

Informing Marketing Strategies for Recruitment into the Addictions Treatment Workforce

Focus Group Findings on the Career Perspectives and Priorities of Individuals Entering or within the Health and Human Services Fields



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This document was authored by Peter Gaumont, M.A., Chanza Baytop, Dr.P.H. and Melanie Whitter of Abt Associates Inc.

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Organization of Report

This report describes the methods that guided a series of seven focus groups that took place between March 30, 2007 and September 17, 2007. This report also summarizes the findings from these groups, identifying themes, quoting illustrative participant statements and, to the extent possible, identifying factors that differentiate groups. Specifically, the report is organized as follows:

Section 1 – Introduction provides a brief introduction to the background and purpose of conducting the focus groups.

Section 2 – Methods contains a description of the targeted populations, the focus group moderator guide, the sampling design and selection process, the focus group facilitation, data analysis, and reporting.

Section 3 – Respondents presents the demographics of the focus group participants.

Section 4 – Results of the Findings summarizes key themes and identifies factors that differentiate the groups that participated in the focus groups.

Section 5 – Summary provides a review and analysis of the information from focus groups.

Themes emerging from the focus groups are organized by the following topics:

- Career Directions
- Perceptions about Working in the Addictions Treatment Field
- Knowledge, Attitudes and Beliefs about Addictions and Recovery
- Marketing & Recruiting Information

The Appendix contains the instruments used before, during and after the focus group sessions:

- A. Focus Group Moderator Guide
- B. Data Sheet (pre-session)
- C. Supplemental Questionnaire (post-session)

Introduction

In 2007, the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA/CSAT) released a report titled *Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce (Strengthening)*. This report on the addictions treatment and recovery workforce recommended that SAMHSA/CSAT “develop model social marketing and health communications strategies” for use by States and providers. The report went on to say that the recruitment of younger individuals who might be interested in a longer career in addictions is critically important to maintaining a viable workforce. It also notes that “second-career professionals, while potentially having a shorter career span, bring maturity and broad life and work experience to the field that is extremely valuable.”

SAMHSA/CSAT conducted seven focus groups as a first step in responding to this recommendation in the *Strengthening* report. The focus groups were meant to support the development of marketing and recruitment strategies and materials for providers in the addictions treatment and recovery field. Through the focus group sessions, sponsored by CSAT’s Partners for Recovery Initiative, Abt Associates explored a range of topics, including: key factors relevant to career and employment decisions; knowledge, attitudes and beliefs regarding addiction and recovery; perceptions of addictions treatment as a field of professional endeavor; utilization of media and the Internet; marketing and advertising approaches that participants found memorable; and, recommendations of participants regarding marketing and recruitment approaches for the field. The findings of the focus groups are summarized in this report.

Methods

Instruments

As previously mentioned, the objective of these focus groups was to gather information to support the development of marketing and recruitment strategies and materials. To that end, the focus group protocol, also referred to as the moderator guide, consisted of “open-ended” questions that allowed participants the freedom to elaborate on their perceptions of issues addressed in the protocol. The protocol was divided into the following five major sections:

- Participant Demographics
- Career Directions
- Perceptions about Working in the Addictions Treatment Field
- Knowledge, Attitudes and Beliefs about Addictions and Recovery
- Marketing & Recruiting Information

A copy of the protocol can be found in *Appendix A, Focus Group Moderator Guide*. After the first two focus groups, minor revisions were made to the focus group moderator guide to better mine relevant information and to eliminate questions pertaining to data that could be collected using a self-administered instrument (the post-session *Supplemental Questionnaire, Appendix C*, was later developed for this purpose).

A *Pre-session Data Sheet*, which can be found in *Appendix B* was used in the recruitment and selection process. It collected the following information:

- Highest level of education completed;
- Current educational/professional status (e.g., employed/in school full/part-time);
- Health and human services and related fields in which one is working or has worked or considered working;
- Age, gender, race and ethnicity; and
- Whether home residence is in an urban, suburban, or rural setting.

To ensure that individuals were blind to the groups’ intended focus on the addictions treatment field, this data sheet also collected information on personal experience of addictions in a broad question that asked participants if they or a family member had experienced any of the following: heart disease (e.g., heart attack, hypertension, arteriosclerosis), stroke, cancer, emphysema, asthma, diabetes, mental health problems, or problems with alcohol or other drugs.

A *Supplemental Questionnaire*, found in *Appendix C*, was completed by participants immediately after the focus group session ended. Participants were asked about their utilization and preferences for media and public transportation. Such information was meant to supplement the information obtained during the sessions about marketing strategies.

IRB Approval

Abt's Institutional Review Board (IRB) approved the focus group protocol and related materials including consent forms, recruiting procedures, screening and post questionnaires. IRB review is designed to assure that informed consent, confidentiality and other accepted standards of human subjects research are met. The Health Information Portability and Accountability Act (HIPAA) regulations were followed for all data collection activities.

Target Populations

The focus groups were intended to gather input from two broad cohorts that the marketing and recruitment strategies will ultimately target: 1) “early/pre-career” individuals or those currently studying to enter or who have recently entered careers in health, human services or related fields other than addictions treatment; and, 2) “mid-career professionals” or individuals who have been working in health, human services or related fields other than addictions treatment for at least five years and were at least 25 years of age. These broad cohorts were selected to support the targeting of marketing and recruitment messages to groups that were deemed to include significant numbers of potential addictions treatment workers. Within these two broad cohorts, African Americans and Hispanics were specifically targeted to address a need to diversify the workforce. Current data on the demographics of the addictions treatment field reflect a lack of racial diversity among clinical staff. Further, there are discrepancies between the demographics of the addictions treatment staff and clients.

Participant Recruitment and Selection

Because the purpose of these groups was not to perform research, but rather to gather information, formal sampling procedures were not adopted. Moreover, resources for this project were limited. As a result, the decision was made to limit the number of focus groups to seven (7). The goal of recruitment and selection efforts was to identify groups of individuals who had similar educational and career paths, and lengths of time in their careers –early/pre-career separate from mid-career professionals. Another goal was to recruit those who were diverse in terms of race and ethnicity.

To ensure adequate representation of African Americans and Hispanics, a dedicated early/pre-career and mid-career group were convened for each of these populations. In addition to these groups, a “general population” or a group consisting of mixed racial and ethnic representation, was convened for each of the two career cohort groups. Efforts were also made to achieve balanced representation by gender and to include individuals who resided in urban, rural and suburban settings.

Two strategies were used to recruit focus group participants¹. The first strategy involved the selection of two African American focus groups at the Ninth Annual Lonnie E. Mitchell Historically Black Colleges and Universities Substance Abuse and Mental Health Conference. The conference offered a venue, where pre/early and mid-career professionals interested in health and human services, would be accessible in one location. The recruitment process was initiated by the Conference Coordinator who e-mailed conference participants about the focus groups. Over 60 individuals indicated interest in participating in the focus groups. These individuals were asked to submit a pre-session data sheet with general demographic information to assist with the selection process. General criteria were established to select individuals for the focus groups. For the two cohorts, age and employment parameters were established. An effort was made to assure gender and geographic representation. Additionally the groups were limited to ten participants each and individuals with experience working in the addictions treatment field were screened out. Individuals who were not selected were informed of the decision by e-mail and were also offered the opportunity to serve as an alternate.

The second strategy to recruit focus group participants was employed by Ebony Marketing Research, Incorporated (EMR).² EMR has focus group facilities in a number of locations nationally and maintains full-time recruiting personnel on staff. Recruitment was performed in-person on college campuses and at other locations and via telephone. The recruiter asked screening questions based on the general criteria outlined above to determine eligibility for the groups. EMR selected participants for one African American, two Latino and two general population focus groups.

¹ While the initial plan was to convene six focus groups, a decision was made to convene an additional mid-career African American group to avoid any sampling bias that may have occurred because the first mid-career group was recruited from registrants at a behavioral health conference (The Lonnie E. Mitchell Conference referenced above). Since this group would already have an interest in behavioral health, a decision was made to convene an additional group composed of the larger African American, mid-career professionals in health, human services and related fields.

² In addition, while an effort was made to screen out individuals who work or formerly worked in the addictions treatment and recovery field, two individuals with prior addictions treatment experience did not inform an EMR recruiter of that experience. In addition, two individuals who worked in the mental health field, but were certified in addictions to facilitate the provision of co-occurring disorder treatment services, also participated in that group. Similarly, efforts were also made to keep the groups either exclusively early/pre-career or all mid-career professionals. However, there were a few instances (no more than five individuals across all seven groups) of “contamination.”

Focus Group Facilitation

Each of the seven (7) focus groups was facilitated by one of three trained Abt Associates staff who used the standardized, focus group moderator guide (*Appendix A*). Each moderator was accompanied by a notetaker to make observations and capture high-level themes during the sessions.

Each focus group lasted 1.5 to two hours and was held during evening hours after 5:00 pm. As previously mentioned, the first two groups were held in a private meeting room at the Lonnie Mitchell Conference, after conference hours; and the remaining groups were held at the EMR facilities (Washington, DC or New York City). The dates and locations of each group are listed in Exhibit 2.1 below.

All focus group participants were required to complete a consent form prior to participation in the focus group discussion. With the exception of the first two sessions, participants were asked to complete the post-session supplemental questionnaire (*Appendix C*) at the end of the session. All participants (in all 7 sessions) received a \$75 cash stipend immediately following the session.

Analysis and Report Development

An audio recording and transcript of each group was used to develop focus group reports. Prior to developing the reports, desired outputs were reviewed and a report format was established. Because the purpose for gathering information was to develop marketing and recruitment strategies, the analysis did not mine focus group data in a detailed manner, but rather identified decision-making factors from participants and themes that are pertinent to the development of marketing materials. Abt also attempted to identify quotations that illustrated important themes that emerged from the groups.

Exhibit 2.1. Focus Group Facilitation

March 30, 2007.	Early/Pre-career African American. Lonnie E. Mitchell Conference, Washington DC, (N = 6).
March 31, 2007.	Mid-career African American: March 31, 2007. Lonnie E. Mitchell Conference, Washington DC, (N = 10).
June 27, 2007.	Mid-career African American: June 27, 2007. Ebony Marketing Research Facilities, Washington, DC (N = 9).
June 27, 2007.	Mid-career Latinos: June 27, 2007. Ebony Marketing Research Facilities, the Bronx, New York, (N = 11).
June 27, 2007.	Early/Pre-career Hispanic/Latino: Ebony Marketing Research Facilities, the Bronx, New York, (N = 6).
June 28, 2007.	Mid-career General Population: Ebony Marketing Research Facilities, Washington, DC, (N = 7).
September 17, 2007.	Early/Pre-career General Population: Ebony Marketing Research Facilities, Washington, DC, (N = 9).

Focus Group Participants

In total, 58 persons participated across the seven group sessions. There were 21 early-career participants and 37 mid-career participants. The average group size was eight participants, ranging in size from six participants to 11.

Early/pre-career participants accounted for 36% of the total (see Exhibit 3.1 below). While the goal was to recruit a sample that was balanced in terms of gender and level of career experience, the recruitment of males and of students or workers who had recently joined the health and human services field proved challenging.

Thirty-five (or 60%) of the participants were female, and 23 (40%) were male. Black, non-Hispanics made up half (50%) of all participants. Another 27% of participants self-identified as Hispanic, and 16% as White, Non-Hispanic. Exhibit 3.1 below provides more detailed information on race/ethnicity.

Exhibit 3.1. Summary of Focus Group Demographics (N=58)		
	N	%
Female	35	60
Male	23	40
White, non-Hispanic	9	16
Black, non-Hispanic	29	50
Hispanic ³	16	28
Other	2	3
No Response	2	3
Mean age, early/pre-career (N=21)	24.9 y.o.	
Mean age, mid-career (N=37) ⁴	38.9 y.o.	
Urban residence	44	76
Suburban residence	11	19
Rural residence	3	5

The mean age of early/pre-career participants was approximately 25 years of age, ranging from 21 to 27, with a median age of 25 years old. The mean age of mid-career participants was 39 and the median age was 36, with ages ranging from 26 to 586.

³ The Hispanic/Latino category includes 6 individuals who self-identified as Puerto Rican, 6 as Dominican, 3 as Mexican, and 1 as Central American.

⁴ Two individuals under 25 (21 and 22 years old) attended a mid-career group, so excluding these two individuals, the mean age of the mid-career groups was 39.9 years-of-age.

Data on residence was available for all participants. Most participants (76%) reported an urban home residence, while 19% reported a suburban home residence and 5% reported a rural home residence.

Report Findings

Career Directions

Motivation for Entering Health and Human Services Field

In discussing motivations for entering the health and human services field, the following themes emerged consistently across all the focus groups:

- Wanting to work with people (often with a specific population – e.g., adolescents, elderly, etc.)
- Wanting to “serve” or “give back” to their community
- Wanting to make a difference or serve as an agent of change

The desire to make a difference and give back to the community was the most pervasive of the motivations. Often, this desire was anchored in a personal experience. Some described having witnessed a tragedy or a lack of direction or hope in their community and wanted to be part of empowering others to live better lives. A few individuals expressed a desire to give back to a specific social or cultural group. Some of the participants’ quotations listed in the text box below provide further illustrations.

Exhibit 4.1. Illustrative Statements

- *“...I also look at, ‘Is that job going to give me the opportunity to serve my immediate family, my immediate community and then the global community?’”* Mid-career African American.
- *“I was a single parent. I was interested in single mothers with their children.”* Mid-career Latino.
- *“Growing up in the Bronx, and living, so to speak, in the hood, I’ve seen a lot of people ...take the wrong turn in life....I wanted to reach out and try to help them.”* Mid-career Latino.
- *“What drew me to my current job ... is ... that ...a very close friend died from AIDS. When she died ... I made up my mind that I was going to make a difference... I was committed to something...”* Mid-career African American.

Career/Employment Preferences, Expectations and Priorities

All groups were asked to discuss what would be important to them if they were looking for a job and what expectations they would have about their employment. The following priorities and expectations were most commonly cited across all groups:

- A flexible work environment;
- Growth opportunities; and
- A supportive, team-oriented environment.

In addition to sharing these expectations, there were a few expectations and priorities that were specific to the early/pre-career group participants. These participants especially valued prospective employers that offered:

- Knowledgeable managers and coworkers from whom they could learn; and
- A mission-driven organization that maintains its focus on those it serves.

While also citing the priorities mentioned above, mid-career group participants emphasized a combination of monetary and non-monetary expectations. Specifically, these participants identified a preference for an employer that:

- Offered good salaries/benefits; and
- An environment where employees are valued in their jobs.

Characteristics of Current Work that Participants Dislike

Only mid-career group participants were asked to discuss the characteristics of their current work environment that they disliked. Participants cited the following as concerns about the nature of health and human services work:

- Lack of focus on missions;
- Excessive paperwork and bureaucracy;
- Stress; and
- Lack of support and staff resources.

One participant in the mid-career, Latino group complained that the health and human services field is moving away from client-centered approaches and is increasingly focusing on “meeting numbers” – in that sense some agencies lose focus of their mission. Several group members agreed; furthermore, this concern emerged across other mid-career groups in various forms. There was also broad agreement across mid-career groups that paperwork and bureaucracy could be obstacles to the provision of services.

Another concern that emerged across mid-career groups was the difficulty health and human services practitioners can encounter when those they serve experience setbacks

(e.g., relapse) or even die. Mid-career group members discussed the need to find a balance between detachment and engagement to avoid stress.

Mid-career participants also raised the issues about the “sheer volume of need.” Many cited frustration with the lack of support on the job that was often coupled with or exacerbated by the lack of resources, particularly in terms of qualified staff. Low staff morale, especially when many workers in the field do not feel valued, was described as an inevitable feeling in the midst of these challenges.

Characteristics of an Ideal Job

Not surprisingly, the list of characteristics that individuals value in a position appears to be the opposite of those they do not find desirable. Furthermore, participants’ description of the ideal job overlapped substantially with what they identified as important factors in their decision-making regarding employment. Among items that were mentioned were: a supportive/team-oriented environment; flexible work environment; growth potential and organizations that prioritize client needs over those of the agency. Pre/early-career individuals also emphasized having knowledgeable managers and coworkers at their ideal job; and mid-career workers emphasized the importance of salaries and benefits, and feeling valued in their employment.

Career Goals

When the participants were asked what they would like to be doing in five years, most early/pre-career group members did not have very concrete ideas. In many cases, their goals were merely to obtain stable employment that paid enough to achieve financial independence (e.g., to purchase a home). Some early/pre-career participants focused on general characteristics of the work environment rather than on the specific nature of the work they would like to be doing (e.g., managing others). Only a few early/pre-career group participants had specific goals that were typically related to pursuing or completing a graduate degree.

Five-year goals among mid-career group participants were similarly vague. However, these participants were more likely to list some form of career advancement as their goal – advancement that would allow more autonomy and leadership (e.g., working independently as a consultant or serving on the city council). Some also mentioned having a better financial position in order to give back to their community.

Perceptions about Working in the Addictions Treatment Field

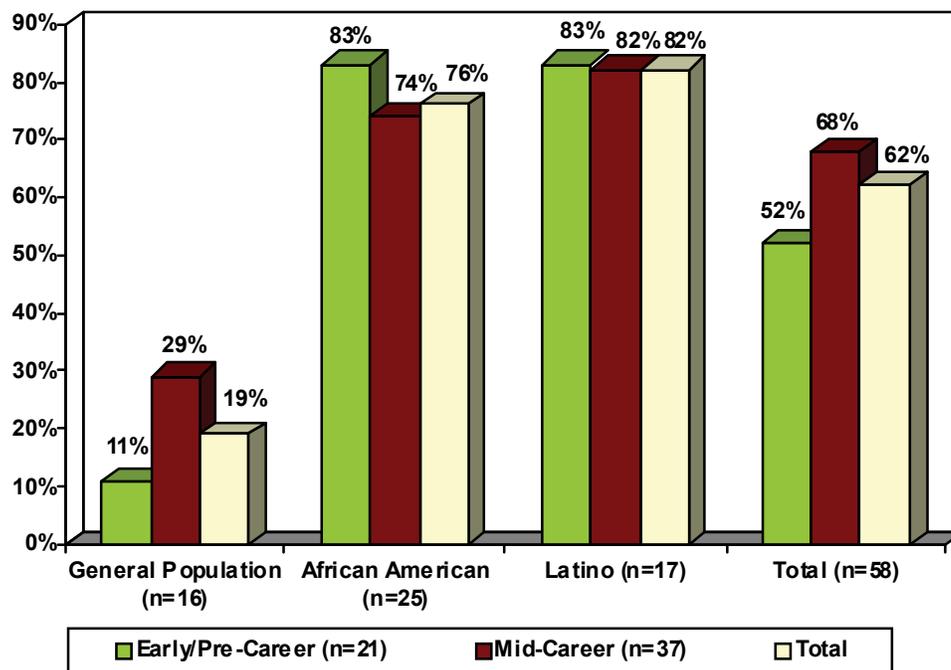
Have you considered working in the field?

When asked whether participants had considered working in the addictions treatment field, more than half (62%) of the 58 participants responded in the affirmative (see Exhibit 4.2 below). Furthermore, 68% of mid-career participants (25 of 37) compared

to 52% of early/pre-career participants (11 of 21) said that had considered working in the field.⁵

Differences also varied with respect to race/ethnicity. According to Exhibit 4.2, participants in the general population groups, whether early/pre-career and mid-career, were the least likely to have expressed an openness to or interest in the field. African American and Latino early/pre-career participants tended to respond similarly with a high percentage of interest in the field (83% in both groups). However, among mid-career participants, Latinos (82%) were more likely than African Americans (74%) to have considered working in the field.

Exhibit 4.2. Considered/Would Consider Working in the Addictions Treatment Field



Perceptions about Working in Addictions Treatment

Participants were asked to share their perceptions about the addictions treatment field. Among early/pre-career African American group members, perceptions about addictions treatment were mixed – requires experience to succeed, dangerous, slow-paced, an opportunity to make a difference. The general population cited mostly negative perceptions – dangerous, unpredictable, violent, while the perceptions of the Latino group were mostly positive. Generally, the mid-career groups communicated that their view of work in the addictions field was demanding and stressful.

⁵ Sample sizes were too small to perform statistical analyses to confirm that these differences, or those by racial/ethnic groups, were statistically significant.

All groups provided a very abstract understanding of the treatment field. Many stated that the field is staffed by recovering “addicts,” possessing no professional education and training. Others questioned if addictions treatment is a profession. Mid-career participants especially emphasized the importance of a profession and an employer that has “credibility.” The question of whether or not there was an addictions treatment profession and the perception that addictions treatment was not valued as a field of professional endeavor emerged across groups.

Individuals commented about the lack of information regarding the field. One participant commented, *“I didn’t know that there was this close relationship between the public health and addictions...”*

Participants stated that addictions treatment was not valued in the larger society and that, therefore, workers were not well compensated or offered supports to avoid burn-out. The lack of information about the field and the perception that the field is not viewed as a valued profession appear to be recruitment barriers for some individuals.

A positive perception that emerged from all three racial/ethnic groups, although more pronounced in the Latino group, was that the field offered an opportunity to assist individuals in changing or “saving” their lives and that seeing this happen could reinforce feelings of personal efficacy and, more specifically, that one could make a difference. The quotes below help illustrate this positive perception.

Exhibit 4.3. Quotes Regarding Perception about Working in Addictions Treatment

“It would be a challenge working with certain people, but at least at the end of the day you could have a positive attitude because you would know you were doing something good to help.”

“...You see someone who’s in a situation that’s pretty dire...it kind of hurts when you see people like that, and you realize that everyone has a family, everyone has to have friends...It could sometimes be satisfaction, at least, that I’m helping them, not only to move away from addiction, but at the same time ...reconcile them with a couple of friends that they just lost...so just helping them get back on track.”

“...Help them understand it from another point of view...It changes that person’s life, and it changes yours. You feel capable, and that’s what attracts me to it.”

Composition of Workforce

Perceptions of the composition of the addictions treatment workforce varied with respect to race and ethnicity. For example, mid-career, general population members felt that 10% of the addictions treatment workforce was minority and primarily male, while the mid-career Latino group felt that the workforce was 70% minority and

primarily female. The early/pre-career general population group felt that that 20-40% was minority, but composed mostly of females. However, the early/pre-career Latino group members approximated that between 15% and 50% of the workforce was minority, and composed mainly of females.

The majority of participants across groups were surprised when they learned the facts about the workforce composition - that 70-90% of those employed in the field were non-Hispanic whites and 50-70% were female. Upon learning this about the actual workforce composition, an interesting discussion emerged regarding why the field was dominated by women. The explanations often reflected stereotypical images of women and of their roles in society. For example, a few participants felt that women were drawn to the field because they were more suited to the work. The explanations for this perception hinged on stereotypes, such as: women were more patient, more sensitive and better listeners than men, were emotionally stronger, or expressed “a maternal side” through their work. Other explanations included that women were better trained and educated or that the men were incarcerated.

Salary & Benefits

Overall, group members felt that salaries were important, but valued benefits, such as health, dental, and life insurance, day care and retirement plans even more. Professional development, licensing and certification, and assistance with associated costs were also important to participants.

On the whole, groups were not surprised by the U.S. Department of Labor salary data that were presented. Nonetheless, salary expectations, even at the entry level, often exceeded the median salary for all professionals in field. Expectations for mid-career salaries with higher levels of credentials exceeded the median salary by a wide margin. Some group members were somewhat surprised to see that there appeared to be rough parity in salaries for addictions and mental health counselors and had a slightly lower median salary.

Still, most participants had a good sense of the actual salary ranges in the field, especially among mid-career groups. One of the African-American mid-career groups (Group 5A) gave the widest range of salary expectations, from \$25,000-60,000 annually for entry-level positions in the field and up to \$80,000 annually with a Master’s degree and several years’ experience.⁶ The remaining groups tended to have expectations that ranged from \$27,000 to \$30,000 for entry-level positions and up to \$60-70,000 for a position at the Master’s level with five or more years experience. Overall, the general population mid-career group estimated highest for entry-level salary expectation, at \$40,000 annually.

⁶ The transcript indicates that the wide range in Group 5A figures may have resulted from some participants providing salary figures reflecting what they felt addictions professionals *should* be paid as opposed to estimating what they thought addictions professionals *were* actually paid.

Knowledge, Attitudes and Beliefs about Addictions and Recovery

Images Evoked When Facilitator Says “Addictions Treatment”

The phrase “addictions treatment” almost universally evoked stereotypical, predominantly negative associations and images. These included: crack; heroin; jail; prostitution; child abuse; robbery; panhandlers; alcoholism; Alcoholics Anonymous; “a rundown clinic with a long line;” group circles; group counseling; graduation ceremony with medallion.

One woman in the early/pre-career Latino group stated, *“I just think of my old projects when he said that. It’s like the train station, everything, the buildings terrible smell like this all the time, that’s the first thing.”*

Professions Associated with Addictions Treatment

When asked what professions they associated with addictions treatment, group members identified a diverse array of professions, including:

- Nursing
- Counseling
- Psychology
- Psychiatry
- Medicine
- Social work
- Corrections (parole)/law enforcement
- Teacher
- Social services/child welfare

Views and Personal Experience Related to Addictions and Recovery

Across groups, participants had extensive personal experience with addiction and recovery, including addicted parents, siblings and friends. Some of these individuals stole from group members or sought help or solace from them. Some were still actively addicted, some had died, and some were in recovery.

While most group members expressed the opinion that recovery was possible, several participants had mixed views regarding the likelihood of recovery – that it’s difficult to achieve and that there are individuals that cannot be helped. Often these perceptions

Exhibit 4.4. Family Members & Friends with Alcohol and/or Drug Problems

I have lost *“too many people to stupid, stupid incidents and each of them is gone.”* I have never seen anyone *“kick it without help.”*

“I had an uncle ... who was an addict ... He caught AIDS ... and he went through a lot. He got help and everything, so in the last year of him dying he ... even said he was sorry for what he did, and he went through a lot and had a tough time.

Of a father who had been addicted to crack cocaine: *“We went through the whole dilemma with him, he woke up one day and just stopped doing it for some reason.”*

Of a friend who had been addicted to crack cocaine for 18 years and had gone back to school, obtained a bachelor’s degree and was working on a master’s degree: *“I’m so proud of him.”*

“I think it’s possible but I think the scars will last, if not forever, for a very long time and not just for the person who is addicted, but for the people there, who go through it with them.”

were informed by a family member or friend in recovery, as illustrated by the quotes in Exhibit 4.4 below.

Marketing and Recruiting Information

Participants in both the early/pre-career and mid-career groups appeared to utilize similar approaches when seeking employment. Networking emerged as paramount among all groups. The early/pre-career groups reported relying on the Internet to a greater extent than did the mid-career groups. However, both groups accessed the Internet regularly. In addition, all groups were receptive to the idea of receiving e-mail notes regarding career opportunities. Group members received e-mail notes from and utilized sites such as:

- Monster.com
- Craig’s List
- Hot Jobs
- Career Builder
- Socialservices.com
- Idealist.org
- The Black Young Professional’s Public Health Network

When asked from whom they solicit career/employment advice, younger participants frequently included professors and guidance counselors, whereas mid-career group

members tended to consult peers and mentors. Group members also reported using newspapers as a source for employment information.

Methods Most Effective in Reaching Participants

While participants were open to receiving e-mail notes regarding career opportunities, a number of them pointed out that they received high volumes of “junk” mail. At least two participants commented that unsolicited e-mail notes about job opportunities would need to be well designed or they will be deleted before being read. One stated, *“...It has to be specific, the heading. It can’t be, like, ‘social services, we’re hiring now’ with dollar signs.”* Others reported receiving e-mail notices of jobs from websites such as www.Socialservices.com and www.Idealist.org. A participant said, *“I like Socialservices.com ... It’s free, ..., and they’ll send me e-mails every single day with job openings.”*

Recommendations for an Addictions Treatment Marketing/Recruiting Approach

Members of multiple groups suggested emphasizing the “opportunity to help people” or “make a difference” when marketing and recruiting. Participants identified a number of strategies for marketing and advertising:

- Marketing addictions treatment as an opportunity to *“turn someone’s life around.”*
- Adopting an approach such as what was utilized for the New York Teaching Fellows program that advertised the opportunity to give back: *“When you see the teaching fellows ads, they’ve been effective in the sense of showing usually minorities: ‘We’ll pay for your Masters’ ... ‘Help Teach NY gave me so much.’ ‘Give Back,’ things like that. Very concise, and very to the point, like an image.”*
- Using images and catch phrases such as:
 - *“Help heal the pain of the family” (an image of a child on the street with a needle)*
 - *“Reunite a family, give hope to fathers.”*
 - *“...find a way to present some pain, and your ad can propose a solution to that pain...”*
 - *“Help us, help us,” e.g., help African-Americans help African-Americans, etc.*
 - *“Join our team”*
 - *“Let’s help save lives”*
 - *“Join us now”*
 - *“Gain an education, learn a skill and serve your country” (like the Army ad campaign)*

- Modeling a campaign after the Johnson & Johnson nursing recruitment campaign, which communicates moving, positive images of nurses
- Utilizing images that people can identify with, particularly in communities of color
- Promoting messages that reflect a range of rewarding staff opportunities, offering individuals an opportunity for training and personal growth.

Participants also recommended recruitment strategies. These included:

- Contacting and educating guidance counselors at the high schools and at the college level about the needs of the addictions treatment field. Specifically, networking with and marketing job openings at community colleges.
- Exploring other means of compensation such as educational loan forgiveness in exchange for working in the field or within disadvantaged communities, covering training and certification costs, a bonus structure, and enhanced benefits.
- Posting announcements at health and social service agencies.
- Creating accelerated training programs and linking them with guaranteed jobs upon successful completion.
- Planting seeds about working in the field early in middle school, especially in communities where addiction is prevalent.
- Creating and marketing career ladders with a range of opportunities for individuals with all levels of education, training and credentials.
- Clearly specifying required credentials in advertisements.

Utilization of Media and Public Transportation

At the end of each focus group session, participants completed questionnaires on utilization and preferences with media and public transportation. These responses were intended to inform marketing and public campaign strategies. The table below summarizes these responses.

According to the responses, both radio and the Internet are highly utilized among group participants and could be viable options for information dissemination and public campaign strategies for marketing workforce opportunities in the addictions field. Specifically, about 84% of all participants reported listening to the radio daily; although the responses suggest that mid-career individuals are more likely than early/pre-career individuals to listen to the radio, in general, and more frequently (MC: 89% daily vs. EC: 76% daily). While most (84%) participants reported listening to music radio, MC participants (87%) were much more likely than EC participants (57%) to also report listening to news/talk radio. Few participants reported listening to public or satellite radio.

More than half (66%) of the participants reported belonging to a listserv or other email groups; however, nearly all participants (88%) surf the Internet daily. While nearly half (42%) of all participants spend 1-4 hours online per week, almost a third (31%) reported spending 6-8 hours per week. Surprisingly, fewer EC participants (19%) than MC participants (36%) reported longer hours (6-8 hours) online. Furthermore, more than half (62%) of all participants reported visiting message boards or blogs, with 37% visiting daily and 42% visiting weekly. Google or other search engines, or links from another website with related content, were the two most commonly (50% and 52%) reported ways in which participants were likely to visit a new website. The responses suggest that EC individuals (62%, 62%, respectively) are more likely to use Google and links from other websites than MC individuals (43%, 46%, respectively).

Almost half (41%) of participants reported “seldom or never” using public transportation. This suggests that these groups may not be as exposed to marketing strategies via public transportation.

Exhibit 4.5. Utilization of Media and Public Transportation

Supplemental Questionnaire						
Questions from Supplemental Questionnaire	EC Total/n	EC %	MC Total/n	MC%	ALL Total/N	ALL Total %
How often do you listen to the radio?						
Daily	16	76%	33	89%	49	84%
Weekly	4	19%	4	11%	8	14%
Other	1	5%	0	0%	1	2%
What types of stations do you listen to most frequently? (check all that apply)						
N	21		37		58	
News/Talk	12	57%	32	87%	44	76%
Music	16	76%	33	89%	49	84%
Public Radio	7	33%	10	26%	17	29%
Satellite	1	5%	2	5%	3	5%
Do you belong to any Listservs or other e-mail groups?						
Yes	14	67%	24	65%	38	66%
How often do you go online?						
Daily	18	86%	33	89%	51	88%
Weekly	3	14%	1	3%	4	7%
Other	0	0%	3	8%	3	5%
Not counting work or school, about how much time do you spend online per week?						
1-4 hours	10	48%	15	42%	25	42%
4-6 hours	5	24%	6	17%	11	19%
6-8 hours	4	19%	13	36%	17	31%
More than 8 hours	2	10%	2	5%	4	7%
Do you visit message boards or blogs?						
Yes	17	81%	19	51%	36	62%
How often do you visit message boards or blogs? *						
Daily	5	29%	8	42%	13	37%
Weekly	8	47%	7	36%	15	42%
Monthly	2	12%	2	11%	4	12%
Other	2	12%	2	11%	3	9%

Supplemental Questionnaire						
Questions from Supplemental Questionnaire	EC Total/n	EC %	MC Total/n	MC%	ALL Total/N	ALL Total %
What makes you visit a new website? (check all that apply)						
N	21		37		58	
Seeing it advertised	5	24%	18	49%	23	40%
Finding it through Google or another search engine	13	62%	16	43%	29	50%
Clicking to it from a news website such as MSN or Yahoo!	3	14%	11	30%	14	24%
Linking from another website that has related content	13	62%	17	46%	30	52%
Other	2	10%	3	8%	5	9%
How often do you take public transportation?						
Daily	7	33%	9	24%	16	27%
Weekly	5	24%	4	11%	9	16%
Monthly	1	5%	8	22%	9	16%
Seldom/Never	8	38%	16	43%	24	41%

NOTE: EC= Early/pre-career group participants; and MC=mid-career group participants.

*Percentages are based on total number of participants who reported visiting a message board or blog.

Summary

This report summarizes the findings from seven focus groups held to respond to a need to develop recruitment and marketing messages for the addictions treatment and recovery field. The focus groups gathered input from two broad cohorts: 1) “early/pre-career” individuals or those currently studying to enter or who have recently entered careers in health, human services or related fields other than addictions treatment; and, 2) “mid-career professionals” or individuals who have been working in health, human services or related fields other than addictions treatment for at least five years and were at least 25 years of age. Within these two broad cohorts, African Americans and Hispanics were specifically targeted to address a need to diversify the workforce.

Participant’s views regarding employment motivators and their insights related to the addictions treatment field provide valuable information for the development of marketing materials and strategies. The common element that motivates most of the focus group participants in seeking a career in health and human service is their desire to make a difference and give back to the community. This was an extremely pervasive theme and often anchored in a personal experience.

All groups are looking for a flexible work environment, growth opportunities, and a supportive team-oriented environment in their employment. Early/pre-career group participants also value knowledgeable managers and coworkers and a mission-driven organization, and mid-career group participant’s value good salaries/benefits and an environment where employees are appreciated.

Participants' personal experiences with addiction and recovery were extensive. Individual attitudes and beliefs related to addictions and recovery ranged from frustration, loss and betrayal to hope and pride. Participants' personal experiences with individuals who are/were addicted to alcohol and drugs primarily informed their perceptions about addictions and recovery. For a large number of participants, addiction was not a concept but rather, a deeply felt experience. While participants generally believed recovery was possible, and a number cited examples from personal experience, there was a widely shared sense that recovery was not inevitable.

Images evoked by the term "addictions treatment" were overwhelmingly negative, but when asked to describe their knowledge of treatment, participants' responses were often general and would translate into a personal experience. Information from the focus groups revealed that generally little is known about addictions treatment, indicating a need to strategically and factually communicate information about the field to attract workers.

Despite mixed perceptions regarding the field of addictions treatment, a significant portion of participants, primarily minority participants, had considered or would consider working in the field. Negative perceptions included that the field was stressful and frustrating, not valued by society and, accordingly, under-compensated. Positive perceptions included that the field provided an opportunity to change/save lives, make a difference, change one's own life, gain a sense of mastery, and work in a changing and fascinating environment. Interestingly, although the general population groups were the least open to working in the field a couple of participants stated openness to working in an administrative or policy position, but not a direct service position. This may be an area worth exploring.

Across focus groups, participants offer a variety of marketing and advertising strategies to recruit individuals to the addictions field. All groups recommended approaches that would appeal to an individual's desire to effect positive change in the community and society. Recommendations included images that graphically depicted the pain of addictions (such as an image of a child and syringe) with a message that you can help. One person described this thought as "before and after images." Participants also recommended marketing and advertising messages that present the field in a positive light, showing images of counselors and other professionals as attractive, dedicated professionals who are working to improve lives. More than one individual recommended outreach and marketing efforts that begin in middle school so that addictions treatment is among the career options discussed when children are just beginning to form a sense of self in relation to the larger community and of roles they might later play within it.

Participants also suggested that marketing efforts need to educate their audiences about addictions treatment and the associated professional requirements. Some participants

view treatment as being provided by non-certified/non-degreed recovering individuals (early and mid-career general) and believe that this hurts the credibility of the field. However, three minority groups (pre/early-career Latino, pre/early career African American, and mid-career Latino) expressed that difficult educational, training, and certification requirements often represent a barrier to individuals who might otherwise consider addictions treatment. They recommended that recruitment messages discuss a range of staff positions, offering individuals an opportunity for training and personal growth. The range of impressions regarding the addictions treatment field reinforces that information is needed regarding the field and professional qualifications.

In summary, there was interest particularly within the minority groups to working within the addictions treatment field. However, the focus groups identified issues that will need to be addressed to attract individuals that appear interested, but under-represented in the addictions workforce. Participants, therefore, generally felt the addictions treatment field should be marketed as a critically important and valued career path providing opportunities to grow, collaborate and contribute to society.

Appendix A

Focus Group Moderator Guide

Introductions (5 minutes)]

Note to moderators: Probes are not read as part of the guide.

Hi, my name is _____, and I work for a company called Abt Associates. We conduct research on health care issues. We'd like to welcome you and to thank you for taking the time to participate in the session today. We're looking forward to the session and hope that you will find participating interesting and worthwhile.

I'm here tonight because we're working on a project to find out about how people make job and career decisions. I'll ask about your current career interests, and a number of other topics. This is just one of several discussion groups we'll be holding on this topic throughout this spring.

How focus group will work

- This session will last approximately 90 minutes.
- If you need to use the facilities during the group, please feel free to do so.
- We want to keep the discussion informal and relaxed
- The group is being audio taped.
- During the discussion, please feel free to ask me if something is not clear
- There are no right or wrong answers.
- If your view differs from that of other group members, please do not hesitate to express it. We are interested in leaning about all perspectives.
- Please be careful to speak in turns; we don't want to miss anything that is said.
- In order to ensure that we capture as much information as possible I may ask you to hold a comment, repeat it or discuss it further.
- My job is to make sure we hear from everyone. I'll be encouraging everyone to speak up.
- You do not have to answer any specific questions you do not want to answer.
- We will not identify anyone by name in the information that we are collecting or in any documents that are developed pursuant to this focus group.
- After completing our analysis of the group we will erase the audio recordings of the session.
- The discussion we'll have tonight is confidential and should not be discussed after you leave the focus group.

- beepers, pagers, cell phones – please turn off or to vibrate mode
- Please feel free to avail yourself of the water (refreshments) at any time during the group.

Does anyone have any questions?

Have participants introduce themselves (5 – 10 minutes)

To start off tonight, I'd like to ask you to briefly introduce yourself by simply stating your first name and letting us know what you currently do in terms of work or school.
(individuals introduce themselves)

Thank you all, and welcome. I'm going to begin by asking a few questions about career plans and your interests and preferences in the areas of employment and career. To start, you have been selected to participate in this focus group because all (or most) of you are working or going to school in human services or related fields.

Career Directions (45 minutes)

Can you tell me what drew you to your current work or studies?

The next question is hypothetical.....

Let's say you were out looking for a job right now. What would you look for? Why?
What would you look for in a job?

(If clarification is needed: What kind of work are you looking to do... what are you looking to have or do or achieve in your new position... what qualities are you looking for in a job...what's important to you?)

Probe:

- Job flexibility (what kind of flexibility)
- Location
- Collegial environment
- Prestige
- Growth and advancement
- Salary
- Desire to make a difference
- Job autonomy

For the mid-career professionals group, ask these questions too:

Let's talk about your current employment. What do you most value and appreciate about your current profession and job? Same probes as above

What do you most dislike about your current profession and job?

What are your expectations of an employer in terms of support, flexibility, growth opportunities, and organizational culture? Do you have other expectations?

Describe your ideal job.

Probe: What's the work environment like? What does it look like, who are you working with, ? what does it feel like to go to work? What do you find personally rewarding about this job?

Let's look ahead in your career. What do you hope to be doing 5 years from now?

Optional Question: What professions are currently of interest to you? Why?

Probe: What do you like about that profession?
How does it compare to other professions?

Could you see yourself pursuing a position in the field of addictions treatment? Why or why not?

Probe: Is there a reason you have not looked into addictions treatment positions?
[Pause Here]

Describe what you think it would be like if you worked in the field of addictions treatment.

Describe how you imagine your colleagues. Your clients.

What would the workplace look like?

What do you think your job responsibilities might entail if you worked in the field of addictions treatment?

Does it sound appealing to you? Why or why not?

How do you think it compares to related fields?

Mental health

Rehabilitation counseling

Child welfare

Criminal Justice

What percentage of the addictions treatment workforce do you think is comprised of minorities? After getting a few answers ask:

What do you think the percentages of men and women are in the addictions treatment workforce?

How do you think the race, ethnicity and gender characteristics of the addictions treatment workforce compare to those of the individuals they serve?

After getting answers from a number of individuals tell them:

“An environmental scan commissioned by CSAT in 2003 found that 70-90% of the addictions treatment workforce consisted of Non-Hispanic Whites. The scan also found that the average age of workers in the field was 45-50 years of age and that 50-70% of the workforce was female. Among those receiving treatment, approximately 40% were minorities, 70% were males, and the average age was between 25 and 44 years old.

Are you surprised by the make up of the addictions treatment workforce? If so why?

Why do you think its characteristics differ to the extent they do from those it serves

Knowledge, Attitudes and Beliefs about Addictions and Recovery (20-30 minutes)

When I say “addictions treatment,” tell me what images come to mind.

Probe: What is addictions treatment? What does it entail?

What professions come to mind when you think of working in addictions treatment?

Probe: Counseling? Nursing? Other?

Do you know anyone personally or professionally who works (or has worked) in the field of addictions treatment? What are your perceptions of the field having known that person?

I'd like to ask a few questions that pertain to problems with alcohol and other drugs.

Do you know or have you known a family member or close friend or colleague (fellow students for the younger group) who has had problems with alcohol or drugs?

Probe: Tell us about that... what were your experiences and feelings about that?

Were you involved in addressing their problem?

Probe: Tell us about that... what were your experiences and feelings about that?

Are they in recovery now? Do you have any other family members or friends or colleagues (fellow students for the younger group) who are openly in recovery?

Optional Question (Facilitator asks if prior discussion did not adequately cover this.):
Do you know or have you known a family member or close friend who has sought help (such as via 12-step programs or treatment) for problems with alcohol or other drugs?

If yes, can you talk about what that was like from your experience?

Probe: What were your thoughts, feelings, and perceptions about what was going on?

Optional Question (Facilitator asks if prior discussion did not adequately cover this.):
Do you believe it's possible for people to overcome addictions to alcohol and other drugs?

If so, what does it take for them to stop?

For the mid-career professionals group only:

In your work experience, have you ever provided professional services to an individual with alcohol or other drug problems? Please talk about that. What kind of experience was it for you?

Let's move on to our last set of questions which have to do with where you get information about career options and so forth.

Message Vehicles and Messengers (10-15 minutes)

I'd like to know more about how you find information about job openings.

If you are currently employed – how did you learn about your current job?

How often do you look for position openings? Where do you look?

Where do you seek information and advice regarding professional growth and career development?

Probe: Do you get information from college bulletin boards? Newspaper ads? Websites? Which websites? Colleagues? Friends and family? Where else do you look?

Optional: Whose professional advice do you seek and listen to?

Probe: Career counselors, career coaches, mentors (who?), professional associations (which ones?)

How would you feel about receiving e-mail notes about career opportunities that might be of interest to you?

Probe: Would you find this helpful? Bothersome?

Are there advertisements or announcements related to employment or careers that have particularly caught your attention? If so please describe them.

Probe: More broadly, are there any advertisements or announcements on any topic that particularly caught your attention?

Did they have particular themes or other aspects that appealed to you?

Has anything caught your attention on (list any not mentioned): Radio? Television? Magazines or newspapers? Buses or trains? Posters or billboards? On the Internet?

How would you go about developing a campaign to recruit people to the addictions treatment field?

Probe: What messages would be important to convey? Where would you advertise? What types of media would be effective? What if your budget did not permit television?

Wrap-up (5 minutes)

Before we wrap up the session today we'd like to ask about compensation.

If you were entering the addictions treatment field at the bachelor's level, what salary do you think would be appropriate?

What if you entered the field at the master's level?

If you were an experienced counselor with a bachelor's degree and 5-10 years of experience, what salary do you think would be appropriate?

What if you were an experienced counselor with 5-10 years of experience and a master's degree and clinical license? (e.g., LCSW, LCPC, etc.)

Do you think one is likely to be able to find jobs in addictions treatment at these salaries?

Do you think addictions counseling pays more, less, or about the same as other jobs in helping professions?

After obtaining answers give participants the handout with comparative salary information the following information:

Note: Salary information presented in handout

Department of Labor statistics showed that, in 2000, the median average salary for a substance abuse and behavioral disorder counselor was \$28,510. This compared to \$24,450 for rehabilitation counselors, \$27,570 for mental health counselors, \$29,440 for Licensed Practical Nurses, \$30,170 for social workers specializing in mental health and substance abuse, \$42,110 for educational, vocational and school counselors, \$44,480 for registered nurses, and \$48,320 for clinical, counseling and school psychologists.

Are you surprised by how salaries in addictions treatment compare to salaries in similar fields? If so, why?

What kinds of benefits are most important to you?

Probe: Health care, day care, retirement, vacation?

Based on the kinds of questions we've asked you today... is there anything else you'd like to tell us?

Thank you so much for your openness today. We greatly appreciate your input.

Appendix B

Data Sheet for Focus Group Participants

DATE: |__|__| / |__|__| / 2007

Name: _____
E-mail Address: _____
Telephone Number: _____

Thank you for your willingness to participate in a focus group about employment and career interests. To help us identify a broad sample of participants, please tell us about yourself.

1. Please mark the highest level of education you have completed:

- High School
- Associate's Degree
- Bachelor's Degree. Please specify: _____
- Master's Degree. Please specify: _____
- Doctoral Degree. Please specify: _____

2. Please describe your current educational/professional status. Check all that apply and fill in the relevant information.

- In school full-time >
Pursuing certification or degree in: _____
Type of Degree Sought (BA, MA, Ph.D., etc.) _____
Name of College or University: _____
Expected date of completion: _____

- In school part-time >
Pursuing certification or degree in: _____
Type of Degree Sought (BA, MA, Ph.D., etc.) _____
Name of College or University: _____
Expected date of completion: _____

- Working full-time >
Current position: _____

- Working part-time >
Current position: _____

- Other: _____

3. Have you ever worked in the field of health and/or human services or a related field?

- Yes
- No

❖ *If you marked "Yes," which of the items below describe the field(s) in which you have worked (check all that apply)*

- Social Work
- Nursing

- Psychology
- Child Welfare
- General Counseling
- Addictions Counseling
- Mental Health Counseling
- Homeless Services
- Probation/Parole
- Other (Please specify): _____

4. If you marked “No,” in answer to question 3, above, have you ever considered working in the field of health and/or human services or a related field?

- Yes
- No

❖ *If you marked “Yes,” which of the items below describe the field(s) in which you have considered working (check all that apply)*

- Have not think of a specific field
- Social Work
- Nursing
- Psychology
- Child Welfare
- General Counseling
- Addictions Counseling
- Mental Health Counseling
- Homeless Services
- Probation/Parole
- Other (Please specify): _____

5. Do you currently work in the field of health and/or human services or in a related field?

- Yes
- No

❖ *If you marked “Yes,” which of the items below describe the field in which you currently work (check all that apply)*

- Social Work
- Nursing
- Psychology
- Child Welfare
- General Counseling
- Addictions Counseling
- Mental Health Counseling
- Homeless Services
- Probation/Parole
- Other (Please specify): _____

6. Your gender:

- Male
- Female
- Transgender
- Other (please specify) _____

7. Are you a Hispanic or Latino?

- Yes
- No

1. *If you marked "Yes," what ethnic group do you consider yourself? You may say "yes" to more than one. Please answer "yes" or "no" to each of the following:*

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Other

8. What is your race? Please select one or more of the categories below.

- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- Alaskan Native
- White
- American Indian
- Other → Please specify: _____

9. How old are you?

Your age: |__|__|

10. Please mark the word that best describes how you would characterize the location of your home residence:

- Urban
- Suburban
- Rural

11. Do you have a family member (including yourself) or a close friend who currently has or is currently recovering from any of the following? Please check all that apply:

- Heart Disease (e.g., heart attack, hypertension, arteriosclerosis)
- Stroke
- Cancer
- Emphysema
- Asthma

- Diabetes
- Mental Health Problems
- Problems with alcohol or other drugs
- Other (Please specify) _____

Thank you very much for your input.

Appendix C

Supplemental Questionnaire – Career Interests

Focus Group

1. What kinds of print and broadcast media do you use regularly?
- a. Print: Which magazines and newspapers do you read?

Name	How often?			
	Daily	Weekly	Monthly	Less than Monthly
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- b. How often do you listen to the radio?

- Daily
 Weekly
 Monthly
 Other (please specify):

- c. Which types of stations do you listen too most frequently? (Check all that apply.)

- News/Talk
 Music
 Public
 Satellite
 Other (please specify):

- d. How often do you watch your local access television station?

- Daily
 Weekly
 Monthly
 Other (please specify):

2. Questions regarding Internet usage

- a. Do you belong to any ListSerts or other e-mail groups?

- Yes
 No

- b. How often do you go online?

- Daily
 Weekly
 Monthly
 Other (please specify):

c. Not counting work or school, about how much time do you spend online per week? (web browsing)

- 1 to 4 hours
- 2 to 4 hours
- 4 to 6 hours
- 6 to 8 hours
- More (please specify):

d. Do you visit message boards or blogs?

- Yes
- No

How often?

- Daily
- Weekly
- Monthly
- Other (please specify):

e. What makes you visit a new website?

- seeing it advertised (e.g. via radio or a promotional item)
- finding it through Google or another search engine
- clicking to it from a news website such as msn or yahoo
- linking from another website that has related content
- Other (please specify):

3. How often do you take public transportation? (buses, trains or subways)

- Daily
- Weekly
- Monthly
- Other (please specify):

4. Are there advertisements or announcements that have particularly caught your attention in the following media? If so please briefly describe them:

Magazines and newspapers

Radio

Television

Internet

Public transportation signs

Billboards

Other

Thank you for taking the time to participate today.