



Minnesota's Social Worker Workforce

Office of Rural Health and Primary Care - Published February 2020

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

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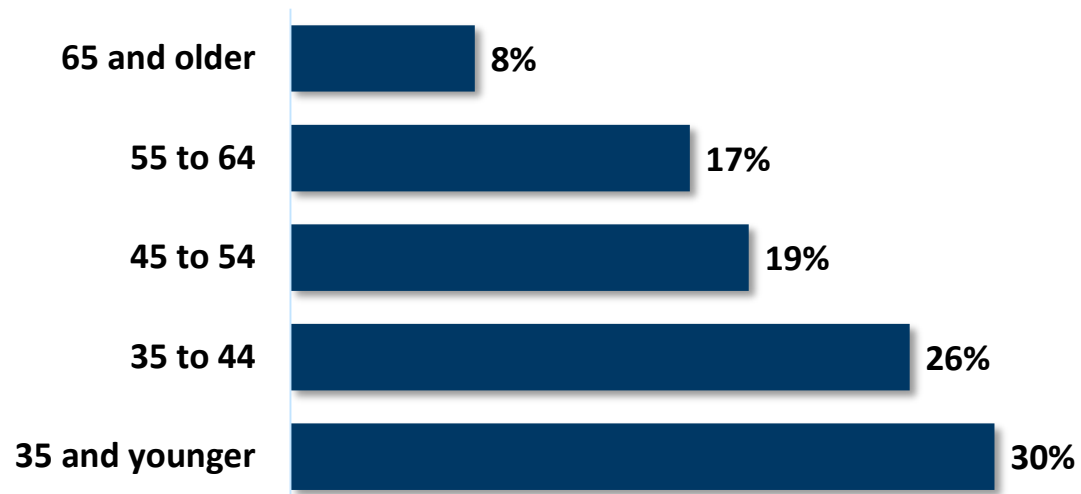
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Summary of Findings

- As of August 2019, there were **14,353** actively licensed social workers in Minnesota, the majority of whom worked in the 7-county metro area ([see slide 20](#)).
- The youngest cohort of social workers comprises about 30 percent of the current workforce. ([see slide 4](#)).
- A majority of employed social workers work full-time ([see slide 10](#)).
- Ninety-two percent of Minnesota’s social workers are white, and roughly 93 percent speak only English in their practice without the help of an interpreter. Most social workers report that on-the-job learning (as opposed to formal classroom or training) best prepared them to provide culturally competent care ([see slides 5, 6 and 17](#)).
- Most social workers are satisfied with their work, but social workers report higher levels of satisfaction with their career overall than they do with their work in the last 12 months ([see slide 18](#)).
- As many as 87 percent of social workers report “never” using telemedicine equipment to consult with clients ([see slide 15](#)).
- The most commonly-reported specialty among social workers is mental and behavioral health (55 percent), followed by aging, and family and child welfare (both 21 percent) ([see slide 13](#)).
- Like many other health care provider types, there is an uneven distribution of social workers around Minnesota, with a large majority practicing in urban areas. Assuming the same *share* of people require the services of social workers in urban and rural areas, rurally-based social workers are potentially facing a far greater patient load than urban social workers. Those prospective patients are also likely driving long distances and experiencing longer wait times for care ([see slide 21](#)).

Demographics: Age and Sex

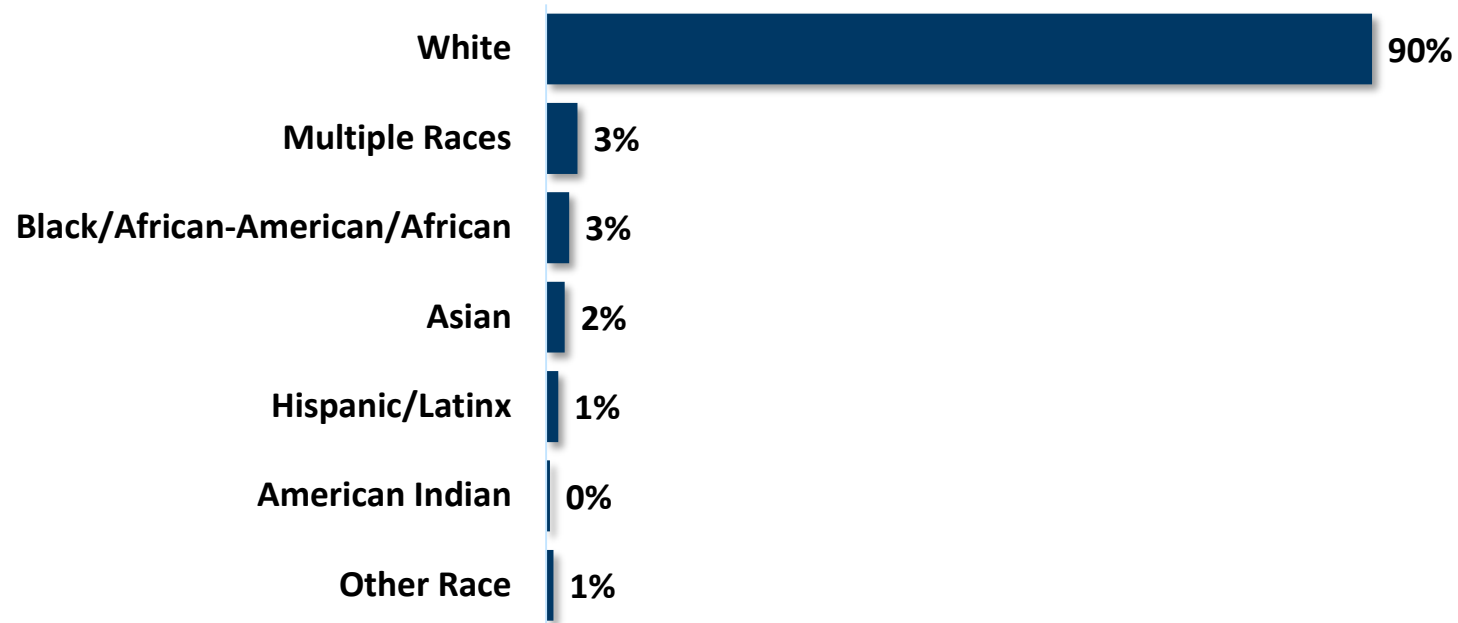
Age of Minnesota's Social Workers



- Fifty-six percent of the state's social workers are under the age of 45. The smallest share (8 percent) of actively licensed social workers are 65 and older and are at or nearing retirement age. The median age of social workers is 42.
- (Data not shown): Roughly 88 percent of social workers in Minnesota identify as female.

Demographics: Race and Ethnicity

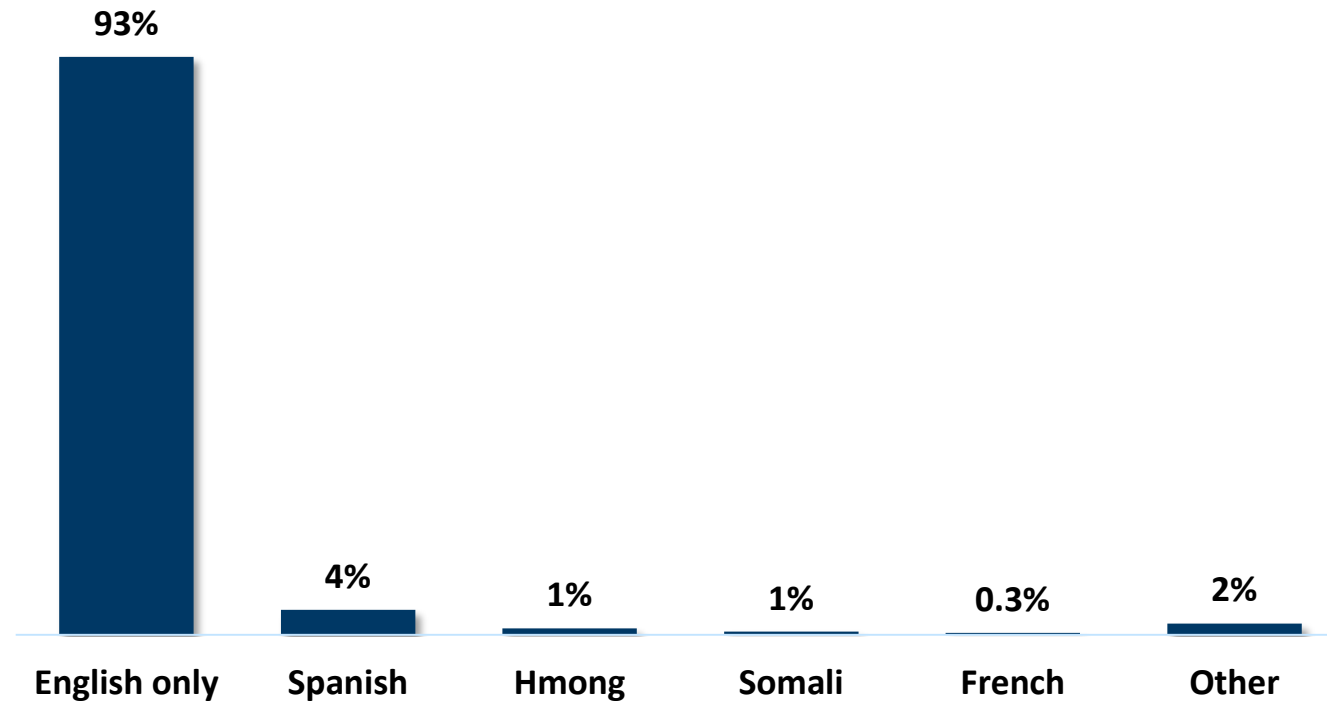
Race of Minnesota's Social Workers



Typical of racial patterns among health care professionals, the majority (just under 90 percent) of social workers indicated they were white, with the second-highest share (approximately 3 percent) identified with more than one race.

Demographics: Languages Spoken in Practice

Languages Spoken by Minnesota's Social Workers in their Practices



Approximately 93 percent of social workers speak only English in practice. The second most commonly spoken language was Spanish. Very small shares of social workers spoke other languages such as Hmong, Somali, or French with their clients. Just two percent of social workers reported speaking languages other than those shown above. Common “other” languages mentioned included American Sign Language, Vietnamese, Amharic, Arabic, and Swahili.

Education: Highest Degree

Highest Degree Earned by Licensed Minnesota Social Workers

Degree Earned	Share of Social Workers
Bachelor's	34%
Certificate, Certification, or Other Credential (post-Bachelor's)	2%
Master's Degree	57%
Certificate, Certification, or Other Credential (post-Master's)	5%
Doctorate or Professional Degree	2%
Total	100%

Most social workers (57 percent) reported having earned a Master's degree as their highest degree, followed by 34 percent of social workers who earned a Bachelor's degree.

Education: Graduates by Institution

Social Work Graduates (Bachelor's and Above), by Institution and Year				
Region	Institution	2015	2016	2017
Central	Saint Cloud University	92	98	102
Northeast	College of St. Scholastica – Duluth	108	84	102
	University of Minnesota – Duluth	41	45	61
Northwest	Bemidji State University	31	31	35
	Concordia College – Moorhead	19	9	8
	Minnesota State University - Moorhead	69	94	61
Southeast	Minnesota State University – Mankato	90	93	92
	Saint Olaf College	10	17	107
	Winona State University	107	84	107
Southwest	Southwest Minnesota State University	25	15	12
Twin Cities	Argosy University	13	8	6
	Augsburg College	23	19	23
	Bethel University	24	20	17
	Metropolitan State University	42	41	37
	North Central University	9	10	9
	St. Catherine University	166	172	204
	University of Minnesota – Twin Cities	99	130	134
	University of St. Thomas	160	145	175
Total		1,128	1,115	1,199

Social Work Degrees Awarded by Institution & Region, 2015-2017*

- Minnesota produced **1,199 new graduates in 2017** across all social work programs, a **7.5 increase** from 1,115 in 2016.
- The Northeast region had a 26 percent increase in the number of social worker graduates from 2016 to 2017, the largest regional increase compared to other regions of Minnesota during the same time period

Education: Minnesota Graduates by Degree Type

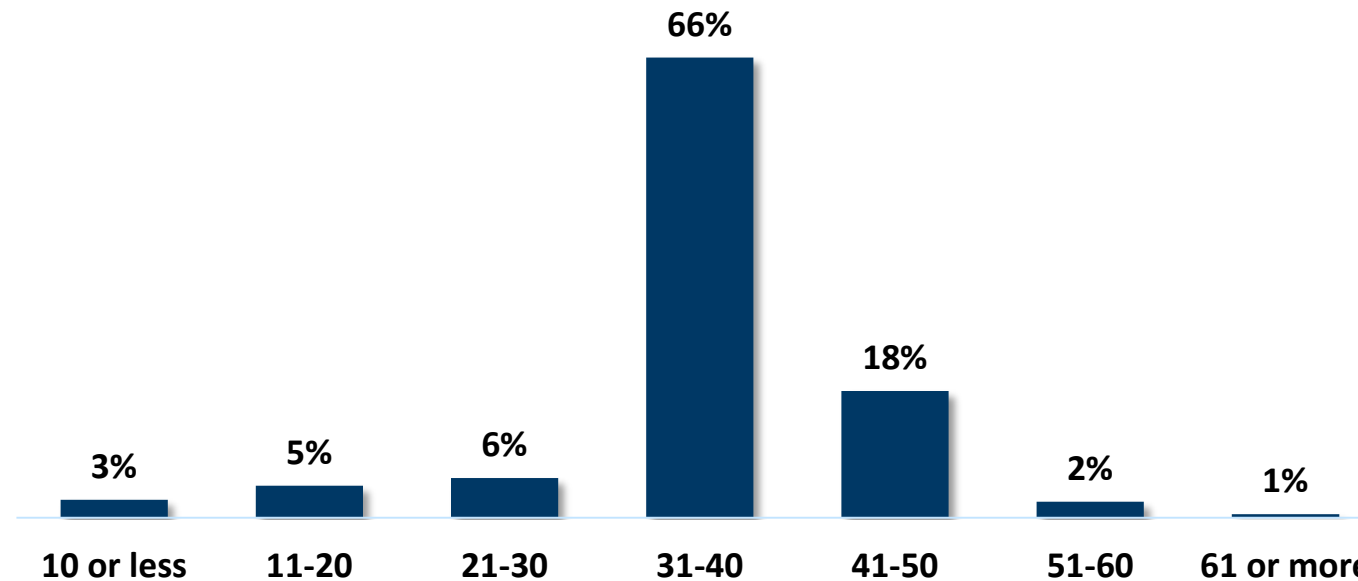
All Social Work Degrees Awarded by Degree Type, 2015-2017

Degree Type	2015	2016	2017	Total
Certificate 1 to 2 academic years	8	0	2	10
Bachelor's Degree	619	606	626	1,851
Master's Degree	517	618	748	1,883
Doctorate	27	31	69	127

- Most recent graduates of social work programs in Minnesota are just as likely to have earned a bachelor's or master's degree.
- From 2016 to 2017, graduates with master's degrees in social work increased 21 percent, while graduates with doctorate degrees increased 123 percent.

Employment: Employment & Hours Worked

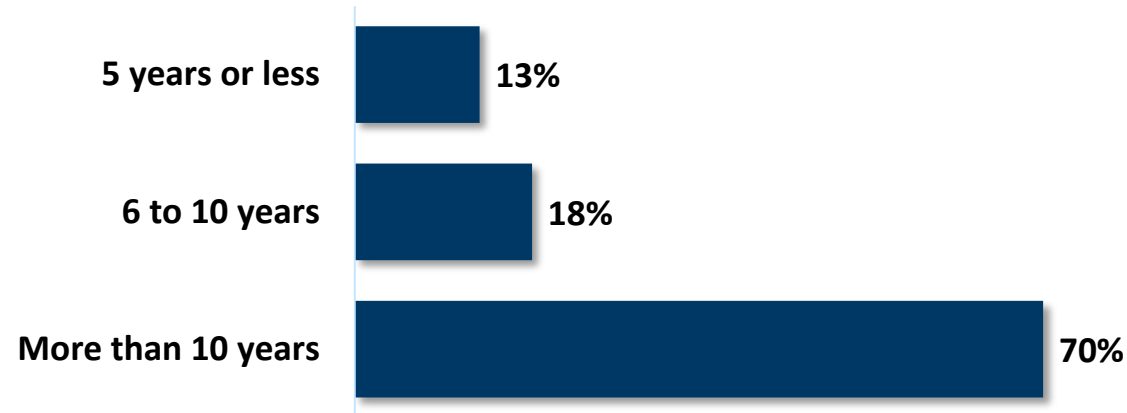
Hours Worked in a Typical Week



- The median work week for social workers was 40 hours, with a majority (66 percent) of social workers working between 31 and 40 hours per week. Eighty-seven percent of social workers considered their work full-time.
- (Data not shown): An estimated 92 percent of Minnesota social workers reported they were “working in a paid or unpaid position related to [their] license.” Of those, not working in a position related to their license, about half (53 percent) reported they were not seeking a position using their license.

Employment: Future Plans

“About how many more years do you plan to practice in this profession?”



- Approximately 13 percent of all actively practicing social workers indicated they plan to leave the field within five years.
- (Data not shown): Among the social workers planning to leave the field within five years, the vast majority planned to retire (78 percent), Only 7 percent of this sub-group were leaving to pursue a different career, while another 5 percent were planning career advancement. An additional 5 percent said they were leaving because of burnout or dissatisfaction while the remaining 4 percent said they were leaving the profession for family reasons.

Social Workers at Work: Work Settings

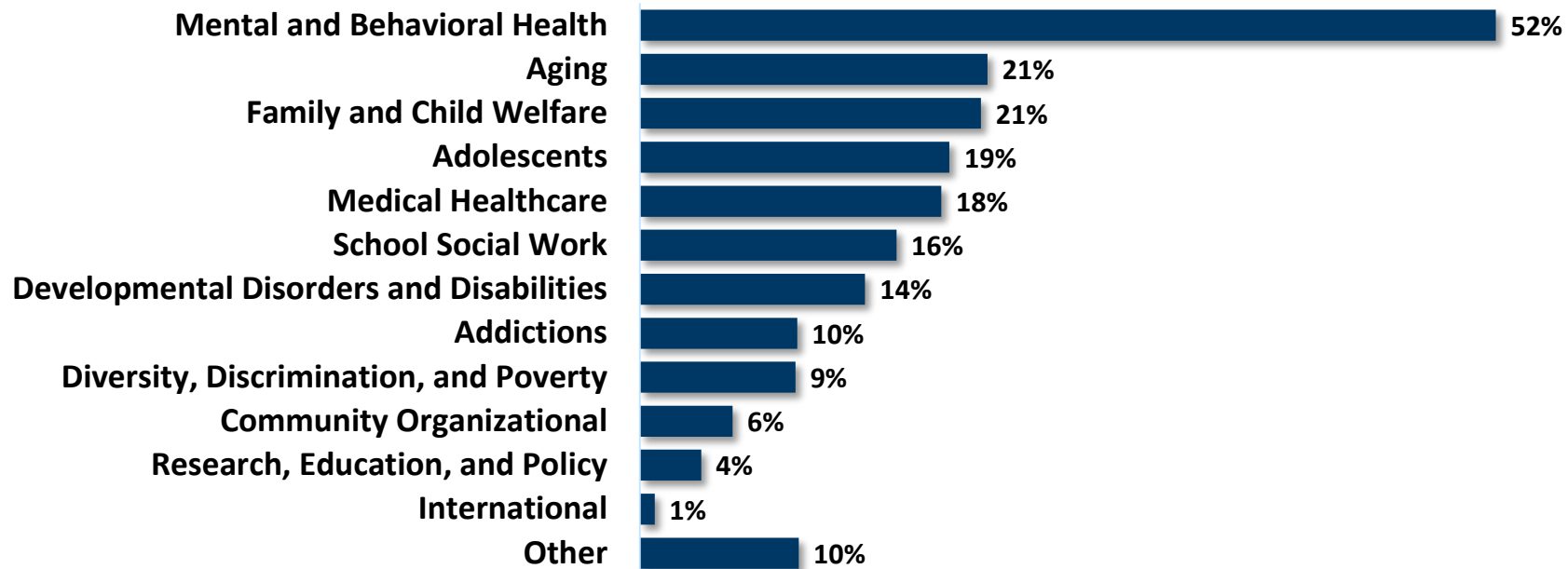
Social Workers' Primary Work Settings

Setting Type	Share of Social Workers Working in this Setting
Clinic/Professional Office/Health Center/Ambulatory Care	24%
State, County, or City Agency	17%
School (Pre-K to 12)	14%
Community/Faith-based Organization	12%
Hospital	11%
Long-Term Care Facility	6%
Academic (Teaching/Research)	3%
Insurance/Benefits Management Organization	3%
Home Health Care	2%
Public Health Agency	1%
Correctional Facility	1%
Other	7%

Social workers are employed in a wide variety of settings. Most (only 24 percent) work in a clinic, professional office, health center or in ambulatory (outpatient) care. Smaller percentages of social workers are found in a variety of more specialized settings, including county or city agencies, schools, community and faith-based organizations, and hospitals

Social Workers at Work: Specialties

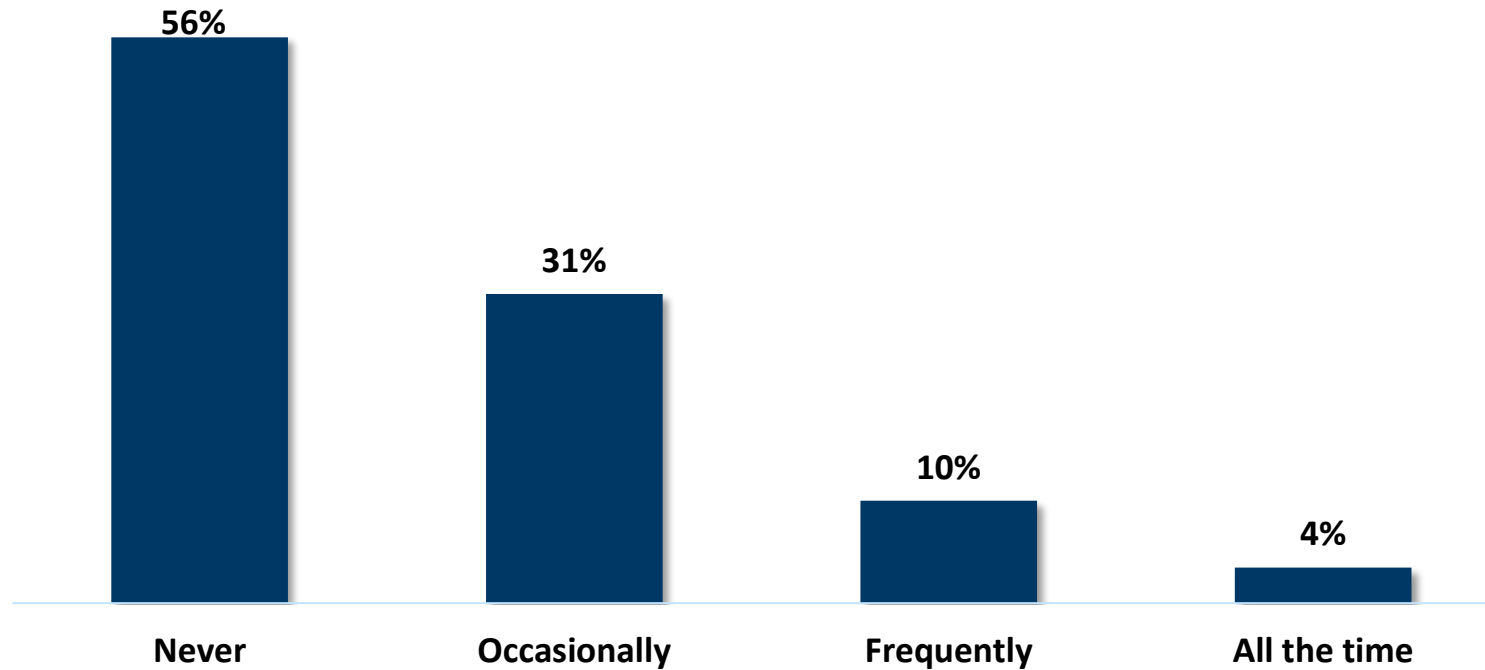
Social Work Specialties in Minnesota



- Social workers were asked about their specialties. Approximately half reported specializing in mental and behavioral health. Smaller percentages of social workers specialize in aging (21 percent), family and child welfare (21 percent), adolescents (19 percent), and medical healthcare (18 percent).
- Some of the more common “other” specialties included bereavement/grief-loss/hospice, homeless/affordable housing, trauma therapy, and adoptions/foster care.

Social Workers at Work: Clinical Training and Supervision

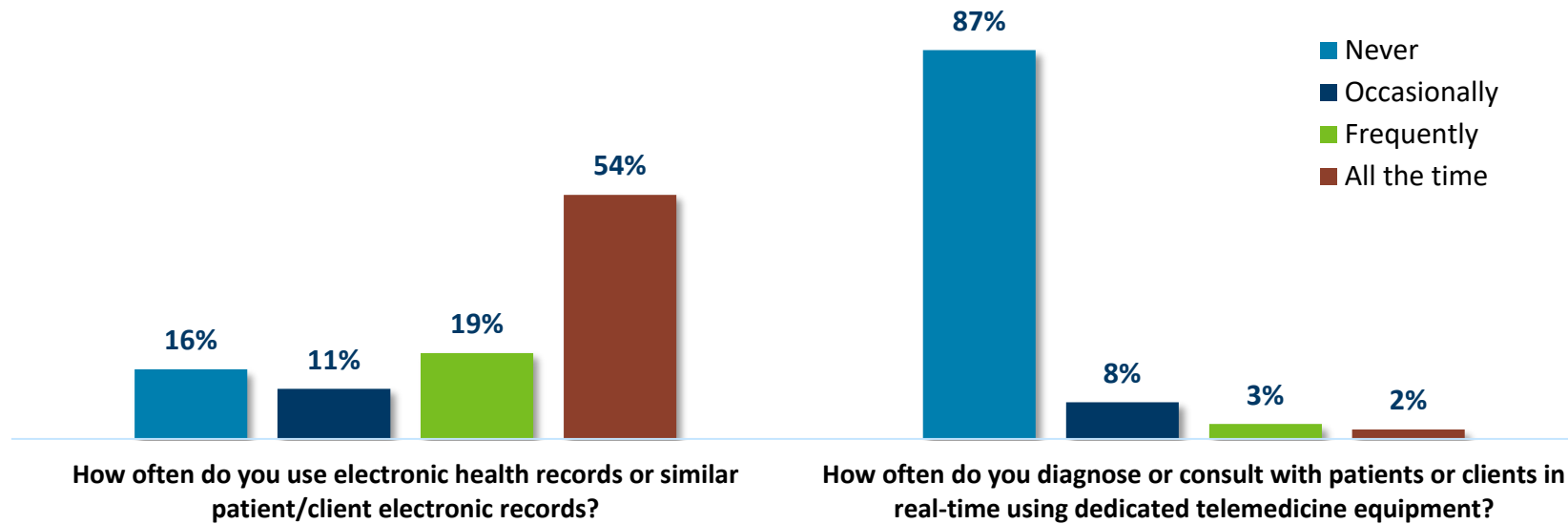
“How often do you provide clinical training, precepting, or supervision to students, interns, or residents?”



- Just over half of Minnesota’s social workers reported “never” providing training or supervision, whereas four percent reported doing so all the time.

Social Workers at Work: EHRs and Telemedicine

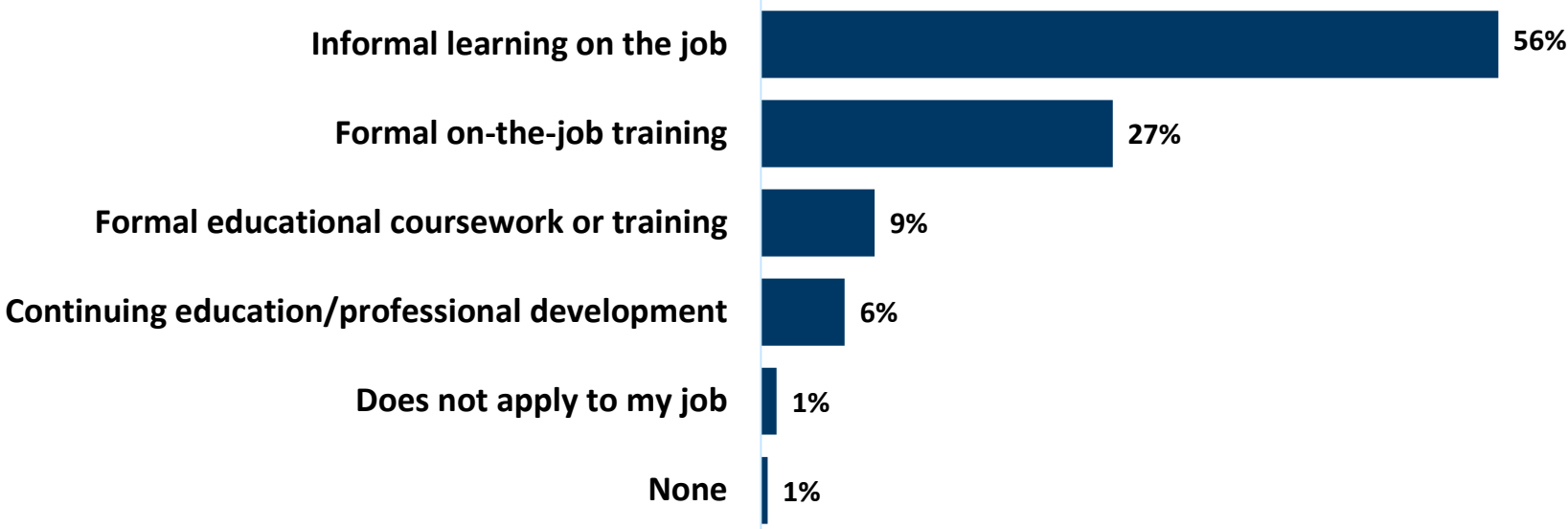
Social Workers' Use of Electronic Health Records and Telemedicine Equipment



- The MDH workforce survey includes questions on the use of technology in health care settings. Here, we show responses to questions about how often social workers use electronic health records (EHRs) and/or equipment dedicated to telemedicine. The results show that just over half (54 percent) of social workers use EHRs “all the time.”
- (Data not shown): Social workers not authorized to engage in clinical practice reported less use of EHRs (66 percent), while 80 percent of social workers authorized for clinical practice used EHRs frequently or all the time.
- Most licensed social workers (87 percent) report that they never use telemedicine equipment to diagnose or consult with patients.

Social Workers at Work: Teamwork

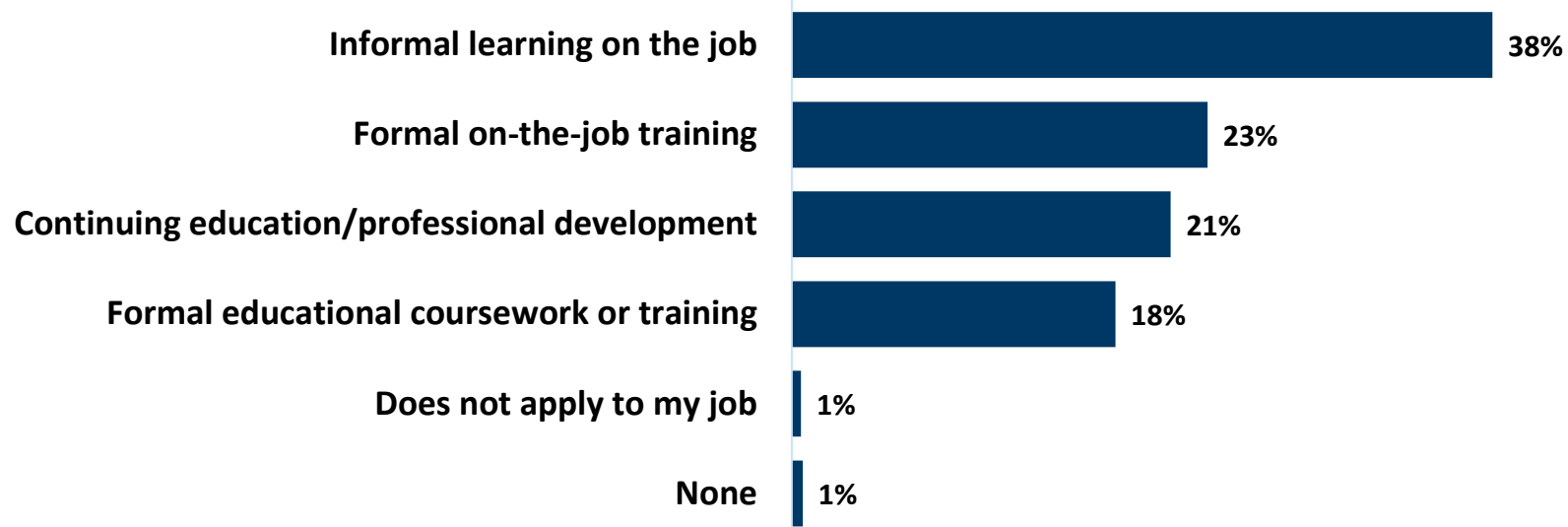
“Which of the following work or educational experiences best prepared you to work with a multi-disciplinary team when providing care?”



- Health care providers increasingly work in multidisciplinary teams, prompting educators and health policymakers to ask how best to train providers to communicate and coordinate across professions. MDH included a question on its survey to shed light on these questions. As shown above, over half of Minnesota’s social workers reported that informal learning on-the-job was best for learning to work in multi-disciplinary teams (56 percent). Approximately one quarter shared that formal on-the-job training is what is best prepared them to work in multidisciplinary teams. It was less common for social workers to report various formal education options to be as beneficial for preparing to work in multi-disciplinary teams.

Social Workers at Work: Cultural Competence

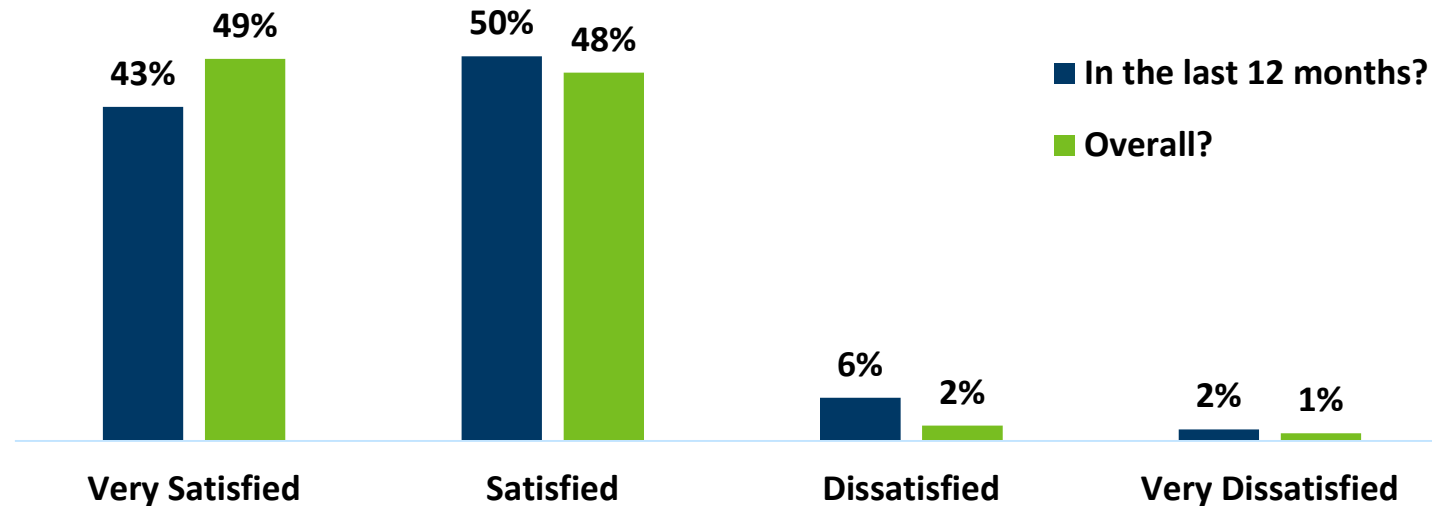
“Which of the following work or education experiences best prepared you to work with people from a variety of backgrounds when providing care (sometimes referred to as “culturally competent” care)?



- Stakeholders are increasingly concerned about the extent to which providers deliver care that is culturally sensitive to all communities. The MDH survey includes a question to understand which experiences best prepare health care providers to provided culturally competent care. As shown above, the largest share of social workers (38 percent) reported having learned cultural competence *best* through informal, on-the-job learning. The next most beneficial forms of learning were formal on-the-job training at 23 percent and continuing education or professional development at 21 percent.
- More social workers reported greater preference for on-the-job training when learning to work with multidisciplinary teams (83 percent, [see slide 16](#)) as opposed to on-the-job training for culturally competent care (61 percent).

Social Workers at Work: Career Satisfaction

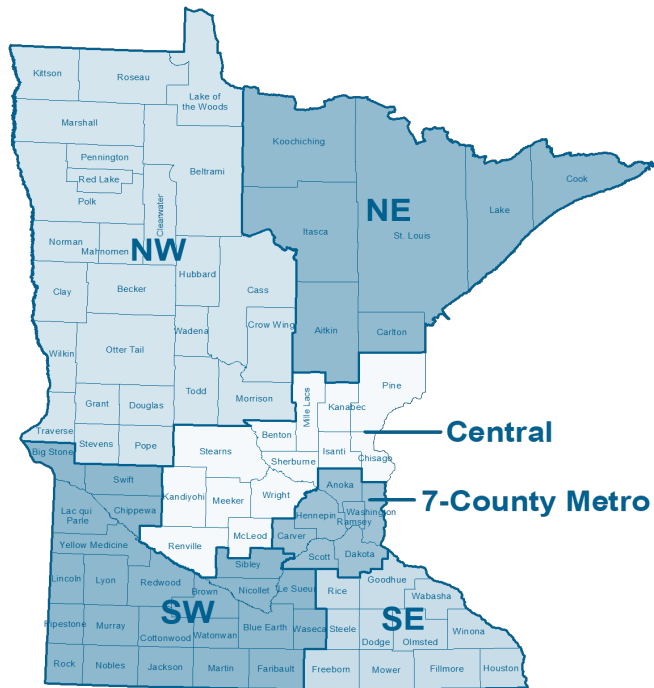
How satisfied have you been with your career...



- The 2018 workforce survey included questions on career satisfaction in the past 12 months and overall. As shown above, a majority of social workers indicated they were either “satisfied” or “very satisfied,” in the past 12 months and overall. Social workers were more likely to report being very satisfied with their career overall as compared to the last 12 months by as much as 6 percent – a trend typical among health care professionals for which work satisfaction data is available. This is consistent with national findings which suggest that the increase in administrative work has dampened work satisfaction among health care professionals.

Two ways to present geography

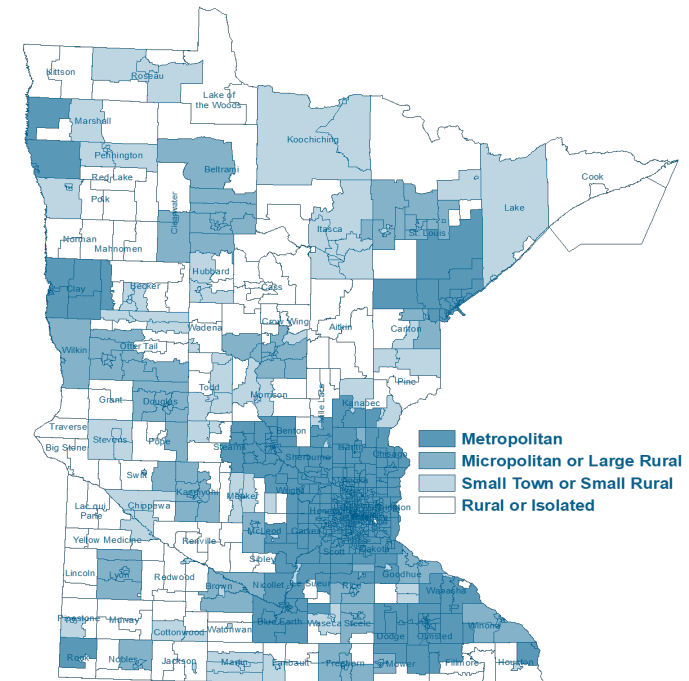
By State Planning Areas



For more information:

<http://apps.deed.state.mn.us/assets/lmi/areamap/plan.shtml>

By rural-urban commuting areas (RUCAs)

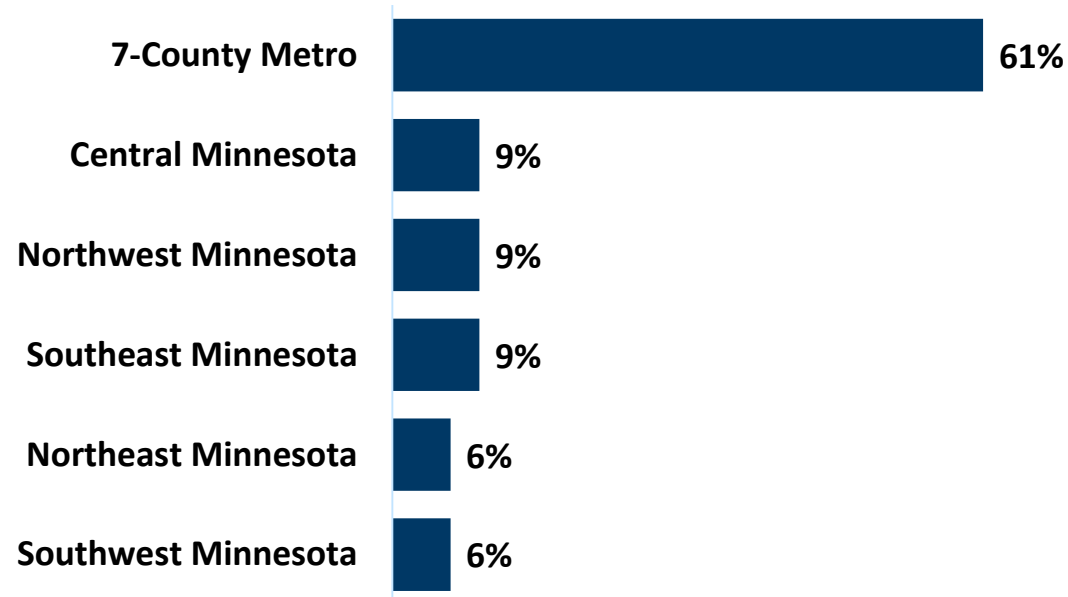


For more information:

<https://www.health.state.mn.us/data/workforce/method.html#ruca>

Geographic Distribution: by Planning Area

Share of Social Workers by State Planning Area

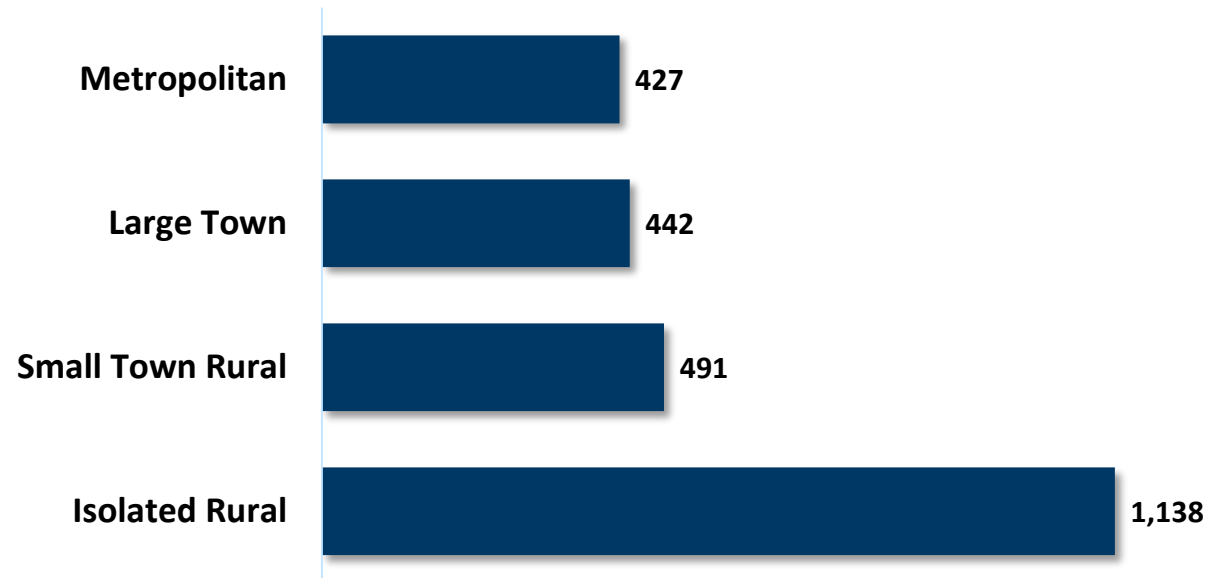


- Almost two-thirds of all social workers work in the 7-county metro area, followed with 27 percent evenly distributed in three separate regions of the state: Central, Northwest, and Southeast. The Northeast and Southwest regions of Minnesota has the smallest share of licensed social workers (6 percent each). This distribution is common among Minnesota health care providers across most professions, with the majority of providers being employed in the densely population 7-county metro area.

Source: Minnesota Board of Social Work, August 2019. MDH cleans and geocodes all addresses to identify location of practice. The chart above is based on 11,957 valid addresses; 2,395 responses were unable to be geocoded, either because the respondent reported an out-of-state address or did not report an address at all to the MN Board of Social Work. Missing addresses are assumed to be randomly distributed throughout the state and therefore should not affect regional percentages.

Geographic Distribution: by Rurality

Minnesota Population-to-Social Worker Ratio, by Level of Rurality



- Rural-Urban Commuting Areas (RUCAs) define areas of the state based on population density and commuting patterns. Using RUCAs is another way to understand the distribution of professionals around the state. The graph shows the share of the population for every one social worker in metropolitan, large town, small town rural, and isolated rural areas.
- With the exception of isolated rural areas, social workers appear to be evenly distributed in other geographic regions of the state. In isolated rural areas of Minnesota, social workers may be responsible for making services available for almost three times the number of people compared to social workers working in the other parts of the state.

Methodology

The data in this report come from two sources:

- The **Minnesota Board of Social Work (BSW)** provides data on the *entire population* of social workers who have active licenses in the state of Minnesota. The BSW maintains this database primarily for administrative and legal purposes. BSW provides the data to the Minnesota Department of Health, Office of Rural Health and Primary Care (MDH-ORHPC). This report uses data current as of April, 2019. At that time, there were a total of 14,353 social workers with *active* Minnesota licenses, approximately 86% percent of whom indicated that their primary business address was in Minnesota. Analysts at the Minnesota Department of Health-Office of Rural Health and Primary Care clean, organize, clean, and geocode addresses that come from the board, which is how we can identify practice locations (shown in [Slides 20 and 21](#)).
- The **2018-2019 Minnesota Department of Health-Office of Rural Health and Primary Care (MDH-ORHPC) Social Worker survey** collects additional demographic and workforce data from social workers. MDH-ORHPC administered the survey to all social workers who renewed their Minnesota license in the 2018 calendar year. Data in this fact sheet reflects the first year of the 2018-2019 survey cycle. The response rate was approximately 68 percent among social workers renewing their license in 2018.
- See the ORHPC website for more details about the methodology (www.health.state.mn.us/data/workforce/method.html)

Notes

Visit our website at

<https://www.health.state.mn.us/data/workforce/index.html>

to learn more about the Minnesota health care workforce.

County-level data for this profession is available at

<https://www.health.state.mn.us/data/workforce/database/index.html>

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