research would consider casino gambling as introducing potential hazards into a community, one that has been marginalized and is experiencing a number of vulnerabilities and risks

Crime with an equity perspective: Some stakeholders noted that public safety and crime research seems to lead to more police and policing – calling this response too simple – and emphasizing the need to take into account pre-existing policing practices and inequitable treatment of people of colour

Intersection with other substance use and risk behaviors

- Casinos are also alcohol environments – 80-90% of crimes involve alcohol or substance use or both
- Legalization of marijuana - Consider including expansion of marijuana legalization, such as whether dispensaries are geographically located near casinos.
- Complexity of multiple addictions for individuals and communities

Problem Gambling Services

- Co-occurring disorders and screening: Better understanding of which mental health and addiction behaviours cluster and how to screen for and respond to gambling problems in clients presenting for other reasons
- Recovery: Ways to address longer term recovery of problem gamblers, and their families, especially for cultural groups that are less integrated in the mainstream society
- Barriers to treatment: to help service providers understand (and potentially address) why people are not accessing services, e.g., lack of awareness, stigma or other barriers such as other health conditions, transportation, insurance, etc.
- Multiple definitions of problem gambling and risk. This is fine as long as it's clear which ones should be used in which settings, e.g., clinical diagnosis, screening, population survey
- Development of brief screens for shorter community-based research

Populations of interest

African Americans – building on pilot study

- Reach out to community leaders and agencies for strategies to reach, recruit and engage this population
- Stakeholders indicated there is goodwill in the black community towards gambling, should be capitalized upon, messages that we "have their backs"
- Need for services targeted to and/or located in areas with high concentrations of people of colour – "it's not easy to go into a treatment agency waiting room full of white people"

Asian – building on pilot study

- Recent research highlighted complexity of conducting research in this community, including:
    - Logistical challenges such as translation at each stage of instrument development, recruitment, data collection, transcription and analysis
    - High ethics bar for protection of privacy and confidentiality, and resulting challenges in recruitment
    - Low income population targeted because they are at greater risk

- Spouses played important role in getting partners to participate and attend interviews

- Need for stronger baseline for Chinese and Asian populations in MA, High cost of population recruitment and research for this population
- Motivations: Casinos offer Chinese-themed games, restaurants and promotions – in the face of few recreational opportunities in Chinatown
- Reach beyond Chinese community
- Consult with operators on their objectives, targets and promotional approaches to Chinese and other Asian customers – the sample recruited for the pilot study of Chinese lower income service workers did not resemble the population that casino marketing targets to attend Springfield casino
- Option of engaging Chinese customers at casinos (suggestion that 15-40% of customers at most large casinos are Asian) or collaborate with operators for data and insight
- Reported strong positive response to services customized and targeted to Chinese or Asian populations, including a Vietnamese counsellor and Chinese GameSense Advisor, even with no advertising or promotion

Hispanics

- Stakeholders expressed need for more information on this population which tends to be more dispersed and difficult to target for sampling and recruitment
- Western MA – large influx of this population

Immigrant communities: based on results of general population survey and prevalence research in general, immigrants, especially those with language and cultural barriers are at greater risk for gambling problems. Consider examining the role of immigration on problem gambling risk

Youth

- Attitudes and behaviours, Note: MGC provided funding for youth health survey (YHS/YRBS) in Western MA
- Better understanding needed to inform interventions, including role of video gaming in transition to gambling
    - Are video gaming and the normalization of gambling breeding gambling in youth?
    - Is gambling is a gateway behaviour to other risk behaviours?
- How does gambling contribute to the reduced socializing in favour of online engagement among youth
- Consult school principals, guidance counsellors, etc.

Transition age youth and young adults

- Research that would focus on young adults, out of high school, in college, transition age youth, campus and casino close together
- Consider providing and assessing impact of education on campus about casino gambling in particular

Gamblers

- Emphasis on all gamblers, attitudes and behaviours of 99% who gamble responsibly,
- Not just variables that are predictive of development of problems, but also protective factors
- Involved gamblers Higher gambling involvement (frequency, duration, speed, engagement with a variety of games) is linked to risk
- Casino employees experience gambling problems at higher rates

Special populations Consider research on population sub groups that may be too small or difficult to identify in survey samples. Suggested populations to explore include:

- Previously or currently incarcerated
- Vulnerable because of assessment of mental capacity/competence

People with **physical disabilities**

- California study showed physical disability was one of first factors correlated with PG.
- Determine whether current research includes this variable in data collection and analysis
- Walk through Springfield casino shows high rate of obvious physical disabilities

The ideas shared by stakeholders provide many directions for changes or additions to the foundational research projects, such as the methodological research, and for community-engaged research in the host and surrounding communities. These ideas could be reviewed and organized in different ways to be shared with the current research teams and as part of the promotion of the community-engaged research program, which is described in the section below.

Section 4. Community-Engaged Research

From the outset of the strategic planning process, the Commission wished to explore a program of research that is driven by and responsive to community needs, with a focus on at-risk groups in the communities surrounding the three casinos. Three such pilot projects funded by the Commission in the previous fiscal year are completed or nearing completion:

- *Casinos and Gambling in Massachusetts: African-American Perspectives* – led by Roldolfo Vega, PhD
- *A Study of Gambling Behavior and Problem Gambling in Boston Chinatown* – led by Carolyn Wong, PhD
- *Gambling Problems among Military Veterans: Screening Study in Primary Care Behavioral Health* – led by Shane Kraus, PhD

Recommendation in brief

There has been strong support for this component throughout extensive consultation and information gathering. In response to this strong support, the Commission wishes to fast-track a community research program. The recommendation is to launch the program in the current fiscal year, ending June 30, 2019, and to engage in a more extensive and formal launch in the next fiscal year, as detailed below.

This section is adapted from a brief provided to the Public Health Trust Fund in November 2018. This section outlines considerations and options for a community research program that targets social determinants of health in host and surrounding communities.

Community-based research (CBR) is a **philosophical approach** that emphasizes collaboration, participation and social justice agendas over the notion that research is, or should be, objective and apolitical (Flicker & Savan, 2006). Many terms are used for research that is conducted with community members. Each term may emphasize different methods, roles and levels of involvement for researchers, service providers and community members. The term "***community-engaged research***" (CER) is the term selected by MGC for its emphasis on engaging the community, while allowing for a range of methods, relationships and roles within a collaborative framework.

Objectives and Benefits

Community-engaged research has the potential **to more deeply understand and address the impact of the introduction of casino gambling** in Massachusetts communities.

> Community Based Research is increasingly being recognized as important in yielding concrete knowledge and understanding that can guide policies and programs to reduce health and social disparities (Flicker & Savan, 2006)

Community-engaged research benefits include:

- Suited to research with population groups that are difficult to research with epidemiological or general population studies
- Responsive to communities' demand/need for more involvement in research that takes place in their midst
- Targeted to specific groups and related health inequities
- Relevant – results should be more accessible, accountable and relevant to people's lives
- Capacity-building for researchers and for community and agency representatives
- Empowering for all parties, especially community representatives and agencies to make sustainable personal and social change (Wallerstein & Duran, 2003)

Focus

- **Geographic:** host and surrounding communities where casinos exist or are planned
- **Target populations:** life course (e.g., youth, seniors, parents), ethno-racial, identity groups such as LGBTQ, veterans, etc.
- **Topics:** the relationship of casino gambling with social determinants of health, such as poverty, education, housing, and employment
- **Outputs:** community assessment, evaluation, community awareness, etc.

Team Composition

Teams should be composed of some collaboration among:

- Community representative of organization, agency, or assembly of people with a common focus
- Service providers, may be same as above
- Local public health agency or institute
- Academic researcher, with encouragement to include post doctoral or early career researchers to build capacity (balance CBR experience with capacity building)

Each partner should choose the level of involvement at each stage to best accomplish objectives.

One sponsoring institution will need to assume responsibility for receiving and administering each grant, with responsibility for:

- Managing contract compliance and administering funds for approved budget expenditures
- Monitoring and reporting to MGC
- Overseeing knowledge translation and exchange (post-research)
    - Expectations for presentations, briefings, case studies, and publication
    - Requirements, if any, for advance notice to funder prior to publication
    - Advocacy work for policy and program change

The university of one of the academic team members typically undertakes this role because it requires institutional infrastructure to manage accountability. However, awarding funds to universities or research institutes, which is typical, establishes a power imbalance from the outset. MGC could consider asking a local agency Centre for Community Health Equity Research at the UMASS to assist in administering funds for community engaged research.

Links to State Level Research and Programming

During consultation a number of stakeholders strongly supported a direct link to the SEIGMA and MAGIC research teams. Two expressed disappointment that the three projects currently underway represented a missed opportunity for the SEIGMA/MAGIC teams to provide research results and suggestions to inform the design and execution of the community research projects. Other stakeholders suggested there be a structure for community research teams to share information with each other at all stages of the research process.

This is consistent with the RG Framework Strategy 6 – Engage the Community: "Engaging the community is a way to understand, participate in, and act upon critical workplace, marketplace, and environmental issues." Some structure and support should be provided for communication links among research teams.

Promotion of Community Research Program

Publicize and promote CER Program to key audiences, and **provide resources to maximize successful collaborations**, such as:

- Share promotion of CER program, possibly with Department of Public Health, MASSHire, etc.
- Provide profiles of gambling and gamblers in host and surrounding communities
- Identify resources for CER – tool kits, web links, case studies, and templates are all available from a range of organizations that specialize in this work. Carefully select a resource inventory.
- Consider workshops in target communities
    - To launch process, bring together potential collaborators, assess readiness and related needs for resources or training to actively participate in CER
    - Ongoing (annually?) among all teams to establish links and share experiences and learning
- Consider supporting training opportunities
- Consider identifying potential researchers or research institutes that specialize in CER. Evidence shows that outcomes are best when researchers are experienced in CER.

Funding Envelope

Current plan is for $200,000 annually, $185,000 in Year One

- Consistent with the formula of 5% of total research awards budget ($50,000 per $1M) recommended in literature

- Consider cost-sharing final stage work (KTE) with DPH or appropriate public organization so research and outcomes can be linked
- Consider allowing budget items often excluded in traditional research funding guidelines:
    - Capacity building opportunities such as training, staff buy- outs, and administrative overhead
    - Items that address barriers to participation, especially for community representatives, such as childcare, translation, transportation, refreshments, etc.
    - Limits could be set on the proportion of the total budget for these components

Duration and Structure

Consider funding fewer projects longer term rather than diluting resources (funds, community participation, researchers) across many projects. CER takes time and longer-term support increases the likelihood of success.

Consider stages of work:

- **Seed grants**: Support development phase to establish relationships, define roles, and develop a research program (identify problem, describe target population, research questions, methods).
- **Project grants:** To conduct research.
- **Knowledge translation and exchange**: Basic dissemination could be included in project grant. Advocacy work to create change may require separate support and could be co-funded with an appropriate public organization.

These stages could be:

- Combined into one longer term award that details each stage over 2-3 years,
- Awarded in stages, conditional on completion of previous, or
- Separate awards that allow a team to apply at any stage of their development.

Grants Procurement and Administration

This refers to the internal function led and managed by MGC, to develop and implement a community-engaged research program. Steps include:

- Establish guidelines
    - Establish frequency and possibly templates for reporting updates and final report (Financial and Research aspects)
- Manage structure and process for (peer) review
    - Establish structure and identify people for review process
        - Academic peers should include CBR experience
        - Public health
    - Assign and manage peer review, (e.g., matching reviewers to proposals)

- Assemble recommendations for each funding round
- Create core team for final decisions – may be same as reviewers or a standing group

- Execute contracts and award funds
- Provide administrative support and oversight for grantee responsibilities
- Receive grant deliverables (interim, budget and final reports)

Evaluation and Recognition

- Build evaluation requirements into the Grants Program as a whole, to ensure consistency and reduce burden on individual grant teams.
- Establish objectives that match anticipated outcomes (building relationships and capacity, satisfaction with process, satisfaction with results, dissemination of results, changes advocated and implemented), including outcomes that are specific to each stage.
- Build assessment of some objectives into grant reporting process, e.g., brief confidential survey of team members.
- Establish a reasonable period for results to manifest, and consider evaluating different aspects in stages. For example, seed grants could be evaluated on their own criteria almost immediately, as opposed to changes in policy or programs, which may take three years or more.
- Potential outcomes:
  - Working relationships and new coalitions
  - Community capacity
  - Plans for future projects
  - Changes in agency programming
  - Changes in government policy
- Support and reward agencies for effectively using research to improve their program and advocacy objectives. This could be done by recognizing these accomplishments publicly, and by providing funding or support for funding requests to DPH or other bodies in order to make changes happen. As discussed in the next section on knowledge translation**, helping community agencies to implement change based on research evidence is the ultimate goal of knowledge translation.**

Section 5. Knowledge Translation for Key Stakeholders

Knowledge translation is one term used to describe the process of putting research findings to practical use. Terms such as *implementation science*, *knowledge mobilization*, *translational research* and *research utilization* are used to describe similar approaches. These concepts refer to the process and steps needed to ensure that new research findings are made known to the right people and used to inform the relevant policies, programs and services. The definition developed by the Canadian Institutes for Health Research is widely used, including by the United States National Center for Dissemination of Disability Research and the World Health Organization (WHO). Knowledge Translation is defined as:

> A dynamic and iterative process that includes synthesis, dissemination, exchange and ethically-sound application of knowledge to improve the health of [individuals], provide more effective health services and products, and strengthen the health care system.
>
> Retrieved from http://www.cihr-irsc.gc.ca/e/29418.html#6 January 4, 2019.

MGC has committed to using the knowledge from the commissioned research to inform planning and funding allocation, advance the quality of policy and programs, and inform future research – as outlined in the excerpt below from *Report on the Research Agenda of the Massachusetts Gaming Commission, December 18, 2013.*

> **Utility of the Research Findings**
> The Massachusetts Gaming Commission is committed to fully understand the impacts of expanded gaming in the Commonwealth. The research findings will be essential in developing a strategy to minimize gambling-related harm and bring the greatest possible benefit to the people of the Commonwealth. These findings will:
>
> - Inform how monies from the Public Health Trust Fund (Section 58) are expended;
> - Assist in assessing community-level impacts and inform decisions about expenditures from the Community Mitigation Fund (Section 61);
> - Improve problem gambling prevention;
> - Advance the quality, effectiveness and efficacy of treatment of gambling disorders;
> - Inform the ongoing MGC research agenda;
> - Provide quantitative and qualitative assessments of a broad range of impacts of expanded gaming; and
> - Provide Massachusetts stakeholders a neutral database for strategic analysis and decision-making.

Recommendation in brief

The recommendation is to develop the explicit function, expertise and resources at both MGC and DPH Office of Problem Gambling Services to engage in strategic knowledge translation and fully exploit the substantial knowledge being generated by the research program.

Given that few understand the comprehensiveness of the current research, there is a case to be made for an explicit knowledge translation function and resources at MGC. The complexity and volume of knowledge being generating by the MGC Research Program is substantial.

Key Knowledge Users

It is not surprising that we heard many ideas for knowledge translation, because we asked stakeholders to tell us what impact they wanted the research to have and on whom – framing the questions as use-of-research. The consultation provided extensive detail on potential uses for research findings and a strong appetite for same. The need for the knowledge generated by the MGC Research Program to be translated into useable forms was expressed in many ways throughout the stakeholder consultation.

- **MGC** – Commissioners identified many ways to use research knowledge, including to complete the communications loop with the community stakeholders they consulted – to demonstrate that the Commission listened and developed a rigorous regulatory framework to maximize benefits and minimize negative impacts, and provided communities with funding to target concerns and improve their readiness for casinos. Research evidence showing the success of these readiness efforts should be shared with the original stakeholders.
- **Department of Public Health (DPH)** – in the early stages of consultation considerable time and effort were dedicated to understanding the knowledge needs of DPH leadership, and helping the research team to analyze data and interpret findings in ways that align with the needs of DPH to design, develop, implement and evaluate policy and programs that address health and social inequities.
- **Host communities** – **Health and Social Service** agencies and their staff, including public health representatives expressed strong desire to understand the scope and scale of the research program and to receive research findings in ways that would help inform their decision-making and planning.
- **Host communities** – **Hospitality and Leisure, Business associations** such as Chambers of Commerce – These organizations described the need for timely information regarding the impact of casinos so they could adjust to maximize economic benefits and minimize negative impacts for the member businesses they represent (hotels, restaurants, tourist attractions, financial institutions, and others). These associations often have limited or no capacity to conduct complex research to provide meaningful insight to their members and develop resources to help them succeed in changing business climates.
- **Public safety** – stakeholders identified this body of research as having, to a great extent, built in the knowledge translation process by establishing collaborative relationships to collect, analyze and interpret the data. This model of engaging knowledge users suits this type of research where the same stakeholders are the source of the data and the ultimate users of the information in their work. Police forces who work with the primary investigator on this work, Christopher Bruce, work in the communities that are hosting expanded gambling and can use the findings immediately to provide training and policing that is responsive and appropriate. The public safety stakeholders, including police, also worked with the investigator to modify their own reporting processes to improve the usefulness of the data.

Not surprisingly, each stakeholder we consulted identified people or organizations that need to know the results of this research to do their jobs better.

Driving Knowledge into Policy and Practice

The stakeholder consultation revealed a high level of engagement in host communities across a wide range of organizations and mandates related to local government, economic development, and health and social services. A common concern was whether the research findings would be used to drive funding for programs and services that are not directly related to gambling and problem gambling. Some stakeholders regarded the Community Mitigation Fund as potentially addressing some economic and fiscal impacts. However, there did not appear to be a mechanism for addressing broader health and social impacts through services and programs, especially targeted at communities experiencing disadvantage.

Two steps are suggested to address this concern. The first is to create knowledge tables in each host community that bring together a diverse group of stakeholders for annual updates on research findings and deep insight into the data collected in their communities. This could be done with updates organized by topics over the course of an update session so that stakeholders could attend the entire session or presentations of interest to them. The second step, and certainly the more complex one, is to develop a process whereby the research findings are linked to resource allocation for programs and services, particularly those provided or supported by DPH in these communities.

This process should also connect community-engaged research as part of the process to more deeply understand gaps and needs in host communities. True knowledge translation would require a path from the foundational research projects to community-engaged projects and ultimately to changes in the mix of programs and services supported and delivered in these communities. The knowledge tables could be central to this process as mechanisms for sharing research findings, discussing potential community-based research ideas and findings, and making recommendations on the types of service and program changes needed.

This is undoubtedly one of the most important challenges facing the PHTF as it provides leadership across the MGC research strategy and DPH service and program delivery.

Knowledge Pathways

The parallel paths of research and development of policy and programs, and how the research findings can and should be applied to both of these pathways, are illustrated in the figure below.

Figure 3. Knowledge Pathways notes feedback loops in the lower right corner for three important uses:

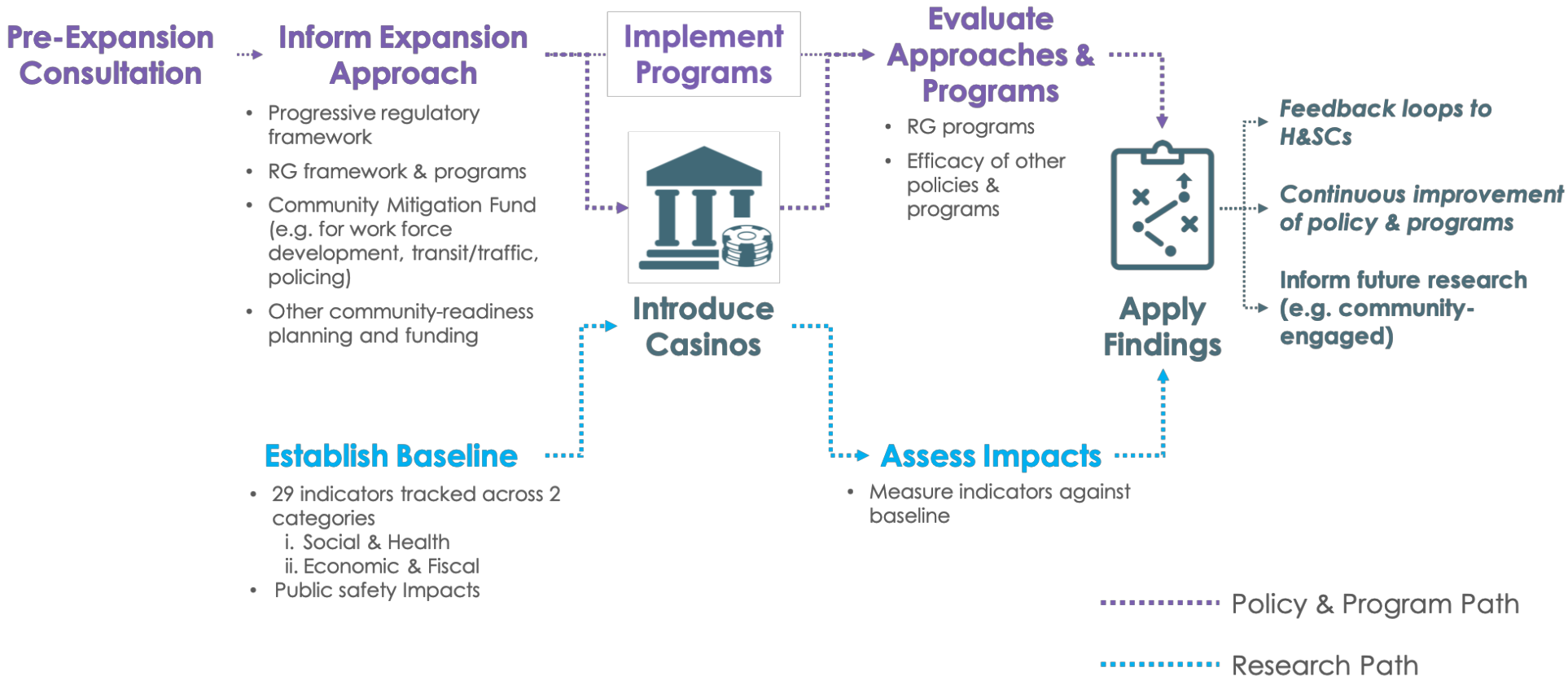
- **Host and surrounding communities** – Research knowledge should be communicated for a number of purposes, such as to demonstrate the impact of readiness efforts; to provide monitoring and early alerts to changes in their communities; and to inform future work to sustain and build on positive impacts and reduce negative ones. For example, the Western Massachusetts Casino Health Impact Assessment detailed several concerns; a feedback loop should outline how these concerns are being addressed and the effectiveness of those efforts.
- **Policy and programs** – This includes internally for the MGC and DPH to advance the regulatory approaches and to ensure the quality and effectiveness of the public health services. Externally almost every organization providing health and social services in host communities would

benefit from the research findings. The same is true of economic stakeholders, especially those representing local business and economic development.

- **To inform future research** – The findings should make clear what future research is needed, including the deeper and finer grained research that can be undertaken in community-engaged research projects.

The leadership for the knowledge translation function is envisioned as part of the role of a Research Strategy Manager, to understand the potential of the research knowledge, the range of knowledge users who would benefit from the findings, and the implications for future research. The Research Strategy Manager would provide leadership to the Knowledge Broker who would implement the knowledge translation strategy, collaborating with key stakeholders to develop knowledge products, and working with both internal MGC staff and external organizations to drive knowledge into practice.

Figure 8. Knowledge Pathways



Section 6. Data Management

Data management refers to a series of steps to store and maintain data as a valuable resource, and potentially provide access to the data for other research. Work is already underway at MGC to develop a data management function. To reiterate a point made above in the section on Knowledge Translation, the complexity and volume of data being generated by the MGC Research Program is substantial. In addition, the quality of this data is perhaps unparalleled because of the commitment to gold standard methods such as the large-scale cohort study, Massachusetts Gambling Impact Cohort (MAGIC) study, and the Social and Economic Impact of Gambling in Massachusetts (SEIGMA) study.

Recommendations in brief

1. Continue to support the rather complex development of a data management function at MGC, which may include partnership with DPH or other State-level organization on the infrastructure for a data repository;
2. Provide ongoing resources to maintain and build this data management function at MGC;
3. Explore, once the data management function is up and running, a research access program that allows external researchers in Massachusetts, and in broader research fields and jurisdictions, to maximize the use of the data being generated by the research program.

Program Components

Some key components of a data management function are:

- **Data repository** for commissioned research and player account data – forming potentially the richest source of gambling-related research data in the world.
- **Data management framework** – This refers to a structure for collecting, recording, extracting and providing data to MGC and should be applied to all research funded by MGC. This is particularly important for the management of player account data that is to be provided to MGC by Casino operators. In other jurisdictions, such as New Jersey, difficult lessons have been learned about receiving, cleaning, integrating and using player account data. Researchers encountered extensive issues with data quality, completeness and the lack of identifiers to enable researchers to link and compare data across databases, and even for the same player at different times or in different databases. Developing this framework in collaboration with casino operators will be an important step in the data management process.
- **External research program** to maximize the value of the data assets for Massachusetts and the field of responsible gaming. Specific recommendations for the structure of an external program should be developed. There are a number of organizations in the gambling research field that have developed data management functions.

Stakeholder Support

Stakeholders expressed support for a data management function in different ways. For example, researchers wanted to be able to use the data being generated for secondary analyses, communities wanted both topic-specific synthesis and, in some cases, raw data to inform their work, and other stakeholders described data management functions and tools that could be substantially enhanced by the integration of the data from the MGC research program.

In their report *Western Massachusetts Casino Health Impact Assessment* (2014), the authors requested annually posting MGC data on: employment and workforce development, traffic and transportation, and PG rates, to make it possible to assess and track the value of collaborations and strategies designed to maximize positive impacts such as employment, and minimize negative ones.

In their report to MGC, the *Preliminary Study of Patrons' Use of the PlayMyWay Play Management System at Plainridge Park Casino: June 8, 2016-January 31, 2017*, the authors from the Division on Addiction, Cambridge Health Alliance, detailed many data issues, including quality, missing data and the inability to link patron play behaviour data to their use to the PlayMyWay system to manage their spending limits. The authors suggest that the poor data quality seriously compromises transparency and the ability to conduct meaningful analyses, including evaluating the impact of RG initiatives and tools. This leads to one of the most important uses of research data, to evaluate the effectiveness of policy, programs, services and tools, as outlined in the next section.

Section 7. Evaluation

MGC has committed to the evaluation of its three RG programs (GameSense Information Centers, PlayMyWay, and Voluntary Self-Exclusion) and has engaged researchers from the Division on Addiction, Cambridge Health Alliance to conduct preliminary evaluations of each. The reports for these evaluations were reviewed for this project. While these reports offer important information on the implementation of these programs, improvement is needed to achieve program evaluation excellence.

Recommendations in brief

1. Develop an evaluation framework in collaboration with DPH to ensure a shared and rigorous approach to program evaluation, continuous improvement and innovation of the responsible gaming programs and problem gambling interventions across the State.
2. Develop an evaluation function and expertise at MGC, to manage evaluation and continuous improvement of its programs, and to coordinate program evaluation with DPH for shared learning and innovation.

Areas for Improvement

Based on a review of the evaluation reports to date, the following critique is offered:

- Program managers did not do some of the important work to identify a framework for continuous improvement and program evaluation, or develop logic models for each program to guide the evaluation work.

  NOTE: Logic models map the path from a program's inputs to the desired objectives (program outputs and outcomes), and are considered an important program planning and evaluation tool.

- Program managers did not identify clear metrics and measures by which success could be evaluated, nor targets/thresholds for those metrics (e.g., patrons' use of GameSense Information Centers is targeted at 2% of patrons for Year One, growing to 4% in Year Two).
- In the absence of this pre-existing work, evaluation teams and program managers would normally work collaboratively to select a suitable evaluation framework, and decide on program objectives and measures, before evaluation began. This does not appear to have taken place.
- The evaluation teams did not appear to include program evaluators or researchers with program evaluation expertise.
- Inconsistent evaluation frameworks and methodologies were used across programs.
- The GameSense evaluation team selected the RE-AIM framework, despite the fact that an evaluation framework, including a logic model, has been developed and validated for this purpose since 2013 (Responsible Gaming Information Centers Evaluation Framework, 2013) and subsequently used to evaluate GameSense Centres in a number of jurisdictions. This potentially limits the usefulness of the evaluations because the results cannot be compared with those in other jurisdictions.

- There is no learning across program evaluations. Normally the same overall framework would be used to evaluate all of the programs in an organization, particularly when the objectives of each program converge on a similar goal, in this case to support responsible play in casinos. It appears each report was done in isolation with no learning drawn across and among programs.
- Reports are not accessible to a lay reader, in terms of content and format. This expectation should have been communicated to the evaluation teams, given the high bar for openness and transparency set for MGC.

Recommendations

This section briefly outlines some work that could be done to ensure the quality and usefulness of future evaluations. In addition to ensuring good quality data is available, it is important to clearly state what each program is trying to achieve and what success would look like.

To support and provide structure for future evaluations, program managers at MGC and the DPH Office of Problem Gambling Services could:

- Select a shared overarching evaluation approach or framework for continuous improvement that applies to all of the responsible gaming programs and problem gambling interventions at MGC and at the DPH, Office of Problem Gambling Services. This will enable the two organizations to coordinate work toward common goals in maximizing benefits and minimizing harm from expanded gaming in Massachusetts.
- Refine specific **objectives** for each program (what does success look like?). The program goal and objectives may be aspirational and therefore unachievable but should inspire excellence and continuous improvement.
- Develop a **logic model** for each program, mapping the path from the program activities to achievement of the desired objectives
- Identify:
    - **Measures/metrics** that can be used to determine achievement of objectives (what outcomes can we assess to measure the effectiveness of the program?); and
    - **Data sources** for these metrics, such as counts, surveys, and patron player data.
- Set **targets** for one to three years (what are our targets or thresholds for success?). While the objectives may be aspirational, targets should be achievable, and should evolve over time as the program is established and longer-term impacts have time to manifest. For example,
    - Year One targets may be strictly related to awareness, use and satisfaction with service, such as
        - 50% of patrons are aware of GSICs,
        - 3% of patrons use GSICs,
        - 75% of users are satisfied with the service,
        - 68% of casino staff are aware of and comfortable making referrals to the GSIC, as assessed in an employee survey
    - Year Two targets may

- Increase previous year targets, and
- Add impact of GSIC interaction on patrons' gambling knowledge, as assessed in a patron survey.

- Year Three targets may
  - Use more complex measures of impact on both gambling knowledge and play behavior;
  - Add the exploration of data sources to track what happens when GS Advisors make a referral to a helping agency;
  - Add metrics to assess changes before and after a visit to the GSIC in uptake of RG tools.

When you clearly set out the objectives, metrics and targets for success are clearly set out, these metrics can be tracked annually, in addition to conducting formal program evaluations every few years. This supports continuous improvement.

Some program-specific ideas for a more comprehensive evaluation program are suggested below:

- **GameSense:** An evaluation framework developed in Canada maps out components and data sources. MGC could consider using this framework for future evaluations, adding any desired elements, in order to maximize comparability across jurisdictions to inform objectives, measures/metrics and targets, and program improvements.
- **Credit use by patrons:** MGC has put rigorous requirements in place for this, such as credit applications including a PG self-assessment; credit officers obtain verbal confirmation that patrons are willing to lose the amount requested in credit; credit card transactions not permitted for the purposes of gambling; and rules on impairment and credit. Together these requirements represent a program aimed at reducing the risk of gambling with credit, and an evaluation of these initiatives could provide important information on how well these are working.
- **New and emerging policy:** Patron impairment is an emerging issue with cannabis legalization and operators may need guidance on how to identify and respond appropriately to impairment. Any new initiatives developed for this purpose should be evaluated, especially given the lack of scientific consensus on assessing impairment.
- DPH is in the process of developing and implementing programs to **prevent and mitigate gambling-related harm**. Using a shared evaluation framework at MGC and DPH will make it easier to transfer learning in an efficient and coordinated way from research studies and from program evaluations to the policies and programs of both organizations.

Section 8. Infrastructure to Support the Research Strategy

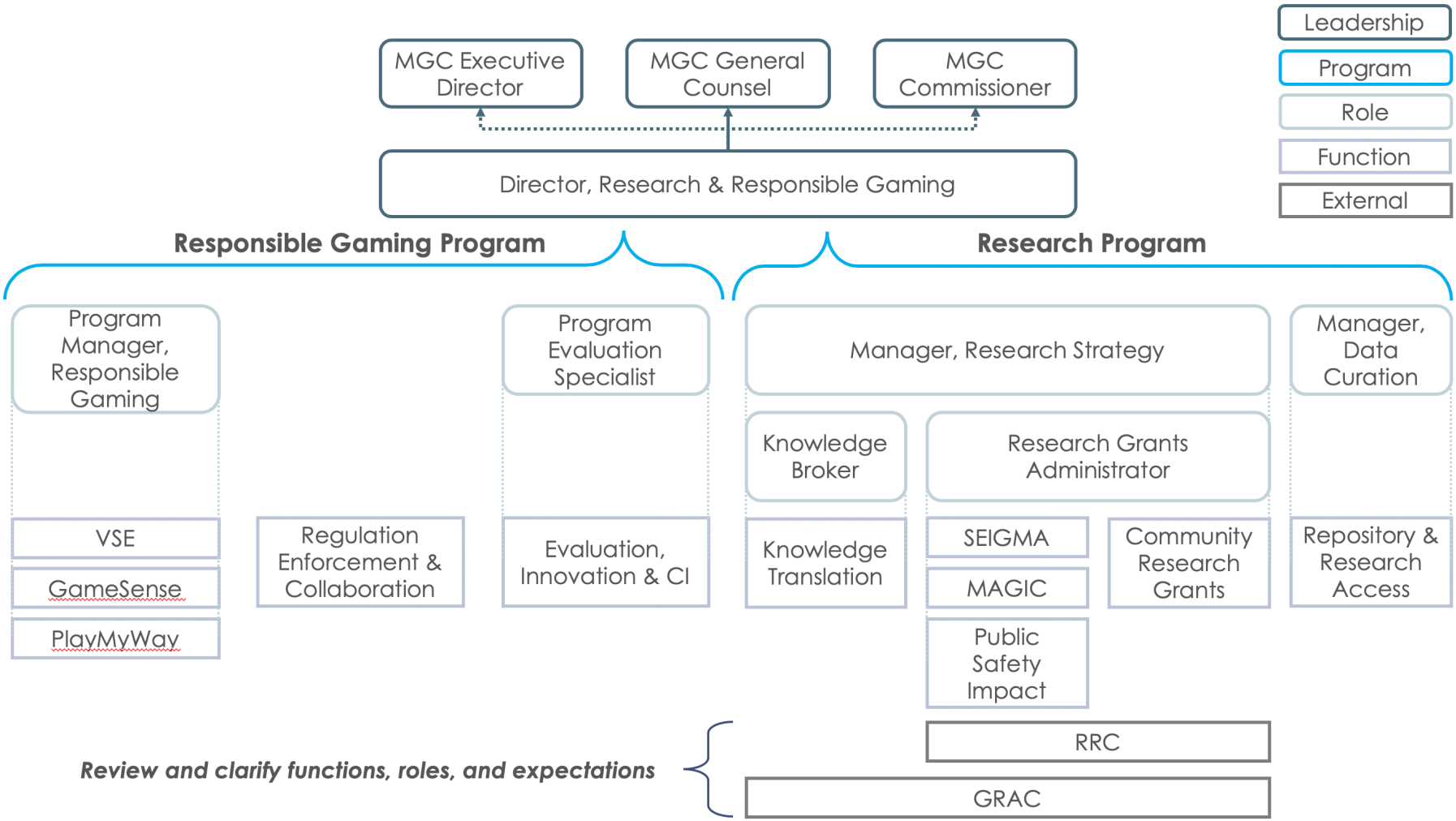
This section was developed after the sections above, to envision the capacity for an expanded Research Program. It is presented here as the foundation necessary to develop and implement the Research Strategy described in the above sections. It is remarkable that MGC is able to accomplish so much with the limited staff resources that are currently dedicated to the Research Program.

The Research Strategy described here requires the addition of substantial resources and capacity. One approach is to add the following functions and expertise:

- **Research Strategy Manager**: This is a leadership role with research expertise and related topic knowledge to envision how the components of the program work together to create and share the required knowledge. This requires understanding why the research is important and to whom, in the internal (regulatory) environment and multiple external environments (responsible and problem gambling services; host communities; health, economic and social service planners and providers at the State, regional and community levels, etc.) to inform a wide range of stakeholders, policies and programs across the State. This role is also envisioned to liaise with the Department of Public Health on their research and knowledge needs.
- **Grants Administration and Oversight**: This role is required to manage the implementation of the research program, providing oversight for solicitations, RFPs, contracts, amendments and deliverables. This role will grow with the introduction of community-based research.
- **Knowledge Translation**: A knowledge broker is urgently needed to begin to translate research findings into knowledge products for a wide range of stakeholders. This role is also envisioned to take the next step, that is, to establish collaborations that help drive research findings into policy and practice, both internally to MGC and externally with a wide range of stakeholders.
- **Data Curation and Management**: This role is urgently needed and currently partially filled by Tom Land. There are two primary stages of work. The first is to establish a data management function and repository, potentially in partnership with other State entities. This stage should include the development of a data framework for casino operators to ensure data is collected and shared to maximize its utility. The second stage of work is to manage the ongoing collection and storage of data at MGC. The Grants Administrator could manage access to the data repository by researchers in the longer term. The data management function is described in greater detail in *Section 4. Data Management* below.
- **Program Evaluation Specialist**??

The figure below illustrates a possible structure for the proposed additions to the Research Team.

Figure 9, Infrastructure to Support the Research Program (proposed)



In Closing

This strategy attempts to build on the very powerful research agenda already undertaken to understand the impact of the introduction of casinos in Massachusetts. More detailed information on the stakeholder consultation and document review is available in appended reports. This strategy envisions making the key connections among the research projects and teams, operators, communities and their stakeholders to ensure that the valuable knowledge is being gathered and applied to minimize gambling-related harm and negative impacts and maximize the positive impacts across the Commonwealth.

Appendix A

Stakeholder Consultation Report

Stakeholder Consultation Report

Stakeholder Consultation

The stakeholder consultation undertaken in the development of the research strategy provided the ideas, issues and advice that drove the recommendations in the research strategy.

Many stakeholders were already strongly engaged in other aspects of the introduction of casinos. As the introduction of casinos has unfolded over the past several years, the Massachusetts Gaming Commission (MGC) has undertaken extensive community consultation at the state level and especially in the three cities and surrounding communities that are set to host a casino. In the three host and surrounding communities, MGC has engaged in public listening sessions and targeted outreach and discussions with many community stakeholders involved in local government, economic development, hospitality, employment, public health, policing and a wide range of health and social service agencies, as well as organizations serving multicultural, at-risk or vulnerable populations.

The consultant made efforts to build upon those existing relationships, and avoid duplicating or competing with planned consultations. In some cases this took the form of listening and participating in a planned meeting such as with the Pioneer Valley Planning Commission or the SEIGMA/MAGIC annual update meetings.

Stakeholder Groups

The planning consultant engaged with key stakeholders within the MGC and the DPH, and externally, to draw on their knowledge and experience, and to understand their needs in relation to the research strategy. More than 60 stakeholders were consulted, representing a range of perspectives, including policy makers, planners, regulators, public safety, researchers, public health leaders, economic development and employment specialists, trainers, casino operators, responsible and problem gambling providers, community activists and service providers.

The list of stakeholders was managed through a Stakeholder Register, which included contact information as well as details to guide optimal methods, tools and frequency of communicating with each, including some who may only need to be kept informed but not directly involved. An abbreviated version of the Stakeholder Register is included at the end of this report.

For each stakeholder, the Register included:

- Mandate and populations served, whether they have any research role or experience
- Their position on gambling and the casino (where known)
- How/if they will be impacted by the casino
- History of communication/role to date (whether they have been involved in the process of establishing a casino and in what way)
- Relationships to each other (where applicable)

Consultation Methods

Consultation was conducted in person as much as possible, or by telephone or online after an initial in-person introduction at early project planning sessions. Considerable time was devoted to the planning stage of this project with multiple meetings in person and via telephone and email conversations, to provide clear scope of the project and the broader stakeholder consultation. In preparation for the broader consultation the consultant prepared a PowerPoint presentation that graphically mapped out the current research program and the project to develop a comprehensive research strategy.

Consultation was semi-structured to ensure coverage of key issues and also allow for probing and exploration of new issues and ideas.

Methods included:

- Facilitated consultation and planning meetings to obtain input from multiple stakeholders and perspectives, as efficiently as possible.
- Interviews with thought leaders and key executives.
- Small group discussions with participants from a single agency or perspective to explore more sensitive topics or probe more deeply.
- Observation, attending select meetings to listen and learn.

Consultation Highlights

The Stakeholder Consultation generated substantial insight and feedback which helped guide all aspects of the Research Strategy development and final recommendations. A summary of key highlights is provided below.

- **More than 60 stakeholders consulted:** representing 7 key groups
  - **Core Project Stakeholders:** extensive consultation loops during project planning stage and throughout consultation with broader stakeholder groups, with key people from each of:
    - Public Health Trust Fund Committee
    - MGC Staff & Commissioners
    - Massachusetts Department of Public Health
  - **Research Stakeholders**
    - SEIGMA and MAGIC research teams from UMASS Amherst and the Donahue Institute
    - Division on Addiction, Cambridge Health Alliance
    - MGC Research Review Committee
    - UMASS Center for Community Health Equity Research (CCHER)
  - **Gambling-Related Stakeholders**
    - Massachusetts Council on Compulsive Gambling

        - Gambling Research Advisory Committee, which includes casino licensees, treatment service providers, prevention specialists, and representatives from priority populations
        - Representatives from agencies funded to provide problem gambling treatment, training and technical support
    - **Public and Community Health:** at the State and host community level
    - **Massachusetts – other State level**
    - **Host & Surrounding Communities**
    - **Casino Licensees**
- **18 one-on-one interviews**
- **9 group meetings/discussions**
- **Most time intensive phase of the Research Strategy**
    - **36+ hours of consultation**
    - Supported by 75+ hours of preparation, note-taking, review and synthesis
- Individuals and organizations representing a range of mandates
    - **Responsible Gambling**
    - **Education**
    - **Community Health**
    - **Mental Health**
    - **Employment Support**
- Individuals and organizations serving key population groups
    - **At-risk/high need**
    - **Children and families**
    - **Youth**
- Individuals and organizations with both **scientific and community-based research capacity**
- Vital feedback helped guide all areas of the Research Strategy
    - **Overall:** Efforts to improve stakeholders' understanding of research efforts needed (comprehensiveness, potential value, breadth and depth).
    - **Overall (Support Infrastructure):** Minor adjustments to Research Review Committee structure suggested.
    - **Community-Engaged Research:** Strong support for community research; program should be fast-tracked. Suggest providing direct links between community research projects and foundational projects (e.g. SEIGMA/MAGIC) or other community projects; encourage knowledge sharing at all stages of research.

- **Knowledge Translation:** Extensive input provided on potential uses for research findings; strong desire to use research findings in various ways; identified many individuals and organizations who would benefit from research findings.
- **Data Management:** Three groups of stakeholders expressed desire for data management functionality to serve objectives
  - **Researchers:** use of generated data for secondary analyses.
  - **Communities:** topic-specific synthesis and raw data to inform work.
  - **Other stakeholders:** integration of data from the MGC research program could substantially enhance existing data management functions and tools.

Public Health Trust Fund Research Strategy (2019)
Massachusetts Gaming Commission & Department of Public Health

Stakeholder Register

Name	Organization	Title	Population Served	Primary Mandate
Public Health Trust Fund Committee				
Enrique Zuniga	Public Health Trust Fund	Chairperson	All/General	Responsible Gambling
Lindsey Tucker	Public Health Trust Fund	Chairperson	All/General	Responsible Gambling
Stephen Crosby	Public Health Trust Fund	Chairperson	All/General	Responsible Gambling
Jennifer Queally	Public Health Trust Fund	Executive	All/General	Responsible Gambling
Michael Sweeney	Public Health Trust Fund	Executive	All/General	Responsible Gambling
Carlene Pavlos	Public Health Trust Fund	Executive	All/General	Responsible Gambling
Massachusetts Gaming Commission Staff & Commissioners				
Thomas Land	Massachusetts Gaming Commission	Director of the Office of Special Analytic Projects at MDPH	All/General	Responsible Gambling
Gayle Cameron	Massachusetts Gaming Commission	Commissioner	All/General	Responsible Gambling
Bruce Stebbins	Massachusetts Gaming Commission	Commissioner	All/General	Responsible Gambling
Edward Bedrosian Jr.	Massachusetts Gaming Commission	Commissioner	All/General	Responsible Gambling
Eileen O'Brien	Massachusetts Gaming Commission	Commissioner	All/General	Responsible Gambling
Massachusetts Department of Public Health				
Abigail Averbach	Massachusetts Department of Public Health	Assistant Commissioner & Director, Office of Pop'n Health	All/General	All/General
Victor Ortiz	Massachusetts Department of Public Health	Director of Problem Gambling Services	All/General	Responsible Gambling
Peer Research Review Committee				
Tom land	Massachusetts Gaming Commission		All/General	All/General
Michael Wohl	Carleton University		All/General	All/General
Joel Weissman			All/General	All/General
Anthony Roman			All/General	All/General
Phil Kopel	MASS Compulsive Gambling		All/General	All/General
Zi Xhang	UMASS	Research Director at Center for Health Information & Analysis	All/General	All/General
Jeffery Marotta	Problem Gambling Solutions		All/General	All/General
Bruce Cohen			All/General	All/General
Marc Potenza			All/General	All/General
Gambling Research Advisory Committee				
Bruce Cohen	RRC	Researcher	All/General	Responsible Gambling
Phil Kopel	MASS Compulsive Gambling		All/General	Responsible Gambling
Marlene Warner	MASS Compulsive Gambling		All/General	Responsible Gambling
Rachel Volberg	UMASS Amherst		All/General	Responsible Gambling
Allyssa Mazar	UMASS Amherst		All/General	Responsible Gambling
Lisa McKenny	Plainridge Park Casino - Penn National		All/General	Responsible Gambling
Jacqui Krum	Encore Boston Harbor - Wynn		All/General	Responsible Gambling
Alan Feldman	MGM		All/General	Responsible Gambling
Victor Ortiz	Massachusetts Department of Public Health		All/General	Responsible Gambling

Joel Weissman	RRC	Researcher	All/General	Responsible Gambling
Caroline Wong	Institute for Asian American Studies UMASS Boston	Researcher	All/General	Responsible Gambling
Rodolfo R.Vega	JSI Research & Training Institute, Inc.	Researcher	All/General	Responsible Gambling
Tom Land	Massachusetts Gaming Commission		All/General	Responsible Gambling
Mark Vander Linden	Massachusetts Gaming Commission		All/General	Responsible Gambling
Enrique Zuniga	Massachusetts Gaming Commission		All/General	Responsible Gambling
Christine Reilly	NCRG		All/General	Responsible Gambling
UMASS Amherst Research Team				
Rachel Volberg	UMASS Amherst	Co-Principal Investigator, SEIGMA	All/General	Education
Robert Williams	UMASS Amherst	Co-Principal Investigator, SEIGMA	All/General	Education
Alissa Mazar	UMASS Amherst	SEIGMA-MAGIC Project Manager	All/General	Education
Mark Melnik	UMASS Amherst	Director, Economic & Public Policy Research, Donahue Institute	All/General	Education
Division on Addiction, Cambridge Health Alliance				
Debi LaPlante	Division on Addiction, Cambridge Health Alliance	Director of Research & Academic Affairs	All/General	Education
Heather Gray	Division on Addiction, Cambridge Health Alliance		All/General	Education
UMASS The Center for Community Health Equity Research (CCHER)				
Susan Shaw	UMASS Amherst	Community Liaison, Community Health Education	All/General	Education
Brenda Evans	UMASS Amherst	Community Liaison, Community Health Education	All/General	Education
Massachusetts Council on Compulsive Gambling				
Marlene Warner	MASS Compulsive Gambling	Executive Director	All/General	Responsible Gambling
Phil Kopel	MASS Compulsive Gambling		All/General	Responsible Gambling
Julie Hynes	MASS Compulsive Gambling		All/General	Responsible Gambling
Massachusetts - other State level				
Allcie Sweeney	MASSHire Dept of Career Services		All/General	Employment Support
Jennifer James Price	Commonwealth of Massachusetts	Under Secretary of workforce development	All/General	Employment Support
Giles Li	Boston Chinatown Neighborhood Center (BCNC)	Executive Director	All/General	Community Health
Elmer Freeman	Center for Community Health Education Research & Service	Executive Director	All/General	Community Health
Rebecca Bishop	MassTAPP (Education Development Center)	Gambling Prevention Manager; Technical Assistance Provider	All/General	Education
Chien-Chi Huang	Asian Women for Health	Founder & Executive Director	At-Risk/High Need	Community Health
Host & Surrounding Communities				
Across multiple communities				
Jessica Collins	Public Health Institute of Western MA	Executive Director (Staff)	All/General	All/General
Kathleen Szegda	Public Health Institute of Western MA	Director of Community Research & Evaluation (Staff)	All/General	All/General
Springfield (Hampden County) - West MA (some shared PH resources with Plainfield?)				
Health and Social Stakeholders				
Soloe Dennis	Springfield Department of HHS	Deputy Commissioner	All/General	All/General
Sharon Hall-Smith	Gandara Center	Program Coordinator	At-Risk/High Need	Mental Health
Jenise Katalina	Square One	Vice President, Family Services	All/General	Community Health
Tinamarie Fioroni	Behavioral Health Network (BHN)	Program Manager, Integration	All/General	Community Health
Thomas Bolton		Director, veteran services	Veteran	Community Health
Ethel Griffin	Revitalize Community Development Corp.	Associate Director	All/General	Community Health
Rene Pinero	Center for Human Development	Clinical Director	All/General	Community Health

Economic Stakeholders				
All	Pioneer Valley Planning Commission	*All*	All/General	Community Health
Catherine Ratte	Pioneer Valley Planning Commisiion	Principal Planner/Manager, Regional Info & Policy Center	All/General	Community Health
Molly Goren-Watts	Pioneer Valley Planning Commisiion	Principal Planner	All/General	Community Health
Casino Licensees				
Plainridge Park Casino - Penn National				
Lisa McKenny			All/General	Responsible Gambling
MGM Springfield - MGM				
Alan Feldman	MGM Resorts International	Executive Vice President	All/General	Responsible Gambling
Encore Boston Harbor - Wynn				
Jacqui Krum			All/General	Responsible Gambling

Appendix B

Document Review Report

Document Review Report

Document Review Report

To develop a research strategy that builds on the substantial research commissioned to date, the consultant reviewed planning and strategy documents, research reports, committee charters and minutes, and other documents.

Method

Some notes regarding the approach are outlined below.

- Document review was conducted online to the extent possible, of mostly electronic versions of documents.
- Many documents were reviewed in their entirety, such as: slide presentations and fact sheets on the SEIGMA/Magic and MGC websites, SEIGMA and MAGIC annual meeting materials, host community research reports, biographies prior to all interviews, and Committee charters and meeting materials prior to consultation with those groups (PHTF, RRC, GRAC, PVPC).
- Where interim and final or compendium reports existed, review was of the final or compendium report only, unless searching for specific information.
- Review of Table of Contents, Executive Summary and select chapters for large research reports, such as: Evaluation reports, MAGIC Wave 2, Interim Public Safety reports.

Overview of Documents Reviewed

Approximately 88 documents of various length and level of detail were reviewed:

- MGC background and planning documents (9+)
- Research – Social & Economic (40)
- Research – Social (5)
- Research – Economic (14)
- Public Safety (3)
- Evaluation of programs (6)
- Service planning (2)
- Academic literature (5)

Observations and Recommendations

The document review provided context for many of the recommendations in the research strategy. In addition, some overall observations on the documents are described below.

Transparency

- In general MGC provides an unusual level of transparency and accessibility of its meeting materials and reports, including research reports – and is to be commended for same
- There are some changes that could be made to make these reports more accessible to non-researchers, and members of the public in general, as outlined below

Accessibility

- **Glossary of terms:** Consider developing, posting and regularly updating, a Glossary of terms and abbreviations, such as the one included on page v. in Analysis of MAGIC Wave 2: Incidence and transitions (Volberg, et. al. 2017). Posting this in an easily accessible online location as a companion to research-related documents will make it easier for a lay audience to understand the research results
    - Consider making it a requirement of those who produce research documents to use common terminology across all reports, where possible; and to provide updated terms and abbreviations as needed to maintain this resource
- **Formatting:** Good formatting enhances readability, which means the document will be easier to understand, for all audiences. There are general guidelines for readability. MGC could consider providing a formatting guide for reports to standardize or set minimum limits for such things as font size, margins and line spacing – even the space between characters in the font (kerning) can greatly contribute to or diminish readability. One evaluation report, Preliminary Study of Patrons' Use of the PlayMyWay Play Management System at Plainridge Park Casino: June 8, 2016-January 31, 2017, provides an example of text that is rendered almost illegible by narrow margins, narrow line spacing and tightly squeezed characters. Tremendous work goes into producing a report like this one, and the application of formatting standards to improve readability would make that work more accessible to a non-researcher audience.

  Some basics formatting guidelines could include:
    - Clear hierarchy and heading structure in the report (and reflected in the Table of Contents) acts like a good roadmap for the report
    - 11-12 point font
    - Good line spacing of 1.2 with extra space between paragraphs
    - Spacious margins of 2cm minimum on all sides, possibly more at the top

- **Length**: The sheer breadth and depth of research being undertaken for these reports may require lengthy, detailed documentation. However, MGC could require that an *executive summary for a lay audience* to be prepared for all research reports, with guidelines on the length (say, maximum of five pages) and reading level (e.g., grade six to eight) to be targeted for such summaries. Where they existed among the documents reviewed, the executive summaries were an excellent introduction to longer research reports, enabling the reader to target specific sections of the detailed report for a deeper understanding of selected topics or findings. A set of PowerPoint slides could also serve a similar purpose to an Executive Summary.

List of Documents Reviewed

MGC background and planning documents (9+)

- Expanded Gaming Act
- Responsible Gaming Framework
- Research Agenda
- Report on the Research Agenda of the Massachusetts Gaming Commission, December 18, 2013
- SEIGMA Research Plan, June 15, 2013
- Social and Economic Impacts of Gambling (SEIG) Report, 2011
- Gaming Commission and Public Health Trust Fund Executive Committee proceedings related to the research agenda
- Research Review Committee
    - Charter plus relevant meeting materials and minutes
- Gambling Research Advisory Committee
    - Charter plus relevant meeting materials and minutes

Research – Social & Economic (40)

- Social and Economic Impacts of Expanded Gambling in Massachusetts: 2018, September 18, 2018 (Executive Summary)
- Report on the Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) Study, April 9, 2014
- 10 Fact Sheets
- 22 presentations – overlap in content made it possible to review several representative presentations
- Academic publications 6 – abstracts only

Research – Social (5)

- Analysis of the Massachusetts Gambling Impact Cohort (MAGIC) Wave 2: Incidence and Transitions, December 22, 2017 (Executive Summary)
- Gambling and Problem Gambling in Massachusetts: In-Depth Analysis of Predictors, March 23, 2017 (Executive Summary)
- Impacts of Gambling in Massachusetts: Results of a Baseline Online Panel Survey (BOPS), January 10, 2017 (Executive Summary)
- Key Findings from SEIGMA Research Activities: Potential Implications for Strategic Planners of Problem Gambling Prevention and Treatment Services in Massachusetts, December 18, 2015 (Executive Summary)

- Gambling and Problem Gambling in Massachusetts: Results of a Baseline Population Survey, September 15, 2017 (Executive Summary)

Research – Economic (14)

- Real Estate Impacts of the Plainridge Park Casino on Plainville and Surrounding Communities, October 11, 2018 (Executive Summary)
- Lottery Revenue and Plainridge Park Casino: Analysis After Two Years of Casino Operation, May 10, 2018 (Executive Summary)
- Patron and License Plate Survey Report: Plainridge Park Casino 2016, October 13, 2017 (Executive Summary)
- Plainridge Park Casino First Year of Operations: Economic Impacts Report, October 6, 2017 (Executive Summary)
- New Employee Survey at Plainridge Park Casino: Analysis of First Two Years of Data Collection, May 10, 2017 (Executive Summary)
- Lottery Revenue and Plainridge Park Casino: Analysis of First Year of Casino Operation, January 19, 2017 (Executive Summary)
- Real Estate Profiles of Host Communities, August 30, 2016
    - Everett Real Estate Profile
    - Plainville Real Estate Profile
    - Springfield Real Estate Profile
- The Construction of Plainridge Park Casino: Spending, Employment, and Economic Impacts, September 19, 2016-Revised March 7, 2017 (Executive Summary)
- Economic Profiles of Host Communities, October 20, 2015
    - Everett Host Community Profile
    - Plainville Host Community Profile
    - Springfield Host Community Profile
- Measuring the Economic Effects of Casinos on Local Areas: Applying a Community Comparison Matching Method, November 5, 2014

Public Safety (4)

- Baseline in each of two of three host communities
    - Plainville
    - Springfield
- Impact in each
    - Plainville conducted at 6 mos. 1 year and 2 years after opening

Evaluation of programs (6)

- Voluntary SE
- GameSense (four reports in all)
- PlayMyWay

Service planning (2)

- Memo and Strategic Plan for Services to Mitigate the Harms Associated with Gambling in Massachusetts, https://www.mass.gov/files/documents/2016/07/st/problem-gambling-strategic-plan.pdf

Academic literature (5)

- Literature Review for Community Research - high level including an existing review and environmental scan of community based research across Canada, and select journal articles (4)

TO: Public Health Trust Fund Executive Committee
FROM: Victor Ortiz, Director of Problem Gambling Services, DPH
RE: FY19 – Office of Problem Gambling Services (OPGS) Updates
DATE: May 13, 2019 **DRAFT**

Background:

- In FY19, OPGS is operating a total budget (staffing and programs) of $4.7m, of which $3.1m was allocated from the PHTF. The overall budget covers 20 initiatives across 16 procurements, of which 6 new procurements were conducted this year.
- In FY19, OPGS conducted midyear adjustments to accommodate changing programmatic needs for implementation and subsequent alignment of proposed procurements; YTD expenses are projected to be 60%-65% of the PHTF approved budget.
- The purpose of this document is to provide a brief update on the following: staffing, procurements, and upcoming key initiatives.

Office of Problem Gambling Staffing Updates

- Deputy Director Lorena Lama started on 4/16.
- The Project & Administrative Coordinator for Problem Gambling Services is posted and interview are being scheduled
- The Planning & Development Coordinator for Problem Gambling Services was just posted.

Status (May 13th): A final candidate for the Project & Administrative Coordinator for Problem Gambling Services is identified and second round interviews for the Planning & Development Coordinator is underway

New Procurements

Community Level Health Project (CLHP)

Purpose: This is a new procurement and the purpose is for a community-based organization within the host communities of Regions A/B (Greater Springfield and Greater Everett) to propose and implement a community level plan that will identify and address a specific gambling-related health concern and outline improvement initiatives to be carried out at the community level. The proposed initiative can include building off an existing community health planning process that is aimed at improving the health and well-being of the targeted host community and the individuals living in these communities.

Status (April 24th): There are two applications that are under review and follow up questions were provided and submissions are due by April 30th, 2019.

Status (May 13th): The Public Health Institute of Western Mass is awarded the contract for Region B; the first phase of the work will consist of the following: coordination of community partners, goals review, timeline development, outline of roles and responsibilities, review of community assessments. The process for Region A is extended to June 15th.

Massachusetts Photovoice Project

Purpose: *The Massachusetts Photovoice Project* is a pioneering approach to gambling education that uses photovoice, a participatory, photography-based method, to increase the perception of harm, and decrease the rates of, underage gambling. This initiative was launched in FY 18 in Plainville/Region C in Brockton and Bridgewater. In FY 19 a revised photovoice model was conducted that has informed the Photovoice RFR. The purpose of the RFR will be to expand the initiative for four additional pilots in Region A and B.

Status (April 24th): RFR is posted and will close on May 1st. The four new pilots will launch in FY 20.

Status (May 13th): RFR applications were reviewed and awards will be announced shortly.

Public Awareness Campaign: Youth, Parents, and Priority Population

Purpose: The purpose of the *Public Awareness Campaign: Youth, Parents, and Priority Population* is for the planning and development of an awareness campaign targeting youth, parents, and priority populations. The priority populations could include but are not limited to older adults and Asian Americans. The campaign's call to action for youth and parents is to learn how to protect kids from gambling/problem gambling, and for priority populations, to recognize the signs of problem gambling and seek help.

Status (April 24th): An RFQ was conducted and Think Argus has been awarded the contract. Think Argus is conducting formative research for youth and parents that will inform the development of concepts.

Status (May 13th): Formative research is completed and review of concepts is underway.

Statewide Technical Assistance Support Services for Problem Gambling Prevention Programs

Purpose: The purpose of procuring the *Statewide Technical Assistance Support Services for Problem Gambling Prevention Programs* is for the development of a Gambling Prevention TA Center (Center) to support and guide the existing problem gambling prevention programs. Additionally, the Gambling Prevention TA Center will serve as a resource center to inform and align efforts relating to suicide, violence, addiction prevention, and any other prevention efforts that are related to problem gambling. This is a new procurement that will replace the existing contract that leverages the Substance Abuse TA contract.

Status (April 24th): RFQ is scheduled to post May 1st.

Status (May 13th): RFQ is posted and ends May 31st.

Key Programmatic Updates

Community Health Workers (CHWs) Pilot

Purpose: The CHWs and Gambling Pilot was to integrate gambling within the work of CHWs in community and/or mental health center services in Region B. CHWs would be expected to conduct the following: dissemination of information and resources, screening, and supported referrals at the community level. Further review of the strategy of the pilot, in light of the implementation of the Accountable Care Organizations (ACO), changed the landscape of CHWs from community engagement to patient focus. In an effort to conduct a CHW pilot that is more community involved, and in order to align this initiative with other DPH upstream prevention efforts and contract in Region B, a new initiative is underway.

Status (April 24th): The new CHW Pilot initiative is municipal lead by the host community (Region B), with the creation and/or building off existing multi-sector partnership to develop and implement community-level engagement and strategies. Some key highlights of the initiative are the following:

- CHW and Gambling Pilot Initiative will engage and educate local neighborhoods of Region B on gambling related harms, resources and services.
- Gather and share local neighborhood concerns to inform local health policy, systems, and environmental change strategies.
- Guide and support interventions to increase opportunities to establish neighborhood partnerships for the prevention and intervention of problem gambling and associated harms.

Status (May 13th): Coordination of FY20 Scope of Service with the City of Springfield is underway.

Stakeholder Listening Session –Everett

Purpose: On January 24, 2019, OPGS hosted a Stakeholder Listening Session (SLS) in the city of Everett. The purpose of the annual listening sessions is to engage and procure feedback from the community to "inform the current implementation and future planning of problem gambling initiatives." In attendance, there were 33 community stakeholders representing 22 community based organizations from the Metro Boston Area.

Status (April 24th): Memo with key themes from the Everett Stakeholder Listening Session was developed (please see attached memo). A full report will be available June, 2019.

Status (May 13th): A draft report is complete and under review.

Public Awareness Campaign: Men of Color

Purpose: In an effort to raise awareness about the links between substance use and problem gambling, OPGS developed an awareness campaign aimed at men of color with a history of substance misuse.

Status (April 24th): The third campaign phase is scheduled to begin in June and will be appear on social media platforms, transit, and posters statewide.

Status (May 13th): Project remains on track for June, 2019.

Treatment Gap Analysis

Purpose: Baseline analysis of gambling treatment demand, state of services, and provider's capabilities to address gambling disorders. The outcome of the analysis, which was conducted by the Division on Addiction (DOA), will provide next steps to inform gambling treatment service.

Status (April 24th): The Capabilities Gap report analysis is scheduled for June, 2019.

Status (May 13th): Report remains on track for June, 2019