



Assuring the Sufficiency of a Frontline Workforce:

A National Study of
Licensed Social Workers

SPECIAL REPORT:
SOCIAL WORK SERVICES IN
HEALTH CARE SETTINGS



Assuring the Sufficiency of a Frontline Workforce Project

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National Association of Social Workers
Center for Workforce Studies
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Table of Contents

Acknowledgements.....	3
Preface.....	4
Overview of the Study	5
Key Findings.....	7
Background.....	8
Discussion of the Findings	9
Conclusion.....	23
References.....	24

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Preface

This report is one of six prepared as part of a national study of licensed social workers conducted by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS) of the School of Public Health at the University at Albany. It summarizes and interprets the responses of social workers in health care settings obtained through a national sample survey of licensed social workers in the United States conducted in 2004. The complete report is available from the NASW Center for Workforce Studies at <http://workforce.socialworkers.org>

The profile of the licensed social work workforce in health care settings will be an invaluable resource for educators, policymakers, and planners making decisions about the future of the social work profession and its related education programs. The information presented in this report will support the development of effective workforce policies and strategies to assure the availability of adequate numbers of social workers prepared to respond to the growing social work needs of diverse populations using health care services in the United States.

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Overview of the Study

Social work is a diverse profession,

unique among the human service professions in that the term *social worker* is defined so broadly in different organizations and settings. Predicted changes in the country's demographics landscape over the next several decades are expected to increase the need for social work services. However, the lack of a standard definition has left the social work profession without reliable data upon which to base future projections about the supply of, and demand for, social work professionals. In addition, available data sets were inadequate to describe the scope of professionally trained social workers who provide frontline services in health care settings. To better predict the adequacy and sufficiency of the social work labor force to meet the changing needs of society, the National Association of Social Workers (NASW), in partnership with the Center for Health Workforce Studies, University at Albany, conducted a benchmark national survey of licensed social workers in the fall of 2004. Licensed social workers were selected for the sample because they represent frontline practitioners and because state licensing lists provided a vehicle for reaching practitioners who may not have had any other identifiable professional affiliation. This national study provides baseline data that can guide policy and planning to assure that an appropriately trained social work workforce will be in place to meet the current and future needs of a changing population.

A random sample of 10,000 social workers was drawn from social work licensure lists of 48 states and the District of Columbia. Licensure lists were not available from Delaware and Hawaii. The sample was stratified by region. Three mailings were conducted: the first was sent to all social workers in the sample, and two subsequent mailings were sent to nonrespondents. The survey response rate was 49.4 percent. Among the respondents, 81.1 percent reported that they were currently active as social workers.

The majority of licensed social workers in the United States have a master's degree in social work (MSW). In many states, the MSW is the minimum qualification for social work licensure. Other states, however, license social workers with a bachelor's of social work (BSW) degree, utilizing a separate level of licensure for BSW social

Overview of the Study continued

workers. A few states license social workers who do not have a degree in social work; generally, they must have at least a bachelor's degree in a related field.

More MSW degrees than BSW degrees are conferred each year, although BSW programs are rising in popularity. In 2000, social work education programs graduated about 15,000 new BSWs and 16,000 new MSWs. The number of social workers graduating with bachelor's degrees increased by about 50 percent between 1995 and 2000, while the number of social workers graduating with master's degrees rose by about 25 percent during the same period (National Center for Education Studies [NCES], 2000).

Of the survey respondents:

- Seventy-nine percent of the social workers have a MSW as their highest social work degree,
- Twelve percent have a BSW only,
- Two percent hold a doctorate, and
- Eight percent of the respondents to the 2004 survey did not have degrees in social work.¹

This report summarizes the key findings related to an important group of social workers providing frontline services in health care settings. The study responses highlight areas that affect the sufficiency of supply and continuity of service delivery from social workers in health care settings.

Key Findings

The following key findings have important implications for social workers who work in health care settings and for the clients they serve.

- ① *Social workers are a significant, well-trained provider of services to clients in health care settings.*
- ② *Social workers in health care settings serve as navigators for clients seeking services in complex systems of care.*
- ③ *Social workers in health care settings have caseloads that are increasing in size and complexity, yet resources and supports are decreasing.*
- ④ *People who reside outside of metropolitan areas have significant health needs, yet social workers serving them face significant challenges.*
- ⑤ *Hospice settings have unique challenges for social workers.*
- ⑥ *In key health care settings, social workers' satisfaction with salaries is tempered by challenges in the work environment.*
- ⑦ *Social workers in health care settings are a major practice sector serving older adults.*
- ⑧ *Social workers provide services to people at high risk for disparate health care access, services, and outcomes.*
- ⑨ *The profession will need to recruit new entrants into health care social work to meet the changing demographic needs of the larger population.*

Background

Although the term *social worker* has been used generically to refer to someone offering social assistance, there is a need to clarify the educational preparation, knowledge, skills, and values that are embodied in professional social work.² The discipline of professional social work is more than 100 years old, and has a well-developed system of professional education governed by national educational policy and accreditation standards (Council on Social Work Education, 2006). Professional social work practice is legally defined and regulated in all state jurisdictions in this country. However, there is no universal definition of professional social work that federal agencies use to collect and analyze labor force information. Consequently, available data resources are inadequate to reliably gauge the sufficiency of the current workforce or to project future needs of the profession. There are many indicators that the demand for social work services will increase in the near future, primarily because of the changing demographics within our society.

The 21st Century promises unprecedented changes in health care, including dramatic increases both in the need for, and in the utilization of, health care services. As the “baby boom” generation ages, the nation’s health care workforce is anticipating a crisis that will extend beyond the current nursing shortage, affecting the availability of a range of health care professionals, including social workers (Wing & Salsberg, 2002).

In addition to addressing health care workforce shortages, eliminating disparities in health care has also become a national priority. Across the country, many people face barriers in their ability to access health care; secure health insurance benefits; effectively benefit from available health care services and information; and experience positive health outcomes. Too often, these barriers disproportionately affect people with low incomes, those who belong to minority racial and ethnic groups, or people who are vulnerable because of their age. Because of these disparities, certain groups experience a higher rate of disease, disability, and death than those of the general population.

There is a growing body of literature addressing the social determinants of health. Social forces acting at a collective level shape individual biology, individual risk

Background continued

behaviors, environmental exposures, and access to resources that promote health. Based on a holistic model, social workers use a biopsychosocial framework to approach assessment and intervention (Volland et al., 1997). This framework considers biological factors (genetics, disease, chronological processes), psychological factors (perception, cognition, emotion), and social factors (lifestyle, culture, race and ethnicity, class, gender).

Social workers deliver services to people encountering health challenges, even when health care is not the primary focus of the intervention. From public health clinics to schools, from hospitals to public welfare agencies, from elder care agencies to child welfare agencies, social workers are often responsible for coordinating a range of care services for their clients. These services can include housing referrals, income maintenance, protective and preventive services, and health care services. As a discipline that connects people to services and other important community resources, social workers are often the “key” that opens doors of access to many services.

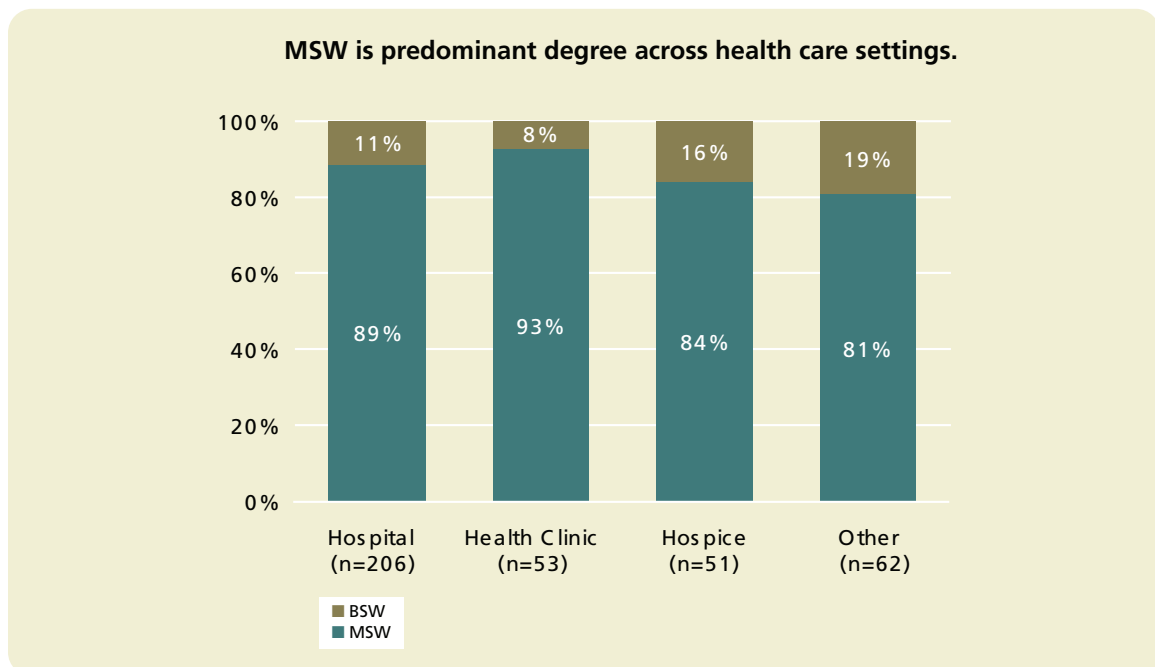
Social workers are important components of health care systems. In health care settings, social workers provide services to individuals and their families navigating increasingly complex service environments. Social work professionals are also a crucial force in addressing and eliminating health care disparities, not only because of their experience in health care environments, but also because of their commitment to clients who are likely to face such disparities in a variety of settings.

Discussion of the Findings

1 Social workers are a significant, well-trained provider of services to clients in health care settings.

Licensed social workers are highly involved in providing services to people in health care settings. Thirteen percent of active, licensed social workers responding to the survey identified health as the primary focus of social work practice in their primary job, making health the third most common practice area among social workers, following mental health (37%) and children and families (13%). Health is the second most common practice area reported by social workers with a master's degree in social work (MSW). MSWs comprise 82 percent of social workers in this practice area, and BSWs comprise 13 percent. The MSW is the predominant degree of social workers across health care settings (Figure 1).

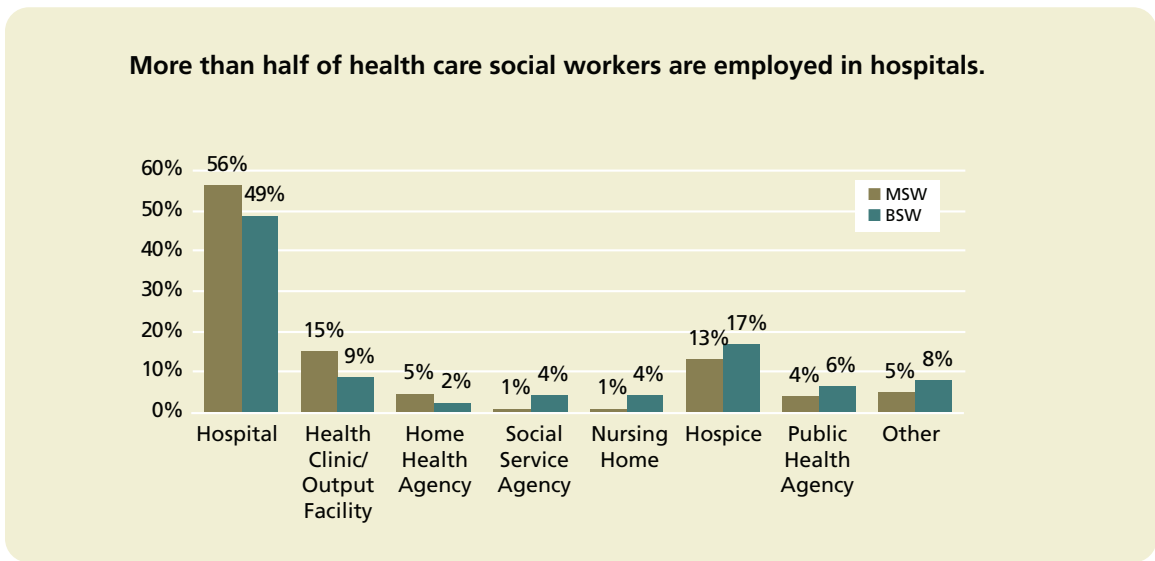
FIGURE 1. HEALTH CARE SETTINGS BY HIGHEST SOCIAL WORK DEGREE



Licensed social workers in health care settings have a median of 15 years experience, compared to 13 years for social workers overall. MSWs in health care have a median of 16 years experience compared to 12.5 years for BSWs in this practice area. The majority of those in health care settings report that they were well prepared for social work practice by their formal degree (60%) and post-degree training (69%).

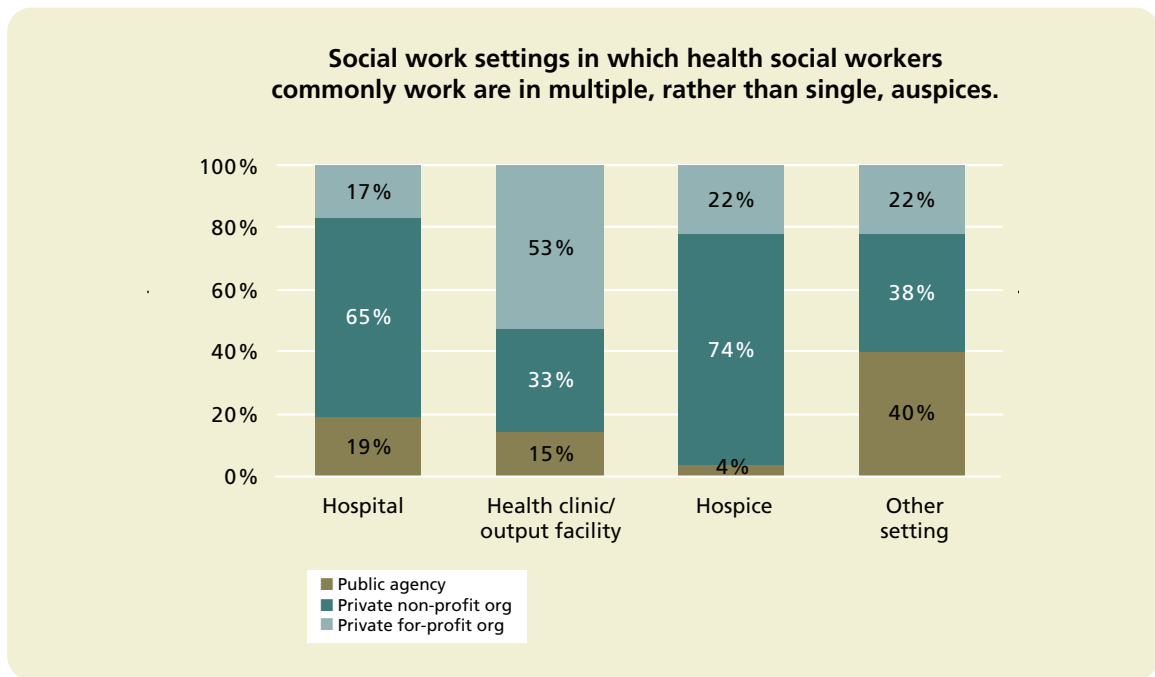
Health care social workers are most likely to practice in metropolitan areas (85%), while few practice in micropolitan areas (7%), small towns (6%), or rural areas (2%). Hospitals are the most common primary employment setting for health care social workers (56%) (Figure 2). Significant numbers of these social workers also work in health clinics (14%) and hospices (14%). Smaller numbers are employed in home health agencies and public health agencies (both 4%). A few additional settings employ insignificant numbers of health social workers including nursing homes, employee assistance programs, case management agencies, insurance companies, social service agencies, other governmental agencies, and private practice.

FIGURE 2. EMPLOYMENT SETTINGS OF HEALTH CARE SOCIAL WORKERS BY SOCIAL WORK DEGREE



Settings can cross sectors, complicating the understanding of the distribution of licensed social work employment by sector. For example, the majority of hospitals (65%) are in the private non-profit sector, but substantial numbers are also found in the public (19%) and the for-profit (17%) sectors (Figure 3). Health clinics are typically for-profit (53%), but can also be non-profit (33%) or public sector organizations (15%). Even hospices, which are overwhelmingly non-profit (74%), can be for-profit (22%) or even public agencies (4%).

FIGURE 3. SOCIAL WORK EMPLOYMENT BY SECTOR



2 Social workers in health settings serve as navigators for clients seeking services in complex systems of care.

Providing direct services to clients is the most common role performed by these social workers (98%), and the role most likely to be performed 20 hours a week or more (67%). Information/referral (88%), screening/assessment (85%), and crisis intervention (76%) are additional primary tasks that health social workers perform in their employment. They are most likely to spend more than half of their time on individual counseling (19%) or discharge planning (17%), home visits (15%) and case management (15%). These tasks are all components to coordinating services within the community. Table 1 illustrates the ranges of service tasks and the amount of time spent on those tasks.

TABLE 1. PERCENT OF HEALTH CARE SOCIAL WORKERS SPENDING ANY TIME OR MORE THAN 50% OF TIME PERFORMING SELECTED TASKS

Social Work Tasks	Spend any time	More than 50% of time
Information/referral	88%	13%
Screening/assessment	85%	15%
Crisis intervention	76%	6%
Case management	70%	15%
Client education	70%	9%
Individual counseling	67%	19%
Treatment planning	62%	5%
Discharge planning	59%	17%
Family counseling	50%	7%
Medication adherence	44%	4%
Advocacy	39%	2%
Home visits	34%	15%
Psychoeducation	34%	2%
Program development	29%	1%
Supervision	27%	1%
Psychotherapy	26%	3%
Couples counseling	25%	2%
Group counseling	25%	0%
Program management	22%	2%

Health is the only practice area that commits such significant time to discharge planning, highlighting an important aspect of social work practice. The emphasis on tasks shifts with the setting. Social workers employed in hospitals are most likely to spend the most time on discharge planning; those in health clinics on individual counseling; and those in hospices on home visits as seen in Table 2.

TABLE 2. TOP FIVE TASKS UPON WHICH HEALTH SOCIAL WORKERS SPENT THE MOST TIME AND MEDIAN CATEGORY OF PERCENT OF TIME SPENT, BY SETTING

Hospital	Health Clinic	Hospice
Discharge planning (11-25%)	Individual counseling (11-25%)	Home visits (51-75%)
Screening/assessment (11-25%)	Case management (11-25%)	Screening/assessment (11-25%)
Information/referral (11-25%)	Information/referral (11-25%)	Family counseling (11-25%)
Case management (11-25%)	Screening/assessment (11-25%)	Client education (11-25%)
Individual counseling (1-10%)	Client education (1-10%)	Individual counseling (1-10%)

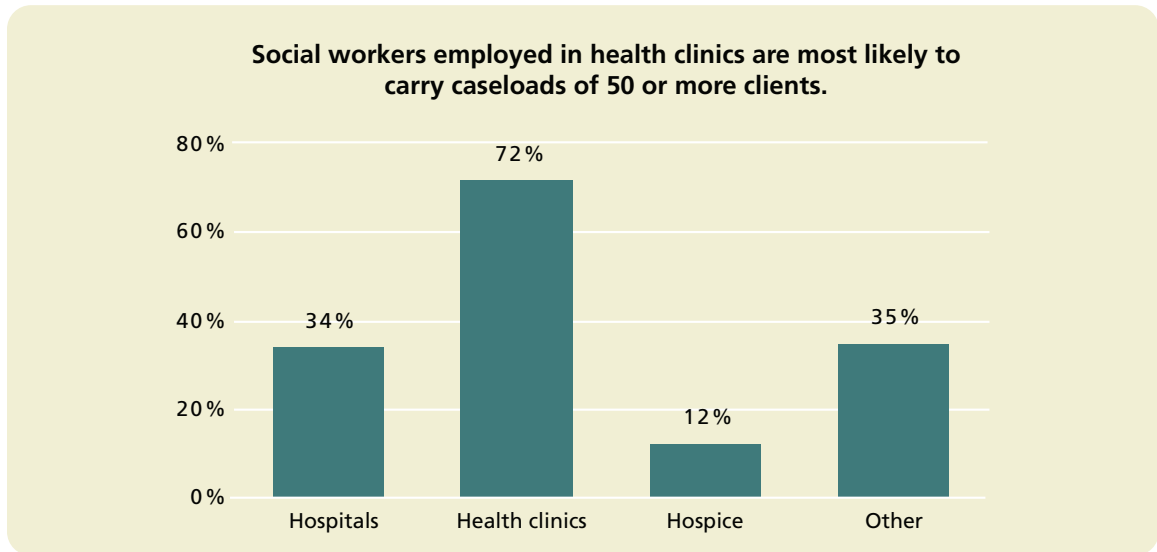
- ③ Social workers in health care settings have caseloads that are increasing in complexity and size, yet resources and supports are decreasing.

Licensed social workers in health care settings report significant changes in social work practice and the service delivery system in the past two years. These changes have resulted in a more challenging environment in which to deliver services to clients. More than three-fifths of these social workers report increases in severity of client problems (76%), caseload size (71%), paperwork (69%), and waiting lists for services (62%). MSWs are more likely to identify these barriers: decreases in the availability of supervision; decreases in non-social worker staffing levels; increases in severity of client problems; decreases in services eligible for funding, number of services available, and range of services available; and increases in clients receiving services for reasons other than personal choice (e.g. court-mandated). On the other hand, BSWs were more likely to report increases in paperwork and in the assignment of non-social work tasks.

Licensed social workers in health care settings have significantly larger caseloads in their primary job than social workers overall. Thirty-seven percent of social workers in health have caseloads of 50 or more clients, compared to 22 percent of other social workers. Caseloads of this size were most common in health clinics, where 72 percent of health care social workers had caseloads of

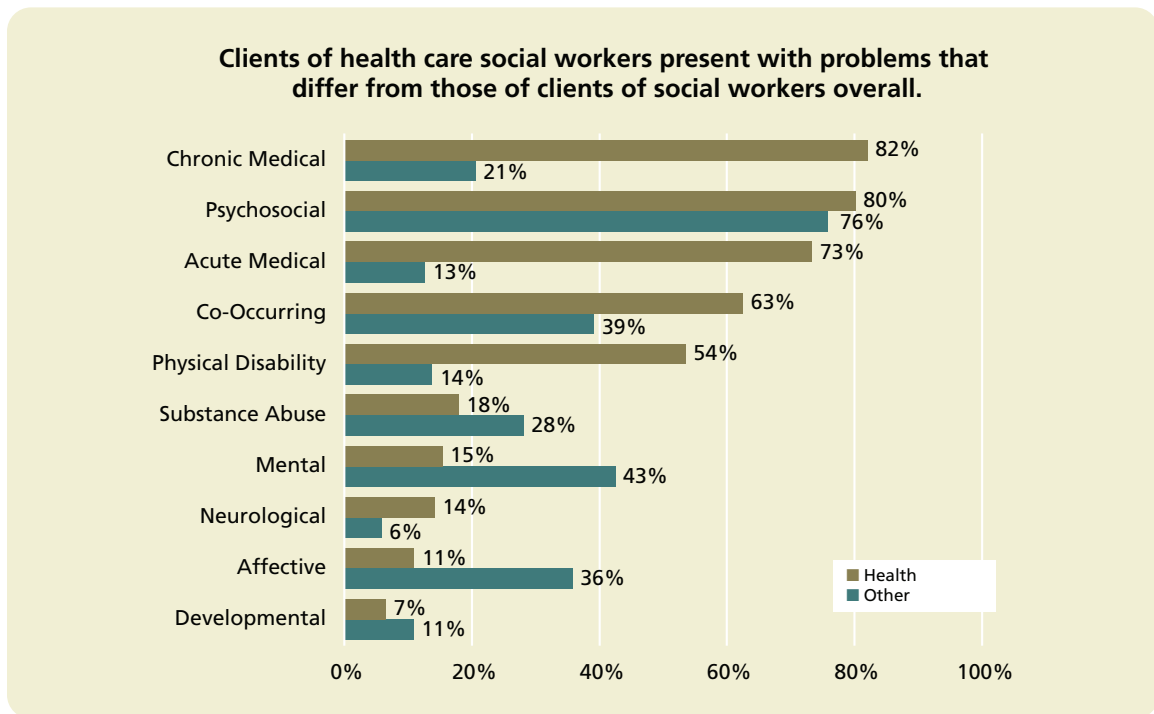
50 or more (Figure 4). Thirty-four percent of social workers in hospitals had caseloads of 50 clients or more, and 12 percent of those working in hospices had caseloads this large.

FIGURE 4. SOCIAL WORK CASELOAD BY SETTING



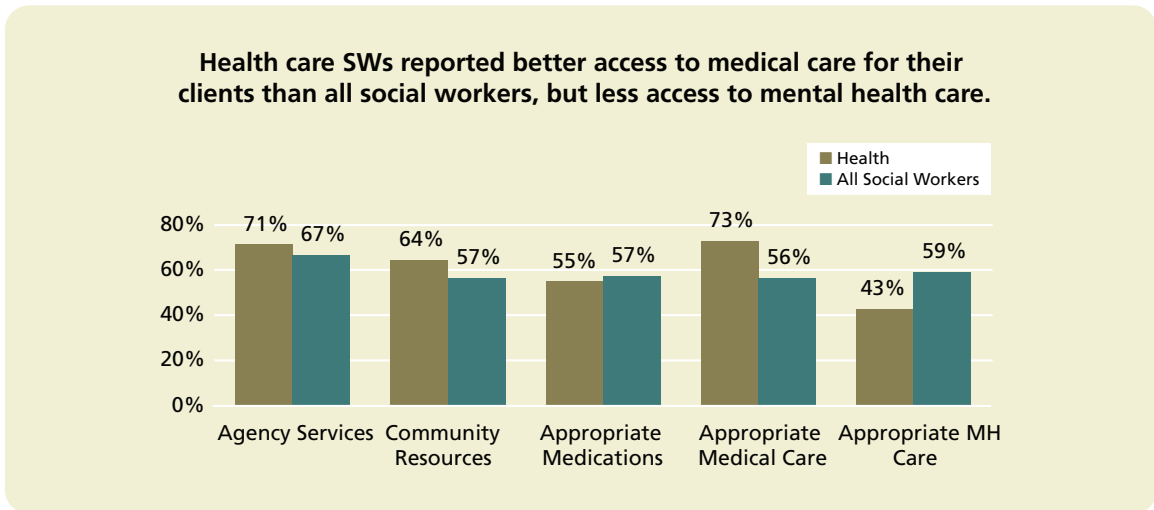
As would be expected, clients of social workers in health care settings have a range of health-related problems. Ninety-five percent of social workers in health care serve clients with chronic medical conditions, physical disabilities, co-occurring disorders, social stressors related to problems of daily living, mental illness, and the abuse of alcohol and other drugs. In fact, 82 percent of social workers report that they have “many” clients with chronic medical conditions; 73 percent have “many” clients with acute medical conditions; and 54 percent have “many” clients with physical disabilities (Figure 5).

FIGURE 5. CLIENT DIAGNOSES BY PRACTICE AREA



Social workers in health care settings often serve clients with behavioral health as well as physical health problems. For example, 26 percent of health care social workers serve clients with mental illnesses and 18 percent of health care social workers serve people with substance use disorders. Overall, health care social workers are more dissatisfied than other social workers with their access to appropriate mental health care for their clients. Although a majority of health care social workers are as satisfied or more satisfied with their access to agency services (71%), community resources (64%), appropriate medications (55%), and appropriate medical care for their clients (73%) than social workers overall, they are less satisfied than others with their access to appropriate mental health care (Figure 6).

FIGURE 6. SOCIAL WORK SATISFACTION WITH ACCESS TO RESOURCES

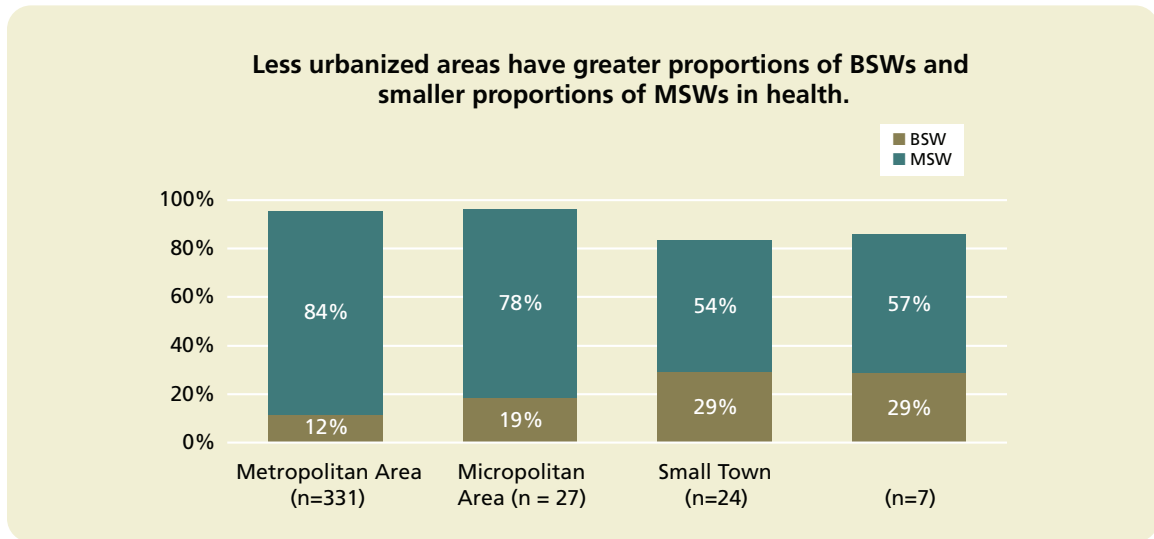


Perceptions related to agency support and guidance varied substantially by setting. Seventy-four percent of social workers in health clinics agree that respect and support for social work services exists in their agencies, in contrast to 66 percent of social workers in hospitals and 59 percent in hospices. Hospital social workers (66%) were more likely to receive support and guidance from their supervisor than those in health clinics (54%) and hospices (55%). However, hospice and health clinic social workers were more likely to report that they received and/or provided assistance with ethical issues, compared to those in hospitals.

- ④ People who reside outside of metropolitan areas have significant health needs, yet social workers serving them face significant challenges.

Social workers in rural areas and small towns together comprise eight percent of social workers in health. These social workers are much more likely to have BSWs (both 29%) than social workers in metropolitan or micropolitan areas (12% and 19%, respectively) (Figure 7).

FIGURE 7. GEOGRAPHICAL SETTING BY SOCIAL WORK DEGREE



Residents in rural areas have less contact and fewer visits with physicians (Intercultural Cancer Council, 2006).

The presenting problems of health care social workers' clients in rural areas differ from clients in more urban areas. Higher percentages of health care social workers in rural areas report seeing "many" clients with acute medical conditions, chronic medical conditions, co-occurring disorders, mental illness, affective conditions, and substance abuse conditions than their social work colleagues in more urban settings.

Although 61 percent of social workers in health care reported having "many" choices for continuing education programs related to social work practice, the range of choices varied with the geographic location. For instance, 64 percent of those in metropolitan areas reported having "many" choices for continuing education opportunities compared to 57 percent of social workers in rural areas and, somewhat surprisingly, only 26 percent of those in micropolitan areas (26%). In addition, 33 percent of health care social workers practicing in micropolitan areas and 21 percent of those in small towns reported that continuing education programs were unavailable.

Social workers in rural areas are the least satisfied with all types of resources, particularly with their clients' access to medications and appropriate mental health care (Table 3).

Residents in rural areas have less contact and fewer visits with physicians (Intercultural Cancer Council, 2006).

TABLE 3. PERCENT OF SOCIAL WORKERS SATISFIED WITH ACCESS TO SELECTED TYPES OF RESOURCES, BY LOCATION OF PRACTICE

Type of Resources	Metropolitan Area	Micropolitan Area	Small Town	Rural Area
Agency Services	71%	74%	67%	57%
Community Resources	65%	70%	58%	43%
Appropriate Meds	56%	54%	57%	43%
Appropriate Medical Care	73%	69%	79%	72%
Appropriate MH Care	43%	46%	42%	29%

In terms of employment retention, health care social workers in rural areas were least likely to plan to remain in their current position compared with social workers in other locations, most likely to plan to seek a new opportunity or promotion within social work, and most likely to plan to reduce their hours as a social worker.

5 Hospice settings have unique challenges for social workers.

Hospice settings provided an interesting mix of experiences that elicited both satisfaction and frustration for social workers. For example, social work vacancies were most frequently reported to be common in hospices (18%), and least common in health clinics (9%); although hospices did not outsource social work positions, unlike hospitals and health clinics (both 13%).

In terms of continuing education opportunities, hospice social workers are the most dissatisfied, with one in five reporting that continuing education programs are unavailable. Those in hospices were also more likely to be dissatisfied with agency respect and support for social workers (24% versus 14% for hospitals and 15% for health clinics). In addition, they were most likely to be dissatisfied with the support and guidance from their supervisor (29% versus 15% for those in hospitals and 19% for those in health clinics).

Hospice social workers earn the lowest salaries and, consequently, reported the lowest level of satisfaction with their compensation packages. Health care MSWs earn the highest salaries in hospitals (\$50,764), followed by health clinics (\$48,180) and hospices (\$46,575). BSWs earn the most in health clinics (\$38,778), followed by hospitals (\$36,232) and hospices (\$34,894).

Social workers employed in hospices were also most likely to report safety issues (65%, compared to 45% of those in clinics and 38% in hospitals). However, they were more likely than those in health clinics and hospitals to report that employers addressed their safety concerns.

In speculating about their career plans, hospice social workers were slightly less likely to plan to remain in their current position than colleagues in other key health care settings. They are also more likely to plan to seek a new opportunity or promotion as a social worker.

6 In key health care settings, social workers' satisfaction with salaries is tempered by challenges in the work environment.

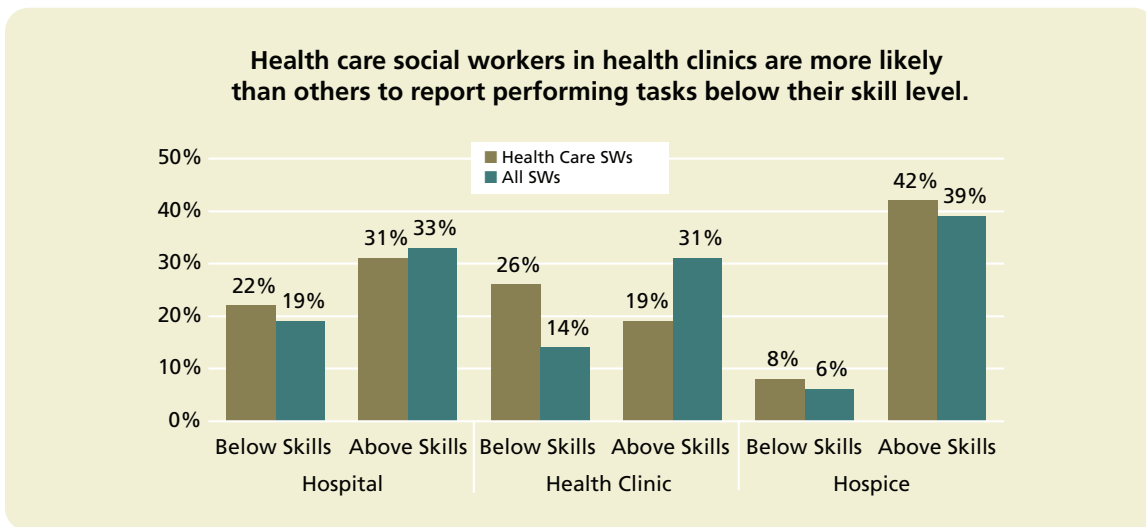
Health care social workers are slightly more likely than social workers overall to plan to stay in their current positions in the next two years, and less likely to pursue new opportunities or degrees. They are also slightly less likely to plan to retire than social workers overall, though BSWs in health are more likely to plan to retire than MSWs (6% versus 3%).

Social workers' wages in the practice area of health are higher than the average wages of licensed social workers overall. The average wage for an MSW in a health care setting is \$50,707, as compared to \$49,216 for similarly degreed social workers overall. Correspondingly, the average salary for a BSW working in a health care setting is \$36,232 per year, as compared to \$34,487 for BSWs overall. Seventy-eight percent of full-time health care social workers report satisfaction with their salaries and 85 percent state that they are satisfied with their benefits, compared to overall licensed social workers' satisfaction with salaries (70%) and benefits (72%).

However, a significant disparity exists between the salaries of male social workers employed in health care settings to that of their female counterparts. On average, male health care social workers earned \$4,457 more per year than females.

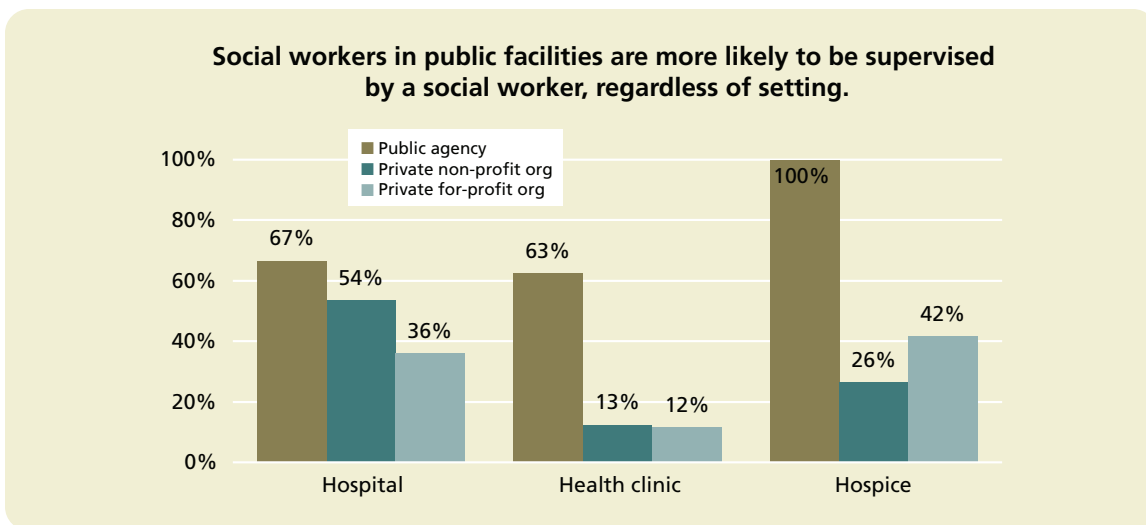
Other challenges persist. More health care social workers report tasks performed to be below their level of training than licensed social workers overall (19% versus 13%). Health care social workers employed in health clinics were almost twice as likely to perceive tasks as below their skill level compared with social workers overall (26% versus 14%) (Figure 8). Health care MSWs were more likely than BSWs to report that tasks were below their level of training and skills (20% versus 11%).

FIGURE 8. PERCENTAGES OF HEALTH CARE AND ALL SOCIAL WORKERS REPORTING TASKS BELOW OR ABOVE THEIR LEVEL OF SKILLS AND TRAINING, BY SETTING



Substantial variation emerged in the likelihood of being supervised by a social worker by sector and setting. Sixty percent of social workers working in public sector agencies were supervised by a social worker, compared to 42 percent of those in private non-profit facilities, and 26 percent of those in for-profit facilities. Social workers were most likely to be supervised by a social worker in hospitals (53%) and hospices (33%). Social workers in health clinics were least likely to be supervised by another social worker. Fewer than half (42%) of health care social workers were supervised by a social worker, compared to 49 percent of social workers overall. (Figure 9).

FIGURE 9. SOCIAL WORK SUPERVISION BY SETTING



When asked about factors that would influence a change in job position, the reasons given for changing positions varied by employment setting. Hospital social workers are more likely to leave due to stress; health clinic social workers for opportunities for increased career mobility; and hospice social workers for a different supervisor or personal reasons. These issues differ from other specialties where salary is typically the most frequently reported motivator of job change across sectors and settings.

7 Social workers in health care settings are a major practice sector serving older adults.

Two thirds of adults age 60 and over have inadequate or marginal literacy skills, and 81 percent of patients age 60 and older at a public hospital could not read or understand basic materials such as prescription labels (AHRQ, 2006).

Health care social workers comprise more than one-third of all social workers who serve predominantly older adult caseloads. Although social workers in aging comprise nearly half of those serving caseloads of more than half older adult clients (45%), the overall numbers of health care social workers are larger (13% versus 9% of all active licensed social workers), making them a key source of social work services for older adults. Health care BSWs were more likely than MSWs to report that their caseloads were predominantly older adults (63% versus 55%). Client ages are summarized below (Table 4).

TABLE 4. AGES OF CLIENTS, HEALTH CARE SOCIAL WORKERS AND SOCIAL WORKERS OVERALL

	Serve any...		Serve predominantly...	
	Health	Overall	Health	Overall
Children	50%	61%	6%	15%
Adolescents	67%	76%	2%	24%
Adults 22-54	95%	87%	20%	76%
Older Adults	89%	75%	56%	39%

Since health care social workers provide care for a significant number of older adults, it is important that aging content be included in both academic preparation and in continuing education programs. Sixty percent of health care social workers report satisfaction with their educational preparation and 12 percent report few or no opportunities for continuing education/training, indicating a need for expanded educational programs for this rapidly changing sector of practice.

- ⑧ Social workers provide services to people at high risk for disparate health care access, services, and outcomes.
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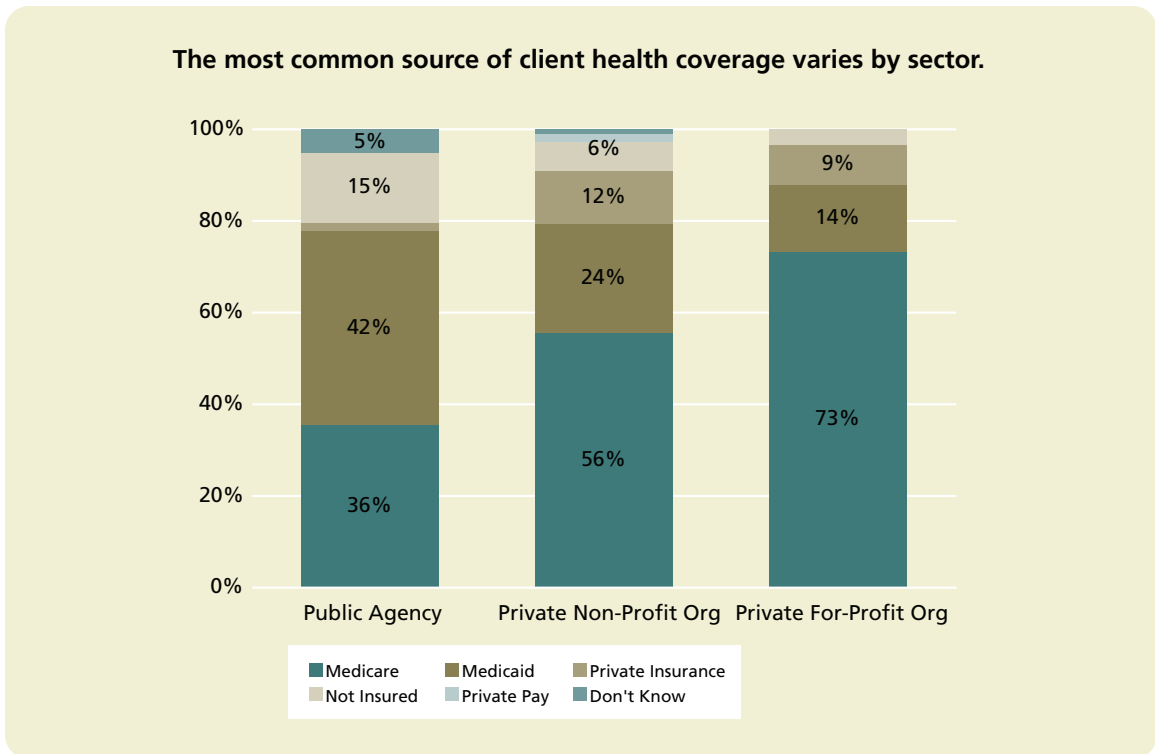
There is a direct correlation between poverty and health. People of lower socioeconomic status and some minorities are less likely to have a usual source of care, and are less likely to be insured (AHRQ, 2006).

Health care social workers are key frontline providers of services for clients in economically disadvantaged populations. Clients of health care social workers are more diverse than those of licensed social workers overall. Almost half (48%) serve caseloads that are predominantly non-Hispanic white compared to almost three-fifths (57%) of social workers overall. Social workers in health clinics had the most diverse caseloads, with two-thirds (66%) carrying caseloads that are predominantly clients of color.

Health care social workers are more likely to serve caseloads that are predominantly male than social workers overall (62% versus 53%). BSWs are somewhat less likely to serve predominantly male caseloads than MSWs (57% versus 63%). Social workers in health clinics are most likely to have predominantly male caseloads (66%), followed by those in hospitals (64%) and hospices (60%).

Over four-fifths of health care social workers' clients receive health coverage through publicly funded programs (Figure 10). Medicare is the most common source of health coverage reported for their clients (57%), followed by Medicaid (25%).

FIGURE 10. SOURCE OF CLIENT HEALTH COVERAGE BY SECTOR



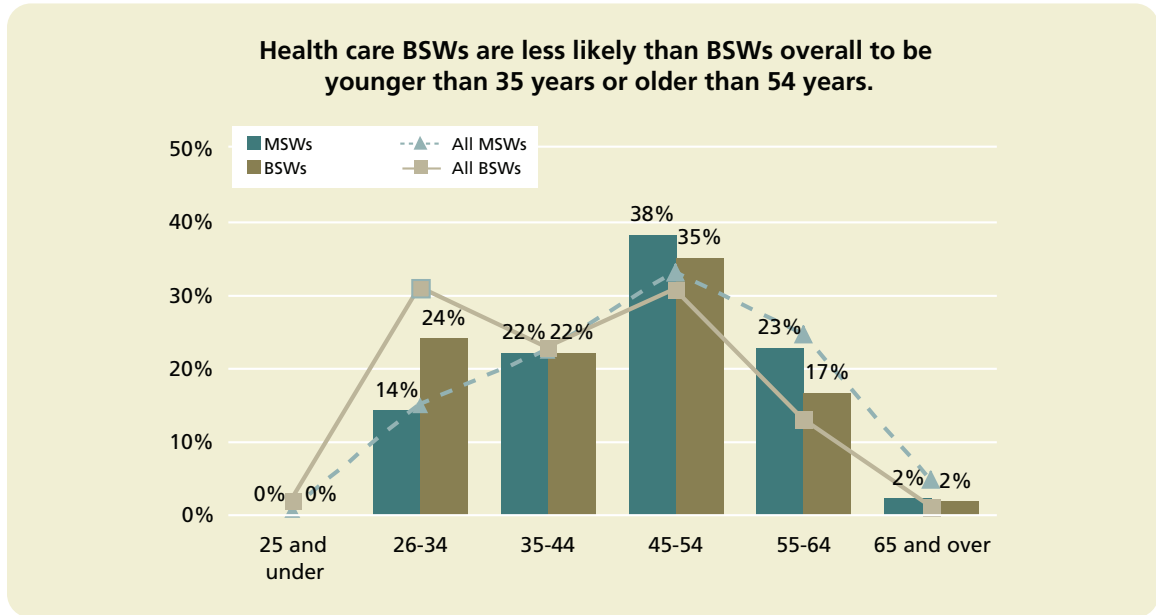
- 9 The profession will need to recruit new entrants into health care services to meet the changing demographic needs of the larger population.

The expected increase in demand for both chronic and acute medical care associated with the dramatic increase in the number of older adults requires attention from the social work profession to ensure a sufficient supply of health care social workers to meet the need.

Fewer new social workers appear to be identifying health as their practice area. Although 13 percent of all social workers report that health is their primary practice area, this is much less common among recent graduates: only 2 percent of BSWs and 7 percent of MSWs graduating between 2000 and 2004 identified health as their practice area. Age distribution patterns of social workers in health care further confirm this entry pattern. MSWs and BSWs in health care have similar median ages, 48 and 46.5 years, as compared with social workers overall, 49 years and 42 years respectively. Fewer new MSWs and BSWs appear to be in health care positions as compared to other new licensed social workers. The distribution of social workers within health care also shows fewer young BSWs in jobs in this arena as compared with licensed BSWs overall. Similarly,

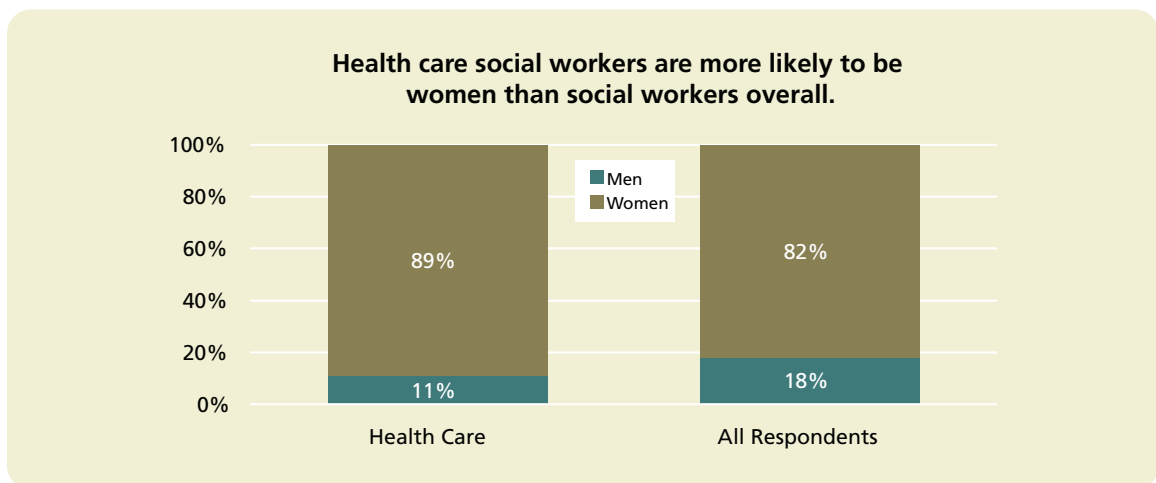
fewer BSWs ages 55 years or over work in this practice arena than licensed BSWs overall (Figure 11).

FIGURE 11. AGE DISTRIBUTION OF HEALTH CARE SOCIAL WORKERS, BY DEGREE



Social workers in health care are more likely to be women than men (89% versus 11%), despite having predominantly male caseloads. These distributions differ from patterns seen among social workers overall, where men constitute 18 percent of all social workers, 18 percent of MSWs, and 10 percent of BSWs (Figure 12).

FIGURE 12. HEALTH CARE SOCIAL WORKERS BY GENDER



Ethnic minority patients may have a harder time finding a health care provider who shares their cultural and linguistic background. As a consequence, one-fifth of Spanish-speaking Latinos recently reported not seeking medical treatment due to language barriers (Alliance for Health Reform, 2003).

Licensed health care social workers are less racially and ethnically diverse than the U.S. civilian labor force or the populations they serve. It appears that the health practice area experiences greater challenges than other practice areas in attracting and retaining men and social workers of color. Recruitment of a larger, newer, more diverse pool of social workers in health care will help the profession maintain its significant presence in the health care arena, as well as strengthen its capacity to serve diverse populations.

Conclusion

The 2004 study of licensed social workers in health care settings was designed to help illuminate the current number, qualifications, roles, and tasks of social workers in providing frontline services in the rapidly changing health care environment. In order to plan for and improve care to a rapidly expanding array of health care needs and options, the social work profession is now better equipped to develop action strategies based on data from the active workforce.

The most compelling finding of the study is the “aging-out” of the frontline social worker providing direct services to clients in a wide range of community agencies. Social work will experience a *double squeeze* as a result of the Baby Boomer phenomenon. There will be an explosion in demand for health and social services provided by social workers as an estimated 70 million people will be over age 65 by 2030. At the same time, a substantial cohort of frontline social workers will be leaving the workforce. According to data and projections of the Bureau of Labor Statistics, social work is one of the occupations most affected by Baby Boomer retirements, with the retirement replacement needs reaching 95,000 in the 2003–2008 timeframe (Dohm, 2000). Occupations dominated by women, like social work, are especially vulnerable with an aging workforce because women’s level of workforce participation is lower than men’s as they approach retirement age (Toossi, 2005). Clearly, the profession needs to focus on both recruitment and retention strategies to address this problem.

Although the current workforce in health care settings appears to be relatively stable, the demographics, entry patterns, and workplace factors clearly are having an impact on the recruitment of social workers into this practice area. Additional studies about how the growing demand for health care services will affect the role and numbers of social workers needed in key settings will be useful to assure that adequate numbers of health care social workers are recruited and supported in this field.

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Footnotes

- 1 These individuals are older practitioners who have been permitted to retain licenses earned earlier in their careers even though the formal requirements have since become more stringent. Data related to these practitioners are not reported in tables or charts, but may be referenced in text.
- 2 Estimates of the number of social workers in the United States range from 840,000 self-reported social workers in the 2000 Current Population survey (only 600,000 of whom have at least a bachelor's degree), to 450,000 employer-classified social work jobs reported to the U.S. Bureau of Labor Statistics, to the 3000,000 social workers licensed by the 50 states and the District of Columbia, to the estimated 190,000 clinical social workers described by West et al. in *Mental Health, United States, 2000*.