



NOTICE OF MEETING and AGENDA

July 11, 2018

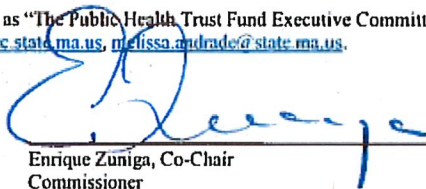
Pursuant to the Massachusetts Open Meeting Law, G.L. c. 30A, §§ 18-25, notice is hereby given of a meeting of the Public Health Trust Fund Executive Committee. The meeting will take place:

**Wednesday, July 11, 2018
1:00 p.m.
Massachusetts Gaming Commission
101 Federal Street Floor 12**

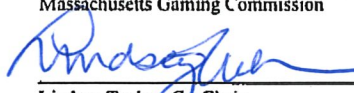
- 1) Call to Order
- 2) Approval of Minutes-VOTE
- 3) Gaming Research Strategic Plan and Research Update
- 4) DPH Programmatic Presentatoin
- 5) Western MA Stakeholder Meeting
- 6) DPH Budget Update
- 7) Public Comment
- 8) Other business – reserved for matters the Chair did not reasonably anticipate at the time of posting

I certify that on this date, this Notice was posted as "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.

7/6/18
(date)


Enrique Zuniga, Co-Chair
Commissioner
Massachusetts Gaming Commission

7/6/18
(date)


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

Original Date Posted to Website:



Massachusetts Gaming Commission



Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes

Date/Time: May 9, 2018 – 1:00 p.m.

Place: Mass Gaming Commission
101 Federal Street, Boston, MA 02110

Present: **Executive Committee**

Lindsey Tucker, Co-Chair, Associate Commissioner, Massachusetts Department of Public Health
Enrique Zuniga, Co-Chair, Commissioner, Massachusetts Gaming Commission
Jennifer Queally, Undersecretary of Law Enforcement
Michael Sweeney, Executive Director, Massachusetts State Lottery Commission
Rebekah Gewirtz, Executive Director of the National Association of Social Workers, MA Chapter and Representative of the Massachusetts Public Health Association

Attendees

Marlene Warner, Executive Director, Massachusetts Council on Compulsive Gambling
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
Giles Li, Executive Director, Boston Chinatown Neighborhood Center
Susanne Bernadelli, Assistant Director of Programs and Services, Massachusetts Council on Compulsive Gambling
Sarita Hudson, Director of Programs and Development, Public Health Institute of Western Massachusetts
Anna Yu, VP of Client Services, KHJ Brand Activation
Tod Brubaker, VP/Creative Director, KHJ Brand Activation
Caitlin Dodge, Chief Operating Officer, ThinkArgus

Call to Order

1:11 p.m. Co-Chair Tucker called to order the Public Health Trust Fund Executive Committee (PHTFEC) Meeting and welcomed Enrique Zuniga to his first meeting in which he will serve as Co-Chair of the PHTFEC.

Approval of Minutes

1:12 p.m. *Michael Sweeney noted that PHTFEC minutes for April 4, 2018 were not distributed in advance. Vote will be delayed until the next meeting.*

FY19 budget

1:13pm Lindsey Tucker introduced the FY2019 budget and stated that the goal of the meeting was to vote on the budget.

Rebekah Gewirtz asked whether the GameSense budget reflected dollars for Wynn and what the money would be used for. Mark Vander Linden responded that a part of the figure will go towards building the actual GameSense Info Center; however, most of the dollars will be for training and onboarding new staff. Rebekah Gewirtz asked if there would be any overlap within the communications campaigns and strategies sponsored by the DPH and MGC. Co-Chair Zuniga responded that the audiences of the two campaigns are extremely different so there is not a lot of room for overlap. Victor Ortiz explained that within the context of prevention, having multiple communication strategies are necessary to address early intervention all the way to messaging within casinos. Rebekah Gewirtz added that the PHTF should support programs which target policy and environment.

Michael Sweeney stated that he continues to struggle to digest the [large] funds allotted for the GameSense program within the overall budget, and hopes that we are able to migrate funding to other programs that benefit the broader community. In particular, he added that there should be more dollars put towards “special population research”. Jennifer Queally added that while special populations have been identified, she is not seeing action and assumes that the intent of the communications campaigns will address these different audiences as opposed to GameSense which she believes is more of an intervention program. Michael Sweeney stated that there is a balance within the agenda and is not comfortable that for all of the population, the best place for prevention and intervention is within the casino setting. He added that he is interested in using PHTF resources for community initiatives in addition to GameSense and cited the success of public health ‘barbershop’ prevention programs as the type of on-the-ground initiatives he is interested in.

Co-Chair Zuniga responded that in the past, rigid messaging targeting gamblers had an opposite effect, and that GameSense represents a real evidence-backed shift in thinking. Co-Chair Tucker agreed that there is value in GameSense, although members could benefit from more detail and a presentation of the full evaluation should take place during the next PHTFEC meeting in July. In particular, she would be interested to know whether GameSense works equally for different populations.

Co-Chair Zuniga stated the original intent was to not have high overhead in the formative years of the PHTFEC. Co-Chair Tucker explained that DPH personnel costs were not fully captured in the current budget and that additional information and an additional request to the group for consideration will be brought to the July meeting.

Public Comment

Marlene Warner of the Massachusetts Council on Compulsive Gambling read Chapter 23K Section 58 which establishes the basis for the PHTFEC. She stated that dollars within the budget are coming from gamblers and are meant to address problems both inside and outside of the casino. The intent is to allocate resources where people are affected by problems and believes that there is a spectrum of programs to be put out.

Giles Li of the Boston Chinatown Neighborhood Center stated that Massachusetts is better situated than other parts of the country to have this conversation. He questioned how effective GameSense is for special populations as well as how impactful the research will be for special populations as level funding will only allow illustrative as opposed to an instructive output.

Sarita Hudson reminded the group that her organization, the Public Health Institute of Western MA, conducted a Health Impact Assessment before the opening of any casinos in Massachusetts. She questioned how the PHTFEC and GameSense would engage local partners and stakeholders who are key in informing cultural thinking and competency.

Michael Sweeney shared his disappointed that there seems to be a competition forming, and that no comment can be made about GameSense without eliciting strong visceral reaction. He clarified that he does not have a problem with the program; rather he does not believe that the only point of

impact should be within the casino particularly when there is opportunity at other community settings. He further added that a lot of work was put into a budget which in its current form, only presents level funding for the special populations research work, and for that reason would prefer a delay in budget vote. Rebekah Gewirtz stated that she had to leave and supports a delayed vote.

Jennifer Queally suggested a cost benefit analysis be conducted to determine per person cost to measure effectiveness of the GameSense program. Co-Chair Zuniga proposed adding dollars to the special population table to move forward with the vote. The majority of the executive committee decided to postpone the vote.

Communications Campaigns

Caitlin Dodge of ThinkArgus introduced the communication campaign targeting Men of Color with a History of Substance Misuse for which her agency was contracted to develop for the Department of Public Health. She stated that research was conducted in order to inform the campaign and noted that many participants connected to “I” statements, which informed the development of their creative strategy.

Jennifer Queally questioned whether Gamblers Anonymous (GA) would be promoted within the campaign. Caitlin Dodge explained that the helpline is more heavily promoted within the campaign at the recommendation of the focus groups; however, organizations such as GA would be mentioned elsewhere within the campaign through other mediums.

Co-Chair Tucker added that at the heart of the campaign are individuals with a history of substance misuse, with men of many races hopefully responding to the messaging.

Marlene Warner asked whether there would be an attempt to talk to individuals outside of the chosen recovery centers as the members of this particular center may not be representative of the larger recovery population. She added that in her experience, individuals who make up these types of groups often use the term gambling to mean ‘scratch tickets’ and not casinos themselves. Caitlin Dodge responded that her team had met with one additional group not from a strict recovery center.

Anna Yu introduced the GameSense communications campaign for which her company, KHJ, has been contracted by the Massachusetts Gaming Commission to develop. She stated that the campaign includes a relaunch of GameSense at Plainridge Park Casino in accordance with the new GameSense brand standards, the launch of GameSense at MGM Springfield and an introduction of GameSense to the Western Massachusetts market.

Tod Brubaker, KHJ, provided examples of proposed creative and stated that the intent of the campaign is to improving messaging to drive audience to GameSense Advisors. Jennifer Queally stated that she did not like the example of the elevator decal which from her perspective looks like it is promoting alcohol abuse.

Co-Chair Tucker asked how the proposed concepts were being tested and requested review by people of multiple backgrounds. Anna Yu responded that the proposed concepts are part of a heavily weighted digital plan, which will provide the ability to track and optimize the campaign including for individuals with a diverse background.

Michael Sweeney asked about the ways in which language and cultural diversity will be incorporated into the program, and added that he encourages the proposed creative as it pushes beyond a stereotypical government campaign which are often designed on the 'safe' side.

DPH Program Update: Program Gambling & Suicide Prevention

Having taken up more time on the FY2019 budget than anticipated, Co-Chair Tucker moved directly to public comment.

Other Business

(See above comment)

Public Comment

3:54 Sarita Hudson, Public Health Institute of Western Massachusetts thanked the PHTFEC members for the ability to provide public comment on behalf of the Western Massachusetts community and wants to ensure that their voices are heard. She represents the Public Health Institute of Western Massachusetts which has been holding meetings to build on the Western Massachusetts Casino Health Impact Assessment originally authored by her organization. The sentiment heard at these meetings has been that the health related initiatives to-date focus on individuals and their families but not necessarily on the broader community. She circulated a letter which can be found at the end of these minutes.

Giles Li, Boston Chinatown Neighborhood Association reiterated his concern that while GameSense is the most evidence based intervention available to date, it is unclear whether it is impactful with special populations. He further expressed concern that level funds for year two funding of special population research may only result in illustrative and not instructive study.

4:00 *Co-Chair made a motion to adjourn. Michael Sweeney seconded the motion. Motion passed 4-0 as Rebekah Gewirtz had to leave before the end of the meeting.*

List of Documents and Other Items Used

1. Public Health Trust Fund Executive Committee, Notice of Meeting and Agenda dated May 9, 2018
2. Public Health Trust Fund Executive Committee, Meeting Minutes dated April 4, 2018
3. FY2019 Budget
4. GameSense Public Health Committee Meeting dated May 9, 2018
5. DPH_Problem Gambling Initiatives dated May 9, 2018
6. Letter to the PHTFEC from Public Health Institute of Western Massachusetts dated May 9, 2018 (attached)



**Public Health Trust Fund
Executive Committee members
May 8, 2018**

Dear Executive Committee Members:

Thank you for your important oversight of the Public Health Trust Fund and for creating this public comment opportunity.

The Public Health Institute of Western MA (formerly Partners for a Healthier Community, Inc.) led the Health Impact Assessment of the Western MA Casino published and presented to the MA Gaming Commission in 2013. We were honored to be able to inform some of the policy discussions taking place at that time both locally and on a statewide level.

The four issues that we focused on in that HIA were *jobs and employment, access to local casino gambling, traffic, and crime/public safety*. We found a likely mix of positive and negative impacts on health determinants and health outcomes and noted that the extent to which the effects manifested were dependent on the type of local and regional multi-sector based strategies put in place to promote positive impacts. We also noted that strategies should be both evidenced based, informed by local residents, and culturally responsive to local and regional context.

Over the past many months, we have begun convening a multi-sector group of stakeholders to understand, now five years later (2018) what new issues and concerns might be coming to the surface that we should address as the casino opening is close approaching. Issues that have been highlighted include:

- *Crime/Violence*, specifically domestic violence and human trafficking;
- *Policing practices*, we anticipate that new practices in proximity to the casino location will have negative impacts on communities of color;
- *Barriers to Employment*, specifically for residents that have a criminal record and those residents that would benefit from skill building systems as well as addressing other barriers to employment including explaining the preferred vendor status and options for covering upfront cost of gaming license such as payroll deduction after hiring;
- *Transportation* particularly in light of the current situation of regional transit authorities being cut;
- *Problem gambling* and ensuring that self-exclusion procedures for problem gamblers at a regional level are evidenced base and informed by community input and responsive to community needs;

- *Traffic /Air quality* – Springfield was just named the “asthma capital of the nation”- any new traffic will exacerbate the high rates of asthma (double the state); and lastly,
- *Housing displacement* from gentrification, not just in the South End where MGM is located, but across the City there is already increased rental costs and evidence of displacement and lack of services.

The Public Health Institute of Western MA is a “backbone” organization that has over two decades of experience in leading public health coalitions and systems and environmental changes. **We recommend that any funding strategy put in place by the Public Health Trust Fund support what we know to be three critical elements for the success of any multi-sector convening to address broad based population health issues such as problem gambling and the public health issues that are both causal and correlated with problem gambling:**

- 1) Efforts must be based in appropriate local community based organizations that have history of impactful work and expertise;
- 2) Any prioritized strategies and research being implemented locally need to be informed and monitored by resident leaders who organically will bring a lens of cultural responsiveness and understanding of local capacity, assets and needs;
- 3) Funded efforts should be aligned with current and existing efforts of both public health plans and easily identified metrics and trackable health indicators.

The second important issue we bring to your attention is that we insist that there be some **formal mechanism in place to ensure that there are equitable distribution of funds to Hampden County**, consistently reported the least healthy county of the Commonwealth of Massachusetts based on both quality and length of life indicators. We want to be assured that the funding in the Public Health Trust Fund will return in amounts that are appropriate to address problem gambling and the already alarming health outcomes, particularly experienced by residents of color in Springfield and Holyoke, which we anticipate will be exacerbated by the casino. There is a history of resources being more heavily distributed in Eastern Massachusetts and we feel it is very important that the Public Health Trust Fund honor that Hampden County, in particular Springfield, will be greatly impacted and deserving of significant funding to mitigate negative impacts.

I respectfully submit these comments and look forward to joining you at future meetings as together we lift up the positive impacts and mitigate negative outcomes from this new venture that the Commonwealth has taken on.

Sincerely,



Jessica Collins
Executive Director



Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes

Date/Time: May 29, 2018 – 12:00 p.m.

Place: Department of Public Health
250 Washington Street, Boston, MA 02108

Present: Executive Committee

Lindsey Tucker, Co-Chair, Associate Commissioner, Massachusetts Department of Public Health
Enrique Zuniga, Co-Chair, Commissioner, Massachusetts Gaming Commission
Jennifer Queally, Undersecretary, Executive Office of Public Safety
Michael Sweeney, Executive Director, Massachusetts State Lottery
Rebekah Gewirtz, Executive Director of the National Association of Social Workers, MA Chapter and Representative of the Massachusetts Public Health Association

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
Giles Li, Executive Director, Boston Chinatown Neighborhood Center

Call to Order

12:13 p.m. Co-Chair Tucker called to order the Public Health Trust Fund Executive Committee (PHTFEC) Meeting.

Approval of Minutes

12:12 p.m. *April 4, 2018 minutes:*
Co-Chair Tucker asked if there were any proposed changes for the April 4th meeting minutes. Seeing none, she asked for a motion to approve the April 4th minutes as the vote was postponed last meeting. Jennifer Queally made the motion and Co-Chair Tucker seconded it. All present members approved with the exception of Co-Chair Zuniga and Rebekah Gewirtz abstaining as they were not present at the April 4th meeting.

May 9, 2018 minutes:

Co-Chair Tucker asked if there were any proposed changes to the May 9th meeting minutes. Michael Sweeney proposed a change to page 2 and clarified point regarding GameSense and the 'barbershop' prevention programs. Co-Chair Zuniga clarified a comment made on page 3 about indirect costs. Michael Sweeney requested that on page 5 paragraph 3, that 'language diversity' be changed to 'language and cultural diversity'. Ms. Fiore will incorporate the edits.

With no further changes, Co-Chair Tucker asked for a motion to approve the May 9th minutes as amended. Rebekah Gewirtz made the motion and Co-Chair Zuniga seconded. All present members approved.

FY19 budget

Co-Chair Zuniga began by highlighting the change in the budget. He suggested that going forward that a summary level one pager be produced to show how the budget has progressed and evolved, based on PHTFEC discussion and public comment. Co-Chair Tucker agreed. Jennifer Queally stated that it was helpful to have addressed changes highlighted.

Co-Chair Zuniga explained that the proposed change is to re-allocate ~\$100,000 from the GameSense program (including some indirect funds) to address at-risk population research needs. He further noted that research is happening in this space and that he would like to look into conducting listening sessions and RFIs so that there is input on what groups are concerned about.

Mark Vander Linden added that adding the \$100,000 would increase the allocation for at risk communities to \$200,000. Mr. Vander Linden noted that it would be a great idea to work more closely on procurement and RFI research with DPH.

Co-Chair Zuniga noted that in last week's meeting in Western Massachusetts, there was a presentation that discussed the diminishing returns of large populations research. One of the areas that was previously mentioned was the difficulty in reaching communities that do not respond. They discussed alternative methods of contacting, stakeholder interviews, thinking of new ways to engage community responsiveness.

Jennifer Queally stated that in general, research via phone calls seems like a lackluster approach. She further stated that she would like to see the money allocated on programs more than research, as she feels as though they should be responding to research that has already occurred.

Co-Chair Zuniga replied that is a real issue. Ideally, they'd like to see a stronger correlation between research and problems addressed. He discussed the challenge that researchers have in accumulating responses and their awareness of the issue. He then noted how it is important for them to think about what the proportion of programs to research is.

Jennifer Queally noted that with casinos opening soon, there is an opportunity to research a new cross-section of folks.

Rebekah Gewirtz stated that the robust discussion in previous meetings has touched on the topic of intervention versus prevention. GameSense is a great tool for intervention for those who are already at the casino and at-risk. However, she believes the PHFTEC charge should be not only intervention but also prevention. She discussed the importance of informing people about the risk of going to the casino and further mentioned how she would like the group to think about preventing those at risk from going to places that are harmful.

Steve Crosby stated the difference between two organizations (DPH and MGC) in terms of their roles and how MGC targets prevention within the casino. He discussed the fact that the people who are at risk may already go the casinos and broke down the percentage of those individuals who would be labeled problem gamblers. He explained that in this scenario the GameSense and 'Play my Way' could be seen as a preventative tool due to their ability to prevent those already going to the casino from moving from healthy gambling to at risk or problem gambling.

Jennifer Queally stated that this is the type of information she would want included in terms of goals and structure for the PHTF. She reiterated the need to note what the group's role is and what the goals and objectives are. As an example she discussed the elderly population and whether their target audience would be those who are predisposed or the entire elderly population. She discussed the increased rate of problem gambling when coupled with other risk factors.

Steve Crosby agreed and also noted that the co-morbidity factor is almost 100% and the parallel between mental health and at risk gambling is extremely high.

Rebekah Gewirtz expounded on her previous point and explained that she didn't mean prevention in the literal sense (preventing people from physically going to casinos) but prevention in the sense averting addiction and disease and helping people understand the risks of gambling; particularly slot machines.

Jennifer Queally agreed and suggested of a public service announcement regarding slot machines.

Co-Chair Tucker stated that in the interest of time, they must move on but in the next meeting it might make sense to bring the GameSense evaluation. She informed them that she and Victor would also like to present information about current DPH programs and activities within communities as well as an updated budget request. DPH will need to adequate staffing for the success of these programs.

Co-Chair Zuniga also informed the members that they will also be hearing from Judith Glynn about the strategic plan.

Michael Sweeney stated that the letters received from Boston Chinatown and others articulate far better than he can about the needs of the communities impacted by problem gambling and casinos. He is glad to see the budget shifting in the direction of having on the ground impactful engagement.

With no further comments Co-Chair Zuniga asked for a motion to approve the budget. All present members approved.

Sports Betting

Michael Sweeney raised the issues of sports betting and daily fantasy sports. He hopes that this body would encourage the same regulations that are placed on lottery and casinos would be applied to sports betting and daily fantasy sports. He would like to officially put it on radar.

Steve Crosby stated that it is important and suggested that the PHFTEC take a formal position in writing. The statute could potentially funnel the money to this body. From his standpoint, if the legislature would put money towards this, it should go to PHFTEC.

Jennifer Queally replied that if all funds came to this body, there would need to be additional seats for representation.

Co-Chair Zuniga mentioned the white-paper on sports betting and the position of increasing education. He noted that there are ways to prevent negative impacts.

Jennifer Queally discussed the impact on youth.

Co-Chair Zuniga noted that the Senate passed a version of daily fantasy sports. However, the House has an extension and timing and direction are unknown.

Public Comment

Giles Li was invited to speak. He thanked committee and Michael Sweeney for their responsiveness to his concerns. He went on to say that all communities will feel the impact of the casinos and that there needs to be more conversation so that difficult concepts will be addressed.

With no further comments Co-Chair Tucker asked for a motion to adjourn. Jennifer Queally made the motion and Rebekah Gewirtz seconded it. All present members approved and the meeting adjourned at 1:02pm

Project Plan – Research Strategy for Gaming in Massachusetts

Objective

The State of Massachusetts has made an extraordinary commitment to “understand the social and economic effects of casino gambling.” To date, the Massachusetts Gaming Commission (MGC) has dedicated substantial funds to this commitment, commissioning the most comprehensive research on this topic in the world. MGC and the Department of Public Health (DPH) have formed the Public Health Trust Fund to provide leadership on a more comprehensive research strategy that will both understand these effects, and inform programming to maximize beneficial and minimize harmful effects 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 and Massachusetts Executive Office of Health and Human Services, as collaboratively represented in the Public Health Trust Fund.

The research strategy may include the following components:

- ◆ Program of research that:
 - Builds on the commissioned research to understand the social and economic impacts in Massachusetts, especially the SEIGMA and MAGIC multi-year studies;
 - Informs programming to prevent and mitigate gambling-related harm;
 - Helps host and surrounding communities to understand the effects in their communities, and maximize benefits while minimizing harm.
 - Helps at-risk communities understand the effects in their communities and develop programs and strategies to minimize harm.
- ◆ Data management
 - Data repository for commissioned research and player account data – forming potentially the richest source of gambling-related research data in the world
 - Potential external research program to maximize the value of the data assets for Massachusetts and the field of responsible gaming
- ◆ Knowledge translation and exchange – capacity to make accessible the considerable information and findings generated by the research program for the people of Massachusetts
- ◆ Evaluation recommendations for continuous improvement of the research strategy

The work plan, based on a six-month project (May 1 to October 31, 2018), includes project management, data collection (document review and consultation) and strategy development.

For oversight and contract administration, the project sponsor is Mark Vander Linden, Director of Research and Responsible Gaming, Massachusetts Gaming Commission. The consultant will report to the project sponsor.

Document review

The research strategy will build on the substantial research commissioned to date. To understand the work to date and how to most effectively build on it, the consultant will review research reports and other documents, including:

- Responsible Gaming Framework
- Research Agenda and research reports to date, including:
 - Massachusetts Gambling Impact Cohort (MAGIC) – 1 report
 - Social and Economic Impacts of Gambling in Massachusetts (SEIGMA), includes four social impact and 11 economic impact reports – 15 reports
 - Public safety impact reports – 4 reports
 - Evaluation Reports for Gamesense and PlayMyWay – 2 reports
- Roles and responsibilities of key stakeholders
- Gaming Commission and Public Health Trust Fund Executive Committee proceedings related to the research agenda
- Expanded Gaming Act
- Media scan reports and key articles from local (and state) media
- 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>

Additional documents may be identified in consultation with the PHTF.

Stakeholder Consultation

The planning consultant will consult with key stakeholders within the MGC and the DPH, and externally, to draw on their knowledge and experience and to identify their needs in relation to the research strategy.

Stakeholder groups

- Public Health Trust Fund (PHTF) committee
- MGC staff and Commissioners, including those with lead roles for research or responsible gaming
- Executive Office of Health and Human Services and the Department of Public Health
- Research team at the University of Massachusetts Amherst
- Massachusetts Council on Compulsive Gambling and other gambling-related service providers
- Key representatives, including those who are voices for at-risk populations, from the three host cities and surrounding communities in:
 - Springfield as host to MGM Springfield
 - Plainfield as host to Plainridge Park casino (Penn National)
 - Boston as host to Encore Boston Harbor Resort
- Additional stakeholders identified in consultation with PHTF, such as and The Division on Addiction, Cambridge Health Alliance

Consultation methods

Consultation will be conducted in person as much as possible, especially for initial consultation with each stakeholder, with follow up anticipated by web conference (e.g., Skype), telephone and email. An interview guide will be customized for sub groups of stakeholders. Consultation will be semi-structured to ensure coverage of key issues and also allow for probing and exploration of new issues and ideas.

Methods will include:

- **Facilitated consultation and planning meetings** to obtain input from multiple stakeholders and perspectives, as efficiently as possible (2 proposed of 3 hours duration = 6 hours)
- **Interviews** with thought leaders and key executives (6 proposed of 45 minutes = 4.5 hours)
- **Small group discussions** two to six participants from a single agency or perspective to explore more sensitive topics or probe more deeply – sometimes called micro focus groups (3 proposed of 2 hours = 6 hours)
- **Observation**, attending select meetings to listen and learn (3 proposed of 3 hours = 9 hours)

Communications materials

Consultation materials should include a core presentation and an interview guide, customized to different stakeholder groups, as needed. The core presentation should cover:

- Research commissioned to date
- Objectives & Process for strategic plan
- Topics for discussion
- Options for research activities in the three host cities and surrounding communities

The interview guide will be composed of selected topics from the “topics for discussion” section, set out below.

Topics for discussion

Service Planning and implementation

What services need to be informed by this research? Who should be involved in service planning and delivery?

A services profile should be to be defined as early as possible in the process. Drawing on programming in other jurisdictions, services may include:

- Prevention and awareness-raising
 - General population, state and community-based
 - Gamblers,
 - At-risk groups,
 - Youth, possibly School-based education and prevention
- Helpline
- Treatment services, possible integration with existing mental health and addictions services
 - Treatment training
 - Treatment awareness raising, especially for target populations
- Family support services

Target populations

Are there populations that require focused attention, in terms of assessing negative impact and/or providing services and supports?

Problem gambling almost always co-occurs with other mental health and addiction issues, and among those who experience gambling-related problems or harm, some are more vulnerable than others to lasting impact or legacy harm. Understanding these populations, including in host communities, will be important for the research strategy, and provide a foundation for community-driven research.

Further analyses from current research

Are there additional analyses that can be done of findings within and across studies to identify and describe social and economic impacts to better inform service planning and implementation?

Can this be done to better identify target populations?

- Populations with highest needs and/or at greatest risk for *negative impacts*; risk factors that intersect in specific populations, such as ethnicity, poverty, immigration recency, language fluency, and age
- Social and economic *benefits* of casinos from an equity perspective
This approach appears to have informed the employment research and analysis – taking into account previous employment status (unemployed, employed part time, under employed), and assessing the value of those jobs in the short and longer term. Additional analyses could include such factors as family status of those employed, number of children affected, etc.

New topics

What topics merit further investigation, based on research to date?

Explore the findings that suggest further investigation and identify the potential benefits of each line of inquiry. This line of questions could be explored first with the research team, and then refined for discussion with other stakeholders.

- Horse racing – economic impact
- Elder affairs
- Tourism
- Social capital (drawing on current findings) – need to define this

Functions of a comprehensive research strategy

What is the value of each component, at the State and community levels?

- Statewide research
- Community-driven research
- Data management
- Knowledge translation
- Monitoring and surveillance
- Early alert system

Additional topics and questions may be identified as the consultation unfolds.

Host Communities

The current research led by the UMASS team includes extensive research on host communities, including prevalence of gambling problems, and social and economic impact. The new strategy should build upon this knowledge and could potentially provide for these communities to conduct research that meets local needs, engages and builds local research capacity, and provides findings to inform local planning and service delivery.

This component of the research strategy could lead to the formation of a small research committee to lead and oversee local research, and also match researchers from the core research team at UMASS to provide mentoring and integration with the larger research program. This will be explored in the consultation with host communities.

Options for consultation in the three host communities include:

- Large to small
 - Large-scale, inclusive consultation launch – with presentation and high level discussion of key topics
 - Followed by targeted meetings or interviews with select groups

This option provides broad awareness of the research strategy and allows the maximum number of local stakeholders and organizations to be involved. However, this approach will likely open a wider discussion of issues related to the local casino and make it more challenging to focus attention on community-driven research.

- Targeted
 - Identify in advance a limited number of groups and individuals best positioned to understand local research needs and/or carry out community driven research.
 - Consult in small groups or individual interviews

This option is more focused but may miss an opportunity to demonstrate open consultation, and engage lesser known groups.

Early planning discussions should review options and decide on the best approach.

To plan consultation in the three host communities, the following information should be gathered:

- Public Health infrastructure in each host community, and relationship to DPH
- Public health profile in each community, including vulnerable populations
- Profile of local health and social services, with focus on mandates in:
 - Mental health and addictions
 - Poverty
 - Equity
- Agencies leading related service planning and delivery to vulnerable populations
- Existing Public Health research, such as monitoring and surveillance
- Local research capacity

The stakeholder register, described below, will be particularly important for planning effective community consultations.

Stakeholder Register

The stakeholder register is used 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. Additional stakeholders will be identified in consultation with the PHTF.

The register should include such (brief) details as:

- Mandate and populations they serve, whether they have any research role or experience
- Key issues and concerns in the community

- Their position on gambling and the casino if 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)
- And ideally their relationships to each other

A preliminary identification of stakeholders to be consulted includes:

Public Health Trust Fund committee

- Chairs: Enrique Zuniga and Lindsey Tucker
- Jennifer Queally, Rebekah Gewirtz, Michael Sweeney

MGC staff and Commissioners

- Mark Vander Linden
- Stephen Crosby
- Gayle Cameron
- Bruce Stebbins
- Eileen O'Brien
- Thomas Land
- Additional staff and Commissioners to be identified

Department of Public Health

- Abigail Averbach
- Victor Ortiz
- Other state-level health stakeholders, e.g., MH & A, as identified by Lindsey Tucker

Peer Research Review Committee

Research team at the University of Massachusetts Amherst

- Principal investigators: Rachel Volberg, Mark Melnyk, Robert Williams
- Additional?

Massachusetts Council on Compulsive Gambling

- Marlene Warner, Executive Director

Host and surrounding communities

- Specific focus on those who provide voice to underrepresented or at-risk communities
- To be identified

Casino licensees

- Plainridge Park Casino
- MGM, Springfield
- Encore, Boston Harbor

Research Strategy Development

This refers to the work to distil the findings from the document review and consultation into a research strategy for the PHTF. Strategy development includes writing up and synthesizing the results from the document review and consultations, searching relevant scientific literature, fact checking, and preparing and incorporating edits for three drafts before submitting the final Research Strategy.

Early planning meetings should determine who would review and approve the research strategy.

DRAFT July 2, 2018



TO: Public Health Trust Fund Executive Committee

FROM: Mark Vander Linden, Director of Research and Responsible Gaming

DATE: July 11, 2018

RE: Gaming Research Update

Gaming Research Strategic Planning

An in-depth gaming research strategic planning process began in May. The goal is to build on research done to date and by producing a multi-year plan for the growth and evolution of a comprehensive research program to inform programs and policy in order to maximize the benefits and minimize harmful effects of casino gambling in Massachusetts.

The MGC selected Judith Glynn, Principal at Strategic Science to lead the project. Key activities of the planning process include:

- A review of all research projects underway or already completed
- Interviews and consultation with key stakeholders
- Detail the findings into a research strategy for the PHTF

A draft research plan is expected to be available for PHTF Executive Committee review in October. The draft work plan for this project prepared by Ms. Glynn is attached to this memo.

SEIGMA-MAGIC Annual Meeting

On May 23rd 2018, the SEIGMA-MAGIC team hosted their annual public meeting on the campus of UMass Amherst. Presentations showcased preliminary results from SEIGMA-MAGIC's inaugural *Social and Economic Impact Report, 2018*, which integrates the last 5 years of social and economic findings into a comprehensive account of the impacts to-date of expanded casino gambling in MA.

Reports, Studies and Data Presentation Released in 2018

Lottery Revenue and Plainridge Park Casino: Analysis After Two Years of Casino Operation (Released on May 10, 2018)

The Massachusetts Lottery has provided fiscal year and agent-specific lottery sales data from 2003-2017 to the SEIGMA team. These reports analyze how lottery-product-buying behavior may be affected by the introduction of casino gambling in Massachusetts and analyze changes in sales at several levels, including statewide, in the host and designated surrounding communities near the casino, for agents at different driving distances from the casino, and regions most represented in the patron survey data.



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In fiscal year 2017, total lottery sales in Massachusetts were just over \$5.0 billion, a decrease of approximately 2.6% compared to fiscal year 2016 when sales were a record-high of \$5.2 billion. Lottery revenues are the largest source of unrestricted local aid in Massachusetts and the second largest source of all local aid, after Chapter 70 education aid. Local aid is distributed from a single pool according to a formula devised by the Legislature; local sales do not determine the amount of local aid that a municipality receives. In fiscal year 2017, the lottery's net profit was a \$1.039 billion, an all-time record high, of which \$958 million was distributed to the Commonwealth's municipalities in the form of direct local aid. In fiscal year 2017, Plainville received \$729,447 from the lottery and other direct local aid sources, which represents 16.6% of the Town's total state aid and 2.0% of total receipts.

Casino tax revenue will also contribute to local aid, with 82% of tax revenue from Plainridge Park Casino allocated to local aid. The Category 1 casinos scheduled to open in Everett and Springfield will contribute 20% of tax revenue to local aid. As of December 2017, a total of \$199,948,775 has been collected in state taxes and race horse assessments, of which \$163,223,490 consists of state taxes.

Key Findings

- No large, significant decline in lottery sales can be attributed to Plainridge Park Casino.
- No obvious pattern between lottery sales growth and proximity to the casino was detected. Sales have not uniformly increased at greater distances from the casino.
- In the first year after the opening of Plainridge Park Casino, lottery sales in Plainville increased approximately 25%. It has remained at that level in the second year of operation.
- Sales for other agents in Plainville have not notably declined since the opening of Plainridge Park Casino.
- Compared to the year prior to the casino opening, gains in lottery sales in Plainville have been sufficient to offset declines in the surrounding communities, leaving sales essentially unchanged, but not matching gains in rest of the state.
- Over the two year period since the opening of the casino, changes in average bi-weekly sales for agents in the surrounding communities of Attleboro, Foxborough, Mansfield, North Attleborough, and Wrentham vary, but collectively declined compared to the year prior to the casino opening.
- Over the two year period since the opening of the casino, average bi-weekly sales in Plainville and the surrounding communities combined are essentially unchanged compared to the year prior to opening.
- Relative to the rest of the state, lottery sales for agents within a 15-minute drive of Plainridge Park Casino grew more slowly (year 1) or decreased (year 2) compared to the year prior to the casino opening.
- Relative to the rest of the state, lottery sales for agents within a 16-30 minute drive of Plainridge Park Casino grew more rapidly compared to the year prior to the casino opening.
- Massachusetts is one of the largest lotteries in the country, both in per capita terms and in absolute terms. As late as fiscal year 2012 and 2013, lottery revenue in Massachusetts exceeded lottery revenue in Florida and California, respectively.
- Growth in lottery revenue in Massachusetts has been slower than growth in lottery revenue nationwide and in other New England states.



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- Lottery sales in Massachusetts in fiscal year 2017 decreased 2.6% over fiscal year 2016 (a record sales year), when sales increased 4.3% over fiscal year 2015.
- Between fiscal year 2003 and fiscal year 2017, lottery sales has grown at an annualized rate of 1.38%. Inflation over the same period has grown at an annualized rate of 2.04%.
- In Plainville and the surrounding communities of Attleboro, Foxborough, Mansfield, North Attleborough, and Wrentham, lottery sales grew more slowly in fiscal year 2016 than the state wide average (2.1% vs. 4.3%) and decreased more in fiscal year 2017 (-3.8% vs. -2.6%).
- With the exception of the Berkshires region, sales growth in the Metro Boston and Southeast Region (the source of 85% of recaptured gambling dollars) lagged behind other regions in the state in the two years following the opening of the casino.

Conclusion

Overall, the gains in lottery sales in Plainville have been sufficient to offset declines in the surrounding and nearby communities, but not enough to match gains in the rest of the state over the two year period since the opening of Plainridge Park Casino. However, the difference is not statistically significant and it is not possible to conclude any directional change in lottery sales. In other words, statistically, lottery sales in the host and nearby communities (designated surrounding communities and those within a 15-minute drive) remain unchanged.

The full report can be viewed at:

<https://massgaming.com/wp-content/uploads/Lottery-Revenue-and-Plainridge-Park-Casino-Analysis-after-Two-Years-of-Casino-Operation-5-10-18.pdf>

MASS-AT-A-GLANCE: An interactive app of social and economic trends in MA communities (Released on May 10, 2018)

Since the start of the SEIGMA project, the research team has developed numerous individual web applications that incorporate secondary data using a variety of social and economic variables. However, with individual applications, there are difficulties simultaneously comparing data sets. SEIGMA is excited to introduce MASS-AT-A-GLANCE, a user-friendly platform which makes all the data contained in each of these individual applications easily accessible.

The MASS-AT-A-GLANCE dashboard application (previously known as SHINY) provides users with an interactive way of exploring Massachusetts data on selected social and economic variables. It allows the user to simultaneously compare data sets through graphic representations in time and space. MASS-AT-A-GLANCE currently contains data on demographics (age, race, gender, ethnicity, population), social variables (marital status, educational attainment, veterans status, suicide rates, English language learners, students with disabilities), and economic variables (household income, poverty rates, employment, unemployment, bankruptcy, rent, building permits). Users can explore state-wide data or opt to focus on data in a specific municipality. The application is accessible through any web browser and a presentation which describes how to use the MASS-AT-A-GLANCE application is available here: <http://www.umass.edu/seigma/sites/default/files/MASS-AT-A-GLANCE%202018-05-10.pdf>. In addition to the information available through the MASS-AT-A-GLANCE application, each of the above mentioned



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social and economic variables has an individual application which allows the user to investigate each of these variables in greater depth.

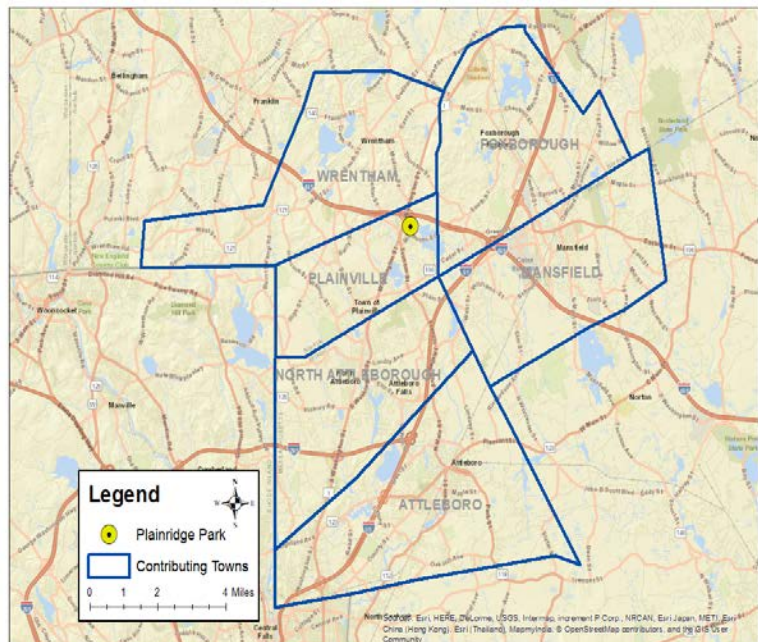
SEIGMA’s research assistants (RAs) are a crucial part of the web application development team. Over the years, the SEIGMA RAs have worked to develop the individual interactive web applications which feed into the MASS-AT-A-GLANCE dashboard application. In particular, one SEIGMA RA, Zhenning Kang—recently awarded a Master’s of Science in Biostatistics at UMass Amherst—brought the vision of MASS-AT-A-GLANCE to life.

You can find the app here:

<https://seigma.shinyapps.io/dashboard/>

Assessing the Impact of Gambling on Public Safety in Massachusetts Cities and Towns: Analysis of change in police data after two years of operation at Plainridge Park Casino (Released on March 1, 2018)

The primary purpose of this report is to conduct an analysis of the increases and decreases in crime, traffic and calls for service in the communities surrounding Plainridge Park Casino since the casino opened and to identify which changes in activity might be attributable to the casino. Analysis for this report draws upon both quantitative and qualitative methods to reach conclusions about changes in crime and calls for service in the Plainville area after the opening of Plainridge Park Casino. Statistics are compared to both past figures in the same area and changes in comparison communities. The principal investigator for this report, Christopher Bruce, uses data collected directly from each agency’s record management system (RMS) as an indicator to determine what categories of activity to investigate more thoroughly with qualitative methods, including reviews of police narratives and discussions with officers and analysts at the participating agencies.



Major findings

- During Plainridge Park Casino’s first two years of operation, the Gaming Enforcement Unit reported 2,906 “incidents” at the casino, of which 504 incidents were actual crimes. Trends include thefts of



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gaming credits, drug use and distribution in the parking areas, angry and intoxicated patrons, and thefts of personal property.

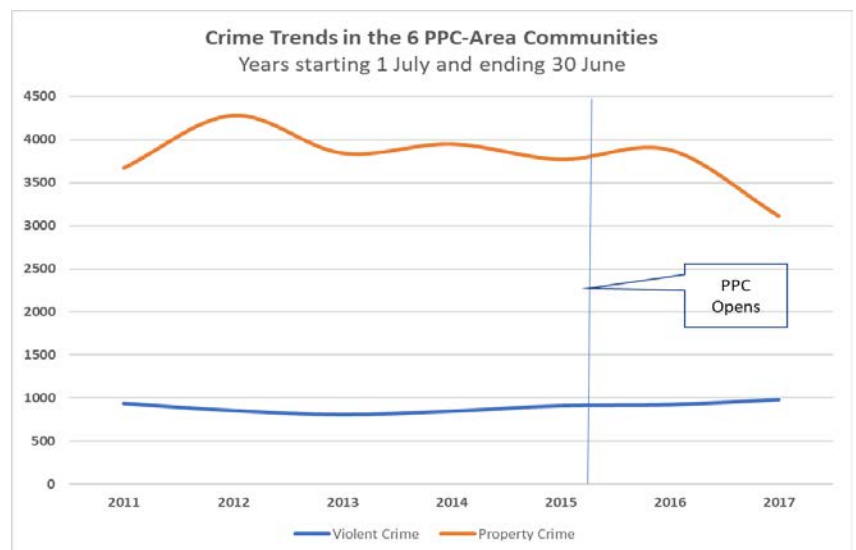
- The casino directly (i.e., incidents on casino property) led to a 10% increase in property crime (+41 incidents), a 12% increase in total crime (+80 incidents), and a 3% increase in calls for service (+436 incidents) for the Plainville Police Department.
- Statistics at the casino are similar to those at the top call-for-service locations in other communities.

Crime in Plainville and Surrounding Communities (June 2015- July 2017)

| Community | Top Offense Location | % Violent Crimes | % Property Crimes | % Total Crimes | % Calls for Service |
|-----------------|-----------------------|------------------|-------------------|----------------|---------------------|
| Plainville | Plainridge Park | 0% | 11% | 13% | 9% |
| Plainville #2 | Plainville Commons | 0% | 12% | 10% | 2% |
| Attleboro | Bristol Place | 1% | 9% | 8% | 3% |
| Mansfield | Xfinity Center* | 24% | 4% | 58% | <1% |
| N. Attleborough | Emerald Square | 6% | 23% | 17% | 11% |
| Wrentham | Wrentham Vlg. outlets | 12% | 62% | 59% | 24% |

- Based on a totality of the quantitative and qualitative evidence, the following trends in the surrounding communities are considered to be “likely” related to the presence of Plainridge Park Casino:

- Increases in credit card fraud in multiple communities during the first year of operation. This trend abated, however, in the second year
- Part of the increase in traffic collisions in the area, including those reported to the State Police
- An increase in “lost property” reports in Plainville
- An increase in “suspicious activity” reports in Plainville
- An increase in traffic complaints in Plainville
- Part of the general increase in crime at hotels, convenience stores, and gas stations



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- There were other increases among the six communities but the existing evidence does not appear to show a direct connection to Plainridge Park Casino.
- The analyses were also complicated by changes in reporting practices in some of the communities.
- Total arrests and other charges were down significantly in Plainville and surrounding communities, particularly for liquor-related offenses at the major event venues.
- When controlling for liquor-related offenses, arrests were also down (though not significantly) in most communities.
- There were 152 arrests at Plainridge Park Casino specifically during its first two years of operation.
- No increase was seen in state police crime statistics, excepting incidents at Plainridge Park Casino specifically.

For the full report:

<https://massgaming.com/wp-content/uploads/Assessing-the-Impact-of-Gambling-on-Public-Safety-in-Massachusetts-Cities-and-Towns-3-1-18.pdf>

Analysis of the Massachusetts Gambling Impact Cohort (MAGIC) Wave 2: Incidence and Transitions (Released on January 4, 2018)

This report presents results from a new cohort study of gambling and problem gambling underway in Massachusetts. While recent large-scale cohort studies have been carried out in Australia, Canada, New Zealand, and Sweden, there have been no major adult cohort studies of gambling in the United States. This report focuses on (1) establishment of the Massachusetts cohort, (2) changes in gambling participation within the cohort between 2013/2014 and 2015, (3) the “natural” incidence of problem gambling in Massachusetts (i.e., prior to the availability of casino gambling), and (4) transitions within the cohort between Wave 1 and Wave 2 of the study.

The cohort was established from a stratified sample of 3,139 respondents who completed the SEIGMA Baseline General Population Survey (BGPS), an address-based multi-mode probability sample survey conducted between September 2013 and May 2014 with adult (18+) Massachusetts residents. The main purpose of the stratified sample was to ensure that the cohort included the largest possible number of individuals who might be expected to change their gambling status over the course of the study, including Problem Gamblers, At-Risk Gamblers, and individuals who gambled regularly or spent substantial amounts on gambling. Wave 2 was conducted from March 2015 – September 2015 (an average of 16.5 months after Wave 1).

Changes in Gambling Participation

Changes in gambling participation within the cohort were examined by comparing the self-reported past-year behaviors of the members of the cohort at Wave 1 and Wave 2. Within the cohort, there was a statistically significant increase in overall gambling participation as well as in participation in casino gambling and horse race betting. There was also a statistically significant increase within the cohort in the average number of gambling formats engaged in over the previous 12 months. However, in all cases, the magnitude of the increase was quite small (2.0% – 3.2%).



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Incidence of Problem Gambling

The “natural” problem gambling incidence rate within the cohort from 2013/2014 to 2015 in Massachusetts (prior to the opening of any casinos) was 2.4% (95% CI [1.5%, 3.7%]). This estimate is based on new problem gamblers in the past 12 months in the cohort who were not problem gamblers in the BGPS, weighted to the Massachusetts population. Members of the cohort for whom problem gambling status was missing in one of the waves of the study (N=57) were excluded from the calculation of incidence.

Problem Gambling Status from Wave 1 to Wave 2

| | UN ¹ | N ² | % ² | 95% CI ² |
|---|-----------------|----------------|----------------|---------------------|
| Not problem gambler --> not a problem gambler | 2,943 | 5,032,690 | 95.5 | (93.9, 96.6) |
| Not problem gambler --> problem gambler | 60 | 123,631 | 2.3 | (1.5, 3.6) |
| Problem gambler --> not a problem gambler | 40 | 57,385 | 1.1 | (0.6, 2.0) |
| Problem gambler --> problem gambler | 39 | 58,764 | 1.1 | (0.6, 2.1) |
| Total | 3,082 | 5,272,470 | 100.0 | |

The incidence rate in Massachusetts is high relative to other jurisdictions where longitudinal cohort studies have obtained rates ranging from 0.12% to 1.4%. However, it is important to recognize that these other jurisdictions have different gambling landscapes, most of the studies in these jurisdictions utilized different measures of problem gambling to establish incidence, and the inter-assessment interval in MAGIC (16.5 months) is longer than the intervals in most of these other studies (with 12 months being typical).

Transitions, Stability, and Change

Another goal of the present analysis was to determine the rate of transitions, or the degree of stability and change, among the members of the cohort between Wave 1 and Wave 2. This analysis found that Recreational Gamblers had the most stable pattern of gambling behavior with 80.3% being Recreational Gamblers in both waves. Non-Gamblers were the next most stable group, with 64.4% being Non-Gamblers in both waves, but with a sizeable portion transitioning into Recreational Gambling in Wave 2. Only 49.4% of individuals who were Problem or Pathological Gamblers in Wave 1 were in this same category in Wave 2, with a sizeable portion transitioning into At-Risk Gambling and Recreational Gambling. Finally, At-Risk Gamblers were the most unstable, with only 37.5% being in the same category in both waves. Most of these individuals transitioned to Recreational Gambling, but a significant minority transitioned to become Problem or Pathological Gamblers. In general, these results are very similar to findings in cohort studies from other jurisdictions.

Implications and Future Directions

Results from the Massachusetts cohort study suggest that the incidence of problem gambling may be relatively high, despite the fact that casinos are not yet operating in the Commonwealth. If true, it would indicate that additional prevention and treatment resources for the state are required. The results also suggest that remission from problem gambling is quite high. If true, then additional treatment resources may be especially beneficial in accelerating such transitions.



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The first priority going forward is triangulating the present results with other data sources to either confirm or disconfirm the high incidence found in the present study. More specifically, we intend to examine whether there was a significant change in: (a) the prevalence of problem gambling in the Baseline Targeted Population Survey in the Plainville region in 2014 compared to the Follow-Up Targeted Population Survey in 2017; (b) the prevalence rate of problem gambling in the Springfield region subsample of the Baseline General Population Survey in 2013/2014 compared to the Baseline Targeted Population Survey in the Springfield region in 2015; (c) the incidence of problem gambling in Wave 3 of MAGIC in 2016 relative to Wave 2 in 2015; and (d) any secondary data sources pertaining to problem gambling rates over this time period (i.e., Department of Public Health admissions data, Massachusetts Council on Compulsive Gambling helpline calls, Gamblers Anonymous chapters).

Future analyses will focus on predictors of problem gambling onset and whether there are gender differences in these predictors as well as predictors of problem gambling remission and the extent to which accessing treatment is one of these factors.

For the full report:

<https://massgaming.com/wp-content/uploads/MAGIC-Wave-2-Report-1-10-18.pdf>

Upcoming Reports and Studies

Massachusetts Gambling Impact Cohort (MAGIC)

- To date, three waves of data have been collected from a cohort of 3,139 adult Massachusetts residents. The study includes an over-sample of at-risk and problem gamblers drawn from the SEIGMA baseline population survey.
 - **STATUS:** Wave 3 MAGIC report is expected in September 2018. Wave 4 data collection will be completed by July 2018.

Social and Economic Impacts of Gambling in Massachusetts (SEIGMA)

- **The Social and Economic Impacts of Gambling in MA, 2018**
 - Report summarizing the social and economic impacts to date of introducing casinos to MA.
 - This first report will primarily focus on the impacts associated with Plainridge Park Casino.
 - **STATUS:** Preliminary findings have been presented at the SEIGMA and MAGIC annual meeting on 5/23 as well as MGC open public meeting on 6/26. A final report is anticipated September 2018.
- **CHIA Manuscript: Gender differences in healthcare utilization and costs**
 - Analysis of males and females in the CHIA dataset who received a diagnosis of pathological gambling any year between 2009 and 2013.
 - **STATUS:** Submitted to the American Journal on Addictions June 18, 2018.



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- **Further Analyses of BGPS Data**

- Further analyses of BGPS data include preparation and submission of publishable manuscripts based on (1) deeper analyses of the BGPS, (2) analysis of differences in predictors of problem gambling by gender and age, (3) risk of harm based on analysis of associations between problem gambling and specific forms of gambling, and (4) veterans and problem gambling
- **STATUS:** Deeper analyses manuscript, revise and resubmit to *BMC Public Health* submitted June 18 2018; Gender and age manuscript, will be submitted to *Social Science & Medicine* by October 2018; Risk of harm manuscript, will be submitted to a public health journal by September 2018; Veterans and problem gambling manuscript, submitted to the *Journal of Gambling Studies* on June 7 , 2018

- **Alternative Weighting and Methods Technical Memo**

- Exploring alternative weighting techniques—model-based estimates of gambling.
- Explore the development of a composite measure for at-risk behaviors
- This approach, if successful, may translate to different populations, and avoid having to develop weights for each survey component of the SEIGMA and MAGIC projects.
- Memo describing proposed approach submitted to MGC in June 2017.
- **STATUS:** A plan to develop model-based estimates is expected in July 2018.

- **2nd Real Estate Report**

- Report on the impact of casinos on real estate conditions in MA.
- Provides a comparison to the 1st Real Estate Report which established a baseline prior to the opening of Plainridge Park Casino.
- **STATUS:** Author, Dr. Henry Renski, is ill. Finalized report by mid-July 2018.

- **Social Impact and Economic Impact Factsheets**

- Summaries of social and economic impact information aimed at general audiences.
- **STATUS:**
- Final report is expected in August 2018.

Public Safety Research

- **Assessing the Impact of Gambling on Public Safety in Massachusetts Cities and Towns**

- A report of crime and calls for service in Plainville and surrounding communities. The intention is to demonstrate, comprehensively, 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. Allows police agencies the ability to respond if issues arise.
- **STATUS:** The baseline report for Springfield and surrounding communities is under review. Final release is anticipated in August, 2018.

Data Storage and Sharing



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- **Exportable Baseline General Population Survey (BGPS) dataset and codebook**
 - The application process to access the data has been finalized. Currently assessing storage options.
- **Exportable Baseline Online Panel (BOPS) and Exportable Patron Survey datasets and codebooks**
 - The application process to access the data has been finalized. Currently assessing storage options.

Evaluation of Key Responsible Gaming Initiatives

- **Voluntary Self-Exclusion**
 - A longitudinal study of VSE enrollees
 - Provides information to improve the program and identify predictors of entry to the program that inform early intervention and prevention strategies.
 - **STATUS:** A draft report is currently under review by MGC peer research review committee. A final report is anticipated in August 2018.
- **GameSense Program**
 - A compendium of four separate evaluation studies including:
 - Summary Analysis of the Plainridge Park Casino GameSense Program Activities and Visitor Survey: December 1, 2015-May31, 2016
 - Summary Analysis of the Plainridge Park Casino GameSense Program Activities and Visitor Survey: August 8, 2016 – February 7, 2017
 - Summary Analysis of the 2016 Plainridge Park Casino Patron Intercept Survey: Focus on GameSense
 - Summary Analysis of the Plainridge Park Casino Employee GameSense Survey
 - **STATUS:** A draft report is under review by the MGC peer Research Review committee. A final report is anticipated in July 2018.
- **Play My Way**
 - The initial evaluation of PlayMyWay was released November, 2017. Next steps for the evaluation include:
 - A follow-up study using data which links player spend data with Play My Way data.
 - A patron survey exploring perception and utility of Play My Way was fielded in June,
 - **STATUS:** We've experienced unexpected problems in data collection that will delay the release. Working with key partners to resolve the issue. A release date hasn't been determined.



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Special Population Research

- The University of Massachusetts Boston, Institute for Asian American Studies is conducting a pilot study to develop and test methods for recruiting, screening, and conducting diagnostic interviews among Chinese immigrants living and working in Boston's Chinatown.
 - **STATUS:** Final Report is anticipated September 2018.
- JSI Research and Training Institute, Inc. is conducting a study of recreational and problem gambling among Black residents of Boston. The study is intended to build on the foundation of knowledge started by the Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) study.
 - **STATUS:** Final Report is anticipated in August 2018.
- Bedford VA Research Corporation Inc. (BRCI) is evaluating the reliability and validity of the BBGS gambling screen to detect problem gambling among VA patients in Primary Care Behavior Health (PCBH) clinics. The study aims to evaluate the prevalence of problem gambling among veterans and its co-occurrence with other medical and mental health problems.
 - **STATUS:** Final Report is anticipated August 2018.

Reports and Studies (2014-2017)

All reports and publications listed in this section are available at:

<https://massgaming.com/about/research-agenda/> or <https://www.umass.edu/seigma/>

Social

- Analysis of the Massachusetts Gambling Impact Cohort (MAGIC) Wave 2: Incidence and Transitions. (December 22, 2017)
- Gambling and Problem Gambling in Massachusetts: In-Depth Analysis of Predictors. (March 23, 2017)
- Impacts of Gambling in Massachusetts: Results of a Baseline Online Panel Survey (BOPS). (January 10, 2017)
- Key Findings from SEIGMA Research Activities: Potential Implications for Strategic Planners of Problem Gambling Prevention and Treatment Services in Massachusetts. (December 18, 2015)
- Gambling and Problem Gambling in Massachusetts: Results of a Baseline Population Survey. (September 15, 2017)

Publications

- Rodriguez-Monguio, R., Brand, E., & Volberg, R. (2017). The Economic Burden of Pathological Gambling and Co-occurring Mental Health and Substance Use Disorders. *Journal of Addiction Medicine*.
- Rodriguez-Monguio, R., Errea, M., & Volberg, R. (2017). Comorbid pathological gambling, mental health, and substance use disorders: Health-care services provision by clinician specialty. *Journal of Behavioral Addictions*.



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- Okunna, N. C., Rodriguez-Monguio, R., Smelson, D. A., Poudel, K. C., & Volberg, R. (2016). Gambling involvement indicative of underlying behavioral and mental health disorders. *The American Journal on Addictions*.
- Okunna, N. C., Rodriguez-Monguio, R., Smelson, D. A., & Volberg, R. A. (2015). An Evaluation of Substance Abuse, Mental Health Disorders, and Gambling Correlations: An Opportunity for Early Public Health Interventions. *International Journal of Mental Health and Addiction*.

Economic

- Plainridge Park Casino First year of Operations: Economic Impacts Report, October 6, 2017
- New Employee Survey at Plainridge Park Casino: Analysis of the First Two Years of Data Collection. (May 10, 2017)
- Lottery Revenue and Plainridge Park Casino: Analysis of the First Year of Casino Operation. (January 19, 2017)
- Real Estate Profiles of Host Communities. (August 30, 2016)
- The Construction of Plainridge Park Casino: Spending, Employment and Economic Impacts. (September 19, 2016)
- Economic Profiles of Host Communities. (October 20, 2015)
- Measuring the Economic Effects of Casinos on Local Areas: Applying a Community Comparison Matching Method. (November 5, 2014)

Public Safety

- Assessing the Impact of Gambling on Public Safety in Massachusetts Cities and Towns
 - Baseline Analysis of Crime, Calls for Service, and Collision Data in the Plainville Region. (August 24, 2015)
 - Analysis of changes in Police Data After the First Six Months of Operation at Plainridge Park Casino. (April 12, 2016)
 - Analysis of Changes in Police Data After the First Year of Operation at Plainridge Park Casino. (December 12, 2016)

Program Evaluation

- Summary Analysis of the Plainridge Park Casino GameSense Program Activities & Visitor Survey: December 1, 2015 – May 31, 2016, (July 2016)
- Preliminary Study of Patrons' Use of the PlayMyWay Play Management System at Plainridge Park Casino: June 8, 2016 – January 31, 2017 (October, 2017)



Massachusetts Gaming Commission

Regional Planning Process in Region B

Public Health Trust Fund
July 11, 2018

Rebecca Bishop, MSW, Program Manager
Ola Szczerepa, MA, Project Coordinator

What is a Regional Planning Process?

- A way to engage the community to collaboratively plan and design specific actionable outcomes



Image: <https://afiftabsh.com/tag/community-engagement/>

Region B Planning Process

- A community engagement process to inform prevention strategies for youth and high risk populations
- Partnered with residents and community organizations to learn about knowledge, beliefs and attitudes about gambling
- Provided ten recommendations that are relevant to communities of color and other high risk communities



Image: https://www.123rf.com/photo_20334611_different-arrows-around-a-target-pointing-to-the-center.html

Importance of Regional Planning Process

- This customized approach is important because **prescriptive models don't work**
- This community process:
 - Provided a process in which the community has the **ability to participate** in initiatives that impact them
 - Developed **community partnerships** that can be harnessed for future initiatives
 - **Increased capacity** of the community to assess the impact of gambling in their lives and on their community

Health Equity

- Health equity means that everyone has the ability to reach their highest level of health¹
 - “This requires removing obstacles to health such as *poverty, discrimination, lack of access to good jobs with fair pay, quality education and housing, and safe environments*”²



Image: <https://www.rwjf.org/en/library/features/achieving-health-equity.html>

Promoting Health Equity

- The regional planning process promotes health equity by:
 - Identifying health disparities and addressing inequities
 - Using evidence to inform decisions
 - Engaging the community, with a focus on populations most impacted

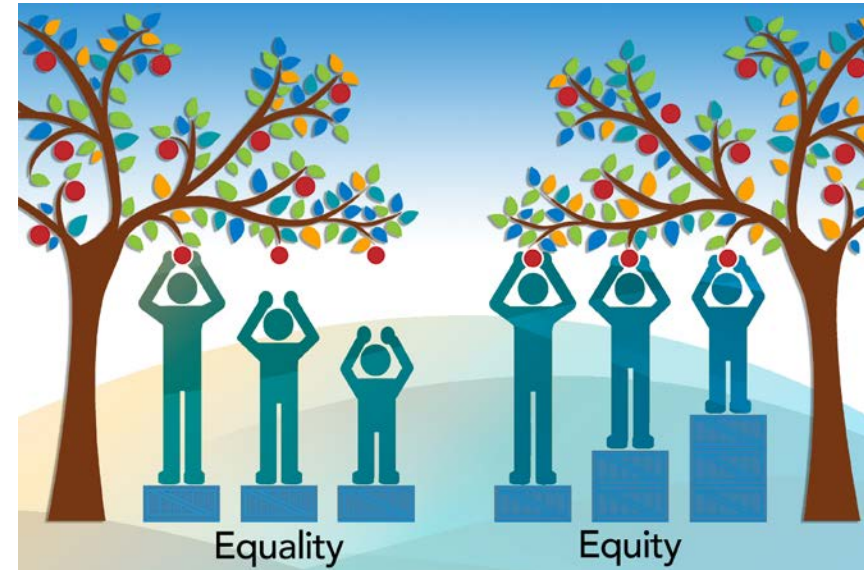


Image: <http://snnla.org/wp-content/uploads/2018/03/>

Regional Planning Process Steps

- Review of local demographics
- Regional stakeholder meeting
- Identification of community assets and local resources
- Key informant interviews and focus groups with individuals who understand and/or may influence the behavior of these populations
- Development of messages and evaluation

Region B Engagement: 114 Stakeholders

2 Focus Groups
20 Youth

- Why Risk It! Coalition, Choices
- 55% Latino, 25% Black | 70% Springfield, 30% Holyoke

2 Focus Groups
23 Caregivers

- Open Door, 6 schools (high, middle, & elementary)
- 82% Latino, 8% Black | 53% Springfield, 44% Holyoke

3 Focus Groups
39 Men in Recovery

- Gandara, Hope for Holyoke, Open Door, Roca
- 74% Latino, 18% Black | 69% Springfield, 21% Holyoke

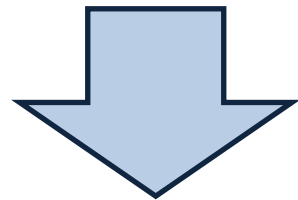
32 Community
Stakeholders

- 12 Key Informant Interviews
- 20 Community Stakeholder Meeting

Strategic Plan: Prevention for Youth

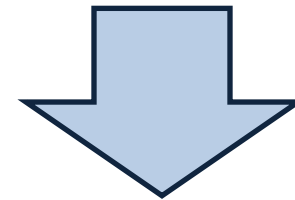
Reach *youth* and *parents* with appropriate prevention messaging

Youth who begin gambling early are more likely to experience problem gambling later in life³



Youth 12-18

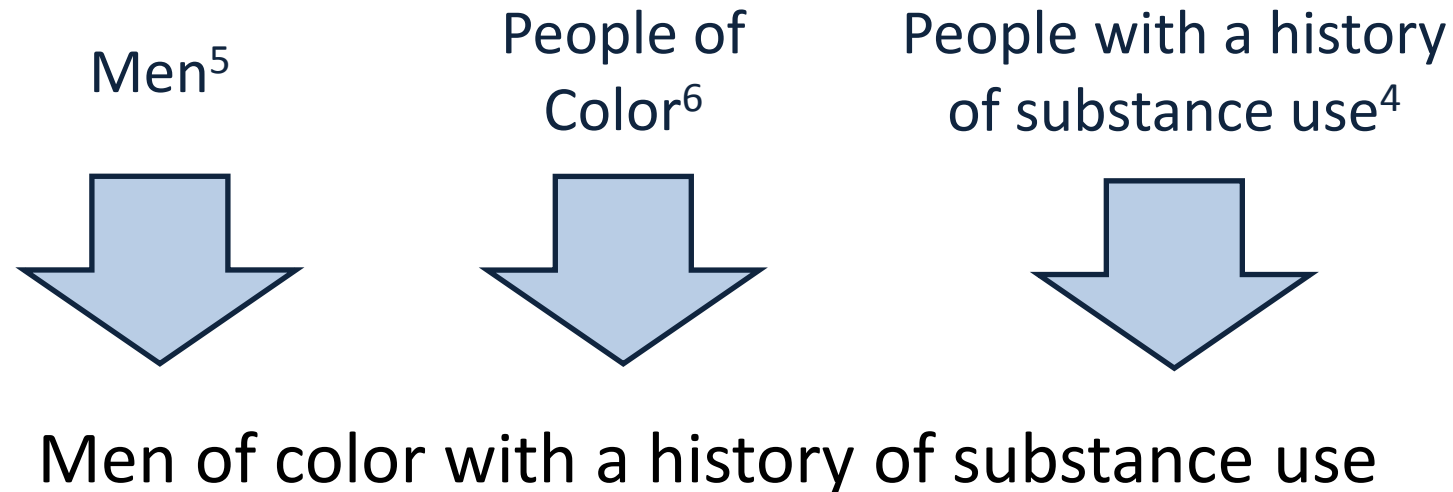
Parents can provide protective factors that can protect youth from experiencing problem gambling⁴



Parents/Caregivers

Strategic Plan: Prevention for High Risk

Strategy: Develop and distribute culturally appropriate campaigns and services for high risk populations



Intersectionality

- A framework for understanding how multiple social identities intersect to reflect interlocking experiences of disadvantage⁷.
 - Race
 - Gender
 - Sexual orientation
 - Socio -economic status
 - Disability

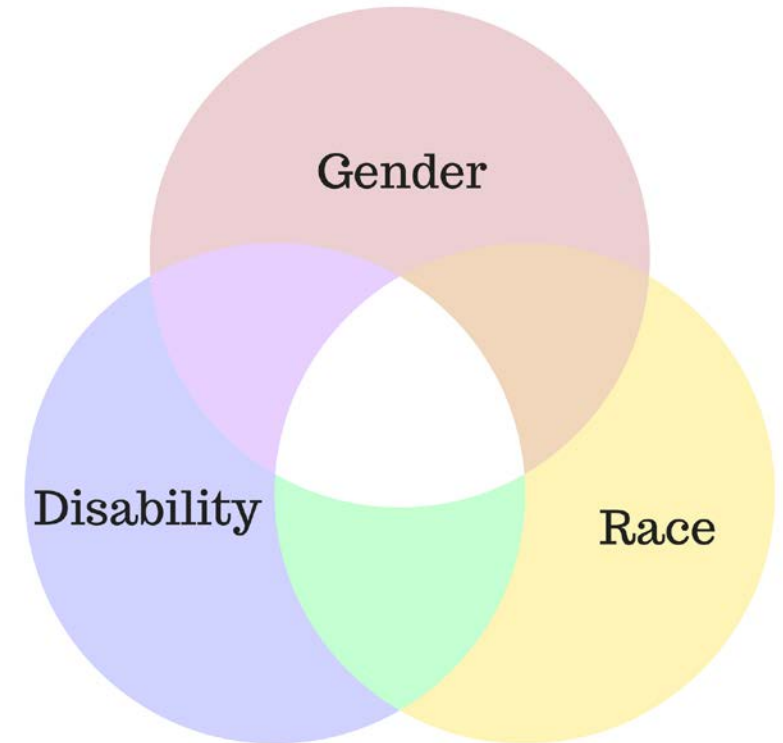


Image: canva.com

Results: Youth in Region B

- Youth have a lot of exposure to and experience with gambling

“I see friends do it, grandparents, parents, aunts. I see my uncle do it a lot.”

- Youth see many benefits to gambling, e.g., economic (individually and for the community), happiness
- Some youth have overall negative attitudes about gambling; others think gambling is sometimes ok

“If you came from nothing and you’re broke, and you put in \$20 and won \$500 you won \$480 - that’s great.”

- Youth know about gambling, its risks, and that “it’s rigged against you,” but also have deep insights into why people do it

“You can’t stop because you need more money.”

Results: Caregivers in Region B

- Caregivers have personal or familial experience with gambling

“I play but it’s not an addiction. I play and then I say ‘God please let me win.’ It’s hope!”

- Caregivers’ personal attitudes about gambling vary between never acceptable, and acceptable in some forms
- Caregivers talk with youth about gambling and say youth understand it, but fear youth exposure to it

“None of us wants to see our kids bet, regardless of what it is. We don’t want to see them get involved.”

“I would never motivate my kids to game, to be near games or do anything similar.”

- Caregivers worry about the casino’s impact on local crime, substance use disorders, small businesses, and individuals’ finances, but also see its benefits

Results: Men in Recovery in Region B

- Men in recovery have extensive experience gambling, sometimes beginning in childhood
- Many men described having problems with gambling, and some intentionally refrain from gambling

“Some may have control. I can’t. I don’t. If I play I will keep playing. If I play and lose then I will keep playing.”

- Most men said gambling is the same as substance use

“I used drugs and I gambled and it wasn’t different...I couldn’t stop gambling and couldn’t stop getting high. I did the same things for both. Rob, steal, whatever I needed.”

- Men were motivated and excited to share personal experiences with others

Strategies

- 10 recommendations for MDPH to consider
 - Two strategies recommended for priority implementation
 - Photovoice strategy
 - Ambassador strategy

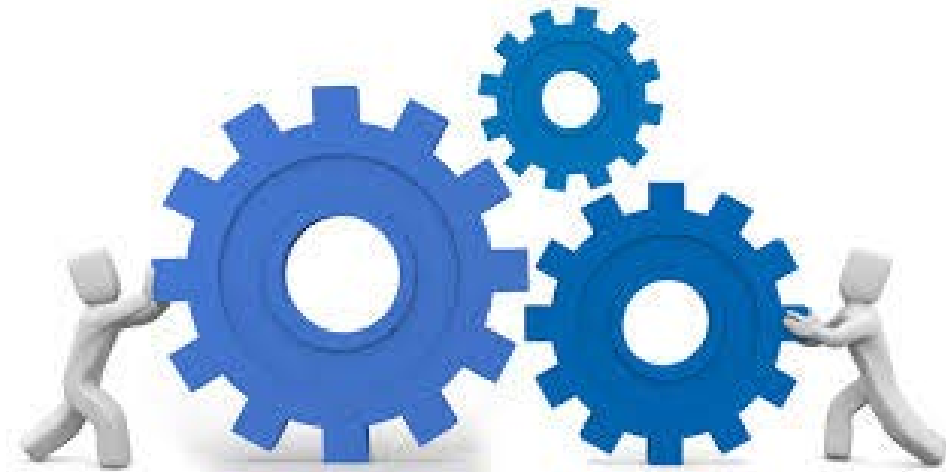


Image: <http://www.ftwonline.co.za/article/178660/Policy-and-implementation-in-focus-at-Transport-Forum/56>

PhotoVoice Model: Lessons Learned from TA

Step 1: Planning a PhotoVoice Project

- Leadership development opportunities
- Develop goals research questions & timeline
- Identify local gambling issues
- Legal & resource needs

Step 2: Carrying out a PhotoVoice Project

- Development of critical photography lens
- Taking pictures that answer research questions
- Discussions about what photo's mean & develop themes

Step 3: Exhibiting Photographs and Creating Social Action

- Youth advocate to make their community healthier and safer
- Parents view exhibit of photographs and have discussion about what they can do to support youth

Ambassador Model: Lessons Learned from TA



- Ambassadors learn about how gambling impacts recovery
- Ambassadors enhance leadership skills to facilitate conversations with peers

- Ambassadors lead guided discussions about how gambling impacts recovery with peers

- Recovery support providers create environments that support gambling prevention by:
 - (1) Supporting ambassadors
 - (2) Examining policies & procedures

Communications Recommendation 1/8

- **Finding:** Caregivers reported their high gambling frequency influenced their children's underage gambling behavior. Caregivers play a major role in preventing risky behaviors and have an opportunity to support underage gambling prevention.
- **Recommendation:** Identify or develop educational materials for caregivers on how to prevent their children from participating in underage gambling, and make these resources widely available.

Data Recommendation 2/8

- **Finding:** A health equity lens helped identify populations who are most impacted by problem gambling and ensured that these groups informed the data gathered in this assessment.
- **Recommendation:** Assess the health and racial disparities in a given area, and include the people who are experiencing the most significant disparities.

Engagement Recommendation 3/8

- **Finding:** Men in recovery described problem gambling as another addiction. Their experience allows them to connect substance misuse and problem gambling.
- **Recommendation:** Provide opportunities for men in recovery to inform policies and initiatives that make connections between substance misuse and problem gambling.

Engagement Recommendation 4/8

- **Finding:** Community residents know their community well, and their insights are invaluable in understanding community context and identifying key leaders in the area.
- **Recommendation:** Ensure that local residents have a voice in the implementation of initiatives for problem gambling prevention in their community.

Programmatic Recommendation 5/8

- **Finding:** A large proportion of youth reported they participate in underage gambling, however their attitudes show that they are conscious of the harms of gambling. The attitudes and actions of youth are not entirely aligned.
- **Recommendation:** Develop targeted prevention strategies for youth at highest risk for underage gambling that include exploring risks associated with underage gambling and making connections between actions and attitudes.

Programmatic Recommendation 6/8

- **Finding:** Community-based social services organizations are interested in learning about gambling. These organizations serve populations at high risk and can benefit from opportunities for capacity building to support problem gambling prevention.
- **Recommendation:** Provide opportunities for community-based social service organizations to build their capacity to engage in problem gambling prevention.

Programmatic Recommendation 7/8

- **Finding:** Youth, caregivers, and men in recovery describe gambling as intertwined with violence, community health, sexual exploitation, and poverty. These factors create community disorder that supports problem gambling.
- **Recommendation:** Leverage collaborations among multiple public health sectors to integrate problem gambling prevention strategies.

Programmatic Recommendation 8/8

- **Finding:** Older adults were identified by community stakeholders as a potential high risk population for problem gambling. This population is not a population reflected in state-level quantitative data is
- **Recommendation:** Explore how older adults are impacted by problem gambling, and provide opportunities to engage them in prevention strategies.

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REGIONAL PLANNING PROCESS: A COMMUNITY-CENTERED APPROACH TO DEVELOPING PREVENTION MESSAGING FOR YOUTH AND HIGH-RISK POPULATIONS

A Massachusetts approach to culturally responsive prevention planning explores gambling knowledge, attitudes, and behaviors of local communities. This approach recognizes that individual and community health is influenced by many factors including the society people live in, the conditions they are exposed to, and the life opportunities they are afforded.

Massachusetts' regional planning processes are community-centered and data-driven methods of assessing strengths, assets, needs, and challenges, that also promote health and racial equity. These regional planning processes prioritize community engagement in informing prevention strategies for youth, caregivers, and high risk populations. State¹ and national² research shows that people of color are at higher risk for developing a gambling disorder. A priority in this work is to decrease disparities and increase equity, thus underlining the focus of engaging and designing for communities of color.

In addition, a best practice in public health is planning multiple interventions and strategies across multiple domains (including community, family, and individual) that are relevant to communities of color. This ensures that community-wide issues are addressed in various ways and that local populations are engaged in finding solutions.

Health equity: Health equity means that everyone has the ability to reach their highest level of health.³ "This requires removing obstacles to health such as poverty, discrimination, lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care."⁴

Inequity: "A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."⁵

¹ Volberg, R. A., Williams, R. J., Stanek, E. J., Houpt, K. A., Zorn, M., & Rodriguez-Monguio, R. (2017). Gambling and problem gambling in Massachusetts: Results of a baseline population survey. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst.

² Barry, D. T., Stefanovics, E. A., Desai, R. A., & Potenza, M. N. (2011). Differences in the associations between gambling problem severity and psychiatric disorders among black and white adults: Findings from the national epidemiologic survey on alcohol and related conditions. *The American Journal on Addictions*, 20(1), 69-77.

³ American Public Health Association. (2015). *Better health through equity: Case studies in reframing public health work*. Retrieved from https://www.apha.org/-/media/files/pdf/topics/equity/equity_stories.ashx?la=en&hash=DB7341D9CA82547EAFD8DF9DCAE718A0CD6B92DC

⁴ Braveman, P., Arkin, E., Orleans, T., Proctor, D., & Plough, A. (2017). *What is health equity?* Retrieved from <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

⁵ U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020. Section IV: Advisory Committee findings and recommendations. Retrieved from http://www.healthypeople.gov/sites/default/files/Phasel_0.pdf

Regional Planning Process Stages

The Public Health Trust Fund Executive Committee adopted the *Strategic Plan: Services to Mitigate the Harms Associated with Gambling in Massachusetts* in April 2016. MasTAPP operationalized two of this plan's key recommendations:

- Reach youth and parents with appropriate prevention messaging, and enhance environmental strategies to increase protective factors and decrease risk factors
- Develop and distribute culturally appropriate campaigns and services for a high-risk population

In June 2017, MasTAPP completed a regional planning process for Plainville/Region C and a year later has completed a regional planning process for Region B and is working toward completing one for Region A. Each regional planning process occurred in several stages:

Stage 1: A review of local demographics

Stage 2: Community outreach and identification of key stakeholders

Stage 3: Convening and facilitation of a regional stakeholder meeting

Stage 4: Identification of community assets and local resources

Stage 5: Key informant interviews with individuals who understand and/or may influence the behavior of priority populations

Stage 6: Focus groups with priority populations and data analysis

Stage 7: Development of messages and prevention strategies

Each regional planning process produced a summary of data collected from stakeholders, a description of the proposed prevention strategies, and recommendations for the future.

Why is a Regional Planning Process Needed?

Massachusetts data also show that people who have a high school education or less, an income of less than \$15,000, and are unemployed are two times more likely to be at risk for problem gambling.¹ It is important to understand how these experiences impact health, quality of life, and gambling perceptions and experiences.

Health equity can only be achieved when the values and priorities of the populations most impacted by an issue, such as problem gambling, are integrated into planning and decision-making. Regional planning processes align with the requirement to engage the public in the planning, development, and implementation of public health strategies.⁶ Sustainable community engagement occurs when community members feel empowered to advocate for the change they want to see in their community. Engaging the community honors residents, supports assessment, strengthens capacity, enhances the effectiveness of interventions, and promotes sustainability. Communities know what needs, resources, and readiness their neighborhoods need most, and they are best positioned to identify networks, resources, and strategies to reach priority populations.

⁶ Ortiz, V., & Wood, B. (2018). Community engagement strategies and principles: Hampden County [PowerPoint slides].

Stakeholder Engagement

These planning processes directly engaged a total of 271 stakeholders across all Regions (A, B, and Plainville/C). These individuals participated in key stakeholder meetings, key informant interviews, and focus groups.

The number of youth, caregivers, and men in recovery directly engaged in focus groups or key informant interviews, broken down by region, are outlined below, along with their demographic information. (Percentages were rounded and may not always equal exactly 100%).

- **Plainville/Region C: A total of 69 stakeholders were engaged in the planning process, including:**
 - Youth
Race/ethnicity: 27% white, 12% Black, 8% biracial
City of residence: 50% Brockton, 27% Taunton, 23% Foxboro
 - Caregivers
Race/ethnicity: 78% white, 22% unknown
City of residence: 78% Plymouth, 11% Attleboro, 11% Harwich
 - Men in recovery
Race/ethnicity: 16% black, 11% biracial, 5% Latino, 5% white, 63% unknown,
City of residence: 16% Hyannis, 11% Carver, 5% Fall River, 5% Sandwich, 63% unknown

- **Region B: A total of 114 stakeholders were engaged in the planning process, including:**
 - Youth
Race/ethnicity: 52% Latino, 24% Black, 19% biracial, 5% unknown
City of residence: 67% Springfield, 28% Holyoke, 5% unknown
 - Caregivers
Race/ethnicity: 75% Latino, 9% Black, 4% biracial, 8% white, 4% unknown
City of residence: 50% Springfield, 42% Holyoke, 4% Enfield, 4% unknown
 - Men in recovery
Race/ethnicity: 74% Latino, 18% Black, 8% biracial
City of residence: 69% Springfield, 21% Holyoke, 5% Chicopee, 5% Jamaica Plain

- **Region A: A total of 88 stakeholders were engaged in the planning process, including:**
 - Youth
Race/ethnicity: 35% Latino, 24% Black, 6% Asian, 35% unknown
City of residence: 35% Everett, 29% Boston, 35% unknown
 - Caregivers
Race/ethnicity: 73% Latino, 18% Black, 9% white
City of residence: 73% Everett, 9% Somerville, 9% Boston, 9% Chelsea
 - Men in recovery
Race/ethnicity: 66% Black, 32% Latino, 2% biracial
City of residence: 93% Boston, 5% Weymouth, 2% Quincy

NEW FRONTIERS FOR YOUTH-CENTERED PREVENTION PROGRAMMING USING PHOTOVOICE

In Massachusetts, a pioneering approach to gambling education uses photovoice, a participatory, photography-based method, to increase the perception of harm of, and decrease the rates of, underage gambling.

Massachusetts Department of Public Health has funded youth-serving organizations in Region C (Plainville/Southeastern MA) to use photovoice in the development of gambling prevention programming aimed at youth and their caregivers. These communities are receiving support and guidance from the Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) and evaluation from Social Science Research & Evaluation (SSRE). This strategy is also recommended for youth and their caregivers in Region B (Western MA).

This brief provides the following:

- ✓ Rationale for the use of photography-based education with youth
- ✓ Background of the photovoice method
- ✓ Examples of effective photovoice prevention and education programming aimed at teenagers and young adults
- ✓ The Massachusetts photovoice model

Teenagers and Photography

Almost 75% of American teenagers have a personal smartphone and, unlike older smartphone users, use photographs taken on their phones to communicate with one another.¹ In the past three years, teenagers have become the primary users of the photography-based social media platforms Instagram and Snapchat, and approximately 75% of teens ages 13-17 use these platforms daily.² This preference for participatory, socially shared photography creates myriad opportunities for innovative health and wellness programming with teens and young adults.

Understanding Photovoice

The ability of photographs to increase understanding and expand personal horizons is nothing new. For the past two decades, qualitative researchers have used a photography-based research method called photovoice to better understand political and social issues and to drive policy changes. This method is based on work by sociologist Paulo Freire, who advocated giving voice to the oppressed and marginalized in society as a means of balancing dynamics with those in power.³

Photovoice uses participant-taken photography to accomplish three main goals:

- 1) enable people to record and reflect their community's strengths and concerns
- 2) promote critical dialogue and knowledge about important issues through large and small group discussion of photographs
- 3) reach policymakers⁴

¹ Pew Research Center. (2015). *Teens, social media & technology overview 2015: Smartphone facilitates shift in communication landscape for teens*. Washington, DC: Pew Research Center. Retrieved from http://www.pewinternet.org/files/2015/04/PI_TeensandTech_Update2015_0409151.pdf#3

² The Associated Press – NORC Center for Public Affairs Research. (n.d.) *Snapchat and Instagram are most popular social media platforms among American teens; Black teens are the most active on social media, messaging apps*. Retrieved from <http://apnorc.org/projects/Pages/HTML%20Reports/instagram-and-snapchat-a-re-most-popular-social-networks-for-teens.aspx>

³ Freire, P. (1972). *Pedagogy of the oppressed*. New York: Herder and Herder.

⁴ Wang, C., & Burris, M. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health Education and Behavior*, 24(3), 369-387.

In its earliest iterations, participants in photovoice projects were given disposable cameras, and photographs were then developed into hard photographs. With the widespread use of smartphones, participants can take a larger number of pictures than they could take with traditional film cameras, and researchers can use the digital images in a broader array of discussions and methods of advocacy.

Photovoice as an Evidence-Based Practice for Youth and Young Adults

Photovoice has been used as an educational tool for youth and young adults. With youth's dominant use of smartphone photography, photovoice educational and prevention programs have shown tremendous promise in reaching and engaging with this population.

Photovoice has been effectively used with youth and young adults in the following ways:

Health Assessment and Promotion: Teens were asked to use photovoice to capture alcohol and other drug use among their cohort. The photos were then used to foster discussion about the ways in which the community environment contributes and discourages substance use among teens. This project resulted in increased conversation between youth and adults about substance use, data for community assessment, and a youth- and community-owned traveling exhibit of the data.⁵

Increase Understanding of Social Issues: Three groups of teens across the United States were asked to use photovoice to document multiculturalism in their communities. The photographs were used to catalyze a discussion about the teens' perceptions of the benefits of multiculturalism and as a needs assessment for additional educational support that could be provided to them to increase their understanding of other cultures.⁶

Change Public Policy: Latina youth used photovoice to document the challenges of engaging in routine physical activity in their school and community. The results of the project were used to propose changes to physical education classes and advocate for increased lighting in public spaces and the reopening of shuttered public use facilities.⁷

Understand Barriers: Undergraduate students majoring in health professions participated in a photovoice project to foster understanding of barriers to health care in low-income communities. The photographs were then displayed in an exhibit to community stakeholders, who demonstrated an increase in understanding factors that impact health care access among low-income residents.⁸

⁵ Brazg, T., Bekemeier, B., Spigner, C., & Huebner, C. E. (2011). Our community in focus: The use of photovoice for youth-driven substance abuse assessment and health promotion. *Health Promotion Practice, 12*(4), 502–511.

⁶ Johansen, S., & Le, T. N. (2014). Youth perspective on multiculturalism using photovoice methodology. *Youth & Society, 46*(4), 548–565.

⁷ Hannay, J., Dudley, R., Milan, S., & Leibovitz, P. K. (2013). Combining photovoice and focus groups: Engaging Latina teens in community assessment. *American Journal of Preventive Medicine, 44*(3), S215-S224.

⁸ Massengale, K. E. C., Strack, R. W., Orsini, M. M., & Herget, J. (2016). Photovoice as pedagogy for authentic learning: Empowering undergraduate students to increase community awareness about issues related to the impact of low income on health. *Pedagogy in Health Promotion, 2*, 117-126.



MA PHOTOVOICE PROJECT

YOUTH OBJECTIVES

- Increase awareness of gambling exposure in everyday life
- Reinforce youth perception of risk of harm of gambling

PARENT OBJECTIVES

- Increase awareness of gambling exposure to youth lives
- Strengthen understanding of why gambling may be risky for youth
- Develop concrete ideas and ways to build youth resilience

PLAN A PHOTOVOICE PROJECT

- Provide leadership development opportunities for youth
- Introduce gambling prevention to youth and the ability to explore it through photography.
- Educate about legal and ethical obligations

TAKE & DISCUSS PHOTOGRAPHS

- Develop a critical photography lens
- Take pictures in response to key questions related to gambling
- Discuss meaning of photographs
- Educate about gambling prevention

EXHIBITION & ENGAGE PARENTS

- Youth advocate to make their community a better place
- Parents view exhibit of photographs and have discussion about what they can do to support youth

1 SESSION

- Intro to project, gambling in the community, ethics

3 SESSIONS

- Critical photography skills
- Ongoing gambling education
- Respond to key questions using photographs

2 SESSIONS

- Transcribe notes from youth conversations
- Identify description for photographs
- Blow up photographs

2 SESSIONS

- Exhibition and parent session

Conclusion

Photovoice-based educational and prevention programming with youth and young adults has emerged as an engaging, participatory, and impactful way of creating perception change, behavior change, and, ultimately, policy change. Backed by extensive evidence of success for youth, along with youth's appreciation for and engagement in photography, Massachusetts' statewide implementation of photovoice has potential to be effective in underage gambling prevention. Evaluators develop short term, intermediate and long term goals, gathering data throughout the implementation, and evaluate the overall effectiveness of the project.

NEW FRONTIERS FOR PROBLEM GAMBLING PREVENTION: AMBASSADOR PROJECT

In Massachusetts, the ambassador project is a pioneering approach to gambling education that is community centered and culturally responsive to reach populations at highest risk for problem gambling. This project is a participatory, peer-to-peer method to educate about the connection between gambling and other behavioral health-related disorders.

Massachusetts Department of Public Health has funded recovery support centers in Region C (Plainville/Southeastern MA) to use the ambassador strategy in the development of gambling prevention programming for a population at high risk for problem gambling: men of color with a history of substance misuse. These recovery support centers are receiving support and guidance from the Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) and evaluation from Social Science Research & Evaluation (SSRE). This strategy is also recommended for men of color with a history substance misuse in Region B (Western MA).

This brief provides the following:

- ✓ Rationale for the use of participatory education
- ✓ The ambassador strategy
- ✓ An Overview of the Massachusetts Ambassador Project

Peer Recovery Support Centers and Participatory Education

The Massachusetts Department of Public Health funds 10 substance use peer recovery support centers across the state. These centers use the Massachusetts Peer Participatory Process Model,¹ which requires that people engage with one another through lived experience, accept all paths to recovery in order to build healthy relationships, and empower peers to become productive members of society. This model connects people in recovery by building a community where everyone has a voice in the programming, services, and functioning of each center.

All center members, known as “the community,” have the ability to generate ideas, voice their thoughts and concerns, raise important questions, and identify needs and gaps within the center. Each center has regular community meetings that provide a mechanism for the community to share input into recovery activities, community groups, center initiatives, and/or policies.² These decisions pass to a leadership committee, also made up of center members, who prioritize center needs and identify the feasibility of any proposed services and policies; the leadership committee then makes recommendations to center staff.³

Recovery support center staff are also in recovery, and their role is to coordinate, oversee, and facilitate activities identified by the center community. Each center has between two and three staff, including the program director and volunteer coordinator. In addition to staff, recovery centers are run by volunteers, who can play various roles, including setting up programming, preparing meals, facilitating groups and events, providing support, leading activities, and supporting administrative tasks. Volunteering is an important part of being in recovery, and volunteer roles provide an opportunity for people to give back, enhance their skills, and connect with others.

Ambassador Strategy

The ambassador strategy is a participatory, peer-to-peer strategy that trains men of color who are in recovery to have gambling prevention conversations with other men of color with a history of substance misuse. According to the Substance Abuse and Mental Health Services Administration, research has shown that peer support facilitates “recovery and reduces health care costs . . . [by promoting] a sense of belonging within the community. . . . [It also supports] the

¹ The Massachusetts Substance Use Helpline. (2016, December 29). *Paths to recovery: Recovery coaches*. Retrieved from <https://helplinema.org/2016/12/29/paths-to-recovery-recovery-coaches/>

² A New Way Recovery Center [Website]. (n.d.). Retrieved from <https://anewwayrecoveryctr.org/>

³ Grasmere, J., Martell, J., Andersen, R., & Parker, D. (2006). *How to build your own peer-to-peer recovery center from the ground up!* Retrieved from http://facesandvoicesofrecovery.org/file_download/inline/8345d2db-0c3f-4c92-adaa-9f7948459ada

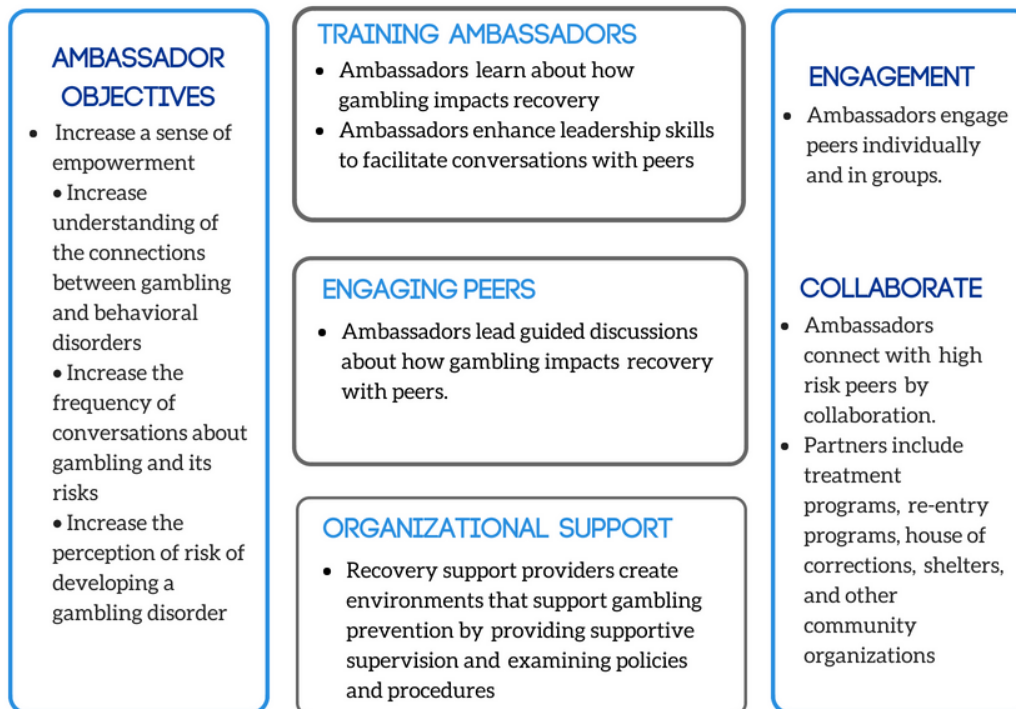
development of self-efficacy through role modeling and assisting peers with ongoing recovery through mastery of experiences and finding meaning, purpose, and social connections in their lives.”⁴

The objectives of the ambassador strategy are:

- Increase a sense of empowerment among men in recovery to be ambassadors to others
- Increase understanding of the connections between gambling and other substance use disorders among men with a history of substance misuse whom ambassadors speak with
- Increase the frequency of conversations about gambling and its risks among men in recovery
- Increase the perception of risk of developing a gambling disorder in connection to a substance use disorder among men with a history of substance misuse



MA AMBASSADOR PROJECT



Conclusion

Participatory peer-to-peer prevention efforts with populations at risk have been shown to be a powerful, effective, and sustainable strategy. Massachusetts’ statewide implementation of the ambassador project for problem gambling prevention is emerging as a promising strategy for problem gambling prevention and has the potential to emerge as an effective strategy nationally. The effectiveness of the ambassador project in this context is currently being evaluated, and rigorous evaluation will continue throughout its implementation.

⁴ Substance Abuse and Mental Health Services Administration. (2015, July 2). *Peer support and social inclusion* (¶ 2). Retrieved from <https://www.samhsa.gov/recovery/peer-support-social-inclusion>

TO: Lindsey Tucker, Associate Commissioner, DPH
FROM: Victor Ortiz, Director of Problem Gambling Services, DPH
RE: FY 19 Budget Update
DATE: June 29, 2018

Since the budget approval by the Public Health Trust Fund Executive Committee on May 9th, 2018, we have conducted further review to inform both programs and personnel.

The recommendation below reallocates \$100,000 of the DPH FY19 budget from programming to personnel. A more comprehensive update will be provided in September after FY18 close-out.

| Budget Area | FY19 as Approved | Revised FY19 & Plan | Rationale |
|--|-------------------------|--|--|
| <i>Infrastructure, Development & Capacity Building: Pilot IPAEP and Gambling Programmatic Services</i> | \$150,000 | \$50,000 <ul style="list-style-type: none"> • Reduce the initiative by \$100,000 • Direct \$50,000 to expand and enhance the IPV program planning by including domestic violence shelters, domestic violence services, and sexual assault programs | <ul style="list-style-type: none"> • In the FY18 work, we learned that both intimate partner abusers as well as domestic violence survivors are at greater risk of gambling-related problems; therefore, before initiating a pilot, we will expand planning to include all programs in DPH's Division of Sexual and Domestic Violence Prevention and Services • Recommendations for the implementation of services will be made for FY20 |
| DPH Personnel | \$567,651 | \$667,651 <ul style="list-style-type: none"> • Shift the hiring date for both Deputy Director and PC II earlier to 9/1/18 start | <ul style="list-style-type: none"> • Positions are necessary to support the growing needs of the problem gambling work |