



COMMUNITY HEALTH WORKERS AND INTERVENTIONS FOR PROBLEM GAMBLING:

NEEDS ASSESSMENT FOR WESTERN MASSACHUSETTS/REGION B

SEPTEMBER 2018



Massachusetts Department of Public Health
Office of Problem Gambling Services

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September 2018

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EXECUTIVE SUMMARY

Overview

In 2011, the Massachusetts legislature passed and the governor signed into law the Expanded Gaming Act, which expanded the domains of legal gambling to include a limited number of casinos and formed a state Gaming Commission to oversee legal gaming in the Commonwealth. It also established the Public Health Trust Fund (PHTF) to prevent and treat problem gambling and related issues by allocating significant resources to research, prevention, intervention, treatment, and recovery support services.

This report presents the findings and recommendations from a Regional Needs Assessment of the roles that community health workers (CHWs) could effectively play in future systems of prevention, identification, assessment, support, and referrals to treatment services to mitigate problem gambling. Also included are perspectives shared by respondents, including the directors of the two main CHW training programs in western Massachusetts, concerning the nature and content of the training CHWs need to be properly prepared for their roles.

The assessment was conducted in Springfield and Holyoke, Massachusetts, both located in Region B (western Massachusetts), one of three regions designated by law for a casino, from December 2017 through May 2018. Downtown Springfield is the site of one of three state-approved gambling casinos, a development by MGM Resorts International. The city of Springfield and surrounding municipalities, including Holyoke, thus qualify for extra state assistance to reduce the negative impacts of a new gambling casino. This Regional Needs Assessment is part of the implementation of recommendations outlined in the "Strategic Plan for Massachusetts to Mitigate the Harms Associated with Gambling."

The plan was guided by the two key principles of sustainability and cultural competence of messaging and services; it identified community health workers as part of multiple strategies. The Public Health Trust Fund Executive Committee adopted the strategic plan on April 16, 2016.

Why Community Health Workers?

Community health workers (CHWs) bring cultural, economic, and racial diversity to public health and healthcare organizations as part of who they are and what they are trained to do. They directly address inequities in health and in access to prevention and care through the building of bridges among marginalized communities and systems of care.

Massachusetts Department of Public Health (MDPH) Definition of a Community Health Worker (CHW)

A community health worker is a public health professional who applies his or her unique understanding of the experience, language, and/or culture of the populations he or she serves in order to carry out at least one of the following roles:

- Bridging/culturally mediating among individuals, communities, and health and human services, including actively building individual and community capacity
- Providing culturally appropriate health education and information
- Assisting people to get the services they need
- Providing direct services, including informal counseling and social support
- Advocating for individual and community needs

CHWs are distinguished from other health professionals because they: 1) are hired primarily for their understanding of the populations they serve, 2) conduct outreach a significant portion of their time, and 3) have experience providing services in community settings.

CORE QUESTIONS AND DESIGN OF ASSESSMENT

The core questions explored in the assessment are:

1. What are perceptions concerning roles community health workers could effectively play in prevention of, screening for, and interventions with problem gambling in the Springfield/Holyoke area?
2. What are views about best approaches to integrate such work by CHWs into both existing behavioral health (i.e., substance use and mental health) services and/or other interventions related to problem gambling in the region?
3. What are views concerning key content and skills needed to prepare CHWs for these roles, and what local training or educational organizations could best provide such training?

The needs assessment was conducted from December 2017 through May 2018. Key informant interviews were conducted with a total of 17 healthcare, behavioral health, and community providers and leaders, seven from Springfield and 10 from Holyoke. Additionally, four focus groups were held, two in each city, with a total of 27 service providers, including multiple community health workers and others who could be expected to work with any future programs to mitigate gambling-related harms. Three of the focus groups were held in public libraries in either Springfield or Holyoke, and one Springfield focus group was held at a senior center.

FINDINGS

Observations About Local Problem Gambling

- Focus group participants and interviewees in both cities varied in their level of awareness of the extent and types of current gambling in their locales. Still, all were aware of both legal and illegal gambling taking place.
- Casino gambling was foremost in the minds of a great majority of the respondents, particularly in Springfield.
- Most interviewees and participants acknowledged the positive benefit that casino jobs will bring to Springfield and Holyoke. However, they anticipate challenges for the most vulnerable among the low-income residents of their communities.

Perceptions of the Nature of Problem Gambling

- Most respondents, especially those who work in substance-use addiction programs, recognized the addictive aspects of gambling.
- Those who work in substance use and addictions jobs spoke about their concerns that the casino will offer too great a temptation for the many people in their communities who are in recovery and will reinforce or replace other addictions.
- The most consistent concern expressed about problem gambling, including the potential for such gambling at MGM Springfield Casino, was its negative financial impact on individuals and families. For those on a limited income, the impact is more severe, reducing access to the services that meet basic needs, including those required to maintain health.
- Participants in the focus groups, as well as some interviewees, consistently spoke about anticipated casino gambling-related problems as a community and citywide risk beyond concerns about specific types of patients or clients.

Suggested Approaches and Roles for Community Health Workers

- Prevention was a major emphasis among respondents. The need for public education campaigns, for instance, those that include billboards, bus ads, and flyers, was raised with particular passion in Springfield focus groups. Additionally, the need for training about problem gambling for all kinds of health, community, and social service providers was emphasized repeatedly by respondents in both cities.
- Multiple interviewees and participants pointed out that CHWs are either from the communities they serve and/or often work in home or community settings. Because of

these features of CHWs and their work, as well as their training, they are well suited for roles in a community-wide intervention, as well as in one-on-one communication with families.

- CHWs were mentioned most often when people made concrete suggestions about how to inform residents about the risks and nature of problem gambling, either for preventive purposes or to help engage those needing assistance.
- It's important to get the messaging right for educating specific communities about risks and problems related to gambling, emphasized multiple respondents. Some felt community health workers were especially critical to this work.
- Screening is a role highlighted for community health workers in the Strategic Plan for Massachusetts and respondents agreed this is an activity CHWs should pursue. There are advantages to screening in community or home settings by CHWs or others doing similar outreach.
- Community health workers can play a pivotal role in referring and connecting people with identified gambling-related problems to the continuum of resources available to help, once the programs are funded and in place. Additionally, CHWs' knowledge of resources for a variety of basic needs (e.g., food, housing, domestic violence, transportation) and health and social services will be useful for supporting those struggling with problem gambling.
- Models for where CHWs should be employed or located could build on current employment and referral relationships among providers and organizations. Additionally, the heightened awareness about gambling-related problems across all types of organizations lends itself to a coordinated approach. Complementary roles between CHWs and behavioral health peer specialists and peer recovery coaches within or across organizations were also highlighted.

Community Health Worker Training Needs

- Make any new trainings accessible geographically and financially to CHWs and to the peer support and recovery specialists most often located in behavioral health organizations.
- Have the problem gambling curriculum be offered both as part of addiction courses and separately.
- Trainings on problem gambling for CHWs should differ to some extent from that for recovery coaches and other behavioral health peer staff.
- A number of additional suggestions for content of CHW training were offered that build on those included in the first curriculum, developed as a result of a parallel assessment in the Plainview/southeastern Massachusetts region in 2017.

OVERVIEW OF REPORT

In 2011, the Massachusetts legislature passed and the governor signed into law the Expanded Gaming Act, which expanded the domains of legal gambling to include a limited number of casinos. The law formed a state Gaming Commission to oversee legal gaming in the Commonwealth.¹ It also established the Public Health Trust Fund (PHTF) to prevent and treat problem-gambling-related issues by allocating significant resources to research, prevention, intervention, treatment, and recovery support services.

The fund is to be financed from annual fees charged to gaming licensees and five percent of the taxes on gross gaming revenues by licensees for resort casinos.

This report presents the findings and recommendations from a Community Health Worker (CHW) and Problem Gambling Needs Assessment in the cities of Springfield and Holyoke, **both located in Region B (western Massachusetts), one of three regions designated by law for a casino**. The main goal of the assessment is to gain *local service providers' perspectives (including perspectives of CHWs)* on the roles community health workers could effectively play in future systems of prevention, identification, assessment, support, and referrals for problem gambling. Also explored are perspectives concerning the nature and content of the training CHWs need to properly prepare for their roles.

This is the second assessment report on this topic and with interviews from local community service providers, including CHWs. A parallel report is based on a similar assessment conducted from March through May of 2017 in the Plainville/southeastern region of Massachusetts where the first Massachusetts casino opened in 2015. Located in the small town of Plainville, Plainridge Park was the sole operating casino in the Commonwealth as of the period of the current assessment in western Massachusetts. That distinction will end soon: The Springfield MGM resort casino is slated to open in August 2018.

The Strategic Plan: Services to Mitigate the Harms Associated With Gambling in Massachusetts²

The Strategic Plan for Massachusetts was informed by community and key stakeholders, as well as by existing studies and original research supported with funds associated with the Trust. The authors prioritized a continuum of services, from prevention to recovery support,

¹ The law can be accessed on the website of the 189th General Court of the Commonwealth of Massachusetts (<https://malegislature.gov/Laws/SessionLaws/Acts/2011/Chapter194>).

The Gaming Commission does not oversee the state lottery and instant games, although the director of the Massachusetts Lottery is a member of the Public Health Trust Fund Executive Committee.

² The plan is supported by the Massachusetts Department of Public Health and the Massachusetts Gaming Commission. The plan's text can be accessed at <http://www.mass.gov/eohhs/docs/dph/health/problem-gambling-strategic-plan.pdf>

based on evidence of the need, community support for, and effectiveness of the interventions. They also considered the balance between the services' costs and benefits. The plan was guided by the two key principles of sustainability and cultural competence; it identified community health workers as part of multiple strategies to assure cultural competence of messaging and services.

Research cited in the plan acknowledges that the meanings, practices, and attitudes towards gambling vary across communities, including groups defined by ethnic and socio-economic identities. While anyone can be vulnerable to gambling-related problems, members of some social categories and groups are at higher risk compared to others. For example, people with incomes below \$15,000 and those with high school degrees or less are at higher risk for developing a problem with gambling. So are those in special circumstances, such as unemployment, incarceration, and former military service.³

The report was presented by the Massachusetts Technical Assistance Partnership for Prevention (MassTAPP) of the Education Development Center, Inc. (EDC). The Public Health Trust Fund Executive Committee voted and adopted the strategic plan on April 16, 2016.

Why Community Health Workers?

Community health workers (CHWs) bring cultural, socio-economic, and racial diversity to public health and healthcare organizations as part of who they are and what they are trained to do. They directly address inequities in health and in access to prevention and care through the building of bridges among marginalized communities and systems of care.⁴ There is growing evidence that intervention models that include CHWs help identify and engage people in care and assure access to the resources they need to improve their health care and their health. In many cases, CHWs provide basic education on health-related issues pertinent to the communities and programs with which they work.⁵

³ Williams, R.J.; Zorn, M.; Volberg, R.A.; Stanek, E. J.; Freeman, J.; Maziya, N.; Naveed, M.; Zhang, Y.; and Pekow, P. S. (2017). *Gambling and Problem Gambling in Massachusetts: In-Depth Analysis of Predictors*. Amherst, MA: School of Public Health and Health Sciences, University of Massachusetts Amherst. www.umass.edu/seigma

⁴ National Center for Chronic Disease Prevention and Health Promotion: Division of Community Health. *Collaborating with Community Health Workers to Enhance the Coordination of Care and Advance Health Equity*. Issue Brief. <https://www.cdc.gov/nccdphp/dch/pdfs/dch-chw-issue-brief.pdf>. Accessed June 27, 2017.

⁵ Institute for Clinical and Economic Review. *Community Health Workers: A Review of Program Evolution, Evidence of Effectiveness and Value, and Status of Workforce Development in New England*. The New England Comparative Effectiveness Advisory Council. Boston, Massachusetts: July 2013.

Massachusetts Department of Public Health (MDPH) Definition of a Community Health Worker (CHW)⁶

A community health worker is a public health professional who applies his or her unique understanding of the experience, language, and/or culture of the populations he or she serves in order to carry out at least one of the following roles:

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- Assisting people to get the services they need
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CHWs are distinguished from other health professionals because they:

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- 2) Conduct outreach a significant portion of their time at work; and
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CORE QUESTIONS AND DESIGN OF ASSESSMENT

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3. What are views concerning key content and skills needed to prepare CHWs for these roles, and what local training or educational organizations could best conduct such training?

As noted earlier, the needs assessment project was conducted from December 2017 through May 2018. The local Springfield and Holyoke community service providers' perspectives captured in this report will be shared both with the director of the Office of Problem Gambling

⁶ For the definition, see <http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/prevention-and-wellness/comm-health-wkrs/chw-definitions.html>

Services and the Public Health Trust Fund Executive Committee; it will be made public at their discretion. The research strategy, adapted slightly from that used in the first needs assessment conducted in 2017 in the southeastern part of the state, was as follows:

Two distinct types of qualitative interviewing were conducted during an overlapping time period: 1) relatively open-ended and semi-structured key informant interviews and 2) focus groups.

- **Key informant interviews** were conducted with public health leaders and providers in the two target cities who either worked with CHWs and/or included addiction recovery services in their programs; or who worked with seniors; and/or who provided a variety of community-based supports and services.
- **Focus groups** were conducted in both cities with similar kinds of providers, including multiple CHWs and others who could be expected to work with any future programs to prevent or mitigate gambling-related harms.

Key informant interviews and two focus groups were held in Springfield in April, followed by interviews and two focus groups in Holyoke in May. Potential focus group participants were recruited from among the following organizational types:

1. Provider participant categories included multiple CHWs in each focus group;
2. Providers serving ethnically diverse and low-income communities; and
3. Providers serving people who are at risk for developing gambling-related problems, including:
 - a. Behavioral health treatment organizations, including substance use treatment and recovery
 - b. Veterans organizations
 - c. Elder services organizations
 - d. Healthcare and community-based programs serving people with low incomes

Recruitment built on the author's contacts among CHWs and CHW employers, as well as among public health leaders in the Springfield/Holyoke area, together with those of the two local focus group coordinators. Additionally, in each key informant interview the author asked for suggestions for other organizations or individuals who should be included, a strategy known as 'snowball sampling.'

The focus group participant turnout was higher in Springfield than in Holyoke, perhaps reflecting the greater sense of urgency expressed by those in Springfield about a casino opening within easy walking distance from a number of participating provider organizations. Another factor could be the stronger relationships of the two local coordinators with Springfield providers compared to those in Holyoke. As a balance, more key informant interviews were conducted with people in Holyoke.

Both the facilitator and the focus group coordinator took transcript-like notes on laptops during the focus groups. The author also took notes on a laptop during all of the key informant interviews, which she also led. Resulting notes/transcripts were analyzed for content and themes by the author.

INTERVIEW AND FOCUS GROUP PARTICIPANTS

Key informant interviews were conducted with a total of 17 individuals, seven from Springfield and 10 from Holyoke, Massachusetts. Questions asked of these respondents were broadly the same as those asked of the participants in focus groups.

Below are the professional positions and the organizations with which the respondents are affiliated.

Table 1: KEY INFORMANT INTERVIEWS, AFFILIATIONS, AND POSITIONS

SPRINGFIELD N = 7 (ALPHABETICAL ORDER)	
<p>AFFILIATIONS</p> <p>Baystate Health; Gandara Center, Recovery Support Center; New North Citizens Council; Public Health Institute of Western MA; Springfield Partners for Community Action; Western Massachusetts Public Health Training Center, School of Public Health, UMASS Amherst</p>	
<p>POSITIONS</p> <p>Director, Peer Recovery Support Services; Director, Trainer; Director of Community Services; Executive Director; Independent Public Health Consultant; Prevention and Education Director; Vice President, Community Relations & Public Health</p>	

Table 2: KEY INFORMANT INTERVIEWS, AFFILIATIONS, AND POSITIONS

HOLYOKE N =10 (ALPHABETICAL ORDER)	
AFFILIATIONS	Behavioral Health Network, Primary Care; Enlace de Familias; Gandara Center, Recovery Support Center; Holyoke Health Center; Holyoke Health Center, Community Education; Holyoke Health Center, Prevention Wellness Trust Program; Holyoke Community College; Holyoke Safe Neighborhoods Initiative, Hamden County Sheriff's Department; Holyoke Senior Center; Providence Ministries
POSITIONS	Community Health Coordinator, Faculty; Director; Executive Director; Program Director, Project Director

A total of four focus groups, two in each of the two cities, were held during an overlapping time period with the key informant interviews. The total number of participants was 27. The final composition of each focus group resulted from the interplay of the categories of providers, the local organizers' connections, and the availability of possible participants on the designated dates.

The table below represents a summary of the types of organizations and professionals who participated in the focus groups, displayed by city. In each group, a number of the participants had experience with gambling problems, either in their personal circles, neighborhoods and/or professionally.

Table 3: FOCUS GROUP PARTICIPANT BY CITY AND ORGANIZATIONAL TYPE

								TOTAL N=27: Peer/CHW= 16
City	Health Care	Behavioral Health	Criminal Justice	Communi- ty Based Service	Faith-Based	Senior	Public Health	Ratio of Total to Peer/CHW Participants
Springfield -2 groups	7	3	1	5	1	2	2	Total N=:21 Peer/CHW = 13
Holyoke -2 groups	1	2		1		1	1	Total N=6: Peer/CHW= 3

* A peer provider (e.g., certified peer specialist, peer support specialist, recovery coach) is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency (SAMHSA-HRSA Center for Integrated Health Solutions). See page 9 for definition of CHW.

FINDINGS

The broader questions explored with key informants in background interviews were largely the same as those explored with focus group participants in all four cities. Therefore, this report combines the resulting themes and insights from both into a single analysis.

I. Setting the Stage: Perceptions of Local Problem Gambling, Who Is at Risk, and the Nature of Problem Gambling

At the time the interviews and focus groups were held, from December 2017 to early May 2018, the MGM resort casino slated for the region still hadn't opened its doors, so the topic of potential roles for community health workers in problem gambling prevention and intervention remained a hypothetical one. As the Strategic Plan for Massachusetts documented, and the current assessment confirms, services focused on gambling are currently limited in type and availability. Community health workers are not yet working with people for whom gambling is an acknowledged challenge in their lives. Therefore, interviews and focus groups began by exploring:

- How participants view problem gambling,
- How it manifests in their locales,
- What support or services exist now for people struggling with it,
- And what is needed.

The first questions focused on background, probing people's perceptions of problem gambling and local gambling. This allowed participants to define a challenge they were not yet experiencing, so they could speak more meaningfully about what role community health workers could play as part of new programming.

In Springfield in particular, but also in Holyoke, discussion was passionate about the potential challenges faced by communities with the opening of a destination resort casino in the middle of downtown.

A. Observations About Local Gambling and Who Is at High Risk for Problem Casino Gambling

Heightened Awareness of Gambling and Its Impacts

Focus group participants and interviewees in both cities varied in their level of awareness of the extent and types of current gambling in their locales. Still, all were aware of both legal and illegal gambling taking place.

- The most commonly described form of legal gambling was the purchase of lottery or scratch tickets.
- Those working with substance-using clients and those working in the communities (including CHWs) also mentioned betting on Keno, 'the numbers,' cards, craps, dominos, boxing, and cock fighting.
- Sports betting and online betting among youth also came up in multiple interviews and discussions.

Casino gambling was foremost in the minds of a great majority of the respondents, particularly in Springfield.

- The potential effects of Springfield's soon-to-open MGM resort casino dominated the discussions among providers in both Springfield focus groups. The view that the casino's presence will increase problem gambling in Springfield's low-income communities was unanimous.

"It's [MGM Springfield casino] too accessible. I like the distance to Mohegan or Foxwoods [casinos in Connecticut]. You have to ask yourself 'Do I really want to take this drive? The roads are windy—it's going to be dark.' But when it's right here, you will be tempted to go!"
CHW, community health center, Springfield

- Participants and interviewees in Holyoke expressed greater uncertainty than those in Springfield about the likely impact of the casino, due to the distance between Holyoke residents and the casino. It is a ten-mile drive from Holyoke to the site of the casino. For example, one person wondered:

“In the past there have been gambling issues in the city, in closed basements—dominos, in cafes. Also boxing. It is something that is cultural. . . . Now that the casino is going to be close—there is public transportation, which makes it cheaper to get there—how many will go?” Program supervisor in community education, health center, Holyoke

- Nonetheless, all agreed the casino will likely increase problem gambling in Holyoke as well.

Concerns About Impacts on Most Vulnerable

Most interviewees and participants acknowledged the positive benefit that casino jobs will bring to Springfield and Holyoke. However, they anticipate challenges for the most vulnerable among the low-income residents of their communities.

- Seniors on fixed incomes, young people, and people struggling with addictions were most often singled out as those particularly vulnerable to casino-related problem gambling. Also mentioned were veterans and people returning to the community post incarceration.
- Participants also agreed that many people experiencing financial and other stressors would be drawn to casinos in part because of the attractions and marketing of the casinos themselves. Quotes from two Springfield focus group participants illustrate:

“Casinos are good at luring people in . . . like seniors. Our concern is if you look at a lot of folks with low incomes, the concern is casinos are going to take the little bit of income they have left. We have been having a lot of discussions with our members . . . people spending money on scratch tickets.” CHW at non-profit health plan, Springfield

“It [the casino] is [an] attractive [place] to go and eat and see friends. We want to be concerned that you don’t get ensnared in spending that time and nickel and dime with the scarce resources they take to use. Whether they [any given resident] have a gambling or an alcohol addiction, it will be readily available [at the casino].” Senior community health leader, Springfield

The idea that poor people who are struggling with financial and other stresses often see gambling as a way to get needed money was emphasized by many respondents. The below quotes are illustrative.

“I also just think in some communities we serve, especially in urban areas—there are other stressors in their lives. And with the challenges around being able to find employment, keep it, CORI issues, get employment—these make people more vulnerable to an idea of getting a magical hit with a lottery ticket.” **Program director, substance-use treatment program, West Springfield**

“When I am in the grocery store I see who is buying lottery tickets—poor people basically waiting for the big break. They think they are going to get it by winning the lottery.” **Administrator, community health center, Holyoke**

Q: Who do you think is most vulnerable to problem gambling?

R: “Kids and old folks—and the poor; always taking a risk to try to hit it big—this has been going on for years and years and years.” **Substance use counselor, behavioral health program, Springfield**

B. Perceptions of the Nature of Problem Gambling, Including Anticipated Problem Gambling Related to the New Casino

Respondents discussed problem gambling at two levels:

- Gambling as it affects individuals and families as an addiction, one that can siphon off resources allocated for basic needs and expenses; and
- The new, local opportunity for casino gambling and the related social and community problems that may emerge.

A Lure for Those Struggling With Addictions

Most respondents, especially those who work in substance-use addiction programs, recognized the addictive aspects of gambling. A number of people described compulsive or excessive lottery use as a common problem they observe. Sample quotes include the following:

“[Problem gambling] is like any other addiction. It takes hold of you and you need to gamble, like you need to use drugs. . . . With gambling, it is

not openly talked about some places. Just like drug addiction, it's not discussed at the kitchen table. . . . It's not easy to bring up." CHW, syringe access program, Holyoke

"I don't have a problem with the casino. There are folks that have addictive behavior with gambling, they do it on the lottery, OK? They are doing it on the lottery now. But we do need to provide messaging out there, to say something that is flashing, or you see it all the time, that reminds you of the slippery slope. I almost feel we should teach people not to go overboard." Director, community services, anti-poverty organization, Springfield

Those who work in substance use and addictions jobs spoke about their concerns that the casino will offer too great a temptation for the many people in their communities who are in recovery and will reinforce or replace other addictions.

"For us it's the addictive qualities of [the casino]. Like other things, we look at it as potentially a trigger for other addictive behaviors people are in recovery from. We have had this discussion here often. 'Oh, I'll just go check out the casino.' Spending money you don't have, and then they offer you a drink [and] you are sucked into that, and then you are using your drug of choice. . . . It's a trigger for other habits and addictive behaviors in life." Program director, peer recovery support center, Holyoke

"At work, if I am doing an assessment, hey do I think about gambling? Maybe this person has a substance abuse disorder. You get free drinks and free food [at the casino]. It's very easy to get good things, and now we are developing another addiction. In gambling it's different—you get rewarded. In [drug] addiction, you are always going down. In gambling you are going up and then down." Substance use counselor, community-based social services organization, Springfield

Financial Drain for Those Unable to Afford Losses

The most consistent concern expressed about problem gambling, including the potential for such gambling at MGM Springfield Casino, was its negative financial impact on individuals and families. For those on a limited income, the impact is more severe, reducing access to services that meet basic needs, including those required to maintain health.

"Clients we see often have substance abuse problems and mismanage their money. They have trouble paying the rent, which leads to eviction or they don't have enough food. We see a lot of older adults

with a scratch ticket kind of thing.” Home care director, elder care center, Holyoke

Q: Who are you most concerned about?

R1: “The elderly—they live on a fixed income. I personally experience this with my grandmother. She is always trying to win. In this community, we have a large elderly community on fixed incomes, and with the casino that close, it’s too risky for them. The slot machines will draw them in. They aren’t getting money until next month. Now they won’t have any food, transportation, there’ll be no money to get to their appointments. This is a risk of their health care declining.” CHW, community health center, Springfield

R2: “Our youth, our young people coming up. They’re trying to make a dollar out of fifteen cents, trying to make a dollar because they just dropped out or graduated, and the job is not producing enough money.” CHW, community health center, Springfield

Broader Impacts: Crime and Loss of Housing

Participants in the focus groups, as well as some interviewees, consistently spoke about anticipated casino gambling-related problems as a community and citywide risk beyond concerns about specific types of patients or clients.

- Numerous respondents expressed fears of increases in robberies near the casino, sex trafficking, and drug use and trafficking related to the downtown presence of a large resort casino.

“My concern is the location. Prostitution will be going on in the South End [where the MGM Springfield resort casino is located]. How will it affect our community clientele? The hours, people coming in from out of town, how will it affect overall the community? Everyone in the community should have awareness and training on—not just gambling—but also gambling.” CHW, behavioral health organization, Springfield

- Concerns were also expressed about displacement of low-income residents from the downtown Springfield neighborhoods where the large casino resort is located, along with attendant new hotel, restaurant, and housing development in the vicinity. Participants described increases in housing costs downtown, which they felt were related to all the new construction and speculated about how that would affect current residents and the neighborhoods to which they might relocate.

Springfield and Holyoke Residents Vulnerable to Gambling Addictions

- A common theme reiterated across interviews and focus groups was the high proportion of residents in both Springfield and Holyoke whose situations are like those that researchers identify as putting one at high risk for developing problem gambling. This appeared to shape the perspective shared by so many respondents that problem gambling risks were a community-wide issue.

“We have it all—all the risk factors for problem gambling you described. We have the lowest incomes, and lowest literacy rates. . . . Also we’re first in asthma prevalence in the state. Because of the valley, a lot of pollution from New York stays in the valley. And the [quality of the] housing. . . . We have all the elements, plus our addiction rates here are really high.” Program supervisor, community education, health center, Holyoke

“Individuals in this part of the state are already vulnerable. . . . We are poor. . . . If you look across the state, the amount of money western Massachusetts spends on the lottery and scratch tickets, ours is the highest percentage.” Public health consultant, Springfield

II. Suggested Approaches: Problem Gambling Interventions and Possible Community Health Worker Roles

A. Need for a Community Public Health Framework for Interventions

Proactive Community-Wide Response

Prevention was a major emphasis among respondents. The need for public education campaigns, for instance, those that include billboards, bus ads, and flyers, was raised with particular passion in Springfield focus groups. Additionally, the need for training about problem gambling for all kinds of health, community, and social service providers was emphasized repeatedly by respondents in both cities.

“If we can do things to help people before they get caught up. Anybody who has had alcohol abuse problems knows it’s not easy and not easy to do it [overcome it] all by yourself.” Senior community health leader, Springfield

“I think we should all get training about what problematic gambling can be, before it becomes an issue. I like the idea of having a system set up before the casinos are set up instead of reacting to the need afterwards.” Counselor, behavioral health organization, Springfield

R1: *“This is the approach we should take—educate everyone about what it [problem gambling] is, everyone who comes into contact with our clients, with people. The more we educate, the more knowledge there is across the board.”* Counselor, behavioral health organization, Springfield

R2 (adding): *If we all have a message, and everyone is trained in a wide range of settings—from the hairdresser, the neighbor, the doctor. It has to be a consistent message that everyone can grab on to, though.”* Behavioral health clinician, family services organization, Springfield

“I am a recovery coach. I took the [problem gambling] trainings to be prepared. I think every agency should prepare—Commonwealth Alliance, BHN, all these agencies they play a part in the community. They all need to be training their folks and tell staff, ‘Y’all gonna be dealing with this.’ Like an outreach team talking to the community and to folks. Just like all the campaigns about the opiate crisis are out there talking to folks. There is a need to talk to folks about gambling.” Substance use counselor, community-based social services organization, Springfield

“It would be good to let the community know there are CBOs [community based organizations] in place for them so they can be aware and educated, with MGM coming in. That there is [such a thing as] problem gambling, how we all want to make money and all help our community, but we don’t want to let our community waiver because we have a bunch of Connecticut money coming in.” CHW, family and childcare services community based organization, Springfield

B. Roles That Community Health Workers (CHWs) Should Play in Interventions

A variety of types of organizations in both Springfield and Holyoke employ CHWs. A significant proportion of those participating in the three focus groups were CHWs or peer workers of some kind, and almost everyone interviewed had worked with CHWs. Respondents’ suggestions about how CHWs could be employed in problem gambling interventions are thus largely based on direct experience of their skills and work.

Multiple interviewees and participants pointed out that CHWs are either from the communities they serve and/or often work in home or community settings. Because of these features of CHWs and their work, as well as their training, they are well suited for roles in a community-wide intervention, as well as in one-on-one communication with families.

CHWs: Community-Based and Approachable

One CHW clarified what is distinctive about CHWs when compared to social workers and care managers, who may also do outreach and assess and refer patients:

“To me a CHW is beyond that. I am a CHW. Besides doing individual education or [education] with groups, the CHW should come from the community, so she is the bridge and is helping to build those relationships between service providers and the community. And the CHW is somebody who can see what is happening in the community and be a connection and also an advocate for whatever is happening.
CHW, behavioral health organization, Holyoke

A community health leader observed that with new funding and training for CHWs as part of an approach to problem gambling, the “definition [of problem gambling] could be more generous. You could have CHWs trained more broadly around community problems attendant to gambling,” e.g., human trafficking, drug use, and others.

CHWs were mentioned most often when people made concrete suggestions about how to inform residents about the risks and nature of problem gambling, either for preventive purposes or to help engage those needing assistance.

- A major advantage of having CHWs inform and engage low-income residents is their practice of outreach and consequent presence in community settings and in homes.

“Part of the primary objective of community health workers is their capacity to do effective outreach. You need to try and reach folks before they step into the casino. There are many venues in which that can take place. An effective CHW doing prevention would have to seek out spaces and places where people are sitting down and thinking about how they are going to spend their time when they have their resources, like at seniors’ gathering spots.” Program director, community development organization, Springfield

“We do community events, with food. People are attracted to that. They will come. Then you can plant these seeds [of education] little by little. You can pique their interest, and they may walk away with a pamphlet and may have a question later.” CHW, syringe exchange program, Holyoke

- The sensitivity and stigma of talking about addictive behavior, including problem or compulsive gambling, suggested to numerous respondents that CHWs could play an

important role assisting people to seek help.⁷ As described earlier in the Findings section, CHWs are usually well known and visible in communities and hence seen as particularly approachable.

"I do think that the local connections people have with CHWs and with peers offer a way so that people connect more in depth and allow for more open communication. When you are talking to someone who is from your own community, struggling with the same struggles you are struggling with, there is a possibility to engage." Director, peer recovery, behavioral health organization, West Springfield

"The CHW is out in the community and someone approaches them with 'My husband has a problem,' and the CHW has the trust and credibility and knows this program to refer to . . . and can get them to someone who can help with budgeting or domestic violence or other interventions." Prevention and education director, community development and human services organization, Springfield

Community-Driven Messaging

It's important to get the messaging right for educating specific communities about risks and problems related to gambling, emphasized multiple respondents. Some felt community health workers were especially critical to this work.⁸

- The effectiveness of messaging, as one community-based prevention educator outlined it, is partly dependent on who is delivering the message. His view was that "*community health workers have a level of credibility that supersedes any bureaucracy.*" He elaborated, noting: "*Messaging is critical and [should be] provided by faces that don't look like Baystate, but by people who could be neighbors, and probably are.*"
- The necessity of consulting with targeted communities before pursuing any prevention campaign was strongly emphasized by one CHW in a Holyoke focus group. Her main point was that organizations should not undertake initiatives about problem gambling without partnering with these communities, so that the communities can define what they see as the important issue.

"Part of the prevention is to talk to people in the neighborhood. But you do have to understand what gambling means to them. We can talk all day about it, but talk to groups of people in the community. They are going to tell you." CHW, behavioral health organization, Holyoke

⁷ The capacity of community health workers to encourage people reluctant to open up about gambling-related problems to seek help was a significant theme in the assessment discussions in the Southeastern Massachusetts region in 2017.

⁸The Strategic Plan for Massachusetts also noted this as a role that CHWs should play on messaging.

- The challenge of communicating was emphasized by another community health worker. He said the concept of ‘problem gambling’ was new to him and he described how that idea may be perceived by some in his community:

“People think it’s just a gamble. They can’t wrap their head around addiction; that the person [who is compulsively gambling] isn’t really thinking, like with drugs. . . . [Regular gambling] is not necessarily seen as a problem for people who are struggling financially. It’s a way out, and they are going to win.” CHW, syringe exchange program, Holyoke

Effective Screening

Screening is a role highlighted for community health workers in the Strategic Plan for Massachusetts and respondents agreed this is an activity CHWs should pursue. As quotes provided in this earlier section have indicated, there are advantages to screening in community or home settings by CHWs or others doing similar outreach. However, discussions raised two related issues for consideration in planning approaches to screening people for problem gambling.

- One issue was whether people would respond openly about their gambling, in particular if it were causing them problems, when assessed in a formal clinical screening. The conclusion was that the nature of the relationship between the one doing the screening and the person being questioned was key. The way questions are asked was highlighted as another factor that could encourage openness.

“You can ask assessing questions when doing intake, and you ask certain questions [specific to identifying gambling problems]. You can start probing some of these, but some folks don’t want to come up front and say something like that. Gambling is not like addiction: it’s seen as more glamorous. Some people don’t consider [even heavy gambling] as an addiction.” Substance use counselor, community and social services organization, Springfield

R1: “It all comes back to relationships. Whether you do a home visit for a newborn or if you are working in a medical office, the important thing has to be that relationship. It’s how you engage people.” Behavioral health clinician, family services organization, Springfield

R2: (adding)” It depends on how you do it [the screening]. They have been doing alcohol and drug use screening in the primary care office at the health center. And we do get a lot of referrals from that.” CHW and medical assistant, behavioral health department, community health center, Springfield

“When they come in, they might not want to talk to us the first time. The second time they might stick around, and we start talking to them. Now they are seeing us regularly—they put their walls down—and we get into the nitty gritty. . . . We try to develop relationships with people and then guide them to what they need. .

... It would be easy and effective to add a couple of questions about gambling.”
CHW, syringe exchange program, Holyoke

- A second issue that was raised was if providers—CHWs or others—are to begin screening people, whether there will be sufficient and appropriately funded services and expertise to which to refer them. People described a range of addiction and recovery services and behavioral health programs and departments in both Springfield and Holyoke. The Department of Public Health funds 38 outpatient treatment centers for gambling, five of which are located in western Massachusetts. Its Office of Problem Gambling Services is taking steps to provide additional treatment resources, capacity, and training for providers. However, there was concern that some services are overburdened, in part due to the opiate epidemic and other factors. For example, relocation of Puerto Ricans from the Island to Holyoke neighborhoods post Hurricane Maria is ongoing.

“Services are already limited for populations with addiction and once the casino is up and operational [addiction] is going to get worse. The demand for counselors is already great . . . and there are a lack of people with a full understanding of gambling addiction. It’s going to hurt.” Home care director, senior center, Holyoke

“There is only one Gamblers Anonymous around here . . . resources are very limited. There isn’t treatment for gambling. You have to go [into treatment] for other related issues, or send people to Colorado, which is very expensive. The local resources for gambling addiction are very limited.” Substance use counselor, community and social services organization, Springfield

CHWs: The Nexus for Services

Community health workers can play a pivotal role in referring and connecting people with identified gambling-related problems to the continuum of resources available to help, once the programs are in place. Most respondents affirmed this point. Additionally, CHWs’ knowledge of resources for a variety of basic needs (e.g., food, housing, domestic violence, transportation) and health and social services will be useful for supporting those struggling with problem gambling.

“Hopefully the CHWs will build networks and understand the continuum of services for individuals based on that person’s need for intervention. The lion’s share for CHWs’ learning is around resources and referrals. [They will be] bridging resources and effectively connecting people to those resources.”
Prevention and education director, community development and services organization, Springfield

“Community health workers are part of the community and culturally aware. [They] speak Spanish in Holyoke and are in the homes. They need tools as well to

be prepared for this—what to look for, what should generate another question, and how to ask the question sensitively and what kind of information to bring back to identify good resources that would be most effective. They have this connection to that family. I have seen them be more successful [than others] in getting people connected to resources. If people know the CHW is going to go with them [to the program], it will cut down their ambivalence about going.”
Care manager director, health center, Holyoke

“That’s what CHWs can do, educate. We are always going into homes. So by having those connections in the community . . . we can know who to refer people to. Also we can educate each other so we see [identify] the problem and we know who to refer to or who to call. We just need to know what our resources are.”
CHW, community services organization, Springfield

Models for where CHWs should be employed or located can be built on current employment and referral relationships among providers and organizations. Additionally, the heightened awareness about gambling-related problems across all types of organizations lends itself to a coordinated approach. Complementary roles between CHWs and behavioral health peer specialists and peer recovery coaches within or across organizations were also highlighted.

[Thinking about how to refer for problem gambling help] “. . . I had a conversation with a new program the health center is working with—the Western Massachusetts Food Bank. We [the health center] will identify folks with food insecurity issues through the food bank. They [the Food Bank] will have a CHW stationed here [at the health center], who will be their employee. [Working with staff at the health center], this CHW can make a referral to the Food Bank and also expedite access to SNAP and other benefits.” Administrator, health center, Holyoke

“The goal for the CHW might be more to engage, educate you, get you into screening, possibly into treatment with recovery coaches and peer specialists who work at recovery centers. The recovery coach’s goal might be to understand what it is you are willing to try and how you want to try that. Their goal might be not be to get you into treatment, but to work with you around treatment resistance—or maybe the person is not ready for that either. And so your goal is working toward their readiness. This means you work for a longer period of time to look at what the barriers are to even considering some form of treatment.” Director, peer recovery support services, behavioral health organization, West Springfield

Distinctions and similarities among CHWs and other peer providers are noted by offering a definition of the latter in a footnote to Table 3, page 13, the display of types of focus group participant providers. A shorthand distinction is that CHWs emerged from anti-poverty and public health work, whereas other peers have been defined by their behavioral health “lived experience” and have been funded and employed in behavioral health institutions. Increasingly, CHWs are receiving behavioral health training, including as recovery coaches if they qualify with a history of substance use. The key distinction among CHWs and other peers remains the emphasis for CHWs on shared social, cultural, economic, and/or community backgrounds with people they serve. As physical and behavioral health are integrated, boundaries between CHWs and other peers are becoming less consistent.

COMMUNITY HEALTH WORKER TRAINING NEEDS

One of the main topics investigated in this assessment in Springfield/Holyoke concerned local respondents’ suggestions for how best to train CHWs for their possible roles in future problem gambling interventions. This topic was also explored in the parallel assessment in four towns and cities in the Plainville/southeastern region of Massachusetts, the location of the first casino opened in Massachusetts. The resulting report was mentioned above in the Overview section of this report.

The suggestions and recommendations about training of CHWs for work in problem gambling in the earlier report influenced the content of the first such curriculum designed for CHWs. The curriculum, *Recognizing the Signs of Problem Gambling*, was piloted in a one-day, six-hour training in May 2018.⁹ It was funded by the MDPH Office of Problem Gambling Services. The Lowell Community Health Center’s CHEC CHW training program, also funded by the Office of Problem Gambling, offers additional free trainings to CHWs from around the state and includes a travel stipend.

Predictably, there is a great deal of overlap in the training suggestions from each region, although there are different emphases and nuances. As occurred in the discussions and interviews in the southeastern part of the state, respondents in the two western Massachusetts cities asserted the need for widespread training in the ‘signs and symptoms’ and other features of problem gambling. Their suggestions about who should be trained ranged from healthcare professionals to those who work in faith-based organizations and other community-based

⁹ An announcement for one of these trainings offered in May 2018 highlighted the following as learning objectives for the training: 1) Define gambling disorder, 2) Identify gambling activities, 3) Identify similarities and differences between problem gambling and substance abuse/addiction, 4) Explain the prevalence of gambling in the U.S. and Massachusetts, 5) Explain the difference between gambling and problem gambling, 6) Recognize signs and symptoms of problem gambling, and 7) Identify sources for further assessment, referral, and resources.

organizations, in particular those serving low-income residents, and those in recovery and treatment programs for addiction.

As described above, numerous providers in focus groups and interviews in western Massachusetts suggested that community health workers and other peer workers, such as recovery coaches and peer support specialists, would be very good at expanding the education throughout targeted communities and among their clients/patients. One CHW training program director described the value of having problem gambling specialists offer training, training she herself had received. But she also cautioned that this approach misses “CHWs, people who would take that training and work directly with people at risk.” She believed this latter strategy was particularly important in places where a casino was located nearby.

General Issues

A number of respondents stressed the importance of **1) making any new trainings accessible geographically and financially to CHWs and to the peer support and recovery specialists most often located in behavioral health organizations.** There are two training programs specific to community health workers located in the Holyoke-Springfield area at the time of writing this report: one that is based at the University of Massachusetts School of Public Health in Amherst and one at Holyoke Community College. To date, neither of these training programs offers trainings on problem gambling. According to CHW respondents, courses they would like to take are too often offered in eastern or central Massachusetts, too distant to attend without taking excessive time off work.

The directors of both the Holyoke Community College CHW program and the program based at University of Massachusetts Amherst were interviewed for this assessment. Their suggestions supported those of others to **2) have the problem gambling curriculum be offered both as part of addiction courses, as well as separately.** Both felt that such classes should qualify for the ‘special health topics’ credits that are required to meet the new state certification requirements for CHWs, and also qualify as continuing education credits (CEUs).

One interviewee based at a behavioral health organization recommended that **3) trainings on problem gambling for CHWs should differ to some extent from that for recovery coaches and other behavioral health peer staff.** CHWs tend not to have received training on addictions in general, whereas the behavioral health peers usually have. Additionally, as one substance use counselor pointed out, recovery coaches differ from CHWs in the kind of psychological boundaries they are expected to sustain; coaches are required to have a personal background in addiction and recovery experiences as a way to support recovery for their clients. Recovery coaches, like CHWs, have a core program of defined content areas. One respondent argued that a module on problem gambling should also be added to the recovery coach core trainings.

Suggestions for Additional CHW Training

Training for CHWs should prepare them for the kinds of roles described in the Findings

section above, that is, for non-clinical work to help educate and support people around problems related to gambling. Several respondents in a similar assessment conducted in 2017 in southeastern Massachusetts said they had received training from the Massachusetts Council on Compulsive Gambling; they felt a less clinical version should be adapted for community health workers.

As in the southeastern Massachusetts assessment, respondents in the Springfield/Holyoke area generally agreed that it would be appropriate for generalist CHWs to incorporate gambling trainings into their repertoire of topics. Some pointed out that gambling and other addictions could be an area of specialization for some CHWs, just as other health topics such as diabetes are. *However, numerous respondents in western Massachusetts stressed that as the need for gambling-related work grows, it's crucial to provide funding for new CHW positions.* It would be counterproductive, they insisted, if the current CHW workforce were to be burdened with an additional responsibility with no supportive increase in staffing.

The following content areas were suggested for CHWs. Most of these topics would also be appropriate for peer recovery or other behavioral health peer worker trainings.

1. Compulsive gambling disorder should be taught as part of a CHW overview understanding of addictions. CHWs are not usually trained in the nature and manifestations of addictions. This may be changing, given the increased integration of behavioral and physical health services in the healthcare system and the consequent greater attention to co-occurrence of these aspects of illness.

2. CHWs and other peer staff or volunteers should also receive a separate training or module on problem gambling. Suggestions were to include an understanding of how to speak with people before they've developed a problem and how to help them recognize when they're developing or have developed a problem.

3. CHWs want to learn how best to informally identify or screen people for problem gambling in community and home settings, as well as in healthcare or program contexts. Topics that arose in multiple discussions were how to ask the right questions in a conversational way, when to probe for more information, and how to share or work with simple two to five-question screening tests. Lie-Bet Tool (from the National Council on Problem Gambling) is one such screening tool that was mentioned as having been validated.

4. Screening, brief intervention, and referral to (substance use) treatment (SBIRT) is already taught by MDPH's Bureau of Substance Addiction Services; it could be included in CHW trainings related to addiction, including compulsive gambling.

5. CRUCIAL: Train CHWs about the range of resources available locally for problem gambling. These should include both the usual resources in which CHWs are expert and those that are specific to addictions and gambling problems. Housing, food security, transportation, domestic violence, and other needs commonly referred to as 'social determinants of health' are likely to be as essential to helping those with gambling problems as they are for other people with whom CHWs work.

6. Educating people about how to manage their money so that monthly

expenditures don't regularly exceed income was mentioned multiple times in different groups and interviews. **Similarly, participants believed the public should be informed about how casinos, the lottery, and other gambling businesses depend on odds that are stacked against the gambler.** Whether these topics are appropriate or needed for CHW trainings or whether these should be more widely available for free to help people control their own unrealistic dreams about winning should be discussed. At the very least, respondents insisted, there should be sufficient access to counseling or training on these topics so that CHWs and others could refer people to them as needed.

7. Help CHWs understand the variety of ways people avoid getting more deeply involved in gambling and the multiple pathways to recovery. This need was pointed out by two respondents, including one of the CHW training program directors. Strategies include techniques for responsible gambling for those who have not yet developed problems, as well as suggestions for alternative activities such as bingo games which offer prizes rather than cash winnings.

8. Teach CHWs how to raise community awareness and organize educational events on the topic of problem gambling was a suggestion by one of the CHW training program directors. This could involve discussions of the strategy and logistics of organizing community events in one's own community and serve as a possible field practice aspect of a course on problem gambling.

CONCLUSION AND RECOMMENDATIONS

The purpose of this Regional CHW and Gambling Needs Assessment is to provide insights and guidance to the Massachusetts Department of Public Health (MDPH) Office of Problem Gambling Services as it plans for expansion of infrastructure, services, and programming throughout the state. Its focus has been to explore what might be learned from appropriate community and other service providers in regions of the Commonwealth most directly impacted through close proximity to a casino about how to engage community health workers as part of these services. This assessment also solicited views on how CHWs should be trained for such roles.

The suggestions emerging from the 17 key informant interviews and four focus groups (27 participants) in Springfield and Holyoke, Massachusetts, should be considered as ideas in MDPH's planning and design process. Given the focus on community health workers, this assessment was developed collaboratively with guidance from both the MDPH Office of Problem Gambling Services and the MDPH Office of Community Health Workers. The implications of the findings from the interviews presented here should be discussed within this collaborative context as well as with the Public Health Trust Fund Executive Committee.

As the quotes in the Findings section of this report reveal, there is a heightened awareness among service provider respondents in both Springfield and Holyoke concerning the risks to the communities which they serve, and in most instances where respondents also live, of the imminent opening of a large resort casino in the middle of downtown Springfield. The opening is scheduled within months of the timing of this assessment. Given the populations

they serve—low-income, communities of color, many of whom are struggling with substance addictions and other life and health challenges, it makes sense that they expressed serious concerns about the risks of the casino's presence. Some displacement of low-income Springfield residents had already occurred, according to focus group participants. Some also reported that family members or acquaintances had not yet been able to acquire positions with the casino, despite the promise of new jobs, due to educational or other barriers. The focus of the discussions was how to keep people from developing, and then to intervene in, gambling-related problems.

Other kinds of gambling appear problematic for the clients and patients of most respondents, most notably lottery or scratch tickets, but also so-called 'underground' gambling, for example, cock fights, the 'numbers,' and boxing.

There are several clear implications emerging from analysis of the focus groups and interview discussions, all of which are consistent with the findings and conclusions from a parallel assessment in 2017 in the Plainville/southeastern Massachusetts region.

- Prevention of and intervention with problem gambling are closely related in most respondents' minds. They see a need for raising awareness and understanding among all staff and volunteers of the organizations that come into regular contact with community members, rather than solely among staff specialized in the topic or just among those staff who conduct outreach to community residents.
- Assuming sufficient new funding for CHW staff as well as for training, CHWs are well suited for roles in prevention education, particularly by expanding understanding of problem gambling into communities through outreach, home visits, and community events.
- CHWs are also well positioned to play their usual role of connecting people to the resources they need, whether these are specific to problem gambling or for health and basic needs. A key aspect of their training, as always, will be learning all the different kinds of resources and types of treatment and recovery support available in their communities.
- Confirming a strong finding from the similar assessment in the Plainville/southeastern Massachusetts region in 2017, respondents emphasized that CHWs could play a crucial role in helping people reluctant to talk about gambling problems to consider and seek help.
- Informal screening by CHWs in community or home settings using sensitive questions developed to help people self-identify as having a problem with gambling was promoted consistently. The possibility of CHWs or other staff providing screenings that would encourage a candid response by patients/clients in institutional settings was supported, as long as the questions were asked by staff who already have a relationship with the person.
- Screening tools to be used to identify gambling-related problems should be brief and culturally sensitive. CHWs should review such tools under consideration at organizations where they work.

There are a few actions that could be facilitated by MDPH's Office of Problem Gambling Services to explore the feasibility of pursuing ideas presented in this report. The Office of Problem Gambling Services should use this report to facilitate discussions of its findings among other contractors who are piloting and implementing elements of the Strategic Plan to Mitigate Harms Associated with Gambling in Massachusetts. The findings can inform collaborative shaping of programs and initiatives.

1. MDPH's Offices of Problem Gambling Services and of Community Health Workers should share this report with and solicit responses to these findings and recommendations from CHW training programs to develop new, gambling-focused training units.
2. The Office of Problem Gambling Services should solicit input on planning for CHW and other behavioral health peer workforces' role in gambling prevention and support from MDPH's Bureau of Substance Addiction Services and with staff or contractors for peers in Department of Mental Health-funded mental health settings.
3. The Office of Problem Gambling should require that the additional training content ideas here inform the existing or additional more in-depth training for community health workers in this topic area. Such curricula should be developed collaboratively with the Office of Community Health Workers and their designated partners, including the Massachusetts Association of Community Health Workers.
4. The Office of Problem Gambling Services and contractors should refine any future regional assessment for CHWs and problem gambling services in Region A (eastern Massachusetts) based on the process and findings for this current assessment.
5. The Office of Problem Gambling should assure that this and any subsequent initiatives involving CHWs highlight the importance of addressing and tracking the effects of gambling-related services on reducing inequities in prevalence and care among low-income, ethnic/racial minority, and other disenfranchised communities.