2021

STAKEHOLDER LISTENING SESSIONS REPORT

OFFICE OF PROBLEM GAMBLING SERVICES

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OPGS 2021 SLS Report

Acknowledgements

This report would not be possible without the community and organization members from Everett and Springfield who attended the stakeholder listening sessions. We thank you for your time, energy, insight, and expertise.

Executive Summary

Background

This report provides a description and analyses of the 2021 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 2021 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 2021 SLS, attendees were formed into discussion groups in which a facilitator presented the overarching questions that were developed in collaboration with OPGS.

OPGS 2021 SLS Discussion Questions

1. In your life, neighborhood, and community, what is working to address problem gambling and gambling-related issues?

2. What cultural and/or community approaches would you recommend the DPH Office of Problem Gambling Services apply to 2021 initiatives?

Analysis

JSI used MAXQDA to analyze and code the transcripts through multiple readings. MAXQDA is a web-based qualitative data analysis software that facilitates the creation and analysis of codes in text data. The first level of analysis involved identifying emerging themes from the transcripts and developing a codebook through a series of recursive analyses. JSI developed codes using a

grounded-theory approach 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 2021 SLS participants were knowledgeable and concerned about problem gambling. The discussions, although guided by a script and facilitators, were not linear and included various topics and perspectives.

We begin by focusing on the findings related to the lived experience of community members, particularly throughout the pandemic and the effect casinos have on their neighborhoods. Then, we share the findings related to awareness and perceptions of problem gambling. We follow the consequences of problem gambling, including how they affect service delivery. We then conclude with recommendations participants shared regarding ways to mitigate problem gambling; these recommendations will also be shared at the end of this report.

Recommendations

Participants made several recommendations for OPGS to consider in the planning and implementation of future programming and initiatives.

- Learn ways to build trust with communities that have been historically and systematically exploited by public health research and initiatives.
- Build relationships with convenience stores and other retailers that sell lottery tickets and KENO and share resources on problem gambling.
- Build relationships with faith-based organizations and ask them to distribute resources on problem gambling to members.
- Examine and possibly adapt casino marketing tactics to the Asian community and explore feasibility of using similar tactics to raise awareness of problem gambling symptoms and services.
- Continue to encourage primary care facilities to use problem gambling screening tools and provide problem gambling services and referrals.
- Continue to build, expand, and financially invest in relationships with culturally specific organizations to learn from them on ways to best integrate culturally intelligent practices to current programming and initiatives.
- Utilize the "train the trainer" model to build the capacity of organizations that are trusted in the community to offer problem gambling mitigation services; ensure that trainings are provided in various languages.

- Encourage partners to utilize hiring practices that focus on providing jobs to diverse community members to build organizations that reflect the communities served.
- Provide financial literacy training in affected communities or partner with organizations that do so.
- Continue to create programming for youth to educate themselves and their communities on the underlying causes of problem gambling.
- Create multi-generational programs and initiatives that focus on preventing or mitigating problem gambling.
- Provide culturally and linguistically appropriate services and resources for the diverse Asian community in Massachusetts. Ensuring that the language capacity goes beyond service delivery and include the translation of training and educational materials.

Introduction

This report describes and analyzes the 2021 Stakeholder Listening Sessions (SLSs), an annual community engagement activity conducted by the Massachusetts Department of Public Health (MDPH) Office of Problem Gambling Services (OPGS). The office contracted JSI Research & Training Institute, Inc., (JSI) a public health consulting firm based in Boston, to organize, conduct, and evaluate the 2021 SLSs.

OPGS is committed to raising and translating community voices into actionable change through the SLSs. This report contains recommendations based on themes that emerged from the 2021 sessions.

Background

The Massachusetts Expanded Gaming Act of 2011 authorized the creation of three casinos in the Commonwealth, Encore Boston Harbor in Everett, Plainridge Park Casino in Plainville, and MGM Springfield in Springfield. 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 health consequences 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 that oversees the implementation and licensing processes. The Executive Office of Health and Human Services oversees the PHTF, of which the MDPH and the MGC are operational arms.

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 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 adverse health conditions that disproportionately affect people of color and those who have mental health and/or substance use disorders. Additionally, public health approaches recognize the multidimensional nature of

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

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:

- Prevention for youth
- Prevention for high-risk populations
- Focus on community-level interventions
- Coordinate problem gambling services
- Integrate addiction services, mental health services, and primary care
- Decrease stigma and unsupportive social norms
- Increase availability of support services
- Increase availability of culturally appropriate services
- Contribute to the evidence base for problem gambling services
- Establish an evaluation infrastructure
- 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 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

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[2] *Problem gambling: a community perspective - The Brief Addiction Science Information Source (BASIS)*. (n.d.). Retrieved June 02, 2021, from https://www.basisonline.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.

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data effectively, addressing the social determinants of health, and a firm commitment to eliminating health disparities."[5]

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 more than 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 its work. So far, community engagement activities have informed 23 initiatives across the continuum of care—prevention, intervention, treatment, and recovery support.

The OPGS elicits community input in several ways. For instance, its Ambassador Project trains men of color with 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 neighborhoods, churches, and community centers to discuss their experiences and offer lectures and educational materials on problem gambling.

OPGS also funds the Massachusetts Photovoice Project, which teaches youth to "identify, represent, and enhance their community through a specific photographic technique"[6] to help prevent problem gambling in their communities.

Community Profiles: Everett and Springfield

Everett

As of 2019, the city of Everett had a population of 46,451. The city is racially and ethnically diverse, with 43.6% of the population identifying as white (non-Hispanic/Latino); 28.3% as Hispanic/Latino; 18.0% as Black/African American; 8.12% as

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

Asian; and 4.7% identifying as two or more races. 43.1% percent of the population of Everett was born outside the United States. As a result, 57.9% of Everett residents over the age of five speak a language other than English at home.[7] According to the U.S. Census, 12.6% of Everett residents are living in poverty, which is slightly higher than the state average (10%).[8] Also, 84.2% of households in Everett have access to broadband internet, which is above the state average 82.7%.

Springfield

As of 2018, the city of Springfield had a population of 153,606. The city is racially diverse, with 31.2% identifying as white (non-Hispanic/Latino); 45% as Hispanic/Latino; 20.9% as Black/African American; 2.7% as Asian/Asian American; and 4.5% identifying as two or more races. About 10% of the population of Springfield was born outside the United States, and 39.1% of residents over the age of five speak a language other than English at home. According to the U.S. Census, 26.9% of Springfield residents are living in poverty, which is almost three times more than the state average (10.5%).[9] Also, 71.8% of households in Springfield have access to broadband internet.

Stakeholder Listening Sessions

In 2017, the OPGS began inviting community members to participate in one of two listening sessions, held in or close to 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 to Mitigate the Harms Associated with Gambling in Massachusetts.

The COVID-19 pandemic has affected communities throughout the United States severely. The two 2021 SLSs were held via Zoom in adherence with social distancing to prevent the spread of the virus. The SLS facilitators were given a resource list to share with participants who had COVID-19-related needs.

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[7] *U.S. Census Bureau QuickFacts: Everett city, Massachusetts*. (n.d.). Retrieved June 02, 2021, from https://www.census.gov/quickfacts/fact/table/everettcitymassachusetts/PST045217.

[8] Bureau, U. C. (n.d.). *Income and Poverty in the United States: 2017*. Retrieved June 02, 2021, from https://www.census.gov/library/publications/2018/demo/p60-263.html

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

In previous SLSs, OPGS focused on all 11 priority areas (listed on page four) of the strategic plan. In 2021, OPGS asked stakeholders to reflect on which efforts have been working and where there are opportunities to increase awareness of and treat problem gambling.

The first 2021 SLS was held via Zoom on Wednesday, March 10. The second was also held via Zoom on Thursday, March 18. Each SLS followed the same format. For the first 45 minutes, OPGS Director Victor Ortiz began by stating the purpose of the listening sessions and reviewing findings from the 2020 SLS. Mr. Ortiz then gave an overview of the priority areas of the PHTF strategic plan. He concluded with a review of 2020 and 2021 initiatives.

Following the presentation, attendees broke into a 30-minute sub-group discussion. A JSI facilitator presented the overarching questions that were developed in collaboration with OPGS.

OPGS 2021 SLS Discussion Questions

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After the sub-group discussions, attendees reconvened for a 10-minute recap, during which a representative from each presented the most salient points from their sub-group discussion. Before closing, Mr. Ortiz took five minutes to answer questions and highlight next steps.

Stakeholders

JSI conducted a community scan of Springfield and Everett to develop a strategy to involve people in the 2021 OPGS SLSs. The team used Google's search engine to identify small- and large-scale organizations in the region, then compiled a list of community-based organizations, primary care providers, behavioral health providers, hospitals, social services, and faith-based institutions. The team then sent several email invitations in English, Spanish, and traditional and simplified Chinese, introducing OPGS and explaining the purpose of this year's SLSs. There were 85 participants in the 2021 SLS representing 39 distinct communities, organizations, academic institutions, service providers, and government agencies.

Methodology

JSI recorded and transcribed the content of the seven sub-group discussions (four from the Everett SLS and three from Springfield SLS) and analyzed them with MAXQDA qualitative analysis software.

Analysis

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Findings

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We begin by focusing on the findings related to the lived experience of community members, particularly throughout the pandemic and the effect casinos have on their neighborhoods. Then, we share the findings related to awareness and perceptions of problem gambling. We follow the consequences of problem gambling, including how they affect service delivery. We then conclude with recommendations participants shared regarding ways to mitigate problem gambling; these recommendations will also be shared at the end of this report.

Community context

Participants alluded to several life events, captured in the quotes below, caused by problem gambling. Many relate to finances and affect families.

> *"A lot of people are struggling with paying their rent on time, not having food on their tables, not being able to pay their bills, because they are addicted to going there to gamble"*

The quote below reflects participants' concern about the toll of problem gambling on families.

> *"And especially if they may have lost their job, I mean, folks find ways to not only trying to avoid to do that, [….,] but find ways to either support their families, or pay off the other things that they were struggling with Again, it's really tricky, especially with kind of the underground aspect of gambling,*

Adverse events are exacerbated by COVID-19, as illustrated in the quote below.

> *" … And then the other problem is, especially if folks are having trouble… during COVID, we've seen the increase of domestic violence and issues, family stress, and all of those things. So, from a service provider point of view, I mean we've seen an up shot to numbers of cases for families in risk."*

The next quote shows how a participant understands the gambling continuum from recreation to a destructive habit.

> *"I'm familiar with a lot of people who gamble. I guess when I connected in these relationships and I was aware that people gamble, I initially thought it was just like the video said, a pastime, a hobby, something fun. But as I continued within these*

relationships, I noticed that it does affect them negatively. People are going back often or they're losing out on money, or it's affecting their finances overall. It becomes from, a recreational thing, to a stress. I guess it's becoming even more emphasized because now the casino is there. So I think that at one point, the idea of a casino was like, "Yeah, let's go hang out." The entertainment downtown is closed at 2 AM, but the casino is open all night."

Casinos

Many participants discussed positive and negative aspects of casinos in surrounding communities, especially during the pandemic.

"I do see the bright side of the casino being built where, the revenue with jobs, they were created. People had some income coming in. But I also seen the downfall where, the area has become very difficult to live in because of the impact the casino has brought with the gambling disorders."

A participant who lives in the host neighborhood of a casino said that she no longer feels safe in her community because she feels that there has been an increase in sex trafficking.

"What I noticed since the casino's been here is that it's brought an unsafe feeling in the community for the women."

Participants also said that during the pandemic, casinos used advertising to keep community members interested in returning once they were allowed to re-open.

"when COVID took place and the casinos had to be shut down, the idea of, 'We're reopening on this particular date. Don't worry about it, we have these big wins coming this particular date. If you come back on this date then you're likely to win this amount of money.' So it was more so like, 'Come back. Make sure you come back.'"

The casino experience

A participant said that individuals used their stimulus check to go to the casino with the hope of winning money to ameliorate pandemic-related financial trouble.

"I think if anything, that has only gotten worse over time, particularly with COVID and the big push now to get people to come back, and, 'Oh, hey, everyone's getting a stimulus check. Come in and spend it here, it's a great place to spend it.'"

" For my young people that I work with, because I don't really work with a lot of older people, so the voice that I hear a lot is young people talking about their

family, or a family member might gamble, or a family member spent their money, so that was a lot of it, the stimulus money that people received, they put it into gambling."

One participant said that the casino provides a place for people to socialize after months of isolation.

"We're in the middle of a pandemic, so there's isolation, but the casinos offer an opportunity for socialization. So that's a kind of a toxic draw to be there as well."

Participants said that the marketing methods the casino used were highly effective both for getting individuals back into the casino and drawing entire families by providing entertainment that appeals to multiple generations.

One participant said that the casino provides more busses to the casino in their neighborhood than public transportation has available.

"Busing issues, and their buses run very frequently, more than MBTA transportation in Chinatown, which has more than in Quincy. So a lot of constituents in the community, seniors, people of all different ages go to the casino."

A participant said that even though the casino's marketing material include some resources for those who have gambling problems, the font is small and hard to read.

"The idea of health wasn't necessarily the subject. When the casino is advertising for people to come in, it's really appealing, you have these fancy car[s] on their advertisements and promotions, and then in the left corner, really small, it'll say, 'If you're struggling with gambling, call this number.'"

COVID-19

Participants reported that the COVID-19 pandemic worsened socioeconomic situations, increased stress levels, and uncovered new forms of gambling behavior.

" financial aspect on housings, not able to pay the bill, not able to support the family, and we also see domestic violence, child abuse, child neglect, in the community, because of the gambling issues. So the related issues, I already mention it. I think during the COVID, the situation did not reduce, and actually, it is exaggerate[d] to a level people cannot even bear anymore."

The most often reported contributor to problem gambling was COVID-19's effect on employment.

> *"I heard during the COVID, people still go to casino, gamble when the casino are open, however lots of people lost a job."*

> *"Most people will serve, working in the community is very low wage job, either work at restaurant or at supermarket, they all high-risk during the COVID. So lots of people really worry about their health and safety, as well as worry about the impact on their family member on COVID 19 as well."*

> *"The level of poverty I've seen with the past year, that's been the biggest thing too, and with the casinos still being open during the pandemic, was already a light to, 'Okay, people are still going to do this. This is not going to stop just because we want it to stop.'"*

COVID-19 also fueled non-casino gambling activities; in the words of a participant, "*online gambling skyrocketed, especially at the onset of COVID."* Non-casino-based gambling options also emerged:

> *"people were betting on hockey games in Europe… because a lot of sport shut down in the U.S., so they were seeking out alternative places to just get that high, and get that rush."*

A few participants said that COVID-19 presents an opportunity, through testing and vaccination, to learn about ways to reduce community mistrust of public health organizations and programs.

> *"So [participant name] to your point about what you just said, it just brought me right back to what so many folks are working on, which is COVID-19 vaccinations. And the mistrust and trying to find folks or reverse or... I don't know. All these strategies that are going on right now with regard to the vaccine, lifting up trusted leaders, going to people who aren't maybe the typical messengers, but folks in the community that are well-respected."*

> *"I wonder what we'll learn about the COVID-19 vaccine rollout and if these strategies in the end were helpful or not. And I wonder if they are, if the strategies couldn't be tweaked for other issues like this one. So to [participant's] point about people who have valid mistrust for so many reasons. And so many historic and so many current. What*

could we glean from the COVID experience that may have been helpful or impactful? I don't know that we know yet, but..."

Problem gambling

Awareness and Perceptions

Participants said that OPGS has improved awareness of problem gambling by elevating the voices of adolescents through programs like Photovoice.

> *"…there's kind of a prevention and education piece, and then there's the actual intervention piece. And you heard a little bit and I think, [participant name] was talking about Photovoice a little bit in her work, I think photos are for particularly teenagers, or that age range, and so I think as [participant name] also said earlier, or someone did about the idea that young people, or even adults don't even realize what gambling or problem gambling is, or the entryway into it, and how some of these things can turn into a certain path."*

One participant noted that the public is not fully aware of the seriousness of problem gambling or that gambling can turn into an addiction. Despite OPGS outreach campaign efforts, more work is necessary.

> *"…But honestly, that was the first time I've really seen that [OPGS outreach campaign], and I don't know if that's actually reaching the communities because without fail, every single provider that I'm working with has said [that] people in the communities don't understand what gambling is. They don't know what it looks like. They don't understand that it can be a problem, and [the providers] just think there's a fundamental failing to reach communities."*

To illustrate the need to make information more available, the link between suicide and gambling is not clear to many. That has "*been another level of a surprising awareness to people, that so many people contemplate suicide when they've got such trouble with gambling"*

In the view of a participant, what makes awareness of problem gambling difficult is that "*gambling tends to be very hidden… you can't just [tell] by looking at someone. They often say, 'You can't smell it on someone's breath or observe it by necessarily just looking at them.'"* As this participant noted, identifying the early symptoms of problem gambling will be more difficult now that gambling activities are *"moving online, and that makes it even less visible than it already was."*

Participants also highlighted the need to convey to the public the magnitude of the consequences of problem gambling, which affect individuals, families, and communities.

Consequences

Table 1 contains excerpts showing the in-depth knowledge and understanding of the deleterious impact of problem gambling effects on the family. Participants understood that problem gambling harms the wellbeing of individuals, families, and children.

Table 1. Quote Excerpts on Consequences of Problem Gambling

"…not able to pay the bill…"
"…not able to support the family…"
"…domestic violence…"
"…child abuse…"
"…child neglect…"
"… financial aspect on housings…"
…struggling with paying their rent on time…"
"…not having food on their tables…"
"…not being able to pay their bills…"

Service delivery

One of the most common themes to emerge from the SLSs was the need to enhance services that meet the cultural and linguistic needs of the diverse Asian population in Massachusetts.

A participant cited a need for providers and services that are culturally responsive and multilingual.

> *"There aren't any services for the Asian community. There aren't culturally responsive services. There aren't culturally responsive providers. There aren't multilingual providers for the multiple Asian languages that are needed in order to provide the service. So they are absolutely without services."*

> *"A big thing that we heard was that there is a lack of language served. Language appropriate and culturally appropriate services [are not] available. A lot of recommendation was focused on existing community-based organizations that are doing a lot of the work and have built trust with communities."*

Others noted that people in the community are unaware of the presence of such resources.

> *"where I live, I have no idea if there are services for problem gambling or not."*

One participant implied that even when resources are available, they are of no use if they are not culturally or linguistically intelligent.

> *"And because there's lack of that specialized services, and because there's a lack of wraparound services and continuity of care, and the case management services that comes naturally, within a culturally specific organization, due to cultural and linguistic barriers."*

The lack of resources in language other than English is a problem.

> *"...but we don't have a way to deliver those things in other languages yet. And we don't have any of the materials, like if they want to hand out materials at community events, or things like that. We don't have those. I mean, Spanish is what people have asked for, but I know there's a need in the Asian communities as well."*

A participant described a typical pathway to care for a member of the Asian community.

> *"I notice in lots of people in the community, when they go to gamble, they have a problem, the first persons they're going to talk to is their family member, and then the next person is the church people, or community-based organization case worker. So we know the first round of information, however when we make the referral to the behavioral health services, let's say someone has gambling addiction, the referral never goes through because a lot of time... No, a lot of [people don't] speak the language. And then when hotline services, you have to go through interpretation services."*

Another participant noted the dearth of resources to serve the diverse Asian community.

> *"There aren't services for the Asian community. There aren't culturally responsive services, there aren't culturally responsive providers, there aren't bi- or multilingual providers for the multiple Asian languages that are needed in order to provide the service. So they are absolutely without services.*"

Paradoxically, even though representatives of the Asian community pointed to the ongoing needs for problem gambling mitigation services, they also provided an example of how one organization provides problem gambling mitigation services even though they are a domestic violence organization due to the ability they provide distinct language and cultural appropriate care.

> *"I'll give you a really good example; we have another satellite office in Lowell that provides domestic violence services for the Cambodian community, and whatever Asian and other victims of violence are living within that region. They are more likely to come to our organization, rather than the community-based health center that has a domestic violence advocate, because it is so public. … So it really is already happening in the culturally specific community-based organizations."*

Discussion

This report is a result of OPGS's efforts to elicit input and guidance from community stakeholders on ways in which it can improve programming and initiatives and provide culturally and linguistically appropriate services. Community engagement is a necessary component in the development and implementation of effective problem gambling mitigation services for under-resourced communities.

OPGS strives to respond to the lived experience of those impacted by problem gambling by being grounded in a public health approach. A public health approach is not focused on individual gamblers but on the broader social setting; the social, cultural, and economic factors that influence the spread and patterns of a disorder.[10] Therefore, the findings of the 2021 SLS shows the intersection of various social determinants that need to be addressed to holistically address problem gambling.

In the 2021 SLS, participants were service providers and community residents, many representing both categories, located in casino host and surrounding communities. All provided insight and recommendations centered on the contextual and environmental factors that are involved in the manifestation of problem gambling.

The discussion section is organized around the two overarching questions that were answered by participants and we close the discussion section by listing the recommendations synthesized from the findings.

> **In your life, neighborhood, and community, what is working to address problem gambling and gambling-related issues?**

Participants acknowledged that OPGS has increased awareness of problem gambling amongst youth, the public, and health professionals through the development of participatory mechanisms that engages the community, and integrated cultural intelligence into their programs and activities. We discuss each contribution below.

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[10] Ortiz, V., Cain, R., Formica, S.W. et al. Our Voices Matter: Using Lived Experience to Promote Equity in Problem Gambling Prevention. Curr Addict Rep 8, 255–262 (2021). https://doi.org/10.1007/s40429-021-00369-5

Awareness of problem gambling

OPGS has made youth, service providers, and the public at large realize the magnitude of the problem and how easily mere recreational gambling activities can turn into problem gambling. They have done so through multiple mechanisms, including: [Photovoice](#), [Ambassadors Program](#), and the [Stakeholders Listening Sessions](#).

> *Photovoice*. There are not too many options or mechanisms in the public health arena to bring about the voice of the young people in a meaningful and authentic way. This participatory program amplifies the voices of young people by providing them with the opportunity to discuss problem gambling among themselves, their families, and the public through an exhibition of their work. Photovoice can be seen as a logic continuum that begins with them learning about problem gambling and discussing problem gambling in private and public forums, thus resulting in increased awareness among segments of the population that, traditionally, are difficult to access in a meaningful way: families in vulnerable communities.

> *Ambassador Program*. This program, founded in 2018, calls attention to the importance of including people with lived experience in program planning, evaluation, and implementation. Individuals that are recovering from problem gambling are trained to share their experiences with services providers and community groups and distribute program materials and resources through community engagement. Ultimately, this provides a vivid description of how the problem gambling sequelae is manifested in the context of social determinants of health. In just one year, Ambassadors have reached nearly 4,400 individuals. This program is the epitome of community empowerment. A full description of this program and its contributions is described in Ortiz (2021).

> *Stakeholders Listening Sessions.* The annual listening sessions, launched in 2018, offer a simple, tangible, and direct opportunity to elicit and amplify the voice and concerns of under-resourced communities in relation to problem gambling mitigation. Community members are asked to share their experiences around access to services, equitable delivery, and overall recommendations for next steps. The information gathered in these listening sessions is shared with MA DPH OPGS and is used to inform future programming and policy.

Integration of cultural intelligence

For the purpose of this paper, we will define culture as the use of tools (such as beliefs, practices, community events, art forms, ceremonies, language, stories, and rituals) of daily life to inform behavior and decision making.[11] A highly mentioned cultural component noted in the SLS was trust. Participants acknowledge the mistrust that exists between service providers and communities of color.[12]

Participants pointed out the utilization of persons with lived experience as a practical strategy to bridge that trust. Participants encouraged OPGS to expand language accessibility efforts beyond translation and include not only linguistically competent service providers, but providers that are from the community, already engaged in the work, and well-regarded by residents.

> ## What cultural and/or community approaches would you recommend to the DPH Office of Problem Gambling Services for the implementation of 2021

Participants provided multiple recommendations on cultural and community approaches for future OPGS initiatives. The most salient recommendations emerging from the discussion were a call to embrace language justice, the need to build the capacity of trusted community-based organizations to provide problem gambling mitigation services; and apply lessons learned from COVID-19.

On language justice

Language justice refers to the systematic eradication of impediments to verbal and written communication, acknowledging that language is a basic human right. Language is the core component of the communication process. The communication process involves exchanging information between a messenger and a receiver. This exchange involves trust. The recipient must trust the messenger and the message structure should be aligned with the culture of the recipient. Language justice goes beyond mere translation. It calls for strategies such as increasing availability of speakers of language by conducting an environmental scan of language proficiency among OPGS contractors and service providers; attend to issues of health literacy and not placing the ownness on community members; identify materials written in other languages in places such as

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[11] Swidler Ann. Culture in Action: Symbols and Strategies. American Sociological Review. 1986;51:273–86.
[12] George, S., Duran, N., & Norris, K. (2014). A systematic review of barriers and facilitators to minority research participation among African Americans, Latinos, Asian Americans, and Pacific Islanders. American journal of public health, 104(2), e16-e31

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Macao and Hong Kong and adapt them to the local context; assess current informational material to ensure that their content is aligned with the culture of the intended recipients; and use communication channels preferred by particular communities.

Building capacity of service providers

Stakeholders pointed to the need of increasing capacity of local organizations that have the trust of the community. As previously said, trust is a fundamental element of communication and has a significant impact on service engagement and retention. Community trust is not built through capacity building, but rather through maintaining a responsible and responsive presence in the community and delivering services in a manner that is consistent with the culture and values of the recipients. Investing resources in developing the capacity of community-based organizations that have the trust of their constituency should result in better returns on investment.

Learn from the impacts of COVID-19

The disproportionate health and socio-economic impact on communities of color in the Commonwealth has been amply documented. SLS participants provided specifics as to how the pandemic relates to problem gambling. They noted how COVID-19 exacerbated the impact of social determinants of health, such as, housing insecurity, unemployment, food insecurity, and domestic violence. In doing so, they called attention to the relationship between gambling and stressful events, thus pointing to the need to adopt a trauma-informed approach in providing problem gambling mitigation services.

Participants also mentioned how, because of the quarantine, other forms of gambling such as online gaming, became more popular in the community. They also mentioned how the federal stimulus checks combined with the gradual opening of the casinos, served as a potential incentive or attraction to gamble.

Participants highlighted how the assertive testing and vaccination efforts spurred by the Commonwealth served to bridge the mistrust gap between the community and service providers. It is also noteworthy to share participants recommended OPGS partner with local aid organizations (such as those delivery food boxes) to disseminate information around problem gambling.

Coping with the COVID-19 infrastructure has spurred innovations to reach, engage and serve the community. Many of the lessons learned to screen, test, and vaccinate the community can be adapted to the delivery of problem gambling services. For instance,

organizations have learned to reach their clients remotely using web-based technologies. Many community-based organizations will emerge from the pandemic with stronger IT infrastructure. COVID-19 outreach has also resulted in the development of novel ways to bridge the mistrust gap between communities and the health care system.

Recommendations

In addition to the recommendations offered above, the following are derived from the SLS and our approximation of how OPGS might respond to the needs expressed by the participants.

- Learn ways to build trust with communities that have been historically and systematically exploited by public health research and initiatives.
- Build relationships with convenience stores and other retailers that sell lottery tickets and KENO and share resources on problem gambling.
- Build relationships with faith-based organizations and ask them to distribute resources on problem gambling to members.
- Examine and possibly adapt casino marketing tactics to the Asian community and explore feasibility of using similar tactics to raise awareness of problem gambling symptoms and services.
- Continue to encourage primary care facilities to use problem gambling screening tools and provide problem gambling services and referrals.
- Continue to build, expand, and financially invest in relationships with culturally specific organizations to learn from them on ways to best integrate culturally intelligent practices to current programming and initiatives.
- Utilize the "train the trainer" model to build the capacity of organizations that are trusted in the community to offer problem gambling mitigation services; ensure that trainings are provided in various languages.
- Encourage partners to utilize hiring practices that focus on providing jobs to diverse community members to build organizations that reflect the communities served.
- Provide financial literacy training in affected communities or partner with organizations that do so.
- Continue to create programming for youth to educate themselves and their communities on the underlying causes of problem gambling.
- Create multi-generational programs and initiatives that focus on preventing or mitigating problem gambling.

- Provide culturally and linguistically appropriate services and resources for the diverse Asian community in Massachusetts. Ensuring that the language capacity goes beyond service delivery and include the translation of training and educational materials.