12-9-2013

Social Marketing Strategies for Stigmatized Target Populations: A Case Example for Problem Gamblers and Family Members of Problem Gamblers

Kimberly A. Calderwood  
*University of Windsor, kcalder@uwindsor.ca*

William J. Wellington  
*University of Windsor, r87@uwindsor.ca*

Follow this and additional works at: [https://nsuworks.nova.edu/tqr](https://nsuworks.nova.edu/tqr)

Part of the [Quantitative, Qualitative, Comparative, and Historical Methodologies Commons](https://nsuworks.nova.edu/tqr), and the [Social Statistics Commons](https://nsuworks.nova.edu/tqr)

**Recommended APA Citation**


This Article is brought to you for free and open access by the The Qualitative Report at NSUWorks. It has been accepted for inclusion in The Qualitative Report by an authorized administrator of NSUWorks. For more information, please contact nsuworks@nova.edu.
Social Marketing Strategies for Stigmatized Target Populations: A Case Example for Problem Gamblers and Family Members of Problem Gamblers

Abstract
Advertising theory and accompanying research literature are in their infancy when it comes to advertising services to stigmatized populations. We know very little about what messages will impact potential clients of services and what messages could even be harmful to potential clients and to society’s shaping of social issues. The purpose of this qualitative study was to examine the views of problem gamblers and family members of problem gamblers in developing 10 foot by 20 foot billboards to promote a local problem gambling service. Participants identified issues such as photographs of money being a trigger to gamble, guilt and shame being emotions that would turn them off of the advertisement, and a fear of the advertisement leading to a scam or hoax. More research and theory development on stigmatized populations is necessary to better promote services to stigmatized populations and to avoid contributing negatively to social issues.

Keywords
Gambling, Social Marketing, Billboards, Consumers’ Views, Qualitative, Participatory Action Research

Creative Commons License
This work is licensed under a Creative Commons Attribution-Noncommercial-Share Alike 4.0 License.

This article is available in The Qualitative Report: https://nsuworks.nova.edu/tqr/vol18/iss49/1
Social Marketing Strategies for Stigmatized Target Populations: A Case Example for Problem Gamblers and Family Members of Problem Gamblers

Kimberly A. Calderwood and William J. Wellington
University of Windsor, Windsor, Ontario, Canada

Advertising theory and accompanying research literature are in their infancy when it comes to advertising services to stigmatized populations. We know very little about what messages will impact potential clients of services and what messages could even be harmful to potential clients and to society’s shaping of social issues. The purpose of this qualitative study was to examine the views of problem gamblers and family members of problem gamblers in developing 10 foot by 20 foot billboards to promote a local problem gambling service. Participants identified issues such as photographs of money being a trigger to gamble, guilt and shame being emotions that would turn them off of the advertisement, and a fear of the advertisement leading to a scam or hoax.

More research and theory development on stigmatized populations is necessary to better promote services to stigmatized populations and to avoid contributing negatively to social issues. Keywords: Gambling, Social Marketing, Billboards, Consumers’ Views, Qualitative, Participatory Action Research

Introduction

The purpose of advertising typically is to promote commercial products (e.g., vehicles, homes, personal care products, alcohol, foods) and services (e.g., communications or financial services) to selected target markets to accomplish a profit motivation by business. On a smaller scale "social marketing" in the Western world usually focuses on marketing services such as exercise programs, fundraising for charities, and the promotion of particular causes to an identified target market without serving a profit motivation. Generally, the target audience for products and services is represented in the general public as most, if not all people in Western societies, at some point in their life will make use of many advertised products and services. Such a broad audience likely explains the dominance of this type of “common advertising” in society and in theory development. What has not been examined in the literature is some of the more “uncommon advertising” audience targeting, including how to “get to know” your consumer when the consumer is part of a stigmatized population and how to avoid potential negative consequences when advertising a product or service specifically to a stigmatized population.

Developing theory for advertising where stigma plays a key role is important because just as is the case with "common advertising," people with social problems need to be aware of products and services that would benefit them. For example, the past few decades have seen changes in gambling legislation in many Western countries leading to an increase in gambling behaviour. This in turn has led to an increase in gambling related problems. Prevalence studies indicate that somewhere between about 1.7% and 5.5% of the adult population has a gambling problem, depending on a range of demographic characteristics (Welte, Barnes, Tidwell, & Hoffman, 2011). However, it is estimated that only somewhere between 7% and 23% of problem gamblers, depending on region, ever seek formal treatment for their gambling behaviour (Helen, Cordingley, Hodgins, & Cunningham, 2009). There are
many barriers to seeking treatment, one of which is the lack of awareness about existing programs (Helen et al., 2009). Although this is a small percentage of the population, the costs to the individual, their family, and society is high enough to warrant efforts at a structural level to support individuals as they work toward gaining control over their gambling problem.

Although corporations increasingly are concerned about corporate social responsibility (CSR), there is significant ambiguity about the definition of CSR and how it has evolved in the literature (De Bakker, Groenewegen, & den Hond, 2005). Carroll (1979) offers one of the most frequently cited definitions: “the social responsibility of business encompasses the economic, legal, ethical, and discretionary expectations that society has of organizations at a given point in time” (p. 500). More recently, McWilliams and Siegel (2001) define CSR as “actions that appear to further some social good, beyond the interests of the firm and that which is required by law” (p. 117). Lamb, Hair, McDaniel, Faria, and Wellington (2012) provide a broader definition: “A business’ concern for society's welfare” (p. 52). Like other definitions found, these definitions do not specifically include a recognition of the vulnerability of “oppressed” service users and the importance of ensuring that corporate practices do not perpetuate “oppression.”

Consistent with Dominelli’s (2002) description of anti-oppressive practice (AOP), this study was social justice oriented, was focused on mitigating the effects of oppression, and strived to reduce power imbalances between agency and problem gamblers and family members of problem gamblers. AOP recognizes the role that language plays in shaping society’s social construction, including oppression (Baines, 2011). The use of AOP as a framework is timely as the American Marketing Association has recently amended its marketing definition to recognize that marketing not only influences consumers’ behaviour but it also has the potential to shape society’s social construction of phenomena: This shaping can be positive but also risks influencing society in negative ways (Andreasen, 2012). As such, the purpose of this study was to explore considerations required when marketing specifically to problem gamblers and family members of gamblers, a vulnerable population where there is a risk of negatively affecting this population and society’s views of this population.

**Literature Review**

Advertising to enhance service delivery in health and human services has been documented since the late 1970’s (Veeder, 1991). "Once a tiny subset of the field of nonprofit marketing..., social marketing has grown dramatically in the last 20 years” (Andreasen & Kotler, 2008, p. 9). Andreasen and Kotler (2008) provide a range of explanations for the differences between for profit marketing and nonprofit marketing and how these differences affect various target populations. However, they do not provide explanations of how advertisements are interpreted by individuals who are the ones engaging in the controversial behaviour or are in a stigmatized group: Asking the general public to donate money to a cause is very different than asking a gambler to attend a local problem gambling service.

To date, the nonprofit literature focuses on "raising funds" or "build[ing] the organization's image and reputation in society" (Wymer, Knowles, & Gomes, 2006, p. 4). "Marketing tactics help differentiate one nonprofit from another nonprofit” (Wymer et al., 2006, p. 4). Although there is recognition that stakeholders include the organization’s clients, almost nothing has been written about specifically targeting the clients themselves. Fundraising and recruitment of volunteers for example is targeted at a broader population. Educational materials are about “differentiation,” “positioning,” and “branding” (Wymer et al., 2006). There is some recognition in the literature that target populations differ but dimensions discussed are limited to areas such as socio-economic status, age, political views,
and tastes in music (Wymer et al., 2006, p. 46). Even in the 1980’s, authors such as Bloom and Novelli (1981) were identifying many challenges in social marketing including but not limited to the difficulty in getting to know the consumer. This view has been supported by the lack of literature to assist marketers in getting to know their audience.

The basic AIDA (Awareness-Interest-Desire-Action) hierarchy of effects model of promotion suggests that ceteris paribus: If there is increased awareness of treatment programs this should lead to increased enrolment in these programs (Lamb, Hair, McDaniel, Faria, & Wellington, 2012). The notion behind the AIDA model is that people respond as follows: “cognitive (thinking), affective (feeling), and conative (doing) sequence” (Lamb et al, 2012, p. 8). Messerlian and Derevensky (2007) asked youth for input about a gambling prevention campaign but the participants were not necessarily gamblers, and the focus was on prevention rather than motivating gamblers to attend a service. Darbyshire, Oster, and Carrig (2001) interviewed children of parents with a gambling problem and found that the gambling significantly affected the children’s overall well-being, but this study was not in the context of advertising. No research has been found that specifically addresses the thoughts, feelings, and behaviours of problem gamblers and family members of problem gamblers in their response to advertisements for problem gambling services, nor has research been conducted on the possible negative interpretations of advertising messages and their potential negative impact on society’s social construction of issues.

Andreasen and Kotler (2008) emphasize the importance in advertising of "[putting] the target audience at the center of everything one does" (p. 35). This is aligned with AOP’s tenets of client-centredness and empowerment (Dominelli, 2002). Baines (2011) indicates that clients’ “experience is … a key starting point in the development of new theory and knowledge, as well as political strategies and resistance. Their voices must be part of every program, policy, planning effort, and evaluation” (p. 7). Dominelli further stresses that client-centredness and empowerment alone are insufficient AOP: AOP must be implemented at organizational, community, and structural levels as well. This includes research. Rogers (2012) discusses how research can be conducted from an AOP perspective, stressing the importance of acknowledging power imbalances and including service users in the research process. Based on the value of client-centredness and empowerment at an organizational level, and with a goal of contributing to society’s understanding of the experiences of a vulnerable population (in this case problem gamblers and family members of problem gamblers), a participatory action research design was used. The specific research question was: What are the views of problem gamblers and family members of problem gamblers regarding slogan and advertising design for attracting people to the local problem gambling service (PGS)?

The Windsor, Ontario context

The study occurred in Windsor/Essex County, the most south-westerly county in Canada with a population of 393,402 (Statistics Canada, 2007). Windsor is the urban core of Essex County and is considered to be the fourth most ethnically diverse city in Canada (CityDirect, 2013). Windsor has three types of gaming venues (one casino, one racetrack, and several bingo halls) and as is typical in Canadian communities, Windsor has numerous outlets for the purchase of lottery products. The local problem gambling service is the only problem gambling service provider in the region so does not compete with other services.

The Principal Investigator (first author and social work professor) was part of a problem gambling research group consisting of several gambling researchers and the manager of the local PGS. On numerous occasions, the manager had expressed concern about the number of clients declining over the past few years and he wondered if billboard
advertising might be useful for increasing the profile of PGS. The second author (a business professor) was recruited to the project because of his marketing expertise and interest in social marketing in the local community. Our intention in developing the research study was to provide the PGS with an opportunity to obtain funding for billboard advertising, to hold focus groups to obtain the views of problem gamblers and family members of problem gamblers to inform the development of the billboards, and to monitor the impact the billboards had on admission rates.

Methods

Data generation

Given that the point of the data generation was to develop what is known in the advertising literature as “creatives,” it was important to use a methodology that led to as much creativity as possible. Focus groups were the ideal choice because they allow for participants to engage in meaningful creative discussion through exchanging and debating ideas. Family members of problem gamblers were separated from problem gamblers in case different themes emerged depending on cohort. Saturation was not reached after just one round of focus groups, so a second round was held and saturation was reached at that time. The data generation protocol was approved by both the University of Windsor’s and the local sponsoring hospital’s Research Ethics Boards. Participants were recruited through a flyer posted at the PGS, not by direct contact with a service provider, so there was no coercion to participate. Participants were assured that their participation was voluntary and that their treatment plan would be unaffected by their participation or lack thereof. They were also assured that no identifying information would be included in the results. Since the focus groups were held at PGS, if any participant was triggered by their participation in a focus group, there were service providers available to address their concern immediately.

The creatives

For the first round of focus groups, there were four formats of creatives: One had a single person's profile with words to identify the gambling problem followed by a message of hope such as "There's help!" Another was a split screen billboard, again with a distraught individual but this time also identifying a consequence of gambling, that of harming family relationships. A third format focused on the consequence of losing money. The fourth format was not a billboard but an outdoor advertising medium where waste receptacles in a range of outdoor settings would be wrapped in a vinyl coating to display several versions of photographs and messages. All versions of the waste receptacle had the headline "DON'T THROW IT AWAY!" but the sub-heading and photographs varied. For example there was one with photographs of families with the message "Gambling away your family?" and another with photographs of dollar bills reading "Gambling with your mortgage?"

The advertisements presented in the second round were similar to those in the first round with modifications that reflected feedback from the first focus groups: for example, use of the words "Sick and tired," having an example focusing on retirement, and a message that reflected "not being there for family." Participants were told that with the advertisement about the child asking "Where's Daddy?" there would be a series of advertisements with variations such as a woman dressed for an anniversary dinner saying “Where’s my husband?” and/or a dinner table with an empty chair and a child saying “Where’s mommy?”
Focus group participants

Thirty one people participated in the four focus groups, sixteen people participated in the first round and fifteen in the second round. Fourteen were male and 17 female. Seventeen were problem gamblers and 14 were family members of a problem gambler. The mean age for both cohorts was 51 (range 32 to 72 for problem gamblers and 28 to 72 for family members). Sixteen were married or common-law, 10 divorced or separated, 3 were single and 2 identified "other" for marital status. Almost all participants were Caucasian, identifying themselves as "Canadian." Two people identified themselves as European, 1 as Asian and Aboriginal, and 1 did not identify any ethnicity. Fourteen of the participants reported being employed full-time or self-employed, 4 were employed part-time (one of which was also a student), 5 were unemployed (one of which was a student), and 8 were retired. For highest level of education achieved: 2 had a master’s degree, 5 had a bachelor degree, 7 a college diploma, 16 completed high school, and 1 had no formal education completed. Slots (n=21) were most commonly identified as a concern, followed by bingo (n=10), poker (n=9), and the racetrack (n=8). Eleven participants indicated "other" for type of gambling they were concerned about: 6 identifying lottery tickets, 3 sports betting, 1 blackjack, 1 roulette, 1 Internet gambling, and 1 indicated "any" type of gambling. Twelve gamblers and three family members of gamblers indicated they had other psychiatric conditions: 6 depression, 2 anxiety, 2 bi-polar disorder, 1 attention deficit disorder, and 1 post-traumatic stress disorder. Seventeen had heard about the service through word-of-mouth, 5 from the phone book, 3 from the casino, 2 from an advertisement, and 3 from "other."

Focus group procedure

In the first half of the first round of focus groups, the KJ-Method of consensus building was used. This is a technique that “allows groups to quickly reach a consensus on priorities of subjective, qualitative data” (Spool, 2004, p. 2). Participants wrote on sticky notes the thoughts, feelings, and trigger words that they recalled experiencing at the time they first sought help – presumably a time when the advertisement might be most likely to catch their attention. The notes were posted on the wall, participants organized them into themes, and each participant placed a sticker on the three most meaningful terms posted – words that might trigger them to want to seek help. The second half of these focus groups involved the evaluation of simulated outdoor advertisements. Since the typical person generally only looks at a print advertisement for between one to two seconds (Franzen, 1994) and the maximum glance time of a motor vehicle operator for any driving task is typically no more than three seconds (Tijerina, Kiger, Rockwell, Tomow, Kinateder, & Kokkotos, 1995), participants were initially shown each slide for only three seconds and then asked to rate on a scale of 1 to 7 how “eye-catching it was.” After their rating, they were shown the same slide again for as long as they needed to rate how much they “liked the ad” on a scale of 1 to 7, and to write down an explanation for their rating. This process continued until all of the sample advertisements had been presented. Then the moderators facilitated a group discussion for participants to share their views, and to engage in creative discussion about a preferred billboard slogan and design.

A second round of focus groups (also one group of problem gamblers and one group of family members of problem gamblers) occurred one month later, where new participants reviewed new and refined creative executions which emerged from the results of the first set of focus groups. Again, the process included flashing seven slides each for three seconds, having participants rate their initial impression, then showing the slide for participants to
study and document details of what they thought of the advertisement. This was followed by an open group discussion and a consensus on the final billboard design.

At the end of each focus group, participants were asked to complete an additional feedback form to anonymously highlight their views about each advertisement shown and to provide demographic quantitative measures including their age, ethnicity, marital status, employment status, and type of gambling concern. All focus group sessions involved two moderators (a researcher and the manager of the agency). All participants were offered compensation in the form of a $40 gift voucher for their time and $10 cash for their travel expenses to and from the focus group. All focus groups were audio-taped and professionally transcribed.

Data Analysis

The data analysis for identifying emotions is indicated in the data generation section above. For the ratings of a creative, the average score was calculated for participants' rating of how eye-catching the advertisement was after having seen it for three seconds. For the discussion about the creative executions, the credibility of the findings was increased by having both authors analyze the data using data analysis methods common to their field, social work and business respectively. The first author followed McCracken's (1988) stages of analysis, starting with a line-by-line review, highlighting meaningful "utterances" without giving consideration to the overall transcript. Then within each transcript, she copied and pasted into another document all highlighted areas (including supporting quotations) and grouped them together as common underlying ideas emerged. An utterance was copied to more than one group if it had relevance in more than one place. As more and more statements were grouped together, the first author began to identify theme headings that were placed above each section. Once this was completed for each transcript, commonalities across transcripts were combined, paying particular attention to exceptions and unexpected findings (based on the authors’ cultural reviews prior to the focus group collection). At first, the problem gamblers’ transcripts were kept separate from the family members’ transcripts but because of the remarkable consistency between the two cohorts, in the end they were combined. Where differences lay between the two cohorts, these were clearly noted.

The second author used a “Keywords-in-context” approach to the analysis. As noted by Fielding and Lee (1998), the major assumption underlying keywords-in-context is that people use the same words differently, necessitating the examination of how words are used in context. Furthermore, the contexts within words are especially important in focus groups because of the interactive nature of focus groups. Thus, each word uttered by a focus group member not only was interpreted as a function of all the other words uttered during the focus group, but it was interpreted with respect to the words uttered by all other members of the focus group. As is the case for classical content analysis, keywords-in-context can be used across focus groups (i.e., between-group analysis), within one focus group (i.e., within-group analysis), or for an individual in a focus group (i.e., intra-member analysis). Keywords-in-context involves a contextualization of words that are considered central to the development of themes and theory by analyzing words that appear before and after each keyword, leading to an analysis of the culture of the use of the word (Fielding & Lee, 1998). After both authors completed their independent analysis, they met to discuss the findings. There was remarkable consistency in the themes they identified. Any discrepancies were only a matter of refining the wording. In no instance was there disagreement about the priorities and key messages of the participants.
Results

Emotions and triggers

The results of all four focus groups were remarkably consistent. In the first round of focus groups that addressed their emotions, triggers, and consequences, the extent of the focus group participants' emotions and their passion in describing their experiences was overwhelming: They easily could have continued to share their experiences for another hour beyond the two-hour focus group timeframe. Table 1 outlines the emotions identified by both problem gamblers and family members of gamblers respectively.

Table 1. Reported emotions at the time of seeking help (n=16)

<table>
<thead>
<tr>
<th></th>
<th>Problem Gambler</th>
<th>Family Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desperation</td>
<td>Devastate (1), Misery (1), Feel pressure, Desperation</td>
<td>Frustrated (2), I want off this merry-go-round (2), Loss of hope (1), Helpless (1) Tired of pretending (1), When is enough, enough? (1), Disappointed, Tired of having to deal with it, Tired of the lies, End of my rope, Stressed, Overwhelmed</td>
</tr>
<tr>
<td>Anger</td>
<td>Anger, Getting Mad (4), Loser, Stupidity, Anguish, Hate, Revenge</td>
<td>Anger (2), Had enough (1), When is enough, enough? (1), Resentment (1), Hate, Pissed off, Self-hatred</td>
</tr>
<tr>
<td>Numbing</td>
<td>Numb (1), Escape (1), Lost, running away (1), Empty shell (1), No feelings, Learn how to cry, Zone out, Let you forget everything</td>
<td>N/A</td>
</tr>
<tr>
<td>布满</td>
<td></td>
<td>Mentally Abused (2), Hurt (1), Divided (1), Confused, Why?, But I love you!, Why can’t you stop?, Waste of life, Never know what’s next</td>
</tr>
<tr>
<td>Dishonesty</td>
<td>Lies (1), Cheating</td>
<td>Just want honesty (1), Untrustworthy (1), Cheated, Tired of the lies, Afraid to trust</td>
</tr>
<tr>
<td>Fear</td>
<td>Fear (1), Worry</td>
<td>Fear (2), Scared, Afraid to answer the phone, Afraid to trust, Danger</td>
</tr>
<tr>
<td>Guilt</td>
<td>Shame (1), Embarrassed (1), Guilt</td>
<td>What did I do to cause this? (2), Embarrassed</td>
</tr>
<tr>
<td>Escape</td>
<td>Change my life (1), Alone, Anti-social(1)</td>
<td>Fight or Flight?, Want to run away, Need Isolation</td>
</tr>
<tr>
<td>Enjoyment</td>
<td>Relief (1), Fun, Social, Sense of importance, Big Shot, Fantasy world, Dream, Security, Hope to win a lot, Winning Big, Enjoyable until...</td>
<td>Appreciation, Curious</td>
</tr>
</tbody>
</table>

NOTE: The numbers in brackets after the emotion indicate the number of participants indicating this as one of their top three most "salient" terms.

Feelings of "desperation" were most commonly identified by family members and to a lesser degree among gamblers. "Anger" was identified by both cohorts and received high ratings in its prioritization of "salient" terms. Problem gamblers identified descriptive terms related to numbness while family members did not. Family members identified confusion but gamblers did not. Both groups identified emotions relating to dishonesty, fear, guilt, escape, and
enjoyment. The consequences of gambling (Table 2) all reflected losses in the participants’ lives: health (both emotional and physical), family, self-worth, financial, lifestyle (turning to crime), time, and work.

Table 2. Consequences of Gambling Reported by Focus Group Participants (n=16)

<table>
<thead>
<tr>
<th>Health: mental &amp; physical (4)</th>
<th>Problem Gambler</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety (2), Suicide (1), Death (1), Insane, Ill, Depression, Impotence, Lack of Sleep, Hurt</td>
<td>Physically ill, Sick and tired, Headaches, Sleepless nights</td>
<td></td>
</tr>
<tr>
<td>Family (2)</td>
<td>Destroy family, Destructive (1), Missing time with children (1), Divorce, Loss of time with family</td>
<td>Lasting effects on children</td>
</tr>
<tr>
<td>Self-worth (1)</td>
<td>Loss of respect (1), Only care about self, Lose self-esteem, Incapable, No more trust</td>
<td></td>
</tr>
<tr>
<td>Financial</td>
<td>Dishonesty/Broke (1), Loss of Revenue, Bankrupt</td>
<td>Being homeless, Financially cheated</td>
</tr>
<tr>
<td>Lifestyle (turning to crime)</td>
<td>Jail, Crime, Drinking and drugs, Thefts, Excuses</td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Missing important dates, Loss of time</td>
<td></td>
</tr>
<tr>
<td>Work-related</td>
<td>Pink Slip, Loss of work</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: The numbers in brackets after the consequence indicate the number of participants indicating this as one of their top three most "salient" terms.

Ratings

Table 3 demonstrates for each cohort (gamblers and family members of gamblers) the ratings of the creative executions displayed in the Powerpoint presentation. Consistently, the split screen sample, received the most favourable ratings. This included the photograph of a distraught individual on the left side and a photograph of shattered glass over a family photo on the right side. The word “shattered” and wording related to “program gambling” was also included, along with something about help and a phone number and/or website address. The qualitative feedback provides depth in the participants’ views.
Table 3. Ratings of sample creative executions.

<table>
<thead>
<tr>
<th>Picture on creative</th>
<th>Wording</th>
<th>Family* member rating</th>
<th>Problem* gambler rating</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>bills and loose change</td>
<td>GAMBLING THE HOUSE PAYMENT? THERE’S HELP!</td>
<td>5.14</td>
<td>4.66</td>
<td>4.9</td>
</tr>
<tr>
<td>head profile of single Caucasian woman holding hand to face</td>
<td>WORRIED ABOUT GAMBLING? THERE’S HELP!</td>
<td>3.32</td>
<td>4.4</td>
<td>3.86</td>
</tr>
<tr>
<td>chest up single possibly middle eastern man casually dressed holding head in hand</td>
<td>Sick and tired of gambling? WE CAN HELP!</td>
<td>3.06</td>
<td>4.0</td>
<td>3.53</td>
</tr>
<tr>
<td>chest up Caucasian man holding head down slightly, partial view of Caucasian woman with arms around his shoulders looking into his face</td>
<td>GAMBLING your retirement money? THERE’S HELP!</td>
<td>3.14</td>
<td>3.94</td>
<td>3.54</td>
</tr>
<tr>
<td>chest up Black boy wearing party hat holding balloon</td>
<td>Cartoon bubble from child’s head says where’s daddy? GAMBLING with your family? THERE’S HELP!</td>
<td>4.15</td>
<td>3.77</td>
<td>3.96</td>
</tr>
<tr>
<td>waste receptacles – wrapped in vinyl with photos of bills and lose change</td>
<td>DON’T THROW IT AWAY! Gambling with your mortgage?</td>
<td>3.07</td>
<td>3.19</td>
<td>3.13</td>
</tr>
<tr>
<td>waste receptacles – wrapped in vinyl with photos of happy family faces</td>
<td>Gambling with your family? DON’T THROW IT AWAY!</td>
<td>4.17</td>
<td>4.63</td>
<td>4.4</td>
</tr>
<tr>
<td>waste receptacles – wrapped in vinyl with photos of family faces without smiles</td>
<td>Gambling with your family? DON’T THROW IT AWAY!</td>
<td>3.86</td>
<td>3.81</td>
<td>3.84</td>
</tr>
<tr>
<td>left: chest up Caucasian man in suit holding head in both hands right: head shot of Caucasian man with Asian woman and young girl</td>
<td>SHATTERED? GAMBLING PROBLEM? PROBLEM GAMBLING SERVICES CAN HELP</td>
<td>2.07</td>
<td>3.01</td>
<td>2.54</td>
</tr>
<tr>
<td>left: chest up Caucasian woman holding head in both hands right: head shot of Caucasian woman with two young girls</td>
<td>GAMBLING AGAIN? SHATTERED? PROBLEM GAMBLING SERVICES CAN HELP</td>
<td>1.64</td>
<td>2.58</td>
<td>2.11</td>
</tr>
<tr>
<td>left: chest up possibly middle eastern man casually dressed holding head in hand right: possibly middle-eastern man with Caucasian woman and two boys</td>
<td>GAMBLING PROBLEM? SHATTERED? PROBLEM GAMBLING SERVICES CAN HELP</td>
<td>2.65</td>
<td>3.44</td>
<td>3.05</td>
</tr>
<tr>
<td>split screen – head shot Black person with tear going down face head shot of Black family: male, female, young boy and girl</td>
<td>GAMBLING AGAIN? SHATTERED? PROBLEM GAMBLING SERVICES CAN HELP</td>
<td>1.36</td>
<td>3.88</td>
<td>2.62</td>
</tr>
</tbody>
</table>

*The rating scale was 1 to 7 where 1 was a favourable rating and 7 was an unfavourable rating.

Qualitative feedback on the creative executions

Both website and phone number necessary

Participants highlighted the importance of including both a website address and a phone number on the billboard. The following quotation exemplifies the view that a website contributes to maintaining anonymity, is convenient any time of day, can assist in making immediate contact, and puts less pressure on those making contact for the first time:

In the middle of the night is when you can’t sleep because you’ve got things haunting you, you can go online quieter than you can get on a phone and make contact. You can find out information and think it over before you do it. And
what I was thinking is because you’ve got a website, wecanhelp.com, and I guess the "we can help" in there ... I like that.

A phone number is important for immediate access for those who have a cell phone, and for those who cannot access the internet. For example:

My husband’s an internet gambler, so I wouldn’t want him on the computer looking at the website. He’s not going on the computer, so that’s why I would rather a phone number.

Or, if they simply do not have access to the internet: “here are a lot of people who do not have access to the internet ... Maybe they have gambled so much that they don’t have a place to live.”

*Fear of a gimmick*

The wording “stopforfree.com” was questionable. Although one individual stated: “I like the website address. It was very easy to remember,” others had concerns: "I’d be a little suspect of that address." Participants were worried that the website could be a "gimmick," could be "an off-shore scam," and typing the address into their computer may result in a lot of spam. Another view was that "Oh Lord it’s going to be some Christian group or some God darn thing like that, trying to drag me into their church and their hold." One participant stated that “stopforfree meant nothing.” Participants were leery about the inclusion of the word “free”:

The word “free” is very important. People have to know that the service is free. But when you read the website address, it doesn’t say free for what. It just says stopforfree.com which would make you wonder, yes it’s something for gambling but what are they offering for free?

Another comment about the website stopforfree.com was regarding the word "stop":

I think it gives the wrong message.... You (referring to the service) are not stopping gambling, you are helping. Okay? You are not stopping.... Even the program that is put on here is based on harm reduction not outright stopping. Okay? And giving the idea that this is somehow going to stop it, that is not what this is about. This is where to go to get help. Okay? And uh I just think it gives the wrong message.... I don’t think stop is the key word.... If you put the word pain that is fine but I don’t think the word “stop” is the key.

One participant suggested "help now” or "help free" for key words in the website address. Others suggested that the address all be in small letters unless the name of the service was included, in which case the name should be in capital letters. They also preferred that the website end with .org rather than .com because .com was perceived as indicating that it was for a company.

*The agency logo is essential*

Participants felt that including the agency logo was essential because by being affiliated with the hospital, the advertisement would have more "legitimacy." A hospital service
implies confidentiality, free services, professional staff, and a credible service. It does not suggest a religious organization, a hoax, or a link to spam, which were some of the concerns raised by participants:

I also think that it’s good that it’s the hospital. I mean it's professional. I know of other people who’ve gone to meetings where they show up and there’s like no one else there. This way here you know if you’re going to be associated with Windsor Regional Hospital you know there’s always somebody there.

Another rationale for including the hospital logo was that "even people if they don’t catch the phone number, they catch the Windsor Regional Hospital and call the hospital to get the number."

*Photographs should reflect a range of demographics*

Participants had varying views about which photographs would be most effective. Some participants identified with some photographs while others did not identify with those same ones. For example:

Participant 1: The one about the retirement, he’s just staring off into space. I mean, he doesn’t even look like he’s upset in the ad.

Participant 2: He is [upset]. He’s empty.

Participant 1: Well, if you go back to it and take a look, he’s just staring straight down…. He’s got a blank expression on his face, he’s just looking at the ground, but if you look at the other ones, where the guy’s got his hand on his forehead, where he is holding his head up…. See he’s looking remorseful. He’s like "Oh, what have I done?"

Participant 2: I don’t like that one…. I just don’t like the way he’s sitting, I don’t like the way his face is, it doesn’t tell me anything. It just looks like he’s bummed out, which isn’t enough for me.

Participant 3: And I agree. I like the other picture of the woman.

Participant 4: Yeah…. I can see the despairing man. I like the fact that he’s a little bit younger…. Well, I mean each picture appeals to a different gambler out there. Right? Select. I mean I like some of the other ones, just as much, but I can see each one appealing to a different person out there. If you’re only going to have one, I thought I’d like to see one with a man and a woman in it.

Younger participants had difficulty relating to the retirement one and felt that photographs of younger people would need to be chosen too. Some had difficulty relating to the photograph of a woman supporting a man:

If it was a social worker or somebody across the table, you know, supporting them in a professional way that would be more effective. But seeing the love and support of another person when you don’t [have] that love and support, it’s not really good.
There was consensus among participants that they did not want to see happy faces. The following dialogue is one sample that exemplifies this point:

Participant 1: The waste receptacle with the happy family? That didn’t work for me at all.

Participant 2: Yea.

Participant 1: At all. The same with the shattered family. There is nothing eye-catching about happiness.

Participant 3: Exactly.

Participant 1: People don’t get eye-catching about happiness.

And as another stated:

To me at the height of my misery, if I would have walked by that, I would have thought “Oh isn’t that nice. Aren’t they happy” and kept going. It wouldn’t have caught my eye. It just would have made me more miserable thinking about happy families. But a miserable family would have caught my eye.

Particularly on the waste receptacles, they thought the smiling faces would be misinterpreted as an advertisement for a photography workshop, or for collecting money for families in need, or to reduce littering. And it was too positive and did not depict the consequences of gambling.

The waste receptacles in general were not well received

Several concerns were raised about the waste receptacle samples. Participants liked the message of "throwing it away" but were concerned that no one would notice it on a waste receptacle – it was too busy, the words were too small, the pictures took away from the message, it was not eye-catching because it was below eye level, and advertisements on waste receptacles would likely be destroyed. Participants felt that it would be better to have the message on something more visible. The following quotation exemplifies the sentiments expressed by many:

I found those ones on the trash cans are just too small and insignificant, I know you’ve got ads on the trash cans wherever you go in the city or something or other, but who in the hell ever sees them or bothers to read them. You’ve got to have something that’s gonna smack you right upside the head. A little trash can isn’t gonna do it.

Others even went so far as to say: “I hated the garbage one” and “the smaller ones on the garbage can didn’t do it for me either.”
Don’t use guilt as a tactic

Although many liked that the creative with the child asking "where’s Daddy?" addressed the impact that gambling had on children, many felt that children should not be used in gambling advertisements because they questioned the ethics of doing so and felt it was targeting too much guilt: "I found the one with the kids ... it was a little bit too much guilt… for me. It made you just want to hide away from it all and not deal with it." And as another stated:

I didn’t like the one with the younger child in it too much…. Just tired of seeing it on television, “missing kids” stuff, you know. Sort of put guilt on adults. I mean [it] might appeal to a lot of other people but it just turns me off.

Anecdotally, a few people expressed concerns about the billboards evoking shame which may turn potential clients away from the billboard message.

“Help,” “you're not alone,” “gambling again?” and “shattered” should be used

Participants did not like the word “worried,” but did want to see the word “help” in the advertisement to "make it a little more concrete" and to give it a "more positive spin": "Like I would like to hear something like ‘we can help you’ or ‘we can help you get out of your rut’ or ‘we can help you get out of your something,’ ‘we care,’ ‘we’re here to listen or something.’ Another individual stated:

I put a few questions down: “Is your life out of control?” Right? “Are you losing your house?” “Is your family leaving you?” “Do you have a gambling problem?” Big letters “WE CAN HELP!”

There was consensus that another good message would be “you're not alone” and some even preferred it over the word "help":

To me a stronger message would be “we know how you feel” ... as opposed to “we can help.” That would be more inviting, I believe, for an addict or somebody who’s feeling down and out, to talk to someone who knows how they feel. They don’t want to talk to somebody to say, you know, you gotta do this, you gotta do this, you gotta do that and I believe it would, more people would call in.... just somebody to talk to, yeah well you can help, that can come up later but, I think it would be more inviting ‘cause you might not want any help, you might want to just talk to somebody.

Participants recommended “gambling again?” as an alternative to “gambling problem?”: "That would be a good one, because it is relapse. People do relapse. And a lot of people don’t. I don’t think they realize that." One recommendation was to:

have a couple of them, you can have this one here where it says “Problem gambling?” and you can have the same one in another location saying “Gambling again?” You know because someone’s going to recognize that it’s up there and then they’re going to notice: "Oh there’s the same advertisement but it’s worded differently." You know, but they’ll see it once this way and
they’ll see it again the other way and it’s almost like you are talking to them saying “Oh, gambled again?”

Overall, participants really liked the word “shattered”:

Participant 1: To me the word “shattered” really hit me.

Participant 2, 3, and 4: Yea.

Participant 5: The word *shattered* (emphasis) is the best word that was up there today.

And as another individual stated

I think the word “shattered” too stood out. It was one word, you had to read it really fast, so when you saw that word you looked at the pictures a little bit faster and to understand and read the help line afterwards. You know you’re always looking at the picture first before you read the words right?

Overall “shattered” was preferred by participants, however, “sick and tired” was also well received by family members. A comment by a family member was as follows:

If I was the person doing the gambling, what would appeal more to me would be the shattered…. But as a family member, this one here, because it’s got the big bold lettering, “sick and tired of gambling?” and from my experience, she was. She was sick and tired and it took coming here and everything else for her to stop.

Participants debated whether we should strive to capture some of the intense emotion and pain that gamblers and family members of problem gamblers felt, or develop an advertisement that focused on hope. In the end, participants chose to include both, with the terms “shattered” and “gambling again?” followed by “There’s help!” Also regarding emotions, participants wondered whether it was possible to target family members and problem gamblers at the same time given that gamblers spoke more of “devastation” and family members more of being “fed up.”

**Avoid possible triggers**

The lowest rating was for the billboard that displayed dollar bills and coins. Participants felt strongly that there should be no money in the advertisement because money is a trigger for them to gamble. Instead of reading the advertisement, they thought they would just turn around and go to a gambling venue. Also, they felt that photographs of people would be more effective than money because people evoke emotion. The following is a sample of the dialogue about the money creative:

Participant 1: Please just take it out.

Participant 2: Oh my God. Don’t even waste your time talking about it.

Participant 3: It does nothing for me.
Many Participants: No.

Participant 4: It is too confusing.

Participant 5: Yup.

Participant 2: [It] can be a trigger. Showing all that money. My comment is it looks like you might win your house payment.

Many participants: (nodding heads).

Participant 1: Yeah, that’s exactly.

Participant 6: That blinds me. The money … I can’t read that there, you understand the idea? I only look and see the money…. It mentally blinds me.

Participant 1: I start day dreaming.

The split screen creative was catchy and tapped into emotions

The advertisements with the single person identifying gambling as a problem and offering help received relatively low ratings. For example, for the advertisement with the woman holding her head in her hand and the message "Worried about gambling? There's help! stopforfree.com," participants felt that it was not colourful enough, not catchy, and the individual did not look worried or upset enough. They thought it just looked like she was having a bad day: "She has a headache. She needs drugs." Participants felt that there needed to be tears running down her face to have a greater impact: "The photos must show enough pain."

On the other hand, the split-screen creative depicting an individual in despair on one side and the effect on the family on the other side consistently received the most favourable ratings: "I absolutely agree with (another participant). You know, with the shattered glass and the family shattered and it’s obvious that he is depressed. That is very good. You know. Something of that effect would work." Other exemplifying comments included: "I love it. Very eye-catching, powerful statement," "very symbolic, ‘shattered’ cuts to the truth, shows devastation," and "very effective, to the point, clear and scary, strong message, all in one message."

As stated above, participants identified with the word shattered. They also liked the red colouring in these creative executions: "The shattered one is really good when you use like the red and the white mixture in there…. That to me really stood out pretty good." They also liked the depiction of the impact on the family without it coming on too strong. As one person stated in general: “It’s about the hurt ... the confusion, stress….Yup. Family.” And another,

I love (emphasis) the shattered ads.... that just tugs at your heart strings. The first one where the fellow’s sitting there and it’s just got words beside him, tough luck for you bucko. But, sorry, when the family is shown there, the “shattered” that, that (emphasis), I tell ya (whistle).
And as another stated,

I think that if they stressed more of the breaking up of the family and the breaking up of your kids and your wife and your spouses, that’s the whole business…. the family. And when I lost money, the family started drifting apart. I finally got them all back and we’re a good group, but you know, it’s the splitting up of the family and the shattering of the family and stuff that would be much more important to me than worrying about gambling a house payment that I don’t even have to make.

The only criticism about the split screen creative execution was that it was too congested and may take too long to decipher if one is driving past:

It was just too busy; there was just too many things. I mean you had the two pictures, the two bars with two different things in it and then you had the (hospital name) on the bottom and then you had the big long thing down at the bottom. If somebody’s on a bus or driving in the mini-van and you only have that three seconds, I mean the first thing that caught my eye was the red banner. But the rest of it was like, what was all that, you know?

Discussion

To date, no research has been found that has explored problem gamblers’ and family members of problem gamblers’ views on the content of billboard advertising for problem gambling services. As such, the findings in this study about photographs of money being a trigger to gamble, guilt and shame being emotions that would turn them off of the advertisement, and a fear of the advertisement leading to a scam or hoax are new considerations not yet captured in the literature. When developing a creative for selling a vehicle or communication service to the general population for example, one need not be so worried about offending the target population or triggering behaviour that leads to devastating consequences. The caller to the agency who was upset that one of the billboards was located next to a billboard advertising a local pawn shop revealed to us that not only is the design of the advertisement important but the manner in which it is disseminated, including location, also has risks that must be considered.

As stated above, advertisements can shape society’s social construction in both positive and negative ways (Andreason, 2012). An example of a potential negative consequence was an anecdotal concern expressed by the sponsoring administration that the billboard with a photograph of a Black family could be interpreted as racist because it could be misunderstood as the sponsor suggesting that gambling is a problem that occurs primarily amongst Black people. Once we explained the importance of having a range of demographic characteristics depicted on varying signs, this concern was alleviated for those raising the concern. However, we don’t know how depicting a Black family may have affected others in the community who did not benefit from our explanation about the range of demographic characteristics being important. Also, we do not know how the billboards may have contributed to the community’s social construction of gambling and of those who gamble or are perceived to gamble.

Another challenge was whether to choose words reflecting the intense emotion and pain participants expressed or reflecting hope. There are possible negative consequences of addressing the pain such as increased shame and guilt. On the other hand, evoking shame and guilt might be the motivator for someone to call the problem gambling services. We also
wondered if it was possible to target family members and problem gamblers at the same time as gamblers spoke more of devastation and family members more of being fed up.

Given that this was a qualitative research study, it is not our intent to suggest that the findings are generalizable. Instead, as made popular by Geertz (1973), we have provided readers with a thick description so that readers have sufficient knowledge about the study and context to discern for themselves the transferability to their own context. The findings show that the problem gamblers and family members of problem gamblers provided the researchers/billboard developers with important insights that otherwise the developers would not have considered in the design of the advertisements. These considerations were important in the study context as to not further perpetuate the stigma, such as having the advertisement on the garbage cans (which is what was recommended by the advertising company and initially preferred by the research team but rated low by participants).

One major limitation of the study was that all participants had already sought treatment at PGS: We did not obtain views from those who had not sought treatment, the population we most want to target with the advertising. Also the problem gambler participants, having already had some treatment, likely would have been at the action or maintenance stage of change as per Prochaska and DiClemente’s stages of change (Prochaska, DiClemente, & Norcross, 1992) as compared to gamblers that such an advertisement would strive to target: presumably people at the contemplation, preparation, or action stage.

The implications for other researchers and advertisers is to recognize that there may be important considerations specific to the target population that are influenced by the stigma in society, and that failure to consider these could lead to individuals and society interpreting the advertisements in a negative way, further perpetuating the stigma. We recommend that any advertising initiative for vulnerable populations undergo participatory research in the development phase to minimize the chances of perpetuating oppression.

References


Author Note

Kimberly A. Calderwood, PhD, Associate Professor, University of Windsor, Canada, School of Social Work. 401 Sunset Avenue, Windsor, Ontario, Canada, N9B 3P4, 519-253-3000 ext. 3083, kcalder@uwindsor.ca

William J. Wellington, PhD, Associate Professor, University of Windsor, Canada, Odette School of Business. 401 Sunset Avenue, Windsor, Ontario, Canada, N9B 3P4, 519-253-3000 ext. 3151, r87@uwindsor.ca
Please direct correspondence to Kimberly Calderwood at 519-253-3000 ext. 3083 or kcalder@uwindsor.ca

We sincerely acknowledge the contributions made by Nick Rupcich, Mirna Karkanawi, Evelyn Smith, staff, and clients at the Windsor Regional Problem Gambling Services. We also thank Dr. Ron Frisch, Melissa Simas, Marina Denisova, Kristina Verner, and Jason West at the University of Windsor. In addition, we appreciate the input provided by the HCA Group and Pattison Outdoor Advertising.

This project was funded by the Ontario Problem Gambling Research Centre and the Windsor Regional Hospital.

Copyright 2013: Kimberly A. Calderwood, William J. Wellington, and Nova Southeastern University.

Article Citation