PROBLEM GAMBLING PREVENTION

MASSACHUSETTS CENTER OF EXCELLENCE

Empowerment Through Data

Using What We Know to Make Smart Decisions

December 3, 2025 | 10 am – 1 pm EST

Emily Bhargava, MPH, MA | Trainer
Ivy Jones Turner, T/TA | Trainer

EDC.ORG

Key Objectives

Using Data Effectively for Problem Gambling Prevention

Participants will be able to:

Identify and describe key types of data relevant to the Massachusetts DPH, OPGS Data to Action Framework.

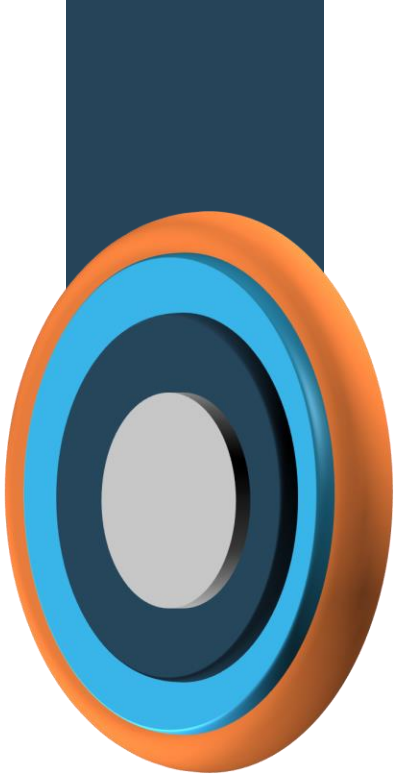
01

Analyze federal, state, and local data on problem gambling and assess its significance for local communities.

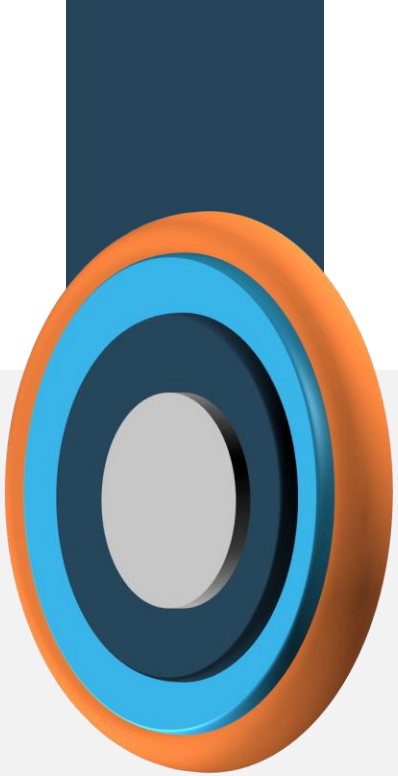
02

Apply data—and identify data gaps—to inform each step of the gambling prevention process (assessment, planning, implementation, evaluation and equity-building) in collaboration with community partners

03



We will do this by:



Exploring what "counts" as data and why it's helpful in prevention

01

Looking together at available MA and national gambling-related data

02

Discussing what data are still missing and how to use what we have to do solid, inclusive and equity-focused problem gambling prevention

03

Today's Presenters

Emily Bhargava
T/TA, CPS, MA
Trainer

Ivy Jones Turner,
T/TA
Trainer

PROBLEM GAMBLING PREVENTION
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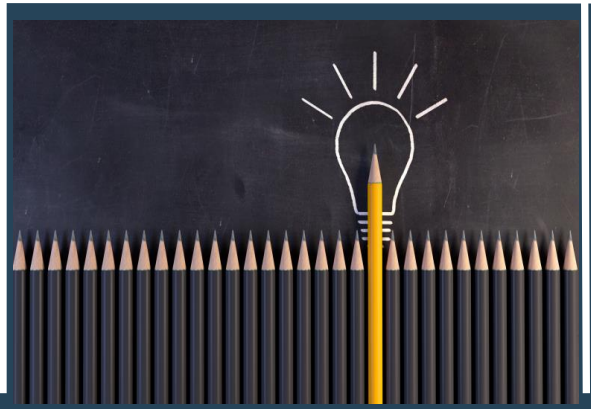
HELLO
MY NAME IS
Name
The project you are working on
Your access needs that aren't already met
And your favorite winter drink

Group Agreements

- ✓ It is important to be engaged
- ✓ Speak from your experience
- ✓ Experience discomfort as a part of learning
- ✓ Share airtime, make space for others
- ✓ Listen for understanding
- ✓ Maintain confidentiality
- ✓ Stay curious beyond this training

What would you add to make this time more productive for you?

SECTION 1: TYPES OF DATA



Discussion:
Defining Data

What is/are data?

What counts as data?

What kind of data do different people like?

What kind of data do you see in your day/your life?

Types of Data

Quantitative data

show how often an event/ behavior occurs or the degree to which it exists

Qualitative data

explain why people behave or feel the way they do

Why Do We Use Data?
(large-group brainstorm)

Why Do We Use Data?

(large-group brainstorm)

- Knowing who's in your community
- Decision-making
- Quality improvement
- Evaluation
- Community engagement
- To lead with equity
- Understand and work toward eliminating disparities
- To tell stories of success
- Understanding what's driving/causing a behavioral health issue in the community
- Record-keeping: to report on, for accountability in terms of goals and objectives

What stops us from using data?

Some of us are anxious around data.

And some data sets are incomplete, incorrect and/or biased

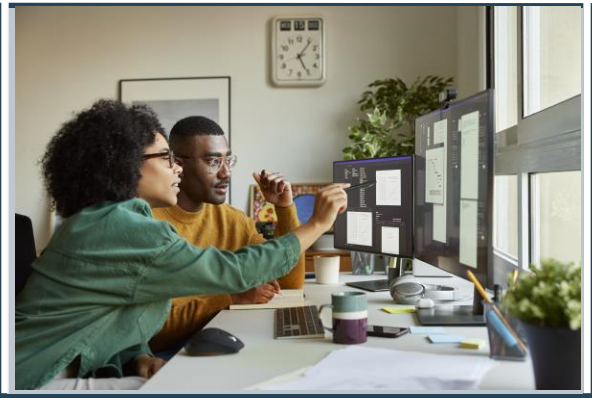
but…

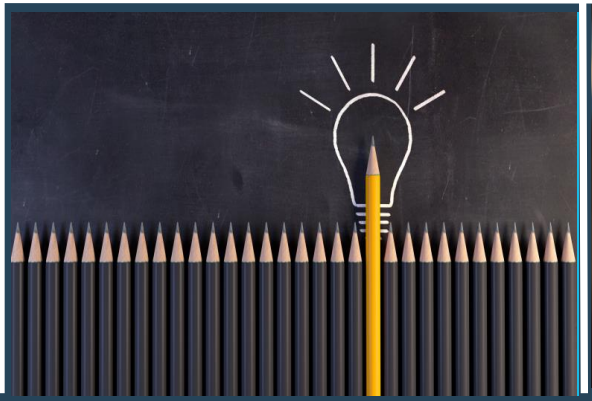
- Data are a gift
- Story finding and storytelling are what we do as humans

You Have the Power!

It’s great to have an evaluator on your team if you can manage it, but you and your coalition have the power to collect and use data to see how you’re doing even without a professional.

SECTION 2: APPLICATIONS & BENEFITS





Numerical Data in Public Health

The use of numerical data in public health dates back to the 19th century when John Snow used data on cholera cases to identify the source of an outbreak in London. Since then, the field has evolved significantly, with advancements in technology and statistical analysis enabling more sophisticated uses of data.

Snow J. On the mode of communication of cholera. 2nd ed. In: Snow on Cholera. (Reprint.) New York, New York: Hafner Publishing Co., 1965. Available at http://www.ph.ucla.edu/epi/snow.html.

Data in Public Health

We think immediately of counts and measures, but data can be much more than just numbers.

In addition to numerical, data can be textual, visual, or auditory.

Examples include **stories, photos, sales figures, polls, focus groups, interviews, participant feedback, website traffic, survey responses, meeting notes, brochures disseminated, sensor readings**, and even **social media posts.**

Primary Data

data that is gathered by the individual.

Secondary Data

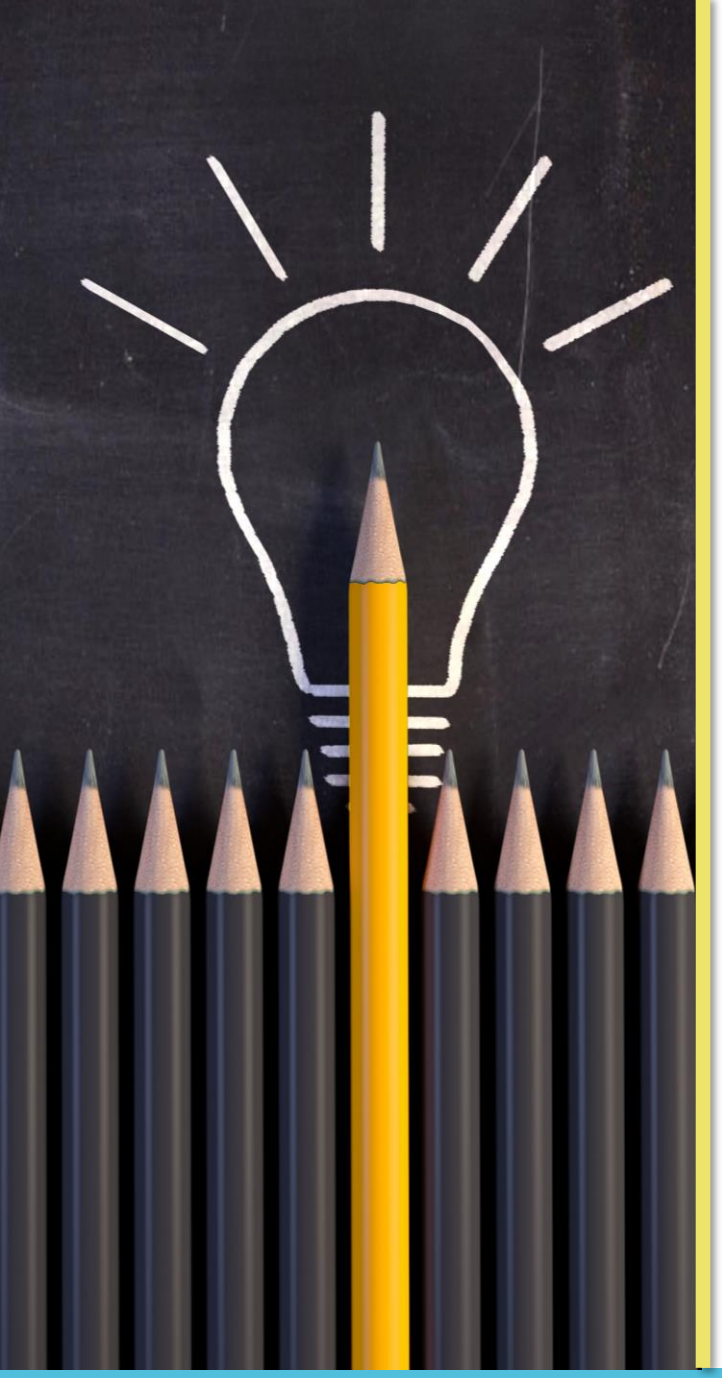
data that is gathered by someone else and used somewhere else.

Benefits of Data-Driven Decision Making

1. **Improved Health Outcomes**: Targeted interventions based on data can lead to better health outcomes for individuals and communities.
2. **Increased Efficiency:** Optimizing resource allocation and program design leads to more efficient use of public health resources.
3. **Reduced Costs:** By addressing health issues effectively and preventing future problems, data-driven approaches can lead to long-term cost savings.
4. **Greater Accountability**: Data provides a basis for accountability, allowing us to demonstrate the impact of our work.
5. **Informed Policymaking:** Data-driven insights can inform the development of effective and evidence-based public health policies.

Key Applications of Data

1. Identifying Health Trends & Patterns
2. Guiding resource allocation
3. Evaluating Interventions
4. Predicting Future Needs
5. Analyzing causes of disease
6. Implementing solutions
7. Evaluating impacts



Examples of using data in gambling prevention:

1. **Prevalence tracking** - data helps us understand how widespread problem gambling is in a population
2. **Identifying disparities** - are there differences in gambling or gambling-related harms between groups?
3. **Understanding risk factors** - (substance use, financial stress, gender, etc.)

SECTION 3: GAMBLING DATA

Prevalence	Magnitude	Severity	Disparities

National Data on Gambling

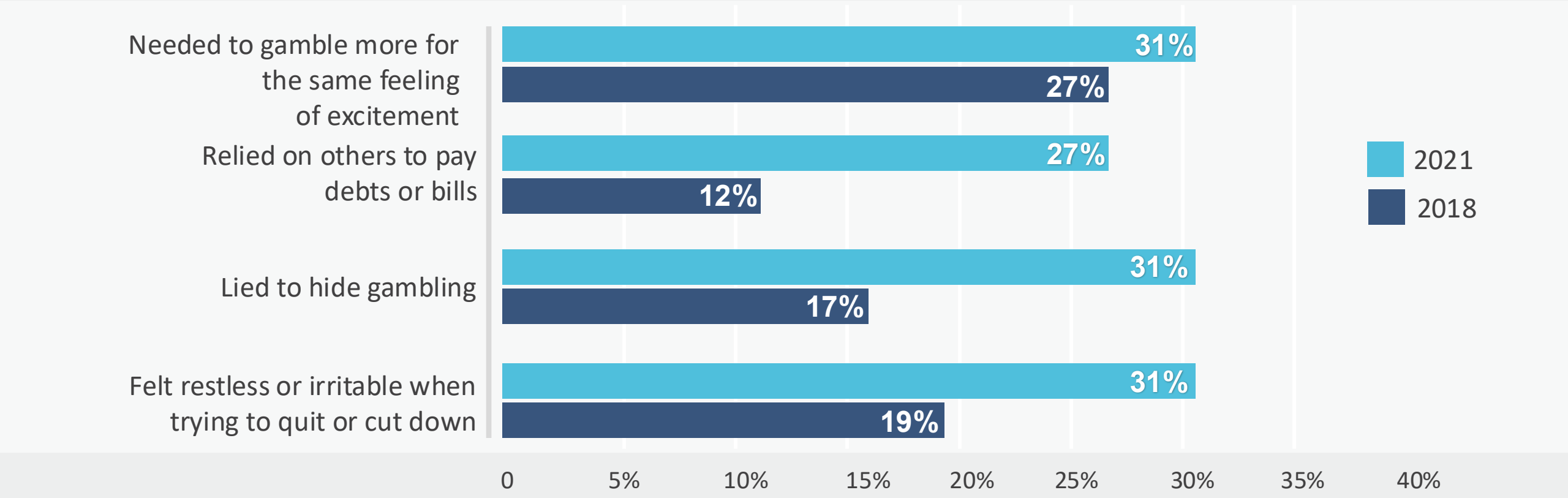
About 15% of adults don't gamble at all

More than half of adults (More than 50%) gamble infrequently

About a quarter of adults (about 25%) are gambling once a week or more

Past Year Problematic Gambling Activity

Percent answering “once or more”



Source: National Survey on Gambling Attitudes and Gambling Experiences 3.0 (2024)

National Data, Adults, from NGAGE 3.0

8% of American adults, almost 20 million people, reported experiencing at least one indicator of problematic gambling behavior “many times” in the past year.

The greatest predictors of risk identified in 2024 include:

- participation in many different gambling activities
- gambling weekly or more often
- agreeing that gambling is a good way to make money
- participating in sports betting (either traditional sports betting or fantasy sports)
- gambling online, and
- being male and/or under the age of 35.

Despite the increased number of states that have legalized sports betting, the percentage of adults making a sports bet did not show any increase.

After rising from 20% in 2018 to 26% in 2021, sports betting participation leveled off at 23% of the population in 2024. Most adults who want to bet on sports are likely able to do so regardless of its legal status in their state.

The number of sports bettors making parlay bets has almost doubled, from 17% of sports bettors in 2018, to 30% in 2024.

Parlay bets offer a small chance at a large jackpot and have the potential to appeal to a gambler looking to make back large losses in a small amount of time. The NGAGE 3.0 data suggests that both prop betting and parlay betting may be associated with risky gambling behavior, but research in this area is far from definitive.

Participation in online gambling stayed high while most other forms of gambling returned to their 2018 levels.

While 15% of the adult population made an online wager in 2018, this number rose to 25% in 2021, and was 22% in 2024

Key Findings from NGAGE 3.0, (2024)

Those meeting at least one criterion for problematic play include:

- **28%** of those who bet on 10 or more different gambling activities
- **19%** of those who bet on at least one activity weekly or more often, and **35%** of those who gambled on three or more activities weekly or more often
- **24%** of fantasy sports and **17%** of traditional sports bettors
- **19%** of those making at least some bets online

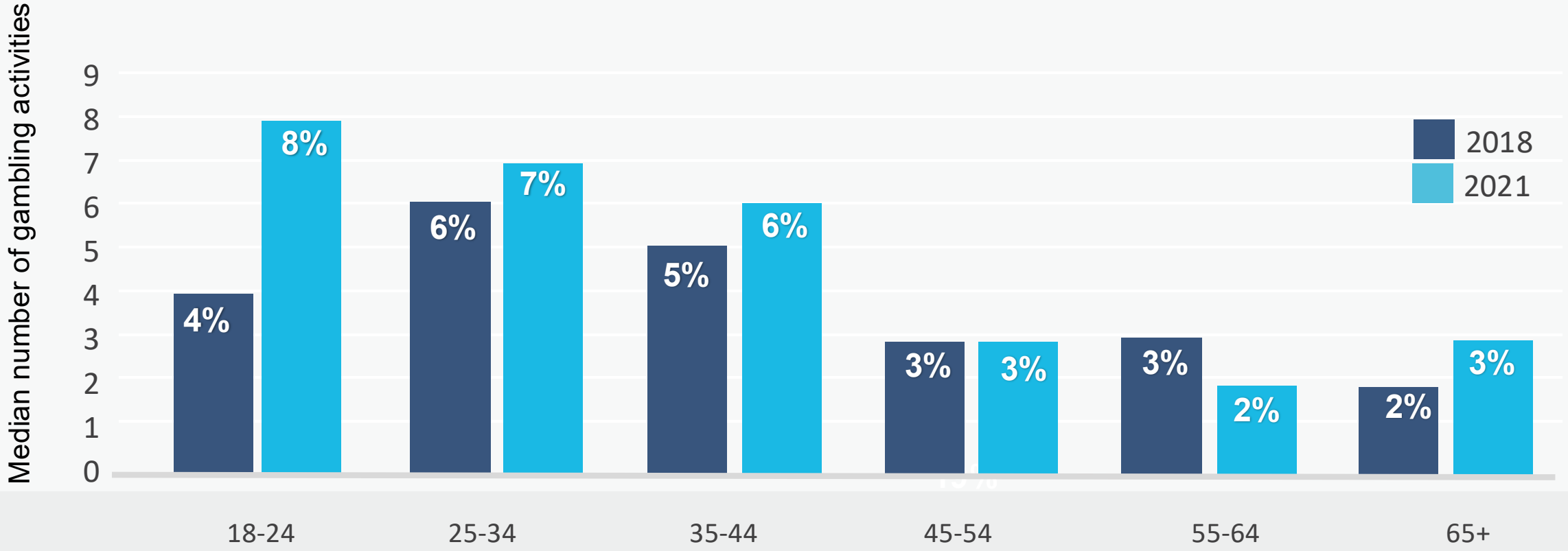
Key Findings from NGAGE 3.0, (2024)

Those meeting at least one criterion for problematic play include:

- **15%** who agree "gambling is a good way to make money"
- Low gambling literacy is strongly correlated with young age. **15%** of 18- to 34-year- olds met at least one criterion for problematic play, while only **2%** of those 55 or older met at least one criterion for problematic play.
- **10%** of males, almost twice the rate of females.

Median number of gambling activities by age

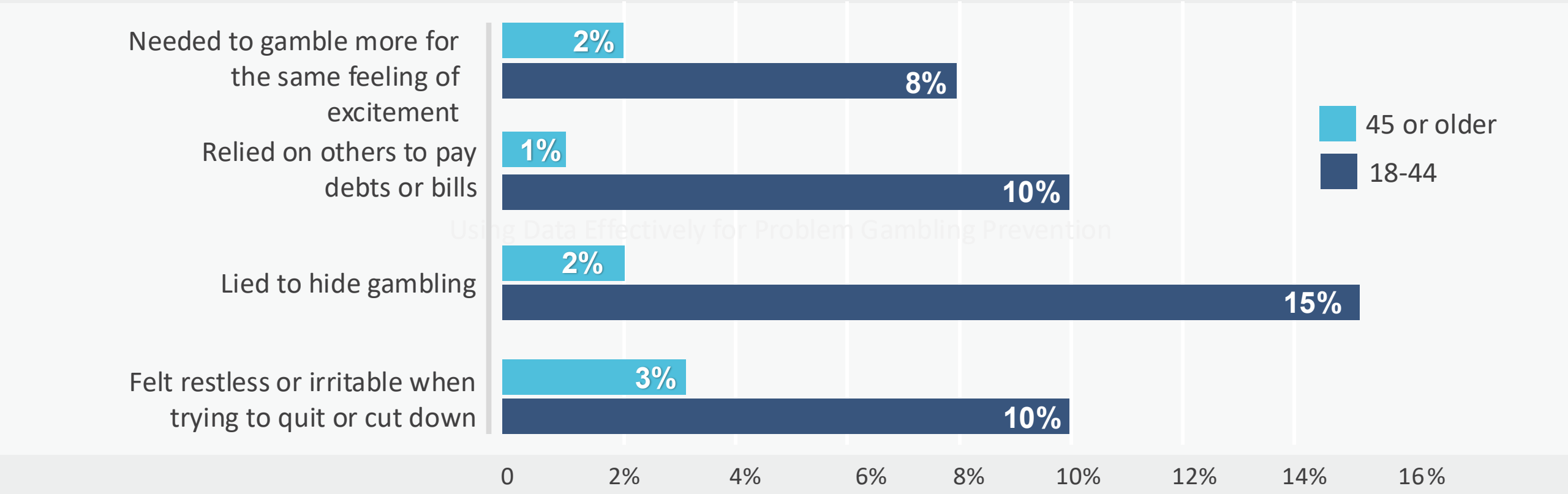
(past year gamblers only)



Source: National Survey on Gambling Attitudes and Gambling Experiences 3.0 (2024)

Past Year Problematic Gambling Activity by Age

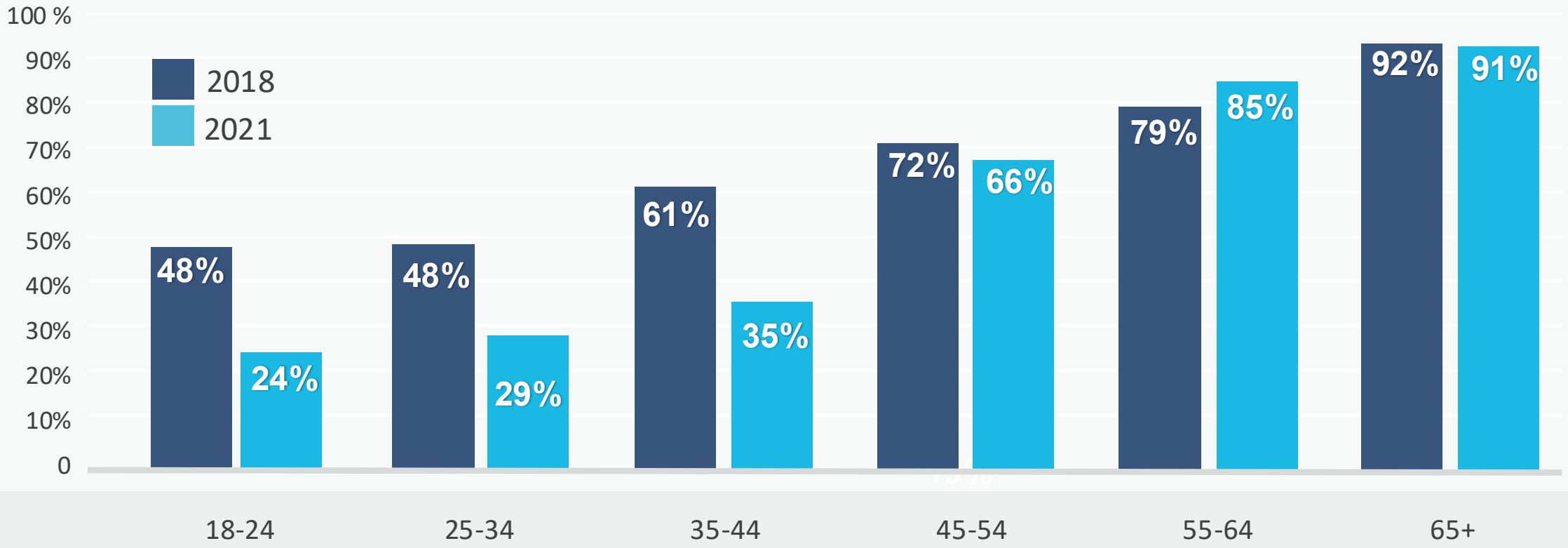
Percent answering “many times”



Source: National Survey on Gambling Attitudes and Gambling Experiences 3.0 (2024)

Percent of gamblers showing no problematic play by age

Percent responding “not in the past year” to all four indicators

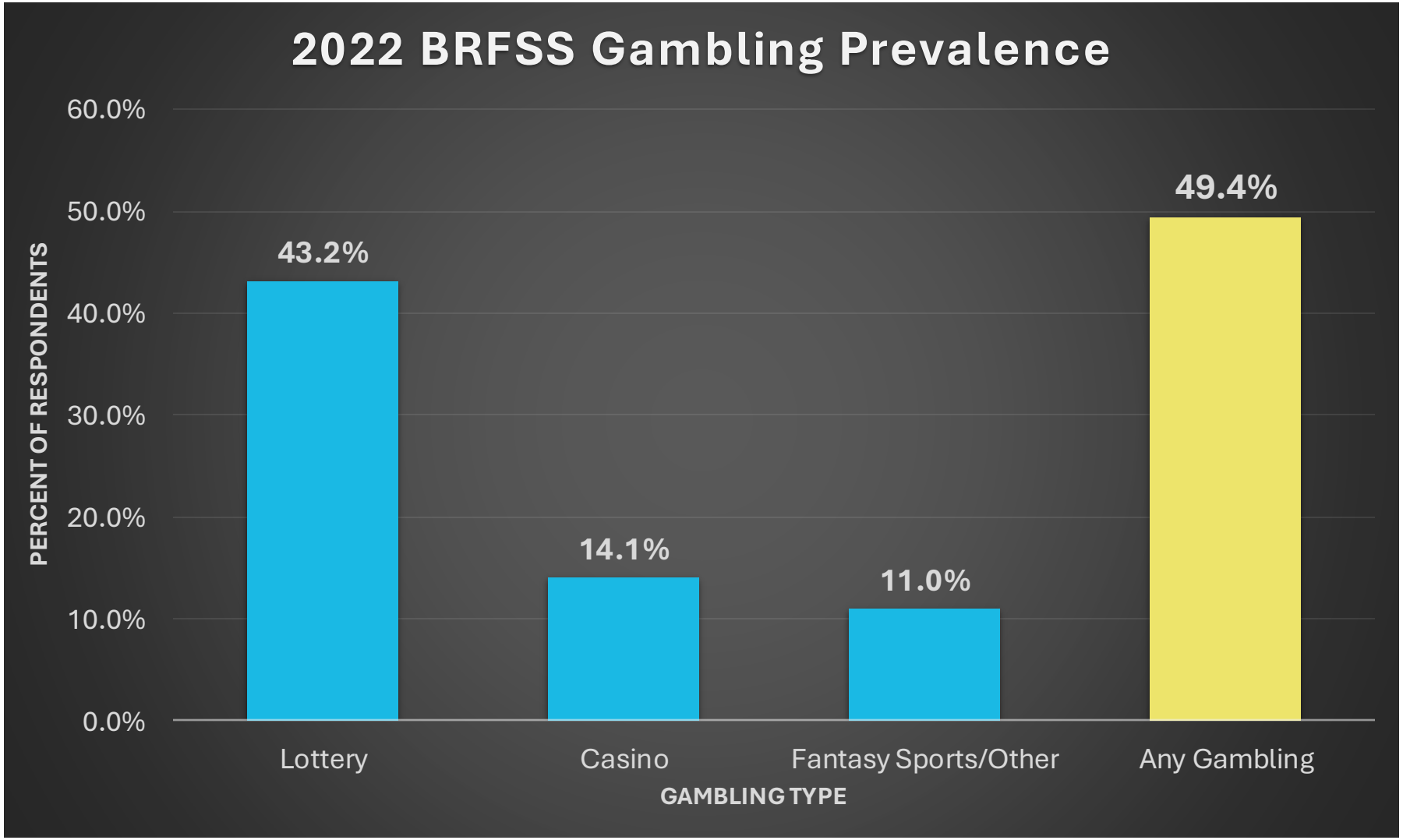


Source: National Survey on Gambling Attitudes and Gambling Experiences 3.0 (2024)

Gambling in Massachusetts

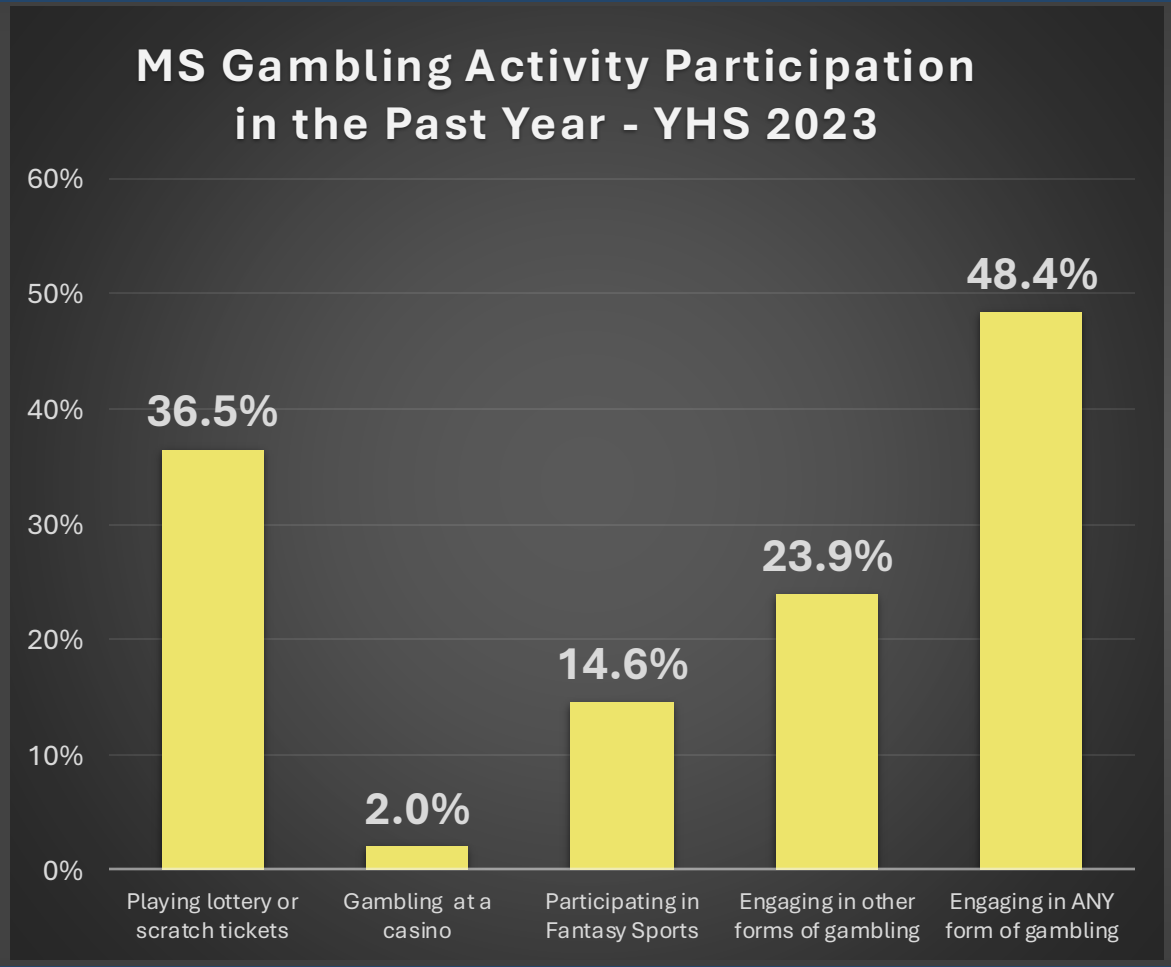
2022: MA Adult Gambling Participation Prevalence

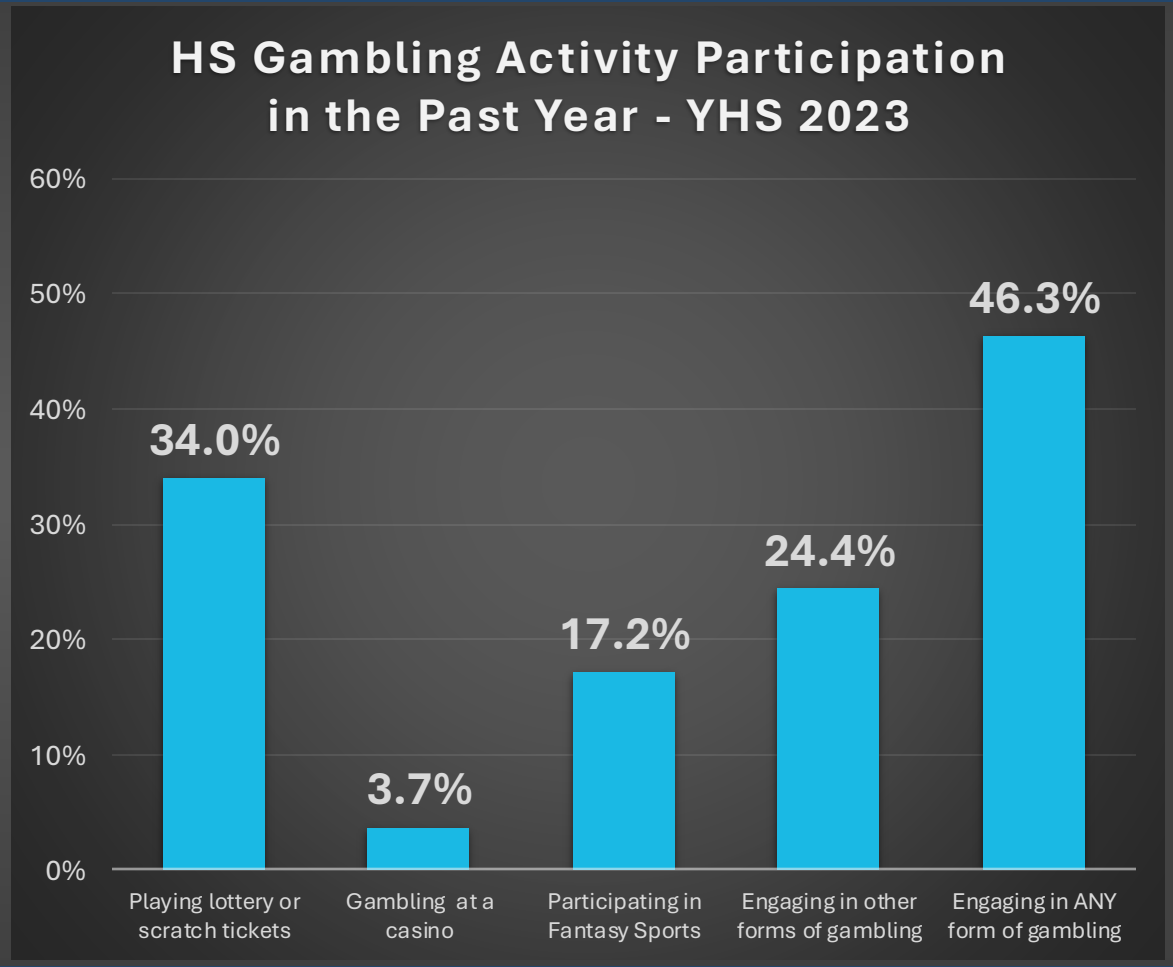
49.4% of survey respondents reported some form of gambling for money in the past 12 months. **Lottery tickets** made up the majority of gambling activity



2023: MA Gambling Activity Among Youth

Percent of middle school (MS) and high school (HS) students who reported engaging in some form of gambling in the last year.





Helpline data

Referrals Based on Gambling Types

	FY21	FY22	FY23
Casino	0	45	170
Lottery	6	18	89
Sports Betting	1	6	73
Pari – Mutual Betting	0	2	11
Other Forms of Gambling	166	341	229
Non-Specified Types of Gambling	23	55	105

Note: This data reflects outcomes of the 636 calls that resulted in referrals. These calls represent 20% of the total 3,112 calls received by the helpline

Correlations with Demographics

Middle School (MS) and High School (HS) Students- from YHS

There was no significant relationship between grade level and gambling participation for MS or HS students.

Among HS students, females had 39% decreased odds of gambling in the last 12 months compared to males.

Among MS and HS students Black, Hispanic, and Asian individuals had decreased odds of gambling in the last 12 months compared to White individuals.

Correlations with Substance Use

Middle School (MS) and High School (HS) Students- from YHS

MS and HS students who reported any lifetime alcohol use had 133% and 109% increased odds of gambling in the last 12 months compared to students who had never used alcohol.

MS and HS students who reported any lifetime drug use had 104% and 37% increased odds of gambling in the last 12 months compared to students who had never used drugs.

MS and HS students who reported any lifetime vape use had 80% and 46% increased odds of gambling in the last 12 months compared to students who had never used vapes.

People Who Are At Increased Risk for Problem Gambling

First, a word about language

AVOID	INSTEAD USE PERSON FIRST LANGUAGE
High-risk people or High-risk population **Vulnerable** **Priority** **Targeted**	***People who are at increased risk for (condition)*** ***People who live or work in settings that put them at increased risk for…***

People Who Are At Increased Risk for Problem Gambling

Research shows that some groups are at increased risk for developing problem gambling, including:

- Youth
- Males
- People of color
- Older adults
- People who are unemployed
- People with a high school diploma or less
- People with an annual income of less than $15,000
- People with a disability
- People with a history of incarceration
- People who misuse substances

Pause for Observations

What stood out for you?

What surprised you?

What supported what you already thought?

There's a lot of information that's not collected, or not collected well, so a lot of questions still can't be answered with the data we have.

For example:

- We have little information about comorbidities with other chronic illnesses (we tend to see problem gambling as an isolated issue and it's not)
- Local data is not always collected
- Sometimes the sample size is so small that data are suppressed
- Treatment data doesn't often show PG because people present with a different primary concern

There's a lot of information that's not collected, or not collected well, so a lot of questions still can't be answered with the data we have.

For example:

- In terms of demographic data, Census is always an undercount for people of color
- We don't ask about demographics in all surveys, which stops us from disaggregating by race and other characteristics

Discussion:

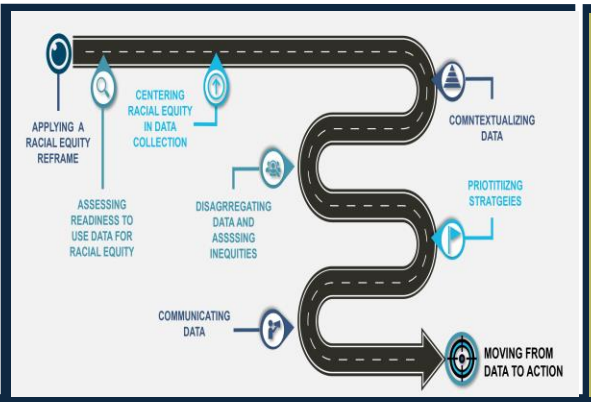
Identifying Data

What other information do you wish you had?

Who could collect it?

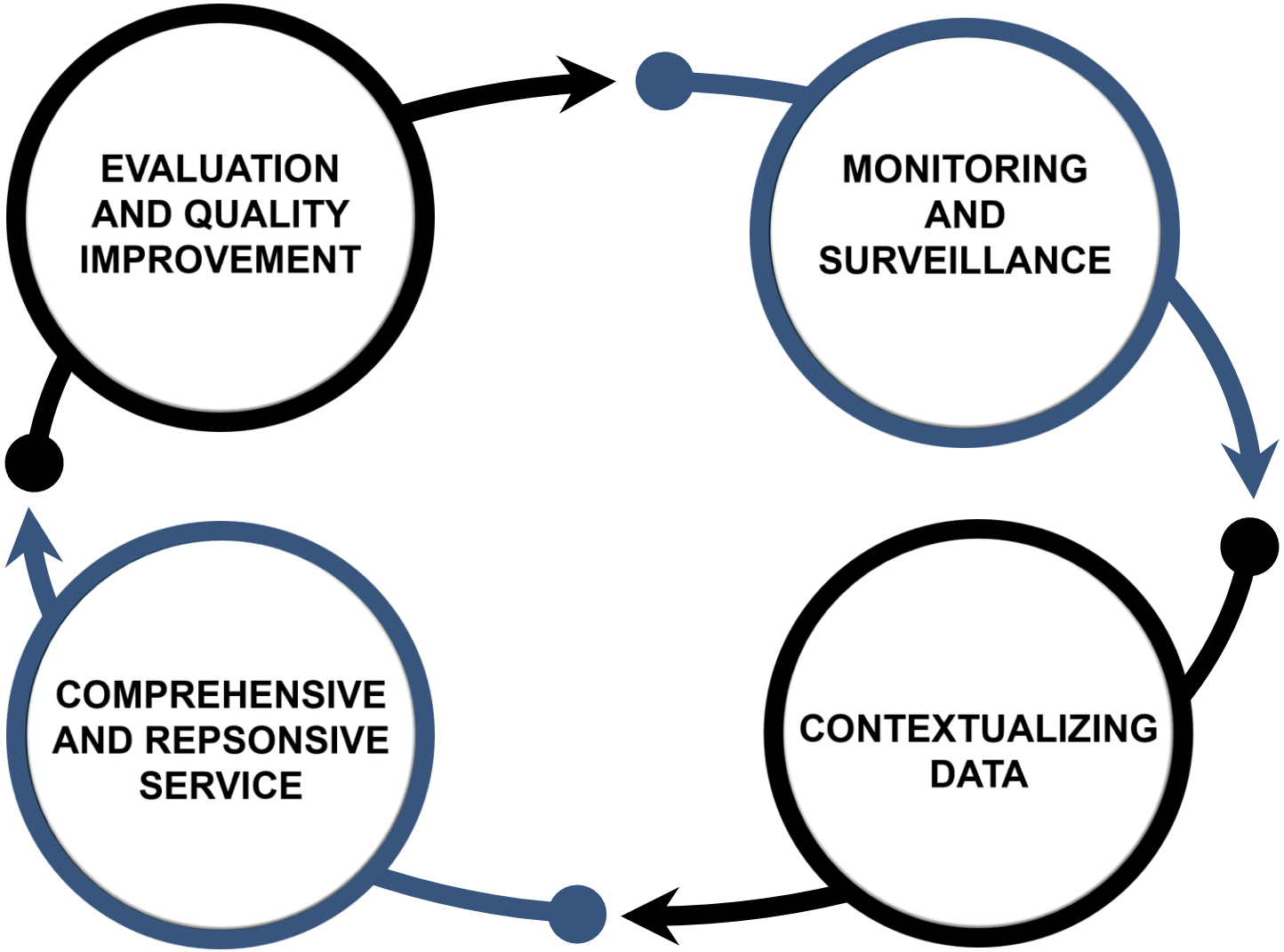
How might they gather it?

SECTION 4: THE PROCESS: ASSESSMENT TO IMPACT



Data to Action Framework

Office of Problem Gambling Services (OPGS)



Data to Action Framework

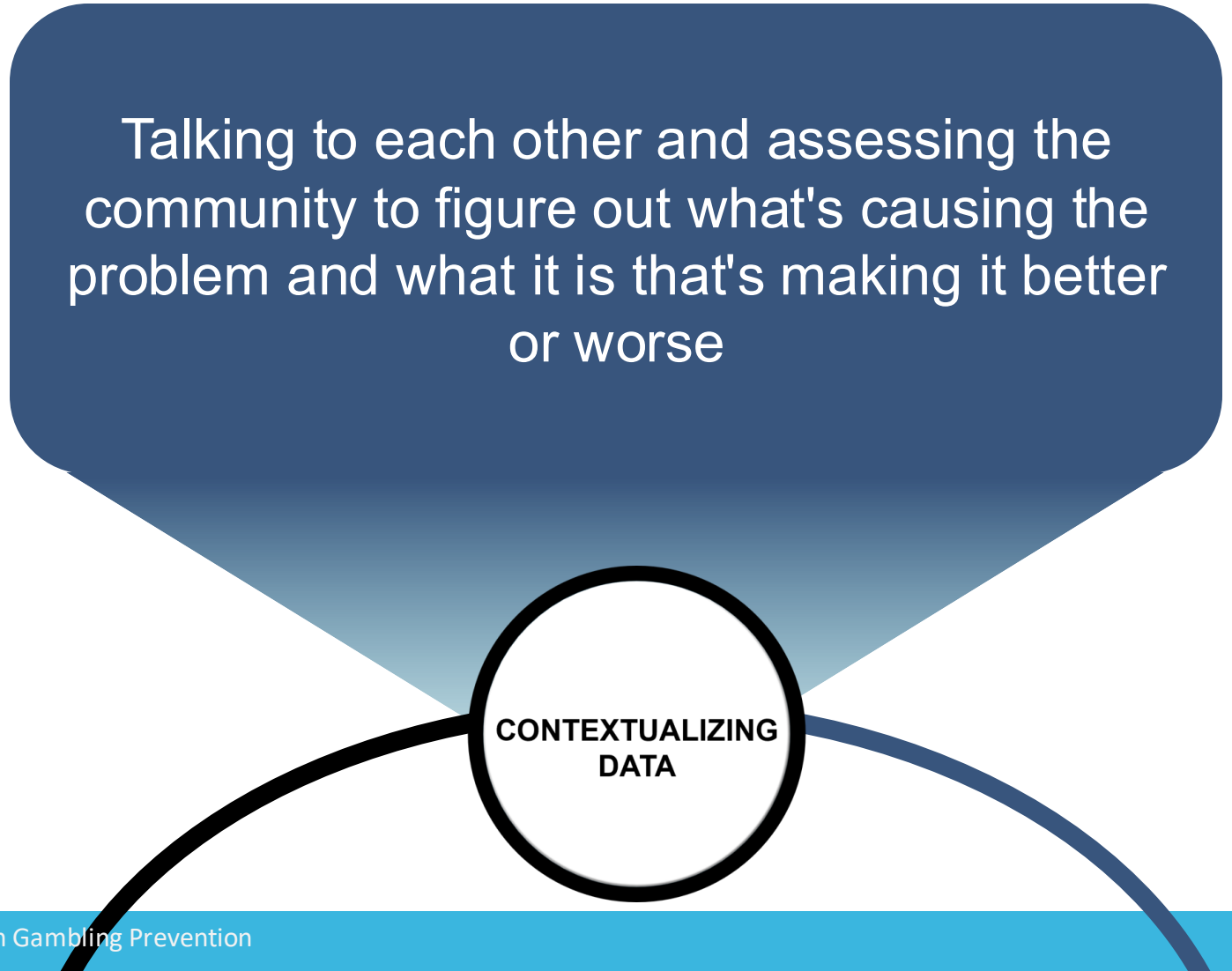
Office of Problem Gambling Services (OPGS)

Data to Action Framework
Office of Problem Gambling Services (OPGS)

looking at data to be able to describe what's happening

Data to Action Framework

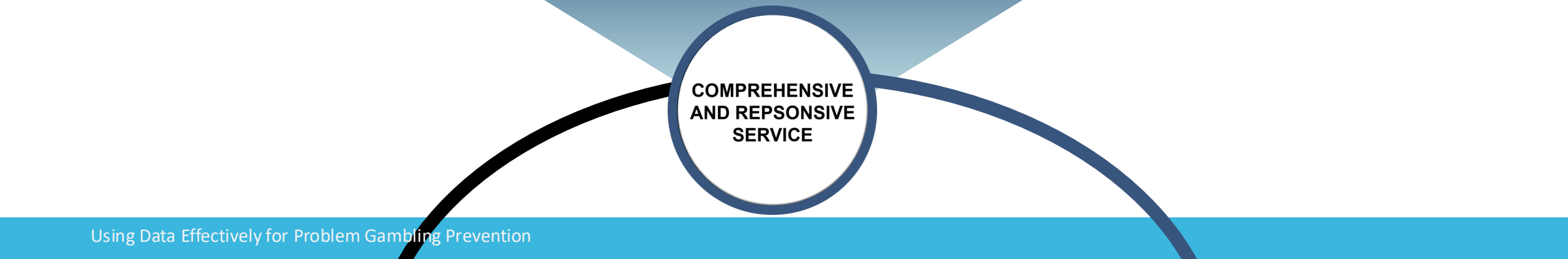
Office of Problem Gambling Services (OPGS)



Data to Action Framework

Office of Problem Gambling Services (OPGS)

Using what the community notices and building on what's worked before to develop and run programs and policies that center root cause, equity, intersectionality, and different levels of risk.

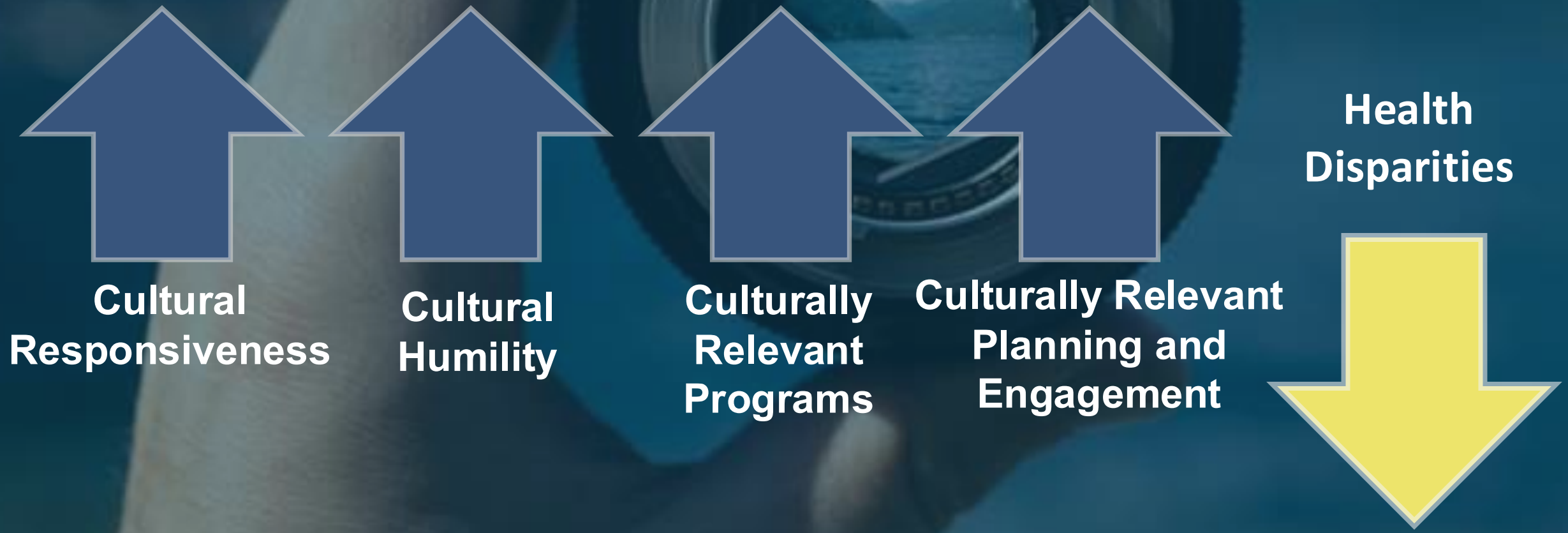


As part of contextualizing and planning

We should ask ourselves these kinds of questions:

- What stories do these data tell?
- “what should we prioritize this year?”
- “why are these patterns happening?”
- “are there groups that are gambling more frequently or more problematically than others? If so, how can we best reach them?"

The Pathways to Address Disparities



The Pathways to Address Disparities

1. **Cultural responsiveness:** ask questions about what people need and want in terms of interactions and services, know what languages people speak in the community
2. **Cultural humility:** LISTEN to people's stories and experiences, document well, and make no assumptions
3. **Culturally-relevant programs:** Listen to what people have said they want, and ask often about the quality and appropriateness of programs
4. **Culturally relevant** planning and engagement: know who makes up your community so you can be sure to have representation in your planning process from many different constituencies

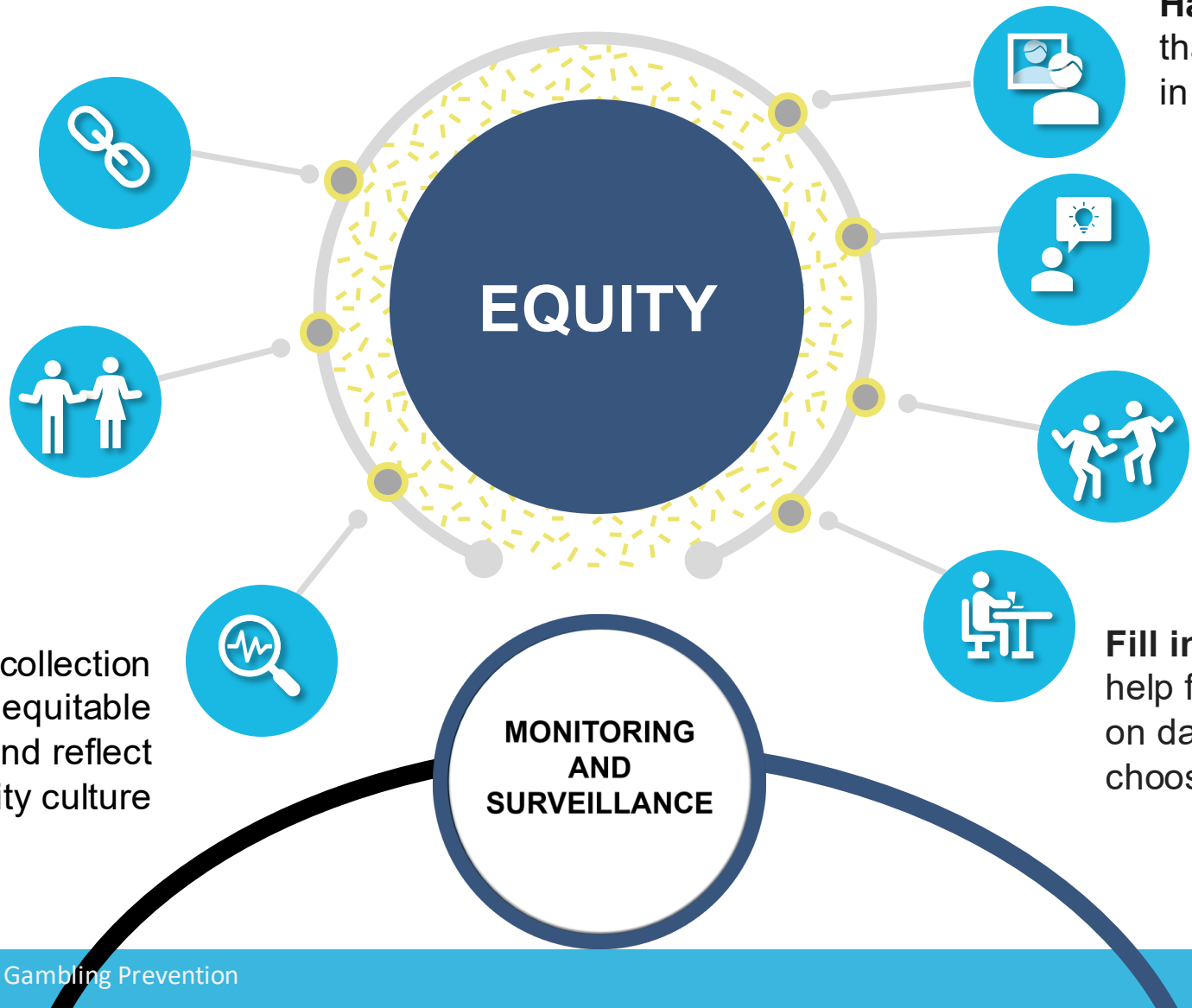
Data to Action Framework

Office of Problem Gambling Services (OPGS)

Ensure the community is represented and involved in all aspects of the process

Gain community approval for and involvement in data collection, analysis, and dissemination "Nothing About Us Without Us!"

Ensure data collection tools use equitable terminology and reflect community culture



Have staff representation that reflects the communities in which you're working

Identify change from the community's perspective

Identify and examine culturally relevant risk and protective factors

Fill in gaps in archival data with help from the community work on data interpretation together, choose focus areas.

Data to Action Framework
Office of Problem Gambling Services (OPGS)

Data For Local Assessment

Understand gambling participation related harm, resources and readiness

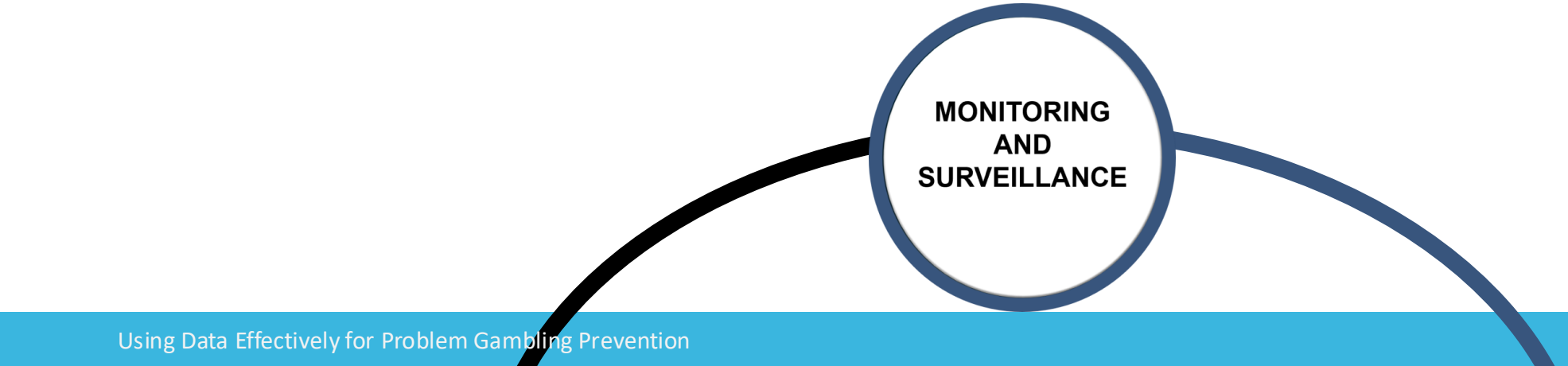
TASKS

Asses gambling participation, the gambling landscape, related harms, and disparities.

Identify variables, risk and protective factors

Describe community capacity by assessing readiness, identifying prevention resources, and gaps in services and capacity

What data do we need for these tasks?
Are you in this phase right now?
What's been easy and what's been hard to find?



Data For Planning

Create a comprehensive plan to address risk and protective factors, build readiness and capacity

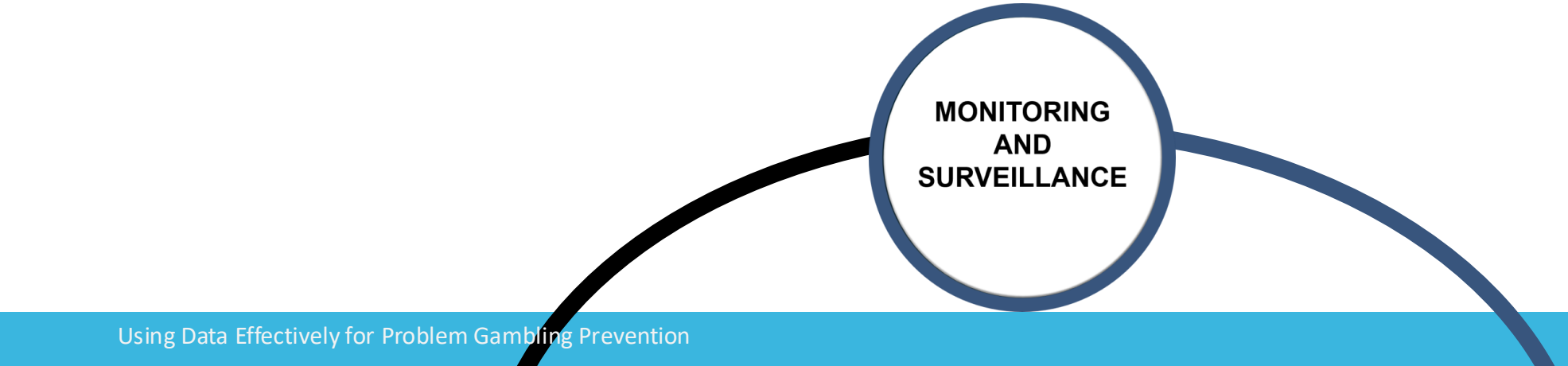
TASKS

Decide what's most important to work on

Select evidence-informed **interventions,** prioritize and select strategies that match local conditions

Develop a **community plan** that includes a logic model, strategies and evaluation activities

What data do we need for these tasks?
Are you in this phase right now?
What's been easy and what's been hard to find?



Building community readiness: context

From NGAGE 3.0 (2024), **Many Americans underestimate the seriousness of a gambling disorder.**

While almost three in four agree that "addiction to gambling is a lot like addiction to drugs or alcohol," only 39% rate its consequences as "very severe" compared with 55% for alcoholism and 62% for drug addiction.

A majority of Americans continue to attribute gambling problems to a lack of willpower or moral weakness.

Data For Implementation

Determine how you will deliver and monitor the plan

TASKS

Mobilize support and build capacity so everyone is ready to work on the problem

Implement evidence-informed programs, policies, and practices

Monitor implementation and make mid-course corrections.

What data do we need for these tasks?
Are you in this phase right now?
What's been easy and what's been hard to find?

Note: Process data focuses on the implementation and delivery of a program, while outcome looks at results and impacts achieved

Using Data For Evaluation

Collect and analyze information about interventions to improve effectiveness and make decisions.

TASKS
Implement the evaluation plan (including process and outcome components)
Connect long and short term outcomes to a logic model and comprehensive plan
Develop a plan for reporting evaluation results to key stakeholders to improve and refine prevention priorities and processes

What data do we need for these tasks?
Are you in this phase right now?
What's been easy and what's been hard to find?

Participation

Community engagement should be prioritized throughout every phase of the project, and exists on a continuum.

Community informed:

Community as advisor
Community involved:

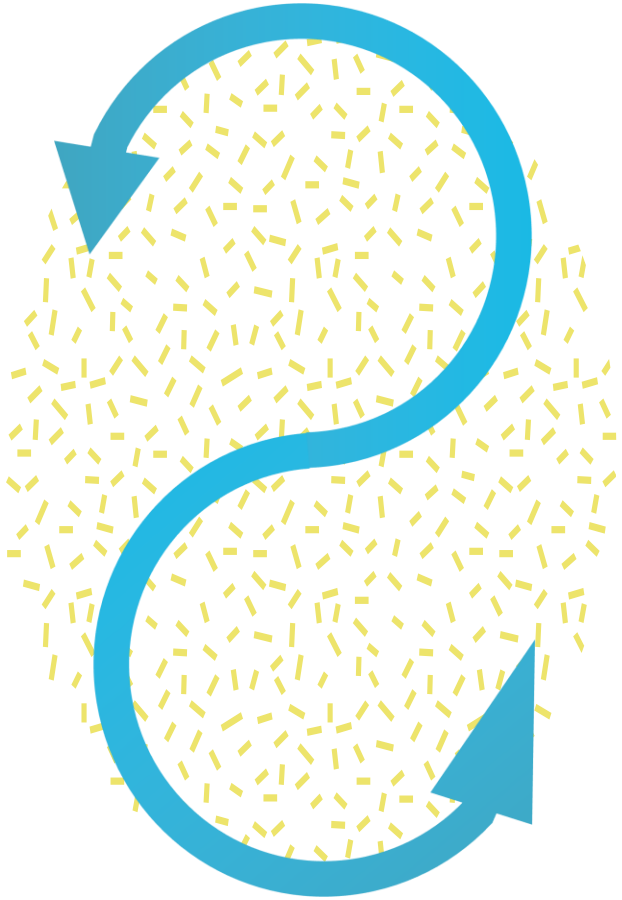
Community directed (CBPR):

Community as advisor

Community as collaborator

Community as leader

Community Engagement and Feedback Loop:



- Collaborate for Data collection
- Partner to analyze qualitative data- ask: what do we know?
- Present the data to the community for confirmation, not as fact
- Ask community partners: what resources are already available?
- Plan for regular communication and transparency

Contextualizing Data

Breakout Activity

What Did We Notice?

- **What story do the data tell now that they have been contextualized?**
- **What additional information do you need?**
- **Who else may need to be engaged in the process?**
- **How might you approach building community readiness to collect data and review data findings?**

Questions to Consider

- What data or stories would be most compelling to demonstrate these problem gambling prevention initiatives are making a meaningful impact at the individual, interpersonal, or community level?
- How can we best show the value of prevention efforts focused on upstream change when long-term outcomes like reduced gambling harm may be hard to measure?
- What cross-cutting outcomes or themes could unify these initiatives and serve as a clear, compelling way to communicate their collective impact? (awareness, community capacity, reduced stigma?)

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Q&A

Resources: Where to Get More Data

National

- National Survey on Gambling Attitudes and Gambling Experiences 2021 (National Council on Problem Gambling https://www.ncpgambling.org/training/ngage-survey/ngage-2/
- 2021 Survey of Publicly Funded Problem Gambling Services in the United States. https://gamblinghelp.org/wp-content/uploads/2024/02/NAADGS_2021_Survey_of_Publicly_Funded_Problem_Gambling_Services_in_the_United_States-FINAL.pdf

State

- Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) , https://www.umass.edu/seigma/documents/gambling-and-problem-gambling-massachusetts-results-three
- Division on Addiction, The Cambridge Health Alliance Tools and resources, https://www.divisiononaddiction.org/outreach-resources/charge/tools-resources/
- Massachusetts Youth Risk Behavior Survey, https://www.doe.mass.edu/sfs/yrbs/
- MA Helpline: https://www.mass.gov/doc/fy23-problem-gambling-data-report-0/download

Local, culture-specific:

- Talking about Casino Gambling: Community Voices from Boston Chinatown, https://scholarworks.umb.edu/iaas_pubs/45/

Evaluation Survey

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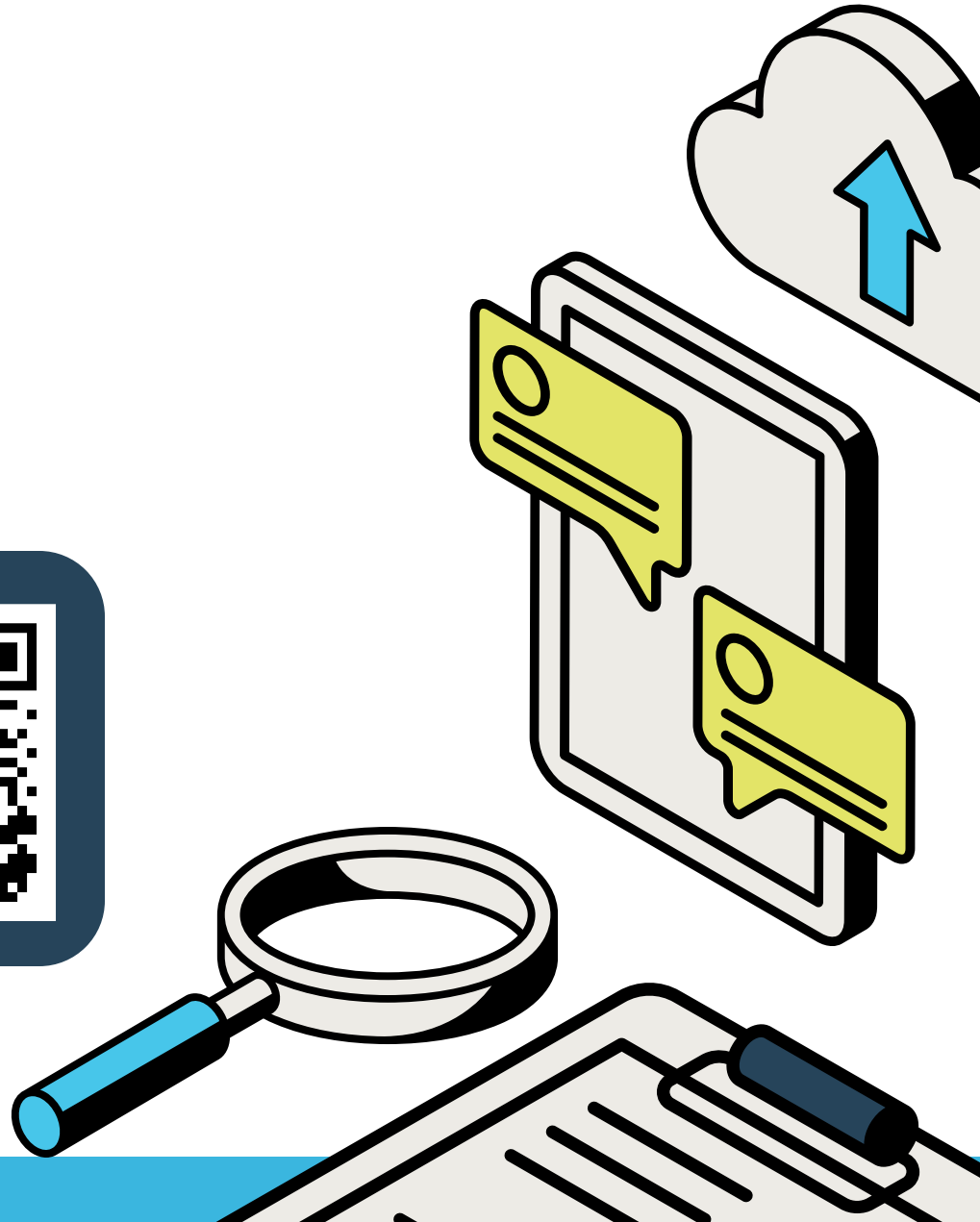

Upcoming MCOE PGP Trainings

- **Stronger Together: Partnering to Prevent Problem Gambling at Its Roots (Virtual) | December 16, 2025, 1-3 pm EST**

- **Applying Evidence-Based Models to Prevent Problem Gambling: Stages of Change, Motivational Interviewing and Diffusion of Innovations (Virtual)| January 8, 2026, 1-3 pm EST**

END