

# **LICENSED SOCIAL WORKERS IN HEALTH, 2004**

## **Chapter 1 of 7**

### **Overview**

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## Preface

“Licensed Social Workers in Health, 2004” summarizes and interprets the responses of social workers in the practice area of Health obtained through a national sample survey of licensed social workers in the U.S. conducted in 2004. It is one of six reports prepared by the National Association of Social Workers (NASW) in partnership with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany.

Existing sources of data on social workers provide important but fragmented information on the field, preventing the development of an accurate comprehensive picture of the social work workforce. The NASW/CHWS study and this report provide comprehensive, up-to-date information on active licensed social workers working in the health care arena. This information includes: demographic characteristics, education and training, employment roles and tasks, work environment, client characteristics, career paths, and workplace issues.

The resulting profile of the licensed social work workforce will be a valuable resource for planners and policy makers making decisions about the future of the social work profession and its related education programs.

This report was prepared by Bonnie Primus Cohen, Sandra McGinnis, and Paul Wing of the CHWS staff, with assistance and guidance from Tracy Whitaker and Toby Weismiller of NASW. Reviews by a project advisory committee are gratefully acknowledged.

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## Chapter 1. Overview

Assuring quality health care is a national challenge.

Health care organizations deliver a broad range of preventive, acute and chronic care services in an environment that is undergoing constant change. Dramatic advances in technology are altering treatments available to address illness and injury. Demographic changes in the U.S. population, most notably the aging of the baby boom generation, are increasing demands for health services including the need for long-term management of illnesses. While the general health status of Americans has been improving, some health indicators, such as decreased levels of physical activity, are increasing risk for several chronic diseases and conditions. Further, the prevalence of individuals with diagnoses such as obesity, asthma and diabetes, are growing and further taxing health care systems.

Limitations in available resources, e.g. reimbursement levels and workforce shortages, have been additional catalysts leading to the restructuring of health care delivery systems. Preventive care management to reduce the need for expensive acute care treatment and the delivery of care in non-institutional settings are just two of the strategies employed to assure that patients in need of care, have access to cost effective, quality health services.

Health social workers play an important role within this system. They assist patients and their families cope with challenges associated with acute care and chronic care conditions. Health social workers provide individuals of all ages, racial/ethnic backgrounds and socioeconomic backgrounds with important direct care services including clinical behavioral health and social services. Social workers have expertise in providing case management and coordination of care functions, which are increasingly important in the current health care and social service system environments.

### Goals of this Report

This report has been prepared to inform policy makers, educators and practitioners about the licensed social work workforce in the practice area of Health. Identifying what is common and what differs among these professionals and licensed social workers overall will facilitate educational planning, policy development and program design that ultimately will contribute to improving the quality of health care provided in the United States.

The workforce profile that follows is a comprehensive description of the licensed social work workforce in the practice area of Health in 2004. It is intended to increase understanding of the roles and practices of these social workers within key health care settings as well as of the issues they confront in providing services to clients. This baseline description will help focus attention and resources to engage and prepare current and future social workers for the health care system.

# The Social Work Workforce in Health

## Background

The data presented in *Licensed Social Workers in Health, 2004* is drawn from a study undertaken in 2004 by the National Association of Social Workers (NASW) in collaboration with the Center for Health Workforce Studies (CHWS), School of Public Health, University at Albany. The study, *The Role and Use of Licensed Social Workers in the United States*, provides important new data on the nation's licensed social workers.

Despite the significant contributions of social workers to the American health care system, gaps continue to exist in knowledge about the roles and tasks Health social workers perform in different settings. Existing sources of data about the field (e.g. Bureau of Labor Statistics [BLS], Census Public-Use Microdata Sample [PUMS], and NASW studies) are valuable, but the picture they provide of the profession is fragmented. The NASW/CHWS study was undertaken to clarify practice patterns among licensed social workers.

Licensed social workers were selected for this study because they represent a major cohort of social workers that provide frontline services to clients, and that were readily identifiable through state licensing lists. Their commitment to the field, as evidenced by their pursuing licensure and the diversity of their practice, focuses makes them a very important group to study. Licensed social workers constitute 63 percent of the 460,000 reported by the Bureau of Labor Statistics (BLS), and the study findings provide an important baseline for monitoring changes within this profession. It is recognized, however, that practice patterns of licensed social workers ultimately need to be compared with other groups of social workers to gain a more complete understanding of this profession.

Legal regulation of professions, including social work, varies from state to state. Generally, jurisdictions may regulate as many as four broad areas of social work practice: baccalaureate social work degree upon graduation; master's degree in social work (MSW) upon graduation; MSW with two years of postgraduate supervised experience; and MSW with two years of post-master's direct clinical social work experience. Some jurisdictions regulate only one of these practice levels, but most regulate two or more levels of social work practice. Currently, 35 jurisdictions recognize and regulate baccalaureate level practice, while all states recognize and regulate master's degree level practice. A few jurisdictions license at an associate level, and a small number offer more than four licensure categories. While the study sample of licensed social workers does not represent the full range of professionally educated social workers, it does offer a good representation of those providing frontline services.

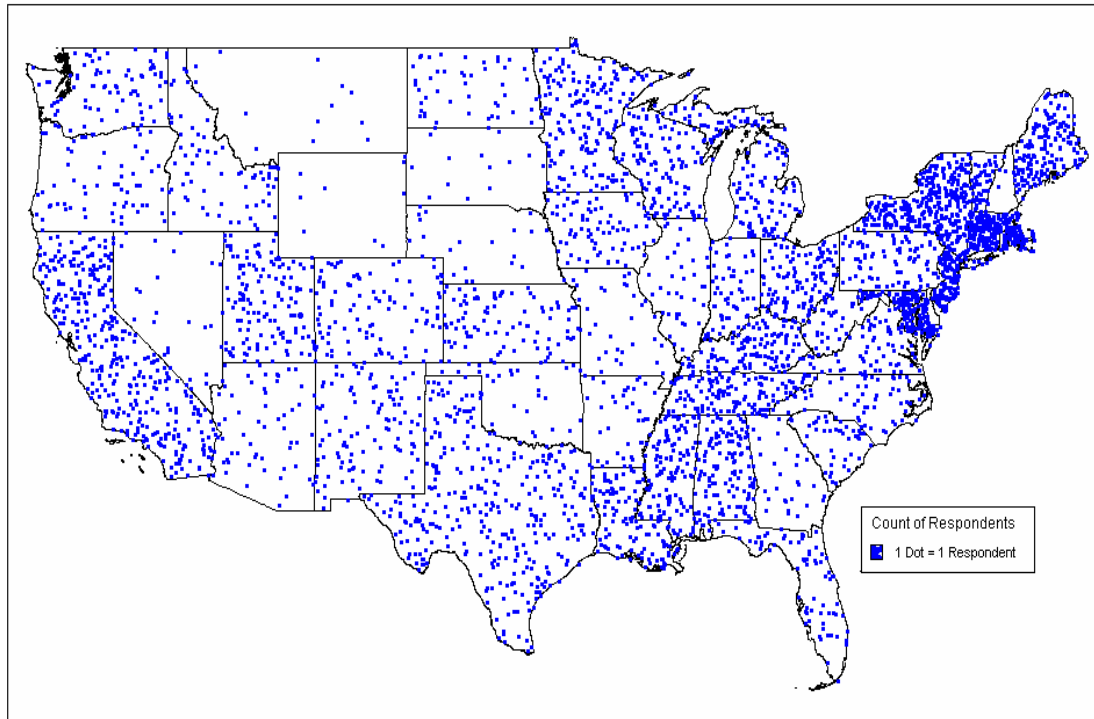
The report on licensed social workers nationally will be issued in early 2006. Four supplemental reports based on survey findings also are being prepared to examine the experiences of specific subgroups of licensed social workers. These include reports on 1) social workers providing any services to adults 55 years of age and older; 2) social workers providing services to children and/or adolescents; 3) social workers providing behavioral health services; and 4) social workers providing services related to medical health needs.

The study findings are based on a national survey distributed to a stratified random sample of 10,648 licensed social workers in 48 states plus the District of Columbia. It is estimated about 38,500 licensed social workers practice in Health nationwide. The study achieved a response rate of 49.4%. The distribution of licensed social workers that responded to the survey is seen below.

Data collected includes information on licensed social workers' demographic and educational backgrounds, practice patterns, the clients they serve and their perspectives on changes in their practice.

The findings of the larger report on social workers and this supplement pertain only to licensed social workers. Findings should not be generalized as conclusions about practice patterns of the non-licensed social work workforce. In addition, licensure requirements vary considerably by state, as previously indicated. Of the states sampled, 35 require the BSW as the minimum licensure; the minimum in the remaining states is the MSW. While the sample permits discussion of licensed social workers with these degrees, it is again important to caution against generalizing about practice patterns and perspectives by degree to non-licensed MSWs and BSWs.

**Figure 1. Distribution of Responses to NASW/CHWS Survey**



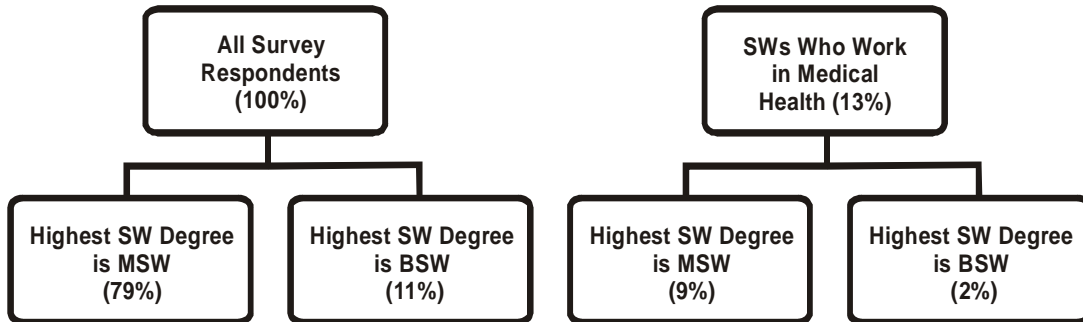
Note: The above map reflects only responses received to the NASW/CHWS survey, and is not intended for use in comparing actual numbers of social workers practicing in these states. Response rates varied dramatically from state to state. Furthermore, the original sampling frame was restricted to licensed social workers, and was subject to variations between states in licensing requirements.

### **Framework for Analysis**

Thirteen percent (418) of active, licensed social workers responding to the NASW/CHWS survey identified Health as the primary focus of social work practice in their primary job. This made Health the third most common practice area among active, licensed social workers, following Mental Health (37%) and Children and Families (13%). Health related issues are common presenting problems for social workers in the practice area of Health: 82% say they have “many” clients with chronic medical conditions; 73% say they have “many” clients with acute medical conditions; and 54% say they have “many” clients with physical disabilities. In contrast, only 20% of social workers overall report that “many” of their clients have acute medical conditions, 28% report that “many” of their clients have chronic health conditions, and 19% report that “many” have physical disabilities.

The analytical framework used in the preparation of this report is summarized in Figure 2. Insights that result will assist in the development of policies and practices that can be targeted to improve the preparation and support of frontline social workers in healthcare settings as they seek to provide high quality care to individuals with health related problems.

**Figure 2. Analytical Framework for the Discussion**



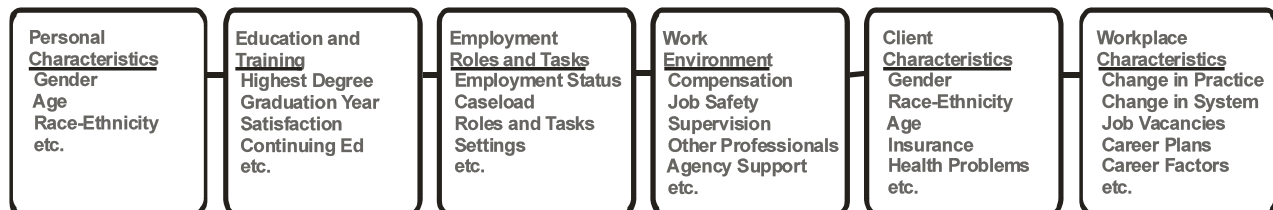
*Note: Sum of %s for highest SW degree is less than % for previous category because DSWs and no SW degrees are not included.*

This report describes the background and experiences of licensed Health social workers. Their practice patterns and perspectives are compared to all social workers (all respondents to the survey who were active in social work) in addition to comparisons by highest earned social work degree. Where relevant, social workers are also compared across employment settings and sectors and by the populations served. It should be noted that very few Health social workers were in private practice (0.5%, or 2 respondents), and so private practice is not analyzed as an employment sector in this report.

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 13 percent. While BSWs are a significantly smaller cohort, insights into the similarities and differences between these two groups is important since the number of BSWs being produced by schools of social work is increasing and as BSWs are a major feeder into higher degree programs.

The report will reference the following characteristics of social workers employed in Health.

**Figure 3. Characteristics of Licensed Social Workers in the Practice Area of Health**



Interesting variations in the patterns will be displayed throughout the report in tables and charts. The pink cells in the tables highlight the smallest percentages in their respective rows, and the green cells highlight the largest percentages. Only rows for which the difference between the largest and smallest percentages was at least 10 percentage points have highlighted cells. Only differences among groups will be presented in the text.

## Appendix. Methodology

Data were collected from 4,489 licensed social workers from forty-eight states and the District of Columbia through a mailed survey instrument. These responses resulted from surveys distributed to a stratified random sample of 10,000 licensed social workers across the U.S. Details of the sampling procedure are provided below.

**Survey design.** The design of the instrument was informed by extensive interviews and focus groups with practicing social workers, including a number of social workers specifically drawn from the areas of child welfare/family social work, aging, behavioral health, and health.

The core survey had four sections: **Background**, which included questions on demographics and education/training; **Social Work Practice**, which included questions on hours worked, roles, setting, practice area, and salary; **Services to Clients**, which included questions on tasks and caseload; and **Workplace Issues**, which included questions about changes in the practice of social work, satisfaction, and career plans.

Additionally, special supplements were included in the instrument for social workers who serve older adults (age 55 and older) or children and adolescents (age 21 or younger). These supplements gathered more detailed information on working with these populations.

**Sampling and survey administration.** A database was constructed from approximately 255,000 names of licensed social workers from state licensure and registration lists. These lists included anyone credentialed by the state as a social worker, regardless of whether the state title was licensed social worker, certified social worker, registered social worker or any other. The master list was then presented to an address-cleaning service to obtain updated address information.

The list was then stratified by Census division. The U.S. Bureau of the Census recognizes nine such divisions: New England, Middle Atlantic, East North Central, West North Central, South Atlantic, East South Central, West South Central, Mountain, and Pacific. The purpose of the stratification was to draw equal-sized samples from regions of the country that are both heavily and sparsely populated. This strategy resulted in a sample in which social workers in less-populated divisions were over-represented, which was desirable because it allowed large enough samples from each division to permit meaningful analysis of regional and rural/urban differences.

A random sample of 9,999 social workers was drawn from this master list (1,111 from each of the nine Census Divisions). The sample was then analyzed for duplicate names, which were eliminated and replaced with other randomly selected names from the same Census division.

Table 1 shows that the final sample represented approximately 4% of the master list. This represented very different proportions of the social workers in each division, however—from 8% of social workers in the East South Central division to 2% of social workers in the South Atlantic division.

**Table 1. Sampling Rates for Census Regions for 2004 Licensed Social Worker Survey**

Census Region	Total number	Percent	Number	Percent of total
New England	14,436	5.67	1,111	7.7%
Middle Atlantic	25,267	9.93	1,111	4.4%
East North Central	57,174	22.46	1,111	1.9%
West North Central	24,904	9.78	1,111	4.5%
South Atlantic	56,265	22.11	1,111	2.0%
East South Central	13,974	5.49	1,111	8.0%
West South Central	25,040	9.84	1,111	4.4%
Mountain	15,595	6.13	1,111	7.1%
Pacific	21,859	8.59	1,111	5.1%
<b>Total</b>	<b>254,514</b>	<b>100</b>	<b>9,999</b>	<b>3.9%</b>

Because many of the addresses were no longer valid, a number of surveys in the first mailing were returned undelivered. A supplementary sample was drawn to replace surveys that were returned undelivered in the first few weeks of the mailing cycle. The replacement sample was matched by Census division to the undeliverable addresses, and a total of 692 additional surveys were sent as part of the replacement sample.

Three mailings were sent to the social workers in the sample. The first mailing generated most of the valid responses (57%), although a third of the responses were generated by the second mailing (32%). Approximately one in ten (11%) of responses resulted from the third mailing. One Census division, East North Central, only received two mailings due to a database error, although the overall response rates for this division was similar to others. Each mailing offered responses an opportunity to participate in a lottery drawing for varying amounts of money: \$1,000 for the first mailing, \$500 for the second mailing, and \$250 for the third mailing. Respondents who returned their surveys were eligible for each subsequent drawing.

**Table 2. Response Patterns by Mailing**

Mailing	Number	Percent of responses
First	2535	57%
Second	1445	32%
Third	510	11%

Response rates varied by Census division, with the highest response rate in the Middle Atlantic (53%) and the lowest in the South Atlantic (46%).

**Table 3. Response Rates by Census Division**

Census Division	Total -- all mailings			Response rate
	Responses	Removals	Total surveyed	
New England	476	273	1,261	48.2%
Middle Atlantic	564	115	1,183	52.8%
East North Central	471	197	1,204	46.8%
West North Central	488	113	1,067	51.2%
South Atlantic	469	190	1,205	46.2%
East South Central	501	173	1,200	48.8%
West South Central	504	62	1,135	47.0%
Mountain	521	198	1,202	51.9%
Pacific	495	210	1,191	50.5%
<b>Total</b>	<b>4,489</b>	<b>1,531</b>	<b>10,648</b>	<b>49.2%</b>

**Survey analysis.** Our strategy for analysis centered on variation by demographics, degree, and sector. Subsequent reports will analyze the data in more detail by practice area and setting. Only data from active social workers were used in the analyses unless otherwise specified.

A number of variables used in these analyses were created from the survey data. “**Active**” status was defined as working either a full-time or a part-time job in social work. “**Sector**”, which was asked in detail, was grouped into four categories: public sector (which included federal, state, and local government and military), private non-profit, private for-profit other than private practice, and private practice. Social workers were asked to indicate all degrees they held in both social work and another field. **Highest social work degree** was the most advanced of the social work degrees indicated, although some respondents held a higher degree in another field than they did in social work.

Age and income were asked as categorical variables, but an estimation procedure was used to assign exact values from within each category randomly to each respondent in that category. This procedure allows some statistical procedures, such as the estimation of mean values and the use of regression analysis, which would not be possible with categorical data. This procedure also allowed the calculation of an “**age at entry**”, which was defined as the estimated age of respondents in the year in which they reported receiving their first social work degree: the BSW (if applicable), or the MSW (if they did not hold a bachelor’s degree in social work). Age at entry could not be calculated for licensed social workers who did not hold a BSW or MSW.

**Data limitations.** Although these data represent an important contribution to knowledge of licensed social workers, there are a number of important limitations which need to be recognized. Perhaps the most serious of these is that the data are not generalizable to non-licensed social

workers, who may perform different functions and serve different populations. This lack of generalizability may be particularly important to two groups of social workers who are likely to be underrepresented among licensees: BSW-level social workers, who are not eligible to become licensed in many states; and social workers, who are not required to hold licenses. When statements are made about the percentage of social workers doing policy development, for example, the word “licensed” should always be understood even if not explicitly stated.

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 featured the NASW name and logo prominently. Also, because much of the instrument 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.

Another shortcoming of the data for the purposes of analyzing employment-related trends such as supply, demand, and turnover is that there is no data on the previous jobs held by social workers. It is therefore not possible to reliably estimate whether social workers are leaving certain sectors, settings, or practice areas for others.

A final caveat is that some data were collected on both primary and secondary employment: sector, setting, practice area, and caseload. This was intended to capture information about multiple jobholders, but subsequent analyses showed that most social workers who offered information about both primary and secondary employment only reported holding one social work job. Presumably, these social workers reported what they felt to be the second-most fitting information for their first job under “secondary” – for example, if they worked only one job treating addicted teenagers they may have indicated that the “primary” practice area was addictions and that their “secondary” practice area was adolescents. Due to this apparent misunderstanding of the survey instructions, data on secondary employment was not deemed valid for analyses of multiple jobholders, except (cautiously) when more than one social work job was indicated by the respondent.