



ANNUAL REPORT 2020

Stakeholder Listening Sessions: Revere and Springfield



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Massachusetts Department of Public Health
Office of Problem Gambling Services



Contents

Acknowledgements.....	3
Executive Summary.....	4
Introduction	6
Background	6
Stakeholder Listening Sessions	11
Findings	13
Discussion.....	26
Recommendations	29
Relevance to Overarching Questions.....	30
Appendix 1. MDPH House.....	31
Appendix 2. Organizations Represented at Stakeholder Listening Sessions.....	32

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The MA Department of Public Health Office of Problem Gambling Services contracted JSI Research & Training Institute, Inc., a public health consulting firm based in Boston, MA, to carry out the planning, logistics, implementation and evaluation of the Stakeholder Listening Sessions. The Office is grateful for their expertise and comprehensive work.

Executive Summary

BACKGROUND

This report provides a description and analyses of the 2020 Stakeholder Listening Sessions (SLS), an annual community engagement activity sponsored by the Massachusetts Department of Public Health (MDPH) Office of Problem Gambling Services (OPGS). The purpose of the SLS is to elicit input from community stakeholders on different areas of [the Strategic Plan to Mitigate the Harms Associated with Gambling in Massachusetts](#).

OPGS contracted JSI Research & Training Institute, Inc., a public health consulting firm based in Boston, MA, to carry out the planning, logistics, implementation and evaluation of the SLS.

OPGS is committed to raising and translating community voices into actionable change through the annual SLSs. This report contains recommendations based on themes that emerged from the 2020 sessions. In accordance with community engagement principles, this report will help ensure that communication is transparent and flows back to its source. In addition, the report will be shared with policy makers and key stakeholders to ensure representation of community voice the development of public policy.

During the 2020 SLS, attendees were formed into three discussion groups according to the annual priorities from the Strategic Plan selected by OPGS: 1) Integrate addiction services, mental health services, and primary care; 2) Increase availability of culturally appropriate services; and 3) Establish evaluation infrastructure. Each session is recorded and transcribed.

ANALYSIS

The JSI Evaluation Team used Dedoose, a web-based qualitative data analysis software, to analyze and code the transcripts through multiple readings and coding. The first level of analysis involved identifying all the themes emerging from the transcripts and developing a codebook through a series of recursive analyses. JSI developed codes using a grounded-theory approach to qualitative analysis in which the researcher develops codes inductively.

FINDINGS

SLS participants discussed the competitive nature of funding structures that may lead away from service integration. Participants recommended strategies, resources, and tools to disrupt this service delivery impasse. They recommended using a relational approach through which designated staff from various services link to other services. For example, a social worker or community health worker at a mental health organization could connect a client to a family service organization and thus integrate services at the individual level. The Ambassadors Project exemplifies this approach to service integration. The ambassadors know the community, the language, the service providers, and are in recovery. They are trained to facilitate access,

engagement, and retention in care and can be stationed in neighborhoods and community health center and hospital waiting rooms.

SLS participants drove a strength based approach discussion towards increasing availability of culturally appropriate services. Participants pointed to the richness of innate strengths and resources that exist in the community (e.g. family values, community places, community activities, religious beliefs, sense of community) and are challenging policymakers to make use of those resources when implementing and evaluating programs instead of focusing on the gaps a community may be experiencing.

SLS participants described two salient themes from the discussion on evaluation: participation and data utilization. Participants stated that community members want to be closely involved in the decision-making process and be able to utilize data to inform those decisions. An inclusive evaluation process allows for more holistic, integrated, culturally appropriate services to emerge organically based on community strengths.

RECOMMENDATIONS

Participants made a number of recommendations to improve integration:

1. Include gambling in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol.
2. Expand existing recovery programs to include gambling, such as Smart Recovery.
3. Provide capacity building training and encourage Ambassadors in the OPGS' Ambassador Project to continue to build trusting relationships with community organizations and health centers to be able to provide services within spaces that community members trust.
4. Focus on the role of Ambassadors from OPGS' Ambassador Project as agents of change. For instance, Ambassadors could reach out, screen, and educate clients in the waiting rooms of primary care departments.
5. Provide incentives within procurements to encourage collaboration.

Participants provided recommendations to improve culturally appropriate services:

1. Establish forums to connect service providers and community residents to promote ongoing connectedness.
2. Directly involve the people for whom the services are intended for in the program development and implementation process, encouraging community ownership and accountability.
3. Hire more staff that are truly representative of the community the organization/program seeks to serve, even if this process may take more time.
4. Hire service providers who can effectively serve the Asian community.
5. Utilize diverse modalities (e.g. WeChat) already used by community members to disseminate relevant and vital health information.

Finally, participants also made recommendations to improve evaluation infrastructure:

1. Continue, disseminate, and replicate current evaluation methodology utilized by the Ambassador Project throughout other OPGS and DPH programming as it encourages the participation of all staff within the program.

Introduction

This report provides a description and analyses of the 2020 Stakeholder Listening Sessions (SLS), an annual community engagement activity conducted by the Massachusetts Department of Public Health (MDPH) Office of Problem Gambling Services (OPGS). They contracted JSI Research & Training Institute, Inc., a public health consulting firm based in Boston, MA to carry out the planning, logistics, implementation, and evaluation of the two most recent SLSs.

OPGS is committed to raising and translating community voices into actionable change through the annual SLSs. This report contains recommendations based on themes that emerged from the 2020 sessions. In accordance with community engagement principles, this report will help ensure that communication is transparent and flows back to its source.

Background

The Massachusetts Expanded Gaming Act of 2011 authorized the creation of three casinos and one slot parlor in the Commonwealth. The slot parlor opened in Plainville in June 2015, the first of the three regional casinos opened in Springfield in August 2018, and the second opened in Everett in June 2019. The Expanded Gaming Act also led to the creation of the Public Health Trust Fund (PHTF) and the Massachusetts Gaming Commission (MGC). The PHTF was established to mitigate gambling's negative health effects on communities throughout the state, especially those in which gambling establishments are located. The PHTF allocates resources for prevention, intervention, treatment, recovery services, and research related to problem gambling. The MGC is a five-member independent body which oversees the implementation and licensing process. The Executive Office of Health and Human Services (EOHHS) oversees the PHTF and both the MDPH and the MGC are the operational arms of the PHTF.

MDPH “promotes the health and well-being of all residents by ensuring access to high-quality public health and health care services, and by focusing on prevention, wellness, and health equity for all people.”¹ It created the OPGS to ensure a comprehensive and integrated public

¹Massachusetts Department of Public Health. Available at: <https://www.mass.gov/orgs/department-of-public-health>

health response to problem gambling that uses data to inform initiatives, engage communities, and ensure cultural intelligence and humility.

Research indicates that gambling is related to various health conditions, while disproportionately affecting people of color and those who have mental health and/or substance use disorders. Additionally, public health approaches recognize the multidimensional nature of determinants of health and the complex interaction of many factors—biological, behavioral, social, and environmental—when developing effective interventions.²

In 2016, MDPH and the MGC published the Strategic Plan to Mitigate the Harms Associated with Gambling in Massachusetts, laying out potential uses of funding to mitigate problem gambling.³ The Strategic Plan’s 11 priority areas are:

1. Prevention for youth
2. Prevention for high-risk populations
3. Focus on community-level interventions
4. Coordinate problem gambling services
5. Integrate addiction services, mental health services, and primary care
6. Decrease stigma and unsupportive social norms
7. Increase availability of support services
8. Increase availability of culturally appropriate services
9. Contribute to the evidence base for problem gambling services
10. Establish an evaluation infrastructure
11. Expand institutional capacity to address problem gambling and related issues

THE ROLE OF COMMUNITY ENGAGEMENT IN PUBLIC HEALTH

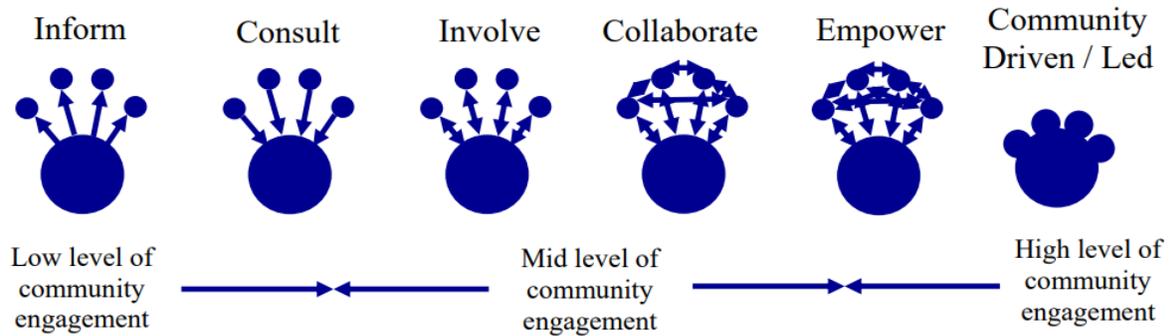
Community engagement is “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people.”⁴ While some view community engagement as a singular task, effective community engagement is ongoing. As illustrated in Figure 1, high-level

² *Problem gambling: a community perspective - The Brief Addiction Science Information Source (BASIS)*. (n.d.). Retrieved June 23, 2020, from <https://www.basionline.org/2015/03/problem-gambling-a-community-perspective.html>

³ Massachusetts Department of Public Health and Massachusetts Gaming Commission (2016). Strategic Plan: Services to Mitigate the Harms Associated with Gambling in Massachusetts. Available at: <https://www.mass.gov/files/documents/2016/07/st/problem-gambling-strategic-plan.pdf>.

⁴ Centers for Disease Control and Prevention (2011). Principles of Community Engagement. Available at: https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf.

community engagement requires empowering the community, not just informing or consulting it. MDPH adapted this continuum from the International Association for Public Participation, and created the MDPH House (Appendix 2) to represent its vision and mission, which includes “a sharp focus on using data effectively, addressing the social determinants of health, and a firm commitment to eliminating health disparities.”⁵



Source: Adapted from International Association for Public Participation, 2014

Figure 1. MDPH Community Engagement Continuum⁶

OPGS AND COMMUNITY ENGAGEMENT

Continuous community engagement is at the heart of OPGS’ goals of promoting racial equity and using community input to inform the current implementation and future planning of problem gambling initiatives. To date, OPGS has engaged over 1,200 community members, along with over 40 community based organizational partners, to inform the development of priorities and ensure that cultural and community perspectives are embedded in their work. So far, community engagement activities have informed 23 initiatives across the continuum of care: prevention, intervention, treatment, and recovery support.

The OPGS elicits the input of the community in several ways. For instance, the Ambassador Project trains men of color who have a history of substance use disorder to lead conversations about problem gambling prevention with peers. These Ambassadors have collaborated with the Men of Color Communications Campaign, another OPGS initiative, to distribute information about ways to prevent gambling problems. The Ambassadors visit places such as neighborhoods, churches, and community centers to share their lived experiences and offer educational materials and lectures on problem gambling.

⁵ Massachusetts Department of Public Health (2017). Massachusetts State Health Assessment. Available at: <https://www.mass.gov/files/documents/2017/10/04/MDPH%202017%20SHA%20Intro.pdf>.

⁶ Massachusetts Department of Public Health (2017). Community Engagement Standards for Community Health Planning Guideline. Available at: <https://www.mass.gov/files/documents/2017/01/vr/guidelines-community-engagement.pdf>

OPGS is also making advances in youth gambling prevention through the Massachusetts Photovoice Project - a participatory method defined as a “process by which people can identify, represent and enhance their community through a specific photographic technique.”⁷ The Photovoice Project engages local youth to help prevent problem gambling in their community.

STAKEHOLDER LISTENING SESSIONS (SLS)

Starting in 2017, the OPGS annually invites community stakeholders to two listening sessions. Each session is held at, or close to, the communities of Everett and Springfield, where the Encore and MGM casino are respectively located. The purpose of these sessions is to elicit input from the community on different areas of the Strategic Plan.

Community stakeholders are broken out into pre-selected groups to ensure representation of different sectors within each group. Within the smaller groups, stakeholders discuss the three priority areas identified in the Strategic Plan. Each year, the priority areas change based on current need. In 2020, the strategic areas were: 1) Integration of addiction services, mental health services, and primary care; 2) Increasing availability of culturally appropriate services; and 3) Establishing an evaluation infrastructure.

The group discussions are then analyzed, incorporating the principle of cultural humility,⁸ in order to inform the following three longstanding, overarching questions that OPGS uses to elicit cultural and community expertise to inform the current implementation and future planning of problem gambling initiatives:

- **What cultural and/or community approaches would you recommend to the DPH Office of Problem Gambling Services for the implementation of its 2020 initiatives?**
- **What cultural and/or communities needs are not being met/represented by the 2020 DPH Problem Gambling Initiatives?**
- **Please list recommendations that can be used for future planning related to meeting the needs of priority populations and communities.**

⁷ *What is Photovoice?* (2015). Retrieved June 23, 2020, from <https://globalhealth.duke.edu/news/what-photovoice>

⁸ In this context, cultural humility is the idea that one must experience a process of self-reflection and discovery...to build honest and trustworthy relationships. This definition is derived from: Yeager, K. A., & Bauer-Wu, S. (2013). Cultural humility: essential foundation for clinical researchers. *Applied nursing research: ANR*, 26(4), 251–256. doi:10.1016/j.apnr.2013.06.008.

COMMUNITY PROFILES: EVERETT AND SPRINGFIELD

In order to provide context on the host communities of Everett and Springfield, below is a brief summary of each community's demographic makeup.

Everett

As of 2018, the city of Everett had a population of 46,880. The city is racially and ethnically diverse, with 44.6% of the population identifying as white (non-Hispanic/Latino); 26.5% as Hispanic/Latino; 19.0% as Black/African American; 6.9% as Asian/Asian; and 5.0% identifying as two or more races. 40.3% percent of the population of Everett was born outside the United States. As a result, 56.2% of Everett residents over the age of five speak a language other than English at home.⁹ According to the U.S. Census, 13.3% of Everett residents are living in poverty, which is slightly higher than the state average (10%).¹⁰

Springfield

As of 2018, the city of Springfield had a population of 155,032. The city is racially diverse, with 31.7% identifying as white (non-Hispanic/Latino); 44.7% as Hispanic/Latino; 20.9% as Black/African American; 2.2% as Asian/Asian American; and 4.6% identifying as two or more races. About 10% of the population of Springfield was born outside the United States, and 38.9% of residents over the age of five speak a language other than English at home. According to the U.S. Census, 28.6% of Springfield residents are living in poverty, which is almost three times more than the state average (10%).¹¹

Everett and Springfield

There are two stark differences between Everett and Springfield: 1) Springfield has a significantly larger population than Everett and 2) Springfield's poverty rate is three times higher than the state average while Everett's is only about 3% higher than the state average.

⁹ U.S. Census Bureau QuickFacts: Everett city, Massachusetts. (n.d.). Retrieved June 23, 2020, from <https://www.census.gov/quickfacts/fact/table/everettcitymassachusetts/PST045217>.

¹⁰ Bureau, U. C. (n.d.). *Income and Poverty in the United States: 2017*. Retrieved June 23, 2020, from <https://www.census.gov/library/publications/2018/demo/p60-263.html>

¹¹ U.S. Census Bureau QuickFacts: Springfield city, Massachusetts. (n.d.). Retrieved June 23, 2020, from <https://www.census.gov/quickfacts/fact/table/springfieldcitymassachusetts/PST045219>

Stakeholder Listening Sessions

The first SLS was held at the Rumney Marsh Academy in Revere on February 20, 2020. The second was at the UMass Center in Springfield on February 24, 2020.

Both SLSs followed the same format. OPGS Director Victor Ortiz began the meetings by stating the purpose of the listening sessions and reviewing findings from the 2019 problem gambling SLS. Mr. Ortiz then gave an overview of the priority areas of the PHTF strategic plan. He concluded with a review of 2019 and 2020 initiatives.

Following the presentation, attendees formed three groups according to the priorities selected by OPGS as described in the Public Health Trust Fund Strategic Plan: **1) Integrate addiction, mental health, and primary care services; 2) Increase availability of culturally appropriate support services; and 3) Establish evaluation infrastructure.** A JSI Research & Training Institute, Inc. (JSI) facilitator began each sub-session discussion with an overview of the assigned topic. Sub-sessions were audio recorded and written notes were taken. Then, the facilitator presented to the group the guiding questions (see textbox) that were developed in collaboration with OPGS.

Group 1: Integrate addiction, mental health, and primary care services

- What are the barriers and facilitators to integration?
- How can we improve integration?

Group 2: Increase availability of culturally appropriate support services

- What are some of the barriers to proper support services?
- Which services have been effective and which have been less so? Why?

Group 3: Establish evaluation infrastructure

- What questions are important to you?

When attendees reconvened, a representative from each sub-group presented the most salient points from their group's discussion. Before closing, Mr. Ortiz answered questions and highlighted next steps.

STAKEHOLDERS

Stakeholder participants for the listening sessions were identified by prior participation in gambling planning processes, the first SLS in 2017, or their role as community leaders. All were well-aware of problem gambling and related issues. SLS participants represented 33 organizations; below, these organizations are divided into eight different categories. Thirty-nine people attended the Revere SLS and 32 attended the Springfield SLS. See Appendix 2 for a full list of the organizations from each community.

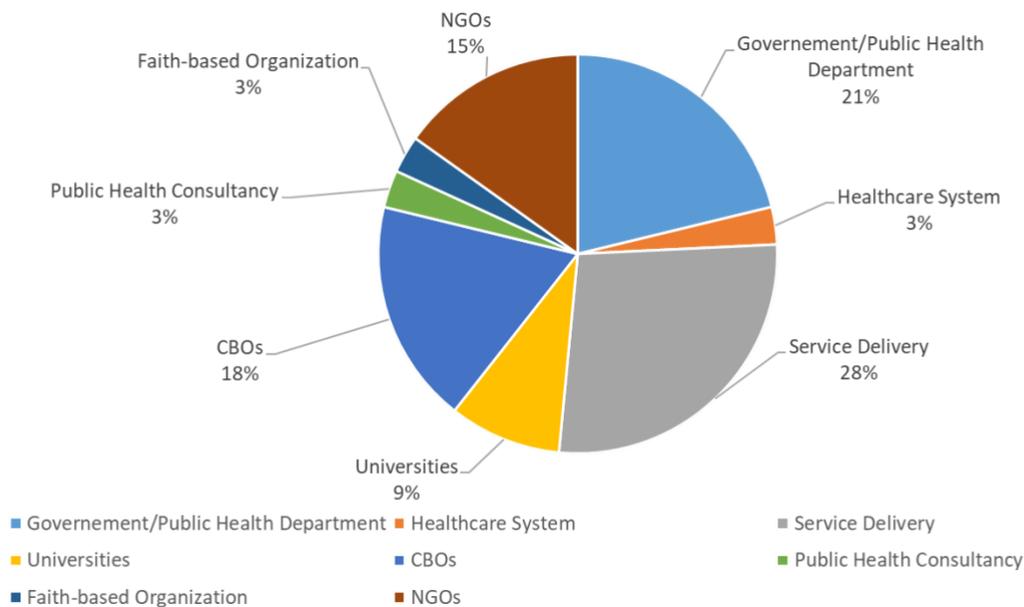


Figure 2. Types of Organizations Represented in SLSs (n=33)

METHODOLOGY

JSI recorded and transcribed the content of the six sub-group discussions (three from each SLS) and analyzed them with Dedoose qualitative analysis software.

Analysis

The JSI research team used Dedoose to analyze and code the transcripts through multiple readings. Dedoose is a web-based qualitative data analysis software similar to nVivo. It facilitates the creation and analysis of codes in text data. The first level of analysis involved identifying all of the emerging themes from the transcripts and developing a codebook through a series of recursive analyses. JSI developed codes using a grounded-theory approach to qualitative analysis in which the researcher develops codes inductively. The second level of analysis, axial coding, focused on sorting and classifying the constructs to understand participants' perceptions of and experiences related to this project's thematic areas.

Findings

The findings are organized by the topical questions assigned to each group. Selected quotes from participants that contextualize the themes and patterns that emerged are included.

Group 1: Integrate addiction, mental health, and primary care services

The Group 1 facilitator provided an overview of the challenges involving service integration, explaining the co-morbidities of problem gambling as defined in the PHTF Strategic Plan. Per the PHTF Strategic Plan, service integration is understood as the integration of gambling into addiction, prevention, treatment and policy activities. The facilitator also articulated how government agencies and programs at city, state, and federal levels are working to mitigate each of the co-morbidities and the need for further integration. They then asked two questions. The first question was:

What are the barriers and facilitators to integration?

In this section, the emerging themes were placed into two categories: institutional and systemic barriers and workforce barriers. These two categories are not mutually exclusive but rather inform one another in the context of integration.

Institutional and systemic barriers

Participants focused on the procurement and service delivery process within the current systemic structures; the barriers discussed in this section range from funding structure to lack of training incentives. The following quote exemplifies this focus.

“So you have to start by looking at the structure, because the structure as it exists today does not contribute to what we know is needed.”

Funding structure

Competition for funding was a recurring topic in the integration discussion.

“We’re in competition. And we don’t need to be in competition. We’re all trying to come to the same end, but everybody is so greedy about the money.”

The system does not offer incentives to collaborate.

“It’s difficult to come together at one place and collaborate because number one, there is no incentive. And number two, because there’s a lot of competition for resources.”

The group mentioned that short-term funding is a barrier.

“...the funding tends to be very transient, it’s very cyclical, you have funding for just a certain amount of time and then it goes away.”

Lack of clarity and realistic expectations

Participants reported a lack of guidance on service integration during the procurement and implementation process created by funders.

“So I don’t know that there’s even clarity. Enough clarity as to what the roles should be in what way [service providers] should collaborate versus compete because that’s essentially what happens.”

Also, the expectations placed on service providers are not realistic.

“... they’re not realistic. We have a system that it’s more focused on quantity versus quality, and then productivity requirements, volume. So then you cannot expect a primary care physician to be at a table and then have a meeting for an hour.”

This respondent also said that when service components are not clarified, it creates the appearance that:

“a lot of similar things happening with different names. This may result in over-saturation, a lot of competition, this is mine versus that one is yours.”

Billing requirements

Another participant saw billing requirements and regulations as barriers to collaboration.

“... when you have billing requirements versus regulation requirements versus this and that, those are the very first things that are getting in the way of this level of collaboration.”

Some billing requirements only pay for short visits, particularly in primary care and others do not cover the time spent on training or capacity-building activities.

“But I’ve noticed in the agencies where there’s a fee-for-service structure, they really can’t, it’s really hard for them to have their staff go to training because they’re losing so much money. Or the agencies that have the luxury of having people salaried, those are the people who go to the trainings to learn about problems.”

Lack of training incentives

The system doesn’t require training on problem gambling for mental health practitioners.

“There is no requirement, there’s no education you’re going to get about problem gambling. So I think it’s being so neglected just in terms of the education that a lot of providers are [receiving].”

Lack of training and awareness of problem gambling

As mentioned in the previous section, many health practitioners are not incentivized or given the time to receive training on gambling disorders. Therefore, it is challenging to know when a client is struggling with gambling-related problems and needs a referral to relevant services. A number of participants used the phrase “off the radar” to describe this lack of awareness.

“They got other things going. Gambling is not on their radar. So in order for that to be met to even get in their psyche, much more awareness is needed on every level that we do.”

“Again, gambling was not only low on this radar, it was off the radar.”

“But gambling may not be on the radar of the people who are doing substance use services.”

The hidden nature of problem gambling

Problem gambling may present late in a treatment process and may not be the initial reason a client was referred to a particular service. It is discovered with time, sometimes accidentally.

“I was telling [a client that] I’m new as an ambassador and I would share with them what I’m about to start doing. He was laughing because he said he has a gambling problem—he scratched—and said he can’t go by and 7-Eleven without going and buying scratch tickets. But I know him for mental health and addiction.”

Lack of holistic treatment

There is a lack of holistic recovery programs that focus not only on substance use, but also on problem gambling. Problem gambling may emerge early, late, or not at all in a recovery process, and therefore may hinder the effectiveness of a recovery intervention.

Workforce barriers

Participants also discussed the barriers found within the current workforce, such as the siloed nature of the workforce along the challenges of role clarification, recruitment and retention.

Siloed workforce

One participant observed that the workforce is fragmented, not only by areas (e.g., mental health, substance use), but also by populations served.

“Well, we have the issue is that at different levels from the workforce to the people that we serve, [or] the ‘I serve only Puerto Ricans,’ and this one only serves people from the Caribbean, from the people who [we] serve to the workforce—from billing to collaboration, communications, mental health, substance abuse, tobacco, domestic violence—they work separately in silos. And that’s the challenge.”

Role clarification

A participant observed that roles in the workforce need to be clarified.

“[...] a lot of things that I often see that make this work a lot more difficult is there’s this hurry of wanting to tackle a problem, so there’s this hurry up creating stuff and then putting names and acronyms and stuff and then you have case managers, and then community workers, and then navigators, and then you have all of these letters of people doing very similar, often times identical work, getting in the way of each other because there’s a lot of intersection and a lot of them. So I don’t know that there’s even clarity.”

“...clarity as to what the roles should be and in what way they should collaborate, versus compete with each other, because that’s essentially what happens.”

Recruitment and retention

There was also concern about the recruitment and retention of clinicians.

“I think there’s a lot of...problems with recruitment and retention for clinicians and/or caseworkers in those spaces. Part of it probably has to do with pay; I assume they don’t get paid enough.”

The second question posed to Group 1 was:

How can we improve integration?

Participants proposed four recommendations. One was to include gambling in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol.

“... The [SBIRT]. The treatments where they have a list of questions on there and they ask about alcohol use, they ask about marijuana use, they ask about prescription drug use, but they don’t ask about gambling.”

The second recommendation was to expand existing recovery programs to include gambling.

“Smart Recovery is not gambling-specific, but you can have more of a conversation because there are trained peer facilitators in Smart Recovery meetings, and there are online meetings.”

The third and fourth recommendations focused on the role of ambassadors from the OPGS’ Ambassador Project as agents of change. For instance, Ambassadors could reach out, screen, and educate clients in the waiting rooms of primary care departments.

“So if you’re going to be sitting in the waiting room for half-an-hour, why can’t you be sitting there with, ‘Hey, I’m a peer specialist...I am a recovery coach... hey I’m a gambling ambassador, you want to talk? We can talk privately,’ or ‘I just want to share some information about some resources.’ And you can have pamphlets and maybe just plant a seeds. Because I am that person who has a scratch ticket. That person might not want to take a look at this, but if s/he has something in his/her hands [that indicates] signs of gambling addiction or a substance addiction, people can help.”

An Ambassador’s role can encompass all points on the continuum of services—prevention, screening, treatment, and recovery—and facilitate communication between organizations.

“The ambassadors don’t only do gambling work in our centers. They are embedded in our centers. They [...] know how to access treatment. They know how to support people who come in with substance use issues. They go through a whole orientation process that has nothing to do with gambling before they’re even trained in the work that we do, so they’re a part of our community because there’s a lot of intersection and a lot of them.”

“Communication between organizations is a barrier. That’s why I think the ambassadorship is a good initiative because they reach out to the organizations and raise awareness that there could be problem gamblers among their clients and it’s a hidden addiction.”

Group 2: Increase availability of culturally appropriate services

For the purposes of this report, we define culture as a “tool kit” that contains the resources and strategies to help people create meaning and action. This definition emphasizes that “people do not just live within a culture but use elements of that culture to inform their behavior and decision-making.”¹² Participants in this group understood and operated with this understanding of culture. Two questions were posed to Group 2 participants. The first question presented to the group was:

Which services have been effective and which have been less so? Why?

Community ownership and involvement

In each location, participants discussed strategies to make services culturally intelligent by directly involving the people for whom the services are intended in the program development and implementation process.

Employ providers who look like the community they serve

Participants suggested that services be provided by people who look like the people they serve.

“In Holyoke, they have the collaborations with the police department and hospitals, mayor. It’s culturally open, people are comfortable being in the center because there are people who speak your language, people who look like you and come from the same community. It’s run by peers, which is really a big thing now...”

Employ service providers who have lived experience

It is also valuable to listen to community members’ description of their experience and their community to indicate where interventions are needed and how they should be conducted.

“...but I believe more it’s more effective for me that all the resources move in our area to a community. Of course, around maybe 500 feet around this center, you see the misery. You see the misery. You see their pain. You can see the real poverty. You can see the real, like [____] says, Springfield is the most unhealthy city in all the state of Massachusetts.”

¹² Swidler, A. (1986). Culture in Action: Symbols and Strategies. In *Source: American Sociological Review* (Vol. 51, Issue 2).

Promote personal contact with community residents

Service providers should not be limited to only providing services within the organizations' physical building. It is important for providers to go out into communities and build relationships by meeting community residents at their most comfortable place of contact.

“There’s one project that we were a part of, the Holyoke Safe Neighborhood Initiative Global Community Outreach Program. [...] The idea for that was to go next door to your neighbor and go door-to-door in the hotspot areas for substance abuse and knock on doors, see how neighbors were doing, see if they needed anything in terms of services, reaching out and seeing what they needed.”

Create programs that involve the community

Photovoice involves the use of video and/or photography to capture participants' lives. It was offered as an example of a best practice in the delivery of culturally appropriate services.

“The youth are going to have their first community event...[...]. They’re going to exhibit their photovoice, for their write-ups and everything, they have their choice to do it in English or Spanish. When they do the presentation, it will be in whichever they prefer with somebody else translating it, because we’re going to have the parents there also. Some of the parents speak limited English, so we try to have everything in both languages as much as possible.”

Partner with community groups and use tools that inform behavior and decision-making

Several participants suggested that interventions for problem gambling could increase cultural appropriateness by being located in places that community members use regularly and trust.

“It can also be seen as a community center, so we have events that take place all the time, birthday parties happen, so it’s constantly...alive. It’s culturally open, we have a big Hispanic population so we do a lot of Hispanic celebrations, and we do a lot of food, there’s a whole bunch of stuff that takes places. It breeds comfort at different levels...”

Use technology that is familiar to the community

Community members use different modalities to share and receive information. It is important to take time to learn what methods are most effective to reach communities with relevant and helpful information. For example, WeChat is common in the Asian community and can be used to provide health education and promotion.

“I know that a lot of Asian American communities access information through a lot of different channels. There's a popular app called WeChat and a lot of them use the information and I think that's more of a trusting resource for them...”

Use cultural events and activities

Other participants referred to activities and events that are common for particular groups of people, such as rent parties, which are social gatherings with the ultimate goal of raising funds to collect money for rent.

“They would have those kind of parties and it was usually, it was a cultural thing to assist people in the community that were having financial difficulties, that kind of thing. Other things that I've seen have been cultural events like music.”

Other community activities mentioned were festivals and craft fairs.

“Music is always a big draw, the people always come. We have the Stone Soul Jazz Festival. The ambassadors went too and they said that they had a whole bunch of people coming by.”

“Other things that we've tried to go into, like craft fairs. ... we were at St. Paul's Episcopal Church and it was their winter bazaar and we were sitting right next to a raffle table.”

The second question discussed in this group was:

What are some of the barriers to proper support services?

Linguistic barriers

Participants acknowledged a lack of service providers who speak the language and understood the culture of many of the people they serve. The lack of language capacity renders the service and products obsolete to clients whose primary language is not English.

“One of the challenges that we find is while there are a lot of resources, they're inaccessible to those marginalized communities, those immigrant communities, those who are limited English proficient.”

One participant called attention to the Limited English Proficiency (LEP) clause in the Title VI of the Civil Rights Act of 1964 which requires recipients of federal financial assistance to take reasonable steps to make their programs, services, and activities accessible by eligible persons with limited English proficiency¹³

¹³ *Limited English Proficiency (LEP) | HHS.gov.* (n.d.). Retrieved June 23, 2020, from <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html>

“... I know there's a law...which is a federal law that if [...] information should be in their language. I know nobody enforces this so I'm not just throwing out anybody, I'm just saying a lot of people don't enforce this.”

Racial and cultural barriers

In addition to linguistic capacity, service providers need to be aware of the racial and cultural specificity of the message content.

“The easiest way to say this is a lot of the stuff that deals with health is not based on people of color. They'll say ‘if you're 55 to check your prostate’, but that's not true for men of color; I could be 35. When you look at a medical book it talks about skin rashes and disease and stuff, it doesn't describe people of color. It says, ‘You turn red. You turn blue.’ It's like, I don't turn red, I don't get [a particular symptom]”

Culture also interacts with place. It is important for service providers to acknowledge geographical differences in service delivery.

“Oh, yes. Absolutely. It all depends on what town. In Brockton, in Stoughton, we see more men of color. As we go to Fall River, New Bedford, it would be the opposite.”

Group 3: Establish an evaluation infrastructure

In this group, the facilitator explained the importance of program evaluation and the numerous gambling activities occurring in the state, and asked participants the following question:

What [program evaluation] questions are important to you [as a stakeholder or provider]?

In this section, emerging themes were categorized based on what participants found important for the evaluation process to consider and pay particular attention to.

Meet the needs of special populations

Participants stated the importance of acknowledging particular populations that may be overlooked or need special attention in evaluating current interventions.

Poker players

“... They [research] staff have never come into the poker room. I asked them, why aren't you evaluating? It's a completely different type of gambling. But they're not bringing any data from poker.”

College students

“And speaking of the college piece; Massachusetts has implemented SBIRT for all of the schools, right? On substance use. So that could be another question added; have you gambled?”

Athletes

“Anybody who's done research know[s] that athletes are more likely to be problem gamblers. And when you have people who compete, they are people who are more likely to gamble.”

Diverse population in Everett

“I think that it's really important given the discussion around cultural humility and cultural context. Everett and a lot of the communities in this region are so culturally and racially diverse that you can't really assume anything about the countries and cultures of origin and faith and all of those things. It's important to have a little more understanding of what are the inherited messages that people have from where they're coming from versus what the challenges of living in this country and what messages are coming from their family members.”

Problem gambling and substance use recovery

The process and temporal aspects of recovery and its intersection with problem gambling was a topic of interest. For people recovering from substance use disorder, problem gambling may emerge at different times in the recovery process. Because of this, it may be difficult for this important information to be captured and reported back to the evaluation team.

“... I was just having this conversation this morning...we'd like to see where somebody who is early in recovery that enters into recovery and their focus is on substance use. Then at some point in time, they get comfortable with themselves in their recovery, in their, in their community, and their lifestyle. Then, these other things come into play and a lot of times it's gambling. Is there a trend that goes between, 'Okay, here's somebody who's maybe about a year in recovery. He's doing well, and now all of a sudden he starts to struggle with other things.’”

This participant added:

“Usually it's the people who are early in recovery [who struggle with problem gambling] because they're looking for a way to fill a void or something like that. They're used to the rush and the things like that. I think it would be interesting to see that a little bit. We don't track a lot of that in our reporting back for the ambassador stuff.”

Financing

Participants asked a variety of questions about funding availability.

“Why is there no federal funding for gambling prevention counseling? Why is there \$0?”

Financial literacy and economic development

One participant proposed financial literacy as an important topic for evaluation.

“Yeah, I would say I'm for young people and financial literacy is important and measuring if there is, has been any education in schools around financial literacy? I would think that would be one important piece. Economic development opportunities in the community. Increase of those opportunities and how to measure that. Is the funding proportionate to the problems in the community? So, if law enforcement is getting everything, is that really who should be getting everything?”

Marketing

The marketing activities of the casino industry were also discussed as a topic to measure impact.

“Just, I think, being able to measure what that impact is, how much marketing are young people being exposed to, and what impact or influence does that have on some of the decisions that they make? Are there specific restrictions around marketing or gaming that can be applied/are similar to those for other addictive substances?”

Effect of the casino on surrounding community

Participants raised questions about casinos' effects on surrounding communities.

“Have people benefited from their jobs? Have people had favorable impact? Can they afford to live in this town? Did they move to this area because of so many other regional things? I think that is very significant, regardless if anyone even steps foot near Encore, whether there's funding to pay for a new whatever at the schools or something else at the schools or everything at the school, how much they're really infusing to influence a positive perception.”

Evaluation approach

In addition to pointing out potential topics of evaluation, participants discussed how evaluation should be conducted, who should be involved, and how to use findings. Participants desired an evaluation approach framed by cultural humility and community participation.

“What I think about for evaluation, it has to be flexible. Yes, comes from theory and [we need to] think about what indicators we can have, but it's also got to be flexible enough to come from communities. [...] I think if it's going to be culturally intelligent and if we're going to infuse cultural humility in something like that, it's got to be two-fold.”

Participants stated that evaluation should focus on what the community cares about, and called for a participatory approach.

“Wherever you're coming at this from, in terms of problem gambling, if you also want to have people from the evaluation community enroll, having people learn from the very beginning and participating in it could really encourage them to be part of the whole evaluation process.”

Perhaps one of the most appreciated aspects of the evaluation process was the relationship between the community and the program evaluator.

“Our evaluator for the Ambassador Project is very approachable. He works with us hand-in-hand. We have information that's available to us, and what we do, because nothing happens within the Recovery Support Center without the center itself, what we call the community inside the center. They bring these grants. I mean, they vote to bring these grants in, so they want to be informed.”

Participants highlighted the value of elevating community members' voices.

“I mean, to do that, to report back and then to focus on maybe one or two things from whatever's being reported into implement that into the center or the community itself. That is a good way. There's always something that comes out of it that we may miss. All voices are heard, and then we share the work, so it's not just our staff and the center doesn't do that work. It's done by the community members and the ambassadors, which gives them a lot of buy-in and it supports the ambassadors.”

Utilization

The director of a community-based agency described how he encourages his staff to use the evaluation findings.

“ That only works because our center is an inverted pyramid. I'm the director, but I'm the least important in that center. It starts from the membership and the peer leaders, and then it goes down. This is the model that I'm used to, so when we get that information from an evaluator or from any resource, we share it. We give it to the people: 'All right. Here's the information from the work that we've been doing. What are you guys going to do with it?'”

Discussion

This report is the end product of the OPGS’s ongoing efforts to elicit the input and guidance from community stakeholders on selected priorities of the PHTF Strategic Plan, and their recommendations to improve services, fill existing service gaps, and actions. The evaluation questions in this report were specific to the priority areas that were selected for discussion (e.g. service integration, culturally appropriate services, and evaluation infrastructure). The findings, however, also inform the three overarching questions (referenced on page seven) that guide the OPGS mission. Thus, this discussion is divided in three sections: 1) Discussion on Findings, 2) Recommendations, and 3) Relevance to Overarching Questions.

Discussion on Findings

INTEGRATION OF ADDICTION SERVICES, MENTAL HEALTH SERVICES, AND PRIMARY CARE

Per the PHTF Strategic Plan, service integration is understood as the integration of gambling into addiction, prevention, treatment and policy activities. The MacMillan dictionary defines integration as the “process of combining with other things in a single larger unit or system.”¹⁴ In the context of problem gambling, service integration is particularly difficult because it is often accompanied by a variety of comorbidities such as mental health problems, substance use, tobacco use, and domestic violence.

In the Commonwealth of Massachusetts, each of those comorbidities is compartmentalized under different programs or initiatives. This results in a fragmented approach to services as opposed to one in which all services are offered/coordinated. Compounding the inherent complexity of integration is a lack of clarity and guidance on service integration. Participants contended that the current system is not geared to integration because there are no incentives to collaborate. This lack of integration increases competition across service organizations, resulting in a self-perpetuating cycle (see Figure 3).

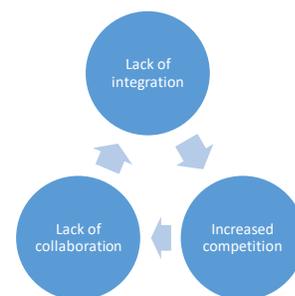


Figure 3. Self-perpetuating Cycle of Competition

Stakeholders recommended strategies, resources, and tools to disrupt this service delivery impasse. They recommended using a relational

¹⁴ *INTEGRATION (noun) American English definition and synonyms | Macmillan Dictionary.* (n.d.). Retrieved June 23, 2020, from <https://www.macmillandictionary.com/us/dictionary/american/integration>

approach through which designated staff from various services link to other services. For example, a social worker or community health worker at a mental health organization could connect a client to a family service organization and thus integrate services at the individual level. The Ambassadors Project exemplifies this approach to service integration. The ambassadors know the community, the language, the service providers, and are in recovery. They are trained to facilitate access, engagement, and retention in care and can be stationed in neighborhoods and community health center and hospital waiting rooms.

Participants also indicated that service integration efforts could improve cultural appropriateness by increasing the availability of service providers who have the language skills and cultural intelligence to serve residents who are not white. This was also raised in two previous SLSs (2018, 2019). More specifically, SLS participants highlighted the need for providers who can serve the Asian community. They also pointed out that when a program or service lacks linguistic competence or cultural intelligence, it is rendered inaccessible or unavailable to non-English speaking residents.

INCREASING AVAILABILITY OF CULTURALLY APPROPRIATE SERVICES

An analysis of the collected narratives points towards a utilitarian conceptualization of culture. The participants pointed to the richness of innate strengths and resources that exist in the community (e.g. family values, community places, community activities, religious beliefs, sense of community) and are challenging policymakers to make use of those resources when implementing and evaluating programs. For instance, they indicated that culture could improve service delivery through the use of technology and spaces already trusted by community members, such as WeChat and craft fairs. For example, the cultural value of collectivism (defined as the tendency for individuals to define themselves in terms of personal independence and valuing the needs of the group or community over the individual)¹⁵ is a resource that could be integrated when seeking community involvement in program design, client engagement, and retention. This utilitarian view of culture serves to inform the efforts towards strengthening accessibility to a group that stakeholders identified as being neglected: the Asian community. As shown in the findings, stakeholders from the Revere session pointed out that there are many resources available; however, they are not accessible to the Asian community because of language and cultural barriers.

ESTABLISHING AN EVALUATION INFRASTRUCTURE

The two salient themes that emerged from the discussion on evaluation were participation and data utilization. Community members want to participate in the decision-making process and be able to utilize data to inform those decisions. Note that the suggestions made by participants regarding evaluation can be incorporated into the discussion on the two other

¹⁵ Review Article : Geert Hofstede: Culture's Consequences: International Differences in Work Related Values: 1980, Beverly Hills/London: Sage. 474 pages. (1983). *Organization Studies*, 4(4), 390–391. <https://doi.org/10.1177/017084068300400409>

topic areas. For example, the process of integration is informed by evaluation activities that shed light on the what, when, and how of integration. Integration is facilitated when existing elements of culture are involved in the process. Those cultural elements are uncovered through formative and process evaluation activities. In sum, the findings show that stakeholders are motivated to participate in evaluation activities and they have useful questions and approaches to guide the evaluation process.

Recommendations

The following recommendations are based on data from the SLSs and JSI's approximation of how OPGS might respond to the needs expressed by the participants.

- Recommendations to improve integration:
 - Include gambling in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) protocol.
 - Expand existing recovery programs to include gambling, such as Smart Recovery.
 - Provide capacity building training and encourage Ambassadors in the OPGS' Ambassador Project to continue to build trusting relationships with community organizations and health centers to be able to provide services within spaces that community members trust.
 - Focus on the role of Ambassadors from OPGS' Ambassador Project as agents of change. For instance, Ambassadors could reach out, screen, and educate clients in the waiting rooms of primary care departments.
 - An Ambassador's role can encompass all points on the continuum of services—prevention, screening, treatment, and recovery—and facilitate communication between organizations.
 - Provide incentives within procurements to encourage collaboration.
 - Create, disseminate, and use a problem gambling service integration guidance document.
- Recommendations to improve culturally appropriate services:
 - Establish forums to connect service providers and community residents to promote ongoing connectedness.
 - Directly involve the people for whom the services are intended for in the program development and implementation process, encouraging community ownership and accountability.
 - Hire more staff that are truly representative of the community the organization/program seeks to serve, even if this process may take more time.
 - Hire service providers who can effectively serve the Asian community.
 - Utilize diverse modalities (e.g. WeChat) already used by community members to disseminate relevant and vital health information.
- Recommendations to improve evaluation infrastructure
 - Continue, disseminate, and replicate current evaluation methodology utilized by the Ambassador Project throughout other OPGS and DPH programming as it encourages the participation of all staff within the program.

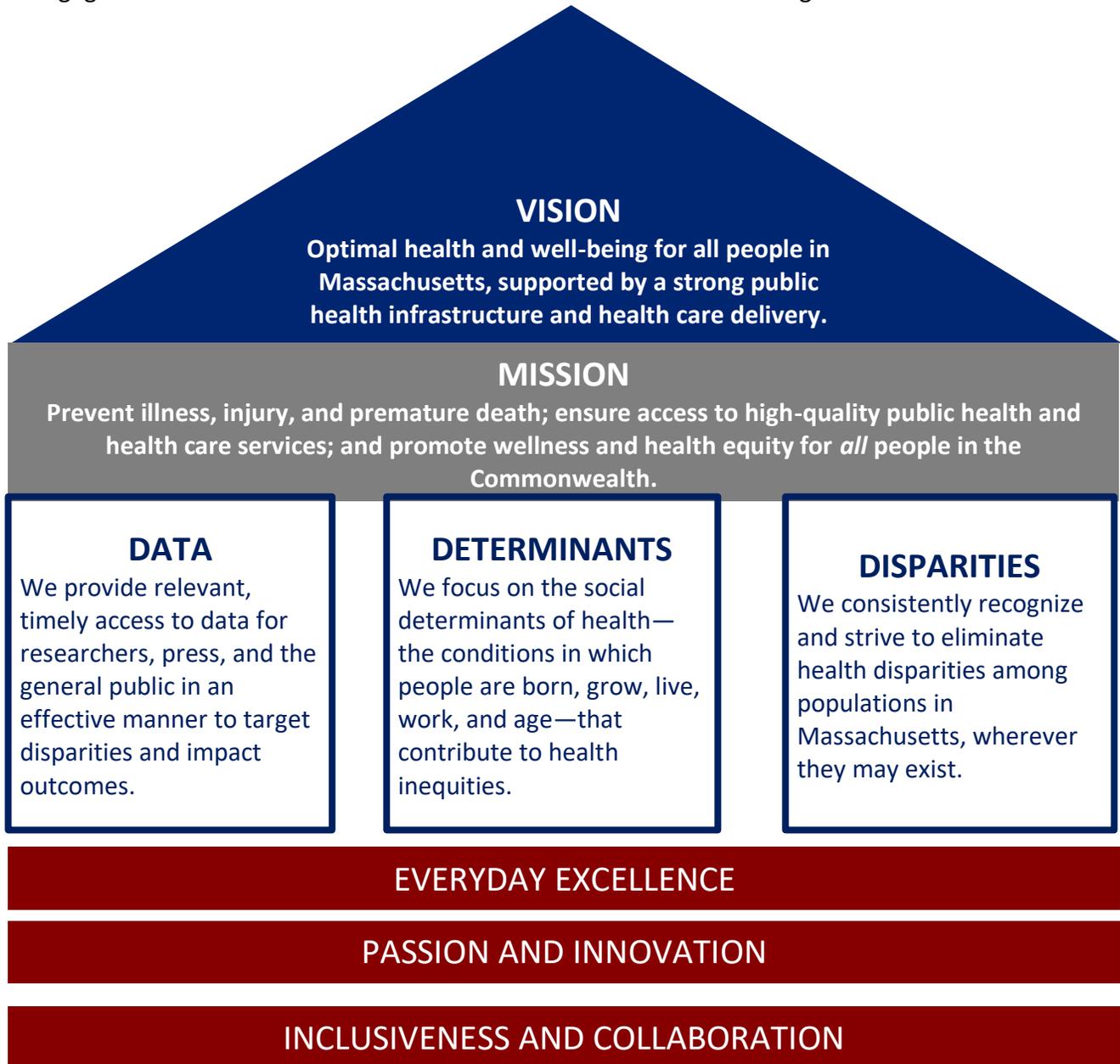
Relevance to Overarching Questions

Below are the ways in which the findings from the 2020 SLS relate to the overarching questions. These questions are used to inform, enhance, and meet the PHTF Strategic Plan's cultural intelligence expectations in the development of a public health response to the harms associated with gambling.

- What cultural and/or community approaches would you recommend to DPH Office of Problem Gambling Services for the implementation of the 2020 initiatives?
 - Conceptualize the culture of priority populations not as something that needs to be accommodated in order to make services appropriate, but as a tool box of resources and strengths that can be utilized to elevate the quality of such services.
 - Ensure that the community has access to information and data derived from program evaluation.
 - Ensure that the planning, implementation and evaluation of services foster a sense of community ownership and involvement.
 - Employ providers that look like the communities they serve.
 - Employ providers with lived experience.
 - Create programs that actively involve the community.
 - Use technologies already adopted by the community.
 - Use events and activities indigenous to the community.
- What cultural and/or communities needs are not being met/represented by the 2020 DPH Problem Gambling Initiatives?
 - There is a lack of service providers that speak the language and understand the culture of priority populations, such as Asians and Hispanics.
 - Information about where to seek problem gambling help is not readily available.
- Please list recommendations that can be used for future planning related to meeting the needs of priority populations and communities.
 - Create an operational definition of service integration.
 - Include incentives in the procurement process to encourage collaboration.
 - Map out the entire behavioral health service continuum to identify windows of opportunity to collaborate and integrate.
 - Consider the process of service integration in terms of the roles and functions of the workforce instead of the goals and objectives of the individual (e.g., expanding the roles of the Ambassadors).
 - Expand training and capacity building services offered to the behavioral health workforce.
 - Continue adopting a community-based participatory approach to program evaluation.
 - Increase the number of opportunities to listen to the voices of the community.

Appendix 1. MDPH House

The MDPH House¹⁶ is built on the principles of excellence, passion, innovation, inclusiveness, and collaboration. The combination of MDPH’s vision, goals, and commitment to community engagement are also the foundation of the Office of Problem Gambling Services’ work.



¹⁶ Massachusetts Department of Public Health (2017). Massachusetts State Health Assessment. Available at: <https://www.mass.gov/files/documents/2017/10/04/MDPH%202017%20SHA%20Intro.pdf>.

Appendix 2. Organizations Represented at Stakeholder Listening Sessions

Revere

28

attendees

18 organizations represented

1. Asian Task Force Against Domestic Violence
2. Boston Public Health Commission
3. Cambridge Health Alliance
4. Church @ The Well
5. City of Somerville
6. Division on Addiction, Cambridge Health Alliance
7. Education Development Center
8. Gandara Center
9. Health Resources in Action
10. La Comunidad, Inc.
11. Massachusetts Asian American Commission
12. Massachusetts Gaming Commission
13. Massachusetts Department of Public Health
14. Massachusetts Organization for Addiction Recovery
15. North Suffolk Public Health Collaborative
16. Partners HealthCare
17. PIER Recovery Center of Cape Cod
18. Somerville Cares About Prevention

Springfield

36

attendees

20 organizations represented

1. Behavioral Health Network
2. Center for Human Development
3. Choice Recovery Coaching, Inc.
4. Department of Early Education and Care
5. Education Development Center
6. Gandara Center
7. Health Resources in Action
8. Holyoke Community College
9. Holyoke Health Center
10. Massachusetts Council on Compulsive Gambling
11. Massachusetts Department of Public Health
12. Massachusetts Gaming Commission
13. Martin Luther King Jr. Family Services
14. Men of Color Health Awareness
15. Open Door Pantry
16. Public Health Institute of Western Massachusetts
17. Sodexo
18. Springfield Department of Health and Human Services
19. Springfield College
20. UMass Amherst