

"Living here, feeling so  
isolated and far from home"

Unpacking the Root Causes of  
Problem Gambling in the  
Asian Community

Asian CARES Research Report  
September 2021

---

**A REPORT PREPARED FOR:**

The Massachusetts Gaming Commission



# CONTRIBUTORS

## Authors

- Heang Leung Rubin EdD, MA (co-principle investigator)
- Mia Colby, MPH

## Community Advisory Board

- Ben Hires, Chief Executive Officer of Boston Chinatown Neighborhood Center (BCNC) (co-principle investigator)
- Yoyo Yau, Chief Program Officer of BCNC (co-principle investigator)
- Dawn Sauma, Co-Executive Director of Asian Task Force Against Domestic Violence (ATASK)
- Lisette Le, Executive Director of The Vietnamese American Initiative for Development (VietAID)
- Sovanna Pouv, Former Executive Director of Cambodian Mutual Assistance Association (CMAA)
- Susan Koch-Weser, ScM, ScD, Associate Professor of Public Health and Community Medicine at Tufts University School of Medicine

## Community Fieldworkers

- Joyce Kao, ATASK
- Geumhee Cho, ATASK
- Claudia Vierra, ATASK
- Jina Kim, ATASK
- Lei Zhang, ATASK
- Shruti Sinha Rauniya, ATASK
- Rukmini Karki, ATASK
- Kim Theresa Nguyen, ATASK
- Sharmi Ahmad, ATASK
- Savda Keo, ATASK
- Mandy Situ, BCNC
- Katie Lee, BCNC
- Yun Hong, BCNC
- Hannah Phan, CMAA
- Nich Chea, CMAA
- Sreynuon Neang, CMAA
- Leakhena Vong, CMAA
- Christine Nguyen, VietAID

# TABLE OF CONTENTS



Key Takeaways .....	2
Executive Summary .....	3
<i>Key Recommendations</i> .....	4
Introduction .....	5
<i>Existing Research</i> .....	6
<i>Asian CARES</i> .....	7
<i>Research Aims</i> .....	10
Who participated in the study .....	11
Unpacking the root causes of problem gambling .....	12
Community-level impacts of problem gambling .....	15
The casino's role in exacerbating the problem .....	19
Current infrastructure to help those struggling with gambling .....	23
<i>Current Evidence-Based Treatment Options in the Asian Community</i> .....	23
<i>Existing Resources, Services, and Programs in Massachusetts</i> .....	23
<i>Community Ambivalence About Existing Resources</i> .....	25
<i>Existing Asian Problem Gambling Projects</i> .....	27
NICOS (San Fransisco, CA) .....	27
Asian Gambling Prevention Project (Central Ohio) .....	28
Community-based organizations as "cultural brokers" .....	30
Recommendations .....	33
Conclusion .....	36
Acknowledgements .....	40
Appendices .....	41
<i>Appendix 1: Methods</i> .....	41
<i>Appendix 2: Demographic Tables</i> .....	45
<i>Appendix 3: Interview Themes</i> .....	46
<i>Appendix 4: Interview Guide</i> .....	48
References .....	54

# KEY TAKEAWAYS



## **No. 01 – Focus on root causes**

Take a public health approach to addressing problem gambling



## **No. 02 – Supplemental income**

Lack of economic opportunity propels many to turn to gambling as an alternative source or supplement to income



## **No. 03 – Cultural isolation**

Social and cultural isolation due to immigration results in a lack of social and recreational opportunities, often expressed as boredom



## **No. 04 – Casino environment**

Casinos exacerbate this problem by capitalizing on this void, providing an environment in which the Asian community feels welcome and accepted. Marketing and buses aid in targeting the community



## **No. 05 – Lack of linguistically and culturally appropriate treatment**

There is a lack of culturally appropriate treatment options available to the community and a lack of knowledge and trust in what is available



## **No. 06 – Cultural Brokers**

Ethnic specific and community led organizations are best suited to provide programs, services, and interventions for problem gambling in the Asian community

# EXECUTIVE SUMMARY




This report illuminates how problem gambling is the “canary in the coal mine” for the Asian community. Our deep investigation into problem gambling in the Asian community highlights the root causes and many unhealthy, pre-existing systemic conditions that lead to this espoused form of entertainment turning into an addiction that hurts families, children, elders, and the broader community. This report provides an in-depth look into the root causes of problem gambling in the Asian community: poverty, social and cultural loss due to immigration, and unhealthy stress relief. We paint a fuller, albeit painful and sometimes devastating, picture of gambling’s harmful impacts on family and community life as it pertains specifically to the Asian community. Short and long-term impacts on children and families have led to neglect, financial stress and ruin, domestic violence, and in some cases, death. This report also looks at the role of the casinos in exacerbating gambling in the Asian community. We also examine whether the Asian community is being adequately served currently and call for linguistically and culturally appropriate services that are rooted in and guided by the community.

Asian CARES (Center for Addressing Research, Education and Services) project is a coalition of ethnic-based community-based organizations in the Greater Boston region providing linguistically and culturally appropriate services. We are committed to addressing problem gambling among Asian ethnic communities through research, community education, and culturally relevant service provision. We conducted in-depth qualitative research in partnership with Tufts Clinical and Translational Science Institute (CTSI) to expand our understanding of how problem gambling manifests in Asian families in order to inform the development of culturally and linguistically appropriate tools and community-based resources for prevention and early intervention efforts.

This research was motivated by the desire to fill in the gap of understanding how problem gambling manifests in the Asian community specifically, and to understand whether existing programs, services, and interventions are adequately serving this immigrant community. In-depth qualitative interviews were conducted by bilingual/bicultural community fieldworkers who conducted forty in-depth interviews during the COVID-19 pandemic. Community members across the Cambodian, Chinese, Korean, and Vietnamese communities were eager to tell their stories in hopes that something more can be done about this painful community problem. The research took the following steps:

- Reviewed the state of the science relevant to gambling problems in Asian communities and looked nationally at a few existing programs
- Conducted a community-level assessment in each ethnic community using in-depth interviews to better understand the nature and impact of problem gambling
- Identified existing resources within a coalition of human services organizations that assist Asian immigrants/refugees and Asian American families in Boston’s Chinatown and surrounding communities that can be leveraged to engage hard-to-reach and at-risk populations.

Given the urgency of the findings of this report, it is incumbent upon elected officials, government agencies, and funders to invest more deeply into existing ethnic-specific community-based organizations who can partner to address this problem in a linguistically and culturally appropriate way. We call upon decision-makers to take immediate action on the findings and recommendations of this report to bring relief, healing, and hope to our communities.



# KEY RECOMMENDATIONS

1

Fund and invest in ethnic-based CBOs to develop and deliver culturally and linguistically appropriate services and programs for prevention and intervention for problem gambling

2

Partner with insurance companies and MassHealth to develop innovative reimbursement models for CBOs doing gambling treatment and intervention work beyond the traditional clinical model. The innovative prevention and intervention services can take place in community settings such as churches, recreation centers, and schools with services delivered by trained cultural brokers

3

Invest in the neighborhoods where immigrants work, live, and play by creating spaces of belonging for immigrant communities where they can go for recreational and social opportunities that are safe

4

Develop a creative workforce development program geared towards helping working-class immigrants gain the English and occupational skills to acquire gainful, meaningful employment with benefits and wages that enable them to live well and feel pride over their work.

5

Fund an equity audit about responsible gambling and responsible advertising in the Asian community that includes assessing whether they are engaged in any predatory practices

6

Develop a Steering Committee of key community leaders to guide the development of policy, practice, and services around addressing the root causes of problem gambling



# INTRODUCTION

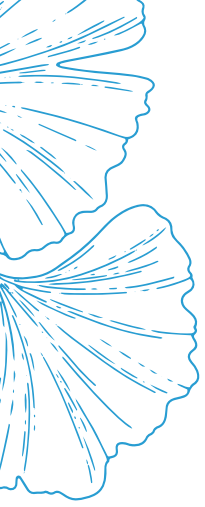
Community-based organizations (CBOs) that provide linguistically and culturally appropriate services are fundamental to sustaining, maintaining, and building a thriving community life for working-class immigrant communities. As demonstrated by the COVID-19 pandemic and the aftermath of the shootings of six women of Asian descent in Atlanta, CBOs that are led and run by the community have been at the forefront of responding to crises, providing creative and adaptive responses. The strength of CBOs lies in their ability to be nimble, flexible, and responsive during times of need due to their close connections to the community.

In the Boston region, ethnic-specific and ethnic-led CBOs demonstrated their courage, care, and commitment to the community by quickly developing a series of responses to the COVID-19 pandemic and subsequent racial trauma. These responses included the We Love Boston Chinatown campaign to support the restaurant industry which was hard-hit after the onset of the pandemic; the creation of the Asian Emergency Relief Fund for Asians in the state of Massachusetts to provide for the basic needs of primarily undocumented immigrants such as rental and fuel assistance; and the development of city-wide digital campaign of Asian faces, images and messages about Asian American strength and resilience that adorned the billboards in the public transit system. CBOs often fill important gaps in government services, programs, and support

Because of their unique linguistic and cultural capacity, these ethnic-specific CBOs often serve as the first point of contact for working-class immigrants facing urgent and dire community needs. It is within these CBOs that the issue of problem gambling first bubbled up to the surface several years ago. Case workers at the Boston Chinatown Neighborhood Center (BCNC) started noticing a trend among some families who were coming in at the brink of financial disaster. Upon further probing, amid stories of impending financial ruin or fears of working with “loan sharks,” case workers discovered that uncontrolled gambling, often at a local casino, was at the root of the families’ financial problems. Advocates at the Asian Task Force Against Domestic Violence (ATASK) were hearing story after story of women who were in painful situations of physical and emotional abuse with the root cause also being uncontrolled gambling by a spouse. Unfortunately, when these two CBOs tried to find services to support their immigrant clients, they found a lack of linguistically and culturally appropriate services.







While many acknowledge the systemic issues that create problem gambling, it is often treated at the individual level with counseling by clinical addiction specialists or individual help-lines. Systemic issues such as poverty or stress that can lead to problem gambling can play differently among diverse racial groups, calling for specialized and targeted services, programs, and interventions. The Asian CARES coalition, a group of four ethnic-specific community-based organizations serving the broader Asian community in the Greater Boston region, in collaboration with university researchers, tackled the issue of problem gambling to excavate this problem and deepen the conversation as it relates to the Asian community, in particular. This report relies on interviews gathered from community members using trained community fieldworkers who spoke Chinese (Cantonese and Mandarin), Korean, Khmer, and Vietnamese. These community member's stories revealed that in the Asian community, problem gambling is the "canary in the coal mine" pointing to larger, systemic problems with its root causes in poverty, social and cultural isolation due to immigration, stress, and language barriers.

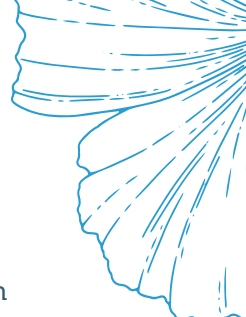
The purpose of this report is to shed light on the systemic issues that contribute to and exacerbate problem gambling as an important and urgent issue in the Asian community in the Greater Boston region. Gambling is not just a recreational activity. It can lead to addiction that affects not just the problem gambler, but the whole family and even the larger community. The impact on families, children, and the elderly can be devastating. Problem gambling can create incredible stress on families leading to financial ruin/debt, domestic violence, child neglect, and even suicide. Elders in particular can be hard hit by gambling addiction because of their linguistic and social isolation. Additionally, many in the community feel as though the casino uses purposeful strategies in their advertising, buses, and environment that leads some down the road of addiction.

While the factors leading to problem gambling may cut across many different racial and ethnic communities, our report does reveal some textured, nuanced findings specific to the Asian community, particularly around immigration. Addressing problem gambling in the Asian community, therefore, calls for linguistically and culturally tailored interventions, programs, and services. Based on these findings, this report makes key recommendations for how to address this intractable problem for Asian communities, particularly, by calling for linguistically and culturally appropriate services to be created and sustained in local community-based organizations which are trusted cultural brokers for vulnerable Asian communities, particularly the working-class and those with limited English skills.

## Existing Research

Problem gambling is a prevalent but under-recognized problem in Asian immigrant communities such as Boston's Chinatown. Large, epidemiological studies often do not adequately account for the unique needs of special populations like the Chinese and Asian American community. A growing body of literature indicates that the Asian community is at greater risk for problem gambling than the general public.<sup>1-3</sup> Data from national survey in 2001-2002 showed that while only 4.4% of the sample population were Asian, 7.2% of the total pathological gamblers in the survey were Asian.<sup>4</sup> Current research also points to the specific social and economic impacts of problem gambling on the Asian American community and more specifically families.<sup>5-8</sup> Additionally, in the larger field of gambling studies, financial harms, relationship disruption, conflict, or breakdown, family and intimate partner violence, and emotional or psychological distress were some of the categories indicated as potential motivations and harms of problem gambling.<sup>9-11</sup>





The Social and Economic Impacts of Gambling in Massachusetts (SEIGMA) study, a statewide ongoing comprehensive population study, suggests that although Asians are less likely than other races to gamble overall, they may make up a disproportionately larger part of the state's population considered to be at-risk.<sup>12</sup> The findings of the SEIGMA study concerning Asian gamblers are coherent with other epidemiological studies indicating that Asians, particularly recent immigrants and student-age males, and are more likely to develop problem or pathological gambling habits.<sup>2,13,14</sup> This study, however, was conducted only in English.

In 2020, Dr. Carolyn Wong from the Institute of Asian American Studies at UMass Boston and Mr. Giles Li from the Boston Chinatown Neighborhood Center published the MGC-sponsored report “Talking about Casino Gambling: Voices from Boston Chinatown” which attempted to look at working-class, non-English-speaking Asians. This report highlighted the voices of twenty-three participants from Boston Chinatown talking about the protective and risk factors associated with problem gambling.<sup>15</sup> This study looked at some of the facilitators to gambling such as low-wage work, job stress, and language isolation and the social and mental health impact of gambling on individuals and their families. Most importantly, this study contested a popular stereotype about Asian gamblers that they are “born to gamble” thereby locating the origin of problem gambling not in the community itself but in the environment. This study expands on the important study done by Dr. Wong and BCNC by expanding the research to other Asian ethnic communities and delving deeper into excavating and understanding problem gambling in the Asian community, calling for more innovative solutions to this problem.

## Asian CARES (Center for Addressing Research, Education, and Services)

The Asian CARES Coalition came together to tackle this issue of problem gambling across the Greater Boston region. Our goal was to leverage community and academic expertise and experience to address unmet and urgent health and human service needs among immigrants and vulnerable families.

Asian CARES grew out of Addressing Disparities in Asian Populations through Translational Research (ADAPT), an academic-community research partnership between Tufts and Chinatown, founded by a diverse group of community partners, researchers, and clinicians in 2011. ADAPT's mission is to promote health equity for the Asian community through community-engaged research approaches. ADAPT is a signature program of the Tufts Clinical Translational Science Institute (CTSI) which is part of a national consortium of over 50 CTSIs funded by the National Center for Advancing Translational Science at the National Institutes of Health. Due to its commitment to addressing urgent community needs even before funding opportunities arise, the Tufts CTSI focused its November 2018 Translational Research Day on Addiction, with a special focus on gambling addiction, attracting over 100 participants. As part of this gathering, ADAPT hosted a two-hour workshop on gambling addiction in the Asian community bringing together diverse stakeholders including key community leaders, clinicians, researchers, and representatives from local and state government with the goal of starting to set a plan for addressing the issue of problem gambling in the Asian community, thus laying the groundwork for the establishment of Asian CARES.

Our work furthers the research done by Dr. Wong and BCNC, refining and adapting its methods for use in larger empirical research that include additional Asian communities in the Boston area. We have brought together a multi-disciplinary team of community-based agency leaders and researchers with expertise in community-engaged research and problem gambling in the Asian community. Asian CARES consisted of the following community and academic partners.

## Community Partners:

The following partner organizations are community-based multi-service agencies offering a variety of services including childcare, English as a second language (ESL) classes, workforce development, youth programs and other services. These agencies are trusted in the community and are firmly rooted in the ethnic community that they serve. Community members in distress come to these organizations as the first point of contact with mainstream organizations and ask them to navigate systems such as education, healthcare, and the law.

- **Boston Chinatown Neighborhood Center (BCNC):**

BCNC was the lead agency for this project.

Established in 1969, BCNC is a multi-service organization serving Greater Boston with the aim of empowering Asians and new immigrants. BCNC has

locations in Boston's Chinatown and Quincy as well as Pao Arts Center in downtown Boston. Their mission is to ensure that children, youth, and families served have the resources and supports needed to achieve greater economic success and social well-being. The organization has extensive experience working on community-identified research projects that have focused on a variety of issues such as mental health and stress, nutrition and physical activity, and autism in the Chinese community



**Boston Chinatown  
Neighborhood Center**  
波士頓華埠社區中心

- **Asian Task Force Against Domestic Violence (ATASK):** Founded in 1992, ATASK is the only multilingual and multicultural organization in Massachusetts specializing in culturally and linguistically specific services to Asian victims of violence. ATASK mission is to empower Asian survivors of domestic violence and

abuse to rebuild their lives. ATASK provides a holistic network of culturally and linguistically responsive programs and service including a 24/7 Hotline,

Community-based case management and advocacy, Emergency Shelter, Shelter Children's Program, Transitional Housing, Legal Program, ESOL and Outreach and Community Engagement. Services are free, provided in 20 Asian languages, confidential, and available to documented and undocumented persons.



**ASIAN TASK FORCE**  
Against Domestic Violence

- **Cambodian Mutual Assistance Association of Greater Lowell, Inc. (CMAA):** CMAA was founded in 1984 as a nonprofit agency serving the Cambodian population of Lowell.



**CMAA** គម្រោងជំនួយ  
CAMBODIAN MUTUAL ASSISTANCE ASSOCIATION OF GREATER LOWELL, INC.

Lowell is home to the second largest Cambodian refugee population in the US and CMAA aims to improve the quality of life for Cambodian Americans and other minorities and economically disadvantaged persons in Lowell through educational, cultural, economic, and social programs.

- **Vietnamese American Initiative for Development (VietAID):** VietAID was founded in 1994 by community leaders and residents in the Fields Corner Vietnamese community of Dorchester. The organization aims to build a strong Vietnamese community by promoting civic engagement and community building, developing affordable housing and commercial space, providing small business technical assistance and microenterprise development, and offering high quality childcare services.



## Academic Partners:

- **Tufts Clinical Translational Science Institute (CTSI):** Tufts CTSI was established in 2008 with a Clinical and Translational Science Award grant from the National Institute of Health. They aim to promote collaborative, cross-disciplinary, full-spectrum translational research with an emphasis on community engagement.



ADAPT is a community-academic partnership based in Boston's Chinatown and is a signature program of Tufts CTSI's Stakeholder and Community Engagement Program. Tufts CTSI and ADAPT provided support during the project.

- **Heang Leung Rubin EdD, MA:** Dr. Rubin served as the ADAPT Director and academic co-PI on the Asian CARES project. She is a national expert on stakeholder and community engagement. Community engagement principles are woven into her research which has focused on community-identified priorities in Chinatown, her applied and field-based teaching, and her advocacy work in Boston Chinatown. Her primary academic appointment was in the Department of Public Health and Community Medicine at Tufts University.
- **Tufts University School of Medicine Department of Public Health and Community Medicine:** The Department of Public Health and Community Medicine, is dedicated to the promotion of public health through education, research, population-based and patient-center advocacy, shaping health policy, and community service.



- **Mia Colby, MPH:** Ms. Colby served as a research coordinator throughout the project. She is a recent graduate of Tufts University School of Medicine's Public Health program and has been working on problem gambling since graduating. Ms. Colby provided key project management, data collection and analysis, and design skills.
- **Susan Koch-Weser, ScM, ScD:** Dr. Koch-Weser is an associate professor in Public Health and Community Medicine and a member of ADAPT. She contributed to the research by conducting an environmental scan of each partner agency, inventorying the existing services and resources of the agencies.



# Research Aims

Asian CARES coalition developed the following the research aims:

- **Aim 1:** review the state of the science, strategically selecting bodies of literature relevant to gambling problems in Asian communities and family-centered approaches to resiliency, prevention, and harm mitigation.
- **Aim 2:** conduct interviews in each ethnic community to better understand the nature of problem gambling across heterogeneous cultural and social Asian subpopulations.
- **Aim 3:** Conduct a SWOT (strength, weaknesses, opportunities, and threats) analysis within the coalition group service areas to understand the programmatic assets that can be leveraged to address problem gambling through culturally appropriate, family-centered education and services.

The research aims focused on expanding our understanding of problem gambling using the social ecological framework. The social ecological model (SEM) examines public health issues as embedded in larger systems from the individual level to interpersonal relationships within organizations, communities, and even policy at a local, state, or national level (Figure 1). These levels of the SEM interact with and influence individuals', families, and community attitudes, skills, and self-efficacy. This research aimed to unpack these different layers of problem gambling in the Asian community.

Over the course of 18 months, bilingual/bicultural community fieldworkers collected 40 in depth interviews from community members across the Greater Boston region. A detailed description of our Methods is included in [Appendix 1](#).



Figure 1. The social ecological model from the Centers for Disease Control

# WHO PARTICIPATED IN THE STUDY?

INTERVIEWS WERE CONDUCTED WITH

**40**

COMMUNITY MEMBERS



ETHNICITY OF PARTICIPANTS





# UNPACKING THE ROOT CAUSES of problem gambling

Gambling is a multi-layered problem, with different structural, root causes, calling for different types of community-level interventions. **The structural, root causes of gambling tie back to immigration and the long-term impact of poverty, stress, and trauma caused by immigration.**

**Gambling to earn money:** The concept of gambling to win and specifically gambling as a way to earn money was frequently discussed by interviewees. The idea of quick money was distinct from the idea of gambling to improve family finances. Both themes came up during interviews and were linked with the idea of poverty; however, interviewees see the two themes as distinctly different. While only about 7 interviewees brought up gambling to specifically improve family finance, nearly 60% of interviewees thought that gamblers gambled to earn quick easy money. Several interviewees mentioned gamblers wanting to get rich quickly or using gambling as a fast way to make money. Interviewees felt that gamblers chose to gamble as a **shortcut to earning wealth**. One interviewee described gamblers as people who “want to earn more money without working hard, they think working is so difficult and [gambling] is a shortcut.” In contrast, the theme of gambling to improve family finance was rooted in people’s desire to escape poverty and the dream of a better future. Gambling represents a **“hope that they can have the freedom of money.”** One interviewee described the relationship between gambling and poverty as:

“When the gamblers just start [to] gamble they might feel that they can improve their family’s financial situation, but most of the gambling situation is losing money. When the family has less money, everyone needs to spend more time to work, so the health starts to be bad, so it makes the situation worse. This exacerbated poverty.”

**Cultural loss due to immigration:** The idea of boredom was linked to concepts of immigration and isolation from their native cultures. Several interviewees described casinos as a place where people would go to pass time when they are not working. Boredom was linked to challenges with integrating into American society. One Chinese interviewee stated: “Some Chinese **cannot integrate into American society** and are very boring [bored] so they choose to gamble.”

“They don’t have a focus for their life. [...] Nowhere else to go other than work, they are unable to find other ways to make their life meaningful.”

**-Chinese Interviewee**

Boredom was a common phrase used during the interviews with 40% of interviewees mentioning boredom as a reason for gambling. The concept of boredom transcended cultures and ages. While many interviewees mentioned boredom in relation to elders who go to the casino to gamble, other ages and demographic

Your NFP Name





groups were mentioned as well. The idea of boredom seems to be strongly connected to people feeling like there is nothing else to do. When pressing interviewees for reasons people would feel bored and chose to gamble, the lack of entertainment options became apparent. One fourth of the interviewees discussed a lack of alternative entertainment options as the reason why people go to the casinos. Many interviewees discuss that in their native countries, there are many entertainment options such as singing, concerts, clubs, and recreational activities like ping-pong and dancing. In the US, they find it difficult to find entertainment activities they are familiar with or activities that are in their language,

there is **“no place for Asians.”** Several interviewees mentioned feeling more comfortable going to the casino, where the croupiers and waiters speak their language, than going to other American venues. One Chinese interviewee stated, “In China, there are many night activities available, but in the US no.” Another interviewee described the challenges of language and cultural barriers stating **“it’s not easy to go to a bar to have a drink and find ways to entertain” when they cannot speak the language** of the waiters and staff. The lack of nighttime activities are also strongly linked with Asian restaurant workers who get off work late at night. One interviewee said “Many people around me work in restaurants. When they are off work, they have nowhere to go, so they go to gambling.”

**Social isolation:** The theme of social isolation is linked with cultural isolation and the challenges of integrating into American culture. Most of the interviewees were immigrants whose first language was not English. **Cultural and linguistic barriers** cause an isolation of the Asian immigrant community that many interviewees linked with social isolation and gambling. Loneliness was mentioned as a reason for people to gamble. They would go to the casinos where they felt welcomed and there were others who spoke their language. One interviewee said gamblers **“may feel lonely and [it is] hard work in a foreign country, but there is no way to be happy,”** and they theorized that “maybe gambling is a comfort.” Another interviewee mentioned her friends who gamble because they cannot find someone of their culture to marry. Due to loneliness and isolation from others in their community, they turned to gambling.

**nowhere to go**

Besides work, there is no entertainment. Work is boring, looking for a little entertaining way, gambling is the only way to pass the time [as a] relaxing pastime. We have karaoke in China or go dancing. Here we do not understand English. Eat at [the] casino here to pass the time, if not going to the casino, [we are] at home and it is relatively boring

**-Chinese Interviewee**

**challenges to integration**

They are alone, lonely, and unable to integrate into American society. There [are] some croupiers [who] speak Chinese, so even [if] you don’t speak English you can gamble

**-Chinese Interviewee**



**Gambling as a proxy for a social network:** The idea that individuals engage in gambling as entertainment and a social activity to do with friends was a common theme throughout all the interviews. The theme was prominent across cultural groups with 65% of interviewees discussing entertainment and the social aspect of gambling during their interviews. One interviewee said that “people who don’t have a family here will gamble [...] when gambling there are many people chatting, contacting [them].” Many respondents claimed to go to the casino with their friends, some making plans for weekend trips and activities. Additionally, some respondents spoke of going to the casino for other activities besides gambling such as concerts. One interviewee **linked social gambling with herd mentality** stating: “they saw that many people had gone there, so many people wanted to follow along to the casino.” Social gambling is also linked with another theme of entertainment leading to addiction which will be discussed later in this report.

### **Gambling to relieve stress:**

Gambling as a way to relax and relieve stress was a common theme brought up in over 20% of the interviews. The stress relief was largely linked to **work pressure and the heavy workload** a lot of people feel. Many participants described the hard work and long hours that immigrants face when coming to the US. **Gambling is seen as an outlet for their stress** as people “believe that gambling is a very relaxing thing.”

Additionally, many respondents stressed that people wish for entertainment options and gambling and the casinos are one of the few options out there. One Cambodian interviewee stated that “people here work so hard and there’s no place to have fun. They can only go to [the] casino.”

### **unrelenting work stress**

“Some people are working in restaurants have a very hard life here. They work 12 works usually, come back home very late at night, such as at 11 pm, and then they want to relax. It is year after year, day after day.”

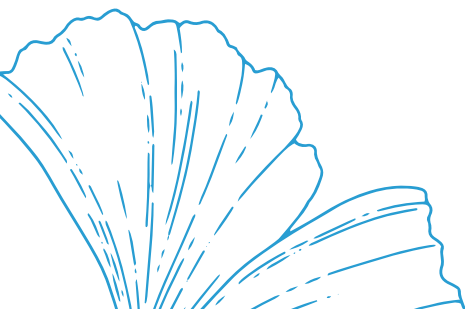
**-Chinese Interviewee**

### **leave the real world behind**

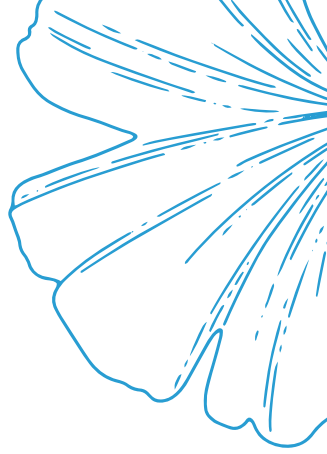
“The bus] ferries you to a world where you’re treated like a king. Everyone is pleasant, you don’t have to think about real-life troubles, so you end up having positive associations with the casino and are always trying to chase that pleasant feeling.”

**-Cambodian Interviewee**

**Gambling to escape reality:** The idea of escapism or a **distraction from real life** was something that came up in a few interviews. The concept was usually associated with the themes of stress and the challenge of adapting to American culture. One Cambodian interviewee linked gambling as a way of coping with the trauma of going through genocide. The interviewee discussed using gambling as a way to escape reality for a while, a distraction from real life.



# COMMUNITY LEVEL IMPACTS of problem gambling



Gambling impacts individuals, their families, and the broader community. **Many interviewees spoke about the harmful impact of gambling that they are seeing in the community.** Several themes can be found throughout the interviews ranging from individual impacts to both finances and health as well as harmful impacts to families.

**Financial stress:** The most discussed impact was financial struggles due to gambling habits, with 83% of participants stressing the potential for financial difficulties due to gambling. These

## total devastation

“

[Someone I know] went to the casino and lost three houses, lost his salary, sold both his and mother's houses, and later divorced. [He] owed a lot of money, and couldn't afford it at all. [He] can't afford to take care of the children.

”

- Cambodian Interviewee

financial struggles ranged between asking for money from friends, taking out loans, using loan sharks, and complete financial ruin. Several interviewees discussed hearing of friends losing home, selling cars, or losing their businesses due to gambling addiction. One interviewee stated: **"They sold everything and even sold the house. They have nothing left."** The sentiment was repeated often by various participants. There were many stories of people lying to obtain money for gambling and driving their families to financial ruin, including the story of a man "who applied for a credit card in the

name of his wife and his parents-in-law. In the end, the money was gone and he couldn't pay back for those credit cards."

## Deteriorating family life:

More than 60% of the respondents believed that gambling had negative impacts on families. While there were specific types of negative impacts expressed by interviewees, when discussing negative impacts most spoke about **family arguments** and the **destruction of familial trust**. Generally, interviewees agreed that gambling negatively impacts the family causing undue stress. The following quote from a Cambodian interviewee perfectly summarizes the negative family impacts: "When you gamble, everything will be gone, clothes, house and secondly the relationship and trust."

Places to Seek Money	Count	Percent
Asking friends	26	65%
Loan sharks	15	38%
Borrowing from family	13	33%
High interest loans	9	23%
Pawning items	9	23%
Selling property/home	6	15%
Work more jobs/overtime	5	13%
Borrowing from strangers	2	5%

**Table 1.** Where participants thought gamblers in need of monetary aid would seek money

Your NFP Name

“

There is a shadow on the child

”

-Chinese Interviewee

**Damage to the parent-child relationship:** Interviewees strongly felt that gambling had impacts on children of gamblers. One of the main focuses seemed to be the potential for children to learn that gambling was acceptable. There was a sentiment that a child of a gambler might grow up to become one. More concerning impacts involved the **children losing trust in their parents** and being exposed to parental arguments and domestic violence. Several interviewees expressed concern about what children might be witnessing when “parents quarrel, children certainly do not like it, there are psychological and learning impact.” Some interviewees knew of families affected by gambling and expressed concerns over the impacts of a gambling parent or relative on a child’s environment. One woman described a family where “the child immediately start[ed] to make money to help the family when he arrive[d] in high school” in order to support his family due to his father’s gambling habits.

Neglect was another harmful impact of gambling discussed by several interviewees. While neglect was often used to refer to the family as a whole, a few interviewees spoke of **child neglect**. One interviewee related a story of a gambler who “[would] go outside to do gamb[ling] and left her child at home alone. When she came back, the child’s hand was already injured. You can see, the child cannot be taken good care of.” While the story was one of the more drastic, some interviewees discussed their memories of feeling neglected by parents who were off playing games at night. Another interviewee related a story of a gambler who abandoned his family due to his gambling problems in desperation over owing hundreds of thousands of dollars.

**Impact on the elderly:** Many interviewees pointed to the troubling impact that gambling had on the elders in their family. Interviewees noted many of them come from cultures that prioritize extended family and kinship networks. In these kinds of cultures, the elderly often play an important role as caretakers of the younger generation. In modern American society, “**this extended kinship network is lost**” and without other options, some turn to **gambling as a social outlet to “fill a void.”** There are few places for the elderly to “have fun.”

## growing fear

“

As a child, I was so scared. Before addiction, he spent a lot of time playing with me. All of the sudden, he was always sad and used a lot of drugs. The transition happened so suddenly and quickly, and it was a really scared experience for me.

”

- An interviewee who grew up with a gambler





**Domestic violence:** The theme of domestic violence was repeatedly brought up during interviews with 55% of interviewees listing domestic violence (whether physical, verbal, or emotional) as a side effect of gambling. Many equated gambling problems with causing changes in people leading to a “**violent mentality**,” making the gambler more likely to vent and take out their stress and anger on their family. Some of the following quotes illustrate the experiences of those who know problem gamblers and have experienced domestic violence due to their gambling addiction:

“ You don’t let them go to the gambling place. You don’t give them money to bet there. They may not hit you because of it. Instead, they will say nasty words, become abusive, making you scared at home. The family members feel threatened and are depleted of their energy. The emotional toll was huge. ”

“ The kids were also affected by their Dad’s mood. Being plagued, my kids used to say it’s better for Dad to stay out. When their Dad returns home, kids were like walking on the thin ice. Their small mistakes were big enough reason to get a hit from their Dad. ”

**Impacts of mental health:** One third of the interviewees talked about the impacts of gambling on mental health. In particular, they discussed the way gambling led to changes in the people they knew and how gambling caused the **mental health of the gambler, the family, or both to deteriorate due to the negative impacts of gambling**. Gambling was described as a vicious cycle with the gambler’s “mental health get[ting] worse due to wanting to win” and the negative impact of continually losing more money. Many interviewees felt that continually losing and becoming more and more in debt led to depression, stress, and desperation “play[ing] a toll on their mental health.”

**hidden addiction**

“ Chronic gambling is like drug addiction, except the latter directly impacts one’s health and weakens the body, but chronic gamblers are still strong in body but weak in mind, always obsessed with getting money to keep gambling. Their mind is similar to someone who is crazy - whereas someone normal thinks about the consequences of their actions, they are not afraid of anything, which makes them dangerous. ”

- Vietnamese Interviewee

**depression**

“ Depression, when people are poor, they tend to have no way of getting out of it. They try to find the easiest way, which is gambling. I think that is how it starts, and when they win, they get into it. When they lose, they think they’re so close so they keep going until they lose their money. ”

- Cambodian Interviewee



**Death:** Though not as frequent, 15% of interviewees mentioned death and suicide as an impact of problem gambling. Many of the mentions of suicide concerned a family member of the gambler who either **threatened or committed suicide** due to the stress and pain of dealing with their gambling spouse. One woman discussed her father’s gambling habits which almost led to her mother committing suicide after he gambled away all the savings they had built up for buying a house.

## suicide

“They finally [go] to treatment, usually there is some big incident happen[ing] in their family. For example, in the family one person committed suicide because of the other one addicted to gambling.”

- Chinese Interviewee

**Challenge of discussing problem gambling:** Discussing gambling in the Asian community **differed by culture**. In the Cambodian community, interviewees seemed to think that gambling problems were not discussed. One Cambodian interviewee stated: "Never heard of anyone talking about it. There is not much awareness of the gambling issue in our community. They don't see it as an addiction, but as people just wasting their money." Other Cambodian interviewees believed people in their community would not seek help due to embarrassment and worry about the opinions of others. In the Chinese community, there seems to be a belief that gambling is discussed in terms of a recreational pastime but any discussion of actual problems is more taboo. A Chinese interviewee expressed it as: "Everyone feels very happy and is happy to share with others. Everyone asked each other, how much did you win? Everyone is very excited to tell others, how much did I win? Even if you lose, it still makes people feel that the people are rich, just show off." However, when it came to talking about treatment and seeking help, many of the Chinese respondents stated that "if you try to persuade them [to seek help] it will be difficult." A lot of the challenge with speaking about gambling in the Chinese community seems to have to do with acknowledging the problem. Issues like financial debt, domestic ruin, and other struggles are viewed as personal and shameful rather than the gambling itself. Instead, gambling is viewed as a recreational activity, while a **problem with gambling is a shameful and hidden personal affair**. Alternatively, based on

the Korean interviews, discussing gambling in the Korean community is difficult. According to one interviewee, "the word, gambling, is hushed" and problems are not spoken about. Another Korean interviewee stated: "[the] Korean community doesn't believe in mental illness. They don't want their family member to have treatment for mental illness and prevent them to go to the therapist. They take their mental problem into their own hands."

Harmful Impact Themes	Count	Percent
Loan/debt/ financial ruin	33	83%
Impacts to child	29	73%
Bad impact on families	26	65%
Domestic violence	22	55%
Divorce/separation	18	45%
Mental health/ illness	13	33%
Family/child neglect	13	33%
Death	6	15%
Bad reputation/ shaming	6	15%
Effects jobs	4	10%
Other addictions (alcoholism, etc.)	2	5%

Table 2. Coded themes based on participant interviews demonstrating the harmful impacts of gambling

“It’s a stigma and thick. No one wants to open about it.”

-Cambodian Interviewee



# THE CASINO'S ROLE IN EXACERBATING the problem



During the interviews, casino games and casino gambling were the most mentioned type of gambling. Lottery and scratch tickets were also indicated as popular types of gambling. Many interviewees spoke of small neighborhood shops and convenience stores selling lottery tickets and scratch tickets. One interviewee stated that while she was waiting in line at her local convenience store she “saw that people buy hundreds of dollar worth of scratch tickets.” While 35% of the respondents mentioned mahjong as a type of gambling, these were mostly the Chinese participants. Additionally, 28% of respondents mentioned other types of gambling such as cultural games like KLaKlok, PakKdaing, StopGo, and APoung. Sports betting, poker, and online gambling were also mentioned, but were less common (Table 3). Interestingly, there was some discussion about what games count as gambling. For example, one respondent mentioned lottery, but wondered if buying lottery tickets could be considered gambling. Some respondents also questioned whether mahjong could be considered gambling or if it was just a recreational activity.

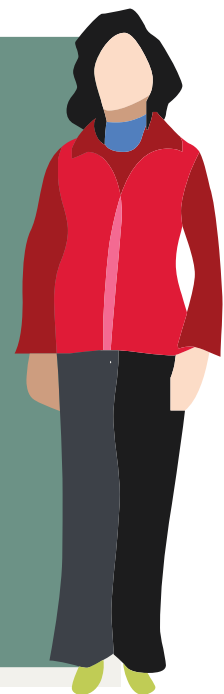
Gambling Types	Count	Percent
Casino Games	31	78%
Lottery	17	43%
Mahjong	14	35%
Sports Betting	12	30%
Other games	11	28%
Keno/scratch tickets	11	28%
Poker	6	15%
Online gambling	6	15%

**Table 3.** Gambling types as identified by participants where other games were card games and cultural games

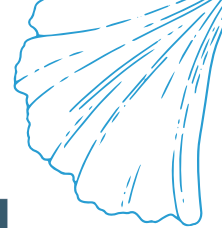
## Chinese Immigrant Persona: Xie Wuying\*\*

- Age: 35
- English Proficiency: Limited
- Job: Restaurant Worker
- Education: High School
- Years in US: 10

Xie Wuying has worked as wait staff for restaurants in Chinatown for years. Her work at the restaurant usually consists of 12 hour days and she only finishes work just before midnight. When she gets off from work, she and her colleagues want to relax and destress, but options for relaxing entertainment are limited. They only speak limited English and most restaurants where others speak their language close at the same time as their restaurant. She knows that many of her colleagues take the shuttle bus from Chinatown to the casino once they get off work. The bus is conveniently waiting close to their restaurant when they finish work and going to the casino to relax is a common pastime after work.



\*\* This is not a real person, but a composite character created from the various stories heard from Chinese interview participants.



There was strong consensus that **gambling occurred mostly in casinos** with 83% of interviewees stating gambling occurs in casinos. Many people mentioned homes or other public places as locales for casual gambling as well. In the interview protocol, illegal gambling venues were listed as a potential space for gambling. While only 10% of respondents mentioned illegal underground casinos, several respondents (13%) mentioned “private places” for gambling. These “private places” are significant due to the context of their descriptions. While not specified as illegal or underground by the interviewees, there was a strong emphasis that “private places” were where the serious gamblers went. One Chinese interviewee stated “people who go to private places are usually severe gamblers.” We chose to keep the term “private places” separate from the underground illegal gambling category because of the way it was presented by the community.

Where Gambling Happens	Count	Percent
Small shops (lottery tickets)	14	35%
Casinos	33	83%
Parks	2	5%
Illegally (in underground casinos)	4	10%
In homes	12	30%
Clubs (private mahjong place/clubs)	2	5%
Private places	5	13%
Small shops (lottery tickets)	14	35%

**Table 4.** Participants identified where gambling happens. Participants specifically referred to “private places” as a location rather than underground casinos or illegal gambling dens.

In addition to the structural, root causes of gambling described above, interview participants pointed to activities promulgated by the casino that exacerbate this problem in the community.

### Entertainment turns to addiction:

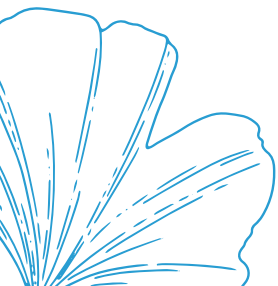
A frequent comment made by interviewees was that people would start to gamble for fun, but it would **become an addiction**. One Cambodian interviewee likened gambling addiction to alcohol or drugs stating: “It may start from recreation, but it is more like addiction. It’s like alcohol and cigarettes, probably you seek it for entertainment [the] very first time, then become more addicted.” The same interviewee described friends going to casinos for the free buffet who then started playing slots machines and became addicted. One interviewee described her experience with gambling as:

**fragile happiness**

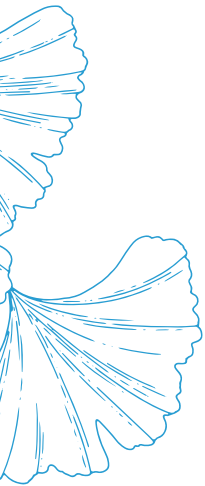
“If they go for the first time, they become happy and now they develop a feeling to go there again to achieve satisfaction”

- Cambodian Interviewee

“I have gambled. Winning money is awesome. Once I was having bad luck. Lost. I felt I must win back [the money]. I borrow money from my friend all the time. After that, when I calm down and think, [I was] very distressed. I can’t feel it when gambling, because I was very nervous at the time and didn’t feel that .”







**Casino buses:** Over 80% of the interviewees were aware of the buses within their communities which would take individuals to the casino. When asked about the buses, most respondents would immediately bring up the **discounts or deals associated with the buses**. Frequently, interviewees associated the buses with free food and vouchers for gambling. One respondent stated that “some people think that it’s [the buses] free food and transportation.”

While many respondents did not believe removing the buses would prevent problem gamblers from finding a way to the casino, they did think that not having buses would mean less community members would go there for lack of alternative entertainment. Additionally, many respondents believe that retired elderly community members and restaurant workers were the most frequent users of the bus. The buses were seen as a convenient way for people to access the casinos.

**Seductive Advertising:** Many interviewees mentioned the advertising and promotional tactics of the casino which they felt were very seductive. When discussing the casinos, interviewees often brought up how tempting offers of “free stuff” are. One Cambodian interviewee said, “of course they want to go for those [free] benefits.” Another interviewee emphasized the seductive nature of advertisements stating: “**food will attract people, discount coupons, it’s seduction**. Taking petty advantage.” Interviewees emphasized the use of other attractions within the casino to draw customers in such as **food or concerts**. When asked about the casinos, one interview said: “The casino invites stars or singers from Hong Kong and Taiwan to sing. People near New York will also come. I heard that the casino gave them dozens of dollars and offered them a free meal, and they could also try their luck. Older people take a day trip and feel very happy.” Some interviewees felt the casinos offer free food or tempting entertainment to bring Asian patrons into the casino. One Korean interviewee described a situation where more targeted marketing strategies were used:

“ [A person addicted to gambling] had been contacted by the managers of the gambling place. They kept contacting him, flattering that he was their VIP, suitable for special care. He received special treatment, gambling with big hands at gambling place. Then, he seems to feel satisfied and upgraded to a better version of himself because of their special service. ”

**Casino environment:** Some interviewees mentioned that the environment within the casino was also conducive to gambling. As mentioned earlier in this report, many croupiers and other **casino employees speak Asian languages** such as Vietnamese, Mandarin, or Cantonese which makes the environment more comfortable for Asian populations who may not feel welcomed elsewhere. One interviewee stated that “the drivers and waiters who [work at] the casino make

## mirage

“ They give people the illusion that they are VIPs. I’ve never stepped onto one of those shuttles, but I can see from the outside that it’s a nice fancy car. You get picked up and dropped off for free with very nice service. ”

- Cambodian Interviewee

people feel comfortable and make you feel close to them. Some of them even greet you, [they] seem very kind and nice,” creating a welcoming environment. Beyond going to the casino for gambling, there are some community elders who “will go there to drink morning tea everyday, and the environment is good for walking, warm in winter and cool in summer, they go there chat with friends.” **Interviewees spoke about the danger of going to the casino for other entertainment reasons as the environment of the casino itself encourages gambling:**

“ When you are there, you heard some people just hit and I feel I want to play too, expecting that I will hit too. The whole place, light, and everything in the casino. Walking there is just dangerous. ”



### Khmer Immigrant Persona: Vang Chakriya\*\*

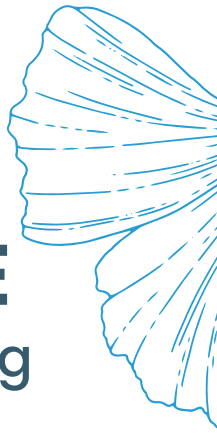
- Age: 40
- English Proficiency: Medium
- Job: Elder Care
- Education: Bachelors Degree
- Years in US: 8

Vang Chakriya has a Bachelors degree in nursing from a university in Cambodia, but was unable to transfer her credentials in the United States. She chose to train and become a nursing assistant and now works in an assisted living home. She married a Khmer man who was a child refuge during the late 1970s. They had a good marriage and two child before things started to go wrong. Her husband had been in contact with relatives from Cambodia who began asking for money. The communication made him feel connected with his roots and culture, and he felt obligated to help his friends and family who were in desperate situations. Helping them made him feel happy and important, even when his family started to feel the financial strain. To supplement income he began to gamble because he felt that his good deeds gave him luck. The more he gambled the more he lost and everything started to fall apart. The family is often unable to pay rent, bills, or buy food. Her husband often asks her for money and can become aggressive when she cannot supply him with funds. Their children have lost all trust in their father and are starting to struggle with school as the stress of the situation weighs on them.

**\*\* This is not a real person, but a composite character created from the various stories heard from Khmer interview participants.**

# CURRENT INFRASTRUCTURE

to help those struggling with gambling



## Current Evidence-Based Treatment Options for the Asian Community

There is a lack of problem gambling research in Asian communities in the United States, and little work has been done to create evidence based culturally relevant treatment models or preventative strategies.<sup>16,17</sup> It should be noted there is a reluctance to seek treatment for problem gambling within the Asian community which contributes to the lack of literature around Asian gambling addiction treatment.<sup>18-20</sup> The reluctance towards seeking treatment is related to interpersonal barriers such as stigma and shame which have been found to be particularly significant within Asian communities.<sup>18,21</sup>

Current mainstream treatment methods for problem gambling include therapy, psychotherapy, medication, addiction helplines, and support groups like Gamblers Anonymous.<sup>5,22-25</sup> Both cognitive behavioral theory (CBT) and motivational interviewing (MI) are short-term and goal-oriented approaches to psychotherapy which are evidence-based treatment methods for gambling addiction.<sup>23,26</sup> However, the effectiveness of these treatment methods on Asian populations is unclear.<sup>20,26,27</sup>

## Existing Resources, Services, and Programs in Massachusetts

An environmental scan was conducted to understand the existing problem gambling treatment and services in Massachusetts and which were specifically targeted towards the Asian community. The scan indicated that **while there are services available for problem gambling, these services are largely offered in English and are not as accessible to populations who primarily speak an Asian language.** In Massachusetts, the Department of Public Health (DPH) has an office dedicated to gambling called the Office of Problem Gambling Services (OPGS). The OPGS has programs for problem gambling that involve raising awareness around problem gambling, providing helpline services, and guiding problem gamblers towards counseling and treatment services. Additionally,

the OPGS funds research on problem gambling and the potential effects of gambling in communities with a casino such as Everett and Springfield. The Massachusetts Council on Gaming and Health (MACGH) is a private non-profit organization focused on advocating for responsible gaming and services for those affected gambling. The council is a resource for problem gambling and provides help and resources for problem gamblers.



A list of services identified during the environmental scan are provided below:

- **Prevention services** and **promotional materials** regarding problem gambling and treatment which are available in several languages, including Chinese and Vietnamese, are provided by the OPGS.
- **GameSense** is a preventative strategy to gambling addiction led by MACGH. The program employs interactive tools and exhibits where patrons can learn about gambling myths, the odds of winning different games, responsible gambling, and even talk to GameSense advisors. Advisors are available at the casino to discuss responsible gambling and behaviors related to problem gambling. According to MACGH, some advisors speak Asian languages (specifically Vietnamese and limited Cantonese). Additionally, there are GameSense brochures and materials available in Chinese and Vietnamese.
- **Recovery support groups** are available for both individuals struggling with gambling and their families. These groups include Gamblers Anonymous (GA), Betterers Anonymous (BA), GamTalk, Smart Recovery, Game-Anon, and In the Rooms.
- Clinical help is available for those who wish to seek professional help. MACGH provides a list of **private practice clinicians** who are trained to help those with gambling disorder. An assessment of the list resulted in only one clinician who speaks an Asian language, specifically Filipino. The OPGS also provides a “search for treatment” function that allows the user to seek the treatment they need in the language they need. It should be noted that while there are filter options for language preference, the websites and forms are all in English.
- Massachusetts has a **helpline for problem gambling** run through the state and supported by the OPGS, the Bureau of Substance Abuse Services (BSAS). The helpline is operated by Health Resources in Action (HRiA), providing crisis intervention and help in seeking treatment. The helpline utilizes translation services by a third-party service. The OPGS helpline is part of the larger Massachusetts substance abuse helpline. Additionally, the website for the Massachusetts Helpline sponsored by HRiA provides a “chat with a specialist” function that allows people to seek help through chat services rather than calling.
- Massachusetts also offers a **voluntary self-exclusion program** which allows participants to ban themselves from the casino floor of Massachusetts casinos for a set period of time. People can enroll through GameSense Centers or MACGH's Safer Gaming Education Line. Materials for enrollment on the MGC website are offered in Chinese as well as Vietnamese.



## Community Ambivalence About Existing Resources

The interviewees expressed a strong sense of ambivalence about how to get help and/or a lack of knowledge of existing resources. Interviews also highlighted community assets that could be leveraged and built upon in order to address this intractable problem in the community.

### Don't know where to seek help/never heard of help options:

A common theme throughout the interviews was that interviewees do not know where to seek help or are not aware that there are even help options available. Specifically, 65% of the interviewees felt they were **unsure of where to seek help if it was needed**. Respondents were particularly unsure about what resources were available. Beyond not knowing where to seek help, interviewees seemed to be skeptical about whether people would be willing to seek help. These themes will be explored later in the report.

### don't know where to go

“

I don't really know much about treatment place related to gambling. I don't know at all in our community.

”

-Cambodian Interviewee

**Ambivalence about the helpline:** Ambivalence about helpline: Participants expressed ambivalence about whether problem gamblers would use a helpline. While some participants feel that gamblers would like the anonymity that a helpline would provide, they also thought that people would be unlikely to use the helpline if a number was provided. There seem to be some feelings of distrust or disbelief regarding the helpline. One interviewee stated: **"There is no one call helpline around me. This situation can only be seen in movies or on TV."** Additionally, many respondents did not seem aware of the helpline until it was mentioned by the interviewer. Once mentioned, the interviewees began to think that maybe it would be used, but also were skeptical perhaps because they did not know much about the option. Other interviewees felt that people would not use the helpline as they would only open up with someone they trusted. There was also a belief that **people would not be willing to seek help due to embarrassment and stigma** around gambling problems. One Chinese interviewee stated that people will not be willing to seek help until they "reach the problem" or "have nowhere to go."

**Assets to build upon:** Emphasis was placed on the **importance of family** in resolving gambling problems. Whether related to seeking help or using family as a motivation to stop gambling, interviewees agree that the **inclusion of family is essential** to discussions of problem gambling. When asked who a gambler would seek help from, respondents tended to choose family members and relatives such as spouses, parents, and children. One interviewee stated that they believe that "friends and family that are influential to them might be powerful" influences in leading gamblers to seek help.

As many respondents discussed the theme of having no entertainment options, when discussing support and solutions for problem gambling, many expressed a desire for alternative recreational options. They emphasized the importance of having **"alternatives to the pleasure of gambling."** One Chinese interviewee stated:

“ If there are many Chinese in the community, if the community can organize activities such as singing, playing table tennis, tai chi, dancing, playing cards, organizing more such healthy activities, there will be less gambling, but the community needs to have some funding. ”

Interviewees believe that offering alternatives that will alleviate “boredom” and will meet some of the entertainment needs of the community may help to prevent people from going to the casino. Many of the interviewees feel that **gambling is related to boredom, lack of entertainment options, the need for places to socialize, and stress relief.** All of these needs could be met with other entertainment options rather than gambling.

### Vietnamese Immigrant Persona: Ngô Minh Hùng\*\*

- Age: 38
- English Proficiency: Medium
- Job: Security Guard
- Education: High School
- Years in US: 6

Ngô Minh Hùng has worked as a security guard in a factory for several years. He moved to the United States alone 6 years ago and often finds himself lonely. He has no family here and his friends are also single. His days consist of four things: sleeping, going to work, going to the gym, and going to the casino. It's like that all year long, day after day. He feels disconnected from American society and misses the strong community he once had back in Vietnam. He often feels goalless and without a sense of belonging. The casino provides the only excitement in his life.

**\*\* This is not a real person, but a composite character created from the various stories heard from Vietnamese interview participants.**







## Existing Asian Problem Gambling Projects

While there is a lack of problem gambling research in the Asian community, a few groups in the US are focused on finding solutions to the issue. Two current projects are being conducted in San Francisco and central Ohio. During our research we were able to speak with both organizations and gather insights on their work. Descriptions of these projects and their findings can be found below:

### NICOS (San Francisco, California)

NICOS \* Chinese Health Coalition was founded in 1985 by 5 organizations in San Francisco with the goal of having one voice for Chinese Americans on health issues. The issue of problem gambling first drew their attention through anecdotal stories within the community. Their work on problem gambling began in the late 1990s with the creation of the Chinese Problem Gambling Project, a task force designed to address the issue of problem gambling. Overtime, NICOS feels that the issue of problem gambling has become less stigmatized and NICOS has been recognized within the community and beyond for their work. Some of the intervention strategies they have tried include:

- **Early intervention** strategies in middle school and high school through education and prevention awareness
- Formation of treatment groups called “**tea houses**” designed to be a less stigmatized place for families to go and discuss their experiences with problem gambling. These “tea houses” are facilitated by professional social workers who can answer questions and provide guidance to attendees. In addition to the social workers, previously “graduated” attendees became peer mentors for new members. NICOS believes that this was one of their most successful programs as it provided a less stigmatized environment as well as both a peer mentor model and a professional authority figure.
- Crisis intervention through a **helpline** which was staffed by Asians who spoke the language of those calling. At one point the helpline serviced all of California and included other languages than just Mandarin and Cantonese. While NICOS has since scaled back the helpline to just the San Francisco area and Chinese language speakers, the helpline remains one of their more extensive and lasting programs.
- An emphasis has also been placed on **non-conventional counseling**, particularly finding ways to make counseling more accessible to the population they are serving. There has been an effort to provide weekend and evening hours as well as telephone counseling in order to combat the schedules of those suffering from gambling addiction.

\* NICOS is made up of the following five organizations: North East Medical Services, IPA (now the Chinese American Health Care Association), Chinese Hospital, On-Lok Lifeways, and Self-Help for the Elderly. These organizations make up the NICOS acronym, but the organization is referred to as NICOS Chinese Health Coalition due to changes in the names of some of the partner organizations.



Having been addressing problem gambling in the Chinese and Asian community for over 20 years, NICOS was able to share a few of the lessons that they have learned over the years. The most pertinent lessons are listed below:

- Casinos seem to **fill a void** that is not being provided elsewhere.
- Involving the **family** to help someone going through gambling addiction is critical.
- They stressed the importance of **finding a “happy medium”** which allows a client to feel empowered while providing the guidance and recommendations that are needed. They emphasized using biology to explain addiction in order to help destigmatize the issue – explaining problem gambling as a health issue.
- There is a **continual struggle to meet linguistic access needs**. Even with the Asian language helpline they have created, they struggle to meet the language needs of their clients. For instance, according to NICOS, there are no Gamblers Anonymous groups in Asian languages in the San Francisco area. The closest Gamblers Anonymous group in Chinese is found in Southern California and has not been active for many years.

## Asian Gambling Prevention Project (Central Ohio)

The Asian Gambling Prevention Project began in 2018 as a joint project between the Asian American Community Services (AACS) and Maryhaven’s Gambling Intervention Program in Franklin County, Ohio. The program was designed to address gambling among the Asian populations in Ohio. The project involved conducting focus groups and surveys around gambling and gambling norms in more than 10 Asian communities including Chinese, Cambodian, Vietnamese, Korean, and Filipino. The important findings from their research are listed below:

- **Isolation of the Asian communities** is a contributor to problem gambling. The project found a link between immigration experiences and a higher risk for problem gambling. Specifically, linguistic barriers and difficulty assimilating into American culture were factors that influenced isolation.
- Every Asian community had access to gambling activities whether lottery or casino. **Lottery gambling was a major problem** and placement of shops selling lottery tickets run along racial and socioeconomic lines.
- **Advertising and marketing by casinos seemed to be focused on the Asian community**. Large advertisements for the casinos seemed to specifically appeal to the Asian community despite the relatively small Asian population found in Ohio. Additionally, casinos in Cleveland hired Chinese workers who spoke the language to appeal to Chinese gamblers specifically.

Unlike NICOS, the Asian Gambling Prevention Project is relatively new and has just started to implement their next steps and programming. Some of their upcoming plans include:

- Gaining state support for **Asian-focused prevention programs**
- Educating and training **Asian American health volunteers and community liaisons** to facilitate conversations about problem gambling with the community.
- **Addressing language access issues** which are barriers to service. Much like in California and Massachusetts, there are currently no Gamblers Anonymous meetings in Ohio.
- Formation of an **Asian American Gambling Coalition** by partnering with other Asian-serving organizations in the state



# COMMUNITY BASED ORGANIZATIONS as "cultural brokers"

As mentioned in the Introduction, community-based organizations such as the ones involved in the Asian CARES coalition are often the first point of contact for working-class immigrant communities who face urgent and intractable problems because they offer linguistic and culturally appropriate services as cultural brokers. Cultural brokering refers to the "bridging, linking, or mediating between groups or persons of different cultural background" and is essential to connecting a workforce or organization with a linguistically and culturally specific community.<sup>28,29</sup> The staff of culturally specific community-based organizations, like our partner agencies, are essentially cultural brokers that work as liaisons between the clients they serve and the mainstream services and treatments their clients need. Additionally, evidence shows that workers from the community being served, specifically sharing race, ethnicity, and language, can build trust and have the most potential for bridging social and health services.<sup>30-32</sup> There has been a growing body of research indicating the importance of community-based organizations serving as a safety net for communities lacking access to research or the knowledge to navigate healthcare and governmental systems.<sup>33-35</sup>

To assess the potential of locating prevention and intervention services to address problem gambling in the Asian CARES coalition agencies, we conducted an inventory of existing resources and services and present it as a SWOT analysis. A SWOT analysis is used to assess the strengths, weaknesses, opportunities, and threats and can be used to develop strategies and plans for the future.<sup>36</sup> The inventory catalogued existing resources, specific needs, and implementation challenges for our partner organizations. These findings were catalogued into a SWOT analysis across agencies (Figure 2) which demonstrates potential avenues through which the organizations can better serve their Asian clients, particularly those suffering from problem gambling.

The SWOT analysis revealed that these organizations have strong backgrounds in serving the Asian immigrant population in the Greater Boston area, providing a wide range of services across agencies with staff that speak the language and understand the culture of those they serve. Beyond the services in each individual organization, the built coalition and interagency referrals between the partner organizations offer great potential to make broader impacts. One of the strengths identified during the agency inventorying was the established infrastructure for programming in each of the agencies. While the programming may be different depending on the agency, the differences allow for many opportunities for growth. For example, both BCNC and ATASK have case management services with ATASK more focused on domestic violence



services and emotional support and BCNC offering family services based counseling. These services could be leveraged and adapted to help those families dealing with problem gambling. While VietAID does not have counseling services specifically, they do offer development workshops on mental and social wellness. Alternatively, CMAA already hosts health and financial wellness workshops which can be tailored to problem gambling related issues. These built infrastructures and programs can be adapted for addressing problem gambling and shared between organizations to better serve their communities. Additionally, each organization has ties and connections to other service agencies both Asian-focused and more generalized which can be utilized to better serve the Asian problem gambling population.

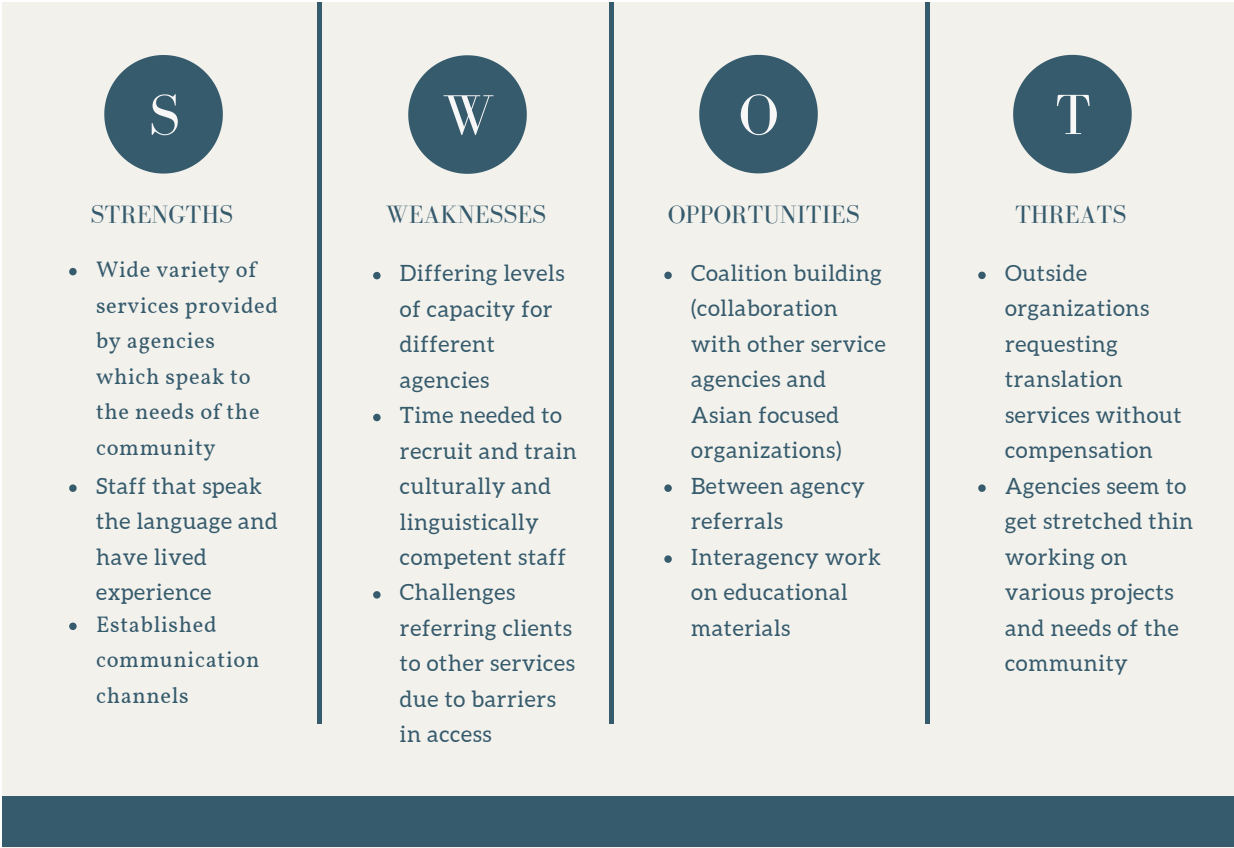
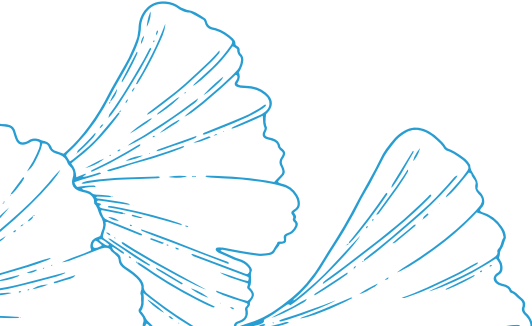


Figure 2. Interagency SWOT analysis

The critical role that these agencies play through their resources, programs, and services was reinforced by many of the interviewees who attested to the importance of these organizations. While some interviewees were unsure of where they could obtain help for gambling or what gambling help was currently available, several interviewees expressed a desire for help to be made available within their CBO.



When asked about where they would be comfortable seeking help, many respondents emphasized organizations such as CMAA, BCNC, VietAID, and ATASK. When asked where they get their news or information and what sources they trust, nearly 20% of interviewees specifically mentioned reaching out to organizations like CMAA, BCNC, VietAID, or ATASK, despite community organizations not being listed as a survey option. Many interviewees felt that a community organization was important because they were trusted in the community and spoke the language of the immigrant populations. One interviewee was concerned about “the condition of language” and whether any help services “can communicate with the people in our community.” Another interviewee emphasized that gamblers would seek help from “Asian services, because [of the] language barrier, they of course will seek help from Asian organization.” A Chinese participant specified, “It needs to be in a place with a Chinese atmosphere” for gamblers to feel comfortable seeking help. There was also a desire for the community organizations to provide events and activities to discuss problem gambling.





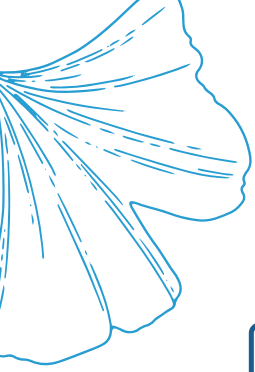
# RECOMMENDATIONS



Based on the social ecological model in the Introduction, we recommend a multi-prong approach that addresses individuals, families, and the community and also addresses the “upstream” or systemic issues highlighted in the report. While problem gambling is a painful problem in the community, utilizing the wisdom, insights, and lived experiences of the interview participants and the Asian CARES coalition provides hope and possibility for how to address and alleviate this problem in the community. Based on our findings Asian CARES recommend the following next steps:

## Government Agencies

- Fund and invest in ethnic-based CBOs to develop and deliver culturally and linguistically appropriate services and programs for prevention and intervention for problem gambling
- Partner with insurance companies and MassHealth to develop innovative reimbursement models for CBOs doing gambling treatment and intervention work beyond the traditional clinical model. The innovative prevention and intervention services can take place in community settings such as churches, recreation centers, and schools with services delivered by trained cultural broker
- Invest in the neighborhoods where immigrants work, live, and play by creating spaces of belonging for immigrant communities where they can go for recreational and social opportunities that are safe
- Develop a creative workforce development program geared towards helping working-class immigrants gain the English and occupational skills to acquire gainful, meaningful employment with benefits and wages that enable them to live well and feel pride over their work
- Develop, ensure, and enforce rigorous cultural and language access standards for problem gambling services such as those following federal culturally and linguistically appropriate services (CLAS) standards
- Invest in community-engaged research in the Asian community that leads to actionable results for the community



## Massachusetts Gaming Commission

- Fund an equity audit about responsible gambling and responsible advertising in the Asian community that includes assessing whether they are engaged in any predatory practices
- Fund research or an equity audit of whether the casino buses are ethical and moral. Include key community leaders on a Steering Committee to design and oversee the equity audit.
- Develop a Steering Committee of key community leaders to guide the development of policy, practice, and services around addressing the root causes of problem gambling
- Re-think and expand the definition and use of “mitigation funds” to address upstream causes of problem gambling
- Re-think GameSense service model to build the connection between community and CBOs.

## Community-Based Organizations

- Partner with APIs-CAN! (Asian Pacific Islanders Civic Action Network) to address the root causes of problem gambling, particularly workforce development, healthy family functioning, behavioral health, and child support
- Develop a referral network between government-sponsored helplines and community-based organizations
- Develop a national network of organizations addressing problem gambling in the Asian community



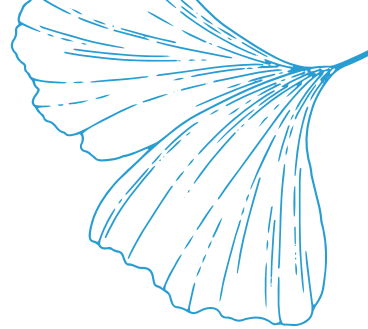
## Healthcare Providers

- Partner with existing linguistically and culturally appropriate community-based organizations to address problem gambling by developing a model of wrap-around services that include clinical and community-based care.
- Train staff of community-based organizations to provide non-clinical, peer support to individuals and families facing problem gambling.
- Train staff of community-based organizations to identify signs of serious problem gambling and to refer to healthcare clinics.

## Funders

- Fund and invest in ethnic-based CBOs to develop and deliver culturally and linguistically appropriate services and programs for prevention and intervention for problem gambling
- Provide funding for family-focused and community-focused interventions
- Invest in organizations developing community-based interventions using a family systems approach that is tailored to account for ethnic and social heterogeneity characterizing the Asian community in Massachusetts





# CONCLUSION

## putting the pieces of the puzzle together

“

They came to the United States for more than 20 years. Although they have children, a family, and a house, they still have no sense of belonging

”

Based on the systemic issues illuminated by this research, it is incumbent upon those addressing problem gambling to understand and address the problem in a way that is specific to the Asian community. Tackling the root causes of poverty, social and cultural isolation due to immigration, and the resulting stress and behavioral health issues that emerge requires unique culturally and linguistically accessible services. While the constraints of time and resources combined with the challenges of the pandemic and recent racial violence in Atlanta made it difficult to have a larger sample across different Asian ethnic communities, our findings are still relevant and important for the community and begin important conversations for how to address this urgent and painful problem.

### Shattered Family and Community Lives

One of the enduring questions in the field of addiction is how a recreational activity turns into an addiction. In several of the collected stories, female spouses described their husbands as “good husbands” yet their behavior deteriorated as recreational gambling turned into an endless cycle of addiction. One person observed, “People lose and yet they still continue to go. It’s the fact that they are losing, **they continue to go hoping to earn the money back so they could pay back to those they owed** instead of picking up more hours or finding jobs for income. It’s addicting.” Another observed that it is particularly addicting for those who are low-wage workers. This person described that “working is hard, gambling is a short-cut.”

While no one starts gambling with the intention of becoming an addict or hurting their families, the stories we heard showed that the **systemic issues at the root of the problem manifest and can destabilize and destroy family and community life**. Whether they gamble to supplement wages or as a way to relieve stress, some fall into the trap of gambling addiction. Interviewees observed that families under stress because of a spouse with gambling addiction can find themselves facing financial ruin or caught in a cycle of debt which may lead them to borrow from friends and predatory loan sharks. The **stress on families** can run deeper, leading to domestic violence and child neglect. The impact on Asian elders, in particular, emerged as a consistent population of concern

### consequences

“

Broken homes  
and shattered  
doors

”

- Vietnamese  
Interviewee

among the interviewees because elders can fall prey to developing problem gambling because they lack an extended kinship or social network that gives them purpose and meaning and often turn to gambling as a source of comfort.

## Social and Cultural Isolation Due to Immigration

Unpacking the idea of boredom, which was one of the most consistent words used by interviewees provides insights into how **nuanced, complicated, and intractable** this problem is for the Asian community. Many immigrants gamble out of boredom, from the **lack of culturally appropriate and accessible recreational activities**. Several participants talked about how they cannot find the same kind of entertainment options that they were used to in Asia, with a few noting that there are few nighttime recreational options available in the U.S. Anyone who travels to Asia will note that in many major cities, even families are often out together late at night. One interviewee noted that gambling, for example, is illegal in mainland China, so she was surprised that casinos are so prominent and ubiquitous in the U.S.

Putting together several interview stories like a puzzle, however, reveals that “boredom” reveals a much deeper, more complicated problem. **At the root of boredom is what one person names the challenge of “integrating into American culture.”** Many immigrants either struggle to learn English to find good-paying jobs and/or are not able to find jobs commensurate with their prior experience and may experience a downward mobility. One interviewee noted **“boredom is part of the life cycle of being an immigrant.”** This problem can be particularly acute for those immigrants who are undocumented, live in constant fear, and are here without family. We know from the data and from talking to community members that working-class immigrants, like restaurant workers, often find themselves in stressful, low-wage jobs that offer little hope for career advancement. One person observed that some of her community members had “nowhere else to go other than work, they are unable to find other ways to make their life meaningful.” Those who work in low-wage jobs may find their work “plain, boring, and not pleasurable.” Instead gambling gives people a **false sense of “accomplishment.”** Some interviewees observed that those who gamble may gamble because these jobs do not give them a sense of dignity, purpose, and fulfillment. Another noted that her fellow community members who gamble **do not have jobs that “give them a sense of fulfillment.”** Gambling offers them that “escape from reality” and a way to feel good about themselves if they are able to win money. For immigrants who experience **trauma from immigration**, from fleeing home countries in search of better economic opportunities or for those who fled situations of war, gambling provides an alternative, albeit a dangerous and unhealthy one, to confronting the trauma that many immigrants come to this country with.

### challenges for the undocumented

“If you don’t have immigration status, you don’t have to keep a little capital, you have to borrow money, you can’t pay the rent, you feel stressed, and you feel even more depressed. If you feel that it’s fine whether have or not have a job, you will have a great economic imbalance. It [gambling] affects work very much. Will be depressed.”

- Chinese Interviewee



## A Deeper Dive into Understanding Language Barriers

Because there is a growing recognition of the importance of language access for immigrant communities, we highlight the particular ways that language barriers exacerbate problem gambling as illuminated by the stories from the interview participants. Many pointed out that immigrants do not feel comfortable in the current offerings of recreational activities. Most of the population we talked to, for example, would not go to a bar to relieve stress after work. Because of language barriers, a bar was not seen as a comfortable and relaxing environment. Interviewees observed that gambling becomes an easy recreational activity because **one does not need to know English to get on the bus or put money down** in a slot machine or on a gambling table. Interviewees also noted that language barriers may make it hard for people to express their emotions about how they feel and therefore turn to gambling as a way to escape reality. Language barriers make it **difficult to access services and navigate systems**, contributing both to an increased likelihood to gambling and to difficulties in seeking treatment.

### Stress and Social Isolation

#### Loneliness

“

Maybe it's because living here, they're so far from their homeland [...] But maybe it's also that living here, feeling so isolated and far from home...

”

- Chinese Interviewee

Because of job stress, social and cultural isolation, and boredom we know that **being a working-class immigrant in this country is not easy**. Some interviewees pointed out that they have observed family and community members become depressed because of these issues or because of the trauma they carry from their home country due to war. This was a particularly consistent theme in the Khmer interviewees, which is not surprising given the trauma of many refugees who fled the Khmer Rouge. One person summarized a

common sentiment consistent with other interviewees: “Personal self recognition is not obtained in life. Many may feel lonely and hard work in a foreign country. There is no way to be happy. **Maybe gambling is a comfort**.” A few interviewees noted that becoming depressed can be particularly difficult for undocumented immigrants who find themselves caught in a cycle of low-wage work which may make it hard, for example, to keep up with the demands of rent, bills, and other living expenses.

### Probing into the Responsibility of the Casino

Several participants felt that the **casinos played a pivotal role in encouraging Asians to come, gamble, and keep gambling**. While one participant said that they heard the casino talk about wanting to attract the “high rollers,” another unemployed participant commented that “inside the casino you don't have to work an 8-hour day. It's a pleasant environment.”

Interviewees expressed a lot of frustration about the casino buses. Many interview participants across Asian ethnic communities feel that the casino **buses make it too easy for people to get to the casino**. For example, casinos provide culturally appropriate entertainment including a family and child friendly resort and an elderly friendly environment. The casino makes it easy by reducing the language, cultural, and transportation barriers. Interviewees wonder if the casinos are “**strategic**” in being available when restaurant workers get off from work or when people are finished eating dinner in Chinatown. While no participant used the word predatory, their stories about the

intentionality of the marketing and advertising towards Asians, particularly the buses does seem to confirm prior findings by the national organization Stop Predatory Gambling that Asians are targeted in casino marketing.<sup>37</sup> Particularly for the Chinatown workers, there is a sense that the casinos create an environment that lures people to them and takes advantage of a vulnerable working-class population.

Many interviewees, particularly the Chinese ones perceived the casino as making a concerted effort to attract Asian gamblers. They get to the casino, lured by the free buffet, and there is a low barrier to participation in gambling. One interviewee called **entry into gambling a “low threshold” because people can participate in gambling without speaking English and one can start gambling with just a few dollars.** These incentives, while seemingly benign to an outsider, can be troubling. Elderly Asians, detached from American society when their children are grown, find it convenient and easy to get on the buses and go to the casino. They are attracted by the free food vouchers and easy transportation. Not wanting to be a burden on their children, it may even give them a sense of autonomy that they feel they are losing.

## Concluding Thoughts

This report questions whether the social aspects of gambling are worth the price that communities pay. The collected stories paint a portrait of the systemic issues that lead to problem gambling in the Asian community. The systemic nature of these issues emphasizes a key question: how can we support the long-term financial health of these working-class immigrant communities so that people can find work that gives them a sense of pride, purpose, and meaning? The portrait also highlights social isolation, loneliness, and dislocation that results from immigration. Immigrant communities, many of which find themselves facing racism and discrimination at the individual and institutional level, struggle to find and maintain gainful employment, support their families, and feel a sense of dignity and respect. Immigrant communities deserve opportunities to grow, thrive, and flourish.

While some may argue that casinos are offering employment opportunities and cultural activities for these communities, the harmful impacts of gambling, found within this report, make one question whether casinos are taking advantage of a vulnerable community with few other options. In painting a more nuanced picture of the harmful impacts of casinos which were developed as an economic development strategy, the participants’ stories leaves us wondering about whether casinos are engaging in responsible practices regarding the Asian community or whether they are preying on a working-class, vulnerable community.

While there are some existing resources for the Asian community and government agencies are working to be more responsive to the community, there still is a need for more services for this population. Community-based organizations, which are trusted cultural brokers in the community, can be a site to provide needed linguistic and culturally appropriate services to help address, alleviate, and heal this problem in the community. These community-based organizations are and have been the safety net for vulnerable Asian communities and their lived experience and expertise as providers can help reach and serve this population.

Finally, given the dearth of programs serving Asian problem gamblers nation-wide, Massachusetts has the potential to be a leader in how to address this problem. Investing in local, ethnic-specific community based organizations and valuing their lived experience and practice-based expertise can help to develop new, innovative solutions to this intractable problem.

# ACKNOWLEDGEMENTS

The authors would like to thank the research team and advisory board for all their hard work during the research process. In particular, the work of the community fieldworkers was invaluable and vital to the success of the project.

We would also like to thank Tufts CTSI for their support with writing the grant proposal and throughout the research process. The project was supported by the National Center for Advancing Translational Sciences, National Institutes of Health, Award Number UL1TR002544. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

We thank the Massachusetts Department of Public Health Office of Problem Gambling Services for their feedback and support.

Our work builds upon previous research and activism by Giles Li and Dr. Carolyn Wong. We would like to acknowledge their hard work and thank them for paving the way for our research. We would also like to highlight the work of other coalitions and organizations focused on Asian problem gambling around the country. We would particularly like to thank NICOS Chinese Health Coalition and the Asian Problem Gambling Prevention Project for taking the time to discuss their work with us. The work these groups do serves as the basis for ongoing research and the development of future interventions.

A special thank you to all the community interview participants. Our project would not have been possible without your thoughts, opinions, and stories which moved us deeply. Thank you for being willing to come forward and share your experiences.

Our work was made possible by a grant (BD-19-1068-1700-134614) from the Massachusetts Gaming Commission. We want to thank the Massachusetts Gaming Commission and the Public Health Trust Fund Executive Committee for their support of the project.

*We thank all those who contributed to the  
Asian CARES Project.*



# APPENDICES



## Appendix 1: Methods

Asian CARES used a community-engaged research approach. There is a growing recognition that community-engaged research (CER) can help ensure scientific discoveries lead to improved outcomes, particularly for health-disparity populations and among those historically underrepresented in public health research. CER has been documented to provide benefits to the community, researchers, and healthcare providers alike. The knowledge and experiences that the community brings to the partnership assist in setting research priorities that respond directly to the needs of the community; facilitate the recruitment of participants and the development of culturally-sensitive practices and measures; and speed the translational of research findings into practice.<sup>38-40</sup> The Asian CARES coalition met on a monthly basis to oversee, implement, and troubleshoot the research.

### Aim 1: Review existing resources on Asian problem gambling

We reviewed selected bodies of literature relevant to gambling problems in Asian communities, treatment solutions, and family-centered approaches to resilience, prevention, and harm mitigation. There is a large body of literature regarding family-focused interventions. Specifically, for our research we were interested in family-focused interventions in relation to family resiliency, prevention, and harm mitigation. A literature search for terms like “family-centered approach to resilience,” “family centered approach to trauma,” “family centered approach to harm reduction,” and “family centered interventions” yielded mixed results. Of the resulting literature, several articles were selected for more in-depth review. A particular focus was placed on literature pertaining to the Strengthening Families approach and family resiliency models. Much of the literature focused on interventions focused on youth in relation to the family.

Our literature review served as a roadmap for the overall project, outlining a set of criteria and key considerations for culturally-appropriate programing for each of the communities represented in the project. This gave the coalition foundational knowledge about the current state of the research around gambling addiction in the Asian American community locally and nationally and identified existing evidence-based prevention, intervention, and treatment efforts. The Strengthening Families approach, a model utilized by BCNC, Celebrating Families!, and FOCUS are all such programs. The basis of these youth focused family approaches stems from the idea that a crisis for the parents results in effects throughout the family and can have a profound effect on children.<sup>41-48</sup> The research indicates that using a family centered approach is important when addressing major life crises like problem gambling. Focus should be placed on family approaches such as these in future intervention strategies.

An environmental scan was conducted to better understand the existing problem gambling programs in the state. Initially Google searches were used to see what resources were available for a problem gambler seeking help. The OPGS website, Massachusetts Substance Abuse website, and MACGH website served as a starting point for finding services in the state. These websites offered suggested



programs and services as well as links to help groups around the state. Additional searches with terms like “gambling addiction Massachusetts” and “gambling helpline Massachusetts” were used to find the programs and services in the state. During the scan, the availability and accessibility of these services for non-English speakers, specifically those who speak Asian languages, was assessed.

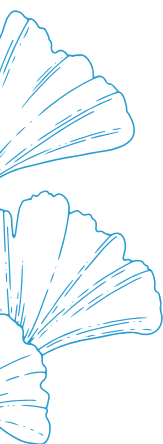
Based on the literature review and environmental scan, we identified key stakeholders who had knowledge and experience with problem gambling in the Asian community. Qualitative interviews were conducted by the research assistant with key stakeholders. Interviews lasted 45 – 60 minutes and took place over Zoom and were audio or video recorded. Notes were taken from the recordings.

## **Aim 2: Community-based assessment of needs through in-depth qualitative interviews**

We conducted interviews in the Cambodian, Chinese, Korean, and Vietnamese communities to better understand the nature of problem gambling in each respective community. We used qualitative methods in order to excavate “how” and “why” questions related to problem gambling.<sup>49-52</sup> We aimed to collect 40 interviews. In qualitative interviewing, 40 is often seen as a target number for saturation. Because of how labor intensive qualitative interviewing is, forty was also chosen because of time and financial constraints. Interviews were conducted by community field workers who were bilingual/bicultural staff of the partner agencies. Asian CARES community partners decided that their staff were the best people to conduct the interviews given the trusted relationship that staff have with community members. Already, community members have sought out these partner organizations to talk about their perceptions of gambling in the community. Also, given the stigma that problem gambling has in the community, the community partners believed that it was important for community members to interface with people that they already trust. Because of the challenges the community workers were already facing due to supporting the Asian community during the COVID-19 pandemic and in the aftermath of the shootings in Atlanta, forty was a reasonable number of interviews to expect from a workforce that was already overstretched and overrun with demands from the community.

Dr. Rubin developed two IRB-approved research trainings for all the community fieldworkers. The first training covered human subjects and ethical obligations of community field researchers. The second training covered interviewing techniques. The interview protocol and consent forms were translated and back-translated into Chinese, Vietnamese, Khmer, and Korean. Dr. Rubin also met with all the community fieldworkers on a weekly basis during the data collection phase in order to monitor recruitment, ensure consistency of data collection across ethnic groups, identify questions that participants were struggling with and troubleshoot other emerging problems.

There was a standard recruitment flyer which stated, “Participate in a study on gambling in the Asian community. Asian CARES is looking at gambling in the Asian community and is interviewing people to better understand the issue.” Outreach was done through several ways through the Asian CARES partner organizations. Because of the continued need for social distance under COVID, community members were recruited through direct contact, email, phone, or social media platforms that the agency uses (agency website, Facebook, Instagram, WeChat, texting) using a consistent flyer that was IRB approved and translated into Chinese, Vietnamese, Khmer, and Korean. Social media is a common way that community agencies communicate with their clients and constituents and the community partners indicated that using social media will help to reach a broader range of stakeholders for the interviews.



This recruitment flyer was sent out by agency staff as part of their normal contact with clients in their organizations (such as program emails) and posted in their agencies. A recruitment script was used as an email or administered verbally in direct outreach.

The response to the recruitment flyer was quick and swift for most agencies, indicating that people in the community want to talk about this issue. All people who participated in the interview had a family member, neighbor, co-worker, or community member that they had talked to or observed with gambling behavior.

Research participants were given a \$50 gift card for their participation. Interviews took place through Zoom or phone and lasted between 45 – 60 minutes. Interviews were audio or video-recorded with permission. Some interview participants elected to not be recorded. In those cases, community field workers took notes of the interviews. When possible, the community field workers worked in pairs. One person took the lead in conducting the interview in the appropriate Asian language. The second person took notes during the interview. After each interview, the interviewers re-listened to the recording to flush out the notes. After each community fieldworker finished their first set of notes, Dr. Rubin looked at the notes to ensure that consistent data was being collected across interviews and that community fieldworkers were probing interview participants. After the notes were taken and approved by Dr. Rubin, the audio or video recordings were destroyed as a way to not keep identifiers of the interview participants.

Two people, Dr. Rubin and Ms. Colby, conducted the data analysis. Each coder independently read and coded each transcript. Before analysis, Ms. Colby developed a list of a priori codes from the research literature as the basis for a codebook. The first round of coding focus on these a priori deductive codes, looking at what was consistent between our findings and the literature. The second round of coding focused on inductive codes and ideas that came from the narratives that were unique and germane specifically to the Asian community.<sup>53</sup> The coders met to discuss and agree on the main codes. The codes were then developed into preliminary themes with primary attention to understand the effects of gambling in the Asian community. These themes served as the building blocks for understanding the patterns of systemic issues that contribute to problem gambling and how the systemic issues manifest in particular ways in the Asian community.<sup>54-59</sup> Preliminary analysis of the data was represented to the community fieldworkers for their feedback and to check the interpretation.

### **Aim 3: Strength, weaknesses, opportunities, threat analysis**

We conducted an environmental scan of the four community partner organizations to better understand their existing resources, specific needs, and potential challenges associated with family services and supports. Dr. Susan Koch-Weser developed an inventory sheet to assess the programmatic assets and activities related to providing services to the Asian community. The inventory sheet was adapted from a previously generated template developed by Dr. Koch-Weser for ADAPT. The original template was designed for assessing community organization assets. Dr. Koch-Weser interviewed the directors of each partner organization. She went through each category of the inventory sheet, discussing how each organization works and documenting the assets and activities for the organization. The agency specific inventory sheets were then compared and compiled into a master inventory sheet which documents the activities for each organization which were categorized

by different activities or assets. For example, provider community outreach or individual interventions or prevention and public education were some of the categories. The results were then summarized into a final document which examined the results across the agencies. Based on the inventory sheets and summarized results, a SWOT (strength, weakness, opportunities, and threats) map was developed across the agencies. The analysis took into account internal assets of each agency as well as the ways in which interagency collaboration could be utilized.



## Appendix 2: Demographics Table

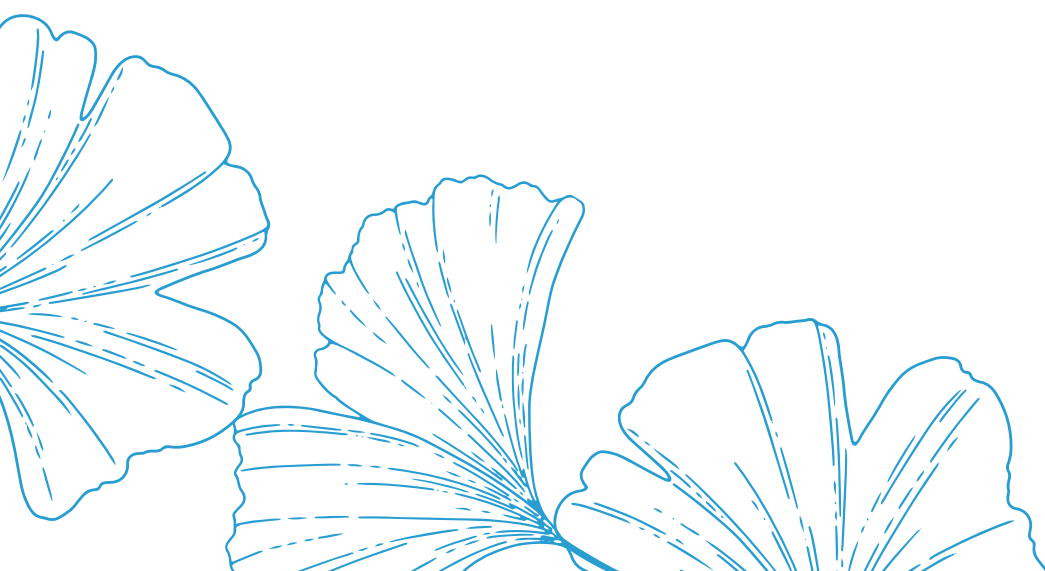
Demographic Variables	Number	Percent
<b>Race</b>	<b>N=35</b>	
Cambodian	10	29%
Chinese	15	43%
Korean	3	9%
Taiwanese	1	3%
Vietnamese	4	11%
Other (Filipino and Chinese Vietnamese)	2	6%
<b>Gender</b>	<b>N=33</b>	
Male	9	27%
Female	24	73%
<b>Education</b>	<b>N=34</b>	
Grade School	2	6%
High School or equivalent	15	44%
Associates degree	1	3%
Bachelor's degree	11	32%
Master's degree or professional degree	5	15%
<b>Primary Language*</b>	<b>N=34</b>	
Cantonese	5	15%
English	8	24%
Khmer	7	21%
Korean	2	6%
Mandarin	10	29%
Vietnamese	4	12%
Other (Tagalog)	1	3%
<b>English Proficiency</b>	<b>N=33</b>	
Fluent	8	24%
High	3	9%
Medium	8	24%
Limited	14	42%
None	0	0%
<b>Age</b>	<b>N=39</b>	
Under 20	1	3%
20-29	7	18%
30-39	12	31%
40-49	10	26%
50-59	7	18%
60-69	1	3%
70+	1	3%

\*Some participants were bilingual and spoke two languages as their primary language.

## Appendix 3: Interview Themes

Themes	Number	Percent
<b>Harmful Impacts</b>	<b>N=40</b>	
Bad impact on families	26	65%
Divorce/separation	18	45%
Mental health/ illness	13	33%
Other addictions (alcoholism, etc.)	2	5%
Effects jobs	4	10%
Loan/debt/ financial ruin	33	83%
Domestic violence	22	55%
Impacts to child	29	73%
Death	6	15%
Bad reputation/ shaming	6	15%
Family/child neglect	13	33%
<b>Reasons for Gambling</b>	<b>N=40</b>	
Social aspect of gambling	26	65%
Gambling due to stress/to relive stress	9	23%
Obsession/ Greed	7	18%
Bored	16	40%
No entertainment options	10	25%
Recreationally (holidays or at parties)	5	13%
Earn money/ win money (quick money)	23	58%
Gambling to improve family finance	7	18%
Social isolation	11	28%
Gambling to escape reality	6	15%
<b>Support</b>	<b>N=40</b>	
Don't know where to seek help/have never heard of help options	30	75%
Family for help/ aid in stopping	16	40%
Desire to seek counseling	13	33%
Desire for alternative recreational options	8	20%
Desire for help in community organizations	14	35%
Importance of trust	5	13%
Ambivalence of current help options (psychiatric help, etc)	5	13%
Ambivalence about hotline	13	33%

Themes	Number	Percent
<b>Triggers/Facilitators</b>	<b>N=40</b>	
Targeted advertising	17	43%
Casino environment	8	20%
Aware of buses	34	85%
Entertainment turns to addiction	20	50%
<b>Misc.</b>	<b>N=40</b>	
Gambling changed since COVID	11	28%
Difficult to talk about gambling (stigma)	24	60%



# Appendix 4: Interview Guide

## Interview Questions for Community Members

***Hello. I appreciate you taking the time to meet with me today. My name is \_\_\_\_\_ and I would like to speak with you about your thoughts on gambling in your community.***

***[Go over consent script]***

***I would like to video/audio record this interview. Do I have your permission to do this?***

***I would also like to take notes during the interview. Do I have your permission to do that?***

### **Warm-up Questions:**

1. How long have you lived in [insert community]?

### **Gambling Perception Questions:**

***The next questions will be about your opinions on gambling.***

2. Do you think gambling is a problem in the community? Why/why not?
3. What kind of gambling activities do you see occurring in your community?
  - a. What do you think are the top 3 most prevalent ways people gamble in your community? (**Probes:** lottery, casinos, sports betting, private wagering, horse racing, raffle, bingo, cultural games like mahjong, Go-Stop, or Kla Kloak, etc.)
  - b. In your opinion, what are the three most prevalent ways gambling happens? (Probes: casinos, homes, underground gambling dens, on-line, lottery, race track)
  - c. Do you see people playing games recreationally or is there usually more money involved?
4. What do you think are the reasons that cause people to gamble? (**Suggestions:** boredom, social isolation, lack of recreational activities, poverty, holidays/events, stress, depression, etc.)
5. Based on what you have seen, what kind of impacts has gambling had on families?

**Prompting questions if there has been an impact on the family: (Please reiterate to interviewee to not name people and to not provide identifying details of persons.)**

  - a. How does gambling impact stress in families?
  - b. How does gambling impact violence or abuse?
  - c. How does gambling impact children?
  - d. How does gambling impact a person or family's financial situation?



6. Without naming names, have you heard of situations where someone has spent so much while gambling that it has affected their financial situation? We are interested in your general opinions rather than discussing specific individuals.

**If the interviewee answers yes, ask:**

- a. How did the loss affect them? (**Probes:** loss of job, difficulty paying bills, homelessness, domestic violence, shaming by family, community shunning, prostitution, trafficking, etc)
  - b. What financial help did they seek due to their gambling?
    - Loans
    - Asking friends for money
    - Loan sharks (someone who offers money outside of formal the banking system)
    - Taking extra jobs
    - Pawning items
    - Other \_\_\_\_\_
  - c. What do you think could lead someone to become a chronic gambler?
7. Are you aware of the free shuttles that take people to casinos?  
**If the interviewee answers yes, ask:**  
In your opinion, what encourages people to take these buses to the casino?  
(**Probes:** it was free, to see a show, dinner, discounts, vouchers for gambling)  
In your opinion, who takes these shuttles?  
In your opinion, do you think people would still go to the casinos if there were no free shuttles?
8. Do you think that gambling behavior in your community has changed since the pandemic? If so how?
9. Do you find that it is hard to talk about problem gambling in the community?  
**If the interviewee answers yes, ask:**
  - a. What makes it so hard to talk about?
  - b. How would you combat these challenges to feel more comfortable talking about gambling?

**Treatment/Solution Questions:**

***The next set of questions is about your opinions on treatment options and services in the community.***

10. Who do you think is the first person to seek help when there are gambling problems in the home? (**Probes:** the person with gambling problems, spouse, relative, child, parent, friend, etc.)

- a. Why would you choose to seek out this person? (Probes: people who can speak their language, someone who understands their culture, people they trust, etc)
11. Where would they feel comfortable seeking help? (**Probes:** community center, school, church or faith organization, social support organization, etc.)
12. How will they seek help? (Probes: Help-line, in-person one-on-one meetings, self-help groups, family counseling session, hospital, etc.)
- a. Do you think problem gamblers will call a help-line? Why/why not?
13. Currently, to your knowledge, where would people struggling with gambling go seek services and treatment?
- Prompting questions:**
- a. What help options do you know of to treat gambling addiction?
  - b. What resources are there in the community to help people with gambling problems?
14. In your opinions, what programs and services would best help those struggling with gambling issues?
- Prompting questions:**
- a. What would help them with gambling addiction?
  - b. What help would their families need? Their children?
  - c. What kind of financial help would they need?
  - d. What other kind of help would they need?
15. Who do you think are the trusted sources for information and resources within the community?
- Follow-up questions:**
- a. What type of information do you trust?
    - Statistics
    - Personal stories
    - A mixture of both
    - Information given by professionals
    - Other \_\_\_\_\_
  - b. Where do you get your news and information from?
    - Papers
    - Ethnic news sources
    - Social media
    - Radio
    - Online forums
    - WeChat

Other \_\_\_\_\_

16. If more resources could come into the community to help people with gambling problems, where should those resources be directed?

**Organization Questions: (if the interviewee was not recruited through your organization or does not use your organization's services, skip questions 18 and 19)**

***The final questions have to do with your community and your experiences with [insert name of organization they use – ie BCNC, ATASK, CMAA, or VietAID].***

17. When did you start coming to [insert organization] and why did you start coming here?  
**(Ex – When did you start coming to VietAID and why did you start coming here?)**

18. How has the organization helped you in the past?
- What kinds of activities or programs have you participated in?
  - How has your family used this organization?
  - Are there specific kinds of one-on-one help you have gotten here?
  - Problems they have helped you solve? How?
  - What kinds of programs or services would help gambling issues in your particular community?

**Demographic questions:**

***I'd now like to ask you a few questions about yourself.***

19. What race and ethnicity do you identify with?

- Chinese  
 Taiwanese  
 Korean  
 Vietnamese  
 Cambodian  
 Indian  
 Bengali  
 Nepali  
 Thai  
 Other \_\_\_\_\_

20. What gender do you identify with?

- Male  
 Female  
 Transgender  
 Non-binary  
 Prefer not to specify

Other \_\_\_\_\_

21. What is your highest level of education?

- No formal education
- Grade School
- High School or equivalent
- Vocational or trade school
- Associates degree
- Bachelor's degree
- Master's degree or professional degree
- Doctorate degree

22. What do you consider your primary language?

- Mandarin
- Cantonese
- Hindi
- Bengala
- Nepali
- Korean
- Vietnamese
- Khmer
- English
- Other \_\_\_\_\_

23. What is your level of English language proficiency?

- Fluent
- High
- Medium
- Limited
- None

24. What industry do you work in?

25. What is your age? \_\_\_\_\_ years old (based on US age system)

26. Were you born in the US, or did you immigrate here? If you immigrated, how many years have you lived in the US? Please do not tell us your immigration status. We are interested in how long you have been in the US not your legal status.

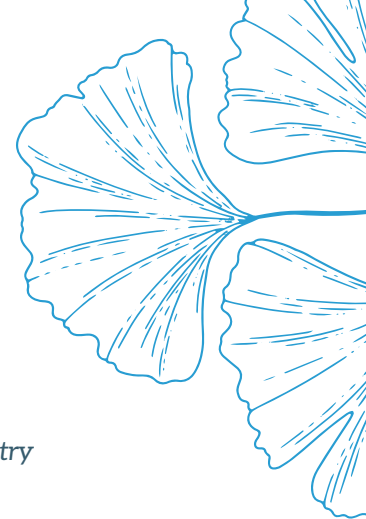
\_\_\_\_\_ years

27. How many people do you live with?

28. How many children do you have?

***Thank you for your time.***

# REFERENCES



1. Fong TW, Tsuang J. Asian-americans, addictions, and barriers to treatment. *Psychiatry (Edmont)*. 2007;4(11):51-59.
2. Kong G, Tsai J, Pilver CE, et al. Differences in gambling problem severity and gambling and health/functioning characteristics among Asian-American and Caucasian high-school students. *Psychiatry Res*. 2013;210(3). doi:10.1016/j.psychres.2013.10.005
3. Luczak SE, Wall TL. Gambling Problems and Comorbidity with Alcohol Use Disorders in Chinese-, Korean-, and White-American College Students. *Am J Addict*. 2016;25(3):195-202. doi:10.1111/ajad.12350
4. Petry NM, Stinson FS, Grant BF. Comorbidity of DSM-IV pathological gambling and other psychiatric disorders: results from the National Epidemiologic Survey on Alcohol and Related Conditions. *J Clin Psychiatry*. 2005;66(5):564-574. doi:10.4088/jcp.v66n0504
5. Barry DT, Steinberg MA, Wu R, Potenza MN. Differences in Characteristics of Asian American and White Problem Gamblers Calling a Gambling Helpline. *CNS Spectr*. 2009;14(2):83-91.
6. Dowling NA, Shandley KA, Oldenhof E, et al. The intergenerational transmission of at-risk/problem gambling: The moderating role of parenting practices. *Am J Addict*. 2017;26(7):707-712. doi:10.1111/ajad.12599
7. Kourgiantakis T, Saint-Jacques M-C, Tremblay J. Problem Gambling and Families: A Systematic Review. *Journal of Social Work Practice in the Addictions*. 2013;13(4):353-372. doi:10.1080/1533256X.2013.838130
8. Yoshihama M, Ramakrishnan A, Hammock AC, Khaliq M. Intimate Partner Violence Prevention Program in an Asian Immigrant Community: Integrating Theories, Data, and Community. *Violence Against Women*. 2012;18(7):763-783. doi:10.1177/1077801212455163
9. Langham E, Thorne H, Browne M, Donaldson P, Rose J, Rockloff M. Understanding gambling related harm: a proposed definition, conceptual framework, and taxonomy of harms. *BMC Public Health*. 2016;16(1):80. doi:10.1186/s12889-016-2747-0
10. Korman LM, Collins J, Dutton D, Dhayananthan B, Littman-Sharp N, Skinner W. Problem Gambling and Intimate Partner Violence. *J Gambli Stud*. 2008;24(1):13-23. doi:10.1007/s10899-007-9077-1

11. Suomi A, Jackson AC, Dowling NA, et al. Problem gambling and family violence: family member reports of prevalence, family impacts and family coping. *Asian Journal of Gambling Issues and Public Health*. 2013;3(1):13. doi:10.1186/2195-3007-3-13
12. Volberg RA, Williams RJ, Stanek EJ, Houpt A, Zorn M, Rodriguez-Monguio R. *Gambling and Problem Gambling in Massachusetts: Results of a Baseline Population Survey*. University of Massachusetts Amherst School of Public Health and Health Sciences; 2017:320.
13. Alegria AA, Petry NM, Hasin DS, Liu S-M, Grant BF, Blanco C. Disordered gambling among racial and ethnic groups in the US: results from the national epidemiologic survey on alcohol and related conditions. *CNS Spectr*. 2009;14(3):132-142. doi:10.1017/s1092852900020113
14. Lesieur HR, Cross J, Frank M, et al. Gambling and pathological gambling among university students. *Addictive Behaviors*. 1991;16(6):517-527. doi:10.1016/0306-4603(91)90059-Q
15. Wong C, Li G. Talking about Casino Gambling: Community Voices from Boston Chinatown. *Institute for Asian American Studies Publications*. Published online July 20, 2020. [https://scholarworks.umb.edu/iaas\\_pubs/45](https://scholarworks.umb.edu/iaas_pubs/45)
16. Loo JMY, Shi Y, Pu X. Gambling, Drinking and Quality of Life: Evidence from Macao and Australia. *J Gamb Stud*. 2016;32(2):391-407. doi:10.1007/s10899-015-9569-3
17. Tse S, Wong J, Kim H. A public health approach for Asian people with problem gambling in foreign countries. *Journal of Gambling Issues*. 2004;(12). doi:10.4309/jgi.2004.12.13
18. Dhillon J, Horch JD, Hodgins DC. Cultural Influences on Stigmatization of Problem Gambling: East Asian and Caucasian Canadians. *J Gamb Stud*. 2011;27(4):633-647. doi:10.1007/s10899-010-9233-x
19. Raylu N, Oei TP. Role of culture in gambling and problem gambling. *Clin Psychol Rev*. 2004;23(8):1087-1114. doi:10.1016/j.cpr.2003.09.005
20. Raylu N, Loo J, Oei TPS. Treatment of Gambling Problems in Asia: Comprehensive Review and Implications for Asian Problem Gamblers. *Journal of Cognitive Psychotherapy*. 2013;27(3):297-322. doi:10.1891/0889-8391.27.3.297
21. Clarke D, Abbott M, Desouza R, Bellringer M. An Overview of Help Seeking by Problem Gamblers and their Families Including Barriers to and Relevance of Services. *International Journal of Mental Health and Addiction*. 2007;5:292-306. doi:10.1007/s11469-007-9063-y
22. Menchon JM, Mestre-Bach G, Steward T, Fernández-Aranda F, Jiménez-Murcia S. An overview of gambling disorder: from treatment approaches to risk factors. *F1000Res*. 2018;7. doi:10.12688/f1000research.12784.1
23. Petry NM, Ammerman Y, Bohl J, et al. Cognitive-behavioral therapy for pathological gamblers. *Journal of Consulting and Clinical Psychology*. 2006;74(3):555-567. doi:10.1037/0022-006X.74.3.555



24. Potenza MN, Balodis IM, Derevensky J, et al. Gambling disorder. *Nature Reviews Disease Primers*. 2019;5(1):1-21. doi:10.1038/s41572-019-0099-7
25. Yau YHC, Potenza MN. Gambling disorder and other behavioral addictions: recognition and treatment. *Harv Rev Psychiatry*. 2015;23(2):134-146. doi:10.1097/HRP.0000000000000051
26. Richard K, Baghurst T, Faragher JM, Stotts E. Practical Treatments Considering the Role of Sociocultural Factors on Problem Gambling. *J Gamb Stud*. 2017;33(1):265-281. doi:10.1007/s10899-016-9625-7
27. Naeem F, Latif M, Mukhtar F, et al. Transcultural adaptation of cognitive behavioral therapy (CBT) in Asia. *Asia Pac Psychiatry*. 2021;13(1):e12442. doi:10.1111/appy.12442
28. Jezewski MA. *Culture Brokering: Providing Culturally Competent Rehabilitation Services to Foreign-Born Persons*. Center for International Rehabilitation Research Information and Exchange; 2001.
29. Jezewski MA. Culture Brokering in Migrant Farmworker Health Care. *West J Nurs Res*. 1990;12(4):497-513. doi:10.1177/019394599001200406
30. Islam N, Shapiro E, Wyatt L, et al. Evaluating community health workers' attributes, roles, and pathways of action in immigrant communities. *Preventive Medicine*. 2017;103:1-7. doi:10.1016/j.ypmed.2017.07.020
31. Perez M, Findley SE, Mejia M, Martinez J. The Impact of Community Health Worker Training and Programs in NYC. *Journal of Health Care for the Poor and Underserved*. 2006;17(1):26-43. doi:10.1353/hpu.2006.0049
32. Shahidi H, Sickora C, Clancy S, Nagurka R. Community health workers recruitment from within: an inner-city neighborhood-driven framework. *BMC Res Notes*. 2015;8. doi:10.1186/s13104-015-1700-0
33. Adams G, McDaniel M. Untapped Potential: Partnering with Community-Based Organizations to Support Participation of Lower-Incidence Immigrant Communities in the Illinois Preschool for All Initiative. Published online 2012:27.
34. Oberlin K, Pizmony-Levy O. Beyond Access: Social Safety Nets and the Use of Free Health Care Services. *Sociological Perspectives*. 2016;59. doi:10.1177/0731121416641677
35. Tsega M, Giantris K, Shah T. Essential Social Services Are Struggling to Survive the COVID-19 Crisis. *To the Point*. doi:10.26099/d7q2-s993
36. Leigh D. SWOT Analysis. In: *Handbook of Improving Performance in the Workplace: Volumes 1-3*. John Wiley & Sons, Ltd; 2009:115-140. doi:10.1002/9780470592663.ch24

37. Yang Y-U. The Endless Bus Trip. *Anthropology Now*. 2014;6(3):96-108. doi:10.1080/19492901.2014.11728456
38. Michener L, Cook J, Ahmed SM, Yonas MA, Coyne-Beasley T, Aguilar-Gaxiola S. Aligning the Goals of Community-Engaged Research: Why and How Academic Health Centers Can Successfully Engage with Communities to Improve Health. *Acad Med*. 2012;87(3):285-291. doi:10.1097/ACM.0b013e3182441680
39. Syme SL. Social Determinants of Health: The Community as an Empowered Partner. *Prev Chronic Dis*. 2003;1(1):A02.
40. Wallerstein N, Minkler M, Carter-Edwards L, Avila M, Sánchez V. Improving health through community engagement, community organization, and community building. In: *Health Behavior: Theory, Research, and Practice, 5th Ed*. Jossey-Bass/Wiley; 2015:277-300.
41. Kumpfer KL, Alvarado R, Smith P, Bellamy N. Cultural Sensitivity and Adaptation in Family-Based Prevention Interventions. *Prev Sci*. 2002;3(3):241-246. doi:10.1023/A:1019902902119
42. Kumpfer KL, Pinyuchon M, de Melo AT, Whiteside HO. Cultural Adaptation Process for International Dissemination of the Strengthening Families Program. *Eval Health Prof*. 2008;31(2):226-239. doi:10.1177/0163278708315926
43. Lester P, Mogil C, Saltzman W, et al. Families Overcoming Under Stress: Implementing Family-Centered Prevention for Military Families Facing Wartime Deployments and Combat Operational Stress. *Mil Med*. 2011;176(1):19-25. doi:10.7205/MILMED-D-10-00122
44. Lester P, Stein JA, Saltzman W, et al. Psychological Health of Military Children: Longitudinal Evaluation of a Family-Centered Prevention Program to Enhance Family Resilience. *Mil Med*. 2013;178(8):838-845. doi:10.7205/MILMED-D-12-00502
45. Mogil C, Paley B, Doud TD, et al. Families OverComing Under Stress (FOCUS) for Early Childhood. *Zero to Three*. Published online September 2010:11-16.
46. Walsh F. Traumatic Loss and Major Disasters: Strengthening Family and Community Resilience. *Family Process*. 2007;46(2):207-227. doi:10.1111/j.1545-5300.2007.00205.x
47. Walsh F. Community-Based Practice Applications of a Family Resilience Framework. In: Becvar DS, ed. *Handbook of Family Resilience*. Springer; 2013:65-82. doi:10.1007/978-1-4614-3917-2\_5
48. Walsh F. Family resilience: a developmental systems framework. *European Journal of Developmental Psychology*. 2016;13(3):313-324. doi:10.1080/17405629.2016.1154035
49. Sofaer S. Qualitative methods: what are they and why use them? *Health Serv Res*. 1999;34(5 Pt 2):1101-1118.

50. Jones J. Authenticity and Scientific Integrity in Qualitative Research. *Journal of obstetric, gynecologic, and neonatal nursing : JOGNN / NAACOG*. 2013;42:401-402. doi:10.1111/1552-6909.12229
51. Lunde Å, Heggen K, Strand R. Knowledge and Power: Exploring Unproductive Interplay Between Quantitative and Qualitative Researchers. *Journal of Mixed Methods Research*. 2013;7(2):197-210. doi:10.1177/1558689812471087
52. Pope C, Mays N. Qualitative Research: Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research. *BMJ*. 1995;311(6996):42-45. doi:10.1136/bmj.311.6996.42
53. Saldana J. *The Coding Manual for Qualitative Researchers*. 3rd edition. SAGE Publications Ltd; 2015.
54. Miles MB, Huberman AM, Saldana J. *Qualitative Data Analysis: A Methods Sourcebook*. 4th edition. SAGE Publications, Inc; 2019.
55. Bradley EH, Curry LA, Devers KJ. Qualitative data analysis for health services research: developing taxonomy, themes, and theory. *Health Serv Res*. 2007;42(4):1758-1772. doi:10.1111/j.1475-6773.2006.00684.x
56. Chenail R. Conducting Qualitative Data Analysis: Managing Dynamic Tensions Within, Part One. *The Qualitative Report*. 2012;17(2):500-505. doi:10.46743/2160-3715/2012.2724
57. DeCou CR, Skewes MC, López EDS, Skanis ML. The benefits of discussing suicide with Alaska native college students: Qualitative analysis of in-depth interviews. *Cultural Diversity and Ethnic Minority Psychology*. 2013;19(1):67-75. doi:10.1037/a0030566
58. Miles MB. Qualitative Data as an Attractive Nuisance: The Problem of Analysis. *Administrative Science Quarterly*. 1979;24(4):590-601. doi:10.2307/2392365
59. Pope C, Ziebland S, Mays N. Analysing qualitative data. *BMJ*. 2000;320(7227):114-116.