

# KEY SEIGMA FINDINGS & POTENTIAL IMPLICATIONS FOR STRATEGIC PLANNERS IN MA

---

A presentation to the Public Health Trust Fund  
Executive Committee

By: Rachel Volberg & Amanda Houpt

January 12, 2016

# BACKGROUND

---

Rationale

Research Questions

Research Activities

MA Strategic Plan for PG Prevention and Treatment

Overview of the White Paper

# Rationale

- Research mandate includes:
  - *Implementing a baseline study of problem gambling and the existing prevention and treatment programs that address its harmful consequences*
- Primary goal:
  - Use findings to make scientifically-based recommendations to maintain and enhance problem gambling prevention and treatment in Massachusetts

# Evaluation of PG Services

## Research Questions

1. How many problem gamblers in Massachusetts desire treatment and how many seek treatment?
2. Where do problem gamblers go to receive treatment in Massachusetts?
3. What barriers exist to treatment-seeking?
4. What problem gambling prevention and treatment services currently exist in Massachusetts?
5. How aware is the general public of existing problem gambling prevention initiatives?
6. What is known about the effectiveness of existing problem gambling treatment and prevention services in Massachusetts?
7. How well do current problem gambling prevention and treatment services in Massachusetts match up to best practices in problem gambling prevention?

# Research Activities

- Analysis of SEIGMA survey data
  - Baseline Population Survey
  - Online Panel Survey
- Analysis of MCCG Problem Gambling Helpline data
- Analysis of medical claims data from the Center for Health Information and Analysis (CHIA)
  - All Payer Claims Database
  - Acute Hospital Case Mix
- Online focus group with treatment providers

# MA Strategic Plan for PG Prevention and Treatment

- MA DPH contracted with Education Development Center's (EDC) Massachusetts Technical Partnership for Prevention to develop a strategic plan for problem gambling services in MA
- The resulting strategic plan:
  - Provides an overview of existing PG-related services in MA
  - Provides recommendations for how best to utilize the PHTF
  - Incorporates many of the key findings and potential implications identified in the SEIGMA white paper

# Overview of the White Paper

- Summarizes key findings from 3 research activities for which full or partial analyses are complete:
  1. Descriptive statistics from a large baseline population survey
  2. Descriptive analysis of data from the Massachusetts Council on Compulsive Gambling's (MCCG) Problem Gambling Helpline
  3. An online focus group that the SEIGMA team recently conducted with a group of mental health and substance abuse treatment providers across the state

# SUMMARY OF RESEARCH ACTIVITIES & KEY FINDINGS

---

Baseline Population Survey

Analysis of MCCG Helpline Data

Online Focus Group



# Baseline Population Survey

## Methods in Brief

- Measured attitudes about gambling, gambling participation, problem gambling prevalence, awareness of problem gambling prevention efforts, treatment desire, and treatment-seeking among MA adults aged 18+
- Sample drawn from a list of addresses
- Respondents could complete online, on paper, or by telephone
- Data collected from Sept. 2013 – May 2014
- Response rate of ~37%
- Sample size of ~10,000

# Baseline Population Survey

## Summary of Key Findings

- Moderate attitudes about gambling availability & impacts
- High rates of gambling participation
- Lottery, raffles, & casinos most common forms of gambling
- Demographic differences in gambling participation & motivation
- Prevalence rates of at-risk and problem gambling are 7.5% and 1.7%, respectively
- Demographic differences in at-risk and problem gambling
- Low rates of prevention awareness
- Low rates of help- and treatment-seeking for gambling problems

# Analysis of MCCG Helpline Data

## Background

- MCCG runs a 24/7 toll-free Problem Gambling Helpline
- Responders offer information and referrals for self-help, formal treatment, support groups, and other community resources
- To the extent possible, responders collect the following information about each call
  - Time of call
  - Type of caller (i.e., gambler or concerned other)
  - Reason for the call
  - Referrals made
  - Characteristics of the caller (e.g., socio-demographics, residence, primary gambling type, preferred gambling venue)
- Data collection *is not* the primary goal of helpline responders

# Analysis of MCCCG Helpline Data Methods in Brief

- SEIGMA executed an MOU with MCCCG
- MCCCG shared 17 years of data with SEIGMA
- Due to variations in data completeness, the SEIGMA team sub-setted the data
- SEIGMA analyzed data from 2009-2013
  - Subset included 4,574 calls

# Analysis of MCCCG Helpline Data

## Summary of Key Findings

- From 2009-2013, helpline calls generally decreased while hits to the MCCCG website dramatically increased
- Majority (69%) called about their own gambling behavior
- Remainder were concerned about someone else's gambling
- Majority of gambler callers were middle-aged men
- Majority of concerned others were women
- Most common reasons for seeking help were financial problems, emotional health issues, and relationship issues
- MCCCG made ~900 referrals to state-run treatment centers
- MCCCG also made ~2600 referrals to other sources

# Online Focus Group

## Methods in Brief

- SEIGMA contracted with Market Street Research to conduct an online focus group with treatment providers
- Participants recruited from a list of individuals who completed or were in progress of completing the MAPGS Certificate
- To participate, an individual had to:
  - Be licensed to provide mental health or substance abuse treatment services in MA
  - See a minimum of 5 clients per week
  - Practice in at least one MA county
- A total of 35 providers enrolled in the focus group
  - 32 participated
- Focus group took place from June 23 – 25, 2015

# Online Focus Group

## Summary of Key Findings

- Providers use a variety of screening tools in various different ways
- Providers set treatment goals and evaluate treatment outcomes in different ways
- Providers differ in their opinions regarding treatment goals and outcomes
- Providers have a number of unmet needs
  - Desire for skills-based clinical training opportunities
  - Desire to be part of a community of practice
  - Desire for clinical supervision and mentorship
  - Greater ability to track/evaluate/improve client outcomes
  - More outreach to raise awareness about available services

# COMMON THEMES & RECOMMENDATIONS

---

Common Themes

Suggested Priority Activities



# Common Themes Identified

- Information about gambling behavior and problems in Massachusetts can be used to tailor prevention messages and target outreach efforts
- At-risk and problem gambling prevalence estimates and information about concerned others can be used to estimate treatment volume and plan for treatment-seekers
- Improved data collection regarding help- and treatment-seekers in the Commonwealth is needed
- Improved problem gambling service administration is needed—clinical supervision, best practices, standardized practices, evaluation, etc.

# Suggested Priority Activities

1. Utilize the findings presented in the white paper to tailor prevention messages and target outreach efforts
2. Improve data collection about individuals who seek help or treatment for a gambling problem
3. Collect additional information to aid in selecting evidence-based and promising practices in problem gambling prevention, intervention and treatment, and adapt these practices for use in Massachusetts

# Utilizing Data to Tailor Prevention Messages and Target Outreach Efforts

## A Few Examples from the White Paper

<b>Key Finding</b>	<b>→ Potential Implication</b>
Lottery, raffles, & casino gambling are the most common forms of gambling in MA.	→ Prevention messages can be tailored to reflect common gambling behaviors
Gambling motivation differs among different demographic groups	→ Prevention messages can be tailored to reflect common motivations
At-risk and problem gambling prevalence rates differ among different demographic groups	→ Outreach efforts can be targeted to vulnerable groups and messages tailored to ensure cultural appropriateness

# Improving Data Collection re: Help- and Treatment-seekers in MA

Source	Information Provided
Baseline Population Survey	<ul style="list-style-type: none"><li>• Estimate # of at-risk and PGs in MA</li><li>• Demographic profile of these adults</li><li>• Common co-occurring conditions</li></ul>
MCCG Helpline Data	<ul style="list-style-type: none"><li>• Insight into the # of help-seekers in MA</li><li>• Reasons callers seek help</li><li>• Referrals made to helpline callers</li></ul>
Online Focus Group	<ul style="list-style-type: none"><li>• Problem gambling treatment practices used</li><li>• Unmet needs of treatment providers</li></ul>

**However, none of these sources provides a reliable estimate of the number of individuals who have sought treatment for a gambling problem in MA.**

# Understanding & Adapting Evidence-Based and Promising Practices for MA

- The strategic plan that EDC has developed emphasizes the importance of selecting and adapting evidence-based and promising practices in problem gambling prevention and treatment for use in Massachusetts
- Strategic planners should seek information regarding:
  - Best practices in problem gambling prevention
  - State models for administering problem gambling services and providing clinical supervision
  - Screening best practices
  - Effective treatments for problem gambling
  - Best practices in evaluating problem gambling treatment outcomes

# AREAS FOR FUTURE RESEARCH

---

Individuals with Gambling Problems

Screening Practices

Problem Gambling Support Groups

# Better Understanding of Individuals with Gambling Problems

- The literature offers some insight into this population
- Qualitative research may be needed to better understand the lived experiences of Massachusetts adults who are experiencing gambling problems
  - Problem gamblers who have and have not sought help or treatment
  - Individuals concerned about/affected by someone else's gambling
- Such activities may clarify:
  - The level of desire for help and treatment within these populations
  - The barriers that these populations face in seeking help & treatment
  - Possible facilitators to help- and treatment-seeking

# Better Understanding of Current PG Screening Practices

- Establishing a standardized screening process will likely be essential to effectively monitor the # of PGs in the MA treatment system
- More information is needed regarding:
  - Providers' comfort using PG screening tools
  - Barriers providers face in using PG screening tools
  - Perceptions about the impact of these tools on their treatment practices
  - Perceptions about the effectiveness of these tools
- If a standardized tool is selected, it should be piloted with treatment providers to ensure widespread adoption



# Additional Information about PG Support Groups in MA

- Helpline responders and treatment providers commonly refer individuals to support groups such as Gamblers Anonymous and Gam-Anon
- Very little information is available about these groups
- Better understanding may further clarify help-seeking behaviors in the state

# SUMMARY & CONCLUSION

---

Thank you for your time!

# Next Steps for SEIGMA

- Analyses currently underway:
  - Deeper analysis of Baseline Population Survey
  - Analysis of Online Panel Survey
  - Analysis of All Payer Claims Data
- Findings from these efforts may reveal additional information relevant to state strategic planners
- SEIGMA will release findings as they become available

# For More Information:

**SEIGMA Website**

**[www.umass.edu/seigma](http://www.umass.edu/seigma)**

**Amanda Houpt**

SEIGMA Project Manager

**[ahoupt@schoolph.umass.edu](mailto:ahoupt@schoolph.umass.edu)**

**(413) 577-7409**