

University of Alberta

Seniors and casino gambling: Experiences of play and managing risk

by

Courtney Rae Petruik

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Abstract

This study explored how seniors experience casino gambling and how they manage risks associated with casino play. The research focused on the patterns of seniors' casino gambling, the purposes given for play, how seniors perceive and manage risk associated with casino gambling, and whether any of the above varied by gender. The study sample consisted of ten senior casino gamblers who resided in assisted living communities in Edmonton, Alberta, and one casino employee. I interviewed the 11 participants face-to-face. This study also included observations of senior casino gamblers whom I did not interview. The purpose of the research was to develop understanding about how seniors manage casino gambling risk and to generate questions for future research in this area. I used the theory of Successful Aging (Rowe & Kahn, 1997) to explicate the findings.

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I dedicate this thesis to my older sister, Breanne Petruik, with utmost respect and admiration for her continued strength, courage, and wisdom beyond her years. Thank you for leading me.

Table of Contents

Chapter One:

Introduction to the Study.....	1
--------------------------------	---

Chapter Two:

Key Terms and Context	7
-----------------------------	---

A. Introduction

B. Key Terms

1. Seniors
2. Casino Gambling in Canada
3. Problem Gambling
4. Risk

C. Policy Context

1. Gambling Legislation
2. Charitable and First Nations Gaming Models
3. Revenue Allocation
4. Alberta Lottery Fund

Chapter Three:

Seniors and Casino Gambling Literature	22
--	----

A. Demographics and Participation

1. Age and Gaming Preference
2. Income and Education Level
3. Marital Status
4. Gender
5. Ethnicity and Culture

B. Marketing of Casino Gambling to Seniors

C. At-Risk Seniors

1. Co-morbidity Issues

D. Reasons Seniors Give for Casino Gambling

E. Theoretical Perspectives of Seniors and Gambling

Table of Contents (Continued)

Chapter Four:

Methods	39
A. Introduction	
B. Research Questions	
C. Qualitative Research Process	
D. Research Design	
1. Sample	
2. Interviews	
3. Ethics	
4. Dissemination of Findings	
E. Limitations	
1. Researcher	
2. Sample	
3. Problem Gambling Severity Index	
4. Self-Report	
5. Unit of Analysis	
6. Confidentiality	

Chapter Five:

Findings	57
A. Introduction	
B. Observations	
C. Demographic and Social Characteristics	
1. Age	
2. Income	
3. Education	
4. Health	
5. Active Living	
6. Mobility	
7. Marital Status	

Table of Contents (Continued)

- D. Patterns of Casino Gambling
 - 1. Frequency
 - 2. Game Preference and Style of Play
- E. Purposes of Casino Gambling
 - 1. Reasons for Casino Gambling
 - 2. Gambling for Entertainment
- F. Risk Management
- G. Risk Perception

Chapter Six:

Successful Aging 96

Chapter Seven:

Discussion and Conclusion 103

Chapter Eight

Directions for Future Research106

References 111

Appendix A

Interview Schedule for Professional from Responsible Gambling Program

Appendix B

Interview Schedule for Seniors

Appendix C

Problem Gambling Severity Index

Chapter One: Introduction to the Study

In contemporary Canada, casino gambling is an activity that connotes more than just a game. It signifies a form of recreation, a way to engage in risk taking and escape, and a means for providing revenues to public coffers. Society has not always viewed gambling in these ways. In the past, many people saw gambling as detrimental to society, resulting in over-indulgence and harm to social relationships. With changes in legislation, however, gambling has gained more legitimacy (Smith & Rubenstein, 2009).

Although the public does not universally accept gambling, tolerance has increased due to its presence in mainstream society (Azmier, 2005; Smith, Schopflocher, El-guebaly, Casey, Hodgins, Williams & Wood, 2011). Nikolas Rose (1999), who writes extensively on political governance, suggested that a cycle exists within public opinion whereby gambling alternates between being a ‘vice’ and an accepted practice. Today, societal views on gambling include both of these things and are evident in the work of Canadian gambling scholars Colin Campbell and Garry Smith (2003), who outlined how gambling is increasingly permitted, while at the same time seen as a potential disease (when it becomes addictive and/or problematic). Campbell and Smith take the ‘disease’ idea further when they argue that society expects individuals to take personal responsibility for the ‘disease’ and manage the risks associated with gambling activity. The idea of individual responsibility helps situate the current research because this study explores how seniors experience casino gambling and how they manage risks associated with the activity.

As of September 2010, seventy casinos operated across Canada. This number is an increase from approximately fifty casinos in the year 2000 (Alberta Gaming and Research Institute website, 2010). Alongside the growing number of casinos in Canada is the rising proportion of seniors in the population. With both of these patterns happening simultaneously, and with a rise in the number of seniors who gamble today, there is a need for research on the older gambling population.

Individuals in late life may be lonely, bereaved, removed from the labour market, and living on fixed incomes (Novak & Campbell, 2010). These circumstances leave some older adults vulnerable to developing problems associated with their casino gambling practices. For instance, Zaranek and Lichtenberg (2008) found that lower incomes and lower social support networks were two potential contributors to problem gambling behaviors. These authors also state that more remains to be known about factors that contribute to seniors' problematic gambling. Without knowledge on this topic, we are unable to minimize problems that can arise from gambling activities.

Historically, scholars focused less on seniors than other age groups in the casino gambling literature. In contemporary studies, the focus is shifting as the proportion of seniors in the Canadian population grows. Nevertheless, McNeilly and Burke (2001) reported that few studies have directly investigated older adults and casino gambling, and researchers who have investigated this topic, conducted the studies prior to the expansion of the casino industry in the 1990s. Given that younger age groups have been the primary focus in research on gambling

practices, much of the literature has addressed gambling addiction among teenagers (Preston, Shapiro & Keene, 2007). In addition, Canadian community initiatives that deal with specific problem gambling populations often target youth or young adults, not seniors. For example, in Quebec the International Centre for Youth Gambling Problems and High-Risk Behaviors at McGill University is an initiative aimed directly at young people. No similar centre exists for the elderly population in Canada. In fact, on websites, the assistance aimed directly at older individuals' gambling problems is primarily in the form of brochures, booklets, or self-help manuals, and leaves the onus solely on the individual to find support for his/her improvident gambling (www.problemgambling.ca).

This neglect of the elderly in the academic literature and other gambling-related material reflects the belief that seniors are unlikely to partake in problematic gambling activities, yet much of the literature on gambling practices among seniors depicts gambling as problematic and harmful for older groups (Munro, B., Cox-Bishop, McVey & Munro, G., 2003). Furthermore, Canada is undergoing a demographic transition whereby the older adult population is growing and thus, it is likely that the older gambling population will also grow. These changes make it necessary to address the lack of senior specific information and services associated with casino gambling. Currently, many studies suggest that most seniors do not engage in problematic gambling practices, but most people of any age group do not engage in problematic gambling. The proportion of problem gamblers relative to the general population is low, but we should not disregard the group who do experience problems because the negative effects of

problem gambling spread beyond the individual to family, friends, and the community. It is also necessary to consider focusing on those who do not engage in problematic gambling activities to understand how those who do not experience harm manage their gambling. Currently, little research exists in this area, especially regarding seniors (Zaraneck, 2003). With limited research on seniors' non-problematic casino gambling practices, it is difficult to draw conclusions about how this group identifies and manages risks associated with casino gambling, and what role(s) casinos play in seniors' lives. The current research begins to address questions related to these topics.

Munro (2003) mentioned that the current data profiling of Canadian seniors and gambling was limited. For the current study, I located approximately 100 articles that discussed later life gambling. Most articles did not focus on casino gambling, were conducted outside of Canada, and/or investigated individuals under the age of sixty-five. Also, many of the research methods, geographic locations of the research, and classifications of what a 'senior' is are inconsistent in the literature. Given the limited research, qualitative studies are needed that focused on Canadian seniors over 65 years who casino-gamble.

I designed this explorative project with the intent to identify important areas for future research and to provide insights about seniors' casino gambling experiences and strategies for managing risk associated with play. I am interested in how elderly individuals living in low-income assisted living communities (ALCs) understand and manage risks associated with casino gambling. I conducted in-depth interviews with seniors who gambled at casinos and with a

professional who works in local Edmonton casinos. I also observed seniors gambling at the casinos. My study is premised on five main research questions:

- (1) *What are the patterns of seniors' casino gambling?*
- (2) *What are the reasons seniors give for partaking in casino gambling activities?*
- (3) *How do seniors perceive risks associated with casino gambling?*
- (4) *How do seniors report they manage the risks associated with casino gambling?*
- (5) *Do the responses to the above questions vary by gender?*

To foreshadow some results of this research, I found that the elderly participants described their casino gambling practices as controlled and free of harm. The seniors believed their gambling practices were under control. They believed that harm results from casino play for those who do not control their casino practices. All respondents qualified as non-problem recreational gamblers as denoted by their scores on the Problem Gambling Severity Index (PGSI), an assessment tool embedded in the widely used Canadian Problem Gambling Index (CPGI). All participants described how they kept their gambling from being harmful.

This study illustrates that seniors have insights on how to keep their casino gambling practices from causing them harm financially, and/or socially. Their views of risk and gambling reflect their motivations to partake in the activity. In this thesis, I explain how the current research demonstrates that the patterns of these participants' casino play, the purposes for attending casinos, their perception of risks associated with casino gambling, and their risk management practices are

interconnected. The seniors in this study gambled for entertainment purposes, and were able to keep their gambling from becoming problematic.

My project seeks to extend the research on how senior non-problem gamblers experience casino play and how they perceive and manage risks associated with casino gambling. With increased knowledge on this topic, seniors, families, researchers, public officials, and other stakeholders can identify areas for future inquiry, make better-informed decisions regarding casino-gambling practices and their promotion, and decide how best to develop and refine policies that govern casino use for the elderly population. In the next chapter, I explain key terms used throughout the study.

Chapter Two: Key Terms and Context

A. Introduction:

The scope of this study encompasses seniors' casino gambling research since the boom of casinos in Canada from the 1990s. I draw heavily from the latest comprehensive Canadian literature review compiled in 2003 by Brenda Munro and her co-investigators. Munro et al. (2003) included studies of individuals aged 55 and older. I reviewed the research of individuals 65 years and older only. I used this age limit because, in Canada today, many people exit the workforce at 65 years of age or later, and life transitions, such as retirement, can lead to increases in free time, decreases in social relationships, and lower incomes. Because of these transitions, certain areas of life like leisure and recreation are affected. Seniors often have fewer recreational opportunities available to them; therefore, they turn to accessible alternatives such as casino gambling.

The total number of sources located for this literature review is 106. The collection is comprised of other reviews, public reports, gambling surveys, and scholarly articles. Approximately fifty-five sources focused specifically on seniors and gambling and the rest had components related to seniors and gambling and were generally related to the context of gambling in Canada, making them relevant for the current purposes. To set the stage for the literature review and for understanding the rest of the research, I start by explaining the key terms used in this study and the policy context of casino gambling in Alberta.

B. Key Terms

B.1 Seniors

The term ‘senior’ is ambiguous depending on the context of its use. For instance, the word denotes a third year high school student, a superior professional, or an elderly person. In this research, I am interested in the latter group. Some scholars suggest that age categories correspond to an individual’s relationship to the workforce (for example, pre-retirement and retirement). The Government of Alberta and the Government of Canada define a ‘senior’ as an individual who is 65 years of age or older (Service Canada, 2011). I follow this convention given that I include individuals who reside in assisted living communities where the majority of residents are over 65 and self-identify as ‘seniors.’

B.2 Casino Gambling in Canada

‘Gambling’ is defined in different ways depending on who is using the term. For example, Potenza, Fiellin, Heninger, Rounsaville, and Mazure (2002) describe ‘gambling’ as risking something of value in the hopes of gaining something of greater value (p.721). Expanding on this definition, the Responsible Gambling Council (2011) states that:

In its broadest sense, gambling is risking [money or something of value] on an uncertain outcome with the chance of gaining something in return. People often associate gambling with places such as racetracks or casinos, where they can bet money on the outcome of a horse race or casino game (e.g., roulette), but gambling can also be done on the Internet, the stock market, or at home with friends (e.g., cards).

Smith and Rubenstein (2009) develop a more comprehensive definition of gambling in their report to the Ontario Problem Gambling Research Centre (OPGRC). Smith and Rubenstein use the definition proposed by Devereaux (1979) that defines gambling as “risking money, property, or something of value on an uncertain outcome. The authors elaborate by noting that inferred in the definition of “gambling is:

(1) an element of chance, (2) there is a winner and a loser—money, property, or something of value change hands, (3) that at least two parties must be involved—a person cannot gamble against him or herself, and (4) that the decision to gamble is made consciously, deliberately, and voluntarily” (Smith & Rubenstein, 2009, p.18).

Smith and Rubenstein (2009) also point out that gambling can be distinguished from other risky activities with uncertain outcomes by its production of winners and losers, and the involvement of large sums of money that circulate quickly. Therefore, we can associate casino gambling with these definitions. Further, casino gambling, for current purposes, is land-based and occurs in a permanent public building that has the specific purpose of housing gambling activities. Casino gambling typically includes table games (i.e. poker, roulette, craps, etc.) and electronic gaming machines (i.e. EGMs, which include slot machines or video lottery terminals). There are 24 casinos located in Alberta and they house table games and EGMs. Casino attendees can purchase meals, alcoholic beverages, or seek entertainment at the casino by watching television and/or live performances such as concerts and comedy acts. Casinos in Canada

are licensed establishments and patrons must meet the province's age of majority to enter.

B.3 Problem Gambling

Although the current focus is not on problem gamblers, it is important to understand the term. The literature on gambling is interdisciplinary; therefore, different people use different terms in different contexts to mean similar things. For current purposes, I will use the term *problem gambling* to denote “any gambling behaviour that creates negative consequences for the gambler, others in his or her social network, or for the community.” (Measuring Problem Gambling in Canada, 1999, p.57). In this study, I use the term *problem gambling* as synonymous with other commonly heard terms such as pathological, disordered, and compulsive gambling.

B.4 Risk

Erin Gibbs Van Brunschot's (2009) literature review on gambling and risk defines *risk* as the probabilities of future events, either negative or positive, or some combination thereof. She notes that risk typically has a negative connotation, but the term can also imply positive outcomes. She also characterizes risk as multi-dimensional and thought of in terms of its *nature* (the type of loss or gain), *degree* (amount of loss or gain), and *exposure* to it. In the same review, Gibbs Van Brunschot (2009) highlights the tendency for individuals to consider risk in the present tense, when the term actually refers to the potential for future gain or harm. She states that risk, when applied to gambling and other activities, is a multi-functional concept employed in different ways depending on

the context of its use. For current purposes, ‘risk’ relates to the potential for harm from casino gambling. ‘Risk’ denotes what seniors stand to lose because of their casino gambling activities, such as money, social support, health, and well-being.

I use Gibbs Van Brunschot’s framework to discuss risk associated with seniors’ casino gambling. All three dimensions (nature, degree, and exposure) are pertinent to analyzing the involvement of seniors in casino gambling. Because seniors are a unique population, they have different experiences of gambling risk relative to other groups. The nature of risk to seniors is similar to other age groups because it includes the potential loss or gain of finances; but in other areas the nature of risk to seniors differs from younger people. For example, depending on the health of the elderly individual, going to a casino may pose a health risk if proper supports (i.e. ramps, walkers, people to help with needs) are not in place for them en route to the casino, during the casino visit, and returning home. The degree or exposure to risk may differ for seniors due to their life circumstances. With respect to degree of risk, after retirement, most seniors live on modest incomes, making it difficult for them to replace funds spent on gambling. Regarding exposure to risk, seniors often have more free time; therefore, recreation could be a substantial part of their post-retirement lives. Further, degree of loss is relative, and seniors who do not gamble high dollar amounts (compared to other groups) are still at risk of negative consequences due to the inability to replenish lost funds. Thus, it is not so much the amount of money spent, but whether the losses are affordable to the senior. Conversely, younger

individuals can likely replace expended funds via employment leaving them less vulnerable than many senior gamblers.

Socially, relative to other age groups, it is difficult for the elderly to meet people and engage in leisure activities relative to younger groups. Seniors, like younger individuals, can use the casino as a medium for camaraderie. A report submitted by the Canadian Partnership for Responsible Gambling (CPRG) (2010) noted that casinos are becoming ‘older adult daycare centres.’ That is, increasingly, older adults rely on gambling as an important social or recreational activity (McNeilly & Burke, 2001) highlighting their potential vulnerability to risks related to casino gambling due to increased presence at casinos (exposure).

The *exposure* dimension from Gibbs Van Brunschot’s model suggests that seniors in the past had less exposure to gambling risk relative to younger groups because seniors have limited access to varied leisure activities such as gambling. With increasing accessibility, however, and availability of casinos to elderly age groups in the last two decades (Hagen, Nixon & Solowoniuk, 2005), exposure to casino gambling for seniors has changed. In Alberta, more casinos are available and they are increasingly accessible to seniors because of better transportation options (i.e. sponsored bus trips to and from the casino). Coupled with availability and accessibility, casinos provide senior-specific incentives to attract this group, thus exposing seniors to more risk than in the past when seniors’ incentives to attend casinos did not commonly exist.

Subjective perceptions of risk and reasons seniors give for casino participation are consequential for casino service delivery to older groups. For

example, the CPRG (2010) report states that seniors are often more susceptible to false beliefs and superstitions around gambling than are younger age groups. If seniors gamble without adequate understanding of the games they play, then they could be gambling with the impression that there is no risk or less risk than in reality. It is important, therefore, to examine why the elderly take part in casino games and how they perceive gambling risk. Casino operators, regulators, and policy makers need this kind of research so that they can decide how best to address potential harm to seniors who gamble at casinos, and how best to deliver information about casino games to this group. The older seniors of 2010 grew up during the Great Depression where beliefs around money management emphasized saving and frugality (Novak & Campbell, 2010) and these values influence the way seniors perceive and manage risks related to casino gambling today. Culturally, ideas about money change over time and influence the way individuals perceive their gambling practices, making participants' perceptions of gambling risk a significant area for inquiry.

Few Canadian studies explore the reasons for seniors' casino gambling. Of the research that discusses seniors' casino gambling motivations, seldom are the themes connected to the ways participants perceive and manage risks in real time gambling situations. One Canadian study found that seniors participated in casino activities for entertainment, social interaction, and a safe way to be 'bad' (Hagen, Nixon & Solowoniuk, 2005). This study, however, did not elaborate on how seniors perceive risk in a gambling setting. One might assume that a desire to experience monetary gains is a primary motivation for gambling, but the

seniors' gambling literature does not support the idea that seniors gamble to gain profit. Recreational gamblers do not report gambling primarily for profit or desires to win. Instead of focusing on winning, which could lead to chasing losses, recreational gamblers supposedly stop gambling despite winning or losing, because their focus is on the leisure aspects rather than the outcome. Hence, understanding the purposes for casino play is important because it could mean the difference between cutting losses and chasing them. By coupling seniors' reasons for play with their perceptions of risk associated with play, we can better understand the relationships between seniors' motivations and risk perceptions and how this affects risk management strategies during casino play.

In some studies, authors suggest that motivation (reasons or purposes for participation) for gambling correlates with the probability of future gambling problems. In a longitudinal study of 247 African American elders, Martin, Lichtenberg, and Templin (2010) found that the elderly in their sample were intrinsically motivated to casino gamble. Intrinsic motivations were evident in answers such as 'gambling for entertainment' and 'enjoyment' rather than extrinsic motivations such as 'monetary gain.' They also found some elders used casino gambling to 'escape' from loneliness or grief. The latter intrinsic motivations (escape from loneliness and grief) were predicted to lead to problem gambling (Martin et al., 2010). Likewise, Clarke (2008) stated that motives such as 'tension release' forecasted increased severity of problem gambling. Both studies showed that seniors primarily reported intrinsic motivators for gambling and did not gamble to turn a profit, that some seniors used gambling to escape

loneliness, grief, or stress (also intrinsic motivators), and that this group could be at risk for gambling problems (Clarke, 2008; Martin et al., 2010). This research illustrates how motivation is consequential for identifying risk associated with seniors' casino gambling.

Most studies that explore seniors' motivations for gambling do not examine how individuals perceive risk associated with gambling. In extreme sports, participants seek an exhilarating rush and downplay the risk of injury. Similarly, gamblers focus on winning rather than losing. Gamblers may not dwell on risk because they use time-tested risk management strategies and are not worried about losing control. Regardless of personal perception, casino gambling involves risk that players must manage or it could lead to dire personal consequences. Investigating seniors' perceptions of risk associated with casino gambling alongside their motivations to participate helps to clarify links between risk awareness and how seniors manage risk while playing. This also helps us understand how best to minimize potential problems related to seniors' gambling practices and what roles casino regulators, policy makers, and seniors themselves have in limiting the negative consequences of gambling for seniors.

Not all individuals are alike in their risk-taking behaviours. Some people are more likely to engage in risk taking behaviours than others. For example, some scholars associate risk behaviours with sensation-seeking (Mishra, Lalumiere & Williams, 2010), and others report that individuals gamble to relieve themselves from physiologically aroused states (Blaszczynski, Winter & McConaghy, 1986). Zuckerman (1994), a psychologist who has studied

sensation-seeking behaviours, notes it is an error to equate sensation seeking with risky behaviour because many sensation-seekers do not engage in risk activities and that the two phenomena are only related in some circumstances. That is, some sensational activities involve risk, but that risk itself is not necessarily what entices these individuals. Inventories and scales such as the Sensation Seeking Scale form V (SSS-V) by Zuckerman (1979; 1994) or the older Risk-Taking Questionnaire (RQT) developed by Knowles (1976) measure tendencies toward sensation seeking and risk-taking behaviours. I did not administer these scales because it is outside the scope of my project. The focus of the current research is on how seniors manage risk associated with casino gambling. While studying risk, we must not conflate sensation seeking with risk taking, but note that these two phenomena are related in some cases.

Some individuals are risk seekers, whereas others are risk averse. Risk can be a subjective matter on an individual level (Yates & Stone, 1992); therefore, readers of risk and gambling studies must interpret findings with caution. Some people who take part in risk activities are not motivated by the risk involved, but for other reasons. Many elderly do not find gambling risk appealing, but go to the casino for social or entertainment purposes. Some risk literature states that a negative correlation exists between risk-taking and age, and for this reason, it should not be assumed that senior casino-gamblers are risk-taking individuals. In a gambling study of 3,200 Iowa residents, Mok and Hraba (1991) found that gambling frequency and number of gambling activities were negatively related to chronological age. Clarke (2008) pointed out in a more recent study by Kelly,

Skinner, Wiebe, Turner, Noonan, and Falkowski-Ham (2001) of 292 older adults in Ontario, that gambling participation rates decline with age, except for slot machine play.

In this study, I explore how non-problem/recreational gambling seniors perceive and manage risks associated with casino activities. I did not find any studies that directly investigated seniors' risk management; therefore, it is timely for this study to explore how seniors perceive and manage risks associated with casino games and how this relates to their patterns of play and purposes for participating.

C. Policy Context

Here, I provide a background of casino gambling distribution and regulation in Alberta. I outline a brief history of Alberta gambling legislation, the models for casino operation used in Canada, and the allocation of casino revenue in Alberta.

C. 1 Gambling Legislation

Prior to legislative changes in 1892, gambling was a criminal offence according to the *Criminal Code of Canada*. Officials adjusted the legislation to permit gambling if the shareholders allocated a certain percentage of the proceeds to charitable causes. As years progressed, the code became more lenient, allowing more gambling games and more establishments to house the activities (Azmier, 2005). In 1969, amendments to the Criminal Code allowed provincial and federal governments the opportunity to use lotteries to fund 'worthwhile' activities like the Olympics (Azmier & Clements, 2001). Several provisions thereafter led to

more gambling options in Canada. The first Canadian casino operation took place in 1967 at the weeklong Klondike Days celebration held on the Edmonton Exhibition grounds (Smith & Hinch, 1996). Several casinos were built between 1980 and 1989, but in the 1990s to early 2000s, casino construction across the nation grew exponentially (Alberta Gaming and Research Institute, 2010). Presently, Canada has seventy casinos in operation. Twenty-four of these are located in Alberta (Alberta Gaming and Research Institute, 2011). Growth in the number of casinos was facilitated by a revision to the *Criminal Code of Canada* in 1985 that “gave exclusive jurisdiction over gambling to the provinces” (Campbell & Smith, 1998). Because of this change, provinces began building casinos to generate public revenue. In 2010, the provinces continued to have authority over gambling activities in Canada, and gambling became a major contributor to public funds. Today, each province controls gambling based on a specific casino-gambling model. Next, I explain the gaming models used to operate casinos in Canada and focus primarily on the models used in Alberta.

C.2 Charitable and First Nations Gaming Models

In Canada, provinces use four models to manage all casino related activities (i.e. daily management, revenue allocation, etc.). The four models are the charitable (or non-profit) gaming model, the government owned and operated gaming model, the joint venture gaming model, and the First Nations gaming model (Campbell & Smith, 1998). I focus on the charitable gaming model because it is the primary model implemented in Alberta. The provincial government applies the charitable model to off-reserve casino activity. Casinos

located on First Nations reserves operate under both the charitable and First Nations gaming models. There are currently 19 charitable casinos and five First Nations reserve casinos in Alberta.

The off-reserve charitable gaming model has gambling enforcement agencies that license and regulate charity and religious groups to operate short term gambling events (Campbell & Smith, 1998). Charity and religious groups operate the casino events and manage the financial interactions along with private casino owners. In Alberta, casinos are ‘private facilities’ meaning that facility operators are licensed to provide space and services for these casinos to operate (Alberta Gaming and Research Institute, 2010).

C.3 Revenue Allocation

The 2009-2010 Annual Report from the AGLC note there are two types of gaming classifications within Alberta: *charitable* and *provincial*. Charitable gaming in Alberta refers to casino table games, pull-ticket sales, raffles, and bingo events through which licensed charitable and religious groups raise funds. Alberta also has provincial gaming activities including slot machines, video lottery terminals (VLTs), electronic bingo, and ticket lotteries. Charitable and religious groups who hold casino events keep the proceeds from table games, but must pay a service fee to the facility operator (AGLC, 2010).

Casino revenue is a major financial provider to charitable and religious organizations. The charities and religious groups, however, do not get the entirety of casino proceeds. In the most recent AGLC Annual Report (2009-2010), the authors mention that the organizations must pay service fees to the facility

operators. In 2006, Rhys Stevens, a librarian from the Alberta Gaming and Research Institute (AGRI) wrote that the charitable and religious groups receive all income from table games and pay casino operators a 50% portion in Calgary and Edmonton, 65% in St. Albert, 65% outside of Edmonton and Calgary, and 75% of the net from craps and poker dealer services. Further, the AGLC Annual Report (2009-2010) notes that licensed casino operators receive a 15% commission on net sales of slot machines as compensation for cost of space and service. A share of commission from all gaming activities (with the exception of paper bingo, raffles, pull tickets, and casino table games) goes to the federal government (Alberta Gaming and Liquor Commission Annual Report, 2010). The Alberta government issues another 15% commission to the charitable and religious organizations themselves. Alberta then distributes the net balance of slot machine sales (70%) to a program called the Alberta Lottery Fund. Alberta also allots 85% of the total revenue from video lottery terminals to the Alberta Lottery Fund after AGLC operating costs are deducted (AGLC Annual Report, 2010).

C.4 Alberta Lottery Fund

The Alberta Lottery Fund (ALF) is the government's share of net revenue collected from video lottery terminals (VLTs), slot machines, and ticket lotteries. The intent of this fund is to provide financial support to community-based and public initiatives in Alberta. Some of the community projects include community facilities, libraries, museums, athletic events, agricultural societies, major exhibitions, arts and culture groups, wildlife and conservation projects, public athletic facilities, seniors' groups, recreation, and historical resources

(<http://albertalotteryfund.ca>). Types of public initiatives funded include transportation projects, water management infrastructure, school renewal and construction, post-secondary facilities, and health care facility construction (<http://albertalotteryfund.ca>). In 2009, Alberta generated 2.09 billion in gross dollars from ticket lotteries, slot machines, video lottery terminals (VLTs), and electronic bingo. Of this total, the net amount (after paying out cost of operating commission, charity, and federal payments) deposited into the Alberta Lottery Fund was 1.4 billion dollars. It was unclear from the 2009-2010 Annual Report where the government allotted the dollars that they did not grant to the ALF, and how the province distributes ALF dollars.

Chapter Three: Seniors and Casino Gambling Literature

A. Demographics and Participation

After examining studies, newsletters, reports, e-journals, peer-reviewed articles, and books, Munro et al. (2003) found that 15% of the work contained substantial information about the demographics of seniors who gamble. I included studies collected by Munro et al. (2003) involving individuals over the age of 65, who gamble, and added recent work that appeared subsequent to the Munro et al. (2003) study. I focus mainly on casino gambling and less on studies focusing on other forms of gambling (i.e. bingo, lotteries, horse races, etc.), or on younger age groups.

A.1 Age and Gaming Preference

Munro et al. (2003) noticed a trend in the media depicting elderly individuals as frequent gamblers, but showed that the research does not agree. Demographically, casino gambling has been associated with younger age, males, individuals with lower education, more social support, low depression scores, and better self-rated health (Vander Bilt, Dodge, Pandav, Shaffer & Ganguli, 2004; McKay, 2005; Southwell, Boreham & Warren, 2008).

Some studies showed that seniors gamble less frequently than younger age groups (Carlson, 2003; Government of British Columbia, 2003) and others say that no clear-cut linear relationship exists between age and gambling levels (Wiebe, Single & Falcowski-Ham, 2001). Deepak Chhabra (2009) outlined similarities between older and younger adults in terms of their spending habits on casino gambling practices. Although similarities exist between age groups, in

retirement elderly individuals can use their increased free time and disposable incomes to gamble. Younger individuals do not regularly experience an abundance of leisure time and extra income (McNeilly & Burke, 2000) because of employment and other responsibilities. When individuals are relieved of these obligations, even if they had not patronized casinos in the past (due to familial and career responsibilities or lack of interest), they are more apt to take part in casino activities after retirement. With an abundance of casinos in close proximity, readily available transportation alternatives such as bus trips to and from casinos, and increased free time and limited income, the elderly are more likely to attend casinos. More expendable time and income after retirement do not necessitate an increase in gambling activity, but they create an environment whereby casinos are a highly attractive leisure outlet.

Researchers found that the elderly gambling population is rapidly growing (Ohtsuka & Karoglidis, 2001; Desai, Maciejewski, Dausey, Calderone & Potenza, 2004; McKay, 2005). McNeilly and Burke (2001) found that casino gambling was the most highly frequented 'day-trip' social activity and that the participants they surveyed took part in facility-sponsored trips at least monthly. In a report conducted for the Alberta Alcohol and Drug Abuse Commission (AADAC), Hirsch (2000) also found that seniors typically participated in gambling activities on a monthly basis.

Although gambling is becoming a common pastime for seniors, Zaranek and Chapleski (2005) explained that seniors did not report it as one of their favourite activities. Researching seniors gambling participation in relation to

their motivations for play is important as reasons for gambling, such as loneliness and lack of other recreation opportunities, can pose potential problems for the future if gambling is used to mitigate negative emotional states. In this case, gambling is not a recreational form of entertainment but a way of coping with feelings that may lead to dependence on the game and ultimately harmful consequences.

A.2 Income and Education Level

In one study, seniors in low-income brackets made the largest wagers on poker machines (Breen, Hing & Weeks, 2002). In another study of seniors who gamble, scholars found that low-income retirees were those who most often gambled (Hornblower, 1996). More recently, Martin, Lichtenberg, and Templin (2010) reported that highly educated individuals and those with higher incomes are more likely to gamble, however, seniors who experience problems with gambling, are more likely to be in the lower income bracket and less educated. It is possible that this is because the lower income group is less likely to afford small losses. This group may also live on modest incomes that are not easily replaceable. In 2008, Australian researchers studied the electronic gaming play of individuals 60 years and older and found that individuals with lower incomes are more prone to play electronic gaming machines (EGMs) and use EGM play to meet social, recreational, and mental health needs. They also reported that this is increasingly detrimental to the older population as they use smaller incomes to gamble with and cannot easily replace the expended funds (Southwell, Boreham

& Laffan, 2008). The inability to replenish income denotes a higher likelihood for problems to occur in association with gambling (Clarke, 2008).

When considering problematic gambling practices, studies that explore income and education levels highlight a negative relationship between education and income and gambling problems. Readers should take caution when interpreting these relationships to avoid conflating the evidence of non-problem gamblers versus problematic gamblers. We should not assume a cause-effect relationship from these studies because it is not apparent whether the income/education levels are the reason for the gambling frequency. Qualitative studies are required to understand how income and education relate to the gambling practices of the elderly and how income level and amount expended on gambling relate to risk associated with casino activities.

A.3 Marital Status

Two marital statuses exist in Canada, with a partner or without a partner, for example, a person is married, common-law, divorced, separated, widowed, or never married. In the seniors' casino gambling literature, researchers note that a married or common-law elderly person is less likely to engage in problematic casino gambling activities (McCready, Mann, Zhao & Eves, 2008). Southwell et al. (2008) found that the behaviours and motivations of people over 60 years to play EGMs increased for seniors without a partner. In an earlier study, Thomas (1996) found that divorced and never married seniors were the least frequent gamblers. With conflicting evidence about marital statuses and elderly casino gamblers, and given that a large proportion of seniors are widowed or divorced

(Statistics Canada, 2007), gambling researchers need demographic information to help understand the relationship between marital statuses and casino gambling practices. Studies that explore relationship statuses and casino gambling play would benefit by including measures of well-being and social connectedness, such as loneliness, that are also implied by social indicators such as marital status.

A.4 Gender

It is important to generate more studies on divergent gender experiences in casino gambling. Sandy O'Brien Cousins and Chad Witcher (2001; 2007) conducted both qualitative and quantitative research on females who play bingo in Alberta. McKay (2005), a Canadian researcher, also conducted a literature review on older women and problem gambling to show how the gambling industry is becoming 'feminized.' McKay identified that increasing numbers of elderly women who frequented casinos to play EGMs result in a 'feminization' of the casino gambling industry. More age-specific work on women who casino gamble and comparisons between male and female casino gambling practices is required, especially given the uniqueness of the senior gambling population and the higher risks that current studies suggest for male groups (Ladd, Molina, Kerins & Petry, 2003; Vander Bilt et al., 2004; Hirshorn et al., 2007; Southwell et al., 2008). Some gambling-risk literature suggests that males are more likely than females to take part in risky activities such as gambling, but that females progress faster to problem gambling than do males (Tavares, Zilberman, Beites & Gentil, 2001). More gendered research on seniors' casino gambling is required to understand how males and females manage their gambling.

A.5 Ethnicity and Culture

Information on ethnicity and culture and the relationship to seniors' gambling is limited. Studies that focus on certain ethnic groups help expand our understanding of how ethnicity contributes to seniors' casino gambling practices (Bazargan, Bazargan & Akanda, 2001; Lai & Luk, 2005). Lai and Luk (2005) notes in their study of Albertan Chinese seniors, that few Canadian studies exist that help us understand the relationship of ethnicity and culture to seniors' gambling practices. Volberg and Abbott have done considerable work in New Zealand on ethnicity and problem gambling. They mention in their 1994 study, that minority status is associated with an increased risk of problem gambling. It is important to take caution in generalizing from studies like this because it is not always clear what the term ethnicity signifies; it may relate to immigration, indigenous status, and/or socio-economic status. While a small number of studies exist, most studies on ethnicity and gambling behaviour are not Canadian-based. With limited local research on ethnic seniors who gamble at casinos, it is difficult to discern the extent to which ethnic background affects older gamblers.

B. Marketing of Casino Gambling to Seniors

In a study of American seniors who engaged in casino gambling, McNeilly and Burke (2001) contend that casinos used promotions to attract seniors to casino trips. Gosker (1999) found that the gambling industry in the United States targets seniors with incentives such as deals on inexpensive medications and other goods. Other scholars found that six casinos in North Dakota were very effective in marketing their casino gambling opportunities to

seniors as reported by the gambling treatment providers interviewed in the study (Bjelde, Chromy & Pankow, 2008). Chhabra (2009) noted that late life gamblers are a lucrative market in Iowa as indicated by their frequency of visits and spending potential.

The increase in the availability of casinos, the acceptance of the casino gambling, and the numerical and proportionate rise in seniors create an environment where casino marketers identify an area for profit. Casinos are now offering more bus trips to seniors' communities as 'low cost' outings (Gosker, 1999; McNeilly & Burke, 2001). The phenomenon of facility-sponsored casino trips is one way the casino industry markets their product to seniors. Higgins (2005) mentions that casino gambling is definitely on the agenda for American senior centres and jurisdictions' dependence on gambling for generating revenue may have a negative impact on residents. McKay (2005), who conducted her research in Canada, also states that casino marketing strategies that target seniors may place older women at risk for developing gambling problems, especially related to EGMs.

Some economists argue that gambling is an important recreational alternative for seniors and leads to increased life satisfaction through leisure enjoyment, improved social competence, independence, and role continuation (Loroz, 2004a; Wu & Wortman, 2009). Loroz (2004b) mentions in a study of 27 seniors that psychological benefits exist for American seniors who partake in casino gambling activities. Although seniors may experience both positive and negative outcomes from casino trips, more research is needed to determine what

the differences in individual experiences are, and how best to negotiate casino trips and casino play.

C. At -risk seniors

Unique circumstances arise in late life, whereby individuals experience changes in social roles. For example, decreases or elimination of employment or a loss of intimate relationships, such as that of a spouse, can make late life challenging for seniors. Because of this, recreation becomes increasingly important in elderly lives. With some seniors experiencing health deterioration along with decreased social commitments, casinos are an accessible and available leisure alternative. Some investigators claim that gambling does not pose a threat to most seniors' well-being and that gambling is a positive activity for the elderly that provides social and psychological benefits (Hope & Havir, 2002; Katz, 2000; Vander Bilt et al., 2004; Wu & Wortman., 2009). Other researchers point out that seniors who indulge in casino gambling may be at higher risk for gambling problems (Zaranek, 2003; Zaranek & Lichtenberg, 2008). Therefore, gambling causes problems for some and not others, but how the problems arise for seniors is unclear.

In a New York study, Parekh and Morano (2009) found that seniors 65 to 75 years of age who found gambling enjoyable, accessible, and who used it for socialization and entertainment may be at increased risk for problems associated with gambling. The authors noted that recreational gambling could become pathological because older adults have a limited number of activities to occupy their time; therefore, they gravitate to casino gambling as a primary activity.

Furthermore, the authors reported that if seniors used gambling as a source of distraction or fun it could become detrimental if the players became heavily dependent on it for excitement or entertainment. This study and other studies focus primarily on individual factors, social/environmental factors, and behavioural factors (Tirachaimongkol, Jackson & Tomnay, 2010) that contribute to negative risks associated with seniors who gamble at casinos. Few studies focus on recreational gambling and the perception of risk for these players. Future studies should look at recreational gambling, and reasons seniors give for playing, to address this literature gap.

The British Columbia Problem Gambling Prevalence Study Final Report (Government of British Columbia, 2003) explored demographic aspects of gambling risk. The authors noted that the oldest females surveyed were at higher risk for problem gambling than the 55-64 year old category. The males in the oldest group were at no higher risk than the younger group. The same study noted that the elderly had the poorest awareness of gambling counseling services relative to younger participants. Although they did not attribute this to risk and gambling, this area requires exploration because awareness and education are fundamental aspects of Alberta's responsible gambling initiatives. In terms of marital status and education, McCready et al. (2008) found that married or common law seniors with higher education were less likely to experience gambling problems.

In a Canadian study, Hagen, Nixon, and Solowoniuk (2005) drew attention to the potential for financial harm that casino gambling can bring to

elders. With many older adults being on fixed incomes, Hagen et al. (2005) found, the older age groups had less ability and time to recover from financial losses (also found in Clarke, 2008 and Gibbs Van Brunschot, 2009, p. 20). Consequently, the risks experienced for the elderly age groups are different from younger gamblers who are better able to replenish lost funds. The limited finances of older adults raise questions about casino expenditures and the risks involved if they spend beyond what they can afford.

Furthermore, in later life, seniors are at risk of experiencing loneliness because of changing social roles (Novak & Campbell, 2010), thus making them potentially more vulnerable to gambling problems. Seniors can experience a loss in social supports and their needs for sociability and recreational alternatives increase. The availability and accessibility of casinos makes it enticing for seniors to choose gambling as a leisure option. The combination of these factors working together could place many older adults in vulnerable positions. In the next section, I discuss health and risk associated with gambling and related issues of comorbidity.

C.1 Comorbidity Issues

As individuals age, the likelihood of experiencing health complications increases (Novak & Campbell, 2010). With this, older adults often require modifications to their recreation patterns to meet their changing needs. Because casino gambling is a sedentary activity with varied transportation options to and from the venue, it becomes accessible for these seniors. For these reasons, we should take a closer look at the possible health causes and effects of casino

gambling on seniors. Difficulty exists in attributing cause-effect relationships between gambling problems and other health issues, because limited numbers of empirical studies have investigated seniors gambling and health. This section reviews the gambling research that has addressed the issue of comorbidity and seniors' problem gambling.

Comorbidity refers to the coexistence of two or more diseases or pathological conditions. Studies of problem gamblers have shown that 42% also have substance use disorders (Brady, Myric & McElroy, 1998). A study on the socio-demographic factors contributing to risk and gambling found that participants who were dependent on alcohol or substances had an increased likelihood of experiencing gambling problems (McCready et al., 2008). The same study noted that seniors who spent more money and gambled more frequently experienced more gambling problems. It is likely that individuals who have health problems spend more time and money in the casino than those who do not and that heavy gambling exacerbated these problems. The point is that we should not address risk associated with gambling in isolation because there may be other problems present that place the individual at increased risk. Gibbs Van Brunschot (2009) illustrates that the presence of one problem may increase the likelihood that other problems arise due to increased *exposure* to risky activities. In this way, she refers to environmental risks. A gambler is at greater risk of problems if they surround themselves with people who partake in risk activities such as drug or alcohol consumption while gambling. Exposure to risk activities such as drinking along with gambling provides more opportunity for problems to occur

because of impaired judgment while under the influence of intoxicating substances. For example, in a survey of gambling habits, the authors note that binge drinkers and those with current posttraumatic stress disorder symptoms were at heightened risk for problems associated with gambling (Levins, Dyer, Zubritsky, Knott, & Oslin, 2005). More studies that consider multiple contributors to harmful outcomes associated with seniors' gambling are necessary to understand the contextual factors associated with seniors' gambling risk and how these affect this age group.

Some life course researchers say that people who start gambling earlier in life may be at increased risk for medical and psychiatric problems than those who begin gambling later in life, or not at all (Burge, Pietrzak, Molina and Petry, 2004; Pietrzak, Molina, Ladd, Kerins & Petry, 2005). Nower and Blaszczynski (2008) found that participants in their study who excluded themselves from casinos for problematic gambling practices had begun gambling in mid-life. A study on lifelong recreational gamblers over the age of 60 found the sample to be more likely to have psychiatric disorders, to have a range of lifetime psychiatric disorders, and to be more likely than non-regular gamblers to have a past year diagnosis of angina and arthritis (Pietrzak et al., 2007). Nevertheless, some researchers found recreational gambling in older adults not to be associated with negative measures of health and well-being (Desai, Maciejewski, Dausey, Calderone & Potenza, 2004) and may in fact contribute to positive health outcomes. On the contrary, a relationship between current problem gambling and poor self-rated health has been reported (Hong, Sacco & Cunningham-Williams,

2009). While there is an association between gambling frequency and harm, the literature is inconsistent in explaining how recreational casino gambling relates to harm, especially in the long term. Furthermore, existing research is limited and unclear on how recreational gambling and seniors' health are related. The current study aims to identify possibilities for future investigation in this direction.

Although there is a growing body of research on seniors and casino gambling, many areas remain underexplored. The focus of the literature lies heavily on problem gambling and other health concerns related to problem gambling. More research on non-problem gambling (Martin, Lichtenberg & Templin, 2010; Munro et al., 2003; O'Brien Cousins & Witcher, 2007) that addresses the health of seniors who partake in these activities is required.

Problematic gambling studies are important, but with limited research on the non-problematic casino gambling practices of elderly individuals, it is difficult to draw conclusions as to how older non-problem gamblers identify and manage risks associated with casino gambling. If the focus is solely on seniors who gamble problematically, then we cannot identify effective strategies for managing risk associated with the activity.

D. Reasons Seniors give for Casino Gambling

Psychologists use the term 'motivation' to discuss reasons given for casino play. It is important to consider reasons for gambling because it helps explain how seniors understand their gambling, and what drives them to engage in casino activities. Different motivations to gamble can lead to different outcomes. The

reasons individuals have for gambling relate to how they play and ultimately their exposure to risk associated with the game.

Some scholars have explored why seniors engage in casino gambling. The importance of researching this topic is that a person's motivation for engaging in a particular behaviour relates to how they do it, the function it fulfills in their lives, and ultimately whether it is beneficial or harmful. Studies show that seniors gamble at casinos for the following reasons: entertainment (American Gaming Association, 2003; Carlson, 2003; Hagen, Nixon & Solowoniuk, 2005; McNeilly & Burke, 2000; Moore, 2001; Tarras, Singh & Moufakkir, 2000), excitement (Govoni, Frisch & Johnson, 2001), social interaction (Arizona Council on Compulsive Gambling, 2003; Govoni et al., 2001; Hagen et al., 2005; Hinch & Walker, 2003; Phillips, Jang & Canter, 2009), getting out, something to do, charity, a cheap holiday, a safe way to be bad (Hagen et al., 2005), winning and thrill, escape, and curiosity (Phillips et al., 2009).

Although seniors give numerous reasons for casino gambling, O'Brien Cousins and Witcher (2001) state that due to society's harsh judgments on gambling, older adults are reluctant to provide compelling reasons for doing it. Many seniors avoid reporting their gambling practices due to perceived stigma or shame associated with it (Wiebe, Single, Falkowski-Ham & Mun, 2004). For example, some seniors hide their gambling from family and friends. Nevertheless, in order to understand the reasons that seniors give for gambling, researchers must engage in a frank dialogue with older gamblers. Therefore, it is important to continue to study why seniors gamble in spite of the stigma and risks

associated with it, and furthermore, to explore why a stigma exists and where it comes from. By understanding the stigma associated with seniors' gambling, we can learn how to speak as candidly as possible to seniors about their gambling practices.

E. Theoretical Perspectives on Seniors and Gambling

Methodologically and theoretically, seniors and casino gambling research is fragmented and underdeveloped. Activity theory (Litwin & Shiovitz-Ezra, 2006; Zarnek & Chapleski, 2005; 2008), life course theory (Macmillan, 2005), and the theory of successful aging (Rowe & Kahn, 1997; Preston, Shapiro & Keene, 2007; Brown, McGuire & Voelkl, 2008) are popular theoretical models used by sociologists and gerontologists. Also prominent are studies that have theorized problematic gambling practices such as the pathways models, discussed by Blaszczynski and Nower (2002) and Tirachaimangkol, Jackson, and Tomnay (2010). These models encompass social, ecological, and psychological components in an attempt to unify other models. Although the above theories and models exist, more research is required to develop theoretical interpretations of seniors' gambling. In the current research, I use the model of successful aging (Rowe & Kahn, 1997) to explicate the findings.

Gibbs Van Brunschot (2009) listed several perspectives researchers use to explain gambling and risk. She wrote about gambling generally and did not focus on elderly age groups in particular. Her summary spans sociological, psychological, and economic viewpoints. The sociological explanations she noted were opportunity theory, differential association/lifestyle exposure theory,

anomie theory, and symbolic interactionism. The psychological explanations were impulsivity, self-control, sensation seeking, addiction, and pathology. Finally, for the economic frameworks, she touched on consequentialist (expected utility theory and prospect theory) and non-consequentialist theories. I will not elaborate on all of these theories because most are beyond the scope of the thesis. Instead, I approach the topic from a micro level standpoint using Rowe & Kahn's (1997) model of successful aging.

Developing theoretical frameworks for how seniors gamble at casinos helps us understand the topic at hand. The current study uses a sociological lens to understand seniors' casino gambling, while also including cogent theories from other disciplinary areas.

I use Rowe and Kahn's (1997) theory of successful aging. Successful aging is a tripartite model that explains the aging process in a way that does not utilize ageist assumptions such as the notion that age directly causes deterioration in late life. Instead, the successful aging model depicts aging as a 'normal' process that includes increased health risks, but is not necessarily a risk in and of itself. The authors describe successful aging as low risk and high functioning. Rowe and Kahn (1997) veer away from earlier models of aging and argue that in later life, environmental factors rather than genetic factors are more important in predicting health outcomes, detracting from the view that aging is a pathological process itself.

The successful aging model has three parts each with subparts. The first component of the successful aging model is low probability of disease or

disabilities and refers to the presence or absence of disease itself and to the absence, presence, or severity of risk factors for problems (Rowe & Kahn, 1997). The second part involves high physical and cognitive capacities that involve what a person can do and not what they *are* doing. The last component of the model focuses on what a person *is* doing. That is, a successful ager not only has the capacity to be actively engaged in life through productive activities and interpersonal relationships, but also takes part in these activities.

Chapter Four: Methods

A. Introduction

Due to the exploratory nature of this project, I chose qualitative methods, specifically, in-depth interviews and observations of seniors at casinos. Anselm Strauss and Juliet Corbin (1998) describe qualitative research as “any type of research that produces findings not arrived at by statistical procedures or means of quantification”. Strauss and Corbin (1998) state that research questions must fit the methodology. If the intent of the research is to find reasons for an event or to understand the meaning of a phenomenon, qualitative rather than quantitative methods are usually the better choice. My research seeks to understand meanings seniors give for partaking in casino gambling and their perceptions of risk associated with it. Therefore, I can best address the topic qualitatively via interviews and observations.

Qualitative research is a way to explore substantive areas to gain more information on little known topics. Few studies exist in the literature on risk perception and management of seniors who gamble at casinos. Nor do many scholarly publications take a qualitative approach to seniors’ casino gambling. Since the literature on seniors and gambling is still early in its development, a need exists for researchers to take an exploratory approach to understanding seniors’ gambling experiences (Hagen et. al, 2005).

Lastly, qualitative methods are helpful to obtain intricate details about phenomena such as “feelings, thought processes, and emotions.” These topics are difficult, if not impossible, to discern from quantitative methods (Strauss &

Corbin, 1998). One method of conducting qualitative research is grounded theory. I used this method as a template for conducting my research. I did not adhere completely to the grounded theory approach, but followed closely one of its main principles, that is, letting the data lead the research process. One of the precepts of grounded theory is to achieve ‘theoretical saturation.’ Strauss and Corbin explain this to be “...when no new information seems to emerge during coding...when no new properties, dimensions, conditions, actions/interactions, or consequences are seen in the data.” Because this study is exploratory in nature, I was not able to achieve ‘saturation,’ but was able to gather enough information to establish a foundation for future research. I began the study with five main research questions.

B. Research Questions

I used a semi-structured questionnaire to conduct the participant interviews. I constructed the interview guide based on the following research questions:

1. What are the patterns of seniors’ casino gambling?
2. What are the reasons seniors give for partaking in casino gambling activities?
3. How do seniors perceive risks associated with casino gambling?
4. How do seniors manage the risks associated with casino gambling?
5. Do responses to the above questions vary by gender?

C. Qualitative Research Process

There are three major components of qualitative research (Strauss & Corbin, 1998). The first is the collection of the data (in this case interviews and observations). The second comprises the procedures (conceptualizing and reducing data, developing categories in terms of their properties and dimensions, and relating them through a series of prepositional statements – often called coding), and the last element is the dissemination of findings through written and verbal work (articles, conference talks, and books) (Strauss & Corbin, 1998).

The analytic process starts once the researcher begins collecting data. The researcher begins by recording preliminary data (via interviews or observations, in this case) and taking ‘memos’ of potentially important sightings as soon as the initial data are collected. In the current study, I began taking note of interesting occurrences after I conducted and transcribed the first interview to be alert for possible themes, and to help construct and improve future interviews.

As concepts and relationships emerge from data through qualitative analysis, the researcher can use that information to decide where and how to go about gathering additional data that will further the evolution of the theory (Strauss and Corbin, 1998).

I analyzed the interviews line by line and labeled excerpts with ‘codes.’ I coded sections of the interview according to the participant’s responses. For example, when a participant said, “I only go to the casino when I am with family,” I coded the statement as ‘*casino with family*’. Following the methods of Strauss and Corbin, it was important to keep the codes ‘grounded’ in the data, labeling the codes after the speech of the participants to avoid imposing biases on the findings.

I did not always use the exact language of the participants, but made sure that the code fit the context of what the participants said if the wording was not precise. It is impossible to remove all biases from the research, but it is important to remain as objective as possible during the interview and analysis and achieve ‘distance’ from the data so that the research reflects the respondents’ thoughts and perspectives. I checked with participants’ responses to make sure my notes represented their responses as closely as possible. If I felt that the data did not directly support my conclusions, I would exclude those conclusions from the analysis and make a ‘memo’ to revisit it later, if relevant. I terminated the initial coding process when I stopped finding original codes. Due to the exploratory nature of my project, I do not claim to have reached saturation in my research. My intent for this study was to generate questions for future research and create a foundation for a similar, more extensive future study to build upon.

Next, I compared and contrasted the codes from the preliminary stage within and across interviews. I generated larger categories (themes) by gathering codes that were substantively similar to one another. I kept the categories grounded in the speech of the participants by taking both the exact wording used by the respondents, synonyms for words, and context of the speech into account when placing them into the higher-order categories. I did this to avoid changing the meaning of the responses and to keep them grounded in the data. I collected the most prominent codes and developed generalizations about what the participants were saying given the context of the response, and placed them under

themed headings. This was the selective coding process. Some of the main themes generated were:

Identity; Employment and Income; Recreation; Risk Experience; Risk Management; Preferences at Casino; Patterns of Play; Purposes for Play; Active Living; Health; Values and Beliefs; Casino Experiences

From here, I narrowed the above themes to generate ‘higher-order’ categories. I started building relationships between concepts to generate ideas for a theory pertaining to the data. Strauss and Corbin describe selective coding as, “the process of integrating and refining categories to generate a theory.” This step involves re-categorizing and creating relationships between categories in order to develop hypotheses about the phenomena of interest. The researcher then builds the theory through identification of a framework, its components, and applicability to the larger body of literature. Because there was a wide range of possible directions in which to take the research, I identified gaps in the literature that I felt were important to explore and used my research to address some of the gaps. For example, researchers often address gambling risk management in terms of problem gamblers, and so I focused on how the participants spoke about risk related to the patterns and purposes they had for going to casinos. I also focused on statements about lifestyle to generate background understanding about how and why they choose gambling as a recreation activity. After narrowing the categories, I came up with one core theme:

Entertainment

Strauss and Corbin noted that the core theme or category is based on participant responses. I underwent a series of refining processes and decided that the above categories, *Identity, Employment and Income, Recreation, etc.* all related to the core theme. The theoretical framework that emerged in this study provides insight for future research. Strauss and Corbin advised that researchers constantly review qualitative theories for consistency, gaps in logic, and unanswered questions. They also emphasized that a theoretical scheme should be logical and consistent. In this study, the theorizing stage of this research involved a process of visiting and revisiting the data until I addressed all questions and logic gaps as fully as possible.

D. Research Design

D.1 Sample

I interviewed and observed seniors who gambled at casinos. I also interviewed a professional counselor who works at casinos in the responsible gambling program. I chose observations and interviews in order to compare both because interviews alone can miss important information that observations may capture and vice versa. If the participants were not aware of happenings during their casino experience, they could not comment on them in interviews; therefore, observations were a good compliment to the interviews. Alternatively, researchers cannot get at implicit data such as reasons for gambling, thought processes, and other phenomena through observations alone; these require dialogue to lead to an understanding. I included the professional who worked directly with the senior casino-gambling population (as a responsible gambling

counselor) to gain an ‘inside’ perspective on the topic and to help integrate the findings from the two data sources, namely, interviews and observations.

Interview Sample

To obtain the sample, I listed 28 assisted living communities (ALC) in Edmonton, Alberta and telephoned each facility to speak with their recreational director and/or manager. I gathered information on each ALC and all of them housed individuals primarily over the age of 65 and included casino trips as part of their recreational programs. Two ALCs allowed me to conduct research at their facility. I obtained ten participants from these two communities and conducted initial observations as part of their casino trips. To assist in the recruitment process, I put up posters and gave oral presentations at each of these communities. I volunteered at two of the facilities to build rapport with the residents. After three weeks of contact with the ALCs, residents became interested in participating in the study. Further, I developed relationships with professionals in the field throughout the duration of the study including a responsible gambling counselor employed with the Government of Alberta. This counselor agreed to be interviewed for the project. I included the responsible gambling counselor as a way to incorporate another perspective on seniors’ casino gambling.

I interviewed ten seniors ages 65 and older who resided in low-income, assisted living communities (ALCs) in Edmonton. I chose this age group because much of the gerontological literature and the Government of Alberta use this age limit for defining ‘seniors.’ The sample came from low-income ALCs because

they were the facilities that agreed to participate. I accepted this as a sufficient sample because I knew that these communities offered casino gambling trips as part of their recreation programs.

I interviewed five male seniors and five female seniors. All interview participants spoke English and spent a large majority of their life (60 years or more) in Alberta. I chose ten participants for this study, as this size was ideal in that I could capture accounts of the participant's experiences while efficiently managing the data thoroughly and consistently. With this sample, I was able to identify important areas for exploration, and provide a foundation for future research with a larger sample of participants.

I also interviewed a responsible gambling employee who works in Edmonton casinos to gain another perspective of seniors who gamble. I felt it was important to get the viewpoint of someone who works daily with the population of interest to add to the seniors' interviews and observational data. The professional helped to integrate and provide depth to the findings. I selected the professional based on having extensive experience observing and interacting with casino-gamblers. This interviewee worked as a government representative with the Alberta Responsible Gambling Program (ARGP) in several casinos in Edmonton, Alberta. The ARGP was designed to increase the level of social responsibility of the government in distributing gambling to the public. I chose this professional rather than casino staff because of her experience in Edmonton casinos. Her work entails observing and counseling patrons, whereas other staff's duties include serving food and drinks, dealing cards, or other tasks that do not

allow for ongoing observation and interaction with casino patrons. Given the focus of this study on personal responsibility in managing casino risk, it was fitting to include an interview with the responsible gambling representative.

Observations

Some interviewees were also part of the observed group. I did not observe all the interviewees at the casino because they did not all attend the casino during the times I was observing. During the observations, I made detailed descriptions of the environment and everything that caught my attention. I recorded seniors' practices at the casino and took notes of behaviours and incidents as they came up.

The purpose of the observation process was to protect the outcomes of the research from biases that might occur from interviewing alone and to gain an understanding of seniors' gambling. Research suggests that seniors may not be candid in their reports of their casino practices, possibly due to the perceived stigma associated with the activity (Wiebe, Single, Falkowski-Ham, Mun, 2004). Therefore, the addition of observations to my methodology strengthens the credibility of results because I can compare the interviews with the observational findings.

I conducted 21 observations at three Edmonton casinos (Century Casino, Yellowhead Casino, and Baccarat Casino). I attended casino trips with the assisted living communities (ALCs) and went to the casinos to observe on my own. I did not inform the seniors that I was observing them, but explained my intentions if they asked me. I observed in the morning, afternoon, and evening

and on each day of the week for 2-3 hours per visit. I started each day at one casino in the morning and would go to the second casino at around twelve o'clock in the afternoon, and commute to the third casino at three thirty in the afternoon and stay until approximately seven in the evening. The next week I started at the second casino in the morning, the third casino in the afternoon and the first casino in the evening. Over the course of three weeks, I did the same thing, rotating the times I observed at each casino. In the end, I observed each casino at different times of the day.

I took notes during and after each observation. Upon completion of each observation, I compared the notes with the interviews. I recorded new questions and ideas that came up. The analytical process for the interviews matched the analysis of the observation data in that I would shelve 'hunches' and make reminders to revisit ideas and questions I had throughout the course of the project.

I did not take demographic information of the observed seniors. I used my best judgment to choose participants that fit the interviewed participants' demographic profile and age limit specifically.

During the casino visits, I recorded notes about the casino setting such as lighting, decor, sounds, and smells. I recorded the times that seniors were likely to partake in casino activities, the patterns of their play, other activities they engaged in, whether they arrived and played alone or with others, relative distribution of groups of seniors (i.e. ages and gender), and anything else that seemed important to document at the time. I often developed new questions to bring to the interviews. Similarly, I gained ideas from the interviews that I paid

attention to during the observations. I constantly moved back and forth from interview to observations comparing and contrasting my findings.

D.2 Interviews

Interviews with Seniors

I conducted a semi-structured, in-depth interview with each of the ten participants. Recruiting the sample was difficult due to external circumstances that arose during the recruiting period. For a time, during sample collection, the ALCs forced a mandatory quarantine prohibiting non-residents from entering the ALC and residents from leaving beyond necessary circumstances. Some residents and facility staff were resistant to the research project and many did not feel comfortable talking about gambling. After recruiting the first few participants, others became more comfortable with the research project and agreed to participate. At this point, the sampling became a snowball-type approach whereby the project gained participants through word of mouth and friend-referrals. The recruitment period took approximately six months. This was longer than expected as I planned for a four-month recruitment period. Establishing connections and building rapport took up a large majority of the study period.

All interviews covered the five main research questions (as listed in Section B in this chapter) and other related topics that the participants themselves wanted to discuss. I collected socio-demographic information via a question and answer format. The participants completed the Problem Gambling Severity Index (PGSI), a part of the Canadian Problem Gambling Index (CPGI). All participants

registered as non-problem gamblers with scores ranging from zero to two (moderate risk). I did not expect to find problem gamblers in my sample because of the small sample size. I did not collect information on lifetime problem gambling prevalence as the PGSI only asks about past year prevalence. Lifetime gambling behaviours may be an area for future interest because some participants may have had problems with gambling in the past that affected their current gambling practices.

The interviews took place at the assisted living communities (ALC) where the participants resided. The interviewer and interviewees agreed on the specific location of the interviews based on the comfort, safety, and security of the individuals involved. All participants were fluent in English.

Interview with Responsible Gambling Representative

The content covered in this interview was similar to that covered in the seniors' interviews. The major difference between the seniors' and the professional interview was that the latter focused on the professional's observations of seniors who gamble at casinos whereas the seniors' interviews were personal accounts of their own casino gambling behaviour.

The professional interview helped the research process by providing insight into the operation of the casino and the responsible gambling initiative located within the casino. It is important to note that due to her status as a government representative, this interviewee may not have addressed some topics explicitly given her professional obligation to maintain the reputation of the government sector.

Use of Grounded Theory

I transcribed each interview manually using Express Scribe software. This software slows the speed of recorded speech, making it more efficient for the transcriber. The slowed speed did not affect interpretation of the findings, as I kept track of tone, pauses in conversation, and inflection of voice where necessary.

I used a modified revision of the grounded theory approach. To remain ‘grounded in the data,’ I used the initial interview schedule and added new questions as the research progressed. I added questions based on interests and comments of the participants. For instance, initially, I did not include a question about changes in the casino experience, but added a question about it because it kept appearing in the interviews. After completing the interviews and transcriptions, I broke down the interviews into small categories of phrases that the participants used in their interviews. I then constructed larger categories to generate broad themes. At the beginning of the interview process, I was unsure how many interviews would be conducted for this exploratory study. I used a grounded theory-type approach, but I do not purport to have reached saturation in the topic. Instead, this study will generate questions for future inquiry regarding seniors’ casino gambling and risk management. After ten interviews, I generated solid insights and attended to the research questions.

As mentioned, I used grounded theory to guide my research. Some components of this method did not fit with the purpose or intent of the current research. Therefore, I developed a strategic design using components of

grounded theory such as memoing, notetaking, coding, categorical development using properties and patterns, and theoretical development, but not the intent of achieving saturation. My study aligns with grounded theory in three important ways. First, I developed the theoretical ideas from the responses of the seniors and the professional in the interviews. The data was also systematically coded and categorized to develop a larger theory, and lastly, my openness to the respondents' ideas and contributions allowed the data to guide the research rather than 'moulding' the data to fit my questions. If I suspected part of the data would be important later in the research, I recorded a 'memo' of it and revisited it later. I only included the data from the memos in the study if the data validated them. That is, if the data did not support my ideas, I discarded them rather than trying to make them fit.

Thus, I used grounded theory where applicable, but felt it necessary to make exceptions based on the aims of the research. Had I completely abided by the grounded theory method, I could not have begun with a list of specific research questions. I, however, did start with a general research focus to begin the data collection. This project is a starting point for exploring seniors' casino gambling experiences and risk management in Edmonton, Alberta and I had specific questions I wanted to address.

D.3 Ethics

This research received delegated research ethics approval by the Arts, Science, and Law Research Ethics Board at the University of Alberta. According to the Tri-Council Policy Statement of the Federal Government of Canada (1998),

research involving human subjects requires that there be minimal risk to subjects. The respondents give informed consent to the research and I kept the research findings anonymous and confidential.

This research is minimal risk and harm as the participants could refuse to answer any topic that came up in the interview. The participants were free to ask questions and withdraw before, during, or after the interview up until the completion of the thesis. I anonymized all of the transcripts and the thesis for confidentiality purposes by substituting false names for all identifying information. Although some elderly are part of a ‘vulnerable population’ (as stated by the Research and Ethics Board at the University of Alberta), the construct of vulnerability applies to those elderly persons, mostly to the frail elderly, whom I did not include in this project.

D.4 Dissemination of Findings

In qualitative research, it is imperative that the investigator relate his/her findings to the broader literature and community. This is the final stage of the research and involves applying the findings to other contexts. This important step is a chance to communicate findings to others and contribute to existing scholarship. Upon completion, I plan to communicate my findings by submitting work to academic journals, presenting at conferences, and sharing my research via word of mouth or other academic events.

E. Limitations

This study is exploratory in nature and seeks to understand how seniors experience casino gambling. By attempting to comprehend the experiences of

seniors through observations and interviews, caveats arise from conducting one method of research over another. I address limitations of the methodology below.

E.1 Researcher

I acted as the observer, interviewer, and analyst. I developed, conducted, transcribed, and analyzed all interviews and observations; therefore, it is possible that the findings contain some researcher biases. It is impossible to separate the research completely from my personal history and experiences, but, to the best of my ability, I ensured I did not impose my personal biases on the study.

To address researcher bias, I conducted every interview without leading questions or assumptions. I developed an interview guide that was conversational and allowed the participants to answer in ways they preferred. I took descriptive notes of the observation environment before recording other phenomena. To reduce the possibility of bias, I recorded as much as possible to ensure I did not miss anything that might become important later in the analysis.

E.2 Sample

A second limitation is the size and variation of my sample. To review, I interviewed 10 seniors and one professional coupled with observations of seniors at local casinos. Because of the size of the sample, I am not able to generalize to larger senior populations. The sample is also limited in variability as the group members are similar in age, ethnicity, income-level, and residential environments. To account for this I observed seniors and interviewed a professional who works at a casino. The purpose of qualitative research is to gather detailed accounts of participants' experiences that quantitative methods cannot explore. Therefore, I

designed this research to capture how these seniors experience casinos and the risks they associate with gambling and for the purpose of theory development and generating tentative hypotheses for future explorations. I did not intend to draw conclusions about seniors in general. Future research should include a larger, more variable sample.

E.3 Problem Gambling Severity Index

I administered the Problem Gambling Severity Index (PGSI) to the senior participants in my study. This index is a part of the longer Canadian Problem Gambling Index (CPGI) and aims to determine problem-gambling status. Neither scale was designed for the elderly population specifically. This could be problematic in that the PGSI may not be sensitive to risk factors that place the elderly in a unique situation relative to other age groups in terms of their gambling practices (Wiebe, 2002). In spite of this potential for measurement error, I chose the PGSI because it is widely used and is efficient for use with non-clinical populations (Holtgraves, 2009). It was the best choice of measurement, given the limited tools currently in existence.

E.4 Self Reports

Self-reports may not accurately reflect behaviours of respondents. For example, recollections may be inaccurate, or respondents may answer in ways to avoid perceived stigmatization. Researchers report that in casino studies focusing on the elderly, participants may not truthfully divulge their gambling practices in order to avoid negative judgment (Desai et al., 2004). Researchers must be aware of this and minimize responder bias. To address this problem in part, I included

the observations of a professional in the field who attested to the seniors' casino gambling practices.

E.5 Unit of Analysis

I interviewed and observed seniors who gamble at casinos and interviewed a professional who works at a local casino. Due to the difference in perspectives between seniors and the professional interviewee, the possibility of discrepancies in the unit of analysis existed. This study focuses on a small group of lower income seniors living in ALCs in Edmonton, Alberta. The professional interviewee was aware of the sample population, but her observations were based on general observations of a demographically diverse group of seniors instead of the demographically specific seniors I interviewed. This does not deter from the current study because the professional gave a general perspective on seniors that helps provide a description of the seniors' casino gambling population, and adds depth to the interviews and direct observations, thus helping create a richer depiction of the senior's gambling experiences.

E.6 Confidentiality

In order to minimize confidentiality concerns and maximize informed consent, I made the interviewees aware of the possibility that other residents may see them meeting with me. At this point, the prospective participant was free to make suggestions for increasing confidence of the location of the interview or to remove him or herself from the study. None of the participants voiced concern over this issue.

Chapter Five: Findings

A. Introduction

The five research questions directing this study are interconnected and interdependent. I discuss the research findings below. I highlight similarities and differences between the disparate data collection methods (interviews and observations). The demographic and social characteristics of the participants are outlined and I categorize the findings according to results (patterns and themes) related to the core category (gambling for entertainment).

B. Observations

Initially, I did not plan to observe seniors at the casino because I predicted that interviews would be sufficient to gather data. I chose to include the observations after the ALC invited me to attend a trip to the casino. After this trip, I realized that observing the seniors in the casino environment helped me think about the research more in-depth. It also helped me generate interview questions. Furthermore, after reviewing the literature, I decided that a study including interviews and observation meets a gap in the existing seniors' and casino gambling research. Because of this, the observations and interviews were conducted in the same timeframe. I moved from observations to interviews and vice versa, generating insights via each method for use in the other.

My first day of observation was as part of a group casino trip intended to build rapport with the seniors. I gained the majority of my interview participants on this trip. After the first casino trip, I conducted three weeks of observations at three Edmonton casinos. I went to the casinos in the mornings, afternoons, and

evenings on each day of the week, with each observation lasting two to three hours. Before each observations, I noted my expectations for the visit to acknowledge biases that could influence the experience. I compared and contrasted the interview findings with the observations to identify variations between responses and behaviours and to circumvent lack of insight that can occur when using only one method.

The Casino Environment

Casino employees greet patrons upon arrival and offer quality customer service during their stay. I attended three casinos in total. I chose the casinos based on the venues that respondents said they attended. Study participants preferred casinos in close proximity to the ALCs and that were not busy. They also enjoyed casinos that offered cheap meals and other incentives such as free transportation, seniors' nights, and players' points.

The casino is a unique environment. Casino clocks are in discrete locations or are absent altogether. Casinos do not have windows and are dimly lit. Lights flash constantly and bells ring throughout the entire venue. This environment creates a stimulating space that provides a distraction from the 'outside world.' Meals at the casino are low cost, for instance, a full dinner with steak, vegetables, and potatoes can be purchased for \$6.00, whereas a similar meal at another restaurant costs approximately \$20.00. Customers can access free non-alcoholic beverages while gambling.

Advertisements are visible throughout the building for new games, entertainment, meal deals, and chances to win money and prizes. Numerous table

games and EGMs are located throughout the facility. Table games include blackjack, roulette, baccarat, poker, three card poker, four card poker, ultimate Texas hold'Em, Caribbean stud, and craps. The EGMs are similar to each other in game style, but differ by cost and theme. They range from penny machines to dollar machines. EGMs include both slot machines and video lottery terminals (VLTs). In one Edmonton casino, I counted 35 table games and approximately 680 EGMs. This is typical for Edmonton casinos. Edmonton casinos house responsible gambling booths sponsored by the Alberta Gaming and Liquor Commission (AGLC). The purpose of these booths is to provide general information on responsible gambling and problem gambling and supportive guidance where necessary. I focused on local casinos because they are the casinos that the sampled seniors frequented.

The interviews with seniors were generally consistent with the behaviours of the seniors at the casino. I discuss the findings from the interviews and observations subsequently.

C. Demographic and Social Characteristics

Due to the nature of this qualitative exploration, the researcher's role is to observe and not interfere with participant behaviours. I did not record detailed demographic and social characteristics of the observed participants unless they were also a part of the interview group. This section primarily describes the interviewees. For the observed participants, I used my best judgment to determine age and mobility; that is, who travelled by bus trip, on their own, or via

public transportation. I did not inquire about income level, education level, or health status because I chose not to interfere with normal gambling practices.

C.1 Age

The ages of the interviewed seniors ranged from 73-90 years. All interviewed seniors stated that their casino attendance either commenced and/or increased after they turned 65. The participants stated that their first gambling experience occurred at a gambling destination such as Las Vegas. When asked about first gambling experiences, one male participant (age 89) responded, “We couldn’t afford to gamble back then...but the first time I gambled was when we went for a special trip out there one time [Las Vegas] and that was about 15 or 16 years ago.” Other participants had similar responses. A female participant (age 89) replied, “No... did we go once [before retirement]? I don’t remember the years, we went with my sister and her husband to Vegas three times just to see the lights...oh and play the machines too.” This comment denotes that she struggled to recall casino trips before turning 65. The difficulty in recalling casino trips pre-retirement could be because they happened many years ago.

Age is not the only factor influencing the decision to gamble because gambling decisions also result from time period and cohort effects. For example, the period when this sample turned 65 years of age was when casinos were becoming common in Alberta, making it a more likely leisure alternative than it had been in the past. In addition, personal circumstances besides age, cohort, or period effects influence decisions to gamble and researchers must try to understand these variables in addition to age alone.

C.2 Income

The interviewees resided in lodges or apartments constructed by the Alberta government on municipal land under the mandate of housing seniors who are classified as ‘low income’. I did not ask for the participant’s specific income levels. Income is likely relevant and consequential in terms of seniors’ gambling decisions, but asking about income can be off-putting. Instead, I recommend that future research include a question about whether the participants receive the Guaranteed Income Supplement (GIS) or not. Because this government subsidy is income tested, it gives a classification of income level without asking about the specific annual income. Interviewees may be more likely to answer a question about GIS. The website for the assisted living communities included in this study stated that 76% of the seniors who reside in their apartments or lodges earned less than \$1900 per month. This gives a general context for the interview participants’ income levels. Some respondents spoke about accessing ‘cheap deals’ at the casino, which indicates a concern for money management, but does not necessarily reflect income levels. Disposable income was an important consideration in determining their choice of leisure activities. Although respondents revealed a frugal mentality that could come from their upbringing, it may indicate that these seniors have to choose their leisure activities carefully. Future studies should explore the relationship between viewpoints and personal philosophies about fund management and actual income levels.

C.3 Education

I did not ask about participants' education level. In future studies, I recommend that educational information be included to help understand participants' backgrounds. Factors such as education levels, affect the way individuals decide on their leisure activities. Four interviewees mentioned education spontaneously, showing the relevance of this information. I took note of this because it is possible that the spontaneous discussion occurred because they felt education was important, but it could have also been a function of my status as a student and a way for participants to identify with me.

The highest level of education that the participants reported reaching was a high school diploma with either a trades or college certificate or diploma. Most participants mentioned finishing high school and not furthering their education. The participants stated that gaining employment was a priority for them over education. It is likely that this decision was due to the period in which this cohort grew up. After the Second World War, most people lived on modest incomes and therefore, families focused on employment (Novak & Campbell, 2010) rather than furthering their education. Furthermore, the importance of education increased because higher credentials have become necessary to obtain employment. Awareness campaigns and other preventative measures intended to assist individuals with their gambling practices may not reach senior age groups as they would younger cohorts who have grown up with different philosophies regarding education.

C.4 Health

None of the participants mentioned physical or mental health impairments that affected their ability to participate in interviews. All participants could walk, but most required the use of aids such as a walker. None of the participants presented with cognitive deficits. All respondents were physically able to partake in casino trips, but one individual mentioned that, on occasion, her health affected her comfort during her casino trips. This was evident in her comment, "...no I used to go more but I don't go to big ones anymore because I can't sit that long and I can't get up and sit down and everything...." (Female, 89 years of age). Another female (86 years of age) stated that her physical health "...prevents her from doing much [physical] activity anymore" however, this participant still partook in casino activities regularly.

Seniors mentioned health issues without being asked. For example, some seniors brought up the topic of health relative to how they felt when they were younger. Further, most members of the ALCs required assistance of some kind. Some residents required assistance with daily living activities whereas others required minimal assistance only. Some felt comforted by the presence of support if they needed it, but did not require daily assistance. Health considerations were part of daily living for the study participants. They have to consider their health needs when making activity choices throughout the day. This is not true for all people. Casino gambling is physically and cognitively less demanding than other activities such as shopping at the mall or exercising. This begs the question about available recreation options for seniors and whether they participate in casino

gambling because of ease of play, interest, or if it is something that provides benefit to their lives and, if so, whether the benefits outweigh risks.

C.5 Active Living

The respondents felt that active living is an important aspect of their lifestyles. They took part in other non-casino activities available to them and the activities were often ‘self-made,’ such as, knitting, playing cards, and going for walks. This is different from ALC recreation such as casino gambling or leisure opportunities offered by family or friends. Seniors who do not feel active living is important are unlikely to make concerted efforts to explore recreation options. A female participant (age 83) mentioned that she tries to stay as busy as possible, “I keep myself busy, I go walking, and this year I am making an afghan or...I always do something, I am never idle.” A male participant (age 90), mentioned ‘self-made’ activities, “I keep entertained by construction in the back yard – I socialize with another resident and construction workers...Merv and I spend a lot of time out there when the weather is nice. We are out there all day long in our spare time.” These respondents made concerted efforts to engage in activities on a daily basis. They spoke about having free time that resulted in boredom because of their removal from daily employment and familial obligations.

All respondents were retired and had careers prior to age 65. The males were employed in the army, trades, or farming. Two of the women worked as nursing clerks at hospitals and the others changed jobs frequently throughout their lives due to interruptions with family obligations. The women reported an intermittent attachment to the workforce, whereas the men reported their careers

as more stable over time. Gender differences in attachment to the workforce related to gender differences in family attachments. The women reported family ties more often than the male participants did. The women mentioned familial caretaking obligations over their lifespan whereas the men did not. The men mentioned that, presently, their idle time was due to removal from a working role, whereas the women stated that it was due to both removal from employment and familial responsibilities. How male and female seniors use gambling as recreation, then, is important because they report having different needs to fulfill and this could be an important consideration in determining risk associated with gambling practices.

The seniors reported getting bored due to lack of enjoyable activities. Most participants reported enjoying outings with their families more than other activities and they valued outings with family and peers. All stated that they attended casinos with family or close friends, and that the friend or family member regularly initiated the outing. With few options available, they felt obligated to accept the casino activity. They did not particularly enjoy casino outings, but took the opportunity to get out of the ALC, or spend time with family or friends. For example, when I asked one female respondent (age 73) what she thought about the types of activities available to her, she said, "...I get bored and I want to get out but get bored with what is offered and I take what I can get..." The seniors who seek opportunities for activity feel that they have limited options available to them for active living. The general apathy that this sample had toward casino gambling is an area researchers should explore further because if

this is a widespread phenomenon it is questionable why seniors would continue gambling at casinos in spite of not particularly enjoying it.

Further to the apathetic undertones of the participants' views of casino gambling, none of the seniors mentioned any other activities they were particularly passionate about or that they enjoyed doing over others. This is another potential important consideration as a lack of interest in general could be a characteristic of these participants specifically and not specific to casino gambling. Respondents 'took what they could get' in terms of recreation options. This suggests that seniors do not feel they have adequate recreation opportunities available to them. The lack of recreational opportunities or other barriers to older adults' recreation could be consequential in terms of this groups' quality of life. Future studies should explore activities available to seniors, their leisure preferences, and what helps facilitate seniors' leisure participation, and compare them to the purposes and functions that the seniors feel the activities serve in their lives.

C.6 Mobility

Two of the ten interview participants owned their own cars and had licenses to drive. Eight of the participants had never learned to drive a car or were currently unable to drive due to impairments. The eight seniors who did not drive their own cars were dependent on public transit, ALC bus trips, friends, or family for transportation. One of the interviewees (age 86) stated she 'refused to take public transit' for safety reasons. Instead, she preferred to pay more for a taxi or rely on ALC bus trips or family to take her where she needed to go. Safety

on public transit was not a concern for other participants, but two stated public transit was their last option if they had other choices available. Transportation is an important issue for seniors because of their changing lifestyles and increased dependency on external support for their mobility needs (Novak & Campbell, 2010). If seniors do not have access to appropriate transportation, it significantly limits their recreational options. The participants voiced concerns about transportation, but did not feel it was a barrier to casino outings. Easy access to casinos based on transportation availability also contributed to the degree to which these participants took part in casino games. Therefore, transportation is another key factor involved in understanding recreational participation for seniors.

For this group, transportation was not a barrier to casino attendance. One respondent said, “I don’t drive, but if I wanna go I go” (male, age 89). Another respondent who does not have access to personal transportation said, “There is always someone willing to go and throw \$20 out” (male, age 79). This participant felt he could access the casino if he wanted to, even if he could not travel there on his own. Conversely, he could not recall a time he attended the casino on his own initiative, but rather others inspired his visits. For example, he would go because a friend asked him or there was a bus trip scheduled. The latter point suggests that availability of transportation to casinos and social influences contribute to the likelihood of attendance when the individual would have otherwise not attended.

C.7 Marital Status

None of the interviewees had partners. Eight of the ten were widows or widowers and two were divorced. Most participants spoke about their gambling

practices in terms of their relationships to a spouse. For example, one female (age 89) stated, “my husband wasn’t a gambler ... I just never went when he was alive...” This comment is similar to other respondents who stated that their gambling practices were dependent on whether or not their spouses participated in casino gambling. Furthermore, the propensity to go to the casino with others was consistent as none of the participants reported going alone to the casino before or after retirement.

The absence of a spouse came up indirectly in the interviews. For example, respondents indicated that being alone was an impetus for participating in casino gambling activities, and mentioned the absence of a spouse in these statements. For example, one woman (age 86) reported, “I am alone so I figure [there is] nobody here so I just go.” This statement shows that the absence of a spouse bolstered her decision to go to the casino. Because late life is a time when individuals are more likely to lose their spouse, and perhaps to experience loneliness, future research should address the function of casino gambling in terms of marital status and further explore how and if casino gambling is used to mitigate the feelings of the absence of a spouse.

D. Patterns of Casino Gambling

The patterns in which seniors participated in casino activities were consistent with the reasons they gave for playing, their risk perceptions, and the way they managed gambling risk. In the section below, I discuss the patterns of seniors’ casino gambling.

D.1 Frequency

All participants started casino gambling or increased their casino participation after age 65. The availability of casinos coupled with an increasing amount of free time were the main motivating factors. A female participant stated that after retirement, when her husband was in poorer health, her visits to the casino increased:

I played at the casino a little bit more when we moved into the high rise after we both quit work and, mind you my husband had a couple of heart attacks and strokes and was in very poor health and had to stay in to enjoy wrestling and I couldn't stand it! So, the casino just up the road, so I went.
(Female, 86 years)

Two changes occurred for this participant: removal from the workforce and deterioration of her companion's health resulting in less recreation options for them to partake in together. Because she wanted to continue an active lifestyle, she went to the casino. Accessibility also had a role in her decision as she mentioned there was a casino 'up the road.' In earlier decades, few casinos existed; hence, it was not a likely option for seniors in similar situations. Today, with seven casinos in and around Edmonton, there is a casino within a short distance wherever a person resides. For elderly individuals who have more free time, less mobility, and limited income, the availability of casinos makes it a more likely recreation choice for this group.

The frequency of the participants' casino gambling varied from weekly to monthly. Most participants reported going to the casino whenever the opportunity occurred. For example, one man (age 89) said, "whenever there is the bus trip I try to go, especially, I like going to the casino once in a while when I can." The choice of casino play as secondary to other activities also came up numerous times in the interviews. For this group, the availability of other recreation options was a factor in determining if they attended a casino. A female respondent (age 73) reported, "...the casino is not my favourite place, if I can go I will go, but not if I have other plans." It became apparent that regardless of the seniors' lack of interest in casinos, with readily available casinos and other recreation opportunities largely absent, by default, casinos were a likely choice for recreation.

In addition to the seven casinos in Edmonton, transportation to and from the casinos via bus trips was offered to seniors by casinos and ALCs. The ALCs offered bus trips at least once every three months. Eight of the ten respondents attended these outings regularly. The other two respondents did not enjoy casino bus trips because they could not come and go when they wanted to. Instead, the two participants who did not enjoy bus trips attended casinos on their own. They also had other available transportation options that could influence their decision to attend group casino outings. Access to personal transportation options eliminated dependence on ALC recreation alternatives and allowed more autonomy in making recreation decisions. Future research should explore the relationship between recreation choices and transportation availability.

Gender was not a factor in casino attendance. Because of the small sample and the relative homogeneity in terms of casino activity availability, no conclusions could be drawn about gender differences and patterns of casino play.

I did not record specific demographic characteristics of the observed participants. Most seniors preferred to attend the casino at specific times of the day and week. They stayed for similar durations each time (between 1-4 hours). These patterns alluded to the development of a 'recreation routine.' Future research could examine the function of recreation in establishing a routine in later life, particularly involving casino outings. The absence of working roles and familial obligations create free time in seniors' daily lives substituting recreation for work and family. With leisure acting as a replacement to foregone responsibilities, the seniors could be shaping their recreation around working or family routines they used in the past.

The time participants spent at the casino varied given the style of trip taken: personal outings or bus trips. The amount of time spent during bus trips to the casino stayed consistent at four hours due to prior scheduling by the ALC and casinos. Conversely, the personal outings varied in duration. The latter outings were generally shorter lasting between one and four hours. Male and female respondents were similar in terms of the time spent in a casino outing. The frequencies of trips did not appear to vary by gender. The trips occurred as infrequently as once a month to a maximum of three times a week. All respondents who participated in the bus trips also made personal outings to the casino at some point when they had others to go with them and adequate

transportation. The seniors preferred to go with people with whom they shared ‘close’ relationships, usually family and/or close friends. None of the seniors reported going to the casino alone. One male respondent (89 years) reported going with any friend who was available, not necessarily a close friend or family member. In speaking about his casino trips, he stated, “...usually there was always a friend that was ready to go...”

Future research should probe why participants choose whom they go with to the casino and in what context. In my conversations with seniors, it seemed that they had negative assumptions about solitary casino outings versus going with others. Elderly age groups are often at risk of experiencing loneliness (Novak & Campbell, 2010), and the casino is an opportunity to be around others.

This study illustrates that casino activity itself was not particularly important to informants, but rather it was the social outing itself that held their interest. It was apparent that the preference to go with others instead of alone was essential. It appears that casino gambling is not a particularly enticing activity for these individuals. Instead of ‘pulling’ seniors toward the activity because of the appeal of the casino itself, the seniors’ situations, instead, seem to be ‘pushing’ them toward readily available alternatives for recreation. Research exploring whether seniors would participate in casino trips as often given other equally available recreational alternatives is necessary to determine the significance of casinos in their lives. Furthermore, given the potential risk involved with casino games, this is an important area for exploration aimed at increasing the likelihood of healthy lifestyles of seniors.

Aside from regular trips to the casino, destination casino trips to places such as Reno or Las Vegas are also available to the elderly. Every destination trip that the seniors participated in after turning 65 years of age were with family members, and if prior to 65, with spouses (when they were still married). Long trips are bigger commitments than local outings to the casino and generally, it can be assumed that people spend more time with those close to them (i.e. family members). This pattern is a precursor to the choice later in life to partake in casino outings with close friends. Further exploration of the purposes that close family and friends serve in seniors' casino outings and how these may differ for recreational gamblers versus people who experience problems with gambling is necessary.

D.2 Game Preference and Style of Play

All respondents played the slot machines. None of the interviewees reported playing table games. In my observations, few seniors played table games, but those that did were mostly younger looking male seniors without aids for walking (i.e. without a cane, walker, wheelchair, etc.). The interviewees refused to play table games because they stated that their “money goes too fast” on this style of game. All interviewees mentioned that their decision to play a game corresponded with making their money last longer. The seniors did not know the difference between VLTs and slots. They understood slot machines to be different from VLTs and refused to play VLTs. The seniors did not know that the term *electronic gaming machine* (EGM) includes both slots and VLTs and that in many instances, they were in fact playing VLTs. No difference existed in slot

machine preferences, but one male participant stated he played poker machines from time to time distinguishing a perceived difference between slot machines and poker machines. This participant was not aware that a poker machine is a slot machine. The following quote illustrates the participant's view, "poker machines...they are... [Your] money goes a lot further" (male, age 89). The heavy emphasis that seniors placed on 'making money last' corresponds to the idea that they want to spend some time at the casino without spending too much money. They were attempting to create an economical leisure alternative by going to the casino and choosing games where they do not have to spend a lot of money in a short period. This group had modest incomes, limited social opportunities, and plenty of spare time (Novak & Campbell, 2010), making casinos a fitting pastime.

While all interviewees played slot machines, they also all stated that they did not stay at one machine for too long and preferred to play the machines alone. They moved from machine to machine and did not socialize during playing time. They conversed with others between games, when they were 'taking a break' for coffee, bathroom, or a meal. Playing the games is not a social activity according to the participants' reports. Rather, it is between the games that they socialize and, even then, the social interaction is minimal. One participant said, "When we go there we separate and then I wander around and find her [friend] in the end. We don't talk much while there. Go together, gamble apart!" (female, age 83) Another participant reported similar experiences, "...the whole group doesn't stay together. I [will] want a two cent machine, the other plays a two bit machine, and

then we come back to each other...” (female, age 86). The seniors reported not going to the casino alone, but also not gambling with the companions they went with. Future research should explore the purpose of going with others to the casino if they do not partake in the games together. If seniors go for an opportunity to be around others, then why do they not socialize during play and, further, is it because the game does not allow for it or is it because of a ‘style’ of socializing that they prefer? In this study, the interviewees brought up bingo and how they socialized more frequently while playing this game, but did not like it as much as casinos because they have less freedom to move around.

The seniors also stated that they would only stay at one machine if they were winning and would change if the machine did not “pay out.” The seniors adhered to the irrational belief about ‘hot machines’. The term ‘hot machine’ refers to the assumption that if a machine pays out it will continue to pay out and if a machine is not paying out it is a cold machine and the seniors will steer clear. The probability of wins does not change between spins. When I told the interviewees this, they recognized that chances of winning did not change with each spin, but mentioned that their patterns of play would not change in spite of this knowledge. Further, they indicated that they gambled for entertainment and not for the ‘pay out.’ The disconnection between beliefs and behaviours could be dangerous. That is, they may be at risk of big losses (more than one can afford), if they continue to play under erroneous beliefs; however, if they gamble with the understanding that it is for fun and expect losses without chasing them, it is likely that they can avoid dangers. Therefore, future research should investigate this

style of game playing and how it may lead to ‘seeking to win’ behaviours with the potential to become detrimental to otherwise recreational casino gamblers.

E. Purposes of Gambling

Following the selective coding process, I identified *gambling for entertainment* as the core category (Strauss & Corbin, 1998). Included in the core category are associated themes that I identified as comparable enough to place them in the *gambling for entertainment* category. These smaller, related categories were *gambling just for fun, to get away, to relieve boredom, to socialize, and to pass the time*. It is important to note that although seniors gave *entertainment* as the primary purpose for partaking in casino gambling, *accessibility* and *availability* of casino activities mobilizes their participation. In this section, I explain how *gambling for entertainment* is a fundamental component of this research, and I explain how *accessibility* and *availability* are significant factors that affect involvement.

E.1 Reasons for Casino Gambling

In addition to *entertainment*, seniors mentioned other less prominent explanations for their participation. Analogous to studies previously conducted on seniors and casino gambling, (Hagen et al., 2005), seniors in the current research reported that they gambling at casinos for *low cost, high quality meals, to be around people, and to donate to a good cause*. These reasons were secondary to the core category. The seniors mentioned them less frequently in the interviews and as less significant than their central purpose, *entertainment*.

Thursday breakfast, they had a big breakfast on Thursdays so I would go there and sometimes have a good meal...cheap for 10 bucks...it is just for fun ya know? (Male, 86 years)

Participants made similar comments throughout the interviews to show that they took advantage of the meal incentives at the casino. The seniors mentioned meal incentives less frequently than their comments about gambling for entertainment. The statements about meals often included mention of the purpose of entertainment further delineating the primary importance of entertainment over other reasons given. In the previous comment, the participant says the outing is *'just for fun'*, illustrating that entertainment is the principal purpose for going to the casino. In addition, included in the meal component of the outing, respondents mentioned that it was during this time that most socializing took place. Participants did little socializing during play, but during meals they would talk. The conversations during the meals focused on the cost of the meals and the quality of food rather than camaraderie.

I went for the supper there, five bucks and get prime rib. You know...I guess we would talk about how well we did on the machine, but the steak is good...and cheap too. Not too much to say you know? You just enjoy the meal. (Male, 86 years)

The seniors went to the casino to be around others, but respondents placed less emphasis on the social aspects of the outing than on the cost and quality of the meal. If seniors choose recreation simply to get out and be around others, then many recreation options exist that offer the same benefits. The casino plays a unique role for seniors' recreational choices relative to other outings. Seniors can access other leisure activities to fulfill social needs, but these alternatives do not have the meal incentives that casinos do.

Additionally, two participants stated that they go to the casino to '*donate to a good cause.*' When the respondents spoke about the charitable aspect in the interviews, most did not mention it as a prime focus for going to the casino, but since the revenue is distributed back to the community (via the Alberta Lottery Fund), it was justification to play. Therefore, the mention of donation serves as a secondary reason to participate. Charity was not a reason 'pulling' them towards casino trips, but rather it was something that offered them a sense of reassurance for their play. The seniors did not report knowing the specific charity they were supporting.

Well, it comes to part of the community it goes back into the community ya know, the same with bingo. You know...but the casino the same thing...instead of donating that forty dollars and then it is just gone...if you go spend forty dollars at bingo there is a chance of you getting it back and you still donated that much money you know what I mean? (Female, 83 years)

This quotation shows that the charitable aspect is secondary to playing. It was an added benefit that they were donating money, but this occurred along with the hopes of gaining something in return. Therefore, this was not a primary purpose for play because if the seniors were seeking to donate to a charity they could do so without going to the casino. It follows, then, that going to the casino had other functions associated with it. The role that the charitable aspect has in seniors' casino play provokes questions about how casino marketers position and market to potential patrons. If seniors are not 'pulled' to the casino by the appeal of donating to charity, then it follows that this aspect of the casino organization could be a mechanism for reassurance or justification for play. Further research will help to draw conclusions about the role that donations have in seniors' casino gambling practices.

Contributing to charity was not listed as a main reason to attend the casino, but respondents mentioned charity along with the '*perks of winning*.'

If you win you win but you don't you don't...if you come home with money that is good (Female, 84 years)

You go and you try your hand at winning, but you don't expect it...
(Male, 79 years)

While, they did not identify winning or charity as main reasons to go to the casino, they noted that winning was an unexpected 'perk.' If they lost, however,

the money still went to a ‘good place.’ Because the seniors did not attend the casino to gain profits, it is assumed that they went for entertainment. Seniors gave various reasons for partaking in casino gambling activities (*gambling for fun, to get away, to relieve boredom, to socialize, to give to charity, and to pass the time*). With each of the reasons, they also mentioned entertainment. Because of this, entertainment is the undergirding theme for the purposes seniors have for casino attendance.

E.2 Gambling for Entertainment

All interviewees stated entertainment as their primary purpose for casino gambling, but the men and women differed in how they described gambling for entertainment. Men mentioned they enjoyed “*people watching*,” whereas women said they enjoyed the “*people they were with*” and did not pay attention to casino patrons they did not know. The women enjoyed the social parts of the trip such as talking during a meal or discussing how their play went, whereas males reported playing casino games “*for a challenge*.” Women spoke in general terms about purposes for play. For example:

...on those poker machines . . . and a lot more you are trying to sort of challenge it, you have three cards and you try and beat it, you know?

(Male, 84 years)

It is just cheap entertainment, really... (Female, 86 years)

At the beginning of the study, I predicted that seniors would give *winning money* as a primary reason to gamble, but they did not. In fact, *entertainment* as the focal purpose for partaking in casino activities, gives rise to the notion that the seniors did not expect to win, but *expected to lose* money as they would at other entertainment-type venues, such as movies. When the seniors spoke about their gambling, they did not expect that they would win, but that winning was only a “perk” to the game.

I didn't go down to make money... .(Female, 83 years)

You're in the wrong place if you want to make money because the odds are against you. (Male, 76 years)

Furthermore, the benefit of winning did not refer only to the monetary aspect of the win. Rather, the reward of playing for longer periods at the machine was a reason that participants gave for enjoying their wins. The following quotation depicts this idea.

As long as the machine is paying me something, I will stay because I can use that money to play. It is just to pass the time you know, for fun, as long as your money lasts. (Female, 84 years)

I play the slots because your money lasts longer, you win 20 bucks and you put it in again and get to play for a few more minutes... (Female, 86 years)

Because seniors valued the opportunity to play longer at the machine after a win rather than to gain money raises interesting questions such as why do seniors choose slot machines for entertainment over other games if they are less interested in winnings than playing the game? Perhaps the seniors are understating their appreciation for the winnings to avoid perceived judgment, or perhaps the combination of playing and winning, monetarily, more accurately reflects their enjoyment rather than one over the other.

Entertainment as a reason to go to the casino coincides with how responsible gambling campaigns advise patrons to play, and to do so within limits. For seniors to have the perspective that they will not gain profits at the casino is a sign that the individual is likely a recreational gambler and not at high risk for experiencing problems associated with play. The seniors in this study reported being non-problem gamblers, as validated by their scores on the Problem Gambling Severity Index administered in this research. With *entertainment* as the fundamental purpose for partaking in casino gambling activities, I argue in the next section that the entertainment motive serves to mitigate potential harm that may result from casino gambling activities and, further, I examine how this occurs.

F. Risk Management

Individuals are expected to manage their gambling risk, but risk management can also involve the family, the community, casinos, and policymakers. Gambling scholars have identified strategies for how best to minimize harm associated with casino gambling practices. For this section, I include risk-management at the individual level only because discussion of the involvement of families, communities, casinos, and policymakers in managing casino risk is beyond present interests.

When respondents played casino games for entertainment purposes, they expected to lose and did not report playing for profit. The intent to spend and the expectation of loss positions them well in terms of successfully managing their gambling practices. The seniors in this study listed numerous strategies for staving off risk associated with their casino gambling. These strategies included: *taking cash to the casino instead of credit or debit cards, setting limits on money spent, setting limits on time and frequency of playing, maintaining flexibility in their gambling practices, going to the casino with others and not alone, and going with trusted peers if possible.* The current respondents followed most of these guidelines and, consequently, reported avoiding risk associated with their practices.

In this section, I argue that entertainment, as the main purpose for seniors' casino gambling, undergirds all of the risk management strategies listed. From conversations with and observations of the participants, I developed 'The Layered Spending Model' as a way to understand seniors' casino-gambling risk

management. The Layered Spending Model captures seniors' current gambling risk experiences and risk over time in a way that shows that risk is not something players manage in a single gambling outing. Instead, risk is an ongoing and prospective consideration. It is important to note that this is a model designed to inspire further exploration and not to draw definitive conclusions about how seniors experience and manage risk associated with their casino gambling. I developed this model after conducting a limited number of interviews and observations, but more research is required in order to make reliable conclusions.

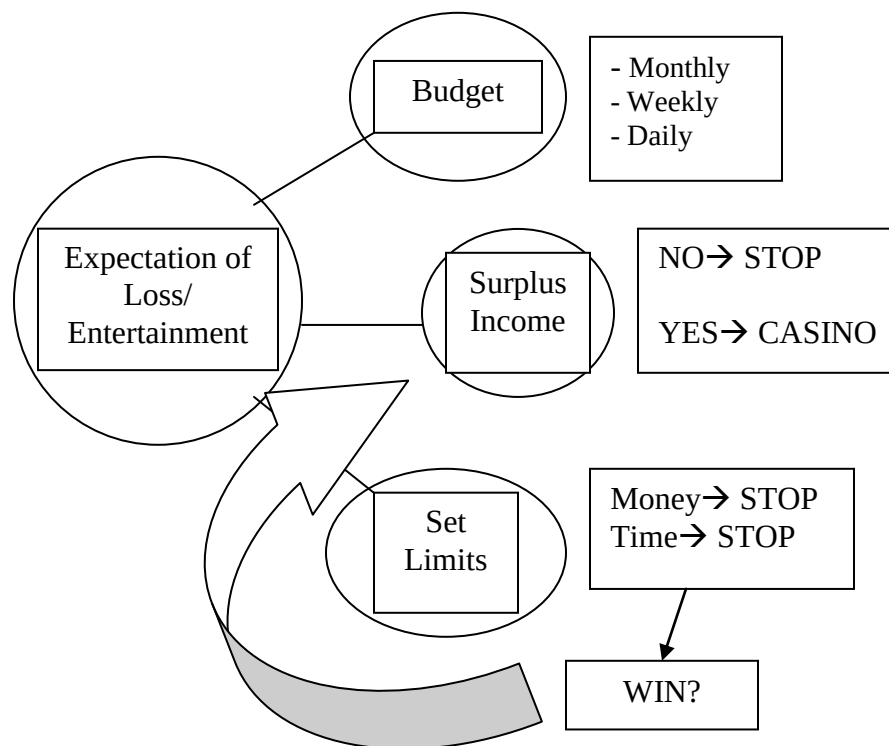


Figure 1. The Layered Spending Model

Using the accounts of the seniors and my observations of them at play, I developed this model to help explain how these individuals keep their gambling from becoming problematic. The main component of the model is in the large left circle of the model labeled 'Expectation of Loss/ Entertainment.' This component

depicts that respondents play for entertainment purposes, not to accrue profit. The seniors understand they will likely spend (lose) money during play. This belief helps participants set limits on time and money spent on gambling because the limits are the expected costs of the outing. They set a 'price-tag' for their outing, similar to fixed prices at movies or other entertainment venues. The difference is that the individual sets their price at the casino, because rarely do players only spend the base amount of the slot machine when they begin play, whereas at other places, such as the movie theatre, the costs are preset. For example, it is unlikely that a person would attend a movie, then another, and another, and so on.

When the seniors spoke about 'making their money last,' they referred to playing the more inexpensive games and getting to experience entertainment for longer. There was also the 'chance' of wins giving individuals more entertainment. At a movie outing, for example, the price and duration of the entertainment are fixed. The idea that a person can spend as much or as little money as they would like at the casino, given their preferred game, was appealing to these seniors. Because the seniors set a cost to their outing, the participants did not report feeling the need to replenish the losses. Problems might arise when the player spends more than they can afford at the casino, and unless players are aware of how much they are spending at the machine and on other things at the casino, such as food and drink, individuals can end up spending more than they can afford. Alternatively, individuals may not accurately recall their gambling expenditures. For instance, an Australian study explored how seniors reported gambling expenditures and the authors found that they recalled lower

expenditures than they actually spent (Blaszczynski, Ladouceur, Glacer & Savard, 2008). Therefore, it is important for future research to address how seniors monitor their spending.

The Layered Spending Model shows that it is not just ‘expecting to lose’ or ‘setting limits on money and time’ that explain how individuals can manage risk associated with casino gambling. I argue that coupled with the expectation of loss and the purpose of entertainment is a ‘layered’ component incorporating ongoing financial management that serves to create a more complex model of managing risk than simply setting limits on money and time at any particular casino visit. The seniors emphasized the importance of bringing fixed amounts to the casino with them and only using cash, but beyond bringing fixed dollar amounts, they also highlighted the utility of creating an ongoing budget for recreation.

I say that is all I am gonna spend . . . I bring a certain amount that’s it . . .

I go two times a week so I budget for that . . . I know how much I have each month and I try not to go into my other account. (Female, 73 years)

I spend 13 dollars and that is my entertainment for the week. [If] I have too much money leftover, I give to my kids. (Female, 86 years)

The metaphor of a ‘layer’ represents a time element that shows that the management of risk associated with casino gambling does not consider just one

outing, but rather is a broader strategy that goes on over time based on the purpose for the seniors' casino gambling, namely, *entertainment*. The budgeting for entertainment extends from daily to weekly to monthly 'budget' layers. The immediate layer of the casino trip is also included, whereby the seniors have a strategy for that outing itself. These strategies involve setting money and time limits in the context of a budget.

First, I describe the 'budget' element. The seniors spoke about how they not only planned to take a certain amount of money to the casino outing, but also paid attention to their daily, weekly, and monthly expenses. If the seniors had 'surplus income' at the end of each budgetary timeframe, then they used a portion of this money to go to the casino. If the seniors did not have surplus income, then they did not go to the casino during that timeframe. Because the seniors anticipated losing the money they brought to the casino, they chose to use only surplus income after budgeting daily, weekly, and monthly for the outings. If they had surplus income at the end of the budgetary period, they could go to the casino, that is, if the opportunity was available, and they did not have other plans.

Once the participants decided to go to the casino, they set limits on the amount of money to bring to the casino. They made conscious efforts to bring a certain amount of money to the casino based on their overall (weekly and monthly) budgets. They brought cash and refrained from using debit or credit cards for gambling. Respondents spoke negatively about the use of 'plastic' for gambling as they associated harm with the use of debit and credit.

The worst are the credit cards where you go to the machine and I watch some of them and they go to the machine and get some more and come back and I just made it a point to just watch them, ya know, and they do that and they go to the machine and they get some more and more and get in trouble. (Male, 79 years)

I don't even carry a credit card there. I take if I need some money and I go to the bank and get it. I carry a visa card and I pay it at the end of the month. If I wanna travel or that. I use my visa. In 30 days, you pay for it. In that way convenience I don't even want those credit cards at the casino. (Female, 89 years)

Participants associated using credit for gambling with spending outside of their budgets since it was borrowed money. The observations of seniors showed slightly different conclusions. While most seniors used cash for casino play, I observed many who played with 'plastic.' The observed participants were from the general population coming from various demographic backgrounds rather than the relatively homogeneous group I interviewed from the ALCs.

Seniors set limits for both money and time components for their casino outings. Setting money and time limits completes the bottom layer of the Layered Spending Model. An important facet of this model is flexibility. Flexibility refers to the change in income the senior has to spend if he/she wins at the machine. The money limits that the seniors set are not rigid, but flexible and

contingent on the amount of *surplus income* they have. The money limit set for the outing changes, since, after a win, they have more money to spend, but the participants also placed limits on time spent at the casino. Winning does not change the time limit set for the casino trip. Therefore, after a win when the surplus income may change and their money limits change, the seniors still have a time limit that may enable the players to leave with surplus income if their time limit expires. Alternatively, the time limit is also flexible, but not during the visit. Respondents mentioned that their time limit changed depending on whom they go with and what other activities were planned that day. While at the casino, the time limit set prior to going does not change during the visit. If they ran out of money prior to their time limit and they did not have alternative means of transportation, they lounged at the casino until their transportation was available. Therefore, unlike the money limit that is flexible depending on wins, the time limit is rigid during the outing itself, but flexible during the longer term depending on other commitments.

Usually we just stay, about 2 hours and go. If we go with the group it is about 4 hours but once that is done you're done, ya know? It doesn't really change, don't want to stay longer anyways, so what's the point?
(Female, 89 years)

The elements of the layered spending model remain flexible, depending on several factors including available recreational opportunities, seniors' budgets and

expenses, and the degree of winnings accrued at the casino. The expectation of loss and purpose of entertainment undergirds the entire model, keeping it operating effectively to keep risk under control.

In this study, I speak about individual risk management, but managing gambling risk is a more complex issue. I do not address the role of families, communities, casino personnel, or the role of the state in this study, but we should still consider these roles. Managing casino gambling risk is a question of individual and social responsibility and accountability.

G. Risk Perception

Gibbs Van Brunschot (2009) explains risk consisting of three factors: nature, degree, and exposure. Nature is the type of risk experienced. For example, the *nature* of gambling risk is often financial but may also involve social or personal risks. The *degree* of risk is the amount of risk placed on the outcome of the activity. For instance, Gibbs Van Brunschot uses the example that different degrees of risk exist when one bets a few dollars on lottery tickets every so often versus the person who bets his/her life savings at once. The last element she mentions is the *exposure* to risk. Exposure to risk involves the level of contact the individual has with the risk activity and whether or not other available risk activities may increase the potential for harm. For example, if many casinos are available, then an individual has more exposure to play and consequently experiences more risk than if no casinos were available at all. Furthermore, other things at the casino may put an individual at further risk, such as drugs or alcohol. Although Gibbs Van Brunschot's three-factor model helps us to comprehend risk,

I argue that another element is necessary to advance the understanding of risk and gambling, namely, *time*.

The notion of *degree* of risk has the potential for expansion to include a time component. I argue that, *degree* includes a level of ‘riskiness’ or potential for harm at one time, and also the accumulation of risks over time. In Gibbs Van Brunschot’s model, risk is something that occurs at one snapshot timeframe. Instead, consider the accumulation of risk over time—credit cards and use of credit for gambling is an example of how risk can accrue over time regardless of the minimal risk involved at one instance of casino play. For instance, interest compiles on borrowed money spent at casinos and may continue to increase over time if not repaid, even when an individual is not gambling. A *time* element helps us understand how recreational gambling can turn into problem gambling and what long-term risks mean relative to short-term risks.

Gibbs Van Brunschot’s (2009) writes about how people perceive risk and mentions that individuals who engage in gambling assess risk on an ongoing basis and that risk perception is based on understanding (perception) of the possible impacts, of participating in various activities. Therefore, risk perceptions determine, at least in part, individuals’ willingness to partake in available activities. She also mentions the ability to assess risk post-activity whereby individuals assess the worth of their participation in an activity, and their assessment then helps determine whether they will continue to participate in the activity.

I argue here that the seniors' evaluation of their casino experiences, and consequently their experiences of risk are important considerations. Generally, we do not consider long-term assessment and understanding of risk and the prospective temporal element inherently involved in an overall assessment of risk. I argue that retrospective assessment of risk and the current evaluative criteria we use to understand risk is limited because it overlooks how risk can accumulate over time.

Casino gambling inherently involves risk, as demonstrated by placing a monetary wager on an uncertain outcome. Short-term assessments of risk then account for one-time wagers. The participants interviewed for this study described the potential for harm associated with heavy gambling, but did not mention risk associated with money they stood to lose at the time of play. The respondents did not perceive their own gambling as risky since they expected loss and controlled the amount of loss they experienced. These seniors have shown that they engaged in well-managed casino gambling and help us understand that experiences over longer periods of time is an important element when assessing risk. In short, we must attend to trajectories of casino play over time to determine how players avoid harm or how recreation can turn problematic.

A gambler rarely experiences harmful consequences from a single wager, but over time the potential for extreme harms exist that may not be noticeable at any one instance. Several of the current respondents stated that they did not feel risk was involved with their gambling. A point that arose from the interviews,

was that respondents identified only extreme risks and primarily for others, not themselves. For example:

It is interesting you can tell the ones that are having a problem who are risky. They keep running to the machine to borrow money you know. They can lose it all. It would be interesting to spend a day in one of those casinos you would be amazed to see just how people get so, excuse me, involved. I can just sit and watch, no risk really. (Male, 79 years)

People cannot stop, they go in there and they think they can win it back...I have seen where people gamble and it is connected with their bank accounts...it scares me. (Female, 83 years)

He is compulsive because he has gotta win his money back...I can take it or leave it, I mean I can go down and spend 10, 15, 20 dollars if I feel like it but that's it. (Female, 83 years)

The seniors were aware that risk exists, but identified it as outside of their own experiences in the casino. They felt in control of their gambling, and often spoke of those who experienced risk as being out of control:

Some people really get into trouble and can't control themselves eh? They keep going deeper and deeper and can't learn . . . it is an outing as long as you control yourself. (Male, 76 years)

Other respondents spoke about risk as a reason motivating some people to gamble but indicated that part of the game was not of interest to them and therefore they did not feel they were at risk. The absence of risk as an enticing component of casino gambling for these seniors corresponds to the idea about the importance of the purposes seniors give for play. If the purpose to gamble is for entertainment, and not to experience risk, then they did not expect negative consequences to result from their gambling:

I can take it or leave it...I don't know how to put it but, I mean, risk doesn't really entice me at all. (Female, 83 years)

Whether the seniors feel they experience risk or not, casino games have risk embedded in them, both short- and long-term. A probability of winning and losing is associated with every spin of the reel on the gaming machine, and what people do not necessarily consider is the long-term risk of harm. One casino outing may not be 'risky' if players manage their play appropriately, but subtle changes in play that gamblers may not notice, when they continue casino activities over extended periods, could lead to problems. Therefore, considering long-term casino practices is important to better assess the risk of harm.

The participants described the potential for harm associated with heavy gambling but did not speak about risk associated with money they stood to lose at the time of play. The respondents did not see this as risk since they were not expecting a positive financial outcome. The expectation of loss underlies the seniors' perception of risk associated with casino play, but expecting losses does not negate the probability that they will win or lose in reality. These seniors have shown that they engage in well-managed casino gambling, but experiences over longer periods of time is an important element when assessing risk because risk is not something we can understand from one time casino outings.

Chapter Six: Successful Aging

Successful aging is a concept developed by Rowe and Kahn (1997) to counteract the tendency of gerontology to focus too heavily on the distinction between older people with diseases or disabilities from the elderly who are not suffering from ailments. Rowe and Kahn argued that with advanced age comes decreased functioning, and that individuals vary greatly in the deterioration they experience in late life. Rowe and Kahn classified two groups of aged people: *usual agers* and *successful agers*. Usual agers are individuals who experience no health problems but are 'at risk' and successful agers function at an excellent level with low risk of problems. I chose Rowe and Kahn's model of successful aging because it focuses on health at the individual level and, presently, casinos in Alberta adhere to an individualistic perspective in managing gambling risk. Alberta's responsible gambling campaign operates as a public awareness initiative to inform casino patrons of the potential harms involved with gambling. It is a source for information about gambling responsibly as well as a referral centre to external community organizations if a gambler is seeking support or assistance with managing his/her gambling. For this reason, I focus in this study on how seniors manage casino risk individually. Another 'layer' of responsibility in minimizing harm to gamblers is the state's responsibility for decreasing risk to players. Further research should look at gambling responsibility on the macro level since it is an important but often ignored component in the literature on seniors and gambling.

The successful aging model includes three components: *the low probability of disease and disability, high cognitive and physical functioning, and active engagement with life through interpersonal relations and productive activity* (Rowe & Kahn, 1997). The first element, the low probability of disease and related disability, does not only refer to the manifestation of disease itself. It also includes the presence, absence, and severity of risk factors for disease. The second element, high cognitive and physical functioning, is the individual's *capacity* to function (not what the individual is actually doing). The third part of the model, active engagement with life on a relational and productive level, includes what the individual actually *does*. Active engagement with life is the part of the framework that is most relevant to the current project because of the current focus on seniors' recreation.

This study is about seniors' experiences of casino gambling and their perception and management of gambling risks. All components of the successful aging model are relevant, but active engagement is especially significant. Rowe and Kahn purported that active engagement with life involves interpersonal relations that include contacts and transactions with others, exchange of information, emotional support, and direct assistance. They elaborated that engagement through productive activities rather than mundane ones is pertinent. Rowe and Kahn (1997) described reimbursed or non-reimbursed activities as 'productive' if they carry societal value, such as employment or caring for a family member.

Some researchers report that seniors experience benefits associated with casino gambling in ways that reflect the third element in Rowe and Kahn's successful aging model. Hope and Havir (2002) found that casino gambling can be a positive activity for older adults and can have benefits via social engagement. Perhaps this is true for some seniors, but other researchers have highlighted that casino activities are *not* a satisfactory alternative for social engagement and that individuals who reap benefits from casino play are at greater risk of experiencing problems associated with casino play (Zaranek, 2003; Zaranek & Lichtenberg, 2008).

I note elsewhere in this thesis that casinos market gambling to seniors as an important leisure opportunity that leads to increased life satisfaction through enjoyment as well as improved social competence, independence, and role continuation (Loroz, 2004; Wu & Wortman, 2009). A common perception is that seniors should aspire to be successful agers rather than people who are at risk or who suffer from diseases or disabilities, and participation in leisure activities can contribute to successful aging. The assumption then is that a person should do what he/she can do to minimize risk for problems in later life. For current purposes, I adhere to the common assumption that most elderly individuals seek to improve their lifestyles and that leisure and recreation are important aspects in achieving this goal. Given the role of casinos in society today, casino distributors offer gambling as an accessible activity for seniors. For seniors in this study, it is not evident that gambling at the casino significantly contributes to positive lifestyles of seniors.

Adhering to the successful aging model proposed by Rowe and Kahn (1997), casino gambling does not fulfill the three-part criterion listed. The current participants reported partaking in casino games to engage socially, but given the description from the successful aging model, lifestyle-benefiting activities are those that individuals are *actively* engaged in that contribute to society. Based on the current research, gambling does not satisfy this expectation. Rowe and Kahn state that active engagement with life involves interpersonal relations including transactions with others, informational exchange, emotional support, and direct assistance. The reports from and observations of the seniors showed that casino activities did not contribute to successful aging in these ways. For instance, the seniors did not interact with other people at the casino aside from very small conversations or while eating meals. The seniors did not provide each other with information or emotional support and no reported or observed active assistance between the seniors and others at the casino.

Considering the risks associated with casino activities, gambling is not especially constructive for seniors if they seek to improve their health and well-being. Although some studies have shown that seniors reported benefits associated with casino outings for seniors, I found that casino gambling is not a model activity that helps seniors work toward a healthy lifestyle, and ultimately successful aging. The risks of gambling outweigh the benefits as a leisure choice for elder groups. Casino gambling is perhaps a better recreation alternative than doing nothing at all, but it does not appear to be a substantial contributor to the healthy lifestyles of seniors. Alternatively, to market gambling as not at all

positive can be detrimental because it can create and reify negative stereotypes about senior gamblers, and cause more harm than intended. A balance is required to indicate the positives and the negatives and more awareness around gambling should be available to the public. The province should pay special consideration to educational distribution for seniors since mainstream campaigns may not reach this group, as they may not be exposed to internet, or other electronic mainstream media communication (Novak & Campbell, 2010) such as popular social networking websites.

Recreational gamblers from this study did not report casinos as a favourite activity and were generally apathetic to casino outings and games. In this research, seniors stated that one of the reasons they partook in casino gambling activities was to see other people, mitigate loneliness, and relieve boredom. Their responses reflected their desire to engage themselves in activities outside of the ALC and to increase their sense of well-being. The participants' reports coincided with the idea that they acted in ways that promoted successful aging. Conversely, they stated that they did not particularly enjoy going to the casino over other activities. Their responses reflected ambivalent opinions toward casino gambling. In addition, the seniors extensively reported that they did not interact with individuals at the casino while there. They did say, however, that they interacted with others while engaging in alternative activities at the casino during meals or on the bus to and from the casino. When the seniors spoke about playing casino games, they stated that the games did not promote interpersonal relations, but it was the activities outside of the casino gaming that promoted social

engagement (i.e. meals, visiting over coffee, and the bus rides). Therefore, the beneficial casino activities that promoted successful aging did not involve casino play.

The main limitation to using Rowe and Kahn's model of successful aging is the risk of reducing seniors' experiences to components of a model and assuming that all three parts of the model are equally important for all people. We have to be aware of the model's limitations in our research. It is better to assume more variation than less as individuals have very different experiences, and we must not homogenize a heterogeneous population. With that said, the model is helpful because it is evidence-based and has been a reliable source for many gerontologists in their studies. If we trust that the successful aging model is helpful, then we should consider why seniors partake in casino gambling when the observations of seniors and self-reports of seniors at casinos do not follow the successful aging model, namely, the third component—active engagement. Instead, the games seniors choose (mostly slots and occasionally poker machines) at the casino are solitary, un-engaging, and unproductive and do not follow what Rowe and Kahn (1997) list to be a productive activity contributing to successful aging.

We should seek to understand why seniors participate in casino activities for maintaining well-being when they do not particularly enjoy them. I argue that they could receive more benefit to their lifestyles (i.e. interacting with people, dining, getting out of the ALC) by attending less 'risky' venues such as restaurants, recreation centres, or informal get-togethers with friends or family.

Further, even if the current research suggests that some seniors participate in casino gambling at a recreational level, the research cannot yet tell us when recreational play becomes problematic. Furthermore, the promotion of casino gambling to seniors as harmless, or potentially beneficial, may have unforeseen negative consequences. More research will help to understand possible harms and risks associated with seniors' casino gambling.

This thesis is a study designed to explore important questions about seniors' casino gambling experiences and their perceptions and management of risks associated with the game. This research does not aim to draw conclusive evidence about seniors' gambling, instead it intends to raise questions and develop insights about the topic in order to raise awareness of the importance of studying this population.

Chapter Seven: Discussion and Conclusion

In the gambling literature, seniors' casino gambling is less studied compared to other age groups. This study explored how a small sample of low income, non-problem gambling seniors living in Assisted Living Communities experience casino gambling, and how they perceive and manage risk associated with the activity. Through interviews and observations, this study generated insights about the patterns and purposes of seniors' casino play, and how they perceive and manage risk associated with casino games.

Over the last two decades, the casino industry in Canada has grown exponentially and has become a common recreational alternative for seniors. In the past, society viewed gambling as a problematic activity and it was not permissible by law. With legislative changes, gambling became a profitable enterprise for the state resulting in increased public tolerance for the activity (Smith & Rubenstein, 2009). Although the risks and benefits of the activity are debatable and not everybody agrees with the role of casinos in their communities, it remains that casinos are an influential presence in neighborhoods and casino presence is not likely to change in the near future. Furthermore, older adults are participating increasingly in casino gambling.

Changes occur in late life including retirement, decreased social ties, and declining disposable income levels. Because of these changes, recreation and its costs become a significant part of elderly life. Some social gerontologists suggest that active engagement in productive or interpersonal activities in later life contribute to successful aging (Rowe & Kahn, 1997). For seniors who live in

assisted living communities and who are limited in physical or cognitive capabilities, the variety of recreational alternatives become limited. With 24 casinos in Alberta that offer low cost incentives and transportation alternatives for seniors, casino gambling as a leisure option is appealing.

The seniors in this study managed their casino gambling through perceiving risk as something that is not likely to happen to them based on their view of gambling as entertainment. They understood that risk was indeed present, but mostly at extremes and for other people who do not ‘control’ their gambling activities and who engage in casino games with the view that they will make money. Studying seniors who engage in recreational gambling is an important way to capture how individuals without problematic gambling practices participate in gambling and perceived and manage risks of the game so we can better understand how best to deliver casino games to this growing population of casino attendees. As Novak and Campbell (2010: 102) state, “we can learn from people who function best at each age group.”

Furthermore, we must appreciate that these seniors indicated that they did not enjoy casino activities for the games themselves, and did not report finding particular satisfaction with these games; therefore, future research that helps determine available recreational alternatives for this group that increase life satisfaction will help to improve the quality of seniors’ lives. Although lifestyles and life choices throughout time impact an individual’s quality of life, Martel, He, and Malenfant (2006) point out that the influence of healthy habits are cumulative over time but that people can modify their practices to improve their health at any

age. As a result, continued research in this area is imperative for the improvement of lives of aging individuals.

Chapter Eight: Directions for Future Research

With changes in the age distribution of the population, seniors' casino activities have become more important than they were in the past. It is necessary that we continue to explore this topic to establish best practices for dealing with the senior gambling population and to minimize risk for harm associated with the activity. Seniors are an integral part of society in ways beyond contribution to the paid workforce, and the future has yet to show what roles seniors will play beyond those they have played in the past (Novak & Campbell, 2010). If researchers continue to explore the area of seniors' casino gambling, then we will be able to approach the topic confidently, with an in-depth understanding of how to prevent, intervene, and solve gambling-related problems for older adults.

Gambling is an activity that can be risky if played without caution, so seniors, families, communities, and governments must take caution when dealing with the industry. For this reason, it is imperative that we continue research that explores risk associated with casino gambling and better risk management. Until research identifies when leisurely gambling can turn problematic, continuation of seniors' gambling research is crucial.

My research suggests that future studies should explore recreational alternatives available for seniors who live in assisted living communities. These individuals have incapacities that often prevent them from participating in mainstream leisure. Casino gambling accommodates for many of these incapacities, but given that the seniors in this study do not find casino games appealing in themselves, it follows that casino gambling may be a default

recreation option rather than a desirable activity [a *push* rather than *pull* toward the activity]. Without exploring other (less risk-associated) recreation options that seniors in ALC have available and accessible to them, we are not fully addressing these older adults' quality of life and well-being. Researchers should also explore the extent to which health affects seniors who live in assisted living communities' recreation options and whether they would opt for casino activities if other activities, comparably suited for their health needs, were available. The entire issues of seniors' recreation options is worthy of examination. If we adhere to the current study's findings, we see that the participants are not particularly excited or engaged in casino gambling for the pleasure that the game itself brings, and so it suggests that these seniors are partaking in casino gambling because no other readily available alternatives exist. Given the potential for negative risks associated with casino gambling, it is beneficial to explore how seniors can avoid risk if those who would not choose casino gambling as a primary option had other recreation alternatives available to them.

In addition, it is important to study seniors' casino gambling longitudinally to develop a better understanding of how risk might change over time and, furthermore, to disentangle cohort effects from age and period effects. Longitudinal studies that explore seniors' casino gambling relative to other recreational activities are required to determine the role that casinos have in seniors' lives, using a life course perspective of risk associated with seniors' casino gambling. Long-term research studies are costly and time consuming, but they are crucial for improved understanding of seniors' casino gambling.

Alternatively, comparative studies between seniors now and earlier cohorts may provide better understanding of how the groups compare or differ in their gambling views. Specifically, studies that explore the use of credit and debit cards at the casino would be valuable to see if limit setting works the same as a risk management strategy for those who bring cash only to the casino versus those who prefer the use of credit cards (borrowed money) or debit cards.

Another area of interest is the marketing of casino gambling to seniors. Exploration of how seniors are being targeted as a consumer group, especially those residing in assisted living communities, is helpful to understand the current seniors' casino gambling social milieu. Casino bus trips to assisted living communities are a popular, but controversial, recreation alternative and increasing knowledge in this area is pertinent for the well-being of these older adults.

More educational or awareness programs geared towards older adults are needed that address risk and casino gambling. Currently informative programs about seniors' casino risk are limited. Other age groups have this information available to them (for example, Quebec's McGill University houses the International Centre for Youth Gambling Problems and High Risk Behaviours). Information about casino risk exists online, but many seniors are not familiar with the internet and, therefore do not access much of the information.

Furthermore, research has not assessed our current system of information about gambling for its success in preventing, intervening, or treating harm. The lack of available data on the current responsible gambling initiative in Alberta, for example, indicates a need to evaluate whether or not the available supports and

information that are in place mitigate harm associated with casino gambling. We need this information so that we can understand and improve recreational alternatives for seniors that will in turn better their lives, the lives of their families, and the communities in which they live.

This research also has implications for policy. This research begins to show how casino gambling is not a coveted recreation alternative for the current seniors and thus begs the question of whose interests are being served. The stakeholders offering casino gambling to seniors attain profit from seniors residing in assisted living communities who partake in casino gambling, but these stakeholders do not experience the risk that some players face when their gambling gets out of control. Not all seniors will experience harm associated with casino gambling, but for those who do the consequences can be tragic. Extreme financial losses coupled with subsequent social consequences (such as losses of support networks that are fundamental for the well-being of people in later life to mitigate risk of social isolation and loneliness) are examples of repercussions that occur for some gamblers.

It is imperative that we explore how we can analyze current policy to identify areas for improved casino gambling delivery. The distribution of casino gambling to seniors in Alberta is not an ‘all or nothing’ situation. Rather, finding a balance between consumer and distributor responsibility and accountability for casino gambling is likely a more realistic goal for future policy. Researchers should continue to explore this topic because the demographic population is changing and therefore, new needs will have to be addressed. Conducting wider

social surveys regarding the recreation of seniors in assisted living communities also would be helpful for determining the best ways to address the recreation needs of the individuals in this group.

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Appendix A

Interview Schedule for Professional from the Responsible Gaming Program

- 1) Can you start by telling me about your position and what you do?
- 2) In my study, I define seniors quite loosely to be anyone over the age of 65.

Most of my participants are in their later years though, 75 and older. In terms of seniors at the casino, what sorts of things stand out to you?

- What **time of day** do they gamble
 - Are they a **heavy presence** at the casino?
 - What **games** do they play?
 - **Gender distribution**?
 - **Age distribution** (65-74; 75-84; 85+ y)
 - **Ethnicity** and **income** level?
 - Come in **groups or alone**?
 - Are there '**regulars**'?
 - Do they **socialize** while playing?
 - Do they **move around**? **Eat**? **Drink**?
 - Of the casinos you work at – which **casino**, would you say, **has the heaviest presence** of seniors?
- 3) Why do you think seniors gamble at casinos?
 - have you ever spoken with seniors at the casino?
 - 4) Can you give me an average profile of a typical senior I would see at the casino?
 - Why do you think this would be **typical**? What about them makes

them gamble at **casinos vs. other things** they could be doing with their time and money?

5) Do you think the spread of seniors at the casino would be different in other Edmonton casinos? What are some differences?

6) Do you think seniors face risks associated with casino gambling?

- **What** are they? What is the **biggest risk**?
- Do you **think they know** about them?
 - o What would you say **they would feel are the primary risks** involved?
- How do they **get informed** of the risks?
- Are the risks the same for **other age groups**?
- Are the risks the same or different depending on **gender**?

7) How do you see/think seniors manage risk when they gamble at casinos?

- Do you think they engage in any type of **risk management practices**?
 - o What are they? Are these strategies **specific to seniors**? If the differ, according to what?
- Do you have any **other ideas** on what they might do to mitigate risk?
- Do you think any **changes could be made to help prevent risks** from occurring for the elderly?
- Is it the individual seniors' **responsibility** to mitigate risk or the casino operators?

8) Are there benefits to seniors who gamble at casinos?

9) Do you think seniors and casino gambling is a 'problem'? Why or

Why not?

10) What would the government officials say about seniors and

gambling? Sponsoring casino trips?

Appendix B

Interview Schedule for Seniors

1) Can you tell me about your life?

Do you have family? Are you married? Do you have children?

Do you keep in touch with them?

Who are the most prominent people in your life?

Are you retired? What were your occupations?

Did you grow up in Alberta? Edmonton?

When did you move into the ALC? Do you like it?

Did you meet many friends at the ALC? Do you take part in recreation activities with ALC?

2) When was the last time you were at a casino?

Did you go with the ALC?

Did you go with others? Alone?

How much time did you spend at the casino?

Why did you go?

Is this typical of a casino outing for you?

3) How often do you gamble in casinos?

Daily? Weekly? Monthly?

Do you go at the same times?

Of the day? Of the Week? Of the Month?

4) Can you remember the first time were at a casino?

How old were you?

Where was it?

Was that experience the same or different than going to a casino now?

What has stayed the same? What has changed?

5) Do you go to the casino by yourself or with others?

6) Do you do other things besides gamble at the casino (i.e. eat, drink, socialize, etc.)?

What do you do?

7) What are the main reasons you go to the casino?

Do you choose casino gambling instead of other activities?

8) Is culture/heritage important to you in deciding whether to partake or not to partake in casino gambling activities?

Are there any other external factors that might influence you in choosing to partake or not to partake in casino gambling activities (i.e. Religion? Family? Income? Etc.)?

9) Do you have any stories that you remember about times you went to the casino that stand out in your mind?

Why did you choose this story? What makes it memorable?

10) Do you think there is risk associated with gambling in casinos?

11) How do you manage the risks you mention?

How well do these strategies work?

12) What might prevent you from going to a casino?

13) What might make you more likely to go to a casino?

14) Do you make a plan to go to the casino or is it something that happens spontaneously?

Why do you think this is? Is this different than any other place you go?

15) How much money would you say you spend in one visit to the casino? (Net expenditure = losses-winnings)

Does it vary?

How do you ensure this is the total?

Appendix C

Problem Gambling Severity Index (PGSI)

Thinking about the last 12 months...

Have you bet more than you could really afford to lose?

0 Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Still thinking about the last 12 months, have you needed to gamble with larger amounts of money to get the same feeling of excitement?

0 Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

When you gambled, did you go back another day to try to win back the money you lost?

0 Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you borrowed money or sold anything to get money to gamble?

0 Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you felt that you might have a problem with gambling?

0 Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Has gambling caused you any health problems, including stress or anxiety?

0 Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?

0 Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Has your gambling caused any financial problems for you or your household?

0 Never. **1** Sometimes. **2** Most of the time. **3** Almost always.

Have you felt guilty about the way you gamble or what happens when you gamble?

0 Never. **1** Sometimes. **2** Most of the time. **3** Almost always. **TOTAL SCORE**

Total your score. The higher your score, the greater the risk that your gambling is a problem.

Score of 0 = Non-problem gambling.

Score of 1 or 2 = Low level of problems with few or no identified negative consequences.

Score of 3 to 7 = Moderate level of problems leading to some negative consequences.

Score of 8 or more = Problem gambling with negative consequences and a possible loss of control.

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