

11-2011

The Lincy Institute E-health Summit: Promoting Coalitions in Technology and Health

Bo Bernhard

Follow this and additional works at: https://digitalscholarship.unlv.edu/lincy_policybriefs_reports

Repository Citation

Bernhard, B. (2011). The Lincy Institute E-health Summit: Promoting Coalitions in Technology and Health. 1-17.

Available at: https://digitalscholarship.unlv.edu/lincy_policybriefs_reports/11

This Report is protected by copyright and/or related rights. It has been brought to you by Digital Scholarship@UNLV with permission from the rights-holder(s). You are free to use this Report in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s) directly, unless additional rights are indicated by a Creative Commons license in the record and/or on the work itself.

This Report has been accepted for inclusion in Policy Briefs and Reports by an authorized administrator of Digital Scholarship@UNLV. For more information, please contact digitalscholarship@unlv.edu.

The Lincy Institute E-health Summit

Bo J. Bernhard, Ph.D.

Executive Director
International Gaming Institute
Associate Professor
Department of Sociology
Associate Professor
William F. Harrah College of Hotel Administration
bo.bernhard@unlv.edu

Debi A. LaPlante, Ph.D.

Assistant Professor
Harvard Medical School
Director of Research & Academic Affairs
Division on Addiction
Cambridge Health Alliance
debi_laplante@hms.harvard.edu

Brett L.L. Abarbanel, MA
Research Assistant
William F. Harrah College of Hotel Administration
University of Nevada, Las Vegas



Overview

On November 11, 2011, the inaugural Lincy Institute E-health Summit was hosted at the UNLV International Gaming Institute. This Summit was a prestigious academic and stakeholder gathering that advanced “e-health” (internet, social networking, and smart phone-based) practices of community groups in Southern Nevada, and in academe more generally. The summit educated community partners about the potential of e-health interventions for primary prevention of risky behavior and provided a strong foundation for community-based coalition efforts focusing on risky youth behaviors. In attendance were 50 hand-picked leaders of government, education, health, private sector, and technology entities representing both Nevada and Massachusetts.

E-health and the Lincy Mission

In the pioneering, bridge-building spirit of the Lincy Institute, the “E-Health Summit” convened a new coalition of local, state, national, international, and nonprofit stakeholders interested in using technology to prevent youth risk behavior. It also addressed large-scale challenges that are associated with everyday life in Southern Nevada (at least in the popular imagination) – in this case, the health problems that regional tendencies for behavioral excess allegedly cause.

Consistent with the Lincy mission, this proposal focused heavily on health education, culminating in an informative “E-Health Summit” on November 11, 2011, that focused on younger groups often vulnerable to behavioral excess. The decidedly non-traditional academic gathering used a highly interactive format to facilitate community groups’ abilities to target younger populations “where they live” on smart phones, social networking sites, and the Internet, explicitly moving beyond conventional approaches that have been more lecture or print-based. In essence, this project took 20th century educational messaging strategies and translated them for 21st century technology and social media – and in doing so, helped local educational and health organizations keep up with the rapid pace of technological change that today’s youth has embraced.

Our community partner on this proposal was the Nevada Council on Problem Gambling (NCPG), a public health non-profit founded in 1984. A fellowship-supported relationship with the Council represents the very sort of bridge-building effort that the Lincy Foundation encourages, and these funds allowed us to cement bonds not only with the local agency, but also its Massachusetts counterpart.

Ultimately, the Summit provided a high-profile opportunity for the Lincy Institute to showcase partnerships with internationally recognized groups like Harvard Medical School, the University of Iowa Medical School, The International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University, as well as local groups like the Nevada Council on Problem Gambling, UMC, and those represented by other E-health Summit invitees (see Appendix A for a list of invitees). Best of all, this team is turning this seed grant into a larger, sustainable project supported by additional funding efforts to further develop e-health technologies – none of which would have been possible without Lincy’s support.

Project Introduction and Description

Recognizing a revolution in communication, information access, and health, this project took full advantage of the emerging “supercomputers on one’s person” (laptops and smart phones), by examining and enabling health-related on-the-go learning and intervention. As mobile devices gain popularity, individuals of all generations and locales will benefit from having information and resources available when they need them. A recent *Newsweek* cover story went so far as to suggest that this will have long-term implications for well-being worldwide – in a manner that evokes Gutenberg:

By 2013, a decade after smart phones were launched, there will be 1 billion of them in the world – roughly the number of PCs that exist today, three decades after that machine’s introduction. These devices will reach into the furthest corners of the world. By next year 5 billion mobile phones will be in service, out of a total world population of about 7 billion... over the next decade the technologies will become so cheap that virtually every phone sold will be what we, today, would call a smart phone...

Most important, every one of those smart phones will be constantly connected to the Internet. If you own a smart phone, you know how extraordinary that linkage can be... So what happens when most of the residents of planet Earth carry a device that gives them instant access to pretty much all of the world’s information? The implications—for politics, for education, for global economics—are dizzying. In theory, the mobile revolution could enable citizens to demand greater openness and accountability from their governments...

The proliferation of low-cost handhelds will enable people in developing economies to see the rest of the world—and join it. ‘I can’t imagine anything since the invention of the spinning jenny that will so profoundly change the lives of people in the deepest rural parts of the emerging market. This is the knowledge revolution coming to them, finally,’ says Sanjay Jha, the co-CEO of Motorola. (Lyons, 2010)

A review of this research area reveals several encouraging developments:

Research suggests that smart phone and internet technology can improve outcomes with a remarkably wide variety of health problems. At first, it might not seem that smart phone-based interventions could help populations with serious problems – but it turns out that having responsive, interactive programs *on one’s person* can have dramatically positive effects on health. For instance, recent studies have suggested that web-supported SMS risk prevention systems are user-friendly, feasible, and effective with important health issues like suicide prevention (Chen, Mishara, & Liu, 2010). Further, they have positive effects on wellness through promoting activities like walking and weight loss (Prestwish, Perugini, & Hurling, 2010) and smoking cessation (Brendryen & Kraft, 2008; Obermayer, Riley, Asif, & Jean-Mary, 2004). A recent review reported multiple positive outcomes of SMS-web systems on conditions as diverse as diabetes, asthma, tobacco addiction, and obesity/weight management through nutrition and exercise (Flejdsoe, Marshall, & Miller, 2009). Related work suggests that SMS systems even can yield beneficial outcomes (e.g., medication compliance, completing daily goals) for

traditionally challenging conditions like schizophrenia (Pijnenborg, Withaar, Evans, van den Bosch, & Brouwer, 2007). These promising findings suggest that such systems have the potential to make important contributions to promoting healthy behavior and curtailing a broad range of risky behaviors. However, to date no researchers have incorporated this type of technology to address risky gambling (Bernhard, Lucas, Jang, & Kim, 2008).

Gambling, like drinking, drug taking, reckless driving, and unprotected sexual behavior, is one of many risky behaviors associated with adolescence (LaBrie, Shaffer, LaPlante, and Wechsler, 2003). In their recent overview of the literature on youth gambling activity, Gillespie, Derevensky, & Gupta (2007) note that adolescence is a period generally associated with risk-taking activities, the perception of invulnerability, and the pursuit of instant gratification – all of which might lead to risky gambling behavior. Hence, those who show a proclivity for these behaviors and characteristics might be inordinately at-risk for gambling-related problems. In addition, those students who do have gambling-related problems tend to experience a number of challenges in school, including “increased truancy and poor academic performance;” specifically, these students are “more likely to have repeated a grade in school; and report a greater frequency of attention-deficit/hyperactive disorder and conduct-related problems” (Derevensky & Gupta, 2007, p.446). Consequently, individuals who experience gambling-related problems are likely to suffer from a multiplicity of related academic and health problems.

The availability of a risky gambling e-prevention system holds the potential to prevent young adult onset of risky gambling behavior by providing a contemporary intervention method that is well suited to the communication styles and patterns of today's youth. Today, “smart” and cell phone usage is ubiquitous and growing, particularly among youth cohorts. The Pew Internet and American Life Project has reported several findings that support this assertion; most revealingly, cell phone *texting* has become the leading channel of basic communication for young Americans (Lenhart, Ling, Campbell, & Purcell, 2010), and 58% of Americans have used a cell phone or personal digital assistant to do at least one non-voice data activity (Horrigan, 2008). Pew has also reported that 66% of teens and 88% of 18-29 year olds text frequently (Lenhart, 2010). Further, people increasingly are using the Internet as a primary source of health-related information (Fox & Jones, 2009).

This project built upon grant-funded research that developed, for the first time, an integrated phone- and web-based prevention and education program (Health-E Gambling).¹ Research suggests that similar mobile e-health approaches yield surprisingly beneficial outcomes in areas as diverse as diabetes, schizophrenia, obesity, alcohol abuse, and smoking cessation (in the latter two areas, programs were developed by this project's research partners). These represent exciting new public health opportunities, especially with younger populations who increasingly rely on the technological applications we will engage (via e-mail, Facebook, Twitter, text messages, web sites, and phone apps). All of these themes were explored in the collaborative E-health Summit, and now are sustained through private sector support for continuing enhancement of the existing Health-E Gambling tools.

¹ During 2009, our research team won a two-year competitive grant from the State of Nevada Department of Health and Human Services to support the development of “Health-E Gambling.” Unfortunately, during the special legislative session last year, this funding was eliminated and the project was stopped after only nine months. However, despite these trying circumstances, the research team met its original two-year goal of developing the Health-E Gambling prototype.

Deliverable One: The Lincy Foundation E-Health Summit

Our primary objective was to create a high-powered summit that brought together local, national, and international experts to integrate, disseminate, and put into practice the most recent research on e-health initiatives. In achieving this goal, the conference met four specific aims: (a) sharing; (b) bridging; (c) advancing; and, (d) building.

- a) **Sharing:** There is no regular conference or academic gathering that focuses on e-health initiatives, despite the pressing public health need for such an institution. Key stakeholders from disparate backgrounds, therefore, have no formal opportunities for interaction and information exchange. During this summit, we focused on bringing experts to Southern Nevada to share their most recent research and ideas, building strategic plans for future collaboration, generating new ideas for applications, and shaping the future direction of this growing field.
- b) **Bridging:** As with many fields, there remains a gap between science and practice; specifically, the technical language that experts speak does not always translate well to general populations -- and perhaps especially youth populations. Consequently, a second aim of this conference was to address translational roadblocks and barriers in e-health initiatives. In addition, strong UNLV graduate student and undergraduate student participation in the Summit helped ensure that these technologies are compelling with technology-savvy younger populations.
- c) **Advancing:** The rapid development of technology has an unfortunate downside: often, emerging new technologies are not evidence-based. To address this problem, summit participants collaborated on the development of mechanisms that advance the field toward greater use of empirically-based practices.
- d) **Building:** Finally, the e-health research field remains relatively small in comparison to the enormous size of the technology field in general. As a result, this summit raised awareness of the field,² and broadened its appeal as a primary area of research interest.

Four Summit keynote speakers delivered presentations to the audience at the E-health Summit:

- 1) Bo Bernhard, Ph.D. (co-applicant), Executive Director, International Gaming Institute, Associate Professor, UNLV. Dr. Bernhard has been awarded the Boyd Research Award, the Presidential Research Award, and several other prestigious awards during his research career at UNLV. Internationally, he has presented his research on six continents, often in policy settings. Dr. Bernhard has long focused on the intersections of technology and the global gaming industry, and in his presentation he demonstrated the “Health-E Gambling” to the audience (see Appendix C for screen shots), seeking feedback, critiques, and applications from those in attendance.

² The summit was the subject of news coverage on each of the local television news programs that evening, and was featured in a column by Patrick Coolican in the *Las Vegas Sun*:

<http://www.lasvegassun.com/news/2011/nov/28/addicted-gambling-theres-going-be-app/>

- 2) Debi LaPlante, Ph.D. (co-applicant) Director of Research & Academic Affairs, Division on Addiction, Cambridge Health Alliance, a teaching affiliate of Harvard Medical School. Dr. LaPlante is an Assistant Professor at Harvard Medical School. Her research interests include e-health, addiction in special populations, Internet gambling, and more. Her recent e-health efforts include the development of Health-E Gambling, preparation of an online version of the self-help toolkit series, Your First Step to Change (including gambling, alcohol, tobacco, marijuana, and shopping), and an online brief screen and readiness to change targeted intervention system, the e-BBGS.
- 3) Philip Polgreen, MD, MPH, Associate Professor, University of Iowa Medical School. Dr. Polgreen is the Director of the Infectious Disease Society of America's Emerging Infections Network, a CDC-sponsored sentinel surveillance group. In addition to traditional hospital epidemiology, his research interests include developing new ways to aggregate information about infectious diseases (e.g., prediction markets) and applying quantitative methods to help prevent the spread of infections – and presented his pioneering work on using Twitter to predict the spread of the flu.
- 4) Jeffery Derevensky, Ph.D., Founder and Executive Director, The International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University. Dr. Derevensky pioneered the field of youth gambling studies. He is a member of the National Centre for Gambling Studies, University of Alberta; National Network on Gambling Issues and Research, Canadian Centre on Substance Abuse; Centre d'Excellence, Université Laval; and is an International Associate of the Centre for the Study of the Social Impact of Gambling, University of Plymouth, England. He is a member of the Program Advisory Board, Institute for Research on Pathological Gambling and Related Disorders, Division on Addictions, Harvard University Medical School. Dr. Derevensky's presentation focused on usage levels of Facebook and other internet-based social media sites, demonstrating how gambling activities are incorporated into these and other everyday activities for young populations.

All of these speakers are widely published in the areas of risky behaviors, behavioral excess, gambling, technology, health, and/or youth gambling. The Summit itself used a format unique in academic settings: each keynote speaker presented for thirty minutes and then led a 30 minute breakout session during which each of the ten-person tables addressed questions under the direction of one of the Summit speakers. During the last portion of the summit, these ten-person “action groups” were tasked with spending an hour discussing the applicability of e-health initiatives in their organization, as well as long-term sustainability of this e-health coalition. As important as this expert panel was, we believe that the conference attendees were equally important in helping build health coalitions that will serve Southern Nevada for years to come. In fact, attendees unanimously suggested that this Summit turn into an annual event.

Deliverable Two: Enhancement of the Health-E Gambling Prototype

This project also engaged in ongoing work over the course of the award, evaluating the Health-E Gambling prototype developed by the proposal applicants. The Health-E Gambling prototype is comprised of an integrated short messaging system (SMS) and website. The system contains learning content and a preliminary responsible gambling toolset including: 1) a dynamic “virtual sponsor” (i.e., an automated branching, personalized advice system), 2) a “gambling tracker” (i.e., an email or SMS reminder-facilitated virtual diary of individuals' daily gambling behavior), and 3) a “resource finder” (i.e., a Google map-facilitated Gambler's Anonymous meeting finder).

During March of 2011, we conducted an evaluation of the system with the very population it seeks to target: younger groups in educational settings. The evaluation was co-conducted by the UNLV and Harvard Medical School team, and included focus groups in both rural and urban settings (in North Brookfield and Malden, Massachusetts respectively). The groups focused specifically on 1) user-friendliness and ease of understanding, 2) potential effectiveness in health settings, and 3) potential applicability.

The findings were revealing, and were all used to enhance the technology:

Finding one: young populations prefer simple, easy-to-use interfaces. The existing interface was not as dynamic as it should have been, given that it was competing with any number of compelling internet-based entertainment and educational options. To address this, we cleaned up the front page, and rendered the tools more visible and understandable.

Finding two: The E-health “Tools” are effective, but make them less academic. Here, the professors were informed that they needed to engage in less “professor-speak,” and to simplify the language on the site.

Finding three: Enhance individual customization features. It was suggested that customization be enhanced, to make the E-health program more individualized for each user. This is a common strategy in other e-health sites (for instance, diet and nutrition sites recognize the visitor and present customized information on their recent eating and exercise habits), and we have since worked with the software team to emphasize more of the customized features (such as the gambling tracking mechanism).

Finding four: Make it multi-lingual. These students recognized the need for multiple languages, as their world increasingly globalizes. In response, the E-health team found funding support to translate the site into eight languages.

Deliverable Three: Sustainability

To ensure that these funds lead to something greater and larger than the Summit, and to ensure that an important legacy is left behind, we have three specific sustainability strategies: 1) the establishment of a coalition whose infrastructure and network was established at the Summit, 2) the enhancement of the mobile phone elements of the E-health technology, and 3) a lasting legacy at the Nevada Council on Problem Gambling in the form of new technological tools to advance their messaging efforts.

First, our coalition approach ensures a lasting legacy beyond the one-day Summit. In addition to our local partners and the academic organizations referenced previously (including Harvard Medical School, the Division on Addictions, the University of Iowa, and the McGill University Centre for Youth Gambling Problems and High Risk Behaviors), we were able to take advantage of the expertise of the Massachusetts Council on Compulsive Gambling, which provided development support for our co-applicants in Massachusetts, as well as costs associated with the focus groups. In a very real way, this project led to a cross-national coalition that will provide ongoing benefits by exposing new research-based ideas in the e-health realm, developing productive partnerships for sharing information and experiences, and connecting organizations that have not had contact with each other before. Of course, being a part of a larger coalition also means a greater likelihood of meaningful funding in the future – another of the Lincy Institute’s key objectives.

Second, in the winter of 2011, Drs. Bernhard and LaPlante received important commitments to fund this project in an ongoing manner. First, we received funding from Bwin (a European gaming company) to translate the materials into 6 languages, based upon the feedback we received in the focus groups supported by this project. Moving forward, we are currently in talks with two funders to support two components of the Ipad/tablet application.

Third, the Nevada and Massachusetts Councils on Problem Gambling now can take their powerful messaging and bring them into the 21st century via these technological tools. Because the content of Health-E Gambling focuses on risky gambling, and because the Councils had substantial input through this proposal, we anticipate genuine benefits at a significant cost savings (due to the technological reach of these e-health approaches vs. traditional paper-based methods). These agencies have a long, successful, and documented history of developing meaningful prevention, education, and intervention programs for people with gambling-related problems. However, these programs previously existed as pamphlets, videos, and other 20th-century modes of communication. Our efforts allowed the Councils a new platform to deliver their important messages via 21st-century mechanisms, and in a manner that supports subsequent data collection and research. In return, the Council provided us with a platform for communicating with our target audience through their role as advocates for problem gamblers and their families.

Finally, in a small but burgeoning academic field, the scholarly impact of this Lincy project has been substantial. Not only have we grown this field by introducing and incorporating important work into the gambling studies area (Dr. Polgreen, for instance, had never presented his work to the gambling field, nor had he considered the gambling implications of his work), we have also developed a publication plan. The publishing impact stems from the preparation of a special issue of the UNLV International Gaming Institute's *Gaming Research and Review Journal*, the only exclusively applied peer-reviewed journal in the field. We are currently accepting paper proposals for this special issue, which will be published in late fall of 2012. This outcome further highlights the research strengths of the university, as it is a publication that is produced on campus.

In conclusion, researchers at the University of Nevada, Las Vegas (UNLV), in partnership with Harvard Medical School researchers at the Cambridge Health Alliance's Division on Addiction, were uniquely positioned for this timely endeavor. The Summit brought positive recognition to the Lincy Institute and further cemented the productive health-focused research collaboration between these two universities. Finally, our sustainability plan ensures its long-term success in a wide variety of local, regional, national, and international settings.

APPENDIX A: Lincy E-health Summit Attendees

Name		Affiliation
Bernhard	Bo	UNLV International Gaming Institute
LaPlante	Debi	Harvard Medical School (presenter)
Abarbanel	Brett	UNLV Hotel
Melnyk	Tim	UNLV Department of Sociology Graduate Student
Sahl	Daniel	UNLV Department of Sociology Graduate Student
St. John	Sarah	UNLV Department of Sociology Graduate Student
Monnat	Shannon	UNLV Department of Sociology Faculty
Eli	Tredup	UNLV Student Rep Gaming Management Association
Mariel	Serra	UNLV Hotel School Student
Charlie	Keith	UNLV Hotel School Student
Liu	Demi	UNLV Hotel School Student
Erdem	Mehmet	UNLV Hotel School Student
Tabata	Denise	Lincy Institute
Lang	Robert	Lincy Institute
Bussman	Brendan	UMC
Turner	Marcia	UMC
Derevensky	Jeffrey	McGill University (presenter)
Polgreen	Michael	University of Iowa (presenter)
O'Hare	Carol	Nevada Council on Problem Gambling (co-presenter)
Weislogel	Aaron	Nevada Council on Problem Gambling
Stilley	Lynn	Pathways
Creelman	Krista	Problem Gambling Center
Flores	Lori	Problem Gambling Center
Sida	Oscar	Problem Gambling Center
Warner	Marlene	Massachusetts Council on Problem Gambling
Wuelfing	Jim	Massachusetts Council on Problem Gambling
Toomey	Marty	North Brookfield Massachusetts School District
Hudgins	Chris	UNLV Liberal Arts College
Menzel	Nancy	UNLV School of Nursing
Garrison	Scott	Linq360
Doyle	Gary	Linq360
Licon	Fred	Ocho Global Gaming
Brown	Trevor	UNLV Information Technology
Jones	Connie	IGT
Gottschalk	Simon	UNLV Department of Sociology
Shock	Patti	UNLV Hotel College
Shatley	Jennifer	Caesars Entertainment
Pharr	Jennifer	UNLV Public Health
Robinson	Susan	Access to Healthcare Network
Liu	Darren	UNLV Public Health & Healthcare Informatics

Voyles	Jeff	Gaming Networks
Spilde	Kate	San Diego State
Randy	Zinkel	Gaming Networks
Hartwell	Ted	Desert Research Institute
Philander	Kahlil	UNLV Hotel School
Pearl	Brewer	UNLV Hotel School
Nosoz	Fatma	UNLV Lincy Institute
Kalina	Ashlee	RAGE
Pike	Mary	CCSD Director Science and Health
Andricopolous	Jennifer	CCSD Coordinator Technology and Information Systems

APPENDIX B: E-health Summit Flyer

The E-Health Summit

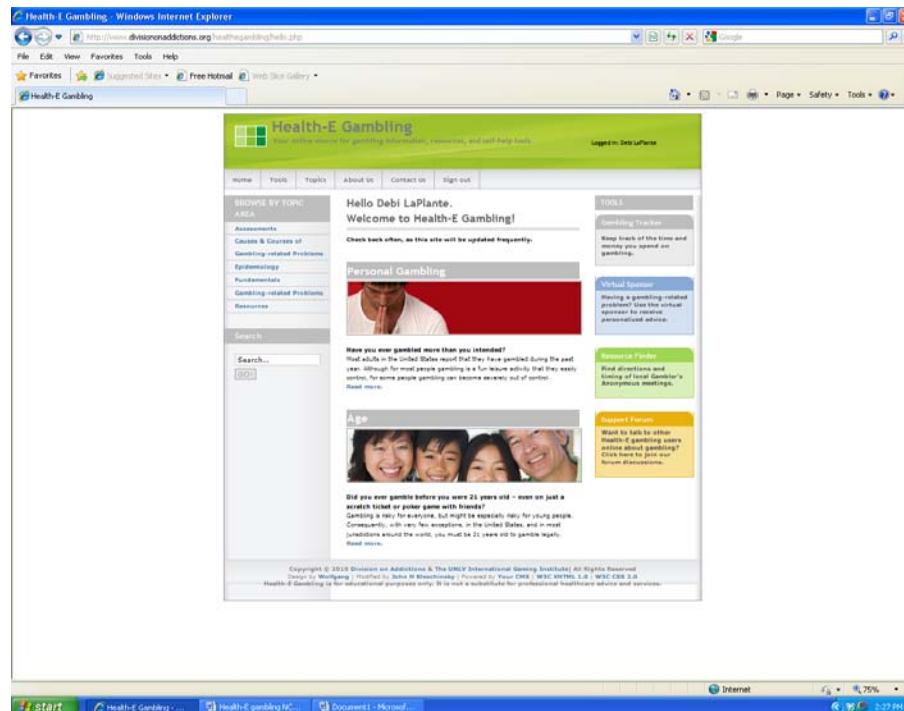
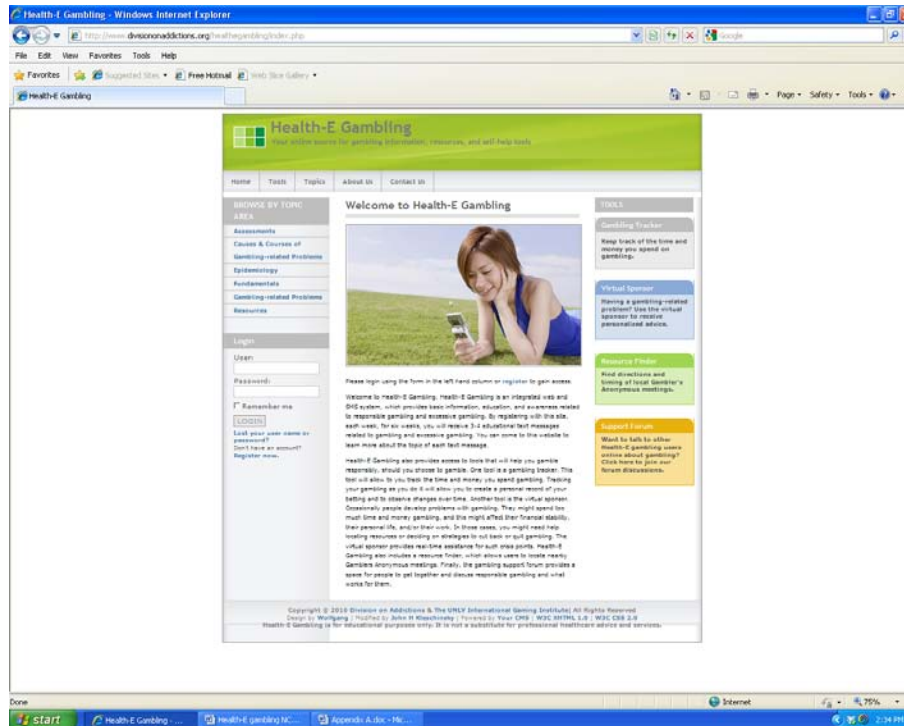
Co-sponsored by the Lincy Institute,
The UNLV International Gaming Institute, and The Division on Addictions
Stan Fulton Building, University of Nevada, Las Vegas
November 10, 2011

In the bridge-building spirit of the newly-created Lincy Institute at UNLV, this E-Health Summit seeks to build new coalitions of local, state, national, and international stakeholders interested in using technology to promote health. It also aims to address large-scale challenges that popularly are associated with everyday life in Southern Nevada – specifically, the health problems associated with behavioral excess (put bluntly: excessive gambling, eating, drugs, and alcohol). Today, we will focus on targeting people “where they live” on smart phones, social networking sites, and the Internet, and on delivering conventional health messages and services in a 21st century style.

<i>Time</i>	<i>Topic</i>	<i>Presenter</i>	<i>Breakout Challenge</i>
8:30-9:00 am	Continental breakfast and Introduction	Dr. Bo Bernhard	Weather
9:00 am - 9:30 am (presentation) 9:30 am – 9:50 am (breakout)	Youth Gambling in 2011: Experiences with the North American Think Tank on Youth Gambling	Dr. Jeff Derevensky , Executive Director, McGill University Centre for the Study of Youth Gambling	How are young people today positively/negatively affected by their relationships with technology?
9:50 am – 10:20 am (presentation) 10:20-10:40 (breakout)	E-health Projects: Does Technology Hurt or Help Public Health?	Dr. Debi LaPlante, Assistant Professor Harvard Medical School	What kinds of positive/negative experiences with technology & health have your organizations experienced?
10:40-10:55	Networking Break		
10:55-11:20 (presentation) 11:20-11:50 (breakout)	Health-E Gambling: A New E-health Tool	Dr. Bo Bernhard, UNLV Lincy Fellow	How can internet and mobile phone technologies be used as tools to help those who are hurting?
11:50-12:20 (lunch) 12:20-12:50 (presentation) 12:50-1:00 (Q&A) 1:00-1:20 (breakout)	Twitter and Health	Dr. Philip Polgreen, Associate Professor University of Iowa Medical School	How might twitter help provide health education – and even promote health – in your worlds?
1:20-1:30	Networking Break		
1:30-2:15 (panel)	Panel: Applications of Technology and Health	Brendan Bussman, UMC Carol O’Hare, NV Council on Problem Gambling Marlene Warner, MA Council on Problem Gambling	
2:15-2:45	Final Breakout	All	How can we build upon the spirit of this summit – to build coalitions that share, promote, and develop “Health-E” technologies?
2:45-3:00	Final Comments and Adjourn	Drs. Bernhard & LaPlante	

APPENDIX C: Screen Shots from Existing Health-E Gambling Programs

(This page: Welcome page, personalized greeting; Next page: GPS-driven guide to nearest/next Gamblers Anonymous meeting, interactive “Virtual Sponsor” function; Last page: interactive “Gambling Tracker” function – all also accessible via mobile “smart” phones)



Resource Finder - Windows Internet Explorer

http://www.divisionofaddictions.org/healthgambling/resource_finder.php

File Edit View Favorites Tools Help

Resource Finder

Health-E Gambling
Your online source for gambling information, resources, and self-help tools.


Home Tools Topics About us Contact us

Resource Finder

Gamblers Anonymous meetings near you.

Double click on the map to zoom in and locate a local Gamblers Anonymous meeting. You can click on the yellow pin icons for more information about your local GA group. For more information (i.e., address, date, and time), please visit <http://www.gamblersanonymous.org/relpage000.html>

Local Gamblers Anonymous Meetings



Copyright © 2010 Division of Addictions & The UNLV International Gaming Institute. All Rights Reserved.
Design by: Worlfgang | Hosted by: John H. Woodhenny | Powered by: Your CMS: WSC 30794, L.0 | WSC CSS 2.0
Health-E Gambling is for educational purposes only. We are not a substitute for professional healthcare advice and services.

Start Resource Finder - W... Health-E gambling NC... Documents - Micros...

Internet 70% 2:20 PM

Virtual Sponsor - Windows Internet Explorer

http://www.divisionofaddictions.org/healthgambling/virtual_sponsor.php

File Edit View Favorites Tools Help

Virtual Sponsor

Health-E Gambling
Your online source for gambling information, resources, and self-help tools.

Home Tools Topics About us Contact us Sign out

Virtual Sponsor

Some people gamble excessively, or at one time in their life gambled excessively. Excessive gambling creates the opportunity for a variety of the problems, which can range from minor to major. Other times, stressful life events can trigger excessive behavior, including excessive drinking, drug use, and gambling. In such stressful situations, most people would use a little help existing unhealthy and unwise behavior patterns. This is because when you are in the middle of a problem or crisis, sometimes it is difficult to know what to do next. This tool is for people who currently are experiencing a stressful life event and are worried that they will gamble excessively. Although the tool can provide some immediate strategies for dealing with stress and avoiding excessive behavior, it is not meant to replace long-term strategies for behavior change. For individuals who are interested in such long-term self-help resources, we recommend the book, *Harvard Medical Institute's recovery from gambling addiction: 11 strategies for taking back your life*, opening soon from www.ihg.org or www.ihg.org.

Below, you will find a list of common stressful life events. Researchers have identified these events as among the most common, especially for college students. The list also contains some other events that might be stressful, particularly for people who are attempting to cut back on or abstain from gambling. The stressful event that you are experiencing might not be on the list, in such a case, if you are having a significant amount of stress, call a friend, family member, support group, or healthcare provider. If you currently feel suicidal or plan to do something to harm yourself, this is a medical emergency. The resources of this website are not appropriate for such emergencies. You are not alone and help is available. Go to the nearest emergency room and call the national suicide hotline: (800) www.suicideline.com.

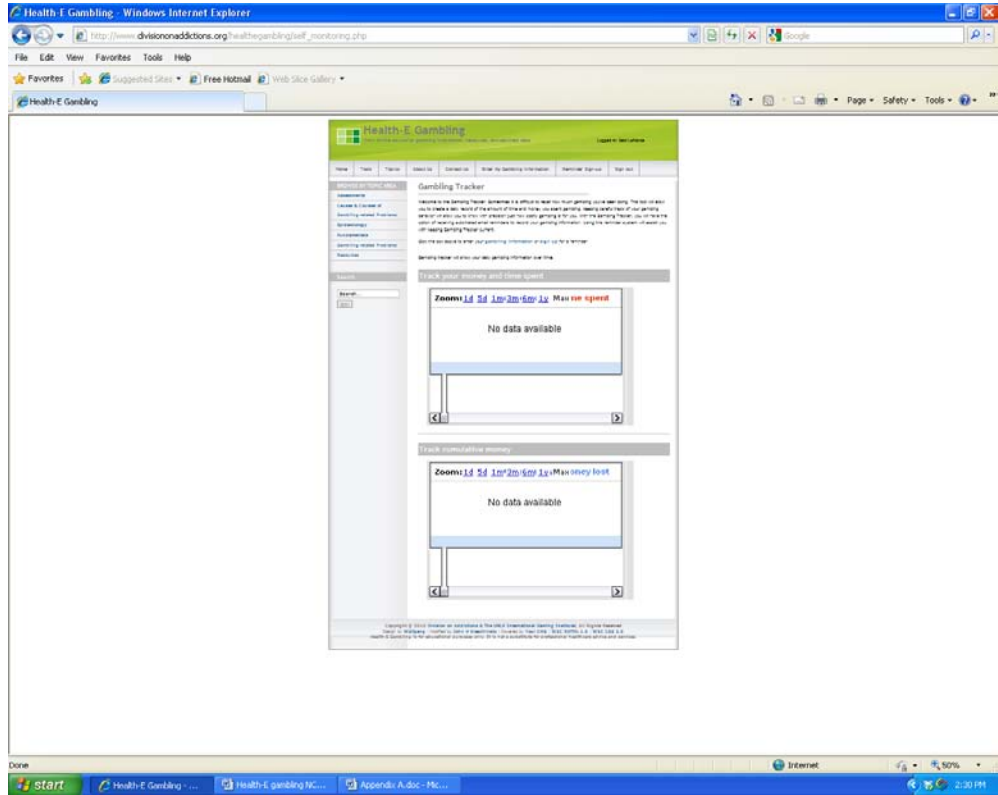
[Let's get started](#)

Copyright © 2010 Division of Addictions & The UNLV International Gaming Institute. All Rights Reserved.
Design by: Worlfgang | Hosted by: John H. Woodhenny | Powered by: Your CMS: WSC 30794, L.0 | WSC CSS 2.0
Health-E Gambling is for educational purposes only. It is not a substitute for professional healthcare advice and services.

Done

Start Virtual Sponsor - Win... Health-E gambling NC... Appendix A.doc - Me...

Internet 75% 2:30 PM



References

- Bernhard, B.J., Lucas, A.F., Jang, D., & Kim, J. (2008). Responsible gaming device research: A summary and critique. *UNLV Gaming Research & Review Journal*, 12 (1), 1-56.
- Brendryen, H., & Kraft, P. (2008). Happy ending: A randomized controlled trial of a digital multi-media smoking cessation intervention. *Addiction*, 103, 478-484.
- Burge, A. N., Pietrzak, R. H., Molina, C. A., & Petry, N. M. (2004). Age of gambling initiation and severity of gambling and health problems among older adult problem gamblers. *Psychiatric Services*, 55, 1437-1439.
- Chen, H., Mishara, B. L., & Liu, X. X. (2010). A pilot study of mobile telephone message interventions with suicide attempters in China. *Crisis*, 31(2), 109-112.
- Derevensky, J., & Gupta, R. (2007). Adolescent gambling: Current knowledge, myths, assessment strategies and public policy implications. In D. Hodgins, G. Smith & R. Williams (Eds.), *Research and measurement issues in gambling* (pp. 437-463). New York: Elsevier.
- Flejdsoe, B. S., Marshall, A., L., & Miller, Y., D. (2009). Behavior change interventions delivered by mobile telephone short-message service. *American Journal of Preventive Medicine*, 36(2), 165-173.
- Fox, S., & Jones, S. (2009). *The social life of health information*. Washington, DC: Pew Internet & American Life Project.
- Gillespie, M., Derevensky, J., & Gupta, R. (2007). The utility of outcome expectancies in the prediction of adolescent gambling behavior. *Journal of Gambling Issues*, 19, 69-85.
- LaBrie, R. A., Shaffer, H. J., LaPlante, D. A., & Wechsler, H. (2003). Correlates of college student gambling in the United States. *Journal of American College Health*, 52(2), 53-62.
- Lenhart, A. (2010). *Social Media & Young Adults: Challenges and Opportunities for STD Prevention*. Paper presented at the National STD Prevention Conference, Washington, DC.
- Lenhart, A., Ling, R., Campbell, S., & Purcell, K. (2010). *Teens and Mobile Phones*. Washington, DC: Pew Internet & American Life Project.
- Lyons, D. (2010). Android Invasion. *Newsweek*, 3 Oct. Retrieved online: <http://www.newsweek.com/2010/10/03/how-android-is-transforming-mobile-computing.html>
- Obermayer, J. L., Riley, W. T., Asif, O., & Jean-Mary, J. (2004). College smoking-cessation using cell phone text messaging. *Journal of American College Health*, 53(2), 71-78.
- Pijnenborg, G. H. M., Withaar, F. K., Evans, J. J., van den Bosch, R. J., & Brouwer, W. H. (2007). SMS text messages as a prosthetic aid in the cognitive rehabilitation of schizophrenia. *Rehabilitation Psychology*, 52(2), 236-240.
- Prestwish, A., Perugini, M., & Hurling, R. (2010). Can implementation intentions and text messages promote brisk walking? A randomized trial. *Health Psychology*, 29(1), 40-49.