Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities

FINAL ACTION PLAN SUMMARY REPORT

4th OF FOUR PROJECT FINAL REPORTS

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Submitted on Behalf of
COSTI Immigrant Services
to the
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ACKNOWLEDGEMENTS

In 2000/2001, the former Ontario Substance Abuse Bureau (now the Addiction Unit of the Mental Health and Addiction Branch, Ministry of Health and Long-Term Care) provided an allocation of $1.5 million to study problem gambling in "special populations." As with most funding allocated to address this socio-health issue in Ontario (i.e., treatment, prevention and research monies), this special research funding was advanced from Ontario Liquor and Gaming Commission (OLGC) revenues garnered from gambling in the province. The Ontario Problem Gambling Research Centre was entrusted with expending a portion of the funding allocation on this research project that examined gambling and problem gambling in eight ethno-cultural communities in the greater Toronto area and in Windsor/Essex County. This financial contribution from the OLGC and Ministry, and the capable administration and oversight service provided by the Research Centre, made this important study possible.

COSTI Immigrant Services (COSTI) is Canada's largest education and social service agency that provides services to newcomers and their families, and this well-respected Toronto organization provided effective administrative services and ongoing consultative advice to this study. The Multicultural Council of Windsor/Essex County served as a community partner, offering advice and consultation to the researchers and communities. The roles of both of these leading multi-cultural organizations are gratefully acknowledged.

A Regional Research Advisory Committee comprised of representatives from various Ontario community organizations, agencies and government departments met as a group to provide advice to the study participants, and the contribution of talent and time from these individuals helped shape the project direction. The researchers wish to acknowledge the significant contribution of Gary McCaskill, who served as the research assistant to the project. Gary developed and maintained the project website, crafted various project templates used by the communities, and contributed considerable effort in preparing and improving various study reports.

Finally, the credit for the successful completion of this research lies with the eight communities themselves. In each community, a local agency stepped forward and agreed to serve as the research project sponsor, and this leadership was crucial to the success that was experienced. The people on each of the eight Local Research Advisory Committees met, discussed, debated and otherwise made the research happen in each community. In every community, different individuals stepped forward to help with the research tasks, including writing the local research plans, collecting and interpreting data, writing the final reports and action plans. Space does not permit naming the many community people who contributed to this research project, and readers are encouraged to refer to each community final report for a listing of these individuals. In the final analysis, this study begins to tell the story of gambling and problem gambling in each of the eight ethno-cultural communities, to the great credit of those dedicated community people who participated.

PROJECT FINAL REPORTS

There are four separate, but related, project final reports that describe the design/methodology, contain the findings/conclusions, and present the action plans from the research project entitled, *Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities.* Each of these reports is available from the COSTI Immigrant Services website (www.costi.org) and the Ontario Problem Gambling Research Centre website (www.gamblingresearch.org). Readers are encouraged to download and read each of these following four companion reports to gain a complete understanding of this research project.

Phase I – Research

In Phase I of this project, each of the eight participating ethnic communities completed exploratory research into gambling and problem gambling in their populations. Subsequently, each community wrote a final research report describing their experience and findings, and each of these eight reports have been compiled into the first compendium research report entitled,

Report 1 – ***Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities. Eight Community Final Research Reports.***

Drs. Wynne and McCready, the project co-investigators, then synthesized the findings and conclusions from these eight ethnic community research reports and prepared a second final summary research report entitled,

Report 2 – ***Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities. Final Summary Report.***

Phase II – Action Planning

In Phase II of this project, each of the eight communities prepared an action plan, based on the findings from their Phase I research. The third project research report is a compendium of eight community action plans, and it is entitled

Report 3 – ***Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities. Eight Community Final Action Plan Reports.***

Drs. Wynne and McCready also synthesized the findings and conclusions in these eight action plan reports, and then compiled the fourth and final research report entitled,

Report 4 – ***Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities. Final Action Plan Summary Report.***

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1. INTRODUCTION

As a large-scale participatory action research project, *Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities* had two distinct phases--a research phase and an action planning phase. This research project resulted in four separate, but related, final report documents, and these are described at the beginning of this report.

This final action plan summary report written by the co-investigators is based on the eight individual community action plans, which are available in a compendium of the eight final action plan reports. Readers are encouraged to refer to this compendium of community action plans when they are reading this final action plan summary report.

The central purpose in this final action plan summary report is to describe, summarize and synthesize the community action planning phase of the *Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities* research project. As was done with the community data collected during the research phase, this report is, likewise, a synthesis of data contained in each of the eight community final action plan reports. For a full understanding of the community action plans, the reader will want review all eight community action plan reports. This report is comprised of four chapters and this, the introductory chapter, describes the research topic, background and conceptual framework. The following chapters provide a description of the action planning, a summary of the community action plans and the conclusions and implications drawn from the community action plans.

1.1 Research Topic

In Canada and the United States, and in countries throughout the world, problem gambling has been acknowledged to be a very serious emerging public health issue (Korn et al., 2000; Wynne, 1997). An increase in problem gambling is not surprising as, during the past decade, there has been a proliferation of gambling opportunities through casinos, electronic gambling machines, mega-bingo facilities, lotteries, sports betting, simulcast racing and Internet gambling.

Simultaneously over the past ten years, there has been a significant growth in problem gambling research as evidenced in the increasing number of scientific studies and journal articles in this field (Wildman, 2004). Within this growing body of research, a plethora of problem gambling prevalence studies have been conducted in jurisdictions in Canada, the United States, New Zealand, Australia, Great Britain and Europe and these have striven to describe the nature, characteristics and pervasiveness of this disorder in general populations (Shaffer and Vander Bilt, 1997). For the most part, these prevalence studies have examined problem gambling in the dominant cultural group (i.e. general population) and few studies have focused on this health issue in sub-cultural groups (McGowan et al., 2000). However, there is an emerging interest in addressing problem gambling in ethnic communities, notably within larger metropolitan areas, and this

research was designed to contribute to our understanding of how gambling and problem gambling may be viewed differently in various ethnic sub-populations.

This project was intended to be action research and, as such, there was an expectation that research advisory committees in each of the eight participating ethnic communities would take the research findings and develop an "action plan", designed to lessen the harmful effects of problem gambling. In some instances, participating communities have services in place to deal with socio-health issues, and research findings may assist community agencies in adding problem gambling prevention, education and treatment services to their repertoire. Conversely, where the ethnic community depends on large urban community service agencies for help, the research results may be used to develop culturally appropriate services within these agencies to assist problem gamblers from different ethnic groups.

The ultimate aim of this study was to increase knowledge of gambling and problem gambling in ethnic sub-populations in large metropolitan areas and, more importantly, to provide a stimulus and action strategy for participating communities to address this serious public health issue.

1.2 Background

In the 2000/2001 fiscal year, the Ontario Substance Abuse Bureau (OSAB) provided one-time funding of $1.5 million to examine the socio-health issue of problem gambling in "special populations." In November 2000, the Ontario Problem Gambling Research Centre (OPGRC) was asked by the OSAB to develop a solicitation for proposals from those interested in conducting research into problem gambling within Ontario special populations (e.g., older adults, youth, women, ethno-cultural groups, aboriginal peoples). In response, the OPGRC received thirty-three letters of intent from researchers and/or community agencies, and nine of these proponents were requested to submit full research plans (six projects were ultimately funded).

While seven letters of intent were received from ethnic communities in Toronto and the Windsor/Essex County area of southern Ontario, none of these was recommended for funding. This concerned the OPGRC board of directors, and they requested that their research consultant, Dr. Harold Wynne, devise a research strategy that might engage these ethnic communities in researching problem gambling in their populations. Dr. Wynne and his colleague Dr. John McCready contacted representatives from each of these communities and, working together, they developed a proposal entitled, "Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities." Central to the research strategy was the use of a participatory action research (PAR) approach that enabled eight ethnic communities to work independently, yet within the same research framework. The research plan for this project was submitted successfully for independent peer review, and in April 2001, the study commenced.

The purpose of this research was to gain an understanding of gambling in a cultural context and to examine the issue of problem gambling in eight different ethnic

communities in large metropolitan areas. To guide this inquiry and facilitate the aggregation of findings, the following five overarching research project goals were posited: (1) to describe the nature and practice of gambling as a community socio-cultural activity; to describe the definition, characteristics, and pervasiveness of problem gambling in the community; (3) to ascertain community members' perceptions of gambling and problem gambling; (4) to ascertain help-seeking preferences and behaviors of problem gamblers and concerned significant others; and, (5) to develop an "action plan" designed to address problem gambling issues identified through the community research.

While there were five overarching goals that each community was asked to address, the research direction in each community was guided by questions framed at the local level. Consequently, while the direction of this community research was common to each group, there are some interesting differences and directions that each community has chosen to take. More details of this research are available on the project web site at www.wynne.com/gamblingproject.htm.

The communities addressed the first four goals, completed their preliminary research and submitted their findings reports in the data gathering phase of the project. The co-investigators, Drs. Harold Wynne and John McCready, completed the process of writing the overall findings report that synthesizes and presents learnings relative to problem gambling that are gleaned from the research in each community.

The fifth overarching research goal, the action planning goal, was for each community, "to develop an 'action plan' designed to address problem gambling issues identified through the community research." The expectation from the outset was that each community would respond to the issue of problem gambling through the development of an evidence-based action plan. However, during the final stages of completing the community-based inquiry, it became evident that the communities did not have the resources (i.e., time or finances) to engage in thorough action planning process that would result in solid, defensible community action plans. Consequently, rather than have the communities cobble together hastily-written action plans, they were advised (a) to write their findings from the data collection phase of the project; (b) to delimit their research reports to exclude action plans; and, (c) to anticipate additional time and funding would be available to add a more thorough, adjunctive action planning phase to the project. The community findings reports were written and the project was extended to include an action planning phase.

The purpose of this report is to present the "action planning phase" as a logical follow-up to the problem gambling research that completed by each ethnic community. Each of the eight communities were invited to continue to participate in the action planning phase of the project, which involved training community members to implement an action planning process model to identify and respond to problem gambling issues. As with the original ethnic community research project, COSTI was approached to serve as the administrative agent for this phase of the project. The co-investigators, Drs. Wynne and McCready, assumed responsibility for training community members and

assisting them in implementing an action planning process that resulted in rigorous and defensible problem gambling action plans.

The expected outcomes from the action planning phase of the project were that each community would (a) clearly identify the most important problem gambling issues evidenced through their previous data gathering and findings reports, and (b) develop carefully considered action strategies in a plan to address these issues. Furthermore, the action planning process involved establishing a "coalition" in each community and; thereby, capacity has been enhanced so that problem gambling issues will be continuously monitored and the effectiveness of any problem gambling program interventions will be evaluated. All eight community actions plan reports have been completed and, as expected, the co-investigators have prepared this report to summarize and synthesize the community action plan reports.

1.3 Key Participants

The key participants in this research project included the eight ethnic communities (led by a local research advisory committee) in greater Toronto and Windsor/Essex County areas, co-investigators Wynne and McCready, community agency partners (COSTI and the Multicultural Council of Windsor and Essex County), and a regional research advisory committee.

Participating communities. Central to the success of this research project was the full participation and cooperation of the eight ethnic communities. In the greater Toronto area and in Windsor/Essex County, there are many ethnic communities that were prospective candidates for inclusion in this research project and research resources were limited; consequently, a criteria-based process for selecting participating communities was needed. The main criteria for community selection were two-fold, namely: (1) the community had expressed interest in researching the issue of problem gambling by submitting a solicitation to the OPGRC; and (2) the community demonstrated a state of readiness, capacity and commitment to undertake a problem gambling research project.

The eight ethnic communities that participated in this research, and the agencies within each that served as the sponsoring agency for that community's project were the following (for a description of these communities and agencies, refer to the research project website at www.wynne.com/gamblingproject.htm):

Toronto
1. Afghan Community (Afghan Association of Ontario)
2. Filipino Community (San Lorenzo Ruiz Filipino-Canadian Community Centre)
3. Greek Community (Greek Orthodox Family Services and Counselling)
4. Indo-Caribbean Community (South Asian Women's Centre)
5. Iraqi Community (Arab Community Centre of Toronto)
6. Somali Community (Midaynta Association of Somali Service Agencies)

Windsor/Essex County
7. Jewish Community (Windsor Jewish Federation and Community Centre)
8. South Asian Community (South Asian Centre)

Local research advisory committees (LRAC). Notwithstanding that most of the above community agencies took the initiative to submit letters of intent to the OPGRC and ultimately agreed to serve as the local administrative agent, it was recognized from the outset that other community agencies, groups, and key informants needed to be involved in the research process. To this end, a local research advisory committee (LRAC) was established in each ethnic community to broaden the participatory base and provide a forum for the expression of divergent perspectives. The co-investigators worked closely with each LRAC to assist them in developing and implementing a research plan that addressed the overarching goals for the project while simultaneously satisfying local interests and aspirations to discover truths about gambling and problem gambling.

Community agency partners. In both the Toronto and Windsor/Essex County areas, there are two long-established community agencies with an exemplary track record and invaluable experience in working with ethnic communities, and the expertise of these community agency partners was sought to help the communities successfully complete the research project. These agencies were COSTI (Toronto) and the Multicultural Council of Windsor and Essex County (MCWEC).

COSTI (www.costi.org). COSTI is Canada's largest education and social service agency with a specific mandate to provide services to newcomers and their families. The agency is the result of the amalgamation of the Italian Immigrant Aid Society (founded in 1952) and COSTI (founded in 1962). Presently, COSTI operates five employment and training centres throughout Metro Toronto and York Region, six E.S.L. Training Centres, a Centre for Foreign Trained Professional & Trades people, a Rehabilitation Centre for people with disabilities, a Family Counselling Centre and a 100 bed Reception Centre for people who have come to Canada as refugees. The agency strives to be a leader in community services, using a client-focused, and proactive approach in planning, developing and delivering services. With over 200 staff members who, together, speak more than 60 languages, COSTI provides services to a diverse client base of 40,000 individuals annually.

To enable the communities to proceed, COSTI agreed to serve as the community partner agency in Toronto and provide financial accounting and administrative support services for the research project and this included receiving and disbursing Ontario government funds to cover research expenses. In addition, COSTI representatives, notably Executive Director Mario Calla and Program Director Domenica Luongo, provided valuable feedback to the co-investigators and communities throughout the research project.

Multicultural Council of Windsor and Essex County (www.themcc.com). Founded in 1973, the mission of the Council is to promote and encourage a harmonious society in Windsor and Essex County that is multi-racial, multi-ethnic, and multi-faith, and to work toward the social equality of all cultures.

As an umbrella organization of community-based groups and organizations involved in cultural sensitivity, anti-racism promotion/education, newcomer integration, inter-cultural education and cultural retention, the Council sees the promotion and encouragement of a harmonious multicultural society as being achieved through partnerships between governments and groups. In this vein, the Council plays a proactive role in supporting its membership and the community-at-large through organizational development, research, community networking, inter-agency co-ordination, direct service delivery, referral and advocacy initiatives. Fortunately, the MCWEC agreed to serve as the community partner agency in Windsor.

It was envisaged that by virtue of their mandates and participation in this research project, both COSTI and the Multicultural Council would be in a position to utilize this research design and process to engage other ethnic communities in conducting problem gambling studies in the future. In this way, problem gambling research capacity will have been built.

Regional research advisory committee (RRAC). While the research project engaged specific ethnic communities in examining gambling and problem gambling in their local populations, there was a regional dimension to the research. The project endeavoured to garner learnings from each of the community studies, with the view that this information might be used by large agencies and organizations with a regional mandate for mitigating problem gambling. To facilitate the potential for this regional level response and to provide feedback on individual community-based action plans, a regional research advisory committee (RRAC) was established. This committee included government and non-government organizations serving the Toronto and Windsor/Essex County areas (refer to the project website for a list of RRAC members – www.wynne.com/gamblingproject.htm).

1.4 Conceptual Framework

For the action planning phase, the research project needed a conceptual framework to guide the action planning process. The co-investigators, Wynne and McCready, drew on the "community health improvement process (CHIP)" model that was developed by the U.S. Institute of Medicine (1997) and previously applied to the gambling in field in Canada by the Canadian Centre on Substance Abuse (Ferris, Wynne & Single, 1999).

Problem gambling is an increasingly worrisome public health issue in communities in North America and throughout the world. As gambling continues to expand globally, public and governmental awareness of problem gambling is becoming more acute and, consequently, initiatives to address this emerging health issue are being stepped up. While

there is a societal tendency to address public health issues such as problem gambling in isolation from other addictions or health issues, there is an increasing recognition that it is imprudent to do so. It is evident that problem gambling, alcoholism, drug abuse, smoking, domestic violence, sexual abuse, AIDS, Hepatitis-C and other such socio-health issues comprise a constellation of inter-related problems that not only afflict individuals, but detract from the overall health of communities. Recognition that these community health-related problems should not be dealt with in isolation from each other has resulted in the emergence of the "healthy communities movement" in North America. This movement began in 1993 in the United States when proposed federal health care reform and the Health Security Act failed to be enacted by Congress.

In anticipation of the passage of this legislation, the U.S. Department of Health and Human Services asked the Institute of Medicine (IOM) to undertake a two-year study that focused on how health in communities could best be improved. The U.S. IOM committee included Professor Larry Chambers, an epidemiologist and biostatistician at McMaster University, and other Canadian epidemiologists and public health experts were invited to provide input into the IOM committee deliberations. The IOM committee report provided three important insights: (1) a broadening of our understanding of the nature of health and its determinants; (2) a greater appreciation of the importance of a community perspective; and (3) a growing interest in the use of performance measurement to improve the quality of health and other services in public and private settings (Institute of Medicine, 1997, p.1).

A major tangible outcome from this IOM research was the development of the "community health improvement process (CHIP)" model. This model is intended to mobilize communities to identify and address emergent public health issues such as problem gambling. Both the healthy communities perspective, and the CHIP model, were incorporated as key elements in the "new approach to conceptualizing, defining, and measuring problem gambling in Canada" that was presented in the Interprovincial Task Force on Problem Gambling research report, *Measuring Problem Gambling in Canada* (Ferris, Wynne & Single, 1999). For a detailed discussion of the utility of the community health perspective and the CHIP model in problem gambling research, readers are referred to the report *Measuring Problem Gambling in Canada* (Ferris, Wynne & Single, 1999) on the following web site (http://www.wynne.com).

The CHIP model is based on the IOM's review of the determinants of health, the community-level forces that can influence them, and community experience with performance monitoring. The committee considers that the CHIP model "can be an effective tool for developing a shared vision and supporting a planned and integrated approach to improve community health" (p.5).

A diagram of the CHIP model and a detailed description of the process components are included in Appendix 1. The CHIP model includes two principal interacting cycles based on analysis, action, and measurement. The committee states that "the *problem identification and prioritization cycle* focuses on identification and prioritization of health problems in the community, and the *analysis and implementation*

cycle on a series of processes intended to devise, implement, and evaluate the impact of health improvement strategies to address problems" (p.5). In describing the CHIP, the IOM committee notes:

> This process can be applied to a variety of community circumstances, and communities can begin working at various points in either cycle, with varying resources in place. It is an iterative and evolving process rather than linear or short term. One-time activities or short-term coalitions will not be adequate. There must be support for effective and efficient operation of the accountable entities in the community that are expected to respond to specific health issues (pp. 6-7).

The CHIP model holds great promise for organizing collaborative efforts to improve the overall health in communities in Ontario. The model is simple, logical, and prescriptive and is comprized of the following steps.

- A multi-stakeholder health coalition forms in the community and assumes leadership responsibility for facilitating a healthy communities initiative.
- The health coalition prepares and analyses a community health profile, which includes selecting measurable indicators.
- The health coalition continuously scans the environment to identify critical health issues, such as problem gambling.
- Intervention responses to identified health issues are mounted and monitored.
- Health improvement planning includes: marshalling community resources; identifying shared responsibility/accountability; and monitoring intervention outcomes to see if these address the identified health issues and, ultimately, improve the health of the community.

In this context, efforts to address problem gambling in Ontario communities would be greatly enhanced in jurisdictions where a CHIP model has been implemented for the following reasons.

- From the outset, public and private sector (gaming industry) collaboration would be an expectation.
- All facets of problem gambling would be closely examined and the most appropriate intervention strategies would be implemented based on evidence.
- Ameliorating problem gambling would be a shared responsibility with various stakeholders agreeing to be held accountable for outcomes.

- Research and intervention efforts would be clearly focused and integrated, with the expectation that outcomes would be monitored and evaluated.

- In this context, it would be clear to community stakeholders that, while problem gambling is a serious public health issue, it is not an issue that should be dealt with in isolation from other socio-health issues or apart from efforts to improve the overall health of the community.

In this project, a community health perspective and the CHIP model served as the conceptual framework for research action. The participating ethnic communities in Toronto and Windsor/Essex County had the option of (a) establishing a "community health coalition" and implementing the entire CHIP model to address community health issues, beginning with problem gambling; or (b) adopting only the analysis strategy that is proffered in the CHIP model to address a single public health issue--problem gambling. Regardless of the option chosen, each community was trained by the co-investigators to apply the CHIP model in analyzing and addressing problem gambling issues that arose from (their) earlier problem gambling research projects. The expected outcome was that each community would develop an action plan that included (a) specific intervention strategies to address facets of problem gambling, and (b) a methodology for monitoring and evaluating intervention outcomes.

2. ACTION PLANNING DESIGN AND METHODOLOGY

The following provides a description of the research design, research goals, action planning objectives and action planning methods. Central to the action planning process, the means for applying the Community Health Improvement Process (CHIP) model is described within the design and methodology.

2.1 Research Design and Goals

This research was exploratory and descriptive in nature and, as such, it relied primarily on qualitative methods of inquiry. In terms of research design, no theories or hypotheses were used to guide this inquiry; rather, an inductive, grounded-theory approach (Glaser and Strauss, 1967) was followed and any prospective theoretical or conceptual constructs or hypotheses that may ultimately emerge will need to be pursued through further research.

The research design was challenging in that an overarching framework was needed to circumscribe the scope of the inquiry and direct overall research activities; yet, in that a participatory action research (PAR) methodology was followed, the design had to have the flexibility to empower each participating ethnic community to design and conduct their own locally-relevant research, thus assuming ownership of the research process and outcomes. To accommodate these macro (regional) and micro (local community) perspectives, there were two levels of structure to the research design and these are briefly described below.

Regional research plan. A macro-level regional research plan was developed and implemented by the co-investigators, Drs. Harold Wynne and John McCready, and they (a) assumed responsibility for effectively operationalizing the regional research plan (RRP) and managing the overall research project, and (b) ensured that local research plans (LRPs) were developed and implemented within each participating community.

The purpose of this research was to gain an understanding of gambling in a cultural context and to examine the issue of problem gambling in eight different ethnic communities in large metropolitan areas. To guide this inquiry and facilitate the aggregation of findings, the following five overarching research project goals were posited.

1. To describe the nature and practice of gambling as a community socio-cultural activity.

2. To describe the definition, characteristics, and pervasiveness of problem gambling in the community.

3. To ascertain community members' perceptions of gambling and problem gambling (i.e. level of awareness, knowledge, attitudes and values).

4. To ascertain help-seeking preferences and behaviors of problem gamblers and concerned significant others.

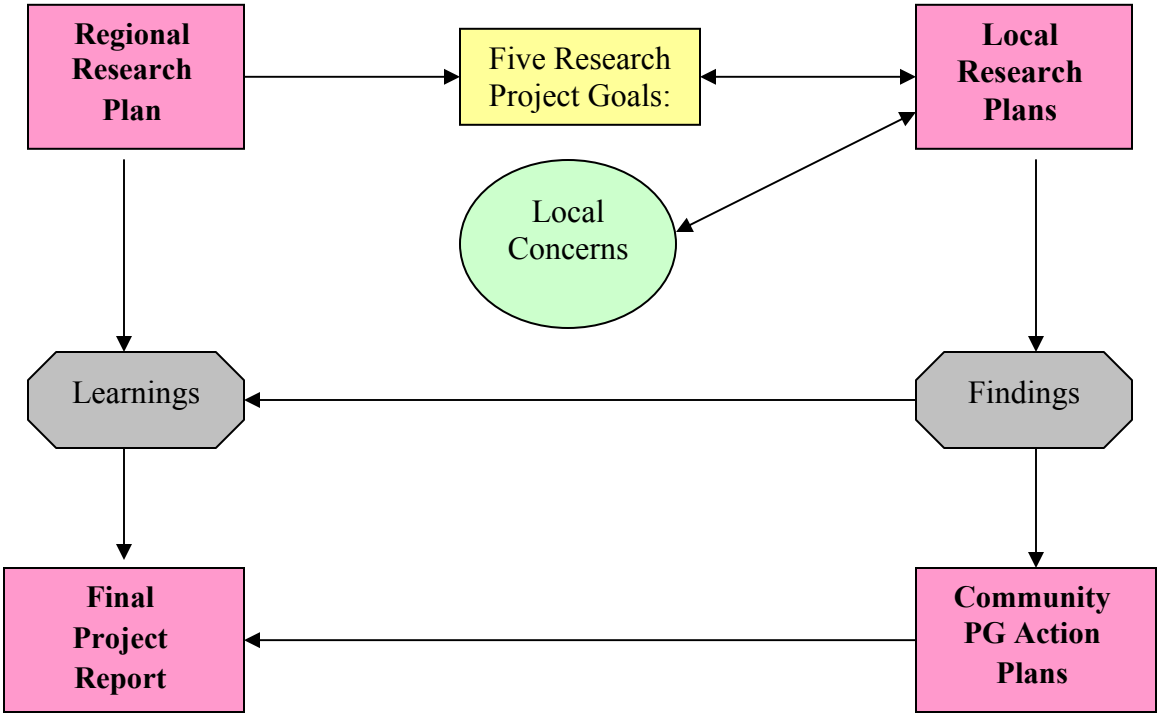
5. To develop an "action plan" designed to address problem gambling issues identified through the community research.

Local research plan. Within the regional framework circumscribed by the five overarching research project goals, each community, through a local research advisory committee (LRAC), was responsible for developing a local research plan. In keeping with the principles of participatory action research (PAR), each LRAC determined the nature and scope of their research plan and the co-investigators served as resource people to assist with this task. Each local research plan was guided by research questions intended to address the five project goals; however, some communities included additional research questions germane to their situation. Moreover, there was no expectation that research questions, data collection and analysis methods, processes for interpreting data and formulating conclusions/recommendations, or action plan development strategies would necessarily be the same for each community and, indeed, this was the case.

Action planning. The culmination of each community research project was to be the development of an action plan designed to address problem gambling issues that were discovered. Towards the end of the research project, it became clear that the goal of developing action plans in each community was overly ambitions, and that the time and financial resources to do a thorough job of action planning were not available. In view of this, communities were not asked to develop action plans within the scope of this research; rather, the Ontario Problem Gambling Research Centre provided supplemental funding and a six-month project extension to allow communities the time/resources to develop comprehensive action plans.

It was anticipated that the community action planning process will be completed by the spring of 2004. Each community was expected to have a written action plan that addresses problem gambling awareness, prevention, education, treatment, research and other related issues. When the action planning process was completed, the co-investigators prepared a companion final report to summarize findings from each community, with a view to determining whether there are any joint problem gambling initiatives that might be mounted by the ethnic communities.

The research design, including the two levels and types of research plans that were ultimately developed and the research planning process, may be diagrammed as follows.



While five overarching research goals were posited in the regional research plan, each of the participating ethnic communities was expected to develop their own research plan, considering both these goals and local concerns or interests relative to gambling issues. Local research plans were guided by specific research questions and included data collection and analysis strategies; a process for interpreting findings and positing conclusions/recommendations; and a strategy for developing a problem gambling action plan to address emergent issues.

Summary reports. From the outset, it was expected that the findings from each of the community findings reports and community action plan reports would ultimately lead to learnings relative to the five overarching project goals that were posited. The final summary report presents and discusses a summary of the main findings from the community research projects, relative to: gambling as a socio-cultural activity; definitions, characteristics, and the pervasiveness of problem gambling; community members' perceptions of gambling and problem gambling; and help-seeking preferences and behaviours of problem gamblers and concerned significant others. The final summary report also comments on the perceived effectiveness of the research design and participatory action research approach that was utilized to guide the study. This final summary report on the community action plans, largely addresses the action plans and the conclusions and implications for the implementation of the action plans.

Insofar as the final summary report is based on a summary of findings, readers are strongly encouraged to read each of the eight findings reports prepared by the communities to gain more detailed information about community research methods,

results, and conclusions that were posited. Likewise, readers are referred to the eight community action plan reports to gain a complete understanding of the community plans and implementation schedules.

2.2 Action Planning Objectives

The overall aim of this applied phase of the research project was to provide the training and support necessary for the participating ethnic communities to develop, implement, monitor and evaluate strategic actions taken to mitigate problem gambling in their populations. This action planning phase of the project was a follow-up initiative to the recent ethnic community gambling/problem gambling research reports and the salient findings from this prior community research served as the foci for subsequent action. To accomplish this goal, the following objectives are posited to guide this action planning research project.

1. To establish a "community health coalition" or similar planning committee in each of the eight participating ethnic communities.

2. To introduce the Community Health Improvement Process (CHIP) action planning model to the community health coalition/committee through a training session.

3. To assist each community health coalition/committee in identifying the salient problem gambling issues synthesized from (their) problem gambling research projects.

4. To assist each community health coalition/committee in implementing the CHIP model, which includes:

    a. analyzing each problem gambling issue;
    b. inventorying community resources;
    c. developing improvement strategies;
    d. identifying accountable community partners;
    e. developing measurement indicators for evaluating effectiveness;
    f. implementing action strategies; and
    g. monitoring action processes and outcomes.

5. To assist each community health coalition/committee in writing their first "action plan" for addressing problem gambling issues.

2.3 Action Planning Methods

Each of the eight Toronto and Windsor/Essex County ethnic community groups that participated in the earlier phase of the problem gambling research project were invited to participate in this action planning phase of the project. The CHIP model that was described in Chapter I and is diagrammed in Appendix 1 served as the framework for research action in this project, and the following four steps were undertaken.

1. Training Community Members

The co-investigators, Drs. Wynne and McCready, conducted a one-day workshop in Toronto to train the community participants on the implementation of the CHIP model. The training was directly related to the central components of the CHIP model and included the following.

- An overview of the CHIP model.
- A discussion of the merit/readiness of individual communities in forming a "community health coalition".
- A presentation of methods for developing "community health profiles" and other health (problem gambling) baseline measures.
- Some instruction on utilizing the "problem identification and prioritization cycle" of the CHIP model.
- A discussion of analyzing the recent research project evidence to identify bona fide "problem gambling issues".
- Some instruction on utilizing the "analysis and implementation cycle" elements in the CHIP model.
- Some instruction on developing a written "action plan" that (a) specifies intervention strategies to address problem gambling issues, and (b) presents a methodology for monitoring outcomes and evaluating intervention performance.

2. Implementing the CHIP model

Following the training workshop, the co-investigators sent the communities a set of steps to follow in implementing the CHIP model and the communities decided, if they wished, to (a) form a "community health coalition" and address problem gambling issues through this body, or (b) work through the Local Research Advisory Committees, or other similar community groups, to analyze research findings and develop action strategies to mitigate problem gambling. Regardless of their choice, each community group had been trained to apply the "analysis and implementation cycle" from the CHIP

model (Appendix 1) towards the development of a problem gambling action plan. Specifically, each community accomplished the following tasks.

- The identification of specific, evidence-based problem gambling issues gleaned from (their) community research project.

- The compilation of an inventory of existing community resources that may be marshaled to address problem gambling issues.

- The development of alternative interventions that may successfully address specific problem gambling issues.

- The identification of community stakeholders who will agree to participate and assume responsibility for implementing intervention strategies.

- The development of a set of "performance indicators" that will be utilized in the evaluation of intervention effectiveness.

- The development of a strategy to implement selected interventions.

- The development of a process to monitor outcomes and evaluate intervention effectiveness.

- The completion of a written "action plan" that incorporates the aforementioned elements and includes action timelines.

The co-investigators were available to assist each community as they undertook each of these tasks. The web site that was developed as a resource for the community research projects was expanded to assist, once again, the communities as they engaged in action planning.

3. Developing the Problem Gambling "Action Plan"

The ultimate objective of the CHIP implementation process was for each community to develop a written "action plan" that addresses specific problem gambling issues that were evidenced in the previous research projects. The co-investigators provided a set of guidelines for developing the written community action plan report and the co-investigators worked with each community to ensure that written action plans were developed with the necessary action plan components and characteristics. All the community action plans can be reviewed in the compendium of community action plan reports. It was these community action plans that formed the basis for this report.

The co-investigators will work with the communities further to ensure the interventions are mounted, monitored and evaluated. Notwithstanding that these problem gambling interventions will be implemented after the action planning phase is fully completed, the co-investigators will remain "on-call" to the communities, and will

encourage them to continue to communicate with each other and to post their outcomes on the web site, which will be maintained after the formal, funded research project has been completed.

4. Writing the Final Report

The co-investigators analyzed each of the community action plans for the purpose of writing an overall final report highlighting the action planning process and outcomes. As with the previous ethnic community overall research report, this final action planning report includes a synthesis of findings from the individual community action plans, in an effort to discern any learnings that may be applicable to future similar initiatives.

3. COMMUNITY ACTION PLANNING

This chapter reports on the community action planning process that was employed by each of the eight communities and the community action plan reports that were produced by each of the ethnic communities.

3.1 Action Planning Process

The community action planning process consisted of implementing the Community Health Improvement Planning (CHIP) model and applying it to problem gambling issues. The action planning process was designed by the objectives that were posited for the action planning phase of the research project. The action planning process began with the eight communities deciding on establishing a community coalition to implement the CHIP model with a focus on addressing problem gambling. The next step consisted of the co-investigators planning and delivering a training program. The action planning process continued by identifying the salient problem gambling issues, implementing the CHIP model and writing the action plans.

3.1.1 Community Coalitions

The first objective for action planning phase of the research was: *To establish a "community health coalition" or similar planning committee in each of the eight participating ethnic communities*. As planned and as reported in action plan reports, community coalitions were established in all eight communities. At the very beginning of the research process, each community was required to develop a Local Research Advisory Committee to oversee the research project. Beyond the sponsoring agency members, the composition of the Local Research Advisory Committees was expected to be representative of the entire ethnic community or, said differently, include other key individuals and organizations within the ethnic community. Not surprisingly, all of the eight ethnic communities considered their Local Research Advisory Committee to be the core of the their community action planning coalition.

Some of the Local Research Advisory Committees added representatives of other community organizations such as the local Public Health Department and the Centre for Addiction and Mental Health. Some of Local Research Advisory Committees held special consultation sessions with representatives of additional community groups. Each of the community action reports includes the membership of the community coalition. The community coalitions were developed to support and contribute to the implementation of the action plans. The community coalitions will continue to contribute to supporting and coordinating the implementation and evaluation of the community action plan initiatives.

3.1.2 Training

The second objective for action planning process was: *To introduce the Community Health Improvement Process (CHIP) action planning model to the community health coalition/committee through a training session*. After each of the eight communities had been formally invited and confirmed their interest in pursuing the action planning phase, the co-investigators designed a training program to address the action planning process: the implementation of CHIP model as the means for developing an community action strategy to address problem gambling. All eight communities were represented by their community leaders and research coordinators. In addition, the other members of the Regional Research Advisory Committee, or the provincial members, were also invited to attend the training. The workshop was held in Toronto at the Harbour Front Community Centre on May 15, 2003.

The training workshop was entitled "Community Action Planning Process" and addressed the CHIP action planning model (see Appendix 1) and CHIP and problem gambling. Through a facilitated interactive process, the action planning training consisted of instruction on four central stages of implementing the CHIP model as follows.

Preparing for Action
1. Analyzing the problem gambling issue
2. Inventorying community resources

Taking Action
3. Developing an improvement strategy
4. Identifying accountability

Evaluating Success
5. Developing performance indicators
6. Implementing the improvement strategy
7. Monitoring process and outcomes

Telling the World
8. Building a communications plan
9. Courting the media

The full PowerPoint presentation for the training workshop can be reviewed by visiting the project website, www.wynne.com/gamblingproject.htm. The training workshop was supplemented by providing the eight communities with a list of "Suggested Steps" to follow in implementing the CHIP model and developing a community action plan.

3.1.3 Identifying Problem Gambling Issues

The third objective was: *To assist each community health coalition/committee in identifying the salient problem gambling issues synthesized from (their) problem gambling research projects*. All of the communities were assisted in identifying the salient problem issues from their gambling research reports. Each community was advised to share their research findings report with their community coalition. The

communities were asked to work with their coalition members to identify and highlight the salient or major findings. The salient or major research findings are identified and highlighted in community action plan reports.

3.1.4 Implementing the CHIP Model

The fourth objective for the action planning phase was: *To assist each community health coalition/committee in implementing the CHIP model*. The implementation of the CHIP model included: (a) analyzing each problem gambling issue; (b) inventorying community resources; (c) developing improvement strategies; (d) identifying accountable community partners; (e) developing measurement indicators for evaluating effectiveness; (f) implementing action strategies; and, (g) monitoring action processes and outcomes. The assistance to meet this multiple step implementation objective began with the co-investigators providing training and continued through the issuing of the "Suggested Steps", the "Action Planning Template" and providing of consultation. The steps are addressed below.

Analyzing problem gambling issues

All eight of the communities were assisted in analyzing each of their problem gambling issues. The assistance began with the training. Working from the identified salient research findings, each community was asked to analyze the major findings in order to determine the problem gambling issues that suggested action. The community action plan reports include the major findings that were analyzed and every planned action specifies the finding that prompts the need for action. In this way, the communities analyzed their problem gambling issues and, thereby, developed "evidence-based" actions.

Inventorying community resources

The communities were asked to identify the resources that could be available to support a comprehensive community action plan. More specifically, the communities were asked to identify the human, organizational, financial, physical and other resources available inside and outside their community. All of the communities identified available resources and these resources are listed within the community action plan reports. In addition, some of the resources were mentioned and implicated in relation to specific action initiatives that are planned for the community.

Developing improvement strategies

The development of improvement strategies involved the identification and development of actions. From the salient findings, the communities needed to consider improvements that could be realized through specific actions. The improvement strategies are reflected in the actions that the each community described within the "Action Planning Template" format in their community action plan report.

Identifying accountable community partners

The development of a community coalition and the identification of community resources provided the communities with a list of potential community partners. The coalition members will serve as accountable community partners and more specific accountability is identified in the "resources" and "responsibility" sections of the planned community actions in the community action plan reports.

Developing measurement indicators

In developing and describing each required community action, the communities were expected to identify anticipated "outcomes", "performance indicators" and "evaluation method" of each planned action. Accordingly, the development of measurement indicators was a central part of completing the action planning template and the community action plan report.

Implementing action strategies

Each planned action represents an improvement strategy to address a major research finding. The implementation will take place by pursuing the "tasks" or activities within each planned action. A general implementation plan has been developed but the actual implementing will take place after the communities acquire the needed resources and move from planning to implementing.

Monitoring action process and outcomes

As is obvious in the planned actions, the community coalitions have prepared to monitor the action processes and outcomes. Each action identifies who holds responsibility for the action process, what is the anticipated outcome and how the action outcome will be measured. Whereas the design for monitoring the action processes and outcomes has been completed, the actual monitoring can only take place after the implementation of the action strategies begins in the near future.

3.1.5 Writing an Action Plan

The fifth objective was: *To assist each community health coalition/committee in writing their first "action plan" for addressing problem gambling issues*. The co-investigators assisted the community coalitions in writing action plans by providing the "Action Planning Template" that can be reviewed at the project website (see www.wynne.com/gamblingproject.htm). The overall "Action Planning Template" consists of an "Action Planning Guidelines" section for preparing an action plan report and an actual "Action Planning Template" for developing and describing the planned actions. The guidelines provided and defined the basic content required for an action plan report. The content and sections were as follows:

1. Introduction
2. Community Coalition
3. Summary of Research Findings/Goal Area
4. Inventory of Resources
5. Action Planning Strategy

The "Action Planning Strategy" section was the actual action planning template or a form or format to be used in developing and describing each planned action. The template consists of sections for identifying the major finding, the goal/objective, policy/program action, outcome, tasks, timeline, responsibility, resources, performance indicators and evaluation method. The action planning template is accompanied by directions and an example action.

In addition to the "Action Planning Template", the communities were provided with advice and consultation. The action planning strategies were received, reviewed, formatted and approved as the community action plan report.

3.2 Community Action Plans

With some variation, all eight ethnic communities developed comprehensive community action plans to address problem gambling in their respective communities. The full action plans, which collectively represent the community's strategies, can be reviewed in the compendium of community action plan reports. As expected, this report provides an abbreviated description of each of the community action plans. More specifically, the following tables provide the directing research finding, a goal statement, the policy/program area, the task/activities, the anticipated outcomes for each community and, at the end, an action plan summary.

3.2.1 Afghan Community

From four common research findings and with three common anticipated outcomes, the Afghan community identified three action areas. The three action areas can be classed respectively as an Awareness/Education (treatment) action, a Service Development (treatment) action and a Research action.

A 1

Research Findings:	1. Problem Gambling in the Afghan community exists and continues to grow 2. No professional counselling capacity and resource material to address Problem Gambling issues exist in the Afghan communit 3. People are not aware of the Problem Gambling and its associated issues 4. People are not aware of the service providers dealing with Problem Gambling
Goal/Objective:	To build on the capacity of the Afghan Association to professionally deal with the Problem Gambling issues in the Afghan community
Policy/Program Action:	**To raise awareness of the counselors, volunteers and community about Problem Gambling**
Tasks/Activities:	1. Post website articles 2. Write newspaper articles 3. Develop radio ads 4. Develop and distribute flyers and pamphlets 5. Send E-mail to members 6. Conduct twelve awareness raising workshops for a variety of professionals, volunteers, staff and community members
Anticipated Outcomes:	1. Professional Counselling Capacity will be formed for the Afghan Problem Gamblers and their families 2. A treatment manual will be prepared and put in use for the Counsellors, Problem Gamblers and their families 3. A resource package for promoting community awareness of problem gambling will be prepared

A 2

Research Findings:	1. Problem Gambling in the Afghan community exists and continues to grow 2. No professional counselling capacity and resource material address Problem Gambling issues exist in the Afghan community 3. People are not aware of the Problem Gambling and its associated issues 4. People are not aware of the service providers dealing with Problem Gambling
Goal/Objective:	To build on the capacity of the Afghan Association to professionally deal with the Problem Gambling issues in the Afghan community
Policy/Program Action:	**To increase the clinical skills of the AAO counselors in engaging clients**
Tasks/Activities:	1. Conduct twelve community workshops for a needs analysis 2. Conduct Outreach for Gambling afflicted individuals and families 3. Train the counselors 4. Create strategies for treatment 5. Treat Problem Gamblers 6. Conduct Follow-up sessions
Anticipated Outcomes:	1. Professional Counselling Capacity will be formed for the Afghan Problem Gamblers and their families 2. A treatment manual will be prepared and put in use for the Counsellors, Problem Gamblers and their families 3. A resource package for promoting community awareness of problem gambling will be prepared

A 3

Research Findings:	1. Problem Gambling in the Afghan community exists and continues to grow 2. No professional counselling capacity and resource material address Problem Gambling issues exist in the Afghan community 3. People are not aware of the Problem Gambling and its associated issues 4. People are not aware of the service providers dealing with Problem Gambling
Goal/Objective:	To build on the capacity of the Afghan Association to professionally deal with the Problem Gambling issues in the Afghan community
Policy/Program Action:	**To explore how culture, religion and ethnicity affect a person's belief about gambling and in the Afghan Canadian community**
Tasks/Activities:	1. Develop an understanding of Afghan culture 2. Study the perception and views Gambling and Problem Gambling from cultural and religious perspectives 3. Study the applicability of the "Community Development and Harm Reduction models
Anticipated Outcomes:	1. Professional Counselling Capacity will be formed for the Afghan Problem Gamblers and their families 2. A treatment manual will be prepared and put in use for the Counsellors, Problem Gamblers and their families 3. A resource package for promoting community awareness of problem gambling will be prepared

3.2.2 Filipino Community

The Filipino community identified and described four actions. The actions consist of an Awareness/Education (prevention) action, a Service Development (treatment, assessment) action, another Service Development (treatment, access) action and a Service Development (prevention) action.

F 1

Research Finding:	Community members have a lack of concern for the issue of problem gambling (PG)
Goal/Objective:	To raise public awareness in the Filipino community about the serious impact of PG
Policy/Program Action:	**To develop a PG public awareness campaign for the Filipino community**
Tasks/Activities:	1. Organize community meeting to launch research findings 2. Publish a series of articles on the issue of PG 3. Coordinate a Speaker's Series for specific sectors in the Filipino community
Anticipated Outcome:	People will be more aware of PG as a serious public health concern in the Filipino community

F 2

Research Finding:	Psycho-social instability is related to susceptibility to problem gambling (PG)
Goal/Objective:	To provide resources that consider PG and resulting from both social and psychological deprivation
Policy/Program Action:	**To develop PG assessment resources for the Filipino community**
Tasks/Activities:	1. Create self-assessment quiz to identify factors that may put Filipinos risk of PG 2. Educate service providers about the indicators of PG in the Filipino community 3. Develop research to examine the demographic variables that escalate gambling into problem gambling
Anticipated Outcome:	The Filipino community will have resources to assess the risk for PG and learn how to provide effective intervention

F 3

Research Finding:	Problem gamblers and those who interact with them require culturally appropriate resources and services
Goal/Objective:	To support individuals, families and friends in the Filipino community dealing with PG
Policy/Program Action:	**To develop resources that increase access to PG resources within and outside the Filipino community**
Tasks/Activities:	1. Develop partnerships with organizations that provide existing services for PG 2. Train volunteers as community liaisons 3. Advocate for culturally appropriate services for families and friends of problem gamblers
Anticipated Outcome:	Volunteers will act as community liaisons and advocates for better access to PG resources for the Filipino community

F 4

Research Finding:	Newcomers do not use PG resources due to language barriers, lack of confidence, unclear/misinformation, and lack of awareness to effectively use them
Goal/Objective:	To increase access to PG resources by Filipino newcomers
Policy/Program Action:	**To develop resources for newcomers and work within the Filipino community to develop alternatives to gambling as a social, recreational or fundraising activity for newcomers**
Tasks/Activities:	1. Develop educational materials for newcomers 2. Distribute materials to residential, recreational and businesses frequented by newcomers 3. Develop list of gambling alternatives and checklist for Filipino organizations to promote responsible gambling
Anticipated Outcome:	Newcomers will increase access to PG resources and be able identify alternatives to gambling and/or strategies for responsible gambling

3.2.3 Greek Community

The Greek community identified eight action areas. The eight initiatives include six Awareness/Education (prevention) actions and two Service Development (treatment) actions.

G 1

Research Finding:	Community members lack awareness to the issues of gambling and problem gambling
Goal/Objective:	To create awareness within the Greek community for gambling and problem gambling
Policy/Program Action:	**To develop a public awareness campaign for the Greek community of Toronto**
Tasks/Activities:	1. Stimulate journal/newspaper articles 2. Seek radio and television broadcasts: documentaries and interviews 3. Create a website: "Everything You Ever Needed to Know about Gambling in the Greek Community"
Anticipated Outcome:	Greek people will be aware of the issues

G 2

Research Finding:	Dealing with Social Gambling in the Greek community of Toronto
Goal/Objective:	To develop an awareness of the risks of social gambling in the community
Policy/Program Action:	**To create a lecture series on the risks of social gambling in the community**
Tasks/Activities:	1. Develop a Lecture Series 2. Develop and distribute Brochures and Pamphlets 3. Develop a Magazine: "What Is Gambling?" Facts
Anticipated Outcome:	People will be able to see the risks associated with social gambling

G 3

Research Finding:	Males have a tendency to gamble more than females
Goal/Objective:	To target males and discover why they gamble more than females
Policy/Program Action:	**To introduce the possible reasons males gamble more and produce solutions**
Tasks/Activities:	1. Develop Question/Answer Lecture 2. Produce Brochures centred toward males 3. Develop Video cassettes
Anticipated Outcome:	Males may benefit from the exposure and may possibly assess their gambling habits

G 4

Research Finding:	Individuals in the age range of 25-50 tend to gamble more than others
Goal/Objective:	To discuss why people in this age group are enticed to gamble and why it may lead to addiction
Policy/Program Action:	**To create awareness focusing on a specific age group that gambles significantly more than do other age groups**
Tasks/Activities:	1. Provide Lectures 2. Develop Internet website focused on this age group issue 3. Develop Theatre Performance based on this issue
Anticipated Outcome:	People in this age group may reconsider their gambling practices if they see the negative side to it

G 5

Research Finding:	What is Problem Gambling, Who is a Problem Gambler, and What are the Consequences of Problem Gambling
Goal/Objective:	To discuss these issues in light of their influence on the Greek community
Policy/Program Action:	**To develop public awareness of the problem gambling issue within the Greek community**
Tasks/Activities:	1. Develop Lecture Series 2. Develop and distribute Brochures/Pamphlets and Magazines 3. Develop commercials, radio and television documentaries and advertisements
Anticipated Outcome:	People will understand what Problem Gambling is and what its consequences are

G 6

Research Finding:	The community views problem gambling and problem gamblers as negative
Goal/Objective:	To raise the issue that problem gambling should not be shunned but monitored closely, in order to assist those with a problem
Policy/Program Action:	**To raise awareness on the issue surrounding the negative portrayal of problem gambling in the Greek community**
Tasks/Activities:	1. Develop Radio Ads 2. Develop Educational Lecturers: Psychological Issues 3. Train Community Leaders to disseminate this issue
Anticipated Outcome:	An understanding that it is better to assist rather than ridicule

G 7

Research Finding:	Limited amount of help-seeking resources within the community for PGs and Significant Others
Goal/Objective:	To develop strategies for help-seeking resources that may be implemented within the community
Policy/Program Action:	**To research, construct and assess help-seeking resources for the Greek community**
Tasks/Activities:	1. Create a Gambling Hotline for Greek People 2. Hold meetings for concerned significant others 3. Create materials for training and support for those trying to assist PGs 4. Create a PG center 5. Create ads for new center, telephone hotline 6. Develop Newsletter for PG
Anticipated Outcome:	Provides physical centers, resources for people to receive assistance for problem gambling

G 8

Research Finding:	Children are affected by PGs at home
Goal/Objective:	To provide counseling to children with PGs at home; and to provide educational programs teaching children gambling addiction is wrong and how to find warning signs of PG at home
Policy/Program Action:	**To develop counseling sessions, educations materials for children on PG**
Tasks/Activities:	1. Create in class sessions on PG (Greek school) 2. Establish counseling groups for children afflicted with PG at home 3. Develop brochures for kids on PG
Anticipated Outcome:	Educating children on gambling and problem gambling

3.2.4 Indo-Caribbean Community

The Indo-Caribbean community identified six action areas. The six areas include two Awareness/Education (prevention) actions, two Service Development (treatment) actions and two Awareness/Education (treatment) actions.

I-C 1

Research Finding:	The Indo-Caribbean community is not monitoring gambling and problem gambling or taking action to educate or help its members with gambling issues
Goal/Objective:	To develop an ongoing program for monitoring and providing help services to Indo-Caribbean gamblers and problem gamblers
Policy/Program Action:	**Community education and prevention program**
Tasks/Activities:	1. Develop an extended community gambling committee with wide representation from existing community groups, media and medical 2. Implement action plan on Indo-Caribbean gambling and problem gambling
Anticipated Outcome:	The community will become increase its awareness of gambling issues and begin to offer active assistance to problem gamblers

I-C 2

Research Finding:	Community members believe gambling is a harmless recreational activity and are unaware of the extent of gambling and problem gambling
Goal/Objective:	To develop a community education plan on gambling as a gateway to problem gambling
Policy/Program Action:	**Community education and prevention program**
Tasks/Activities:	1. Develop literature and related materials showing: a) extent of gambling, b) size of the losses due to gambling c) construction of gambling that ensures most gamblers are losers d) addictive nature of gambling to some community members e) people's lack of understanding of odds and their chances of winning f) "harmless" gambling can become harmful g) indicators of problem gambling behaviour 2. Develop an outreach program involving community media, speakers and facilitators from community organizations, literature and promotional aids, for educating the community 3. Make extensive use of the Indo Caribbean Gambling Research Report for community education 4. Develop an extended Indo Caribbean Gambling Committee to oversee education and outreach program
Anticipated Outcome:	The community will become aware of the dangers of gambling and connection to problem gambling

I-C 3

Research Finding:	Community members are reluctant to approach outsiders for gambling help
Goal/Objective:	To facilitate community members towards using mainstream resources for gambling help
Policy/Program Action:	**Community members are reluctant to approach outsiders for gambling help**
Tasks/Activities:	1. Identify and train 6 community facilitators initially, 4 per year thereafter 2. Provide facilitators with links and names of gambling help professionals in mainstream groups 3. Use community outreach and education program to inform community of facilitators 4. Develop a method for facilitators to persuade problem gamblers /relatives to use available assistance 5. Follow up with help providers on results of referrals
Anticipated Outcome:	Problem gamblers and their families will become more willing to use mainstream resources for gambling help

I-C 4

Research Finding:	Community members are intensely concerned about privacy issues when considering seeking help within the group
Goal/Objective:	Provide a climate of security for problem gamblers and families seeking gambling help within the community
Policy/Program Action:	**Apply confidentiality policy for Indo Caribbean facilitators and gambling counselors**
Tasks/Activities:	1. Develop a confidentiality policy for gambling committee members, facilitators and counselors of Indo Caribbean origin, and documents for signing 2. Develop reporting systems to ensure names of participants are not exposed in reports and discussions 3. Publicize confidentiality policy widely in the community to make problem gamblers and families assured private gambling issues will not be exposed in the community 4. Develop a policy for referral to non Indo-Caribbean counselors for those concerned about loss of privacy
Anticipated Outcome:	Problem gamblers and their families will be more confident in approaching Indo Caribbean for gambling help

I-C 5

Research Finding:	Community members are unaware of internal and external resources for gambling help seeking
Goal/Objective:	Develop greater community knowledge of gambling help resources within the Indo-Caribbean community and in the mainstream
Policy/Program Action:	**Extended gambling help program, and education/outreach program**
Tasks/Activities:	1. Survey the Indo-Caribbean community for counselling professionals, medical personnel and community leaders able and willing to provide gambling help 2. Identify the mainstream organizations, help lines and web sites providing gambling help 3. Make available group names and contact persons in written form for distribution in the education/outreach program
Anticipated Outcome:	The Indo-Caribbean community, problem gamblers and their families will become more aware of gambling help resources internally and externally

I-C 6

Research Finding:	Community members do not respond to traditional outreach methods
Goal/Objective:	Discover an effective strategy for overcoming Indo-Caribbean community resistance to traditional outreach
Policy/Program Action:	**Education/outreach**
Tasks/Activities:	1. Evaluate traditional outreach programs involving media stories, flyers, brochures, telephone surveys, written surveys, workshops, seminars, and oral presentations 2. Identify barriers within the community that tend to make traditional outreach programs ineffective 3. Develop more effective strategies or combinations of strategies to bring higher response rates to outreach programs 4. Explore greater use of families, friends, and religious groups, addresses combined with interaction with facilitators for outreach
Anticipated Outcome:	The community, problem gamblers and families will demonstrate higher response rates to outreach initiatives on problem gambling

3.2.5 Iraqi Community

The Iraqi community identified two action areas. The two areas are an Awareness/Education (prevention) action and a Service Development (treatment) action.

I 1

Research Finding:	Social and recreational gambling activities are present in the Iraqi community of Toronto
Goal/Objective:	To increase awareness of gambling in the Iraqi community
Policy/Program Action:	**Public Education and Awareness Raising Campaign**
Tasks/Activities:	1. Develop a Public Education and Awareness Raising Campaign (print/audio media) 2. Conduct a Public Education and Awareness Raising Campaign through media, mosques and churches
Anticipated Outcome:	Community will become aware of problem gambling issues and venues for assistance

I 2

Research Finding:	Problem gambling and related anti-social activities such as substance abuse and family violence are present in the Iraqi community
Goal/Objective:	To increase the number of problem gamblers that able to access service and counseling in a culturally sensitive setting
Policy/Program Action:	**Problem Gambling Prevention Counselling Program**
Tasks/Activities:	1. Establish a Problem Gambling Prevention Program 2. Train staff to support and refer clients 3. Train volunteers to assist staff and refer clients 4. Compile a list of problem gambling service organizations to be used for referrals
Anticipated Outcome:	An increase in the number of clients able to access service and counseling dealing with issue in a culturally sensitive setting

3.2.6 Jewish Community

The Jewish community identified only one action area but the single action comprises fourteen wide-ranging tasks and activities. All of the fourteen tasks and activities are related to a large Awareness/Education (prevention) action.

J 1

Research Finding:	Need to increase awareness of Problem Gambling as a real social issue within the community
Goal/Objective:	To educate community members, targeting seniors and teens, on the signs and symptoms of Problem Gambling and treatment resources
Policy/Program Action:	**Develop a Problem Gambling awareness campaign for the Windsor Jewish Community**
Tasks/Activities:	1. Establish discourse with Public Health Unit 2. Work with Lunch and Learn with Speaker (for seniors) 3. Address Book Reading/Review (for seniors) 4. Set up Movie night (for seniors) 5. Organize Speaker presentation/Education session 6. Develop website with signs and symptoms of PG 7. Establish Online self-assessment 8. Organize Poster Contest (with teens) 9. Translate posters into: Russian, Yiddish and Hebrew for display around WJCC (for seniors and general community) and larger community contest 10. Arrange showing of "Three of a Kind" play 11. Develop and distribute Mass Community Emails 12. Identify Bookmarks (for general community) 13. Develop Articles for News & Views 14. Organize access to Gambling Awareness Week events
Anticipated Outcome:	Increased awareness of Problem Gambling and treatment resources

3.2.7 Somali Community

The Somali community identified four action areas. The Somali action areas include two Awareness/Education (prevention) actions and two Awareness/Education (treatment) actions.

S 1

Research Finding:	There is a significant participation in gambling activities by members of the Somali community in Toronto
Goal/Objective:	To increase public awareness of gambling and its consequences
Policy/Program Action:	**Public Education and Awareness**
Tasks/Activities:	1. Conduct education and awareness campaigns through community media and religious congregations 2. Pursue Health Education and Communication 3. Engage in Advocacy 4. Take Community Action
Anticipated Outcome:	A full community understanding of gambling and problem gambling; the realization of odds against winning; an understanding of the nature of the game of chances; and a full awareness of consequences of gambling

S 2

Research Finding:	There is evidence of gambling problems in the Somali community
Goal/Objective:	To reduce the number of gambling problems in the Somali community
Policy/Program Action:	**Reduction of Gambling Problems**
Tasks/Activities:	1. Pursue Health Education and Communication 2. Develop Mutual Aid Group Support 3. Establish family relationship reforms and enforcements 4. Provide Counselling 5. Arrange Professional therapy 6. Pursue Prevention 7. Provide Referral Information
Anticipated Outcome:	A reduction and control of family expenses; the improvement of individual health and wealth; more responsible gambling practices in the community; and education on serious addiction issues and stress resulting from losing or not winning

S 3

Research Finding:	The Somali community is aware of the unacceptable presence of gambling problems among members of the Somali community
Goal/Objective:	To restore cultural values and reduce addiction, family and education problems
Policy/Program Action:	**Restoration of Cultural Values and Reduction of Problems**
Tasks/Activities:	1. Pursue Health Education and Communication 2. Take Community Action 3. Increase Awareness 4. Provide Counselling 5. Arrange Professional therapy 6. Offer Spiritual Counselling 7. Host Conferences and Workshops 8. Offer Information Sessions 9. Provide Referral to appropriate health facilities 10. Develop Mutual Aid Group Support
Anticipated Outcome:	The restoration of cultural values; narrowing of the inter-generational gap in the family; destigmatization of gambling and other addictions; prevention of family breakdowns; and reduction of school dropouts and increase in post high school education

S 4

Research Finding:	There is a need for a variety of services to help gamblers with problems
Goal/Objective:	To provide variety of services to help gamblers with problems
Policy/Program Action:	**Help for Gamblers with Problems**
Tasks/Activities:	1. Conduct Education 2. Conduct Awareness campaigns 3. Offer Spiritual Counselling 4. Provide Information on resources 5. Organize Tours of facilities 6. Provide Referral 7. Contribute to Health System Reforms 8. Develop Mutual Aid and Support 9. Pursue Policy Development 10. Engage in Advocacy 11. Arrange Clinical Intervention 12. Pursue Research and Evaluation 13. Take Community Action
Anticipated Outcome:	Education on the stigma of gambling; increased awareness and knowledge of the facilities available in the city; collaboration among different institutions in helping those who need assistance; access to services across the health care systems; change of policies in order to accommodate new cultures; creation of respect for clinical and cultural therapies; and cooperation with other ethnic centers in helping all Torontonians

3.2.8 South Asian Community

The South Asian community identified four action areas. The four areas consist of three Awareness/Education (prevention) actions and one Awareness/Education (treatment) action.

SA 1

Research Finding:	Community members view lotteries and playing cards with family/friends as acceptable gambling activities
Goal/Objective:	To raise awareness that children and youth may be at risk for developing gambling problem behaviours should they engage in similar activities outside of the home
Policy/Program Action:	**Develop an education/awareness program for the South Asian community on addictive behaviours**
Tasks/Activities:	1. Develop an education/awareness program for the South Asian community on addictive behaviours 2. Provide information forums for youth and community at large
Anticipated Outcome:	The South Asian community will become more aware of the prevalence of addictive behaviours as a public health concern

SA 2

Research Finding:	Community members are unaware of the adverse effects associated with problem gambling
Goal/Objective:	To raise awareness in the South Asian community about issues related to problem gambling (education, prevention, and treatment)
Policy/Program Action:	**Develop a problem gambling education/awareness program for the South Asian community**
Tasks/Activities:	1. Develop a series of articles within existing South Asian Centre newsletter 2. Request other South Asian organizations to promote these articles 3. Develop problem gambling self-assessment instrument for youth, adults, and seniors 4. Develop radio and television ads regarding problem gambling
Anticipated Outcome:	The South Asian community will be more aware of problem gambling as a public health issue

SA 3

Research Finding:	South Asian women more than men express concern about the adverse effects of problem gambling on the family
Goal/Objective:	To raise awareness of the impact of problem gambling on spouses and the family
Policy/Program Action:	**Develop a problem gambling awareness program for South Asian women**
Tasks/Activities:	1. Develop information sessions for adult South Asian women 2. Provide education to community women's mental health service providers regarding South Asian cultural norms 3. Develop a Community Resources Guide for South Asian youth, women, and seniors
Anticipated Outcome:	South Asian women will become aware of the impact of problem gambling for spouses, and the resources available to help them with related issues

SA 4

Research Finding:	The South Asian community is not aware of what constitutes appropriate helping steps for problem gambling
Goal/Objective:	To raise awareness of the steps involved in getting help for a person and/or family member dealing with a gambling problem
Policy/Program Action:	**Developing a *Helping Steps* Campaign for the South Asian Community**
Tasks/Activities:	1. Develop a *Helping Steps* brochure that is gender and age specific 2. Provide information on problem gambling help resources to South Asian Health Professionals 3. Provide information on problem gambling help resources to South Asian community religious institutions 4. Develop an assessment tool that is a self directed questionnaire with a score, categories, and advise
Anticipated Outcome:	South Asians will become more aware of the resources available to help them with problem gambling related issues, and about problem gambling as a public health issue

3.2.9 Summary of Action Plans

Keeping in mind the differences and variations in presentation, scope and classification of the community action plans, some summary observations of the planned actions can be made. There are thirty-two actions planned by the communities. Most of

the planned actions, twenty-four actions, are Awareness/Education actions, with sixteen being related to prevention and eight related to treatment. In the Service Development category, there is only one action that is dedicated to prevention, the Filipino community plans to develop alternative activities to gambling for newcomers. There are six Service Development treatment specific actions planned, the Afghan, Greek, Indo-Caribbean and Iraqi communities plan to develop and offer treatment services. The Afghan community is the only community that plans to pursue a Research specific action.

Community	Awareness/Education		Service Development		Research	Total
	Prevention	Treatment	Prevention	Treatment		
Afghan		1		1	1	3
Filipino	1	2	1			4
Greek	6			2		8
Indo-Caribbean	2	2		2		6
Iraqi	1			1		2
Jewish	1					1
Somali	2	2				4
South Asian	3	1				4
Total	**16**	**8**	**1**	**6**	**1**	**32**

4. CONCLUSIONS AND IMPLICATIONS

This chapter provides the conclusions and implications that have been drawn from the action planning process and the action plans. The chapter and the action planning report closes with some final remarks pertaining to the overall research project and addressing problem gambling issues in ethno-cultural communities in Ontario.

4.1 Action Planning Process

The overall aim of this applied phase of the research project was to provide the necessary training and support for the eight ethnic communities to develop, implement, monitor and evaluate strategic actions taken to mitigate problem gambling in their communities. The following objectives were posited to guide the action planning process.

1. To establish a "community health coalition" or similar planning committee in each of the eight participating ethnic communities.

2. To introduce the Community Health Improvement Process (CHIP) action planning model to the community health coalition/committee through a training session.

3. To assist each community health coalition/committee in identifying the salient problem gambling issues synthesized from (their) problem gambling research projects.

4. To assist each community health coalition/committee in implementing the CHIP model, which includes:

    a. analyzing each problem gambling issue;
    b. inventorying community resources;
    c. developing improvement strategies;
    d. identifying accountable community partners;
    e. developing measurement indicators for evaluating effectiveness;
    f. implementing action strategies; and
    g. monitoring action processes and outcomes.

5. To assist each community health coalition/committee in writing their first "action plan" for addressing problem gambling issues.

Conclusions. The anticipated assistance was provided by the co-investigators and the action planning process was implemented as expected. More importantly, the action planning process, the use of the CHIP model, was successful and the posited objectives were met. More specifically, the following objective-based results were achieved.

Community Coalitions

All eight communities established a working coalition and the coalitions are ready to support the implementation of the planned actions.

Training

The training was well attended and was successful in providing an introduction to the CHIP model and guiding the implementation of the CHIP model.

Identifying the Problem Gambling Issues

All ethnic communities identified and synthesized the salient or major problem gambling issues and research findings that required improvement strategies and action.

Implementing the CHIP Model

To the extent possible, the CHIP model was implemented successfully and it served the action planning process very well. The eight communities analyzed each problem gambling issue, developed an inventory of community resources, developed improvement strategies, identified accountable community partners and developed measurement indicators. The communities developed general plans for implementing the action strategies and monitoring the action processes and outcomes. These steps can only be completed when the planned actions receive financial support and the implementation begins in the near future.

Writing an Action Plan

Following the "Action Planning Template", each of the eight communities successfully wrote a comprehensive, "evidence-based" community action plan that can be reviewed in their community action plan report.

Implications. The communities were successful in developing a research plan, gathering the data, analyzing the data, reporting the findings, implementing the CHIP model and developing the action plans. The communities undertook the processes and achieved the anticipated results, but the communities did so with considerable support and assistance from the co-investigators. The assistance included coordination, training, tools, consultation and advice. The process has developed community capacity for addressing problem gambling issues and other health and social issues. Community capacity has been increased and action plans have been outlined, but the communities will continue to require support and assistance in developing their action plans into full program proposals, implementing their planned actions and monitoring their results. There will be the continuing need to coordinate the implementation of the action activities, provide training and tools and the continuing need to build community capacity and provide technical assistance to ethno-cultural communities.

4.2 Community Action Plans

Leading up to a fifth research goal on action planning, the research project had four major goals. In abbreviated form, the research goals were: Goal 1 - Gambling; Goal 2 -Problem Gambling; Goal 3 - Perceptions; and, Goal 4 - Help-seeking. The action plans were expected to be based on the research goals and research findings. The "Action Planning Template" offered the communities the following guidance.

> Please remember that the findings from the research have been organized within four overarching goal areas, and please (a) list in summary form the major findings from each goal area are so that, (b) identify each finding as being the impetus for developing an action.

The action plan guidelines continued with the following suggestions.

> Please remember that actions and tasks might include policies (e.g. municipal policies, school board policies, gambling site policies, etc.), programs (e.g. prevention: awareness, education and treatment: identification, referral and counselling), training and research.
>
> Please remember that actions can be aimed at specific target groups: e.g. youth, adults, males, females, seniors, community-at-large, community leaders, service providers and policy makers

Conclusions. The communities did develop action plans as is evidenced in the Community Action Planning Reports. As expected, the communities analyzed their findings and identified actions for all the research goal areas. The planned actions are based on research findings and, thereby, "evidence-based", varied by goal areas and aimed at many target groups. The thirty-two planned actions are concentrated in the Awareness/Education category; twenty-four of thirty-two planned actions (sixteen prevention and eight treatment). One Service Development action is aimed at the prevention area and there are six Service Development actions that address treatment. One planned action initiative is aimed at the Research category. Although one part of the "Action Planning Template" was termed "Policy/Program Action", there are no planned actions that involve the Policy category (e.g., municipal policies, school board policies or gambling site policies). The ethno-cultural communities would benefit from training, advice and consultation on the value and development of policy actions.

Implications. The implications are related to the implementation and funding expectations that arise from the development of the action plans.

Implementation Expectations

With support from the Ontario Ministry of Health and Long Term Care, this large-scale research project was pursued with eight ethnic communities. The development of action plans and thirty-two planned actions has developed momentum and expectations that the planned actions will be implemented. The coalitions are formed and ready to proceed with the implementation as soon as the resources are acquired. Beyond the eight ethnic communities involved in this research project, there are already other ethno-cultural communities that are addressing problem gambling issues in their communities. As this research project announces its results, other ethno-cultural groups and communities are likely to have expectations that they too will be able to acquire program support and financial assistance. The time has arrived to develop a strategic framework to guide the expectations of ethno-cultural communities in addressing problem gambling issues.

Funding Expectations

The Ontario Problem Gambling Research Centre funded this research project with a special allocation of money for "special populations" from the Ministry of Health and Long Term Care. The funding for this research project, the provision of support and the development of the action plan reports with their planned community actions has developed the momentum and expectations that the plans will be implemented. The Ministry of Health and Long Term Care will need to give careful consideration to providing the funding and supporting the implementation of the "evidence-based" plans. In addition, there will be other ethnic communities in Toronto, Windsor/Essex County and other parts of Ontario that will expect support to address problem gambling in their communities. These groups and communities will also expect program support and funding.

4.3 Final Comments

The final comments begin by addressing the process outcomes and program outcomes. The comments conclude with some suggestions related to serving the expectations and the program support needs and the expectations of ethno-cultural groups and communities.

4.3.1 Process Outcomes

This research project utilized a participatory action research (PAR) approach and the Community Health Improvement Process (CHIP). Both of these processes place the ethno-cultural members at the centre and in control of the process. The research process is; therefore, an empowering and capacity building approach to working with communities. In this case, the processes were applied with the ethno-cultural communities, built capacity of the ethno-cultural groups and the processes offered an essential ingredient to working members of different cultures. These participatory processes placed the members of the ethno-cultural groups in a position to ensure that the

process unfolded sensitively and appropriately within the cultural it serves. The communities were provided with program support and technical assistance but the direct involvement of members of ethno-cultural groups in these processes resulted in culturally appropriate actions to address problem gambling issues. In this way, the processes provide an ethically sound basis for working with people from different cultures.

4.3.2 Program Outcomes

As a result of this research project, each ethno-cultural community has the following outcomes.

- A profile of their community
- A description of the nature of gambling in their own ethno-cultural context
- A description of the nature of problem gambling in their ethno-cultural context
- A description of the perceptions, attitudes and values on gambling and problem gambling
- Some case studies of problem gamblers from their community
- A description of the help-seeking preferences for problem gambling services
- Some evidence-based action plans for addressing problem gambling issues in their community
- A mobilized coalition/committee for addressing problem gambling, health and social issues
- A new capacity to study and address problem gambling, health and social issues

In addition, the eight ethnic communities have considerable momentum and expectations to acquire support and assistance and to move to the implementation of their action plans.

4.3.3 Program Support

Although most of the credit for this project goes to the eight ethnic communities, the success and productivity are related to the coordination, support, assistance and consultation that were provided to the eight ethnic communities. The implementation of the thirty-two planned actions will require additional program coordination and support. Other ethnic groups and communities will want to replicate the process and, they too, will need coordination and support. Consider the number of existing groups and services that are currently and independently organized to provide services for ethnic groups and communities.

- COSTI: Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities, a participatory action research project with eight ethnic communities (Afghan, Filipino, Greek, Indo-Caribbean, Iraqi, Jewish, Somali and South Asian)

- COSTI: Gambling and Problem Gambling Services for Special Populations, a participatory action research project with six Toronto ethnic communities (Hispanic, Polish, Portuguese, Punjabi, Tamil, Vietnamese)

- COSTI: Problem Gambling Program, prevention services for nine Toronto ethno-cultural groups (Hindi, Hispanic, Italian, Polish, Portuguese, Punjabi, Sinhalese, Tamil and Vietnamese) and treatment for the Toronto Italian community

- Centre for Addiction and Mental Health (CAMH) and COSTI: Ethno-cultural Problem Gambling Outreach and Treatment Services, training services for ethno-cultural service providers who provide treatment services in fourteen languages for members of ethno-cultural groups in Toronto and Peel (Greek, Hindi, Korean, Polish, Portuguese, Punjabi, Russian, Somali, Spanish, Tagalog, Tamil, Ukrainian, Urdu and Vietnamese)

- Centre for Addiction and Mental Health (CAMH): Problem Gambling Service, an ethno-cultural worker who provides prevention and treatment services in Toronto

- Hotel Dieu Hospital, St. Catharines: Niagara Multilingual Prevention/Education Problem Gambling Program, website information in eleven different languages (Arabic, Chinese, English, Farsi, Hindi, Italian, Portuguese, Russian, Somali, Spanish and Urdu)

- Ontario Problem Gambling Hotline: information and referral services, available in more than one hundred and forty different languages

- Chinese Family Services of Ontario: treatment services for members of the Chinese community in Toronto (Cantonese and Mandarin)

- Niagara Alcohol and Drug Assessment Service (NADAS): an ethno-cultural worker who provides treatment services in Niagara Region

- Somerset West Community Health Centre: Community and Social Services: Counselling Outreach and Community Development, Multicultural Gambling, prevention and treatment services for members of the Vietnamese, Chinese and Cambodian communities in Ottawa

- William Osler Centre: Addiction Counselling Services, Problem Gambling Treatment Program, an ethno-cultural worker who provides treatment services in Peel Region

The existing number of independent services and organizations already suggests a significant need for coordination and support at the provincial and community levels. The implementation of the planned actions of the eight ethnic communities in this study will continue to require additional coordination and support. An important way of providing coordination and support, building capacity and providing technical assistance is by establishing a resource centre. A provincial, ethno-cultural problem gambling resource centre is needed now. A provincial resource centre is needed before the existing initiatives begin to evolve into a set of expensive, inefficient, fragmented, duplicating and competing initiatives, programs and services. A provincial resource centre is needed before additional initiatives begin to develop and operate independently.

As evidenced by the Ontario Health Promotion Resource System and its members (see http://www.ohprs.ca/about/about.html), the Ontario Ministry of Health and Long Term Care has provided funding for resource centres to provide coordination and support to different areas of health promotion programming. A resource centre for developing, coordinating and supporting problem gambling programs and services for ethno-cultural groups and communities is needed in Ontario.

A provincial resource centre could contribute to the implementation of provincial ethno-cultural problem gambling strategy. The resource centre would primarily provide program coordination and program support. The program support would include building capacity and providing technical assistance. Briefly, a provincial resource centre could serve the following functions.

- Policy Development
- Planning and Coordination
- Program Support (Central/Provincial and Local/Community)
    - To stimulate information and knowledge exchange
    - To provide education and skill development
    - To provide consultation and advice
    - To develop networks and networking opportunities
    - To develop and disseminate implementation resources
    - To provide grants and financial assistance (might be retained by the Ministry of Health and Long Term Care)
- Research, Development and Dissemination
- Monitoring and Evaluation

To work successfully on problem gambling issues with the existing initiatives and ethno-cultural groups, the organization that is selected to become the ethno-cultural problem gambling resource centre should have the credibility, experience and expertise to serve ethno-cultural groups and communities throughout Ontario. As a first step,

consideration could be given to having COSTI develop a full description of a provincial resource centre. Such a description could form the definition and terms of reference for serving the problem gambling needs of ethno-cultural groups and communities in Ontario.

4.3.4 Expectations

The expectations addressed in these final comments pertain to strategic expectations and funding expectations.

Strategic Expectations

The development of action plans has developed expectations that the planned actions will be implemented. The planned actions were developed in relation to research findings but the nature of the actions could still be considered within broader conceptual and strategic directions. Research findings alone do not develop, suggest or create strategic expectations and directions. The development of a strategic framework will introduce expectations and directions. For example, the Ontario Problem Gambling Research Centre has developed a conceptual framework based on a continuum of gambling risks and gambling problems. Relatedly, the framework provides response strategies: risk avoidance, risk reduction, brief intervention and intensive intervention. The planned actions do not suggest that this conceptual framework or any other conceptual framework shaped the nature of the actions.

The Ontario problem gambling provincial organizations (the Ontario Problem Gambling Research Centre, the Ontario Problem Gambling Hotline, the Responsible Gambling Council and the Young Men's Christian Association), have proposed an Ontario Problem Gambling Strategy that contains a Five-point Implementation Plan, entitled "A Responsible Gambling Environment in Ontario". The Implementation Plan is based on five overarching strategies as follows.

Strategy 1: General Public Education

Strategy 2: Prevention for Young People

Strategy 3: Prevention for Gamblers

Strategy 4: Treatment for Problem Gamblers

Strategy 5: Responsible Venues and Outlets

Obviously, the conceptual framework and Implementation Plan strategies are directly related to the planned actions of the eight ethnic communities. There should be links and integration with these larger and broader conceptual and strategic directions. Consider that the thirty-two actions deal with matters risks, problems and responses but they do demonstrate a connection to any conceptual framework.

Consider that thirty-one of the thirty-two actions are directly related the Implementation Plan Strategies 1, 2, 3 and 4. The extent to which the eight ethnic communities are intending to implement education, prevention and treatment initiatives, they could benefit from integration with a provincial problem gambling strategy. The extent to which the communities expect to concentrate their efforts in Awareness/Education, they need not develop the actions on their own. More importantly, it would be inefficient to expect each ethnic community to "invent or re-invent the wheel" and develop their own educational content for prevention programs. Presumably, provincial prevention programs will have content that can be integrated and then translated into ethno-cultural problem gambling prevention actions to be disseminated and implemented by ethno-cultural groups and communities. Likewise, it would inefficient to expect each ethnic community to develop its own treatment services. Currently, confidential, professional counselling over the telephone is being evaluated in Ontario. It would be inefficient to expect each ethnic community to develop its own treatment services when a roster of ethno-cultural professionals could be immediately available through a toll-free number.

To avoid an ad hoc approach, it would be prudent for the Ministry of Health and Long Term Care to immediately support a consultative process to develop a comprehensive strategy for addressing problem gambling in ethno-cultural communities throughout Ontario. Such a strategy could contain a conceptual framework, a set of response strategies and the integration with other problem gambling strategies. An ethno-cultural strategy would set expectations and, more likely, produce strategic results. Consideration should be given to having COSTI undertake an interactive process to develop a provincial ethno-cultural problem gambling strategy. A provincial ethno-cultural problem gambling strategy could provide the framework for coordinating and guiding programming within all ethno-cultural communities and, at the same time, provide a basis for making funding decisions.

Funding Expectations

In Ontario, the Ministry of Health and Long Term Care holds the responsibility and budget for providing funding for gambling programs and services. Funding is made possible by the Ontario Government's commitment to dedicate the growing two percent of revenues that is generated from the slot machines at racetracks to addressing problem gambling issues. These funds are entrusted to the Ministry of Health and Long Term Care to allocate in support of worthy problem gambling prevention, treatment and research programs.

Working with a special allocation of funds for "special populations" provided by the Ontario Ministry of Health and Long Term Care, this applied research project has been very productive but it has developed funding expectations. To develop full proposals from their action plans, the eight ethnic communities in this study may need a little bit of funding. To implement their action plans, the eight communities will definitely need funding. With the completion of the first participation action research

project on problem gambling in ethnic communities, other ethno-cultural groups may believe they have entitlement to funding. Although this project developed tools and reports, other ethno-cultural groups will need support, assistance, training and consultation when they attempt to study problem gambling and pursue action planning.

Whereas, the eight ethnic communities in this study will require immediate financial assistance, the Ontario Ministry of Health and Long Term Care would be wise to give consideration to providing funds to the growing population in ethnic communities throughout the Province. It would be most efficient to provide funding within a provincial strategic framework for addressing problem gambling in ethno-cultural communities in Ontario.

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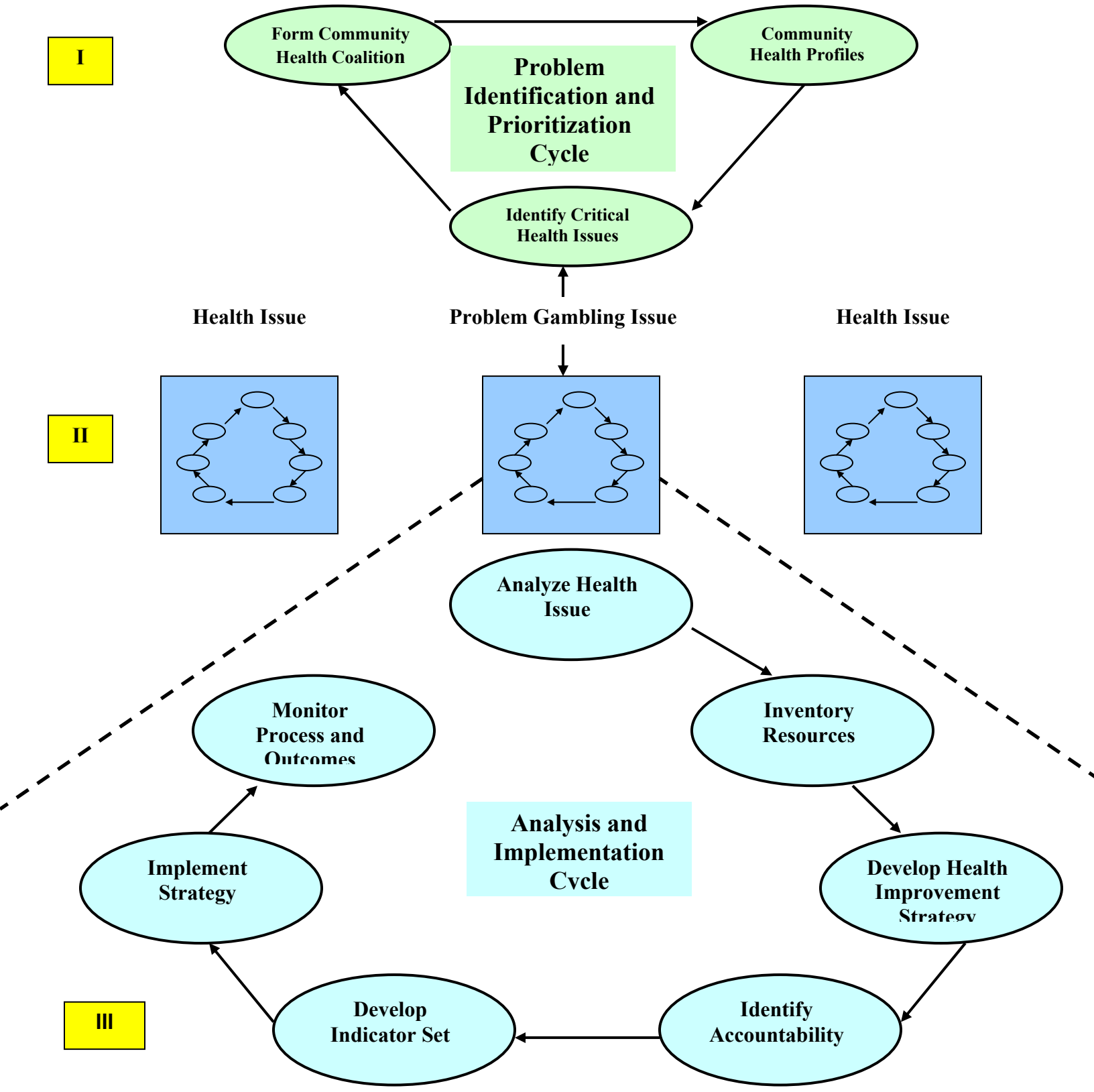
APPENDIX 1

COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP) ACTION PLANNING MODEL

COMMUNITY HEALTH IMPROVEMENT PROCESS (CHIP)
ACTION PLANNING MODEL



PROBLEM IDENTIFICATION AND PRIORITIZATION CYCLE

1. Form a Community Health Coalition

- A "**health coalition**" is an organization of **individuals** representing diverse organizations, factions, or constituencies **who agree to work together** to achieve common community health-related goals.
- "**Leadership**" is essential to both initiate and maintain a coalition.
- **Coalition roles** include:
    - obtaining and analyzing community health profiles.
    - identifying critical issues for action.
    - supporting the development of improvement strategies.
    - fostering the allocation of responsibility for health improvement efforts among community stakeholders.
    - serving as a locus of accountability for performance by those stakeholders.
- Coalition should be structured and operate in the configuration that **best suits the community**.
- Coalition partners should include a **community's major stakeholders** and accountable entities.
- The **general public** must have an opportunity to participate and **public- and private-sector entities** that may not traditionally have assumed a role in health issues must be brought to the table.

2. Prepare and Analyse Community Health Profiles

- A **"community health profile"** provides basic information about a community's demographic and socioeconomic characteristics and its health status and health risks.
- The **health coalition** should oversee the development and use of a health profile, but responsibility for data collection and analysis may lie with **particular coalition participants** (e.g., health departments).
- Profile updates should be produced regularly.

3. Identify Critical Health Issues

- Community **"health issues"** are conditions or problems that, left unaddressed, will detract from the general health and well-being of individuals, groups and entire communities.
- Health issues should reflect the **judgment** of not only public health agencies and health care provides, but also the **broader spectrum of community stakeholders**, including the general public.
- The coalition should continuously **"scan the environment"** for health issues and involved multiple stakeholder perspectives, including the general public, in this scanning process.
- The coalition must establish a process for **prioritizing health issues**, striking a balance between (a) issues that lend themselves to quick, easily measurable success, and (b) those that require sustained effort to produce a longer-term health benefit.
- The coalition should develop, over time and as resources permit, a **"portfolio"** of health initiatives.

ANALYSIS AND IMPLEMENTATION CYCLE

1. Analyze the Health Issue

- The coalition must **articulate the specific issue(s)** of concern in the community and goals for a health improvement activity.
- An analysis of the health issue should (a) examine the general underlying **causes and contributing factors**, (b) **how they operate** in that specific community, and (c) **what interventions are likely to be effective** in meeting health improvement goals.

2. Inventory Health Resources

- The coalition must **inventory the resources** the community already has to apply to a health issue (e.g., organizations, influence, expertise, leaders, funding, volunteers).
- This community resource inventory should be **continuously updated**.

3. Develop a Health Improvement Strategy

- A "**health improvement strategy**" should reflect how available resources could be applied most effectively to address an identified health issue.
- Several considerations should shape health improvement strategies:
  (a) **Interim goals** for major health problems may help sustain a health improvement effort.
  (b) The **consequences** of not taking any action should be considered.
  (c) Priority should be given to actions for which **evidence of effectiveness** is available.
  (d) The strategy development step should include consideration of potential **barriers to success** that may arise in trying to implement a strategy.

4. Identify Accountability

- Specific entities must be **willing to be held accountable** for undertaking activities within an overall strategy for dealing with a health issue.
- Depending on the health issue and community stakeholders involved, different approaches may be necessary to reach agreement on who will be accountable for what:
  - (b) **Community cooperation** may be a sufficient basis for negotiating assignments of accountability.
  - (c) **Funding incentives** may make entities in the community willing to be held accountable.
  - (d) **Regulatory and legal requirements** may mandate that some entities are accountable.

5. Develop Performance Indicator Set

- Accountability is operationalized through the adoption of concrete, specific **performance indicators** linked to accountable entities.
- Because health issues have many dimensions and can be addressed by various sectors in the community, **sets of indicators** are needed to assess overall performance.
  - (a) Selecting indicators requires careful consideration of how to gain insight into **progress achieved** in the health improvement process.
  - (b) A balance is necessary among indicators that reflect **short- and long-term changes** in community health.
  - (c) Communities may also want to consider **indicators of cooperation** among organizations.
  - (d) Communities will need criteria to guide the selection of **valid and reliable indicators**.

6. Implement the Health Improvement Strategy

- Implementation of health improvement strategies and interventions requires **action by many segments** of the community.
- The particular mix of activities and actors will depend on the health issue being addressed and on a community's organization and resources.

7. Monitor Process and Outcomes of the Improvement Strategy

- Once a health improvement program is underway, **performance** monitoring becomes an essential guide.
- Information provided by the selected performance indicators should be reviewed regularly and **used to inform further action**.
- The monitoring process will require access to data from multiple sources that can be combined to produce a **community-wide information resource** to inform the public.