2017 KANSAS GAMBLING SURVEY
METHODOLOGY

INTRODUCTION

The Kansas Gambling Survey was conducted on behalf of the Kansas Department of Aging and Disability Services (KDADS) by The Learning Tree Institute at Greenbush through collaboration with ETC Institute, Inc. in Olathe, Kansas. This survey was funded as part of the KDADS data collection and evaluation contract to help inform problem gambling prevention and treatment efforts by gathering information on gambling behaviors, knowledge, and attitudes among Kansas' adult population. This information is needed following a five-year gap from an initial Kansas gambling survey conducted in 2012. The survey results will inform KDADS administrators, KDADS funded providers, and Problem Gambling Community Task Forces as they develop problem gambling treatment and problem gambling prevention services. Survey results will also benefit city and county officials, legislators, mental health practitioners, and other stakeholders.

Executive Summary

This report presents results from the 2017 Kansas Gambling Survey, which was administered using a stratified random sample of households throughout the State of Kansas in September, 2017. This survey is a follow-up to a statewide survey conducted in 2012 to assess gambling prevalence, type, and frequency, myths, perception, and public opinion about gambling, and awareness of problem gambling treatment. Another important purpose was to estimate the scope of at-risk gambling statewide and within each gambling region. For each topic, variance in participant responses are reported overall, regionally, and by problem gambling risk category. In an effort to help expand the understanding of conditions associated with problem gambling, the 2017 Kansas Gambling Survey also asked broader behavioral health questions related to depression, suicide, and substance use. The overall sample of 1,755 participants was representative of the state and each of the four gambling regions. Survey findings will be useful

to State agencies, the Kansas Problem Gambling Coalition, regional problem gambling task forces, and other stakeholders.

Survey Development

In March 2017, the Kansas Prevention Collaborative (KPC) Problem Gambling Data Project Team convened to review questions from the first Kansas gambling survey administered in 2012 and begin planning and development for the 2017 gambling survey. The KPC Problem Gambling Data Project Team included members from KDADS, numerous behavioral health prevention contractors , and two Problem Gambling Specialists who worked closely with both state and community partners. These topic experts helped guide question additions and revisions to make the survey even more relevant to current and emerging gambling trends.

While the team intentionally tried to keep questions in the 2017 survey similar to the questions in the 2012 survey in order to compare data and assess state and regional change, the group also wanted to broaden the scope to look at relationships between gambling attitudes and behavior and other related behavioral health issues such as depression, suicidal thoughts, and substance use.

Methodology

The Learning Tree Institute at Greenbush worked with ETC Institute, Inc. in Olathe, Kansas to administer the 2017 Kansas Gambling Survey based on a random sample representative of the state and four gambling regions. The six-page survey, cover letter, and postage paid return envelope addressed to ETC Institute were mailed to a random sample of households throughout the State of Kansas on September 8, 2017. The cover letter explained the purpose of the survey and encouraged residents to either return their survey by mail or complete the survey online.

Ten days after the surveys were mailed, ETC Institute sent follow-up emails to the households receiving the survey to encourage participation. The emails contained a link to the online version of the survey to make it easy for participants to complete the survey. To prevent people who were not part of the random sample from participating, those who completed the survey online were required to enter their home address prior to submitting the survey. ETC Institute then matched the addresses entered online with the addresses that were originally selected for the random sample. If the address from a survey completed online did not match one of the

addresses selected for the sample, the online survey was not included.

The decision was made to use a stratified sample with random sampling by gambling region. Regions were based on input from KDADS including the following counties:

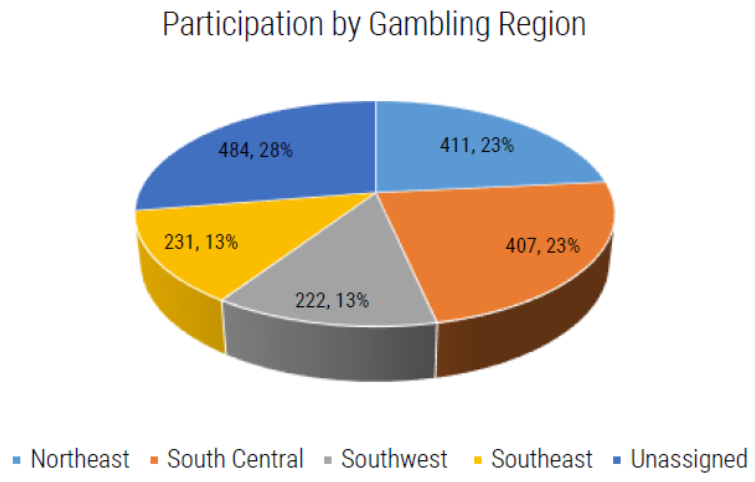
- Northeast: Johnson, Leavenworth, and Wyandotte
- South Central: Butler, Cowley, Harper, Harvey, Kingman, Reno, Sedgwick, and Sumner
- Southeast: Crawford and Cherokee
- Southwest: Barber, Clark, Comanche, Edwards, Finney, Ford, Gray, Haskell, Hodgeman, Kiowa, Lane, Meade, Ness, Pawnee, Pratt, Rush, Seward, and Stafford

The goal was to obtain completed surveys from a minimum of 1,600 residents throughout the State of Kansas and representative samples within each region. These goals were accomplished, with a total of 1,755 residents completing the survey. The overall results for the sample of 1,755 households have a precision of at least +/-2.3% at the 95% level of confidence.

To ensure the survey results were representative of the population of the State of Kansas, and to each gambling region, data were weighted by age of survey respondents. Regional data were weighted specific to each region. The table below displays the goal and actual number of completed surveys by region within the State of Kansas.

Target and actual survey sample size by region

Region	Target Sample Size	Completed Surveys
Northeast	400	411
South Central	400	407
Southwest	200	222
Southeast	200	231
Unassigned (Remainder of the State)	400	484
Total	**1,600**	**1,755**



Strengths and Limitations:

As with all voluntary survey data collection, there are inherent strengths and limitations associated with this type of data collection. Strengths and limitations are discussed below.

Strengths

The 2017 Kansas Gambling Survey fills a five-year data gap. Current state and regional stakeholders need data for assessment, planning, and evaluation. In order to effectively plan problem gambling prevention strategies, or to increase awareness of problem gambling treatment and other resources, reliable data is needed for solid decision-making.

The current survey provides data not collected before in the state regarding the co-occurring behavioral health conditions associated with problem gambling. Results provide a snapshot for Kansas on many topics related to gambling and the data provides a profile of responses for individuals at low, moderate, and high risk of developing a gambling problem.

Using a stratified random sample proportionate to the population of each region helped to ensure that each region was adequately represented within the whole sample of individuals surveyed. This is a strong methodology that produces results which can be generalized from each sample to the larger region and to the state. Data were weighted by age which also ensure generalizability of survey results.

Limitations

With all survey data there is potential for bias in the results. Even though random selection was used, results only reflect the responses of those selected by the methodology. Methodology for the 2017 study involved use of mailing addresses to sample households. While addresses were randomly selected within each strata, this method created potential biased toward mobile populations including college students, homeless individuals or persons or groups with high mobility. This may have led to the slightly larger percentage of participants who were more educated, employed, and of older age.

The 2017 Kansas Gambling Survey was modeled after the 2012 Statewide Survey of Gambling Behavioral and Attitudes Among Adult Kansans to allow for potential comparison of data across common questions. However, there are important differences in the survey methodology used for the 2017 survey and the 2012 survey. The 2017 survey was mailed to randomly selected households. The 2012 survey involved phone interviews which also causes potential non-response bias. The difference in methodology makes data between the two surveys less

comparable.

Additionally, survey questions and/or options could be interpreted differently by respondents and respondents may not have answered in ways they thought might not put them in a favorable light.