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A Longitudinal Study: Casino Gambling Attitudes, Motivations, and Gambling Patterns Among Urban Elders

Fayette Martin,

Wayne State University, School of Social Work, 4756 Cass Avenue, Detroit, MI 48202, USA,
bb3704@wayne.edu

Peter A. Lichtenberg, and

Wayne State University Institute of Gerontology, 87 East Ferry Street, 226 Knapp Building,
Detroit, MI 48202, USA, p.lichtenberg@wayne.edu

Thomas N. Templin

Wayne State University, College of Nursing, 5557 Cass Avenue Cohn, Room 321, Detroit, MI
48202, USA, ac0410@wayne.edu

Abstract

Guided by self-determination theory, the main purpose of this study was to explore demographic characteristics, attitudes toward casinos, and self-reported intrinsic and extrinsic reasons for casino gambling by urban elders. The study hypothesized that individuals would more frequently report intrinsic motivations for casino gambling (e.g., entertainment, enjoyment) rather than extrinsic motivation (e.g., financial gain). This longitudinal sample included 247 urban elders older who were 60 years and older and who had participated in surveys in 2002 and 2004. The initial survey consisted of (a) demographic items, (b) five items to measure attitudes toward casino gambling, (c) questions inquiring about motivations for casino gambling, and (d) questions about gambling frequency. The follow-up survey was an expanded questionnaire which still included these items. The sample consisted of the 247 participants, over 200 of whom were African-Americans, 188 were female, and 98 of the participants had a post graduate education. About half were widowed, and the sample generally reported a low income. The results supported the theoretical perspective underlying the project. The hypothesis that more participants would endorse intrinsic motivations for casino gambling rather than extrinsic motivations was supported. The implications of these findings represent for social workers, gambling counselors and health care services providers an important step toward understanding the attitudes, behaviors, and motivational factors involved in casino gambling among older adults.

Keywords

African-Americans; Blacks; Gaming; Slot machines; Urban elders; Older adults

Over the past several decades, gambling has become progressively more popular, more widely available, and more socially acceptable in the United States (Desai et al. 2004). As of 2008, only two states (Hawaii, Utah) did not have some form of legalized gambling (American Gaming Association 2008; Korn and Shaffer 1999; Zaranek and Chapleski 2005). Thirty-seven states and the District of Columbia operate state-sponsored lotteries, 41 states permit para-mutual wagering, and 46 states allow charitable gaming. Gambling in

casinos, including Native-American casinos, is legal in 25 states, and 11 states permit commercial casino gambling. Recent research shows that casino gambling is the second-most popular form of gambling, trailing only the lotteries (AGA).

Gambling in general, and casino gambling in particular, in Detroit and across the country, as well as throughout Canada, has increased dramatically over the past few decades (Hsu 1999; Korn and Shaffer 1999). Since the legalization of gambling in Detroit in 1996, the city has seen the expansion of casino capacity, thus providing greater opportunity for the general public, including urban elders, to participate in gambling (Zaraneck and Chapleski 2005).

In 1975, only 35% of people 65 years of age or older had gambled during their lifetime. By 1998, this figure had risen to 80%, equaling the percentage from 18- to 24-year-old gamblers and more than doubling the 1979 percentage of lifetime gambling among older adults (National Opinion Research Center 1999; Sullivan-Kerber 2005). The AGA has stated that future research priorities should include longitudinal studies and should focus on vulnerable or high-risk subpopulations, such as older adults and people with lower socio-economic status.

When the Baby Boom generation reaches 85 and older in 2050, it is expected to number 19 million, or 5% of the total US population, a 500% increase within 60 years (U.S. Census Bureau 2010). Currently, gambling is the most frequently identified social activity among adults 65 years of age and older (McNeilly and Burke 2000). Between 1975 and 1997 the number of American adults 65 years of age or older who had ever gambled increased by 45% (National Opinion Research Center 1999).

Because Detroit is presently the largest city in the United States with casino gambling, (United Way of Michigan 1999; Zaraneck and Chapleski 2005) and because gambling has been identified as the most frequent social activity among adults 65 years of age and older, Detroit provides an ideal location to study casino gambling (McNeilly and Burke 2000; Zaraneck and Chapleski 2005; Zaraneck and Lichtenberg 2008). There is a scarcity of research on gambling among elderly minority populations, particularly African-Americans.

Theoretical Framework

Self-determination theory (SDT) guided this study on gambling motivations. Previously, SDT has been used to examine substance abuse and treatment and risky sexual behavior (Knee and Neighbors 2002; Neighbors et al. 2004; Ryan et al. 1995; Williams et al. 2000). SDT focuses on motivations underlying human behavior and assumes that people have fundamental psychological needs for autonomy, competence, and relatedness (Deci and Ryan 1985, 2000; Neighbors et al. 2004, 2007). Fulfillment of these needs is presumed to result in optimal functioning and psychological well-being and has been associated with increased life satisfaction (Deci et al. 2001; Neighbors et al. 2007; Sheldon et al. 2001). The participation in risky behaviors can be seen as a maladaptive strategy for satisfying these needs (Neighbors et al. 2007). For example, in the transition to retirement, autonomy may manifest itself in experimentation with gambling and other risk-related behaviors (Neighbors et al. 2007; Schulenberg and Maggs 2002). Striving for competence may manifest itself in attempts to achieve and/or maintain the image of an “ideal” youthful appearance (Neighbors et al. 2007). Achieving acceptance by the group and/or avoiding rejection may be reflected in the pursuit of relatedness (Neighbors et al. 2007). It has been found that SDT is the experience of freedom and choice in one’s thoughts and actions; that is, freedom to do what one truly wants to do, in contrast with doing what one feels compelled to do. Only recently have studies begun to explore self-determination in relation to recreational gambling among older adults (Chantal and Vallerand 1996; Chantal et al. 1994, 1995; Neighbors et al. 2004, 2007). These studies seem to suggest that more self-

determined reasons for gambling (e.g., interest, enjoyment) may be associated with greater gambling involvement and less self-determined reasons (e.g., monetary gain) may be associated with lesser gambling involvement.

Literature Review

Factors That Influence Older Adults' Gambling Motivations

Most literature on gambling research focuses on potentially pathological gambling and the consequences of gambling behavior (Zaraneck and Chapleski 2005). In certain forms and contexts, gambling behavior is hypothesized to have positive consequences or reflect well-being (Korn and Shaffer 1999; McNeilly and Burke 2000). On the other hand, the current sample is ideal for studying the normative gambling attitudes and behaviors of non-problem gamblers.

According to the literature, gambling can be either intrinsically or extrinsically motivated (Chantal and Vallerand 1996; Clarke and Clarkson 2007; McNeilly and Burke 2000). McNeilly and Burke found that, in Nebraska, older gambling patrons at commercial and charitable Bingo parlors and at a casino were more likely to gamble to relax and to have fun (intrinsic motivation), to get away for the day (extrinsic motivation), and to pass the time or relieve boredom than were older gamblers surveyed in other venues. According to the study, the two groups did not place emphasis on casino gambling promotions and incentives, such as free transportation, nor on socializing with friends.

In Minnesota (Hope and Havir 2002), intrinsic motivations of social stimulation and trying something new were much more important (35 and 24% of the sample, respectively) than the extrinsic motivation of winning money (6%). Similarly, from case studies of casino gamblers (McNeilly and Burke 2002), older adults' focus was primarily on excitement and entertainment, rather than on winning money. In contrast to Desai's study of younger gamblers, older recreational gamblers in one study were less likely to gamble to win money and more likely to report gambling as a relief from boredom (Desai et al. 2004).

In a Manitoba, Canada telephone survey, stimulation and rewards were the most common reasons reported by older adults; gambling to escape problems and loneliness and to pass the time were reasons that tended to predominate among the problem gamblers in the sample (Wiebe and Cox 2005).

Developing a solid understanding of the attitudes, behaviors, and motivational factors involved in gambling by older adults is important to devise and inform prevention and treatment interventions for problem gambling in this population (Zaraneck and Lichtenberg 2008). Our study represents an important step toward fulfilling that objective. Also, it presents an opportunity to determine whether gambling attitudes and behaviors have changed over time.

Research Objectives

Older adults appear to be gambling at a much higher rate than previously, although relatively little research has examined this population's behaviors and motivations. The purpose of this descriptive study was to examine attitudes, motivations, and behaviors of older urban adults who gamble. The primary objective of this secondary analysis was to describe the relationship between gambling attitudes and behavior and the gambling patterns among urban elders in Detroit. In particular, this study was designed to (a) describe demographic characteristics of urban elders who participate in casino gambling in Detroit according to frequency of casino visit, (b) examine change patterns in frequency of gambling, (c) examine the attitudes of Detroit urban elders about casinos and casino

gambling, and (d) identify self-reported intrinsic and extrinsic reasons cited by urban elders in Detroit for casino gambling.

Methods

This research is a secondary analysis conducted on data collected from 247 adults (ages 60 or older) residing in Detroit who participated in the 2001 Detroit City-Wide Needs Assessment of Older Adults (Chapleski 2002; Zaranek and Chapleski 2005). The first study included 1,410 non-institutionalized adults ages 60 and older residing in the city. The study used a dual-mode stratified sample and addressed several topics important to the living conditions of older persons. The primary purpose of the original study was to examine the environmental conditions and needs of older adults. In general, the study asked questions about housing, health, transportation, and service use. In addition, the survey included questions related to casino use in Detroit, addressing attitudes about casinos and frequency of casino visits; the survey included a standardized tool to assess the risk of pathological gambling in this population. This data set provided information with which to analyze the expected relationships for this study (Chapleski 2002; Zaranek and Chapleski 2005; Zaranek and Lichtenberg 2008).

Using a random-digit-dial telephone survey and area-probability face-to-face interviews, the stratified sample included 140 participants from each neighborhood area cluster of the ten Community Reinvestment (planning) Sectors (Chapleski 2002; Zaranek and Chapleski 2005; Zaranek and Lichtenberg 2008). The final random-digit-dial sample totaled 1,310, with an additional 100 participants from the face-to-face supplement. This process guaranteed that all areas of the city of Detroit were represented in the research analyses, in proportion to the total population of eligible respondents.

The data emerged from a follow-up of the initial, population-based survey of 1,410 older urban adults in Detroit by Zaranek and Chapleski in 2001 (herein identified as Time 1). The follow-up study (herein referred to as Time 2) surveyed a stratified random sample of 247 of those respondents, ages 60 and older, who had self-reported at Time 1 that they had gone to a casino to gamble *never*, *rarely*, or *monthly or more*. Participants who gambled *monthly or more* were purposely over-sampled in order to more evenly represent low, middle, and high frequency gamblers. In the original survey, 42% reported no casino visits in the previous year, 41% reported less than monthly visits, and 17% reported visiting a casino monthly or more. The distribution in the present study measured 34, 41, and 25%, respectively. The over-sampling thus resulted in 8% more problem gamblers in the final sample. This factor was not expected to bias the examination of the relationships in this study.

Our study also explored social demographic variables including age, gender, race/ethnicity, level of education, income, and marital status as they related to frequency of casino visits. We measured these variables using fixed-choice items, including a choice of other. We categorized the frequency of casino visits as 1 = *never*, 2 = *rarely to a few times a year*, and 3 = *monthly or more*. Table 1 presents the six items used to measure these variables. Chi-square was used to measure the association between demographic variables and frequency of gambling at the time of follow-up.

Our study measured change in gambling patterns and five attitude questions toward gambling at Time 1 and Time 2 (Table 2 and Table 3). Respondents were asked to agree (1) or *disagree* (2) with each of the following statements:

1. The primary reason people go to casinos is to socialize.
2. The majority of people who go to casinos are seniors.

3. Detroit casinos are safe.
4. Seniors on a fixed income shouldn't go to casinos.
5. Casinos are good for Detroit.

The McNemar–Bowker Test (a test of marginal homogeneity) was used to examine change in gambling frequency from baseline to follow-up and to examine changes in attitudes and perceptions toward casino gambling.

Additional variables examined respondents' intrinsic and extrinsic motivations to gamble. These items were administered in an attempt to measure several dimensions of urban older adults' perceptions of casinos and their concerns regarding casinos. In order to address the research questions, we employed SPSS® version 17 for data analysis.

Results

Descriptive Analysis

The total sample size at Time 2 was 247 older adults who participated in the follow-up; 124 were ages 60–74, 81 were 75–84, and 30 were 85 or over; 220 were female and 27 were male. In terms of race, 91 were African-American, 17 Caucasian, 4 Hispanic, and 4 other. The marital status question showed that 62 were married/cohabitating, 46 were divorced/separated, 28 were never married, and 107 were widowed. Sixty-two reported less than a high school education, 67 were high school graduates, and 88 reported post high school education. In terms of income, 124 reported annual incomes of less than \$20,000 and 98 reported annual incomes greater than \$20,000. Table 1 presents the demographic characteristics of the sample and past-year gambling trends.

Demographic Characteristics Associated with Casino Visits at Time 1

The first research objective was to measure the relationship between socio-demographic factors and gambling frequency. Respondents who had less than a high school education were less likely to visit a casino than were those with higher levels of education, $X^2(4, N=226) = 15.54, p = 0.004$. Respondents with higher incomes were more likely to visit a casino, $X^2(4, N=226) = 15.54, p = 0.004$. As shown in Table 1, only education and income levels were significantly related to frequency of casino visits.

Change in Gambling Frequency from Time 1 to Time 2

The second research objective was to examine change in gambling frequency over the preceding year. At Time 1 25.5% were gambling monthly or more; this frequency dropped to 16.9% at Time 2. At Time 1, 32.9% reported not having gambled during the preceding year; at Time 2, 48.6% reported not having gambled during the preceding year ($p < 0.001$). The findings are presented in Table 2

Change in Attitudes about Casinos and Casino Gambling

The third research objective was to examine changes in attitudes of Detroit urban elders about casinos and casino gambling. The findings presented in Table 3 indicate that respondents generally possessed positive attitudes toward casino gambling. Casinos were perceived as safe by 75.3 and 82.3% of the respondents at Time 1 and Time 2, respectively ($p < 0.05$). Casinos were perceived as good for Detroit by 66.7 and 59.8% of the respondents at Time 1 and Time 2, respectively ($p < 0.005$). The respondents were fairly equally divided on the other items.

Self-Reported Intrinsic and Extrinsic Reasons for Casino Gambling

The fourth research objective was to identify self-reported intrinsic and extrinsic reasons for casino gambling as reported by urban elders in Detroit. Results showed that 79.5% of the respondents at Time 2 reported that they gambled “for entertainment” (intrinsic) and 62.7% reported that they gambled to win money (extrinsic). Among the other intrinsic reasons, 22.2% reported that they participated in casino gambling to escape feelings resulting from the death of a loved one or the loss of a close relationship and 38.2% reported that they participated to alleviate boredom or loneliness or to be around other people. The findings presented in Table 4 show participants’ self-reported intrinsic and extrinsic reasons for casino gambling participation.

Discussion

Casino gambling attitudes and behaviors are more complex than were hypothesized. While the predominant view that older adults gamble at casinos to have fun and enjoy excitement was supported, other, more troubling, reasons for casino gambling emerged. Both intrinsic and extrinsic reasons appeared to motivate casino gambling in older adults. While a great majority of the respondents reported that they went to casinos for entertainment, almost two-third also reported that they went to win money and over one-third went to allay boredom and loneliness. Perhaps even more startling is that nearly one quarter of those who went to the casino to gamble reported that they did so to avoid feelings of loss or to escape sadness over the death of a loved one. Contrary to these self-reported reasons, it should be noted that winning money, alleviating boredom, and escaping feelings of loss are unlikely to happen at a casino.

Results showed that, over time, elders’ attitudes and behaviors related to casino gambling changed. Five questions on attitudes and perceptions were asked at baseline (Time 1) and follow-up (Time 2). There were significant differences in the responses between the two times regarding whether casinos were safe and/or good for Detroit; respondents were equally divided on the other questions. This finding is consistent with other studies on Detroit older adults and gambling (Zaraneck and Chapleski 2005). Given the lack of safe and accessible leisure alternatives, this finding was not surprising and is consistent with the small body of literature on casino gambling that reports on older adults’ attitudes and behaviors (Desai et al. 2004; McKay 2005; McNeilly and Burke 2000, 2002; Zaraneck and Chapleski 2005; Zaraneck and Lichtenberg 2008).

Limitations

The findings of this study provide an initial profile of urban elders and their attitudes, motivations, and gambling behaviors. However, certain limitations are recognized. First, this study included a random sample of adults ages 60 years and older who resided in the city of Detroit. Therefore, the findings can be generalized only to this specific population (Zaraneck and Chapleski 2005). Second, the random sample was heavily skewed toward African-American females. The gambling literature suggests that future research focus on special population subgroups, such as women, older adults, and minorities (Korn and Shaffer 1999; McKay 2005; National Research Council 1999; Zaraneck and Chapleski 2005). Third, this study used secondary data. The intention of the researchers was to conduct a needs assessment, so the questions were not developed to address a specific question. Furthermore, employing gambling questions that were more closely related to the theoretical perspective might have yielded greater ability to test hypotheses, had this been exclusively a gambling study (Zaraneck and Chapleski 2005).

While the study did not focus on gambling problems, the literature suggests that gambling behavior is not all positive and that gambling problems exist among older adults. Casino gambling has become progressively more popular, more widely available, and more socially acceptable in the United States for adults in general and older adults in particular (Desai et al. 2004; McNeilly and Burke 2002; Zaranek and Lichtenberg 2008).

Conclusions and Practice Implications

Our data suggest that given easy access to casinos, urban elders: (1) do not visit the casinos on a regular basis, (2) over time, elders reduced casino participation overall, and (3) over time, elders viewed casinos as less positive for their city. About 83% of those who reported visiting a casino at Time 1 reported never visiting a casino at Time 2.

We hypothesized that casino gambling participants would report more intrinsic motivation for casino gambling (e.g., entertainment, enjoyment) rather than an extrinsic motivation (e.g., financial gain). This was supported, and we found, as well, that older adults view the casino as a place where they can socialize, escape their loneliness, and escape their grief. Given that their primary choices of games are slot machines, these social needs, however, may not be getting met. Some researchers have found that the bus trips to and from the casino may provide an opportunity for older adults to socialize (Wu and Wortman 2009). Our findings suggest that older adults may not be the best group for whom casinos should market. This runs counter to our observations of large numbers of older adults in casinos and wellness centers. It may be worthwhile for church groups to assess the reasons for older adults wanting to go to casinos and helping them to determine how their social needs might be met in a alternative ways. Additional research could address this issue.

Because heavy gambling continues to be non-normative among this group, older adults may try to hide or deny gambling problems. They may feel hopeless or ashamed about their habits or they may be unaware that help is available. For service providers, this research represents an important step toward understanding the unique issues as they relate to attitudes, behaviors, and motivational factors involved in gambling among urban elders.

Additionally, our study makes an important contribution because it looks at urban elders' demographic factors such as education, income, and gambling frequency. We found that more highly educated participants with higher incomes were more likely to participate in gambling. In contrast to the original study, fewer participants are reported to be at risk of problem gambling in this follow-up study. Perhaps those who had more severe gambling problems chose not to participate in this study. Our future research will look at health issues and gambling frequency over time.

Future Directions

Our future research will look at health issues and gambling frequency over time. These results suggest that additional research is needed in several areas. First, investigations of potential motivational differences between social and risky gambling behaviors should be pursued (Neighbors et al. 2002). Second, future research should examine positive and negative health and mental health relationships to specific levels of gambling frequency in order to identify groups at high-risk of developing and/or exhibiting risky and/or problem gambling behaviors (Desai et al. 2004). Third, research should examine the effects of casino gambling on women's health (Crisp et al. 2000; McKay 2005). Fourth, new studies should examine the role of casino activities in the lives of urban elder adults, particularly with regard to social integration and healthy aging (Zaranek and Chapleski 2005; Zaranek and Lichtenberg 2008).

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Table 1

Demographic characteristics of the sample by frequency of visit to Casinos

Characteristic and category	Never visit <i>f</i> (%)	Rarely visit <i>f</i> (%)	Visit monthly or more <i>f</i> (%)
Age (years)			
60–74	55 (44.4)	43 (34.7)	26 (21.0)
75–84	41 (50.6)	28 (34.6)	12 (14.8)
85+	16 (53.3)	11 (36.7)	3 (10.0)
$X^2 (4, N = 235) = 2.8, p = 0.59$			
Gender			
Male	27 (49.1)	16 (29.1)	12 (21.8)
Female	90 (47.9)	69 (36.7)	29 (15.4)
$X^2 (2, N = 243) = 1.75, p = 0.42$			
Race/ethnicity			
Caucasian	17 (56.7)	9 (30.0)	4 (13.3)
African-American	91 (45.5)	72 (36.0)	37 (18.5)
Hispanic	4 (66.7)	2 (33.3)	0 (0)
Other	4 (80.0)	1 (20.0)	0 (0)
$X^2 (6, N = 241) = 5.12, p = 0.52$			
Marital status			
Married/cohabitating	33 (53.2)	21 (33.9)	8 (12.9)
Divorced/separated	20 (43.5)	19 (41.3)	7 (15.2)
Never married	16 (57.1)	6 (21.4)	6 (21.4)
Widowed	48 (44.9)	39 (36.4)	20 (18.7)
$X^2 (6, N = 243) = 4.54, p = 0.60$			
Education			
<High school	52 (65.0)	19 (23.8)	9 (11.2)
High school graduate	24 (39.3)	27 (44.3)	10 (16.4)
Post high school	41 (37.6)	39 (41.2)	18 (21.2)
$X^2 (4, N = 226) = 15.54, p = 0.004$			
Annual income			
<\$20,000	67 (54.0)	42 (33.9)	15 (12.1)
\$20,000+	38 (38.8)	37 (37.8)	23 (23.5)
$X^2 (4, N = 222) = 7.06, p = 0.029$			

Table 2

Change in gambling frequency from Time 1 to Time 2

		Time 2			Total
		Never	Rarely	Monthly or more	
Time 1	Never	67	12	1	80
	Rarely	38	51	12	101
	Monthly or more	12	22	28	62
	Total	117	85	41	243

At Time 1 (initial survey), 25.5% were gambling monthly or more; frequency was reduced to 16.9% at Time 2 (follow-up study). At Time 1, 32.9% reported not having gambled during the preceding year, while 48.15% reported not having gambled during the preceding year at Time 2 ($p < 0.001$)

Table 3

Agreement of respondents with the statements measuring attitudes regarding casino gambling

Statement items	Time 1 (%)	Time 2 (%)	<i>p</i>
The primary reason people go to casinos is to socialize.	47.0	50.0	0.55
The majority of people who go to casinos are seniors.	46.4	44.4	0.78
The majority of Detroit casinos are safe.	75.3	82.3	0.05
Seniors on a fixed income shouldn't go to casinos.	48.4	47.3	0.91
Casinos are good for Detroit.	66.7	59.8	0.05

Table 3 shows the percent of elders' agreement with the five questions on attitudes and perceptions toward casino gambling in Detroit that were asked at baseline and Time 2. There were two significant changes. Casinos were perceived as safe (75.3, 82.3 for Time 1 and Time 2, respectively) and good (66.7, 59.8 for Time 1 and Time 2, respectively) for Detroit. Respondents were equally divided on the other questions

Table 4Self-Reported intrinsic and extrinsic motivations for participating in casino gambling ($N = 247$)

Motivation	%
Intrinsic	
Entertainment	79.5
Exciting and challenging	53.6
Convenient or easy to do	52.4
To be around other people	52.7
Inexpensive entertainment	49.7
Distraction from everyday problems, such as loneliness or boredom	38.2
Escape feelings due to death of a loved one or loss of a close friendship	22.3
Extrinsic	
Win money	62.7
Free tokens	22.7
Supplement income	9.0