

# research snapshot

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## The content of problematic gambling prevention messages in the United States

### What this research is about

Approaches used in problematic gambling prevention usually fall into three main types: (1) educational programmes; (2) personalized feedback; and (3) personalized normative feedback. Personalized feedback informs people about their own gambling behaviour. Personalized normative feedback shows people how their gambling behaviour compared to other people. It is important to examine the types of messages used in publicly funded problematic gambling prevention interventions, and how effective they are. The purpose of this study was to analyze the content of messages used in problematic gambling prevention interventions in the U.S.

### What the researchers did

The researchers searched the Internet to identify problematic gambling prevention interventions in the U.S. Their first search occurred from fall 2020 through spring 2021. They updated the sample of the first search in fall 2022 through a second search. The researchers also visited the websites of every U.S. state's department of health.

To be included in this study, messages had to meet the following criteria:

- Focus on primary or secondary problematic gambling prevention. Primary prevention was defined as messages focusing on reducing the likelihood of developing a gambling problem. Secondary prevention was defined as messages including a self-screener of possible gambling addiction.
- Be created by government agencies, gambling agencies, non-profit organizations, or other professional agencies.

### What you need to know

The purpose of this study was to analyze the content of publicly funded problematic gambling prevention messages in the U.S. It involved two rounds of internet searches (Fall 2020 to Spring 2021 and Fall 2022). A total of 318 intervention messages were included in the analysis. Most messages (62.9%) addressed barriers. More than half (57%) referenced the severity of problematic gambling. Almost 40% included a self-screener. About one-third of messages highlighted descriptive norms, personal responsibility, or association with other health problems.

The researchers identified two themes that may cause backfire effects. Backfire effects are potential unintended consequences of gambling intervention messages. Almost half (45%) of messages with descriptive norms made it seem like the behaviour in question was not common. This might make people feel like outliers and be less likely to seek help. Some interventions included messages that might induce shame or stigma. The researchers also found that many messages were based on elements recommended in health behaviour theories. However, these theories appeared to be applied in a haphazard way rather than purposefully.

- Target people who gamble.
- Be included in print materials (i.e., posters and brochures) of 5 pages or less or in videos with a length of 15 to 60 seconds.

Based on these inclusion criteria, the final sample consisted of 318 intervention messages.

## What the researchers found

The researchers identified 13 types of appeals across the messages. Messages could include more than one type of appeal. Most messages (62.9%) addressed barriers. More than half (56.9%) referenced the severity of problematic gambling. Almost 40% included a self-screener. About one-third highlighted descriptive norms regarding how common gambling or problematic gambling is; personal responsibility; or link to other health problems (e.g., alcohol use).

At least two theoretical models seemed to inform the messages. One was the health belief model. This model suggests that people's views of their susceptibility, severity, benefits, barriers, self-efficacy, and cues to action inform the likelihood that they will adopt a particular health behaviour. The other model was the extended parallel process model. This model explains how fear appeals influence outcomes. It suggests that people's views of susceptibility, severity, self-efficacy, and response efficacy determine how likely they will take action to alleviate fear. Response efficacy is the belief regarding how likely a response will succeed in reducing fear.

The researchers found that many messages included elements of the health belief model (i.e., susceptibility, severity, self-efficacy, and barriers) and the extended parallel process model (i.e., susceptibility, severity, self-efficacy, and response efficacy). But the researchers noted that these theories appeared to be applied in a haphazard way, rather than purposefully. The researchers also noted a lack of personalized feedback in these messages. Previous research has found that personalized feedback is one of the more effective strategies.

The researchers identified two themes that may cause backfire effects. Backfire effects are unintended consequences of gambling intervention messages. Almost half (45%) of the messages with descriptive norms made it seem like the behaviour in question was not common. An example was "Anywhere from 2% to 7% of young people experience a gambling addiction". If gambling addiction were seen as uncommon, people might feel like outliers and be less likely to seek help. The second potential backfire

effect was the presence of messages that could make people feel ashamed or stigmatized. This included framing people who gamble as being "bad" rather than gambling as a problematic behaviour.

States with the highest number of appeals per message tended to have more potential backfire effects. These included states such as Minnesota, Kentucky, Wisconsin, New Jersey, and Massachusetts.

## How you can use this research

This research can be used to improve problematic gambling prevention messages.

## About the researchers

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