Gambling and Older Adults: Communicating a Sensitive, Timely Topic

Hartford Partnership Program for Aging Education
University of Pittsburgh School of Social Work
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She walks to the entrance and the automatic doors swing open in front of her. A burst of warm, conditioned air greets her as she comes in out of the cold. The bright flashing lights of a hundred machines penetrate her clouded eyes making the rest of the world seem dim by comparison. The jangle of the slots courses through the air in a pleasing melody. This is a place to be alive. She had never even been in a casino before moving to the senior high rise apartments almost a year ago. These days, she visits a couple times a week, and the staff greets her as a regular. In her first trips, she would budget carefully how much she would spend before leaving. When she went back home, she would talk and laugh with her friends about how much she won, or how much, “they took her for.” Lately it has been different. She has lost more than she planned, but tonight she is confident she will win it back; after all, she’s due. That night when she sees her friends, they ask her how she did. She gives a meek, “alright.” She walks away quickly to hide the tears in her eyes, hoping they still believe she is fine. She is going to have to think of a story to tell her daughter this weekend about where her money went. This isn’t the first time.

With the recent addition of the Rivers Casino in Pittsburgh, many Allegheny County residents will be visiting the casino expecting a fun and rewarding trip. As seen in the above story, gambling will be an entertaining and social activity for many individuals, including older adults. Yet without knowledge about the warning signs and consequences of problem gambling, an activity that is meant to be leisurely can lead to devastating consequences.

The state of Pennsylvania needs to be prepared to handle the problems that gambling can bring. Research shows that older adults are particularly at risk. The question of how to effectively educate this population about gambling is one that has only begun to be examined. Therefore, it became the subject of the project developed by the Master’s HPPAE Fellows.

Two individuals conducting research in this subject area are Jody Bechtold and Elizabeth Mulvaney, both of whom are instructors at the University of Pittsburgh School of Social Work. Their exploration began about eighteen months before the Fellows were choosing a topic and developing their project. The Fellows attended a “Gambling and Older Adults” conference in October of 2010 that was sponsored by the University of Pittsburgh School of Social Work Continuing Education Program and led by Ms. Bechtold and Ms. Mulvaney. The conference reviewed the benefits and consequences of gambling, including the specific issues that older adults face if they become addicted.

Bechtold and Mulvaney (2009; 2010) have reported about several prevention programs that they created and delivered; the intents of these programs was to inform older adults about how to gamble safely and recognize when others might have a problem. Unfortunately, these programs were not well attended. Those who
participated either believed that they would learn how to gamble more efficiently or thought that the program was about the evils of gambling. Upon review, the students discovered that there was a lack of knowledge about how to disperse information about gambling to older adults in a manner that would not only reach individuals, but also generate interest in the topic.

As a result, the Fellows decided that the aim of their project would be to research the types of materials that would be most effective in communicating issues regarding gambling to older adults. The emphasis was not to deter the population from visiting the casino, but rather to educate them so that they would be able to gamble safely.

The group was also interested in examining how this population would seek help for themselves or for a friend, should they suspect a gambling-related problem. The group concluded that the most effective way to obtain this information would be to conduct a series of focus groups which would allow for a better understanding of the attitudes of the older adult population toward gambling. Additionally, the focus groups would help in developing communication resources that would promote prevention and outreach efforts for future practitioners who will be continuing research on this sensitive and timely issue.

Introduction

The aging of the Baby Boom generation is at the forefront of discussion for many professions in today’s society. Yet, whereas much attention has been paid to Social Security, Medicare, and the infrastructure of the health care industry, very little has been focused on the issue of gambling in older adults. The first casino in Allegheny County opened in the summer of 2009, and its impact has yet to be studied. However, studies conducted in other areas of the country have yielded results that show an increase in problem gambling among seniors when local venues become available (Schiemann, 2006). One study found that, “Seniors were the fastest growing group of gamblers between 1974 and 1998” (Schiemann, 2006, p. 4).

According to the 2009 U.S. Census Bureau, 12.9% of the nation’s population was 65 and older (U.S. Census Bureau, 2009). In the same year, 16.8% of

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*Studies show that devastating consequences of gambling on older adults include increased stress, alcohol abuse, loss of assets, treatment non-adherence, and increased psychiatric problems such as depression.*

Lucke & Wallace, 2006

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Allegheny County’s population was age 65 or older (U.S. Census Bureau, 2009). Extrapolating from a 2006 study of older adult gambling patterns in New Jersey, Allegheny County may experience 75% (or 154,500 individuals) will engage in gambling; 67% (103,515 individuals) who
will gamble at a casino; 23% (35,535 individuals) will exhibit unsafe problem gambling behavior; and 2% (3,090 individuals) will exhibit pathological gambling behavior (Schiemann, 2006). For those reasons, gambling in older adults may be of particular concern in Allegheny County and the rest of the region.

According to a study done by the University of Buffalo’s Research Institute on Addictions, “A casino within 10 miles of home has a significant effect on problem gambling and is associated with a 90 percent increase in the odds of being a pathological or problem gambler” (Welte, 2005, p. 3). Studies particular to the aging population show that the consequences of gambling for older adults include increased stress, alcohol abuse, loss of assets, treatment non-adherence, and increased psychiatric problems such as depression (Lucke & Wallace, 2006).

**Literature Review**

There have been many studies conducted about problem gambling and older adults. In this literature, the terms problem gambling and pathological gambling appear often. Pathological gambling, as defined in the DSM-IV-TR, is, “Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following: is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble); needs to gamble with increasing amounts of money in order to achieve the desired excitement; has repeated unsuccessful efforts to control, cut back, or stop gambling; is restless or irritable when attempting to cut down or stop gambling; gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression); after losing money gambling, often returns another day to get even (“chasing” one's losses); lies to family members, therapist, or others to conceal the extent of involvement with gambling; has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling; has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling; relies on others to provide money to relieve a desperate financial situation caused by gambling (American Psychiatric Association, 2000, p. 674).” Problem gambling refers to gambling which has begun to cause problems but has not reached a point to meet the diagnostic criteria for pathological gambling (Sumitra & Miller, 2005; Gerstein et al., 1999).

There are both negative and positive aspects of gambling for the older adult population. According to a 2008 study
conducted at Wayne State University, beneficial reasons for gambling include winning money, supplementing income, entertainment, being around other people, and acting as an escape from feelings of grief and loss that may be associated with aging (Zaranek & Lichtenberg, 2008).

While there are many potential benefits associated with gambling, the older adult population also has specific risk factors that may lead to negative outcomes. These can include sudden social isolation as a result of retirement, the increased awareness of physical limitations that accompany aging, and grief after the death of loved ones (Zaranek & Lichtenberg, 2008).

Now that Pennsylvania has allowed casino gambling, there is an increase in marketing campaigns that attempt to draw older adults to its games by offering attractive incentives. “Since the Nov. 14 opening of the Mohegan Sun at Pocono Downs near Wilkes-Barre, the state's casinos have become magnets for senior citizens drawn by offers of bus transportation, lunch coupons, cash for play and giveaways ranging from DVD players to toaster ovens (Acton, 2007, p. 1).” Tempting marketing, as well as risk factors specific to their age group, make older adults a particularly vulnerable population for problem gambling. Because of the shame and social stigma associated with problem gambling, they may be unlikely to reach out for help. The reduction in one’s social network that often accompanies aging may decrease the likelihood that a gambling problem will be detected. It is for this reason that it is important that information about problem gambling be effectively communicated to this population. The HPPAE project therefore attempts to examine what methods of transmitting this information to older adults will be most effective.

**Project Design**

Focus groups are used to gather qualitative information, and are particularly suited for investigating participants’ perceptions, opinions, beliefs, and attitudes. This method brings together groups of people to respond to the questions of a moderator in an interactive manner. The purpose of the focus group is to go beyond the initial reactions of the participants and encourage deeper discussion and reflection of the issue. The interaction between the participants and the moderator is designed
to explore the deeper outlook of the respondents and elicit critical response and original suggestions or recommendations regarding the subject. For this reason, focus groups are often used in the initial stages of gathering information as an exploratory method to establish the basis for further investigation.

This project’s design was to hold multiple focus groups to review and remark upon materials currently published by states on problem gambling, to explore what media is currently being consumed by older adults, and to learn which methods would be most appropriate in communicating problem gambling awareness information. Four published pamphlets—from Pennsylvania, Ontario, Florida, and California—which are currently in use were chosen for review. These publications were readily accessible when searching for gambling resources online, and their appearances were distinct in character (See Appendix A). Three focus groups were held in total; two were in senior high rises, and one was in a skilled nursing facility. A fourth group had been planned with a group of older women who met regularly to play Mahjongg, but this group canceled successive times due to bad weather and was unavailable within the time constraints of the study. The chosen sites had prior connections to two of the HPPAE fellows which helped to facilitate cooperation and participation. The focus group participants were older adults residing at these locales. There were 36 participants, 2 males and 34 females. Focus group facilitators worked in pairs. Moderators worked from a written questionnaire facilitating conversation from the participants and a recorder documented participant reactions and comments. The facilitators introduced themselves and the project as taking a neutral stance on gambling—neither promoting nor condemning the activity.

Each participant was given the Pennsylvania and Ontario publications and asked to silently examine them for approximately one minute. They were then given the Florida and California materials and asked to do the same. Feedback was then solicited from each individual. After the initial examination and response to the published materials, general responses about the content, subject matter, and presentation of the publications was given.

After commenting on the publications, the moderator asked participants about media concerning problem gambling that they had previously seen or of which they were already aware. Participants were also asked where they would look for such information or what resources they would seek if someone they knew had a problem with gambling.

Following the focus group, a written questionnaire (Appendix B) was given to the participants about media they had previously seen in reference to problem gambling or which they would use in the future. It was also used to collect demographic information including gender and age range. After the focus groups were completed, the recorded responses and questionnaires were combined and analyzed.
Results

The focus groups were developed as a way to investigate how to communicate to older adults about gambling-related issues. The results are based on the information collected from the participants’ answers to the questionnaire as well as from the commentary that the participants provided during the literature comparison.

Demographic Analysis

Thirty-six individuals participated in the three “Older Adults and Gambling” focus groups. Two participants were male and the remaining participants were female. The age range in Figure 1 shows that a majority of participants were 81+ years old.

Descriptive Analysis: Frequency Graphs

The respondents utilized a variety of sources to garner information about the world around them. The most commonly used source of media was the television, with the “News” being cited most often. Other sources of information cited included local newspapers, magazines, and the radio.

Information Regarding Problem Gambling Found At...

![Image of a pie chart showing information regarding problem gambling found at various sources.]

- Residence: 59 & Under
- Church: 60-64
- Senior Center: 65-70
- Radio: 67-70
- Casino: 71-75
- Television: 76-80
- Other: 81+

- Information Regarding Problem Gambling Found At...
  - Residence: 11, 16%
  - Church: 4, 6%
  - Senior Center: 8, 12%
  - Radio: 3, 5%
  - Casino: 2, 3%
  - Television: 5, 8%
  - Other: 7, 10%
  - Newspaper: 27, 40%
The participants encountered information about problem gambling from a variety of sources (Figure 2). The most common source was television (40%) followed by senior centers (16%), then their place of residence (12%), radio (10%), a casino (8%), their church (6%) and a newspaper (5%). Other sources included workshops, neighborhood programs & the computer/internet (4%).

All participants had seen or heard a message about gambling-related problems from at least one information venue. Television programming provided a majority of the respondents with a message regarding gambling-related problems.

Of our participants who openly discussed patronizing a casino, none verbally discussed seeing problem-gambling literature available within the casino’s environment. It should be noted that one of the focus group participants remarked, “If I walked into a casino, brochures wouldn’t pop out at me because when I go in, I’m focused on playing.”
When the participants were asked where they would go for help if they knew someone with a gambling problem, the results appeared to be split between formal and informal resources. Informal resources include the family (25%) or the church (10%), and more formal resources include social workers (17%), senior centers (16%), or the yellow pages (12%) (Figure 4).

In contrast, when participants were asked where they would expect to find help, they were more likely to choose formal resources including a hotline (27%) or a professional (27%). The most frequently chosen informal resources were family members (11%) and Gambler’s Anonymous (11%).

A final pattern identified in a small number of the participants was that, when those individuals either read the bulletin board at their church, received information about gambling problems through the church, or stated that they would go to their church for help with a gambling problem, they were also more likely to seek additional help for a gambling problem from other sources (their doctor, social worker, family, senior center, or legislator). This is interesting in that it makes one question whether or not those who learn about problem gambling through their church truly believe that it is a problem, in comparison to those who learn about it through a different source. Again, this pattern was only found in 3-4 participants and at this time can only be noted.

Focus Group Commentary
The focus groups compared four selected materials (Appendix A) that advertised gambling help in an attempt to identify what the participants preferred. The following comments are an aggregate of the three groups (Table 1).

<table>
<thead>
<tr>
<th>Topic / Theme</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Compelling Title</td>
<td>“It’s not just a game” &amp; “Are you gambling away your retirement?” were popular</td>
</tr>
<tr>
<td>Color</td>
<td>Participants were more likely to pick up colorful brochures</td>
</tr>
<tr>
<td>Readable</td>
<td>Clear print with age appropriate sizes and fonts</td>
</tr>
<tr>
<td>Concise/Organized</td>
<td>Participants preferred less to read than more; preferred bulleted lists to paragraphs</td>
</tr>
<tr>
<td>Lists</td>
<td>Clear lists of “Signs/symptoms of problems” &amp; “Tips for safe gambling”</td>
</tr>
<tr>
<td>Phone number</td>
<td>A large, visible, free hotline number</td>
</tr>
<tr>
<td>Age group</td>
<td>An emphasis on their age group: “Risks for Older Adults”</td>
</tr>
<tr>
<td>Pictures</td>
<td>Helpful, but not remarked upon as much as the above seven items. An image of an older man with a “worried” expression on his face received some attention.</td>
</tr>
</tbody>
</table>
Implications

Media campaigns may be most effective if they focus on newspapers and television sources. “News” was the most popular television program that our participants watched. This could be useful in planning when and where to broadcast a televised problem-gambling message for older adults. Also, more than 25% of our participants read the newspaper, yet only 4% cited seeing information on problem gambling in this format. Since previous attempts locally at dispersing information to older adults on problem gambling through group programs have been unsuccessful, new approaches should be taken to ensure that information is distributed in a way that is congruent with older adults’ preferences.

Taking advantage of National Gambling Awareness Week (usually in March), interested groups could run informational pieces in the local newspaper. According to the 2010 Hartford MSW Research project, it is beneficial to develop a media kit that includes a fact-based pitch and op-ed piece containing personal stories when attempting to get information published in a newspaper (Krotec, Krzeszewsk, Marasco, Messersmith, Osiecki, & Stern, 2010). They also found that repeated contact with the same individual within a media organization was vital for getting sensitive information published (Krotec et al., 2010), so finding an interested party at media outlets is helpful.

National Gambling Awareness Week could be utilized to run a weeklong series on gambling; this format is currently utilized by a local Pittsburgh television station to highlight other important topics such as driving under the influence of alcohol and bipolar disorder.

It was also discovered that senior hi-rises, doctor offices, and churches might be the best locations for posting written material and hotline numbers pertaining to problem gambling. According to these findings, many older adults take notice of information if it is posted within their living facilities. In Allegheny County, there are 160 Personal Care Homes and 166 affordable housing options for older adults (Allegheny County Department of Human Services, n.d.). While our findings were specific to senior hi-rises, it could be broadened to incorporate any location in which older adults live collectively as a good resource for distributing information. Putting flyers near elevators, distributing information to each room/apartment, or hosting routine neighborhood association meetings could be viable avenues for dispersing information on problem gambling.

There is additional potential for assertive outreach by posting gambling information in doctors’ offices. This may have an impact as many older adults rely on doctors for guidance and may divulge information about a gambling problem to them. Additionally, the long waiting times in some doctor’s offices give the patients sufficient time to read the bulletin board.

It is noteworthy that senior centers, which are meant to be a resource to the older adult population, were minimally cited
by our participants as locations were they read bulletin boards. This may be due to our participants’ living in communal residential settings; some of the functions that senior centers serve may be provided for our participants through residential resource coordinators. Perhaps in senior centers, other avenues besides bulletin boards should be utilized such as table tents in dining areas, informational sessions incorporated into regularly scheduled gatherings, mailing information to residences, or inclusion of information in monthly newsletters.

Based on an inconclusive pattern that we identified with a small number of our participants, we also want to acknowledge that older adults may legitimize the issue of problem gambling when they learn about it or seek help for it from their churches or places of worship. Older adults may feel more comfortable seeking help and support from their source of faith than from other formal sources or community organizations. It is important to recognize that future outreach programs may increase effectiveness if they elicit support from churches. Since Pittsburgh has a vast array of places of worship, outreach through the could have the potential to reach many older adults. For example, the Pittsburgh Interfaith Impact Network could be utilized since it connects to several faith communities. Asking local ministers and/or activity coordinators of the churches to hold informational sessions or offer resources on gambling awareness could be beneficial as well. In this outreach, it is important to be aware that there may be a variety of cultural and moral viewpoints regarding the issue of gambling. Some faith traditions may be reluctant to use materials that take a neutral stance. Another strategy in this outreach could involve distributing information in bulletins.

Dissonance in findings that older adults choose (1) informal support for themselves and friends but (2) want more formal supports of help to exist for the general public creates a significant question. If these resources are important enough that participants want them to exist, why wouldn’t they use them themselves? One possibility is that there are misperceptions about costs. Since many older adults are on a fixed income, the thought of paying for professional help services may be more intimidating than informal help. The reality in Pennsylvania is that public funding is available to cover treatment costs (Pennsylvania Department of Health, 2011). This finding suggests that there is a need for more research into older adults and gambling perceptions/attitudes. How can the message of gambling-related outreach be structured to help older adults choose to use formal resources?

In the meantime, outreach to the informal supports, such as family members and neighbors may be beneficial since older adults are more likely to reach out to these individuals for help. Bulletins from places of worship are a good way to reach this group as well as through neighborhood association newsletters and websites. Greater use of email and web-based forums may be a simple and cost-effective way for reaching family members.

The study questionnaire specifically mentioned social workers, but it could be suggested that training for social service and health professionals would be beneficial. Based on the results indicating that participants would reach out to social workers, agencies may benefit from training.
their social workers and/or other social service providers to (1) recognize the signs of problem and pathological gambling and (2) to connect older adults to sources of help. By training the professionals who interact regularly with older adults, there is a possibility that problems may be caught at an earlier point in time. This could aid in improving the quality of care that older adults receive and ensure that organizations meet their goal of dispersing pertinent information to this population.

It should be noted that the sample size was limited for the focus groups and that a majority of participants were female, aged 81 or older, and living in a senior high-rise. Therefore, future efforts at determining how best to outreach to older adults should attempt to incorporate a more diverse population with greater range in age, more people living in single-family homes, and racial and ethnic diversity.

**Dissemination and Poster Presentation**

After completing the focus groups, the Fellows received an offer to share the information they had gathered in a poster presentation on March 8, 2011. The conference, which was entitled “The Impact of Gambling on Youth and Older Adults in PA,” took place during National Gambling Awareness Week and was sponsored by the Council on Compulsive Gambling in PA. The feedback was positive. Many attendees asked questions and started conversations about the findings. The presenters referred to this poster and another during their presentations. In addition, the students learned that the Council was not aware of any other recent research pertaining to older adults and gambling in Pennsylvania.

One presenter mentioned that the findings could be used in writing the Single County Authority (SCA) Needs Assessments due in March to the Bureau of Drug and Alcohol Treatment because the data was collected locally. Each assessment outlines a county’s needs for gambling prevention and treatment. A representative of the Allegheny County SCA requested and received a version of the poster for consideration in writing the assessment. It was also distributed to the Council on Compulsive Gambling in PA. This paper will be posted on the School of Social Work Website in May 2011. This work can serve as a foundation for future efforts to reach older adults, and the Fellows hope the finding will continue to spread.
Appendix A: Brochures

Ontario
http://www.responsiblegambling.org/articles/olderAdults.pdf

California

Florida
http://gamblinghelp.org/pages/resources/print-materials/brochures.php

Pennsylvania
http://www.pgcb.state.pa.us/files/compulsive/compulsive_gaming_week/Senior_Gambling.pdf
### Appendix B: Questionnaire

#### What media sources do you frequently use for information?

1. Television  □ Yes  □ No
   Which programs? ____________________________________________

2. Radio  □ Yes  □ No
   Which programs? ____________________________________________

3. Newspaper  □ Yes  □ No
   Which newspapers? _________________________________________

4. Magazines  □ Yes  □ No
   Which magazines? __________________________________________

5. Other media sources? _____________________________________

#### Where do you read bulletin boards or brochures?

1. Doctor’s Office  □ Yes  □ No
2. Apartment building  □ Yes  □ No
3. House of Worship  □ Yes  □ No
4. Other, ________________________________________________
References


