



2022 STAKEHOLDER LISTENING SESSIONS REPORT

Office of Problem Gambling Services



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INTRODUCTION

In 2022, OPGS contracted with Public Consulting Group (PCG) to carry out a strategic planning process to guide the Office’s work for the next five years. The SLS and CLS provided a space to collect community insights that will inform OPGS’ priorities and areas of impact as outlined in the strategic plan. 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 and CLS.

OPGS is committed to raising and translating community voices into actionable change through the SLS. This report contains recommendations based on themes that emerged from the 2022 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). 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 Executive Office of Health and Human Services oversees 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 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 determinants of health and the complex interaction of many factors—biological, behavioral, social, and environmental—when developing effective interventions.²

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

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>

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.”³ While some view community engagement as a singular task, effective community engagement is ongoing. 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 A) 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.”⁴

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 2,000 community members, along with over 40 community-based organizational partners across all three regions in Massachusetts, to inform the development of priorities and ensure that cultural and community perspectives are embedded in its work.

There are many ways in which OPGS has engaged communities to provide necessary care to marginalized communities and education on preventing problem gambling. OPGS partnered with the Massachusetts State Lottery Commission (MSLC) in January of 2021 to provide free COVID-19 vaccinations to select Mass Lottery retail within communities that would not have otherwise interacted with the healthcare system.

In addition, OPGS and the MSLC conducted their annual holiday campaign (Appendix B) to spread awareness that lottery tickets are not a suitable holiday gift for children and to educate parents and trusted adults on the risk of problem gambling in young children.

OPGS and Strategic Planning Process

As of 2022, the founding strategic plan for problem gambling service provision to the residents of the Commonwealth has fully matured. This plan guided the steady enrichment of a robust service array as well as the establishment of OPGS’ initial programs. The Executive Committee, which oversaw the launch and implementation of these efforts has now completed its work, and OPGS is fully established as the entity to carry this public health approach forward into the future.

OPGS has embarked on developing a new strategic plan to guide their work for the next five years to maximize positive impact on the community and strengthen capacity to continuously improve services and operations. PCG, contracted by OPGS, engaged an array of internal and external stakeholders to draw on their collected insights, be responsive to their needs, and continue to connect and align the work of OPGS with the work and priorities of its community and government partners.

³ 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.

⁴ 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>.

Community Profiles: Everett and Springfield

Everett

As of 2021, the city of Everett had a population of 48,557. The city is racially and ethnically diverse, with 54.1% of the population identifying as white (non-Hispanic/Latino); 29.2% as Hispanic/Latino; 17.8% as Black/African American; 7.9% as Asian; and 9.0% identifying as two or more races. 43% percent of the population of Everett was born outside the United States. As a result, 59.9% of Everett residents over the age of five speak a language other than English at home.⁵ According to the U.S. Census, 10.9% of Everett residents are living in poverty, which is about the same as the state average (10%). Also, 84.2% of households in Everett have access to broadband internet, which is below the state average 87.7%.

Springfield

As of 2021, the city of Springfield had a population of 154,789. The city is racially diverse, with 58.6% identifying as white (non-Hispanic/Latino); 45.7% as Hispanic/Latino; 20.9% as Black/African American; 3% as Asian/ Asian American; and 8.9% identifying as two or more races. Approximately 10% of the population of Springfield was born outside the United States, and 39.7% of residents over the age of five speak a language other than English at home. According to the U.S. Census, 25.5% of Springfield residents are living in poverty, which is almost three times more than the state average (10.5%).⁶ Also, 75.9% 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 casinos are respectively located. The purpose of these sessions is centered on promoting equity to elicit input from the community on the implementation of the Strategic Plan to Mitigate the Harms Associated with Gambling in Massachusetts.

In 2022, OPGS elicited community input for their strategic planning process through the two Stakeholder Listening Sessions (SLS) and four Community Listening Sessions (CLS). All sessions were held via Zoom.

Eighty-seven community members participated in the 2022 SLS which were held via Zoom on Wednesday, May 25 for Everett and on Thursday, June 2 for Springfield. Each SLS followed the same format. For the first 45 minutes, OPGS Director Victor Ortiz began by stating the purpose of the listening session, reviewing the vision of OPGS, and presenting the findings from the 2021 SLS. Mr. Ortiz then gave an overview of multiple OPGS funded initiatives, such as the Community Health Worker Pilot program, the Asian American and Pacific Islanders (AAPI) Empowerment Initiative and the OPGS Communications Campaigns.

Three-hundred and seventy-five community members participated in the four CLS held on Tuesday, June 21; Thursday, June 23; Wednesday, June 29 and Thursday, June 30. These sessions held a similar format to the SLS except that there was not a 45-minute presentation from Mr. Ortiz but rather a short presentation of OPGS by

⁵ U.S. Census Bureau QuickFacts: Everett city, Massachusetts. (n.d.). Retrieved August 31, 2022, from <https://www.census.gov/quickfacts/fact/table/everettcitymassachusetts/INT100220#INT100220>

⁶ U.S. Census Bureau QuickFacts: Springfield city, Massachusetts. (n.d.). Retrieved August 31, 2022, from <https://www.census.gov/quickfacts/springfieldcitymassachusetts>

a JSI facilitator. During the CLSs, there were no members of OPGS staff in attendance. Participants asked questions and provided feedback during this time.

Following the presentation, attendees broke into a 45-minute sub-group discussion. A JSI facilitator presented the engagement questions that were developed in collaboration with OPGS and PCG.

Engagement Questions

1. What are the major community priorities for OPGS focus and impact should be in the development of the Office's strategic plan?
2. What areas of focus are most critical to OPGS's mission to mitigate harm from problem gambling?
3. What specific recommendations do you have for maximizing OPGS positive impact in areas you feel are important?

After the sub-group discussions, attendees reconvened for a 20-minute recap, during which a representative from each sub-group presented the most salient points from their discussion.

Stakeholders

JSI invited previous SLS participants and partnered with community organizations in Everett and Springfield to conduct community outreach. The team utilized social media to engage community members. There were 462 participants in both 2022 SLS and CLS representing 39 distinct communities, organizations, academic institutions, service providers, and government agencies.

Methodology

JSI recorded and transcribed the content of the six sub-group discussions (three from the Everett SLS and three from Springfield SLS) along with a Google form that was shared during the four CLS. The JSI team then analyzed all data with MAXQDA qualitative analysis software.

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 2022 SLS and CLS participants were open, honest, and provided a cultural and community perspective about their lived experiences of problem gambling and programmatic interventions. These discussions were

guided by a script and facilitators but were also driven by community interests at the time of the sessions. Although most participants were able to share their ideas verbally, many participants also shared their opinions via chat and by filling out a google form.

The findings are organized first by community priorities, then areas of focus to mitigate harm from problem gambling, and finally recommendations utilizing underleveraged community resources. Under each section are the emerging themes along with salient quotes.

Community Priorities

Majority of participants shared that the same issues, which have historically impacted their communities in previous years, are continuing in 2022 such as unaffordable housing, lack of accessible mental health services, and income inequality. Although participants named these issues, the main priority for participants was to change the approach of interventions in a way that addresses root causes and encompasses multiple social sectors.

Programming Approach

The following quotes discuss the ways in which OPGS should focus on program development by encouraging an approach that takes historical and current socioeconomic conditions in marginalized communities into account, especially communities that experience material poverty.

[...] to talk about social determinants of health and sort of the broader socioeconomic and social conditions that determine quality of life for marginalized folks all day, is how to really actualize prevention from a social determinants of health lens; particularly in regards to problem gambling.

I think working with young people, for sure, would be a top priority. As well as addressing... poverty and why do people gamble other... sometimes it's for hope, it's for the possibility of having money to do something that they can already do. So in terms of looking at that relationship of poverty to problem gambling

The quote below shares how programs should also approach interventions through a social determinants of health lens and be less fragmented.

So yeah, just thinking about how to actualize some of this behavioral prevention stuff from a social determinants of health lens[...] Because as I said, it's the sort of broad socioeconomic and social conditions that determine quality of life for folks with marginalized neighborhoods. And finally, I have a note here and continuing to focus on co-occurring issues that happen, and having that perspective as opposed to this fragmented way that in the substance use disorder world, we have seen over and over again.

[...] show the similarities between mental illness and other things so they understand that... I don't want to say the severity of it, but how its not, how it should be treated like someone who has a mental illness or substance use disorder and how they're on the same playing field.

[...] there's such a strong connection between problem gambling and mental health challenges and mental health disorders and also substance use disorders.

The following quotes demonstrate the need for dignified approaches to providing services, especially to those in the community that are struggling with multiple substance use disorders, mental health, and socio-economic difficulties.

One of the ideas that I have that I'm thinking about now is how to develop a person's intrinsic value for themselves and understanding and listening to what their priorities are and how we can help them in a system in achieving what they would like to achieve and understanding problem gambling, health issues, and understanding how to access the resources in order to treat problems when they arise[...]

Providing a clothing voucher, providing food and shelter, providing a shower, maybe giving them the opportunity to work somewhere and build their own foundation.

If we can get some kind of program that would provide a voucher for an individual to get a pair of pants, or women that might need clothing. Or male that might need clothing. Those things are important as a part of rebuilding an individual's dignity.

For this report, we will use the definition of intersectionality defined by the National Collaborating Centre for Health Public Policy (NCCHPP):

Intersectionality is an approach or lens that recognizes that health is shaped by a multi-dimensional overlapping of factors such as race, class, income, education, age, ability, sexual orientation, immigration status, ethnicity, indigeneity, and geography. ⁷

The following quotes highlight the importance of focusing on intersections of multiple issues and the need for flexible funding when community priorities change.

I have a thought or two here over the next five years. I think it's important to continue to pay attention to the intersections. Other health issues, but not just health issues, but issues that are brought up in communities as priorities.

[...] but some of the data that's coming out about the intersection between the mental health crisis, COVID-19 and problem gambling and the things that... how they all are interconnected.

[...] like food access or food justice or gambling or outreach and education or substance abuse or whatever the topic area is, I think they need to be willing to fund work that is not directly in their topic area if the folks that are working in their topic area are saying, "Hey, we need to work on this other thing." I think the funders need to be willing to fund that other work that is not necessarily directly under said topic area.

This quote discusses the importance of collective action and how vital it is for organizations to work together to make a sustainable impact in communities.

Until programs come together and think about collective action and think about community level change. So, I think that's where the policy work can come in and be really impactful.

We are siloed, if that makes sense. And someone brought that up today like, oh, we're siloed. And I was like, I never thought about that. It makes sense, we are.

I think we should think about the smaller ones as well, including social organizations, recreation organizations, cultural organizations who do a whole bunch of stuff in communities and they have a huge presence, right? I'm thinking about the soccer leagues, right? The basketball leagues, all of those things that engage young people and entire families over the summer.

Programmatic Focus on Priority Populations

Participants also shared a need to not only focus on the intersections that can perpetuate problem gambling but also, on the priority populations that have been historically overlooked by programmatic interventions such as individuals that were previously incarcerated, women and youth.

Individuals that were previously incarcerated

The following quote shares how not only are intersections around mental health and substance use disorders important to focus on but also the need for a deeper relationship with the criminal justice system.

I think that reading the data around mental health and substance use disorders, which are intersections here that are extremely important, I think it's important for us to recommend that there is a stronger emphasis on criminal justice involvement.

As an individual who has... I have been in over 26 years of my life spent incarcerated. And I came out, I gambled, I used drugs. I did what I had to do to survive [...] So I think to answer that question, there should be some sort of facility for individuals who are in search of dire help.

The following quote states that even within the priority population of individuals that were previously incarcerated, there is a need for more focus on men of color in Massachusetts.

There's one subpopulation that I would recommend for funding and program development are those men of color very specifically who are experiencing incarceration in Massachusetts.

The following quote recommends that OPGS could integrate problem gambling interventions into reentry services that already exist in Massachusetts.

That's exactly what I'm saying, that it's not a heavy lift because of integration. This can be integrated into existing services like that. The Office of Problem Gambling has a history of doing that, not reinventing the wheel, but integrating problem gambling into the reentry services that exist in Massachusetts.

Moving forward in the next five years, there needs to be a considered a concerted effort into one, identifying those modern community based organizations, including faith based organizations who have a lot of in reach into prisons into jails, into a whole bunch of stuff.

Women

The following quote emphasizes the need for interventions to focus on families and women.

I think we need a stronger emphasis on families and women, very specifically as a subgroup that we haven't paid a lot of attention to.

Youth

The following quote shows the importance of maintaining programs such as Photovoice that focus on youth and problem gambling mitigation.

I mean, I think the Photovoice project is a great project for sure, I think it's excellent [...]there really isn't anything on the clearing house that specifically speaks to young people.

One, the resource that we did use showed people the odds of winning the lottery. And it was, I think for a lot of young people, was very surprising when they see the actual reality of what that means... scratch ticket, what the chances are of really winning that, compared to being hit by a meteorite or something.

Mitigating Harm from Problem Gambling

Participants stated that many community members do not know what problem gambling looks like and the resources available to them. To mitigate harm from problem gambling, participants shared that there needed to be a collaborative effort to educate communities on what problem gambling looks like and where to seek services.

Participants also shared that to mitigate harm, there needs to be more research on what deep human need problem gambling fulfills and then alternatives that can provide the same fulfillment need to be funded and marketed to communities.

Awareness of Problem Gambling

The following quotes demonstrate how many community members are not aware that problem gambling exists and is harmful.

I mean, one of the things that our community health workers found out was that people don't really see lottery as gambling and that more so than even casino gambling, lottery gambling is a big issue.

[...] awareness of problem gambling, that's not very present in my community that I engage with.

Because some of the times, problem gambling seems like it doesn't... people don't treat it as a disorder like a substance use disorder.

The following quotes share how problem gambling can be difficult to see and that there might be barriers in communicating about problem gambling.

Part of the thing with problem gambling is it's not something that people want to... it's a silent addiction.

I just think mental health is easier to communicate about and there's a lot of barriers when it comes to communicating about problem gambling

Visibility of Programming

Participants shared the importance of making programs that address problem gambling visible to all community members by partnering with multiple community organizations and the use of marketing.

And one that we helped last week, I said, "If you knew a community member who was struggling with their gambling, would you know where to refer them for professional treatment?" And not a single person was able to raise their hand and say yes to that .

So, I think that we have to start with a sort of health literacy, and promoting the fact that this a treatable mental health condition, and make treatment options more visible and much more appealing to people all over the state.

And so how does OPGS become louder and all of the work that we're doing become louder?

Research

Participants shared the importance of OPGS progressing community-led and community focused research to better understand the motives to problem gambling and the best interventions.

I would say that the Office of Problem Gambling needs to continue to lead in pushing research that is community driven, community focused.

Yeah, that's what our gambling ambassadors try to emphasize when they run their groups or to primarily a recovering addict audience there. But specifically how gambling works on the brain, people tend to be blown away by that because they never thought of it in that way.

The following quote shares the lack of consensus on how to approach co-occurring issues when developing interventions.

[...] intersections and co-occurring issues, while we know they co-occur, while we know these issues happen together, we need more of that science about what that looks like, because there's not necessarily a consensus to the field.

Participants also shared the need to understand the deep human need that problem gambling fulfills and to establish accessible alternatives to that need.

[...] the idea of a person finding something else to put in the place of that that gives them a sense of aliveness and feeling wonderful. Because when people gamble and they win, they have a moment of dopamine. When people who are using drugs, they have a moment of experiencing dopamine.

It's glamorous, exciting. You could win a thousand dollars in five minutes. Nobody tells you can lose \$2,000 in one minute, but you know, there's a lot of glamor to this, but I think in a more quieter way, there's alternatives to gambling that can give people more empowerment to their own lives.

Discussion

This report is a result of OPGS's efforts to elicit insights and guidance from community members on the areas of focus for the development of a strategic plan that will inform the direction for the Office's next five years. Community engagement is central to OPGS's approach to developing and implementing effective problem gambling mitigation services for marginalized communities.

Since its inception, OPGS has sought to move at the speed of trust with the communities and collaborators they work with. Since 2016, in an effort to promote equity and community voice, OPGS has created space for reflection so that participants could share what is working and what recommendations they may have for future services. In 2022, OPGS utilized the SLS and CLS to engage communities on their priorities, areas of focus and recommendations for the next 5 years.

This discussion section is organized by the two main engagement questions answered by participants, and we conclude by listing the recommendations synthesized from the findings.

What are the major community priorities for OPGS focus and impact should be in the development of the Office's strategic plan?

For this report, we used the definition of intersectionality defined by the National Collaborating Centre for Health Public Policy (NCCHPP): intersectionality is an approach or lens that recognizes that health is shaped by

a multi-dimensional overlapping of factors such as race, class, income, education, age, ability, sexual orientation, immigration status, ethnicity, indigeneity, and geography.⁷

Many participants shared a historical understanding of racism, oppression, and its impact on problem gambling in marginalized communities. Although participants shared that housing, mental health and substance use disorder are ongoing issues in their communities, their focus was on the way interventions are developed with an understanding of historical realities. Participants recommended that programming should be considered through how a particular issue impacts certain populations differently. (e.g., individuals who were previously incarcerated, men of color, women, and youth).

Intersectionality is a necessary tool in planning and delivering any programs. It is stated that “you can’t look at the individual from only a biological or mental health point of view without looking into what their situation is and where do they lie in the power structure as well as the systemic social justice issues that face.”⁷

OPGS has always focused on approaching problem gambling through a public health lens with a particular attention to racial equality. Participants in the 2022 SLS encourage OPGS to take the next step of addressing the power structures and systemic injustices that are the catalysts for the issues that prevail in marginalized communities.

What areas of focus are most critical to OPGS’s mission to mitigate harm from problem gambling?

Participants shared three levels to mitigate harm from problem gambling: awareness and visibility; research; and advocacy.

Awareness and Visibility

Participants shared the need for OPGS to continue using marketing techniques to educate communities on what problem gambling looks like in individuals. Problem gambling can be seen as a silent addiction in comparison to substance use disorders. As stated in previous SLS reports, gambling can be deeply entwined with cultural practices which makes it difficult for individuals to see when gambling can become harmful.

Similarly, to last year’s findings, participants encouraged OPGS to utilize similar practices that casinos use, to make programing for problem gambling attractive and visible within communities.

Research

Participants encouraged for OPGS to continue progressing community led problem gambling research, especially as the field continues to be emerging. OPGS could partner with educational institutions and develop

⁷ National Collaborating Centre for Determinants of Health and National Collaborating Centre for Healthy Public Policy. (2016). Public Health Speaks: Intersectionality and health equity. Antigonish, NS and Montreal, QC: Author.

a community-based research training in Springfield and Everett. This training could build the capacity of community members to lead and conduct research relevant to their priorities.

The outcomes of this work could directly influence the development of programmatic interventions, educational messaging, and other methods of mitigating problem gambling.

Systems Change

By integrating intersectional programming and community-led research, OPGS could continue to address the historical and systematic inequalities that underlie the causes of problem gambling in marginalized communities. Through this approach, not only will OPGS provide services to those struggling with problem gambling, but also work to dismantle oppressive systems that have made marginalized communities particularly vulnerable to addictions and substance use disorders.

Recommendations

Below is a synthesized description of the recommendations provided by participants and our approximation of how OPGS might respond to the priorities expressed by participants.

- Encourage intersectional collaboration by creating funding opportunities that encourage multidisciplinary and multisectoral approaches to addressing problem gambling.
- Continue to fund programs focused on youth, such as Photovoice.
- Continue to create multi-generational programming that provides wrap-around services for all family members impacted by problem gambling.
- Partner with organizations that work with individuals who are re-entering society from incarceration to provide problem gambling education and interventions.
- Utilize marketing techniques to create relevant messaging using social media to educate communities on the warning signs of problem gambling and the resources available to them in communities.
- Create a multilingual online hub where all problem gambling related resources and interventions can be found. Develop a marketing campaign to ensure communities are aware of this resource.
- In partnership with accessible educational institutions, create a community research training certification program where community members can learn how to conduct research and evaluation regarding topics most relevant to their needs.
- Ensure that the training program is directly linked to the interventions funded by OPGS.
- Continue researching the root causes to problem gambling, especially to understand the human need that

Appendix A: Massachusetts Department of Public Health “House”



VISION

Optimal health and well-being for all people in Massachusetts, supported by a strong public health infrastructure and healthcare delivery.

MISSION

The mission of the Massachusetts Department of Public Health (DPH) is to prevent illness, injury, and premature death; to ensure access to high quality public health and health care services; and to promote wellness and health

DATA

We provide relevant, timely access to data for DPH, researchers, press and the general public in an effective manner in order to target disparities and impact outcomes.

equity for *all* people in the Commonwealth.

DETERMINANTS

We focus on the social determinants of health - the conditions in which people are born, grow, live, work and age, which contribute to health inequities.

EVERYDAY EXCELLENCE

PASSION AND INNOVATION

INCLUSIVENESS AND COLLABORATION

DISPARITIES

We consistently recognize and strive to eliminate health disparities amongst populations in Massachusetts, wherever they may exist.

Appendix: Give joy. Not Risk.



**GIVE JOY.
NOT RISK.**

Lottery tickets are not for children and young teens. Learn more at mass.gov/youthgambling



The MA Problem Gambling
Helpline
800-327-5050

11/29/2022

