



Evaluation of Ohio's Problem Gambling System and Continuous Quality Improvement Project (Grant #1674)

SFY15 Stakeholder Survey

JUNE, 2015

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and
Continuous Quality Improvement Project**

**Ohio Department of Mental Health and Addiction Services
Grant #1674**

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**Prepared by:
Ohio's Problem Gambling Statewide Evaluation Team
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Most importantly, we offer our sincerest appreciation to the state and community stakeholders, including ADAMHS/ADAS Board staff members, for their participation in this survey.

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Executive Summary

Over the last five years, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and its partners, the Ohio Lottery Commission, the Ohio Casino Control Commission, and the Ohio Racing Commission, have been building capacity in Ohio's state- and community-level problem gambling service systems.

In order to better understand the current status of Ohio's problem gambling service system, along with needs that can be addressed in the future, OhioMHAS funded a statewide evaluation of the Problem Gambling Service System during SFY15. The statewide evaluation of OhioMHAS' Problem Gambling efforts is a collaborative effort of Ohio University's Voinovich School of Leadership and Public Affairs, the Pacific Institute for Research and Evaluation (PIRE), and the University of Cincinnati's Evaluation Services Center (UCESC).

As part of this evaluation, a web-based survey was developed and deployed during April and May of 2015. The survey asked system stakeholders to assess actions and strategies within the seven Essential Public Health Services (EPHS) with respect to Ohio's Problem Gambling Service System. The actions and strategies were adapted from the Essential Public Health Services (EPHS) framework developed in 1988 by the Centers for Disease Control and the Institute of Medicine (Institute of Medicine, 1988). The survey was designed to help OhioMHAS and system stakeholders better understand stakeholder perceptions of problem gambling as a public health issue and to highlight areas in which stakeholders support further system development.

The SFY15 Stakeholder Survey was designed to inform two key evaluation questions:

- What are the critical service areas and functions of Ohio's Problem Gambling Service System?
- What areas of Ohio's Problem Gambling Service System should be further developed?

The survey was fielded with 348 system stakeholders and a total of 149 stakeholders (or 43% of the sample) completed the survey.

Results from the SFY15 Stakeholder Survey suggest that there is strong support by stakeholders for continued development of the service system. Stakeholders rated each of the seven EPHS between "somewhat important" and "very important," suggesting that there is support among this group for using the EPHS as a guide (or roadmap) to further develop Ohio's Problem Gambling Service System.

Across the seven EPHS included on the survey, four categories of actions consistently were rated as most important by system stakeholders. These actions, which are listed below, function as themes that can guide system development and quality improvement activities in the future.

- Financial resources: Ensuring that sufficient financial resources are available (EPHS 1; EPHS 4; EPHS 8)
- Collaboration and coordination: Maintaining and further developing coordination and collaboration across the service system (EPHS 2; EPHS 3; EPHS 4; EPHS 9)
- Integrating data and evaluation: Using data and evaluation to improve the quality and effectiveness of problem gambling services (EPHS 1; EPHS 2; EPHS 9)

- Communication: Developing communication strategies to assist the state and local communities in promoting both the value of problem gambling services and the importance of these services as critical components of public health. (EPHS 3; EPHS 4; EPHS 9)

The results of the SFY15 Stakeholder Survey inform three key recommendations:

1. System stakeholders consistently rate a wide variety of essential public health services as being important to the effectiveness and functioning of Ohio's Problem Gambling Service System. OhioMHAS should continue efforts to develop state- and community-level problem gambling service systems and should use the EPHS framework as a guide for these efforts.
2. Ohio has a very committed, diverse, and extensive group of stakeholders within the problem gambling service system. OhioMHAS should capitalize on this support and use it to facilitate further development of the service system; including system enhancements around data and performance measurement and development of promising and evidence-based best practices. Further, OhioMHAS should explore the use of a partnership model in which stakeholders work closely with OhioMHAS staff to diffuse system innovations and enhancements to ADAMHS/ADAS Boards and local communities.
3. Recent work (Collins, et al., 2015) completed as part of the SFY15 Problem Gambling Statewide Evaluation and CQI Project highlight that local ADAMHS/ADAS Board staff perceive that problem gambling is not seen as either important or as a public health issue. This is a critical challenge to the system, given that casino gambling remains fairly new and technological innovations continue to make it easier for Ohioans to gamble. Although statewide awareness campaigns are part of the solution, Ohio's committed and diverse stakeholders can be used to spark dialogue about the issue at the local level to build community readiness to address problem gambling.

The accompanying report provides further details on the survey and recommendations of how the results can be used to enhance system capacity and to support further system development.

Introduction

Over the last five years, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and its partners, the Ohio Lottery Commission, the Ohio Casino Control Commission, and Ohioans for Responsible Gambling, have been building capacity for prevention, early intervention, and treatment of gambling disorders. During State Fiscal Year (SFY) 15, OhioMHAS funded a state systems review, a statewide evaluation of Ohio's Problem Gambling prevention and treatment efforts, and a CQI Field Agent who provided technical assistance to ADAMHS/ADAS Boards, communities, and OhioMHAS Grantees.

In order to help OhioMHAS continue to build capacity within the service system, researchers at Ohio University's Voinovich School of Leadership and Public Affairs, the Pacific Institute for Research and Evaluation (PIRE), and the University of Cincinnati Evaluation Services Center (UCESC) developed a web-based survey that asked system stakeholders to rate the importance of a number of actions and strategies to Ohio's Problem Gambling Service System. These services, actions, and strategies were adapted from the Essential Public Health Services (EPHS) framework developed in 1988 by the Centers for Disease Control and the Institute of Medicine (Institute of Medicine, 1988)

The survey was designed to help OhioMHAS and system stakeholders better understand perceptions of problem gambling as a public health issue and to highlight areas in which there was broad support for further system development. An additional intent for the survey was to provide a framework for further system development that will complement ongoing work to build and enhance state and community capacity for prevention, early intervention, and treatment of gambling disorders.

The SFY15 Stakeholder Survey was designed to inform two key evaluation questions:

- What are the critical service areas and functions of Ohio's Problem Gambling Service System?
- What areas of Ohio's Problem Gambling Service System should be further developed?

This summary report presents levels of support for each of the EPHS - both at a service level and for individual actions - within each strategy. Conclusions and recommendations following the report are organized around the two evaluation questions that guided the survey.

The Ten Essential Public Health Services and the EPHS Framework

In 1988, the Institutes of Medicine (IOM) released a report on "The Future of Public Health" (Institute of Medicine, 1988). This report responded to widespread perceptions that the United States' public health system was in disarray. The IOM report articulated three core functions of public health: assessment, policy development, and assurance. In 1994, a Public Health Functions Steering Committee that included representatives of the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) and other agencies was convened to reconsider the core functional areas of an effective public health system. This Steering Committee developed a "Public Health in America" statement that articulated ten critical functional areas (or essential public health services) of an effective public health system (Public Health Functions Steering Committee, 1995). These critical services are:

1. Monitor health status to identify and solve community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve health problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services
10. Research for new insights and innovative solutions to health problems

The three core functions and the ten EPHS were designed to provide a foundation for effective public health activities and a guide to facilitate public health system accreditation. EPHS 1 and 2 fit under the core function of assessment. EPHS 3, 4, and 5 fit under the core function of policy development while EPHS 6, 7, 8, and 9 fit under the core function assurance. Although research (EPHS 10) fits best under assurance, it also undergirds the other two functions of assessment and policy development.

Additional details about each EPHS and the component strategies under each Service are provided in the results section below.

Methodology

The SFY15 Stakeholder Survey was fielded as a web survey between April 23, 2015 and May 15, 2015. Personalized e-mail invitations to complete the survey were sent to the 348 individuals included on the OhioMHAS problem gambling email list. In order to maximize response rates, personalized email reminders were sent to non-responders on May 5, 2015 and May 12, 2015. When the survey closed on May 15, 2015, 149 stakeholders had completed the survey, yielding a response rate (AAPOR RR1) of 43% (149/348) (AAPOR, 2015).

Instrumentation

The instrument for the SFY2015 Stakeholder Survey was adapted from a similar instrument used successfully in 2012, as part of Ohio's Strategic Prevention Framework - Strategic Prevention Enhancement (SPF SPE) Grant, to assess support for the ten Essential Public Health Services from stakeholders in Ohio's substance abuse prevention system. This instrument was developed by converting key strategies under each EPHS into closed-ended survey questions. In most cases, the original wording of strategies under each EPHS required only minimal editing to be used as a

survey question. Respondents were asked to rate the importance of each strategy on a four point scale that ran from “not at all important” to “very important.” The EPHS Survey fielded as part of the Ohio SPF SPE Grant provided data that was used by the Ohio Department of Alcohol and Drug Addiction Services (now OhioMHAS) to guide strategic planning efforts and to energize its ongoing work to use the five steps of SAMHSA’s Strategic Prevention Framework (SPF) to guide Ohio’s substance abuse prevention system.

The instrument for the SFY2015 Problem Gambling Stakeholder Survey (Stakeholder Survey) was adapted from the survey used as part of the 2012 SPF SPE Grant. In most cases, these adaptations were minor and involved simply changing question referents from “Ohio’s prevention system,” to “Ohio’s Problem Gambling Service System.” For each component item (or strategy with the EPHS framework), respondents were asked to rate the importance of the action to Ohio’s Problem Gambling Service System on a four point scale where “1” corresponded to the action being not at all important and “4” corresponded to the action being very important.

However, the unique nature and funding structure of Ohio’s Problem Gambling Service System meant that three of the ten EPHS could not be adapted effectively for problem gambling. As a result, the SFY2015 Stakeholder Survey focuses on seven of the ten EPHS and does not include EPHS 6 (viz., Enforce laws and regulations that protect health and ensure safety), EPHS 7 (viz., Link people to needed personal health services and assure the provision of health care when otherwise unavailable), and EPHS 10 (viz., Research for new insights and innovative solutions to health problems). Furthermore, to minimize survey burden and to maximize the likelihood of response, survey respondents were randomly assigned to receive four of the seven EPHS that were included on the survey instrument.

Sample Characteristics

The survey was fielded with the 348 individuals included on the OhioMHAS problem gambling stakeholder email list. This list includes a variety of individuals at the state and community levels who have demonstrated an interest in Ohio’s Problem Gambling Service System. This list, which currently is the most representative list available of system stakeholders, includes ADAMHS/ADAS Board staff, problem gambling treatment and provider agency staff, and other state-level stakeholders. A key advantage of this sampling approach is that it ensured that the sample reflected the diversity of stakeholders in Ohio’s problem gambling service system. In addition, this approach ensured that survey respondents had in-depth understandings of how Ohio’s problem gambling service system operated at both the state and community levels.

A total of 149 stakeholders completed the survey. Of these, 65% were females (valid N = 94) and 35% were male (valid N=50). In addition, 77% of respondents reported themselves as White, 17% reported themselves as African-American, and the balance (6%) reported being of some other ethnicity. One respondent (2%) reported being of Hispanic/Latino origin. Generally speaking, survey respondents were highly educated, with 27% of respondents (N=39) reporting having an undergraduate degree, 50% of respondents (N=71) having a master’s degree, and 13% of respondents (N=18) having a doctorate or other terminal degree.

Survey respondents reported having a wide variety of certifications and licenses and many respondents reported holding multiple certifications and licenses. Table 1 presents these certifications in order of frequency.

Table 1: *Certifications/Licenses of System Stakeholders*

Certification	n	%
LSW/SWA/LISW/LISW-S	33	22%
OCPSI/OCPSII	32	21%
LPC/LPCC/LPCC-S	26	17%
No certification	24	16%
LICDC/LICDC-S	22	15%
LCDC II/LCDC III	14	9%
NCGC	12	8%
Licensed psychologist	7	5%
BACC	4	3%
CHES	4	3%
LDCA	4	3%
RN/LPN	3	2%
Registered OCPS Applicant	3	2%
School educator or counselor	2	1%

Note. Respondents could select more than one response.

In addition, five respondents (3%) reported that they had applied for a gambling endorsement to their licenses and an additional 29 (19%) reported that they plan to apply for a gambling endorsement to their licenses.

Analyses

The results below report stakeholders' ratings of importance for the individual strategies within each EPHS, along with a scale score that reflects the overall importance they assign to the EPHS as an essential public health function for Ohio's Problem Gambling Service System.

The data reported below related to the importance of individual strategies within each EPHS were analyzed primarily using descriptive statistics. Overall ratings of importance for each of the EPHS were calculated by creating a mean scale score of stakeholder importance ratings for the individual strategies within each EPHS.

To create the mean importance score for each EPHS, we first examined Cronbach's alpha (Cronbach, 1951) for all individual strategies within each EPHS. Alpha values of .70 and larger are generally considered acceptable for creating a mean scale score. Scale scores were then calculated by taking the mean of stakeholder importance ratings across all available strategies within each EPHS. Thus, if data were missing, scale scores were calculated only from items where there was a valid response. This is consistent with a τ (tau) equivalence assumption in classic psychometric theory (and τ equivalence is also assumed for the calculation of Cronbach's alpha). τ equivalence assumes that all items have the same underlying relationship with the latent variable of interest (i.e., equal λ s), but measurement errors are allowed to vary (i.e., unequal σ^2 s) (Lord & Novick, 1968). When calculating the average across items, this unit weights all items at 1, but allows individual items to vary, which is consistent with a τ (tau) equivalence assumption. Taking the average of available items assumes that since all λ s are the same, then the best guess

for any one missing item is the average of the available items. As such, our tables may have smaller sample sizes for the individual items comprising a scale than for the scaled importance score; however, the sample sizes for overall mean importance ratings for each EPHS will be the same as the maximum sample size for the strategies within the EPHS.

Results

The tables that follow present stakeholders' importance ratings for each EPHS, along with ratings for each associated component item (or strategy) within each of the seven EPHS included on the SFY15 Stakeholder Survey.

All mean importance scores for the seven essential public health services were greater than 3.5 and all standard deviations were less than 0.6, suggesting that stakeholders in Ohio's Problem Gambling Service System strongly and consistently support the importance of the service system providing each of the Essential Services asked about in the survey.

Essential Public Health Service #1: Monitor health status to identify and solve community health problems

EPHS#1 focuses on monitoring health status to identify and solve community health problems. It includes activities such as data collection, community health assessments, and ongoing epidemiological monitoring of populations and subpopulations. Table 2 presents stakeholders' ratings of importance for the component strategies of EPHS#1, along with their overall ratings of importance for EPHS#1 as a public health service.

Table 2. Stakeholder Importance Ratings for EPHS#1

EPHS#1 Strategies	n	Not at All Important	Not Very Important	Somewhat Important	Very Important	Mean	SD
Develop and maintain programs that collect data to measure your community's health status related to problem gambling.	84	0%	5%	31%	64%	3.60	.58
Have a system to receive and provide information about problem gambling and the health status of community residents.	83	0%	4%	33%	64%	3.60	.56
Have technical assistance available to assist with collecting and analyzing local data on problem gambling.	81	0%	10%	37%	53%	3.43	.67
Have technical assistance available related to the interpretation, use, and dissemination of local data on problem gambling.	80	0%	9%	33%	59%	3.50	.66
Manage the overall performance of problem gambling activities to improve quality.	82	2%	5%	32%	61%	3.51	.71
Ensure adequate financial resources are available locally for collecting, analyzing, and disseminating data relevant to your community's problem gambling health status.	81	1%	5%	19%	75%	3.68	.63
Overall Importance of EPHS #1	84	-	-	-	-	3.55	.52

System stakeholders perceived that all six of the component activities within EPHS#1 were important, with mean ratings from 3.51 to 3.68, corresponding to ratings that fell between “very important” and “somewhat important.” Three of the component activities of EPHS#1—ensuring adequate financial resources, developing and maintaining data collection programs, and having a system to receive and provide information about the health of communities related to problem gambling—received the highest ratings. In addition, the component average of 3.55 suggests that almost all stakeholders rated EPHS#1 as being either very important or somewhat important to the functioning of an effective problem gambling service system in Ohio.

Essential Public Health Service #2: Diagnose and investigate health problems and health hazards in the community

EPHS#2 focuses on ensuring that there is a broad scope of ongoing activities within Ohio’s problem gambling service system to assess needs at both the state and community levels, to continuously improve gambling prevention and treatment services, and to provide technical assistance related to using data and information to evaluate and improve problem gambling prevention and treatment activities. Table 3 presents stakeholders’ ratings of importance for the component strategies of EPHS#2, along with their overall ratings of importance for EPHS#2 as a public health service.

Table 3. Stakeholder Importance Ratings for EPHS#2

EPHS#2 Strategies	n	Not at All Important	Not Very Important	Somewhat Important	Very Important	Mean	SD
Operate a broad scope of activities to identify and analyze problem gambling needs and related threats to the health of community residents.	79	0%	4%	27%	70%	3.66	.55
Have technical assistance available related to evaluating programs and services related to preventing and treating problem gambling.	80	0%	5%	38%	58%	3.52	.59
Improve the quality of problem gambling prevention and treatment activities using data and information.	80	0%	3%	18%	80%	3.77	.48
Coordinate with other organizations to focus local resources on investigating gambling-related health problems.	80	0%	3%	28%	70%	3.67	.52
Overall Importance of EPHS#2	81	-	-	-	-	3.65	.43

System stakeholders perceived that all four of the component activities were important, with mean ratings from 3.52 to 3.77, corresponding to ratings that fell between “very important” and “somewhat important.” One component activity of EPHS#2—improving the quality of problem gambling prevention and treatment activities using data and information—was rated as most important, suggesting that stakeholders support continued movement towards incorporating evidence-based programs and strategies into the service system. In addition, the component average of 3.65 suggests that almost all stakeholders rated EPHS#2 as being either very important or somewhat important to the functioning of an effective problem gambling service system in Ohio.

Essential Public Health Service #3: Inform and empower people about health issues

EPHS#3 focuses on communicating the value of problem gambling prevention and treatment efforts, ensuring cultural competence, and ensuring that the system has sufficient financial resources. Table 4 presents stakeholders’ ratings of importance for the component strategies of EPHS#3, along with their overall importance ratings of importance for EPHS#3 as a public health service.

Table 4. Stakeholder Importance Ratings for EPHS#3

EPHS#3 Strategies	n	Not at All Important	Not Very Important	Somewhat Important	Very Important	Mean	SD
Design and implement strategies that communicate the value of problem gambling prevention and treatment and promote problem gambling services as an important component of wellbeing.	86	0%	2%	19%	79%	3.77	.48
Have technical assistance available to help the workforce develop the skills and strategies necessary to effectively communicate the value of problem gambling services and to promote problem gambling services as an important component of wellness.	86	0%	8%	29%	63%	3.55	.64
Evaluate the strategies that communicate the value of problem gambling services and promote problem gambling services as an important component of wellness?	86	0%	5%	28%	67%	3.63	.57
Ensure adequate financial resources are available locally to inform and educate people about issues related to problem gambling?	85	0%	4%	18%	79%	3.75	.51
Coordinate with other organizations to focus local resources on communicating about the value of problem gambling prevention and treatment and promoting problem gambling services?	86	1%	3%	24%	71%	3.65	.61
Ensure that your local problem gambling workforce is culturally competent, able to communicate the value of problem gambling services, and able to promote problem gambling services as an important component of wellness?	84	0%	5%	15%	80%	3.75	.53
Overall Importance of EPHS#3	86	-	-	-	-	3.68	.44

As with EPHS #1 and #2, system stakeholders perceived that all six of the component activities of EPHS#3 were important, with mean ratings from 3.55 to 3.77, corresponding to ratings that fell between “very important” and “somewhat important.” One component activity of EPHS#3—designing and implementing strategies that communicate the importance of problem gambling efforts—was rated as most important, suggesting that stakeholders support continued work to raise awareness of problem gambling as a public health issue in Ohio and in local communities. However, ratings of importance for cultural competence and financial resources were very similar, suggesting that all three of these actions are important components of the problem gambling service system. In addition, the component average of 3.68 suggests that almost all stakeholders rated EPHS#3 as being either very important or somewhat important to the functioning of an effective problem gambling service system in Ohio.

Essential Public Health Service #4: Mobilize community partnerships to identify and solve health problems

EPHS#4 focuses on building state and community partnerships around problem gambling prevention, early intervention, and treatment and on monitoring the quality of those partnerships. Table 5 presents stakeholders’ ratings of importance for the component strategies of EPHS#4, along with their overall ratings of importance for EPHS#4 as a public health service.

Table 5. Stakeholder Importance Ratings for EPHS#4

EPHS#4 Strategies	n	Not at All Important	Not very Important	Somewhat Important	Very Important	Mean	SD
Build local support for a variety of issues related to problem gambling prevention and treatment by identifying, convening, and communicating with local organizations that provide problem gambling services.	77	0%	3%	21%	77%	3.74	.50
Build partnerships around problem gambling to foster the sharing of resources, responsibilities, decision-making, and accountability for delivering problem gambling prevention and treatment.	76	0%	4%	17%	79%	3.75	.52
Assist local problem gambling provider organizations in building skills in community development, advocacy, collaborative leadership, and partnership management.	77	0%	5%	27%	68%	3.62	.59
Review the effectiveness of problem gambling partnership efforts.	77	0%	8%	22%	70%	3.62	.63
Ensure adequate financial resources are available to support and sustain local partnerships around problem gambling.	72	0%	3%	13%	85%	3.82	.45
Overall Importance of EPHS#4	77	-	-	-	-	3.71	.44

System stakeholders perceived that all five of the component activities of EPHS#4 were important, with mean ratings from 3.62 to 3.82, corresponding to ratings that fell between “very important” and “somewhat important.” One component activity of EPHS#4 - ensuring sufficient financial resources are available to support and sustain local partnerships around problem gambling - received the highest importance ratings of the five component actions. In addition, the component average of 3.71 suggests that almost all stakeholders rated EPHS#4 as being either very important or somewhat important to the functioning of an effective problem gambling service system in Ohio.

Essential Public Health Service #5: Develop policies and plans that support individual and community health efforts

EPHS#5 focuses on developing policies and plans that support efforts to improve individual-level and community-level health related to problem gambling, along with training and technical assistance to support those efforts. Table 6 presents stakeholders’ ratings of importance for the component strategies of EPHS#5, along with their overall ratings of importance for EPHS#5 as a public health service.

Table 6. Stakeholder Importance Ratings for EPHS#5

EPHS#5 Strategies	n	Not at All Important	Not Very Important	Somewhat Important	Very Important	Mean	SD
Produce a local problem gambling plan that outlines strategic directions for community improvements and innovations in prevention and treatment services?	79	0%	3%	24%	73%	3.71	.51
Have technical assistance and training available to local professionals developing community plans around problem gambling prevention and treatment?	80	0%	9%	14%	78%	3.69	.63
Have technical assistance and training available to local professionals in adapting and integrating statewide problem gambling strategies to the local level?	79	0%	6%	15%	78%	3.72	.58
Regularly monitor progress towards accomplishing community objectives related to problem gambling prevention and treatment?	79	0%	5%	24%	71%	3.66	.57
Overall Importance of EPHS#5	81	-	-	-	-	3.68	.51

System stakeholders perceived that all four of the component activities of EPHS#5 were important, with mean ratings from 3.66 to 3.72, corresponding to ratings that fell between “very important” and “somewhat important.” One component activity of EPHS#5 - having technical assistance and training available to local professionals in adapting and integrating statewide strategies into local efforts - received the highest importance ratings of the four component actions. In addition, the component average of 3.68 suggests that almost all stakeholders rated the plan, policy, training, and technical assistance components of EPHS#5 as being either very important or somewhat important to the functioning of an effective problem gambling service system in Ohio.

Essential Public Health Service #8: Assure a competent public and personal health care workforce

As noted in the introduction, not all of the ten EPHS could be adapted for the context of problem gambling; therefore EPHS#6 and EPHS#7 were not assessed by the survey. EPHS#8 focuses on workforce development, including on ensuring that Ohio has state and local workforce development plans in place for problem gambling and on ensuring that workforce professionals have the training needed to be effective. Table 7 presents stakeholders’ ratings of importance for the component strategies of EPHS#8, along with their overall ratings of importance for EPHS#8 as a public health service.

Table 7. Stakeholder Importance Ratings for EPHS#8

EPHS#8 Strategies	n	Not at All Important	Not Very Important	Somewhat Important	Very Important	Mean	SD
Develop a workforce development plan that establishes strategies and actions needed to recruit, maintain, and sustain a competent and diverse workforce.	84	1%	5%	38%	56%	3.49	.65
Provide assistance related to recruitment, retention, and performance improvement strategies to improve the availability and competence of the local workforce.	84	1%	10%	38%	51%	3.39	.71
Review local workforce development plans to determine their effectiveness in developing a workforce that meets current and future demand for problem gambling services in the community.	83	1%	8%	47%	43%	3.33	.68
Develop partnerships with institutions of higher education to better prepare the workforce to deliver problem gambling services.	85	1%	9%	32%	58%	3.46	.72
Ensure adequate financial resources are available locally to support workforce development.	83	1%	5%	24%	70%	3.63	.64
Collaborate with other organizations on local workforce development.	85	1%	5%	31%	64%	3.56	.64
Overall Importance of EPHS#8	85	-	-	-	-	3.48	.56

System stakeholders perceived that all six of the component activities of EPHS#8 were important, with mean ratings from 3.33 to 3.63, corresponding to ratings that fell between “very important” and “somewhat important.” One component activity of EPHS#8—having financial resources available locally to support workforce development—received the highest importance ratings of the six component actions. In addition, the action of reviewing local workforce development plans to determine their effectiveness in developing Ohio’s problem gambling workforce received the lowest rating (3.33, just slightly above “somewhat important” on average), suggesting that stakeholders consider the other actions that contribute to EPHS#8 (including financial resources, assistance with recruitment and retention, and collaboration) to be more important to ensuring a competent problem gambling workforce. Finally, the component average of 3.48 suggests that almost all stakeholders consider workforce development to be either very important or somewhat important to the functioning of an effective problem gambling service system in Ohio.

Essential Public Health Service #9: Evaluate the effectiveness, accessibility, and quality of personal and population-based health services

EPHS#9 focuses on evaluating the effectiveness of state and local problem gambling service systems and on using the results of the evaluation to inform strategic planning and system improvements. Table 8 presents stakeholders’ ratings of importance for the component strategies of EPHS#9, along with their overall ratings of importance for EPHS#9 as a public health service.

Table 8. Stakeholder Importance Ratings for EPHS#9

EPHS#9 Strategies	n	Not at All Important	Not Very Important	Somewhat Important	Very Important	Mean	SD
Evaluate the effectiveness of your community’s problem gambling service system in delivering problem gambling prevention and treatment services to local residents.	85	0%	5%	22%	73%	3.68	.56
Share the results of state- and local-level performance evaluations with community stakeholders to assist in local strategic planning.	84	0%	7%	29%	64%	3.57	.63
Review evaluation activities to assure their methodology is appropriate for your community.	85	0%	9%	19%	72%	3.62	.65
Collaborate with other organizations to evaluate problem gambling prevention and treatment services.	84	0%	7%	23%	70%	3.63	.62
Overall Importance of EPHS#9	85	-	-	-	-	3.62	.64

System stakeholders perceived that all four of the component activities of EPHS#9 were important, with mean ratings from 3.57 to 3.68, corresponding to ratings that fell between “very important” and “somewhat important.” One component activity of EPHS#9—evaluating the effectiveness of your community’s problem gambling system in delivering problem gambling prevention and treatment services to local residents—received the highest importance ratings of the four component actions. However, ratings for the other three component actions were only slightly lower. Finally, the component average of 3.62 suggests that almost all stakeholders consider evaluation and research to be either very important or somewhat important to the functioning of an effective problem gambling service system in Ohio.

As noted in the introduction, not all of the ten EPHS could be adapted for the context of problem gambling; therefore EPHS#10 was not assessed by the survey.

Conclusions

Over the last five years, Ohio has moved rapidly to develop capacity at the state and local levels to provide a full and effective system of problem gambling prevention, early intervention, and treatment services. Because Ohio’s Problem Gambling Service System is still developing, OhioMHAS funded a statewide evaluation and performance assessment of the system in SFY15. We surveyed 348 state and community-level stakeholders to gauge the importance of seven key Essential Public Health Services (along with specific actions for each) to Ohio’s problem gambling service system. The importance ratings that resulted from this survey provide OhioMHAS with an in-depth understanding of stakeholder support for continued system development, and in some cases, system transformation.

A key contribution of the SFY15 Stakeholder Survey is that it highlights the strong support by stakeholders for continued development of the service system. Stakeholders rated each EPHS between “somewhat important” and “very important,” suggesting that there is support among this group for using the EPHS as a guide (or roadmap) to further develop Ohio’s problem gambling service system. Although importance ratings for EPHS#4 (*Mobilize community partnerships to identify and solve health problems*) were slightly higher than those for the other six EPHS included on the survey, all of the importance ratings were similar and suggest that each of the Essential Services is seen as either somewhat important or very important by almost all stakeholders.

Across the seven EPHS included on the survey, four categories of actions consistently were rated as most important by system stakeholders. These actions, which are listed below, function as themes that can guide system development and quality improvement activities in the future.

- Financial resources: Ensuring that sufficient financial resources are available (EPHS 1; EPHS 4; EPHS 8)
- Collaboration and communication: Maintaining and further developing coordination and collaboration across the service system (EPHS 2; EPHS 3; EPHS 4; EPHS 9)
- Integrating data and evaluation: Using data and evaluation to improve the quality and effectiveness of problem gambling services (EPHS 1; EPHS 2; EPHS 9)
- Communication: Developing communication strategies to assist the state and local communities in promoting both the value of problem gambling services and the

importance of these services as critical components of public health. (EPHS 3; EPHS 4; EPHS 9)

Recommendations

The results of the SFY15 Stakeholder Survey inform three key recommendations:

1. The survey shows that system stakeholders consistently rate a wide variety of essential public health services as being important to the effectiveness and functioning of Ohio's problem gambling service system. OhioMHAS should continue efforts to develop state- and community-level problem gambling service systems and should use the EPHS framework as a guide for these efforts.
2. The survey suggests that Ohio has a very committed, diverse, and extensive group of stakeholders within the problem gambling service system. OhioMHAS should capitalize on this support and use it to facilitate further development of the service system; including system enhancements around data and performance measurement and development of promising and evidence-based best practices. Further, OhioMHAS should explore the use of a partnership model in which stakeholders work closely with OhioMHAS staff to diffuse system innovations and enhancements to ADAMHS/ADAS Boards and local communities.
3. Recent work (Collins, et al., 2015) completed as part of the SFY15 Problem Gambling Statewide Evaluation and CQI Project highlight that local ADAMHS/ADAS Board staff perceive that problem gambling is not seen as either important or as a public health issue. This is a critical challenge to the system, given that casino gambling remains fairly new and technological innovations continue to make it easier for Ohioans to gamble. Although statewide awareness campaigns are part of the solution, Ohio's committed and diverse stakeholders can be used to spark dialogue about the issue at the local level to build community readiness to address problem gambling.

References

- American Association for Public Opinion Research (2015). Standard definitions: Final dispositions of case codes and outcome rates for surveys. Accessed online at: <http://www.aapor.org/AAPORKentico/Communications/AAPOR-Journals/Standard-Definitions.aspx>
- Collins, D., Courser, M., Yandell, N. R., Collura, J. J., Ware, L. J., & Raffle, H. (2015). *ADAS/ADAMHS Board perceptions of Ohio's Problem Gambling Service System*. Athens, OH: Voinovich School of Leadership and Public Affairs at Ohio University.
- Cronbach, L. J. (1951). Coefficient alpha and the internal structure of tests. *Psychometrika*, 16(3), 297–334.
- Institute of Medicine (1988). *The future of public health*. Washington, DC: National Academies Press.
- Lord, F. M., & Novick, M. R. (1968). *Statistical theories of mental test scores*. Reading, MA: Addison-Wesley.
- Public Health Functions Steering Committee (1995). *Public Health in America*. Washington, DC. Accessed online at: <http://www.health.gov/phfunctions/public.htm>

Appendix: SFY15 Stakeholder Survey Questionnaire

Q1 Problem Gambling Stakeholder Survey We are asking individuals working in the areas of prevention, early intervention, and treatment of problem gambling to complete a short series of questions that focuses on the 10 Essential Public Health Services (EPHS). The EPHS were developed by a national taskforce to assist state and local government agencies in performing core public health functions – assessment, policy development, and assurance – that were identified in 1988 by the Institute of Medicine. Today, we will focus on 4 of the 10 EPHS. For each question below, we would like to get your assessment of how important the action or strategy is to the problem gambling service system in your community. There are no right or wrong answers to these questions.

Q2 Essential Public Health Service #1 is to monitor health status to identify community health problems. We have a few questions about possible actions related to EPHS #1 that could be implemented as part of your community’s problem gambling service system in the future. For each, please rate the importance of the action as not at all important, not very important, unsure, somewhat important, or very important. Because the data we receive from this survey will be used to help plan future efforts both in your community and across Ohio, it is important that you only answer “unsure” if you truly are not sure how important the action is to your community’s problem gambling service system.

Q3 How important is it for your community’s problem gambling service system to:

	Not at all important (1)	Not very important (2)	Somewhat important (3)	Very important (4)	Unsure (5)
Develop and maintain programs that collect data to measure your community’s health status related to problem gambling? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have a system to receive and provide information about problem gambling and the health status of community residents? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have technical assistance available to assist with collecting and analyzing local data on problem gambling? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have technical assistance available related to the interpretation, use, and dissemination of local data on problem gambling? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage the overall performance of problem gambling activities to improve quality? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure adequate financial resources are available locally for collecting, analyzing, and disseminating data relevant to your community’s problem gambling health status? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 Essential Public Health Service #2 is to diagnose and investigate health problems and health hazards in the community. We have a few questions about possible actions related to EPHS #2 that could be implemented in your community’s problem gambling service system in the future. For each, please rate the importance of the action as not at all important, not very important, unsure, somewhat important, or very important. Because the data we receive from this survey will be used to help plan future efforts both in your community and across Ohio, it is important that you only answer “unsure” if you truly are not sure how important the action is to your community’s problem gambling service system.

Q5 How important is it for your community’s problem gambling service system to:

	Not at all important (1)	Not very important (2)	Somewhat important (3)	Very important (4)	Unsure (5)
Operate a broad scope of activities to identify and analyze problem gambling needs and related threats to the health of community residents? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have technical assistance available related to evaluating programs and services related to preventing and treating problem gambling? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve the quality of problem gambling prevention and treatment activities using data and information? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinate with other organizations to focus local resources on investigating gambling-related health problems? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6 Essential Public Health Service #3 is to inform, educate, and empower people about health issues. We have a few questions about possible actions related to EPHS #3 that could be implemented in your community’s problem gambling service system in the future. For each, please rate the importance of the action as not at all important, not very important, unsure, somewhat important, or very important. Because the data we receive from this survey will be used to help plan future efforts both in your community and across Ohio, it is important that you only answer “unsure” if you truly are not sure how important the action is to your community’s problem gambling service system.

Q7 How important is it for your community’s problem gambling service system to:

	Not at all important (1)	Not very important (2)	Somewhat important (3)	Very important (4)	Unsure (5)
Design and implement strategies that communicate the value of problem gambling prevention and treatment and promote problem gambling services as an important component of wellness? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have technical assistance available to help the workforce develop the skills and strategies necessary to effectively communicate the value of problem gambling services and to promote problem gambling services as an important component of wellness? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate the strategies that communicate the value of problem gambling services and promote problem gambling services as an important component of wellness? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure adequate financial resources are available locally to inform and educate people about issues related to problem gambling? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinate with other organizations to focus local resources on communicating about the value of problem gambling prevention and treatment and promoting problem gambling services? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that your local problem gambling workforce is culturally competent, able to communicate the value of problem gambling services, and able to promote problem gambling services as an important component of wellness? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 Essential Public Health Service #4 is to mobilize community partnerships to identify and solve health problems. We have a few questions about possible actions related to EPHS #4 that could be

implemented in your community’s problem gambling service system in the future. For each, please rate the importance of the action as not at all important, not very important, unsure, somewhat important, or very important. Because the data we receive from this survey will be used to help plan future efforts both in your community and across Ohio, it is important that you only answer “unsure” if you truly are not sure how important the action is to your community’s problem gambling service system.

Q9 How important is it for your community’s problem gambling service system to:

	Not at all important (1)	Not very important (2)	Somewhat important (3)	Very important (4)	Unsure (5)
Build local support for a variety of issues related to problem gambling prevention and treatment by identifying, convening, and communicating with local organizations that provide problem gambling services? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Build partnerships around problem gambling to foster the sharing of resources, responsibilities, decision-making, and accountability for delivering problem gambling prevention and treatment? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assist local problem gambling provider organizations in building skills in community development, advocacy, collaborative leadership, and partnership management? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review the effectiveness of problem gambling partnership efforts? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure adequate financial resources are available to support and sustain local partnerships around problem gambling? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 Essential Public Health Service #5 is to develop policies and plans that support local health efforts. We have a few questions about possible actions related to EPHS #5 that could be implemented in your community’s problem gambling service system in the future. For each, please rate the importance of the action as not at all important, not very important, unsure, somewhat important, or very important. Because the data we receive from this survey will be used to help plan future efforts both in your community and across Ohio, it is important that you only answer “unsure” if you truly are not sure how important the action is to your community’s problem gambling service system.

Q11 How important is it for your community’s problem gambling service system to:

	Not at all important (1)	Not very important (2)	Somewhat important (3)	Very important (4)	Unsure (5)
Produce a local problem gambling plan that outlines strategic directions for community improvements and innovations in prevention and treatment services? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have technical assistance and training available to local professionals developing community plans around problem gambling prevention and treatment? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have technical assistance and training available to local professionals in adapting and integrating statewide problem gambling strategies to the local level? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regularly monitor progress towards accomplishing community objectives related to problem gambling prevention and treatment? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q12 Essential Public Health Service #8 is to assure a competent public and personal health care workforce. We have a few questions about possible actions related to EPHS #8 that could be implemented in your community’s problem gambling service system in the future. For each, please rate the importance of the action as not at all important, not very important, unsure, somewhat important, or very important. Because the data we receive from this survey will be used to help plan future efforts both in your community and across Ohio, it is important that you only answer “unsure” if you truly are not sure how important the action is to your community’s problem gambling service system.

Q13 How important is it for your community’s problem gambling service system to:

	Not at all important (1)	Not very important (2)	Somewhat important (3)	Very important (4)	Unsure (5)
Develop a workforce development plan that establishes strategies and actions needed to recruit, maintain, and sustain a competent and diverse workforce? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide assistance related to recruitment, retention, and performance improvement strategies to improve the availability and competence of the local workforce? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review local workforce development plans to determine their effectiveness in developing a workforce that meets current and future demand for problem gambling services in the community? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop partnerships with institutions of higher education to better prepare the workforce to deliver problem gambling services? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure adequate financial resources are available locally to support workforce development? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate with other organizations on local workforce development? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14 Essential Public Health Service #9 is to evaluate effectiveness, accessibility, and quality of personal and population-based health services. We have a few questions about possible actions related to EPHS #9 that could be implemented in your community’s problem gambling service system in the future. For each, please rate the importance of the action as not at all important, not very important, unsure, somewhat important, or very important. Because the data we receive from this survey will be used to help plan future efforts both in your community and across Ohio, it is important that you only answer “unsure” if you truly are not sure how important the action is to your community’s problem gambling service system.

Q15 How important is it for your community’s problem gambling service system to:

	Not at all important (1)	Not very important (2)	Somewhat important (3)	Very important (4)	Unsure (5)
Evaluate the effectiveness of your community’s problem gambling service system in delivering problem gambling prevention and treatment services to local residents? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share the results of state- and local-level performance evaluations with community stakeholders to assist in local strategic planning? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Review evaluation activities to assure their methodology is appropriate for your community? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaborate with other organizations to evaluate problem gambling prevention and treatment services? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q16 All of these questions are optional and will be used for background/statistical purposes. You may skip questions you do not wish to answer.

Q17 What certifications or licenses do you currently hold? (Select all that apply.)

- None (1)
- OCPS I/ OCPS II (2)
- Nationally Certified Gambling Counselor (NCGC) (3)
- BACC (Board Approved Clinical Consultant – national supervisory credential) (4)
- Licensed Chemical Dependency Counselor (LCDC II/LCDC III) (5)
- LICDC/LICDC-CS (6)
- Certified Chemical Dependency Counselor (CCDC) (7)
- Licensed Professional Counselor (LPC/LPCC/LPCC-S) (8)
- Licensed Social Worker (SWA/SWT/LSW/LISW/LISW-S) (9)
- Certified Health Education Specialist (CHES/MCHES) (10)
- Registered Nurse/Licensed Practical Nurse (RN/LPN) (11)
- School educator and/or counselor (12)
- Physician (13)
- Psychologist (14)
- MFT (15)
- CDCA (16)
- Other (Please specify.) (17) _____

Q18 Have you applied for a gambling endorsement to your license?

- Yes (1)
- No (2)

Answer If Have you applied for a gambling endorsement to your license? No Is Selected

Q19 Do you plan to apply for a gambling endorsement to your license?

- Yes (1)
- No (2)

Q20 What is your gender?

- Male (1)
- Female (2)

Q21 Would you describe yourself as LGBTQ?

- Yes (1)
- No (2)

Q22 Are you Hispanic or Latino/Latina?

- Yes (1)
- No (2)

Q23 How do you identify your ethnicity? (Select all that apply.)

- African American (1)
- American Indian/Alaskan Native (2)
- Asian (3)
- Native Hawaiian/Pacific Islander (4)
- White (5)
- Other (Please specify.) (6) _____

Q24 What is the highest education level you have completed?

- High school or equivalent (1)
- College classes but no degree (2)
- Associate degree (3)
- Undergraduate degree (4)
- Master's degree (5)
- Doctorate (6)

Q25 What is your salary at your current position?

- Less than \$20,000 (1)
- \$21,000-\$34,999 (2)
- \$35,000-\$49,999 (3)
- \$50,000-\$74,999 (4)
- \$75,000 or over (5)

Q26 In what year were you born?