



Public Health Trust Fund Executive Committee (PHTFEC) Meeting Minutes

Date/Time: January 10, 2017 – 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

Stephen P. Crosby, Co-Chair, Chairman, Massachusetts Gaming Commission

Jennifer Queally, Undersecretary of Law Enforcement

Rebekah Gewirtz, Executive Director of the National Association of Social Workers, MA Chapter and Representative of the Massachusetts Public Health Association

Michael Sweeney, Executive Director, Massachusetts State Lottery Commission

Attendees

Marlene Warner, Executive Director, Massachusetts Council on Compulsive Gambling

Victor Ortiz, Director of the Office of Problem Gambling, Massachusetts Department of Public Health

Teresa Fiore, Manager of Research and Responsible Gaming, Massachusetts Gaming Commission

Mark Vander Linden, Director of Research and Responsible Gaming, Massachusetts Gaming Commission

Enrique Zuniga, Commissioner, Massachusetts Gaming Commission

Rachel Volberg, Principal Investigator, SEIGMA, UMass School of Public Health and Health Sciences

Edward Bedrosian, Executive Director, Massachusetts Gaming Commission

Thomas Land, Director of Special Analytical Projects, Department of Public Health

Benjamin Wood, Director of Community Health Planning and Engagement, Department of Public Health

Giles Li, Executive Director, Boston Chinatown Neighborhood Center

Call to Order

1:05 p.m. Co-Chair Tucker called to order the Public Health Trust Fund Executive Committee (PHTFEC) Meeting.

Approval of Minutes

1:09 p.m. *Michael Sweeney moved for the approval of the PHTFEC minutes for October 4, 2017. Motion seconded by Stephen Crosby. Motion passed unanimously.*

Massachusetts Gaming Impact Cohort-Wave II report

1:10 p.m. Dr. Rachel Volberg provided an introduction to the Massachusetts Gaming Impact Cohort (MAGIC) Wave II study and explained that since cohort studies follow the same people over time, researchers are able to predict what will happen to them. As it relates to problem gambling, cohort studies are able to measure an individual's change within the gambling spectrum.

To establish the cohort, the Baseline General Population Survey (BGPS) sample was broken into problem gamblers, at-risk gamblers, gamblers who gamble at least \$1,200 annually, gamblers who gamble weekly, persons who served in the military after September 2001 and all other BGPS participants. Wave II findings show that gambling participation increased slightly for casino gambling and horse racing. Dr. Volberg stated that this contradicts what has been seen in other jurisdictions, but at present the researchers are unsure why this is occurring.

Co-Chair Tucker asked about the definition of problem gambling as it is not the DSM definition. Dr. Volberg responded that the definition used in MAGIC and other studies conducted by her researchers are applied to those individuals who cite a loss of control over their gambling and any subsequent harm which may result. She further explained that her team does not use the DSM definition because it was never validated on a general population sample, however she pointed out that the definition which her team uses is concordant with a clinical diagnosis.

Jennifer Queally stated that most people who experience a win do not believe that they are suffering harm. She questioned whether this characteristic combined with the self-reporting nature of the surveys could skew the data as "harm" may not always be endorsed. Dr. Volberg responded that even if a person has a gambling problem, they may not acknowledge it because they are not experiencing it. She acknowledged the validity of this concern but explained that this method is internationally agreed upon by researchers.

Rebekah Gewirtz added that individuals who are addicted to slots are addicted to the experience more so than the win, and explained that endorsement of criteria is not dependable.

Dr. Volberg moved on to present a transition table which compares individuals' gambling statuses between Wave I and Wave II. She stated that her team was surprised to measure an approximate 15% increase and decrease in gambling

severity as they had anticipated approximately 5%. She further explained that statistical testing confirmed the accuracy of this finding.

Co-Chair Tucker was surprised by the volatility and asked whether the transitions were comparable to other types of addictions, such as alcoholism. Dr. Volberg countered that if these percentages remain static over time then there is clear need for prevention work. In order to try to find a cause, her team will review attendance from help seeking resources (such as gamblers anonymous attendance).

Co-Chair Crosby cited the full Wave II MAGIC report which suggested that individuals with alcohol, behavior and mental health problems also be screened for gambling problems. He proposed that this data could be used the Department of Public Health.

Michael Sweeney wondered whether the connection between mental health and problem gambling was stronger than previously understood, as volatility can often be caused by mania/depression and/or medication regimens. He stated that Massachusetts chronically underperforms in addressing mental health and that the high incidence of mental health-related hospitalization in the Springfield area should be considered.

In response to increased participation in racing, Michael Sweeney questioned whether participation dollars matched up with MAGIC reported data. Thomas Land responded that Wave II data was collected during the Triple Crown which would have had an impact on reported horse racing participation. Rebekah Gewirtz supported Michael Sweeney's statement about social determinants and mental health issues.

Co-Chair Crosby underscored the importance of getting all other social service agencies involved to provide prevention and treatment of problem gambling.

Michael Sweeney referenced page 6 of the full report which overviewed past public health initiatives which had seemed like good ideas but lacked scientific efficiency. He believes that in order for these types of programs to be successful, a definition of problem gambling is used in clinical, research and public settings.

Dr. Volberg considered all feedback, and stated that the Wave III questionnaire was expanded to address all known disorders associated with problem and pathological gambling. The survey was further expanded to include questions around treatment awareness and access.

Community Engagement Strategies and Principles

Victor Ortiz introduced Community Engagement Strategies and Principles by stating that it provided a micro level focus on Hamden County and that findings are meant to inform initiatives around the work of preventionists and community health workers. Victor Ortiz introduced Benjamin Wood who began the presentation by

stating that Hamden County consistently falls at the bottom of state County health rankings in both outcomes and factors. 70% of what makes people healthy are social and economic factors and health behaviors. Certain populations that are at higher risk of being exposed to environmental burdens include low income, racial ethnic minority, foreign-born, and limited English proficiency. As it relates to gambling, MGM will be placed in an especially concentrated area of poor social determinants of health.

To further emphasize the influence which social and structural determinants have on health outcomes, Benjamin Wood compared the 1/3 of south Springfield residents who are obese to the 1/4 of adult residents in the neighboring town of Longmeadow who are obese. When visually representing these populations on a map, race is the top differentiator between these two groups; however, it is the broader context of the communities' history, economic, legal and political structures which lead to these outcomes. To conclude his presentation, Benjamin Wood led an interactive session and recorded the PHTFEC's perceptions and understanding of important factors which may contribute to problem gambling.

Victor Ortiz described the Springfield stakeholder listening session, held to gather information to inform DPH initiatives related to gambling and the introduction of the casino. One quote from the listening session was that "police action has local public health ramifications". Jennifer Queally and Michael Sweeney expressed confusion around this statement. Victor Ortiz explained that a theme from the listening session was a concern about additional police presence in Springfield and clarified that there is anxiety around increased police presence due to historical experiences and current events relating to police violence.

Michael Sweeney stated that he does not endorse the idea that increased public safety presence leads to negative ramifications. Rather, the larger question should be based on factual information such as economic and health statuses to try and predict what impacts the casino will have on the existing environment. Further, these types of findings should inform what the casino can do to have a tangible positive impact. He stated that he believes that it was the exact opposite as public safety is a benefactor towards good public health and not a negative.

Co-Chair Crosby explained that despite what the reality may actually be, there are people who are concerned about increased police presence.

Jenifer Queally added that the public safety committee is also doing a study on safety impacts and will cross-reference the findings to see if this statement holds out to be true.

Benjamin Wood discussed the "CHIP" program which was created to address the social determinants of health inequities in Hamden County. Dr. Volberg followed by saying that she would reach out to key stakeholders at Partner's Healthcare and

to see if there was a way to overlay CHIP data with the health impact assessment of the Western MA.

Rebekah Gewirtz stated that she believed that there could be significant additional harm from the casino and asked what could be done sooner rather than later to prevent additional harms. She further questioned what casino can be doing to address these social determinants?

Jennifer Queally responded by saying that communities with different socioeconomic statuses were able to make decisions about whether or not the casinos were welcome in their community. Rebekah Gewirtz responded by saying that she believes that casinos cannibalize jobs which may be the opposite the reasons why some Springfield residents were amenable to the opening of MGM.

MGM Springfield readiness targets

Co-Chair Tucker asked the attendees what they think the focus of the PHTFEC should be surrounding the MGM casino launch. She invited any additional questions which members feel are not being addressed from the gaming or public health side to be emailed to her.

Mark Vander Linden stated that the MGM readiness memo was meant to highlight responsible gaming and research initiatives and that he would like to offer VSE in Western MA by late spring/early summer. Victor Ortiz outlined some of the programmatic updates which could be included as part of the update.

FY19 Budget Plan and Timeline

Victor Ortiz introduced a new plan created in conjunction with Mark Vander Linden for developing the FY19 agenda. As part of this, an additional meeting was proposed to discuss the first phase of the DPH and MGC budget with moderate adjustments based on contracts. The goal is to discuss and make adjustments early, so that a budget can be proposed before it requires a vote.

Co-Chair Crosby reminded the group they had previously discussed and endorsed holding six meetings a year as opposed to four. The next meeting was scheduled at the MGC for February 28th from 1-3. (Note: Due to a scheduling conflict, this meeting was subsequently rescheduled for March 7, 2-4pm.)

It was further determined that moving forward, only agendas and PowerPoint presentation will be printed as opposed to complete reports.

3:35 Roles and Responsibilities of the PHTFEC

Rebekah Gewirtz reflected on the previous presentation of SEIGMA data and stated that she had incorrectly believed that their role as a committee was to approve research reports.

Co-Chair Crosby clarified that the purpose of the PHTFEC is to approve the entire research budget and plan upon agreement of all parties, including those topics which do not directly pertain to public health. As the individual research studies and reports are subject to a rigorous peer review process, the role of the PHTFEC should be to take data and merge it into program development to anticipate, mitigate and deal with the issues of problem gambling.

Jennifer Queally requested that the members of the PHTFEC be notified via email of the release of a new report. Co-Chair Tucker requested a calendar of projects so that members can anticipate where to spend time and what to prepare for.

Michael Sweeney questioned why this item as presented was included in the agenda and disagreed with the memo which was circulated. Reading of the authorization for this trust fund, MOU and Chapter 23K are much more expansive and detailed. He added that there may be environmental parameters making the PHTFEC meetings combative but believed that questioning should be viewed as professional disagreements which contribute to the exemplary and insightful work which has been presented to the commission to date.

Rebekah Gewirtz added that she was not comfortable serving in a ‘rubber stamp’ agency. She added that she had explicitly said that the headline that came out of the previous SEIGMA presentation was what she had feared. She added that she believed that the statute gave the PHTFEC more authority.

Co-Chair Crosby agreed with the concerns, and the group decided the memo would be updated.

Public Comment

3:56 p.m. Thomas Land, who is part of the review committee, asked the PHTFEC whether it would it help to have a summary attached to the presentation itself and to include a page which outlines the basic concerns.

Jennifer Queally agreed that some more context would be good.

Thomas Land added that the definition of problem gambling is based on a narrow set of criteria.

Enrique Zuniga asked Dr. Volberg for a definition of the various screens. Academic papers which outline the validity of the PPGM as an instrument as well as the CPGI. Co-Chair Crosby suggested that an upcoming agenda item should be a discussion of the PPGM and the definition of “problem gambling,” as a lot of people don’t agree with the definition.

Marlene Warner invited all PHTFEC members to serve on a panel at the MCCG conference in March 20th and 21st in Norwood.

Giles Li asked about the PHTFECs guidelines and how the committee is able to engage low income communities as mentioned in the strategic plan. He expressed that he is personally concerned with Asian populations, particularly those living and/or working in Chinatown. Jennifer Queally asked whether or not Giles Li felt that he had had enough time to speak. Giles Li responded that he would have preferred more time and that he will follow-up with Committee members.

Other Business

3:58 p.m. With no further questions from the Public, Co-Chair Tucker requested that any agenda items for the next meeting be sent to her in advance so that it can be added to the agenda.

Having no further business, Co-Chair Crosby ended the meeting. Co-Chair Tucker made the motion to adjourn, seconded by Michael Sweeney. Motion passed unanimously.

List of Documents and Other Items Used

1. Public Health Trust Fund Executive Committee, Notice of Meeting and Agenda dated January 10, 2018
2. Public Health Trust Fund Executive Committee, Meeting Minutes dated October 4, 2017
3. Massachusetts Gaming Impact Cohort Study Wave II, Presentation dated January 4, 2018
4. Massachusetts Gaming Impact Cohort Study Wave II, Executive Summary dated December 22, 2017
5. Gaming Research Agenda Roles and Responsibilities dated January 10, 2018
6. Community Engagement Strategies and Principles: Hampden County dated January 10, 2018
7. Springfield Health Equity, Report dated October 2014
8. Hampden County Health Improvement, Plan dated March 2017
9. MGM Springfield Readiness Related Work, Memorandum dated January 10, 2017
10. Public Health Trust Fund: FY19, Draft Budget Plan and Timeline
11. MGC Gaming Research Update, Memorandum dated January 10, 2017
12. Department of Public Health Office of Problem Gambling Services, Program Updates dated December 21, 2017