



Research Projects Identify Issues Facing Frontline Health Care Workers

Defining the qualities of the frontline health and health care workforce

SUMMARY

The quality of health and health care services begins with the frontline worker—the home health aide, nurse aide, psychiatric technician, social worker and human service assistant who often are the first and most frequent point of contact for patients and clients.

Yet despite their importance, too many of these essential workers are poorly paid, do not receive benefits and have little opportunity for advancement.

This Robert Wood Johnson Foundation (RWJF) grant funded five diverse projects to better understand the issues that impact the frontline workforce. Using the information obtained from these grants, RWJF staff plan to develop a long-term funding strategy to address the needs of these essential workers.

Key Findings

These key findings come from all five projects; for the findings from each project, go to [Findings](#).

- Frontline health care workers report that feeling respected by and belonging to the medical team is highly important to them, yet they feel ambivalent about their role and standing as members of the medical team.
- The frontline health care workers interviewed are caring, committed and compassionate people dedicated to their profession, and they report a general desire to help people.
- Some 40 percent of licensed social workers identify behavioral health care as their practice focus, making this group the largest single group of active licensed social workers.
- A master's degree is the most common level of training among licensed social workers in health care settings.

- National, state and local funders support a range of strategies related to frontline health care workforce issues.
- There was limited interest among funders across the health care and human services sectors in supporting a "Caregiving Collaborative" that spans the child-care and long-term-care sectors.
- Three workforce development priorities exist for frontline workers in the addiction field:
 - The adoption of a uniform orientation policy by addiction treatment agencies.
 - The provision of structural supports for clinical supervision and a commitment to excellence in supervision.
 - Opportunities for stronger networking and mentoring opportunities for frontline addiction workers.
- A common set of challenges prevents expanding existing workforce training programs or creating new ones to alleviate worker shortages and deliver consistent high quality care. The challenges fall under three broad categories:
 - *Make it Easier.* To improve the quality of health care and create advancement opportunities for frontline workers, it must become easier for workers to combine work, family and continuing their education.
 - *Making it Work.* Each of the key stakeholders in frontline worker training for health care workers has systemic or organizational problems that prevent effective training programs from expanding.
 - *Making it Pay.* Ultimately frontline worker training programs have to benefit both employers and workers.

Funding

RWJF provided \$227,134 from December 2004 to April 2006 to support this project.

THE PROBLEM

The quality of health and health care services begins with the frontline health care worker—the home health aide, nurse aide, psychiatric technician, social worker or human service assistant.

These professionals are often the first and most frequent point of contact for patients and clients. In fact, for many patients and clients, the frontline health care worker is the face of the entire organization for both institutional and community health services.

According to the U.S. Bureau of Labor Statistics Occupational Employment Statistics of 2003, the frontline health care workforce is growing faster (32.6%) than the growth rate of all health and health care occupations (28.3%) and significantly faster than the growth rate for all occupations (14.8%) in the U.S. workforce.

Although the frontline health care workforce makes up a critical mass of employees, many of these essential workers are poorly paid, do not receive benefits and have little opportunity for advancement. More research is needed to illuminate who frontline health care workers are and what employment and other issues they face.

CONTEXT

Historically, RWJF's health care workforce initiatives have targeted professional occupations in the health care field, including physicians, registered nurses and health care executives.

However, a significant number of public health and health care workers—referred to here at the frontline workforce—also deliver vital care and services, but are often underrepresented in current research and outreach initiatives within the health and health care system.

RWJF believes that this fast-growing segment of the health and health care workforce warrants further research and outreach.

THE PROJECT

From December 2004 to April 2006, RWJF provided more than \$228,000 to fund five diverse projects to better understand the issues that affect the frontline health care workforce. Using the information obtained from these grants, RWJF staff sought to develop a long-term funding strategy to address the needs of these essential workers.

In addition to the five grants described below, RWJF provided [Health Workforce Solutions](#) of Alameda, Calif., with two grants (ID#s 052218 and 053870) totaling \$518,490 to create a comprehensive and user-friendly chartbook that provides standardized demographic, geographic and trend data on the frontline health care workforce. See the [Program Results](#) for more information.

Defining the Qualities of the Frontline Health and Health Care Workforce (Grant ID# 051341)

Researchers from North Carolina Central University College of Liberal Arts and Sciences in Durham, N.C., conducted a study to gain insights into the lives and daily experiences of the frontline health care worker. The focus of the study was on frontline workers who:

- Have extensive contact with patients.
- Do not receive work-related training through a four-year university program.
- Receive low wages (less than \$35,000 in most parts of the country and less than \$50,000 on the East and West Coasts).

Activities

- Project staff conducted four focus groups in various health care settings (behavioral health group home, community health center, large hospital, home health care agency) in two urban and two rural communities across the United States. Some 45 people participated in the focus groups. Among the questions asked:
 - What are the reasons for entering in and remaining in a frontline health care occupation?
 - What are its personal rewards and costs?
 - How does such work affect home or personal life?
 - What are the features of the worker's daily life?
 - How do workers in frontline positions view their relationship with traditional professionals?
- Project staff submitted a report to RWJF. (See [Findings](#) and the [Bibliography](#)).

Defining the Role of Professional Social Workers in the Frontline Workforce (Grant ID# 052209)

Staff from the [National Association of Social Workers Center for Workforce Studies](#) in Washington conducted a national survey of licensed social workers that examined their role in providing services.

The study was conducted in collaboration with researchers at the [Center for Health Workforce Studies](#), School of Public Health, State University of New York at Albany.

Activities

- Project Staff mailed a survey to 10,000 licensed social workers in the United States. Of these, 4,489 responded from 48 states and the District of Columbia—a 49.4 percent response rate.
- Project staff produced two reports based on these analyses. (See [Findings](#) and the [Bibliography](#) for more information).

Other Funding

Funding from the [Atlantic Philanthropies](#) (\$700,000) and the [John A. Hartford Foundation](#) (\$120,000) supported the overall study. RWJF funds were used to analyze data from a subset of social workers employed in health and behavioral health care settings.

Exploring the Feasibility of a Collaborative Funding Model Focused on Frontline Health Workers (Grant ID# 052279)

Staff from the [Ms. Foundation for Women](#) in New York City explored the feasibility of convening funders across the health care and human services sectors to:

- Share strategies and research.
- Provide learning opportunities.
- Possibly engage in joint funding of a "Caregiving Collaborative."

Activities

Anna Wadia, originally director of program and later a consultant, carried out the project. Specifically, Wadia:

- Conducted a literature review and environmental scan on the involvement of private and public funders in improving frontline health care jobs in four broad areas:
 - Child care and early education.
 - Health care.
 - Long-term care.
 - Community social services including mental health.
- Conducted 19 interviews with representatives from foundations and affinity groups that focus on workforce issues, health care, long-term care, and child care and early education.
- Developed recommendations for funders.
- Produced a written report detailing her findings (see [Findings](#) and the [Bibliography](#)).

Other Funding

In addition to RWJF funds, the [Annie E. Casey Foundation](#) provided \$12,500 to support this project.

Developing a Plan for a State-Specific Model to Attain Skills that Promote Quality among Frontline Addiction Treatment Workforce (Grant ID# 052282)

RWJF funded the Institute for Professional Development in the Addictions in New York City to design a professional development framework for frontline addiction treatment workers in New York.

Activities

In order to design the professional development framework, project staff:

- Conducted a literature review on workforce issues and models of adult education and training.
- Held four focus groups with a total of 32 frontline addiction treatment workers in Albany, N.Y., Rochester, N.Y., and two in New York City.
- Conducted 20 interviews with key informants—including professional counselors, agency administrators, academics and regulatory agencies—to identify obstacles and opportunities within the addiction workforce.
- Held a stakeholder conference in September 2005 in Saratoga Springs, N.Y.
 - Some 28 people attended from all levels of the addiction treatment workforce, including frontline staff, agency administrators, supervisors, academic program staff, provider groups and local government officials.
 - The attendees developed an action plan to better address the needs of the frontline addiction treatment workforce and a framework for facilitating the professional development of frontline workers in the addiction field.
- Based on information obtained from the focus groups, structured interviews and stakeholder conference, project staff designed a professional development framework that:
 - Targets the worker, supervisor, agency and, to a lesser degree, professional associations.
 - Creates a structured workplace learning environment to better prepare workers to meet the challenges of higher standards and expectations.
 - Supports frontline addictions counselors at the beginning of their careers and provides them with tools and rewards for a successful professional life.
- Project staff and three writing consultants prepared three papers for the project (see [Findings](#) and the [Bibliography](#)).

Challenges

- Project staff found it difficult to get the key informants and stakeholders to agree on how to define the frontline workforce in the addiction field. Coming to consensus took a great deal of time, and not all participants believed their definition of the frontline worker was conveyed.
- Staff from the New York State Office of Alcoholism and Substance Abuse Services was unable to participate in the key informant interviews and stakeholder conference due to limits on agency travel funds and other resources. That limited input from state policy-makers.
- With project staff turnover in the final phase of the project, new staff lacked firsthand knowledge of the meetings that had taken place, putting them at a disadvantage when finalizing the project.

White Paper on the Rationale for Addressing Frontline Workforce Issues (Grant ID# 053326)

Joan Fitzgerald, Ph.D., a labor economist and expert on low-income wage earners, education systems and health care, located in Boston, prepared a background paper for [RWJF's Human Capital team](#) describing the rationale for funding initiatives targeting the frontline health care workforce.

Activities

Fitzgerald:

- Gathered information from 10 initiatives that provide education and training for frontline health care workers in a variety of occupations. These initiatives exemplified "best practices" in the field of education and training for frontline health care workers.
- Discussed what needs to be done to disseminate these best practices throughout the field so that they become integral to the system of training frontline health care workers.
- Prepared a white paper detailing the current status of training programs for entry-level and frontline health care workers. (See [Findings](#) and the [Bibliography](#).)

FINDINGS

Grant ID# 051341

Project staff from North Carolina Central University reported the following findings in a report to RWJF titled, *Exploring the State of the Frontline Work Force in Health Care: A*

Study of Four Workforce Groups in the United States. Eight themes highlight the report's findings:

- **Teamwork and relationships with professional staff.** Frontline workers report that feeling respected by and belonging to the medical team is highly important to them, yet they feel ambivalent about their role and standing as members of the medical team. For example:
 - Some are satisfied that professional staff takes their opinions and observations seriously.
 - In large hospital settings, front line workers who work closely with the patient were excluded from staff meetings and these front line workers felt that they had important observations to contribute.
 - Others reported that physicians and nurses blame them for mistakes made by physicians and nurses.
- **Fulfillment through dedication to patients and community.** The frontline health care workers interviewed are caring, committed and compassionate people dedicated to their profession, and they report a general desire to help people.
- **Long-term commitment.** Health care management believes frontline health care workers are short-term employees. However, the focus group data showed frontline workers are long-term employees with the exception of those employed by behavioral health agencies—where the work environment is stressful and physically demanding.
- **Understaffed sites and/or departments.** Frontline health care workers are concerned about their working conditions, especially about being understaffed. The effects of understaffing are felt when a staff member does not show up for work, since staff coverage is typically stretched to the limit.
- **Vulnerability to injury.** Frontline health care workers are concerned about their working conditions, especially being vulnerable to injury. The workers face different threats depending on the setting in which they work. For example:
 - Hospital workers worry about acquiring infections from patients or back injuries from moving heavy hospital furniture and lifting patients.
 - Behavioral health workers worry about suffering an attack or injury at the hands of an irate or irrational patient.
- **Peer-to-peer training.** Most of the frontline health care workers reported some level of job-related continuing education, but they reported that they learned best from informal peer-to-peer observation.
- **The expanding range of skills, knowledge and responsibilities.** Frontline health care workers are expected to perform tasks once performed by professional staff. For example:

- Home health care workers report having to understand the complex interactions of the medications their patients take.
- In a hospital and community health center, certified nursing assistants now do what registered nurses used to do, such as watch patient monitors, take patients' vital signs and assist physicians with exams such as pap smears.
- **Making ends meet.** Frontline health care workers are poorly paid and report it difficult to make ends meet.

Grant ID# 052209

Project staff from the National Association of *Social Workers* reported the following findings in two reports, *Social Work Services in Health Care Settings* and *Social Work Services in Behavioral Health Care*. (See the [Bibliography](#).)

The following findings are documented in *Social Work Services in Health Care Settings*:

- **A master's degree is the most common level of training among licensed social workers in health care settings.** Specifically:
 - 79 percent have a master's degree.
 - 12 percent have only a bachelor's degree.
 - 2 percent have a doctorate.
 - 8 percent have no degree in social work.(Adds up to more than 100 percent due to rounding.)
- **Providing direct services to clients is the most common role performed by health care social workers (98%).** Information/referral (88%), screening/assessment (85%) and crisis intervention (76%) are additional primary tasks health care social workers perform in their employment.
- **Social workers report significant changes in social work practice and service delivery in the past several years, such as increases in severity of client problems (76%), caseload size (71%), paperwork (69%) and waiting lists for services (62%).**
- **Hospice social workers report being more dissatisfied than other health care social workers with:**
 - Continuing education opportunities.
 - Agency respect and support for social workers.
 - Support and guidance from their supervisor.

- **Some 78 percent of full-time health care social workers' report satisfaction with their salaries and 85 percent state they are satisfied with their benefits, compared with overall licensed social workers satisfaction with salaries (70%) and benefits (72%).**
- **Fewer new social workers appear to be identifying health care as their practice area.** Although 13 percent of all social workers report that health care is their primary practice area, this is much less common among recent graduates: Only 2 percent of BSW's and 7 percent of MSW's graduating between 2000 and 2004 identified health care as their practice area.

The following findings are documented in *Social Work Services in Behavioral Health Care*:

- **Some 40 percent of licensed social workers identify behavioral health care as their practice focus, making this group the largest single group of active licensed social workers.** Some 90 percent of licensed behavioral health care social workers hold MSWs.
- **The median age of behavioral health social workers is 50 years old.** Over the next decade, it will be imperative that the social work profession recruit new professionals to replace those social workers who are retiring.
- **Although a significant percentage of recent graduates report working in behavioral health practice areas, interest in addiction treatment seems to be increasing, whereas interest in mental health care is decreasing.**
- **MSWs in behavioral health care are less diverse than both the civilian labor force and the U.S. population.** Among MSW's in behavioral health care:
 - 89 percent are non-Hispanic white.
 - 4 percent are Black/African American.
 - 3 percent are Hispanic/Latino.
 - 1 percent is Asian/Pacific Islander.
- **Some 65 percent of behavioral health care MSW's serve caseloads that are predominately non-Hispanic White, compared with 57 percent of social workers overall.**
- **Private practice is the most common employment sector reported by MSWs in behavioral health (35%), followed by the nonprofit sector (33%), public sector (20%), and for-profit sector (12%).**
- **Private insurance is the most common source of health care coverage reported for clients in caseloads of MSWs in behavioral health (42%).** However, clients of approximately one-third of social workers in behavioral health receive health care

coverage through Medicaid, while less than 10 percent receive coverage through Medicare.

- **Behavioral health care MSWs report high satisfaction with their effectiveness in helping clients with a range of problems (93%), improving quality of life for their clients (89%), helping clients address a few key problems (88%), helping clients meet objectives (84%) and helping clients resolve crisis situations (82%).**
- **However they also identify changes in the workplace that could have a negative impact on their service delivery including: increased paperwork (73%), severity of client problems (68%) and caseload size (65%).**
- **Behavioral health social workers report greater difficulty than in the past in filling vacant positions (27%), and this is more pronounced for those working in addictions (42%) than those practicing in mental health (26%).**

Limitations

Staff from the National Association of Social Workers (NASW) Center for Workforce Studies document the following study limitations in two reports, *Social Work Services in Health Care Settings* and *Social Work Services in Behavioral Health Care*:

- The study data are not generalizable to nonlicensed social workers, who may perform different functions and serve different populations. This lack of generalizability may be important to two groups of social workers who are likely to be underrepresented among licensees: bachelors-level social workers, who are not eligible to become licensed in many states and social workers who are not required to hold licenses.
- There is also the potential for some response bias even within the universe of licensed social workers. NASW members may have been more likely than other social workers to respond to the survey, which prominently featured the NASW name and logo. Also, because many of the questions concentrated on the provision of direct services, social workers working in other capacities may have been less likely to feel that the survey was relevant to their work.

Grant ID# 052279

Anna Wadia, consultant to the Ms. Foundation for Women, stated the following findings in a report to RWJF:

- **National, state and local funders support a range of strategies related to workforce issues for frontline health care workers, including:**
 - Research to highlight the problem.
 - Training programs for people entering frontline health care jobs.

- Training and career ladder programs to enable frontline health care workers to move into higher-level jobs.
- To a lesser extent, efforts to improve the quality of frontline jobs through bonuses and wage increases, improved benefits, increased responsibility and flexibility and smaller workloads.
- **There was limited interest among representatives from foundations and affinity groups that focus on workforce issues, health care, long-term care, and child care and early education in funding a "Caregiving Collaborative" that spans the child-care and long-term-care sectors.**
- **There was interest in collaboration among workforce and health care/long-term-care funders at the national, local and regional levels.**
- **There was more interest than anticipated in partnerships between workforce development and child-care and early education providers.** Further research could be fruitful. Some potential next steps include:
 - Gathering evidence about career ladder opportunities.
 - Learning more about whether and how local child-care practitioners are relating to workforce development systems.
 - Bringing interested child care and workforce development funders together to brainstorm about partnership opportunities.

Grant ID# 052282

Project staff from the Institute for Professional Development in the Addictions described their workforce development framework in a report titled, *Framework for Frontline Professional Development: A Structured Workplace Learning Environment* (see the [Bibliography](#)).

The framework identifies three key workforce development priorities in the addiction treatment field. It also highlights the roles to be played by addiction treatment agency, supervisors and peer groups in addressing these priorities, including:

- **The adoption of a uniform orientation policy by addiction treatment agencies.**
 - Addiction treatment agencies should adopt clear orientation policies that are both uniform and flexible enough to take into account the level of experience and preparation of each staff person hired.
 - Supervisors should provide each newly hired frontline staff person with an individualized orientation that is based on the organization's policy, and is adapted to the specific skills and areas of weakness of each new staff person.

- Formal peer mentors can help newly recruited frontline staff through the early transition to actual practice by providing support and sharing experiences.
- **The provision of structural supports for clinical supervision and a commitment to excellence in supervision.**
 - Addiction treatment agencies should adopt policies and procedures that require an hour of supervision per clinical staff per week and clearly identify the expectations of the supervisor and supervisee.
 - Supervisors should develop individualized professional development plans and review the plans with each supervisee regularly.
- **Opportunities for stronger networking and mentoring opportunities for frontline addiction treatment workers.**
 - Addiction treatment agencies should allow line and supervisory staff to take time out of the office for training and networking.
 - Supervisors should recognize the need of supervisees to have peer support and professional identification, and they should support professional opportunities that are available outside the agency.
 - Peer organizations can provide professional development in the form of newsletters, journals, training and listserv opportunities as a part of membership.

Grant ID# 053326

Joan Fitzgerald, Ph.D, reported the following findings in a report submitted to RWJF titled, *Training the Nation's Frontline Health care Workers: A State of the Field Report* (See the [Bibliography](#)):

- **The 10 workforce initiatives examined have the common goal of improving the quality of health care and creating advancement opportunities for workers.** Although the initiatives' goals overlap, each takes a slightly different approach and seeks to change different aspects of the health care, job training and education systems.
- **A common set of challenges prevents the expansion of existing programs or the creation of new ones to alleviate workers shortages and deliver consistent high quality care.** The challenges fall under three broad categories:
 - **Make it Easier.** To improve the quality of health care and create advancement opportunities for frontline workers, it must become easier for workers to combine work, family and continuing their education.
 - **Build academic competence.** Lack of academic preparation is the biggest barrier to advancement for most entry-level workers in health care and health

services. Providing workers with basic skills classes in math and reading can help advance their careers.

- **Create attainable steps by creating new job categories within an occupation.** Incremental steps can offer frontline workers more job responsibility and increased pay.
 - **Develop realistic pathways.** Employers can map out potential career pathways so workers know exactly what is required for and expected of a particular job. For example, a hospital may map out three separate career pathways for frontline workers: patient care, clerical/administrative or technical positions. The maps make it clear which steps are possible and attainable given their education level, time available and willingness to pursue continuing education.
 - **Provide support services to workers.** Services such as child care, transportation, time management, interpersonal communication skills, tutoring and learning communities or support groups are key to helping frontline workers continue their education.
 - **Pay tuition and wages while in classes.** This is one of the most important ways for employers to encourage workers to continue their education.
 - **Make learning flexible and accessible.** Offering classes at the work site makes education the most accessible for workers. Community colleges are often willing to offer all but lab courses on-site if a large enough class can be assembled.
 - **Provide peer learning and work-based learning.** Peer learning is a major form of education in hospital settings (but not for clinical positions that require certification and have formal training programs). Work-based learning is based on formal partnerships between a workplace and an educational institution, such as internships and residencies for doctors and nurses.
 - **Offer apprenticeships.** Apprenticeships allow learning to take place on the job so workers have to take less time off to attend classes. In most cases, to keep workers motivated, promotions are built into completing different parts of the apprenticeships. Apprenticeships may be particularly useful for rural health care workers who do not have easy access to community colleges.
- **Make it Work:** Each of the key stakeholders in frontline worker training for health care workers have systemic or organizational problems that prevent effective training programs from expanding.
- **Employers.** Many health care managers are more interested in programs that decrease frontline staff turnover, but not in making the investment required to move these workers into higher level positions. Changing management practices and attitudes should be built into frontline worker training programs.

- **Professional organizations and certification boards.** Career advancement for frontline workers can best be accomplished by the creation of formal job titles and credentials. Federal and state governments have minimum requirements for some occupations such as nurses or certified nursing assistants. Yet other occupations such as community health workers, lab assistants or medical interpreters, have few or no standard requirements. The inconsistency of certification requirements makes it difficult to develop standardized curricula and also limits the mobility of workers as their credentials may not be recognized beyond an individual employer.
- **Community Colleges.** As the educators of 65 percent of the nation's health workers, community colleges are the backbone of frontline worker training programs. However, several factors limit their potential to expand opportunities for frontline workers:
 - **Capacity.** Many community college health programs have long waiting lists for admission. Reasons vary by college—it can be lack of faculty, limited classroom or lab space, lack of clinical openings or a combination of the three.
 - **Lack of "articulation."** The concept of seamless education, where all credits toward one credential or degree program count toward the next highest level of education, does not always apply for frontline health care workers. Many entry-level health care workers have to start non-credit programs that offer basic skills and do not provide needed job skills and seldom connect to credit programs that lead to a degree.
- **Make it Pay.** Ultimately, frontline worker training programs have to benefit both employers and workers:
 - For employers, return on investment is typically measured by reduced employment costs (less turnover or reliance on employment agencies), improved career services and reduced patient costs.
 - Workers who invest time in education and training expect greater job satisfaction from better job performance. In addition, they expect to see recognition for their efforts in the form of promotions and wage increases.

LESSONS LEARNED

Grant ID# 051341

1. **A qualitative approach such as focus groups is a good way to obtain information from the group of people you want to affect.** Focus groups are a good place to start when foundations are exploring a new area to fund. (Project Director/Reid)

Grant ID# 052282

2. **There are many ways to address the needs of the frontline workforce that go beyond the common themes of policy and infrastructure change.** An agency can offer workers basic supports through better job orientation and mentoring that can enhance the quality of care they provide and help them when facing the challenges related to the work they do. Gathering input from frontline health care workers was vital to identifying their needs. (Project Director/Cleary)

Grant ID# 052209

3. **Spend time developing the data analysis plan and allow for more time to conduct the analysis, since setbacks are inevitable.** In its planning of the social worker study, project staff underestimated the time and effort that would be involved in the administration and analysis of the study. Staff anticipated that the survey design would be a significant endeavor. However, they did not fully anticipate all of the multiple layers of analysis that would result from the findings. (Project Director/Whitaker)

AFTERWARD

In early 2006, RWJF launched *Jobs to Careers: Promoting Work-Based Learning for Quality Care* in partnership with the [Hitachi Foundation](#). Jobs to Careers is a \$15.3-million initiative that supports partnerships to advance and reward the skill and career development of frontline health care workers.

The initiative supports partnerships between employers, educational institutions and other organizations to expand and redesign systems to:

- Create lasting improvements in the way that institutions train and advance their frontline workers.
- Test new models of education and training that incorporate work-based learning.

M. La Verne Reid, project director for grant ID# 051341, was named to the national advisory committee for *Jobs to Careers*.

RWJF also funded [Health Workforce Solutions](#) (HWS) to conduct a study to define and characterize the occupations that make up the frontline health and health care workforce to assist staff from RWJF in identifying priorities for future investment (see [Program Results](#) on ID#s 053870 and 052218). Project staff produced a 239-page chartbook, *Workers Who Care: A Graphical Profile of the Frontline Health and Health Care Workforce*. HWS then published it as a CD.

Staff from the Institute for Professional Development (Grant ID# 052282) continue to look for funding to pilot their workforce development framework. The projects funded under grant ID#s 052279, 052209 and 053326 ended with their respective grants.

Prepared by: Barbara Maticera Barr

Reviewed by: Richard Camer and Molly McKaughan

Program Officer: Victor A. Cappocia

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