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Minority Recruitment for the 21st Century: An Environmental Scan

Acknowledgments

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A diverse workforce can increase trust and engagement among the broader population in need of services.

Executive Summary

Defining the Issue

The alcohol and drug treatment and recovery field is facing a substantial workforce shortage that has become a major priority for the Substance Abuse and Mental Health Services Administration (SAMHSA). Changing population demographics now necessitate more than ever the recruitment of an adequate number of diverse professionals who are sufficiently trained to meet the needs of the treatment and recovery field. Diversifying the workforce can correct the current demographic disconnect between a mostly White, female, middle-age workforce and a primarily male and diverse clientele. A diverse workforce can increase trust and engagement among the broader population in need of services.

Not only is the clientele increasingly diverse, but their clinical needs are complex, necessitating a workforce capable of addressing a range of issues, including co-occurring disorders, poly-substance use, and trauma.

Approach

The environmental scan presented here is based on a review of the academic literature as well as a review of trade publications, unpublished papers, and Web sites from different states and professional organizations. The scan does not represent a systematic review of the literature on workforce diversity or recruitment of minorities, but rather presents a review of currently identified practices that may hold promise to improve the diversity of today's addictions treatment and recovery workforce.

Where We Are Now: The Status of Workforce Diversity

Stigma and Low Status Continue to Plague the Addictions Treatment and Recovery Field. The stigma of addiction and the low status and low pay for addictions treatment and recovery professionals have and continue to make the field less than attractive to talented minorities. Minority students are being attracted away from medicine, into fields such as law, finance, and business. Social marketing campaigns have been somewhat effective in fields like nursing in changing perceptions and attracting men and minority individuals. However, these efforts were only successful with the addition of adequate compensation.

Lack of a Targeted Addictions Treatment and Recovery Workforce Pipeline. ***There is no clear educational pipeline into the addictions treatment and recovery field.*** The lack of a targeted educational pipeline makes it difficult to attract and train minority youths to the addictions field. Lack of a clear pipeline may make addictions treatment and recovery appear to be a less viable career path for many minority students. Pipeline programs have been developed for other fields such as nursing and medicine. Anecdotally, these programs have been found to be effective in attracting minority individuals.

The Overall Educational Pipeline Still Leaks Minorities. Many promising minority students are being lost very early in the general education pipeline. Thus, potential addictions treatment and recovery providers are lost early in their educational careers. Many still do not see college as an option. Many are counseled out of underperforming schools, while some simply drop out. Minority children are underrepresented in gifted student programs, not because they are not gifted but because their talents often go unrecognized. While the equity of the U.S. educational system may appear to be beyond the scope of workforce development in addictions treatment and recovery, it has a direct impact on agencies' abilities to attract and recruit qualified minority candidates. As a result of educational inequities, addictions treatment and recovery organizations and agencies must compete with other career choices that are open to minority students who make it through the K–12 system, to college, and beyond.

Promising Recruitment Strategies

Research indicates a number of promising recruitment strategies. Among these are a number of K–16 pipeline programs and pathways programs to reengage minority students disenfranchised from the education system. These strategies, however, take concerted efforts and partnerships among treatment agencies, educational institutions, professional organizations, states, and ultimately the federal government. Nursing provides a good example of partnership at the national level: Nurses for a Healthier Tomorrow is a consortium of 43 nursing and other organizations across the country. The consortium has produced a number of nationally distributed public service announcements and advertising campaigns to recruit individuals into the field of nursing. More general strategies found through the environmental scan include the following:

1. *Priming the workforce pipeline at all stages*
    a. *K–12 programs to interest children in health careers*
2. *Addressing problems with perception*
    a. *Social marketing to address stigma*
3. *Reaching out and investing in minority communities*
    a. *Partnering with local communities*
    b. *Participating in or partnering to develop career pathways programs to train students who need skills training prior to 2- or 4-year college work*
    c. *Partnering to develop educational pipeline programs to the field*
4. *Targeting recruitment activities specifically for minority populations*
5. *Working over the long term to address low pay for addictions treatment and recovery professionals*
    a. *Partnering to create loan repayment programs in the short term*
6. *Working on an organization's culture and climate to make it welcoming to minority employees*
    a. *Openly stating diversity policies*

Lessons Learned and their Implications

The lessons learned from this environmental scan point to the need for long-term and multifaceted strategies broader than any one organization can address on its own. National and local partnerships are needed to address the global issues that prevent an educational pipeline for careers in the addictions field. Carreras en Salud in Chicago, IL, is an example of a local partnership to develop licensed practical nurses (LPNs). The state of Alaska provides an example of a statewide partnership to improve the diversity of the mental health treatment workforce.

An even larger issue is the loss of potential talent due to continued discrimination in education. Again, here, partnerships can provide promise. Agencies can reach out to schools to increase exposure to the potential of addictions careers and provide role models and mentoring.

Once an addictions treatment and recovery career pipeline is established, it will need regular monitoring. Concerted efforts will be needed to ensure that it continues the creation of a well-trained diverse workforce ready to meet the needs of diverse treatment populations with a complex array of problems.

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Organization of This Report

This environmental scan provides policy makers, providers, educators, and others in the drug and alcohol addictions treatment and recovery field with up-to-date knowledge about marketing and recruitment strategies. The goal of this report is to help addictions treatment professionals increase diversity within the addictions treatment and recovery field. For the purposes of this report, the term *diversity* is defined as the integration and inclusion of employees from a variety of racial and ethnic groups and genders. The objective of this effort is not only to create a more diverse and equitable work environment, but also to

- Enhance health service organizations' ability to respond effectively and appropriately to the needs of their service population(s)
- Enhance the service engagement experience
- Improve health-related outcomes

Specifically, the report is organized as follows:

Section I – Introduction: Provides a brief overview about the background, purpose, and contents of this scan.

Section II – Defining the Issue: Contains a brief review of the relevant literature and a discussion of the crisis facing the addictions treatment and recovery workforce. Of particular importance is the shortage of professionals available to treat clientele, an issue further complicated by the fact that no pipeline exists to recruit more individuals into the field. Data are presented on the misalignment of workforce characteristics and skills when compared to clientele characteristics and needs. Data are also provided to support the contention that diversification of the addictions treatment workforce is an essential strategy that will enable treatment professionals to reach historically marginalized and underserved populations such as African Americans, American Indians, Hispanics, Asian Americans, the working class, and poor males.

Section III – Where We Are Now: The Status of Workforce Diversity: Provides a status report on the current status of recruitment efforts designed to create and retain a more diverse addictions treatment workforce. A specific emphasis is placed on elucidating the challenges facing addictions treatment and recovery agencies in their attempts to recruit a diverse workforce. The biggest challenge identified is the lack of a clear educational pipeline leading to careers in addictions treatment and recovery.

Section IV – Recruitment Strategies: Provides examples of promising recruitment strategies used in addictions treatment and other fields such as nursing. Many of these strategies in other fields address the workforce pipeline.

Section V – Lessons Learned and Their Implications: Summarizes the types of strategies currently used to recruit a diverse workforce, focusing on strategies that can be used by addictions treatment and recovery agencies and organizations. Finally, next steps are presented, including partnership among state governments, provider associations, and addictions treatment and recovery agencies.

Glossary of Terms

- **Bridge Programs**—Programs that assist nurses to move from lower-level degrees such as LPNs to associate-prepared registered nurses (RNs) and to bachelor's-prepared RNs and so on.
- **Career Pathways Programs**—Programs that prepare students for careers by offering GED programs and readiness preparation for advanced job training, often through community colleges. These are also sometimes called Gateway to College Programs.
- **Co-occurring Disorders**—The diagnosis of both a mental disorder and substance use disorder in the same individual.
- **Cultural Competence**—An ability to interact appropriately with people of different cultures.
- **Educational Pipeline**—The path from kindergarten through college and graduate training and certification that prepares an individual for a specific career.
    - In this environmental scan, we discuss the need for an addictions treatment and recovery workforce pipeline.
- **Educational Pipeline Leakage**—Loss of children from kindergarten through graduate school from an identified career path, such as, for example, addictions medicine.
    - Leakage can be due to school dropout, the child's being counseled away from a chosen career path, or other discrimination, or lack of proper preparation (i.e., math and science training or English skills), among other causes.
- **Equity**—Something that is impartial, just, or fair. In this report, it relates to equal access to treatment and good health.
- **Eugenics**—For this report, we narrowly define eugenics as the extermination of nonwhite population groups and other so-called defective or undesirable individuals such as the mentally ill through sterilization.
- **Helping Profession**—A profession that nurtures growth or addresses problems in a person's physical, emotional, or psychological well-being. Health care fields are commonly referred to as "helping professions."
- **K–12**—Grades kindergarten through 12th grade.
- **K–16**—Grades kindergarten through college level.
- **Leakage**—Loss of individuals from the educational pipeline either through dropout, expulsion, or administrative discharge.
- **NAADAC**—The Association for Addiction Professionals, one of the national certification organizations.
- **NASADAD**—National Association of State Alcohol and Drug Abuse Directors.
- **Sexual Minorities**—Individuals who identify as gay, lesbian, bisexual, and transgender, whether or not they are publicly self-identified.
- **Trauma**—A variety of physically or emotionally caused wounds:
    - PTSD, or posttraumatic stress disorder, is an anxiety disorder developed in response to exposure to a traumatic event or events. It is characterized by re-experiencing the traumatic event, emotional numbness, irritability, and increased risk of problematic substance use, among other symptoms.
    - TBI, or traumatic brain injury, arises from head trauma of various kinds.
    - ABI, or acquired brain injury, arises from, for example, a stroke due to drug overdose.
- **Vicarious Stigma**—Stigma acquired by association with a stigmatized individual.
- **Women's Work**—Work traditionally done by women. Examples include teaching, nursing, and child care.
- **Workplace Diversity**—Inclusion and full participation and acceptance of staff from a variety of backgrounds, races, ethnicities, genders, sexual orientations, abilities, and disabilities into a workplace that provides a safe and respectful work environment.

I. Introduction

The 2006 report *Strengthening Professional Identity: Challenges of the Addictions Treatment Workforce* (Whitter, Bell, Gaumond, Gwaltney, Magana, & Moreaux. 2006) summarized trends and challenges that confront the alcohol and drug treatment and recovery workforce. One of the most fundamental challenges cited in the report is the lack of human infrastructure to support the current demand for treatment and recovery. Specifically, this is the manifestation of two issues. First, there is a severe shortage of adequately trained addictions treatment and recovery support specialists (e.g., counselors, managers, peer coaches). Not enough staff are available for the smooth and efficient operation of service organizations. Second, there is a significant demographic disconnect in which the professionals providing services (i.e., White female professionals) do not reflect the cultural characteristics of a substantial proportion of the populations they are serving (i.e., African Americans, Hispanics, American Indians, and Asian Americans). A notable proportion of sociobehavioral research suggests that increasing diversity within the health-related workforce will improve the service engagement experience as well as health outcomes among minority communities. Taking this into consideration, there is a great need to increase the number of minorities (particularly males) into the addictions field. Additionally, evidence suggests that the population is becoming more diverse, and addictions clientele increasingly face more complex problems. Recruiting not only more professionals into the addictions treatment field but also staff who are better aligned culturally and are highly trained to address complex addictions is of major importance.

A growing body of evidence suggests that clients are more likely to engage in and benefit from services provided by professionals who are from similar racial and ethnic backgrounds (Gray & Stoddard, 1997; Saha, Kamaromy, & Bindman, 1999; Saha, Kamaromy, Koepsell, & Bindman, 1999; Garcia, Paternite, Romano, & Kravitz, 2003). This is not only a result of a common cultural experience that facilitates trust and communication, but it also relates to America's history of discrimination, segregation, and medical experimentation among vulnerable minority populations.[1] Given these experiences, distrust, apathy, and reluctance to engage the health care system is prevalent within minority communities (Health Resources and Services Administration [HRSA], 2006; Washington, 2006.These issues, along with well-documented financial challenges among the working class (a substantial proportion of whom are minority), has created a divide where many health issues are not met in minority communities (Smedley, Stith, Nelson, & Institute of Medicine, 2002).

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[1] Well-documented evidence of American medical mistreatment includes eugenics, separate but unequal medical facilities, and the Tuskegee syphilis experiment (Pernick, 1997; Byrd & Clayton, 2000; Sullivan Commission, 2004; Washington, 2006; *Emerge,* 1994). Eugenics is commonly defined as the science of improving heredity and was achieved by sterilizing minority groups to prevent them from procreating (Pernick, 1997; Smith, 1991).

Experts believe that diversification in the health care field will benefit society by improving service organizations' ability to engage minority clients and by enhancing cultural competence among practitioners (Cohen, Gabriel, & Terrell, 2002; HRSA, 2006).

The purpose of this report is to identify recruitment strategies to aid the addictions treatment and recovery field in expanding and diversifying the workforce. In order to do this, several questions must first be answered, including

1. What is the status of diversity and diversity initiatives in the addictions treatment workforce?

2. What are some of the notable recruitment and retention strategies currently in use to increase workforce diversity and representation of the population(s) being served?

3. Are there strategies and examples from other disciplines (i.e., medicine, marketing, education) that can be adopted and implemented to improve the recruitment of minorities into the addictions treatment field?

This environmental scan also identifies and examines marketing strategies used by a variety of disciplines and business sectors to recruit a diverse workforce that represents the populations being served in the addictions treatment and recovery field. Replication and enhancements of proven approaches from the addictions field, as well as understanding and adopting promising approaches from other fields and professions—both important steps toward addressing the addictions treatment crisis—will also be discussed.

A general picture of recruitment efforts in the addictions treatment and recovery field and promising practices currently in use by some state and local organizations are provided here. The report does not provide

- A rigorous and comprehensive review of the literature

- In-depth interviews with professionals and other key information sources

- A set of recommended strategies for recruiting minority professionals into addictions treatment

- A strategic plan for recruiting and retaining minorities into the addictions treatment field

II. Defining the Issue

On a national scale, the capacity of addictions treatment to accommodate those seeking services is insufficient and is substantially inadequate to serve the total population in need (Broderick, 2006). Only 1 person in 10 who has a drug disorder and 1 person in 20 who has an alcohol disorder receive treatment for the condition (Annapolis Coalition, 2007; Wright, 2004). Waitlists for services, including detoxification, range from 1 to 7 days and longer (Substance Abuse and Mental Health Services Administration [SAMHSA] Treatment Episode Data Set [TEDS], 1996–2006). This is well above the norm for most other health care fields and is due in part to workforce shortages (Whitter et al., 2006; Abt Associates Inc., 2007). In 2008, an estimated 23.1 million individuals were in need of addictions treatment services at specialty treatment centers, although only 2.3 million actually received them (SAMHSA, 2009). Insufficient treatment capacity is often the result of a lack of human infrastructure (or the workforce) that delivers and manages services. In addition to the sheer lack of addictions professionals, no pipeline exists to recruit additional individuals into the field; and data show a disparity in demographics among existing staff compared to clientele. These differences will only continue to grow unless the treatment and recovery field can successfully institute strategies to diversify the workforce.

Background is provided on the demographics and skills of the workforce in the context of the clients' needs. This information will illustrate the disparities that exist in the workforce and the appropriate skill sets that must be considered when developing recruitment strategies. Recruitment challenges will be further explored from the perspective of the requirements and characteristics of the current workforce. Additionally, evidence will be presented that suggests that greater diversification within the treatment and recovery workforce may improve the quality of care.

Differences in Workforce and Clientele Demographics

Adding to the complexity of the workforce shortage is a need to recruit a more diverse set of professionals to treat clientele. The majority of addictions treatment counselors are White females between the ages of 45 and 50 (Cotter & Kaplan, 2003). Although this trend is not unique to addictions treatment, it creates an interesting dynamic for interacting with and relating to addictions treatment clientele. A disproportionate number of addictions treatment clientele are minorities and males between the ages of 25 and 44 (SAMHSA TEDS, 2007), and census data suggest that minority populations will continue to grow in the United States and are more likely to experience regional needs for services (U.S. Census Bureau, 2004). One way to improve quality of care among minority communities is to better align workforce demographics with the communities in which they serve. And if workforce diversity initiatives are not implemented now, this difference in demographics between clientele and providers will continue to worsen. Table 1 below illustrates workforce and clientele demographic disparities in greater detail.

Table 1. Differences between Workforce and Client Demographics

Demographic	Workforce	Clientele[2]	Source(s) and Year(s)
Age	45–50	51% between the ages of 25 and 44	Cotter & Kaplan (2003), SAMHSA TEDS (2007)
Race/Ethnicity	70–90% are non-Hispanic Whites	60% are non-Hispanic Whites[2]	Cotter & Kaplan (2003), SAMHSA TEDS (2007)
Gender	50–70% are female	68% male, 32% female	Cotter & Kaplan (2003), SAMHSA TEDS (2007)

In order for the treatment and recovery workforce to develop appropriate strategies to recruit staff, they must understand the characteristics of the client population. Clients admitted to publicly funded treatment centers are increasingly diverse not only in their demographic characteristics, but also in the variety, severity, and cause(s) of drug addictions they face. Consequently, the workforce must be aware of, sensitive to, and well equipped to address client needs. Below are additional characteristics that describe the complexity of addictions treatment clientele.

Geographically, there is a spatial mismatch between available providers and clientele that widens the demographic disconnect. Rural areas and extremely rural areas have few family practitioners and even fewer psychiatrists (Holzer, Goldsmith, & Ciarlo, 2000).

Characteristics of Addictions Treatment Clientele

In 2008, roughly 22.2 million Americans over the age of 12 were in need of addictions treatment for alcohol and drug use problems (SAMHSA, 2009). A disproportionate number of these individuals were young males from minority backgrounds, further strengthening the case for diversifying the addictions treatment and recovery workforce. Nine key elements of clientele demographic characteristics were investigated: gender, race, age, primary drug addiction mentioned at admission, co-occurring disorders and poly-drug use, trauma, socioeconomic status factors, demographic projections, and stigma of obtaining treatment. These characteristics were chosen because they highlight the complexity of addictions clientele and should serve as plausible starting points for workforce recruitment strategies moving forward. Addictions treatment clientele are:

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[2] The breakdown of client racial categories varies by region. Please refer to Figure 2. Data are not available on workforce racial breakdown by region.

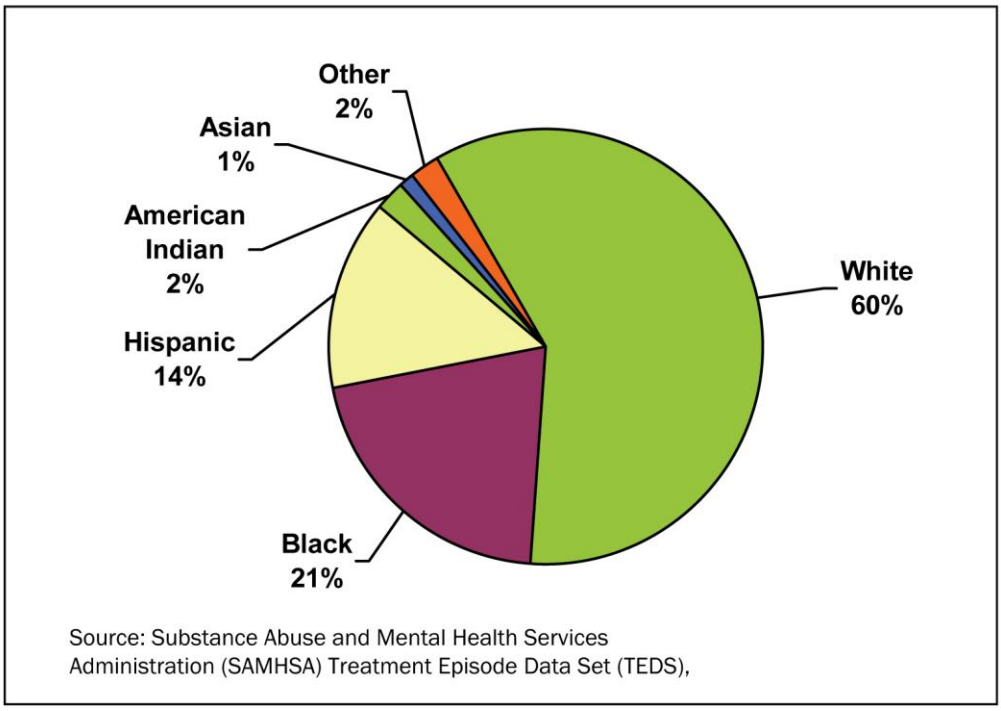
- Disproportionately minorities and males
- Mostly between the ages of 25 and 44
- Faced with poly-drug use, co-occurring disorders, and trauma
- Largely low-income earners from low socioeconomic status
- Estimated to comprise an even larger share of the future population

Additional details about each characteristic as it relates to addictions treatment and recovery workforce recruitment strategies will be described below.

Gender, Race, and Age

Addictions treatment clientele disproportionately comprise males of diverse racial and ethnic backgrounds, and persons between the ages of 25 and 44 (Cotter & Kaplan, 2003; Mulvey, Hubbard, & Hayashi, 2003). In particular, 68% of addictions treatment admissions in 2007 were male and nearly 51% of clients were between the ages of 25 and 44. The average age at admission was 34 years old (SAMHSA TEDS, 2007). Figure 1 below provides a breakdown of addictions treatment clientele by race.

Figure 1. Race of Addictions Treatment Clientele at Admission to Publicly Funded Substance Use Treatment Programs, 2007

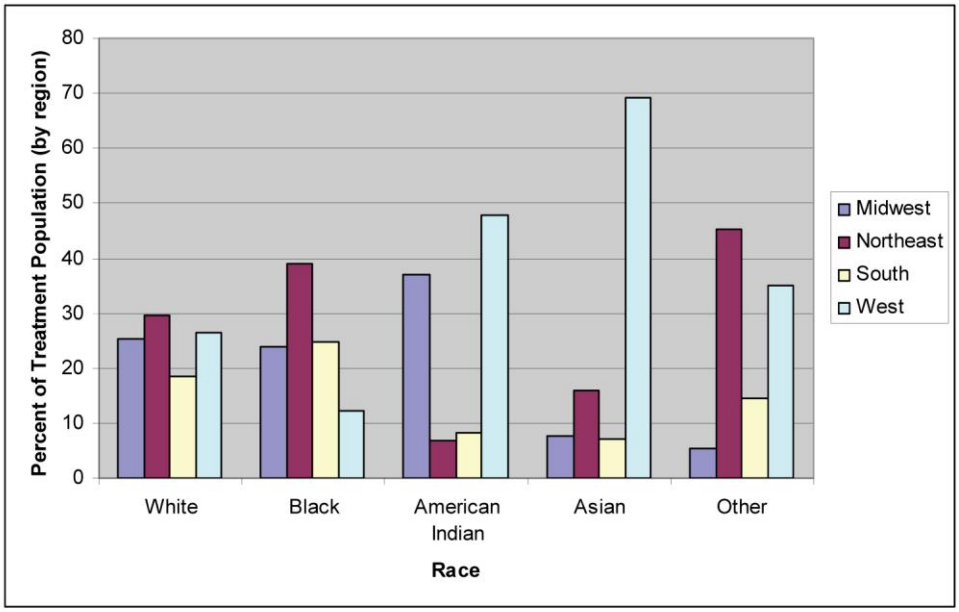


Source: Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS),

The figure shows that Whites comprise an overwhelming majority of addictions treatment clientele, which may appear to challenge the idea that diversifying the addictions treatment and recovery field is needed at all. However, nearly 35% of clientele are members of minority groups (SAMHSA TEDS, 2007), a figure almost

double of what minorities currently comprise in the total population (U.S. Census Bureau, 2004). Furthermore, when clientele data are analyzed by region, the need for diverse addictions treatment and recovery professionals becomes more clear (please refer to Figure 2 below).

Figure 2. Race of Addictions Treatment Clientele at Admission to Publicly Funded Substance Use Treatment Programs by Region, 2007



* These data do not provide a specific breakdown for ethnicity by region.

Figure 2 illustrates that the greatest need for diverse professionals exists in the Northeast, followed closely by the South and West for African American populations. The West has the greatest need for diverse professionals to help American Indian and Asian American populations (SAMHSA TEDS, 2007). Demand by Hispanics for addictions services is highest in the eastern and western United States (data not shown). The evidence is further supported by research suggesting that ethnic disparities exist in unmet need for drug and alcohol treatment services (Wells, Klap, Koike, & Sherbourne, 2001). Of all groups, Whites have utilized treatment most consistently across regions.

Now, although a regional breakdown for addictions treatment professionals does not currently exist, we know that at least 70% of addictions treatment and recovery professionals are White (SAMHSA TEDS, 2007). This suggests that a lack of diversity in the field overall only exacerbates the need for diverse professionals by region. Aligning demographic characteristics of staff and clientele has many positive elements, including having the potential to enhance quality of care received by clientele, improve access to care, and improve communication and trust between historically underserved groups and the medical field overall. Each element will be discussed in detail later on.

Primary Drug Addiction Mentioned at Admission

Individuals admitted into publicly funded treatment centers suffer from a wide variety of drug addictions, with alcohol and marijuana reported most frequently (22% and 16%, respectively) (SAMHSA TEDS, 2007). These drug addictions are commonly reported as a part of poly-drug use (to be discussed later on); and males were three times more likely than females to suffer from alcohol or marijuana problems (SAMHSA TEDS, 2007). Evidence also suggests that with increased potency levels of drugs (marijuana, in particular), people are more likely to experience repeat admissions (National Drug Intelligence Center, 2005). Therefore, recruiting a workforce to handle people who suffer from a wide variety and more severe cases of drug use will be fundamental to enhancing overall quality of care.

Additionally, prescription drug use is rising. In 2008, 6.2 million individuals over the age of 12 were nonmedical prescription drug users, and the groups with high increases in treatment admissions for these problems were teenagers and adolescents (National Drug Intelligence Center, 2009; SAMHSA TEDS, 1996–2006). In terms of treatment, the younger population brings a variety of issues to the treatment table, including peer pressure, academic-related stress, or familial dysfunction and/or restructuring. Newly recruited addictions treatment professionals must be able to address these and other issues in order to meet the unique needs of this population. Consequently, recruitment efforts must specifically target younger professionals or highlight ways of training older professionals to relate to constantly evolving challenges of the younger population.

Co-occurring Disorders and Poly-Drug Use

The number of individuals with co-occurring substance use and mental health disorders has been on the increase (SAMHSA, 2004). A co-occurring disorder is a condition where an individual suffers jointly from a psychiatric disorder and a substance use disorder. Psychiatric disorders include schizophrenia, bipolar disorders, and attention deficit hyperactivity disorder (ADHD), while substance use disorders are characterized by dependence on alcohol, prescription drugs, or illicit drugs. Many of the psychiatric disorders have complex characteristics with effects that vary significantly from person to person. Individuals with co-occurring disorders are also more likely to engage in multiple treatment admissions (SAMHSA, 2004, 2005a). Recruiting a workforce that understands the complexities of co-occurring disorders and is well equipped to address these issues is critical.

No conversation on co-occurring disorders would be complete without a discussion of physical illnesses associated with drug addiction. Individuals who suffer from drug addiction are at higher risk for infections, respiratory problems, cancers, diabetes, malnutrition, HIV/AIDS, hepatitis, mental health disorders, and even death (National Institute on Drug Abuse [NIDA], 2008). For example, recent reports suggest that long-term heavy use of marijuana has been linked to schizophrenia, lung injury, and upper digestive tract cancers (Tashkin, 2005; Bofetta & Hasibe, 2006). The treatment and recovery workforce must be able to address not only drug addiction but also health complications that result from drug use. Newly recruited professionals must establish strong partnerships with hospitals, health centers, and other organizations to provide comprehensive services to the clients.

In 2007 nearly 45% of all drug treatment admissions suffered from alcohol and drug use problems, commonly referred to as poly-drug use (SAMHSA TEDS, 2007). Poly-drug use is defined as the act of using two psychoactive drugs in combination to obtain a particular effect. Among drug treatment admissions, alcohol and marijuana are usually reported as one or both the drugs used in combination (76% and 55%, respectively) (SAMHSA TEDS, 2007; SAMHSA, 2005b). In some cases the effects of one drug may amplify effects of the other, while in other cases effects of both drugs may show concurrently, creating substantial challenges in treating clientele. Teenagers are most likely to suffer from poly-drug use, while minority groups, poor individuals, and people from urban centers are disproportionately affected by poly-drug use (Kedia, Sell, & Relyea, 2007). Recruiting a workforce to handle the complexities of poly-drug use is fundamental in treating nearly half of all addictions treatment clientele.

Linking Trauma and Substance Use

Many individuals receiving addictions treatment have experienced some type of trauma (McCauley, Amstadter, Danielson, Ruggiero, Kilpatrick, & Resnick, 2009; Conway, Compton, Stinson, & Grant, 2006; Martins, Copersino, Soderstrom, Smith, Dischinger, McDuff, Hebel, Kerns, Ho, Read, & Gorelick, 2007; Salgado, Quinlan, & Zlotnick, 2007). Such trauma can impact the individuals' treatment and recovery. Therefore, addictions treatment and recovery professionals must be equipped to identify and address trauma-related issues. They must also be able to determine when to refer clients to trauma specific treatment professionals.

Socioeconomic Status and Substance Use

Socioeconomic status (SES), defined as the highest level of education, income, and employment obtained by an individual, has been commonly cited as a fundamental reason for health disparities across all racial and ethnic lines (Galea & Valhov, 2002). High SES is linked to power, prestige, and access to resources that others may not have (Galea & Valhov, 2002). Low SES is correlated to members of minority groups, who may experience high levels of stress in trying to obtain the power, prestige, or access to resources that others may have (Hardaway & McLoyd, 2009; Luo & Waite, 2008; Krieger, 1992). As a result, some individuals may engage in drug use, which may eventually lead to drug abuse and/or mental health problems (Daniel et al., 2009; Montoya & Brown, 2007). To measure low socioeconomic status, we investigated a variety of measures and found 24.7% of Blacks and 32.2% of Hispanics lived below the poverty line in 2008 (University of Michigan National Poverty Center, 2008). In addition, minority groups are disproportionately unemployed (15.8% Black, 12.4% Hispanic), and they are more likely to live in impoverished urban areas (Bureau of Labor Statistics [BLS], 2009; Robert Wood Johnson Foundation, 2008; U.S. Census Bureau, 2009). Both these factors have been linked to drug abuse and addiction.

Because a disproportionate percentage of minorities have low SES, they are at a higher risk for addictions. Based on demographic and socioeconomic factors, this trend is likely to grow. Helping individuals overcome drug addiction involves addressing basic human needs and helping individuals improve the quality of their lives so they can maintain recovery. The treatment and recovery workforce must be able to assess individuals' holistic needs and provide or make

connections to appropriate services (i.e., job training centers, local college and universities, day care centers, etc.).

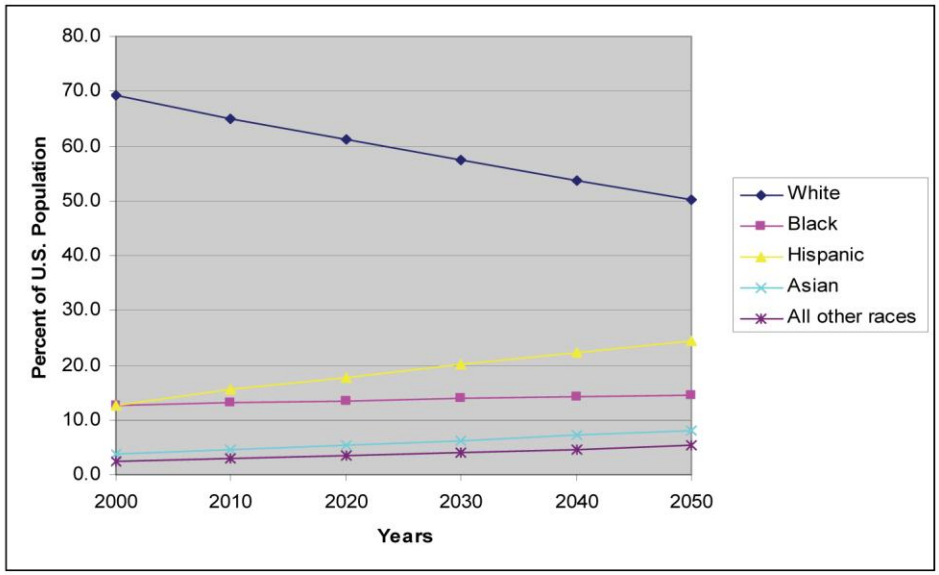
Drug Treatment Stigma

Stigma associated with addictions also negatively impacts potential client willingness to seek addictions treatment. In particular, the stigma of addictions may portray individuals as violent, unpredictable, and dangerous (Conner & Rosen, 2008); and people who internalize these perceptions may avoid admitting they have an addiction problem, which affects their willingness to seek help at all (Conner & Rosen, 2008; Cooper et al., 2003; Semple, Grant, & Patterson, 2005; Abt Associates Inc., 2007). These reasons are especially true for racial and ethnic minorities, who may see seeking help as a sign of weakness and a cause of shame for themselves and their community (Milligan, Nich, & Carroll, 2004; SAMHSA, 2001; Wright, 2001). Making concerted efforts to recruit professionals from minority communities will not only refute the claim that addictions treatment is not a worthy career but also has the potential to influence more minorities to obtain the help they need.

Demographic Projections

Over the next 40 years, the United States will experience a fairly dramatic shift in demographics. Hispanic and Asian American populations are expected to double in size, and the African American population is expected to increase marginally (20%, 9%, and 13%, respectively) (Jackson, 2010). Meanwhile the proportion of White Americans is expected to decline by 20 percentage points (Jackson, 2010). Figure 3 shows a graph illustrating the trajectory of demographics between years 2000 and 2050.

Figure 3. Race by Total Percentage of U.S. Population, 2000–2050



Source: U.S. Census Bureau, 2004.

These demographic shifts suggest that more minorities will need addictions treatment services, further strengthening the argument for recruiting more diverse addictions treatment and recovery professionals. If recruitment efforts are taken to address this concern now, we can expect enhanced quality of care among minority groups in the future.

Take-Home Points

- There is a demographic disconnect between clientele and addictions treatment and recovery practitioners.
  - The majority of clients are men while practitioners are mainly women.
  - Minority groups disproportionately face co-occurring disorders, poly-drug use, trauma, and low SES status, placing them at **higher risk of addiction**.
- Minority populations are **expected to increase** greatly as a proportion of the U.S. population in the next 40 years.
- *It is imperative that we develop the minority addictions workforce now to accommodate future demand.*

In summary, characteristics of addictions treatment clientele are complex, and it should be clear that much work is needed to recruit a diverse and well-skilled workforce to better serve them. A sensible way of accomplishing this goal is for decision makers to (1) understand what characteristics currently define the workforce, and (2) determine what recruitment challenges exist as a result of workforce characteristics. The next section addresses these issues.

Recruitment Challenges Confronting the Addictions Treatment and Recovery Workforce

Given the aforementioned characteristics of clientele, recruitment efforts for the addictions treatment and recovery workforce are not without challenge. Recruitment efforts should align the demographics and skills of the workforce more closely with needs of the clientele. This can occur through recruiting new talent with demographics similar to the addictions treatment population and retraining existing professionals and those from other health care professions in addressing clientele needs. Policy makers, professional organizations, and provider agencies must acknowledge that no one pool of candidates exists from which they can recruit workers and that attracting individuals to the field requires strong marketing tools, outreach, and partnerships. Overall, the profile of the addictions treatment and recovery workforce shows that they

- Hail from a variety of health care professions
- Earn certification in addictions treatment
- Earn much lower salaries than professions from other fields
- Constantly face challenges of stigma and low status

Below is a discussion of the current professional affiliations of addictions professionals and their certification requirements, as well as issues of low pay, vicarious stigma, and low status—key barriers for those contemplating entering the addictions treatment profession. Each category provides a brief discussion of how these characteristic present unique challenges for minority recruitment.

Professional Affiliation

No single health care field dominates the addictions treatment and recovery workforce. Instead, professionals are drawn from many different fields, including medicine, nursing, counseling, social work, psychiatry, and psychology (Abt Associates Inc., 2007). In 2008, there were roughly 82,014 primary care physicians, 2,618,700 nurses, 642,000 social workers, 86,100 substance abuse counselors, 152,000 clinical psychologists, and 34,393 psychiatrists (BLS, 2010).

Increasing the number of professionals in the addictions treatment workforce is a high priority, but, given the variety of health care fields to work with, recruitment is all the more challenging. First, recruitment efforts across different professional affiliations will have to target multiple audiences, and messages will have to appeal to their skills and interests. Additionally, we must convince current health care professionals that addictions treatment and recovery is an impactful career. Recruitment efforts should also involve intensive marketing and outreach to all health care–related fields to educate people about addictions treatment and to obtain significant buy-in from field leaders and educational institutions.

Certification Requirements

A national certification standard has not been established for addictions treatment professionals. Most states have established their own certification programs, while others require a license or basic training (SAMHSA, 2005c). Certification is defined as a state designation required for the individual to perform a job. Many substance abuse counselors, the most direct-service professionals in the field, are state certified. Licensure is defined as the minimum government requirement necessary to practice in a particular profession. Most state certifications, government licensure programs, and national organizations require some form of

- **Education.** An associate's degree or higher is required for most certifications (and licenses).
- **Supervised Experience.** Requirements vary (by state), but generally require at least 1 year of full-time employment in the field and/or a pre-specified number of training hours.
- **Examination.** Requirements also vary (by state); however, professionals are required to take competency exams every few years to maintain certification or licensure.

These requirements exist to ensure that addictions treatment professionals are qualified to treat clients; however, they may also create a significant challenge in minority recruitment efforts moving forward. Roughly 80% of current addictions professionals have a bachelor's degree, and over 50% have a master's degree or

above (Johnson & Roman, 2002; Knudsen, Johnson, & Roman, 2003; RMC Research Corporation, 2003; Harwood, 2002). Additionally, the average addictions treatment professional has 5 years of experience, and most addictions treatment counselors have passed state and/or national certification examinations. Some states have grandfather clauses for doctors, social workers, and other health care professionals interested in obtaining addictions treatment certification; however, entering the field is not without an investment, and many states require more than minimum requirements to earn a certification. In particular, at least a bachelor's degree, more than 1 year of supervised experience, and passage of the government license and/or state certification examinations are required to obtain certification as a certified prevention specialist (CPS), a certified substance abuse prevention consultant (CSAPC), or a certified chemical dependence specialist in many states, for example (SAMHSA, 2005c).

Minority populations are especially negatively impacted by these requirements. Not only are minorities less likely than others to graduate from college, but they are also less likely to obtain certification or licensure in their field (Richardson & De los Santos, 1988; Goldhaber, Perry, & Anthony, 2003; Goldhaber & Hansen, 2009). Among minority groups who do have bachelor's degrees or are currently working toward one, competition is stiff to enter other professions that pay more or face less stigma and low status (see below). Consequently, recruitment efforts must address all three requirements directly by establishing strong marketing materials and relationships with local colleges and universities to create a pipeline of interested minority candidates who can follow through with obtaining certification with adequate support systems in place.

Low Pay

Pay is low in the treatment and recovery field, as it is in other helping professions. A National Association of State Alcohol and Drug Abuse Directors (NASADAD) study of recruitment of addictions professionals revealed that administrators felt that pay and benefits were key to attracting satisfied employees (Siwatu, 2008). Staff with a bachelor's or master's degree can often make much more doing other work. Pay is not comparable for other fields that require a master's degree. For example, a master of social work (MSW) and a master's-prepared substance abuse counselor has a median salary of $37,000 per year (BLS, 2010).

On the other hand, occupational therapists make a median income of $67,000; associate- and baccalaureate-prepared RNs make a median income of $62,000; teachers' median income is $50,000 for middle school and $51,000 for high school teachers; and paralegals have a median income of $46,000 per year, needing only an associate's or bachelor's degree. Psychiatrists who treat either mental health or substance use conditions have a median income of $154,000---less than family physicians (BLS, 2010).

Furthermore, the demand for psychiatrists, social workers, and counselors is expected to increase in the next 10 years (BLS, 2010), and so the competition to recruit qualified workers will be intense. Competition, however, for recruitment of qualified minority applicants into a variety of health, education, and social service careers has also intensified. A Web search of policy documents on recruitment of

minority professionals resulted in 4,900,000 hits. So, strategies exist to recruit minority applicants. There is simply stiff competition for bright minds that have survived running the gauntlet of our educational system. Recruitment outreach must include very strong reasons for joining the addictions treatment and recovery field despite monetary gains (or other benefits) obtained in other fields.

Vicarious Stigma and Low Status

The stigma of substance abuse impacts the recruitment of minority applicants by tainting professionals "by association" (Cotter & Kaplan, 2003). This phenomenon is called vicarious stigma. However valuable the work or satisfaction individuals get from providing treatment, there is little prestige in becoming an addictions treatment provider.

Substance use conditions remain stigmatized in the general public (SAMHSA, 2001). Stigma of substance use conditions is increased in minority populations as compared to Whites. Among American Indians, substance use is a painful reminder of the oppression and repression of Tribal nations and their people (Brave Heart & DeBruyn, 1998; Brave Heart, 2003; Holmes & Antell, 2001), making substance use a source of shame. Among African Americans, asking for help for substance use problems can be seen as a sign of weakness (Milligan, Nich, & Carroll, 2004; SAMHSA, 2001; Wright, 2001). Vicarious stigma comes into play as potential addictions treatment and recovery professionals are associated with individuals stigmatized in their community. Therefore, the increased stigma of substance use in minority communities can influence the messages that family and friends provide to potential professionals. Vicarious stigma can make an addictions career choice undesirable.

There is also stigma for men in what can be seen as doing tasks that are perceived as "women's work." Much of the stigma associated with choosing a career in addictions treatment and recovery is also rooted in community and familial perceptions of the status and prestige of this career path. Prestige and status are associated with the power and money that result from career decisions. In general, the helping professions, other than medicine, have often been seen as "women's work." Pursuit of a career labeled as "women's work" still holds stigma for many men (Hodes Research, 2005). This has especially been true in nursing and in social work, two professions that make up a large part of the potential addictions treatment workforce. These professions are predominantly composed of women, and so perception of the status of pursuing a career in addictions may be reduced in the eyes of many men (Hodes Research, 2005). Individuals from racial and ethnic minority groups may receive discouragement from family and friends for choosing such a low-status career. For example, in focus groups Asian American social work students reported lack of enthusiasm from family about their choice of a social work career (Lee, Ameill-Py, & Keefer, 2003). Pay is inextricably linked with perceived status of an occupation (Su, 1997). Part of the off-streaming of potential professionals comes when minority students compare salaries and status of other careers as compared to a career in addictions treatment.

There is a long unfortunate history in the United States of pathologizing minority populations. Many minorities and immigrants have had experiences with social workers, physicians, and counselors that range from merely unpleasant to extremely painful. The United States has a history of using health and social service providers as agents of social control in addition to their role as helpers. A host of experiences and indelible images of professionals colluding with White oppressors are not easily overcome. The memory of nurse Eunice Rivers remains a powerful image of a Black nurse engaged with medical professionals in the Tuskegee syphilis experiment (Gamble, 1997). Other examples include eugenics, forced experimentation on slaves, and experimentation on individuals of color without their consent (Washington, 2006). For American Indians, the sting of the Indian Removal Act of 1830 and the abuses by educators who tore children from their families and attempted to systematically eradicate American Indian culture was an irrevocable breach of trust and treaty. The physicians who practiced eugenics left another understandable breach of trust.

Sexual minorities have faced their own history of pathologization. Up until DSM-II, homosexuality was classed as a mental disorder (American Psychiatric Association [APA], 1973). Still, sexual minorities often experience being pathologized by mental health professionals. The debate on the ability of therapies to convert sexual minorities into being straight continues (Shidlo, Schroeder, & Drescher, 2001). Other minority groups have experienced similar abuses of legitimated power in the guise of "helping." U.S.-born Hispanics have stronger experiences of discrimination than recent Hispanic immigrants (Vega & Alegría, 2001). Recent immigration policies in several states have increased the fear of seeking help in many individuals (Capps & Fortuny, 2006). Convincing someone with such experiences, even from the unconscious, to then become one of those professionals would not be an easy task (California Mental Health Planning Council, 2002). Recruitment efforts must address vicarious stigma and low status claims by developing marketing materials that discuss culturally relevant success stories and provide messages that show the value of the profession.

In summary, it should be clear that recruitment efforts must address a variety of challenges of entering the addictions treatment and recovery field. From working across different health care fields and developing a pipeline of interested minority candidates to dispelling issues of stigma and low status, recruitment efforts must establish very strong messages about the significant impacts of providing addictions treatment and recovery services. This will require concerted efforts to partner with local hospitals, health care centers, colleges, and universities to develop appealing and targeted marketing materials that inspire individuals to join the field.

The following section provides research-based evidence supporting the contention that, despite recruitment challenges, diversifying the addictions treatment and recovery field is necessary and justified.

Take-Home Points

- Addictions professionals hail from a variety of professions, which makes identifying and recruiting professionals challenging.
- A majority of addictions treatment professionals are required to be certified (or licensed) in addictions treatment, which may present educational, experiential, and examination requirements challenges for new minority professionals.
- Addictions professionals earn lower salaries than professionals with similar levels of education, which presents a unique set of challenges in convincing professionals to enter the addictions treatment and recovery field at all.
- Issues of low status and pay also plague the field.

Rationale for Diversifying the Addictions Treatment and Recovery Workforce

Recent evidence suggests that directly addressing demographic disparities may be the key to improving quality of care for all individuals, and minority clientele in particular. Studies suggest that (1) minority professionals are more likely to provide services to minority clients, (2) clients are more comfortable receiving services from professionals of similar racial and ethnic backgrounds, (3) more individuals will trust the health care system if the workforce is more diverse, and (4) minority health professionals may be more likely to provide leadership and advocacy on behalf of minority individuals they serve. The following paragraphs provide more detail about these four assumptions, interweaving discussions about what the literature suggests and justifications for why diversifying the addictions treatment field is important.

Assumption #1: Racial and ethnic minority health professionals are more likely to provide health care services to individuals who are racially and ethnically most like them. A multitude of studies suggests that minority health care professionals are more likely to care for low-income clients, individuals without health insurance, and those living in areas in short supply of medical professionals—groups that tend to comprise a disproportionate number of minority clientele (Cohen, 2002; Johnson, Lloyd, & Miller, 1989; Komaromy et al., 1996; Moy & Bartman, 1995; Cantor, Miles, Baker, & Barker, 1996; Keith, Bell, Swanson, & Williams,1985; Rabinowitz, Diamond, Veloski, & Gayle, 2000). This is especially the case as community-based organizations (CBOs) (i.e., nonprofits, churches, outpatient centers, etc.) are located predominantly in low-income and minority communities and are more likely to provide services to these groups. Although reasons for minority professionals' joining CBOs over larger organizations are unclear, it is speculated that cultural competence paired with a desire to address health care disparities within minority communities plays a significant role in their decision.

Assumption #2: Clients are more comfortable receiving services from professionals of similar racial and ethnic backgrounds. Little research currently exists to prove that concordance improves access to and utilization of substance use services; however, it has been associated with better quality of interpersonal care, a term used to describe the engagement process between health care professionals and clientele (Fiorentine & Hillhouse, 1999; Sterling, Gottheil, Weinstein, & Serota, 1998; Chen, Fryer, Phillips, Wilson, & Pathman, 2005). In a study based on concordance and substance use treatment outcomes, women were more likely than men to abstain from substance use with race-concordant counselors (Fiorentine & Hillhouse, 1999). Additionally, three studies found that language concordance (such as speaking the client's primary language) improved interpersonal quality of care measurably (Fernandez et al., 2004; Lee, Batal, Maselli, & Kutner, 2002; Seijo, Gomez, & Freidenberg, 1991). Racial and ethnic differences between counselor and client may increase misunderstandings due to different assumptions about communications (SAMHSA, 2001).

Assumption #3: More individuals will trust the health care system if the health care workforce is more diverse. Little research exists to supports this exact assumption; however, evidence suggests that more people will trust providers if they are racially and ethnically more like them (Sohler, Fitzpatrick, Lindsay, & Anastos, 2007; Laveist & Nuru-Jeter, 2002, 2003; Saha, Taggart, Komoromy, & Bindman, 1999b). In a report that evaluated barriers to hospice care for terminally ill African Americans, reasons for underutilization among minority groups included a lack of culturally competent (and African American) health care professionals and distrust of the medical field overall (Winston, Leshner, Kramer, & Allen, 2004). In a survey administered to African American women who participated in clinical trials, 37% of the women preferred to be treated by an African American scientist (Mouton, Harris, Rovi, Solorzano, & Johnson, 1997). These ideas, paired with Assumption #1 (minority professionals are more likely to provide services to communities of low-income, those without health insurance, and those living in areas of short supply of medical professionals), suggest that minority health care professionals are more likely to provide comfort, trust, and reassurance to minority clientele in addressing their health care needs.

Assumption #4: Minority health professionals may be more likely to provide leadership and advocacy on behalf of minority individuals they serve. Little to no research exists to prove this assumption. However, there is a long history of African American physicians, nurses, and social workers ministering to the needs of the African American Community. Ministering to ones own was a necessity in an era of segregation when African Americans, American Indians, and other populations had little or no access to health and social services provided to Whites. For example, Nathan Francis Mossell, established a hospital in Philadelphia in response to the segregation present in general and university hospitals of the day (University of Pennsylvania). The legacy of leadership and advocacy by minority health professionals continues to this day. Connecting more minority professionals with minority clientele is one clear way of strengthening services for traditionally underserved minority populations.

In summary, recruiting minorities into the addictions treatment and recovery field is challenging and complex. The purpose of this section was to explore some of the critical issues that impact minority recruitment, including (1) characteristics of the addictions treatment and recovery population; (2) challenges confronting the current addictions treatment workforce, and (3) the rationale for diversifying the workforce. Policy makers, providers, educators, and others must analyze how these critical issues operate both independently and in combination to present challenges in developing recruitment strategies. The overarching goal is to recruit a more diverse and well-equipped workforce to provide comprehensive services in addressing client needs. Taking this goal a step further, there is a need to establish not only immediate but long-term workforce diversity solutions. By examining the current status of workforce diversity, it should be clear what strategies have already been developed as well as what strategies show promise moving forward.

In the next sections, the current status of workforce diversity will be discussed, followed by recruitment challenges and promising strategies currently being used to attract minorities into health care, education, and the addictions treatment field. Lessons learned from current recruitment strategies in other fields, as well as implications for the future of the addictions treatment field, will also be discussed.

Recruitment efforts must address vicarious Stigma and low status claims by developing marketing materials that discuss culturally relevant success stories and provide messages that show the value of the profession.

Where We Are Now: The Status of Workforce Diversity

Although diversification of the addictions treatment and recovery workforce has long been identified as a need, we have made insufficient headway since Title VII of the Civil Rights Act of 1964. As evident from the data presented in the previous section, minority addictions treatment professionals are in short supply relative to demand. For that matter, the addictions field faces similar challenges as nursing, mental health, and other helping professions in recruitment of a diverse workforce and overall workforce shortages. In other words, addictions treatment agencies are not alone in their difficulties in making progress toward workforce diversity. For example, California released a health care report that summarized a serious gap between the percentage of Latinos in the state (35.5%) and the percentage of Latino nurses (5.7%) (California Healthcare Workforce Diversity Advisory Council, 2008).

As stated earlier, most addictions providers remain White females, while clients come from minority populations and are mainly male (Annapolis Coalition, 2007; National Association of Alcohol and Drug Addiction Counselors (NAADAC) 2003). In addition, the addictions treatment and recovery workforce is aging, creating an even more immediate need for recruiting additional staff to the field. Early-career addictions professionals remain predominantly women (NAADAC, 2003). The percentage of African American professionals is higher for early-career individuals compared to the total membership in NAADAC, the Association for Addiction Professionals. NAADAC is one of the professional organizations that credentials addictions treatment and recovery providers. On the other hand, the percentage of early-career Hispanic professionals has decreased as compared to all Hispanic NAADAC members.

It is not that substance use treatment agencies and organizations are not attempting to recruit diverse professionals, but rather, in part, that standard recruitment practices are not reaching and engaging the target audience. Many addictions programs are small in size and lack the resources to devote to standardized and comprehensive recruitment campaigns. The perceived low status of jobs in addictions may impact the willingness of young minority individuals from entering the field. In addition, general efforts to diversify the health care workforce have largely overlooked behavioral health overall and addictions in particular. For example, there are a number of Health Careers Opportunities Programs funded through the Bureau of Health Professions, and a variety of foundations have not focused on the addictions field. A search of these programs found that the majority focused on medicine and nursing, with others addressing public health and allied health professions such as physical and occupational therapy. These programs hold potential to increase the pipeline of potential addictions treatment professionals.

On a positive note, the Obama administration is proposing a "Cradle to Career" approach to education, beginning with early childhood education. The Student Aid and Fiscal Responsibility Act (SAFRA) (H. R. 3221) holds the potential to make college more affordable to more students. The bill includes investments in Historically Black Colleges and Universities, as well as increasing limits for Pell grants and simplifying the student loan process.

Unfortunately, without exposure to addictions treatment as a viable career path, negative images of the "drunk or addict" paired with the term *addictions* will continue to be perpetuated among K–12 students. Positive images and messages regarding career options need to be suggested at young ages so that students are more likely to choose addictions treatment as a field of study once they reach college.

These challenges and others, as well as promising strategies for recruiting a diverse workforce, are further outlined in this section.

Problems with the Workforce Pipeline

Issues of low pay, low status, and vicarious stigmatization make recruitment of racial and ethnic minorities into the addictions treatment and recovery workforce a particular challenge. Recruitment strategies from other health care fields show that successful strategies encompass a broad array of approaches. Small addictions treatment and recovery providers do not have the resources that larger organizations have available to them to devote to minority recruitment. Therefore, the overall scope of challenges to recruiting a diverse addictions treatment workforce necessitates the pooling of resources beyond any one agency or organization in order to develop and implement effective strategies. The numerous challenges facing addictions treatment programs in their recruitment of diverse employees are discussed below in depth.

While there is an increasing demand for addictions treatment and recovery professionals as a result of policy changes, such as alternative to incarceration—i.e., drug courts (BLS, 2010)—there is also increased competition for addictions professionals. The addictions workforce pipeline is clogged and there are numerous junctures where potential professionals are either lost through pipeline leakage or streamed off toward other careers. For example, minority children may be counseled out of middle and high schools that are struggling to keep their average standardized test scores up (Haney et al., 2004) or siphoned out of college track courses (Mickelson & Health, 1999). Gifted minority students are sometimes steered toward careers in more prestigious fields such as medicine, business, law, and engineering (Thurmond & Creglar, 1999). Therefore, minority children who are potential addictions counselors may face circumstances prior to high school and college that impact their career choices and options (Card & Rothstein, 2007; Hinton et al., 2010).

While college enrollment has increased across all minority groups, in 2005, only 17.3% of African Americans ages 25–29 held a BA degree and 11.2% of Hispanics in the same age range held a BA. And while the percentage of

American Indians enrolled in 4-year colleges has increased over 2000s, they are underrepresented among college graduates and graduate students as well. These figures become frighteningly low when one considers the percentage of minorities with master's- or doctorate-level degrees. While college entrance rates for minority groups are expected to increase, the gap between Whites and other groups, especially with regard to admissions to elite colleges and universities, is expected to persist for some time (Krueger, Rothstein, & Turner, 2005).

In addition, numerous reports note the need for minority faculty in social work, psychology, counseling, nursing, and other programs that train addictions counselors (California Healthcare Workforce Diversity Advisory Council, 2008; State of Washington, Governor's Interagency Council on Health Disparities, 2008; Holcomb-McCoy & Bradley, 2003; Hill, Castillo, Ngu, & Pepion, 1999; Indiana University, 2007; Yelieli & Grey, 2006). Lack of minority faculty equates to lack of mentors for minority students. Mentors from the same backgrounds as minority students may contribute to the student's completion of their course of study (Lopez, Wadenya, & Berthold, 2003). Mentors should also foster safe nurturing relationships with students (Brown, Davis, & McClendon, 1999).

There is also a lack of connection, coordination, and networking between Historically Black Colleges and Universities and Hispanic-Serving Institutions and universities and the professional world, other than nursing and medicine. Affinity groups are one method of building bridges to the professional world of addictions treatment and recovery professions (Digh, 1997).

Social class can impact talented students' perceptions of their chances of obtaining a career in health care. Focus groups with adolescents 14–16 years old in London showed that social class, more than race, impacted intellectually capable students' perceptions of their ability to become physicians (Greenhalgh, Seyan, & Boynton, 2004). Greenhalgh and colleagues (2004) found that poor students in England did not understand the schooling needed to become a physician, or the purpose of college. These students also had a high level of fear about failing out of courses. In the United States, Mau and Bikos (2000) found that race did impact student education and career ambitions.

Many low-income and minority students in the United States may be pushed out of school before college if they are seen as underperforming and, thus, hurting the school's standing under standardized testing (Haney et al., 2004). They are also much less likely to be represented in gifted student programs (Darity, Castellino, Tyson, Cobb, McMillen, 2001; Ford & Grantham, 2003). Low-income minority students in the United States also have an extra hurdle of applying for financial aid. Financial aid forms are complicated and students and parents may not know where to turn for help in filling out the forms (Venegas, 2007). Some may not even know they are eligible for aid and may have other competing demands that necessitate that children work to support the family (McDonough & Calderone, 2006; Venegas, 2007). The result of these hardships and the complexity of financial aid processes is that fewer low-income and minority individuals have benefited from financial aid (Dynarski, 2002). The complexity of applying for financial aid may be somewhat reduced with the implementation of

SAFRA (H.R. 3221), which was included in the health care reconciliation bill that recently passed. Still, if students do not know about sources of financial aid, they may simply assume they cannot afford college.

As a result of the issues raised above, the potential pool of qualified minority applicants remains small. This leaves treatment programs in underserved areas particularly hard pressed to attract qualified minority applicants. In response to this dilemma, the Annapolis Coalition recommended that programs hire entry-level minority individuals and train and mentor them over time in case management, outreach, and interpretive services (Annapolis Coalition, 2007).

Training individuals with minimal educational background still takes time and resources. Given the complexity of problems faced by individuals with addictive disorders, not only must the addictions treatment and recovery workforce be diverse, but they require a set of skills that necessitate a substantial investment of time and training to acquire and master. In the end, we are left in the short term with a problem of little supply and very high demand.

Take-Home Points

- Diversity of the addictions workforce is influenced by a number of social, economic, and cultural factors.
- The workforce is losing potential workers due to **leakage in the educational pipeline**.
- Recruitment requires **long-term schemes** that require **committed resources**.
- Many minority students are either discouraged or pushed out of the pipeline before they reach college.
- Those who reach college are often **off-streamed into higher paying careers** that only require a bachelor's degree.
- Those minority students who pursue graduate careers are often attracted to **higher paying and more prestigious careers.**
- *Therefore, the pool of potential qualified applicants is small relative to need.*

The following section highlights strategies that agencies, in collaboration with trade and professional organizations and government bodies, are currently using to recruit a more diverse addictions treatment and health care workforce. The section presents strategies with the workforce pipeline as well as perceptions of the addictions and health care fields. Many examples come from nursing, a field with extreme workforce shortages, which has made many attempts to address the shortages while at the same time targeting workforce diversity.

Recruitment Strategies

In conducting this environmental scan, we reviewed the available academic literature, other unpublished literature, and Web sites of state addictions provider organizations and state health care workforce development committees. Strikingly, only the addictions provider organizations for Texas and Wisconsin had published on their Web sites plans to expand the diversity of the addictions treatment workforce. Several states included diversity of behavioral health professionals in their health care workforce development plans. These states include Iowa, Washington, and California. Some literature exists on recruitment efforts within other professions, in particular nursing and teaching. A number of colleges and universities have also published plans for the recruitment of diverse faculty. According to monster.com and Thomas and Ely (1996), few companies actually have diversity recruitment programs, and even fewer have budgets for them. One member organization, the Workforce Diversity Network, though aimed at corporations, has some free resources for minority recruitment. While we found strategies used by corporate America to attract qualified minority employees, these strategies are not included as they relied on substantial financial investments far and above those capable of a primarily nonprofit service sector. Instead, included in this section are strategies used by coalitions, states, and universities to attract diverse individuals in courses of study and careers.

The good news is that a variety of strategies are being successfully used to attract minority candidates into a variety of professions. There is also widespread acknowledgment of problems in the educational pipeline for health, education, and social services. Given that widespread understanding, strategies to improve workforce diversity (outlined below) are taking place at various stages of the pipeline. Where there are supporting data, we also provide information on the costs and organizational commitments necessary to undertake the strategies.

Below are the strategies that target potential workers from K–12 and faculty diversity in "Priming the Pipeline." Next, in "Widening Pathways in the Pipeline," are strategies that include career pathways programs for those who need to be reengaged or prepared for career training and degree programs as well as educational coalitions as part of degree programs. In the section "Keeping the Pipeline Flowing," financial and organization-level strategies are presented. "Addressing Perception" outlines strategies to address negative perceptions and low status. As you will see, many of the projects described cover several strategies.

Priming the Pipeline

Disparities remain in the number of racial and ethnic minorities who complete high school and continue on to college and advanced degrees. Such children and youth are lost to careers in addictions treatment. Several reports, papers, and strategic plans have addressed strategies to improve the pipeline of diverse students into the health and social services workforces (Brelvi, 2005; Lee, Ameill-Py, & Keefer, 2003; Iowa Department of Public Health, 2006, 2007, 2010).

These Health Careers Opportunities Programs can be focused at the K–12 level and at community colleges, which often serve as a bridge to a 4-year degree for minority and immigrant students (Wircenski, Wircenski, & Nimon, 2008). One such program is the Human Services Academy, which was held in Los Angeles, CA. The California Mental Health Council published a useful guide for partnering with schools to increase youths' interest in mental health careers (Lee, Ameill-Py, & Keefer, 2003). Below some very different examples are provided that target the workforce pipeline through education.

ConneX

- Targets youth in middle school with interest in health careers
- Components include
  - Mentorship
  - Summer academies
  - Internships
  - Help with obtaining financial aid and scholarships

Washington state has a health care workforce diversity committee as part of its Governor's Interagency Council on Health Disparities. The committee produced its own environmental scan that identified a number of programs across the state that target school-age children from underrepresented groups to increase their interest in health-related careers. One such program is ConneX, run by an affiliate of the Yakima Valley Farm Workers Clinic. This program is aimed at youths in middle school through college to support their pursuit of careers in health. The program includes mentoring, internships, Saturday and summer "academies," math and science summer camps, and assistance with financial aid and scholarships. The program also includes campus visits. About 90% of graduates have entered college and 40% of graduates have pursued careers in health. Another program in Washington aimed at high school students is Project HOPE. Through Project HOPE, minority high school students in Eastern and Western Washington, in separate programs, can receive a 6-week paid internship at a local health care facility. Students also get a chance to visit either the University of Washington or Washington State University as part of the program. A total of 85–96% of youths who participate follow pathways to health care careers. The Eastern Washington program reports that about 25% of students are hired for positions after their internships. The program is funded "through" the Department of Health and "administered" by the Area Health Education Centers in Eastern and Western Washington. The Eastern Washington center also sponsors a science program for schoolchildren in grades 4–6 who concentrate on health careers. Similarly, the Western Washington center runs a mentorship program for middle and high school students from minority and rural communities. The center also runs bridging programs for nurse's aides to pursue their associate degree RNs while working. There are a number of other programs for minority and immigrant K–12 students as well. (State of Washington, Governor's Interagency Council on Health Disparities, 2008).

Project HOPE

- Targets minority high school students
- 6-week paid internship at a local health care facility
- Visits to a university

Western Washington University has published best practices for recruiting and retaining diverse faculty and staff (Guenter-Schesinger & Ojikutu, 2009). These best practices highlight a number of strategies used by a variety of universities to attract and retain minority faculty. These strategies include cluster hiring, or hiring a cohort of minority faculty at once, as well as mentoring programs and grant support to allow faculty members to start their research agendas. A number of universities hold welcoming events for minority faculty. Several universities have now developed comprehensive diversity plans. Western Washington University has a minority employee council that will be used as a focus for minority recruitment efforts. Similarly, North Carolina State University (2009) has published recruiting guidelines that present specific strategies to address unconscious bias. The guidelines mandate the posting of diversity statements in all hiring advertisements. Among other strategies are advertising in media used by underrepresented groups, and sending position postings to Historically Black Colleges and Universities as well as universities that have large bodies of minority students.

Minority Faculty Recruitment and Retention Best Practices

- Cluster hiring to promote cohorts
- Welcoming events
- Comprehensive diversity planning
- Becoming a welcoming place for minority faculty
- Providing resources and support

The state of Alaska has implemented a comprehensive workforce development plan in collaboration with the Alaska Mental Health Trust Authority and the University of Alaska. The plan includes a psychology PhD program focused on Indigenous mental health, a distance-learning MSW program to help build service capacity in rural communities, a bachelor's in social work (BSW) program that combines in-class and distance learning through videoconference classes and includes Alaska Native elders as teachers, and a rural behavioral health training academy for continuing education. To address the low wages received by mental health providers, the plan includes a wages and benefits committee that focuses on developing signing bonuses for staff, recruitment bonuses, and competency-based pay increases. The state is also developing a statewide loan repayment program and uses social marketing among a wide variety of other strategies that include Multicare Health System Nurse Camp for high school seniors (Alaska Department of Health and Social Services, 2008).

Alaska Mental Health Trust Authority

- Comprehensive workforce development plan
- Partnered with the University of Alaska
- Components include
  - Distance learning
- Videoconference classes
  - Alaska Native elder teachers
  - Wage and benefit committee
  - Indigenous mental health PhD
  - Developing statewide loan repayment

The city of New York instituted the NYC Teaching Fellows program in 2000 in order to address a serious teaching shortage. While not targeted specifically to minorities, the program looks for diverse applicants to address the rainbow of diverse students served through the New York City public schools. Individual stories and profiles of teaching fellows are part of the marketing program. The program has been extremely successful, with 2,100 applications received for only 325 slots in the program's first year. Fellows receive tuition and a stipend as well as mentoring, job search support, and special tracks for math and science teachers. Since its inception, the program has trained about 9,000 fellows. A total of 50% of fellows remain teaching in the New York City schools for 5 years or more (http://www.nyctf.org).

Widening Pathways in the Pipeline

The Wisconsin Association on Alcohol and Other Drug Abuse, Minority Counselor Training Program, has been in place since the 1980s. There are two training sites in the state—one in southeast Wisconsin and one that covers the southwest and northern regions of the state. Sixty students enter the training program per year, with 15–30 graduations per year. The goals of the program are to attract a diverse population into counselor training. Populations that have been through the program include African Americans, Hispanics/Latinos, Asian Americans, and American Indians. The program includes training facilitators who are experienced addictions counselors and mentors who provide monthly career consultation. As part of the program, students also attend a professional readiness course. Requirements for the program are a high school diploma or GED, Wisconsin residency, background check, and three references. Students are required to sign an agreement that once graduated from the program they will work for at least 3 years in the field. Students need not be at the entry level in their career and may previously have acquired an associate's degree in substance abuse counseling. Coursework covers a variety of topics from counseling skills to group and family counseling to suicide and domestic violence awareness. Mentors are members of racial or ethnic minority groups (http://www.waaoda.org/minority_aoda_training.html).

Minority Counselor Training Program

- Goal is to promote diversity among substance abuse counselors
- Targets African Americans, Hispanics/Latinos, Asian Americans, and American Indians
- Relies on mentors
- Practitioner Advisory Council

Center for Nursing Excellence

- Bringing stakeholders to the table
- Multiple sources of financial support
- Developing an online database for nursing student clinical placements

Colorado has both one of the largest nursing shortages in the United States as well as a primarily White nursing workforce that does not match Colorado's established and growing Latino population. To address these issues, the Center for Nursing Excellence engaged businesses, schools, hospitals, state agencies,

and foundations at the beginning of its process to assess strategies to address the Colorado nursing workforce shortage and to develop workforce recruitment strategies. Having a diverse set of stakeholders at the table was an important ingredient in obtaining the funding needed to implement the proposed strategies. The center hosts a national conference on workforce recruitment and retention and has a number of initiatives for recruiting and retaining nurse faculty, nursing leadership, and addressing workforce shortages. They have also engaged with hospital and other clinical partners to develop an online database for nursing student clinical placements (Colorado Center for Nursing Excellence, 2008).

Carreras en Salud

- Pathways program
- Bilingual training
- Partnership with a college for LPN degree

A program that assists Latinos with low English proficiency to obtain their licensed practical nurse (LPN) degree is Carreras en Salud in Chicago, IL. This career pathways program is a collaboration among Wilbur Wright College, the National Council of La Raza, Instituto de Progreso Latino, and Association House of Chicago. This program, in operation since 2005, provides bilingual training and English proficiency classes along a graduated continuum that includes supports during pre-LPN preparation. The program reports that more than 85 Latina students have graduated with their LPNs.

Keeping the Pipeline Flowing

Below are strategies that address monetary issues related to low pay—approaches that range from scholarships with strings to loan repayment programs to executive orders.

Hogg Foundation

- Targets bilingual students
- Scholarships for MSWs
- Students make a commitment to work in social work in Texas for a length of time equal to the scholarship

The Hogg Foundation has funded scholarships for Spanish-speaking individuals to pay for graduate social work education. Students must make a commitment to work in the state that matches the period of the scholarship. The program was based on a previous program with the University of Houston (http://www.hogg.utexas.edu/rfp/bilingual_scholarships.html).

Washington State University Intercollegiate College of Nursing has a Native American Recruitment and Retention Program. Through the program, seven American Indian nursing students per semester receive scholarships to pursue their baccalaureate degree. The university also runs a summer camp for American Indian high school students to learn about nursing. There are reported plans to expand the program to other health-related fields in the future (http://healthequity.wa.gov/About/docs/envscans/HCWFDiversity.pdf).

Loan repayment programs provide incentives for professionals to remain in health and social work careers. Many states are using loan repayment programs as a way to address the high cost of education for health careers. Alaska is attempting to develop comprehensive workforce strategies including compensation plans, loan repayment programs, continuing education, and other strategies to retain a diverse mental health care workforce. To develop these strategies, the state has initiated an Interagency Planning Group that is addressing a variety of issues related to loan repayment, including sustainability of financing for loan repayment and increased pay and benefits (Alaska Department of Health and Human Services, 2007).

The Addiction Technology Transfer Center (ATTC) Network Web site has a number of strategies listed for recruiting addictions treatment and recovery professionals, including individuals seeking second careers. Under the "recruit" section of their Web site is listed a number of "creative strategies" for recruiting. These include offering job sharing and part-time positions, branding the agency as a great place to work, and making the agency Web site welcoming and attractive (http://www.attcnetwork.org/index.asp).

The Centers for Disease Control and Prevention (CDC), in conjunction with Hispanic-serving health professions schools, has an internship program that involves a 9-week paid internship program for recent graduates of master's or doctoral programs. The program matches trainees with a CDC mentor who shares the trainee's interests. The trainee then assists the mentor in a current research project and helps present research findings. Trainees take part in networking events and are required to attend at least four seminars on research and career opportunities. The CDC also has a number of other internship and fellowship programs to encourage minority students to pursue careers in public health research, including a 2-year fellowship for racial and ethnic minority doctoral students at the CDC Prevention Research for training in community-based participatory research. The CDC also funds the Research Initiatives for Student Enhancement (RISE) research training program. This program provides graduate training to racial and ethnic minority nursing and medical students who are considering careers in public health research. The program takes place at the Kennedy Krieger Research Institute. Students in the program also attend a summer institute on mental health research (http://www.cdc.gov/omhd/training.htm).

Iowa Executive Order Four (2007) mandated that state departments develop workforce diversity plans. The executive order also mandated the development of a statewide Diversity Council that includes state executive-level staff and representatives from nonprofit organizations, unions, and the private sector. The council was charged with developing best practices for recruitment and retainment. The executive order also mandated an internal referral system, where minority candidates interviewed but not hired would be referred for other job openings.

Child and Family Services of Buffalo, NY, conducted a small study in order to identify key parts of a workforce diversity plan. The study involved their own review of industry best practices for recruiting and retaining minority employees as well as interviews with minority stakeholders. The workforce diversity plan was

framed as a way to provide more culturally competent care. Workforce diversity issues are addressed by two committees, a Child and Family Services Corporate Competence Committee and the Linguistic and Cultural Competence Committee, which operates with provider membership.

Addressing Perception

Many reports have identified the need to address perceptions of helping professions, especially nursing. To date, we have only been able to find one well-documented and publicized campaign to address negative perceptions of "helping professions." Below, we present the case of Nurses for a Healthier Tomorrow.

Nurses for a Healthier Tomorrow

- Large coalition
- Public service announcements on nursing careers
  - Theaters
  - Radio
  - TV
- Print ads showing
  - Men as leaders
  - Men as powerful
  - Minorities as scholars
  - Minorities as giving back
  - Personal satisfaction in the work

Nurses for a Healthier Tomorrow is a consortium of 43 nursing and other organizations across the country. In 2002 it conducted the award-winning "Careers in Nursing" campaign that has included public service announcements in movie theaters, radio and television, and a variety of print media. Anecdotally, the campaign was shown to increase enrollment in nursing schools. Of note, the print advertisements showed male and female nurses working in a variety of nursing careers. The male nurses shown in the print advertisements were a hospital CEO and a nurse anesthetist/helicopter pilot who handles traumatic injuries for an NFL team. These ads attempted to tackle some of the stereotypes of nursing as "women's work" (http://www.nursesource.org/campaign_newsCIN.html).

The following section summarizes lessons learned from the environmental scan, highlighting strategies currently used to attract and retain a diverse workforce. The section concludes with "Next Steps" that might be taken by addictions treatment organizations and the addictions field in general to increase workforce diversity in order to best meet the needs of diverse addictions treatment clientele.

Take-Home Points

- States, organizations, universities, and agencies are using a number of strategies to attract minorities in health care and social services careers.
- These strategies are implemented at various points in the **educational/career pipeline**.
- Recruitment efforts are **long-term schemes** that require **committed resources**.
- Many states and organizations are **partnering** with schools, advocacy groups, and businesses to bolster recruitment efforts.
- These **collaborations** bolster resources and generate new ideas to approaching the problem of recruitment and retention.
- **Social marketing** can make inroads in changing perceptions of career paths.
- We did not find detailed programs documented in the literature to address minority community distrust of the "helping professions."
- Diversity in approach is key to achieving workforce diversity.

Lessons Learned and Their Implications

Summary of Findings on Challenges to Recruitment of Minority Employees

The lack of a clear pipeline into the addictions workforce was identified as a major obstacle to the recruitment of diverse addictions professionals. Lack of such a workforce pipeline has lead to a smaller pool of applicants available for agencies to recruit. Past discrimination as well as social and economic deprivation were issues raised in a number of reports as reasons for the trickle of minority individuals making it through college into the pool of potential applicants in the addictions field.

A strong addictions treatment and recovery workforce pipeline is essential, given the issues of complexity faced by clientele of addictions treatment and recovery services. Addictions treatment and recovery providers must be prepared not only to address the needs of culturally and racially diverse clientele, but also a clientele with co-occurring mental health disorders, poly-substance dependence, and experiences of trauma. Ultimately, the addictions treatment and recovery workforce must be able to recognize the complex array of problems faced by their clients and be capable of responding with evidence-supported strategies and culturally sensitive approaches. While on-the-job training can fill some of this need, students must come to the job with the analytical and critical thinking skills needed to utilize on-the-job training. Such preparation needs to happen through K–16 programs.

A crucial issue to be addressed at the federal, state, and organizational levels is low pay and benefits. Studies disagreed about whether pay or benefits were more important. Focus groups with addictions treatment professionals found that benefits were considered more important than pay, although pay was not unimportant (Abt Associates Inc., 2007). Therefore, comprehensive benefit packages may make up for low pay to some extent. Studies concluded that pay and benefits need to be addressed.

Poor pay contributes to the low status that careers in the addictions treatment field hold in many minority communities. Even addictions physicians make on average less than their colleagues in family practice. A number of papers and reports pointed to the fact that young adults are dissuaded from entering the field by either active or passive opposition from family and friends. Pay and benefits are a larger issue than any one agency or even state can address on its own. While states like Alaska are creatively attempting to address the problem of low pay, comprehensive approaches to address reimbursement levels are needed. Therefore, solutions must be sought beyond even the state level.

Summary of Findings on Recruitment Strategies

Social marketing and community campaigns similar to those used for mental and physical health conditions can target the stigma of addictions in minority populations. It is important to focus on the fact that these conditions are treatable and that treatment works. For many minority groups, there is a strong stigma that inhibits individuals from admitting problems with addictions. Since the stigma associated with addictions can be held vicariously by the potential provider, media and social marketing campaigns should focus on treating the community. Campaigns should be tailored for different population groups and can focus on the fact that becoming a healer is a powerful thing.

The literature reviewed showed near consensus on the need to target young children to both de-stigmatize human services careers, including addictions treatment, and to gain interest in health and human services careers. There are several resources available to assist schools and organizations to address health and addictions careers in the classroom (Hollins, Davis, & Horne, 2001; Lee et al., 2003). Several states suggested integrating addictions education into career counseling events at secondary schools. Many sources suggested education/ community collaborations to increase recruitment of minorities into the behavioral health care workforce. Health Careers Opportunities Programs, which have worked well at both the K–12 and community college levels, can be targeted toward the addictions workforce. Mentorship at all ages was also seen as important. Other educational strategies cited in the literature included the creation of social work and counselor programs focused on addictions with a special emphasis on minority populations. Distance-learning opportunities were suggested by several sources but only with additional support, as online learners succeed best when they are computer literate, well prepared, and motivated to learn.

On-the-job mentorships and career ladders were suggested as viable strategies in much of the literature on recruitment. Developing a welcoming culture, where diversity is treasured, was also stressed. No literature of any sort was found that highlighted changes in culture for diversity, although many business consulting Web sites were found that offered to improve diversity culture. Some of the tips for creating an inclusive culture include the following (Boston College Center for Work and Family, 2008):

- Openly state the agency's commitment to diversity.
- Actively reach out to the community.
- Create mentorship opportunities.
- Create support networks or affinity groups for diverse staff.
- Help to address issues of race and culture even outside the workplace.

Many community agencies have a flat organizational structure with limited ability for advancement. A number of strategies were suggested that would work even in flat hierarchies, such as mentees' having the opportunity to become and be compensated for being mentors to new minority staff, compensation for

participation in minority recruitment and community outreach endeavors including speakers' bureaus, and participation in state-level committees on diversity and the reduction of disparities. Tuition reimbursement and loan forgiveness programs for individuals that stay in the field for 5 years or so were other strategies mentioned throughout the literature.

Strategies to Take Home to Your Agencies

Following is a summary of strategies others are using to recruit minority applicants in a variety of fields. They include strategies found in the scientific and general literature. Many of these approaches have not been studied in detail. Nevertheless, these strategies can provide a base that agencies and provider organizations can build upon to meet the needs of their own communities. Many of these strategies are outlined as recruitment strategies in *An Action Plan for Behavioral Health Workforce Development* (Annapolis Coalition, 2007).

Priming and Maintaining the Pipeline

- Partner with schools, colleges, community organizations, and states
- K–12 programs
  - Partner with high schools and colleges
  - Address careers in addictions
- Paid internships
- Pathways programs
- Mentoring
- Recruiting and supporting diverse faculty

Strategies to address problems with the workforce pipeline

Prime the workforce pipeline at all stages.

- Organizations, states, and the federal government can partner on expanding opportunities in health programs to specifically address addictions treatment careers.
- Organizations can create/use existing formal and informal partnerships with middle schools and high schools to educate students about addictions treatment careers.
- Organizations can support career pathways programs to help build skills of minority students in preparation for college.
- Organizations can actively seek out postsecondary schools to create paid and unpaid internships for minority students.
- Organizations can support loan repayment programs.

- A number of sources suggested building public/private partnerships to pay for such programs.
- Colleges and universities can increase diversity of faculty to provide role models and mentors.
- Alaska is including Native Alaskan elders as teachers.

Strategies to address problems with perception

Reach Out to Minority Communities for the Long Run

- Conduct or participate in health fairs where minority and immigrant parents and families could learn about career opportunities in health care. These could be targeted to addictions professions.
- Develop health disparities tool kits to provide consistent messages about addictions treatment careers.
- Organizations can hold community open houses.
- Organizations can be good neighbors.
    - Ask community members what they need.
    - If possible, offer free space for community group meetings.
- Organizations can create an addictions prevention and general health library that is open to the public.
- Organizations can include diverse community members on the board of directors.
    - Engage community members in recruitment activities.
    - Engage alumni from Historically Black Colleges and Universities and minority-serving institutions on boards.

Social Marketing Strategies

- Work with the state alcohol and drug agency and provider organization(s) to produce public service announcements focusing on the positive role of addictions professionals.
- Partner with organizations such as the National Association of Black Social Workers, National Association of Black Nurses, National Association of Hispanic Nurses, National Alaska Native and American Indian Nurses Association, National Latina/o Psychological Association, and the Association of Black Psychologists to develop social marketing campaigns.

Target Recruitment Activities Specifically to Minority Populations

- Make use of quality improvement strategies to target recruitment of a diverse workforce.

    - Track and report on progress made.
- Messages should be upbeat and focused on the ways in which the work would help minority populations.
- Partner with minority-serving institutions in the area to develop minority recruitment plans.
- Spell out the credentials needed, along with any training or mentoring opportunities.
- Stress job benefits.
- Attend job fairs at local community colleges and 4-year colleges that serve primarily minority populations.
- Have existing staff speak to/guest lecture at social services classes at local community colleges and 4-year colleges that serve primarily minority populations.
- Advertise on local radio stations whose target audiences are minority populations.
- Advertise through Web job postings.
- Advertise on Web sites such as MinorityNurse.com.
- State in job advertisements that diverse applicants are welcome.
- Develop comprehensive workforce development plans.

Advertising for Diversity

- Ask minority caucuses of professional organizations for names of potential candidates
- Advertise with professional organizations
- Personalize recruitment; call applicants and follow up
- Include affirmative action policy in advertisements and Web sites
- Use Web advertising

(Texas A & M, 2009)

Work on the Organization's Culture and Climate

- Create a welcoming environment.
- Celebrate difference and diversity.
- Create a safe environment for staff to develop new competencies.
- Create career ladders and mentorship opportunities.
- Actively address the culture and climate of the environment to increase the comfort of individuals to speak out and contribute to processes for quality improvement.
- Prominently displayed nondiscrimination clause.

What is needed is an educational pipeline that specifically leads to careers in addictions treatment and recovery.

Next Steps

A number of states have published health care workforce diversity plans but few address behavioral health and fewer still addictions treatment and recovery workforces. Our scan revealed only two state-level professional organizations with publicized addictions workforce diversity programs or committees. It is crucial that professional and trade organizations partner with agencies and states as well as schools and universities to develop and implement plans to specifically address diversity in the addictions treatment workforce. We have focused on racial and ethnic as well as gender diversity, but diversity of all varieties should be included in such plans. Agencies, organizations, and states should advertise what they are doing, especially successes.

Although many of the strategies above have not been tested per se, they are drawn from experiences reported by states, provider organizations, and the literature. Research to test which strategies are most effective in recruiting and maintaining a diverse addictions treatment workforce has not been conducted. Some of these strategies can be undertaken by small agencies. Some will require more resources and thus require local, regional, or state collaborations.

In general, the educational pipeline into health careers has not met the need for a well-prepared and diverse addictions workforce. Anecdotally, these programs have been successful for other occupations. **What is needed is an educational pipeline that specifically leads to careers in addictions treatment and recovery.** Without such a pipeline, there will be no infrastructure to expose minority students to addictions careers or train them to face the ever-more-complex face of substance use disorders.

Successful recruitment strategies must be sustained and built upon. A number of publications reviewed stated that permanent sources of funding for minority recruitment programs are needed. Specifically, low pay for addictions treatment and recovery professionals and public perception are issues that require concerted and coordinated efforts, including state, federal, insurance, and business partnerships. The pipeline, once established, will need regular monitoring to ensure that it continues to increase the flow of a well-trained diverse workforce ready to meet the needs of diverse treatment populations with a complex array of multifaceted problems.

Successful recruitment strategies must be sustained and built upon.

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